

ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20

KWAZULU-NATAL DEPARTMENT OF HEALTH

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FOREWORD BY THE EXECUTIVE AUTHORITY

Major strides have been made over the last few years towards ensuring a long and healthy life for all South Africans. According to the latest Statistics South Africa estimates, the life expectancy in KwaZulu-Natal increased from 50.1 to 56.4 years between 2006-2011 and 2011-2016. This is mainly due to the significant increase in access to antiretroviral treatment and improved management of the leading causes of death in pregnant women and children under 5 years.

- More than 9.7 million people were tested for HIV.
- More than 1.1 million patients were initiated on antiretroviral treatment.
- The number of new TB cases decreased from 99 460 to 63 960 between 2013 and 2016.
- The number of maternal deaths decreased from 280 to 236 between 2013 and 2016.
- Diarrhoea and severe acute malnutrition deaths in children under-5 years decreased with 41% and 27% respectively between 2013 and 2016.


In 2017/18, the Department will maintain the gains already made and further focus on interventions to accelerate health system effectiveness and further improve health outcomes and patient satisfaction.

1. Robustly monitor implementation of the Turn-Around Strategy, as part of the Long Term Plan, to inter alia, improve audit outcomes; improve financial and supply chain management and human resource management services; rationalise hospital services to improve efficiencies and equitable access to clinical services; strengthen governance, leadership and oversight; and re-position infrastructure development as integral part of improved service delivery.
2. Accelerate implementation of the 90-90-90 strategy for HIV, AIDS, TB and non-communicable diseases.
3. Scale up integrated programmes to reduce maternal and child morbidity and mortality and improve adolescent and women's health.
4. Accelerate Primary Health Care re-engineering including expansion of community-based services and the Ideal Clinic Programme.
5. Implement Phase 2 of National Health Insurance.
6. Accelerate rollout of the Central Chronic Medicines Dispensing and Distribution Programme to improve access to chronic medicines at community level.
7. Implement the National Core Standards to improve quality and patient satisfaction.

Working collectively with the Head: Health and Senior Management, with support of all staff in our Department, I commit myself to provide the necessary leadership and support for the year ahead.

I endorse the 2017/18 – 2019/20 Annual Performance Plan as the guiding framework within which the Department will execute its mandate to provide accessible, equitable and high quality healthcare to all public health care users in KwaZulu-Natal.




Dr S.M. Dhlomo

Executive Authority
KwaZulu-Natal Department of Health
Date:

ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20
KWAZULU-NATAL DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20 KWAZULU-NATAL DEPARTMENT OF HEALTH

STATEMENT BY THE HEAD: HEALTH

I am pleased to present the KwaZulu-Natal Department of Health 2017/18 Annual Performance Plan, clearly outlining the allocated budget per Budget Programme with strategic priorities with expected output and outcome for the 2017/18 – 2019/20 MTEF (Medium Term Expenditure Framework).

The Annual Performance Plan gives full expression to global, national and provincial commitments and priorities as prescribed in, inter alia, the Sustainable Development Goals, National Development Plan, Medium Term Strategic Framework, and the Provincial Growth and Development Plan. It further incorporates Province-specific priorities focussing on strategies and interventions to strengthen health system effectiveness that will serve as enabler for improved service delivery, quality of care, health outcomes, and patient satisfaction.

The allocated budget of R39.440 billion for 2017/18 will be used towards achieving the strategic priorities and targets clearly outlined in the Annual Performance Plan in pursuance of the 2015-2019 Strategic aspirations. Considerable effort went into alignment of budget and service delivery to ensure optimal service delivery in a resource constraint environment.


The allocated budget is a reduction in real terms, which will inexorably slow down the pace and scale of interventions initially planned for the 2015-2019 strategic period. When equated to current service pressures and the concomitant need for strategic expansion of systems and services to respond to the increasing demand, it will be imperative to exercise extreme fiscal discipline to ensure responsible management of funding for optimal outcomes and value for money.

Implementation of the Provincial Turn-Around and Long Term Plan will be prioritised and vigorously monitored from 2017/18 onwards to actively track performance against identified deliverables. Cost saving through rationalisation and responsible spending will be wisely re-directed to address identified service pressures.

To meet the goals and objectives encapsulated in the Annual Performance Plan, we will strive to provide effective visible leadership and support to create a strong performance culture at all levels of the health system.

To all my staff, your commitment, loyalty and continued contributions to improve service delivery and health outcomes, in spite of fiscal constraints, is an inspiration. I have no doubt that we, as a collective, will be able to achieve our goals set out in the 2017/18 Annual Performance Plan.

I wish to express my sincere appreciation to the Honourable MEC for Health, Dr SM Dhlomo, for his continued leadership and support in our efforts to improve the health and wellbeing of all citizens in KwaZulu-Natal.



Dr S.T. Mtshali

**Head: Health
KwaZulu-Natal Department of Health
Date:**

**ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20
KWAZULU-NATAL DEPARTMENT OF HEALTH**

OFFICIAL SIGN-OFF

ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20

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: Health 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 2017/18 – 2019/20 period.



Mrs E Snyman

Director: Strategic Planning


Date: 01/03/2017



Mr J Govender

Chief Director: Planning, Monitoring & Evaluation

Date: 01/03/2017



Mr P Shezi

Acting Chief Finance Officer

Date: 02/03/2017



Dr ST Mtshali

Head: Health

KwaZulu-Natal Department of Health

Date: 2017-03-02

Approved by



Dr SM Dhlomo

Executive Authority

KwaZulu-Natal Department of Health

Date:

ANNUAL PERFORMANCE PLAN 2017/18 – 2019/20
KWAZULU-NATAL DEPARTMENT OF HEALTH

PART A: STRATEGIC OVERVIEW

- *Strategic Overview*
- *Mission, Vision, Values*
- *Strategic Goals*
- *Situational Analysis*
- *Organisational Environment*
- *Revision of Legislative and Other Mandates*
- *Overview of the 2017/18 Budget and MTEF Estimates*

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KWAZULU-NATAL DEPARTMENT OF HEALTH

Notes

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KWAZULU-NATAL DEPARTMENT OF HEALTH

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

2015-2019 Strategic Goals

1. Strengthen health systems effectiveness.
2. Reduce the burden of disease.
3. Universal health coverage.
4. Strengthen human resources for health.
5. Improve quality of health care.

The table below reflects the Strategic Goals, Strategic Goal Statements, Strategic Objectives and Strategic Objective Statements included in the 2015-2019 Strategic Plan, with additional Strategic Objective Statements included in the 2017/18 Annual Performance Plan. The additional Strategic Objective Statements included in the 2017/18 APP make provision for annual priorities to ensure effective implementation of strategies and activities identified in the Strategic Plan.

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Table 1: Strategic Goals, Objectives and Objective Statements

2015-2019 Strategic Plan	2017/18 Annual Performance Plan
STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS	
STRATEGIC GOAL STATEMENT: 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.	
STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS	
Strategic Objective 1.1) Finalise integrated long term health service improvement platform	
1.1.1) 2017 – 2027 Long Term Plan Strategic Position Statement approved by June 2017 and Plan approved by March 2018 (Reviewed 2017/18)	1.1.1) 2017 – 2027 Long Term Plan Strategic Position Statement approved by June 2017 and Plan approved by March 2018 (Reviewed 2017/18)
Strategic Objective 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 (MTSF) 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 (MTSF) 1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle 1.2.3) Monthly submission of disclosures of donations, sponsorships and gifts as per Circular G15/2016 (Added 2017/18)
Strategic Objective 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	1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year
Strategic Objective 1.4) Improve health technology and information management	
MTSF: 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 (MTSF) (Reviewed 2016/17)	1.4.1) Connectivity established at 90% public health facilities by March 2020 (MTSF) (Reviewed 2016/17)
Strategic Objective 1.5) Accelerate implementation of PHC re-engineering	
MTSF: Sub-Output 3: Implement the re-engineering of PHC	
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage by at least 15% per annum 1.5.2) Increase the number of ward based outreach teams to 190 by March 2020 (MTSF) (Reviewed 2017/18) 1.5.3) PHC utilisation rate of at least 2.7 visits per person per year by March 2020 (Reviewed 2017/18) 1.5.4) Under 5 utilisation rate of at least 4.2 visits per child per year (Reviewed 2017/18)	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage by at least 15% per annum 1.5.2) Increase the number of ward based outreach teams to 190 by March 2020 (MTSF) (Reviewed 2017/18) 1.5.3) PHC utilisation rate of at least 2.7 visits per person per year by March 2020 (Reviewed 2017/18) 1.5.4) Under 5 utilisation rate of at least 4.2 visits per child per year (Reviewed 2017/18) 1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020 (Reviewed 2017/18) 1.5.7) Increase School Health Teams to 245 by March 2020 (MTSF) (Reviewed 2017/18) 1.5.8) Increase the accredited Health Promoting Schools to 335 by March 2020 1.5.9) Increase the number of learners screened through school health services with at least 5% per annum (MTSF) (Reviewed 2017/18)
Strategic Objective 1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation & Maintenance	
MTSF: Sub-Output 3: Implement the re-engineering of PHC	
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020 (MTSF) (Reviewed 2016/17)	1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020 (MTSF) (Reviewed 2016/17)
Strategic Objective 1.7) Improve hospital efficiencies	
MTSF: Sub-Output 2: Improved quality of health care	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 (Reviewed 2016/17) 1.7.1) Hospital Rationalisation Plan approved	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 (Reviewed 2016/17) 1.7.1) Hospital Rationalisation Plan by June 2017 (Reviewed 2017/18) 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than

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2015-2019 Strategic Plan	2017/18 Annual Performance Plan
by June 2017 (Reviewed 2017/18)	5.5 days (District), 5.3 days (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020 (Reviewed 2017/18) 1.7.4) Maintain expenditure per PDE within the Provincial norms 1.7.5) Reduce the unreferral outpatient (OPD) headcounts by at least 7% per annum 1.7.6) Appropriate referral as per referral criteria
Strategic Objective 1.8) Improve EMS efficiencies MTSF: Sub-Output 2: Improved quality of health care	
1.8.1) EMS Turn-Around Strategy approved by June 2017 (Reviewed 2017/18) 1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020 (Reviewed 2017/18) 1.8.4) Improve P1 urban response times of under 15 minutes to 20% by March 2020 (Reviewed 2017/18) 1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020 (Reviewed 2017/18) 1.8.6) Increase the inter-facility transfer rate to 50% by March 2020	1.8.1) EMS Turn-Around Strategy approved by June 2017 (Reviewed 2017/18) 1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020 (Reviewed 2017/18) 1.8.4) Improve P1 urban response times of under 15 minutes to 20% by March 2020 (Reviewed 2017/18) 1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020 (Reviewed 2017/18) 1.8.6) Increase the inter-facility transfer rate to 50% by March 2020 1.8.7) Increase the number of bases with network access to 50 by March 2020
Strategic Objective 1.9) Strengthen health system effectiveness	
1.9.1) Increase the number of operational Orthotic Centres to 4 by March 2020 (Reviewed 2017/18) 1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1.9.1) Increase the number of operational Orthotic Centres to 4 by March 2020 (Reviewed 2017/18) 1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards 1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2017 (Review 2017/18)
STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE	
STRATEGIC GOAL STATEMENT: Reduce and manage the burden of disease to ensure better health outcomes and an increase in life expectancy at birth.	
STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS	
Strategic Objective 2.1) Increase life expectancy at birth	
2.1.1) Increase the total life expectancy to 60.5 years by March 2020 (MTSF) 2.1.2) Increase the life expectancy of males to 58.4 years by March 2020 2.1.3) Increase the life expectancy of females to 62.7 years by March 2020	2.1.1) Increase the total life expectancy to 60.5 years by March 2020 (MTSF) 2.1.2) Increase the life expectancy of males to 58.4 years by March 2020 (MTSF) 2.1.3) Increase the life expectancy of females to 62.7 years by March 2020 (MTSF)
Strategic Objective 2.2) Reduce HIV incidence MTSF: Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates) 2.2.2) Test at least 17.4 million people for HIV by March 2020 (cumulative) (MTSF) (Reviewed 2017/18)	2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates) 2.2.2) Test at least 17.4 million people for HIV by March 2020 (cumulative) (MTSF) (Reviewed 2017/18) 2.2.3) Increase the male condom distribution rate to 220 million by March 2020 (MTSF) – (Review target 2017/18) 2.2.4) Increase the medical male circumcisions to 1.1 million (cumulative) by March 2020 (MTSF) (Review target 2017/18) 2.2.5) Decrease the male urethritis syndrome incidence to at least 3% by March 2020 (Replace STI incidence 2017/18)
Strategic Objective 2.3) Manage HIV prevalence MTSF: Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
2.3.2) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative) (MTSF) (Reviewed 2017/18)	2.3.2) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative) (MTSF) (Reviewed 2017/18)
Strategic Objective 2.4) Improve TB outcomes MTSF: Sub-Output 8: HIV, AIDS & TB prevented & successfully managed	
2.4.1) Increase the TB client treatment success rate to 90% (or more) by March	2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020

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2015-2019 Strategic Plan	2017/18 Annual Performance Plan
<p>2020 (MTSF)</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 2.1% by March 2020 (MTSF) – (Reviewed 2017/18)</p> <p>2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020 (MTSF)</p>	<p>(MTSF)</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 2.1% by March 2020 (MTSF) – (Reviewed 2017/18)</p> <p>2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020 (MTSF)</p> <p>2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020 (MTSF) (Added 2017/18)</p> <p>2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020 (MTSF)</p> <p>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 (MTSF)</p> <p>2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017 onwards (Review 2017/18)</p>
<p>Strategic Objective 2.5) Reduce infant mortality</p> <p>MTSF: Sub-Output 9: Maternal, infant & child mortality reduced</p>	
<p>2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020</p> <p>2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020 (MTSF)</p>	<p>2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020</p> <p>2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020</p> <p>2.5.3) Reduce the neonatal death in facility rate to at least 11.1 per 1000 by March 2020 (Reviewed 2017/18)</p>
<p>Strategic Objective 2.6) Reduce under 5 mortality</p> <p>MTSF: Sub-Output 9: Maternal, infant & child mortality reduced</p>	
<p>2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020</p> <p>2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 by March 2020</p>	<p>2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020</p> <p>2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 by March 2020</p> <p>2.6.3) Increase the immunisation coverage to 88% or more by March 2020 (MTSF) (Reviewed 2017/18)</p> <p>2.6.4) Maintain measles 2nd dose coverage of 90% (or more) from March 2017 onwards (MTSF)</p> <p>2.6.5) Reduce the measles drop-out rate to 3% or less by March 2020 (MTSF)</p> <p>2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020 (MTSF) (Reviewed 2017/18)</p> <p>2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% by March 2020 (MTSF) (Reviewed 2017/18)</p> <p>2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6.5% by March 2020 (MTSF)</p> <p>2.6.9) Increase the Vitamin A dose 12-59 month coverage to more than 64% by March 2020</p> <p>2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1 000 by March 2020</p> <p>2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020</p> <p>2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020 (Reviewed 2017/18)</p> <p>2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020 (Reviewed 2017/18)</p>
<p>Strategic Objective 2.7) Reduce maternal mortality</p> <p>MTSF: Sub-Output 9: Maternal, infant & child mortality reduced</p>	
<p>2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020</p>	<p>2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020</p> <p>2.7.2) Reduce the caesarean section rate to 26% (District), 37% (Regional), 67% or less (Tertiary and Central) by March 2020</p> <p>2.7.3) Increase the antenatal 1st visit before 20 weeks rate to 70% by March 2020 (MTSF)</p> <p>2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020 (Reviewed 2017/18)(MTSF)</p> <p>2.7.5) Initiate 98% eligible antenatal clients on ART by March 2020 (MTSF)</p> <p>2.7.6) Reduce deliveries under 19 years to 8% or less by March 2020 (Added 2017/18)</p>
<p>Strategic Objective 2.8) Improve women's health</p>	
<p>2.8.1) Increase the couple year protection rate to 75% by March 2020 (MTSF)</p> <p>2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)</p>	<p>2.8.1) Increase the couple year protection rate to 75% by March 2020 (MTSF)</p> <p>2.8.2) Maintain the cervical cancer screening coverage of 75% (or more) (MTSF)</p> <p>2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1st and 2nd dose as part</p>

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(MTSF)	of cervical cancer prevention programme (Reviewed 2017/18)
Strategic Objective 2.9) Reduce the incidence of non-communicable diseases	
2.9.1) Hypertension incidence of 24.6 per 1000 population by March 2020 (MTSF) – (Reviewed 2017/18) 2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020 (MTSF) – (Reviewed 2017/18)	2.9.1) Hypertension incidence of 24.6 per 1000 population by March 2020 (MTSF) (Reviewed 2017/18) 2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020 (MTSF) (Reviewed 2017/18) 2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020 (MTSF) (Reviewed 2017/18) 2.9.4) Screen at least 2.5 million people (40 years and older) for diabetes per annum by March 2020 (MTSF) (Reviewed 2017/18) 2.9.5) Screen at least 1.5 million people per annum for mental disorders at PHC services by March 2020 (MTSF) (Reviewed 2017/18) 2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020 (Reviewed 2017/18) 2.9.7) Improve the number of wheelchairs issued to 4 200 by March 2020 (MTSF) 2.9.8) Improve the restoration to extraction ratio to 18:1 or less by March 2020 (Reviewed 2017/18)
Strategic Objective 2.10) Eliminate malaria	
2.10.1) Zero new local malaria cases by March 2020 2.10.2) Reduce the malaria case fatality rate to less than 0.5% by March 2020	2.10.1) Zero new local malaria cases by March 2020 2.10.2) Reduce the malaria case fatality rate to less than 0.5% by March 2020
STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE	
STRATEGIC GOAL STATEMENT: All people receive the full spectrum of the essential health services package including health promotion, prevention, treatment and clinical care, rehabilitation and palliative care.	
STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS	
Strategic Objective 3.1) Implement the National Health Insurance Pilot	
MTSF: Sub-Output 1: Universal health coverage progressively achieved through implementation of NHI	
Strategic Objective 3.2) Create job opportunities	
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)
Strategic Objective 3.3) Improve health facility planning and infrastructure delivery	
MTSF: Sub-Output 7: Improved health facility planning & infrastructure delivery	
3.3.1) Complete 40 new and replaced projects by March 2020 (MTSF) – (Reviewed 2017/18) 3.3.2) Complete 47 upgrade and addition projects by March 2020 (MTSF) (Reviewed 2017/18)	3.3.1) Complete 40 new and replaced projects by March 2020 (MTSF) – (Added 2017/18) 3.3.2) Complete 47 upgrade and addition projects by March 2020 (Added 2017/18) 3.3.3) Complete 24 renovation and refurbishment projects by March 2020 (Added 2017/18) 3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan (MTSF) – (Reviewed 2017/18) 3.3.5) 100% of maintenance budget spent annually (Added 2017/18)
STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH	
STRATEGIC GOAL STATEMENTS: 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.	
STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS	
Strategic Objective 4.1) Improve human resources for health	
MTSF: Sub-Output 5: Improved human resources for health; Sub-Output 6: Improved health management & leadership	

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<p>4.1.2) Review and approve macro and micro structures aligned to function (MTSF) (Reviewed 2017/18)</p> <p>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</p> <p>4.1.4) Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20 (MTSF) – (Reviewed 2017/18)</p> <p>4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20 (Reviewed 2015/16)</p> <p>4.1.6) Increase intake of Mid-Level Workers by at least 10% per annum</p> <p>4.1.7) Increase the EMS skills pool by increasing the number of ILS student intakes to 300 by March 2020 (Reviewed 2017/18)</p> <p>4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 61 (cumulative) by March 2020 (Reviewed 2017/18)</p>	<p>4.1.2) Review and approve macro and micro structures aligned to function (MTSF) (Reviewed 2017/18)</p> <p>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</p> <p>4.1.4) Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20 (MTSF) – (Reviewed 2017/18)</p> <p>4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20 (Reviewed 2015/16)</p> <p>4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum</p> <p>4.1.7) Increase the EMS skills pool by increasing the number ILS student intakes to 300 by March 2020 (Reviewed 2017/18)</p> <p>4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 61 (cumulative) by March 2020 (Reviewed 2016/17)</p> <p>4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020</p> <p>4.1.10) Increase enrolment of Advanced Midwives by at least 10% per annum (Added 2017/18)</p> <p>4.1.11) Appoint an average of 10 000 CCGs per annum on contract (Added 2017/18)</p> <p>4.1.12) Provision of dental prosthesis and training platform (Added 2017/18)</p>
Strategic Objective 4.2) Improve Performance Management and Development	
-	4.2.1) All personnel comply with employee performance management requirements from March 2016 onwards
Strategic Objective 4.3) Accreditation of KZNCN as Institution of Higher Education	
-	4.3.1) KZNCN accredited as institution of Higher Education by March 2017 (MTSF)
STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE	
<p>STRATEGIC GOAL STATEMENT: 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).</p>	
STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS	
Strategic Objective 5.1) Improve compliance to the Ideal Clinic and National Core Standards	
MTSF: Sub-Output 2: Improved quality of health care	
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020 (Reviewed 2017/18)	<p>5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020 (Reviewed 2017/18)</p> <p>5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards (MTSF) (Reviewed 2017/18)</p> <p>5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards (MTSF) (Reviewed 2017/18)</p>
Strategic Objective 5.2) Improve quality of care	
MTSF: 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	5.2.1) Increase the percentage of pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020
5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020	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) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System by March 2020
	5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards (Added 2017/18)

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The table below shows the alignment between the Departments' Strategic Goals and the priorities encapsulated in the National Development Plan, Medium Term Strategic Framework, Sustainable Development Goals and Provincial Growth and Development Plan.

Table 2: (A1) Alignment of Macro Plans

KZN Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals
<p>Strategic Goal 1: Strengthen health system effectiveness</p>	<p>Strategic Goal 6: Health system reforms complete</p> <p>Priority b: Strengthen the health system</p> <p>Priority c: Improve health information systems</p> <p>Strategic Goal 7: PHC teams deployed to provide care to families & communities</p>	<p>Sub-Output 3: Implement the re-engineering of PHC</p> <p>Sub-Output 4: Reduced health care cost</p> <p>Sub-Output 6: Improved health management & leadership</p> <p>Sub-Output 10: Efficient health information management system developed and implemented to improve decision-making</p>	<p>Strategic Objective 3.2: Enhance the health of citizens and healthy communities</p> <p>Intervention 3.2(a): Re-engineering of PHC</p>	<p>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</p>
<p>Strategic Goal 2: Reduce and manage the burden of disease</p>	<p>Strategic Goal: Average male & female life expectancy increased to 70 years</p> <p>Strategic Goal 2: TB prevention & cure progressively improved</p> <p>Strategic Goal 3: Maternal, infant and child mortality reduced</p> <p>Strategic Goal 4: Prevalence of NCD's reduced by 28%</p> <p>Strategic Goal 5: Injury, accidents and violence reduced by 50% from 2010 levels</p> <p>Priority a: Address the social determinants that affect health and disease</p> <p>Priority d: Prevent and reduce the disease burden and promote health</p>	<p>Sub-Output 8: HIV, AIDS & TB prevented & successfully managed</p> <p>Sub-Output 9: Maternal, infant & child mortality reduced</p>	<p>Intervention 3.2 (b): Scaling up programmes to improve maternal, child and women's health</p> <p>Intervention 3.2 (c): Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases</p> <p>Intervention 3.2 (d): Scaling up programmes to reduce incidence & manage prevalence of HIV, AIDS and STIs</p> <p>Intervention 3.2 (e): Scaling up programmes to improve TB outcomes</p> <p>Intervention 3.2 (f): Implementing programmes to reduce local malaria incidence</p>	<p>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>By 2030, end preventable deaths of newborns and children under 5 years 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 AIDS, tuberculosis, malaria 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 non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p>By 2020, halve the number of global deaths and injuries from road traffic accidents</p> <p>By 2030, ensure universal access to sexual and reproductive healthcare 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 hazardous chemicals and air, water and soil pollution and</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
				contamination Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate Support research and development of vaccines and medicines for communicable and non-communicable diseases
Strategic Goal 3: Universal health coverage	Strategic Goal 8: Universal health coverage achieved Priority e: Financing universal health care coverage	Sub-Output 1: Universal health coverage progressively achieved through implementation of NHI Sub-Output 7: Improved health facility planning & infrastructure delivery	Strategic Objective 3.2: Enhance the health of citizens and healthy communities	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
Strategic Goal 4: Strengthen human resources for health	Strategic Goal 9: Posts filled with skilled, committed & competent individuals Priority f: Improve human resources in the health sector Priority g: Review management positions and appointments and strengthen accountability mechanisms	Sub-Output 5: Improved human resources for health	Intervention 3.2 (g): Improving human resources for health	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
Strategic Goal 5: Improved quality of health care	Priority h: Improve quality by using evidence	Sub-Output 2: Improved quality of health care	Strategic Objective 3.2: Enhance the health of citizens and healthy communities	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Source: Strategic Plan 2015-2019

Table 3: Impact indicators and targets

Impact indicator	South Africa Baseline 2009	South Africa Baseline 2014	South Africa Targets 2019	KZN Baseline 2012	KZN Progress 2015	KZN Target 2019
1. Life expectancy at birth - Total	57.1 Years	62.9 Years	At least 65 years	51.5 Years ¹	57.7 Years	60.5 Years
2. Life expectancy at birth - Male	54.6 Years	60 Years	At least 61.5 years	49.2 Years	57 Years	58.4 Years
3. Life expectancy at birth - Female	59.7 Years	65.8 Years	At least 67 years	53.8 years	58.4 Years	62.7 Years
4. Under 5 mortality rate	56/1000 live births	39/1000 live births	33/1000 live births	43.4/1000 live births ²	42/1000 live births	40/1000 live births

¹ Life expectancy for 2012 (Stats SA 2012 Mid-Year Estimates); 2015 (Stats SA 2015 Mid-Year Estimates)

² U5MR and IMR from the Medical Research Council (2013) – Rapid Mortality Surveillance Report 2012

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Impact indicator	South Africa Baseline 2009	South Africa Baseline 2014	South Africa Targets 2019	KZN Baseline 2012	KZN Progress 2015	KZN Target 2019
5. Neonatal mortality rate ³	-	14/1000 live births	8/1000 live births	9.2/1 000 live births	10.9/1000 live births	8.5/1000 live births
6. Infant mortality rate	39/1000 live births	28/1000 live births	23/1000 live births	32.1/1000 live births	31/1000 live births	29/1000 live births
7. Maternal mortality ratio	280/100 000 live births (2008)	269/100 000 live births (2010)	<100/100 000 live births	165/100 000 live births	121.1/100 000 live births	95/100 000 live births
8. Live birth under 2500g in facility	-	12.9%	11.6%	12.5%	11.9%	9.5%

1.3 Situation Analysis

The following demarcation and name changes to Districts and Local Municipalities have been approved during 2016 (Table 4). This is relevant for planning and reporting from 2017/18 onwards.

Table 4: Changes to Districts and Local Municipalities

Current District	Current Municipality	New District or Municipality	New seat of Municipality
Uthungulu District	N/A	King Cetshwayo District	N/A
Uthungulu District	Ntambanana	Dissolved	N/A
Ugu District	Ezinqoleni and Hibiscus Coast	Ray Nkonyeni Municipality	Port Shepstone
Ugu District	Vulamehlo and Umdoni	Umdoni	-
Uthukela District	Imbabazane and Umtshezi	Inkosi Langalibalele Municipality	Estcourt
Uthukela District	Indaka and Emnambithi	Alfred Duma Municipality	Ladysmith
Umkhanyakude District	Hlabisa and Big False Bay	Big Five Hlabisa Municipality	Not confirmed
Harry Gwala District	Ingwe and Kwa Sani	Dr Nkosazana Dlamini Zuma Municipality	Ingwe

1.3.1 Demographic Profile

KwaZulu-Natal (KZN), the second most populous province in South Africa, covers a land surface of 92,100 sq km (7.6% of the total land surface). The population density ranges between 10 people per km² in the Emadlangeni Municipality (Amajuba District) and 1 502 people per km² in the eThekweni Metro (Census 2011), which has significant health system and service delivery challenges to ensure equitable access to health care at all levels of the health care system.

It is estimated that approximately 54% of the KZN population is residing in rural areas, and an estimated 10% of the urban population in under-developed informal settlements. This has significant implications for service delivery and health outcomes as a result of under-development and non-availability of essential services in these informal settlements e.g. poor access to potable water, sanitation, waste removal and inadequate employment opportunities.

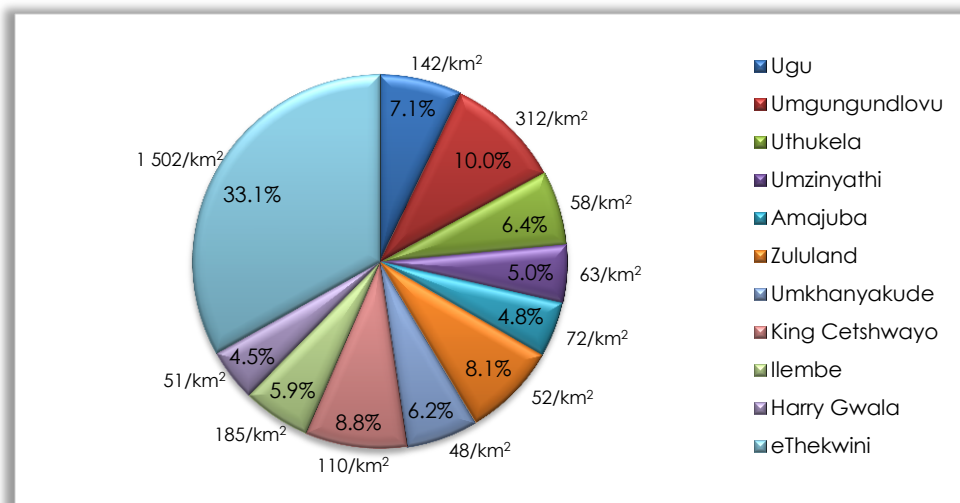
³ Inpatient neonatal death rate from DHIS

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More than 51% of the total population resides in the three economic hubs in the Province i.e. eThekweni, Umgungundlovu and King Cetshwayo Districts (Graph 1).

Graph 1: District proportion of the total KZN population and population density



Source: General Household Survey 2015 and Census 2011

All districts show positive growth rates over the last four years with the highest growth rates in eThekweni (11.4%), Umgungundlovu (9.19%) and King Cetshwayo (9.16%), mostly due to urbanisation patterns linked with employment opportunities.

The Provincial population increased from 10 919 077⁴ in 2015 to 11 079 717⁵ in 2016, with an average annual growth rate of 2.3% per annum since the 2011 Census. The uninsured population (public sector dependent) increased from 9 510 516 in 2015 to 9 761 231 in 2016.⁶ UMsunduzi (Umgungundlovu), eThekweni and Umhlatuze (King Cetshwayo), the economic hubs in the Province, report lower uninsured populations of 80%, 80.8% and 87.5% respectively.

The age and sex structure (Graph 2), based on three major demographic phenomena i.e. migration, fertility and mortality, is relevant for health care and service delivery. It is unlikely that migration plays a significant role in the KZN structure, as the Province consistently shows an insignificant net loss of approximately 22 478 people between 2011 and 2016 according to Stats SA estimates.

It is likely that the declining fertility rate and the gains made with the reduction of mortality are the main contributing factors in the overall shifts in the Provincial age/sex structure since 2001. This is supported by the Stats SA Population Report⁷ noting that fertility seems to have been the “main contributing factor to the change in population age-sex structure over time”.

The population pyramids (Graph 2) illustrates the age/sex structure change between 2001 and 2016, and Graph 3 reflects the age cohort change between 2014 and 2016.

⁴ Stats SA 2015 Mid-Year Estimates

⁵ Stats SA 2016 Mid-Year Estimates

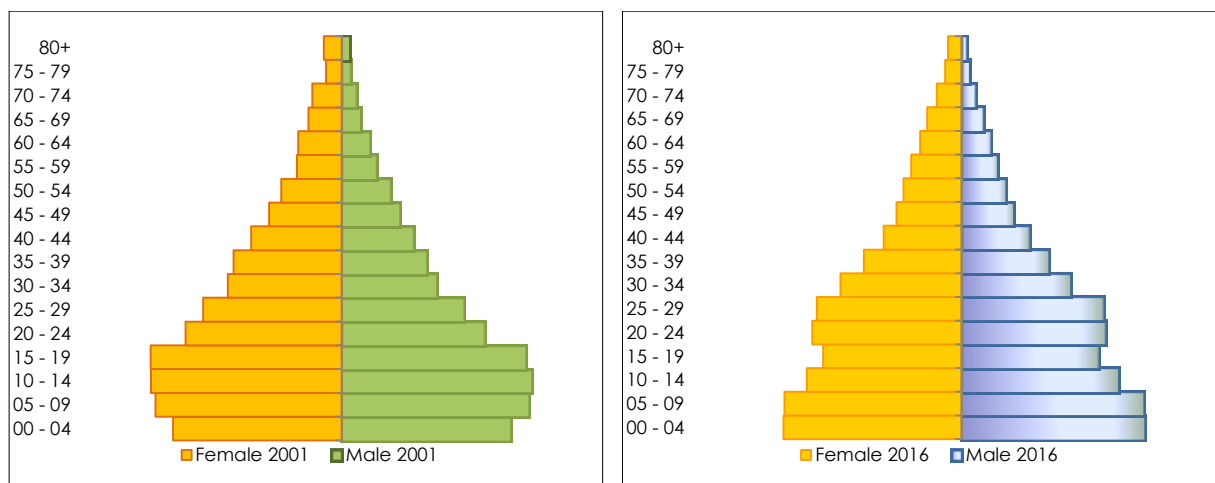
⁶ According to the 2015 General Household Survey, the uninsured population increased from 87.2% in 2014 to 88.1% in 2015

⁷ Statistics South Africa. Census 2011 Population Dynamics in South Africa. Report No. 03-01-67. Pretoria: Statistics SA; 2015

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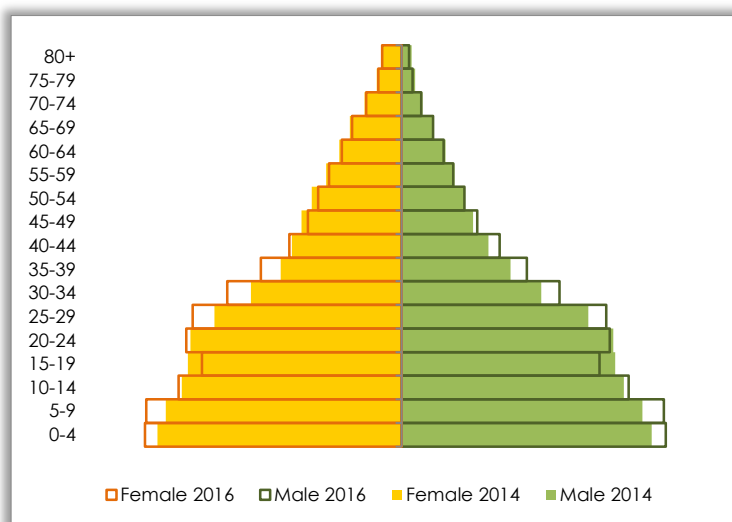
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Graph 2: KZN population pyramids 2001 and 2016



Source: Stats SA: Census 2001 and 2016 Mid-Year Estimates

Graph 3: KZN Population pyramid 2014 – 2016



Source: Stats SA 2014 and 2016 Mid-year Estimates

Table 5: Change in age cohorts between 2001 and 2016⁸

	Census 2001	Census 2011	2014 Mid-Year Estimates	2016 Mid-Year Estimates
0-4 years	10.8%	11.7% (↑)	12% (↑)	12.2% (↑)
15-19 years	12%	10.9% (↓)	10.4% (↓)	9.3% (↓)
0-34 years	71.4%	70.2% (↓)	71% (↑)	71.6% (↑)
20-64 years ⁹	48.5%	52.2% (↑)	50.3% (↓)	51.2% (↑)
65+ years ¹⁰	4.7%	4.9% (↑)	5.1% (↑)	4.6% (↓)

⁸ Source: stats SA: 2001 Census, and 2014 & 2015 Mid-Year Population Estimates

⁹ Economically active group – relevant taking into consideration employment opportunities

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The KZN fertility rate decreased from 3.38 (2001-2006) to 3.08 in 2011-2016.¹¹ The significant decrease in the mother to child transmission of HIV, from 10.3% in 2009/10 to 1.2% in 2015/16, contribute to a significant reduction in the number of deaths under 5 years. The significant number of patients on ART (1 059 193 in March 2016¹²) also contribute to an increase in quality of life and life expectancy.

1.3.2 Socio-Economic Profile

Socio economic factors, including poverty, inadequate access to potable water, sanitation, electricity, lack of refuse removal, and lower literacy levels are all associated with poor health status and negative health outcomes.

In 2011, KZN had the third-highest poverty measure of provinces in South Africa, with a poverty headcount of 56.6%, poverty gap of 25.5% and poverty severity incidence of 14.4%. Some studies have categorised people who survive on R318 per month as being extremely poor. Within this context, the percentage of people in KZN living in extreme poverty rose from 25% to 28% between 2010 and 2014, a further 29% of people live in absolute poverty and at least 32.9% of people in the Province are food deprived¹³. Social inequality, measured as the share of income earned by the poorest 60% of the population, remained unmoved at 17.6% between 2010 and 2014. It is estimated that 61.3% of the poor are under the age of 25 years.

According to Stats SA, the majority of communities that are absolutely poor are in the rural wards of the Province. Fifty of these wards are in the Nkandla, Msinga, Umdoni (Vulamehlo), Maphumulo and UMhlabuyalingana Municipalities. Additionally, 169 wards are home to communities that are in the range of extreme to absolute poverty in KwaZulu-Natal. 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 poverty.

According to the GHS 2015, 36.8% of the KZN population were grant beneficiaries in 2015 with more than half of the households (53.1%) receiving at least one form of grant. In August 2016, 3 918 255 grants were issued in KZN reaching 2 567 302 beneficiaries including Old Age (475 909), Old Age >75 years (167 918), War Veterans (31), Permanent Disability (211 201), Temporary Disability (58 863), Foster Child (102 478), Care-Dependency (37 285), Child Support 0-18 (2 819 257) and Grant-in-Aid (45 313).

The Poverty Eradication Master Plan (PEMP), positioned within the context of the Provincial Growth and Development Plan (PGDP), identifies integrated focus areas (pillars) for job creation, enterprise development, community development, social protection, human resource development and agriculture. PEMP is being implemented using a phased approach targeting the most deprived households in the most deprived wards as indicated below.

Phase 1: Targeting the 5 most deprived municipalities;

Phase 2: Targeting the 5 most deprived wards in each District;

Phase 3: Expanding programmes to the 169 poorest wards in KZN; and

Phase 4: Rollout to the rest of the wards in KZN.

The link between health, education and employment is well documented. In KZN, more males (41%) than females (37%) attain some secondary school education, and a higher proportion of females (14%)

¹⁰ Dependency

¹¹ Stats SA 2016 Mid-Year Estimates

¹² DHIS

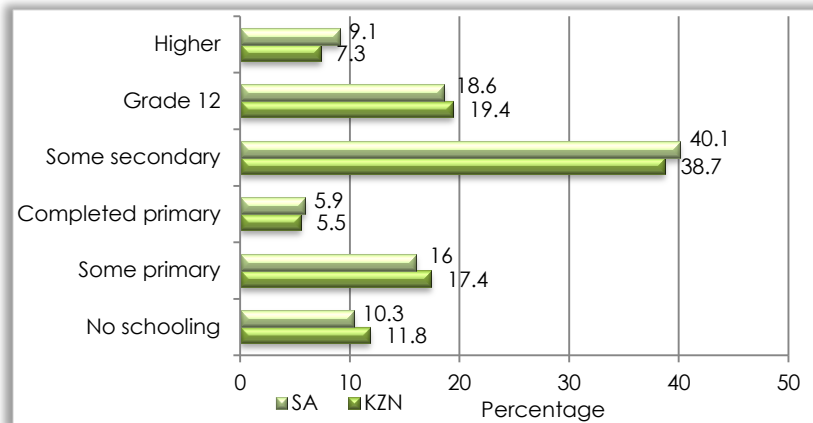
¹³ Provincial Poverty Eradication Master Plan

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than males (9%) are reported as having no formal schooling (Graph 4).¹⁴ The highest proportion of people with no schooling resides in Umzinyathi (30%), Umkhanyakude (28%) and Zululand (20%), and the highest proportion of working age population in eThekweni.

Graph 4: Education attainment, 20 years and older



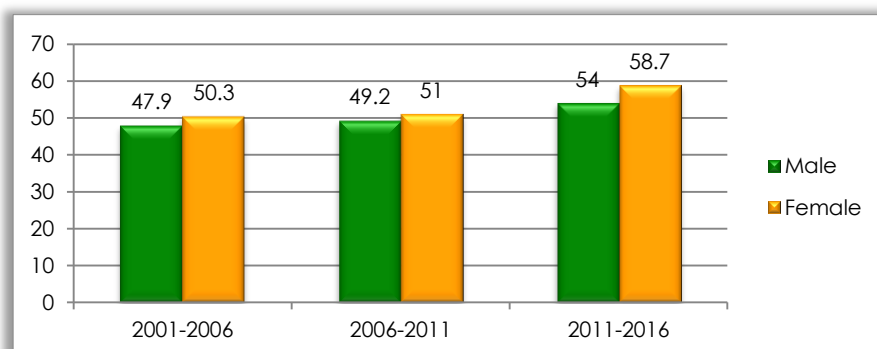
Source: Stats SA

1.3.3 Epidemiological Profile/ Burden of Disease

The quadruple burden of disease continues to have a profound impact on the quality of life, productivity and life expectancy. The rising trends in diseases of lifestyle (Graph 6) explain the increased focus on promoting healthy lifestyles and screening and early detection of diseases.

According to Stats SA 2016 estimates, life expectancy in KZN increased from 49.1 years in 2001-2006 to 56.4 years in 2011-2016 (an increase of 7.3 years). The male life expectancy increased by 6.1 years and female life expectancy by 8.4 years.

Graph 5: Life expectancy at birth



Source: Stats SA 2016 Mid-Year Estimates

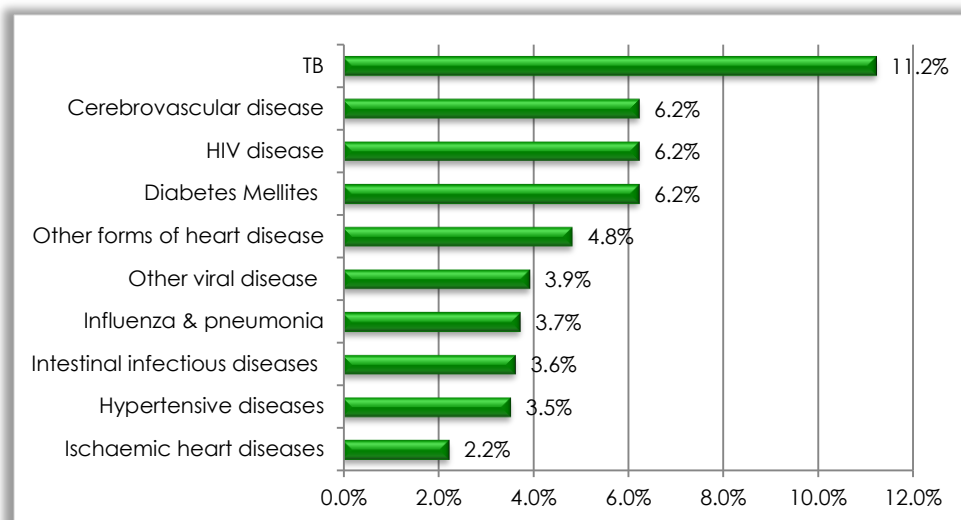
¹⁴ State of the Population of KZN

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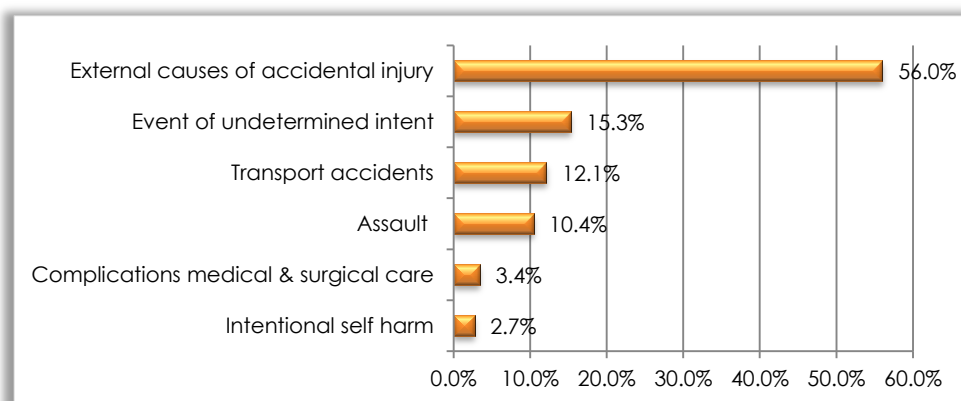
According to Stats SA, the highest proportion of reported deaths (21.3%) occurred in Gauteng, followed by KZN (17%).¹⁵ Graphs 6 and 7 illustrates the 10 leading natural causes of death (89.5% of total deaths) and the leading non-natural causes of death (10.5% of the total deaths) in KZN.¹⁶

Graph 6: Ten leading underlying natural causes of death in KZN



Source: Mortality & causes of death in South Africa, 2014: Findings from death notification. Stats SA

Graph 7: Seven leading non-natural causes of death in KZN



Source: Mortality & causes of death in South Africa, 2014: Findings from death notification. Stats SA

Maternal, Neonatal, Child and Women's Health

The maternal mortality in facility ratio shows a steady decrease since 2010/11 (Graph 8), with non-pregnancy related infections, mostly HIV, AIDS and TB, still the leading contributing factors in maternal mortality.¹⁷

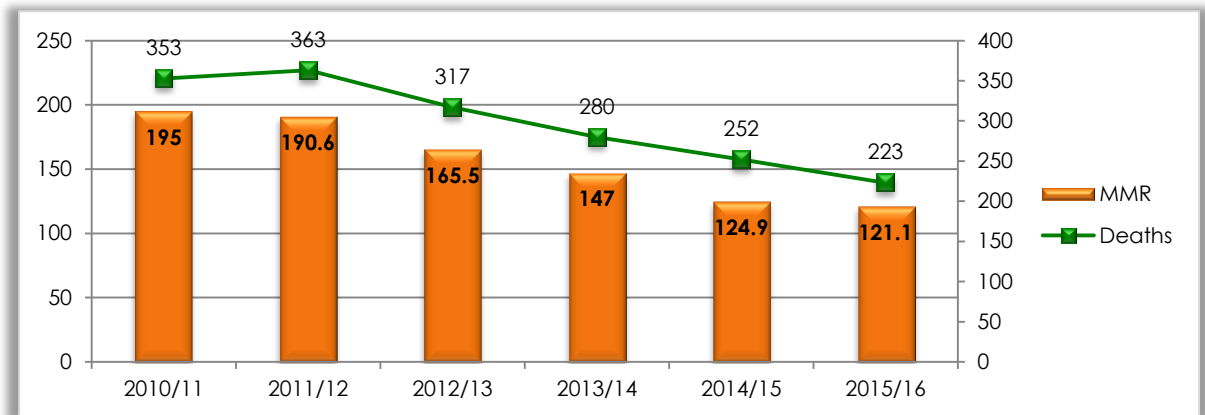
¹⁵ Mortality and causes of death in South Africa, 2014: Findings from death notification. Statistics South Africa

¹⁶ Mortality and causes of death in South Africa, 2014: Findings from death notification. Statistics South Africa

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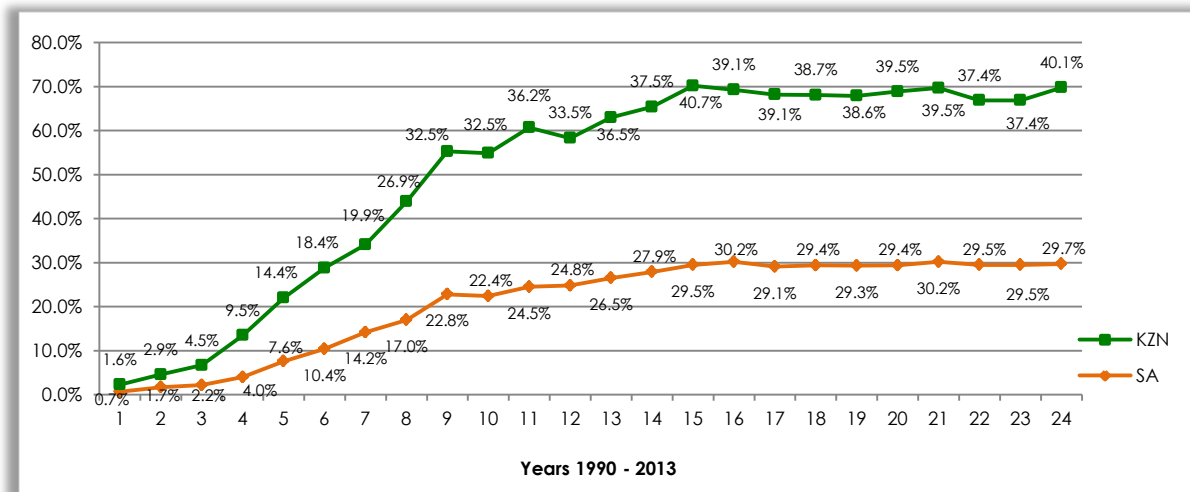
Graph 8: Maternal mortality in facility ratio



Source: Annual Reports 2010/11 – 2015/16 (DHIS)

The HIV prevalence amongst antenatal women (Graph 9) is expected to increase over time due to improved ART coverage for HIV infected pregnant women. Prevalent infections in the younger population are however considered new infections and prevention programmes are therefore intensified for this target group.

Graph 9: HIV prevalence amongst antenatal women



Source: National Antenatal Sentinel HIV Prevalence Survey SA (Last Survey published 2013)

Child Health

The NDP calls for a reduction in under-5 child mortality to less than 30 deaths per 1000 live births by 2030. This is aligned with Goal 3 of the SDGs which calls for the end of preventable deaths of newborns and children under 5 years by 2030.

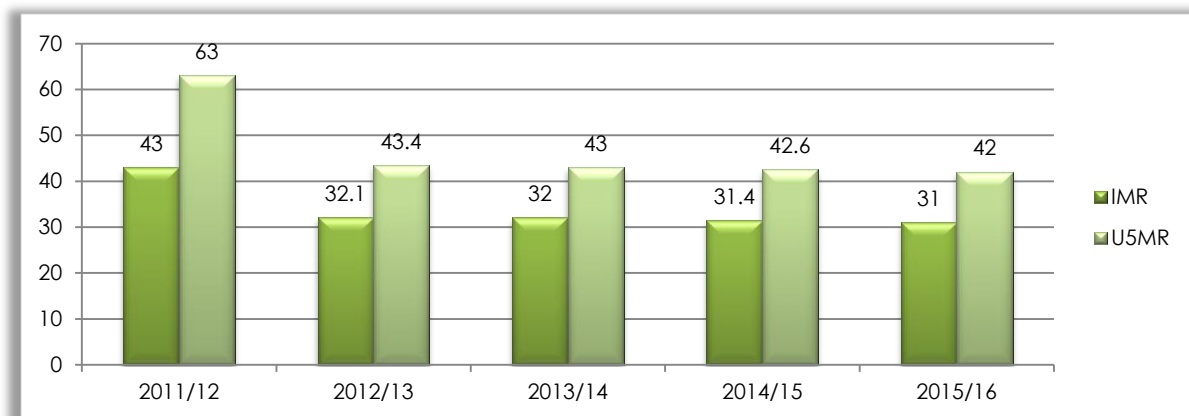
¹⁷ National Committee for the Confidential Enquiry into Maternal Deaths 2013

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Graph 10 illustrates the year on year decline in infant and under-5 mortality rates in KZN between 2011/12 and 2015/16.

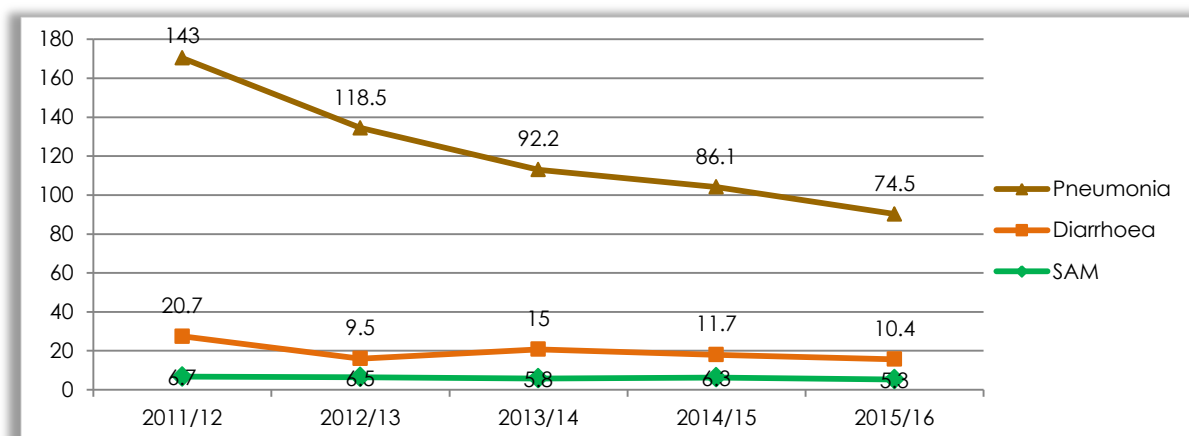
Graph 10: Infant and Under-5 mortality



Source: Medical Research Council & Rapid Mortality Surveillance Report

The rate of mother to child transmission of HIV continues to decrease in KZN from 6.8% in 2010/11 to 1.2% in 2015/16 (Annual Reports and DHIS), which contributes to the decrease in child deaths. Diarrhoea, pneumonia, severe acute malnutrition, and deaths in the newborn period and HIV infection account for the majority of deaths in children under-5 years. Graph 11 illustrates the decline in pneumonia, diarrhoea and severe acute malnutrition (SAM) incidence between 2011/12 and 2015/16.

Graph 11: Pneumonia, diarrhoea and severe acute malnutrition (under-5) incidence



Source: Annual Reports 2011/12 – 2015/16 (DHIS)

Between 2014/15 and 2015/16, the case fatality rates for SAM decreased from 10.4% to 7.7% and for Diarrhoea from 3% to 2.2%; the case fatality rate for Pneumonia remained stable at 2.7% (DHIS). The declining trends suggests improved management of children who present to health facilities with these

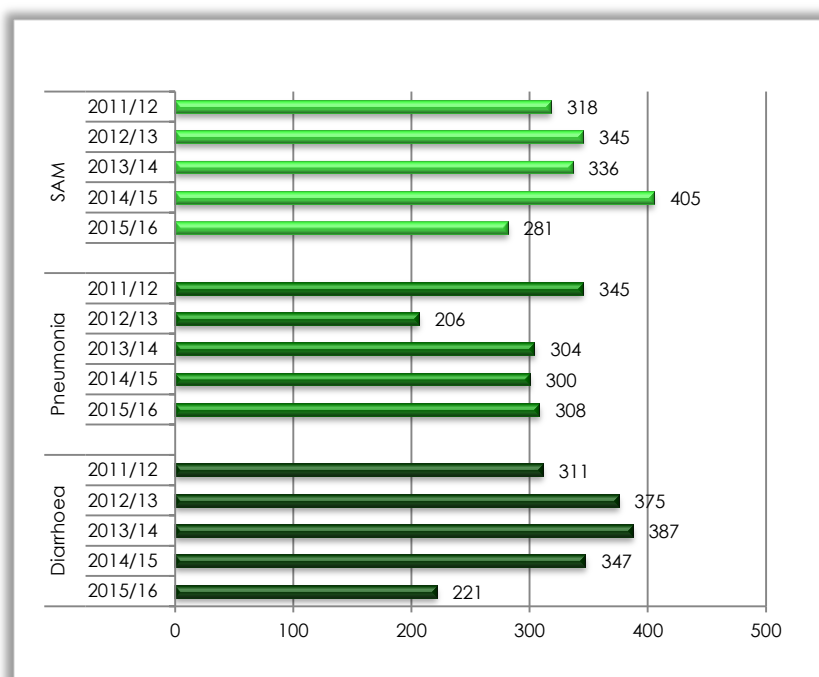
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conditions, and/or earlier presentation i.e. children are less ill at the time of admission and therefore more likely to respond to standard treatment.

