health
Department:
Health
PROVINCE OF KWAZULU-NATAL

ANNUAL PERFORMANCE PLAN

2019/20 - 2021/22

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

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FOREWORD BY THE EXECUTIVE AUTHORITY

Firstly, I wish to acknowledge and thank my political home, the African National Congress, for entrusting me with the responsibility to lead this Department. I also pay tribute to the ANC for the numerous strides that have been made in the public health sphere since taking over as the Government of KwaZulu-Natal in 2004.

Despite having the highest burden of HIV in the country, the Government of KwaZulu-Natal has initiated and sustained 1, 3 million people on life-prolonging Anti-Retroviral Treatment. This has significantly improved life expectancy and also resulted in a notable reduction in in-facility maternal mortality rate, from 106.7 per 100 000 live births to 101.9 per 100 000 live births. Even the transmission of HIV to new-born babies, which stood at 20% just a decade ago, has nearly been eliminated, as it currently stands at 0.7%.

However, in addition to these sizeable gains, there are areas that can further consolidate our improvement of health outcomes. These include increasing the number of people living with HIV and are aware of their status; managing TB outcomes (especially TB deaths and retracing people who stop taking their treatment for ailments such as HIV and TB); addressing the backlog of people waiting to do their cataract operations; preventing diseases of lifestyle such as diabetes, hypertension, and obesity; and improving health system efficiencies.

Although our most pressing challenge, which we need to address as a matter of urgency, is the need to improve our human resources capacity, shrinking budgets mean that we are severely curtailed in this regard. The situation is such that only posts that are deemed "essential" are considered for filling.

However, given the life-and-death nature of the Department of Health, there are very few posts that can be regarded as non-essential. The gallant efforts of our decorated doctors and nurses is heavily reliant on general orderlies, porters, artisans and maintenance staff in order to make our healthcare facilities conducive to the provision of quality healthcare.
We are therefore going to endeavour to come as close as possible towards securing the minimum staff establishment at our healthcare facilities, with a view of relieving pressure and improving morale among staff. We are confident that this will also help improve the quality of care, and reduce the rate of medical negligence and medico-legal lawsuits.

As part of improving overall efficiency, we will accelerate efforts to move away from the old physical patient record filing system into an electronic one, which is much more reliable. This will ensure that patient records and other essential data are kept securely, and are easier and quicker to retrieve, reducing waiting times and, in the process, alleviating congestion at our health facilities, particularly hospitals.

Inadequate broadband network connectivity, shrinking infrastructure budgets and backlogs in maintenance and replacement of assets are some of the challenges that we need to overcome in providing quality healthcare to our clients.

The focus for 2019/20 will therefore include:

- Working towards improved audit outcomes
- Pushing towards minimum staff establishment
- Improving connectivity in facilities
- Implementation of critical infrastructure projects
- Strengthening clinical governance
- Reducing medico-legal claims through improved mediation, protocols and staffing of the medico-legal directorate
- Universal Health Coverage programme of action to mobilise key stakeholders
- Institutionalization of the PHC outreach platform
- Reduction in HIV Incidence and Management of HIV Prevalence
- Improving TB Outcomes
- Reducing Malaria Incidence
- Strengthening Mental Health Services

The ability of the Department to adapt to the increasing dependency on the health system and the complex burden of disease, rests on the over 68 000 KZN DoH employees. Working alongside the Head of Health and the Senior Management, and supported by the staff of the Department, I will endeavour to provide leadership in the year ahead, to help the province accomplish its goals.

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

Ms Nomagugu Simelane-Zulu
Executive Authority
KwaZulu-Natal Department of Health
Date: 4/7/2019

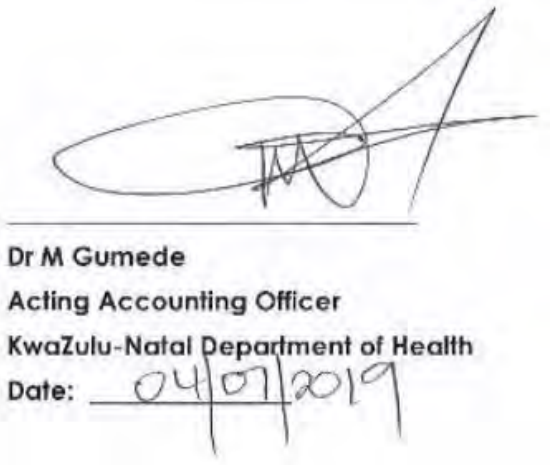
STATEMENT BY THE HEAD: HEALTH

The consolidation of the 2019/20 Annual Performance Plan was done through extensive consultation with relevant stakeholders. The R 45 036 978 000 budget allocated will be used towards achieving the Departmental goals, strategic priorities and performance targets as set out in the APP, despite considerable resource constraints. We have made extensive efforts to align budget to service delivery to provide an optimal service in a resource constrained environment.

The overall commitment is to use the principles of Lean Management to provide access to quality healthcare by doing more with less. We remain committed to our responsibility in addressing issues of equity, access, high quality patient care and patient satisfaction that has been the common thread through our 5 year strategic plan.

The Department aims to implement the Strategy to reduce Medico-Legal Risks as a key priority in managing the increasing number of medico-legal claims and the associated rising cost of litigation. In improving the management of human resources, focus will be placed on improved management of labour relations cases, minimum staff establishment implementation through cost saving initiatives and improvements on performance management. Financial and supply chain management will receive priority with increased focus on payment of accounts within 30 days, monitoring of cost savings and expanding the pool of hospitals with financial delegations. We aim to develop a new information communication technology (ICT) service delivery model to address the challenges plaguing the ICT capabilities within the Department.

The senior management is thanked for remaining committed towards innovation in improving health outcomes. The men and women that form the health workforce on the ground are acknowledged for serving our communities with commitment and compassion.



Dr M Gumede
Acting Accounting Officer
KwaZulu-Natal Department of Health
Date: 04/07/2019

OFFICIAL SIGN-OFF OF THE 2019/20-2021/22 ANNUAL PERFORMANCE PLAN

It is hereby certified that the 2019/20 – 2021/22 Annual Performance Plan:

- Was developed by the Management of the KwaZulu-Natal Department of Health under the leadership of the MEC for Health, and the Acting Head: Health and through consultation with 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 2019/20 – 2021/22 period.

Mr PB Shezi
Acting Chief Finance Officer
Date: 04/07/2019

Mrs N Moodley
Director: Strategic Planning
Date: 04/07/19

Mr J Govender
Chief Director: Strategic Planning and Support Services
Date: 04/07/2019

Dr M Gumede
Acting Accounting Officer
KwaZulu-Natal Department of Health
Date: 04/07/2019

Approved by

Ms Nomagugu Simelane-Zulu
Executive Authority
KwaZulu-Natal Department of Health
Date: 4/7/2019

PART A: STRATEGIC OVERVIEW

- **STRATEGIC OVERVIEW**
- **SITUATION ANALYSIS**
- **ORGANISATION ENVIRONMENT**
- **LEGISLATIVE AND OTHER MANDATES**
- **OVERVIEW OF THE 2019/20 BUDGET AND MTEF ESTIMATES**

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Strategic Overview

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 the 2030 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, and the other four deals with aspects of health systems strengthening.

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 to end poverty, fight inequality and manage 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 electoral mandate period (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 Strategy 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. Strategic goal 3: Human and Community Development aims to reduce poverty and inequality in the Province. Within goal 3, the Department aligns to the strategic objective 3.2 which aims to "Enhance the health of communities and citizens".

The table below illustrates the alignment of the KZN Department of Health Strategic Goals to the 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
Strategic Goal 1: Strengthen health system effectiveness	**Strategic Goal 6**: Health system reforms complete **Priority b**: Strengthen the health system **Priority c**: Improve health information systems **Strategic Goal 7**: PHC teams deployed to provide care to families & communities	**Sub-Output 3**: Implement the re-engineering of PHC **Sub-Output 4**: Reduced health care cost **Sub-Output 6**: Improved health management & leadership **Sub-Output 10**: Efficient health information management system developed and implemented to improve decision-making	**Strategic Objective 3.2**: Enhance the health of citizens and healthy communities **Intervention 3.2(a):** Re-engineering of PHC	**Target 7:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Strategic Goal 2: Reduce and manage the burden of disease	**Strategic Goal:** Average male & female life expectancy increased to 70 years **Strategic Goal 2**: TB prevention & cure progressively improved **Strategic Goal 3**: Maternal, infant and child mortality reduced **Strategic Goal 4**: Prevalence of NCD's reduced by 28% **Strategic Goal 5**: Injury, accidents and violence reduced by 50% from 2010 levels **Priority a**: Address the social determinants that affect health and disease **Priority d**: Prevent and reduce the disease burden and promote health	**Sub-Output 8**: HIV, AIDS & TB prevented & successfully managed **Sub-Output 9**: Maternal, infant & child mortality reduced	**Intervention 3.2.(b):** Scaling up programmes to improve maternal, child and women's health **Intervention 3.2 (c):** Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases **Intervention 3.2 (d):** Scaling up programmes to reduce incidence & manage prevalence of HIV, AIDS and STIs **Intervention 3.2 (e):** Scaling up programmes to improve TB outcomes	**Target 1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births **Target 2:** By 2030, end preventable deaths of new-borns and children under 5 years of age, countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births **Target 3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases **Target 4:** 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

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
			Intervention 3.2 (f): Implementing programmes to reduce local malaria incidence	**Target 5:** By 2020, halve the number of global deaths and injuries from road traffic accidents **Target 6:** 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 **Target 8:** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination **Target 9:** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate **Target 10:** Support research and development of vaccines and medicines for communicable and non-communicable diseases
Strategic Goal 3: Universal health coverage	**Strategic Goal 8**: Universal health coverage achieved **Priority e**: Financing universal health care coverage	**Sub-Output 1**: Universal health coverage progressively achieved through implementation of NHI **Sub-Output 7**: Improved health facility planning & infrastructure delivery	**Strategic Objective 3.2**: Enhance the health of citizens and healthy communities	**Target 7:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Strategic Goal 4: Strengthen human resources for health	**Strategic Goal 9**: Posts filled with skilled, committed & competent individuals **Priority f**: Improve human resources in the health sector **Priority g**: Review	**Sub-Output 5**: Improved human resources for health	**Intervention 3.2 (g):** Improving human resources for health	**Target 11:** 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

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
	management positions and appointments and strengthen accountability mechanisms			
Strategic Goal 5: Improved quality of health care	**Priority h**: Improve quality by using evidence	**Sub-Output 2**: Improved quality of health care	**Strategic Objective 3.2**: Enhance the health of citizens and healthy communities	**Target 12:** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

The 2019/20 APP has considered the 2019-2024 MTSF, Ruling Party Manifesto, SOPA 2019 and the draft June 2019 Lekgotla resolutions.

The table below includes the Strategic Goals, Strategic Goal Statements, Strategic Objectives and Strategic Objective Statements included in the 2015-2019 Strategic Plan.

TABLE 2: STRATEGIC GOALS, OBJECTIVES AND OBJECTIVE STATEMENTS[1]

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS	
STRATEGIC GOAL STATEMENT: Identifying and implementing changes in policy and/or practice to improve response to health and health system challenges and any array of initiatives and strategies that improves one or more of the functions of the health system that improves access, coverage, quality, or efficiency and strengthening performance and interconnectedness of the WHO health system building blocks including service delivery, health workforce, strategic information, commodities, health financing and leadership and governance.	
SO 1.2) Improve financial management and compliance to PFMA prescripts • SOS 1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	**SO 6: Improved health management and leadership** • 7 Departments (1 National and 6 Provincial Departments) received unqualified audit reports from the Auditor General by 2019
SO 1.3) Improve Supply Chain Management • SOS 1.3.3) Effective and efficient process for the timely payment of suppliers.	
SO 1.4) Improve health technology and information management • SOS 1.4.1) Connectivity established in 90% public health facilities by March 2020	**SO 10: Efficient health information management system developed and implemented to improve decision-making** Key interventions: Management of effective data systems; data quality audits; Strengthen use of information; Web-based data system
SO 1.5) Accelerate implementation of PHC re-engineering • SOS 1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum • SOS 1.5.2) Increase the number of ward based outreach teams to 160 by March 2020 • SOS 1.5.3) PHC utilisation rate of at least 2.5 visits per person per year by March 2020 • SOS 1.5.4) Sustain an under 5 utilisation rate of at least 3.9 visits per child per year • SOS 1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020 • SOS 1.5.7) Increase School Health Teams to 215 by March 2020 • SOS 1.5.8) Increase the accredited Health Promoting Schools to 420 by March 2020 • SOS 1.5.9) Increase the number of learners screened with at least 5% per annum	**SO 3: Implement the re-engineering of PHC** Targets 2019/20 • 40% School Grade 1 screening coverage (annualised) • 25% School Grade 8 screening coverage (annualised) • 3 000 functional Ward Based PHC Outreach Teams
SO 1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)	**SO 3: Implement the re-engineering of PHC**

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
• SOS 1.6.1) 100% clinics with Ideal clinic status rate	Target 2019/20 100% of clinics qualify as Ideal Clinics
SO 1.7) Improve hospital efficiencies • SOS 1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 • 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 • SOS 1.7.4) Maintain expenditure per PDE within the provincial norms • SOS 1.7.5) Reduce the un-referred outpatient Department (OPD) headcounts with at least 7% per annum	**SO 2: Improved quality of health care** Target 2019/20 • 17 Gazetted Tertiary Hospitals provide the full package of tertiary 1 services
SO 1.8) Improve EMS efficiencies • SOS 1.8.2) Increase the average number of daily operational ambulances to 200 by March 2020 • SOS 1.8.4) Improve P1 urban response times of under 15 minutes to 26% by March 2020 • SOS 1.8.5) Improve P1 rural response times of under 40 minutes to 36% by March 2020 • SOS 1.8.6) Increase the inter-facility transfer rate to 39% by March 2020 • SOS 1.8.7) Increase number bases with network access to 50 by March 2020	**SO 2: Improved quality of health care** -
SO 1.9) Strengthen health system effectiveness • SOS 1.9.1) Increase the number of operational Orthotic Centres to 5 by March 2020 • SOS 1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	**-** -
STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE	
STRATEGIC GOAL STATEMENT: Reduce and manage the burden of disease to ensure better health outcomes and an increase in life expectancy at birth.	
SO 2.1) Increase life expectancy at birth • SOS 2.1.1) Increase the total life expectancy to 61.5 years by March 2020 • SOS 2.1.2) Increase the life expectancy of males to 58.4 years by March 2020 • SOS 2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	**-** -
SO 2.2) Reduce HIV incidence • SOS 2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	**SO 8: HIV, AIDS & TB prevented & successfully managed** Targets 2019/20 • 10 Million clients tested for HIV (annually)

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
• SOS 2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative) • SOS 2.2.3) Increase the male condom distribution to 220 million by March 2019 • SOS 2.2.4) Increase the medical male circumcisions to 1.1 million by March 2020 (cumulative) • SOS 2.2.5) Decrease male urethritis syndrome to at least 30/1000 by March 2020	• 800 Million male condoms distributed (annually) • 25 Million female condoms distributed (annually) • 5 Million males medically circumcised (cumulative)
SO 2.3) Manage HIV prevalence • SOS 2.3.2) Increase the number of patients on ART to **at least 1.5 million** (cumulative) by March 2020	**SO 8: HIV, AIDS & TB prevented & successfully managed** Target 2019/20 • 5 Million clients remaining on ART
SO 2.4) Improve TB outcomes • SOS 2.4.1) Increase the TB client treatment success rate to 87% (or more) by March 2020 • SOS 2.4.2) Reduce the TB incidence to 500 (or less) per 100 000 by March 2020 • SOS 2.4.3) Sustain a TB death rate of 5% (or less) by March 2020 • SOS 2.4.4) Increase the MDR-TB treatment success rate to 60% (or more) by March 2020 • SOS 2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020 • SOS 2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020 • 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 • 2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017 onwards	**SO 8: HIV, AIDS & TB prevented & successfully managed** Targets 2019/20 • 8 Million people screened for TB (annually) • 85% TB new client treatment success rate • Less than 5% TB client lost to follow up • 5% (or less) TB death rate • 80% TB MDR confirmed client start on treatment • 65% TB MDR client successfully completing treatment
SO 2.5) Reduce infant mortality • SOS 2.5.1) Reduce the infant mortality rate to 30.9 per 1000 live births by March 2020 • SOS 2.5.2) Reduce the mother to child transmission of HIV to 0.6 % by March 2020 • SOS 2.5.3) Reduce the neonatal death in facility rate to at least 11.3/1000 by March 2020	**SO 9: Maternal, infant & child mortality reduced** Targets 2019/20 • Infant 1st PCR test positive around 10 week rate less than 1.5% • Infant Mortality Rate 23/1000 • Live birth under 2500g in facility rate 11.6% • Neonatal mortality rate 8/1000
SO 2.6) Reduce under 5 mortality • SOS 2.6.1) Reduce the under 5 mortality rate to 42.5 per 1000 live births by March 2020 • SOS 2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020 • SOS 2.6.3) Increase immunisation coverage to 88% or more by March 2020 • SOS 2.6.4) Maintain the measles 2nd dose coverage of 90% (or more) from March 2020 onwards	**SO 9: Maternal, infant & child mortality reduced** Targets 2019/20 • Immunisation coverage under 1 year (annualised) 95% • DTaP-IPV-HepB-Hib3 -Measles 1st dose drop-out rate less than 5% • Measles 2nd dose coverage 85% • Child U-5 years diarrhoea case fatality rate less than 2%

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
• SOS 2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020 • SOS 2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% (or less) by March 2020 • SOS 2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6% by March 2020 • SOS 2.6.9) Increase the Vitamin A dose 12-59 months coverage to 64% or more by March 2020 • SOS 2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020 • SOS 2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020 • SOS 2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020 • SOS 2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020	• Child U-5 years severe pneumonia case fatality rate less than 2.5% • Child U-5 years severe acute malnutrition case fatality rate less than 5% • Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate 65% • Under-5 mortality rate 33/1000
SO 2.7) Reduce maternal mortality • SOS 2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020 • 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 • SOS 2.7.3) Increase the antenatal 1st visit before 20 weeks rate to 70% (or more) by March 2020 • SOS 2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020 • SOS 2.7.5) Initiate 99% eligible antenatal clients on ART by March 2020 • SOS 2.7.6) Reduce deliveries under 19 years to 8% or less by March 2020	**SO 9: Maternal, infant & child mortality reduced** Targets 2019/20 • Antenatal visits before 20 weeks rate 70% • Mother postnatal visit within 6 days rate 80% • Antenatal client initiated on ART rate 98% • Maternal Mortality Ratio (MMR) less than 100/100 000
SO 2.8) Improve women's health • SOS 2.8.1) Increase the couple year protection rate to at least 56% by March 2020 • SOS 2.8.2) Maintain the cervical cancer screening coverage of 75% (or more) • SOS 2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1st and 2nd dose as part of cervical cancer prevention programme	**SO 9: Maternal, infant & child mortality reduced** Targets 2019/20 • Couple year protection rate 75% • Cervical cancer screening coverage 70% • HPV 1st dose coverage 90%
SO 2.9) Reduce the incidence of non-communicable diseases • SOS 2.9.1) Hypertension incidence of 24.6 or less per 1000 population by March 2020 • SOS 2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020 • SOS 2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020 • SOS 2.9.4) Screen at least 2.5 million people (40 years	**SO 3: Implement the re-engineering of PHC** Targets 2019/20 • 5 Million people counselled & screened for hypertension • 5 Million people counselled & screened for diabetes • 2.2 Million people screened for mental health disorders

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
and older) per annum for diabetes by March 2020 • SOS 2.9.5) Screen at least 1.5 million people for mental disorders at PHC services by March 2020 • SOS 2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020 • SOS 2.9.7) Improve the number of wheelchairs issued to 3 500 by March 2020	
SO 2.10) Eliminate malaria • SOS 2.10.1) Malaria incidence of under 1/1 000 population at risk by March 2020 • SOS 2.10.2) Reduce malaria case fatality rate to 0.5% by March 2020	**-** -
STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE	
STRATEGIC GOAL STATEMENT: All people receive the full spectrum of the essential health services package including health promotion, prevention, treatment and clinical care, rehabilitation and palliative care.	
SO 3.2) Create job opportunities • SOS 3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)	**-** -
SO 3.3) Improve health facility planning and infrastructure delivery • SOS 3.3.1) Complete 28 new and replaced projects by March 2020 • SOS 3.3.2) Complete 47 upgrade and addition projects by March 2020 • SOS 3.3.3) Complete 24 renovation and refurbishment projects by March 2020 • SOS 3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan • SOS 3.3.5) 100% of maintenance budget spent annually	**SO 7: Improved health facility planning & infrastructure delivery** -
STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH	
STRATEGIC GOAL STATEMENTS: Develop and maintain a capacitated workforce with the capacity to deliver the appropriate package of health services at all levels of the health care system.	
SO 4.1) Improve human resources for health • SOS 4.1.4) Allocate 120 bursaries for first year medicine students between 2015/16 and 2019/20 • SOS 4.1.5) Allocate 600 bursaries for first year nursing students between 2015/16 and 2019/20 • SOS 4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum • SOS 4.1.7) Increase the EMS skills pool by increasing the number of ILS student intakes to 300 by March 2020 • SOS 4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to	**SO 1: Universal Health coverage progressively achieved through implementation of National Health Insurance** Target 2019/20 • 10 Central Hospitals with standardised organisational structures and approved delegations (National target)

2015-2019 STRATEGIC PLAN GOALS, GOAL STATEMENTS, STRATEGIC OBJECTIVES AND STATEMENTS	
STRATEGIC OBJECTIVES (SO) AND STRATEGIC OBJECTIVE STATEMENTS (SOS)	**SUB-OUTPUTS (SO) MEDIUM TERM STRATEGIC FRAMEWORK**
61 (cumulative) by March 2020 • SOS 4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020 • 4.1.10) Increase enrolment of Advanced Midwives by at least 10% per annum[2] • 4.1.11) Appoint an average of 10 000 CCGs per annum on contract	
STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE	
STRATEGIC GOAL STATEMENT: Rendering services that are (1) Effective (adherent to an evidence base resulting in improved health outcomes); (2) Efficient (maximises resource utilisation and avoids waste); (3) Accessible (geographically reasonable, timely and provided in a setting where skills and resources are appropriate to medical need); (4) Acceptable and patient-centred (takes into account need and demand and the aspirations of users); (5) Equitable (services that do not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status); and (6) Safe (minimises risks and harm to service users).	
SO 5.1) Improve compliance to the Ideal Clinic and National Core Standards • SOS 5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards • 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	**SO 2: Improved quality of health care** Target 2019/20 • ≥ 75% compliance with national core standards in 10 Central, 17 Tertiary, 30 Regional and 15 Specialised Hospitals
SO 5.2) Improve quality of care • SOS 5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 97% by March 2020 • SOS 5.2.3) Decrease medicine stock-out rates to less than 6% in PPSD and all health facilities by March 2020 • SOS 5.2.4) Improve pharmaceutical procurement and distribution reforms • SOS 5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGS) by March 2020 • SOS 5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards • SOS 5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020	**SO 2: Improved quality of health care** Targets 2019/20 • 100% Patient satisfaction survey rate • 85% Patient satisfaction rate

The table below reports on progress towards the 2019 MTSF impact indicator targets.

TABLE 3: PROGRESS TOWARDS THE MTEF IMPACT INDICATORS [3]

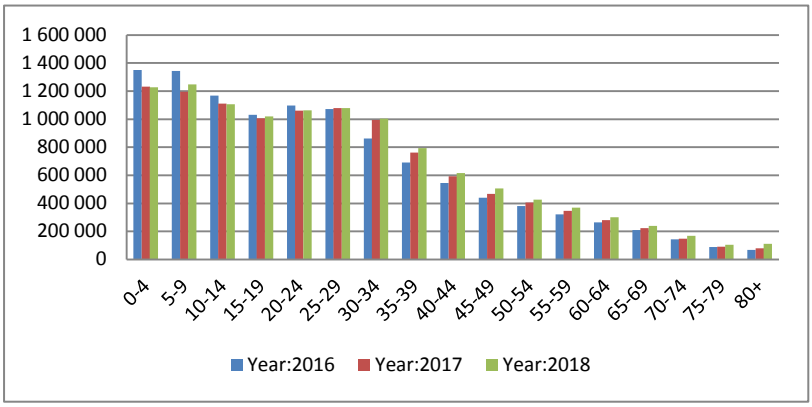
Impact indicator	South Africa 2009	South Africa 2014	South Africa 2019 Target	KZN 2012	KZN 2019/20 Target
Life expectancy at birth – Total	57.4 years	62.5 years	At least 65 years	51.5 Years[4]	61.5 years
Life expectancy at birth – Male	55,1 years	59,4 years	At least 61.5 years	49.2 Years	58.4 Years
Life expectancy at birth – Female	59,6 years	65,5 years	At least 67 years	53.8 years	64.5 Years
Under 5 mortality rate	68,9	48,1	33/1000 live births	43.4/1000 live births[5]	42.5/1 000 live births
Neonatal mortality rate[6]	-	14/1000 live births	8/1000 live births	9.2/1 000 live births	11.3/1 000 live births
Infant mortality rate	45,8	38,3	23/1000 live births	32.1/1000 live births	30.9/1 000 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	95/100 000 live births
Live birth under 2500g in facility	-	12.9%	11.6%	12.5%	9.5%

SITUATION ANALYSIS

DEMOGRAPHIC PROFILE

According to the StatsSA Mid-Year Population Estimates, the Kwazulu-Natal (KZN) population increased from 11 074 800 (19.6% of the total South African population) in 2017[7] to 11 384 722 (19.7% of the population) in 2018[8].

GRAPH 1 KZN POPULATION PER AGE COHORT 2016-2018



Compared to the 2017 estimates, the 2018 cohort with the biggest percentage increase (38%) was the population over 80 years of age. The largest percentage decline was observed in the 10 to 14 year olds cohort (0.4%). This is displayed graphically below.

Source: Stats SA Mid-year Estimates 2016, 2017 & 2018

SOCIO-ECONOMIC PROFILE

Socio economic factors are associated with health status and health outcomes. There are 2.8 million households in KZN[9] . Fewer than fifty eight percent of children aged 0 to 4 years are cared for at home with a parent or guardian. Under 91% of children aged 5 and older are attending school. In 2017, 80.7% of learners attending public schools benefitted from the school nutrition programme compared to 63.0% in 2009. The persons aged 20 years and older with no formal schooling decreased from 12.8% in 2002 to 5.4% in 201710. The 2017 General household survey showed that 36.4% of individuals and 49.5% of households in KZN were beneficiaries of social grants.

The table below includes district-specific measures of poverty and access to basic services that impact on health outcomes. Prioritisation will take into account these variables in structuring services in an effort to improve equity in service delivery as well as responding to community and population specific priorities. uMkhanyakude has the highest percentage of households with no access to piped or tap water (50%) and no access to sanitation (10.2%).

TABLE 4: SOCIAL DETERMINANTS OF HEALTH, 2016

District	Population	Households	Intensity of poverty	2015 Grants and subsidies received as a % of Total income	Access to piped or tap water	Households (HH) No Access to piped water	% No access piped water (HH)	No access to sanitation (HH)	% No access to sanitation (HH)	No Electricity (HH)	% No access to electricity (HH)
Ugu	789 953	180 921	42.3%	66,5%	158 402	22 519	12%	7 628	4.2%	26 562	14.7%
uMgungundlovu	1 111 872	300 953	42,1%	80,0%	274 567	26 386	9%	3 948	1.3%	19 424	6.5%
uThukela	706 808	161 864	42,5%	78,8%	122 362	39 502	24%	3 708	2.3%	16 954	10.5%
uMzinyathi	551 177	126 071	43,7%	59,3%	79642	46 429	37%	2937	2.3%	26882	21.3%
Amajuba	531 107	117 181	41,4%	89,4%	111623	5 558	5%	2324	2.0%	8641	7.4%
Zululand	892 310	178 516	42,8%	93,5%	115071	63 445	36%	13901	7.8%	24494	13.7%
uMkhanyakude	689 090	151 245	44,1%	90,5%	75 672	75 573	50%	15 460	10.2%	62 887	41.6%
King Cetshwayo	971 135	225 797	43,1%	86,8%	190 303	35 494	16%	5 486	2.4%	14 064	6.2%
ILembe	657 612	191 369	43,0%	69,8%	144 923	46 446	24%	5 201	2.7%	25 731	13.4%
Harry Gwala	502 265	122 436	43,5%	89,1%	83 175	39 261	32%	2 428	2.0%	20 192	16.5%
eThekwini	3 661 911	1 119 492	40,8%	18,3%	1 101 610	17 882	2%	9 408	0.8%	40393	3.6%
KwaZulu-Natal	**11 065 240**	**2 875 843**	42.5%		2 457 350	418 493	15%	72 428	2.5%	286 224	10.0%

Source: 2016 Stats SA Community Survey

According to the 2017 General Household Survey, 12.6% of the KZN population are members of medical aid schemes. This translates to 1 434 475 people who are members of medical aid schemes and 9 950 248 (87.4%) who are not members of medical aid schemes.

Scores for clients perceptions of healthcare for both private and public health care users are recorded as scales of satisfaction levels in the 2017 General Household Survey. Respondents were tasked to rank the level of satisfaction with the healthcare institution as either very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat satisfied or very dissatisfied. Of the total KZN Population, 80.9% of health care public users were satisfied ("very" plus "somewhat") with the healthcare institution.

The KZN 2018 Citizen Satisfaction survey scored client satisfaction differently with survey respondents being asked to score the level of satisfaction with overall performance of provincial government as either outright dissatisfied, somewhat satisfied or outright satisfied. 52.4% of respondents claimed to be outright satisfied with the performance of the Provincial government in providing health care, 27.4% were somewhat satisfied and 20.2% were outright dissatisfied. Black Africans were mostly happy with basic education and healthcare in KZN (65.2 and 51.9% respectively).

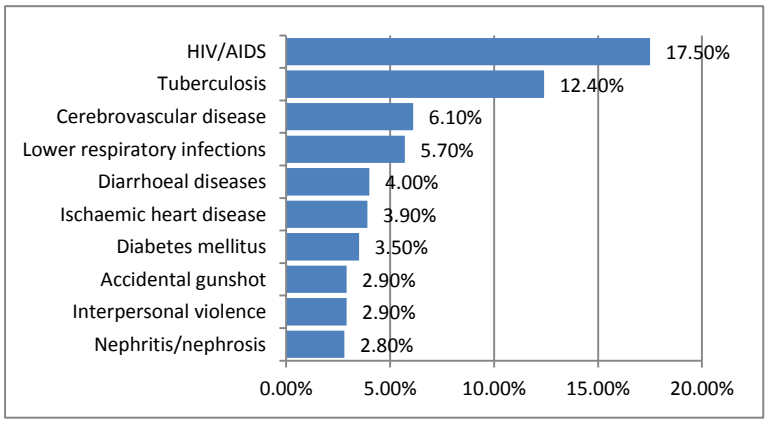
The KZN 2018 citizen satisfaction survey further revealed that 68% of respondents rated municipal clinics as being very important. Only around two thirds (61.3%) reported that there was a municipal clinic in their local municipalities. The 2 municipalities with more than 80% of citizens expressing outright satisfaction were Ray Nkonyeni and Richmond.

Epidemiological Profile/Burden of Disease

Overview: Leading causes of years of life Lost

The mortality reflected in the graph shows that KZN remains in the grip of a complex burden of disease. The treatment for these diseases is complex, requiring sophisticated hospital-based treatment for some, and primary health care-based treatment for others.

GRAPH 2: LEADING CAUSES OF YEARS OF LIFE LOST, 2015 KZN



In addition the prevention strategies are equally complex, requiring changes in behavior and lifestyle, improvement in living conditions, amelioration of poverty and efficient health systems for early detection of risk factors, amongst others.

Source: District Health Barometer 2016/17

Although KZN experiences one of the highest absolute numbers of deaths in South Africa because it is one of the most populous provinces[11], the rate of death per 1000 people in KZN is lower than the national average (8 deaths per 1000 people in KZN in 2013, compared to 8.6 deaths per 1000 people in South Africa in the same year)[12]. In addition, life expectancy in the province has increased from 45.5 years in 2001 to 57.8 years in 2016[13]. Given that this province also has the highest prevalence of HIV in the country[14] , these statistics show a notable progress in improving population health in KZN.

This improvement is perhaps most significant in the prevention and treatment of HIV. Although HIV/AIDS remains the most important cause of death in KZN, as it has been for the

past two decades, the proportion of deaths due to HIV has fallen considerably, from 41.5% in 2000[15] to 17.50% in 2015 as per the figure above.

However, as HIV has been managed, other diseases remain eminently preventable and yet persistently significant causes of death. Infections are one such group of diseases, and require massive social and economic interventions if they are to be adequately addressed. Furthermore, other diseases such as cerebrovascular and ischaemic heart disease, are becoming increasingly important, not only as the population ages but also as children and adolescents in the province become more at risk through increasing levels of inactivity and obesity[16] .

The persistent presence of interpersonal violence in the top 10 causes of death in KZN is testimony to a society that remains fractured. The widening economic inequality in South Africa, high levels of unemployment, and persistent gender inequality may be in part responsible for this[17]. Preventing trauma requires complex and massive social interventions, whilst treating trauma requires a strong system of surgical, nursing and allied health professional care.

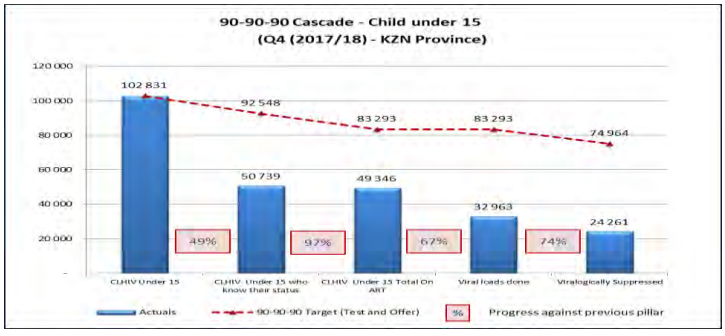
Considering the health systems' current emphasis on HIV, addressing the diversity of causes of death in KZN will require more penetrating prevention and promotion efforts, strengthening of health service delivery modalities and shifts in resource allocation, without destabilizing methods of service delivery that are currently effective.

UNPACKING THE BURDEN OF DISEASE

HIV / AIDS Programme

To determine the exact number of patients remaining on treatment continues to be a challenge with the shortage of data capturers being the root cause. Patient files, for patients who have collected treatment and / or are on Centralised Chronic Medicine Dispensing and Distribution CCMDD, are not updated on the Tier.Net system causing the Total Remaining on ART (TROA) to drop as patients are categorised by the system as having defaulted. The TROA directly affects the Conditional Grant funding as 70% of the grant is allocated for ART medication. The average cost of a person on treatment for 2017/18 is approximately R 2 160 as Fixed Dose Combination (FDC) is about R 180 per month per patient. 2nd and 3rd line regimes increase this cost substantially.

GRAPH 3: 909090 CASCADE CHART FOR CHILDREN UNDER 15 - QUARTER 4 2017/18)



As per the graph, 49% of children under 15 know their HIV status. This is one of the greatest challenges for the programme as these children are missed in the system due to a variety of societal and behavioural factors. Child care minders cannot give approval for a child to be tested for HIV / AIDS.

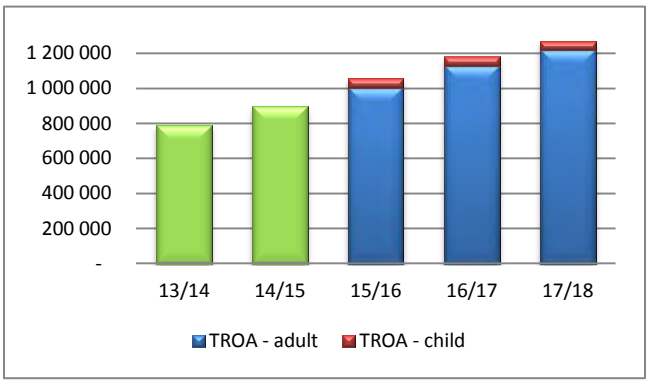
Source: HAST M&E Unit – May 2018

This approval can only be granted by legal guardians or parents, thus although children might be identified at ECD's, crèches and through community care givers, they cannot be tested and placed on treatment. The practice of leaving young children under 5 to live with grandparents in rural communities exacerbates this challenge, as parents are not readily

accessible to give this approval. The focus for 2018/19 was to try and identify, test and place on treatment the 52 092 children under 15 who did not know their status through different initiatives.

The difference between the number of children on treatment and the number of viral loads done may be due to the backlog in data capturing. This is a health system challenge that needs to be rectified for accurate data.

GRAPH 4: TOTAL CLIENTS REMAINING ON ART2013/14- 2017/18



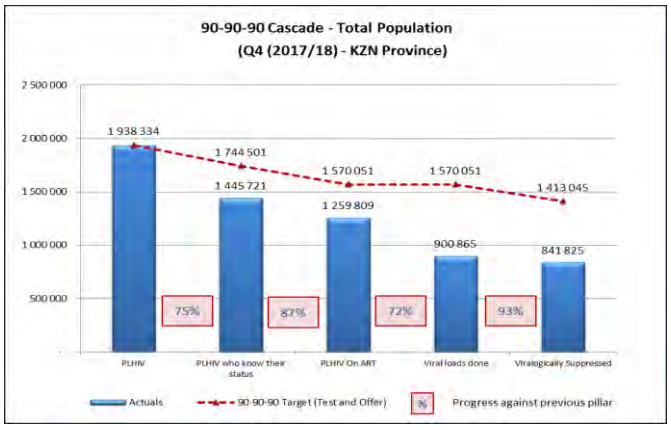
The bulk of clients remaining on treatment are adults over 15 years, as is evident in the graph above. In 2017/18, children under 15 accounted for 4% of the total clients remaining on ART.

Despite having a high testing coverage, with 3 050 729 tests done in 2017/18, 25% (492 613) of people with HIV / AIDS are still unaware of their status[18].

Source: Annual Reports for the respective years

Many of the tests done are routine tests conducted on patients who are already aware of their status thus greater emphasis in 2018/19 was placed on testing the communities and population that had never had an HIV / AIDS test and were unaware of their status to try and find the remaining 25%.

GRAPH 5: 90 / 90 / 90 CASCADE CHART FOR TOTAL POPULATION – QUARTER 4 2017/18



The decrease in patients on treatment and the number of viral loads done is again due to the shortage of data capturers affecting the capturing of viral loads on the Tier.Net system.

According to 2017 estimates[19], the Provincial HIV incidence and prevalence rates in the general population are 0.63% and 18% respectively.

