



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

# ANNUAL PERFORMANCE PLAN 2016/17 – 2018/19

*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*

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## FOREWORD BY THE EXECUTIVE AUTHORITY

The Annual Performance Plan is in line with the overall mission of the Department to develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System to ensure universal access to health care.

Through a process of consultation, the Department identified key focus areas for 2016/17 in line with the broader planning agenda for the Country, which is guided by the National Development Plan 2030 and the Medium Term Strategic Framework 2014-2019. The Annual Performance Plan has further been aligned with the Provincial Growth and Development Plan 2030 to strengthen integration with core service delivery priorities in KwaZulu-Natal.

Fiscal constraints juxtaposed against the quadruple burden of disease, high poverty levels with a negative impact on the socio-economic determinants of health, and current service delivery gaps with consequent health care demands, forced the Department to be vigilant in allocation and utilisation of scarce resources to ensure optimal value for money and improved health outcomes.

The main focus in 2016/17 will include inter alia:

- Various strategies to strengthen the health care system that will serve as enabling environment for improved service delivery.
- PHC re-engineering including increasing community and household coverage, scaling up healthy lifestyle programmes, and implementation of the Ideal Clinic Realisation and Maintenance initiative (Operation Phakisa) to improve service delivery at the entry level of health care in the Public Health System.
- Implementation of the National Core Standards in all hospitals to improve efficiencies, optimal utilisation of resources, quality of care, clinical outcomes, and patient experience of care.
- Infrastructure investments in line with identified pressure areas.

Working collectively with the Head of Department and Senior Management, I commit myself to provide the necessary leadership for the implementation of this Annual Performance Plan.

I endorse the 2016/17 – 2018/19 Annual Performance Plan as the guiding framework within which the Department will execute its mandate in serving the people of KwaZulu-Natal.



Dr S.M. Dhlomo

Member of the Executive Council (MEC)

KwaZulu-Natal Department of Health

Date: 29/02/2016



# Annual Performance Plan 2016/17 – 2018/19

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# Annual Performance Plan 2016/17 – 2018/19

## STATEMENT BY THE HEAD OF DEPARTMENT

I am pleased to present the KwaZulu-Natal Department of Health 2016/17 Annual Performance Plan that covers the 2016/17 – 2018/19 Medium Term Expenditure Framework (MTEF).

The Department will continue to focus on core strategies to improve the Public Health Care System within the available funding envelope and within the framework of the Strategic Goals as outlined in the Strategic Plan 2015-2019. Through a process of consultation the Department prioritised core service delivery focus areas for the MTEF as outlined in the Annual Performance Plan. Broadly, the Department will focus on the following strategies:

### *Strategic Goal 1: Strengthen health system effectiveness*

- Finalisation of enabling policies, frameworks, systems and processes to create the enabling environment for efficient service delivery. Core priorities will be included in all Performance Agreements to ensure accountability and effective monitoring and reporting.
- Improved leadership and management at all levels of the health care system to ensure efficient utilisation of scarce resources.
- PHC re-engineering with intensified focus on community and household coverage and implementation of the Ideal Clinic Realisation and Maintenance Programme (Operation Phakisa).
- Implementation of turn-around strategies for Emergency Medical Services and Forensic Pathology Services to improve efficiencies.
- Development and implementation of a Hospital Rationalisation Plan, supported by comprehensive Communication Plan, to improve hospital efficiencies.

### *Strategic Goal 2: Reduce the burden of disease*

- Implementation and robust monitoring of the integrated 90-90-90 strategy to reduce the burden of HIV, AIDS and TB and improve health outcomes.
- Integrated strategies for Maternal, Child & Women's Health to reduce morbidities and mortalities.
- Increased focus on the prevention and management of Non-Communicable Diseases including integrated strategies to increase healthy lifestyle programmes.
- Scale up of programmes for the prevention of Malaria to ensure zero new local cases by 2020.

### *Strategic Goal 3: Universal health coverage*

- Scale up of the rollout, monitoring and evaluation of National Health Insurance initiatives to other districts within the framework of the White Paper on National Health Insurance.
- Health facility planning and infrastructure delivery informed by analysis to identify infrastructure pressure areas.

### *Strategic Goal 4: Strengthen human resources for health*

- Finalise review of organisational structures to inform the Essential Post List and Long Term Human Resource Plan.
- First phase pilot of the Decentralised Training in a PHC Model in Northern KZN in partnership with the University of KZN.

## Annual Performance Plan 2016/17 – 2018/19

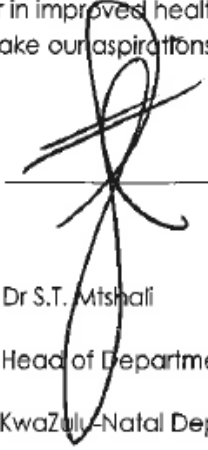
- Improve performance management.

### *Strategic Goal 5: Improved quality of health care*

- Actively implement and monitor the National Core Standards in all facilities to improve clinical quality and patient satisfaction.
- Improve pharmaceutical procurement and distribution reforms including implementation of Direct Delivery and Cross-Docking Model and Community-based distribution of medicines.

I wish to express my sincere appreciation to the Honourable MEC for Health, Dr S.M. Dhlomo, for his continued leadership and support. I also thank all my staff for their dedication and continued support and contribution to improved service delivery in KwaZulu-Natal.

I look forward to this next chapter in improved health care delivery to all our beneficiaries. I am confident that our collective commitment will make our aspirations a reality.



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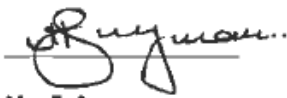
Dr S.T. Mtshali  
Head of Department  
KwaZulu-Natal Department of Health  
Date: 2016-04-29

**OFFICIAL SIGN-OFF: ANNUAL PERFORMANCE PLAN**

**2016/17 – 2018/19**

It is hereby certified that this Annual Performance Plan:

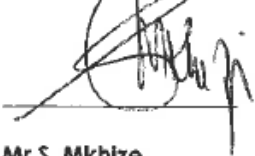
- Was developed by the Management of the KwaZulu-Natal Department of Health under leadership of the MEC for Health Dr SM Dhlomo and Head of Department Dr ST Mtshali.
- Takes into account all the relevant legislation and policies, and specific mandates for which the KwaZulu-Natal Department of Health is responsible.
- Accurately reflects the strategic outcome orientated goals and objectives which the KwaZulu-Natal Department of Health will endeavour to achieve during the 2016/17 – 2018/19 period.



Mrs E. Snyman

Director: Strategic Planning

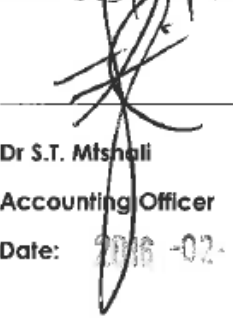
Date: 25/2/2016



Mr S. Mkhize

Acting Chief Financial Officer


Date: 25/02/16



Dr S.T. Mtshali

Accounting Officer

Date: 2016-02-29



Mr J. Govender

Chief Director: Integrated Planning, Monitoring & Evaluation

Date: 25/2/2016

Approved by:



Dr S.M. Dhlomo

Executive Authority

Date: 29/02/2016



**PART A: STRATEGIC OVERVIEW**

- Strategic Overview
- Vision
- Mission
- Values
- Strategic Goals
- Situation Analysis
- Organisational Environment
- Revision of Legislative and Other Mandates
- Overview of the 2016/17 Budget and MTEF Estimates

Annual Performance Plan 2016/17 – 2018/19

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## 1. STRATEGIC OVERVIEW

### 1.1 Vision, Mission and Values

#### Vision

Optimal health for all persons in KwaZulu-Natal

#### Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care.

#### Values

- ✦ Trustworthiness, honesty and integrity
- ✦ Open communication, transparency and consultation
- ✦ Professionalism, accountability and commitment to excellence
- ✦ Loyalty and compassion
- ✦ Continuous learning, amenable to change and innovation

### 1.2 Strategic Goals

The table below reflects the Strategic Goals, Objectives and Objective Statements included in the 2015-2019 Strategic Plan and additional Strategic Objective Statements developed for the Annual Performance Plan to ensure effective implementation of the core priorities identified in the 5 year Strategic Plan.

**Table 1: Strategic Goals, Objectives and Objective Statements**

2015-2019 Strategic Plan	2016/17 – 2018/19 Annual Performance Plan
<b>STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS</b>	
<b>STRATEGIC GOAL STATEMENT:</b> Identifying and implementing changes in policy and/or practice to improve response to health and health system challenges and any array of initiatives and strategies that improves one or more of the functions of the health system that improves access, coverage, quality, or efficiency and strengthen performance and interconnectedness of the WHO Health System Building Blocks including service delivery, health workforce, strategic information, commodities, health financing, leadership and governance.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<b>Strategic Objective 1.1) Finalise integrated long term health service improvement platform</b>	
1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter	1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter



# Annual Performance Plan 2016/17 – 2018/19

2015-2019 Strategic Plan	2016/17 – 2018/19 Annual Performance Plan
<b>Strategic Objective 1.2) Improve financial management and compliance to PFMA prescripts</b>	
1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards 1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle	1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards 1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle
<b>Strategic Objective 1.3) Improve Supply Chain Management</b>	
1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year	1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year
<b>Strategic Objective 1.4) Improve health technology and information management</b>	
<b>MTSF:</b> Sub-Output 10: Efficient health information management system developed and implemented to improve decision-making	
1.4.1) Connectivity established at 90% public health facilities by March 2020 1.4.4) Reduce performance data error rate to 2% (or less) by March 2020	1.4.1) Connectivity established at 90% public health facilities by March 2020 1.4.2) Improve performance data integrity by ensuring a 100% submission rate from March 2017 onwards 1.4.3) M&E Framework revised and improved by March 2017 1.4.4) Reduce performance data error rate to 2% (or less) by March 2020 1.4.5) Finalise & implement the ICT Governance Policy & Framework by March 2017 1.4.6) Implement an enterprise content management system in all public health facilities by March 2020 1.4.7) Expand telemedicine to 65 functional sites by March 2020
<b>Strategic Objective 1.5) Accelerate implementation of PHC re-engineering</b>	
<b>MTSF:</b> Sub-Output 3: Implement the re-engineering of PHC	
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum 1.5.2) Increase the number of ward based outreach teams to 190 by March 2020 1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020 1.5.4) Increase the PHC utilisation rate under 5 years to 4.8 visits per child by March 2020	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum 1.5.2) Increase the number of ward based outreach teams to 190 by March 2020 1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020 1.5.4) Increase the PHC utilisation rate under 5 years to 4.8 visits per child by March 2020 1.5.5) Maintain 4 complete district clinical specialist teams and the remaining 7 teams with all nursing posts filled from March 2019 onwards 1.5.6) Increase the expenditure per PHC headcount to R 380 by March 2019 1.5.7) Increase School Health Teams to 290 by March 2020 1.5.8) Increase the accredited Health Promoting Schools to 350 by March 2020 1.5.9) Increase school health screening coverage with at least 15% per annum
<b>Strategic Objective 1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation &amp; Maintenance</b>	
<b>MTSF:</b> Sub-Output 3: Implement the re-engineering of PHC	
1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020	1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020
<b>Strategic Objective 1.7) Improve hospital efficiencies</b>	
<b>MTSF:</b> Sub-Output 2: Improved quality of health care	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 1.7.4) Maintain expenditure per PDE within the Provincial norms 1.7.5) Reduce the unreferred outpatient (OPD) headcounts with at least 7% per annum 1.7.6) Appropriate referral as per referral criteria
<b>Strategic Objective 1.8) Improve EMS efficiencies</b>	
<b>MTSF:</b> Sub-Output 2: Improved quality of health care	
1.8.1) Evidence-based EMS Model approved and implemented by March 2017	1.8.1) Evidence-based EMS Model approved and implemented by March 2017 1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020 1.8.3) Rationalise 4 clustered communication centres by March 2020

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<p>1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020</p> <p>1.8.3) Rationalise 4 clustered communication centres by March 2020</p> <p>1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020</p> <p>1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020</p> <p>1.8.6) Increase the inter-facility transfer rate to 50% by March 2020</p>	<p>1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020</p> <p>1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020</p> <p>1.8.6) Increase the inter-facility transfer rate to 50% by March 2020</p> <p>1.8.7) Increase the number of obstetric ambulances to 73 by March 2019</p> <p>1.8.8) Increase the number of inter-facility ambulances to 71 by March 2019</p> <p>1.8.9) Increase purpose built wash bays with sluice facilities to 21 by March 2020</p> <p>1.8.10) Increase EMS revenue collection to at least R6 million by March 2020</p> <p>1.8.11) Increase the number of bases with access to the internet to 50 by March 2020</p>
<b>Strategic Objective 1.9) Strengthen health system effectiveness</b>	
<p>1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020</p> <p>1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards</p>	<p>1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020</p> <p>1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards</p> <p>1.9.3) Annual stakeholder analysis</p> <p>1.9.4) Internal and external interactive communication platforms established by March 2016 and response analysed annually</p> <p>1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2017</p>
<b>Strategic Objective 1.10) Improve transversal services</b>	
	<p>1.10.1) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System by March 2020</p> <p>1.10.2) 100% Public health facilities comply with the security policy requirements by March 2020</p>
<b>STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE</b>	
<b>STRATEGIC GOAL STATEMENT:</b> Reduce and manage the burden of disease to ensure better health outcomes and an increase in life expectancy at birth.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<b>Strategic Objective 2.1) Increase life expectancy at birth</b>	
<p>2.1.1) Increase the total life expectancy to 60.5 years by March 2020</p> <p>2.1.2) Increase the life expectancy of males to 58.4 years by March 2020</p> <p>2.1.3) Increase the life expectancy of females to 62.7 years by March 2020</p>	<p>2.1.1) Increase the total life expectancy to 60.5 years by March 2020</p> <p>2.1.2) Increase the life expectancy of males to 58.4 years by March 2020</p> <p>2.1.3) Increase the life expectancy of females to 62.7 years by March 2020</p>
<b>Strategic Objective 2.2) Reduce HIV incidence</b>	
<b>MTSF:</b> Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
<p>2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)</p> <p>2.2.2) Test 4 million people for HIV by March 2020 (cumulative)</p>	<p>2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)</p> <p>2.2.2) Test 4 million people for HIV by March 2020 (cumulative)</p> <p>2.2.3) Increase the male condom distribution rate to 87 condoms per male per year by March 2019</p> <p>2.2.4) Increase the medical male circumcisions to 2 154 953 (cum) by March 2019</p> <p>2.2.5) Decrease the STI incidence to 50/ 1000 by March 2020</p> <p>2.2.6) Increase the HIV testing coverage to 65% by March 2020</p>
<b>Strategic Objective 2.3) Manage HIV prevalence</b>	
<b>MTSF:</b> Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
<p>2.3.1) Increase the number of patients on ART to 1 450 000 by March 2020 (cumulative)</p>	<p>2.3.1) Increase the number of patients on ART to 1 450 000 by March 2020 (cumulative)</p>
<b>Strategic Objective 2.4) Improve TB outcomes</b>	
<b>MTSF:</b> Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
<p>2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020</p> <p>2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020</p> <p>2.4.3) Decrease the TB death rate to 2% by March 2020</p>	<p>2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020</p> <p>2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020</p> <p>2.4.3) Decrease the TB death rate to 2% by March 2020</p> <p>2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020</p> <p>2.4.5) Increase the TB screening rate for people 5 years and older to at least 70% by March 2020</p>

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2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020	2.4.6) Decrease the TB client lost to follow up to 2.3% (or less) by March 2020 2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020 2.4.8) Maintain the MDR-TB six month interim outcome at 85% (or more) from March 2019 onwards 2.4.9) Increase the XDR-TB six month interim outcome to 80% by March 2020 2.4.10) Maintain a 90% (or more) TB AFB sputum result turn-around time of under 48 hours from March 2018 onwards 2.4.11) Maintain TB (new pulmonary) cure rate of 85% from March 2017 onwards
<b>Strategic Objective 2.5) Reduce infant mortality</b>	
<b>MTSF:</b> Sub-Output 9: Maternal, infant & child mortality reduced	
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020 2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020 2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020 2.5.3) Reduce the early neonatal death rate to less than 8 per 1000 by March 2020
<b>Strategic Objective 2.6) Reduce under 5 mortality</b>	
<b>MTSF:</b> Sub-Output 9: Maternal, infant & child mortality reduced	
2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020 2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 by March 2020	2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020 2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 by March 2020 2.6.3) Maintain immunisation coverage of 90% (or more) from March 2016 onwards 2.6.4) Maintain the measles 2nd dose coverage of 90% (or more) from March 2017 onwards 2.6.5) Reduce the measles drop-out rate to less than 3% by March 2020 2.6.6) Reduce the under-5 diarrhoea case fatality rate to less than 2% by March 2020 2.6.7) Reduce the under-5 pneumonia case fatality rate to less than 2% by March 2020 2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6% by March 2020 2.6.9) Increase the Vitamin A dose 12-59 month coverage to 80% by March 2020 2.6.10) Reduce under-5 diarrhoea with dehydration incidence to less than 10 per 1000 by March 2020 2.6.11) Reduce the under-5 pneumonia incidence to less than 85 per 1000 by March 2020 2.6.12) Reduce the child under 1 year mortality in facility rate to less than 5.5% by March 2020 2.6.13) Reduce the inpatient death under-5 rate to less than 4.5% by March 2020
<b>Strategic Objective 2.7) Reduce maternal mortality</b>	
<b>MTSF:</b> Sub-Output 9: Maternal, infant & child mortality reduced	
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020 2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary and Central) by March 2020 2.7.3) Increase the antenatal 1st visit before 20 weeks rate to 70% by March 2020 2.7.4) Maintain the postnatal visit within 6 days rate of 90% from March 2018 2.7.5) Initiate 99% eligible antenatal clients on ART by March 2019
<b>Strategic Objective 2.8) Improve women's health</b>	
2.8.1) Increase the couple year protection rate to 75% by March 2020 2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	2.8.1) Increase the couple year protection rate to 75% by March 2020 2.8.2) Maintain the cervical cancer screening coverage of 75% (or more) 2.8.3) Maintain 90% (or more) HPV vaccine dose coverage from March 2018 onwards
<b>Strategic Objective 2.9) Reduce the incidence of non-communicable diseases</b>	
2.9.1) Decrease the hypertension incidence by at least 10% per annum 2.9.2) Decrease the diabetes incidence by at least 10% per annum	2.9.1) Decrease the hypertension incidence by at least 10% per annum 2.9.2) Decrease the diabetes incidence by at least 10% per annum 2.9.3) Screen at least 12 million people for hypertension by March 2020 2.9.4) Screen at least 8million people for diabetes by March 2020 2.9.5) Increase the number of people screened for mental disorders with at least 20% per annum 2.9.6) Increase the cataract surgery rate to more than 1 6500 per 1 million uninsured people by March 2020 2.9.7) Improve access to rehabilitation services at all levels of care

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<b>Strategic Objective 2.10) Eliminate malaria</b>	
2.10.1) Zero new local malaria cases by March 2020 2.10.2) Maintain malaria case fatality rate of less than 0.5% from March 2017 onwards	2.10.1) Zero new local malaria cases by March 2020 2.10.2) Maintain malaria case fatality rate of less than 0.5% from March 2017 onwards
<b>STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE</b>	
<b>STRATEGIC GOAL STATEMENT:</b> All people receive the full spectrum of the essential health services package including health promotion, prevention, treatment and clinical care, rehabilitation and palliative care.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<b>Strategic Objective 3.1) Implement the National Health Insurance Pilot</b>	
<b>MTSF:</b> Sub-Output 1: Universal health coverage progressively achieved through implementation of NHI	
	3.1.1) Improve universal access to health services through implementation of the NHI pilot in 3 districts
<b>Strategic Objective 3.2) Create job opportunities</b>	
3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)	3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)
<b>Strategic Objective 3.3) Improve health facility planning and infrastructure delivery</b>	
<b>MTSF:</b> Sub-Output 7: Improved health facility planning & infrastructure delivery	
3.3.1) Commission 28 new projects by March 2020 3.3.2) Complete 75 upgrading & renovation projects by March 2019 (cumulative)	3.3.1) Commission 28 new projects by March 2020 3.3.2) Complete 75 upgrading & renovation projects by March 2019 (cumulative) 3.3.3) 100% of maintenance budget spent annually 3.3.4) Major and minor refurbishment completed at 37 health facilities by March 2018 3.3.5) Annual SLA signed with the Department of Public Works to accelerate infrastructure delivery
<b>STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH</b>	
<b>STRATEGIC GOAL STATEMENTS:</b> Develop and maintain a capacitated workforce with the capacity to deliver the appropriate package of health services at all levels of the health care system.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<b>Strategic Objective 4.1) Improve human resources for health</b>	
<b>MTSF:</b> Sub-Output 5: Improved human resources for health; Sub-Output 6: Improved health management & leadership	
4.1.1) Long Term Human Resources Plan approved by March 2017 and implemented and monitored thereafter 4.1.2) Finalise 610 post establishments by March 2020 4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17 4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20 4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20 4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category) 4.1.7) Increase the EMS skills pool by increasing the number of EMS personnel trained in ILS to 360 and ECT to 150 by March 2020 4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020	4.1.1) Long Term Human Resources Plan approved by March 2016 and implemented and monitored thereafter 4.1.2) Finalise 610 post establishments by March 2020 <sup>1</sup> 4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17 4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20 4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20 4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category) 4.1.7) Increase the EMS skills pool by increasing the number of EMS personnel trained in ILS to 360 and ECT to 150 by March 2020 4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020 4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum 4.1.10) Improve access for people with disabilities by training 1 100 service providers in sign language by March 2020

<sup>1</sup> Includes macro structure (Head Office), all clinics, CHCs, hospitals, EMS, FPS

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2015-2019 Strategic Plan	2016/17 – 2018/19 Annual Performance Plan
<b>Strategic Objective 4.2) Improve Performance Management and Development</b>	
	4.2.1) All personnel comply with employee performance management requirements from March 2016 onwards
<b>Strategic Objective 4.3) Accreditation of KZNCN as Institution of Higher Education</b>	
	4.3.1) KZNCN accredited as institution of Higher Education by March 2017
<b>STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE</b>	
<b>STRATEGIC GOAL STATEMENT:</b> Rendering services that are (1) Effective (adherent to an evidence base resulting in improved health outcomes); (2) Efficient (maximises resource utilisation and avoids waste); (3) Accessible (geographically reasonable, timely and provided in a setting where skills and resources are appropriate to medical need); (4) Acceptable and patient-centred (takes into account need and demand and the aspirations of users); (5) Equitable (services that do not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status); and (6) Safe (minimises risks and harm to service users).	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<b>Strategic Objective 5.1) Improve compliance to the Ideal Clinic and National Core Standards</b>	
<b>MTSF:</b> Sub-Output 2: Improved quality of health care	
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020  5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020  5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standard by March 2020  5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017  5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on National Core Standard assessment outcomes by March 2017  5.1.5) Sustain a 100% client satisfaction survey rate in all public health facilities from March 2017 onwards  5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards  5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2018 onwards
<b>Strategic Objective 5.2) Improve quality of care</b>	
<b>MTSF:</b> Sub-Output 2: Improved quality of health care	
5.2.1) Increase the percentage of pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020  5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017  5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020	5.2.1) Increase the percentage of pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020  5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017  5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020  5.2.4) Improve pharmaceutical procurement and distribution reforms  5.2.5) Improve efficiencies in dental health by reducing the dental extraction to restoration ratio to less than 12:1 by March 2020

The table below shows the alignment between the Departments Strategic Goals and core planning frameworks. All Strategic Objectives, Objective Statements and Performance Measures have been aligned within these frameworks.

**Table 2: (A1) Alignment of Strategic Goals with other Macro Plans**

KZN Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals
<b>Strategic Goal 1:</b> Strengthen health system effectiveness	<b>Strategic Goal 6:</b> Health system reforms complete <b>Priority b:</b> Strengthen the health system <b>Priority c:</b> Improve health information systems	<b>Sub-Output 3:</b> Implement the re-engineering of PHC <b>Sub-Output 4:</b> Reduced health care cost	<b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities <b>Intervention 3.2(a):</b> Re-engineering of PHC	

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KZN Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals
	<p><b>Strategic Goal 7:</b> PHC teams deployed to provide care to families &amp; communities</p>	<p><b>Sub-Output 6:</b> Improved health management &amp; leadership</p> <p><b>Sub-Output 10:</b> Efficient health information management system developed and implemented to improve decision-making</p>		
<p><b>Strategic Goal 2:</b> Reduce and manage the burden of disease</p>	<p><b>Strategic Goal 2:</b> TB prevention &amp; cure progressively improved</p> <p><b>Strategic Goal 3:</b> Maternal, infant and child mortality reduced</p> <p><b>Strategic Goal 4:</b> Prevalence of NCD's reduced by 28%</p> <p><b>Strategic Goal 5:</b> Injury, accidents and violence reduced by 50% from 2010 levels</p> <p><b>Priority a:</b> Address the social determinants that affect health and disease</p> <p><b>Priority d:</b> Prevent and reduce the disease burden and promote health</p>	<p><b>Sub-Output 8:</b> HIV, AIDS &amp; TB prevented &amp; successfully managed</p> <p><b>Sub-Output 9:</b> Maternal, infant &amp; child mortality reduced</p>	<p><b>*Intervention 3.2.(b):</b> Scaling up programmes to improve maternal, child and women's health</p> <p><b>*Intervention 3.2 (c):</b> Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases</p> <p><b>*Intervention 3.2 (d):</b> Scaling up programmes to reduce incidence and manage prevalence of HIV, AIDS and STIs</p> <p><b>*Intervention 3.2 (e):</b> Scaling up programmes to improve TB outcomes</p> <p><b>*Intervention 3.2 (f):</b> Implementing programmes to reduce local malaria incidence</p>	<p>By 2030, reduce the global <b>maternal mortality ratio</b> to less than 70 per 100,000 live births</p> <p>By 2030, end <b>preventable deaths of newborns and children under 5 years</b> of age, countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births</p> <p>By 2030, end the epidemics of <b>AIDS, tuberculosis, malaria</b> and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>By 2030, reduce by one third premature mortality from <b>non-communicable diseases</b> through prevention and treatment and promote mental health and well-being</p> <p>Strengthen prevention and treatment of <b>substance abuse</b>, including narcotic drug abuse and harmful use of alcohol</p> <p>By 2020, halve the number of global <b>deaths and injuries from road traffic accidents</b></p> <p>By 2030, ensure universal access to <b>sexual and reproductive health-care</b> services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>By 2030, substantially reduce the number of deaths and illnesses from <b>hazardous chemicals and air, water and soil pollution and contamination</b></p> <p>Strengthen the implementation of the World Health Organization Framework Convention on <b>Tobacco Control</b> in all countries, as appropriate</p> <p>Support <b>research and development of vaccines and medicines</b> for communicable and non-communicable diseases</p>

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KZN Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals
<b>Strategic Goal 3:</b> Universal health coverage	<b>Strategic Goal 8:</b> Universal health coverage achieved <b>Priority e:</b> Financing universal health care coverage	<b>Sub-Output 1:</b> Universal health coverage progressively achieved through implementation of NHI <b>Sub-Output 7:</b> Improved health facility planning & infrastructure delivery	<b>Strategic Objective 3.2:</b> *Enhance the health of citizens and healthy communities	Achieve <b>universal health coverage</b> , including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
<b>Strategic Goal 4:</b> Strengthen human resources for health	<b>Strategic Goal 9:</b> Posts filled with skilled, committed & competent individuals <b>Priority f:</b> Improve human resources in the health sector <b>Priority g:</b> Review management positions and appointments and strengthen accountability mechanisms	<b>Sub-Output 5:</b> Improved human resources for health	<b>*Intervention 3.2 (g):</b> Improving human resources for health	Substantially increase <b>health financing and the recruitment, development, training and retention of the health workforce</b> in developing countries, especially in least developed countries and small island' developing states
<b>Strategic Goal 5:</b> Improved quality of health care	<b>Priority h:</b> Improve quality by using evidence	<b>Sub-Output 2:</b> Improved quality of health care	<b>Strategic Objective 3.2:</b> *Enhance the health of citizens and healthy communities	Strengthen the capacity of all countries, in particular developing countries, for <b>early warning, risk reduction and management</b> of national and global health risks

Note: (\*) Denotes review of the Provincial Growth and Development Plan interventions since publishing of the Strategic Plan 2015-2019

**Table 3: Impact indicators and targets**

Impact Indicator	SA Baseline (2009 <sup>2</sup> )	SA Baseline (2012 <sup>3</sup> )	SA Targets 2019	KZN Baseline 2012	KZN Targets 2019
1. Life expectancy at birth (Total)	56.5 years	60.0 years (increase of 3,5years)	63 years by March 2019 (increase of 3 years)	51.5 years <sup>4</sup>	60.5 years (increase of 3.6 years from 2014)
2. Life expectancy at birth (Male)	54.0 years	57.2 years (increase of 3,2 years)	60.2 years by March 2019 (increase of 3 years)	49.2 years	58.4 years (increase of 4 years from 2014)
3. Life expectancy at birth (Female)	59.0 years	62.8 years (increase of 3,8years)	65.8 years by March 2019 (increase of 3years)	53.8 years	62.7 years (increase of 3,3 years from 2014)
4. Under-5 mortality rate (U5MR)	56 per 1 000 live-births	41 per 1 000 live-births (25% decrease)	23 per 1 000 live-births by March 2019 (20% decrease)	43.4 per 1 000 live births <sup>5</sup>	40 per 1 000 live births
5. Neonatal mortality rate	-	14 per 1 000 live births	6 per 1 000 live births	10.4 per 1 000 live births <sup>6</sup>	6.5 per 1 000 live births
6. Infant mortality rate (IMR)	39 per 1 000 live-births	27 per 1 000 live births (25% decrease)	18 per 1 000 live births	32.1 per 1 000 live births	29 per 1 000 live births

<sup>2</sup> Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012

<sup>3</sup> Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012

<sup>4</sup> All life expectancy data for 2012 obtained from Stats SA 2012 Mid-Year Estimates

<sup>5</sup> U5MR and IMR from the Medical Research Council (2013) – Rapid Mortality Surveillance Report 2012

<sup>6</sup> DHIS

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Impact Indicator	SA Baseline (2009 <sup>2</sup> )	SA Baseline (2012 <sup>3</sup> )	SA Targets 2019	KZN Baseline 2012	KZN Targets 2019
7. Child under 5 years pneumonia case fatality rate	-	-	-	2.6%	<2%
8. Child under 5 years diarrhoea case fatality rate	-	4.2%	<2%	4.3% <sup>7</sup>	<2%
9. Child under 5 years severe acute malnutrition case fatality rate	-	9%	<5%	10.9%	6%
10. Maternal mortality ratio	304 per 100 000 live-births	269 per 100 000 live-births	Downward trend <100 per 100 000 live-births by March 2019	165 per 100 000 live births (institutional)	100 per 100 000 live births (institutional)

## 1.3 Situation Analysis

### 1.3.1 Demographic Profile

KwaZulu-Natal (KZN) is the second most populated province in South Africa accounting for 19.8% of the country's population. According to mid-year population estimates, the KZN population increased from 10 456 909 in 2013 to 10 694 434 in 2014 (2014 Mid-Year Estimates, StatsSA) and 10 919 077 in 2015 (2015 Mid-Year Estimates, StatsSA). The uninsured population increased from an estimated 9 118 425 in 2013 to 9 325 546 in 2014 (General Household Survey). The eThekweni Metro is the most populous with 33.5% of the total population. The majority of the population (60.8%) resides in eThekweni, Umgungundlovu and Uthungulu Districts, which are considered the economic hubs in the Province. When considering the population most likely to access public sector health care services (uninsured population), the highest proportion (26.7%) reside in eThekweni followed by Umgungundlovu (8.4%) and Uthungulu (7.7%). Females account for 52.48% of the overall population in the Province.

The population is expansive and young, with 54.89% under the age of 25 years, and almost 90% under the age of 55 years. Overall, the dependent age cohorts' accounts for 36.8% of the Provincial population, with 34.27% under the age of 15 years and 4.9% over the age of 65 years.

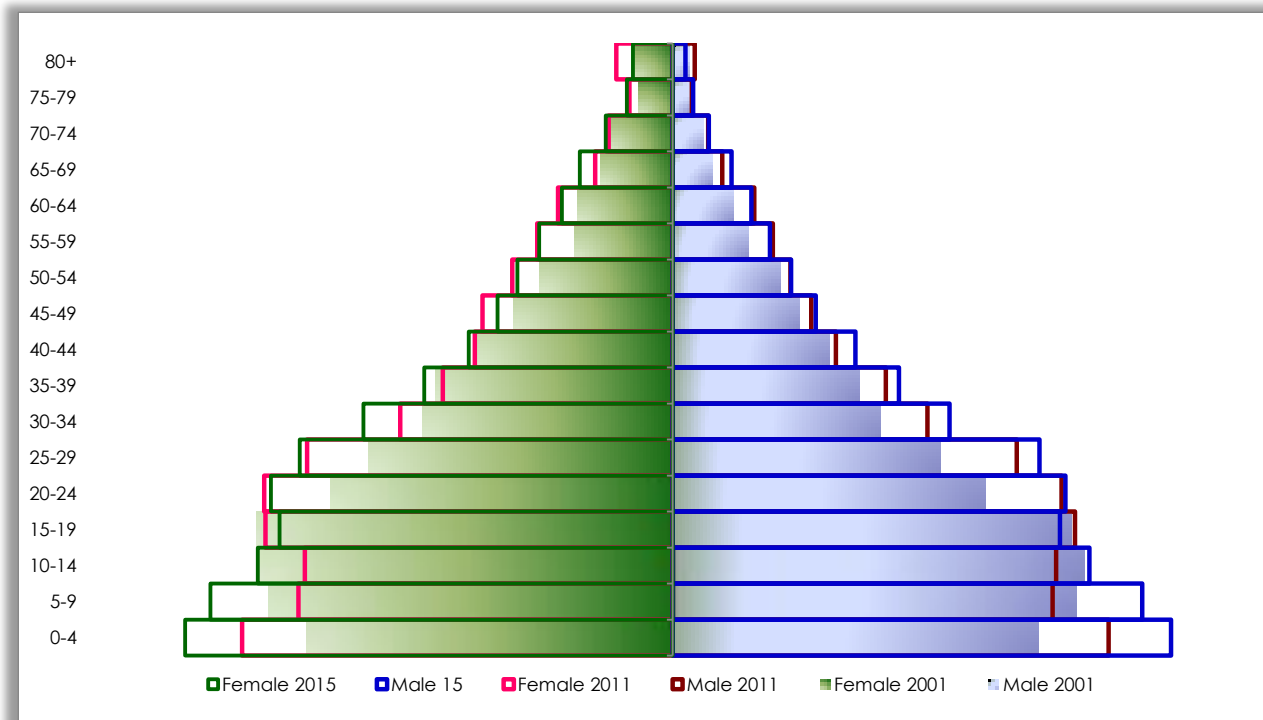
The life expectancy for males increased from 49.2 to 54.4 years and for females from 53.8 to 59.4 years between 2011 and 2014. The fertility rate declined from 3.53 (2006) to 2.98 children per woman in 2014 (Stats SA) which, together with life expectancy, impacts on the demographic profile (see Figure 1).

<sup>7</sup> Indicators 7 – 9 sourced from DHIS



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Figure 1: KZN Population Pyramid 2001, 2011, and 2015



Source: Statistics South Africa Census and Mid-Year Population Estimates 2015

All districts show positive growth rates over the last three years with the highest growth rates noted in eThekweni (11.4%), Umgungundlovu (9.19%) and Umkhanyakude (9.16%). The former two districts also have the highest population counts in the Province, which is likely due to urbanisation patterns linked with employment opportunities. Given the expansive population profile, the net changes over time may be more likely attributable to migration as opposed to natural growth patterns. The varied growth rates for different districts highlights the challenge with projections that use standard rates for all districts when estimating annual population growth for planning purposes.

Umsunduzi (Umgungundlovu), eThekweni and Umhlatuze (Uthungulu) are considered the economic hubs in the Province, also confirmed by the lower uninsured populations of 80%, 84.3% and 87.5% respectively. Umkhanyakude continues to have the highest uninsured population (96.1%) followed by Uthukela (95%), both with low population densities (GHS 2013).

Population density, one of the variables used for geo-spatial planning, varies between 48 people per km<sup>2</sup> in Umkhanyakude and 1 502 people per km<sup>2</sup> in eThekweni. It is estimated that 25% of the eThekweni's population is living in informal settlements which, exacerbated by the burden of disease, poses unique service delivery and equity challenges. Innovation in service delivery will therefore have to be explored to ensure equitable access to health care in the Province.

The populations of Ilembe and Ugu are mainly concentrated along the developed coastal belt with the more under-developed Tribal Authority Areas located inland. As with other districts that have a developed urban area surrounded by Tribal Authority Areas, chronic and other promotive and preventative health services are often accessed at urban centres due to convenience and transport routes.

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## 1.3.2 Socio-Economic Profile

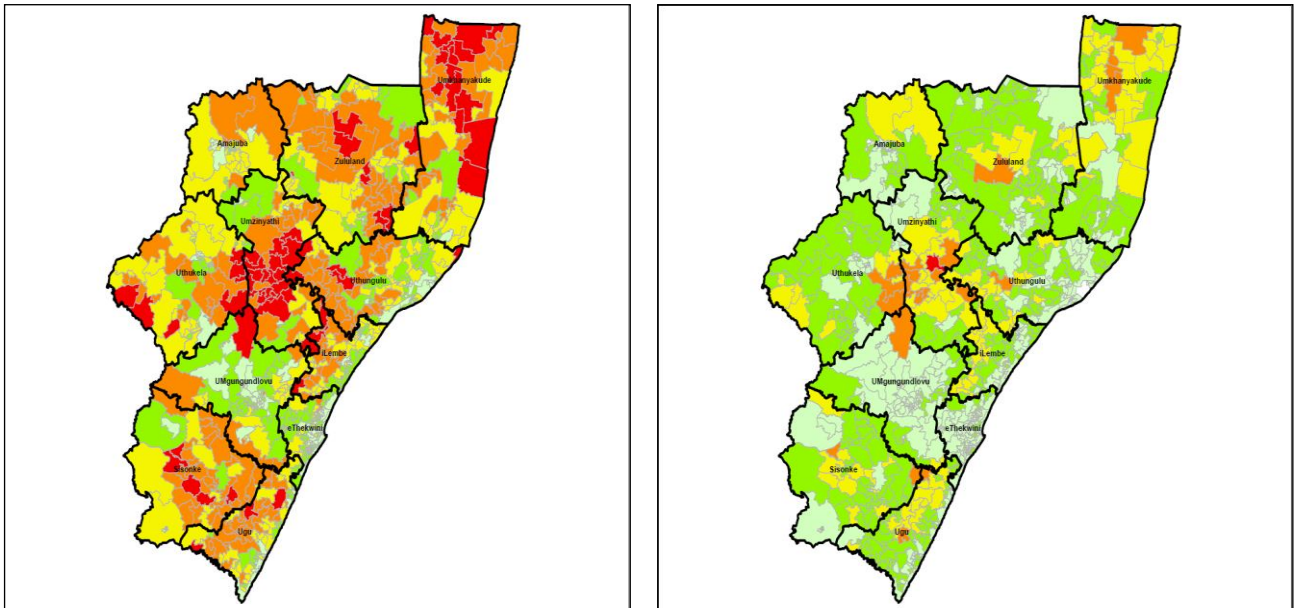
In 2011, KwaZulu-Natal had the third highest poverty measure in SA (56.6%) with a poverty gap of 25.5% and poverty severity incidence of 14.4%.<sup>8</sup> According to Stats SA (2012), 28% of all KZN citizens live in extreme poverty, and a further 29% live in absolute poverty. At least 32.9% of households are food deprived with 29% in rural areas and 54% in traditional settlements (National Development Agency, 2013).

The poor are mostly found in the rural areas of the Province. By ranking districts according to the percentage of people living in poverty, Umkhanyakude, Umzinyathi, Zululand and Harry Gwala Districts have the highest poverty levels whilst eThekweni and Umgungundlovu have the lowest percentage of people living in absolute poverty.

Access to basic services improved significantly since 2011. Implementation of the Provincial Poverty Eradication Master Plan, with the objective to address the high incidences of malnutrition, hunger and related social ills by accelerating the integrated comprehensive response to poverty and hunger, is expected to have a ripple effect on the burden of disease and health outcomes.

The maps below illustrate the deprivation indices in the Province and highlight the changes in deprivation between 2001 and 2011 (Stats SA).

**Map 1: Poverty change in KZN (SAMPI 2001 and 2011)**

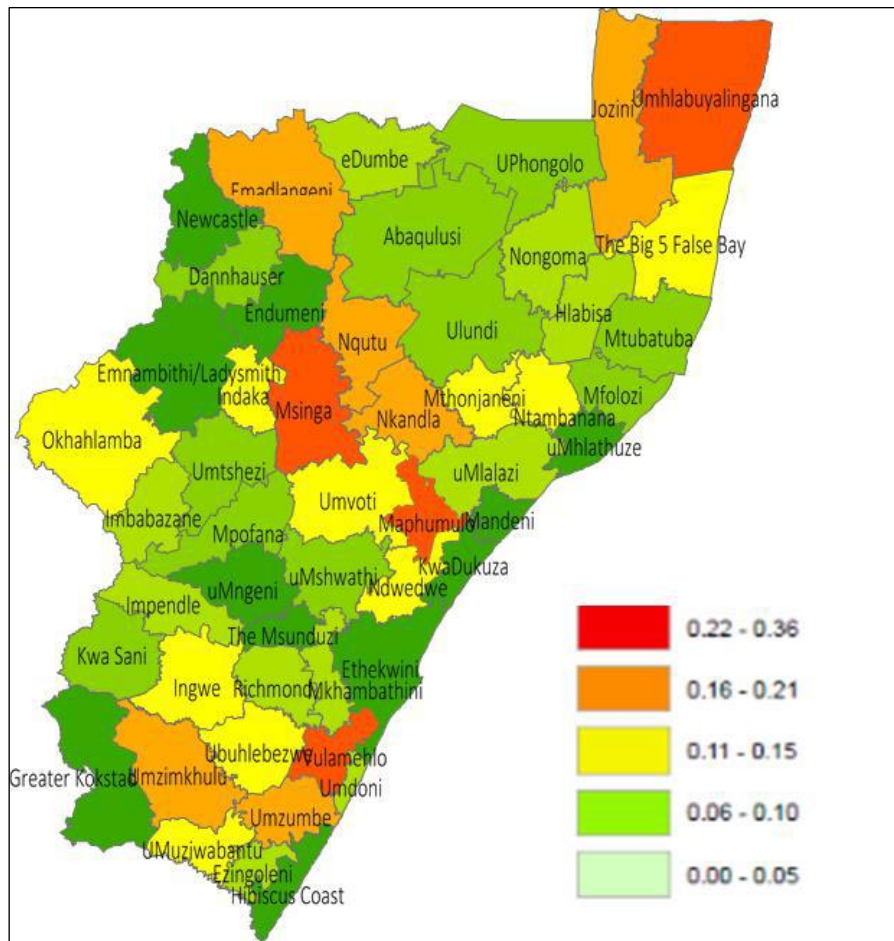


Source: Poverty Eradication Master Plan

<sup>8</sup> Human Sciences Research Council (2012)

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**Map 2: Socio-economic deprivation indices in KZN**



Source: Poverty Eradication Master Plan

Poverty and food insecurity is strongly associated with malnutrition, disease and poor health outcomes. Food insecurity has also been associated with increased HIV transmission rates (Anema et al 2009) and is an important reason for non-adherence to anti-retroviral treatment (ART). Patients who are food insecure are less likely to adhere to treatment, have lower baseline CD4 counts, incomplete viral suppression and are less likely to survive (Anema et al 2009, Weiser et al 2009). The side effects of ARVs are exacerbated by the absence of food, and because ARVs increase appetite, patients may experience “intolerable hunger in the absence of food” (Weiser et al 2009).

Infection with TB, and progression from infection to disease, has been associated with low body mass and food shortages (Bates et al 2004). It has been suggested that nutritional supplementation in undernourished people at risk of TB (such as “young children, household contacts of TB patients, health care workers, institutionalised populations, the elderly) may reduce the incidence of TB” (ASSAF 2007).

The nutritional status for children has deteriorated in the past decade against a backdrop of longstanding under-nourishment amongst deprived children. Stunting is the most common cause of malnutrition in South Africa, implying a chronic lack of food over long periods (ASSAF 2007). The deterioration in nutritional status can be attributed at least in part to the mutually reinforcing effects of HIV and malnutrition (ASSAF 2007), and is also due to the high prevalence of food insecurity.

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## 1.3.3 Epidemiological Profile/ Burden of Disease

When considering causes of mortality in KZN, findings from the KZN Department of Health (DOH) Epidemiology study were similar to Stats SA reports. TB and HIV have remained the leading causes of mortality in KZN over the past 15 years, with cardiovascular and other infectious diseases still ranking high. These reports suggest that the most prevalent morbidity and mortality at KZN public sector hospitals is attributable to infectious and preventable diseases.

**Table 4: Top five causes of mortality in KZN**

1998 - 2002 <sup>9</sup>		2011 <sup>9</sup>		2011 <sup>10</sup>		2013 <sup>11</sup>	
AIDS	39%	PTB	16%	TB	19.1%	TB	11.9%
TB	12%	Pneumonia	16%	HIV/AIDS	16.2%	HIV	7.3%
Cardiovascular Diseases	9.8%	Other Infections	11.3%	Lower Respiratory Tract Infections	8.5%	Cardiovascular Diseases	5.8%
Respiratory Infections	5%	Gastroenteritis	9.7%	Diarrhoeal Diseases	6.8%	Diabetes Mellitus	5.7%
Diarrhoeal diseases	5%	E-PTB	6.3%	Cardiovascular Diseases	5.2%	Other forms of heart disease	4.4%

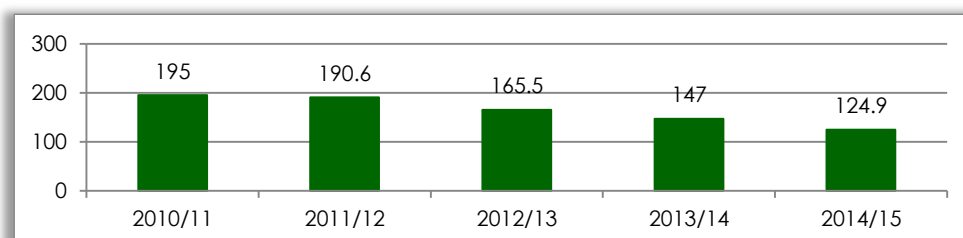
Source: Survey of admissions in KZN Hospitals; Stats SA

## Maternal, Neonatal, Child and Women's Health

The institutional maternal mortality ratio (iMMR), infant mortality rate (IMR) and under-5 mortality rate (U-5MR) shows a decline between 2010 and 2014 (Graphs 1, 2 and 3).

The Confidential Enquiries into Maternal Deaths indicated that non-pregnancy related infections (mostly HIV, AIDS and TB) are still the most significant contributing factors in maternal and child mortality. It is envisaged that mortalities will continue to decline as a result of a number of high impact interventions including revision of the PMTCT Guidelines and implementation of Fixed Dose Combination (FDC); training of nurses and doctors on the Essential Steps in the Management of Obstetric Emergencies; appointment of District Clinical Specialist Teams (DCSTs); revision and launch of the National Contraceptives Policy; and implementation of the integrated 90-90-90 strategy for HIV, AIDS and TB.

**Graph 1: Institutional maternal mortality ratio per 100 000 live births (DHIS)**



Source: DHIS

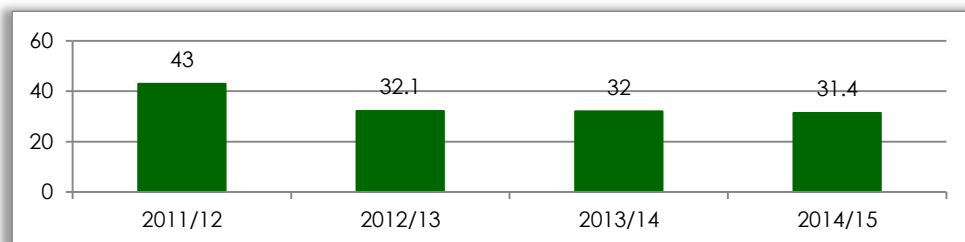
<sup>9</sup> Epidemiology Unit KZN DOH; A survey of admissions in KwaZulu-Natal public hospitals, 2011 - Pietermaritzburg; 2013

<sup>10</sup> Statistics SA. Mortality and causes of death in South Africa, 2013: Findings from death notification. Pretoria 2012

<sup>11</sup> Statistics SA. Mortality and causes of death in South Africa, 2013: Findings from death notification. Pretoria 2014

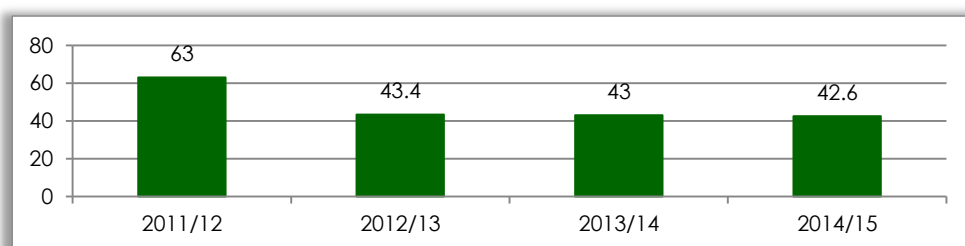
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**Graph 2: Infant mortality rate per 1000 live births**



Source: Medical Research Council (2013) – Rapid Mortality Surveillance Report 2012

**Graph 3: Under 5 mortality rate per 1000 live births**



Source: Medical Research Council (2013) – Rapid Mortality Surveillance Report 2012

## HIV, AIDS and STI's

According to ASSA2008 projections, the HIV incidence is 1.01% (total general population); 3.48% (women 15-19 years); and 2.42% (youth 15-24 years). The prevalence rate in the general population is estimated at 15.2%, compared to the 40.1% prevalence in antenatal women in 2013/14 (ANC surveillance Report). AIDS sick patients increased from 143 241 (2009) to 168 173 in 2013 (ASSA2008).

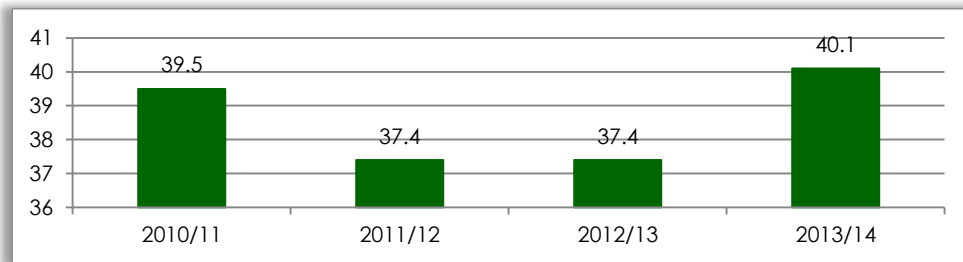
The Province reported the highest HIV prevalence among pregnant women for the past 13 years with prevalence stabilising at 37.4% (35.8-39.0) in 2012 and then increasing to 40.1% in 2013 (2.7% increase not statistically significant). The HIV prevalence for pregnant women 15-24 years decreased from 29.2% in 2010/11 to 25.8% in 2012/13 (National Antenatal Sentinel HIV Survey).

One-year prevalence rates of mental disorders in people living with HIV in SA are estimated as anxiety disorders (31%); depression (25%); alcohol abuse and dependence (15%); and HIV-associated neurocognitive disorder (24%). This has major implications for programmes aimed at the prevention of HIV, those focused on improving adherence to treatment as well as mental health programmes.

The STI treated new episode incidence decreased slightly from 68.8 per 1000 in 2011/12 to 61.7 per 1000 in 2014/15.

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**Graph 4: HIV prevalence (ANC women)**



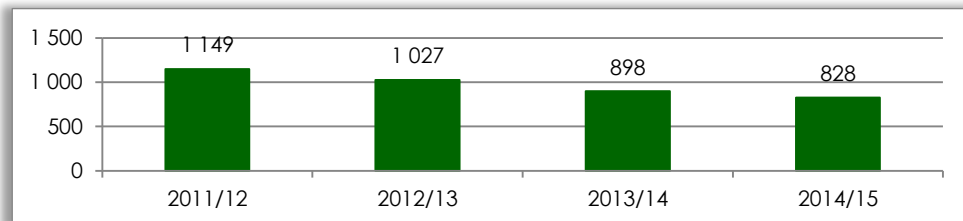
Source: National Antenatal Sentinel HIV Survey

## Tuberculosis

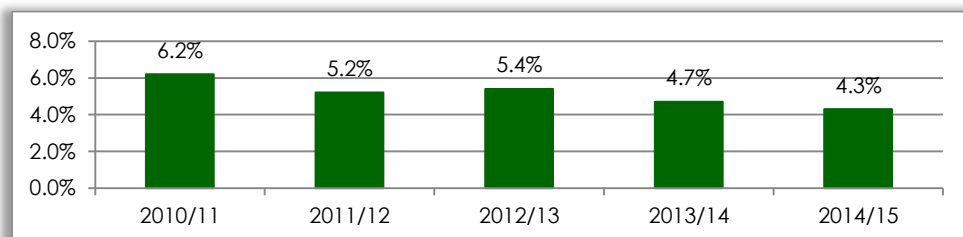
The Provincial TB incidence (Graph 5) and TB death rate (Graph 6) show a consistent decrease between 2011 and 2014.

Drug-resistant TB is increasing with a current incidence of 26.8 cases per 100 000 population. The mortality rates among MDR-TB/HIV co-infected patients are exceedingly high (71% one year mortality) with approximately 15% of MDR-TB/HIV co-infected patients receiving ART at the time of their diagnosis.

**Graph 5: TB incidence per 100 000 population (ETR.Net)**



**Graph 6: TB death rate (ETR.Net)**



## Non-Communicable Diseases

According to the World Health Organisation (WHO), non-communicable diseases will increase by 17-24% in the African Region over the next 10 years. The 2012 General Household Survey estimated that 19.8% of the total South African population and 20% of the population in KZN suffer from chronic diseases.

Hypertension, cancer, diabetes (type 2 most common) and concurrent diabetes and hypertension are the most common non-communicable diseases admitted in KZN public health hospitals. The most common

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cancers admitted are cancer of the cervix, breast and the oesophagus. Most cancers occurred after the age of 30 (2011 KZN Hospital Survey).

Diabetes incidence decreased from 3 per 1 000 population (2010/11) to 1.6 per 1 000 population in 2014/15, and hypertension incidence decreased from 29.8 per 1 000 population (2010/11) to 19.2 per 1 000 population in 2014/15 (DHIS).

Dental caries is the most common condition affecting children in South Africa with an estimated 91% of children (6 years old) with untreated tooth decay (2012 Household Survey).

## **Intentional and Unintentional Injuries**

The majority of admissions for injury managed at KZN hospitals include assault (35.5%), accidental injury (26.2%), motor vehicle accidents (19.6%), burns (8.9%), accidental poisoning (5.6%) and 4.2% snake bites (2011 KZN Hospital Survey).

In 2010, the pre-hospital trauma rate was approximately 11.6 per 1 000 population and 12.9 per 1 000 in public district and regional hospitals (Brysiewicz et al, 2013<sup>12</sup>). This equated to 100 000 Emergency Medical Services (EMS) calls for trauma and around 160 000 visits per year in public hospitals in KZN.

## **Malaria**

Three districts (Umkhanyakude, Zululand and Uthungulu) are endemic to malaria in KZN, with approximately 2.5 million people (or ±22.7% of the total population in the Province) at risk of contracting the disease.

The malaria incidence decreased from 1.08 per 1 000 at risk population in 2013/14 to 1.03 in 2014/15. Between 2000 and 2014, new malaria cases decreased from 41 786 to 664 and deaths from 340 to 7 (KZN Malaria database).

## **1.4 Organisational Environment**

### **1.4.1 Organisational Structure and Human Resources**

The Department's macro structure has been aligned with the mandates and core business of the Department and supports all the functions necessary to enable the Department to deliver on all mandates as articulated in the National Health Act (Act No. 61 of 2003) and Amendments.

Figures 2 to 7 reflects the Head Office Macro structure for the KZN Department of Health.

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<sup>12</sup> Brysiewicz P, Hardcastle T, Clarke D. The burden of trauma in KZN, projections for 5 years and recommendations for improved service delivery, Pietermaritzburg : KZN Department of Health, 2013

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Figure 2: Executive Organisational Structure for KZN Health

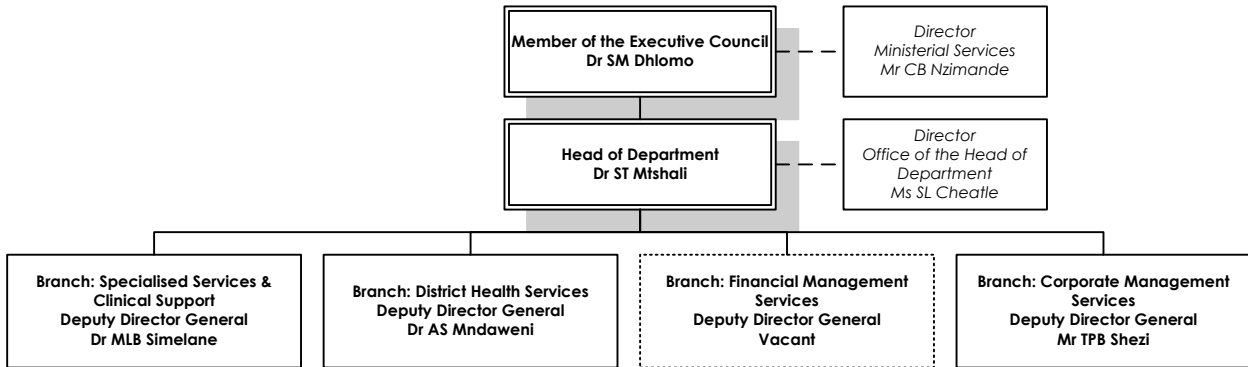
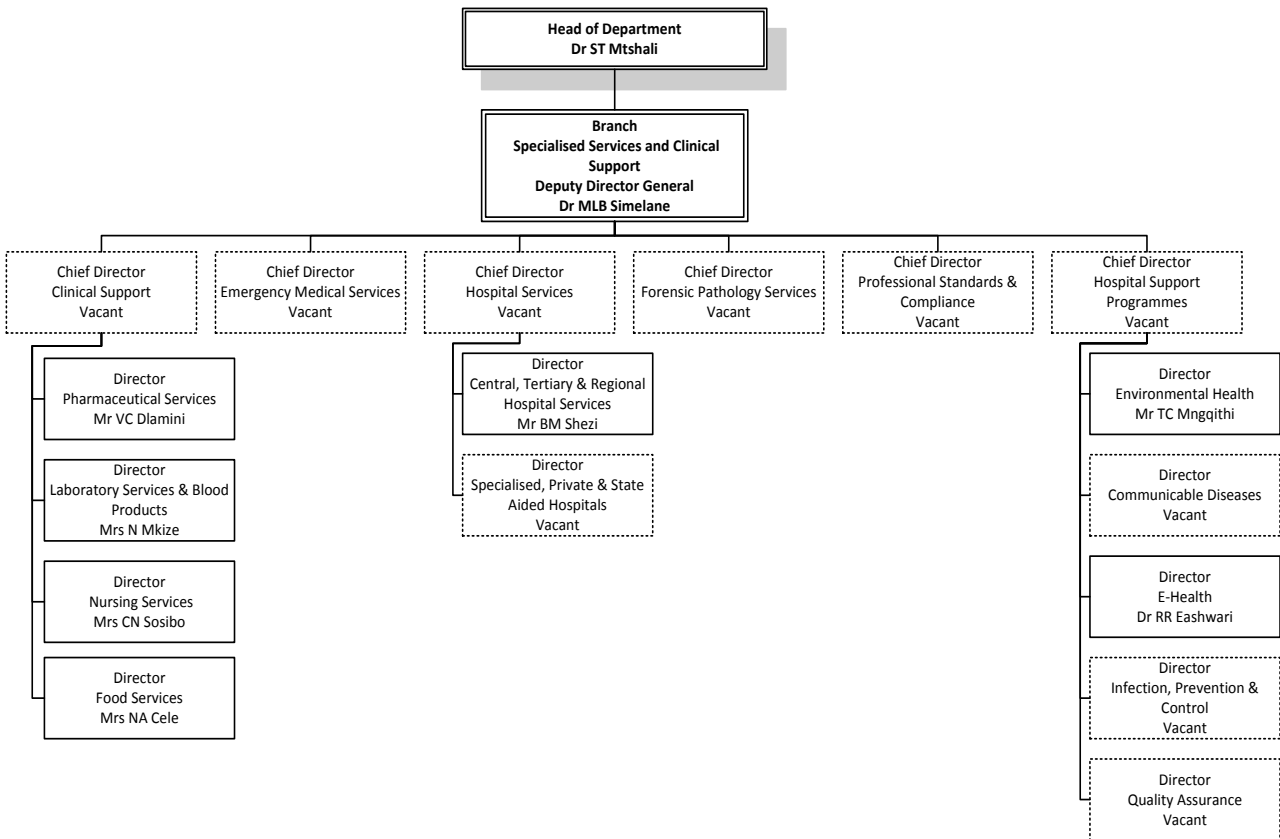


Figure 3: Head Office: Specialised Services & Clinical Support





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Figure 4: Head Office: District Health Services

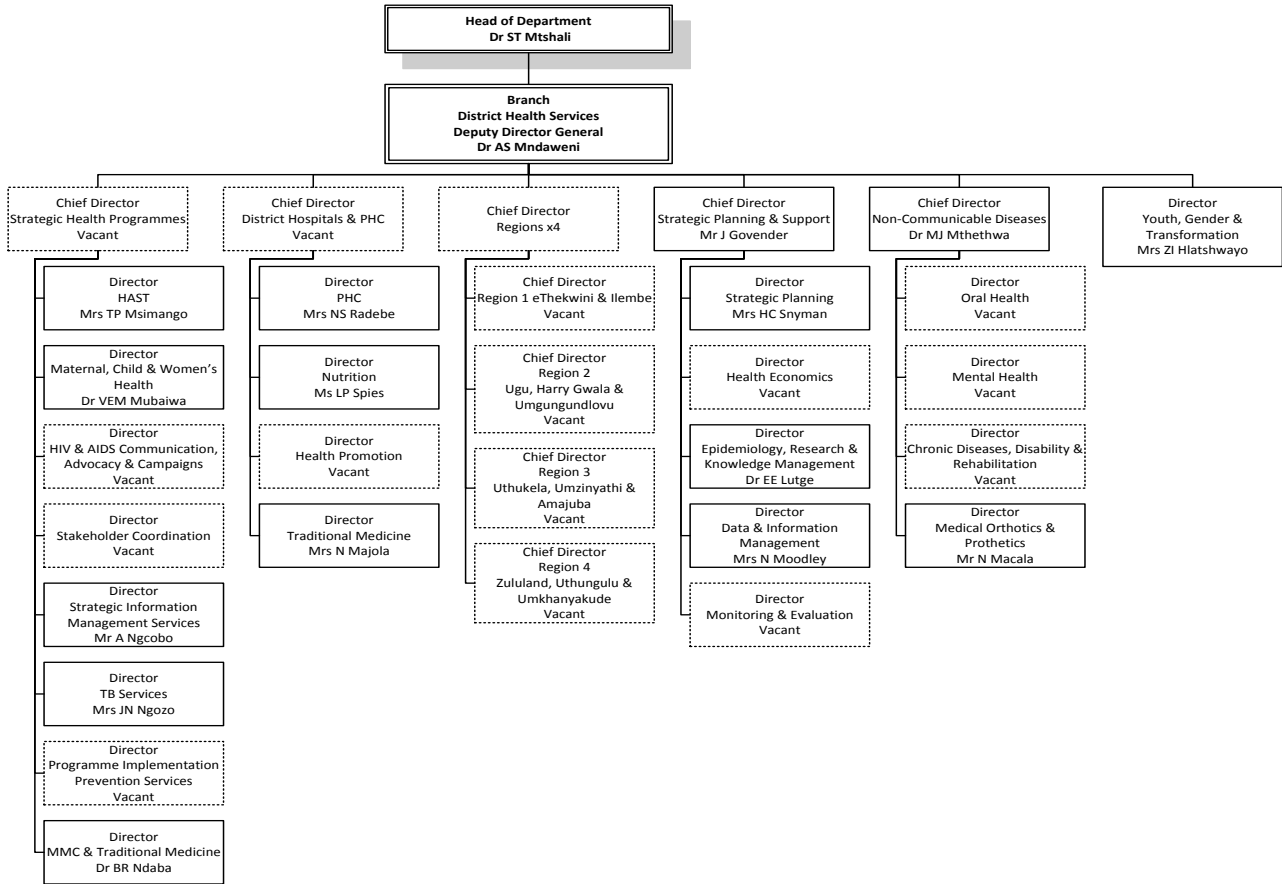
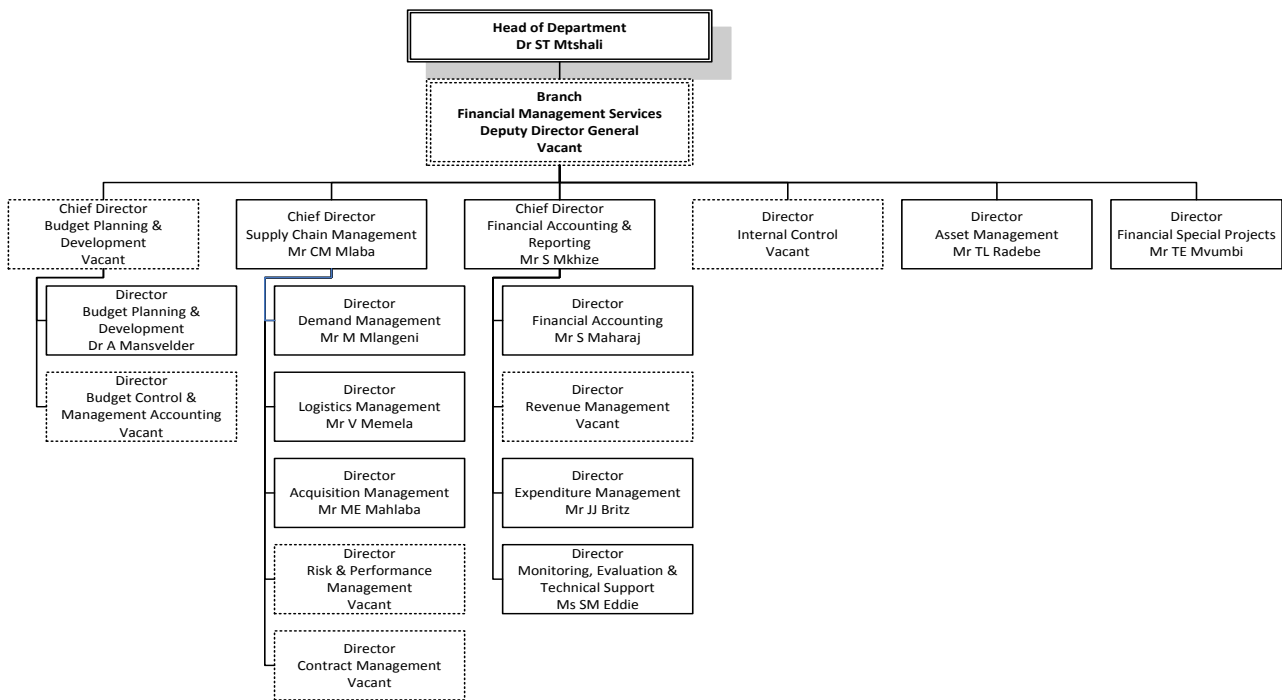


Figure 5: Head Office: Financial Management Services



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Figure 6: Corporate Management Services

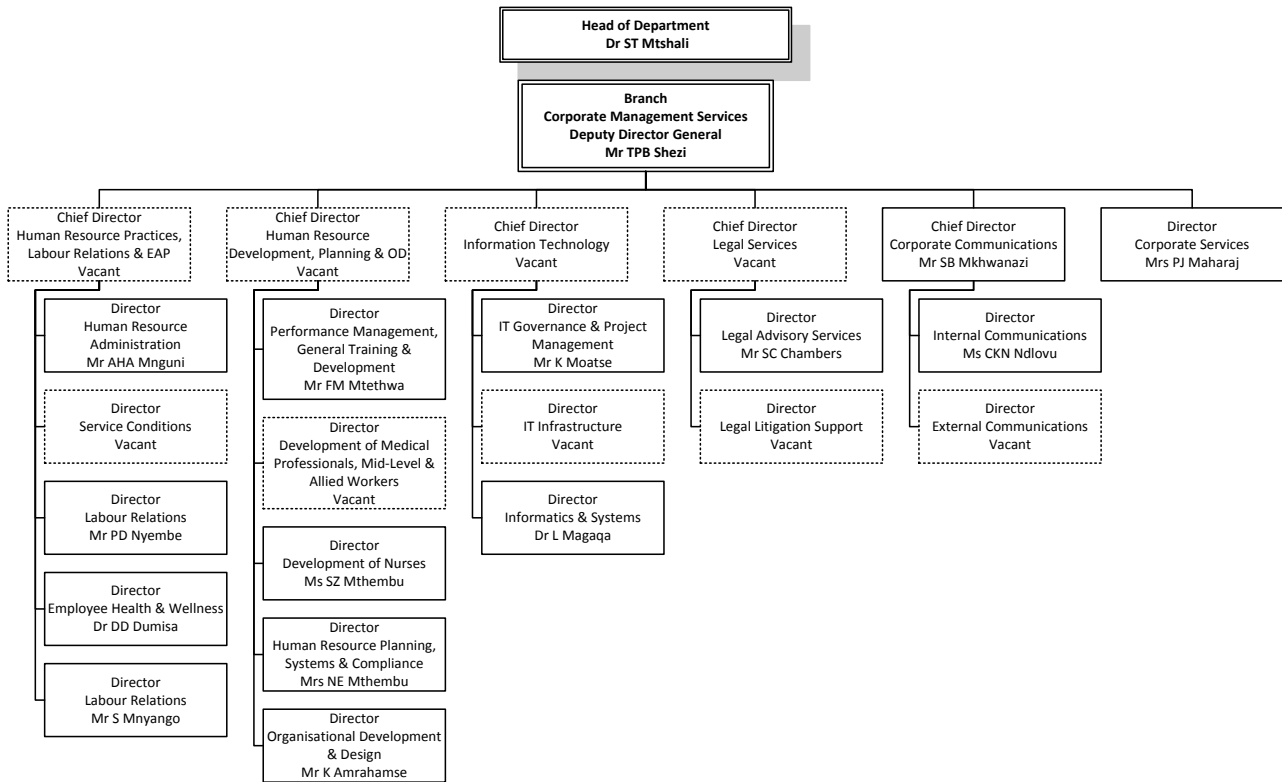
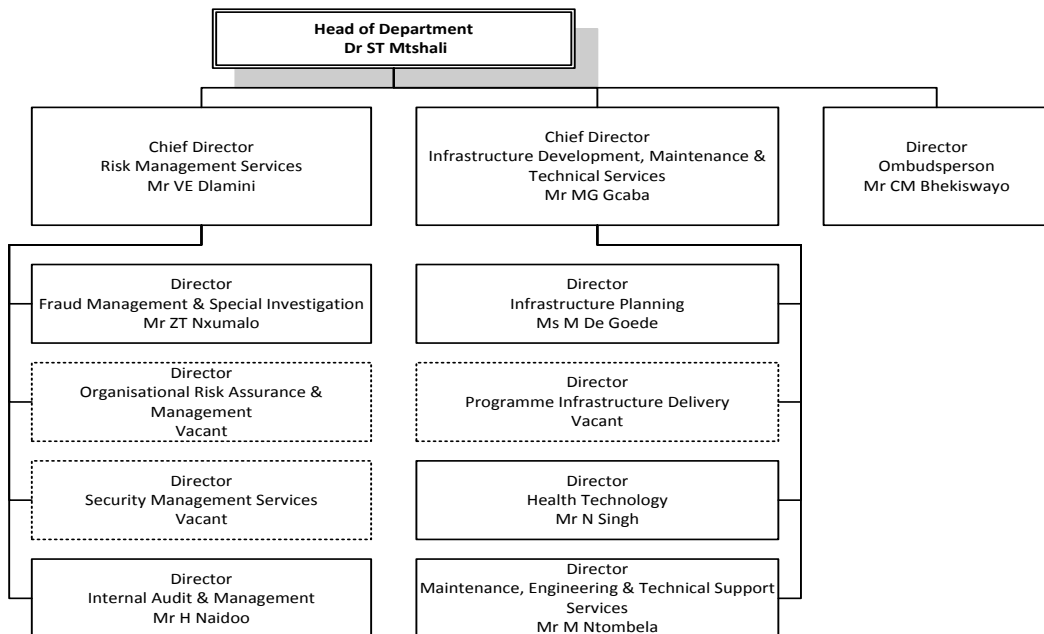
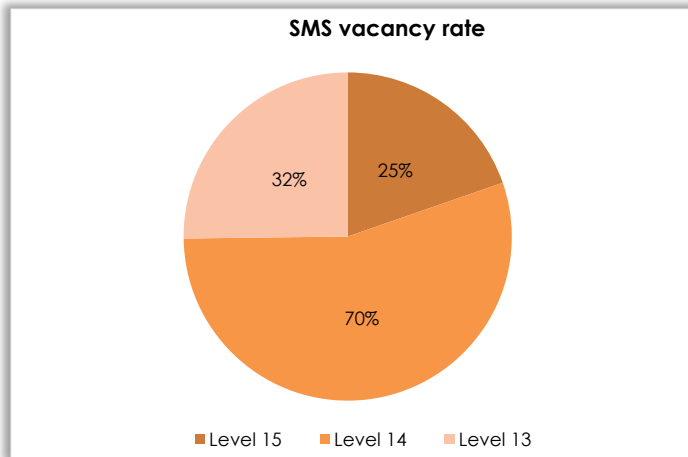


Figure 7: Risk Management, Infrastructure and Ombuds



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**Graph 7: SMS vacancy rate at Head Office**



The high SMS vacancy rate (Graph 7) is considered a high risk for effective leadership and oversight. The limited funding envelope and current high cost of employees challenge mitigating strategies for filling of SMS posts at Head Office versus filling of essential service delivery posts.

