

Table of Contents

FOREWORD BY THE EXECUTIVE AUTHORITY	5
STATEMENT BY THE ACCOUNTING OFFICER.....	7
OFFICIAL SIGN OFF	9
PART A: OUR MANDATE.....	11
1. Constitutional Mandate	11
2. Legislative and Policy Mandates	12
2.1. Legislation falling under the Department of Health’s Portfolio	12
2.2. Other legislation applicable to the Department	14
3. Health Sector Policies and Strategies over the five year planning period	16
3.1. Provincial Strategy alignment to the revised draft DPME Planning Framework	16
3.2. Alignment of the KwaZulu-Natal Department of Health Impact and Outcome Statements to Health Sector Policies and Strategies	17
4. Updates to relevant Court Rulings.....	23
PART B: OUR STRATEGIC FOCUS	25
5. Updated situational analysis.....	25
5.1 Overview of the Province.....	25
6. External environment analysis.....	27
6.1 Demography.....	27
6.2 Social Determinants of Health for Province and Districts.....	28
6.3 Epidemiology and Quadruple Burden of Disease	30
7. Internal environment analysis	34
7.1 Service Delivery Platform/Public Health Facilities	34
8. Outcome: Universal Health Coverage (Population and Service Coverage)	41
9. Outcome: Client Experience of Care	45
10. Outcome: Reducing Morbidity and Mortality.....	46
11. MTEF Budgets	53
PART C: MEASURING OUR PERFORMANCE	57
PROGRAMME 1: ADMINISTRATION.....	57
PROGRAMME 2: DISTRICT HEALTH SERVICES.....	69
SUB-PROGRAMME: PRIMARY HEALTH CARE.....	71
SUB-PROGRAMME: DISTRICT HOSPITALS	77
SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL.....	83
SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD & WOMEN’S HEALTH & NUTRITION	91
SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL.....	101
PROGRAMME 3: EMERGENCY MEDICAL SERVICES	111
PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)	117

SUB-PROGRAMME: REGIONAL HOSPITALS.....	121
SUB-PROGRAMME: SPECIALISED TB HOSPITALS	125
SUB-PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS	129
SUB-PROGRAMME: CHRONIC/ SUB-ACUTE HOSPITALS	133
PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS.....	143
SUB-PROGRAMME: TERTIARY HOSPITALS (GREYS, KING EDWARD VIII & NGWELEZANA HOSPITALS)	151
SUB-PROGRAMME: CENTRAL HOSPITAL (INKOSI ALBERT LUTHULI CENTRAL HOSPITAL).....	155
PROGRAMME 6: HEALTH SCIENCES AND TRAINING.....	161
PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	169
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT.....	177
INFRASTRUCTURE PROJECTS	185
PUBLIC PRIVATE PARTNERSHIPS.....	201
PART D: TECHNICAL INDICATOR DESCRIPTIONS (TIDS)	205
ANNEXURES TO THE ANNUAL PERFORMANCE PLAN	251
ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN.....	251
ANNEXURE B: CONDITIONAL GRANTS	251
ANNEXURE C: DISTRICT DEVELOPMENT MODEL	259
ANNEXURE D: EXCERPTS FROM THE TRIAL ALERT REGISTER	261
ANNEXURE E: ABBREVIATIONS	263

TABLES

Table 1: Alignment of the PDoH Impact and outcomes to Health Sector Policies and Strategies	18
Table 2: KwaZulu-Natal Demographic Data (National Department of Health 2019)	26
Table 3: Social Determinants of Health, 2016	29
Table 4: Top 5 Broad Causes of Death Ranked per Age and Sex, KwaZulu-Natal 2016 (StatsSA Mortality and Causes of Death)	32
Table 5: Health facilities per District, KZN, (DHIS Quarter 3 of 2019/20)	34
Table 6: KZN Hospital efficiency indicators: 2016/17 to 2018/19	36
Table 7: KZN Hospital efficiency indicators: 2016/17 to 2018/19	37
Table 8: Hospital Efficiency Indicators per facility	38
Table 9: Hospital Case Management Indicators	39
Table 10: Focus Areas and Interventions to Reduce Under 5 Mortality	47
Table 11: Expenditure Estimates (R'000) FOR the Department of Health	53
Table 12: Summary of Payments and Estimates by Economic Classification (R'000) FOR the Department of Health.....	54
Table 13: Outcome Indicators (Programme 1)	58
Table 14: Output Performance INdicators and MTEF Targets (Programme 1)	60
Table 15: Outcome and Output Indicators: Annual and Quarterly (Programme 1).....	63
Table 16: Expenditure Estimates (R'000) (Programme 1)	65
Table 17: Summary of Payments and Estimates by Economic Classification (R'000) (Programme 1)	65
Table 18: Key Risks and Mitigation Strategies (Programme 1)	67
Table 19: Outcomes Indicators (PHC).....	71
Table 20: Outputs Performance Indicators and TARGETS (PHC).....	73
Table 21: Outcome and Output Indicators: annual and quarterly targets (PHC)	75
Table 22: Outcome Indicators (District hospitals).....	77
Table 23: Output Performance Indicators and targets (District Hospitals)	80
Table 24: Outcome and Output Indicators: annual and quarterly targets (District Hospitals)	82
Table 25: Outcomes Indicators (HAST)	83

Table 26: Output Performance Indicators and MTEF targets (HAST)	86
Table 27: Outcome and Output Indicators: annual and quarterly targets (HAST)	89
Table 28: Outcome Indicators (MCWH&N)	91
Table 29: Output Performance Indicators and MTEF targets (MCWH&N)	95
Table 30: Outcome and Output Indicators: annual and quarterly targets (MCWH&N)	99
Table 31: Outcomes Indicators (Disease Prevention and Control)	101
Table 32: Output Performance Indicators and MTEF Targets (Disease Prevention and Control)	102
Table 33: Outcome and Output Indicators: annual and quarterly targets (Disease Prevention and CONTROL)	103
Table 34: Summary of Payments and Estimates (R'000) (programme 2)	106
Table 35: Summary of Payments and Estimates by Economic Classification (R'000) (Programme 2)	107
Table 36: Updated key risks and mitigation (Programme 2)	109
Table 37: Output Performance Indicators and MTEF Targets (EMS)	112
Table 38: Outcome and Output Indicators: annual and quarterly targets (ems)	113
Table 39: Expenditure Estimates (EMS)	114
Table 40: Summary of Provincial Expenditure Estimates by Economic Classification (EMS)	114
Table 41: Updated key risks and mitigation (EMS)	116
Table 42: Outcome Indicators (Provincial Hospitals)	118
Table 43: Output Indicators and MTEF Targets (Regional Hospitals)	121
Table 44: Outcome and Output Indicators: annual and quarterly targets (Regional Hospitals)	123
Table 45: Outcome Indicators (TB Hospitals)	125
Table 46: Output Performance Indicators and MTEF Targets (TB Hospitals)	126
Table 47: Outcome and Output Indicators: annual and quarterly targets (tB hospitals)	128
Table 48: Outcome Indicators (Psychiatric Hospitals)	129
Table 49: Output Performance Indicators and MTEF TARGETS (Psychiatric Hospitals)	130
Table 50: Outcome and Output Indicators: annual and quarterly targets (Psychiatric Hospitals)	132
Table 51: Outcome Indicators (Chronic Hospitals)	133
Table 52: Output Performance Indicators and MTEF Targets (Chronic Hospitals)	134
Table 53: Outcome and Output Indicators: annual and quarterly targets (Chronic Hospitals)	137
Table 54: Summary of Payments and Estimates (R'000) (Programme 4)	138
Table 55: Summary of Payments and Expenditure by Economic Classification (R'000) (Programme 4)	138
Table 56: Updated key risks and mitigation (Programme 4)	141
Table 57: Outcome Indicators (Tertiary and central hospitals)	144
Table 58: Output Performance Indicators and MTEF Targets (Tertiary Hospitals)	151
Table 59: Indicators, Annual and Quarterly TARGETS (Tertiary Hospitals)	153
Table 60: Output Performance Indicators & Targets (Central Hospital)	155
Table 61: Indicators, Annual and Quarterly Targets (Central hospitals)	157
Table 62: Summary of Payments and ESTIMATES (R'000) (programme 5)	158
Table 63: Summary of Payments and Estimates by Economic Classification (R'000) (Programme 5)	158
Table 64: Updated key risks and mitigation (Programme 5)	160
Table 65: Output Performance Indicators MTEF Targets (Programme 6)	162
Table 66: Output Indicators: annual and quarterly targets (Programme 6)	164
Table 67: Expenditure Estimates (R'000) (PROGRAMME 6)	165
Table 68: Summary of Provincial Expenditure Estimates by Economic Classification (R'000) (Programme 6)	165
Table 69: Updated key risks and mitigation (Programme 6)	168
Table 70: Output Performance Indicators and MTEF Targets (Programme 7)	170
Table 71: Output Indicators: annual and quarterly targets (Programme 7)	172
Table 72: Expenditure Estimates (R'000) (PROGRAMME 7)	173
Table 73: Summary of Payments and Estimates by Economic Classification (R'000) (Programme 7)	173
Table 74: Updated key risks and mitigation (Programme 7)	175
Table 75: Output Performance Indicators and MTEF Targets (programme 8)	178
Table 76: Outcome and Output Indicators: annual and quarterly targets (Programme 8)	180
Table 77: Expenditure Estimates (R'000) (Programme 8)	181
Table 78: Summary of Provincial Expenditure Estimates by Economic Classification (R'000) (Programme 8)	181
Table 79: Updated key risks and mitigation (Programme 8)	184
Table 80: Infrastructure projects	185
Table 81: Public-Private Partnerships (PPPs)	201
Table 82: State Aided Facilities	201
Table 83: HIV, TB, Malaria and Community Outreach Conditional Grant	251
Table 84: Conditional Grant for the HIV, TB, Malaria and Community Outreach: HIV / AIDS component	255

Table 85: Outputs Performance Indicators for the HIV / AIDS / TB Conditional Grant	256
Table 86: Conditional Grant: HIV, TB Malaria and Community Outreach Grant: TB Component	257
Table 87: Output Performance Indicators for the Community Outreach Services HIV Conditional Grant	258

GRAPHS

Graph 1: Population pyramid KwaZulu-Natal vs South Africa	27
Graph 2: Share of Poverty Lines across all Provinces in SA 2017, (HIS MARKET 2019)	30
Graph 3: Leading causes of Death 2016 KwaZulu-Natal	30
Graph 4: Broad Causes of death by sex and age group 2013-2015	33
Graph 5: Efficiency indicators, KZN.....	35
Graph 6: Exp per PDE, district hospitals, KZN (DHB 2017/18)	37
Graph 7: All Services Complaints, KZN DOH, 2018/19 (Ideal Health Facility Monitoring System)	45
Graph 8: Complaints: PHC Services 2018/19 (Ideal Health Facility Monitoring System)	45
Graph 9: HOspital Services Complaints 2018/19 (Ideal Health Facility Monitoring System)	45

MAPS

Map 1: Map of KZN and Districts/Metro (Nationalgovernment.co.za)	26
Map 2 Map with Service Delivery Platform (National Department of Health)	34

FOREWORD BY THE EXECUTIVE AUTHORITY

The 2020/21 Annual Performance Plan of the KwaZulu-Natal (KZN) Department of Health presents the opportunity to give meaningful response to the health challenges facing the people of our Province. The plan aims to integrate key elements of service delivery into providing a long term framework that will guide the annual planning and budget cycles.

The policy priorities set out in the APP are in line with the three overarching outcomes for the forthcoming 5 year planning cycle that aim to address a single IMPACT of “Increased life Expectancy”. The outcomes that seek to merge to achieve this impact are “Universal Health Coverage”, “Improved Client Experience of Care” and “Reduced Morbidity and Mortality”.

On Sunday, 15th March 2020, the President of the Republic of South Africa, President MC Ramaphosa, declared the outbreak of COVID-19 as a National Disaster, following the first internal transmission of the virus. The KZN Department of Health has put measures in place including the reconfiguring of hospitals to execute investigations and admit confirmed and suspected cases. Other measures include decongesting our health facilities, rapid response teams in place and activation of the Provincial War Room.

In anticipation for the increased demand of health services, the Department is strengthening its financial management systems and control to ensure effective utilisation of limited resources. As part of ongoing efforts to improve performance information, the Department aims to increase the health facilities that are electronically recording clinical codes for patient visits and continue to focus on connectivity at our institutions. Compliance to occupational health and safety, leadership and governance, improved fleet services and improved HR functionality will also be prioritised.

The Department will continue to focus on Primary Health Care (PHC) re-engineering to strengthen prevention and promotion of health by investing in the Community Based Model: In particular the Community Outreach Programmes. Strengthening PHC will reduce the pressure as well as improve efficiencies at all other levels of care.

The focus this year shifts towards the client experience of care. We will continue to engage with our clients to improve the quality of services provided.

Maintaining health and preventing disease through comprehensive health promotion strategies and programmes remains a key focus in 2020/21. Programmes to improve health-seeking behaviour, reduce communicable and non-communicable diseases, promote nutrition programmes and strategies to reduce specific nutritional challenges, strengthen maternal, child and women’s health and reduce the preventable causes of morbidity and mortality continue to remain a priority. Effective screening, follow up and support services are vital to health outcomes.

The Annual Performance Plan is a genuine confirmation of the Department's commitment to meeting our constitutional mandate. I endorse the Annual Performance Plan and remain committed to ensuring its implementation.



Ms Nomagugu Simelane-Zulu
MEC for Health
KwaZulu-Natal Department of Health

Date 20/3/2020

STATEMENT BY THE ACCOUNTING OFFICER

The 2020/21 Annual Performance Plan encapsulates the Vision, Mission, Outcomes and Outputs of the KZN Department of Health. It articulates the approach that will be pursued by the Department in responding to the priorities of the new Government. The Department envisions continuing to work towards providing optimal health for all persons in KwaZulu-Natal through 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.

The Annual Performance Plan is a product of extensive consultations with internal and external stakeholders. It is shaped by the priorities of the National Development Plan 2030, the Medium Term Strategic Framework 2019-2024, the Provincial Growth and Development Plan 2030, other sector priorities, the burden of disease and the demand for services.

During the previous financial year, the Department remained committed to strengthening health systems and processes as enabling mechanisms for the implementation of quality health care services in response to the burden of disease and the identified needs and demands for health in the Province. Improved health outcomes and inter-sectoral collaboration contributed to an increased life expectancy from 60.7 years to 60.9 years in 2018/19.

Highlights for the 2018/19 financial year include:

- Managed 28 368 964 patients at fixed PHC facilities, with 4 681 382 of these patients under the age of 5 years.
- Registered a total of 683 483 households; and managed a further 7591101 clients at community/ household level.
- A total of 994 263 clients were registered on the Centralised Chronic Medicine Dispensing & Distribution Programme, thus enabling them to collect chronic medication at community level.
- 5 517 003 people over the age of 40 years were Screened for hypertension; 5 472 699 patients over the age of 40 years for diabetes and 11 621 594 clients of all ages for mental disorders
- The maternal mortality in facility rate decreased from 101.9 per 100 000 live births (2017/18) to 88.4 per 100 000 live births (2018/19).
- The mother to child HIV transmission rate decreased from 0.71% (2017/18) to 0.62% (2018/19).
- The number of severe acute malnutrition deaths under 5 years decreased from 200 (2017/18) to 179 (2018/19).
- Diarrhoea with dehydration incidence decreased from 8/1000 (2017/18) to 7.9/1000 (2018/19); pneumonia incidence from 43.3/1000 (2017/18) to 39.2/1000 (2018/19); and severe acute malnutrition incidence from 2.4/1000 (2017/18) to 1.9/1000 (2018/19).
- The number of children under 1 year fully immunised increased by 9.9% (from 208 294 (2017/18) to 233 732 (2018/19)).

- A total of 3 684 143 people were tested for HIV; 209 732 medical male circumcisions were performed; and a total of 1 387 688 patients remained on ART at the end of March 2019 (48 037 of these were children under the age of 15 years).
- The TB incidence (detection rate) increased from 481 per 100 000 to 509 per 100 000 population.

Over the next five years, the Departmental plan will make provision for:

- Improving the quality of and access to care – Universal health coverage - and readiness for the National Health Insurance.
- Improving the client experience of care with a focus on the perception of health through the eyes of the client and
- Reduced morbidity and mortality through intensified cases finding, improved treatment outcomes and intensified prevention efforts.

We wish to acknowledge the efforts of all stakeholders in crafting this Annual Performance Plan. I am looking forward to this new phase of development and consolidation in the Department and remain committed in leading and facilitating the process towards the implementation of the Annual Performance Plan.



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

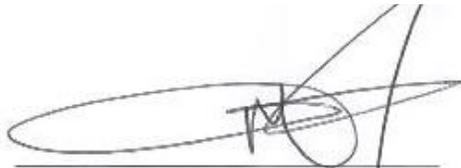
Dr SC Tshabalala
Head: Health
KwaZulu-Natal Department of Health

Date: 21/03/2020

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the Management of the KwaZulu-Natal Department of Health under the guidance of the MEC for Health: Ms Nomagugu Simelane-Zulu.
- Takes into account all the relevant policies, legislation and other mandates for which the KwaZulu-Natal Department of Health is responsible.
- Accurately reflects the Outcomes and Outputs which the KwaZulu-Natal Department of Health will endeavour to achieve over the period 2020-2023.



Dr M Gumede

DDG: Specialised Services and Clinical Support

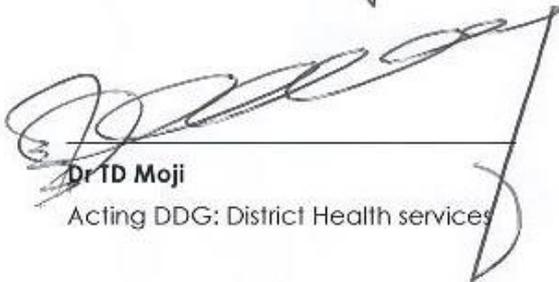
19/03/2020
Date



Mr M Zungu

DDG: National Health Insurance (NHI)

19 MAR 2020
Date



Dr TD Moji

Acting DDG: District Health services

19/3/2020
Date



Mr TPB Shezi

DDG: Corporate Management Services

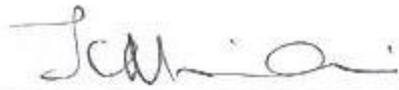
2020/03/19
Date



Mr B Gcaba

Chief Director: Infrastructure Development

20/3/2020
Date



Ms T Mngqithi

Acting Chief Director: Risk Assurance Management Services

18/03/2020
Date



Mr PB Shezi

Acting Chief Financial Officer

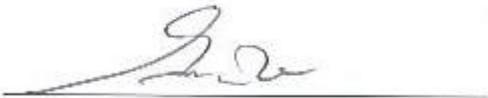
18/03/2020
Date



Mrs N Moodley

Director: Strategic Planning

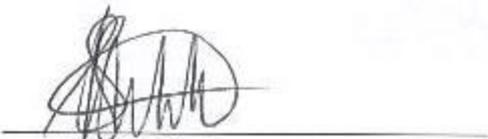
18/03/2020
Date



Mr J Govender

Chief Director: Health Service Delivery Planning, Monitoring and Evaluation

18/3/2020
Date



Dr SC Tshabalala

Head: Health - KwaZulu-Natal Department of Health

20/03/2020
Date

Approved by



Ms Nomagugu Simelane-Zulu

MEC for Health - KwaZulu-Natal Department of Health

20/3/2020
Date

PART A: OUR MANDATE

1. CONSTITUTIONAL MANDATE

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places obligations on the state to progressively realise socio-economic rights, including access to *(affordable and quality)* health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

- (1) Everyone has the right to have access to:
 - (a) Health care services, including reproductive health care;
 - (b) Sufficient food and water; and
 - (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services'.

2. LEGISLATIVE AND POLICY MANDATES

2.1. Legislation falling under the Department of Health's Portfolio

National Health Act, 2003 (Act No. 61 of 2003)

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objectives of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa.

Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) - 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.

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, in particular those emitting radiation.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Pharmacy Act, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists

Health Professions Act, 1974 (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.

Dental Technicians Act, 1979 (Act No.19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

Allied Health Professions Act, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

Academic Health Centres Act, 86 of 1993 - Provides for the establishment, management and operation of academic health centres.

Choice on Termination of Pregnancy Act, 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilisation Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilisations, including for persons with mental health challenges.

Medical Schemes Act, 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Tobacco Products Control Amendment Act, 1999 (Act No 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

National Health Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession and for the establishment of a council to regulate these professionals including community service by these professionals.

Higher Education Act (Act No 101 of 1997) as amended: Provides for the regulation of Higher Education Institutions and its registration, including the formation of governance structures guiding education and training of students.

National Qualifications Act (Act No 67 of 2008): Provides for a single integrated system comprising three co-ordinated qualifications Sub-Frameworks

Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

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.

Public Service Act No 64 of 1994: To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

2.2. Other legislation applicable to the Department

Criminal Procedure Act, 1977 (Act No.51 of 1977), Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.

Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

Occupational Health and Safety Act, 1993 (Act No.85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

National Roads Traffic Act, 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

Employment Equity Act, 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

State Information Technology Act, 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Skills Development Act, 1998 (Act No.97 of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

Public Finance Management Act, 1999 (Act No.1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

Promotion of Access to Information Act, 2000 (Act No.2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act, 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No.4 of 2000)
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Division of Revenue Act, (Act No.7 of 2003) - Provides for the manner in which revenue generated may be disbursed.

Broad-based Black Economic Empowerment Act, 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

Labour Relations Act, 1995 (Act No.66 of 1995) - Establishes a framework to regulate key aspects of *relationship* between employer and employee at individual and collective level.

Basic Conditions of Employment Act, 1997 (Act No.75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

3. HEALTH SECTOR POLICIES AND STRATEGIES OVER THE FIVE YEAR PLANNING PERIOD

3.1. Provincial Strategy alignment to the revised draft Department of Planning, Monitoring and Evaluation (DPME) Planning Framework

The Department 5 strategic goals in the previous 2014/15 – 2019/20 strategic planning cycle were as follows:

- Strengthen Health Systems Effectiveness
- Reduce And Manage The Burden Of Disease
- Universal Health Coverage
- Strengthen Human Resources For Health
- Improved Quality Of Health Care

The NDP implementation plan proposes 4 goals, namely:

Goal 1: Increase Life Expectancy Improve Health and Prevent Disease

Goal 2: Achieve Universal health coverage by Implementing National Health Insurance (NHI)

Goal 3: Quality Improvement in the provision of care

Goal 4: Build Health Infrastructure for effective service delivery

The DPME framework terminology uses the terms “Impact and Outcomes”. With this logic model in mind as well as seeking to align to the DPME planning framework, the following Impact and Outcomes were adopted by The Department:

Impact: Increased Life Expectancy

Outcome: Universal Health Coverage

Outcome: Improved Client Experience of Care

Outcome: Reduced Morbidity and Mortality

The impact and outcomes were confirmed through consultations at cluster planning workshops (Cluster sessions held between 21 August 2019 and 6 September 2019) and the Provincial Strategic planning workshop (12-13 October 2019)

3.2. Alignment of the KwaZulu-Natal Department of Health Impact and Outcome Statements to Health Sector Policies and Strategies

The following National and Provincial Policies, Frameworks and Strategies are relevant to 2020-2025:

- National Health Insurance Bill
- National Development Plan: Vision 2030
- Sustainable Development Goals
- Medium Term Strategic Framework and NDP Implementation Plan 2019-2024
- Provincial Growth and Development plan

The table showing the alignment of the PDoH Impact and outcomes to Health Sector Policies and Strategies follows below:

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

TABLE 1: ALIGNMENT OF THE PDOH IMPACT AND OUTCOMES TO HEALTH SECTOR POLICIES AND STRATEGIES

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	PGDP 2030	Health sector's strategy 2019-2024
Impact: Increased Life Expectancy	Life expectancy of South Africans improved to 70 years by 2030	Priority 3: Education Skills and Health	Average male and female life expectancy at birth increases to at least 70 years		Goal Indicator: • Life expectancy at birth. Strategic Objective 3.2: Enhance the health of communities and citizens	Goal 1: Increase Life Expectancy improve Health and Prevent Disease <i>Inter sectoral collaboration to address social determinants of health</i>
Outcome: Universal Health Coverage	Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030	Priority 3: Education Skills and Health Priority 2: Economic Transformation and Job creation Priority 3: Capable, Ethical and Developmental State	Complete Health System Reforms (Strengthen the District Health System) Primary Health Care teams provide care to families and communities Universal Health Care Coverage Fill posts with skilled, committed and competent individuals	3.8 - 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 3. c - Substantially increase health financing and the ... health workforce in developing countries... Strengthen the capacity of all countries ... for early warning, risk reduction and management of national and global health risks	3.2(a) Scale up implementation of strategic interventions to fast track transformation of public health services towards universal health coverage. 3.2(e) Facilitate health research and knowledge management to inform evidence-based and responsive planning and decision-making.	Goal 2: Achieve UHC by Implementing NHI <i>SO: Progressively achieve Universal Health Coverage through NHI</i> <i>SO: Improve quality and safety of care</i> <i>SO: Provide leadership and enhance governance in the health sector for improved quality of care</i> <i>SO: Improve community engagement and</i>

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	PGDP 2030	Health sector's strategy 2019-2024
						<p><i>reorient the system towards Primary Health Care through Community based health Programmes to promote health</i></p> <p><i>SO: Improve equity, training and enhance management of Human Resources for Health</i></p> <p><i>SO: Improving availability to medical products, and equipment</i></p> <p><i>SO: Robust and effective health information systems to automate business processes and improve evidence based decision making</i></p> <p><i>SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</i></p>

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	PGDP 2030	Health sector's strategy 2019-2024
Improved Client Experience of Care	Outcome: Progressive improvement in the total life expectancy of South Africans	Priority 3: Education Skills and Health			Strategic Objective 3.2: Enhance the health of communities and citizens	SO: <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i>
Reduced Morbidity and Mortality	<p>Outcome: Reduce Maternal and Child Mortality</p> <p>Outcome: Progressive improvement in the total life expectancy of South Africans</p> <p>Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disability</p>	Priority 3: Education Skills and Health	<p>Improvement in evidence-Based preventative and therapeutic interventions for HIV</p> <p>Progressively improve TB prevention and cure</p> <p>Reduce maternal and child mortality</p> <p>Reduce the prevalence of non-communicable chronic diseases by 28 percent</p> <p>Reduce Injury, accidents and violence by 50% from 2010 levels</p>	<p>3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 - 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</p> <p>3.3 - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p>	<p>3.2(b) Implement the KZN 2017-2022 Multi-Sectoral Response Plan for HIV, TB and STIs to reduce the burden of communicable diseases.</p> <p>3.2(c) Accelerate implementation of comprehensive integrated community- and facility-based services/ interventions to improve maternal, neonatal and child health.</p> <p>3.2(d) Accelerate implementation of comprehensive and integrated community- and facility-based services/ interventions to reduce the burden of non-communicable diseases.</p>	<p>Goal 1: Increase Life Expectancy improve Health and Prevent Disease</p> <p>SO: <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i></p>

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	PGDP 2030	Health sector's strategy 2019-2024
				<p>3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p>3.6 - By 2020, halve the number of global deaths and injuries from road traffic accidents</p> <p>3.7 - 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</p> <p>3.9 - By 2030, substantially reduce the number of deaths and illnesses from hazardous</p>		

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	MTSF Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals	PGDP 2030	Health sector's strategy 2019-2024
				chemicals and air, water and soil pollution and contamination 3.a - Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate 3.b - Support the research and development of vaccines and medicines for the communicable and non-communicable diseases ...		

The Strategic and Annual Performance Plans are further aligned to the National Health Insurance Bill, the Public service regulations and the Health Compact pillars.

4. UPDATES TO RELEVANT COURT RULINGS

Provincially, an excerpt from the Trial Register is attached as an annexure showing the nature of claims, and the amount claimed, as at January 2020.

- The total medico legal claims paid to date equalled to R141 009 233.
- There were 228 civil matters received by Legal Services for the year 2019/20 (As at Jan 2020).
- There were a total of 46 Labour matters received for the 2019/20 year (as at Jan 2020).
- A total of 162 collision matters were received as at Jan 2020.