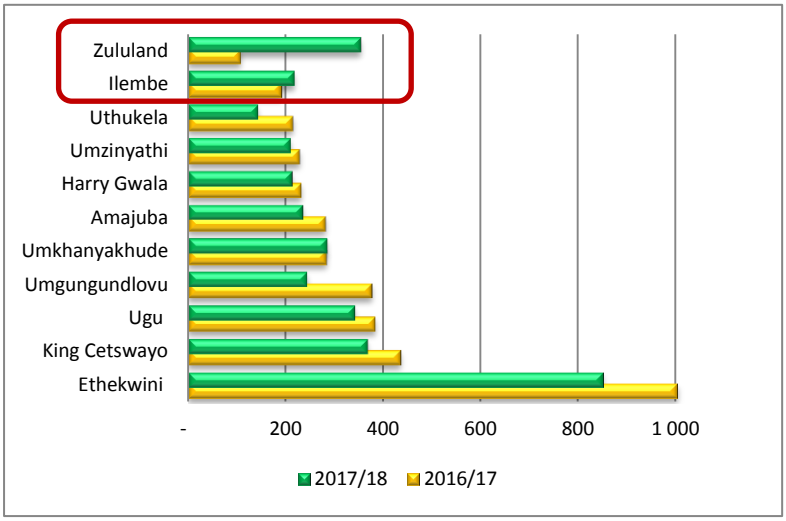
Source: HAST M&E Unit – May 2018

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 for both males and females 25 years and older at 25.8% and 33.8% respectively.

Tuberculosis

TB remains a leading cause of death in KZN in spite of improved TB outcomes over the last few years including the drop in new TB cases. The TB notication rate (per 100 000) continues to decrease since 2011/12 (Graph below)[20]. This still compares poorly with the WHO norm of 200/100 000 population.

GRAPH 6: NUMBER OF TB DEATHS PER DISTRICT FOR 2016/17 AND 2017/18 - ALL TB CASES



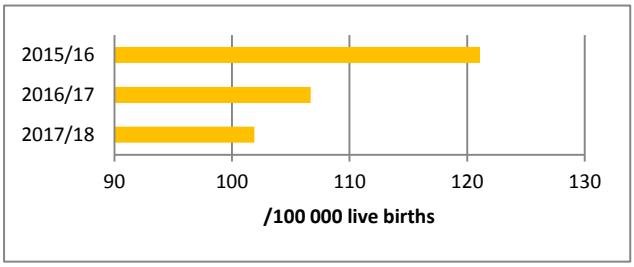
Overall year-on-year, there were 5 004 TB cases less in 2017/18 however cognizance should be taken of Zululand, which contributed 3.3% to the total provincial caseload in 2016/17 and increased to 7.5% in 2017/18. This increase in caseload had a knock-on effect with the actual number of deaths in Zululand increasing by 227% between 2016/17 (108) and 2017/18 (354).

Source: ETR.Net. Data sourced from TB Component - April 2018

Further investigations are ongoing as it is unclear if this is a data quality challenge i.e. double counting or if there is an actual increase in TB in Zululand. ILembe is the other district that had an increase in the number of TB in 2017/18 as compared to 2016/17.

Maternal Health

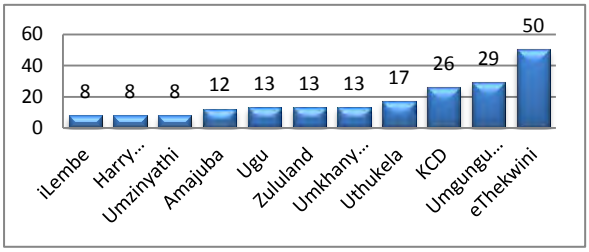
GRAPH 7: MATERNAL MORTALITY RATIO



Despite the increase in the actual number of deaths by 7, the maternal mortality ratio showed a decrease when comparing the 2017/18 actual and the 2016/17 baseline. This decrease is ascribed to improved maternal care both at facility and community levels.

Source: Annual Report 15/16, 16/17 & 17/18

GRAPH 8: NUMBER OF MATERNAL DEATHS PER DISTRICT FOR 2017/18



Amajuba (12 deaths) and KCD (26 deaths) both have Maternal and Child Hospitals providing specialised maternal and child health services.

This impacts on the death rate as high risk cases and complications are referred to these hospitals for clinical management

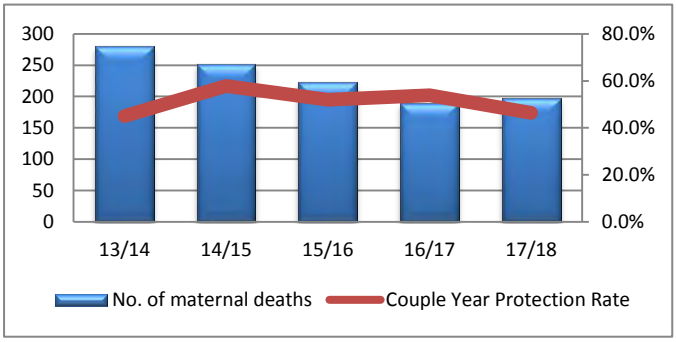
Source: Annual Report 2017/18

The high death rate in uMgungundlovu is due to referral patterns from Harry Gwala into Edendale Hospital. Grey's hospital (uMgungundlovu) is a tertiary hospital which also impacts on the high death rate. In eThekwini there are 6 regional hospitals, one Tertiary (King Edward VIII Hospital) and one Central Hospital (IALCH) combined with the informal referral patterns again impact substantially on maternal deaths.

Family Planning

The prevalence of HIV in KZN has meant that many women who have untreated AIDS and a low CD4 count, fall pregnant unintentionally placing themselves and their babies at risk. Considering that girls aged 15 – 24 years have the highest incidence of HIV infections, it is therefore imperative that family planning education is emphasized and family planning methods (short and long term) are freely available at clinics frequented by this age group.

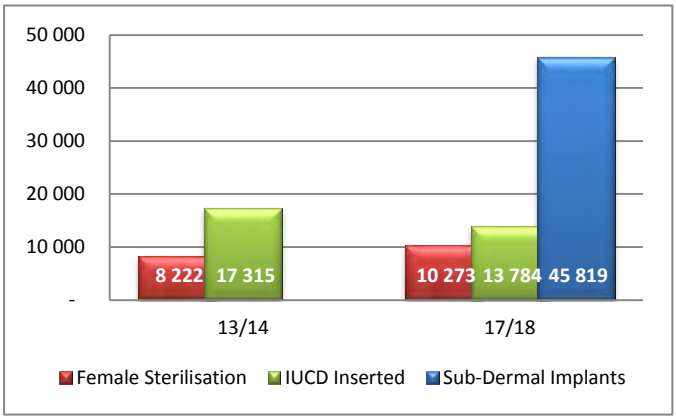
GRAPH 9: COUPLE YEAR PROTECTION RATE (CYPR)[21] VS MATERNAL MORTALITY



Source: Annual Reports for the respective years)

Universities, TVETs and other centers of tertiary education form part of the strategy to be implemented in 2018/19 whereby ANC and FP services are expanded at these clinics. Long term Contraceptive (LTC) methods (sterilizations, IUD's and Implanon sub-dermal insertions) should be more actively promoted.

GRAPH 10:LONG TERM METHODS OF CONTRACEPTIVE [22]



Source: DHIS closed off data 13/14 and Annual Report 2017/18

As with all long term contraceptive methods, there has been a marked decrease in uptake from 2013/14 to 2017/18 which is a concern, as these methods are being actively promoted during health education and at PHC level.

The less invasive contraceptive methods, such as sub-dermal implants are favored accounting for 65.6% of all Long Acting Contraceptive (LAC) methods dispensed.

Antenatal Care (ANC)

Promotion of early ANC booking was a priority for 2017/18 as the impact of this has far reaching consequences for both mother and baby. The early presentation of pregnant women to antenatal care can assist in the early identification of high risk pregnancies thus allowing for better care and clinical management of mother and child. There is a direct correlation between ANC 1st visit before 20 weeks rate and the number of neo-natal deaths. Many neo-natal deaths can be attributed to poor clinical management in high risk pregnancies that present late at either clinic or hospitals.

At Queen Nandi Mother and Child Hospital, 5 of the 8 doctors specializing in neo-nates have left the unit resulting in no outreach to district hospitals being conducted. This has a knock-on effect at all service delivery levels. District hospitals prefer to up refer as they do not have optimal skills, capacity or equipment to manage premature babies. Down referrals to district hospitals are also problematic for the same reasons resulting in the neo-natal unit at the

Regional Hospital being overloaded and unable to cope with the burden placed on them. Queen Nandi is a referral hospital for 16 district hospitals and with the limited staff, cannot deliver the quality of care expected.

A strategy has been developed whereby compressors have been purchased for all 16 hospitals in Area 4 to allow for the C-PAP equipment to be fitted in nurseries. Complemented by the capacitation and mentoring of nursing staff at district hospital level. This will allow these district hospitals to provide care to stable premature babies over 1 kg but under 2kgs who have had steroids administered before birth. This will ease the pressure on Queen Nandi Hospital and allow them to provide the appropriate care to babies who are referred. Once babies have been stabilized and are responding well, they can then be down referred back to the district hospital, in the knowledge that there are skills and equipment available for their continued care.

The referral pathway for maternal services continues to be skewed with the majority of deliveries taking place at Regional Hospitals rather than clinics and district hospitals. This has cost implications, as it is more expensive to treat a patient at a regional hospital than at a district level of care, and is placing strain on an already overstretched budget.

In some districts, where the skills level at district hospitals is inadequate or there are inadequate skills available to deal with high risk pregnancies, deliveries are referred upwards to regional hospitals. In instances where regional hospitals provide district hospital services, normal low risk pregnancies overcrowd the maternity ward resulting in these regional hospitals being overburdened leading to medico-legal litigation. For various reasons, many deliveries at Edendale Hospital (uMgungundlovu) are from the Harry Gwala District.

Neonatal Health

GRAPH 11: SURVIVAL RATE BY WEIGHT BANDS

The graph above, using available data from PiP, clearly 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 increase the lower their death rate.

There is an inverted correlation between still births and early neonates / children born of low weight that affects the clinical care provided. To increase survival rate, the biggest gains to be made are in the over 1kg weight band. Here, there are missed opportunities that need to be identified and the gap closed to increase survival rates. One of the missed opportunities is the high BUR in neonate nurseries, in contrast many paedeatric wards, have low BUR rates. An initiative has therefore been implemented whereby paedeatric wards with low BUR's are portioned off to allow for the establishment or increase of the neonate nursery. This can only be done where infrastructure allows it, as the entrance to the neonate nursery cannot be through the main paedetric 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 Dinuzulu. This reconfiguration of the paedetric / neonatal nursery is currently being explored in Hlabisa.

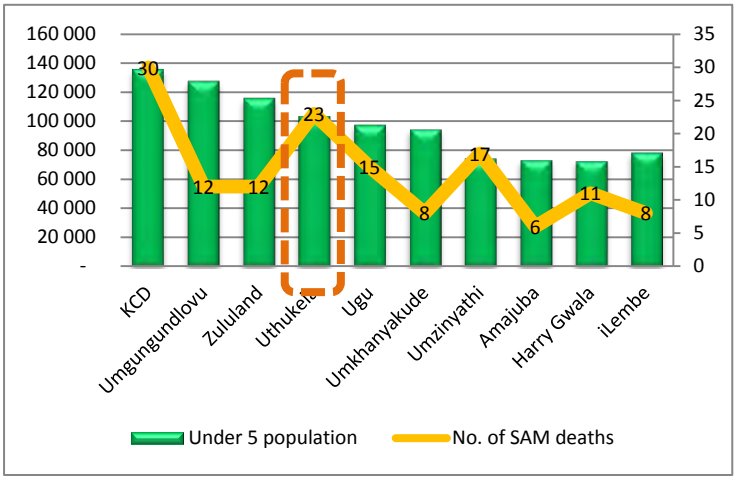
The Neonatal Infection Prevention Policy was finalised in September 2015, and is in the process of being presented to Hoc and Manco for deliberation and approval for implementation. This includes proposed clinical stationary and clinical charts which would address many issues raised by poor record keeping resulting in an increase in medico-legal cases.

Child Health

Severe acute malnutrition (SAM) continues to be a priority along with other 2 other common causes of death in children, pneumonia and diarrhoea. SAM is often caused by poverty, hence the importance of improving socio-economic indicators in order to improve health.

SAM case fatality has declined over the 5 year period which could indicate improved quality of clinical care once within the health system. The severity of the drought in Northern and western KZN combined with the downturn of the economic situation in South Africa was expected to impact heavily on the SAM incidence rates increasing the number of children affecting by SAM however this was not the case – the Province saw a drop of 1860 less SAM cases in 2017/18 (3 266 new incidences) compared to the previous year. Thus early diagnosis at a community level and effective clinical management at PHC level will impact on the number of cases referred upwards for admission to hospital. Implementation of preventative interventions such as breastfeeding, Vitamin A supplementation and growth monitoring and promotion have contributed to a decrease in SAM incidence over the past 5 years.

GRAPH 12: UNDER 5 POPULATION VS NO. OF SAM DEATHS[23]



It is clear from the graph that KCD, uThukela and uMzinyathi have experienced a higher number of deaths compared to their under 5 population size. The sub-district of Indaka in uThukela has been identified as a "hotspot" for SAM cases being referred through to Ladysmith Hospital and as such activities with regards to the identification and treatment of SAM cases in this area has been intensified.

Source: WebDHIS 12th July 2018

Often children presenting with SAM as an underlying condition also have other acute conditions such as pneumonia and diarrhoea present, so the primary cause of death might be pneumonia but it was complicated by the underlying malnutrition.

The monitoring on infant feeding practices is crucial in understanding the factors that influence the under 5 health outcomes and survival in KwaZulu-Natal Province. The influence of poor infant feeding practices, especially in the first two years and during infancy, impacts the incidence of malnutrition (over- and under nutrition) in our population. KwaZulu-Natal has, despite challenges to be noted later, been able to increase exclusive breastfeeding rates from 44.6% in 2015 to 50.5% in 2017 on survey (KIBS Baseline Survey and KIBS Intervention Study).

Successes that have fuelled this improvement have been the continued focus on the mother-baby friendly initiative in facilities with maternity services, the establishment of Human

Milk Banks in all 11 Districts, capacity building of clinical staff in infant feeding in the context of HIV and continued advocacy for breastfeeding promotion, support and protection as part of daily activities and during World Breastfeeding Week.

Challenges that have hampered these efforts have included conflicting messages, misinterpretation of messages around exclusive breastfeeding and feeding the HIV exposed infant. Systematic challenges such as poor infant feeding counselling during pregnancy and entrenched beliefs regarding continued breastfeeding amongst working and school going mothers have continued to undermine this effort. These areas will continue to receive attention going forward.

Additionally the data has highlighted systematic challenges to implement accurate routine data collection pertaining to infant feeding practices. The indicator, Infant exclusively breastfed at (DTaP-Hib-HBV) 3rd dose rate; indirectly measures exclusive breastfeeding rates amongst mothers of infants less than six months old. Data collection which should be done as a 24 hour recall of feeding practices, has been plagued by poor understanding and implementation, recording and reporting. The target of the DHIS data set was set for the period (2017 / 18) under review above the provincial exclusive breastfeeding rates findings of the 2015 KwaZulu-Natal Initiative for Breastfeeding Support (KIBS) Baseline survey of 45.1The Provincial target has since been realigned to take the baseline survey into account.

School Health

The number of Grade 1 children screened has remained constant over the 4 year trend period at around 55 000 despite the fluctuation in school health teams. In 2016/17 a record number of grade 1 learners where screened with less teams than when compared with 2015/16. The implementation and service arrangements around the HPV vaccination campaign have a significant impact on the number of learners screened as school health teams.

Non-Communicable Diseases

In South Africa, non-communicable diseases accounts for 43% of recorded deaths[24], while the WHO predicts that non-communicable diseases will account for 73% of deaths and 60% of the disease burden by the year 2020.[25]

The cataract surgery rate increased from 888.1 to 1 033.8/1 million uninsured population. Diabetes incidence increased from 2.8 to 4.4/1000 while the hypertension incidence decreased slightly from 21.8 to 21.3/1000. The number of diabetes patients placed on treatment new has increased considerably from 2016/17 (29 945 all age groups) people to 49 227 (26 764 over 40 years of age, 22 563 under 40 years of age) due to a change in the way the diabetes data was collected. Screening quality and targeting of relevant patients has improved although the actual number has decreased to 4 617 256.

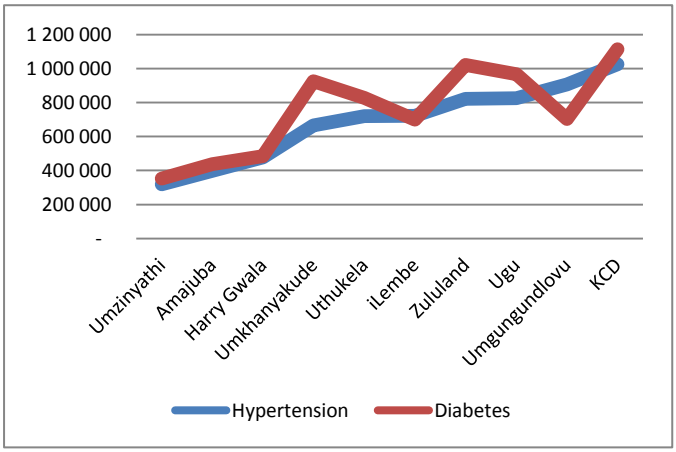
Eye Health

Eye health in the Province is under-resourced in the province and the number of cataract surgeries performed is low compared to targets. There are 2 partners assisting the province with cataract surgeries namely International Islamic Relief Organisation of South Africa (IIROSA) and the Active Citizen's Movement. Zululand has for the second year running, performed no cataract surgery operations due to a shortage of both equipment and staff. Equipment has since been delivered and the post advertised for staff.

Diabetes and Hypertension

Chronic conditions including Diabetes and Hypertension contribute heavily towards the Burden of Disease. Policies and SoPs have been put in place to improve the quality of screening, as early detection is the key to success with these conditions. The graph below reflects number of patients screened for both diabetes and hypertension, per district. Diabetes screening is higher in all districts except uMgungundlovu which screens a similar number of patients to iLembe, although uMgungundlovu population is double the size of iLembe's population.

GRAPH 13: TRENDS IN SCREENING FOR HYPERTENSION AND DIABETES PER DISTRICT FOR 2017/18[26]



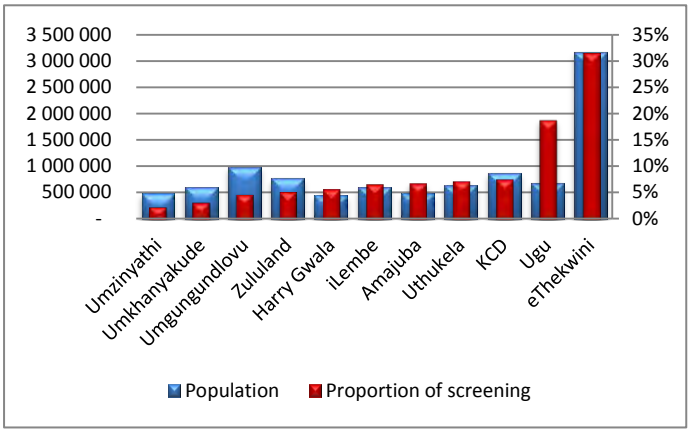
The quality of screening remains poor due to inadequate implementation of the SoPs. The assumption was that if screening improved, more clients would be detected and the new cases identified would increase for a year or two until it levelled off. However, there is no trend detected within the data for new cases identified for both diabetes and hypertension as the data over the past 5 year trend period is too erratic.

Source: Annual Report 2017/18

Mental Health

Mental Health screening should occur at a PHC level along with routine screening for other diseases of lifestyle i.e. HIV / AIDS, TB and diabetes. The graph reflects the population against the proportion of mental health screenings that took place within that district. Ugu population makes up 6.9% of the Provincial population but accounted for 19% of all mental health screenings.

GRAPH 14: MENTAL HEALTH SCREENING PER DISTRICT COMPARED WITH DISTRICT POPULATION



In contrast uMgungundlovu with a population of 984 962 accounted for only 5% of all provincial screenings for mental health. The inconsistency in the quality of screening and the implementation of the screening tool means that often mental health issues go undetected.

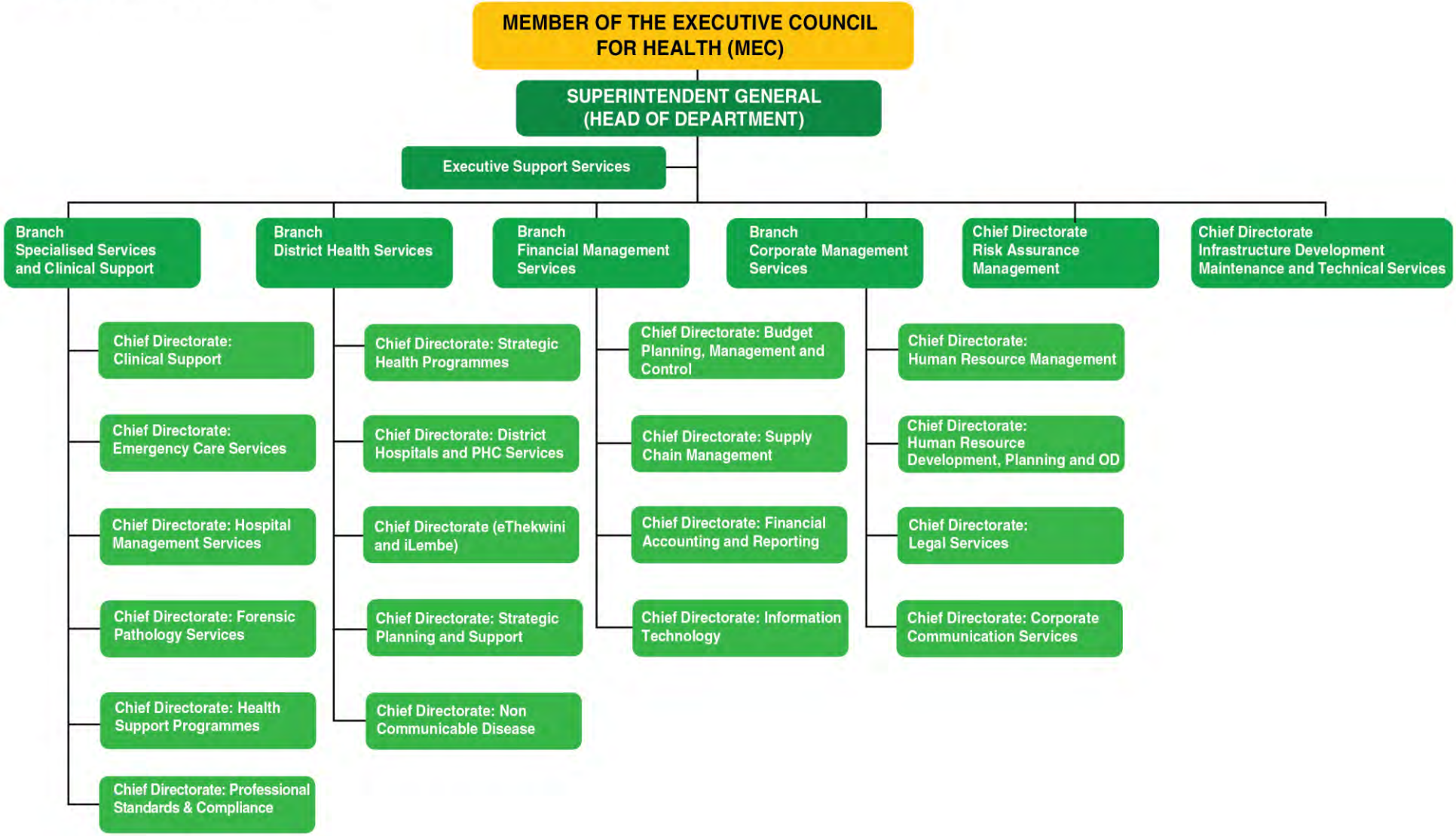
Source: Annual Report 2017/18

ORGANISATIONAL ENVIRONMENT

ORGANISATION STRUCTURE AND HUMAN RESOURCES

The figure below represents the approved macro structure (level 14 – 16) as at 31 March 2018. The macro structure has been aligned with the mandates and core business of the Department to ensure effective leadership, oversight and support for all functions necessary to ensure an enabling environment for optimal service delivery (Graphics by Corporate Communications).

health
Department:
Health
PROVINCE OF KWAZULU-NATAL



Comparing 2016/17 and 2017/18, the number of employees decreased from 69 924 to 68 125. The SMS gender profile shifted favourably towards females. The percentage of females in senior management services increased from 42% to 44%. The SMS members with signed Performance Agreements increased from 84/85 (99.5%) to 82/82 (100%).

The critical occupations with the top 10 vacancy rates are shown below. The vacancy rate is highest for psychologists and vocational counsellors.

TABLE 5: CRITICAL OCCUPATIONS WITH THE TOP 10 VACANCY RATE

Critical Occupations	Vacancy Rate
Psychologists and vocational counsellors	29.70%
Medical Specialists	26.90%
Speech Therapy and Audiology	17.50%
Occupational Therapy	16.20%
Radiography	15.70%
Medical Practitioners	13.40%
Pharmacists	11.40%
Medical Technicians/Technologists	10.60%
Physiotherapy	10.40%
Professional Nurse	10.10%

Unresolved labour relations cases are a prominent challenge to the Department. The issue results in affected employees not being gainfully employed. In addition the posts are blocked and performance of the unit is affected. The number of officials on precautionary suspensions has been reduced since the previous reporting period. As at 31 July 2018, eight (08) officials were on precautionary suspensions. Compliance and implementation of arbitrations awards and Labour Court judgements is maintained. Instances where arbitration awards and Labour Court judgements are not implemented, normal legal processes are being followed.

The funding source for the minimum staff establishment has been a limiting factor in the implementation thereof. The Department has identified the need to implement a registrar model making provision for registrars in training to circulate between their institution and the training institution.

GOVERNANCE STRUCTURES

The functionality of governance structures has proved to be a major concern. It is a challenge to attract members of a suitable standing to serve on institutional boards noting that this is a voluntary appointment (no remuneration). There are often poor relationships between the hospital management and board members and the latter are commonly unclear on the expected roles and functions. This is unpacked in a South African Case study on the state of public hospital governance and management in a South African hospital where the authors found that although board members had a role in fostering good relations between the hospital and community, the board exacerbated poor relations[27].

FINANCIAL MANAGEMENT

FINDINGS - 2017/18 AUDIT OF THE AUDITOR-GENERAL

During the 2017/18 audit, the Department received a QUALIFIED opinion.

The Department was QUALIFIED on the following:

1. **Irregular Expenditure** - The Department did not fully record irregular expenditure in the notes to the financial statements, as required by section 40(3)(i) of the PFMA. This

resulted because adequate systems of internal control for the recording of transactions and the awarding of contracts were not in place

2. **Movable Tangible Capital Assets -** The A-G was unable to obtain sufficient appropriate audit evidence that management had properly valued and fully recorded movable tangible capital assets and minor assets. The Department did not effectively implement and maintain adequate systems on asset management.
3. **Capital Work-In-Progress -** The A-G was unable to obtain sufficient appropriate audit evidence that management had properly valued and fully recorded capital work-in-progress. The Department did not properly record capital work-in-progress.
4. **Compensation of Employees - Commuted Overtime Allowances -** The A-G was unable to obtain sufficient appropriate audit evidence for commuted overtime allowances of R984,89 million (2017: R946,34 million), included in compensative/circumstantial payments,
5. **Commitments -** The Department did not properly record commitments due to inadequate systems and processes to record and report this disclosure.
6. **Accruals and Payables Not recognised -** The Department did not properly record accruals and payables not recognised, due to inadequate systems and processes to record and report this disclosure.

RECOMMENDATIONS FOR 2019/20

To achieve a CLEAN AUDIT, the Department has identified the need for a strong control environment and 100% compliance with the relevant prescripts and policies. Extensive deliberations took place at the Department's 2019/20 APP planning session and 2 key items that will be unpacked in the Department's operational plan include:

- The compilation, dissemination and implementation of action plans on the audit log and monitoring thereof
- M&E Teams will continue with the validation and verification of the following AFS Disclosures on a monthly basis that would commence in 2018/2019:
  - Irregular Expenditure and Deviations
  - Commitments
  - Accruals and Payables Not Recognised
  - Fruitless and Wasteful Expenditure
  - Loss Control

INFORMATION

INFORMATION COMMUNICATION AND TECHNOLOGY (ICT)

Poor network connectivity is a challenge that contributes to unreliable health data, weak risk control systems and a high probability of medico legal risks occurring. Poor network also impacts negatively on the Department's ability to conduct health service planning, decision making and resource allocation/rationalization. One of the biggest strategic concerns is poor ICT support to users. Due to inadequate funding, the Department is short on skilled technicians and engineers to resolve technical ICT issues swiftly and with minimal service disruptions.

INFORMATION MANAGEMENT

Roll-out of the web-based information system: The webDHIS was rolled out to all districts in December 2016 using a phased approach commencing with Hospitals and CHCs. By the end of the 2017/2018 financial year, the Department had made substantial progress in ensuring all that targeted users were trained on the system. As of the second quarter of 2018/19, 71 hospitals, 21 community health centres and 96 clinics had implemented the webDHIS in order to capture routine health performance information. In order for remaining clinics to utilise the webDHIS, it is a requirement for those facilities to be connected to a network, a plan which the Department has begun working on in 2018/19. The Department has started a training programme for the clinics in the interim. The training programme also allows users to receive certification if they successfully complete the curriculum. The Department will continue to implement the webDHIS in line with the connectivity plan and anticipates that all health facilities in KZN will implement and utilise the system by the end of the 2018/2019 financial year. The benefits of the webDHIS include access to the data within 24 hours at all levels. Access to data is not only limited to information users, but to all Managers who are required to monitor and report on their data. This encourages use of data and will assist with the improvement of data quality over a period of time.

Standardize/rationalize data collection tools: All data collection tools have been aligned to the National Indicator Data Set for 2017. Clinic, community health centre and hospital tools have been customised according to the package of services rendered. The Department experienced challenges in processes relating to the procurement and supply of the clinic registers that are used for the recording of Primary Health Care data and have not been able to provide sufficient stationery to clinics during the 2017/18 financial year. This issue has since been resolved and the Department is in the process of procuring the necessary stationery. In the 2018/2019 financial year, the Department has also commenced with the roll out of the facility held patient record at all primary health care facilities. The roll out involves procurement of patient files, as well as standardized filing cabinets which will require funds. The roll out will be done in a phased approach depending on funds and readiness of the facility to implement. In addition, the Department has commenced with the collection of Private Hospital data in the province. The Department has developed and implemented a standardized data collection tool at all private hospitals. This will allow the Department to review and monitor essential data across the province at a hospital level.

INFRASTRUCTURE DELIVERY

The Department is plagued by continuously reducing budgets for infrastructure upgrade, renovation and maintenance; unfilled Maintenance posts in the institutions and districts and slow pace of performance by implementing agents (KZN Department of Public Works and Provincial Treasury). This results in backlogs to maintenance and replacement of assets. According to projections in 2018 using CSIR guidelines, the Department requires at least R2.4 billion annually for maintenance on existing infrastructure base.

A further strategic concern is that posts for maintenance of infrastructure is not seen as a priority. There are no mechanical artisans on institution structures which should be corrected seeing as the Department is electro-mechanical intensive.

For the 2019/20 year DoH continues to implement some critical projects whilst DoPW re-organise themselves

- New Dr Pixley ka Isaka Seme Memorial Hospital (R2.8 billion)

- Major Upgrades and Additions to Hlabisa Hospital (R200 million)
- New Head Office Administrative Buildings in Townhill (R70 million)
- Townhill Roof Repairs (R70 million)
- Nursing College Upgrade and additions Programme (R100 million)
- EMS Wash Bays Programme (R10 million)
- Newcastle Hospital Restoration Programme (R14 million)
- Autoclaves Replacement Programme (R8 million)
- Ladysmith Hospital Fire recovery project (2.6 million)
- Mental Health In-patient units (R100 million)

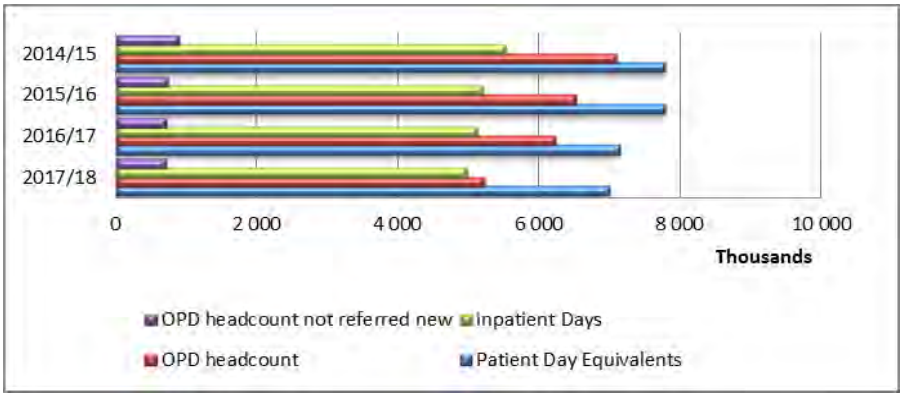
- Dr Pixley ka Isaka Seme Memorial Hospital's termination of IDT (Savings of R72 million @ 3% Agency Fees)

HOSPITAL SERVICES

Hospital services

In the figure s below, the decrease in the inpatient bed utilization rate has been noted for most hospital types excluding Psychiatric and TB hospitals.

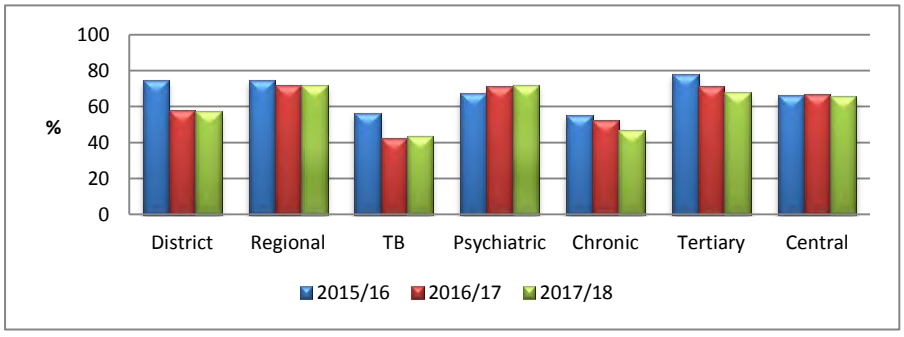
GRAPH 15: HOSPITAL ACTIVITY FOR KZN DOH 2014/15 - 2017/18 (



Comparing 2016/17 and 2017/18, the average length of stay decreased for District (5.7 to 5.4 days), Specialised TB (48.4 to 48 days), Tertiary (7.7 to 7.5 days) and Central (8.7 to 8.4 days) hospitals

Source: DHIS/WebDHIS

GRAPH 16: INPATIENT BED UTILISATION, KZN 2015/16-2017/18



There is a downward trend for Inpatient days, OPD headcount, OPD headcounts not referred new and Patient Day Equivalents as seen in the graph.

Source: DHIS/WebDHIS

Challenges and mitigation strategies

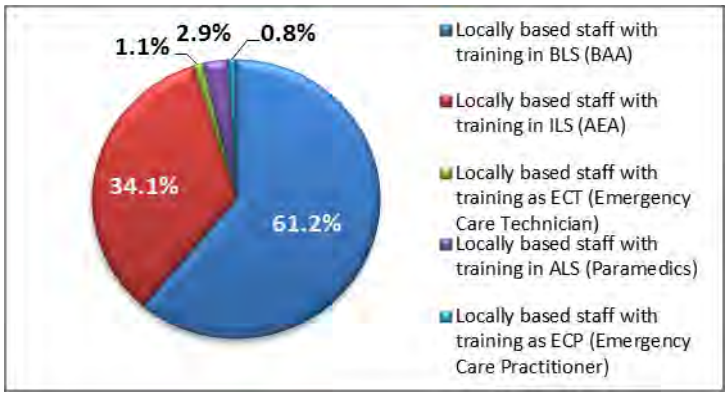
The main challenge for hospital services is the poor quality of care. The mitigation strategies include; strengthening clinical governance, leadership development and Minimum Staff Establishment (MSE) and fully developed general specialists' services in regional hospitals

EMERGENCY MEDICAL SERVICES

An increase in the EMS P1 response times for both rural and urban areas was reported. The response time to urban emergency calls increased from 5.1% in 2016/17 to 23% in 2017/18. The response time to rural emergency calls increased from 34.9% in 2016/17 to 36.2% in 2017/18.

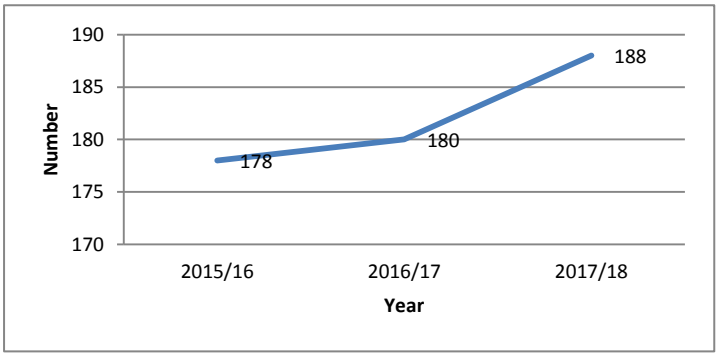
Currently EMS has a total 2 589 staff employed at an operational level, of these 1 584 (61.2%) are Basic Life Support (BLS) qualified, 882 (34.1%) are Intermediate Life Support (ILS) qualified, 28 (1.1%) are Emergency Care Technicians (ECT) qualified, 74 (2.9%) are Advanced Life Support (ALS) qualified and 21 (0.8%) are Emergency Care Practitioners (ECP)

GRAPH 17: SKILLS MIX FOR STAFF EMPLOYED AT OPERATIONS, COMMUNICATIONS AND PATIENT TRANSPORT SERVICES, KZN DOH 2017/18



The average number of daily operational ambulances increased from 178 in 2015/16 to 188 in 2017/18. This increase happened despite the fact that the existing fleet is old and constantly requiring repairs.

GRAPH 18: AVERAGE NUMBER OF DAILY OPERATIONAL AMBULANCES, KZN DOH, 2015/16-2017/18



<u>Challenges and mitigating strategies</u>

The main challenge for EMS is the old fleet and one of the strategies to address this challenge is to ensure appropriate fleet management.

OTHER ASPECTS FOR CONSIDERATION

MEDICO-LEGAL LITIGATION

The increasing number of medico-legal claims and rising cost of litigation pose a financial burden to the Department as well as to the country. The lack of supporting documentation results in claims lost due to a lack of information. The under-resourced directorate finds challenges in providing continuous effective and thorough feedback to institutions. There is therefore a repetition of common types of claims.

Poor record and document management is plaguing the Department at facilities. Patient records are commonly paper based and handled by clients. There is insufficient storage and archival space. Lost records need to be duplicated and this bears a cost implication. This challenge also impacts on poor audit outcomes and conceding liability in medico-legal matters.

