



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL



# ANNUAL PERFORMANCE PLAN

2018/19 - 2020/21

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **FOREWORD BY THE EXECUTIVE AUTHORITY**

As we approach the end of the current term of office, we reflect and note with pride the prodigious strides we have made in redressing some of the historical imbalances in health service delivery in the Province.

Progressive shifts from the previously fragmented institution-based services to more comprehensive and integrated primary health care and community-based services, augmenting the Constitutional right of all citizens to have access to health care closer to where they live, indeed contributed to more equitable access to basic health care services.

We are proud of our achievements in reducing the burden of disease including consistent year on year reductions in child and maternal mortality, a significant reduction in the mother to child transmission of HIV, and improved TB outcomes. The number of people on ART was increased exponentially over the last four years, which is one of the contributing factors to the noted increase in life expectancy in KZN.

That said, we acknowledge that a lot of work still needs to be done. For the year ahead, the Department will focus on maintaining the gains made in reducing the burden of disease and invest in improving health system efficiencies and patient satisfaction.

The core annual agenda, unpacked in the Annual Performance Plan, will include:

1. Filling of executive leadership posts to ensure effective and sustained leadership.
2. Implementation of an approved Turn-Around Strategy and Plan with strong focus on strengthening the health system to improve efficiencies and serve as foundation for improved service delivery at the coal face. The plan will include:
  - Financial and Supply Chain Management
  - Human Resource Management
  - Infrastructure and Health Technology Services
  - Governance, Institutional Arrangements and Medico-Legal Strategy
  - Rationalisation of services to improve access, equity and ensure optimal utilisation of resources
  - Medico-legal litigation strategy
  - Emergency Medical and Forensic Pathology Services
3. Follow-through with the Oncology service intervention introduced in quarter four of 2017/18.
4. Strengthening community-based partnerships giving a voice to communities.

I remain committed to provide the necessary leadership and support to ensure that we continue to strive for excellence in service delivery.

## **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

I endorse the 2018/19 Annual Performance Plan as the guiding framework within which the Department will execute its mandate (within the available funding envelope) in serving all the people of KwaZulu-Natal.



A handwritten signature in black ink, appearing to read 'S.M. Dhlomo', written over a horizontal line.

**Dr S.M. Dhlomo**  
**Executive Authority**  
**KwaZulu-Natal Department of Health**

**Date:** 16/03/2018

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## STATEMENT BY THE ACTING HEAD: HEALTH

The 2018/19 Annual Performance Plan was crafted following extensive reflection, consultation and analysis of health system performance, service delivery and health outcomes. It is unmistakably clear that a lot more needs to be done to improve and strengthen health system efficiencies as enabling framework for high quality service delivery. The Department will build on past successes and actively explore innovative solutions within current financial constraints.

The R44.957 billion that has been allocated to the Department for the 2018/19 financial year will be used towards achieving the Departmental goals, strategic priorities and performance targets set in the APP. The allocated budget is a reduction in real terms, and when juxtaposed against the quadruple burden of disease, escalating service pressures as well as increasing resource constraints it will indeed require absolute commitment and innovation to define the appropriate space and leverage points for focus that will stretch the rand and ensure value for money.

The overall intent is to narrow focus to core game changers as part of the Turn-Around Plan that will have the greatest impact on service delivery and health outcomes. We are cognisant of our responsibility to address issues of equity, access, high quality patient care and patient satisfaction – to achieve this we will lead from the front to strengthen the overall organisational performance.

Given the budget pressures and resource constraints, it will not be business as usual. Service gaps and challenges will be addressed through implementation of the integrated Turn-Around Plan which will be robustly monitored with regular performance reports presented to Oversight Committees.

As Senior Management we remain committed to lead from the front and ensure that enabling systems and processes are in place to capacitate staff at service delivery level to deliver on our mandate.

I want to thank the Honourable MEC for Health, Dr SM Dhlomo, for his continued leadership and support. To all staff, remember that the change we want to see starts with us. Let us continue to serve our communities with commitment and compassion to make an impact where it matters most.



  
Dr M Gumede  
Acting Head: Health  
KwaZulu-Natal Department of Health  
Date: 16/03/2018

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Official Sign-off of the 2018/19 - 2020/21 Annual Performance Plan

It is hereby certified that the 2018/19 – 2020/21 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 Acting Head: Health Dr M Gumede and through consultation with service providers and relevant stakeholders.
- 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 2018/19 – 2020/21 period.

  
Mrs E Simpson  
Director: Strategic Planning  
Date: 13 / 03 / 2018

  
Mr J Govender  
Chief Director: Integrated Service Delivery Planning, Monitoring & Evaluation  
Date: 13/03/2018

  
Mr P Sheel  
Acting Chief Finance Officer  
Date: 15/03/2018

  
Dr M Gumede  
Acting Head: Health  
KwaZulu-Natal Department of Health  
Date: 16/03/2018

Approved by

  
Dr SM Dhlomo  
Executive Authority  
KwaZulu-Natal Department of Health  
Date: 16/03/2018

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PART A: STRATEGIC OVERVIEW

- Strategic Overview
- Mission, Vision, Values
- Strategic Goals and Objectives
- Situational Analysis
- Organisational Environment
- Legislative and Other Mandates
- Planning Frameworks
- Strategic Planning Process
- Overview of the 2018/19 Budget and MTEF Estimates



# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **STRATEGIC OVERVIEW**

### **Vision, Mission and Core 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.

#### **Core 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

### **KZN Department of Health Strategic Goals**

The following macro plans (top-down) informed Provincial strategic goals and objectives, while actual outputs and outcomes (bottom-up) informed strategic priorities and performance measures that will steer the Department towards achieving its Vision.

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

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa to be achieved by 2030. Five of these goals relate to improving the health and well-being of the population, while the other four deal with aspects of health systems strengthening.

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## Sustainable Development Goals 2030

The Sustainable Development Goals (SDGs) 2030, building on the Millennium Development Goals 2015, were adopted as Global Goals by world leaders on 25 September 2015. There are 17 SDGs aimed at ending poverty, fighting inequality and managing climate change by 2030. Thirteen targets are included under Goal 3 to “Ensure healthy lives and promote well-being for all at all ages”.

## Medium Term Strategic Framework 2014-2019

The Medium Term Strategic Framework (MTSF) serves as framework to guide Government's Programmes during the current electoral cycle (2014-2019). It is a statement of intent in accordance with the NDP goals over the same period. Strategic priorities for the Health Sector, Goal 2 “A long and healthy life for all South Africans”, include 10 Sub-Outcomes that will steer the Sector towards Vision 2030.

## Provincial Growth and Development Plan

The Provincial Growth and Development Plan (PGDP), aligned with the NDP, provides the framework of action for Provincial Government towards the 2030 NDP Vision.

The table below illustrates the alignment between the KwaZulu-Natal (KZN) Department of Health's Strategic Goals and relevant national and provincial macro plans.

**Table 1: Alignment of Macro Plans**

KZN Department of Health Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals 2030
<b>Strategic Goal 1:</b> Strengthen health system effectiveness	<b>Strategic Goal 6:</b> Health system reforms complete <b>Priority b:</b> Strengthen the health system <b>Priority c:</b> Improve health information systems <b>Strategic Goal 7:</b> PHC teams deployed to provide care to families & communities	<b>Sub-Output 3:</b> Implement the re-engineering of PHC <b>Sub-Output 4:</b> Reduced health care cost <b>Sub-Output 6:</b> Improved health management & leadership <b>Sub-Output 10:</b> Efficient health information management system developed and implemented to improve decision-making	<b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities <b>Intervention 3.2(a):</b> Re-engineering of PHC	<b>Target 7:</b> 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
<b>Strategic Goal 2:</b> Reduce and manage the burden of disease	<b>Strategic Goal:</b> Average male & female life expectancy increased to 70 years	<b>Sub-Output 8:</b> HIV, AIDS & TB prevented & successfully managed	<b>Intervention 3.2(b):</b> Scaling up programmes to improve maternal, child and women's health	<b>Target 1:</b> By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births <b>Target 2:</b> By 2030, end preventable deaths of newborns & children under 5 years, aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least

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KZN Department of Health Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals 2030
	<p><b>Strategic Goal 2:</b> TB prevention &amp; cure progressively improved</p> <p><b>Strategic Goal 3:</b> Maternal, infant and child mortality reduced</p> <p><b>Strategic Goal 4:</b> Prevalence of NCD's reduced by 28%</p> <p><b>Strategic Goal 5:</b> Injury, accidents and violence reduced by 50% from 2010 levels</p> <p><b>Priority a:</b> Address the social determinants that affect health and disease</p> <p><b>Priority d:</b> Prevent and reduce the disease burden and promote health</p>	<p><b>Sub-Output 9:</b> Maternal, infant &amp; child mortality reduced</p>	<p><b>Intervention 3.2 (c):</b> Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases</p> <p><b>Intervention 3.2 (d):</b> Scaling up programmes to reduce incidence &amp; manage prevalence of HIV, AIDS and STIs</p> <p><b>Intervention 3.2 (e):</b> Scaling up programmes to improve TB outcomes</p> <p><b>Intervention 3.2 (f):</b> Implementing programmes to reduce local malaria incidence</p>	<p>25 per 1,000 live births</p> <p><b>Target 3:</b> 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><b>Target 4:</b> By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p><b>Target 5:</b> By 2020, halve the number of global deaths and injuries from road traffic accidents</p> <p><b>Target 6:</b> 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><b>Target 8:</b> By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p> <p><b>Target 9:</b> Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p> <p><b>Target 10:</b> Support research and development of vaccines and medicines for communicable and non-communicable diseases</p>
<p><b>Strategic Goal 3:</b> Universal health coverage</p>	<p><b>Strategic Goal 8:</b> Universal health coverage achieved</p> <p><b>Priority e:</b> Financing universal health care coverage</p>	<p><b>Sub-Output 1:</b> Universal health coverage progressively achieved through implementation of NHI</p> <p><b>Sub-Output 7:</b> Improved health facility planning &amp; infrastructure delivery</p>	<p><b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities</p>	<p><b>Target 7:</b> 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><b>Strategic Goal 4:</b> Strengthen human resources for health</p>	<p><b>Strategic Goal 9:</b> Posts filled with skilled, committed &amp; competent individuals</p> <p><b>Priority f:</b> Improve human resources in the health sector</p> <p><b>Priority g:</b> Review management positions and appointments and strengthen accountability mechanisms</p>	<p><b>Sub-Output 5:</b> Improved human resources for health</p>	<p><b>Intervention 3.2 (g):</b> Improving human resources for health</p>	<p><b>Target 11:</b> 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</p>

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KZN Department of Health Strategic Goals	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2030	Sustainable Development Goals 2030
<b>Strategic Goal 5:</b> Improved quality of health care	<b>Priority h:</b> Improve quality by using evidence	<b>Sub-Output 2:</b> Improved quality of health care	<b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities	<b>Target 12:</b> Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Table 2 reflects the Strategic Goals, Strategic Goal Statements, Strategic Objectives and Strategic Objective Statements included in the 2015-2019 Strategic Plan and 2018/19 Annual Performance Plan.

**Table 2: Strategic Goals, Objectives and Objective Statements**

2015-2019 Strategic Plan Goals, Goal Statements, Strategic Objectives and Statements	
STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS	
<p><b>STRATEGIC GOAL STATEMENT:</b> Identifying and implementing changes in policy and/or practice to improve response to health and health system challenges and any array of initiatives and strategies that improves one or more of the functions of the health system that improves access, coverage, quality, or efficiency and strengthen performance and interconnectedness of the WHO Health System Building Blocks including service delivery, health workforce, strategic information, commodities, health financing, leadership and governance.</p>	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK (NATIONAL DELIVERABLES)
<p><b>SO 1.1) Approve the integrated 2017-2027 Long Term Plan</b></p> <ul style="list-style-type: none"> <li>SOS 1.1.1) 2017 – 2027 Strategic Position Statement and Long Term Plan approved by March 2019 (Reviewed 2018/19)</li> </ul>	-
<p><b>SO 1.2) Improve financial management and compliance to PFMA prescripts</b></p> <ul style="list-style-type: none"> <li>SOS 1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards</li> <li>SOS 1.2.3) Monthly submission of disclosures of donations, sponsorships, and gifts as per Circular G15/2016</li> </ul>	<p><b>SO 6: Improved health management and leadership</b></p> <p>Target 2019/20</p> <ul style="list-style-type: none"> <li>7 Departments (1 National and 6 Provincial Departments) received unqualified audit reports from the Auditor General by 2019</li> </ul>
<p><b>SO 1.3) Improve Supply Chain Management</b></p> <ul style="list-style-type: none"> <li>SOS 1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year</li> </ul>	-
<p><b>SO 1.4) Improve health technology and information management</b></p> <ul style="list-style-type: none"> <li>SOS 1.4.1) Connectivity established at 40% public health facilities by March 2020 (Reviewed 2018/19)</li> </ul>	<p><b>SO 10: Efficient health information management system developed and implemented to improve decision-making</b></p> <ul style="list-style-type: none"> <li>Key interventions: Management of effective data systems; data quality audits; Strengthen use of information; Web-based data system</li> </ul>
<p><b>SO 1.5) Accelerate implementation of PHC re-engineering</b></p> <ul style="list-style-type: none"> <li>SOS 1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage by at least 15% per annum</li> <li>SOS 1.5.2) Increase the number of ward based outreach teams to 160 by March 2020 (Reviewed 2018/19)</li> <li>SOS 1.5.3) PHC utilisation rate of at least 2.5 visits per person per year by March 2020 (Reviewed 2018/19)</li> <li>SOS 1.5.4) Under 5 utilisation rate of at least 3.9 visits per child per year (Reviewed 2018/19)</li> <li>SOS 1.5.6) Increase the expenditure per PHC headcount to at least R436 by March 2020 (Reviewed 2018/19)</li> <li>SOS 1.5.7) Increase School Health Teams to 215 by March 2020</li> <li>SOS 1.5.8) Increase the accredited Health Promoting Schools to 350 by March 2020</li> <li>SOS 1.5.9) Increase the number of learners screened by at least 5% per annum</li> </ul>	<p><b>SO 3: Implement the re-engineering of PHC</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>40% School Grade 1 screening coverage (annualised)</li> <li>25% School Grade 8 screening coverage (annualised)</li> <li>3 000 functional Ward Based PHC Outreach Teams</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

2015-2019 Strategic Plan Goals, Goal Statements, Strategic Objectives and Statements	
<p><b>SO 1.6) Scale up implementation of Operation Phakisa ICRM</b></p> <ul style="list-style-type: none"> <li>SOS 1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020 (Reviewed 2016/17)</li> </ul>	<p><b>SO 3: Implement the re-engineering of PHC</b></p> <p>Target 2019/20</p> <ul style="list-style-type: none"> <li>100% of clinics qualify as Ideal Clinics</li> </ul>
<p><b>SO 1.7) Improve hospital efficiencies</b></p> <ul style="list-style-type: none"> <li>SOS 1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020</li> <li>SOS 1.7.2) Hospital Rationalisation Plan approved by September 2018 (Reviewed 2018/19) – Relevant to all hospital services</li> <li>SOS 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</li> <li>SOS 1.7.4) Maintain expenditure per PDE within the provincial norms</li> <li>SOS 1.7.5) Reduce the unreferred outpatient department (OPD) headcounts by at least 7% per annum</li> </ul>	<p><b>SO 2: Improved quality of health care</b></p> <p>Target 2019/20</p> <ul style="list-style-type: none"> <li>17 Gazetted Tertiary Hospitals provide the full package of tertiary 1 services</li> </ul>
<p><b>SO 1.8) Improve EMS efficiencies</b></p> <ul style="list-style-type: none"> <li>SOS 1.8.1) EMS Turn-Around Strategy approved by June 2018 (Reviewed 2018/19)</li> <li>SOS 1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020 (Reviewed 2017/18)</li> <li>SOS 1.8.4) Improve P1 urban response times of under 15 minutes to 20% by March 2020 (Reviewed 2017/18)</li> <li>SOS 1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020 (Reviewed 2017/18)</li> <li>SOS 1.8.6) Increase the inter-facility transfer rate to 50% by March 2020</li> <li>SOS 1.8.7) Increase number of bases with network access to 50 by March 2020</li> </ul>	<p><b>SO 2: Improved quality of health care</b></p> <p>-</p>
<p><b>SO 1.9) Strengthen health system effectiveness</b></p> <ul style="list-style-type: none"> <li>SOS 1.9.1) Increase the number of operational Orthotic Centres to 3 by March 2020 (Reviewed 2018/19 based on budget constraints in the Infrastructure budget)</li> <li>SOS 1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards</li> <li>SOS 1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2019 (Reviewed 2018/19 – finalising the Turn-Around Plan)</li> </ul>	<p>-</p> <p>-</p>
<b>STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE</b>	
<b>STRATEGIC GOAL STATEMENT:</b> Reduce and manage the burden of disease to ensure better health outcomes and an increase in life expectancy at birth.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<p><b>SO 2.1) Increase life expectancy at birth</b></p> <ul style="list-style-type: none"> <li>SOS 2.1.1) Increase the total life expectancy to 61.5 years by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.1.2) Increase the life expectancy of males to 58.4 years by March 2020</li> <li>SOS 2.1.3) Increase the life expectancy of females to 64.5 years by March 2020 (Reviewed 2018/19)</li> </ul>	<p>-</p> <p>-</p>
<p><b>SO 2.2) Reduce HIV incidence</b></p> <ul style="list-style-type: none"> <li>SOS 2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020</li> <li>SOS 2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative) (Reviewed 2017/18)</li> <li>SOS 2.2.3) Increase the male condom distribution to 206 million by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.2.4) Increase the medical male circumcisions to 1.2 million by March 2020 (cumulative) (Reviewed 2018/19)</li> <li>SOS 2.2.5) Decrease male urethritis syndrome incidence to at least 26.2 per 1000 population by March 2020 (Reviewed 2018/19)</li> </ul>	<p><b>SO 8: HIV, AIDS &amp; TB prevented &amp; successfully managed</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>10 Million clients tested for HIV (annually)</li> <li>800 Million male condoms distributed (annually)</li> <li>25 Million female condoms distributed (annually)</li> <li>5 Million males medically circumcised (cumulative)</li> <li></li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

2015-2019 Strategic Plan Goals, Goal Statements, Strategic Objectives and Statements	
<p><b>SO 2.3) Manage HIV prevalence</b></p> <ul style="list-style-type: none"> <li>SOS 2.3.1) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)</li> </ul>	<p><b>SO 8: HIV, AIDS &amp; TB prevented &amp; successfully managed</b></p> <p>Target 2019/20</p> <ul style="list-style-type: none"> <li>5 Million clients remaining on ART</li> </ul>
<p><b>SO 2.4) Improve TB outcomes</b></p> <ul style="list-style-type: none"> <li>SOS 2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020</li> <li>SOS 2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 population by March 2020</li> <li>SOS 2.4.3) Sustain a TB death rate of 5% or less by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.4.4) Increase the MDR-TB treatment success rate to 65% (or more) by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.4.5) Increase the TB 5 years and older start on treatment to 92% by March 2020 (Reviewed 2017/18)</li> <li>SOS 2.4.6) Stabilise the TB client lost to follow up at 5% (or less) by March 2020 (Reviewed 2018/19)</li> <li>SOS 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</li> </ul>	<p><b>SO 8: HIV, AIDS &amp; TB prevented &amp; successfully managed</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>8 Million people screened for TB (annually)</li> <li>85% TB new client treatment success rate</li> <li>Less than 5% TB client lost to follow up</li> <li>5% (or less) TB death rate</li> <li>80% TB MDR confirmed client start on treatment</li> <li>65% TB MDR client successfully completing treatment</li> </ul>
<p><b>SO 2.5) Reduce infant mortality</b></p> <ul style="list-style-type: none"> <li>SOS 2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2021 (Reviewed 2018/19)</li> <li>SOS 2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020</li> <li>SOS 2.5.3) Reduce the neonatal death in facility rate to at least 11.3 per 1,000 live births by March 2020 (Reviewed 2018/19)</li> </ul>	<p><b>SO 9: Maternal, infant &amp; child mortality reduced</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>Infant 1<sup>st</sup> PCR test positive around 10 week rate less than 1.5%</li> <li>Infant Mortality Rate 23/1000</li> <li>Live birth under 2500g in facility rate 11.6%</li> <li>Neonatal mortality rate 8/1000</li> </ul>
<p><b>SO 2.6) Reduce under 5 mortality</b></p> <ul style="list-style-type: none"> <li>SOS 2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2021 (Reviewed 2018/19)</li> <li>SOS 2.6.2) Reduce severe acute malnutrition incidence under 5 years to under 4.6 per 1000 population by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.6.3) Increase immunisation coverage to at least 82% or more by March 2020 (Reviewed 2017/18)</li> <li>SOS 2.6.4) Maintain the measles 2<sup>nd</sup> dose coverage of 80% (or more) from March 2018 onwards (Reviewed 2017/18)</li> <li>SOS 2.6.6) Reduce the diarrhoea case fatality under 5 years rate to 2% (or less) by March 2020</li> <li>SOS 2.6.7) Reduce the pneumonia case fatality under 5 years rate to 2.4% (or less) by March 2020</li> <li>SOS 2.6.8) Reduce the severe acute malnutrition case fatality under 5 years rate to 6% (or less) by March 2020</li> <li>SOS 2.6.9) Increase the Vitamin A dose 12-59 months coverage to 63% or more by March 2020</li> <li>SOS 2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 population by March 2020</li> <li>SOS 2.6.11) Reduce the under-5 pneumonia incidence to 52 (or less) per 1000 population by March 2020</li> <li>SOS 2.6.12) Reduce the death in facility under 1 year rate to 5.9% or less by March 2020 (Reviewed 2017/18)</li> <li>SOS 2.6.13) Reduce the death in facility under 5 years rate to 4.2% (or less) by March 2020</li> </ul>	<p><b>SO 9: Maternal, infant &amp; child mortality reduced</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>Immunisation coverage under 1 year (annualised) 95%</li> <li>DTaP-IPV-HepB-Hib3 -Measles 1<sup>st</sup> dose drop-out rate less than 5%</li> <li>Measles 2<sup>nd</sup> dose coverage 85%</li> <li>Child U-5 years diarrhoea case fatality rate less than 2%</li> <li>Child U-5 years severe pneumonia case fatality rate less than 2.5%</li> <li>Child U-5 years severe acute malnutrition case fatality rate less than 5%</li> <li>Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3<sup>rd</sup> dose rate 65%</li> <li>Under-5 mortality rate 33/1000</li> </ul>
<p><b>SO 2.7) Reduce maternal mortality</b></p> <ul style="list-style-type: none"> <li>SOS 2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020</li> <li>SOS 2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020</li> <li>SOS 2.7.3) Increase the antenatal 1<sup>st</sup> visit before 20 weeks rate to 70% (or more) by March 2020</li> </ul>	<p><b>SO 9: Maternal, infant &amp; child mortality reduced</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>Antenatal visits before 20 weeks rate 70%</li> <li>Mother postnatal visit within 6 days rate 80%</li> <li>Antenatal client initiated on ART rate 98%</li> <li>Maternal Mortality Ratio (MMR) less than 100/100 000</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

2015-2019 Strategic Plan Goals, Goal Statements, Strategic Objectives and Statements	
<ul style="list-style-type: none"> <li>SOS 2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020</li> <li>SOS 2.7.6) Reduce deliveries 10 – 19 years to 21% or less by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.7.5) Initiate 97% eligible antenatal clients on ART by March 2020</li> </ul>	
<p><b>SO 2.8) Improve women's health</b></p> <ul style="list-style-type: none"> <li>SOS 2.8.1) Couple year protection rate of at least 36% by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)</li> <li>SOS 2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1<sup>st</sup> and 2<sup>nd</sup> dose as part of cervical cancer prevention programme</li> </ul>	<p><b>SO 9: Maternal, infant &amp; child mortality reduced</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>Couple year protection rate 75%</li> <li>Cervical cancer screening coverage 70%</li> <li>HPV 1<sup>st</sup> dose coverage 90%</li> </ul>
<p><b>SO 2.9) Reduce the morbidity and mortality of non-communicable diseases</b></p> <ul style="list-style-type: none"> <li>SOS 2.9.1) Hypertension incidence of 24.6 per 1000 population by March 2020 (Reviewed 2017/18)</li> <li>SOS 2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020 (Reviewed 2018/19)</li> <li>SOS 2.9.3) Screen at least 2.5 million people (40 years and older) for hypertension per annum by March 2020</li> <li>SOS 2.9.4) Screen at least 2.5 million people (40 years and older) for diabetes per annum by March 2020</li> <li>SOS 2.9.5) Screen at least 35% of PHC clients for mental disorders by March 2020</li> <li>SOS 2.9.6) Increase the cataract surgery rate to at least 950 per 1 mil uninsured population by March 2020 (Reviewed 2017/18)</li> <li>SOS 2.9.7) Increase the number of wheelchairs issued to 4 200 by March 2020</li> </ul>	<p><b>SO 3: Implement the re-engineering of PHC</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>5 Million people counselled &amp; screened for hypertension</li> <li>5 Million people counselled &amp; screened for diabetes</li> <li>2.2 Million people screened for mental health disorders</li> </ul>
<p><b>SO 2.10) Eliminate malaria</b></p> <ul style="list-style-type: none"> <li>SOS 2.10.1) Zero new local malaria cases by March 2020</li> <li>SOS 2.10.2) Reduce the malaria case fatality rate to less than 0.5% by March 2020</li> </ul>	-
<b>STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE</b>	
<b>STRATEGIC GOAL STATEMENT:</b> All people receive the full spectrum of the essential health services package including health promotion, prevention, treatment and clinical care, rehabilitation and palliative care.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<p><b>SO 3.2) Create job opportunities</b></p> <ul style="list-style-type: none"> <li>SOS 3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)</li> </ul>	-
<p><b>SO 3.3) Improve health facility planning and infrastructure delivery</b></p> <ul style="list-style-type: none"> <li>SOS 3.3.1) Complete 40 new and replacement projects by March 2020 (Reviewed 2017/18)</li> <li>SOS 3.3.2) Complete 47 upgrade and addition projects by March 2020 (Reviewed 2017/18)</li> <li>SOS 3.3.3) Complete 24 renovation and refurbishment projects by March 2020</li> <li>SOS 3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan</li> <li>SOS 3.3.5) 100% of maintenance budget spent annually</li> </ul>	<p><b>SO 7: Improved health facility planning &amp; infrastructure delivery</b></p> <p>-</p>
<b>STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH</b>	
<b>STRATEGIC GOAL STATEMENTS:</b> Develop and maintain a capacitated workforce with the capacity to deliver the appropriate package of health services at all levels of the health care system.	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<p><b>SO 4.1) Improve human resources for health</b></p>	<p><b>SO 1: Universal health coverage</b></p>

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2015-2019 Strategic Plan Goals, Goal Statements, Strategic Objectives and Statements	
<ul style="list-style-type: none"> <li>SOS 4.1.2) Review and approve macro and micro structures aligned to function (Reviewed 2017/18)</li> <li>SOS 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</li> <li>SOS 4.1.4) Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20 (Reviewed 2017/18)</li> <li>SOS 4.1.5) Allocate 1 000 bursaries for first year nursing students between 2015/16 and 2019/20 (Reviewed 2015/16)</li> <li>SOS 4.1.6) Increase intake of Mid-Level Workers by at least 10% per annum</li> <li>SOS 4.1.7) Increase the EMS skills pool by increasing the number of ILS student intakes to 300 by March 2020 (Reviewed 2017/18)</li> <li>SOS 4.1.8) Increase the number of Medical Ortho Prosthetics (MOPs) who successfully completed the degree course at Durban University of Technology (DUT) to 61 (cumulative) by March 2020 (Reviewed 2017/18)</li> <li>SOS 4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020</li> <li>4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum pending available budget<sup>1</sup></li> <li>4.1.11) Appoint an average of 10 000 CCGs per annum on contract</li> <li>4.1.12) Strengthening the dental prosthesis and training platform</li> </ul>	<p>Target 2019/20</p> <ul style="list-style-type: none"> <li>10 Central Hospitals with standardised organisational structures and approved delegations</li> </ul>
<p><b>SO 4.2: Improve Performance Management and Development</b></p> <ul style="list-style-type: none"> <li>SOS 4.2.1) All personnel comply with performance management requirements from March 2016 onwards</li> </ul>	-
<p><b>SO 4.3: Accreditation of KZNCN as Institution of Higher Education</b></p> <ul style="list-style-type: none"> <li>4.3.1) KZNCN accredited as IHE by March 2017</li> </ul>	-
<b>STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE</b>	
<p><b>STRATEGIC GOAL STATEMENT:</b> Rendering services that are (1) Effective (adherent to an evidence base resulting in improved health outcomes); (2) Efficient (maximises resource utilisation and avoids waste); (3) Accessible (geographically reasonable, timely and provided in a setting where skills and resources are appropriate to medical need); (4) Acceptable and patient-centred (takes into account need and demand and the aspirations of users); (5) Equitable (services that do not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status); and (6) Safe (minimises risks and harm to service users).</p>	
<b>STRATEGIC OBJECTIVES AND STRATEGIC OBJECTIVE STATEMENTS</b>	
<p><b>SO 5.1) Improve compliance to the Ideal Clinic and National Core Standards</b></p> <ul style="list-style-type: none"> <li>SOS 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)</li> <li>SOS 5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards</li> <li>SOS 5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards</li> </ul>	<p><b>SO 2: Improved quality of health care</b></p> <p>Target 2019/20</p> <ul style="list-style-type: none"> <li>≥ 75% compliance with national core standards in 10 Central, 17 Tertiary, 30 Regional and 15 Specialised Hospitals</li> </ul>
<p><b>SO 5.2) Improve quality of care</b></p> <ul style="list-style-type: none"> <li>SOS 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</li> <li>SOS 5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020</li> <li>SOS 5.2.4) Improve pharmaceutical procurement and distribution reforms</li> <li>SOS 5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020</li> <li>SOS 5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards</li> <li>SOS 5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020</li> </ul>	<p><b>SO 2: Improved quality of health care</b></p> <p>Targets 2019/20</p> <ul style="list-style-type: none"> <li>100% Patient satisfaction survey rate</li> <li>85% Patient satisfaction rate</li> </ul>

<sup>1</sup> 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

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The table below shows performance against the 2019 MTSF impact indicator targets.

**Table 3: Progress towards MTSF Impact Indicators**

Impact indicator	South Africa 2009	South Africa 2014	South Africa 2019 Target	KZN 2012	KZN 2016	KZN 2019 Target
Life expectancy at birth - Total	57.1 Years	62.9 Years	At least 65 years	51.5 Years <sup>2</sup>	56.4 Years <sup>3</sup>	61.5 Years
Life expectancy at birth - Male	54.6 Years	60 Years	At least 61.5 years	49.2 Years	54 Years	58.4 Years
Life expectancy at birth - Female	59.7 Years	65.8 Years	At least 67 years	53.8 years	58.7 Years	64.5 Years
Under 5 mortality rate	56/1000 live births	39/1000 live births	33/1000 live births	43.4/1000 live births <sup>4</sup>	42/1000 live births	40/1000 live births
Neonatal mortality rate <sup>5</sup>	-	14/1000 live births	8/1000 live births	9.2/1 000 live births	9.7/1000 live births	8.5/1000 live births
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
Maternal mortality ratio (in facility)	280/100 000 live births (2008)	269/100 000 live births (2010)	<100/100 000 live births	165/100 000 live births	106.7/100 000 live births	95/100 000 live births
Live birth under 2500g in facility	-	12.9%	11.6%	12.5%	11.9%	9.5%

## Situation Analysis

### Demographic Profile

According to Stats SA Mid-Year Population Estimates, the KZN population decreased from 11 079 717 in 2016<sup>6</sup> to 11 074 784 (19.6% of the total South African population) in 2017<sup>7</sup>. During the same period, the uninsured population (public sector dependent) decreased from 9 761 231 to 9 756 887.<sup>8</sup>

Out-migration outstrips in-migration year on year with an average -62 360 (2011-2016) and -53 707 (2016-2021)<sup>9</sup>.

According to Stats SA, 31.9% (3 536 736) of the population is younger than 15 years; 48.6% (5 705 895) is between 20 – 60 years (economically active population); and 7.4% (824 994) older than 60 years (dependent population).

Nearly 52% of the total population resides in the three economic hubs in the Province i.e. eThekweni (33.1%), Umgungundlovu (10%) and King Cetshwayo (8.8%). The smallest proportions of the total population are in Harry Gwala (4.5%) and Amajuba (4.8%). Population densities vary between

<sup>2</sup> Life expectancy for 2012 (Stats SA 2012 Mid-Year Estimates); 2015 (Stats SA 2015 Mid-Year Estimates)

<sup>3</sup> Life expectancy (total, male & female) based on Stats SA 2016 Mid-Year Estimates

<sup>4</sup> U5MR and IMR from the Medical Research Council (2013) – Rapid Mortality Surveillance Report 2012

<sup>5</sup> Inpatient neonatal death rate from DHIS

<sup>6</sup> Stats SA 2016 Mid-Year Estimates

<sup>7</sup> Stats SA 2017 Mid-Year Estimates

<sup>8</sup> According to the 2016 General Household Survey, the uninsured population increased from 87.2% in 2014 to 88.1% in 2016

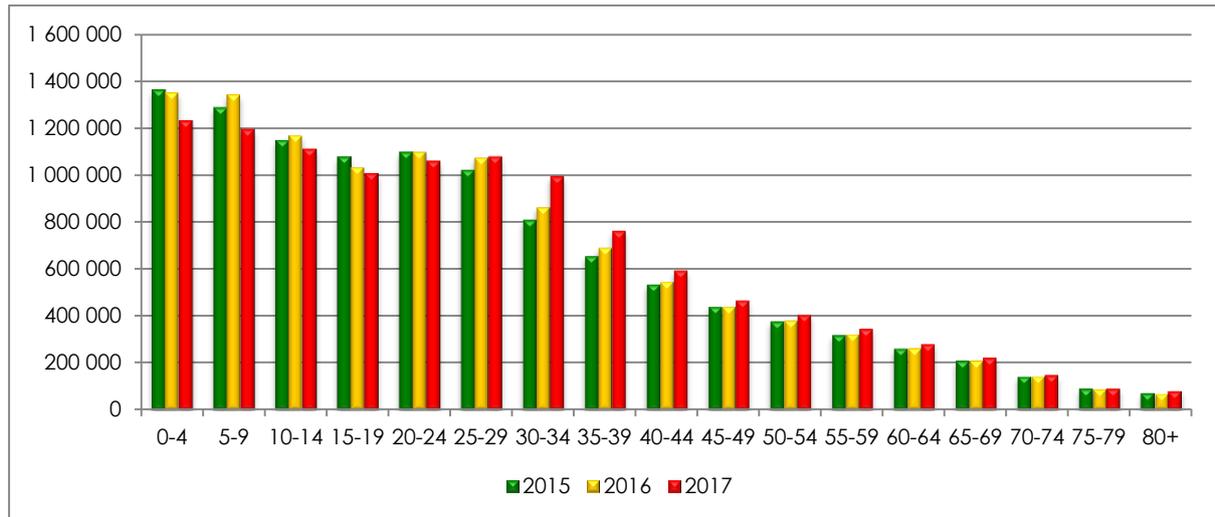
<sup>9</sup> Stats SA 2017 Mid-Year Population Estimates

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1 502/km<sup>2</sup> in eThekweni and 48/km<sup>2</sup> in Umkhanyakude, which have a significant impact on access to services and service delivery.

Based on 2017 population estimates, population decreases are noted in the 0 – 24 age cohorts, most significant in the 0 – 4 and 5 – 9 age cohorts; and the most significant increases in the 30 – 34 and 35 – 39 age cohorts (Graph 1).

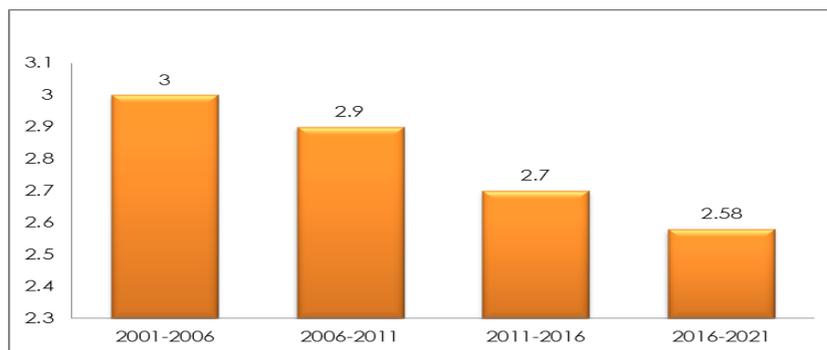
**Graph 1: KZN population 2015 - 2017**



Source: Stats SA 2015, 2016 and 2017 Mid-year Population Estimates

KZN fertility rates show an overall decline year on year (Graph 2),<sup>10</sup> which in turn explains the decrease in the 0-4 year cohort in the population structure. The decrease is also supported by the consistent decline in the total number of deliveries in public health facilities in the Province. National fertility rates, over the same period, were estimated at 2.5; 2.46; 2.43; and 2.41.

**Graph 2: KZN fertility rates**



Statistics SA estimated a year on year increase in life expectancy for both males and females in KZN (Graph 3)<sup>11</sup>. The increase is attributed to inter alia the significant reduction in mother to child

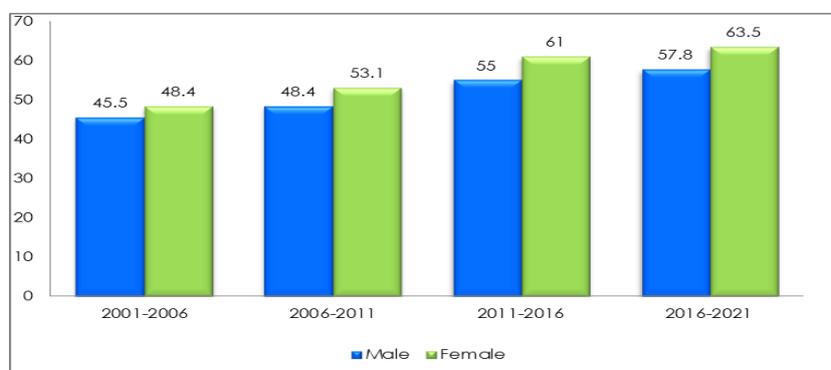
<sup>10</sup> Stats SA 2017 Mid-year Population Estimates

<sup>11</sup> Stats SA 2017 Mid-Year Population Estimates

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transmission of HIV; improved infant & child survival rates; improved TB outcomes; and the significant number of HIV positive people on antiretroviral therapy.

**Graph 3: Life expectancy in KZN**



## Social Determinants of Health

Socio economic factors are associated with poor health status and negative health outcomes.

According to the 2016 General Household Survey (GHS), 8.1% of households in KZN live in informal settlements (15.4% in eThekweni); more than one third of the population (36%) and 50.4% of households were grant beneficiaries and 26.4% of households received a grant as single source of income.

It is estimated that 76% of households have adequate access to food, 18.2% inadequate access and 5.8% severely inadequate access.

The table below shows district-specific measures of poverty and access to basic services that will have an impact on health outcomes. The Department therefore considered these variables in prioritisation of target populations to address equity in service delivery and the optimal health impact.

**Table 4: Social determinants of health**

District	Population	Households	Female headed households	Monthly income R1 600 and less	Unemployed	No access to piped or tap water	No access to sanitation
Ugu	759 134	127 889	87 215 (68%)	305 891	59 387	26 768 (21%)	8 118 (6%)
Umgungundlovu	1 104 912	270 701	123 916 (46%)	386 848	106 777	22 651 (8%)	8 004 (3%)
Uthukela	702 395	147 097	77 480 (53%)	302 357	58 764	29 647 (20%)	12 321 (8%)
Umzinyathi	527 386	114 085	67 372 (59%)	265 911	29 303	39 236 (34%)	15 082 (13%)
Amajuba	530 447	111 086	52 860 (48%)	216 317	51 053	8 640 (8%)	3 934 (4%)
Zululand	854 893	157 755	85 535 (54%)	383 132	58 245	48 334 (31%)	31 254 (20%)
Umkhanyakude	655 617	128 192	69 098 (54%)	359 124	57 212	53 462 (42%)	26 844 (21%)
King Cetshwayo	968 620	202 961	99 288 (49%)	323 761	65 679	28 291 (14%)	21 515 (11%)

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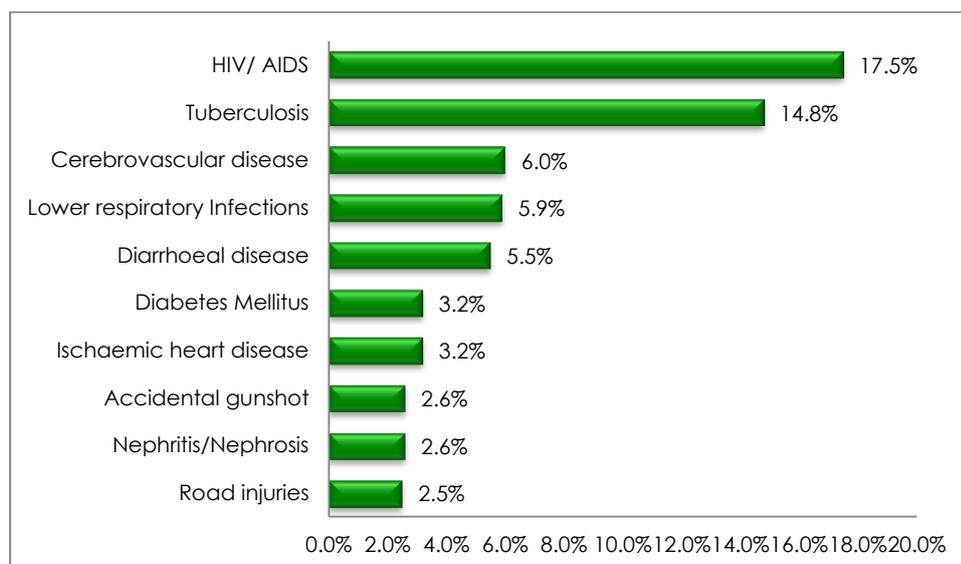
District	Population	Households	Female headed households	Monthly income R1 600 and less	Unemployed	No access to piped or tap water	No access to sanitation
Ilembe	662 413	157 664	72 207 (46%)	286 197	50 619	30 169 (19%)	7 783 (5%)
Harry Gwala	492 203	113 766	62 859 (55%)	223 096	35 020	40 160 (35%)	3 519 (3%)
eThekweni	3 548 516	963 013	386 133 (40%)	1 145 920	434 316	29 807 (3%)	20 474 (2%)

Source: 2016 Stats SA Estimates

## Epidemiological Profile

According to Stats SA, the highest proportion of reported deaths was reported in Gauteng (21.3%), followed by 17% KZN.<sup>12</sup> HIV/ AIDS and TB remain the leading causes of death in KZN as illustrated in causes of years of life lost in Graph 4 below.<sup>13</sup>

**Graph 4: Ten leading causes of years of life lost**



Source: District Health Barometer 2015/16

## HIV and AIDS

According to 2017 Stats SA estimates<sup>14</sup>, the Provincial HIV incidence and prevalence rates in the general population are 0.63% and 18% respectively. The incidence is highest in females aged 15-24 (2.55%) compared with 0.86% for males in the same age group. The HIV prevalence is highest in males (25.8%) and females (33.8%) in the 25 years and older age groups.

<sup>12</sup> Mortality and causes of death in South Africa, 2014: Findings from death notification. Statistics South Africa

<sup>13</sup> Massyn N, Peer N, English R, Podarath A, Barron P, Day C, editors. District Health Barometer 2015/16. Durban: Health Systems Trust; 2016

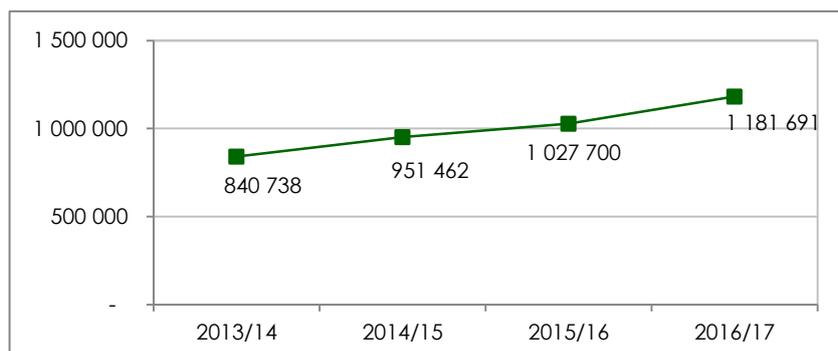
<sup>14</sup> <http://www.thembisa.org/downloads>

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According to 2017 estimates (Thembisa Model), an estimated 1 951 266 people are living with HIV in KZN, representing 27% of the total number of people living with HIV in South Africa. More than 27 000 people have died from AIDS in KZN (accounting for 20% of total AIDS deaths in SA).

The 28% decline in AIDS deaths between 2013 and 2017 is significant, in spite of the exponential increase in uptake of the ART programme. Graph 5 illustrates the number of HIV positive people remaining on ART at the end of March 2017, including 1 129 314 adults and 52 377 children<sup>15</sup>.

**Graph 5: Clients remaining on ART**



Source: DHIS (May 2017)

## Tuberculosis

Between 2014/15 and 2016/17, the TB treatment success rate increased from 85.3% to 88.7% and the TB deaths (during treatment) decreased from 1 271 to 561 (56%). The TB notification rate (per 100,000 population) shows a year on year decrease since 2011/12 (Graph 6)<sup>16</sup>.

**Graph 6: TB notification rate per 100 000**



Source: ETR.Net (May 2017)

The burden of MDR-TB remains high in KZN with a total of 16 173 new cases diagnosed since 2012. This has significant implications for programme planning especially in light of the fiscal constraints and

<sup>15</sup> 2014/15 and 2016/17 Annual Reports – DHIS data

<sup>16</sup> ETR.net (TB database)

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resource demands to ensure appropriate provision of resources for inpatient and community-based care.

## Maternal Health

The maternal mortality ratio (in public health facilities) shows a steady decline year on year (Graph 7). Intensified community and facility based programmes to improve early antenatal booking, improved intrapartum and postnatal care contributed to the improved outcomes.

**Graph 7: Maternal mortality in facility ratio and maternal deaths**



Source: DHIS (May 2017)

Between 2014/15 and 2016/17, the number of deliveries in public hospitals decreased from 169 928 to 157 470 (in line with the reduction in estimated fertility rate in the Province). During 2016/17, 54.7% of deliveries were in District Hospitals, 40.5% in Regional, 4.5% in Tertiary, and 0.2% in Central Hospitals.

## Neonatal Health

The Neonatal Infection Prevention Policy was reviewed in late 2017/18 and presented for approval. The Policy makes provision for clinical charts which would address many issues created by poor record keeping resulting in an increase in medico-legals cases.

Between 2014/15 and 2016/17, the early inpatient neonatal death rate showed a consistent decrease from 11.1/ 1000 population (2 650 deaths) to 9.7/1000 population (1 736 deaths), fluctuating between 8.1 in Uthukela and 12.5 in Harry Gwala.

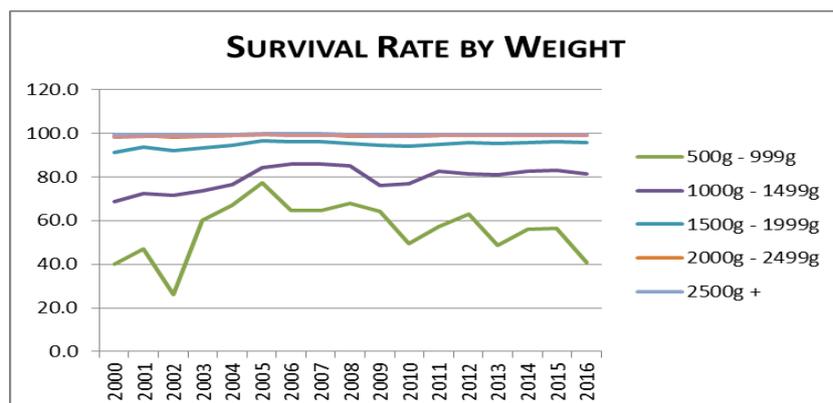
During the same period, the mother to child transmission rate decreased from 1.3% to 1.1% (1 003 and 476 children testing HIV positive 10 weeks after birth), ranging between 0.8% in Umzinyathi and Harry Gwala to 1.5% in Umkhanyakude and Ilembe.