Nationally, the Constitutional Court judgement in the cannabis cases referred from the Cape High Court is one of the most pressing court decisions in recent years (HST, 2019) (HST, 2019). Cannabis may be addictive in nature. It has been linked to lung cancer, impaired respiratory function, cardiovascular disease, elevated systolic blood pressure, stroke and mental disorders. Cannabis has also been linked to traffic and non-traffic accidents, workplace injuries and work performance (Mokwena, 2019).

The Supreme Court of Appeal dismissed an appeal against a previous High Court judgment which found that a mother had failed to prove that the damage sustained by her child (due to hypoxaemia during childbirth) was due to the negligent failure of the hospital staff involved in the child's delivery (Aug 2019) (HST, 2019).

PART B: OUR STRATEGIC FOCUS

VISION

Optimal health for all persons in KwaZulu-Natal

MISSION

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

VALUES

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

5. UPDATED SITUATIONAL ANALYSIS

5.1 Overview of the Province

KwaZulu-Natal is located in the south-east of South Africa bordering the Indian Ocean. It also borders on the Eastern Cape, Free State and Mpumalanga provinces, as well as Lesotho, Swaziland and Mozambique. The 'Garden Province' of South Africa stretches from the lush subtropical east coast washed by the warm Indian Ocean, to the sweeping savannah in the east and the majestic Drakensberg Mountain Range in the west.

It covers an area of 94 361 km², the third-smallest in the country, and has a population of 11 289 086 (Statistics South Africa, 2019), making it the second most populous province in South Africa following Gauteng. The capital is Pietermaritzburg and the largest city is Durban. Other major cities and towns include Richards Bay, Port Shepstone, Newcastle, Estcourt, Ladysmith and Richmond.

The province's manufacturing sector is the largest in terms of contribution to Gross Domestic Product (GDP). Richards Bay is the centre of operations for South Africa's aluminium industry. The Richards Bay Coal Terminal is instrumental in securing the country's position as the second-largest exporter of steam coal in the world. The province has undergone rapid industrialisation owing to its abundant water supply and labour resources.

Agriculture is also central to the economy. The sugar cane plantations along the coastal belt are the mainstay of KwaZulu-Natal's agriculture. The coastal belt is also a large producer of subtropical fruit, while the farmers inland concentrate on vegetable, dairy and stock farming.

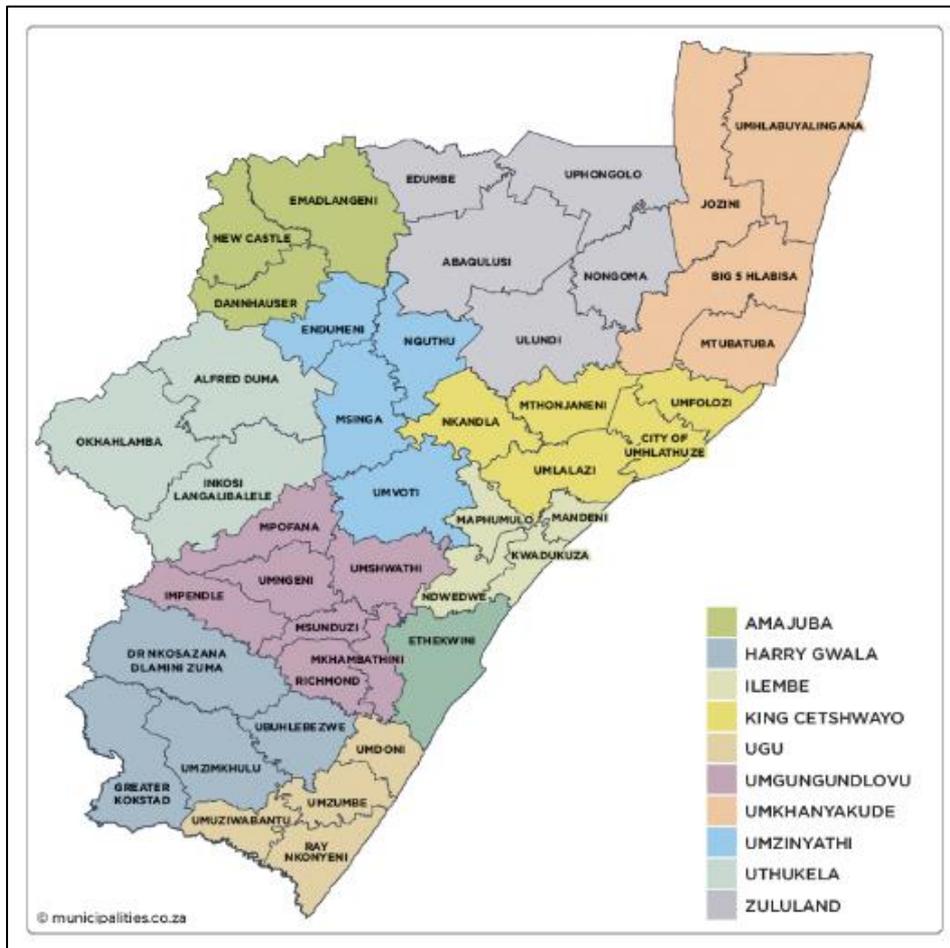
Another source of income is forestry in the areas around Vryheid, Eshowe, Richmond, Harding and Ngome.

KwaZulu-Natal is divided into one metropolitan municipality (eThekweni Metropolitan Municipality) and 10 district municipalities, which are further subdivided into 43 local municipalities (National Department of Health, 2019).

TABLE 2: KWAZULU-NATAL DEMOGRAPHIC DATA (NATIONAL DEPARTMENT OF HEALTH 2019)

Demographic Data	KZN	Unit of Measure
Geographical area	94,361	Km ²
Total population (Statistics South Africa, 2019)	11 289 086	Number
Population density (Based on SA Mid-year estimates 2019)	120	Per Km ²
Percentage of population with medical insurance (General Household Survey, 2017)	12.6	%

MAP 1: MAP OF KZN AND DISTRICTS/METRO (NATIONALGOVERNMENT.CO.ZA)¹

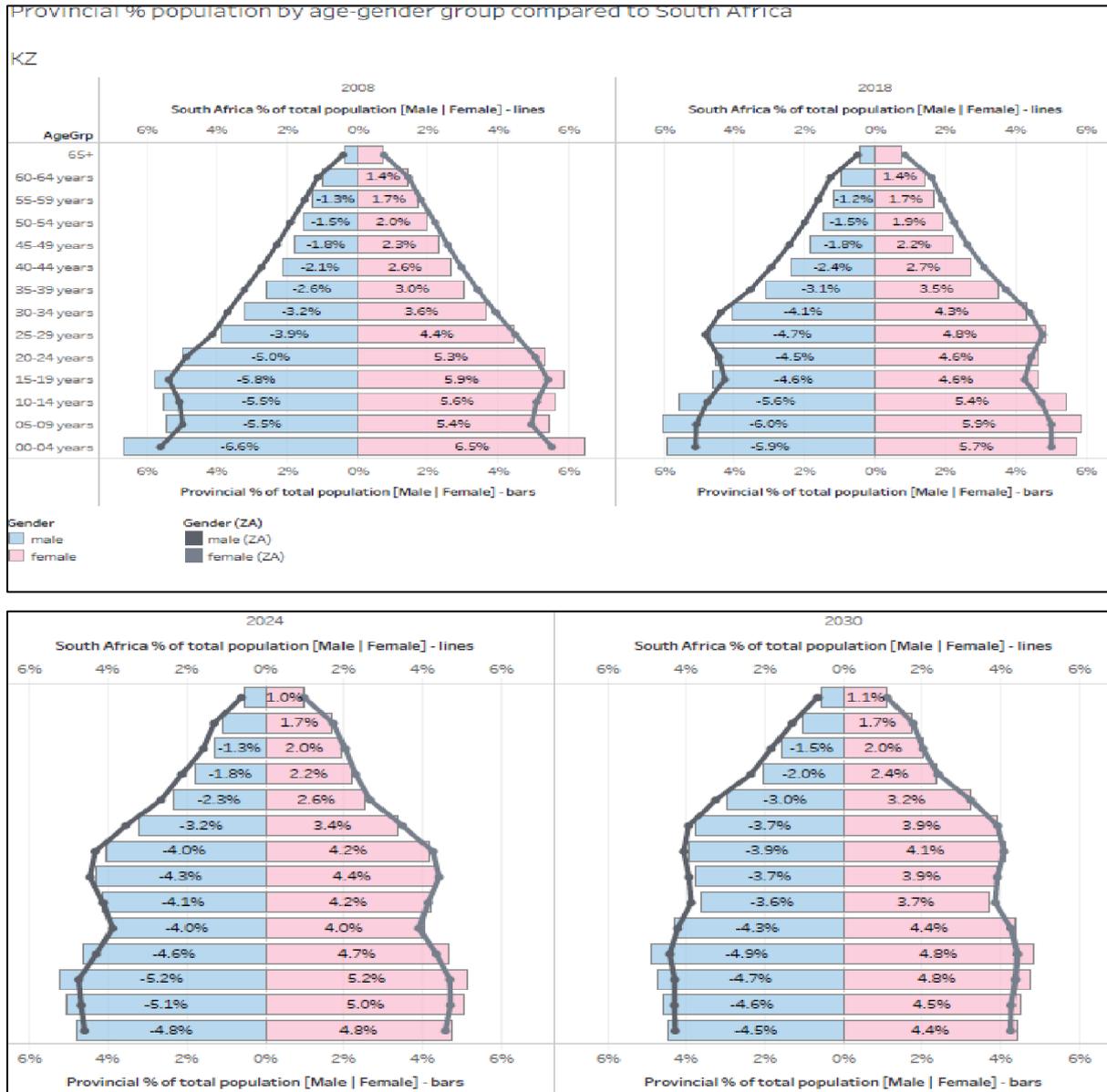


¹ eThekweni is classified as a Metropolitan

6. EXTERNAL ENVIRONMENT ANALYSIS

6.1 Demography

GRAPH 1: POPULATION PYRAMID KWAZULU-NATAL VS SOUTH AFRICA



The narrowing base of the pyramids for both the South African and KZN population pyramids shows a decline in the birth rate. The 2030 projections show a bullet shaped Province and Country. The Province appears to be more youthful than the Country profile with the under 19 population being a larger percentage of the population compared to the South African norm (40.3% and 36.7% respectively) (Mid-Year Population Estimates, 2019 StatsSA). The child health programmes in KZN need to cater for this under-19 age dynamic. The growing percentage of the population over 60 in the Province is evident of the increasing life

expectancy and also points to the need for programmes around palliative care and chronic diseases of lifestyle.

6.2 Social Determinants of Health for the Province and Districts

Globally, it is recognized that health and health outcomes are not only affected by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health which include a range of social, political, economic, environmental, and cultural factors, including human rights and gender equality (National Department of Health, 2019).

South Africa is classified as an upper-middle-income country with a per capita income of R55 258. Despite the perceived wealth, most of the country's households are plagued by poverty. Although significant progress was made prior to the economic crisis in addressing poverty, many South African households have fallen back or still remain in the trap of poverty through inadequate access to clean water, proper health care facilities and household infrastructure (Provincial Treasury, 2019).

Health is influenced by the environment in which people live and work as well as societal risk conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence (National Department of Health, 2019).

Comparing 2011 and 2016 data, there is a decline in people living in informal dwelling and an increase in traditional dwellings. The Province has made gains in the access to piped water and electricity but uMkhanyakude still remains at unacceptably high percentages of households with no access to piped water and electricity for lighting, food preparation and storage.

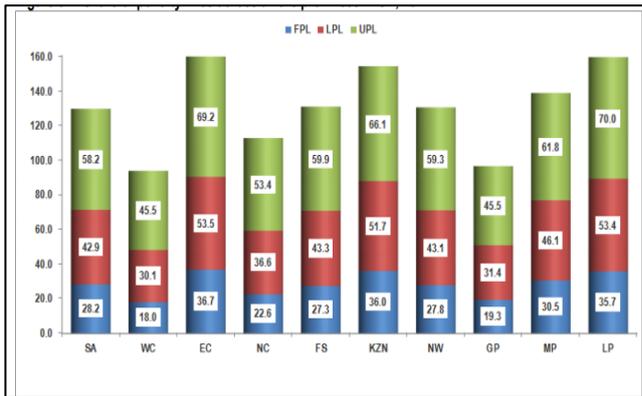
In 2012, Statistics South Africa published a suite of three important national poverty lines for measuring poverty: The food poverty line (FPL), the lower-bound poverty line (LBPL) and the upper-bound poverty line (UBPL). The absolute poverty line is a measure of the minimum level of resources that individuals should have access to in order to meet their basic needs (Provincial Treasury, 2019).

TABLE 3: 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%
lLembe	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

GRAPH 2: SHARE OF POVERTY LINES ACROSS ALL PROVINCES IN SA 2017, (HIS MARKET 2019)



The adjacent graph shows the share of people living below the food poverty line, the lower-bound poverty and the Upper-bound poverty line. Around 36 per cent of the KZN population was living below the FPL in 2017. This figure was the second highest in the country and had increased slightly (1.1 per cent) from 34.9 per cent in 2016. In terms of the share of people living below the LBPL, KZN had 51.7 per cent of its population living

within this classification of poverty. This was the third highest rate in the country, and had also increased marginally from 50.6 per cent in the previous year (Provincial Treasury, 2019).

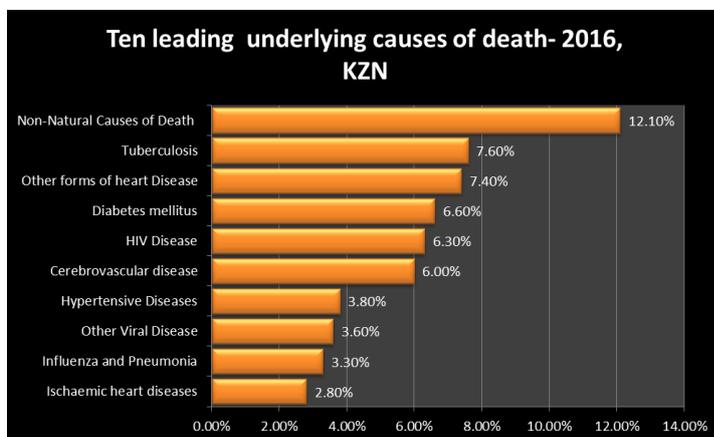
Poor people suffer worse health and die younger. People affected by poverty tend to have higher than average child and maternal mortality, higher levels of disease and more limited access to health care and social protection. When a member from a poor household is affected by poor health, the entire household can become trapped in a downward spiral due to lost income and healthcare costs (World Health Organisation, 2003).

Over 2011 to 2016, KZN was above the country average for stunting among under 5s. Data for 2017/18 shows that KZN was above the country average for children under 5 years severe acute malnutrition incidence and HIV prevalence. The maternal mortality in facility ratio, however, was less than the country average for this time period. It was in fact the 3rd lowest in the country following Western Cape and North West (Health Systems Trust, 2018).

6.3 Epidemiology and Quadruple Burden of Disease

Epidemiologically, South Africa is confronted with a quadruple burden of disease (BOD) because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma (National Department of Health, 2019).

GRAPH 3: LEADING CAUSES OF DEATH 2016 KWAZULU-NATAL



The causes of death in KwaZulu-Natal reflects that the province continues to grapple with a complex burden of disease. This consists of communicable diseases such as pneumonia which have long been common causes of death, as well as relatively new health problems which have emerged over the past few decades, such as HIV and trauma, and finally, tuberculosis, which has

been important cause of death globally for centuries but which, in the presence of HIV, has developed into a new and refractory epidemic.

The order of the top ten causes of death in KZN is changing, and reflects the massive effort and expenditure on the HIV epidemic in the last two decades, which have reduced the contribution of deaths due to HIV in the province. This effort has resulted in a strengthening of the primary level of care, as HIV treatment became available at clinic level and thus accessible to more of the population. The success of this massive programme of antiretroviral treatment, with its progressively earlier initiation of treatment in the course of the disease, has resulted in an improvement in life expectancy in the Province, from 47.5 years to 57.7 years in men, and from 52.6 years to 64.1 years in women over the past two decades (Statistics South Africa, 2019).

The success in managing HIV has not extended to success in reducing the impact of TB on morbidity and mortality in the province. Tuberculosis still causes a high proportion of all deaths, and the resistant strains that have emerged with the development of the HIV epidemic have posed new threats to public health. KZN has been the home of important health research that has revolutionized the treatment of both these diseases; however, in both HIV and TB, an important challenge in control is the retention of patients within the treatment programmes. Similarly, the continued presence of pneumonia and viral diseases on the list of priority causes of death in KZN reflects slow change in the conditions of life for the majority of people in the province. Under-nutrition and poor housing conditions with overcrowding, poor ventilation and poor sanitation increase the risk and spread of pneumonia and other viral diseases, and require the intervention of a number of government departments, including the Department of Health.

The increasing importance of non-communicable diseases, particularly diabetes mellitus (type 2) and hypertension reflect the ageing of the population as well as changing lifestyles (reduced physical activity and increasing consumption of foods high in salt and sugar). Both diabetes and hypertension contribute directly to the development of cardio- and cerebrovascular diseases which are becoming increasingly important causes of death in the province. The high incidence of injury (both intentional and unintentional) has complex aetiologies but reflects the sub-optimal conditions of society, as well as the poor safety on the province's roads. Again, interventions to address these causes of death should come not only from the Department of Health but from numerous other government departments.

This complex burden of disease, illustrated by the priority causes of death, requires the provision of a complex set of health services. Whilst the community and primary levels of health care have been strengthened in the past few years, and remain the most important level of care for many communicable diseases, HIV and TB, the hospital level of care needs strengthening in response to the increasing importance of cardio- and cerebro-vascular diseases, and injury. As life expectancy in KZN increases, and as HIV becomes a manageable chronic disease, attention must be paid to the diseases affecting the ageing population, as well as the increasing incidence of injuries, all of which frequently require complex treatment at the hospital level. This strengthening of hospital care to be done whilst improving the quality of care at community and primary level, to address the diseases that continue to take their toll on the population. Finally, service delivery from the Department of

Health must be integrated with the interventions of a number of other government departments, so that the factors causing and exacerbating the health problems within the population are holistically addressed (KZN DoH Epidemiology; Health Research and Knowledge Management, 2019).

Communicable diseases together with perinatal, maternal and nutritional conditions is a leading cause of death in under 5s for both sexes in all districts. One of the most noticeable differences in cause of death between women and men in the 15 to 24 age group is that deaths due to injury is much higher in males compared to females who have a high percentage dying from HIV and TB related diseases. Non Communicable diseases is the major cause of death of people aged 50 and above.

The causes of death (by rank) are unpacked according to age and sex in the table and graph below:

TABLE 4: TOP 5 BROAD CAUSES OF DEATH RANKED PER AGE AND SEX, KWAZULU-NATAL 2016 (STATSSA MORTALITY AND CAUSES OF DEATH)

Cause of death	All Ages		0		1-14		15-44		45-64		65+	
	M	F	M	F	M	F	M	F	M	F	M	F
TB	1	4	-	-	3	4	1	2	1	5	-	-
HIV Disease	2	5	-	-	5	5	2	1	3	3	-	-
Other Forms of Heart Disease	3	2	-	-	4	3	4	5	2	2	1	3
Cerebrovascular Disease	4	3	-	-	-	-	-	-	5	4	3	2
Diabetes Mellitus	5	1	-	-	-	-	-	-	4	1	2	1
Resp and cardio disorders specific to perinatal period	-	-	1	1	-	-	-	-	-	-	-	-
Intestinal and infectious diseases	-	-	2	4	2	2	-	-	-	-	-	-
Influenza and pneumonia	-	-	3	3	1	1	-	-	-	-	-	-
Disorders related to length of gestation and foetal growth	-	-	4	2	-	-	-	-	-	-	-	-
Infections specific to perinatal period	-	-	5	5	-	-	-	-	-	-	-	-
Other viral disease	-	-	-	-	-	-	3	3	-	-	-	-
Disorders involving the immune mechanism	-	-	-	-	-	-	5	4	-	-	-	-
Ischaemic Heart Disease	-	-	-	-	-	-	-	-	-	-	4	5
Hypertensive diseases	-	-	-	-	-	-	-	-	-	-	5	4

TB, HIV and other forms of heart disease are common top causes of death for all age groups and both sexes apart from babies under 1. Respiratory and cardio disorders specific to perinatal period is the main cause of death for both sexes of babies under 1. Diabetes is the top cause of death for women 45 years and older.

GRAPH 4: BROAD CAUSES OF DEATH BY SEX AND AGE GROUP 2013-2015



7. INTERNAL ENVIRONMENT ANALYSIS

7.1 Service Delivery Platform/Public Health Facilities

There are 72 hospitals in KZN that are run by the Department of Health. This includes the KZN Children's Hospital, which runs as an outpatients' unit. In many instances, previous missionary hospitals have been taken over by the Dept of Health, so their location is not strategically ideal. This has meant that in some instances hospitals are not operating in an efficient or financially viable manner. The public health service delivery platform needs to be reconfigured in alignment with budget cuts at both a National and Provincial level as well as changes in the efficiency in operations while still allowing ease of access to public health services.

MAP 2 MAP WITH SERVICE DELIVERY PLATFORM (NATIONAL DEPARTMENT OF HEALTH)

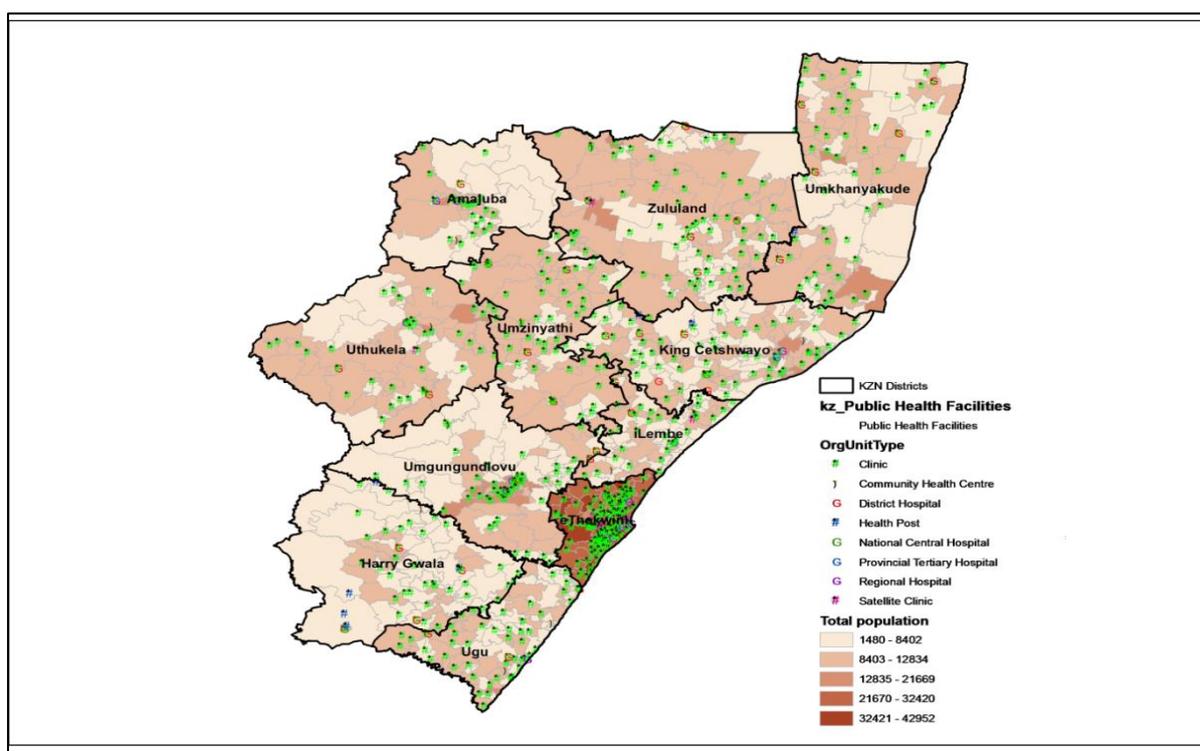


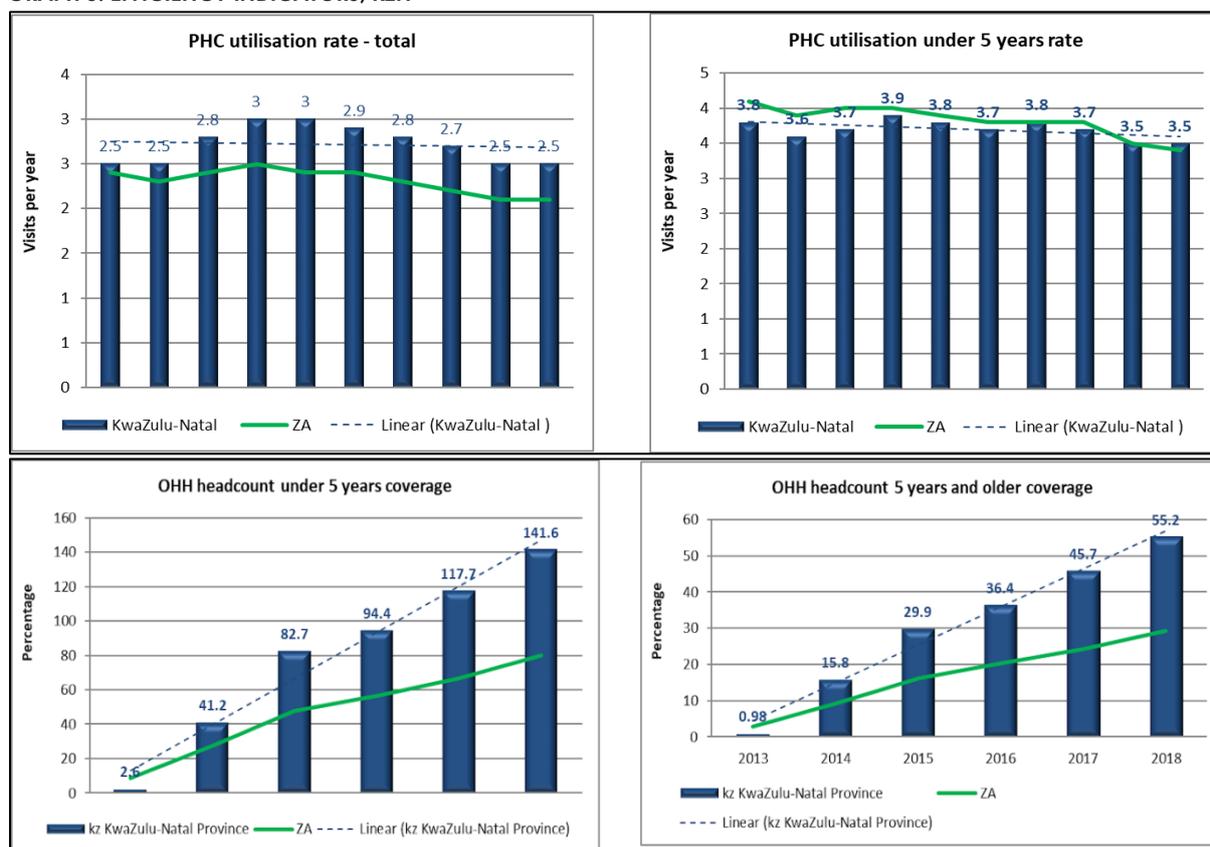
TABLE 5: HEALTH FACILITIES PER DISTRICT, KZN, (DHIS QUARTER 3 OF 2019/20)

District	PHC		Hospitals							
	Fixed Clinics ²	CHCs	District	Regional	Tertiary	Central	Specialised TB	Specialised Other	Specialised Psych	Chronic / Sub-Acute
Ugu	52	2	3	1	0	0	0	0	0	0
uMgungundlovu	50	3	2	1	1	0	2	0	3	0
Uthukela	37	1	2	1	0	0	0	0	0	0
Umzinyathi	53	1	4	0	0	0	1	0	0	0

² Provincial and Local Authority

District	PHC		Hospitals							
	Fixed Clinics ²	CHCs	District	Regional	Tertiary	Central	Specialised TB	Specialised Other	Specialised Psych	Chronic / Sub-Acute
Amajuba	25	1	1	2	0	0	0	0	0	0
Zululand	73	1	5	0	0	0	1	0	1	0
Umkhanyakude	58	1	5	0	0	0	0	0	0	0
King Cetshwayo	63	1	6	1	1	0	0	0	0	0
iLembe	34	2	3	1	0	0	0	0	0	0
Harry Gwala	39	1	4	0	0	0	1	0	1	0
eThekweni	106	8	4	6	1	1	2	1	1	2
KZN Total	590	22	39	13	3	1	7	1	6	2

GRAPH 5: EFFICIENCY INDICATORS, KZN



COMMUNITY HEALTH WORKERS PROGRAMME

Ward Based Primary Health Care Outreach Teams (WBPHCOTs) are linked to a PHC facility and consist of Community Health Workers (CHWs) lead by a nurse. CHWs assess the health status of individuals and households and provide health education and promotion service.