The review of organisational structures for service delivery and the development of an Essential Post List will however inform prioritisation of essential posts (within the funding envelope) to ensure optimal leadership, oversight and service delivery.

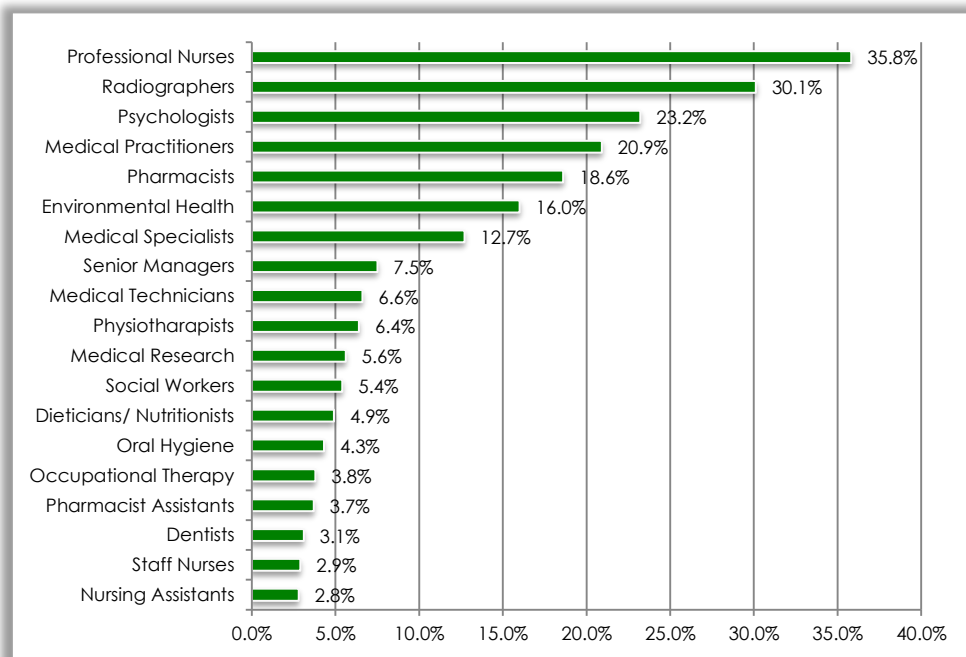
The largest number of employees in the Department are employed on a permanent basis (91.84%) followed by contract employees including Interns, medical and non-medical (6.56%), community service personnel and student and pupil nurses (bursary holders). Programmes 2 and 4 constitute the largest number of permanent employees, which is a positive reflection as these are core service delivery programmes. Programmes 2, 4 and 5 have the largest number of temporary employees comprising foreign health professionals employed for fixed periods in key service delivery programmes including Interns (medical), community service personnel and community care givers in Programme 2.

The Department has 10 177 vacant posts on Persal (current approved organisational structure) which represents an overall vacancy rate of 12.61% compared with the 10% target to comply with the DPSA directive to maintain a vacancy rate of 10% or less. The dilemma is that all posts are not funded (due to limited funding envelope) while posts are essential to ensure optimal strategic and operational functioning. Future organisational structures should therefore ensure that the minimum establishment is fully funded to provide an accurate interpretation of vacancy rates.

The turnover rate decreased from 20.10% in 2013 to 4.6% in 2014 (see Graph 8 for staff turnover rate per speciality). The high turnover in 2013 is mainly ascribed to the high number of resignations to access pension benefits. A robust education drive on pension benefits resulted in a sharp decrease in resignations as noted in 2014. The Department had 110 employees transferred and 1 485 promoted within the Department and 217 horizontal transfers outside the Department.

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**Graph 8: Turnover rate per staff category (HRMS)**



Resignations (49.55%) comprise the highest number of terminations followed by contract expiry (28.35%) and retirements (15.10%). The highest number of resignations is between salary levels 5 to 12, with OSD categories deemed scarce skill posts. Contract expiry terminations include personnel performing internships, community service or nurse training where staff are employed for pre-determined periods.

The staff stability rate is in flux due to the large number of staff that are appointed for fixed periods in specific vocations, the need to comply with legislative prescripts and the nature of services provided i.e. Health Professional Interns, Community Service Personnel and Community Care Givers. Resolving the stability rate is therefore largely dependent on the Department of Public Service Administration interventions to resolve issues pertaining to service conditions.

The largest numbers of employees anticipated to retire in the next five years are predominantly from the semi-skilled and unskilled occupations (42.04%). The impact is regarded as minimal as these positions can be filled from the open labour market. Of concern are the retirements in the salary bands 9-10, 11-12 and 13-14, which comprise employees in the Junior, Middle and Senior Management Services and Professional Occupations.

The recruitment of qualified and skilled professionals remain a challenge due to the scarcity of skills in specialist areas and the restrictive appointment measures in part due to insufficient funds as well as various new occupational specific dispensations e.g. engineers, professional nurses in specialty fields and emergency medical staff. These issues need to be addressed at a national level.

There is a marginal decrease in the number of Asians, Coloureds and Whites in the Department with current ratios for Blacks (85.61%), Asians (10.08%); Whites (2.56%), and Coloureds (1.76%). This is consistent with the population demographics of the Province.

Females are well represented at Middle Management with a ratio of 69.81% females versus 30.18% males, although females are still grossly under-represented at SMS level. The Department is far below the 2% target for employment of people with disabilities (0.42%).

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**Table 5: Workforce equity status**

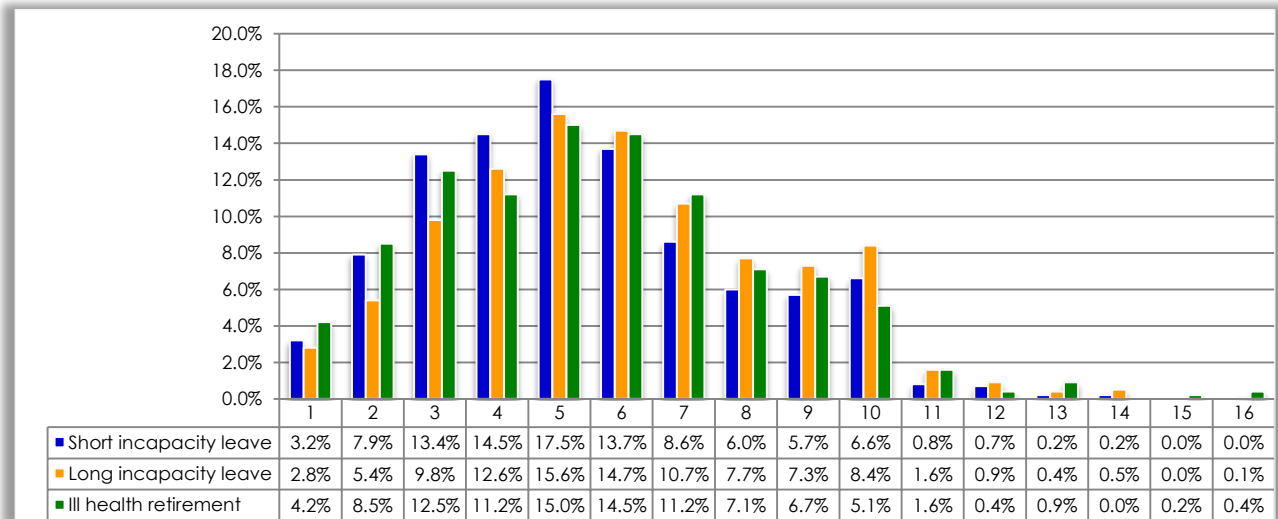
Levels	Percent Females				Percent Males			
	B	C	I	W	B	C	I	W
Senior Management (levels 13-16)	27.26%	2.47%	4.94%	3.7%	46.91%	0.0%	9.88%	4.94%
Middle Management (levels 9-12)	55.65%	2.07%	14.11%	4.01%	13.75%	0.51%	6.89%	3%
Professionals/ Highly Skilled Production (levels 6-8)	61.29%	2.12%	8.31%	2.51%	19.73%	0.48%	4.99%	0.58%
Skilled Technical (levels 3-5)	68.09%	0.86%	2.73%	0.28%	25.95%	0.3%	1.67%	0.12%
Unskilled/ Low Skilled (levels 1-2)	63.72%	0.61%	1.7%	0.14%	31.53%	0.37%	1.73%	0.2%
<b>Total Permanent</b>	<b>63.45%</b>	<b>1.39%</b>	<b>6.37%</b>	<b>1.59%</b>	<b>22.39%</b>	<b>0.39%</b>	<b>3.57%</b>	<b>0.85%</b>
<b>Total Non-Permanent</b>	<b>46.37%</b>	<b>2.54%</b>	<b>12.94%</b>	<b>5.41%</b>	<b>22.92%</b>	<b>0.6%</b>	<b>5.45%</b>	<b>3.77%</b>

Abbreviation: B (Black); C (Coloured); I (Indian); W (White)

Source: Human Resource Plan

The impact of employee wellness programmes is an ongoing concern. In 20.8% of applications for short incapacity leave, 17.4% long incapacity leave and 18.8% ill health retirement applications, HIV and AIDS was revealed as reason for applications, which emphasises the importance of a comprehensive Employee Assistance Programme. The graph below illustrates the age profile of employees who submitted applications for short and long periods of temporary incapacity leave as well as ill health retirement compared to the Departmental age profile.

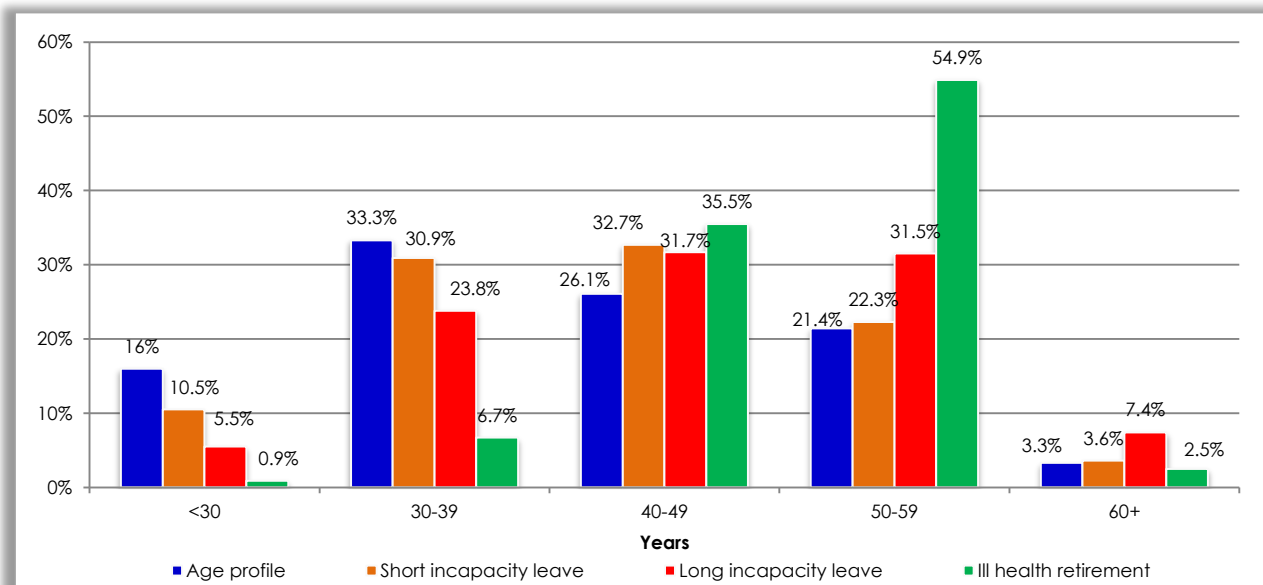
**Graph 9: Ill health per salary level (HRMS)**



Ill health retirement is most common for the following conditions: psychiatric disorders (36.7%); lower back pain (26.1%); cardiac conditions (18.9%); and respiratory conditions (17.8%).

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**Graph 10: Age analysis and ill health**



Source: Thandile Health Risk Management Report

The Department, in collaboration with the University of KwaZulu-Natal, is in the process to finalise a high level gap analysis and proposed human resources model to inform the short, medium and long-term strategy for equitable allocation of human resources. The analysis focusses on current distribution of human resources, average workload per staff category per level of care (using Persal, WISN and service delivery data), and a high level analysis of human resources versus the service delivery platform per facility. Costing of the proposed Human Resource Plan (2015-2025) will be done to inform the annual Essential Post List and budget allocation.

Generic structures for clinics, CHCs and hospitals are not yet fully aligned with service delivery and training platforms, burden of disease and service demands. This contributes to inequities in resource allocation, staff mix, workload and expenditure which inevitably impacts on service delivery and health outcomes.

WISN (Workload Indicators of Staffing Needs): During 2014/15, PHC staffing norms have been developed and 5 districts benchmarked. A parallel process commenced for hospital staffing norms. This process will be complemented by current research on staffing and bed norms for clinical disciplines, and will inform finalisation of the post establishments and Human Resources Long Term Plan.

On 11 October 2011 the Minister of Health, Dr Aaron Motsoaledi, launched the South African Human Resources for Health Strategy 2012/13 - 2016/17 at the Faculty of Health Sciences of the University of the Witwatersrand. The themes of this Strategy inform the Provincial Human Resources Plan including: (1) Leadership, governance and accountability; (2) Health workforce information and health workforce planning; (3) Re-engineering of the workforce to meet service needs; (4) Upscale and revitalise education, training and research; (5) Strengthen and professionalise the management of HR and prioritise workforce needs; (6) Ensure professional quality care through oversight, regulation and continuing professional development; and (7) Improve access to health professionals and health care in rural and remote areas.

Career pathing remains a challenge resulting in early exit of employees. Competence gaps can be addressed through skills programmes, learnerships as well as distance and part-time learning. Scarce competencies are being addressed through the bursary programme for pre-service employees who are studying toward Health Sciences qualifications. Human Resource Development and Human Resource Planning are not yet fully integrated at Head Office level which impact on long term solutions.

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The Department coordinates the National Medical Internship and Community Service Programmes. To bridge the gap for Mid-Level Workers, the Department is implementing programmes for various Mid-Level Worker Programmes in collaboration with Higher Education.

**Table 6: (A2) Health Personnel – 2014/15**

Categories of Staff	Number employed	% of total employed	Number per 100,000 people	Number per 100,000 uninsured people	Vacancy rate	% of total personnel budget	Annual cost per staff member (R)
Medical Officers	3 027	4%	28.6	32.8	22%	10.02%	661 263
Medical Specialists	645	1%	6.1	7.0	21%	4.24%	1 315 970
Dentists	144	0%	1.4	1.6	8%	0.42%	585 097
Dental Specialists	-	0%	-	-	100%	0%	0
Professional Nurses	14 690	21%	139.0	159.2	11%	23.47%	319 805
Enrolled Nurses	10 459	15%	98.9	113.3	7%	15.29%	292 738
Enrolled Nursing Auxiliaries	6 200	9%	58.6	67.2	10%	5.05%	163 025
Pharmacists	788	1%	7.5	8.5	12%	2.11%	536 681
Physiotherapists	298	0%	2.8	3.2	9%	0.51%	345 314
Occupational Therapists	190	0%	1.8	2.1	11%	0.34%	360 412
Radiographers	610	1%	5.8	6.6	13%	1.23%	403 995
Emergency Medical Staff	2 946	4%	27.9	31.9	7%	4.89%	331 968
Dieticians	198	0%	1.9	2.1	12%	0.36%	361 692
Community Health Workers/ Care Givers	3 954	6%	37.4	42.8	<sup>13</sup>	0.43%	21 600
All Other Personnel	25 297	36%	239.3	274.1	-	31.64%	257 241
<b>Total</b>	<b>71 258</b>	<b>100%</b>	<b>674.1</b>	<b>772.1</b>	-	<b>100%</b>	

## 1.5 Performance against Strategic Goals 2015-2019

### STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS

#### *Finalisation of the Provincial Long Term Plan*

Consultations for the review of the draft Long Term Plan was intensified during 2015/16 with planned finalisation by the end of March 2016. Extensive consultations were facilitated with clinical disciplines, Higher Education, Senior Management and other stakeholders to ensure a top-down-bottom-up approach. Integration of short, medium and long term plans has been prioritised to ensure optimal utilisation of scarce resources in transformation and optimisation of services. The Long Term Human Resources and Infrastructure Plans form part of the Long Term Plan. An effective monitoring and evaluation strategy will form part of the plan to ensure robust monitoring of implementation, output and outcome.

<sup>13</sup> Employed on annual contract

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## Challenges

- The limited funding envelope impacts on long term investment at the moment which will delay effective roll out of the approved plan.

## **Improved Financial Management**

Active involvement of service providers and stakeholders in analysis of District Health Expenditure Reviews to improve financial management at district and facility levels, and active monitoring of the financial improvement plan has been prioritised with a strong focus on improving audit findings. Alignment between finance and service delivery has been improved through regular consultation at provincial, district and facility levels.

## Challenges

- The limited funding envelope delays investment in medium to long term goals, while cost saving through implementation of innovative interventions is not yet heeding the desired results.
- Significant cost of litigation and NHLS challenge allocation of budgets for essential services.

## **Data Management**

Standard Data Management SOPs and Policies were disseminated to facilities and training and monitoring were conducted at 207 facilities. Consistent improvement in completeness and quality of data has been noted. A revised Audit Improvement Plan has been implemented addressing audit findings with a marked improvement in inconsistencies between source and system data.

The development and implementation of the web-DHIS is ongoing in NHI districts (NDOH initiative), with daily performance data captured from registers on the web-based system. Other projects, including the introduction of the Patient Registration System and Rationalisation of Registers, commenced in 2015/16 and are expected to improve data quality, use of information, improve patient management, and reduce patient waiting times.

Spatial mapping and analysis for strategic interventions and decision-making is ongoing including mapping of wards, municipalities and districts in relation to population distribution, poverty profile and health facilities to determine equity and access to health care (in line with Operation Sukuma Sakhe and the Provincial Poverty Eradication Master Plan; specific disease profiles to inform strategic action including TB (TB hot-spots), malaria, etc.; and demarcation of eThekweni Metro into service areas using ward boundaries and population to improve management.

## Challenges

- Lack of Data Capturers at facility level and the current paper-based systems in a number of facilities still affect data completeness and quality, with the volume of manually collected data increasing the probability of error.
- The moratorium on procurement of information systems delays progress towards the goal of an integrated health information system. Current initiatives are moving towards implementation of the e-Health strategy.
- The vast number of data elements being collected at Provincial level increase staff workload significantly which impacts negatively on other support functions. The rationalisation of data collection has been prioritised in 2015/16 and 2016/17.
- Functioning of the GIS Component has been limited by delayed SCM and SITA procurement processes for procuring key hardware and software fundamentals.



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- The lack of an appropriate Hospital Information System remains a great concern as it directly impacts on assessment, monitoring and reporting which must inform planning and decision-making. Interim solutions must be investigated until appropriate system can be implemented.

## **Epidemiology, Health Research & Knowledge Management**

The National Health Research Database (NHRD) is online in KZN and all research applications are submitted online and processed accordingly. The Umgungundlovu Health Ethics Review Board (UHERB) has been formally constituted and is registered with the National Health Research Ethics Council as a level one Research Ethics Committee.

The following in-house research studies have been commissioned in 2015/16 to inform decision-making:

- *PHC re-engineering*: Exploring views, perceptions and experiences of PHC teams providing health care services in accordance with the new PHC re-engineering model.
- *National Health Insurance*: Exploring patients' and health care workers' perceptions towards NHI and assessing progress towards implementation of NHI in the Province.
- *Assessment of the burden of trauma in KZN*: Analyse emergency call outs, hospital visits and hospital admissions due to trauma in 2014/15.
- *Clinical staffing of KZN public hospitals (Full Title: An assessment of the number and distribution of clinical health care workers in KZN, with respect to the burden of disease in the Province and provincial service delivery and teaching platforms)*: Describing current service delivery/ training platform and the distribution of health staff in the Province, and comparing these to ideals based on the demographics and burden of disease in individual districts and the Province.

### *Challenges*

- Limited in-house capacity and a limited budget for research limit the number of research studies that can be commissioned at Departmental level.

## **PHC Re-Engineering**

Local Government clinics in all districts have been provincialised with the exception of eThekweni Metro where services are being rendered through a Service Level Agreement.

The Department launched "Mobile Hospitals" that were deployed in densely populated areas without fixed clinics or hospitals – these mobiles render the full PHC package of service.

PHC headcounts show a decreasing trend since 2013/14 (31 641 638 to 31 232 092) which may be partly due to improved service delivery at community level. Household contacts increased from 40 092 to 103 852 during the same period. Fully functional Ward-Based Outreach Teams and School Health Teams have been deployed at community level to improve access to health services. Recruitment and appointment of staff for the District Clinical Specialised Teams is ongoing although the limited pool of human resources and high turnover rate remains a challenge.

A Provincial task team has been appointed to facilitate the development and implementation of the Provincial Operation Phakisa Ideal Clinic Realisation and Maintenance Implementation (ICRM) Plan. During an external assessment of 225 clinics against the ICRM Dashboard in 2015/16, no clinic was found fully compliant to Ideal Clinic standards. Assessment results showed that 25 facilities scored more than 80%; 48 between 70-79%; 70 between 60-69%; 78 between 40-59%; and 4 less than 40%.

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## Challenges

- Recruitment and retention (high turnover rates) of clinical staff for the District Clinical Specialised Teams remains a challenge. Hospitals will provide outreach coverage in the interim.
- Community-based data is still incomplete and not yet linked with specific facilities which affect the interpretation of data. There are strategies in place to improve community-based reporting and it is actively monitored.
- Inadequate integration of programmes at community and facility levels including inter/intra departmental integration as part of Operation Sukuma Sakhe.

## Improving Hospital Efficiencies

Wide-ranging consultations are ongoing to inform the development of the Hospital Rationalisation Plan with the aim to improve effective utilisation of available resources, improve management and efficiencies, and ensure seamless service delivery from community to central level. Results of relevant research studies are being considered to inform plan. The table below shows that the average bed norms exceed the Provincial efficiency norms which are considered one of the contributory factors for poor efficiencies at especially District and Specialised Hospital levels.

**Table 7: Hospital efficiencies**

Hospital category	Usable beds	Beds per 1000 population (norm)	Beds utilised	Average length of stay	Cost per Patient Day Equivalent
District	8 376	0.79 (0.62)	62.8%	5.8 days	R 2 032
Regional	7 090	0.67 (0.23)	74.5%	6.1 days	R 2 368
TB	1 979	0.19 (0.19) <sup>14</sup>	57%	16.5 days	R 1 300
Psychiatric	2 442	0.23 (0.28) <sup>15</sup>	70.4%	305.8 days	R 1 189
Chronic	525	0.05 (0.20)	56.9%	30.5 days	R 1 816
Tertiary	994	0.09 (0.22)	67%	9.6 days	R 5 383
Central	846	0.08 (0.22)	83.4%	8.4 days	R 3 288

Source: DHIS; Stats SA Mid-Year Estimates

Between 2013/14 and 2014/15, the outpatient headcounts decreased with 3.4% (6 418 246 to 6 195 206) and inpatient days with 0.3% (5 546 677 to 5 527 806). This downward trend is being monitored in comparison with PHC re-engineering and health system strengthening to determine the impact of improved service delivery at PHC level on in- and outpatient activity, as well as cost of employees and cost per patient day equivalent.

## Challenges

- Unreferred PHC cases entering the health system at hospital level remains a concern as it increases operational cost/ expenditure and staff workloads. The high number of unreferred cases is partly due to inadequate access at PHC level, location of facilities, inconsistent compliance with referral protocols, and patient preference. Trends are being monitored to determine the root cause that will inform mitigation strategies. PHC re-engineering has been prioritised and it is expected that that will have a positive impact on this trend.

<sup>14</sup> MDR-TB bed norm 0.12

<sup>15</sup> Refers to acute psychiatric beds; medium/long-term beds norm is 0.10; forensic bed norm is 0.02

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- High cost of employees and cost per PDE due to non-alignment of post establishments with the package of services. This will be addressed through implementation of the rationalisation plan.
- Inadequate management capacity at facility level. This will be addressed through leadership and other development programmes.

### **Private Licensing**

There are currently 52 licensed private facilities in the Province making provision for 5 875 beds. All private facilities are inspected against the R158 requirements as well as compliance to quality and infection prevention and control (IPC) specifications. Licenses of 3 facilities have not been renewed in 2015/16 and facilities were advised regarding necessary improvement requirements for re-licensing.

A total of 52 approved facilities have not been developed (5 173 beds), which affected approval of other applications within the same catchment area. To address that, approvals 5 years and older were requested to provide proof of funding and acquisition of a building site to review reasons for delays. A number of facilities withdrew their applications while others were given a grace period to start construction of facilities.

During 2014/15, a total of 73 building plans has been reviewed, recommendations made and approvals granted. All newly constructed facilities (including extensions) are inspected before a commissioning letter is issued for full commissioning of the facility.

### *Challenges*

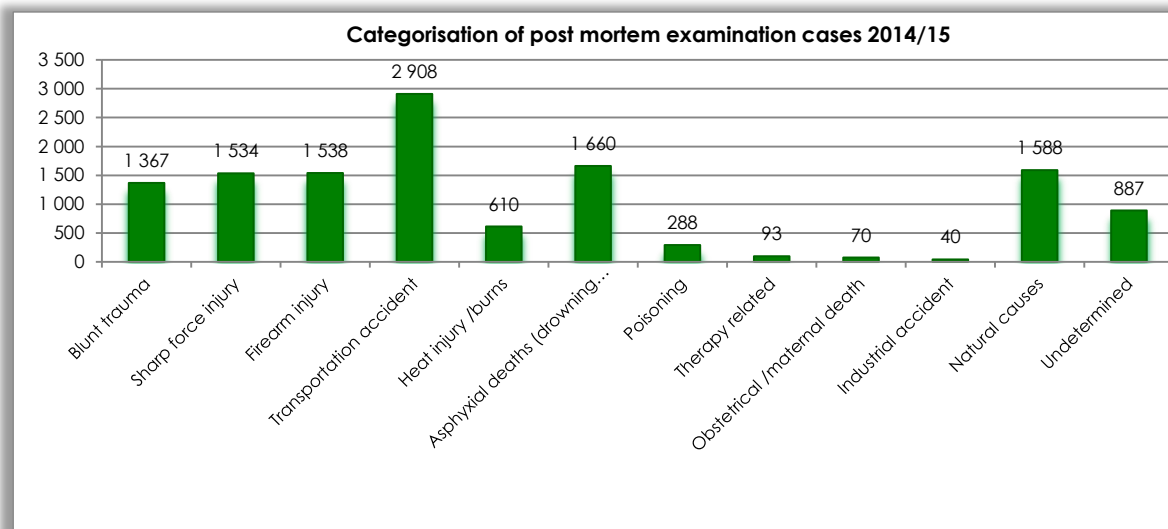
- Shortage of dedicated staff impact on inspections and although quality aspects of health care delivery have been included in inspections it is not optimal and needs to be extended.
- The Private Licensing Policy is outdated and will be reviewed in 2016/17.

### **Forensic Pathology Services (FPS)**

There are 39 mortuaries in the Province and 12 583 post mortem examinations were conducted during 2014/15. The Department procured 20 mortuary pick-up vans and 4 disaster trucks to strengthen the existing fleet. The graph below shows the categories of post mortem examinations conducted during 2014/15. According to data, 78.7% of examinations were conducted for intentional and unintentional injury and 12.6% for natural causes.

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**Graph 11: Categorisation of post mortem examinations 2014/15**



Source: Forensic Pathology Database

The Department developed a draft Mortuary Rationalisation Plan for rationalisation of mortuaries from 39 to 22, informed by intensive analysis of workloads at mortuaries (current and projected), condition of existing mortuaries, availability of land for new facilities, size of drainage areas, ownership of facilities, as well as other strategic factors that may have an impact on rationalisation. This will improve management and quality of mortuary services, improve utilisation of scarce resources, and contribute towards considerable cost saving.

## Challenges

- Aged infrastructure not conducive to effective service delivery. Delay in projects due to an inadequate Infrastructure budget.
- Long storage of unknown or unclaimed bodies as a result of South African Police Services (SAPS) delays in authorizing burials, although improvement is noticeable since consultation with SAPS.
- Lack of an electronic mortuary information system with budget limitations delaying the establishment of an appropriate electronic system.
- Use of private service providers to conduct post mortem examinations due to lack of qualified staff. The post establishment is under review to make provision for full time Forensic Pathology Service (FPS) Medical Officers.
- Lack of x-ray machines for FPS as all gunshot victims, child abuse cases, etc. must be X-rayed. The Department is in the process to procure three Lodox x-ray machines that will be placed at Gale Street, Phoenix and Pietermaritzburg Mortuaries.
- Inadequate skills and competencies due to the lack of an appropriate training course for Forensic Pathology Officers (FPOs). The National Department of Health is in the process to develop a curriculum for FPO training after which it will be rolled out in the Province.
- Demotivated staff leading to labour issues and negative media coverage. The Department deferred all transversal issues to the Provincial Bargaining Chamber.

## Emergency Medical Services (EMS)

The table below shows the number of emergency vehicles per district (2014/15) including operational, pool and unserviceable vehicles and making provision for routine maintenance and repairs.

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**Table 8: Number of emergency vehicles per district in KZN**

	Amajuba	eThekweni	Harry Gwala	Ilembu	Ugu	Umgungundlovu	Umkhanyakude	Umzinyathi	Uthukela	Uthungulu	Zululand	Total
<b>Ambulances</b>	<b>40</b>	<b>100</b>	<b>37</b>	<b>29</b>	<b>28</b>	<b>55</b>	<b>42</b>	<b>39</b>	<b>37</b>	<b>41</b>	<b>34</b>	<b>482</b>
<b>Support Units</b>												
Response - ALS	4	16	3	4	4	4	4	3	3	3	1	<b>49</b>
Response - Supervisor	10	18	4	6	8	14	9	11	6	9	1	<b>96</b>
Rescue Response Unit	1	0	2	2	1	3	2	2	3	3	14	<b>33</b>
<b>Total</b>	<b>15</b>	<b>34</b>	<b>9</b>	<b>12</b>	<b>13</b>	<b>21</b>	<b>15</b>	<b>16</b>	<b>12</b>	<b>15</b>	<b>16</b>	<b>178</b>
PTS Buses	11	26	11	12	11	11	13	16	15	13	12	<b>151</b>

Source: EMS database

There are 72 ambulance bases. Wentworth refurbishment is 100% complete; King Dinuzulu Medium Base at design phase; and Dannhauser Medium Base, Pomeroy Small Base and Jozini Medium Base in the construction phase. The Umzinyathi Large Base project has not commenced as planned due to budget constraints, and the project has been re-prioritised for 2016/17.

In 2014/15 the number of emergency cases decreased with 45 586 and the inter-facility transfers increased with 29 632 compared to the previous year. Inter-facility transport covers all institutions, however demand superseded supply with approximately 50% of all inter-facility transportation for emergency cases – this contributed to poor response times. Turnaround times are further effected by vast distances between facilities.

Air Medical Services are provided by Air Mercy Services (AMS) using 2 rotor wing aircraft (helicopters) and 1 fixed wing aircraft. During 2014/15, a total of 884 patients were airlifted for emergency medical care at public health facilities. Operational times from daylight hours to 24 hour services increased since the launch of the revolutionary Aero-Medical Night Vision Goggles system for Helicopter Emergency Services.

Flying doctor service flights are coordinated out of Durban (King Shaka International Airport) and Pietermaritzburg, and a total of 229 Specialists supported 43 hospitals during 2014/15.

A vehicle management and recovery system (real time tracking) has been installed in 652 vehicles to date. Software to monitor vehicles has been installed at the Wentworth Communications Centre and training has been conducted for operations management responsible for fleet and district management.

The Planned Patient Transport Hub System was established in Empangeni, Durban and Pietermaritzburg to improve coordination of ambulance services and increase the efficacy of the intra-district PTS system.

Labour unrest caused severe disruption of EMS services in 2014/15 with dissatisfaction related to OSD grading, payment of danger allowances, overtime payment for hours exceeding 160 hours per month, poor implementation of performance management, exclusion of attorneys in disciplinary matters, and poor base infrastructure. The Department received 1 400 grievances related to payment of overtime – the issue was resolved. Sixteen (16) disputes in relation to OSD and Danger Allowance were declared in favour of the Department, and a total of 38 cases of serious misconduct were attended to with 7 resulting in dismissals. The Department lost 3 Labour Court Cases and won 4. On 31 March 2015, EMS staff embarked on an illegal and violent strike and rule nisi was obtained to stop that strike.

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## Challenges

- In 2014/15 the Provincial operational ambulance to population ratio was 1: 54 774 which is far below the national norm of 1:10 000. The shortfall of 767 ambulances calculated to an approximate cost of R 536.9 million (at ±R 700 000 per ambulance) poses as insurmountable challenge in light of the inadequate annual budget. During 2014/15 only 60.1% of ambulances were operational daily.
- Response times continue to be of great concern, while labour disputes and protest action by EMS staff jeopardised service delivery during the reporting year. The main factors contributing to poor response times include call taking delays due to unclear or incomplete information from callers; inappropriate triage of calls; communication challenges; discrepancies on boundaries; vehicle related issues including insufficient resources for workload (vehicles and staff), breakdowns and accidents, incorrect addresses, and traffic congestion.
- Ongoing labour disputes. Improved communication between the Department and Labour Organisations has been prioritised.

## Governance

The Provincial Health Council Technical meeting was convened in May 2014. Council Members participated in the Provincial Strategic Planning Workshops as part of the oversight role.

Seven (7) District Health Councils have been established. The Department, in partnership with the Department Cooperative Governance and Traditional Affairs, is in the process to establish the remaining 4 District Councils.

The MEC for Health convened a successful Provincial Consultative Health Forum in 2015/16 attended by 400 delegates. The Forum Report has been escalated to the National Department of Health. Resolutions will be implemented and feedback provided to stakeholders to ensure transparency. The number of established Hospital Boards increased from 68 (95.8%) to 70 (98.6%). The appointment of Clinic Committees is slow with 367 (62%) in PHC clinics and 14 (70%) in Community Health Centres.

The Department established the Office of the Ombuds in the Office of the HOD as prescribed by the KZN Health Act, 2009 (Act No. 1 of 2009). The role played by the Ombuds in resolving complaints is critical in reducing the increased number of litigation cases against the Department. In March 2015, the Department launched the rollout of the National Complaints Management Protocol which advances the Patient Right Charter. Public health facilities will in future use this protocol to guide resolving of all complaints, which should strengthen control measures.

## Challenges

- Recruitment of suitable candidates for Hospital Boards and Clinic Committees in especially rural areas and the high turn-over rate of members remain a significant challenge and impacts on the functionality of Boards and Committees.
- Lack of an updated Governance Policy Framework to guide effective governance arrangements. The policy has been prioritised for finalisation in 2016/17.

## Pharmaceutical Services

Pharmacy and Therapeutics Committees (PTC) were revitalised to improve alignment with the National Essential Medicines Programme. Six (6) districts have established District Pharmacy and Therapeutic Committees in line with the Provincial PTC guidelines, and 61.3% hospitals have functional institutional PTCs. The Medicine Supply Management, Stock-Out Management, and Disposal of Pharmaceutical Waste SOPs were reviewed/ developed and disseminated in 2014/15.

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The Department commenced implementation of an Early Warning System for medicine stock-outs by employing technology and systems that enable availability of stock levels data for decision-making and intervention at facility level. Implementation of the pilot for the Early Warning System at PHC clinics (Stock Visibility Solution), in partnership with the Vodacom Foundation, is progressing well. The National Department of Health (NDOH) and the Province are working on work-flows and processes to formalise that into SOPs, training manuals and change management manuals for PHC clinics. Clinics were provided with mobile phone handsets with software for capturing stock information for transmission into a central database for use by managers at all levels. The system is still at early piloting phase.

Pharmaceuticals Procurement Reform Project to improve efficiencies and medicines availability: The current Direct Delivery Voucher (DDV) strategy is being strengthened and expanded through the establishment of the Provincial Medicine Procurement Unit (PMPU), which will later be augmented with the Cross-Docking methodology of distributing pharmaceutical supplies. These models will relieve pressure on the Depot and allow the Depot to hold stock of a select number of items as buffer stock to ensure uninterrupted availability of essential medicines and related supplies.

The Department is implementing the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) Model in the NHI pilot districts with the intention to roll it out to other districts over the next MTEF. A total of 62 467 patients were enrolled in the programme in 2014/15 (Amajuba 17 728; Umgungundlovu 29 959; and Umzinyathi 14 780).

Medicines availability has been unstable in 2014/15 with some critical items out of stock. Manufacturers reported the following as main reasons for medicines shortages: (1) Difficulty with sourcing of the active pharmaceutical ingredients (APIs) and other raw materials; (2) Unforeseen delays in the formulation and packaging of medicines; and (3) Unanticipated increases in demand for a particular medicine.

Pharmaceutical services has partnered with the Systems for Improved Access to Pharmaceuticals and Services Project of Management Sciences for Health to improve pharmaceutical leadership. A total of 44 Pharmacy Managers successfully completed a Pharmaceutical Leadership Development Programme to improve pharmaceutical management.

The Department increased the uptake of candidates for the Pharmacist Assistant Courses, including the enrolment of unemployed youth, in an effort to improve the provision of pharmaceutical services. A total of 77 candidates successfully completed the post basic course in November 2014. Seventy (70) of these successful students were employed by the Department and 7 by the Private Sector.

### *Challenges*

- The absence of a suitable pharmaceutical information system remains a challenge that affects effective pharmaceutical management (including early warning system). Poor network connectivity at PHC facilities posed a challenge for implementation of the Stock Visibility Solution and the Department is working with Vodacom Foundation to mitigate this challenge.
- Poor physical infrastructure of the Depot and a number of Pharmacies remains a challenge. Some buildings require urgent refurbishment and others require reconstruction to meet the required standards. This affected pharmacies qualifying for the South African Pharmacy Council A or B grading (83%).
- The shortage of Pharmacists in rural districts and hospitals is a major concern as pharmaceutical services are compromised. All Pharmacies have at least one Pharmacist overseeing the provision of pharmaceutical services with the support of Pharmacist Assistants.
- Inadequate Pharmacists' Assistants for support to PHC services. Some CHCs and hospitals do not have an adequate number of Pharmacists' Assistants to provide services.

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## **Blood Products and Services**

There are 20 Blood Banks and 1 Satellite (Madadeni Hospital) in the Province. The South African National Blood Services (SANBS) supplied 89 emergency blood fridges to facilities with emergency services and/or maternity services and facilities with on-site Blood Banks (except Ngwelezana and Mahatma Gandhi Memorial Hospitals). The Blood Bank in Stanger has been temporarily closed and the service moved to Mahatma Gandhi Memorial Hospital. SANBS signed a one year lease at the new premises during which time the Department will resolve issues at Stanger Hospital.

To reduce costs, facilities have developed policies and protocols on the ordering of blood and blood products and established Hospital Transfusion Committees to analyse blood usage. Monthly blood utilisation reports are verified by facilities and monthly age analysis on the payment of blood services for all facilities is posted on the Departmental website, which assisted in monitoring timeous payment of accounts. Expenditure on blood products is still high and blood wastages remain a challenge.

Edendale Hospital has excelled in achieving cost savings in blood and blood product utilisation through innovative strategies including: (1) Revision of the hospital protocol for blood services; (2) Improved communication using IT technology; (3) Development and implementation of a Blood Accountability Form; and (4) Improved clinical governance and regular audits. Savings as a result of the strategy include:

- Total cost saving: R 450 000 per month or R 6 million annually.
- Product saving: 150 units of blood less per month (reduced by 25%).
- Efficiency: Improved accountability, reduced Blood Bank workload (at least 49%), and faster processing.
- The total expenditure on blood services decreased from R 1 453 925 to R 998 850 (cost saving of R 450 000 per month).
- Type and screen dropped from R 104 713 to R 3 387 (cost saving of R 101 326).
- Transfusion cross-match (cancelled blood) decreased from R 120 363 to R 46 769 (cost saving of R 73 594).
- After hours levy dropped from R 107 737 to R 58 386 (cost saving of R 49 351).

The Department plan to adopt the Edendale approach as benchmark, and workshops with Clinical Managers from all hospitals have been conducted during 2014/15.

### *Challenges*

- Lack of logistical arrangements for transport of Antenatal Serology Testing samples to SANBS laboratories which lead to high rejection rates as samples arrive late and are spoiled before it reach SANBS. The Department and SANBS are addressing the challenge.

## **Laundry Services**

Four Regional Laundries (KwaZulu Central at Prince Mshiyeni; Cato Manor in eThekweni; Durban and Coastal in eThekweni; and Northern Natal in Dundee) provide services to 34 hospitals in the Province. Twenty nine (29) hospitals have mini laundries on site with sufficient capacity to cater for their laundry needs, and 7 hospitals outsource washing of linen pending the expected increase of the washing capacity at Regional Laundries. Once increased capacity is realised these hospitals will revert to using Regional Laundries.

Institutions procure new linen on a 3 month tender through centralised SCM. The 3 month tender period was too short to meet requirements which led to inadequate supply of linen in circulation.

New laundry equipment was distributed to 37 hospitals in 2014/15. The Department secured a 3 year tender for procurement of laundry chemicals, and procured 6 configured laundry trucks to accommodate clean and dirty linen in separate compartments.



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The beneficial handover of the KwaZulu Central Laundry by the Department of Public Works to the Department in 2014/15 improved services, although the delay in full commissioning of the laundry is costly due to outsourcing costs, staff shortages, constraints in optimising available equipment due to steam, compressed air, load shedding, and water pressure.

## *Challenges*

- ♦ Regular breakdown of old machines and shortage of qualified artisans and/or companies for maintenance, repair and servicing of laundry machines. This result in long turnaround times and consequent shortage of linen.
- ♦ Inadequate staffing and transport vehicles to move soiled linen between Regional Laundries and facilities.
- ♦ Some facilities took a long time to deplete old stock of non-compliant chemicals/ detergents prior to ordering and using new South African Bureau Standard compliant chemicals.
- ♦ Inadequate linen stock in circulation.
- ♦ The lack of an appropriate information management system negatively impacts on efficiencies at both facility and provincial levels.

## **STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE**

### ***Life Expectancy***

Increasing life expectancy is dependent on a variety of internal and external factors including broader development policies and various integrated social, economic and environmental factors. It is therefore positioned as an overarching measure of all aspects of development including but not limited to health. All sub-outputs add value to Output 1.

### ***Social Determinants of Health***

Response to the social determinants of health has been strengthened through implementation of the integrated provincial Flagship Programme (Operation Sukuma Sakhe), the Provincial Growth and Development Plan (PGDP), and the Provincial Poverty Eradication Master Plan. Quarterly Cluster reporting ensures an integrated response to identified challenges.

### ***HIV, AIDS and STI***

There has been a strong focus on prevention of new infections and improving the management of patients living with HIV. A total number of 2 005 550 people between 15-49 years were tested for HIV, and the number of medical male circumcisions increased with 47% between 2013/14 and 2014/15 (304 886 to 448 276). Since 2010, the patients on ante-retroviral treatment increased with 133% and over the last two years, the number of people remaining on ante-retroviral treatment increased with 13% (840 738 to 951 462). The Department established 124 High Transmission Areas to expand the reach of HIV prevention programmes.

The introduction of OSS, with direct access to the HIV/AIDS and TB coordinating structures, ensures that coordination and monitoring is linked to an implementation mechanism and hence, a greater level of accountability. This enables the Province to decentralise planning to a local level including the integration of HIV, AIDS and TB into Integrated Development Plans at municipal level.

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## Challenges

- ♦ Inadequate space at clinics remains a challenge which is expected to get worse as more clients use PHC services for ART initiation and management. The limited funding envelope delays interventions to address this challenge and alternatives are being explored as part of the re-engineering of PHC.

## Tuberculosis

The TB incidence in KZN decreased from 1 149 new cases per 100 000 population in 2011 to 828 new cases per 100 000 population in 2014, and the TB death rate decreased from 5.2% in 2013/14 to 4.3% in 2014/15. Between 2013/14 and 2014/15, the TB treatment success rate increased from 85% to 85.3%, the TB cure rate from 81.8% to 83.7%.

Drug-resistant TB is increasing with a current incidence of 26.8 cases per 100 000 population. The mortality rates among MDR-TB/HIV co-infected patients are exceedingly high (71% one year mortality) with approximately 15% of MDR-TB/HIV co-infected patients receiving ART at the time of diagnosis. There are 8 DR-TB (Drug-Resistant Tuberculosis) management units in the Province. In 2014/15, four decentralised XDR-TB initiation sites has been targeted at Murchison, Greytown M3, Thulasizwe and Manguzi Hospitals, which will have an immediate impact on the workload at King Dinuzulu Hospital. A total of 122 TB/ DR-TB and HIV outreach teams have been established to strengthen the MDR-TB community-based programme.

## Challenges

- ♦ The extended waiting list at King Dinuzulu Hospital (managing all provincial TB drug resistant children, XDR-TB patients and referrals from districts with inadequate resources which accounts for 30% - 40% of the overall workload) is a concern, and confirms the urgency to develop more decentralised units to reduce waiting times and workload in the hospital. Once the outpatient department in King Dinuzulu has been commissioned, the TB ward will be commissioned which will increase the number of TB beds in eThekweni from 377 to 590. To further reduce the workload at King Dinuzulu, infrastructure upgrades at Madadeni, Estcourt and Montebello Hospitals have been prioritised for the next MTEF.

## Infant, Child, Maternal and Women's Health

The maternal mortality ratio in facilities decreased from 147 per 100 000 live births (2013/14) to 124.9 per 100 000 in 2014/15 and deaths from 280 to 252. According to the Saving Mothers Report, non-pregnancy related infections, mostly HIV, AIDS and TB, are the main contributors to maternal mortality. Of concern is the increased number of births to women under the age of 18 years (17 688 to 18 101) as this has been identified one of the high risk factors in maternal deaths.

Complete midwife-doctor teams for ESMOE (Essential Steps in Management of Obstetric Emergencies) have been established in all hospitals, and at least one clinician per hospital was included in the training.

A new programme of linking pregnant women and post-delivery women was introduced to improve postnatal care. This assisted the CCGs to visit women to provide support and identify early warning signs for relevant referral.

Auditing of partograms on a monthly basis was introduced with the aim to ensure quality of labour care and improving maternal outcomes. The focus is on improving consistent and correct use of the partogram to manage labour and to intervene timely and appropriately.

Piloting of home-based pregnancy screening by CCGs has been completed. The focus is now to roll it out systematically across the Province.

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The number of pregnant women accessing antenatal care services before 20 weeks has increased from 56.2% to 57.3% in 2014/15. Of concern is the decrease in the percentage of women accessing postnatal care within 6 days of delivery (71.4% to 66.4%). Linking of postnatal women with the community-based outreach teams (and CCGs) is expected to improve on follow-up visits.

To reduce morbidity and mortality of cervical cancer, a total of 161 707 women were screened for cervical cancer and 136 415 Grade 4 girls received the HPV vaccination. Adequacy rates of pap smears is still a concern which is being addressed through training programmes.

There has been an overall increase in case detection in all categories of malnutrition i.e. mild, moderate and severe. In some districts under-performance was attributed to increased case detection at PHC level due to intensification of awareness by PHC staff supported by IMCI training. Training for both in-patient and out-patient staff in hospitals on the assessment and classification of acute malnutrition in children under 5 years was conducted and outcomes are being monitored to assess the impact. Case detection has improved through active implementation of IMCI and the "Find, Assess, Classify and Treat" Algorithm.

A total of 552 Phila Mntwana Centres were established to promote and improve monthly growth monitoring; education and provision of oral rehydration; support for breastfeeding; and identification of children with incomplete immunisation schedules. Integration with PHC re-engineering and OSS has again been prioritised to reach more children at household level.

Immunisation coverage under 1 year increased from 85.8% in 2013/14 to 89.9% in 2014/15. The RED (Reach Every District) Strategy, together with other community-based services, has been prioritised in especially districts with coverage below 90%.

The mother to child transmission of HIV decreased from 1.6% in 2013/14 to 1.3% in 2014/15. The Province adopted a cohesive multi-pronged approach towards reducing the mother to child transmission by establishing community structures in all districts and sub-districts to provide the platform for community leaders and civil society to engage with the social issues fuelling the epidemic. The programme focusses on (1) Primary prevention of HIV (HCT Campaign: Know Your Status, Anti-Sugar Daddy Campaign); (2) Prevention of unwanted pregnancies (5-Point Contraceptive Strategy); (3) Prevention of vertical transmission (PMTCT); and (4) Care and treatment of mothers, children and families (PHC ART initiation and NIMART).

## Challenges

- Malnutrition, linked to poverty and deprivation, remains a concern. The severe acute malnutrition incidence (children under 5 years) increased from 5.6 per 1 000 in 2013/14 to 6.3 per 1 000 in 2014/15. Programmes are being scaled up to address causal factors in line with the Provincial Poverty Eradication Master Plan managed from the Office of the Premier.
- The main causes of child morbidity and mortality in KZN remain diarrhoea, pneumonia, malnutrition, HIV/AIDS, and neonatal causes. The non-availability of reliable community-based surveillance data to verify the impact of child health programmes remains a challenge. It is however envisaged that the infant mortality rate will continue to decline as a result of a number of high impact interventions including revision of the PMTCT Guidelines and implementation of Fixed Dose Combination (FDC); training of nurses and doctors on the Essential Steps in the Management of Obstetric Emergencies (all hospitals have at least one Master Trainer); appointment of District Clinical Specialist Teams; and revision and launch of the National Contraceptives Policy (particularly the introduction of Implants).

## Non-Communicable Diseases

Hypertension, cancer, diabetes (type 2 most common) and concurrent diabetes and hypertension are the most common non-communicable diseases admitted in KZN public health hospitals. The most common

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cancers admitted are cancer of the cervix, breast cancer and cancer of the oesophagus. Most cancers occurred after the age of 30 (2011 KZN Hospital Survey).

Diabetes incidence decreased from 3 per 1 000 population (2010/11) to 1.6 per 1 000 population in 2014/15, and the hypertension incidence decreased from 29.8 per 1 000 population (2010/11) to 19.2 per 1 000 population in 2014/15 (DHIS).

Dental caries is still the most common condition affecting children in South Africa with an estimated 91% of children (6 years old) with untreated tooth decay (2012 Household Survey).

Cataract surgery increased from 6 866 per annum in 2013/14 to 8 037 in 2014/15. Commissioning of the Mc Cord's Eye Hospital will improve eye care services.

## Challenges

- Comprehensive healthy lifestyle strategy for KZN remains a challenge that is being addressed through intensified collaboration with other departments through the PGDP Work Groups.

## Malaria

The number of new malaria cases decreased from 696 in 2013/14 to 644 in 2014/15 and the incidence from 1.08/1000 to 1.03/1000 population at risk. Ongoing assessment of antimalarial drug efficiency confirmed that anti-malaria drugs are still effective with no signs of resistance.

## Challenges

- Limited funding to invest in the programme in order to improve and sustain essential interventions.
- Modernisation of homes is a challenge to indoor residual spraying which compromises effectiveness.

## STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE

### Infrastructure Delivery

Acquisition of properties: The Department is planning to acquire 168 properties over the next 10 years (2015/16 to 2024/25) of which 35 are vacant properties (green field sites) earmarked for construction and extension of existing facilities which include 7 CHCs, 18 clinics and 4 Forensic Mortuaries. The vacant properties identified for hospitals are for the proposed extensions of Vryheid, G J Crooks, Lower Umfolozi War Memorial, King Edward VIII and the proposed new District Hospital in Melmoth. Due to current financial constraints the construction of new facilities has been put on hold.

Acquisition by construction: The Department is planning to complete the construction of 16 new facilities which will be completed and commissioned within the 2014/15 and 2015/16 financial years. The major assets include the completion of the new CHC in Jozini. The new Dr Pixley ka Isaka Seme Regional Hospital is in the 5<sup>th</sup> month of a 46 month construction period. The intended projects are already in the construction phase with the exception of the new Infrastructure Office and 2 new clinics which the Department prioritised in consultation with the Office of the Premier namely Mahhehle and Ofafa Clinics (each estimated at R18 million).

Acquisitions through purchase: Acquisitions are major cost drivers including St Aidan's Hospital in eThekweni to the value of R 60 million. The Department entered into a lease agreement with SANTA in 2006 with an option to purchase. All four SANTA hospitals are in a poor physical condition and require major upgrades and renovations which cannot be undertaken until hospitals have been purchased and transferred to the Department.

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Acquisitions through donation: The Department plans to acquire 12 properties over the next 10 years earmarked for the construction of clinics, forensic mortuaries and CHCs.

Acquisition through transfer of custodianship: The existing acquisition plan makes provision for 133 existing facilities that were previously built on land that belong to Local Government and Ingonyama Trust Board as well as 35 vacant properties that must be transferred to the Provincial Government.

Acquisition through leases/ hiring: The Department plans to reduce hired accommodation over the next 10 years to curb rising costs. The 2015/16 to 2024/25 plan includes facilities for the provision of clinics, hospitals, office buildings, EMS bases, residential accommodation and nursing colleges. The 5 hospitals, currently leased at R3.5 million per year towards rental payments, are the main cost drivers and include Doris Goodwin, Dunstan Farrell, Don McKenzie, Charles James and St Aidan's Hospital which is in the transfer process expected to be finalised in late 2015/16.

The Department is currently renting Capital Towers and Medical Chambers for Head Office accommodation. The Old Boys Model School is being renovated to accommodate staff from Capital Towers. Plans for new office accommodation at the Town Hill Hospital site commenced. Currently office space is rented for 9 district offices with the exception of eThekweni and Zululand. A further 13 offices are rented in 8 districts to house EMS Units.

Nursing Colleges: Three Nursing Colleges i.e. Madadeni, Port Shepstone and KZN Nursing College are leased. Both Madadeni and Port Shepstone Nursing Colleges are in need of residential accommodation.

Residential accommodation: The Department is hiring residential accommodation for Medical Interns and Community Services Officers for 16 hospitals annually. Interns allocated to Northdale Hospital have been moved to Highlands Flats and the Mahatma Gandhi Interns to Mc Cords Hospital. This resulted in saving of R 2 million per annum and R 1.9 million per annum respectively. The Department continues to identify more suitable facilities in other districts to curb expenditure.

Strategic Integrated Projects (SIPS): The South African Government adopted a National Infrastructure Plan in 2012 that intends to transform the economic landscape while simultaneously creating significant numbers of new jobs, and to strengthen the delivery of basic services. Investments will improve access to healthcare facilities, schools, water, sanitation, housing and electrification. On the other hand, investment in the construction of ports, roads, railway systems, electricity plants, hospitals, schools and dams will contribute to faster economic growth. The Presidential Infrastructure Coordinating Committee developed 17 strategic integrated projects (SIPS) of which SIP 12 is applicable "Revitalisation of public hospitals and other health facilities, build and refurbish hospitals, other public health facilities and revamp 122 nursing colleges". The Department's strategies include revitalisation of infrastructure including new buildings, repairs and renovations of existing buildings and maintenance.

The 2016/17 IPMP was submitted on 18 September 2015 and the Department scored 67% for the IPMP, U-AMP and CPS. The Department is awaiting fund allocation from the National Department of Health.

A site for the eThekweni Regional Maintenance Hub has been identified at the old workshops at King Dinuzulu Hospital and draft designs commenced. A draft staff organogram and area schedule has been compiled and personnel have been identified for the Hub. Construction of the Hub is expected to be on site June 2016.

Additional funding is required for the appointment of a Town Planner to undertake applications for new developments in line with the KwaZulu-Natal Planning and Development Act, 2008 (Act No. 6 of 2008). This Act has brought about an additional planning lead time of approximately one and a half year prior to the commencement of new projects e.g. building of a new clinic.

Most new construction activities are listed under the Environmental Impact Assessment Regulations of 2014 as activities that have the potential to cause harm to the environment. A lengthy Environmental Impact Assessment (EIA) process with the Department of Economic Development and Environmental Affairs is

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therefore required as per the National Environmental Management Act, 1998 (Act No. 107 of 1998). This resulted in significant delays of up to two years for crucial projects such as the UMzimkhulu Community Health Centre.

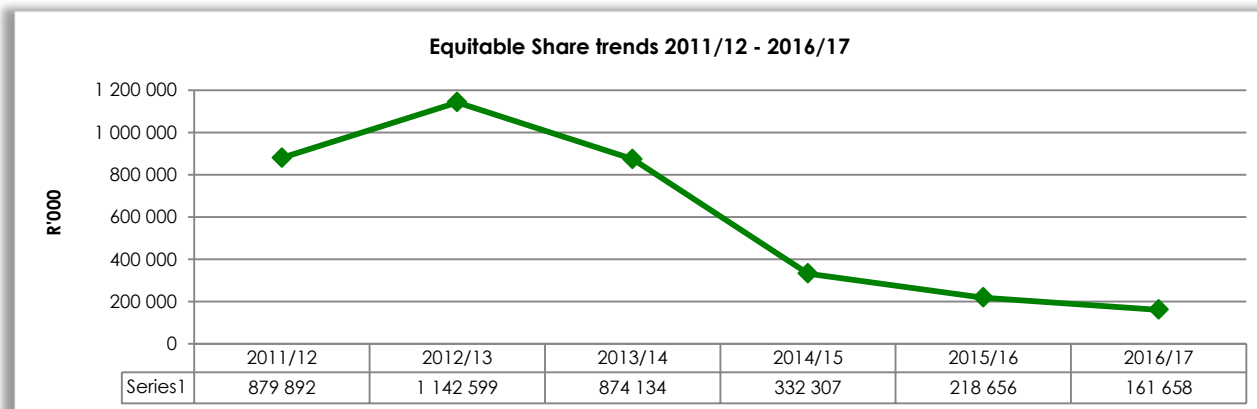
Due to the reduction of budgets over the last few years, the Department was forced to shelve a number of planned projects to ensure that MTEF Plan(s) balances with allocated budget(s). As a result, there will be an increased high risk for implementation processes over the next three years also exacerbated by two big projects i.e. the new Dr Pixley Isaka Ka Seme Regional Hospital and the Ngwelezana Hospital 192 multi-storey surgical block which will take at least one third of the total infrastructure budget annually. The Department will implement vigorous project monitoring of these projects to prevent over/ under expenditure through unforeseen circumstances.

### Challenges

- The cancellation of Independent Development Trust (IDT) service resulted in unbudgeted expenditure which necessitated adjustments. The termination date had to be revised due to the huge amount of preliminary work that had to be undertaken to cover incomplete projects including the relocation of EMS, removal of carpets in the Natalia Building and failure of IDT to resolve structural issues at Msizini clinic which is delaying completion. IDT failed to submit sufficient reports since cancellation was served. The Cessation Agreement has been drafted but not signed by IDT due to disagreement on terms.
- Failure by the Department of Public Works (DOPW) to resolve outstanding final accounts (some outstanding in excess of 2 years) resulted in unbudgeted expenditure. Failure to manage poor performing contractors well resulting in long delays in finalising cancellations and completion contracts. Delayed submission of accepted DOPW IPIP for 2015/16 is delaying projects and the development of the Annual Implementation Plan for 2016/17 to National Health and Provincial Public Works.
- Inadequate budget to comply with infrastructure demands e.g. only R300m available for Maintenance for 2016/17. Two Reporting IRM systems required by the National Department of Health (PMIS) and National Treasury (IRM) which is straining resources.
- Partial re-designing of new clinics to comply with requirement for the Ideal Clinic accreditation increases costs. Water problems at Jozini CHC may delay completion and commissioning because the district provisioning of water project has been delayed.
- Delay in appointment of the Maintenance Engineer as well as support staff is delaying condition assessments and determination of scope for corrective work. High turn-over rate of staff and delay in appointment of Managers impact negatively on achievement of targets.
- The weak performance of the Rand against other currencies also creates a huge challenge for Health Infrastructure as a significant proportion of essential equipment and materials are imported which increased costs significantly.
- The significant reduction of the Equitable Share budget has been one of the most far reaching decisions in recent years (Graph 12). Projects could not be absorbed within the Equitable Share budget allocation due to major reductions since 2012/13. As a result the Department had to delay starting some of the Health Facility Revitalisation Grant projects in order to prevent over-expenditure against the total infrastructure allocation.

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**Graph 12: Equitable Share trends**



Source: BAS; Health Facilities Management

- The Department has continually been subject to non-performance by Implementing Agents (IAs) i.e. Independent Development Trust (IDT) and Department of Public Works including:
  - Delays in the appointment of consultants and finalisation of contracts through SCM resulting in delayed construction commencement.
  - Poor quality of work by appointed contractors resulting in delayed completion of projects.
  - Serious delays with closing out processes of completed projects. IAs are failing to close projects on time due to poor management of Variation Orders (VOs) and Extension of Time (EOT). Failure to manage VOs and EOT efficiently results in a number of disputes at the final account stage. The Department will be putting pressure on the IAs to ensure that "old" projects are closed.
  - Numerous variation orders due to under-design by consultants appointed through IAs and design during construction by end-users i.e. Clinicians and Institutional Management.
  - Delays in commencement of projects due to statutory requirements e.g. Environmental Management and Planning and Development Act.

### Mitigating strategies

- User Asset Management Plan (U-AMP). The Department has developed a 10-year U-AMP requesting an average annual budget of R 1.9 billion over the next three years based on service delivery pressures and a number of projects which have already been designed. The plan was submitted to the National Department of Health with a positive outcome.
- Both DOPW and IDT performed poorly with significant cost implications for the Department. The Department gave IDT a three months' notice period and will terminate the contract in 2015/16. Departmental capacity will be used to implement projects in-house, and in-house capacity will be developed to take over some of the major projects in order to achieve the required results.
- The Health Facility Management post structure was reviewed to align with functions. Critical posts were identified and advertised and existing staff members have been placed in relevant posts on the revised structure. Of the 46 posts funded in the Devision of Revenue Act (DORA), 15 posts have been filled

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through placement of existing staff and recruitments. There are a further 15 posts currently advertised for placement.

- There is still a capacity and skills gap at district and facility level to efficiently manage facility maintenance. This is putting undue pressure on Head Office personnel to manage maintenance issues that should have been addressed by the districts or institutions independently. The Department has in the past two years filled more than 180 Artisan and related posts in the various institutions and district offices in order to bridge this gap. Capacity development will continue over the next planning cycle.
- The Department prepared a detailed schedule to manage load shedding, and the implementation process for standby generators commenced in various institutions as per implementation schedule.

## National Health Insurance (NHI)

The expansion of outreach teams and contracting of General Practitioners (GPs) to provide support at PHC level has been prioritised (Table 9).

**Table 9: Community Based Teams and Contracts with General Practitioners**

District	Ward Based Outreach Teams	School Health Teams	District Clinical Specialist Teams	Contracted General Practitioners (GP's)
Amajuba	11	8	1 Advanced Midwife, 1 PHC Nurse Specialist, and 1 Paediatric Nurse.	4 (Three GP's are contracted through Equitable Share and 1 through Khethimpilo - supporting 5 clinics).
Umgungundlovu	14	23 3 Specialised mobiles i.e. Optometry, Dental and School Health are supporting services.	1 Family Medicine Specialist, 1 Advanced PHC Nurse, 1 Child Health Nurse Specialist, and 1 Advanced Midwife.	25 (16 GP's are contracted through the National Department of Health supporting 19 clinics and 1 CHC. 9 GP's are contracted by the Foundation for Professional Development through the AURUM Institute supporting 10 clinics).
Umkhanyakazi	13	23	1 PHC Nurse Specialist, 1 Advanced Midwife, and 1 Paediatric Nurse Specialist.	16 (11 GP's are contracted through the National Department of Health supporting 15 clinics. 2 New GP's have signed contracts which will increase support to an additional 3 clinics. 3 GP's are contracted by the Foundation for Professional Development through the AURUM Institute. One has been allocated to the CHC and an additional 5 clinics are covered by the remaining 2 GP's).

Results of an evaluation on the effectiveness of PHC supervision and SCM at PHC level in the pilot districts reiterated SCM system immaturity and the lack of effective mentorship and development programmes to improve supervision. Recommendations from the evaluation will inform quality improvement strategies.

Developed and implemented a Referral Pilot (including referral pathways and use of referral booklets), with the aim to reduce the number of unreferral patients at hospital level.