Graph 12 illustrates the number of severe acute malnutrition, pneumonia and diarrhoea deaths per annum between 2011 and 2015/16 in public health facilities. It is important to note that a high proportion of registered deaths still occur outside health facilities. Data from Stats SA suggests that only approximately one-third of deaths from diarrhoea and pneumonia in children are being recorded in the DHIS.¹⁸

Graph 12: Severe Acute Malnutrition, Pneumonia and Diarrhoea deaths



Source: DHIS 2016

HIV, AIDS and STI's

According to ASSA2008 (2015 projections), the HIV prevalence (total population) in KZN is 15.4%; there are 187 299 AIDS sick people (AIDS defining conditions) and 1 680 200 people living with HIV; there are 416 265 AIDS orphans; and 39% of deaths are due to AIDS.

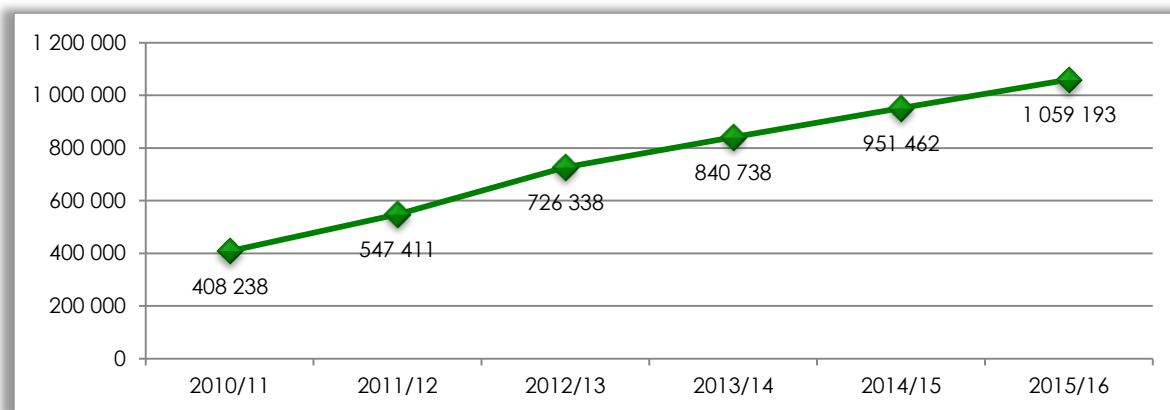
In 2015/16 the Department exceeded the 1 million mark for people on antiretroviral treatment (Graph 13). The high number of people on treatment will increase the HIV prevalence over time and contribute towards a reduction in the number of deaths.

¹⁸ Statistics South Africa. Mortality and causes of death in South Africa, 2003. Findings from death notification. Pretoria: Statistics South Africa, 2014

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Graph 13: Clients remaining on ART



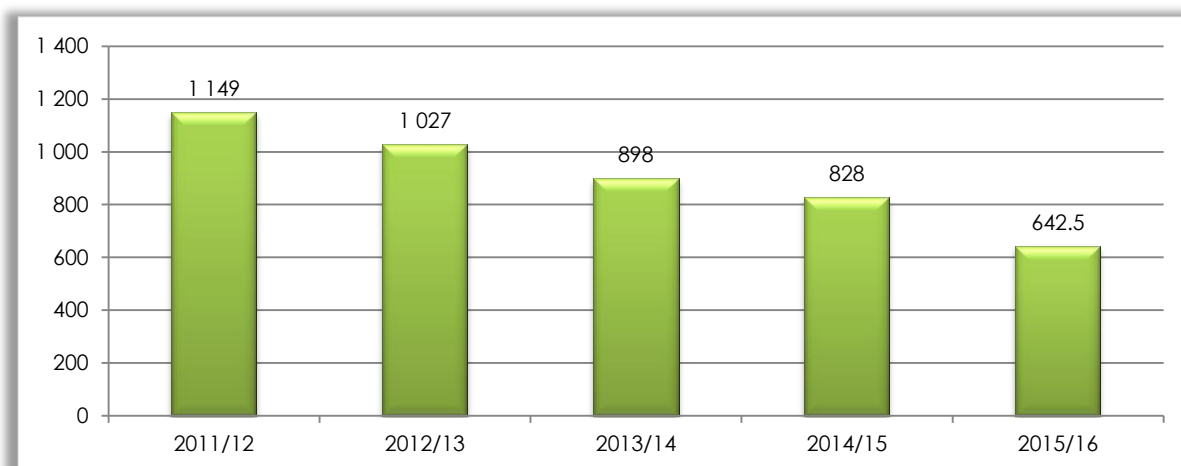
Source: Annual Reports 2010/11 – 2015/16 (DHIS)

Tuberculosis

TB remains the leading cause of mortality in KZN (Graph 6), and post mortem studies have shown that undetected TB and drug-resistant TB contribute significantly to hospital deaths¹⁹. The 2014 NHLS Xpert estimates the prevalence of multidrug resistance among new TB cases at 8.3% and the TB mortality rate 81 per 100 000 population (2014 vital registration).

It is suggested that the decline in the detected TB new cases (Graph 14) is in part due to the increasing number of HIV infected people that started ART. According to the WHO, the risk of developing TB is estimated to be between 26 and 31 times greater in people living with HIV than among those who are not infected.²⁰

Graph 14: TB notification rate per 100 000 population



Source: Annual Reports 2011/12 – 2015/16 (ETR.Net)

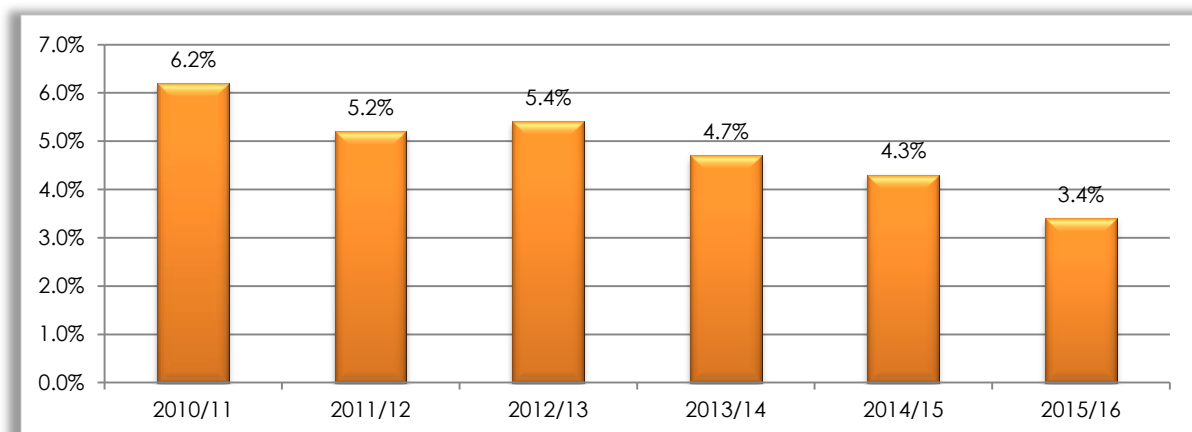
¹⁹ Martinson N, Karstaedt A, Venter W, et al. Causes of death in hospitalised adults with premortem diagnosis of tuberculosis: an autopsy study. *AIDS* 2007;20:43-50

²⁰ World Health Organisation. TB and HIV Topics. Available from: http://www.who.int/hiv/topics/tb/about_tb/en/ [accessed 14 August 2016]

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Graph 15: TB death rate



Source: Annual Reports 2010/11 – 2015/16 (ETR.Net)

Non-Communicable Diseases

Chronic non-communicable diseases, mainly heart disease, stroke, cancer, diabetes and chronic respiratory diseases, account for more than two thirds of global deaths, at least half of which are caused by common, modifiable risk factors such as unhealthy diet, obesity, tobacco use and lack of physical activity. The World Health Organisation (WHO) predicts that non-communicable diseases will account for 73% of deaths and 60% of the disease burden by the year 2020.²¹ In South Africa, non-communicable diseases accounts for 43% of recorded deaths.²²

Mental disorders result in lower life expectancy and increased risk of co-morbid physical illness, and often result in limited access to appropriate general health care services. Mental disorders often co-occur with and exacerbate the quadruple burden of disease namely maternal and child illnesses, infectious diseases such as HIV and TB, non-communicable diseases such as cardiovascular diseases and diabetes, and injury.

Research suggests a high prevalence of mental disorders among people living with HIV²³ as well as those diagnosed with TB²⁴, which is specifically relevant to KZN with the high prevalence of HIV and TB. There is substantial evidence showing that mental and substance use disorders are associated with poor adherence to HIV and TB treatment.

Between 2014/15 and 2015/16, the hypertension incidence decreased from 19.2 to 18.6/1000 and the diabetes incidence increased from 1.6 to 2.2/1000 (DHIS). Improved screening and early detection is expected to increase the number of new cases as well as prevalence. Graph 16 shows the trend in the number of new hypertension and diabetes cases between 2011/12 and 2015/16.

²¹ Beaglehole R, Bonita R, Alleyne G, Horton R, Li L, Lincoln P, et al. UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. *Lancet*. 2011;378(9789):449-55

²² Mayosi BM, Fisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet*. 2009;374:934-47

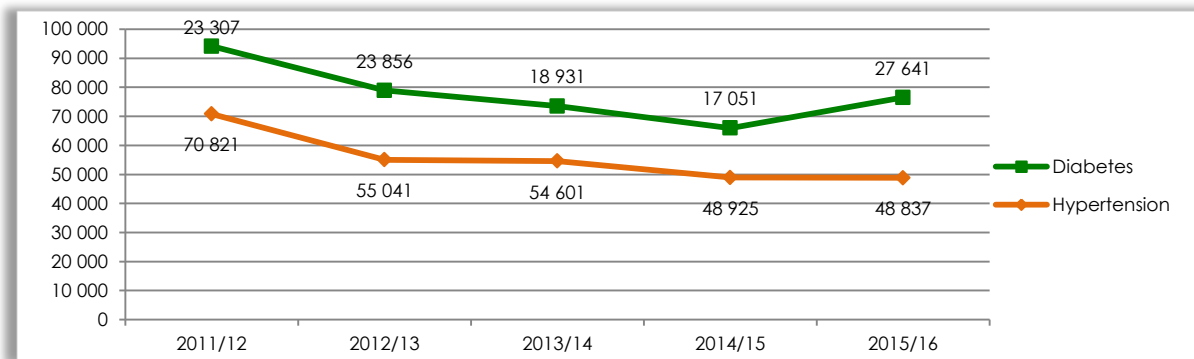
²³ Freeman M, Nkomo N, Kafaar Z, Kelly K. Mental disorders in people living with HIV/AIDS in South Africa. *S Afr J Psychol*.2008;38(3):489-500

²⁴ Peltzer K, Naidoo P, Matseke G, Louw J, McHunu G, Tutshana B. Prevalence of psychological distress and associated factors in tuberculosis patients in public primary health care clinics in South Africa. *BMC Psychiatry*. 2012;12:89

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Graph 16: Hypertension and Diabetes new cases

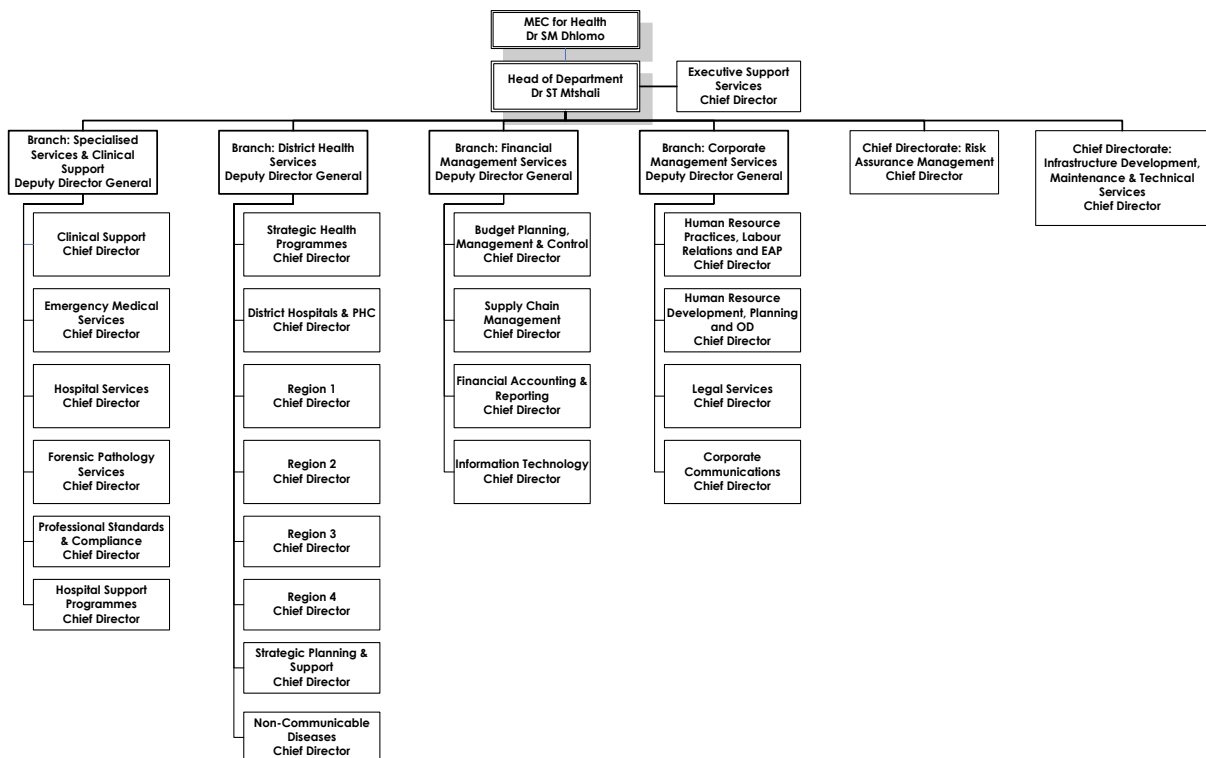


Source: DHIS (November 2016)

1.4 Organisational Environment

1.4.1 Organisational Structure and Human Resources

Figure 1: Executive Organisational Structure for KZN Health



The Figure above reflects the approved Senior Management Services structure (level 14 – 16) as at 31 March 2016. A decision was taken not to fill the four Regional Chief Director posts due to severe cost constraints. Alternative service arrangements have been approved to ensure effective leadership and oversight.

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A review of the macro structure of the Department in terms of purpose and function, level, responsibility, span of control and job requirement was conducted with the view to ensure effective leadership and oversight that will promote efficient service delivery. The review took into consideration the budget limitations as well as current service arrangements and output.

Facility structures are under review taking into consideration approved designation of facilities, package of services per level of care, and alignment of the service delivery and training platforms to accommodate the Decentralised Training Model in collaboration with UKZN. All facility structures are not yet aligned to the service delivery platform, patient footprint and demand for services.

The ratio of Medical Officers, Professional Nurses and Pharmacists per 100 000 population increased (28.5, 137.7 and 7.4) although inequities in distribution of human resources is still a challenge (Persal April 2016) that will be addressed as part of the Departmental Turn-Around Strategy.

Table 6: (A2) Health Personnel – 2015/16

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	3 055	3.8%	28.3	32.7	24.38%	10.2%	690 187
Medical Specialists	633	0.8%	5.9	6.7	30.50%	3.6%	1 189 095
Dentists	131	0.2%	1.2	1.4	16.60%	0.5%	725 786
Dental Specialists	0	N/A	N/A	N/A	0	N/A	N/A
Professional Nurses	17 436	21.7%	161.3	187.0	10.30%	35.0%	415 900
Enrolled Nurses	10 327	12.9%	95.5	110.8	6.60%	10.3%	206 676
Enrolled Nursing Auxiliaries	6 060	7.5%	56.1	65.0	6.80%	4.8%	164 909
Pharmacists	837	1.0%	7.7	8.9	10.67%	2.4%	588 162
Physiotherapists	286	0.4%	2.7	3.0	11.70%	0.6%	415 175
Occupational Therapists	168	0.2%	1.6	1.8	19.20%	0.3%	384 381
Radiographers	615	0.8%	5.7	6.5	14.80%	1.3%	443 857
Emergency Medical Staff	2 875	3.6%	26.6	30.8	8.99%	3.3%	236 302
Dieticians	202	0.3%	1.0	2.1	12.90%	0.4%	391 576
Community Health Workers/ Community Care Givers	10 147	12.6%	93.9	108.8	⁰ 25	CG funds	21 893
All Other Personnel	27 559	34.3%	255	295.6	10.80%	26.4%	198 609
Total	80 331	100%	743.2	861.9	10.7%	100%	258 235

Source: Persal (November 2016)

Filling of vacant posts remains a challenge due to the severe pressure on the Compensation of Employee (CoE) budget. Implementation of the Essential Post List is expected to assist in prioritisation of essential posts within the funding envelope.

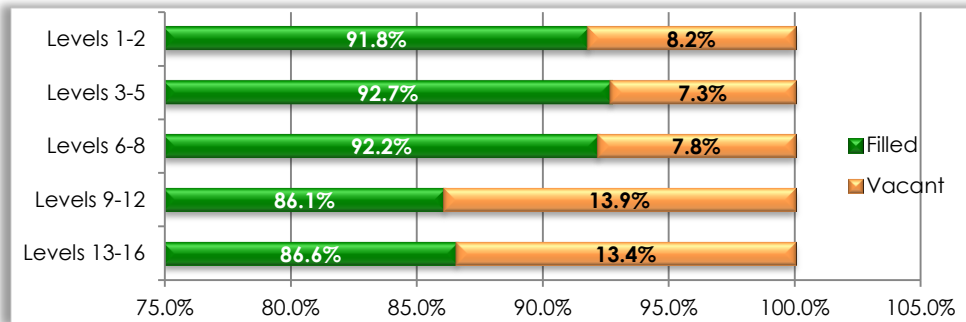
The high vacancy rates for Medical Specialists (27.7%); Radiographers (12.5%); Pharmacists (10.5%) and Professional Nurses (10.4%), and the total turn-over rate of 7.4% is a concern as it impact on service delivery. The vacancy rate per salary band and programme is indicated in the graphs below.

²⁵ No filled posts

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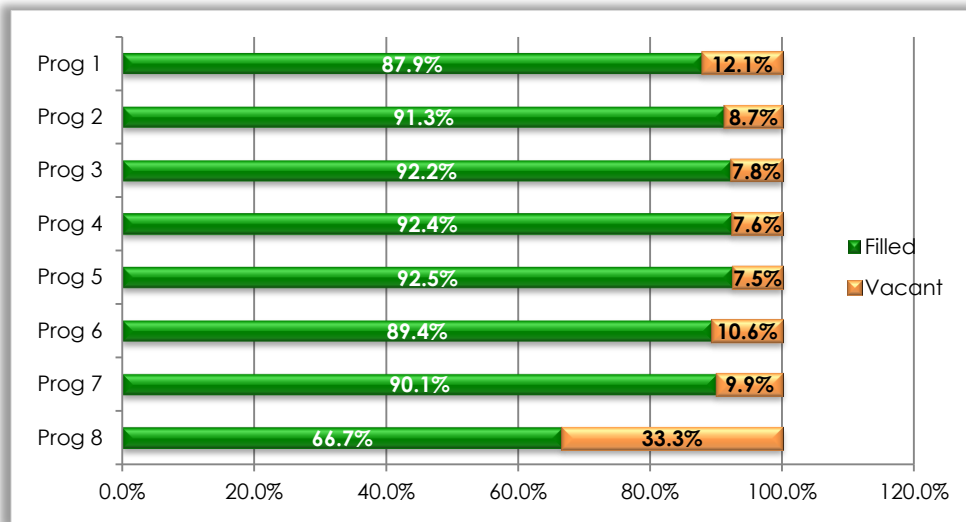
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Graph 17: Vacancy rate per salary band (March 2016)



Source: Vulindlela (Annual Report 2015/16)

Graph 18: Vacancy rate by Programme (March 2016)



Source: Vulindlela (Annual Report 2015/16)

Skills gaps are being addressed through implementation of skills programmes and learnerships as well as distance and part-time learning. The bursary programme for pre-service employees who are studying toward Health Sciences qualifications is addressing scarce skills competencies. The skills development budget for training and development is not adequate to address the training needs as approximately 65% is utilised for pre-service training.

Internally, the Nursing College is supplying approximately 1 400 qualified nurses (all categories) annually to address the scarce skills gaps.

The Department has 401 people with disabilities (401 of 71 468 filled posts), which is 0.56% of the total workforce (2015/16 Annual Report). Diversity Management and Human Resource Development have engaged the UMgungundlovu TVET to develop learnerships targeting people with disabilities with the aim to increase the skills pool.

A total of 646 officials had health screening done in 2015/16 through the Employee Wellness Programme. A total of 157 officials attended human rights, gender and culture based violence towards

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curbing HIV & AIDS infections workshops, 22 attended the SHERQ management workshop, 624 attended the financial literacy programme towards reducing over-indebtedness and stress, 157 attended promotion of sports and recreation workshops as non-communicable conditions prevention strategy. (2015/16 Annual report)

Labour Relations: The Appeals Authority sits every month to ensure that there is no backlog. The Directorate is actively involved in the collective bargaining at PHSDSBC, Provincial Chamber and Provincial Labour Relations Forum, and actively monitors the activities of IMLCs. Labour Relations officials from the District Office and hospitals have been trained in Presiding and Investigation course by CCMA that will assist in the management of discipline and improve in timeous finalisation of cases.

The Department commenced with a process to strengthen oversight to ensure compliance with timeous signing of Performance Agreements. Alignment of Performance Agreements with the 2017/18 Annual Performance Plan has been prioritised.

1.5 Performance against 2015-2019 Strategic Goals

STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS

The table below compares Provincial performance against the MTSF National targets for 2019/20.

Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Number of Health Departments receiving unqualified audit reports from the AGSA	Qualified Opinion	7 Departments (1 National and 6 Provincial Departments)

Improved audit outcomes

The Department commenced with the development of a Turn-Around Strategy to improve audit outcomes, accelerate health systems strengthening and improve health outcomes. The strategy includes short, medium and long term strategies and deliverables based on five identified inclusive pillars including (1) Human Resource Management Services; (2) Finance, Supply Chain Management and Information Technology; (3) Infrastructure; (4) Governance, Oversight and Organisational Arrangements; and (5) Hospital Rationalisation. The plan will be finalised for implementation in 2017/18, and will be a standing item at management meetings.

Finalisation of the Provincial Long Term Plan

The Long Term Plan is being consulted for finalisation (informed by the Turn-Around Plan). Funding constraints necessitated review of previous proposals for transformation and other innovations/ scenarios are being explored to make the plan more cost effective taking into consideration requirements of other national plans and frameworks including the National Development Plan. Vertical consultations and processes for finalisation of other long term plans, including the Infrastructure 10 Year Plan, Human Resource Plan and Hospital Rationalisation Plan, will be informed by the Turn-Around and Long Term Plan.

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Information Management

A total of 131 clinics and 71 Hospitals have access to high speed internet in preparation for the Provincial rollout of the Health Patient Registration System (HPRS) and the Web-DHIS. To date, more than 600 000 patients have been registered on the HPRS which will be used to register patients on the national health database. Implementation of the web-DHIS is in progress and initial challenges managed accordingly.

The Department implemented the revised Audit Improvement Plan to address audit findings and implementation robustly monitored. Improvement in inconsistencies between source and system data is noted.

The Information Communication Technology (ICT) Governance Framework and Strategy has been approved and are being implemented and monitored. The initiative to expand high speed bandwidth connectivity is ongoing.

PHC Re-Engineering

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	KZN Actual 2015/16	MTEF National Targets 2019/20
School Grade 1 screening coverage (annualised)	22.1%	40%
School Grade 8 screening coverage (annualised)	10.2%	25%
Number of clinics that qualify as Ideal Clinics	141	2 823 (100%) clinics
Number of functional Ward Based PHC Outreach Teams	135	3 000

135 Ward-Based Outreach Teams and 207 School Health Teams have been appointed to render health services at community level. Recruitment, appointment and retention of medical specialists for District Clinical Specialised Teams (DCSTs) remain a challenge. DCSTs in all districts have the full complement of nursing staff and 3 teams have 2 specialists each. *Recruitment drives for specialists will continue in 2017/18.*

Of the 206 clinics assessed for Ideal Clinic status, 79 (38.3%) obtained Ideal Clinic status i.e. 35 silver; 41 gold; and 3 platinum status. Of the total number of clinics assessed, 72 scored 80% and more; 46 scored between 70% and 79%; 31 scored between 60% and 69%; 49 scored between 40% and 59%; and 8 scored less than 40%.

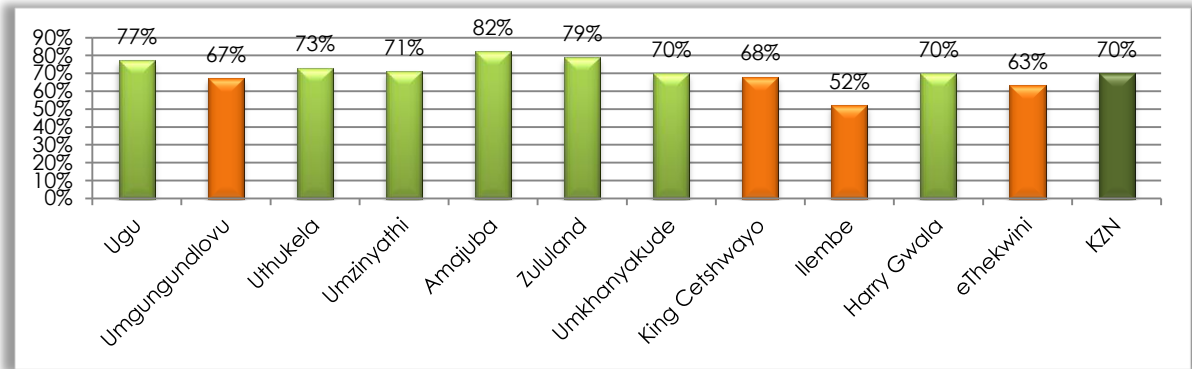
The best performance against standards was obtained for the components of Medicines, Supplies and Laboratory Services (82%) and Health Information Management and Human Resources for Health (78%). The lowest scores were obtained for the component of Implementing Partners and Stakeholders (58.5%).

The Ideal Clinic scale up plan has been approved and systems and processes put in place to expedite compliance to Ideal Clinic requirements i.e. clinics attaining a minimum score of 100% for elements weighted as Vital; 75% for elements weighted as Essential; and 60% for elements weighted as Important. (National Ideal Clinic Dashboard January 2017).

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Graph 19: Average Ideal Clinic assessment score per district (2016/17)



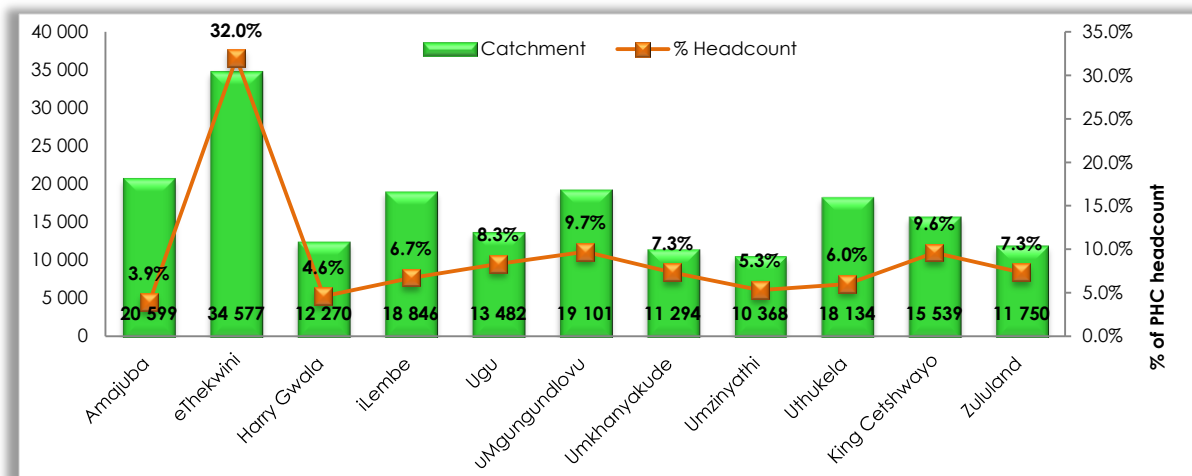
Source: National Ideal Clinic Dashboard (January 2017)

PHC headcount shows a downward trend year on year since 2013/14 (from 31 641 638 to 30 745 821), which may be partly due to improved service delivery at community level with household contacts increasing from 40 092 to 617 610 over the same period (DHIS May 2016). Community-based information is still incomplete which challenge appropriate planning and decision-making. *The inclusion of community-based data into the Web-DHIS, currently being rolled out, should improve the availability and quality of community-based data.*

There is significant variance between the average clinic catchment populations per district (Graph 20) although it is within the acceptable Provincial norm for urban and rural clinics. The norms have been determined by considering variables including demography (densely vs. sparsely populated areas), topography, rural and urban nature of districts, and historical location of clinics. Low average catchment populations are mainly found in sparsely populated rural areas.

Utilisation rates are high in Ilembe, Ugu, Umkhanyakude and Umzinyathi. The utilisation rate in eThekweni (2.7) is high for a metro compared with Ekurhuleni, Tshwane and City of Johannesburg with utilisation rates of 1.9, 1.6 and 1.8 respectively.

Graph 20: PHC access versus proportional distribution of headcount



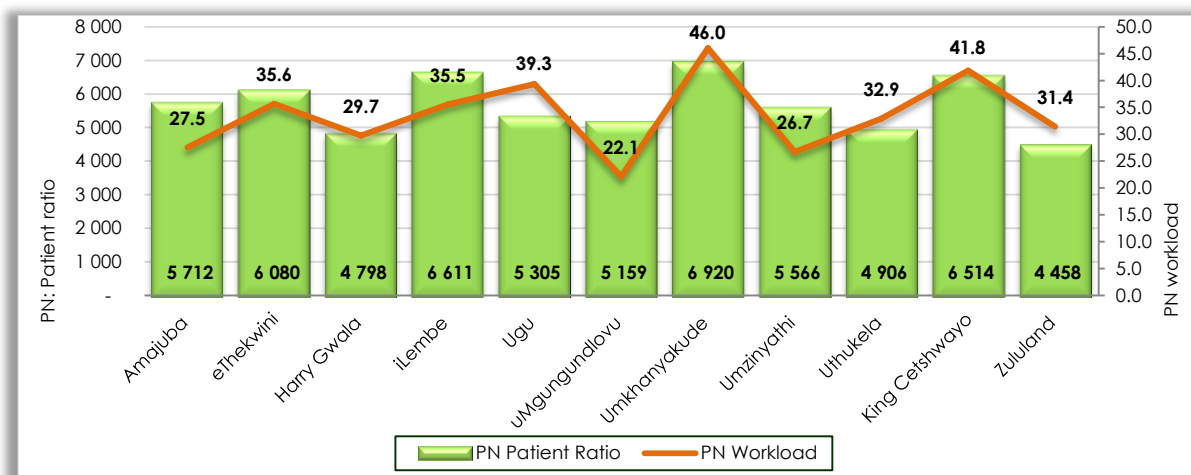
Source: DHIS and Stats SA (November 2016)

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Efficiency: Inequities in allocation or placement of staff are still evident when analysing the Professional Nurse (PN) workload at facility level (Graph 21). Compared to the norm of 35 patients per PN per day, pressure areas in Umkhanyakude, King Cetshwayo and Ugu Districts are clearly illustrated in the graph below. Workload at facility level also needs to be addressed to improve equity in resource allocation. Analysis must inform prioritisation in filling of posts taking into consideration Cost of employees (CoE) cost constraints.

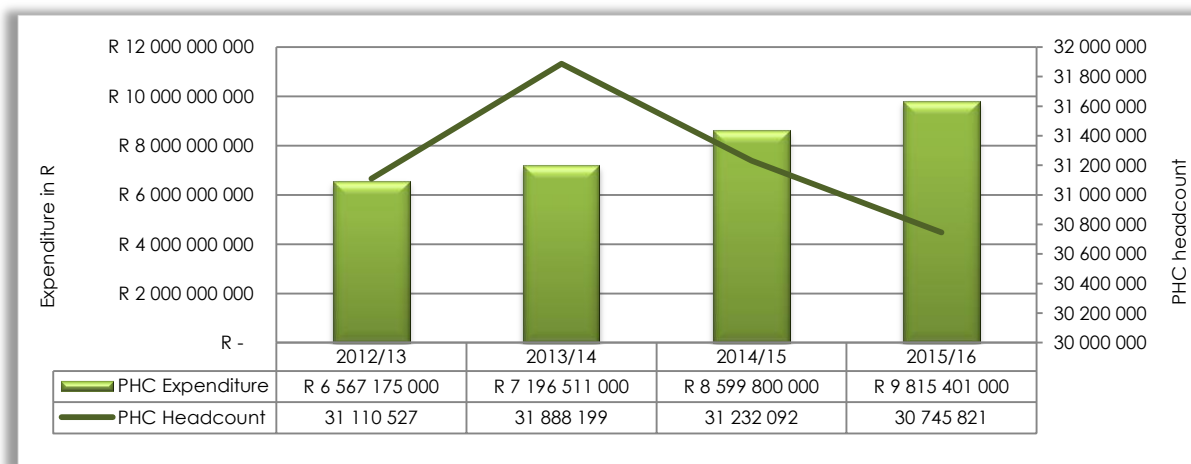
Graph 21: PHC clinic efficiencies



Source: DHER Report 2015/16

Expenditure per PHC headcount increased significantly year on year since 2012/13, while the PHC headcount shows a consistent decrease since 2013/14. The increase in actual Expenditure per headcount (33% or R3 248 million) has outstripped the decrease in headcounts (1.2% or 364 706 headcount drop) (2015/16 DHER Report). The considerable increase in the number of patients on ART, down referred to PHC, contributes to increased cost for pharmaceuticals at PHC level.

Graph 22: PHC expenditure versus PHC headcount



Source: DHIS and DHER Report 2015/16

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Improving Hospital Efficiencies

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Number of gazetted Tertiary Hospitals providing the full package of tertiary 1 services	1	17

Efficiencies, of especially District and Specialised Hospitals, are far below the efficiency norm. Bed utilisation rates for these hospitals range between 33.3% and 95.2% and the increased cost of inefficient utilisation of resources remains a concern. Twenty three Nineteen (61%) District Hospitals and 8 (47%) Specialised Hospitals reported bed utilisation rates below 60%, and only 2 District Hospitals reported utilisation rates of more than 75% (Quarter 2 report 2016/17). Reallocation of beds and rationalisation of services to improve efficiency forms part of the rationalisation plan and are being prioritised.

Consultation is in progress to finalise the Hospital Rationalisation Plan (part of the Turn-Around Strategy) that will provide the framework for affordable, efficient and high quality hospital services within a resource constraint environment. Considerable quantitative modelling on various scenarios is still required to determine the specific cost implications taking into account the limited funding envelope. Consultations commenced in November 2014 with various clinical specialists across all disciplines in Regional, Specialised, Tertiary and Central Hospitals to determine the key service delivery gaps and pressures across all service delivery platforms. The purpose was to provide all specialities and sub-specialities the opportunity to debate feasible options to optimise service delivery. The following key deliverables will be used to monitor progress.

Key Deliverables	Activities
<ul style="list-style-type: none"> • Hospital service delivery gaps and infrastructure requirements • Re-classification of hospitals, finalisation of package of services per level of care, and review of bed allocation per clinical speciality • Finalise organisational structures • Finalise governance framework • Implementation of the reviewed referral policy • Implementation of an orientation and induction programme for hospital management • Review policy framework for Hospital Boards • Implementation of a hospital information and reporting system 	<ul style="list-style-type: none"> • Audit current service package per level of care • Audit available equipment per hospital • Develop Complexing Policy and Framework to guide transformation/optimisation of resources • Finalise and align organisation structures with approved package of services and approved HR norms • Finalise Policy Framework for management of Regional, Specialised, Tertiary and Central Hospitals • Centralise coordination of clinical outreach programmes to optimise mentoring, support and development • Implementation of bed management bureaus • Develop a Hospital Management Handbook • Finalise a strategy for succession planning for hospital management • Implement a structured orientation and induction programme for Hospital Boards • Develop a plan for electronic patient record management system in line with the ICT Strategy

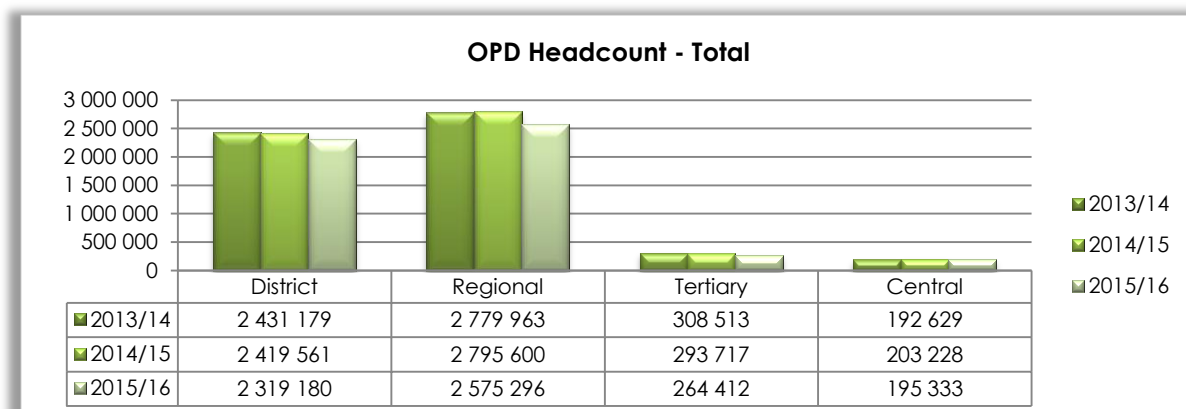
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There is a consistent decrease in outpatient headcounts all levels of care (Graph 23). It is not yet clear if this can be attributed to improved management at lower levels of care, improved referral, or a shift in the disease burden.

Admission rates per 1000 population also shows a decrease at all levels of care between 2014/15 and 2015/16 (DHIS), except for psychiatric services which increased significantly (Table 7). *Implementation of the mental health strategy has been prioritised to improve access to services.*

Graph 23: OPD headcount



Source: Annual Reports 2013/14 – 2015/16 (DHIS)

Table 7: Admissions per 1 000 population

Hospitals	2014/15	2015/16
District	33.5	32
Regional	28	27
Specialised TB	0.19	0.19
Specialised Psychiatric	0.37	1.17
Tertiary	2.30	2.10
Central	2.30	2.10

Source: Annual Reports 2014/15 – 2015/16 (DHIS) and Stats SA (2015 Mid-year population estimates)

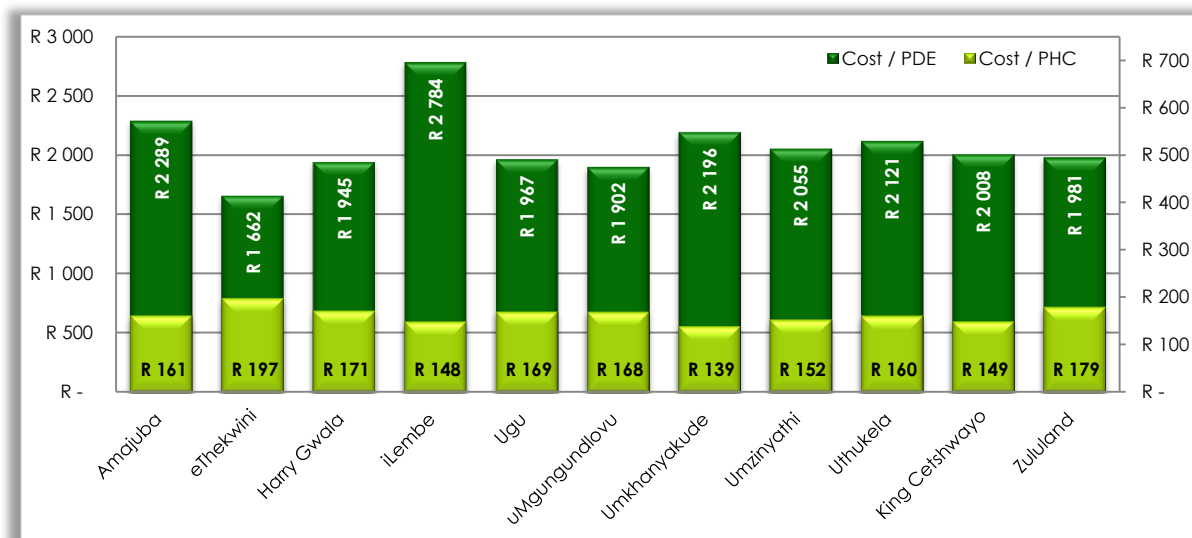
Cost per PDE: eThekweni, with 8 CHCs and each having a compliment of allied health workers and medical officers, has the highest Cost per PHC headcount (R197) and the lowest Cost per PDE (R 1662). The expenditure of level one services incurred at Regional Hospitals in eThekweni is not included in the expenditure reflected in Graph 24 below (2015/16 DHER Report).

The high cost per PDE in Ilembe is fueled by the inefficiencies of the 3 District Hospitals. Although a similar trend is expected in Umkhanyakude, Zululand and King Cetshwayo, this is not reflected in data. *Further investigation is warranted to identify the cost drivers.*

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Graph 24: Cost per PDE vs Cost per PHC



Source: 2015/16 DHER Report

Private Licensing

There are currently 52 licensed private facilities in the Province making provision for 5 875 beds. A total of 52 approved facilities have not been developed (5 173 beds), which affected approval of other applications within the same catchment area. 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.

Forensic Pathology Services (FPS)

There are 39 mortuaries in the Province. The Department procured 20 mortuary pick-up vans and 4 disaster trucks to strengthen the existing fleet. According to data, 78.7% of post mortems were conducted for intentional and unintentional injury and 12.6% for natural causes. A turn-around strategy will be developed for this service to address service challenges.

Emergency Medical Services (EMS)

The EMS reviewed Model has not been finalised. An EMS Indaba took place during July 2016 to inform finalisation of the EMS Model and turn-around strategy. The Model and strategy will take cognisance of the reforms prescribed in the new EMS Regulations and the new National Emergency Care Education and Training (NECET) Policy. Rationalisation of resources will form part of the strategy especially in light of the limited funding envelope.

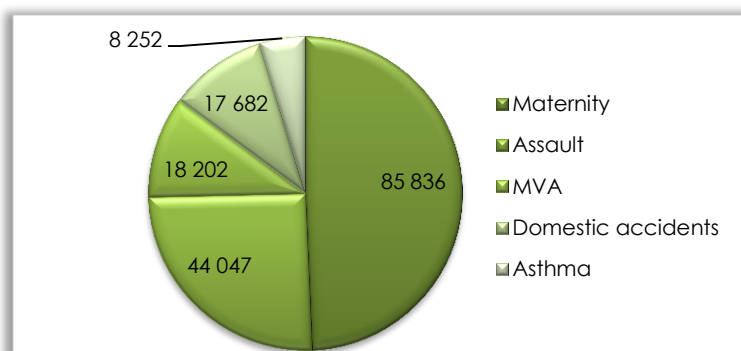
The EMS service attends to more than half a million emergency cases annually, 509 594 emergency cases and 208 628 inter facility transfers in 2015/16.

Graph 25 indicates the top 5 emergencies during 2015/16, with maternity cases 49.3% of the total number of cases.

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Graph 25: Top 5 EMS emergencies



Source: EMS database (July 2016)

The schedule for operational ambulances is 290 consisting of 212 emergency ambulances, 40 obstetric ambulance and 38 inter-facility transfer ambulances. This schedule is not always achieved due to shortage of staff and vehicles.

The vehicle fleet is old with 422 vehicles reporting mileage over 250 000 km. This results in frequent and extended repair times and new vehicles being replacements with no growth in the number of operational ambulances.

Condition	Ambulances	PTS Buses	Support Units
Total	509	245	210
Good condition	113 (22%)	96 (39%)	69 (33%)
Fair condition	191 (38%)	89 (36%)	80 (38%)
Poor condition	205 (40%)	60 (24%)	61 (29%)
Require BOS	164 (32%)	54 (22%)	43 (20%)
Over 250 000km	283 (56%)	63 (26%)	76 (36%)

The current employed staff for ambulance operations is 1 969 (Basic Life Support 1 161; Intermediate Life Support 694; Emergency Care Technician 114). This allows for 187 operational ambulances on a 24 hour basis using the national norm of 10 staff per operational ambulance. The norm makes provision for 2 staff per shift on a four shift roster and 2 staff to accommodate leave provisions. The Province is currently working on 8 staff per operational ambulance on a four shift roster which necessitates overtime to cover staff on leave.

There are 75 ambulance bases in the Province. Of these, 10 are rented, 29 are park homes (considered temporary structures), and 4 are custom built for EMS. Thirty three (33) bases have wash bays although not all to specification.

The Patient Transport Service (PTS) Hubs established in King Cetshwayo, Umgungundlovu, eThekweni and Uthukela improved PTS functionality significantly. The Department is also phasing in the use of PTS vehicles with 3 stretcher carrying capacity.

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Aeromedical services continue to provide vital support to the Department and attended to 1 285 cases in 2015/16. Most cases were attended to in Umkhanyakude (346), King Cetshwayo (340) and 289 cases in Zululand (AMS database).

The College of Emergency Care (CoEC) mainly conducts Intermediate Life Support and Emergency Care Technician training, District Training Programmes, Emergency Medical Dispatcher (EMD) and defensive driver training. A training migration plan is in development stage in line with the National Emergency Care Education and Training (NECET) Policy.

Pharmaceutical Services

The Department started with the implementation of an Early Warning System (Stock Visibility Solution) for medicine stock-outs to improve pro-active intervention. 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. Implementation of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) Model is progressing well with 558 facilities implementing the programme and 491 066 patients enrolled in the system (2016/17 Q3 Report).

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE

Social Determinants of Health

Integrated service delivery, using the Provincial Flagship Programme (Operation Sukuma Sakhe) as vehicle, focusses on addressing the social determinants of health as one of its priorities. Initiatives included in the Provincial Growth and Development Plan (PGDP), and the Provincial Poverty Eradication Master Plan further strengthens services at ward level. Quarterly Cluster reporting ensures an integrated response to identified challenges.

HIV, AIDS and STI

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Number of clients tested for HIV (annually)	2 627 230	10 million
Number of male condoms distributed (annually)	184 431 641	800 million
Number of female condoms distributed (annually)	5 770 644	25 million
Number of males medically circumcised (cumulative)	572 363	5 million
Total clients remaining on ART	1 059 193	5 million

KZN reported the highest HIV prevalence among pregnant women in South Africa for the past 13 years (Graph 9), with two out of every five women attending antenatal care in public health clinics in

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KwaZulu-Natal HIV positive in 2013 (Last published HIV Prevalence Survey). The high prevalence rate may be partly due to the declining mortality as a result of increased and early access to ART.

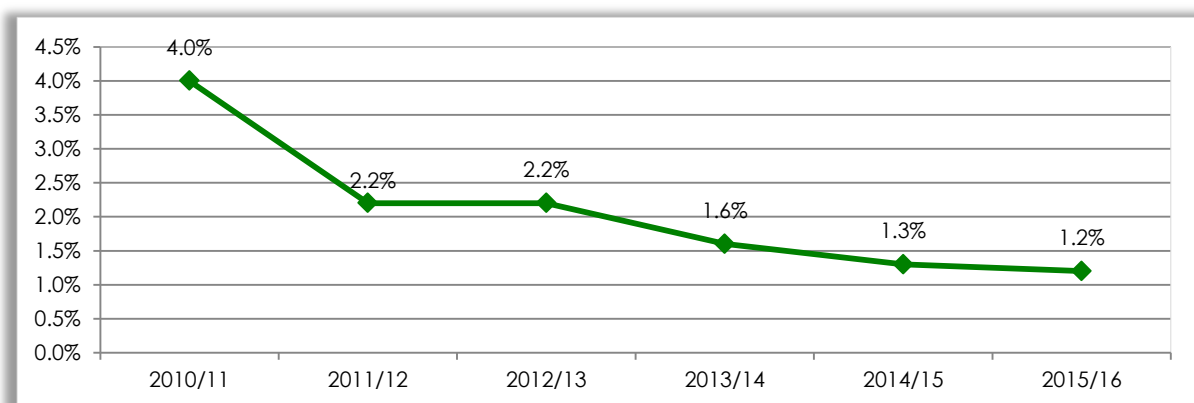
Between 2010/11 and 2015/16, the patients remaining on ART increased with 650 955, and passed the 1 million mark in 2015/16 (Graph 13).

The Department started with the implementation of the 90-90-90 strategy for HIV, AIDS and TB in 2015/16, and a total of 2 627 230 people were counselled and tested for HIV and 572 363 medical male circumcisions were performed (2015/16 Annual Report).

The high number of teenage pregnancies remains a concern and numerous campaigns have been launched, under stewardship of the MEC for Health, as part of a prevention strategy.

The mother to child transmission of HIV decreased year on year from 4% in 2011/12 to 1.2% in 2015/16 and remains one of the lowest in the country (Graph 26). 97.6% of eligible antenatal women have been initiated on ART during the reporting year increasing from 82.7% in 2014/15.

Graph 26: PCR test positive around 6 weeks²⁶



Source: Annual Reports 2010/11 – 2015/16 (DHIS)

The establishment of adherence clubs in communities and down referral of patients on treatment to mobile clinics and High Transmission Areas (HTAs) increased adherence to treatment. The number of HTAs increased from 212 to 255.

The Society for Family Health has developed a condom distribution app which will be piloted in the Province starting with 1 000 condom distribution sites (all primary distribution sites and selected secondary distribution sites) to assist in improving condom distribution and curb condom dumping.

Health counselling and testing outreach campaigns have been undertaken across the province and implementation of Provider Initiated Counselling and Testing (PICT) actively pursued to reach targets. Hlola Manje Zivikele campaigns have been conducted in all districts supported by media mobilisation campaigns 'Test for HIV at least once a year' through local radio stations, and the First things First' campaigns to ensure sustained and accelerated counselling and testing.

²⁶ The Department started monitoring PCR test positive around 10 weeks from 2016/17 onwards

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The 90-90-90 Strategy

Community structures were established in all districts and sub-districts to provide the platform for community leaders and civil society to engage with the social issues fueling the HIV and TB 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 of HIV (PMTCT); and
- 4) Care and treatment of mothers, children and families (PHC ART initiation and NIMART).

eThekwini, Umsunduzi, Ulundi and Umhlathuze signed the Paris City Declaration (90-90-90 Fast Tracking Cities Initiative), a global partnership between the International Association of Providers of AIDS Care, the Joint United Nations Program on AIDS, United Nations Human Settlement Program and City of Paris. The aim is to build upon, strengthen and leverage existing HIV programmes and resources to accelerate locally coordinated city wide responses to end AIDS by 2030.

Dual protection

The Hlola Manje-Zivikele campaigns are being conducted in all Districts and plans are in place to conduct Zazi Holiday Camps in all districts during school holidays.

loveLife has been appointed by UNFPA to train youth community based organisations in Imbabazane, Umtshezi, and Emnambithi in Uthukela District on inter-generational dialogues; advocacy and capacity building workshops on Adolescent Sexual Reproductive Health, Gender Based Violence, and HIV issues. ilovelife.mobi, a cutting-edge mobile technology tool which offers real-world rewards for health-seeking behavior to connect young people with clinical health services and facilities that offer youth-friendly services, is implemented in 20 facilities in Uthukela District. DAC partnered with loveLife in a "love to live" project implemented in all districts using artists to spread messages about the prevention of teenage pregnancy, HIV/AIDS, substance abuse and other social ills.

Other programmes include:

- 1) Dreams-UNFPA Operation Hairspray, a peer-led outreach programme targeting youth in hair salons, is implemented in selected areas in eThekwini and Umkhanyakude;
- 2) Transnet Teenage Sexual and Reproductive Health Programme 2016 addressing sexual and reproductive health and HIV issues is implemented in schools in all municipalities in Umgungundlovu, Maphumulo in Ilembe, and Vulamehlo in Ugu;
- 3) The Dreams Young Woman and Girls 3-year Programme targeting 15-24 year old females in school-based interventions, girls clubs, adolescent and youth friendly services and community mobilisation is implemented in eThekwini, Umgungundlovu and Umkhanyakude; and
- 4) The Global Fund 2016 Young Women and Girls Programme is targeting 10-24 year old females in Zululand and Uthungulu including Soul Buddyz clubs for 10-14 year old girls and Rise Clubs for 15-24 year old females.

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Tuberculosis

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Number of people screened for TB (annually)	6 491 562	8 million
TB new client treatment success rate	84.5%	85%
TB client lost to follow up	4%	Less than 5%
TB Death Rate	3.4%	5% (or less)
TB MDR confirmed client start on treatment	100%	80%
TB MDR client successfully completing treatment	58%	65%

The Department intensified active case finding to improve management and outcome of all cases. Fast tracked TB-MDR decentralisation to improve timeous follow up of clients especially at eThekweni where the death rate is the highest.

Massive TB screening campaigns have been conducted since March 2015 to reduce the TB incidence. The campaigns focus on screening of clients in health facilities as well as community screening. As a result, 2 081 042 (34%) people are screened for TB at health facilities per quarter. Parliamentarians, public figures and ambassadors also use their sphere of influence to promote TB screening.

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.

The Massive TB screening campaign that commenced in March 2015 is continuing, with approximately 2 081 042 patients screened for TB at public health facilities per quarter. The second prong of the campaign is focusing on community based screening where a total 431 Advocacy, Communication and Social Mobilisation activations were done and 122 318 people were screened by the end of August 2016.

Infant, Child, Maternal and Women's Health

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Antenatal visits before 20 weeks rate	64.8%	70%
Mother postnatal visit within 6 days rate	69.8%	80%
Antenatal client initiated on ART rate	97.6%	98%
Infant 1st PCR test positive around 10 week rate	1.2%	<1.5%

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Indicator	KZN Actual 2015/16	MTSF National Targets 2019/20
Immunisation coverage under 1 year (annualised)	85%	95%
DTaP-IPV-HepB-Hib3 -Measles 1st dose drop-out rate	-6.8%	<5%
Measles 2nd dose coverage	82.6%	85%
Child U5 years diarrhoea case fatality rate	2.2%	<2%
Child U5 years severe pneumonia case fatality rate	2.7%	<2.5%
Child U5 years severe acute malnutrition case fatality rate	7.7%	<5%
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3 rd dose rate	41.7%	65%
Couple year protection rate	52%	75%
Cervical cancer screening Coverage	72.7%	70%
HPV 1 st dose coverage	64.5%	90%
Under-5 Mortality Rate (U5MR)	42/1000	33 per 1 000 live births
Infant Mortality Rate (IMR)	31/1000	23 per 1000 live births
Maternal Mortality Ratio (MMR)	121.1/ 100 000	<100 per 100 000 live births
Live Birth under 2500g in facility rate	11.9%	11.6% (10% reduction)
Neonatal mortality rate	10.9/1000 live births	8/1000 live births

The maternal mortality ratio in facilities decreased from 147 per 100 000 live births (2013/14) to 121.1 per 100 000 in 2015/16 and deaths from 280 to 223 during the same period. Late reporting of maternal deaths and inconsistency of data between the DHIS and MaMMAS (Maternal Morbidity and Mortality Audit System) remains a challenge and District Clinical Specialist Teams is assisting to ensure that all maternal deaths are reported within 3 days.

Complete midwife-doctor teams for ESMOE (Essential Steps in Management of Obstetric Emergencies) have been established in all hospitals with at least one clinician per hospital. Monthly auditing of partograms ensures consistent and correct use of the partogram to improve quality of labour care and maternal outcomes.

To further reduce maternal mortality, the Department implements the National Committee for the Confidential Enquiries into Maternal Deaths (NCCEMD) recommendations. One of the key recommendations, to increase focus on and effectiveness of perinatal/ maternal mortality meetings is actively supported by the MEC who attended some meetings at facilities and districts.

Antenatal care visits before 20 weeks increased from 57.3% in 2014/15 to 64.8% in 2015/16. CCGs in all districts have been trained to do home-based pregnancy screening in order to improve early reporting of pregnant women to facilities. Pregnant and post-delivery women are linked to CCGs for contact home visits to provide support and identify early warning signs for early referral to health facilities.

To reduce morbidity and mortality of cervical cancer, a total of 171 150 women were screened for cervical cancer and 41 953 Grade 4 girls received the HPV vaccination in 2015/16.