Graph 8, using Perinatal Problem Identification Programme (PPIP) data, depicts the survival rate by weight which is important when identifying gaps and challenges within the service delivery platform for neonates.

Children born between 500g to 999g have the lowest chance of survival and require highly specialised care and equipment to lower the death rate.

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**Graph 8: Survival rate by weight**

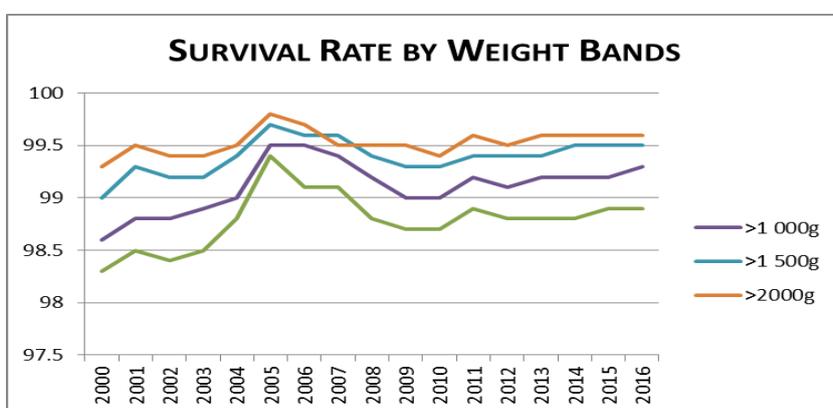


Source: PPIP 2016

To increase survival rates, the biggest gains to be made are in the over 1kg weight band and missed opportunities must be identified to close the gap to improve survival rates.

An intervention is being implemented whereby paediatric wards with low bed utilisations are portioned off for the establishment or increase of neonate nurseries. This is however only possible with appropriate infrastructure as the entrance to the neonatal nursery cannot be through the main paediatric ward but has to be positioned off to the side so it can be enclosed and contained to prevent cross-infection. This has been successfully done in Manguzi and King Dinizulu Hospitals, and reconfiguration of the paediatric/ neonatal nursery in Hlabisa Hospital is currently being explored.

**Graph 9: Survival rate by weight bands**



Source: PPIP 2016

## Child Health

Significant progress has been made towards reduction of child mortality. Since 2014/15, inpatient deaths under 1 year decreased by 964 (25.4%); and inpatient under 5 deaths decreased by 1 461 (30.5%).

Diarrhoea, pneumonia and severe acute malnutrition remain the leading causes of child deaths in KZN. Incidence rates for all three conditions showed a decrease between 2013/14 and 2016/17 i.e. diarrhoea

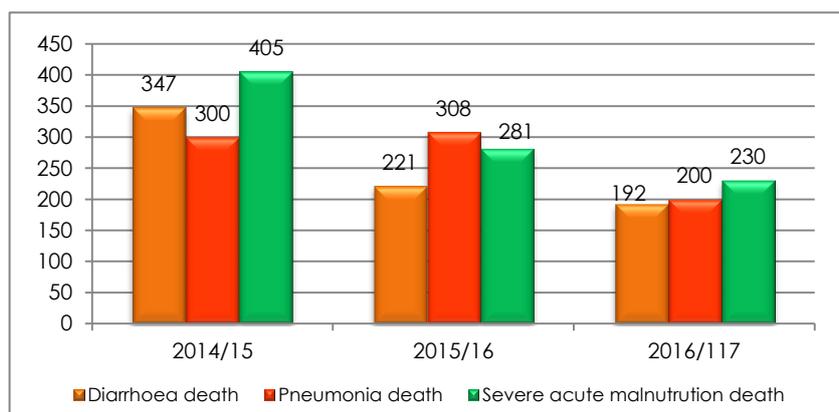
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with dehydration from 15/1000 to 12.5/1000 (16.7%); pneumonia from 92.2/1000 to 58/1000 (37.1%); and severe acute malnutrition from 5.6/1000 to 4.6/1000 (17.9%).

The severe acute malnutrition, diarrhoea and pneumonia deaths of children under the age of 5 years decreased with 44.7%, 33.3% and 43.2% respectively (Graph 10).

Between 2015/16 and 2016/17, the neonatal deaths in facility decreased from 1 945 to 1 736 (10.7%); the inpatient deaths under 1 year decreased from 3 348 to 2 838 (15.2%); and inpatient deaths under 5 years decreased from 4 215 to 3 326 (21.1%).

**Graph 10: Diarrhoea, pneumonia and severe acute malnutrition deaths**



Source: DHIS (May 2017)

### Non-Communicable Diseases

In South Africa, non-communicable diseases account for 43% of recorded deaths<sup>17</sup>, while the WHO predicts that these diseases will account for 73% of deaths and 60% of the disease burden by the year 2020.<sup>18</sup>

Mental disorders reduce the quality of life, lower life expectancy and increase the risk of co-morbid physical illness. These disorders often co-occur with other chronic conditions, and exacerbate the quadruple burden of disease. Research suggests a high prevalence of mental disorders among people living with HIV<sup>19</sup> as well as those diagnosed with TB<sup>20</sup>, which is specifically relevant to KZN with the high prevalence of both HIV and TB.

Between 2013 and 2016, the number of new patients on hypertension and diabetes treatment increased by 7% and 58.2% respectively (Graph 11). The increase in the number of new cases was expected as a result of intensified screening and early detection at community and facility levels.

<sup>17</sup> 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

<sup>18</sup> Beaglehole R, Bonita R, Alleyne G, Horton R, Li L, and Lincoln P, et al. UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. Lancet, 2011;378(9789):449-55

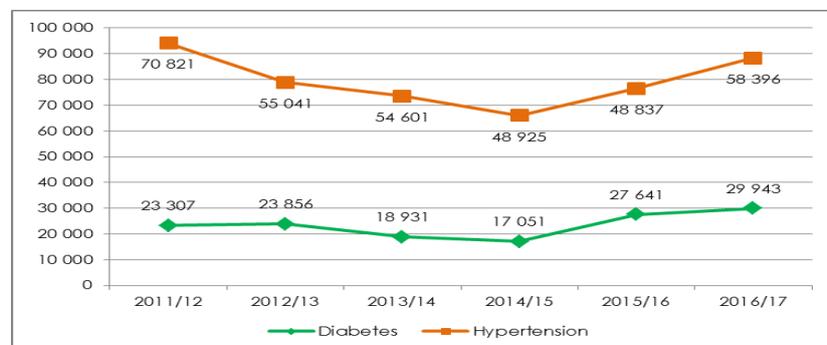
<sup>19</sup> Freeman M, Nkomo N, Kafaar Z, Kelly K. Mental disorders in people living with HIV/AIDS in South Africa. S Afr J Psychol.2008;38(3):489-500

<sup>20</sup> 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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According to the Demographic Health Survey<sup>21</sup> the hypertension prevalence (90/99 – 140/159) is 26.1% for females and 26.4% for males. Severe obesity, related to the increase in non-communicable diseases, is 22.5% for females and 5.0% for males (Body Mass Index  $\geq 35.0$ ).

**Graph 11: Hypertension & Diabetes new cases**



Source: DHIS (May 2017)

## Organisational Environment

### Service Delivery Platform

**Table 5: Public health facilities in service delivery platform**

District	PHC			Hospitals						
	Mobiles	Fixed Clinics <sup>22</sup>	CHC's	District	Regional	Tertiary	Central	Specialised Tuberculosis	Specialised Psychiatric	Chronic/ Sub-Acute
Ugu	17	54	2	3	1	0	0	1	0	0
Umgungundlovu	16 <sup>23</sup>	50	3	2	1	1	0	2	3	0
Uthukela	14	36	1	2	1	0	0	0	0	0
Umzinyathi	13	51	1	4	0	0	0	0	0	0
Amajuba	8	25	1	1	2 <sup>24</sup>	0	0	0	0	0
Zululand	16	70	1	5	0	0	0	1 (+2) <sup>25</sup>	1	0
Umkhanyakude	18 <sup>26</sup>	57	0	5	0	0	0	0	0	0
King Cetshwayo	18	61	1	6	1 <sup>27</sup>	1	0	0	0	0
Ilembe	11	34	2	3	1	0	0	0	0	0
Harry Gwala	13	39	1	4	0	0	0	1	1	0

<sup>21</sup> South Africa Demographic & Health Survey 2016 – Stats SA

<sup>22</sup> Includes Provincial and Local Government clinics

<sup>23</sup> Includes 1 LG Mobile

<sup>24</sup> Newcastle Hospital rendering Mother & Child Services

<sup>25</sup> Includes Siloah Lutheran and Mountain View State Aided TB Hospitals

<sup>26</sup> Includes 1 State Aided Mobile

<sup>27</sup> Queen Nandi Hospital rendering Maternal & Child Health services for Northern KZN

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District	PHC			Hospitals						
	Mobiles	Fixed Clinics <sup>28</sup>	CHC's	District	Regional	Tertiary	Central	Specialised Tuberculosis	Specialised Psychiatric	Chronic/ Sub-Acute
eThekweni	36	112 <sup>28</sup>	8 <sup>29</sup>	3	6	1	1	2	1	2
<b>KZN Total</b>	<b>180</b>	<b>589</b>	<b>21</b>	<b>38</b>	<b>13</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>2</b>

Catchment populations per clinic, influenced by the unique topography and demography in the Province and location of facilities, vary between 4 500 and 32 260. Inequities in allocation of human resources will be addressed as part of the Essential Post List Project.

Regional Hospitals render a significant proportion of District Hospital package of services mainly due to the population distribution and location of these hospitals. This arrangement ensures improved access to district level of care, although it has significant cost implications. The current hospital information system is not making provision for quantifying district and regional patients, which affects decision-making and resource allocation.

Clairwood Hospital is rendering mainly step-down services for eThekweni. A Kangaroo Mother Care (KMC) ward has been commissioned in the hospital in 2016/17 to improve access for under-weight babies. Storm damage to the hospital impacts negatively on utilisation at the moment.

King Edward VIII Hospital (classified as Central Hospital and rendering approximately 50% regional and 50% tertiary services) was reported as Tertiary Hospital in 2016/17 following a Management Committee (ManCo) resolution. Resourcing the hospital as central poses a challenge also exacerbated by infrastructure challenges that impact on its ability to develop to Central Hospital.

McCords Provincial Specialised Eye Care Hospital is currently classified as a District Hospital although it started reporting as Regional Hospital since the change of package of services.

King Dinuzulu Hospital, classified as Regional Hospital, is reported as a District Hospitals (400 level 1 beds) in the APP. This will be addressed as part of the Hospital Rationalisation Plan.

### Organisation Structure and Human Resources

Figure 1 represents the approved macro structure (level 14 – 16) that has been aligned with the mandate and core business of the Department. Due to fiscal constraints and necessary austerity measures, a decision was taken not to fill the 4 Regional Chief Director posts. Alternative service arrangements have been made to ensure effective leadership and oversight at district and facility levels.

The Department will review the macro structure once the generic structure, developed by the Department of Public Service Administration (DPSA), has been approved by the National Health Council.

Review of facility structures commenced taking into consideration designation of facilities, package of services per level of care, and alignment of the service delivery and training platforms to also

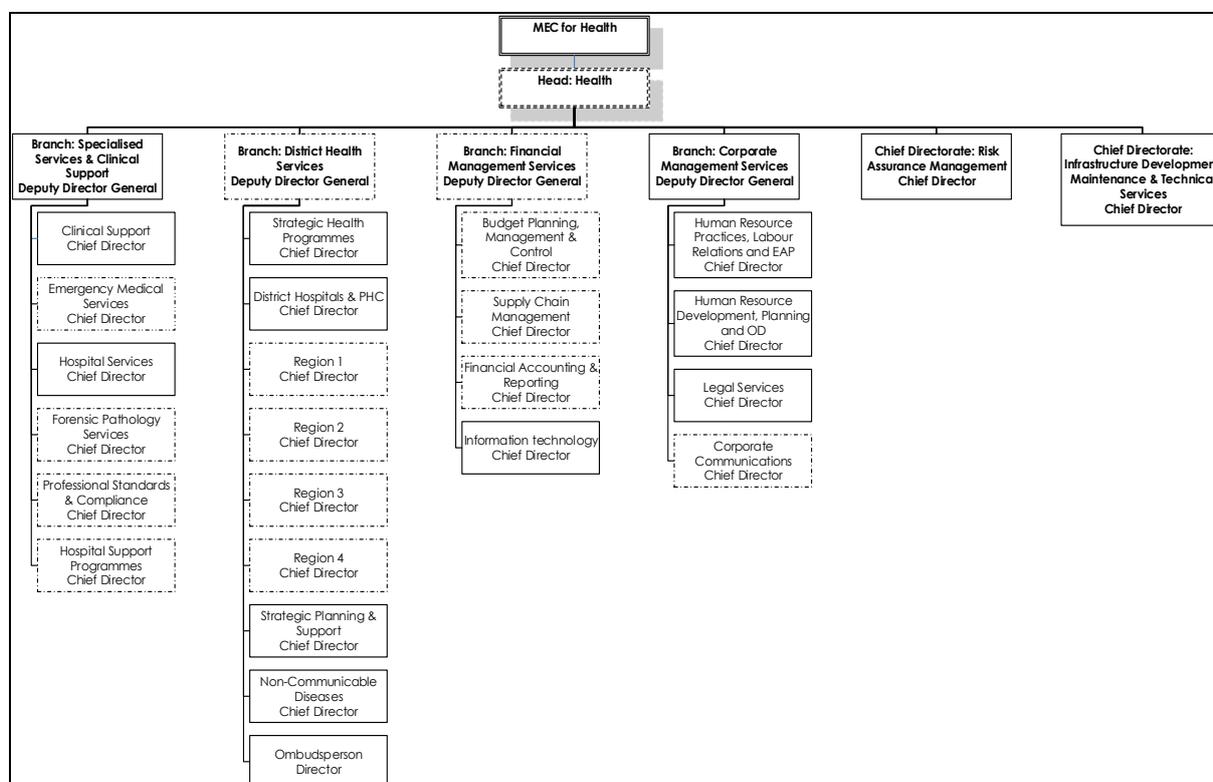
<sup>28</sup> Includes 47 Public Health, 56 LG and 9 NGO clinics

<sup>29</sup> Include 1 CHC managed dually (Province and LG)

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accommodate implementation of the Decentralised Training Model in collaboration with the University of KwaZulu-Natal (UKZN).

**Figure 1: Macro Organisational Structure**



## Employment, Vacancy and Turnover Rates

At the end of March 2017, there were 69 924 employees in the Department (72% female and 28% male) of which 91.9% were employed on a permanent basis and the rest on contract (including interns, community service personnel and student/pupil nurses).

*Equity:* 42% Senior Management positions were filled by females; 86% of posts incumbents were Africans; 2% Whites, 2% Coloureds and 10% Indians; and 0.58% of incumbents were classified as disabled.

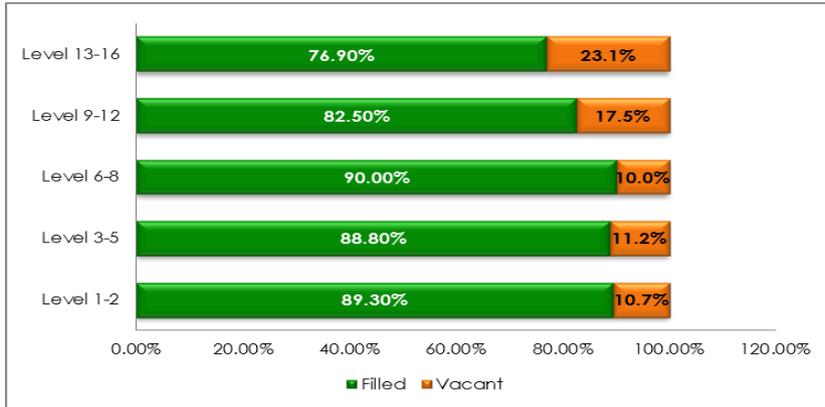
*Age profile:* The workforce is relatively young with 3.7% of employees' under the age of 25 years; 46% aged 25 to 40 years; 39.5% aged 41 to 55 years; 7.8% aged 56 to 60 years; 3% aged 61 to 65 years; and 0.1% over 65 years.

*Vacancy rates:* Between 2015/16 and 2016/17, the total vacancy rate increased from 8.4% to 11.6%, mainly due to an increase in post levels 9-12 (13.9%) and 13-16 (13.4%). Vacancy rates per Programme varied between 25% (Programme 1) and 9.7% (Programme 3). The vacancy rates in Programmes 2, 4 and 5 (11.4%, 11% and 11.2%) is a concern as it impacts on service delivery.

Graph 12 illustrates the vacancy rates per salary band.

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**Graph 12: Vacancy rate per salary band**



Source: 2016/17 Annual Report (HR Oversight Report)

Fiscal constraints and pressure on the Cost of Employee budget has had a significant impact on the filling of posts during 2016/17 and 2017/18. The hospital efficiency study and Essential Post List Project that commenced in 2017/18 will be used to improve equity in resource allocation within the available funding envelope.

*Turnover Rate:* Between 2015/16 and 2017/18 the total turnover rate decreased slightly from 7.4% to 7.1%. High turnover rates of especially Allied Workers, Medical Officers and Medical Specialists (Graph 13) are of concern and innovative strategies are being explored to retain these professionals.

**Graph 13: Vacancy and Turnover rates – critical occupations**



Source: 2016/17 Annual Report (HR Oversight Report)

## Disability Leave

Although the number of employees using disability leave has decreased since 2015/16 (Table 6) the average number of days taken by employees increased significantly. The health and wellness

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programme increased outreach to employees and expanded physical activity opportunities at district and Head Office levels.

**Table 6: Disability leave 2015/16 – 2016/17**

Salary Band	Number of employees using disability leave		Average number of days per employee		Estimated cost R'000	
	2015/16	2016/17	2015/16	2017/18	2015/16	2016/17
Salary level 1-2	287	80	25	46	R 3 265	R 1 674
Salary level 3-5	1 706	460	22	48	R 23 901	R 16 614
Salary level 6-8	758	200	23	55	R 18 026	R 12 457
Salary level 9-12	595	191	26	48	R 29 738	R 17 204
Salary level 13-16	12	14	16	62	R 712	R 3 209
<b>Total</b>	<b>3 358</b>	<b>945</b>	<b>112</b>	<b>259</b>	<b>R 75 642</b>	<b>R 51 158</b>

Source: 2016/17 Annual Report (HR Oversight Report)

### Imbalances in Service Structures and Staffing Mix

Imbalances in staffing allocation and distribution still exist in a number of facilities. Facility structures are being reviewed to ensure appropriate posts based on classification and package of services.

Distribution of human resources is being addressed through the Essential Post List Project that includes identification of essential posts based on service demands and package of services per level of care, addressing inequities in allocation of resources, and ensuring optimal utilisation of scarce resources through implementation of the Service Rationalisation Plan. The project commenced in late 2017/18 and will be finalised in 2018/19.

**Table 7: (A2) Health Personnel – 2016/17**

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
Ambulance and Related Workers	2 805	4.0%	25.3	28.7	9.8%	3.3%	R 236 302
Medical Officers	3 544	5.1%	32	36.3	15.0%	10.2%	R 690 187
Medical Specialists	798	1.1%	7.2	8.2	30.9%	3.6%	R 1 189 095
Dentists	151	0.2%	1.4	1.5	11.2%	0.5%	R 725 786
Professional Nurses	17 009	24.3%	153.5	174.3	11.6%	35.0%	R 415 900
Pharmacists	835	1.2%	7.5	8.6	12.7%	2.4%	R 588 162
Physiotherapists	358	0.5%	3.2	3.7	10.7%	0.6%	R 415 175
Occupational Therapists	213	0.3%	1.9	2.2	18.1%	0.3%	R 384 381
Radiographers	633	0.9%	5.7	6.5	12.2%	1.3%	R 443 857
Dieticians	215	0.3%	1.9	2.2	13.3%	0.4%	R 391 576
Other	26 561	38.0%	239.7	272.1	-	-	-

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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
<b>Total</b>	<b>69 924</b>	<b>100%</b>	<b>631.1</b>	<b>716.1</b>	<b>12.9%</b>	<b>100%</b>	<b>R 258 235</b>

Source: 2016/17 Annual Report

## Performance against 2015-2019 Strategic Goals

### Strategic Goal 1: Strengthen health system effectiveness

**Table 8: Progress: Strategic Goal 1**

Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Approved 2017-2027 Long Term Plan	Not approved	Not approved	Approved
Audit opinion from Auditor General	Qualified	Qualified	Unqualified
Approved annual Procurement Plan	Not reported	Approved	Approved
Percentage of facilities with broadband access	Hospitals (3%) Clinics (44.5%)	Hospitals (9.6%) Clinics (17.7%) <sup>30</sup>	40% (all facilities)
Number of organisational structures approved	Not reported	1	100 (cumulative)
Community-based Training in a PHC Model	Not reported	Implemented	Implemented
OHH registration visit coverage	4.1%	25.5%	36.1%
Number ward-based outreach teams	Not reported	154	160
PHC utilisation rate	2.9	2.7	2.5
PHC utilisation rate under 5 years	4.4	4.3	3.9
Percentage fixed PHC facilities scoring above 70% on the Ideal Clinic Dashboard	Not reported	64.2%	100%
Inpatient bed utilisation rate	District: 62.8% Regional: 74.5% TB: 57% Psych: 70.4% Chronic: 56.9% Tertiary: 83.4% Central: 67%	District: 57.8% Regional: 72.1% TB: 42.65 Psych: 71.2% Chronic: 52.1% Tertiary: 71.6% Central: 66.6%	75% (all hospitals)
Approved Hospital Rationalisation Plan	Not reported	Not approved	Approved
Approved EMS Turn-Around Strategy	Not reported	Not approved	Approved
Average number of daily operational ambulances	192	180	220
Number of Orthotic Centres	2	2	4
Percentage facilities reporting clean linen stock out	19%	13%	Zero
Number of jobs created through EPWP	4 982	9 687	11 800 (cumulative)

<sup>30</sup> The indicator was incorrectly interpreted in 2014/15 and corrected in 2015/16 – hence drop in coverage

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## PHC Re-engineering

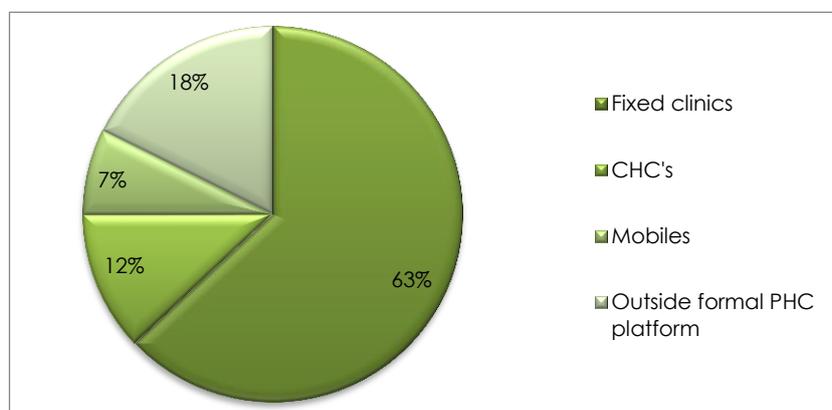
Between 2015/16 and 2016/17, the PHC headcount (in fixed facilities) decreased by 1 544 873 (5%); the under-5 headcount decreased by 237 357 (4.6%); and PHC patients who entered the health system at hospital level (unreferred outpatient headcount) decreased by 14 718 (2%). All districts reported a decrease varying from 2% in Zululand to 11.5% in Ugu.

During 2016/17, a total of 6 110 348 clients accessed health services at community level (service points other than mobile services, clinics and Community Health Centres). A total of 651 894 households were visited; 619 020 patients received their chronic medication through 606 community-based distribution points; 107 234 learners were screened for health conditions through the School Health Programme, and 1 161 Phila Mntwana Centres were operational (346 located in Operation Sukuma Sakhe (OSS) War Rooms and 461 in Early Child Development (ECD) Centres). A total of 422 454 children have been seen at these Centres and 8 295 referred for further management.

A total of 9 924 Community Care Givers (CCGs) rendered community-based services receiving support from 497 CCG Supervisors.

Graph 14 illustrates where clients accessed PHC services during 2016/17. The proportion of PHC clients accessing health services in places other than fixed facilities include 10% that were registered to access medication through the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme; 74% received services through ward based outreach teams (Outreach Households); 5% accessed services at Phila Mntwana Centres; and 11% accessing PHC services at outpatient departments (not referred).

**Graph 14: PHC utilisation**



Source: DHIS (May 2017)

To date, 338 schools have been accredited as Health Promoting Schools in partnership with the Department of Education. Regular follow-up visits ensure sustainability of the 5 key action areas namely skills, policies, environment, community participation and services.

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## Ideal Clinic Programme

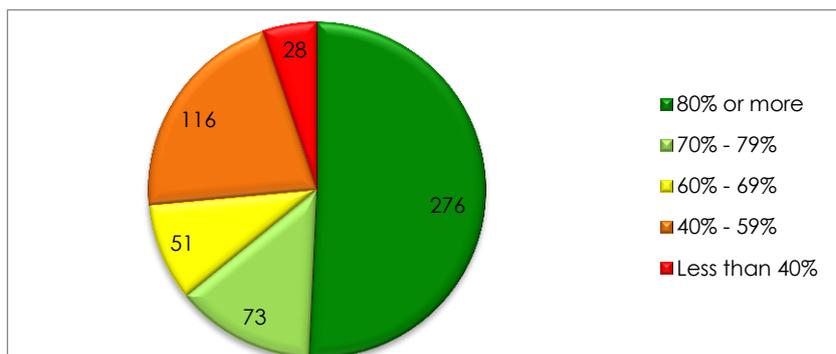
According to the March 2017 National Ideal Clinic Report, the Provincial average Ideal Clinic score was 73.8%, ranging between 62% in Harry Gwala and 89% in Umzinyathi. Ilembe, Zululand, King Cetshwayo, Harry Gwala, Ugu, Umkhanyakude and eThekweni all scored less than the Provincial average.

Of the 544 clinics that conducted self-assessments, 306 achieved Ideal Clinic status i.e. Silver (104 or 33.9%); Gold (180 or 88.5%); and Platinum (22 or 7.2%). A total of 144 (26.5%) clinics scored less than 59% and are being targeted to improve compliance.

The highest scores were obtained for the Medicines, Supplies & Laboratory Services component (83%) followed by the Human Resources component (81%). The lowest score were obtained for the Health System Support component (64%).

The vital elements with the highest failure rates were (1) Restoration of the emergency trolley (46%); and (2) Resuscitation room equipped with functional basic equipment and resuscitation (40%). The elements with the lowest failure rate were (1) Sharp containers disposed of when they reach the limit (1%); and (2) Sharps disposed of in impenetrable tamperproof containers (1%).

**Graph 15: Ideal Clinic scores - March 2017**



Source: March 2017 National Ideal Clinic Report

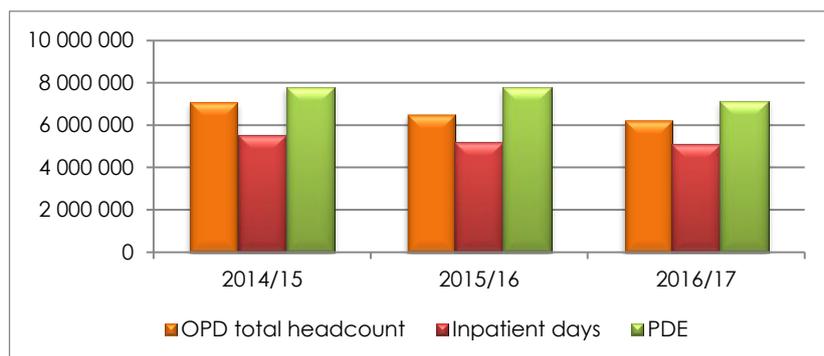
## Hospital Services

Between 2014/15 and 2016/17, admissions per 1000 population showed a decrease in District Hospitals (33.5 to 29.6), Regional Hospitals (28 to 23.6), and Central Hospital (2.3 to 0.86). Admissions increased in Tertiary Hospitals (2.3 to 4.4), Specialised TB Hospitals (0.19 to 1.38) and Specialised Psychiatric Hospitals (0.37 to 0.86).

Graph 16 illustrates the three year trends in hospital patient footprint. Between 2015/16 and 2016/17, the OPD headcount decreased by 4.3%, inpatient days by 1.5% and patient day equivalent by 8.2%. The OPD headcount not referred decreased by 177 347 (19.7%) since 2014/15 which is a positive trend indicating a shift towards clients entering the public health system at the appropriate level.

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**Graph 16: Trends in hospital patient footprint**

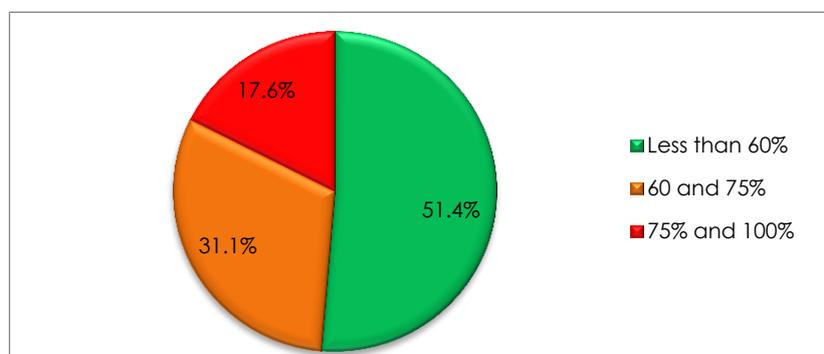


Source: DHIS (May 2017)

Graph 17 illustrates the 2016/17 bed utilisation rates (all hospital categories). Utilisation of Regional and Tertiary Hospitals are efficient with 84.6% (11/13) and 100% (3/3) hospitals reporting utilisation rates of more than 76%. This however raises concerns taking into consideration the vacancy rates in critical positions e.g. 30.9% for Specialists and 15% for Medical Officers.

Utilisation rates of District and Specialised Hospitals is low with 68.4% and 47.4% reporting utilisation rates below 60%. Only 2 (5.3%) District, 2 (33.3%) Psychiatric, and 1 (50%) Chronic reported utilisation rates of 75% and more. The relationship between average length of stay, utilisation, availability of resources and expenditure trends is being explored as part of the efficiency assessment study currently being conducted.

**Graph 17: Total bed utilisation rate**



Source: DHIS (May 2017)

## Information Management

*Rollout of the web-based information system:* Phase 1 commenced in December 2016 in hospitals and CHCs with 336 users trained on WebDHIS. Information captured at these facilities is available at district, provincial and national levels within 24 hours, which significantly reduces the lead time. Information Technology (IT) is fast tracking connectivity in clinics for implementation of Phase 2 of the project in PHC clinics. Training of Provincial and District Programme Managers on use of the WebDHIS encourages use of information for monitoring and planning purposes.

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*Standardise/ rationalise data collection tools:* All data collection tools at hospital and PHC level have been aligned to the National Indicator Data Set (NIDS) 2017, and consultations with Programme Managers informed the selection of the Provincial Indicator Data Set (PIDS). The project for the rationalisation of registers continued with customised registers at PHC clinics.

*TIER.Net scale-up:* Between 2015/16 and 2016/17, the number of Tier2 Phase 6 sites increased from 598 to 637, with 39 new facilities signed off (fully digitised HIV patient records and eligible to report on ART Quarterly Cohort Indicators).

*Integrated TB/HIV Information System (THIS):* All districts were trained on the new integrated TB/HIV Information System (TIER.net with TB module). Implementation of the new system commenced in March 2017 in 83 targeted sites.

*Data Capturers:* Data Capturers were appointed (funded through the HIV/TB Conditional Grant) and deployed in clinics and hospitals in Amajuba, Uthukela, Umzinyathi, Umgungundlovu, Umkhanyakude and Harry Gwala Districts to maintain routine data systems i.e. DHIS, TIER.net and ETR.net.

*Hospital Information System:* The Meditech full package of modules is available in IALCH, Addington and King Dinuzulu Hospitals, and the billing module in Greys, Vryheid, Newcastle, Dundee, Ladysmith and RK Khan Hospitals. The Proc-Lin system is used at St Aiden's and King Edward VIII Hospitals, and the TrackCare System at McCords Hospital. Other hospitals are dependent on manual systems for clinical services.

## Medico-Legal Litigation

A series of Medico Legal Indabas were conducted to explore mitigation strategies, after which a Business Plan, detailing specific interventions to reduce and manage litigation more effectively, was drafted and submitted for approval. A strategy has been put in place to improve clinical governance and to improve efficiencies in the retrieval of medical records. Adverse Risk Events Committees have been established in hospitals to ensure immediate response to red flags and workshops were conducted to sensitise staff on implications of medico legal claims and to strengthening Adverse Events Committees.

A Quality Improvement and Clinical Governance Framework have been developed to standardise clinical practice across service platforms – awaiting approval. The Department collaborated with the Office of Health Standards Compliance to induct Quality Managers, Chief Executive Officers (CEOs) and District Managers on the management of quality improvement projects, and the Centre for Public Service Innovation trained CEOs on Innovation Management.

## Challenges & Mitigating Strategies

### Budget constraints

The ability to respond to health demands exacerbated by the quadruple burden of disease has become a quandary as a result of the shrinking fiscal envelope. The budget remains inadequate to respond to existing needs with dire consequences for prioritisation of service demands and the accompanying resource allocation to sustain such. *The Turn-Around Strategy will focus on innovations to effect cost saving in order to address other critical strategic and operational issues in the short, medium and long term.*

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## Hospital Services

Bed utilisation, ranging between 15.2% and 97.1%, remains a concern. A District Hospital Efficiency Assessment Study and Provincial Hospital Audit commenced in 2017/18 with the aim to identify root causes of hospital inefficiencies and best practices to inform the Rationalisation Plan.

The Essential Post List Project will, in addition, focus on human resource issues that are relevant to service improvement. This will also inform negotiations for additional funds to ensure an adequately resourced service platform.

The demand for some clinical services, at especially regional, specialised, tertiary and central level, exceeded available resources resulted in extended waiting times and backlogs. This put considerable pressure on the workforce to ensure optimal utilisation of resources. The cost of employee budget was under extreme pressure during 2016/17, which delayed filling of additional critical posts resulting in increased clinical backlogs and high workloads. An in-depth analysis of clinical service pressures versus available resources commenced during 2017/18 to inform the Rationalisation Plan with the aim to improve efficiencies and access in Regional, Specialised, Tertiary and Central Hospitals.

High vacancy and turn-over rates for especially Clinical Specialists (30.9% and 18.5%), Medical Officers (15% and 25.8%), and Professional Nurses (11.9% and 6.9%) affected expansion and sustainability of clinical services.

## Turn-Around Strategy & Implementation Plan

The integrated Turn-Around Strategy, that will inform the Strategic Position Statement and Long Term Plan, commenced in late 2016/17 and has not been finalised. The Strategy (short, medium and long term) will make provision for interventions targeting (1) Improved audit outcomes; (2) Improved Financial and Supply Chain Management and processes; (3) Improved Human Resources Management; (4) Governance and Organisational Arrangements; (5) Infrastructure Development; and (6) Health Service Rationalisation.

## Organisational Structure

A number of facility structures are outdated and not aligned with designations and package of services. Although Organisational Efficiency Services (OES) commenced with review of structures, the process is delayed due to the lack of approved staffing norms. The use of WISN (Workload Indicator of Staffing Needs) will not be used as framework for PHC staffing norms as it is not affordable in the current fiscal climate.

## Medico Legal Claims

The increase in medico legal claims remains a concern and continues to put severe pressure on the already inadequate budget. Since 2016/17 a significant increase in claims for cerebral palsy cases was noted. Capacity in the Medico Legal Unit is inadequate to manage the increasing case load, and the shortage of clinical specialists (especially Radiologists) to investigate cases delay processes. A *Business*

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Plan, including proposed structure and interventions to address medico legal issues has been submitted for approval. The plan will be implemented in 2018/19.

## Information Management

The shortage of registers negatively impacted on recording and reporting of data, which in turn has a negative impact on interpretation of data trends, planning and decision-making. Steps were taken to address this shortfall and registers will be available from Central Provincial Stores once the relevant approvals have been granted.

Quality, management and use of data must be improved. Consultation commenced for the development of a Data Management Turn-Around Strategy, informed by prevailing challenges that will be implemented from 2018/19 onwards. There will be a strong focus on multi-sectoral collaboration to improve system and process efficiencies at all levels of the health system. In support of the strategy, the Provincial Health Information System Committee Meetings will be revived and a standardised Terms of Reference will be developed to improve the efficiency of District and Facility Information Committee meetings.

The lack of an effective hospital information system remains a challenge that impacts negatively on monitoring, managing and use of data for decision-making. A process commenced to improve access to routine clinical data using existing systems.

## Orthotic and Prosthetic Services

There is a need to expand the Orthotic and Prosthetic service platform to an additional 2 decentralised sites (Ladysmith and Ngwelezana) to improve access to services. Due to financial limitations it was not possible in 2017/18 as originally planned. Additional equipment was procured for the 2 existing sites, which supported outreach services. The proposed Ngwelezana site is in the planning and design phase and in the U-AMP for the next MTEF.

## Strategic Goal 2: Reduce the burden of disease

**Table 9: Progress: Strategic Goal 2**

Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Life expectancy at birth	50.1 years	56.4 years	61.5 years
Life expectancy at birth – male	49.2 years	54 years	58.4 years
Life expectancy at birth - female	51 years	58.7 years	64.5 years
HIV incidence	1.01%	1.01%	1% or less
Client tested for HIV (including ANC)	2 067 065	9 929 024	16.5 million
Adults remaining on ART - total	951 462	1 181 691	1.5 million
TB client treatment success rate	85.3%	88.7%	90% or more
TB incidence (per 100 000 population)	828/ 100 000	511.3/ 100 000	400/ 100 000

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Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
TB death rate	4.3%	3.2%	5%
TB-MDR treatment success rate	Not reported	60%	65% or more
Infant mortality rate (per 1000 live births)	32/ 1000	31/ 1000	29/1000
Infant PCR test positive around 10 weeks rate	1.3%	1.1%	Less than 0.5%
Under 5 mortality rate (per 1000 live births)	43/ 1000	42/ 1000	40/ 1000
Child under 5 years severe acute malnutrition incidence (per 1000 population)	6.3/ 1000	4.6/ 1000	4.6/ 1000
Maternal mortality in facility ratio (per 100 000 live births)	124.9/ 100 100	106.7/ 100 000	95/ 100 000
Couple year protection rate	57.8%	53.9%	36%
Cervical cancer screening coverage 30 years and older	70.3%	86%	85% or more
Hypertension incidence (per 1000 population)	19.2/ 1000	21.8/ 1000	23/ 1000
Diabetes incidence (per 1000 population)	1.6/ 1000	2.8/ 1000	3.1/ 1000
Malaria incidence per 1000 population at risk	1.03/ 1000	0.3/ 1000	Zero new local
Malaria case fatality rate	1.05%	1.2%	Less than 0.5%

### HIV, AIDS and Sexually Transmitted Infections (STIs)

Implementation of the 90-90-90 strategy gained momentum with an exponential increase in the number of people remaining on ART.

Numerous prevention programmes have been scaled up and sustained at community and facility levels including the Unfinished Business Project; Hlola Manje Zivikele campaign; Dreams project in partnership with PEPFAR, Gates Foundation and Nike Foundation to reduce HIV infections among adolescent girls and young women; the universal test and treat strategy; and dual protection strategy including the She Conquers programme targeting young women and girls to reduce unwanted pregnancies and reduce new HIV and STI infections. Services at Institutions of Higher Education were expanded in partnership with HEAids (Higher Education HIV and AIDS Programme) to increase access to prevention and treatment of HIV.

Results from the District Health Expenditure Review show significant district variations in expenditure for HIV services. For example, the cost to administer an HIV test ranged between R 227 in Umkhanyakude and R 97 in Umzinyathi; and the Medical Male Circumcision cost per unit varied between R 637 in Amajuba and Umkhanyakude to R 209 in King Cetshwayo.

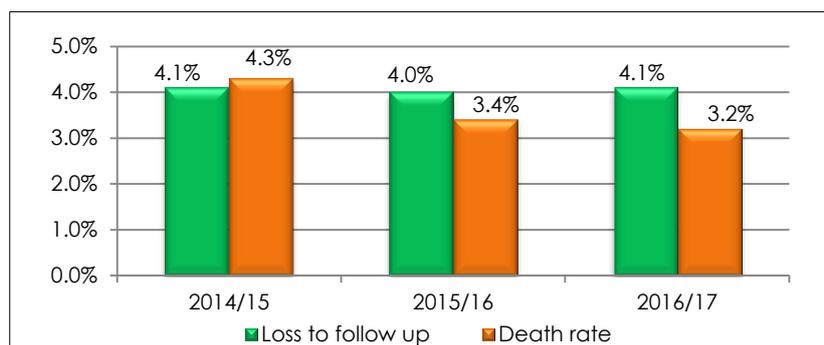
Expenditure on HIV/AIDS increased by R 403.2 million (12.9%) which is higher than the CPIX index for the same period. The HIV/AIDS Policy however changed during this period which makes provision for all people diagnosed with HIV to start on ART treatment regardless of their CD4 count. ART medication accounted for R 1.616 billion of the HIV/AIDS Conditional Grant.

### Tuberculosis

Between 2015/16 and 2016/17, the TB new client treatment success rate increased by 5% (88.7%); and the TB cure rate by 5.4% (84.1%). Early detection, and improved management and follow-up had a positive impact on the death rate as illustrated in Graph 18.

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**Graph 18: TB lost to follow up and death rate**



Source: ETR.Net (March 2017)

The Department expanded integrated patient centered care focusing on TB screening and management at community and facility levels. At the end of March 2017, a total of 4 744 233 people were screened for TB at facility level and 180 026 at community level. During the same period, a total of 2 904 MDR-TB patients started on treatment and 2 185 successfully completed treatment.

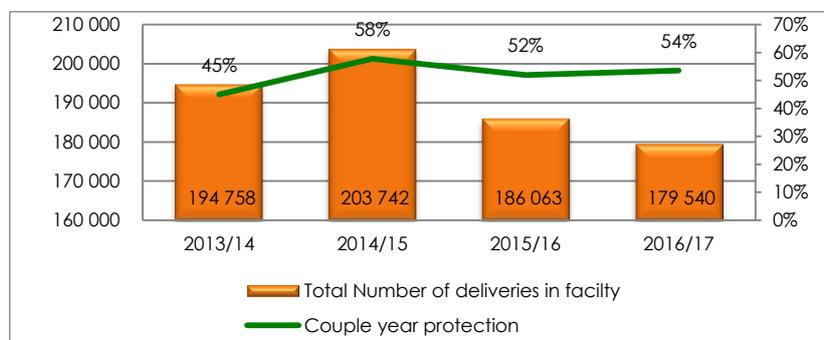
The TB programme is being implemented at Correctional Facilities including screening of inmates and X-rays on admission and 6 monthly or annually depending on duration of stay.

## Maternal, Child and Women's Health

Programmes to reduce maternal mortality show positive results with maternal deaths decreasing year on year. Since 2013/14, deaths decreased by 32% (280 to 190).

Deliveries in public health facilities decreased by 7.8% since 2013/14, with no plausible reason for the spike in 2014/15 (Graph 19). The estimated year on year decrease in fertility rate (from 2.7 in 2011-2016 to 2.58 in 2016-2021<sup>31</sup>) may be one of the contributory factors in the decreased deliveries. Contraceptive coverage remains low and seems not to have a significant impact.

**Graph 19: Deliveries vs. Couple year protection rate**



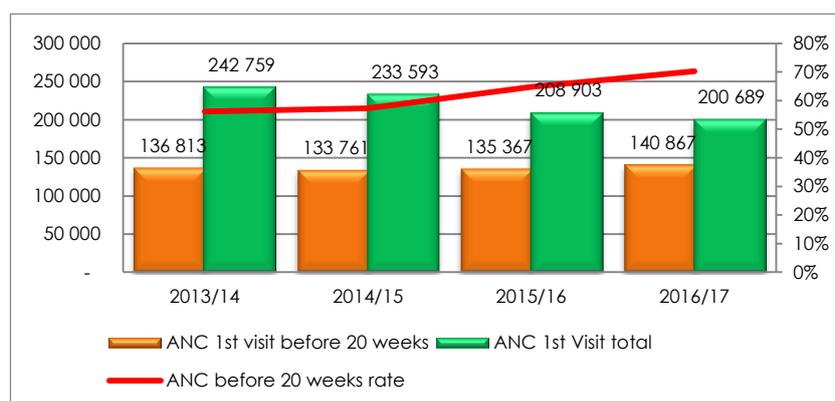
Source: DHIS (May 2017)

<sup>31</sup> 2017 Mid-Year Population Estimates – Statistics South Africa

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Early antenatal care has been identified as one of the priorities to improve maternal health outcomes. Since 2014/15, the antenatal visits before 20 weeks increased by 71.2% (Graph 20). This has been attributed to increased community awareness and community-based pregnancy testing by CCGs to improve early referral and booking for antenatal care. The graph below illustrates the relationship between 1<sup>st</sup> antenatal visits and 1<sup>st</sup> visits before 20 weeks.

**Graph 20: Antenatal 1<sup>st</sup> visit before 20 weeks**



Source: DHIS (May 2017)

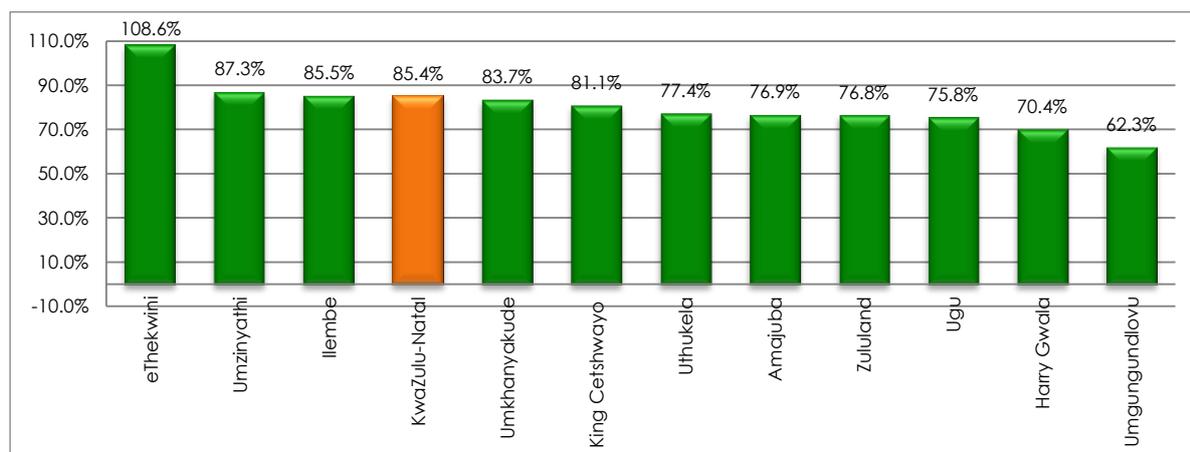
Other initiatives that contributed to the reduction of maternal deaths included the robust implementation and monitoring of the Partogram; Quality Improvement Programme in labour wards; up-skilling of staff through training in the Essential Steps in the Management of Obstetric Emergencies; and integrated management of TB and HIV in pregnancies; campaigns against illegal abortions to reduce maternal deaths from septic abortions; and ensuring access to ARVs for eligible pregnant women.

Significant progress has been made towards the reduction of neonatal and child mortality. Since 2014/15, inpatient neonatal deaths decreased by 700 (26.4%); inpatient deaths under 1 year with 964 (25.4%); and inpatient under 5 deaths with 1 461 (30.5%).

The number of children under the age of 1 year that were fully immunised (189 516) is lower than expected with 10 districts reporting coverage below the 90% target (Graph 21).

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Graph 21: Immunisation coverage under 1 year



Source: DHIS (May 2017)

Various child health initiatives contributed to improved child health outcomes. Phila Mntwana Sites, focusing on health promotion, disease prevention, and enhanced access to social relief packages through intra-departmental linkages, increased from 1 098 to 1 161 sites. A total number of 422 454 children were screened for malnutrition, TB, HIV, immunisation and physical and psychological development, and 8 295 referred for further management.