They identify and refer those in need of preventive, curative or rehabilitative services to relevant PHC facilities.

OUTREACH VISITS

Support visit types monitor the different types of basic health care provided to households as proportion of total number households visited by the WBPHCOT. Most of the household visits are for child health and adherence support. The Outreach household coverage under 5 years and 5 years and older appears much higher for KZN compared to the country average.

PHC UTILIZATION RATE

The PHC utilisation rate indicators measures the average number of PHC visits per person per year to a public PHC facility. It is calculated by dividing the PHC total annual headcount by the total catchment population. The 2013 to 2018 data shows a general negative decline in utilization rates for under 5s while the PHC utilization rate has remained at 2.5. Both these indicators are showing a negative growth at the country level. While the total PHC utilization rate for KZN is still higher than the country average, the under 5 utilisation rate has generally been below the country average with the exception of the 2018 year where the KZN PHC under 5 utilisation rate exceeded the country average.

HOSPITAL CARE

Outpatients Department (OPD) new client not referred rate is new OPD clients not referred as a proportion of total OPD new clients and does not include OPD follow-up and emergency clients in the denominator. The indicator monitors utilisation trends of client's by-passing PHC facilities and the effect of PHC re-engineering on OPD utilisation.

A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. In light of the National Health Insurance Policy, a PHC level is the first point of contact with the health system and therefore key to ensure health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms.

TABLE 6: KZN HOSPITAL EFFICIENCY INDICATORS: 2016/17 TO 2018/19

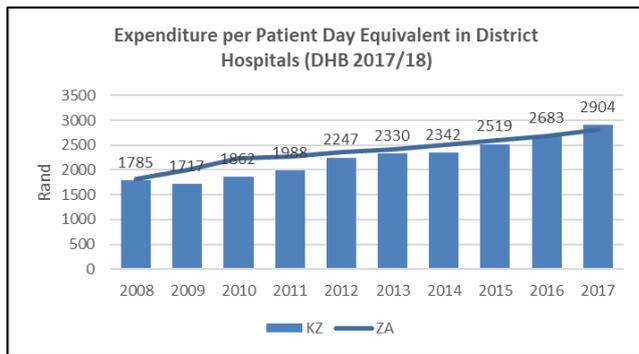
Hospital Type	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District	49.4%	50.4%	52.4%	5.4 Days	5.4 Days	5.4 Days	56.2%	57.5%	59.5%
Regional	35.8%	43%	44.6%	6.1 Days	6.3 Days	6.3 Days	67.9%	71.7%	73.3%
Tertiary	31.6%	31.5%	30.1%	7.7 Days	7.5 Days	7.9 Days	71.6%	67.8%	69.7%
National Central	0.05%	0.1%	0.25%	8.7 Days	8.4 Days	8.7 Days	66.6%	65.6%	65.8%

TABLE 7: KZN HOSPITAL EFFICIENCY INDICATORS: 2016/17 TO 2018/19

Hospital Type	Inpatient crude death rate			Delivery by Caesarean section rate		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
District Hospital	5.4%	5.4%	5%	28.6%	28.5%	27.5%
Regional Hospital	5.5%	5.3%	4.9%	40.8%	40.4%	41.2%
Provincial Tertiary Hospital	6.3%	6%	5.8%	50.5%	50.3%	51.7%
National Central Hospital	3.2%	3.2%	3.4%	78.5%	77.3%	77.8%

- a. The Inpatient crude death rate has decreased in all hospitals apart from the central hospital.
- b. The delivery by Caesarean section rate is increasing in all hospitals apart from district hospitals where is dropped from 28.6% in 2016/17 to 27.5% in 2018/19 and the central hospital that dropped from 78.5% to 77.8% over the same period.
- c. There is a general drop in bed utilisation rates in most hospitals.

GRAPH 6: EXP PER PDE, DISTRICT HOSPITALS, KZN (DHB 2017/18)



The Expenditure per Patient Day Equivalent (PDE) has been increasing in KZN. The KZN expenditure per PDE has overtaken the Country average from the 2016 year onwards.

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Table 8: Hospital Efficiency Indicators per facility

Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	Addington Hospital	58%	70.7%	66.4%	5.4 Days	5.6 Days	6 Days	79.3%	75.3%	79.7%
	Edendale Hospital	18.1%	30.5%	22.1%	7.4 Days	7.2 Days	7.1 Days	73.8%	71.8%	75.4%
	King Dinuzulu Hospital	53.5%	52.8%	59.5%	11.6 Days	12.2 Days	12.2 Days	65.3%	68.5%	65.6%
	Ladysmith Hospital	29.3%	38.8%	32.5%	6.3 Days	6.3 Days	6.7 Days	83.6%	83.2%	85.1%
	Madadeni Hospital	37.5%	41.9%	40.7%	11.7 Days	11.9 Days	11 Days	64.4%	64.8%	62.6%
	Mahatma Gandhi Hospital	29.5%	44.2%	25.3%	4.9 Days	5.2 Days	5.5 Days	85.1%	84.9%	86.6%
	Newcastle Hospital	43.2%	64.5%	65.7%	3.8 Days	3.9 Days	3.8 Days	73.8%	76.2%	79.1%
	Port Shepstone Hospital	22.9%	20.8%	59.8%	5.3 Days	4.8 Days	5.2 Days	71.8%	72.2%	84.7%
	Prince Mshiyeni Memorial Hospital	27.5%	27.2%	25.1%	6.6 Days	6.8 Days	6.6 Days	46.6%	68.2%	68.4%
	Queen Nandi Regional Hospital	6%	16.1%	25%	5.2 Days	5.1 Days	5.1 Days	65.9%	63.6%	67.8%
	RK Khan Hospital	39.9%	49.7%	53.3%	5 Days	4.8 Days	4.9 Days	97.1%	88.1%	88.1%
	St Aidan's Hospital	10%	2.1%	0%	5.8 Days	1.7 Days	1.5 Days	15.2%	13.6%	20.1%
	General Justice Gizenga Mpanza Regional Hospital (formerly Stanger)	56.8%	59.2%	58.9%	5.8 Days	5.4 Days	5.4 Days	76.3%	71.6%	74.3%
Provincial Tertiary Hospital	Grey's Hospital	0%	0%	0%	10.6 Days	9.8 Days	9.5 Days	79.5%	69.6%	70.8%
	King Edward VIII Hospital	33.1%	33.3%	33.3%	6.3 Days	6.3 Days	6.6 Days	69.1%	60.8%	63%
	Ngwelezana Hospital	46.3%	47.7%	42%	8.3 Days	7.7 Days	8.9 Days	78.3%	77.7%	81.1%
Central Hospital	Inkosi Albert Luthuli Central Hospital	0.05%	0.1%	0.25%	8.7 Days	8.4 Days	8.7 Days	66.6%	65.6%	65.8%

Source: DHIS

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

- a. The high OPD new client not referred rate is highest at Addington, Newcastle and Port Shepstone Hospitals
- b. The lowest bed utilisation is found at St Aidan's, Madadeni and King Edward VIII Hospitals. The 2018 closure of wards at King Edward VIII, due to storm damage contributed to the low utilisation. St Aidan's, though gazetted as a Regional Hospital, provides part of the package of care of a Regional Hospital-as an extension of King Edward VIII Hospital. In Madadeni the non-availability of an urologist has seen the urology ward occupancy dropping to around 30%. The rationalisation team is looking at these efficiencies when deliberating on the rationalisation plan for The Department.
- c. Average length of stay ranged between 1.5 days in St Aidan's to 12.2 days in King Dinuzulu Hospitals

TABLE 9: HOSPITAL CASE MANAGEMENT INDICATORS

Referral Hospitals		Inpatient crude death rate			Delivery by Caesarean section rate		
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Regional Hospital	Addington Hospital	6.7%	4.7%	4.9%	47.1%	39.7%	39.9%
	Edendale Hospital	5.8%	5.5%	5.6%	46.6%	47.6%	46.6%
	King Dinuzulu Hospital	6.2%	7%	6.9%	36.1%	33.6%	34.3%
	Ladysmith Hospital	6.3%	6.2%	6.1%	39.4%	37.1%	35.3%
	Madadeni Hospital	11%	10.2%	9.2%	N/A	N/A	N/A
	Mahatma Gandhi Hospital	5.4%	5.2%	5.3%	38.5%	37.7%	40%
	Newcastle Hospital	0.89%	1.2%	0.82%	38.6%	36.4%	34.3%
	Port Shepstone Hospital	5.2%	4.7%	5%	45.4%	47.7%	47.6%
	Prince Mshiyeni Memorial Hospital	5.3%	5.3%	4.4%	35.3%	36.7%	39.5%
	Queen Nandi Regional Hospital	2.2%	2.2%	2.2%	53.8%	55.3%	56.2%
	RK Khan Hospital	6%	5.8%	5.5%	34.5%	32.6%	35.2%
	St Aidan's Hospital	1.9%	0.24%	0.27%	N/A	N/A	N/A
	General Justice Gizenga Mpanza Regional Hospital (formerly Stanger)	5.1%	5.8%	5%	37.9%	41.6%	42%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Referral Hospitals		Inpatient crude death rate			Delivery by Caesarean section rate		
		2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
Provincial Tertiary Hospital	Grey's Hospital	4.6%	3.8%	3.7%	72.9%	69.9%	73.2%
	King Edward VIII Hospital	4.7%	4.6%	4.5%	47.1%	46.7%	48.3%
	Ngwelezana Hospital	11.4%	10%	10.5%	N/A	N/A	N/A
Central Hospital	Inkosi Albert Luthuli Central Hospital	3.2%	3.2%	3.4%	78.5%	77.3%	77.8%

Source: DHIS

The 2018/19 data shows that the Ngwelezana crude death rate is the highest of all KZN hospitals. St Aidan's and Newcastle have the lowest crude death rates. The 73.2% Delivery by Caesarean section in Greys is the highest in KZN (Apart from the Central hospital).

Challenges with the service delivery platform include:

- Ill-defined Service delivery platform and referral pathway (Configuration of facilities not aligned to package of services provided resulting in inefficiencies, Coverage of PHC facilities not well defined)
- Limited access to healthcare services in periphery – inequity of resourcing
- Insufficient number of specialised beds (incl. for Adolescents, Mental Health, Neonatal Intensive Care Unit (NICU), etc.)
- Unavailability of bed norms to be used in assessing and approving new beds in the Province
- No Stroke Unit in KZN
- No policy / defined parameters for the location of health facilities
- Emergency Medical Services (EMS) poor efficiencies
- Hybrid Model of service delivery of Forensic Pathology Services (FPS) and EMS in the Province leads to ambiguous accountability lines

8. OUTCOME: UNIVERSAL HEALTH COVERAGE (POPULATION AND SERVICE COVERAGE)

The South African health sector is characterized by the following challenges:-

- High cost drivers in the public sector.
- Costly private sector
- Quality of health services.
- Curative hospi-centric focus health system.
- Maldistribution and inadequate Human Resource for Health (HRH).
- Fragmentation in funding pools.
- Out-of-pocket payments.
- Financing system that punishes the poor.
- High burden of disease.

Some of the challenges experienced with universal health coverage include poor access to Infrastructure Technology (IT) due to server challenges, ground roots level technical support and limited broadband access. Food services in the Province faces the challenge with processes at a district level including the monitoring and reporting of performance. The infrastructure, maintenance and HR resource constraints impact on the Department's ability to deliver food services that is of a good standard.

The Departmental policies are often not costed, not developed in consultation with transversal programme and not driving the change in strategies. The Medical sins (overstocking of medication, theft and incineration, moonlighting) continue to be a challenge in optimally using resources in a financially constrained environment. The management of health care risk waste has also been found to be a challenge as a result of prescripts not being complied to. There is also a poor response to outbreak investigations.

The access to emergency medical services further challenges the access of our clients to good quality of health care. The resource constraints including vehicle, infrastructure and staffing all yield performance that is suboptimal. The challenges faced by the support services for health include the Forensic pathology minimum staff establishment not being finalized, pharmacy infrastructure challenges, shortages in linen, Central Chronic Medicine Dispensing and Distribution (CCMDD) programme data challenges making it difficult to track the performance of the programme.

Health Facilities Management experienced overspending due to unanticipated corrective maintenance. Jobs were created through the Department's Gardens and Grounds Programme and Dr Pixley ka Isaka Seme Memorial Hospital project, which is informed by available funding. Apart from health facilities management, the financial woes facing the Department included financial constraints, delays in Supply Chain Management (SCM) processes and poor financial audit outcomes which are further unpacked below.

The strategic priorities for NHI include:

- Costing the current services especially the package services of services at various level of care including costing of protocols
- Capacity building programs to be in place in line with the implementation of NHI
- Develop change management strategy that will support the implementation of NHI
- Improving access to quality appropriate health services and clinical governance
- Continuous improvement of governance and leadership skills of health managers in all levels.
- Quality health infrastructure Improvements.
- Building a strong Primary Health Care (PHC) system.
- Digitalization of the health system including Health Patient registration.
- Improving the health hotel services and continuous quality improvement. Obtaining 100 % compliance with the Office of the Health Standard Compliance (OHSC) quality standards.
- Piloting of PHC Patients Queuing management system in the NHI Pilot Districts in CHCs and clinics in the outer years
- Sustainable supply of Human Resources for health.

AUDIT OUTCOME

- For the 2018/19 year, the Department obtained a qualified audit opinion. The Department attained unauthorized expenditure, irregular expenditure and fruitless and wasteful expenditure amounting to R14.2 million, R4 518 Million and R26.7 million respectively. The Department incurred over-expenditure relating to higher than budgeted medico-legal claims and legal services costs relating to these claims. Higher than anticipated security services renewal price increases was another contributing factor to the over- expenditure.

The Department has begun to implement the following:

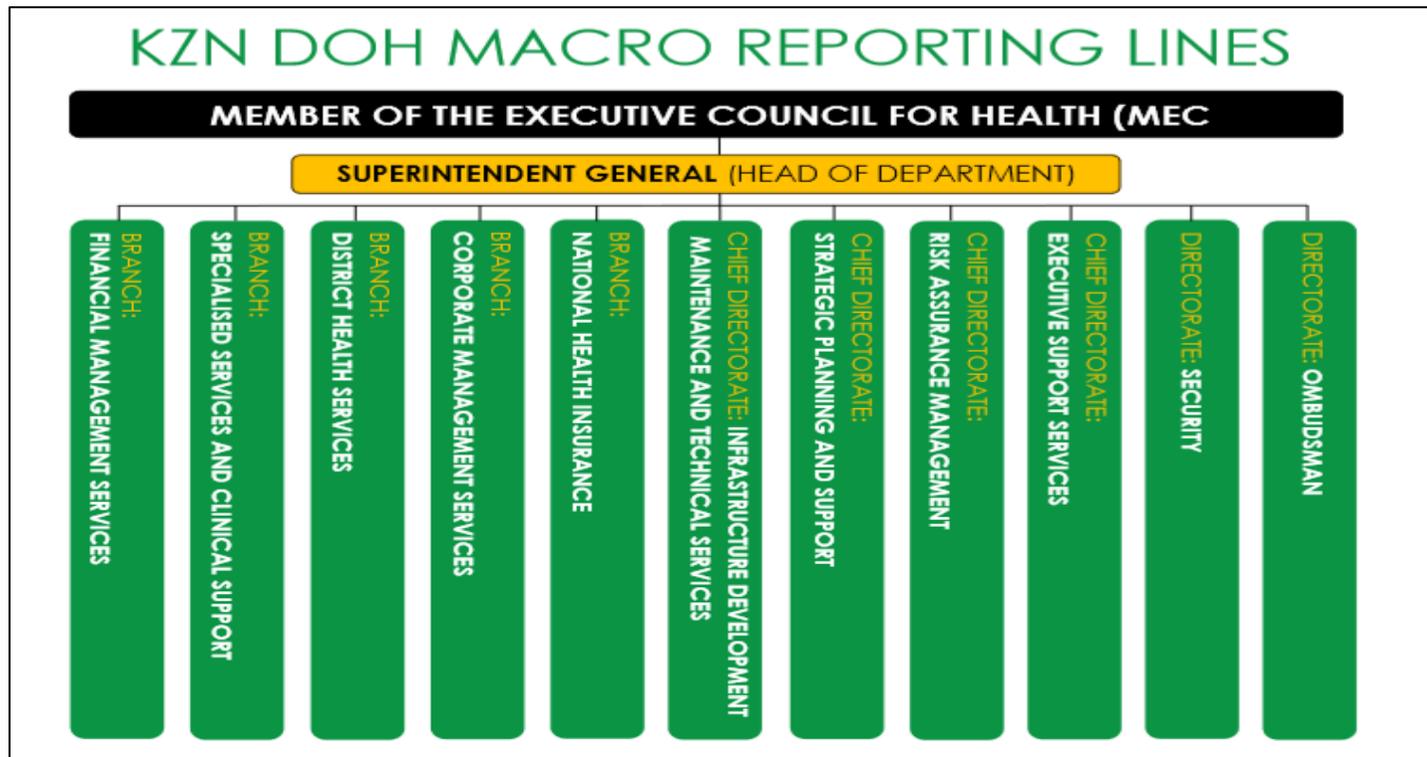
- The Irregular Expenditure register which lists the items from the prior years has been compiled and is in the process of being submitted to the Provincial Treasury for condonation. The period contracts in respect of services (cleaning, security, etc.) have been responsible for the bulk of the irregular expenditure that has been incurred. In addressing this matter, bids for new contracts have been advertised and some are in the evaluation process.
- The creation of Control sheets for all transactions to deal with identification and prevention of irregular expenditure.
- Workshops / forums conducted in all districts to create awareness among SCM officials.
- The Department's IT unit has white-listed the eThekweni Metros online portal thereby enabling institutions to access their bills sooner than the posted accounts. This facilitates faster payment of accounts. The Department has also finalised a new set of Financial delegations among which is a delegation to process municipal payments immediately and then submit to the cash flow committee for ratification. This reduces the interest on late payments.

HUMAN RESOURCES FOR HEALTH

The challenges relating to Human Resources include poor implementation of Employee Health and Wellness which is a valuable asset to the Department. The Department is further plagued by inadequate staffing of the correct skills mix. This includes challenges with the attraction and retention of specialists. Accountability remains a challenge in the Department-Employee performance management processes are in place though managers concerns around labour relations commonly results in accountability not being followed through. Governance in both the clinical and corporate spheres of the Department is suboptimal. The HR training, reporting and accountability platform has been integrated into programme six (6). Lack of change management strategies and acceptance of innovations at service delivery level slows down progress. The financial constraints mentioned above also impact on the Department's ability to absorb bursary holders into the KZN health system.

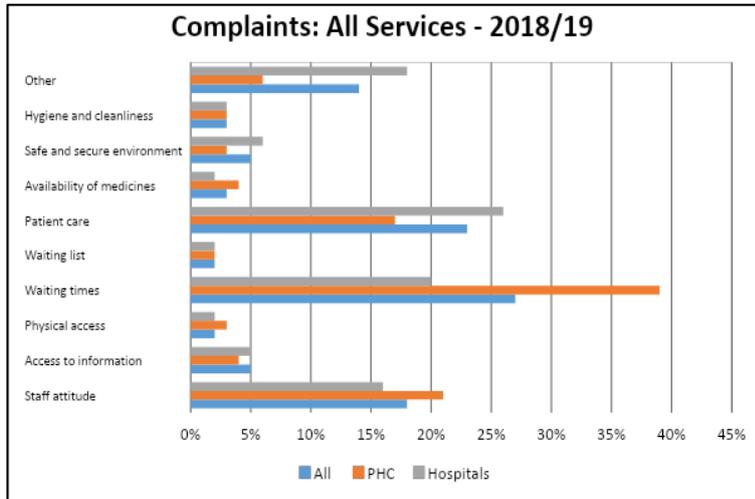
The **Department of Health reporting lines structure** is below. A review of the Head Office and District Office Macro structures will be completed during 2020/21. The structure at head office is segmented and not in line with population based planning and interventions.

FIGURE 1: KZN DOH REPORTING LINES (GRAPHICS BY KZN DOH CORPORATE COMMUNICATIONS, 2020)



9. OUTCOME: CLIENT EXPERIENCE OF CARE

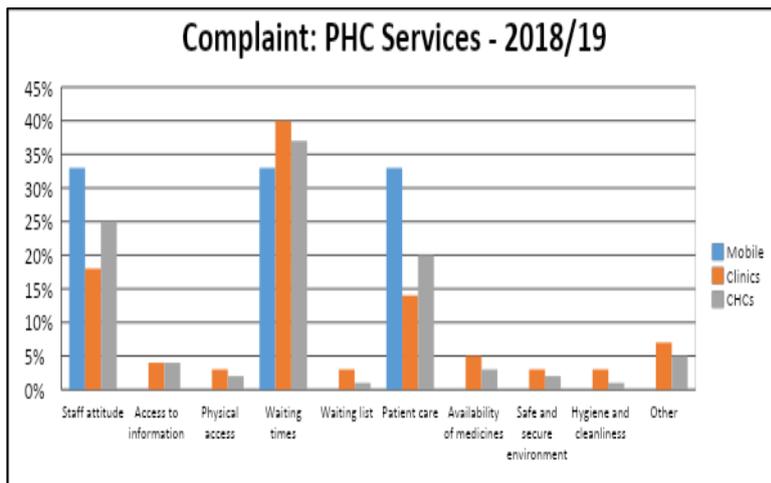
GRAPH 7: ALL SERVICES COMPLAINTS, KZN DOH, 2018/19 (IDEAL HEALTH FACILITY MONITORING SYSTEM)



The top three complaints for all services were 1) waiting times, 2) patient care and 3) staff attitudes, in that order. The common factor with the top 3 categories of complaints, is that they are directly related to health personnel. The biggest proportion of complaints for PHC services was on waiting times followed by staff attitude and patient care. Patient care was the leading complaint for hospital services followed by

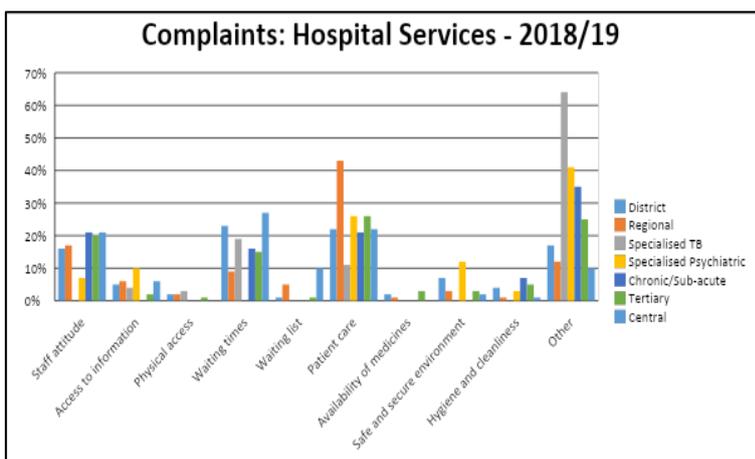
waiting times and staff attitude.

GRAPH 8: COMPLAINTS: PHC SERVICES 2018/19 (IDEAL HEALTH FACILITY MONITORING SYSTEM)



Mobile services had the same results (33%) for staff attitude, waiting times and patient care. It should be noted that mobile services had three complaints in 2018/19, one for each of the three categories mentioned above. Both Community Health Centers and clinics had the biggest proportion of complaints under waiting times followed by staff attitude and patient care.

GRAPH 9: HOSPITAL SERVICES COMPLAINTS 2018/19 (IDEAL HEALTH FACILITY MONITORING SYSTEM)



The top three complaint categories for hospital services were patient care, waiting times and staff attitude. Regional hospital services had the most complaints under patient care. Central hospital services had the most complaints under waiting times. Chronic, tertiary and central hospitals services had the most complaints under staff attitude

10. OUTCOME: REDUCING MORBIDITY AND MORTALITY

In piecing together the content for this section “Reducing Morbidity and Mortality” the Department programme managers were engaged to provide a situational analysis to inform planning. In addition, the Epidemiology, Health Research and Knowledge Management component has produced research reports on EMS; Malaria and Bilharzia; HIV/AIDS, TB and Trauma; Maternal Child and Women’s Health (MCWH); Non Communicable Diseases; Community Health; PHC and Hospitals and immunisation and selected child diseases. The research findings have been included in the sections below

CHILD HEALTH AND NUTRITION

Globally there is a paradigm shift in the provision of health services for children from one focused on reducing mortality to a broader focus of “Survive, Thrive and Transform”. The aim of child health and nutrition services is to produce a 19-year-old person in optimal health (physical, mental and emotional), raised in a safe and secure environment, appropriately educated and able to contribute socially and economically to society.

This global shift is a response to a change in the population pyramid as fertility rates are decreasing with life expectancy increasing and change in the burden of childhood diseases. This trend is seen globally, except in Sub-Sahara Africa where fertility continues to increase and mortality remains high. However, South Africa has started to follow global trends with fertility rates static and child mortality rates decreasing. Currently, in South Africa, the Infant Mortality Rate is 22.1 / 1000 live births and the under 5 mortality rate is 28.5 / 1000 live births, as per Stats SA.

Within this global paradigm shift explained above, there are 3 focus areas namely 1) survive, 2) thrive and 3) transform

1. Survive

To date the focus for survival has been on under-5 deaths but this will shift to under-1 and late adolescent deaths. However, in South Africa under-5 remains a key focus and this will continue for the next planning cycle within the KZN context. The main focus amongst under-5 deaths is, a) neonatal deaths, b) untreated deaths (or deaths that occur outside of the health system), c) non-natural deaths and d) deaths related to severe acute malnutrition (SAM), pneumonia and diarrhoea.

Within in the public health system, modifiable factors for under 5 child mortality are identified at 5 broad levels, each with the following recurring failures:-

- a. Home – failure to recognize the severity of the child's condition; and a resulting delayed entry into the health service. Inadequate household food security (quality and quantity).
- b. PHC clinic – Poor Infant and Young Child feeding counselling contributing to poor practices, inadequate growth monitoring and failure to recognize growth faltering and malnutrition. Poor implementation of Integrated Management of Childhood Illnesses (IMCI) and delayed referral to the next level of care.

- c. In transit – delayed response in transporting child from PHC facility to hospital
- d. On arrive at the hospital – failure by clinical staff to correctly assess and manage the child.
- e. In the ward – there is a failure by clinical staff to monitor the condition of the child recognize signs of deterioration.

2. Thrive

Children thrive through love, growth and play. This concept has been implemented through the initiation of the Early Childhood Development (ECD) centres that are located within communities. This concept promotes optimal growth and development within the 1st 1000 days of life (starting from conception) and is important as it determines the child's ability to function later in life as an adult within society. Implementation of Nutrition guidelines for ECD programmes further aims to deliver nutrition and health interventions targeting the first 1 000 days.

The paradigm shift within the World Health Organisation (WHO) regarding child health also includes the optimal functionality of disabled children and children with long term chronic conditions with palliative care, where appropriate to support the child and the family structure

3. Transform

The change in WHO definition for child health has also meant that the focus has now shifted to include adolescents, specifically mortality in the 15 – 19 age group due to the high number unnatural deaths (suicide, combined with intra & interpersonal violence). The public health system needs to transform to encompass the full definition of a child up to 19 years old.

South Africa needs to create a health system that can support and implement this global paradigm shift; however, the challenge will be in monitoring the interventions put in place, as the current information systems and surveys are not conducive to this change in focus, but remain focused instead on under 5 child mortality.

In KwaZulu-Natal, there are three main focus areas to reduce under 5 mortality, namely neonatal care; Nutrition and Emergency care. For each of these three focus areas there are specific interventions being implemented at the different levels of care seen below. These strategies and interventions correspondence with the modifiable factors discussed under the situational analysis for child health, however they also align to the global initiatives being implemented by the WHO, as discussed above.