Early neonatal death is still a major challenge in the Province. The neonatal death rate from 0-7days is high and contributes 50% of under-1 and under-5 deaths. The main causes of death for this age group remain birth asphyxia due to mismanagement of all stages of labour and prematurity.

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Strengthening of family planning, integration of maternal health programmes, administration of steroids for premature labour, and timeous implementation of KwaZulu-Natal Initiative on New-Born Care, Kangaroo Mother Care (KMC), Neonatal Experiential Learning Sites and Help Babies Breath has been prioritised to reduce morbidity and mortality.

Between 2014/15 and 2015/16, diarrhoea with dehydration incidence decreased from 11.7/1000 to 10.4/1000; pneumonia incidence from 86.1/1000 to 74.5/1000; and severe acute malnutrition from 6.3/1000 to 5.3/1000.

Education from Outreach Programmes, rollout of Phila Mntwana Centres and Child Health Weeks are geared towards reducing preventable causes of morbidity and mortality. Most pneumonia cases are precipitated by asthma and TB, which supports the TB drive to ensure that children under 5 years are screened and initiated on treatment. All children with lower respiratory tract infections are undergoing TB diagnostic procedures to check for underlying TB.

Between 2014/15 and 2015/16, diarrhoea case fatality rate decreased from 3% to 2.2%; pneumonia case fatality rate remained stable at 2/2%; and sever acute malnutrition case fatality rate decreased from 10.4% to 7.7% (Table 8 showing admissions and deaths). Intensified programmes including morbidity and mortality meetings and improved clinical management contributed to this positive outcome.

Table 8: Diarrhoea, Pneumonia and Severe Acute Malnutrition admissions and deaths

	2012/13		2013/14		2014/15		2015/16	
	Admission	Death	Admission	Death	Admission	Death	Admission	Death
Diarrhoea	8 669	375	11 813	387	11 578	347	10 259	221
Pneumonia	7 945	206	9 489	304	11 011	300	11 215	308
Sever Acute Malnutrition	3 162	345	3 466	336	3 880	405	3 664	281

Source: Annual Reports 2012/13 – 2015/16 (DHIS)

Non-Communicable Diseases

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	Actual 2015/16	MTSF National Targets 2019
Number of people counselled & screened for hypertension	7 706 460	5 million
Number people counselled & screened for diabetes	5 685 791	5 million
Number of people screened for mental health disorders	1 135 000	2.2 million

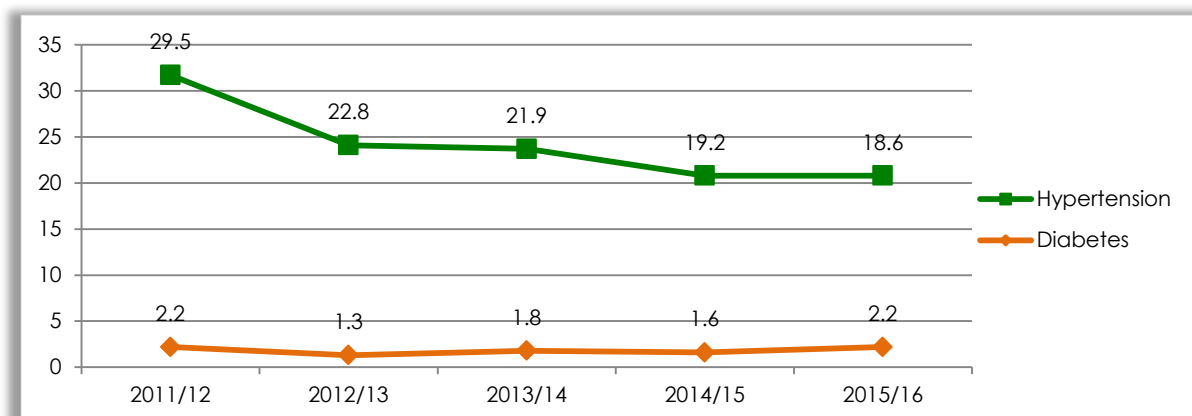
The Department prioritised screening and early detection of non-communicable diseases with specific focus on hypertension, diabetes and mental health. Although there are still missed opportunities screening numbers shows a positive trend. During 2015/16, a total of 7 706 460 people were screened for hypertension, 5 685 791 for diabetes and 1 135 000 for mental disorders. *The recorded numbers included all screening and not new clients only.*

Graph 27 shows the hypertension and diabetes incidence between 2011/12 and 2015/16 (DHIS).

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Graph 27: Hypertension and diabetes incidence



Source: Annual Reports 2011/12 – 2015/16 (DHIS)

The implementation of the Mental Health Strategy is slow in spite of the increasing demand for services. The human resource gap, especially Specialists, is a grave concern as it severely impact on access to clinical services. There is a significant surplus of medium-long term beds in Specialised Hospitals although only approximately 73% of medium-long term admissions that should be taking place are taking place. This is due to the average length of stay being twice as long as required mainly due to the lack of a formal de-institutionalisation programme and the necessary community infrastructure to accommodate chronic mental health care users in the community. Acute inpatient services are currently grossly inadequate due to inadequate bed provision as well as the lack of skilled human resource to manage patients effectively. The restructuring of psychiatric services are being prioritised.

The Office of the Premier is leading the social ills campaign and anti-substance abuse forums. During 2015/16, more than 1.3 million patients were screened for substance use disorders at clinics for early identification and treatment.

During 2015/16, a total of 227 patients were admitted and treated for co-morbid disorders and 330 were admitted for acute intoxication. Community based outpatient treatment is being strengthened in KwaMashu, Inanda and Phoenix CHCs to address the high incidence of the drug "Mercedes".

Malaria

Between 2014/15 and 2015/16, the number of new malaria cases decreased from 664 to 502 and the incidence decreased from 1.03/1000 to 0.8/1000 population at risk.

STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE

Health Facilities Management (Infrastructure)

The total number of infrastructure projects planned for 2015/16 increased from 275 to 389 mainly due to an increase in emergency projects and Implementing Agents (IA) failure to close out projects - most of which were delayed for a number of years due to the IAs poor management of contractors and consultants. Delayed payments for these projects became due in the 2015/16 financial year further reducing available funding for essential projects. Out of these projects, 94 was in the planning stage, 5

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in the tender stage, 100 in construction, and 132 complete and in the maintenance period, and 27 closed. Seven Generator projects were in construction and 8 Lift projects have been completed which include new and replacements lifts.

The shortfall in funding has led to the curtailment of 44 critical infrastructure projects, including the Edendale Regional and the Dr John Dube District Hospitals. Projects are being re-prioritised to ensure that critical projects essential for improved service delivery is prioritised in the medium and long-term plans.

The infrastructure asset base of the Department has grown significantly while the infrastructure budgets are decreasing at the same time. The Department is still on a low Physical Asset Management Maturity Level with some institutions on the awareness level and some on the innocence level. This means that a number of people still view maintenance as an expense whereas it is an investment.

The Department commenced with the planning for development of Maintenance Hubs (in the concept phase) to create centres of excellence. Maintenance Hubs will house highly skilled maintenance personnel (field engineers, artisans, etc.), and planning for the retraining and skilling of Departmental staff for redeployment in the Maintenance Hubs commenced. The eThekweni Metro, with the highest number of facilities, will be used as pilot site before rollout.

The Department has 153 projects on the Acquisition Plan that includes Donation Projects, Projects which are under Ingonyama Trust Land, Municipal Transfer, Property Registration and Transfer, Purchase and Transfer, Rectification Transfer and Vesting Property. The major acquisitions include the four leased SANTA Hospitals within UMgungundlovu and eThekweni Districts. 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 the hospitals have been purchased and transferred to the Department. The estimated purchase cost for the hospitals is R 41 541mil.

The Department has 105 leases made up of 51 office accommodation and 56 residential accommodation leases, with a total budget allocation of R 78 808 636. As part of cost cutting, the Department started a process to reduce the number of rentals for offices and residential accommodation in order to reduce the ever-increasing expenditure on rentals. The Department cancel 4 PHC office leases and relocated staff to state owned facilities. The procurement of McCords Hospital, St Aidans Hospital and Rosary Clinic also saved rental cost.

National Health Insurance (NHI)

A total of 68 community engagements were facilitated attended by 3 895 stakeholders covering all districts. The Legislature facilitated 15 engagements including engagements with the Health Portfolio Committee, COSATU and Alliance, and the Durban Chamber of Commerce and Industry.

The Health Patient Registration System is currently being rolled out to all districts in a phased approach. More than 600 000 patients have been registered on the system at the end of the 2nd quarter of 2016/17. This system is expected to reduce duplicate visits by patients who tend to visit more than one facility for treatment.

The Electronic Medical Record System has been installed in 129 sites and proves to improve record management.

The Central Chronic Medication Dispensing and Distribution Model have been rolled out to all districts, with more than 550 000 patients currently benefiting from it. This programme will ensure decongestion of clinics and reduced patient waiting times.

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Results from an in-house research study to determine the impact of NHI in the 3 pilot districts will be available the last quarter of 2016/17. Results will be used to inform further rollout of services.

The service delivery platform at PHC level in the NHI Districts was further strengthened through:

- The appointment of 41 Ward Based Outreach Teams to expand and strengthen community-based services.
- The establishment of 181 Phila Mntwana Centres providing services to more than 70 000 children per annum.
- The appointment of 121 Pharmacy Assistants and 14 Dental Assistants to improve access to services at PHC level.
- The contracting of 1 787 CCGs, reaching more than 2 492 029 households per annum.
- Reaching more than 86 257 learners annually through implementation of the integrated school health services programme.
- Contracted 80 General Practitioners to render services at PHC clinics.
- A total of 25 Managers have been enrolled in the Albertina Sisulu Executive Leadership Programme (ASELPH) to strengthen management and governance.

STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH

Content included under Organisational Environment, Page 33.

- There are currently 765 medical students studying in Cuba and 904 South African medical bursary holders.
- A total of 299 learners were registered for the 1st year of the R425 (4 year) nursing programme in the second quarter of 2015/16 (236 were bursaries, 19 in-service and 44 Mpumalanga learners) and 149 in the fourth quarter (90 were bursaries, 8 in-service and 51 Mpumalanga learners).
- 140 Lay Counsellors are enrolled in the Health Promotion Programme through UKZN.
- 6 Pharmacy Assistants are currently in the in-service Bursary Programme.
- A total of 140 Clinical Associates are enrolled in training including 34 intakes for the 2016 academic year.
- 29 Nurses passed the Post Basic R212 Midwifery & Neonatal Nursing Science course in January/February 2016 - graduation in October 2016.
- 178 Nurses, admission clerks and public relation officers were trained in sign language.
- 12 Unemployed Human Resource Management Graduates commenced their internship programme in March 2016 for a special project under Strategic Human Resource Planning and Monitoring.
- 115 HWSETA funded unemployed graduates have been placed in various facilities receiving a monthly stipend of R 5 000.
- 30 TVET learners commenced their HWSETA funded work integrated learning programme in March 2016 for an 18 month period. Learners receive a monthly stipend of R 2 500. Another 370 non-funded learners have been placed.
- 116 TVET learners with technical qualifications commenced their 18 month Artisan Development Programme, with 30 of these learners to enter into a PSETA funded apprenticeship that will last for the next 3 to 5 years depending successful completion of the National Trade Tests. The learners will receive a monthly stipend of R 2 000.
- The Department has entered into a Memorandum of Agreement with Africa Mayibuye Leadership PTY (LTD) for the funding of 900 TVET learners who are placed in various facilities. The learners will receive a monthly stipend of R 1 800 for a period of 18 months.
- 50 TVET learners, placed at Prince Mshiyeni Memorial Hospital, will receive a monthly stipend of R 1 500 for the next 18 months funded under the agreement entered with LNM Rise PTY LTD.
- 146 TVET learners have signed with Libalele Enterprise and will receive a monthly stipend of R 1 500.

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STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE

The table below compares Provincial performance against the MTSF 2019/20 national targets.

Indicator	Actual 2015/16	MTSF National Targets 2019
Number of Regional, Specialised, Tertiary and Central Hospitals that achieved an overall performance of ≥75% compliance with the national core standards for health facilities	1 (District) 1 (Central)	≥ 75% compliance in 10 Central, 17 Tertiary, 30 Regional and 15 Specialised Hospitals
Patient satisfaction survey rate	33.5% (PHC) 69.4% (Hospitals)	100%
Patient satisfaction rate	82.1%	85%

National Core Standards

All facilities implement the National Core Standards (NCSs) although progress is slower than expected. Facility self-assessments against the NCSs were well below target, which impede the development and implementation of Quality Improvement Plans (QIPs), hence delayed compliance with the NCSs. *The Department will strengthen oversight and support to gain ground in 2017/18.*

Between 2014/15 and 2015/16 the complaints received increased from 7 562 to 8 749 and complaints resolved within 25 working days increased from 6 008 to 6 345 (DHIS). *Implementation of the Service delivery Improvement Plan, annexure to the Annual Performance Plan, will scale up implementation of Batho Pele Principles which focus on patient satisfaction. Progress will be closely monitored.*

1.6 Revision of Legislative and Other Mandates

There are no current 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.

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- 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.

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 or 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.

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- 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.
- 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 an 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.

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- 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 NDP was adopted by government and will be implemented over three electoral cycles with the vision to:

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

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Sustainable Development Goals 2030

The Sustainable Development Goals (SDG's) built on the Millennium Development Goals 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.
- 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 are fully integrated at Provincial level.

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- 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.

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 2017/18 and are included in the Annual Performance Plan and 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.
- 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.

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- Provincial Long Term Plan (including Turn-Around Plan) 2017-2027: 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: The Provincial Plan will be reviewed and implemented thereafter.
- KwaZulu-Natal Monitoring and Evaluation Framework: The Framework has been reviewed 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: 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: The Training and Development Plan will be aligned with the Long Term Plan to ensure effective Human Resource Management Services.
- National and Provincial Strategies for Non-Communicable Diseases: The Provincial strategy will be 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: Reviewed implementation plan will be implemented.
- 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 implemented using a phased approach.
- Clinical policies: Relevant policies will be reviewed and implemented to standardise and improve quality of care.
- Emergency Medical Services: Strategies will be implemented in response to new EMS Regulations and reforms.
- Data Management Policy: Effective management of health information through the District Health Information System will be strengthened.
- 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.

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- Operation Phakisa Ideal Clinic Realisation and Maintenance: Integrated into PHC re-engineering. The focus for 2017/18 will be on expanding the programme with a focus to improve service delivery, quality of care and patient satisfaction.
- 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.
- 90-90-90 integrated strategy for Non-Communicable Diseases: Implementation of strategy will commence in 2017/18 and will be actively monitored.

1.7 Strategic Planning Process

The strategic planning process is explained in Figure 2 including budget, planning and reporting processes and timelines.

Different approaches/ methodologies were used during the planning cycle in identifying the 2017/18 priorities included in the Annual Performance Plan and various Operational Plans, with the foundation being evidence-based planning and decision-making.

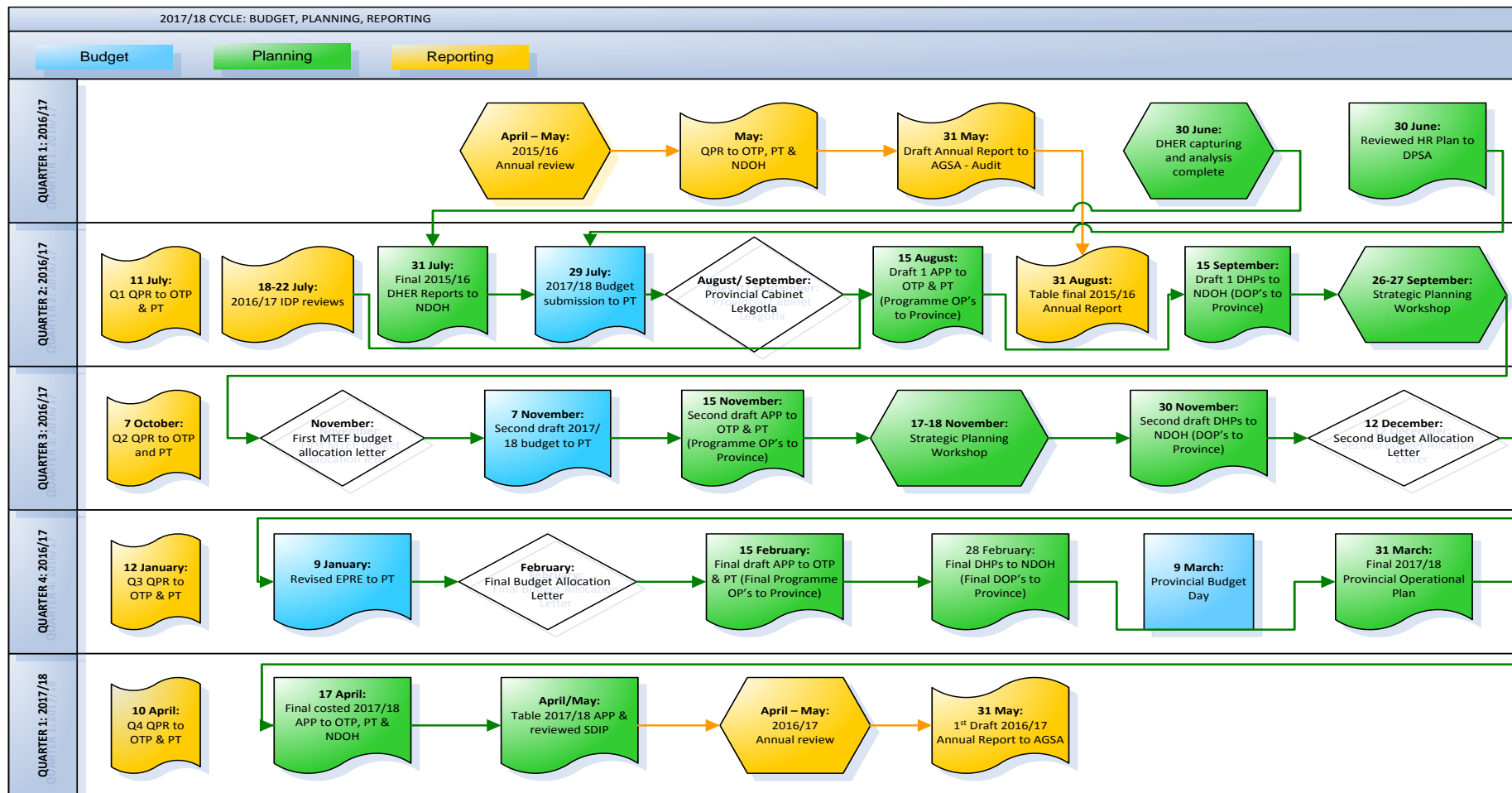
Approaches included Root Cause and Bottle Neck Analysis using systematic problem-solving techniques e.g. Brainstorming, Fish Bone and the Problem Tree to identify root causes/ primary challenges/ problems that must be resolved to change the ultimate outcome.

Prioritisation of interventions was based on SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis and use of the Prioritisation Matrix to identify high impact and low cost activities (especially in light of the current financial constraints).

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Figure 2: Budget, Planning & Reporting



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1.8 Overview of the 2017/18 Budget and MTEF Estimates

Table 9 illustrates the expenditure trend for the period 2013/14 to 2019/20.

The indicative percentage for salary increases for improvement of conditions of service is determined at a national level. The increase in the compensation of employees budget allocation are far below the latest Wage Agreement provisions for the 2017/18 MTEF and will require reductions in actual personnel numbers, in spite of the growth in patient numbers that demand public health care. This required re-prioritisation to ensure optimal service delivery within the available funding envelope.

The allocation for Goods and Services also does not keep pace with inflation and require a real reduction in the Goods and Services expenditure. If these reductions cannot be achieved through improved efficiencies and rationalisation, staff numbers will probably have to be reduced further, which will have a negative impact on access to essential services and service delivery.

The commissioning of new facilities, including commissioning of the Pixley Isaka Ka Seme Regional Hospital in 2018/19, creates a significant challenge to the Province given the operational budgetary pressures. It will be necessary for the Province to re-prioritise to accommodate running costs for the hospital once commissioned. The focus for Infrastructure Development is shifting to maintenance for the foreseeable future based on the decrease in real terms.

While the Department is faced with a real decline in the budget, it caters for a significant patient footprint with escalating costs for medicines and clinical treatment. The Department will therefore have to refrain from expanding clinical services especially related to clinical sub-specialities to fund existing service pressures in the absence of additional funding.

The Department will monitor expenditure and business processes vigorously, including the implementation of the Turn-Around Strategy, to ensure efficiency in a resource constraint environment while maintaining optimal service delivery and quality of care.

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1.9 Expenditure Estimates

Table 9 (A2): Expenditure Estimates Summary of Payments and Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Administration	689 089	701 925	846 622	839 035	839 035	839 035	891 171	834 397	924 878
District Health Services	12 947 599	14 334 353	16 007 896	17 370 402	17 598 765	17 694 600	18 993 346	20 395 750	22 020 725
Emergency Medical Services	1 009 940	1 068 113	1 174 378	1 199 775	1 199 775	1 232 197	1 277 850	1 347 686	1 423 158
Provincial Hospital Services	8 121 196	8 473 425	9 214 364	9 723 434	9 800 434	9 946 364	10 612 363	11 184 909	11 855 961
Central Hospital Services	3 640 586	3 817 800	4 124 929	4 435 839	4 540 839	4 619 308	4 581 578	4 908 993	5 183 898
Health Sciences and Training	999 351	1 018 949	1 058 822	1 100 150	1 215 150	1 215 150	1 241 683	1 309 351	1 382 674
Health Care Support Services	122 844	151 908	166 095	326 487	326 487	326 487	293 954	293 640	310 084
Health Facilities Management	2 000 806	1 679 037	1 517 618	1 583 515	1 518 515	1 518 515	1 656 528	1 684 848	1 891 350
Sub-Total	29 531 410	31 245 510	34 110 724	36 578 637	37 039 000	37 391 656	39 548 473	41 959 574	44 992 728
Unauthorized expenditure (1st charge) not available for spending	-	-	107 607	107 607	107 607	107 607	107 607	-	-
Baseline available for spending after 1st charge	29 531 410	31 245 510	34 003 117	36 471 030	36 931 393	37 284 049	39 440 866	41 959 574	44 992 728

Table 10 (A3): Summary of Provincial Expenditure Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	26 890 291	28 911 128	31 899 939	34 374 587	34 777 645	34 938 524	37 075 809	39 521 148	42 341 540
Compensation of employees	18 676 776	20 014 542	21 793 160	23 096 722	23 486 647	23 493 905	25 246 832	26 828 865	28 548 398

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Goods and services	8 213 347	8 895 900	10 105 233	11 277 865	11 289 868	11 443 289	11 828 580	12 691 886	13 792 723
Communication	93 271	99 330	98 598	103 494	108 053	103 923	112 186	121 294	128 089
Computer Services	197 733	133 813	150 913	176 415	171 266	171 266	192 130	207 378	213 346
Consultants, Contractors and special services	1 171 165	1 227 268	1 327 793	1 531 838	1 449 715	1 459 912	1 293 272	1 447 017	1 587 453
Inventory	4 251 657	4 142 072	4 653 964	4 983 848	5 017 406	5 052 534	5 526 836	5 949 864	6 597 915
Operating leases	98 849	135 476	153 493	136 823	161 044	149 238	158 763	122 919	136 805
Travel and subsistence	65 388	80 518	79 975	92 336	77 037	83 944	90 048	95 961	101 337
Interest and rent on land	169	686	1 546	-	1 130	1 330	397	397	419
Maintenance, repair and running costs	151 338	293 620	290 149	272 643	310 775	324 177	300 362	318 357	336 188
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	2 183 947	2 783 803	3 350 348	3 980 468	3 994 572	4 098 295	4 154 983	4 429 096	4 691 590
Transfers and subsidies to	740 159	828 088	843 093	734 473	845 421	1 060 161	923 771	949 480	1 002 688
Provinces and municipalities	79 199	122 618	133 330	174 707	227 545	207 545	198 990	211 734	223 591
Departmental agencies and accounts	11 370	15 895	19 019	20 025	20 048	20 031	20 031	21 067	22 246
Universities and Technikons	501	16	-	-	-	-	-	-	-
Foreign governments and international organisations	-	66	-	-	-	-	-	-	-
Non-profit institutions	256 751	222 051	213 402	203 313	203 313	202 342	210 687	222 241	234 685
Households	392 339	467 442	477 342	336 428	394 515	630 243	494 063	494 438	522 166
Payments for capital assets	1 867 332	1 505 879	1 257 629	1 361 970	1 308 327	1 285 336	1 441 285	1 488 946	1 648 501
Buildings and other fixed structures	1 530 972	1 206 505	1 052 053	896 221	900 496	903 800	819 107	859 231	896 564

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Machinery and equipment	336 179	299 374	205 576	465 749	407 831	381 509	622 178	629 715	751 937
Software and other tangible assets	181	-	-	-	-	27	-	-	-
Payment for financial assets	33 629	415	110 063	107 607	107 607	107 635	107 608	-	-
Total economic classification	29 531 410	31 245 510	34 110 724	36 578 637	37 039 000	37 391 656	39 548 473	41 959 574	44 992 728

1.9.1 Expenditure Trends

Table 11: (A4) Trends in Provincial Public Health Expenditure (R'000)

Expenditure R'000	Audited/ Actual			Estimate 2016/17	Medium Term Projections		
	2013/14	2014/15	2015/16		2017/18	2018/19	2019/20
Current prices							
Total	29 531 410	31 245 510	34 110 724	38 031 250	39 541 537	42 183 873	44 047 792
Total per person	2 824.11	2 955.65	3 191.45	3 519.35	3 619.44	3 821.09	3 958.26
Total per uninsured person	3 238.65	3 385.63	3 647.38	4 268.65	4 136.50	4 288.54	4 442.50
Constant (2016/17) prices							
Total	28 450 299	28 478 052	31 091 925	34 665 485	36 042 111	38 450 601	40 149 563
Total per person	2 574.00	2 693.90	2 909.00	3 207.89	3 299.12	3 482.93	3 607.96
Total per uninsured person	2 951.83	3 085.80	3 324.58	3 890.88	3 770.42	3 909.01	4 049.34
% of Total spent on							
District Health Services	43.84%	45.88%	46.93%	47.07%	50.00%	54.08%	56.29%
Provincial Health Services	27.50%	27.12%	27.01%	26.93%	27.11%	28.74%	30.30%
Central health Services	12.33%	12.22%	12.09%	12.23%	12.75%	13.35%	13.83%
All personnel	18 676 776	20 014 422	21 793 160	23 696 958	25 102 817	26 689 176	27 952 605

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Expenditure R'000	Audited/ Actual			Estimate 2016/17	Medium Term Projections		
	2013/14	2014/15	2015/16		2017/18	2018/19	2019/20
Capital	1 867 332	1 505 879	1 257 629	1 434 083	1 562 859	1 645 943	1 672 395

Table 12: Conditional Grants Expenditure Trends (R'000)

Conditional Grants R'000	Audited Actual			Estimate 2016/17	Medium Term Projections		
	2013/14	2014/15	2015/16		2017/18	2018/19	2019/20
Health Professions Training and Development Grant	276 262	292 847	299 898	312 377	331 944	351 197	370 864
Health Facility Revitalisation Grant	1 072 529	1 362 469	1 231 997	1 114 693	1 149 355	1 128 018	1 191 186
National Tertiary Services Grant	1 415 743	1 496 427	1 530 223	1 596 286	1 696 266	1 794 649	1 895 149
Comprehensive HIV, AIDS and TB Grant	2 651 997	3 258 231	3 813 719	4 244 243	4 852 495	5 485 881	6 111 674
Human Papillomavirus Vaccine Grant	-	-	-	-	-	44 976	47 495
Social Sector EPWP Incentive Grant for Provinces	-	2 580	13 000	13 000	47 058	-	-
EPWP Integrated Grant for Provinces	3 000	2 581	3 682	7 122	8 400	-	-
National Health Insurance Grant	15 520	18 399	9 494	25 446	-	-	-
Total	5 435 051	6 433 534	6 902 013	7 313 167	8 085 518	8 804 721	9 616 368

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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

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ESTIMATED ANNUAL POPULATION

Population projections for 2017/18 to 2019/20 were adjusted based on Statistics South Africa estimates as per correspondence from the National Department of Health, Ms MP Matsoso: General Director: Health, dated 09 February 2017.

The revised population estimates for the 2017/18 MTEF affected performance (rates, coverage, percentages) for population-based indicators. Targets for the 2017/18 MTEF were set using numerators. See Part for a breakdown of population-based indicators for the period 2013/14 to 2017/18 with DHIS versus adjusted population estimates to highlight trends.

Populations and reporting for the years 2013/14 to 2016/17 is based on DHIS populations and reporting. These populations and indicators were not amended as it reflects approved and published Quarterly and Annual Reports.

NOTE RELEVANT TO ALL PROGRAMMES AND SUB-PROGRAMMES IN PART B

All customised national indicators in Programmes and Sub-Programmes in this Annual Performance Plan are highlighted in light green for ease of reference.

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PROGRAMME 1: ADMINISTRATION

1) Programme Purpose

Conduct the strategic management and overall administration of the Department of Health. There are no changes to the Programme 1 structure.

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

Render advisory, secretarial and administrative support, and public relations, communication and parliamentary support.

Sub-Programme 1.2: Office of the Head: Health (all Head Office Branches and Components)

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

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2) 2017/18 Priorities (Administration)

Finance

- To improve audit outcomes (finance and supply chain management) through implementation and monitoring of the Turn-Around Plan.
- To improve financial management at Provincial, District and Facility levels.
- To strengthen capacity and processes to improve efficiencies in supply chain management.

Information Management

- Further rollout of the Web-based health information system.
- To improve record and document management at facility level.
- To standardise/ rationalise hospital data collection tools and implement an interim solution to improve availability and reporting of clinical data at hospital level until hospital information system is available.
- To implement the approved integrated multi-disciplinary M&E Framework to improve use of health information for planning and decision-making.
- To increase connectivity of health facilities.

Human Resources Management Services

- To align the Human Resource Plan with service delivery demand.
- To implement strategies to address shortage and distribution of scarce and critical skilled staff.
- To review and approve organisational structures.
- To facilitate leadership and management development across the Department.
- To implement Phase 2 of the Decentralised Training in a PHC Model in collaboration with UKZN.
- To implement a reviewed approach to performance management.

Legal Services

- To develop and implement a strategy to reduce medical legal litigation.

Executive Support Services

- To implement inter-governmental relation strategies based on provincial imperatives.
- To develop and implement strategic programmes and special projects as part of Operation Sukuma Sakhe (including CCGs).
- To implement the Ethics Policy to improve ethics in the workplace.
- Manage donor co-ordination, gifts and hospitality on behalf of the Department.

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3) Strategic Objectives, Indicators and Targets (Administration)

Table 13: 2015-2019 Strategic Plan Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Strategic Goal 1: Strengthen health system effectiveness	1.1) Approve the integrated 2017-2027 Long Term Plan (Reviewed 2017/18)	1.1.1) 2017 – 2027 Strategic Position Statement approved by June 2017 and Long Term Plan approved by March 2018 (Reviewed 2017/18)	♦ Approved 2017-2027 Long Term Plan (Reviewed 2017/18)	Approved 2017 – 2027 Long Term Plan (Reviewed 2017/18)
	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 (Reviewed 2015/16)	♦ Approved Annual Procurement Plan (Reviewed 2015/16)	Approved and costed annual procurement plan (Reviewed 2015/16)
	1.4) Improve health technology and information management	1.4.1) Connectivity established at 90% public health facilities by March 2020 (Reviewed 2015/16)	♦ Percentage of hospitals with broadband access	90% (Reviewed 2015/16)
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.2) Review and approve macro and micro structures aligned to function (Reviewed 2017/18)	♦ Number of organisational structures approved (Reviewed 2017/18)	100
		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 (Reviewed 2015/16)	Implement Model

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Table 14: (ADMIN2) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 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	1. Audit opinion from Auditor-General	Annual Report	Annual Categorical	Qualification	Qualification	Qualification	Audit not yet conducted for 2016/17	Unqualified	Unqualified	Unqualified	Unqualified opinion from 2015/16 onwards
Strategic Objective 1.4: Improve health technology and information management											
1.4.1) Connectivity established at 90% public health facilities by March 2020	2. Percentage of hospitals with broadband access	Network reports that confirm availability of broadband	Quarterly %	Not reported	Not reported	9.7%	98.6%	100%	100%	100%	90% of all health facilities
	<i>Total number of hospitals with minimum 2 Mbps connectivity</i>	Network reports that confirm availability of broadband	No	-	-	7	72	73	73	73	
	<i>Total number of public hospitals</i>	DHIS	No	-	-	72	73	73	73	73	
	3. Percentage of fixed PHC facilities with broadband access	Network reports that confirm availability of broadband	Quarterly %	8%	*44.5% ²⁷	5.1%	25.1%	50%	70%	90%	
	<i>Number of PHC facilities that have access to at least 1Mbps connectivity</i>	Network reports that confirm availability of broadband	No	51	267	31	153	305	427	549	

²⁷ The indicator definition was incorrectly interpreted for reported – that has been corrected for the 2015/16 Annual Report

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
	Total number of fixed PHC facilities	DHIS	No	644	*600	607	610	610	610	610	
FINANCE AND SUPPLY CHAIN MANAGEMENT											
Strategic Objective 1.2: Improve financial management											
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	(0.4%)	(0.4%)	(2.99%) ²⁸	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	34 110 724	38 031 250 ²⁹	39 146 122 39 936 952	41 762 034 42 605 712	43 606 314 44 488 270	
	Allocated budget	BAS	R'000	-	31 119 465	33 969 992	36 928 637	39 541 537	42 183 873	44 047 792	
Strategic Objective 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	5. Approved annual procurement plan	Procurement Plan	Annual Categorical	Not reported	Yes	No	Yes	Yes	Yes	Yes	Approved and costed annual Procurement Plan
HUMAN RESOURCE MANAGEMENT SERVICES											
Strategic Objective 4.1: Improve human resources for health											
4.1.2) Review and approve macro and micro structures aligned to function	6. Number of organisational structures approved	HRMS – approved structures	Annual No	Not reported	Not reported	Macro structure reviewed	Jozini CHC + McCords Hospital	11	34	32	100

²⁸ CFO Mid-Year Report

²⁹ Projected over-expenditure in October 2016

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
4.1.3) Implement the Community Based Training in a PHC Model in collaboration with UKZN with Phase 1 pilot commencing in 2016/17	7. Implement the Community Based Training in a PHC Model	Community Based Training in a PHC Model Business Plan	Annual Categorical	Not reported	Draft Business Plan	Approved Business Plan	Phase 1 successfully implemented in King Cetshwayo, Ilembe, Umgungundlovu, eThekweni and Ugu Districts	Implement Phase 2	Full rollout	Full rollout	Implement Model
4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020	8. Medical Officers per 100 000 people ³⁰	Persal/ Stats SA	Annual No per 100,000	30.2	28.5	29.2*	29.1	28.0	27.7	27.4	-
	<i>Number of Medical Officers posts filled</i>	<i>Persal</i>	<i>No</i>	3 163	3 012	3 124	3 155	3 160	3 165	3 170	
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>Population</i>	10 456 909	10 571 313	10 688 168	10 806 336	11 267 433	11 417 133	11 565 969	
	9. Professional Nurses per 100 000 people	Persal/ Stats SA	Annual No per 100,000	138.9	137.7	163.5*	161.4	155.3	153.5	151.7	-
	<i>Number of Professional Nurses posts filled</i>	<i>Persal</i>	<i>No</i>	14 527	14 556	17 475	17 446	17 500	17 525	17 550	
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>Population</i>	10 456 909	10 571 313	10 688 168	10 806 336	11 267 433	11 417 133	11 565 969	
	10. Pharmacists per 100 000 people	Persal/ Stats SA	Annual No per 100,000	6.9	7.4	7.8*	7.8	7.5	7.4	7.4	-
	<i>Number of Pharmacists posts filled</i>	<i>Persal</i>	<i>No</i>	718	782	833	840	845	850	855	
	<i>Total population</i>	<i>Stats SA (DHIS)</i>	<i>Population</i>	10 456 909	10 571 313	10 688 168	10 806 336	11 267 433	11 417 133	11 565 969	

³⁰ Indicators 8, 9 and 10: Minimal increase in the number of staff projected based on the funding envelope – change in estimated populations for 2017/18 MTEF affect value per 100 000

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 4.2: Improve Performance Management and Development											
4.2.1) All personnel comply with performance management requirements from March 2016 onwards	11. Number of Hospital Managers who have signed Performance Agreements (PA's)	EPMDS database/ Signed PA's	Annual No	41	37	56	66	73	73	73	-
	12. Number of District Managers who have signed PA's	EPMDS database/ Signed PA's	Annual No	10	11	12	13	13	13	13	-
	13. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	EPMDS database/ Signed PA's	Annual %	66%	78%	67.8%	92%	100%	100%	100%	-
	<i>Head Office Managers (level 13 and above) who signed PA's in the reporting cycle</i>	<i>EPMDS database/ Signed PAs</i>	<i>No</i>	<i>33</i>	<i>39</i>	<i>40</i>	<i>59</i>	<i>64</i>	<i>64</i>	<i>64</i>	
	<i>Number of Head Office Managers (level 13 and above)</i>	<i>Persal</i>	<i>No</i>	<i>50</i>	<i>50</i>	<i>59</i>	<i>64</i>	<i>64</i>	<i>64</i>	<i>64</i>	
PLANNING, MONITORING & EVALUATION											
Strategic Objective 1.1: Approve the integrated 2017-2027 Long Term Plan											

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.1.1) 2017 – 2027 Strategic Position Statement approved by June 2017 and Long Term Plan approved by March 2018	14. Approved 2017-2027 Long Term Plan	Approved Long Term Plan	Annual Categorical	Draft STP	Draft Plan	Draft Plan	Draft Plan	Approved 2017-2027 Long Term Plan	Implement Long Term Plan	Implement Long Term Plan	Approved 2017-2027 Long Term Plan
SPECIALISED SERVICES AND CLINICAL SUPPORT											
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.2) Hospital Rationalisation Plan approved by June 2017	15. Approved Hospital Rationalisation Plan ³¹	Approved Hospital Rationalisation Plan	Annual Categorical	Not reported	Not reported	No	No – in draft	Plan approved	Implement approved plan	Implement approved plan	-
5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020	16. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Food services grading register	Annual %	Not reported	64%	43.8%	50%	75%	85%	100%	-
	<i>Public health hospitals that score more than 75% on the FSMSGs</i>	<i>Food services grading register</i>	-	-	46	32	37	55	62	73	
	<i>Number of public health hospitals assessed</i>	<i>DHIS</i>	-	-	72	72	73	73	73	73	
EXECUTIVE SUPPORT SERVICES											
Strategic Objective 1.9: Strengthen Health System effectiveness											

³¹ The Plan will be incorporated in the Long Term Plan and Turn-Around Plan (not stand-alone)

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Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
4.1.11) Appoint an average of 10 000 CCGs per annum on contract	17. Number of Community care Givers appointed on contract	CCG database/ Persal	Annual Number	Not reported	Not reported	Not reported	10 473	10 000 ³²	10 000	10 000	-
5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards	18. Number of ethics workshops conducted	Attendance registers	Quarterly Number	Not reported	Not reported	Not reported	10	40	40	40	-
1.2.3) Monthly submission of disclosures of donations, sponsorships, and gifts as per Circular G15/2016	19. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Gift registers/ Reports to Finance	Quarterly Number	Not reported	Not reported	Not reported	12	12	12	12	-

³² The number of CCGs on contract will be reviewed annually based on the funding envelope

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4) 2017/18 Targets (Administration)

Table 15: (ADMIN3) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Targets				Annual
				Q1	Q2	Q3	Q4	
1. Audit opinion from Auditor-General	Annual	Categorical	Unqualified	-	-	Unqualified	-	Unqualified
2. Percentage of hospitals with broadband access	Quarterly Cumulative	%	100%	98.6%	98.6%	100%	100%	100%
3. Percentage of fixed PHC facilities with broadband access	Quarterly Cumulative	%	50%	30%	38%	45%	50%	50%
4. Percentage over/ under expenditure	Annual	%	Within 1% of allocated budget	-	-	-	-	Within 1% of allocated budget
5. Approved annual Procurement Plan	Annual	Categorical	Yes	-	-	-	-	Yes
6. Number of organisational structures approved	Annual	No	11	-	-	-	-	11
7. Implement the Community Based Training in a PHC Model	Annual	Categorical	Yes – Implement Phase 2	-	-	-	-	Yes – Implement Phase 2
8. Medical Officers per 100,000 people	Annual	No	28.0	-	-	-	-	28.0
9. Professional Nurses per 100,000 people	Annual	No	155.3	-	-	-	-	155.3
10. Pharmacists per 100,000 people	Annual	No	7.5	-	-	-	-	7.5
11. Number of Hospital Managers who have signed Performance Agreements (PA's)	Annual	No	73	-	-	-	-	73
12. Number of District Managers who have signed PA's	Annual	No	13	-	-	-	-	13
13. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	Annual	%	100%	-	-	-	-	100%

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Performance Indicators	Frequency	Type	Targets 2017/18	Targets				Annual
				Q1	Q2	Q3	Q4	
14. Approved 2017-2027 Long Term Plan	Annual	Categorical	Approved 2017-2027 Long Term Plan	Strategic Position Statement approved	-	-	2017-2027 Long Term Plan approved	Approved 2017-2027 Long Term Plan
15. Approved Hospital Rationalisation Plan	Annual	Categorical	Yes	Plan approved	-	-	-	Plan approved
16. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Quarterly Cumulative	%	75%	55%	60%	70%	75%	75%
17. Number of Community Care Givers appointed on contract	Annual	Number	10 000 ³³	-	-	-	-	10 000
18. Number of ethics workshops conducted	Quarterly	Number	40	10	10 (20)	10 (30)	10 (40)	40
19. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Quarterly	Number	12	3	3 (6)	3 (9)	3 (12)	12

³³ The number of CCGs on contract will be reviewed annually based on the funding envelope

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5) Reconciling Performance Targets with Expenditure Trends and Budgets (Administration)

Table 16: (ADMIN4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Office of the MEC	17 011	16 818	18 455	19 634	19 634	19 952	20 891	22 285	23 532
Management	672 078	685 107	828 167	819 401	819 401	819 083	870 280	812 112	901 346
Sub-Total	689 089	701 925	846 622	839 035	839 035	839 035	891 171	834 397	924 878
Unauthorized expenditure (1st charge) not available for spending	-	-	107 607	107 607	107 607	107 607	107 607	-	-
Baseline available for spending after 1st charge	689 089	701 925	739 015	731 428	731 428	731 428	783 564	834 397	924 878

Table 17: (ADMIN4 b) Summary of Payments and Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	610 665	678 837	722 304	695 434	717 639	717 631	771 212	821 357	911 107
Compensation of employees	273 361	292 983	326 812	356 418	371 523	371 836	402 196	426 446	450 325
Goods and services	337 290	385 799	395 388	339 016	346 016	345 720	369 016	394 911	460 782
Communication	4 009	10 581	10 963	11 502	11 452	10 718	12 208	12 954	13 679
Computer Services	176 019	133 465	147 306	166 000	166 000	166 000	190 000	205 120	210 962
Consultants, Contractors and special services	59 428	42 306	76 640	45 948	67 460	61 523	61 545	65 238	118 293
Inventory	2 741	2 082	-	1 544	1 135	1 063	172	187	198
Operating leases	3 879	5 012	5 095	4 707	5 306	5 163	5 611	5 952	6 285

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15	2015/16	2016/17		2017/18	2018/19	2019/20
Travel and subsistence	18 829	18 047	19 481	19 190	17 900	20 493	19 273	20 426	21 570
Interest and rent on land	15	55	104	-	100	75	-	-	-
Maintenance, repair and running costs	4 233	5 324	5 757	5 545	6 376	6 292	6 850	7 282	7 689
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	68 153	168 982	130 777	84 580	70 387	74 468	73 357	77 752	82 106
Transfers and subsidies to	3 201	7 249	5 689	6 519	6 419	6 400	7 308	7 705	8 137
Provinces and municipalities	1 952	3 267	2 525	3 359	3 359	3 359	3 490	3 695	3 902
Departmental agencies and accounts	-	-	-	-	-	-	1	1	1
Universities and Technikons	3	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	66	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 246	3 916	3 164	3 159	3 060	3 041	3 817	4 009	4 234
Payments for capital assets	41 594	15 827	11 021	29 475	7 370	7 397	5 043	5 335	5 634
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	41 413	15 827	11 021	29 475	7 370	7 370	5 043	5 335	5 634
Software and other tangible assets	181	-	-	-	-	27	-	-	-
Payment for financial assets	33 629	12	107 608	107 607	107 607	107 607	107 608	-	-
Total economic classification	689 089	701 925	846 622	839 035	839 035	839 035	891 171	834 397	924 878

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6) Performance and Expenditure Trends (Administration)

Programme 1 is allocated 2.26 per cent of the total 2017/18 Vote 7 allocation compared to 2.25 per cent in the revised estimate for 2016/17. This amounts to an increase of R 52 136 million or 6.2 per cent.

7) Risk Management (Administration)

Table 18: Risk Management

Potential Risks	Mitigating Strategies
Budget constraints and poor financial management	<ul style="list-style-type: none"> • Robust monitoring of expenditure against allocated budget. • Ensure savings plan, cost containment and efficiency measures are in place and strictly implemented. • Communicate budget concerns to Provincial Treasury.
Escalating Medico legal claims	<ul style="list-style-type: none"> • Strengthen system and capacity within the Department to defend legal claims. • Improved record management.
Human resources management including inadequate resources & skills gap	<ul style="list-style-type: none"> • Conduct organisational efficiency assessment. • Review organisational structures (facilities) and align to function. • Centralise HR functions to district office (using a phased approach). • Improve performance management.
Poor data quality and information management	<ul style="list-style-type: none"> • Implement strategy & SOP to improve record management. • Rollout of web-based system. • Improve review of data at facility, sub-district & district level and improve feedback system.
Poor supply chain management	<ul style="list-style-type: none"> • Centralise SCM functions to district office (using a phased approach).

Red: High Risk

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PROGRAMME 2: DISTRICT HEALTH SERVICES

1) Programme Purpose

To render Primary Health Care and District Hospital Services. There are no changes to the Programme 2 structure.

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

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Sub-Programme: Primary Health Care

2) Service Delivery Platform (DHS)

Table 19: (DHS1) District Health Service Facilities by Health District (DHIS - November 2016)

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
Ugu	Non-fixed clinics	17	750 215	13 397	2 541 861	3.4
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	54				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	54				
	CHCs	2				
	Subtotal fixed clinics + CHC's	56				
	District Hospitals	3		930	33 974	
Umgungundlovu	Non-fixed clinics	16 ³⁴	1 087 086	20 511	2 992 921	2.7
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	50				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	50				
	CHCs	3				
	Sub-total fixed clinics + CHC's	53				
	District Hospitals	2		1 938	31 277	
Uthukela	Non-fixed clinics	14	695 671	17 838	1 837 583	2.6
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	36				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	36				
	CHCs	1				
	Sub-total fixed clinics + CHC's	37				
	District Hospitals	2		1 503	19 024	
Umzinyathi	Non-fixed clinics	13	522 804	10 251	1 631 642	3.1
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	51				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	51				
	CHCs	1				
	Sub-total fixed clinics + CHC's	52				
	District Hospitals	4		453	37 309	
Amajuba	Non-fixed clinics	8	522 638	20 101	1 197 090	2.3
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	25				

³⁴ Includes 1 LG Mobile

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Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	25				
	CHCs	1				
	Sub-total fixed clinics + CHC's	26				
	District Hospitals	1				
			2 041 ³⁵	2 625		
Zululand	Non-fixed clinics	16	844 531	11 895	2 232 098	2.6
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	70				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	70				
	CHCs	1				
	Sub-total fixed clinics + CHC's	71				
	District Hospitals	5				
			663	50 460		
Umkhanyakude	Non-fixed clinics	18 ³⁶	649 644	11 397	2 253 400	3.5
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	57				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	57				
	CHCs	0				
	Sub-total fixed clinics + CHC's	57				
	District Hospitals	5				
			526	43 008		
King Cetshwayo	Non-fixed clinics	18	958 267	15 456	2 959 710	2.9
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	61				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	61				
	CHCs	1				
	Sub-total fixed clinics+ CHC's	62				
	District Hospitals	6				
			811	31 454		
Ilembe	Non-fixed clinics	11	651 445	18 096	2 059 710	3.1
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	34				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	34				
	CHCs	2				
	Sub-total fixed clinics	36				
	District Hospitals	3				
			1 705	12 363		
Harry Gwala	Non-fixed clinics	13	485 309	12 133	1 409 304	3.0
	Fixed clinics operated by LG	0				

³⁵ Niemeyer Memorial Hospital serves a very small proportion of patients in Amajuba which skew interpretation of access to beds. For this reason, the population per bed has been calculated including the 204 L1 beds allocated at Madadeni Hospital in Newcastle

³⁶ Including 1 State Aided Mobile

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Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
	Fixed clinics operated by PG	39				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	39				
	CHCs	1				
	Sub-total fixed clinics	40				
	District Hospitals	4				
eThekweni	Non-fixed clinics	36 ³⁷	3 520 558	29 585	9 847 473	2.8
	Fixed clinics operated by LG	56				
	Fixed clinics operated by PG	47 ³⁸				
	Fixed clinics operated by NGO's	9				
	Total fixed clinics	112				
	CHCs	8 ³⁹				
	Sub-total fixed clinics	120				
	District Hospitals	3 ⁴⁰				
KwaZulu-Natal	Non-fixed clinics	180	10 688 168	17 579	30 745 821	2.9
	Fixed clinics operated by LG	56				
	Fixed clinics operated by PG	524				
	Fixed clinics operated by NGO's	9				
	Total fixed clinics	589				
	CHCs	21				
	Sub-total fixed clinics	610				
	District Hospitals	38				

Note: Health Posts have not been included in non-fixed clinics.

Abbreviations used: LG: Local Government; PG: Provincial Government

³⁷ Includes 15 PG and 22 LG Mobiles

³⁸ Includes 1 Mental Health Centre, 1 Reproductive Centre, and 2 Special Clinics

³⁹ Includes 1 CHC (integrated with LG)

⁴⁰ Including the State Aided St Mary's Hospital (190 beds) - providing services in eThekweni West

⁴¹ For calculation of population to L1 hospital bed, the L1 beds at King Dinuzulu Regional (400) and St Mary's State Aided (190) has been included in the calculation as they service a significant proportion of the eThekweni population

⁴² Calculation includes the 204 beds at Madadeni Regional, 400 beds at King Dinuzulu Regional and 190 beds at St Mary's State Aided Hospitals

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3) 2017/18 Priorities (PHC)

- Scaling up PHC re-engineering including:
 - Facility- and Community-based services and programmes.
 - Strengthening community-based services through Ward Based Outreach Teams.
 - Intra- and inter-sectoral collaboration and integration (including integration of programmes through Operation Sukuma Sakhe).
 - Strengthening integrated School Health Services.
 - Strengthening District Clinical Specialist Teams including clinical technical support to improve service delivery.
- Implementing Phase 2 of National Health Insurance including the rollout of systems and processes that were successfully piloted and tested in the NHI districts.
- Contracting General Practitioners to strengthen clinical care at PHC level (NHI Districts).
- Further rollout and strengthening of the Ideal Clinic Programme to improve the standard of care, community participation and communication, and patient satisfaction.
- Improving quality of care, clinical governance and patient satisfaction with health services.
- Strengthen supervision.

NOTE

1. The following approved customised indicators have been removed or changed as per national directive (Ms MP Matsoso: Director General Health, communication dated 09 February 2017).
 - a) **Remove:** Patient experience of care survey rate (PHC and District Hospitals).
 - b) **Remove:** Patient experience of care satisfaction rate (PHC and District Hospitals).
 - c) **Changed:** Cervical cancer screening coverage 20 (to 30) years and older (Maternal, Child & Women's Health)
 - d) **Removed:** Clients screened for hypertension (Disease Prevention & Control)
 - e) **Removed:** Clients screened for diabetes (Disease Prevention & Control)
 - f) **Removed:** Mental disorders screening rates (Disease Prevention & Control)
2. As per directive from the Director General Health (09 February 2017), all population projections in Programme 2 (2017/18 onwards) are based on population estimates received from the National Department of Health. See *Part E: Population comparisons*.