Intensified implementation of Integrated Management of Childhood Illness (IMCI) ensured that children are treated early to prevent hospitalisation. Accreditation of neonatal wards and hospital quality improvement plans, aligned to Recommendations of the National Committee on Morbidity and Mortality (CoMMIC) in children under 5, are monitored actively.

## Non-Communicable Diseases

Implementation of mental health programmes, including substance abuse programmes, were prioritised and actively monitored. High vacancy rates of Specialists and Specialised Mental Health Nurses remain a serious concern especially taking into account fiscal constraints and the impact on the filling of vacant posts. Consultation for the rationalisation of specialised psychiatric services commenced as part of the Rationalisation Plan.

Early detection and routine screening have been prioritised for hypertension and diabetes to ensure early management and effective follow up of patients on treatment. Implementation of the integrated 90-90-90 strategy and integrated healthy lifestyle programmes further improved prevention and treatment programmes for non-communicable diseases.

## Challenges & Mitigating Strategies

### Specialised TB Hospitals

New MDR-TB treatment regimens require longer hospitalisation (inpatient care), which challenge the current distribution of MDR-TB beds (that comply with IPC and infrastructure requirements). The lack of MDR-TB decentralised sites in Amajuba, Uthukela and Ilembe puts undue pressure on King Dinuzulu Hospital and takes patients away from place of residence. Inadequate TB Teams for effective

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management of decentralised MDR-TB results in a high number of patients defaulting on treatment which in turn increases XDR-TB. Due to fiscal constraints, expansion of the programme is in jeopardy. Review of bed allocation, decentralised MDR-TB units, and decisions regarding SANTA Hospitals are included in the Hospital Rationalisation Plan.

## Specialised Psychiatric Hospitals & Mental Health Services

High vacancy rates (especially Psychiatric Specialists and Specialist mental Health care Nurses) are negatively affecting access and quality. Inadequate management of mental health care users at PHC and District Hospital levels, congest Regional Hospitals where inadequate staff also impact on management. Implementation of the Mental Health Strategy is jeopardised by fiscal constraints and a phased approach will be used to ensure optimal utilisation of resources.

## Strategic Goal 3: Universal health coverage

### National Health Insurance

Phase 2 of National Health Insurance implementation commenced. The Department commenced with the development of an ePHC system strategy to improve the quality of health information management. The implementation of the Health Patient Registration System is being rolled out to an additional 5 districts (eThekweni, Ugu, Ilembe, Uthukela and King Cetshwayo) with 1 122 262 registered patients on the system.

There are currently 61 General Practitioners and 82 Pharmacy Assistants contracted in the National Health Insurance (NHI) Districts to provide PHC services at PHC level. This is improving access to services at entry points of the public health system.

Capacity development includes:

- Capacity development and mentorship training by Khanyanjalo Consulting: 91 Managers
- Ward Based Outreach and school Health by the University of Pretoria: 271 Managers
- Albertina Sisulu Executive Leadership Programme in Health: 43 Senior Managers
- Transformational Leadership by Spark Health: 110 Managers

## Health facility Management (Infrastructure Development)

**Table 10: Progress: Strategic Goal 3**

Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Number of new and replacement projects completed (cumulative)	10	42	40
Number of upgrade and addition projects completed (cumulative)	28	53	47
Number of renovation and refurbishment projects completed (cumulative)	51	72	247

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Infrastructure demands far outstripped available budget, which inevitably delays prioritised projects. Ageing infrastructure across the service platform requires significant investment which has put pressure on the limited budget also taking into consideration required standards for National Core Standards. Challenges with contractors delayed a number of projects in 2016/17 with significant cost and commissioning implications. *The Department accelerated the appointment of built environment professionals at Head Office Level, with the main aim to improve infrastructure planning, oversight on project implementation and maintenance.*

Various Units within the Department have contributed towards development of the User Asset Management Plan (U-AMP), Infrastructure Programme Management Plan (IPMP), and Annual Implementation Plan (AIP). All plans have been costed to ensure effective management and compliance with the Public Finance Management Act (PFMA) imperatives. The Department used the Department of Public Works as Implementing Agent of choice.

The AIP (Annual Implementation Plan) focused on the following main priorities:

- Construction of the new 500-bed Dr Pixley ka Isaka Seme Regional Hospital in the KwaMashu, Inanda, Ntuzuma (INK) area.
- Ngwelezana Tertiary Hospital: Construction of new 192-bed Surgical Wards.
- Stanger Hospital: Construction of a Maternity Block. The contractor on this project is not performing well and the project may therefore finish later than the contractual completion date.
- Construction of the new Jozini CHC.
- Commissioning of the completed Usuthu Replacement Clinic.
- Major refurbishment and upgrading projects were undertaken at Madadeni Regional Hospital, King Edward VIII Tertiary Hospital, Charles Johnson Memorial District Hospital and Mbongolwane District Hospital.
- Replaced lifts at Addington, Stanger, Eshowe, Vryheid, and Charles Johnson Memorial Hospitals, and RK Khan and Northdale Nursing Residences.
- New autoclaves were commissioned in 6 hospitals namely Ngwelezana, Nkandla, Osindisweni, McCords, RK Khan and Wentworth Hospitals.
- Standby generators were commissioned in 10 hospitals and one CHC namely Appelsbosch, Bethesda, Catherine Booth, Dunstan Farrell, EG & Usher Memorial, Hlabisa, Mseleni, St Andrews, Townhill and Umzimkhulu Hospitals and Imbalenhle CHC.
- Maintenance was prioritised with a budget allocation of R300 million, which catered for both preventative and corrective maintenance. Due to the negative impact of drought, institutions used a portion of this budget to install 20kl water storage tanks in some clinics.

In-house capacity: At the end of the year under review, 76% of the Head Office Infrastructure posts were filled (17 appointments during the year) of which 39% incumbents are women. The Department appointed 8 young graduates who are undergoing mentorship under the supervision of chief professionals. The graduates are in the fields of Electrical and Mechanical Engineering, Quantity Surveying, Project Management and Architecture. Table 11 shows the progress made in filling of Infrastructure posts.

The Department identified unused buildings next to the King Dinuzulu Hospital for the establishment of the eThekweni Maintenance Hub Workshop. Buildings require major refurbishment, and the Department of Public Works are at the planning stage for refurbishment. The Department deployed 4 members from

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the Head Office Structure, led by the Chief Engineer, to start preparatory work for the Hub. It is anticipated that the concept document for this Hub will be finalised in 2017/18 and staged implementation will start in April 2018.

During 2016/17, the Department conducted condition audits on Ekhombe Hospital and 7 clinics. Audits were used to prioritise backlog maintenance for the 2017/18 AIP; and assisted new officials to familiarise themselves with the Departmental infrastructure asset base; and to facilitate teamwork amongst various disciplines. Audits will be conducted every year to improve knowledge base of infrastructure assets and improve the asset register information.

## Challenges & Mitigating Strategies

### Infrastructure Development

Demand outstrips the funding envelope. Due to fiscal constraints a significant number of projects were put on hold which will impact on service delivery and impair access to services. The uncoordinated approach by facilities/ districts in requesting infrastructure projects resulted in duplication of work and poor briefs for projects. Prioritisation at district level will be managed as part of the Turn-Around Strategy.

## Strategic Goal 4: Strengthen human resources for health

**Table 11: Progress: Strategic Goal 4**

Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Number of bursaries awarded for 1 <sup>st</sup> year medical students	Not reported	16	30
Number of bursaries awarded for 1 <sup>st</sup> year nursing students	Not reported	108	150
Number of MOPs that successfully completed the degree course at DUT	Not reported	0 (still in training)	61 <sup>32</sup>
Number of Intermediate Life Support graduates per annum	54	38	72

Training intakes had to be reviewed to comply with the funding envelope. Absorption of qualifying personnel is still a challenge, and adequate provision is not always made to action that.

Due to financial constraints, as well as the agreement with Mpumalanga, KwaZulu-Natal College of Nursing (KZNCN) bursary intake has been drastically reduced with only one intake annually.

- A total of 1 501 nurses graduated in 2016/17. To provide for the gap in specialised nursing, a total of 321 Clinical Specialists, 54 Advanced Midwives and 173 PHC nurses (from UKZN) completed training for absorption into the system.
- A total of 205 students were registered for the R425 programme, of which 108 were bursaries, 15 in-service learners and 82 Mpumalanga learners.

<sup>32</sup> Last 6 of 61 will graduate in 2019/20

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- Community service and service obligation placements for all bursary obligation students of the KZN CN were successfully done in all gazetted institutions.

100 Employees, inclusive of 60 Community Care Givers (CCGs) and 40 Lay Counsellors have completed training through UKZN Extended Learning and are awaiting translation to Health Promotion Assistants. The challenge is to absorb these students taking into consideration the current funding envelope.

599 Employees were trained on Sign Language in 2016/17. The planned target (220) was exceeded as additional funding was sourced from a Non-Governmental Organisation (NGO) partner and the HWSETA (Health & Welfare Sectoral Educational Training Authority).

- 115 Health and Welfare Sector Education and Training Authority (HWSETA) funded graduates have been placed in various health establishments receiving a monthly stipend of R 5 000.
- 116 Technical Vocational Educational and Training (TVET) PSETA funded learners in the Artisan Programme have been placed in various health establishments.
- 57 HWSETA funded Dentals Assistant and Oral Hygiene Interns, placed for work experience, completed their internship in June 2016.
- 15 HWSETA funded Social Work and Environmental Health Interns completed in November 2016.
- 39 HWSETA funded TVET learners commenced with a one year experiential training programme in February 2017.
- 25 HWSETA funded learners commenced with the two year nursing bridging programme in January 2017.
- The Department has entered into a Memorandum of Agreement with Africa Mayibuye Leadership PTY (LTD) for the funding of 200 TVET learners placed in various health institutions. Learners receive a monthly stipend of R 1 800 for a period of 18 months.
- 50 TVET learners, placed at various health facilities, receive a monthly stipend of R 1 500 for the next eighteen months funded under the agreement entered with LNM Rise PTY LTD.
- 51 TVET learners have signed with Libalel Enterprise receiving a monthly stipend of R 1 500 and are placed in various health facilities.

A total of 113 Clinical Associates, funded under the bursary programme, are in training through the Walter Sisulu University and University of Pretoria. A total of 44 completed training in 2016 and were placed in various health facilities in January 2017. 42 Occupational Therapy Assistants completed their training and were translated to Occupational Therapy Technicians; and 42 Occupational Therapy Assistants completed their training and were translated to Occupational Therapy Technicians.

The Department engaged with the Umgungundlovu TVET to develop Learnerships targeting people with disabilities to increase the skills pool for people with disabilities. Partnerships are also being formed with Disabled Peoples' Organisations with the objective to establish a comprehensive database for suitably qualified Persons with Disabilities that may take up employment in the Department.

The Department is actively involved in collective bargaining at Public Health and Social Development Sectoral Bargaining Council (PHSDSBC), Provincial Chamber and Provincial Labour Relations Forum, and monitors the activities of Institutional Management and Labour Committees (IMLCs). Labour Relations Officials from district offices and hospitals completed a course on Presiding and Investigation facilitated by the Commission for Conciliation, Mediation and Arbitration (CCMA) to improve case management. Additionally, the Department has improved on timeous finalisation of disciplinary cases. Intervention of training more Investigating Officers and Presiding Officers has been done in order to extend the pool. The training was conducted by the Office of The Premier from 27 to 31 March 2017.

The training of Managers was prioritised to improve leadership and management at the different levels of the health care system. During 2016/17 the following number of Senior Managers participated in training courses:

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- Mentoring for Growth – 28 Female Managers.
- Leadership Course for Middle Managers – 32 Managers.
- Disability Management in the Public Service – 72 Managers.
- Project Khaedu Methods and Perspectives – 24 Managers.
- Project Khaedu Field Assignment – 24 Managers.
- Effective Management Principles for Junior Management – 43 Managers.
- Financial Management for Non-financial Managers – 14 Senior Managers.
- Project Management Course – 20 Managers.
- Ethics and values for Managers – 2 Managers.
- Albertina Sisulu Executive and Leadership Programme for Health (ASELPH) – 28 Senior Managers.

## Challenges & Mitigating Strategies

### Human Resource Development

Alignment of the Training and Development Plan with specific needs and demands from the operational (service delivery) level is inadequate. District plans are not yet fully aligned with service needs and demands, which will have an impact on the optimal skills mix at service delivery level.

### Vacancies of various essential posts

High vacancy rates are noted in various disciplines as well as essential support positions, which inevitably impact on service delivery. The Department engaged in a process to identify essential vacant posts that must be filled to ensure effective service delivery as per mandate and packages of care at various levels of the service delivery platform. The essential post list will be costed and will serve as framework for the filling of posts.

## Strategic Goal 5: Improved quality of health care

**Table 12: Progress: Strategic Goal 5**

Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Hospitals achieved 75% and more on National Core Standards self-assessment rate	District: 1 <sup>33</sup> Regional: 0 Spec TB: 0 Spec Psych: 0 Chronic: 0 Tertiary: 0 Central: 1	District: 0 Regional: 0 Spec TB: 2 Spec Psych: 1 Chronic: 0 Tertiary: 0 Central: 1	60% or more (all hospitals)
EMS P1 urban response time under 15 min rate	5%	5.1%	20%
EMS P1 rural response time under 40 min rate	32%	34.9%	40%
EMS inter-facility transfer rate	39%	30.2%	50%

<sup>33</sup> NCS baselines for hospitals 2015/16

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Indicator	Baseline	Actual	Target
	2014/15	2016/17	2019/20
Percentage of pharmacies that obtained A and B grading upon inspection	83%	91%	100%
Tracer medicine stock out rate (PPSD)	6.4%	6.3%	Less than 1%
Tracer medicines stock out rate (Institutions)	3%	2%	Less than 1%

## National Core Standards

Although all facilities implement the National Core Standards (NCSs), self-assessments and the development of Quality Improvement Plans (QIPs) remain poor. Only 4 hospitals complied with all extreme measures and at least 90% of the vital measures of the NCSs.

## Infection Prevention and Control (IPC)

Reviewed the Provincial IPC Policy (awaiting approval); KZN IPC Guidelines to ensure compliance to the NCS; Viral Haemorrhagic Fevers (VHF) Policy in collaboration with Communicable Disease Control (CDC) and the Department of Virology; and the Decontamination Policy have been drafted and circulated for comments.

All IPC practitioners have been trained on surveillance of healthcare associated infections and outbreak response. A real time surveillance tool was instituted in 2016/17 to improve data on healthcare associated infections; serve as an early warning system for outbreaks; monitors turnaround time for results; and improve stewardship programmes.

Six probable outbreaks in hospitals have been reported. After assessment of the clinical data and microbiological and epidemiology profiling only four outbreaks were deemed probable cases and investigated further. The early warning system coupled with rapid outbreak responses resulted in control of the outbreak and prevention of further morbidity and mortality.

Nosocomial transmission of TB in facilities remains a major concern partly due to non-compliance with infrastructure standards. The Department focussed on cough triage at the point of entry; fast tracking patients with symptoms of PTB; open window policy to ensure air flow; and use of personal protective equipment.

## Emergency Medical Services

Between 2015/16 and 2016/17 the P1 emergency calls in urban areas increased slightly by 84 and in rural areas decreased significantly by 19 343 calls. Response times increased slightly in urban areas from 5% to 5.1% and in rural areas from 32% to 34.9%.

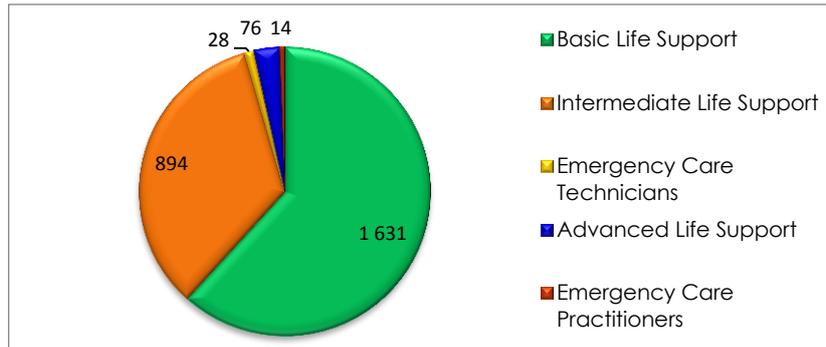
There is a year on year decrease in the number of daily operational ambulances, from 211 in 2013/14 to the current 180. The ambulance fleet is old with 37% exceeding 250 000km on the clock, which significantly increase downtime for repairs, and decrease operational ambulances and emergency response times. Due to the ageing fleet, new ambulances basically replace old ambulances with no growth in the number of operational ambulances.

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Air Mercy Services (AMS) responded to 627 emergency calls in 2016/17, with approximately 71% of these calls from Umkhanyakude, King Cetshwayo and Zululand Districts.

There are a total of 2 643 operational staff, with staff mix indicated in Graph 22. Operational staff are covering services in emergency operations, communication centres and patient transport services. As a result, the staff to ambulance ratio is 8:1 compared to the national norm of 10:1.

**Graph 22: EMS skills mix - 2016/17**



Source: EMS Database (May 2017)

The Planned Patient Transport (PPT) Hub System has been introduced in Empangeni, Durban, Pietermaritzburg and Ladysmith to improve coordination of PPT services. Output is being monitored to determine efficiency gains.

## Challenges & Mitigating Strategies

### Medicines stock outs

Stock out of certain medicines e.g. vaccines remain a challenge. Some suppliers were unable to supply medicines on their contracts and no alternative suppliers could be contracted to enable buy-out against defaulting contracted suppliers. Some items were procured on quotation as there were no bidders when tenders were advertised for specific items. Improved management and control measures were instituted at facility level to ensure adequate stock levels are maintained.

### Compliance with National Core Standards

Poor reporting as well as slow progress with compliance to the National Core Standards is a concern. Self-assessments as well as the development, implementation and assessment of Quality Improvement Programmes are below standard. Oversight arrangements and active monitoring and support will be strengthened to ensure ongoing quality improvement at all facilities.

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## Emergency Medical Services

The ageing vehicle fleet (with increasing maintenance costs) as well as an inadequate number of appropriately trained staff to man ambulances remains a concern. Although the Department purchase vehicles annually, new vehicles just replace old vehicles with no increase in the number of operational vehicles. The EMS strategy to improve efficiencies will be reviewed to make provision for identified gaps.

## 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.

## Constitutional Mandates

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

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

## 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.

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

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- 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.

### **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.
- 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.

## **Planning Frameworks**

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

The NDP 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.

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- Achieve a significant shift in equity, efficiency and quality of health care provision.
- Achieve universal coverage for health.
- Significantly reduce the social determinants of disease and adverse ecological factors.

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

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

## Sustainable Development Goals 2030

The 13 targets in Goal 3 are relevant to the Health Sector.

- 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.

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- 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 PGDP is aligned with the NDP and cover the Provincial Plan of Action.

- 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.

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2. Accelerate the response to poverty and hunger.

## Policy Initiatives

The following National and Provincial Policies, Frameworks and Strategies will be relevant in 2018/19.

- Sustainable Development Goals: Target programmes and transversal services relevant to the development goals and targets.
- 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 target province-specific priorities. Align Strategic Plan and five Annual Performance Plans to ensure integration and working towards common vision.
- Provincial Long Term Plan (including Turn-Around Plan) 2017-2027: Provide the blue print for short, medium and long term evidence-based plans and taking into consideration service gaps and the burden of disease. Implementation Plan will provide specific timelines for strategies and activities to realise the long term transformational vision.
- 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 relevant Provincial policies and Standard Operational Procedures will be reviewed/ developed.
- National and Provincial Strategic Plans for HIV, AIDS, STI and TB: Implement the Provincial Plan.
- KwaZulu-Natal Monitoring and Evaluation Framework: Implement the approved Framework.
- 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, Ideal Clinic Realisation and Maintenance and system strengthening.

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- Provincial Mental Health Care Strategy 2014-2019: The Provincial strategy will be implemented using a phased approach.
- Clinical policies: Relevant policies will be reviewed or developed and implemented to standardise and improve quality of care.
- Emergency Medical Services: Finalise the EMS Strategy in line with EMS Regulations and reforms.
- Data Management Policy and Turn-Around Strategy: Improve effective management of health information through the District Health Information System.
- Provincial Poverty Eradication Master Plan: Integrated Provincial strategy to address poverty in KZN. The strategy and implementation will be monitored through the Office of the Premier.
- Operation Phakisa Ideal Clinic Realisation and Maintenance: Integrated into PHC re-engineering. The focus for 2018/19 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: Strategy will be scaled up towards reaching the 2020 targets.
- 90-90-90 integrated strategy for Non-Communicable Diseases: Implementation of strategy will be scaled up with a strong focus on screening, early detection and management of non-communicable diseases.

## **Strategic Planning Process**

Different approaches/ methodologies have been used during the planning cycle to identify and prioritise the 2018/19 priorities using the top-down and bottom-up approach. Five training courses have been facilitated to develop capacity on essential planning approaches & methodologies including Population-Based Planning; Theory of Change, Bottleneck Analysis; Root Cause Analysis; Prioritisation Matrix and Problem-Solving. The SWOT (Strengths, Weaknesses, and Opportunities & Threats) analysis further informed prioritisation and decision-making.

Conducted 15 integrated District Health Expenditure Review workshops to inform the 2018/19 HIV/AIDS Conditional Grant allocation as well as district and facility budgets, and inform the 2018/19 priorities. This process includes the aggregation of 2018/19 performance information targets using the bottom-up and top-down approach. Aggregation of targets will be finalised during Provincial and District consultative processes. Final targets will be confirmed during a bilateral with the National Department of Health in February 2018.

The Department conducted quarterly reviews (Provincial and District) to monitor implementation of plans and identify pressure areas and challenges. The first draft District Operational Plans (DOPs) with complete Conditional Grant targets/ activities were submitted in the second quarter. Engagements between districts, facilities and province followed this process to discuss and justify district and provincial targets. The Operational Plan template was finalised in the second quarter and workshops were facilitated to finalise templates (all Components) for 2<sup>nd</sup> quarter reporting. Facility planning workshop attended by Hospital CEOs, M&E Managers, Quality Assurance, and Facility Information Officers to discuss facility planning and M&E. Finalise the customised Facility Strategic Plan and Annual Plan Templates for implementation from 2018/19 onwards. First Provincial Planning workshop planned for the end of September 2017 to confirm 2018/19 priorities and focus areas.

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Quarter 3 (October – December): Branch and Component consultation to align the Annual Performance Plan and District/ Facility annual Plans with Provincial priorities and budget. Mid-year review conducted (November 2017) to determine progress against targets and to discuss interventions to improve performance.

Quarter 4 (January – March): A ManCo Caucus Meeting was conducted in preparation of the Provincial Strategic Planning Workshop in February 2018. Strategic priorities and focus areas have been identified through a process of deliberation under leadership of the MEC for Health and Acting Head: Health. A Provincial Strategic Planning Workshop for Senior Management was facilitated from 9-10 February 2018, where priorities have been unpacked during break away Commissions. The final budget adjustments will be aligned with the approved priorities. The alignment of various macro plans, the APP, as well as District and Facility Plans will be finalised before official submission and sign off.

### **Overview of the 2018/19 Budget and MTEF Estimates**

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 2018/19 MTEF and will require stringent discipline in managing 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 does not keep pace with inflation and requires 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, service delivery and health outcomes.

The commissioning of new facilities, including commissioning of the Pixley Ka Isaka Seme Regional Hospital in 2019, creates a significant challenge to the Province given the operational budgetary pressures. It will be necessary for the Province to further re-prioritise to accommodate the 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 and new facilities will be built in the MTEF.

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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## Expenditure Estimates

Table 13 (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	2014/15	2015/16				2016/17	2017/18	
Administration	701 925	846 622	845 674	891 171	897 415	882 614	965 411	812 687	868 200
District Health Services	14 334 353	16 007 896	17 723 971	18 993 346	19 441 200	19 659 155	20 825 714	22 429 843	24 246 450
Emergency Medical Services	1 068 113	1 174 378	1 209 263	1 277 850	1 358 514	1 403 117	1 415 686	1 521 158	1 632 004
Provincial Hospital Services	8 473 425	9 214 364	9 822 915	10 612 363	10 622 756	10 728 960	11 078 214	11 847 092	12 747 510
Central Hospital Services	3 817 800	4 124 929	4 534 157	4 581 578	4 681 578	4 755 928	4 955 993	5 213 898	5 714 321
Health Sciences and Training	1 018 949	1 058 822	1 201 074	1 241 683	1 241 683	1 263 186	1 264 350	1 281 885	1 312 749
Health Care Support Services	151 908	166 095	268 768	293 954	229 354	221 476	313 640	322 359	343 490
Health Facilities Management	1 679 037	1 517 618	1 420 575	1 656 528	1 457 978	1 515 727	1 528 656	1 528 213	1 459 252
<b>Sub-Total</b>	<b>31 245 510</b>	<b>34 110 724</b>	<b>37 026 397</b>	<b>39 548 473</b>	<b>39 930 478</b>	<b>40 430 163</b>	<b>42 347 664</b>	<b>44 957 135</b>	<b>48 323 976</b>
Unauthorized expenditure (1st charge) not available for spending	-	107 607	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>31 245 510</b>	<b>34 110 724</b>	<b>37 026 397</b>	<b>39 548 473</b>	<b>39 930 478</b>	<b>40 430 163</b>	<b>42 347 664</b>	<b>44 957 135</b>	<b>48 323 976</b>

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**Table 14 (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	2014/15	2015/16				2016/17	2017/18	2018/19
Current payments	28 911 128	31 899 939	34 739 862	37 075 809	37 215 923	37 548 048	39 541 755	42 352 834	45 784 761
<b>Compensation of employees</b>	<b>20 014 542</b>	<b>21 793 160</b>	<b>23 354 896</b>	<b>25 246 832</b>	<b>24 962 432</b>	<b>24 777 838</b>	<b>26 024 422</b>	<b>28 191 328</b>	<b>30 565 276</b>
<b>Goods and services</b>	<b>8 895 900</b>	<b>10 105 233</b>	<b>11 382 844</b>	<b>11 828 580</b>	<b>12 251 359</b>	<b>12 767 311</b>	<b>13 516 936</b>	<b>14 161 087</b>	<b>15 219 043</b>
Communication	99 330	98 598	116 893	112 226	105 437	105 506	113 301	119 121	125 667
Computer Services	133 813	150 913	163 632	192 130	160 501	149 576	163 678	181 004	190 957
Consultants, Contractors & special services	1 227 268	1 327 793	3 263 774	3 364 250	3 710 969	4 003 229	3 828 220	3 762 103	3 960 747
Inventory	4 142 072	4 653 964	5 885 762	5 956 748	6 002 502	6 268 599	6 938 009	7 449 701	8 101 703
Operating leases	135 476	153 493	139 376	158 677	152 203	148 507	152 709	155 592	158 835
Travel and subsistence	80 518	79 975	83 199	90 264	67 559	68 678	78 415	82 615	87 231
Interest and rent on land	686	1 546	2 122	397	2 132	2 899	397	419	442
Maintenance, repair and running costs	293 620	290 149	-	-	-	-	-	-	-
Financial Transactions in assets and Liabilities	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	2 783 803	3 350 348	1 730 139	1 954 285	2 050 910	2 023 210	2 242 604	2 410 951	1 730 139
Transfers and subsidies to	828 088	843 093	1 035 657	923 771	1 027 358	1 194 477	982 961	985 139	1 035 657
Provinces and municipalities	122 618	133 330	159 755	198 990	210 519	225 894	219 734	232 091	244 857
Departmental agencies and accounts	15 895	19 019	20 131	20 031	19 155	19 274	21 067	22 246	23 469
Universities and Technicon's	16	-	-	-	-	-	-	-	-
Foreign governments and international organisations	66	-	-	-	143 454	142 226	54 870	56 513	58 508
Non-profit institutions	222 051	213 402	203 929	210 687	654 230	807 083	687 290	674 289	696 561

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Households	467 442	477 342	651 842	494 063	210 519	225 894	219 734	232 091	244 857
Payments for capital assets	1 505 879	1 257 629	1 106 314	1 441 285	1 579 473	1 579 896	1 668 744	1 619 162	1 515 820
Buildings and other fixed structures	1 206 505	1 052 053	910 917	819 107	926 250	972 667	963 192	743 360	646 960
Machinery and equipment	299 374	205 576	195 397	622 178	653 223	607 229	705 552	875 802	868 860
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	415	110 063	144 564	107 608	107 724	107 742	154 204	-	-
<b>Total economic classification</b>	<b>31 245 510</b>	<b>34 110 724</b>	<b>37 026 397</b>	<b>39 548 473</b>	<b>39 930 478</b>	<b>40 430 163</b>	<b>42 347 664</b>	<b>44 957 135</b>	<b>48 323 976</b>

### Expenditure Trends

**Table 15: (A4) Trends in Provincial Public Health Expenditure (R'000)**

Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<b>Current prices</b>							
<b>Total</b>	<b>31 245 510</b>	<b>34 110 724</b>	<b>37 026 397</b>	<b>40 430 163</b>	<b>42 347 664</b>	<b>44 957 135</b>	<b>48 323 976</b>
Total per person	2 955.65	3 191.45	3 426.30	3 588.23	3 709.13	3 887.02	4 125.54
Total per uninsured person	3 385.63	3 647.38	3 843.52	4 072.91	4 210.14	4 417.07	4 688.11
<b>Constant (2016/17) prices</b>							
<b>Total</b>	<b>28 478 052</b>	<b>31 091 925</b>	<b>33 731 048</b>	<b>36 831 878</b>	<b>38 578 722</b>	<b>40 955 950</b>	<b>44 023 142</b>
Total per person	2 693.90	2 909.00	3 121.36	3 268.88	3 379.02	3 541.08	3 758.36
Total per uninsured person	3 085.80	3 324.58	3 501.45	3 710.42	3 835.44	4 023.95	4 270.88
<b>% of Total spent on</b>							
District Health Services	45.88%	46.93%	47.88%	48.62%	49.18%	49.89%	50.17%

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Provincial Health Services	27.12%	27.01%	26.53%	26.54%	26.16%	26.35%	26.38%
Central health Services	12.22%	12.09%	12.25%	11.76%	11.70%	11.60%	11.83%
All personnel	20 014 422	21 793 160	23 354 896	24 777 838	26 024 422	28 191 328	30 565 276
Capital	1 505 879	1 257 629	1 106 314	1 579 896	1 668 744	1 619 162	1 515 820

**Table 16: Conditional Grants Expenditure Trends (R'000)**

Conditional Grants R'000	Audited Actual			Estimate	Medium Term Projections		
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Health Professions Training and Development Grant	292 847	299 898	312 377	331 944	351 197	370 863	391 260
Health Facility Revitalisation Grant	1 362 469	1 231 997	1 121 993	1 149 355	1 202 480	1 153 049	1 216 467
National Tertiary Services Grant	1 496 427	1 530 223	1 596 286	1 696 266	1 794 649	1 895 149	2 022 124
Comprehensive HIV, AIDS and TB Grant	3 257 870	3 813 455	4 247 525	5 118 107	5 677 225	6 114 218	6 701 673
Human Papillomavirus Vaccine Grant	-	-	-	-	44 976	47 495	50 107
Social Sector EPWP Incentive Grant for Provinces	2 580	13 000	13 000	47 058	24 182	-	-
EPWP Integrated Grant for Provinces	2 581	3 682	7 122	8400	8 896	-	-
National Health Insurance Grant	18 399	9 494	25 045	-	-	-	-
<b>Total</b>	<b>6 433 173</b>	<b>6 901 749</b>	<b>7 323 348</b>	<b>8 351 130</b>	<b>9 103 605</b>	<b>9 580 774</b>	<b>10 381 631</b>



# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PART B: PROGRAMME & SUB-PROGRAMME PLANS

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



# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **PROGRAMME 1: ADMINISTRATION**

### *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 (Head Office Branches and Units)*

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

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Priorities

Priorities	Key Focus Areas
Improve audit outcomes	<ul style="list-style-type: none"> <li>Supply Chain, Asset &amp; Contract Management Strategy (Section 18 intervention).</li> <li>Internal control and rigorous implementation &amp; monitoring of the Audit Improvement Plan.</li> <li>Performance Information Improvement Plan.</li> <li>Management of Commuted Overtime.</li> <li>Financial management including Savings and Cost Containment Plan.</li> <li>Implement &amp; monitor reviewed decentralised SCM, Financial and HR delegations.</li> </ul>
Improve human resources management	<ul style="list-style-type: none"> <li>Continue with review of organisational structures.</li> <li>Finalise the Essential Post List Project.</li> <li>Strengthen performance management &amp; development (EPMDS) including amended and approved Policy including basic 360 assessments at all levels.</li> </ul>
Improve management of performance information	<ul style="list-style-type: none"> <li>Implement strategy to improve record management.</li> <li>Further rollout of the web-based DHIS.</li> <li>Improve review and use of data at facility, sub-district &amp; district level and improve the feedback system.</li> <li>Implement the performance information management strategy &amp; implementation plan.</li> <li>Implement the approved IT strategy including increasing broadband access at facility level.</li> </ul>
Implement strategy to reduce medico legal risks	<ul style="list-style-type: none"> <li>Finalise and implement the approved Medico-Legal Strategy &amp; Implementation Plan.</li> </ul>
Manage finalisation and implementation of the integrated Turn-Around Plan	<ul style="list-style-type: none"> <li>Finalise the integrated Turn-Around Plan and manage and monitor implementation at all levels.</li> <li>Establish enabling environment for service delivery.</li> </ul>
Strengthen oversight and technical support to districts and facilities to improve seamless service delivery	<ul style="list-style-type: none"> <li>Strengthen consultation and the feedback loop between province, districts and facilities</li> <li>Finalise and implement the approved integrated Communication Plan</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 17: 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 (Amended 2017/18)	1.1.1) 2017 – 2027 Strategic Position Statement and Long Term Plan approved by March 2019 (Reviewed 2018/19)	♦ Approved 2017-2027 Long Term Plan (Amended 2017/18)	• Approved 2017 – 2027 Long Term Plan (Amended 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
	1.3) 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 (Amended 2015/16)
	1.4) Improve health technology and information management	1.4.1) Connectivity established at 40% public health facilities by March 2020 (Reviewed 2015/16 and 2018/19)	♦ Percentage of hospitals with broadband access	• 40% (Reviewed 2015/16 and 2018/19)
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 2018/19)	♦ Number of organisational structures approved (Reviewed 2017/18)	• 100 cumulative
		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 (Amended 2015/16)	• Implement Model

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 18: (ADMIN 2) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts</b>											
1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	1. Audit opinion from Auditor-General	Annual Report	Annual Categorical	Qualification	Qualification	Qualification	Audit for 2017/18 not yet conducted by the Auditor General	Unqualified	Unqualified	Unqualified	Unqualified opinion from 2015/16 onwards
<b>Strategic Objective 1.4: Improve health technology and information management</b>											
1.4.1) Connectivity established at 40% public health facilities by March 2020	2. Percentage of hospitals with broadband access	Network reports that confirm availability of broadband	Quarterly %	Not reported	9.7%	9.7%	56%	58.3% <sup>34</sup>	61.1%	63.9%	40% public health facilities
	<i>Total number of hospitals with minimum 2 Mbps connectivity</i>	<i>Network reports that confirm availability of broadband</i>	No	-	7	7	40	42	44	46	
	<i>Total number of public hospitals</i>	DHIS	No	-	72	72	72	72	72	72	
	3. Percentage of fixed PHC facilities with broadband access	Network reports that confirm availability of broadband	Quarterly %	*44.5% <sup>35</sup>	5.1%	17.7%	23%	26.9%	29%	35.1%	
	<i>Number of PHC facilities that have access to at least 1Mbps connectivity</i>	<i>Network reports that confirm availability of broadband</i>	No	267	31	108	140	164	177	214	

<sup>34</sup> (Indicator 2 and 3): Budget constraints, high cost of connectivity and slow procurement process through SITA slow down progress - hence review of MTEF targets while other options are being explored

<sup>35</sup> The indicator definition was incorrectly interpreted for reported – that has been corrected for the 2015/16 Annual Report

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
	Total number of fixed PHC facilities	DHIS	No	600	607	610	610	610	610	610	
<b>FINANCE AND SUPPLY CHAIN MANAGEMENT</b>											
<b>Strategic Objective 1.3: Improve Supply Chain Management</b>											
1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year	4. Approved annual procurement plan	Procurement Plan	Annual Categorical	Yes	No	Approved & costed Plan	Approved & costed Plan	Approved & costed Plan	Approved & costed Plan	Approved & costed Plan	Approved and costed annual Procurement Plan
<b>HUMAN RESOURCE MANAGEMENT SERVICES</b>											
<b>Strategic Objective 4.1: Improve human resources for health</b>											
4.1.2) Review and approve macro and micro structures aligned to function	5. Number of organisational structures reviewed & submitted for approval	HRMS; Approved structures	Annual No	Not reported	Macro structure reviewed	13 <sup>6</sup>	11 <sup>37</sup>	10 <sup>38</sup>	10	9	100 cumulative over planning cycle
4.1.3) Implement the Community Based Training in a PHC Model in collaboration with UKZN with Phase 1 pilot commencing in 2016/17	6. Implement the Community Based Training in a PHC Model	Community Based Training in a PHC Model Business Plan	Annual Categorical	Draft Business Plan	Approved Business Plan	Implement Phase 1 in King Cetshwayo District	Implement Phase 2 in identified sites in King Cetshwayo, Amajuba and Ugu Districts	Implement Model	Implement Model	Implement Model	Implement Model

<sup>36</sup> One structure signed off by the MEC for Health

<sup>37</sup> Nine structures have been submitted and approved at the end of the 3<sup>rd</sup> quarter of 2017/18

<sup>38</sup> Targets for outer years will be reviewed annually based on availability of resources and identified priorities and needs

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020	7. Medical Officers per 100 000 population	Persal Stats SA	Annual No per 100,000 population	28.5	29.2*	27.8	26.8	27.7 <sup>39</sup>	27.4	27.1	-
	<i>Number of Medical Officers posts filled</i>	<i>Persal</i>	<i>No</i>	3 012	3 124	3 007	3 016 <sup>40</sup>	3 165	3 170	3 170	
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>No</i>	10 571 313	10 688 168	10 806 538	11 267 433	11 417 133	11 565 969	11 713 378	
	8. Professional Nurses per 100 000 population	Persal Stats SA	Annual No per 100,000 population	137.7	163.5*	160.73	154.3	153.5	151.7	149.8	-
	<i>Number of Professional Nurses posts filled</i>	<i>Persal</i>	<i>No</i>	14 556	17 475	17 370	17 388 <sup>41</sup>	17 525	17 550	17 550	
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>No</i>	10 571 313	10 688 168	10 806 538	11 267 433	11 417 133	11 565 969	11 713 378	
	9. Pharmacists per 100 000 population	Persal Stats SA	Annual No per 100,000 population	7.4	7.8*	7.9	7.7	7.4	7.4	7.3	-
	<i>Number of Pharmacists posts filled</i>	<i>Persal</i>	<i>No</i>	782	833	849	862 <sup>42</sup>	850	855	855	
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>No</i>	10 571 313	10 688 168	10 806 538	11 267 433	11 417 133	11 565 969	11 713 378	
	<b>Strategic Objective 4.2: Improve Performance Management and Development</b>										

<sup>39</sup> Indicators 8, 9 and 10: Minimal increase in the number of staff taking into consideration the limited funding envelope for filling of posts – this will be reviewed annually to align with available budget for COE

<sup>40</sup> Includes Clinical Managers, Interns, Community Service, Registrars and Production level

<sup>41</sup> Includes Nursing Managers, Institutional Heads and Production level

<sup>42</sup> Includes Pharmacy Managers, Interns, Community Service and Production level

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
4.2.1) All personnel comply with performance management requirements from March 2016 onwards	10. Number of Hospital Managers who have signed Performance Agreements (PA's)	EPMDS Database; Signed PA's	Annual No	37	56	46	72	72	72	72	-
	11. Number of District Managers who have signed PA's	EPMDS Database; Signed PA's	Annual No	11	12	10	12 <sup>43</sup>	12	12	12	-
	12. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	EPMDS Database; Signed PA's	Annual %	78%	67.8%	93.1%	100%	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>	No	39	40	54	64	64	64	64	
	<i>Number of Head Office Managers (level 13 and above)</i>	<i>Persal</i>	No	50	59	58	64	64 <sup>44</sup>	64	64	
<b>PLANNING, MONITORING &amp; EVALUATION</b>											
<b>Strategic Objective 1.1: Approve the integrated 2017-2027 Long Term Plan</b>											

<sup>43</sup> Includes 11 District Directors and one Chief Director for the eThekweni Metro

<sup>44</sup> This number will fluctuate year on year and will be adjusted accordingly for reporting purposes

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
1.1.1) 2017 – 2027 Strategic Position Statement and Long Term Plan approved by March 2019	13. Approved 2017-2027 Long Term Plan	Approved Long Term Plan	Annual Categorical	Not approved	Not approved	Not approved	Not approved	Approved 2017 – 2027 Long Term Plan	Implement approved Long Term Plan	Implement approved Long Term Plan	Approved 2017-2027 Long Term Plan
<b>SPECIALISED SERVICES AND CLINICAL SUPPORT</b>											
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.2) Hospital Rationalisation Plan approved by September 2018	14. Approved Hospital Rationalisation Plan <sup>45</sup>	Approved Hospital Rationalisation Plan	Annual Categorical	Not reported	Not approved	Not approved	Not approved	Approved Hospital Rationalisation Plan	Implement approved Plan	Implement approved Plan	-
<b>Strategic Objective 5.2) Improve quality of care</b>											
5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020	15. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Food Services Grading Register	Annual %	64%	43.8%	65.2%	80.6%	86.1%	100%	100%	-
	<i>Public health hospitals that score more than 75% on the FSMSGs</i>	<i>Food Services Grading Register</i>	No	46	32	47	58	62	72	72	
	<i>Number of public health hospitals assessed</i>	<i>Assessment Records</i>	No	72	72	72	72	72	72	72	
<b>EXECUTIVE SUPPORT SERVICES</b>											
<b>Strategic Objective 4.1) Improve human resources for health</b>											

<sup>45</sup> The Plan is relevant to all hospitals and will be incorporated in the Long Term and Turn-Around Plan – oversight and support will be provided from Head Office

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
4.1.11) Appoint an average of 10 000 CCGs per annum on contract	16. Number of Community Care Givers appointed on contract	CCG Database; Persal	Annual No	Not reported	Not reported	Not reported	10 007	10 000	10 000	10 000	-
<b>Strategic Objective 5.2) Improve quality of care</b>											
5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards	17. Number of ethics workshops conducted	Attendance Registers	Quarterly No	Not reported	Not reported	Not reported	40	40	40	40	-
<b>Strategic Objective 1.2) Improve financial management and compliance to PFMA prescripts</b>											
1.2.3) Monthly submission of disclosures of donations, sponsorships, and gifts as per Circular G15/2016	18. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Gift Registers; Reports to Finance	Quarterly No	Not reported	Not reported	Not reported	12	12	12	12	-

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

Table 19: (ADMIN 3) Quarterly and Annual Targets

Performance Indicators	Frequency/ Type	Targets	Quarterly & Annual Targets				
		2018/19	Q1	Q2	Q3	Q4	Annual
1. Audit opinion from Auditor-General	Annual Categorical	Unqualified	-	Unqualified	-	-	Unqualified
2. Percentage of hospitals with broadband access	Quarterly % Cumulative	58.3%	57%	57%	57%	58.3%	58.3%
3. Percentage of fixed PHC facilities with broadband access	Quarterly % Cumulative	26.9%	24.6%	24.6%	26.2%	26.9%	26.9%
4. Approved annual Procurement Plan	Annual Categorical	Approved Plan	Approved Plan	-	-	-	Approved Plan
5. Number of organisational structures reviewed & submitted for approval	Annual No	10	3	3	3	1	10
6. Implement the Community Based Training in a PHC Model	Annual Categorical	Implement Model	-	-	-	-	Implement Model
7. Medical Officers per 100,000 population	Annual No	27.7	-	-	-	27.7	27.7
8. Professional Nurses per 100,000 population	Annual No	153.5	-	-	-	153.5	153.5
9. Pharmacists per 100,000 population	Annual No	7.4	-	-	-	7.4	7.4
10. Number of Hospital Managers who have signed Performance Agreements (PA's)	Annual No	72	72	-	-	-	72
11. Number of District Managers who have signed PA's	Annual No	12	12	-	-	-	12
12. Percentage of Head Office Managers (Level 13 and above) who have signed PA's	Annual %	100%	100%	-	-	-	100%
13. Approved 2017-2027 Long Term Plan	Annual Categorical	Approved Plan	-	-	-	Approved Plan	Approved Plan
14. Approved Hospital Rationalisation Plan	Annual Categorical	Approved Plan	-	-	Approved Plan	-	Approved Plan

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Performance Indicators	Frequency/ Type	Targets	Quarterly & Annual Targets				
		2018/19	Q1	Q2	Q3	Q4	Annual
15. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Annual % Cumulative	86.1%	-	-	-	86.1%	86.1%
16. Number of Community Care Givers appointed on contract	Annual No	10 000	-	-	-	10 000	10 000
17. Number of ethics workshops conducted	Quarterly No	40	10	10	10	10	40
18. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Quarterly No	12	3	3	3	3	12

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends and Budgets

**Table 20: (ADMIN 4a) Expenditure Estimates (R'000)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2014/15	2015/16	2016/17	2017/18			2018/19	2019/20	2020/21
Office of the MEC	16 818	18 455	18 990	20 891	20 891	21 678	23 285	23 532	25 233
Management	685 107	828 167	826 684	870 280	876 524	860 936	942 126	789 155	842 967
<b>Sub-Total</b>	<b>701 925</b>	<b>846 622</b>	<b>845 674</b>	<b>891 171</b>	<b>20 891</b>	<b>21 678</b>	<b>23 285</b>	<b>23 532</b>	<b>25 233</b>
Unauthorized expenditure (1st charge) not available for spending	-	107 608	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>701 925</b>	<b>846 622</b>	<b>845 674</b>	<b>891 171</b>	<b>897 415</b>	<b>882 614</b>	<b>965 411</b>	<b>812 687</b>	<b>868 200</b>

**Table 21: (ADMIN 4b) 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	2014/15	2015/16	2016/17	2017/18			2018/19	2019/20	2020/21
Current payments	678 837	722 304	683 440	771 212	771 446	720 997	764 167	774 916	829 084
<b>Compensation of employees</b>	<b>292 983</b>	<b>326 812</b>	<b>365 803</b>	<b>402 196</b>	<b>383 149</b>	<b>387 367</b>	<b>419 446</b>	<b>450 325</b>	<b>486 351</b>
<b>Goods and services</b>	<b>385 799</b>	<b>395 388</b>	<b>316 817</b>	<b>369 016</b>	<b>388 271</b>	<b>333 480</b>	<b>344 721</b>	<b>324 591</b>	<b>342 733</b>
Communication	10 581	10 963	11 462	12 208	11 509	11 654	12 954	13 679	14 432
Computer Services	133 465	147 306	158 740	190 000	155 524	141 550	153 174	169 962	179 309
Consultants, Contractors and special services	42 306	76 640	64 627	74 395	134 267	95 621	84 636	41 698	43 991
Inventory	2 082	-	5 721	6 347	3 198	2 857	3 743	4 121	4 349
Operating leases	5 012	5 095	5 113	5 611	5 051	5 055	5 952	6 285	6 631

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Travel and subsistence	18 047	19 481	18 804	19 273	14 776	14 450	16 426	17 500	18 700
Interest and rent on land	55	104	820	-	26	150	-	-	-
Maintenance, repair and running costs	5 324	5 757	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	168 982	130 777	17 443	63 940	62 287	67 836	71 346	75 321	63 940
Transfers and subsidies to	7 249	5 689	2 903	6 594	6 287	7 705	8 137	8 585	6 594
Provinces and municipalities	3 267	2 525	-	3 596	3 596	3 695	3 902	4 117	3 596
Departmental agencies and accounts	-	-	-	1	-	1	1	1	1
Universities and Technicon	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	66	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	2 997	2 691	4 009	4 234	4 467	2 997
Households	3 916	3 164	14 540	63 940	62 287	67 836	71 346	75 321	63 940
Payments for capital assets	15 827	11 021	257	5 043	11 651	47 606	39 335	29 634	30 531
Machinery and equipment	15 827	11 021	257	5 043	11 651	47 606	39 335	29 634	30 531
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	12	107 608	144 534	107 608	107 724	107 724	154 204	-	-
<b>Total economic classification</b>	<b>701 925</b>	<b>846 622</b>	<b>845 674</b>	<b>891 171</b>	<b>897 415</b>	<b>882 614</b>	<b>965 411</b>	<b>812 687</b>	<b>868 200</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 1 is allocated 2.07 per cent of the total 2018/19 Vote 7 allocation compared to 2.26 per cent in the revised estimate for 2017/18. This amounts to a decrease of R 46 468 million to make provision for increase in the service delivery allocations at facility levels.