The following projects are being implemented to improve medicines availability and management:

- Vodacom Stock Visibility Solution, using mobile cellular devices to remotely record medicine stock balances at clinics. Pharmacists access data via cloud to ensure effective medicine management, procurement and movement to reduce medicine stock out at facility level.



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- Centralised Chronic Medicine Dispensing and Distribution (CCMDD) facilitated by Medi-Post. Distribution of medicines to various pick-up points in the community to reduce clinic and hospital congestion and waiting times and improve access to chronic medicines at community level. At the end of the reporting period, 48 facilities and 62 467 patients were enrolled in the programme.
- Temperature Loggers Project (Umgungundlovu). Electronic logging of temperature at which medicines are stored (for a period of 30 days), using the WHO approved Fridge Tag Device to ensure the safety of medication.
- Rx Solution Drug Supply. Integrated computerized Pharmacy Stock Management and Medicine Dispensing System to prevent over/under stock of medicines.

A number of projects were implemented to improve service delivery and health outcomes including:

- Farm Workers Programme, in partnership with Agri-Aids, in Amajuba to improve access to services for farm dwellers and to promote OSS integration at community level. In 2014/15, a total of 92 farms have been visited by mobile services, rendering services to 274 farm workers.
- The Zinakekele Non-Communicable Disease Project, in partnership with Metropolitan Life, was launched at Majuba Lodge in Newcastle in 2014. The project focusses on healthy lifestyles, prevention of obesity, and screening of secondary school learners for non-communicable diseases. Learners at risk are referred to School Health Teams for further intervention.
- Umzinyathi District facilitated 2 PHC Indabas in November 2014 and February 2015 to share best practices, identify challenges, educate community representatives about contributory factors to poor health outcomes, and discuss the role of communities in improving health of communities. District and Sub-Districts Forums (led by Community Leaders) were established to develop interventions to mitigate identified challenges. These forums are responsible for the monitoring of interventions.
- Ground Breaker Programme in Umzinyathi. Community Leaders recruited youth from communities (Grade 12 and below 35 years) to act as positive role models in communities and actively participate in various programmes targeting youth. Ground Breakers are active members of OSS and linked with Ward Based Outreach Teams to strengthen the link between youth and health services.
- Appointment of Household Champions to increase self-reliance at household level. In 2014/15, Umzinyathi identified 178 Household Champions. The Champions, not receiving stipends, are disseminating health messages in communities and are responsible for reporting challenges through the Ward Based Outreach Teams.

A number of projects to improve health information system(s) were implemented including:

- Virtual Electronic Medical Record (VEMR) system. Pilot project in partnership with Health Systems Trust and Virtual Purple Health Systems. The system is expected to improve clinical management as all patient clinical records will be available at all facilities. The system integrates with the Laboratory Information Management System, which allows healthcare professionals to place and receive Lab orders electronically. It is expected to reduce patient waiting times and improve client experience at health facilities.
- BETA Registration System in Umgungundlovu. The National Department of Health equipped all facilities with computer hardware and 5 facilities have been installed with software i.e. Phatheni, Efaye, Richmond and City Central clinics and East Boom CHC. The system is functional at these facilities entailing electronic registration of clients. Performance of these clinics can be monitored offsite and technical support is available at a national help desk. The hardware provided by the National Department of Health has been secured so that other Microsoft programmes cannot be operated thereon, which poses

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a challenge with hardware for VEMR. Five clinics in Umzinyathi have been registered on the National 700 Clinic Project. Data quality from these clinics shows significant improvement.

- Amajuba appointed 2 Roving Information Teams in August 2014 to conduct data audits at facility level and support and mentor Operational Managers and Data Capturers. A definite improvement in the quality of data has been reported.
- Amajuba received a donation to implement tele-radiology at Madadeni Hospital using a private sector Radiologist from Cape Town. During 2014/15, the Radiologist managed 30 X-Rays/ CAT scans for the hospital. This initiative is especially relevant in more rural areas where there is a challenge to recruit and retain appropriately skilled specialists.
- Amajuba commenced with the installation of satellite connectivity at clinics at a cheaper and more affordable rate compared to using copper cables with high risk of theft. A cost analysis have not been done to determine cost saving.
- Video conferencing facilities have been installed at all three District Offices to improve management, reduce travelling time, and increase on-site availability.

During 2014/15, a total of 949 Managers were trained in various leadership and management training programmes. An impact assessment has not been conducted to determine the impact of training, although a general improvement is noted.

### Challenges

- Limited delegations at district level resulted in bottlenecks and extended turn-around times. This caused delays in implementation of various projects with significant cost and resource implications.
- Lack of suitable service providers for large projects resulted in delayed SCM processes and under-spending of budgets.
- Inefficient and immature SCM systems and processes resulted in extended delays and under-spending of budgets.
- Limited time to conduct impact assessments of projects e.g. impact of training to inform roll out.
- Rigid NHI budget allocations (Conditional Grant) as well as late confirmation of final budgets.
- High staff attrition rates and limited pool of scarce resources remain a challenge in especially more rural areas.
- Infrastructure constraints, including lack of space for increased patient demand and poor physical structures of some facilities. This affects compliance with Ideal Clinic standards as well as service delivery.

### **STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH**

As part of the long term plan to improve human resources for health, the Department renewed the Memorandum of Understanding (MOU) with the University of KZN (UKZN). Plans for the “Decentralised Training in a PHC Model” are at an advanced stage and will shift focus from the current curative approach to a PHC approach at decentralised level. The first pilot phase of the Model will commence in 2016 in Northern KZN. This will inter alia prepare the Department and UKZN to absorb the significant number of medical students that will be returning from Cuba in 2018 for their final 18 month training before graduation. Finalisation of the costed Business Plan is expected late 2015 after which it will be presented to the Provincial Cabinet, the Departments of Higher Education and Health for final approval. The Business Plan will be presented to National and Provincial Treasury to motivate for seed funding in the early stages of implementation. Both National Departments are eager to use the Model as benchmark for the country. To further increase the human resource pool, UKZN undertook to double the intake of Health Sciences students (including Medical, Nursing and Allied Workers) over the next 5 years.

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WISN (Workload Indicators of Staffing Needs): During 2014/15, PHC norms have been developed and 5 districts were benchmarked, with a parallel process commenced for hospital norms. This process will be complemented by current research on staffing and bed norms for clinical disciplines, and will inform finalisation of the Human Resources (HR) Long Term Plan.

Leave management has been actively monitored through quarterly leave certification and monitoring through various PERSAL reports.

The Department prioritised Performance Monitoring & Development and 5 districts and 50 institutions have been audited. Compliance to prescripts is still a challenge, and has been linked with the pay progression system to enforce accountability.

The development of appropriate HR Plans at district and facility level was raised as an audit finding in 2013/14 and remained a challenge in 2014/15. Active technical support was provided at district level to increase decentralised capacity. A monitoring tool to track HR planning at institutional level has been finalised during 2014/15, and implementation of the tool improved compliance from 22.32% in September 2014 to 72% in March 2015. Out of adjustments and inaccurate linking of staff at district and facility level remained a challenge as it skews assessment and interpretation of post structures and associated costs at facility level. Monitoring was intensified and a slight improvement has been recorded.

The Job ACCESS Implementation Plan 2015 and Provincial Gender Equality Framework were approved by the Head of Department and submitted to the Department of Public Service and Administration (DPSA). There are currently 35.5% women in SMS and 0.45% employees with disabilities.

At the end of March 2015, there were 379 Registrars on the Registrar Programme across the 24 clinical disciplines. There was no intake of Registrars in 2014/15 due to the abating funding envelope. Of the 65 Registrars who were eligible for registration as Specialists in 2014/15, a total of 33 were retained as Specialists and Clinical Managers and 7 accepted posts as Medical Officers in the Department. Representivity in the programme improved over the years while intake is also guided by the number of applicants per discipline in terms of race and gender.

Foreign doctors are allowed to join the Family Medicine discipline (Table 10). If they have permanent residence they may apply and be accepted for all other disciplines.

**Table 10: Number of foreign Registrars on the programme**

	2008	2009	2010	2011	2012	2013	2014
Total Intake	76	150	170	209	194	166	39
Foreign Doctors	6	14	5	6	4	0	0

Source: Registrar database

## **STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE**

### ***National Core Standards***

Implementation of the National Core Standards is ongoing and facilities were assessed for compliance to the core standards to fast track quality improvement strategies considered critical for the provision of safe and appropriate health care i.e. (1) Availability of medicines and supplies; (2) Cleanliness; (3) Improve patient safety and security; (4) Infection prevention and control; (5) Positive and caring attitudes; and (6) Waiting times.

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Patient complaints were investigated and attended to with 92% of all complaints resolved within 25 working days. The overall patient satisfaction rate (82.7%) exceeded the average annual target for 2014/15. Monthly morbidity and mortality reviews were conducted at hospital level and recommendations implemented to improve clinical care.

## *Challenges*

- Slow progress of facilities towards compliance with the National Core Standards is a concern as it inevitably impact on efficiencies and quality. Implementation, self-assessments and the development of Quality Improvement Plan (based on self-assessment gaps) have been prioritised for 2016/17.

## **Infection Prevention & Control (IPC)**

All IPC Guidelines have been reviewed and the Provincial IPC Policy is in the final stages of review. The draft EMS IPC Policy was developed in collaboration with EMS. The Equipment Decontamination Policy and Guidelines has been finalised to assist with the decontamination of equipment colonised with microbes. Guidelines for the Management of Ebola Virus Disease cases and suspected cases and Guidelines on the donning and doffing of personal protective equipment in Ebola Virus Disease settings were developed.

During 2014/15, the Department investigated 15 possible outbreaks of nosocomial infection in KZN hospitals, none of which were associated with mortality compared to 5 outbreak related deaths in 2013/14. IPC Practitioners at facility level monitored laboratory results and reported suspected outbreaks to Province after which Outbreak Response Teams were mobilised. Although this arrangement leads to over-reporting (5 of 15 confirmed outbreaks in 2014/15) the investigation and analysis of a possible outbreak thus far always resulted in cessation of new infected cases within 24 hours. Partly due to difference in opinion between different "expert groups" all facilities are not immediately reporting suspected outbreaks.

Nine antibiotic stewardship workshops were conducted in 2014/15 to stop the inappropriate use of antimicrobial agents and healthcare associated infections. Antibiotic Stewardship Committees will be established at institutional level to monitor projects including Drug Bug Match; escalation and de-escalation of antibiotic therapy; intra-venous to oral switch; hang time; and duration of antibiotic therapy.

In 2014/15, a total of 79 facilities were assessed for IPC compliance to National Core Standards e.g. Ugu (10); eThekweni (7); Amajuba (8); Uthungulu (12 facilities and 4 EMS bases); Zululand (5); Ilembe (10 facilities and 1 EMS base); Umgungundlovu (5); Harry Gwala (3); Umkhanyakude (9); Umzinyathi (7); and Uthukela (3). Audit reports, including recommendations, were disseminated to all stakeholders.

The Province is especially vulnerable to Ebola Virus Disease cases due to the various ports of entry (both formal and informal). The Department prioritised the procurement of Personal Protective Equipment which is at the technical evaluation stage, and a comprehensive training plan commenced in 2014/15. Training sessions were conducted at Addington; Greys (x2); Ngwelezana (x2); Manguzi, Eshowe, and IALCH (x2) Hospitals and a number of private healthcare facilities. Other training included District IPC Managers, EMS response teams, and Kosi Bay and Golela Border Posts.

## *Challenges*

- Nosocomial transmission of TB in facilities remains a major concern. As part of prevention of TB transmission in facilities the Department implemented the following: cough triage at the point of entry; fast tracking of patients with symptoms of PTB; open window policy to ensure air changes (proposed discontinuation of ceiling fans to address generation of infectious airborne particles - droplet nuclei); and use of personal protective equipment.

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- Ineffective SCM processes and systems e.g. critical IPC items are often not available (long turnaround times) or of poor quality of equipment (not complying with quality standards) which impacts negatively on IPC outcomes.
- Poor microbiology laboratory support including long turnaround times; lack of Microbiologist expertise in most districts; microbiology testing of antibiotics not aligned with the Pharmacy and the EDL Guidelines; ineffective communication between laboratory and facilities; lack of accessibility to laboratory results (culture and susceptibility); outbreak response results of epidemiologically linked cases not reported to the outbreak response team; central database of results not available which impacts on surveillance at facility level. This impact on the effectiveness of the early warning system for adverse events and antibiotic stewardship.
- Facilities are not compliant with current standards as required by the National Core Standards (NCSs). With the current financial constraints this will not be addressed in the near future.
- The IPC skills gap remains a challenge. Although a large number of staff received an IPC qualification e.g. Honours level qualification or postgraduate diploma in IPC, many of these providers transferred into other OSD linked posts.
- Poor compliance to IPC Quality Improvement Plans.

## 1.6 Revision of Legislative and Other Mandates

There are no current specific court rulings that have a significant, ongoing impact on the operations or service delivery obligations of the Department.

### 1.6.1 Constitutional Mandates

The Constitution of the Republic of South Africa (Act No. 108 of 1996): In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:

- Section 27(1): "Everyone has the right to have access to ... health care services, including reproductive health care".
- Section 27 (2): The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
- Section 27(3): "No one may be refused emergency medical treatment".
- Section 28(1): "Every child has the right to ...basic health care services..."
- Schedule 4 list health services as a concurrent national and provincial legislative competence.
- Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution.
- Section 195 (1b): Efficient, economic and effective use of resources must be promoted.
- Section 195 (1d): Services must be provided impartially, fairly, equitably and without bias.
- Section 195 (1h): Good human resource management and career development practices, to maximise human potential must be cultivated.

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## 1.6.2 Legal Mandates

In carrying out its functions, the Department is governed mainly by the following national and provincial legislated Acts and Regulations. Some of the legislation has a specific/ direct impact on the Department whereas others have a more peripheral impact.

- Basic Conditions of Employment Act (Act No. 75 of 1997): Provides for the minimum conditions of employment that employers must comply with in their workplace.
- Child Care Act, 74 of 1983: Provides for the protection, welfare and treatment of certain children and to provide for incidental matters.
- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended): Provides a legal framework for termination of pregnancies (under certain circumstances) and based on informed choice.
- Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982: Provides for the control of the practice of the professions of Chiropractors, Homeopaths and Allied Health Professions, to determine its functions and matters connected therewith.
- Dental Technicians Act, 19 of 1979: Consolidate and amend laws relating to the profession of Dental Technician and to provide for matters connected therewith.
- Division of Revenue Act (Act 7 of 2003): Provides for the manner in which revenue generated may be disbursed.
- Health Professions Act (Act No. 56 of 1974): Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Human Tissue Act (Act No. 65 of 1983): Provides for the administration of matters pertaining to human tissue.
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Labour Relations Act (Act No. 66 of 1995): Provides for the law governing labour relations and incidental matters.
- Medicines and Related Substances Act (Act No. 101 of 1965 as amended): Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- Mental Health Care Act (Act No. 17 of 2002): Provides a legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions.
- National Health Act (Act No. 61 of 2003) and Amendments: Provides for a transformed National Health System to the entire Republic.
- National Health Laboratories Services Act (Act No. 37 of 2000): Provides for a statutory body that provides laboratory services to the public health sector.
- Nursing Act (Act 33 of 2005): Provides for the regulation of the nursing profession.
- Occupational Health and Safety Act (Act No. 85 of 1993): Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace.

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- Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations: Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.
- Preferential Procurement Policy Framework Act (Act No. 5 of 2000): Provides for the implementation on the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs.
- Public Service Act (Act No. 103 of 1994) and the Public Service Regulations: Provisions for the administration of the public service in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- Pharmacy Act (Act No. 53 of 1974 as amended): Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- Skills Development Act (Act No. 97 of 1998): Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.
- Traditional Health Practitioners Act (Act No. 35 of 2004): Regulates the practice and conduct of Traditional Health Practitioners.

## 1.6.3 Policy Mandates

- Clinical Policies and Guidelines: The Department is implementing and monitoring a extensive number of clinical health policies to improve management and clinical outcomes.
- National and Provincial Data Management Policies: Provides the framework for effective management of health information at all levels of reporting.
- Financial Management Policies: The Department generates financial management policies that are aligned with legislative and Treasury Regulations.
- Provincial Health Research Policy and Guidelines: Provides the policy framework and guidelines for health research.
- Human Resource Policies: The Department contributes to and develops numerous Provincial Human Resource Policies to ensure compliance to human resource imperatives.
- Policy on National Health Insurance: Provides for systems strengthening to ensure universal access to health care.
- Policy on Management of Hospitals: Provides the policy imperatives for management of Public Health Hospitals.
- Regulations Relating to Classification of Hospitals: Provides the policy framework for classification of Public Health Hospitals.

## 1.6.4 Planning Frameworks

### ***The National Development Plan 2030***

The National Development Plan (NDP) was adopted by government and will be implemented over three electoral cycles of government with the vision to:

- Increase life expectancy, for both males and females, to at least 70 years.

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- Produce a generation of under-20 year olds that are largely HIV free.
- Reduce the burden of disease radically compared to the previous two decades.
- Achieve an infant mortality rate of less than 20 deaths per 1000 live births.
- Achieve an under-5 mortality rate of less than 30 deaths per 1000 live births.
- Achieve a significant shift in equity, efficiency and quality of health care provision.
- Achieve universal coverage for health.
- Significantly reduce the social determinants of disease and adverse ecological factors.

## **The Medium Term Strategic Framework 2014-2019 (Health)**

- Sub-Outcome 1: Universal health coverage progressively achieved through implementation of National Health Insurance.
- Sub-Outcome 2: Improve quality of health care.
- Sub-Outcome 3: Implement the re-engineering of Primary Health Care.
- Sub-Outcome 4: Reduce health care costs.
- Sub-Outcome 5: Improve human resources for health.
- Sub-Outcome 6: Improve health management and leadership.
- Sub-Outcome 7: Improve health facility planning and infrastructure delivery.
- Sub-Outcome 8: HIV & AIDS and Tuberculosis prevented and successfully managed.
- Sub-Outcome 9: Maternal, infant and child mortality reduced.
- Sub-Outcome 10: Efficient health management information system developed and implemented for improved decision-making.

## **Sustainable Development Goals**

The Sustainable Development Goals (SDG's) 2030 built on the Millennium Development Goals 2015 and were adopted as Global Goals by world leaders on 25 September 2015. There are 17 SDG's to end poverty, improve equality and address climate change by 2030. There are 13 targets in Goal 3 "Ensure healthy lives and promote well-being for all at all ages" as indicated below.

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.



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- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being, strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.
- By 2020, halve the number of global deaths and injuries from road traffic accidents.
- By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- Support the research and development of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

### ***The Provincial Growth and Development Plan***

The Provincial Growth and Development Plan have been aligned with the NDP and is fully integrated at Provincial level, aiming to achieve the following strategic goals:

- Strategic Goal 1: Job Creation.
- Strategic Goal 2: Human Resource Development.
- Strategic Goal 3: Human and Community Development.
- Strategic Goal 4: Strategic Infrastructure.
- Strategic Goal 5: Environmental Sustainability.
- Strategic Goal 6: Governance and Policy.
- Strategic Goal 7: Spatial Equity.

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## **Provincial Poverty Eradication Master Plan**

The Provincial vision is to create a poverty free, food secure, empowered and productive citizenry in KZN by 2030 with a healthy and skilled population leading a dignified life.

The mission is to eradicate poverty in all its forms in KwaZulu Natal and to establish a foundation for individual and community empowerment and prosperity in an economically efficient and environmentally sustainable manner within a spatial context and incorporating the principles of good governance, equity and participatory democracy.

### **Goals**

1. Reduce households going hungry in a 12-month period from 35% to less than 25% by 2020.
2. Halve households that lie below the upper bound poverty line by 2030. Achieve 54.7% in 2020 and 33.8% in 2030.

### **Objectives**

1. Address high incidences of malnutrition, hunger and related social ills within KwaZulu-Natal.
2. Accelerate the response to poverty and hunger.

## **1.6.5 Planned Policy Initiatives**

The following National and Provincial Policies, Frameworks and Strategies will be relevant in 2016/17 and are included in the Annual Performance Plan and various Operational Plans.

- Sustainable Development Goals: Target programmes specific to achievement of specific development goals and targets. Other transversal services will be attended to in support of these programmes/ services.
- Medium Term Strategic Framework 2014-2019: Based on the NDP priorities and provides the framework for the 2015-2019 Strategic Plan and five Annual Performance Plans.
- Negotiated Service Delivery Agreement (NSDA): The reviewed NSDA for Health will be aligned with sector priorities included in the MTSF to ensure effective monitoring of performance targets nationally.
- Provincial Growth and Development Plan: Based on the NDP and Provincial priorities. Alignment of the Strategic Plan and five Annual Performance Plans will improve integration, monitoring, evaluation and reporting on provincial priorities.
- Provincial Long Term Plan: The plan will provide the blue print for short, medium and long term planning in the Department and will be based on evidence and projected service demands taking into consideration current service gaps and the burden of disease. A detailed Implementation Plan will provide specific timelines for strategies and activities to realise the long term vision for transformation.
- Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA): The programme will be expanded to improve maternal and child health outcomes.
- Integrated Chronic Disease Management Model: The Model will be rolled out and policies will be reviewed.
- National and Provincial Strategic Plans for HIV, AIDS, STI and TB 2012-2016: The Provincial Plan will be reviewed in 2016/17 and implemented thereafter.

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- KwaZulu-Natal Monitoring and Evaluation Framework: The current Framework will be reviewed in 2016/17 to ensure effective monitoring, evaluation and reporting.
- Medical Male Circumcision Escalation Plan: Strategies and activities for MMC will be scaled up as part of the Prevention Programme for HIV, AIDS, STI and TB (90-90-90 strategy).
- National Human Resource for Health Strategy 2012-2016: Human resource audit, gap analysis and costing; decentralised training platform (with UKZN); and organisational review (micro structures) will be targeted over the reporting period.
- National Nursing Strategy 2012-2016: The Training and Development Plan (included in HRD Plan) will be aligned with the Long Term Human Resources Plan.
- National and Provincial Strategies for Non-Communicable Diseases 2014-2019: The Provincial strategy will be finalised and rolled out in a phased approach taking into account the funding envelope.
- National and Provincial Contraceptive Strategies: Implementation will be scaled up as part of the intensified sexual and reproductive health strategy to improve health outcomes.
- National and Provincial MNCWH Strategies 2012-2016: Implementation will be scaled up.
- Provincial Neonatal Strategy: The strategy will be scaled up to all facilities and relevant policies will be developed or reviewed.
- PHC Re-Engineering: PHC re-engineering will be scaled up with a strong focus on community-based services and system strengthening.
- Provincial Mental Health Care Strategy 2014-2019: The Provincial strategy will be finalised and rolled out using a phased approach.
- Clinical policies: Review and development of relevant policies to standardise and improve quality of care.
- Emergency Medical Services: Reviewed Model will be finalised for implementation.
- Forensic Pathology Services: Reviewed Model will be finalised for implementation.
- Rationalisation of hospital services: A comprehensive Hospital Rationalisation Plan, including Implementation Plan, will be finalised to inform strategies at all levels.
- Data Management Policy: Effective management of health information through the District Health Information System.
- Provincial Poverty Eradication Master Plan: Integrated Provincial strategy to address poverty in KZN. The strategy and implementation will be monitored through the Office of the Premier.
- Operation Phakisa Ideal Clinic Realisation and Maintenance: Integrated into PHC re-engineering. The focus will be on the following streams to achieve Ideal Clinic status in all PHC clinics: (1) Service delivery; (2) Waiting times; (3) Human resources; (4) Infrastructure; (5) Supply Chain Management; (6) Finance; (7) Institutional arrangements; and (8) Change Management, Scale-up and sustainability. Cross cutting issues that will be addressed include: Leadership; Accountability; Capacity & skills; and Delegations.
- 90-90-90 Strategy for HIV/AIDS and TB with 2020 targets including: 90% of all people living with HIV know their HIV status; 90% of people with diagnosed HIV infection will receive sustained ART; and 90% of all people receiving ART will have viral suppression.

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## 1.7 Strategic Planning Process

- Performance review (April-May 2015). Included integrated provincial and decentralised processes to review the 2014/15 reporting period including district/facility annual reviews, District Health Expenditure Reviews, etc. Reviews informed the collation of the 2014/15 Annual Report and District Performance Reports.
- Strategic Planning Workshop (17-18 September 2015): Fifty five (55) provincial and district delegates (including Oversight Committees) participated under the leadership of the MEC and HOD. Core priorities were identified for the 2016/17 MTEF (based on root cause analysis) with a strong focus on system strengthening and effective controls to strengthen leadership, oversight and management. Resolutions culminated from this workshop will be included in Performance Agreements of all Managers to ensure effective implementation, monitoring and reporting.
- Programme and District consultations (September – November 2015). Identifying programme priorities through consultation (top-down-bottom-up approach) in line with identified Provincial priorities identified in the September 2015 workshop. First phase of Programme/ Institutional Operational Plans and District Health Plans were developed.
- Strategic Planning Workshop (3-4 November 2015): A total of 146 delegates, including Provincial and District Senior Managers and CEOs, participated in the workshop. Core programme priorities were identified for 2016/17 based on gap analysis and outcomes of previous consultations. These priorities have been included in the Annual Performance Plan for 2016/17.
- Various consultations with other service providers (not included in Provincial workshops) have been facilitated to determine operational priorities at programme level for inclusion in 2016/17 Operational Plans. Consultations with Programme Managers to finalise priorities, performance measures and targets for inclusion in the Annual Performance Plan and Operational Plans.
- Decentralised District Health Plan workshops have been conducted to align plans with provincial priorities taking into consideration district-specific needs and demands. Various consultations were facilitated to finalise the 90-90-90 strategy 3-feet plans at district level. Strategies were included in District Health Plans.
- The draft APP was circulated for additional contributions and comments in November 2015 and January 2016.
- The draft APP was submitted to the Office of the Premier as per timeline: Draft 1: 28 August 2015, Draft 2: 16 November 2015, Draft 3: 29 January 2016, and Final Draft: 19 February 2016.
- The draft APP was submitted to the Portfolio Committee for Health in October 2015, January 2016 and February 2016.
- The draft APP was submitted to the National Department of Health: 30 November 2015, and 19 February 2016.

## 1.8 Overview of the 2015/16 Budget and MTEF Estimates

- In 2014/15, additional funding of R47.967 was allocated from Provincial cash resources for:
  - Trade creditors and VAT at Mc Cord Hospital (R15.870 million, with minor carry-through of R880 000 in 2015/16 and R670 000 in 2016/17, with R703 000 removed from the baseline in 2017/18).

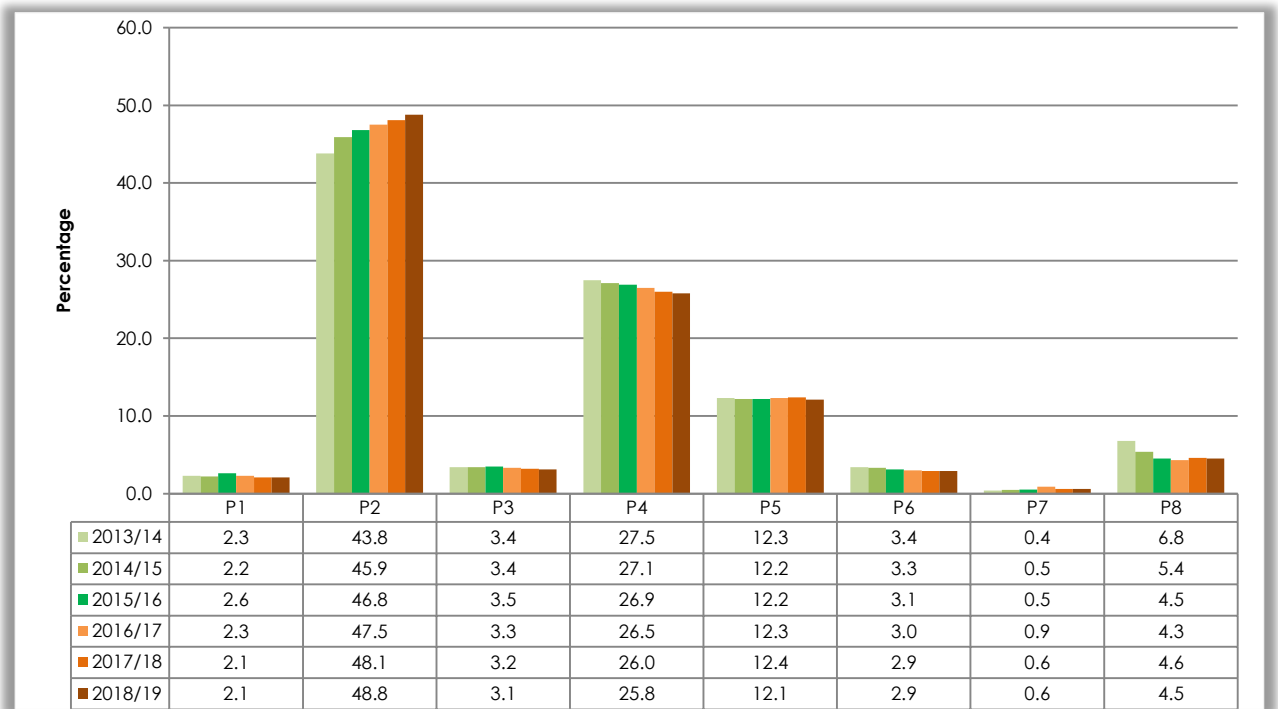
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- Operational costs for St Mary's Hospital (R30.907 million), pending the finalisation of the transaction advisors' investigation into the potential provincialisation of the hospital.
- Own revenue re-allocated back to the Department (R1.190 million) for the sale of the Mc Cord Hospital debtors' book, with the funding returned to the Department for various infrastructure changes for the hospital to convert it to a Specialised Eye Care Hospital.
- ♦ In 2015/16, a roll-over of R1.449 million was approved for the NHI Conditional Grant to pay for the procurement of four mobile caravan clinics.
- ♦ Further additional allocation of R1.048 billion from Provincial cash resources made available for:
  - The purchase of St. Aidan's Hospital (R60 million).
  - Trade creditors and VAT at McCord Hospital (R880 000).
  - Above-budget 2015 wage agreement (R617.778 million).
  - Higher than budgeted collection of patient fees reallocated to the Department to fund the Revenue Enhancement Strategy (R30.479).
  - NHLS pressures as a result of moving from a flat-fee payment mechanism to a fee-for-services mechanism (R270.500 million).
  - Address pressures arising from medico-legal claims (R68 million).
- ♦ In 2016/17, the Department is allocated additional funding of R670 000 from Provincial cash resources related to carry-through costs for trade creditors and VAT at McCord Hospital.
  - R664.889 million, R712.135 million and R765.440 million over the 2016/17 MTEF for carry-through costs of the above-budget 2015 wage agreement.
  - Equitable share is reduced over the MTEF by R42.548 million, R42.477 million and R42.406 million due to the revision of the indirect HPV Vaccine Grant.
  - Funding of R80 million is provided in 2016/17 only for the once-off purchase of linen.
  - Additional funding is allocated to address pressures which have arisen from the change in payment mechanism for NHLS to a fee-for-service payment, with R310.497 million, R329.124 million and R348.872 million allocated over the three years of the MTEF.
  - Funding for pressures related to the weakening exchange rate affecting imported medicines, medical equipment and supplies is allocated R936.751 million, R1.805 billion and R1.808 billion over the MTEF. This cost was calculated at R1.875 billion in 2016/17, growing to R2.122 billion in 2018/19.
- ♦ Over the 2016/17 MTEF, the Health Facility Revitalisation grant baseline decreases in the outer two years due to the reforms that were made to the Provincial Infrastructure Grant system that are intended to institutionalise more effective planning for infrastructure. The Department received an increase of R109.454 million in 2016/17 as the required planning documents were submitted to the National Department of Health. This amount subsequently declined to R67.172 million due to the cuts imposed by National Treasury in an effort to lower the country's expenditure ceiling.

The graph below reflects the budget allocation per budget programme as percentage of total budget for the period 2012/13 to 2018/19.

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**Graph 13: Expenditure trends 2013/14 to 2018/19**



Source: Vote 7 Health

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## 1.9 Expenditure Estimates

**Table 11 (A2): Expenditure Estimates Summary of Payments and Estimates**

Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	2012/13	2013/14	2014/15	2015/16		2016/17	2017/18	2018/19	
1. Administration	635 763	689 089	701 925	737 119	768 148	883 320	839 035	851 680	861 440
2. District Health Services	11 516 435	12 947 599	14 334 353	15 578 862	15 969 171	16 064 356	17 443 402	19 104 674	20 651 421
3. Emergency Medical Services	926 036	1 009 940	1 068 113	1 160 311	1 185 636	1 185 636	1 199 775	1 277 350	1 347 186
4. Provincial Hospital Services	7 567 375	8 121 196	8 473 425	8 775 638	9 213 546	9 213 546	9 747 434	10 330 751	10 930 115
5. Central Hospital Services	3 338 850	3 640 586	3 817 800	3 984 966	4 088 601	4 193 956	4 489 894	4 903 695	5 132 922
6. Health Sciences and Training	901 935	999 351	1 018 949	1 055 250	1 055 250	1 055 250	1 100 150	1 166 683	1 234 351
7. Health Care Support Services	130 541	122 844	151 908	138 288	138 288	166 859	326 487	255 354	270 165
8. Health Facilities Management	2 373 597	2 000 806	1 679 037	1 551 352	1 551 352	1 551 352	1 583 515	1 815 683	1 915 537
<b>Sub-total</b>	<b>27 390 533</b>	<b>29 531 410</b>	<b>31 245 510</b>	<b>32 981 786</b>	<b>33 969 992</b>	<b>34 314 275</b>	<b>36 729 692</b>	<b>39 705 870</b>	<b>42 343 136</b>
Direct charges against National Revenue Fund	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>27 390 533</b>	<b>29 531 410</b>	<b>31 245 510</b>	<b>32 981 786</b>	<b>33 969 992</b>	<b>34 314 275</b>	<b>36 729 692</b>	<b>39 705 870</b>	<b>42 343 136</b>
Unauthorised expenditure (1 <sup>st</sup> charge)	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1<sup>st</sup> charge</b>	<b>27 390 533</b>	<b>29 531 410</b>	<b>31 245 510</b>	<b>32 981 786</b>	<b>33 969 992</b>	<b>34 314 275</b>	<b>36 729 692</b>	<b>39 705 870</b>	<b>42 343 136</b>

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**Table 12 (A3): Summary of Provincial Expenditure Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
<b>Current payments</b>	<b>24 746 845</b>	<b>26 890 291</b>	<b>28 911 128</b>	<b>30 780 575</b>	<b>31 631 280</b>	<b>32 021 520</b>	<b>34 525 642</b>	<b>37 148 508</b>	<b>39 792 530</b>
Compensation of employees	16 886 345	18 676 776	20 014 182	21 138 481	21 625 944	21 830 915	23 096 722	24 668 318	26 187 527
<b>Goods and services</b>	<b>7 860 500</b>	<b>8 213 347</b>	<b>8 896 260</b>	<b>9 642 094</b>	<b>10 005 170</b>	<b>10 190 140</b>	<b>11 428 920</b>	<b>12 480 190</b>	<b>13 605 004</b>
Communication	90 818	93 271	99 330	99 521	101 876	99 042	103 494	107 872	115 135
Computer Services	152 690	197 733	133 813	175 329	181 739	184 820	176 415	178 958	188 813
Consultants, Contractors and special services	1 911 844	1 919 127	2 447 213	2 529 280	2 750 505	3 009 075	3 449 036	3 606 107	3 818 010
Inventory	4 198 476	4 552 711	4 478 604	5 136 205	5 166 499	5 028 422	5 735 239	6 499 138	7 273 309
Operating leases	109 010	98 849	135 476	159 431	166 825	154 470	136 823	132 865	137 135
Travel and subsistence	75 510	65 388	80 518	83 863	77 298	70 002	92 336	95 988	102 693
Interest and rent on land	-	169	686	-	166	466	-	-	-
Maintenance, repair and running costs									
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	1 322 153	1 285 879	1 520 106	1 458 465	1 560 424	1 644 305	1 799 215	1 859 260	1 969 908
<b>Transfers and subsidies to</b>	<b>486 764</b>	<b>740 159</b>	<b>828 088</b>	<b>648 156</b>	<b>843 119</b>	<b>858 059</b>	<b>734 473</b>	<b>786 547</b>	<b>825 156</b>
Provinces and municipalities	26 330	79 199	122 619	111 290	211 540	210 157	174 707	206 347	211 991
Departmental agencies and accounts	25 351	11 370	15 895	16 171	19 046	18 960	20 025	17 876	18 912
Higher Education institutions	57	501	16	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	203 313	210 687	222 240
Non-profit institutions	277 586	256 751	222 050	215 100	197 039	196 932	336 428	351 637	372 013
Households	157 440	392 339	467 442	305 595	415 494	432 010	1 361 970	1 663 207	1 725 449
<b>Payments for capital assets</b>	<b>2 156 923</b>	<b>1 867 332</b>	<b>1 505 879</b>	<b>1 445 448</b>	<b>1 387 977</b>	<b>1 324 660</b>	<b>1 799 215</b>	<b>1 859 260</b>	<b>1 969 908</b>
Machinery and equipment	493 987	336 179	299 374	301 789	290 419	221 702	465 749	695 526	736 321



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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
	2012/13	2013/14	2014/15	2015/16		2016/17	2017/18	2018/19	
Buildings and other fixed structures	1 662 936	1 530 972	1 206 505	1 143 659	1 097 558	1 102 958	896 221	967 681	989 128
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	1	33 629	415	107 607	107 616	107 617	107 607	107 607	-
<b>Total economic classification</b>	<b>27 390 533</b>	<b>29 531 410</b>	<b>31 245 510</b>	<b>32 981 786</b>	<b>33 969 992</b>	<b>34 314 275</b>	<b>36 729 692</b>	<b>39 705 870</b>	<b>42 343 136</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>27 390 533</b>	<b>29 531 410</b>	<b>31 245 510</b>	<b>32 981 786</b>	<b>33 969 992</b>	<b>34 314 275</b>	<b>36 729 692</b>	<b>39 705 870</b>	<b>42 343 136</b>

### 1.9.1 Relating Expenditure Trends to Strategic Goals

**Table 13: (A4) Trends in Provincial Public Health Expenditure (R'000)**

Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Current prices</b>							
Total	27 390 533	29 531 410	31 245 150	34 314 275	36 729 692	39 705 870	42 343 136
Total per person	2 558.93	2 824.11	2 955.65	3 210.49	3 398.84	3 634.48	3 835.52
Total per uninsured person	2 934.55	3 238.65	3 385.63	3 677.54	3 893.29	4 163.21	4 393.49
<b>Constant (2011/12)</b>							
Total	27 390 533	28 450 299	28 478 052	29 616 830	30 077 409	30 848 726	31 241 880
Total per person	2 465.25	2 574.00	2 693.90	2 770.99	2 783.26	2 823.74	2 829.95
Total per uninsured person	2 827.12	2 951.83	3 085.80	3 174.10	3 188.16	3 234.52	3 241.63
<b>% of Total spent on:-</b>							
DHS	42.05%	43.84%	45.88%	46.82%	47.46%	48.12%	48.77%
PHS	27.63%	27.50%	27.12%	26.85%	26.53%	26.02%	25.81%

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Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
CHS	12.19%	12.33%	12.22%	12.22%	12.29%	12.35%	12.12%
All personnel	16 886 345	18 676 776	20 014 422	21 746 397	22 517 240	23 835 971	25 019 479
Capital	2 156 923	1 867 332	1 505 879	1 324 660	1 361 970	1 663 207	1 725 449
Health as % of total public expenditure	32.37%	32.24%	32.09%	32.68%	33.71%	34.31%	34.51%

**Table 14: Conditional Grants Expenditure Trends (R'000)**

Conditional Grants R'000	Audited Actual			Estimate	Medium Term Projections		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
National Tertiary Services	1 323 114	1 415 731	1 496 427	1 530 246	1 596 286	1 696 266	1 794 649
HIV and AIDS	2 226 708	2 651 997	3 257 992	3 813 094	4 293 096	4 892 948	5 537 349
Hospital Facility Revitalisation Grant	1 176 514	1 072 529	1 362 469	1 229 775	1 156 975	1 099 898	1 163 692
Health Professions Training and Development	261 860	276 262	292 837	299 513	312 377	331 942	351 196
National Health Insurance Grant	17 115	15 520	18 399	14 408	15 083	16 027	16 957
Forensic Pathology Services	-	-	-	-	-	-	-
Human Papillomavirus Vaccine Grant	-	-	-	-	-	-	44 976
EPWP Grant for the Social Sector	3	-	2 580	13 000	13 000	-	-
<b>EPWP Incentive Grant for Provinces</b>	1 000	3 000	2 581	3 683	7 122	-	-
<b>AFCON Health and Medical Services Grant</b>	1 672	-	-	-	-	-	-
<b>Total</b>	<b>4 404 839</b>	<b>4 846 961</b>	<b>6 433 285</b>	<b>6 903 719</b>	<b>7 393 939</b>	<b>8 037 081</b>	<b>8 908 819</b>



**PART B: PROGRAMME & SUB-PROGRAMME PLANS**

- Programme 1: Administration
- Programme 2: District Health Services
- Programme 3: Emergency Medical Services
- Programme 4: Regional & Specialised Hospital Services
- Programme 5: Tertiary & Central Hospital Services
- Programme 6: Health Sciences Training
- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management

# Annual Performance Plan 2016/17 – 2018/19

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## 2. BUDGET PROGRAMME 1: ADMINISTRATION

### 2.1 Programme Purpose

Conduct the strategic management and overall administration of the Department of Health. There are no changes to the Programme structure.

#### **Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)**

Render advisory, secretarial and office support services. This sub-programme also renders secretarial support, administrative, public relations/ communication and parliamentary support.

#### **Sub-Programme 1.2: Office of the Head of Department (all Head Office Components)**

Policy formulation, overall management and administration support of the Department and the respective regions and institutions within the Department.

### 2.2 2016/17 Priorities

Priority	Focus Area
Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.	
Clean audit outcomes.	<ul style="list-style-type: none"><li>♦ Establish functional Audit Steering Committees at Head Office and Districts.</li><li>♦ Implement and monitor Audit Improvement Plan(s) including internal control assessments and compliance audits.</li><li>♦ Finalise and approve the Risk Management Strategy for implementation.</li><li>♦ Improve records and document management.</li></ul>
Improved financial management.	<ul style="list-style-type: none"><li>♦ Develop and monitor the Savings and Reprioritisation Plan including alignment of budget and service delivery priorities.</li><li>♦ Establish electronic systems to improve financial management e.g. electronic inventory management system with cash blocking (Logis); and Medicines Management Electronic System at facilities.</li><li>♦ Conduct Health Expenditure Reviews at all levels of care.</li><li>♦ Capacity development at district/ programme level and decentralise budget decision-making.</li></ul>
Improved information management.	<ul style="list-style-type: none"><li>♦ Implement and monitor the Information Management Strategy.</li><li>♦ Rollout of the web-based information system (NDOH project).</li><li>♦ Improve record and document management.</li><li>♦ Standardise/ rationalise all data collection tools.</li><li>♦ Develop and implement the approved integrated multi-disciplinary M&amp;E Model.</li></ul>
Improved SCM efficiencies.	<ul style="list-style-type: none"><li>♦ Finalise, approve and actively monitor implementation of the SCM Turn-Around Strategy and Implementation Plan.</li><li>♦ Improve contract management.</li><li>♦ Period tenders for transversal items.</li></ul>

# Annual Performance Plan 2016/17 – 2018/19

Priority	Focus Area
	<ul style="list-style-type: none"> <li>♦ Improve management of the approved annual Procurement Plan.</li> </ul>
Skilled and competent human resources for health.	<ul style="list-style-type: none"> <li>♦ Review and approval of organisational structures.</li> <li>♦ Conduct a skills audit to inform resource allocation and development of the Essential Post List.</li> <li>♦ Develop and implement induction and information programmes.</li> <li>♦ Finalise the Human Resources Long Term Plan.</li> <li>♦ Implement Phase 1 of the Decentralised Training in a PHC Model in collaboration with UKZN.</li> </ul>
Efficient Information Communication and Technology systems & processes.	<ul style="list-style-type: none"> <li>♦ Finalise and approve the ICT Governance Framework and Strategy for implementation.</li> <li>♦ Establish connectivity at health facilities as per Implementation Plan.</li> </ul>
Reduced cost of litigation.	<ul style="list-style-type: none"> <li>♦ Establish in-house mediation/ arbitration processes prior to litigation.</li> <li>♦ Improve complaints management and enhance the role of the Ombudsperson and PRO network.</li> <li>♦ Improve Clinical Governance compliance.</li> </ul>
Reduced fraud and corruption.	<ul style="list-style-type: none"> <li>♦ Finalise and implement the Fraud and Corruption Strategy and Implementation Plan.</li> </ul>
Approved Long Term Plan.	<ul style="list-style-type: none"> <li>♦ Continued consultation to finalise the Health Long Term Plan.</li> </ul>
Inter-governmental relations.	<ul style="list-style-type: none"> <li>♦ Finalise and implement the IGR Framework and Strategy.</li> </ul>
Improved management of ethics in the workplace.	<ul style="list-style-type: none"> <li>♦ Finalise the Ethics Policy for approval and establish the Ethics Office.</li> </ul>
Improved Governance.	<ul style="list-style-type: none"> <li>♦ Finalise and implement the Governance Framework (including clinical Governance).</li> <li>♦ Establish the remaining District Health Councils.</li> <li>♦ Establish Clinic and Hospital Committees and conduct training.</li> </ul>
Private Licensing.	<ul style="list-style-type: none"> <li>♦ Review and implement the Private Licensing Policy Framework.</li> </ul>
Improved Food Management Services.	<ul style="list-style-type: none"> <li>♦ Finalise and implement the Standardised Food Management Model.</li> <li>♦ Implement the FINESSE system.</li> </ul>

# Annual Performance Plan 2016/17 – 2018/19

## 2.3 Strategic Objectives, Indicators and Targets for Administration

**Table 15: 2015-2019 Strategic Plan Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 1: Strengthen health system effectiveness	1.1) Finalise integrated long term health service improvement platform	1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter	♦ Approved Provincial Long Term Plan	Long Term Plan implemented and monitored
	1.2) Improve financial management and compliance to PFMA prescripts	1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	♦ Audit opinion from Auditor-General	Unqualified opinion from 2015/16 onwards
		1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle	♦ Percentage over/ under expenditure	Expenditure within 1% of annual allocated budget
	1.3) Improve Supply Chain Management	1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year	♦ Approved Annual Procurement Plan	Approved and costed annual procurement plan
	1.4) Improve health technology and information management	1.4.1) Connectivity established at 90% public health facilities by March 2020	♦ Percentage of public health facilities with stable bandwidth connectivity	90%
		1.4.4) Reduce performance data error rate to 2% (or less) by March 2020	♦ Audit error rate (PHC clinics, CHC's)/ Audit error rate Hospitals)	2% (or less)
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.1) Long Term Human Resources Plan approved by March 2017 and implemented and monitored thereafter	♦ Approved Long Term Human Resources Plan	Long Term HRP implemented and monitored
		4.1.2) Finalise 610 post establishments by March 2020	♦ Number of post establishments finalised	610
		4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17	♦ Community Based Training in a PHC Model implemented	Implement Model



# Annual Performance Plan 2016/17 – 2018/19

**Table 16: (ADMIN2) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts</b>											
1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	1. Audit opinion from Auditor-General	Annual Report	Annual Categorical QPR	Qualification	Qualification	Qualification	2015/16 Audit not yet conducted	Unqualified	Unqualified	Unqualified	Unqualified
<b>Strategic Objective 1.4: Improve health technology and information management</b>											
1.4.1) Connectivity established at 90% public health facilities by March 2020	2. Percentage of hospitals with broadband access <sup>16</sup>	ICT database	Quarterly % QPR	Not reported	Not reported	Not reported	48%	50%	70%	80%	90%
	<i>Total number of Hospitals with minimum 2 Mbps connectivity</i>		No	-	-	-	35	37	51	58	
	<i>Total number of hospitals</i>	DHIS	No	-	-	-	73	73	73	73	
	3. Percentage of fixed PHC facilities with broadband access <sup>17</sup>	ICT database	Quarterly % QPR	Not reported	8%	44.5%*	45%	50%	70%	80%	
	<i>Number of PHC facilities that have access to at least 512 Kbps connectivity</i>		No	-	52	267	273	304	425	486	

<sup>16</sup> Stable IT network

<sup>17</sup> Stable IT network

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	Total number of fixed PHC facilities	DHIS	No		644	600*	608	608	608	608	
<b>FINANCE AND SUPPLY CHAIN MANAGEMENT</b>											
<b>Strategic Objective 1.2: Improve financial management</b>											
1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle	4. Percentage over/ under expenditure	BAS Reports	Annual %	Not reported	Not reported	0.4%	-2.4%	Expenditure within 1% of annual allocated budget	Expenditure within 1% of annual allocated budget	Expenditure within 1% of annual allocated budget	Expenditure within 1% of annual allocated budget
	Total expenditure	BAS	R'000	-	-	31 245 510	34 703 875	37 096 989 - 36 362 395	40 102 929 - 39 088 811	42 766 567 - 41 919 705	-
	Allocated budget	BAS	R'000	-	-	31 119 465	33 901 992	36 729 692	39 705 870	42 343 136	-
<b>Strategic Objective 1.3: Improve Supply Chain Management</b>											
1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year	5. Approved annual Procurement Plan	Procurement Plan	Annual Categorical	Not reported	Not reported	Yes	Yes	Yes	Yes	Yes	Annual costed Procurement plan
<b>HUMAN RESOURCE MANAGEMENT SERVICES</b>											
<b>Strategic Objective 4.1: Improve human resources for health</b>											

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
4.1.1) Long Term Human Resources Plan approved by March 2017 and implemented and monitored thereafter	6. Approved Long Term Human Resource Plan	Long Term Human Resource Plan	Annual Categorical	Not reported	Not reported	No	No	Develop and approve Long Term HR Plan	Implement & review Long Term HR Plan	Implement & review Long Term HR Plan	Long Term HRP implemented and monitored
4.1.2) Finalise 610 post establishments by March 2020 <sup>18</sup>	7. Number of post establishments finalised	HRMS - OES	Annual No	Not reported	Not reported	Not reported	WISN completed for 608 clinics	40 <sup>19</sup>	34 <sup>20</sup>	25	610
4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17	8. Implemented Community Based Training in a PHC Model	Community Based Training in a PHC Model Business Plan	Annual Categorical	Not reported	Not reported	Draft Business Plan	Business Plan finalised – preparation for Phase 1 pilot	Phase 1 pilot commence	Implement Model	Implement Model	Implement Model
4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by	9. Medical Officers per 100,000 people <sup>21</sup>	Manually Calculated	Annual No per 100,000	32	30.2	28.5	29	30	30	30	-
	<i>Number of Medical Officers posts filled</i>	<i>Persal</i>	<i>No</i>	<i>3 429</i>	<i>3 163</i>	<i>3 012</i>	<i>3 200</i>	<i>3 241</i>	<i>3 277</i>	<i>3 311</i>	-
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>Population</i>	<i>10 703 920</i>	<i>10 456 909</i>	<i>10 571 313</i>	<i>10 688 165</i>	<i>10 806 538</i>	<i>10 924 776</i>	<i>11 039 740</i>	-

<sup>18</sup> Includes macro structure (Head Office), all clinics, CHCs, hospitals, EMS, FPS

<sup>19</sup> District Hospitals (including King Dinuzulu), EMS and FPS

<sup>20</sup> Regional, Specialised, Tertiary and Central Hospitals

<sup>21</sup> Indicators 9, 10 & 11: Minimal increase in the number of staff projected based on the current moratorium on filling of posts and budget constraints - this will be reviewed year on year

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
March 2020	10. Professional Nurses per 100,000 people	Manually Calculated	Annual No per 100,000	145.5	138.9	137.7	136	136	136	136	-
	Number of Professional Nurses posts filled	Persal	No	15 579	14 527	14 556	14 550	14 697	14 857	15 014	-
	Total population	Stats SA (DHIS)	Population	10 703 920	10 456 909	10 571 313	10 688 165	10 806 538	10 924 776	11 039 740	-
	11. Pharmacists per 100,000 people	Manually Calculated	Annual No per 100,000	6.3	6.9	7.4	7.5	7.7	7.6	7.5	-
	Number of Pharmacists posts filled	Persal	No	671	718	782	832	832	832	832	-
	Total population	Stats SA (DHIS)	Population	10 703 920	10 456 909	10 571 313	10 688 165	10 806 538	10 924 776	11 039 740	-
<b>Strategic Objective 4.2: Improve Performance Management and Development</b>											
4.2.1) All personnel comply with performance management requirements from March 2016 onwards	12. Number of Hospital Managers who have signed Performance Agreements (PA's)	EPMDS database/ Signed PA's	Annual No	50	41	37	60	73	73	73	-
	13. Number of District Managers who have signed PA's	EPMDS database/ Signed PA's	Annual No	11	10	11	12	13	13	13	-
	14. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	EPMDS database/ Signed PA's	Annual %	58%	66%	78%	80%	100%	100%	100%	-
	Head Office Managers (level 13 and above) who signed PAs in reporting cycle	EPMDS database/ Signed PAs	No	29	33	39	41	50	50	50	-

# Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	<i>Number of Head Office Managers (level 13 and above)</i>	<i>Persal</i>	<i>No</i>	50	50	50	50	50	50	50	
<b>PLANNING, MONITORING &amp; EVALUATION</b>											
<b>Strategic Objective 1.1: Finalise integrated long term health service improvement platform</b>											
1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter	15. Approved Provincial Long Term Plan	Approved Provincial Long Term Plan	Annual Categorical	Draft STP	Draft STP	Draft Long Term Plan	Ongoing consultation for review of draft Long Term Plan	Approved Long term Plan implemented	Approved Long Term Plan reviewed & implemented	Approved Long Term Plan reviewed & implemented	Approved Long Term Plan reviewed & implemented
<b>Strategic Objective 1.4: Improve health technology and information management</b>											
1.4.3) M&E Framework revised and approved by March 2017	16. Approved revised M&E Framework	Approved revised M&E Framework	Annual Categorical	Approved M&E Framework	Approved M&E Framework	Revised draft of M&E Framework	Consultation to inform revised M&E Framework	Approved revised M&E Framework implemented	Implement & review M&E Framework	Implement & review M&E Framework	-
1.4.2) Improve performance data integrity by ensuring a 100% submission rate from March 2017 onwards	17. Data submission rate <sup>22</sup>	Data Management	Quarterly %	Not reported	Not reported	Not reported	99%	100% <sup>23</sup>	100%	100%	-
	<i>Number of facilities submitting complete performance data according to timeframes</i>	<i>Completeness report DHIS</i>	<i>No</i>	-	-	-	886	894 <sup>24</sup>	894	894	-
	<i>Number of facilities</i>	<i>DHIS</i>	<i>No</i>	-	-	-	894	894 <sup>17</sup>	894	894	-

<sup>22</sup> Indicator remains in APP as it is considered critical to maintain 100% performance as part of strategy to improve data quality

<sup>23</sup> The indicator remains in the APP as it is considered a critical measure to ensure data completeness and quality (unqualified audit opinion for performance information)

<sup>24</sup> Number of facilities includes all facilities rendering any health services including NGOs, satellite, specialised, state aided, etc.

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2015/16	2016/17	2017/18	
1.4.4) Reduce performance data error rate to 2% (or less) by March 2020	18. Audit error rate PHC clinics and CHC's	Data Management Audit Reports	Quarterly % No No	Not reported	Not reported	Not reported	4.1%	4% <sup>25</sup>	3%	2%	2% or less
	<i>Sum of variance between data collection tools and DHIS during audit at PHC and CHC facilities</i>	Audit Reports		-	-	-	970	-	-	-	-
	<i>Reported PHC/CHC data on DHIS</i>	DHIS		-	-	-	23 671	-	-	-	-
	19. Audit error rate Hospitals	Data Management Audit Reports	Quarterly %	Not reported	Not reported	Not reported	7%	6%	5%	4%	2% or less
	<i>Sum of variance during audit at Hospitals</i>	Audit Reports	No	-	-	-	1 405	-	-	-	-
	<i>Reported Hospital data on DHIS</i>	DHIS	No	-	-	-	20 593	-	-	-	-
<b>CORPORATE COMMUNICATION</b>											
<b>Strategic Objective 1.9: Strengthen health system effectiveness</b>											
1.9.3) Annual stakeholder analysis	20. Annual stakeholder analysis conducted	Stakeholder analysis	Annual Categorical	Not reported	Not reported	Not reported	Stakeholder analysis not completed	Stakeholder analysis completed <sup>26</sup>	Stakeholder analysis updated	Stakeholder analysis updated	-

<sup>25</sup> Indicators 18 & 19: Error rate denominators are dependent on the sum of audited records audited by different supervisors/ managers during various facility visits. It is therefore not possible to estimate the number of records audited per month/ quarter or annually. The % change is considered binding irrespective of the number of records audited

<sup>26</sup> Indicators 20 & 21: Both indicators remain in the APP as it is considered critical for stakeholder involvement and patient satisfaction

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2015/16	2016/17	2017/18	
1.9.4) Internal and external interactive communication platforms established by March 2016 and response analysed annually	21. Annual analysis of social media responses	Social Media Analysis Report	Annual Categorical	Not reported	Not reported	Not reported	Social media feedback analysed	Analysis of social media responses completed	Analysis of social media responses completed	Analysis of social media responses completed	-
<b>INFORMATION COMMUNICATION TECHNOLOGY (ICT)</b>											
<b>Strategic Objective 1.4: Improve health technology and information management</b>											
1.4.5) Finalise & implement the ICT Governance Policy & Framework by March 2017	22. Approved ICT Governance Policy and Framework	ICT Governance Policy & Framework	Annual Categorical	Not reported	Not reported	Not reported	Consultation commenced on draft Policy & Framework	Approved ICT Policy & Framework implemented	Approved ICT Policy & Framework implemented	Approved ICT Policy & Framework implemented	-
1.4.6) Implement an enterprise content management system in all public health facilities by March 2020	23. Percentage of public health facilities with an Enterprise Content Management system	Enterprise Content Management System	Annual %	Not reported	Not reported	Not reported	30%	40%	60%	80%	-
	<i>Public health facilities with an enterprise content management system</i>	<i>Facility system</i>	No	-	-	-	182	243	364	486	-
	<i>Number of public health facilities</i>	<i>DHIS</i>	No	-	-	-	608	608	608	608	-
1.4.7) Expand telemedicine to 65 functional sites by March 2020	24. Number of functional Tele-Medicine sites	Telemedicine Register	Quarterly No	37	41	41	58	60	62	64	-
<b>SPECIALISED SERVICES AND CLINICAL SUPPORT</b>											

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017	25. Approved Hospital Rationalisation Plan	Approved Hospital Rationalisation Plan	Annual Categorical	Not reported	Not reported	Not reported	Wide consultation commenced for finalisation of plan	Approved Plan implemented	Review and implement Plan	Review and implement Plan	Review and implement Plan
<b>Strategic Objective 1.10: Improve transversal services</b>											
1.10.1) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020	26. Proportion of public health facilities that scored more than 75% on the Food Service Monitoring Standards Grading System	Food Services Grading Register	Annual %	Not reported	Not reported	64%	69.4%	75%	85%	93%	-
	<i>Facilities that score more than 75% on the FSMSGs</i>	<i>Food service Grading Register</i>	No	-	-	46	50	55	62	67	-
	<i>Public Health Hospitals total</i>	<i>DHIS calculates</i>	No	-	-	72	72	73	73	73	-
	27. Number of public health facilities compliant with 2 priority Food Safety Standards	Food Service database	Annual No	Not reported	Not reported	43	55	70	73	73	-
<b>SECURITY SERVICES</b>											
<b>Strategic Objective 1.10: Improve transversal services</b>											



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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
1.10.2) 100% Public health facilities comply with security policy requirements by March 2020	28. Percentage public health facilities with access control at the gate	Facility Security Audit Results	Annual %	Not reported	Not reported	100%	75%	80%	85%	90%	-
	<i>Public health facilities with access control at the gate</i>	<i>Security audit results/ Minutes</i>	No	-	-	672	465	486	517	547	-
	<i>Total public health facilities</i>	<i>DHIS calculates</i>	No	-	-	672	608	608	608	608	-

# Annual Performance Plan 2016/17 – 2018/19

## 2.4 2016/17 Targets

**Table 17: (ADMIN3) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Audit opinion from Auditor-General	Annual	Categorical	Unqualified	-	-	-	-	Unqualified
2. Percentage of hospitals with broadband access	Quarterly Cumulative	%	50%	45%	46%	48%	50%	50%
3. Percentage of fixed PHC facilities with broadband access	Quarterly Cumulative	%	50%	45%	47%	48%	50%	50%
4. Percentage over/under expenditure	Annual	%	Expenditure within 1% of annual allocated budget	-	-	-	-	Expenditure within 1% of annual allocated budget
5. Approved annual Procurement Plan	Annual	Categorical	Yes	-	-	-	-	Yes
6. Approved Long Term Human Resources Plan	Annual	Categorical	Developed & approved Long Term HR Plan	-	-	-	-	Developed & approved Long Term HR Plan
7. Number of post establishments finalised	Annual	No	40	-	-	-	-	40
8. Implemented Community Based Training in a PHC Model	Annual	Categorical	Phase 1 pilot commenced	-	-	-	-	Phase 1 pilot commenced
9. Medical Officers per 100,000 people	Annual	No	30	-	-	-	-	30
10. Professional Nurses per 100,000 people	Annual	No	136	-	-	-	-	136
11. Pharmacists per 100,000 people	Annual	No	7.7	-	-	-	-	7.7
12. Number of Hospital Managers who have signed Performance Agreements (PA's)	Annual	No	73	-	-	-	-	73
13. Number of District Managers who have signed PA's	Annual	No	13	-	-	-	-	13
14. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	Annual	%	100%	-	-	-	-	100%
15. Approved Provincial Long Term Plan	Annual	Categorical	Implement approved Long term Plan	-	-	-	-	Implement approved Long term Plan
16. Approved revised M&E Framework	Annual	Categorical	Approved revised M&E Framework implemented	-	-	-	-	Approved revised M&E Framework implemented
17. Data submission rate	Quarterly	%	100%	100%	100%	100%	100%	100%
18. Audit error rate PHC clinics & CHC's	Quarterly	%	4%	4.1%	4.1%	4%	4%	4%

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Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
19. Audit error rate Hospitals	Quarterly	%	6%	7%	6.5%	6.5%	6%	6%
20. Annual stakeholder analysis	Annual	Categorical	Stakeholder analysis updated	-	-	-	-	Stakeholder analysis updated
21. Annual analysis of social media responses	Annual	Categorical	Analysis of social media responses completed	-	-	-	-	Analysis of social media responses completed
22. Approved ICT Governance Policy and Framework	Annual	Categorical	Approved ICT Policy & Framework implemented	-	-	-	-	Approved ICT Policy & Framework implemented
23. Percentage of public health facilities with an Enterprise Content Management system	Annual	%	40%	-	-	-	-	40%
24. Number of functional Tele-Medicine sites	Quarterly	No	60	58 (0)	58 (0)	59 (1)	60 (1)	60
25. Approved Hospital Rationalisation Plan	Annual	Categorical	Approved Plan implemented	-	-	-	-	Approved Plan implemented
26. Proportion of public health facilities that scored more than 75% on the Food Service Monitoring Standards Grading System	Annual	%	75%	-	-	-	-	75%
27. Number of public health facilities compliant with 2 priority Food Safety Standards	Annual	No	70	-	-	-	-	70
28. Percentage public health facilities with access control at the gate	Annual	%	80%	-	-	-	-	80%

## 2.5 Reconciling Performance Targets with Expenditure Trends and Budgets

**Table 18: (ADMIN4 a) Expenditure Estimates**

Sub-Programme R'000	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
MEC's Office	20 371	17 011	16 818	18 189	18 189	17 544	19 634	20 891	22 285
Management	615 392	672 078	685 107	718 930	749 959	865 776	819 401	830 789	839 155
<b>Sub-Total</b>	<b>635 763</b>	<b>689 089</b>	<b>701 925</b>	<b>737 119</b>	<b>768 148</b>	<b>883 320</b>	<b>839 035</b>	<b>851 680</b>	<b>861 440</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>635 763</b>	<b>689 089</b>	<b>701 925</b>	<b>737 119</b>	<b>768 148</b>	<b>883 320</b>	<b>839 035</b>	<b>851 680</b>	<b>861 440</b>

**Table 19: (ADMIN4 b) Summary of Payments and Estimates by Economic Classification**

Economic Classification R'000	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
<b>Current payments</b>	<b>531 385</b>	<b>610 665</b>	<b>678 837</b>	<b>615 311</b>	<b>645 790</b>	<b>757 867</b>	<b>695 434</b>	<b>732 184</b>	<b>848 863</b>
Compensation of employees	246 972	273 361	292 983	326 673	326 673	325 245	356 418	379 788	401 959
<b>Goods and services</b>	<b>284 413</b>	<b>337 290</b>	<b>385 799</b>	<b>288 638</b>	<b>319 117</b>	<b>432 552</b>	<b>339 016</b>	<b>352 396</b>	<b>446 904</b>
Communication	7 143	4 009	10 581	13 399	13 399	10 904	11 502	12 204	13 059
Computer Services	140 220	176 019	133 465	145 329	175 808	178 751	166 000	173 909	183 544
Consultants, Contractors and special services	48 780	64 856	48 159	47 127	47 127	65 760	52 858	55 302	128 764
Inventory	8 011	9 772	3 714	5 679	5 679	37 275	16 749	17 049	17 412
Operating leases	5 471	3 879	5 012	5 580	5 580	5 250	4 707	4 974	5 300
Travel and subsistence	22 714	18 829	18 047	16 000	16 000	15 570	19 190	20 033	21 061

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Economic Classification R'000	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Interest and rent on land	0	20	-	-	-	-	-	-	-
Maintenance, repair and running costs									
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	52 074	59 927	166 088	55 524	55 524	119 041	68 008	68 923	77 762
<b>Transfers and subsidies to</b>	<b>7 977</b>	<b>3 201</b>	<b>7 249</b>	<b>6 101</b>	<b>6 651</b>	<b>6 429</b>	<b>6 519</b>	<b>6 845</b>	<b>7 242</b>
Provinces and municipalities	1900	1952	3 267	3 100	3 100	3 423	3 359	3 527	3 732
Departmental agencies and accounts	0	0	-	1	1	1	1	1	1
Higher Education institutions	0	3	-	-	-	-	-	-	-
Foreign governments and international organisations	0	0	66	-	-	-	-	-	-
Non-profit institutions	0	0	-	-	-	-	3 159	3 317	3 509
Households	6 077	1 246	3 916	3 000	3 550	3 005	68 008	68 923	77 762
<b>Payments for capital assets</b>	<b>96 400</b>	<b>41 594</b>	<b>15 827</b>	<b>8 100</b>	<b>8 100</b>	<b>11 416</b>	<b>29 475</b>	<b>5 043</b>	<b>5 335</b>
Machinery and equipment	96 400	41 413	15 827	8 100	8 100	11 416	29 475	5 043	5 335
Buildings and other fixed structures	0	0	-	-	-	-	-	-	-
Land and sub-soil assets	0	0	-	-	-	-	-	-	-
Software and other tangible assets	0	181	-	-	-	-	-	-	-
Payment for financial assets	1	33 629	12	107 607	107 607	107 608	107 607	107 608	-
<b>Total economic classification</b>	<b>635 763</b>	<b>689 089</b>	<b>701 319</b>	<b>737 119</b>	<b>768 148</b>	<b>883 320</b>	<b>839 035</b>	<b>851 680</b>	<b>861 440</b>
Unauthorised expenditure (1st charge) not available for spending	0	0	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>635 763</b>	<b>689 089</b>	<b>701 319</b>	<b>737 119</b>	<b>768 148</b>	<b>852 774</b>	<b>839 035</b>	<b>851 680</b>	<b>861 440</b>

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## 2.6 Performance and Expenditure Trends

Programme 1 is allocated 2.3 per cent of the vote in 2016/17 compared with 2.6 per cent allocated in the revised estimate budget of 2015/16. The reduction in 2015/16 main appropriation and over the 2016/17 MTEF period relates to the projected forced savings from computer services and the reduced utilisation of consultants in disciplinary cases, with only complex cases to be referred to consultants. The increase in the 2015/16 Adjusted appropriation relates to R30.479 million allocated to the Department from higher than expected patient fee revenue to fund the Revenue Enhancement Strategy.