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4) Situation Analysis Indicators (PHC)

Table 20: (DHS2) Situation Analysis Indicators

Program Performance Indicators	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umzinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/ CHC/ CDC)	%	Not reported	-	-	-	-	-	-	-	-	-	-	-
<i>Ideal clinic status determinations conducted by PPTICRM (fixed clinic/CHC/CDC)</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>Fixed clinics plus fixed CHCs/ CDCs</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
2. Outreach household (OHH) registration visit coverage	%	25.1%	15.4%	5.6%	39.9%	54.1%	10.1%	4.5%	70.2%	40.8%	59.9%	56.2%	7.4%
<i>OHH registration visit</i>	No	617 610	27 598	15 385	58 713	61 415	11 247	71 411	89 934	82 781	94 509	63 057	71 560
<i>Number of households in the population</i>	No	2 549 433	179 440	272 666	147 286	113 469	110 963	157 748	128 195	202 976	157 695	112 282	966 713

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Program Performance Indicators	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyakude 2015/16	Amajuba 2015/16	Zululana 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
3. PHC utilisation rate - Total	Rate	2.9	3.4	2.7	2.6	3.1	2.3	2.6	3.5	2.9	3.1	3.0	2.8
PHC headcount total	No	30 745 821	2 541 861	2 992 921	1 837 583	1 631 642	1 197 090	2 232 098	2 253 400	2 959 710	2 059 710	1 409 304	9 847 473
Population total	No	10 688 165	750 215	1 087 086	695 671	522 804	522 638	844 531	649 644	958 267	651 445	485 309	3 520 555
4. Complaint resolution rate ⁴³	%	80.6%	74.8%	77.9%	57.3%	57.8%	76.2%	72.0%	89.0%	85.3%	80.6%	72.7%	83.1%
Complaints resolved	No	3 970	336	325	67	67	91	190	714	500	340	112	1 228
Complaints received	No	4 925	449	417	117	116	121	264	802	586	422	154	1 477
5. Complaint resolution within 25 working days rate	%	94.1%	94.9%	93.5%	88.0%	114.9%	90.1%	96.3%	90.1%	94.0%	87.6%	95.5%	97.1%
Complaints resolved within 25 working days	No	3 735	319	304	59	77 ⁴⁴	82	183	643	470	298	107	1 193
Total number complaints resolved	No	3 970	336	325	67	67	91	190	714	500	340	112	1 228

⁴³ Includes all PHC facilities (fixed, mobile, State Aided and LG)

⁴⁴ Includes complaints resolved within 25 working days from cases resolved during the previous quarter

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5) Strategic Objectives, Indicators and Targets (PHC)

Table 21: 2015-2019 Strategic Plan Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Targets 2019/20
Life Expectancy				
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)
Primary Health Care				
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)	52.8% (Reviewed 2017/18)
		1.5.2) Increase the number of ward based outreach teams to 190 by March 2020 (Reviewed 2017/18)	Number of ward based outreach teams (cumulative)	190 (Reviewed 2017/18)
		1.5.3) PHC utilisation rate of at least 2.7 visits per person per year by March 2020 (Reviewed 2017/18)	PHC utilisation rate (annualised)	2.7 (Reviewed 2017/18)
		1.5.4) Under 5 utilisation rate of at least 4.2 visits per child per year (Reviewed 2017/18)	PHC utilisation rate under 5 years (annualised)	4.2 (Reviewed 2017/18)
	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 (Reviewed 2016/17)	Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard (Reviewed 2016/17)	100%

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Table 22: (DHS3) Strategic Objectives, Indicators & Targets

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM											
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020	1. Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/ CHC/ CDC)	Assessment records; Ideal Clinic dashboard; DHIS	Quarterly %	Not reported	Not reported	Not reported	34.4%	60%	80%	100%	-
	<i>Ideal clinic status determinations conducted by PPTICRM (fixed clinic/CHC/CDC)</i>	<i>Assessment records; DHIS</i>	No	-	-	-	209	366	488	610	
	<i>Fixed clinics plus fixed CHCs/CDCs</i>	<i>DHIS</i>	No	-	-	-	610	610	610	610	
Strategic Objective 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	2. Outreach household registration visit coverage (annualised)	Outreach registers; DHIS	Quarterly %	35.3% ⁴⁵	4.1%	25.1%	34.8% (cumulative) 10.5% (annual)	40%	46%	52.9%	52.8%
	<i>Outreach households registration visit</i>	<i>Outreach Registers</i>	No	40 092	103 852	617 610	884 878 cumulative 267 268 (annual)	1 150 337	1 322 888	1 521 321	
	<i>Households in the population</i>	<i>Stats SA</i>	No	113 495	2 539 430	2 549 433	2 539 430	2 875 843 ⁴⁶	2 875 843	2 875 843	
1.5.3: PHC utilisation rate	3. PHC utilisation rate (annualised)	DHIS	Quarterly No	3.1*	2.9	2.9	2.8	2.7	2.7	2.6	2.7

⁴⁵Module introduced in DHIS in October 2013 – annual data is incomplete

⁴⁶ 2016 General Household Survey

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
of at least 2.7 visits per person per year by march 2020	PHC headcount total	DHIS/ PHC tick register	No	31 641 638*	31 232 092	30 745 821 ⁴⁷	29 787 394	30 645 987	30 598 258	30 592 998	
	Population total	DHIS/ Stats SA	Population	10 456 909	10 571 313	10 688 165	10 806 336	11 267 436	11 417 132	11 565 963	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	4. Complaint resolution rate (PHC)	Complaints register; DHIS	Quarterly %	76.8%	77.3%	80.6%	85.5%	88.5%	93%	95%	-
	Complaint resolved	Complaints register	No	3 394	3 690	3 970	4 058	4 248	4 418	4 200	
	Complaint received	Complaints register	No	4 420	4 774	4 925	4 748	4 800	4 750	4 421	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards	5. Complaint resolution within 25 working days rate (PHC)	Complaints register; DHIS	Quarterly %	88.7%*	90.7%	94.1%	94.7%	95%	96%	97%	-
	Complaint resolved within 25 working days	Complaints Register	No	3 013*	3 348	3 735	3 842	4 036	4 104	4 074	
	Complaint resolved	Complaints Register	No	3 394	3 690	3 970	4 058	4 248	4 275	4 200	
Strategic Objective 2.1: Increase life expectancy at birth											
2.1.1) Increase the total life expectancy to 60.5 years by March 2020	6. Life expectancy at birth - Total	Stats SA mid-year estimates	Annual Years	56 years ⁴⁸	56.9 years ⁴⁹	57.7 years ⁵⁰	56.4 years ⁵¹	60.0 years ⁵²	60.2 years	60.5 years	60.5 years

⁴⁷ This includes clinics, CHC's, mobiles, reproductive and specialised clinics

⁴⁸ Indicators 6, 7 and 8: Stats Sa 2013 Mid-Year Population Estimates

⁴⁹ Indicators 6, 7 and 8: Stats SA 2014 Mid-year Population Estimates

⁵⁰ Indicators 6, 7 and 8: Stats SA 2015 Mid-year Population Estimates

⁵¹ Indicators 6, 7 and 8: Stats SA 2016 Mid-Year Population Estimates

⁵² Indicators 6, 7 and 8: MTEF targets were not changed based on 2016 projections as it seems contradictory to previous year's trends. It will be reviewed again at the end of 2017/18

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	7. Life expectancy at birth - Male	Stats SA mid-year estimates	Annual Years	53.4 years	54.4 years	57 years	54 years	57.9 years	58.1 years	58.4 years	58.4 years
2.1.3) Increase the life expectancy of females to 62.7 years by March 2020	8. Life expectancy at birth - Female	Stats SA mid-year estimates	Annual Years	58.7 years	59.4 years	58.4 years	58.7 years	62.1 years	62.4 years	62.7 years	62.7 years
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering											
1.5.4) Under 5 utilisation rate of at least 4.2 visits per child per year	9. PHC utilisation rate under 5 years (annualised)	PHC register; DHIS	Quarterly No	4.4	4.4	4.5	4.3	3.9 ⁵³	4.0	4.2	4.2
	<i>PHC headcount under 5 years</i>	<i>PHC register; DHIS</i>	No	<i>5 113 307*</i>	<i>5 064 825</i>	<i>5 184 506</i>	<i>4 891 032</i>	<i>5 237 566</i>	<i>5 356 987</i>	<i>5 550 248</i>	
	<i>Population under 5 years</i>	<i>StatsSA; DHIS</i>	No	<i>1 171 910</i>	<i>1 164 382</i>	<i>1 154 061</i>	<i>1 142 875</i>	<i>1 339 178</i>	<i>1 330 900</i>	<i>1 323 674</i>	
1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020	10. Expenditure per PHC headcount	DHIS; BAS	Quarterly R	R 227	R 275	R 319	R 357	R 394	R 430	R 471	-
	<i>Total expenditure PHC (Sub-Programmes 2.2-2.7)</i>	<i>BAS</i>	<i>R'000</i>	<i>7 196 511</i>	<i>8 599 800</i>	<i>9 815 401</i>	<i>10 659 659</i>	<i>12 070 926</i>	<i>13 163 984</i>	<i>14 383 975</i>	
	<i>PHC headcount total</i>	<i>DHIS</i>	No	<i>31 888 199</i>	<i>31 232 092</i>	<i>30 745 821</i>	<i>29 787 394</i>	<i>30 645 987</i>	<i>30 598 258</i>	<i>30 552 698</i>	
1.5.7) Increase School Health Teams to 245 by March 2020	11. Number of school health teams (cumulative)	Persal; BAS	Quarterly No	176	170	214	217	225	240	245	-

⁵³ The utilisation rate decreased as a result of significant increase in the under-5 population estimates (Stats SA) – visits to Phila Mntwana Centres must be taken into consideration when interpreted

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.5.2: Increase the number of ward based outreach teams to 190 by March 2020	12. Number of ward based outreach teams ⁵⁴ (cumulative)	Persal; BAS	Quarterly No	84 ⁵⁵	74 ⁵⁶	135	151	160	175	190	190
1.5.8) Increase the accredited Health Promoting Schools to 335 by March 2020	13. Number of accredited health promoting schools (cumulative)	Accreditation Certificate; Health Promotion database	Quarterly No	247	278	297	306	315	325	335	-
Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM											
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by march 2020	14. Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	Assessment reports; Ideal Clinic Dashboard	Quarterly %	Not reported	Not reported	23.1%	19.3%	60% ⁵⁷	85%	100%	100%
	Number of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard on assessment	Assessment Reports	No	-	-	141	118	366	414	610	
	Total number of PHC clinics/ CHCs	Assessment Reports	No	-	-	610	610	610	610	610	

⁵⁴The 169 wards worst affected by poverty is targeted as part of the Poverty Eradication Master Plan

⁵⁵Includes 33 fully staffed and 51 partially staffed teams

⁵⁶All appointed teams not fully functional (inadequate allocated vehicles, teams not adequately staffed due to staff turnover, etc.)

⁵⁷ This target is VERY progressive and unrealistic but based on the commitment made by the Minister of Health during the launch of Operation Phakisa Ideal Clinic & Realisation & Maintenance

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6) 2017/18 Targets (PHC)

Table 23: (DHS4) Quarterly and Annual Targets 2017/18

Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	Quarterly Cumulative	%	60%	38%	48%	52%	60%	60%
2. Outreach household registration visit coverage (annualised)	Quarterly	%	40%	36%	37%	38%	40%	40%
3. PHC utilisation rate (annualised)	Quarterly	No	2.7	2.7	2.7	2.7	2.7	2.7
4. Complaint resolution rate	Quarterly	%	88.5%	86%	87%	88.5%	88.5%	88.5%
5. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%	95%
6. Life expectancy at birth: Total	Annual	Years	60.0 years	-	-	-	-	60.0 years
7. Life expectancy at birth: Male	Annual	Years	57.9 years	-	-	-	-	57.9 years
8. Life expectancy at birth: Female	Annual	Years	62.1 years	-	-	-	-	62.1 years
9. PHC utilisation rate under 5 years (annualised)	Quarterly	No	3.9	3.9	3.9	3.9	3.9	3.9
10. Expenditure per PHC headcount	Quarterly	Rand	R 394	R 365	R 375	R 385	R 394	R 394
11. Number of school health teams (cumulative)	Quarterly	No	225	218	220	223	225	225
12. Number of ward-based outreach teams (cumulative)	Quarterly	No	160	153	155	157	160	160
13. Number of accredited health promoting schools (cumulative)	Quarterly	No	315	306	309	311	315	315
14. Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	Quarterly Cumulative	%	60%	25%	40%	50%	60%	60%

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Sub-Programme: District Hospitals

1) 2017/18 Priorities (District Hospitals)

- Implementing the Hospital Rationalisation Plan for District Hospitals as part of the Departmental Turn-Around Plan to ensure optimal utilisation of available resources, improved hospital efficiencies, quality of care and clinical governance.
 - The Hospital Rationalisation Plan contains specific deliverables that will be monitored to track performance.
- Scale up the implementation of the National Core Standards including self-assessments to inform development and monitoring of Quality Improvement Plans.
- Improve patient satisfaction and complaints resolution.

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2) Situation Analysis Indicators (District Hospitals)

Table 24: (DHS5) Situation Analysis Indicators

Programme Performance Indicators	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umzinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	%	Not reported	-	-	-	-	-	-	-	-	-	-	-
<i>Hospital achieved 75% and more on National Core Standards self-assessment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>National Core Standards self-assessment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
2. Average length of stay	Days	5.8 Days	5.8 Days	5.4 Days	5.5 Days	6.2 Days	4.5 Days	5.8 Days	5.9 Days	6.7 Days	6.5 Days	5.0 Days	5.4 Days
<i>Inpatient days - total</i>	No	1 891 030	195 195	167 881	104 093	229 065	11 300	289 969	250 141	207 474	79 080	164 602	192 230
<i>½ Day patients</i>	No	12 636	295	1 885	302	274	492	1 301	221	256	477	849	2 684
<i>Inpatient separations</i>	No	331 820	33 974	31 277	19 024	37 309	2 625	50 460	43 008	31 454	12 363	33 330	36 996
3. Inpatient bed utilisation rate	%	60.2%	66.3%	80.5%	61.7%	54.4%	60.8%	62.7%	56.0%	46.6%	56.9%	63.6%	68.5%
<i>Inpatient days - total</i>	No	1 891 030	195 195	167 881	104 093	229 065	11 300	289 969	250 141	207 474	79 080	164 602	192 230
<i>½ Day patients</i>	No	12 636	295	1 885	302	274	492	1 301	221	256	477	849	2 684

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Programme Performance Indicators	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyakude 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilebe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
<i>Inpatient bed days available</i>	No	3 116 370	294 555	207 685	168 995	421 210	18 980	450 775	443 475	430 700	139 430	260 975	279 590
4. Expenditure per PDE	R	R 2 116	-	-	-	-	-	-	-	-	-	-	-
<i>Expenditure total</i>	R'000	5 726 246	-	-	-	-	-	-	-	-	-	-	-
<i>Patient day equivalent</i>	No	2 705 625	281 993	269 071	152 289	315 170	27 748	410 556	345 035	329 052	100 570	231 903	242 237 ⁵⁸
5. Complaint resolution rate	%	80.8%	87.0%	60.6%	68.7%	57.4%	48.5%	71.1%	101.0%	73.1%	83.3%	85.9%	90.0%
<i>Complaint resolved</i>	No	2 050	341	94	68	89	32	150	310 ⁵⁹	223	110	226	407
<i>Complaint received</i>	No	2 537	392	155	99	155	66	210	307	305	132	263	452
6. Complaint resolution within 25 working days rate	%	89.8%	99.1%	81.9%	39.7%	36.0%	100%	96.7%	77.4%	96.4%	100%	98.7%	98.8%
<i>Complaint resolved within 25 working days</i>	No	1 841	338	77	27	32	32	145	240	215	110	223	402
<i>Complaint resolved</i>	No	2 050	341	94	68	89	32	150	310	223	110	226	407

⁵⁸St Mary's Marianhill data not included as expenditure is via State Aided funding

⁵⁹ Complaints resolved includes complaints from previous quarter

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3) Strategic Objectives, Indicators and Targets (District Hospitals)

Table 25: 2015-2019 Strategic Plan Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Targets 2019/20
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 (Reviewed 2015/16)	Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Approved Hospital Rationalisation Plan by June 2017 (Reviewed 2016/17)	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	5.1.2) 60% (or more) public health hospitals achieved 75% and more on National Core Standards self-assessment rate by March 2020 (Reviewed 2017/18)	Hospitals achieved 75% and more on National Core Standards self-assessment rate (Reviewed 2017/18)	60% (or more)

Table 26: (DHS6) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% and more on the National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	Self-assessment records; QA records; DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	21%	39%	60%	60% (or more)
	Hospital achieved 75% and more on National Core Standards self-assessment	NCS Assessment records	No	-	-	-	-	8	15	20	
	National Core Standards self-assessment	NCS Assessment records	No	-	-	-	-	38	38	38	
Strategic Objective 1.7: Improve hospital efficiencies											

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	Quarterly Days	5.8 Days	5.8 Days	5.8 Days	5.7 Days	5.7 Days ⁶⁰	5.6 Days	5.5 Days	-
	<i>In-patient days - total</i>	<i>Midnight census</i>	No	1 986 431	1 972 507	1 891 030	1 870 702	1 859 332	1 820 226	1 804 998	
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	No	10 623	11 392	12 636	13 688	13 989	14 215	14 268	
	<i>Inpatient separations</i>	<i>Admission/ Discharge Register</i>	No	342 311	339 195	331 820	330 978	329 978	327 996	326 972	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	64.5%	62.8%	60.2%	62.5%	66.8%	72.9%	75.5%	75% or more
	<i>In-patient days - total</i>	<i>Midnight census</i>	No	1 896 431	1 972 507	1 891 030	1 870 702	1 859 332	1 820 226	1 804 998	
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	No	10 623	11 392	12 636	13 688	13 989	14 215	14 268	
	<i>Inpatient bed days available</i>	DHIS	No	3 088 508	3 057 240	3 116 370	3 001 405	2 793 547	2 507 210	2 399 991	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per patient day equivalent (PDE)	BAS; DHIS	Quarterly R	R 1 941	R 2 032	R 2 116	R 2 158	R 2 320	R 2 382	R 2 470	-
	<i>Expenditure total</i>	BAS	R'000	5 433 841	5 685 230	5 726 246	5 925 502	6 393 205	6 671 092	7 044 673	
	<i>Patient day equivalent</i>	DHIS	No	2 799 322	2 803 295	2 705 625	2 745 556	2 755 657	2 799 962	2 851 977	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											

⁶⁰ The total average length of stay for District Hospitals is influenced by high ALOS of TB (MDR TB Decentralised Units attached to selected District Hospitals) and Mental Health clinical domains

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS/ QA database	Quarterly %	73.1%	70.5%	80.8%	75.3%	82%	88%	95%	-
	<i>Complaints resolved</i>	<i>Complaints Register</i>	No	2 034*	1 863	2 050	1 926	2 048	2 113	2 278	
	<i>Complaints received</i>	<i>Complaints Register</i>	No	2 781	2 643	2 537	2 558	2 498	2 401	2 398	
	6. Complaint resolution within 25 working days rate	DHIS/ QA database	Quarterly %	84.9%	92.1%	89.8%	91.5%	93%	94%	95%	
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	No	1 727	1 716	1 841	1 762	1 905	1 918	2 050	
	<i>Complaints resolved</i>	<i>Complaints Register</i>	No	2 034*	1 864	2 050	1 926	2 048	2 040	2 158	
Strategic Objective 2.7: Reduce maternal mortality											
2.7.2) Reduce the caesarean section rate to 26% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	27.4%	27.8%	28.8%	28.9%	27.5%	27%	26%	-
	<i>Delivery by caesarean section</i>	<i>Delivery & Theatre registers</i>	No	23 862	24 762	23 958	25 378	23 954	23 484	22 608	
	<i>Delivery in facility total</i>	<i>Delivery register</i>	No	87 009	89 014	83 219	87 676	87 109	86 979	86 955	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.5) Reduce the unreferred outpatient department (OPD) headcounts with at least 7% per annum	8. OPD headcount-total	DHIS/ OPD tick register	Quarterly No	2 459 718	2 419 561	2 319 180	2 363 074	2 324 897	2 309 775	2 299 385	-
	9. OPD headcount not referred new	DHIS/ OPD tick register	Quarterly No	525 032	526 271	448 763	457 114	397 894	370 041	350 947	-

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4) 2017/18 Targets (District Hospitals)

Table 27: (DHS7) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	Quarterly	%	21%	5%	5% (10%)	5% (15%)	6% (21%)	21%
2. Average length of stay - total	Quarterly	Days	5.7 Days	5.7 Days	5.7 Days	5.7 Days	5.7 Days	5.7 Days
3. Inpatient bed utilisation rate - total	Quarterly	%	66.8%	63%	64%	65%	66.8%	66.8%
4. Expenditure per PDE	Quarterly	Rand	R 2 320	R 2 199	R 2 230	R 2 290	R 2 320	R 2 320
5. Complaint resolution rate	Quarterly	%	82%	76.5%	78%	80%	82%	82%
6. Complaint resolution within 25 working days rate	Quarterly	%	93%	93%	93%	93%	93%	93%
7. Delivery by caesarean section rate	Quarterly	%	27.5%	28%	27.6%	27.5%	27.5%	27.5%
8. OPD headcount-total	Quarterly	No	2 324 897	581 224	581 224 (1 162 448)	581 224 (1 743 672)	581 225 (2 324 897)	2 324 897
9. OPD headcount not referred new	Quarterly	No	397 894	99 473	99 473 (198 946)	99 473 (298 419)	99 474 (397 894)	397 894

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KWAZULU-NATAL DEPARTMENT OF HEALTH

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

1) 2017/18 Priorities (HIV, AIDS, STI & TB)

Intensify implementation of the integrated 90-90-90 strategy for HIV, AIDS and TB including:

- Prevention:
 - Male and female condom distribution;
 - Male medical circumcision;
 - Scale up of HIV and TB behavioral modification interventions for at risk groups and high burden districts; and
 - Preventive therapy for HIV, TB and other opportunistic infections.
- Case identification:
 - Accelerate the establishment of Men's Health Clinics;
 - Implement an integrated population-based health screening and testing strategy for NCDs, HIV, STI and TB to ensure that 90% of the population is screened and tested;
 - Strengthen systems for linking care interventions and referral; and
 - Roll out geospatial mapping for increased case identification of at risk populations.
- Treatment initiation:
 - Implement an integrated health service delivery model to achieve the 90% access to treatment for identified HIV, STI and TB cases; and
 - TB diagnosis and management of children under five years.
- Retention and treatment (Treatment success):
 - Develop and implement the KZN Adherence, Care and Support Strategy for NCDs, HAST and MNCWH; and
 - Scale up implementation of an integrated TB and HIV information system and maintain health facilities on the live capturing mode.

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2) Situation Analysis Indicators (HIV, AIDS, STI & TB)

Table 28: (DHS8) Situation Analysis Indicators – 2015/16

Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umzinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. ART client remain on ART end of month - total	No	1 059 193	76 414	117 623	63 318	49 497	48 522	85 939	71 510	98 906	59 354	46 656	341 751
2. TB / HIV co-infected client on ART rate	%	86.8%	-	-	-	-	-	-	-	-	-	-	-
<i>TB/HIV co-infected client on ART</i>	No	42 414	-	-	-	-	-	-	-	-	-	-	-
<i>HIV positive TB client</i>	No	48 857	-	-	-	-	-	-	-	-	-	-	-
3. HIV test done - total	No	2 627 230	230 867	289 492	129 382	188 569	141 189	194 170	117 811	185 181	144 066	144 702	861 801
4. Male condoms distributed	No	184 431 641	11 804 023	26 311 875	12 355 017	19 045 407	9 057 802	17 852 683	8 931 913	10 095 127	8 526 402	10 804 815	49 646 517S
5. Medical male circumcision - total	No	124 086	14 614	14 127	7 650	10 736	6 332	9 827	6 431	13 426	7 344	4 954	28 645
6. TB client 5 years and older start on treatment rate	%	Not reported	-	-	-	-	-	-	-	-	-	-	-
<i>TB client 5 years and older start on treatment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>TB symptomatic client 5 years and older tested positive</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
7. TB client treatment success rate	%	84.5%	86.3%	87.7%	85.6%	88.5%	87.3%	86.7%	91.9%	97.4%	91.3%	82%	77.8%

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Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umzinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembu 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
TB client successfully completed treatment	No	19 313	2 542	1 796	1 075	714	683	1 041	1 191	1 718	1 001	753	6 799
New smear positive TB client start on treatment	No	22 853	2 946	2 048	1 256	807	782	1 201	1 296	1 764	1096	918	8 739
8. TB client lost to follow up rate	%	4%	3.8%	4.5%	1.4%	3.2%	4.2%	4.2%	0.2%	0.3%	3%	5.2%	5.6%
TB client lost to follow up	No	918	112	92	17	26	33	50	2	6	33	48	490
TB client start on treatment	No	22 853	2 946	2 048	1 256	807	782	1 201	1 296	1 764	1 096	918	8 739
9. TB client death rate	%	3.4%	3%	3.6%	4.3%	6.8%	5.5%	4.7%	1.7%	0.6%	3.2%	5.3%	2.9%
TB client died during treatment	No	772	89	73	54	55	43	57	22	11	35	49	253
TB client start on treatment	No	22 853	2 946	2 048	1 256	807	782	1201	1 296	1 764	1 096	918	8 739
10. TB MDR treatment success rate	%	58%	61%	60%	New site	63.5%	New site	59.8%	63.7%	56.8%	New site	60%	55.9%
TB MDR client successfully completed treatment	No	2 267	212	215	-	69	-	198	204	240	-	180	1 021
TB MDR confirmed client start on treatment	No	3 906	347	358	-	107	-	348	320	422	-	180	1 824

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KWAZULU-NATAL DEPARTMENT OF HEALTH

3) Strategic Objectives, Indicators and Targets (HIV, AIDS, STI & TB)

Table 29: 2015-2019 Strategic Plan Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicators	Targets 2019/20
Strategic Goal 2: Reduce and manage the burden of disease	HIV, AIDS and STI			
	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 at least 16.5 million people for HIV by March 2020 (cumulative) – (Reviewed 2017/18)	Client tested for HIV (including ANC)	At least 16.5 million (cumulative) (Reviewed 2017/18)
	2.3) Manage HIV prevalence	2.3.2) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative) – (Reviewed 2017/18)	Adults remaining on ART – total	At least 1.5 million (Reviewed 2017/18)
	Tuberculosis			
	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 population
		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 30: (DHS9) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 2.3: Manage HIV prevalence											
2.3.2) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)	1. ART client remain on ART end of month - total	DHIS/ ART Register	Quarterly No	788 184	897 270	1 059 193	1 135 340	1 295 471	1 444 558	1 578 737	1.5 million
	2. TB/ HIV co-infected clients on ART rate	ART register; TIER.Net; DHIS	Quarterly No	Not reported	61.5%	86.8%	87.4%	90%	91.1%	93.3%	-
	<i>TB/HIV co-infected clients on ART</i>	ART Register; ETR.Net	No	-	27 050	42 414	53 359	51 134	51 069	56 696	-
	<i>HIV positive TB client</i>	ART Register; ETR.Net	No	-	71 116	48 857	61 052	56 816	56 070	60 776	-
Strategic Objective 2.2: Reduce HIV Incidence											
2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative)	3. HIV test done - total	DHIS/ HIV Register	Quarterly No	Not reported	2 541 231	2 627 230 (6 761 360 cumulative)	3 025 874 (9 787 234 cumulative)	2 260 448 (12 047 682 cumulative)	2 260 448 (14 308 130 cumulative)	2 260 448 (16 568 578 cumulative)	16.5 million (cumulative)
Strategic Objective 2.2: Reduce HIV Incidence											
2.2.3) Increase the male condom distribution to 220 million by March 2019	4. Male condoms distributed	Stock/ Bin Cards	No	134 737 662	196 002 188	184 431 641	177 525 714	210 038 898	220 917 212	220 917 212	-
2.2.4) Increase the medical male circumcisions to 1.1 million by March 2020 (cumulative)	5. Medical male circumcision – total	MMC Register; Theatre register; DHIS	Quarterly No	304 886 cum (45 940)	448 276 cum (143 390)	572 363 cumulative [124 086 annual]	708 201 cumulative [67 919 annual]	847 064 cumulative (138 863 annual)	994 478 cumulative (147 414 annual)	1 155 293 cumulative (160 815 annual)	-
Strategic Objective 2.4: Improve TB outcomes											

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020	6. TB client 5 years and older start on treatment rate	TB/HIV Registers; TIER.Net;	Quarterly %	Not reported	97.2%	99.0%	99.3%	99.3%	99.6%	99.9%	-
	<i>TB client 5 years and older start on treatment</i>	TB/HIV Registers; TIER.Net	No	-	43130	35 617	36 080	36 080	36 549	37 024	
	<i>TB symptomatic client 5 years and older tested positive</i>	TB/HIV Registers; TIER.Net;	No	-	44 353	35 960	36 320	36 320	36 683	37 050	
Strategic Objective 2.4: Improve TB outcomes											
2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020	7. TB client treatment success rate	TB register; ETR.Net	Quarterly %	85%	85.3%	84.5%	84.9%	87%	87.8%	90%	90% or more
	<i>TB client successfully completed treatment</i>	TB Register	No	26 256	25 332	19 313	16 471	27 310	18 978	20 537	
	<i>TB client start on treatment</i>	TB Register	No	30 902	31 080	22 853	19 400	31 391	21 616	22 819	
2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020	8. TB client lost to follow up rate	TB register; ETR.Net	Quarterly %	4.8%	4.1%	4%	4%	3.5%	3.1%	2.6%	-
	<i>TB client on treatment lost to follow up</i>	TB Register	No	1 504	1 288	918	776	1 099	656	601	
	<i>TB client start on treatment</i>	TB Register	No	30 902	31 080	22 853	19 400	31 391	21 616	22 819	
2.4.3) Decrease the TB death rate to 2% by March 2020	9. TB client death rate	ETR.Net	Annual %	4.7%	4.3%	3.4%	3.2%	2.9%	2.4%	2.1%	2%
	<i>TB client death during treatment</i>	TB Register	No	1 480	1 271	772	621	910	526	475	
	<i>TB client start on treatment</i>	TB Register	No	25 499	29 646	22 853	19 400	31 391	21 616	22 819	

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020	10. TB MDR treatment success rate	MDR register; EDR Web	Annual %	62%	55%	58%	59%	61.9%	64.4%	75%	75% or more
	<i>TB MDR client successfully completing treatment</i>	MDR Register	No	1 530	1 428	2 267	2 341	2 576	3 080	4 176	
	<i>TB MDR confirmed client start on treatment</i>	MDR Register	No	2468	2 597	3 906	3 968	4 162	4 779	5 568	
Strategic Objective 2.4: Improve TB outcomes											
2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020	11. TB incidence	TB register; ETR.Net	Annual No per 100,000 pop	898/100 000	828/100 000	642.5/100 000	591.9/100 000	500/ 100 000	400/ 100 000	350 / 100 000	400 (or less) per 100 000
	<i>New confirmed TB cases</i>	TB Register	No	99 460	87 518	68 678	63 960	56 337	45 668	40 479	
	<i>Total population in KZN</i>	DHIS; Stats SA	Population	10 456 909	10 571 312	10 688 165	10 806 336	11 267 436	11 417 132	11 565 963	
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	12. TB XDR confirmed client start on treatment	XDR TB register; EDR Web; TIER.Net	Quarterly No	207	130	165	73	148	140	135	-
2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017	13. New smear positive PTB cure rate	TB register; ETR.Net; TIER.Net	Quarterly %	81.8%	83.7%	79.8%	83.9%	85%	86%	87%	-
	<i>New smear positive pulmonary TB client cured</i>	TB Register	No	25 285	26 002	18 249	14 819	18 530	20 933	23 837	

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
onwards	<i>New smear positive pulmonary TB client start on treatment</i>	<i>TB Register</i>	<i>No</i>	30 902	31 080	22 853	17 663	21 800	24 341	27 399	
Strategic Objective 2.2: Reduce HIV Incidence											
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	14. HIV incidence	ASSA2008 estimates (not routinely collected)	Annual %	1.01%	1.01%	1.01%	1.01%	1.01%	1.01%	1%	1% or less
2.2.5) Decrease male urethritis syndrome to at least 3% by March 2020	15. Male urethritis syndrome incidence	DHIS; Stats SA	Quarterly %	3.4%	3.6%	3.3%	3.2%	3.2%	3.1%	3%	-
	<i>Male urethritis syndrome treated – new episodes</i>	<i>PHC Register</i>	<i>No</i>	111 731	118 536	110 085	108 352	90 585	89 439	88 276	
	<i>Male population 15-49 years</i>	<i>DHIS; Stats SA</i>	<i>Population</i>	3 258 094	3 314 204	3 370 509	3 428 445	2 831 094	2 885 117	2 942 528	
2.3.1) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)	16. ART adult remain on ART end of period	ART Register; TIER.Net	Quarterly No	Not reported	Not reported	Not reported	1 067 123	1 226 020	1 373 047	1 501 161	-
	17. ART child under 15 years remain on ART end of period	ART Register; TIER.Net	Quarterly No	Not reported	Not reported	Not reported	54 663	69 451	71 511	77 576	-

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4) 2017/18 Targets (HIV, AIDS, STI & TB)

Table 31: (DHS10) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. ART client remain on ART end of month - total	Quarterly	No	1 295 471	1 279 161	1 284 597	1 290 035	1 295 471	1 295 471
2. TB / HIV co-infected clients on ART rate	Quarterly	%	90%	87.9%	87.9%	88%	90%	90%
3. HIV test done - total	Quarterly	No	2 260 448	565 112	565 112	565 112	565 112	2 260 448
4. Male condom distribution	Quarterly	No	210 038 898	52 509 724	52 509 724	52 509 724	52 509 724	210 038 898
5. Medical male circumcision performed – total	Quarterly	No	138 863 847 064 cumulative	33 327 (741 528)	47 213 (788 741)	30 550 (819 291)	27 773 (847 064)	138 863 (847 064)
6. TB client 5 years and older start on treatment rate	Quarterly	%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%
7. TB client treatment success rate	Quarterly	%	87%	84.9%	85%	86%	87%	87%
8. TB client lost to follow up rate	Quarterly	%	3.5%	3.8%	3.7%	3.6%	2.5%	3.5%
9. TB client death rate	Annual	%	2.9%	-	-	-	-	2.9%
10. TB MDR treatment success rate	Annual	%	61.9%	-	-	-	-	61.9%
11. TB incidence	Annual	No per 100,000	500/100,000	-	-	-	-	500/100,000
12. TB XDR confirmed client start on treatment	Quarterly	No	148	37	37 (74)	37 (111)	37 (148)	148
13. TB new smear positive PTB cure rate	Quarterly	%	85%	82%	83%	84%	85%	85%
14. HIV incidence	Annual	%	1.01%	-	-	-	-	1.01%
15. Male urethritis syndrome incidence	Quarterly	No per 1000	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%
16. ART adult remain on ART end of period	Quarterly	No	1 226 020	1210584	1215729	1220875		1 226 020
17. ART child under 15 years remain on ART end of period	Quarterly	No	69 451	68 577	68 868	69 160	69 451	69 451

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

1) 2017/18 Priorities (MNC&WH & Nutrition)

1. Reduce maternal and child morbidity and mortality.

- Prevention:
 - Strengthen Phila Mntwana for prevention of preventable childhood mortality and morbidity (Diarrhoea, pneumonia, malnutrition).
 - Improve Immunisation.
 - Implementation of elimination of mother to child transmission (eMTCT) - last mile.
 - Decrease malnutrition in children under-5 years with focus on the management of malnutrition, reduction in severe acute malnutrition fatality rate and reduction in childhood obesity.
 - Prevention and control of micronutrient deficiencies.
 - Improve complementary feeding practices for children 6-24 months.
 - Improve infant nutrition through promotion of breastfeeding, establishment of Human Breastmilk Banks, infant feeding, and mother baby friendly initiatives.
 - Case Identification:
 - Promotion of early booking for antenatal and postnatal care.
 - Training on Essential Steps in Management of Obstetric Emergencies (ESMOE), Helping Babies Breathe (HBB), management of small and sick neonates, and Kangaroo Mother Care (KMC), and Integrated Management of Childhood Illness (IMCI).
 - Retention and treatment:
 - Develop/implement KZN Adherence, Care and Support Strategy for NCDs, HAST and MNCWH.
 - Improve quality of ante-partum, intrapartum and post-partum care.
 - Advocacy, communication and social mobilisation.
- ##### 2. Scale up and strengthen services and programmes to improve women's and adolescent health.
- Prevention:
 - Prevention of unwanted, unplanned and teenage pregnancies.
 - Promotion of safe conception (Pre-conception services)
 - Case identification:
 - Promote Phila Ma – strengthen the cervical & breast cancer programme & services.

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2) Situation Analysis Indicators (MNC&WH & Nutrition)

Table 32: (DHS11) Situation Analysis Indicators

Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. Antenatal 1st visit before 20 weeks rate	%	64.8%	65.8%	68.7%	61.3%	68.4%	58.5%	67.0%	66.4%	63.1%	65.9%	64.6%	63.8%
<i>Antenatal 1st visit before 20 weeks</i>	No	135 367	9 098	11 911	8 091	8 449	5 408	12 180	10 604	12 900	8 225	6 460	42 041
<i>Antenatal 1st visit total</i>	No	208 903	13 826	17 328	13 206	12 360	9 200	18 182	15 972	20 442	12 482	10 007	65 898
2. Mother postnatal visit within 6 days rate	%	69.8%	63.6%	65.1%	77.0%	76.4%	71.9%	59.1%	79.8%	67.7%	74.2%	72.8%	69.5%
<i>Mother postnatal visit within 6 days after delivery</i>	No	129 873	8 309	11 534	9 261	8 258	6 289	9 135	11 293	12 857	7 719	5 858	39 360
<i>Delivery in facility total</i>	No	186 063	13 070	17 722	12 032	10 804	8 745	15 465	14 158	18 983	10 398	8 050	56 636
3. Infant 1st PCR test positive around 10 weeks rate	%	1.2%	1.3%	1.6%	0.8%	1.2%	1.9%	1.5%	0.5%	0.8%	1.2%	1.1%	1.2%
<i>Infant PCR test positive around 10 weeks</i>	No	521	44	49	21	29	40	58	15	49	27	29	160
<i>Infant PCR test around 10 weeks</i>	No	44 400	3 426	3 118	2 672	2 502	2 082	3 781	2 822	5 849	2 198	2 616	13 334
4. Immunisation under 1 year coverage (annualised)	%	85.0%	82.9%	72.9%	84.7%	92.2%	80.9%	78.1%	87.5%	81.5%	77.6%	68.5%	97.6%
<i>Immunised fully under 1 year new</i>	No	191 946	14 255	15 272	14 000	12 021	9 957	16 111	14 571	18 991	10 761	8 798	57 209
<i>Population under 1 year</i>	No	227 216	17 535	20 925	16 705	13 362	12 204	20 712	16 930	23 324	14 077	12 799	58 825

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Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyakude 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
5. Measles 2nd dose coverage (annualised)	%	82.6%	84.9%	69.4%	82.5%	95.2%	87.2%	72.6%	82.3%	88.9%	75.1%	75.2%	87.1%
Measles 2nd dose	No	189 035	15 138	14 772	13 608	12 511	10 463	14 899	13 915	21 077	10 427	9 542	52 683
Population 1 year	No	227 216	17 535	20 925	16 705	13 362	12 204	20 712	16 930	23 324	14 077	12 799	58 825
6. DTaP-IPV-HepB/Hib 3 - Measles 1st dose drop-out rate	%	-6.8%	-12.2%	-2.6%	-7.1%	-38.2%	-16.1%	-29%	-18.7%	-16.5%	6.1%	-18.8%	8.0%
DTaP-IPV-HepB/Hib 3 to Measles 1st dose drop-out	No	-12 964	-1667	-406	-1 013	-3 729	-1 485	-477	-2 533	-3 182	720	-1603	2 411
DTaP-IPV-HepB/Hib 3rd dose	No	191 939	13 681	15 410	14 299	9 754	9 213	16 414	13 547	19 266	11 796	8 546	60 013
7. Diarrhoea case fatality under 5 years rate	%	2.2%	2.3%	1.8%	1.8%	2.0%	1.3%	3.0%	1.6%	1.9%	2.4%	2.5%	2.3%
Diarrhoea death under 5 years	No	221	17	16	14	14	6	34	12	21	12	13	62
Diarrhoea separation under 5 years	No	10 259	729	893	757	686	469	1 124	771	1 122	496	529	2 683
8. Pneumonia case fatality under 5 years rate	%	2.7%	2.6%	2.5%	2.9%	3.1%	1.5%	3.8%	1.9%	5.6%	1.8%	2.4%	2.5%
Pneumonia death under 5 years	No	308	32	33	19	21	8	31	13	43	11	11	86
Pneumonia separation under 5 years	No	11 215	1 209	1 306	654	686	539	814	673	763	619	456	3 496

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Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyakude 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
9. Severe acute malnutrition case fatality under 5 years rate	%	7.7%	9.4%	6.1%	8.9%	8.7%	6.5%	7.8%	7.9%	8.4%	7.7%	8.2%	6.4%
<i>Severe acute malnutrition death in facility under 5 years</i>	No	281	32	17	22	24	12	22	24	33	25	17	53
<i>Severe acute malnutrition separation under 5 years</i>	No	3 664	340	278	247	277	184	283	304	393	324	207	827
10. School Grade 1 learners screening	No	10 841	1 932	816	62	137	0	327	1 977	1 717	627	1 888	1 358
11. School Grade 8 learners screened	No	22 660	2 047	1 820	1 979	1 022	368	3 183	1 625	2 339	1 726	2 835	3 718
12. Delivery in 10 to 19 years in facility rate	%	Not reported	-	-	-	-	-	-	-	-	-	-	-
<i>Delivery 10 to 19 years in facility</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
<i>Delivery in facility - total</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
13. Couple year protection rate (int)	%	52.0%	52.3%	62.8%	53.6%	85.2%	50.8%	58.0%	46.3%	37.8%	40.9%	60.4%	47.6%
<i>Couple year protection</i>	No	1 555 481	107 979	196 881	106 543	127 921	76 070	138 921	83 565	103 674	77 973	82 457	453 496
<i>Population 15-49 years females</i>	No	292 747	201 776	308 505	193 467	148 333	144 257	234 441	176 167	261 763	186 243	131 736	943 956

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Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umkhanyakude 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
14. Cervical cancer screening coverage for women 30 years and older (annualised) ⁶¹	%	72.7%	73.4%	71.4%	82.7%	109.2%	57.5%	80.6%	72.2%	68.5%	79.0%	73.4%	67.0%
<i>Cervical cancer screening in woman 30 years and older</i>	No	171 150	11 420	18 232	12 148	11 774	6 201	12 722	8 839	13 558	11 589	6 641	58 026
<i>Population 30 years and older female</i>	No	234 228	15 465	25 386	14 616	10 724	10 722	15 668	12 177	19 686	14 557	9 000	86 225
15. Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3 rd dose rate	%	41.7%	41.6%	43.4%	53.1%	61.4%	52.6%	34.2%	40.8%	40.6%	47.7%	38.9%	35.2%
<i>Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose</i>	No	91 590	6 067	7 626	8 429	8 523	5 054	6 189	6 247	8 746	5 985	3 678	25 046
<i>DTaP-IPV-Hib-HBV 3rd dose</i>	No	116 904	7 599	9 682	8 399	8 853	5 359	8 610	9 427	10 098	5 523	5 479	37 875
16. Antenatal client start on ART rate	%	97.6%	98.3%	97.2%	98.6%	95.5%	92.6%	99.3%	98.8%	99.3%	100%	93.4%	97.4%
<i>Antenatal client start on ART</i>	No	43 733	2 928	3 859	2 465	1 965	1 875	3 827	3 194	4 206	2 701	1 703	15 009
<i>Antenatal client known HIV positive but not on ART at 1st visit</i>	No	44 786	2 979	3 970	2 499	2 058	2 024	3 855	3 232	4 237	2 702	1 823	15 408
17. Human papilloma virus (HPV) 1 st dose	No	41 943	4 879	3 113	4 878	1 960	2 671	5 228	5 564	1 219	1 967	2 039	8 425
18. Human papilloma virus (HPV) 2 nd dose	No	Not reported	-	-	-	-	-	-	-	-	-	-	-

⁶¹ Indicator changed from final customised indicator "Cervical cancer screening coverage 20 years and older" as per communicate from the Director General health dated 09 February 2017

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Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umninyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembu 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
19. Maternal mortality in facility ratio (annualised)	No per 100k	121.1/100 000	92.4/100 000	191.7/100 000	160.0/100 000	101.3/100 000	161.7/100 000	85.2/100 000	85.2/100 000	153.8/100 000	119.7/100 000	99.9/100 000	106.9/100 000
<i>Maternal death in facility</i>	No	223	12	33	19	11	14	13	12	29	12	8	60
<i>Live birth in facility plus Born alive before arrival at facility</i>	No	184 184	12 993	17 212	11 872	10 855	8 660	15 262	14 088	18 851	10 281	8 009	56 101
20. Neonatal death in facility rate	No per 1000	10.6/1000	8.7/1000	10.2/1000	8.3/1000	11.9/1000	10.4/1000	7.3/1000	7.3/1000	13.9/1000	11.6/1000	10.8/1000	11.7/1000
<i>Neonatal 0-28 days death in facility</i>	No	1 950	113	177	99	130	90	111	103	263	120	87	657
<i>Live birth in facility</i>	No	184 184	12 993	17 212	11 872	10 855	8 660	15 262	14 088	18 851	10 281	8 009	56 101

3) Strategic Objectives, Indicators and Targets (MNC&WH & Nutrition)

Table 33: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 2: Reduce and manage the burden of disease	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 (Reviewed 2016/17)	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	

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	2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020	Couple year protection rate (international) – (Reviewed 2017/18)	75%
		2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	Cervical cancer screening coverage 30 years and older (annualised)	75% (or more)

Table 34: (DHS12) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 2.7: Reduce maternal mortality											
2.7.3) Increase the antenatal 1 st visit before 20 weeks rate to 70% (or more) by March 2020	1. Antenatal 1st visit before 20 weeks rate	PHC register; DHIS	Quarterly %	56.2%	57.3%	64.8%	72%	70.5%	72%	75%	-
	<i>Antenatal 1st visit before 20 weeks</i>	<i>PHC register</i>	<i>No</i>	<i>136 813</i>	<i>133 761</i>	<i>135 367</i>	<i>139 406</i>	<i>147 277</i>	<i>150 410</i>	<i>156 677</i>	
	<i>Antenatal 1st visit total</i>	<i>PHC register</i>	<i>No</i>	<i>242 759</i>	<i>233 593</i>	<i>208 903</i>	<i>193 620</i>	<i>208 903⁶²</i>	<i>208 903</i>	<i>208 903</i>	
2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020	2. Mother postnatal visit within 6 days rate	PHC & Delivery register; DHIS	Quarterly %	71.4%	66.4%	69.8%	63.8%	70.1%	70%	70%	-
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>PHC register</i>	<i>No</i>	<i>139 120*</i>	<i>135 375</i>	<i>129 873</i>	<i>117 454</i>	<i>130 442</i>	<i>130 244</i>	<i>130 244</i>	
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	<i>No</i>	<i>194 758*</i>	<i>203 742</i>	<i>186 063</i>	<i>184 068</i>	<i>186 063⁶³</i>	<i>186 063</i>	<i>186 063</i>	
Strategic Objective 2.5: Reduce infant mortality											

⁶² Used National flat lined denominator

⁶³ Used National flat lined denominator

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	3. Infant PCR test positive around 10 weeks rate	PHC register; TIER.Net; DHIS	Quarterly %	1.6%	1.3%	1.2%	1.3% ⁶⁴	1.18%	1.0%	0.4%	Less than 0.5%
	<i>Infant PCR test positive around 10 weeks</i>	PHC register	No	1 188	1 003	521	582	524	444	178	
	<i>Infant PCR test around 10 weeks</i>	PHC register	No	75 081	76 653	44 400	43 734	44 400 ⁶⁵	44 400	44 400	
Strategic Objective 2.6: Reduce under 5 mortality											
2.6.3) Increase immunisation coverage to 88% or more by March 2020	4. Immunisation under 1 year coverage (annualised)	PHC register; DHIS	Quarterly %	85.8%	89.9%	85.0%	84.4%	81.7% ⁶⁶	85%	88%	-
	<i>Immunised fully under 1 year new</i>	PHC register	No	201 824	207 670	191 946	187 708	208 810	218 946	228 900	
	<i>Population under 1 year</i>	DHIS; Stats SA	No	236 094	232 450	227 216	221 991	255 475	257 461	260 227	
2.6.4) Maintain the measles 2 nd dose coverage of 90% (or more) from March 2017 onwards	5. Measles 2nd dose coverage (annualised)	PHC register; DHIS	Quarterly %	77.1%	86.3%	82.6%	103.8%	90%	91%	92%	-
	<i>Measles 2nd dose</i>	PHC register	No	181 123	200 353	189 035	235 550	237459	239 324	241 633	
	<i>Population 1 year</i>	DHIS; Stats SA	No	236 094	232 450	227 216	221 991	263 843	262 993	262 645	
2.6.5) Reduce the measles drop-out rate to 3% or less by March 2020	6. DTaP-IPV-HepB/Hib 3 - Measles 1st dose drop-out rate	PHC register; DHIS	Quarterly %	Not reported	Not reported	-6.8%	-18.4%	5% ⁶⁷	4%	3%	-
	<i>DTaP-IPV-HepB-/Hib 3 to Measles 1st dose drop-out</i>	PHC register	No	-	-	-12 964	-26 073	11 708	9 497	7 070	

⁶⁴ Reported Infant 1st PCR test positive around 10 weeks rate between 2013/14 to 2015/16; changed from 6 weeks to 10 weeks in 2016/17

⁶⁵ Used National Flat lined denominator

⁶⁶ Indicator decreased as a result of reviewed population estimates

⁶⁷ The reported drop-out rates for 2015/16 and 2016/17 is questionable and probably due to incomplete reporting since change of the immunisation schedule and stock-out of some vaccines. This is being attended to by the Programme as well as Data Management. The targets are based on a realistic drop-out rate (using correct data) – this will be monitored actively in 2017/18

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				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
	<i>DTaP-IPV-HepB-/Hib-HBV 3rd dose</i>	<i>PHC register</i>	No	-	-	191 939	141 895	234 158	237 436	235 657	
2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020	7. Diarrhoea case fatality under 5 years rate	PHC & Death register; DHIS	Quarterly %	3.3%	3.0%	2.2%	2.1%	2.1%	2.0%	2.0%	-
	<i>Diarrhoea death under 5 years</i>	<i>Death Register</i>	No	387	347	221	228	211	209	205	
	<i>Diarrhoea separation under 5 years</i>	<i>Admission & Discharge register</i>	No	11 813	11 578	10 259	10 942	10 259 ⁶⁸	10 259	10 259	
2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% (or less) by March 2020	8. Pneumonia case fatality under 5 years rate	DHIS	Quarterly %	3.2%	2.7%	2.7%	2.9%	2.6%	2.2%	2.1%	-
	<i>Pneumonia death under 5 years</i>	<i>Tick Register/ Death Register</i>	No	304	300	308	317	291	246	239	
	<i>Pneumonia separation under 5 years</i>	<i>Admission records</i>	No	9 489	11 011	11 215	10 926	11 215 ⁶⁹	11 215	11 215	
2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6.5% by March 2020	9. Severe acute malnutrition case fatality under 5 years rate	DHIS	Quarterly %	9.7%	10.4%	7.7%	7.5%	7.4%	7.0%	6.5%	-
	<i>Severe acute malnutrition death in facility under 5 years</i>	<i>Tick Register/ Death Register</i>	No	336	405	281	275	270	256	238	
	<i>Severe acute malnutrition separation under 5 years</i>	<i>Admission & Discharge records</i>	No	3 466	3 880	3 664	3 667	3 664	3 664	3 664	

⁶⁸ Used National flat lined denominator

⁶⁹ Denominator flat lined as per National methodology

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering											
1.5.9) Increase the number of learners screened with at least 5% per annum	10. School Grade 1 learners screened	School Health register; DHIS	Quarterly No	Not reported	55 529	59 253	80 662	67 966	71 364	74 932	-
	11. School Grade 8 learners screened	School Health register; DHIS	Quarterly No	Not reported	21 674	22 660	41 722	37 781	39 670	41 653	-
Strategic Objective 2.7: Reduce maternal mortality											
2.7.6) Reduce deliveries under 19 years to 8% or less by March 2020	12. Delivery in 10 to 19 years in facility rate	DHIS	Quarterly %	9.1%	8.7%	8.7%	8.7%	8.6%	8.3%	8%	
	<i>Delivery 10 to 19 years in facility</i>	<i>Tick Register</i>	No	17 713	17 664	16 130	16 013	16 078	15 443	14 885	
	<i>Delivery in facility - total</i>	<i>DHIS/Stats SA</i>	No	194 758*	203 742	186 063	184 068	186 063	186 063	186 063	
Strategic Objective 2.8: Improve women's health											
2.8.1) Increase the couple year protection rate to 75% by March 2020	13. Couple year protection rate (international)	DHIS	Quarterly %	45%	57.8%	52.0%	51.8%	64.7%	70%	75%	75%
	<i>Couple year protection</i>	<i>Tick Register PHC/ Hospital Register</i>	No	1 293 378	1 677 645	1 555 481	1 536 028	1 954 646	2 146 440	2 335 006	
	<i>Population 15-49 years females</i>	<i>DHIS/Stats SA</i>	No	2 864 858	2 896 655	2 929 747	2 966 033	3 022 377	3 066 343	3 113 342	
2.8.2) Maintain the cervical cancer screening	14. Cervical cancer screening coverage 30 years and older ⁷⁰	DHIS	Quarterly %	75.3%	70.3%	72.7%	75%	75%	75%	75%	75%

⁷⁰ Replaced the approved customised indicator "Cervical cancer screening coverage 20 years and older" as per communicate from the Director General Health dates 09 February 2017

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
coverage of 75% (or more)	<i>Cervical cancer screening in woman 30 years and older</i>	<i>Tick Register PHC/ Hospital Register</i>	No	169 315	161 707	171 150	179 342	173 734	178 066	182 424	
	<i>Population 30 years and older female/10</i>	<i>DHIS/Stats SA</i>	No	223 346	228 913	234 228	239 122	231 645	237 421	243 232	
Strategic Objective 2.5: Reduce infant mortality											
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020	15. Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	PHC register; DHIS	Quarterly %	49%	50.2%	41.7%	54.6%	60%	63%	65%	-
	<i>Infant exclusively breastfed at (DTaP-IPV-Hib-HBV) 3rd dose</i>	<i>PHC register</i>	No	106 328	109 998	91 590	105 026	113 561	120 896	124 805	
	<i>DTaP-IPV-Hib-HBV) 3rd dose</i>	<i>PHC register</i>	No	216 820	219 256	116 904	191 742	189 268	191 899	192 008	
Strategic Objective 2.7: Reduce maternal mortality											
2.7.5) Initiate 99% eligible antenatal clients on ART by March 2020	16. Antenatal client start on ART rate	ART & PHC register; DHIS	Annual %	85.3%	95.2%	97.6%	96%	98%	98.2%	98.3%	-
	<i>Antenatal client start on ART</i>	<i>ART & PHC register</i>	No	55 984*	55 761	43 733	40 408	43 890	43 980	44 024	
	<i>Antenatal client known HIV positive but not on ART at 1st visit</i>	<i>ART & PHC register</i>	No	65 635*	58 598	44 786	42 106	44 786	44 786	44 786	
Strategic Objective 2.8: Improve women's health											
2.8.3) Maintain programme to target 9 year	17. Human papilloma virus (HPV) 1 st dose	HPV register; DHIS	Annual No	69 254	150 519	41 943	51 742	84 150	84 150	84 150	-

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
old girls with HPV vaccine 1 st and 2 nd dose as part of cervical cancer prevention programme	18. HPV 2 nd dose	HPV register; DHIS	Annual No	Not reported	Not reported	Not reported	63 414	84 150	84 150	84 150	-
Strategic Objective 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	19. Maternal mortality in facility ratio (annualised)	Midnight census; Maternity & Death register DHIS	Annual No per 100,000	147/ 100 000	124.9/ 100 000	121.1/ 100 000	128.7/ 100 000	105/ 100 000	100/ 100 000	95 / 100 000	100 (or less) per 100 000 live births
	<i>Maternal death in facility</i>	<i>Midnight census/ Death Register</i>	No	280	252	223	236	205	194	184	
	<i>Live birth in facility plus Born alive before arrival at facility</i>	<i>Maternity Register</i>	No	190 512	201 797	184 184	183 310	195 853	194 065	194 065	
Strategic Objective 2.5: Reduce infant mortality											
2.5.3) Reduce the neonatal death in facility rate to at least 11.1/1000 by March 2020	20. Neonatal death in facility rate	Midnight census; Maternity & Death register; DHIS	Annual No per 1000	10.2/ 1000	10.3/ 100	10.5 / 1000	11.8 / 1000	11.7/ 1000	11.5/ 1000	11.1/ 1000	-
	<i>Neonatal 0-28 days death in facility</i>	<i>Midnight census/ Death Register</i>	No	1 945	2 080	1 950	2 164	2 158	2 111	2 047	
	<i>Live birth in facility</i>	<i>Maternity register</i>	No	190 608	201 797	184 184	183 310	184 184	184 184	184 184	

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020	21. Infant mortality rate	ASSA2008 (2011) StatsSA and RMS ⁷¹ (2012 onwards)	Annual No per 1000 pop	32/ 1000	31.4/1000	31/1000	31/ 1000	29.5/ 1000	29/ 1000	29 / 1000	29/ 1000 live births
Strategic Objective 2.6: Reduce under 5 mortality											
2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020	22. Under 5 mortality rate	ASSA2008 (2011) StatsSA and RMS (2012 onwards)	Annual No per 1000 pop	43/ 1000	42.6/1000	42/1000	42/ 1000	41/ 1000	40/ 1000	39 / 1000	40/1000 live births
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020	23. Diarrhoea with dehydration in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	Annual No per 1000	15/ 1000	11.7/1000	10.4/ 1000	16.1 / 1000	10.9/ 1000	10/ 1000	9.5/ 1000	-
	<i>Diarrhoea with dehydration new in child under 5 years</i>	PHC register	No	17 564	13 614	11 993	18 418	14 597	13 309	12 575	
	<i>Population under 5 years</i>	DHIS; Stats SA	No	1 171 910	1 164 682	1 154 059	1 142 875	1 339 178	1 330 900	1 323 674	
2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020	24. Pneumonia in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	Annual No per 1000	92.2/ 1000	86.1/1000	74.5/ 1000	64.3 / 1000	63/ 1000	62/ 1000	61/1000	-
	<i>Pneumonia new in child under 5 years</i>	PHC register	No	107 894	99 805	85 715	73 664	84 368	82 515	80 744	
	<i>Population under 5 years</i>	DHIS; Stats SA	No	1 171 910	1 164 682	1 154 059	1 142 875	1 339 178	1 330 900	1 323 674	

⁷¹Rapid Mortality Surveillance

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020	25. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	Annual No per 1000	5.6/ 1 000	6.3/1 000	5.3/1 000	5.3/ 1 000	4.6/ 1000	4.5/ 1000	4.4/ 1000	4.6/1 000
	<i>Child under 5 years with severe acute malnutrition new</i>	<i>DHIS/ Tick Register PHC</i>	No	6 598	7 331	6 136	6 072	6 100	5 989	5 824	
	<i>Population under 5 years</i>	<i>DHIS/Stats SA</i>	No	1 171 910	1 164 682	1 154 059	1 142 875	1 339 178	1 330 900	1 323 674	
2.6.9) Increase the Vitamin A dose 12-59 months coverage to 64% or more by March 2020	26. Vitamin A dose 12-59 months coverage (annualised)	PHC register; DHIS; Stats SA	Quarterly %	47.8%	54.5%	63.7%	64.4%	59.1%	63.4%	64.5%	-
	<i>Vitamin A dose 12 - 59 months</i>	<i>PHC register</i>	No	893 481	1 014 315	1 179 912	1 188 476	1 281 275	1 361 160	1 372 481	
	<i>Population 12-59 months (multiplied by 2)</i>	<i>DHIS; Stats SA</i>	No	1 862 246	1 864 456	1 853 702	1 841 762	2 167 410	2 146 882	2 126 906	
2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020	27. Death in facility under 1 year rate (annualised)	Midnight census; Admission Discharge & Death register; DHIS	Annual %	6.5%	7.3%	7.4%	12.4%	6.1%	5.9%	5.5%	-
	<i>Death in facility under 1 year total</i>	<i>Death Register</i>	No	3 348	3 802	3 381	2 846	3 151	3 049	2 819	
	<i>Inpatient separations under 1 year</i>	<i>Midnight census/ Admissions, Discharge & Death registers</i>	No	51 874	52 193	45 780	44 966	51 659	51 684	51 264	

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020	28. Death in facility under 5 years rate	Midnight census; Admission Discharge & Death register; DHIS	Annual %	5.2%	5.8%	5.1%	5.1%	5.0%	4.9%	4.8%	-
	<i>Death in facility under 5 years total</i>	<i>Death Register</i>	No	4 215	4 849	4 009	3 933	3 806	3 724	3 647	
	<i>Inpatient separations under 5 years</i>	<i>Midnight census/ Admissions, Discharge & Death registers</i>	No	80 644	70 967	77 563	77 110	76 120	76 009	75 987	
<ul style="list-style-type: none"> 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 											

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4) 2017/18 Targets (MNC&WH & Nutrition)

Table 35: (DHS13) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Antenatal 1st visit before 20 weeks rate (annualised)	Quarterly	%	70.5%	70.5%	70.5%	70.5%	70.5%	70.5%
2. Mother postnatal visit within 6 days rate	Quarterly	%	70.1%	64%	66%	68%	70.1%	70.1%
3. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	1.18%	1.25%	1.2%	1.19%	1.18%	1.18%
4. Immunisation coverage under 1 year (annualised)	Quarterly	%	81.7%	81.7%	81.7%	81.7%	81.7%	81.7%
5. Measles 2nd dose coverage (annualised)	Quarterly	%	90%	90%	90%	90%	90%	90%
6. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	5%	5%	5%	5%	5%	5%
7. Diarrhoea case fatality under 5 years rate	Quarterly	%	2.1%	3%	2.7%	2.5%	2.3%	2.1%
8. Pneumonia case fatality under 5 years rate	Quarterly	%	2.6%	2.7%	2.6%	2.6%	2.6%	2.6%
9. Severe acute malnutrition case fatality under 5 years rate	Quarterly	%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
10. School Grade 1 learners screened	Quarterly		67 966	16 992	16 992	46 991	16 991	67966
11. School Grade 8 learners screened	Quarterly		37 781	8 445	8 845	8 845	8 846	37 781
12. Delivery in 10 to 19 years in facility rate	Quarterly	%	8.6%	8.6%	8.6%	8.6%	8.6%	8.6%
13. Couple year protection rate (int)	Quarterly	%	64.7%	64%	64.2%	64.5%	64.7%	64.7%
14. Cervical cancer screening coverage 20 years and over (annualised)	Quarterly	%	75%	75%	75%	75%	75%	75%
15. Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	Quarterly	%	60%	60%	60%	60%	60%	60%
16. Antenatal client start on ART rate	Annual	%	98%	-	-	-	-	98%
17. HPV 1 st dose	Annual	%	84 150	-	-	-	-	84 150
18. HPV 2 nd dose	Annual	%	84 150	-	-	-	-	84 150
19. Maternal mortality in facility ratio (annualised)	Annual	No per 100,000	105 / 100 000	-	-	-	-	105 / 100 000
20. Neonatal death in facility rate	Annual	No per 1000	11.7/1000	-	-	-	-	11.7/1000

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Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
21. Infant mortality rate	Annual	No per 1000	29.5/1000	-	-	-	-	29.5/1000
22. Under 5 mortality rate	Annual	No per 1000	41/1000	-	-	-	-	41/1000
23. Diarrhoea with dehydration in child under 5 years incidence (annualised)	Annual	No per 1000	10.9/1000	-	-	-	-	10.9/1000
24. Pneumonia in child under 5 years incidence (annualised)	Annual	No per 1000	63/1000	-	-	-	-	63/1000
25. Sever acute malnutrition in child under 5 incidence (annualised)	Annual	No per 1000	4.6/1000	-	-	-	-	4.6/1000
26. Vitamin A dose 12-59 months coverage (annualised)	Quarterly	%	59.1%	59.1%	59.1%	59.1%	59.1%	59.1%
27. Death in facility under 1 year rate (annualised)	Annual	%	6.1%	-	-	-	-	6.1%
28. Death in facility under 5 years rate (annualised)	Annual	%	5.0%	-	-	-	-	5.0%

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Sub-Programme: Disease Prevention & Control

1) 2017/18 Priorities (DP&C)

- Integrated 90-90-90 Strategy for Non-Communicable Diseases:
 - Strengthening priority chronic condition screening and management including 90% >40 years screened for hypertension; 90% >40 years hypertension client put on treatment new; 90% >18year diabetes client new put on treatment; and 90% <18years diabetes client new put on treatment.
- Scale up cataract surgery.
- Rollout of the Integrated Chronic Disease Management Model.
- Strengthen partnerships in healthy lifestyles strategy.
- Mental Health:
 - Finalise Mental Health Long Term Plan including Rationalisation Plan for Specialised Psychiatric Hospitals.
 - Re-engineering primary and community-based mental health services including screening for mental disorders, treatment and psycho social rehabilitation of mental disabilities, psychological first aid in communities, and developing psycho social rehabilitation hubs in rural districts.
 - Strengthening availability and accessibility of primary prevention programmes for substance abuse including screening for substance abuse disorders, health education and healthy lifestyle programmes, and treatment programmes in PHC facilities for effective management of substance abuse.
 - Increasing access to services for detoxification treatment programmes including management of medical emergencies and medical complications.
- Rehabilitation services:
 - Increasing access to rehabilitation services including implementing a strategy to improve retention of rehabilitation personnel.
 - Decreasing the backlog for assistive devices.
 - Development of rehabilitation for blind and partial sighted services.
- Oral Health services:
 - Improving access to oral health services including services in mobiles, Clinics, CHCs and the Hospital platform.
 - Increase oral hygienist coverage for the School Oral Health Programme.
 - Increase oral health education and awareness and early detection and treatment to positively impact on the extraction to restoration ratio.