## Risk Management

**Table 22: Risk Management**

Potential Risks	Mitigating Strategies
Negative impact of budget and resource constraints	<ul style="list-style-type: none"> <li>Strengthen internal control and budget/ expenditure auditing at all levels. Structured technical support and oversight at district &amp; facility levels.</li> <li>Enforce strict compliance and accountability against implementation of the approved Cost Containment and Savings Plan at all levels.</li> <li>Monitor cost saving through implementation of the approved Rationalisation Plan.</li> <li>Present quantifiable budget shortfalls to Provincial Treasury.</li> </ul>
Escalating medico legal claims and costs	<ul style="list-style-type: none"> <li>Implement approved Medico Legal Strategy and monitor output and outcome.</li> <li>Strengthen systems and capacity within the Department to defend legal claims.</li> <li>Improve record management at provincial and facility levels.</li> </ul>
Inadequate human resources for health	<ul style="list-style-type: none"> <li>Implement the Essential Post List Project addressing equity and resource allocation.</li> <li>Present approved Essential Post List to Cabinet to rescind the current process for approval of critical posts.</li> <li>Improve the performance management system including consequence management.</li> </ul>
Poor data quality and management with data	<ul style="list-style-type: none"> <li>Implement the Data Management Strategy.</li> <li>Improve review and feedback of data at facility, sub-district &amp; district level.</li> </ul>
Supply chain inefficiencies	<ul style="list-style-type: none"> <li>Implement SCM Improvement Plan (Section 18 Strategy).</li> <li>Reform SCM health technology services.</li> </ul>

# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **PROGRAMME 2: DISTRICT HEALTH SERVICES**

### *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; coordination and management of 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 and community level including mobile visiting points, mobiles 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, health promotion and education, screening for health conditions, 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 combine nutrition specific and nutrition sensitive interventions to address malnutrition

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

Render forensic medico-legal services

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

Render hospital services at General Practitioner level

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: Primary Health Care

### Service Delivery Platform (District Health System)

Table 23: (DHS1) District Health Service Facilities per Health District – 2016/17

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	759 134	13 556	2 299 757	3.0
	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				
	<b>Subtotal fixed clinics + CHC's</b>	<b>56</b>				
	District Hospitals	3		688	32 721	
Umgungundlovu	Non-fixed clinics	16 <sup>46</sup>	1 104 912	20 847	2 867 185	2.6
	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				
	<b>Sub-total fixed clinics + CHC's</b>	<b>53</b>				
	District Hospitals	2		1 935	30 437	
Uthukela	Non-fixed clinics	14	702 395	18 984	1 691 071	2.4
	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				
	<b>Sub-total fixed clinics + CHC's</b>	<b>37</b>				
	District Hospitals	2		1 517	19 594	
Umzinyathi	Non-fixed clinics	13	527 386	10 142	1 485 971	2.8
	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				
	<b>Sub-total fixed clinics + CHC's</b>	<b>52</b>				
	District Hospitals	4		458	36 782	
Amajuba	Non-fixed clinics	8	530 447	20 402	1 133 775	2.1
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	25				
	Fixed clinics operated by NGO's	0				

<sup>46</sup> Includes 1 LG Mobile

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
	Total fixed clinics	25				
	CHCs	1				
	<b>Sub-total fixed clinics + CHC's</b>	<b>26</b>				
	District Hospitals	1				
<b>Zululand</b>	Non-fixed clinics	16	854 893	12 041	2 187 292	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				
	<b>Sub-total fixed clinics + CHC's</b>	<b>71</b>				
	District Hospitals	5				
<b>Umkhanyakude</b>	Non-fixed clinics	18 <sup>47</sup>	655 617	11 502	2 187 292	3.3
	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				
	<b>Sub-total fixed clinics + CHC's</b>	<b>57</b>				
	District Hospitals	5				
<b>King Cetshwayo</b>	Non-fixed clinics	18	968 620	15 622	2 690 024	2.8
	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				
	<b>Sub-total fixed clinics+ CHC's</b>	<b>62</b>				
	District Hospitals	6				
<b>Ilembe</b>	Non-fixed clinics	11	662 413	18 400	1 978 209	3.0
	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				
	<b>Sub-total fixed clinics</b>	<b>36</b>				
	District Hospitals	3				
<b>Harry Gwala</b>	Non-fixed clinics	13	492 203	12 305	1 254 868	2.5
	Fixed clinics operated by LG	0				
	Fixed clinics operated by PG	39				
	Fixed clinics operated by NGO's	0				
	Total fixed clinics	39				
	CHCs	1				

<sup>47</sup> Including 1 State Aided Mobile

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
	<b>Sub-total fixed clinics</b>	<b>40</b>				
	District Hospitals	4		547	30 573	
<b>eThekweni</b>	Non-fixed clinics	36 <sup>48</sup>	3 548 516	29 570	9 148 353	2.7
	Fixed clinics operated by LG	56				
	Fixed clinics operated by PG	47 <sup>49</sup>				
	Fixed clinics operated by NGO's	9				
	<b>Total fixed clinics</b>	<b>112</b>				
	CHCs	8 <sup>50</sup>				
	<b>Sub-total fixed clinics</b>	<b>120</b>				
	District Hospitals	3 <sup>51</sup>				
<b>KwaZulu-Natal</b>	<b>Non-fixed clinics</b>	<b>180</b>	10 806 538	17 716	29 200 948	2.7
	Fixed clinics operated by LG	56				
	Fixed clinics operated by PG	524				
	Fixed clinics operated by NGO's	9				
	<b>Total fixed clinics</b>	<b>589</b>				
	CHCs	21				
	<b>Sub-total fixed clinics</b>	<b>610</b>				
	<b>District Hospitals</b>	<b>38</b>				

- Health Posts have not been included in total for non-fixed clinics
- Abbreviations: LG: Local Government; and PG: Provincial Government

<sup>48</sup> Includes 15 PG and 22 LG Mobiles

<sup>49</sup> Includes 1 Mental Health Centre, 1 Reproductive Centre, and 2 Special Clinics

<sup>50</sup> Includes 1 CHC (integrated with LG)

<sup>51</sup> Including the State Aided St Mary's Hospital (190 beds) - providing services in eThekweni West

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Priorities

Priorities	Key Focus Areas
Strengthening PHC re-engineering	<ul style="list-style-type: none"> <li>• Implementation of the District Health System Sub-District Model in collaboration with districts, facilities and communities and monitor progress.</li> <li>• Expand integrated community-based and outreach services as part of the community-based model.</li> <li>• Improve quality and utilisation of performance information (including community-based information) through capacitation of service providers.</li> <li>• Manage systems challenges to ensure an enabling performance information system and process.</li> <li>• Strengthen review of performance information to inform planning and decision-making at provincial, district and facility levels.</li> <li>• Rollout of NHI projects including contracting General Practitioners and Allied Workers and further rollout of the Patient Registration System to remaining districts.</li> <li>• Strengthen the Ideal Clinic Programme with focus on self-assessment and development &amp; implementation of Facility Improvement Plans.</li> <li>• Strengthen district capacity in Ugu, King Cetshwayo, Ilembe, Harry Gwala and eThekweni to improve overall Ideal Clinic performance.</li> <li>• Strengthen supervision in all districts.</li> <li>• Strengthen capacity at district and facility levels to ensure implementation of the District Planning &amp; Monitoring Framework.</li> <li>• Facilitate a Train-the-Trainer course for Planners and M&amp;E Managers to improve the quality and monitoring of district and facility plans.</li> <li>• Manage the Essential Post List Project in relation to human resource distribution and allocation to improve equity and utilisation of scarce resources.</li> </ul>

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## Situation Analysis Indicators

Table 24: (DHS 2) Situation Analysis Indicators

Program Performance Indicators	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umkhanyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
1. Ideal clinic status rate	%	64.2%	45.3%	100%	81.1%	97.2%	100%	64.3%	60.7%	45%	44.4%	34.5%	55.1%
<i>Ideal clinic status</i>	No	349	24	52	30	35	26	45	34	27	16	10	49
<i>Fixed clinics plus fixed CHCs</i>	No	544	53	52	37	36	26	70	56	60	36	29	89
2. PHC utilisation rate - Total	Rate	2.7	3.0	2.6	2.4	2.8	2.1	2.6	3.3	2.8	3.0	2.5	2.7
<i>PHC headcount total</i>	No	29 200 948	2 299 757	2 867 185	1 691 071	1 485 971	1 133 775	2 187 292	2 194 443	2 690 024	1 978 209	1 254 868	9 418 353
<i>Population total</i>	No	10 806 538	759 134	1 104 912	702 395	527 386	530 447	854 893	655 617	968 620	662 413	492 203	3 548 516
3. Complaint resolution within 25 working days rate	%	95.5%	90.8%	98.6%	89.9%	82.8%	92.1%	94.6%	98.7%	91.8%	90.2%	89.2%	98.6%
<i>Complaints resolved within 25 working days</i>	No	3 769	267	346	71	101	139	192	552	301	222	132	1 446
<i>Total number complaints resolved</i>	No	3 947	294	351	79	122	151	203	559	328	246	148	1 466

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

Table 25: 2015-2019 Strategic Plan Targets (PHC)

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Targets 2019/20
<b>Life Expectancy</b>				
Strategic Goal 2: Reduce and manage the burden of disease	2.1) Increase life expectancy at birth	2.1.1) Increase the total life expectancy to 61.5 years by March 2020 (Reviewed 2017/18 based on Stats SA estimates and projections).	Life expectancy at birth: Total	61.5 years (Stats SA Mid-Year estimates)
		2.1.2) Increase the life expectancy of males to 58.4 years by March 2020 (Reviewed 2017/18 based on Stats SA estimates and projections).	Life expectancy at birth: Male	58.4 years (Stats SA Mid-Year estimates)
		2.1.3) Increase the life expectancy of females to 64.5 years by March 2020 (Reviewed 2017/18 based on Stats SA estimates and projections).	Life expectancy at birth: Female	64.5 years (Stats SA Mid-Year estimates)
<b>Primary Health Care</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.5) Accelerate implementation of PHC re-engineering	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage by at least 15% per annum.	OHH registration visit coverage (annualised)	15% annual increase
		1.5.2) Increase the number of ward based outreach teams to 160 by March 2020 (Reviewed 2017/18 to align with the allocated funding envelope).	Number of ward based outreach teams (cumulative)	160
		1.5.3) PHC utilisation rate of at least 2.5 visits per person per year by March 2020 (Reviewed 2017/18 based on facility-based trends – excluding community-based headcounts).	PHC utilisation rate (annualised)	2.5
		1.5.4) Under 5 utilisation rate of at least 3.9 visits per child per year (Reviewed 2017/18 based on facility-based trends – excluding community-based headcounts).	PHC utilisation rate under 5 years (annualised)	3.9
	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)	Ideal Clinic status rate (Reviewed 2018/19)	100%

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**Table 26: (DHS3) Strategic Objectives, Indicators & Targets**

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM</b>											
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020	1. Ideal clinic status rate	Assessment records; Ideal Clinic Dashboard; DHIS	Annual %	Not reported	25.9%	64.2%	83.2%	87%	100%	100%	100%
	<i>Ideal clinic status</i>	<i>Assessment Records; DHIS</i>	No	-	141	349	508	531	610	610	
	<i>Fixed clinics plus fixed CHCs</i>	<i>DHIS</i>	No	-	544	544	610	610	610	610	
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.3: PHC utilisation rate of at least 2.5 visits per person per year by March 2020	2. PHC utilisation rate - total (annualised)	DHIS	Quarterly No	2.9	2.9	2.7	2.6 <sup>52</sup>	2.6 <sup>53</sup>	2.5	2.5	2.5
	<i>PHC headcount total</i>	<i>PHC Tick Register</i>	No	31 232 092	30 745 821 <sup>54</sup>	29 200 948	28 999 286	29 200 245	29 189 445	29 009 254	
	<i>Population total</i>	<i>DHIS/ Stats SA</i>	No	10 571 313	10 688 165	10 806 538	11 267 436	11 417 132	11 565 963	11 713 378	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards	3. Complaint resolution within 25 working days rate	Complaints Register; DHIS	Quarterly %	90.7%	94.1%	95.5%	94.9%	96%	96%	96.5%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	No	3 348	3 735	3 769	3 440	4 104	4 032	4 028	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	3 690	3 970	3 947	3 623	4 275	4 200	4 175	

<sup>52</sup> This calculation is based on fixed facility headcount only. The total PHC headcount (including community services) is 35 168 576, which increases the total PHC utilisation rate to 3.1

<sup>53</sup> Targets for the MTEF are based on fixed facility headcount only (not including headcount from community-based services)

<sup>54</sup> This includes clinics, CHC's, mobiles, reproductive and specialised clinics

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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	Complaints Register; DHIS	Quarterly %	77.3%	80.6%	88.4%	88.3%	93%	95%	95%	-
	Complaint resolved	Complaints Register	No	3 690	3 970	3 947	3 623	4 275	4 200	4 175	
	Complaint received	Complaints Register	No	4 774	4 925	4 465	4 104	4 596	4 421	4 395	
<b>Strategic Objective 2.1: Increase life expectancy at birth</b>											
2.1.1) Increase the total life expectancy to 61.5 years by March 2020	5. Life expectancy at birth - Total	Stats SA mid-year population estimates	Annual estimates Years	56.9 years <sup>55</sup>	57.7 years <sup>56</sup>	56.4 years	60.7 years <sup>57</sup>	61.1 years	61.5 years	61.8 years	-
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	6. Life expectancy at birth - Male	Stats SA mid-year population estimates	Annual estimates Years	54.4 years	57 years	54 years	57.8 years	58.1 years	58.4 years	58.6 years	58.4 years
2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	7. Life expectancy at birth - Female	Stats SA mid-year population estimates	Annual estimates Years	59.4 years	58.4 years	58.7 years	63.5 years	64 years	64.5 years	64.9 years	64.5 years
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.4) Under 5 utilisation rate of at least 3.9	8. PHC utilisation rate under 5 years (annualised)	PHC Register; DHIS	Quarterly No	4.4	4.5	4.3	3.7 <sup>58</sup>	3.9 <sup>59</sup>	3.9	3.9	3.9

<sup>55</sup> Indicators 6, 7 and 8: Stats SA 2014 Mid-year Population Estimates

<sup>56</sup> Indicators 6, 7 and 8: Stats SA 2015 Mid-year Population Estimates

<sup>57</sup> 2017 Mid-Year Estimates, Statistics SA

<sup>58</sup> This calculation (rate) is based on fixed facility headcount only. The total PHC under 5 headcount (including community services) is 6 462 270, which increases the total PHC utilisation rate to 4.8

<sup>59</sup> Targets for the MTEF are based on fixed facility headcount only (excluding headcount for community-based services)

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
visits per child per year	PHC headcount under 5 years	PHC Register; DHIS	No	5 064 825	5 184 506	4 947 149	4 901 730	5 129 112	5 100 899	5 100 236	
	Population under 5 years	Stats SA; DHIS	No	1 164 382	1 154 061	1 142 878	1 339 178	1 330 900	1 323 674	1 317 449	
1.5.6) Increase the expenditure per PHC headcount to at least R 436 by March 2020	9. Expenditure per PHC headcount	DHIS; BAS	Quarterly R	R 275	R 319	R 380	R 358 <sup>60</sup>	R 405	R 436	R 476	-
	Total expenditure PHC (Sub-Programmes 2.2, 2.3, 2.6 & 2.7)	BAS	R'000	8 599 800	9 815 401	11 123 133	10 383 756	11 816 318	12 719 205	13 815 780	
	PHC headcount total	DHIS	No	31 232 092	30 745 821	29 200 948	28 999 286	29 200 245	29 189 445	29 009 254	
1.5.7) Increase School Health Teams to 215 by March 2020	10. Number of school health teams (cumulative)	Persal; District Management	Annual No	170	214	209	192	210	215	220	-
1.5.2: Increase the number of ward based outreach teams to 160 by March 2020	11. Number of ward based outreach teams <sup>61</sup> (cumulative)	Persal; District Management	Annual No	74 <sup>62</sup>	135	154	124	150	160	170	160
1.5.8) Increase the accredited Health Promoting Schools to 350 by March 2020	12. Number of accredited health promoting schools (cumulative)	Accreditation Certificates; Health Promotion Schools Database	Annual No	278	297	314	338	342	350	355	-
1.5.1) Accelerate implementation of PHC re-engineering by	13. Outreach household registration visit coverage (annualised)	Outreach Registers; DHIS	Annual %	4.1%	25.1%	25.5%	27.3%	31.4%	36.1%	41.5%	15% Annual increase

<sup>60</sup> Calculation of the indicator has been amended i.e. Community Services & Other Community Services are now excluded as community-based headcounts are not included in headcount

<sup>61</sup> The 169 wards worst affected by poverty is targeted as part of the Poverty Eradication Master Plan

<sup>62</sup> All appointed teams not fully functional (inadequate allocated vehicles, teams not adequately staffed due to staff turnover, etc.)

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Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
increasing household registration coverage by at least 15% per annum	<i>Outreach households registration visit</i>	<i>Outreach Registers</i>	No	103 852	617 610	651 894	693 445	797 462	917 081	1 054 643	
	<i>Households in the population</i>	<i>Stats SA – Community Survey</i>	No (estimate)	2 539 430	2 549 433	2 549 433 <sup>63</sup>	2 539 209 <sup>64</sup>	2 539 209	2 539 209	2 539 209	

<sup>63</sup> The estimated households per district were not available at the time of tabling the 2016/17 APP – for that reason the denominator was flat lined. The new DHIS denominator is 2 798 270

<sup>64</sup> Stats SA 2016 projections (COGTA Household data per Municipality)

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

Table 27: (DHS 4) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2018/19	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Ideal clinic status rate	Annual (Cumulative)	%	87%	-	-	-	-	87%
2. PHC utilisation rate	Quarterly (Annualised)	No	2.6	2.6	2.6	2.6	2.6	2.6
3. Complaint resolution within 25 working days rate	Quarterly	%	96%	96%	96%	96%	96%	96%
4. Complaint resolution rate	Quarterly	%	93%	89%	90%	91%	93%	93%
5. Life expectancy at birth: Total	Annual (Stats SA estimate)	Years	61.1 years	-	-	-	-	61.1 years
6. Life expectancy at birth: Male	Annual (Stats SA estimate)	Years	58.1 years	-	-	-	-	58.1 years
7. Life expectancy at birth: Female	Annual (Stats SA estimate)	Years	64 years	-	-	-	-	64 years
8. PHC utilisation rate under 5 years	Quarterly (Annualised)	No	3.9	3.9	3.9	3.9	3.9	3.9
9. Expenditure per PHC headcount	Quarterly	Rand	R 405	R 380	R 390	R 400	R 405	R 405
10. Number of school health teams	Annual (Cumulative)	No	210	-	-	-	-	210
11. Number of ward-based outreach teams	Annual (Cumulative)	No	150	-	-	-	-	150
12. Number of accredited health promoting schools	Annual (Cumulative)	No	342	-	-	-	-	342
13. Outreach household registration visit coverage	Annual (Annualised)	%	31.4%	-	-	-	-	31.4%

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: District Hospitals

### 2018/19 Priorities

Priorities	Key Focus Areas
<p>Improve access, inequities, quality and efficiencies of District Hospitals</p>	<ul style="list-style-type: none"> <li>• Finalise the District Hospital Efficiency Study and use findings to inform the final District Hospital Rationalisation Plan.</li> <li>• Implement the approved Rationalisation Plan and actively monitor progress.</li> <li>• Rationalisation including: Reclassification and review of package of services; Review referral systems &amp; pathways; Establish palliative care beds in identified hospitals; Re-define roles/ functions of Family Physicians in DHS; and Complexing of identified facilities to ensure optimal utilisation of resources.</li> <li>• Scale up implementation of the NCSs with focus on self-assessments and development and implementation of Quality Improvement Plans.</li> <li>• Strengthen Clinical Governance in all facilities.</li> <li>• Strengthen clinical audits and internal controls with technical support from Head Office.</li> <li>• Implement the recommendations from the Essential Post List Project in District Hospitals with focus on equitable allocation of resources.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Situational Analysis Indicators

Table 28: (DHS5) Situation Analysis Indicators

Programme Performance Indicators	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	%	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	5.7 Days	5.9 Days	5.3 Days	5.2 Days	6.0 Days	4.5 Days	5.4 Days	5.0 Days	6.4 Days	6.2 Days	4.9 Days	7.0 Days
<i>Inpatient days - total</i>	No	1 909 462	192 129	159 191	101 872	218 122	12 155	268 126	238 343	195 945	68 342	148 949	306 288
<i>½ Day patients</i>	No	14 698	481	1 613	418	803	574	1 579	535	653	544	1 112	6 386
<i>Inpatient separations</i>	No	336 487	32 721	30 437	19 594	36 782	2 760	49 486	47 829	30 995	11 218	30 573	44 092
3. Inpatient bed utilisation rate	%	57.8% <sup>65</sup>	65.3%	76.7%	60.4%	51.9%	65.5%	59.2%	58.1%	44.4%	49.3%	57.2%	62.8%
<i>Inpatient days - total</i>	No	1 909 462	192 129	159 191	101 872	218 122	12 155	268 126	238 343	195 945	68 342	148 949	306 288
<i>½ Day patients</i>	No	14 698	481	1 613	418	803	574	1 579	535	653	544	1 112	6 386

<sup>65</sup> DHIS reflects as 57%

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Programme Performance Indicators	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekwini 2016/17
<i>Inpatient bed days available</i>	No	3 312 010	294 555	208 415	168 995	421 210	18 980	54 060	410 260	442 380	139 430	260 975	492 750
4. Expenditure per PDE	R	R 2 228	-	-	-	-	-	-	-	-	-	-	-
<i>Expenditure total</i>	R'000	R 6 069 456	-	-	-	-	-	-	-	-	-	-	-
<i>Patient day equivalent</i>	No	2 723 880	281 274	257 749	142 017	299 937	22 258	371 242	331 480	306 035	93 572	212 253	406 063 <sup>66</sup>
5. Complaint resolution within 25 working days rate	%	92.1%	98.8%	87.4%	91.3%	74.2%	97.5%	97.2%	94.2%	94.7%	98.2%	97.3%	87.2%
<i>Complaint resolved within 25 working days</i>	No	1 825	246	111	73	112	39	172	259	195	112	146	360
<i>Complaint resolved</i>	No	1 982	249	127	80	151	40	177	275	206	114	150	413

<sup>66</sup> St Mary's Marianhill not included in this indicator for eThekwini in 2016/17 as it was a State Aided Hospital at the time

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 29: 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 (The strategic objective has not been reviewed as 75% is considered as minimum for efficiency).	Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Approved Hospital Rationalisation Plan by September 2018 (Reviewed 2017/18 to make provision for inclusion in the Departmental Turn-Around Plan. This is managed from Programme 1 for all hospitals).	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 NCS self-assessment rate by March 2020 (Amended 2017/18 - Indicator description amended in compliance with NIDS).	Hospitals achieved 75% and more on National Core Standards self-assessment rate (Review 2017/18 in compliance with NIDS)	60% (or more)

**Table 30: (DHS6) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% and more on the National Core Standards (NCS) self-assessment rate	1. Hospital achieved 75% and more on NCS self-assessment rate	Self-assessment Records; QA records; DHIS	Quarterly %	Not reported	Not reported	Not reported	90%	39% <sup>67</sup>	60%	65.8%	60% (or more)
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	NCS Assessment Records	No	-	-	-	9	15	20	25	

<sup>67</sup> The number of hospitals achieving 75% and more has been increased by 6 (numerator) while all hospitals (as opposed to 10 in 2017/18) are expected to conduct self-assessments (% target therefore misleading)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
by March 2020	Number of hospitals that conducted a NCS self-assessment	NCS Assessment Records	No	-	-	-	10	38	38	38	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
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	5.7 Days	5.7 Days	5.6 Days	5.5 Days	5.5 Days	-
	In-patient days - total	Midnight Census	No	1 972 507	1 891 030	1 909 462	1 793 894	1 820 226	1 804 998	1 804 998	
	½ Day patients	Admission/ Discharge Register	No	11 392	12 636	14 698	14 219	14 215	14 268	14 268	
	Inpatient separations	Admission/ Discharge Register	No	339 195	331 820	336 487	316 486	327 996	329 478	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 %	62.8%	60.2%	57.8% <sup>68</sup>	59.4%	60.2%	62.7%	65.3%	75% or more
	In-patient days - total	Midnight Census	No	1 972 507	1 891 030	1 909 462	1 793 894	1 820 226	1 804 998	1 804 998	
	½ Day patients	Admission/ Discharge Register	No	11 392	12 636	14 698	14 219	14 215	14 268	14 268	
	Inpatient bed days available	DHIS	No	3 057 240	3 116 370	3 312 010	3 044 708	3 045 557	2 899 411	2 787 895	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.4) Maintain expenditure per patient day equivalent (PDE) within the	4. Expenditure per patient day equivalent (PDE)	BAS; DHIS	Quarterly R	R 2 032	R 2 116	R 2 228	R 2 501	R 2 542	R 2 781	R 3 125	-

<sup>68</sup> Calculated manually due to missing bed numbers on DHIS - DHIS reflected as 57%

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
provincial norms	Expenditure total	BAS	R'000	5 685 230	5 726 246	6 069 456	6 319 400	6 915 092	7 507 560	8 059 811	
	Patient day equivalent	DHIS	No	2 803 295	2 705 625	2 723 880	2 526 578	2 719 962	2 699 977	2 578 839	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
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	DHIS; QA Database	Quarterly %	92.1%	89.8%	92.1%	90.4%	94%	95%	96%	-
	Complaints resolved within 25 working days	Complaints Register	No	1 716	1 841	1 825	1 486	1 918	2 050	2 167	
	Complaints resolved	Complaints Register	No	1 864	2 050	1 982	1 643	2 040	2 158	2 257	
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS; QA Database	Quarterly %	70.5%	80.8%	78.6%	80.1%	87.1%	94.7%	98.6%	-
	Complaints resolved	Complaints Register	No	1 863	2 050	1 982	1 643	2 040	2 158	2 257	
	Complaints received	Complaints Register	No	2 643	2 537	2 523	2 052	2 341	2 279	2 289	
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	27.8%	28.8%	28.9%	27.6%	27.5%	27.5%	27%	-
	Delivery by caesarean section	Theatre Registers	No	24 762	23 958	24 959	23 680	23 651	23 622	23 138	
	Delivery in facility total	Delivery & Theatre Registers	No	89 014	83 219	86 145	85 844	86 002	85 897	85 695	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unrefereed	8. OPD headcount-total	DHIS; OPD Register	Quarterly No	2 419 561	2 319 180	2 310 070	2 300 904	2 309 775	2 299 385	2 088 198	-

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
outpatient department (OPD) headcounts by at least 7% per annum	9. OPD headcount not referred new	DHIS; OPD Register	Quarterly No	526 271	448 763	460 530	439 372	408 616 <sup>69</sup>	380 013	353 413	-

<sup>69</sup> 7% decrease per annum (linked with improved PHC management & referral)

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 31: (DHS7) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Quarterly Targets				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly (Cumulative)	%	39%	7.9%	15.8%	28.9%	39%	39%
2. Average length of stay - total	Quarterly	Days	5.6 Days	5.6 Days	5.6 Days	5.6 Days	5.6 Days	5.6 Days
3. Inpatient bed utilisation rate - total	Quarterly	%	60.2%	60%	60%	60%	60.2%	60.2%
4. Expenditure per PDE	Quarterly	Rand	R 2 542	R 2 501	R 2 531	R 2 540	R 2 542	R 2 542
5. Complaint resolution within 25 working days rate	Quarterly	%	94%	93.5%	93.5%	94%	94%	94%
6. Complaints resolution rate	Quarterly	%	87.1%	86%	86.5%	87%	87.1%	87.1%
7. Delivery by caesarean section rate	Quarterly	%	27.5%	27.6%	27.6%	27.5%	27.5%	27.5%
8. OPD headcount-total	Quarterly	No	2 309 775	577 444	577 444	577 444	577 443	2 309 775
9. OPD headcount not referred new	Quarterly	No	408 616	102 154	102 154	102 154	102 154	408 616

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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

### 2018/19 Priorities

Priorities	Key Focus Areas
Implementation of the integrated 90-90-90 Strategy	<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Implement the Dreams initiative in partnership with PEPFAR and Gates &amp; Nike Foundations in Umgungundlovu, Umkhanyakude &amp; eThekweni targeting young women.</li> <li>• Universal test and treat strategy including condom distribution and male medical circumcision.</li> <li>• HIV and TB behavioral modification interventions for at risk groups and high burden districts.</li> <li>• Preventive therapy for HIV, TB and other opportunistic infections.</li> <li>• Screening of primary TB contacts.</li> </ul> <p><b>Case identification</b></p> <ul style="list-style-type: none"> <li>• Focus on Men's Health Clinics.</li> <li>• Integrated population-based health screening and testing strategy for NCDs, HIV, STI and TB.</li> <li>• Systems linking care interventions and referral.</li> <li>• Geospatial mapping for increased case identification of at risk populations.</li> </ul> <p><b>Treatment initiation</b></p> <ul style="list-style-type: none"> <li>• Integrated service delivery model.</li> <li>• TB diagnosis and management of children under five years.</li> <li>• Improve identification &amp; initiation of paediatrics on treatment.</li> </ul> <p><b>Retention and treatment (treatment success)</b></p> <ul style="list-style-type: none"> <li>• KZN Adherence, Care and Support Strategy for NCDs, HAST and MNCWH.</li> <li>• Integrated TB and HIV information system.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Situation Analysis Indicators

Table 32: (DHS8) Situation Analysis Indicators

Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembu 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
1. ART client remain on ART end of month - total	No	1 181 691	86 388	135 654	70 052	54 593	50 794	101 471	84 506	105 433	66 889	49 519	376 392
2. TB / HIV co-infected client on ART rate	%	88%	94%	100%	88.5%	96.8%	85%	87.8%	97.8%	99.6%	94.3%	94.7%	75.8%
<i>TB/HIV co-infected client on ART</i>	No	41 611	3 508	4 961	2 332	1 637	1 314	3 127	2 784	4 636	2 741	1 897	12 674
<i>HIV positive TB client</i>	No	47 269	3 733	4 961	2636	1 691	1 545	3 563	2 848	4 655	2 906	2 004	16 727
3. HIV test done - total	No	3 167 664	304 544	269 555	123 580	230 306	141 915	225 053	146 913	305 011	180 554	182 089	1 058 144
4. Male condoms distributed	No	185 574 089	10 580 808	24025 094	12 459 361	23 472 867	8 419 270	13 829 379	8 310 801	11 853 972	12 654 860	11 469 300	48 498 377
5. Medical male circumcision - total	No	122 132	6 740	19 091	10 848	12 871	4 471	10 295	7 237	11 142	6 219	5 213	28 005
6. TB 5 years and older start on treatment rate	%	Not reported	-	-	-	-	-	-	-	-	-	-	-
<i>TB 5 years and older start on treatment</i>	No	-	-	-	-	-	-	-	-	-	-	-	-

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Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
<i>TB symptomatic client 5 years and older tested positive</i>	No	-	-	-	-	-	-	-	-	-	-	-	-
7. TB client treatment success rate	%	88.7%	91.9%	91.5%	81.6%	92.4%	81.1%	87.6%	90.5%	98.7%	87.8%	88.2%	85.8%
<i>TB client successfully completed treatment</i>	No	15 707	2 091	1 514	569	596	569	816	803	1 626	552	540	6 031
<i>New smear positive TB client start on treatment</i>	No	17 711	2 276	1 654	697	645	702	932	887	1 648	629	612	7 029
8. TB client lost to follow up rate	%	4.1%	2.7%	4.4%	1.4%	0.6%	6.3%	3%	1.7%	0.1%	6.5%	3.9%	5.9%
<i>TB client lost to follow up</i>	No	719	61	72	10	4	44	28	15	2	41	24	418
<i>TB client start on treatment</i>	No	17 711	2 276	1 654	697	645	702	932	887	1 648	629	612	7 029
9. TB client death rate	%	3.2%	2.8%	3.3%	2.6%	6.5%	8.7%	5.9%	3.2%	0.6%	3%	5.1%	2.5%
<i>TB client died during treatment</i>	No	561	64	54	18	42	61	55	28	10	19	31	179
<i>TB client start on treatment</i>	No	17 711	2 276	1 654	697	645	702	932	887	1 648	629	612	7 029
10. TB MDR treatment success rate	%	60.3%	57.4%	62.5%	61.8%	62.8%	63.2%	58.8%	73.1%	61.1%	100%	56.3%	58.4%

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Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
TB MDR client successfully completed treatment	No	2 185	171	173	21	98	12	238	217	210	1	67	977
TB MDR confirmed client start on treatment	No	3 624	298	277	34	156	19	405	297	344	1	119	1 674

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 33: 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	<b>HIV, AIDS and STI</b>			
	2.2) Reduce HIV Incidence	2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (Thembisa Model estimates)	HIV incidence	1% (or less) – Estimate
		2.2.2) Test at least 16.5 million people (cumulative) for HIV by March 2020 (Reviewed 2016/17)	HIV test done – total (Reviewed 2017/18 in accordance with NIDS)	At least 16.5 million (cumulative)
	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)	ART client remain on ART at end of month – total (Reviewed 2017/18 in accordance with NIDS)	At least 1.5 million
	<b>Tuberculosis</b>			
	2.4) Improve TB outcomes	2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020	TB client treatment success rate	90% (or more)
		2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020	TB incidence (per 100 000 population)	400 (or less) per 100 000 population
		2.4.3) Sustain a TB death rate of 5% (or less) by March 2020 (Reviewed 2018/19)	TB death rate	5%
		2.4.4) Increase the MDR-TB treatment success rate to 62% (or more) by March 2020 (Reviewed 2018/19)	TB MDR treatment success rate	62% (or more)

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**Table 34: (DHS9) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 2.3: Manage HIV prevalence</b>											
2.3.1) 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	897 270	1 059 193	1 181 691	1 259 612	1 313 804	1 444 558	1 578 737	1.5 million
	2. TB/ HIV co-infected clients on ART rate	ART register; TIER.Net; DHIS	Quarterly %	61.5%	86.8%	88%	89.1%	95%	95%	95%	-
	<i>TB/HIV co-infected clients on ART</i>	<i>ART Register; ETR.Net</i>	<i>No</i>	<i>27 050</i>	<i>42 414</i>	<i>41 611</i>	<i>35 924</i>	<i>38 308</i>	<i>36 408</i>	<i>34 204</i>	
	<i>HIV positive TB client</i>	<i>ART Register; ETR.Net</i>	<i>No</i>	<i>71 116</i>	<i>48 857</i>	<i>47 269</i>	<i>40 300</i>	<i>40 324</i>	<i>38 324</i>	<i>36 004</i>	
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>											
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	2 541 231	2 627 230 (6 761 360 cumulative)	3 167 664 (9 929 024 cumulative)	3 100 696 (13 029 720 cumulative)	2 982 771 (16 012 491 cumulative)	3 134 424 (19 146 915 cumulative)	3 134 424 (22 281 339 cumulative)	16.5 million (cumulative)
2.2.3) Increase the male condom distribution to 206 million by March 2020	4. Male condoms distributed	Stock; Bin Cards	No	196 002 188	184 431 641	185 574 089	94 153 676 <sup>70</sup>	199 500 000	206 757 450	220 917 212	-
2.2.4) Increase the medical male circumcisions to 1.2 million by March 2020 (cumulative)	5. Medical male circumcision – total	MMC Register; Theatre register; DHIS	Quarterly No	536 137 cumulative 143 390 annual	662 580 cumulative 126 443 annual	784 712 cumulative 122 132 annual	996 936 cumulative 182 224 annual <sup>71</sup>	1 106 974 cumulative 140 038 annual <sup>72</sup>	1 262 990 cumulative 156 016 annual	1 427 496 cumulative 164 506 annual	-

<sup>70</sup> Calculation of the indicator changed from the inclusion of "distribution from primary & secondary distribution sites" to inclusion of "only primary distribution sites" – hence drop in numbers

<sup>71</sup> The significant increase in the estimated data is as a result of additional services rendered by contracted General Practitioners and the national campaign during the year

<sup>72</sup> The target has been aligned with available budget – hence drop in annual number from the estimated performance for 2017/18

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 2.4: Improve TB outcomes</b>											
2.4.5) Increase the TB 5 years and older start on treatment to 92% by March 2020	6. TB 5 years and older start on treatment rate	TB/HIV Registers; TIER.Net;	Quarterly %	Not reported	Not reported	Not reported	106.9% <sup>73</sup>	90%	92%	94%	-
	<i>TB client 5 years and older start on treatment</i>	TB/HIV Registers; TIER.Net	No	-	-	-	68 676	49 559	48 818	48 449	
	<i>TB symptomatic client 5 years and older tested positive</i>	TB/HIV Registers; TIER.Net;	No	-	-	-	64 324	55 110	53 063	51 541	
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 %	85.3%	84.5%	88.7%	83%	87.6%	90%	92%	90% or more
	<i>TB client successfully completed treatment</i>	TB Register	No	25 332	19 313	15 707	46 808	47 563	47 051	46 717	
	<i>TB client start on treatment</i>	TB Register	No	31 080	22 853	17 711	56 395	54 296	52 279	50 779	
2.4.6) Stabilise the TB client lost to follow up at 5% (or less) by March 2020	8. TB client lost to follow up rate	TB Register; ETR.Net	Quarterly %	4.1%	4%	4.1%	5% <sup>74</sup>	5%	5%	5%	-
	<i>TB client on treatment lost to follow up</i>	TB Register	No	1 288	918	719	2 814	2 715	2 614	2 539	
	<i>TB client start on treatment</i>	TB Register	No	31 080	22 853	17 711	56 395	54 296	52 279	50 779	
2.4.3) Sustain a TB death rate of	9. TB client death rate	ETR.Net	Annual %	4.3%	3.4%	3.2%	4.2% <sup>75</sup>	5% <sup>76</sup>	5%	5%	5%

<sup>73</sup> Data quality/ completeness is a challenge since change of the denominator i.e. all TB tests are now included in denominator (including laboratory) as opposed to sputum only previously – this result in clients being captured on Tier.Net as having started on treatment while not being captured as testing positive. This is being addressed by the TB Programme

<sup>74</sup> The Lost to follow up rate has increased due to inadequate resources including vehicles and surveillance staff. TB Tracer Teams amalgamated with MDR-TB Injection Teams resulting in reduced capacity to trace defaulters. This may worsen over the MTEF period due to a decreasing funding envelope

<sup>75</sup> Screening and diagnostic tools have improved resulting in patients being identified and managed earlier – late presentation by patients at facilities however continues to be a challenge to effective management and improved treatment outcomes

<sup>76</sup> Same comment as above

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
5% (or less) by March 2020	TB client death during treatment	TB Register	No	1 271	772	561	2 353	2 715	2 614	2 539	
	TB client start on treatment	TB Register	No	29 646	22 853	17 711	56 395	54 296	52 279	50 779	
2.4.4) Increase the MDR-TB treatment success rate to 62% (or more) by March 2020	10. TB MDR treatment success rate	MDR register; EDR Web	Annual %	55%	58%	60%	58%	60%	62%	65%	62% or more
	TB MDR client successfully completing treatment	MDR Register	No	1 428	2 267	2 185	2 185	2 185	1 996	1 976	
	TB MDR confirmed client start on treatment	MDR Register	No	2 597	3 906	3 624	3 767	3 624	3 220	3 040	
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	828/100 000	643/100 000	511/100 000	501/100 000	500/ 100 000	450/ 100 000	400/ 100 000	400 (or less) per 100 000 population
	New confirmed TB cases	TB Register	No	87 518	68 678	55 249	56 395	57 086	52 047	46 853	
	Total population in KZN	DHIS; Stats SA	Population	10 571 312	10 688 165	10 806 538	11 267 436 <sup>77</sup>	11 417 132	11 565 963	11 713 378	
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	130	165	170	63 <sup>78</sup>	50	40	30	-
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>											

<sup>77</sup> This denominator aligns with the DHIS KZN total population. According to the TB Programme Director, the National Department of Health uses a different population when calculating the indicator – data will therefore differ at national level

<sup>78</sup> Previous data and targets included pre-XDR clients and XDR clients rounded off by the information system. The lower figures are as a result of improved data quality and only include confirmed XDR cases

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020	13. HIV incidence	Thembisa Model Projections	Annual %	0.85%	0.78%	0.71%	0.63%	0.57%	0.52%	0.49%	1% or less (projections/ estimates)
2.2.5) Decrease male urethritis syndrome incidence to at least 26.2/ 1000 by March 2020	14. Male urethritis syndrome incidence	DHIS; Stats SA	Quarterly No per 1000 population	35.8/ 1000	32.7/ 1000	29.5/ 1000	29.4/ 1000	27.2/ 1000	26.2/ 1000	24.2/ 1000	-
	<i>Male urethritis syndrome treated – new episodes</i>	PHC Register	No	118 536	110 085	82 957	83 282	78 490	77 053	72 741	
	<i>Male population 15-49 years</i>	DHIS; Stats SA	Population	3 314 204	3 370 509	2 814 805	2 831 094	2 885 117	2 942 528	3 002 614	
<b>Strategic Objective 2.3) Manage HIV prevalence</b>											
2.3.1) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)	15. ART adult remain on ART end of period	ART Register; TIER.Net	Quarterly No	Not reported	Not reported	1 129 314	1 207 716	1 259 491	1 373 047	1 398 124	-
	16. ART child under 15 years remain on ART end of period	ART Register; TIER.Net	Quarterly No	Not reported	Not reported	52 377	51 896	54 313	60 500	61 123	-
TB indicators: Reporting for TB indicators changed from reporting only New smear positive PTB cases to reporting ALL TB cases in the denominator – hence significance variance in data from 2017/18 onwards											

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 35: (DHS 10) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Quarterly Targets				
				Q1	Q2	Q3	Q4	Annual
1. ART client remain on ART end of month - total	Quarterly	No	1 313 804	1 273 160	1 286 708	1 300 256	1 313 804	1 313 804
2. TB/HIV co-infected clients on ART rate	Quarterly	%	95%	91.5%	92.9%	94%	95%	95%
3. HIV test done - total	Quarterly	No	2 982 771	745 693	745 693	745 693	745 692	2 982 771
4. Male condom distribution	Quarterly	No	199 500 000	49 874 996	49 874 996	49 875 012	49 874 996	199 500 000
5. Medical male circumcision performed – total	Quarterly	No	140 038 annual	33 605	47 621	28 003	30 809	140 038 annual
6. TB client 5 years and older start on treatment rate	Quarterly	%	90%	90%	90%	90%	90%	90%
7. TB client treatment success rate	Quarterly	%	87.6%	87.6%	87.6%	87.6%	87.6%	87.6%
8. TB client lost to follow up rate	Quarterly	%	5%	5%	5%	5%	5%	5%
9. TB client death rate	Annual	%	5%	-	-	-	-	5%
10. TB MDR treatment success rate	Annual	%	60%	-	-	-	-	60%
11. TB incidence	Annual	No per 100k pop	500/ 100 000	-	-	-	-	500/ 100 000
12. TB XDR confirmed client start on treatment	Quarterly	No	50	12	12	13	13	50
13. HIV incidence	Annual (Estimate)	%	0.57%	-	-	-	-	0.57%
14. Male urethritis syndrome incidence	Quarterly	No per 1000 pop	27.2/ 1000	28.8/ 1000	28/ 1000	27.5/ 1000	27.2/ 1000	27.2/ 1000
15. ART adult remain on ART end of period	Quarterly	No	1 259 491	1 220 660	1 233 604	1 246 548	1 259 491	1 259 491
16. ART child under 15 years remain on ART end of period	Quarterly	No	54 313	52 500	53 104	53 708	54 313	54 313

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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

### 2018/19 Priorities

Priorities	Key Focus Areas
Improve uptake of Family Planning and dual protection	<ul style="list-style-type: none"> <li>Strengthen Family Planning uptake at facility level.</li> </ul>
Reduce maternal mortality	<ul style="list-style-type: none"> <li>Improve safety at caesarean section delivery sites.</li> <li>Improve quality of antenatal, intrapartum and postnatal care.</li> </ul>
Prevention of child malnutrition and child obesity	<ul style="list-style-type: none"> <li>Improve breastfeeding practices and complementary feeding.</li> <li>Improve the management of malnutrition at facility level.</li> </ul>
Reduce under 5 mortality	<ul style="list-style-type: none"> <li>Strengthen notification of deaths of newborns and children in hospital.</li> <li>Improve clinical audits of deaths using the Child Problem Identification Programme (Child PIP) and Perinatal Problem Identification Programme (PPIP).</li> <li>Strengthen Paediatric outreach through the District Clinical Specialist Teams.</li> <li>Compliance with process of the neonatal dashboard.</li> </ul>
Increase cervical cancer screening coverage	<ul style="list-style-type: none"> <li>Scale up cervical cancer screening in all facilities.</li> <li>Training and monitoring to improve smear quality.</li> </ul>
Reduce miscarriage related to death	<ul style="list-style-type: none"> <li>Increase the number of sites offering Choice on Termination of Pregnancy services.</li> </ul>
Expanded Programme on Immunisation	<ul style="list-style-type: none"> <li>Improve the surveillance system.</li> <li>Improve immunisation coverage.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Situation Analysis Indicators

**Table 36: (DHS11) Situation Analysis Indicators**

Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umkhanyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Ceishwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekwinini 2016/17
1. Antenatal 1st visit before 20 weeks rate	%	70.2%	70.1%	71.2%	71.0%	74.4%	70.2%	71.7%	72.5%	69.6%	72.3%	72.3%	67.6%
<i>Antenatal 1st visit before 20 weeks</i>	No	140 867	9 197	12 194	8 751	8 797	6 361	12 655	10 706	13 604	8 409	6 790	43 403
<i>Antenatal 1st visit total</i>	No	200 689	13 127	17 122	12 334	11 822	9 066	17 645	14 769	19 553	11 623	9 393	64 235
2. Mother postnatal visit within 6 days rate	%	66.8%	58.7%	67.3%	65.5%	64.0%	66.9%	52.7%	80.8%	66.4%	62.5%	64.2%	71.3%
<i>Mother postnatal visit within 6 days after delivery</i>	No	120 018	7 113	10 704	7 627	6 789	5 684	8 658	11 218	12 107	6 107	4 915	39 094
<i>Delivery in facility total</i>	No	179 540	12 111	15 899	11 630	10 602	8 495	16 434	13 884	18 237	9 765	7 650	54 833
3. Infant 1st PCR test positive around 10 weeks rate	%	1.1%	1.4%	1.0%	1.1%	0.8%	1.0%	0.9%	1.5%	1.0%	1.5%	0.8%	0.9%
<i>Infant PCR test positive around 10 weeks</i>	No	476	51	36	25	18	21	34	48	41	40	22	140
<i>Infant PCR test around 10 weeks</i>	No	45 281	3 584	3 670	2 249	2 276	2 104	3 654	3 150	3 973	2 729	2 698	15 194
4. Immunisation under 1 year coverage (annualised)	%	85.4% <sup>79</sup>	75.8%	62.3%	77.4%	87.3%	76.9%	76.8%	83.7%	81.4%	85.5%	70.4%	108.6%
<i>Immunised fully under 1 year new</i>	No	189 516	12 674	13 089	12 375	10 559	9 723	15 648	13 250	18 829	11 295	9 128	62 946
<i>Population under 1 year</i>	No	221 991	16 718	21 020	15 979	12 090	12 642	20 374	15 835	23 205	13 212	12 957	57 959

<sup>79</sup> DHS methodology uses the 2017 population as the denominator with the indicator reflecting as 85.4%