TABLE 10: FOCUS AREAS AND INTERVENTIONS TO REDUCE UNDER 5 MORTALITY

	Nutrition	Emergency Care	Neonatal care
Home	Improve household access to food security and education on child health nutrition. Maternal nutrition during pregnancy and lactation to	Educate the community and parents on the danger signs with regards to child health, including	Planned pregnancy and early booking Linkage of all new-born

	Nutrition	Emergency Care	Neonatal care
	improve neonatal and infant outcomes	when health services should be accessed.	babies to CCGs for ongoing monitoring and support
PHC Clinic	Infant and young child feeding interventions Inc. promotion of exclusive breastfeeding for the first 6 months of life and continued breastfeeding for 2 years and beyond. Timely introduction of appropriate complementary feeding. Nutrition education. Active growth monitoring and promotion. Vitamin A supplementation Improved clinical management of SAM cases	Correct implementation of IMCI practices	
In transit (Referral of child to next level of care)	Non-delayed and appropriate up referral of child	No delayed response in up-referral of child to the next level of care	Effective neonatal transport systems and service
On arrival at Hospital	Improved assessment and management of SAM cases. Implementation and integration of Mother Baby Friendly Initiative principles in standards of care to improve neonatal and infant outcomes.	Improved assessment of the condition of the child and the ability to recognize the severity of the condition of the child	
At ward level	Improved management of SAM cases within the integrated treatment of the child	Improved clinical management of children including the ability to recognize the deterioration of condition of the child	Kangaroo Mother Care Surfactant and Nasal continuous positive airway pressure (NCPAP) for respiratory support Management of neonatal sepsis

Other strategic challenges identified via the Departmental reporting processes include:

- Poor access of health services by children under five. This impacts on coverage for screening and immunisation; initiation and retention in care for Communicable Diseases.
- Poor clinical management of children and Antenatal Care (ANC) clients.

MATERNAL AND WOMEN'S HEALTH

- The Department of Health resources are being drained by Litigation. By far the greatest litigation claim burden relates to cerebral palsy alleged to have been caused by substandard care during labour. Ensuring a good quality of care during labour can yield fewer adverse outcomes, and reduce expenditure on compensation.
- Safe care during labour cannot be provided unless there is one-to-one midwife to patient care during labour. Guidelines for the staffing of labour wards are available, but staffing norms are not officially sanctioned and there is often mal-distribution of midwives within a district. The staffing of labour wards needs to be considered over the next 5 year planning cycle.

- The decentralisation of delivery sites was a strategy to improve access to safe delivery site. The strategy was counterproductive for the following reasons: the minimum number of midwives needed per delivery site is 2 midwives (to care for both mother and baby) per shift. This requirement stretches the midwife resource that is already constrained. In addition, the few number of deliveries results in midwives at these decentralised sites “losing” their skill due to the low number of deliveries they conduct infrequently. The centralisation of delivery sites should be explored over the next five years
- Busy district hospitals and most regional hospitals are further burdened by conducting deliveries that are not high risk. For example, at Newcastle hospital, around two in every seven deliveries are low risk and could be conducted by Midwives at a primary health level, without supervision from doctors. The next 5 to 10 years should be used to explore the implementation of Onsite Midwife Birthing Units (OMBU) at busy district and regional hospitals. The women who present for delivery will be triaged and low risk deliveries conducted at the OMBU
- The benefit of lodges at the centralised delivery sites/hospitals includes access to catering, cleaning, security and reduced need for ambulances. Feasibility of Waiting Mothers Lodges at Hospitals to be explored over the next five years.
- The assessment of hospitals as safe Caesarean section sites has yielded improvements in the quality of care. Currently every hospital offers C/S. This has a high staff complement need for every hospital, even when the deliveries are few. Further feasibility study needs to be undertaken on the rationalisation of Caesarean Section sites within the Province.
- The majority of regional hospitals in KZN struggle to recruit and retain the recommended six Obstetrics & Gynaecology (OBGYN) specialists required for a Regional hospital. A further challenge affecting the filling of specialist OBGYN posts especially in rural/outlying areas is due to the cut in the number of registrars. The Department to conduct feasibility on the rationalisation of regional Hospitals in the Province.

Reduction of maternal deaths can be achieved quickest by taking action to reduce deaths associated with HIV infection and those due obstetric haemorrhage and hypertensive disorders of pregnancy (the 3 Hs) by involving all levels of the health care system from policy makers to health care professionals to the community.

The strategies needed to achieve these reductions include clinicians being committed to providing quality care to all pregnant women (in all areas), safe caesarean deliveries, preventing unwanted pregnancies and engaging the community to ensure the women know what to do when pregnant. This is built upon a health system that has knowledgeable and skilled health care professionals, facilities that have the appropriate resources and an effective emergency service to rapidly transport patients to the appropriate level of care. To ensure continued functioning of these strategies the service must continually be monitored and evaluated and where appropriate remedial action taken where appropriate. The Essential Steps in Management of Obstetric Emergencies (ESMOE) programme in priority districts has shown a significant reduction in Institutional Maternal Mortality Rate in facility (IMMR) overall of 29.3% and for direct causes of maternal death a 17.5% reduction and should be implemented widely.

Challenges identified through the departmental reporting processes include:

- Poor clinical management
- Teenage pregnancies
- Inequitable distribution of resources Inc. staff, infrastructure
- Uptake of maternal and women's services

Priority outputs for implementation for maternal health

- Review the proposal on the establishment of OMBU's
- Introduction of new protocols
- Reduce death due to pregnancy related hypertension
- Implementation of the Safe Caesarean Delivery standards
- Improve inter-facility transfers for obstetric cases
- Improve management of non-related pregnancy infections by
 - improving TB screening,
 - improving ART adherence and
 - viral load monitoring

MEN'S HEALTH

The challenge identified through the Departmental reporting processes includes men not accessing health services timeously. This late presentation has an implication for prognosis.

HIV AIDS

The interventions for HIV/AIDS that are being implemented, such as HIV testing, male condom distribution rates and the number of medical male circumcisions (MMC) has been increasing over the past 10 years. Risk factors for HIV/AIDS such as male urethritis syndrome and new episodes of other sexually transmitted infections have been steadily decreasing as well.

HIV prevalence amongst clients tested (excluding antenatal (ANC)) has been decreasing and this may be attributed to the scale up of ART treatment which is known to decrease HIV incidence and mortality. The number of total clients remaining on ART at the end of the month (TROA) has been increasing at a steep rate. However, on the other hand ART drug stock out rates has also been increasing over the years and this may be due to the expansion of the ART treatment programme.

Poor ART treatment outcomes (ART death rate and ART Loss to Follow up rate) in adults and children seem to be decreasing in the Province. However, the rate of ART viral load done which is a health system effectiveness indicator has been decreasing since 2016/2017. This may be due to the "Test and Treat" approach whereby clients found to HIV positive are immediately placed on ART treatment regardless of CD4 count cell numbers. Those that are on ART and virally suppressed has reached rates of over 90% in the past five years.

When looking at the associations between HIV prevalence and various factors, this report found that increasing MMC as a preventative measure, decreasing risk factors such as Male Urethritis syndrome incidence and STI treated new episode incidence, expanding ART treatment and increasing viral load suppression assists with curbing the scourge of HIV (KZN DoH Epidemiology; Health Research and Knowledge Management, 2019).

TB

TB prevention interventions, such as Bacillus Calmette-Guerin (BCG) vaccination coverage has been over 60% in the last ten years except in 2015/2016, whereby it decreased. The 60% is considered to be poor coverage, as all babies should be vaccinated.

The rate of clients screened for TB symptoms in facilities has been increasing, reaching almost 100% in 2018/2019 whilst the rate of TB sputum tested in 5 years and older reached 90% in 2016/2017 and decreased to 88% in 2018/2019.

Factors associated with TB prevalence such as the rate of TB clients knowing their HIV status dropped from 94% in 2014/2015 to 86% in 2018/2019 and the rate of TB clients who were known to be HIV positive was over 60% up until 2018/2019 whereby it dropped to 56%.

The rate of TB clients 5 years and older that have started on treatment was above 100% in the past five years except in 2016/2017. New Sputum Smear Positive conversion rates at 2 and 3 months have decreased from 2016/2017 onwards to almost 50% in 2018/2019.

Associations between TB cases (new and all) show that prevention interventions implemented by the Department such as HIV testing, placing HIV positive new clients on IPT and ART treatment should continue since they were found to decrease TB cases.

The risk factors for TB such as HIV co-infection demonstrated by HIV prevalence and TB clients with known HIV status are associated with increases in TB cases. There were no statistically significant associations between TB cases and treatment outcomes as anticipated (KZN DoH Epidemiology; Health Research and Knowledge Management, 2019).

GLOBAL OUTBREAKS

On the 31st December 2019, the World Health Organization (WHO) China Country Office reported a cluster of pneumonia cases in Wuhan City, Hubei Province in China. A novel coronavirus (Covid-19) was confirmed as a causative virus. Several other cities in China as well as other countries have also reported cases.

The provincial readiness includes the formulation of Revised Case definition(s) that has been distributed to all health facilities through Communicable Diseases Control (CDC) Coordinators and Infection Prevention Control Practitioners (IPCP). This is being updated regularly as per updates from NICD. The National Hotline for community members 0800 029 999 has been established and shared for any queries. Screening of returning travelers from China at the Ports of Entry have been intensified and NICD has developed and distributed

clinical guidelines to all Provinces for doctors and nurses to use in both the public and private sector, these documents include the following:

- Case investigation form
- Specimen collection guideline
- Contact tracing flow chat
- Contact tracing form (For confirmed cases)
- Standard operating procedure (South Africa)

There is currently no standard treatment guideline for Covid-19 as yet. The National Essential Medicines List Committee is drafting a protocol which will focus on symptomatic treatment.

There were initially four designated hospitals (Greys, Ngwelezana, Manguzi and Addington) for treating patients diagnosed with Covid-19. Subsequently, a number of District Hospitals have been reconfigured and prepared to accommodate the increasing cases requiring hospitalization. Engagements with the Military Health and Private Health sectors are continuing to expand the number of facilities to house patients needing hospitalization.

11.MTEF BUDGETS

TABLE 11: EXPENDITURE ESTIMATES (R'000) FOR THE DEPARTMENT OF HEALTH

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Administration	845 674	836 655	810 858	933 361	811 045	811 045	964 600	931 581	979 809
District Health Services	18 147 911	19 732 316	20 802 064	22 436 939	22 568 220	22 568 220	23 841 532	25 879 819	27 346 783
Emergency Medical Services	1 209 263	1 377 577	1 446 650	1 631 158	1 571 046	1 604 739	1 612 375	1 780 043	1 873 820
Provincial Hospital Services	9 398 975	10 133 671	10 964 094	11 330 404	11 449 357	11 426 824	12 698 812	12 909 862	13 282 259
Central Hospital Services	4 534 157	4 864 123	5 098 203	5 279 898	5 280 198	5 273 391	5 428 662	5 730 572	6 043 338
Health Sciences and Training	1 201 074	1 246 050	1 181 630	1 281 885	1 343 637	1 343 637	1 383 264	1 523 538	1 626 126
Health Care Support Services	268 768	198 202	485 637	332 359	317 359	313 006	338 644	364 122	382 949
Health Facilities Management	1 420 575	1 522 727	1 760 694	1 810 974	1 810 974	1 810 974	1 789 792	1 772 539	1 859 034
Sub-Total	37 026 397	39 911 321	42 549 830	45 036 978	45 151 836	45 151 836	48 057 681	50 892 076	53 394 118
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	37 026 397	39 911 321	42 549 830	45 036 978	45 151 836	45 151 836	48 057 681	50 892 076	53 394 118

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

TABLE 12: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) FOR THE DEPARTMENT OF HEALTH

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Current payments	34 739 862	36 961 386	39 684 474	42 316 279	42 381 329	42 318 959	45 670 760	48 078 958	50 303 054
Compensation of employees	23 354 896	24 614 793	26 336 189	28 942 177	28 408 488	28 348 729	30 750 273	31 911 530	33 507 830
Goods and services	11 382 844	12 343 292	13 342 400	13 373 683	13 971 832	13 968 896	14 920 045	16 166 961	16 794 735
Communication	116 893	103 890	103 146	119 185	103 272	103 100	106 384	111 329	116 672
Computer Services	163 632	132 347	110 171	174 004	116 608	110 365	120 112	126 394	132 462
Consultants, Contractors and special services	1 308 107	1 457 574	1 380 829	1 464 514	1 463 541	1 397 763	1 432 733	1 510 364	1 582 864
Inventory	5 885 762	5 898 582	6 655 548	6 283 088	6 460 370	6 502 647	7 252 056	8 131 509	8 530 805
Operating leases	139 376	137 524	139 357	139 941	150 871	152 547	170 925	156 055	86 455
Travel and subsistence	83 199	73 547	68 068	90 306	86 034	89 686	87 762	92 373	96 807
Maintenance, repair and running costs	301 898	375 931	388 612	389 929	365 678	402 654	390 348	420 447	440 624
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	3 383 977	4 163 897	4 496 669	4 712 716	5 225 458	5 210 134	5 359 725	5 618 490	5 808 046
Interest and rent on land	2 122	3 301	5 885	419	1 009	1 334	442	467	489
Transfers and subsidies to	1 035 657	1 248 707	1 106 595	750 139	773 551	826 051	700 512	740 445	775 986
Provinces and municipalities	159 755	225 674	219 387	232 091	231 742	224 173	244 607	258 324	270 723
Departmental agencies and accounts	20 131	19 280	21 157	22 246	22 246	22 378	23 469	24 759	25 947
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	203 929	141 396	62 473	56 513	56 513	54 467	58 508	61 726	64 689
Households	651 842	862 357	803 578	439 289	463 050	525 033	373 928	395 636	414 627
Payments for capital assets	1 106 314	1 592 882	1 758 330	1 970 560	1 996 956	2 006 553	1 686 409	2 072 673	2 315 078

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Buildings and other fixed structures	910 917	1 069 333	1 249 066	786 945	899 373	908 264	904 683	1 301 415	1 525 920
Machinery and equipment	195 397	523 549	509 264	1 183 615	1 097 583	1 098 289	781 726	771 258	789 158
Payment for financial assets	144 564	108 346	431	-	-	273	-	-	-
Total economic classification	37 026 397	39 911 321	42 549 830	45 036 978	45 151 836	45 151 836	48 057 681	50 892 076	53 394 118
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	37 026 397	39 911 321	42 549 830	45 036 978	45 151 836	45 151 836	48 057 681	50 892 076	53 394 118

PART C: MEASURING OUR PERFORMANCE

Institutional programme performance information

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.

OUTCOME INDICATORS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 13: OUTCOME INDICATORS (PROGRAMME 1)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Universal Health Coverage								
1. UHC service Index ³	SAHR	68%	75%	71.7%	73.5%	72.0%	72.5%	73%
2. Audit opinion of Provincial DoH	Annual Reports	Unqualified	Unqualified	Qualified	Unqualified	Unqualified	Unqualified	Unqualified
3. Contingent liability of medico-legal cases	Medico-legal case management system	R 90 Bn	R 18 Bn	R 20 Bn	R 18 Bn	R 22 Bn	R 21 Bn	R 20 Bn
4. Percentage of facilities certified by OHSC	To be determined	NA	NA	New	71.4%	68.7%	69.4%	70%
5. Percentage of PHC facilities with functional Clinic committees	Attendance registers of meetings of clinic committees	NA	NA	New	100%	80%	90%	100%

³Performance measurement to commence once NHI Fund is operational and purchasing health services on behalf of the population.

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
PHC facilities with functional Clinic committees	Attendance registers of meetings of clinic committees	-	-	-	610	488	549	610
Total clinics	DHIS	-	-	-	610	610	610	610
6. Percentage of hospitals with functional hospital boards	Attendance registers of meetings of hospital board meetings	NA	NA	New	100%	100%	100%	100%
Hospitals with functional hospital boards	Attendance registers of meetings of hospital board meetings	-	-	-	72	72	72	72
Total Hospitals	DHIS	-	-	-	72	72	72	72
7. Professional nurses per 100 000 population	PERSAL / StatsSA	NA	NA	153 / 100k	152.5 / 100k	152.5 / 100k	152.5/ 1 00k	152.5/ 100k
Professional Nurses				17 444	18 421	17 765	17 943	18 107
Population				11 417 126	12 079 648	11 649 733	11 766 040	11 873 848
8. Medical officers per 100 000 population	PERSAL / StatsSA	NA	NA	34 / 100k	27.4 / 100k	27.4 / 100k	27.4 / 100k	27.4/ 100k
Medical Officers				3 879	3 310	3 192	3 223	3 253
Population				11 417 126	12 079 648	11 649 733	11 766 040	11 873 848

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 14: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
Improved SCM	1. Percentage of supplier invoices paid within 30 Days	New Indicator	New Indicator	New Indicator	96.5%	85%	90%	95%
	<i>Supplier invoices paid within 30 Days</i>	-	-	-	59 482	212,500	225,000	237,500
	<i>Supplier invoices paid</i>	-	-	-	61 641	250,000	250,000	250,000
Improved Financial Management	2. Percentage Over /under expenditure	0.8%	1.5%	Not monitored	Not monitored	0%⁴	0%	0%
	<i>Expenditure DoH KZN (R'000)</i>	R37 026 397	R 39 902 070	-	-	-	-	-
	<i>Budget DOH KZN (R'000)</i>	R37 337 104	R 39 930 478	-	-	-	-	-
Improved human resources	3. Number of CHW's contracted into the Health System	Not reported	10 007	10 080	10 100	10 100	10 100	10 100
Compliance to Employee Health, wellness and Safety Regulations	4. Percentage of Hospitals compliant with Occupational Health and Safety	Not monitored	Not Monitored	Not monitored	Not monitored	100%	100%	100%
	<i>Total number of hospitals with OHS compliance reports equal to 100%</i>	-	-	-	-	72	72	72
	<i>Total number of hospitals</i>	-	-	-	-	72	72	72
Compliance to disciplinary procedures guidelines	5. Percent of initiated/instituted disciplinary cases finalised	New indicator	New indicator	New indicator	New indicator	90%	90%	90%
	<i>Number of initiated/instituted disciplinary cases finalised</i>	-	-	-	-	189	189	189

⁴ 0% over-expenditure or under-expenditure <1%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19		2019/20	2020/21	2021/22
	<i>Total number of disciplinary cases initiated/instituted</i>	-	-	-	-	210	210	210
Integrated, electronic, web based Health Information & communication systems	6. Percentage of hospitals electronically recordings clinical codes for their patient visits	New indicator	New indicator	New indicator	New indicator	2%	50%	100%
	<i>Total number of hospitals with an electronic system to record clinical codes</i>	-	-	-	-	2	36	72
	<i>Total number of hospitals</i>	-	-	-	-	72	72	72
A reliable and consistently available ICT connectivity to all health facilities.	7. Percent of hospitals with a stable ICT connectivity	New indicator	New indicator	New indicator	66%	80%	90%	100%
	<i>Total Number of hospitals with minimum 2mbps connectivity</i>	-	-	-	48	58	65	72
	<i>Total number of hospitals</i>	-	-	-	72	72	72	72
	8. Percent of PHC facilities with a stable ICT connectivity	New indicator	New indicator	New indicator	64%	80%	90%	100%
	<i>Total Number of PHC with minimum 1mbps connectivity</i>	-	-	-	390	488	549	610
	<i>Total number of PHC facilities</i>	-	-	-	610	610	610	610
Improvement in Governance and Leadership	9. SMS and CEOs with Annual EPMDS Assessments signed off by due dates	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
	Number of assessments submitted by SMS and CEOs	-	-	-	-	-	-	-
	Filled SMS and CEOs posts	-	-	-	-	-	-	-
	10. Percent achievement on Improvement plans on Leadership and Governance	New indicator	New indicator	New indicator	New indicator	100%	100%	100%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19		2019/20	2020/21	2021/22
	<i>Number of activities completed</i>	-	-	-	-	2	5	5
	<i>Total number of planned activities</i>	-	-	-	-	2	5	5
Improve HR functionality (Staff shortages, Employee wellness, Staff attitudes, Culture change, Consequence management)	11. Percent achievement on Improvement plans on HR Functionality	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
	<i>Number of activities completed</i>	-	-	-	-	2	5	5
	<i>Total number of planned activities</i>	-	-	-	-	2	5	5
Management of the Departmental Fleet	12. Number of new vehicles purchased	New indicator	185	191	160	270	370	400
	13. Number of vehicles disposed	New indicator	6	162	197	200	200	200
	14. Percent vehicles that are operational	52%	56%	61%	82%	90%	90%	90%
	<i>Number of vehicles operational</i>	1 343	1 550	1 790	2 354	2 632	2 785	2 965
	<i>Total number of vehicles on vehicle register</i>	2 583	2 768	2 891	2 854	2 924	3 094	3 294
	15. Number of new ambulances purchased	New indicator	40	89	88	100	120	120
	16. Number of ambulances disposed	New indicator	New indicator	81	133	49	79	75
	17. Percent ambulances that are operational	50.1%	48.1%	51.5%	51%	70%	75%	80%
	<i>Number of ambulances operational</i>	517	508	547	520	748	833	924
	<i>Total number of ambulances on vehicle register</i>	1 015	1 055	1 063	1 018	1 069	1 110	1 155

QUARTERLY TARGETS FOR 20/21

TABLE 15: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY (PROGRAMME 1)

Indicators	Targets				
	2020/21	Q1	Q2	Q3	Q4
Outcome Indicators					
1. UHC service Index ⁵	72.0%	-	-	-	-
2. Audit opinion of Provincial DoH	Unqualified	-	-	-	-
3. Contingent liability of medico-legal cases	R 22 Bn	-	-	-	R22 Bn
4. Percentage of facilities certified by OHSC	68.7%	-	-	-	-
5. Percentage of PHC facilities with functional Clinic committees	80%	-	-	-	80%
6. Percentage of hospitals with functional hospital boards	100%	-	-	-	100%
7. Professional nurses per 100 000 population	152.5 / 100k	-	-	-	152.5 / 100k
8. Medical officers per 100 000 population	27.4 / 100k	-	-	-	27.4 / 100k
Output Indicators					
9. Percentage of supplier invoices paid within 30 Days	85%	-	-	-	-
10. Percentage Over /under expenditure	0%	-	-	-	-
11. Number of CHW's contracted into the Health System	10 100	-	-	-	-
12. Percentage of Hospitals compliant with Occupational Health and Safety	100%	-	-	-	100%
13. Percent of initiated/instituted disciplinary cases finalised	90%	-	-	-	90%
14. Percentage of Hospitals electronically recording clinical codes for their patient visits	2%	-	-	-	2%
15. Percent of Hospitals with a stable ICT connectivity	80%	-	-	-	80%
16. Percent of PHC facilities with a stable ICT connectivity	80%	-	-	-	80%
17. SMS and CEOs with Annual EPMDs Assessments signed off by due dates	100%	-	100%	-	-
18. Percent achievement on Improvement plans on Leadership and Governance	100%	-	-	-	100%
19. Percent achievement on Improvement plans on HR Functionality	100%	-	-	-	100%
20. Number of new vehicles purchased	270	-	-	-	270
21. Number of vehicles disposed	200	-	-	-	200
22. Percent vehicles that are operational	90%	90%	90%	90%	90%
23. Number of new ambulances purchased	100	-	-	-	100
24. Number of ambulances disposed	49	-	-	-	49
25. Percent ambulances that are operational	70%	70%	70%	70%	70%

⁵Performance measurement to commence once NHI Fund is operational and purchasing health services on behalf of the population.

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Programme 1 Outputs are geared mostly towards achieving the outcome Universal Health coverage

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Administration)

TABLE 16: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 1)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Office of the MEC	18 990	20 732	19 752	22 890	22 890	22 890	22 459	23 793	25 041
Management	826 684	815 923	791 106	910 471	788 155	788 155	942 141	907 788	954 768
Sub-Total	845 674	836 655	810 858	933 361	811 045	811 045	964 600	931 581	979 809
Unauthorized expenditure (1st charge) not available for spending	-107 607	-107 607	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	738 067	729 048	810 858	933 361	811 045	811 045	964 600	931 581	979 809

TABLE 17: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 1)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Current payments	683 440	695 727	762 364	904 590	739 390	736 435	840 906	890 314	941 666
Compensation of employees	365 803	379 229	404 266	561 999	437 754	431 429	522 489	554 678	589 919
Goods and services	316 817	316 347	357 951	342 591	301 126	304 495	318 417	335 636	351 747
Communication	11 462	11 300	10 903	13 679	15 825	15 659	11 983	12 776	13 389
Computer Services	158 740	123 488	101 109	162 962	105 727	99 150	108 956	114 622	120 124
Consultants, Contractors and special services	56 867	60 979	69 881	50 293	48 317	57 265	57 128	60 196	63 086
Inventory	5 721	2 888	2 242	4 121	3 655	3 899	7 483	7 851	8 228

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Operating leases	5 113	4 628	5 537	6 285	8 941	8 949	5 431	5 796	6 074
Travel and subsistence	18 804	14 992	16 522	17 500	19 329	18 958	19 879	20 907	21 911
Maintenance, repair and running costs	6 058	8 539	6 803	8 689	7 859	8 098	17 268	18 170	19 042
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	54 052	89 533	144 954	79 062	91 473	92 517	90 289	95 318	99 893
Interest and rent on land	820	151	147	-	510	511	-	-	-
Transfers and subsidies to	17 443	5 893	6 979	8 137	23 305	21 239	8 335	9 057	9 491
Provinces and municipalities	2 903	3 167	2 516	3 902	3 648	3 648	3 867	4 343	4 551
Departmental agencies and accounts	-	-	-	1	1	4	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	14 540	2 726	4 463	4 234	19 656	17 587	4 467	4 713	4 939
Payments for capital assets	257	26 683	41 144	20 634	48 350	53 371	115 359	32 210	28 652
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	257	26 683	41 144	20 634	48 350	53 371	115 359	32 210	28 652
Payment for financial assets	144 534	108 352	371	-	-	-	-	-	-
Total economic classification	845 674	836 655	810 858	933 361	811 045	811 045	964 600	931 581	979 809
Unauthorised expenditure (1 st charge) not available for spending	-107 607								
Total economic classification	738 067	836 655	810 858	933 361	811 045	811 045	964 600	931 581	979 809

PERFORMANCE AND EXPENDITURE TRENDS (ADMINISTRATION)

Programme 1 is allocated 2.01 % of the Vote 7 budget in 2020/21, up from 1.8% in the 2019/20 revised estimate. This amounts to an increase of R 153 555 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 18: KEY RISKS AND MITIGATION STRATEGIES (PROGRAMME 1)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Increase in Medico-Legal Contingent Liability	<ul style="list-style-type: none"> • Implementation and monitoring of the Standardisation of Patient file identification system • Migrate to an electronic records management system to overcome loss of files • Implement approved Essential Post List (Minimum Posts) for all health establishments. • Revision of infrastructure budget • Appointment of a panel of legal experts covering all medical sub-specialties
Potential litigation/court challenges regarding licensing of Private Health Establishments	<ul style="list-style-type: none"> • Develop the Provincial Private Licensing Regulation. • Review licensing fees. • Revise bed norms for all categories of beds • Resource Private Licensing Unit adequately. The proposed new licensing unit to be established in conjunction with EMS will include staffing for private licensing.
The shortage of key health professionals experienced in the increased population, faced with increased burden of the disease. Failure to retain health professionals	<ul style="list-style-type: none"> • Increase budget for staffing and equipment. Implement WISN tool. • Expand accessibility to specialists through Telemedicine and other E-Health platforms
Misstatement of financial statements	<ul style="list-style-type: none"> • Develop an SOP on contingent liabilities • Review gaps on Commuted Overtime policy • Enforce compliance once the policy has been finalised • Completion of contract registers
SCM inefficiencies including delays in procurement of goods and services, and inadequate asset management which will impact on audit outcomes	<ul style="list-style-type: none"> • Automation of the SCM system and inventory management. • Filling of essential posts. • Centralisation of SCM services at district level to reduce bottlenecks and improve turnaround times.
Mismanagement of HRMS Processes (e.g. Leave Management, Overtime Management)	<ul style="list-style-type: none"> • Service Conditions to obtain certification from HR Managers and CEOs that leave forms received are captured on PERSAL
Non Compliance with the Commuted Overtime Policy	<ul style="list-style-type: none"> • Service Conditions to obtain certification from HR Managers, Medical Managers and CEOs that all doctors being remunerated for COT:- • - Are signing an attendance register for normal and overtime hours. • - Appear in a roster for the beginning of the month and final month end roster.