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2) Situation Analysis Indicators (DP&C)

Table 36: (DHS14) Situation Analysis Indicators

Programme Performance Indicator	Type	Provincial 2015/16	Ugu 2015/16	Umgungundlovu 2015/16	Uthukela 2015/16	Umqinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	Umkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. Cataract surgery rate (annualised)	No per 1mil	588.7/1mil	1 097/1mil	1 176.2/1mil	356/1mil	394.8/1mil	357.6/1mil	89.6/1mil	834.9/1mil	995.6/1mil	554.5/1mil	645.1/1mil	370/1mil
<i>Cataract surgery total</i>	No	5 487	718	1 115	216	180	163	66	473	832	315	273	1 136
<i>Population uninsured total</i>	No	9 320 082	654 187	947 939	606 625	455 885	455 740	736 431	566 490	835 609	568 060	423 189	3 069 927
2. Malaria case fatality rate	%	1%	-	-	-	-	-	-	-	-	-	-	-
<i>Deaths from malaria</i>	No	5	-	-	-	-	-	-	-	-	-	-	-
<i>Total number of Malaria cases reported</i>	No	502	-	-	-	-	-	-	-	-	-	-	-

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3) Strategic Objectives, Indicators and Targets (DP&C)

Table 37: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 2: Reduce and manage the burden of disease	2.9) Reduce incidence of non-communicable diseases	2.9.1) Hypertension incidence of 24.6/ 1000 population by March 2020 (MTSF) – (Reviewed 2017/18)	Hypertension incidence (annualised)	24.6 per 1000 (Reviewed 2017/18)
		2.9.2) Diabetes incidence of 3.1/ 1000 population by March 2020 (Reviewed 2017/18)	Diabetes incidence (annualised)	3.1 per 1000 (Reviewed 2017/18)
	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) Reduce the malaria case fatality rate to less than 0.5% by March 2020	Malaria case fatality rate	Less than 0.5%

Table 38: (DHS15) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 2.9: Reduce incidence of non-communicable diseases											
2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020	1. Cataract surgery rate (annualised)	DHIS	Quarterly No per 1 mil uninsured population	758.1/ 1mil	870.9/ 1mil	588.7/1mil	392.1/ 1 mil	705/ 1mil	795/ 1mil	883/ 1mil	-
	Total number of cataract surgeries completed	DHIS/Theatre Register	No	6 866	8 037	5 487 ⁷²	3 494	7 000 ⁷³	8 000	9 000	
	Population uninsured	DHIS/Stats SA	No	9 056 593	9 228 755	9 320 082 ⁷⁴	8 909 425	9 926 611 ⁷⁵	10 058 493	10 189 613	

⁷²This includes cataract surgery performed in provincial hospitals only. No private data has been included

⁷³ The significant increase in the number of surgeries done is based on current incomplete data (not calculated numbers from Private Professionals in public hospitals)

⁷⁴An uninsured population figure of 87.2% was used to determine figures. This will not align with the DHER 2015/16 where the General Household Survey (GHS) was used to determine uninsured population

⁷⁵ Uninsured population of 88.1% (as per GHS 2015) used to calculate uninsured population

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 2.10: Eliminate malaria											
2.10.2) Reduce the malaria case fatality rate to less than 0.5% by March 2020	2. Malaria case fatality rate	Malaria Information System	Quarterly %	1.7%	1.05%	1%	1.3%	0.8%	0.6%	0.4%	Less than 0.5%
	Deaths from malaria	Malaria register/Tick sheets PHC	No	12	7	5	6	4	3	2	
	Total number of Malaria cases reported	Malaria register/Tick sheets PHC	No	696	664	502	438	525	503	500	
2.10.1) Zero new local malaria cases by March 2020	3. Malaria incidence per 1000 population at risk	Malaria Register; Stats SA	Annual No per 1000 pop at risk	0.13/ 1000	0.07/ 1000	0.8 / 1000	0.6 / 1000	0.4/ 1 000	0.1/ 1000	Zero new local infections	Zero new local infections
	Number of malaria cases (new)	Malaria Register/Tick Register PHC	No	84	45	519	399	275	70	0	
	Population Umkhanyakude	DHIS; Stats SA	Population	643 757	643 759	649 645	665 617	687 572	696 042	704 651	
Strategic Objective 2.9: Reduce incidence of non-communicable diseases											
2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020	4. Clients 40 years and older screened for hypertension	DHIS/ Tick Register	Quarterly No	New indicator	New indicator	7 706 460	10 377 056 ⁷⁶	2 473 572	2 535 282	2 555 563	-
2.9.1) Hypertension incidence of 24.6	5. Hypertension incidence (annualised)	PHC register; DHIS	Annual No per 1000	21.9/ 1000	19.2/1000	18.6 / 1000	26.3 / 1000	25.3/ 1000 ⁷⁷	24.7/ 1000	24.6/ 1000	24.6/ 1000

⁷⁶ The data for 2015/16 and 2016/16 refer to screening of all clients 25 years and older – from 2017/18 onwards it refers to screening of clients over 40 years not diagnosed or on treatment for hypertension (hence decrease in target)

⁷⁷ Indicators 7 and 8: It is expected that the incidence for both indicators might not show an immediate decrease due to improved screening and early detection of new cases – this will be closely monitored over the MTEF

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
per 1000 population by March 2020	<i>Hypertension client treatment new</i>	<i>PHC register</i>	No	54 601	48 925	48 837	70 598	63 762	63 483	64 547	
	<i>Population 40 years and older</i>	<i>DHIS; Stats SA</i>	<i>Population</i>	2 479 517	2 547 122	2 547 127	2 680 947	2 520 246	2 570 168	2 623 843	
2.9.4) Screen at least 2.5 million people (40 years and older) per annum for diabetes by March 2020	6. Clients 40 years and older screened for diabetes	DHIS/ Tick Register	Quarterly No	New indicator	New indicator	5 685 791	9 784 466 ⁷⁸	2 473 572	2 535 282	2 555 563	-
2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	7. Diabetes incidence (annualised)	PHC register; DHIS	Annual No per 1000	1.8/ 1000	1.6/1000	2.2 / 1000	3.6 / 1000	3.6/ 1000	3.4/ 1000	3.1/ 1000	3.1/ 1000
	<i>Diabetes client treatment new</i>	<i>PHC register</i>	No	18 931	17 051	27 641	38 912	40 562	38 818	35 854	
	<i>Population total</i>	<i>DHIS; Stats SA</i>	<i>Population</i>	10 456 909	10 571 313	10 688 165	10 806 336	11 267 436	11 417 132	11 565 963	
2.9.5) Screen at least 1.5 million people for mental disorders at PHC services by March 2020	8. Mental disorders screening rate	PHC register; DHIS	Quarterly %	Not reported	Not reported	3.7%	18.2%	5%	5.1%	5.2%	-
	<i>PHC client screened for mental disorders</i>	<i>PHC register</i>	No	-	-	1 135 000	5 414 706	1 530 000	1 573 825	1 586 416	
	<i>PHC headcount - total</i>	<i>PHC register</i>	No	-	-	30 745 821 ⁷⁹	29 787 394	30 645 987	30 598 258	30 552 698	
2.9.7) Improve the number of wheelchairs issued to 4 200 by March 2020	9. Wheelchairs issued	PHC & OPD register; DHIS	Quarterly No	Not reported	Not reported	Not reported	3 800	3 950	4 100	4 200	-
Strategic Objective 2.9: Reduce the burden of disease from non-communicable diseases											

⁷⁸ Data for 2015/16 and 2016/17 refer to screening of all clients for diabetes. From 2017/18 onwards, it includes screening of clients (over 40 years) not on treatment for diabetes only- hence reduction of target

⁷⁹ This includes clinics, CHC's, mobiles, reproductive and specialised clinics

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
5.2.5) Improve the restoration to extraction ratio to 18:1 or less by March 2020	10. Dental extraction to restoration ratio	PHC register; OPD & Theatre register; DHIS	Quarterly No	17:1	19:1	19:1	16:1	20:1 ⁸⁰	19:1	18:1	-
	<i>Tooth extraction</i>	PHC register; OPD & Theatre register	No	512 888	559 020	548 034	509 618	472 500	454 230	432 250	
	<i>Tooth restoration</i>	PHC register; OPD & Theatre register	No	30 089	29 444	27 957	31 098	23 625	23 907	24 013	

⁸⁰ The increase is to allow for SCM processes to obtain equipment, chairs, and finalise contracts for consumables for dental care. This is anticipated to take approximately 18 months before the effects of this will be seen at a service delivery level. Until such time the restoration to extraction ratio will remain high

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4) 2017/18 Targets (DP&C)

Table 39: (DHS16) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Cataract surgery rate (annualised)	Quarterly	No per 1mil	705/1mil	450/ 1mil	550/1mil	660/1mil	705/1mil	705/1mil
2. Malaria case fatality rate	Quarterly	%	0.8%	0.8%	0.8%	0.8%	0.8%	0.8%
3. Malaria incidence per 1000 population at risk	Annual	No per 1000	0.4/1 000	-	-	-	-	0.4/ 1 000
4. Clients 40 years and older screened for hypertension	Quarterly	No	4 473 572	1 118 393	1 118 393	1 118 393	1 118 393	4 473 572
5. Hypertension incidence (annualised)	Annual	No per 1000	25.3/1000	-	-	-	-	25.3/ 1000
6. Clients 40 years and older screened for diabetes	Quarterly	No	4 473 572	1 118 393	1 118 393	1 118 393	1 118 393	4 473 572
7. Diabetes incidence (annualised)	Annual	No per 1000	3.6/1000	-	-	-	-	3.6/ 1000
8. Mental disorders screening rate	Quarterly	%	5%	4%	4%	4%	5%	5%
9. Wheelchairs issued	Quarterly	No	3 950	987	987	988	988	3 950
10. Dental extraction to restoration ratio	Quarterly	Ratio	20:1	20:1	20:1	20:1	20:1	20:1

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5) Reconciling Performance Targets with Expenditure Trends (Programme 2)

Table 40: (DHS17 a) Summary of Payments and Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
District Management	217 300	230 547	249 161	289 975	296 338	295 522	317 643	337 880	356 804
Community Health Clinics	2 790 347	3 072 816	3 501 113	3 880 589	3 943 589	3 943 422	4 117 584	4 319 014	4 605 576
Community Health Centres	1 048 435	1 208 843	1 365 808	1 564 694	1 529 694	1 537 615	1 638 584	1 806 568	1 952 437
Community Based Services	98 706	123 164	160 420	40 000	100 000	85 154	314 738	300 001	347 048
Other Community Services	808 017	892 846	959 940	1 177 971	1 202 971	1 193 885	1 094 605	1 195 951	1 307 501
HIV and AIDS	2 725 639	3 257 870	3 813 719	4 244 243	4 244 243	4 244 243	4 852 495	5 485 881	6 111 674
Nutrition	44 089	43 763	43 820	55 000	49 000	48 328	52 920	56 569	59 739
Coroner Services	156 225	163 356	172 140	192 428	192 428	189 636	211 572	222 794	235 273
District Hospitals	5 058 841	5 341 148	5 741 775	5 925 502	6 040 502	6 156 795	6 393 205	6 671 092	7 044 673
Sub-Total	12 947 599	14 334 353	16 007 896	17 370 402	17 598 765	17 694 600	18 993 346	20 395 750	22 020 725
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	12 947 599	14 334 353	16 007 896	17 370 402	17 598 765	17 694 600	18 993 346	20 395 750	22 020 725

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Table 41: (DHS17 b) Summary of Payments and Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	12 510 682	13 774 307	15 589 077	16 842 647	17 019 743	17 047 253	18 402 782	19 772 216	21 362 234
Compensation of employees	8 714 714	9 481 720	10 476 826	11 229 114	11 309 114	11 274 971	12 176 936	12 955 868	13 854 847
Goods and services	3 795 947	4 292 441	5 111 894	5 613 533	5 709 869	5 771 358	6 225 453	6 815 955	7 506 972
Communication	53 192	53 110	52 806	55 760	58 825	56 175	59 965	64 011	67 597
Computer Services	8 141	93	3 252	10 415	5 066	5 066	-	-	-
Consultants, Contractors and Special Services	131 485	133 179	125 432	161 340	135 893	142 287	172 303	182 764	192 998
Inventory	2 379 043	2 356 382	2 910 695	3 090 641	3 107 651	3 177 965	3 505 471	3 868 440	4 399 930
Operating leases	19 679	41 646	46 271	50 227	42 920	34 557	36 926	39 850	42 081
Travel and subsistence	21 497	26 087	28 841	26 241	19 580	23 609	24 740	25 620	27 055
Interest and rent on land	22	146	357	-	760	924	393	393	415
Maintenance, repair and running costs	88 524	94 603	91 734	92 404	87 891	93 741	96 525	105 320	111 218
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	1 094 385	1 587 341	1 852 863	2 126 505	2 252 043	2 237 958	2 329 523	2 529 950	2 666 093
Transfers and subsidies to	333 524	411 766	363 631	397 062	446 058	513 463	457 659	483 063	510 152
Provinces and municipalities	74 736	117 404	129 600	169 048	221 786	201 786	193 000	205 394	216 896
Departmental agencies and accounts	21	10	48	41	35	46	43	45	47
Universities and Technikons	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	2017/18
Non-profit institutions	207 922	190 405	165 147	170 213	170 213	169 242	175 844	185 377	195 757
Households	50 846	103 947	68 836	57 760	54 024	142 389	88 772	92 247	97 452
Payments for capital assets	103 393	148 259	55 159	130 693	132 964	133 856	132 905	140 471	148 339
Buildings and other fixed structures	-	210	-	-	-	-	-	-	-
Machinery and equipment	103 393	148 049	55 159	130 693	132 964	133 856	132 905	140 471	148 339
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	21	29	-	-	28	-	-	-
Total economic classification	12 947 599	14 334 353	16 007 896	17 370 402	17 598 765	17 694 600	18 993 346	20 395 750	22 020 725

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6) Performance and Expenditure Trends (Programme 2)

Programme 2 is allocated 48.2 per cent of the 2017/18 Vote 7 allocation compared to 47.5 per cent of the revised estimate for 2016/17. This amounts to an increase of R 1 298 746 billion or 7.3 per cent.

Sub-programme 2.1 (District Management) is allocated 1.7 per cent of the Programme 2 allocation for 2017/18 compared to 1.7 per cent of the revised estimate for 2016/17. This amounts to an increase of R 22 121 million or 7.5 per cent.

Sub-Programme 2.2 – 2.5 (Primary Health Care Services) is allocated 37.7 per cent of the Programme 2 allocation for 2017/18 compared to 38.2 per cent of the revised estimate for 2016/17. This amounts to an increase of R 405 435 million or 6 per cent.

Sub-programme 2.6 (HIV and AIDS) is allocated 25.5 per cent of the Programme 2 allocation for 2017/18 compared to 24 per cent of the revised estimate for 2016/17. This amounts to an increase of R 608 252 million or 14.3 per cent.

Sub-programme 2.7 (Nutrition) is allocated 0.3 per cent of the Programme 2 allocation in 2017/18 compared to 0.3 per cent of the revised estimate for 2016/17. This amounts to an increase of 9.5 per cent or R 4 592 million.

Sub-programme 2.9 (District Hospitals) is allocated 33.7 per cent of the Programme 2 allocation for 2017/18 compared to 34.8 per cent of the revised estimate for 2016/17. This amounts to an increase of 3.8 per cent or R 236 410 million.

7) Risk Management (Programme 2)

Table 42: Risk Management

Potential Risks	Mitigating Strategies
Fragmentation and poor integration of PHC services (including community and facility based services)	<ul style="list-style-type: none"> Integration of programmes as part of the 90-90-90 strategy. Improved functionality of OSS through the Office of the Premier. Integration of services (all levels of care) through Operational Plan (starting with District Health Services).
Budget constraints	<ul style="list-style-type: none"> Robust monitoring of expenditure against allocated budget. Ensure cost containment and efficiency measures are in place and adhered to at all levels.
Impact of HIV, AIDS, TB and socio-economic determinants of health	<ul style="list-style-type: none"> Strengthen partnerships to improve service delivery at community and facility level. Strengthen research (including partnerships with scientific community) to inform evidence-based decision-making. Inter-governmental partnerships through PGDP to address socio-economic determinants of health.
Ineffective utilisation of limited resources	<ul style="list-style-type: none"> Vigorous monitoring of allocation and utilisation of resources.
Inequities in the service delivery platform	<ul style="list-style-type: none"> Finalisation of the integrated 2017-2027 Long Term Plan to address inequities.

Red: High Risk

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Notes

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PROGRAMME 3: EMERGENCY MEDICAL SERVICES

1) Programme Purpose

Rendering 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).

2) 2017/18 Priorities (EMS)

- Implementation of the EMS Regulations and other legislative and policy reforms through implementation of the EMS Turn-Around Strategy.
- Improved access to quality EMS and Disaster Medicine Services.
- Transformation of EMS Education and Training in compliance with NCET (National Emergency Care Education and Training) Policy.
- Efficient governance systems and processes to ensure optimal efficiency and outcomes.
- Effective EMS information system ensuring quality of data to inform planning and decision-making.
- Implementation of Project Sukuma Phase 1 in partnership with the South African Military Health Services and facilitated by the Office of the Premier. *Progress will be monitored using the final Business Plan deliverables.*

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3) Situation Analysis Indicators (EMS)

Table 43: (EMS1) Situation Analysis Indicators

Programme Performance Indicator	Data Source	Province 2015/16	Ugu 2015/16	UMgungundlovu 2015/16	Uthukela 2015/16	UMzinyathi 2015/16	Amajuba 2015/16	Zululand 2015/16	UMkhanyakude 2015/16	King Cetshwayo 2015/16	Ilembe 2015/16	Harry Gwala 2015/16	eThekweni 2015/16
1. EMS P1 urban response under 15 minutes rate	EMS Register	5%	2%	4%	6%	35%	75%	N/A	N/A	27%	5%	N/A	3%
No P1 urban calls with response times under 15 minutes	EMS callout Register	7 896	324	675	310	404	2 188	N/A	N/A	238	284	N/A	3 473
All P1 urban call outs	EMS callout Register	162 760	13 283	18 069	5 337	1 154	2 917	N/A	N/A	868	5439	N/A	115 693
2. EMS P1 rural response under 40 minutes rate	EMS Register	32%	11%	11%	15%	26%	77%	52%	22%	30%	20%	38%	21%
No P1 rural calls with response times under 40 minutes	EMS callout Register	66 543	1 563	1 459	3 841	5 914	16 443	13 141	2 701	8 846	3 187	9 373	75
All P1 rural call outs	EMS callout Register	205 668	14 705	13 606	25 276	22 698	21 223	25 202	12 302	29 679	15 888	24 730	359
3. EMS inter-facility transfer rate	EMS Register / database	41%	48%	46%	37%	11%	32%	35%	53%	45%	26%	32%	51%
EMS inter-facility transfer	EMS Register	208 628	20 072	23 504	16 452	2 968	10 753	12 636	15 386	19 874	12 339	10 157	64 487
EMS clients total	EMS Register	509 594	41 573	50 596	44 021	25 821	33 404	35 802	28 815	44 042	46 568	31 618	127 334

Source: 2015/16 Annual Report

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4) Strategic Objectives, Indicators and Targets (EMS)

Table 44: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Targets 2019/20
Strategic Goal 1: Strengthen health system effectiveness	1.8) Improve EMS efficiencies	1.8.1) EMS Turn-Around Strategy approved by June 2017 (Reviewed 2017/18)	Approved EMS Turn-Around Strategy (Reviewed 2017/18)	Approved EMS Turn-Around Strategy (Reviewed 2017/18)
		1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020 (Reviewed 2017/18)	Average number of daily operational ambulances	220 (Reviewed 2017/18)
Strategic Goal 5: Improved quality of health care		1.8.4) Improve P1 urban response times of under 15 minutes to 20% by March 2020 (Reviewed 2017/18)	EMS P1 urban response under 15 minutes rate	20% (Reviewed 2017/18)
		1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020 ((Reviewed 2017/18)	EMS P1 rural response under 40 minutes rate	40% (Reviewed 2017/18)
		1.8.6) Increase the inter-facility transfer rate to 50% by March 2020	EMS inter-facility transfer rate	50%

Table 45: (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
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
9) Strategic Objective 1.8: Improve EMS efficiencies											
1.8.4) Improve P1 urban response times of under 15 minutes to 20% by March 2020	1. EMS P1 urban response under 15 minutes rate	EMS Register	Quarterly %	6%	5%	5%	5%	10%	15%	20%	20%
	EMS P1 urban response under 15 minutes	EMS callout Register	No	10 408	8 524	7 896	7 605	15 900	23 819	31 532	
	EMS P1 urban calls	EMS callout Register	No	174 157	166 854	162 760	160 713	159 009	158 798	157 661	

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Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020	2. EMS P1 rural response under 40 minutes rate	EMS Register	Quarterly %	31%	32%	32%	35%	36%	38%	40%	40%
	<i>EMS P1 rural response under 40 minutes</i>	<i>EMS callout Register</i>	No	69 846	71 399	66 543	66 422	73 438	76 711	80 401	
	<i>EMS P1 rural calls</i>	<i>EMS callout Register</i>	No	226 280	224 560	205 668	187 508	203 995	201 873	201 004	
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 %	31.6%	39.4%	41%	30%	43%	46%	50%	50%
	<i>EMS inter-facility transfer</i>	<i>EMS Register</i>	No	192 814	222 446	208 628	200 938	328 764	253 858	275 828	
	<i>EMS clients total</i>	<i>EMS Register</i>	No	610 115	564 529	509 594	663 466	555 266	551 866	551 655	
Strategic Objective 1.8: Improve EMS efficiencies											
1.8.1) EMS Turn-Around Strategy approved by June 2017	4. Approved EMS Turn-Around Strategy	Approved EMS Model	Annual Categorical	Not reported	Not reported	Not approved	Not approved	Approved Turn-Around Strategy	Implement approved EMS Turn-Around Strategy	Implement approved EMS Turn-Around Strategy	Implement approved EMS Turn-Around Strategy
1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020	5. Average number of daily operational ambulances ⁸¹	EMS daily Operations Reports/ EMS database	Quarterly No	216	192	187	176	190	200	220	220
1.8.7) Increase number bases with network access to 50 by March 2020	6. Number of bases with access to intranet/ e-mail	ICT roll-out report/ IT database	Quarterly No	21	20	23	25	30	40	50	-

⁸¹ This will include improved fleet management, maintenance, purchase/allocation of new ambulances and appointment of staff

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5) 2017/18 Targets (EMS)

Table 46: (EMS3) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. EMS P1 urban response under 15 minutes rate	Quarterly Cumulative	%	10%	5%	6%	8%	10%	10%
2. EMS P1 rural response under 40 minutes rate	Quarterly Cumulative	%	36%	33%	33%	35%	36%	36%
3. EMS inter-facility transfer rate	Quarterly Cumulative	%	43%	41%	41%	42%	43%	43%
4. Average number of daily operational ambulances	Quarterly Cumulative	No	190	179	180	185	190	190
5. Number of bases with access to computers and intranet/ e-mail	Quarterly Cumulative	No	30	25	26	28	30	30

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6) Reconciling Performance Targets with Expenditure Trends (EMS)

Table 47: (EMS4 a) Expenditure Estimates

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Emergency Services	967 208	1 026 983	1 106 709	1 131 508	1 131 508	1 141 904	1 206 549	1 271 488	1 342 691
Planned Patient Transport	42 732	41 130	67 669	68 267	68 267	90 293	71 301	76 198	80 467
Sub-Total	1 009 940	1 068 113	1 174 378	1 199 775	1 199 775	1 232 197	1 277 850	1 347 686	1 423 158
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 009 940	1 068 113	1 174 378	1 199 775	1 199 775	1 232 197	1 277 850	1 347 686	1 423 158

Table 48: (EMS4 b) Summary of Provincial Expenditure Estimates by Economic Classification

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	975 416	1 061 869	1 133 984	1 143 802	1 143 802	1 207 643	1 220 793	1 285 375	1 357 356
Compensation of employees	715 735	768 178	822 311	842 003	842 003	871 643	899 259	944 392	997 277
Goods and services	259 679	293 675	311 638	301 799	301 799	335 940	321 534	340 983	360 079
Communication	8 250	8 107	8 734	9 050	9 050	7 568	10 108	11 418	12 058
Computer Services	2 233	45	-	-	-	-	-	-	-
Consultants, Contractors and special services	1 470	1 608	3 059	3 807	3 807	1 558	1 644	1 703	1 797
Inventory	122 360	15 155	21 843	24 290	24 290	14 834	18 724	20 754	21 917
Operating leases	2 270	1 441	1 615	1 820	1 820	1 620	1 696	1 822	1 924

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	2017/18
Travel and subsistence	3 536	4 503	3 678	4 196	4 196	1 500	1 566	1 787	1 887
Interest and rent on land	2	16	35	-	-	60	-	-	-
Maintenance, repair and running costs	36 055	169 437	168 660	149 701	149 701	199 694	171 862	180 815	190 943
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	83 505	93 379	104 049	108 935	108 935	109 166	115 934	122 684	129 553
Transfers and subsidies to	3 946	4 684	3 437	4 392	4 392	4 240	5 057	5 311	5 609
Provinces and municipalities	2 511	1 947	1 177	2 300	2 300	2 300	2 500	2 645	2 793
Departmental agencies and accounts	-	2	2	2	2	2	2	2	2
Households	1 435	2 735	2 258	2 090	2 090	1 938	2 555	2 664	2 814
Payments for capital assets	30 578	1 189	36 957	51 581	51 581	20 315	52 000	57 000	60 193
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	30 578	1 189	36 957	51 581	51 581	20 315	52 000	57 000	60 193
Payment for financial assets	-	371	-	-	-	-	-	-	-
Total economic classification	1 009 940	1 068 113	1 174 378	1 199 775	1 199 775	1 232 197	1 277 850	1 347 686	1 423 158

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7) Performance and Expenditure Trends (EMS)

Programme 3 (Emergency Medical Services) is allocated 3.2 per cent of the total 2017/18 Vote 7 allocation compared to 3.3 per cent of the revised estimate for 2016/17. This amounts to an increase of R 45 653 million or 3.7 per cent.

Emergency Transport is allocated 98.3 per cent of the Programme 3 allocation for 2017/18 compared to 92.7 per cent of the revised estimate for 2016/17. This amounts to an increase of R 64 645 million or 5.7 per cent.

Planned Patient Transport is allocated 5.6 per cent of the Programme 3 allocation for 2017/18 compared to 7.3 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 18 992 million or (21) per cent.

8) Risk Management (EMS)

Table 49: Risk Management

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> • Long Term Plan strategies to improve efficiencies with existing resources. • Robust monitoring of expenditure against budget. • Improve revenue generation.
Inadequate electronic information system	<ul style="list-style-type: none"> • Re-prioritise electronic information system for triage as part of the ICT strategy. • Implementation of the web-based system linked with DHIS.
Inadequate ambulance fleet	<ul style="list-style-type: none"> • Prioritise procurement of ambulances (Long Term Plan) to replace old fleet. • Fleet management plan, including repairs.
Policy reforms	<ul style="list-style-type: none"> • Turn-around plan making provision for alignment with policy reforms.
Inadequate EMS infrastructure	<ul style="list-style-type: none"> • More effective use of existing infrastructure at facilities. • Prioritise according to need analysis and include in 10 year infrastructure plan.

Red: High Risk

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PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

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 / Sub-Acute 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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Sub-Programme: Regional Hospitals

1) 2017/18 Priorities (Regional Hospitals)

- Finalise and implement the Hospital Rationalisation Plan as part of the departmental Turn-Around Strategy.
- Prepare for commissioning of the new Pixley ka Isaka Seme Regional Hospital.
- Improve quality of care and clinical governance.
- Improve leadership and management at facility level.
- Implementation of the National Core Standards including regular self-assessments and development and monitoring of Quality Improvement Plans.
- Improve data quality and use of information including regular reviews of performance information.
- Improve patient satisfaction and complaints management.

NOTE

1. The following approved customised indicators have been removed for inclusion in the 2017/18 Annual Performance Plan by the National Department of Health (Communication dated 09 February 2017 – Ms MP Matsoso: Director General Health).
 - a) Patient experience of care survey rate (all hospitals).
 - b) Patient experience of care satisfaction rate (all hospitals).
2. Customised indicators have been approved for Specialised Hospitals as a collective including TB, Psychiatric and Chronic/ Medical and Dental Training). The Department is however reporting on Specialised Hospitals separately to ensure effective monitoring and reporting.

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2) Strategic Objectives, Indicators and Targets (Provincial Hospitals)

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

Table 50: 2015-2019 Strategic Plan Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
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 (Reviewed 2016/17)	Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Approved Hospital Rationalisation Plan by June 2017 (Reviewed 2017/18)	Approved Hospital Rationalisation Plan	Rationalisation Plan implemented
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 (included under Programme 1)	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	5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020 (Reviewed 2017/18)	Hospitals achieved 75% and more on National Core Standards self-assessment rate (Reviewed 2017/18)	60% (or more)

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3) Strategic Objectives, Indicators & Targets (Regional Hospitals)

Table 51: (PHS1) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Assessment records; QA database; DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	31%	46%	60%	60% or more
	Hospital achieved 75% and more on National Core Standards self-assessment	Assessment Records	No	-	-	-	-	4	6	8	
	Hospitals conducted National Core Standards self-assessment	NCS Self-Assessment Records	No	-	-	-	-	13	13	13	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	Quarterly Days	6.1 Days	6.1 Days	6.3 Days	6.2 Days	5.8 Days	5.4 Days	5.3 Days	-
	Inpatient days -total	Midnight Census	No	1 911 384	1 903 406	1 899 919	1 675 099	1 814 667	1 700 364	1 647 884	
	½ Day Patients	Admission/ Discharge Register	No	45 561	47 986	49 528	42 602	51 509	53 569	55 712	
	Inpatient separations total	Admission, Discharge, Death registers	No	315 039	316 900	305 850	273 884	314 887	315 556	317 151	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	77.4%	74.5%	74.7%	73.4%	73.9%	74.1%	76.1%	75% (or more)
	<i>Inpatient days-total</i>	<i>DHIS/ Midnight Census</i>	No	1 911 384	1 903 406	1 899 919	1 675 099	1 814 667	1 700 364	1 647 884	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	45 561	47 986	49 528	42 602	51 509	53 569	55 712	
	<i>Inpatient bed days available</i>	<i>DHIS</i>	No	2 498 942	2 588 033	2 583 419	2 311 910	2 491 987	2 331 556	2 199 891	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 2 186	R 2 368	R 3 170	R 2 582	R 2 881	R 3 053	R 3 251	-
	<i>Expenditure total</i>	<i>BAS</i>	<i>R'000</i>	6 744 282	7 049 696	8 296 822	7 949 314	8 468 660	8 883 956	9 426 158	
	<i>Patient day equivalents</i>	<i>DHIS</i>	No	3 085 116	2 977 332	2 921 942	2 968 882	2 939 647	2 910 224	2 899 665	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	78.5%	77.7%	80%	71%	82%	86%	90%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	1 266	1 133	1 006	930	1 084	1 127	1 167	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	1 612	1 458	1 259	1 310	1 322	1 311	1 297	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	6. Complaint resolution within 25 working days rate	DHIS	Quarterly %	94%	95%	98%	94%	98%	98%	98%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	No	1 190	1 076	986	876	1 062	1 104	1 143	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	1 266	1 133	1 006	930	1 084	1 127	1 167	
Strategic Objective 2.7: Reduce maternal mortality											

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.7.2) Reduce the caesarean section rate to 26% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	39.7%	39.2%	41.7%	42.2%	41%	39%	37%	-
	<i>Delivery by caesarean section</i>	<i>Theatre & Delivery Register</i>	No	29 660	31 082	29 551	27 754	30 339	28 571	25 898	
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	74 755	79 386	70 882	65 764	73 998	73 261	69 997	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.5) Reduce the unreferred outpatient department (OPD) headcounts with at least 7% per annum	8. OPD headcount - total	DHIS/OPD tick Register	Quarterly No	3 086 956	2 795 600	2 575 296	2 308 496	2 119 488	2 001 357	1 998 552	-
	9. OPD headcount new case not referred	DHIS/ OPD tick Register	Quarterly No	303 904	222 443	182 998	162 038	158 276	147 197	136 894	-

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4) 2017/18 Targets (Regional Hospitals)

Table 52: (PHS2) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	31%	0%	0%	15.4% (2)	31% (4)	31%
2. Average length of stay – total	Quarterly	Days	5.8 Days	6.1 Days	6 Days	5.9 days	5.8 Days	5.8 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	73.9%	73.4%	73.5%	73.7%	73.9%	73.9%
4. Expenditure per PDE	Quarterly	R	R 2 881	R 2 700	R 2 750	R 2 830	R 2 881	R 2 881
5. Complaints resolution rate	Quarterly	%	82%	79%	80%	81%	82%	82%
6. Complaint resolution within 25 working days rate	Quarterly	%	98%	98%	98%	98%	98%	98%
7. Delivery by caesarean section rate	Quarterly	%	41%	42.5%	42.5%	42%	41%	41%
8. OPD headcount - total	Quarterly	No	2 119 488	529 872	529 872 (1 059 744)	529 872 (1 589 616)	529 872 (2 119 488)	2 119 488
9. OPD headcount new case not referred	Quarterly	No	158 276	39 569	39 569 (79 138)	39 569 (118 707)	39 569 (158 276)	158 276

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Sub-Programme: Specialised TB Hospitals

1) 2017/18 Priorities (Specialised TB Hospitals)

- Implement the Hospital Rationalisation Plan for Specialised TB Hospitals as part of the Departmental Turn-Around Plan.
 - Review integrated service arrangements for Decentralised MDR-TB Units.
 - Finalise the service plan for SANTA and State Aided Hospitals as part of the Turn-Around Plan.
- Improve quality of care and clinical governance.
- Implement the National Core Standards including regular self-assessments and development and monitoring of Quality Improvement Plans.
- Improve patient satisfaction and complaints management.

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2) Strategic Objectives, Indicators & Targets (Specialised TB Hospitals)

Table 53: (PHS3 a) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	20%	40%	60%	60% or more
	<i>Hospital achieved 75% and more on National Core Standards self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	-	2	4	6	
	<i>Hospitals conducted National Core Standards self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	-	10	10	10	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	41.6%	29.8%	19.1%	54%	60%	70%	80%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	99	103	137	45	269	306	327	
	<i>Complaint received</i>	<i>Complaints Register</i>	<i>No</i>	238	345	716	84	448	437	409	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	3. Complaint resolution within 25 working days rate	DHIS	Quarterly %	55.6%	98.1%	93.4%	93.3%	95%	96%	97%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	<i>No</i>	55	101	128	42	256	294	317	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	99	103	137	45	269	306	327	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	4. Average length of stay – total	DHIS	Quarterly Days	17.5 Days	16.5 Days	17.2 Days	17.7 Days	17.4 Days	15.7 Days	15 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	381 451	411 283	331 547	353 529	329 986	307 879	300 567	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	588	536	733	669	700	729	761	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	21 693	24 961	19 307	19 993	19 001	16 996	16 201	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	Quarterly %	56.5%	57%	56.2%	56.7%	57.9%	70.1%	75.2%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	366 100	411 283	331 547	366 200	329 986	307 879	300 567	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	548	536	733	558	700	729	761	
	<i>Inpatient bed days available</i>	DHIS	No	648 696	722 396	591 152	646 689	571 006	440 008	400 109	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE ⁸²	BAS/ DHIS	Quarterly R	R 1 314	R 1 300	R1 613	R 1 949	R 2 228	R 2 931	R 3 129	-
	<i>Total expenditure TB Hospitals</i>	BAS	R'000	599 097	673 274	734 142	754 589	812 781	884 431	933 961	
	<i>Patient day equivalents</i>	DHIS	No	455 721	518 023	426 465	387 159	364 854	301 649	298 446	
1.7.5) Reduce the unreferral	7. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	246 728	294 629	255 718	227 598	219 108	198 877	179 987	-

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

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
OPD headcounts with at least 7% per annum	8. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	38 024	54 505	30 637	18 044	26 499	24 645	22 920	-

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3) 2017/18 Targets (Specialised TB Hospitals)

Table 54: (PHS4 a) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Target				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	20%	0%	0%	10%	20%	20%
2. Complaints resolution rate	Quarterly	%	60%	50%	60%	60%	60%	60%
3. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%	95%
4. Average length of stay – total	Quarterly	Days	17.4 Days	17.6 Days	17.5 Days	17.5 days	17.4 Days	17.4 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	57.9%	56.5%	56.6%	57%	57.9%	57.9%
6. Expenditure per PDE	Quarterly	R	R 2 228	R 2 017	R 2 148	R 2 201	R 2 228	R 2 228
7. OPD headcount - total	Quarterly	Number	219 108	54 777	54 777 (109 554)	54 777 (164 331)	54 777 (219 108)	219 108
8. OPD headcount new case not referred	Quarterly	Number	26 499	6 624	6 624 (13 248)	6 624 (19 872)	6 627 (26 449)	26 499

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KWAZULU-NATAL DEPARTMENT OF HEALTH

Sub-Programme: Specialised Psychiatric Hospitals

1) 2017/18 Priorities (Specialised Psychiatric Hospitals)

- Implement the Hospital Rationalisation Plan for Specialised Psychiatric Hospitals as part of the Departmental Turn-Around Plan and in line with the Mental Health Strategic Plan.
- Implement a recruitment strategy for Specialists to improve rendering of the required package of services in all levels hospitals.
- Improve quality of care and clinical governance.
- Implement the National Core Standards including regular self-assessments and development and monitoring of Quality Improvement Plans.
- Improve patient satisfaction and complaints management.

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2) Strategic Objectives, Indicators & Targets (Specialised Psychiatric Hospitals)

Table 55: (PHS3 b) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	17%	33%	60%	60% or more
	<i>Hospital achieved 75% and more on National Core Standards self-assessment</i>	<i>Assessment records</i>	No	-	-	-	-	1	2	3	
	<i>Hospitals conducted National Core Standards self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	-	6	6	6	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	93.6%	93.7%	93.8%	93.3%	95%	96%	97%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	59	60	60	56	62	64	66	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	63	64	64	60	65	67	68	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	3. Complaint resolution within 25 working days rate	DHIS	Quarterly %	96.3%	62.7%	83.3%	85.7%	85.5%	88%	90%	-
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	No	78	37	50	48	53	56	59	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	81	59	60	56	62	64	66	
Strategic Objective 1.7: Improve hospital efficiencies											

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	4. Average length of stay – total	DHIS	Quarterly Days	291.8 Days	305.8 Days	296.8 Days	292 Days	290.9 Days	289.2 Days	286.5 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	627 900	627 724	621 164	627 879	625 226	627 229	627 209	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	0	2	0	0	0	0	0	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	2 152	2 053	2 093	2 151	2 149	2 169	2 158	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	Quarterly %	70.1%	70.4%	67.5%	70.1%	71.1%	72.1%	75.4%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	627 900	627 724	621 164	627 879	625 226	627 229	627 209	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	0	2	0	0	0	0	0	
	<i>Inpatient bed days available</i>	DHIS	No	895 649	891 573	920 540	895 345	879 680	869 689	831 540	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 1 073	R 1 189	R 1 257	R 1 321	R 1 409	R 1 489	R 1 557	-
	<i>Total expenditure Psychiatric Hospitals</i>	BAS	R'000	679 875	753 353	788 178	831 634	891 958	952 156	1 005 476	
	<i>Patient day equivalents</i>	DHIS	No	633 336	633 444	626 751	629 364	633 019	639 349	645 742	
1.7.5) Reduce the unreferred OPD headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	16 215	17 020	16 220	12 022	16 058	15 897	15 738	-
	8. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	715	1 032	1 587	1 112	1 397	1 229	1 081	-

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3) 2017/18 Targets (Specialised Psychiatric Hospitals)

Table 56: (PHS4 b) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	17%	0%	0%	0%	17%	17%
2. Complaints resolution rate	Quarterly	%	95%	95%	95%	95%	95%	95%
3. Complaint resolution within 25 working days rate	Quarterly	%	85.5%	85.5%	85.5%	85.5%	85.5%	85.5%
4. Average length of stay – total	Quarterly	Days	290.9 Days	292 Days	291 Days	290.9 Days	290.9 Days	290.9 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	71.1%	70.2%	70.5%	70.7%	71.1%	71.1%
6. Expenditure per PDE	Quarterly	R	R 1 409	R 1 394	R 1 399	R 1 409	R 1 409	R 1 409
7. OPD headcount - total	Quarterly	No	16 058	4 014	4 014 (8 028)	4 014 (12 042)	4 016 (16 058)	16 058
8. OPD headcount new case not referred	Quarterly	No	1 397	349	349 (698)	349 (1 047)	350 (1 397)	1 397

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KWAZULU-NATAL DEPARTMENT OF HEALTH

Sub-Programme: Chronic/ Sub-Acute Hospitals

1) 2017/18 Priorities (Chronic/ Sub-Acute Hospitals)

- Implement the Hospital Rationalisation Plan for Chronic/ Sub-Acute Hospitals as part of the Departmental Turn-Around Plan.
- Improve quality of care and clinical governance.
- Implement the National Core Standards including regular self-assessments and development and monitoring of Quality Improvement Plans.
- Improve patient satisfaction and complaints management.

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2) Strategic Objectives, Indicators & Targets (Chronic/ Sub-Acute Hospitals)

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited / Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	DHIS/ QA database	Quarterly %	Not reported	Not reported	Not reported	Not reported	50%	100%	100%	60% or more -
	<i>Hospital achieved 75% and more on National Core Standards self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	-	1	2	2	
	<i>Hospitals conducted National Core Standards self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	-	2	2	2	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	87.4%	80.8%	94.9%	95%	96%	97%	98%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	97	84	94	80	94	94	94	
	<i>Complaint received</i>	<i>Complaints Register</i>	<i>No</i>	111	104	99	84	98	97	96	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	3. Complaint resolution within 25 working days rate	DHIS	Quarterly %	100%	98.8%	100%	100%	100%	100%	100%	-
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	<i>No</i>	97	83	94	80	94	93	92	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	97	84	94	80	94	93	92	
Strategic Objective 1.7: Improve hospital efficiencies											

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	4. Average length of stay – total	DHIS	Quarterly/ Days	37.2 Days	30.5 Days	38.7 Days	36.6 Days	35 Days	33.8 Days	28.5 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	120 549	108 954	105 247	102 324	104 714	104 700	114 998	
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	No	0	0	0	0	0	0	0	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	3 239	3 577	2 720	2 798	2 955	3 098	4 030	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	Quarterly/ Rate	64%	56.9%	55.2%	53.4%	58.3%	65.6%	75%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	120 549	108 954	105 247	102 324	104 714	104 700	114 998	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	0	0	0	0	0	0	0	
	<i>Inpatient bed days available</i>	DHIS	No	188 340	191 625	190 733	191 625	179 633	159 544	153 400	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS/ DHIS	Quarterly/ R	R 1 436	R 1 816	R2 299	R 2 510	R 2 638	R 2 771	R 2 924	-
	<i>Total expenditure – Chronic Hospitals</i>	BAS	R'000	224 618	301 941	361 110	390 897	417 707	441 876	466 617	
	<i>Patient day equivalent</i>	DHIS	No	156 378	166 243	157 033	155 743	158 367	159 445	159 558	
1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/OPD tick Register	Quarterly/ No	107 487	171 451	154 990	159 974	147 241	139 878	132 885	-
	8. OPD headcount new cases not referred	DHIS/OPD tick Register	Quarterly/ No	101 461	65 964	51 071	55 122	49 028	47 067	45 184	-

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3) 2017/18 Targets (Chronic/ Acute Hospitals)

Table 58: (PHS4 c) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	50%	0%	0%	0%	50%	50%
2. Complaints resolution rate	Quarterly	%	96%	96%	96%	96%	96%	96%
3. Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%
4. Average length of stay – total	Quarterly	Days	35 Days	37 Days	37 Days	36 Days	35 Days	35 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	58.3%	55%	56%	57%	58.3%	58.3%
6. Expenditure per PDE	Quarterly	R	R 2 638	R 2 589	R 2 600	R 2 630	R 2 638	R 2 638
7. OPD headcount - total	Quarterly	Number	147 241	36 810	36 810 (73 620)	36 810 (110 430)	36 811 (147 241)	147 241
8. OPD headcount new case not referred	Quarterly	Number	49 028	12 257	12 257 (24 514)	12 257 (36 771)	12 257 (49 028)	49 028

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Sub-Programme: Oral and Dental Training Centre

1) 2017/18 Targets (Oral and Dental Training Centre)

- To improve human resources for Oral and Dental Health Services to expand access to oral and dental health services at especially PHC level.
- To increase the number of dentures issued per annum.
- Strengthen the partnership with the University of KwaZulu-Natal to improve Oral and Dental Health Services.

2) Strategic Objectives, Indicators and Targets (Oral and Dental Training Centre)

Table 59: Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
4.1.12) Provision of dental prosthesis and training platform	1. Number of dentures issued per annum	Dental Register	Annual Number	Not reported	Not reported	Not reported	200	250	250	300	-
	2. Number of Oral Hygienist and Dental Therapists trained per annum	Training Register	Annual Number	Not reported	Not reported	Not reported	30	35	40	40	

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3) 2017/18 Targets (Oral and Dental Training Centre)

Table 60: Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Number of dentures issued per annum	Annual	Number	250	-	-	-	-	250
2. Number of Oral Hygienist and Dental Therapists trained per annum	Annual	Number	35	-	-	-	-	35

4) Reconciling Performance Targets with Expenditure Trends (Programme 4)

Table 61: (PHS5 a) Summary of Payments and Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
General (Regional) Hospitals	6 560 190	6 727 470	7 311 976	7 668 159	7 800 159	7 949 314	8 468 660	8 883 956	9 426 158
Tuberculosis Hospitals	631 342	673 267	734 142	793 589	754 589	754 589	812 781	884 431	933 961
Psychiatric-Mental Hospitals	686 549	753 333	788 178	845 859	834 859	831 634	891 958	952 156	1 005 476
Sub-acute, Step-down and Chronic Medical Hospitals	226 848	301 940	361 110	395 897	390 897	390 897	417 707	441 876	466 617
Dental Training Hospital	16 267	17 415	18 958	19 930	19 930	19 930	21 257	22 490	23 749
Sub-Total	8 121 196	8 473 425	9 214 364	9 723 434	9 800 434	9 946 364	10 612 363	11 184 909	11 855 961
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	8 121 196	8 473 425	9 214 364	9 723 434	9 800 434	9 946 364	10 612 363	11 184 909	11 855 961

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Table 62: (PHS5 b) Summary of payments and expenditure by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates			
	R'000	2013/14	2014/15				2015/16	2016/17		2017/18
Current payments		7 969 342	8 316 935	9 047 148	9 636 201	9 711 951	9 753 743	10 433 135	11 019 631	11 681 427
Compensation of employees		6 146 682	6 505 622	6 989 676	7 334 492	7 483 492	7 504 769	7 997 996	8 479 835	8 999 401
Goods and services		1 822 532	1 811 170	2 056 552	2 301 709	2 228 249	2 248 744	2 435 135	2 539 792	2 682 022
Communication		20 896	20 856	19 520	20 590	20 089	21 025	20 941	23 529	24 846
Computer Services		2 963	165	6	-	-	-	-	-	-
Consultants, Contractors and special services		163 251	157 806	162 024	191 327	205 757	209 704	219 362	237 951	251 278
Inventory		1 021 539	1 027 454	1 042 699	1 094 224	1 089 367	1 067 656	1 181 508	1 219 264	1 287 543
Operating leases		9 361	9 578	10 769	11 317	10 131	10 221	11 259	11 810	12 471
Travel and subsistence		4 840	5 118	4 561	3 919	2 700	2 996	3 882	3 288	3 473
Interest and rent on land		128	143	920	-	210	230	4	4	4
Maintenance, repair and running costs		13 486	16 685	16 330	18 099	15 520	17 031	18 383	17 444	18 421
Financial Transactions in assets and Liabilities		-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities		586 196	573 508	800 643	962 233	884 685	920 111	979 800	1 026 506	1 083 990
Transfers and subsidies to		124 336	124 026	134 412	62 233	62 283	167 512	143 360	127 142	134 262
Provinces and municipalities		-	-	-	-	100	100	-	-	-
Departmental agencies and accounts		15	64	54	82	87	81	83	88	93
Universities and Technikons		-	-	-	-	-	-	-	-	-
Foreign governments and international organisations		-	-	-	-	-	-	-	-	-

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Non-profit institutions	28 829	31 646	28 255	33 100	33 100	33 100	34 843	36 864	38 928
Households	95 492	92 316	106 103	29 051	28 996	134 231	108 434	90 190	95 241
Payments for capital assets	27 518	32 459	30 385	25 000	26 200	25 109	35 868	38 136	40 272
Buildings and other fixed structures	79								
Machinery and equipment	27 439	32 459	30 385	25 000	26 200	25 109	35 868	38 136	40 272
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	5	2 419	-	-	-	-	-	-
Total economic classification	8 121 196	8 473 425	9 214 364	9 723 434	9 800 434	9 946 364	10 612 363	11 184 909	11 855 961

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5) Performance and Expenditure Trends (Programme 4)

Programme 4 (Provincial Hospital Services) is allocated 26.9 per cent of the total Vote 7 allocation for 2017/18 compared to 26.7 per cent of the revised estimate for 2016/17. This amounts to an increase of R 665 999 million or 6.7 per cent.

Sub-programme 4.1 (General (Regional) Hospitals) is allocated 79.8 per cent of the Programme 4 budget for 2017/18 compared to 79.9 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 519 346 million or 6.5 per cent.

Sub-programme 4.2 (TB Hospitals) is allocated 7.7 per cent of the Programme 4 budget for 2017/18 compared to 7.6 per cent of the revised estimate for 2016/17. This amounts to an increase of R 58 192 million or 7.7 per cent.

Sub-programme 4.3 (Psychiatric Hospitals) is allocated 8.4 per cent of the Programme 4 budget for 2017/18 remaining the same as allocation for revised estimate for 2016/17. This amounts to an increase of R60 324 million or 7.3 per cent.

Sub-programme 4.4 (Chronic/ Step-Down Hospitals) is allocated 3.9 per cent of the Programme 4 budget for 2017/18 compared to 3.9 per cent of the revised estimate for 2016/17. This amounts to an increase of R 26 810 million or 6.9 per cent.

Sub-programme 4.5 (Dental Training Hospitals) is allocated 0.2 per cent of the Programme 4 budget for 2017/18 remaining the same as allocation for revised estimate for 2016/17. This amounts to an increase of R 1 327 million or 6.7 per cent.