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umkhanyakude 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
5. Measles 2nd dose coverage (annualised)	%	99.5% <sup>80</sup>	97.7%	81.3%	94.5%	107.5%	92.5%	94.1%	101.8%	96.9%	111%	105.7%	106.4%
<i>Measles 2nd dose</i>	No	225 110	17 093	17 318	15 314	13 586	11 304	19 182	16 738	22 875	15 077	13 572	63 051
<i>Population 1 year</i>	No	226 330	17 499	21 311	16 202	12 633	12 219	20 390	16 438	23 597	13 581	12 788	59 672
6. Diarrhoea case fatality rate	%	2.0%	1.8%	1.6%	2.4%	1.6%	0.6%	3.2%	2.3%	1.3%	2.9%	2.5%	1.8%
<i>Diarrhoea death under 5 years</i>	No	192	12	13	15	11	3	35	21	15	12	14	41
<i>Diarrhoea separation under 5 years</i>	No	9 765	669	825	625	690	541	1 110	902	1 162	413	571	2 257
7. Pneumonia case fatality rate	%	1.8%	1.5%	1.6%	1.3%	1.6%	1.0%	3.2%	1.9%	1.3%	1.8%	2.1%	2.0%
<i>Pneumonia death under 5 years</i>	No	200	18	19	9	12	8	26	14	11	11	13	59
<i>Pneumonia separation under 5 years</i>	No	11 081	1 214	1 161	690	730	811	805	723	826	618	617	2 886
8. Severe acute malnutrition case fatality rate	%	7.4%	7.2%	4.2%	14.2%	4.5%	6.1%	15.7%	5.6%	7.2%	3.4%	7.5%	6.2%
<i>Severe acute malnutrition death in facility under 5 years</i>	No	230	19	9	30	11	7	47	13	25	9	15	45
<i>Severe acute malnutrition separation under 5 years</i>	No	3 122	265	213	211	243	115	299	232	348	264	201	731
9. School Grade 1 learners screening	No	70 707	7 946	3 667	5 192	5 041	7 023	9 001	5 552	5 230	3 160	6 095	12 800

<sup>80</sup> DHIS methodology uses the 2017 population as the denominator with the indicator reflecting as 99.8%

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umkhanyakude 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
10. School Grade 8 learners screened	No	36 527	5 538	1 596	3 433	1 963	1 663	4 090	3 546	3 346	2 208	2 949	6 195
11. 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	-	-	-	-	-	-	-	-	-	-	-	-
12. Couple year protection rate (int)	%	53.9% <sup>81</sup>	49.8%	58.8%	54.9%	101.7%	52.8%	51.1%	48.4%	42.8%	56%	61.6%	49%
<i>Couple year protection</i>	No	1 599 550	101 876	184 487	107 721	152 958	77 482	121 970	86 319	113 524	106 231	82 262	464 719
<i>Population 15-49 years females</i>	No	2 966 033	204 485	313 924	196 169	150 456	146 806	238 739	178 305	265 041	189 855	133 546	948 707
13. Cervical cancer screening coverage 30 years and older <sup>82</sup>	%	86% <sup>83</sup>	91.8%	71.2%	93%	169.5%	89.6%	82.9%	89.4%	86.1%	85.2%	110.1%	73.3%
<i>Cervical cancer screening in woman 30 years and older</i>	No	205 706	14 493	18 544	13 901	18 568	9 830	13 354	11 152	17 279	14 297	10 133	64 155
<i>Population 30 years and older female</i>	No	239 122	15 796	26 028	14 942	10 957	10 975	16 109	12 471	20 060	15 016	9 206	87 555
14. Antenatal client start on ART rate	%	97.2%	89.2%	94.4%	101.6%	99.7%	94.6%	101.2%	99.6%	98.6%	98.2%	93.0%	97.4%
<i>Antenatal client start on ART</i>	No	38 215	2 295	3 785	2 158	1 639	1 685	3 414	2 763	3 496	2 346	1 513	13 121

<sup>81</sup> DHIS methodology utilizes the 2017 population with the indicator reflecting a value of 53.6%. For individual districts variations please consult DHIS

<sup>82</sup> 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

<sup>83</sup> DHIS methodology utilizes the 2017 population with the indicator reflecting a value of 85.6%. For individual district variations please consult DHIS

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umkhanyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
<i>Antenatal client known HIV positive but not on ART at 1<sup>st</sup> visit</i>	No	39 325	2 574	4 010	2 124	1 644	1 793	3 372	2 774	3 544	2 390	1 627	13 473
15. Human papilloma virus (HPV) 1st dose	No	65 341	3 523	5 174	4 140	5 928	3 833	7 497	5 769	5 848	3 316	3 788	16 525
16. Human papilloma virus (HPV) 2 <sup>nd</sup> dose	No	64 973	4 527	5 042	4 657	5 178	3 913	6 852	7 030	6 781	3 336	3 191	14 466
17. Maternal mortality in facility ratio	No per 100k live births	106.7/100,000	132.6/100,000	178.2/100,000	112.1/100,000	28.3/100,000	130.3/100,000	98.0/100,000	43.4/100,000	132.9/100,000	62.0/100,000	79.0/100,000	112.7/100,000
<i>Maternal death in facility</i>	No	190	16	28	13	3	11	16	6	24	6	6	61
<i>Live birth in facility plus Born alive before arrival at facility</i>	No	178 066	12 062	15 717	11 592	10 604	8 440	16 327	13 834	18 064	9 683	7 593	54 150
18. Neonatal death in facility rate	No per 1000 live births	12.4/ 1000	12.2/ 1000	11.5/ 1000	12.8/ 1000	11.1/ 1000	13.8/ 1000	11.1/ 1000	8.2/ 1000	13.5/ 1000	14.5/ 1000	14.6/ 1000	13.1/ 1000
<i>Neonatal 0-28 days death in facility</i>	No	2 211	147	180	148	118	117	182	113	243	140	111	712
<i>Live birth in facility</i>	No	178 066	12 062	15 717	11 592	10 604	8 440	16 327	13 834	18 064	9 683	7 593	54 150
19. Vitamin A 12-59 months coverage	%	61.9% <sup>84</sup>	59.0%	64.6%	111.5%	49.9%	64.4%	68.0%	43.7%	39.0%	58.9%	73.0%	61.3%
<i>Vitamin A dose 12 - 59 months</i>	No	1 141 124	85 826	111 369	145 747	51 854	60 898	110 752	58 958	74 833	64 906	73 376	302 605
<i>Population 12-59 months (multiplied by 2)</i>	No	1 841 762	145 408	172 930	130 686	103 908	94 606	162 812	135 050	191 888	110 186	100 484	493 804

<sup>84</sup> This indicator has been calculated manually using the 2016/17 APP population - DHIS (62%) used 2017 updated population for calculation

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 37: Strategic Plan 2015-2019 Targets**

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
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 (Reviewed 2017/18 based on Thembisa Model estimates)	Infant mortality rate	29 per 1000 live births in population (estimate)
		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 (Reviewed 2017/18 based on Thembisa Model estimates)	Under 5 mortality rate	40 per 1000 live births in population (estimate)
		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 population
	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 in facilities
	2.8) Improve women's health	2.8.1) Increase the couple year protection rate to at least 36% by March 2020 (Reviewed 2017/18 to accommodate the new definition and method of calculation in DHIS)	Couple year protection rate (international)	At least 36%
		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)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 38: (DHS12) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.3) Increase the antenatal 1 <sup>st</sup> visit before 20 weeks rate to 70% (or more) by March 2020	1. Antenatal 1st visit before 20 weeks rate	PHC Register; DHIS	Quarterly %	57.3%	64.8%	70.2%	70.2%	71%	72%	73%	-
	<i>Antenatal 1st visit before 20 weeks</i>	<i>PHC Register</i>	No	133 761	135 367	140 867	140 915	153 667	150 410	151 524	
	<i>Antenatal 1st visit total</i>	<i>PHC Register</i>	No	233 593	208 903	200 689	200 734	216 431	208 903	207 567	
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 %	66.4%	69.8%	66.8%	74.4%	75%	77%	79%	-
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>PHC Register</i>	No	135 375	129 873	120 018	135 626	136 941	140 285	143 771	
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	203 742	186 063	179 540	182 356	182 588	182 188	181 988	
2.7.6) Reduce deliveries 10-19 years to 21% or less by March 2020	3. Delivery in 10 to 19 years in facility rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	23.3%	22%	21%	20%	-
	<i>Delivery 10 to 19 years in facility</i>	<i>Tick Register</i>	No	-	-	-	42 448	40 169	38 260	36 398	
	<i>Delivery in facility - total</i>	<i>DHIS; Stats SA</i>	No	-	-	-	182 356	182 588	182 188	181 988	
2.7.5) Initiate 97% eligible antenatal clients on ART by March 2020	4. Antenatal client start on ART rate	ART; PHC Registers; DHIS	Annual %	95.2%	97.6%	97.2%	97%	97%	97%	97%	-
	<i>Antenatal client start on ART</i>	<i>ART &amp; PHC Registers</i>	No	55 761	43 733	38 215	31 804	39 262	38 828	38 432	

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
	<i>Antenatal client known HIV positive but not on ART at 1<sup>st</sup> visit</i>	ART & PHC Registers	No	58 598	44 786	39 325	32 788	40 476	40 029	39 621	
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	5. Maternal mortality in facility ratio (annualised)	Midnight Census; Maternity & Death Register; DHIS	Annual No per 100,000 live births in facility	124.9/ 100 000	121.1/ 100 000	106.7/ 100 000	109.3/ 100 000	100/ 100 000	95/ 100 000	90/ 100 000	100 (or less) per 100 000 live births in facilities
	<i>Maternal death in facility</i>	Midnight Census; Death Register	No	252	223	190	206	194	184	174	
	<i>Live birth in facility plus Born alive before arrival at facility</i>	Maternity Register	No	201 797	184 184	178 066	188 414	194 065	193 871	193 692	
<b>Strategic Objective 2.8: Improve women's health</b>											
2.8.1) Couple year protection rate of at least 36% by March 2020 <sup>85</sup>	6. Couple year protection rate (international)	DHIS	Quarterly %	57.8%	52%	53.9% <sup>86</sup>	34.6% <sup>87</sup>	35%	36%	37%	36%
	<i>Couple year protection</i>	Tick Register PHC; Hospital Register	No	1 677 645	1 555 481	1 599 550	1 045 742	1 073 220	1 120 898	1 170 325	
	<i>Population 15-49 years females</i>	DHIS; Stats SA	No	2 896 655	2 929 747	2 966 034	3 022 377	3 066 343	3 113 342	3 163 041	
2.8.2) Maintain the cervical cancer screening	7. Cervical cancer screening coverage 30 years and older	DHIS	Quarterly %	70.3%	72.7%	86% <sup>88</sup>	78.8%	82%	84%	85%	75% (or more)

<sup>85</sup> This makes provision for the change in definition and calculation method

<sup>86</sup> Indicator manually calculated. DHIS uses 2017 with the indicator reflecting a value of 53.6%

<sup>87</sup> Used the DHIS source data for the projected performance as well as MTEF targets (the system is not currently annualising the indicator correctly) – the indicator definition and calculation method changed, which reduced actual performance in 2017/18. Using DHIS (not calculating the indicator manually) will ensure consistency in reporting

<sup>88</sup> DHIS calculation Indicator manually calculated. DHIS reflects a value of 85.6% as it uses the 2017 population as a denominator

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
coverage of 75% (or more)	<i>Cervical cancer screening in woman 30 years and older</i>	<i>Tick Register PHC; Hospital Register</i>	No	161 707	171 150	205 706	182 624	194 685	204 315	211 695	
	<i>Population 30 years and older female/10</i>	<i>DHIS; Stats SA</i>	No	228 913	234 228	239 122	231 645	237 421	243 232	249 053	
2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1 <sup>st</sup> and 2 <sup>nd</sup> dose as part of cervical cancer prevention programme	8. Human papilloma virus (HPV) 1 <sup>st</sup> dose	HPV Register; DHIS	Annual No	150 519	41 943	65 341	74 254	84 150	85 150	86 150	
	9. HPV 2 <sup>nd</sup> dose	HPV Register; DHIS	Annual No	Not reported	Not reported	64 973	73 541	84 150	85 150	86 150	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	10. Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	PHC Register; TIER.Net; DHIS	Quarterly %	1.3%	1.2%	1.1%	0.8%	0.8%	0.8%	0.8%	Less than 0.5%
	<i>Infant PCR test positive around 10 weeks</i>	<i>PHC Register</i>	No	1 003	521	476	414	355 <sup>89</sup>	355	355	
	<i>Infant PCR test around 10 weeks</i>	<i>PHC Register</i>	No	76 653	44 400	45 281	50 502	44 400	44 400	44 000	
2.5.3) Reduce the neonatal death in facility rate to at least 11.3/1000 live births in facility	11. Neonatal death in facility rate	Midnight Census; Maternity & Death Register; DHIS	Annual No per 1000 live births in facility	13.2 / 1000 *	13.4 / 1000*	12.4 / 1000 *	11.8 / 1000	11.5 / 1000	11.3 / 1000	11.3 / 1000	-

<sup>89</sup> Flat lined targets for the MTEF – will be reconsidered annually

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
by March 2020	Neonatal 0-28 days death in facility	Midnight Census; Death Register	No	2 654	2 478	2 211	2 230	2 118	2 033	2 031	
	Live birth in facility	Maternity Register	No	201 797	184 184	178 066	188 414	184 184	179 899	179 698	
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>											
2.6.3) Increase immunisation coverage to at least 82% or more by March 2020	12. Immunisation under 1 year coverage (annualised)	PHC Register; DHIS	Quarterly %	89.9%	85.0%	85.4%	75.9% <sup>90</sup>	80%	82%	85%	-
	Immunised fully under 1 year new	PHC Register	No	207 670	191 946	189 516	193 844	205 968	213 386	222 805	
	Population under 1 year	DHIS; Stats SA	No	232 450	227 216	221 991	255 475	257 461	260 227	262 123	
2.6.4) Maintain the measles 2 <sup>nd</sup> dose coverage of 80% (or more) from March 2018 onwards	13. Measles 2nd dose coverage (annualised)	PHC Register; DHIS	Quarterly %	86.3%	82.6%	99.5%	79%	80% <sup>91</sup>	81%	82%	-
	Measles 2nd dose	PHC Register	No	200 353	189 035	225 110	208 435	210 394	212 742	215 048	
	Population 1 year	DHIS; Stats SA	No	232 450	227 216	226 330	263 843	262 993	262 645	262 254	
2.6.6) Reduce the diarrhoea case fatality under 5 years rate to 2% (or less) by March	14. Diarrhoea case fatality under 5 years rate	PHC & Death Register; DHIS	Quarterly %	3.0%	2.2%	2%	2.1% <sup>92</sup>	2%	1.8 %	1.6%	-
	Diarrhoea death under 5 years	Death Register	No	347	221	192	112	180	170	160	

<sup>90</sup> The under 1 population (Stats SA projections) increased by 15.1% between 2016/17 and 2017/18 which have a significant impact on the indicator performance – target based on increase in numerator

<sup>91</sup> Population 1 year (Stats SA projections) increased by 16.6% between 2016/17 and 2017/18, which affects performance on indicator. Targets are based on the increase in the numerator

<sup>92</sup> Although the projected percentage is within range, under-reporting is expected (lower deaths & separations) due to a dire shortage of Paediatricians in especially Northern KZN. Data challenges are being addressed as a matter of urgency and will be corrected in time for the Annual Report.

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
2020	<i>Diarrhoea separation under 5 years</i>	<i>Admission &amp; Discharge Register</i>	No	11 578	10 259	9 765	5 262 <sup>93</sup>	9 000	9 444	10 000	
2.6.7) Reduce the pneumonia case fatality under 5 years rate to 2.4% (or less) by March 2020	15. Pneumonia case fatality under 5 years rate	DHIS	Quarterly %	2.7%	2.7%	1.8%	2.9%	2.6 %	2.4%	2.2%	-
	<i>Pneumonia death under 5 years</i>	<i>Tick Register/ Death Register</i>	No	300	308	200	288 <sup>94</sup>	220	200	180	
	<i>Pneumonia separation under 5 years</i>	<i>Admission Records</i>	No	11 011	11 215	11 081	9 916 <sup>95</sup>	8 462	8 333	8 182	
2.6.8) Reduce the severe acute malnutrition case fatality under 5 years rate to 6% (or less) by March 2020	16. Severe acute malnutrition case fatality under 5 years rate	DHIS	Quarterly %	10.4%	7.7%	7.4%	3.6% <sup>96</sup>	6.5%	6%	5.5%	-
	<i>Severe acute malnutrition death in facility under 5 years</i>	<i>Tick Register/ Death Register</i>	No	405	281	230	196	208	191	174	
	<i>Severe acute malnutrition separation under 5 years</i>	<i>Admission &amp; Discharge Records</i>	No	3 880	3 664	3 122	5 401 <sup>97</sup>	3 208	3 170	3 156	
2.6.9) Increase the Vitamin A dose 12-59 months	17. Vitamin A dose 12-59 months coverage (annualised)	PHC Register; DHIS; Stats SA	Quarterly %	54.5%	63.7%	61.9% <sup>98</sup>	55.8%	60%	63%	65%	-

<sup>93</sup> Denominator changed from "Diarrhoea admitted under-5 years" to "Diarrhoea separation under-5 years" which affected trends in the denominator. Targets for the MTEF based on trends and will be monitored

<sup>94</sup> See under-reporting due to shortage of Paediatricians (same as diarrhoea)

<sup>95</sup> Denominator changed from "Pneumonia admitted under-5 years" to "Pneumonia separation under-5 years" which affected trends. Targets for MTEF based on current trends and will be monitored

<sup>96</sup> The significant decrease is due to change in denominator as well as shortage of staff and capturing in DHIS – this is being addressed at facility level. Targets therefore based on trends and not the once-off decrease noted in 2017/18. KZN is lower than the National average of 30%, at 26% of all children who die in hospital have SAM

<sup>97</sup> This denominator has increased substantially with the change in definition from "SAM admitted under 5 years" to "SAM separations under 5 years". Trends are being monitored to ensure data veracity – targets will be reviewed annually

<sup>98</sup> This indicator was calculated manually - DHIS (62% using the 2017 population as a denominator)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
coverage to 63% (or more) by March 2020	Vitamin A dose 12 - 59 months	PHC Register	No	1 014 315	1 179 912	1 141 120	1 209 079	1 288 129	1 339 950	1 371 922	
	Population 12-59 months (multiplied by 2)	DHIS; Stats SA	No	1 864 456	1 853 702	1 841 762	2 167 410	2 146 882	2 126 906	2 110 648	
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>											
1.5.9) Increase the number of learners screened by at least 5% per annum	18. School Grade 1 learners screened	School Health Register; DHIS	Quarterly No	55 529	59 253	70 707	61 446	85 525	86 000	87 400	-
	19. School Grade 8 learners screened	School Health Register; DHIS	Quarterly No	21 674	22 660	36 527	38 312	55 506	55 000	55 500	-
<b>Strategic Objective 2.5: Reduce infant mortality</b>											
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2021	20. Infant mortality rate	Projection/ Estimate: Thembisa Model & Stats SA	Annual No per 1000 live births in total population	31.4/1000	31/1000	31/ 1000	32.6/ 1000	31.7/ 1000	30.9/ 1000	29 / 1000	29/ 1000 live births in pop
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>											
2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2021	21. Under 5 mortality rate	Projection/ Estimate: Thembisa Model or Stats SA	Annual No per 1000 live births in total population	42.6/ 1000	42/1000	42/ 1000	45.3/ 1000	43.9/ 1000	42.5 / 1000	40/ 1000	40/ 1000 live births in pop
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10	22. Diarrhoea with dehydration in child under 5 years incidence (annualised)	PHC Register; DHIS; Stats SA	Annual No per 1000 population	11.7/ 1000	10.4/ 1000	12.5/ 1000	8.9/ 1000 <sup>99</sup>	10.5/ 1000	10/ 1000	9.5/ 1000	-

<sup>99</sup> The estimated population under 5 years (Stats SA) increased with 196 300 (17.1%) between 2016/17 and 2017/18, which influenced the incidence compared to previous years (relevant to Diarrhoea, Pneumonia & SAM incidence). MTEF targets for all three indicators focus on numerators using trend data of previous years hence increased incidence compared to 2017/18 estimates (same 3 indicators)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
(or less) per 1000 population by March 2020	<i>Diarrhoea with dehydration new in child under 5 years</i>	PHC Register	No	13 614	11 993	14 294	11 936 <sup>100</sup>	13 975	13 237	12 516	
	<i>Population under 5 years</i>	DHIS; Stats SA	No	1 164 682	1 154 059	1 142 878	1 339 178	1 330 900	1 323 674	1 317 449	
2.6.11) Reduce the under-5 pneumonia incidence to 52 (or less) per 1000 population by March 2020	23. Pneumonia in child under 5 years incidence (annualised)	PHC Register; DHIS; Stats SA	Annual No per 1000 population	85.7/ 1000	74.3/ 1000	57.9/ 1000	45.1/ 1000	55/ 1000	52/ 1000	50/ 1000	-
	<i>Pneumonia new in child under 5 years</i>	PHC Register	No	99 805	85 715	66 150	60 334	73 199	68 831	65 872	
	<i>Population under 5 years</i>	DHIS; Stats SA	No	1 164 682	1 154 059	1 142 878	1 339 178	1 330 900	1 323 674	1 317 449	
2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 population by March 2020	24. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	Annual No per 1000 population	6.3/ 1 000	5.3/ 1 000	4.6/ 1000	3.6/ 1000	4.3/ 1000	4.2/ 1000	4.1/ 1000	4.6/1000 pop
	<i>Child under 5 years with severe acute malnutrition new</i>	DHIS; PHC Tick Register	No	7 331	6 136	5 192	4 821	5 723	5 559	5 401	
	<i>Population under 5 years</i>	DHIS; Stats SA	No	1 164 682	1 154 059	1 142 878	1 339 178	1 330 900	1 323 674	1 317 449	
2.6.12) Reduce the death in facility under 1 year rate to 5.9% or less by March 2020	25. Death in facility under 1 year rate (annualised)	DHIS	Annual %	7.3%	7.4%	6.4%	6.6%	6.1%	5.9%	5.7%	-
	<i>Death in facility under 1 year total</i>	Death Register	No	3 802	3 381	2 838	2 808	2 699	2 611	2 522	

<sup>100</sup> It is suspected that the data for 2017/18 is under-estimated (for diarrhoea, pneumonia & SAM) due to incomplete data/ under-reporting for the 1<sup>st</sup> 3 quarters of the year - this is being investigated by the Programme Managers for correction. The MTEF targets are based on previous years trend data (numerators) and will be monitored closely

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
	<i>Inpatient separations under 1 year</i>	<i>Midnight Census/ Admissions, Discharge &amp; Death Registers</i>	No	52 193	45 780	44 252	42 862	44 252	44 252	44 252	
2.6.13) Reduce the death in facility under 5 years rate to 4.2% (or less) by March 2020	26. Death in facility under 5 years rate	DHIS	Annual %	5.8%	5.1%	4.5%	4.6%	4.4%	4.2%	4%	-
	<i>Death in facility under 5 years total</i>	<i>Death Register</i>	No	4 849	4 009	3 326	3 246	3 344	3 191	3 039	
	<i>Inpatient separations under 5 years</i>	<i>Midnight Census/ Admissions, Discharge &amp; Death Registers</i>	No	70 967	77 563	74 612	70 652	76 009	75 987	75 987	

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 39: (DHS13) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Quarterly Targets				
				Q1	Q2	Q3	Q4	Annual
1. Antenatal 1st visit before 20 weeks rate (annualised)	Quarterly	%	71%	70.2%	70.3%	70.6%	71%	71%
2. Mother postnatal visit within 6 days rate	Quarterly	%	75%	74.4%	74.4%	74.6%	75%	75%
3. Delivery in 10 to 19 years in facility rate	Quarterly	%	22%	22%	22%	22%	22%	22%
4. Antenatal client start on ART rate	Annual	%	97%	97%	97%	97%	97%	97%
5. Maternal mortality in facility ratio (annualised)	Annual	No per 100,000 live births	100/100,000	-	-	-	-	100/100,000
6. Couple year protection rate (international)	Quarterly	%	35%	34.7%	34.8%	34.9%	35%	35%
7. Cervical cancer screening coverage 20 years and over (annualised)	Quarterly	%	82%	80%	80%	81%	82%	82%
8. HPV 1 <sup>st</sup> dose	Annual	%	84 150	-	-	-	-	84 150
9. HPV 2 <sup>nd</sup> dose	Annual	%	84 150	-	-	-	-	84 150
10. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	0.8%	1%	1%	0.9%	0.8%	0.8%
11. Neonatal death in facility rate	Annual	No per 1000 live births	11.5/ 1000	-	-	-	-	11.5/ 1000
12. Immunisation coverage under 1 year (annualised)	Quarterly	%	80%	76%	77%	78%	80%	80%
13. Measles 2nd dose coverage (annualised)	Quarterly	%	80%	80%	80%	80%	80%	80%
14. Diarrhoea case fatality under 5 years rate	Quarterly	%	2%	2.4%	2.3%	2.1%	2%	2%
15. Pneumonia case fatality under 5 years rate	Quarterly	%	2.6%	3%	2.9%	2.7%	2.6%	2.6%
16. Severe acute malnutrition case fatality under 5 years rate	Quarterly	%	6.5%	7%	6.8%	6.7%	6.5%	6.5%
17. Vitamin A dose 12-59 months coverage (annualised)	Quarterly	%	60%	60%	60%	60%	60%	60%
18. School Grade 1 learners screened	Quarterly	No	85 525	21 381	21 381	21 381	21 382	85 525
19. School Grade 8 learners screened	Quarterly	No	55 506	13 877	13 877	13 877	13 875	55 506

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Performance Indicators	Frequency	Type	Targets 2018/19	Quarterly Targets				
				Q1	Q2	Q3	Q4	Annual
20. Infant mortality rate	Annual	No per 1000 live births in pop	31.7/ 1000	-	-	-	-	31.7/ 1 000
21. Under 5 mortality rate	Annual	No per 1000 live births in pop	43.9/ 1 000	-	-	-	-	43.9/ 1000
22. Diarrhoea with dehydration in child under 5 years incidence (annualised)	Annual	No per 1000 pop	10.5/ 1000	-	-	-	-	10.5/ 1000
23. Pneumonia in child under 5 years incidence (annualised)	Annual	No per 1000 pop	55/ 1000	-	-	-	-	55/ 1000
24. Severe acute malnutrition in child under 5 incidence (annualised)	Annual	No per 1000 pop	4.3/ 1000	-	-	-	-	4.3/ 1000
25. Death in facility under 1 year rate (annualised)	Annual	%	6.1%	-	-	-	-	6.1%
26. Death in facility under 5 years rate (annualised)	Annual	%	4.4%	-	-	-	-	4.4%

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: Disease Prevention & Control

### 2018/19 Priorities

Priorities	Key Focus Areas
Scale up implementation and monitoring of the integrated 90-90-90 strategy for non-communicable diseases	<ul style="list-style-type: none"> <li>• Screening, detection and treatment compliance for hypertension and diabetes.</li> <li>• Increase cataract surgery through partnerships – targeting allocation of resources for Zululand, Uthukela, Ilembe and Umkhanyakude Districts.</li> <li>• Scale up implementation and monitoring of the Integrated Chronic Disease Management Model in all districts.</li> <li>• Strengthen the integrated inter-departmental healthy lifestyles strategy.</li> <li>• Finalise the Provincial Strategy for Palliative Care; establish systems and processes for implementation in all districts.</li> </ul>
Implement the approved Mental Health Strategy and Rationalisation Plan and actively monitor progress	<ul style="list-style-type: none"> <li>• Re-engineering primary and community-based mental health services including screening; treatment and psycho social rehabilitation; psychological first aid in communities; and developing psycho social rehabilitation hubs in all districts.</li> <li>• Scale up 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.</li> <li>• Expand the detoxification treatment programmes including management of medical emergencies and medical complications in identified sites.</li> <li>• Collaborate with Specialised Services and DHS in finalising and implementing the Specialised Psychiatric Hospitals Rationalisation Plan.</li> </ul>
Strengthen Rehabilitation Services	<ul style="list-style-type: none"> <li>• Review strategy for the recruitment and retention of rehabilitation personnel (Allied Health) as part of the Essential Post List Project.</li> <li>• Decrease the backlog for assistive devices in all districts.</li> <li>• Implement a strategy for rehabilitation for blind and partial sighted services.</li> </ul>
Strengthen Oral Health Services	<ul style="list-style-type: none"> <li>• Improve access to oral health services including services in mobiles, clinics, CHCs and the hospital platform.</li> <li>• Increase Oral Hygienist coverage for the School Oral Health Programme and at facility level as part of the Essential Post List Project.</li> <li>• Increase oral health education, awareness, early detection and treatment to positively impact on the extraction to restoration ratio.</li> <li>• Monitor allocation and utilisation of equipment in identified sites.</li> </ul>
Improve decentralised access to Orthotic & Prosthetic services	<ul style="list-style-type: none"> <li>• Collaboration with Infrastructure to complete project for decentralised site in King Cetshwayo.</li> <li>• Monitor outreach from eThekweni &amp; Umgungundlovu.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Situation Analysis Indicators

Table 40: (DHS14) Situation Analysis Indicators

Programme Performance Indicator	Type	Provincial 2016/17	Ugu 2016/17	Umgungundlovu 2016/17	Uthukela 2016/17	Umzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	Umkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
1. Cataract surgery rate (annualised)	No per 1mil uninsured population	888.1/ 1mil	2 011.1/ 1mil	1 570.6/ 1mil	584.5/ 1mil	1 169.8/ 1mil	1 607/ 1mil	0/ 1mil	879.4/ 1mil	1 122.2/ 1mil	330.2/ 1mil	1 643.2/ 1mil	713.5/ 1mil
Cataract surgery total	No	8 556	1 361	1 547	366	550	76	0	514	969	195	721	2 257
Population uninsured total	No	9 633 452	676 722	984 962	626 142	470 132	472 861	762 085	584 443	863 466	590 501	438 769	3 163 289
2. Malaria case fatality rate	%	1.2%	0%	0%	0%	0%	0%	11.1%	0.89%	3.2%	0%	0%	0%
Deaths from malaria	No	7	0	0	0	0	0	2	2	3	0	0	0
Total number of Malaria cases reported	No	557	11	17	5	6	3	18	224	91	7	4	171

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 41: 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 the morbidity and mortality of non-communicable diseases	2.9.1) Hypertension incidence of 24.6 or less per 1000 population by March 2020	Hypertension incidence (annualised)	24.6 or less per 1000 population
		2.9.2) Diabetes incidence of 3.3 or less per 1000 population by March 2020	Diabetes incidence (annualised)	3.3 or less per 1000 population
	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 42: (DHS15) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 2.9: Reduce the morbidity and mortality of non-communicable diseases</b>											
2.9.6) Increase the cataract surgery rate to at least 950 per 1 mil uninsured population by March 2020	1. Cataract surgery rate (annualised)	DHIS	Quarterly No per 1 mil uninsured population	870.9/ 1mil	588.7/1mil	888.1 / 1 mil	956.4/1 mil	944.5/ 1mil	953/ 1mil	960.4/ 1mil	-
	Total number of cataract surgeries completed	Theatre Register	No	8 037	5 487 <sup>101</sup>	8 556	9 494	9 500	9 700	9 900	
	Population uninsured	DHIS; Stats SA	No	9 228 755	9 320 082 <sup>102</sup>	9 633 452	9 926 611	10 058 493	10 178 047	10 307 773	
<b>Strategic Objective 2.10: Eliminate malaria</b>											

<sup>101</sup>This includes cataract surgery performed in provincial hospitals only. No private data has been included

<sup>102</sup>An 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

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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 %	1.05%	1%	1.2%	1.5%	0.6%	0.4%	0.2%	Less than 0.5%
	<i>Deaths from malaria</i>	<i>Malaria Register; Tick Sheets PHC</i>	No	7	5	7	8	3	2	1	
	<i>Total number of Malaria cases reported</i>	<i>Malaria Register; Tick Sheets PHC</i>	No	664	502	557	532	513	500	495	
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	1/ 1000	0.8 / 1000	0.3 / 1000	0.8/ 1000	0.1/ 1000	Zero new local infections	Zero new local infections	Zero new local infections
	<i>Number of malaria cases (new)</i>	<i>Malaria Register; Tick Register PHC</i>	No	664	519	224 <sup>103</sup>	532 <sup>104</sup>	70	0	0	
	<i>Population Umkhanyakude</i>	<i>DHIS; Stats SA</i>	No	643 759	649 645	655 616	687 572	696 042	704 651	704 651	
<b>Strategic Objective 2.9: Reduce the morbidity and mortality of non-communicable diseases</b>											
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	Not reported	7 706 460*	10 537 695 <sup>105</sup>	5 067 680	2 535 282	2 555 563	2 555 996	-
2.9.1) Hypertension incidence of	5. Hypertension incidence (annualised)	DHIS	Annual No per 1000 population	19.2/1000	18.6 / 1000	21.8 / 1000 <sup>106</sup>	22 / 1000	23/ 1000 <sup>107</sup>	23/ 1000	23/1000	24.6 or less per 1000 population

<sup>103</sup> These are new cases specific to Umkhanyakude and do not include all the provincial cases diagnosed

<sup>104</sup> Confirm if this is cases from Umkhanyakude only – or also including cross border cases – seems too high for local cases

<sup>105</sup> The data for 2015/16 and 2016/17 are not exclusive to screening, hence over-reported. An SOP was developed in 2017/18 to ensure more accurate reporting

<sup>106</sup> Calculated manually - DHIS reflects as 21.7 due to the 2017 population being used as the denominator

<sup>107</sup> It is expected that more effective early detection of patients will increase the number of patients on treatment – increase before tapering down

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
24.6 or less per 1000 population by March 2020	<i>Hypertension client treatment new</i>	<i>PHC Register</i>	No	48 925	48 837	58 396	55 455	59 114	60 348	61 724	
	<i>Population 40 years and older</i>	<i>DHIS; Stats SA</i>	No	2 547 122	2 547 127	2 680 947	2 520 246	2 570 168	2 623 843	2 683 650	
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	Not reported	Not reported	Not reported	4 536 356	2 535 282	2 555 563	2 555 996	-
2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	7. Diabetes incidence (annualised)	DHIS	Annual No per 1000 population	1.6/1000	2.2 / 1000	2.8 / 1000	3.1 / 1000	3.1/ 1000	3.1/ 1000	3.1/1000	3.1 per 1000 population
	<i>Diabetes client treatment new</i>	<i>PHC Register</i>	No	17 051	27 641	29 943	34 929	35 393	35 854	36 311	
	<i>Population total</i>	<i>DHIS; Stats SA</i>	No	10 571 313	10 688 165	10 806 538	11 267 436	11 417 132	11 565 963	11 713 378	
2.9.5) Screen at least 35% of PHC clients for mental disorders by March 2020	8. Mental disorders screening rate	DHIS	Quarterly %	Not reported	3.7%	22.4%	31.9%	33.6%	35%	35%	-
	<i>PHC client screened for mental disorders</i>	<i>PHC Register</i>	No	-	1 135 000	6 550 458	9 243 156	9 815 319	10 216 306	10 153 239	
	<i>PHC headcount - total</i>	<i>PHC Register</i>	No	-	30 745 821 <sup>108</sup>	29 200 948	28 999 286	29 200 245	29 189 445	29 009 254	
2.9.7) Increase the number of wheelchairs issued to 4 200 by March 2020	9. Wheelchairs issued	PHC & OPD Registers; DHIS	Quarterly No	Not reported	Not reported	7 576	2 012	4 100	4 200	4 300	-
<b>Strategic Objective 5.2) Improve quality of care</b>											
5.2.7) Improve the restoration	10. Dental extraction to restoration ratio	DHIS	Quarterly No	19:1	19:1	19:1	17:1	19:1	18:1	17:1	-

<sup>108</sup> This includes clinics, CHC's, mobiles, reproductive and specialised clinics

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
to extraction ratio to 18:1 or less by March 2020	<i>Tooth extraction</i>	<i>PHC Register; OPD &amp; Theatre Registers</i>	No	559 020	548 034	537 762	513 070	454 230	432 250	413 525	
	<i>Tooth restoration</i>	<i>PHC Register; OPD &amp; Theatre Registers</i>	No	29 444	27 957	28 809	29 442	23 907	24 013	24 325	

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 43: (DHS16) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Cataract surgery rate (annualised)	Quarterly	No per 1mil uninsured population	944.5/1mil	236.1/1mil	472.2/1mil	708.3/1mil	944.5/1mil	944.5/1mil
2. Malaria case fatality rate	Quarterly	%	0.6%	1.3%	0.9%	0.7%	0.6%	0.6%
3. Malaria incidence per 1000 population at risk	Annual	No per 1000 population at risk	0.1/1000	-	-	-	-	0.1/1000
4. Clients 40 years and older screened for hypertension	Quarterly	No	2 535 282	633 820	1 267 640	1 901 460	2 535 282	2 535 282
5. Hypertension incidence (annualised)	Annual	No per 1000 population	23/ 1000	-	-	-	-	23/ 1000
6. Clients 40 years and older screened for diabetes	Quarterly	No	2 535 282	633 820	1 267 640	1 901 460	2 535 282	2 535 282
7. Diabetes incidence (annualised)	Annual	No per 1000 population	3.1/ 1000	-	-	-	-	3.1/ 1000
8. Mental disorders screening rate	Quarterly	%	33.6%	33.6%	33.6%	33.6%	33.6%	33.6%
9. Wheelchairs issued	Quarterly	No	4 100	1 025	1 025	1 025	1 025	4 100
10. Dental extraction to restoration ratio	Quarterly	Ratio	19:1	19:1	19:1	19:1	19:1	19:1

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

**Table 44: (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	2014/15	2015/16				2016/17	2017/18	
District Management	230 547	249 161	291 190	317 643	287 364	280 085	304 880	330 183	355 200
Community Health Clinics	3 072 816	3 501 113	3 915 857	4 117 584	4 257 595	4 243 595	4 324 275	4 602 651	4 965 733
Community Health Centres	1 208 843	1 365 808	1 500 268	1 638 584	1 638 584	1 638 584	1 784 568	1 916 597	2 057 921
Community Based Services	123 164	160 420	56 204	314 738	451 653	425 989	419 637	422 903	451 241
Other Community Services	892 846	959 940	1 156 493	1 094 605	1 045 591	1 069 373	1 168 674	1 280 915	1 380 686
HIV and AIDS	3 257 870	3 813 719	4 499 037	4 852 495	4 852 495	5 031 793	5 677 225	6 114 218	6 701 673
Nutrition	43 763	43 820	44 940	52 920	52 920	52 920	51 569	59 739	63 023
Coroner Services	163 356	172 140	180 085	211 572	223 720	223 720	246 794	265 208	285 150
District Hospitals	5 341 148	5 741 775	6 079 897	6 393 205	6 631 278	6 693 096	6 848 092	7 437 429	7 985 823
<b>Sub-Total</b>	<b>14 334 353</b>	<b>16 007 896</b>	<b>17 723 971</b>	<b>18 993 346</b>	<b>19 441 200</b>	<b>19 659 155</b>	<b>20 825 714</b>	<b>22 429 843</b>	<b>24 246 450</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>14 334 353</b>	<b>16 007 896</b>	<b>17 723 971</b>	<b>18 993 346</b>	<b>19 441 200</b>	<b>19 659 155</b>	<b>20 825 714</b>	<b>22 429 843</b>	<b>24 246 450</b>

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 45: (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	2014/15	2015/16				2016/17	2017/18	2018/19	2019/20
Current payments		13 774 307	15 589 077	17 198 336	18 402 782	18 710 274	18 874 337	20 118 237	21 645 795	23 377 105
<b>Compensation of employees</b>		<b>9 481 720</b>	<b>10 476 826</b>	<b>11 229 551</b>	<b>12 176 936</b>	<b>12 079 378</b>	<b>11 967 344</b>	<b>12 396 711</b>	<b>13 445 989</b>	<b>14 536 078</b>
<b>Goods and services</b>		<b>4 292 441</b>	<b>5 111 894</b>	<b>5 967 879</b>	<b>6 225 453</b>	<b>6 630 616</b>	<b>6 906 598</b>	<b>7 721 133</b>	<b>8 199 391</b>	<b>8 840 589</b>
Communication		53 110	52 806	67 461	59 965	56 558	56 812	59 633	62 618	66 064
Computer Services		93	3 252	1 457	-	1 460	1 094	1 289	1 354	1 428
Consultants, Contractors and Special Services		133 179	125 432	1 345 427	1 475 291	1 737 319	1 885 682	1 877 396	1 866 879	1 951 516
Inventory		2 356 382	2 910 695	3 670 592	3 689 403	3 875 328	4 021 043	4 748 984	5 182 460	5 675 767
Operating leases		41 646	46 271	37 100	36 926	32 374	27 064	32 677	34 313	36 201
Travel and subsistence		26 087	28 841	24 063	24 740	20 135	19 355	24 346	25 573	26 978
Interest and rent on land		146	357	906	393	280	395	393	415	438
Maintenance, repair and running costs		94 603	91 734	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities		1 587 341	1 852 863	821 746	939 128	906 170	895 548	976 808	1 026 194	1 082 634
Transfers and subsidies to		411 766	363 631	458 294	457 659	475 617	579 002	455 387	487 529	556 518
Provinces and municipalities		117 404	129 600	154 750	193 000	204 284	219 659	213 394	225 396	237 793
Departmental agencies and accounts		10	48	107	43	67	107	45	47	49
Universities and Technicon		-	-	-	-	-	-	-	-	-
Non-profit institutions		190 405	165 147	171 372	175 844	108 611	114 758	49 701	51 034	52 865
Households		103 947	68 836	132 065	88 772	162 655	244 478	192 247	211 052	265 811
Payments for capital assets		148 259	55 159	67 311	132 905	255 309	205 798	252 090	296 519	312 827
Machinery and equipment		148 049	55 159	67 311	132 905	252 509	202 998	252 090	296 519	312 827

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	21	29	30	-	-	6	-	-	-
<b>Total economic classification</b>	<b>14 334 353</b>	<b>16 007 896</b>	<b>17 723 971</b>	<b>18 993 346</b>	<b>19 441 200</b>	<b>19 659 155</b>	<b>20 825 714</b>	<b>22 429 843</b>	<b>24 246 450</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 2 is allocated 49.28 per cent of the 2018/19 Vote 7 allocation compared to 48.2 per cent of the revised estimate for 2017/18. This amounts to an increase of R1 242 382 billion.

Sub-programme 2.1 (District Management) is allocated 1.58 per cent of the Programme 2 allocation for 2018/19 compared to 1.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R35 930 million.

Sub-Programme 2.2 (Community Health Clinics) is allocated 21.05 per cent of the Programme 2 allocation for 2018/19 compared to 37.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R265 325 million.

Sub-Programme 2.3 (Community Health Centres) is allocated 8.76 per cent of the Programme 2 2018/19 allocation compared to 8.59 per cent of revised estimate for 2017/18 – amounting to an increase of R142 791 million.

Sub-Programme 2.4 (Community-Based Services) is allocated 1.96 per cent of the Programme 2 allocation for 2018/19 compared to 1.89 per cent of the revised estimate for 2017/18. This amounts to an increase of R19 587 million.

Sub-Programme 2.5 (Other Community Services) is allocated 5.80 per cent of the Programme 2 allocation for 2018/19 compared to 5.70 per cent of the revised estimate for 2017/18. This amounts to an increase of R90 746 million.

Sub-programme 2.9 (District Hospitals) is allocated 32.96 per cent of the Programme 2 allocation for 2018/19 compared to 33.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R297 234 million.