The 2018/19 interventions included proactive training capacity, establishment of medico-legal Triaging committees, expert advice via the medical and legal expert and improving legal processes management at all levels. Patient file scanning commenced at Edendale, Newcastle, Queen Nandi, Prince Mshiyeni, King Edward and Mahatma Gandhi Hospitals

The focus for 2019/20 will be on approved mediation policy development, medico-legal triaging committee, staffing of the medico-legal directorate at head office and implementing protocols. Future plans relating to records management include:

- Approval of a uniform system for patient record filing (DOB)
- Lobby for electronic systems/digitizing of documents

THE DEPARTMENTS CONTRIBUTION TO ACTION WORK GROUP 10

The Department of Health contributes to the PGDP Strategic Goal 3: Human and Community Development, Strategic Objective 3.2 which is "Enhanced Health of Communities and Citizens"

The key interventions the Department implements, monitors and report on include the following:

- Development and implementation of Comprehensive Primary Health Care
- Accelerate HIV/AIDS intervention Programmes
- Ensure equitable access to health and special facilities
- Supporting universal health coverage
- Promote physical and mental health programmes
- Promote awareness programmes against substance abuse

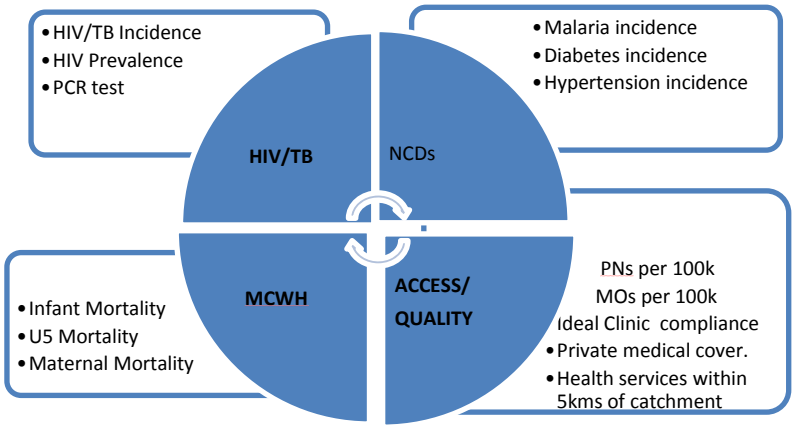
AWG 10 focus is on strategic objective 3.2 of the PGDP: 3.2 Enhance health of communities and citizens

AWG 10 Functionality

For the 2018/19 financial year, the Office of the Head of Health continued with monitoring of AWG 10 functionality. AWG 10 deliverables are included in the work plans of the Chief Director (Health Service Delivery Planning, Monitoring and Evaluation; Director planning; Director M&E and office manager (HSDPM&E). The AWG 10 business plan was finalised and submitted to the Office of the Premier. All PGDP deliverables and initiatives have been included in the Departmental 2018/19 APP.

Quarterly reporting linked to planning is continuing. The reports reflect on interventions with comments for deviation.

FIGURE 1: INDICATORS: PGDP STRATEGIC OBJECTIVE 3.2



MANAGEMENT PERFORMANCE ASSESSMENT TOOL

The Department participated during the MPAT 1.7 cycle. Evidence was uploaded for all KPAs, namely; KPA 1: Strategic Management, KPA 2: Governance and Accountability, KPA 3: Human Resource Management and KPA 4: Financial Management

The following final moderated results were achieved:

- Overall Performance: **61% (14/23 standards)**
- KZN DOH met the provincial target by achieving Level 3 within more than 50% of the Management Performance Assessment Tool (MPAT) standards for this cycle

Improvement plans to address poor performing areas have been developed by the respective programs and are being monitored. Plans will be submitted to the acting HoH accordingly.

SERVICE DELIVERY IMPROVEMENT PLAN

The 2018/19 – 2020/21 KZN DOH Service Delivery Improvement Plan (SDIP) outlines the Service Delivery Improvement focus for the Department through the selection of key services. The SDIP is prepared as per chapter 3 of the Public Service Regulations 2016. The Regulation requires the executive authority to maintain an SDIP that is aligned to the Department's Strategic Plan. The Department was found to have a high number of complaints for Primary Health Care Services. In particular complaints were high around waiting times.

The 2019/20 year falls within the Departments 2018/19 to 2020/21 SDIP. The Key Service selected is the Provision of PHC Services. Waiting Times for PHC Services is the selected area for improvement. The elements covered include:

- Business Process Mapping
- Standard Operating Procedures
- Service Standards
- Service Charter
- Complaints, Compliments and Suggestions management

UNIVERSAL HEALTH COVERAGE

NHI initiatives have been moving at a slower pace than anticipated. Policy imperatives and financial constraints are at the root of the problem as the NHI financing model has not yet been finalized.

In 2018/19, the cluster had identified the following actions to turn around the slow NHI implementation:

- Strategic investments on health systems and infrastructure for sustainability
- Restructure of the district health management offices in line with NHI Bill
- Universal Health Coverage programme of action to mobilise key stakeholders
- Innovative health sector initiatives to contribute to NHI policy and Legislative reforms inclusive of CCMDD, Ward based outreach teams (WBOTs), School health teams (SHT), PHC reengineering, GP contracting and maintenance Hubs
    - Reviewing the institutional arrangements at an operational and coordination sphere of NHI implementation.
    - Leadership capacity development programs for all categories of Provincial Health Managers i.e. SMS, MMS, Junior Managers, Operational Managers and aspirant future leaders.
    - Develop an internal on-the-job structured NHI Change Management Programme to integrate and institutionalize new NHI legislative reforms.

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.

The Department is currently engaged in the development of the Provincial Private Licensing Regulation[28].

As at 01 December 2018, National Department of Health promulgated the Emergency Medical Services Regulations under the National Health Act, 2003.

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.
- 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.
- 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.
- 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 new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being, strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.
- By 2020, halve the number of global deaths and injuries from road traffic accidents.
- By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- Support the research and development of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing states.
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

The Provincial Growth and Development Plan

The 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 Objective 3.2: Enhance the health of communities and citizens
- Strategic Goal 4: Strategic Infrastructure.
- Strategic Goal 5: Environmental Sustainability.
- Strategic Goal 6: Governance and Policy.
- Strategic Goal 7: Spatial Equity.

Provincial Poverty Eradication Master Plan

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

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

Goals

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

Objectives

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

Policy Initiatives

The following National and Provincial Policies, Frameworks and Strategies will be relevant in 2019/20:

- 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.
- 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 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.
- 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.

OVERVIEW OF THE 2019/20 BUDGET AND MTEF ESTIMATES

Comparison of the last 3 financial years shows an increase in the percentage allocation to District health service, Emergency medical services, Health Care support services and health facilities management. The biggest percentage increase was observed for District health services were the % allocation increased from 49.44 to 49.82 of the budget. Central hospital services saw the biggest percentage decreased from 12.19 to 11.72% of the total budget.

TABLE 6 (A2): EXPENDITURE ESTIMATES

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Administration	846 622	845 674	836 655	811 207	811 207	811 207	933 361	985 906	1 041 277
District Health Services[29]	16 412 693	18 147 911	19 732 316	20 825 714	20 919 499	21 009 060	22 436 939	24 296 020	26 104 025
Emergency Medical Services	1 174 406	1 209 263	1 377 577	1 415 686	1 474 686	1 474 686	1 631 158	1 706 554	1 800 411
Provincial Hospital Services	8 809 567	9 398 975	10 133 671	11 232 418	11 111 547	11 185 321	11 330 404	12 117 358	12 783 818
Central Hospital Services	4 124 929	4 534 157	4 864 123	4 955 993	4 955 993	5 150 159	5 279 898	5 725 021	6 039 894
Health Sciences and Training	1 058 794	1 201 074	1 246 050	1 264 350	1 242 436	1 242 436	1 281 885	1 312 749	1 592 921
Health Care Support Services	166 095	268 768	198 202	313 640	303 640	303 640	332 359	354 290	373 776
Health Facilities Management	1 517 618	1 420 575	1 522 727	1 528 656	1 728 164	1 728 164	1 810 974	1 720 438	1 846 231
Sub-Total	34 110 724	37 026 397	39 911 321	42 347 664	42 547 172	42 904 673	45 036 978	48 218 336	51 582 353
Unauthorized expenditure (1st charge) not available for spending	(107 607)	(107 607)	(107 608)	-	-	-	-	-	-
Baseline available for spending after 1st charge	34 003 117	36 918 790	39 803 713	42 347 664	42 547 172	42 904 673	45 036 978	48 218 336	51 582 353

TABLE 7 (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**31 899 939**	**34 739 862**	**36 961 386**	**39 695 959**	**39 652 711**	**39 994 896**	**42 316 279**	**45 685 396**	**48 836 621**
Compensation of employees	21 793 160	23 354 896	24 614 793	26 178 626	26 666 629	26 561 817	28 942 177	31 622 939	33 571 330
Goods and services	**10 105 233**	**11 382 844**	**12 343 292**	**13 516 936**	**12 981 940**	**13 428 030**	**13 373 683**	**14 062 015**	**15 264 825**
Communication	98 598	116 893	103 890	113 301	109 668	106 652	119 185	125 732	132 648
Computer Services	150 913	163 632	132 347	163 678	166 707	160 169	174 004	190 957	201 459
Consultants, Contractors and special services	2 702 053	2 961 876	3 586 030	3 463 206	3 349 355	3 629 270	3 698 039	3 592 631	3 890 223
Inventory	5 036 085	5 885 762	5 898 582	6 938 010	6 377 504	6 491 490	6 283 088	6 945 130	7 698 834
Operating leases	153 493	139 376	137 524	152 709	145 810	132 309	139 941	158 835	167 570
Travel and subsistence	79 975	83 199	73 547	78 415	78 387	72 603	90 306	95 483	100 735
Interest and rent on land	1 546	2 122	3 301	397	4 142	5 049	419	442	466
Maintenance, repair and running costs	290 149	301 898	375 931	365 014	413 413	410 119	389 929	356 453	376 058
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	1 593 967	1 730 208	2 035 441	2 242 603	2 341 096	2 425 418	2 479 191	2 596 794	2 697 298
Transfers and subsidies to	**843 093**	**1 035 657**	**1 248 707**	**982 961**	**976 399**	**1 181 269**	**750 139**	**701 843**	**740 445**
Provinces and municipalities	133 330	159 755	225 674	219 734	219 236	218 719	232 091	244 857	258 324
Departmental agencies and accounts	19 009	20 131	19 280	21 067	21 067	21 140	22 246	23 469	24 759
Universities and Technicon's	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Non-profit institutions	213 402	203 929	141 396	54 870	65 226	64 017	56 513	58 508	61 726
Households	477 342	651 842	862 357	687 290	670 870	877 393	439 289	375 009	395 636
Payments for capital assets	**1 257 629**	**1 106 314**	**1 592 882**	**1 668 744**	**1 918 017**	**1 728 463**	**1 970 560**	**1 831 097**	**2 005 287**

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Buildings and other fixed structures	1 052 053	910 917	1 069 333	963 192	1 262 399	1 187 420	786 945	1 077 735	1 218 024
Machinery and equipment	205 576	195 397	523 549	705 552	655 618	541 043	1 183 615	753 362	787 263
Software and other tangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	110 063	144 564	108 346	-	45	45	-	-	-
Total economic classification	**34 110 724**	**37 026 397**	**39 911 321**	**42 347 664**	**42 547 172**	**42 904 673**	**45 036 978**	**48 218 336**	**51 582 353**
Unauthorised expenditure (1st charge) not available for spending	**(107 607)**	**(107 607)**	**(107 608)**						
Total economic classification	**34 003 117**	**36 918 790**	**39 803 713**	**42 347 664**	**42 547 172**	**42 904 673**	**45 036 978**	**48 218 336**	**51 582 353**

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE 8: (A4) TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Current prices							
Total	34 110 724	37 026 397	39 911 321	42 904 673	45 036 978	48 218 336	51 582 353
Total per person	3 191	3 426	3 542	3 770	3 894	4 117	4 404
Total per uninsured person	3 755	3 983	4 119	4 384	4 528	4 787	5 121
Constant (2016/17) prices							
Total	36 259 700	37 026 397	38 047 017	38 768 290	38 646 745	39 219 625	39 768 564
Total per person	3 393	3 426	3 377	3 407	3 341	3 348	3 395
Total per uninsured person	3 991	3 983	3 926	3 961	3 885	3 893	3 948
% of Total spent on							

Expenditure R'000	Audited/ Actual			Estimate	Medium Term Projections		
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
District Health Services	48.12%	49.01%	49.44%	48.97%	49.28%	50.39%	50.61%
Provincial Health Services	25.83%	25.38%	25.39%	26.07%	25.16%	25.13%	24.78%
Central health Services	12.09%	12.25%	12.19%	12.0%	11.72%	11.87%	11.71%
All personnel	21 793 160	23 354 896	24 614 793	26 561 817	28 942 177	31 622 939	33 571 330
Capital	1 257 629	1 106 314	1 592 882	1 728 463	1 970 560	1 831 097	2 005 287

TABLE 9: CONDITIONAL GRANTS EXPENDITURE TRENDS (R'000)

Conditional Grants R'000	Audited Actual			Estimate	Medium Term Projections		
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Health Professions Training and Development Grant	299 898	312 377	331 944	351 197	370 863	391 260	412 779
Health Facility Revitalisation Grant	1 231 997	1 121 993	1 149 355	1 401 988	1 353 497	1 212 653	1 307 702
National Tertiary Services Grant	1 530 223	1 596 286	1 696 266	1 794 649	1 895 149	2 022 124	2 133 341
Comprehensive HIV, AIDS and TB Grant	3 813 455	4 247 525	5 118 107	5 677 225	5 840 629	6 470 140	7 300 479
Human Papillomavirus Vaccine Grant	-	-	-	44 976	47 495	50 108	52 864
Social Sector EPWP Incentive Grant for Provinces	13 000	13 000	47 058	24 182	20 998	-	-
EPWP Integrated Grant for Provinces	3 682	7 122	8400	8 896	10 313	-	-
National Health Insurance Grant	9 494	25 045	-	-	-	-	-
Human Resources Capacitation Grant	-	-	-	-	122 316	130 388	138 734
Total	6 901 749	7 323 348	8 351 130	9 303 113	9 661 260	10 276 673	11 345 899

References for Mortality Profile of KZN

Bhimma et al 2018. Prevalence of Primary Hypertension and Risk Factors in Grade XII Learners in KwaZulu-Natal, South Africa. International Journal of Hypertension Volume 2018, Article ID 3848591, https://doi.org/10.1155/2018/3848591

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PART B: PROGRAMME AND SUB-PROGRAMME PLANS

- **PROGRAMME 1: ADMINISTRATION**
- **PROGRAMME 2: DISTRICT HEALTH SERVICES**
- **PROGRAMME 3: EMERGENCY MEDICAL SERVICES**
- **PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES**
- **PROGRAMME 5: TERTIARY AND CENTRAL HOSPITAL SERVICES**
- **PROGRAMME 6: HEALTH SCIENCES AND TRAINING**
- **PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**
- **PROGRAMME 8: HEALTH FACILITIES MANAGEMENT**

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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: Management

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

2019/20 Priorities (Administration)

Priorities 2019/2020	Key Focus Areas 2019/2020
Finalise the integrated Long Term (Service Transformation) Plan	• Approved long term plan
Improve Human resources for Health	• Review Provincial Organisation Structure • Establishment and functioning of a Training Task Team • Leadership development • Minimum Staff Establishment (MSE) • Management of labour relations cases • Management of PILIR (policy and procedure on incapacity leave and ill health retirement) cases • Implement revised Registrar model • Improvements on PMDS • Commuted overtime turnaround plan in consultation with service delivery • Conduct a Skills Audit
Improve Financial and Supply Chain Management	• Payment of accounts within 30 days • Integrated electronic procurement system • Improved revenue collection • Improved disclosure • Monitoring of Cost savings • Develop and Implement Sustainability plan for SCM post section 18 intervention • LOGIS (Logistical Information System) implementation • Expand pool of hospitals with increased financial delegations • Implementation and monitoring of savings plan to fund MSE
Improve Information Communication Technology	• Develop a new ICT service delivery model • Build stable connectivity by establishing second private network • Rollout of connectivity to facilities • Employ ICT in house solutions • Capacitate users with computing equipment Implementing e-Health initiatives • Approved Business Application Systems Roadmap • Implement ERP HR Management system (integrated with Persal) • Finalize e-Health Strategy • Roll-out electronic patient record system at Dr Pixley ka Isaka Seme Memorial and Ngwelezane Hospitals; Stabilize system at Northdale Hospital; Maintain systems at Addington and King Dinuzulu Hospitals
Improve Information Management including Data Quality, Monitoring, Evaluation, Reporting and Research	• Integration (outreach data; HPRS & EMR, clinical programme data modules) • Monitor implementation of data quality strategy • Conduct 25 year Provincial Health review • Improve PGDP AWG 10 functionality

Priorities 2019/2020	Key Focus Areas 2019/2020
Implement Strategy to reduce Medico-Legal Risks *(NEW)*	• Compliance to policies, guidelines and prescripts • Facility level improvement plans • Strengthen Records management • Defined Operations Model for Medico Legal Unit • Processes to Validate of claims / • Explore Mediation as a measure of reducing claims
Partnership with the University of KwaZulu-Natal	• Plan for medical students of the Nelson Mandela-Fidel Castro Collaboration Programme • Finalise Joint Medical Establishment (JME)
Strengthen Risk Management and internal controls (NEW)	• Manage processes to improve audit outcomes • Improve internal validation and control at district and facility level • Development, updating and monitoring implementation of the Risk Register by action owners
Active participation in Radical Agrarian Socio-Economic Transformation (Raset) (NEW)	• Develop, implement and monitor RASET implementation plan

Strategic Objectives, Indicators and Targets (Administration)

TABLE 10: 2015-2019 STRATEGIC PLAN TARGETS

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Strategic Goal 1: Strengthen health system effectiveness	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 audit
	1.4) Improve health technology and information management	1.4.1) Connectivity established in 90% public health facilities by March 2020	• Percentage of Hospitals with broadband access	92.9%

TABLE 11: (ADMIN 2) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.2: Improve financial management and compliance to PFMA prescripts										
1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards	1. Audit opinion from Auditor-General	Annual Report	Annual/ Categorical	Qualification	Qualification	Qualified	Qualified	Unqualified Audit	Unqualified Audit	Unqualified Audit
Strategic Objective 1.4: Improve health technology and information management										
1.4.1) Connectivity established in 90% public health facilities by March 2020	2. Percentage of Hospitals with broadband access	Network reports that confirm availability of broadband	Quarterly/ %	9.7%	9.6%	52.1%	52.1%	92.9%	92.9%	92.9%
	Total number of hospitals with minimum 2 Mbps connectivity	Network reports that confirm availability of broadband	*No*	*7*	*7*	*38*	*38*	*66*	*66*	*66*
	Total number of public hospitals	*DHIS*	*No*	*72*	*73*	*72* [30]	*72*	*71* [31]	*71*	*71*

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	3. Percentage of fixed PHC facilities with broadband access	Network reports that confirm availability of broadband	Quarterly/ %	5.1%	17.7%	21.5%	50.2%	50.2%	50.2%	50.2%
	Number of PHC facilities that have access to at least 1Mbps connectivity	*Network reports that confirm availability of broadband*	*No*	*31*	*108*	*131*	*305*	*305*	*305*	*305*
	Total number of fixed PHC facilities	*DHIS*	*No*	607	(618)	*608*[32]	*608*	*608*	*608*[33]	*608*[34]
FINANCE AND SUPPLY CHAIN MANAGEMENT										
Strategic Objective 1.3: Improve Supply Chain Management										
1.3.3 Effective and efficient process for the timely payment of suppliers.	4. Percentage of supplier invoices paid within 30 days	Tracking system	Annual/ Percentage	New	New	New	New	80%	90%	100%
HUMAN RESOURCE MANAGEMENT SERVICES										
Strategic Objective 4.1: Improve human resources for health										
4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020	5. Medical Officers per 100 000 people[35]	Persal/ Stats SA	Annual/ No per 100,000	29.2*	27.8	26.7	26.6	27.4	27.4	27.4
	Number of Medical Officers posts filled	*Persal*	*No*	3 124	3 007	*3 012*	*3032*	*3039*	*3 209*	*3 209*
	Total population	*Stats SA (DHIS)*	*Population*	10 688 168	10 808 552	*11 267 433*	11 379 875	*11 565 963*	*11 713 378*	*11 713 378*
	6. Professional Nurses per 100 000 people	Persal/ Stats SA	Annual/ No per 100,000	163.5	160.73	151.7	*152.5*	*151.7*[36]	*152.5*	*152.5*

Strategic Objective Statement	Indicators	Data Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Number of Professional Nurses posts filled	*Persal*	*No*	17 475	17 370	*17 090*[37]	17360	*17360*	*17360*	*17360*
	Total population	*Stats SA (DHIS)*	*Population*	10 688 168	10 806 538	*11 267 433*	11 379 875	*11 565 963*	*11 713 378*	*11 713 378*
	7. Pharmacists per 100 000 people	Persal/ Stats SA	Annual/ No per 100,000	7.8	7.9	7.7	7.6	7.4[38]	7.6	7.6
	Number of Pharmacists posts filled	*Persal*	*No*	833	849	*869*	870	*870*	*870*	*870*
	Total population	*Stats SA (DHIS)*	*Population*	10 688 168	10 806 538	*11 267 433*	11 379 875	*11 565 963*	*11 713 378*	*11 713 378*
Strategic Objective 5.2) Improve quality of care										
5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGS) by March 2020	8. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Food services grading register	Annual/ %	43.8%	65.2%	51.4%	51.4%	100%	100%	100%
	Public health hospitals that score more than 75% on the FSMSGS	*Food services grading register*	-	*32*	*47*	*37*	*37*	*71*[39]	*71*	*71*
	Number of public health hospitals assessed	*DHIS*	-	*72*	*72*	*72*	*72*	*71*	*71*	*71*

EXECUTIVE SUPPORT SERVICES										
Strategic Objective 4.1) Improve human resources for health										
4.1.11) Appoint an average of 10 000 CCGs per annum on contract	9. Number of Community care Givers appointed on contract	CCG database/ Persal	Annual / Number	Not reported	Not reported	10 007	10 000	10 080	10 080	10 080
Strategic Objective 5.2) Improve quality of care										
5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards	10. Number of ethics workshops conducted	Attendance registers	Quarterly/ Number	Not reported	Not reported	34	40	45	50	55

2019/20 Targets (Administration)

TABLE 12: (ADMIN 3) QUARTERLY, BI-ANNUAL AND ANNUAL TARGETS

Performance Indicators	Frequency/ Type	Targets	Targets			
		2019/20	Q1	Q2	Q3	Q4
1. Audit opinion from Auditor-General	Annual / Categorical	Unqualified Audit	-	-	-	Unqualified audit
2. Percentage of Hospitals with broadband access	Quarterly/ % (Cum)	92.9%	70%	80%	90%	92.9%
3. Percentage of fixed PHC facilities with broadband access	Quarterly/ % (Cum)	50.2%	30%	40%	45%	50.2%
4. Percentage of supplier invoices paid within 30 days	Quarterly/%(non-cumulative)	80%	80%	80%	80%	80%
5. Medical Officers per 100,000 people	Annual / No	27.4%	-	-	-	27.4%
6. Professional Nurses per 100,000 people	Annual / No	151.7	-	-	-	151.7
7. Pharmacists per 100,000 people	Annual / No	7.4	-	-	-	7.4
8. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Quarterly/ % (Cum)	100%	75%	85%	95%	100%
9. Number of Community Care Givers appointed on contract	Annual / No	10 080	-	-	-	10 080
10. Number of ethics workshops conducted	Quarterly/ No	45	-	-	-	45

Reconciling Performance Targets with Expenditure Trends and Budgets (Administration)

TABLE 13: (ADMIN 4A) EXPENDITURE ESTIMATES (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Office of the MEC	18 455	18 990	20 732	23 285	22 385	22 385	22 890	24 551	25 873
Management	828 167	826 684	815 923	787 922	788 822	788 822	910 471	961 355	1 015 404
Sub-Total	846 622	845 674	836 655	811 207	811 207	811 207	933 361	985 906	1 041 277
Unauthorized expenditure (1st charge) not available for spending	(107 607)	(107 607)	(107 608)	-	-	-	-	-	-
Baseline available for spending after 1st charge	739 015	738 067	729 047	811 207	811 207	811 207	933 361	985 906	1 041 277

TABLE 14: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	722 304	683 440	695 727	764 167	755 086	756 422	904 590	946 790	1 000 010
Compensation of employees	326 812	365 803	379 229	419 446	411 819	415 781	561 999	604 057	638 428
Goods and services	395 388	316 817	316 347	344 721	343 245	340 504	342 591	342 733	361 582
Communication	10 963	11 462	11 300	12 954	10 641	11 300	13 679	14 432	15 225
Computer Services	147 306	158 740	123 488	153 174	157 948	151 852	162 962	179 309	189 171
Consultants, Contractors and special services	78 301	58 569	87 273	77 354	77 476	79 405	58 009	34 879	36 797
Inventory	3 770	5 721	2 888	3 743	2 035	2 027	4 121	4 349	4 588
Operating leases	5 095	5 113	4 628	5 952	5 067	5 067	6 285	6 631	6 996

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Travel and subsistence	19 481	18 804	14 992	16 426	17 866	17 745	17 500	18 700	19 728
Maintenance, repair and running costs	5 757	6 058	8 539	7 282	6 927	7 024	8 689	9 112	9 614
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	124 715	52 350	63 239	67 836	65 285	66 084	71 346	75 321	79 463
Interest and rent on land	104	820	151	-	22	137	-	-	-
Transfers and subsidies to	5 689	17 443	5 893	7 705	7 205	7 063	8 137	8 585	9 057
Provinces and municipalities	2 525	2 903	3 167	3 695	3 195	3 077	3 902	4 117	4 343
Departmental agencies and accounts	-	-	-	1	1	1	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3 164	14 540	2 726	4 009	4 009	3 985	4 234	4 467	4 713
Payments for capital assets	11 021	257	26 683	39 335	48 916	47 722	20 634	30 531	32 210
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11 021	257	26 683	39 335	48 916	47 722	20 634	30 531	32 210
Payment for financial assets	107 608	144 534	108 352	-	-	-	-	-	-
Total economic classification	846 622	845 674	836 655	811 207	811 207	811 207	933 361	985 906	1 041 277
Unauthorised expenditure (1st charge) not available for spending	(107 607)	(107 607)	(107 608)	-	-	-	-	-	-
Total economic classification	739 015	738 067	729 047	811 207	811 207	811 207	933 361	985 906	1 041 277

Performance and Expenditure Trends (Administration)

Programme 1 is allocated 2.07 % of the total 2019/20 Vote 7 allocation compared to 1.89 % in the revised estimate for 2018/19[40]. It should be noted that the allocation included the new Human Resources Capacitation grant which will be split into the relevant programmes when staff are appointed.

Risk Management (Administration)

TABLE 15: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
ICT Infrastructure connectivity benefits will not be realised	Progress on the Second Private Network to be on the report at ManCo as part of Corporate Management reporting.
Delays and possible failure on delivery of ICT initiatives.	Progress to be reported at ManCo
Increase in Medico-Legal and in-efficiencies in health services provision	Progress on Health Services ICT initiatives to be on the report at HOC as part of CMS reporting.
Positive stories about the Department not getting to the Public	Progress to be tabled and discussed at CMS ManCo
Over Expenditure if more events are under-taken	The owner of the outreach programme must provide funding
Health Services users not aware of services	Invite health users to outreach programmes
Non-service delivery due to vacant posts.	Progress to be tabled and discussed at CMS ManCo
Employees not delivering in line with Department's objectives and plans	Progress to be tabled and discussed at ManCo
Non-compliance with HRMS prescripts and policies	Progress to be tabled and discussed at CMS ManCo
Cuban trained students will not complete their training.	Progress to be tabled and discussed at ManCo
Time frames not met for the development of the LTP	Collaboration in the development of the roadmap for the planning cycle
Manual system for revenue collection	Investment in an Electronic Patient Administration and Billing system
Overspending	Implementation of an Accrual accounting system
	Implement LOGIS system on a phased approach
	Submit as per Provincial Treasury compliance and requirements

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

Sub-Programme 2.2: Community Health Clinics

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

Sub-Programme 2.3: Community Health Centres

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

Sub-Programme 2.4: Community-Based Service

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

Sub-Programme 2.5: Other Community Services

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

Programme 2.6: HIV and AIDS

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

Sub-Programme 2.7: Nutrition

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

Sub-Programme 2.8: Coroner Services

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

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level

Service Delivery Platform (DHS)[41]

TABLE 16: (DHS1) DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT AS AT SEPTEMBER 2018

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	777 641	14 672	2 154 137	2.8
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	51				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	51				
	CHCs	2				
	Subtotal fixed clinics + CHC's	**53**				
	District Hospitals	3		964 (807 beds)	35 809	-
uMgungundlovu	Non-fixed clinics	16	1 146 204	21 626	2 652 2324	2.3
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	50				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	50				
	CHCs	3				
	Sub-total fixed clinics + CHC's	**53**				
	District Hospitals	2		2 007 (571 beds)	29 955	-
uThukela	Non-fixed clinics	15	749 795	20 265	1 680 937	2.3
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	36				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	36				
	CHCs	1				
	Sub-total fixed clinics + CHC's	**37**				
	District Hospitals	2		1 648 (455 beds)	179 741	-
uMzinyathi	Non-fixed clinics	13	561 861	10 405	1 368 233	2.4
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	53				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	53				
	CHCs	1				
	Sub-total fixed clinics + CHC's	**54**				
	District Hospitals	4		495 (1 134)	32 631	-

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
Amajuba	Non-fixed clinics	8	561 655	21 601	1 098 350	2.0
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	25				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	25				
	CHCs	1				
	Sub-total fixed clinics + CHC's	**26**				
	District Hospitals	1		10 801 (52 beds)	2 789	-
Zululand	Non-fixed clinics	19	867 357	11882	2 231 702	2.6
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	72				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	72				
	CHCs	1				
	Sub-total fixed clinics + CHC's	**73**				
	District Hospitals	5		734 (1 182 beds)	49 000	-
uMkhanyakude	Non-fixed clinics	18	687 572	11855	2 189 249	3.2
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	57				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	57				
	CHCs	1				
	Sub-total fixed clinics + CHC's	**58**				
	District Hospitals	5		620 (1 109 beds)	42 394	-
King Cetshwayo	Non-fixed clinics	17	987 484	15 429	2 813 546	2.9
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	63				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	63				
	CHCs	1				
	Sub-total fixed clinics+ CHC's	**64**				
	District Hospitals	6		817 (1 208 beds)	31 785	-

Health District	Facility Type	Number of facilities	Total population	Population per PHC facility/ Hospital bed	PHC Headcount/ Inpatient Separations	Per capita utilisation
iLembe	Non-fixed clinics	11	694 015	19 278	1 776 161	2.6
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	34				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	34				
	CHCs	2				
	Sub-total fixed clinics+ CHC's	**36**				
	District Hospitals	3		1 831 (379 beds)	12 684	-
Harry Gwala	Non-fixed clinics	13	506 382	12 660	1 277 735	2.5
	Fixed clinics operated by LG	-				
	Fixed clinics operated by PG	39				
	Fixed clinics operated by NGO's	-				
	Total fixed clinics	39				
	CHCs	1				
	Sub-total fixed clinics plus CHC	**40**				
	District Hospitals	4		717 (706 beds)	30 054	-
eThekwini	Non-fixed clinics	26	3 722 470	29 311	9 162 974	2.5
	Fixed clinics operated by LG	59				
	Fixed clinics operated by PG	47				
	Fixed clinics operated by NGO's	11				
	Total fixed clinics	117				
	CHCs	8				
	Sub-total fixed clinics+ CHC's	**125**				
	District Hospitals	4[42]		5 310 (701 beds)	31 427	-
KwaZulu-Natal	**Non-fixed clinics**	**173**	11 267 436	18 144	28 403 348	2.5
	Fixed clinics operated by LG	59				
	Fixed clinics operated by PG	47				
	Fixed clinics operated by NGO's	11				
	Total fixed clinics	**597**				
	CHCs	**22**				
	Sub-total fixed clinics+ CHC's	**621**				
	District Hospitals	**39**		1 357 (8 304 beds)	318 269	

2019/20 Priorities

Priorities 2019/2020	Key Focus Areas 2019/2020
Re-engineering of PHC	• Institutionalization of PHC outreach platform • Improving efficiencies of the CCG programme • DoH role in war room functionality • Community Based Preventive and Promotive Health Model • Establish systems to sustain and expand all PHC Clinics on the Ideal Clinic Status • Develop proposal motivating for the return of Environmental Health services to DoH from Local Government. • Training of Communication Managers to promote Department with Corporate Communications • Promote Health through a media communication campaign, community outreach, and Digital Communication Monitoring and Engagement Service • Monitoring functionality of Phila Mntwana Centres
Provincialisation of clinics (NEW)	• Table a road map for the 2005 National Health council resolution to provincialize all remaining primary healthcare services as per National Health Act 61 of 2003
Universal Health Coverage envisaged through NHI: Phase 2 NHI Readiness - establish systems to prepare the sub-districts to implement its Purchaser Provider role (Amended from 2015/16-2019/20 Strat Plan)	• • Development of a PHC services purchasing framework • Strengthen Decentralized training platforms • Implement NHI leadership development programme for District Health supervisory officials
Rationalisation of Hospital Services to improve Equity, Efficiency and Quality	• Establish systems for hospitals to progressively achieve Ideal Hospital Status • Districts benchmarking on initiatives to improve quality of care • Finalise the Service Delivery Model for DHS • Provincial Referral Policy (Aligned to National) • Hospital Organisational Structures • Implement recommendations from hospital efficiencies study • District Director ownership of improvement plans • Facility Clinical Governance Committees • Consequence management at facility level • Adopt a framework for the rationalization process • Manage the issue of licenses for Private Hospitals
Reduce HIV Incidence and Manage HIV Prevalence; Improve TB Outcomes (Changed From 2015/16-2019/20 Strat Plan)	**Strengthen implementation of the integrated 90-90-90 Strategy** **Prevention** • Adult Young Female services • Condom distribution • Medical Male Circumcisions (Cohort follow-up) • Community dialogues

Priorities 2019/2020	Key Focus Areas 2019/2020
	Case identification • Active case-finding • Children and adolescents • Screening and community testing: contact tracing; key populations, improved diagnostics **Treatment initiation** • Index patient tracing and testing • Improve access to ART (NIMART) • Universal testing and treatment • Expand sub district coverage drug resistant TB treatment **Retention and treatment (treatment success)** • Improved tracking clients on treatment with unique identifier • Improved recording and reporting of TB/HIV clients • Improved focus on clinical care of clients on TB/ARVs • Monitoring progress on Global Fund project implementation • Monitor the implementation of 2017-2020 Provincial HIV/AIDS and TB crisis plan
Reduce Maternal, Neonatal and child morbidity and mortality and improve women's health	**Maternal Mortality** • Quality of intrapartum care (Triaging, partogram use) • Health worker skills in ESMOE • Implement recommendations of the 3 Ministerial Reports on Maternal, Child and Peri-Natal health • CEOs champion Maternal Mortality Meetings • Assessment and accreditation of all institutions that conduct Caesarean Delivery • Audit Caesarean section conducted • Reducing Maternal and Child Mortality through the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa **Women's Health** • Promote safer conception (education and early antenatal attendance) • Access to contraceptive services • Promote dual protection • Promote long acting reproductive services • National Cancer Campaign • Liquid based cytology for screening of cervical cancer **Neonatal and child Morbidity and Mortality** • Standardized neonatal clinical records • Kangaroo mother care units (eThekwini) • Unique Identifier systems

Priorities 2019/2020	Key Focus Areas 2019/2020
	• Introduction of "red flag/blue flag" system for the regular review of children admitted to hospital. • Implementation of Safer Conception Services in the public health facilities (reduce EMTCT to 0.6% (birth) and (0.8%) at 10 weeks) • Reduce Prevalence of stunting amongst children under 5
Reduce Incidence of Non-Communicable Diseases and Manage Prevalence	**Scale up implementation and monitoring of the integrated 90-90-90 strategy for non-communicable diseases** • Reliable information systems and treatment cascades • NCD Champions • Skills development • Implementation of integrated healthy lifestyles strategy in collaboration with Department of Sports and Recreation Focus on men's health - Strengthen the KZN Men's Health Forum **Strengthen Rehabilitation Services** Improve Supply of assistive devices **Strengthen Palliative Care Services** • Linkages with KZN Hospices • Home based palliative care
Reduce Malaria Incidence	• Strengthen Malaria Information, Education and Communication • Improve allocation of resources towards strengthening of Malaria • Improve systems to strengthen the reduction of Malaria in the Province
Strengthen Mental Health Services (NEW)	• Implement the approved Mental Health Strategy and Rationalisation Plan and actively monitor progress
Strengthen Forensic Pathology Services	• Rationalisation of Forensic Pathology Services • Finalise the Management Model for FPS
Improve quality of health care	• Improve Clients Experience of Care • Implementation of the National Quality Improvement Plan • Establish systems for hospitals to progressively achieve Ideal Hospital Status

SUB-PROGRAMME: PRIMARY HEALTH CARE

Situation Analysis Indicators (PHC)

TABLE 17: (DHS 2) SITUATION ANALYSIS INDICATORS 2017/18

Program Performance Indicators	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. Ideal clinic (IC) status rate	%	67%	67.9%	94.2%	83.8%	100%	100%	85.9%	68.4%	53.2%	58.3%	67.5%	31.2%
Ideal clinic status	*No*	*409*	*36*	*49*	*31*	*52*	*26*	*61*	*39*	*33*	*21*	*27*	*34*
Fixed PHC clinics/fixed CHCs/CDCs	*No*	*595*[43]	*53*	*52*	*37*	*52*	*26*	*71*	*57*	*62*	*36*	*40*	*109* [44]
2. PHC utilisation rate (total)	Rate	2.5	2.8	2.3	2.3	2.4	2.0	2.6	3.2	2.9	2.6	2.5	2.5
Sum of PHC headcount breakdowns (under 5 years, 5-9 years, 10-19 years, 20 years and older)	*No*	*28 403 348*	*2 154 137*	*2 652 324*	*1 680 937*	*1 368 233*	*1 098 350*	*2 231 702*	*2 187 249*	*2 813 546*	*1 776 161*	*1 277 735*	*9 162 974*
Population - Total	*No*	*11 267 436*	*777 641*	*1 146 204*	*749 795*	*561 656*	*566 861*	*867 357*	*687 572*	*987 484*	*694 015*	*506 382*	*3 722 470*
3. Complaint resolution within 25 working days rate (PHC)	%	94.7%	86%	97.2%	93.3%	97.7%	98.2%	93.3%	92.9%	93.9%	95.8%	8.5%	96.9%
Complaints resolved within 25 working days	*No*	*3 582*	*259*	*379*	*97*	*86*	*167*	*180*	*461*	*290*	*158*	*11*	*1 390*
Complaints resolved	*No*	*3 781*	*301*	*390*	*104*	*88*	*170*	*193*	*496*	*309*	*165*	*130*	*1 435*

Strategic Objectives, Indicators and Targets (PHC)