## 2.7 Risk Management

**Table 20: Risk Management**

Potential Risks	Mitigating Strategies
1. Limited funding envelope to align with actual service delivery needs, demands and priorities – especially high cost drivers e.g. ICT systems ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implementation of Reprioritisation Plan and accountability framework.</li> </ul>
2. Inadequate human resources for health to respond to service delivery demands and needs ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Develop and implement the Human Resources Long Term Plan (consultation commenced in 2015/16).</li> </ul>
<ul style="list-style-type: none"> <li>♦ Decentralised Training in a PHC Model: Readiness of service delivery platform including inadequate critical mass (appropriately skilled and competent clinical staff and moratorium on filling of posts); inadequate equipment and infrastructure e.g. student accommodation; regulatory compliance (HPCSA) of decentralised sites e.g. District Hospitals and CHCs; and internal/external communication strategy.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Established DOH/UKZN Task Team to actively drive implementation.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Organisational structures not costed and aligned with package of services.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Review of organisational structures, aligned with package of services, commenced in 2015/16.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Inability to maximise the Registrar Training Programme due to limited funding and retention of Specialists.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Review of Registrar Training Programme to align with service needs and demands.</li> </ul>
3. Escalating litigation costs ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implement Strategy and Implementation Plan (including improved Clinical Governance).</li> </ul>
4. Poor data quality and inadequate information systems and management ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implement ICT Governance and Strategy.</li> <li>♦ Performance Information Management Strategy and Implementation Plan.</li> <li>♦ Roll out of the web-based information system (National Department of Health Project).</li> </ul>
5. Poor financial and SCM management ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implementation of Finance and SCM Strategy and Implementation Plans.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Lack of automation – inadequate financial resources for automation to improve efficiencies.</li> <li>♦ Inadequate internal controls, limited capacity and poor accountability.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Robust reviews and M&amp;E.</li> </ul>



### **3. BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES**

#### **3.1 Programme Purpose**

To render Primary Health Care and District Hospital Services.

There are no changes to the structure of Programme 2.

##### ***Sub-Programme 2.1: District Management***

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods and procedures and exercising district control

##### ***Sub-Programme 2.2: Community Health Clinics***

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics

##### ***Sub-Programme 2.3: Community Health Centres***

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry

##### ***Sub-Programme 2.4: Community-Based Service***

Render a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

##### ***Sub-Programme 2.5: Other Community Services***

Render environmental, port health and part-time district surgeon services, etc.

##### ***Programme 2.6: HIV and AIDS***

Render a Primary Health Care service in respect of HIV and AIDS campaigns and special projects

##### ***Sub-Programme 2.7: Nutrition***

Render nutrition services aimed at specific target groups and combines nutrition specific and nutrition sensitive interventions to address malnutrition

##### ***Sub-Programme 2.8: Coroner Services***

Render forensic and medico legal services to establish the circumstances and causes of unnatural death

##### ***Sub-Programme 2.9: District Hospitals***

Render hospital services at General Practitioner level



# Annual Performance Plan 2016/17 – 2018/19

## 3.2 2016/17 Priorities

### Priorities

### Key Focus Areas

#### PRIMARY HEALTH CARE

Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.

- Scale up PHC re-engineering.
- Increase coverage of School, Ward Based Outreach, Mental Health and District Clinical Specialist Teams.
    - Scale up integrated programmes for health promotion, early screening, detection and referral, and health promoting schools and homes prioritizing the 169 wards worst affected by poverty in line with the Poverty Eradication Master Plan.
  - Develop and monitor a dashboard for Non-Communicable Disease priorities and focus areas.
  - Implement the Ideal Clinic Realisation and Maintenance (ICRM) Strategy and Implementation Plan including skills audit and mentorship programme(s); leadership development for supervisory managers and clinic teams; and self-assessments/ peer reviews.
  - Develop and approve the Disability & Rehabilitation Strategy and Implementation Plan based on resolutions of the Disability Conference in 2015.
  - Continue integration of household interventions through OSS.
    - Conduct an audit of war rooms commencing in Zululand and Amajuba to inform improvement strategies.
    - Develop a ward-based project database to improve integration.
  - Finalise and approve the Malaria Elimination Strategy and Implementation Plan for implementation.

#### MATERNAL, CHILD & WOMEN'S HEALTH

- Child Health.
- The 1<sup>st</sup> 1 000 Days: Promotion of the use of the Road to Health Chart (RTHC) and package of services in Early Childhood Development Centres.
  - Focus on Phila Mntwana for health promotion.
  - Accreditation of Neonatal services.
  - Implement the Global Polio Eradication Programme.
- Women's Health.
- Promote dual protection.
  - Promote access to safe Choice on Termination of Pregnancy services.
  - Scale up the Phila Ma cancer of the cervix programme.
- Maternal Health – Siyanqoba Project.
- Implement the partogram quality improvement programme.
  - Integration of HIV, TB and other programmes.
  - Promote early booking for antenatal care – community-based pregnancy screening.
  - Develop safe caesarian section hospitals.
  - Linking of antenatal and postnatal clients with CCGs to improve follow-up.
- Prevention of Mother to Child Transmission of HIV.
- Family Planning (FP) services including:
    - Full comprehensive package of FP offered in all consulting rooms including all ART sites.
    - Re-training on counselling for Implanon and other FP methods with provision of job aids.

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## Priorities

### Key Focus Areas

- Management of STI's especially before insertion of Intra Uterine Device.
- FP promoters (ENA's trained and provided with tools for information).
- Early booking for antenatal care including:
  - Community screening for early pregnancy.
  - Community awareness campaigns through dialogues and events.
  - Introducing a reward system in partnership with local supermarkets.
- Advocacy, community mobilization and communication.

## HIV, AIDS AND TB

HIV testing services.

- Health counselling and testing at Ward level through OSS and strengthening of Ward Based Outreach Teams.
- Scale up of Hlola Manje campaigns.
- Scale up of Provider Initiated Counselling and Testing.
- Prioritise key populations such as truck-drivers, commercial sex workers, etc.

Access to ARV treatment.

- Accelerate NIMART training.
  - Implement Cryptococcal Antigen Screening.
- Decentralise care to stable ART patients at community level through the establishment of community based chronic clubs and support groups.
- Increase partnerships with business for the establishment of wellness centres.
- Establish youth adherence/ support clubs in collaboration with Adolescent and Youth Friendly services.
- Improve implementation of Child ART Initiation Policy, integration into IMCI and Well Baby clinics.
  - Alignment to Ideal Clinic Realisation and Maintenance streams.

Male Medical Circumcision.

- Increase peer mobilisers starting at institutions of higher education targeting youth.
- Intensify information and social mobilisation particular for older men and establishing Men's Health clinics in hospitals.
- Contracting of General Practitioners.
- Increased focus on behaviour change campaigns.
- Establish additional high volume sites.
  - Advocacy, community mobilization and communication.

## NUTRITION

Reduce malnutrition and obesity.

- Finalise and implement the Malnutrition and Obesity Strategy and Implementation Plan.
- Conduct profiling of all households in collaboration with OSS.
- Promotion of healthy lifestyles including nutrition, prevention of smoking and substance abuse, safe sex practice, and physical activity.
- Promotion of the Road to Health Card (RTHC) and growth monitoring.
- Strengthening Phila Mntwana sites.

## DISTRICT HOSPITALS

Improve quality of services.

- Scale up implementation of the National Core Standards, self-assessments and peer reviews, and development and monitoring of Quality Improvement Plans.
- Implement the Clinical Governance Framework once finalised.
- Phased allocation of back-up generators at facilities.

# Annual Performance Plan 2016/17 – 2018/19

## Priorities

Improve District Hospital efficiencies.

## Key Focus Areas

- Develop and approve the Hospital Rationalisation Plan.
- Conduct a review of hospital efficiencies to inform classification, package of services and complexing of hospitals.
- Review of Step-Down, Rehabilitation, Palliative Care, Dental and Optometry services to inform Rationalisation Plan.
- Implement the approved revised Referral Policy.
- Establish 72hr Observation facilities for Mental Health in 11 identified District Hospitals in line with Infrastructure Development Plan.
- Continuing professional development; in- and out-reach; use of e-health and telemedicine.
- NHLS gate keeping system implemented in a phased approach.

Strengthen leadership and governance.

- ♦ Implement the approved Governance Framework and Development Programme.
- ♦ Conduct a District Hospital Management competency assessment to inform professional development.
- ♦ Effective implementation of performance management and development.
- ♦ Induction training and development programmes for Hospital Board members and community dialogues.

**Sub-Programme: District Health Services (DHS)**

**3.3 Service Delivery Platform for DHS**

**Table 21: (DHS1) District Health Service Facilities by Health District - 2014/15**

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility or per Hospital bed	PHC Headcount or Inpatient Separations	Per capita utilisation
Ugu	Non fixed clinics	17	741 540	13 241	222 593	3.4
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	54			1 984 167	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	54			1 984 167	
	CHCs	2			320 671	
	<b>Subtotal fixed clinics + CHC's</b>	<b>56</b>			<b>2 304 838</b>	
	District Hospitals	3		108.8	35 873	69.4%
Umgungundlovu	Non fixed clinics	17 <sup>27</sup>	1 069 658	20 182	418 220	3.0
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	50			2 093 728	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	50			2 093 728	
	CHCs	3			656 409	
	<b>Sub-total fixed clinics + CHC's</b>	<b>53</b>			<b>2 750 137</b>	
	District Hospitals	2		52.4	29 941	79.6%
Uthukela	Non fixed clinics	14	689 122	18 134	282 807	2.6
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	37			1 361 396	
	Fixed clinics operated by NGO's	1			4 478	
	Total fixed clinics	38			1 365 874	
	CHCs	1			145 683	
	<b>Sub-total fixed clinics + CHC's</b>	<b>39</b>			<b>1 511 557</b>	
	District Hospitals	2		67.1	19 949	63.7%
Umzinyathi	Non fixed clinics	12	518 409	10 164	191 058	3.0
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	49			1 323 095	
	Fixed clinics operated by NGO's	1			28 688	
	Total fixed clinics	50			1 351 783	
	CHCs	1			9 703	

<sup>27</sup> Includes 1 incorrectly classified as municipal

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Health District	Facility Type	Number of facilities	Total population	Population per PHC facility or per Hospital bed	PHC Headcount or Inpatient Separations	Per capita utilisation
	<b>Sub-total fixed clinics + CHC's</b>	<b>51</b>			<b>1 361 486</b>	
	District Hospitals	4		222.6	37 327	53.6%
Amajuba	Non fixed clinics	8	514 977	20 599	101 433	2.6
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	25			1 219 715	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	25			1 219 715	
	CHCs	-			-	
	<b>Sub-total fixed clinics + CHC's</b>	<b>25</b>			<b>1 219 715</b>	
	District Hospitals	1			10.1	
Zululand	Non fixed clinics	19 <sup>28</sup>	834 251	11 750	266 897	2.7
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	69			1 877 813	
	Fixed clinics operated by NGO's	1			3 231	
	Total fixed clinics	70			1 881 044	
	CHCs	1			96 256	
	<b>Sub-total fixed clinics + CHC's</b>	<b>71</b>			<b>1 977 300</b>	
	District Hospitals	5			152.6	
Umkhanyakude	Non fixed clinics	18 <sup>29</sup>	643 759	11 294	361 407	3.4
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	57			1 836 925	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	57			1 836 925	
	CHCs	0			-	
	<b>Sub-total fixed clinics + CHC's</b>	<b>57</b>			<b>1 836 925</b>	
	District Hospitals	5			191.7	
Uthungulu	Non fixed clinics	21 <sup>30</sup>	947 925	15 289	308 957	3.0
	Fixed clinics operated by Local Government	2			319 862	
	Fixed clinics operated by Provincial Government	59			1 992 929	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	61			2 312 791	
	CHCs	1			238 393	
	<b>Sub-total fixed clinics+ CHC's</b>	<b>62</b>			<b>2 551 184</b>	
	District Hospitals	6			124.7	

<sup>28</sup> Including 2 Stated Aided mobiles

<sup>29</sup> Including 1 Stated Aided mobile

<sup>30</sup> Includes 2 health posts and 2 State-aided mobiles

## Annual Performance Plan 2016/17 – 2018/19

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility or per Hospital bed	PHC Headcount or Inpatient Separations	Per capita utilisation
Ilembe	Non fixed clinics	11	640 790	17 799	165 629	3.2
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	34			1 444 027	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	34			1 444 027	
	CHCs	2			424 167	
	<b>Sub-total fixed clinics</b>	<b>36</b>			<b>1 868 194</b>	
	District Hospitals	3		59.6	13 182	56.5%
Harry Gwala	Non fixed clinics	18 <sup>31</sup>	478 536	11 963	230 279	2.9
	Fixed clinics operated by Local Government	-			-	
	Fixed clinics operated by Provincial Government	39			1 094 120	
	Fixed clinics operated by NGO's	-			-	
	Total fixed clinics	39			1 094 120	
	CHCs	1			77 521	
	<b>Sub-total fixed clinics</b>	<b>40</b>			<b>1 171 641</b>	
	District Hospitals	4		149.6	32 977	64.9%
eThekweni	Non fixed clinics	36	3 492 345	31 462	367 531	2.9
	Fixed clinics operated by Local Government	57			2 643 374	
	Fixed clinics operated by Provincial Government	44			4 059 373	
	Fixed clinics operated by NGO's	10			1 63 831	
	Total fixed clinics	111			6 866 578	
	CHCs	8			2 598 304	
	<b>Sub-total fixed clinics</b>	<b>119</b>			<b>9 464 882</b>	
	District Hospitals	3 <sup>32</sup>		19.2	35 952	74.5%
KwaZulu-Natal	Non fixed clinics	184	10 571 313	17 618	2 848 318	2.9
	Fixed clinics operated by Local Government	59			2 963 236	
	Fixed clinics operated by Provincial Government	517			20 287 488	
	Fixed clinics operated by NGO's	12			200 228	
	<b>Total fixed clinics</b>	<b>588</b>			<b>23 450 952</b>	
	CHCs	20			4 394 635	
	<b>Sub-total fixed clinics</b>	<b>608</b>			<b>4 845 589</b>	
	District Hospitals	38		80.37	339 195	62.1%

<sup>31</sup> Includes 5 health posts

<sup>32</sup> McCords Hospital is included in this figure as it is classified as a District Hospital however for the period 2014/15 it operated as a Step Down facility. St Mary's Marianhill, a State-Aided hospital has also been included

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## 3.4 Situation Analysis Indicators for District Health Services

**Table 22: (DHS2) Situation Analysis Indicators - 2014/15 <sup>33</sup>**

Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	%	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
<i>Number of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>Number of fixed PHC facilities that conducted an assessment against the ideal clinic dashboard to date in the financial year</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
2. Client Satisfaction Survey Rate (PHC)	%	71.5%	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
<i>Total number of fixed PHC facilities that conducted a Client Satisfaction Survey Rate to date in the current financial year</i>	No	429	-	-	-	-	-	-	-	-	-	-	-

<sup>33</sup> (\*) Denotes data that changed after tabling of the Annual Report

## Annual Performance Plan 2016/17 – 2018/19

Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
Total number of fixed PHC facilities	No	608	56	53	39	51	25	71	57	62	36	40	119
3. Client Satisfaction Rate (PHC)	%	88%	79%	87%	91%	100%	80%	89%	92%	84%	86%	85%	96%
Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year	No	11 124	677	78	391	220	448	1 749	1 030	1 504	2 349	338	2 340
Total number of clients that participated in survey to date in the current financial year	No	12 609	860	90	430	220	560	1 960	1 120	1 795	2 740	400	2 434
4. Outreach household registration visit coverage (annualised)	No	4.1%	0.02%	0.2%	2.4%	10.2%	10.4%	1.6%	0%	9.2%	1.7%	2.15	5.3%
Outreach household registration visit	%	103 852	39	441	3 598	11 543	11 523	2 489	Data not available	18 719	2 694	2 395	50 420
Number of households in the population	No	2 539 430	179 440	272 666	147 286	113 469	110 963	157 748	128 195	202 976	157 692	112 282	956 713
5. Number of districts with fully fledged district clinical specialist teams (DCST's)	No	0 complete teams – 9 teams with all nurse posts filled	0 complete team 1 complete nursing components in teams	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled	0 complete team	0 complete team – all nurse posts filled	0 complete team – all nurse posts filled



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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilebe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
6. PHC utilisation rate (annualised)	Rate	2.9	3.4	3.0	2.6	3.0	2.6	2.7	3.4	3.0	3.2	2.9	2.9
<i>PHC headcount total</i>	No	31 232 092	2 532 251	3 169 491	1 794 364	1 552 544	1 321 148	2 266 105	2 198 332	2 860 141	2 033 823	1 404 242	10 099 651
<i>Population total</i>	No	10 571 313	741 540	1 069 658	689 122	518 409	514 977	834 251	643 759	947 925	640 790	478 536	3 492 345
7. Complaint resolution rate <sup>34</sup>	%	77.3%	81.8%	71.9%	50.0%	43.9%	66.7%	73.1%	75.7%	75.2%	78.3%	51.5%	89.3%
<i>Complaint resolved</i>	No	3 689*	283	376	68	36*	116	422	364	315	245	101	1 363
<i>Complaint received</i>	No	4 774	346	523	136	82	174	577	481	429	313	196	1 526
8. Complaint resolution within 25 working days rate	%	90.7%	87.3%	89.9%	91.1%	97.3%	96.6%	80.6%	85.4%	91.4%	95.9%	85.1%	94.9%
<i>Complaint resolved within 25 working days</i>	No	3 348	247	338	62	36	112	340	311	288	235	86	1 293
<i>Total number complaint resolved</i>	No	3 690	283	376	68	37	116	422	364	315	245	101	1 363

<sup>34</sup> Includes all PHC facilities (fixed, mobile, State Aided and LG)

# Annual Performance Plan 2016/17 – 2018/19

## 3.5 Strategic Objectives, Indicators and Targets

**Table 23: 2015-2019 Strategic Plan Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
<b>Life Expectancy</b>				
Strategic Goal 2: Reduce and manage the burden of disease	2.1) Increase life expectancy at birth	2.1.1) Increase the total life expectancy to 60.5 years by March 2020	• Life expectancy at birth: Total	60.5 years (increase of 3.6 years from 2014)
		2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	• Life expectancy at birth: Male	58.4 years (increase of 4 years from 2014)
		2.1.3) Increase the life expectancy of females to 62.7 years by March 2020	• Life expectancy at birth: Female	62.7 years (increase of 3.3 years from 2014)
<b>Primary Health Care</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.5) Accelerate implementation of PHC re-engineering	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum	• OHH registration visit coverage (annualised)	90%
		1.5.2) Increase the number of ward based outreach teams to 190 by March 2020	• Number of ward based outreach teams (cumulative)	190
		1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020	• PHC utilisation rate (annualised)	3.1
		1.5.4) Increase the PHC utilisation rate under 5 years to 4.8 visits per child by March 2020	• PHC utilisation rate under 5 years (annualised)	4.8
	1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation & Maintenance	1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020	• Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	100%
Strategic Goal 5: Improved quality of health care	5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	• Client satisfaction rate	95% (or more)

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**Table 24: (DHS3) Strategic Objectives, Indicators & Targets**

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM</b>											
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020	1. Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	Ideal Clinic Dashboard	Quarterly % QPR	Not reported	Not reported	Not reported	10.1%	40% <sup>35</sup>	60%	80%	100%
	<i>Number of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard</i>	Assessment Reports	No	-	-	-	42	238	356	486	-
	<i>Number of fixed PHC facilities that conducted an assessment using the Ideal Clinic Dashboard to date in the financial year</i>	Assessment Reports	No	-	-	-	416	609	609	609	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.5) Sustain a 100% client satisfaction survey (CSS) rate in all public health facilities from March 2016 onwards	2. Client satisfaction survey rate (PHC facilities)	DHIS/ QA database/ CSS forms	Quarterly % QPR	Not reported	60%	71.5%	30.8%	100% <sup>36</sup>	100%	100%	-
	<i>Total number of fixed PHC facilities that conducted a CSS to date in the current financial year</i>	CSS evidence	No	Not reported	353	429	185	609	609	609	-
	<i>Total number of fixed PHC facilities</i>	DHIS	No	Not reported	588	600	608	609	609	609	-

<sup>35</sup> Steep target justified by intensified ICRM strategy to comply with the national directive for this Ministerial Project (Operation Phakisa ICRM)

<sup>36</sup> Steep target justified by intensified strategy for compliance to National Core Standards - improve and monitor client satisfaction with public health services

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	3. Client satisfaction rate (PHC)	DHIS/ QA database/ CSS results	Annual % QPR	Not reported	Not reported	88%	83%	85%	88%	90%	95% or more
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS results	No	-	-	11 124	9 782	10 625	11 875	11 875	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS forms	No	-	-	12 609	11 785	12 500	12 500	12 500	-
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum	4. Outreach household registration visit coverage (annualised)	DHIS	Quarterly % QPR	Not reported	35.3% <sup>37</sup>	4.1%	6%	25% <sup>38</sup>	35%	40%	50%
	<i>Outreach households registration visit</i>	DHIS/ Outreach Registers WBOT	No	-	40 092	103 852	151 914	634 858	888 800	1 015 772	-
	<i>Households in the population</i>	Stats SA (projections)	No	-	113 495	2 539 430	2 539 430	2 539 430	2 539 430	2 539 430	-

<sup>37</sup> Module introduced in DHIS in October 2013 – annual data is incomplete

<sup>38</sup> Community-based data is still under-reported hence significant increase in target (making provision for updated and more complete data). This forms an integral part of re-prioritisation of PHC re-engineering. Household data is dependent on Stats SA projections and projections therefore use the same denominator that will be reviewed year on year based on projections

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
1.5.5) Maintain 4 complete District Clinical Specialist Teams and the remaining 7 teams with all nursing posts filled from March 2019 onwards	5. Number of districts with fully fledged District Clinical Specialist Teams <sup>39</sup>	District Management Appointment letters/ Persal	Quarterly Number QPR	0 Districts	0 Districts	0 Districts	0 Districts	2 Districts	3 Districts	4 Districts	-
1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020	6. PHC utilisation rate (annualised)	DHIS	Quarterly No QPR	2.9	3.1*	2.9	3.0	3.0	3.0	3.0	3.1
	<i>PHC headcount total</i>	<i>DHIS/ PHC tick register</i>	No	31 110 527	31 641 638*	31 232 092	31 410 546	31 694 887	32 013 836	32 323 974	-
	<i>Population total</i>	<i>DHIS/ Stats SA</i>	<i>Population</i>	10 703 920	10 456 909	10 571 313	10 688 165	10 806 538	10 924 776	11 039 740	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2019 onwards	7. Complaint resolution rate	DHIS	Quarterly % QPR	75%	76.8%	77.3%	80%	85% <sup>40</sup>	90%	95%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	3 344	3 394	3 690	3 906	4 157	4 320	4 275	-
	<i>Complaint received</i>	<i>Complaints Register</i>	No	4 456	4 420	4 774	4 882	4 890	4 800	4 750	-
5.1.7) Sustain a 85% (or more) complaint resolution within	8. Complaint resolution within 25 working days rate	DHIS	Quarterly % QPR	Not reported	88.7%*	90.7%	94.8%	95%	95%	95%	-

<sup>39</sup> Recruitment of specialists (especially Anaesthetists) and high turn-over rate of specialists remains a significant challenge hence the low targets annually. Clinical support in districts without a fully-fledged team will be provided by fully fledged teams (from other districts) or from identified Regional/ Tertiary Hospitals

<sup>40</sup> The denominator (complaints received) is difficult to estimate as it is dependent on various variables including increased awareness of patient rights, patients exercising their rights to complain about service delivery, appropriate systems and processes to manage complaints appropriately. The % resolution rate is considered binding irrespective of number of complaints received

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
25 working days rate in all public health facilities from March 2018 onwards	Complaint resolved within 25 working days	Complaints Register	No	-	3 013*	3 348	3 704	4 074	4 104	4 061	-
	Complaint resolved	Complaints Register	No	-	3 394	3 690	3 906	4 157	4 320	4 275	-
<b>Strategic Objective 2.1: Increase life expectancy at birth</b>											
2.1.1) Increase the total life expectancy to 60.5 years by March 2020	9. Life expectancy at birth - Total	Stats SA mid-year estimates	Annual Years	52.6 years	56 years	56.9 years	57.7 years <sup>41</sup>	59.3 years	60.0 years	60.2 years	60.5 years
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	10. Life expectancy at birth - Male	Stats SA mid-year estimates	Annual Years	50 years	53.4 years	54.4 years	57 years	57.1 years	57.9 years	58.1 years	58.4 years
2.1.3) Increase the life expectancy of females to 62.7 years by March 2020	11. Life expectancy at birth - Female	Stats SA mid-year estimates	Annual Years	55.2 years	58.7 years	59.4 years	58.4 years	61.4 years	62.1 years	62.4 years	62.7 years
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.4) Increase the PHC utilisation rate under 5 years to 4.8 visits per child by March 2020	12. PHC utilisation rate under 5 years (annualised)	DHIS	Quarterly No	4.7	4.4	4.4	4.7	4.7	4.7	4.8	4.8
	PHC headcount under 5 years	DHIS/ PHC tick register	No	5 173 787	5 113 307*	5 064 825	5 430 574	5 371 526	5 318 278	5 381 640	-
	Population under 5 years	DHIS/ Stats SA	No	1 104 893	1 171 910	1 164 382	1 154 059	1 142 878	1 132 753	1 121 175	-
1.5.6) Increase the expenditure	13. Expenditure per PHC headcount	DHIS/ BAS	Quarterly R	R 221	R 227	R 275	R 327	R 347	R 370	R 380	-

<sup>41</sup> Indicators 11 – 13: Life expectancy sourced from Stats SA Mid-year Estimates (July 2015) – baseline years not adjusted to the 2015 estimates

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
per PHC headcount to R 380 by March 2019	Total expenditure PHC (Sub-Programme 2.2-2.7)	BAS	R'000	6 567 175	7 196 511	8 599 800	10 331 855	10 990 260	11 853 347	12 278 686	-
	PHC headcount total	DHIS	No	31 110 527	31 888 199	31 232 092	31 410 546	31 694 887	32 013 836	32 323 974	-
1.5.7) Increase School Health Teams to 290 by March 2020	14. Number of School Health Teams (cumulative)	District Management /Persal	Quarterly No	147	176	170	183	206	255	270	-
1.5.2) Increase the number of ward based outreach teams to 190 by March 2020	15. Number of Ward Based Outreach Teams <sup>42</sup> (cumulative)	District Management /Persal	Quarterly No	45	84 <sup>43</sup>	74 <sup>44</sup>	111	125	152	175	190
1.5.8) Increase the accredited Health Promoting Schools to 350 by March 2020	16. Number of accredited Health Promoting Schools (cumulative)	Health Promotion database	Quarterly No	247	247	278	283	300	325	337	-
<b>Strategic Objective 5.2: Improve quality of care</b>											
5.2.5) Improve efficiencies in dental health by reducing the dental extraction to restoration ratio to less than 12:1 by March 2020	17. Dental extraction to restoration ratio	DHIS	Quarterly No	16:1	17:1	19:1	18:1	16:1	15:1	14:1	-
	Tooth extraction	DHIS/ Tick Register	No	474 838	512 888	559 020	547 402	489 328	472 500	454 230	-
	Tooth restoration	DHIS/ Tick Register	No	29 161	30 089	29 444	29 692	30 583	31 500	32 445	-

<sup>42</sup> The 169 wards worst affected by poverty will be targeted first as part of the Poverty Eradication Master Plan

<sup>43</sup> Includes 33 fully staffed and 51 partially staffed teams

<sup>44</sup> All appointed teams not fully functional (inadequate allocated vehicles, teams not adequately staffed due to staff turnover, etc.)

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## 3.6 2016/17 Targets

**Table 25: (DHS4) Quarterly and Annual Targets 2016/17 <sup>45</sup>**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	Quarterly	%	40% cum	15% (4.9%)	20% (5%)	30% (10%)	40% (10%)	40%
2. Client Satisfaction Survey rate (PHC)	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Client satisfaction rate (PHC)	Annual	%	85%	-	-	-	-	85%
4. Outreach household registration visit coverage (annualised)	Quarterly	%	25%	6.3%	12.6%	18.9%	25%	25%
5. Number of districts with fully fledged district clinical specialist teams	Quarterly	No	2	0	0	1 (1)	1 (2)	2
6. PHC utilisation rate (annualised)	Quarterly	No	3.0	3.0	3.0	3.0	3.0	3.0
7. Complaint resolution rate	Quarterly	%	85%	80%	80%	83%	85%	85%
8. Complaint resolution within 25 working days rate	Quarterly	%	95%	94.5%	95%	95%	95%	95%
9. Life expectancy at birth: Total	Annual	Years	59.3 years	-	-	-	-	59.3 years
10. Life expectancy at birth: Male	Annual	Years	57.1 years	-	-	-	-	57.1 years
11. Life expectancy at birth: Female	Annual	Years	61.4 years	-	-	-	-	61.4 years
12. PHC utilisation rate under 5 years (annualised)	Quarterly	No	4.7	4.7	4.7	4.7	4.7	4.7
13. Expenditure per PHC headcount	Quarterly	Rand	R 347	R 330	R 335	R 340	R 347	R 347
14. Number of School Health Teams (cumulative)	Quarterly	No	206	189 (6)	195 (6)	200 (5)	206 (6)	206 (23)
15. Number of Ward-Based Outreach Teams (cumulative)	Quarterly	No	125	116 (5)	120 (4)	123 (3)	125 (2)	125 (14)
16. Number of accredited Health Promoting Schools (cumulative)	Quarterly	No	300	287 (4)	292 (5)	295 (3)	300 (5)	300 (17)
17. Dental extraction to restoration ratio	Quarterly	Ratio	16:1	18:1	18:1	17:1	16:1	16:1

<sup>45</sup> Totals in brackets under quarterly targets indicate the estimated quarterly performance (where not annualised)



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## Sub-Programme: District Hospitals

### 3.7 Situation Analysis Indicators for District Hospitals

Table 26: (DHS5) Situation Analysis Indicators - 2014/15<sup>46</sup>

Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. National core standards self-assessment rate	%	44.9%	33.3%	0%	0%	100%	100%	40%	40%	16.7%	66.7%	75%	50%
<i>Number of District Hospitals that conducted national core standards self-assessment to date in the current financial year</i>	No	17	1	0	0	4	1	2	2	1	2	3	1
<i>District Hospitals total</i>	No	37 <sup>47</sup>	3	2	2	4	1	5	5	6	3	4	2
2. Quality Improvement Plan after self-assessment rate	%	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported

<sup>46</sup> (\*) denotes data that changed since tabling of the Annual Report

<sup>47</sup> Excludes State Aided Hospitals

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathini 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>Number of District Hospitals that developed a quality improvement plan to date in the current financial year</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>Number of District Hospitals that conducted national core standard self-assessment to date in the current financial year</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<i>Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i>	No	0	0	0	0	0	0	0	0	0	0	0	0

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhazanyathole 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>Number of District Hospitals that conducted national core standards self-assessment to date in the current financial year</i>	No	24	1	0	0	4	1	2	2	1	2	3	1
4. Client Satisfaction Survey Rate	%	83.8%	100%	50%	100%	100%	100%	80%	80%	83.3%	66.7%	75%	100%
<i>Total number of District Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	No	31	3	1	2	4	1	4	4	5	2	3	2
<i>Total number of District Hospitals</i>	No	37	3	2	2	4	1	5	5	6	3	4	2
5. Client Satisfaction Rate	%	75%	84%	97%	82%	62%	80%	83%	95%	83%	64%	88%	39%
<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	No	5 222	869	398	392	160	18	633	254	1 377	281	350	490
<i>Total number of clients that participated in survey to date in the current financial year</i>	No	6 974	1 030	410	480	260	20	767	267	1 655	440	400	1 245

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathu 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
6. Average length of stay	Days	5.8 days	5.7 days	5.6 days	5.4 days	6.1 days	4.8 days	5.9 days	6 days	6.2 days	6 days	5.1 days	6.1 days
<i>Inpatient days - total</i>	No	1 972 507	204 388	165 378	107 352	226 380	11 452	304 473	272 231	215 833	78 511	169 255	217 254
<i>Day patients</i>	No	11 392	152	1 872	384	398	856	978	131	255	480	603	5 283
<i>Inpatient separations</i>	No	339 195	35 873	29 941	19 949	37 327	2 456	51 864	45 113	34 561	13 182	32 977	35 952
7. Inpatient bed utilisation rate	%	62.1%	69.4%	79.6%	63.7%	53.6%	62.6%	67%	60.2%	50%	56.5%	64.9%	74.5%
<i>Inpatient days - total</i>	No	1 972 507	204 388	165 378	107 352	226 380	11 452	304 473	272 231	215 833	78 511	169 255	217 254
<i>Day patients</i>	No	11 392	152	1 872	384	398	856	978	131	255	480	603	5 283
<i>Inpatient bed days available</i>	No	3 057 240	294 555	208 415	168 995	421 210	18 980	464 645	454 060	440 920	139 430	261 340	184 690
8. Expenditure per PDE	R	R 2 032	R 1 669	R 1 660	R 1 827	R 1 982	R 2 053	R 1 851	R 1 855	R 1 753	R 2 302	R 1 917	R 3 996 <sup>48</sup>
<i>Expenditure total</i>	R'000	R 5 695 230	R 496 642	R 449 937	R 291 094	R 617 437	R 69 185	R 787 923	R 694 623	R 594 969	R 257 606	R 443 822	R 987 463
<i>Patient day equivalent</i>	No	2 803 295	297 650	271 083	159 298	311 447	33693	425 710	374 446	339 368	111 927	231 552	247 121
9. Complaint resolution rate	%	70.5%	93.4%	79.8%	28.3%	44.4%	100%	56.2%	55.7%	84.9%	81.9%	65.9%	97.5%
<i>Complaint resolved</i>	No	1 863*	225	197	64	80	10	100	259	383	95*	137	313
<i>Complaint received</i>	No	2 643	241	247	226	180	10	178	465	451	116	208	321
10. Complaint resolution within 25 working days rate	%	92.1%	96%	87.8%	89.1%	38.8%	100%	76%	93.4%	96.6%	98.9%	97.1%	100%

<sup>48</sup> Expenditure captured under budgetary code 2.9 for other categories of hospitals is included here hence the over inflated figure

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Indicators	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathu 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
Complaint resolved within 25 working days	No	1 716	216	173	57	31	10	76	242	370	95	133	313
Complaint resolved	No	1 864	225	197	64	80	10	100	259	383	96	137	313

## 3.8 Strategic Objectives, Indicators and Targets

**Table 27: 2015-2019 Strategic Plan Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 1: Strengthen health system effectiveness	1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	♦ Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017	♦ Approved Hospital Rationalisation Plan	Approved Plan implemented
Strategic Goal 5: Improved quality of health care	5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	♦ Client satisfaction rate	95% (or more)
		5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	♦ Percentage of hospitals compliant with all extreme and vital measures of the national core standards	60% (or more)

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**Table 28: (DHS6) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National core standards self-assessment rate	DHIS/ QA database/ Self-assessment records	Quarterly % QPR	94.6%	100%	45.9%	63.2%	100% <sup>49</sup>	100%	100%	-
	<i>Number of District Hospitals that conducted national core standard self-assessments to date in the current financial year</i>	NCS Assessment records	No	35	37	17	24	38	38	38	-
	<i>District Hospitals total</i>	DHIS	No	37	37	37 <sup>50</sup>	38 <sup>51</sup>	38 <sup>51</sup>	38	38	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by	2. Quality improvement plan after self-assessment rate	DHIS/ QA database/ QIP's	Quarterly % QPR	Not reported	81%	Data not available	62.5%	100%	100%	100%	-
	<i>Number of District Hospitals that developed a quality improvement plan to date in the current financial year</i>	QIP's	No	-	30	-	15	38	38	38	-

<sup>49</sup> Indicators 1 & 2: Idealistic targets based on intensified strategies to increase compliance to the National Core Standards

<sup>50</sup> Excluded State Aided Hospitals

<sup>51</sup> McCords Hospital excluded as it provides Specialised Eye Care services. King Dinuzulu Hospital (with 400 commissioned Level 1 beds) has been added to District Hospitals to improve analysis of Level 1 activity (it will also impact on more accurate data for Specialised TB Hospitals)

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
March 2017	<i>Number of District Hospitals that conducted national core standard self-assessments to date in the current financial year</i>	<i>NCS self-assessment records</i>	No	-	37	-	24	38	38	38	-
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standard by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ NCS assessment records	Quarterly % QPR	Not reported	Not reported	0%	0%	21%	39%	53%	60% or more
	<i>Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i>	<i>NCS assessment records</i>	No	-	-	0	0	8	15	20	-
	<i>Number of District Hospitals that conducted national core standards self-assessments to date in the current financial year</i>	<i>NCS self-assessment records</i>	No	-	-	0	24	38	38	38	-



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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
5.1.5) Sustain a 100% Client Satisfaction Survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ CSS questionnaires	Quarterly % QPR	83.8%	83.8%	83.8%	84%	100% <sup>52</sup>	100%	100%	-
	<i>Total number of District Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	CSS questionnaires	No	31	31	31	32	38	38	38	-
	<i>Total number of District Hospitals</i>	DHIS	No	37	37	37	38	38	38	38	-
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ CSS results	Annual % QPR	Not reported	88.4%	75%	80%	90%	95%	95%	95% or more
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS evidence	No	-	7 144	5 222	50 508	6 300	6 650	6 650	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS evidence	No	-	8 100	6 974	63 135	7 000 <sup>53</sup>	7 000	7 000	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											

<sup>52</sup> All facilities are required to conduct annual Client Satisfaction Surveys as part of implementation of the National Core Standards and to improve client satisfaction with public health facilities

<sup>53</sup> Sample size not standardised (taking into account headcounts at facilities) therefore difficult to project the numerator and denominator – the % satisfaction however binding irrespective of headcounts

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	6. Average length of stay - total	DHIS	Quarterly Days QPR	5.6 Days	5.8 Days	5.8 Days	6.3 Days	6 Days	6.4 Days <sup>54</sup>	6.9 Days	-
	<i>In-patient days - total</i>	<i>Midnight census</i>	No	1 968 788	1 986 431	1 972 507	2 104 148	2 168 789	2 242 039	2 292 039	-
	<i>Day patients</i>	<i>Admission/ Discharge Register</i>	No	15 315	10 623	11 392	13 042	12 998	12 721	12 591	-
	<i>Inpatient separations</i>	<i>DHIS</i>	No	353 017	342 311	339 195	336 776	366 145	350 145	330 145	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate - total	DHIS	Quarterly % QPR	63.2%	64.5%	62.8%	62.1%	65.8%	68.3%	70%	75%
	<i>In-patient days - total</i>	<i>Midnight census</i>	No	1 968 788	1 896 431	1 972 507	2 104 148	2 168 789	2 242 039	2 292 039	-
	<i>Day patients</i>	<i>Admission/ Discharge Register</i>	No	15 315	10 623	11 392	13 042	12 998	12 721	12 591	-
	<i>Inpatient bed days available</i>	<i>DHIS</i>	No	3 128 354	3 088 508	3 057 240	3 396 690	3 314 210	3 300 210	3 299 210	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.4) Maintain expenditure per PDE within the	8. Expenditure per patient day equivalent	BAS/DHIS	Quarterly R QPR	R 1 756*	R 1 941	R 2 032	R 2 071	R 1 947 <sup>55</sup>	R 2 024	R 2 000	-

<sup>54</sup> The average length of stay will be influenced by the extended stay for TB and Psychiatric patients (including all hospitals with MDR-TB Units). The ALOS of MDR-TB is expected to increase based on new treatment regimen and requirement for extended stay in hospital. Analysis of this indicator will focus on separating the ALOS per clinical domain

<sup>55</sup> Expenditure will be monitored as it is currently influenced by budget being allocated from different programmes to cater for the package of services rendered e.g. Level 1 service package as well as specialised TB Units, Psychiatry, etc.

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
provincial norms	<i>Expenditure total</i>	BAS	R'000	4 901 829	5 433 841	5 685 230	5 696 812	5 774 639	6 059 924	6 047 948	-
	<i>Patient day equivalent</i>	DHIS calculates	No	2 791 065	2 799 322	2 803 295	2 750 450	2 964 394	2 994 034	3 023 974	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards	9. Complaints resolution rate	DHIS/ QA database	Quarterly % QPR	77.9%	73.1%	70.5%	73.8%	80%	90%	90%	-
	<i>Complaints resolved</i>	<i>Complaints Register</i>	No	1 763	2 034*	1 863	1 760	2 628	2 808	2 668	-
	<i>Complaints received</i>	<i>Complaints Register</i>	No	2 263	2 781	2 643	3 414	3 285	3 121	2 964	-
	10. Complaint resolution within 25 working days rate	DHIS/ QA database	Quarterly % QPR	Data not available	84.9%	92.1%	91.5%	95%	95%	95%	-
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	No	-	1 727	1 716	1 606	2 497	2 667	2 535	-
	<i>Complaints resolved</i>	<i>Complaints Register</i>	No	-	2 034*	1 864	1 760	2 628	2 808	2 668	-
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020	11. Delivery by caesarean section rate	DHIS	Quarterly %	27%	27.4%	27.8%	28.2%	27%	26.7%	26.4%	-
	<i>Delivery by caesarean section</i>	<i>Delivery &amp; Theatre registers</i>	No	23 523	23 862	24 762	24 926	24 460	24 701	24 933	-
	<i>Delivery in facility total</i>	<i>Delivery register</i>	No	87 124	87 009	89 014	87 756	90 595	92 515	94 444	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
1.7.5) Reduce the unreferred outpatient department (OPD) headcounts with at least 7% per annum	12. OPD headcount-total	DHIS/ OPD tick register	Quarterly No	2 611 405	2 459 718	2 419 561	2 420 138	2 410 134	2 410 991	2 409 669	-
	13. OPD headcount not referred new	DHIS/ OPD tick register	Quarterly No	458 379	525 032	526 271	460 046	427 843	397 894	370 041	-

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## 3.9 2016/17 Targets

Table 29: (DHS7) Quarterly and Annual Targets 2016/17 <sup>56</sup>

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	21%	5% (5%)	10% (5%)	15% (5%)	21% (6%)	21%
4. Client Satisfaction Survey rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
5. Client satisfaction rate	Annual	%	90%	-	-	-	-	90%
6. Average length of stay - total	Quarterly	Days	6 Days	6.3 Days	6.2 Days	6.2 Days	6 Days	6 Days
7. Inpatient bed utilisation rate - total	Quarterly	%	65.8%	63%	64%	65%	65.8%	65.8%
8. Expenditure per patient day equivalent (PDE)	Quarterly	Rand	R 1 947	R 2 000	R 1 967	R 1 957	R 1 947	R 1 947
9. Complaint resolution rate	Quarterly	%	80%	75%	77%	79%	80%	80%
10. Complaint resolution within 25 working days rate	Quarterly	%	95%	92%	93%	94%	95%	95%
11. Delivery by caesarean section rate	Quarterly	%	27%	28.1%	27.8%	27.4%	27%	27%
12. OPD headcount- total	Quarterly	No	2 410 134	602 533 (602 533)	1 205 066 (602 533)	1 807 599 (602 533)	2 410 134 (602 535)	2 410 134
13. OPD headcount not referred new	Quarterly	No	427 843	106 960 (106 960)	213 920 (106 960)	320 880 (106 960)	427 843 (106 963)	427 843

<sup>56</sup> Quarterly targets in brackets indicate cumulative performance

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## Sub-Programme: HIV, AIDS, STI & TB Control

### 3.10 Situation Analysis Indicators per District

Table 30: (DHS8) Situation Analysis Indicators - 2014/15

Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	EThekwini 2014/15
1. Adult remaining on ART – total	No	897 270	63 400	102 965	52 502	41 745	39 011	72 768	61 955	85 165	48 015	38 894	290 850
2. Total Children (under 15 years) remaining on ART - total	No	54 192	4 032	6 101	3 265	2 857	2 261	4 643	4 431	5 848	3 391	2 646	14 717
3. TB / HIV co-infected client on ART rate	%	61.5%	82.4%	55.0%	73.4%	69.0%	73.2%	73.5%	46.1%	59.0%	60.8%	83.2%	57
<i>TB / HIV co-infected client on ART mm</i>	No	27 050	2 499	2 627	1 220	875	698	2 092	1 265	2 868	1 745	1 035	10 126
<i>TB / HIV co-infected client - total</i>	No	71 116	3 231	4 732	1 658	1 301	960	2 831	2 582	5 038	2 857	1 170	17 706
4. Client tested for HIV (incl. ANC)	No	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
5. TB symptom 5yrs and older screened rate	%	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
<i>Client 5 years and older screened for TB symptoms</i>	No	-	-	-	-	-	-	-	-	-	-	-	-

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	Ethekwini 2014/15
PHC headcount 5 years and older	No	-	-	-	-	-	-	-	-	-	-	-	-
6. Male condom distribution coverage (annualised)	No	58.9	38.1	216.8	70.5	113.4	52.9	41.3	35.8	38.4	24.2	59.9	27.7
Male condoms distributed	No	196 002 188	8 150 174	76 020 415	13 913 857	15 530 037	8 406 885	9 943 385	6 388 597	9 959 712	4 977 043	8 061 653	34 650 429
Population 15 years and older male	No	3 314 204	213 049	351 082	196 543	136 198	158 223	239 394	177 682	250 214	204 114	133 859	1 245 846
7. Medical male circumcision performed - total	No	143 390	12 282	16 284	8 639	11 476	8 489	8 865	7 512	16 569	8 801	6 035	38 438
8. TB client treatment success rate	%	85.3%	84.9%	86.8%	87.1%	88.6%	83.6%	84.4%	87%	96.7%	90.8%	80.7%	84.3%
TB client cured and completed treatment	No	26 533	2 271	2 844	1 256	1 092	902	1 314	1 663	2976	1 482	1 189	9 889
TB client initiated on treatment	No	31 080	2 675	3 275	1 442	1 233	1 079	1 557	1 912	3076	1 632	1 474	11 725
9. TB client lost to follow up rate <sup>57</sup>	%	4.1%	4.0%	4.8%	1.1%	1.4%	5.1%	3.5%	1.2%	0.2%	2.0%	5.1%	6.4%
TB client lost to follow up	No	1288	107	157	16	17	55	54	23	6	33	75	745
TB client start on treatment	No	31 080	2 675	3 275	1 442	1 233	1 079	1 557	1 912	3 076	1 632	1 474	11 725

<sup>57</sup> Indicator previously defined as TB defaulter rate

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	EThekweni 2014/15
10. TB client death rate	%	4.3%	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
<i>TB client death during treatment</i>	No	1 271	-	-	-	-	-	-	-	-	-	-	-
<i>TB client start on treatment</i>	No	29 646	-	-	-	-	-	-	-	-	-	-	-
11. TB MDR confirmed treatment initiation rate	%	Data (denominator) not available from NHLS due to NHLS system challenges	-	-	-	-	-	-	-	-	-	-	-
<i>TB MDR confirmed client start on treatment</i>	No	3 927	312	294	0	139	0	436	362	328	0	148	1 908
<i>TB MDR confirmed client</i>	No	Not available from NHLS	-	-	-	-	-	-	-	-	-	-	-
12. TB MDR treatment success rate	%	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
<i>TB MDR client successfully completed treatment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>TB MDR confirmed client start on treatment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-



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## 3.11 Strategic Objectives, Indicators and Targets

**Table 31: 2015-2019 Strategic Plan Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 2: Reduce and manage the burden of disease	<b>HIV, AIDS and STI</b>			
	2.2) Reduce HIV Incidence	2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	• HIV incidence	1% (or less)
		2.2.2) Test 4 million people for HIV by March 2020 (cumulative)	• Client tested for HIV (including ANC)	4 million (cumulative)
	2.3) Manage HIV prevalence	2.3.2) Increase the number of patients on ART to 1 600 000 by March 2020 (cumulative)	• Adults remaining on ART – total	1 600 000
	<b>Tuberculosis</b>			
	2.4) Improve TB outcomes	2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020	• TB client treatment success rate	90% (or more)
		2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020	• TB incidence (per 100 000 population)	400 (or less) per 100 000
		2.4.3) Decrease the TB death rate to 2% by March 2020	• TB death rate	2%
		2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020	• TB MDR treatment success rate	75% (or more)

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**Table 32: (DHS9) Strategic Objectives, Indicators and Targets <sup>58</sup>**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 2.3: Manage HIV prevalence</b>											
2.3.1) Increase the number of patients on ART to 1 600 000 by March 2020 (cumulative)	1. Adults remaining on ART - total <sup>59</sup>	DHIS/ ART Register	Quarterly No QPR	Not reported	788 184	897 270	968 964	1 205 438	1 328 706	1 433 843	1 600 000 (total adults and children)
	2. Total children (under 15 years) remaining on ART - total	DHIS/ ART Register	Quarterly No QPR	Not reported	52 554	54 192	58 736	68 286	75 773	82 820	
	3. TB/ HIV co-infected clients on ART rate	DHIS/ ART Register/ ETR.Net	Quarterly No QPR	Not reported	Not reported	61.5%	70% <sup>60</sup>	90% <sup>61</sup>	90%	90%	-
	<i>Registered HIV/TB co-infected clients started on ART</i>	<i>ART Register/ ETR.Net</i>	No	-	-	27 050	50 795	65 742	66 400	67 063	-
	<i>Total number of registered HIV positive TB patients</i>	<i>ART Register/ ETR.Net</i>	No	-	-	71 116	72 564	73 047	73 778	74 515	-
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>											
2.2.2) Test 4 million people for HIV by March 2020 (cumulative)	4. Client tested for HIV (including ANC) <sup>62</sup>	DHIS/ HIV Register	Quarterly No QPR	Not reported	Not reported	2 541 231	2 436 884	2 659 268	3 058 158	3 516 882	4 000 000

<sup>58</sup> All HIV/AIDS indicators included in the DORA Business Plan: Projected targets for 2017/18 and 2018/19 not aligned with the Business Plan as it does not make provision for improved performance (all targets remain the same as 2016/17). Projections for outer years therefore projected based on trend analysis – will be reviewed year on year

<sup>59</sup> Referring to clients 15 years and older

<sup>60</sup> Challenge with data since introduction of the updated version of TB information system. All databases have been collected by developer and returned in December 2015. Mid-year estimates therefore not based on complete mid-year data as there is still a backlog of data for capturing

<sup>61</sup> Significant increase in target based on the 90-90-90 strategy

<sup>62</sup> Sum of: HIV test child 19-59 months; HIV test child 5-14 years; HIV test client 15-49 years (excl ANC); HIV test client 50 years and older (excl ANC); Antenatal client HIV 1st test Antenatal client HIV re-test)

# Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 2.4: Improve TB outcomes</b>											
2.4.5) Increase the TB screening rate for people 5 years and older to at least 70% by March 2020	5. TB symptom 5 yrs and older screened in facility rate	DHIS/ ETR.Net	Quarterly % QPR	Not reported	Not reported	Not reported	30%	35%	45%	55%	-
	<i>Clients 5 years and older screened for TB</i>	<i>DHIS/ Tick Register/ ETR.Net</i>	No	-	-	-	7 218 952	9 283 176	12 103 001	14 928 283	-
	<i>PHC headcount 5 years and older not on TB treatment</i>	<i>DHIS/ Stats SA Estimates</i>	No	-	-	-	25 010 424	26 523 361	26 895 558	27 142 334	-
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>											
2.2.3) Increase the male condom distribution rate to 87 condoms per male per year by March 2019	6. Male condom distribution coverage (annualised)	DHIS	Quarterly No QPR	17.1	41.2	58.9	48.1	61.8	70	78	-
	<i>Total number of male condoms distributed</i>	<i>Stock/ Bin Cards</i>	No	59 771 737	134 737 662	196 002 188	162 196 646	212 000 000	244 193 880	276 796 572	-
	<i>Population 15 years and older male</i>	<i>DHIS/ Stats SA estimates</i>	No	3 493 699	3 258 094	3 314 204	3 370 509	3 428 445	3 488 484	3 548 674	-
2.2.4) Increase the medical male circumcisions to 2 154 953 by March 2019 (cumulative)	7. Medical male circumcision performed - total	DHIS/ MMC Register	Quarterly No QPR	258 946 cum	304 886 cum (45 940)	448 276 cum (143 390)	605 910 cum (157 634)	793 528 cum (187 618)	1 012 132 cum (218 604)	1 260 061 cum (247 929)	-
<b>Strategic Objective 2.4: Improve TB outcomes</b>											

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020	8. TB client treatment success rate	ETR.Net	Quarterly % QPR	70.1%	85%	85.3%	85.8%	86%	87%	89%	90% or more
	<i>TB client cured and completed treatment</i>	<i>TB Register</i>	No	24 500	26 256	25 332	26 600	26 862	27 310	28 077	-
	<i>TB client initiated on treatment</i>	<i>TB Register</i>	No	34 951	30 902	31 080	31 000	31 235	31 391	31 548	-
2.4.6) Decrease the TB client lost to follow up to 2.3% (or less) by March 2020	9. TB client lost to follow up rate	ETR.Net	Quarterly % QPR	5.4%	4.8%	4.1%	3.8 %	3.4%	2.9%	2.4%	-
	<i>TB client on treatment lost to follow up</i>	<i>TB Register</i>	No	1 809	1 504	1 288	1 150	1 062	910	757	-
	<i>TB client initiated on treatment</i>	<i>TB Register</i>	No	33 731	30 902	31 080	31 000	31 235	31 391	31 548	-
2.4.3) Decrease the TB death rate to 2% by March 2020	10. TB client death rate	ETR.Net	Annual % QPR	5.4%	4.7%	4.3%	3.7 %	3.5%	3.0%	2.4%	2%
	<i>TB client death during treatment</i>	<i>TB Register</i>	No	1 402	1 480	1 271	1 150	1 115	1 027	883	-
	<i>TB client initiated on treatment</i>	<i>TB Register</i>	No	25 851	25 499	29 646	31 000	31 869	34 259	36 829	-
2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB	11. TB MDR confirmed treatment initiation rate	EDR Web	Annual % QPR	Denominator not available from NHLS	Denominator not available from NHLS	Denominator not available from NHLS	Denominator not available from NHLS	70% <sup>63</sup>	80%	80%	-
	<i>TB MDR confirmed client start on treatment</i>	<i>MDR Register</i>	No	2 597	3 100	3 927	4 100	4 200	4 300	4 400	-

<sup>63</sup> Although data for the denominator is not available from NHLS, the Department aims to put 70% of all confirmed cases on treatment. NHLS indicated that they are attending to the data system challenge and data will be made available as soon as system is functional (not under the Department's control)

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
patients are initiated on treatment by March 2020	TB MDR confirmed client	MDR Register	No	Not available from the NHLS system	Not available from the NHLS system	Not available from the NHLS system	Not available from the NHLS system	Not currently available from the NHLS system to inform target	Not currently available from the NHLS system to inform target	Not currently available from the NHLS system to inform target	-
2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020	12. TB MDR treatment success rate	EDR Web	Annual % QPR	59%	62%	55%	58%	62.5%	64%	67%	75% or more
	TB MDR client successfully completing treatment	MDR Register	No	1 095	1 530	1 428	1 798	2 454	2 624	2 814	-
	TB MDR confirmed client start on treatment	MDR Register	No	1 856	2468	2 597	3 100	3 927	4 100	4 200	-
<b>Strategic Objective 2.4: Improve TB outcomes</b>											
2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020	13. TB incidence	ETR.Net	Annual No per 100,000 pop	1 027/100 000	898/ 100 000	828/ 100 000	776/ 100 000	750/ 100 000	500/ 100 000	400/ 100 000	400/ 100 000 or less
	New confirmed TB cases	ETR.Net/ TB Register	No	109 995	99 460	87 518	83 000	81 049	54 523	44 158	-
	Total population in KZN	DHIS/Stats SA	Population	10 703 920	10 456 909	10 571 312	10 688 165	10 806 538	10 924 776	11 039 740	-
2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020	14. Number of patients that started XDR-TB treatment	EDR Web	Quarterly No	265	207	130	110	200	425	425	-

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.4.8) Maintain the MDR-TB six month interim outcome at 85% (or more) from March 2019 onwards	15. TB MDR six month interim outcome	EDR Web	Quarterly %	61%	64%	14%	30%	70% <sup>64</sup>	75%	85%	-
	<i>Number of patients with a negative culture at 6 months who started treatment for 9 months</i>	EDR Register	No	1 593	1 953	216	588	2 100	2 250	2 550	-
	<i>Total patients who started treatment in the same period</i>	EDR Register	No	2 588	3 054	1 559	1 960	3 000	3 000	3 000	-
2.4.9) Increase the XDR-TB six month interim outcome to 80% by March 2020	16. XDR-TB six month interim outcome	EDR Web	Quarterly %	35.85%	42%	2.5%	22%	65%	70%	75%	-
	<i>Number of clients with a negative culture at six months who has had started treatment for 9 months</i>	EDR Register	No	90	109	3	25	165	179	191	-
	<i>Total of patients who started treatment in the same period</i>	EDR Register	No	251	261	120	110	255	255	255	-
2.4.10) Maintain a 90% (or more) TB AFB sputum result turn-around time of under 48 hours from March 2018 onwards	17. TB AFB sputum result turn-around time under 48 hours rate	ETR.Net calculates	Quarterly %	70.1%	79%	82.3%	85%	88%	90%	92%	-
	<i>TB AFB sputum result received within 48 hours</i>	TB Register	No	487 257	459 001	574 268	510 000	611 600	628 200	644 000	-
	<i>TB AFB sputum sample sent</i>	TB Register	No	694 643	600 767	697 722	600 000	695 000	698 000	700 000	-

<sup>64</sup> Indicators 15 & 16: Steep increase in target linked with implementation of the 90-90-90 strategy

# Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.4.11) Maintain TB (new pulmonary) cure rate of 85% from March 2017 onwards	18. TB (new pulmonary) cure rate	ETR.Net calculates	Quarterly %	73.5%	81.8%	83.7%	84%	85%	85%	85%	-
	<i>TB (new pulmonary) client cured</i>	<i>TB Register</i>	No	24 799	25 285	26 002	27 006	26 549	26 682	37 115	-
	<i>TB (new pulmonary) client initiated on treatment</i>	<i>TB Register</i>	No	33 731	30 902	31 080	32 150	31 235	31 391	31 548	-
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>											
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	19. HIV incidence	ASSA2008 estimates (not routinely collected in Department)	Annual %	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1% or less
2.2.5) Decrease the STI incidence to 50/ 1000 by March 2020	20. STI treated new episode incidence (annualised)	DHIS	Quarterly No per 1000	64.9/ 1000	63.4 / 1000	61.7/ 1000	57.7/ 1000	55.7/ 1000	53.4/ 1000	52.2/ 1000	-
	<i>STI treated new episode</i>	<i>PHC Tick Register/ casualty</i>	No	471 781	446 502	442 568	419 324	411 324	400 880	398 474	-
	<i>Population 15 years and older</i>	<i>DHIS/Stats SA</i>	<i>Population</i>	7 264 197	7 037 548	7 150 063	7 263 168	7 379 570	7 502 318	7 625 885	-
2.2.6) Increase the HIV testing coverage to 65% by March 2020	21. HIV testing coverage (annualised)	DHIS	Quarterly %	Not reported	34.5%	35.6%	42.7%	46%	52.1%	59%	-
	<i>HIV test client 15-49 years</i>	<i>PHC &amp; Counsellor Tick Register</i>	No	-	1 914 487	2 005 550	2 436 884	2 659 268	3 058 158	3 516 882	-
	<i>Population 15-49 years</i>	<i>DHIS/Stats SA</i>	<i>Population</i>	-	5 543 497	5 619 285	5 697 177	5 780 838	5 871 665	5 964 147	-

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## 3.12 2016/17 Targets

**Table 33: (DHS10) Quarterly and Annual Targets 2016/17 <sup>65</sup>**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Adults remaining on ART - total	Quarterly	No	1 205 438 cum	1 027 525 cum	1 086 829 cum	1 146 133 cum	1 205 438 cum	1 205 438 cum
2. Total children (under 15 years) remaining on ART - total	Quarterly	No	68 286 cum	60 153 cum	62 864 cum	65 575 cum	68 286 cum	68 286 cum
3. TB / HIV co-infected clients on ART rate	Quarterly	%	90%	85%	87%	89%	90%	90%
4. Client tested for HIV (incl. ANC)	Quarterly	No	2 659 268	664 817 (664 817)	1 329 634 (664 817)	1 994 451 (664 817)	2 659 268 (664 817)	2 659 268
5. TB symptom 5yrs and older screened rate	Quarterly	%	35%	9%	18%	27%	35%	35%
6. Male condom distribution coverage (annualised)	Quarterly	No	61.8	50	54	58	61.8	61.8
7. Medical male circumcision performed – total	Quarterly	No	793 528 cum (187 618)	652 814 cum (46 904)	699 718 cum (46 904)	746 622 cum (46 904)	793 528 cum (46 906)	793 528 cum (187 618 annual)
8. TB client treatment success rate	Quarterly	%	86%	86%	86%	86%	86%	86%
9. TB client lost to follow up rate	Quarterly	%	3.4%	3.8%	3.6%	3.5%	3.4%	3.4%
10. TB client death rate	Annual	%	3.5%	-	-	-	-	3.5%
11. TB MDR confirmed treatment initiation rate	Annual	%	70%	-	-	-	-	70%
12. TB MDR treatment success rate	Annual	%	62.5%	-	-	-	-	62.5%
13. TB incidence	Annual	No per 100,000	750/100 000	-	-	-	-	750/100 000
14. Number of patients that started XDR-TB treatment	Quarterly	No	200	50 (50)	100 (50)	150 (50)	200 (50)	200
15. TB MDR six month interim outcome	Quarterly	%	70%	30%	50%	60%	70%	70%
16. XDR-TB six month interim outcome	Quarterly	%	65%	35%	45%	50%	65%	65%
17. TB AFB sputum result turn-around time under 48 hours rate	Quarterly	%	88%	85%	86%	87%	88%	88%
18. TB (new pulmonary) cure rate	Quarterly	%	85%	83.5%	84%	84.5%	85%	85%
19. HIV incidence	Annual	%	1.01%	-	-	-	-	1.01%
20. STI treated new episode incidence (annualised)	Quarterly	No per 1000	55.7/ 1 000	57.5/ 1000	57/ 1000	56.5/ 1000	56/ 1000	55.7/ 1 000
21. HIV testing coverage (annualised)	Quarterly	%	46%	35%	40%	43%	46%	46%

<sup>65</sup> Cumulative and quarterly 'annual' targets clearly indicated in quarterly columns for ease of reference



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**Sub-Programme: Maternal, Neonatal, Child & Women’s Health and Nutrition**

**3.13 Situation Analysis Indicators**

**Table 34: (DHS11) Situation Analysis Indicators - 2014/15**

Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Antenatal 1st visit before 20 weeks rate	%	57.3%	61.6%	59.9%	57%	60.9%	52.8%	60.7%	59.3%	58.3%	57.6%	57.1%	54.1%
<i>Antenatal 1st visit before 20 weeks</i>	No	133 761	9 898	11 700	8 143	8 066	5 615	11 994	10 259	13 368	8 120	6 593	40 005
<i>Antenatal 1st visit total</i>	No	233 593	15 740	19 384	14 061	13 238	10 636	19 727	17 286	22 804	14 021	11 507	73 989s
2. Mother postnatal visit within 6 days rate	%	66.4%	60.3%	66.8%	75.8%	72.1%	50.1%	58.3%	73.1%	70.0%	70.2%	72.0%	66.4%
<i>Mother postnatal visit within 6 days after delivery</i>	No	135 375	8 687	12 208	9 545	8 179	7 057	9 684	11 108	14 299	7 977	6 296	40 335
<i>Delivery in facility total</i>	No	203 742	14 401	18 268	12 587	11 337	14 089	16 614	15 188	20 429	11 370	8 750	60 709
3. Antenatal client initiated on ART rate	%	95.2%	98.0%	98.7%	95.9%	98.3%	94.2%	98.1%	90.0%	96.5%	100.3%	97.6%	92.1%
<i>Antenatal client start on ART</i>	No	55 761	3 932	5 179	3 310	2 374	2 370	4 712	3 933	5 263	3 735	2 359	18 594
<i>Antenatal client eligible for ART initiation</i>	No	58 598	4 011	5 243	3 451	2 416	2 516	4 801	4 371	5 454	3 724	2 418	20 190
4. Infant 1st PCR test positive around 6 weeks rate	%	1.3%	1.6%	0.8%	1.2%	1.2%	1.0%	2.4%	1.2%	1.4%	1.5%	1.5%	1.1%
<i>Infant 1st PCR test positive around 6 weeks</i>	No	1 003	92	56	58	48	32	170	71	96	78	55	247

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhayaithi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
<i>Infant 1st PCR test around 6 weeks</i>	No	76 653	5 819	6 883	4 787	4 088	3 079	7 149	6 047	7 058	5 366	3 655	22 722
5. Immunisation coverage under 1 year (annualised)	%	89.9%	78.3%	91.2%	86.0%	81.5%	79.2%	87.9%	83%	88.5%	81%	77%	106.5%
<i>Immunised fully under 1 year new</i>	No	207 670	13 975	18 832	14 868	11 740	9 365	18 433	14 778	20 691	11 970	9 743	63 275
<i>Population under 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593
6. Measles 2nd dose coverage (annualised)	%	86.3%	72.9%	85.2%	84.7%	85%	98.8%	88.9%	87.2%	86.6%	79.5%	79.1%	94.3%
<i>Measles 2nd dose</i>	No	200 353	13 310	15 872	14 282	11 726	11 540	18 387	15 288	20 683	11 346	9 918	58 001
<i>Population 1 year</i>	No	232 450	18 008	20 777	17 480	14 743	11 700	21 041	18 107	23 387	15 016	12 598	59 593
7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	%	3.0%	1.8%	2.8%	4.6%	4.7%	-	-	0.8%	1.2%	0.25%	6.8%	5.1%
<i>DTaP-IPV/Hib 3 to Measles 1st dose drop-out</i>	No	6 586	259	489	729	595	-98	-77	130	274	32	754	3 499
<i>DTaP-IPV/Hib 3rd dose</i>	No	218 581	14 450	17 413	15 737	12 488	0 204	19 251	15 983	21 559	12 618	11 027	67 896
8. Child under 5 years diarrhoea case fatality rate	%	3%	2.5%	2.5%	2.8%	3.8%	3%	4.7%	4.8%	3.8%	1.9%	3.1%	1.8%
<i>Child under 5 years with diarrhoea death</i>	No	347	22	24	27	30	16	52	44	47	11	24	50
<i>Child under 5 years with diarrhoea admitted</i>	No	11 578	883	943	957	798	541	1 098	923	1 252	589	777	2 817

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
9. Child under 5 years pneumonia case fatality rate	%	2.7%	2.2%	2.1%	3.4%	2.4%	0.9%	4.5%	3%	5.3%	1.2%	1.8%	2.6%
<i>Child under 5 years pneumonia death</i>	No	300	30	22	25	15	5	32	27	53	8	12	71
<i>Child under 5 years pneumonia admitted</i>	No	11 011	1 375	1 040	737	615	564	705	889	1 002	662	676	2 746
10. Child under 5 years severe acute malnutrition case fatality rate	%	10.4%	9.1%	7%	14.9%	12.4%	11%	20.3%	10.8%	16.9%	6.7%	8.7%	7.2%
<i>Child under 5 years severe acute malnutrition death</i>	No	405	35	20	37	35	20	47	29	64	28	23	67
<i>Child under 5 years severe acute malnutrition admitted</i>	No	3 880	385	287	249	282	182	231	268	379	420	264	933
11. School Grade 1 learners screening coverage (annualised)	%	20.7%	20.4%	18.6%	15.5%	14.2%	25.2%	22.7%	10.7%	29.8%	18.0%	32.3%	21.2%
<i>School Grade 1 learners screened</i>	No	55 529	4 192	4 132	3 117	2 753	2 986	5 908	2 593	8 295	3 019	4 850	13 684
<i>School Grade 1 learners - total</i>	No	268 438	20 510	22 268	20 108	19 352	11 834	25 974	24 239	27 856	16 733	15 006	64 558
12. School Grade 8 learners screening coverage (annualised)	%	9.7%	5.1%	11.7%	14.9%	7.2%	2.6%	6.0%	7.1%	9.9%	3.9%	22.6%	12.1%

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
School Grade 8 learners screened	No	21 674	910	2 207	2 405	1 078	291	1 397	1 223	2 166	547	2 743	6 707
School Grade 8 learners - total	No	222 722	17 802	18 889	16 123	14 959	11 071	23 186	17 210	21 901	13 967	12 111	55 503
13. Couple year protection rate (annualised)	%	57.8%	47%	152.9% <sup>66</sup>	57.7%	76.7%	51.9%	43.2%	41%	45.8%	36.2%	54.1%	42.4%
Contraceptive years dispensed <sup>67</sup> .	No	1 677 645	94 044	462 896	110 457	112 499	73 957	99 858	71 531	118 856	66 465	70 511	396 568
Population 15-49 years females	No	2 896 655	199 499	303 549	190 811	146 209	141 829	230 308	174 079	258 914	182 690	130 029	938 738
14. Cervical cancer screening coverage (annualised)	%	70.3%	80.1%	73.3%	61.8%	71.6%	62.8%	60.9%	43.8%	64.3%	65.4%	77.2%	76.7%
Cervical cancer screening in woman 30 years and older	No	161 707	12 165	18 108	8 873	7 554	6 599	9 319	5 231	12 456	9 293	6 822	65 387
Population 30 years and older female/10	No	228 913	15 106	24 709	14 264	10 485	10 445	15 196	11 861	19 253	14 085	8 782	84 728
15. Human papilloma virus vaccine 1st dose coverage	%	98.3%	105.0%	87.7%	119.9%	88.4%	76.6%	108.8%	104.0%	84.8%	76.2%	141.8%	97.8%
Girls 9 years and older that received HPV 1st dose	No	153 123	9 037	12 551	13 767	9 822	7 396	17 012	13 323	12 741	7 784	12 006	37 954
Grade 4 girl learners ≥ 9 years	No	155 716	8 606	4 303	11 482	11 107	9 649	15 626	12 799	14 697	10 209	8 466	38 772