## Risk Management

**Table 46: Risk Management**

Potential Risks	Mitigating Strategies
Fragmentation of services and silo planning at all levels of the health care system	<ul style="list-style-type: none"> <li>Improved functionality of Operation Sukuma Sakhe (OSS) through the Office of the Premier.</li> <li>Integration at decentralised level through implementation of the Integrated Planning &amp; Monitoring Framework.</li> </ul>
Budget constraints	<ul style="list-style-type: none"> <li>Improve internal control and monitoring of expenditure.</li> <li>Ensure compliance to cost containment at all levels.</li> <li>Implementation of the Rationalisation Plan.</li> </ul>
Impact of HIV, AIDS, TB and socio-economic determinants of health on health outcomes	<ul style="list-style-type: none"> <li>Strengthen partnerships at community level.</li> <li>Strengthen research (including partnerships with scientific community) to inform evidence-based decision-making.</li> </ul>
Inequalities in the service delivery platform & inefficient use of scarce resources	<ul style="list-style-type: none"> <li>Implementation of the Rationalisation and Turn-Around Plan.</li> <li>Complete the Essential Post List Project to address inequalities at facility levels.</li> </ul>



# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **PROGRAMME 3: EMERGENCY MEDICAL SERVICES**

### *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).

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Priorities

Priorities	Key Focus Areas
<p>Finalise &amp; implement the Emergency Medical Services Turn-Around Strategy and Plan as part of the Provincial Turn-Around Plan and monitor progress</p>	<ul style="list-style-type: none"> <li>• Implement the approved EMS Turn-Around Plan (aligned with new EMS Regulations and Policy reforms) and monitor progress against deliverables.</li> <li>• Review and align referral pathways with service delivery.</li> <li>• Improve access to quality Disaster Medicine Services as part of the Rationalisation and Turn-Around Plan.</li> <li>• Implement the approved transformation plan for EMS Education and Training within the NCET (National Emergency Care Education and Training) Policy Framework.</li> <li>• Strengthen effective governance systems and processes.</li> <li>• Strengthen the electronic EMS information system – Web-Based DHIS.</li> <li>• Monitor quality and utilisation of information for planning and decision-making.</li> <li>• Construction of EMS Wash Bays (as per approved Infrastructure Plan)</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Situation Analysis Indicators

Table 47: (EMS1) Situation Analysis Indicators

Programme Performance Indicator	Data Source	Province 2016/17	Ugu 2016/17	UMgungundlovu 2016/17	Uthukela 2016/17	UMzinyathi 2016/17	Amajuba 2016/17	Zululand 2016/17	UMkhanyakude 2016/17	King Cetshwayo 2016/17	Ilembe 2016/17	Harry Gwala 2016/17	eThekweni 2016/17
1. EMS P1 urban response under 15 minutes rate	EMS Register	5.1%	2.6%	3.1%	6.2%	32.3%	75.4%	N/A	N/A	25.4%	10.2%	N/A	3.1%
No P1 urban calls with response times under 15 minutes	EMS Callout Register	7 980	289	534	264	298	2 470	-	-	143	372	-	3 610
All P1 urban call outs	EMS Callout Register	157 550	11 164	17 102	4 267	922	3 278	-	-	563	3 653	-	116 601
2. EMS P1 rural response under 40 minutes rate	EMS Register	34.9%	10.5%	8.9%	17.3%	27.2%	81.6%	52.8%	24.3%	31.9%	28.9%	38.8%	24%
No P1 rural calls with response times under 40 minutes	EMS Callout Register	65 050	1 383	1 179	3 575	5 517	16 918	12 980	2 740	9 264	3 967	7 458	69
All P1 rural call outs	EMS Callout Register	186 325	13 219	13 242	20 682	20 316	20 744	24 571	11 298	29 036	13 718	19 211	288
3. EMS inter-facility transfer rate	EMS Register; EMS Database	30.2%	34.5%	36%	35.4%	10.5%	25.6%	31%	38.6%	34.1%	26.2%	29.9%	28%
EMS inter-facility transfer	EMS Register	199 869	17 791	23 544	13 257	3 483	11 106	12 060	18 598	19 776	9 656	8 823	61 775
EMS clients total	EMS Register	662 742	51 509	65 452	37 403	33 027	43 404	38 927	48 234	57 983	36 798	29 465	220 540

Source: 2016/17 Annual Report

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 48: 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 2018 (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 49: (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 Targets 2019/20
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	
<b>9) Strategic Objective 1.8: Improve EMS efficiencies</b>											
1.8.4) Improve P1 urban response times of under 15 minutes to 20% (or more) by March 2020	1. EMS P1 urban response under 15 minutes rate	EMS Database; DHIS	Quarterly %	5%	5%	5.1%	21.6%	23%	25%	27%	20% (or more)
	EMS P1 urban response under 15 minutes	EMS Callout Register	No	8 524	7 896	7 980	34 129	36 523	39 415	42 927	
	EMS P1 urban calls	EMS Callout Register	No	166 854	162 760	157 550	158 009	158 798	157 661	158 991	

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Targets
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	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 Database; DHIS	Quarterly %	32%	32%	34.9%	36%	38%	40%	44%	40%
	<i>EMS P1 rural response under 40 minutes</i>	<i>EMS Callout Register</i>	No	71 399	66 543	65 050	52 055	76 711	80 401	88 702	
	<i>EMS P1 rural calls</i>	<i>EMS Callout Register</i>	No	224 560	205 668	186 325	146 266	201 873	201 004	201 643	
1.8.6) Increase the inter-facility transfer rate to 50% by March 2020	3. EMS inter-facility transfer rate	EMS Database; DHIS	Quarterly %	39.4%	41%	30.2%	38.5%	46%	50%	53%	50%
	<i>EMS inter-facility transfer</i>	<i>EMS Register</i>	No	222 446	208 628	199 869	128 133	253 858	275 827	292 580	
	<i>EMS clients total</i>	<i>EMS Register</i>	No	564 529	509 594	662 742	333 178	551 866	551 655	552 039	
1.8.1) EMS Turn-Around Strategy approved by June 2018	4. Approved EMS Turn-Around Strategy	Approved EMS Turn-Around Strategy	Annual Categorical	Not reported	Not approved	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 <sup>109</sup>	EMS Daily Operations Reports; EMS Database	Annual No	192	187	180	187	200	220	230	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	Annual No	20	50 (access to computer) 23 (access to email & intranet)	38	23	40	50	60	-

<sup>109</sup> This will include improved fleet management, maintenance, purchase/allocation of new ambulances and appointment of staff

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

Table 50: (EMS3) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. EMS P1 urban response under 15 minutes rate	Quarterly Cumulative	%	23%	21.6%	22.5%	22.8%	23%	23%
2. EMS P1 rural response under 40 minutes rate	Quarterly Cumulative	%	38%	36%	36%	37%	38%	38%
3. EMS inter-facility transfer rate	Quarterly Cumulative	%	46%	39%	41%	43%	46%	46%
4. Approved EMS Turn-Around Strategy	Annual	Categorical	Approved EMS Turn-Around Strategy	-	-	-	-	Approved EMS Turn-Around Strategy
5. Average number of daily operational ambulances	Quarterly Cumulative	No	200	185	190	195	200	200
6. Number of bases with access to computers and intranet/ e-mail	Quarterly Cumulative	No	40	38	38	39	40	40

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

**Table 51: (EMS4 a) Expenditure Estimates**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	2018/19
Emergency Services	1 026 983	1 106 709	1 114 738	1 195 647	1 242 392	1 275 170	1 299 438	1 410 574	1 513 694
Planned Patient Transport	41 130	67 669	94 525	82 203	116 122	127 947	116 248	110 584	118 310
<b>Sub-Total</b>	<b>1 068 113</b>	<b>1 174 378</b>	<b>1 209 263</b>	<b>1 277 850</b>	<b>1 358 514</b>	<b>1 403 117</b>	<b>1 415 686</b>	<b>1 521 158</b>	<b>1 632 004</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1 068 113</b>	<b>1 174 378</b>	<b>1 209 263</b>	<b>1 277 850</b>	<b>1 358 514</b>	<b>1 403 117</b>	<b>1 415 686</b>	<b>1 521 158</b>	<b>1 632 004</b>

**Table 52: (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	2014/15	2015/16				2016/17	2017/18	2018/19
Current payments	1 061 869	1 133 984	1 189 528	1 220 793	1 301 802	1 347 223	1 329 375	1 419 356	1 524 602
<b>Compensation of employees</b>	<b>768 178</b>	<b>822 311</b>	<b>866 530</b>	<b>899 259</b>	<b>942 036</b>	<b>966 812</b>	<b>962 392</b>	<b>1 087 276</b>	<b>1 174 258</b>
<b>Goods and services</b>	<b>293 675</b>	<b>311 638</b>	<b>322 937</b>	<b>321 534</b>	<b>359 747</b>	<b>380 406</b>	<b>366 983</b>	<b>332 080</b>	<b>350 344</b>
Communication	8 107	8 734	9 395	10 148	9 381	9 415	11 468	12 111	12 777
Computer Services	45	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	1 608	3 059	181 957	173 325	215 105	238 727	214 363	178 665	188 493
Inventory	15 155	21 843	27 707	27 838	25 380	25 423	34 351	29 962	31 609
Operating leases	1 441	1 615	1 624	1 610	1 335	1 259	1 622	1 712	1 806

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Travel and subsistence	4 503	3 678	1 961	1 782	1 912	2 380	2 187	2 310	2 437
Interest and rent on land	16	35	61	-	19	5	-	-	-
Maintenance, repair and running costs	169 437	168 660	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	93 379	104 049	100 293	106 831	106 634	103 202	102 992	107 320	113 222
Transfers and subsidies to	4 684	3 437	3 779	5 057	4 703	3 885	5 311	5 609	5 918
Provinces and municipalities	1 947	1 177	2 001	2 500	2 624	2 624	2 645	2 793	2 947
Departmental agencies and accounts	2	2	2	2	-	-	2	2	2
Households	2 735	2 258	1 776	2 555	2 079	1 261	2 664	2 814	2 969
Payments for capital assets	1 189	36 957	15 956	52 000	52 009	52 009	81 000	96 193	101 484
Machinery and equipment	1 189	36 957	15 956	52 000	52 009	52 009	81 000	96 193	101 484
Payment for financial assets	371	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>1 068 113</b>	<b>1 174 378</b>	<b>1 209 263</b>	<b>1 277 850</b>	<b>1 358 514</b>	<b>1 403 117</b>	<b>1 415 686</b>	<b>1 521 158</b>	<b>1 632 004</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 3 (Emergency Medical Services) is allocated 3.2 per cent of the total 2018/19 Vote 7 allocation compared to 3.2 per cent of the revised estimate for 2017/18. This amounts to an increase of R16 428 million.

Sub-Programme Emergency Services is allocated 92.7 per cent of the Programme 3 allocation for 2018/19 compared to 98.3 per cent of the revised estimate for 2017/18. This amounts to an increase of R22 522 million.

Sub-Programme Planned Patient Transport is allocated 7.29 per cent of the Programme 3 allocation for 2018/19 compared to 5.6 per cent of the revised estimate for 2017/18. This amounts to a decrease of R6 094 million.

## Risk Management

**Table 53: Risk Management**

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> <li>Re-prioritisation based on Turn-Around Strategy.</li> <li>Improve revenue generation.</li> </ul>
Inadequate electronic EMS information system	<ul style="list-style-type: none"> <li>Re-prioritise electronic information system for triage in line with the approved ICT strategy.</li> <li>Implementation of the web-based EMS/ DHIS system.</li> <li>Monitor data quality and use of information for planning and decision-making.</li> </ul>
Inadequate ambulance fleet	<ul style="list-style-type: none"> <li>Prioritise procurement of ambulances to replace old fleet.</li> <li>Implement the approved Fleet Management Plan.</li> </ul>
Non-compliance to EMS Regulations and Policy reforms	<ul style="list-style-type: none"> <li>Monitor implementation of the approved EMS Turn-around Plan to track progress towards compliance.</li> </ul>
Inadequate EMS infrastructure	<ul style="list-style-type: none"> <li>Re-prioritise EMS infrastructure in collaboration with Infrastructure Development – alignment to approved 10-year Infrastructure Implementation Plan.</li> </ul>



# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

### Programme Purpose

Deliver hospital services which are accessible, appropriate, and effective and provide general specialist services, including specialized rehabilitation services, and 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 provides a training 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.

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: Regional Hospitals

### 2018/19 Priorities

Priorities	Key Focus Areas
<p>Improve access to the Regional Hospital package of services and improve efficiencies and clinical care</p>	<ul style="list-style-type: none"> <li>• Implement the approved Regional Hospital Rationalisation Plan and monitor progress.</li> <li>• Review classification, package of services and structures as per Business Plan.</li> <li>• Monitor allocation and utilisation of resources as per recommendations from the Essential Post List Project.</li> <li>• Improve quality of care and clinical governance at facility level in line with the approved Clinical Governance Policy.</li> <li>• Improve leadership and management at facility level through mentoring and training programmes.</li> <li>• Implementation of the National Core Standards with emphasis in self-assessments and implementation of Quality Improvement Plans.</li> <li>• Strengthen oversight and support and monitor implementation of reviewed delegations at facility level.</li> <li>• Improve the hospital information system within the framework of the approved ICT Strategy.</li> <li>• Implement the Pixley ka Isaka Seme Regional Hospital pre-commissioning plan and monitor progress.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

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

**Table 54: 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 2015/16).	Inpatient bed utilisation rate - total	75% (or more)
		1.7.2) Approved Hospital Rationalisation Plan by September 2018 (Reviewed 2018/19).	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 and managed 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 in line with NIDS).	Hospitals achieved 75% and more on National Core Standards self-assessment rate	60% (or more)

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators & Targets

Table 55: (PHS1) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	100% <sup>110</sup>	46.2% <sup>111</sup>	61.5%	69.2%	60% or more
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	4	6	8	9	
	<i>Hospitals conducted NCS self-assessment</i>	<i>NCS Self-Assessment Records</i>	No	-	-	-	4	13	13	13	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
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	6.3 Days	6.1 Days	5.7 Days	5.6 Days	5.4 Days	5.4 Days	-
	<i>Inpatient days -total</i>	<i>Midnight Census</i>	No	1 903 406	1 899 919	1 650 8892	1 765 266	1 700 364	1 647 884	1 647 884	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	47 986	49 528	46 173	52 286	53 569	55 712	55 712	
	<i>Inpatient separations total</i>	<i>Admission, Discharge, Death Registers</i>	No	316 900	305 850	274 589	321 626	315 556	317 151	317 151	

<sup>110</sup> Only 4 hospitals (as opposed to 13) conducted self-assessments

<sup>111</sup> Rate is lower because all hospitals are included in denominator (expectation that 100% of hospital conduct self-assessments)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	74.5%	74.7%	72.1%	72.8%	75.2%	77.4%	77.4%	75% (or more)
	<i>Inpatient days-total</i>	<i>DHIS; Midnight Census</i>	No	1 903 406	1 899 919	1 650 892	1 655 066	1 700 364	1 647 884	1 647 884	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	47 986	49 528	46 173	52 286	53 569	55 712	55 712	
	<i>Inpatient bed days available</i>	<i>DHIS</i>	No	2 588 033	2 583 419	2 322 136	2 346 712	2 331 556	2 199 891	2 199 891	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	Quarterly R	R 2 368	R 3 170	R 3 043	R 3 112	R 3 377	R 3 553	R 3 553	-
	<i>Expenditure total</i>	<i>BAS</i>	<i>R'000</i>	7 049 696	8 296 822	7 822 649	8 367 302	8 476 009	8 852 935	8 852 935	
	<i>Patient day equivalents</i>	<i>DHIS</i>	No	2 977 332	2 921 942	2 578 105	2 688 623	2 510 224	2 491 665	2 491 665	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	5. Complaint resolution within 25 working days rate	DHIS	Quarterly %	95%	98%	94.3%	90%	95%	95%	95%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	No	1 076	986	970	1 034	1 071	1 109	1 106	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	1 133	1 006	1 029	1 149	1 127	1 167	1 164	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS	Quarterly %	77.7%	80%	75.3%	83.4%	86%	95%	95.8%	-
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	1 133	1 006	1 029	1 149	1 127	1 167	1 164	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	1 458	1 259	1 367	1 378	1 311	1 227	1 215	
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	Quarterly %	39.2%	41.7%	41.2%	39.4%	39%	37%	37%	-
	<i>Delivery by caesarean section</i>	<i>Theatre &amp; Delivery Registers</i>	No	31 082	29 551	26 260	28 790	28 571	25 898	25 777	
	<i>Delivery in facility total</i>	<i>Theatre &amp; Delivery Registers</i>	No	79 386	70 882	63 791	72 998	73 261	69 997	69 667	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferred outpatient department (OPD) headcounts by at least 7% per annum	8. OPD headcount - total	DHIS; OPD Tick Register	Quarterly No	2 795 600	2 575 296	2 367 033	2 352 202	2 001 357	1 998 552	1 974 001	-
	9. OPD headcount new case not referred	DHIS/ OPD Tick Register	Quarterly No	222 443	182 998	171 162	218 972	203 644 <sup>112</sup>	189 389	176 132	-

<sup>112</sup> Adjusted to 7% decrease from estimated performance

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 56: (PHS2) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly Cumulative	%	46.2%	7.7%	15.4%	30.7%	46.2%	46.2%
2. Average length of stay – total	Quarterly	Days	5.6 Days	5.7 Days	5.7 Days	5.6 Days	5.6 Days	5.6 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	75.2%	73%	73.5%	74.5%	75.2%	75.2%
4. Expenditure per PDE	Quarterly	R	R 3 377	R 3 119	R 3 253	R 3 321	R 3 377	R 3 377
5. Complaint resolution within 25 working days rate	Quarterly	%	95%	91%	92%	93%	95%	95%
6. Complaints resolution rate	Quarterly	%	86%	83%	84%	85%	86%	86%
7. Delivery by caesarean section rate	Quarterly	%	39%	39%	39%	39%	39%	39%
8. OPD headcount - total	Quarterly	No	2 001 357	500 339	500 339	500 339	500 340	2 001 357
9. OPD headcount new case not referred	Quarterly	No	203 644	50 911	50 911	50 911	50 911	203 644

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: Specialised TB Hospitals

### 2018/19 Priorities

Priorities	Key Focus Areas
Improve efficiencies and quality of Specialised TB Hospitals	<ul style="list-style-type: none"><li>• Implement the approved Specialised TB Hospital Rationalisation Plan and actively monitor progress.</li><li>• Review integrated service arrangements for Decentralised Drug-Resistant TB Units to improve access to services at district level.</li><li>• Implement and monitor progress of Essential Post List Project recommendations.</li><li>• Review service arrangements for SANTA and State Aided TB Hospitals and develop Business Plans for approval and implementation.</li><li>• Improve quality of care and clinical governance within Quality Assurance Policy Framework.</li><li>• Scale up implementation of National Core Standards with focus on self-assessment and Quality Improvement Plans.</li><li>• Collaborate with Infrastructure Development for inclusion of infrastructure projects in approved 10-year plan.</li></ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators & Targets

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	50%	40% <sup>113</sup>	60%	70%	60% or more
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	1	4	6	7	
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment Records</i>	<i>No</i>	-	-	-	2	10	10	10	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	2. Complaint resolution within 25 working days rate	DHIS	Quarterly %	98.1%	93.4%	94.3%	95%	96.5%	96.6%	97.7%	-
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	<i>No</i>	101	128	60	76	83	86	85	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	103	137	62	80	86	89	87	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	Quarterly %	29.8%	19.1%	75.3%	75.5%	86.9%	94.7%	94.6%	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	<i>No</i>	103	137	62	80	86	89	87	
	<i>Complaint received</i>	<i>Complaints Register</i>	<i>No</i>	345	716	86	106	99	94	92	

<sup>113</sup> Lower percentage as denominator increased from 2 to 10 hospitals conducting self-assessments

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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	16.5 Days	17.2 Days	48.4 Days	56.5 Days	40.1 Days	38.9 Days	37.6 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	411 283	331 547	159 750	143 994	143 885	142 988	142 756	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	536	733	550	34	36	38	42	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	24 961	19 307	3 306	2 548	3 591	3 678	3 799	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	Quarterly %	57%	56.2%	42.6%	53.8%	56.2% <sup>114</sup>	56%	57.3%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	411 283	331 547	159 570	143 994	143 885	142 988	142 756	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	536	733	550	34	36	38	42	
	<i>Inpatient bed days available</i>	DHIS	No	722 396	591 152	374 490	267 879	256 221	255 348	249 002	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE <sup>115</sup>	BAS; DHIS	Quarterly R	R 1 300	R1 613	R 4 742	R 2 184	R 2 932	R 3 129	R 3 256	-
	<i>Total expenditure TB Hospitals</i>	BAS	R'000	673 274	734 142	776 902	385 025	884 431	933 961	959 319	
	<i>Patient day equivalents</i>	DHIS	No	518 023	426 465	163 828	176 290	301 649	298 446	294 631	
1.7.5) Reduce the unreferral OPD	7. OPD headcount – total	DHIS; OPD Tick Register	Quarterly No	294 629	255 718	94 969	199 224	198 872	179 987	168 856	-

<sup>114</sup> Rationalisation of TB Hospitals (SANTA) will have an impact on available beds which will increase the bed utilisation rate

<sup>115</sup> 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 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
headcounts by at least 7% per annum	8. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	54 505	30 637	9 136	25 997	24 172 <sup>116</sup>	22 486	20 912	-

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<sup>116</sup> Based on 7% reduction

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 58: (PHS4 a) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Target				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	Quarterly	%	40%	0%	20%	0%	20%	40%
2. Complaint resolution within 25 working days rate	Quarterly	%	96.5%	95%	95%	96%	96.5%	96.5%
3. Complaints resolution rate	Quarterly	%	86.9%	79%	82%	85%	86.9%	86.9%
4. Average length of stay – total	Quarterly	Days	40.1 Days	40.1 Days	40.1 Days	40.1 Days	40.1 Days	40.1 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	56.2%	54.5%	55%	55.5%	56.2%	56.2%
6. Expenditure per PDE	Quarterly	R	R 2 932	R 2 682	R 2 790	R 2 900	R 2 932	R 2 932
7. OPD headcount - total	Quarterly	No	198 872	49 718	49 718	49 718	49 718	198 872
8. OPD headcount new case not referred	Quarterly	No	24 172	6 043	6 043	6 043	6 043	24 172

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme: Specialised Psychiatric Hospitals

### 2018/19 Priorities

Priorities	Key Focus Areas
<p>Improve access, equity, quality and efficiencies of Specialised Psychiatric Hospitals</p>	<ul style="list-style-type: none"> <li>• Finalise &amp; implement the Mental Health Strategy Implementation Plan.</li> <li>• Implement the approved Rationalisation Plan for Psychiatric Hospitals and monitor progress.</li> <li>• Implement a recruitment strategy for Specialists to improve access &amp; coverage for specialised services.</li> <li>• Improve quality of care and clinical governance – within the Clinical Governance Policy Framework.</li> <li>• Scale up implementation of the National Core Standards with focus on self-assessment and Quality Improvement Programmes.</li> <li>• Increase availability of 72-hour observation services at identified District Hospitals (10-year Infrastructure Plan).</li> <li>• Assessment of hospital efficiencies to inform optimization of resources – rationalisation of services.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators & Targets

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

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	17%	33%	60%	66.7%	60% or more
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	1	2	3	4	
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	6	6	6	6	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	2. Complaint resolution within 25 working days rate	DHIS	Quarterly %	62.7%	83.3%	100%	87.9%	90.6%	95.5%	95.5%	-
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	No	37	50	55	58	58	63	64	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	59	60	55	66	64	66	67	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	Quarterly %	93.7%	93.8%	98.2%	95.7%	97%	97.1%	98.5%	
	<i>Complaint resolved</i>	<i>Complaints Register</i>	No	60	60	55	66	64	66	67	
	<i>Complaint received</i>	<i>Complaints Register</i>	No	64	64	56	69	66	68	68	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital	4. Average length of stay – total	DHIS	Quarterly Days	305.8 Days	296.8 Days	291.1 Days	279.4 Days	289.2 Days	290.6 Days	290.6 Days	-

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	627 724	621 164	638 302	637 648	627 229	627 209	627 209	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	2	0	15	18	0	0	0	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	2 053	2 093	2 206	2 282	2 169	2 158	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 %	70.4%	67.5%	71.2%	71.8%	72.1%	75.4%	75.4%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	627 724	621 164	638 302	637 648	627 229	627 209	627 209	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	2	0	15	18	0	0	0	
	<i>Inpatient bed days available</i>	DHIS	No	891 573	920 540	897 710	887 707	869 689	831 540	831 540	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS; DHIS	Quarterly R	R 1 189	R 1 257	R 1 284	R 1 297	R 1 311	R 1 326	R 1 382	-
	<i>Total expenditure Psychiatric Hospitals</i>	BAS	R'000	753 353	788 178	825 338	833 210	843 240	856 339	884 237	
	<i>Patient day equivalents</i>	DHIS	No	633 444	626 751	642 871	642 456	643 349	645 742	640 003	
1.7.5) Reduce the unrefereed OPD headcounts by at least 7% per annum	7. OPD headcount – total	DHIS; OPD Tick Register	Quarterly No	17 020	16 220	11 596	13 688	13 592	13 446	13 391	-
	8. OPD headcount new case not referred	DHIS; OPD Tick Register	Quarterly No	1 032	1 587	1 037	1 002	932	867	807	-

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 60: (PHS4 b) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on NCS self-assessment rate	Quarterly	%	33%	0%	0%	16%	33%	33%
2. Complaint resolution within 25 working days rate	Quarterly	%	90.6%	88%	88.5%	89.5%	90.6%	90.6%
3. Complaints resolution rate	Quarterly	%	97%	96%	96%	96.5%	97%	97%
4. Average length of stay – total	Quarterly	Days	289.2 Days	290 Days	290 Days	289.2 Days	289.2 Days	289.2 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	72.1%	71.9%	72%	72%	72.1%	72.1%
6. Expenditure per PDE	Quarterly	R	R 1 311	R 1 310	R 1 310	R 1 310	R 1 311	R 1 311
7. OPD headcount - total	Quarterly	No	13 592	3 398	3 398	3 398	3 398	13 592
8. OPD headcount new case not referred	Quarterly	No	932	233	233	233	233	932

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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

### 2018/19 Priorities

Priorities	Key Focus Areas
Improve hospital efficiencies and quality through implementation of the approved Rationalisation Plan	<ul style="list-style-type: none"><li>• Review package of services of Clairwood Hospital.</li><li>• Make provision for Palliative Care beds.</li><li>• Improve quality of care within Clinical Governance Policy Framework.</li><li>• Scale up implementation of the National Core Standards with focus on self-assessment and implementation of Quality Improvement Plans.</li></ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators & Targets

Table 61: (PHS3 c) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the NCS by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	50%	100%	100%	100%	60% or more -
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	Assessment Records	No	-	-	-	1	2	2	2	
	<i>Hospitals conducted NCS self-assessment</i>	Assessment Records	No	-	-	-	2	2	2	2	
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	2. Complaint resolution within 25 working days rate	DHIS	Quarterly %	98.8%	100%	100%	100%	100%	100%	100%	-
	<i>Complaint resolved within 25 days</i>	Complaints Register	No	83	60	55	58	57	57	56	
	<i>Complaint resolved</i>	Complaints Register	No	84	60	55	58	57	57	56	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	Quarterly %	80.8%	93.8%	98.2%	98.3%	98.3%	98.3%	98.2%	-
	<i>Complaint resolved</i>	Complaints Register	No	84	60	55	58	57	57	56	
	<i>Complaint received</i>	Complaints Register	No	104	64	56	59	58	58	57	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.3) Improve hospital	4. Average length of stay – total	DHIS	Quarterly Days	30.5 Days	38.7 Days	32.3 Days	35.7 Days	33.8 Days	28.5 Days	28.5 Days	-

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	108 954	105 247	99 887	96 626	104 700	114 998	114 998	
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	No	0	0	9	0	0	0	0	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	3 577	2 720	3 089	2 706	3 098	4 030	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 %	56.9%	55.2%	52.1%	54.8%	65.6%	74.5%	75%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	108 954	105 247	99 887	98 626	104 700	114 998	114 998	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	0	0	9	0	0	0	0	
	<i>Inpatient bed days available</i>	DHIS	No	191 625	190 733	191 625	179 823	159 544	153 400	153 400	
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS; DHIS	Quarterly R	R 1 816	R2 299	R 2 548	R 2 711	R 2 727	R 2 735	R 2 748	-
	<i>Total expenditure – Chronic Hospitals</i>	BAS	R'000	301 941	361 110	378 575	388 445	399 778	400 118	401 228	
	<i>Patient day equivalent</i>	DHIS	No	166 243	157 033	148 588	143 294	146 622	146 299	146 002	
1.7.5) Reduce the unreferred OPD headcounts by at least 7% per annum	7. OPD headcount – total	DHIS; OPD Tick Register	Quarterly No	171 451	154 990	145 949	141 559	139 872	132 885	131 996	-
	8. OPD headcount new cases not referred	DHIS; OPD Tick Register	Quarterly No	65 964	51 071	48 667	48 069	44 702	41 576	38 666	-

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 62: (PHS4 c) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on NCS self-assessment rate	Quarterly	%	100%	0%	0%	50%	100%	100%
2. Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%
3. Complaints resolution rate	Quarterly	%	98.3%	98.3%	98.3%	98.3%	98.3%	98.3%
4. Average length of stay – total	Quarterly	Days	33.8 Days	35 Days	34.5 Days	34 Days	33.8 Days	33.8 Days
5. Inpatient bed utilisation rate – total	Quarterly	%	65.6%	58%	60.5%	63.8%	65.6%	65.6%
6. Expenditure per PDE	Quarterly	R	R 2 727	R 2 720	R 2 720	R 2 720	R 2 727	R 2 727
7. OPD headcount - total	Quarterly	No	139 872	34 968	34 968	34 968	34 968	139 872
8. OPD headcount new case not referred	Quarterly	No	44 708	11 117	11 117	11 117	11 117	44 708

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Sub-Programme Oral and Dental Training Centre

### 2018/19 Targets

Priorities	Key Focus Areas
Implement the Oral Health Training Strategy to improve access to oral & dental health services	<ul style="list-style-type: none"><li>• Manage appropriate training initiatives to improve access and quality of Oral Health services.</li><li>• Increase the number of dentures issued per annum.</li><li>• Strengthen the partnership with UKZN to improve Oral and Dental Health Services.</li></ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

Table 63: Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
4.1.12) Strengthening the dental prosthesis and training platform	1. Number of dentures issued per annum	Dental Register	Annual Number	Not reported	Not reported	Not reported	250	300	350	400	-
	2. Number of Oral Hygienist and Dental Therapists trained per annum	Training Register	Annual Number	Not reported	Not reported	Not reported	40	40	40	40	

### 2018/19 Targets

Table 64: Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2018/19	Quarterly Targets				Annual Targets
				Q1	Q2	Q3	Q4	
1. Number of dentures issued per annum	Annual	No	300	-	-	-	-	300
2. Number of Oral Hygienist and Dental Therapists trained per annum	Annual	No	40	-	-	-	-	40

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

**Table 65: (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	2014/15	2015/16				2016/17	2017/18	2018/19
General (Regional) Hospitals	6 727 470	7 311 976	7 822 649	8 468 660	8 526 093	8 657 907	8 874 356	9 480 008	10 199 494
Tuberculosis Hospitals	673 267	734 142	776 902	812 781	807 317	796 063	832 736	893 855	958 483
Psychiatric-Mental Hospitals	753 333	788 178	825 338	891 958	875 232	868 808	929 156	998 539	1 079 095
Sub-acute, Step-down and Chronic Medical Hospitals	301 940	361 110	378 575	417 707	392 857	386 541	418 476	449 941	483 751
Dental Training Hospital	17 415	18 958	19 451	21 257	21 257	19 641	23 490	24 749	26 687
<b>Sub-Total</b>	<b>8 473 425</b>	<b>9 214 364</b>	<b>9 822 915</b>	<b>10 612 363</b>	<b>10 622 756</b>	<b>10 728 960</b>	<b>11 078 214</b>	<b>11 847 092</b>	<b>12 747 510</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>8 473 425</b>	<b>9 214 364</b>	<b>9 822 915</b>	<b>10 612 363</b>	<b>10 622 756</b>	<b>10 728 960</b>	<b>11 078 214</b>	<b>11 847 092</b>	<b>12 747 510</b>

**Table 66: (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	2014/15	2015/16				2016/17	2017/18	2018/19
Current payments	8 316 935	9 047 148	9 621 228	10 433 135	10 266 749	10 360 621	10 735 631	11 476 311	12 350 923
<b>Compensation of employees</b>	<b>6 505 622</b>	<b>6 989 676</b>	<b>7 442 082</b>	<b>7 997 996</b>	<b>7 838 241</b>	<b>7 763 049</b>	<b>8 262 835</b>	<b>8 920 704</b>	<b>9 654 757</b>
<b>Goods and services</b>	<b>1 811 170</b>	<b>2 056 552</b>	<b>2 178 854</b>	<b>2 435 135</b>	<b>2 426 701</b>	<b>2 595 225</b>	<b>2 472 792</b>	<b>2 555 603</b>	<b>2 696 162</b>
Communication	20 856	19 520	20 514	20 941	19 265	19 519	20 281	21 296	22 467
Computer Services	165	6	224	-	9	9	9	9	9

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
Consultants, Contractors and special services	157 806	162 024	485 553	601 647	662 807	762 703	629 996	618 905	652 946
Inventory	1 027 454	1 042 699	1 203 142	1 304 324	1 195 060	1 265 636	1 237 274	1 300 897	1 372 448
Operating leases	9 578	10 769	10 036	11 259	10 131	9 879	10 818	11 358	11 982
Travel and subsistence	5 118	4 561	3 123	3 882	2 501	2 231	2 490	2 616	2 760
Interest and rent on land	143	920	292	4	1 807	2 347	4	4	4
Maintenance, repair and running costs	16 685	16 330	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	573 508	800 643	456 262	493 082	536 928	535 248	571 924	600 522	633 550
Transfers and subsidies to	124 026	134 412	193 032	143 360	240 139	277 693	225 447	228 509	246 490
Provinces and municipalities	-	-	101	-	-	-	-	-	-
Departmental agencies and accounts	64	54	127	83	118	198	88	93	98
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	31 646	28 255	32 557	34 843	34 843	27 468	5 169	5 479	5 643
Households	92 316	106 103	160 247	108 434	205 178	250 027	220 190	222 937	240 749
Payments for capital assets	32 459	30 385	8 655	35 868	115 868	90 646	117 136	142 272	150 097
Buildings and other fixed structures									
Machinery and equipment	32 459	30 385	8 655	35 868	115 868	90 646	117 136	142 272	150 097
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	5	2 419	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>8 473 425</b>	<b>9 214 364</b>	<b>9 822 915</b>	<b>10 612 363</b>	<b>10 622 756</b>	<b>10 728 960</b>	<b>11 078 214</b>	<b>11 847 092</b>	<b>12 747 510</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 4 (Provincial Hospital Services) is allocated 26.63 per cent of the total Vote 7 allocation for 2018/19 compared to 26.9 per cent of the revised estimate for 2017/18. This amounts to an increase of R390 683 million.

Sub-programme 4.1 (General (Regional) Hospitals) is allocated 79.4 per cent of the Programme 4 budget for 2018/19 compared to 79.8 per cent of the revised estimate for 2017/18. This amounts to an increase of R70 506 million.

Sub-programme 4.2 (TB Hospitals) is allocated 7.9 per cent of the Programme 4 budget for 2018/19 compared to 7.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R70 506 million.

Sub-programme 4.3 (Psychiatric Hospitals) is allocated 8.6 per cent of the Programme 4 budget for 2018/19 remaining the same as allocation for revised estimate for 2017/18. This amounts to an increase of R86 427 million.

Sub-programme 4.4 (Chronic/ Step-Down Hospitals) is allocated 3.8 per cent of the Programme 4 budget for 2018/19 compared to 3.9 per cent of the revised estimate for 2017/18. This amounts to an increase of R17 660 million.

Sub-programme 4.5 (Dental Training Hospitals) is allocated 0.2 per cent of the Programme 4 budget for 2018/19 compared to 0.19 per cent of the revised estimate for 2017/18. This amounts to an increase of R1 216 million.

## Risk Management

**Table 67: Risk Management**

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> <li>Robust monitoring of expenditure and use of limited resources.</li> <li>Ensure cost containment and efficiency measures are in place and strictly adhered to.</li> <li>Vigilant control over the filling of posts as per Essential Post List.</li> <li>Implement approved Hospital Rationalisation Plan.</li> </ul>
Inadequate human resources	<ul style="list-style-type: none"> <li>Finalise the Essential Post List Project.</li> <li>Strategy to improve retention of scarce skills.</li> <li>Alignment of structures with function.</li> </ul>
Inadequate hospital information system	<ul style="list-style-type: none"> <li>Prioritise hospital information system as part of the approved ICT Strategy.</li> <li>Improve review and utilisation of information.</li> </ul>
Leadership and management	<ul style="list-style-type: none"> <li>Implement development and mentoring programme for Hospital CEOs.</li> </ul>
Medico legal litigation	<ul style="list-style-type: none"> <li>Strategy to improve management of litigation cases.</li> </ul>



# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS**

### *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.

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 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 68: 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 September 2018 (Reviewed 2018/19)	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 (included in 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 NCS	5.1.2) 60% (or more) public health hospitals achieved 75% and more on NCS self-assessment rate by March 2020 (Reviewed 2017/18)	Hospitals achieved 75% and more on NCS self-assessment rate (Reviewed 2017/18)	60% (or more)

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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

### 2018/19 Priorities

Priorities	Key Focus Areas
<p>Improve access, efficiencies and quality of services in Tertiary Hospitals</p>	<ul style="list-style-type: none"> <li>• Implement the approved Rationalisation Plan to improve equity in resource allocation and access to the tertiary package of services.</li> <li>• Address identified service pressures e.g. oncology, radiology, orthopaedic, nephrology &amp; urology.</li> <li>• Review package of services and organisational structures of King Edward VIII and Ngwelezana Hospitals in line with rationalisation of services.</li> <li>• Review the referral policy and system in line with rationalisation of services – including EMS referral patterns.</li> <li>• Phased implementation of Bed Bureaus.</li> <li>• Standardise Clinical Outreach Programmes, oversight, mentorship and development support.</li> <li>• Improving quality of care and clinical governance.</li> <li>• Implement Operation Clean Audit.</li> <li>• Implement National Core Standards with focus on self-assessments and implementation of Quality Improvement Plans to address identified gaps.</li> <li>• Implement hospital information system including identification of core indicators/ data elements and standardisation of registers and tools.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

Table 69: (C&THS1) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	0%	66%	100%	100%	60% or more
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	0	2	3	3	
	<i>Hospitals conducted National Core Standards self-assessment</i>	<i>Assessment Records</i>	No	-	-	-	0	3	3	3	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
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	9.6 Days	9.6 Days	7.7 Days	9.3 Days	9.4 Days	9.4 Days	9.4 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	297 816	262 345	454 218	286 791	278 885	270 215	269 997	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	9 781	12 100	20 037	16 148	15 641	15 310	15 105	
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	No	31 668	28 840	60 670	32 441	31 217	30 452	30 302	
1.7.1) Maintain a bed utilisation rate of 75% (or	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	83.4%	77.8%	71,6%	70%	75%	76.5%	76.5%	75% (or more)

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
more) by March 2020	Inpatient days-total	Midnight Census	No	297 816	262 345	454 218	286 791	278 885	270 215	270 215	
	½ Day Patients	Admission/ Discharge Register	No	9 781	12 100	20 037	16 148	15 641	15 310	15 310	
	Inpatient bed days available	DHIS	No	363 053	345 145	648 240	432 603	392 603	373 145	373 145	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	Quarterly R	R 5 383	R4 645	R 3 696	R 3 697	R 4 029	R 4 125	R 4 503	-
	Expenditure – Total Tertiary Hospital	BAS	R'000	2 232 949	3 140082	2 274 553	2 298 667	2 498 677	2 519 992	2 743 457	
	Patient day equivalents	DHIS	No	414 797	675 872	615 317	621 765	620 227	610 879	609 231	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	5. Complaint resolution within 25 working days rate	DHIS	Quarterly %	98%	98%	97.6%	96.2%	97%	97.5%	98%	-
	Complaint resolved within 25 working days	Complaints Register	No	246	251	164	152	161	153	145	
	Complaint resolved	Complaints Register	No	251	256	168	158	166	157	148	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS	Quarterly %	79.9%	83.4%	69.4%	72.1%	86.9%	95.7%	96.1%	-
	Complaint resolved	Complaints Register	No	251	256	168	158	166	157	148	
	Complaint received	Complaints Register	No	314	307	242	219	191	164	154	
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.2) Reduce the caesarean section rate to	7. Delivery by caesarean section rate	DHIS	Quarterly %	73.6%	73.1%	50.5%	69%	69%	69%	69%	-

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	Delivery by caesarean section	Theatre Register	No	759	797	3 611	5 437	5 381	5 321	5 270	
	Delivery in facility total	Delivery & Theatre Register	No	1 031	1 090	7 152 <sup>117</sup>	7 880	7 798	7 711	7 638	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.5) Reduce the unreferrred OPD headcounts by at least 7% per annum	8. OPD headcount – total	DHIS; Tick Register OPD	Quarterly No	293 717	264 412	390 325	389 398	380 152	380 009	379 887	-
	9. OPD headcount new cases not referred	DHIS; Tick Register OPD	Quarterly No	28 815	21 345	31 151	30 996	28 824	26 810	24 934	-

<sup>117</sup> Increase as a result of adding King Edward VIII Hospital to Tertiary Hospitals

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 70: (THS2) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Target				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on NCS self-assessment rate	Quarterly	%	66%	0%	0%	33%	66%	66%
2. Average length of stay – total	Quarterly	Days	9.4 Days	9.4 Days	9.4 Days	9.4 Days	9.4 Days	9.4 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	75%	73%	74%	75%	75%	75%
4. Expenditure per PDE	Quarterly	R	R 4 029	R 3 840	R 3 880	R 3 995	R 4 029	R 4 029
5. Complaint resolution within 25 working days rate	Quarterly	%	97%	97%	97%	97%	97%	97%
6. Complaints resolution rate	Quarterly	%	86.9%	80.5%	83%	85%	86.9%	86.9%
7. Delivery by caesarean section rate	Quarterly	%	69%	69%	69%	69%	69%	69%
8. OPD headcount - total	Quarterly	No	380 152	95 038	95 038	95 038	95 038	380 152
9. OPD headcount new case not referred	Quarterly	No	28 824	7 206	7 206	7 206	7 206	28 824

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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

### 2018/19 Priorities

Priorities	Key Focus Areas
Finalise & implement the Hospital Rationalisation Plan (as part of the Provincial Turn-Around 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.
	• Implement the National Core Standards.
	• Implementation of the approved Rationalisation Plan including filling of essential posts (Essential Post List Project).

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators & Targets

Table 71: (C&THS3) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	Quarterly %	Not reported	Not reported	Not reported	0%	100%	100%	100%	60% or more
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment records</i>	No	-	-	-	0	1	1	1	
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment records</i>	No	-	-	-	0	1	1	1	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
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	8.4 Days	8.6 Days	8.7 Days	8.7 Days	8.8 Days	8.8 Days	8.8 Days	-
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	206 116	203 522	204 871	204 667	204 459	204 228	204 009	
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	No	1 587	1 602	1 651	1 650	1 649	1 638	1 630	
	<i>Inpatient separations</i>	<i>Admission/ Discharge Registers</i>	No	24 583	23 756	23 515	23 616	23 429	23 419	23 401	
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	Quarterly %	67%	66.2%	66.6%	66.8%	66.8%	71%	71.9%	75% (or more)
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	No	206 116	203 522	204 871	204 667	204 459	204 228	204 009	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
	½ Day Patients	Admission/ Discharge Register	No	1 587	1 602	1 651	1 650	1 649	1 638	1 630	
	Inpatient bed days available	DHIS	No	308 790	308 824	308 790	308 790	308 730	290 026	286 026	
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	Quarterly R	R 3 288	R7 701	R 8 323	R 8 370	R 8 373	R 8 380	R 8 386	-
	Total expenditure Central Hospital	BAS	R'000	908 448	2 087 907	2 259 604	2 260 554	2 260 631	2 260 750	2 260 833	
	Patient day equivalents	DHIS	No	276 275	271 090	271 479	270 083	269 988	269 788	269 599	
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>											
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	5. Complaint resolution within 25 working days rate	DHIS	Quarterly %	100%	96.6%	87.3%	92.9%	95.9%	97.5%	99.2%	-
	Complaint resolved within 25 working days	Complaints Register	No	31	115	110	118	118	118	118	
	Complaint resolved	Complaints Register	No	31	119	126	127	123	121	119	
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS	Quarterly %	67.4%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	-
	Complaint resolved	Complaints Register	No	31	119	126	127	123	121	119	
	Complaint received	Complaints Register	No	46	120	127	128	124	122	120	
<b>Strategic Objective 2.7: Reduce maternal mortality</b>											
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary),	7. Delivery by caesarean section rate	DHIS	Quarterly %	80.5%	72.2%	78.5%	75.5%	75%	75%	75.1%	-
	Delivery by caesarean section	Theatre Register	No	400	301	300	320	314	308	305	

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Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Targets 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
and 67% or less (Central) by March 2020	<i>Delivery in facility total</i>	<i>Delivery Register</i>	No	497	417	382	424	419	411	406	
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>											
1.7.6) Appropriate referral as per referral criteria	8. OPD headcount – total	DHIS; Tick Register OPD	Quarterly No	203 228	195 333	192 511	191 886	191 464	191 398	191 336	-

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 72: (C&THS4) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Annual Target 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Hospital achieved 75% and more on NCS self-assessment rate	Quarterly	%	100%	0%	0%	0%	100%	100%
2. Average length of stay – total	Quarterly	Days	8.8 Days	8.8 Days	8.8 Days	8.8 Days	8.8 Days	8.8 Days
3. Inpatient bed utilisation rate – total	Quarterly	%	66.8%	66.8%	66.8%	66.8%	66.8%	66.8%
4. Expenditure per PDE	Quarterly	R	R 8 373	R 8 373	R 8 373	R 8 373	R 8 373	R 8 373
5. Complaint resolution within 25 working days rate	Quarterly	%	95.9%	93%	94%	95%	95.9%	95.9%
6. Complaints resolution rate	Quarterly	%	99.2%	98.5%	98.5%	99%	99.2%	99.2%
7. Delivery by caesarean section rate	Quarterly	%	75%	75%	75%	75%	75%	75%
8. OPD headcount - total	Quarterly	No	191 464	47 866	47 866	47 866	47 866	191 464

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## Reconciling Performance Targets with Expenditure Trends

**Table 73: (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	2014/15	2015/16				2016/17	2017/18	
Central Hospital Services	1 914 646	2 087 907	2 259 604	2 241 188	2 263 188	2 335 727	2 402 978	2 555 712	2 787 360
Provincial Tertiary Hospital Services	1 903 154	2 037 022	2 274 553	2 340 390	2 418 390	2 420 201	2 553 015	2 658 186	2 926 961
<b>Sub-Total</b>	<b>3 817 800</b>	<b>4 124 929</b>	<b>4 534 157</b>	<b>4 581 578</b>	<b>4 681 578</b>	<b>4 755 928</b>	<b>4 955 993</b>	<b>5 213 898</b>	<b>5 714 321</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>3 817 800</b>	<b>4 124 929</b>	<b>4 534 157</b>	<b>4 581 578</b>	<b>4 681 578</b>	<b>4 755 928</b>	<b>4 955 993</b>	<b>5 213 898</b>	<b>5 714 321</b>

**Table 74: (C&THS7 b) Summary of Payments and Estimates by Economic Classification (R'000)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Current payments	3 774 252	4 092 468	4 472 417	4 547 518	4 570 316	4 661 622	4 805 919	5 116 860	5 597 039
<b>Compensation of employees</b>	<b>2 135 330</b>	<b>2 331 335</b>	<b>2 492 410</b>	<b>2 689 663</b>	<b>2 666 039</b>	<b>2 648 995</b>	<b>2 843 834</b>	<b>3 086 384</b>	<b>3 410 817</b>
<b>Goods and services</b>	<b>1 638 596</b>	<b>1 761 005</b>	<b>1 979 967</b>	<b>1 857 855</b>	<b>1 904 277</b>	<b>2 012 626</b>	<b>1 962 085</b>	<b>2 030 476</b>	<b>2 186 222</b>
Communication	5 307	5 526	6 413	6 943	6 912	6 298	7 299	7 664	8 085
Computer Services	-	-	3 020	0	3 508	6 923	6 948	7 295	7 696
Consultants, Contractors and special services	787 620	875 154	1 068 950	909 253	947 829	1 007 087	1 007 294	1 038 509	1 105 402
Inventory	722 905	646 954	796 515	830 384	810 784	861 494	799 115	828 508	908 370

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Sub-Programme	Audited Expenditure Outcomes			Main	Adjusted	Revised	Medium Term Expenditure Estimates		
	R'000	2014/15	2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
Operating leases	732	959	956	1 144	1 056	1 269	1 441	1 513	1 596
Travel and subsistence	868	431	590	509	775	702	790	830	879
Interest and rent on land	326	128	40	0	0	1	0	0	0
Maintenance, repair and running costs	932	940	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	120 232	231 041	103 523	109 622	133 413	128 853	139 198	146 157	154 194
Transfers and subsidies to	40 875	30 432	48 533	27060	11696	10883	27 715	39 267	50 877
Provinces and municipalities	-	-	0	0	0	0	0	0	0
Departmental agencies and accounts	51	52	53	60	119	119	63	67	71
Universities and Technikons	-	-	0	0	0	0	0	0	0
Non-profit institutions	-	-	0	0	0	0	0	0	0
Households	40 824	30 380	48 480	27000	11577	10 764	27 652	39 200	50 806
Payments for capital assets	2 673	2 029	13 207	7 000	99566	83 423	122 359	57 771	66 405
Machinery and equipment	2 673	2 029	11 207	7 000	99566	83 423	122 359	57 771	66 405
Software and other tangible assets	-	-	0	0	0	0	0	0	0
Payment for financial assets	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>3 817 800</b>	<b>4 124 929</b>	<b>4 534 157</b>	<b>4 581 578</b>	<b>4 681 578</b>	<b>4 755 928</b>	<b>4 955 993</b>	<b>5 213 898</b>	<b>5 714 321</b>

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## Performance and Expenditure Trends

Programme 5 (Central and Tertiary Hospital Services) is allocated 11.81 per cent of the 2018/19 Vote 7 allocation compared to 11.6 per cent of the revised estimate for 2017/18. This amounts to an increase of R302 769 million.

Sub-programme Central Hospitals is allocated 48.59 per cent of the Programme 5 allocation for 2018/19 compared to 48.9 per cent of the revised estimate for 2017/18. This amounts to an increase of R171 810 million.

Tertiary Hospitals is allocated 51.4 per cent of the Programme 5 allocation for 2018/19 compared to 51.1 per cent of the revised estimate for 2017/18. This amounts to an increase of R130 959.