6) Risk Management (Programme 4)

Table 63: Risk Management

Potential Risks	Mitigating Factors
Budget constraints	<ul style="list-style-type: none"> • Robust monitoring of expenditure against allocated budget. • Ensure cost containment and efficiency measures are in place and strictly adhered to. • Vigilant control over the filling of posts as per Essential Post List. • Finalise the Hospital Rationalisation Plan with cost saving strategies.
Inadequate human resources	<ul style="list-style-type: none"> • Essential Post List based on gap analysis – robust monitoring of compliance. • Strategy to improve retention of scarce skills. • Alignment of structures with function.
Inadequate hospital information system	<ul style="list-style-type: none"> • Prioritise hospital information system in ICT Long Term Plan. • Interim arrangements for reporting of routine clinical data. • Improve review and utilisation of information.
Leadership and management	<ul style="list-style-type: none"> • Implement development and mentoring programme for Hospital CEOs.
Medical litigation	<ul style="list-style-type: none"> • Strategy to improve management of litigation cases

Red: High Risk

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PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

1) Programme Purpose

To provide tertiary services and creates a platform for training of health professionals - there are no changes to the Programme 5 structure.

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.

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2) Strategic Objectives, Targets & Indicators (Tertiary & Central Hospitals)

The 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 for Tertiary and Central Hospitals.

The Hospital Rationalisation Plan (as component of the Turn-Around & Long Term 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 once finalised and approved.

Table 64: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
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) Approved Hospital Rationalisation Plan by June 2017 (Reviewed 2017/18)	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	5.1.2) 60% (or more) public health hospitals achieved 75% and more on National Core Standards self-assessment rate by March 2020 (Reviewed 2017/18)	Hospitals achieved 75% and more on National Core Standards self-assessment rate (Reviewed 2017/18)	60% (or more)

NOTE

The following approved customised indicators have been removed for inclusion in the 2017/18 Annual Performance Plan by the National Department of Health (Communication dated 09 February 2017 – Ms MP Matsoso: Director General Health).

1. Patient experience of care survey rate (all hospitals).
2. Patient experience of care satisfaction rate (all hospitals).

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

1) 2017/18 Priorities (Tertiary Hospitals)

- Implement the Hospital Rationalisation Plan with a specific focus on:
 - Policy Framework for Hospital Complexing;
 - Review classification and package of services of King Edward VIII Hospital;
 - Review package of services and organisational structures of all hospitals;
 - Alignment of referral policy with rationalisation plan; and
 - Phased implementation of Bed Bureaus.
- Standardise Clinical Outreach Programmes, oversight, mentorship and development support.
- Improving quality of care and clinical governance.
- Implement Operation Clean Audit as part of the Departmental Turn-Around Plan.
- Implement National Core Standards including self-assessments, peer reviews and development and monitoring of Quality Improvement Plans.
- Improving patient satisfaction and management of complaints.
- Implement hospital information system including identification of core indicators/ data elements and standardisation of registers and tools.

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2) Strategic Objectives, Indicators and Targets (Tertiary Hospitals)

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	33%	66%	100%	60% or more
	Hospital achieved 75% and more on National Core Standards self-assessment	Assessment records	No	-	-	-	-	1	2	3	
	Hospitals conducted National Core Standards self-assessment	Assessment records	No	-	-	-	-	3	3	3	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	Quarterly Days	9.9 Days	9.6 Days	9.6 Days	7.9 Days ⁸³	9.4 Days	9.2 Days	9 Days	-
	Inpatient days-total	Midnight Census	No	308 673	297 816	262 345	471 252	270 215	278 322	286 671	
	½ Day Patients	Admission/ Discharge Register	No	9 153	9 781	12 100	21 994	13 310	14 641	16 105	
	Inpatient separations total	Admission/ Discharge Register	No	31 553	31 668	28 840	61 262	29 452	30 996	32 441	

⁸³ Mid-year data is considered an outlier and targets therefore set using 3 year trend data (2013/14 – 2015/16)

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	98.7%	83.4%	77.8%	76.7%	80.2%	82.8%	85.4%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	308 673	297 816	262 345	471 252	270 215	278 322	286 671	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	9 153	9 781	12 100	21 994	13 310	14 641	16 105	
	<i>Inpatient bed days available</i>	<i>DHIS</i>	No	317 459	363 053	345 145	628 895	345 145	345 145	345 145	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 3 257	R 5 383	R4 645	R 3 469	R 3 769	R 4 102	R 4 399	-
	<i>Expenditure – Total Tertiary Hospital</i>	<i>BAS</i>	<i>R'000</i>	<i>1 400 958</i>	<i>2 232 949</i>	<i>3 140082</i>	<i>2 240 836</i>	<i>2 340 390</i>	<i>2 503 015</i>	<i>2 643 186</i>	
	<i>Patient day equivalents</i>	<i>DHIS</i>	<i>No</i>	<i>430 124</i>	<i>414 797</i>	<i>675 872</i>	<i>646 016</i>	<i>620 876</i>	<i>610 227</i>	<i>600 879</i>	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	74.4%	79.9%	83.4 %	72%	85%	90%	94%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	203	251	256	190	258	272	280	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	273	314	307	264	304	301	298	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	6. Complaint resolution within 25 working days rate	DHIS	Quarterly %	100%	98%	98%	95%	96%	96%	96%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	No	203	246	251	180	248	261	269	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	203	251	256	190	258	272	280	
Strategic Objective 2.7: Reduce maternal mortality											

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	69%	73.6%	73.1%	51.4%	71%	69%	67%	-
	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	No	898	759	797	3 746	869	947	1 032	
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	1 301	1 031	1 090	7 292	1 221	1 367	1 531	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.5) Reduce the unreferred OPD headcounts with at least 7% per annum	8. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly No	308 513	293 717	264 412	422 372	261 768	259 150	256 559	-
	9. OPD headcount new cases not referred	DHIS/ Tick Register OPD	Quarterly No	33 039	28 815	21 345	33 684	19 424	17 676	16 085	-

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3) 2017/18 Targets (Tertiary Hospitals)

Table 66: (THS2) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Target				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	33%	0%	0%	0%	33%	33%
2. Average length of stay – total	Quarterly	Days	9.4 Days	9.6 Days	9.5 Days	9.5 Days	9.4 Days	9.4 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	80.2%	79%	79%	79.5%	80.2%	80.2%
4. Expenditure per PDE	Quarterly	R	R 3 769	R 3 520	R 3 642	R 3 710	R 3 769	R 3 769
5. Complaints resolution rate	Quarterly	%	85%	80%	84%	85%	85%	85%
6. Complaint resolution within 25 working days rate	Quarterly	%	96%	96%	96%	96%	96%	96%
7. Delivery by caesarean section rate	Quarterly	%	71%	71%	71%	71%	71%	71%
8. OPD headcount - total	Quarterly	No	261 768	65 442	65 442 (130 884)	65 442 (196 326)	65 442 (261 768)	261 768
9. OPD headcount new case not referred	Quarterly	No	19 424	4 856	4 856 (9 712)	4 856 (14 568)	4 856 (19 424)	19 424

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KWAZULU-NATAL DEPARTMENT OF HEALTH

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

1) 2017/18 Priorities (Central Hospital)

- Implement the Hospital Rationalisation Plan including:
 - Review package of services and organisational structures;
 - Alignment of referral policy with rationalisation plan.
 - Phased implementation of Bed Bureaus.
- Standardise Clinical Outreach Programmes, oversight, mentorship and development support.
- Improving quality of care and clinical governance.
- Implement Operation Clean Audit as part of the Departmental Turn-Around Plan.
- Implement the National Core Standards including self-assessments, peer reviews and development and monitoring of Quality Improvement Plans.
- Improving patient satisfaction and management of complaints.

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2) Strategic Objectives, Indicators & Targets (Central Hospital)

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on National Core Standards self-assessment rate by March 2020	1. Hospital achieved 75% and more on National Core Standards self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	Not reported	100%	100%	100%	60% or more
	Hospital achieved 75% and more on National Core Standards self-assessment	Assessment records	No	-	-	-	-	1	1	1	
	Hospitals conducted National Core Standards self-assessment	Assessment records	No	-	-	-	-	1	1	1	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	Quarterly Days	8.9 Days	8.4 Days	8.6 Days	8.7 Days	8.6 Days	8.6 Days	8.6 Days	-
	Inpatient days-total	Midnight Census	No	225 640	206 116	203 522	205 614	203 279	199 785	199 662	
	½ Day Patients	Admission/ Discharge Register	No	1 737	1 587	1 602	1 630	1 549	1 487	1 406	
	Inpatient separations	Admission/ Discharge Registers	No	25 579	24 583	23 756	23 636	23 598	23 229	23 219	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	73.5%	67%	66.2%	66.8%	69.5%	70.9%	74.2%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	225 640	206 116	203 522	205 614	203 279	199 785	199 662	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	1 737	1 587	1 602	1 630	1 549	1 487	1 406	
	<i>Inpatient bed days available</i>	DHIS	No	307 938	308 790	308 824	308 790	293 221	282 663	270 026	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 2 873	R 3 288	R7 701	R 8 713	R 8 185	R 8 700	R 9 097	-
	<i>Total expenditure Central Hospital</i>	BAS	R'000	R 839 485	908 448	2 087 907	2 378 472	2 241 188	2 405 978	2 540 712	
	<i>Patient day equivalents</i>	DHIS	No	292 157	276 275	271 090	272 994	273 801	276 539	279 304	
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	74.2%	67.4%	99.2%	88.8%	98%	98%	98%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	46	31	119	160	176	172	163	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	62	46	120	180	180	175	166	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	6. Complaint resolution within 25 working days rate	DHIS	Quarterly %	100%	100%	96.6%	100%	100%	100%	100%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	No	46	31	115	160	176	172	163	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	46	31	119	160	176	172	163	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Targets 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 2.7: Reduce maternal mortality											
2.7.2) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	78.5%	80.5%	72.2%	78.5%	68%	64%	60%	-
	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	No	394	400	301	322	286	272	258	
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	502	497	417	410	421	425	430	
Strategic Objective 1.7: Improve hospital efficiencies											
1.7.6) Appropriate referral as per referral criteria	8. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly No	192 629	203 228	195 333	195 698	196 521	196 986	197 543	-

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3) 2017/18 Targets (Central Hospital)

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

Performance Indicators	Frequency	Type	Annual Target 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	100%	0%	0%	100%	0%	100%
2. Average length of stay – total	Quarterly	Days	8.6 Days	8.6 Days	8.6 Days	8.6 Days	8.6 Days	8.6 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	69.5%	69.5%	69.5%	69.5%	69.5%	69.5%
4. Expenditure per PDE	Quarterly	R	R 8 185	R 8 185	R 8 185	R 8 185	R 8 185	R 8 185
5. Complaints resolution rate	Quarterly	%	98%	98%	98%	98%	98%	98%
6. Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%
7. Delivery by caesarean section rate	Quarterly	%	68%	72%	70%	69%	68%	68%
8. OPD headcount - total	Quarterly	No	196 521	49 130	49 130 (98 260)	49 130 (147 390)	49 131 (196 521)	196 521

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4) Reconciling Performance Targets with Expenditure Trends (Programme 5)

Table 69: (C&THS7 a) Summary of Payments and Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Central Hospital Services	1 785 076	1 914 646	2 087 907	2 333 471	2 361 471	2 378 472	2 241 188	2 405 978	2 540 712
Provincial Tertiary Hospital Services	1 855 510	1 903 154	2 037 022	2 102 368	2 179 368	2 240 836	2 340 390	2 503 015	2 643 186
Sub-Total	3 640 586	3 817 800	4 124 929	4 435 839	4 540 839	4 619 308	4 581 578	4 908 993	5 183 898
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	3 640 586	3 817 800	4 124 929	4 435 839	4 540 839	4 619 308	4 581 578	4 908 993	5 183 898

Table 70: (C&THS7 b) Summary of Payments and Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	3 563 853	3 774 252	4 092 468	4 419 576	4 522 576	4 567 061	4 547 518	4 873 919	5 146 861
Compensation of employees	1 984 474	2 135 330	2 331 335	2 407 673	2 508 673	2 510 026	2 689 663	2 884 834	3 046 385
Goods and services	1 579 379	1 638 596	1 761 005	2 011 903	2 013 903	2 056 995	1 857 855	1 989 085	2 100 476
Communication	5 449	5 307	5 526	5 500	6 550	6 707	6 943	7 146	7 547
Computer Services	3 509	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	727 869	787 620	875 154	945 858	930 385	930 486	713 952	796 978	841 609
Inventory	706 412	722 905	646 954	742 184	774 929	763 945	793 517	821 560	867 567

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Operating leases	818	732	959	1 100	1 080	1 080	1 144	1 223	1 291
Travel and subsistence	867	868	431	370	480	478	509	555	587
Interest and rent on land	-	326	128	-	-	40	-	-	-
Maintenance, repair and running costs	907	932	940	886	820	872	869	1 010	1 067
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	133 548	120 232	231 041	316 005	299 659	353 427	340 921	360 613	380 808
Transfers and subsidies to	45 259	40 875	30 432	10 763	12 763	46 747	27 060	27 715	29 267
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	52	51	52	57	82	60	60	63	67
Universities and Technikons	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	45 207	40 824	30 380	10 706	12 681	46 687	27 000	27 652	29 200
Payments for capital assets	31 474	2 673	2 029	5 500	5 500	5 500	7 000	7 359	7 771
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	31 474	2 673	2 029	5 500	5 500	5 500	7 000	7 359	7 771
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	3 640 586	3 817 800	4 124 929	4 435 839	4 540 839	4 619 308	4 581 578	4 908 993	5 183 898

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5) Performance and Expenditure Trends (Programme 5)

Programme 5 (Central and Tertiary Hospital Services) is allocated 11.6 per cent of the 2017/18 Vote 7 allocation compared to 12.4 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 37 730 million or 0.8 per cent.

Central Hospitals is allocated 48.9 per cent of the Programme 5 allocation for 2017/18 compared to 51.5 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 137 284 million or 5.8 per cent.

Tertiary Hospitals is allocated 51.1 per cent of the Programme 5 allocation for 2017/18 compared to 48.5 per cent of the revised estimate for 2016/17. This amounts to an increase of R 99 554 million or 4.4 per cent.

6) Risk Management (Programme 5)

Table 71: Risk Management

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> • Robust monitoring of expenditure against allocated budget. • Ensure cost containment and efficiency measures are in place and strictly adhered to. • Vigilant control over the filling of posts as per Essential Post List. • Finalise the Hospital Rationalisation Plan for Tertiary & Central Hospitals with cost saving strategies embedded in plan.
Inadequate human resources	<ul style="list-style-type: none"> • Essential Post List based on gap analysis – robust monitoring of compliance. • Strategy to improve retention of scarce skills. • Alignment of structures with function.
Inadequate hospital information system	<ul style="list-style-type: none"> • Prioritise hospital information system in ICT Long Term Plan. • Interim arrangements for reporting of routine clinical data. • Improve review and utilisation of information.
Leadership and management	<ul style="list-style-type: none"> • Implement development and mentoring programme for Hospital CEOs.
Medical litigation	<ul style="list-style-type: none"> • Improved clinical governance. • Strategy to improve management of litigation cases.

Red: High Risk

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING

1) Programme Purpose

Render training and development opportunities for actual and potential employees of the Department of Health - There are no changes to the Programme 6 structure.

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.

2) 2017/18 Priorities (Health Sciences & Training)

- Review and implement the education and training plan in line with skills gap audit.
- College of Emergency Care and KZN College of Nursing alignment to legislative reforms.
- Implement the leadership and management development plan.
- Continuous competence-based clinical skills development.

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3) Strategic Objectives, Indicators and Targets (Health Sciences & Training)

Table 72: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Strategic Goal 4: Strengthen human resources for health	4.1) Improve human resources for health	4.1.4) Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20 (Reviewed 2017/18)	♦ Number of bursaries awarded for first year medicine students	197 (Reviewed 2017/18)
		4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20 (Reviewed 2016/17)	♦ Number of bursaries awarded for first year nursing students	1 000 (Reviewed 2016/17)
		4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020 (Reviewed 2017/18)	♦ Number of MOPs that successfully completed the degree course at DUT	61 (Reviewed 2017/18)
		4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (pending availability of budget)	♦ Number of new students enrolled in Mid-Level Worker training courses	10% increase (pending availability of budget) (Reviewed 2017/18)
		4.1.7) Increase the EMS skills pool by increasing the number of ILS intakes to 300 by March 2020 (Reviewed 2017/18)	♦ Number of Intermediate Life Support graduates per annum	300 (Reviewed 2017/18)

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20	
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20		
Strategic Objective 4.1: Improve human resources for health												
4.1.4) Allocate 197 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	379 (77 RSA + 302 Cuban)	131	57	50 ⁸⁴	30 ⁸⁵	30 ⁸⁶	30 ⁸⁷	197	
4.1.5) Allocate 1 000 bursaries for 1 st year nursing students between 2015/16 and 2019/20	2. Number of bursaries awarded for first year nursing students	Bursary Register	Annual No	Not reported	Not reported	90	200	225	225	225	1 000	
Strategic Objective 4.3: Accreditation of KZN CN as Institution of Higher Education												
4.3.1) KZN CN accredited as IHE by March 2017	3. KZN CN accredited as Institution of Higher Education	Accreditation Certificate	Annual Categorical	Not reported	Not reported	No	No	Yes	Yes	Yes	-	
Strategic Objective 4.1: Improve human resources for health												

⁸⁴ Bursaries are also allocated to medical students in training including 744 in Cuba and 338 in RSA Universities. Bursaries also allocated to 563 Allied Professions (97 expected to complete training in December 2016)

⁸⁵ The total bursaries for medical students are 1 066 (currently studying) with 107 RSA and 11 students in Cuba expected to complete their studies in 2016. Due to budget constraints there will be no student intake for the Cuban programme in 2017/18. There are 466 Allied Professions (excluding completions) with an estimated 60 new intakes. Projected intake over the MTEF affected by reduced funding envelope

⁸⁶ A total of 1 084 bursaries will be allocated to medical students with 58 RSA students completing in 2018 and 10 from the Cuban programme. There will be no intakes for the Cuban programme due to budget constraints. Bursaries will be allocated to 284 Allied Professions including 60 new intakes

⁸⁷ A total of 670 bursaries will be allocated to medical students with 325 students completing from the Cuban programme and 47 on the RSA programme. There will be no intakes for the Cuban programme due to budget constraints. Bursaries will be allocated to 109 Allied Professions with 60 new intakes

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum ⁸⁸	4. Number of Advanced Midwives graduating per annum	KZNCN database	Annual No	90	146	29	32	30	30	30	-
4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 61 (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	Not reported	Nil	0 ⁸⁹	37	18	6	61
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (pending availability of budget)	6. Number of new Pharmacy Assistants enrolled in training courses	Annual Training Report	Annual No	118	372	208	0	20 ⁹⁰	20	20	167
	7. Number of new Clinical Associates enrolled in training courses	Annual Training Report	Annual No	Not reported	Not reported	140	28	28 ⁹¹	28	28	
Strategic Objective 4.1: Improve human resources for health											
4.1.7) Increase the EMS skills pool by increasing the number ILS student intakes to 300 by March 2020	9. Number of Intermediate Life Support graduates per annum	Training Report/ EMS College Register	Annual No	44	54	41	50	72	72	72	300

⁸⁸ Due to budget constraints the intended 10% increase per annum will be reconsidered year on year in line with the available funding envelope and provision for absorption

⁸⁹ The first intake (37) will graduate in 2017/18

⁹⁰ Due to the current budget constraints the intake of Mid-Level Workers was reduced – intake will be re-assessed annually in line with demand, available funding envelope and provision for absorption after qualification

⁹¹ Annual intake of Clinical Associates will depend on finalisation of scope of practice and identified need for this cadre – intake will be re-assessed annually

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4) 2017/18 Targets (Health Sciences & Training)

Table 74: (HST2) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Number of bursaries awarded for first year medicine students	Annual	Number	30	-	-	-	-	30
2. Number of bursaries awarded for first year nursing students	Annual	Number	225	-	-	-	-	225
3. KZNCN accredited as Institution of Higher Education	Annual	Categorical	Yes	-	-	-	-	Yes
4. Number of Advanced Midwives graduating per annum	Annual	Number	30	-	-	-	-	30
5. Number of MOP's that successfully completed the degree course at DUT	Annual	Number	37	-	-	-	-	37
6. Number of new Pharmacy Assistants enrolled in training courses	Annual	Number	20	-	-	-	-	20
7. Number of new Clinical Associates enrolled in training courses	Annual	Number	28	-	-	-	-	28
8. Number of Intermediate Life Support graduates per annum	Annual	Number	72	-	-	-	-	72

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5) Reconciling Performance Targets with Expenditure Trends (Programme 6)

Table 75: (HST4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates			
	R'000	2013/14	2014/15				2015/16	2016/17		
Nursing Training Colleges		292 602	276 189	277 502	280 382	280 382	278 685	300 650	318 088	335 901
EMS Training Colleges		5 968	5 039	5 326	18 176	18 176	19 176	18 304	19 366	20 450
Bursaries		205 880	243 405	280 604	255 910	255 910	330 980	293 912	309 509	326 840
Primary Health Care Training		47 043	41 957	41 069	38 530	38 530	39 462	46 481	48 887	51 625
Training Other		447 858	452 359	454 321	507 152	557 152	546 847	582 336	613 501	647 858
Sub-Total		999 351	1 018 949	1 058 822	1 100 150	1 150 150	1 215 150	1 241 683	1 309 351	1 382 674
Unauthorized expenditure (1st charge) not available for spending		-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge		999 351	1 018 949	1 058 822	1 100 150	1 150 150	1 215 150	1 241 683	1 309 351	1 382 674

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Table 76: (HST4 b) Summary of Provincial Expenditure Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	789 339	778 344	773 468	842 326	892 326	892 492	952 340	1 004 447	1 060 693
Compensation of employees	736 405	722 027	721 247	776 000	826 000	822 026	877 206	926 798	978 696
Goods and services	52 931	56 317	52 219	66 326	66 326	70 465	75 134	77 649	81 997
Communication	1 054	948	697	812	812	807	795	962	1 016
Computer Services	2 126	45	138	-	-	200	-	-	-
Consultants, Contractors and special services	75	94	77	87	87	42	20	110	117
Inventory	627	491	597	453	453	1 160	1 634	1 706	1 802
Operating leases	1 221	1 273	1 402	1 502	1 502	1 444	1 663	1 742	1 839
Travel and subsistence	15 471	25 585	22 344	37 543	37 543	34 616	37 960	42 068	44 423
Interest and rent on land	3	-	2	-	-	1	-	-	-
Maintenance, repair and running costs	2 351	2 320	2 361	1 480	1 480	2 127	1 891	1 631	1 723
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	30 006	25 561	24 603	24 449	24 449	30 069	31 171	29 430	31 077
Transfers and subsidies to	208 586	238 187	285 248	252 824	252 824	321 119	282 631	297 807	314 483
Provinces and municipalities	-	-	28	-	-	-	-	-	-
Departmental agencies and accounts	11 282	15 768	18 863	19 842	19 842	19 842	19 842	20 868	22 036
Universities and Technikons	498	16	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	2017/18
Households	196 806	222 403	266 357	232 982	232 982	301 277	262 789	276 939	292 447
Payments for capital assets	1 426	2 412	99	5 000	5 000	1 539	6 712	7 097	7 498
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 426	2 412	99	5 000	5 000	1 539	6 712	7 097	7 498
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	6	7	-	-	-	-	-	-
Total economic classification	999 351	1 018 949	1 058 822	1 100 150	1 150 150	1 215 150	1 241 683	1 309 351	1 382 674

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6) Performance and Expenditure Trends (Programme 6)

Programme 6 (Health Sciences & Training) is allocated 3.1 per cent of the total Vote 7 allocation for 2017/18 compared to 3.3 per cent of the revised estimate for 2016/17. This amounts to an increase of R 26 533 million or 2.2 per cent.

Nurse Training Colleges is allocated 24.2 per cent of the Programme 6 allocation for 2017/18 compared to 22.9 per cent of the revised estimate for 2016/17. This amounts to an increase of R 21 965 million or 7.9 per cent.

EMS Training Colleges is allocated 1.5 per cent of the Programme 6 allocation for 2017/18 compared to 1.6 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 872 million or 4.5 per cent.

Bursaries are allocated 23.7 per cent of the Programme 6 allocation for 2017/18 compared to 27.2 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 37 068 million or 11.2 per cent.

PHC Training is allocated 3.7 per cent of the Programme 6 allocation for 2017/18 compared to 3.2 per cent of the revised estimate for 2016/17. This amounts to an increase of R 7 019 million or 17.8 per cent.

Other Training is allocated 46.9 per cent of the Programme 6 allocation for 2017/18 compared to 45 per cent of the revised estimate for 2016/17. This amounts to an increase of R 35 489 million or 6.5 per cent.

7) Risk Management (Programme 6)

Table 77: Risk Management

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> • Robust monitoring of expenditure against allocated budget. • Ensure cost containment and efficiency measures are in place and strictly adhered to. • Vigilant control over the filling of posts as per Essential Post List.
Compliance with NCET Policy (EMS)	<ul style="list-style-type: none"> • Transformation plan to comply with policy reforms.
Absorption of bursary holders post training	<ul style="list-style-type: none"> • The absorption of bursary holders (currently in training) present challenges as a result of increasing budget constraints. Finalisation of the Long Term Human Resources Plan has been prioritised to make provision for absorption.
Leadership and management	<ul style="list-style-type: none"> • Leadership and management training and mentoring programmes.

Red: High Risk

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

1) Programme Purpose

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

There are no changes to the Programme 7 structure.

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.

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2) 2017/18 Priorities (Health Care Support)

- Improve the efficiency of laundry services.
 - Turn-Around Strategy for Regional laundries to improve operations and ensure zero clean linen stock-out.
- Pharmaceutical Services
 - Strengthen alignment to the National Essential Medicines Programme of South Africa by having functional KwaZulu-Natal Pharmacy and Therapeutics Committee (KZN PTC) and District Pharmacy and Therapeutic Committees. All health care facilities to adhere to the Standard Treatment Guidelines and Essential Medicine List as recommended by the National Essential Medicine List Committee (NEMLC) and KZN PTC.
 - Early Warning System for Medicine Stock Outs: Implementation of an efficient Electronic Stock Management System at PHC facilities, Hospitals and Depot or Central Warehouse. Implementation of the reporting system to enable early detection of medicine supply challenges at facilities and timeous response to mitigate the challenges.
 - Implementation of Pharmaceuticals Procurement and Distribution Reforms which entail direct deliveries and cross-docking of medicine supplies as coordinated by the Provincial Medicine Procurement Unit (PMPU) to improve efficiencies and medicines availability.
 - Implementation of the Central Chronic Medicines Dispensing and Distribution (CCMDD) Programme and supporting community-based distribution of chronic medicines to improve access to medicines.
- Improve Orthotic and Prosthetic services.
 - Establish decentralised Orthotic Centres.
 - Rationalise services.

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3) Strategic Objectives, Indicators and Targets (Health Care Support)

Table 78: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Orthotic and Prosthetic Services				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 4 by March 2020 (Reviewed 2017/18)	Number of operational Orthotic Centres (cumulative)	4 (Reviewed 2017/18)
Laundry Services				
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 2020 onwards (Reviewed 2017/18)	Percentage of facilities reporting clean linen stock outs	Zero clean linen stock outs
Pharmaceutical Services				
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%
		5.2.3) 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%

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 1.9: Strengthen health system effectiveness											
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	Quarterly %	10%	14%	18%	14%	10%	5%	0	Zero clean linen stock outs
	<i>Number of facilities reporting clean linen stock out</i>	Laundry Register	No	7	10	13	12	7	4	0	
	<i>Facilities total</i>	DHIS	No	72	72	72	73	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	Plan not approved	Plan not finalised	Plan approved	Plan implemented	Plan implemented	-
1.9.1) Increase the number of operational Orthotic Centres to 4 by March 2020	3. Number of operational Orthotic Centres - cumulative	Operational Centres reports	Annual No	Not reported	Not reported	2 ⁹²	2	3 (1)	4 (1)	4	4
Strategic Objective 5.2: Improve quality of care											
5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or	4. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy database/ Grading Certificates	Annual %	81%	83%	97%	92%	94%	96%	100%	100%
	<i>Pharmacies with A or B Grading</i>	Grading Certificates	No	71	78	84	86	88	90	94	

⁹² Fully functional Operational Centres in Wentworth and Pietermaritzburg

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
B grading) to 100% by March 2020	Number of pharmacies	Pharmacy records	No	88	94	87	94	94	94	94	
5.2.3) Decrease medicine stock-out rates to less than 1% in all health facilities and PPSD by March 2020	5. Tracer medicine stock-out rate (PPSD)	Pharmacy database	Quarterly/ %	5.7%	6.4%	17.4%	5%	4%	3%	1%	Less than 1%
	Number of tracer medicine out of stock	Pharmacy records	No	12	34	96	9	7	Fluctuates	Fluctuates	
	Total number of tracer medicine expected to be in stock	Pharmacy records	No	212	530	552	182	182	Fluctuates	Fluctuates	
	6. Tracer medicine stock-out rate (Institutions)	Pharmacy database	Quarterly/ %	1.8%	2.96%	4.4% ⁹³	3%	2%	1.5%	1%	Less than 1%
	Number of tracer medicines stock out in bulk store	Pharmacy records	No	4 476	1 551	1 555	4 073	2 715	Fluctuates	Fluctuates	
	Number of tracer medicines expected to be stocked in the bulk store	Pharmacy records	No	251 125	52 416	50 832	135 772	135 772	Fluctuates	Fluctuates	
5.2.4) improve pharmaceutical procurement and distribution reforms	7. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	96%	100%	100%	100%	-
	Number of facilities on Direct Delivery Model	Facilities records	No	-	-	-	92	96	96	96	
	Total number of facilities eligible for Direct Delivery Model	Pharmacy database	No	-	-	-	96	96	96	96	

⁹³ 343/ 7 734 (3%) in hospitals and CHCs and 1 212/ 43 098 (2.8%) in clinics

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
	8. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	0%	30.3%	60%	100%	-
	<i>Number of facilities on Cross-Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	0	226	447	746	
	<i>Total number of facilities eligible for Cross-Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	746	746	746	746	
	9. Percentage of items on Direct Delivery and Cross Docking Model	Pharmacy database	Quarterly %	Not reported	Not reported	Not reported	54%	65%	70%	70%	-
	<i>Number of items on Direct Delivery and Cross Docking Model</i>	<i>Pharmacy database</i>	<i>No</i>	-	-	-	480	<i>Fluctuates</i>	<i>Fluctuates</i>	<i>Fluctuates</i>	
	<i>Total number of items in the Provincial Essential Medicines Catalogue</i>	<i>Provincial Essential Medicines Catalogue</i>	<i>No</i>	-	-	-	892	<i>Fluctuates</i>	<i>Fluctuates</i>	<i>Fluctuates</i>	
	10. Number of facilities implementing the CCMDD Programme	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	600	746	746	746	-
	11. Number of patients enrolled on CCMDD programme (cumulative)	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	696 641	1 000 000	1 350 000	1 750 000	-
	12. Number of pick-up points linked to CCMDD	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	1 934	3 000	3000	3000	-

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4) 2017/18 Targets (Health Care Support)

Table 80: (HCSS2) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Target
				Q1	Q2	Q3	Q4	
1. Percentage of facilities reporting clean linen stock outs	Quarterly	%	10%	14%	13%	12%	10%	10%
2. Forensic Pathology Rationalisation Plan	Annual	Categorical	Plan approved	-	-	-	-	Plan approved
3. Number of operational Orthotic Centres (cumulative)	Annual	Number	3 (1)	-	-	-	-	3 (1)
4. Percentage of Pharmacies that obtained A and B grading on inspection	Annual	%	94%	92%	92%	93%	94%	94%
5. Tracer medicine stock-out rate (PPSD)	Quarterly	%	4%	4%	4%	4%	4%	4%
6. Tracer medicine stock-out rate (Institutions)	Quarterly	%	2%	2%	2%	2%	2%	2%
7. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	100%	96%	96%	98%	100%	100%
8. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	30.3%	2%	15%	25%	30.3%	30.3%
9. Percentage of items on Direct Delivery and Cross Docking Model	Quarterly	%	65%	54%	60%	65%	65%	65%
10. Number of facilities implementing the CCMD Programme (cumulative)	Quarterly	No	746	700	730	740	746	746
11. Number of patients enrolled on CCMD programme (cumulative)	Quarterly	No	1 000 000	700 000	800 000	900 000	1 000 000	1 000 000
12. Number of pick-up points linked to CCMD (cumulative)	Quarterly	No	3 000	2 000	2 500	3 000	3 000	3 000

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5) Reconciling Performance Targets with Expenditure Trends (Programme 7)

Table 81: (HCSS4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Medicine Trading Account	0	6	0	0	0	0	64 600	68 477	72 312
Laundry Services	90 271	125 667	134 153	281 884	281 884	279 884	186 767	185 396	195 778
Orthotic and Prosthetic Services	32 573	26 235	31 942	44 603	44 603	46 603	42 587	39 767	41 994
Sub-Total	122 844	151 908	166 095	326 487	326 487	326 487	293 954	293 640	310 084
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	122 844	151 908	166 095	326 487	326 487	326 487	293 954	293 640	310 084

Table 82: (HCSS4 b) Summary of Payments and Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	121 545	147 452	165 637	317 307	317 307	312 307	287 608	287 086	303 164
Compensation of employees	81 357	84 524	90 967	106 900	106 900	97 088	152 176	156 692	165 467
Goods and services	40 188	62 928	74 670	210 407	210 407	215 219	135 432	130 394	137 697
Communication	399	417	299	280	280	923	1 226	1 274	1 346
Computer Services	-	-	-	-	-	-	2 130	2 258	2 384
Consultants, Contractors and special services	488	603	504	510	510	10	627	1 145	1 210

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Inventory	17 657	9 665	14 140	19 991	19 991	18 723	22 010	16 853	17 796
Operating leases	97	110	125	150	150	102	464	520	549
Travel and subsistence	106	116	78	67	67	66	118	117	124
Interest and rent on land	-	-	-	-	-	-	-	-	-
Maintenance, repair and running costs	5 782	4 319	4 367	4 528	4 528	4 420	3 982	4 855	5 127
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	15 661	47 698	55 157	184 881	184 881	190 975	104 875	103 372	109 161
Transfers and subsidies to	1 285	1 264	244	680	680	680	696	737	778
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 285	1 264	244	680	680	680	696	737	778
Payments for capital assets	14	3 192	214	8 500	8 500	13 500	5 650	5 817	6 142
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	14	3 192	214	8 500	8 500	13 500	5 650	5 817	6 142
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	122 844	151 908	166 095	326 487	326 487	326 487	293 954	293 640	310 084

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6) Performance and Expenditure Trends (Programme 7)

Programme 7 (Health Care Support Services) is allocated 0.7 per cent of the 2017/18 Vote 7 allocation for 2017/18 compared to 0.9 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 35 533 million or 10 per cent.

Sub-programme 7.1 (Laundry Services) is allocated 63.5 per cent of Programme 7 allocation for 2017/18 compared to 85.7 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 93 117 million or 33.3 per cent.

Sub-programme 7.2 (Orthotic and Prosthetic Services) is allocated 14.5 per cent of the Programme 7 allocation for 2017/18 compared to 14.3 per cent of the adjusted estimate for 2016/17. This amounts to a decrease of R 4 016 million or 8.6 per cent.

7) Risk Management (Programme 7)

Table 83: Risk Management

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> • Ensure cost containment and efficiency measures are in place and strictly adhered to. • Vigorous monitoring of expenditure against allocated budget.
Medicine stock out, theft and abuse and wastage	<ul style="list-style-type: none"> • Enforce Board of Surveys. • Automisation of Expired Medication Alerts to improve stock management. • Robust monitoring of security management at facilities.
Waiting times (patient satisfaction)	<ul style="list-style-type: none"> • Phased implementation of CCMDD and monitoring of patient satisfaction (as part of the Service Delivery Improvement Plan).
Inadequate storage capacity at facilities for pharmaceuticals	<ul style="list-style-type: none"> • Implement Direct Delivery System to hospitals and CHCs. • Implement Cross Docking (phased implementation to make provision for budget constraints).

Red: High Risk; Orange: Medium Risk

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

1) Programme Purpose

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

2) 2017/18 Priorities (Health Facilities Management)

- Roll out the full health platform and conduct condition audits in two districts.
- Implement term contracts for Boilers, Autoclaves, Standby Generators, and HVAC (air conditioning) systems across all health institutions.
- Review the integrated infrastructure planning documents.
- Identify and prioritise clinics for replacement.
- Identify and prioritise hospital infrastructure upgrades.

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3) Strategic Objectives, Indicators and Targets (Health Facilities Management)

Table 84: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Strategic Goal 1: Strengthen health system effectiveness	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
Strategic Goal 3: Universal health coverage	3.3) Improve health facility planning and infrastructure delivery	3.3.1) Complete 40 new and replaced projects by March 2020 (MTSF) – (Added 2017/18)	Number of new and replaced projects completed (Added 2017/18)	40 (Reviewed 2017/18)
		3.3.2) Complete 47 upgrade and addition projects by March 2020 (MTSF) (Added 2017/18)	Number of upgrade and addition projects completed (Added 2017/18)	47 (Reviewed 2017/18)
		3.3.3.) Complete 24 renovation and refurbishment projects by March 2020 (Added 2017/18)	Number of renovation and refurbishment projects completed (Added 2017/18)	24 (Reviewed 2017/18)

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Strategic Objective 3.3: Improved health facility planning and infrastructure delivery											
3.3.4) Major and minor refurbishment completed as per approved Infrastructure	1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	IRM, PMIS and monthly reports	Annual No	Not reported	Not reported	Not reported	Not reported	148 Clinics: 131 Hospitals: 17	148 Clinics: 131 Hospitals: 17	148 Clinics: 131 Hospitals: 17	-

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
Plan	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District.	IRM, PMIS and monthly reports	Annual No	Not reported	Not reported	Not reported	Not reported	464 Clinics: 410 Hospitals: 54	464 Clinics: 410 Hospitals: 54	464 Clinics: 410 Hospitals: 54	-
Strategic Objective 3.2: Create job opportunities											
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	3 398	4 982	2 084	3 023	4 486	4 971	4 971	11 800
Strategic Objective 3.3: Improved health facility planning and infrastructure delivery											
3.3.1) Complete 40 new and replaced projects by March 2020	4. Number of new and replacement projects completed	IRM, PMIS and monthly reports	Quarterly No	Not reported	Not reported	Not reported	Not reported	15	11	14	40
3.3.2) Complete 47 upgrade and addition projects by March 2020	5. Number of upgrade and addition projects completed	IRM, PMIS and monthly reports	Quarterly No	Not reported	Not reported	Not reported	Not reported	22	14	11	47
3.3.3) Complete 24 renovation and refurbishment projects by March 2020	6. Number of renovation and refurbishment projects completed	IRM, PMIS and monthly reports	Quarterly No	Not reported	Not reported	Not reported	Not reported	7	12	5	24

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2016/17	Medium Term Targets			Strategic Plan Target 2019/20
				2013/14	2014/15	2015/16		2017/18	2018/19	2019/20	
3.3.5) 100% of maintenance budget spent annually	7. Percentage of maintenance and repairs budget spent	BAS	Quarterly %	Not reported	102%	108.28%	100%	100%	100%	100%	-
	<i>Maintenance budget expenditure</i>	BAS	R'000	-	233 207	196 250 000	176 000 000	140 000 000	140 000 000	140 000 000	
	<i>Total maintenance budget</i>	BAS	R'000	-	211 595	212 495 624	176 000 000	140 000 000	140 000 000	140 000 000	

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4) 2017/18 Targets (Health Facilities Management)

Table 86: (HFM3) Quarterly and Annual Targets

Indicators	Frequency	Type	Targets 2017/18	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts	Annual	No	148	-	-	-	-	148
2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District.	Annual	No	464	-	-	-	-	464
3. Number of jobs created through the EPWP	Quarterly	No	4 486	1 121	1 121	1 121	1 123	4 486
4. Number of new and replacement projects completed	Annual	No	15	-	-	-	-	15
5. Number of upgrade and addition projects completed	Annual	No	22	-	-	-	-	22
6. Number of renovation and refurbishment projects completed	Annual	No	7	-	-	-	-	7
7. Percentage of maintenance and repairs budget spent	Quarterly	%	100%	25%	50%	75%	100%	100%

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5) Reconciling Performance Targets with Expenditure Trends (Programme 8)

Table 87: (HFM4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Community Health Facilities	523 719	443 562	184 965	133 293	149 930	150 133	1 65 800	184 000	233 782
District Hospital Services	588 488	476 652	207 502	365 010	156 784	160 818	240 000	381 000	455 136
Emergency Medical Services	1 328	-	-	-	-	-	-	-	-
Provincial Hospital Services	600 958	500 232	848 813	840 970	901 073	896 332	849 184	868 231	918 719
Central Hospital Services	24 396	18 685	29 896	76 043	53 535	50 365	103 819	107 628	91 199
Other Facilities	261 917	239 906	246 442	168 199	257 193	260 867	297 725	143 989	192 514
Sub-Total	2 000 806	1 679 037	1 517 618	1 583 515	1 518 515	1 518 515	1 656 528	1 684 848	1 891 350
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	2 000 806	1 679 037	1 517 618	1 583 515	1 518 515	1 518 515	1 656 528	1 684 848	1 891 350

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Table 88: (HFM4 b) Summary of Provincial Expenditure Estimates by Economic Classification (R'000)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	
Current payments	349 449	379 132	375 853	477 294	418 056	440 395	460 421	457 117	518 698
Compensation of employees	24 048	24 158	33 986	44 122	42 942	41 546	51 400	54 000	56 000
Goods and services	325 401	354 974	341 867	433 172	375 114	398 849	409 021	403 117	462 698
Communication	22	4	53	-	-	-	-	-	-
Computer Services	2 742	-	211	-	-	-	-	-	-
Consultants, Contractors and special services	87 100	104 052	84 903	182 961	108 288	114 302	123 819	161 128	180 151
Inventory	1 278	7 938	17 667	10 521	7 626	7 188	3 800	1 100	1 162
Operating leases	61 524	75 684	87 257	66 000	98 301	95 051	100 000	60 000	70 365
Travel and subsistence	242	194	561	810	227	186	2 000	2 100	2 218
Interest and rent on land	-	-	-	-	-	-	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	172 493	167 102	151 215	172 880	160 672	182 122	179 402	178 789	208 802
Transfers and subsidies to	20 022	37	20 000	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	20 000	-	20 000	-	-	-	-	-	-
Households	22	37	-	-	-	-	-	-	-

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2013/14	2014/15				2015/16	2016/17	2017/18
Payments for capital assets	1 631 335	1 299 868	1 121 765	1 106 221	1 100 459	1 078 120	1 196 107	1 227 731	1 372 652
Buildings and other fixed structures	1 530 893	1 206 295	1 052 053	896 221	900 496	903 800	819 107	859 231	896 564
Machinery and equipment	100 442	93 573	69 712	210 000	199 963	174 320	377 000	368 500	476 088
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	2 000 806	1 679 037	1 517 618	1 583 515	1 518 515	1 518 515	1 656 528	1 684 848	1 891 350

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6) Performance and Expenditure Trends (Programme 8)

Programme 8 (Health Facilities Management) is allocated 4.2 per cent of the 2017/18 Vote 7 allocation compared to 4.1 per cent of the revised estimate for 2016/17. This translates into an increase of R 138 013 million or 9.1 per cent.

Community Health Facilities are allocated 10 per cent of the Programme 8 allocation for 2017/18 compared to 9.9 per cent of the revised estimate for 2016/17. This amounts to an increase of R 15 667 million or 10.4 per cent.

District Hospitals are allocated 14.5 per cent of the Programme 8 allocation for 2017/18 compared to 10.6 per cent of the revised estimate for 2016/17. This amounts to an increase of R 79 182 million or 49.2 per cent.

Provincial Hospitals are allocated 51.3 per cent of the Programme 8 allocation for 2017/18 compared to 59 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 47 148 million or 5.3 per cent.

Central Hospitals are allocated 6.3 per cent of the Programme 8 allocation for 2017/18 compared to 3.3 per cent of the revised estimate for 2016/17. This amounts to an increase of R 53 454 million or 106.1 per cent.

Other Facilities are allocated 18 per cent of the Programme 8 allocation for 2017/18 compared to 17.2 per cent of the revised estimate for 2016/17. This amounts to a decrease of R 36 858 or 14.1 per cent.

7) Risk Management (Health Facilities Management)

Table 89: Risk Management

Potential Risks	Mitigating Strategies
Delays in procurement	<ul style="list-style-type: none"> National Treasury and National Department to intervene to ensure effective implementation of the SIPDM.
Delays in projects completion	<ul style="list-style-type: none"> Capacity development to effectively monitor consultants and contracts. Impose penalties on late delivery.
Continuously reducing infrastructure budget	<ul style="list-style-type: none"> Reprioritize projects. New projects placed on hold. Focus on maintenance. Investigate non-infrastructure solutions.
Service delivery constraints due to drought	<ul style="list-style-type: none"> Increase number of facilities with boreholes. Install static tanks where applicable. Use water wise fittings.
Ongoing disputes at the new Dr Pixley ka Isaka Seme Regional Hospital	<ul style="list-style-type: none"> Use monthly progress meetings to resolve disputes. Appoint legal experts to defend the Department.

Red: High Risk

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Notes

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PART C: LINKS TO OTHER PLANS

- Long Term Infrastructure & Other Capital Plans
- Conditional Grants
- Public Entities
- Public Private Partnerships
- Conclusion

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INFRASTRUCTURE PROJECT PLAN

Table 90: Infrastructure Project List (2017/18 MTEF)

No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
1	Bethesda Hospital	Bethesda Hospital - Replace & install 1 X 300 kVA with larger unit	8.3 District Hospital Services	Stage 8	New and replacement assets	Jozini	2 157 000	362 430	0	0
2	Madundube Clinic	Madundube Clinic - Construct New Medium Clinic	8.1 Community Health Facilities	Stage 4	New and replacement assets	KwaDukuza	25 000 000	1 000 000	0	0
3	Phoenix Rehabilitation Centre	Phoenix Rehabilitation Centre - Emergency Power Generator 1x100kVA	8.1 Community Health Facilities	Stage 6A	New and replacement assets	eThekwini	1 004 628	50 000	0	0
4	Phoenix CHC	Phoenix CHC - Replacement of Emergency Power Generators 1x200kVA With Larger Unit	8.1 Community Health Facilities	Stage 6A	New and replacement assets	eThekwini	1 507 442	75 000	0	0
5	Montebello Hospital	Montebello Hospital - Replace and install 1 x 300kVA with larger unit	8.3 District Hospital Services	Stage 6A	New and replacement assets	Ndwedwe	2 240 412	1 000 000	0	0
6	Osindisweni Hospital	Osindisweni Hospital - Replace and install 1 x 200kVA with larger unit	8.3 District Hospital Services	Stage 6A	New and replacement assets	eThekwini	2 231 862	1 000 000	0	0
7	Hillcrest Hospital	Hillcrest Hospital - Replace and install 1 x 200kVA with larger unit	8.4 Provincial Hospital Services	Stage 6A	New and replacement assets	eThekwini	1 685 702	80 000	0	0
9	Northdale Hospital	Northdale Hospital - Upgrade / replace 4 Otis Lifts	8.3 District Hospital Services	Stage 7	New and replacement assets	Msunduzi	3 091 000	76 990	0	0
11	Dunstan Farrell Hospital	Dunstan Farrell - Replacement of Emergency Power Generators 1x100 kVA with Larger Unit	8.4 Provincial Hospital Services	Stage 7	New and replacement assets	Hibiscus Coast	1 323 749	70 000	0	0
12	EG & Usher Memorial Hospital	EG & Usher Memorial Hospital - Replace and install 1 x 500kVA with larger unit	8.3 District Hospital Services	Stage 7	New and replacement assets	Greater Kokstad	2 639 000	67 748	0	0
13	Eshowe Hospital	Eshowe Hospital-upgrade/replace 4 Otis Lifts	8.3 District Hospital Services	Stage 7	New and replacement assets	uMlalazi	3 314 000	81 458	0	0
14	Greytown Hospital	Greytown TB hospital - Replace and upgrade generator	8.4 Provincial Hospital Services	Stage 8	New and replacement assets	Umvoti	861 000	79 793	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
15	Greytown Hospital	Greytown hospital - Replace and upgrade generator	8.3 District Hospital Services	Stage 8	New and replacement assets	Umvoti	2 950 000	325 256	0	0
16	Charles Johnson Memorial Hospital	Charles Johnson Memorial - Replace and upgrade generator	8.3 District Hospital Services	Stage 8	New and replacement assets	Nquthu	1 893 000	179 511	0	0
17	Catherine Booth Hospital	Catherine Booth Hospital - Replace & install 1 X 200KVA with larger unit	8.3 District Hospital Services	Stage 8	New and replacement assets	uMlalazi	3 840 000	138 827	0	0
18	Church Of Scotland Hospital	Church of Scotland Hospital - Replace and upgrade generator	8.3 District Hospital Services	Stage 8	New and replacement assets	Msinga	1 370 000	137 829	0	0
20	Mahhehle / Ncakubana Clinic	Mahhehle / Ncakubana Clinic - Construct New Clinic	8.1 Community Health Facilities	Stage 5	New and replacement assets	Ubuhlebezwe	34 000 000	12 000 000	16 000 000	1 638 221
21	Mambulu (Kranskop) Clinic	Mambulu Clinic (Kranskop) - Construction of a New Clinic	8.1 Community Health Facilities	Stage 5	New and replacement assets	Maphumulo	25 000 000	0	0	3 000
23	Melmoth Hospital	Melmoth - New District Hospital: Development of Business case	8.3 District Hospital Services	Stage 1	New and replacement assets	Mthonjaneni	410 000	50 000	0	0
27	Ekuhlengeni Hospital	Ekuhlengeni Life Care Centre - Fencing (Completion Contract)	8.4 Provincial Hospital Services	Stage 5	Upgrades and additions	eThekwini	2 300 000	2 300 000	0	0
31	Ofafa/ Ntakama Clinic	Ofafa/ Ntakama Clinic - Construct New Clinic	8.1 Community Health Facilities	Stage 4	New and replacement assets	Ubuhlebezwe	25 000 000	1 000 000	12 000 000	11 500 000
34	Highway House Accommodation: Office	Highway House - Replacement of Central Plant Compressors	8.6 Other Facilities	Stage 8	New and replacement assets	eThekwini	8 046 867	130 000	130 000	130 000
35	Charles Johnson Memorial Hospital	Charles Johnson Memorial Hospital - Upgrade / replace 2 Schindler Lifts	8.3 District Hospital Services	Stage 7	New and replacement assets	Nquthu	1 418 000	100 000	0	0
37	Highway House Accommodation: Office	Highway House - Replacement of two Lifts	8.6 Other Facilities	Stage 1	New and replacement assets	eThekwini	2 200 000	2 000 000	200 000	0
38	Appelsbosch Hospital	Appelsbosch Hospital - Replace and install 1 x 300kVA with larger unit	8.3 District Hospital Services	Stage 7	New and replacement assets	uMshwathi	2 660 308	94 913	0	0
39	Edendale Hospital	Edendale Hospital CDC clinic	8.4 Provincial Hospital Services	Stage 8	New and replacement assets	Msunduzi	58 555 025	1 686 397	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
40	Addington Hospital	Addington Hospital - Upgrade / replace 5 Otis Lifts, 2 Kone Lifts and 7 Schindler Lifts	8.4 Provincial Hospital Services	Stage 7	New and replacement assets	eThekwini	10 692 858	691 006	0	0
42	Umzimkhulu CHC	Umzimkhulu CHC - Construct New CHC	8.1 Community Health Facilities	Stage 4	New and replacement assets	Umzimkhulu	200 000 000	1 000 000	0	0
43	Clairwood Hospital	Clairwood Hospital - Replacement of 1 x 400 KVA generator set	8.4 Provincial Hospital Services	Stage 6A	New and replacement assets	eThekwini	1 296 000	336 588	0	0
44	Addington Hospital	Addington Hospital - Replace and install 1 x 500 kVA with larger unit	8.4 Provincial Hospital Services	Stage 6A	New and replacement assets	eThekwini	1 907 010	200 000	0	0
45	Addington Hospital	Addington Hospital - Installation of a backup chiller	8.4 Provincial Hospital Services	Stage 4	New and replacement assets	eThekwini	27 000 000	1 000 000	0	9 500 000
47	Gwaliweni Clinic	Gwaliweni Clinic - New clinic, renovate staff houses (Completion Contract)	8.1 Community Health Facilities	Stage 6A	New and replacement assets	Jozini	950 000	950 000	0	0
48	Grootville Clinic	Grootville Clinic - Replacement of existing clinic with XL Clinic and Provision of PMTCT Unit	8.1 Community Health Facilities	Stage 5	New and replacement assets	KwaDukuza	65 000 000	12 000 000	20 000 000	19 190 087
49	King Dinuzulu Hospital	King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract)	8.4 Provincial Hospital Services	Stage 5	New and replacement assets	eThekwini	35 200 000	3 000 000	30 000 000	1 500 000
51	Mpophomeni Clinic	Mpophomeni clinic- New clinic (3rd completion contract)	8.1 Community Health Facilities	Stage 6A	New and replacement assets	Umhlabuyalingana	12 917 000	12 317 000	317 000	0
52	Mseleni Hospital	Mseleni Hospital - Replace 1 x 250 kVA Generator with larger unit	8.3 District Hospital Services	Stage 8	New and replacement assets	Umhlabuyaling-ana	4 551 000	515 065	0	0
54	Murchison Hospital	Murchison Hospital - Replace Theatre A/C Plant	8.3 District Hospital Services	Stage 3	New and replacement assets	Hibiscus Coast	3 000 000	1 000 000	2 500 000	0
55	Ndelu Clinic	Ndelu Clinic - Replacement of a New clinic small clinic with a Medium Clinic	8.1 Community Health Facilities	Stage 5	New and replacement assets	Umzumbe	17 020 556	0	1 000 000	5 000 000
58	Vryheid Hospital	Vryheid Hospital - Upgrade/ replace 2 Otis lifts	8.3 District Hospital Services	Stage 7	New and replacement assets	Abaqulusi	1 710 000	46 566	0	0
59	Umzimkhulu Hospital	Umzimkhulu Hospital - Replace and Install 1 x 100 kVA With a Large Unit	8.4 Provincial Hospital Services	Stage 8	New and replacement assets	Umzimkhulu	1 613 000	307 667	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
60	Umphumulo Hospital	Umphumulo Hospital - Replacement of Emergency Power Generators 1x300kVA	8.3 District Hospital Services	Stage 6A	New and replacement assets	Maphumulo	1 500 000	239 718	0	0
61	Umphumulo Hospital	Umphumulo Hospital - New Core block	8.3 District Hospital Services	Stage 3	New and replacement assets	Maphumulo	120 000 000	5 000 000	30 000 000	60 000 000
63	Osindisweni Hospital	Osindisweni Hospital - Repairs & Renovations - TB Ward	8.3 District Hospital Services	Stage 5	Rehabilitation, renovations and refurbishments	eThekwini	100 000 000	20 000 000	30 000 000	30 000 000
65	Tongaath CHC	Tongaath CHC - Replace and install 1 x 100kVA with larger unit	8.1 Community Health Facilities	Stage 6A	New and replacement assets	eThekwini	1 230 000	159 848	0	0
67	Stanger Hospital	Stanger Hospital - Replacement of Theatre/Wards Chillers- Completion Project	8.4 Provincial Hospital Services	Stage 6A	New and replacement assets	KwaDukuza	8 713 000	7 400 000	313 000	0
68	Stanger Hospital	Stanger Hospital - Upgrade / replace 1 Otis Lifts and 1 Hoist	8.4 Provincial Hospital Services	Stage 8	New and replacement assets	KwaDukuza	1 634 000	126 951	0	0
69	Ngwelezane Hospital	Ngwelezane Hospital - 192 Bed Ward Block - Surgical Wards	8.4 Provincial Hospital Services	Stage 7	New and replacement assets	uMhlatuze	287 173 000	50 000 000	#REF!	0
70	Ngwelezane Hospital	Ngwelezane Hospital - New 8-Theatre block, New Entrance, Parking and upgrade of sewer/ water services	8.4 Provincial Hospital Services	Stage 1	New and replacement assets	uMhlatuze	400 000 000	5 000 000	20 000 000	100 000 000
71	Stanger Hospital	Stanger Hospital - New Labour and Neo Natal Wards	8.4 Provincial Hospital Services	Stage 7	New and replacement assets	KwaDukuza	175 905 825	4 599 153	0	0
73	St Andrew's Hospital	St Andrews Hospital - Replace and install 1 x 300kVA with larger unit	8.3 District Hospital Services	Stage 7	New and replacement assets	UMuziwabantu	3 851 000	109 535	0	0
75	R K Khan Hospital	RK Khan Hospital - Replacement of 4 lifts : Nurses Residents	8.4 Provincial Hospital Services	Stage 7	New and replacement assets	eThekwini	3 870 742	141 000	0	0
79	King Dinuzulu Hospital	King Dinuzulu Hospital - New TB Complex (Completion Contract)	8.4 Provincial Hospital Services	Stage 5	New and replacement assets	eThekwini	33 700 000	3 000 000	19 000 000	9 000 000
80	King Dinuzulu Hospital	King Dinuzulu Hospital - New Helistop	8.4 Provincial Hospital Services	Stage 3	New and replacement assets	eThekwini	700 000	680 000	0	0
83	Mayor's Walk CPS Accommodation: Office	Mayor's Walk CPS - Upgrade / replace 1 Hoist	8.6 Other Facilities	Stage 8	New and replacement assets	Msunduzi	610 599	131 625	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
84	Imbalenhle CHC	Imbalenhle CHC - Install 1 x 200 KVA with larger units	8.1 Community Health Facilities	Stage 7	New and replacement assets	Msunduzi	2 883 000	304 146	0	0
85	Hlabisa Hospital	Hlabisa Hospital - Replace and install 1 x 500 kVA with larger unit	8.3 District Hospital Services	Stage 7	New and replacement assets	Hlabisa	7 435 728	318 326	0	0
106	Hlathi Dam Clinic	Hlathi Dam Clinic - Replacement of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Nquthu	1 300 000	1 200 000	71 500	0
107	Nondweni Clinic	Nondweni Clinic - Replacing of Existing Sewer system	8.1 Community Health Facilities	Stage 4	New and replacement assets	Nquthu	1 457 000	1 457 000	0	0
108	Ethembeni Clinic	Ethembeni Clinic - Replacement of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Msinga	1 036 000	1 036 000	0	0
109	Douglas Clinic	Douglas Clinic - Replacing of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Msinga	1 431 000	1 431 000	0	0
110	Rorke's Drift Clinic	Rorke's Drift Clinic - Replacement of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Endumeni	1 033 000	1 033 000	0	0
111	Mandleni Clinic	Mandleni Clinic - Replacing of Existing Sewer system	8.1 Community Health Facilities	Stage 4	New and replacement assets	Msinga	1 431 000	1 431 000	0	0
112	Collessie Clinic	Collessie Clinic - Replacement of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Msinga	1 121 000	1 121 000	0	0
113	Mazabeko Clinic	Mazabeko - Replacing of Existing Sewer system	8.1 Community Health Facilities	Stage 4	New and replacement assets	Msinga	1 595 000	1 595 000	0	0
114	Eshane Clinic	Eshane Clinic - Replacement of Existing Sewer System	8.1 Community Health Facilities	Stage 4	New and replacement assets	Umvoti	1 312 000	1 312 000	0	0
115	Newcastle Hospital	Newcastle Hospital - Installation of NICU HVAC system	8.4 Provincial Hospital Services	Stage 3	New and replacement assets	Newcastle	500 000	500 000	0	0
116	Ex Boys Model School Accommodation: Office	Ex- Boys Model-School - Major Repairs and Renovations Conversions of Existing building to Offices and	8.6 Other Facilities	Stage 7	Rehabilitation, renovations and refurbishments	Msunduzi	40 637 174	1 672 503	0	0
118	Murchison Hospital	Murchison Hospital - 72 hour water storage	8.3 District Hospital Services	Stage 3	New and replacement assets	Hibiscus Coast	1 000 000	300 000	700 000	0
122	St Margaret's Hospital	ST Margaret's TB Hospital - New Male and Female MDR TB Wards	8.4 Provincial Hospital Services	Stage 4	New and replacement assets	Umzimkhulu	767 809	500 000	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
124	St Margaret's Hospital	St Margarets Hospital - Sewer Infrastructural Upgrading and Treatment	8.3 District Hospital Services	Stage 6A	New and replacement assets	Umzimkhulu	1 827 643	300 000	0	0
125	Prince Mshiyeni Memorial Hospital	Prince Mshiyeni Memorial Hospital - Upgrade Fire Protection System	8.4 Provincial Hospital Services	Stage 4	Upgrades and additions	eThekwini	140 000 000	6 000 000	25 000 000	50 000 000
126	Stanger Hospital	Stanger Hospital - Demolish existing Paediatric Ward and build new Psychiatric Ward	8.4 Provincial Hospital Services	Stage 4	New and replacement assets	KwaDukuza	80 000 000	4 500 000	15 000 000	40 000 000
127	Ngwelezane Hospital	Ngwelezane Hospital - Security Upgrade	8.4 Provincial Hospital Services	Stage 6A	Upgrades and additions	uMhlathuze	29 336 000	4 000 000	22 500 000	854 798
132	Ntambanana Clinic	Ntambanana Clinic - Install subsoil drainage around clinic	8.1 Community Health Facilities	Stage 1	New and replacement assets	Ntambanana	520 000	520 000	0	0
133	Manguzi Hospital	Manguzi Hospital - Upgrading of Electrical Reticulation for Laundry & Staff Accommodation	8.3 District Hospital Services	Stage 5	Upgrades and additions	Umhlabuyalingana	630 000	630 000	0	0
134	Greytown Hospital	Greytown Hospital - Completion Contract (044023): Installation of Surveillance Equipment in Seclusion	8.3 District Hospital Services	Stage 6A	Upgrades and additions	Umvoti	400 000	400 000	0	0
135	Edendale Hospital	Edendale Hospital - Completion Contract for Conversion from Steam to Electrical and 7 Air Handling Unit	8.4 Provincial Hospital Services	Stage 8	Upgrades and additions	Msunduzi	14 364 000	16 916	0	0
136	Edendale Hospital	Edendale Hospital - Alterations and Additions to (A & E) and OPD	8.4 Provincial Hospital Services	Stage 8	Upgrades and additions	Msunduzi	83 790 000	5 822 149	0	0
137	Church of Scotland Hospital	Church of Scotland - New (Replace) Paediatric ward with Male and Female TB wards	8.3 District Hospital Services	Stage 8	New and replacement assets	Msinga	55 563 000	2 179 084	0	0
138	Fort Napier Hospital	Fort Napier Hospital - Renovations to Peter De Vos Building Nurses Residence, Ward 3, Forensic Ward, D	8.4 Provincial Hospital Services	Stage 8	Rehabilitation, renovations and refurbishments	Msunduzi	20 348 317	500 000	0	0
140	Cwaka Clinic	Cwaka Clinic - Additions & Upgrades to Existing Clinic	8.1 Community Health Facilities	Stage 3	Upgrades and additions	Msinga	18 000 000	5 000 000	10 000 000	800 000