<sup>66</sup> Contributed to the high condom distribution rate

<sup>67</sup> Contraceptive years are the total of (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) + ) + (Subdermal implant x3) + Male condoms distributed / 200) + (Female condom s distributed / 200) + (Male sterilisation x 20) + (Female sterilisation x 10)

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Urmzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
16. Human papilloma virus vaccine 2 <sup>nd</sup> dose coverage	%	81.3%	82.2%	80.9%	79.9%	84.5%	82.6%	88.8%	89.0%	72.3%	59.0%	87.7%	82.7%
<i>Girls 9 years and older that received HPV 2<sup>nd</sup> dose</i>	No	67 581	5 034	6 065	4 942	4 909	3 497	6 559	6 692	6 107	2 927	4 144	16 705
<i>Grade 4 girl learners ≥ 9 years</i>	No	83 056	6 123	7 494	6 180	5 804	4 231	7 386	7 514	8 442	4 959	4 724	20 199
17. Vitamin A dose 12-59 months coverage (annualised)	%	54.5%	49.1%	58.5%	52.4%	60.3%	50.2%	54.3%	47.5%	51.3%	58%	49.4%	58.3%
<i>Vitamin A dose 12 - 59 months</i>	No	1 014 315	72 620	100 585	68 705	63 281	46 477	88 468	65 071	99 588	63 390	48 869	297 261
<i>Population 12-59 months (multiplied by 2)</i>	No	1 864 456	148 214	173 316	131 224	104 918	92 262	162 798	137 278	194 674	109 180	98 744	511 848
18. Infant exclusively breastfed at HepB 3 <sup>rd</sup> dose rate	%	50.2%	51.9%	51.9%	70.8%	79.8%	49.0%	41.7%	49.4%	49.8%	52.9%	48.7%	41.8%
<i>Infant exclusively breastfed at HepB 3<sup>rd</sup> dose</i>	No	109 998	7 521	9 182	11 138	9 926	5 060	8 025	7 959	10 742	6 685	5 342	28 418
<i>HepB 3<sup>rd</sup> dose under 1 year</i>	No	219 256	14 478	17 696	15 731	12 437	10 332	19 258	16 108	21 550	12 643	10 961	68 062
19. Maternal mortality in facility ratio (annualised)	No per 100k	124.9/ 100k	111.7/100k	185.9/100k	175.8/100k	79.6/100k	143.2/100k	60.3/100k	59.4/100k	216.5/100k	151.2/100k	137.9/100k	100.1/100k
<i>Maternal death in facility</i>	No	252	16	33	22	9	20	10	9	44	17	12	60
<i>Live birth in facility</i>	No	201 797	14 320	17 731	12 514	11 301	13 965	16 592	15 163	20 323	11 245	8 705	59 918

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Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembe 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
20. Inpatient early neonatal death rate	No per 1000	10.3 / 1000	9.5 / 1000	9.1 / 1000	8.2 / 1000	9.3 / 1000	7.9 / 1000	10.1 / 1000	5.5 / 1000	12.4 / 1000	11.7 / 1000	16.4 / 1000	11.3 / 100
<i>Inpatient death early neonatal (0-7 days)</i>	No	2 080	137	162	103	106	109	169	84	253	132	143	682
<i>Live birth in facility</i>	No	201 797	14 320	17 751	12 514	11 301	13 965	16 592	15 163	20 323	11 245	8 705	59 918

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## 3.14 Strategic Objectives, Indicators and Targets

**Table 35: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
<b>Strategic Goal 2: Reduce and manage the burden of disease</b>	2.5) Reduce infant mortality	2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020	♦ Infant mortality rate	29 per 1000 live births
		2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	♦ Infant 1st PCR test positive around 10 weeks rate	Less than 0.5%
	2.6) Reduce under 5 mortality	2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020	♦ Under 5 mortality rate	40 per 1000 live births
		2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020	♦ Child under 5 years severe acute malnutrition incidence (annualised)	4.6 per 1000
	2.7) Reduce maternal mortality	2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	♦ Maternal mortality in facility ratio (annualised)	100 (or less) per 100 000 live births
	2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020	♦ Couple year protection rate (annualised)	75%
2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)		♦ Cervical cancer screening coverage (annualised)	75% (or more)	

**Table 36: (DHS12) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.3) Increase the antenatal 1 <sup>st</sup> visit before 20 weeks rate to 70% by March 2020	1. Antenatal 1st visit before 20 weeks rate	DHIS	Quarterly % QPR	46.4%	56.2%	57.3%	62.2%	62.6%	65%	68%	-
	Antenatal 1st visit before 20 weeks	Tick Register PHC	No	104 507	136 813	133 761	131 010	146 402	153 805	162 320	-
	Antenatal 1st visit total	DHIS	No	225 121	242 759	233 593	210 628	234 003	236 343	238 706	-



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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.7.4) Maintain the postnatal visit within 6 days rate of 90% from March 2018	2. Mother postnatal visit within 6 days rate	DHIS	Quarterly % QPR	69.4%	71.4%	66.4%	70%	82%	90%	95%	-
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>Tick Register PHC</i>	No	133 758	139 120*	135 375	137 552	169 262	189 066	202 563	-
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	192 659	194 758*	203 742	196 430	206 969	210 073	213 224	-
2.7.5) Initiate 99% eligible antenatal clients on ART by March 2019	3. Antenatal client initiated on ART rate	DHIS	Annual % QPR	Not reported	85.3%	95.2%	96.4%	97%	98%	99%	-
	<i>Antenatal client initiated on ART</i>	ART Register	No	-	55 984*	55 761	44 622	64 117	65 102	66 095	-
	<i>Antenatal client eligible (known HIV positive but not on ART at 1<sup>st</sup> visit) for ART initiation</i>	ART Register	No	-	65 635*	58 598	46 296	66 100	66 431	66 765	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	4. Infant 1st PCR test positive around 10 weeks rate <sup>68</sup>	DHIS	Quarterly % QPR	2.2%	1.6%	1.3%	1.1%	<1%	<0.5%	<0.5%	<0.5%
	<i>Infant 1st PCR test positive around 10 weeks</i>	<i>Tick Register PHC</i>	No	1 702	1 188	1 003	648	972	522	< 561	-
	<i>Infant 1st PCR test around 10 weeks</i>	<i>Tick Register PHC</i>	No	78 040	75 081	76 653	57 974	97 220	104 414	112 036	-
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>											

<sup>68</sup> The indicator changed from 6 weeks to 10 weeks – data trends will therefore be closely monitored for the current and outer years

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.6.3) Maintain immunisation coverage of 90% (or more) from March 2016 onwards	5. Immunisation under 1 year coverage (annualised)	DHIS	Quarterly % QPR	95.1% <sup>69</sup>	85.8%	89.9%	90.1%	92%	94%	95%	-
	<i>Immunised fully under 1 year new</i>	<i>Tick Register PHC</i>	No	202 617	201 824	207 670	204 634	204 231	204 506	203 047	-
	<i>Population under 1 year</i>	<i>DHIS/Stats SA</i>	No	213 213	236 094	232 450	227 216	221 991	217 560	213 734	-
2.6.4) Maintain the measles 2 <sup>nd</sup> dose coverage of 90% (or more) from March 2017 onwards	6. Measles 2nd dose coverage (annualised)	DHIS	Quarterly % QPR	86.5%	77.1%	86.3%	85.3%	90%	95%	95%	-
	<i>Measles 2nd dose</i>	<i>Tick Register PHC</i>	No	184 359	181 123	200 353	195 970	199 792	206 682	203 047	-
	<i>Population 1 year</i>	<i>DHIS/Stats SA</i>	No	213 213	236 094	232 450	227 216	221 991	217 560	213 734	-
2.6.5) Reduce the measles drop-out rate to less than 3% by March 2020	7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	DHIS	Quarterly % QPR	Not reported	Not reported	Not reported	7.9%	6%	5%	4%	-
	<i>DTaP-IPV/Hib 3 to Measles 1st dose drop-out</i>	<i>Tick Register PHC</i>	No	-	-	-	17 872	13 855	11 708	9 497	-
	<i>DTaP-IPV/Hib-HBV 3<sup>rd</sup> dose</i>	<i>Tick Register PHC</i>	No	-	-	-	223 538	230 925	234 158	237 436	-
2.6.6) Reduce the under-5 diarrhoea case fatality rate to less than 2% by March 2020	8. Child under 5 years diarrhoea case fatality rate	DHIS	Quarterly % QPR	4.3%	3.3%	3.0%	2.9%	2.8%	2.5%	2.2%	-
	<i>Child under 5 years with diarrhoea death</i>	<i>Tick Register/ Death Register</i>	No	375	387	347	298	286	241	203	-
	<i>Child under 5 years with diarrhoea admitted</i>	<i>Admission records</i>	No	8 669	11 813	11 578	10 378	10 100	9 500	9 250	-

<sup>69</sup>All actual data with DHIS as source are based on the DHIS calculation to ensure standardisation in reporting

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.6.7) Reduce the under-5 pneumonia case fatality rate to less than 2% by March 2020	9. Child under 5 years pneumonia case fatality rate	DHIS	Quarterly % QPR	2.6%	3.2%	2.7%	3.2%	3%	2.9%	2.8%	-
	<i>Child under 5 years pneumonia death</i>	<i>Tick Register/ Death Register</i>	No	206	304	300	336	312	301	281	-
	<i>Child under 5 years pneumonia admitted</i>	<i>Admission records</i>	No	7 945	9 489	11 011	10 618	10 435	10 396	10 026	-
2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6% by March 2020	10. Child under 5 years severe acute malnutrition case fatality rate	DHIS	Quarterly % QPR	10.9%	9.7%	10.4%	8.9%	8%	7.5%	7%	-
	<i>Child under 5 years severe acute malnutrition death</i>	<i>Tick Register/ Death Register</i>	No	345	336	405	326	304	233	218	-
	<i>Child under 5 years severe acute malnutrition admitted</i>	<i>Admission records</i>	No	3 162	3 466	3 880	3 652	3 800	3 100	2 900	-
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.9) Increase school health screening coverage with at least 15% per annum	11. School Grade 1 screening coverage (annualised)	DHIS	Quarterly % QPR	Not reported	Not reported	20.7%	21%	25%	30%	35%	-
	<i>School Grade 1 learners screened</i>	<i>SHS Records</i>	No	-	-	55 529	42 306	65 605	78 780	91 910	-
	<i>School Grade 1 learners - total</i>	<i>DoE<sup>70</sup></i>	No	-	-	268 438	201 456	262 601	262 601	262 601	-
	12. School Grade 8 screening coverage (annualised)	DHIS	Quarterly % QPR	Not reported	Not reported	9.7%	13.9%	20%	25%	30%	-

<sup>70</sup> Indicators 11 and 12 denominators dependent on the Department of Education information – no outer year estimates available

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	School Grade 8 learners screened	SHS Records	No	-	-	21 674	30 979	41 455	51 819	61 183	-
	School Grade 8 learners - total	DoE	No	-	-	222 722	222 871	207 277	207 277	207 277	-
<b>Strategic Objective 2.8: Improve women's health</b>											
2.8.1) Increase the couple year protection rate to 75% by March 2020	13. Couple year protection rate (annualised)	DHIS	Quarterly % QPR	37.5%	45%	57.8%	48.2%	60%	65%	70%	75%
	Contraceptive years dispensed <sup>71</sup>	Tick Register	No	1 019 668	1 293 378	1 677 645	1 411 182	1 779 620	1 954 646	2 134 731	-
	Population 15-49 years females	DHIS/Stats SA	No	2 936 748	2 864 858	2 896 655	2 929 747	2 966 034	3 007 148	3 049 615	-
2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	14. Cervical cancer screening coverage (annualised)	DHIS	Quarterly % QPR	81.8%	75.3%	70.3%	73.1%	75%	75%	75%	75% or more
	Cervical cancer screening in woman 30 years and older	Tick Register PHC/ Hospital Register	No	172 000	169 315	161 707	171 264	179 341	183 240	187 167	-
	Population 30 years and older female/10	DHIS/Stats SA	No	165 300	223 346	228 913	234 228	239 122	244 320	249 557	-
2.8.3) Maintain 90% (or more) HPV vaccine 1 <sup>st</sup> dose coverage from March 2018 onwards	15. Human papilloma virus (HPV) 1 <sup>st</sup> dose coverage	DHIS	Annual % QPR	Not reported	86%	98.3%	80% <sup>72</sup>	85%	90%	90%	-
	Girls 9 years and older that received HPV 1 <sup>st</sup> dose	Tick Register school health	No	-	69 254	983	131 368	79 475	84 150	84 150	-

<sup>71</sup> Contraceptive years total (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) + (Subdermal implant x3) + Male condoms distributed / 200) + (Female condoms distributed / 200) + (Male sterilisation x 20) + (Female sterilisation x 10)

<sup>72</sup> Only the 2nd dose round falls within the first half of 2015/16 – the low coverage (mid-year data) is because it refers to “mop up” data only

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	<i>Grade 4 girl learners total minus girls under 9 years</i>	<i>DHIS/DOE enrolment</i>	No	-	80 499	153 123	164 210	93 500	93 500	93 500	-
	16. HPV 2 <sup>nd</sup> dose coverage	DHIS	Annual % QPR	Not reported	Not available	81.3%	72%	85%	90%	90%	-
	<i>Girls 9 years and older that received HPV 2<sup>nd</sup> dose</i>	<i>Tick Register School Health</i>	No	-	-	6 7581	67 699	79 475	84 150	84 150	-
	<i>Grade 4 girl learners total minus girls under 9 years</i>	<i>DHIS/DOE enrolment</i>	No	-	-	83 056	93 681	93 500	93 500	93 500	-
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>											
2.6.9) Increase the Vitamin A dose 12-59 month coverage to 80% by March 2020	17. Vitamin A dose 12-59 months coverage (annualised)	DHIS	Quarterly % QPR	43.7%	47.8%	54.5%	63%	65%	70%	75%	-
	<i>Vitamin A dose 12 - 59 months</i>	<i>Tick Register PHC</i>	No	776 254	893 481	1 014 315	1 167 202	1 169 528	1 281 275	1 361 160	-
	<i>Population 12-59 months (multiplied by 2)</i>	<i>DHIS/Stats SA</i>	<i>Population</i>	1 783 364	1862 246	1 864 456	1 853 702	1 799 275	1 830 394	1 814 880	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020	18. Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3 <sup>rd</sup> dose rate	DHIS	Quarterly % QPR	Not reported	49%	50.2%	54.3%	55%	57%	60%	-
	<i>Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3<sup>rd</sup> dose</i>	<i>Tick Register PHC</i>	No	-	106 328	109 998	103 630	121 796	127 487	135 539	-
	<i>HepB 3<sup>rd</sup> dose</i>	<i>Tick Register PHC</i>	No	-	216 820	219 256	190 706	221 448	223 662	225 898	-

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	18. Maternal mortality in facility ratio (annualised)	DHIS	Annual No per 100,000 QPR	165.5/100 000	147/100 000	124.9/100 000	123/ 100 000	115/ 100 000	105/ 100 000	94/ 100 000	100/ 100 000 or less
	Maternal death in facility	Midnight census/ Death Register	No	317	280	252	238	236	228	219	-
	Live birth in facility	Delivery Register	No	191 587	190 512	201 797	193 328	205 712	218 054	231 137	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.3) Reduce the early neonatal death rate to less than 8/ 1000 by March 2020	19. Neonatal death in facility rate	DHIS	Annual No per 1000 QPR	Not reported	10.2/ 1000	10.3/ 100	10.2/ 1000	9.3/ 1000	9/ 1000	8.7/ 1000	-
	Inpatient neonatal death early (0-28 days)	Midnight census/ Death Register	No	-	1 945	2 080	1 984	1 979	1 741	1 701	-
	Live birth in facility	Delivery Register	No	-	190 608	201 797	193 572	193 327	193 520	195 455	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020	20. Infant mortality rate	ASSA2008 (2011) StatsSA and RMS <sup>73</sup> (2012 onwards)	Annual No per 1000 pop	32.1/ 1000	32/ 1000	31.4/1000	31/ 1000	30/ 1000	29.5/ 1000	29/ 1000	29/ 1000
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>											

<sup>73</sup> Rapid Mortality Surveillance

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020	21. Under 5 mortality rate	ASSA2008 (2011) StatsSA and RMS (2012 onwards)	Annual No per 1000 pop	43.4/ 1000	43/ 1000	42.6/1000	42/ 1000	41.5/ 1000	41/ 1000	39.5/ 1000	40/ 1000
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to less than 10 per 1000 by March 2020	22. Child under 5 years diarrhoea with dehydration incidence (annualised)	DHIS	Annual No per 1000	9.5/ 1000	15/ 1000	11.7/1000	12.9/ 1000	11.6/ 1000	10.9/ 1000	10/ 1000	-
	<i>Child under 5 years diarrhoea with dehydration new</i>	PHC Tick Register	No	17 013	17 564	13 614	7 286	13 257	12 347	11 211	-
	<i>Population under 5 years</i>	DHIS/Stats SA	No	1 783 364	1 171 910	1 164 682	1 154 061	1 142 878	1 132 753	1 121 174	-
2.6.11) Reduce the under-5 pneumonia incidence to less than 85 per 1000 by March 2020	23. Child under 5 years pneumonia incidence (annualised)	DHIS	Annual No per 1000	118.5/ 1000	92.2/ 1000	86.1/1000	83.8/ 1000	82/ 1000	80/ 1000	78/ 1000	-
	<i>Child under 5 years with pneumonia new</i>	PHC Tick Register	No	130 557	107 894	99 805	96 706	93 716	90 620	87 452	-
	<i>Population under 5 years</i>	DHIS/Stats SA	No	1 783 364	1 171 910	1 164 682	1 154 061	1 142 878	1 132 753	1 121 174	-
2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 by March 2020	24. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	Annual No per 1000	6.5/1000	5.6/ 1000	6.3 /1000	5.5/ 1000	5.2/ 1000	4.9 / 1000	4.5 / 1000	4.6 / 1000
	<i>Child under 5 years with severe acute malnutrition new</i>	DHIS/ Tick Register PHC	No	7 137	6 598	7 331	6 347	5 943	5 550	5 045	-
	<i>Population under 5 years</i>	DHIS/Stats SA	No	1 104 893	1 171 910	1 164 682	1 154 059	1 142 878	1 132 753	1 121 174	-

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.6.12) Reduce the child under 1 year mortality in facility rate to less than 5.5% by March 2020	25. Child under 1 year mortality in facility rate (annualised)	DHIS	Annual %	6.5%	6.5%	7.3%	7.4%	6.3%	6.1%	5.9%	-
	<i>Inpatient death under 1 year</i>	<i>Death Register</i>	No	2 978	3 348	3 802	3 572	3 253	3 151	3 049	-
	<i>Inpatient separations under 1 year</i>	<i>Midnight census/ Admissions/ Discharge</i>	No	46 024	51 874	52 193	48 092	51 634	51 659	51 684	-
2.6.13) Reduce the inpatient death under-5 rate to less than 4.5% by March 2020	26. Inpatient death under 5 year rate	DHIS	Annual %	5.2%	5.2%	5.8%	5.5%	5.4%	5.3%	5.2%	-
	<i>Inpatient death under 5 years</i>	<i>Death Register</i>	No	3 831	4 215	4 849	4 344	4 369	4 288	4 228	-
	<i>Inpatient separations under 5 years</i>	<i>Midnight census/ Admissions/ Discharge</i>	No	69 661	80 644	70 967	79 118	80 877	80 917	81 321	-
<ul style="list-style-type: none"> <li>It must be noted that there is no reliable methodology to estimate numerators and denominators for a number of indicators in the table above due to the considerable number of variables influencing patient activity (health seeking behaviour i.e. patients access health care late); social determinants of health; burden of disease; impact of improved community-based services on health behaviour not yet determined; etc. Current numerators and denominators should therefore be considered with caution taking into account the various variables. The % increase/ decrease is based on the required performance</li> </ul>											



# Annual Performance Plan 2016/17 – 2018/19

## 3.15 2016/17 Targets

**Table 37: (DHS13) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Antenatal 1st visit before 20 weeks rate (annualised)	Quarterly	%	62.6%	62%	62.3%	62.5%	62.6%	62.6%
2. Mother postnatal visit within 6 days rate	Quarterly	%	82%	73%	76%	79%	82%	82%
3. Antenatal client initiated on ART rate	Annual	%	97%	-	-	-	-	97%
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	<1%	<1%	<1%	<1%	<1%	<1%
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	92%	90%	90.1%	90.5%	92%	92%
6. Measles 2nd dose coverage (annualised)	Quarterly	%	90%	88.5%	89%	89.5%	90%	90%
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	6%	7.1%	6.8%	6.4%	6%	6%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%	2.8%	2.9%	2.9%	2.9%	2.8%	2.8%
9. Child under 5 years pneumonia case fatality rate	Quarterly	%	3%	3.2%	3.1%	3.1%	3%	3%
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	8%	8.7%	8.4%	8.2%	8%	8%
11. School Grade 1 learner screening coverage (annualised)	Quarterly	%	25%	6.5% (6.5%)	13% (6.5%)	19.5% (6.5%)	25% (5.5%)	25%
12. School Grade 8 learner screening coverage (annualised)	Quarterly	%	20%	5% (5%)	10% (5%)	15% (5%)	20% (5%)	20%
13. Couple year protection rate (annualised)	Quarterly	%	60%	50%	53%	57%	60%	60%
14. Cervical cancer screening coverage (annualised)	Quarterly	%	75%	73.4%	74%	75%	75%	75%
15. Human papilloma virus vaccine 1st dose coverage	Annual	%	85%	-	-	-	-	85%
16. Human papilloma virus vaccine 2nd dose coverage	Annual	%	85%	-	-	-	-	85%
17. Vitamin A dose 12-59 months coverage (annualised)	Quarterly	%	65%	65%	65%	65%	65%	65%
18. Infant exclusively breastfed at HepB 3rd dose rate	Quarterly	%	55%	52%	53%	54%	55%	55%
19. Maternal mortality in facility ratio (annualised)	Annual	No per 100,000	115/ 100 000	-	-	-	-	115/ 100 000
20. Inpatient early neonatal death rate	Annual	No per 1000	9.3/ 1 000	-	-	-	-	9.3/ 1 000
21. Infant mortality rate	Annual	No per 1000	30/ 1 000	-	-	-	-	30/ 1 000
22. Under 5 mortality rate	Annual	No per 1000	41.5/ 1 000	-	-	-	-	41.5/ 1 000
23. Child under 5 years diarrhoea with dehydration incidence (annualised)	Annual	No per 1000	11.6 / 1 000	-	-	-	-	11.6 / 1 000

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Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
24. Child under 5 years pneumonia incidence (annualised)	Annual	No per 1000	82/ 1 000	-	-	-	-	82/ 1 000
25. Child under 5 years severe acute malnutrition incidence (annualised)	Annual	No per 1000	5.2/ 1 000	-	-	-	-	5.2/ 1 000
26. Child under 1 year mortality in facility rate (annualised)	Annual	%	6.3%	-	-	-	-	6.3%
27. Inpatient death under 5 years rate	Annual	%	5.4%	-	-	-	-	5.4%

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## Sub-Programme: Disease Prevention & Control

### 3.16 Situation Analysis Indicators per District

Table 38: (DHS14) Situation Analysis Indicators - 2014/15

Indicator	Type	Provincial 2014/15	Ugu 2014/15	Umgungundlovu 2014/15	Uthukela 2014/15	Umkhanyakude 2014/15	Amajuba 2014/15	Zululand 2014/15	Umkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. Clients screened for hypertension	No	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
2. Clients screened for diabetes	No	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
3. Clients screened for mental health	No	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
4. Cataract surgery rate (annualised)	No per mil	870.9/1mil	1005.6/1mil	1356.8/1mil	292.6/1mil	598.8/1mil	629.5/1mil	307.6/1mil	1481.9/1mil	1454.9/1mil	343.2/1mil	1225.6/1mil	807.9/1mil
<i>Cataract surgery total</i>	No	8 037	651	1 267	176	271	283	224	794	1 204	192	512	2 463
<i>Population uninsured total</i>	No	9 228 755	647 365	933 811	601 604	452 571	449 575	728 301	535 812	827 538	559 410	417 762	3 048 817
5. Malaria case fatality rate	%	1.03%	0%	5%	0%	0%	0%	14.2%	1.3%	0%	0%	0%	0.5%
<i>Deaths from malaria</i>	No	7	0	1	0	0	0	2	3	0	0	0	1
<i>Total number of Malaria cases reported</i>	No	664 <sup>74</sup>	20	20	2	2	4	14	220	146	13	3	207

<sup>74</sup> Includes 13 imported cases from outside KwaZulu-Natal

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## 3.17 Strategic Objectives, Indicators and Targets

**Table 39: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
<b>Strategic Goal 2: Reduce and manage the burden of disease</b>	2.9) Reduce incidence of non-communicable diseases	2.9.1) Decrease the hypertension incidence by at least 10% per annum	♦ Hypertension incidence (annualised)	11.4 per 1000
		2.9.2) Decrease the diabetes incidence by at least 10% per annum	♦ Diabetes incidence (annualized)	0.65 per 1000
	2.10) Eliminate malaria	2.10.1) Zero new local malaria cases by March 2020	♦ Malaria incidence per 1000 population at risk	Zero new local malaria cases
		2.10.2) Maintain malaria case fatality rate to less than 0.5% by March 2017 onwards	♦ Malaria case fatality rate	Less than 0.5%

**Table 40: (DHS15) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2015/16	2016/17	2017/18	
<b>Strategic Objective 2.9: Reduce incidence of non-communicable diseases</b>											
2.9.3) Screen at least 12 million people for hypertension by March 2020	1. Clients screened for hypertension	DHIS/ Tick Register	Quarterly No QPR	Not reported	Not reported	Not reported	6 650 044	7 980 052	9 576 062	11 491 274	-
2.9.4) Screen at least 8million people for diabetes by March 2020	2. Clients screened for diabetes	DHIS/ Tick Register	Quarterly No QPR	Not reported	Not reported	Not reported	4 272 730	5 127 276	6 152 731	7 383 277	-

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
2.9.5) Increase the number of people screened for mental disorders with at least 20% per annum	3. Clients screened for mental health	DHIS/ Tick Register	Quarterly No QPR	Not reported	Not reported	Not reported	Not reported	100 000	120 000	144 000	-
2.9.6) Increase the cataract surgery rate to more than 1 6500 per 1 million uninsured people by March 2020	4. Cataract surgery rate (annualised)	DHIS	Quarterly No per 1mil uninsured population QPR	931.2/ 1 mil	758.1/ 1mil	870.9/ 1mil <sup>75</sup>	527.7/ 1 mil	1 154/ 1 mil <sup>76</sup>	1 395/ 1 mil	1 627/ 1 mil	-
	Total number of cataract surgeries completed	DHIS/Theatre Register	No	8 871	6 866	8 037	5 640	11 118	13 341	21 009	-
	Population uninsured	DHIS/Stats SA	No	9 526 488	9 056 593	9 228 755	9 352 144	9 633 452	9 559 179	9 836 408	-
<b>Strategic Objective 2.10: Eliminate malaria</b>											
2.10.2) Maintain malaria case fatality rate of less than 0.5% from March 2017 onwards	5. Malaria case fatality rate	Malaria Information System	Quarterly % QPR	1.3%	1.7%	1.05%	1.4%	< 0.5%	<0.5%	<0.5%	<0.5%
	Deaths from malaria	Malaria register/Tick sheets PHC	No	6	12	7	7	2	2	<2	-
	Total number of Malaria cases reported	Malaria register/Tick sheets PHC	No	459	696	664	500	577	525	503	-
2.10.1) Zero new local malaria cases by March 2020	7. Malaria incidence per 1000 population at risk	Malaria Register	Annual No per 1000 pop at risk	0.07/ 1000	0.13/ 1000	0.07/ 1000	0.06/ 1000	<1/ 1000	<1/ 1 000	<1/ 1000	Zero new local infections
	Number of malaria cases (new)	Malaria Register/Tick Register PHC	No	47	88	50	40	61	54	47	-

<sup>75</sup> Manually calculated as DHIS incorrectly using total population

<sup>76</sup> The significant increase makes provision for the increased number of cases that will be performed at the Provincial McCords Eye Care Hospital

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	<i>Population Umkhanyakude</i>	<i>DHIS/Stats SA</i>	<i>Population</i>	666 524	643 757	643 759	649 644	655 616	660 933	666 120	-
<b>Strategic Objective 2.9: Reduce incidence of non-communicable diseases</b>											
2.9.1) Decrease the hypertension incidence by at least 10% per annum	8. Hypertension incidence (annualised)	DHIS	Quarterly No per 1000	22.8/ 1000	21.9/ 1000	19.2/1000	22.3 / 1 000	19/ 1 000	18.1/ 1 000	16.3/ 1 000	13.2/ 1 000
	<i>Hypertension client treatment new</i>	<i>PHC tick Register</i>	No	55 041	54 601	48 925	58 232	50 938	49 746	45 917	
	<i>Population 40 years and older</i>	<i>DHIS/ Stats SA</i>	<i>Population</i>	2 409 836	2 479 517	2 547 122	2 614 592	2 680 947	2 748 414	2 816 980	
2.9.2) Decrease the diabetes incidence by at least 10% per annum	9. Diabetes incidence (annualised)	DHIS	Quarterly No per 1000	1.3/1000	1.8/ 1000	1.6/1000	3.6/ 1 000	1.3/ 1 000	1.2/ 1000	1.1/ 1 000	0.89/ 1 000
	<i>Diabetes client treatment new</i>	<i>PHC tick Register</i>	No	23 856	18 931	17 051	38 012	14 429	12 987	12 144	
	<i>Population total</i>	<i>DHIS / Stats SA</i>	<i>Population</i>	10 703 920	40 456 909	10 571 313	10 688 168	10 806 538	10 924776	11 039740	
2.9.7) Improve access to rehabilitation services at all levels of care	10. Number of clients accessing rehabilitation services	DHIS	Quarterly No	438 680	566 994	756 877	895 336	1 012 718	1 172 718	1 348 625	-

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## 3.18 2016/17 Targets

**Table 41: (DHS16) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Clients screened for hypertension	Quarterly	No	7 980 052	1 995 013 (1 995 013)	3 990 026 (1 995 013)	5 985 039 (1 995 013)	7 980 052 (1 995 013)	7 980 052
2. Clients screened for diabetes	Quarterly	No	5 127 276	1 281 819 (1 281 819)	2 563 638 (1 281 819)	3 845 457 (1 281 819)	5 127 276 (1 281 819)	5 127 276
3. Clients screened for mental health	Quarterly	%	100 000	25 000 (25 000)	50 000 (25 000)	75 000 (25 000)	100 000 (25 000)	100 000
4. Cataract surgery rate (annualised)	Quarterly	No per 1mil	1 154/1mil	683/1mil	809/1mil	935/1mil	1 154/1mil	1 154/1mil
5. Malaria case fatality rate	Quarterly	%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%
6. Malaria incidence per 1000 population at risk	Annual	%	<1/1000	-	-	-	-	<1/1000
7. Hypertension incidence (annualised)	Quarterly	No per 1000	19/1000	22/1 000	21.5/1000	21/1 000	19/1 000	19/1 000
8. Diabetes incidence (annualised)	Quarterly	No per 1000	1.3/ 1 000	1.5/ 1 000	1.4/ 1 000	1.4/ 1 000	1.3/ 1 000	1.3/ 1 000
9. Number of clients accessing rehabilitation services	Quarterly	No	1 012 718	253 180 (253 180)	506 360 (253 180)	759 540 (253 180)	1 012 718 (253 178)	1 012 718



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## 3.19 Reconciling Performance Targets with Expenditure Trends

**Table 42: (DHS17 a) Summary of Payments and Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
District Management	218 582	217 300	230 547	238 592	250 041	250 788	289 975	292 643	318 637
Community Health Clinics	2 480 318	2 790 347	3 072 816	3 321 028	3 547 112	3 520 981	3 903 589	4 178 564	4 424 023
Community Health Centres	955 647	1 048 435	1 208 843	1 388 550	1 388 550	1 408 786	1 576 694	1 708 184	1 807 258
Community Based Services	790	-	2 580	13 000	13 000	26 289	60 000	47 000	49 726
Other Community Services	692 921	906 723	1 013 430	1 089 351	1 101 276	1 096 118	1 177 971	1 281 986	1 401 317
HIV and AIDS	2 392 689	2 725 639	3 257 870	3 813 094	3 813 094	3 813 094	4 244 243	4 889 884	5 555 075
Nutrition	44 433	44 089	43 763	50 000	39 769	38 548	55 000	62 920	66 569
Coroner Services	146 073	156 225	163 356	173 157	173 157	173 194	192 428	205 288	217 195
District Hospitals	4 584 982	5 058 841	5 341 148	5 492 090	5 643 172	5 736 558	5 943 502	6 438 205	6 811 621
<b>Total economic classification</b>	<b>11 516 435</b>	<b>12 947 599</b>	<b>14 334 353</b>	<b>15 578 862</b>	<b>15 969 171</b>	<b>16 064 356</b>	<b>17 443 402</b>	<b>19 104 674</b>	<b>20 651 420</b>

**Table 43: (DHS17 b) Summary of Payments and Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
<b>Current payments</b>	<b>11 151 083</b>	<b>12 510 682</b>	<b>13 774 307</b>	<b>15 106 704</b>	<b>15 467 255</b>	<b>15 577 093</b>	<b>16 915 647</b>	<b>18 538 194</b>	<b>20 054 813</b>
Compensation of employees	7 690 784	8 714 714	9 481 720	10 184 010	10 382 275	10 501 461	11 229 114	11 952 802	12 733 967
<b>Goods and services</b>	<b>3 460 300</b>	<b>3 795 947</b>	<b>4 292 441</b>	<b>4 922 694</b>	<b>5 084 841</b>	<b>5 075 398</b>	<b>5 686 533</b>	<b>6 585 392</b>	<b>7 320 847</b>
Communication	45 643	53 192	53 110	49 937	52 283	53 347	55 760	57 558	61 030
Computer Services	8	8 141	93	30 000	5 705	5 705	10 415	5 049	5 269

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Consultants, Contractors and special services	555 400	644 287	1 052 973	987 990	1 073 837	1 191 596	1 302 945	1 378 518	1 428 696
Inventory	2 329 498	2 522 040	2 506 439	3 093 752	3 117 290	2 996 408	3 337 109	4 122 992	4 741 824
Operating leases	19 371	19 679	41 646	72 885	54 193	50 128	50 227	51 087	54 064
Travel and subsistence	22 810	21 497	26 087	23 028	22 976	21 774	26 241	27 347	30 245
Interest and rent on land	-	22	146	-	139	234	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	487 570	526 721	611 800	665 102	758 556	756 438	903 835	942 841	999 722
<b>Transfers and subsidies to</b>	<b>268 218</b>	<b>333 524</b>	<b>411 766</b>	<b>332 658</b>	<b>416 887</b>	<b>425 976</b>	<b>397 062</b>	<b>435 802</b>	<b>454 205</b>
Provinces and municipalities	22 893	74 736	117 405	105 000	205 250	205 250	169 048	200 000	205 394
Departmental agencies and accounts	6	21	10	38	35	44	41	43	45
Higher Education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	170 213	175 844	185 376
Non-profit institutions	204 686	207 922	190 404	182 000	165 157	165 856	57 760	59 915	63 390
Households	40 633	50 846	103 947	45 620	46 445	54 826	903 835	942 841	999 722
<b>Payments for capital assets</b>	<b>97 134</b>	<b>103 393</b>	<b>148 259</b>	<b>139 500</b>	<b>85 027</b>	<b>61 285</b>	<b>130 693</b>	<b>130 678</b>	<b>142 402</b>
Machinery and equipment	97 134	103 393	148 049	139 500	85 027	61 285	130 693	130 678	142 402
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	21	-	2	2	-	-	-
<b>Total economic classification</b>	<b>11 516 435</b>	<b>12 947 599</b>	<b>14 334 353</b>	<b>15 578 862</b>	<b>15 969 171</b>	<b>16 064 356</b>	<b>17 443 402</b>	<b>19 104 674</b>	<b>20 651 420</b>

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>11 516 435</b>	<b>12 947 599</b>	<b>14 334 353</b>	<b>15 578 862</b>	<b>15 969 171</b>	<b>16 064 356</b>	<b>17 443 402</b>	<b>19 104 674</b>	<b>20 651 420</b>

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## 3.20 Performance and Expenditure Trends

Programme 2 is allocated 47.3 per cent of the vote in 2016/17 compared with 46.7 per cent in the revised estimate budget of 2015/16.

District Management (Sub-Programme 2.1) is allocated 1.7 per cent of the Programme allocation compared with 1.6 per cent in the revised estimate budget for 2015/16.

Primary Health Care (Sub-Programmes 2.2 – 2.7 including HIV/AIDS and Nutrition) is allocated 63.7 per cent of the Programme allocation in 2016/17 compared with 61.7 per cent in the revised estimate of the 2015/16 budget.

District Hospitals (Sub-Programme 2.9) is allocated 33.5 per cent of the Programme allocation in 2016/17 compared with 35.7 per cent in the revised estimate of the 2015/16 budget.

The growth in 2015/16 and 2016/17 includes additional funding for ARV treatment, the carry-through costs of national priority initiatives, acceleration in the day-to-day maintenance of existing facilities, as well as inflationary adjustments. The growth in 2018/19 relates to additional funding for the inclusion of TB into the Comprehensive HIV, AIDS and TB Grant.

The strong growth in the HIV and AIDS sub-programme relates mainly to increases in the Comprehensive HIV, AIDS and TB Grant to provide for increased uptake of patients on ARV therapy. Additional funds were allocated from 2012/13 to 2016/17 to assist with the increase of the ARV threshold, the introduction of the Fixed Dose Combination ARV drugs, as well as provision for equipment and the increasing costs of ARV medication. The strong growth over the entire period aligns with the growth in the Comprehensive HIV, AIDS and TB Grant to fund the increase in patient numbers and the targets over the period. The increase in the 2016/17 MTEF baseline is for the continued expansion of the 90-90-90 Strategy for the prevention and treatment of HIV, AIDS and TB.

## 3.21 Risk Management Programme 2

**Table 44: Risk Management**

Potential Risks	Mitigating Strategies
1. Limited funding envelope to adequately fund service delivery demands, needs and priorities.	<ul style="list-style-type: none"> <li>♦ Reprioritisation Strategy to ensure alignment of budget and service delivery.</li> <li>♦ Regular expenditure and service delivery reviews at all levels.</li> </ul>
2. Inadequate resources to ensure expected output and outcome:	
<ul style="list-style-type: none"> <li>♦ Inadequate critical mass for delivery of clinical services – challenge in recruitment of required skills and competencies and retention in especially rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Long Term Human Resources Plan and Essential Post List to ensure equity in allocation of resources.</li> <li>♦ Review of recruitment, retention and bursary strategies.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Increased infrastructure demands without concomitant financial resources to ensure compliance to norms and standards and inadequate competencies at especially district and facility levels to effectively manage projects.</li> </ul>	<ul style="list-style-type: none"> <li>♦ In-house development of capacity to improve project management (including maintenance).</li> <li>♦ Implementation of Maintenance Hubs.</li> <li>♦ Align Infrastructure 10-Year Plan with Long Term Plan.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Ageing medical equipment and technology and procurement delays (SCM) - inefficient equipment management system.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Management of Equipment Plan (audit, allocation of essential equipment and monitoring of improved SCM processes).</li> </ul>

## Annual Performance Plan 2016/17 – 2018/19

Potential Risks	Mitigating Strategies
<ul style="list-style-type: none"> <li>♦ Patients lost to follow up.</li> </ul>	<ul style="list-style-type: none"> <li>♦ PHC re-engineering with focus on community-based programmes e.g. Family Health Teams and Community Care Givers linked with PHC and other services.</li> </ul>
<p>3. Inequities in the service delivery platform (facilities, services and resources).</p>	<ul style="list-style-type: none"> <li>♦ Review of costed organisational structure.</li> <li>♦ Long Term Plan to address inequities.</li> <li>♦ Hospital Rationalisation Plan including complexing.</li> </ul>
<p>4. Poor integration of services at provincial, district and facility levels.</p>	<ul style="list-style-type: none"> <li>♦ Integrated 90-90-90 Strategy and 3-Feet Plans.</li> <li>♦ Improved functionality of OSS Strategy and plans.</li> </ul>
<ul style="list-style-type: none"> <li>♦ Poor functionality of provincial and local government services in eThekweni Metro.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Integrated planning and decision-making based on service demands and Long Term Plan</li> <li>♦ Finalisation of alignment of health service boundaries in eThekweni Metro</li> </ul>
<p>5. Impact of HIV, AIDS, TB and socio-economic determinants of health on input, output and health outcomes.</p>	<ul style="list-style-type: none"> <li>♦ Reprioritisation of budget and service delivery priorities.</li> <li>♦ Implement the integrated 90-90-90 Strategy and 3-Feet Plan(s).</li> <li>♦ Scale up community and facility-based services including OSS integration.</li> <li>♦ Participation in the Provincial Poverty Eradication Master Plan focusing on the 5 most deprived municipalities in 2016/17.</li> </ul>

## 4. BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES

### 4.1 Programme Purpose

To render pre-hospital Emergency Medical Services including Inter-hospital Transfers and Planned Patient Transport

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

#### **Sub-Programme 3.1: Emergency Medical Services**

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

#### **Sub-Programme 3.2: Patient Transport Services (PTS)**

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

### 4.2 2016/17 Priorities

#### **Priority**

#### **Key Focus Area**

Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.

Improved EMS efficiencies.

- ♦ Finalise and approve the reviewed Emergency Medical Services Model and Service Delivery Improvement Plan for implementation.
  - Increase operational ambulances per shift to improve response times (improve maintenance, adequate human resources, etc. as per Implementation Plan).
  - Implement an electronic patient booking system to improve efficiencies.
  - Improve EMS governance.
  - Improve Labour Relations and Communication Strategies to address labour disputes and improve work satisfaction and efficiencies.

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## 4.3 Situation Analysis Indicators

**Table 45: (EMS1) Situation Analysis Indicators**

Indicator	Data Source	Province 2014/15	Ugu 2014/15	UMgungundlovu 2014/15	Uthukela 2014/15	UMzinyathi 2014/15	Amajuba 2014/15	Zululand 2014/15	UMkhanyakude 2014/15	Uthungulu 2014/15	Ilembu 2014/15	Harry Gwala 2014/15	eThekweni 2014/15
1. EMS P1 urban response under 15 minutes rate	EMS Register	5%	4%	4%	6%	43%	73%	Not reporting	Not reporting	27%	6%	Not reporting	3%
No P1 urban calls with response times under 15 minutes	EMS callout Register	8 524	515	759	387	500	2 163	-	-	229	316	-	3 655
All P1 urban call outs	EMS callout Register	166 854	13 212	18 716	7 025	1 175	2 952	-	-	844	5 314	-	117 616
2. EMS P1 rural response under 40 minutes rate	EMS Register	32%	15%	11%	19%	28%	80%	55%	21%	28%	18%	26%	27%
No P1 rural calls with response times under 40 minutes	EMS callout Register	71 399	2 475	1 575	4 984	7 529	17 305	14 884	3 829	9 592	2 961	6 170	95
All P1 rural call outs	EMS callout Register	224 560	16 029	14 366	25 757	27 047	21 692	26 939	18 586	34 191	16 073	23 533	347
3. EMS inter-facility transfer rate	EMS Register / database	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported	Not reported
EMS inter-facility transfer	EMS Register	-	-	-	-	-	-	-	-	-	-	-	-
EMS clients total	EMS Register	-	-	-	-	-	-	-	-	-	-	-	-

Source: From 2014/15 Annual Report unless otherwise indicated

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## 4.4 Strategic Objectives, Indicators and Targets

**Table 46: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 1: Strengthen health system effectiveness	1.8) Improve EMS efficiencies	1.8.1) Evidence-based EMS Model approved and implemented by March 2017	♦ Approved revised EMS Model	Implement approved Model
		1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020	♦ Average number of daily operational ambulances	550
		1.8.3) Rationalise 4 clustered communication centres by March 2020	♦ Number of clustered communications centres established and operational	4
1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020		♦ EMS P1 urban response under 15 minutes rate	25%	
1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020		♦ EMS P1 rural response under 40 minutes rate	45%	
1.8.6) Increase the inter-facility transfer rate to 50% by March 2020		♦ EMS inter-facility transfer rate	50%	
Strategic Goal 5: Improved quality of health care				

**Table 47: (EMS2) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>9Strategic Objective 1.8: Improve EMS efficiencies</b>											
1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020	1. EMS P1 urban response under 15 minutes rate	EMS Register	Quarterly % QPR	8.4%	6%	5%	5%	6%	7%	8%	25%
	EMS P1 urban response under 15 minutes	EMS callout Register	No	14 336	10 408	8 524	7 624	10 186	13 071	16 432	-
	EMS P1 urban calls	EMS callout Register	No	171 053	174 157	166 854	154 334	169 767	186 734	205 407	-



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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020	2. EMS P1 rural response under 40 minutes rate	EMS Register	Quarterly % QPR	32.1%	31%	32%	33%	34%	35%	36%	45%
	<i>EMS P1 rural response under 40 minutes</i>	<i>EMS callout Register</i>	No	69 903	69 846	71 399	62 538	71 234	80 662	91 263	-
	<i>EMS P1 rural calls</i>	<i>EMS callout Register</i>	No	217 491	226 280	224 560	190 466	209 512	230 463	253 509	-
1.8.6) Increase the inter-facility transfer rate to 50% by March 2020	3. EMS inter-facility transfer rate	EMS inter-facility Register / database	Quarterly % QPR	32.2%	31.6%	39.4%	41%	40%	38%	36%	50%
	<i>EMS inter-facility transfer</i>	<i>EMS Register</i>	No	185 489	192 814	222 446	196 038	209 859	219 302	228 540	-
	<i>EMS clients total</i>	<i>EMS Register</i>	No	576 682	610 115	564 529	476 954	524 649	577 113	634 834	-
<b>Strategic Objective 1.8: Improve EMS efficiencies</b>											
1.8.1) Evidence-based EMS Model approved and implemented by March 2017	4. Approved revised EMS Model	Approved EMS Model	Annual Categorical	Not reported	Not reported	Not reported	Draft EMS Model	Implement approved EMS Model	Implement approved EMS Model	Implement approved EMS Model	Implement approved EMS Model
1.8.7) Increase the number of obstetric ambulances to 73 by March 2019	5. Number of obstetric ambulances – cumulative	Purchase/ Allocation documents	Quarterly No	Not reported	32	38	40	46	52	60	-
1.8.8) Increase the number of inter-facility ambulances to 71 by March 2019	6. Number of IFT ambulances – cumulative	Purchase/ Allocation documents	Quarterly No	Not reported	24	32	38	49	60	71	-

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020	7. Average number of daily operational ambulances <sup>77</sup>	EMS daily Operations Reports/ EMS database	Quarterly No	Not reported	216	192	194	290	320	350	550
1.8.3) Rationalise 4 clustered communication centres by March 2020	8. Number of clustered Communications Centres established and operational <sup>78</sup>	Infrastructure Project Report/ EMS database	Quarterly No	Not reported	0	0	0	1	2	3	4
1.8.9) Increase purpose built wash bays with sluice facilities to 21 by March 2020	9. Number of purpose built wash bays with sluice facilities	Infrastructure Project Report/ EMS database	Quarterly No	Not reported	Not reported	0	3	8	13	18	-
1.8.10) Increase EMS revenue collection to at least R6 million by March 2020	10. Revenue generated	BAS	Quarterly R	Not reported	Not reported	R 3 324 968	R 3 377 208	R 3 714 928	R 4 086 420	R 4 495 062	-
1.8.11) Increase the number of bases with access to the internet to 50 by March 2020	11. Number of bases with access to computers and intranet/ e-mail	ICT roll-out report/ IT database	Quarterly No	Not reported	21	49 with access to computer 20 with access to email and intranet	50 with access to computer 24 with access to email and intranet	58 with access to computer 30 with access to email and intranet	66 with access to computer 35 with access to email and intranet	75 with access to computer 40 with access to email and intranet	-

Source: EMS database

<sup>77</sup> This will include improved fleet management, maintenance, purchase/allocation of new ambulances and appointment of staff

<sup>78</sup> Indicators 5 & 6: Will be aligned with the Infrastructure Long term Plan

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## 4.5 2016/17 Targets

**Table 48: (EMS3) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Annual Target 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	6%	5%	5%	6%	6%	6%
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	34%	33%	33%	34%	34%	34%
3. EMS inter-facility transfer rate	Quarterly	%	40%	41%	40%	40%	40%	40%
4. Revised EMS Model	Annual	Categorical	Implement approved EMS Model	-	-	-	-	Implement approved EMS Model
5. Number of obstetric ambulances - cumulative	Quarterly	No	46 cum (6)	40 (0)	42 (2)	44 (2)	46 (2)	46 cum
6. Number of IFT ambulances - cumulative	Quarterly	No	49 cum (11)	38 (0)	38 (0)	49 (11)	49 (0)	49 cum
7. Average number of daily operational ambulances	Quarterly	No	290 cum (96)	200 (6)	240 (40)	290 (50)	290 (0)	290 cum
8. Number of clustered Communications Centres established and operational	Quarterly	No	1	0	0	0	1	1
9. Number of purpose built wash bays with sluice facilities	Quarterly	No	8 cum (5)	3 (0)	5 (2)	6 (1)	8 (2)	8 cum
10. Revenue generated	Quarterly	R	R 3 714 928	R 928 732 (R928 732)	R1 857 464 (R 928 732)	R2 786 196 (R 928 732)	R3 714 928 (R 928 732)	R3 714 928
11. Number of bases with access to computers and intranet/ e-mail	Quarterly	No	58 with access to computer 30 with access to email and intranet	50 with access to computer 24 with access to email and intranet	53 with access to computer 26 with access to email and intranet	56 with access to computer 28 with access to email and intranet	58 with access to computer 30 with access to email and intranet	58 with access to computer 30 with access to email and intranet

# Annual Performance Plan 2016/17 – 2018/19

## 4.6 Reconciling Performance Targets with Expenditure Trends

**Table 49: (EMS4 a) Expenditure Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
Emergency Transport	863 099	967 208	1 026 983	1 094 031	1 123 127	1 131 370	1 131 370	1 131 508	1 211 049
Planned Patient Transport	62 937	42 732	41 130	66 280	62 509	54 266	54 266	68 267	66 301
<b>Total</b>	<b>926 036</b>	<b>1 009 940</b>	<b>1 068 113</b>	<b>1 160 311</b>	<b>1 185 636</b>	<b>1 185 636</b>	<b>1 199 775</b>	<b>1 277 350</b>	<b>1 347 186</b>

**Table 50: (EMS4 b) Summary of Provincial Expenditure Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>870 638</b>	<b>975 416</b>	<b>1 061 869</b>	<b>1 095 120</b>	<b>1 120 120</b>	<b>1 145 211</b>	<b>1 143 802</b>	<b>1 217 333</b>	<b>1 282 015</b>
Compensation of employees	641 810	715 735	768 178	789 187	814 187	825 417	842 003	899 259	944 491
<b>Goods and services</b>	<b>228 827</b>	<b>259 679</b>	<b>293 675</b>	<b>305 933</b>	<b>305 933</b>	<b>319 766</b>	<b>301 799</b>	<b>318 074</b>	<b>337 524</b>
Communication	10 766	8 250	8 107	8 399	8 399	8 703	9 050	9 492	10 768
Computer Services	-	2 233	45	-	-	-	-	-	-
Consultants, Contractors and special services	66 924	37 665	171 196	173 850	173 850	176 542	153 558	163 037	172 042
Inventory	98 348	133 626	19 112	24 224	24 224	22 381	28 390	29 666	32 832
Operating leases	2 591	2 270	1 441	1 917	1 917	1 483	1 820	1 921	2 047
Travel and subsistence	4 991	3 536	4 503	4 050	4 050	3 604	4 196	4 410	4 673
Interest and rent on land	-	2	16	-	-	28	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	45 209	72 099	89 271	93 493	93 493	107 053	104 785	109 548	115 161
<b>Transfers and subsidies to</b>	<b>4 165</b>	<b>3 946</b>	<b>4 684</b>	<b>4 891</b>	<b>5 216</b>	<b>3 474</b>	<b>4 392</b>	<b>5 017</b>	<b>5 171</b>
Provinces and municipalities	1 537	2 511	1 947	3 190	3 190	1 482	2 300	2 820	2 865
Departmental agencies and accounts	-	-	2	1	1	2	2	2	2
Higher Education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	2 090	2 195	2 304
Households	2 628	1 435	2 735	1 700	2 025	1 990	104 785	109 548	115 161
<b>Payments for capital assets</b>	<b>51 234</b>	<b>30 578</b>	<b>1 189</b>	<b>60 300</b>	<b>60 300</b>	<b>36 951</b>	<b>51 581</b>	<b>55 000</b>	<b>60 000</b>
Machinery and equipment	51 234	30 578	1 189	60 300	60 300	36 951	51 581	55 000	60 000
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	371	-	-	-	-	-	-
<b>Total economic classification</b>	<b>926 036</b>	<b>1 009 940</b>	<b>1 068 113</b>	<b>1 160 311</b>	<b>1 185 636</b>	<b>1 185 636</b>	<b>1 199 775</b>	<b>1 277 350</b>	<b>1 347 186</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>926 036</b>	<b>1 009 940</b>	<b>1 068 113</b>	<b>1 160 311</b>	<b>1 185 636</b>	<b>1 185 636</b>	<b>1 199 775</b>	<b>1 277 350</b>	<b>1 347 186</b>

# Annual Performance Plan 2016/17 – 2018/19

## 4.7 Performance and Expenditure Trends

Programme 3 is allocated 3.4 per cent of the vote in 2016/17 (the same as 2015/16). The relatively flat growth in 2016/17 is partly attributable to the expected decline in the repair costs of emergency vehicles due to the stringent control measures to be implemented in 2016/17 and carried over the MTEF period.

## 4.8 Risk Management

**Table 51: Risk Management**

Potential Risks	Mitigating Strategies
1. Inadequate funding to address inadequate and ageing EMS infrastructure (including bases, wash bays and communication centres) and fleet (including emergency response and patient transport vehicles and inadequate service providers for fleet maintenance) impact on efficiencies ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Engage Transit Solutions to increase pool of service providers to improve supervision of fleet matters. District Fleet Officers engage with service providers to limit ambulance downtime.</li> <li>♦ Identify satellite points at high accident zones to increase response times and efficiencies.</li> </ul>
2. Poor road infrastructure and long distance travelling time between facilities impact negatively on achieving the required norms for response times ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Advanced driving courses to reduce vehicle down-time due to accidents especially relevant in rural areas with poor road infrastructure.</li> <li>♦ Review allocation of vehicles to mitigate challenges.</li> </ul>
3. Inadequate human resources to comply with Provincial norms for operational ambulances – high turnover rate ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Review of EMS organisational structures and Essential Post List to ensure filling of critical posts as per operational ambulance to staff norm (1:10).</li> <li>♦ Fully utilise the College of Emergency Care to increase the pool of qualified EMS staff.</li> </ul>
4. Organised labour instability impacting negatively on staff morale, productivity and efficiencies ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Strengthen labour relations and implement a comprehensive communication strategy to address identified issues.</li> </ul>
5. Delays with implementation of the revised EMS/FPS Model ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Development of costed Model commenced in 2015/16 – for alignment with available funding envelope.</li> </ul>

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## **5. BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)**

### **5.1 Programme Purpose**

Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including specialized rehabilitation services, as well as a platform for training health professionals and research.

There are no changes to the Programme 4 structure.

#### ***Sub-Programme 4.1: General (Regional) Hospitals***

Render hospital services at a general specialist level and a platform for training of health workers and research.

#### ***Sub-Programme 4.2: Specialised Tuberculosis Hospitals***

Convert present Tuberculosis hospitals into strategically placed centres of excellence. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

#### ***Sub-Programme 4.3: Specialised Psychiatric/ Mental Health Hospitals***

Render a specialist psychiatric hospital service for people with mental illnesses and intellectual disability and provide a platform for the training of health workers and research.

#### ***Sub-Programme 4.4: Chronic Medical Hospitals***

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

#### ***Sub-Programme 4.5: Oral and Dental Training Centre***

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.



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## 5.2 2016/17 Priorities

<b>Priority</b>	<b>Key Focus Area</b>
<p>Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.</p>	
<p>Implement Rationalisation of Regional and Specialised Hospital services. <i>The approved Rationalisation Plan will include performance measures and targets which will inform future APP's and Operational Plans</i></p>	<ul style="list-style-type: none"> <li>♦ Finalise Hospital Rationalisation Strategy and Implementation Plan.               <ul style="list-style-type: none"> <li>– Finalise the Complexing Policy and Framework for implementation.</li> <li>– Audit service packages in line with level of care and classification.</li> <li>– Review package of services at Clairwood and Hillcrest Hospitals.</li> <li>– Review and align post structures to package of services.</li> <li>– Phased implementation of Maternity Obstetric Units at Regional Hospitals.</li> <li>– Establish Transit Patients and Lodger Mothers facilities.</li> <li>– Implement the reviewed Referral Policy.</li> <li>– Standardise Clinical Outreach Programmes (Provincial Clinical Outreach Policy &amp; Framework).</li> </ul> </li> </ul>
<p>Strengthen Governance.</p>	<ul style="list-style-type: none"> <li>♦ Finalise and implement the Governance Framework.</li> <li>♦ Fast track management training to improve facility management.</li> </ul>
<p>Strengthen Hospital Health Information Systems.</p>	<ul style="list-style-type: none"> <li>♦ Standardise manual patient information systems including data collection tools (consultation commenced in 2015/16).</li> <li>♦ Establish a standardised reporting framework.</li> </ul>
<p>Improve management of essential equipment.</p>	<ul style="list-style-type: none"> <li>♦ Complete audit of essential medical equipment and develop and manage effective utilisation of equipment as per Essential Equipment List.</li> <li>♦ Implement the Medical Equipment Rollout and Repair Plan and address challenges of warrantee and guarantee.</li> <li>♦ Establish an equipment pool.</li> </ul>
<p>Improve Health Care Risk Waste Management.</p>	<ul style="list-style-type: none"> <li>♦ Review and align institutional Operations Management Systems including realignment of line functions for reporting.</li> </ul>
<p>Improve quality of care.</p>	<ul style="list-style-type: none"> <li>♦ Scale up implementation of the National Core Standards.               <ul style="list-style-type: none"> <li>– Scale up self-assessments and peer reviews.</li> <li>– Improve development, implementation and monitoring of Quality Improvement Plans based on self-assessment findings.</li> </ul> </li> <li>♦ Finalise and implement a revised approved Provincial Quality Assurance (QA) Model and Framework.</li> </ul>

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## 5.3 Strategic Objectives, Indicators and Targets

**Table 52: 2015-2019 Strategic Plan Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 1: Strengthen health system effectiveness	1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	♦ Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017	♦ Approved Hospital Rationalisation Plan	Implement approved plan
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17 ( <i>included under Programme 1</i> )	♦ Community Based Training in a PHC Model	Implement Model
Strategic Goal 5: Improved quality of health care	5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	♦ Client satisfaction rate	95% (or more)
		5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	♦ Percentage of hospitals compliant with all extreme and vital measures of the national core standards	60% (or more)

Note: Strategic Objectives, Objective Statements, Indicators and Targets from the Strategic Plan 2015-2019 are the same for all Sub-Programmes included in Programme 4. The table will therefore not be repeated per Sub-Programme.