## Risk Management

**Table 75: Risk Management**

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



# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PROGRAMME 6: HEALTH SCIENCES AND TRAINING

### 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.

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

### 2018/19 Priorities

Priorities	Key Focus Areas
Training in sign language	<ul style="list-style-type: none"> <li>• Training of front line staff and healthcare professionals in sign language.</li> </ul>
Bursary allocation	<ul style="list-style-type: none"> <li>• Prioritise bursary allocation to address scarce and critical/essential skills.</li> </ul>
Training of Mid-Level Workers	<ul style="list-style-type: none"> <li>• Identify occupational categories requiring mid-level workers in consultation with programme managers.</li> <li>• Liaise with training institutions for the enrolment of identified candidates.</li> </ul>
Compliance with employee performance management	<ul style="list-style-type: none"> <li>• Conduct workshops and send reminders on compliance.</li> <li>• Implement PMDS elements, i.e. capture assessment results on PERSAL, Process pay/grade progressions and facilitate the performance improvement plan through PDP or incapacity due to poor work performance.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

Table 76: 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 Durban University of Technology (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 (Reviewed 2017/18)	♦ 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 (Reviewed 2017/18)	300 (Reviewed 2017/18)

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 77: (HST1) Strategic Priorities, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20	
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21		
<b>Strategic Objective 4.1: Improve human resources for health</b>												
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	131	57	16	30	30 <sup>118</sup>	30 <sup>119</sup>	30	197	
4.1.5) Allocate 1 000 bursaries for 1 <sup>st</sup> 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	90	108	150	150	150	150	1 000	
<b>Strategic Objective 4.3: Accreditation of KZNCN as Institution of Higher Education</b>												
4.3.1) KZNCN accredited as IHE by March 2017	3. KZNCN accredited as Institution of Higher Education	Accreditation Certificate	Annual Categorical	Not reported	Not accredited	Not accredited	Not accredited	Accredited	Accredited & Providing Training as IHE	Accredited & Providing Training as IHE	-	
<b>Strategic Objective 4.1: Improve human resources for health</b>												
4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum pending available budget <sup>120</sup>	4. Number of Advanced Midwives graduating per annum	KZNCN Database	Annual No	146	29	54	30	30	30	30	-	

<sup>118</sup> A total of 1 084 bursaries will be allocated to medical students with 58 RSA students completing in 2018 and 10 existing students from the Cuban programme. There will be no new intakes for the Cuban Programme due to budget constraints. Bursaries will be allocated to 284 Allied Professions including 60 new intakes

<sup>119</sup> 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

<sup>120</sup> 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

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
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	Nil	Nil	34	18	6	0	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	372	208	206	20	20	20	15	167
4.1.7) Increase the EMS skills pool by increasing the number ILS student intakes to 300 by March 2020	7. Number of Intermediate Life Support graduates per annum	Training Report; EMS College Register	Annual No	54	41	38	48	72	72	72	300

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 78: (HST2) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
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	150	-	-	-	-	150
3. KZNCN accredited as Institution of Higher Education	Annual	Categorical	Accredited	-	-	-	-	Accredited
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	18	-	-	-	-	18
6. Number of new Pharmacy Assistants enrolled in training courses	Annual	Number	20	-	-	-	-	20
7. Number of Intermediate Life Support graduates per annum	Annual	Number	72	-	-	-	-	72

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

Table 79: (HST4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates			
	R'000	2014/15	2015/16				2016/17	2017/18		2018/19
Nursing Training Colleges		276 189	277 502	275 229	300 650	278 443	270 097	293 908	311 721	333 156
EMS Training Colleges		5 039	5 298	16 542	18 304	17 297	17 296	19 127	20 319	21 665
Bursaries		243 405	280 604	322 878	293 912	291 109	319 488	265 492	220 248	159 250
Primary Health Care Training		41 957	41 069	39 135	46 481	50 985	53 225	59 100	61 837	65 862
Training Other		452 359	454 321	547 290	582 336	603 849	603 080	626 723	667 760	732 816
<b>Sub-Total</b>		<b>1 018 949</b>	<b>1 058 794</b>	<b>1 201 074</b>	<b>1 241 683</b>	<b>1 241 683</b>	<b>1 263 186</b>	<b>1 264 350</b>	<b>1 281 885</b>	<b>1 312 749</b>
Unauthorized expenditure (1st charge) not available for spending		-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>		<b>1 018 949</b>	<b>1 058 794</b>	<b>1 201 074</b>	<b>1 241 683</b>	<b>1 241 683</b>	<b>1 263 186</b>	<b>1 264 350</b>	<b>1 281 885</b>	<b>1 312 749</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 80: (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	2014/15	2015/16	2016/17	2017/18		2018/19	2019/20	2020/21
Current payments	778 344	773 468	887 101	952 340	946 604	941 989	994 094	1 056 577	1 148 152
<b>Compensation of employees</b>	<b>722 027</b>	<b>721 247</b>	<b>821 215</b>	<b>877 206</b>	<b>890 053</b>	<b>883 289</b>	<b>918 016</b>	<b>976 837</b>	<b>1 064 266</b>
<b>Goods and services</b>	<b>56 317</b>	<b>52 219</b>	<b>65 883</b>	<b>75 134</b>	<b>56 551</b>	<b>58 700</b>	<b>76 078</b>	<b>79 740</b>	<b>83 886</b>
Communication	948	697	753	795	745	744	140	147	154
Computer Services	45	138	191	-	-	-	-	-	-
Consultants, Contractors and special services	94	77	2 572	1 911	2 759	3 124	3 824	4 057	4 298
Inventory	491	597	3 523	6 555	6 459	4 978	4 805	5 012	5 281
Operating leases	1 273	1 402	1 337	1 663	2 958	1 224	1 247	1 310	1 376
Travel and subsistence	25 585	22 344	34 296	37 960	26 296	28 297	32 000	33 600	35 281
Interest and rent on land	-	2	3	-	-	-	-	-	-
Maintenance, repair and running costs	2 320	2 361	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	25 561	24 603	23 211	26 250	17 334	20 333	34 062	35 614	37 496
Transfers and subsidies to	238 187	285 248	313 940	282 631	287 832	315 739	260 659	215 310	154 186
Provinces and municipalities	-	28	-	-	15	15	-	-	-
Departmental agencies and accounts	15 768	18 863	19 842	19 842	18 850	18 850	20 868	22 036	23 248
Universities and Technicon's	16	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	222 403	266 357	294 098	262 789	268 967	296 874	239 791	193 274	130 938
Payments for capital assets	2 412	99	33	6 712	7 247	5 458	9 597	9 998	10 411
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	2018/19
Machinery and equipment	2 412	99	33	6 712	7 247	5 458	9 597	9 998	10 411
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	6	7	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>1 018 949</b>	<b>1 058 822</b>	<b>1 201 074</b>	<b>1 241 683</b>	<b>1 241 683</b>	<b>1 263 186</b>	<b>1 264 350</b>	<b>1 281 885</b>	<b>1 312 749</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 6 (Health Sciences & Training) is allocated 3.0 per cent of the total Vote 7 allocation for 2018/19 compared to 3.1 per cent of the revised estimate for 2017/18. This amounts to an increase of R26 668 million.

Sub-programme Nurse Training Colleges is allocated 24.19 per cent of the Programme 6 allocation for 2018/19 compared to 24.2 per cent of the revised estimate for 2017/18. This amounts to an increase of R25 749 million.

Sub-programme EMS Training Colleges is allocated 1.40 per cent of the Programme 6 allocation for 2018/19 compared to 1.5 per cent of the revised estimate for 2017/18. This amounts to a decrease of R1 571 million.

Sub-programme Bursaries are allocated 22.89 per cent of the Programme 6 allocation for 2018/19 compared to 23.7 per cent of the revised estimate for 2017/18. This amounts to a decrease of R4 403 million.

Sub-programme PHC Training is allocated 3.44 per cent of the Programme 6 allocation for 2018/19 compared to 3.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R4 055 million.

Sub-programme Other Training is allocated 48.05 per cent of the Programme 6 allocation for 2018/19 compared to 46.9 per cent of the revised estimate for 2017/18. This amounts to a decrease of R4 304 million.

## Risk Management

**Table 81: Risk Management**

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> <li>Robust monitoring of expenditure against allocated budget.</li> <li>Ensure cost containment and efficiency measures are in place and strictly adhered to.</li> <li>Re-prioritise allocation per Sub-Programme.</li> </ul>
Compliance with NCET Policy (EMS)	<ul style="list-style-type: none"> <li>Rationalisation and turn-around plan within framework of NCET Policy.</li> </ul>
Absorption of bursary holders post training	<ul style="list-style-type: none"> <li>Strategy for absorption of bursary holders after graduation.</li> <li>Vigilant monitoring of student progress.</li> </ul>
Leadership and management	<ul style="list-style-type: none"> <li>Leadership and management training and mentoring programmes.</li> </ul>
Bursary holders breach of contractual obligation prior to or during placement	<ul style="list-style-type: none"> <li>Orientation of bursary holders.</li> <li>Visit bursary holders at universities to promote mentorship and remind them about bursary obligation.</li> </ul>
Failure to recover debts from bursary holders who breached their obligation	<ul style="list-style-type: none"> <li>Track and trace agent to recover and collect debts has been appointed.</li> <li>Initiate legal processes to recover debts.</li> </ul>

# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**

### *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.

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

### 2018/19 Priorities

Priorities	Key Focus Areas
Improve pharmaceutical efficiencies	<ul style="list-style-type: none"> <li>Finalise and approve Pharmaceutical Services Strategy &amp; Implementation Plan.</li> </ul>
Early warning system for medicine stock out	<ul style="list-style-type: none"> <li>Electronic Stock Management System at PHC facilities, Hospitals and Depot/ Central Warehouse.</li> </ul>
Pharmaceuticals Procurement and Distribution Reforms	<ul style="list-style-type: none"> <li>Direct deliveries and cross-docking of medicine supplies.</li> </ul>
Central Chronic Medicines Dispensing and Distribution Programme	<ul style="list-style-type: none"> <li>Further rollout of programme to all municipalities.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

Table 82: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
<b>Orthotic and Prosthetic Services</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 3 by March 2020 (Reviewed 2018/19)	Number of operational Orthotic Centres (cumulative)	4 (Reviewed 2017/18)
<b>Laundry Services</b>				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards (Reviewed 2017/18)	Percentage of facilities reporting clean linen stock outs	Zero clean linen stock outs
<b>Pharmaceutical Services</b>				
Strategic Goal 5: Improved quality of health care	5.2) Improve quality of care	5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020	Percentage of Pharmacies that obtained A and B grading on inspection	100%
		5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020	Tracer medicine stock-out rate (PPSD)	Less than 1%
			Tracer medicine stock-out rate (Institutions)	Less than 1%

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 83: (HCSS1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 1.9: Strengthen health system effectiveness</b>											
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	Quarterly %	14%	18%	13%	2.8%	1.4%	0%	0%	Zero clean linen stock outs
	<i>Number of facilities reporting clean linen stock out</i>	Laundry Register	No	10	13	9	2	1	0	0	
	<i>Facilities total</i>	DHIS	No	72	72	73	72	72	72	72	
1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2019	2. Forensic Pathology Rationalisation Plan	FPS Reports/ Rationalisation Plan	Annual Categorical	Not reported	Not approved	Not approved	Not approved	Approved Plan	Implement approved Plan	Implement approved Plan	-
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	2 <sup>121</sup>	2	2	3	3	4	4
<b>Strategic Objective 5.2: Improve quality of care</b>											
5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or	4. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy database/ Grading Certificates	Annual %	83%	97%	91%	93.7%	95.8%	100%	100%	100%
	<i>Pharmacies with A or B Grading</i>	Grading Certificates	No	78	84	86	89	91	95	95	

<sup>121</sup> Fully functional Operational Centres in Wentworth and Pietermaritzburg

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
B grading) to 100% by March 2020	Number of pharmacies	Pharmacy Records	No	94	87	95	95	95	95	95	
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 %	6.4%	17.4%	7%	8.7%	3%	1%	1%	Less than 1%
	Number of tracer medicine out of stock	Pharmacy Records	No	34	96	10	12	Fluctuates	Fluctuates	Fluctuates	
	Total number of tracer medicine expected to be in stock	Pharmacy Records	No	530	552	138	138	Fluctuates	Fluctuates	Fluctuates	
	6. Tracer medicine stock-out rate (Institutions)	Pharmacy Database	Quarterly %	2.96%	4.4% <sup>122</sup>	2%	1.7%	1.5%	1%	1%	Less than 1%
	Number of tracer medicines stock out in bulk store	Pharmacy Records	No	1 551	1 555	1 298	1 086	Fluctuates	Fluctuates	Fluctuates	
	Number of tracer medicines expected to be stocked in the bulk store	Pharmacy Records	No	52 416	50 832	80 751	64 290	Fluctuates	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	97%	97%	100%	100%	100%	-
	Number of facilities on Direct Delivery Model	Facilities Records	No	-	-	93	93	94	96	96	
	Total number of facilities eligible for Direct Delivery Model	Pharmacy Database	No	-	-	96	96	94	96	96	-

<sup>122</sup> 343/ 7 734 (3%) in hospitals and CHCs and 1 212/ 43 098 (2.8%) in clinics

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
	8. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Pharmacy Database	Quarterly %	Not reported	Not reported	0%	0%	40%	60%	80%	-
	<i>Number of facilities on Cross-Docking Model</i>	<i>Pharmacy Database</i>	No	-	-	0	0	298	448	597	
	<i>Total number of facilities eligible for Cross-Docking Model</i>	<i>Pharmacy Database</i>	No	-	-	748	748	746	746	746	
	9. Percentage of items on Direct Delivery and Cross Docking Model	Pharmacy Database	Quarterly %	Not reported	Not reported	54%	58%	70%	70%	73%	-
	<i>Number of items on Direct Delivery and Cross Docking Model</i>	<i>Pharmacy Database</i>	No	-	-	482	524	<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>	No	-	-	900	905	<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	606	692	717	717	717	-
	11. Number of patients enrolled on CCMDD programme (cumulative)	Pharmacy Database	Quarterly No	Not reported	Not reported	619 020	839 187	1 350 000	1 750 000	1 850 000	-
	12. Number of pick-up points linked to CCMDD	Pharmacy Database	Quarterly No	Not reported	Not reported	2 069	2 404	3 000	3 000	3 200	-

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Targets

**Table 84: (HCSS2) Quarterly and Annual Targets**

Performance Indicators	Frequency	Type	Targets 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
1. Percentage of facilities reporting clean linen stock outs	Quarterly	%	1.4%	2.8%	2.8%	2.8%	1.4%	1.4%
2. Forensic Pathology Rationalisation Plan	Annual	Categorical	Approved Plan	-	-	-	-	Approved Plan
3. Number of operational Orthotic Centres (cumulative)	Annual	Number	3	-	-	-	-	3
4. Percentage of Pharmacies that obtained A and B grading on inspection	Annual	%	95.8%	-	-	-	-	95.8%
5. Tracer medicine stock-out rate (PPSD)	Quarterly	%	3%	6%	5%	4%	3%	3%
6. Tracer medicine stock-out rate (Institutions)	Quarterly	%	1.5%	1.7%	1.7%	1.6%	1.5%	1.5%
7. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	100%	98%	98%	99%	100%	100%
8. Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Quarterly	%	40%	15%	25%	34%	40%	40%
9. Percentage of items on Direct Delivery and Cross Docking Model	Quarterly	%	70%	59%	65%	65%	65%	65%
10. Number of facilities implementing the CCMD Programme (cumulative)	Quarterly	No	717	690	695	700	717	717
11. Number of patients enrolled on CCMD programme (cumulative)	Quarterly	No	1 350 000	839 187	900 000	1 200 000	1 350 000	1 350 000
12. Number of pick-up points linked to CCMD (cumulative)	Quarterly	No	3 000	2 404	2 650	2 800	3 000	3 000

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

**Table 85: (HCSS4 a) Expenditure Estimates (R'000)**

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Medicine Trading Account	6	0	-	64 600	-	-	73 477	77 587	81 854
Laundry Services	125 667	134 153	241 603	186 767	193 082	177 276	185 396	195 778	209 144
Orthotic and Prosthetic Services	26 235	31 942	27 165	42 587	36 272	44 200	54 767	48 994	52 492
<b>Sub-Total</b>	<b>151 908</b>	<b>166 095</b>	<b>268 768</b>	<b>293 954</b>	<b>229 354</b>	<b>221 476</b>	<b>313 640</b>	<b>322 359</b>	<b>343 490</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>151 908</b>	<b>166 095</b>	<b>268 768</b>	<b>293 954</b>	<b>229 354</b>	<b>221 476</b>	<b>313 640</b>	<b>322 359</b>	<b>343 490</b>

**Table 86: (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	2014/15	2015/16				2016/17	2017/18	
Current payments	147 452	165 637	268 086	287 608	216 363	209 954	298 086	315 439	336 189
<b>Compensation of employees</b>	<b>84 524</b>	<b>90 967</b>	<b>94 283</b>	<b>152 176</b>	<b>108 440</b>	<b>103 686</b>	<b>162 692</b>	<b>172 467</b>	<b>185 352</b>
<b>Goods and services</b>	<b>62 928</b>	<b>74 670</b>	<b>173 803</b>	<b>135 432</b>	<b>107 923</b>	<b>106 267</b>	<b>135 394</b>	<b>142 972</b>	<b>150 837</b>
Communication	417	299	895	1 226	1 067	1 064	1 526	1 606	1 688
Computer Services	-	-	-	2 130	-	-	2 258	2 384	2 515
Consultants, Contractors and special services	603	504	4 280	4 609	4 933	4 425	10 711	11 278	11 873
Inventory	9 665	14 140	144 447	76 285	76 540	74 976	76 067	79 989	84 096

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	
Operating leases	110	125	101	464	114	124	531	560	590
Travel and subsistence	116	78	60	118	64	71	176	186	196
Interest and rent on land	-	-	-	-	-	1	-	-	-
Maintenance, repair and running costs	4 319	4 367	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	47 698	55 157	24 020	50 600	25 205	25 607	44 125	46 969	49 879
Transfers and subsidies to	1 264	244	636	696	777	988	737	778	821
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technicon's	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 264	244	636	696	777	988	737	778	821
Payments for capital assets	3 192	214	46	5 650	12 214	10 534	14 817	6 142	6 480
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3 192	214	46	5 650	12 214	10 534	14 817	6 142	6 480
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>151 908</b>	<b>166 095</b>	<b>268 768</b>	<b>293 954</b>	<b>229 354</b>	<b>221 476</b>	<b>313 640</b>	<b>322 359</b>	<b>343 490</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 7 (Health Care Support Services) is allocated 0.54 per cent of the 2018/19 Vote 7 allocation compared to 0.7 per cent of the revised estimate for 2017/18. This amounts to an increase of R15 116 million.

Sub-programme 7.1 (Laundry Services) is allocated 80.2 per cent of Programme 7 allocation for 2018/19 compared to 63.5 per cent of the revised estimate for 2017/18. This amounts to a decrease of R1 371 million.

Sub-programme 7.2 (Orthotic and Prosthetic Services) is allocated 19.79 per cent of the Programme 7 allocation for 2018/19 compared to 14.5 per cent of the adjusted estimate for 2017/18. This amounts to a decrease of R13 745 million.

## Risk Management

**Table 87: Risk Management**

Potential Risks	Mitigating Strategies
Budget constraints	<ul style="list-style-type: none"> <li>Ensure cost containment and efficiency measures are in place and strictly adhered to.</li> <li>Implementation of the Pharmaceutical Services Strategy.</li> </ul>
Medicine stock out, theft and abuse and wastage	<ul style="list-style-type: none"> <li>Enforce Board of Surveys.</li> <li>Automisation of Expired Medication Alerts to improve stock management.</li> <li>Robust monitoring of security management at facilities.</li> </ul>
Waiting times (patient satisfaction)	<ul style="list-style-type: none"> <li>Phased implementation of CCMDD and monitoring of patient satisfaction (as part of the Service Delivery Improvement Plan).</li> <li>Support at PHC level to improve efficiencies.</li> </ul>
Inadequate storage capacity at facilities for pharmaceuticals	<ul style="list-style-type: none"> <li>Implement Direct Delivery System to hospitals and CHCs.</li> <li>Implement Cross Docking (phased implementation in line with funding envelope).</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

### 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

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## 2018/19 Priorities

Priorities	Key Focus Areas
<p>Completion of Infrastructure Projects as per U-AMP</p> <p><i>(See Part C: Infrastructure Project Plan for details)</i></p>	<ul style="list-style-type: none"> <li>• Construction of Dr Pixley ka Isaka Seme Regional Hospital.</li> <li>• Ngwelezana Tertiary Hospital: Construction of the new 192-bedded Surgical Wards.</li> <li>• Construction of the new Jozini CHC.</li> <li>• Construction of Groutville replacement to extra-large clinic.</li> <li>• King Edward Hospital: Upgrade of the nursery incorporating Maternity Ward Hot Water System Restoration; Unblocking of storm drainage and replacement of roofs.</li> <li>• Hlabisa Hospital: Upgrade of Outpatient Department.</li> <li>• Stanger and Port Shepstone Hospitals: Construction of new 25 bedded Psychiatric Units.</li> <li>• Osindisweni Hospital: Construction of MDR-TB Wards.</li> <li>• Catherine Booth Hospital: Refurbishing and renovating existing maternity, male and female wards.</li> <li>• King Dinuzulu Hospital: Infrastructure Maintenance Hub in eThekweni; New Psychiatric Complex Phase 2 (Completion Contract); New TB Complex (Completion Contract).</li> <li>• St Apollinaris Hospital: Reconfiguring existing building to provide for a Neonatal Nursery.</li> <li>• GJ Crookes Hospital: Upgrade of the roof and plumbing in the maternity ward.</li> </ul>
Maintenance of all hospitals	<ul style="list-style-type: none"> <li>• Water Storage Tanks.</li> <li>• Resuscitation of boreholes especially in rural areas.</li> <li>• Generators for back-up power during power failure.</li> <li>• Autoclaves and air conditioners in theatres.</li> </ul>
Dundee Regional Laundry	<ul style="list-style-type: none"> <li>• Replacement of laundry equipment.</li> </ul>
Improve EMS efficiencies	<ul style="list-style-type: none"> <li>• Wash bays.</li> </ul>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Strategic Objectives, Indicators and Targets

**Table 88: 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 (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 (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 89: (HFM1) Strategic Objectives, Indicators and Targets**

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20	
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21		
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>												
3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan	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	50	148	148 Clinics: 131 Hospitals:17	148 Clinics: 131 Hospitals:17	148 Clinics: 131 Hospitals:17	-	
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot Districts).	IRM; PMIS and Monthly Reports	Annual No	Not reported	Not reported	50	464	464 Clinics: 410 Hospitals: 54	464 Clinics: 410 Hospitals: 54	464 Clinics: 410 Hospitals: 54	-	

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance 2017/18	Medium Term Targets			Strategic Plan Target 2019/20
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21	
<b>Strategic Objective 3.2: Create job opportunities</b>											
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	4 982	2 084	2 621	2 869	4 971	4 971	4 971	11 800
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>											
3.3.1) Complete 40 new and replacement 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	11	11	14	16	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	14	14	11	12	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	12	12	5	4	24
3.3.5) 100% of maintenance budget spent annually	7. Percentage of maintenance and repairs budget spent	BAS	Quarterly %	102%	108.28%	99%	67%	100%	100%	100%	-
	Maintenance budget expenditure	BAS	R'000	R 233 207	R 196 250	R 285 079	R 131 000	R 140 000	R 140 000	R 150 000	
	Total maintenance budget	BAS	R'000	R 211 595	R 212 495	R 287 079	R 195.5 000	R 140 000	R 140 000	R 150 000	

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

2017/18 Targets

**Table 90: (HFM3) Quarterly and Annual Targets**

Indicators	Frequency	Type	Targets 2018/19	Targets				
				Q1	Q2	Q3	Q4	Annual
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	4 971	1 243	1 243	1 243	1 242	4 971
4. Number of new and replacement projects completed	Annual	No	11	-	-	-	-	11
5. Number of upgrade and addition projects completed	Annual	No	14	-	-	-	-	14
6. Number of renovation and refurbishment projects completed	Annual	No	12	-	-	-	-	12
7. Percentage of maintenance and repairs budget spent	Quarterly	%	100%	25%	50%	75%	100%	100%

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Reconciling Performance Targets with Expenditure Trends

Table 91: (HFM4 a) Expenditure Estimates (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	2018/19
Community Health Facilities	443 562	184 965	142 856	165 800	133 051	113 914	153 121	173 782	183 341
District Hospital Services	476 652	207 502	165 189	240 000	138 772	142 338	246 538	315 136	352 469
Emergency Medical Services	-	-	-	-	-	-	-	-	-
Provincial Hospital Services	500 232	848 813	863 523	849 184	875 913	994 259	831 872	744 089	618 081
Central Hospital Services	18 685	29 896	22 601	103 819	29 062	29 659	87 628	61 199	64 565
Other Facilities	239 906	246 442	226 406	297 725	281 180	235 557	209 497	234 007	240 796
<b>Sub-Total</b>	<b>1 679 037</b>	<b>1 517 618</b>	<b>1 420 575</b>	<b>1 656 528</b>	<b>1 457 978</b>	<b>1 515 727</b>	<b>1 528 656</b>	<b>1 528 213</b>	<b>1 459 252</b>
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
<b>Baseline available for spending after 1st charge</b>	<b>1 679 037</b>	<b>1 517 618</b>	<b>1 420 575</b>	<b>1 656 528</b>	<b>1 457 978</b>	<b>1 515 727</b>	<b>1 528 656</b>	<b>1 528 213</b>	<b>1 459 252</b>

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

**Table 92: (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	2014/15	2015/16				2016/17	2017/18	
Current payments	379 132	375 853	419 726	460 421	432 369	431 305	496 246	547 580	621 667
<b>Compensation of employees</b>	<b>24 158</b>	<b>33 986</b>	<b>43 022</b>	<b>51 400</b>	<b>55 096</b>	<b>57 296</b>	<b>58 496</b>	<b>51 346</b>	<b>53 397</b>
<b>Goods and services</b>	<b>354 974</b>	<b>341 867</b>	<b>376 704</b>	<b>409 021</b>	<b>377 273</b>	<b>374 009</b>	<b>437 750</b>	<b>496 234</b>	<b>568 270</b>
Communication	4	53	-	-	-	-	-	-	-
Computer Services	-	211	-	-	-	-	-	-	-
Consultants, Contractors and special services	104 052	84 903	110 408	123 819	5 950	5 860	-	2 112	2 228
Inventory	7 938	17 667	34 115	15 612	9 753	12 192	33 670	18 752	19 783
Operating leases	75 684	87 257	83 109	100 000	99 184	102 633	98 421	98 541	98 653
Travel and subsistence	194	561	302	2 000	1 100	1 192	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	167 102	151 215	148 770	167 590	261 286	252 132	305 659	376 829	447 606
Transfers and subsidies to	37	20 000	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	20 000	-	-	-	-	-	-	-
Households	37	-	-	-	-	-	-	-	-
Payments for capital assets	1 299 868	1 121 765	1 000 849	1 196 107	1 025 609	1 084 422	1 032 410	980 633	837 585
Buildings and other fixed structures	908 917	819 107	923 450	969 867	963 192	743 360	646 960	908 917	819 107

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Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2014/15	2015/16				2016/17	2017/18	2018/19
Machinery and equipment	93 573	69 712	91 932	377 000	102 159	114 555	69 218	237 273	190 625
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>1 679 037</b>	<b>1 517 618</b>	<b>1 420 575</b>	<b>1 656 528</b>	<b>1 457 978</b>	<b>1 515 727</b>	<b>1 528 656</b>	<b>1 528 213</b>	<b>1 459 252</b>

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Performance and Expenditure Trends

Programme 8 (Health Facilities Management) is allocated 3.43 per cent of the 2018/19 Vote 7 allocation compared to 4.2 per cent of the revised estimate for 2017/18. This translates to a decrease of R165 351 million.

Sub-programme Community Health Facilities are allocated 9.30 per cent of the Programme 8 allocation for 2018/19 compared to 10 per cent of the revised estimate for 2017/18. This amounts to a decrease of R31 051 million.

Sub-programme District Hospitals are allocated 16.32 per cent of the Programme 8 allocation for 2018/19 compared to 14.5 per cent of the revised estimate for 2017/18. This amounts to an increase of R29 599 million.

Sub-programme Provincial Hospitals are allocated 53.87 per cent of the Programme 8 allocation for 2018/19 compared to 51.3 per cent of the revised estimate for 2017/18. This amounts to a decrease of R90 338 million.

Sub-programme Central Hospitals are allocated 6.75 per cent of the Programme 8 allocation for 2018/19 compared to 6.3 per cent of the revised estimate for 2017/18. This amounts to a decrease of R4 204 million.

Sub-programme Other Facilities are allocated 13.73 per cent of the Programme 8 allocation for 2018/19 compared to 18 per cent of the revised estimate for 2017/18. This amounts to a decrease of R69 357 million.

## Risk Management

**Table 93: Risk Management**

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



# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## PART C: LINK TO OTHER PLANS

- Infrastructure Plan
- Conditional Grants
- Public Entities
- Public Private Partnership
- Conclusion



# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Infrastructure Plan

The aging infrastructure and consequent infrastructure demands requires significant investment, which has put immense pressure on the limited infrastructure budget.

Challenges with contractors delayed a number of projects in 2017/18 with significant cost and commissioning implications. The Department accelerated the appointment of built environment professionals at Head Office with the aim to improve infrastructure planning, oversight on project implementation and maintenance.

Various Units within the Department have input towards development of the User Asset Management Plan (U-AMP), Infrastructure Programme Management Plan (IPMP), and Annual Implementation Plan (AIP). All plans have been costed to ensure effective management and compliance with the Public Finance Management Act (PFMA) imperatives. The Department is using the Department of Public Works (DoPW) as Implementing Agent but the Department is also implementing some projects in-house.

The 2018/19 Annual Implementation Plan is focusing on the following main priorities:

- Construction of the new 500-bedded Dr Pixley ka Isaka Seme Regional Hospital in the KwaMashu, Inanda, Ntuzuma INK area: Due for completion in June 2019.
- Ngwelezana Tertiary Hospital: Construction of the new 192-bedded Surgical Wards - Practical completion due at the end of April 2018.
- Construction of the new Jozini CHC: Practical completion was taken on 15 December 2017. It is anticipated that the CHC will be fully operational by 1 April 2018.
- Construction of Groutville Clinic: Replacement of the existing clinic with an extra-large clinic making provision for a PMTCT Unit. The project is at 20% completion and is expected to be finalised by 14 November 2018.
- King Edward Hospital: Upgrade of the nursery, which is incorporating a Maternity Ward Hot Water System Restoration. The project has been awarded and will commence on site in March 2018.
- King Edward Hospital: Unblocking of Storm Drainage, which also incorporates the replacement of roofs. Practical completion is due in May 2018.
- Hlabisa Hospital: Upgrade of the Outpatient Department. The project is at the final stages of being awarded and is expected to be on site by end of March 2018.

There are also Projects in the Planning Stage on the Annual Implementation Plan for 2018/19 Financial Year including:

- Stanger Hospital: Construction of a new 25 bedded Psychiatric Unit.
- Port Shepstone Hospital: Construction of a new 25 bedded Psychiatric Unit.
- Osindisweni Hospital: Construction of MDR-TB Wards.
- Catherine Booth Hospital: Refurbishing and renovating existing maternity, male and female wards.
- King Dinuzulu Hospital: Infrastructure Maintenance Hub in eThekweni.
- King Dinuzulu Hospital: New Psychiatric Hospital Phase 2 (Completion Contract).

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

- King Dinuzulu Hospital: New TB Complex (Completion Contract).
- St Apollinaris Hospital: Reconfiguring existing building to provide for a Neonatal Nursery.
- GJ Crookes Hospital: Upgrade of the roof and plumbing in the maternity ward.

There is a lot of focus on maintenance of facilities in 2018/19 due to dilapidation of some facilities, as well as extensive infrastructural damage and flooding during the severe storms in 2017/18. The Department, in partnership with Provincial Treasury and Department of Public Works, fast tracked implementation of projects to restore infrastructure after storm damage.

The table below listed the facilities affected by storm damage that the Department has focused on for rehabilitation.

**Table 94: Facilities affected by storm damage and recovery cost**

Institutions	Recovery Cost	Implementing Agent
Wentworth Hospital	R 28 447 503	Treasury
King Edward VIII Hospital	R 25 000 000	DoPW
Clairwood Hospital	R 10 747 528	DoPW
PPSD	R 7 600 000	Treasury
Addington Hospital	R 6 300 000	DoPW
Prince Mshiyeni Memorial Hospital	R 6 000 000	Treasury
Various clinics and CHC	R 3 000 000	DoH
Ekuhlengeni Hospital	R 3 000 000	DoPW
KwaZulu Central Provincial Laundry	R 2 000 000	DoPW
Osindisweni Hospital	R 2 000 000	DoPW
St Mary's Hospital	R 1 500 000	DoPW
St Aidans Hospital	R 1 000 000	DoPW

Clinics across the Province had a Geo-Hydrological Assessment conducted in 2017/18 due to drought challenges. In 2018/19 the next step will be to drill, equip and commission boreholes in clinics across the Province which will alleviate a lot of water challenges in health facilities.

Over and above the projects listed above, a substantial amount of the Conditional Grant allocation has been allocated against day to day and routine maintenance for all the health facilities.

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Infrastructure Project Plan 2018/19 MTEF

**Table 95: Infrastructure Project List 2018/19 MTEF**

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
1	Madadeni	New Psychiatric Hospital	Feasibility	Newcastle	R 1 500 000 00	R -	R -	R 20 000 000
2	Ladysmith	New Core Block	Identified	Alfred Duma	R 200 000 000	R -	R -	R -
3	Ngwelezane	New Entrance, Parking, Regional Training Centre and Regional laundry	Identified	Umhlathuze	R 200 000 000	R -	R -	R 10 000 000
4	Madadeni Nursing college	New Nursing College and Student Accommodation	Stage 0	Newcastle	R 250 000 000	R -	R -	R 10 000 000
5	0 - KZN Non-Facility Specific	Office and Residential Accommodation lease Agreements	Ongoing	Not Applicable	R 80 000 000	R 80 000 000	R 70 000 000	R 80 000 000
6	0 - KZN Non-Facility Specific	Health Technology Programme	Ongoing	Not Applicable	R 254 000 000	R 254 000 000	R 254 000 000	R 254 000 000
7	Umphumulo	New Core Block	Feasibility	Maphumulo	R 211 500 000	R -	R -	R -
8	Benedictine	New OPD	Identified	Nongoma	R 150 000 000	R -	R -	R -
9	Charles Johnson Memorial	New OPD	Identified	Nquthu	R 120 000 000	R -	R -	R -
10	Prince Mshiyeni Memorial	Upgrade Fire Protection System. Replace Roofs and install new lifts	Design	eThekweni	R 250 000 000	R 5 000 000	R 10 000 000	R 48 424 629
11	R K Khan	R K Khan Hospital: Construction of a new Psychiatric Unit	Identified	eThekweni	R 100 000 000	R -	R -	R 2 000 000
12	Murchison	Construction of new MDR unit	Pre-feasibility	Ray Nkonyeni	R 81 000 000	R -	R -	R -
13	St Margaret's	New Male and Female MDR TB Wards	Design	Umzimkhulu	R 75 000 000	R -	R -	R -
14	Ceza	New female & male ward and replacement of burnt house	Identified	Ulundi	R 50 000 000	R -	R -	R -
15	Murchison	Construction of new OPD, casualty, x-ray etc.	Feasibility	Ray Nkonyeni	R100 000 000	R -	R -	R -
16	0 - KZN Non-Facility Specific	EPWP Maintenance of Gardens and Grounds for Health Facilities (Co-Funded under EPWP Grant)	Design	Not Applicable	R 21 000 000	R 22 050 000	R 23 152 500	R 24 310 125
17	Non-Facility specific	Institutional Maintenance: Amajuba District	Design	Not Applicable	R 20 000 000	R 21 000 000	R 22 050 000	R23 152 500
18	Non-Facility specific	Institutional Maintenance: Harry Gwala District	Design	Not Applicable	R 20 000 000	R 21 000 000	R 22 050 000	R 23 152 500
19	Non-Facility specific	Institutional Maintenance: Ilembe District	Design	Not Applicable	R 20 000 000	R 21 000 000	R 22 050 000	R 23 152 500
20	Non-Facility specific	Institutional Maintenance: Uthungulu District	Design	Not Applicable	R 20 000 000	R 21 000 000	R 22 050 000	R 23 152 500
21	0 - KZN Non-Facility Specific	IDMS Posts-Programme Management	Ongoing	Not Applicable	R 25 000 000	R 25 000 000	R 25 000 000	R 25 000 000

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
22	Natalia Building	Upgrade Fire Protection System.	Identified	Msunduzi	R 1 500 000	R -	R -	R -
23	Bethesda	Maternity ward & CSSD	Identified	Jozini	R 30 000 000	R -	R -	R -
24	Gamalakhe	Residential Accommodation	Identified	Ray Nkonyeni	R50 000 000	R -	R -	R -
25	Charles Johnson Nursing College	New staff Accommodation	Identified	Nquthu	R 45 000 000	R -	R -	R -
26	Mahatma Ghandi	Construction of a Mental Health Care Unit (20 beds and 4 Isolation wards)	Identified	eThekwini	R 60 000 000	R -	R -	R -
27	Clairwood	Renovations to PPSD	Identified	eThekwini	R 20 000 000	R -	R -	R -
28	Ixopo	New Forensic Medico Legal Mortuary	Identified	Dr Nkosazana Dlamini Zuma	R30 000 000	R -	R -	R -
29	Clairwood	Repairs and renovations to FM1 and FM2 for TB	Identified	eThekwini	R 30 000 000	R -	R -	R -
30	Non-Facility specific	Institutional Maintenance: eThekwini District	Design	Not Applicable	R 10 000 000	R10 500 000	R11 025 000	R11 576 250
31	Non-Facility specific	Institutional Maintenance: Head Office	Design	Not Applicable	R10 000 000	R10 500 000	R 11 025 000	R1 576 250
32	Non-Facility specific	Institutional Maintenance: Ugu District	Design	Not Applicable	R10 000 000	R10 500 000	R11 025 000	R11 576 250
33	Non-Facility specific	Institutional Maintenance: Umkhanyakude District	Design	Not Applicable	R 10 000 000	R10 500 000	R 11 025 000	R 11 576 250
34	Non-Facility specific	Institutional Maintenance: Umzinyathi District	Design	Not Applicable	R10 000 000	R10 500 000	R11 025 000	R11 576 250
35	Non-Facility specific	Institutional Maintenance: Uthukela District	Design	Not Applicable	R10 000 000	R10 500 000	R11 025 000	R 11 576 250
36	Non-Facility specific	Institutional Maintenance: Zululand District	Design	Not Applicable	R 10 000 000	R 10 500 000	R 11 025 000	R11 576 250
37	Madadeni	New 72-hour Assessment ward	Proposed	Newcastle	R15 000 000	R -	R -	R
38	Ndelu	Replacement of a New clinic small clinic with a Med	Design	Umzumbe	R 70 000 000	R -	R -	R1 000 000
39	E G & Usher Memorial	New Maternity Ward Block & Reorganise existing Wards	Identified	Greater Kokstad	R100 000 000	R -	R -	R10 000 000
40	Prince Mshiyeni Memorial	New 72-hour Assessment ward and upgrade existing Psych Ward	Identified	eThekwini	R 20 000 000	R -	R -	R -
41	Mosvold Nursing College	Upgrade Nursing College and new Staff accommodation	Identified	Jozini	R10 000 000	R -	R -	R -
42	Midlands Laundry (Fort Napier)	Upgrade Regional Laundry	Pre-feasibility	Msunduzi	R 10 000 000	R -	R -	R -
43	Benedictine	Staff Accommodation	Identified	Nongoma	R 30 000 000	R -	R -	R -
44	Christ the King	Upgrade children's ward	Identified	Ubuhlebezwe	R10 000 000	R -	R -	R -
45	Greytown	Building Of New TB Ward	Identified	Umvoti	R10 000 000	R -	R -	R -
46	Fort Napier	Upgrading of ward 17	Identified	Msunduzi	R 8 000 000	R -	R -	R -
47	KZN Non-Facility Specific	Food Services : Cold Rooms	Pre-feasibility	Not Applicable	R 22 000 000	R -	R -	R5 000 000
48	Nkonjeni	Build a new Neonatal facility & renovate existing	Design	Ulundi	R 32 250 000	R -	R -	R -
49	Wentworth	Renovation Of OPD And Upgrade Gateway Clinic	Identified	eThekwini	R10 000 000	R -	R -	R -

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
50	Grey's Hospital	Expansion of main stores	Identified	Msunduzi	R 5 000 000	R -	R -	R -
51	Wentworth	Replace Asbestos Roofs including walkways at the hospital	Identified	eThekwini	R 65 000 000	R -	R -	R 1 000 000
52	McCord's	Refurbishment of abandoned admin block floors (1st & 2nd floors)	Design	eThekwini	R 23 000 000	R -	R -	R -
53	King Edward VIII	Renovations to S-Block, Replace walkways and reroute services	Identified	eThekwini	R50 000 000	R -	R -	R -
54	Murchison	Build a new 72-hour observation unit	Identified	Ray Nkonyeni	R15 000 000	R -	R -	R -
55	Mseleni	Upgrade sewer on the eastern side of the to eliminate all septic tanks and provide pump to the sewer ponds	Identified	Umlabuyalingana	R 5 000 000	R -	R -	R -
56	King Edward VIII	Replace roof and renovate Nursing College	Identified	eThekwini	R 30 000 000	R -	R -	R -
57	KZN Non-Facility Specific	Radio Repeater High Sites Maintenance and Licencing	Identified	Not Applicable	R 3 500 000	R3 500 000	R 3 500 000	R3 500 000
58	Natalia Building	Carpet Removal from Office Floor Walls	Identified	Msunduzi	R 30 000 000	R -	R -	R2 000 000
59	KwaZulu Provincial Central Laundry	Provincial Laundry - 3 yrs Facilities Management Contract	Identified	eThekwini	R11 500 000	R 3 000 000	R 3 000 000	R 3 000 000
60	Port Shepstone	Construction of new accommodation Staff	Identified	Ray Nkonyeni	R 35 000 000	R -	R -	R -
61	Eshowe	Building of 20 lockable garage for Government vehicles and construction of internal roads	Identified	uMlalazi	R 3 000 000	R -	R -	R -
62	Non-Facility specific	Institutional Maintenance: Umgungundlovu District	Design	Not Applicable	R 1 559 700	R1 637 685	R1 719 569	R 1 805 547
63	Madadeni	Upgrade to steam line installation of new water reservoir	Feasibility	Newcastle	R39 000 000	R -	R -	R2 000 000
64	Ekuhlengeni Life Care	Replace the Star-Building and convert existing Dining Hall to Admin Offices	Identified	eThekwini	R 30 000 000	R -	R -	R 2 000 000
65	Mseleni	Replacement of existing fence	Identified	Umlabuyalingana	R 2 000 000	R -	R -	R -
66	Mkhuze	New Forensic Medico Legal Mortuary	Identified	Big Five Hlabisa	R30 000 000	R -	R -	R -
67	Ladysmith	Upgrade/Replace existing Psychiatric Unit	Identified	Alfred Duma	R60 000 000	R -	R -	R -
68	E G & Usher Memorial	Proper Medical waste area room	Identified	Greater Kokstad	R2 000 000	R -	R -	R -
69	E G & Usher Memorial	Water reticulation pipes replacement	Identified	Greater Kokstad	R 2 000 000	R -	R -	R -
70	Dr Pixley ka Isaka Seme Memorial	Bridge City Levy	Ongoing for project duration	eThekwini	R1 134 000	R 1 134 000	R 1 134 000	R 1 134 000
71	Ngwelezane	New PTS Hubs	Identified	Umhlatuze	R15 000 000	R -	R -	R -
72	Grey's Hospital	Construction of the Antenatal Clinic and new Gastro and SOPD Clinic	Identified	Msunduzi	R10 000 000	R -	R -	R -
73	Natalia Building	Upgrade Eastern Plaza for additional Parking and Fire Fighting Access	Identified	Msunduzi	R 10 000 000	R -	R -	R -
74	Ladysmith	New Forensic Medico Legal Mortuary	Identified	Alfred Duma	R 30 000 000	R -	R -	R 2 000 000

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No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
75	Catherine Booth	Build MDR new pharmacy	Identified	Amatikulu	R 2 000 000	R -	R -	R -
76	Rosary	Rosary Clinic- Replace existing Clinic	Feasibility	Newcastle	R 70 000 000	R -	R -	R -
77	Mbongolwane	New maternity ward	Identified	uMlalazi	R15 000 000	R -	R -	R -
78	Mahatma Gandhi	Extension of the existing Pharmacy Department for ARV service	Identified	eThekwini	R 7 000 000	R -	R -	R -
79	Madadeni Gateway	Upgrade Gateway clinic to ideal status	Feasibility	Newcastle	R 30 000 000	R -	R -	R -
80	Grey's Hospital	Theatre Modification	Identified	Msunduzi	R 35 000 000	R -	R -	R -
81	Eshowe	Upgrading of Mortuary and Laundry building	Identified	uMlalazi	R 5 000 000	R -	R -	R -
82	Elim	Construction of Replacement Small Clinic	Identified	Umuzwabantu	R 70 000 000	R -	R -	R -
83	Charles Johnson Memorial	New Paediatric Ward	Identified	Nquthu	R 10 000 000	R -	R -	R -
84	Charles Johnson Memorial	Upgrade water and sewer services	Identified	Nquthu	R 10 000 000	R -	R -	R -
85	Catherine Booth	New staff Accommodation for 50 staff (Nursing staff and students)	Identified	Amatikulu	R 40 000 000	R -	R -	R -
86	Untunjambili	New staff Accommodation for staff	Identified	Maphumulo	R 40 000 000	R -	R -	R 1 000 000
87	Pietermaritzburg	New PTS Hubs	Identified	Msunduzi	R 11 500 000	R -	R -	R -
88	Stanger	Replacement of Entire Roof In OPD, and Surgical Wards	Identified	KwaDukuza	R 20 000 000	R -	R -	R 500 000
89	Christ the King	Completion Contract: Staff Accommodation	Identified	Ubuhlebezwe	R 5 000 000	R -	R -	R -
90	Umphumulo	New 72 hour assessment ward	Identified	Maphumulo	R10 000 000	R -	R -	R -
91	R K Khan	Upgrading and renovations to staff residences	Identified	eThekwini	R 10 000 000	R -	R -	R -
92	Queensburgh	Repairs to the building and provision of fire escape	Identified	eThekwini	R 2 000 000	R -	R -	R -
93	Mbongolwane	Upgrade mortuary	Identified	uMlalazi	R 5 000 000	R -	R -	R -
94	Edendale Nursing College	Additional classrooms	Stage 3	Msunduzi	R 4 000 000	R -	R -	R -
95	Sokhela	Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Design	Dr Nkosazana Dlamini Zuma	R 8 000 000	R -	R -	R -
96	Vryheid	New Forensic Medico Legal Mortuary	Identified	Abaqulusi	R 30 000 000	R -	R -	R -
97	Ngwelezane	New 8-Theatre block and Crisis Centre	Feasibility	Umlhathuze	R 710 659 526	R 30 000 000	R 80 000 000	R 200 000 000
98	Umlazi V	Replacement of existing clinic	Identified	eThekwini	R 150 000 000	R 5 000 000	R 3 952 930	R 60 000 000
99	Dundee Regional Laundry	Upgrade Regional Laundry: Phase 2	Planning	Dannhauser	R 60 000 000	R -	R -	R 10 000 000
100	Umzimkhulu	New Forensic Psychiatric Unit and staff accommodation	Design	Umzimkhulu	R 200 000 000	R 5 000 000	R 40 000 000	R 100 000 000

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
101	Itshelejuba	Replacement of perimeter fence	Identified	Uphongolo	R 3 000 000	R -	R -	R -
102	Mosvold	Construction of 40Units Block of Staff Accommodation and Paediatric Unit	Identified	Jozini	R 80 000 000	R 1 000 000	R 3 000 000	R 30 000 000
203	Benedictine	Replacement of the roof and upgrade water reticulation	Identified	Nongoma	R 50 000 000	R -	R 2 000 000	R 20 000 000
104	Bethesda	Staff residences	Identified	Jozini	R 50 000 000	R -	R 1 000 000	R 5 000 000
105	King Dinuzulu Hospital	Rehabilitation of vacant building for 72-hour Assessment ward	Identified	eThekwini	R 2 500 000	R -	R -	R -
106	eDumbe	Residential Accommodation	Identified	eDumbe	R 50 000 000	R -	R -	R 4 000 000
107	Church of Scotland	New staff Accommodation for staff	Feasibility	Msinga	R 30 000 000	R -	R -	R 5 000 000
108	Ceza	Replacement of Perimeter Fence	Identified	Ulundi	R 2 000 000	R -	R -	R 2 000 000
109	Nseleni	Construction of new Helipad and Ablution block	Identified	Umhlatuze	R 2 000 000	R -	R -	R -
110	St Margaret's	Temporary storage for health care risk waste	Identified	Umzimkhulu	R 1 000 000	R -	R -	R -
111	Northdale	Nurses Home Rooms & Convert into Flattlets	Design	Msunduzi	R 66 000 000	R -	R -	R 6 000 000
112	Manguzi Camp	New Overnight accommodation	Pre-feasibility	Umhlabuyalingana	R 1 000 000	R -	R -	R -
113	KZN Non-Facility Specific	Investigation	Ongoing	Not Applicable	R 3 000 000	R -	R -	R 1 000 000
114	KZN Non-Facility Specific	Investigation	Ongoing	Not Applicable	R 3 000 000	R -	R -	R 1 000 000
115	KZN Non-Facility Specific	Investigation	Ongoing	Not Applicable	R 3 000 000	R -	R -	R 1 000 000
116	Itshelejuba	Staff accommodation	Identified	Uphongolo	R 23 000 000	R -	R -	R
117	Newcastle	Upgrade Water and Sewer Reticulation	Identified	Newcastle	R 4 800 000	R -	R -	R 1 000 000
118	Vryheid	Upgrading of male and female wards to have isolation wards. Renovate old Admin	Identified	Abaqulusi	R10 000 000	R -	R -	R 500 000
119	St Andrew's	Construction of Staff accommodation for 10 Comm. Serve Doctors	Feasibility	Umuziwabantu	R 8 000 000	R -	R -	R 1 000 000
120	Natalia Building	Waterproofing of roofs	Identified	Msunduzi	R 6 000 000	R -	R -	R 1 000 000
121	Ceza	Replacement of asbestos roofs	Identified	Ulundi	R 4 000 000	R -	R -	R 500 000
122	KwaZulu Provincial Central Laundry	Upgrade and Additions to Central Laundry	Identified	eThekwini	R 10 000 000	R -	R -	R 2 000 000
123	Emmaus	Fencing of Hospital	Identified	Alfred Duma	R 5 000 000	R -	R -	R 500 000
124	Emmaus	Upgrade internal roads and storm water drainage	Identified	Alfred Duma	R 3 000 000	R -	R -	R 500 000
125	St Andrew's	Replacement of 1 x Autoclave (400L single door)	Identified	Umuziwabantu	R 430 000	R 30 000	R -	R -
126	Niemeyer Memorial	Replacement of 1 x Autoclave (400L single door)	Identified	Emadlangeni	R 430 000	R 30 000	R -	R -
127	Christ the King	Replacement of Autoclaves	Identified	Ubuhlebezwe	R 430 000	R 30 000	R -	R -
128	Hlabisa	Upgrade OPD	Tender	Mtubatuba	R 205 000 000	R 60 000 000	R 80 000 000	R 41 000 000