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Key Risks	Risk Mitigation
	<ul style="list-style-type: none"> • - Have a duly completed and approved contract for COT. • Obtain HR Support and Compliance report and conduct validity against institutional certification.
'Poor Strategic plan alignment with the organisational structure	<ul style="list-style-type: none"> • Finalise Service platform documents • Finalize Organizational Structures for all Institutions • Tighten the control of the establishment of Posts
Outcome: Reduced morbidity and mortality	
Global outbreaks	<ul style="list-style-type: none"> • Corporate communications to inform the public about the possible importation of disease with high public health risks. Media management and management of complaints

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

SUB-PROGRAMME: PRIMARY HEALTH CARE

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 19: OUTCOMES INDICATORS (PHC)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Universal Health Coverage								
1. Ideal clinic status obtained rate	Ideal Health Facility Software	TBD	TBD	75.6%	100%	100%	100%	100%
<i>Fixed PHC health facilities have obtained Ideal Clinic status</i>	<i>Ideal clinic report</i>	-	-	461	610	610	610	610
<i>Fixed PHC clinics or fixed CHCs and or CDCs</i>	<i>Ideal clinic report</i>	-	-	610 ⁶	610	610	610	610
Improved Patient Experience of Care								
2. Patient Safety Incident (PSI) case closure rate – PHC facility	Patient Safety Incidence Software	TBD	TBD	65.9%	93%	87.3%	88.5%	90.7%

⁶ State aided and NGO's are not included in this figure

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Patient Safety Incident (PSI) case closed – PHC facility</i>	<i>Patient Safety Incidence Reports</i>	-	-	270 -	198	193	194	195
<i>Patient Safety Incident (PSI) case Reported – PHC facility</i>		-	-	410	212	221	219	216
3. Patient Experience of Care satisfaction rate – PHC	<i>Patient surveys data base</i>	TBD	TBD	68%	71.4%	68.7%	69.4%	70%
<i>Patient Experience of Care survey satisfied responses - PHC</i>	<i>Patient surveys</i>	-	-	31 326	34 586	31 953	32 592	33 243
<i>Patient Experience of Care survey total responses - PHC</i>		-	-	46 068	48 418	46 529	46 994	47 464

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 20: OUTPUTS PERFORMANCE INDICATORS AND TARGETS (PHC)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
Reviewed models – Community based model	1. Number of Ward Based Outreach Teams (cumulative)⁷	154	135	146	186	217	220	222
Outcome: Improved patient experience of care								
Improve the SAC incidence reported within 24 hours rate	2. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC facility	New indicator	New indicator	New indicator	54.2%	57.9%	59%	60%
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours – PHC facility</i>	-	-	-	52	44	45	45
	<i>Severity assessment code (SAC) 1 incident reported – PHC facility</i>	-	-	-	96	76	76	75
Patients and family treated with courtesy and consideration	3. Percentage of Complaints on Patient Care – PHC	New indicator	New indicator	New indicator	16.8%	16.3%	15.7%	15.1%
	<i>No. of complaints on patient care – PHC</i>	-	-	-	373	358	344	330
	<i>Total number of complaints – PHC</i>	-	-	-	2 216	2 202	2 191	2 180
Patients and family treated with courtesy and consideration	4. Percentage of Complaints on Waiting Times – PHC	New indicator	New indicator	New indicator	38.4%	37.5%	36.5%	35.6%
	<i>No. of complaints on waiting times – PHC</i>	-	-	-	850	825	800	776

⁷ The 169 wards worst affected by poverty will be targeted first as part of the Poverty Eradication Master Plan

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	<i>Total number of complaints – PHC</i>	-	-	-	2 216	2 202	2 191	2 180
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on Staff Attitude – PHC	New indicator	New indicator	New indicator	21.3%	20.7%	20.2%	19.7%
	<i>No. of complaints on staff attitude – PHC</i>	-	-	-	471	457	443	430
	<i>Total number of complaints – PHC</i>	-	-	-	2 216	2 202	2 191	2 180
Outcome: Reduced morbidity and mortality								
Decrease the number of health care associated infections	6. Number of health care associated infections – PHC	New indicator	New indicator	9	10	8	8	7

QUARTERLY TARGETS FOR 20/21

TABLE 21: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PHC)

Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Ideal clinic status obtained rate	100%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate –PHC facility	87.3%	-	-	-	-
3. Patient Experience of Care satisfaction rate - PHC	68.7%	-	-	-	-
Outputs Indicators					
4. Number of Ward Based Outreach Teams (cumulative) ⁸	217	192	200	210	217
5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC facility	57.9%	57.9%	57.9%	57.9%	57.9%
6. Percentage of Complaints on Patient Care – PHC	16.3%	-	-	-	-
7. Percentage of Complaints on Waiting Times - PHC	37.5%	-	-	-	-
8. Percentage of Complaints on Staff Attitude - PHC	20.7%	-	-	-	-
9. Number of health care associated infections	8	2-	2	2	2

⁸ The 169 wards worst affected by poverty will be targeted first as part of the Poverty Eradication Master Plan

SUB-PROGRAMME: DISTRICT HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 22: OUTCOME INDICATORS (DISTRICT HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Improved Client Experience Of Care								
1. Patient Safety Incident (PSI) case closure rate – District Hospital	<i>Patient Safety Incidence Software</i>	TBD	TBD	88.3%	99%	93.6%	94.9%	96.3%
<i>Patient Safety Incident (PSI) case closed – District Hospital</i>	<i>Patient Safety Incidence Reports</i>	-	-	1 166	1 013	997	1 001	1 005
<i>Patient Safety Incident (PSI) case Reported – District Hospital</i>		-	-	1 252	1 023	1 065	1 055	1 044
2. Patient Experience of Care satisfaction rate – District Hospitals	Patient surveys	TBD	TBD	81%	85.1%	81.8%	82.6%	83.4%
<i>Patient Experience of Care survey satisfied responses – District Hospitals</i>		-	-	2 923	3 227	2 981	3 041	3 102
<i>Patient Experience of Care survey total responses – District Hospitals</i>		-	-	3 609	3 793	3 645	3 682	3 718
Outcome: Reduced Morbidity and Mortality								
3. Maternal Mortality in facility ratio -District Hospitals	DHIS	TBD	TBD	58.1 / 100 000	47.8 / 100 000	55.2 / 100 000	52.4 / 100 000	50.3 / 100 000

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Maternal death in facility – district hospitals</i>	<i>Maternal register</i>	-	-	51	44	48	46	45
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – district hospitals</i>	<i>Delivery register</i>	-	-	87 811	92 393	87 282	88 531	89 800
4. Neonatal death in facility rate – District Hospital	DHIS	TBD	TBD	9.1 / 1000	8.4 / 1000	9.0 / 1000	8.9 / 1000	8.7 / 1000
<i>Neonatal deaths (under 28 days) in facility – District Hospital</i>	<i>Midnight report</i>	-	-	927	743	750	752	747
<i>Live birth in facility – District Hospital</i>	<i>Delivery register</i>	-	-	100 973	88 412	83 300	84 550	85 818
5. Death under 5 years against live births –District Hospital	DHIS	TBD	TBD	1.3%	1.0%	1.2%	1.2%	1.1%
<i>Death in facility under 5 years total – District Hospital</i>	<i>Midnight report</i>	-	-	1 334	884	1 000	1 105	944
<i>Live birth in facility – District Hospital</i>	<i>Delivery register</i>	-	-	100 973	88 412	83 330	84 550	85 818
6. Child under 5 years diarrhoea case fatality rate –District Hospital	DHIS	TBD	TBD	2.2%	1.5%	2.0%	1.9%	1.7%
<i>Diarrhoea death under 5 years – District hospital</i>	<i>Midnight report</i>	-	-	94	56	85	76	69
<i>Diarrhoea separation under 5 years – district hospital</i>	<i>Ward Register</i>	-	-	4 360	3 744	4 229	4 102	3 979

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
7. Child under 5 years pneumonia case fatality rate –District Hospital	DHIS	TBD	TBD	1.8%	1.3%	1.7%	1.6%	1.5%
<i>Pneumonia death under 5 years – District Hospital</i>	Midnight report	-	-	128	76	115	104	93
<i>Pneumonia separation under 5 years – District Hospital</i>	Ward Register	-	-	6 938	5 958	6 730	6 528	6 332
8. Child under 5 years Severe Acute Malnutrition case fatality rate –District Hospital	DHIS	TBD	TBD	7.0%	4.8%	6%	5.8%	5.6%
<i>Child under 5 years with severe acute malnutrition death – District Hospital</i>	Midnight report	-	-	94	48	68	63	58
<i>Child under 5 years with severe acute malnutrition inpatient– District Hospital</i>	Ward Register	-	-	1 336	990	1 050	1 081	1 035
9. Death in facility under 5 years rate – District Hospital	DHIS	TBD	TBD	3.9%	3.8%	4.2%	4.1%	4%
<i>Death in facility under 5 years – total – District hospital</i>	Midnight report	-	-	1 334	1 032	1 267	1 204	1 144
<i>Inpatient separations under 5 – years – total – District Hospitals</i>	Ward Register	-	-	37 647	41 565	38 400	39 168	39 951
10. Death in facility under 1 year rate – District Hospital	DHIS	TBD	TBD	5.3%	3.7%	4.9%	4.6%	4.3%
<i>Death in facility under 1 year total – District Hospital</i>	Midnight report	-	-	1 153	892	1 095	1 041	989

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Inpatient separations under 1 year – District Hospital</i>	Ward Register	-	-	21 880	24 157	22 318	22 764	23 219
11. Still Birth in Facility Rate – District hospital	DHIS	TBD	TBD	18.9 / 1000	14 / 1000	17.6 / 1000	16.4 / 1000	15.3 / 1000
<i>Still birth in facility- District Hospitals</i>	Midnight report	-	-	1 616	1 259	1 493	1 411	1 336
<i>Live birth in facility + still birth in facility – District Hospitals</i>	Delivery register	-	-	85 322	89 921	84 809	86 059	87 327

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 23: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Improved experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	New indicator	New indicator	New indicator	67.5%	67.9%	68.8%	70%
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours – District Hospital</i>	-	-	-	270	244	245	246
	<i>Severity assessment code (SAC) 1 incident reported – District Hospital</i>	-	-	-	400	359	356	352
Patients and family treated with courtesy and	2. Percentage of Complaints on staff Attitudes – District Hospitals	New indicator	New indicator	New indicator	16.3%	15.9%	15.5%	15.1%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
consideration	<i>No. of complaints on staff attitude – District Hospital</i>	-	-	-	409	397	385	373
	<i>Total number of complaints – District hospital</i>	-	-	-	2 503	2 491	2 478	2 466
Patients and family treated with courtesy and consideration	3. Percentage of Complaints on patient care – District Hospital	New indicator	New indicator	New indicator	22.3%	21.8%	21.2%	20.7%
	<i>No. of complaints on patient care – District Hospital</i>	-	-	-	559	542	526	510
	<i>Total number of complaints – District hospital</i>	-	-	-	2 503	2 491	2 478	2 466
Patients and family treated with courtesy and consideration	4. Percentage of Complaints on waiting Times – District Hospital	New indicator	New indicator	New indicator	23.2%	22.6%	22.1%	21.5%
	<i>No. of complaints on waiting times – District Hospital</i>	-	-	-	581	564	547	530
	<i>Total number of complaints – District hospital</i>	-	-	-	2 503	2 491	2 478	2 466
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	5. Health Care Associated Infections – District hospitals	New indicator	New indicator	49	64	48	47	46

QUARTERLY TARGETS FOR 20/21

TABLE 24: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (DISTRICT HOSPITALS)

Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Patient Safety Incident (PSI) case closure rate – District Hospital	93.6%	-	-	-	-
2. Patient Experience of Care satisfaction rate – District Hospitals	81.8%	-	-	-	-
3. Maternal Mortality in facility ratio -District Hospitals	55.2 / 100 000	-	-	-	-
4. Neonatal death in facility rate – District Hospital	9.0 / 1000	-	-	-	-
5. Death under 5 years against live birth rate – district hospital	1.2%	-	-	-	-
6. Child under 5 years diarrhoea case fatality rate –District Hospital	2.0%	-	-	-	-
7. Child under 5 years pneumonia case fatality rate –District Hospital	1.7%	-	-	-	-
8. Child under 5 years severe acute malnutrition case fatality rate – District Hospitals	6%	-	-	-	-
9. Death in facility under 5 years rate – district hospital	4.2%	-	-	-	-
10. Death in facility under 1 year rate – District Hospital	4.9%	-	-	-	-
11. Still Birth in Facility Rate – District Hospitals	17.6 / 1000	-	-	-	-
Output Indicators					
12. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	67.9%	67.9%	67.9%	67.9%	67.9%
13. Percentage of Complaints on staff Attitudes – District Hospitals	15.9%	-	-	-	-
14. Percentage of Complaints on patient care – District Hospital	21.8%	-	-	-	-
15. Percentage of Complaints on waiting Times – District Hospital	22.6%	-	-	-	-
16. Health Care Associated Infections – District Hospitals	48	12	12	12	12

SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL**OUTCOME INDICATORS**

TABLE 25: OUTCOMES INDICATORS (HAST)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Reduced Morbidity And Mortality								
1. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short	DHIS	TBD	TBD	70.2%	75%	71%	72%	73%
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - short</i>	<i>TB register, XDR Register</i>	-	-	1 130	935	980	950	935
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - short</i>		-	-	1 609	1 250	1 380	1320	1 280
2. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - long	DHIS	TBD	TBD	59.7%	65%	60%	62%	63%
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment – long</i>	<i>TB register, XDR Register</i>	-	-	1 720	1 515	1 488	1 522	1 505

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - long</i>		-	-	2 882	2 330	2 480	2 455	2 390
3. All DS-TB client death rate	DHIS	TBD	TBD	7.4%	4%	7%	6%	5%
<i>All DS-TB client died</i>	DS clinical stationary			254	1 920	3 710	3 060	2 500
<i>All DS-TB patients in treatment outcome cohort</i>		-	-	38 451	48 000	53 000	51 000	50 000
4. All DS-TB client treatment success rate	DHIS	TBD	TBD	79.2%	90%	81%	83%	85%
<i>All DS- TB client successfully completed treatment</i>	DS clinical stationary	-	-	31 280	43 200	42 930	42 330	42 500
<i>All DS-TB patients in treatment outcome cohort</i>		-	-	38 451	48 000	53 000	51 000	50 000
5. ART death rate at 6 months	DHIS	TBD	TBD	1.2%	1%	1.15%	1.05%	1%
<i>ART cumulative death – total</i>	ART register, TIER.net	-	-	2 435	2 029	3 044	2 130	2 029
<i>ART start minus cumulative transfer out</i>		-	-	202 938	202 938	202 938	202 938	202 938
6. Adult Viral load suppressed rate at 12 months	DHIS	TBD	TBD	90.6%	90%	90%	90%	90%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
ART adult viral load under 400 ⁹	ART paper register	-	-	38 371	38 136	38 136	38 136	38 136
ART adult viral load done		-	-	42 374	42 374	42 374	42 374	42 374
7. ART Child viral load suppressed rate at 12 months	DHIS	TBD	TBD	68.7%	90%	90%	90%	90%
ART child viral load under 400 ¹⁰	ART paper register	-	-	826	1 082	1 082	1 082	1 082
ART child viral load done		-	-	1 203	1 203	1 203	1 203	1 203
8. HIV positive 15-24 year olds (excl ANC rate)	DHIS	TBD	TBD	New indicator	To be determined	Baseline to be established	To be determined	To be determined
HIV positive 15 – 24 years (excl ANC)	PHC comprehensive tick register, HTS register (HIV testing services)	-	-	-	-	-	-	-
HIV test 15 – 24 years (excl ANC)		-	-	-	-	-	-	-
9. ART client remain on ART end of month – total	ART register	TBD	TBD	1 387 688	1 959 000	1 701 694	1 830 478	1 959 000
10. HIV incidence	Thembisa Model	TBD	TBD	0.55%	< 1%	0.52%	0.5%	0.48%
11. TB Incidence	DHIS	TBD	TBD	507.30 / 100 000	200 / 100 000	400 / 100 000	350 / 100 000	300 / 100 000
New confirmed TB cases	TB register	-	-	57 921	24 159	46 598	41 181	35 622
KZN Population	Stats SA	-	-	11 417 132	12 079 648	11 649 733	11 766 040	11 873 848

⁹ The current policy states copies should be under 50cc/ml. This will be amended as the new policy is rolled out Nationally

¹⁰ The current policy states copies should be under 50cc/ml. This will be amended as the new policy is rolled out Nationally

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
12. ART adult death rate at 6 months	DHIS	TBD	TBD	1.2%	1%	1.1%	1%	1%
ART adult cumulative death – total	ART register, TIER.net	-	-	2 375	1 979	2 177	1 979	1 979
ART adult start minus cumulative transfer out		-	-	197 918	197 918	197 918	197 918	197 918
13. ART child death rate at 6 months	DHIS	TBD	TBD	1.4%	1%	1.2%	1.1%	1%
ART child cumulative death – total	ART register, TIER.net	-	-	70	50	60	55	50
ART child start minus cumulative transfer out		-	-	5 020	5 020	5 020	5 020	5 020

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 26: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19		2019/20	2020/21	2021/22
Outcome: Reduced morbidity and mortality								
Decreased lost to follow up	1. ART adult remain on ART end of period	1 135 364	1 221 515	1 339 651	1 450 000	1 633 626	1 757 259	1 880 640
Decreased lost to follow up	2. ART child under 15 years remain on ART end of period	52 635	49 601	48 037	46 641	68 068	73 219	78 360

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
Decreased lost to follow up	3. ART adult remain in care rate	69.9%	65.5%	71.1%	70%	80%	85%	90%
	<i>ART adult remain in care – total</i>	1 135 364	1 221 515	1 339 651	1 450 000	1 633 626	1 757 259	1 880 640
	<i>ART adult start minus cumulative transfer out</i>	1 624 268	1 864 908	2 070 557	2 071 428	2 042 032	2 067 363	2 089 600
Decreased lost to follow up	4. ART child remain in care rate	75.5%	73.5%	74.6%	75%	80%	85%	90%
	<i>ART child remain in care – total</i>	52 635	49 601	48 037	46 641	68 068	73 219	78 360
	<i>ART child start minus cumulative transfer out</i>	69 715	67 484	61 428	62 188	85 085	86 140	87 066
Decreased lost to follow up	5. All DS-TB client LTF rate	4.8%	5.5%	6.5%	9%	8%	7%	6%
	<i>All DS-TB client loss to follow-up</i>	3 681	3 588	3 792	4 995	4 240	3 605	3 000
	<i>All DS-TB patients in treatment outcome cohort</i>	76 252	65 693	58 411	55 500	53 000	51 500	50 000
Increase the number of TB XDR cases started on treatment	6. TB XDR treatment start rate	82%	92%	161.4%	96%	96%	97%	97%%
	<i>TB XDR client confirmed start on treatment</i>	125	137	92	54	75	73	70
	<i>TB XDR confirmed client</i>	240	149	57	56	78	75	72
Maintain the number of clients screened for TB to 20 million or more	7. Screened for TB symptoms	18 903 334	24 904 070	27 814 619	28 662 880	20 000 000	20 000 000	20 000 000

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
To maintain the number of HIV tests done at 3 100 000 per annum	8. HIV test done – sum	575 924	3 050 712	3 684 143	4 386 964	3 100 000	3 100 000	3 100 000
Decrease the MUS incidence in KZN to 26 / 1000 by March 2023	9. Male Urethritis syndrome incidence	29.5 / 1000	28.5 / 1000	28.4 / 1000	28.1 / 1000	28 / 1000	27 / 1000	26 / 1000
	<i>MUS Treated – new episode</i>	82 957	80 686	81 869	82 426	85 485	83 399	81 141
	<i>Male population 15- 49 years</i>	2 814 508	2 831 094	2 885 117	3 016 300	3 053 045	3 088 857	3 120 789

QUARTERLY TARGETS 20/21

TABLE 27: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (HAST)

Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short	71%	-	-	-	-
2. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - Long	60%	-	-	-	-
3. All DS-TB client death rate	7%	-	-	-	-
4. All DS-TB client treatment success rate	81%	-	-	-	-
5. ART Death Rate	1.15%	-	-	-	-
6. Adult Viral load suppressed rate	90%	-	-	-	-
7. ART Child viral load suppressed rate	90%	-	-	-	-
8. HIV prevalence among 15-24 year olds (excl ANC)	Baseline to be established	-	-	-	-
9. ART client remain on ART end of month – total	1 701 694	1 547 905	1 599 168	1 650 431	1 701 694
10. HIV incidence	0.52%	-	-	-	-
11. TB Incidence	400 / 100k	-	-	-	-
12. ART adult death rate	1.1%	-	-	-	-
13. ART child death rate	1.2%	-	-	-	-
Output Indicators					
14. ART adult remain on ART end of period	1 633 626	1 495 905	1 541 812	1 587 719	1 633 626
15. ART child under 15 years remain on ART end of period	68 068	51 997	57 354	62 711	68 068
16. ART adult remain in care rate	80%	72%	75%	78%	80%
17. ART child remain in care rate	80%	75%	77%	78%	80%
18. All DS-TB Lost to follow-up	8%	8%	8%	8%	8%
19. TB XDR treatment start rate	96%	90%	92%	94%	96%
20. Screened for TB symptoms	20 000 000	5 000 000	5 000 000	5 000 000	5 000 000
21. HIV test done - sum	3 100 000	775 000	775 000	775 000	775 000
22. MUS incidence	28 / 1000	28 / 1000	28 / 1000	28 / 1000	28 / 1000

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

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 28: OUTCOME INDICATORS (MCWH&N)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Reduced morbidity and mortality								
1. Maternal Mortality in facility Ratio - Total	DHIS	129 / 100 000	<100 / 100 000	88.4 / 100 000	70 / 100 000	85 / 100 000	81/ 100 000	77.6 / 100 000
<i>Maternal death in facility - Total</i>	<i>Maternal death register</i>	-	-	188	146	167	161	157
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) - Total</i>	<i>Delivery register</i>	-	-	212 723	208 003	196 564	199 361	202 199
2. Live Birth under 2 500 g in facility rate - Total	DHIS	TBD	TBD	11.9%	11%	11.5%	11.4%	11.3%
<i>Live birth under 2500g in facility - Total</i>	<i>Delivery register</i>	-	-	24 035	22 665	21 437	21 570	21 701
<i>Live birth in facility - Total</i>	<i>Delivery register</i>	-	-	201 947	206 041	186 412	189 208	192 046
3. Neonatal death in facility rate – Total	DHIS	12 / 1000	< 10 / 1000	11.5 /1000	10.5 / 1000	11.3 / 1000	11.1 / 1000	10.9 / 1000
<i>Neonatal death (under 28 days) in facility - Total</i>	<i>Midnight report</i>	-	-	2 315	2 077	2 106	2 100	2 093
<i>Live birth in facility - Total</i>	<i>Delivery register ,</i>	-	-	201 947	197 850	186 412	189 208	192 046

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
4. Infant PCR test positive around 10 weeks rate	DHIS	TBD	TBD	0.62%	0.4%	0.5%	0.5%	0.5%
<i>Infant PCR test positive around 10 weeks</i>	PHC Comprehensive tick register	-	-	332	213	266	266	266
<i>Infant PCR test around 10 week</i>		-	-	53 330	53 330	53 330	53 330	53 330
5. Death under 5 years against live birth rate - Total	DHIS	TBD	TBD	TBD	1.7%	1.8%	1.8%	1.8%
<i>Death in facility under 5 years - total</i>	Midnight report	-	-	-	3 363	3 355	3 406	3 457
<i>Live birth in facility - total</i>	Delivery register	-	-	-	197 850	186 412	189 208	192 046
6. Child under 5 years diarrhoea case fatality rate – total	DHIS	TBD	TBD	2.2%	1.6%	2%	1.9%	1.8%
<i>Diarrhoea death under 5 years - total</i>	Midnight report	-	-	171	118	152	143	135
<i>Diarrhoea separation under 5 years - total</i>	Ward Register	-	-	7 702	7 403	7 609	7 550	7 496
7. Child under 5 years Pneumonia case fatality rate – total	DHIS	TBD	TBD	2.2%	1.8%	2.2%	2.1%	2.0%
<i>Pneumonia death under 5 years - total</i>	Midnight report	-	-	279	214	270	255	241
<i>Pneumonia separation under 5 years - total</i>	Ward register	-	-	12 370	11 914	12 255	12 157	12 068
8. Child under 5 years Severe acute malnutrition case fatality rate – total	DHIS	TBD	TBD	7.8%	5%	6%	5.7%	5.5%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Severe acute malnutrition (SAM) death in facility under 5 years-total</i>	Midnight report	-	-	179	90	120	112	105
<i>Severe Acute Malnutrition Under 5 inpatient</i>	Ward Register	-	-	2 289	1 800	2 000	1 950	1 900
9. Infant Mortality Rate	ASSA 2008 (2011) Stats ST and RM (2012 onwards)	TBD	TBD	30.9 / 1000 (36.4/1000)¹¹	27 / 1000	29 / 1000	28.5 / 1000	28 / 1000
10. Under 5 mortality rate	ASSA 2008 (2011) Stats ST and RM (2012 onwards)	TBD	TBD	41.7 / 1000 (45/1000)¹²	38 / 1000	40 / 1000	39.5 / 1000	39 / 1000
11. Still Birth in Facility Rate – total	DHIS	TBD	TBD	21.8 / 1000	19 / 1000	21 / 1000	20.5 / 1000	20 / 1000
<i>Still birth in facility- total</i>	Midnight report	-	-	4 500	3 840	4 004	3 966	3 926
<i>Live birth in facility + still birth in facility – Total</i>	Delivery register	-	-	206 438	202109	190 670	193 467	196 305
12. Early Neonatal death Rate – Total	DHIS	TBD	TBD	9 / 1000	7.9 / 1000	8.5 / 1000	8 / 1000	8.1 / 1000
<i>Death in facility 0-6 days - Total</i>	Midnight report	-	-	1 818	1 628	1 723	1 628	1 655
<i>Live birth in facility - Total</i>	Delivery register	-	-	201 947	206 041	202 747	203 556	204 375

¹¹ Stats SA Mid-year estimates 2018

¹² Stats SA Mid-year estimates 2018

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
13. Death in facility under 1 year rate (annualised) - Total	DHIS	TBD	TBD	5.4%	4.6%	5%	4.9%	4.4%
<i>Death in facility under 1 year - total</i>	Midnight report	-	-	3 055	2 498	2 806	2 816	2 577
<i>Inpatient separations under 1 year - Total</i>	Ward register r	-	-	57 009	60 820	56 409	57 478	58 570
14. Death in facility under 5 years rate - total	DHIS	TBD	TBD	3.9%	3.8%	4.2%	4.1%	4.0%
<i>Death in facility under 5 years - total</i>	Midnight report	-	-	3 444	3 577	3 670	3 650	3 627
<i>Inpatient separations under 5 years – total</i>	Ward register	-	-	88 844	94 142	87 391	89 027	90 698
15. Child under 5 years Diarrhoea incidence	DHIS	TBD	TBD	7.9 / 1000	5 / 1000	7 / 1000	6.5 / 1000	6 / 1000
<i>Diarrhoea new in child under 5 years</i>	PHC tick register	-	-	10 553	5 751	8 405	7 728	7 034
<i>Population under 5 years</i>	Stats SA	-	-	1 330 900	1 150 228	1 200 786	1 188 867	1 172 252
16. Child under 5 years Pneumonia incidence	DHIS	TBD	TBD	39.2 / 1000	29 / 1000	38 / 1000	35/ 100	32 / 1000
<i>Pneumonia new in child under 5 years</i>	PHC tick register	-	-	52 169	33 357	45 630	41 610	37 512
<i>Population under 5 years</i>	Stats SA	-	-	1 330 900	1 150 228	1 200 786	1 188 867	1 172 252
17. Child under 5 years severe acute malnutrition incidence	DHIS	TBD	TBD	1.9/ 1000	1.0 / 1000	1.7/1000	1.4/1000	1.2/1000
<i>Child under 5 years with severe acute malnutrition new</i>	PHC tick register	-	-	2 575	1 150	2 041	1 664	1 407