TABLE 18: 2015-2019 STRATEGIC PLAN TARGETS

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Targets 2019/20
Life Expectancy				
Strategic Goal 2: Reduce and manage the burden of disease	2.1) Increase life expectancy at birth	2.1.1) Increase the total life expectancy to 61.5 years by March 2020	Life expectancy at birth: Total	61.5 years
		2.1.2) Increase the life expectancy of males to 58.4 years by March 2020.	Life expectancy at birth: Male	58.4 years
		2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	Life expectancy at birth: Female	64.5 years
Primary Health Care				
Strategic Goal 1: Strengthen health system effectiveness	1.5) Accelerate implementation of PHC re-engineering	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum	OHH registration visit coverage (annualised)	36.1
		1.5.2) Increase the number of ward based outreach teams to 160 by March 2020	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	PHC utilisation rate **(total)**	2.5
		1.5.4) Sustain an under 5 utilisation rate of at least 3.9 visits per child per year	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% Clinics with Ideal clinic status rate	Ideal clinic status rate	100%

TABLE 19: (DHS3) STRATEGIC OBJECTIVES, INDICATORS & TARGETS

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.6: Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)										
1.6.1) 100% clinics with Ideal clinic status rate	1. Ideal clinic (IC) status rate	Ideal Clinic review tools	Annual %	25.9%	64.2%	67%	92%	100%	100%	100%
	Ideal clinic status	*Ideal Clinic review tools*	*No*	*141*	*349*	*409*	*559*	*608*	*608*	*608*
	Fixed clinics plus fixed CHCs/CDCs	*DHIS*	*No*	*544 -*	*544 -*	*595* [45]	*608*	*608*	*608*	*608*
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering										
1.5.3: PHC utilisation rate of at least 2.5 visits per person per year by March 2020	2. PHC Utilisation Rate – total	Daily Reception Headcount register on HPRS	Quarterly No	2.9	2.7	2.5	2.5	2.5	2.5	2.5
	Sum of PHC headcount breakdowns (under 5 years, 5-9 years, 10-19 years, 20 years and older)	Daily Reception Headcount register on HPRS	*No*	*30 745 821*[46]	29 200 948	*28 403 348*	*29 028 858*	28 914 908	29 283 445	29 283 445
	Population - Total	*DHIS/ Stats SA*	*Population*	*10 688 165*	10 806 538	*11 267 436*	*11 417 132*	*11 565 963*	*11 713 378*	*11 713 378*
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
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 (PHC)	Complaints register; DHIS	Quarterly %	94.1%	95.5%	94.7%	95.7%	96%	96.5%	96.5%
	Complaints resolved within 25 working days	*Complaints Register*	*No*	3 735	3 769	*3 582*	*3 672*	*4 032*	*4 028*	*4 028*
	Complaints resolved	*Complaints Register*	*No*	3 970	3 947	*3 781*	*3 836*	*4 200*	*4 175*	*4 175*
Strategic Objective 2.1: Increase life expectancy at birth										

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
2.1.1) Increase the total life expectancy to 61.5 years by March 2020	4. Life expectancy at birth - Total	Stats SA mid-year estimates	Annual Years	57.7 years[47]	56.4 years	60.7 years	Mid-year data not available	61.5 years	61.7 years	61.9 years
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	5. Life expectancy at birth - Male	Stats SA mid-year estimates	Annual Years	57 years	54 years	57.8 years	Mid-year data not available	58.4 years	58.6 years	58.8 years
2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	6. Life expectancy at birth - Female	Stats SA mid-year estimates	Annual Years	58.4 years	58.7 years	63.5 years	Mid-year data not available	64.5 years	64.7 years	64.9 years
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering										
1.5.4) Sustain an under 5 utilisation rate of at least 3.9 visits per child per year	7. PHC utilisation rate under 5 years (annualised)	PHC register; DHIS	Quarterly No	4.5	4.3	3.5	3.5	3.9	3.9	3.9
	PHC headcount under 5 years	*PHC register; DHIS*	*No*	5 184 506	4 947 149	*4 640 618*	*4 692 268*	*5 162 329*	*5 138 051*	5 138 051
	Population under 5 years	*Stats SA; DHIS*	*No*	1 154 061	1 142 878	*1 339 178*	*1 330 900*	*1 323 674*	*1 317 449*	1 317 449
1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020	8. Expenditure per PHC headcount	DHIS; BAS	Quarterly R	R 319	R 380	R 422	R 439	R 471	R 489	R 489
	Total expenditure PHC (Sub-Programmes 2.2-2.7)	*BAS*	*R'000*	*R 9 815 401*	R 11 123 133	R 12 000 318	*R 12 760 970*	R 13 618 921	*R 14 319 604*	*R 14 319 604*
	PHC headcount total	*DHIS*	*No*	*30 745 821*	29 200 948	28 403 348	*29 028 858*	28 914 908	*29 283 445*	*29 283 445*

Strategic Objective Statement	Indicator	Source	Frequency/ Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
1.5.7) Increase School Health Teams to 215 by March 2020	9. Number of school health teams (cumulative)	Persal; BAS	Quarterly No	214	209	199	207	215	220	225
1.5.2: Increase the number of ward based outreach teams to 160 by March 2020	10. Number of ward based outreach teams [48] (cumulative)	Persal; BAS	Quarterly No	135	154	135	138	160	170	172
1.5.8) Increase the accredited Health Promoting Schools to 420 by March 2020	11. Number of accredited health promoting schools (cumulative)	Accreditation Certificate; Health Promotion database	Quarterly No	297	314	370	384	420	420	420
Strategic Objective 1.6: Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)										
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum	12. Outreach household registration visit coverage (annualised)	Outreach Registers; DHIS	Annual %	25.1%	25.5%	*25.6%*	*28.4%*	36.1%	41.5%	*41.6%*
	Outreach households registration visit	*Outreach Registers*	*No*	*617 610*	*651 894*	*750 217*	*721 896*	1 052 316	1 054 643	*1 212 839*
	Households in the population	*Stats SA – Community Survey*	*No (estimate)*	*2 549 433*	*2 549 433*	*2 915 002*	*2 539 209*	*2 915 002*	*2 915 002*	*2 915 002*
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	13. Complaint resolution rate	Complaints Register; DHIS	Quarterly %	80.6%	88.4%	*89.8%*	92.8%	95%	95%	95%
	Complaint resolved	*Complaints Register*	*No*	3 970	3 947	*3 781*	*3 836*	*4 200*	*4 175*	*4 175*
	Complaint received	*Complaints Register*	*No*	4 925	4 465	*4 212*	*4 132*	*4 421*	*4 395*	*4 395*

2019/20 Targets (PHC)

TABLE 20: (DHS 4) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Ideal clinic (IC) status rate	Annual	%	100%	-	-	-	-
2. PHC Utilisation Rate – total	Annualised	No	2.5	-	-	-	-
3. Complaint resolution within 25 working days rate (PHC)	Quarterly	%	96%	96%	96%	96%	96%
4. Life expectancy at birth: Total	Annual	Years	61.5 years	-	-	-	-
5. Life expectancy at birth: Male	Annual	Years	58.4 years	-	-	-	-
6. Life expectancy at birth: Female	Annual	Years	64.5 years	-	-	-	-
7. PHC utilisation rate under 5 years (annualised)	Quarterly	No	3.9	3.9	3.9	3.9	3.9
8. Expenditure per PHC headcount	Quarterly	Rand	R 471	R 380	R 400	R 440	R471
9. Number of school health teams (cumulative)	Quarterly	No	215	205	210	215	215
10. Number of ward-based outreach teams (cumulative)	Quarterly	No	160	130	145	155	160
11. Number of accredited health promoting schools (cumulative)	Quarterly	No	420	408	412	420	420
12. Outreach household registration visit coverage	Annual (Annualised)	%	36.1%	-	-	-	-
13. Complaint resolution rate	Quarterly	%	95%	95%	95%	95%	95%

SUB-PROGRAMME: DISTRICT HOSPITALS

Situational Analysis Indicators

TABLE 21: (DHS5) SITUATIONAL ANALYSIS INDICATORS 2017/18

Programme Performance Indicators	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. Average length of stay	Days	5.4	5.6	5.3	5.4	6.3	4.4	5.4	5.5	5.9	5.4	5.0	4.6
Inpatient days - total	*No*	*1 724 723*	*201 244*	*156 855*	*105 688*	*206 755*	*12 029*	*264 716*	*233 227*	*186 446*	*67 857*	*149 246*	*140 660*
½ Day patients	*No*	*15 484*	*1 081*	*1 041*	*457*	*524*	*231*	*1 552*	*574*	*589*	*396*	*1 245*	*7 794*
Inpatient separations	*No*	*318 269*	*35 809*	*29 955*	*19 741*	*32 631*	*2 789*	*49 000*	*42 394*	*31 785*	*12 684*	*30 054*	*31 427*
2. Inpatient bed utilisation rate - total	*%*	*57.0%*	*67.0%*	*75.5%*	*63.3%*	*50%*	*64%*	*61.5%*	*57.7%*	*42.3%*	*49.2%*	*58.2%*	*56.5%*
Inpatient days - total	*No*	*1 724 723*	*201 244*	*156 855*	*105 688*	*206 755*	*12 029*	*264 716*	*233 227*	*186 446*	*67 857*	*149 246*	*140 660*
½ Day patients	*No*	*15 484*	*1 081*	*1 041*	*457*	*524*	*231*	*1 552*	*574*	*589*	*396*	*1 245*	*7 794*
Inpatient bed days available	*No*	*3 038 562*	*300 975*	*208 438*	*167 218*	*413 955*	*18 982*	*431 477*	*404 829*	*440 968*	*138 441*	*257 718*	*255 558*
3. Expenditure per PDE	R	*R 2 589*	*R 2 315*	*R 2 191*	*R 2 674*	*R 2 748*	*R 3 649*	*R 2528*	*R 2 592*	*R 2 403*	*R 3 377*	*R 2 778*	*R 2 695*
Expenditure total	*R'000*	*6 502 577*	*655 423*	*546 276*	*388 425*	*774 898*	*76 802*	*897 811*	*833 448*	*719 835*	*320 824*	*531 663*	*723 076*
Patient day equivalent	*No*	*2 511 728*	*283 172*	*249 298*	*145 268*	*281 967*	*21 046*	*355 217*	*321 533*	*299 510*	*95 015*	*191 387*	*268 311*
4. Complaint resolution within 25 working days rate	*%*	92.3%	100%	91.6%	80.2%	66.2%	96.3%	93.1%	95.8%	100%	100%	94.5%	96%
Complaint resolved within 25 working days	*No*	*1 491*	*167*	*153*	*73*	*104*	*26*	*202*	*206*	*180*	*91*	*120*	*169*
Complaint resolved	*No*	*1 615*	*167*	*167*	*91*	*157*	*27*	*217*	*215*	*180*	*91*	*127*	*176*

Strategic Objectives, Indicators and Targets (District Hospitals)

TABLE 22: 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	62.7%

TABLE 23: (DHS6) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay - total	DHIS	Quarterly Days	5.8 Days	5.7 Days	5.4 Days	5.4 days	5.5 days[49]	5.5 Days	5.5 Days
	In-patient days - total	*Midnight census*	*No*	*1 891 030*	1 909 462	*1 724 723*	*1 764 032*	*1 804 998*	*1 804 998*	*1 804 998*
	½ Day patients	*Admission/ Discharge Register*	*No*	*12 636*	14 698	*15 484*	*17 186*	*14 268*	*14 268*	*14 268*
	Inpatient separations	*Admission/ Discharge Register*	*No*	*331 820*	336 487	*318 269*	*328 836*	*329 478*	*329 478*	*329 478*
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rate – total	DHIS	Quarterly %	60.2%	57.8%[50]	57%	60.2%	62.7%	65.3%	65.3%
	In-patient days - total	*Midnight census*	*No*	*1 891 030*	1 909 462	1 724 723	*1 764 032*	*1 804 998*	*1 804 998*	*1 804 998*
	½ Day patients	*Admission/ Discharge Register*	*No*	*12 636*	14 698	15 484	*17 186*	*14 268*	*14 268*	*14 268*
	Inpatient bed days available	*DHIS*	*No*	3 116 370	3 312 010	3 038 562	*3 987 990*	*2 899 411*	*2 787 895*	*2 787 895*
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.4)Maintain expenditure per PDE within the Provincial norms	3. Expenditure per patient day equivalent (PDE)	BAS; DHIS	Quarterly R	R 2 116	R 2 228	R 2 589	R 2 636	R 2 781	R 3 125	R 3 200

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Expenditure total	*BAS*	*R'000*	*R 5 726 246*	R 6 069 456	R 6 502 577	*R 6 702 111*	*R 7 507 560*	*R 8 059 811*	*R 8 252 285*
	Patient day equivalent	*DHIS*	*No*	*2 705 625*	2 723 880	2 511 728	*2 548 684*	*2 699 977*	*2 578 839*	*2 578 839*
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS/ QA database	Quarterly %	89.8%	92.1%	92.3%	89.9%	95%	96%	97%
	Complaints resolved within 25 working days	*Complaints Register*	*No*	*1 841*	1 825	*1 491*	*2 080*	*2 050*	*2 175*	*2 308*
	Complaints resolved	*Complaints Register*	*No*	*2 050*	1 982	*1 615*	*2 314*	*2 158*	*2 266*	*2 380*
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS/ QA database	Quarterly %	80.8%	78.6%	83.4%	*86.7%*	*94.7%*	95%	96%
	Complaints resolved	*Complaints Register*	*No*	*2 050*	1 982	*1 615*	*2 314*	*2 158*	*2 257*	*1 998*
	Complaints received	*Complaints Register*	*No*	2 537	2 523	*1 937*	*2 670*	*2 279*	*2 385*	*2 479*
Strategic Objective 2.7: Reduce maternal mortality										
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	Quarterly %	28.8%	28.9%	28.5%	28%	*27.5%*	27%	26%
	Delivery by caesarean section	*Delivery& Theatre registers*	*No*	*23 958*	24 959	*23 618*	*24 071*	*23 622*	*23 138*	*22 281*
	Delivery in facility total	*Delivery register*	*No*	*83 219*	86 145	*82 797*	*85 968*	*85 897*	*85 695*	*85 695*

Strategic Objective 1.7: Improve hospital efficiencies										
1.7.5) Reduce the unreferred outpatient Department (OPD) headcounts with at least 7% per annum	7. OPD headcount-total	DHIS/ OPD tick register	Quarterly No	2 319 180	2 310 070	2 071 795	2 347 778	2 299 385	2 088 198	1 942 024
	8. OPD headcount not referred new	DHIS/ OPD tick register	Quarterly No	448 763	460 530	409 980	398 570	380 013	353 413	328 974

2019/20 Targets (District Hospitals)

TABLE 24: (DHS7) QUARTERLY, BI-ANNUAL AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Average length of stay - total	Quarterly	Days	5.5 Days	5.5 Days	5.5 Days	5.5 Days	5.5 Days
2. Inpatient bed utilisation rate - total	Quarterly	%	62.7%	60.8%	61.5%	62%	62.7%
3. Expenditure per PDE	Quarterly	Rand	R 2 781	R 2 781	R 2 781	R 2 781	R 2 781
4. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
5. Complaint resolution rate	Quarterly	%	94.7%	94.7%	94.7%	94.7%	94.7%
6. Delivery by caesarean section rate	Quarterly	%	27.5%	27.5%	27.5%	27.5%	27.5%
7. OPD headcount- total	Quarterly	No	2 299 385	574 846	1 149 693 (574 846)	1 724 539 (574 846)	2 299 385 (574 846)
8. OPD headcount not referred new	Quarterly	No	380 013	95 003	190 007 (95 003)	285 010 (95 003)	380 013 (95 003)

SUB PROGRAMME HIV, AIDS, STI & TB CONTROL

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

TABLE 25: (DHS8) SITUATION ANALYSIS INDICATORS – 2017/18

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. ART client remain on ART end of month - total	No	1 271 116	92 956	143 320	80 411	58 127	61 080	96 982	94 104	115 040	74 452	55 810	398 834
2. TB / HIV co-infected client on ART rate	%	89.8%	95.8%	99.9%	86.8%	97.1%	87.7%	86.9%	98.9%	99.5%	93.6%	97.4%	81.6%
TB/HIV co-infected client on ART	*No*	38 507	3 287	3 867	1 815	1 629	1 343	2 662	2 318	3 881	2 392	1 640	13 673
HIV positive TB client	*No*	42 901	3 431	3 871	2 090	1 678	1 531	3 065	2 344	3 901	2 555	1 684	16 751
3. HIV test done - total	No	3 050 729	247 823	289 839	129 193	206 144	146 832	235 476	164 489	288 606	151 427	163 301	1 027 599
4. Male condoms distributed	No	75 557 900	1 386 000	11 583 300	6 251 300	8 874 000	5 298 000	9 799 600	4 596 000	8 670 000	5 988 000	3 978 000	9 133 700
5. Medical male circumcision - Total	No	200 301	10 098	26 863	19 595	10 619	5 167	14 760	15 867	23 480	8 006	7 792	58 054
6. TB client 5 years and older start on treatment rate	%	106.8%	115.1%	106.3%	98.7%	95.9%	112%	96.8%	92.5%	123.4%	107.8%	132.1%	103.8%
TB client 5 years and older start on treatment	*No*	*36 158*	*3 079*	*2 820*	*2 514*	*832*	*1 374*	*1 929*	*1 470*	*4 358*	*2 377*	*1 271*	*14 134*
TB symptomatic client 5 years and older tested positive	*No*	*33 868*	*2 676*	*2 653*	*2 548*	*868*	*1 227*	*1 993*	*1 590*	*3 533*	*2 206*	*962*	*13 612*
7. TB client treatment success rate	%	86.6%	89.8%	88.6%	78.5%	91.7%	79.6%	86.6%	88.4%	94.5%	81.5%	90.2%	85.2%
TB client successfully completed treatment	*No*	13 241	1 488	950	490	497	526	612	755	1065	486	433	5 939

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
TB client start on treatment	*No*	15 290	1 657	1 072	624	542	661	707	854	1 127	596	480	6 970
8. TB client loss to follow up rate[51]	%	4.9%	3.8%	5.6%	2.1%	0.7%	6.4%	2.3%	2.9%	1.4%	10.6%	1.9%	5.9%
TB client lost to follow up	*No*	753	63	60	13	38	42	16	25	16	63	9	408
TB client start on treatment	*No*	15 290	1 657	1072	624	542	661	707	854	1 127	596	480	6 970
9. TB client death rate	%	3.2%	3%	3.9%	3%	7%	7.6%	6.9%	3.6%	1.3%	2.5%	5.2%	2.2%
TB client died during treatment	*No*	492	50	42	19	38	50	49	31	15	19	25	154
TB client start on treatment	*No*	15 290	1 657	1 072	624	542	661	707	854	1 127	596	480	6 970
10. TB MDR treatment success rate	%	63.1%	53.3%	62.9%	65%	59.5%	52.8%	52.4%	74.2%	58.5%	54.4%	62.7%	54%
TB MDR client successfully completed treatment	*No*	1 790	155	158	69	66	57	130	178	179	74	69	655
TB MDR confirmed client start on treatment	*No*	2 839	240	226	116	90	103	183	185	245	135	92	1 224

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

TABLE 26: 2015-2019 STRATEGIC PLAN TARGETS

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicators	Targets 2019/20
Strategic Goal 2: Reduce and manage the burden of disease	**HIV, AIDS and STI**			
	2.2) Reduce HIV Incidence	2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (Thembisa Model Estimates)	HIV incidence	(1% or less in the strat plan)
		2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative)	HIV test done - total	At least 16.5 million (cumulative) 3 074 435 for 2019/20
	2.3) Manage HIV prevalence	2.3.2 Increase the number of patients on ART to **at least 1.5 million** (cumulative) by March 2020	ART client remain on ART end of month - total	At least 1.5 million
	Tuberculosis			
	2.4) Improve TB outcomes	2.4.1) Increase the TB client treatment success rate to 87% (or more) by March 2020	TB client treatment success rate	87%
		2.4.2) Reduce the TB incidence to 500 (or less) per 100 000 by March 2020	TB incidence (per 100 000 population)	500 (or less) per 100 000 population
		2.4.3) Sustain a TB death rate of 5% (or less) by March 2020	TB death rate	5%
		2.4.4) Increase the MDR-TB treatment success rate to 60% (or more) by March 2020 (Reviewed 2018/19)	TB MDR treatment success rate	60%

TABLE 27: (DHS9) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 2.3: Manage HIV prevalence										
2.3.2) Increase the number of patients on ART to **at least 1.5 million** (cumulative) by March 2020	1. ART client remain on ART end of month - total	Tiered system	Quarterly No	1 059 193	1 129 314	1 271 116	1 321 307	1 578 737	1 657 674	1 740 558
	2. TB/ HIV co-infected client on ART rate	ETR/Tier	Quarterly No	86.8%	88%	89.8%[52]	87.8%	95%	95%	95%
	TB/HIV co-infected client on ART	*ART Register; ETR.Net*	*No*	*42 414*	41 611	*38 507*	*50 710*	*36 408*	*34 204*	*34 204*
	HIV positive TB client	*ART Register; ETR.Net*	*No*	*48 857*	47 269	*42 901*	*57 756*	*38 324*	*36 004*	*36 004*
Strategic Objective 2.2: Reduce HIV Incidence										
2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative)	3. HIV test done - total	PHC Comprehensive Tick Register, HTS Register (HIV Testing Services) or HCT module in TIER.Net	Quarterly No	2 627 230 (6 761 360)	3 167 664 (9 929 024)	3 050 729 (12 979 753 cumulative)	3 060 800	3 074 435	3 314 424	3 314 424
2.2.3) Increase the male condom distribution to 220 million by March 2019	4. Male condoms distributed	Stock control stock card	No	184 431 641	185 574 089	75 557 900[53]	116 121 256	170 755 053	206 757 450	220 917 212
2.2.4) Increase the medical male circumcisions to 1.1 million by March 2020 (cumulative)	5. Medical male circumcision – Total	MMC Register	Quarterly No	572 363 cumulative [124 086 annual]	874 712 cum (122 132)	985 126 cumulative (200 301 annual)[54]	140 000	148 209	148 210	156 281
Strategic Objective 2.4: Improve TB outcomes										
2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020	6. TB client 5 years and older start on treatment rate	TB identification (suspect) register/TIER.Net	Quarterly %	99.0%	Not reported	106.8%	90%	92%	94%	94%
	TB client 5 years and older start on treatment	*TB/HIV Registers; TIER.Net*	*No*	35 617	-	*36 158*	*33 944*	*48 818*	*48 449*	*47 637*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	TB symptomatic client 5 years and older tested positive	*TB/HIV Registers; TIER.Net;*	*No*	35 960	-	*33 868*	*37 716*	*53 063*	*51 541*	*50 678*
2.4.1) Increase the TB client treatment success rate to 87% (or more) by March 2020	7. TB client treatment success rate	ETR/Tier.Net	Quarterly %	84.5%	88.7%	86.6%	74.9%	87%	89%	92%
	TB client successfully completed treatment	*TB Register*	*No*	*19 313*	15 707	*13 241*	*43 868*	*45 483*	*45 193*	44 160
	TB client start on treatment	*TB Register*	*No*	*22 853*	17 711	*15 290*	*59 542*	*52 279*	*50 779*	48 000
2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020	8. TB client loss to follow up rate	ETR/Tier.Net	Quarterly %	*4%*	4.1%	4.9%	5.7%	*5%*	*5%*	*5%*
	TB client on treatment lost to follow up	*TB Register*	*No*	*918*	719	753	*3 314*	*2 614*	*2 539*	*2400*
	TB client start on treatment	*TB Register*	*No*	*22 853*	17 711	15 290	*59 542*	*52 279*	50 779	48 000
2.4.3) Sustain a TB death rate of 5% (or less) by March 2020	9. TB client death rate	ETR/Tier.Net	Annual %	3.4%	3.2%	3.2%	6%	*5%*	*5%*	*5%*
	TB client died during treatment	*TB Register*	*No*	*772*	561	*492*	*3 567*	*2 614*	*2 539*	*2400*
	TB client start on treatment	*TB Register*	*No*	*22 853*	17 711	*15 290*	*59 452*	*52 279*	50 779	48 000
2.4.4) Increase the MDR-TB treatment success rate to 60% (or more) by March 2020	10. TB MDR treatment success rate	DR TB register and captured in EDR.Web	Annual %	58%	60%	63.1%	53.2%	60%	65%	65%
	TB MDR client successfully complete treatment	*MDR Register*	*No*	*2 267*	2 185	1 790	*1535*	*1 996*	*1 976*	*1976*
	TB MDR confirmed client start on treatment	*MDR Register*	*No*	*3 906*	3 624	2 839	*2885*	*3 220*	*3 040*	*3 000*
2.4.2) Reduce the TB incidence to 500 (or less) per 100 000 by March 2020	11. TB incidence	TB register; ETR.Net	Annual No per 100,000 pop	642.5/100 000	511.3/100 000	481 / 100 000	Mid-year data not available	500 / 100 000	450/ 100 000	400/ 100 000
	New confirmed TB cases	*TB Register*	*No*	*68 678*	55 249	*54 200*	-	*57 830*	*52 710*	*46 854*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Total population in KZN	*DHIS; Stats SA*	*Population*	*10 688 165*	10 806 538	*11 267 436*	*11 417 132*	*11 565 963*	*11 713 378*	*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	165	170	186	170	160	145	125
2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017 onwards	13. New smear positive PTB cure rate	TB register; ETR.Net; TIER.Net	Quarterly %	79.8%	84.1%	80.7%	Mid-year data not available	85%	87%	87%
	New smear positive pulmonary TB client cured	*TB Register*	*No*	*18 249*	14 901	*12 334*	-	*12 656*	*12 562*	*12 397*
	New smear positive pulmonary TB client start on treatment	*TB Register*	*No*	*22 853*	17 711	*15 290*	-	*12 890*	*14 440*	*14 250*
Strategic Objective 2.2: Reduce HIV Incidence										
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	14. HIV incidence	ASSA2008 estimates (not routinely collected)	Annual %	0.78%	0.71%	1.01%[55] (0.63%)	Mid-year data not available	0.52%	0.51%	0.51%
2.2.5) Decrease male urethritis syndrome to at least 30/1000 by March 2020	15. Male urethritis syndrome incidence	DHIS; Stats SA	Quarterly %	3.3%	2.9%	28.5 / 1000	27.9 / 1000	26.2 / 1000	25.5 / 1000	25.2 / 1000
	Male urethritis syndrome treated – new episodes	*PHC Register*	*No*	*110 085*	82 957	*80 686*	*80 376*	*77 210*	*76438*	*75674*
	Male population 15-49 years	*DHIS; Stats SA*	*Population*	*3 370 509*	2 814 805	*2 831 094*	*2 885 117*	*2 942 528*	*3 002 614*	*3 002 614*

2019/20 Targets (HIV, AIDS, STI & TB)

TABLE 28: (DHS 10) QUARTERLY, BI-ANNUAL AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. ART client remain on ART end of month - total	Quarterly	No	1 578 737	1 394 216	1 440 082	1 485 968	1 578 737
2. TB / HIV co-infected client on ART rate	Quarterly	%	95%	95%	95%	95%	95%
3. HIV test done – total	Quarterly	No	3 074 435	768 609	768 610	768 609	768 609
4. Male condoms distributed	Quarterly	No	170 755 053	42 688 763	42 688 763	42 688 763	42 688 764
5. Medical male circumcision– Total	Quarterly	No	148 209	35 568	50 390	29 642	32 609
6. TB client 5 years and older start on treatment rate	Quarterly	%	92%	88%	89%	90%	92%
7. TB client treatment success rate	Quarterly	%	87%	80%	83%	85%	87%
8. TB client loss to follow up rate	Quarterly	%	5%	6.5%	6%	5.5%	5%
9. TB client death rate	Annual	%	5%	-	-	-	-
10. TB MDR treatment success rate	Annual	%	60%	-	-	-	-
11. TB incidence	Annual	No per 100,000	500 / 100 000	-	-	-	-
12. TB XDR confirmed client start on treatment	Quarterly	No	160	40	40	40	40
13. TB new smear positive PTB cure rate	Quarterly	%	85%	78%	80%	83%	85%
14. HIV incidence	Annual	%	0.52%	-	-	-	-
15. Male urethritis syndrome incidence	Quarterly	No per 1000	26.2 / 1 000 (77 210)	26.2/1000	26.2/1000	26.2/1000	26.2/1000

SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD & WOMEN'S HEALTH & NUTRITION

Situation Analysis Indicators (MNC&WH & Nutrition)

TABLE 29: (DHS11) SITUATION ANALYSIS INDICATORS 2017/18

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. Antenatal 1st visit before 20 weeks rate	%	72.1%	69.8%	70%	71.7%	78.8%	71.5%	74.6%	75.3%	70.3%	76.9%	72.9%	70.1%
Antenatal 1st visit before 20 weeks	*No*	*149 215*	*9 436*	*12 321*	*8 794*	*9 137*	*7 006*	*13 009*	*11 961*	*14 169*	*9 351*	*7 126*	*46 905*
Antenatal 1st visit - total	*No*	*207 089*	*13 509*	*17 605*	*12 265*	*11 591*	*9 803*	*17 428*	*15 893*	*20 153*	*12 161*	*9 772*	*66 909*
2. Mother postnatal visit within 6 days rate	%	76.8%	69.9%	82.2%	71%	70.8%	74%	64.8%	76.2%	90.8%	70.8%	71.9%	80.4%
Mother postnatal visit within 6 days after delivery	*No*	*141 992*	*8 882*	*13 474*	*8 090*	*7 440*	*6 427*	*10 529*	*11 772*	*16 893*	*7 510*	*5 454*	*45 521*
Delivery in facility - total	*No*	*184 816*	*12 714*	*16 387*	*11 389*	*10 512*	*8 685*	*16 244*	*15 443*	*18 605*	*10 603*	*7 587*	*56 647*
3. Infant PCR test positive around 10 weeks rate	%	0.71%	0.86%	0.55%	0.61%	0.36%	0.56%	0.79%	0.83%	0.54%	0.94%	0.55%	0.79%
Infant PCR test positive around 10 weeks	*No*	*361*	*33*	*25*	*19*	*9*	*13*	*34*	*28*	*25*	*30*	*14*	*131*
Infant PCR test around 10 weeks	*No*	*51 075*	*3 847*	*4 576*	*3 139*	*2 493*	*2 314*	*4 321*	*3 383*	*4 671*	*3 194*	*2 555*	*16 582*
4. Immunisation under 1 year coverage	%	81.5%	66.4%	63.2%	66.9%	90.8%	79.1%	82.7%	85.5%	80.2%	86.3%	62.9%	97.6%
Immunised fully under 1 year new	*No*	*208 294*	*12 593*	*15 447*	*13 904*	*12 741*	*11 582*	*18 098*	*15 072*	*21 081*	*12 690*	*9 097*	*65 989*
Population under 1 year	*No*	*255 475*	*19 092*	*24 595*	*20 800*	*13 913*	*14 624*	*21 893*	*17 635*	*26 296*	*14 702*	*14 411*	*67 514*
5. Measles 2nd dose coverage	%	*77.5%*	*68.3%*	*64.7%*	*66.6%*	*84.3%*	*70.9%*	*81.4%*	*82.5%*	*83%*	*76.4%*	*66.6%*	*85.5%*
Measles 2nd dose	*No*	*204 459*	*13 164*	*16 170*	*13 809*	*12 399*	*10 400*	*18 625*	*15 299*	*22 330*	*11 717*	*9 754*	*60 792*
Target population 1 year	*No*	*263 843*	*19 397*	*25 149*	*20 769*	*14 596*	*14 657*	*22 893*	*18 534*	*26 901*	*15 350*	*14 598*	*70 999*

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
6. Diarrhoea case fatality under 5 years rate	%	2.0%	1.6%	1.3%	1.7%	1.3%	0.51%	5.0%	1.4%	3.3%	1.3%	2.4%	2.5%
Diarrhoea death under 5 years	*No*	*116*	*8*	*8*	*9*	*6*	*2*	*9*	*5*	*18*	*5*	*13*	*33*
Diarrhoea separation under 5 years	*No*	*5 773*	*489*	*600*	*542*	*450*	*394*	*179*	*360*	*541*	*380*	*532*	*1 306*
7. Pneumonia case fatality under 5 years rate	%	2.5%	2.0%	2.1%	2.1%	1.6%	2.0%	4.7%	3.0%	5.5%	1.4%	1.7%	2.9%
Pneumonia death under 5 years	*No*	*230*	*22*	*22*	*13*	*11*	*9*	*10*	*10*	*33*	*10*	*12*	*78*
Pneumonia separation under 5 years	*No*	*9 134*	*1 111*	*1 024*	*628*	*699*	*454*	*215*	*329*	*596*	*692*	*727*	*2 659*
8. Severe acute malnutrition case fatality under 5 years rate	%	*7.7%*	8.2%	9.8%	10.0%	9.1%	12.2%	8.7%	5.0%	9.6%	3.2%	3.6%	9.1%
Severe acute malnutrition (SAM) death in facility under 5 years	*No*	*200*	*15*	*12*	*23*	*17*	*6*	*12*	*8*	*30*	*8*	*11*	*58*
Severe acute malnutrition (SAM) in facility under 5 years	*No*	*2 582*	*182*	*122*	*231*	*186*	*49*	*138*	*159*	*314*	*252*	*309*	*640*
9. School Grade 1 -learners screened	*No*	56 372	2 876	4 678	4 002	1 613	3 023	10 730	7 171	6 462	2 623	4 770	8 424
10. School Grade 8 -learners screened	*No*	12 231	2 702	551	251	456	955	3 296	933	71	692	703	1 619
11. Delivery in 10 to 19 years in facility rate	%	17.6%	18.8%	15.0%	18.9%	20.3%	16.3%	21.5%	21.0%	17.4%	20.2%	23.5%	14.2%
Delivery 10 to 19 years in facility	*No*	32 458	2 387	2 466	2 154	2 139	1 414	3 494	3 250	3 236	2 137	1 783	8 042
Delivery in facility - total	*No*	184 816	*12 714*	*16 387*	*11 389*	*10 512*	*8 685*	*16 244*	*15 443*	*18 605*	*10 603*	*7 587*	*56 647*
12. Couple year protection rate (Int)	%	*46.4%*	30.4%	53.2%	52.5%	74.7%	60.9%	57.4%	47.0%	55.6%	60.9%	46.5%	31.7%
Couple year protection	*No*	*1 401 642*	*63 287*	*168 193*	*101 205*	*116 185*	*92 111*	*139 144*	*86 642*	*142 738*	*115 528*	*63 000*	*313 309*

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
Population 15-49 years females	*No*	*3 022 377*	*208 977*	*318 015*	*193 024*	*154 149*	*150 977*	*242 654*	*184 326*	*256 921*	*189 673*	*135 212*	*988 449*
13. Cervical cancer screening coverage 30 years and older56	*%*	*79.4%*	*88.7%*	*77.1%*	*100.1%*	*87.7%*	*99.5%*	*87.6%*	*83.2%*	*85.7%*	*94.3%*	*81.1%*	*66.1%*
Cervical cancer screening in woman 30 years and older	*No*	*183 993*	*13 051*	*18 517*	*13 546*	*9 279*	*10 536*	*13 808*	*10 283*	*15 748*	*13 342*	*7 346*	*58 537*
Target population 30 years and older female	*No*	*231 645*	*14 785*	*24 139*	*13 547*	*10 486*	*10 576*	*15 770*	*12 355*	*18 379*	*14 149*	*9 027*	*88 432*
14. Vitamin A dose 12-59 months coverage	*%*	*68.6%*	*60%*	*61%*	*83.9%*	*78.9%*	*59.4%*	*75%*	*69.5%*	*70.6%*	*76.3%*	*65.9%*	*64.4%*
Vitamin A dose 12 - 59 months	*No*	*1 487 636*	*93 802*	*125 396*	*139 089*	*96 169*	*69 742*	*141 270*	*107 275*	*154 919*	*97 506*	*77 176*	*385 292*
*Target population 12-59 months *2*	*No*	*2 167 410*	*156 900*	*206 164*	*165 852*	*120 828*	*117 420*	*188 138*	*153 818*	*218 966*	*127 448*	*116 704*	*595 172*
15. Antenatal client start on ART rate	*%*	*97.2%*	*87.9%*	*99.5%*	*99.3%*	*94.4%*	*98.6%*	*98.8%*	*99.8%*	*99.1%*	*99.3%*	*96.6%*	*96.5%*
Antenatal client start on ART	*No*	*31 130*	*1 673*	*3 085*	*1 646*	*1 336*	*1 381*	*2 794*	*2 180*	*2 800*	*2 053*	*1 161*	*11 021*
Antenatal client known HIV positive but NOT on ART at 1st visit	*No*	*32 012*	*1 904*	*3 102*	*1 658*	*1 416*	*1 401*	*2 184*	*2 827*	*2 826*	*2 067*	*1 202*	*11 425*
16. HPV 1st dose	*No*	*37 754*	*596*	*3 249*	*4 796*	*245*	*2 216*	*7 761*	*4 325*	*5 153*	*2 181*	*37*	*7 195*
17. HPV 2nd dose	*No*	*70 224*	*5 236*	*6 319*	*5 875*	*3 709*	*3 771*	*7 525*	*6 463*	*6 626*	*4 382*	*3 167*	*17 151*
18. Maternal mortality in facility ratio	*No per 100k*	*101.9 / 100 000*	*96.7 / 100 000*	*170.6 / 100 000*	*140.2 / 100 000*	*70.3 / 100 000*	*132.4 / 100 000*	*75 / 100 000*	*80.8 / 100 000*	*134.8 / 100 000*	*72.4 / 100 000*	*96.8 / 100 000*	*85.7 / 100 000*
Maternal death in facility	*No*	*197*	*13*	*29*	*17*	*8*	*12*	*13*	*13*	*26*	*8*	*8*	*50*
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility)	*No*	*193 385*	*13 437*	*16 998*	*12 124*	*11 380*	*9 066*	*17 342*	*16 096*	*19 283*	*11 053*	*8 263*	*58 343*

Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
19. Neonatal death in facility rate	*No per 1000*	*12.4 / 1000*	*12.4 / 1000*	*12.7 / 1000*	*14.6 / 1000*	*11.2 / 1000*	*12.9 / 1000*	*12.2 /1000*	*9.9 / 1000*	*12.9 / 1000*	*14.7 / 1000*	*15.1 / 1000*	*11.9 / 1000*
Neonatal 0-28 days death in facility	*No*	*2 271*	*156*	*206*	*164*	*118*	*110*	*197*	*152*	*238*	*154*	*113*	*663*
Live birth in facility	*No*	*182 529*	*12 570*	*16 157*	*11 267*	*10 498*	*8 532*	*16 090*	*15 325*	*18 430*	*10 482*	*7 478*	*55 700*

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

Table 30: Strategic Plan 2015-2019 Targets

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
Strategic Goal 2: Reduce and manage the burden of disease	2.5) Reduce infant mortality	2.5.1) Reduce the infant mortality rate to 30.9 per 1000 live births by March 2021	Infant mortality rate	30.9 per 1000 live births in population (estimate)
		2.5.2) Reduce the mother to child transmission of HIV to 0.6 % by March 2020	Infant PCR test positive around 10 weeks rate	0.6%%
	2.6) Reduce under 5 mortality	2.6.1) Reduce the under 5 mortality rate to 42.5 per 1000 live births by March 2020	Under 5 mortality rate	42.5 per 1000 live births in population (estimate)
		2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6% by March 2020	Severe acute malnutrition case fatality under 5 years rate	6%
	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)	95 per 100 000 live births for 2019/20
	2.8) Improve women's health	2.8.1) Increase the couple year protection rate to at least 56% by March 2020	Couple year protection rate (international)	56%
		2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	Cervical cancer screening coverage 30 years and older (annualised)	84%