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
141	Vryheid Hospital	Vryheid Hospital - Reconfigure existing building to provide for a neonatal nursery	8.4 Provincial Hospital Services	Stage 5	Rehabilitation, renovations and refurbishments	Abaqulusi	1 111 872	950 000	0	0
146	KwaZulu-Natal Provincial Central Laundry	KwaZulu Provincial Central Laundry - Install High Security Fencing & CCTV	8.6 Other Facilities	Stage 3	Upgrades and additions	eThekwini	5 000 000	5 000 000	0	0
150	St Mary Kwamagwaza Hospital	St Mary Kwamagwaza Hospital - New Pharmacy completion contract-Building works	8.3 District Hospital Services	Stage 7	Upgrades and additions	Mthonjaneni	312 000	25 000	0	0
153	Port Shepstone Hospital	Port Shepstone Hospital - New 25 bedded Psychiatric Unit	8.4 Provincial Hospital Services	Stage 5	New and replacement assets	Hibiscus Coast	60 000 000	5 000 000	20 000 000	28 000 000
155	Greytown Hospital	Greytown TB Hospital - Extractor Fans at Male TB ward x6	8.4 Provincial Hospital Services	Stage 1	Rehabilitation, renovations and refurbishments	Umvoti	1 000 000	1 000 000	0	0
156	Nkandla Hospital	Nkandla Hospital - Construction of new Pharmacy-completion contract	8.3 District Hospital Services	Stage 8	New and replacement assets	Nkandla	4 000 000	180 044	0	0
158	King Edward VIII Hospital	King Edward VIII Hospital - Storm water unblocking	8.5 Central Hospital Services	Stage 7	Rehabilitation, renovations and refurbishments	eThekwini	60 402 000	30 000 000	14 896 000	2 391 686
162	Dundee Hospital	Dundee Hospital: Assessment and Upgrade of Air-Conditioning System	8.3 District Hospital Services	Stage 1	Upgrades and additions	Endumeni	1 000 000	1 000 000	0	0
163	Nkonjeni Hospital	Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	8.3 District Hospital Services	Stage 4	Rehabilitation, renovations and refurbishments	Ulundi	1 487 425	950 000	0	0
166	St Aidans Hospital	St Aidans Hospital - Assessment and Upgrading of the central air-conditioning system	8.4 Provincial Hospital Services	Stage 1	Upgrades and additions	eThekwini	1 000 000	1 000 000	0	0
168	Cato Manor Regional Laundry	Cato Manor Regional Laundry - Reseal and waterproof flat roof and skylights	8.6 Other Facilities	Stage 1	Rehabilitation, renovations and refurbishments	eThekwini	200 000	200 000	0	0
172	St Aidans Hospital	St Aidans Hospital - Replace collapsing boundary wall	8.4 Provincial Hospital Services	Stage 3	Upgrades and additions	eThekwini	650 000	650 000	0	0
174	Ladysmith Hospital	Ladysmith Hospital - Water Storage Upgrade	8.4 Provincial Hospital Services	Stage 4	Upgrades and additions	Emnambithi/ Ladysmith	1 000 000	300 000	700 000	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
175	McCord Hospital	McCord Hospital - Renovations to doctors residence and RTC	8.3 District Hospital Services	Stage 4	Rehabilitation, renovations and refurbishments	eThekwini	4 097 019	2 000 000	#REF!	0
177	KwaZulu Provincial Central Laundry	KwaZulu Provincial Central Laundry - Repair to leak Roof of Maternity & Laundry Works	8.6 Other Facilities	Stage 7	Rehabilitation, renovations and refurbishments	eThekwini	923 378	820 000	0	0
178	Gcilima Clinic	Gcilima Clinic - Completion contract to the Clinic	8.1 Community Health Facilities	Stage 8	Rehabilitation, renovations and refurbishments	Hibiscus Coast	859 311	35 000	0	0
183	Ekuhlengeni Hospital	Ekuhlengeni Psychiatric Hospital - Rehabilitation of existing borehole & refurbish/replace water res	8.4 Provincial Hospital Services	Stage 1	Rehabilitation, renovations and refurbishments	eThekwini	500 000	500 000	0	0
185	King Edward VIII Hospital	King Edward VIII Hospital - Upgrade Nursery	8.5 Central Hospital Services	Stage 5	Upgrades and additions	eThekwini	51 000 000	18 000 000	18 000 000	10 000 000
186	King Edward VIII Hospital	King Edward VIII Hospital - Upgrade Family Clinic	8.5 Central Hospital Services	Stage 8	Upgrades and additions	eThekwini	39 453 673	1 958 000	0	0
187	King Dinuzulu Hospital	King Dinuzulu Hospital - Repairs to Existing Water Reservoir & Tower	8.4 Provincial Hospital Services	Stage 3	Rehabilitation, renovations and refurbishments	eThekwini	500 000	500 000	0	0
190	Addington Hospital	Addington Hospital - Investigation of services	8.4 Provincial Hospital Services	Stage 3	Non-Infrastructure	eThekwini	1 000 000	1 000 000	0	0
206	Newtown A CHC	Newtown A CHC - Replacement of retaining wall and security fence.	8.1 Community Health Facilities	Stage 3	Upgrades and additions	eThekwini	550 000	510 000	40 000	0
207	Non-Facility specific	Radio Repeater high sites throughout KZN - Maintenance and Licence Fees	8.2 Emergency Medical Services	Stage 7	Maintenance and repairs	Not Applicable	11 840 852	6 380 000	7 018 000	7 719 800
208	KwaZulu-Natal Central Provincial Laundry	KwaZulu-Natal Central Provincial Laundry - 3 yrs Facilities Management Contract	8.4 Provincial Hospital Services	Stage 1	Non-Infrastructure	eThekwini	11 500 000	5 000 000	5 500 000	0
209	Prince Mshiyeni Memorial Hospital	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	8.4 Provincial Hospital Services	Stage 3	Rehabilitation, renovations and refurbishments	eThekwini	1 000 000	850 000	150 000	0
210	R K Khan Hospital	RK Khan Hospital - Replacement of 2x Cooling Towers	8.4 Provincial Hospital Services	Stage 3	New and replacement assets	eThekwini	500 000	500 000	0	0

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No.	Facility Name	Project Name	Sub-Programme Name	Current Status/ IDMS Stage	Nature of Investment	Municipality	Total Project Cost (R)	2017/18	2018/19	2019/20
211	Ulundi Residential Accommodation Residential	Ulundi Residential Accommodation - Renovations to 7 x 3 Bedrooms house with Double garages	8.6 Other Facilities	Stage 3	Rehabilitation, renovations and refurbishments	Ulundi	1 100 000	1 100 000	0	0
212	Edendale Hospital	Edendale Hospital - Professional Fees for Priority Maintenance implemented by NDoH	8.4 Provincial Hospital Services	Stage 7	Non-Infrastructure	Msunduzi	24 614 729	5 524 619	0	0
213	Umlazi V Clinic	Umlazi V Clinic -Replacement of existing clinic with Super-Large Clinic	8.1 Community Health Facilities	Stage 1	New and replacement assets	eThekwini	60 000 000	2 000 000	15 000 000	37 000 000
214	Mosvold Hospital	Mosvold Hospital - Construction of 40-Units Block of Staff Accommodation and Paediatric Unit	8.3 District Hospital Services	Stage 1	New and replacement assets	Jozini	80 000 000	0	3 000 000	50 000 000
215	Untunjambili Hospital	Untunjambili Hospital - Construction of a 40 -Units Block of Staff Accommodation	8.3 District Hospital Services	Stage 1	New and replacement assets	iLembe	60 000 000	0	2 000 000	10 000 000
216	Dundee Regional Laundry	Dundee Regional Laundry - Upgrade the Regional Laundry: Buildings and equipment	8.6 Other Facilities	Stage 4	Upgrades and additions	Endumeni	40 000 000	30 000 000	7 500 000	#REF!
217	Umbumbulu Clinic	Umbumbulu Clinic - Replacement of the existing Clinic	8.1 Community Health Facilities	Stage 1	New and replacement assets	eThekwini	30 000 000	0	2 000 000	14 000 000

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CONDITIONAL GRANTS

Table 91: Conditional Grants

Purpose of the Grant	Performance Indicators 2017/18	Targets 2017/18
Comprehensive HIV and AIDS Conditional Grant		
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 male condoms distributed	210 038 898
	2. Number female condoms distributed	3 635 243
	3. Adult remaining on ART – total	1 226 020
	4. Number active lay counsellors receiving stipends	2 047
	5. Number adherence clubs	3 662
	6. Number patients in adherence clubs	109 839
	7. Number patients traced and supported	70 220
	8. Number HIV positive clients screened for TB	305 816
	9. Number HIV positive clients started on IPT	214 069
	10. Number Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	280
	11. Number Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	5 800
	12. Number non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	1 920
	13. Number HTA intervention sites	535
	14. Number Peer Educators receiving stipends	21
	15. Number sexual assault cases offered ARV prophylaxis	5 092
	16. Number child 12-59 months naïve started on ART	2 521
	17. Number child 5-14 years naïve started on ART	6 172
	18. Number child under 15 years remaining on ART - total	69 451
	19. Number TB client 5 years and older initiated on treatment	36 080
National Tertiary Services Grant		
1. To ensure provision of tertiary health services for South African citizens. 2. To compensate tertiary facilities for the costs associated with provision of tertiary services including cross border patients.	1. Number of National Central and Tertiary Hospitals providing components of Tertiary services	4
Health Professional Training and Development Grant		

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Purpose of the Grant	Performance Indicators 2017/18	Targets 2017/18
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	339
National Health Grant		
1. Help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including inter alia, health technology, organisational systems and quality assurance. 2. Supplement expenditure on health infrastructure delivered through public-private partnerships	1. Number of new and replaced projects completed	40
	2. Number of upgrade and addition projects completed	47
	3. Number of renovation and refurbishment projects completed	24
National Health Insurance Grant		
1. 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. Information system (health Patient Registration System) rolled out to additional districts	Referral system evaluated 11 Districts

PUBLIC ENTITIES

Table 92: Public Entities (State Aided)

Name of Public Entity	Mandate	Output	Current Annual Budget R'000	Date of next Evaluation
Austerville Halfway House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 569	September 2017
Azalea House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 525	September 2017
Bekulwandle Bekimpelo	PHC clinic	PHC services to catchment population.	R 8 637	September 2017
Claremont Day Care Centre	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 401	September 2017
Durban Coastal - Happy Hours Amaoti	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 536	September 2017
Durban Coastal - Happy Hours Durban North	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 267	September 2017
Durban Coastal - Happy Hours Durban Overport	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 202	September 2017
Durban Coastal - Happy Hours KwaXimba	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 429	September 2017
Durban Coastal - Happy Hours Mpumalanga	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 429	September 2017

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Name of Public Entity	Mandate	Output	Current Annual Budget R'000	Date of next Evaluation
Durban Coastal - Happy Hours Phoenix	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 267	September 2017
Durban Coastal - Marianhill	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 134	September 2017
Durban Coastal - Happy Hours Ninikhona	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 267	September 2017
Disabled People South Africa (CBR)	Services for the disabled	Community-based rehabilitation, peer support and self-help groups for people with disabilities.	R 955	September 2017
Disabled People South Africa (WCR)	Services for the disabled	Wheel chair repair & maintenance support for the disabled and parents.	R 877	September 2017
Durban Coastal - Happy Hours Nyangwini	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 281	September 2017
Ethembeni Care Centre	Step down care	Step-down care for HIV/AIDS patients.	R 4 000	September 2017
Ekukhanyeni Clinic	Step down care	Step-down care for HIV/AIDS patients.	R 967	September 2017
Enkumane Clinic	PHC clinic	PHC services for catchment population.	R 278	September 2017
Genesis Care Centre	Step down care	Step-down care for HIV/AIDS patients.	R 2 946	September 2017
Hlanganani Ngothando	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	R 227	September 2017
Ikwezi Cripple Care	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 1 242	September 2017
John Peattie House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 1 408	September 2017
Jona Vaughn Centre	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 2 493	September 2017
KZN Blind and Deaf Society	Services for the disabled	Rehabilitation services for the visually impaired.	R 849	September 2017
Lynn House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 629	September 2017
Madeline Manor	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 919	September 2017
Matikwe Oblate Clinic	PHC clinic	PHC services to catchment population.	R 496	September 2017
Magaye School for the Blind	Mental health services	Rehabilitation services for the visually impaired.	R 530	September 2017
Mountain View Hospital	TB Hospital	Inpatient services for TB patients.	R 9 965	September 2017
Philanjalo Hospice	Step down care	Step-down services for HIV/AIDS patients.	R 2 500	September 2017
Power of God	HIV/AIDS services	Residential care for HIV/AIDS patients.	R 1 167	September 2017
Rainbow Haven	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 421	September 2017
Scadif Centre	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 982	September 2017
St Mary's Hosp Marianhill	District Hospital	District Hospital package of services for catchment population.	R 132 479	September 2017

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Name of Public Entity	Mandate	Output	Current Annual Budget R'000	Date of next Evaluation
Sparkes Estate	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 1 166	September 2017
St Lukes Home	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 470	September 2017
Siloah Hospital	TB Hospital	Inpatient services for TB patients.	R 22 592	September 2017
South Coast Hospice	Step down care	Palliative care for chronic diseases.	R 185	September 2017
Sunfield Home	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 277	September 2017
Umlazi Halfway House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	R 284	September 2017
Total			R 203 279	

Source: Vote 7

PUBLIC PRIVATE PARTNERSHIPS

Table 93: Public Private Partnership

Name of PPP	Purpose	Output	Current 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	<ul style="list-style-type: none"> Supply equipment and information management and technology systems and replace the equipment and systems to ensure that they remain state of the art. Supply and replace non-medical equipment. Provide the services necessary to manage project assets in accordance with best industry practice. Maintain and replace Departmental assets in terms of replacement schedules. Provide or procure utilities, consumables and surgical Instruments. Provide facility management services. 	Delivery of non-clinical services to IALCH	R 2 241 188	The 15 year contract with Impilo Consortium (Pty) Ltd will terminate in 2017/18.	<p>Termination arrangements are detailed in the project agreement in clauses 35, 36, 37 and the penalty regime (Schedule 15).</p> <p>The Provincial Treasury PPP Unit is rendering assistance to the Department of Health regarding its exit strategy.</p>

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PART D: 2015-2019 STRATEGIC PLAN REVIEW

- *2015-2019 Strategic Plan: Reviewed Strategic Objectives, Objective Statements, Indicators & Targets*

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2015 – 2019 STRATEGIC PLAN CHANGES

Table 94: Strategic Plan 2015-2019 Changes

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
PROGRAMME 1: ADMINISTRATION			
1.1) Finalise integrated long term health service improvement platform Amended 2017/18: Approve the integrated 2017-2027 Long Term Plan	1.1.1) Long Term Plan approved by March 2016, implemented and monitored thereafter. Reviewed 2017/18: 2017 – 2027 Strategic Position Statement approved by June 2017 and Long Term Plan approved by March 2018. Change based on the complexity of re-formulating the transformation plan based on current budget constraints and necessity for extensive consultation to finalise the plan. The plan will further be informed by the Turn-Around Plan of which development commenced in Quarter 4 of 2016/17.	Provincial Long Term Plan. Approved 2017-2027 Long Term Plan (Amended 2017/18).	Approved Long Term Plan. Approved 2017-2027 Long Term Plan (Amended 2017/18).
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. Amended 2016/17: Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year.	Annual Procurement Plan. Approved Annual Procurement Plan (Amended 2016/17).	Annual costed Procurement Plan. Approved and costed annual procurement plan (Amended 2016/17).
	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. Removed 2015/16. Strategic Objective Statement and indicator not considered SMART (input from Finance Section).	Number of registered sites performing monthly asset reconciliation reports. Removed 2015/16.	All registered sites. Removed 2015/16.
1.4) Improve health technology and information management	1.4.1) Connectivity established at 100% public health facilities by March 2018. Reviewed target in 2016/17: Connectivity established in 90% public health facilities by March 2020. Reviewed target based on significant challenges to ensure access to networks; speed of connectivity (1Mbps) for PHC clinics; significant SITA delays; and increasing budget constraints.	Percentage of public health facilities with stable bandwidth connectivity.	100% 90% (Reviewed 2016/17).
	1.4.6) Reduce performance data error rate to 2% (or less) by March 2020. Removed 2017/18. Strategic Objective Statement and indicator(s) removed based on the inadequate sample size used for reporting on the indicator. Error rate will however be monitored during review meetings and audit processes.	Audit error rate (PHC clinics, CHC's and Hospitals). Removed 2017/18.	2% (or less) Removed 2017/18.
	1.4.4) Web-based health information system established in 90% public health facilities by March 2020 (National 700 Clinic Project). Removed 2016/17: This is a National Department of Health project with no Provincial control. There are significant delays in rollout of the system with no guarantee of actual completion time. The process will be monitored as it is rolled out.	Percentage of public health facilities with a web-based information system. Removed 2016/17.	90% Removed 2016/17.
4.1) Improve human resources for health	4.1.1) Long Term Human Resources Plan approved by March 2016 and implemented and monitored thereafter.	Long Term Human Resources Plan. Removed 2017/18.	Long Term HRP implemented and monitored.

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	Removed 2017/18: The Human Resources Long Term Plan will be incorporated in the 2017-2027 Long Term Plan and will therefore not be developed or monitored as vertical plan. The HR Plan is dependent on proposed service platform and will therefore be monitored as part of the Provincial Long Term Plan.		Removed 2017/18.
	4.1.2) Finalise 610 organisational structures by March 2020. Reviewed and amended 2017/18: Review and approve macro and micro structures aligned to function. The target was set based on national indication that the WISN norms will be available at the beginning of the planning cycle (review of all structures proposed). Significant delays in concluding national processes (WISN and generic structures) significantly delay Provincial processes – hence reduced target.	Number of organisational structures finalised. Number of organisational structures approved (Reviewed 2017/18).	610 100 (Reviewed 2017/18).
	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. Community Based Training in a PHC Model implemented (Amended 2016/17).	Implement Model
PROGRAMME 2: SUB-PROGRAMME PHC			
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. Reviewed target in 2016/17: Delays with the establishment of the community-based information system to capture household registration on DHIS resulted in a lower than expected actual baseline hence changing target to comply with the 15% increase per annum.	OHH registration visit coverage (annualised).	90% (Previous) 50% (Reviewed 2016/17).
	1.5.2) Increase the number of ward-based outreach teams in the 169 wards worst affected by poverty to 169 by March 2020 as part of the Poverty Eradication Programme. Reviewed in 2016/17: Increase the number of ward based outreach teams to 190 by March 2020. Initial target exceeded and new target aligned with projected budget. The teams will cover wards in addition to the 169 wards worst affected by poverty as indicated in the initial Objective Statement.	Number of ward based outreach teams in the 169 wards worst affected by poverty (cumulative). Number of ward based outreach teams (cumulative) (Amended 2016/17).	169 (Previous) 190 (Reviewed 2016/17).
	1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020. Reviewed target in 2017/18: PHC utilisation rate of at least 2.7 visits per person per year by March 2020. The PHC headcount shows a year on year decrease equal to improved community-based programmes as well as the establishment of chronic clubs and community-based distribution of chronic medicine. The change in estimated population further decreases the actual utilisation rate.	PHC utilisation rate PHC utilisation rate (annualised) (Amended 2015/16).	3.1 (Previous) At least 2.7 (Reviewed 2017/18).
	1.5.4) Increase the PHC utilisation rate under-5 years to 4.8 visits per child by March 2020. Reviewed target in 2017/18: Sustain an under 5 utilisation rate of at least 4.2 visits per child per year. The trend for headcount under-5 years shows a gradual decrease year on year equal to implementation of improve community-based services including establishment of Phila Mntwana Centres in communities. Change in estimated population data further decreased the utilisation rate from baseline.	PHC utilisation rate under 5 years (annualised).	4.8 (Previous) At least 4.2 (Reviewed 2017/18).

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
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. Amended 2016/17: 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020. The National Department of Health changed the scoring percentage as per approved customised indicators.	Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard. Percentage of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard (Amended 2016/17).	100%
5.1.1) Sustain a client satisfaction rate of 95% (or more) at all public health facilities by March 2020	5.1.1) Sustain a patient satisfaction rate of 95% (or more) at all public health facilities by March 2020. Removed from the 2017/18 APP: The National Department of health removed the indicator from the APP based on the lack of an appropriate information system to collect the relevant data. Patient satisfaction will be monitored through implementation of the Service Delivery Improvement Plan (SDIP) that will be attached as an annexure to the APP until appropriate information has been established. The Strategic Objective is therefore NOT removed from the Strategic Plan.	Patient satisfaction rate Removed from the 2017/18 APP – not from the Strategic Plan.	95% (or more) Removed from the 2017/18 APP not from the Strategic Plan.
PROGRAMME 2: SUB-PROGRAMME HIV, AIDS AND TB			
2.2) Reduce HIV Incidence	2.2.2) Test 9 million people (cumulative) for HIV by March 2020. Reviewed target 2015/16. Test 4 million people for HIV by March 2020 (cumulative). Aligned with the HIV Conditional Grant Business Plan target. Reviewed target and amended indicator 2017/18. Test at least 16.5 million people for HIV by March 2020 (cumulative). Increased the target in response to 90-90-90 strategy and expected increase in testing.	Client tested for HIV (including ANC). HIV test done – Total. (Amended 2017/18 to comply with NIDS indicator).	9 million (cumulative) 4 million (cumulative) (Amended 2015/16). At least 16.5 million (cumulative) (Reviewed 2017/18).
2.3) Manage HIV prevalence	2.3.1) Reduce the HIV prevalence among 15-24 year old pregnant women to 25% by March 2020. Removed in 2016/17. This is dependent on National Surveys and will be tracked as survey results become available – it will be included in analysis of data as well as narration.	HIV prevalence among 15-24 year old pregnant women. Removed in 2016/17.	25% Removed in 2016/17.
	2.3.2) Increase the number of patients on ART to 1 450 000 (cumulative) by March 2018. Reviewed target 2017/18. Increase the number of patients on ART to at least 1.5 million (cumulative) by March 2020. Previous target exceeded and making provision for Policy change, and implementation of the 90-90-90 strategy in line with the funding envelope.	Total clients remaining on ART.	1 450 000 (Previous) At least 1.5 million (Reviewed 2017/18).
2.4) Improve TB outcomes	2.4.1) Increase the TB new client treatment success rate to 90% (or more) by March 2020. Amended indicator 2015/16: Increase the TB (remove new) client treatment success rate to 90% (or more) by March 2020.	TB new client treatment success rate. TB client treatment success rate (Amended 2015/16).	90% (or more)
PROGRAMME 2: SUB-PROGRAMME MATERNAL, CHILD & WOMEN'S HEALTH			
2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	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 6 weeks rate. Infant 1 st PCR test positive around 10 weeks rate (Reviewed 2016/17 as per customised reporting). Infant PCR test positive around 10 week's	Less than 0.5%

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
		rate. (Reviewed indicator 2017/18 to align with NIDS).	
2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020.	Couple year protection rate. Couple year protection rate (international). (Amended 2017/18 to align with NIDS).	75%
PROGRAMME 2: SUB-PROGRAMME NON-COMMUNICABLE DISEASES			
2.9) Reduce incidence of non-communicable diseases	2.9.1) Decrease the hypertension incidence by at least 10% per annum. Reviewed 2017/18: Hypertension incidence of 24.7/ 1000 population by March 2020. Intensified screening and detection is expected to initially increase new cases before decline. Trends are being monitored closely.	Hypertension incidence (annualised).	Increase by at least 10% per annum. 24.7/ 1000 (Reviewed 2017/18).
	2.9.2) Decrease the diabetes incidence by at least 10% per annum. Reviewed 2017/18: Diabetes incidence of 3.1/ 1000 population by March 2020. Intensified screening and detection is expected to initially increase new cases before decline. Trends are being monitored closely.	Diabetes incidence (annualised).	Increase by at least 10% per annum. 3.1/ 1000 (Reviewed 2017/18).
PROGRAMMES 2, 4 AND 5: DISTRICT, REGIONAL, SPECIALISED TB AND PSYCHIATRIC, CHRONIC/ NON-ACUTE, TERTIARY & CENTRAL HOSPITAL SERVICES			
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a patient satisfaction rate of 95% (or more) at all public health facilities by March 2020. Removed 2017/18. The National Department of Health removed the indicator based on the lack of an appropriate information system to collect the relevant data. Patient satisfaction will however be monitored through implementation of the Service Delivery Improvement Plan (SDIP) that will be attached as an annexure to the APP.	Patient satisfaction rate Removed 2017/18.	95% (or more) Removed 2017/18.
1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more). Amended 2015/16: Maintain a bed utilisation rate of 75% (or more) by March 2020.	Inpatient bed utilisation rate. Inpatient bed utilisation rate – total (Amended 2015/16).	75% (or more)
	1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2016. Reviewed 2017/18: Approved Hospital Rationalisation Plan by June 2017 (to align with the 2017-2027 Long term Plan).	Hospital Rationalisation Plan Approved Hospital Rationalisation Plan (Amended 2015/16).	Plan implemented Approved Plan implemented (Amended 2015/16).
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). Removed in 2016/17. The development of national norms and standards for establishing of the Centres has been delayed and Provincial processes are therefore on hold. Rationalisation of hospital services will however address the same and will be included in the Long Term Plan.	Number of fully functional District Caesarean Section Centres (cumulative). Removed 2016/17.	11 Removed 2016/17.

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020. Reviewed 2017/18. 60% (or more) public health hospitals achieved 75% and more on National Core Standards self-assessment rate . This is in compliance with the 2017 NIDS and approved customised national indicator.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards. Hospitals achieved 75% and more on National Core Standards self-assessment rate (Reviewed 2017/18).	60% (or more)
PROGRAMME 3: EMERGENCY MEDICAL SERVICES			
1.8) Improve EMS efficiencies	1.8.1) Evidence-based EMS Model approved and implemented by March 2016. Reviewed 2017/18: EMS Turn-Around Strategy approved by June 2017 .	Approved revised EMS Model. Approved EMS Turn-Around Strategy (Reviewed 2017/18).	Approved revised EMS Model implemented. Approved EMS Turn-Around Strategy (Reviewed 2017/18).
	1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020. Reviewed 2017/18. Increase the average number of daily operational ambulances to 220 by March 2020. The ageing vehicle fleet, need for replacement of ambulances, and limited budget impact on purchase of an adequate number of ambulances to expand the fleet. Currently ambulances are replaced only.	Average number of daily operational ambulances.	550 220 (Reviewed 2017/18).
	1.8.3) Rationalise 4 clustered communication centres by March 2020. Removed 2017/18 . The limited funding envelope and urgent strategies to align with new EMS legislation necessitates re-prioritisation of EMS priorities to ensure optimal functioning. Rationalisation of communication centres remain part of the EMS Turn-Around Plan although it is surpassed with other essential interventions for the remaining 3 years of the strategic planning period. New requirements for Communication Centres require review.	Number of clustered communications centres established and operational. Removed 2017/18 .	4 Removed 2017/18 .
	1.8.4) Improve P1 urban response times of under-15 minutes to 25% by March 2020. Reviewed 2017/18: Improve P1 urban response times of under-15 minutes to 20% by March 2020.	EMS P1 urban response under 15 min rate.	25% 20% (Reviewed 2017/18).
	1.8.5) Improve P1 rural response times of under-45 minutes to 40% by March 2020. Reviewed 2017/18: Improve P1 rural response times of under-40 minutes to 40% by March 2020.	EMS P1 rural response under 40 min rate.	45% 40% (Reviewed 2017/18).
PROGRAMME 6: HEALTH SCIENCES & TRAINING			
4.1) Improve human resources for health	4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20. Reviewed 2017/18. Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20. The decrease in target is based on the drastic reduction of allocated and projected budget for bursaries. The target will be reviewed year on year depending on available funding.	Number of bursaries awarded to first year medical students.	569 (Medical students) 197 (Reviewed 2017/18)

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20 Reviewed 2016/17. Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20. The decrease in target is based on the drastic reduction of allocated and projected budget for bursaries. The target will be reviewed year on year depending on available funding.	Number of bursaries awarded for first year nursing students.	2 000 (Nursing students) 1 000 (Reviewed 2016/17).
	4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category). Reviewed 2017/18: Increase intake of Mid-Level Workers with at least 10% per annum (based on budget allocation) . The limited funding envelope necessitated re-prioritisation of the 2017/18 MTEF allocation for training. Intake of Mid-Level Workers is flat lined for the three years, and will be reviewed annually. Intake also takes into consideration availability of budget to ensure absorption of students post training.	Number of new students enrolled in Mid-Level Worker training courses.	167 10% increase per annum (based on budget allocation) (Reviewed 2017/18).
	4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 90 (cumulative) by March 2020. Reviewed 2017/18. Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020. There will be no further intake of students until all graduates can be absorbed in the health system. Due to current and projected budget constraints, the department will not be able to absorb more graduates. Intake will be reviewed year on year based on available funding.	Number of MOPs that successfully completed the degree course at DUT.	90 61 (Reviewed 2017/18).
4.1) Improve human resources for health	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. Reviewed targets 2017/18. Increase the EMS skills pool by increasing the number of ILS student intakes to 300 March 2020. The CoEC aligned with the new NECET qualifications and training.	Number of ILS graduates per annum.	360 (ILS) 150 (ECT) 300 ILS (Reviewed 2017/18).
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES			
1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020. Reviewed 2017/18: Increase the number of operational Orthotic Centres to 4 by March 2020. Target was reduced based on budget challenges, specifically related to infrastructure and equipment.	Number of operational Orthotic Centres (cumulative)	11 4 (Reviewed 2017/18)
	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards. Reviewed 2017/18: Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards.	Percentage of facilities reporting clean linen stock outs	Zero clean linen stock outs
	5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017. Removed 2016/17 . Alternative arrangements have been made to accommodate inadequate infrastructure.	PPSD compliant with good Wholesaling Practice Regulations Remove 2016/17 .	Compliant Remove 2016/17 .
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT			

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Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
3.3) Improve health facility planning and infrastructure delivery	3.3.1) Commission 28 new projects by March 2020. Reviewed 2017/18. Complete 40 new and replaced projects by March 2020.	Number of new projects with completed construction Number of new clinical projects where commissioning is complete Number new and replaced projects completed (Added 2017/18)	28 40 (Reviewed 2017/18)
	3.3.2) Complete 35 upgrading and renovation projects by March 2020. Reviewed 2017/18. Complete 47 upgrade and addition projects by March 2020.	Number of upgrading and renovation projects with completed construction. Number upgrade and addition projects completed (Added 2017/18)	35 47 (Reviewed 2017/18)
	3.3.3.) Complete 24 renovation and refurbishment projects by March 2020 (Added 2017/18)	Number renovation and refurbishment projects completed (Added 2017/18)	24 (Added 2017/18)

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CONCLUSION

The Department remains committed to improve service delivery and will continue to strive to improve health system effectiveness and health outcomes. Resources will be allocated in the most appropriate manner and utilisation and return on investment will be monitored continuously to ensure effective utilisation of scarce resources.

Implementation of the 2017/18 Annual Performance Plan will be monitored in a robust manner with formal quarterly reports serving as yardstick for decisive and informed action.

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ABBREVIATIONS

Abbreviation	Description
A	
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Air Mercy Services
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV(s)	Anti-Retroviral(s)
ASSA	AIDS Committee of Actuarial Society of South Africa
B	
BAS	Basic Accounting System
BCG	Bacilles Calmette Guerin
BLS	Basic Life Support
C	
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
CoEC	College of Emergency Care
CSS	Client Satisfaction Survey
CTOP	Choice on Termination of Pregnancy
CVA	Cardiovascular Accident
D	
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
DPSA	Department of Public Service Administration
DR-TB	Drug Resistant Tuberculosis
DTaP-IPV-Hib-HBV	Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio Vaccine, Haemophilus influenza type b and Hepatitis B combined
DUT	Durban University of Technology
E	

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Abbreviation	Description
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EMS	Emergency Medical Services
EMS P1 Calls	Emergency Medical Services Priority 1 Calls
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETR.Net	Electronic Register for TB
F	
FDC	Fixed Dose Combination (ARV)
FP	Family Planning
FPS	Forensic Pathology Services
G	
GE	Gastroenteritis
GHS	General Household Survey
GIS	Geographic Information System
H	
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
HRMS	Human Resources Management Services
HPRS	Health Patient Registration System
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sectoral Educational Training Authority
I	
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

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Abbreviation	Description
K	
KMC	Kangaroo Mother Care
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
L	
LG	Local Government
M	
MaMMAS	Maternal Morbidity and Mortality Assessment Records
ManCo	Management Committee
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
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
N	
NCS	National Core Standards
NCCEMD	National Committee for the Confidential Enquiries into Maternal Deaths
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NECET	National Emergency Care Education and Training
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
NSDA	Negotiated Service Delivery Agreement
O	
OES	Organisational Efficiency Service
OHH	Outreach Households
OPD	Out-Patient Department
OPV	Oral Polio Vaccine
OSS	Operation Sukuma Sakhe
P	
P1	Priority 1
PA(s)	Performance Agreement(s)
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine

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Abbreviation	Description
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
PICT	Provide Initiated Counselling and Testing
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
PTB	Pulmonary Tuberculosis
Q	
QA	Quality Assurance
QIP(s)	Quality Improvement Plan(s)
R	
RSA	Republic of South Africa
S	
SA	South Africa
SAM	Severe Acute Malnutrition
SANHANES	South African National Health and Nutrition Survey
SANTA	South African National Tuberculosis Association
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
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)
SWOT	Strengths, Weaknesses, Opportunities and Threats
T	
TB	Tuberculosis
TVET	Technical Vocational and Education Training
U	
U5MR	Under 5 Mortality Rate
UKZN	University of KwaZulu-Natal
U-AMP	User–Asset Management Plan
W	
WBOT(s)	Ward Based Outreach Team(s)

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Abbreviation	Description
WHO	World Health Organisation
WISN	Workload Indicators of Staffing Need
X	
XDR-TB	Extreme Drug Resistant Tuberculosis

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PART E: ANNEXURES

ANNEXURE 1: ADDENDUM TO THE 2016/17 – 2018/19 SERVICE DELIVERY IMPROVEMENT PLAN

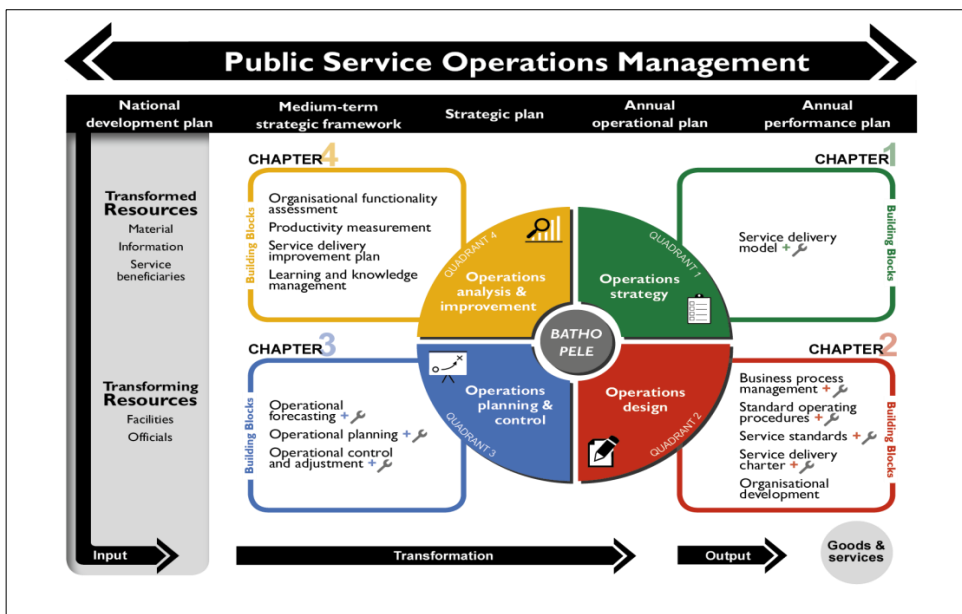
Introduction

The Public Service Regulations 2016, Chapter 3; Part 3: Paragraph 38 requires the executive authority to maintain a Service Delivery Improvement Plan (SDIP) that is aligned to the Department's Strategic Plan as contemplated in Regulation 25. Regulation 36 of the 2016 Public Service Regulations states:

An executive authority shall establish and maintain an Operations Management Framework which shall include:

- (a) An approved Service Delivery Model;
- (b) A list of all core mandated services provided by the Department;
- (c) Mapped business processes for all services;
- (d) Standard operating procedures for all services;
- (e) Service standards for all services;
- (f) A Service Delivery Charter referred to in Regulation 37; and
- (g) A Service Delivery Improvement Plan referred to in Regulation 38.

Figure 3: Public Service Operations Management



Source: DPSA Operations Framework – May 2015

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The Department of Public Service and Administration (DPSA) Operations Framework (May 2015) articulates the requirements of an effective SDIP process (Figure 3). The SDIP forms part of Operations Management and should therefore not be implemented in isolation. There should be a prominent focus on Batho Pele and change management; Service delivery improvement initiatives; Community development and citizen relations; and Public participation and social dialogue.

Current Status

The Department published an approved 2016/17 – 2018/19 Service Delivery Improvement Plan (SDIP) and Service Commitment Charter in March 2016. The SDIP is fully aligned with the Department's Strategic Plan, Annual Performance Plan and District Health Plans with the primary focus on improving service delivery and patient satisfaction as integral part of the Ideal Clinic Realisation and Maintenance Programme (Presidential priority for the current planning cycle). District quarterly reports on SDIP performance measures are being submitted according to the reporting cycle timelines through the Monitoring & Evaluation Directorate.

Based on a Management Committee (ManCo) resolution, the SDIP process and oversight will in future be managed by the Strategic Planning Directorate. The SDIP will be published as annexure to the Annual Performance Plan.

To ensure full compliance with Legislative imperatives, the SDIP Framework (DPSA), MPAT (Management Performance Assessment Tool) standards and criteria; national processes to customise the SDIP for health; effective integration at operational level; effective internal and external consultation, and effective oversight and support, the Department:

- Established a multi-sectoral SDIP Task Team (chaired by the Strategic Planning Directorate) with involvement from DPSA and the Office of the Premier to manage the development and implementation of the SDIP.
- Conducted a review of the current SDIP to determine compliance with the DPSA Operations Management Framework (Table 96).
- Developed the 2017/18 – 2018/19 Service Delivery Improvement Enhancement Plan (Table 97) that will be implemented and monitored with the current 2016/17 – 2018/19 SDIP.

Table 95: Assessment of the 2016/17 – 2018/19 SDIP

Assessment Element	Yes/ No/ Partial	Assessment based on DPSA Assessment Criteria
1. Professional packaging of the SDIP.	Yes	<ul style="list-style-type: none"> • Fully compliant with all criteria.
2. SDIP format and template.	Partial	<ul style="list-style-type: none"> • Amendments are necessary to accommodate current national processes including the (1) Development of a customised Health SDIP; and (2) DPSA review of the 2015 SDIP Framework.
3. SDIP Annexures.	Partial	<ul style="list-style-type: none"> • The following annexures not currently included: <ul style="list-style-type: none"> – SDIP Communication Plan. – Implementation Plan – including Operations Strategy (Service Delivery Model). <i>The implementation plan for the Ideal Clinic Realisation & Maintenance (ICRM) Programme forms part of PHC re-engineering. Although details are not included in the SDIP it is available.</i> – Monitoring & Reporting Plan. <i>The SDIP is monitored at operational level (as integrated part of ICRM) and quarterly district reports are submitted through the M&E Directorate.</i>

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Assessment Element	Yes/ No/ Partial	Assessment based on DPSA Assessment Criteria
		– Impact Assessment Plan.
4. Legal and Regulatory Framework & Strategic Planning Processes.	Partial	Situation Analysis – More information is necessary on: <ul style="list-style-type: none"> Analysis and interpretation of listed and targeted service delivery gaps compared to service standards; Mechanisms and processes to effectively measure patient satisfaction and service improvements based on feedback from users and beneficiaries; Mechanisms for the analysis and effective management of client complaints; Monitoring of compliance with Batho Pele Principles, supported by statistical data as evidence.
		Prioritisation of targeted services. <ul style="list-style-type: none"> More in-depth analysis is required to explain the selection of key services and focus areas targeted in the SDIP. <i>Selection of facilities for ICRM has been covered in the SDIP although more emphasis is necessary in relation to patient satisfaction.</i>
		Process Mapping. <ul style="list-style-type: none"> The SDIP contains an overall process map as prescribed in the Framework. Process mapping must be developed per service area and must outline the time, human resources, value-chain per activity, and overall cost.
		<ul style="list-style-type: none"> The Service Delivery Model must be reviewed and approved.
5. Strategic Plan and Annual Performance Plan linked to the MTSF and the NDP.	Yes	<ul style="list-style-type: none"> Fully compliant.
6. Standard Operating Procedures.	Partial	<ul style="list-style-type: none"> The SDIP Standard Operating Procedure (SOP) is in draft. SOPs must be developed for all service areas covered in the SDIP.
7. Service Standards and Service Charter.	Partial	<ul style="list-style-type: none"> The current Service Standards and Service Charter must be reviewed.
8. Organisational Development.	Partial	<ul style="list-style-type: none"> Not fully compliant. The Service Delivery Model and the Business Process Mapping must be finalised to inform the Service Standards and Service Charter.
9. Mechanism for managing complaints.	Yes	<ul style="list-style-type: none"> There is a system/ process for the management of complaints. More emphasis should be placed on the analysis and interpretation of complaints to inform interventions.
10. Consultation.	Yes	<ul style="list-style-type: none"> Consultation, with especially external stakeholders and beneficiaries, is inadequate. The SDIP has not been on the agenda of the Provincial Consultative Health Forum.
11. Patient satisfaction/ Patient experience of care.	Yes	<ul style="list-style-type: none"> The system must be strengthened to ensure comprehensive analysis and interpretation of surveys to inform strategies and activities.
12. Integration with Departmental programmes e.g. KHAEDU.	No	<ul style="list-style-type: none"> The SDIP is not part of the KHAEDU training programme to strengthen management support for the SDIP.

2017/18 – 2018/19 Service Delivery Improvement Enhancement Plan

The focus of the Service Delivery Improvement Enhancement Plan is on three of the five Service Delivery Improvement Elements namely:

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- Operations Management.
- Batho Pele and Change Management.
- Public Participation and Social Dialogue.

Based on a Cabinet Lekgotla resolution (February 2017), implementation of the Operations Management Framework must be prioritised in all Departments in 2017/18. A task team, led by the Office of the Premier, will be established to manage the process provincially. This is in line with the objective of the SDIP Enhancement Plan.

Table 96: 2017/18 – 2018/19 SDIP Enhancement Plan

Activity	Responsibility	Indicator	Baseline 2015/16	Deliverables/ Targets	
				2017/18	2018/19
Service Delivery Model					
Develop a Service Delivery Model	Strategic Planning	Approved Service Delivery Model	No approved Service Delivery Model	Approved Service Delivery Model	-
Business Process Management					
Conduct Business Process Mapping for SDIP services/ priorities	OES ⁹⁴ / Strategic Planning	Number of identified SDIP services with Business Process Maps	No Business Process Maps	Finalised Business Process Maps for identified SDIP services	Review
Standard Operating Procedures (SOPs)					
Review and develop SOPs for identified SDIP services	Strategic Planning	Number of identified SDIP services with SOPs	No record of SOPs for SDIP services SDIP SOP in draft	SOPs developed for 50% of SDIP services	SOPs developed for all SDIP services
Service Standards and Service Charter: Service Delivery Improvement Plan					
Review and approve Service Standards for SDIP services	Strategic Planning/ HRMS ⁹⁵	Approved Service Standards for SDIP	Service Standards not linked to a Service Delivery Model and Business Process Mapping	SDIP Service Standards reviewed and approved	-
Review the Service Charter	Executive Support Services/ Strategic Planning	Approved reviewed Service Charter	Approved 2015/16 Service Charter – not linked to a Service Delivery Model and Business Process Mapping	Reviewed Service Charter	Review Service Charter
Align SDIP with the KHAEDO Programme	Strategic Planning/ HRD ⁹⁶	SDIP integrated with KHAEDO training	Not integrated	SDIP included in practical component of KHAEDO	SDIP included in practical component of KHAEDO

⁹⁴ Organisational Efficiency Services

⁹⁵ Human Resources Management Services

⁹⁶ Human Resource Development

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Activity	Responsibility	Indicator	Baseline 2015/16	Deliverables/ Targets	
				2017/18	2018/19
Submit a mock SDIP to DPSA for assessment	Strategic Planning	Mock SDIP assessment	2016/17 – 2018/19 SDIP not fully compliant with DPSA Framework	-	Mock Service Delivery Improvement Plan assessed by DPSA
Finalise the 2019/20 – 2021/22 SDIP through a process of consultation ⁹⁷	SDIP Task Team	2019/20 – 2021/22 SDIP	Approved 2016/17 – 2018/19 SDIP	-	Approved 2019/20 – 2021/22 SDIP published
Batho Pele Principles					
Assessment of implementation of Batho Pele Principles at PHC & hospital level; submission of report (gap analysis) to inform SDIP	QA ⁹⁸	Report (including gap analysis) on Batho Pele at PHC level	Quarterly reports on implementation of SDIP	Conduct assessment Submit report (including gap analysis) Align SDIP Enhancement Plan	Use assessment results to inform 2019/20 – 2021/22 SDIP
Complaints management mechanism					
Review complaints management mechanism; develop appropriate process/ system for analysis and management of complaints	QA/Ombuds	Complaints management review at PHC and hospital level	Current complaints management system not making provision for analysis and use of information	Review complaints management and submit report	-
	SDIP Task Team	Analysis report completed and submitted		-	Complaints analysed and report submitted
		Established complaints management system and process		-	Implement reviewed complaints management mechanism
Patient Experience of Care (Survey & Satisfaction)					
Bottleneck analysis to determine root cause of poor compliance to PEC requirements	QA/ SDIP Task Team	Report on root cause analysis	Inadequate oversight and poor compliance to implementation of PEC National Framework	Bottleneck analysis conducted – root causes identified to inform intervention(s)	Finalise systems to strengthen oversight and compliance to PEC requirements
Capacitate all QA Managers in PEC (National Framework)		Percentage Quality Assurance Managers trained in PEC (National Framework)		100%	Monitor compliance and output
Implement and monitor PEC	QA	PEC survey rate - PHC	33.5%	100%	100%

⁹⁷ Period will be determined after review of the DPSA Framework – SDIP will be developed/ dated accordingly

⁹⁸ Quality Assurance

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Activity	Responsibility	Indicator	Baseline 2015/16	Deliverables/ Targets	
				2017/18	2018/19
surveys (as per National Department of Health Framework)		PEC rate - PHC	86%	88%	90%
		PEC survey rate - District Hospital	79%	100%	100%
		PEC rate - District Hospital	80.6%	85%	90%
		PEC survey rate - Regional Hospital	61.5%	100%	100%
		PEC rate - Regional Hospital	78%	82%	85%
		PEC survey rate - Specialised TB Hospital	30%	100%	100%
		PEC rate - Specialised TB Hospital	81%	86%	90%
		PEC survey rate - Specialised Psychiatric Hospital	66.6%	100%	100%
		PEC rate - Specialised Psychiatric Hospital	91%	93%	95%
		PEC survey rate - Chronic/ Sub-Acute Hospital	100%	100%	100%
		PEC rate - Chronic/ Sub-Acute Hospital	59.7%	65%	75%
		PEC survey rate - Tertiary Hospital	100%	100%	100%
		PEC rate - Tertiary Hospital	93.9%	96%	98%
		PEC survey rate - Central Hospital	100%	100%	100%
		PEC rate - Central Hospital	92%	95%	98%
Consultation					
Develop an integrated SDIP Communication Plan	SDIP Task Team/ Corporate Communication	Approved integrated SDIP Communication Plan	No SDIP Communication Plan	Finalise Plan through process of consultation	Implement Plan
Service Delivery Improvement Programme as standing item on Governance structures agenda(s) e.g. Provincial Health Consultative Forum; Clinic Committee and Hospital Board meetings;	Corporate Governance & ISC/ Strategic Planning	SDIP on Provincial Health Consultative Forum agenda	No record of consultations done specifically for Service Delivery Improvement	SDIP standing item on Governance structure meetings at Provincial and District levels	SDIP standing item on Governance structure meetings at Provincial and District levels

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Activity	Responsibility	Indicator	Baseline 2015/16	Deliverables/ Targets	
				2017/18	2018/19
Provincial and District Health Councils					

The Service Delivery Improvement Enhancement Plan will be managed by the SDIP Task Team. Quarterly reports, as per standardised DPSA reporting template, will be submitted through the M&E Directorate as per scheduled timeframes. The SDIP as well as Enhancement Plan will be integrated in the District Operational Plans to ensure integrated planning, decision-making and reporting.

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ANNEXURE 2: POPULATION-BASED INDICATORS

The table below illustrates the difference in population-based indicators comparing reported DHIS population-based data versus revised population estimates for the period 2013/14 to 2017/18. DHIS data for the period 2013/14 to 2016/17 reflect data as reported by DHIS. Data for 2017/18 was calculated manually.