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Population under 5 years	Stats SA	-	-	1 330 900	1 150 228	1 200 786	1 188 867	1 172 252

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 29: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Reduced morbidity and mortality								
Improve uptake of couple year protection	1. Couple year protection rate	53.9%	46.4%	59.6%	52.5%	60%	60%	60%
	Oral pill cycle / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD inserted * 4.5) + (Male condoms distributed / 120) + (Sterilisation - male * 10) + (Sterilisation - female * 10) + (Female condoms distributed / 120) + (Sub-dermal implant inserted * 2.5)	1 599 550	1 401 342	1 827 928	1 605 382	1 900 388	1 921 361	1 945 257
	Population 15-49 years female	2 966 034	3 022 377	3 066 343	3 057 872	3 167 313	3 202 268	3 242 095

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Reduce the number of deliveries in age group 10 to 19 years	2. Delivery 10 to 19 years in facility rate	Not reported	17.6%	17.3%	16.9%	16.6%	16.3%	16%
	<i>[Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]</i>	-	32 502	35 471	38 286	35 668	36 774	37 803
	<i>Delivery in facility – total</i>	-	184 816	204 635	227 154	214 867	225 610	236 891
Increase the number of 1 st antenatal visits before 20 weeks	3. Antenatal 1st visit before 20 weeks rate	70.2%	72.1%	73.2%	75%	75.9%	78.8%	81.8%
	<i>Antenatal 1st visit before 20 weeks</i>	140 867	149 215	162 296	167 120	176 903	192 824	210 178
	<i>Antenatal 1st visit – total</i>	200 689	207 089	221 857	222 830	232 950	244 597	256 827
Increase the number of postnatal visits for mother within 6 days of delivery	4. Mother postnatal visit within 6 days rate	66.8%	76.8%	74.9%	76.9%	77%	78.8%	81.8%
	<i>Mother postnatal visit within 6 days after delivery</i>	120 018	141 992	153 369	174 676	165 448	172 325	182 665
	<i>Delivery in facility total</i>	179 540	184 816	204 635	227 154	214 867	225 610	236 891
Increase the fully immunised under 1 years coverage	5. Immunisation under 1 year coverage	85.4%	81.5%	90.8%	88.8%	88%	90%	90%
	<i>Immunised fully under 1 year</i>	189 516	208 294	233 732	231 190	231 138	236 905	-
	<i>Population under 1 year</i>	221 991	255 475	257 461	259 692	262 657	263 228	TBD
Increase the measles 2 nd dose coverage in children	6. Measles 2nd dose coverage	99.5%	77.5%	77.8% ¹³	82.5%	93%	94%	94%

¹³ DHIS reflects an indicator value of 77.9% however, when the raw data is used in the calculation, the value is 77.8%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
1 years old	Measles 2nd dose	225 110	204 459	204 737	217 388	244 202	246 378	-
	Population aged 1 year	226 330	263 843	262 993	262 148	262 583	262 104	TBD
Increase the vitamin A dose coverage in children 12 – 59 months	7. Vitamin A dose 12-59 months coverage	61.9%	68.6%	70.8%	70%	72%	74%	76%
	Vitamin A dose 12-59 months + COS	1 141 124	1 487 636	1 520 604	1 489 907	1 522 484	1 555 098	1 597 127
	Vitamin A dose 12-59 months							
	Target population 12-59 months * 2	1 841 762	2 167 410	2 146 874	2 128 439	2 114 562	2 101 484	2 101 484
Increase the number of ANC clients initiated on ART to 98% by March 2023	8. ANC clients initiated on ART rate	97.2%	97.2%	98.9%	98.2%	98%	98%	98%
	Antenatal client on start on ART	38 215	31 130	26 972	21 830	19 600	19 600	19 600
	Antenatal client known HIV positive but not on ART at 1 st visit	39 325	32 012	27 259	22 220	20 000	20 000	20 000
Reduced Severe acute malnutrition incidence	9. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose	53.9%	56%	57.3%	60%	63%	65%	66.5%
	DTaP-IPV-Hib-HBV (hexavalent 3 rd dose)	104 402	111 873	118 182	123 431	132 388	140 301	148 790
	Target population	193 202	199 781	206 275	204 718	210 140	215 847	223744
Improve cervical screening coverage for women 30 years and older to 86%	10. Cervical cancer screening coverage 30 years and older	86%¹⁴	79.4%	85.7%	83.5%	85%	85%	86%

¹⁴ Indicator manually calculated using the 2016/17 APP population - DHIS (85.6%) used the updated 2017 population

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	<i>Cervical cancer screening in woman 30 years and older</i>	205 706	183 993	203 457	202 404	212 867	215 404	-
	<i>Population 30 years and older female/10</i>	239 122	231 645	237 421	245 978	250 432	253 416	TBD

QUARTERLY TARGETS 20/21

TABLE 30: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (MCWH&N)

Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Maternal Mortality in facility Ratio - Total	85 / 100 000	-	-	-	-
2. Live Birth under 2 500 g in facility rate	11.5%	-	-	-	-
3. Neonatal death in facility rate	11.3 / 1000	-	-	-	-
4. Infant PCR test positive around 10 weeks rate	0.5%	-	-	-	-
5. Death under 5 years against live birth rate	1.8%	-	-	-	-
6. Child under 5 years diarrhoea case fatality rate	2%	-	-	-	-
7. Child under 5 years Pneumonia case fatality rate	2.2%	-	-	-	-
8. Child under 5 years Severe acute malnutrition case fatality rate	6%	-	-	-	-
9. Infant Mortality Rate	29 / 1000	-	-	-	-
10. Under 5 mortality rate	40 / 1000	-	-	-	-
11. Still Birth in Facility Rate	21 / 1000	-	-	-	-
12. Early Neonatal death Rate	8.5 / 1000	-	-	-	-
13. Death in facility under 1 year rate (annualised) - total	5%	-	-	-	-
14. Death in facility under 5 years rate – total	4.2%	-	-	-	-
15. Child under 5 years diarrhoea incidence	7 / 1000	-	-	-	-
16. Child under 5 years pneumonia incidence	38 / 1000	-	-	-	-
17. Child under 5 years severe acute malnutrition incidence	1.7/1000	-	-	-	-
Output Indicators					
18. Couple year protection rate	60%	60%	60%	60%	60%
19. Delivery 10 to 19 years in facility rate	16.6%	16.6%	16.6%	16.6%	16.6%
20. Antenatal 1st visit before 20 weeks rate	75.9%	74%	74.5%	75%	75.9%
21. Mother postnatal visit within 6 days rate	77%	77%	77%	77%	77%
22. Immunisation under 1 year coverage	88%	88%	88%	88%	88%
23. Measles 2nd dose coverage	93%	84%	87%	90%	93%
24. Vitamin A dose 12-59 months coverage	72%	72%	72%	72%	72%
25. ANC clients initiated on ART rate	98%	98%	98%	98%	98%
26. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3 rd dose	63%	60%	62%	61%	63%
27. Cervical cancer screening	85%	85%	85%	85%	85%

SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 31: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Reduced morbidity and mortality								
1. Malaria case fatality rate	DHIS	TBD	TBD	0.5%	0%	0.4%	0.3%	0.3%
<i>Malaria deaths reported</i>	<i>Malaria Register; Tick Sheets PHC</i>	-	-	7	0	5	4	3
<i>Malaria new case reported</i>	<i>Malaria Register; Tick Sheets PHC</i>	-	-	1 493	1 000	1 300	1 200	1 100
2. Malaria incidence per 1000 population at risk	DHIS	TBD	TBD	0.23 / 1000 pop at risk	0 / 1000	Zero new local infections	Zero new local infections	Zero new local infections
<i>Number of malaria cases (new)</i>	<i>Malaria Register; Tick Register PHC</i>	-	-	162	0	0	0	0
<i>Population Umkhanyakude</i>	<i>DHIS; Stats SA</i>	-	-	696 042	686 893	679 193	681 104	683 096
3. Diabetes Incidence	DHIS	TBD	TBD	2.9 / 1000	2.5 / 1000	2.8 / 1000	2.7 / 1000	2.6 / 1000
<i>Diabetes client treatment new</i>	<i>PHC tick register</i>	-	-	17 616	30 199	32 619	31 768	30 872

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>KZN Population total</i>	<i>Stats SA</i>	-	-	11 417 132	12 079 648	11 649 733	11 766 040	11 873 848
4. Hypertension Incidence	DHIS	TBD	TBD	29.5 / 1000	20 / 1000	28 / 1000	26 / 1000	24 / 1000
<i>Hypertension client treatment new</i>	<i>PHC tick register</i>	-	-	336 805	241 593	326 193	305 917	284 972
<i>KZN Population total</i>	<i>Stats SA</i>	-	-	11 417 132	12 079 648	11 649 733	11 766 040	11 873 848

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 32: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Reduced morbidity and mortality								
Improve the quality of Mental health screening at a PHC level	1. Mental disorders Screening Rate	22.4%	34.6%	41%	43.6%	35%	35%	35%
	<i>PHC client screened for mental disorder</i>	6 550 458	9 834 835	11 621 594	12 618 574	10 128 077	10 330 639	10 537 252
	<i>Total PHC headcount</i>	29 200 948	28 403 348	28 369 964	28 947 560	28 937 363	29 516 111	30 106 433
Increase access to rehabilitative services	2. Clients accessing rehab services	Not collected	Not collected	719 058	732 668	680 000	680 000	680 000

TABLE 33: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (DISEASE PREVENTION AND CONTROL)

Indicators	Targets 2020/21	Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Malaria case fatality rate	0.4%	-	-	-	-
2. Malaria incidence per 1000 population at risk	Zero new local infections	-	-	-	-
3. Diabetes Incidence	2.8 / 1000	-	-	-	-
4. Hypertension Incidence	28 / 1000	-	-	-	-
Output Indicators					
5. Mental Health Screening	35%	35%	35%	35%	35%
6. Clients accessing rehab services	680 000	170 000	170 000	170 000	170 000

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 2 outputs are largely geared towards improving the outcome of Reduced Morbidity and Mortality. In addition, the output "Patients and family treated with courtesy and consideration" assists towards Improved Client experience of care. Below are some of the MEC initiatives that are aimed at improving outcomes for Programme 2.

Some of the MEC initiatives towards achieving the outcomes of Programme 1 include:

#ISIBHEDLELAKUBANTU: In this initiative, a number of doctors, nurses and allied health care professionals visit communities who live far from clinics and district hospitals with mobile clinics in the aim to provide free health care closer to where people are. This program features screening and testing for non-communicable diseases, eye screening, wheelchair assessment for the elderly and many more other services only available at clinics or hospitals.

SIKHULEKIL'EKHAYA: Reaching out to the communities in their households, ensuring communities receive Primary Health Care. The outreach teams conduct comprehensive health assessment at households targeting all age groups.

LULISANDLA HEALTH PROFESSIONALS VOLUNTEER PROGRAMME: Lulisandla Health Volunteer Programme encourages health professionals at head office and district offices to give back their expertise in the institution of choice. Most officials at head office and district offices have particular skills which are highly needed in our facilities (hospitals and clinics). Even the teeniest good deed from our officials can ignite change and positively impact in our clinics and hospitals by providing a renewed sense of hope. By offering their skills to our institutions, the professionals will assist clinics and hospital so much with highly needed expertise and contribute to the common good. When professionals are giving back their time to our facilities they are also touching many people's lives. The overall objective for the top management and the executive to embark on this quarterly voluntary programme dubbed #Lulisandla Health Professionals Volunteer Programme – is for the health professionals and administrators at head office and district offices to give back their time and skills, in a bid of transferring essential skills to reduce workload, understand and improve the abilities and

comfort levels of employees, and to assist with necessary expertise to ease pressure off the employees.

#FABULOUS ABOUT HEALTH

Department of Health quarterly programme aimed at bringing health care services under the auspices of #IsibhedlelaKubantu to the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI+) community. These services include immunizations, disease screenings, blood pressure testing, first aid classes and family planning counselling, diabetes, high blood pressure, hypertension, cancer of the cervix, breast and prostate, family planning, voluntary counselling and testing for HIV/AIDS and TB, while also providing dental care services, and also screening for eye-related ailments, to treating those who are seriously ill with complex conditions.

#IWILLGRADUATEALIVE / #HEALTHYSTUDENTS #HEALTHYGRADUATES: The Department is embarking on a Tertiary Education Health Awareness Programme to focus on universities, universities of technology, and TVET Colleges, every eight weeks the Department will visit one institution of higher learning with all the health services, as the Department is determined to ensure that no student drops out of college due to unplanned pregnancy, sexually-transmitted infection, or complications related to botched termination of pregnancy or cancer. The initiative sees scores of students being tested for HIV, other sexually transmitted infections, TB, and blood-sugar levels, while others underwent Pap Smears.

#OWEZEMPILOEREYDWENIYAKHO: Through a monthly programme called #OwezempiloEreydweniYakho, the Department is using radio to empower and engage the public, working collaboratively to discover, understand, and voice community needs, concerns, and aspirations. The program enables the citizens at the hall as they engage the Department and those at home listening to radio to better understand their health department programmes whilst giving live feedback which is paramount for positive social change. When the listeners hear people from their own community making recommendations that yields positive spinoffs, with better health influence, hygiene and positive social practices. It also brings about empowerment by educating people on their domestic and public rights and encouraging communities to be more open about communicable diseases, whilst providing information on a wide range of health services to improve the health and well-being of our people.

#WEEKENDSPECIAL: QUARTERLY MEDICAL AND UROLOGISTS CAMP: #WeekendSpecial concept emanated after the department realized that there is a huge backlog and the high waiting periods in our health care facilities due to the shortage of the urologist. The Department in the 6th administration decided to face this bottleneck head-on by hosting one weekend camp quarterly known as #WeekendSpecial or the Medical and Urologists Camp with highly trained specialist surgeons who use both medication and surgery as part of a comprehensive approach for people with urological problems, including cancer surgeons who treat cancer of the urinary bladder, kidneys, prostate, and testis, and physicians who specializes in diseases of the urinary tract and the male and female reproductive system.

#ANTI-ILLEGAL TERMINATION OF PREGNANCY: This campaign is to enhance access to safe and legal termination of pregnancy, in line with prescripts of the Constitution. Historically, many women have lost their lives or suffered morbidity due to complications from illegal practitioners of backstreet termination of pregnancy. Access to safe termination of pregnancy has been found to be highly beneficial.

EKHOSOMBENI LAMAJITA OUTREACH PROGRAMME: Through this programme the Department wants to ensure that men especially in townships become active members of the community who positively impact on the younger generation. This informal township style gathering will also serve to alert both old and young men about gender-based violence, sexual assaults and crimes. It will also share the challenges that are faced by men's in their household and in the community where they live. It is also aimed at encouraging men to lead a healthy lifestyle by sticking to a balanced diet and by taking care of their bodies through physical exercise and training.

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Programme 2)

TABLE 34: SUMMARY OF PAYMENTS AND ESTIMATES (R'000) (PROGRAMME 2)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
District Management	291 190	302 062	299 310	330 183	311 903	316 301	327 176	351 035	372 775
Community Health Clinics	3 915 857	4 020 491	4 332 048	4 655 651	4 594 447	4 607 351	4 848 112	5 185 294	5 469 869
Community Health Centres	1 500 268	1 625 352	1 753 904	1 920 597	1 903 925	1 906 306	1 992 483	2 120 397	2 248 133
Community Based Services	215 486	306 225	376 013	443 901	423 119	411 196	363 595	422 194	442 459
Other Community Services	997 211	1 071 475	1 163 629	1 280 915	1 398 535	1 331 388	1 415 837	1 513 176	1 593 657
HIV and AIDS	4 499 037	5 018 680	5 715 614	5 840 628	5 840 628	5 840 628	6 453 922	7 344 740	7 733 716
Nutrition	44 940	41 940	31 929	59 739	40 724	38 165	62 523	66 489	69 680
Coroner Services	180 085	221 828	222 990	265 208	255 208	250 034	265 516	287 916	305 574
District Hospitals	6 503 837	7 124 263	6 906 627	7 640 117	7 799 731	7 866 851	8 112 368	8 588 578	9 110 920
Sub-Total	18 147 911	19 732 316	20 802 064	22 436 939	22 568 220	22 568 220	23 841 532	25 879 819	27 346 783
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	18 147 911	19 732 316	20 802 064	22 436 939	22 568 220	22 568 220	23 841 532	25 879 819	27 346 783

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

TABLE 35: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 2)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Current payments	17 605 153	18 890 919	20 142 620	21 787 483	21 943 168	21 911 526	23 280 613	25 174 421	26 607 529
Compensation of employees	11 533 363	12 229 725	12 946 954	14 499 544	14 245 200	14 189 649	14 945 792	15 802 985	16 777 288
Goods and services	6 070 884	6 660 677	7 193 365	7 287 524	7 697 544	7 721 466	8 334 383	9 370 973	9 829 756
Communication	68 421	56 899	55 733	63 588	52 276	52 459	55 769	58 090	60 878
Computer Services	1 457	2 165	-	1 354	-	867	-	-	-
Consultants, Contractors and special services	157 734	239 880	199 307	298 847	217 595	209 067	255 703	269 538	282 476
Inventory	3 736 916	3 830 037	4 248 325	4 102 541	4 239 150	4 269 315	4 735 779	5 472 615	5 744 280
Operating leases	37 548	25 999	27 793	34 965	41 558	39 762	52 495	55 226	57 877
Travel and subsistence	24 113	22 241	24 052	33 293	37 149	39 909	40 558	42 719	44 769
Maintenance, repair and running costs	92 461	106 154	114 884	122 910	97 583	118 299	104 762	109 485	114 738
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	1 952 234	2 377 302	2 523 271	2 630 026	3 012 233	2 991 788	3 089 317	3 363 300	3 524 738
Interest and rent on land	906	517	2 301	415	424	411	438	463	485
Transfers and subsidies to	474 768	618 250	473 637	392 529	378 500	400 410	406 585	430 089	450 732
Provinces and municipalities	154 750	219 658	215 277	225 396	225 397	218 744	237 793	250 872	262 914
Departmental agencies and accounts	107	151	98	47	29	126	49	51	53

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	171 372	113 929	46 009	51 034	51 034	48 988	52 865	55 773	58 450
Households	148 539	284 512	212 253	116 052	102 040	132 552	115 878	123 393	129 315
Payments for capital assets	67 960	223 128	185 747	256 927	246 552	256 284	154 334	275 309	288 522
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	67 960	223 128	185 747	256 927	246 552	256 284	154 334	275 309	288 522
Payment for financial assets	30	19	60	-	-	-	-	-	-
Total economic classification	18 147 911	19 732 316	20 802 064	22 436 939	22 568 220	22 568 220	23 841 532	25 879 819	27 346 783
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	18 147 911	19 732 316	20 802 064	22 436 939	22 568 220	22 568 220	23 841 532	25 879 819	27 346 783

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 2)

Programme 2 is allocated 49.61 % of the Vote 7 budget in 2020/21, down from 49.98% in the 2019/20 revised estimate. This amounts to an increase of R1 273 billion

UPDATED KEY RISKS AND MITIGATION

TABLE 36: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 2)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Medico-Legal Litigation	<ul style="list-style-type: none"> Roll out of the approved clinical governance and quality improvement policy in order to standardize structures, management approach and activities at all levels.
Management of Pharmaceutical Stock	<ul style="list-style-type: none"> 'PHC: Co-ordinate annual trainings on KZN PHC Medicine Supply Management SOPs per District/Su-district and monitor compliance to the SOPs using a Provincial standardised tool. Hospitals: Revise and strengthen the implementation of Rx Solution SOPs and standardise Rx Solution Management Reports
Poor of Management of records and documents	<ul style="list-style-type: none"> Re-enforce implementation of Records Management policy, procedure manual and circulars. Step up training and inspections. Advocate for adequate and appropriate staff Lobby for budget increases to increase physical registries
Outcome: Reduced morbidity and mortality	
High turnover of medical , nursing and allied specialists	<ul style="list-style-type: none"> Implement the Decentralized Clinical Training Programme. Centralise co-ordination of clinical outreach and "inreach" Programme
Inability to reduce the burden of disease from TB and HIV	<ul style="list-style-type: none"> Establish a call centre that will monitor and call back patients who have defaulted
Inability to effectively manage SHP programmes.	<ul style="list-style-type: none"> Engage SCM & IT to procure and install (high capacity desk top computers for TB, desktop computers for clinics, laptops for staff and connectivity especially in clinics)
Inability to reduce burden of non-communicable disease	<ul style="list-style-type: none"> Initiate recruitment of required allied professional staff (Implementation depends on approval of the minimum staff establishment) Lobby at ManCo to engage treasury and Cabinet to rescind the HR circular on non-exempt posts.
Global outbreak	<ul style="list-style-type: none"> Case management Epidemic preparedness plans in place and implemented in line with NICD guidelines

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).

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 37: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health Coverage								
Improve access to specialised services	1. EMS P1 urban response under 30 minutes rate¹⁵	New indicator	New indicator	New indicator	New indicator	Baseline to be established	Targets to be determined	Targets to be determined
	<i>EMS P1 urban response under 30 minutes</i>	-	-	-	-	-	-	-
	<i>EMS P1 urban responses</i>	-	-	-	-	-	-	-
Improve access to specialised services	2. EMS P1 rural response under 60 minutes rate¹⁶	New indicator	New indicator	New indicator	New indicator	Baseline to be established	Targets to be determined	Targets to be determined
	<i>EMS P1 rural response under 60 minutes</i>	-	-	-	-	-	-	-
	<i>EMS P1 rural responses</i>	-	-	-	-	-	-	-
Improve access to specialised services	3. Average number of daily operational ambulances¹⁷	180	188	200	200	210	220	290

¹⁵ Indicator changed from Urban response under 15 minutes

¹⁶ Indicator changed from Rural response under 40 minutes

¹⁷ This will include improved fleet management, maintenance, purchase/allocation of new ambulances and appointment of staff

QUARTERLY TARGETS FOR 20/21**TABLE 38: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (EMS)**

Output Indicators	Annual Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. EMS P1 urban response under 30 minutes rate	Baseline to be determined	-	-	-	-
2. EMS P1 rural response under 60 minutes rate	Baseline to be determined	-	-	-	-
3. Average number of daily operational ambulances	210	190	200	200	210

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 3 outputs are largely geared towards the outcome of Universal health coverage.

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (EMS)

TABLE 39: EXPENDITURE ESTIMATES (EMS)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Emergency Services	1 114 738	1 251 736	1 306 286	1 457 574	1 412 163	1 464 210	1 427 827	1 574 581	1 657 773
Planned Patient Transport	94 525	125 841	140 364	173 584	158 883	140 529	184 548	205 462	216 047
Sub-Total	1 209 263	1 377 577	1 446 650	1 631 158	1 571 046	1 604 739	1 612 375	1 780 043	1 873 820
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 209 263	1 377 577	1 446 650	1 631 158	1 571 046	1 604 739	1 612 375	1 780 043	1 873 820

TABLE 40: SUMMARY OF PROVINCIAL EXPENDITURE ESTIMATES BY ECONOMIC CLASSIFICATION (EMS)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Current payments	1 189 528	1 325 342	1 377 060	1 529 356	1 426 010	1 433 335	1 563 122	1 666 735	1 755 074
Compensation of employees	866 530	950 621	976 075	1 157 276	1 042 533	1 038 618	1 167 633	1 239 824	1 307 671
Goods and services	322 937	374 715	400 915	372 080	383 477	394 717	395 489	426 911	447 403
Communication	9 395	9 262	8 931	12 111	8 788	8 771	9 237	9 717	10 183
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	1 782	2 663	2 225	1 322	2 026	2 296	2 093	2 202	2 308

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Inventory	27 707	14 131	31 430	25 962	21 717	25 094	27 802	29 269	30 674
Operating leases	1 624	1 085	1 270	1 712	2 107	2 375	1 946	2 047	2 146
Travel and subsistence	1 961	2 434	3 511	2 310	3 672	4 118	2 768	2 912	3 052
Maintenance, repair and running costs	179 855	236 383	241 683	229 243	239 185	253 241	245 260	268 534	281 423
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	100 613	108 757	111 865	99 420	105 982	98 822	106 383	112 230	117 617
Interest and rent on land	61	6	70	-	-	-	-	-	-
Transfers and subsidies to	3 779	4 699	3 788	5 609	3 843	2 972	5 918	6 243	6 542
Provinces and municipalities	2 001	2 834	1 592	2 793	2 697	1 781	2 947	3 109	3 258
Departmental agencies and accounts	2	-	-	2	-	-	2	2	2
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 776	1 865	2 196	2 814	1 146	1 191	2 969	3 132	3 282
Payments for capital assets	15 956	47 536	65 802	96 193	141 193	168 432	43 335	107 065	112 204
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	15 956	47 536	65 802	96 193	141 193	168 432	43 335	107 065	112 204
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	1 209 263	1 377 577	1 446 650	1 631 158	1 571 046	1 604 739	1 612 375	1 780 043	1 873 820
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 209 263	1 377 577	1 446 650	1 631 158	1 571 046	1 604 739	1 612 375	1 780 043	1 873 820

PERFORMANCE AND EXPENDITURE TRENDS (EMS)

Programme 3 is allocated 3.4 % of the Vote 7 budget in 2020/21, down from 3.6% in the 2019/20 revised estimate. This amounts to an increase of R 7 636 000.

UPDATED KEY RISKS AND MITIGATION FOR EMS

TABLE 41: UPDATED KEY RISKS AND MITIGATION (EMS)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Missing equipment in ambulances (Medical equipment and Vehicle equipment)	<ul style="list-style-type: none"> Finalise SOP on EMS Equipment Handover-Procedures in Health Facilities Improve handing over at base level Please note that an action plan consists of 5 characteristics, it must be specific, measurable, attainable, relevant and time based. Filling of posts; Shift Leaders, Station Leaders, Sub-District Managers, EMS District Managers
Shortage of emergency Ambulances to meet service demand (to comply with the norm 1:10000)	<ul style="list-style-type: none"> Establish a forum to engage Transit Solutions on EMS fleet challenge Vehicle Replacement Plan Lobby for funding for the implementation of vehicle replacement policy
Outcome: Reduced morbidity and mortality	
Global outbreaks	<ul style="list-style-type: none"> Training of EMS staff on outbreaks by PHOC, Provincial and District Management identification of customised vehicles for isolation units by EMS Provincial and District Management

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.