Table 31: (DHS12) Strategic Objectives, Indicators and Targets

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
Strategic Objective 2.7: Reduce maternal mortality										
2.7.3) Increase the antenatal 1st visit before 20 weeks rate to 70% (or more) by March 2020	1. Antenatal 1st visit before 20 weeks rate	PHC Comprehensive Tick Register	Quarterly %	64.8%	70.2%	72.1%	73.3%	75%	75%	75%
	Antenatal 1st visit before 20 weeks	*PHC register*	*No*	*135 367*	140 867	*149 215*	*157 206*	*156 677*	*155 675*	*152 562*
	Antenatal 1st visit total	*PHC register*	*No*	*208 903*	200 689	*207 089*	*214 505*	*208 903*	*207 567*	*203 416*
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 Comprehensive Tick Register	Quarterly %	69.8%	66.8%	76.8%	77.5%	81%	81%	81%
	Mother postnatal visit within 6 days after delivery	*PHC register*	No	*129 873*	120 018	*141 992*	*154 848*	*147 752*	*147 710*	*145 936*
	Delivery in facility total	*Delivery Register*	No	*186 063*	179 540	*184 816*	*199 918*	*182 188*	*181 988*	*180 168*
Strategic Objective 2.5: Reduce infant mortality										
2.5.2) Reduce the mother to child transmission of HIV to 0.6% by March 2020	3. Infant PCR test positive around 10 weeks rate	PHC Comprehensive Tick Register	Quarterly %	1.2%	1.1%	0.71%	0.6%	0.6%	0.6%	0.6%
	Infant PCR test positive around 10 weeks	*PHC register*	No	*521*	476	*361*	*326*	*312*	*355*	348
	Infant PCR test around 10 week	*PHC register*	No	*44 400*	45 281	*51 075*	*54 168*	*52 000*	*44 000*	43 500
Strategic Objective 2.6: Reduce under 5 mortality										
2.6.3) Increase immunisation coverage to 88% or more by March 2020	4. Immunisation under 1 year coverage	PHC Comprehensive Tick Register	Quarterly %	85.0%	85.4%	81.5%	81%	88%	88%	88%
	Immunised fully under 1 year new	*PHC register*	*No*	191 946	189 516	*208 294*	*208 543*	*229 000*	*230 668*	222 805
	Population under 1 year	*DHIS; Stats SA*	*No*	*227 216*	221 991	*255 475*	*257 461*	*260 227*	*262 123*	262 123
2.6.4) Maintain the measles 2nd dose coverage of 90%	5. Measles 2nd dose coverage	PHC Comprehensive	Quarterly %	82.6%	99.5%	77.5%	78.9%	90%	93%	94%

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
(or more) from March 2020 onwards		Tick Register								
	Measles 2nd dose	*PHC register*	*No*	*189 035*	225 110	*204 459*	*208 060*	*236 381*	*243 896*	*246 519*
	Target population 1 year	*DHIS; Stats SA*	*No*	*227 216*	226 330	*263 843*	*262 993*	*262 645*	*262 254*	262 254
2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020	6. Diarrhoea case fatality under 5 years rate	Ward register	Quarterly %	2.2%	2.0%	2.0%	2%	2 %	2%	2%
	Diarrhoea death under 5 years	*Death Register*	*No*	*221*	192	*116*	*160*	*115*	*115*	*115*
	Diarrhoea separation under 5 years	*Admission & Discharge register*	*No*	*10 259*	9 765	*5 773*	*8 218*	*5 773*	*5 773*	*5 773*
2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% (or less) by March 2020	7. Pneumonia case fatality under 5 years rate	Ward register	Quarterly %	2.7%	1.8%	2.5%	2.7%	2.4%	2.2%	2.1%
	Pneumonia death under 5 years	*Tick Register/ Death Register*	*No*	*308*	200	*230*	*286*	*200*	*180*	170
	Pneumonia separation under 5 years	*Admission & Discharge records*	*No*	*11 215*	11 081	*9 134*	*10 510*	*8 333*	*8 182*	8 059
2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6 % by March 2020	8. Severe acute malnutrition case fatality under 5 years rate	Ward register	Quarterly %	*7.7%*	*7.4%*	*7.7%*	*6%*	*6%*	5.8%	5.5%
	Severe acute malnutrition (SAM) death in facility under 5 years	*Tick Register/ Death Register*	*No*	*281*	230	*200*	*178*	*191*	*174*	*171*
	Severe acute malnutrition (SAM) in facility under 5 years	*Admission & Discharge records*	*No*	*3 664*	3 122	*2 582*	*2 967*	*3 170*	*3 156*	*3 100*
Strategic Objective 1.5: Accelerate implementation of PHC re-engineering										
1.5.9) Increase the number of learners screened with at least 5% per annum	9. School Grade 1 - learners screened	School Health register; DHIS	Quarterly No	59 253	70 707	56 372	58 000	60 147	60 147	60 147
	10. School Grade 8 -learners screened	School Health register; DHIS	Quarterly	22 660	36 527	28 209	29 000	31 473	31 473	31 473

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
			No							
Strategic Objective 2.7: Reduce maternal mortality										
2.7.6) Reduce deliveries under 19 years to 8% or less by March 2020	11. Delivery in 10 to 19 years in facility rate	Delivery Register	Quarterly %	Not reported	Not reported	17.6%	22%	21%	20%	19%
	Delivery 10 to 19 years in facility	*Tick Register*	*No*		-	32 502	*43 918*	*38 260*	*36 398*	*34 232*
	Delivery in facility - total	*DHIS/Stats SA*	*No*		-	184 816	*199 918*	*182 188*	*181 988*	*180 168*
Strategic Objective 2.8: Improve women's health										
2.8.1) Increase the couple year protection rate to at least 56% by March 2020	12. Couple year protection rate (Int)	PHC Comprehensive Tick Register	Quarterly %	52%	53.9%[57]	46.4%	50.0%	56%	56%	75%[58]
	Couple year protection	*Tick Register PHC/ Hospital Register*	No	*1 555 481*	1 599 550	*1 401 342*	*1 53 317*	*1 743 471*	*1 771 303*	*2 372 281*
	Population 15-49 years females	*DHIS/Stats SA*	No	*2 929 747*	2 966 034	*3 022 377*	*3 066 343*	*3 113 342*	*3 163 041*	*3 163 041*
2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	13. Cervical cancer screening coverage 30 years and older[59]	PHC Comprehensive Tick Register OPD tick register	Quarterly %	*72.7%*	86%[60]	*79.4%*	80%	84%	85%	85%
	Cervical cancer screening in woman 30 years and older	*Tick Register PHC/ Hospital Register*	*No*	*171 150*	205 706	*183 993*	*189 936*	*204 315*	*211 695*	*211 695*
	Target population 30 years and older females	*DHIS/Stats SA*	*No*	*234 228*	239 122	*231 645*	*237 421*	*243 232*	*249 053*	*249 053*
Strategic Objective 2.5: Reduce infant mortality										
2.6.9) Increase the Vitamin A dose 12-59 months coverage to 64% or more by March 2020	14. Vitamin A dose 12-59 months coverage	PHC Comprehensive Tick Register OPD tick register	Quarterly %	*63.7%*	61.9%[61]	*68.6%*	69%	*70%*	*73%*	*74%*
	Vitamin A dose 12 - 59 months	*PHC register*	*No*	*1 179 912*	1 141 120	*1 487 636*	*1 481348*	*1 488 834*	*1 540 773*	*1 635 879*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
	*Target population 12-59 months *2*	*DHIS; Stats SA*	No	1 853 702	1 841 762	*2 167 410*	*2 146 882*	*2 126 906*	*2 110 648*	2 110 648
Strategic Objective 2.7: Reduce maternal mortality										
2.7.5) Initiate 99% eligible antenatal clients on ART by March 2020	15. Antenatal client start on ART rate	ART register, Tier.Net	Annual %	97.6%	97.2%	97.2%	94.7%	97%	97%	97%
	Antenatal client start on ART	ART & PHC register	No	*43 733*	38 215	*31 130*	*26 910*	*27 200*	*38 432*	*38 048*
	Antenatal client known HIV positive but NOT on ART at 1st visit	ART & PHC register	No	*44 786*	39 325	*32 012*	*28 516*	*28 042*	*39 621*	*39 225*
Strategic Objective 2.8: Improve women's he										
2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1st and 2nd dose as part of cervical cancer prevention programme	16. HPV 1st dose	HPV register; DHIS	Annual No	41 943	65 341	*37 754*	Mid-year data not available	60 000	60 000	60 000
	17. HPV 2nd dose	HPV register; DHIS	Annual No	Not reported	64 973	*70 224*	Mid-year data not available	60 000	60 000	60 000
Strategic Objective 2.7: Reduce maternal mortality										
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	18. Maternal mortality in facility ratio	Maternal death register, Delivery Register	Annual No per 100,000	121.1/ 100 000	106.7 /100 000	101.9/ 100 000	100/ 100 000	95/ 100 000	90 / 100 000	90 / 100 000
	Maternal death in facility	*Midnight census/ Death Register*	No	*223*	190	*197*	*200*	*184*	*174*	*173*
	Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility)	*Maternity Register*	No	*184 184*	178 066	*193 385*	*209 244*	*193 871*	*193 692*	*191 755*
Strategic Objective 2.5: Reduce infant mortality										
2.5.3) Reduce the neonatal death in facility rate to at least 11.3/1000 by March 2020	19. Neonatal death in facility rate	Delivery register, Midnight report	Annual No per 1000	*10.5 / 1000*	9.7 / 1000	12.4 / 1000	12 / 1000	11.3 / 1000	11.3 / 1000	11.1 / 1000
	Neonatal 0-28 days death	*Midnight census/*	No	*1 950*	1 736	*2 271*	*2 376*	*2 033*	*2 031*	*1 937*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
	in facility	*Death Register*								
	Live birth in facility	*Maternity register*	No	*184 184*	178 066	*182 529*	*198 056*	*179 899*	*179 698*	*176 104*
2.5.1) Reduce the infant mortality rate to 30.9 per 1000 live births by March 2020	20. Infant mortality rate	ASSA2008 (2011) Stats SA and RMS[62] (2012 onwards)	Annual No. per 1000 live births in total population	31 / 1000	31/ 1000	30/ 1000	Mid-year data not available	30.9 / 1000	29 / 1000	29 / 1000
Strategic Objective 2.6: Reduce under 5 mortality										
2.6.1) Reduce the under 5 mortality rate to 42.5 per 1000 live births by March 2020	21. Under 5 mortality rate	ASSA2008 (2011) Stats SA and RMS[63] (2012 onwards)	Annual No. per 1000 live births in total population	42 / 100	41/ 1000	43 / 1000	Mid-year data not available	42.5 / 1000	40 / 1000	40 / 1000
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020	22. Diarrhoea with dehydration in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	Annual No per 1000	10.4/ 1000	12.5 / 1000	8/ 1000	10.2 / 1000	10/ 1000	9.5 / 1000	9 / 1000
	Diarrhoea with dehydration new in child under 5 years	*PHC register*	*No*	*11 993*	14 294	*10 695*	*13 575*	*13 237*	*12 516*	*11 857*
	Population under 5 years	*DHIS; Stats SA*	*No*	*1 154 059*	1 142 878	*1 339 178*	*1 330 900*	*1 323 674*	*1 317 449*	*1 317 449*
2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020	23. Pneumonia in child under 5 years incidence (annualised)	PHC register; DHIS; Stats SA	Annual No per 1000	74.5/ 1000	58 / 1000	43.3 / 1000	53 / 1000	52/ 1000	50 / 1000	49 / 1000
	Pneumonia new in child under 5 years	*PHC register*	*No*	*85 715*	66 150	*57 929*	*70 537*	*68 831*	*65 872*	*64 555*
	Population under 5 years	*DHIS; Stats SA*	*No*	*1 154 059*	1 142 878	*1 339 178*	*1 330 900*	*1 323 674*	*1 317 449*	*1 317 449*
2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020	24. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	Annual No per 1000	5.3/1 000	4.6 / 1000	2.4 / 1000	2.4/ 1000	2.2/ 1000	2.0 / 1000	1.8 / 1000
	Child under 5 years with severe acute malnutrition new	*DHIS/ Tick Register PHC*	*No*	*6 136*	5 192	*3 266*	*3 194*	*2 915*	*2 373*	*2 234*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
	Population under 5 years	*DHIS/Stats SA*	*No*	*1 154 059*	1 142 878	*1 339 178*	*1 330 900*	*1 323 674*	*1 317 449*	*1 317 449*
2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020	25. Death in facility under 1 year rate (annualised)	Midnight census; Admission Discharge & Death register; DHIS	Annual %	7.4%	6.4%	6.6%	6.2%	6%	5.7%	5.5%
	Death in facility under 1 year total	*Death Register*	*No*	*3 381*	2 838	*2 864*	*3 501*	*2 616*	*2 485*	*2 398*
	Inpatient separations under 1 year	*Midnight census/ Admissions, Discharge & Death registers*	*No*	*45 780*	44 252	*43 598*	*56 474*	*43 598*	*43 598*	*43 598*
2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020	26. Death in facility under 5 years rate	Midnight census; Admission Discharge & Death register; DHIS	Annual %	5.1%	4.5%	4.5%	4.4%	4.3%	4.2%	4.2%
	Death in facility under 5 years total	*Death Register*	*No*	*4 009*	3 326	*3 267*	*3 866*	*3 147*	*3 075*	*3 075*
	Inpatient separations under 5 years	*Midnight census/ Admissions, Discharge & Death registers*	*No*	*77 563*	74 612	*73 207*	*87 864*	*73 207*	*73 207*	*73 207*

- It must be noted that there is no reliable methodology to estimate numerators and denominators for a number of indicators in the table above due to the considerable number of variables influencing patient activity (health seeking behaviour i.e. patients access health care late); social determinants of health; burden of disease; impact of improved community-based services on health behaviour not yet determined; etc. Current numerators and denominators should therefore be considered with caution taking into account the various variables. The % increase/ decrease is based on the required performance

2019/20 Targets (MNC&WH & Nutrition)

Table 32: (DHS13) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	75%	75%	75%	75%	75%
2. Mother postnatal visit within 6 days rate	Quarterly	%	81%	77%	79%	80%	81%
3. Infant PCR test positive around 10 weeks rate	Quarterly	%	0.6%	06%	0.6%	0.6%	0.6%
4. Immunisation under 1 year coverage	Quarterly	%	88%	88%	88%	88%	88%
5. Measles 2nd dose coverage	Quarterly	%	90%	90%	90%	90%	90%
6. Diarrhoea case fatality under 5 years rate	Quarterly	%	2%	2%	2%	2%	2%
7. Pneumonia case fatality under 5 years rate	Quarterly[64]	%	2.4%	2.5%	2.4%	2.4%	2.3%
8. Severe acute malnutrition case fatality under 5 years rate	Quarterly[65]	%	6%	5.9%	6.0%	5.9%	6.0%
9. School Grade 1 - learners screened	Quarterly	No	60 147	11 743	13 023	25 066	10 321
10. School Grade 8 - learners screened	Quarterly	No	31 473	11 475	8 064	7 169	4 764
11. Delivery in 10 to 19 years in facility rate	Quarterly	%	21%	21%	21%	21%	21%
12. Couple year protection rate (Int)[66]	Quarterly	%	56%	56%	56%	56%	56%
13. Cervical cancer screening coverage 30 years and older	Quarterly	%	84%	79%	81%	82%	84%
14. Vitamin A dose 12-59 months coverage	Quarterly	%	70%	70%	70%	70%	70%
15. Antenatal client start on ART rate	Annual	%	97%	-	-	-	-
16. HPV 1st dose	Annual	No	60 000	-	60 000	-	-
17. HPV 2nd dose	Annual	No	60 000	-	-	-	60 000
18. Maternal mortality in facility ratio	Annual	No per 100,000	95 / 100 000	-	-	-	-
19. Neonatal death in facility rate	Annual	No per 1000	11.3 / 1000	-	-	-	-
20. Infant mortality rate	Annual	No. per 1000	30.9 / 1000	-	-	-	-
21. Under 5 mortality rate	Annual	No. per 1000	42.5 / 1000	-	-	-	-

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
22. Diarrhoea with dehydration in child under 5 years incidence	Annual	No per 1000	10 / 1000	-	-	-	-
23. Pneumonia in child under 5 years incidence	Annual	No per 1000	52 / 1000	-	-	-	-
24. Severe acute malnutrition in child under 5 incidence	Annual	No per 1000	2.2 / 1000	-	-	-	-
25. Death in facility under 1 year rate (annualised)	Annual	%	6%	-	-	-	-
26. Death in facility under 5 years rate (annualised)	Annual	%	4.3%	-	-	-	-

SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

Situation Analysis Indicators (DP&C)

TABLE 33: (DHS14) SITUATION ANALYSIS INDICATORS

Programme Performance Indicator	Type	Provincial 2017/18	Ugu 2017/18	uMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. Cataract surgery total	*No*	*10 262*	*917*	*1 254*	*266*	*25*	*272*	*0*	*609*	*1 671*	*219*	*757*	*4 272*
2. Malaria case fatality rate	%	4.4%	0%	0%	0%	0%	0%	7.1%	2.4%	3.2%	0%	0%	12.6%
Deaths from malaria	*No*	*26*	*0*	*0*	*0*	*0*	*0*	*2*	*8*	*3*	*0*	*0*	*13*
Total number of Malaria cases reported	*No*	*588*	*17*	*1*	*2*	*0*	*7*	*28*	*328*	*94*	*8*	*0*	*103*

Strategic Objectives, Indicators and Targets (DP&C)

TABLE 34: 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)	23/1000
		2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	Diabetes incidence (annualised)	3.1 per 1000 population
	2.10) Eliminate malaria	2.10.1) Malaria incidence of under 1/1 000 population at risk by March 2020	Malaria incidence per 1000 population at risk	0.5/0 000
		2.10.2) Reduce the malaria case fatality rate to 0.5% by March 2020	Malaria case fatality rate	0.5%

TABLE 35: (DHS15) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 2.9: Reduce incidence of non-commutable diseases										
2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020	1. Cataract surgery - total	*DHIS/Theatre Register*	*No*	*5 487*[67]	8 556	*10 262*	*9 500*	*9 700*	*9 900*	9 999
Strategic Objective 2.10: Eliminate malaria										
2.10.2) Reduce the malaria case fatality rate to 0.5% by March 2020	2. Malaria case fatality rate	Malaria Information System	Quarterly %	1%	1.2%	4.4%	0.86%	0.5%	0.47%	0.3%
	Deaths from malaria	*Malaria register/Tick sheets PHC*	*No*	*5*	*7*	*26*	*10*	*6*	*4*	*2*
	Total number of Malaria cases reported	*Malaria register/Tick sheets PHC*	*No*	*502*	*557*	*588*	*1 158*[68]	*1100*	*850*	*650*
2.10.1) Malaria incidence of under 1/1 000 population at	3. Malaria incidence per 1000 population at risk	Malaria Register; Stats SA	Annual No per 1000	0.8 / 1000	0.3 / 1000	0.48 /1000	0.73 / 1000	0.5 / 1000	0.3 / 1000	0.1 / 1000

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
risk by March 2020			pop at risk							
	Number of malaria cases (new)	*Malaria Register/Tick Register PHC*	*No*	*519*	*224*[69]	*328*	*506*	*352*	*211*	*70*
	Population uMkhanyakude	*DHIS; Stats SA*	*Population*	*649 645*	*655 616*	*687 572*	*696 042*	*704 651*	*704 651*	*704 651*
Strategic Objective 2.9: Reduce incidence of non-communicable diseases										
2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020	4. Clients 40 years and older screened for hypertension	DHIS/ Tick Register	Quarterly No	Not reported	Not reported	5 115 499	2 000 000	2 555 563	2 555 996	2 555 996
2.9.1) Hypertension incidence of 24.6 or less per 1000 population by March 2020	5. Hypertension incidence (annualised)	PHC register; DHIS	Annual No per 1000	18.6 / 1000	21.8 / 1000[70]	21.3 / 1000	23 / 1000	23/ 1000	23/1000	21 / 1000
	Hypertension client treatment new	*PHC register*	*No*	*48 837*	58 396	*53 741*	*59 113*	*60 348*	*61 724*	56 357
	Population 40 years and older	*DHIS; Stats SA*	*Population*	*2 547 127*	2 680 947	*2 520 246*	*2 570 168*	2 623 843	2 683 650	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	4 617 256	2 000 000	2 555 563	2 555 996	2 555 996
2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	7. Diabetes incidence (annualised)	PHC register; DHIS	Annual No per 1000	2.2 / 1000	2.8 / 1000	4.4 / 1000[71]	3.5 / 1000	3.1/ 1000	3.1/1000	3.1 / 1000
	Diabetes client treatment new	*PHC register*	*No*	*27 641*	29 943	*49 227*	*39 544*	*35 854*	*36 311*	36 311
	Population total	*DHIS; Stats SA*	*Population*	*10 688 165*	10 806 538	*11 267 436*	*11 417 132*	*11 565 963*	*11 713 378*	*11 713 378*
2.9.5) Screen at least 1.5 million people for mental disorders at PHC services by March 2020	8. Mental disorders screening rate	PHC register; DHIS	Quarterly %	3.7%	22.4%	34.6%	34.7%	35%	35%	35%
	PHC client screened for mental disorders	*PHC register*	*No*	1 135 000	6 550 458	9 834 835	10 073 013	*10 216 306*	*10 153 239*	10 249 205

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
	PHC headcount - total	*PHC register*	*No*	*30 745 821*[72]	29 200 948	28 403 348	*29 028 858*	*29 189 445*	*29 009 254*	*29 283 445*
2.9.7) Improve the number of wheelchairs issued to 3 500 by March 2020	9. Wheelchairs issued	PHC & OPD register; DHIS	Quarterly No	Not reported	*7 576*	3 880	*2300*	*3 500*	*3 500*	*3 600*
Strategic Objective 5.2) Improve quality of care										
5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020	10. Dental extraction to restoration ratio	PHC register; OPD & Theatre register; DHIS	Quarterly No	19:1	18.7:1	20:1	*19:1*	18:1	17:1	*16:1*
	Tooth extraction	PHC register; OPD & Theatre register	*No*	548 034	*537 762*	*510 011*	*526 186*	*432 250*	*413 525*	*389 200*
	Tooth restoration	PHC register; OPD & Theatre register	*No*	*27 957*	28 809	*25 408*	*27 206*	*24 013*	*24 325*	*24 325*

2019/20 Targets (DPC)

TABLE 36: (DHS16) QUARTERLY, BI-ANNUAL AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Cataract surgery - total	Quarterly	No per 1mil	9 700	3 053	2 799	2 544	1 304
2. Malaria case fatality rate	Quarterly	%	0.5%	0.5%	0.5%	0.5%	0.5%
3. Malaria incidence per 1000 population at risk	Annual	No per 1000	0.5 / 1000	-	-	-	-
4. Clients 40 years and older screened for hypertension	Quarterly	No	2 555 563	638 891	1 277 782 (638 891)	1 916 673 (638 891)	2 555 563 (638 890)
5. Hypertension incidence (annualised)	Annual	No per 1000	23 / 1000	-	-	-	-
6. Clients 40 years and older screened for diabetes	Quarterly	No	2 555 563	638 891	1 277 782 (638 891)	1 916 673 (638 891)	2 555 563 (638 890)
7. Diabetes incidence (annualised)	Annual	No per 1000	3.1 / 1000	-	-	-	-
8. Mental disorders screening rate	Quarterly	%	35%	35%	35%	35%	35%
9. Wheelchairs issued	Quarterly	No	3 500	875	875	875	875
10. Dental extraction to restoration ratio	Quarterly	Ratio	18:1	18:1	18:1	18:1	18:1

Reconciling Performance Targets with Expenditure Trends (Programme 2)

TABLE 37: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
District Management	249 161	291 190	302 062	304 880	302 951	295 603	330 183	355 200	374 738
Community Health Clinics	3 501 113	3 915 857	4 020 491	4 324 275	4 365 184	4 407 920	4 655 651	4 971 528	5 244 962
Community Health Centres	1 365 808	1 500 268	1 625 352	1 784 568	1 788 642	1 768 533	1 920 597	2 052 921	2 165 833
Community Based Services	160 420	215 486	306 225	419 637	422 467	411 691	443 901	451 242	473 301
Other Community Services	959 940	997 211	1 071 475	1 168 674	1 200 668	1 200 728	1 280 915	1 380 686	1 456 624
HIV and AIDS	3 813 719	4 499 037	5 018 680	5 677 225	5 677 225	5 677 225	5 840 628	6 470 140	7 300 479
Nutrition	43 820	44 940	41 940	51 569	47 114	44 647	59 739	63 023	66 489
Coroner Services	172 140	180 085	221 828	246 794	246 704	227 595	265 208	285 150	300 833
District Hospitals	6 146 572	6 503 837	7 124 263	6 848 092	6 868 544	6 975 118	7 640 117	8 266 130	8 720 766
Sub-Total	16 412 693	18 147 911	19 732 316	20 825 714	20 919 499	21 009 060	22 436 939	24 296 020	26 104 025
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	16 412 693	18 147 911	19 732 316	20 825 714	20 919 499	21 009 060	22 436 939	24 296 020	26 104 025

TABLE 38: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	15 976 484	17 605 153	18 890 919	20 118 237	20 249 892	20 308 259	21 787 483	23 627 399	25 398 627
Compensation of employees	10 761 959	11 533 363	12 229 725	12 396 711	13 113 799	13 036 088	14 499 544	15 725 163	16 590 046
Goods and services	5 213 658	6 070 884	6 660 677	7 721 133	7 133 945	7 269 985	7 287 524	7 901 798	8 808 119
Communication	53 800	68 421	56 899	59 633	59 482	57 562	63 588	67 035	70 723
Computer Services	3 252	1 457	2 165	1 289	-	-	1 354	1 428	1 507
Consultants, Contractors and special services	1 102 628	1 264 929	1 681 078	1 760 821	1 636 821	1 704 086	1 813 250	1 841 364	2 042 637
Inventory	3 146 426	3 736 916	3 830 037	4 748 984	4 139 091	4 243 022	4 102 541	4 625 414	5 251 535
Operating leases	46 816	37 548	25 999	32 677	31 414	27 158	34 965	36 853	38 880
Travel and subsistence	29 110	24 113	22 241	24 346	21 850	23 268	33 293	35 259	37 199
Maintenance, repair and running costs	92 123	92 461	106 154	116 575	123 502	111 156	122 910	129 642	136 772
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	739 503	845 039	936 104	976 808	1 121 785	1 103 733	1 115 623	1 164 803	1 228 866
Interest and rent on land	867	906	517	393	2 148	2 186	415	438	462
Transfers and subsidies to	380 997	474 768	618 250	455 387	443 912	499 343	392 529	407 666	430 089
Provinces and municipalities	129 600	154 750	219 658	213 394	213 394	213 395	225 396	237 793	250 872
Departmental agencies and accounts	48	107	151	45	29	84	47	49	51
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	165 147	171 372	113 929	49 701	48 762	47 553	51 034	52 865	55 773
Households	86 202	148 539	284 512	192 247	181 727	238 311	116 052	116 959	123 393
Payments for capital assets	55 183	67 960	223 128	252 090	225 650	201 413	256 927	260 955	275 309

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	55 183	67 960	223 128	252 090	225 650	201 413	256 927	260 955	275 309
Payment for financial assets	29	30	19	-	45	45	-	-	-
Total economic classification	16 412 693	18 147 911	19 732 316	20 825 714	20 919 499	21 009 060	22 436 939	24 296 020	26 104 025
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	16 412 693	18 147 911	19 732 316	20 825 714	20 919 499	21 009 060	22 436 939	24 296 020	26 104 025

Performance and Expenditure Trends (Programme 2)

Programme 2 is allocated 49.82 % of the 2019/20 Vote 7 allocation compared to 48.97% of the revised estimate for 2018/19. This amounts to an increase of R 1 427 879 000.

Risk Management (Programme 2)

TABLE 39: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Unclear roles	• Role clarification of district offices in relation to transversal services
Inequality in the service delivery platform	• Development and implementation of the Hospital Rationalisation Plan – Phase 1
	• Implementation of the recommendations from the Hospital efficiency study
	• Development of a Provincial Referral Policy
Budget constraints	• Reduce and eliminate the amount of expired medication and overstocking in facilities. Improve management of communed overtime
High Medico-Legal costs	• Strengthen clinical governance by building capacity at a district level in the form of Family Physicians to reduced medico-legal cases

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 Transport

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

Sub-Programme 3.2: Planned Patient Transport

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).

2019/20 Priorities (EMS)

Priorities 2019/2020	Key Focus Areas 2019/2020
Review Emergency Medical Services Model	• Finalise & implement the Emergency Medical Services Turn-Around Strategy and Plan • Review EMS structure • Regulate the issue of licenses for Private EMS Operators
Improve the Efficiency of Emergency Medical Services	• Role clarification of District Offices in relation to transversal services • Review status of flying doctor services • Procurement of ambulances • Improve multi stretcher carrying capacity for PPTS vehicles • Employment of operational and supervisory staff • Alignment with EMS regulation requirements • Strategy for EMS communication Centres in KZN • HR training and development
Improve Data and Information Management	• Improve ICT infrastructure

EMS interventions to improve the quality of data include:

- Standardisation of tools used in EMS for the collection, capturing and collation of data as well as the calculations used for reporting of data.
- Motivation for dedicated data capturing staff and a computerized data system where case load data is captured as cases are transpiring (automation).

Situation Analysis Indicators (EMS)

TABLE 40: (EMS1) SITUATION ANALYSIS INDICATORS 2017/18[73]

Programme Performance Indicator	Data Source	Provincial 2017/18	UGu 2017/18	UMgungundlovu 2017/18	uThukela 2017/18	uMzinyathi 2017/18	Amajuba 2017/18	Zululand 2017/18	uMkhanyakude 2017/18	King Cetshwayo 2017/18	iLembe 2017/18	Harry Gwala 2017/18	eThekwini 2017/18
1. EMS P1 urban response under 15 minutes rate	Patient report form and Communications Centre (Vehicle Control Form)	23%	22%	16%	17%	38%	71%	-	-	27%	12%	-	22%
EMS P1 urban response under 15 minutes	*EMS callout Register*	*29 325*	*1 645*	*1 604*	*356*	*332*	*2 774*	-	-	*98*	*438*	-	*22 078*
EMS P1 urban responses	*EMS callout Register*	*128 265*	*7 594*	*9 886*	*2 066*	*869*	*3 899*	-	-	*362*	*3 511*	-	*100 078*
2. EMS P1 rural response under 40 minutes rate	Patient report form and Communications Centre (Vehicle Control Form)	36%	33%	30%	31%	31%	70%	34%	21%	31%	33%	26%	38%
EMS P1 rural response under 40 minutes	*EMS callout Register*	*71 819*	*5 910*	*4 043*	*6 243*	*6 588*	*18 707*	*5 950*	*3 046*	*9 216*	*3 851*	*2 792*	*5 473*
EMS P1 rural responses	*EMS callout Register*	*198 197*	*17 946*	*13 531*	*20 316*	*21 116*	*26 753*	*17 690*	*14 268*	*29 825*	*11 842*	*10 687*	*14 223*
3. EMS inter-facility transfer rate	*EMS Register / database*	39%	40%	43%	32%	18%	26%	34%	74%	44%	36%	13%	42%
EMS inter-facility transfer	*EMS Register*	*176 238*	*15 464*	*20 177*	*11 698*	*4 685*	*11 731*	*11 070*	*21 259*	*17 475*	*9 459*	*1 884*	*51 336*
EMS clients transport - total	*EMS Register*	*457 656*	*38 774*	*47 033*	*36 605*	*26 310*	*44 975*	*32 363*	*28 749*	*39 372*	*26 183*	*14 192*	*123 100*

Source: 2017/18 Annual Report

Strategic Objectives, Indicators and Targets (EMS)

TABLE 41: 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	1.8.2) Increase the average number of daily operational ambulances to 200 by March 2020	Average number of daily operational ambulances	200
Strategic Goal 5: Improved quality of health care		1.8.4) Improve P1 urban response times of under 15 minutes to 26% by March 2020	EMS P1 urban response under 15 minutes rate	26%
		1.8.5) Improve P1 rural response times of under 40 minutes to 36% by March 2020	EMS P1 rural response under 40 minutes rate	36%
		1.8.6) Increase the inter-facility transfer rate to 39% by March 2020	EMS inter-facility transfer rate	39%

TABLE 42: (EMS2) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.8: Improve EMS efficiencies										
1.8.4) Improve P1 urban response times of under 15 minutes to 26% by March 2020	1. EMS P1 urban response under 15 minutes rate	Patient report form & Communications Centre (Vehicle Control Form)	Quarterly %	5%	5.1%	23%	24	26%	26%	26%
	EMS P1 urban response under 15 minutes	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*7 896*	*7 980*	*29 325*	*27 025*	*31 857*	*34 616*	*37 625*
	EMS P1 urban calls	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*162 760*	*157 550*	*128 265*	*112 608*	*138 674*	*149 984*	*162 277*
1.8.5) Improve P1 rural response times of under 40 minutes to 36% by	2. EMS P1 rural response under 40 minutes rate	Patient report form & Communications Centre (Vehicle Control Form)	Quarterly %	32%	34.9%	36.2%	35%	36 %	37%	37%

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
March 2020	*EMS P1 rural response under 40 minutes*	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*66 543*	*65 050*	*71 819*	*68 580*	*77 873*	*84 466*	*91 648*
	EMS P1 rural responses	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*205 668*	*186 325*	*198 197*	*195 944*	*214 762*	*232 795*	*252 429*
1.8.6) Increase the inter-facility transfer rate to 39% by March 2020	3. EMS inter-facility transfer rate	Patient report form & Communications Centre (Vehicle Control Form)	Quarterly %	41%	30.2%	39%	39%	39%	42%	45%
	EMS inter-facility transfer	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*208 628*	*199 869*	*176 238*	*184 175*	*198 265*	*224 042*	*254 269*
	EMS clients transported-total	Patient report form & Communications Centre (Vehicle Control Form)	*No*	*509 594*	*662 742*	*457 656*	*472 246*	*488 436*	*521 964*	*558 509*
1.8.2) Increase the average number of daily operational ambulances to 200 by March 2020	4. Average number of daily operational ambulances[74]	EMS daily Operations Reports/ EMS database	No	187	180	188	170	*200*[75]	*210*	*220*
1.8.7) Increase number bases with network access to 50 by March 2020	5. Number of bases with access to intranet/ e-mail	ICT roll-out report/ IT database	No	50 (with access to a computer) 23 (access to email/I intranet)	38	23	23	*50*[76]	60	70

2019/20 Targets (EMS)

TABLE 43: (EMS3) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	26%	26%	26%	26%	26%
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	36%	34%	36%	36%	36%
3. EMS inter-facility transfer rate	Quarterly[77]	%	39%	43%	40%	38%	39%
4. Average number of daily operational ambulances	Quarterly Cumulative	No	200	190	200	200	200
5. Number of bases with access to computers and intranet/ e-mail	Quarterly Cumulative	No	50	30	38	43	50

Reconciling Performance Targets with Expenditure Trends (EMS)

TABLE 44: (EMS4 A) EXPENDITURE ESTIMATES

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Emergency Services	1 106 737	1 114 738	1 251 736	1 299 438	1 333 438	1 331 919	1 457 574	1 555 244	1 640 781
Planned Patient Transport	67 669	94 525	125 841	116 248	141 248	142 767	173 584	151 310	159 630
Sub-Total	1 174 406	1 209 263	1 377 577	1 415 686	1 474 686	1 474 686	1 631 158	1 706 554	1 800 411
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 174 406	1 209 263	1 377 577	1 415 686	1 474 686	1 474 686	1 631 158	1 706 554	1 800 411

TABLE 45: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	1 133 984	1 189 528	1 325 342	1 329 375	1 399 397	1 402 065	1 529 356	1 599 152	1 687 103
Compensation of employees	822 311	866 530	950 621	962 392	983 239	977 511	1 157 276	1 248 808	1 317 492
Goods and services	311 638	322 937	374 715	366 983	416 092	424 488	372 080	350 344	369 611
Communication	8 734	9 395	9 262	11 468	10 081	9 036	12 111	12 777	13 479
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	3 136	2 102	2 841	1 348	2 023	2 239	1 422	1 501	1 583
Inventory	25 857	27 707	14 131	34 351	34 180	30 490	25 962	31 609	33 347
Operating leases	1 615	1 624	1 085	1 622	1 530	1 297	1 712	1 806	1 905
Travel and subsistence	3 678	1 961	2 434	2 187	3 089	3 371	2 310	2 437	2 571

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Maintenance, repair and running costs	168 660	179 855	236 383	213 015	254 790	266 438	229 243	186 992	197 277
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	99 958	100 293	108 579	102 992	110 399	111 617	99 320	113 222	119 449
Interest and rent on land	35	61	6	-	66	66	-	-	-
Transfers and subsidies to	3 465	3 779	4 699	5 311	5 289	4 453	5 609	5 918	6 243
Provinces and municipalities	1 205	2 001	2 834	2 645	2 645	2 245	2 793	2 947	3 109
Departmental agencies and accounts	2	2	-	2	2	-	2	2	2
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2 258	1 776	1 865	2 664	2 642	2 208	2 814	2 969	3 132
Payments for capital assets	36 957	15 956	47 536	81 000	70 000	68 168	96 193	101 484	107 065
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	36 957	15 956	47 536	81 000	70 000	68 168	96 193	101 484	107 065
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	1 174 406	1 209 263	1 377 577	1 415 686	1 474 686	1 474 686	1 631 158	1 706 554	1 800 411
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 174 406	1 209 263	1 377 577	1 415 686	1 474 686	1 474 686	1 631 158	1 706 554	1 800 411

Performance and Expenditure Trends (EMS)

Programme 3 is allocated 3.62% of the 2019/20 Vote 7 allocation compared to 3.44% of the revised estimate for 2018/19. This equates to an increase of R156 472 000.

Risk Management (EMS)

Table 46: Risk Management

Potential Risks	Mitigating Strategies
Budget Constraints	• Improve Revenue Generation • Re-prioritisation

Notes

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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, as well as a platform for training health professionals and research. There are no changes to the Programme 4 structure.