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
129	Stanger	New 25 bedded Psychiatric Ward	Feasibility	KwaDukuza	R 75 123 414.00	R 20 000 000	R 40 000 000	R 9 123 414
130	Springfield	Refurbish existing accommodation as EMS student accommodation Construct EMS training college wing	Feasibility	eThekwini	R 105 000 000	R 10 000 000	R 42 000 000	R 40 000 000
131	Port Shepstone	New 25 bedded Psychiatric Unit	Design	Ray Nkonyeni	R 104 127 500	R 10 000 000	R 40 000 000	R 40 000 000
132	Newcastle	Amajuba Maintenance Programme - Various buildings and Electrical installation	Design	Newcastle	R 95 000 000	R 30 000 000	R 30 000 000	R 30 000 000
133	Catherine Booth	Refurbish existing wards	Design	Amatikulu	R 50 000 000	R 10 000 000	R 28 000 000	R 2 000 000
134	Grootville	Replacement of existing clinic	Tender	KwaDukuza	R 82 000 000	R 42 215 757	R 28 000 000	R 1 784 243
135	King Edward VIII	King Edward VIII Hospital- Renovations to Maternity and Labour wards	Identified	eThekwini	R 70 000 000	R 10 000 000	R 27 500 000	R 30 000 000
136	King Edward VIII	Upgrade Nursery	Design	eThekwini	R 58 126 291	R 25 000 000	R 25 000 000	R 2 126 291.00
137	R K Khan	Replacement of 2x Cooling Towers, Upgrade Existing Theatres and HVAC	Feasibility	eThekwini	R 40 000 000	R 4 000 000	R 21 000 000	R 12 000 000
138	St Apollinaris	Reconfigure Existing Building To Provide for Neonatal Nursery	Design	Dr Nkosazana Dlamini Zuma	R 42 822 322	R 6 000 000	R 20 000 000	R 12 000 000
139	King Dinuzulu Hospital	New TB Complex (Completion Contract)	Design	eThekwini	R 33 700 000	R 13 000 000	R 18 852 000	R 843 000
140	King Dinuzulu Hospital	New Psychiatric Hospital Phase 2 (Completion Contract)	Design	eThekwini	R 35 200 000	R 15 000 000	R 18 240 000	R 880 000
141	Dundee Regional Laundry	Upgrade Regional Laundry: Phase 1	Planning	Dannhauser	R 60 000 000	R 40 000 000	R 15 000 000	R 3 000 000
142	Dundee	Assessment and Upgrade of Air-conditioning System	Identified	Endumeni	R 16 000 000	R 3 000 000	R 12 000 000	R 800 000
143	eThekwini Maintenance Hib	New Maintenance Hub	Design	eThekwini	R 20 000 000	R 10 000 000	R 8 600 000	R -
144	R K Khan	RK Khan Hospital Renovations to M-Block visitors ablutions	Identified	eThekwini	R 10 000 000	R 1 000 000	R 8 500 000	R 200 000
145	G J Crookes	Upgrade the roof and plumbing in maternity ward	Design	Umdoni	R 15 000 000	R 7 500 000	R 5 250 000	R -
146	Non-district specific	Investigate upgrading and rehabilitation of PHC Clinics	Identified	Non-municipality specific	R 5 000 000	R 500 000	R 4 500 000	R -
147	Natalia Building	Replacement of HVAC Ducting	Identified	Msunduzi	R 15 000 000	R 10 950 000	R 3 450 000	R 600 000
148	Northdale	Renovate existing space for a 72-hour observation unit	Identified	Msunduzi	R 2 000 000	R	R 2 000 000	R -
149	Ngwelezane	Security Upgrade	Tender	Umlhathuze	R 40 000 000	R 23 000 000	R 2 000 000	R -
150	0 - KZN Non-Facility Specific	Food Services : Repair and replace Freezers	Pre-feasibility	Not Applicable	R 7 000 000	R 1 000 000	R 2 000 000	R 2 000 000
151	Murchison	72 hour water storage	Design	Ray Nkonyeni	R 7 900 000	R 5 360 000.00	R 605 000	R 335 000
152	Murchison	Replace Theatre A/C Plant	Identified	Ray Nkonyeni	R 3 000 000	R 1 200 000	R 1 500 000	R 100 000
153	Madadeni	New Wash bay	Identified	Newcastle	R 2 000 000	R 500 000	R 1 500 000	R -

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
154	Goodwin's Clinic	Replacement of existing clinic	Identified	eThekwini	R 50 000 000	R -	R -	R -
155	Umlazi	New wash bay	Identified	eThekwini	R 1 600 000	R 500 000	R 1 100 000	R -
156	Ladysmith	New wash bay	Identified	Alfred Duma	R 1 600 000	R 500 000	R 1 100 000	R -
157	Umzimkhulu	Sewer and clean water supply reticulation	Identified	Umzimkhulu	R 2 000 000	R 500 000	R -	R 450 000
158	Central Base at Grey's	New wash bay	Identified	Msunduzi	R 1 400 000	R 500 000	R 900 000	R -
159	Newcastle	Installation of packaged HVAC units to Theatres 1, 2, 3 and 4	Feasibility	Newcastle	R 2 000 000	R 1 050 000	R 700 000	R 50 000
160	King Dinuzulu Hospital	Replace chiller, Level 1 Hospital.	Design	eThekwini	R 22 000 000	R 20 850 000	R 550 000	R -
161	Lower Umfolozi War Memorial Hospital	Storage facility for LUWMH and Nseleni CHC	Identified	Umhlatuze	R 10 000 000	R -	R 500 000	R 9 000 000
162	E G & Usher Memorial	Installation of heating and cooling system in all wards and upgrading of Distribution boards in D Ward, I	Identified	Greater Kokstad	R 5 000 000	R -	R 500 000	R 4 000 000
163	Central Supply Stores	Repairs and renovation to CPS	Pre-feasibility	Msunduzi	R 5 000 000	R -	R 500 000	R 500 000
164	Prince Mshiyeni Memorial	Prince Mshiyeni Memorial MV switchgear replacement	Identified	eThekwini	R 8 600 000	R 7 700 000	R 300 000	R -
165	Nquthu	New wash bay	Identified	Nquthu	R 800 000	R 500 000	R 300 000	R -
166	Grey's Hospital	Upgrade Generator	Identified	Msunduzi	R 3 000 000	R 2 200 000	R 300 000	R -
167	St Aiden's	St Aidans Hospital: Assessment and Upgrading of the central HVAC system.	Identified	eThekwini	R 2 000 000	R 1 600 000	R 200 000	R -
168	Prince Mshiyeni Memorial	Prince Mshiyeni Memorial Hosp Replacement of staff lifts at Doctor's quarters and Hospital goods lifts (2)	Identified	eThekwini	R 3 000 000	R 2 800 000	R 200 000	R -
169	KwaZulu Provincial Regional Laundry	Upgrade Provincial Laundry	Feasibility	eThekwini	R 2 000 000.00	R 1 800 000	R 200 000	R -
170	Umnini	Upgrade storm water drainage to clinic	Identified	eThekwini	R 200 000	R 20 000	R 180 000	R -
171	Highway House	Replacement of Central Plant compressors	Ongoing	eThekwini	R 7 631 000	R 162 000	R 162 000	R 238 000
172	Prince Mshiyeni Memorial	Prince Mshiyeni Memorial Hosp Assessment, lifecycle renewal and optimisation of central HVAC system.	Identified	eThekwini	R 5 000 000	R 4 675 000	R 125 000	R -
173	Rietvlei	Water and sewage treatment works and repairs to buildings	Identified	Greater Kokstad	R 11 000 000	R 10 000 000	R 120 000	R -
174	Ladysmith	Replacement of sewer line	Identified	Alfred Duma	R 4 800 000	R 4 430 000	R 120 000	R -
175	St Aiden's	St Aidans Hospital - Replace collapsing boundary wall	Identified	eThekwini	R 700 000	R 500 000	R 100 000	R -
176	St Aiden's	St Aidan's Hospital replacement of 80 unitary aircons	Identified	eThekwini	R 1 800 000	R 1 600 000	R 100 000	R -
177	R K Khan	RK Khan Hospital MV and LV switchgear replacement	Identified	eThekwini	R 8 600 000	R 7 900 000	R 100 000	R -
178	Prince Mshiyeni Memorial	Prince Mshiyeni Memorial Hospital Kitchen renovation.	Identified	eThekwini	R 2 000 000	R 1 400 000	R 100 000	R -
179	Nondweni	Replacing of Existing Sewer system	Design	Nquthu	R 4 296 940	R 3 196 940	R 100 000	R -

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No.	Facility Name	Project Name	Current Status/ IDMS Stage	Municipality	Total Project Cost ( R )	2018/19	2019/20	2020/21
180	Douglas	Replacing of Existing Sewer System	Design	Msinga	R 2 800 000	R 1 700 000	R 100 000	R -
181	Amaoti	Repair sewer line	Identified	eThekwini	R 1 900 000	R 1 700 000	R 100 000	R -
182	Addington	Addington Hospital renovations	Identified	eThekwini	R 1 700 000	R 1 000 000	R 100 000	R -

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## Conditional Grants

**Table 96: Conditional Grants**

Purpose of the Grant	Performance Indicators 2018/19	Targets 2018/19
<b>Comprehensive HIV and AIDS Conditional Grant</b>		
<p>To enable the health sector to develop an effective response to HIV, AIDS and TB including universal access to HIV Counselling and Testing.</p> <p>To support the implementation of the National Operational Plan for Comprehensive HIV, AIDS and TB Treatment and Care.</p> <p>To subsidise in-part funding for the Antiretroviral Treatment Programme/ Plan.</p>	Number of new patients that started treatment on ART	250 017
	Number of patients on ART remaining in care	1 313 804
	Number of antenatal clients initiated on ART	39 262
	Number active Home-Based Carers receiving stipends	9 796
	Number of male condoms distributed	199 500 000
	Number of female condoms distributed	6 141 078
	Number of HTA intervention sites (cumulative)	476
	Number of HIV positive patients that started on IPT	137 544
	Number of active lay counsellors on stipends	1 967
	Number of clients tested for HIV (including antenatal)	2 982 771
	Number of health facilities offering MMC services	446
	Number of Medical Male Circumcisions performed	140 038
	Number of babies PCR tested around 10 weeks	44 400
	Number of sexual assault cases offered ARV prophylaxis	4 270
	Number of Doctors trained on HIV/AIDS, STIs, TB and chronic diseases	191
Number of Professional Nurses trained on HIV/AIDS, STIs, TB and chronic diseases	3 930	
Number of HIV positive clients screened for TB	1 319 597	
<b>National Tertiary Services Grant</b>		
<p>To ensure provision of tertiary health services for South African citizens.</p> <p>To compensate tertiary facilities for the costs associated with provision of tertiary services including cross border patients.</p>	Number of National Central and Tertiary Hospitals providing components of Tertiary services	4
<b>Health Professional Training and Development Grant</b>		
<p>Support provinces to fund service costs associated with training of health science trainees on the public service platform.</p> <p>Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025).</p>	Number of Registrars supervised	320 (100 January 2018 intake) Funded by Grant: 275
<b>National Health Grant</b>		

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Purpose of the Grant	Performance Indicators 2018/19	Targets 2018/19
Help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including inter alia, health technology, organisational systems and quality assurance.  Supplement expenditure on health infrastructure delivered through public-private partnerships	Number of new and replaced projects completed	11
	Number of upgrade and addition projects completed	14
	Number of renovation and refurbishment projects completed	12
<b>Social Sector EPWP Incentive Grant for Provinces</b>		
To incentivise Provincial Departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines i.e. road maintenance and the maintenance of buildings.  To incentivise Provincial Social Sector Departments identified in the 2013 Social Sector EPWP Log-Frame to increase job creation by focusing on strengthening and expansion of social service programmes that have employment potential.	Number of work opportunities created	4 971
<b>Health Facility Revitalisation Grant</b>		
To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational development systems and quality assurance.  To enhance capacity to deliver health infrastructure.	Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained.	612

### State Aided Facilities

There are no Public Entities reporting to the Department of Health. For purposes of reporting, State Aided Institutions have been included as they render a critical service in support of health. The table below includes the current (at time of finalising the Annual Performance Plan) allocations for State Aided Institutions. Submissions remain open and will be considered until the end of March 2018. The current list may therefore not be complete for the MTEF.

**Table 97: State Aided Facilities**

Name of State Aided Facility	Mandate	Output	Allocation (before adjustment) R'000			Date of next Evaluation
			2018/19	2019/20	2020/21	
Bekimpelo Trust	PHC services	PHC package of services	R 9 613	R 9 438	R 9 957	Sept 2018
DPSA Community-based Rehabilitation	Mental health services	Community-based rehabilitation, peer support and self-help groups for	R 1 013	R 1 044	-	Sept 2018

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Name of State Aided Facility	Mandate	Output	Allocation (before adjustment) R'000			Date of next Evaluation
			2018/19	2019/20	2020/21	
		people with disabilities				
DPSA wheelchair repair & maintenance	Services for the disabled	Wheelchair repair & maintenance support for the disabled	R 930	R 958	-	Jan 2019
Durban Coastal – Happy Hours Nyangana	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation	R 298	R 307	R 324	Jan 2019
Ethembeni Care Centre	Step-down services	Step-down care for HIV/AIDS patients	R 5 179	R 5 179	-	Jan 2019
Ekukhanyeni Clinic	Step-down services	Step-down care for HIV/AIDS patients	R 1 087	R 1 152	R 1 215	Jan 2019
Estcourt Hospice	Palliative care services	Palliative care for chronic diseases	R 574	-	-	Jan 2019
Enkumane Clinic	PHC services	PHC package of services	R 295	R 304	R 321	Jan 2019
Genesis Care Centre	Step-down services	Step-down care for HIV/AIDS patients	R 2 946	R 2 946	-	Jan 2019
Highway Hospice	Palliative care services	Palliative care for chronic diseases	R 775	R 798	-	Jan 2019
Howick Hospice	Palliative care services	Palliative care for chronic diseases	R 636	R 655	-	Jan 2019
Hibberdine Care Centre	Palliative care services	Palliative care for chronic diseases	R 341	R 351	-	Jan 2019
Ikhanzi Care Centre	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled	R 138	R 143	R 351	Jan 2019
John Peattie House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled	R 1 331	R 1 371	R 1 446	Jan 2019
KZN Blind and Deaf Society	Services for the disabled	Rehabilitation services for the visually impaired	R 900	R 927	-	Jan 2019
Lynn House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled	R 668	R 688	R 726	Jan 2019
Matikwe Oblate Clinic	PHC services	PHC package of services	R 526	R 642	-	Jan 2019
Magaye School for the Blind	Mental health services	Rehabilitation services for the visually impaired	R 563	R 580	-	Jan 2019
Mountain View Hospital	TB Hospital	Inpatient services for TB patients	R 5 169	R 5 479	-	Jan 2019
Philanjalo Hospice	Step-down services	Step-down services for HIV/AIDS patients	R 2 609	R 2 740	-	Jan 2019
Philakade TLC (Power of God Centre)	HIV and AIDS services	Residential care for HIV/AIDS patients	R 1 238	R 1 275	-	Jan 2019

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Name of State Aided Facility	Mandate	Output	Allocation (before adjustment) R'000			Date of next Evaluation
			2018/19	2019/20	2020/21	
Rainbow Haven	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled	R 446	R 460	-	Jan 2019
Solid Found for Rural Development	Rehabilitation services	Community-based rehabilitation services	R 703	R 724	-	Jan 2019
Siloah Hospital	TB Hospital	Inpatient services for TB patients	R 12 798	R 13 182	-	Jan 2019
South Coast Hospice	Step-down services	Palliative care for chronic diseases	R 196	R 202	-	Jan 2019
Sunfield Home	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled	R 294	R 302	-	Jan 2019
Umsundusi Hospice	Palliative care services	Palliative care for chronic diseases	R 1 495	R 1 540	-	Jan 2019
<b>For further negotiation</b>			<b>R 26 299</b>	<b>R 29 624</b>	<b>R 72 768</b>	-
<b>Total</b>			<b>R 78 610</b>	<b>R 83 011</b>	<b>R 86 908</b>	-

## Public Private Partnership

**Table 98: 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	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	The PPP agreement contract for a further 3 years extension was signed on the 27 <sup>th</sup> January 2017. The commitment / obligation are as follows: <ul style="list-style-type: none"> <li>• 2018/19: R710 million</li> <li>• 2019/20: R737 million</li> </ul> The total obligation to remaining period is R 2.097 billion.	The contract with Impilo Consortium (Pty) Ltd will terminate in 2020	Termination arrangements are detailed in the project agreement in clauses 35, 36, 37 and the penalty regime (Schedule 15). The Provincial Treasury PPP Unit is rendering assistance to the Department of Health regarding its exit strategy.

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## PART D: 2015-2019 STRATEGIC PLAN REVIEW

Table 99: Review of 2015-2019 Strategic Plan

Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
<b>PROGRAMME 1: ADMINISTRATION</b>			
1.1) Finalise integrated long term health service improvement platform Amended 2016/17: Approve the integrated 2017-2027 Long Term Plan	1.1.1) Long Term Plan approved by March 2016, implemented and monitored thereafter. <ul style="list-style-type: none"> <li>Reviewed 2018/19: 2017 – 2027 Strategic Position Statement and Long Term Plan approved by March 2019. Review informed by complexity of re-formulating the transformation plan based on current budget constraints and necessity for extensive consultation before finalising the plan. The plan must be informed by the Departmental Turn-Around Plan that must be finalised and approved for implementation in 2018/19.</li> </ul>	<ul style="list-style-type: none"> <li>Provincial Long Term Plan</li> <li>Amended 2017/18: <u>Approved 2017-2027 Long Term Plan</u></li> </ul>	<ul style="list-style-type: none"> <li>Approved Long Term Plan</li> <li><u>Approved 2017-2027 Long Term Plan</u> (Amended 2017/18)</li> </ul>
1.2) Improve financial management and compliance to PFMA prescripts	1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle <ul style="list-style-type: none"> <li>Removed 2018/19: Removed based on cash blocking which regulates expenditure.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage over/ under expenditure</li> <li>Removed 2018/18</li> </ul>	<ul style="list-style-type: none"> <li>New indicator</li> <li>Removed 2018/19</li> </ul>
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. <ul style="list-style-type: none"> <li>Amended 2016/17: Costed <u>annual</u> Procurement Plan for minor and major assets by the end of April in each reporting year.</li> </ul>	<ul style="list-style-type: none"> <li>Annual Procurement Plan</li> <li>Amended 2016/17: <u>Approved Annual Procurement Plan</u></li> </ul>	<ul style="list-style-type: none"> <li>Annual costed Procurement Plan</li> <li><u>Approved and costed annual procurement plan</u> (Amended 2016/17)</li> </ul>
	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. <ul style="list-style-type: none"> <li>Removed 2015/16: Strategic Objective Statement and indicator not considered SMART (Advised: Finance Section).</li> </ul>	<ul style="list-style-type: none"> <li>Number of registered sites performing monthly asset reconciliation reports</li> <li>Removed 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>All registered sites</li> <li>Removed 2015/16</li> </ul>
1.4) Improve health technology and information management	1.4.1) Connectivity established at 100% public health facilities by March 2018. <ul style="list-style-type: none"> <li>Reviewed 2016/17: Connectivity established in <u>90%</u> 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.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of public health facilities with stable bandwidth connectivity</li> <li>Amended 2015/16 (as per National customised indicators): <u>Percentage of hospitals with</u></li> </ul>	<ul style="list-style-type: none"> <li>100%</li> <li><u>90%</u> (Reviewed 2016/17)</li> <li><u>40%</u> (Reviewed 2018/19)</li> </ul>

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Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
	<ul style="list-style-type: none"> <li>Reviewed 2018/19: Connectivity established in <u>40%</u> public health facilities by March 2020. Severe budget constraints, high cost of connectivity, and slow procurement process through SITA necessitated review of target.</li> </ul>	<u>broadband access and Percentage fixed PHC facilities with broadband access</u>	
	1.4.6) Reduce performance data error rate to 2% (or less) by March 2020. <ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Audit error rate (PHC clinics, CHC's and Hospitals)</li> <li>Removed 2017/18</li> </ul>	<ul style="list-style-type: none"> <li>2% (or less)</li> <li>Removed 2017/18</li> </ul>
	1.4.4) Web-based health information system established in 90% public health facilities by March 2020 (National 700 Clinic Project). <ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of public health facilities with a web-based information system.</li> <li>Removed 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>90%</li> <li>Removed 2016/17</li> </ul>
4.1) Improve human resources for health	4.1.1) Long Term Human Resources Plan approved by March 2016 and implemented and monitored thereafter. <ul style="list-style-type: none"> <li>Removed 2017/18: The Human Resources Long Term Plan will be incorporated in the 2017-2027 Long Term Plan as it is dependent on the proposed service delivery platform and rationalisation process - will therefore not be developed or monitored as vertical plan.</li> </ul>	<ul style="list-style-type: none"> <li>Long Term Human Resources Plan</li> <li>Removed 2017/18</li> </ul>	<ul style="list-style-type: none"> <li>Long Term HRP implemented and monitored</li> <li>Removed 2017/18</li> </ul>
	4.1.2) Finalise 610 organisational structures by March 2020. <ul style="list-style-type: none"> <li>Reviewed 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). Significant delays in concluding the national processes (WISN and generic structures) significantly delayed Provincial processes.</li> </ul>	<ul style="list-style-type: none"> <li>Number of organisational structures finalised</li> <li>Amended 2017/18: Number of organisational structures approved</li> <li>Amended 2018/19: Number of organisational structures <u>reviewed and submitted</u></li> </ul>	<ul style="list-style-type: none"> <li>610</li> <li>100 (Reviewed 2017/18)</li> </ul>
	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.	<ul style="list-style-type: none"> <li>Community Based Training in a PHC Model</li> <li>Amended 2016/17: Community Based Training in a PHC Model implemented</li> </ul>	<ul style="list-style-type: none"> <li>Implement Model</li> </ul>
<b>PROGRAMME 2: SUB-PROGRAMME PHC</b>			

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Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
2.1) Increase life expectancy at birth	2.1.1) Increase the total life expectancy to 60.5 years by March 2020. <ul style="list-style-type: none"> <li>Reviewed target 2018/19: Increase the total life expectancy to <u>61.5 years</u> by March 2020. Review based on Stats SA estimates and projections.</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy at birth: Total</li> </ul>	<ul style="list-style-type: none"> <li>60.5 years</li> <li>61.5 years (Reviewed 2018/19)</li> </ul>
	2.1.3) Increase the life expectancy of females to 62.7 years by March 2020. <ul style="list-style-type: none"> <li>Reviewed target 2018/19: Increase the life expectancy of females to <u>64.5 years</u> by March 2020. Review based on Stats SA estimates and projections.</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy at birth: Female</li> </ul>	<ul style="list-style-type: none"> <li>62.7 years</li> <li>64.5 years (Reviewed 2018/19)</li> </ul>
1.5) Accelerate implementation of PHC re-engineering	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. <ul style="list-style-type: none"> <li>Reviewed 2016/17: Increase the number of ward based outreach teams to <u>190</u> by March 2020. Exceeded the initial target. Teams will cover all wards in the catchment areas including the 169 wards worst affected by poverty as indicated in the initial Objective Statement.</li> <li>Reviewed 2018/19: Increase the number of ward based outreach teams to <u>160</u> by March 2020. Review of the target necessitated based on budget constraints and re-prioritisation.</li> </ul>	<ul style="list-style-type: none"> <li>Number of ward based outreach teams in the 169 wards worst affected by poverty (cumulative)</li> <li>Amended 2016/17: <u>Number of ward based outreach teams</u> (cumulative)</li> </ul>	<ul style="list-style-type: none"> <li>169</li> <li>190 (Reviewed 2017/18)</li> <li>160 (Reviewed 2018/19)</li> </ul>
	1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2018/19: PHC utilisation rate of <u>at least 2.5</u> visits per person per year by March 2020. The utilisation rate includes facility headcounts only. Review based on facility headcount trends over the last 3 years which shows a consistent decrease, with simultaneous increase of community-based headcounts. The total PHC utilisation rate (including facility and community-based data) is currently 3.1.</li> </ul>	<ul style="list-style-type: none"> <li>PHC utilisation rate</li> <li>Amended 2016/17 (compliance with NIDS): <u>PHC utilisation rate (annualised)</u></li> </ul>	<ul style="list-style-type: none"> <li>3.1</li> <li>At least 2.5 (Reviewed 2018/19)</li> </ul>
	1.5.4) Increase the PHC utilisation rate under-5 years to 4.8 visits per child by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2018/19: Sustain an under 5 utilisation rate of <u>at least 3.9</u> visits per child per year. The utilisation rate includes facility headcounts only. Review based on facility headcount trends over the last 3 years shows a consistent decrease, with simultaneous increase of community-based headcounts. The total PHC utilisation rate under 5 years (including facility and community-based data) is currently 4.8.</li> </ul>	<ul style="list-style-type: none"> <li>PHC utilisation rate under 5 years (annualised)</li> </ul>	<ul style="list-style-type: none"> <li>4.8</li> <li>At least 3.9 (Reviewed 2018/19)</li> </ul>
1.6) Scale up implementation of Operation Phakisa	1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020.	<ul style="list-style-type: none"> <li>Percentage of fixed PHC facilities scoring above <u>80%</u> on the Ideal</li> </ul>	<ul style="list-style-type: none"> <li>100%</li> </ul>

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Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
Ideal Clinic Realisation & Maintenance	<ul style="list-style-type: none"> <li>Reviewed 2016/17: 100% Provincial fixed PHC facilities score above <u>70%</u> on the Ideal Clinic Dashboard by March 2020. The National Department of Health changed the scoring percentage as per approved customised indicators.</li> </ul>	<p>Clinic Dashboard</p> <ul style="list-style-type: none"> <li>Amended 2016/17: Percentage of fixed PHC facilities scoring above <u>70%</u> on the Ideal Clinic Dashboard (In compliance with National requirement)</li> <li>Amended 2018/19 (compliance with NIDS): <u>Ideal clinic status rate</u></li> </ul>	
5.1) Improve compliance to the Ideal Clinic and National Core Standards	<p>5.1.1) Sustain a patient satisfaction rate of 95% (or more) at all public health facilities by March 2020.</p> <ul style="list-style-type: none"> <li>Removed from APP in 2017/18: 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 however be monitored through implementation of the Service Delivery Improvement Plan (SDIP). The Strategic Objective is therefore NOT removed from the Strategic Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Patient satisfaction rate</li> <li>Removed 2017/18: Removed from APP <u>NOT</u> the Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>95% (or more)</li> <li>Removed 2017/18</li> </ul>
<b>PROGRAMME 2: SUB-PROGRAMME HIV, AIDS AND TB</b>			
2.2) Reduce HIV Incidence	<p>2.2.2) Test 9 million people (cumulative) for HIV by March 2020.</p> <ul style="list-style-type: none"> <li>Reviewed 2015/16: Test <u>4 million</u> people for HIV by March 2020 (cumulative). Target reduced based on available budget and HIV Conditional Grant Business Plan.</li> <li>Reviewed 2016/17: Test <u>at least 16.5 million</u> people for HIV by March 2020 (cumulative). Increased in accordance with 90-90-90 strategy and targets.</li> </ul>	<ul style="list-style-type: none"> <li>Client tested for HIV (including ANC)</li> <li>Amended 2016/17 (compliance with NIDS): <u>HIV test done – Total</u></li> </ul>	<ul style="list-style-type: none"> <li>9 million (cumulative)</li> <li>4 million (cumulative) (Reviewed 2015/16)</li> <li>At least 16.5 million (cumulative) (Reviewed 2016/17)</li> </ul>
2.3) Manage HIV prevalence	<p>2.3.1) Reduce the HIV prevalence among 15-24 year old pregnant women to 25% by March 2020.</p> <ul style="list-style-type: none"> <li>Removed 2016/17: This indicator is dependent on National Surveys and timeous publishing of results – results not published annually. The indicator will however be tracked once data become available.</li> </ul>	<ul style="list-style-type: none"> <li>HIV prevalence among 15-24 year old pregnant women</li> <li>Removed 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>25%</li> <li>Removed 2016/17</li> </ul>
	<p>2.3.2) Increase the number of patients on ART to 1 450 000 (cumulative) by March 2018.</p> <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase the number of patients on ART to <u>at least 1.5 million</u> (cumulative) by March 2020. The previous target has been exceeded; making provision for Policy changes; and implementation of the 90-90-90 strategy with more aggressive targets.</li> </ul>	<ul style="list-style-type: none"> <li>Total clients remaining on ART</li> <li>Reviewed 2017/18 (compliance with NIDS): <u>ART client remain on ART at end of month – total</u></li> </ul>	<ul style="list-style-type: none"> <li>1 450 000 (Previous)</li> <li>At least 1.5 million (Reviewed 2017/18)</li> </ul>

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Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
2.4) Improve TB outcomes	2.4.1) Increase the TB new client treatment success rate to 90% (or more) by March 2020. <ul style="list-style-type: none"> <li>Amended 2015/16: Increase the <u>TB client</u> treatment success rate to 90% (or more) by March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>TB new client treatment success rate</li> <li>Amended 2015/16 (in compliance with NIDS): TB client treatment success rate</li> </ul>	<ul style="list-style-type: none"> <li>90% (or more)</li> </ul>
2.4) Improve TB outcomes	2.4.3) Decrease the TB death rate to 2% by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2018/19: <u>Stabilise</u> the TB death rate at <u>5%</u> by March 2020. Trends show an increase in reported deaths mostly due to improved surveillance and follow-up on treatment outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>TB death rate</li> </ul>	<ul style="list-style-type: none"> <li>2%</li> <li>5% (Reviewed 2018/19)</li> </ul>
2.4) Improve TB outcomes	2.4.4) Increase the MDR-TB treatment success rate to 75% (or more) by March 2020 <ul style="list-style-type: none"> <li>Reviewed 2016/17: Increase the MDR-TB treatment success rate to <u>65%</u> (or more) by March 2020.</li> <li>Reviewed 2018/19: Increase the MDR-TB treatment success rate to <u>65%</u> (or more) by March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>TB-MDR treatment success rate</li> </ul>	<ul style="list-style-type: none"> <li>75% or more</li> <li>65% or more (Reviewed 2016/17)</li> <li>62% or more (Reviewed 2018/19)</li> </ul>
<b>PROGRAMME 2: SUB-PROGRAMME MATERNAL, CHILD &amp; WOMEN'S HEALTH</b>			
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.	<ul style="list-style-type: none"> <li>Infant 1st PCR test positive around 6 weeks rate</li> <li>Reviewed 2016/17 (compliance with customised national indicator): Infant 1<sup>st</sup> PCR test positive around <u>10 weeks</u> rate</li> <li>Reviewed 2017/18 (compliance with NIDS): <u>Infant PCR test</u> positive around 10 week's rate</li> </ul>	<ul style="list-style-type: none"> <li>Less than 0.5%</li> </ul>
2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020. <ul style="list-style-type: none"> <li>Review 2018/19: Increase the couple year protection rate to at least <u>36%</u> by March 2020. The indicator definition and method of calculation changed, which resulted in significant reduction in actual performance data.</li> </ul>	<ul style="list-style-type: none"> <li>Couple year protection rate</li> <li>Amended 2017/18 (compliance with NIDS): Couple year protection rate (<u>international</u>)</li> </ul>	<ul style="list-style-type: none"> <li>75%</li> <li>36% (Reviewed 2018/19)</li> </ul>
<b>PROGRAMME 2: SUB-PROGRAMME NON-COMMUNICABLE DISEASES</b>			
2.9) Reduce incidence of non-communicable	2.9.1) Decrease the hypertension incidence by at least 10% per annum. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Hypertension incidence of <u>24.6 or less</u> per 1000 population by March 2020. Intensified screening/ detection is expected</li> </ul>	<ul style="list-style-type: none"> <li>Hypertension incidence (annualised)</li> </ul>	<ul style="list-style-type: none"> <li>Increase by at least 10% per annum</li> <li>24.6 or less per 1000</li> </ul>

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
diseases	to initially increase the number of new cases. Trends are being monitored.		(Reviewed 2017/18)
	2.9.2) Decrease the diabetes incidence by at least 10% per annum. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Diabetes incidence of <u>3.3 or less</u> per 1000 population by March 2020. Intensified screening/ detection is expected to initially increase the number of new cases. Trends are being monitored.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes incidence (annualised)</li> </ul>	<ul style="list-style-type: none"> <li>Increase by at least 10% per annum</li> <li>3.3 or less per 1000 (Reviewed 2017/18)</li> </ul>
<b>PROGRAMMES 2, 4 AND 5: DISTRICT, REGIONAL, SPECIALISED TB AND PSYCHIATRIC, CHRONIC/ NON-ACUTE, TERTIARY &amp; CENTRAL HOSPITAL SERVICES</b>			
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. <ul style="list-style-type: none"> <li>Removed from the 2017/18 APP: National Department of Health removed this customised indicator due to lack of an appropriate information system to collect relevant data. Patient satisfaction will however be monitored through implementation of the Service Delivery Improvement Plan (SDIP). The Strategic Objective Statement and Indicator therefore not removed from the Strategic Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Patient satisfaction rate (Removed 2017/18 APP BUT still monitored as part of the Service Delivery Improvement Plan)</li> </ul>	<ul style="list-style-type: none"> <li>95% (or more) (Removed from APP but still monitored)</li> </ul>
1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more). <ul style="list-style-type: none"> <li>Amended 2015/16: Maintain a bed utilisation rate of 75% (or more) <u>by March 2020</u>.</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient bed utilisation rate</li> <li>Inpatient bed utilisation rate – total (Amended 2015/16)</li> </ul>	<ul style="list-style-type: none"> <li>75% (or more)</li> </ul>
	1.7.2) Develop and implement the approved Hospital Rationalisation Plan by <u>March 2016</u> . <ul style="list-style-type: none"> <li>Reviewed 2016/17: Develop &amp; implement the approved Hospital Rationalisation Plan by <u>June 2017</u>. Align with the 2017-2027 Long Term Plan.</li> <li>Reviewed 2018/19: Develop &amp; implement the approved Hospital Rationalisation Plan by <u>September 2018</u>. The Plan will form part of the Department's integrated Turn-Around Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Rationalisation Plan</li> <li>Amended 2015/16: Approved Hospital Rationalisation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Plan implemented</li> <li>Approved Plan implemented (Amended 2015/16)</li> </ul>
2.7) Reduce maternal mortality	2.7.2) Improve maternal health outcomes by establishing 11 District Caesarean Section Centres by March 2018. <ul style="list-style-type: none"> <li>Removed 2016/17. The development of national norms and standards for these Centres has been delayed and Provincial processes are therefore on hold.</li> </ul>	<ul style="list-style-type: none"> <li>Number of fully functional District Caesarean Section Centres (cumulative)</li> <li>Removed 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>11</li> <li>Removed 2016/17</li> </ul>
5.1) Improve compliance to the Ideal Clinic and National Core	5.1.2) 60% (or more) public health hospitals <u>compliant with extreme and vital measures</u> of the NCS by March 2020. <ul style="list-style-type: none"> <li>Amended 2017/18: 60% (or more) public health hospitals achieved <u>75%</u></li> </ul>	<ul style="list-style-type: none"> <li>Percentage of hospitals compliant with all extreme and vital measures of the national core</li> </ul>	<ul style="list-style-type: none"> <li>60% (or more)</li> </ul>

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
Standards	<u>and more on NCS self-assessment rate</u> by March 2020. The National customised indicator changed in compliance with NIDS.	standards <ul style="list-style-type: none"> <li>Amended 2017/18 (in compliance with NIDS): Hospitals achieved <u>75% and more on NCS self-assessment rate</u></li> </ul>	
<b>PROGRAMME 3: EMERGENCY MEDICAL SERVICES</b>			
1.8) Improve EMS efficiencies	1.8.1) Evidence-based EMS Model approved and implemented by March 2016. <ul style="list-style-type: none"> <li>Reviewed 2017/18: EMS Turn-Around Strategy approved by <u>June 2017</u>.</li> </ul>	<ul style="list-style-type: none"> <li>Approved revised EMS Model</li> <li>Amended 2017/18: Approved EMS <u>Turn-Around Strategy</u></li> </ul>	<ul style="list-style-type: none"> <li>Approved revised EMS Model implemented</li> <li>Reviewed 2017/18: <u>Approved EMS Turn-Around Strategy</u></li> </ul>
	1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase the average number of daily operational ambulances to <u>220</u> 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.</li> </ul>	<ul style="list-style-type: none"> <li>Average number of daily operational ambulances</li> </ul>	<ul style="list-style-type: none"> <li>550</li> <li><u>220</u> (Reviewed 2017/18)</li> </ul>
	1.8.3) Rationalise 4 clustered communication centres by March 2020. <ul style="list-style-type: none"> <li>Removed 2017/18: Due to significant reduction in the infrastructure budget the projects were put on hold indefinitely. 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. This will be reconsidered in the next cycle pending available funding.</li> </ul>	<ul style="list-style-type: none"> <li>Number of clustered communications centres established and operational</li> <li>Removed 2017/18</li> </ul>	<ul style="list-style-type: none"> <li>4</li> <li>Removed 2017/18</li> </ul>
	1.8.4) Improve P1 urban response times of under-15 minutes to 25% by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Improve P1 urban response times of under-15 minutes to <u>20%</u> by March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>EMS P1 urban response under 15 minutes rate</li> </ul>	<ul style="list-style-type: none"> <li>25%</li> <li><u>20%</u> (Reviewed 2017/18)</li> </ul>
	1.8.5) Improve P1 rural response times of under-45 minutes to 40% by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Improve P1 rural response times of under-40 minutes to <u>40%</u> by March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>EMS P1 rural response under 40 minutes rate</li> </ul>	<ul style="list-style-type: none"> <li>45%</li> <li><u>40%</u> (Reviewed 2017/18)</li> </ul>
<b>PROGRAMME 6: HEALTH SCIENCES &amp; TRAINING</b>			

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
4.1) Improve human resources for health	4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Allocate <u>197</u> 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.</li> </ul>	<ul style="list-style-type: none"> <li>Number of bursaries awarded to first year medical students</li> </ul>	<ul style="list-style-type: none"> <li>569</li> <li><u>197</u> (Reviewed 2017/18)</li> </ul>
	4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20 <ul style="list-style-type: none"> <li>Reviewed 2016/17: Allocate <u>1 000</u> 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.</li> </ul>	<ul style="list-style-type: none"> <li>Number of bursaries awarded for first year nursing students</li> </ul>	<ul style="list-style-type: none"> <li>2 000</li> <li><u>1 000</u> (Reviewed 2016/17)</li> </ul>
	4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category). <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase intake of Mid-Level Workers with at least 10% per annum <u>based on budget allocation</u>. The limited funding envelope necessitated re-prioritisation of the 2017/18 MTEF allocation for training. Intake of Mid-Level Workers has been 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.</li> </ul>	<ul style="list-style-type: none"> <li>Number of new students enrolled in Mid-Level Worker training courses</li> </ul>	<ul style="list-style-type: none"> <li>167</li> <li>10% increase per annum <u>based on budget allocation</u> (Reviewed 2017/18)</li> </ul>
	4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 90 (cumulative) by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase the number of MOPs who successfully completed the degree course at DUT to <u>61</u> (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.</li> </ul>	<ul style="list-style-type: none"> <li>Number of MOPs that successfully completed the degree course at DUT</li> </ul>	<ul style="list-style-type: none"> <li>90</li> <li><u>61</u> (Reviewed 2017/18)</li> </ul>
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. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase the EMS skills pool by increasing the number of ILS (Intermediate Life Support) student intakes to <u>300</u> by March 2020. The College of Emergency Care (CoEC) aligned its training qualifications with the new National Emergency Care Education and Training (NECET) qualifications and training. The demand for ILS professionals necessitates prioritisation (taking into consideration the limited funding envelope).</li> </ul>	<ul style="list-style-type: none"> <li>Number of ILS graduates per annum</li> <li>Number of Emergency Care Technician graduates per annum (Removed 2017/18)</li> </ul>	<ul style="list-style-type: none"> <li>360 (ILS)</li> <li>150 (ECT)</li> <li><u>300</u> ILS (Reviewed 2017/18)</li> </ul>

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Strategic Objective	Strategic Objective Statement	Indicator	Strategic Plan Target 2019/20
<b>PROGRAMME 7: HEALTH CARE SUPPORT SERVICES</b>			
1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Increase the number of operational Orthotic Centres to <u>4</u> by March 2020. Target was reduced based on budget challenges, specifically related to infrastructure and equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Number of operational Orthotic Centres (cumulative)</li> </ul>	<ul style="list-style-type: none"> <li>11</li> <li><u>4</u> (Reviewed 2017/18)</li> </ul>
	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Decrease and maintain zero clean linen stock outs in facilities from <u>March 2020</u> onwards.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of facilities reporting clean linen stock outs</li> </ul>	<ul style="list-style-type: none"> <li>Zero clean linen stock outs</li> </ul>
	5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017. <ul style="list-style-type: none"> <li>Removed 2016/17: Removed on advisement of Pharmaceutical Services and based on executive decision that alternative arrangements are made to accommodate stock.</li> </ul>	<ul style="list-style-type: none"> <li>PPSD compliant with good Wholesaling Practice Regulations</li> <li>Remove 2016/17</li> </ul>	<ul style="list-style-type: none"> <li>Compliant</li> <li>Remove 2016/17</li> </ul>
<b>PROGRAMME 8: HEALTH FACILITIES MANAGEMENT</b>			
3.3) Improve health facility planning and infrastructure delivery	3.3.1) Commission 28 new projects by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Complete <u>40 new and replaced projects</u> by March 2020.</li> </ul>	<ul style="list-style-type: none"> <li>Number of new clinical projects with completed construction</li> <li>Number of new clinical projects where commissioning is complete</li> <li>Number new and replaced projects completed (Added 2017/18)</li> </ul>	<ul style="list-style-type: none"> <li>8</li> <li>28</li> <li><u>40</u> (Reviewed 2017/18)</li> </ul>
	3.3.2) Complete 35 upgrading and renovation projects by March 2020. <ul style="list-style-type: none"> <li>Reviewed 2017/18: Complete <u>47 upgrade and addition</u> projects by March 2020.</li> <li>Added 2017/18: 3.3.3.) Complete <u>24 renovation and refurbishment</u> projects by March 2020</li> </ul>	<ul style="list-style-type: none"> <li>Number of upgrading and renovation projects with completed construction.</li> <li>Number upgrade and addition projects completed (Added 2017/18)</li> <li>Number renovation and refurbishment projects completed (Added 2017/18)</li> </ul>	<ul style="list-style-type: none"> <li>35</li> <li><u>47</u> (Reviewed 2017/18)</li> <li><u>24</u> (Added 2017/18)</li> </ul>

# **ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21**

## **CONCLUSION**

The Department remains steadfast in its commitment to quality health services and improved health outcomes. Resources will be allocated and utilised in the most appropriate manner to ensure optimal utilisation as scarce resources and access to health services in all corners of KZN.

The 2018/19 Annual Performance Plan will be implemented and monitored in a robust manner with formal quarterly reviews and reports that will service as yardstick for decisive decision-making.

# ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

## Abbreviations

Abbreviation	Description
<b>A</b>	
AIDS	Acquired Immune Deficiency Syndrome
AIP	Annual Implementation Plan
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Air Mercy Services
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASELPH	Albertina Sisulu Executive and Leadership Programme for Health
ASSA	AIDS Committee of Actuarial Society of South Africa
<b>B</b>	
BAS	Basic Accounting System
BLS	Basic Life Support
<b>C</b>	
CCG(s)	Community Care Giver(s)
CCMA	Commission for Conciliation, Mediation and Arbitration
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
CoMMIC	Committee on Morbidity and Mortality in Children under 5
CSS	Client Satisfaction Survey
CTOP	Choice on Termination of Pregnancy
<b>D</b>	
DCST(s)	District Clinical Specialist Team(s)
DDG	Deputy Director General
DHIS	District Health Information System
DHS	District Health System
DOPW	Department of Public Works
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
<b>E</b>	
ECD	Early Child Development

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

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
<b>F, G, H</b>	
FPS	Forensic Pathology Services
GHS	General Household Survey
HCSS	Health Care Support Services
HIV	Human Immuno Virus
HPV	Human Papilloma Virus
HRD	Human Resource Development
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sector Education and Training Authority
<b>I</b>	
IA(s)	Implementing Agent(s)
IALCH	Inkosi Albert Luthuli Central Hospital
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
IDT	Independent Development Trust
IDMS	Infrastructure Delivery Management Programme
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
IMLCs	Institutional Management and Labour Committees
IPC	Infection Prevention and Control
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
IT	Information Technology
<b>K, L</b>	
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LG	Local Government
<b>M</b>	
ManCo	Management Committee
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Abbreviation	Description
MMR	Maternal Mortality Rate
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOP	Medical Ortho Prosthetics
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
<b>N</b>	
NCS	National Core Standards
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NECET	National Emergency Care Education and Training
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NIDS	National Information Data Set
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
NSDA	Negotiated Service Delivery Agreement
<b>O</b>	
OES	Occupation Efficiency Service
OHH	Outreach Households
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
<b>P</b>	
PA(s)	Performance Agreement(s)
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEMP	Poverty Eradication Master Plan
PERSAL	Personnel and Salaries System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PIA	Provincial Implementing Agents
PIDS	Provincial Indicator Data set
PMDS	Performance Management and Development System
PMPU	Provincial Medicine Procurement Unit
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
PTB	Pulmonary Tuberculosis
PTS	Patient Transport Services

## ANNUAL PERFORMANCE PLAN 2018/19 – 2020/21

Abbreviation	Description
<b>Q, R, S</b>	
QIP(s)	Quality Improvement Plan(s)
SA	South Africa
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
SOP(s)	Standard Operating Procedure(s)
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
<b>T</b>	
TB	Tuberculosis
TVET	Technical Vocational Education and Training
<b>U</b>	
UKZN	University of KwaZulu-Natal
U-AMP	User-Asset Management Plan
UTT	Universal Test and Treat
<b>V, W, X</b>	
VHF	Viral Haemorrhagic Fevers
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
WISN	Workload Indicators of Staffing Need
XDR-TB	Extreme Drug Resistant Tuberculosis



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## HEAD OFFICE - NATALIA BUILDING

**Postal Address:** P/Bag X9051 Pietermaritzburg 3200

**Physical Address:** Natalia 330 Langalibalele Street, Pietermaritzburg 3201

**Tel:** 033 395 2111 (switchboard),

**Web:** [www.kznhealth.gov.za](http://www.kznhealth.gov.za)