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## Sub-Programme: Regional Hospitals

**Table 53: (PHS1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/15	2016/17	2017/18	2018/19	2019/20
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National core standards self-assessment rate <sup>79</sup>	DHIS/ QA database	Quarterly % QPR	Not reported	100%	76.9%	100%	100%	100%	100%	-
	<i>Number of Regional Hospitals that conducted national core standard self-assessments to date in the current financial year</i>	QA database/ Self-assessment reports	No	-	13	10	13	12	12	12	-
	<i>Regional Hospitals total</i>	DHIS	No	-	13	13	13	12	12	12	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2017	2. Quality Improvement Plan after self-assessment rate	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	76.9%	100%	100%	100%	100%	-
	<i>Number of Regional Hospitals that developed Quality Improvement Plans to date in the current financial year</i>	QIPs/ QA database	No	-	-	10	13	12	12	12	-
	<i>Number of Regional Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	NCS self-assessments	No	-	-	13	13	12	12	12	-

<sup>79</sup> Indicators 1 & 2: All facilities are expected to conduct annual assessments & develop plans to address identified challenges as part of the intensified strategy to speed up compliance with the National Core Standards

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/15	2016/17	2017/18	2018/19	2019/20
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA NCS database	Quarterly % QPR	Not reported	Not reported	0%	0%	25%	42%	58%	60% (or more)
	<i>Total number of Regional Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i>	Assessment Records	No	-	-	0	0	3	5	7	-
	Number of Regional Hospitals that conducted National Core Standards self-assessment to date in the current financial year	NCS Self-Assessment Records	No	-	-	10	13	12	12	12	-
5.1.5) Sustain a 100% client satisfaction rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ QA database	Quarterly % QPR	Not reported	100%	100%	100%	100%	100%	100%	-
	<i>Total number of Regional Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	QA database/ CSS questionnaire	No	-	13	13	13	12	12	12	-
	<i>Total number of Regional Hospitals</i>	DHIS	No	-	13	13	13	12	12	12	-

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/15	2016/17	2017/18	2018/19	2019/20
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database	Annual % QPR	Data not available	Data not available	Data not available	87%	89%	91%	93%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS results	No	-	-	-	13 259	13 392	13 526	13 661	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS results	No	-	-	-	15 198	15 046	14 896	14 747	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	6. Average length of stay - total	DHIS	Quarterly Days QPR	5.4 Days	6.1 Days	6.1 Days	6.5 Days	6.5 Days	6.5 Days	6.5 Days	-
	<i>Inpatient days-total</i>	DHIS/ Midnight Census	No	1 930 175	1 911 384	1 903 406	1 708 626	1 704 354	1 700 094	1 695 843	-
	<i>Day Patients</i>	Admission/ Discharge Register	No	41 603	45 561	47 986	44 860	46 430	48 055	49 737	-
	<i>Inpatient Separations total</i>	DHIS	No	361 422	315 039	316 900	270 966	269 611	268 263	266 922	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate - total	DHIS	Quarterly % QPR	75.2%	77.4%	74.5%	67.8%	70.7%	70.6%	71%	75% (or more)
	<i>Inpatient days-total</i>	DHIS/ Midnight Census	No	1 930 175	1 911 384	1 903 406	1 708 626	1 704 354	1 700 094	1 695 843	-

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/15	2016/17	2017/18	2018/19	2019/20
	Day Patients	Admission/ Discharge Register	No	41 603	45 561	47 986	44 860	46 430	48 055	49 737	-
	Inpatient bed days available	DHIS	No	2 591 934	2 498 942	2 588 033	2 588 033	2 475 003	2 475 003	2 475 003	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE	BAS/ DHIS	Quarterly R QPR	R 2 067*	R 2 186	R 2 368	R 2 837	R 2 822	R 2 971	R 3 127	-
	Expenditure total	BAS	R'000	6 375 683	6 744 282	7 049 696	7 448 066	7 431 662	7 847 687	8 283 780	-
	Patient day equivalents	DHIS	No	3 083 881	3 085 116	2 977 332	2 625 269	2 633 145	2 641 044	2 648 967	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards	9. Complaints resolution rate	DHIS	Quarterly % QPR	Not reported	78.5%	77.7%	82.2%	86%	88%	90%	-
	Complaint resolved	Complaints Register	No	-	1 266	1 133	942	973	966	900	-
	Complaint received	Complaints Register	No	-	1 612	1 458	1 146	1 132	1 098	1 000	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly % QPR	57.4%	94%	95%	97%	97.5%	97.8%	98.2%	-
	Complaint resolved within 25 working days	Complaints Register	No	529	1 190	1 076	916	948	945	884	-
	Complaint resolved	Complaints Register	No	916	1 266	1 133	942	973	966	900	-
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/15	2016/17	2017/18	2018/19	2019/20
2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020	11. Delivery by caesarean section rate	DHIS	Quarterly %	39.8%	39.7%	39.2%	40.1%	40%	39%	38.8%	-
	<i>Delivery by caesarean section</i>	<i>Theatre Delivery Register</i>	No	30 393	29 660	31 082	26 842	27 004	26 592	26 720	-
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	76 306	74 755	79 386	66 842	67 510	68 186	68 867	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferral outpatient department (OPD) headcounts with at least 7% per annum	12. OPD headcount - total	<i>DHIS/OPD tick Register</i>	Quarterly No	3 158 541	3 086 956	2 795 600	2 345 986	2 322 526	2 299 301	2 276 308	-
	13. OPD headcount new case not referred	<i>DHIS/OPD tick Register</i>	Quarterly No	397 096	303 904	222 443	171 652	159 636	148 461	138 069	-
<ul style="list-style-type: none"> <li>St Aidens Hospital with 157 beds has been added to Regional Hospitals. The hospital is not yet fully commissioned with a very low bed utilisation rate (23.3%), which will impact on the overall BUR.</li> <li>King Edward VIII Hospital (852 beds) has been moved to Tertiary Hospitals.</li> <li>Although the number of Regional Hospitals stays the same, data trends will be affected from 2016/17 onwards.</li> </ul>											

# Annual Performance Plan 2016/17 – 2018/19

## 5.4 2016/17 Targets

**Table 54: (PHS2) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	25%	0% (0%)	0% (0%)	15% (15%)	25% (10%)	25%
4. Client Satisfaction Survey rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
5. Client satisfaction rate	Annual	%	89%	-	-	-	-	89%
6. Average length of stay – total	Quarterly	Days	6.5 Days	6.3 Days	6.3 Days	6.3 Days	6.5 Days	6.5 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	70.5%	67.6%	68%	69.5%	70.5%	70.5%
8. Expenditure per PDE	Quarterly	R	R 2 822	R 2 822	R 2 822	R 2 822	R 2 822	R 2 822
9. Complaints resolution rate	Quarterly	%	86%	83%	83.5%	84.5%	86%	86%
10. Complaint resolution within 25 working days rate	Quarterly	%	97.5%	97.2%	97.3%	97.4%	97.5%	97.5%
11. Delivery by caesarean section rate	Quarterly	%	40%	40.1%	40%	40%	40%	40%
12. OPD headcount - total	Quarterly	No	2 322 526	580 631 (580 631)	1 161 262 (580 631)	1 741 893 (580 631)	2 322 526 (580 633)	2 322 526
13. OPD headcount new case not referred	Quarterly	No	159 636	39 909 (39 909)	79 818 (39 909)	119 727 (39 909)	159 636 (39 909)	159 636



# Annual Performance Plan 2016/17 – 2018/19

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# Annual Performance Plan 2016/17 – 2018/19

## Sub-Programme: Specialised TB Hospitals

Table 55: (PHS3 a) Strategic Objectives, Indicators and Targets <sup>80</sup>

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standards self-assessments by March 2017	1. National core standards self-assessment rate	DHIS/ QA database	Quarterly % QPR	Not reported	30%	60%	100%	100%	100%	100%	-
	<i>Number of Specialised TB Hospitals that conducted national core standards self-assessment to date in the current financial year</i>	QA database/ Self-assessment reports	No	-	3	6	9	9	9	9	-
	<i>Specialised TB Hospitals total</i>	DHIS	No	-	10	10	9	9	9	9	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standards assessment outcomes by March 2017	2. Quality Improvement Plan after self-assessment rate	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	Not reported	100%	100%	100%	100%	-
	<i>Number of Specialised TB Hospitals that developed a Quality Improvement Plan to date in the current financial year</i>	QIPs	No	-	-	-	9	9	9	9	-
	<i>Number of Specialised TB Hospitals that conducted National Core Standards self-assessments to date in the current financial year</i>	Assessment Records	No	-	-	-	9	9	9	9	-

<sup>80</sup> Specialised Hospitals (Specialised TB, Psychiatry and Chronic/Sub-Acute) reported on as collective in the QPR. Separated in APP to allow for more accurate monitoring, analysis & reporting

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA database	Quarterly % QPR	Not reported	0%	0%	0%	22%	55%	66%	60% (or more)
	<i>Total number of Specialised TB Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i>	Assessment Records	No	-	0	0	0	2	5	6	-
	<i>Number of Specialised TB Hospitals that conducted National Core Standards self-assessment to date in the current financial year</i>	Assessment Records	No	-	0	0	9	9	9	9	-
5.1.5) Sustain a 100% patient satisfaction survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	Not reported	77.8%	100% <sup>81</sup>	100%	100%	-
	<i>Total number of Specialised TB Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	CSS questionnaire	No	-	-	-	7	9	9	9	-
	<i>Total number of Specialised TB Hospitals</i>	DHIS	No	-	-	-	9	9	9	9	-

<sup>81</sup> All facilities are required to conduct annual Client Satisfaction Surveys as part of the intensified strategy to speed up compliance to the National Core Standards

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database	Annual %	Not reported	Data not available	Data not available	71%	72%	73%	75%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS records	No	-	-	-	2 240	2 262	2 285	2 308	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS records	No	-	-	-	3 173	3 141	3 110	3 079	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	6. Average length of stay – total	DHIS	Quarterly Days QPR	26.1 Days	17.5 Days	16.5 Days	51.2 Days	51 Days	51 Days	51 Days	-
	<i>Inpatient days-total</i>	Midnight Census	No	400 051	381 451	411 283	197 846	202 792	207 862	213 509	-
	<i>Day Patients</i>	Admission/ Discharge Register	No	1 212	588	536	2	2	2	2	-
	<i>Inpatient separations total</i>	DHIS	No	15 354	21 693	24 961	3 862	3 978	4 097	4 220	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate – total	DHIS	Quarterly % QPR	55.6%	56.5%	57%	44.0%	45.2%	46.3%	47.5%	75% (or more)
	<i>Inpatient days-total</i>	Midnight Census	No	400 051	366 100	411 283	197 846	202 792	207 862	213 509	-

# Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Day Patients	Admission/ Discharge Register	No	1 212	548	536	2	2	2	2	-
	Inpatient bed days available	DHIS	No	720 285	648 696	722 396	449 121	449 121	449 121	449 121	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE <sup>82</sup>	BAS/ DHIS	Quarterly R QPR	R 1 217	R 1 314	R 1 300	R 3 239	R 3 312	R 3 461	R 3 608	-
	Total expenditure TB Hospitals	BAS	R'000	591 900	599 097	673 274	764 772	793 589	841 781	890 604	-
	Patient day equivalents	DHIS	No	486 284	455 721	518 023	236 060	239 601	243 195	246 843	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards	9. Complaints resolution rate	DHIS	Quarterly % QPR	39.1%	41.6%	29.8%	81.8%	83.2%	85.2%	86.7%	-
	Complaint resolved	Complaints Register	No	61	99	103	108	109	110	111	-
	Complaint received	Complaints Register	No	41	238	345	132	131	129	128	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly % QPR	Not reported	55.6%	98.1%	94.4%	94.4%	94.5%	94.6%	-
	Complaint resolved within 25 working days	Complaints Register	No	-	55	101	102	103	104	105	-
	Complaint resolved	Complaints Register	No	-	99	103	108	109	110	111	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											

<sup>82</sup> For planning purposes, NHLS costs for GeneXpert and NPI's have been included in the projected budget figures

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum	11. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	236 657	246 728	294 629	114 594	115 740	116 897	246 843	-
	12. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	20 449	38 024	54 505	10 684	9 936	9 241	8 594	-
<ul style="list-style-type: none"> <li>King Dinuzulu Hospital has been moved to District Hospitals considering the 400 commissioned Level 1 beds. Trend data have therefore been affected from 2015/16 onwards.</li> <li>Bed utilisation rate very low and change is expected with implementation of the Hospital Rationalisation Plan. Trends will be monitored.</li> <li>Average length of stay will be influenced by new treatment regimens and trends will be monitored.</li> </ul>											

# Annual Performance Plan 2016/17 – 2018/19

## 5.5 2016/17 Targets

**Table 56: (PHS4 a) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	22%	0%	0%	0%	22%	22%
4. Client Satisfaction Survey Rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
5. Client Satisfaction Rate	Annual	%	72%	-	-	-	-	72%
6. Average length of stay – total	Quarterly	Days	51 Days	51 Days	51 Days	51 Days	51 Days	51 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	45.1%	44.2%	44.2%	44.7%	45.1%	45.1%
8. Expenditure per PDE	Quarterly	R	R 3 312	R 3 240	R 3 250	R 3 300	R 3 312	R 3 312
9. Complaints resolution rate	Quarterly	%	83.2%	82.0%	82.5%	83.0%	83.2%	83.2%
10. Complaint resolution within 25 working days rate	Quarterly	%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%
11. OPD headcount - total	Quarterly	Number	115 740	28 935 (28 935)	57 870 (28 935)	86 805 (28 935)	115 740 (28 935)	115 740
12. OPD headcount new case not referred	Quarterly	Number	9 936	2 484 (2 484)	4 968 (2 484)	7 452 (2 484)	9 936 (2 484)	9 936

# Annual Performance Plan 2016/17 – 2018/19

## Sub-Programme: Specialised Psychiatric Hospitals

**Table 57: (PHS3 b) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National core standards self-assessment rate	DHIS/ QA database	Quarterly % QPR	Not reported	33%	83%	33%	100% <sup>83</sup>	100%	100%	-
	<i>Number of Specialised Psych Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	QA database/ Self-assessment reports	No	-	2	5	2	6	6	6	-
	<i>Specialised Psych Hospitals total</i>	DHIS	No	-	6	6	6	6	6	6	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment	2. Quality Improvement Plan after self-assessment rate	DHIS/ QA database	Quarterly % QPR	Not reported	100%	Not available	0%	100%	100%	100%	-
	<i>Number of Specialised Psych Hospitals that developed a quality improvement plan to date in the current financial year</i>	QIPs	No	-	2	-	0	6	6	6	-

<sup>83</sup> Indicators 1 & 2: All facilities required to conduct annual self-assessments and develop plans to address identified challenges as part of the intensified strategy to increase compliance to the National Core Standards



## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
outcomes by March 2017	<i>Number of Specialised Psych Hospitals that conducted national core standard self-assessment to date in the current financial year</i>	Assessment Records	No	-	2	-	2	6	6	6	-
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standard by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA database	Quarterly % QPR	Not reported	0%	0%	0%	33%	50%	60%	60% (or more)
	<i>Total number of Specialised Psych Hospitals that are compliant to all extreme measures and at least 90% of vital measures of National Core Standards</i>	Assessment records	No		0	0	0	2	3	4	-
	<i>Number of Specialised Psych Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	Assessment Records	No		2	0	2	6	6	6	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.5) Sustain a 100% client satisfaction survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	Not reported	67%	100% <sup>84</sup>	100%	100%	-
	<i>Total number of Specialised Psychiatric Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	CSS records	No		-	-	4	6	6	6	-
	<i>Total number of Specialised Psychiatric Hospitals</i>	DHIS	No		-	-	6	6	6	6	-
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database	Annual % QPR	Not reported	Not available	Not available	60%	70%	80%	90%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS records	No	-	-	-	66	420	520	630	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS records	No	-	-	-	110	600	650	700	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the	6. Average length of stay – total	DHIS	Quarterly Days QPR	264 Days	291.8 Days	305.8 Days	304.2 Days	307 Days	309 Days	312 Days	-

<sup>84</sup> All facilities must conduct annual surveys as part of the strategy to increase compliance to the National Core Standards

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	641 542	627 900	627 724	627 236	625 668	624 104	623 543	-
	<i>Day Patients</i>	<i>Admission/ Discharge Register</i>	No	2	0	2	0	0	0	0	-
	<i>Inpatient separations total</i>	<i>DHIS</i>	No	2 430	2 152	2 053	2 062	2 041	2 021	2 001	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate – total	DHIS	Quarterly % QPR	68.7%	70.1%	70.4%	70.3%	70.1%	70%	70%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	641 542	627 900	627 724	627 236	625 668	624 104	623 543	-
	<i>Day Patients</i>	<i>Admission/ Discharge Register</i>	No	2	0	2	0	0	0	0	-
	<i>Inpatient bed days available</i>	<i>DHIS</i>	No	934 107	895 649	891 573	891 573	891 573	891 573	891 573	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE	BAS/ DHIS	Quarterly R QPR	R 991*	R 1 073	R 1 189	R 1 253	R 1 339	R 1 432	R 1 523	-
	<i>Total expenditure Psychiatric Hospitals</i>	<i>BAS</i>	<i>R'000</i>	641 667	679 875	753 353	793 223	843 859	897 958	950 040	-
	<i>Patient day equivalents</i>	<i>DHIS</i>	No	647 115	633 336	633 444	633 040	630 276	627 124	623 989	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in	9. Complaints resolution rate	DHIS	Quarterly % QPR	86%	86.2%	93.6%	93.7%	93.8%	95.3%	95.3%	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
all public health facilities from March 2018 onwards	Complaint resolved	Complaints Register	No	77	81	59	60	56	52	48	-
	Complaint received	Complaints Register	No	90	94	63	64	60	55	50	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly % QPR	Not reported	96.3%	62.7%	66.6%	70%	75%	80%	-
	Complaint resolved within 25 days	Complaints Register	No	-	78	37	40	39	39	38	-
	Complaint resolved	Complaints Register	No	-	81	59	60	56	52	48	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferrred OPD headcounts with at least 7% per annum	11. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	17 647	16 215	17 020	17 360	17 447	17 534	17 622	-
	12. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	1 003	715	1 032	1 902	1 769	1 645	1 530	-

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## 5.6 2016/17 Targets

**Table 58: (PHS4 b) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	33%	0%	0%	0%	33%	33%
4. Client Satisfaction Survey rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
5. Client satisfaction rate	Annual	%	70%	-	-	-	-	70%
6. Average length of stay – total	Quarterly	Days	307 Days	304.2 Days	304.2 Days	305 Days	307 Days	307 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	70.1%	70%	70%	70%	70.1%	70.1%
8. Expenditure per PDE	Quarterly	R	R 1 339	R 1 260	R 1 295	R 1 300	R 1 339	R 1 339
9. Complaints resolution rate	Quarterly	%	93.8%	93.8%	93.8%	93.8%	93.8%	93.8%
10. Complaint resolution within 25 working days rate	Quarterly	%	70%	66.7%	66.7%	68.5%	70%	70%
11. OPD headcount - total	Quarterly	Number	17 447	4 361 (4 361)	8 722 (4 361)	13 083 (4 361)	17 447 (4 364)	17 447
12. OPD headcount new case not referred	Quarterly	Number	1 769	442 (442)	884 (442)	1 326 (442)	1 769 (443)	1 769

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## Sub-Programme: Chronic/ Sub-Acute Hospitals

**Table 59: (PHS3 c) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National Core Standards self-assessment rate	DHIS/ QA database	Quarterly/ % QPR	Not reported	50%	100%	0%	100% <sup>85</sup>	100%	100%	-
	<i>Number of Chronic/Sub-Acute Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Self-assessment reports</i>	No	-	1	2	0	2	2	2	-
	<i>Chronic/ Sub-Acute Hospitals total</i>	<i>DHIS</i>	No	-	2	2	2	2	2	2	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by	2. Quality Improvement Plan after self-assessment rate	DHIS/ QA database	Quarterly/ % QPR	Not reported	0%	0%	0%	100%	100%	100%	-
	<i>Number of Chronic/Sub-Acute Hospitals that developed a Quality Improvement Plan to date in the current financial year</i>	<i>QIPs</i>	No		0	0	0	2	2	2	-

<sup>85</sup> Indicators 1 & 2: All facilities are required to conduct annual assessments and develop plans to address identified challenges as part of the intensified strategy to improve compliance to the National Core Standards

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
March 2017	<i>Number of Chronic/Sub-Acute Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	Assessment Records	No		1	0	0	2	2	2	-
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA database	Quarterly/ % QPR	Not reported	0%	0%	0%	50%	100%	100%	60% (or more)
	<i>Total number of Chronic/Sub-Acute Hospitals that are compliant to all extreme measures and at least 90% of vital measures of National Core Standards</i>	Assessment Records	No	-	0	0	0	1	2	2	--
	<i>Number of Chronic/Sub-acute Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	Assessment Records	No	-	1	0	0	2	2	2	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.5) Sustain a 100% client satisfaction survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ CSS Results	Quarterly/ % QPR	Not reported	Data not available	Not available	100%	100%	100%	100%	-
	<i>Total number of Chronic/ Long-Term Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	CSS records	No	-	-	-	2	2	2	2	-
	<i>Total number of Chronic/ Long Term Hospitals</i>	DHIS	No	-	-	-	2	2	2	2	-
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database	Annual/ % QPR	Not reported	Not available	Not available	60%	70%	80%	90%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS records	No	-	-	-	66	76	86	96	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS records	No	-	-	-	110	109	108	107	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5	6. Average length of stay – total	DHIS	Quarterly/ Days QPR	39.1 Days	37.2 Days	30.5 Days	35.6 Days	35.4 Days	35.2 Days	35 Days	-
	<i>Inpatient days-total</i>	Midnight Census	No	129 037	120 549	108 954	105 286	104 233	103 191	102 159	-



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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	Day patients	Admission/ Discharge Register	No	354	0	0	0	0	0	0	-
	Inpatient separations total	DHIS	No	3 302	3 239	3 577	2 958	2 943	2 928	2 914	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate – total	DHIS	Quarterly/ Rate QPR	67.4%	64%	56.9%	54.9%	54.5% <sup>86</sup>	53.9%	53.4%	75% (or more)
	Inpatient days-total	Midnight Census	No	129 037	120 549	108 954	105 286	104 233	103 191	102 159	-
	Day Patients	Admission/ Discharge Register	No	354	0	0	0	0	0	0	-
	Inpatient bed days available	DHIS	No	191 707	188 340	191 625	191 625	191 325	191 325	191 325	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE	BAS/ DHIS	Quarterly/ R QPR	R 1 217*	R 1 436	R 1 816	R 2 224	R 2 459	R 2 559	R 2 721	-
	Total expenditure – Chronic Hospitals	BAS	R'000	203 283	224 618	301 941	355 257	390 897	404 707	428 180	-
	Patient day equivalent	DHIS	No	167 007	156 378	166 243	159 731	158 932	158 138	157 347	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from	9. Complaints resolution rate	DHIS	Quarterly/ % QPR	100%	87.4%	80.8%	97.9%	97.9%	98%	98%	-
	Complaint resolved	Complaints Register	No	85	97	84	92	88	83	78	-

<sup>86</sup> The bed numbers are expected to be reduced as part of hospital rationalisation which will increase the bed utilisation rate – that will be factored in in-year and outer years

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
March 2018 onwards	<i>Complaint received</i>	<i>Complaints Register</i>	No	85	111	104	94	90	85	80	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly/ % QPR	Not reported	100%	98.8%	100%	100%	100%	100%	-
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	No	-	97	83	92	88	83	78	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	-	97	84	92	88	83	78	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum	11. OPD headcount – total	DHIS/OPD tick Register	Quarterly/ No	115 055	107 487	171 451	163 082	162 267 <sup>87</sup>	161 455	160 488	-
	12. OPD headcount new cases not referred	DHIS/OPD tick Register	Quarterly/ No	109 232	101 461	65 964	54 898	51 055	47 481	44 156	-

<sup>87</sup> The District Information Officer is in the process to “clean up” Clairwood Hospital OPD data (excluding PHC data from the Gateway) – it is expected that OPD headcount will reduce once cleaned up

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## 5.7 2016/17 Targets

**Table 60: (PHS4 c) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	50%	0%	0%	0%	50%	50%
4. Client Satisfaction Survey Rate	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%
5. Client Satisfaction Rate	Annual	%	70%	-	-	-	-	70%
6. Average length of stay – total	Quarterly	Days	35.4 Days	35.1 Days	35.2 Days	35.3 Days	35.4 Days	35.4 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	54.5%	54.5%	54.5%	54.5%	54.5%	54.5%
8. Expenditure per PDE	Quarterly	R	R 2 459	R 2 235	R 2 359	R 2 400	R 2 459	R 2 459
9. Complaints resolution rate	Quarterly	%	97.9%	97.9%	97.9%	97.9%	97.9%	97.9%
10. Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%
11. OPD headcount - total	Quarterly	Number	162 267	40 566 (40 566)	81 132 (40 566)	121 698 (40 566)	162 267 (40 569)	162 267
12. OPD headcount new case not referred	Quarterly	Number	51 055	12 763 (12 763)	25 526 (12 763)	38 289 (12 763)	51 055 (12 766)	51 055

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## 5.8 Reconciling Performance Targets with Expenditure Trends

**Table 61: (PHS5 a) Summary of Payments and Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
General [Regional] Hospitals	6 115 757	6 560 190	6 727 470	6 881 905	7 281 397	7 283 245	7 692 159	8 146 048	8 618 699
Tuberculosis Hospitals	591 880	631 342	673 267	746 111	764 772	761 101	793 589	846 781	895 894
Psychiatric Hospitals	641 596	686 549	753 333	797 229	793 223	791 736	845 859	899 958	952 156
Sub-acute, step-down and chronic medical hospitals	203 274	226 848	301 940	331 496	355 257	358 567	395 897	416 707	440 876
Dental training hospital	14 868	16 267	17 415	18 897	18 897	18 897	19 930	21 257	22 490
Other specialised hospitals	6 115 757	6 560 190	6 727 470	6 881 905	7 281 397	7 283 245	7 692 159	8 156 048	8 629 279
<b>Total</b>	<b>7 567 375</b>	<b>8 121 196</b>	<b>8 473 425</b>	<b>8 775 638</b>	<b>9 213 546</b>	<b>9 213 546</b>	<b>9 747 434</b>	<b>10 330 751</b>	<b>10 930 115</b>

**Table 62: (PHS5 b) Summary of payments and expenditure by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
Current payments	7 486 935	7 969 342	8 316 935	8 644 111	9 064 962	9 069 088	9 660 201	10 226 427	10 819 740
Compensation of employees	5 654 254	6 146 682	6 505 622	6 735 829	6 988 789	7 005 681	7 334 492	7 808 100	8 261 150
Goods and services	1 832 681	1 822 532	1 811 170	1 908 282	2 076 146	2 063 273	2 325 709	2 418 327	2 558 590
Communication	20 922	20 896	20 856	21 415	21 449	19 784	20 590	21 640	22 895
Computer Services	805	2 963	165	-	-	-	-	-	-
Consultants, Contractors and special services	403 639	313 173	272 520	344 050	474 356	481 401	620 923	644 486	681 866
Inventory	1 039 596	1 101 831	1 131 995	1 149 541	1 158 096	1 141 962	1 227 554	1 282 339	1 356 716

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Operating leases	10 734	9 361	9 578	10 815	11 406	11 188	11 317	11 875	12 564
Travel and subsistence	5 145	4 840	5 118	7 234	4 250	3 546	3 919	4 214	4 458
Interest and rent on land	-	128	143	-	27	133	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	351 840	369 468	370 897	375 227	406 586	405 390	441 406	453 773	480 092
Transfers and subsidies to	<b>68 886</b>	<b>124 336</b>	<b>124 026</b>	<b>63 607</b>	<b>116 194</b>	<b>115 832</b>	<b>62 233</b>	<b>65 219</b>	<b>69 002</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	56	15	64	77	92	50	82	86	91
Higher Education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	37 770	28 829	31 646	33 100	31 882	31 076	33 100	34 843	36 864
Non-profit institutions	31 060	95 492	92 316	30 430	84 220	84 706	29 051	30 290	32 047
Households	68 886	124 336	124 026	63 607	116 194	115 832	441 406	453 773	480 092
Payments for capital assets	<b>11 554</b>	<b>27 518</b>	<b>32 459</b>	<b>67 920</b>	<b>32 390</b>	<b>26 208</b>	<b>25 000</b>	<b>39 105</b>	<b>41 373</b>
Machinery and equipment	11 554	27 439	32 459	67 920	32 390	26 208	25 000	39 105	41 373
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	5	-	-	2 419	-	-	-
Total economic classification	<b>7 567 375</b>	<b>8 121 196</b>	<b>8 473 425</b>	<b>8 775 638</b>	<b>9 213 546</b>	<b>9 213 547</b>	<b>9 745 434</b>	<b>10 330 751</b>	<b>10 930 115</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>7 567 375</b>	<b>8 121 196</b>	<b>8 473 425</b>	<b>8 775 638</b>	<b>9 213 546</b>	<b>9 213 547</b>	<b>9 747 434</b>	<b>10 330 751</b>	<b>10 930 115</b>

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## 5.9 Performance and Expenditure Trends

Programme 4 is allocated 26.5 per cent of the vote during 2016/17 compared with 26.8 per cent in the revised estimate budget for 2015/16. The increase in 2015/16 was due to NHLS fee-for-services payments, increased costs of "non-negotiables" items, water, electricity, as well as claims against the state. The slower growth in 2016/17 is due to medico legal claims not being budgeted for, as well as the NHLS fee-for-services costs not fully funded due to budget constraints. The 2016/17 MTEF includes carry-through costs for previous wage agreements.

## 5.10 Risk Management

**Table 63: Risk Management**

Potential Risks	Mitigating Factors
1. Poor efficiencies at Specialised TB, Psychiatric and Chronic Hospitals ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implementation of the Hospital Rationalisation Plan including Complexing to improve efficiencies including Cost of Employees.</li> </ul>
2. Inability to attract and retain skilled and competent staff in management and clinical domains ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Review of the recruitment and retention strategy in especially rural facilities.</li> <li>♦ Long Term Human Resources Plan and Essential Post List to improve planning for filling of essential posts.</li> </ul>
3. Inadequate management capacity ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Management training including induction training and development of a Management Handbook.</li> <li>♦ Mentoring, succession training and supportive oversight.</li> </ul>
4. Inadequate hospital information systems, poor data quality and information management ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Standardisation of hospital information systems and tools.</li> <li>♦ Phased implementation of ICD 10 coding (pending funding envelope).</li> <li>♦ Regular expenditure and service delivery reviews to improve data quality and management of information for decision-making.</li> </ul>
5. Increasing litigation and non-compliance to clinical policies and guidelines ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implementation of the Governance Framework.</li> <li>♦ Implementation of the National Core Standards and aligned Quality Improvement Plans.</li> <li>♦ Implementation of the Litigation Turn-Around Strategy.</li> </ul>



## 6. BUDGET PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

### 6.1 Programme Purpose

There are no changes to the structure of Programme 5.

#### **Sub-Programme 5.1: Central Hospitals**

Render highly specialised medical health tertiary and quaternary services on a national basis and serve as platform for the training of health workers and research.

#### **Sub-Programme 5.2: Tertiary Hospitals**

To provide tertiary health services and creates a platform for the training of Specialist health professionals.

### 6.2 2016/17 Priorities

#### **Priority**

#### **Key Focus Area**

Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.

Rationalisation of Tertiary and Central Hospital Services.

*The approved Rationalisation Plan will include performance measures and targets which will inform future APPs and Operational Plans*

- Finalise approved Hospital Rationalisation Plan.
  - Develop a Complexing Policy and Framework through consultation.
  - Conclude the audit of service packages in line with level of care and classification to inform the final Hospital Rationalisation Plan.
  - Review and align organisational and post structures with package of services.
  - Implementation of the approved reviewed Referral Policy.
  - Phased implementation of Bed Bureaus.
  - Standardise Clinical Outreach Programmes, oversight, mentorship and development support.

Improve Governance.

- Finalise approved Governance Framework (including clinical governance) for implementation.
- Develop approved Induction Plan, including Management Handbook and succession planning, for rollout in all hospitals.

Improve Hospital Information Systems.

- Standardise hospital patient information systems and tools through consultation and as part of the Hospital Rationalisation Plan.
- Phased rollout of the Meditech system starting with Tertiary Hospitals in the MTEF.

Improved management of essential equipment.

- Implement and monitor implementation of the approved Medical Equipment Rollout and Repair Plan.

Improve quality of care.

- Scale up implementation of the National Core Standards, development and monitoring of Quality Improvement Plans, self-assessments and peer reviews.
- Finalise approved Provincial Quality Assurance (QA) Model and Framework.
- Finalise approved Health Care Risk Waste Management Strategy.



# Annual Performance Plan 2016/17 – 2018/19

## 6.3 Strategic Objectives, Indicators and Targets

**Table 64: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 1: Strengthen health system effectiveness	1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	♦ Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2017	♦ Approved Hospital Rationalisation Plan	Implement approved plan
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17 <i>(included in Programme 1)</i>	♦ Community Based Training in a PHC Model	implement Model
Strategic Goal 5: Improved quality of health care	5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a client satisfaction rate of 95% (or more) in all public health facilities by March 2020.	♦ Client satisfaction rate	95% (or more)
		5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020.	♦ Percentage of hospitals compliant with all extreme and vital measures of the national core standards	60% (or more)

**Note:** Strategic Objectives, Objective Statements, Indicators and Targets from the Strategic Plan 2015-2019 are the same for Tertiary and Central Hospitals. The table is therefore not repeated in Programme 5.

The Hospital Rationalisation Plan will make provision for specific strategic and operational priorities that will be specific to the different hospitals and categories of hospitals. That will be unpacked in the Annual Performance Plan for 2016/17 onwards.

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## Sub-Programme: Tertiary Hospitals (Greys, King Edward VIII & Ngwelezana)

**Table 65: (C&THS1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National core standards self-assessment rate	DHIS/ QA database	Quarterly % QPR	100%	100%	0%	100%	100%	100%	100%	-
	<i>Number of Tertiary Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Self-Assessment records</i>	No	2	2	0	3	3	3	3	-
	<i>Total number of Tertiary Hospitals</i>	<i>DHIS</i>	No	2	2	2	3	3	3	3	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2017	2. Quality Improvement Plan after self-assessment rate <sup>88</sup>	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	Not reported	0%	100%	100%	100%	-
	<i>Number of Tertiary Hospitals that developed a Quality Improvement Plan to date in the current financial year</i>	<i>QIPs</i>	No	-	-	-	0	3	3	3	-
	<i>Number of Tertiary Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Self-assessment reports</i>	No	-	-	-	3	3	3	3	-

<sup>88</sup> All facilities are required to develop improvement plans based on identified challenges during self-assessment in line with the intensified strategy to increase compliance to the National Core Standards

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Strategic Objective Statement	Performance Indicator	Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA database	Quarterly % QPR	Not reported	Not reported	0%	0%	33%	66%	100%	60% (or more)
	<i>Total number of Tertiary Hospitals compliant to all extreme measures and at least 90% of vital measures of National Core Standards</i>	<i>Assessment records</i>	No	-	-	0	0	1	2	3	-
	<i>Number of Tertiary Hospitals that conducted National Core Standard self-assessments</i>	<i>Assessment records</i>	No	-	-	0	3	3	3	3	-
5.1.5) Sustain a 100% client satisfaction survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ QA database	Quarterly % QPR	100%	100%	Not available	100%	100%	100%	100%	-
	<i>Total number of Tertiary Hospitals that conducted a Client Satisfaction Survey to date in the current financial year</i>	<i>CSS reports</i>	No	2	2	-	3	3	3	3	-
	<i>Total number of Tertiary Hospitals</i>	<i>DHIS</i>	No	2	2	-	3	3	3	3	-

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Strategic Objective Statement	Performance Indicator	Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database	Annual % QPR	Not reported	Not reported	Not available	94%	96%	97%	100%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS reports	No	-	-	-	112	113	114	115	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS reports	No	-	-	-	119	118	117	115	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	6. Average length of stay - total	DHIS	Quarterly Days QPR	10.2 Days	9.9 Days	9.6 Days	7.8 Days	7.7 Days	7.6 Days	7.4 Days	-
	<i>Inpatient days-total</i>	Midnight Census	No	294 660	308 673	297 816	474 302	490 903	508 084	525 867	-
	<i>Day Patients</i>	Admission/ Discharge Register	No	371	9 153	9 781	17 580	18 213	18 869	19 548	-
	<i>Inpatient separations total</i>	DHIS	No	28 801	31 553	31 668	62 122	65228	68490	71914	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate - total	DHIS	Quarterly % QPR	85.3%	98.7%	83.4%	76.3%	78.9%	81.7%	84.5%	75% (or more)
	<i>Inpatient days-total</i>	Midnight Census	No	294 660	308 673	297 816	474 302	490 903	508 084	525 867	-
	<i>Day Patients</i>	Admission/ Discharge Register	No	371	9 153	9 781	17 580	18 213	18 869	19 548	-

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Strategic Objective Statement	Performance Indicator	Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	<i>Inpatient bed days available</i>	DHIS	No	345 632	317 459	363 053	633 527	633 527	633 527	633 527	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE	BAS/ DHIS	Quarterly R QPR	R 4 605	R 3 257	R 5 383	R 2 964	R 2 894 <sup>89</sup>	R 3 163	R 3 347	-
	<i>Expenditure – Total Tertiary Hospital</i>	BAS	R'000	1 889 885	1 400 958	2 232 949	2 061 668	1 992 446	2 155 746	2 258 409	-
	<i>Patient day equivalents</i>	DHIS	No	410 345	430 124	414 797	695 493	688 538	681 653	674 836	-
<b>Strategic Objective 5.1: Improve compliance to the ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards	9. Complaints resolution rate	DHIS	Quarterly % QPR	83.3%	74.4%	79.9%	83.5%	85%	90%	94.5%	-
	<i>Complaint resolved</i>	Complaints Register	No	280	203	251	354	263	270	275	-
	<i>Complaint received</i>	Complaints Register	No	336	273	314	424	309	300	291	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly % QPR	83.3%	100%	98%	100%	100%	100%	100%	-
	<i>Complaint resolved within 25 working days</i>	Complaints Register	No	280	203	246	354	263	270	275	-
	<i>Complaint resolved</i>	Complaints Register	No	336	203	251	354	263	270	275	-
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.2) Reduce the caesarean section rate to	11. Delivery by caesarean section rate	DHIS	Quarterly %	73.2%	69%	73.6%	53.2%	65%	65.4%	65.8%	-

<sup>89</sup> Expenditure data is suspected to be incorrect (under-reported) and will be investigated and verified by the Finance Section

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Strategic Objective Statement	Performance Indicator	Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	No	1 004	898	759	4 130	4 984	4 964	4 928	-
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	1 372	1 301	1 031	7 760	7 668	7 591	7 489	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum	12. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly No	314 027	308 513	293 717	563 310	568 943	574 633	580 379	-
	13. OPD headcount new cases not referred	DHIS/ Tick Register OPD	Quarterly No	30 962	33 039	28 815	53 034	49 322	45 869	42 658	-

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## 6.4 2016/17 Targets

Table 66: (THS2) Quarterly and Annual Targets 2016/17

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	0% (0%)	0% (0%)	33% (33%)	100% (67%)	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	0% (0%)	0% (0%)	33% (33%)	100% (67%)	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	33%	0%	0%	0%	33%	33%
4. Client Satisfaction survey rate	Quarterly	%	100%	0% (0%)	0% (0%)	33% (33%)	100% (67%)	100%
5. Client Satisfaction rate	Annual	%	96%	-	-	-	-	96%
6. Average length of stay – total	Quarterly	Days	7.7 Days	7.7 Days	7.7 Days	7.7 Days	7.7 Days	7.7 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	78.9%	77%	77.5%	78%	78.9%	78.9%
8. Expenditure per PDE	Quarterly	R	R 2 894	R 2 894	R 2 894	R 2 894	R 2 894	R 2 894
9. Complaints resolution rate	Quarterly	%	85%	84%	84.5%	84.5%	88.5%	85%
10. Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%
11. Delivery by caesarean section rate	Quarterly	%	65%	67%	67%	66.5%	65%	65%
12. OPD headcount - total	Quarterly	No	568 943	142 235 (142 235)	284 470 (142 235)	426 705 (142 235)	568 943 (142 238)	568 943
13. OPD headcount new case not referred	Quarterly	No	49 322	12 330 (12 330)	24 660 (12 330)	36 990 (12 330)	49 322 (12 332)	49 322

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## Sub-Programme: Central Hospital (Inkosi Albert Luthuli Central)

**Table 67: (C&THS3) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2012/13	2013/14	2014/15		2015/16	2016/17	2017/18	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2017	1. National core standards self-assessment rate	DHIS/ QA database	Quarterly/ % QPR	100%	100%	0%	0%	100%	100%	100%	-
	<i>Number of Central Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Self-assessment records</i>	No	1	1	0	0	1	1	1	-
	<i>Total number of Central Hospitals</i>	DHIS	No	1	1	1	1	1	1	1	-
5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on NCS assessment outcomes by March 2017	2. Quality Improvement Plan after self-assessment rate	DHIS/ QA database	Quarterly/ % QPR	Not reported	Not reported	Not reported	0%	100%	100%	100%	-
	<i>Number of Central Hospitals that developed a Quality Improvement Plan to date in the current financial year</i>	QIPs	No	-	-	-	0	1	1	1	-
	<i>Number of Central Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Self-assessment records</i>	No	-	-	-	0	1	1	1	-



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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	DHIS/ QA database	Quarterly/ % QPR	Not reported	Not reported	0%	0%	100%	100%	100%	60% (or more)
	<i>Total number of Central Hospitals that are compliant to all extreme measures and at least 90% of vital measures of National Core Standards</i>	<i>Assessment records</i>	No	-	-	0	0	1	1	1	-
	<i>Number of Central Hospitals that conducted National Core Standard self-assessment to date in the current financial year</i>	<i>Assessment records</i>	No	-	-	1	1	1	1	1	-
5.1.5) Sustain a 100% client satisfaction survey rate in all public health facilities from March 2017 onwards	4. Client Satisfaction Survey rate	DHIS/ QA database	Quarterly/ % QPR	100%	100%	100%	100%	100%	100%	100%	-
	<i>Total number of Central Hospitals that conducted a Client Satisfaction survey to date in the current financial year</i>	<i>CSS reports</i>		1	1	1	1	1	1	1	-
	<i>Total number of Central Hospitals</i>	<i>DHIS</i>		1	1	1	1	1	1	1	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5. Client satisfaction rate	DHIS/ QA database/ CSS results	Annual/ % QPR	90%	95%	Not available	94%	96%	97%	100%	95% (or more)
	<i>Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year</i>	CSS reports	No	18	19	-	112	113	114	115	-
	<i>Total number of clients that participated in survey to date in the current financial year</i>	CSS reports	No	20	20	-	119	118	117	115	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020	6. Average length of stay - total	DHIS	Quarterly/ Days QPR	8.4 Days	8.9 Days	8.4 Days	8.6 Days	8.5 Days	8.6 Days	8.6 Days	-
	<i>Inpatient days-total</i>	Midnight Census	No	217 577	225 640	206 116	205 966	205 760	205 554	205 348	-
	<i>Day Patients</i>	Admission/ Discharge Register	No	1 526	1 737	1 587	1 554	1 548	1 533	1 518	-
	<i>Inpatient separations</i>	DHIS	No	26 068	25 579	24 583	24 110	24 337	24 094	23 853	-
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	7. Inpatient bed utilisation rate - total	DHIS	Quarterly/ % QPR	70.5%	73.5%	67%	67.1%	67.1%	67.1%	67%	75% (or more)
	<i>Inpatient days-total</i>	Midnight Census	No	217 577	225 640	206 116	205 966	205 760	205 554	205 348	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	Day Patients	Admission/ Discharge Register	No	1 526	1 737	1 587	1 554	1 548	1 533	1 518	-
	Inpatient bed days available	DHIS	No	309 920	307 938	308 790	308 824	308 824	308 824	308 824	-
1.7.4) Maintain expenditure per PDE within the provincial norms	8. Expenditure per PDE	BAS/ DHIS	Quarterly/ R QPR	R 2 937*	R 2 873	R 3 288	R 8 088	R 8 173	R 8 637	R 8 992	-
	Total expenditure Central Hospital	BAS	R'000	R 873 086	R 839 485	908 448	2 229 438	2 250 558	2 375 962	2 471 159	-
	Patient day equivalents	DHIS	No	279 186	292 157	276 275	275 641	275 365	275 090	274 815	-
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards	9. Complaints resolution rate	DHIS	Quarterly/ % QPR	84.6%	74.2%	67.4%	75%	80%	85%	90%	-
	Complaint resolved	Complaints Register	No	22	46	31	54	55	55	54	-
	Complaint received	Complaints Register	No	26	62	46	72	69	65	60	-
5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 onwards	10. Complaint resolution within 25 working days rate	DHIS	Quarterly/ % QPR	84.6%	100%	100%	96.3%	96.5%	97%	98%	-
	Complaint resolved within 25 working days	Complaints Register	No	22	46	31	52	53	53	53	-
	Complaint resolved	Complaints Register	No	26	46	31	54	55	55	54	-
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020	11. Delivery by caesarean section rate	DHIS	Quarterly/ %	79.8%	78.5%	80.5%	71.1%	69.7%	68.4%	66.8%	-
	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	No	394	394	400	320	317	314	310	-
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	494	502	497	450	455	459	464	-
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.6) Appropriate referral as per referral criteria	12. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly/ No	179 617	192 629	203 228	202 082	201 880	201 678	201 476	-

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## 6.1 2016/17 Targets

Table 68: (C&THS4) Quarterly and Annual Targets 2016/17

Performance Indicators	Frequency	Type	Annual Target 2016/17	Target				Annual
				Q1	Q2	Q3	Q4	
1. National core standards self-assessment rate	Quarterly	%	100%	0%	0%	0%	100%	100%
2. Quality improvement plan after self-assessment rate	Quarterly	%	100%	0%	0%	0%	100%	100%
3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	100%	0%	0%	0%	100%	100%
4. Client Satisfaction Survey rate	Quarterly	%	100%	0%	0%	0%	100%	100%
5. Client satisfaction rate	Annual	%	96%	-	-	-	-	96%
6. Average length of stay – total	Quarterly	Days	8.5 Days	8.6 Days	8.6 Days	8.6 Days	8.5 Days	8.5 Days
7. Inpatient bed utilisation rate – total	Quarterly	%	67.1%	67.1%	67.1%	67.1%	67.1%	67.1%
8. Expenditure per PDE	Quarterly	R	R 8 173	R 8 100	R 8 150	R 8 161	R 8 173	R 8 173
9. Complaints resolution rate	Quarterly	%	80%	75%	76%	78%	80%	80%
10. Complaint resolution within 25 working days rate	Quarterly	%	96.5%	96.5%	96.5%	96.5%	96.5%	96.5%
11. Delivery by caesarean section rate	Quarterly	%	69.7%	70.7%	70.5%	70%	69.7%	69.7%
12. OPD headcount - total	Quarterly	No	201 880	50 470 (50 470)	100 940 (50 470)	151 410 (50 470)	201 880 (50 470)	201 880

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## 6.2 Reconciling Performance Targets with Expenditure Trends

**Table 69: (C&THS7 a) Summary of Payments and Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
Central Hospitals	1 697 441	1 785 076	1 914 646	2 154 298	2 063 323	2 150 507	2 333 471	2 528 972	2 593 644
Tertiary Hospitals	1 641 409	1 855 510	1 903 154	1 830 668	2 025 278	2 043 449	2 156 423	2 374 723	2 539 278
<b>Total</b>	<b>3 338 850</b>	<b>3 640 586</b>	<b>3 817 440</b>	<b>3 984 966</b>	<b>4 088 601</b>	<b>4 193 956</b>	<b>4 489 894</b>	<b>4 903 695</b>	<b>5 132 922</b>

**Table 70: (C&THS7 b) Summary of Payments and Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>3 326 365</b>	<b>3 563 853</b>	<b>3 774 252</b>	<b>3 962 062</b>	<b>4 061 896</b>	<b>4 166 479</b>	<b>4 473 631</b>	<b>4 886 197</b>	<b>5 114 409</b>
Compensation of employees	1 805 528	1 984 474	2 134 970	2 226 728	2 266 728	2 333 609	2 407 673	2 642 315	2 805 151
<b>Goods and services</b>	<b>1 520 837</b>	<b>1 579 379</b>	<b>1 638 956</b>	<b>1 735 334</b>	<b>1 795 168</b>	<b>1 832 870</b>	<b>2 065 958</b>	<b>2 243 882</b>	<b>2 309 258</b>
Communication	4 743	5 449	5 307	4 733	5 063	5 272	5 500	5 750	6 084
Computer Services	5 534	3 509	0	0	0	0	0	0	0
Consultants, Contractors and special services	757 503	763 031	790 156	833 224	894 503	993 978	1 127 344	1 243 337	1 226 860
Inventory	675 596	727 269	755 052	802 576	801 415	741 597	825 319	882 477	957 483
Operating leases	1 016	818	732	550	550	806	1 100	881	932
Travel and subsistence	1 341	867	868	1 071	665	541	370	383	405
Interest and rent on land	-	0	326	0	0	0	0	0	0
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	75 104	78 436	86 841	93 180	92 972	90 676	106 325	111 054	117 495
Transfers and subsidies to	<b>4 920</b>	<b>45258.5</b>	<b>40 875</b>	<b>10 324</b>	<b>23 959</b>	<b>23021</b>	<b>10763</b>	<b>11306</b>	<b>11 962</b>
Provinces and municipalities	-	0	0	0	0	2	0	0	0
Departmental agencies and accounts	-	51.5	51	54	54	0	57	60	63
Higher Education institutions	-	0	0	0	0	0	0	0	0
Foreign governments and international organisations	-	0	0	0	0	0	0	0	0
Non-profit institutions	-	-	-	-	-	-	10706	11 246	11 898
Households	4 920	45207	40 824	10 270	23 905	23019	106 325	111 054	117 495
Payments for capital assets	7 565	31 474	2 673	12 580	2 746	4 456	5500	6 192	6 551
Machinery and equipment	7 565	31 474	2673	12580	2 746	4 456	5500	6 192	6 551
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	0	0	0	0	0	0	0	0
Total economic classification	3 338 850	3 640 586	3 817 800	3 984 966	4 088 601	4 193 956	4 489 894	4 903 695	5 132 922
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>3 338 850</b>	<b>3 640 586</b>	<b>3 817 800</b>	<b>3 984 966</b>	<b>4 088 601</b>	<b>4 193 956</b>	<b>4 489 894</b>	<b>4 903 695</b>	<b>5 132 922</b>

# Annual Performance Plan 2016/17 – 2018/19

## 6.3 Performance and Expenditure Trends

Programme 5 is allocated 12.3 per cent of the vote in 2016/17 compared with 12.2 per cent in the revised estimate budget for 2015/16. The increase in the 2015/16 revised estimate is mainly related to the filling of critical posts to strengthen the neonatal services, as well as the PPP payment carry over expenditure from 2014/15. The 2016/17 MTEF includes carry-through costs of previous wage agreements.

## 6.4 Risk Management

**Table 71: Risk Management**

Potential Risks	Mitigating Strategies
1. Increasing litigation at hospital level ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implement the Litigation Turn-Around Strategy.</li> <li>♦ Implementation of the National Core Standards.</li> <li>♦ Clinical Governance and robust monitoring of quality.</li> <li>♦ Active training programmes including telemedicine and e-health.</li> </ul>
2. Delays in procurement of essential equipment and poor management of equipment repairs ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Medical Equipment Rollout and Repair Plan.</li> <li>♦ SCM Turn-Around Strategy to reduce inefficiencies.</li> </ul>
3. Inability to attract and retain skilled and competent clinical staff in especially Ngwelezane Hospital ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Review recruitment and retention strategy.</li> <li>♦ Long Term Human Resources Plan and Essential Post List.</li> </ul>
4. Inadequate hospital patient information systems ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Phased implementation of the Meditech system starting at Tertiary Hospitals (pending funding).</li> <li>♦ Standardise information collection tools.</li> </ul>
5. Limited funding envelope delays preparation of the service delivery platform in response to implementation of the Decentralised Training in a PHC Model ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Phased implementation of the Model starting in Uthungulu in 2016/17.</li> <li>♦ Re-prioritisation based on identified needs and funding envelope.</li> </ul>



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## 7. BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING

### 7.1 Programme Purpose

Render training and development opportunities for actual and potential employees of the Department of Health

There are no changes to the structure of Programme 6.

#### **Sub-Programme 6.1: Nurse Training College**

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees

#### **Sub-Programme 6.2: EMS Training College**

Train rescue and ambulance personnel. Target group includes actual and potential employees

#### **Sub-Programme 6.3: Bursaries**

Provision of bursaries for health science training programmes at under- and postgraduate levels, targeting actual and potential employees

#### **Sub-Programme 6.4: PHC Training**

Provision of PHC related training for personnel, provided by the regions

#### **Sub-Programme 6.5: Training (Other)**

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

### 7.2 2016/17 Priorities

#### **Priority**

#### **Key Focus area**

Provincial focus, informed through consultation, is on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets.

Finalise and implement the Nursing Strategy.

♦ Finalise and implement the Nursing Strategy and Implementation Plan.

Accreditation of KZNCN as Institution of Higher Education.

♦ Implement the Accreditation Implementation Plan including amalgamation of Campuses and Sub-Campuses in line with accreditation requirements.

Align student intake with service delivery demand and need.

♦ Finalise approved short, medium and long term Human Resources Plan based on gap analysis and reviewed organisational structures.

♦ Review Framework for bursary allocation and retention of students.

## Annual Performance Plan 2016/17 – 2018/19

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|--|---|
| Review Registrar Training Programme.   | ♦ Finalise approved Registrar Training Strategy and allocation in collaboration with UKZN.  |
| Strengthen the Mid-level Worker Programme.   | ♦ Collaboration with Institutes of Higher Learning to scale up training programmes for Mid-Level Workers.   |
| Approved Human Resource Development Plan based on identified training needs and demands. | ♦ Alignment of Human Resource Development Plan with service delivery needs and demands.<br>♦ Prioritise leadership training, mentoring and succession planning, and supportive supervision. |
| Scale up Emergency Medical training.   | ♦ New courses in partnership with DUT including courses at entry and mid-level qualification.   |

# Annual Performance Plan 2016/17 – 2018/19

## 7.3 Strategic Objectives, Indicators and Targets

**Table 72: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20	• Number of bursaries awarded for first year medicine students	569
		4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20	• Number of bursaries awarded for first year nursing students	1 000
		4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category)	• Number of new students enrolled in Mid-Level Worker training courses	167
		4.1.7) Increase the EMS skills pool by increasing the number of EMS personnel trained in ILS to 360 and ECT to 150 by March 2020	• Number of Intermediate Life Support graduates per annum	360
			• Number of Emergency Care Technician graduates per annum	150

**Table 73: (HST1) Strategic Priorities, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
<b>Strategic Objective 4.1: Improve human resources for health</b>											
4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20	1. Number of bursaries awarded for first year medicine students	Bursary Register	Annual No QPR	405 (51RSA + 354 Cuban)	379 (77 RSA + 302 Cuban)	Not reported	91 <sup>90</sup>	60 (10 Cuban, 50 RSA)	60 (10 Cuban, 50 RSA)	60 (10 Cuban, 50 RSA)	569

<sup>90</sup> Includes 23 students studying in Cuba and 68 students studying in South Africa

# Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20	2. Number of bursaries awarded for first year nursing students	Bursary Register	Annual No QPR	Not reported	Not reported	Not reported	450	225	225	225	1 000
<b>Strategic Objective 4.3: Accreditation of KZNCN as Institution of Higher Education</b>											
4.3.1) KZNCN accredited as institution of Higher Education by March 2017	3. KZNCN accredited as Institution of Higher Education	Accreditation Certificate	Annual Categorical	Not reported	Not reported	Not reported	Not accredited	Accredited (10 Campuses approved)	Accredited (10 Campuses approved)	Accredited (10 Campuses approved)	-
<b>Strategic Objective 4.1: Improve human resources for health</b>											
4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum	4. Number of Advanced Midwives graduating per annum	KZNCN database	Annual No	107	90	146	110	121	132	145	-
4.1.10) Improve access for people with disabilities by training 1 100 service providers in sign language by March 2020	5. Number of employees trained in sign language (cumulative)	Annual Training Report	Annual No	Not reported	Not reported	Not reported	220	220	220	220	-
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category)	4. Number of new students enrolled in Mid-Level Worker training courses	Student Records	Annual Number	Not reported	Not reported	Not reported	100	100	100	100	167

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020	5. Number of MOP's that successfully completed the degree course at DUT	Training Report/ Student Records DUT	Annual No	Not reported	0	Not reported	0	27	13	23	-
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category)	7. Number of new Pharmacy Assistants enrolled in training courses	Annual Training Report	Annual No	309	118	372	210	200	250	300	-
	8. Number of new Clinical Associates enrolled in training courses	Annual Training Report	Annual No	Not reported	Not reported	Not reported	48	48	48	48	-
<b>Strategic Objective 4.1: Improve human resources for health</b>											
4.1.7) Improve the EMS skills pool by increasing the number of EMS personnel trained in ILS to 360 and ECT to 150 by March 2020	9. Number of Intermediate Life Support graduates per annum	Training Report/ EMS College Register	Annual No	88	44	54	42	72	0 <sup>91</sup>	0	360
	10. Number of Emergency Care Technician graduates per annum	Training Report/ EMS College Register	Annual No	0	0	17	0 <sup>92</sup>	0	0	30	150

<sup>91</sup> Estimated cessation of the ILS course at the end of 2016 hence 0 targets for outer years

<sup>92</sup> The old ECT course is discontinued and being replaced with the 2-year EMC Diploma for registration as ECT

# Annual Performance Plan 2016/17 – 2018/19

## 7.4 2016/17 Targets

**Table 74: (HST2) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Number of bursaries awarded for first year medicine students	Annual	Number	60	-	-	-	-	60
2. Number of bursaries awarded for first year nursing students	Annual	Number	225	-	-	-	-	225
3. KZNCN accredited as Institution of Higher Education	Annual	Categorical	Accredited (10 Campuses approved)	-	-	-	-	Accredited (10 Campuses approved)
4. Number of Advanced Midwives graduating per annum	Annual	Number	121	-	-	-	-	121
5. Number of employees trained in sign language (cumulative)	Annual	Number	220	-	-	-	-	220
6. Number of students enrolled in Mid-Level Worker training courses	Annual	Number	100	-	-	-	-	100
7. Number of MOP's that successfully completed the degree course at DUT	Annual	Number	27	-	-	-	-	27
8. Number of Pharmacy Assistants enrolled in training course	Annual	Number	200	-	-	-	-	200
9. Number of Clinical Associates enrolled in training course	Annual	Number	48	-	-	-	-	48
10. Number of Intermediate Life Support graduates per annum	Annual	Number	72	-	-	-	-	72
11. Number of Emergency Care Technician graduates per annum	Annual	Number	0	-	-	-	-	0

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## 7.5 Reconciling Performance Targets with Expenditure Trends

**Table 75: (HST4 a) Expenditure Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
Nurse training colleges	334 013	292 602	276 189	296 953	280 341	279 813	280 382	300 650	318 088
EMS training colleges	10 890	5 968	5 039	4 709	4 575	3 772	18 176	18 304	19 366
Bursaries	82 997	205 880	243 405	237 500	283 379	289 297	255 910	268 912	284 509
PHC training	54 574	47 043	41 957	49 610	40 913	41 161	38 530	41 481	43 887
Other training	419 461	447 858	452 359	466 478	446 042	441 207	507 152	537 336	568 501
<b>Total</b>	<b>901 935</b>	<b>999 351</b>	<b>1 018 949</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 100 150</b>	<b>1 166 683</b>	<b>1 234 351</b>

**Table 76: (HST4 b) Summary of Provincial Expenditure Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>804 266</b>	<b>789 339</b>	<b>778 344</b>	<b>816 250</b>	<b>777 965</b>	<b>842 326</b>	<b>842 326</b>	<b>898 400</b>	<b>950 507</b>
Compensation of employees	746 254	736 405	722 027	743 354	719 538	776 000	776 000	828 732	876 798
<b>Goods and services</b>	<b>58 012</b>	<b>52 931</b>	<b>56 317</b>	<b>72 896</b>	<b>58 427</b>	<b>66 326</b>	<b>66 326</b>	<b>69 668</b>	<b>73 709</b>
Communication	1 201	1 054	948	1 210	855	812	812	876	927
Computer Services	-	2 126	45	-	83	-	-	-	-
Consultants, Contractors and special services	145	2 608	2 423	1 800	2 228	1 647	1 647	1 740	1 841
Inventory	4 301	3 162	3 353	3 532	2 385	5 723	5 723	5 926	6 269
Operating leases	1 168	1 221	1 273	1 580	1 542	1 502	1 502	1 586	1 678
Travel and subsistence	18 048	15 471	25 585	32 410	28 878	37 543	37 543	38 720	40 966



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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Interest and rent on land	-	3	-	-	-	-	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	33 148	27 289	22 690	32 364	22 456	25 132	19 099	20 820	22 028
<b>Transfers and subsidies to</b>	<b>96 105</b>	<b>208 586</b>	<b>238 187</b>	<b>230 000</b>	<b>273 909</b>	<b>283 075</b>	<b>252 824</b>	<b>261 647</b>	<b>276 823</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	10 119	11 282	15 768	16 000	18 863	18 863	19 842	17 684	18 710
Higher Education institutions	57	498	16	-	-	-	-	-	-
Foreign governments and international organisations		-	-	-	-	-	-	-	-
Non-profit institutions	15 130	-	-	-	-	-	232 982	243 963	258 113
Households	70 799	196 806	222 403	214 000	255 046	264 212	232 982	243 963	258 113
<b>Payments for capital assets</b>	<b>1 564</b>	<b>1 426</b>	<b>2 412</b>	<b>9 000</b>	<b>3 369</b>	<b>228</b>	<b>5 000</b>	<b>6 636</b>	<b>7 021</b>
Machinery and equipment	1 564	1 426	2 412	9 000	3 369	228	5 000	6 636	7 021
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	6	-	7	7	-	-	-
<b>Total economic classification</b>	<b>901 935</b>	<b>999 351</b>	<b>1 018 949</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 100 150</b>	<b>1 166 683</b>	<b>1 234 351</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>901 935</b>	<b>999 351</b>	<b>1 018 949</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 055 250</b>	<b>1 100 150</b>	<b>1 166 683</b>	<b>1 234 351</b>

# Annual Performance Plan 2016/17 – 2018/19

## 7.6 Performance and Expenditure Trends

Programme 6 is allocated 3.1 per cent of the vote in 2016/17 (the same as 2015/16). The weakening Rand/Dollar exchange rate has contributed to the increased costs for this programme. Growth over the 2016/17 MTEF accounts for inflation only.

## 7.7 Risk Management

**Table 77: Risk Management**

Potential Risks	Mitigating Strategies
1. Delays in progress for accreditation of the KZN College of Nursing ( <i>High Risk</i> )	<ul style="list-style-type: none"> <li>♦ Accreditation Strategy</li> </ul>
2. Delayed infrastructure maintenance and repair at campuses and sub-campuses due to limited funding ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Included in the 10-year Infrastructure Plan.</li> <li>♦ Rationalisation of campuses and sub-campuses.</li> </ul>
3. Budget constraints limiting the Registrar Training Programme with impact on the Specialist pool for recruitment as well as preparation of the service delivery platform for the Decentralised Training Model ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Review of Registrar Programme in collaboration with UKZN.</li> <li>♦ Provision for absorption of students post training through the Human Resource Plan and Essential Post List.</li> </ul>
4. Limited funding envelope and moratorium on filling of posts will jeopardise absorption of bursary holders in permanent posts ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Short, Medium and Long Term Plan to make provision for absorption of students post qualification.</li> <li>♦ Submission of Essential Post List to secure funding for filling of posts.</li> </ul>
5. Breach of contracts by Bursary holders ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Actively monitor bursary holder database and student activity.</li> <li>♦ Analyse Persal service termination reports to enforce recoveries.</li> <li>♦ Review of Bursary Contracts.</li> </ul>

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## **8. BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**

### **8.1 Programme Purpose**

To render support services required by the Department to realise its aims.

There are no changes to the structure of Programme 7.

#### **Sub-Programme 7.1: Laundry Services**

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

#### **Sub-Programme 7.2: Engineering Services**

Render a maintenance service to equipment and engineering installations, and minor maintenance to buildings.

#### **Sub-Programme 7.3: Forensic Services**

Render specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.

#### **Sub-Programme 7.4: Orthotic and Prosthetic Services**

Render specialised orthotic and prosthetic services.

#### **Sub-Programme 7.5: Pharmaceutical Service (Medicine Trading Account)**

Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account.

### **8.2 2016/17 Priorities**

#### **Priority**

#### **Key Focus Area**

Provincial focus, informed through consultation, remains on system strengthening and enabling macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements. Operational activities are included in Operational Plans that will be monitored to assess performance against targets and value for money.

Improve the efficiency of laundry services.

- ♦ Finalise the Turnaround Strategy and Implementation Plan for Regional Laundries to improve operations and ensure zero clean linen stock outs.
- ♦ Finalise and implement the Laundry Management Policy.

Improve Pharmaceutical management and service delivery.

- ♦ Phased roll-out of CCMDD to 4 additional districts in 2016/17.
- ♦ Establish a Provincial Medicine Procurement Unit.
- ♦ Implement the Direct Delivery System to hospitals and CHCs.
- ♦ Finalise the Implementation Plan for implementation of Cross Docking.

Strengthen Forensic Pathology Services.

- ♦ Finalise and approve the Forensic Pathology Rationalisation Implementation Plan for implementation.

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## 8.3 Strategic Objectives, Indicators and Targets

**Table 78: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
<b>Orthotic and Prosthetic Services</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020	• Number of operational Orthotic Centres (cumulative)	11
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020	• Number of MOP's that successfully completed the degree course at DUT (Programme 6)	90
<b>Laundry Services</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards	• Percentage of facilities reporting clean linen stock outs	Zero clean linen stock outs
<b>Pharmaceutical Services</b>				
Strategic Goal 5: Improved quality of health care	5.2) Improve quality of care	5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020	• Percentage of Pharmacies that obtained A and B grading on inspection	100%
		5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017	• PPSD compliant with good Wholesaling Practice Regulations	Compliant
		5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020	• Tracer medicine stock-out rate (PPSD)	Less than 1%
• Tracer medicine stock-out rate (Institutions)	Less than 1%			

# Annual Performance Plan 2016/17 – 2018/19

**Table 79: (HCSS1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target	
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019	
<b>Strategic Objective 1.9: Strengthen health system effectiveness</b>												
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	Quarterly/ %	Not reported	10%	Not reported	30%	20%	10%	0%	Zero clean linen stock outs	
	<i>Number of facilities reporting clean linen stock out</i>	<i>Laundry Register</i>	<i>No</i>	-	7	-	21	15	7	0	-	
	<i>Facilities total</i>	<i>DHIS</i>	<i>No</i>	-	72	-	72	73	73	73	-	
1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2017	2. Forensic Pathology Rationalisation Plan	FPS Reports/ Rationalisation Plan	Annual/ Categorical	Not reported	Not reported	Not reported	Plan reviewed	Reviewed Rationalisation Plan approved	Approved Plan implemented	Approved Plan implemented	-	
1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020	3. Number of operational Orthotic Centres - cumulative	Operational Centres reports	Annual/ No	Not reported	Not reported	Not reported	2	4	6	6	11	
<b>Strategic Objective 5.2: Improve quality of care</b>												
5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020	4. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy database/ Grading Certificates	Annual/ %	80%	81%	83%	90%	90%	94%	96%	100%	
	<i>Pharmacies with A or B Grading</i>	<i>Grading Certificates</i>	<i>No</i>	71	71	78	80	80	84	85	-	
	<i>Number of pharmacies</i>	<i>Pharmacy records</i>	<i>No</i>	89	88	94	89	89	89	89	-	

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017	5. PPSD compliant with good Wholesaling Practice Regulations	License from Medicine Control Council	Annual/ Categorical	Not compliant	Not compliant	Not compliant	Not compliant	Compliant	Compliant	Compliant	Compliant
5.2.3) Decrease medicine stock-out rates to less than 1% in all health facilities and PPSD by March 2020	6. Tracer medicine stock-out rate (PPSD)	Pharmacy database	Quarterly/ %	9%	5.7%	6.4%	7%	5%	3.8%	2.7%	Less than 1%
	<i>Number of tracer medicine out of stock</i>	<i>Pharmacy records</i>	No	19	12	34	12	9	7	5	-
	<i>Total number of tracer medicine expected to be in stock</i>	<i>Pharmacy records</i>	No	220	212	530	183	182	182	182	-
	7. Tracer medicine stock-out rate (Institutions)	Pharmacy database	Quarterly/ %	1.4%	1.8%	2.96%	5%	3%	2%	1%	Less than 1%
	<i>Number of tracer medicines stock out in bulk store</i>	<i>Pharmacy records</i>	No	3 638	4 476	1 551	802	480	320	160	-
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	<i>Pharmacy records</i>	No	255 220	251 125	52 416	15 786	15 987	15 987	15 987	-
5.2.4) improve pharmaceutical procurement and distribution reforms	8. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	69%	100%	100%	100%	-
	<i>Number of facilities on Direct Delivery Model</i>	<i>Facilities records</i>	No	-	-	-	66	96	96	96	-
	<i>Total number of facilities eligible for Direct Delivery Model</i>	<i>Pharmacy database</i>	No	-	-	-	96	96	96	96	-

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
	9. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	0%	32%	66%	100%	-
	<i>Number of facilities on Cross-Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	0	227	464	700	-
	<i>Total number of facilities eligible for Cross-Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	700	700	700	700	-
	10. Percentage of items on Direct Delivery and Cross Docking Model	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	16%	50%	70%	90%	-
	<i>Number of items on Direct Delivery and Cross Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	133	404	566	727	-
	<i>Total number of items in the Provincial Essential Medicines Catalogue</i>	<i>Provincial Essential Medicines Catalogue</i>	<i>No</i>	-	-	-	808	808	808	808	-
	11. Number of facilities implementing the CCMD Program	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	108	209	321	500	-
	12. Number of patients enrolled on CCMD programme (cumulative)	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	155 697	300 000	450 000	600 000	-
	13. Number of pick-up points linked to CCMD	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	114	316	540	898	-



# Annual Performance Plan 2016/17 – 2018/19

## 8.4 2016/17 Targets

**Table 80: (HCSS2) Quarterly and Annual Targets 2016/17**

Performance Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Percentage of facilities reporting clean linen stock outs	Quarterly	%	20%	26%	24%	22%	20%	20%
2. Forensic Pathology Rationalisation Plan	Annual	Categorical	Reviewed Rationalisation Plan approved	-	-	-	-	Reviewed Rationalisation Plan approved
3. Number of operational Orthotic Centres (cumulative)	Annual	Number	4	-	-	-	-	4
4. Percentage of Pharmacies that obtained A and B grading on inspection	Annual	%	90%	-	-	-	-	90%
5. PPSD compliant with good Wholesaling Practice Regulations	Annual	Categorical	Compliant	-	-	-	-	Compliant
6. Tracer medicine stock-out rate (PPSD)	Quarterly	%	5%	6.5%	6%	5.5%	5%	5%
7. Tracer medicine stock-out rate (Institutions)	Quarterly	%	3%	4.5%	4%	3.5%	3%	3%
8. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	100%	77%	85%	93%	100%	100%
9. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	32%	8%	16%	24%	32%	32%
10. Percentage of items on Direct Delivery and Cross Docking Model	Quarterly	%	50%	25%	33%	42%	50%	50%
11. Number of facilities implementing the CCMDD Programme (cumulative)	Quarterly	No	209	134	159	184	209	209
12. Number of patients enrolled on CCMDD programme (cumulative)	Quarterly	No	300 000	191 773 (36 076)	227 848 (36 075)	263 923 (36 075)	300 000 (36 077)	300 000
13. Number of pick-up points linked to CCMDD (cumulative)	Quarterly	No	316	166 (52)	216 (50)	266 (50)	316 (50)	316

# Annual Performance Plan 2016/17 – 2018/19

## 8.5 Reconciling Performance Targets with Expenditure Trends

**Table 81: (HCSS4 a) Expenditure Estimates**

Sub-Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2012/13	2013/14	2014/15				2015/16		
Laundries	90 040	90 271	125 667	104 280	104 280	135 642	281 884	217 767	230 397
Orthotic and prosthetic services	25 331	32 573	26 235	34 008	34 008	31 217	44 603	37 587	39 767
Medicines trading account	15 170	-	6	-	-	-	-	-	-
<b>Total</b>	<b>130 541</b>	<b>122 844</b>	<b>151 908</b>	<b>138 288</b>	<b>138 288</b>	<b>166 859</b>	<b>326 487</b>	<b>255 354</b>	<b>270 165</b>

**Table 82: (HCSS4 b) Summary of Payments and Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15				2015/16		
<b>Current payments</b>	<b>112 663</b>	<b>121 545</b>	<b>147 452</b>	<b>135 113</b>	<b>135 485</b>	<b>161 707</b>	<b>317 307</b>	<b>251 771</b>	<b>266 374</b>
Compensation of employees	78 745	81 357	84 524	95 700	94 149	91 632	106 900	115 322	122 011
<b>Goods and services</b>	<b>33 918</b>	<b>40 188</b>	<b>62 928</b>	<b>39 413</b>	<b>41 336</b>	<b>70 075</b>	<b>210 407</b>	<b>136 449</b>	<b>144 363</b>
Communication	384	399	417	428	428	327	280	352	372
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	281	6 269	4 922	3 575	3 575	4 921	5 038	5 996	6 344
Inventory	22 845	22 363	16 075	20 871	21 357	45 242	184 101	106 569	112 750
Operating leases	26	97	110	104	104	115	150	150	159
Travel and subsistence	103	106	116	70	70	77	67	71	75
Interest and rent on land	-	-	-	-	-	-	-	-	-

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	10 279	10 955	41 283	14 365	15 802	19 393	20 771	23 311	24 662
<b>Transfers and subsidies to</b>	<b>16 493</b>	<b>1 285</b>	<b>1 264</b>	<b>575</b>	<b>303</b>	<b>252</b>	<b>680</b>	<b>711</b>	<b>752</b>
Provinces and municipalities	-	-	38	-	-	-	-	-	-
Departmental agencies and accounts	15 170	-	-	-	-	-	-	-	-
Higher Education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	680	711	752
Households	1 323	1 285	1 264	575	303	252	20 771	23 311	24 662
<b>Payments for capital assets</b>	<b>1 385</b>	<b>14</b>	<b>3 192</b>	<b>2 600</b>	<b>2 500</b>	<b>4 900</b>	<b>8 500</b>	<b>2 872</b>	<b>3 039</b>
Machinery and equipment	1 385	14	3 192	2 600	2 500	4 900	8 500	2 872	3 039
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>130 541</b>	<b>122 844</b>	<b>151 908</b>	<b>138 288</b>	<b>138 288</b>	<b>166 859</b>	<b>326 487</b>	<b>255 354</b>	<b>270 165</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>130 541</b>	<b>122 844</b>	<b>151 946</b>	<b>138 288</b>	<b>138 288</b>	<b>169 094</b>	<b>326 487</b>	<b>255 354</b>	<b>270 165</b>

# Annual Performance Plan 2016/17 – 2018/19

## 8.6 Performance and Expenditure Trends

Programme 7 is allocated 0.7 per cent of the vote in 2016/17 compared with 0.5 per cent in the revised estimate budget for 2015/16. Funding for 2015/16 and 2016/17 provide for the commissioning of the Prince Mshiyeni Central Laundry. Once-off additional linen and laundry trucks will be procured during this period hence a negative growth in 2017/18. There were delays in the commissioning of the Central Laundry in 2015/16 hence there were further costs in 2015/16 related to the outsourcing of the laundry services.

## 8.7 Risk Management

**Table 83: Risk Management**

Potential Risks	Mitigating Strategies
1. Laundry Services: Resource constraints, regular breakdown of laundry machines and extended turn-around times for repairs decrease efficiencies e.g. clean linen stock-outs ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Implementation of Laundry Strategy.</li> <li>♦ Increase capacity at strategic facilities and increase operating hours.</li> <li>♦ Centralised procurement of linen.</li> <li>♦ Establish distribution centres/ hubs.</li> </ul>
2. Laundry Services: Non-availability of Artisans in laundry industry resulting in slow turn-around time for repair of machines ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Explore and develop in-house capacity.</li> </ul>
3. Pharmacy: Medicine stock-outs, theft, abuse and wastage ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Enforce Board of Surveys.</li> <li>♦ Automation of Expired Medication Alerts to improve stock management.</li> <li>♦ Robust monitoring of security management at facilities.</li> </ul>
4. Pharmacy: Extended waiting times at facilities/ pharmacies due to change in disease patterns and patient footprint ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Phased implementation of CCMDD – rollout to an additional 4 districts in 2016/17.</li> </ul>
5. Pharmacy: Inadequate storage capacity at facilities with reduced infrastructure budget ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Direct Delivery System to hospitals and CHCs.</li> <li>♦ Implement Cross Docking (phased approach pending funding).</li> </ul>

## Annual Performance Plan 2016/17 – 2018/19

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## 9. BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

### 9.1 Programme Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities

There are no changes to the structure of Programme 8.

#### **Sub-Programme 8.1: Community Health Facilities**

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres, Primary Health Care clinics and facilities

#### **Sub-Programme 8.2: Emergency Medical Services**

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

#### **Sub-Programme 8.3: District Hospitals**

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

#### **Sub-Programme 8.4: Provincial (Regional) Hospital Services**

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/Regional Hospitals and Specialised Hospitals

#### **Sub-Programme 8.5: Central Hospital Services**

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

#### **Sub-Programme 8.6: Other Facilities**

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools

### 9.2 2016/17 Priorities

#### **Priority**

#### **Key Focus Area**

Provincial focus, informed through consultation, remains on macro strategies. Approved strategies and frameworks (once finalised and approved) will inform operational activities during the MTEF that will be included in Performance Agreements to ensure implementation. Operational activities are included in Operational Plans at provincial and district levels that will be monitored to assess performance against targets.

Alignment of Infrastructure Plan with service delivery needs and demands.

- ♦ Review Infrastructure Plan in line with priorities and funding envelope.
- ♦ In-house capacity building.
- ♦ Establish a Maintenance Hub in eThekweni Metro.
- ♦ Phased-in infrastructure audits.