Sub-Programme 4.1: General (Regional) Hospitals

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

Sub-Programme 4.2: 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: 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: Sub-acute, Step down and Chronic Medical Hospitals

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

Sub-Programme 4.5: Dental Training Hospitals

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

2019/20 Priorities (Provincial Hospitals)

Priorities 2019/2020	Key Focus Areas 2019/2020
Rationalisation of Hospital Services (All levels of Care) to improve Efficiencies and Quality	• Commission Pixley ka Isaka Seme Regional Hospital • Fully develop general specialists services in Regional Hospitals • Manage the issue of licenses for Private Hospitals
Improve Quality of Services	• Ideal Hospital Accreditation • Clinical Governance Strengthening
Improved Human Resources for Health	• Organisational Structures Reviewed

SUB-PROGRAMME: REGIONAL HOSPITALS

Strategic Objectives, Indicators and Targets (Provincial Hospitals)

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

TABLE 47: 2015-2019 STRATEGIC PLAN TARGETS

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Strategic Goal 1: Strengthen health system effectiveness	1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020 (Reviewed 2016/17) (The bed utilisation of 75% has not been reviewed as this is considered the minimum BUR for efficiency)	Inpatient bed utilisation rate - total	74% (or more)

TABLE 48: (PHS1) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay	Midnight census	Quarterly Days	6.3 Days	6.1 Days	6.3 Days	6.5 Days	6.3 Days	6.2 Days	6.2 Days
	Inpatient days -total	Midnight census	*No*	1 899 919	1 650 8892	*1 788 569*	*1 857 594*	1 869 491	1 954 471	2 043 722
	½ Day Patients	Midnight census	*No*	49 528	46 173	*56 392*	*53 378*	63 322	71 176	80 081
	Inpatient separations	Midnight census	*No*	305 850	274 589	*288 483*	*295 896*	305 795	324 161	343 646
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	Midnight census	Quarterly %	74.7%	72.1%	71.7%	73.4%	74.7%	76.8%	78.9%
	Inpatient days	*DHIS/ Midnight Census*	*No*	1 899 919	1 650 892	*1 788 569*	*1 783 123*	1 869 491	1 954 471	2 043 722
	½ Day Patients	*Admission/ Discharge Register*	*No*	49 528	46 173	*56 392*	*53 378*	63 322	71 176	80 081
	Inpatient bed days available	*DHIS*	*No*	2 583 419	2 322 136	*2 535 233*	*2 502 045*	2 585 938	2 637 657	2 690 410
1.7.4) Maintain expenditure per PDE within the provincial norms	3. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 3 170	R 3 043	R 3 127	R 3 123	R3 245	R3 406	R3 574
	Expenditure - total	*BAS*	*R'000*	8 296 822	7 822 649	*8 469 490*	*8 727 437*	8 879 173	9 411 923	9 976 638
	Patient day equivalent	*DHIS*	*No*	2 921 942	2 578 105	*2 708 807*	*2 794 784*	2 735 892	2 763 251	2 790 883
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in	4. Complaint resolution within 25 working days rate	Complaints Register	Quarterly %	98%	94.3%	94.2%	85.2%	95.0%	95%	95.5%

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
all public health facilities by March 2020 onwards	*Complaint resolved within 25 working days*	*Complaints Register*	*No*	986	970	*1 337*	1 724	1 376	1 405	1 440
	Complaints resolved	*Complaints Register*	*No*	1 006	1 029	*1 420*	2 024	1 448	1 477	1 507
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	80%	75.3%	82.9%	84.3%	95%	95%	95%
	Complaint resolved	*Complaints Register*	*No*	1 006	1 029	*1 420*	2 024	1 448	1 477	1 507
	Complaint received	*Complaints Register*	*No*	1 259	1 367	*1 712*	2 401	1 524	1 555	1 586
Strategic Objective 2.7: Reduce maternal mortality										
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	Quarterly %	41.7%	41.2%	40.4%	41.3%	40.2%	39.9%	39.6%
	Delivery by caesarean section	*Theatre & Delivery Register*	*No*	29 551	26 260	*28 695*	*31 404*	30 213	31 820	33 521
	Delivery in facility total	*Delivery Register*	*No*	70 882	63 791	*70 955*	*75 996*	75 230	79 766	84 578
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.5) Reduce the unreferred outpatient Department (OPD) headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	2 575 296	2 367 033	2 331 309	2 402 236	2 242 904	2 159 058	2 079 510
	8. OPD headcount new case not referred	DHIS/ OPD tick Register	Quarterly No	182 998	171 162	221 192	244 764	212 874	204 983	197 495

2019/20 Targets (Regional Hospitals)

Table 49: (PHS2) Quarterly and Annual Targets

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Average length of stay	Quarterly[78]	Days	6.3 Days	6.2 Days	6.3 Days	6.4 Days	6.5 Days
2. Inpatient bed utilisation rates	Quarterly	%	74.7%	70.4%	77%	74.3%	74.7%
3. Expenditure per PDE	Quarterly[79]	R	R3 245	R3 319	R3 174	R3 293	R3 199
4. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
5. Complaints resolution rate	Quarterly	%	95%	95%	95%	95%	95%
6. Delivery by caesarean section rate	Quarterly[80]	%	40.2%	37.4%	40.3%	41.7%	41.4%
7. OPD headcount – total	Quarterly	No	2 242 904	565 001	563 044	562 565	552 294
8. OPD headcount new case not referred	Quarterly	No	212 874	54139	50 987	54 319	53 428

SUB-PROGRAMME: SPECIALISED TB HOSPITALS

Strategic Objectives, Indicators & Targets (Specialised TB Hospitals)

TABLE 50: (PHS3 A) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints Register	Quarterly %	93.4%	94.3%	100%	100%	95%	95%	95%
	Complaint resolved within 25 working days	*Complaints Register*	*No*	128	60	97	*122*	93	93	93
	Complaint resolved	*Complaints Register*	*No*	137	62	97	*122*	98	98	98
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	19.1%	75.3%	93.3%	94.0%	94.7%	96.1%	97%
	Complaint resolved	*Complaints Register*	*No*	137	62	97	*122*	98	98	98
	Complaint received	*Complaints Register*	*No*	716	86	*104*	*130*	103	102	101
Strategic Objective 1.7: Improve hospital efficiencies										
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	3. Average length of stay – total	DHIS	Quarterly Days	17.2 Days	48.4 Days	48 Days	42.5 Days	46.6 Days	45.3 Days	43.9 Days
	Inpatient days- total	*Midnight Census*	*No*	331 547	159 750	*135 359*	94 996	138 066	140 828	143 644
	½ Day Patients	*Admission/ Discharge Register*	*No*	733	550	*94*	*258*	95	96	97
	Inpatient separations total	*Admission/ Discharge Register*	*No*	19 307	3 306	*2 822*	*2 240*	2 963	3 111	3 267

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	4. Inpatient bed utilisation rate – total	DHIS	Quarterly %	56.2%	42.6%	43.7%	38.7%	44.6%	45.5%	46.4%
	Inpatient days-total	*Midnight Census*	*No*	331 547	159 570	*135 359*	94 996	138 066	140 828	143 644
	½ Day Patients	*Admission/ Discharge Register*	*No*	733	550	*94*	*258*	95	96	97
	Inpatient bed days available	*DHIS*	*No*	591 152	374 490	*309 736*	*245 854*	309 736	309 736	309 736
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE [81]	BAS/ DHIS	Quarterly R	R 1 613	R 4 742	R 4 750	R 5 806	R 4 320	R 3 869	R 3 465
	Total expenditure TB Hospitals	BAS	R'000	734 142	776 902	*788 127*	726 841	720 450	648 405	583 564
	Patient day equivalents	*DHIS*	*No*	426 465	163 828	*165 929*	*125 168*	166 755	167 590	168 428
1.7.5) Reduce the unreferred outpatient Department (OPD) headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	255 718	94 969	91 324	94 124	93 150	95 013	96 914
	7. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	30 637	9 136	6 841	6 900	6 773	6 705	6 638

2019/20 Targets (Specialised TB Hospitals)

TABLE 51: (PHS4 A) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Target			
				Q1	Q2	Q3	Q4
1. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
2. Complaints resolution rate	Quarterly	%	94.7%	94.7%	94.7%	94.7%	94.7%
3. Average length of stay – total	Quarterly[82]	Days	46.6 Days	54.7 Days	55.5 Days	40.8 Days	38.5 Days
4. Inpatient bed utilisation rate – total	Quarterly	%	44.6%	46.6%	48.1%	45.3%	38.4%
5. Expenditure per PDE	Quarterly[83]	R	R 4 320	R 4 320	R 4 320	R 4 320	R 4 320
6. OPD headcount – total	Quarterly	Number	93 150	24 981	24 329	22 091	21 749
7. OPD headcount new case not referred	Quarterly	Number	6 773	2 334	1 529	1 448	1 461

SUB-PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

Strategic Objectives, Indicators & Targets (Specialised Psychiatric Hospitals)

TABLE 52: (PHS3 B) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints register	Quarterly %	83.3%	100%	103.4%	98%	95%	95%	95%
	Complaints resolved within 25 days	*Complaints Register*	*No*	50	55	*60*	*47*	*122*	120	119
	Complaints resolved	*Complaints Register*	*No*	60	55	*58*	*48*	*128*	126	125
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	93.8%	98.2%	43.6%	44.0%	97.1%[84]	97.1%	97.1%
	Complaint resolved	*Complaints Register*	*No*	60	55	*58*	*48*	*128*	126	125
	Complaint received	*Complaints Register*	*No*	64	56	*133*	*109*	*132*	*130*	*129*
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	3. Average length of stay – total	DHIS	Quarterly Days	296.8 Days	291.1 Days	318.6 Days	356.6 Days	310.2 Days	302.2 Days	294.3 Days
	Inpatient days-total	*Midnight Census*	*No*	621 164	638 302	634 039	*638 298*	648 239	662 927	678 124
	½ Day Patients	*Admission/ Discharge Register*	*No*	0	15	9	*796*	9	9	9
	Inpatient separations total	*Admission/ Discharge Register*	*No*	2 093	2 206	*1 990*	*1 792*	*2 090*	2 194	2 304

Strategic Objective Statement	Performance Indicator	Data Source	Frequency/ Type	Audited /Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	4. Inpatient bed utilisation rate – total	DHIS	Quarterly %	67.5%	71.2%	72.1%	72.7%	73.0%	73.9%	74.9%
	Inpatient days-total	*Midnight Census*	*No*	621 164	638 302	634 039	638 298	648 239	662 927	678 124
	½ Day Patients	*Admission/ Discharge Register*	*No*	0	15	9	*796*	9	9	9
	Inpatient bed days available	*DHIS*	*No*	920 540	897 710	*879 077*	*879 260*	887 868	896 747	905 714
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE	BAS/ DHIS	Quarterly R	R 1 257	R 1 284	R 1 341	R 1 433	R 1 345	R 1 352	R 1 358
	Total expenditure Psychiatric Hospitals	*BAS*	*R'000*	R 788 178	R 825 338	*R 862 646*	*R 919 837*	*R 862 811*	R 871 439	R 880 154
	Patient day equivalents	*DHIS*	*No*	626 751	642 871	*638 330*	*642 110*	*641 520*	644 727	647 951
1.7.5) Reduce the unreferred OPD headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	Quarterly No	16 220	11 596	11 739	11 990	11 974	12 213	12 458
	7. OPD headcount new case not referred	DHIS/OPD tick Register	Quarterly No	1 587	1 037	694	700	680	667	653

2019/20 Targets (Specialised Psychiatric Hospitals)

TABLE 53: (PHS4 B) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
2. Complaints resolution rate	Quarterly	%	97.1%	97.1%	97.1%	97.1%	97.1%
3. Average length of stay – total	Quarterly[85]	Days	310.2 Days	291.5 Days	278.5 Days	328.4 Days	352.7 Days
4. Inpatient bed utilisation rate – total	Quarterly[86]	%	73%	72.1%	72.9%	72.8%	74.3%
5. Expenditure per PDE	Quarterly[87]	R	R 1 345	R 1 554	R 896	R 2 333	R 595
6. OPD headcount - total	Quarterly	No	11 974	3 121	3 045	2 877	2 930
7. OPD headcount new case not referred	Quarterly	No	680	189	160	147	184

SUB-PROGRAMME: CHRONIC/ SUB-ACUTE HOSPITALS

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

TABLE 54: (PHS3 C) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	1. Complaint resolution within 25 working days rate	Complaints Register	Quarterly %	100%	100%	97.8%	94.4%	95%	95%	95%
	Complaint resolved within 25 days	*Complaints Register*	*No*	*94*	*50*	*44*	*34*	*46*	*45*	*45*
	Complaint resolved	*Complaints Register*	*No*	*94*	*50*	*45*	*36*	*48*	*47*	*47*
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	2. Complaints resolution rate	DHIS	Quarterly %	94.9%	100%	91.8%	81.8%	98.3%	98.3%	98.3%
	Complaint resolved	*Complaints Register*	*No*	*94*	*50*	*45*	*36*	*48*	*47*	*47*
	Complaint received	*Complaints Register*	*No*	*99*	*50*	*49*	*44*	*49*	*48*	*48*
Strategic Objective 1.7: Improve hospital efficiencies										
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	3. Average length of stay – total	DHIS	Quarterly/ Days	38.7 Days	32.3 Days	39.1 Days	38.8 Days	38.2 Days	37.5 Days	36.8 Days
	Inpatient days-total	*Midnight Census*	*No*	*105 247*	*99 887*	*90 296*	*101 408*	*97 223*	*104 833*	*113 201*
	½ Day patients	*Admission/ Discharge Register*	*No*	*0*	9	*0*	*0*	*0*	*0*	*0*
	Inpatient separations total	*Admission/ Discharge Register*	*No*	2 720	3 089	*2 312*	*2 616*	2 543	2 798	3 077

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
1.7.1) Maintain a bed utilisation rate of 75% (or more)by March 2020	4. Inpatient bed utilisation rate – total	DHIS	Quarterly/ Rate	55.2%	52.1%	46.8%	50.1%	50.2%	53.8%	57.8%
	Inpatient days-total	*Midnight Census*	*No*	*105 247*	*99 887*	*90 296*	*95 820*	*97 223*	*104 833*	*113 201*
	½ Day Patients	*Admission/ Discharge Register*	*No*	*0*	*9*	*0*	*0*	*0*	*0*	*0*
	Inpatient bed days available	*DHIS*	*No*	190 733	191 625	*192 802*	*191 646*	193 772	194 751	195 741
1.7.4) Maintain expenditure per PDE within the provincial norms	5. Expenditure per PDE	BAS/ DHIS	Quarterly/ R	R2 299	R 2 548	R 2 940	R 3 137	R 2 856	R 2 785	R 2 716
	Total expenditure – Chronic Hospitals	*BAS*	*R'000*	*R 361 110*	*R 378 575*	*R 381 700*	*R 402 135*	*R 372 697*	*R 365 243*	*R 357 938*
	Patient day equivalent	*DHIS*	*No*	*157 033*	*148 588*	*129 841*	*128 172*	*130 489*	*131 142*	*131 797*
1.7.5) Reduce the unreferred outpatient Department (OPD) headcounts with at least 7% per annum	6. OPD headcount – total	DHIS/OPD tick Register	Quarterly/ No	154 990	145 949	118 636	122 000	121 009	123 429	125 897
	7. OPD headcount new cases not referred	DHIS/OPD tick Register	Quarterly/ No	51 071	48 667	40 370	39 176	38 847	37 403	36 032

2019/20 Targets (Chronic/ Acute Hospitals)

TABLE 55: (PHS4 C) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
2. Complaints resolution rate	Quarterly	%	98.3%	98.3%	98.3%	98.3%	98.3%
3. Average length of stay – total	Quarterly[88]	Days	38.2 Days	36.3 Days	31.7 Days	42.2 Days	46.8 Days
4. Inpatient bed utilisation rate – total	Quarterly[89]	%	50.2%	53.6%	52.1%	46.6%	48.5%
5. Expenditure per PDE	Quarterly[90]	R	R 2 856	R 2 745	R 2 698	R 3 027	R 2 985
6. OPD headcount - total	Quarterly	Number	121 009	26 912	34 565	32 023	27 509
7. OPD headcount new case not referred	Quarterly	Number	38 847	9 903	10 337	9 803	8 804

SUB-PROGRAMME ORAL AND DENTAL TRAINING CENTRE

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

TABLE 56: STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited /Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
4.1.12) Provision of dental prosthesis and training platform	1. Number of dentures issued per annum	Dental Register	Annual Number	Not reported	Not reported	163	190	170	176	183
	2. Number of Oral Hygienist and Dental Therapists trained per annum	Training Register	Annual Number	Not reported	Not reported	30	30	33	36	40

2019/20 Targets (Oral and Dental Training Centre)

TABLE 57: QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Number of dentures issued per annum	Annual	Number	170	-	-	-	-
2. Number of Oral Hygienist and Dental Therapists trained per annum	Annual	Number	33	-	-	-	-

Reconciling Performance Targets with Expenditure Trends (Programme 4)

TABLE 58: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
General (Regional) Hospitals	6 907 179	7 398 709	8 074 917	9 028 560	8 938 383	9 077 739	9 060 320	9 696 842	10 230 173
Tuberculosis Hospitals	734 142	776 902	789 489	832 736	791 044	735 927	781 855	830 983	876 688
Psychiatric-Mental Hospitals	788 178	825 338	865 678	929 156	943 154	939 538	998 539	1 079 095	1 138 447
Sub-acute, Step-down and Chronic Medical Hospitals	361 110	378 575	383 621	418 476	418 476	409 232	464 941	483 751	510 356
Dental Training Hospital	18 958	19 451	19 966	23 490	20 490	22 885	24 749	26 687	28 154
Sub-Total	8 809 567	9 398 975	10 133 671	11 232 418	11 111 547	11 185 321	11 330 404	12 117 358	12 783 818
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	8 809 567	9 398 975	10 133 671	11 232 418	11 111 547	11 185 321	11 330 404	12 117 358	12 783 818

TABLE 59: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	8 659 741	9 214 411	9 745 629	10 889 835	10 742 291	10 799 422	10 990 623	11 793 471	12 442 119
Compensation of employees	6 704 543	7 138 270	7 405 857	8 417 039	8 207 802	8 193 043	8 436 011	9 192 379	9 697 969
Goods and services	1 954 788	2 075 849	2 337 152	2 472 792	2 532 595	2 604 428	2 554 608	2 601 088	2 744 146
Communication	18 526	19 554	18 370	20 281	20 148	19 882	20 390	21 561	22 748
Computer Services	6	224	9	9	43	198	9	9	9
Consultants, Contractors and special services	447 449	457 669	642 002	611 483	625 360	724 442	733 556	675 991	713 170

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Inventory	1 081 606	1 136 818	1 148 904	1 237 274	1 261 060	1 209 829	1 198 203	1 266 228	1 335 870
Operating leases	10 224	9 588	8 719	10 818	10 759	10 858	10 706	11 330	11 952
Travel and subsistence	4 292	3 073	2 398	2 490	2 654	2 609	2 587	2 731	2 882
Maintenance, repair and running costs	15 941	15 921	16 715	18 513	17 999	16 408	18 933	20 002	21 101
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	376 744	433 002	500 035	571 924	594 572	620 173	570 224	603 236	636 414
Interest and rent on land	410	292	2 620	4	1 894	1 951	4	4	4
Transfers and subsidies to	117 046	176 558	276 587	225 447	232 095	267 660	88 509	83 790	88 398
Provinces and municipalities	-	101	-	-	2	2	-	-	-
Departmental agencies and accounts	44	127	220	88	120	126	93	98	103
Public corporations and private enterprises	10	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	28 255	32 557	27 467	5 169	16 464	16 464	5 479	5 643	5 953
Households	88 737	143 773	248 900	220 190	215 509	251 068	82 937	78 049	82 342
Payments for capital assets	30 361	8 006	111 480	117 136	137 161	118 239	251 272	240 097	253 301
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	30 361	8 006	111 480	117 136	137 161	118 239	251 272	240 097	253 301
Payment for financial assets	2 419	-	(25)	-	-	-	-	-	-
Total economic classification	8 809 567	9 398 975	10 133 671	11 232 418	11 111 547	11 185 321	11 330 404	12 117 358	12 783 818
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	
Total economic classification	8 809 567	9 398 975	10 133 671	11 232 418	11 111 547	11 185 321	11 330 404	12 117 358	12 783 818

Performance and Expenditure Trends (Programme 4)

Programme 4 is allocated 25.16% of the total 2019/20 Vote 7 allocation compared to 26.07% of the revised estimate for 2018/19. This amounts to an increase of R 145 083 000.

Risk Management (Programme 4)

TABLE 60: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Inequality in the service delivery platform	• Development and implementation of the Hospital Rationalisation Plan – Phase 1
	• Implementation of the recommendations from the Hospital efficiency study
	• Development of a Provincial Referral Policy
Budget constraints	• Reduce and eliminate the amount of expired medication and overstocking in facilities. Improve management of communed overtime
High Medico-Legal costs	• Strengthen clinical governance by building capacity at a district level in the form of Family Physicians to reduced medico-legal cases

Notes

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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 Hospital Services

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: Provincial Tertiary Hospital Services

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

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.

TABLE 61: 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	71.7%)(Reviewed 2019/20)

2019/20 Priorities (Tertiary and Central Hospitals)

Priorities 2019/2020	Key Focus Areas 2019/2020
Rationalisation of Hospital Services	• Implementation of the approved Rationalisation Plan including filling of essential posts (Minimum staff establishment exercise) • Transition from current Public Private Partnership (PPP) Contract at IALCH as per Provincial Executive Council directive
Improving Human Resources for Health	• Review Organizational Structures for specific hospital • Fully Develop specialist services as Ngwelezane Tertiary Hospital
Implementation and Monitoring of the National Core Standards	• Strengthen Clinical Governance

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

Strategic Objectives, Indicators and Targets (Tertiary Hospitals)

TABLE 62: (C&THS1) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	1. Average length of stay	Midnight Census	Quarterly Days	9.6 Days	7.7 Days	7.5 Days	8.2 Days	7.5 Days	7.4 Days	7.2 Days
	Inpatient days	*Midnight Census*	*No*	262 345	454 218	405 478	*445 112*	429 807	455 595	482 931
	½ Day Patients	*Admission / Discharge Register*	*No*	12 100	20 037	*18 258*	*14 722*	17 893	17 535	17 184
	Inpatient separations total	*Admission / Discharge Register*	*No*	28 840	60 670	*55 144*	*56 138*	*59 399*	*64 033*	*69 085*
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	DHIS	Quarterly %	77.8%	71,6%	67.8%	70.0%	71.7%	74.2%	76.9%
	Inpatient days	*Midnight Census*	*No*	262 345	454 218	*405 478*	*409539*	429 807	455 595	482 931
	½ Day Patients	*Admission/ Discharge Register*	*No*	12 100	20 037	*18 258*	*14 722*	17 893	17 535	17 184
	Inpatient bed days available	*DHIS*	*No*	345 145	648 240	*611 716*	*606 088*	624192	636952	650002
1.7.4) Maintain expenditure per PDE within the provincial norms	3. Expenditure per PDE	BAS report and Midnight census	Quarterly R	R4 645	R 3 696	R 4 038	R 3 975	R4 129	R4 150	R4 170
	Expenditure – total Tertiary Hospital	*BAS*	*R'000*	3 140082	2 274 553	2 320 096	*2 418 418 694*	*2 396 266*	*2 432 169*	*2 468 652*
	Patient day equivalents	*DHIS*	*No*	675 872	615 317	574 551	*608 398*	*580 294*	*586 097*	*591 958*

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS	Quarterly %	98%	97.6%	94.2%	76.9%	95%	95%	95%
	Complaints resolved within 25 working days	*Complaints Register*	*No*	251	164	*196*	*100*	*269*	*290*	*314*
	Complaints resolved	*Complaints Register*	*No*	256	168	*208*	*130*	*283*	*305*	*330*
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	83.4 %	69.4%	75.4%	76%	*95.7%*	*95.7%*	*95.7%*
	Complaint resolved	*Complaints Register*	*No*	256	168	*208*	*130*	*283*	*305*	*330*
	Complaint received	*Complaints Register*	*No*	307	242	*276*	*171*	*296*	*319*	*345*
Strategic Objective 2.7: Reduce maternal mortality										
2.7.2)) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	Quarterly %	73.1%	50.5%	50.3%	51.7%	51.1%	52.1%	53.3%
	Delivery by caesarean section	*Theatre Register*	*No*	797	3 611	*3 481*	*4 152*	3763	4096	4488
	Delivery in facility total	*Delivery Register*	*No*	1 090	7 152	*6 924*	*8 032*	7370	7867	8424
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.5) Reduce the unreferred OPD headcounts with at least 7% per annum	7. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly No	264 412	390 325	418 777	408 454	381 280	*351672*	*324 370*
	8. OPD headcount new cases not referred	DHIS/ Tick Register OPD	Quarterly No	21 345	31 151	35 707	32 990	32 927	*30 364*	*28 001*

2019/20 Targets (Tertiary Hospitals)

TABLE 63: (THS2) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Target			
				Q1	Q2	Q3	Q4
1. Average length of stay	Quarterly	Days	7.5 Days	7.5 Days	7.7 Days	7.4 Days	7.5 Days
2. Inpatient bed utilisation rate	Quarterly[91]	%	71.7%	*75.6%*	*72.0%*	*63.1%*	*77.0%*
3. Expenditure per PDE	Quarterly[92]	R	R4 129	R3 880	R3 971	R4 497	R4 223
4. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
5. Complaints resolution rate	Quarterly	%	95.7%	95.7%	95.7%	95.7%	95.7%
6. Delivery by caesarean section rate	Quarterly[93]	%	51.1%	*52.8%*	*47.5%*	*52.5%*	*51.9%*
7. OPD headcount - total	Quarterly	No	381 280	*89396*	*97 219*	*89 435*	*105 229*
8. OPD headcount new case not referred	Quarterly	No	32 927	*7 814*	*8 264*	*7 102*	*9 746*

SUB-PROGRAMME: CENTRAL HOSPITAL (INKOSI ALBERT LUTHULI CENTRAL HOSPITAL)

Strategic Objectives, Indicators & Targets (Central Hospital)

TABLE 64: (C&THS3) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
Strategic Objective 1.7: Improve hospital efficiencies										
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	1. Average length of stay	*Midnight Census*	Quarterly Days	8.6 Days	8.7 Days	8.4 Days	8.8 Days	8.4 Days	8.3 Days	8.2 Days
	Inpatient days	*Midnight Census*	*No*	203 522	204 871	201 761	*209 200*	204775	207839	210954
	½ Day Patients	*Admission/ Discharge Register*	*No*	1 602	1 651	*1 542*	*1 528*	1642	1751	1871
	Inpatient separations	*Admission/ Discharge Registers*	*No*	23 756	23 515	*24 002*	*23 930*	*24 660*	*25 337*	*26 035*
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	2. Inpatient bed utilisation rates	Midnight Census	Quarterly %	66.2%	66.6%	65.6%	66.2%	66.8 %	67.9 %	68.9 %
	Inpatient days	*Midnight Census*	*No*	203 522	204 871	201 761	*202 913*	204775	207839	210954
	½ Day Patients	*Admission/ Discharge Register*	*No*	1 602	1 651	*1 542*	*1 528*	1642	1751	1871
	Inpatient bed days available	*DHIS*	*No*	308 824	308 790	*308 824*	*308 824*	308824	308824	308824
1.7.4) Maintain expenditure per PDE within the provincial norms	3. Expenditure per PDE	BAS/ DHIS	Quarterly R	R7 701	R 8 323	R 9 354	R 9 147	R8 980	R8 802	R8 628
	Total expenditure Central Hospital	*BAS*	*R'000*	2 087 907	2 259 604	2 466 385	*2 508 001 546*	*2 391 301*	*2 367 388*	*2 343 714*

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
	Patient day equivalent	*DHIS*	*No*	271 090	271 479	263 660	*274 198*	*266 296*	*268 959*	*271 645*
Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards										
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	4. Complaint resolution within 25 working days rate	DHIS	Quarterly %	96.6%	87.3%	93%	94.0%	95%	95%	95%
	Complaints resolved within 25 working days	*Complaints Register*	*No*	115	110	*135*	*126*	*139*	*141*	*142*
	Complaints resolved	*Complaints Register*	*No*	119	126	*145*	*134*	*146*	*148*	*149*
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	5. Complaints resolution rate	DHIS	Quarterly %	99.2%	99.2%	100%	*95.7%*	*100%*	*100%*	*100%*
	Complaint resolved	*Complaints Register*	*No*	119	126	*145*	*134*	*146*	*148*	*149*
	Complaint received	*Complaints Register*	*No*	120	127	*145*	*140*	*146*	*148*	*149*
Strategic Objective 2.7: Reduce maternal mortality										
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	6. Delivery by caesarean section rate	DHIS	Quarterly %	72.2%	78.5%	*77%*	80.9%	73.3%	69.3%	65.9%
	Delivery by caesarean section	*Theatre Register*	*No*	301	300	*341*	*392*	*326*	*312*	*299*
	Delivery in facility total	*Delivery Register*	*No*	417	382	*441*	*484*	*445*	*450*	*454*
Strategic Objective 1.7: Improve hospital efficiencies										
1.7.6) Appropriate referral as per referral criteria	7. OPD headcount – total	DHIS/ Tick Register OPD	Quarterly No	195 333	192 511	178 721	189 950	189 473	*200 898*	*213 040*

2019/20 Targets (Central Hospital)

TABLE 65: (C&THS4) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Annual Target 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Average length of stay	Quarterly	Days	8.4 Days	8.8 Days	8.4 Days	7.9 Days	8.4 Days
2. Inpatient bed utilisation rate	Quarterly[94]	%	66.8%	66.4%	68.9%	66.3%	65.8%
3. Expenditure per PDE	Quarterly	R	R8 980	R8 980	R8 980	R8 980	R8 980
4. Complaint resolution within 25 working days rate	Quarterly	%	95%	95%	95%	95%	95%
5. Complaints resolution rate	Quarterly	%	100%	100%	100%	100%	100%
6. Delivery by caesarean section rate	Quarterly[95]	%	73.3%	75.6%	76.9%	66.2%	74.5%
7. OPD headcount - total	Quarterly	No	189 473	47 888	49 363	46 433	45 788

Reconciling Performance Targets with Expenditure Trends (Programme 5)

TABLE 66: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Central Hospital Services	2087907	2259604	2466385	2 402 978	2424678	2 543 913	2 596 712	2 755 360	2 906 903
Provincial Tertiary Hospital Services	2 037 022	2 274 553	2 397 738	2 553 015	2 531 315	2 606 246	2 683 186	2 969 661	3 132 991
Sub-Total	4 124 929	4 534 157	4 864 123	4 955 993	4 955 993	5 150 159	5 279 898	5 725 021	6 039 894
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	4 124 929	4 534 157	4 864 123	4 955 993	4 955 993	5 150 159	5 279 898	5 725 021	6 039 894

TABLE 67: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	4 092 468	4 472 417	4 754 835	4 805 919	4 816 843	4 980 889	5 132 860	5 617 739	5 926 712
Compensation of employees	2 331 335	2 492 410	2 614 993	2 843 834	2 828 146	2 828 476	3 036 384	3 505 717	3 698 531
Goods and services	1 761 005	1 979 967	2 139 841	1 962 085	1 988 687	2 151 706	2 096 476	2 112 022	2 228 181
Communication	5 526	6 413	6 122	7 299	7 178	6 818	7 664	8 085	8 530
Computer Services	-	3 020	6 685	6 948	6283	5 707	7 295	7 696	8 119
Consultants, Contractors and special services	984 986	1 068 164	1 166 080	1 006 502	1 006 813	1 117 386	1 083 677	1 030 324	1 086 992
Inventory	677 255	796 515	830 034	799 115	829 362	887 536	848 508	908 370	958 331
Operating leases	959	956	1 275	1 441	1 516	1 542	1 513	1 596	1 683
Travel and subsistence	431	590	642	790	1 023	1 304	830	879	927
Maintenance, repair and running costs	940	786	811	792	829	696	832	878	926

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	90 908	103 523	128 192	139 198	135 683	130 717	146 157	154 194	162 673
Interest and rent on land	128	40	1	-	10	707	-	-	-
Transfers and subsidies to	30 432	48 533	31 646	27 715	26 791	109 451	39 267	40 877	43 125
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	52	53	59	63	47	61	67	71	75
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	30 380	48 480	31 587	27 652	26 744	109 390	39 200	40 806	43 050
Payments for capital assets	2 029	13 207	77 642	122 359	112 359	59 819	107 771	66 405	70 057
Buildings and other fixed structures	**-**	2 000	-	-	-	-	-	-	-
Machinery and equipment	2029	11 207	77 642	122 359	112359	59 819	107 771	66 405	70 057
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	4 124 929	4 534 157	4 864 123	4 955 993	4 955 993	5 150 159	5 279 898	5 725 021	6 039 894
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**4 124 929**	**4 534 157**	**4 864 123**	4 955 993	4 955 993	5 150 159	5 279 898	5 725 021	6 039 894

Performance and Expenditure Trends (Programme 5)

Programme 5 is allocated 11.72% of the total 2019/20 Vote 7 allocation compared to 12.00% of the revised estimate for 2018/19. This amounts to an increase of R 129 739 000.

Risk Management (Programme 5)

TABLE 68: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Instability in Hospital Leadership & lack of support at the Provincial Office	Empower Hospitals through training (even in house) Ensure CG structures sit & develop improvement plans

Notes

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 Colleges

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

Sub-Programme 6.2: EMS Training Colleges

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: Primary Health Care 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.

2019/20 Priorities (Health Sciences & Training)

Priorities 2019/2020	Key Focus Areas 2019/2020
Accreditation of KZN College of Nursing (KZNCN) as Institution of Higher Education	• Regulating the issuing of support letters as part of the issue of Licensing of private providers for training of nurses • Rationalisation of nursing colleges/ campuses • Curriculum Development of all programmes. • Physical Infrastructure, clinical skills laboratories, computer laboratories and libraries readiness. • System Development for student recruitment and management of academic records. • Human Resources Development in line with the requirements of the New Nursing Qualifications.
Implement the Provincial Human Resources Development (HRD) Strategy	• Integrated, comprehensive HRD Training plan inclusive of: o Clinical and Corporate Governance o Registrars o Training to reduce Medico-Legal Risks HWSETA accredited middle and Junior Managers leadership programmes o Identify occupational categories requiring mid-level workers in consultation with programme managers and liaise with training institutions for the enrolment of identified candidates
Improve Emergency Medical Training	Align to National Emergency (NCETE)

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

TABLE 69: 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 120 bursaries for first year medicine students between 2015/16 and 2019/20	• Number of bursaries awarded for first year medicine students	30 (2019/20) 120 cumulative
		4.1.5) Allocate 600 bursaries for first year nursing students between 2015/16 and 2019/20	• Number of bursaries awarded for first year nursing students	600 (Cumulative) 100 (2019/20)
		4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020 (Reviewed 2017/18)	• Number of MOPs that successfully completed the degree course at DUT	61 Cumulative (6 2019/20)
		4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum	• Number of new students enrolled in Mid-Level Worker training courses	150 (2019/20)
		4.1.7) Increase the EMS skills pool by increasing the number of ILS intakes to 300 by March 2020 (Reviewed 2017/18)	• Number of Intermediate Life Support graduates per annum	300 (Cumulative) 72 for 2019/20

TABLE 70: (HST1) STRATEGIC PRIORITIES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 4.1: Improve human resources for health										
4.1.4) Allocate 120 bursaries for first year medicine students between 2015/16 and 2019/20	1. Number of Bursaries awarded to first year medicine students	Bursary Register	Annual No	57	16	8	15	30	15	15
4.1.5) Allocate 600 bursaries for first year nursing students between 2015/16 and 2019/20	2. Number of Bursaries awarded to first year nursing students	Bursary Register	Annual No	90[96]	108	199[97]	100	100	100	100
Strategic Objective 4.1: Improve human resources for health										

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
4.1.10) Increase enrolment of Advanced Midwives by at least 10% per annum[98]	3. Number of Advanced Midwifes graduating per annum	KZNCN database	Annual No	29	54	81	60	60	60	60
4.1.8) Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020	5. Number of MOPs that successfully completed the degree course at DUT	Training Report/ Student Records DUT	Annual No	Nil	Nil	36	31	6[99]	10	5
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (Based on need per category) [100]	6. Number of new mid-level workers enrolled in training courses per category	Annual Training Report	Annual No	208	206	0	150	150	50	100
4.1.7) Increase the EMS skills pool by increasing the number of ILS student intakes to 300 by March 2020	7. Number of Intermediate Life Support graduates per annum	Training Report/ EMS College Register	Annual No	41	38	48	72	72	0[101]	0

2019/20 Targets (Health Sciences & Training)

TABLE 71: (HST2) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Number of Bursaries awarded to first year medicine students	Annual	Number	30				30
2. Number of Bursaries awarded to first year nursing students	Annual	Number	100	-			100
3. Number of Advanced Midwives graduating per annum	Annual	Number	60		30		30
4. Number of MOP's that successfully completed the degree course at DUT	Annual	Number	6	-	-	-	6
5. Number of new mid-level workers enrolled in training courses per category	Annual	Number	150	-	-	-	150
6. Number of Intermediate Life Support graduates per annum	Annual	Number	72	-	-	-	72

Reconciling Performance Targets with Expenditure Trends (Programme 6)

TABLE 72: (HST4 A) EXPENDITURE ESTIMATES (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Nursing Training Colleges	277 502	275 229	266 028	293 908	266 492	259 922	311 721	333 156	351 478
EMS Training Colleges	5 298	16 542	17 781	19 127	19 077	18 671	20 319	21 665	22 857
Bursaries	280 604	322 878	313 252	265 492	264 019	290 585	220 248	159 250	168 009
Primary Health Care Training	41 069	39 135	47 450	59 100	57 353	51 166	61 837	65 862	69 485
Training Other	454 321	547 290	601 539	626 723	635 495	622 092	667 760	732 816	981 092
Sub-Total	1 058 794	1 201 074	1 246 050	1 264 350	1 242 436	1 242 436	1 281 885	1 312 749	1 592 921
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 058 794	1 201 074	1 246 050	1 264 350	1 242 436	1 242 436	1 281 885	1 312 749	1 592 921

TABLE 73: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	773 468	887 101	933 698	994 094	972 692	943 323	1 056 577	1 148 152	1 419 270
Compensation of employees	721 247	821 215	871 124	918 016	900 049	888 500	976 837	1 064 266	1 330 774
Goods and services	52 219	65 883	62 571	76 078	72 643	54 823	79 740	83 886	88 496
Communication	697	753	855	140	773	770	147	154	162
Computer Services	138	191	-	-	175	175	-	-	-
Consultants, Contractors and special services	2 507	25	82	58	43	40	61	64	67

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Inventory	4 022	3 523	4 538	4 806	4 149	4 121	5 012	5 281	5 570
Operating leases	1 402	1 337	1 107	1 247	1 240	1 102	1 310	1 376	1 452
Travel and subsistence	22 344	34 296	29 626	32 000	30 007	22 568	33 600	35 281	37 221
Maintenance, repair and running costs	2 361	2 547	2 998	3 766	3 611	3 207	3 996	4 234	4 468
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	21 109	23 211	23 365	34 061	32 645	22 840	35 614	37 496	39 556
Interest and rent on land	2	3	3	-	-	-	-	-	-
Transfers and subsidies to	285 220	313 940	310 371	260 659	260 509	292 807	215 310	154 186	162 667
Provinces and municipalities	-	-	15	-	-	-	-	-	-
Departmental agencies and accounts	18 863	19 842	18 850	20 868	20 868	20 868	22 036	23 248	24 527
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	266 357	294 098	291 506	239 791	239 641	271 939	193 274	130 938	138 140
Payments for capital assets	99	33	1 981	9 597	9 235	6 306	9 998	10 411	10 984
Buildings and other fixed structures		-	-	-	-	-	-	-	-
Machinery and equipment	99	33	1 981	9 597	9 235	6 306	9 998	10 411	10 984
Payment for financial assets	7	-	-	-	-	-	-	-	-
Total economic classification	1 058 794	1 201 074	1 246 050	1 264 350	1 242 436	1 242 436	1 281 885	1 312 749	1 592 921
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 058 794	1 201 074	1 246 050	1 264 350	1 242 436	1 242 436	1 281 885	1 312 749	1 592 921

Performance and Expenditure Trends (Programme 6)

Programme 6 is allocated 2.85% of the total 2019/20 Vote 7 allocation compared to 2.90% of the revised estimate for 2018/19. This amounts to an increase of R 39 449 000.