OUTCOMES INDICATORS FOR PROVINCIAL HOSPITALS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 42: OUTCOME INDICATORS (PROVINCIAL HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Improved client experience of care								
1. Patient Experience of Care satisfaction rate – Regional Hospitals	Patient surveys	TBD	TBD	81%	85.1%	81.8%	82.6%	83.4%
<i>Patient experience of care survey satisfied responses</i>	Patient surveys	-	-	4547	5020	4638	4731	4825
<i>Patient experience of care survey total responses</i>	Patient surveys	-	-	5613	5899	5669	5726	5783
2. Patient Safety Incident (PSI) case closure rate	Ideal Health Facility information system	TBD	TBD	86%	93.2%	87.3%	89%	90%
<i>Patient Safety Incident (PSI) case closed</i>	<i>Ideal Health Facility information system</i>	-	-	240	247	241	243	244

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Patient Safety Incident (PSI) case reported</i>	<i>Ideal Health Facility information system</i>	-	-	279	265	276	273	271
Outcome: Reduced morbidity and mortality								
3. Maternal Mortality in facility ratio (Regional Hospitals)	DHIS	TBD	TBD	107.9 / 100 000	79.4/100 000	101.5/100 000	95.4/100 000	89.8/100 000
<i>Number of maternal deaths</i>	<i>Maternal register</i>	-	-	82	62	74	71	68
<i>Live births & BBAs</i>	<i>Delivery register</i>	-	-	76 025	77 516	73 138	74 209	75 295
4. Neonatal death in facility rate	DHIS	TBD	TBD	16.4/1 000	15/1 000	16.1/1 000	15.8/1 000	15.5/1 000
<i>Neonatal 0 – 28 days death in facility</i>	<i>Midnight report</i>	-	-	1 157	1 136	1 149	1 144	1 139
<i>Live birth in facility</i>	<i>Delivery register</i>	-	-	70 681	75 725	71 347	72 417	73 503
5. Death under 5 years against live birth rate –Regional Hospital	DHIS	TBD	TBD	2.1%	1.5%	1.9%	1.8%	1.7%
<i>Number of deaths under 5 in facility</i>	<i>Midnight report</i>	-	-	1 566	1 336	1 356	1 304	1 250
<i>Live births in facility</i>	<i>Delivery register</i>	-	-	76 025	75 725	71 347	72 417	73 503
6. Child under 5 years diarrhoea case fatality rate –Regional Hospital	DHIS	TBD	TBD	2.4%	1.3%	2.1%	1.8%	1.6%
<i>Number of diarrhoea deaths under 5 years</i>	<i>Ward register</i>	-	-	68	40	61	55	50
<i>Under 5 diarrhoea separations</i>	<i>Ward register</i>	-	-	2 874	3 173	2 931	2 990	3 050

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
7. Child under 5 years pneumonia case fatality rate –Regional Hospital	DHIS	TBD	TBD	2.4%	1.3%	2.1%	1.8%	1.6%
<i>Number of pneumonia deaths under 5 years</i>	Ward register	-	-	100	59	90	81	73
<i>Under 5 pneumonia separations</i>	Ward register	-	-	4 241	4 682	4 326	4 412	4 501
8. Child under 5 years Severe acute malnutrition case fatality rate –Regional Hospital	DHIS	TBD	TBD	9%	5.8%	7%	6%	5%
<i>Child under 5 Severe Acute Malnutrition deaths</i>	Ward register	-	-	76	40	45	44	44
<i>Child under 5 Severe Acute Malnutrition inpatient</i>	Ward register	-	-	839	690	835	765	740
9. Death in facility under 5 years rate	DHIS	NA	NA	4.4%	4%	4.8%	4.6%	4.4%
<i>Death in facility under 5 years - total</i>	Ward register	-	-	1 703	1 710	1 890	1 845	1 800
<i>Inpatient separations under 5 years - total</i>	Ward register	-	-	38 610	42 629	39 382	40 170	40 973
10. Still Birth in Facility Rate	DHIS	NA	NA	28.8/1000	20.2/1000	26.9/1000	25/1000	23.3/1000
<i>Number of Stillbirths in facility</i>	Midnight report	-	-	2 209	1 572	1 976	1 863	1 762
<i>Number of live births + stillbirths</i>	Delivery register	-	-	76 587	77 834	73 456	74 526	75 612
11. Death in facility under 1 year	DHIS	NA	NA	5.3%	4.8%	5.2%	5.1%	5%
<i>Death in facility under 1 year - total</i>	Ward register	-	-	1 422	1 296	1 404	1 377	1 350
<i>Inpatient separations under 1 year - total</i>	Ward register	-	-	27 059	27 000	27 000	27 000	27 000

SUB-PROGRAMME: REGIONAL HOSPITALS

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 43: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19		2019/20	2020/21	2021/22
Outcome: Universal Health Coverage								
Reduce the average length of stay to 5.3 days	1. Average length of stay	6.1 Days	6.3 Days	6.3 Days	6.2 Days	6.3 Days	6.2 Days	6.2 Days
	<i>Inpatient days</i>	1650 892	1 788 569	1 831 609	1 870 048	1 937 075	2 048 829	2 167 257
	<i>½ Day Patients</i>	23 087	28 196	24 908	24 029	2 7862	31 203	34 982
	<i>Inpatient separations total</i>	274 589	288 483	296 548	304 002	314 334	333 202	353 218
Maintain the bed utilisation rate at 75%	2. Inpatient bed utilisation rate	67.9%	71.7%	73.3%	74.6%	73.4%	73.5%	73.5%
	<i>Inpatient days</i>	1650 892	1 788 569	1 831 609	1 870 048	1937075	2048829	2167257
	<i>½ Day Patients</i>	23 087	28 196	24908	24 029	27 862	31 203	34 982
	<i>Inpatient bed days available</i>	2 322 136	2 535 233	2 532 070	2 539 401	2 677 664	2 831 677	2 994 599
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	R 3 034	R 3 127	R 3 068	R 3 262	R 3 220	R 3 379	R 3 547
	<i>Expenditure – total Tertiary Hospital ('000)</i>	R 7 822 649	R 8 469 490	R 8 543 973	R 9 274 849	R 9 056 611	R 9 600 008	R 10 176 008
	<i>Patient day equivalents</i>	2 578 105	2 708 807	2 784 817	2 842 814	2 812 665	2 840 792	2 869 200
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence	4. Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not collected	Not collected	75%	77.3%	76.2%	78%	79%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
reported within 24 hrs rate	Severity assessment code (SAC) 1 incident reported within 24 hours	-	-	48	136	48	49	49
	Severity assessment code (SAC) 1 incident reported	-	-	64	176	63	63	62
Patients and family treated with courtesy and consideration	5. Percentage of Complaints on patient care	Not collected	Not collected	43.2%	21.6%	42.1%	41.1%	40%
	No. of complaints on patient care	-	-	361	324	350	340	330
	Total number of complaints	-	-	836	1 498	832	828	824
Patients and family treated with courtesy and consideration	6. Percentage of Complaints on waiting Times	Not collected	Not collected	12.2%	25.5%	11.8%	11.5%	11.2%
	No. of complaints on waiting times	-	-	102	382	98	95	92
	Total number of complaints	-	-	836	1 498	832	828	824
Patients and family treated with courtesy and consideration	7. Percentage of Complaints on staff Attitude	Not collected	Not collected	15.9%	13.4%	15.1%	14.5%	13.8%
	No. of complaints on staff attitude	-	-	133	200	126	120	114
	Total number of complaints	-	-	836	1 498	832	828	824
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	8. Number of Health Care Associated Infections (HCAI)	Not collected	Not collected	13	18	12	12	11

QUARTERLY TARGETS FOR 20/21

TABLE 44: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (REGIONAL HOSPITALS)

Indicators	Annual Target 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Patient Experience of Care satisfaction rate	81.8%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	87.3%	-	-	-	-
3. Maternal Mortality in facility ratio	101.5/ 100k	-	-	-	-
4. Neonatal death in facility rate	16.1/ 1000	-	-	-	-
5. Death under 5 years against live birth rate	1.9%	-	-	-	-
6. Child under 5 years diarrhoea case fatality rate	2.1%	-	-	-	-
7. Child under 5 years pneumonia case fatality rate	2.1%	-	-	-	-
8. Child under 5 years Severe acute malnutrition case fatality rate	7%	-	-	-	-
9. Death in facility under 5 years	4.8%	-	-	-	-
10. Still birth in facility rate	26.9/1000	-	-	-	-
11. Death in facility under 1 year	5.2%	-	-	-	-
Output indicators					
12. Average length of stay	6.3 Days	6.2 Days	6.3 Days	6.2 Days	6.3 Days
13. Inpatient bed utilization rate	73.4%	71.6%	75.4%	72.4%	74.1%
14. Expenditure per PDE	R 3 220	R 3 187.8	R 3 399.9	R 3 235.4	R 3 054.9
15. Severity assessment code (SAC) 1 incident reported within 24 hours rate	76.2%	76.2%	76.2%	76.2%	76.2%
16. % Complaints on patient care	42.1%	42.1%	42.1%	42.1%	42.1%
17. % Complaints on waiting Times	11.8%	11.8%	11.8%	11.8%	11.8%
18. % Complaints on staff Attitudes	15.1%	15.1%	15.1%	15.1%	15.1%
19. Health Care Associated Infections	12	3	3	3	3

SUB-PROGRAMME: SPECIALISED TB HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 45: OUTCOME INDICATORS (TB HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Baseline (2018/19)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate	Patient surveys	-	-	92%	97.3%	93.7%	93.8%	95.2%
<i>Patient experience of care survey satisfied responses</i>	Patient surveys	-	-	131	145	134	136	139
<i>Patient experience of care survey total responses</i>	Patient surveys	-	-	142	149	143	145	146
2. Patient Safety Incident (PSI) case closure rate	Ideal Health Facility information system	-	-	88%	97.9%	89.8%	89.8%	93.8%
Patient Safety Incident (PSI) case closed	Ideal Health Facility information system	-	-	44	46	44	44	45
Patient Safety Incident (PSI) case reported	Ideal Health Facility information system	-	-	50	47	49	49	48

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 46: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TB HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal Health Coverage								
Reduce the average length of stay to 5.3 days	1. Average length of stay	48.4 Days	48 Days	44.9 Days	50.2 Days	60 Days	60 Days	60 Days
	<i>Inpatient days</i>	159 750	135 359	87 703	76 102	117 522	117 522	117 522
	<i>½ Day Patients</i>	550	94	2	0	2	2	2
	<i>Inpatient separations total</i>	3 306	2 822	1 955	1 516	1 959	1 959	1 959
Maintain the bed utilisation rate at 75%	2. Inpatient bed utilisation rate	51.9%	43.7%	36.5%	34.2%	36.9%	37.4%	40%
	<i>Inpatient days</i>	159 750	135 359	87 703	76 102	117 522	157 480	180 000
	<i>½ Day Patients</i>	550	94	2	0	2	2	2
	<i>Inpatient bed days available</i>	374 490	309 736	240 561	222 309	318 142	420 747	450 449
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	R 4 742	R 4 750	R 6 189.9	R 7 615.7	R 6 220.7	R 6 251.6	R 6 282.7
	<i>Expenditure – total Tertiary Hospital ('000)</i>	R 776 902	R 788 127	R 697 284	R 706 093	R 704 256	R 711 299	R 718 412
	<i>Patient day equivalents</i>	163 828	165 929	112 649	92 715	113 212	113 778	114 347
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	4. Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not collected	Not collected	80%	100%	88.9%	100%	100%
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	8	120	8	8	8

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Severity assessment code (SAC) 1 incident reported	-	-	10	120	9	8	8
Patients and family treated with courtesy and consideration	5. Percentage of complaints on patient care	Not collected	Not collected	11.0%	9.6%	11.1%	10.3%	9.5%
	<i>No. of complaints on patient care</i>	-	-	13	26	13	12	11
	<i>Total number of complaints</i>	-	-	118	272	117	116	116
Patients and family treated with courtesy and consideration	6. Percentage of complaints on waiting Times	Not collected	Not collected	18.6%	24.3%	17.9%	17.2%	16.4%
	<i>No. of complaints on waiting times</i>	-	-	22	66	21	20	19
	<i>Total number of complaints</i>	-	-	118	272	117	116	116
Patients and family treated with courtesy and consideration	7. Percentage of complaints on staff Attitude	Not collected	Not collected	0%	17.6%	17%	16%	15%
	<i>No. of complaints on staff attitude</i>	-	-	0	48	46	43	41
	<i>Total number of complaints</i>	-	-	118	272	271	269	116
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	8. Health Care Associated Infections	Not collected	Not collected	2	0	2	1	1

QUARTERLY TARGETS FOR 20/21

TABLE 47: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (TB HOSPITALS)

Indicators	Annual Target 2020/21	Target			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Patient Experience of Care satisfaction rate	93.7%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	89.8%	-	-	-	-
Output Indicators					
3. Average length of stay	60 Days	60.1 Days	60.1 Days	60 Days	59.8 Days
4. Inpatient bed utilisation rate	36.9%	37%	37%	37%	36.8%
5. Expenditure per PDE	R 6 220.7	R 6 220.7	R 6 220.7	R 6 220.5	R 6 220.7
6. Severity assessment code (SAC) 1 incident reported within 24 hours rate	88.9%	88.9%	88.9%	88.9%	88.9%
7. Percentage of Complaints on patient care	11.1%	11.1%	11.1%	11.1%	11.1%
8. Percentage of Complaints on waiting Times	17.9%	17.9%	17.9%	17.9%	17.9%
9. Percentage of Complaints on staff Attitudes	17%	17%	17%	17%	17%
10. Health Care Associated Infections	2	1	1	0	0

SUB-PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 48: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome: Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate	Patient surveys	-	-	88%	92.6%	88.7%	89.8%	90.4%
<i>Patient experience of care survey satisfied responses</i>	Patient surveys	-	-	169	187	172	176	179
<i>Patient experience of care survey total responses</i>	Patient surveys	-	-	192	202	194	196	198
2. Patient Safety Incident (PSI) case closure rate	Ideal Health Facility information system	-	-	94.6%	96%	95.5%	95.5%	95.5%
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	-	192	190	193	192	191
<i>Patient Safety Incident (PSI) case reported</i>	Ideal Health Facility information system	-	-	203	198	202	201	200

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 49: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PSYCHIATRIC HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance 2019/20	Medium Term Targets		
		2016/17	2017/18	2018/19		2020/21	2021/22	2022/23
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	1. Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not collected	Not collected	60%	83.3%	64.3%	71.4%	78.6%
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	9	20	9	10	11
	<i>Severity assessment code (SAC) 1 incident reported</i>	-	-	15	24	14	14	14
Patients and family treated with courtesy and consideration	2. Percentage of complaints on patient care	Not collected	Not collected	25.9%	39%	24.1%	23.2%	21.8%
	<i>No. of complaints on patient care</i>	-	-	15	46	14	13	12
	<i>Total number of complaints</i>	-	-	58	118	58	56	55
Patients and family treated with courtesy and consideration	3. Percentage of complaints on waiting Times	Not collected	Not collected	0%	5.1%	4.2%	3.4%	2.6%
	<i>No. of complaints on waiting times</i>	-	-	0	6	5	4	3
	<i>Total number of complaints</i>	-	-	58	118	58	56	55
Patients and family treated with	4. Percentage of complaints on staff Attitude	Not collected	Not collected	6.9%	10.2%	5.2%	3.55	1.8%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance 2019/20	Medium Term Targets		
		2016/17	2017/18	2018/19		2020/21	2021/22	2022/23
courtesy and consideration	<i>No. of complaints on staff attitude</i>	-	-	4	12	3	2	1
	<i>Total number of complaints</i>	-	-	58	118	58	56	55
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	5. Health Care Associated Infections	Not collected	Not collected	29	6	28	27	26

QUARTERLY TARGETS 20/21

TABLE 50: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PSYCHIATRIC HOSPITALS)

Indicators	Annual Target 2020/21	Target			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Patient Experience of Care satisfaction rate	88.7%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	95.5%	-	-	-	-
Output Indicators					
3. Severity assessment code (SAC) 1 incident reported within 24 hours rate	64.3%	64.3%	64.3%	64.3%	64.3%
4. Percentage of Complaints on patient care	24.1%	24.1%	24.1%	24.1%	24.1%
5. Percentage of Complaints on waiting Times	4.2%	4.2%	4.2%	4.2%	4.2%
6. Percentage of Complaints on staff Attitudes	5.2%	5.2%	5.2%	5.2%	5.2%
7. Health Care Associated Infections	28	7	7	7	7

SUB-PROGRAMME: CHRONIC/ SUB-ACUTE HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 51: OUTCOME INDICATORS (CHRONIC HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
Outcome; Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate	Patient surveys	-	-	79%	83.3%	79.5%	80.9%	81.1%
<i>Patient experience of care survey satisfied responses</i>	Patient surveys	-	-	122	135	124	127	129
<i>Patient experience of care survey total responses</i>	Patient surveys	-	-	154	162	156	157	159
2. Patient Safety Incident (PSI) case closure rate	Ideal Health Facility information system	-	-	95.8%	100%	96.5%	97.1%	98.6%
<i>Patient Safety Incident (PSI) case closed</i>	Ideal Health Facility information system	-	-	136	137	136	136	137
<i>Patient Safety Incident (PSI) case reported</i>	Ideal Health Facility information system	-	-	142	137	141	140	139

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

TABLE 52: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CHRONIC HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal Health Coverage								
Reduce the average length of stay to 5.3 days	1. Average length of stay	32.3 Days	39.1 Days	35.9 Days	34.5 Days	45 Days	45 Days	45 Days
	<i>Inpatient days</i>	99 887	90 296	96875	92 722	121 820	121 820	121 820
	<i>½ Day Patients</i>	9	0	6	0	6	6	6
	<i>Inpatient separations total</i>	3 089	2 312	2 702	2 690	2 705	2 705	2 705
Maintain the bed utilisation rate at 75%	2. Inpatient bed utilisation rates	52.1%	46.8%	51.5%	47%	51.9%	52.4%	52.8%
	<i>Inpatient days</i>	99 887	90 296	96 875	92 722	121 820	153 205	192 697
	<i>½ Day Patients</i>	9	0	6	0	6	6	6
	<i>Inpatient bed days available</i>	191 625	192 802	187 996	197 122	234 525	292 582	365 029
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	R 2 548	R 2 490	R 3 277.2	R 3 796.1	R 3 195.7	R 3 116.2	R 3 038.6
	<i>Expenditure – total ('000)</i>	R 378 575	R 381 700	R 402 745	R 444 662	R 394 690	R 386 796	R 379 060
	<i>Patient day equivalents</i>	148 588	129 841	122 894	117 137	123 508	124 126	124 747
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs	4. Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not collected	Not collected	0%	0%	0%	0%	0%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
rate	Severity assessment code (SAC) 1 incident reported within 24 hours	-	-	0	0	0	0	0
	Severity assessment code (SAC) 1 incident reported	-	-	0	0	0	0	0
Patients and family treated with courtesy and consideration	5. Percentage of complaints on patient care	Not collected	Not collected	20.9%	30.5%	21.4%	19.5%	17.5%
	No. of complaints on patient care	-	-	9	36	9	8	7
	Total number of complaints	-	-	43	118	42	41	40
Patients and family treated with courtesy and consideration	6. Percentage of complaints on waiting Times	Not collected	Not collected	16.3%	18.6%	16.6%	14.6%	12.5%
	No. of complaints on waiting times	-	-	7	22	7	6	5
	Total number of complaints	-	-	43	118	42	41	40
Patients and family treated with courtesy and consideration	7. Percentage of complaints on staff Attitude	Not collected	Not collected	20.9%	25.4%	21.4%	19.5%	17.5%
	No. of complaints on staff attitude	-	-	9	30	9	8	7

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	<i>Total number of complaints</i>	-	-	43	118	42	41	40
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	8. Health Care Associated Infections	Not collected	Not collected	8	0	7	7	6

QUARTERLY TARGETS 20/21

TABLE 53: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (CHRONIC HOSPITALS)

Indicators	Annual Target 2020/21	Target			
		Q1	Q2	Q3	Q4
Outcome Indicators					
1. Patient Experience of Care satisfaction rate	79.5%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	96.5%	-	-	-	-
Output Indicators					
3. Average length of stay	45 Days	44.8 Days	45.9 Days	44.8 Days	44.7 Days
4. Inpatient bed utilisation rate	51.9%	51.1%	53.2%	52%	51.5%
5. Expenditure per PDE	R 3 195.7	R 3 195.7	R 3 195.7	R 3 195.5	R 3 195.7
6. Severity assessment code (SAC) 1 incident reported within 24 hours rate	0%	0%	0%	0%	0%
7. Percentage of complaints on patient care	21.4%	21.4%	21.4%	21.4%	21.4%
8. Percentage of complaints on waiting Times	16.6%	16.6%	16.6%	16.6%	16.6%
9. Percentage of complaints on staff Attitudes	21.4%	21.4%	21.4%	21.4%	21.4%
10. Health Care Associated Infections	7	2	2	2	1

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 4 outputs are geared towards achieving all 3 of the Department's outcomes namely universal health coverage, improved client experience on care and reduced morbidity and mortality.

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 54: SUMMARY OF PAYMENTS AND ESTIMATES (R'000) (PROGRAMME 4)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
General (Regional) Hospitals	7 398 709	8 074 917	8 882 106	9 060 320	9 266 849	9 274 849	10 380 825	10 584 194	10 820 878
Tuberculosis Hospitals	776 902	789 489	717 542	781 855	733 096	706 093	795 934	703 433	739 569
Psychiatric-Mental Hospitals	825 338	865 678	933 737	998 539	984 078	981 078	1 037 691	1 104 635	1 172 603
Sub-acute, Step-down and Chronic Medical Hospitals	378 575	383 621	407 934	464 941	445 192	444 662	463 444	495 401	525 808
Dental Training Hospital	19 451	19 966	22 775	24 749	20 142	20 142	20 918	22 199	23 401
Sub-Total	9 398 975	10 133 671	10 964 094	11 330 404	11 449 357	11 426 824	12 698 812	12 909 862	13 282 259
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	9 398 975	10 133 671	10 964 094	11 330 404	11 449 357	11 426 824	12 698 812	12 909 862	13 282 259

TABLE 55: SUMMARY OF PAYMENTS AND EXPENDITURE BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 4)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Current payments	9 214 411	9 745 629	10 591 438	10 990 623	11 171 010	11 129 025	12 498 704	12 568 163	12 924 157
Compensation of employees	7 138 270	7 405 857	8 115 122	8 436 011	8 355 310	8 354 559	9 448 271	9 352 876	9 554 533
Goods and services	2 075 849	2 337 152	2 473 812	2 554 608	2 815 627	2 774 127	3 050 429	3 215 283	3 369 620
Communication	19 554	18 370	19 191	20 390	17 981	18 166	20 304	21 360	22 386

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Computer Services	224	9	219	9	75	82	526	553	580
Consultants, Contractors and special services	188 363	217 474	222 411	267 061	412 280	385 431	307 874	323 885	339 432
Inventory	1 136 818	1 148 904	1 175 465	1 198 203	1 212 969	1 216 674	1 472 117	1 555 402	1 630 063
Operating leases	9 588	8 719	11 060	10 706	12 685	14 121	12 000	12 624	13 229
Travel and subsistence	3 073	2 398	3 379	2 587	3 118	3 408	2 979	3 134	3 285
Maintenance, repair and running costs	15 921	16 715	16 109	18 933	13 517	15 117	14 827	15 598	16 347
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	702 308	924 563	1 025 978	1 036 719	1 143 002	1 121 128	1 219 802	1 282 727	1 344 298
Interest and rent on land	292	2 620	2 504	4	73	339	4	4	4
Transfers and subsidies to	176 558	276 587	264 918	88 509	113 110	136 678	83 790	88 398	92 642
Provinces and municipalities	101	-	2	-	-	-	-	-	-
Departmental agencies and accounts	127	220	130	93	100	103	98	103	108
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	32 557	27 467	16 464	5 479	5 479	5 479	5 643	5 953	6 239
Households	143 773	248 900	248 322	82 937	107 531	131 096	78 049	82 342	86 295
Payments for capital assets	8 006	111 480	107 738	251 272	165 237	160 848	116 318	253 301	265 460
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	8 006	111 480	107 738	251 272	165 237	160 848	116 318	253 301	265 460
Payment for financial assets	-	-25	-	-	-	273	-	-	-
Total economic classification	9 398 975	10 133 671	10 964 094	11 330 404	11 449 357	11 426 824	12 698 812	12 909 862	13 282 259

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	9 398 975	10 133 671	10 964 094	11 330 404	11 449 357	11 426 824	12 698 812	12 909 862	13 282 259

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 4)

Programme 4 is allocated 26.4 % of the Vote 7 budget in 2020/21, up from 25.3% in the 2019/20 revised estimate. This amounts to an increase of R 1 271 988 000.

UPDATED KEY RISKS AND MITIGATION FOR PROGRAMME 4

TABLE 56: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 4)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Medico-Legal Litigation	<ul style="list-style-type: none"> Roll out of the approved clinical governance and quality improvement policy in order to standardize structures, management approach and activities at all levels.
Outcome: Reduced morbidity and mortality	
High turnover of medical , nursing and allied specialists	<ul style="list-style-type: none"> Implement the Decentralized Clinical Training Programme. Centralise co-ordination of clinical outreach and inreach Programme
Global outbreaks	<ul style="list-style-type: none"> Isolation facilities available

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.

OUTCOMES INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 57: OUTCOME INDICATORS (TERTIARY AND CENTRAL HOSPITALS)

Outcome Indicator	Data Source	South Africa			Provincial			Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Year	Baseline (2018/19)	Five Year Target (2024/25)	Year	2020/21	2021/22	2022/23
Outcome: Improved client experience of care										
1. Patient Experience of Care satisfaction rate – Tertiary Hospitals	Patient surveys	TBD	TBD		74%	77.8%		74.8%	75.6%	76.3%
<i>Patient experience of care survey satisfied responses</i>	<i>Patient surveys</i>	-	-		585	646		597	609	621
<i>Patient experience of care survey total responses</i>	<i>Patient surveys</i>	-	-		790	830		798	806	814
2. Patient Experience of Care satisfaction rate – Central Hospitals	Patient surveys	TBD	TBD		90%	94.8%		90.9%	91.8%	92.6%
<i>Patient experience of care survey satisfied responses</i>	<i>Patient surveys</i>	-	-		343	379		350	357	364
<i>Patient experience of care survey total responses</i>	<i>Patient surveys</i>	-	-		381	400		385	389	393

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial			Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	Year	2020/21	2021/22	2022/23
3. Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Ideal Health Facility information system	TBD	TBD	72.1%	78%		73.2%	74.6%	75.8%
<i>Patient Safety Incident (PSI) case closed</i>	<i>Ideal Health Facility information system</i>	-	-	310	319		312	314	316
<i>Patient Safety Incident (PSI) case reported</i>	<i>Ideal Health Facility information system</i>	-	-	430	409		426	421	417
4. Patient Safety Incident (PSI) case closure rate – Central Hospital	Ideal Health Facility information system	TBD	TBD	100%	100%		100%	100%	100%
<i>Patient Safety Incident (PSI) case closed</i>	<i>Ideal Health Facility information system</i>	-	-	38	33		37	36	35
<i>Patient Safety Incident (PSI) case reported</i>	<i>Ideal Health Facility information system</i>	-	-	38	33		37	36	35
Outcome: Reduced morbidity and mortality									
5. Maternal Mortality in facility ratio - Tertiary Hospitals	DHIS	TBD	TBD	355.5 / 100 000	305.7/100 000		334.9/100 000	334.7/100 000	324.7/100 000
<i>Number of maternal deaths</i>	<i>DHIS</i>	-	-	29	24		25	25	25

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Live births & BBAs</i>	DHIS	-	-	8 158	7 879	7 428	7 538	7 650
6. Maternal Mortality in facility ratio - Central Hospital	DHIS	TBD	TBD	1 431.5 / 100 000	798/100 000	1 216/100 000	1 095/100 000	985/100 000
<i>Number of maternal deaths</i>	DHIS	-	-	7	4	5	5	4
<i>Live births & BBAs</i>	DHIS	-	-	489	470	443	450	456
7. Neonatal death in facility rate – Tertiary Hospital	DHIS	TBD	TBD	22.9/ 1000	21/1 000	22.6/1 000	22.2/1 000	21.8/1 000
<i>Neonatal 0 – 28 days death in facility</i>	Midnight report	-	-	1 852	164	166	166	165
<i>Live birth in facility</i>	Delivery register	-	-	8 078	7 799	7 348	7 458	7 570
8. Neonatal death in facility rate – Central Hospital	DHIS	TBD	TBD	190/1 000	124/1 000	136/1 000	124/1 000	124/1 000
<i>Neonatal 0 – 28 days death in facility</i>	Midnight report	-	-	93	58	60	56	57
<i>Live birth in facility</i>	Delivery register	-	-	489	470	443	449	456
9. Death under 5 years against live birth rate –Tertiary Hospital	DHIS	TBD	TBD	2.8%	2.1%	2.6%	2.5%	2.3%
<i>Number of deaths under 5 in facility</i>	DHIS	-	-	229	164	191	186	174
<i>Live births in facility</i>	DHIS	-	-	8 158	7 799	7 348	7 458	7 570
10. Death under 5 years against live birth rate –Central Hospital	DHIS	TBD	TBD	43.6%	37.3%	42.2%	40.9%	39.7%
<i>Number of deaths under 5 in facility</i>	DHIS	-	-	213	175	187	184	181
<i>Live birth in facility</i>	DHIS	-	-	489	470	443	449	456