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## 9.3 Strategic Objectives, Indicators and Targets

**Table 84: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
<b>Strategic Goal 1: Strengthen health system effectiveness</b>	3.2) Create job opportunities	3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)	Number of jobs created through the EPWP	11 800
	3.3) Improve health facility planning and infrastructure delivery	3.3.1) Commission 28 new projects by March 2020	Number of new clinical projects with completed construction	8
Number of new clinical projects where commissioning is complete			28	
3.3.2) Complete 75 upgrading & renovation projects by March 2019 (cumulative)		Number of upgrading and renovation projects with completed construction	35	

**Table 85: (HFM1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target	
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019	
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>												
3.3.4) Major and minor refurbishment completed at 37 health facilities by March 2018	1. Number of health facilities that have undergone major and minor refurbishment	IRM, PMIS and monthly reports	Annual No QPR	Not reported	Not reported	Not reported	21	8	8	8	-	
3.3.5) Annual SLA signed with the Department of Public Works to accelerate infrastructure delivery	2. Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agents)	SLA's	Annual No QPR	Not reported	Not reported	Not reported	1	1	1	1	-	
<b>Strategic Objective 3.2: Create job opportunities</b>												

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019
3.2.1) Create 11 800 jobs through the Expanded Public Works Programme (EPWP) by March 2020 (cumulative)	3. Number of jobs created through the EPWP	IRS and EPWP Quarterly reports	Quarterly No	2 485	3 398	4 982	2 200	2 400	2 200	2 500	11 800
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>											
3.3.1) Commission 28 new projects by March 2020	4. Number of new clinical projects with completed construction	IRM, PMIS and monthly reports	Quarterly No	6	11	10	5	4	0	3	8
	5. Number of new clinical projects where commissioning is complete	IRM, PMIS and monthly reports	Quarterly No	6	6	28	1	5	4	0	28
3.3.2) Complete 35 upgrading & renovation projects by March 2019 (cumulative)	6. Number of upgrading and renovation projects with completed construction	IRM, PMIS and monthly reports	Quarterly No	38	67	51	21	30	19	26	75
3.3.3) 100% of maintenance budget spent annually	7. Percentage of maintenance budget spent	IRM, PMIS and monthly reports	Quarterly %	14%	100%	102%	100%	100%	100%	100%	-
	Maintenance budget spent	BAS	R'000	-	-	233 207	203 431	300 000	300 000	300 000	-
	Maintenance budget	BAS	R'000	-	-	211 595	203 431	300 000	300 000	300 000	-



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## 9.4 2016/17 Targets

**Table 86: (HFM3) Quarterly and Annual Targets 2016/17**

Indicators	Frequency	Type	Targets 2016/17	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Number of health facilities that have undergone major and minor refurbishment	Annual	No	8	-	-	-	-	8
2. Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual	No	1	-	-	-	-	1
3. Number of jobs created through the EPWP	Quarterly	No	2 400	600 (600)	1 200 (600)	1 800 (600)	2 400 (600)	2 400
4. Number of new clinical projects with completed construction	Quarterly	No	4	1	1	1	1	4
5. Number of new clinical projects where commissioning is complete	Quarterly	No	5	1	2	1	1	5
6. Number of upgrading and renovation projects with completed construction	Quarterly	No	30	7	7	7	9	30
7. Percentage of maintenance budget spent	Quarterly	%	100%	25% (25%)	50% (25%)	75% (25%)	100% (25%)	100%

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## 9.5 Reconciling Performance Targets with Expenditure Trends

**Table 87: (HFM4 a) Expenditure Estimates**

Sub-Programme R'000	Audited outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Community Health Facilities	562 070	523 719	443 562	200 842	176 277	195 699	133 293	164 508	210 866
District Hospitals	651 614	588 488	476 652	159 266	186 349	200 373	365 010	452 886	497 523
EMS	5 377	1 328	-	2 381	-	-	-	-	-
Provincial Hospitals	812 898	600 958	500 232	941 445	915 282	901 788	840 970	915 440	913 080
Central Hospitals	28 598	24 396	18 685	11 897	31 514	26 963	76 043	134 135	135 636
Other facilities	313 041	261 917	239 906	235 521	241 930	226 529	168 199	148 714	158 432
<b>Total</b>	<b>2 373 597</b>	<b>2 000 806</b>	<b>1 679 037</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 583 515</b>	<b>1 815 683</b>	<b>1 915 537</b>

**Table 88: (HFM4 b) Summary of Provincial Expenditure Estimates by Economic Classification**

Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
<b>Current payments</b>	<b>463 510</b>	<b>349 449</b>	<b>379 132</b>	<b>405 904</b>	<b>357 807</b>	<b>372 136</b>	<b>477 294</b>	<b>398 002</b>	<b>455 809</b>
Compensation of employees	21 998	24 048	24 158	37 000	33 605	33 643	44 122	42 000	42 000
<b>Goods and services</b>	<b>441 511</b>	<b>325 401</b>	<b>354 974</b>	<b>368 904</b>	<b>324 202</b>	<b>338 493</b>	<b>433 172</b>	<b>356 002</b>	<b>413 809</b>
Communication	16	22	4	-	-	-	-	-	-
Computer Services	6 123	2 742	-	-	143	143	-	-	-
Consultants, Contractors and special services	79 173	87 239	104 864	137 664	81 029	92 752	184 961	113 691	171 598
Inventory	20 280	32 648	42 864	36 030	36 053	39 919	48 415	52 120	48 024
Operating leases	68 633	61 524	75 684	66 000	91 533	83 975	66 000	60 391	60 391

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Economic Classification R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Travel and subsistence	358	242	194	-	409	522	810	810	810
Interest and rent on land	-	-	-	-	-	-	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	266 929	140 984	131 236	129 210	115 035	121 182	132 986	128 990	132 986
<b>Transfers and subsidies to</b>	<b>20 000</b>	<b>20 022</b>	<b>37</b>	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher Education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	20 000	20 000	-	-	-	-	-	-	-
Households	-	22	37	-	-	-	132 986	128 990	132 986
<b>Payments for capital assets</b>	<b>1 890 088</b>	<b>1 631 335</b>	<b>1 299 868</b>	<b>1 145 448</b>	<b>1 193 545</b>	<b>1 179 216</b>	<b>1 106 221</b>	<b>1 417 681</b>	<b>1 459 728</b>
Machinery and equipment	227 152	100 442	93 573	1 789	95 987	76 258	210 000	450 000	470 600
Buildings and other fixed structures	1 662 936	1 530 893	1 206 295	1 143 659	1 097 558	1 102 958	896 221	967 681	989 128
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>2 373 597</b>	<b>2 000 806</b>	<b>1 679 037</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 583 515</b>	<b>1 815 683</b>	<b>1 915 537</b>
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>2 373 597</b>	<b>2 000 806</b>	<b>1 680 547</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 551 352</b>	<b>1 583 515</b>	<b>1 815 683</b>	<b>1 915 537</b>

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## 9.6 Performance and Expenditure Trends

Programme 8 is allocated 4.3 per cent of the vote in 2016/17 compared with 4.5 per cent in the revised estimate budget of 2015/16 (equitable share). The slightly lower trend over the 2016/17 MTEF is due to reforms that were made to the Provincial Infrastructure Grant system that are intended to institutionalise appropriate planning. Baseline cuts were effected against both the equitable share and conditional grants, as well as funding reprioritised from the equitable share portion of this programme, to other programmes, to cover the cost of commissioning facilities which have been completed and for which no funding was provided including King Dinuzulu Hospital, Dannhauser CHC, Pomeroy CHC and clinics.

## 9.7 Risk Management

**Table 89: Risk Management**

Potential Risks	Mitigating Strategies
1. Inadequate budget to comply with infrastructure demands and needs ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Review and re-prioritisation of 10-year Infrastructure Plan in line with the funding envelope.</li> </ul>
2. Lack of Implementing Agents capacity to deliver on infrastructure projects resulting in delays with completion of projects ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Development of in-house capacity.</li> <li>♦ Robust monitoring and enforcement of penalties in cases of default.</li> </ul>
3. Inefficient organisational infrastructure delivery design. Duplication of processes between the Department and Department of Public Works with dual accountability ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Execute all infrastructure projects and maintenance in-house.</li> <li>♦ Termination of service delivery agreements with Implementing Agents.</li> </ul>
4. Ineffective maintenance processes e.g. lack of facility management system and lack of the appropriate skills at especially decentralised level ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Establish Maintenance Hubs starting in the eThekweni Metro.</li> <li>♦ Capacity development in-house with special emphasis on decentralised development.</li> <li>♦ Review budgeting process for maintenance to comply with international standards.</li> </ul>
5. Ineffective implementation of infrastructure projects (Lack of project procurement planning; Appointment of incompetent services providers and contractors by implement agent) ( <i>High Risk</i> ).	<ul style="list-style-type: none"> <li>♦ Develop in-house capacity to manage maintenance more efficiently.</li> <li>♦ Establish Maintenance Hubs (pending funding envelope).</li> </ul>

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**PART C: LINKS TO OTHER PLANS**

- Long Term Infrastructure & Other Capital Plans
- Conditional Grants
- Public Entities
- Public Private Partnerships
- Conclusions



# Annual Performance Plan 2016/17 – 2018/19

## 10. INFRASTRUCTURE PLAN

**Table 90: Infrastructure Project List**

No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
<b>Total</b>		<b>240</b>	<b>240</b>	<b>240</b>	<b>240</b>	<b>240</b>	<b>240</b>	<b>R9 527 595</b>	<b>R1 491 471</b>	<b>R1 583 796</b>	<b>R1 732 757</b>
1	Acquisition of Land and Buildings	Real Estates - Acquisition of properties	Maintenance	Construction 1% - 25%	KZN-DoPW	KZN Province	Equitable Share	R10 000	R3 500	R3 500	R3 000
2	Addington Hospital	Replace and install 1 x 500kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Equitable Share	R1 500	R1 450	R50	-
3	Addington Hospital	Upgrade A&E and renovate Gateway Clinic as temporary A&E	Maintenance	Design	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R120 000	R4 000	R40 000	R50 000
4	Addington Hospital	Refurbishment and Rehabilitation of the hospital (Core Block)	Maintenance	Retention	IDT	eThekwini Metro	Health Facility Revitalisation Grant	R171 839	R20 000	R6 839	-
5	Addington Hospital	Upgrade 3rd Floor Theatres	Refurbishment	Retention	IDT	eThekwini Metro	Health Facility Revitalisation Grant	R30 000	R350	-	-
6	Addington Hospital	Upgrade / replace 5 Otis Lifts, 2 Kone Lifts and 7 Schindler Lifts	Maintenance	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R13 000	R12 500	R400	-
7	Addington Hospital	Replacement of 3 x Autoclaves	Maintenance	Retention	Health	eThekwini Metro	Equitable Share	R986	R24	-	-
8	Addington Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	eThekwini Metro	Equitable Share	R 350	R9	-	-
9	Appelsbosch Hospital	Maternity ward	Refurbishment	Identified	KZN-DoPW	Umgungundlovu	Equitable Share	R20 000	-	-	R000
10	Appelsbosch Hospital	New Staff Accommodation U.T.B Additions And Alterations To Staff & Nurses Accommodation	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R17 495	R610	-	-
11	Appelsbosch Hospital	Erect Lockable Garaging For 20 Vehicles	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Equitable Share	R2 058	R110	-	-



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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
12	Appelsbosch Hospital	Replace and install 1 x 300kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R1 000	R975	R25	-
13	Benedictine Hospital (Nursing College)	Student Nurses Accommodation (40 beds), Phase 1	Refurbishment	Construction 1% - 25%	IDT	Zululand	Health Facility Revitalisation Grant	R38 446	R15 000	R22 000	R412
14	Bethesda Hospital	Demolish existing Nurses Units, relocate Water Chlorifying Room & Extraction Room and Built New Paeds Ward and 20 Mother lodge ward	Refurbishment	Retention	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R25 004	R1 131	-	-
15	Bruntville CHC	Construct sheltered walkways, install ramps and waiting shelter. Extend pharmacy	Refurbishment	Tender	KZN-DoPW	uMgungundlovu	Equitable Share	R5 000	R300	R4 570	-
16	Catherine Booth Hospital	Demolish existing wards and rebuild new Wards 105 beds	Refurbishment	Design	KZN-DoPW	uThungulu	Equitable Share	R95 000	-	R10 000	R40 000
17	Catherine Booth Hospital	Replace and install 1 x 200kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R800	R780	R20	-
18	Catherine Booth Hospital	New water storage tank and replacement of galvanised pipes.	Refurbishment	Retention	KZN-DoPW	uThungulu	Equitable Share	R5 840	R200	-	-
19	Ceza Hospital	New female & male ward and replacement of burnt house	Refurbishment	Feasibility	KZN-DoPW	Zululand	Equitable Share	R50 000	-	-	R2 500
20	Charles Johnson Memorial Hospital	Replace and install 1 x 500kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R1 500	R1 450	R500	-
21	Charles Johnson Memorial Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Umzinyathi	Equitable Share	R350	R9	-	-
22	Charles Johnson Memorial Hospital	Upgrade / replace 2 Schindler Lifts	Maintenance	Retention	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R1 750	R44	-	-
23	Charles Johnson Memorial Hospital (Nursing Colleges)	New staff Accommodation for 40 staff (incl. Comm serve Doctors)	Refurbishment	Design	IDT	Umzinyathi	Equitable Share	R60 000	-	R2 000	R20 000
24	Church Of Scotland Hospital	Replace Paediatric Ward With Male And Female TB Ward	Refurbishment	Construction 76% - 99%	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R56 110	R2 500	R1 500	-

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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
25	Church Of Scotland Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Umzinyathi	Equitable Share	R350	R9	-	-
26	Church Of Scotland Hospital	Install 1 x 200 KVA and 1x300 KVA with larger units	Refurbishment	Retention	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R2 000	R500	-	-
27	Church Of Scotland Hospital	Replacement of the Theatre and CSSD Chiller	Maintenance	Retention	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R1 000	R100	-	-
28	Clairwood Hospital	Repairs and renovations to FM1 and FM2 for TB	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Equitable Share	R22 000	-	R2 000	R13 000
29	Dannhauser CHC	Construction of a new CHC	New	Retention	IDT	Amajuba	Health Facility Revitalisation Grant	R186 186	R4 000	-	-
30	Dr Pixley Ka Isaka Seme Hospital	New 500 Bed Regional Hospital	New	Construction 1% - 25%	IDT	eThekwini Metro	Health Facility Revitalisation Grant	R2 912 459	R400 000	R673 127	R704 014
31	Dr Pixley ka Isaka Seme Hospital	Payment for Levies	New	Construction 1% - 25%	Health	eThekwini Metro	Health Facility Revitalisation Grant	R2 567	R60	R65	R70
32	Dundee EMS	Construction of large EMRS Base	New	Design	KZN-DoPW	Umzinyathi	Equitable Share	R65 000	-	R2 500	R25 000
33	Dunstan Farrell Hospital	Install 1 x 100 KVA with larger units	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R850	R213	-	-
34	E.G & Usher Memorial Hospital	Replace and install 1 x 500kVA with larger unit	Refurbishment	Retention	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R1 500	R1 450	R50	-
35	E.G & Usher Memorial Hospital	Replacement of 2 x Autoclaves	Maintenance	Retention	Health	Harry Gwala	Equitable Share	R658	R16	-	-
36	Edendale Hospital	Implementation of a new CDC Clinic and ARV facility	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R58 106	R700	-	-
37	Edendale Hospital	Upgrade existing Accident & Emergency Unit and OPD	Refurbishment	Construction 76% - 99%	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R74 750	R6 000	R1 868	-
38	Edendale Hospital	Convert steam reticulation to electrical reticulation	Refurbishment	Construction 76% - 99%	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R21 180	R4 000	-	-

## Annual Performance Plan 2016/17 – 2018/19

No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
39	Edendale Nursing College	Extensive renovations and additions to existing building	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R48 963	R700	-	-
40	Edumbe CHC	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Zululand	Equitable Share	R373	R9	-	-
41	Ekhombe Hospital	<ul style="list-style-type: none"> <li>• Complete repairs and renovations to Kitchen</li> <li>• Complete repairs and renovations to Doctors Flats</li> <li>• Complete Upgrades and Additions to Male and Female Wards</li> <li>• Replace existing CSSD and Theatre with new facility</li> </ul>	Refurbishment	Design	IDT	uThungulu	Equitable Share	R53 810	-	-	R500
42	Ekhombe Hospital	New staff Accommodation for 38 staff (Nursing staff and Medical officers) and 3x3 bedroom Doctors house	Refurbishment	Retention	IDT	uThungulu	Equitable Share	R17 729	R443	-	-
43	Ekuhlengeni Life Care Centre	Complete renovations of the Hospital	Refurbishment	Retention	KZN-DoPW	eThekweni Metro	Health Facility Revitalisation Grant	R42 150	R1 000	-	-
44	Ekuphumuleni Clinic	Upgrade and Additions (MOU) & minor repairs to Kitchen roofs and ablutions	Refurbishment	Feasibility	KZN-DoPW	uThungulu	Equitable Share	R8 000	R1 000	R3 000	R4 000
45	Emambedwini Clinic	New Clinic	New	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R8 600	R1 593	-	-
46	Emmaus Hospital	New OPD, Casualty/Trauma Unit, X-Ray And Related Facilities	Refurbishment	Retention	KZN-DoPW	Uthukela	Health Facility Revitalisation Grant	R132 236	R1 000	-	-
47	EPWP: Maintenance of Gardens/ Grounds	EPWP Maintenance of Gardens and Grounds for Health Facilities (Co-Funded under Other/Equitable Share)	Maintenance	Construction 1% - 25%	Health	uMgungundlovu	Equitable Share	R64 000	R17 000	R17 000	R17 000
48	Equipping of Completed New/Upgraded Facilities	Furniture and Equipment for new and upgraded facilities	New	Construction 1% - 25%	Health	uMgungundlovu	Equitable Share	R48 434	R20 000	R10 000	R10 000
49	Eshowe Hospital	Upgrade / replace 4 Otis Lifts	Maintenance	Construction 1% - 25%	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R5 000	R4 850	R150	-
50	Eshowe Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	uThungulu	Equitable Share	R350	R9	-	-

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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
51	Eshowe Hospital	Upgrade Maternity complex , Medical gas & Nursery	Refurbishment	Feasibility	KZN-DoPW	uThungulu	Equitable Share	R25 000	-	R2 000	R3 000
52	Eshowe Hospital	Construction of new roof for all Hospital buildings	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R11 400	R285	-	-
53	Ex-Old Boys Model School - Offices	Conversion of existing building to new SCM offices	Refurbishment	Construction 1% - 25%	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R48 806	R18 000	R2 500	-
54	Feasibility Investigations	Feasibility Investigations, Multi Year Plans	Maintenance	Feasibility	KZN-DoPW	uMgungundlovu	Equitable Share	R3 000	R1 000	R1 000	R1 000
55	Food Services	Repair 56 and Replace 34 Cold Rooms (31 Institutions)	Maintenance	Feasibility	KZN-DoPW	KZN Province	Equitable Share	R30 000	R1 000	R3 000	R3 000
56	Food Services	Repair 19 and Replace 24 Freezers (17 Institutions)	Maintenance	Feasibility	KZN-DoPW	KZN Province	Equitable Share	R7 000	R1 000	R2 000	R2 000
57	Food Services	Replace 13 Stainless Steel Shelving for Cold Rooms and Freezers (10 Institutions)	Maintenance	Feasibility	KZN-DoPW	KZN Province	Equitable Share	R1 000	R1 000	-	-
58	Food Services	Replace 15 Stainless Steel for Dry Storerooms (10 Institutions)	Maintenance	Feasibility	KZN-DoPW	KZN Province	Equitable Share	R1 000	R1 000	-	-
59	Food Services	Replace Flooring for Cold Rooms ( 5 Hospitals)	Refurbishment	Feasibility	KZN-DoPW	KZN Province	Equitable Share	R1 000	R1 000	-	-
60	Fort Napier Hospital	Renovations to Peter De Vos Building Nurses Residence, Ward 3, Forensic Ward, Dining room, Jabula Ward and Laundry	Refurbishment	Retention	IDT	uMgungundlovu	Equitable Share	R17 188	R375	-	-
61	G J Crookes Hospital	Construction of Redesigned Access and traffic handling facility	Refurbishment	Design	KZN-DoPW	Ugu	Equitable Share	R20 000	-	-	R5 000
62	G J Crookes Hospital	Phase 2-4 Casualty, Trauma, Admissions (Completion Contract)	Refurbishment	Retention	KZN-DoPW	Ugu	Health Facility Revitalisation Grant	R138 000	R3 500	-	-
63	G J Crookes Hospital	Upgrade the roof and plumbing in maternity ward	Refurbishment	Feasibility	KZN-DoPW	Ugu	Equitable Share	R15 000	R10 786	R3 214	R1 000
64	Gale Street Mortuary	Reconfigure 2nd floor to a new Forensic Pathology Lab for National Health	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R9 900	R4 559	R245	-

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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
65	Gamalakhe CHC	Phase 2- HAST (including ARV) Unit, Admin, Child Health, CSSD, Special Clinics, Lab & Stores	Refurbishment	Retention	KZN-DoPW	Ugu	Health Facility Revitalisation Grant	R36 000	R900	-	-
66	Greys Hospital	Conversion of M2 Ward into New NICU Facilities	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R9 688	R230	-	-
67	Greys Hospital	Replacement of 11 lifts in the DQ and at Nurses Residents	Maintenance	Retention	KZN-DoPW	uMgungundlovu	Equitable Share	R7 654	R667	-	-
68	Greytown Hospital	Replace and install 1 x 300kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R1 000	R975	R25	-
69	Greytown Hospital	Replacement of the Theatre Chiller	Maintenance	Feasibility	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R350	-	-	-
70	Greytown Hospital	Replacement of the Theatre and CSSD Chiller	Maintenance	Retention	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R1 000	R100	-	-
71	Greytown TB Hospital	Replace and install 1 x 50kVA with larger unit	Refurbishment	Retention	KZN-DoPW	Umzinyathi	Health Facility Revitalisation Grant	R250	R6	-	-
72	Groutville Clinic	Replacement Of Clinic Phase 9 (including a separate PMTCT unit)	New	Design	KZN-DoPW	iLembe	Equitable Share	R55 000	-	R3 000	R20 000
73	Gwaiweni Clinic	Construction of a new clinic, guard house and repairs and renovations	New	Retention	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R13 153	R346	-	-
74	Highway House : Mayville	Upgrading of A/C (Replacement of Cenral plant compressors)	Maintenance	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R7 500	R7 320	R104	-
75	Hillcrest Hospital	Replace and install 1 x 200kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R750	R730	R20	-
76	Hlabisa Hospital	Replace and install 1 x 500kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R1 500	R1 450	R50	-

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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
77	Hlabisa Hospital	Upgrade Pharmacy, OPD	Refurbishment	Design	IDT	Umkhanyakude	Health Facility Revitalisation Grant	R120 000	-	R40 000	R40 000
78	Hlengisizwe CHC	Provision of ARV-TB and MMC Parkhomes	Refurbishment	Retention	Health	eThekwini Metro	Equitable Share	R7 000	R45	-	-
79	Hluhluwe Clinic	Construction of a new Clinic with residences	New	Retention	IDT	Umkhanyakude	Health Facility Revitalisation Grant	R34 202	R485	-	-
80	IDMS Posts	Programme Management	Organisation & Support	Construction 1% - 25%	Health	uMgungundlovu	Health Facility Revitalisation Grant	R44 430	R20 000	R20 000	R25 000
81	Imbalenhle CHC	Install 1 x 200 KVA with larger units	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R950	R238	-	-
82	Inanda C Clinic	Additions and Alterations to administration block(and multi-year plan)	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Equitable Share	R27 210	R2 121	R600	-
83	Institutional Maintenance: Amajuba District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Amajuba	Health Facility Revitalisation Grant	R77 710	R2 810	R2 950	R3 098
84	Institutional Maintenance: Amajuba District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Amajuba	Equitable Share	R52 894	R4 325	R4 405	R4 625
85	Institutional Maintenance: eThekwini District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	eThekwini Metro	Health Facility Revitalisation Grant	R280 756	R19 511	R20 426	R21 447
86	Institutional Maintenance: eThekwini District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	eThekwini Metro	Equitable Share	R345 642	R26 979	R28 196	R29 550
87	Institutional Maintenance: Harry Gwala District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Harry Gwala	Health Facility Revitalisation Grant	R194 146	R4 561	R4 789	R5 029
88	Institutional Maintenance: Harry Gwala District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Harry Gwala	Equitable Share	R64 499	R5 128	R5 384	R5 654

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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
89	Institutional Maintenance: Head Office District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	uMgungundlovu	Equitable Share	R56 041	R1 970	R2 068	R1 786
90	Institutional Maintenance: Head Office District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	uMgungundlovu	Equitable Share	R32 675	R3 100	R3 255	R2 756
91	Institutional Maintenance: Ilembe District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	iLembe	Health Facility Revitalisation Grant	R69 989	R3 356	R3 524	R3 700
92	Institutional Maintenance: Ilembe District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	iLembe	Equitable Share	R60 960	R4 855	R5 098	R5 342
93	Institutional Maintenance: Ugu District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Ugu	Health Facility Revitalisation Grant	R146 003	R6 368	R6 627	R6 949
94	Institutional Maintenance: Ugu District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Ugu	Equitable Share	R103 211	R8 266	R8 658	R9 036
95	Institutional Maintenance: Umgungundlovu District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	uMgungundlovu	Health Facility Revitalisation Grant	R256 276	R11 010	R11 560	R11 874
96	Institutional Maintenance: Umgungundlovu District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	uMgungundlovu	Equitable Share	R314 110	R25 428	R26 699	R27 435
97	Institutional Maintenance: Umkhanyakude District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Umkhanyakude	Health Facility Revitalisation Grant	R125 597	R6 306	R6 621	R6 952
98	Institutional Maintenance: Umkhanyakude District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Umkhanyakude	Equitable Share	R73 395	R5 852	R6 145	R6 430
99	Institutional Maintenance: Umzinyathi District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Umzinyathi	Health Facility Revitalisation Grant	R132 711	R7 536	R7 913	R9 078

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100	Institutional Maintenance: Umzinyathi District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Umzinyathi	Equitable Share	R70 337	R5 628	R5 699	R6 180
101	Institutional Maintenance: uThukela District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Uthukela	Health Facility Revitalisation Grant	R87 853	R3 217	R3 378	R3 547
102	Institutional Maintenance: uThukela District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Uthukela	Equitable Share	R58 227	R4 629	R4 861	R5 104
103	Institutional Maintenance: Uthungulu District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	uThungulu	Health Facility Revitalisation Grant	R118 584	R9 428	R9 899	R10 394
104	Institutional Maintenance: Uthungulu District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	uThungulu	Equitable Share	R150 769	R12 071	R12 674	R13 197
105	Institutional Maintenance: Zululand District	Budget allocated to institutions for Prevent Deteriation or Failure	Maintenance	Construction 1% - 25%	Health	Zululand	Equitable Share	R81 077	R6 446	R6 768	R7 107
106	Institutional Maintenance: Zululand District	Budget allocated to institutions to Restore the buildings to its specific level of operation	Maintenance	Construction 1% - 25%	Health	Zululand	Equitable Share	R93 957	R7 470	R7 844	R8 236
107	Isithebe Clinic	Construction of Nurses Residents	Refurbishment	Retention	KZN-DoPW	iLembe	Equitable Share	R18 700	R900	-	-
108	Jozini CHC	Construction of a new CHC	New	Construction 76% - 99%	IDT	Umkhanyakude	Health Facility Revitalisation Grant	R268 502	R5 000	R5 000	-
109	Kilman Clinic	Security, General R & R To Clinic & Residences, Liliput Syst (Completion Contract)	Refurbishment	Retention	KZN-DoPW	Harry Gwala	Equitable Share	R861	R88	-	-
110	King Dinuzulu Hospital	Additional work to Level 1 Hospital	Refurbishment	Construction 76% - 99%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R8 630	R1 917	R215	-
111	King Dinuzulu Hospital	New Psychiatric closed unit (Previously known as alterations and additions)	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R12 847	R300	-	-
112	King Dinuzulu Hospital	TB Surgical Outpatients	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R32 322	R800	-	-



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113	King Dinuzulu Hospital	Initial Planning: Disbursement for resident personnel and other related costs	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R26 745	R983	-	-
114	King Dinuzulu Hospital	New Aircon to TB Multi storey	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R23 012	R893	-	-
115	King Dinuzulu Hospital	New Psychiatric Hospital Phase 2, upgrade to existing water reservoir, new covered walkway, Helistop and Taxi Stop	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R68 544	R1 730	-	-
116	King Dinuzulu Hospital	Provide roofs to TB Surgical wards, walkways and ramps, and Reconfigure used building to EMS Base	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R13 000	-	R7 000	R1 000
117	King Dinuzulu Hospital	New TB complex	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R78 054	R1 693	-	-
118	King Dinuzulu Hospital	Renovate Staff Accommodation	Refurbishment	Feasibility	KZN-DoPW	eThekwini Metro	Equitable Share	R80 000	R2 000	R30 000	R46 000
119	King Edward VIII Hospital	Unblocking and repair of stormwater pipes (to include sub drainage)	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R35 000	-	R15 000	R15 000
120	King Edward VIII Hospital	Health Technology Equipment	Refurbishment	Retention	IDT	eThekwini Metro	Health Facility Revitalisation Grant	R30 644	R2 000	-	-
121	King Edward VIII Hospital	Repairs and Renovations to MOPD and Upgrade to Theatres, ICU, Nursery and High Care wards in Block 'S'	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R248 000	-	R20 341	R80 000
122	King Edward VIII Hospital	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	eThekwini Metro	Equitable Share	R350	R9	-	-
123	King Edward VIII Hospital	Repairs and Renovations to Family Clinic, Male and Female Psychiatric patients wards and Kitchens in Theatre Block and Conversion of N Theatre Block Offices	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R37 407	R935	-	-
124	King Edward VIII Hospital	Staff Residence renovation Phase 2	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R73 211	R1 830	-	-

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125	Kwamagwaza Hospital (St Mary's)	Additions & redesign to maternity	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R9 400	R350	-	-
126	KwaMagwaza Hospital (St Mary's)	Upgrade Kitchen Floor, Waterproofing Roof	Refurbishment	Design	KZN-DoPW	uThungulu	Equitable Share	R4 000	-	-	R500
127	KwaMashu CHC	Provision of new Kitchen and tuckshop	Refurbishment	Feasibility	KZN-DoPW	eThekwini Metro	Equitable Share	R3 000	-	-	R300
128	KwaShoba Clinic	Clinic Maintenance & Upgrading Programme Phase 1 (Completion of cancelled contract)	Refurbishment	Retention	KZN-DoPW	Zululand	Equitable Share	R5 700	R135	-	-
129	KwaZulu Central Provincial Laundry	Shelving	Refurbishment	Feasibility	KZN-DoPW	eThekwini Metro	Equitable Share	R2 000	R2 000	-	-
130	KwaZulu Provincial Central Laundry (PMMH)	Repair & Install Plant: Durban Regional Laundry (Co-funded from HIG)	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Equitable Share	R198 037	R2 000	-	-
131	KZN Childrens Hospital	Refurbish : Phase 2A and Phase 2B	Refurbishment	Construction 26% - 50%	Health	eThekwini Metro	Equitable Share	R300 000	-	R20 000	R40 000
132	Ladysmith Provincial Hospital	Extension of OPD and Reconfiguration	Refurbishment	Feasibility	Health	Uthukela	Equitable Share	R40 000	-	-	R3 000
133	LUWMH	Health Technology Equipment	Refurbishment	Construction 76% - 99%	IDT	uThungulu	Health Facility Revitalisation Grant	R73 072	R5 752	-	-
134	LUWMH	Alteration and Additions to existing Hospital	Refurbishment	Construction 76% - 99%	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R427 521	R24 955	-	-
135	LUWMH	Maternity ward -OT & Emergency unit	Refurbishment	Identified	KZN-DoPW	uThungulu	Equitable Share	R50 000	-	-	R5 000
136	Madadeni Hospital	Replacement of Boiler	Maintenance	Retention	KZN-DoPW	Amajuba	Health Facility Revitalisation Grant	R9 800	R100	-	-
137	Madadeni Hospital	Condition Assessment Maintenance	Maintenance	Construction 1% - 25%	IDT	Amajuba	Health Facility Revitalisation Grant	R85 000	R35 191	R34 000	R2 500
138	Mahatma Gandhi Hospital	Replacement of 2 x Autoclaves	Maintenance	Retention	Health	eThekwini Metro	Equitable Share	R704	R18	-	-

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139	Mahehle / Ncakubana Clinic	Construct New Clinic	New	Tender	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R18 000	R9 200	R6 500	R100
140	Makhathini Clinic	Maintenance For 2001/2002 Programme (Completion contract)	Refurbishment	Retention	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R6 200	R150	-	-
141	Malaria Control Programme	Camp at Manguzi	New	Feasibility	KZN-DoPW	Umkhanyakude	Equitable Share	R1 000	-	R975	R25
142	Manxili Clinic	Construction of a Medium clinic with residence	New	Retention	IDT	Umzinyathi	Health Facility Revitalisation Grant	R16 097	R166	-	-
143	Mashona Clinic	Construction of a new medium Clinic	New	Retention	IDT	Zululand	Equitable Share	R23 160	R200	-	-
144	Mayor's Walk CPS	Upgrade / replace 1 Hoist	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R750	R19	-	-
145	Mbongolwane Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	uThungulu	Equitable Share	R350	R8	-	-
146	Mbongolwane Hospital	New Theatre & CSSD, Refurbish Existing Theatre Into New Male (Completion of Terminated Contract)	Refurbishment	Retention	KZN-DoPW	uThungulu	Equitable Share	R20 662	R200	-	-
147	Mbongolwane Hospital	Demolish existing houses at Jabulani Village, rebuild with 6 single units, repairs and renovations to existing dormitories, R&R to existing 7 house at Hosp, new access roads and parking to staff accommodation	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R20 100	R1 364	-	-
148	Mbongolwane Hospital	Construction of a new Pharmacy	Refurbishment	Retention	KZN-DoPW	uThungulu	Equitable Share	R15 700	R2 151	-	-
149	McCords Hospital	Complete Renovations	Refurbishment	Identified	KZN-DoPW	eThekweni Metro	Equitable Share	R40 000		R2 000	R3 000
150	Mkhuphula Clinic	Construction of A Small Clinic, B2 Residential Accommodation And Guard House (Completion contract)	New	Construction 26% - 50%	IDT	Umzinyathi	Equitable Share	R10 235	R7 500	R250	-
151	Mkhuze Mortuary	New Forensic Mortuary	New	Design	KZN-DoPW	Umkhanyakude	Equitable Share	R20 000	-	-	R2 000
152	Mnqobokazi Clinic	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 1 (Completion contract)	Refurbishment	Retention	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R3 800	R180	-	-

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153	Montebello Hospital	Replace and install 1 x 300kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R1 000	R975	R25	-
154	Mosvold Hospital	Phase 3: Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Umkhanyakude	Equitable Share	R350	R 9	-	-
155	Mosvold Hospital	Replace and install 1 x 300kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R1 500	R1 450	R50	-
156	Mpophomeni Clinic	Phase 8 : New Clinic	New	Construction 76% - 99%	KZN-DoPW	Umkhanyakude	Equitable Share	R11 126	R4 381	R495	-
157	Mseleni Hospital	Install 1 x 250 KVA with larger units	Refurbishment	Retention	KZN-DoPW	Umkhanyakude	Equitable Share	R1 250	R313	-	-
158	Msizini Clinic	Construction Of A Small Clinic,B2 Residential Accommodation And Guard House (Completion contract)	New	Construction 26% - 50%	IDT	Umzinyathi	Equitable Share	R8 282	R6 000	R283	-
159	Muden Clinic	Construction of a new medium clinic with double accommodation	New	Construction 51% - 75%	IDT	Umzinyathi	Health Facility Revitalisation Grant	R16 878	R6 154	R450	-
160	Murchison Hospital	General & T.B. Wards	Refurbishment	Retention	KZN-DoPW	Ugu	Health Facility Revitalisation Grant	R66 000	R1 650	-	-
161	Murchison Hospital	Construction of new MDR unit	Refurbishment	Feasibility	KZN-DoPW	Ugu	Equitable Share	R20 000	-	R3 000	R10 000
162	Murchison Hospital	Construction of new OPD, casualty, x-ray etc.	Refurbishment	Feasibility	KZN-DoPW	Ugu	Equitable Share	R25 000	-	-	R500
163	Mwolokohlo Clinic	Additions and Upgrading to the Clinic and construction of Nurses Residents	Refurbishment	Retention	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R12 000	R1 234	-	-
164	Natalia Building	Relocate EMS Provincial Health Operational Centre from 16th floor to Ground floor West Wing and remove wall carpet on all floors	Refurbishment	Construction 1% - 25%	IDT	uMgungundlovu	Health Facility Revitalisation Grant	R110 000	R48 000	R50 000	R4 000
165	Natalia Building	Phase 2 Electrical Upgrade	Refurbishment	Construction 1% - 25%	IDT	uMgungundlovu	Health Facility Revitalisation Grant	R15 000	R13 000	R1 000	-
166	Ndumo Clinic	Add consulting rooms, PMTCT, Ambulance Base to existing clinic and build residences	Refurbishment	Construction 76% - 99%	KZN-DoPW	Umkhanyakude	Health Facility Revitalisation Grant	R33 000	R3 000	R500	-

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167	Ndundulu Clinic	Replacement Clinic: K2, R2 X 3, R3x1, Guard House, Car Port, (Completion contract)	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R16 325	R447	-	-
168	Ndwedwe CHC	Replace and install 1 x 200kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R1 000	R975	R25	-
169	Ndwedwe CHC	Construction of new HAST Unit/ TB Clinic and upgrade water and sewer system	Refurbishment	Design	KZN-DoPW	iLembe	Equitable Share	R18 000	-	-	R3 000
170	Newcastle Hospital	Construction of new VCT & ART	Refurbishment	Retention	KZN-DoPW	Amajuba	Equitable Share	R18 658	R200	-	-
171	Newcastle Hospital	Construction of a new Pharmacy and Physio Department	Refurbishment	Retention	KZN-DoPW	Amajuba	Equitable Share	R11 808	R200	-	-
172	Newcastle Hospital	Upgrade 7 lifts	Maintenance	Retention	KZN-DoPW	Amajuba	Equitable Share	R6 818	R170	-	-
173	Newcastle Hospital	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Amajuba	Equitable Share	R353	R9	-	-
174	Newcastle Hospital	Condition Assessment Maintenance	Maintenance	Construction 1% - 25%	IDT	Amajuba	Health Facility Revitalisation Grant	R72 000	R43 500	R30 000	R2 000
175	Ngabayena Clinic	Construction Of A Small Clinic, B2 Residential Accommodation And Guard House (Completion of Contract)	New	Retention	IDT	Umzinyathi	Equitable Share	R5 059	R3 750	R309	-
176	Ngwelezane Clinic	Repairs And Renovations (Completion contract)	Refurbishment	Retention	KZN-DoPW	uThungulu	Equitable Share	R2 500	R153	-	-
177	Ngwelezane Hospital	Upgrade MV and LV electrical reticulation including generators, lighting protection to remaining building, upgrade water reticulation and existing corridors	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R125 000	R4 823	-	-
178	Ngwelezane Hospital	Construct 2 New Wards (Demolish Wards A & B)	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R55 000	R200	-	-
179	Ngwelezane Hospital	Health Technology Equipment	Refurbishment	Retention	IDT	uThungulu	Health Facility Revitalisation Grant	R60 771	R2 000	-	-

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180	Ngwelezane Hospital	Security Upgrade	Refurbishment	Feasibility	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R10 000	-	R5 000	R4 000
181	Ngwelezane Hospital	Construct new 192 beds medical wards to replace wards E,F,G,H and demolish the existing Crisis Centre Parkhome and construct new Crisis centre, demolish old wards E,F,G,H.	Refurbishment	Construction 1% - 25%	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R320 000	R80 000	R100 000	R80 330
182	Ngwelezane Hospital	8 New Theatres, CSSD, 20 bed ICU, infectious disease isolation unit, 30 bed high care ward, theatre specialist offices, overnight doctors accommodation, IT training rooms and fencing of the remainder of the Ngwelezane site. Upgrades to kitchen, laundry, supplies department, cafeteria and occupational therapy department	Refurbishment	Design	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R360 000	-	-	R20 000
183	NIEMEYER HOSPITAL	Re-design an Upgrade CCMT waiting Area	Refurbishment	Identified	KZN-DoPW	Amajuba	Equitable Share	R10 000	-	-	R1 000
184	Nkandla Hospital	Construction of a new pharmacy	Refurbishment	Retention	KZN-DoPW	uThungulu	Equitable Share	R8 100	R500	-	-
185	Nkonjeni Hospital	Reconfigure existing Neonatal Facility and renovate existing Casualty and OPD	Refurbishment	Design	KZN-DoPW	Zululand	Equitable Share	R3 250	R3 000	R250	-
186	Nkonjeni Hospital	Renovate existing Casualty and OPD	Refurbishment	Feasibility	KZN-DoPW	Zululand	Equitable Share	R60 000	-	-	R2 000
187	Nkonjeni-Ulundi Residential Accommodation	Renovations to 7 x 3 Bedrooms house with Double garages	Refurbishment	Tender	KZN-DoPW	Zululand	Equitable Share	R8 600	R8 000	R600	-
188	Northdale Hospital	Upgrade / replace 4 Otis Lifts	Maintenance	Construction 1% - 25%	KZN-DoPW	uMgungundlovu	Health Facility Revitalisation Grant	R4 000	R3 900	R100	-
189	Nseleni CHC	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	uThungulu	Equitable Share	R348	R9	-	-
190	Ntambanana Clinic	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 2 (Completion of cancelled contract)	Refurbishment	Retention	KZN-DoPW	uThungulu	Health Facility Revitalisation Grant	R6 500	R328	-	-
191	Ofafa/ Ntakama Clinic	Construct New Clinic	New	Tender	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R18 000	R9 000	R7 300	R500

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192	Office and residential Accommodation lease agreements	Manage 168 Lease Agreements For KZN – Health (Office And Residential Accommodation)	Maintenance	Construction 1% - 25%	KZN-DoPW	KZN Province	Health Facility Revitalisation Grant	R332 033	R66 000	R66 000	R66 000
193	Osindisweni Hospital	Replace and install 1 x 200kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R1 000	R975	R25	-
194	Osindisweni Hospital	Replace TB ward	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Equitable Share	R90 350	-	-	R20 000
195	PHC Clinics Planning	Grant budget for training	Maintenance	Feasibility	Health	KZN Province	Health Facility Revitalisation Grant	R10 000	R10 000	-	-
196	Phoenix Assessment Centre	Install 1 x 100 KVA with new	Maintenance	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R500	R125	-	-
197	Phoenix CHC	Extension of patient waiting area (Rehabilitation of Community Health Centre	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Equitable Share	R21 620	R1 014	-	-
198	Phoenix CHC	Install 1 x 200 KVA with larger units	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R750	R187	-	-
199	Phoenix CHC	Construction of Admin Block, Block F, Parking - Phase2	Refurbishment	Design	KZN-DoPW	eThekwini Metro	Equitable Share	R15 000	-	-	R7 500
200	Phoenix Mortuary	New M6 Forensic Mortuary	New	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R92 925	R2 500	-	-
201	Pholela CHC	Accommodation for 39 staff and provision for Parkhome	Refurbishment	Retention	IDT	Harry Gwala	Equitable Share	R26 107	R500	-	-
202	Pisgah Clinic	Int & Ext R & R, New Roof Sheeting, Upgrade Pathways/Driveway (2nd Completion Contract)	New	Retention	KZN-DoPW	Ugu	Health Facility Revitalisation Grant	R4 500	R881	-	-
203	Pomeroy CHC	Construction Of A New CHC With Residence	New	Retention	IDT	Umzinyathi	Health Facility Revitalisation Grant	R188 593	R4 025	-	-

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204	Port Shepstone Hospital	Repair roofing to kitchen and laundry area/Urgent structural evaluation of roofing to kitchen and adjacent area.(Completion contract)	Refurbishment	Retention	KZN-DoPW	Ugu	Equitable Share	R2 300	R223	-	-
205	Port Shepstone Hospital	Replacement of 2 x Autoclaves	Maintenance	Retention	Health	Ugu	Equitable Share	R618	R15	-	-
206	Port Shepstone Hospital	Conversion of A Ward to 15 bedded Psychiatric Unit	Refurbishment	Design	KZN-DoPW	Ugu	Equitable Share	R30 000		R1 000	R15 000
207	Prince Mshiyeni Memorial Hospital	Upgrade fire protection system and water reservoir	Refurbishment	Tender	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R67 000	R20 000	R35 000	R2 000
208	Prince Mshiyeni Memorial Hospital	Upgrade Maternity Ward and Nursery	Refurbishment	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R19 614	R218	-	-
209	Prince Mshiyeni Memorial Hospital	Upgrade fire system	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R64 000	R40 000	R1 600	-
210	R K Khan Hospital	Completion of P Block (Completion contract) including Repairs to collapsing bank	Refurbishment	Construction 76% - 99%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R35 242	R8 418	R1 700	-
211	R K Khan Hospital	Upgrading of 4 lifts: Nurses Home	Maintenance	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R2 000	R1 500	R500	-
212	Radio Repeater Site	Radio Repeater high sites throughout KZN: Maintenance and Licence Fees	Maintenance	Construction 1% - 25%	KZN-DoPW	KZN Province	Equitable Share	R6 000	R2 000	R2 000	R2 000
213	Rietvei Hospital	Phase 3B : Admin, Kitchen, Audio, ARV, New Staff Accommodation, Renovate existing accommodation	Refurbishment	Retention	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R127 097	R3 178	-	-
214	Rietvei Hospital	Connection of electricity to the sewer treatment works plant	Refurbishment	Retention	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R614	R20	-	-
215	Shongweni Dam Clinic	Construction Of A New Clinic (Phase 9)	New	Retention	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R11 209	R2 185	-	-



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No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
216	Siphilile Clinic	Reconfigure existing Clinic. perimeter fence, double vehicle entrance and pedestrian gates	Refurbishment	Identified	KZN-DoPW	uThungulu	Equitable Share	R18 000	-	-	R2 000
217	St Aidens Hospital	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	eThekwini Metro	Equitable Share	R370	R9	-	-
218	St Aidens Hospital	Purchase of Hospital	New	Construction 51% - 75%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R60 000	R60 000	-	-
219	St Andrews Hospital	Replace and install 1 x 300kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	Ugu	Health Facility Revitalisation Grant	R1 500	R1 450	R50	-
220	St Apollinaris Hospital	Reconfigure existing building to provide for a neonatal nursery	Refurbishment	design	KZN-DoPW	Harry Gwala	Equitable Share	R2 500	R2 000	R500	-
221	St Apollinaris Hospital	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Harry Gwala	Equitable Share	R353	R9	-	-
222	St. Margaret's Hospital	Building a new male/female TB Wards	Refurbishment	Identified	KZN-DoPW	Harry Gwala	Equitable Share	R50 000	-	R4 000	R20 000
223	St. Margaret's hospital	Sewer Reticulation	Refurbishment	Feasibility	KZN-DoPW	Harry Gwala	Equitable Share	R7 000	-	-	R500
224	St. Margaret's hospital	Replacement of 1 x Autoclaves	Maintenance	Retention	Health	Harry Gwala	Equitable Share	R342	R8	-	-
225	Stanger Hospital	Replacement of entire roof in OPD and Paeds Wards	Refurbishment	Identified	KZN-DoPW	iLembe	Equitable Share	R18 000	-	-	R1 000
226	Stanger Hospital	New Labour And Neo-Natal Ward	Refurbishment	Construction 26% - 50%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R155 000	R65 000	R25 000	R5 000
227	Stanger Hospital	Replacement of 3 Chiller for the entire Hospital (Theatre/ Wards Chillers)	Maintenance	Retention	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R2 200	R50	-	-
228	Stanger Hospital	Upgrade / replace 1 Otis Lifts and 1 Hoist	Maintenance	Construction 1% - 25%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R2 200	R2 150	R50	-
229	Sundumbili CHC	Maintenance	Refurbishment	Retention	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R8 453	R120	-	-

## Annual Performance Plan 2016/17 – 2018/19

No.	Project name	Type project details	Nature of Investment	Project status	Implementing Agent Name	District Municipality Name	Primary Source of funding	Total project Cost (R'000)	2015/16 (R'000)	2016/17 (R'000)	2017/18 (R'000)
230	Sundumbili CHC	Replace and install 1 x 100kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R850	R730	R20	-
231	Tongaat CHC	Replace and install 1 x 100kVA with larger unit	Refurbishment	Construction 1% - 25%	KZN-DoPW	eThekwini Metro	Health Facility Revitalisation Grant	R850	R730	R20	-
232	Townhill Hospital	Replacement or Renovations to Roof - Admin Block, North Park, Uitsag Wards, Hillside Wards, Occupational Therapy and Pharmacy	Refurbishment	Retention	KZN-DoPW	uMgungundlovu	Equitable Share	R50 000	R2 100	-	-
233	Umphumulo Hospital	Install 1 x 300 KVA with larger units	Refurbishment	Construction 1% - 25%	KZN-DoPW	iLembe	Health Facility Revitalisation Grant	R1 000	R950	R50	-
234	Umphumulo Hospital	Construction of OPD With X-Ray, Admin Block Pharmacy ,neonatal and Physiotherapy	Refurbishment	Design	KZN-DoPW	iLembe	Equitable Share	R45 000	-	-	R1 000
235	Umzimkhulu CHC	Construct new CHC	New	Design	KZN-DoPW	Harry Gwala	Equitable Share	R200 000	-	R20 000	R60 000
236	Umzimkhulu Hospital	Install 1 x 100 KVA with larger units	Refurbishment	Retention	KZN-DoPW	Harry Gwala	Health Facility Revitalisation Grant	R850	R212	-	-
237	Umzinyathi Clinics	Construction of Septic Tanks	Refurbishment	Construction 1% - 25%	KZN-DoPW	Umzinyathi	Equitable Share	R15 000	R13 500	R500	-
238	Usuthu Clinic	Replacement of Medium Clinic	New	Construction 51% - 75%	IDT	Zululand	Equitable Share	R20 970	R9 930	R500	-
239	Vryheid Hospital	Reconfigure existing building to provide for a neonatal nursery	Refurbishment	Design	KZN-DoPW	Zululand	Equitable Share	R2 000	R1 600	R200	-
240	Vryheid Hospital	Upgrade / replace 2 Otis Lifts	Maintenance	Construction 1% - 25%	KZN-DoPW	Zululand	Health Facility Revitalisation Grant	R2 000	R1 950	R50	-

# Annual Performance Plan 2016/17 – 2018/19

## 11. CONDITIONAL GRANTS

Table 91: Conditional Grants 2016/17

Purpose of the Grant	Performance Indicators 2016/17	Targets 2016/17
<b>Comprehensive HIV and AIDS Conditional Grant</b>		
1. To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing. 2. To support implementation of the National Operational Plan for Comprehensive HIV and AIDS Treatment and Care. 3. To subsidise in-part funding for the Antiretroviral Treatment Plan.	1. Number of facilities offering ART	686
	2. Number of new patients started treatment (ART)	1 71 515
	3. Number of patients on ART remaining in care	1 273 724
	4. Number of antenatal clients initiated on ART	50 000
	5. Number of beneficiaries served by Home-Based Carers	1 099 080
	6. Number of active Home-Based Carers receiving stipends	10 621
	7. Number of male condoms distributed	212 000 008
	8. Number of female condoms distributed	3 539 956
	9. Number of High Transmission Area intervention sites (cumulative)	298
	10. Number of HIV positive clients screened for TB	305 816
	11. Number of HIV positive clients started on IPT	331 716
	12. Number of Lay Counsellors on stipends	2 254
	13. Number of clients tested for HIV (including antenatal)	2 659 268
	14. Number of health facilities offering MMC (cumulative)	230
	15. Number of MMC's performed	187 618
	16. Number of babies PCR tested at 10 weeks	64 000
	17. Number of sexual assault cases offered ARV prophylaxis (new)	8 800
	18. Number of doctors trained on HIV/AIDS, TB, STI's and other chronic diseases	602
	19. Number of nurses trained on HIV/AIDS, TB, STI's and other chronic diseases	3 574
	20. Number of non-professionals trained on HIV/AIDS, TB, STI's and other chronic diseases	5 666
<b>National Tertiary Services Grant</b>		
1. To ensure provision of tertiary health services for all South African citizens. 2. To compensate tertiary facilities for the costs associated with provision of these services including cross border patients.	1. Number of National Central and Tertiary Hospitals providing components of Tertiary services	3
<b>Health Professional Training and Development Grant</b>		
1. Support provinces to fund service costs associated with training of health science trainees on the public service platform. 2. Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025).	1. Number of Registrars supervised	379
<b>National Health Grant</b>		
1. To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including inter alia, health technology, organisational systems (OD) and quality assurance (QA).	1. Number of new clinical projects with completed construction	4
	2. Number of new clinical projects where commissioning is complete	5

# Annual Performance Plan 2016/17 – 2018/19

Purpose of the Grant	Performance Indicators 2016/17	Targets 2016/17
2. Supplement expenditure on health infrastructure delivered through public-private partnerships	3. Number of upgrading and renovation projects with completed construction	30
<b>National Health Insurance Grant</b>		
♦ Develop frameworks and models that can be used to roll out the National Health Insurance (NHI) pilots in districts and central hospitals critical to achieving the phased implementation of NHI	1. Review referral systems 2. Medical equipment procured	Referral system reviewed Medical equipment procured as per Procurement Plan

## 12. PUBLIC ENTITIES

**Table 92: Public Entities**

Name of Public Entity	Mandate	Outputs	Current Annual Budget (R'000)	Date of next evaluation
Austerville Halfway House	2.2: Community Health Clinics	In/ out patient care	R 569	March 2017
Azalea House	2.2: Community Health Clinics	In/ out patient care	R 525	March 2017
Claremont Day Care Centre	2.2: Community Health Clinics	In/ out patient care	R401	March 2017
Ikhwezi Cripple Care	Programme 4.1: Hospital Services	In/ out patient care	R 1 242	March 2017
John Peattie House	2.2: Community Health Clinics	In/ out patient care	R 1 208	March 2017
Jona Vaughn Centre	2.2: Community Health Clinics	In/ out patient care	R 2 139	March 2017
KZN Blind & Deaf Society	2.2: Community Health Clinics	In/ out patient care	R 849	March 2017
Lynn House	2.2: Community Health Clinics	In/ out patient care	R 629	March 2017
Madeline Manor	4.1: Hospital Services	In/ out patient care	R 919	March 2017
Magaye School for the Blind	2.2: Community Health Clinics	In/ out patient care	R 530	March 2017
McCords Hospital	Programme 2.7: District Hospitals	In/ out patient care	R 670	March 2017
Philanjolo Hospice	4.2: Specialised TB	In/ out patient care	R 2 500	March 2017
Power of God	2.2: Community Health Clinics	In/ out patient care	R 1 167	March 2017
Rainbow Haven	2.2: Community Health Clinics	In/ out patient care	R 421	March 2017
Scadifa Centre	2.2: Community Health Clinics	In/ out patient care	R 982	March 2017
Sparks Estate	2.2: Community Health Clinics	In/ out patient care	R 1 166	March 2017
St. Lukes Home	2.2: Community Health Clinics	In/ out patient care	R 470	March 2017
<b>Total</b>			<b>R 17 882</b>	-

### 13. PUBLIC PRIVATE PARTNERSHIPS

Table 93: Public Private Partnership

Name of PPP	Purpose	Outputs	2016/17 Annual Budget (R'000)	Date of Termination	Measures to ensure smooth transfer of responsibilities
Inkosi Albert Luthuli Central Hospital The Department in partnership with Impilo Consortium (Pty) Ltd and Cowslip Investments (Pty) Ltd	Supply equipment and information management and technology (IM&T) systems and replace the equipment and IM&T systems to ensure that they remain state of the art. Supply and replace non-medical equipment. Services necessary to manage Project Assets in accordance with Best Industry Practice. Maintain and replace Departmental Assets in terms of the replacement schedules. Provide or procure Utilities, Consumables and Surgical Instruments. Facility Management Services.	Delivery of non-clinical services to IALCH	R 2 250 558	The 15 year contract with Impilo Consortium (Pty) Ltd will terminate in 2016/17.	Termination arrangements are detailed in the project agreement in clauses 35, 36, 37 and the penalty regime (Schedule 15). The Provincial Treasury PPP Unit is rendering assistance to the Department of Health regarding its exit strategy.

**PART D: REVISED STRATEGIC PLAN 2015 - 2019**

- Revised Strategic Objectives, Objective Statements, Indicators & Targets

Annual Performance Plan 2016/17 – 2018/19

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# Annual Performance Plan 2016/17 – 2018/19

**Table 94: Strategic Plan 2015-2019 Changes**

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020 Comment
<b>Programme 1: Administration</b>			
1.1) Finalise integrated long term health service improvement platform	1.1.1) Long Term Plan approved by March 2016, implemented and monitored thereafter	Provincial Long Term Plan <i>Amended: Approved Provincial Long Term Plan</i>	Long Term Plan implemented and monitored
1.3) Improve Supply Chain Management	1.3.1) Costed Procurement Plan for minor and major assets by the end of April in each reporting year <i>Amended: Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year</i>	Annual Procurement Plan <i>Amended: Approved Annual Procurement Plan</i>	Annual costed Procurement Plan <i>Amended: Approved and costed annual procurement plan</i>
	1.3.2) Ensure that 100% sites registered on the asset system account for all assets by performing monthly reconciliation reports by March 2016 and annually thereafter <i>Removed: Not considered a SMART indicator. This is monitored during operational management at different levels of care.</i>	Number of registered sites performing monthly asset reconciliation reports <i>Removed</i>	All registered sites <i>Removed</i>
1.4) Improve health technology and information management	1.4.1) Connectivity established at 100% public health facilities by March 2018 <i>Reviewed target: Connectivity established at 100% public health facilities by March 2020</i>	Percentage of public health facilities with stable bandwidth connectivity	100%
	1.4.6) Reduce performance data error rate to 2% (or less) by March 2020	Audit error rate (PHC clinics, CHC's and Hospitals) <i>Amended: Audit error rate PHC clinics, CHC's/ Audit error rate Hospitals</i>	2% (or less)
	1.4.4) Web-based health information system established in 90% public health facilities by March 2020 (National 700 Clinic Project) <i>Removed: This is a National Department of Health project and the Department is not in control of implementation or resource allocation. The "system" is not an official health information system and not integrated with the DHIS – not expected to be during the MTEF. Progress is being monitored at district level.</i>	Percentage of public health facilities with a web-based information system <i>Removed</i>	90% <i>Removed</i>
4.1) Improve human resources for health	4.1.1) Long Term Human Resources Plan approved by March 2016 and implemented and monitored thereafter <i>Reviewed target: Changed target from March 2016 to March 2017 to make provision for more widespread consultation.</i>	Long Term Human Resources Plan <i>Amended: Approved Long Term Human Resources Plan</i>	Long Term HRP implemented and monitored
	4.1.2) Finalise 610 organisational structures by March 2020 <i>Amended: Finalise 610 post establishments by March 2020</i>	Number of organisational structures finalised <i>Amended: Number of post establishments finalised</i>	610



## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020 Comment
	4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17	Community Based Training in a PHC Model <i>Amended: Community Based Training in a PHC Model implemented</i>	Implement Model
	4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20 <i>Reviewed target: Changed the number of bursaries from 2 000 to 1 000 (based on projected funding envelope)</i>	Number of bursaries awarded for first year nursing students	2 000 <i>Reviewed: 1 000</i>
<b>Programme 2: Primary Health Care</b>			
1.5) Accelerate implementation of PHC re-engineering	1.5.2) Increase the number of ward based outreach teams to 190 by March 2020	Number of ward based outreach teams in the 169 wards worst affected by poverty (cumulative) <i>Amended: Number of ward based outreach teams (cumulative). The priority wards will be prioritised</i>	190
	1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020	PHC utilisation rate <i>Amended: PHC utilisation rate (annualised)</i>	3.1
1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation & Maintenance	1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020 <i>Reviewed (customised indicator): 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020</i>	Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard <i>Reviewed (customised indicator): Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard</i>	100%
<b>Programme 2, 4 and 5: District, regional, Specialised, Tertiary and Central Hospitals</b>			
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 <i>Amended: Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020</i>	Patient experience of care rate <i>Amended: Client satisfaction rate</i>	95% (or more)
1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more) <i>Amended: Maintain a bed utilisation rate of 75% (or more) by March 2020</i>	Inpatient bed utilisation rate <i>Amended: Inpatient bed utilisation rate - total</i>	75% (or more)
	1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2016 <i>Reviewed target: Develop and implement the approved Hospital Rationalisation Plan by March 2017 (to make provision for wider consultation)</i>	Hospital Rationalisation Plan <i>Amended: Approved Hospital Rationalisation Plan</i>	Plan implemented <i>Amended: Approved Plan implemented</i>

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020 Comment
2.7) Reduce maternal mortality	2.7.2) Improve maternal health outcomes by establishing 11 District Caesarean Section Centres by March 2018 (Delete after consultation with O&G Senior Specialist) <i>Removed. This will form part of the Long Term Plan and dependent on norms and standards developed by the National Department of Health</i>	Number of fully functional District Caesarean Section Centres (cumulative) <i>Removed</i>	11 <i>Removed</i>
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 <i>Amended: Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020</i>	Patient experience of care rate <i>Amended: Client satisfaction rate</i>	95% (or more)
<b>HIV/AIDS and TB</b>			
2.2) Reduce HIV Incidence	2.2.2) Test 9 million people (cumulative) for HIV by March 2020 <i>Reviewed target: Test 4 million people for HIV by March 2020 (cumulative) – based on current testing and the HIV/AIDS Conditional Grant Business Plan targets</i>	Client tested for HIV (including ANC)	9 million (cumulative) <i>Reviewed: 4 million (cumulative)</i>
2.3) Manage HIV prevalence	2.3.1) Reduce the HIV prevalence among 15-24 year old pregnant women to 25% by March 2020 <i>Removed: This is dependent on National Surveys and will be tracked as survey results become available</i>	HIV prevalence among 15-24 year old pregnant women <i>Removed</i>	25% <i>Removed</i>
	2.3.2) Increase the number of patients on ART to 1 450 000 (cumulative) by March 2018 <i>Reviewed target: Increase the number of patients on ART to 1 600 000 (cumulative) by March 2020 (makes provision for current and projected number of patients on ART that will exceed the initial target)</i>	Total clients remaining on ART	1 450 000 <i>Reviewed: 1 600 000</i>
2.4) Improve TB outcomes	2.4.1) Increase the TB new client treatment success rate to 90% (or more) by March 2020 <i>Amended: Increase the TB client treatment success rate to 90% (or more) by March 2020</i>	TB new client treatment success rate <i>Amended: TB client treatment success rate</i>	90% (or more)
<b>MC&amp;WH</b>			
2.7) Reduce maternal mortality	2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	Maternal mortality in facility ratio <i>Amended: Maternal mortality in facility ratio (annualised)</i>	100 (or less) per 100 000 live births
2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020	Couple year protection rate <i>Amended: Couple year protection rate (annualised)</i>	75%
	2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	Cervical cancer screening coverage <i>Amended: Cervical cancer screening coverage (annualised)</i>	75% (or more)

## Annual Performance Plan 2016/17 – 2018/19

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020 Comment
<b>NCD</b>			
2.10) Eliminate malaria	2.10.2) Reduce malaria case fatality rate to less than 0.5% by March 2020 <i>Reviewed target: Reduce malaria case fatality rate to less than 0.5% by March 2017 onwards (based on current performance)</i>	Malaria case fatality rate	Less than 0.5%
<b>EMS</b>			
1.8) Improve EMS efficiencies	1.8.1) Evidence-based EMS Model approved and implemented by March 2016 <i>Reviewed target: Evidence-based EMS Model approved and implemented by March 2017 (make provision for more intensive consultation) – making provision for more consultation)</i>	Approved revised EMS Model	Approved revised EMS Model implemented <i>Amended: Implement approved Model</i>

## **14. CONCLUSION**

The Department stays unwavering in its commitment to improved service delivery and better health outcomes. Resources will be allocated and utilised in the most appropriate manner to ensure optimal utilisation as scarce resources.

Implementation of the 2016/17 Annual Performance Plan will be implemented and monitored in a robust manner with formal quarterly reports serving as yardstick for decisive informed action.