Risk Management (Programme 6)

TABLE 74: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Bursary holders are most likely to breach their contractual obligation prior to or during placement.	• Orientation of bursary holders, visit bursary holders at universities to promote mentorship and remind them about bursary obligation.
Failure to recover debts from bursary holders who breached their obligation	• Appoint the track and trace agent to recover and collect debts. • Initiate and legal processes to recover debts.
Inadequate security systems for examination materials	• Controlled access to examination setting rooms • Supervised entry to non-examination staff • Examination setting venues kept under lock and key.
Accreditation for offering the New Nursing qualifications not received on time.	• Appointment of a project manager to drive the accreditation process is underway. • Restructuring of Nursing Education in the Province. • Phased in approach of offering of the New Nursing Qualifications.

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme Purpose [102]

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 7.4: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

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

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.

2019/20 Priorities (Health Care Support)

Priorities 2019/2020	Key Focus Areas 2019/2020
Improve management of laundry services	• Optimisation of KZN Central Laundry (PMMH Laundry)
Clinical Support Services (Moved from Programme 4)	• Insourced Food services management
Improving efficiencies within Fleet Management (NEW)	• Fleet management - Implement strategies to minimise fleet maintenance costs. • Establish functional video conferencing to limit use of vehicles.
Decentralisation of Orthotic and Prosthetic Services	• Fully functional satellite centre at King Edward Hospital • Approved Funding for the satellite Centre in King Cetshwayo district. • Planning for Satellite Centre in Ladysmith • Procurement of equipment for rehab services
Improve Pharmaceutical Services Management	• Further rollout of Central Chronic Medicines Dispensing and Distribution Programme to all municipalities. • Monitoring of Stock levels • Demand Management Model for pharmaceutical services

Strategic Objectives, Indicators and Targets (Health Care Support)

TABLE 75: STRATEGIC PLAN 2015-2019 TARGETS

Strategic Goal	Strategic Objective	Strategic Objective Statement	Indicator	Target 2019/20
Orthotic and Prosthetic Services				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 5 by March 2020	Number of operational Orthotic Centres (cumulative)	5
Laundry Services				
Strategic Goal 1: Strengthen health system effectiveness	1.9) Strengthen health system effectiveness	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards (Reviewed 2017/18)	Percentage of facilities reporting clean linen stock outs	0%
Pharmaceutical Services				
Strategic Goal 5: Improved quality of health care	5.2) Improve quality of care	5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 97% by March 2020	Percentage of Pharmacies that obtained A and B grading on inspection	97%
		5.2.3) Decrease medicine stock-out rates to less than 6% in PPSD and all health facilities by March 2020	Tracer medicine stock-out rate (PPSD)	5%
			Tracer medicine stock-out rate (Institutions)	3%

TABLE 76: (HCSS1) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Strategic Objective 1.9: Strengthen health system effectiveness										
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	Quarterly %	18%	13%	3%	5.5%	0%	0%	0%
	Number of facilities reporting clean linen stock out	*Laundry Register*	*No*	13	9	*2*	4	*0*	*0*	*0*
	Facilities total	*DHIS*	*No*	72	73	*73*	72	71 [103]	71	71

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
1.9.1) Increase the number of operational Orthotic Centres to 5 by March 2020	2. Number of operational Orthotic Centres - cumulative	Operational Centres reports	Annual No	2[104]	2	2	3	5	5	5
Strategic Objective 5.2: Improve quality of care										
5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 97% by March 2020	3. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy database/ Grading Certificates	Annual %	97%	91%	94%	96%	97%	97%	100%
	Pharmacies with A or B Grading	*Grading Certificates*	*No*	84	86	89	91	*91*	*91*	*94*
	Number of pharmacies	*Pharmacy records*	*No*	87	95	95	95	*94*[105]	*94*	*94*
5.2.3) Decrease medicine stock-out rates to less than 6% in all health facilities and PPSD by March 2020	4. Tracer medicine stock-out rate (PPSD)	Pharmacy database	Quarterly/ %	17.4%	7%	8.7%	7%	*5%*	*5%*	*5%*
	Number of tracer medicine out of stock	*Pharmacy records*	*No*	96	10	*48*	39	*28*	*28*	*28*
	Total number of tracer medicine expected to be in stock	*Pharmacy records*	*No*	552	138	*552*	552	*552*	*552*	*552*
	5. Tracer medicine stock-out rate (Institutions)	Pharmacy database	Quarterly/ %	4.4%[106]	2%	1.6%	3.5%	3%	3%	3%
	Number of tracer medicines stock out in bulk store	*Pharmacy records*	*No*	1 555	1 298	*3 614*	varies	*fluctuates*	*fluctuates*	*fluctuates*
	Number of tracer medicines expected to be stocked in the bulk store	*Pharmacy records*	*No*	50 832	80 751	*224 778*	varies	*fluctuates*	*fluctuates*	*fluctuates*

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
5.2.4) improve pharmaceutical procurement and distribution reforms	6. Percentage facilities on Direct Delivery Model	Pharmacy database	Quarterly %	Not reported	97%	99%	100%	100%	100%	100%
	Number of facilities on Direct Delivery Model	*Facilities records*	*No*	-	93	93	94	94	94	94
	Total number of facilities eligible for Direct Delivery Model	*Pharmacy database*	*No*	-	96	94	94	94	94	94
	7. Number of facilities implementing the CCMDD Programme	Pharmacy database	Quarterly No	Not reported	606	713	725	735	735	735
	8. Number of patients enrolled on CCMDD programme (cumulative)	Pharmacy database	Quarterly No	Not reported	619 020	1 034 621	1 750 000	1 163 586	1 200 000	1 220 000
	9. Number of external pick-up points linked to CCMDD	Pharmacy database	Quarterly No	Not reported	Not reported	Not reported	Not reported	429	550	600

2019/20 Targets (Health Care Support)

TABLE 77: (HCSS2) QUARTERLY AND ANNUAL TARGETS

Performance Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Percentage of facilities reporting clean linen stock outs	Quarterly	%	0%	0%	0%	0%	0%
2. Number of operational Orthotic Centres (cumulative)	Annual	Number	5	-	-	-	
3. Percentage of Pharmacies that obtained A and B grading on inspection	Annual	%	97%	-	-	-	
4. Tracer medicine stock-out rate (PPSD)	Quarterly	%	5%	5%	5%	5%	5%
5. Tracer medicine stock-out rate (Institutions)	Quarterly	%	3%	3%	3%	3%	3%
6. Percentage facilities on Direct Delivery Model	Quarterly	%	100%	100%	100%	100%	100%
7. Number of facilities implementing the CCMDD Programme (cumulative)	Quarterly	No	735	735	735	735	735
8. Number of patients enrolled on CCMDD programme (cumulative)[107]	Quarterly	No	1 163 586	1 036 594	1078925	1121256	1 163 586
9. Number of external pick-up points linked to CCMDD (cumulative)	Quarterly	No	429	New	New	New	429

Reconciling Performance Targets with Expenditure Trends (Programme 7)

TABLE 78: (HCSS4 A) EXPENDITURE ESTIMATES (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Medicine Trading Account	-	-	-	73 477	59 477	59 477	77 587	81 854	86 356
Laundry Services	134 153	241 603	155 762	185 396	182 396	182 396	195 778	209 144	220 649
Orthotic and Prosthetic Services	31 942	27 165	42 440	54 767	61 767	61 767	58 994	63 292	66 771
Sub-Total	166 095	268 768	198 202	313 640	303 640	303 640	332 359	354 290	373 776
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	166 095	268 768	198 202	313 640	303 640	303 640	332 359	354 290	373 776

Table 79: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	165 637	268 086	189 492	298 086	287 370	288 940	325 439	346 989	366 073
Compensation of employees	90 967	94 283	103 252	162 692	155 423	156 066	182 467	196 152	206 941
Goods and services	74 670	173 803	86 237	135 394	131 945	132 872	142 972	150 837	159 132
Communication	299	895	1 082	1 526	1 365	1 284	1 606	1 688	1 781
Computer Services	-	-	-	2 258	2 258	2 237	2 384	2 515	2 653
Consultants, Contractors and special services	504	10	25	5 640	663	509	5 952	6 280	6 626
Inventory	47 288	144 447	55 796	76 067	77 446	80 550	79 989	84 096	88 722
Operating leases	125	101	128	531	518	519	560	590	623

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Travel and subsistence	78	60	82	176	107	88	186	196	207
Maintenance, repair and running costs	4 367	4 270	4 331	5 071	5 755	5 190	5 326	5 593	5 900
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	22 009	24 020	24 793	44 125	43 833	42 495	46 969	49 879	52 620
Interest and rent on land	-	-	3	-	2	2	-	-	-
Transfers and subsidies to	244	636	1 261	737	598	492	778	821	866
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	244	636	1 261	737	598	492	778	821	866
Payments for capital assets	214	46	7 449	14 817	15 672	14 208	6 142	6 480	6 837
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	214	46	7 449	14 817	15 672	14 208	6 142	6 480	6 837
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	166 095	268 768	198 202	313 640	303 640	303 640	332 359	354 290	373 776
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	166 095	268 768	198 202	313 640	303 640	303 640	332 359	354 290	373 776

Performance and Expenditure Trends (Programme 7)

Programme 7 is allocated 0.74% of the total 2019/20 Vote 7 allocation compared to 0.71% of the revised estimate for 2018/19. This amounts to an increase of R 28 719 000.

Risk Management (Programme 7)

TABLE 80: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Escalation of fleet costs and Departmental over-expenditure	• Enforce controls on authorisation of maintenance costs
Backlogs in the maintenance of medical equipment; fleet including Ambulances	• A savings drive by the clinical cluster assisted by the finance cluster on e.g. non-essential items, over prescribing, and over servicing. • Limitation of NHLS tests to essentials. • Improved inventory management of general and pharmaceutical stock levels
Poor management of pharmaceuticals at facilities	• Appoint Pharmacist Assistants at Primary Health Care Clinics • Support and monitoring of clinics stock by hospital and CHC pharmacists • Support and monitoring of facilities by District Pharmaceutical Services • Maintenance of provincial pharmaceutical monitoring systems

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 Rescue Services

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

Sub-Programme 8.3: District Hospital Services

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

2019/20 Priorities (Health Facilities Management)

Priorities 2019/2020	Key Focus Areas 2019/2020
Specialised TB Hospitals, Decentralised MDR-TB Units and Infection Prevention and Control	Implementation of various infrastructure projects targeted towards TB infection prevention and control.
New clinical buildings and infrastructure, Upgrading and Maintenance of Existing Infrastructure	Completion of Infrastructure Projects as per U-AMP • *(See Part C: Infrastructure Project Plan for details)* • Prioritise filling of maintenance posts at hospitals • Maintenance for ideal clinics • Implement long term maintenance contracts • Develop a costed master plan for integrated infrastructure development in the Province.

Strategic Objectives, Indicators and Targets (Health Facilities Management)

TABLE 81: 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 (cumulative) 2019/20 target: 2400
Strategic Goal 3: Universal health coverage	3.3) Improve health facility planning and infrastructure delivery	3.3.1) Complete 28 new and replaced projects by March 2020	Number of new and replaced projects completed	28 (Cumulative) 2 (2019//20 target)
		3.3.2) Complete 47 upgrade and addition projects by March 2020	Number of upgrade and addition projects completed (Added 2017/18)	47 cumulative:30 in 2019/20
		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)	12 (2019/20)

TABLE 82: (HFM1) STRATEGIC OBJECTIVES, INDICATORS AND TARGETS

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
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	50	148	148	151	151	151
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	IRM,PMIS and monthly reports	Annual No	Not reported	50	464	464	529	529	529

Strategic Objective Statement	Performance Indicator	Data Source	Frequency / Type	Audited/ Actual Performance			Estimated Performance 2018/19	Medium Term Targets		
				2015/16	2016/17	2017/18		2019/20	2020/21	2021/22
3.2.1) Create 11 800 jobs through the Expanded Public Works Programme by March 2020 (cumulative)	3. Number of jobs created through the EPWP	IRS and EPWP Quarterly reports	Quarterly No	2 084	2 621	3 417	3 417	2 400	2 400	2 400
3.3.1) Complete 28 new and replaced projects by March 2020	4. Number of new and replacement projects completed	IRM, PMIS and monthly reports	Quarterly No	Not reported	Not reported	15	11	2	4	5
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	22	14	30	35	35
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	16	12	12	15	20
3.3.5) 100% of maintenance budget spent annually	7. Percentage of maintenance and repairs budget spent	BAS	Quarterly %	108.28%	99%	117%	100%	100%	100%	100%
	Maintenance budget expenditure	*BAS*	*R'000*	*196 250*	*285 080*	*230 434*	*253 080*	*327 316*	*327 583*	*331 744*
	Total maintenance budget	*BAS*	*R'000*	*212 496*	*287 080*	*196 000*	*280 969*	*327 316*	*327 583*	*331 744*

2019/20 Targets (Health Facilities Management)

TABLE 83: (HFM3) QUARTERLY AND ANNUAL TARGETS

Indicators	Frequency	Type	Targets 2019/20	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts	Annual	No	151	-	-	-	-
2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Annual	No	529	-	-	-	-
3. Number of jobs created through the EPWP	Quarterly	No	2 400	1 500	500	200	200
4. Number of new and replacement projects completed	Annual	No	2	0	1	1	0
5. Number of upgrade and addition projects completed	Annual	No	30	5	7	9	9
6. Number of renovation and refurbishment projects completed	Annual	No	12	3	3	4	2
7. Percentage of maintenance and repairs budget spent	Quarterly	%	100%	25%	50%	75%	100%

Reconciling Performance Targets with Expenditure Trends (Programme 8)

TABLE 84: (HFM4 A) EXPENDITURE ESTIMATES (R'000)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Community Health Facilities	184 965	142 856	110 349	153 121	131 701	152 173	220 782	233 341	246 175
District Hospital Services	207 502	165 189	176 525	246 538	272 685	260 542	315 136	474 095	500 169
Emergency Medical Services	-	-	-	-	750	625	10 000	20 000	21 100
Provincial Hospital Services	848 813	863 523	1 017 206	831 872	870 362	946 690	829 537	718 267	744 576
Central Hospital Services	29 896	22 601	8 991	87 628	187 472	91 949	86 199	54 565	101 931
Other Facilities	246 442	226 406	209 656	209 497	265 194	276 185	349 320	220 170	232 280
Sub-Total	1 517 618	1 420 575	1 522 727	1 528 656	1 728 164	1 728 164	1 810 974	1 720 438	1 846 231
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 517 618	1 420 575	1 522 727	1 528 656	1 728 164	1 728 164	1 810 974	1 720 438	1 846 231

TABLE 85: (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	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	375 853	419 726	425 744	496 246	429 140	515 576	589 351	605 704	596 707
Compensation of employees	33 986	43 022	59 992	58 496	66 352	66 352	91 659	86 397	91 149
Goods and services	341 867	376 704	365 752	437 750	362 788	449 224	497 692	519 307	505 558
Communication	53	-	-	-	-	-	-	-	-
Computer Services	211	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Consultants, Contractors and special services	84 903	110 408	6 649	-	156	1 163	2 112	2 228	2 351
Inventory	49 861	34 115	12 254	33 670	30 181	33 915	18 752	19 783	20 871
Operating leases	87 257	83 109	94 583	98 421	93 766	84 766	82 890	98 653	104 079
Travel and subsistence	561	302	1 132	-	1 791	1 650	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	119 021	148 770	251 134	305 659	236 894	327 730	393 938	398 643	378 257
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	20 000	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	20 000	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	1 121 765	1 000 849	1 096 983	1 032 410	1 299 024	1 212 588	1 221 623	1 114 734	1 249 524
Buildings and other fixed structures	1 052 058	908 917	1 069 333	963 192	1 262 399	1 187 420	786 945	1 077 735	1 218 024
Machinery and equipment	69 712	91 932	27 650	69 218	36 625	25 168	434 678	36 999	31 500
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	1 517 618	1 420 575	1 522 727	1 528 656	1 728 164	1 728 164	1 810 974	1 720 438	1 846 231
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 517 618	1 420 575	1 522 727	1 528 656	1 728 164	1 728 164	1 810 974	1 720 438	1 846 231

Performance and Expenditure Trends (Programme 8)

Programme 8 is allocated 4.02 % of the total 2019/20 Vote 7 allocation compared to 4.03 % of the revised estimate for 2018/19. This amounts to an increase of R 82 810 000.

Risk Management (Health Facilities Management)

TABLE 86: RISK MANAGEMENT

Potential Risks	Mitigating Strategies
Reduction of infrastructure equitable share budget year-on-year.	• In line with the Ministerial instruction, no new facilities will be built at this time. The Department has revised its 10-year plan to focus on maintenance, rehabilitation, renovation and repurposing existing facilities to bring facilities up code and standard
Failing water, sewer, and storm water reticulation systems.	• Projects aimed at dealing with the challenge of water, sewer and storm water reticulation systems have been prioritised in the U-AMP.
Dilapidated and asbestos roof structures.	• Projects aimed at addressing the challenges of dilapidated and asbestos roof structures have been prioritized in the 10 year plan.
Aged air-conditioning systems.	• Projects to replace aged air-conditioning systems have been prioritized in the 10 year plan.
Damage to health infrastructure by unprecedented adverse weather conditions (storms).	• Facilities are being upgraded and maintained for structures to be able to withstand adverse weather conditions.
Delays by DoPW in implementing critical projects	• Continued liaison with DoPW continues however where of critical importance, projects have been withdrawn from DoPW and are being managed in-house
Institutions fail to service their plant & equipment.	• Develop and implement Service/ Maintenance tender documents for maintenance and repair of mission critical assets.
Delays in payments to consultants and contractors	• Ensure timeous payments to consultants and contractors
Contractor Default; **Contract cancellation**	• Provide appropriate and reasonable assistance to contractors • Re-tender as soon as possible
Delays: **Inclement weather** **Strikes, political, acts of God, litigation etc.**	• Plan ahead for projects to start outside of the highest rain months where possible; • Tight management of the programme
Adverse site conditions i.e. Access to site, poor roads, theft and robbery on and off site; **Country wide challenges re energy and water;** **Non approval of PDA, EIA's, etc.**	• Careful planning and monitoring; • Documentation clearly point out conditions on the site

PART C: LINK TO OTHER PLANS

- **INFRASTRUCTURE PLAN**
- **CONDITIONAL GRANTS**
- **STATE AIDED FACILITIES**
- **PUBLIC PRIVATE PARTNERSHIP**

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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 2019/20 Annual Implementation Plan is focused on the following priorities:

Completion 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.

Construction of Groutville Clinic: Replacement of the existing clinic with an extra-large clinic making provision for a PMTCT Unit. The project is at 50% completion and is expected to reach practical completion in September 2019Hlabisa Hospital: Upgrade of the Outpatient Department. The project is at 20% Completion and is expected to reach practical completion in June 2021.

There is a lot of focus on maintenance of facilities in 2019/20 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 is focused on the completion of storm damage 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 87: 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

Institutions	Recovery Cost	Implementing Agent
St Aidan's Hospital	R 1 000 000	DoPW

Clinics across the Province had a Geo-Hydrological Assessment conducted in 2017/18 due to drought challenges. The implementation of these borehole projects commenced in 2018/19 and focus in 2019/20 is to complete all borehole projects 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.

Infrastructure Project Plan 2019/20 MTEF

TABLE 88: INFRASTRUCTURE PROJECT LIST 2019/20 MTEF

Facility Asset Name	Project Name	Milestone Reached (IRM)	Total Project Cost	Budget allocation (2019/2020)
Addington Hospital	Refurbish 13 Lift Cars	Construction 1% - 25%	R 3 000 000	R 2 072 512
Addington Hospital	Replace and install 1 x 500 kVA with larger unit	Construction 76% - 99%	R 1 854 000	R 238 143
Addington Hospital	Storm damage recovery	Construction 26% - 50%	R 27 300 000	R 5 189 185
Addington Hospital	Pigeon proofing front	Tender	R 700 000	R 500 000
Addington Hospital	Investigation of services	Construction 1% - 25%	R 2 000 000	R 2 000 000
Amandlalathi Clinic	New borehole	Construction 51% - 75%	R 540 905	R 58 000
Bruntville CHC	Construction of a New Pharmacy, Dispensary area, walkways, parking and relocation of Par	Construction 51% - 75%	R 10 355 000	R 4 000 000
Busingatha Clinic	New borehole.	Tender	R 765 654	R 747 702
Catherine Booth Hospital	Electrical maintenance and perimeter lighting.	Tender	R 1 116 000	R 1 016 000
Catherine Booth Hospital	Phase 1& 2 Refurbish existing wards	Tender	R 71 185 000	R 14 000 000
Cato Manor Regional Laundry	Reseal and waterproof flat roof and skylights	Tender	R 15 100 000	R 12 938 530
Charles Johnson Memorial Hospital	New borehole	Construction 1% - 25%	R 424 911	R 26 000
Clairwood Hospital	Storm Damage Recovery	Construction 51% - 75%	R 17 092 883	R 1 516 504
Clairwood Hospital	Storm Damage Repairs at PPSD	Construction 1% - 25%	R 16 000 000	R 5 553 030
Collessie Clinic	Replacement of Existing Sewer System	Construction 26% - 50%	R 3 212 801	R 1 655 181
Douglas Clinic	Replacing of Existing Sewer System	Construction 26% - 50%	R 3 663 347	R 1 952 686
Dr Pixley ka Isaka Seme Memorial Hospital	New 500-Bed Regional Hospital	Construction 76% - 99%	R 2 382 700 708	R 50 000 000
Edendale Hospital	Professional Fees for Priority Maintenance implemented by NDoH	Construction 26% - 50%	R 45 000 000	R 5 000 000
Ekuhlengeni Psychiatric Hospital	Replace submersible sewer pumps and macerator	Construction 76% - 99%	R 468 960	R 468 000
Ekuhlengeni Psychiatric Hospital	Storm damage recovery project:	Construction 26% - 50%	R 15 530 000	R 8 769 286
Emmaus Hospital	Replacement of perimeter fence /Restoration of internal roads	Tender	R 10 600 000	R 7 516 530

Facility Asset Name	Project Name	Milestone Reached (IRM)	Total Project Cost	Budget allocation (2019/2020)
Eshane Clinic	Replacement of Existing Sewer System	Construction 26% - 50%	R 3 474 757	R 1 642 548
Ethembeni Clinic(KZ)	Replacement of Existing Sewer System	Construction 26% - 50%	R 3 772 482	R 2 292 924
Groutville Clinic	Replacement of existing clinic with XL Clinic and PMTCT Unit	Construction 51% - 75%	R 87 720 000	R 14 700 000
Highway House : Mayville	Replacement of two Lifts	Tender	R 2 000 000	R 2 000 000
Hlabisa Hospital	Hlabisa Hospital - Scheduled Maintenance	Construction 76% - 99%	R 798 000	R 700 000
Hlabisa Hospital	Upgrade OPD	Construction 1% - 25%	R 200 628 313	R 39 569 890
Hlathi Dam Clinic	Replacement of Existing Sewer System	Construction 26% - 50%	R 3 773 649	R 2 030 827
0 - KZN Non-Facility Specific	Installation and Maintenance of 10 Autoclaves in Southern Region	Construction 1% - 25%	R 2 150 000	R 60 000
0 - KZN Non-Facility Specific	Installation and Maintenance of 16 Autoclaves in Midlands Region	Construction 1% - 25%	R 2 150 000	R 60 000
0 - KZN Non-Facility Specific	Installation and Maintenance of 18 Autoclaves in Ethekwini Region	Construction 1% - 25%	R 2 150 000	R 60 000
0 - KZN Non-Facility Specific	Installation and Maintenance of 8 Autoclaves in Northern Region	Construction 1% - 25%	R 2 150 000	R 60 000
King Dinuzulu Hospital	New TB Surgical Wards and Mortuary	Construction 76% - 99%	R 33 961 000	R -
King Dinuzulu Hospital	Repairs to Existing Water Reservoir & Tower	Tender	R 1 500 000	R 3 000 000
King Edward VIII Hospital	Upgrade Nursery	Construction 26% - 50%	R 111 981 790	R 17 545 366
King Edward VIII Hospital	Repair of Storm water Sewer and Parking	Construction 76% - 99%	R 169 421 184	R 11 134 851
KwaMashu CHC	Attend to latent defects	Tender	R 1 300 000	R 1 300 000
KwaNyezi Clinic	New borehole.	Construction 1% - 25%	R 463 790	R 56 000
KwaSenge Clinic	New borehole	Construction 1% - 25%	R 546 097	R 60 000
KwaZulu Provincial Central Laundry (PMMH)	Install High Security Fencing, CCTV and Perimeter lighting.	Construction 76% - 99%	R 18 089 487	R 150 000
KwaZulu Provincial Central Laundry (PMMH)	Investigations into optimisation of laundry	Construction 76% - 99%	R 1 000 000	R 564 073
Ladysmith Hospital	Replace switchgear at M1/F1 & Theatre	Tender	R 480 000	R 40 000
Mahatma Gandhi Hospital	Replacement of six bedpan	Tender	R 959 000	R 800 000

Facility Asset Name	Project Name	Milestone Reached (IRM)	Total Project Cost	Budget allocation (2019/2020)
Malunga Clinic	Malunga Clinic (Ekhombe) - New borehole	Tender	R 361 154	R 350 000
Mandleni Clinic	Replacing of Existing Sewer system	Construction 26% - 50%	R 3 624 645	R 2 071 496
Manguzi Hospital	Upgrading of Electrical Reticulation for Laundry & Staff Accommodation	Construction 51% - 75%	R 10 500 000	R 3 121 393
Manxili Clinic	New borehole.	Construction 1% - 25%	R 546 064	R 60 000
Mazabeko Clinic	Replacing of Existing Sewer system	Construction 26% - 50%	R 3 321 441	R 1 730 397
Mduku Clinic	Restore existing borehole and install an additional borehole if necessary	Construction Started	R 547 334	R 418 000
Murchison Hospital	Murchison Hospital - 72 hour water storage	Construction 1% - 25%	R 7 500 000	R 11 000 000
Murchison Hospital	Installation of booster pump and auxiliaries to an existing waters	Construction 76% - 99%	R 1 500 000	R 887 575
Mwolokohlo Clinic	New borehole	Construction Started	R 428 138	R 45 000
Ndaleni Clinic	New Borehole	Construction Started	R 877 504	R 269 800
Townhill Office Park	New Townhill Office Park	Construction 51% - 75%	R 69 811 576	R 1 637 402
Ngudwini Clinic	Borehole and a water storage tank with booster pump.	Tender	R 609 250	R 590 000
Ngwelezane Hospital	Security Upgrade	Construction 76% - 99%	R 51 959 856	R 4 496 896
Niemeyer Memorial Hospital	New borehole.	Tender	R 1 098 819	R 1 078 000
Nkande Clinic	New borehole.	Construction 1% - 25%	R 462 465	R 61 000
Nondweni Clinic	Replacing of Existing Sewer system	Construction 26% - 50%	R 5 159 369	R 4 324 328
Nongoma EMS Station	New borehole	Tender	R 749 569	R 730 000
Ntambanana Clinic	Install subsoil drainage around clinic	Tender	R 1 122 621	R 929 044
Ocilwane Clinic	Ocilwane Clinic (Nsel Chc)- New borehole	Tender	R 526 643	R 510 000
Osindisweni Hospital	Renovate main kitchen facility	Tender	R 369 000	R 200 000
Prince Mshiyeni Memorial Hospital	Storm Damage	Construction 26% - 50%	R 4 383 300	R 3 128 863
Prince Mshiyeni Memorial Hospital	Central Laundry Storm damage	Tender	R 3 500 000	R 3 500 000
Prince Mshiyeni Memorial Hospital	installation of additional water storages for fire and domestic	Tender	R 9 700 000	R 4 500 000

Facility Asset Name	Project Name	Milestone Reached (IRM)	Total Project Cost	Budget allocation (2019/2020)
RK Khan Hospital	Repairs and waterproofing to flat roof over Physio Dept.	Tender	R 1 222 812	R 1 130 000
Rorke's Drift Clinic	Replacement of Existing Sewer System	Construction 26% - 50%	R 3 684 584	R 766 309
Sokhulu Clinic	Sokhulu Clinic (Nsel Chc)- New borehole	Tender	R 789 995	R 765 000
St Aidan's Hospital	Replace collapsing boundary wall	Tender	R 2 400 000	R 2 500 000
St Aidan's Hospital	Hot water system restoration	Tender	R 600 000	R 100 000
St Aidan's Hospital	Storm damage recovery- Phase 2	Construction 26% - 50%	R 17 727 000	R 1 007 437
St Chads CHC (Ezakheni CHC)	New Borehole, Steel ground level water tank and implement rain water Harvest	Tender	R 833 941	R 816 000
Stafford Clinic	New Borehole	Tender	R 4 000	R 95 277
Stanger Hospital	New Labour and Neo Natal Wards	Construction 76% - 99%	R 175 068 788	R 14 000 000
Thandanani Clinic	New Borehole	Tender	R 658 000	R 659 000
Townhill Hospital	Storm damage repairs to hospital facilities and accommodation	Construction 76% - 99%	R 673 342	R 191 834
Umbumbulu Clinic	Build ramp. Install brick paving around the clinic.	Construction 51% - 75%	R 650 000	R 39 256
Wentworth Hospital	Storm Damage - Retaining wall	Construction 51% - 75%	R 2 484 933	R 1 070 011
Wentworth Hospital	Storm Damage Recovery project	Construction 76% - 99%	R 48 230 387	R 12 526 795
Xulu Clinic	Upgrade existing borehole and implement rain water harvesting	Tender	R 564 313	R 660 000

Conditional Grants

TABLE 89: CONDITIONAL GRANTS

Purpose of the Grant	Performance Indicators 2019/20	Targets 2019/20
Comprehensive HIV and AIDS Conditional Grant		
To enable the health sector to develop an effective response to HIV, AIDS and TB including universal access to HIV Counselling and Testing. To support the implementation of the National Operational Plan for Comprehensive HIV, AIDS and TB Treatment and Care. To subsidise in-part funding for the Antiretroviral Treatment Programme/ Plan.	Number of male condoms distributed	170 755 053
	Number of female condoms distributed	7 536 962
	Number of HTA intervention sites (cumulative)	99
	Peer Educators receiving stipends	31
	Male Urethritis Syndrome treated – new episode	77 210
	Individuals who received an HIV service or referral at a HTA	58 531
	Individuals from key populations reached with individual / small group HIV prevention interventions designed for the target population	58 531
	Active lay counsellors on stipend	1 830
	Number of clients tested for HIV (including antenatal)	3 074 435
	HIV test client 15 years and older (incl ANC)	2 813 174
	HIV test positive client 15 years and older (incl ANC)	244 289
	HIV test positive child 19 – 59 months	1 525
	HIV test positive child 5 – 14 years	5 095
	Number of health facilities offering MMC services	80
	Number of Medical Male Circumcisions performed	148 209
	Sexual assault cases offered ARV prophylaxis	4 441
	Antenatal 1st visit before 20 weeks rate	75%
	Antenatal client HIV re-test rate	95%
	Antenatal clients initiated on ART	27 200
	Child rapid HIV test around 18 months uptake rate	95%
	Mother postnatal visit within 6 days rate	81%
	Babies PCR tested at 10 weeks	52 000
	Infant 1st PCF test positive around 10 weeks rate	1%
	Couple year protection	56%
	Child rapid HIV test around 18 months positive rate	1%
	Adult started on ART during this month – naïve	86 041
	New patient started on treatment	195 295
	Patients on ART remaining in care	1 578 737
	Adult remaining on ART – total	1 401 105
	Adult lost to follow up rate at 6 months	6%
	Adult with viral load completed (VLD) rate at 6 months	70%

Purpose of the Grant	Performance Indicators 2019/20	Targets 2019/20
	Adult with Viral Load suppressed (VLS) rate at 6 months	82%
	Child under 1 year naïve started on ART	780
	Child 12 – 59 months naïve started on ART	1 079
	Child 5 – 14 years naïve started on ART	2 700
	Child under 15 years remaining on ART – total	177 631
	Adherence Clubs	5 108
	Patients in adherence clubs	163 528
	Functional WBPHCOT's	329
	Community Health Workers receiving stipends	10 585
	Outreach Team Leaders employed	329
	TB defaulters traced	2 691
	HIV defaulters traced	-
	Patients referred for chronic meds defaulting	-
	Number of patients referred to facilities	-
	Number of teams reporting into DHIS on a regular monthly basis	329
	HIV positive clients screened for TB	220 891
	HIV positive clients started on IPT	155 365
	TB symptom clients screened in facility rate	90%
	TB client started on treatment rate	90%
	TB client treatment success rate	87%
	TB Rifampicin Resistant confirmed treatment started rate	90%
	TB MDR treatment success rate	60%
	DR-TB patients that received Bedaquiline	4 384
	Doctors trained on HIV / AIDS, TB, STI's and other chronic diseases	237
	Nurses trained on HIV / AIDS, TB, STI's and other chronic diseases	4 750
	Non-professionals trained on HIV / AIDS, TB, STI's and other chronic disease	950

State Aided Facilities

TABLE 90: STATE AIDED[108]

Name of Public Entity	Mandate	Output	Current Annual Budget 2019/20 R'000	Date of next Evaluation
Austerville Halfway House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	621 370	2019/20
Azalea House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	573 841	2019/20
Bekulwandle Bekimpelo	PHC clinic	PHC services to catchment population.	9 437 790	2019/20
Claremont Day Care Centre	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	438 205	2019/20
Duduza Care Centre	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	424 360	2019/20
Durban Coastal - Happy Hours Amaoti	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	585 434	2019/20
Durban Coastal - Happy Hours Durban North	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	512 399	2019/20
Durban Coastal - Happy Hours KwaXimba	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	468 347	2019/20
Durban Coastal - Happy Hours Mpumalanga	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	468 347	2019/20
Durban Coastal - Happy Hours Phoenix	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	292 137	2019/20
Durban Coastal - Happy Hours Ninikhona	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	291 982	2019/20

Name of Public Entity	Mandate	Output	Current Annual Budget 2019/20 R'000	Date of next Evaluation
Disabled People South Africa (CBR)	Services for the disabled	Community-based rehabilitation, peer support and self-help groups for people with disabilities.	1 043 554	2019/20
Disabled People South Africa (WCR)	Services for the disabled	Wheel chair repair & maintenance support for the disabled and parents.	958 322	2019/20
Durban Coastal - Happy Hours Nyangwini	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	307 349	2019/20
Estcourt Hospice	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	591 558	2019/20
Ethembeni Care Centre	Step down care	Step-down care for HIV/AIDS patients.	5 179 000	2019/20
Ekukhanyeni Clinic	Step down care	Step-down care for HIV/AIDS patients.	1 151 712	2019/20
Enkumane Clinic	PHC clinic	PHC services for catchment population.	304 131	2019/20
Genesis Care Centre	Step down care	Step-down care for HIV/AIDS patients.	2 946 254	2019/20
Hlanganani Ngothando	Mental health services	Day care: Adult (vocational) and children (severely/ profound disabled) stimulation.	411 205	2019/20
Highway Hospice	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	797 797	2019/20
Howick Hospice	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	655 047	2019/20
Ikwezi Cripple Care	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1 356 742	2019/20

Name of Public Entity	Mandate	Output	Current Annual Budget 2019/20 R'000	Date of next Evaluation
Ikhanzi Care Centre	Mental Health	Mental Health: Provide a safe & supportive environment and healthy living through exercise to mental health care users. Give mediation & monitoring of distressing side effects. Provide psychological, psycho-social, art & occupational therapies & work with their families & provide family psycho education. Provide self-care skills, including managing own self-care, keeping living space clean & assisting with laundry. Prepare users for open labour market and re integration to their families and/or communities	142 585	2019/20
John Peattie House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1371 451	2019/20
Jona Vaughn Centre	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	2 723 676	2019/20
KZN Blind and Deaf Society	Services for the disabled	Rehabilitation services for the visually impaired.	927 419	2019/20
Lynn House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	687 594	2019/20
Madeline Manor	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1 003 931	2019/20
Matikwe Oblate Clinic	PHC clinic	PHC services to catchment population.	541 671	2019/20
Magaye School for the Blind	Mental health services	Rehabilitation services for the visually impaired.	579 637	2019/20
Mountain View Hospital	TB Hospital	Inpatient services for TB patients.	5 478 642	2019/20
				2019/20
Philanjalo Hospice	Step down care	Step-down services for HIV/AIDS patients.	2 739 969	2019/20
Power of God	HIV/AIDS services	Residential care for HIV/AIDS patients.	1 275 201	2019/20
Scadifa Centre	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1 072 647	2019/20
Sparkes Estate	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1 274 042	2019/20

Name of Public Entity	Mandate	Output	Current Annual Budget 2019/20 R'000	Date of next Evaluation
St Lukes Home	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	1 026 886	2019/20
South Coast Hospice	Step down care	Palliative care for chronic diseases.	201 714	2019/20
Solid Foundation for Rural Development	Mental Health	Mental Health: Provide a safe & supportive environment and healthy living through exercise to mental health care users. Give mediation & monitoring of distressing side effects. Provide psychological, psycho-social, art & occupational therapies & work with their families & provide family psycho education. Offer supportive counselling to mental health care users & their families. Ensure that mental health care users are provided with nourishing meal three times a day. Prepare users for open labour market and re integration to their families and/or communities	1 447 577	2019/20
Sunfield Home	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	302 541	2019/20
Umlazi Halfway House	Mental health services	Residential care for mental health care users: Psycho-social rehabilitation, severely/ profound disabled.	310 685	2019/20
Umsunduzi Hospice	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	1 539 957	2019/20
Tender loving care	Palliative Care	Palliative Care: community-level client needs assessment; assessment & management / treatment of pain, distressing symptoms & other conditions; referral as required for further medical, social, psychological and/or spiritual assessment & management; and training of community leaders, traditional healers & family caregivers to provide basic home-based care to terminally ill patients	248 085	2019/20

Public Private Partnership

TABLE 91: 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 27th January 2017. The commitment / obligation are as follows: 2107/18: R650 million 2018/19: R710 million 2019/20: R737 million The total obligation to remaining period is R 2.097 billion.	The 15 year contract with Impilo Consortium (Pty) Ltd will terminate in 31 January 2020	Termination arrangements are detailed in the project agreement in clauses 35, 36, 37 and the penalty regime (Schedule 15). The KwaZulu-Natal Provincial Cabinet, National and Provincial Treasury PPP Units and National Department of Health are rendering assistance to the Department of Health regarding its exit strategy.