Table 97: Comparison of population-based indicators (DHIS population and Stats SA estimates)

Indicators	Actual Performance						Estimated Performance		Target	
	2013/14		2014/15		2015/16		2016/17		2017/18	
	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population
Medical Officers per 100 000 people	30.2	29.8	28.5	27.9	29.2	28.5	29.1	28.4	28.9	28.0
<i>Number of Medical Officers posts filled</i>	3 163	3 163	3 012	3 012	3 124	3 124	3 155	3 155	3 160	3 160
<i>Total population</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436
Professional Nurses per 100 000 people	138.9	136.9	137.7	135.1	163.5	159.6	161.4	156.9	160.2	155.3
<i>Number of Professional Nurses posts filled</i>	14 527	14 527	14 556	14 556	17 475	17 475	17 446	17 446	17 500	17 500
<i>Total population</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436
Pharmacists per 100 000 people	6.9	6.8	7.4	7.3	7.8	7.6	7.8	7.6	7.7	7.5
<i>Number of Pharmacists posts filled</i>	718	718	782	782	833	833	840	840	845	845
<i>Total population</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436
PHC utilisation rate (annualised)	3.1	3.0	2.9	2.9	2.9	2.8	2.8	2.7	2.8	2.7
<i>PHC headcount total</i>	31 641 638	31 641 638	31 232 093	31 232 093	30 745 821	30 745 821	29 787 394	29 787 394	30 645 987	30 645 987
<i>Population total</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436
PHC utilisation rate under 5 years (annualised)	4.4	3.8	4.4	3.7	4.5	3.8	4.3	3.6	4.6	3.9
<i>PHC headcount under 5 years</i>	5 113 307	5 113 307	5 064 825	5 064 825	5 184 506	5 184 506	4 891 032	4 891 032	5 237 566	5 237 566

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Indicators	Actual Performance						Estimated Performance		Target 2017/18	
	2013/14		2014/15		2015/16		2016/17			
	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population
<i>Population under 5 years</i>	1 171 910	1 361 338	1 164 382	1 357 123	1 154 061	1 353 684	1 142 875	1 348 783	1 132 753	1 339 178
TB incidence / 100 000 population	951	937	828	812	643	627	592	575	516	500
<i>New confirmed TB cases</i>	99 460	99 460	87 518	87 518	68 678	68 678	63 960	63 960	56 337	56 337
<i>Total population in KZN</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436
Male urethritis syndrome incidence	3.4%	4.2%	3.6%	4.4%	3.3%	4.0%	3.2%	3.9%	3.2%	3.2%
<i>Male urethritis syndrome treated – new episodes</i>	111 731	111 731	118 536	118 536	110 085	110 085	108 352	108 352	90 585	90 585
<i>Male population 15-49 years</i>	3 258 094	2 636 402	3 314 204	2 681 473	3 370 509	2 729 843	3 428 445	2 780 634	2 864 517	2 831 094
Immunisation under 1 year coverage (annualised)	85.8%	76.0%	89.9%	79.9%	85.0%	74.7%	84.4%	73.4%	96.0%	81.7%
<i>Immunised fully under 1 year new</i>	201 824	201 824	207 670	207 670	191 946	191 946	187 708	187 708	208 810	208 810
<i>Population under 1 year</i>	236 094	265 669	232 450	259 838	227 216	256 792	221 991	255 689	217 560	255 475
Measles 2nd dose coverage (annualised)	76.7%	66.5%	86.2%	74.4%	83.2%	70.7%	106.1%	88.7%	109.1%	90.0%
<i>Measles 2nd dose</i>	181 123	181 123	200 353	200 353	189 035	189 035	235 550	235 550	237 459	237 459
<i>Population 1 year</i>	236 094 ⁹⁹	272 277	232 450	269 228	227 216	267 229	221 991	265 701	217 560	263 843
Couple year protection rate (international)	45.0%	45.2%	57.8%	57.8%	52.0%	52.9%	51.8%	51.5%	65.0%	64.7%
<i>Couple year protection</i>	1 293 378	1 293 378	1 677 645	1 677 645	1 555 481	1 555 481	1 536 028	1 536 028	1 954 646	1 954 646
<i>Population 15-49 years females</i>	2 864 858	2 864 355	2 896 655	2 900 183	2 929 747	2 939 486	2 966 033	2 981 508	3 007 148	3 022 377
Cervical cancer screening coverage 30 years and older	75.3%	80.5%	70.3%	75.3%	72.7%	77.8%	75.0%	79.4%	71.1%	75.0%

⁹⁹ DHIS used the incorrect denominator (Population under 1 year) calculating the indicator (2013/14 – 2016/17) – should be Population 1 year

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Indicators	Actual Performance						Estimated Performance		Target 2017/18	
	2013/14		2014/15		2015/16		2016/17			
	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population
<i>Cervical cancer screening in woman 30 years and older</i>	169 315	169 315	161 707	161 707	171 150	171 150	179 342	179 342	173 734	173 734
<i>Population 30 years and older female/10</i>	223 346	210 302	228 913	214 891	234 228	219 898	239 122	225 898	244 320	231 645
Diarrhoea with dehydration in child under 5 years incidence (annualised) / 1000	15.0	12.9	11.7	10.0	10.4	8.9	16.1	13.7	12.9	10.9
<i>Diarrhoea with dehydration new in child under 5 years</i>	17 564	17 564	13 614	13 614	11 993	11 993	18 418	18 418	14 597	14 597
<i>Population under 5 years</i>	1 171 910	1 361 338	1 164 682	1 357 123	1 154 059	1 353 684	1 142 875	1 348 783	1 132 753	1 339 178
Pneumonia in child under 5 years incidence (annualised) / 1000	92.2	79.3	86.1	73.5	74.5	63.3	64.3	54.6	74.5	63.0
<i>Pneumonia new in child under 5 years</i>	10 7 894	10 7 894	99 805	99 805	85 715	85 715	73 664	73 664	84 368	84 368
<i>Population under 5 years</i>	1 171 910	1 361 338	1 164 682	1 357 123	1 154 059	1 353 684	1 142 875	1 348 783	1 132 753	1 339 178
Child under 5 years severe acute malnutrition incidence (annualised) / 1000	5.6	4.8	6.3	5.4	5.3	4.5	5.3	4.5	5.4	4.6
<i>Child under 5 years with severe acute malnutrition new</i>	6 598	6 598	7 331	7 331	6 136	6 136	6 072	6 072	6 100	6 100
<i>Population under 5 years</i>	1 171 910	1 361 338	1 164 682	1 357 123	1 154 059	1 353 684	1 142 875	1 348 783	1 132 753	1 339 178
Vitamin A dose 12-59 months coverage (annualised)	47.8%	40.8%	54.5%	46.2%	63.7%	53.8%	64.4%	54.4%	70.0%	61.5%
<i>Vitamin A dose 12 - 59 months</i>	893 481	893 481	1 014 315	1 014 315	1 179 912	1 179 912	1 188 476	1 188 476	1 281 275	1 281 275
<i>Population 12-59 months (*2)</i>	1 862 246	2 191 342	1 864 456	2 194 560	1 853 702	2 193 782	1 841 762	2 186 182	1 830 394	2 083 705

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Indicators	Actual Performance						Estimated Performance		Target 2017/18	
	2013/14		2014/15		2015/16		2016/17			
	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population	DHIS Population	New Stats SA Population
Cataract surgery rate (annualised) / mil uninsured population	758.1	747.0	870.9	854.2	588.7	574.7	392.1	353.5	732.3	705.2
<i>Total number of cataract surgeries completed</i>	6 866	6 866	8 037	8 037	5 487	5 487	3 494	3 494	7 000	7 000
<i>Population uninsured</i>	9 056 593	9 190 955	9 228 755	9 408 793	9 320 082	9 547 156	8 909 425	9 883 271	9 559 179	9 926 611
Malaria incidence per 1000 population at risk	0.1	0.1	0.07	0.07	0.8	0.8	0.6	0.6	0.4	0.4
<i>Number of malaria cases (new)</i>	84	84	45	45	519	519	399	399	275	275
<i>Population Umkhanyakude</i>	643 757	649 191	643 759	659 208	649 645	669 542	665 617	679 333	660 933	687 572
Hypertension incidence (annualised) / 1000	21.9	23.4	19.2	20.6	18.6	20.1	26.3	28.5	23.2	25.3
<i>Hypertension client treatment new</i>	54 601	54 601	48 925	48 925	48 837	48 837	70 598	70 598	63 762	63 762
<i>Population 40 years and older</i>	2 479 517	2 336 181	2 547 122	2 378 939	2 547 127	2 425 020	2 680 947	2 473 185	2 748 414	2 520 246
Diabetes incidence (annualised) / 1000	1.8	1.8	1.6	1.6	2.2	2.5	3.6	3.5	3.7	3.6
<i>Diabetes client treatment new</i>	18 931	18 931	17 051	17 051	27 641	27 641	38 912	38 912	40 562	40 562
<i>Population total</i>	10 456 909	10 613 125	10 571 313	10 777 547	10 688 168	10 948 575	10 806 336	11 117 288	10 924 776	11 267 436

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Annexure 3: 2017/18 – 2019/20 APP Indicator Descriptions

Programme 1: Administration

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Audit opinion from Auditor General	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	Annual Report – AGSA Findings	N/A	Categorical	Annual	None	Unqualified audit opinion from the Auditor General of SA.	CFO; All Senior Managers
Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access	To track broadband access to hospitals	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	ICT database	Numerator: Total Number of hospitals with minimum 2 Mbps connectivity Denominator Total Number of Hospitals	%	Quarterly	None	Increased percentage indicates improved access to broadband connectivity and better access to implement eHealth Programmes.	ICT Manager
Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	To ensure broadband access to PHC facilities	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	ICT database	Numerator: Total Number of fixed PHC facilities with minimum 1Mbps connectivity Denominator Total Number of fixed PHC Facilities	%	Quarterly	None	Increased percentage indicates improved access to broadband connectivity and better access to implement eHealth Programmes.	ICT Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Percentage over/under expenditure	Percentage expenditure within 1% of the annual budget allocation per classification/programme based on BAS expenditure reports.	Monitors financial management and expenditure.	BAS Reports	BAS Reports	Numerator Total expenditure Denominator 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 year).	To inform budget allocation and effective budget/financial management and control in procurement of goods.	Approved Annual Procurement Plan	Approved Annual Procurement Plan	N/A	Categorical	Annual	None	Annual costed Procurement Plan.	CFO and District/ Facility Managers
Number of post establishments finalised	The number of organisational/post structures that have been reviewed and approved	Ensures alignment of post establishments	Approved organisational structures	Approved organisational structures	SUM: Number of approved reviewed establishments. <i>The number includes structures for Head Office, Regional and District Offices, Clinics, CHCs and Hospitals</i>	Number	Annual	None	The ideal is to have all structures reviewed and approved.	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) with focus on PHC re-engineering (formal training from community to level 3 platforms).	Monitors progress in implementation of the Model and the production of health care providers over time. Partnership between the Department of Health and UKZN.	Task Team Reports (DOH/UKZN)	Task Team Reports (DOH/UKZN)	N/A	Categorical	Annual	None	Model implemented.	Provincial Task Team (DOH/UKZN)

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	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 the reporting year per 100 000 population.	Tracks the availability of Medical Officers in the public sector.	Persal (Medical Officers) DHIS (Stats SA population)	Persal (Medical Officers) DHIS (Stats SA population)	Numerator Number of Medical Officer posts filled in reporting year Denominator Total population	Number per 100 000 population	Annual	Dependant on accuracy of Persal data and Stats SA estimates.	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 the reporting year per 100 000 population.	Tracks the availability of Professional Nurses in the public sector.	Persal (Professional Nurses) DHIS (Stats SA population)	Persal (Professional Nurses) DHIS (Stats SA population)	Numerator Number of Professional Nurse posts filled Denominator Total population	Number per 100 000 population	Annual	Dependant on accuracy of Persal data and Stats SA estimates.	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 the reporting year per 100 000 population.	Tracks the availability of Pharmacists in the public sector.	Persal (Pharmacists) DHIS (Stats SA population)	Persal (Pharmacists) DHIS (Stats SA population)	Numerator Number of Pharmacist posts filled Denominator Total population	Number per 100 000 population	Annual	Dependant on accuracy of Persal data and Stats SA estimates.	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 PA's with their supervisors.	Monitors compliance with HR prescripts.	Signed PA's	Signed PA's	SUM: 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; DDGs

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of District Managers who have signed PA's	The number of District Managers who have signed PA's with their supervisors.	Monitors compliance with HR prescripts.	Signed PA's	Signed PA's	SUM: 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; DDGs
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 PA's.	Monitors compliance with HR prescripts	Signed PA's	Signed PA's	Numerator Head Office Managers (level 13 and above) who signed PA's in the reporting cycle Denominator 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; DDGs
Approved 2017-2027 Long Term Plan	Ten year health plan making provision for service transformation, system strengthening, service provision and clinical care based on imperial evidence.	Informs service transformation/ delivery and resource allocation over a ten year period.	Approved Long Term Plan	Approved Long Term Plan	N/A	Categorical	Annual	None	Approved Long Term Plan implemented and monitored.	Strategic Planning Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Approved Hospital Rationalisation Plan	Integrated and comprehensive hospital plan making provision for rationalisation and optimisation of hospital services and resources including classification, package of services, staffing (according to staffing norms), bed allocation per clinical domain, specialities, complexes and centres of excellence, etc.	Improves hospital efficiencies and quality.	Approved Hospital Rationalisation Plan	Approved Hospital Rationalisation Plan	N/A	Categorical	Annual	None	Hospital Rationalisation Plan approved and implemented.	Specialised Services , DHS and Strategic Planning Managers
Number of Community care Givers (CCGs) appointed on contract <i>New Indicator</i>	The number of CCGs appointed on contract during year of reporting.	Monitors the number of CCGs that participate in community-based services.	CCG database/ Persal	Persal	SUM: Number of CCGs on Persal	Number	Annual	None	Higher number improves coverage.	Executive Support Manager
Number of ethics workshops conducted <i>New Indicator</i>		Monitors coverage of ethics education in the workplace.	Attendance Registers	Attendance Registers	SUM: Total number of ethics workshops conducted	Number	Quarterly	None	Full compliance indicates adequate education on ethics in the workplace.	Executive Support Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance New Indicator	Full disclosure of all donations, sponsorships and gifts received per month.	Monitors compliance to Legislation.	Gift registers/ Reports to Finance	Gift Registers/ Finance Reports	SUM: Number of disclosure reports submitted to Finance	Number	Quarterly	None	Twelve Reports.	Executive Support Manager
Proportion of public health hospitals that score 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	Monitors the quality of food services	Food services grading register	Food services grading register	Numerator: Number of public health hospitals scoring more than 75% on Food Service Monitoring Grading System Denominator: Number public health hospitals assessed	%	Quarterly	None	Higher percentage indicates better compliance to food services standards	Food Services Manager

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Programme 2: Sub-Programme Primary Health Care (District Health Services)

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC) New indicator	Fixed clinics, CHCs and CDCs where Ideal clinic status determinations are conducted by PPTICRM as a proportion Fixed clinics plus fixed CHCs/CDCs. PPTICRM Team membership is not prescribed. Teams consist of Operations Managers, Quality Assurance Managers, PHC Coordinators/ Supervisors and clinic staff.	Monitors whether PHC health establishments are measuring their level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Ideal Clinic assessment records	Ideal Clinic Dashboard; DHIS	Numerator: SUM([Ideal clinic status determinations conducted by PPTICRM]) Denominator: SUM([Fixed PHC clinics/fixed CHCs/CDCs])	%	Quarterly	Poor reporting using the Ideal Clinic Dashboard tool.	Higher scores indicate improved compliance to Ideal Clinic standards.	PHC and QA Managers
Outreach Households (OHH) registration visit coverage	OHH registered by Ward Based Outreach Teams as a proportion of households in the population.	Monitors implementation of the PHC re-engineering strategy – community-based services.	Household registration visit registers	DHIS	Numerator: SUM([OHH registration visit]) Denominator: Households in population	%	Quarterly	Household data from Stats SA.	Higher percentage indicates better access to services.	PHC Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
PHC utilisation rate - total	Average number of PHC visits per person (in the population) per year in public health clinics and CHCs.	Monitors PHC access and utilisation.	Daily reception headcount register (or HPRS where available) Denominator: Stats SA	DHIS	Numerator: SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) Denominator: Sum([Population - Total])	Number	Quarterly (annualised)	Dependant on the accuracy of reporting and estimated population from Stats SA.	Higher levels of utilisation may indicate improved health seeking behaviour, an increased burden of disease, or greater reliance on the public health system.	PHC Manager
Complaints resolution rate	Complaints resolved as a proportion of complaints received.	Monitors the public health system response to customer concerns	Complaints register; DHIS	DHIS	Numerator: SUM([Complaints resolved]) Denominator: SUM([Complaints received])	%	Quarterly	Accuracy of reporting at facility level.	Higher percentage suggests improved response to complaints received.	PHC & QA Managers; Facility Managers; Ombuds
Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitors the time frame in which the public health system responds to customer complaints.	Complaints register; DHIS	DHIS	Numerator: SUM([Complaint resolved within 25 working days]) Denominator: SUM([Complaint resolved])	%	Quarterly	Accuracy of information is dependent on the accuracy of time stamp for each complaint.	Higher percentage suggests good management of customer complaints.	PHC & QA Managers; Facility Managers; Ombuds
Life expectancy at birth – Total	The average number of years a person can expect to live from birth (age from birth to death).	Tracks improved quality of life – people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	Accuracy of estimation.	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).	Tracks improved quality of life - people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	Accuracy of estimation.	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	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Life expectancy at birth – Female	The average number of years a female can expect to live from birth (age from birth to death).	Tracks improved quality of life - people living longer.	Stats SA Mid-Year Estimates	Stats SA Mid-Year Estimates	A detailed description of the methodology that Stats SA used for projections is available at: www.statssa.gov.za	Years	Annual	Accuracy of estimation.	Increase in life expectancy indicates improved quality of life.	Planning, M&E Managers
PHC utilisation rate under 5 years (annualised)	Average number of PHC visits per year per person under the age of 5 years in the population.	Monitors PHC access and utilisation by children under the age of 5 years.	PHC register; DHIS; Stats SA	DHIS	Numerator PHC headcount under 5 years Denominator Population under 5 years	Number	Quarterly (annualised)	Dependant on the accuracy of collected data and estimated population under 5 years from Stats SA.	Higher levels of uptake may indicate improved health seeking behaviour, increased burden of disease, or greater reliance on public health system.	PHC Manager; Strategic Health Programme Managers
Expenditure per PHC headcount	Provincial expenditure including Sub-Programmes 2.2 – 2.7 per person visiting public health PHC services.	Monitors PHC expenditure trends per patient visiting PHC clinics and CHCs.	BAS; PHC register	DHIS; BAS	Numerator Total expenditure PHC for Sub-Programmes 2.2 - 2.7 Denominator PHC headcount total	Rand	Quarterly	Efficient record management at facility level.	Lower expenditure may indicate efficient use of resources; higher expenditure may indicate improved access to PHC without concomitant resources.	PHC and Finance Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
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: PN, EN and Health Promoter – may include additional members. In absence of a PN, an EN may head the team.	Monitors services rendered at schools as part of PHC re-engineering.	Persal; BAS District Management	Persal; BAS District Management	SUM: Total number of appointed School Health Teams (cumulative)	Number	Quarterly (cumulative)	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 appointed to render PHC outreach services. Team composition includes PN, EN, Health Promoter or CCGs. If no PN is available, EN can fulfil that position until PN can be appointed.	Monitors community-based outreach services rendered by teams as part of PHC re-engineering.	Persal; BAS; District Management	Persal; BAS; District Management	SUM: Total number of Ward Based Outreach Teams (cumulative)	Number	Quarterly (cumulative)	Teams not accurately linked with BAS/ Persal.	Higher number desired for improved ward based coverage of health services.	PHC Manager

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	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.	Monitors 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	SUM: Total number of schools accredited as Health Promoting Schools by an external assessment authority (cumulative)	Number	Quarterly (cumulative)	Accuracy and completeness of the HPS database.	Higher number desired to support community ownership for health promotion.	PHC Manager
Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	The fixed PHC facilities (including clinics and CHCs) that score 70% and more in compliance with the Ideal Clinic core standards included on the Ideal Clinic Dashboard as a proportion of the total PHC fixed facilities.	Monitors the service quality on PHC facility.	Ideal Clinic assessments	Ideal Clinic National Dashboard	Numerator Number of fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard Denominator Number of fixed PHC facilities (including clinics and CHCs)	%	Quarterly (cumulative)	None	Higher percentage indicates better compliance to core standards.	DHS Manager

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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	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (All Hospitals) New indicator	Public health hospitals (category) that have conducted annual National Core Standards self-assessment as a proportion of (category) public health hospitals.	Monitors whether health establishments are measuring their own level of compliance with core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	Assessment records; QA reports	DHIS	Numerator: SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) Denominator: SUM([Hospitals conducted National Core Standards self-assessment])	%	Quarterly	Immature QA information system and process.	Higher percentage indicates improved compliance to NCS.	QA, DHS & SS&CS Managers
Average Length of Stay (All Hospitals)	The average number of client days an admitted client spends in hospital before separation. It is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities.	Monitors effectiveness and efficiency of inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds.	Midnight census; Admission & Discharge Register; DHIS	DHIS	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) Denominator: SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	Days	Quarterly	None	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care.	DHS & SS&CS Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Inpatient Bed Utilisation Rate (All Hospitals)	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Monitors the effectiveness and efficiency of inpatient management and effective utilisation of resources.	Midnight census; Admission & Discharge Register; DHIS	DHIS	Numerator: Sum ((Inpatient days total x 1))+((Day patient total x 0.5)) Denominator: Inpatient bed days (Inpatient beds * 30.42) available	%	Quarterly	None	Higher percentage indicates effective use of available resources and good management of inpatients.	DHS & SS&CS Managers
Expenditure per patient day equivalent (PDE) (All Hospitals)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.3333333.	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.3333333 is the same as division by 3.	BAS; Midnight census; admission registers.	DHIS; BAS	Numerator: SUM([Expenditure - total]) Denominator: Sum ((Inpatient days total x 1))+((Day patient total x 0.5))+ ((OPD headcount not referred new x 0.3333333))+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	R	Quarterly	None	Expenditure within the norm indicates effective use of resources.	DHS, SS&CS & Finance Mangers
Complaints resolution rate (All Hospitals)	Complaints resolved as a proportion of complaints received.	Monitors public health system response to customer concerns.	Complaints register; QA registers.	DHIS	Numerator: SUM([Complaint resolved]) Denominator: SUM([Complaint received])	%	Quarterly	Immature information system and processes.	Higher percentage indicates high level response to patient complaints.	QA, DHS & SS&CS Managers
Complaint resolution within 25 working days rate (All Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved.	Monitors the time frame in which the public health system responds to complaints.	Complaints register; QA registers.	DHIS	Numerator: SUM([Complaint resolved within 25 working days]) Denominator: SUM([Complaint resolved])	%	Quarterly	Immature information system and processes.	Higher percentage indicates appropriate turn-around-time for the management of complaints.	QA, DHS & SS&CS Managers

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Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate (District, Regional, Tertiary & Central Hospitals)	Delivery by caesarean section as proportion of total deliveries in (Category) Hospitals.	Monitors caesarean section trends in all categories of hospitals.	Theatre register; Delivery register	DHIS	Numerator Delivery by caesarean section Denominator Delivery in facility total	%	Quarterly	None	Lower percentage may be an indication of improved antenatal care – the burden of disease may increase %	DHS & SS&CS Managers
OPD headcount – total (All Hospitals)	Total clients attending general or specialist outpatient clinics.	Monitors patient activity (numbers) at outpatient clinics partly to track burden of disease trends, workload and utilisation/ allocation of resources.	OPD registers	DHIS	SUM: OPD specialist clinic headcount + OPD general clinic headcount (including follow-up and new cases not referred)	No	Quarterly	None	Decrease in numbers may be an indication of improved management at lower levels of care – the burden of disease will impact on actual numbers.	DHS & SS&CS Managers
OPD headcount not referred new (All hospitals except Central)	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	Monitors utilisation trends of PHC clients at both hospital and PHC level - not including OPD follow-up and emergency clients.	OPD registers	DHIS	SUM: OPD headcount not referred new	No	Quarterly	None	Lower numbers an indication of clients/ patients entering the health system at the appropriate level of care.	DHS & SS&CS Managers

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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
ART client remain on ART end of month - total	<p>Total clients remaining on ART are the sum of the following:</p> <p>Any client who has a current regimen in the column designating the month reported on.</p> <p>Any client who has a star without a circle in the column designating the month reported on.</p> <p>Clients remaining on ART equal [naïve (including PEP and PMTCT) + Experienced + transfer in + Restart] minus [Died + loss to follow up + Transfer out].</p>	Monitors the total clients remaining on life-long ART at the month.	ART Register; TIER.Net	DHIS	<p>SUM:</p> <p>SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])</p>	Number	Quarterly	None	Higher number of clients indicates greater access to ART services.	HIV/ AIDS 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/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	All co-infected clients must be on ART to reduce mortality. This includes clients already on ART at TB treatment initiation and those started on ART during TB treatment. Monitors ART coverage for TB clients.	TB register; ETR.Net; Tier.Net	DHIS	Numerator: SUM([TB/HIV co-infected client on ART]) Denominator: SUM([TB client known HIV positive])	%	Quarterly	None	Higher proportion indicates that more TB/HIV co-infected patients have access to services and started treatment.	HIV/AIDS and TB Managers
HIV test done - total	The total number of HIV tests done in all age groups.	Monitors the impact of the pandemic and assists in better planning for effective combatting of HIV and AIDS and decreasing the burden of diseases from TB.	PHC Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	DHIS	SUM: ([Antenatal client HIV 1st test]) + ([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])	Number	Quarterly	None	Higher number indicates an increased number of people knowing their HIV status.	HIV/AIDS Managers
Male condoms distributed	Male condoms distributed from a primary distribution site to health facilities or other points in the community e.g. during campaigns, at non-traditional outlets, etc.	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes (dual protection).	Stock/Bin cards; Stats SA	DHIS	SUM: ([Male condoms distributed])	Number	Quarterly	None	Higher number indicates wide distribution as part of the prevention of HIV, STIs and unwanted pregnancy (dual protection).	HIV/AIDS & MC&WH 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
Medical male circumcision - Total	Medical male circumcisions performed 10 years and older.	Monitors medical male circumcisions performed under supervision as part of the prevention strategy for HIV and STIs.	Theatre Register	DHIS	SUM: ((Medical male circumcision 10 to 14 years + Medical male circumcision 15 years and older))	Number	Quarterly (annualised)	None	Higher number indicates improved access to MMC as part of the prevention strategy for HIV and STI.	HIV/AIDS Manager.
TB client 5 years and older start on treatment rate	TB client 5 years and older start on treatment as a proportion of TB symptomatic clients 5 years older test positive.	Monitors initial loss to follow up and the effectiveness of linkage to treatment and care strategies.	PHC & TB Registers; TIER.Net	DHIS	Numerator: SUM([TB client 5 years and older start on treatment]) Denominator: SUM([TB symptomatic client 5 years and older tested positive])	%	Quarterly (cumulative)	None	Higher rate indicates effective management of TB patients.	HIV/AIDS & TB Managers
TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of all smear positive TB clients started on treatment.	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	DHIS	Numerator: SUM([TB client successfully completed treatment]) Denominator: SUM([New smear positive pulmonary TB client start on treatment])	%	Quarterly	None	Higher percentage indicates better treatment outcomes.	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 client lost to follow up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to all TB clients (New, Retreatment, Other, Pulmonary and Extra-Pulmonary).	Monitors success of TB treatment for all types of TB. This follows a cohort analysis; therefore clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net	DHIS	Numerator: SUM [TB client lost to follow up] Denominator: SUM [TB client start on treatment]	%	Quarterly	None	Reduced percentage indicates improved compliance to treatment and improved outcomes.	TB Manager
TB client death rate	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, Pulmonary and Extra Pulmonary).	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net	DHIS	Numerator: SUM([TB client died during treatment]) Denominator: SUM([New smear positive pulmonary TB client start on treatment])	%	Annual	None	Reduced percentage indicates better management and compliance to treatment and better TB outcomes.	TB Manager
TB MDR treatment success rate	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment.	Monitors success of MDR TB treatment.	TB Register; EDR Web	DHIS	Numerator: SUM([TB MDR client successfully complete treatment]) Denominator: SUM([TB MDR confirmed client start on treatment])	%	Annual	None	Increased percentage indicates improved management and compliance to treatment with improved TB outcomes.	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 incidence (per 100 000 population)	The number of new TB infections per 100,000 population	Monitors new TB infections to determine effectiveness of prevention strategies and the burden of disease.	TB Register; TIER.Net	ETR.Net; DHIS (population)	Numerator New confirmed TB cases Denominator Total population in KZN	Number per 100,000 population	Annual	None	Reduced incidence desired to indicate a reduction in new infections.	TB Manager
TB XDR confirmed client start on treatment	Confirmed XDR-TB client started on treatment during the reporting period.	Monitors management and outcomes of drug-resistant TB.	XDR-TB Register; EDR.Web; TIER.Net	EDR.Web; TIER.Net	SUM: Total number of confirmed XDR TB patients that started on the XDR-TB treatment regime	Number	Annual	None	A higher number might indicate good case finding while lower number, regardless of intensified case finding, may indicate decreasing XDR-TB incidence.	TB Manager
New smear positive PTB cure rate	New smear positive pulmonary TB clients cured as a proportion of new smear positive pulmonary TB clients who started on treatment.	Monitor cure of new infectious TB cases. The aim is to effectively treat and cure all new infectious cases at first attempt. Follows a cohort analysis, therefore the clients would have been started on treatment at least 6 months prior.	TB Register; ETR.Net; TIER.Net	ETR.Net	Numerator SUM [(New smear positive pulmonary TB client cured)] Denominator SUM [(New smear positive pulmonary TB client start on treatment)]	%	Quarterly	None	Higher percentage indicates 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	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 indicating effective prevention programmes.	HIV/AIDS 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
Male urethritis syndrome incidence New Indicator	Male urethritis syndrome cases reported per 1000 male population 15-49 years.	Male urethritis syndrome is the most accurate way to reflect on newly acquired STIs.	PHC Register	DHIS	Numerator SUM [(Male urethritis syndrome treated – new episode)] Denominator SUM [(Male population 15-49 years)]	Number per 1000	Quarterly (annualised)	None	Decrease in male urethritis incidence indicates effective prevention programmes and safer sexual behaviour.	HIV/AIDS Manager
ART adult remain on ART end of period New Indicator	Total adults remaining on ART at the end of the reporting month are the sum of: Any adult who has a current regimen in the column designating the month of reporting. Any adult who has a star without a circle (not yet considered lost to follow up in the month of reporting.	To monitor the burden of HIV and treatment programmes.	HIV registers; TIER.Net	TIER.Net	SUM: SUM ([Adults (naïve (including PEP & PMTCT) + Experienced + Transfer in + Restart] minus (Died + Lost to follow up + Transfer out))	Number	Quarterly	None	Increase in number shows improved access to treatment.	HIV/AIDS 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
ART child under 15 years remain on ART end of period New Indicator	Total children under 15 years remaining on ART at the end of the reporting month are the sum of: Any child under 15 who has a current regimen in the column designating the month of reporting. Any child under 15 who has a star without a circle (not yet considered lost to follow up in the month of reporting.	To monitor the burden of HIV and treatment programmes.	HIV registers; TIER.Net	TIER.Net	SUM: SUM [Children under 15 (naïve (including PEP & PMTCT) + Experienced + Transfer in + Restart] minus (Died + Lost to follow up + Transfer out]	Number	Quarterly	None	Increase in number shows improved access to treatment.	HIV/AIDS Manager

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.	Monitors early utilisation of antenatal services.	PHC Register	DHIS	Numerator: SUM([Antenatal 1st visit before 20 weeks]) Denominator: SUM([Antenatal 1st visit 20 weeks or later]) + SUM([Antenatal 1st visit before 20 weeks])	%	Quarterly	None	Higher percentage indicates better access to and uptake of antenatal care.	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
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities.	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery.	PHC Register	DHIS	Numerator: SUM([Mother postnatal visit within 6 days after delivery]) Denominator: SUM([Delivery in facility total])	%	Quarterly	None	Higher percentage indicates improved utilisation of postnatal care services within 6 days after delivery.	MC&WH Manager
Infant 1st PCR test positive around 10 weeks rate	Infants tested PCR positive for follow up test as a proportion of infants PCR tested around 10 weeks.	Monitors PCR positivity rate in HIV exposed infants around 10 weeks.	PHC Register	DHIS	Numerator: SUM([Infant PCR test positive around 10 weeks]) Denominator: SUM([Infant PCR test around 10 weeks])	%	Quarterly	None	Lower percentage indicates fewer HIV transmissions from mother to child.	MC&WH Manager
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Track coverage of immunization services. Child should only be counted once as fully immunised when receiving the last vaccine in the schedule (see schedule at end of this table).	PHC register; Stats SA	DHIS; Stats SA	Numerator: SUM([Immunised fully under 1 year new]) Denominator: SUM([Female under 1 year]) + SUM([Male under 1 year])	%	Quarterly (annualised)	None	Higher percentage indicates better immunisation coverage.	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
Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	Monitors 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 should not be counted here.	PHC Register; StatsSA	DHIS; Stats SA	Numerator: SUM([Measles 2nd dose]) Denominator: SUM([Female 1 year]) + SUM([Male 1 year])	%	Quarterly (annualised)	None	Higher percentage indicates better immunisation coverage for measles.	MC&WH Manager
DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	Children who dropped out of the immunisation schedule between DTaP-IPV-Hib-HBV 3rd dose, normally at 14 weeks and measles 1st dose, normally at 6 months as a proportion of population under 1 year.	Monitors protection of children against diphtheria, tetanus, a-cellular pertussis, polio, Haemophilus influenza and Hepatitis B. DTaP-IPV-Hib-HBV (known as Hexavalent) was implemented in 2015 to replace DTaP-IPV/Hib (Pentaxim) and HepB.	PHC Register	DHIS	Numerator: (SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])) - SUM([Measles 1st dose under 1 year]) Denominator: SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) + SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose])	%	Quarterly	None	Lower percentage indicates better compliance 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
Diarrhoea case fatality under 5 years rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities.	Monitors treatment outcome for children under-5 years that were separated with diarrhoea.	Ward register	DHIS	Numerator: SUM([Diarrhoea death under 5 years]) Denominator: SUM([Diarrhoea separation under 5 years])	%	Quarterly	None	Lower percentage indicates improved quality of care and/or improved management of diarrhoea.	MC&WH Manager
Pneumonia case fatality under 5 years rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities.	Monitors treatment outcome for children under-5 years that were separated with pneumonia.	Ward register	DHIS	Numerator: SUM([Pneumonia death under 5 years]) Denominator: SUM([Pneumonia separation under 5 years])	%	Quarterly	None	Lower percentage indicates improved quality of care and management of pneumonia.	MC&WH Manager
Severe acute malnutrition case fatality under 5 years rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) separations under 5 years in health facilities.	Monitors treatment outcome for children under-5 years that were separated with severe acute malnutrition.	Ward register	DHIS	Numerator: SUM([Severe acute malnutrition death in facility under 5 years]) Denominator: SUM([Severe acute malnutrition separation under 5 years])	%	Quarterly (annualised)	None	Lower percentage indicates improved quality of care and management of severe acute malnutrition.	Nutrition & MC&WH Managers
School Grade 1 learners screened	Grade 1 learner in the school screened by a nurse in line with the Integrated school Health Programme (ISHP) service package.	Monitors implementation of the ISHP. ¹⁰⁰	School Health register	DHIS	SUM: [School Grade 1 learners screened]	No	Quarterly (annualised)	None	Increased number indicates better learner coverage and access to health services.	PHC & MC&WH Managers

¹⁰⁰ Screening includes: oral health, vision, hearing, speech, height & weight, physical assessment, mental health, TB, chronic illnesses & psychological support. On-site services include: deworming, immunisation, oral health, & minor ailments. Health education: hand-washing, personal & environmental hygiene, nutrition, TB, road safety, poisoning, know your body and abuse

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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
School Grade 8 learners screened	Grade 8 learner in the school screened by a nurse in line with the Integrated school Health Programme (ISHP) service package.	Monitors implementation of the ISHP. ¹⁰¹	School Health register	DHIS	SUM: [School Grade 8 - learners screened]	No	Quarterly (annualised)	None	Increased number indicates better learner coverage and access to health services.	PHC & MC&WH Managers
Delivery in 10 to 19 years in facility rate New Indicator	Deliveries to women between the ages of 10 to 19 years as proportion of total deliveries in health facilities.	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Delivery register	DHIS	Numerator: SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] Denominator: SUM([Delivery in facility total])	%	Quarterly (annualised)	None	Lower percentage indicates successful sexual & reproductive health programmes for youth.	MC&WH Manager

¹⁰¹ Screening includes the same package of services as Grade 1 – mentioned above

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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 (Int)	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys.	PHC register; Stats SA	DHIS; Stats SA	<p>Numerator</p> $\frac{(\text{SUM}([\text{Oral pill cycle}]) / 15) + (\text{SUM}([\text{Medroxyprogesterone injection}]) / 4) + (\text{SUM}([\text{Norethisterone enanthate injection}]) / 6) + (\text{SUM}([\text{IUCD inserted}]) * 4.5) + (\text{SUM}([\text{Male condoms distributed}]) / 120) + (\text{SUM}([\text{Sterilisation - male}]) * 10) + (\text{SUM}([\text{Sterilisation - female}]) * 10) + (\text{SUM}([\text{Female condoms distributed}]) / 120) + (\text{SUM}([\text{Sub-dermal implant inserted}]) * 2.5)}{\text{SUM}([\text{Female 15-44 years}]) + \text{SUM}([\text{Female 45-49 years}])}$ <p>Denominator:</p>	%	Annual	None	Higher percentage indicates better coverage of the target population.	MC&WH Manager,
Cervical cancer screening coverage 30 years and older	Cervical smears in women 30 years and older as a proportion of the target for cervical cancer screening.	Monitors implementation of the Cervical Cancer Screening Policy.	PHC/ OPD registers; Stats SA	DHIS; Stats SA	<p>Numerator:</p> $\text{SUM}([\text{Cervical cancer screening 30 years and older}])$ <p>Denominator:</p> $\frac{\text{SUM}([\text{Female 30-34 years}]) + \text{SUM}([\text{Female 35-39 years}]) + \text{SUM}([\text{Female 40-44 years}]) + \text{SUM}([\text{Female 45 years and older}])}{14.7}$	%	Annual	None	Higher percentage indicates better coverage of the target population.	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
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	Infants exclusively breastfed at 14 weeks as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose.	Monitors infant feeding practices at 14 weeks to identify where community interventions need to be strengthened.	PHC register	DHIS	<p>Numerator: SUM([Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])</p> <p>Denominator: SUM([HepB 3rd dose under 1 year]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])</p>	%	Quarterly	None	Higher percentage indicates better coverage of exclusive breastfeeding.	MC&WH Manager
Antenatal client start on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART.	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients. Since April 2013 all HIV positive antenatal clients who are not already on ART are eligible for the ART Fixed Dose Combination (FDC). Since January 2015 all HIV positive antenatal clients go onto lifelong treatment regardless of their CD4 status.	ART Register, Tier.Net	DHIS	<p>Numerator: SUM([Antenatal client start on ART])</p> <p>Denominator: Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])</p>	%	Annual	None	Higher percentage indicates improved coverage of HIV positive clients on HIV treatment.	MC&WH and HIV/AIDS 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
HPV 1st dose	Girls 9 years and older that received HPV 1st dose.	Monitors the coverage of girls 9 years and older with HPV vaccine as prevention strategy against cervical cancer.	HPV Campaign Register; HPV system	DHIS	SUM: ([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])	No	Annual	None	Higher number indicates better coverage.	PHC & MC&WH Managers
HPV 2nd dose New Indicator	Girls 9 years and older that received HPV 2nd dose.	Monitors the coverage of girls 9 years and older with HPV vaccine as prevention strategy against cervical cancer.	HPV Campaign Register; HPV system	DHIS	SUM: ([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and older HPV 2nd dose])	No	Annual	None	Higher number indicates better coverage.	PHC & MC&WH 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
Maternal mortality in facility ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility.	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services.	Maternal death register, Delivery Register	DHIS	Numerator: SUM([Maternal death in facility]) Denominator: SUM([Live birth in facility])+SUM([Born alive before arrival at facility])	Number per 100 000	Annual	None	Reduced deaths indicate improved management of antenatal care, obstetric management practices neonatal care.	MC&WH Manager
Neonatal death in facility rate	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility.	Monitors treatment and health outcome for neonates' under-28 days.	Delivery register; Midnight report; death register	DHIS	Numerator: SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) Denominator: SUM([Live birth in facility])	Number per 1000 population	Annual	None	Lower death rate required.	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
Infant mortality rate	Proportion of children less than 1 year old that died in one year per 1000 population under 1-years.	Monitor trends in infant mortality.	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Stats SA and RMS from 2012 onwards	<p>Numerator Children less than 1 year that die in one year in the province</p> <p>Denominator Total population under 1 year <i>Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator</i></p>	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	<p>Numerator Children less than five years that die in one year in the province</p> <p>Denominator Total population under 5 years <i>Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator</i></p>	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
Diarrhoea with dehydration in child under 5 years incidence (annualised)	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1000 children under-5 years in the population.	Monitors 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 register; DHIS; Stats SA	DHIS; Stats SA	Numerator SUM([Child under 5 years diarrhoea with dehydration new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years])	Number per 1000	Annual	None	Lower incidence desired indicating improved child health.	MC&WH Manager
Pneumonia in child under 5 years incidence (annualised)	Children under 5 years newly diagnosed with pneumonia per 1000 children under-5 years in the population.	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 register; DHIS; Stats SA	DHIS; Stats SA	Numerator SUM([Child under 5 years with pneumonia new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years])	Number per 1000	Annual	None	Lower incidence desired indicating improved child health.	MC&WH Manager
Sever acute malnutrition in child under 5 incidence (annualised)	Children under 5 years newly diagnosed with severe acute malnutrition per 1000 children under-5 years in the population.	Monitors 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 register; DHIS; Stats Sa	DHIS; Stats SA	Numerator SUM([Child under 5 years with severe acute malnutrition new]) Denominator SUM([Female under 5 years]) + ([Male under 5 years])	Number per 1000	Annual	None	Lower incidence desired indicating improved child health.	Nutrition & MCWH 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
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year.	PHC register; Stats SA	DHIS; Stats SA	Numerator: SUM([Vitamin A dose 12-59 months]) Denominator: (SUM([Female 1 year]) + SUM([Female 02-04 years]) + SUM([Male 1 year]) + SUM([Male 02-04 years])) * 2	%	Quarterly (annualised)	None	Higher coverage indicates more effective coverage with Vit A. .	Nutrition Manager
Death in facility under 1 year rate (annualised)	Children under 1 year who died during their stay in the facility as a proportion of inpatient separations under 1 year. Inpatient separations under-year is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Monitors treatment outcomes for admitted children under-1 year. Includes neonatal deaths.	Midnight census; Admission, Discharge & Death registers	DHIS; Stats SA	Numerator SUM([Death in facility under 1 year total]) Denominator SUM([Death in facility 0-7 days]) + SUM([Death in facility 8-28 days]) + SUM([Death in facility 29 days-11 months]) + SUM([Inpatient discharge under 1 year]) + SUM([Inpatient transfer out under 1 year])	%	Annual	None	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
Death in facility under 5 years rate (annualised)	Children under 5 years who died during their stay in the facility as a proportion of inpatient separations under 5 years. Inpatient separations under 5 years is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Monitors treatment outcome for admitted children under-5 years. Includes under 1 year deaths.	Midnight census; Admission, Discharge & Death registers	DHIS; Stats SA	<p>Numerator SUM([Death in facility under 5 year total])</p> <p>Denominator SUM([Death in facility 0-7 days]) + SUM([Death in facility 8-28 days]) + SUM([Death in facility 29 days-11 months]) + SUM([Death in facility 12-59 months]) + SUM([Inpatient discharge under 5 years]) + ([Inpatient transfers out under 5 years])</p>	%	Annual	None	Lower rate desired – fewer children under-5 years dying in public health facilities.	MNCWH Manager

Programme 2: Sub-Programme Disease Prevention and Control

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 populations.	Monitors access to cataract surgery (theatres & human resources) and prevention of disability as result of blindness.	Theatre register; General Household Survey	DHIS	<p>Numerator SUM([cataract surgery total])</p> <p>Denominator SUM([Total population]) minus SUM([Total population on Medical AIDS])</p>	Number per 1 million uninsured population	Quarterly (annualised)	None	Increased rate indicates improved access to cataract services and prevention of blindness.	Chronic Diseases 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
Malaria case fatality rate	Deaths from malaria as a proportion of the number of malaria cases reported.	Monitors the number of deaths caused by malaria.	Malaria database	Malaria database	Numerator SUM([Number of deaths from malaria]) Denominator SUM([Total number of malaria cases reported])	%	Quarterly	None	Lower percentage indicates a decreasing burden of malaria and improved management of malaria cases.	Malaria Control Manager
Malaria incidence per 1 000 population at risk	New malaria cases as proportion of 1000 population at risk (high-risk malaria areas (Umkhanyakude) based on malaria cases.	Monitors the new malaria cases in endemic areas as proportion of the population at risk in that area.	PHC register; CDC Surveillance database; Malaria database; Stats SA; GHS	Malaria database	Numerator SUM([Number of malaria cases – new]) Denominator SUM([Total population of Umkhanyakude District])	Number per 1000 population at risk	Annual	None	Lower incidence desired – improved prevention towards elimination of malaria.	Malaria Control Manager
Clients 40 years and older screened for hypertension	Clients 40 years and older, not diagnosed with or on treatment for hypertension, screened for hypertension in the facility.	This should assist with increasing the number of clients detected and referred for treatment.	PHC & OPD registers	DHIS	SUM: SUM([Client 40 years and older not diagnosed with hypertension and not on hypertension treatment screened for hypertension])	Number	Quarterly	None	Increased screening indicates improved detection of clients with hypertension.	Chronic Diseases 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
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 as the main risk group.	Monitors hypertension trends to inform preventative strategies.	PHC & OPD registers; Stats SA	DHIS	Numerator SUM([Hypertension client 40 years and older treatment new]) Denominator SUM([Total population 40 years and older])	Number per 1000 population	Quarterly (annualised)	None	Lower incidence desired – improved prevention and management of hypertensive patients.	Chronic Diseases Manager
Clients 40 years and older screened for diabetes	Clients 40 years and older, not on treatment for diabetes, screened for diabetes in the facility according to diabetes Treatment Guidelines.	This should assist with increasing the number of people detected and referred for treatment for diabetes.	PHC & OPD registers	DHIS	SUM: SUM([Client 40 years and older not on treatment for diabetes screened for diabetes])	Number	Quarterly	None	Increased screening indicates improved detection of clients with diabetes.	Chronic Diseases Manager
Diabetes Incidence (annualised)	Newly diagnosed diabetes clients initiated on treatment per 1000 population.	Monitors diabetes trends to inform preventative strategies.	PHC & OPD registers; Stats SA	DHIS	Numerator SUM([Diabetes clients treatment - new]) Denominator SUM([Total population])	Number per 1000 population	Quarterly (annualised)	None	Lower incidence desired – improved prevention and management of diabetic patients.	Chronic Diseases 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
Mental disorders screening rate New Indicator	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders) at PHC facilities.	Monitors access and quality of mental health services in PHC facilities.	PHC register	DHIS	Numerator: SUM([PHC client screened for mental disorders]) Denominator: SUM([PHC headcount under 5 years]) + SUM([PHC headcount 5 years and older])	%	Quarterly	None	Increased screening numbers indicates improved detection of mental disorders.	Mental Health Manager
Wheelchair issued New Indicator	Wheelchair issued to a client in need of a wheelchair. Count all the wheelchairs issued to new clients or as a replacement, new or refurbished.	Monitors access to rehabilitation services.	PHC & OPD registers	DHIS	SUM: SUM([Total number of wheelchairs issued])	Number	Quarterly	None	Increased number indicates improved response to needs for wheelchairs.	Rehab & Disability Manager
Dental extraction to restoration ratio	The ratio between the number of teeth extracted and the number of teeth restored by a health worker (includes the actual number of teeth extracted or restored and not the number of patients – includes PHC and hospital data).	Monitors overall quality of dental services. Poor quality dental services if many extractions and few restorations are reflected (acceptable ratio is 10:1).	PHC & OPD registers; Theatre registers	DHIS	Numerator SUM([Tooth extraction]) Denominator SUM([Tooth restoration])	Number	Quarterly	None	Decreased ratio indicates improvement in dental health services (lower ratio indicates improved management).	Oral Health Manager

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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.	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas.	EMS Registers	DHIS/ EMS database	Numerator EMS P1 urban response under 15 minutes Denominator EMS P1 urban calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station.	Higher percentage indicates 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	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	EMS Registers	DHIS/ EMS database	Numerator EMS P1 rural response under 40 minutes Denominator EMS P1 rural calls	%	Quarterly	Accuracy dependant on quality of data from reporting EMS station.	Higher percentage indicates 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.	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses.	EMS inter-facility register	DHIS/ EMS database	Numerator EMS inter-facility transfer Denominator EMS clients total	%	Quarterly	Accuracy of reported data.	Increase percentage might be an indication of effective referral system or increasing burden of disease.	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
Revised EMS Model	Evidence-based EMS Model to inform short, medium and long-term operational plans to improve EMS efficiencies.	Monitors short, medium and long term EMS plan(s).	EMS Model	EMS Model	N/A	Categorical	Annual	None	Revised EMS Model approved and operationalised.	EMS Manager
Average number of daily operational ambulances	The total number of operational ambulances at an ambulance station for the reporting period.	Monitors the number of operational ambulances versus the number of available ambulances.	EMS database EMS call centre records EMS tick register	EMS database	SUM: Average number of operational ambulances per day (average of total number of ambulances available per day)	Number	Annual	None	Higher number indicates improved management of available ambulances.	EMS Manager
Number of bases with access to computers and intranet/ e-mail	The number of EMS bases with connectivity and computers.	Monitors connectivity and improved information management.	ICT database	ICT database	SUM: Number of EMS bases with access to computers and intranet	Number	Annual	None	Higher number indicates improved information management.	EMS Manager

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.	Monitors bursary allocation in relation to need and demand.	Bursary records	Bursary records	SUM: 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	SUM: Number of bursaries awarded to first year nursing students	Number	Annual	None	Increased number increase pool of resources.	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
KZNCN accredited as Institution of Higher Education	KZNCN accredited by external Accreditation Body as compliant to standards for Institution of Higher Education.	Monitors compliance with Regulations.	Accreditation certificate	Accreditation certificate	N/A	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.	Monitors production of Advanced Midwives	Student registration	KZNCN student records	SUM: 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)	The number of employees to completed a course in sign language.	Monitors training in sign language.	HRD Records	In-service records (HRD)	SUM: Number of employees who completed the course on sign language	Number (cumulative)	Annual	None	Increased number implies improved access for people with disability.	Rehab & Disability Manager
Number of new students enrolled in Mid-Level Worker training courses	Number of Mid-Level Workers that enrol for one of the available training courses at Institutions of Higher Learning.	Monitors intake of Mid-Level Workers in response to identified human resources gap.	Student enrolment register	HRD student enrolment register	SUM: 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	Medical Orthotic and Prosthetic (MOP) students that completed the prescribed training course successfully.	Monitors pool of resources.	Qualification	Training register – Qualification	SUM: Number of MOP students successfully completed the prescribed training course at Institution of Higher Education	Number	Annual	None	Increase in students who completed course indicate increased in resource pool.	Orthotic and Prosthetic Manager
Number of new Pharmacy Assistants enrolled in training courses	The number of Pharmacy Assistant students enrolled for training.	Monitors human resources for health.	HRD Training Records	HRD Training Records	SUM: Number of Pharmacy Assistants enrolled in training courses	Number	Annual	None	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	The number of Clinical Associate students enrolled for training.	Monitors human resources for health.	HRD Training Records	HRD Training Records	SUM: Number of Clinical Associates enrolled in training courses	Number	Annual	Dependent on reporting of students	Improved human resources for health	HRMS Manager

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.	Monitors availability of clean linen at facility level.	Linen register at facility level	Provincial Laundry Reports	Numerator Number of facilities reporting clean linen stock out Denominator 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.	Monitors efficiencies and cost benefit.	Rationalisation Plan	FPS Reports/ Infrastructure Reports	N/A	Categorical	Annual	None	Rationalisation Plan approved and implemented.	Forensic Pathology Service 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 operational Orthotic Centres (cumulative)	Orthotic centres providing the package of services for Orthotic and Prosthetic services.	Monitors access to Orthotic and Prosthetic services.	Orthotic Centre data	Orthotic and Prosthetic database	SUM: Number of Orthotic Centres providing the basic package of services	Number (cumulative)	Annual	None	Decentralised access to the complete package of services.	Orthotic and Prosthetic Manager
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.	Tracks compliance with Pharmaceutical prescripts.	Certificates	Certificates	Numerator Number of Pharmacies with A or B grading Denominator Number of Pharmacies	%	Annual	None	Improved compliance will improve quality and efficiency of Pharmaceutical services.	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).	Monitors shortages in tracer medicines.	Pharmacy records	DHIS/ Pharmacy Records	Numerator Number of tracer medicines out of stock Denominator Total number of medicines expected to be in stock	%	Quarterly	None	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 Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System).	Monitors shortages in Tracer medicines.	Pharmacy records	DHIS/ Pharmacy Records	Numerator Number of tracer medicines stock out in bulk store Denominator Number of tracer medicines expected to be stocked in the bulk store	%	Quarterly	None	Targeting zero stock-out of all tracer medicines.	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 Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that implement the direct delivery of pharmaceuticals.	Monitors strategies to improve procurement and distribution for pharmaceutical services.	Pharmacy records	Pharmacy records	Numerator Number of facilities on Direct Delivery Model Denominator Total number of facilities eligible for Direct Delivery Model	%	Quarterly	None	Targeting increase in facilities implementing the Direct Delivery Model.	Pharmacy Manager
Percentage facilities on Cross-docking Model for Procurement and Distribution of Pharmaceuticals	The percentage of facilities that are linked with the Cross Docking system.	Monitors strategies to improve procurement and distribution for pharmaceutical services.	Pharmacy records	Pharmacy records	Numerator Number of facilities on Cross-docking Model Denominator Total number of facilities eligible for Cross-docking Model	%	Quarterly	None	Expansion of Cross Docking Model.	Pharmacy Manager
Percentage of items on Direct Delivery and Cross Docking Model	The number of items in the Provincial Essential Medicines Catalogue that are on Direct Delivery and Cross Docking.	Monitors implementation of Direct Delivery and Cross Docking to improve pharmaceutical efficiencies.	Pharmacy records	Pharmacy records	Numerator Number of items on Direct Delivery and Cross Docking Model Denominator Total number of items in the Provincial Essential Medicines Catalogue	%	Quarterly	None	Increase in the number of items on Direct Delivery and Cross Docking.	Pharmacy Manager
Number of facilities implementing the CCMDD Programme	The number of facilities that implement the CCMDD Programme to improve access to medication at community level.	Monitors strategies to increase community-based distribution of medication and impact on waiting times at facility level.	Pharmacy records	Pharmacy records	SUM: Total number of facilities implementing the CCMDD Programme	No	Quarterly	None	Increase in the number of facilities implementing the CCMDD Programme.	Pharmacy Manager
Number of patients enrolled on CCMDD programme (cumulative)	The total number of patients that receive medication via community-based distribution.	Monitors strategies to increase community-based distribution of medication and impact on waiting times.	Pharmacy records	Pharmacy records	SUM: Number of patients enrolled on the CCMDD programme	No	Quarterly	None	Increased number of patients benefiting from the CCMDD Programme.	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 pick-up points linked to CCMDD	The number of community-based pick-up points used for distribution of medicines.	Monitors the increased access through the CCMDD Programme.	Pharmacy records	Pharmacy records	SUM: Total number of points linked to CCMDD	No	Quarterly	None	Increase in the number of pick-up points linked to CCMDD.	Pharmacy Manager

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 in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Infrastructure Report	SUM: Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Number	Quarterly	None	A higher number will indicate that more facilities were refurbished.	Infrastructure 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 health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District).	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Infrastructure Report	SUM: Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment	Number	Quarterly	None	A higher number will indicate that more facilities were refurbished.	Infrastructure Manager
Number of jobs created through the EPWP	The number of jobs created through EPWP.	Tracks job creation.	Project reports/ plan	IRS and EPWP Quarterly reports	SUM: Number of jobs created through the EPWP during the reporting period	Number	Quarterly	None	Higher number shows improved job opportunities.	Infrastructure Manager
Number of new or replacement projects completed New Indicator	Number of new or replacement projects completed during the reporting period.	Monitors progress on replacement project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM: Number of replacement projects completed during the reporting period	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager
Number of upgrade and addition projects completed New Indicator	Number of upgrade and addition projects completed.	Monitors project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM: Number of upgrades and additions completed during reporting period	Number	Annual	None	Performance as per Project Plan.	Infrastructure Manager
Number of renovation and refurbishment projects completed New Indicator	Number of renovation and refurbishment projects completed.	Monitors project plans and delivery of infrastructure as per IPMP.	Project reports/ plan	IPMP	SUM: Number of renovation and refurbishment projects completed during reporting period	Number	Annual	None	Performance as per Project Plan.	Infrastructure 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 maintenance budget spent New Indicator	Percentage of maintenance budget spent during the reporting period.	Monitors financial management and service delivery.	BAS	APP: IRM, PMIS and monthly reports	Numerator Maintenance budget spent Denominator Maintenance budget	%	Quarterly	None	100% budget spent.	Infrastructure Manager