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# Annual Performance Plan 2016/17 – 2018/19

## 16. ABBREVIATIONS

Abbreviation	Description
<b>A</b>	
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Air Mercy Services
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV(s)	Anti-Retroviral(s)
ASSA	AIDS Committee of Actuarial Society of South Africa
<b>B</b>	
BAS	Basic Accounting System
BLS	Basic Life Support
<b>C</b>	
CARMMA	Campaign on Accelerated Reduction of Maternal and child Mortality in Africa
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Communicable Disease Control
CEO(s)	Chief Executive Officer(s)
CHC(s)	Community Health Centre(s)
COE	Compensation of Employees
CSS	Client Satisfaction Survey
CTOP	Choice on Termination of Pregnancy
CVA	Cardiovascular Accident
<b>D</b>	
DCST(s)	District Clinical Specialist Team(s)
DHER(s)	District Health Expenditure Review(s)
DHIS	District Health Information System
DHP's	District Health Plans
DHS	District Health System
DoPW	Department of Public Works
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
<b>E</b>	
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EMS	Emergency Medical Services
EMS P1 Calls	Emergency Medical Services Priority 1 Calls

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Abbreviation	Description
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETR.Net	Electronic Register for TB
<b>F</b>	
FDC	Fixed Dose Combination (ARV)
FP	Family Planning
FPS	Forensic Pathology Services
<b>G</b>	
GE	Gastroenteritis
GHS	General Household Survey
GIS	Geographic Information System
<b>H</b>	
HAART	Highly Active Ante-Retroviral Therapy
HAST	HIV, AIDS, STI and TB
HCSS	Health Care Support Services
HCT	HIV Counselling and Testing
HIV	Human Immuno Virus
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HTA's	High Transmission Areas
<b>I</b>	
IA(s)	Implementing Agent(s)
IALCH	Inkosi Albert Luthuli Central Hospital
ICD10	International Classification of Diseases
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
IDT	Independent Development Trust
IDMS	Infrastructure Delivery Management Programme
IFT	Inter Facility Transfer
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
iMMR	Institutional Maternal Mortality Ratio
IMR	Infant Mortality Rate
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
<b>K</b>	
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
<b>L</b>	
LG	Local Government
<b>M</b>	
MaMMAS	Maternal Morbidity and Mortality Assessment Records

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Abbreviation	Description
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOA	Memorandum of Agreement
MOP	Medical Ortho Prosthetics
MOU(s)	Midwifery Obstetric Unit(s)
MOU	Memorandum of Understanding
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
<b>N</b>	
NCS	National Core Standards
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
NSDA	Negotiated Service Delivery Agreement
<b>O</b>	
OES	Occupation Efficiency Service
OHH	Outreach Households
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
<b>P</b>	
PA(s)	Performance Agreement(s)
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PERSAL	Personnel and Salaries System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PIA	Provincial Implementing Agents
PHREC	Provincial Health Research and Ethics Committee
PMDS	Performance Management and Development System
PMPU	Provincial Medicine Procurement Unit
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PostMI	Post Myocardial Infarction
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport



## Annual Performance Plan 2016/17 – 2018/19

Abbreviation	Description
PTB	Pulmonary Tuberculosis
<b>Q</b>	
QIP(s)	Quality Improvement Plan(s)
<b>R</b>	
RSA	Republic of South Africa
<b>S</b>	
SA	South Africa
SANHANES	South African National Health and Nutrition Survey
SANTA	South African National Tuberculosis Association
SCM	Supply Chain Management
SHS	School Health Services
SLA	Service Level Agreement
SOP(s)	Standard Operating Procedure(s)
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
<b>T</b>	
TB	Tuberculosis
<b>U</b>	
U5MR	Under 5 Mortality Rate
UKZN	University of KwaZulu-Natal
U-AMP	User–Asset Management Plan
<b>W</b>	
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
WISN	Workload Indicators of Staffing Need
<b>X</b>	
XDR-TB	Extreme Drug Resistant Tuberculosis

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## INDICATOR DEFINITIONS

National customised indicators are highlighted in light green for ease of reference

### Programme 1: Administration

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Audit opinion from Auditor-General	Outcome of the audit conducted by Office of the Auditor General of South Africa (AGSA)	Monitor effective and efficient financial and information management	Annual Report-AGSA Findings	Annual Report – AGSA Findings	<b>Categorical</b>	Categorical	Annual	None	Unqualified opinion	CFO; all Senior Managers
Percentage of hospitals with broadband access	Percentage of Hospitals that have access to at least 2 Mbps connection	Monitor broadband connectivity	Evidence of connectivity	DHIS/ ICT database	<b>Numerator</b> Total number of hospitals with minimum 2 Mbps connectivity <b>Denominator</b> Total number of hospitals	%	Quarterly	None	Increased percentage indicates improved access to broadband connectivity	ICT Manager
Percentage of fixed PHC facilities with broadband access	Percentage of PHC facilities (including clinics and CHCs) that have access to at least 1 Mbps connection	Monitor broadband connectivity	Evidence of connectivity	DHIS/ ICT database	<b>Numerator</b> Number of PHC facilities that have access to at least 1 Mbps connectivity <b>Denominator</b> Total number of fixed PHC facilities	%	Quarterly	None	Increased percentage indicates improved access to broadband connectivity	ICT Manager
Percentage over/under expenditure	Percentage expenditure within 1% of the annual budget allocation per classification based on BAS expenditure reports	Monitor financial management and expenditure	BAS Reports	BAS Reports	<b>Numerator</b> Total expenditure <b>Denominator</b> Annual allocated budget	%	Quarterly	None	Lower deviation indicates more effective financial management	CFO, DDG's, District and Facility Managers
Approved annual procurement plan	A costed Procurement Plan making provision for minor and major assets for a specific reporting cycle (financial years)	Inform budget allocation and effective budget/ financial management in procurement of goods	Approved Procurement Plan	Procurement Plan	<b>Categorical</b>	Categorical	Annual	None	Annual costed Procurement Plan	CFO and District/ Facility Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Approved Human Resource Long Term Plan	Ten year Human Resources Plan estimating HR needs/ demands over the next 10 years taking into consideration current gaps and service demands.	Evidence-based decision-making for human resources for health.  The Plan will inform short, medium and long term planning and decision-making	Long Term Human Resource Plan	Long Term Human Resource Plan	<b>Categorical</b>	Categorical	Annual	None	Approved Long Term HR Plan	HRMS Manager
Number of post establishments finalised	The number of organisational and post structures reviewed and implemented	Monitor effective provision for human resource needs	Approved organisational and post structures	Approved organisational and post structures	Number of post establishments reviewed and implemented. The number includes structures for Head Office, Regional and District Offices, Programmes (e.g. Emergency Medical Services, Forensic Pathology Services), PHC clinics, CHCs and Hospitals	No	Annual	None	The ideal is to have all structures reviewed and implemented	HRMS Manager
Implemented Community Based Training in a PHC Model	New Decentralised Community Based Training in a PHC Model for Health Sciences Students (doctors, nurses and allied workers) changes the focus from hospicentric to a PHC approach in line with the re-engineering of PHC (formal training from community to level 3 platforms). Partnership between the Department of Health (DOH) and the University of KwaZulu-Natal (UKZN) ensure alignment of training & service delivery platforms	Monitor progress in implementation of the new Model and the production of health care providers over time	Business Plan, Training Model and Task Team Reports (DOH/UKZN)	Business Plan, Training Model and Task Team Reports (DOH/UKZN)	<b>Categorical</b>	Categorical	Annual	None	Model approved and implemented	Provincial Task Team (DOH/UKZN)

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Medical Officers per 100,000 people	The number of Medical Officers in posts on the last day of March (of reporting year) per 100,000 population	Track the number of Medical Officers (in posts in the public health sector) in relation to the total population in the Province	Persal (Medical Officers) DHIS (Stats SA population)	Persal (Medical Officers) DHIS (Stats SA population)	<b>Numerator</b> Number of Medical Officer posts filled in reporting year <b>Denominator</b> Total population	Number per 100,000 pop	Annual	Dependant on accuracy of Persal data and Stats SA estimates. There are no standard SA norms to measure against	Increase in the number of Medical Officers contributes to improving access to and quality of clinical care	HRMS Manager/ DDG's
Professional Nurses per 100,000 people	The number of Professional Nurses in posts on the last day of March (of reporting year) per 100,000 population	Track the number of Professional Nurses (in posts in the public health sector) in relation to the total population in the Province	Persal (Professional Nurses) DHIS (Stats SA population)	Persal (Professional Nurses) DHIS (Stats SA population)	<b>Numerator</b> Number of Professional Nurse posts filled <b>Denominator</b> Total population	Number per 100,000 pop	Annual	Dependant on accuracy of Persal data and Stats SA estimates. There are no standard SA norms to measure against	Increase in the number of Professional Nurses contributes to improving access to and quality of clinical care	HRMS Manager/ DDG's
Pharmacists per 100,000 people	The number of Pharmacists in posts on the last day of March (of reporting year) per 100,000 population	Track the number of Pharmacists (in posts in the public health sector) in relation to the total population in the Province	Persal (Pharmacists) DHIS (Stats SA population)	Persal (Pharmacists) DHIS (Stats SA population)	<b>Numerator</b> Number of Pharmacist posts filled <b>Denominator</b> Total population	Number per 100,000 pop	Annual	Dependant on accuracy of Persal data and Stats SA estimates. There are no standard SA norms to measure against	Increase in the number of Pharmacists contributes to improving access to and quality of clinical care	HRMS Manager/ DDG's
Number of Hospital Managers who have signed Performance Agreements (PA's)	The number of Hospital Managers who have signed Performance Agreements with their supervisors at the beginning of the reporting year	Improve performance monitoring, development and accountability	Signed PA's	Performance Management records (HRMS)/ Signed PA's	Number of Hospital Managers with signed Performance Agreements for the reporting period	Number	Annual	None	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans	HRMS Manager
Number of District Managers who have signed PA's	The number of District Managers who have signed Performance Agreements with their supervisors at the beginning of the reporting year	Improve performance monitoring, development and accountability	Signed PA's	Performance Management records (HRMS)/ Signed PA's	Number of District Managers with signed Performance Agreements for the reporting period	Number	Annual	None	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans	HRMS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage of Head Office Managers (Level 13 and above) who have signed PA's	The percentage of Senior Managers (level 13 and above) who have signed Performance Agreements with supervisors at the beginning of the reporting year	Improve performance monitoring, development and accountability	Signed PA's	Performance Management records (HRMS)/ Signed PA's	<b>Numerator</b> Head Office Managers (level 13 and above) who signed PA's in the reporting cycle <b>Denominator</b> Number of Head Office Managers (level 13 and above)	%	Annual	None	All staff sign annual PA's - aligned with Departmental priorities in Strategic, Annual Performance, District and Institutional Plans	HRMS Manager
Approved Provincial Long Term Plan	Ten year plan making provision for service transformation, system strengthening, service provision and clinical care. The Plan provides the blue print for short, medium and long term plans in the Department	Inform service transformation/ delivery and resource allocation over a ten year period	Long Term Plan	Long Term Plan	<b>Categorical</b>	Categorical	Annual	None	Long Term Plan approved	Strategic Planning Manager
Approved revised M&E Framework	Review of the current M&E Framework that provides the parameters for monitoring, evaluation and reporting against performance targets	Improve evidence-based M&E, decision-making and planning	Revised M&E Framework	Revised M&E Framework	<b>Categorical</b>	Categorical	Annual	None	Revised M&E Framework approved to regulate monitoring, evaluation and reporting	M&E Manager
Data submission rate	The percentage of public health facilities that submit prioritised performance data as per stipulated timelines for collation of district and provincial data	Monitor data completeness and submission rates	Standardised facility submission tool	Standardised facility submission tool	<b>Numerator</b> Number of facilities submitting complete performance data according to time frames <b>Denominator</b> Number of facilities	%	Quarterly	Record keeping at district level using standardised data submission tool	Improved data completeness and quality	Data Management Manager
Audit error rate PHC clinics and CHC's	The deviation between data collection tools at PHC and CHC level and DHIS	Monitor data accuracy and quality	Internal audit reports	Internal audit reports	<b>Numerator</b> Sum of variance between data collection tools and DHIS during audit at PHC and CHC facilities <b>Denominator</b> Reported PHC/CHC data on DHIS	%	Quarterly	Sample of audited facilities by internal teams might be inadequate to generalise	Lower deviation indicates improved data quality	Data Management Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Audit error rate Hospitals	The deviation between the data collection tools at hospital level and DHIS	Monitor data accuracy and quality	Internal audit reports	Internal audit reports	<b>Numerator</b> Sum of variance during audit at hospitals <b>Denominator</b> Reported Hospital data on DHIS	%	Quarterly	Sample of audited facilities by internal teams might be inadequate to generalise Provincial error rate	Lower deviation indicates improved data quality	Data Management Manager
Annual stakeholder analysis	Identification and analysis of internal and external stakeholders to improve stakeholder involvement and participation in health matters	Identify stakeholders to improve consultation, participation and feedback on health related matters	Stakeholder analysis	Stakeholder analysis	<b>Categorical</b>	Categorical	Annual	None	Internal and external stakeholders identified	Corporate Communications Manager
Annual analysis of stakeholder responses	Analysis of response in social media platforms including blog, twitter, etc. to ensure interactive communication and consultation on health matters and to inform health messaging	Monitor and analyse responses of stakeholders to enrich service delivery	Analysis Report	Analysis Report	<b>Categorical</b>	Categorical	Annual	None	Interactive social media established and monitored	Corporate Communications Manager
Approved ICT Governance Policy and Framework	Appropriate ICT Governance Framework developed to regulate the ICT environment	Monitor implementation of the ICT Governance Policy Framework	ICT Governance Policy & Framework	ICT Governance Policy & Framework	<b>Categorical</b>	Categorical	Annual	None	ICT Governance Policy & Framework developed and implemented	ICT Manager
Number of functional Telemedicine sites	The number of facilities where connectivity have been established to enable electronic communication through e-health, m-health and telemedicine	Improve availability of mentoring, training & development	Actual functional telemedicine sites	Telemedicine database	Number of functional tele-medicine sites	Number	Quarterly	None	Improved access to training & development	Telemedicine Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Approved Hospital Rationalisation Plan	Integrated and comprehensive plan making provision for rationalisation and optimisation of hospital services including classification, package of services, staffing (according to staffing norms), bed allocation per clinical domain, specialities, complexes and centres of excellence, etc.	Improve hospital efficiencies and quality	Approved Plan	Approved Plan	<b>Categorical</b>	Categorical	Annual	None	Plan approved and implemented	Specialised Services , DHS and Strategic Planning Managers
Proportion of public health facilities that scored more than 75% on the Food Service Monitoring Standards Grading System	The proportion of facilities that comply with more than 75% of the food service standards using a customised grading system	Monitor the quality of Food Services	Food Services monitoring reports	Food Services Grading Register	<b>Numerator</b> health facilities that score more than 75% on the FSMMSGs <b>Denominator</b> Number of public health facilities	%	Annual	Accurate and updated reports	Higher percentage desired indicating higher standard of food services	Food Services Manager
Number of public health facilities compliant with 2 priority Food Safety Standards	The number of public health facilities that implement the food safety standards and comply with priority standards	Monitor the quality of Food Services	Food Services monitoring reports	Food Services Register	Public health facilities that comply with 2 priorities of Food Safety Standards	Number	Annual	Accurate and updated reports	Higher number desired indicating higher standard of services	Food Services Manager
Percentage public health facilities with access control at the gate	The percentage public health facilities that comply with standard fencing and gate control requirements	Monitor safety and security at public health facility level	Security audit results	Security reports	<b>Numerator</b> Public health facilities with access control at the gate <b>Denominator</b> Total public health facilities	%	Annual	None	Higher percentage desired indicating improved security	Security Manager

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## Programme 2: Sub-Programme District Health Services

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	Percentage of fixed PHC facilities that score above 70% on the Ideal Clinic Dashboard (PHC essential standards and criteria)	Monitor and track compliance to the Ideal Clinic standards	Ideal Clinic assessment records	DHIS/ Ideal Clinic Dashboard	<b>Numerator</b> Number of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard <b>Denominator</b> Number of fixed PHC facilities that conducted an assessment using the Ideal Clinic Dashboard to date in the current financial year	%	Quarterly	Poor reporting using the Ideal Clinic Dashboard tool	Higher scores show compliance to Ideal Clinic standards	PHC and QA Managers
Client Satisfaction Survey (CSS) rate (PHC)	The percentage of fixed PHC facilities that have conducted client satisfaction surveys as a proportion of the total number of fixed PHC facilities	Monitor whether PHC facilities are conducting CSS's to monitor patient satisfaction with public health services	CSS records/ evidence	DHIS/ QA database	<b>Numerator</b> Total number of fixed PHC facilities that conducted a CSS to date in the current financial year <b>Denominator</b> Total number of fixed PHC facilities	%	Quarterly	Poor reporting of CSS's	All health facilities conduct CSS's to monitor patient satisfaction with services and to address concerns	QA and PHC Managers
Client satisfaction rate (PHC)	The percentage of PHC clients that were satisfied with services (i.e. average score of 80% or more on the survey results) compared with the number of patients that participated in the survey	Track client satisfaction with public health services	Client satisfaction survey results	QPR/ QA database	<b>Numerator</b> Total number of clients that were satisfied with services at PHC (scoring 80% or more on survey results) to date in the current financial year <b>Denominator</b> Total number of clients that participated in survey to date in the current financial year	%	Annual	Poor monitoring and reporting of surveys and survey data	Improved satisfaction with public health services and compliance with Batho Pele principles	QA and PHC Managers
Outreach Household registration visit coverage (annualised)	Outreach households (OHH) registered by Ward Based Outreach Teams as a proportion of households in the catchment population	Monitor PHC re-engineering with a focus on community-based outreach and household visits/ services	Outreach registers WBOT's/ Stats SA	DHIS/ Stats SA (households)	<b>Numerator</b> Outreach households registration visits <b>Denominator</b> Households in the catchment population	%	Quarterly (annualised)	Poor record keeping and reporting especially in the DHIS Module. Accurate household data from Stats SA	All households covered by community outreach teams	PHC Manager



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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of Districts with fully-fledged District Clinical Specialist Teams	Number of Districts that have DCST's with the full composition of team members as defined by the Ministerial Task Team report including Specialist PHC Nurse, Advanced Midwife, Paediatric Nurse, Gynaecologist, Paediatrician, Family Medicine, and Anaesthetist	Track the availability of clinical specialists at PHC level per district, and monitor improved clinical governance, oversight and support at PHC level	Documented evidence – appointment on Persal	District reports	Number of districts with fully fledged District Clinical Specialist Teams (fully compliant with composition of teams)	Number	Quarterly	Documented evidence	Specialist teams operational as per role and functions – higher number indicates increased availability of clinical specialists at PHC level	DHS Manager
PHC utilisation rate (annualised)	Average number of PHC visits per person per year in the population	Monitor PHC access and utilisation	PHC tick registers/ DHIS (Stats SA population estimates)	DHIS	<b>Numerator</b> PHC headcount total <b>Denominator</b> Population total	Number	Quarterly	Dependant on the accuracy of reporting and estimated population from Stats SA	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on the public health system	PHC Manager
Complaint resolution rate	Complaints resolved as a proportion of complaints received	Monitor the response to customer concerns/ complaints	Complaint Register	DHIS	<b>Numerator</b> Complaint resolved <b>Denominator</b> Complaint received	%	Quarterly	Accuracy of reporting at facility level	Higher percentage suggest improved response to complaints	QA Manager
Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as proportion of all complaint resolved	Monitor public health system response to customer concerns/ complaints (turn-around time)	Complaints Register	DHIS	<b>Numerator</b> Complaint resolved within 25 working days <b>Denominator</b> Complaint resolved	%	Quarterly	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Higher percentage suggest better management of complaints	QA Manager
Life expectancy at birth – Total	The average number of years a person can expect to live from birth (age from birth to death)	Track improved quality of life – people living longer	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	Published Stats SA mid-year population estimates – Life expectancy at birth	Years	Annual	None	Increase in life expectancy indicates improved quality of life	Planning, M&E Managers
Life expectancy at birth – Male	The average number of years a male can expect to live from birth (age from birth to death)	Track improved quality of life - people living longer	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	Published Stats SA mid-year population estimates – Life expectancy at birth for males	Years	Annual	None	Increase in life expectancy indicates improved quality of life	Planning, M&E Managers
Life expectancy at birth – Female	The average number of years a female can expect to live from birth (age from birth to death)	Track improved quality of life - people living longer	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	Published Stats SA mid-year population estimates – Life expectancy at birth for females	Years	Annual	None	Increase in life expectancy indicates improved quality of life	Planning, M&E Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
PHC utilisation rate under 5 years (annualised)	Average number of PHC visits per year per person under 5 years in the population.	Monitor PHC access and utilisation by children under 5 years	PHC tick register/ DHIS (Stats SA population estimates)	DHIS	<b>Numerator</b> PHC headcount under 5 years <b>Denominator</b> Population under 5 years	Rate	Quarterly (annualised)	Dependant on the accuracy of collected data and estimated population under 5 years from Stats SA	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	PHC Manager
Expenditure per PHC headcount	Provincial expenditure per person visiting public health PHC services	Monitor PHC expenditure trends and value for money	BAS (expenditure) PHC Tick Register	DHIS (headcount) BAS (expenditure)	<b>Numerator</b> Total expenditure PHC (Sub-Programmes 2.2 - 2.7) <b>Denominator</b> PHC headcount total	Rand	Quarterly	Efficient record management at facility level and accuracy of BAS	Lower expenditure may indicate efficient use of resources; higher expenditure may indicate improved access to PHC	PHC and Budget Control Managers
Number of School Health Teams (cumulative)	Number of School Health Teams appointed to render health services at schools as part of PHC re-engineering. Minimum composition of team: Professional Nurse, Staff Nurse and Health Promoter – may include additional members. In absence of PN, an EN may head the team	Monitor school health services as part of PHC re-engineering	Persal and District Management	PHC/ District Management Reports	Total number of School Health Teams (cumulative)	Number	Quarterly	School Health Teams not correctly linked on BAS or Persal	Higher number desired for improved school coverage	PHC Manager
Number of Ward-Based Outreach Teams (cumulative)	The number of ward-based outreach teams active in communities. Team composition includes PN, EN, and Health Promoter – teams supported by CCGs. If no PN is available as team leader an EN can fulfil that position until PN can be appointed	Monitor household coverage as part of PHC re-engineering.	District Management/ Persal/ BAS	PHC/ District Management Reports	Total number of Ward Based Outreach Teams (cumulative)	Number	Quarterly	Accuracy of reporting	Ward Based Outreach Teams	PHC Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of accredited Health Promoting Schools (cumulative)	The number of schools that have been officially accredited as Health Promoting Schools by an external Assessment Authority. Accreditation is based on full compliance to the national norms and standards for Health Promoting Schools	Monitor implementation of community ownership for health promotion at schools in line with the Ottawa Charter's 5 Action Areas to expand the role of learners as partners in health and to improve accountability for health at household level	School accreditation certificate	Health Promoting Schools database	Total number of schools accredited as Health Promoting Schools by an external assessment authority (cumulative)	Number	Quarterly	Accuracy and completeness of the HPS database	Higher number desired to support community ownership for health promotion	PHC Manager
Dental extraction to restoration ratio	The ratio between the number of teeth extracted and the number of teeth restored	Monitor overall quality of dental services	Dental records/register at facility level	DHIS	<b>Numerator</b> Tooth extraction <b>Denominator</b> Tooth restoration	Ratio	Quarterly	Reliant on accurate reporting at facility level	Decreased ratio indicates improvement in dental health services (lower ratio indicate improved management)	Oral Health Manager

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## Programme 2: Sub-Programme HIV, AIDS, STI and TB Control

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Adults remaining on ART – total	Total adults (15 years and older) remaining on ART (Adult TROA) at the end of the reporting month	Track the number of adult patients (15 years and older) remaining on ART	ART Register/ TIER.Net	DHIS	Total adults (15 years and older) remaining on ART (Adult TROA) at the end of the reporting month. Sum of the following: Any adult (15 years and older) that has a current regimen in the column designating the month reported on Any adult client (15 years and older) that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on. Clients remaining on ART equals [Naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	Number	Quarterly	Dependent on accurate reporting	Higher total indicates a larger population remaining on ART treatment	HIV/AIDS Manager
Total children (under 15 years) remaining on ART – total	Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month	Track the number of children remaining on ART	ART Register/ TIER.Net	DHIS	Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month. Sum of: Any child under 15 years that has a current regimen in the column designating the month you are reporting on Any child under 15 years that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on. Clients remaining on ART equals [Naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	Number	Quarterly	Dependent on accurate reporting	Higher total indicates a larger population remaining on ART treatment	HIV/AIDS Manager
TB/HIV co-infected clients on ART rate	TB/HIV co-infected clients on treatment as proportion of HIV positive TB clients	Monitors TB/HIV co-infection at the point of ART initiation to ensure that all co-infected clients are on ART	ART Register/ ETR.Net	DHIS	<b>Numerator</b> Registered HIV/TB co-infected clients started on ART <b>Denominator</b> Total number of registered HIV positive TB patients	%	Quarterly	Accuracy of recording and reporting at facility level	Higher proportion indicates that more TB/HIV co-infected patients are started on ART treatment	HIV/AIDS and TB Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Client tested for HIV (including ANC)	Total number of HIV tests done	Monitor annual testing of persons who are not known HIV positive to increase the proportion of the population with known HIV status. It also inform resource allocation e.g. test kits and staffing	HIV Register	DHIS	Number of all clients tested for HIV including: HIV test child 19-59 months HIV test child 5-14 years HIV test client 15-49 years (excl ANC) HIV test client 50 years and older (excl ANC) Antenatal client HIV 1st test Antenatal client HIV re-test)	Number	Quarterly	Record keeping at facility level while non-reporting of testing outside public health facilities skew total testing numbers	Higher number indicated better response to increased "know your status" initiative	HIV/AIDS Manager
TB symptom 5 yrs and older screened in facility rate	Clients 5 years and older screened for TB symptoms as a proportion of PHC headcount 5 years and older	Monitor if all clients in facilities are screened for TB as part of early detection	TB Register/ PHC tick register	DHIS/ ETR.Net	<b>Numerator</b> Clients 5 years and older screened for TB <b>Denominator</b> PHC headcount 5 years and older not on TB treatment	%	Quarterly	Accuracy of recording and reporting at facility level	Higher percentage indicates improved screening and surveillance	TB Manager
Male condom distribution coverage (annualised)	Number of male condoms distributed as percentage of the total male population 15 years and older	Monitor distribution of male condoms	Stock/Bin Card/ Stats SA	DHIS	<b>Numerator</b> Total number of male condoms distributed <b>Denominator</b> Population 15 years and older male	%	Quarterly (annualised)	Indicator reliant on accuracy of population estimates and record keeping	Higher rate indicates improved access to dual protection and prevention of STI's and HIV	HIV/AIDS Manager
Medical male circumcision performed – Total (cumulative)	Medical male circumcisions performed	Monitor medical male circumcision as component of the HIV prevention strategy	MMC Register	DHIS	Number of males circumcised under medical supervision	Number	Quarterly	Poor reporting in DHIS	Higher number of MMC's indicates increased uptake of the prevention strategy for males	HIV/AIDS Manager
TB client treatment success rate	Proportion TB clients (all types of TB) cured and completed treatment as proportion of all clients initiated on treatment	Monitor success of TB treatment for all types of TB	TB Register/ ETR.Net	DHIS/ ETR.Net	<b>Numerator</b> TB client cured and completed treatment <b>Denominator</b> TB client initiated on treatment	%	Quarterly	Accuracy dependent on quality of data from reporting facilities	Higher percentage indicate better treatment success rate	TB Manager
TB client lost to follow up rate	Percentage of smear positive TB clients on treatment who are lost to follow up	Monitor the effectiveness of the TB retention in care strategies	TB Register	DHIS/ ETR.Net	<b>Numerator</b> TB client on treatment lost to follow up <b>Denominator</b> TB client initiated on treatment	%	Quarterly	Accuracy dependent on quality of data from reporting facility	Reduced percentage indicates improved compliance to treatment	TB Manager
TB client death rate	TB clients who died during treatment as a proportion of TB clients that started on treatment	Monitor death of clients on TB treatment, although the cause of death may not necessarily be due to TB	TB Register	DHIS/ ETR.Net	<b>Numerator</b> TB client death during treatment <b>Denominator</b> TB client initiated on treatment	%	Quarterly	Accuracy dependent on quality of data from reporting facility	Reduced percentage indicates better treatment success	TB Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
TB MDR confirmed treatment initiation rate	TB MDR confirmed clients started on treatment as a proportion of TB MDR confirmed new clients	Monitor initial loss to follow up and the effectiveness of linkage to care strategies	MDR-TB Register	DHIS/ ETR.Net	<b>Numerator</b> TB MDR confirmed client initiated on treatment <b>Denominator</b> TB MDR confirmed new client	%	Annual	Accuracy dependent on quality of data from reporting facility	Increased percentage indicates improved response to initiation of treatment for eligible clients	TB Manager
TB MDR treatment success rate	MDR-TB patients successfully treated (cured and/or completed treatment) as proportion of MDR-TB confirmed clients initiated on treatment	Monitor success of MDR-TB treatment	MDR-TB Register	DHIS/ ETR.Net	<b>Numerator</b> TB MDR client successfully completing treatment <b>Denominator</b> MDR-TB confirmed client initiated on treatment	%	Annual	Accuracy dependent on quality of data from reporting facility	Increased percentage indicates improved management of MDR-TB	TB Manager
TB incidence (per 100 000 population)	The number of new TB infections per 100 000 population	Monitor new TB infections	TB Register	ETR.Net (patients) DHIS (Stats SA population)	<b>Numerator</b> New confirmed TB cases <b>Denominator</b> Total population in KZN	Number per 100,000 population	Annual	Dependent on accuracy of data from reporting facilities	Reduced incidence desired – improved prevention of TB	TB Manager
Number of patients that started XDR-TB treatment	The number of XDR-TB cases registered for treatment in a specific time period (incl. new+ previously treated)	Monitor management and outcomes of drug-resistant TB	XDR-TB Register	XDR-TB Register	Number of patients that started on the XDR-TB treatment regime	Number	Annual	Dependent on data completeness and accuracy at facility level	A higher number might indicate good case finding while lower number, regardless of intensified case finding, may indicate decreasing XDR-TB incidence	TB Manager
TB MDR six months interim outcome	The proportion of patients that culture converted at 6 months who have had 9 months of treatment	Monitor management and outcomes of drug-resistant TB	MDR-TB Register	MDR TB Register	<b>Numerator</b> Number of patients with a negative culture at 6 months who started treatment for 9 months <b>Denominator</b> Total patients who started treatment in the same period	%	Annual	Dependent on data completeness and accuracy at facility level	Higher percentage desired indicative of good case holding practices	TB Manager
XDR-TB six month interim outcome	The proportion of patients that culture converted at 6 months who have had 9 months of treatment	Monitor management and outcomes of drug-resistant TB	XDR-TB Register	XDR TB Register	<b>Numerator</b> Number of clients with a negative culture at six months who had started treatment for 9 months <b>Denominator</b> Total of patients who started treatment in the same period	%	Annual	Dependent on data completeness and accuracy at facility level	Higher percentage desired - good case holding practices	TB Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
TB AFB sputum result turn-around time under 48 hours rate	Proportion of TB test results received within 48 hours of submitting sample to Laboratory for testing	Monitor the effectiveness of both the facility and laboratory systems in ensuring that results are received by facilities (SMS or printed report) within 48 hours from when specimen was collected	TB Register/ Lab records	ETR.Net	<b>Numerator</b> TB AFB sputum result received within 48 hours <b>Denominator</b> TB AFB sputum sample sent	%	Quarterly	Reliant on accuracy of data at facility level	Higher percentage indicates efficiency in managing results	TB Manager
TB (new pulmonary) cure rate	Proportion new TB smear-positive and culture-positive (pulmonary TB) clients cured	Monitor cure of new pulmonary TB clients. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register	ETR.Net	<b>Numerator</b> TB (new pulmonary) client cured <b>Denominator</b> TB (new pulmonary) client initiated on treatment	%	Quarterly	Accuracy dependent on quality of data from reporting facility	Higher percentage indicate better TB outcomes	TB Manager
HIV incidence	New HIV infections in the general population	Monitor new infections as part of monitoring impact of prevention strategies	ASSA2008 projections	ASSA2008 projections	Quote from ASSA2008 published projections (the Department is not collecting this indicator – dependent on research and projections)	%	Annual	Not routinely collected therefore using ASSA2008 or Stats SA projections	Reduced incidence desired – effective prevention programmes	HIV/AIDS Manager
STI treated new episode incidence (annualised)	Proportion of people 15 years and older treated for a new episode of STI (annualised). The population will be divided by 12 in the formula to make provision for annualisation	Monitor the incidence of STI and effectiveness of prevention and treatment programmes for STI's	PHC Tick Register	DHIS	<b>Numerator</b> STI treated new episode <b>Denominator</b> Population 15 years and older	Number per 1000	Quarterly (annualised)	Data quality – data only refers to clients treated at public health facilities	Decrease in STIs might indicate success in prevention programmes	HIV/AIDS Manager
HIV testing coverage (annualised)	Clients tested for HIV as proportion of population 15-49 years. The population will be divided by 12 in the formula to make provision for annualisation	Monitor testing of persons 15-49 years who are not known HIV positive	Tick Register PHC Counsellor Tick Register StatsSA (population)	DHIS	<b>Numerator</b> HIV test client 15 to 49 years <b>Denominator</b> Population 15 to 49 years	%	Quarterly (annualised)	Accuracy dependent on quality of data from reporting entity	Higher coverage desired – more people knowing their HIV status	HIV/AIDS Manager

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## Programme 2: Sub-Programme Maternal, Neonatal, Child & Women's Health and Nutrition

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	Monitor early utilisation of antenatal services before 20 weeks of pregnancy	PHC Tick Register	DHIS	<b>Numerator</b> Antenatal 1st visit before 20 weeks <b>Denominator</b> Antenatal 1 <sup>st</sup> visit total	%	Quarterly	Reliant on accuracy of number of weeks the client is pregnant	Higher percentage indicates better access to antenatal care	MNCWH Manager
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Monitor access and utilisation of postnatal services. May be more than 100% in areas with low deliveries in facilities if mothers who delivered outside health facilities use these facilities for postnatal visits within 6 days after delivery	PHC Register	DHIS	<b>Numerator</b> Mother postnatal visit within 6 days after delivery <b>Denominator</b> Delivery in facility total	%	Quarterly	Accuracy of reporting at facility level	Higher percentage indicates improved postnatal care	MC&WH Manager
Antenatal client initiated on ART rate	Antenatal clients on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART	Monitor implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.	ART Register	DHIS	<b>Numerator</b> Antenatal client initiated on ART <b>Denominator</b> Antenatal client eligible (known HIV positive but not on ART at 1 <sup>st</sup> visit) for ART initiation	%	Annual	Reliant on accuracy of reporting at facility level	Increased percentage indicates improved response to management of eligible clients	MC&WH and HIV/AIDS Managers
Infant 1st PCR test positive around 10 weeks rate	Infants tested PCR positive for the first time around 10 weeks after birth as proportion of Infants PCR tested around 10 weeks	Monitor positivity in HIV exposed infants around 10 weeks	ART Register	DHIS	<b>Numerator</b> Infant 1 <sup>st</sup> PCR test positive around 10 weeks <b>Denominator</b> Infant 1 <sup>st</sup> PCR test around 10 weeks	%	Quarterly	Accuracy of reporting at facility level	Reduced percentage indicates improved outcomes of PMTCT	MC&WH Manager



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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Immunisation under 1 year coverage (annualised)	Proportion children under 1 year who completed their primary course of immunisation. The population will be divided by 12 in the formula to make provision for annualisation	Monitor immunisation coverage as part of the extended programme on immunisation (EPI). Child counted once as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) and if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1,2,3, RV 1.2 and measles 1) on the Road to Health Card/Booklet and the child is under 1 year old	PHC Tick Register/ Stats SA	DHIS	<b>Numerator</b> Immunised fully under 1 year new <b>Denominator</b> Population under 1 year	%	Quarterly (annualised)	Reliant on accurate reporting and under 1 population estimates from StatsSA	Higher percentage indicate better immunisation coverage	MC&WH Manager
Measles 2nd dose coverage (annualised)	Proportion of children who received the 2 <sup>nd</sup> measles dose as proportion of children under-1 year. The population will be divided by 12 in the formula to make provision for annualisation	Monitor protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns not included	PHC Tick Register/ Stats SA	DHIS	<b>Numerator</b> Measles 2 <sup>nd</sup> dose <b>Denominator</b> Population 1 year	%	Quarterly (annualised)	Reliant on accurate reporting and estimates of population (StatsSA)	Higher percentage indicates better immunisation coverage	MC&WH Manager
DTaP-IPV/Hib3 - measles 1st dose drop-out rate	Proportion children who dropped out of the immunisation schedule between DTaP-IPV/IPV HepB-Hib 3rd dose, normally at 14 weeks and measles 1st dose, normally at 9 months, as a proportion of population under 1 year	Monitor children who drop out of the vaccination program after 14 week vaccination. DTaP-IPV-HepB-Hib (also known as Hexaxim) will be implemented in 2015 and DTaP-IPV/Hib (Pentaxim) will be phased out as stocks are replaced with Hexaxim	PHC Tick Register/ Stats SA	DHIS	<b>Numerator</b> DTaP-IPV/HepB-Hib 3 to Measles 1 <sup>st</sup> dose drop-out <b>Denominator</b> DTaP-IPV/Hib-HBV 3 <sup>rd</sup> dose	%	Quarterly	Reliant on accurate reporting at facility level	Reduced percentage indicates improved response to the immunisation schedule	MC&WH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Child under 5 years diarrhoea case fatality rate	Proportion of children under 5 years admitted in public health facilities with diarrhoea who died	Monitor treatment outcome for children under-5 years who were admitted with diarrhoea	Inpatient under-5 year death records Admission records children under 5 years	DHIS	<b>Numerator</b> Child under 5 years with diarrhoea death <b>Denominator</b> Child under 5 years with diarrhoea admitted	%	Quarterly	Accuracy of reporting at facility level	Decreased percentage indicates improved quality of care and/or improved early management of diarrhoea	MC&WH Manager
Child under 5 years pneumonia case fatality rate	Proportion of children under 5 years admitted in public health facilities with pneumonia who died	Monitor treatment outcome for children under-5 years who were admitted with pneumonia	Inpatient under 5 year death records Admission records children under 5 years	DHIS	<b>Numerator</b> Child under 5 years with pneumonia death <b>Denominator</b> Child under 5 years with pneumonia admitted	%	Quarterly	Accuracy of reporting at facility level	Decreased percentage indicates improved quality of care and/or improved early management of pneumonia	MC&WH Manager
Child under 5 years severe acute malnutrition case fatality rate	Proportion of children under 5 years admitted in public health facilities with severe acute malnutrition who died	Monitor treatment outcome for children under-5 years who were admitted with severe acute malnutrition. Includes all under 1 year severe acute malnutrition deaths as defined in the IMCI guidelines	Inpatient under 5 years death records Admission records children under 5 years	DHIS	<b>Numerator</b> Child under 5 years with severe acute malnutrition death <b>Denominator</b> Child under 5 years with severe acute malnutrition admitted	%	Quarterly	Reliant on accurate reporting at facility level	Reduced percentage indicates improved response to severe acute malnutrition	Nutrition Manager
School Grade 1 screening coverage (Annualised)	Proportion of Grade 1 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitor implementation of the ISHP	School Health Services Register/ Department of Basic Education	DHIS	<b>Numerator</b> School Grade 1 learners screened <b>Denominator</b> School Grade 1 learners - Total	%	Quarterly (annualised)	Reliant on accuracy of reporting in DHIS as well as number of learners (Department of Basic Education)	Increased percentage indicates improved coverage and community PHC	PHC Manager
School Grade 8 screening coverage (Annualised)	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package. The population will be divided by 12 in the formula to make provision for annualisation	Monitor implementation of the ISHP	School Health Services Register/ Department of Basic Education	DHIS	<b>Numerator</b> School Grade 8 learners screened <b>Denominator</b> School Grade 8 learners - Total	%	Quarterly (annualised)	Reliant on accuracy of reporting in DHIS as well as number of learners (Department of Basic Education)	Increased percentage indicates improved coverage and community PHC	PHC Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Couple year protection rate (annualised)	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year.	Monitor access to and use of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator "contraceptive prevalence rate" by monitoring trends between official surveys	PHC Tick Register/ Stats SA	DHIS	<b>Numerator</b> Contraceptive years dispensed: Total of (Oral pill cycles/13) + (Medroxyprogesterone injection/4) + (Norethisterone enanthate injection/6) + (IUCD x4) + (Subdermal implant x3) + (Male condoms distributed/200) + (Female condoms distributed/200) + (Male sterilisation x20) + (Female sterilisation x10).  <b>Denominator</b> Population 15-49 years females	%	Quarterly (annualised)	Reliant on accuracy of data collection and reporting	Higher protection levels are desired – increased percentage	MNCWH Manager
Cervical cancer screening coverage (annualised)	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitor implementation of the policy on cervical cancer screening (3 free Pap smears per lifetime from 30 years and older)	PHC Tick Register/ Stats SA	DHIS	<b>Numerator</b> Cervical cancer screening in woman 30 years and older  <b>Denominator</b> Population 30 years and older female/10	%	Quarterly (annualised)	Reliant on accuracy of reporting and population estimates (StatsSA)	Higher percentage indicates better coverage of screened women – reduced cervical cancer	MC&WH Manager
Human papilloma virus (HPV) 1 <sup>st</sup> dose coverage	Proportion of grade 4 girl learners, 9 years and older, that were vaccinated per year with the 1 <sup>st</sup> dose of HPV vaccine during 2016 calendar year	Monitor impact of HPV vaccination on incidence of cervical cancer	School Health Services Register/ HPV campaign Registers	DHIS	<b>Numerator</b> Girls 9 years and older that received HPV 1st dose  <b>Denominator</b> Grade 4 girl learners total minus girls under 9 years	%	Annual	Reliant on the accuracy of reporting	Higher percentage indicates improved response to prevention strategies for cervical cancer	PHC Manager
HPV 2 <sup>nd</sup> dose coverage	Proportion of grade 4 girl learners, 9 years and older, that were vaccinated per year with the 2 <sup>nd</sup> dose of HPV vaccine during 2016 calendar year	Monitor impact of HPV vaccination on incidence of cervical cancer	School Health Services Register/ HPV campaign Register	DHIS	<b>Numerator</b> Girls 9 years and older that received HPV 2nd dose  <b>Denominator</b> Grade 4 girl learners total minus girls under 9 years	%	Annual	Reliant on the accuracy of reporting	Higher percentage indicates improved response to prevention strategies for cervical cancer	PHC Manager
Vitamin A dose 12-59 months coverage (annualised)	Proportion of children 12-59 months who received vitamin A 200,000 units, every six months as a proportion of population 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year.	Monitor vitamin A supplementation to children aged 12-59 months	PHC Tick Register	DHIS	<b>Numerator</b> Vitamin A dose 12-59 months  <b>Denominator</b> Population 12-59 months (multiplied by 2)	%	Quarterly (annualised)	Reliant on accuracy of reporting and child population estimates from Stats SA	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	Proportion infants reported exclusively breastfed at 14 weeks Hepatitis B 3 <sup>rd</sup> dose vaccination	Monitors infant feeding practices at 14 weeks Hepatitis B 3 <sup>rd</sup> dose vaccination	PHC tick register	DHIS	<b>Numerator</b> Infant exclusively breastfed at HepB (DTaP-IPV-Hib-HBV) 3 <sup>rd</sup> dose  <b>Denominator</b> HepB 3 <sup>rd</sup> dose	%	Quarterly	Reliant on accuracy of reporting at facility level	Higher percentage indicates that more infants are exclusively breastfed	Nutrition Manager
Maternal mortality in facility ratio (annualised)	Women who died in hospital as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy, per 100 000 live births in facility	Proxy for the population-based maternal mortality rate, aimed at monitoring trends in health facilities between official surveys	Maternity Register/ Death records	DHIS	<b>Numerator</b> Maternal death in facility  <b>Denominator</b> Live birth in facility	Number per 100 000 live births	Annual (annualised)	Reliant on accuracy of classification of inpatient death	Lower institutional rate indicate fewer avoidable deaths	MNCWH Manager
Neonatal death in facility rate <b>New indicator</b>	Proportion of children 0-28 days old admitted/separated who died during their stay in the facility as a proportion of live births in facility	Monitor trends in early neonatal deaths in public health facilities as well as effectiveness of health system and services for antenatal, delivery and early neonatal care	Inpatient records (death) Maternity Register	DHIS	<b>Numerator</b> Inpatient neonatal death early (0-28 days)  <b>Denominator</b> Live birth in facility	Number per 1000	Annual	Reliant on accuracy of reporting at facility level	Reduced deaths indicates improved management of pregnancy, delivery and management of neonate	MC&WH Manager
Infant mortality rate	Proportion of children less than one year old who died in one year per 1000 population under 1 year	Monitor trends in infant mortality	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Stats SA and RMS from 2012 onwards	<b>Numerator</b> Children less than 1 year that died in one year  <b>Denominator</b> Total population under 1 year  Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator	Number per 1000 population	Annual	Empirical population-based data are not frequently available – reporting estimates	Lower mortality rate desired	MNCWH Manager
Under 5 mortality rate	Proportion of children less than five years old that died in one year per 1000 population under 5 years	Monitor trends in under-5 mortality	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Stats SA and RMS from 2012 onwards	<b>Numerator</b> Children less than five years that die in one year in the province  <b>Denominator</b> Total population under 5 years  Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator	Number per 1000 population	Annual	Empirical population-based data are not frequently available – reporting estimates	Lower mortality rate desired	MNCWH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Child under 5 years diarrhoea with dehydration incidence (annualised)	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1000 children under-5 years in the population. The population will be divided by 12 in the formula to make provision for annualisation	Monitor prevention of diarrhoea with dehydration (IMCI classification) in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of diarrhoea will not be counted here	PHC Tick Register/ DHIS (Stats SA)	DHIS	<b>Numerator</b> Child under 5 years diarrhoea with dehydration new <b>Denominator</b> Population under 5 years	Number per 1000	Quarterly (annualised)	Reliant on accuracy of reported data at facility level and population estimates by StatsSA	Lower incidence indicates improved health outcomes	MC&WH Manager
Child under 5 years pneumonia incidence (annualised)	Children under 5 years newly diagnosed with pneumonia per 1000 children under-5 years in the population. The population will be divided by 12 in the formula to make provision for annualisation	Monitor prevention and diagnosis of pneumonia (IMCI definition) in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of pneumonia will not be counted here	PHC tick register/ DHIS (Stats SA)	DHIS	<b>Numerator</b> Child under 5 years with pneumonia new <b>Denominator</b> Population under 5 years	Number per 1000	Quarterly (annualised)	Reliant on accuracy of reported data at facility level and population estimates by StatsSA	Lower incidence indicates improved health outcomes	MC&WH Manager
Child under 5 years severe acute malnutrition incidence (annualised)	Children under 5 years newly diagnosed with severe acute malnutrition per 1000 children under-5 years in the population. The population will be divided by 12 in the formula to make provision for annualisation	Monitor prevention and diagnosis of severe acute malnutrition in children under-5 years. Count only once when diagnosed. Follow-up visits for the same episode of malnutrition will not be counted here	PHC tick register/ DHIS (Stats SA)	DHIS	<b>Numerator</b> Child under 5 years with severe acute malnutrition new <b>Denominator</b> Population under 5 year	Number per 1000	Quarterly (annualised)	Reliant on accuracy of reported data at facility level and population estimates by StatsSA	Lower incidence indicates improved health outcomes	Nutrition Manager
Child under 1 year mortality in facility rate (annualised)	Admitted children under 1 year of age who died per estimated 1000 live births. Estimated live births in population is calculated by multiplying estimated population under 1 year by 1.03 to compensate for infant mortality	Monitor treatment outcomes of children under-1 year in public health facilities	Midnight census	DHIS	<b>Numerator</b> Inpatient death under 1 year <b>Denominator</b> Inpatient separations under 1 year	%	Quarterly (annualised)	Dependant on the accuracy of data at facility level	Lower rate desired – fewer children under-1 year dying in public health facilities	MNCWH Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Inpatient death under 5 years rate (annualised)	Proportion of under-5 years admitted/ separated who died during their stay in the facility. Inpatient separations under 5 years is the total of inpatient discharges, inpatient deaths and inpatient transfer outs	Monitor treatment outcome for admitted children under-5 years - includes under 1 year deaths	Midnight census	DHIS	<b>Numerator</b> Inpatient death under 5 years <b>Denominator</b> Inpatient separations under 5 years	%	Quarterly (annualised)	Dependant on the accuracy of data at facility level	Lower rate desired – fewer children under-5 years dying in public health facilities	MNCWH Manager

## Programme 2: Sub-Programme Disease Control and Prevention

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Clients screened for hypertension <b>New indicator</b>	Number of clients not on treatment for hypertension counselled and screened for hypertension	Monitor increase in the number of clients screened for hypertension as part of comprehensive screening and early detection of disease	PHC register/ OPD register	DHIS	Number of clients, not on treatment for hypertension, screened for hypertension	Number	Quarterly	Reliant on accurate reporting. Data collection forms might not be available in all facilities	Increased screening indicates improved detection of clients with hypertension	Chronic Diseases Managers
Clients screened for diabetes <b>New indicator</b>	Number of clients not on treatment for diabetes counselled and screened for diabetes	Monitor increase in the number of clients screened for diabetes at PHC level and OPD	PHC register/ OPD register	DHIS	Number of clients, not on treatment for diabetes, screened for diabetes	Number	Quarterly	Reliant on accurate reporting. Data collection forms might not be available in all facilities	Increased screening indicates improved detection of clients with diabetes	Chronic Diseases Manager
Clients screened for mental health <b>New indicator</b>	Clients screened for mental disorders at PHC facilities. Includes screening for depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders	Monitor access to and quality of mental health services in PHC facilities	PHC register	DHIS	Number of PHC clients screened for mental disorders	%	Quarterly	Reliant on accurate reporting. Data collection forms might not be available in all facilities	Increased percentage indicates improved mental health screening and detection	Mental Health Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Cataract surgery rate (annualised)	Clients who had cataract surgery per 1 million uninsured population	Monitor access to cataract surgery and prevention of disability as result of blindness	Theatre register / General Household Survey (uninsured population)	DHIS	<b>Numerator</b> Total number of cataract surgeries completed <b>Denominator</b> Population uninsured	Rate per 1 million uninsured people	Quarterly (annualised)	Reliant on accuracy of reporting and estimated uninsured population	Increased rate indicates improved response to need	Chronic Diseases Manager
Malaria case fatality rate	Deaths from malaria as a proportion of the number of cases reported	Monitor the number deaths caused by malaria	Malaria database	DHIS/ Malaria database	<b>Numerator</b> Deaths from malaria <b>Denominator</b> Total number of Malaria cases reported	%	Quarterly	Accuracy dependant on quality of data	Lower percentage indicates a decreasing burden of malaria and improved management of malaria cases	Malaria Control Manager
Malaria incidence per 1000 population at risk	New malaria cases as proportion of 1000 population at risk (high-risk areas based on malaria cases)	Monitor the new malaria cases in endemic areas as proportion of the population at risk	Tick Register PHC CDC Surveillance database Stats SA	Malaria database	<b>Numerator</b> Number of malaria cases (new) <b>Denominator</b> Population Umkhanyakude <sup>1</sup>	Number per 1000 population	Annual	Dependent on accuracy of reporting	Lower incidence desired – improved prevention towards elimination of malaria	Malaria Control Manager
Hypertension incidence (annualised)	Newly diagnosed hypertension cases initiated on treatment per 1000 population 40 years and older. The number of hypertension clients under 40 years is very small hence monitoring population 40 years and older who is the main risk group	Monitor hypertension trends to inform preventative strategies	Tick Register PHC Register OPD Stats SA	DHIS	<b>Numerator</b> Hypertension client treatment new <b>Denominator</b> Population 40 years and older	Number per 1000 population	Quarterly (annualised)	Accuracy is dependent on quality of data from reporting facility	Lower incidence desired – improved management of hypertensive patients	Chronic Diseases Manager
Diabetes Incidence (annualised)	Newly diagnosed diabetes clients initiated on treatment per 1000 population	Monitor diabetes trends to inform preventative strategies	Tick Register PHC Register OPD Stats SA	DHIS	<b>Numerator</b> Diabetes clients treatment new <b>Denominator</b> Population total	Number per 1000 population	Quarterly (annualised)	Accuracy is dependent on quality of data from reporting facility	Lower incidence desired – improved management of diabetic patients	Chronic Diseases Manager
Number of clients accessing rehabilitation services <b>New indicator</b>	The number of clients accessing rehabilitation services at public health facilities	Monitor access to rehabilitative services	Tick register PHC	DHIS	Number of clients accessing rehabilitation services at public health facilities	Number	Quarterly	Dependent on accurate reporting at facility level	Increased number indicates improved accessibility	Rehab & Disability Manager

<sup>1</sup> (Population at risk referring to endemic areas – Umkhanyakude District in KZN identified as endemic district)

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## Programmes 2, 4 and 5: All Hospital Services

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
National core standards self-assessment rate	Total number of (Category) Hospitals that have conducted annual National Core Standard (NCS) self-assessments as a proportion of the total number of (Category) Hospitals	Monitor whether public health hospitals are measuring their level of compliance to standards of the NCSs in order to close the identified gaps in preparation for the external assessments by the Office of Health Standards Compliance	Self-assessment records	DHIS/ QA database	<b>Numerator</b> Number of (Category) Hospitals that conducted National Core Standards self-assessments to date in the current financial year <b>Denominator</b> (Category) Hospitals total	%	Quarterly	Accuracy of reporting in the NCS Module	Higher percentage indicates active monitoring of performance against NCS	QA & Hospital Managers
Quality Improvement Plan after self-assessment rate	Total number of (Category) Hospitals that have developed a Quality Improvement Plan (QIP) after self-assessment as a proportion of the total number of (Category) Hospitals	Monitor whether health facilities are developing an improvement plan to address gaps identified during self-assessments	Quality Improvement Plans	DHIS/ QA database	<b>Numerator</b> Number of (Category) Hospitals that developed a Quality Improvement Plan to date in the current financial year <b>Denominator</b> Number of (Category) Hospitals that conducted National Core Standards self-assessment to date in the current financial year	%	Quarterly	Accuracy of reporting in the NCS Module	Increased percentage indicates improved response to addressing identified gaps	QA & Hospital Managers
Percentage of hospital compliant with all extreme and vital measures of the National Core Standards	Total number of (Category) Hospitals that are compliant to all extreme measures and at least 90% of vital measures of NCS in self-assessment as a proportion of the total number of (Category) Hospitals that conducted NCS self-assessments to date in the current financial year	Track compliance to the NCS's	Assessment records	DHIS/ QA database	<b>Numerator</b> Total number of (Category) Hospitals that are compliant to all extreme measures and at least 90% of vital measures of National Core Standards <b>Denominator</b> Number of (Category) Hospitals that conducted National Core Standards self-assessment to date in the current financial year	%	Quarterly	Accuracy of reporting in the NCS Module	Higher percentage indicates active implementation of the NCS	QA & Hospital Managers



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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Client Satisfaction Survey rate	The percentage of (Category) Hospitals that have conducted client satisfaction surveys as a proportion of the total number of (Category) Hospitals	Monitor whether hospitals are conducting CSS's to monitor client satisfaction with public health services	CSS evidence	DHIS/ QA database	<b>Numerator</b> Total number of (Category) Hospitals that conducted a CSS to date in the current financial year <b>Denominator</b> Total number of (Category) Hospitals	%	Quarterly	Accuracy of reporting	Increased percentage indicates improved client involvement in service improvement	QA & Hospital Managers
Client satisfaction rate	The percentage of clients that were satisfied with services (i.e. average score of 80% or more on the survey results) compared with the number of patients that participated in the survey	Track client satisfaction with public health services	Client satisfaction survey results	DHIS/ QA database	<b>Numerator</b> Total number of clients that were satisfied with services (scoring 80% or more on survey results) to date in the current financial year <b>Denominator</b> Total number of clients that participated in survey to date in the current financial year	%	Annual	Generalised - depends on the number of users participating in the survey	Increased client satisfaction with public health services	QA & Hospital Managers
Average length of stay – total	The average number of patient days (admitted for the day and patients admitted overnight) an admitted client spends in hospital before separation (the total of day clients, inpatient discharges, inpatient deaths and inpatient transfer outs)	Monitor efficiency of Inpatient management. Proxy indicator as ideally it should only include inpatient days for those clients separated during the reporting month (the indicator is also relevant to CHCs with inpatient beds)	Midnight census/ Admission/ discharge records	DHIS	<b>Numerator</b> Inpatient days total + ½ Day patients <b>Denominator</b> Inpatient separations	Number	Quarterly	Accuracy dependent on data quality	A low average length of stay reflects high levels of efficiency. High efficiency levels might in turn compromise quality of hospital care	Hospital Managers
Inpatient bed utilisation rate – total	Inpatient bed days used as proportion of maximum inpatient bed days available (number of inpatient beds X days in period)	Monitor effectiveness and efficiency of inpatient management	Midnight census	DHIS	<b>Numerator</b> Inpatient days total + ½ Day patients <b>Denominator</b> Inpatient bed days available	%	Quarterly	Accurate reporting sum of daily usable beds	Higher bed utilisation indicates efficient use of beds and/ or higher burden of disease and/ or better service levels	Hospital Managers
Expenditure per patient day equivalent	Average cost per patient day equivalent (PDE) - PDE is the inpatient days total + day patients * 0.5 + (emergency headcount + OPD headcount total) * 0.33333333	Monitor effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3	BAS (Finance) DHIS (PDE)	DHIS/ BAS	<b>Numerator</b> Expenditure - total <b>Denominator</b> Patient Day Equivalent	R	Quarterly	Accuracy dependent on data quality	Lower cost indicating efficient use of financial resources.	CFO and Hospital Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Complaints resolution rate	Client complaints resolved as proportion of complaints received	Monitor response to complaints received from clients using public health services	Complaints Register	DHIS/ QA database	<b>Numerator</b> Complaint resolved <b>Denominator</b> Complaint received	%	Quarterly	Accuracy of data in complaints registers and reporting in DHIS	Higher percentage desired – better management of complaints and compliance to Batho Pele	QA Manager & Ombudsperson
Complaint resolution within 25 working days rate	Client complaints resolved within 25 working days as proportion of all complaints resolved	Monitor management and response to complaints including turnaround time of resolving complaints	Complaints Register	DHIS/ QA database	<b>Numerator</b> Complaint resolved within 25 working days <b>Denominator</b> Complaint resolved	%	Quarterly	Accuracy of data in the complaints registers and DHIS	Higher percentage desired – better management of complaints and compliance to Batho Pele	QA Manager & Ombudsperson
Delivery by caesarean section rate	Delivery by caesarean section as proportion of total deliveries in (Category) Hospitals	Monitor caesarean section trends in all categories of hospitals	Delivery/ Theatre Registers	DHIS	<b>Numerator</b> Delivery by caesarean section <b>Denominator</b> Delivery in facility total	%	Quarterly	Accuracy dependant on quality of data from reporting facility	Reduction in caesarean section rates depending on burden of disease	MC&WH Manager
OPD headcount – total	Total clients attending general or specialist outpatient clinics	Monitor patient activity (numbers) at outpatient clinics partly to track burden of disease trends, workload and utilisation/ allocation of resources	Tick register OPD/ DHIS	DHIS	OPD specialist clinic headcount + OPD general clinic headcount (including follow-up and new cases not referred)	Number	Quarterly	Dependant on quality of data from reporting facility	Higher patient numbers may indicate an increased burden of disease, increased reliance on public health services or lacking PHC system. Reduction in OPD headcount expected as PHC services improve	Hospital Managers
OPD headcount not referred new	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor	Monitor utilisation trends of PHC clients at both hospital and PHC level - not including OPD follow-up and emergency clients	OPD tick register	DHIS	OPD headcount not referred new	Number	Quarterly	Reliant on accuracy of facility records	Decrease in number of un-referred cases indicates improved efficiency and access at PHC level	PHC and Hospital Managers

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## Programme 3: Emergency Medical Services

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
EMS P1 urban response under 15 minutes rate	Proportion P1 calls in urban locations with response times under 15 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene	Monitor compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas	EMS Registers	DHIS/ EMS database	<b>Numerator</b> EMS P1 urban response under 15 minutes <b>Denominator</b> EMS P1 urban calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station	Higher percentage indicate improved efficiency and quality	EMS Manager
EMS P1 rural response under 40 minutes rate	Proportion P1 calls in rural locations with response times under 40 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene	Monitor compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	EMS Registers	DHIS/ EMS database	<b>Numerator</b> EMS P1 rural response under 40 minutes <b>Denominator</b> EMS P1 rural calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station	Higher percentage indicate improved efficiency and quality	EMS Manager
EMS inter-facility transfer rate	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported	Monitor use of ambulances for inter-facility transfers as opposed to emergency responses	EMS inter-facility register	DHIS/ EMS database	<b>Numerator</b> EMS inter-facility transfer <b>Denominator</b> EMS clients total	%	Quarterly	Reliant on accuracy of reporting	Increase percentage might be an indication of effective referral system or increasing burden of disease	EMS Manager
Revised EMS Model	Evidence-based EMS Model to inform short, medium and long-term operational plans to improve EMS efficiencies	Monitor short, medium and long term EMS plan(s)	EMS Model	EMS Model	<b>Categorical</b>	Categorical	Annual	None	Revised EMS Model approved and operationalised	EMS Manager
Number of obstetric ambulances – cumulative	Number of operational obstetric emergency units at an ambulance station	Monitor access and response for obstetric cases	Transport asset register	EMS database	Number of existing + new operational obstetric ambulances	Number	Annual	None	Higher number indicates improved access	EMS Manager
Number of IFT ambulances – cumulative	Inter Facility Transport (IFT) ambulances deployed to improve patient transport between facilities	Monitor efficiencies of inter facility transport	Transport asset register	EMS database	Number of existing + new inter facility transport operational ambulances	Number (cumulative)	Annual	None	Higher number indicates improved access	EMS Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Average number of daily operational ambulances	The total number of operational ambulances at an ambulance station for the reporting period	Monitor the number of operational ambulances versus the number of available ambulances	EMS database EMS call centre records EMS tick register	EMS database	Average number of daily operational ambulances (average of total number of ambulances available per day)	Number	Annual	Data completeness at EMS Stations	Higher number indicates improved management of available ambulances	EMS Manager
Number of clustered communication centres established and operational	Clustering identified Communication Centres to improve optimisation of scarce resources	Monitor optimisation of resources	Infrastructure Project Records Com Centre	EMS database	Operational clustered Communication Centres	Number	Annual	None	Clustered centres optimise utilisation of resources	EMS Manager
Number of purpose built wash bays with sluice facilities	Construction of wash bays and sluice facilities that comply with EMS and infection prevention and control specifications	Monitor quality standards for EMS	Infrastructure project records Wash Bays	EMS database	Number of purpose built wash bays with sluice facilities	Number	Annual	None	Higher number indicates improved compliance with EMS standards	EMS Manager
Revenue generated	Revenue generated through fees from private EMS users	Monitor revenue collection	BAS	BAS/ EMS database	EMS revenue generated	R	Annual	None	Increased revenue desired	EMS Manager
Number of bases with access to computers and intranet/ e-mail	The number of EMS bases with connectivity and computers	Monitor connectivity and improved information management	ICT database	ICT database	Number of EMS bases with access to computers and intranet	Number	Annual	Data completeness	Higher number indicates improved information management	EMS Manager

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## Programme 6: Health Sciences and Training

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of bursaries awarded for first year medicine students	Number of bursaries awarded for first year medicine students	Monitor bursary allocation in relation to need and demand	Bursary records	DHIS/ Bursary records	Number of bursaries awarded to first year medicine students	Number	Annual	None	Increased number indicates appropriate response to need/ demand	HRMS Manager
Number of bursaries awarded for first year nursing student	Number of bursaries awarded for first year nursing students	Monitor bursary allocation in relation to need and demand	Bursary records	DHIS/ Bursary records	Number of bursaries awarded to first year nursing students	Number	Annual	None	Increased number indicates appropriate response to need/ demand	HRMS Manager
KZNCN accredited as Institution of Higher Education	KZNCN accredited by external Accreditation Body as compliant to standards for Institution of Higher Education	Monitor compliance with Regulations	Accreditation certificate	Accreditation certificate	<b>Categorical</b>	Categorical	Annual	None	KZNCN accredited	KZNCN Principal
Number of advanced midwives graduating per annum	Number of students that obtained a post basic nursing qualification in Advanced Midwifery	Monitor production of Advanced Midwives	Student registration	KZNCN student records	Number of Advanced Midwife graduates per annum	Number	Annual	None	Increased number implies increased human resources for health	KZNCN Principal
Number of employees trained in sign language (cumulative) <b>New indicator</b>	The number of employees to completed a course in sign language	Monitor training in sign language	HRD Records	In-service records (HRD)	Number of employees who completed the course on sign language	Number (cumulative)	Annual	Reporting through training centres and in-service training	Increased number implies improved access for people with disability	Rehab & Disability Manager
Number of new students enrolled in Mid-Level Worker training courses <b>New indicator</b>	Number of Mid-Level Workers that enrol for one of the available training courses at Institutions of Higher Learning	Monitor intake of Mid-Level Workers in response to identified human resources gap	Student enrolment register	HRD student enrolment register	Sum of the total number of new Mid-Level Worker students enrolled in training courses	Number	Annual	None	Higher number implies increase in pool of human resources for health	HRD Manager
Number of MOPs that successfully completed the degree course at DUT <b>New indicator</b>	Medical Orthotic and Prosthetic (MOP) students that completed the prescribed training course successfully	Monitor pool of resources	Qualification	Training register – Qualification	Number of MOP students that successfully completed the prescribed training course at Institution of Higher Education	Number	Annual	Reporting of completion of courses	Increase in students who completed course indicate increased in resource pool	Orthotic and Prosthetic Manager
Number of new Pharmacy Assistants enrolled in training courses <b>New indicator</b>	The number of Pharmacy Assistant students enrolled for training	Monitor human resources for health	HRD Training Records	HRD Training Records	Number of Pharmacy Assistants enrolled in training courses	Number	Annual	Dependent on reporting of students	Improved human resources for health	Pharmacy Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of new Clinical Associates enrolled in training courses <b>New indicator</b>	The number of Clinical Associate students enrolled for training	Monitor human resources for health	HRD Training Records	HRD Training Records	Number of Clinical Associates enrolled in training courses	Number	Annual	Dependent on reporting of students	Improved human resources for health	HRMS Manager
Number of Intermediate Life Support graduates per annum	Number of students that obtained a qualification in Intermediate Life Support	Monitor production of EMS personnel	Student registration	EMS College	Intermediate Life Support students graduated	Number	Annual	None.	Higher number desired – improved EMS capacity.	EMS Unit
Number of Emergency Care Technician graduates per annum	Number of students obtaining the qualification of Emergency Care Technician	Monitor production of EMS personnel	Student registration	EMS College	Emergency Care Technician students graduating	Number	Annual	None.	Higher number desired – improved EMS capacity.	EMS Unit

## Programme 7: Health Care Support Services

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage of facilities reporting clean linen stock outs	The number of facilities reporting clean linen stock outs as proportion of the total number of facilities	Monitor availability of clean linen at facility level	Linen register at facility level	Provincial Laundry Reports	<b>Numerator</b> Number of facilities reporting clean linen stock out  <b>Denominator</b> Facilities total	%	Quarterly	Accuracy of reporting at facility level and lack of appropriate data information system for laundry services	Lower percentage indicates improved availability and management of linen	Laundry Manager
Forensic Pathology Rationalisation Plan	Long term plan making provision for rationalisation of existing mortuaries and services to improve efficiency and cost benefit. The plan will make provision for a detailed Implementation Plan including allocation of relevant resources	Monitor efficiencies and cost benefit	Rationalisation Plan	FPS Reports/ Infrastructure Reports	<b>Categorical</b>	Categorical	Annual	None	Rationalisation Plan approved and implemented	Forensic Pathology Service Manager
Number of operational Orthotic Centres (cumulative)	Orthotic centres providing the package of services for Orthotic and Prosthetic services	Monitor access to Orthotic and Prosthetic services	Orthotic Centre data	Orthotic and Prosthetic database	Number of Orthotic Centres providing the basic package of services	Number (cumulative)	Annual	None	Decentralised access to the complete package of	Orthotic and Prosthetic Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
<b>New indicator</b>									services	
Percentage of Pharmacies that obtained A and B grading on inspection	The number of Pharmacies that comply with Pharmaceutical prescripts on inspection as proportion of the total number of pharmacies	Track compliance with Pharmaceutical prescripts	Certificates	Certificates	<b>Numerator</b> Number of Pharmacies with A or B grading <b>Denominator</b> Number of Pharmacies	%	Annual	Accurate records of inspections conducted	Improved compliance will improve quality and efficiency of Pharmaceutical services	Pharmacy Manager
PPSD compliant with good Wholesaling Practice Regulations	Provincial Pharmaceutical Supply Depot Warehouse complies with Pharmacy Regulations and is licensed by Medicine Control Council to operate as Pharmaceutical	Monitor safe warehousing practice	Certificate of compliance	Certificate of compliance	<b>Categorical</b>	Categorical	Annual	None	PPSD compliant with good wholesaling practice regulation	Pharmacy Manager
Tracer medicine stock-out rate (PPSD)	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on the Tracer Medicine List that had a zero balance in the Bulk Store on a Stock Control System)	Monitor shortages in tracer medicines	Pharmacy records	DHIS/ Pharmacy Records	<b>Numerator</b> Number of tracer medicines out of stock <b>Denominator</b> Total number of medicines expected to be in stock	%	Quarterly	Accuracy of reporting at facility level	Targeting zero stock-out	Pharmacy Manager
Tracer medicine stock-out rate (Institutions)	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on the Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System)	Monitor shortages in Tracer medicines	Pharmacy records	DHIS/ Pharmacy Records	<b>Numerator</b> Number of tracer medicines stock out in bulk store <b>Denominator</b> Number of tracer medicines expected to be stocked in the bulk store	%	Quarterly	Accuracy of reporting at facility level	Targeting zero stock-out of all tracer medicines	Pharmacy Manager
Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals <b>New indicator</b>	The percentage of facilities that implement the direct delivery of pharmaceuticals	Monitor strategies to improve procurement and distribution for pharmaceutical services	Pharmacy records	Pharmacy records	<b>Numerator</b> Number of facilities on Direct Delivery Model <b>Denominator</b> Total number of facilities eligible for Direct Delivery Model	%	Quarterly	Accuracy of reporting on database	Targeting increase in facilities implementing the Direct Delivery Model	Pharmacy Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage facilities on Cross-docking Model for Procurement and Distribution of Pharmaceuticals <b>New indicator</b>	The percentage of facilities that are linked with the Cross Docking system	Monitor strategies to improve procurement and distribution for pharmaceutical services	Pharmacy records	Pharmacy records	<b>Numerator</b> Number of facilities on Cross-docking Model <b>Denominator</b> Total number of facilities eligible for Cross-docking Model	%	Quarterly	Accuracy of reporting on database	Expansion of Cross Docking Model	Pharmacy Manager
Percentage of items on Direct Delivery and Cross Docking Model <b>New indicator</b>	the number of items in the Provincial Essential Medicines Catalogue that are on Direct Delivery and Cross Docking	Monitor implementation of Direct Delivery and Cross Docking to improve pharmaceutical efficiencies	Pharmacy records	Pharmacy records	<b>Numerator</b> Number of items on Direct Delivery and Cross Docking Model <b>Denominator</b> Total number of items in the Provincial Essential Medicines Catalogue	%	Quarterly	Accuracy of reporting on database	Increase in the number of items on Direct Delivery and Cross Docking	Pharmacy Manager
Number of facilities implementing the CCMD Program <b>New indicator</b>	The number of facilities that implement the CCMD Programme to improve access to medication at community level	Monitor strategies to increase community-based distribution of medication and impact on waiting times at facility level	Pharmacy records	Pharmacy records	Total number of facilities implementing the CCMD Programme	No	Quarterly	Accuracy of reporting on database	Increase in the number of facilities implementing the CCMD Programme	Pharmacy Manager
Number of patients enrolled on CCMD programme (cumulative) <b>New indicator</b>	The total number of patients that receive medication via community-based distribution	Monitor strategies to increase community-based distribution of medication and impact on waiting times at facility level	Pharmacy records	Pharmacy records	Number of patients enrolled on the CCMD programme	No	Quarterly	Accuracy of reporting on database	Increased number of patients benefiting from the CCMD Programme	Pharmacy Manager
Number of pick-up points linked to CCMD <b>New indicator</b>	The number of community-based pick-up points used for distribution of medicines	Monitor the increased access through the CCMD Programme	Pharmacy records	Pharmacy records	Total number of points linked to CCMD	No	Quarterly	Accuracy of reporting on database	Increase in the number of pick-up points linked to CCMD	Pharmacy Manager



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## Programme 8: Health Facilities Management

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of Health facilities that have undergone major and minor refurbishment	The number of facilities improved through minor or major refurbishment	Monitors status of infrastructure	IPIP – Infrastructure database	IPIP – Infrastructure database	Number of health facilities that have undergone major and minor refurbishment	Number	Annual	None	Well maintained infrastructure	Infrastructure Manager
Establish SLAs with Department of Public Works (and any other implementing agents)	Signed service level agreements (SLAs) with Implementing Agents that participate in infrastructure development projects in the province	Formalise service arrangements with Implementing Agents	Signed Service Level Agreement	Signed Service Level Agreement	Number of Service Level Agreements signed	Number	Annual	None	Service level agreement established	Infrastructure Manager
Number of jobs created through the EPWP	The number of jobs creation through EPWP	Track job creation	Project reports/ plan	IRS and EPWP Quarterly reports	Jobs created through EPWP in reporting period	Number	Quarterly	None	Higher number – improved job opportunities	Infrastructure Manager
Number of new clinical projects with completed construction	New clinical projects with completed construction	Monitor project plans and delivery of infrastructure as per U-AMP	Project reports/ plan	IRM, PMIS and monthly reports	New clinical projects with completed construction in reporting period	Number	Quarterly	None	As per project plan	Infrastructure Manager
Number of new clinical projects where commissioning is complete	New clinical projects commissioned	Monitor project plans and delivery of infrastructure as per U-AMP	Project reports/ plan	IRM, PMIS and monthly reports	New clinical projects commissioned during reporting period	Number	Quarterly	None	As per project plan	Infrastructure Manager
Number of upgrading and renovation projects with completed construction	Upgrading and renovation projects with completed construction	Monitor project plans and delivery of infrastructure as per U-AMP	Project reports/ plan	IRM, PMIS and monthly reports	Number upgrading and renovation projects completed during reporting period	Number	Quarterly	None	As per project plan	Infrastructure Manager
Percentage of maintenance budget spent	Percentage of maintenance budget spent	Monitor financial management and service delivery	BAS	APP: IRM, PMIS and monthly reports	<b>Numerator</b> Maintenance budget spent <b>Denominator</b> Maintenance budget	%	Quarterly	None	100% budget spent	Infrastructure Manager

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