PART D: 2015-2019 STRATEGIC PLAN REVIEW

- **STRATEGIC PLAN REVIEW 2015-2019**

Notes

TABLE 92: REVIEW OF 2015-2019 STRATEGIC PLAN

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
PROGRAMME 1: ADMINISTRATION			
1.1) Finalise integrated long term health service improvement platform **Removed 2019/20:** Based on DPME recommendation on 2nd draft assessment	1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter. **Removed 2019/20**: Based on DPME recommendation on 2nd draft assessment – indicator is activity based and should be placed in Operational plan instead of APP	Provincial Long Term Plan. **Removed 2019/20** – DPME recommendation	Approved Long Term Plan. **Removed 2019/20** – DPME recommendation
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 Amended: 2019/20: Unqualified audit (**To align to indicator and SOS)**
	1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle • **Removed 2018/19**: Removed based on cash blocking which regulates expenditure	Percentage over/under expenditure Removed 2018/19 in line with the removal of SOS 1.2.2	
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. • Removed in 2019/20 based on the DPME recommendation from the 2nd draft assessment to include all activity based indicators to the Operational Plan.	Annual Procurement Plan. **Approved** Annual Procurement Plan (Amended 2016/17). **Removed 2019/20 – DPME recommendation**	Annual costed Procurement Plan. **Approved and costed** annual procurement plan (Amended 2016/17).
	1.3.2) Ensure that 100% sites registered on the system account for all assets by performing monthly reconciliation reports by March 2016 and annually thereafter. • **Removed 2015/16.** Strategic Objective Statement and indicator not considered SMART (input from Finance Section).	Number of registered sites performing monthly asset reconciliation reports. **Removed 2015/16.**	All registered sites. **Removed 2015/16.**
	1.3.3) **Effective and efficient process for the timely payment of suppliers Added in 2019/19**: based on DPME recommendation on the 2nd draft assessment (In line with treasury regulation 8.2.3)	Added 2019/20: Percentage of supplier invoices paid within 30 days	80%

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
1.4) Improve health technology and information management	1.4.1) Connectivity established at 100% public health facilities by March 2018. • Reviewed in 2019/20: **Connectivity established in 90% public health facilities by March 2020.** Reviewed based on significant challenges to ensure access to networks; speed of connectivity (1Mbps) for PHC clinics; significant SITA delays; and increasing budget constraints.	Percentage of public health facilities with stable bandwidth connectivity (replaced as below). Reviewed (2018/19): **Percentage of Hospitals with broadband access** AND **Percentage of fixed PHC facilities with broadband access**	100% **92.9%** (Reviewed 2019/20). **50.2% (Reviewed 2019/20)** **Due to resource limitations**
	1.4.2) Web-based health information system established in 90% public health facilities by March 2020 (National 700 Clinic Project) • **Removed 2016/17:** This is a National Department of Health project with no Provincial control. There are significant delays in rollout of the system with no guarantee of actual completion time. The process will be monitored as it is rolled out.	Percentage of public health facilities with a web-based information system. **Removed 2016/17.**	90% **Removed 2016/17.**
	1.4.6) Reduce performance data error rate to 2% (or less) by March 2020. • **Removed 2017/18.** Strategic Objective Statement and indicator(s) removed based on the inadequate sample size used for reporting on the indicator. Error rate will however be monitored during review meetings and audit processes.	Audit error rate (PHC clinics, CHC's and Hospitals). **Removed 2017/18.**	2% (or less) **Removed 2017/18.**
4.1) Improve human resources for health	4.1.1) Long Term Human Resources Plan approved by March 2016 and implemented and monitored thereafter. • **Removed 2017/18:** The Human Resources Long Term Plan will be incorporated in the 2017-2027 Long Term Plan and will therefore not be developed or monitored as vertical plan. The HR Plan is dependent on proposed service platform and will therefore be monitored as part of the Provincial Long Term Plan.	Long Term Human Resources Plan. **Removed 2017/18.**	Long Term HRP implemented and monitored. **Removed 2017/18.**
	4.1.2) Finalise 610 organisational structures by March 2020. • Removed in 2019/20 based on the DPME recommendations on the 2nd draft assessment. DPME recommendation is to keep in the Operational plan and removed from APP	Number of organisational structures finalised. Removed 2019/20 –DPME recommendation	610 **30** (Reviewed 2019/20). Removed 2019/20 –DPME recommendation

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17. **Removed in 2019/20** based on the DPME recommendation to remove from the APP and keep in the Operational plan as this indicator is more of an activity.	Community Based Training in a PHC Model. Removed 2019/20 (DPME recommendation)	Implement Model Removed 2019/20 (DPME recommendation)
PROGRAMME 2: SUB-PROGRAMME PHC			
1.5) Accelerate implementation of PHC re-engineering	1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum.	Outreach household registration visit coverage (annualised) also called OHH registration visit coverage (annualised).	90% (Previous) **36.1%** (Reviewed 2019/20) due to limited resources
	1.5.2) Increase the number of ward-based outreach teams in the 169 wards worst affected by poverty to 169 by March 2020 as part of the Poverty Eradication Programme. • Reviewed in 2017/18: **Increase the number of ward based outreach teams to 160 by March 2020.** Initial target exceeded and new target aligned with projected budget. The teams will cover wards in addition to the 169 wards worst affected by poverty as indicated in the initial Objective Statement.	Number of ward based outreach teams in the 169 wards worst affected by poverty (cumulative). **Number of ward based outreach teams (cumulative)** (Amended 2016/17).	169 (Previous) **160** (Reviewed 2017/18).
	1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020. • Reviewed target in 2018/19: **PHC utilisation rate of at least 2.5 visits per person per year by March 2020**. The PHC headcount shows a year on year decrease equal to improved community-based programmes as well as the establishment of chronic clubs and community-based distribution of chronic medicine. The change in estimated population further decreases the actual utilisation rate.	PHC utilisation rate PHC utilisation rate **(total)** (Amended 2018/19)	3.1 (Previous) **2.5** (Reviewed 19/20) (as per reasons in SOS column)
	1.5.4) Increase the PHC utilisation rate under-5 years to 4.8 visits per child by March 2020. • Reviewed target in 2017/18: **Sustain an under 5 utilisation rate of at least 3.9 visits per child per year.** The trend for headcount under-5 years shows a gradual decrease year on year equal to implementation of improve community-based services including establishment of Phila Mntwana Centres in communities. Change in estimated population data further decreased the utilisation rate from baseline.	PHC utilisation rate under 5 years (annualised).	4.8 (Previous) **3.9** (Reviewed 2019/20 as per reasons in the SOS column).

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	• ADDITION : 2018/19 • 1.5.6) Increase the expenditure per PHC headcount to R 471 by March 2020	Expenditure per PHC headcount	**R471 (**Reviewed 2019/20 based on trend analysis)
	• ADDITION : 2018/19 • 1.5.7) Increase School Health Teams to 215 by March 2020	Number of school health teams (cumulative)	**215**
	• ADDITION : 2018/19 • 1.5.8) Increase the accredited Health Promoting Schools to 420 by March 2020		
	• ADDITION : 2018/19 • 1.5.9) Increase the number of learners screened with at least 5% per annum	School Grade 1 learners screened School Grade 8 learners screened	**60 147** **31 473**
1.6) Scale up implementation of Operation Phakisa Ideal Clinic Realisation and Maintenance (ICRM)	1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020. • Amended 2019/20: **100% Clinics with Ideal clinic status rate** The National Department of Health changed the scoring percentage as per approved customised indicators.	**Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard.** (Amended 2019/20): **Ideal clinic (IC) status rate**	100%
2.1) Increase life expectancy at birth	2.1.1) Increase the total life expectancy to 60.5 years by March 2020 Reviewed: Increase the total life expectancy to 61.5 years by March 2020 (2019/20- reviewed based on trends) 2.1.3) Increase the life expectancy of females to 62.7 years by March 2020 Reviewed in 2019/20: 2.1.3) Increase the life expectancy of females to 64.5 years by March 2020 (2019/20)- Target exceeded	Life expectancy at birth : Total Life expectancy at birth: Female	Reviewed: 2019/20: 61.5 years (Due to the 5 year target being exceeded) Reviewed 2019/20: 64.5 years-due to target being exceeded
PROGRAMME 2: SUB-PROGRAMME HIV, AIDS AND TB			
2.2) Reduce HIV Incidence	2.2.2) Test 9 million people (cumulative) for HIV by March 2020. • Reviewed target and amended indicator 2017/18. **Test at least 16.5 million people for HIV by March 2020 (cumulative)** Increased the target in response to 90-90-90 strategy and expected increase in testing.	Client tested for HIV (including ANC). **HIV test done – Total.** (Amended 2017/18 to comply with NIDS indicator).	16.5 Million cumulative 3 074 435 (For 2019/20)(Reviewed 2019/20 based on Conditional grant and performance)
	2.2.3) Increase the male condom distribution to 220 million by March 2019 ADDED: 2018/19		
	2.2.4) Increase the medical male circumcisions to 1.1 million by March 2020 (cumulative) ADDED: 2018/19		

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	2.2.5) Decrease male urethritis syndrome to at least 30/1000 by March 2020 ADDED: 2018/19 Changed from % to /1000 in 2019/20 to align to DHIS reporting on this indicator at the request of the programme manager		
2.3) Manage HIV prevalence	2.3.1) Reduce the HIV prevalence among 15-24 year old pregnant women to 25% by March 2020. • **Removed in 2016/17.** This is dependent on National Surveys and will be tracked as survey results become available – it will be included in analysis of data as well as narration.	HIV prevalence among 15-24 year old pregnant women. **Removed in 2016/17.**	25% **Removed in 2016/17.**
	2.3.2) Increase the number of patients on ART to 1 450 000 (cumulative) by March 2018. • Reviewed target 2019/20. Increase the number of patients on ART to **at least 1.5 million** (cumulative) by March 2020	Total clients remaining on ART. Changed: ART client remain on ART end of month – total	1 578 737 **Reviewed 2019/20 (5 year target was already met)**
2.4) Improve TB outcomes	2.4.1) Increase the TB new client treatment success rate to 90% (or more) by March 2020. Amended indicator 2019/20: Increase the TB client treatment success rate to 87% (or more) by March 2020 to align with NIDS.	TB new client treatment success rate. **TB client treatment success rate** (Amended 2015/16).	87% (Amended 2019/20 due to trends and available resources)
	2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020 Changed in 2019/20 to: 2.4.2) Reduce the TB incidence to 500 (or less) per 100 000 by March 2020 The programme suffered some severe resource reduction including hijackings that have hindered the TB tracing teams going out trace clients	TB incidence (per 100 000 population)	400 (or less) per 100,000 Reviewed in 2019/20 to: 500 (or less) per 100 000 (500- due to tracing teams hindered ability to conduct tracing)
	2.4.3) **Decrease the TB death rate to 2% by March 2020** Reviewed 2018/19: **Sustain a TB death rate of 5% (or less) by March 2020**	TB death rate	2% Reviewed 2019/20: 5% (same reasons as above – SOS 2.4.2
	2.4.4) **Increase the MDR-TB treatment success rate to 75% (or more) by March 2020** Reviewed 2019/20: • **Increase the MDR-TB treatment success rate to 60% (or more) by March 2020**	TB MDR treatment success rate	75% (or more) Reviewed 2019/29 to 60% (The trends and resources inform the need to revise the target to a more realistic target)

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	2.4.5) Increase the TB clients 5 years and older start on treatment to 99% by March 2020 • Added (2017/18)		
	2.4.6) Decrease the TB client lost to follow up to 2.6% (or less) by March 2020 • Added (2017/18)		
	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 • Added (2017/18)		
	2.4.11) Maintain new smear positive PTB cure rate of 85% or more from March 2017 onwards • Added 2018/19		
PROGRAMME 2: SUB-PROGRAMME MATERNAL, CHILD & WOMEN'S HEALTH			
2.5.) Reduce Infant Mortality	2.5.1) Reduce the infant mortality rate to 29 per 1 000 live births by March 2020 Changed in 2019/20 to: Reduce the infant mortality rate to 30.9 per 1000 live births by March 2020(to align with 2020 Target)	Infant Mortality Rate	29 per 1 000 live births Reviewed in 2019/20 to 30.9 per 1 000 live births (Based on trends)
	2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020. Reviewed in 2019/20: Reduce the mother to child transmission of HIV to 0.6% by March 2020.	Infant 1st PCR test positive around 6 week's rate. (Reviewed indicator 2017/18 to align with NIDS) .Infant PCR test positive around 10 week's rate.	Less than 0.5% Reviewed 2019/20: 0.6% The current performance and past trends and resources shows that the target of 0.6 is an achievable one.
	2.5.3) Reduce the neonatal death in facility rate to at least 11.1/1000 by March 2020 • Added:2017/18 • Reviewed in 2019/20: Reduce the neonatal death in facility rate to at least 11.3/1000 by March 2020		
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 2019/20: 2.6.1 Reduce the under 5 mortality rate to 42.5 per 1000 live births by March 2020	Under 5 mortality rate	40/1 000 Reviewed 2019/10: 42.5/1 000 (-2019/20 based on current performance trends and available resources)

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	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) Reviewed 2019/20: Severe acute malnutrition case fatality under 5 years rate	4.6 per 1 000 Reviewed 2019/20: 2.2 per 1 000 (based on current performance trends and available resources)
	2.6.3) Increase immunisation coverage to 88% or more by March 2020	Immunisation under 1 year coverage	88%
	2.6.4) Maintain the measles 2nd dose coverage of 90% (or more) from March 2017 onwards • Added: 2017/18 • Reviewed in 2019/20: Maintain the measles 2nd dose coverage of 90% (or more) from March 2020 onwards	Measles 2nd dose coverage	90%
	2.6.5) Reduce the measles drop-out rate to 3% or less by March 2020 Removed 2018/19		
	2.6.6) Reduce the under-5 diarrhoea case fatality rate to 2% (or less) by March 2020 • Added: 2017/18	Diarrhoea case fatality rate Reviewed 2019/20: Diarrhoea case fatality under 5 years rate (aligned to National customised list of indicators)	
	2.6.7) Reduce the under-5 pneumonia case fatality rate to 2.1% (or less) by March 2020 • Added: 2017/18	Pneumonia case fatality rate Reviewed 2019/20: Pneumonia case fatality under 5 years rate (aligned to National Customised list of indicators)	
	2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6.0% by March 2020 • Added: 2017/18, CHANGED IN 2019/20		
	2.6.9) Increase the Vitamin A dose 12-59 months coverage to 64% or more by March 2020 • Added: 2017/18		
	2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020 • Added: 2017/18		

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	2.6.11) Reduce the under-5 pneumonia incidence to 63 (or less) per 1000 by March 2020 • Added:2018/19		
	2.6.12) Reduce the death in facility under 1 year rate to 5.5% or less by March 2020 • Added:2018/19		
	2.6.13) Reduce the death in facility under 5 years rate to 5.0% (or less) by March 2020 • Added: 2017/18		
2.7) Reduce maternal mortality	2.7.1) Reduce the maternal mortality in facility ration to 100 (or less) per 100 000 live births by March 2020	Maternal mortality in facility ratio	Changed in 2019/20: 95/100 000 (live births) (based on current performance trends and available resources)
	2.7.2) Improve maternal health outcomes by establishing 11 District Caesarean Section Centres by March 2018 Changed: 2018/19 : **Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020**	Number of fully functional District Caesarean section Centres (Cumulative) • Removed in 2016/17	11 • Removed 2016/17
	2.7.3) Increase the antenatal 1st visit before 20 weeks rate to 70% (or more) by March 2020 • Added 2017/18		
	2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020 • Added 2017/18		
	2.7.6) Reduce deliveries under 19 years to 8% or less by March 2020 • Added 2017/18		
	2.7.5) Initiate 99% eligible antenatal clients on ART by March 2020 • Added 2017/18		
2.8) Improve women's health	2.8.1) Increase the couple year protection rate to 75% by March 2020. • Reviewed 2019/20: **Increase the couple year protection rate to at least 56% by March 2020** (Reviewed to accommodate the new definition and method of calculation in DHIS)	Couple year protection rate. Couple year protection rate **(international). (**Amended 2017/18 to align with NIDS).	75% Changed to 56% in 2019/20 (The new calculation, past trends have led us to review the target)

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	Cervical cancer screening coverage *Indicator changed to align to NIDS 2019/20:* Cervical cancer screening coverage 30 years and older	75% (or more)
	2.8.3)Maintain programme to target 9 year old girls with HPV vaccine 1st and 2nd dose as part of cervical cancer prevention programme • Added : 2017/18		
PROGRAMME 2: SUB-PROGRAMME NON-COMMUNICABLE DISEASES			
2.9) Reduce incidence of non-communicable diseases	2.9.1) Decrease the hypertension incidence by at least 10% per annum. Reviewed 2017/18: **Hypertension incidence of 24.6 or less per 1000 population by March 2020.** Intensified screening and detection is expected to initially increase new cases before decline. Trends are being monitored closely.	Hypertension incidence (annualised).	Increase by at least 10% per annum. **23 / 1000** (Reviewed 2019/20-increased screening has increased identification of cases).
	2.9.2) Decrease the diabetes incidence by at least 10% per annum. Reviewed 2017/18: **Diabetes incidence of 3.1/ 1000 population by March 2020.** Intensified screening and detection is expected to initially increase new cases before decline. Trends are being monitored closely.	Diabetes incidence (annualised).	Increase by at least 10% per annum. **3.1/ 1000** (Reviewed 2017/18).
	2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020 • Added : 2017/18		
	2.9.4) Screen at least 2.5 million people (40 years and older) per annum for diabetes by March 2020 • Added : 2017/18		
	2.9.5) Screen at least 1.5 million people for mental disorders at PHC services by March 2020 • Added : 2017/18		
	2.9.6) Increase the cataract surgery rate to at least 850 per 1 mil uninsured population by March 2020 • Added : 2017/18		

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	2.9.7) Improve the number of wheelchairs issued to 4 200 by March 2020 • Added : 2017/18 • Reviewed ;Improve the number of wheelchairs issued to 3 500 by March 2020		
2.10) Eliminate malaria	2.10.1) Zero new local malaria cases by March 2020 Changed in 2019/20: 2.10.1) Malaria incidence of under 1/1 000 population at risk by March 2020	Malaria incidence per 1000 population at risk	**0.5/0 000 (Changed from zero new local cases to 0.5/ 1 000 in 2019/20) as 0 was unrealistic and not in line with trends**
	2.10.2 Reduce the malaria case fatality rate to less than 0.5% by March 2020 Reviewed in 2019/20: Reduce the malaria case fatality rate to 0.5% by March 2020	Malaria case fatality rate	**Less than 0.5%** **Reviewed in 2019/20: 0.5% (**based on current performance trends and available resources)
1.9) Strengthen health system effectiveness	1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2017 REMOVED 2019/20 based on the DPME recommendatin that this is an activity indicator best suited to the Operational Plan		
PROGRAMMES 2, 4 AND 5: DISTRICT, REGIONAL, SPECIALISED TB AND PSYCHIATRIC, CHRONIC/ NON-ACUTE, TERTIARY & CENTRAL HOSPITAL SERVICES			
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.1) Sustain a patient satisfaction rate of 95% (or more) at all public health facilities by March 2020. **Removed 2017/18.** The National Department of Health removed the indicator based on the lack of an appropriate information system to collect the relevant data. Patient satisfaction will however be monitored through implementation of the Service Delivery Improvement Plan (SDIP) that will be attached as an annexure to the APP.	Patient satisfaction rate **Removed 2017/18.**	95% (or more) **Removed 2017/18.**
1.7) Improve hospital efficiencies	1.7.1) Maintain a bed utilisation rate of 75% (or more). Amended 2015/16: **Maintain a bed utilisation rate of 75% (or more) by March 2020.**	Inpatient bed utilisation rate. Inpatient bed utilisation rate **– total** (Amended 2015/16).	62.7% (District Hospital) (The standard of 75% has been accepted as the threshold for efficiency.

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2016. **Removed in 2019/10** – Based on DPME recommendation on 2nd draft assessment: Should appear in operational plan due to activity based nature of the SOS and indicator	Hospital Rationalisation Plan **Removed in 2019/20**	Plan implemented **Removed in 2019/20**
	1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020 • Added 2017/18	Average Length of stay	As per category target
	1.7.4) Maintain expenditure per PDE within the provincial norms • Added 2017/18	Expenditure per patient day equivalent (PDE)	
	1.7.5) Reduce the unreferred outpatient Department (OPD) headcounts with at least 7% per annum • Added: 2018/19	OPD headcount- total OPD headcount not referred new	
5.1) Improve compliance to the Ideal Clinic and National Core Standards	5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020. **REMOVED 2019/20**: NCS was removed from the National Customised set of indicators hence removed from APP – Focus on Implementation of Ideal Hospital.	Percentage of hospitals compliant with all extreme and vital measures of the national core standards. **Removed 2019/20**	60% (or more)
	5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards • Added: 2017/18		
	5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2020 onwards • Added: 2017/18		
PROGRAMME 3: EMERGENCY MEDICAL SERVICES			
1.8) Improve EMS efficiencies	1.8.1) Evidence-based EMS Model approved and implemented by March 2016. **Removed in 2019/20** based on the DPME recommendation. Considered suitable for the operational plan, not APP.		

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020. • Reviewed 2019/20. **Increase the average number of daily operational ambulances to 200 by March 2020**. The ageing vehicle fleet, need for replacement of ambulances, and limited budget impact on purchase of an adequate number of ambulances to expand the fleet. Currently ambulances are replaced only.	Average number of daily operational ambulances.	~~550~~ **200 (reviewed 2019/20) (**based on current performance trends and available resources)
	1.8.3) Rationalise 4 clustered communication centres by March 2020. • **Removed 2017/18.** The limited funding envelope and urgent strategies to align with new EMS legislation necessitates re-prioritisation of EMS priorities to ensure optimal functioning. Rationalisation of communication centres remain part of the EMS Turn-Around Plan although it is surpassed with other essential interventions for the remaining 3 years of the strategic planning period. New requirements for Communication Centres require review.	Number of clustered communications centres established and operational. **Removed 2017/18.**	4 **Removed 2017/18.**
	1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020. Reviewed 2019/20: **Improve P1 urban response times of under 15 minutes to 26% by March 2020.**	EMS P1 urban response under 15 min rate.	25% **26%** (Reviewed 2019/20).
	1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020. Reviewed 2019/20: Improve P1 rural response times of under 40 minutes to **36%** by March 2020.	EMS P1 rural response under 40 min rate.	45% **36%** (Reviewed 2019/20)(Based on current performance trends and available resources)
	1.8.6) Increase the inter-facility transfer rate to 50% by March 2020 Reviewed 2019/20 to : Increase the inter-facility transfer rate to 39% by March 2020	EMS inter-facility transfer rate	**50%** **Changed to 39% in 2019/20** (Based on current performance trends and available resources)
	1.8.7) Increase the number of bases with network access to 50 by March 2020 Added 2018/19		
PROGRAMME 6: HEALTH SCIENCES & TRAINING			

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
4.1) Improve human resources for health	4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20. **Reviewed 2019/20.** Allocate **120** bursaries for first year medicine students between 2015/16 and 2019/20. The decrease in target is based on the drastic reduction of allocated and projected budget for bursaries. The target will be reviewed year on year depending on available funding.	Number of bursaries awarded to first year medical students.	569 (Medical students) **2019/20 target: 30 (Reviewed 2019/20)** **120 cumulative**
	4.1.5) Allocate 2 000 bursaries for fist year nursing students between 2015/16 and 2019/20 Reviewed 2019/20. Allocate **600** bursaries for first year nursing students between 2015/16 and 2019/20. The decrease in target is based on the drastic reduction of allocated and projected budget for bursaries. The target will be reviewed year on year depending on available funding.	Number of bursaries awarded for first year nursing students.	2 000 (Nursing students) **600 Cumulative ; 100 in (2019/20)**
	4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category). Reviewed 2017/18: Increase intake of Mid-Level Workers with at least 10% per annum **(based on budget allocation)**. The limited funding envelope necessitated re-prioritisation of the 2017/18 MTEF allocation for training. Intake of Mid-Level Workers is flat lined for the three years, and will be reviewed annually. Intake also takes into consideration availability of budget to ensure absorption of students post training.	Number of new mid-level workers enrolled in training courses per category	167 Reviewed in 2019/20 : 150 (to align to budget available)
	4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020. • Reviewed 2017/18. **Increase the number of MOPs who successfully completed the degree course at DUT to 61 (cumulative) by March 2020**. There will be no further intake of students until all graduates can be absorbed in the health system. Due to current and projected budget constraints, the Department will not be able to absorb more graduates. Intake will be reviewed year on year based on available funding.	Number of MOPs that successfully completed the degree course at DUT.	90 61 cumulative 6 (for 2019/20) **–reviewed in 17/18 due to resource constraints**

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
	4.1.7) Increase the EMS skills pool by increasing the number of EMS personnel trained in ILS and ECT Reviewed targets 2017/18. Increase the EMS skills pool by increasing the number of ILS student intakes to **300 by** March 2020. The CoEC aligned with the new NECET qualifications and training.	Number of Intermediate Life Support graduates per annum Number of Emergency care technician graduates per annum (Removed in 2017/18)	360 (ILS) **300** (Cumulative for the 5 year strategic plan period. Reviewed 2017/18) (72 for 2019/20) 150 (ECT)
	4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020 • Added: 2017/18		
	4.1.10) Increase enrolment of Advanced Midwives by at least 10% per annum • Added 2018/19: 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		
	4.1.11) Appoint an average of 10 000 CCGs per annum on contract • Added: 2017/18		
SO 4.3: Accreditation of KZNCN as Institution of Higher Education Added: 2017/18	4.3.1) KZNCN accredited as IHE by March 2017 Added: 2017/18 Removed in 2019/20 Based on DPME recommendation to preferably include in the Operational plan and remove from the APP – Activity rather than a SOS.		
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES			
1.9) Strengthen health system effectiveness	1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020. • Reviewed 2017/18: Increase the number of operational Orthotic Centres to **5** by March 2020. Target was reduced based on budget challenges, specifically related to infrastructure and equipment.	Number of operational Orthotic Centres (cumulative)	11 **5** (Reviewed 2019/20)
	1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards. • Reviewed 2017/18: **Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards.**	Percentage of facilities reporting clean linen stock outs	Zero clean linen stock outs
	1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2017 • Moved to Programme 2 in 2019/20		

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
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 In 2019/20 Changed to: Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 97% by March 2020	Percentage of Pharmacies that obtained A and B grading on inspection Pharmacies with A or B Grading	100% Reviewed to 97% in 2019/20 (Due to trends and resource constraints)
	5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2017. • **Removed 2016/17.** Alternative arrangements have been made to accommodate inadequate infrastructure.	PPSD compliant with good Wholesaling Practice Regulations **Remove 2016/17.**	Compliant **Remove 2016/17.**
	5.2.3) Decrease medicine stock-out rates to less than 1% in PPSD and all health facilities by March 2020 Changed to: Decrease medicine stock-out rates to less than 6% in PPSD and all health facilities by March 2020 (2019/20)	Tracer medicine stock-out rate (PPSD) Tracer medicine stock-out rate (Institutions)	~~<1%~~ 5% (2019/20) ~~<1%~~ 3% (2019/20)
	5.2.4) improve pharmaceutical procurement and distribution reforms • Added: 2017/18	Changed Indicator 9 to Number of **external** pick-up points linked to CCMDD in 2019/20 based on the Chief Director request to correct the way this was captured. Previously ALL points were included but the request was to measure external non DoH sites	Changed target from 4 000 to 429
	5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGS) by March 2020 • Added: 2017/18		
	5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards • Added: 2017/18	Number of ethics workshops conducted	45 (2019/20)
	5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020 • Added: 2017/18		
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT			

Strategic Objective	Strategic Objective Statement	Indicator	Target March 2020
3.3) Improve health facility planning and infrastructure delivery	3.3.1) Commission 28 new projects by March 2020. Reviewed 2017/18. **Complete 28 new and replaced projects by March 2020.**	Number of new projects with completed construction – removed 2019/20 Number of new clinical projects where commissioning is complete – removed 2019/20 **Number new and replaced projects completed** (Added 2017/18)	28 (cumulative) 2019/20 TARGET :2
	3.3.2) Complete 35 upgrading and renovation projects by March 2020. Reviewed 2017/18. **Complete 47 upgrade and addition projects by March 2020.**	Number of upgrading and renovation projects with completed construction. **Number upgrade and addition projects completed** (Added 2017/18)	35 **47** (Reviewed 2017/18)
	3.3.3.) Complete 24 renovation and refurbishment projects by March 2020 • Added 2017/18	**Number renovation and refurbishment projects completed** (Added 2017/18)	**24** (Added 2017/18) (12 for 2019/20)
	3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan • Added 2017/18	Number of health facilities that have undergone major and minor refurbishment excluding facilities in NHI Pilot District. Reviewed 2019/20: Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	
	3.3.5) 100% of maintenance budget spent annually • Added 2017/18		

Annexures

The APP Technical Indicator Definition Document will be available on the KZNHEALTH Intranet

Abbreviations

Abbreviation	Description
A	
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASSA	AIDS Committee of Actuarial Society of South Africa
B	
BAS	Basic Accounting System
BLS	Basic Life Support
C	
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Communicable Disease Control
CHC(s)	Community Health Centre(s)
COE	Compensation of Employees
CSS	Client Satisfaction Survey
D	
DHIS	District Health Information System
DHS	District Health System
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
E	
ECD	Early Child Development
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme

Abbreviation	Description
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETR.Net	Electronic Register for TB
F, G, H	
FPS	Forensic Pathology Services
HCSS	Health Care Support Services
HIV	Human Immuno Virus
HOH	Head of Health
HPV	Human Papilloma Virus
HRD	Human Resource Development
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sector Education and Training Authority
I	
IALCH	Inkosi Albert Luthuli Central Hospital
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
IDT	Independent Development Trust
ILS	Intermediate Life Support
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
K, L	
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LG	Local Government
M	
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOP	Medical Ortho Prosthetics

Abbreviation	Description
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
N	
NCS	National Core Standards
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NIDS	National Information Data Set
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
O	
OES	Occupation Efficiency Service
OHH	Outreach Households
OPD	Out-Patient Department
OTP	Office of the Premier
P	
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
PTB	Pulmonary Tuberculosis
PTS	Patient Transport Services
Q, R, S	
SA	South Africa
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
Stats SA	Statistics South Africa

Abbreviation	Description
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
TVET	Technical Vocational Education and Training
U	
UKZN	University of KwaZulu-Natal
U-AMP	User–Asset Management Plan
UTT	Universal Test and Treat
V, W, X	
WBOT(s)	Ward Based Outreach Team(s)
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis

ENDNOTES FOR 2019/20 APP

1 Refer to Annexure D for review of the strategic objectives, Strategic objective statements or indicators as per the Strategic Plan 2015-2019

2 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

3 South African Life expectancy, Infant Mortality and Under 5 mortality from StatsSA Mid-Year Population Estimates

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

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

6 Inpatient neonatal death rate from DHIS

7 Stats SA 2017 Mid-Year Estimates

8 Stats SA 2018 Mid-Year Estimates

9 KZN CCS 2018 http://www.statssa.gov.za/publications/Report-03-00-07/Report-03-00-072018.pdf

10 2017 General Household Survey Statistics South Africa

11 KZN Municipalities 2018. Available at https://municipalities.co.za/provinces/view/4/kwazulu-natal

12 Statistics South Africa 2013. Mortality and causes of death in South Africa: Findings from death notification, 2013. Available at http://www.statssa.gov.za/publications/P03093/CoD_2013_presentation.pdf

13 Statistics South Africa 2017. Mid-year population estimates 2017. Pretoria, South Africa.

14 HSRC 2014. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Human Sciences Research Council. Available at http://www.hsrc.ac.za/uploads/pageContent/4565/SABSSM%20IV%20LEO%20final.pdf

15 Bradshaw et al 2000. Mortality Estimates for Kwa-Zulu Natal Province, 2000. South African Burden of Disease Study. South African Medical Research Council. Available at http://www.samrc.ac.za/sites/default/files/files/2017-07-03/kwazulunatal.pdf

16 Bhimma et al 2018. Prevalence of Primary Hypertension and Risk Factors in Grade XII Learners in KwaZulu-Natal, South Africa. International Journal of Hypertension Volume 2018, Article ID 3848591, https://doi.org/10.1155/2018/3848591

17 Norman et al 2007. The high burden of injuries in South Africa. Bulletin of the World Health Organization Volume 85, Number 9, September 2007, 649-732

18Who Needs to Be Targeted for HIV Testing and Treatment in KwaZulu-Natal? Results From a Population-Based Survey; Huerga, Helena MD, PhD; Van Cutsem, Gilles MD, DTMH, MPH; Ben Farhat, Jihane MSc; Reid, Matthew MBChB, MPH; Bouhenia, Malika MPH; Maman, David MD, PhD; Wiesner, Lubbe PhD; Etard, Jean-François MD, PhD; Ellman, Tom MBChB, MSc, DTMH https://journals.lww.com/jaids/Fulltext/2016/12010/Who_Needs_to_Be_Targeted_for_HIV_Testing_and.7.aspx

19 http://www.thembisa.org/downloads

20 ETR.net (TB database)

21 Couple Year Protection Rate refers to women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year

22 Long Term methods of contraception are the IUCD, Implanon (the sub-dermal implant) and Tubular Ligation (TL) otherwise known as female sterilization. IUCD and Implanon are offered at all clinics and PHC facilities, however the TL is only offered at hospitals

23 Data for eThekwini has been removed as it masks the differences between the other districts. eThekwini had 58 SAM deaths with an under 5 population of 365 101

24 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

25 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

26 eThekwini was omitted as it is an anomaly that skews the picture/masks the trend.

27 Fusheini, A; Eyes, J & Goudge, J. "The state of public hospital governance and management in a South African hospital: A case study". International Journal of Healthcare. 2017, Vol 3 No. 2.

28 Private Licensing presentation at the 6 Nov 2018 Provincial Consultative Health Forum

29 Note that the department has reclassified the Mahatma Gandhi Memorial Hospital from a regional hospital in Programme 4 to a district hospital in Programme 2. Historical figures have been restated but 2018/19 figures cannot be restated. It is also noted that this is not strictly reprioritisation, but rather a reclassification, which does impact on the trends in both programmes..

30 Reported incorrectly in the Annual Report 17/18 as FOSA closed down during the reporting cycle and St Mary's was taken over in February 2018

31 Dunstan Farrell Specialised TB Hospital has closed down in June 2018

32 State aided clinics have not been included in the denominator for this indicator

33 No State Aided clinics or private clinics included

34 State aided clinics have not been included in the denominator for this indicator

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

36 Appears as a regressing target due to the increase in the population size

37 HR Oversight Report (Part D)

38 Appears as a regressing target due to the increase in the population size

39 Dunstan Farrell closed down in June 2018

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

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

42 The hospitals included here are St Mary's Marianhill, Osindisweni, Wentworth and McCords as per their classification. McCords is classified as a district hospital but provides regional specialised ophthalmic services. King Dinuzulu is classified as a Regional Hospital, providing specialised TB Services and District Hospital services and has not be included in the numbers projected here.

43 This denominator is as per the Ideal Clinic Tool. The number differs from the number of reporting clinics on DHIS. No CHC's are included in this calculation

44 The 9 BT State-aided clinics have not been included in the denominator as they do not form part of the assessment

45 This denominator is as per the Ideal Clinic Tool. The number differs from the number of reporting clinics on DHIS. No CHC's are included in this calculation

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

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

48The 169 wards worst affected by poverty is targeted as part of the Poverty Eradication Master Plan

49 Hospital rationalisation plan implementation was taken into account so target is higher than estimated performance and flatlined

50 Calculated manually due to missing bed numbers on DHIS - DHIS reflected as 57%

51 Naming of the indicator as "Loss" vs "Lost" as advised by Data Management

52 Data was sourced from the TB unit, and not DHIS, as it is considered a more accurate reflection of the situation.

53 Primary distribution sites (not facility)

54 This number excludes 5 268 neonates (Total 205 569)

55 ASSA2008 projections (previously used for reporting)

56 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

57 Indicator manually calculated. DHIS uses 2017 with the indictor reflecting a value of 53.6%

58 Drastic increase in target requested by the programme. The target of 75% is the NDoH target to be met by 2021/22.

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

60 Indicator manually calculated. DHIS reflects a value of 85.6% as it uses the 2017 population as a denominator

61 This indicator was calculated manually. DHIS reflects as 62% as it uses the 2017 population as a denominator

62 Rapid Mortality Surveillance

63 Rapid Mortality Surveillance

64 Quarter specific target

65 Quarter specific target

66 NIDS 2017-2019

67This includes cataract surgery performed in provincial hospitals only. No private data has been included

68 579 as per Q2 2018/19 Review Document

69 These are new cases specific to uMkhanyakude and do not include all the provincial cases diagnosed.

70 Calculated manually - DHIS reflects as 21.7 due to the 2017 population being used as the denominator

71 Calculated manually using numerator and denominator. DHIS calculation = 10.7/ 1000

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

73 Nil reporting for districts that are not considered as urban

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

75 According to EMS, a target of 200 was achievable with the changes in leave management and staff rostering. This will however have to be closely monitored and progress reported on. Current resources and some improvement on the management thereof makes this target a realistic one

76 Target is out of EMS control and lies with IT. Funded IT plan to roll out network points to EMS bases planned for 2019/20.

77 These targets are quarter specific targets

78 These targets are quarter specific targets

79 These targets are quarter specific targets

80 These targets are quarter specific targets
81 For planning purposes, NHLS costs for GeneXpert and NPI's have been included in the projected budget figures
82 These targets are quarter specific targets
83 These targets are quarter specific targets
84 The cluster recommended that Targets for complaints resolution rate be standardized for easier monitoring hence the drastic increase from 2017/18 to 2019/20 targets and beyond
85 These targets are quarter specific targets
86 These targets are quarter specific targets
87 These targets are quarter specific targets
88 These targets are quarter specific targets
89 These targets are quarter specific targets
90 These targets are quarter specific targets
91 These targets are quarter specific targets
92 These targets are quarter specific targets
93 These targets are quarter specific targets
94 These targets are quarter specific targets
95 These targets are quarter specific targets
96 Although the audited performance is 90, HR management reports that 322 bursaries were awarded to first year nursing students
97 The 199 included students from Mpumulange. The correct number was 103
98 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
99 This programme is phased out and there is no more new intake but to maintain the existing bursary holders.
100 This programme is phased out and there is no more new intake but to maintain the existing bursary holders.
101 The ILS training (all short courses) have been stopped by HPCSA as EMS training and qualifications will be NQF aligned, hence the target of 0
102 The Subprogrammes "Engineering Services", and "Forensic Services" has been removed from the list of sub-programmes based on the feedback report from Treasury –the EPRE has 3 sub-programmes in programme 7.
103 Dunstan Farrell Specialised TB Hospital has closed down in June 2018
104 Fully functional Operational Centres in Wentworth and Pietermaritzburg
105 Removed KZN Children Hospital
106 343/ 7 734 (3%) in hospitals and CHCs and 1 212/ 43 098 (2.8%) in clinics
107 Quarterly targets calculated as : (2019/20 target – 2018/19 actual)/4
108 St Mary's Hospital has been taken over by the Department & therefore no longer forms part of state aided,Funding to Rainbow Haven discontinued Power of God is captured as Philakade TLC in the attached schedule, Siloah Hospital is in the process of being taken over & therefore its allocation is not reflected There are 9 new entities whose funding allocation started in April 2017 (Possibility that funding to one of them – Hibberdene Care Centre – may be discontinued). Marianhill & Overpoort were merged with other Durban & Coastal facilities

Technical indicator definitions

This annexure is published and can be obtained from the strategic planning webpage on the KZNDoH intranet

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