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa			Provincial			Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Year	Baseline (2018/19)	Five Year Target (2024/25)	Year	2020/21	2021/22	2022/23
11. Child under 5 years diarrhoea case fatality rate –Tertiary Hospital	DHIS	TBD	TBD		1.8%	1.2%		1.7%	1.5%	1.4%
<i>Number of diarrhoea deaths under 5 years</i>	Ward register	-	-		8	6		8	7	7
<i>Under 5 diarrhoea separations</i>	Ward register	-	-		440	486		449	458	467
12. Child under 5 years pneumonia case fatality rate –Tertiary Hospital	DHIS	TBD	TBD		0.67%	0.4%		0.6%	0.6%	0.5%
<i>Number of pneumonia deaths under 5 years</i>	Ward register	-	-		6	4		6	5	5
<i>Under 5 pneumonia separations</i>	Ward register	-	-		892	985		910	928	947
13. Child under 5 years pneumonia case fatality rate –Central Hospital	DHIS	TBD	TBD		15.6%	11.5%		14.6%	13.8%	13%
<i>Number of pneumonia deaths under 5 years</i>	Ward register	-	-		45	35		43	41	39
<i>Under 5 pneumonia separations</i>	Ward register	-	-		289	304		292	295	298
14. Child under 5 years Severe acute malnutrition case fatality rate – Tertiary Hospital	DHIS	TBD	TBD		4.3%	0.9%		4%	3.3%	1.8%
<i>Child under 5 Severe Acute Malnutrition deaths</i>	Ward register	-	-		5	1		4	3	2
<i>Child under 5 Severe Acute Malnutrition inpatient</i>	Ward register	-	-		116	110		100	90	112

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial			Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	Year	2020/21	2021/22	2022/23
15. Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital	DHIS	TBD	TBD	23.5%	10%		20%	14.3%	7.7%
<i>Child under 5 Severe Acute Malnutrition deaths</i>	Ward register	-	-	4	1		3	2	1
<i>Child under 5 Severe Acute Malnutrition inpatient</i>	Ward register	-	-	17	10		15	14	13
16. Death in facility under 5 years rate – Tertiary hospital	DHIS	NA	NA	4%	2.8%		3.7%	3.4%	3.2%
<i>Death in facility under 5 years - total</i>	Ward register	-	-	229	177		218	207	196
<i>Inpatient separations under 5 years - total</i>	Ward register	-	-	5 777	6 378		5 893	6 010	6 131
17. Death in facility under 5 years rate – Central hospital	DHIS	NA	NA	5.7%	4.6%		5.4%	5.2%	5%
<i>Death in facility under 5 years - total</i>	Ward register	-	-	213	165		202	192	183
<i>Inpatient separations under 5 years - total</i>	Ward register	-	-	3 754	3 570		3 716	3 679	3 643
18. Death in facility under 1 year - Tertiary	DHIS	NA	NA	4.4%	3.1%		4.1%	3.8%	3.5%
<i>Death in facility under 1 year - total</i>	Ward register	-	-	195	151		185	176	167
<i>Inpatient separations under 1 year - Total</i>	Ward register	-	-	4 445	4 908		4 534	4 625	4 717
19. Death in facility under 1 year - Central	DHIS	NA	NA	9.3%	7.6%		8.9%	8.6%	8.2%
<i>Death in facility under 1 year - total</i>	Ward register	-	-	184	142		175	166	158

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (2018/19)	Five Year Target (2024/25)	Baseline (2018/19)	Five Year Target (2024/25)	2020/21	2021/22	2022/23
<i>Inpatient separations under 1 year - Total</i>	<i>Ward register</i>	-	-	1 977	1 800	1 957	1 938	1 918
20. Still Birth in Facility Rate - Tertiary	DHIS	NA	NA	31.1/1000	21.8/1000	28.9/1000	26.9/1000	25.1
<i>Number of stillbirths</i>	<i>Midnight report</i>	-	-	258	177	222	210	198
<i>Number of live births + stillbirths</i>	<i>Delivery register</i>	-	-	8 306	8 131	7 680	7 790	7 902
21. Still Birth in Facility Rate - Central	DHIS	NA	NA	29.8/1000	24.3/1000	28.3/1000	26.9/1000	25.5/1000
<i>Number of stillbirths</i>	<i>Midnight report</i>	-	-	15	12	13	13	12
<i>Number of live births + stillbirths</i>	<i>Delivery register</i>	-	-	503	489	462	469	475

SUB-PROGRAMME: TERTIARY HOSPITALS (GREYS, KING EDWARD VIII & NGWELEZANA HOSPITALS)**OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS****TABLE 58: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS)**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
Reduce the average length of stay to 5.3 days	1. Average length of stay	7.7 Days	7.5 Days	7.9 Days	7.6 Days	8.4 Days	8.9 Days	9.5 Days
	<i>Inpatient days</i>	454 218	405 478	437 438	447 056	485 556	538 967	59 8 254
	<i>½ Day Patients</i>	20 037	18 258	6 911	3 619	6 773	6 637	6 505
	<i>Inpatient separations total</i>	60 670	55 144	56 435	59 142	58 701	61 083	63 589
Maintain the bed utilisation rate at 75%	2. Inpatient bed utilisation rate	71.6%	67.8%	69.7%	75.5%	72.4%	75.1%	78%
	<i>Inpatient days</i>	454 218	405 478	437 438	447 056	485 556	538 967	598 254
	<i>½ Day Patients</i>	20 037	18 258	6 911	3 619	6 773	6 637	6 505
	<i>Inpatient bed days available</i>	648 240	611 716	637 360	597 205	680 382	726 351	775 474
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	R 3 696	R 4 038	R4 049.6	R 4 491.9	R 4 239.5	R 4 438.4	R 4 646.9
	<i>Expenditure – total ('000)</i>	2 274 553	2 320 096	2 435 582	2 778 486	2 575 244	2 723 044	2 879 463
	<i>Patient day equivalents</i>	615 317	574 551	601 433	618 560	607 441	613 519	619 652
Reduce the number of OPD New cases not referred at Regional Hospitals	4. OPD headcount new cases not referred	31 151	35 707	31 956	40 386	29 477	27 191	25 083
Outcome: Improved client experience of care								
Improve the Severity Assessment Code	5. Severity assessment code (SAC) 1 incident reported within 24 hours	Not collected	Not collected	78.6%	100%	84.6%	92.3%	100%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
(SAC) 1 incidence reported within 24 hrs rate	rate							
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	11	18	11	12	12
	<i>Severity assessment code (SAC) 1 incident reported</i>	-	-	14	18	13	13	12
Patients and family treated with courtesy and consideration	6. Percentage of complaints on patient care	Not collected	Not collected	26%	19.3%	25%	24.2%	23.8%
	<i>No. of complaints on patient care</i>	-	-	50	42	49	47	46
	<i>Total number of complaints</i>	-	-	196	218	195	194	193
Patients and family treated with courtesy and consideration	7. Percentage of complaints on waiting times	Not collected	Not collected	14%	13.8%	13.8%	12.8%	12.4%
	<i>No. of complaints on waiting times</i>	-	-	28	30	27	25	24
	<i>Total number of complaints</i>	-	-	196	218	195	194	193
Patients and family treated with courtesy and consideration	8. Percentage of complaints on staff attitude	Not collected	Not collected	20%	21.1%	19%	18.5%	18.1%
	<i>No. of complaints on staff attitude</i>	-	-	39	46	37	36	35
	<i>Total number of complaints</i>	-	-	196	218	195	194	193
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	9. Health Care Associated Infections	Not collected	Not collected	17	7	16	16	15

QUARTERLY TARGETS FOR 20/21

TABLE 59: INDICATORS, ANNUAL AND QUARTERLY TARGETS (TERTIARY HOSPITALS)

Indicators	Annual Target 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome indicators					
1. Patient Experience of Care satisfaction rate	74.8%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	73.2%	-	-	-	-
3. Maternal Mortality in facility ratio	334.9/100k	-	-	-	-
4. Neonatal death in facility rate	22.6/1 000	-	-	-	-
5. Death under 5 years against live birth rate	2.6%	-	-	-	-
6. Child under 5 years diarrhoea case fatality rate	1.7%	-	-	-	-
7. Child under 5 years pneumonia case fatality rate	0.6%	-	-	-	-
8. Child under 5 years Severe acute malnutrition case fatality rate	4%	-	-	-	-
9. Death in facility under 5 years rate	3.7%	-	-	-	-
10. Death in facility under 1 years rate	4.1%	-	-	-	-
11. Still birth in facility rate	28.9/1k	-	-	-	-
Output Indicators					
12. Average length of stay	8.4 Days	8.7 Days	8.8 Days	7.8 Days	8.3 Days
13. Inpatient bed utilisation rate	72.4%	73.5%	73.7%	70.4%	71.8%
14. Expenditure per PDE	R 4 240	R 4 067.3	R 4 280.8	R 4 312	R 4 289.6
15. OPD headcount new cases not referred	29 477	7 597	7 549	7 207	7 124
16. Severity assessment code (SAC) 1 incident reported within 24 hours rate	84.6%	84.6%	84.6%	84.6%	84.6%
17. Percentage of complaints on patient care	25%	25%	25%	25%	25%
18. Percentage of complaints on waiting Times	13.8%	13.8%	13.8%	13.8%	13.8%
19. Percentage of complaints on staff Attitudes	19%	19%	19%	19%	19%
20. Health Care Associated Infections	16	4	4	4	4

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

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 60: OUTPUT PERFORMANCE INDICATORS & TARGETS (CENTRAL HOSPITAL)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
Reduce the average length of stay to 5.3 days	1. Average length of stay	8.7 Days	8.4 Days	8.7 Days	8.6 Days	8.6 Days	8.5 Days	8.4 Days
	<i>Inpatient days</i>	204 871	201 761	202 388	196 476	205426	208516	211656
	<i>½ Day Patients</i>	826	771	799	843	854	915	981
	<i>Inpatient separations total</i>	23 515	24 002	23 428	22 986	24065	24721	25396
Maintain the bed utilisation rate at 75%	2. Inpatient bed utilisation rates	66.6%	65.6%	65.8%	63.9%	65.8%	65.9%	65.9%
	<i>Inpatient days</i>	204 871	201 761	202 388	196 476	202 474	202 560	202 645
	<i>½ Day Patients</i>	826	771	799	843	803	807	811
	<i>Inpatient bed days available</i>	308 790	308 824	308 824	308 824	308 824	308 824	308 824
Maintain the expenditure per PDE within provincial norms	3. Expenditure per PDE	R 8 323	R 9 354	R 9 455.7	R 9 440.2	R 9 455.7	R 9 455.7	R 9 455.7
	<i>Expenditure – total ('000)</i>	2 259 604	2 466 385	2 525 312	2 494 905	2 530 362	2 535 423	2 540 494
	<i>Patient day equivalents</i>	271 479	263 660	267 069	264 286	267 603	268 138	268 675
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	4. Severity assessment code (SAC) 1 incident reported within 24 hours rate	New indicator	New indicator	18.8%	0%	20%	21.4%	23.1%
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	-	-	3	0	3	3	3

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Severity assessment code (SAC) 1 incident reported	-	-	16	12	15	14	13
Patients and family treated with courtesy and consideration	5. Percentage of complaints on patient care	Not collected	Not collected	22.4%	23%	22%	21%	20.3%
	No. of complaints on patient care	-	-	28	28	27	26	25
	Total number of complaints	-	-	125	122	124	124	123
Patients and family treated with courtesy and consideration	6. Percentage of complaints on waiting times	Not collected	Not collected	27.2%	18%	26.6%	25.8%	25.2%
	No. of complaints on waiting times	-	-	34	22	33	32	31
	Total number of complaints	-	-	125	122	124	124	123
Patients and family treated with courtesy and consideration	7. Percentage of complaints on staff attitude	Not collected	Not collected	20.8%	21.3%	20.2%	19.3%	18.7%
	No. of complaints on staff attitude	-	-	26	26	25	24	23
	Total number of complaints	-	-	125	122	124	124	123
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	8. Health Care Associated Infections	Not collected	Not collected	0	4	3	3	2

QUARTERLY TARGETS 20/21

TABLE 61: INDICATORS, ANNUAL AND QUARTERLY TARGETS (CENTRAL HOSPITALS)

Indicators	Annual Target 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Outcome indicators					
1. Patient Experience of Care satisfaction rate	90.9%	-	-	-	-
2. Patient Safety Incident (PSI) case closure rate	100%	-	-	-	-
3. Maternal Mortality in facility ratio	1 216/100k	-	-	-	-
4. Neonatal death in facility rate – Central Hospital	136/1000	-	-	-	-
5. Death under 5 years against live birth rate	42.2%	-	-	-	-
6. Child under 5 years pneumonia case fatality rate	14.6%	-	-	-	-
7. Child under 5 years Severe acute malnutrition case fatality rate	20%	-	-	-	-
8. Death in facility under 5 years rate	5.4%	-	-	-	-
9. Death in facility under 1 year	8.9%	-	-	-	-
10. Still birth in facility rate	28.3/1k	-	-	-	-
Output indicators					
11. Average length of stay	8.6 Days	8.9 Days	8.8 Days	8.1 Days	8.7 Days
12. Inpatient bed utilisation rate	65.8%	67.5%	68.6%	64.5%	62.7%
13. Expenditure per PDE	R 9 455.7	R 8 746.6	R 9 539	R 9 476.9	R 10 086.2
14. Severity assessment code (SAC) 1 incident reported within 24 hours rate	20%	20%	20%	20%	20%
15. Percentage of Complaints on patient care	22%	22%	22%	22%	22%
16. Percentage of Complaints on waiting Times	26.6%	26.6%	26.6%	26.6%	26.6%
17. Percentage of Complaints on staff Attitudes	20.2%	20.2%	20.2%	20.2%	20.2%
18. Health Care Associated Infections	3	1	1	1	0

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 5 outputs are geared towards achieving all 3 of the Department's outcomes namely universal health coverage, improved client experience on care and reduced morbidity and mortality

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 62: SUMMARY OF PAYMENTS AND ESTIMATES (R'000) (PROGRAMME 5)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Central Hospital Services	2 259 604	2 466 385	2 539 378	2 596 712	2 501 712	2 494 905	2 633 323	2 771 630	2 925 120
Provincial Tertiary Hospital Services	2 274 553	2 397 738	2 558 825	2 683 186	2 778 486	2 778 486	2 795 339	2 958 942	3 118 218
Sub-Total	4 534 157	4 864 123	5 098 203	5 279 898	5 280 198	5 273 391	5 428 662	5 730 572	6 043 338
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	4 534 157	4 864 123	5 098 203	5 279 898	5 280 198	5 273 391	5 428 662	5 730 572	6 043 338

TABLE 63: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 5)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Current payments	4 472 417	4 754 835	4 960 895	5 132 860	5 079 453	5 076 920	5 311 965	5 617 390	5 924 722
Compensation of employees	2 492 410	2 614 993	2 819 304	3 036 384	3 038 760	3 052 165	3 206 862	3 373 208	3 572 819
Goods and services	1 979 967	2 139 841	2 140 731	2 096 476	2 040 693	2 024 684	2 105 103	2 244 182	2 351 903
Communication	6 413	6 122	6 317	7 664	6 469	6 121	7 050	7 416	7 772
Computer Services	3 020	6 685	6 401	7 295	8 026	7 524	7 683	8 119	8 509
Consultants, Contractors and special services	793 507	930 416	882 072	840 979	769 462	740 234	809 456	854 041	895 035
Inventory	796 515	830 034	891 416	848 508	850 738	862 467	887 260	938 240	983 275

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Operating leases	956	1 275	1 403	1 513	1 680	1 784	1 605	1 689	1 770
Travel and subsistence	590	642	1 417	830	1 106	1 056	1 011	1 063	1 114
Maintenance, repair and running costs	786	811	733	832	749	879	830	873	914
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	378 180	363 856	350 972	388 855	402 463	404 619	390 208	432 741	453 514
Interest and rent on land	40	1	860	-	-	71	-	-	-
Transfers and subsidies to	48 533	31 646	83 363	39 267	26 156	35 459	40 877	43 125	45 196
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	53	59	61	67	80	109	71	75	79
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	48 480	31 587	83 302	39 200	26 076	35 350	40 806	43 050	45 117
Payments for capital assets	13 207	77 642	53 945	107 771	174 589	161 012	75 820	70 057	73 420
Buildings and other fixed structures	2 000	-	-	-	-	-	-	-	-
Machinery and equipment	11 207	77 642	53 945	107 771	174 589	161 012	75 820	70 057	73 420
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	4 534 157	4 864 123	5 098 203	5 279 898	5 280 198	5 273 391	5 428 662	5 730 572	6 043 338
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	4 534 157	4 864 123	5 098 203	5 279 898	5 280 198	5 273 391	5 428 662	5 730 572	6 043 338

PERFORMANCE AND EXPENDITURE TRENDS

Programme 5 is allocated 11.3 % of the Vote 7 budget in 2020/21, down from 11.7% in the 2019/20 revised estimate. This amounts to an increase of R 155 271 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 64: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 5)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Increase in Medico-Legal Contingent Liability	<ul style="list-style-type: none"> • Implementation and monitoring of the Standardisation of Patient file identification system • Migrate to an electronic records management system to overcome loss of files • Implement approved Essential Post List (Minimum Posts) for all health establishments. • Revision of infrastructure budget • Appointment of a panel of legal experts covering all medical sub-specialties
Potential litigation/court challenges regarding licensing of Private Health Establishments	<ul style="list-style-type: none"> • Develop the Provincial Private Licensing Regulation. • Review licensing fees. • Revise bed norms for all categories of beds • Resource Private Licensing Unit adequately. The proposed new licensing unit to be established in conjunction with EMS will include staffing for private licensing.
Outcome: Reduced morbidity and mortality	
Global outbreaks	<ul style="list-style-type: none"> • Isolation facilities available

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 6.5: Training (Other)

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

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 65: OUTPUT PERFORMANCE INDICATORS MTEF TARGETS (PROGRAMME 6)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
Allocate bursaries to first time Medicine students	1. Number of Bursaries awarded to first year medicine students	New indicator	New indicator	New indicator	New indicator	22	22	22
Allocate bursaries to first time Health Professional students	2. Number of Bursaries awarded to first year other health professions students	New indicator	New indicator	New indicator	New indicator	33	33	33
Allocate bursaries to first year nursing students	3. Number of Bursaries awarded to first year nursing students	108	199	120 ¹⁸	178 ¹⁹	100	100	100
Allocate nurses to train on nurse Post Graduate Nurse Specialist programmes	4. Number of nurses training on Post Graduate Nurse Specialist Programmes	New indicator	New indicator	New indicator	New indicator	100	100	100

¹⁸ The total number of students which were taken is 120, 20 were in-service employees according to Departmental policy

¹⁹ 178 Of which;

⁹⁸ commenced training in November 2019 in terms of a special once-off concession granted by the SANC for the "old" nursing qualification and;

⁸⁰ commenced training in January 2020 in terms of the new nursing qualifications accredited by the Council for Higher Education (first time offering).

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Allocate officials to train through the EMS college	5. Number of officials training through the EMS College	New indicator	New indicator	New indicator	New indicator	405	542	650
Allocate officials to train through the Regional Training Centre	6. Number of employees trained through the Regional Training Centre	New indicator	New indicator	New indicator	New indicator	500	500	500
Allocate bursaries to internal employees	7. Number of internal employees awarded bursaries	New indicator	New indicator	New indicator	New indicator	100	100	100
Training of Emergency Medicine Specialists (CMS)	8. Number of Emergency Medicine Specialists in training	Not reported	Not reported	Not reported	Not reported	0	2	2

QUARTERLY TARGETS 20/21

TABLE 66: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 6)

Indicators	Targets 2020/21	Targets			
		Q1	Q2	Q3	Q4
Output Indicators					
1. Number of Bursaries awarded to first year medicine students	22	-	-	22	-
2. Number of Bursaries awarded to first year other health professions students	33	-	-	33	-
1. Number of Bursaries awarded to first year nursing students	100	-	-	100	-
2. Number of nurses training on Post Graduate Nurse Specialist Programmes	100	-	-	100	-
3. Number of officials training through the EMS College	405	-	-	405	-
4. Number of employees trained through the Regional Training Centre	500	-	-	500	-
5. Number of internal employees awarded bursaries	100	-	-	100	-
6. Number of Emergency Medicine Specialists in training	0	-	-	0	-

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 6 outputs are geared towards the outcome of universal health coverage.

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Programme 6)

TABLE 67: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 6)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Nursing Training Colleges	275 229	266 028	255 095	311 721	243 966	245 901	251 239	270 326	287 464
EMS Training Colleges	16 542	17 781	18 850	20 319	20 007	18 901	20 552	21 804	22 980
Bursaries	322 878	313 252	262 980	220 248	220 253	220 253	145 040	152 977	160 320
Primary Health Care Training	39 135	47 450	46 759	61 837	47 362	47 184	49 889	55 549	58 508
Training Other	547 290	601 539	597 946	667 760	812 049	811 398	916 544	1 022 882	1 096 854
Sub-Total	1 201 074	1 246 050	1 181 630	1 281 885	1 343 637	1 343 637	1 383 264	1 523 538	1 626 126
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 201 074	1 246 050	1 181 630	1 281 885	1 343 637	1 343 637	1 383 264	1 523 538	1 626 126

TABLE 68: SUMMARY OF PROVINCIAL EXPENDITURE ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 6)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Current payments	887 101	933 698	908 011	1 056 577	1 107 520	1 107 031	1 224 655	1 349 887	1 444 139
Compensation of employees	821 215	871 124	859 174	976 837	1 046 109	1 045 701	1 156 996	1 278 561	1 369 389
Goods and services	65 883	62 571	48 836	79 740	61 409	61 328	67 659	71 326	74 750
Communication	753	855	864	147	797	811	843	709	743

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Computer Services	191	-	175	-	215	215	220	231	242
Consultants, Contractors and special services	25	24	12	60	47	22	55	66	69
Inventory	3 523	4 538	3 504	5 012	2 501	3 949	4 557	4 913	5 150
Operating leases	1 337	1 107	1 123	1 310	1 366	1 364	1 418	1 452	1 522
Travel and subsistence	34 296	29 626	17 333	33 600	19 041	19 729	20 422	21 485	22 516
Maintenance, repair and running costs	2 547	2 998	3 296	3 996	2 152	2 170	2 522	2 654	2 781
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	23 211	23 423	22 529	35 615	35 290	33 068	37 622	39 816	41 727
Interest and rent on land	3	3	1	-	2	2	-	-	-
Transfers and subsidies to	313 940	310 371	273 436	215 310	227 621	228 070	154 186	162 667	170 475
Provinces and municipalities	-	15	-	-	-	-	-	-	-
Departmental agencies and accounts	19 842	18 850	20 868	22 036	22 036	22 036	23 248	24 527	25 704
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	294 098	291 506	252 568	193 274	205 585	206 034	130 938	138 140	144 771
Payments for capital assets	33	1 981	183	9 998	8 496	8 536	4 423	10 984	11 512
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	33	1 981	183	9 998	8 496	8 536	4 423	10 984	11 512
Payment for financial assets	-	-	-	-	-	-	-	-	-

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Total economic classification	1 201 074	1 246 050	1 181 630	1 281 885	1 343 637	1 343 637	1 383 264	1 523 538	1 626 126
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 201 074	1 246 050	1 181 630	1 281 885	1 343 637	1 343 637	1 383 264	1 523 538	1 626 126

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 6)

Programme 6 is allocated 2.88 % of the Vote 7 budget in 2020/21, down from 2.98% in the 2019/20 revised estimate. This amounts to an increase of R39 627 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 69: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 6)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Inaccessible specialist services due to scarcity and high turnover of specialists	<ul style="list-style-type: none"> • Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and inreach Programme. • Expand accessibility to specialists through Telemedicine and other E-Health platforms
Non Compliance with the Commuted Overtime Policy	<ul style="list-style-type: none"> • Service Conditions to obtain certification from HR Managers, Medical Managers and CEOs that all doctors being remunerated for COT:- • - Are signing an attendance register for normal and overtime hours. • - Appear in a roster for the beginning of the month and final month end roster. • - Have a duly completed and approved contract for COT. • Obtain HR Support and Compliance report and conduct validity against institutional certification.
Performance of unauthorised Other Remunerative Work Outside (ORWOPS) the Public Service	<ul style="list-style-type: none"> • There is a functional ORWOPS committee that meets regularly to consider application in terms of the PSA. • Enforce Consequence Management • CEOs, Medical Managers and HR Managers to take accountability of their HR responsibilities

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme Purpose ²⁰

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.

²⁰4 The Sub programmes "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.

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 70: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)

Output	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Outcome: Universal health coverage								
	1. Percentage of facilities reporting clean linen stock outs	Not reported	3%	8.3%	20%	25%	20%	15%
	<i>Number of facilities reporting clean linen stock out</i>		2	6	14	18	14	11
	<i>Facilities total</i>		73	72	72	72	72	72
Improved Pharmacy management	2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)	91%	94%	98%	98%	100%	100%	100%
	<i>Pharmacies with A or B Grading</i>	86	89	92	92	95	95	95
	<i>Number of Pharmacies</i>	95	95	94	94	95	95	95
Improved Pharmacy management	3. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	7%	8.7%	10%	5%	≤ 5%	≤ 5%	≤ 5%
	<i>Number of medicine out of stock</i>	35	49	56	46	Varies	Varies	Varies

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Output	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	<i>Total number of tracer medicine expected to be in stock</i>	552	552	552	231	Varies	Varies	Varies
Improved Pharmacy management	4. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	2%	1.6%	3%	3%	≤ 5%	≤ 5%	≤ 5%
	<i>Number of Tracer medicines stock out in bulk store</i>	1 298	3 614	8 880	12 898	Varies	Varies	Varies
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	80 751	224 778	273 882	428 974	Varies	Varies	Varies

QUARTERLY TARGETS 20/21**TABLE 71: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 7)**

Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
Output Indicator					
1. Percentage of facilities reporting clean linen stock outs	25%	30%	28%	26%	25%
2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)	100%	97%	98%	99%	100%
3. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	≤ 5%	5%	5%	5%	≤ 5%
4. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	≤ 5%	5%	5%	5%	≤ 5%

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 7 outputs are geared towards the outcome of universal health coverage. Programme resource considerations

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Programme 7)

TABLE 72: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 7)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Medicine Trading Account	-	-	251 691	77 587	77 587	62 587	68 296	72 311	76 067
Laundry Services	241 603	155 762	179 481	195 778	180 778	195 778	205 049	222 349	233 756
Orthotic and Prosthetic Services	27 165	42 440	54 465	58 994	58 994	54 641	65 299	69 462	73 126
Sub-Total	268 768	198 202	485 637	332 359	317 359	313 006	338 644	364 122	382 949
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	268 768	198 202	485 637	332 359	317 359	313 006	338 644	364 122	382 949

TABLE 73: SUMMARY OF PAYMENTS AND ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 7)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Current payments	268 086	189 492	476 931	325 439	310 345	306 255	336 777	356 419	374 876
Compensation of employees	94 283	103 252	150 219	182 467	163 094	156 011	188 327	199 970	210 917
Goods and services	173 803	86 237	326 710	142 972	147 251	150 244	148 450	156 449	163 959
Communication	895	1 082	1 207	1 606	1 136	1 113	1 198	1 261	1 321
Computer Services	-	-	2 267	2 384	2 565	2 527	2 727	2 869	3 007
Consultants, Contractors and special services	10	25	317	5 952	329	540	424	436	458

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	
Inventory	144 447	55 796	269 388	79 989	88 614	88 479	97 275	102 348	107 262
Operating leases	101	128	511	560	516	504	548	576	604
Travel and subsistence	60	82	114	186	137	226	145	153	160
Maintenance, repair and running costs	4 270	4 331	5 104	5 326	4 633	4 850	4 879	5 133	5 379
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	24 020	24 793	47 802	46 969	49 321	52 005	41 254	43 673	45 768
Interest and rent on land	-	3	2	-	-	-	-	-	-
Transfers and subsidies to	636	1 261	453	778	1 016	1 223	821	866	908
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	636	1 261	453	778	1 016	1 223	821	866	908
Payments for capital assets	46	7 449	8 253	6 142	5 998	5 528	1 046	6 837	7 165
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	46	7 449	8 253	6 142	5 998	5 528	1 046	6 837	7 165
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	268 768	198 202	485 637	332 359	317 359	313 006	338 644	364 122	382 949
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	268 768	198 202	485 637	332 359	317 359	313 006	338 644	364 122	382 949

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 7)

Programme 7 is allocated 0.7 % of the Vote 7 budget in 2020/21, same as in the 2019/20 revised estimate. This amounts to an increase of R25 638 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 74: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 7)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Inadequate administration and management of Pharmaceutical Stock	<ul style="list-style-type: none"> • PHC: Co-ordinate annual trainings on KZN PHC Medicine Supply Management SOPs per District/Su-district and monitor compliance to the SOPs using a Provincial standardised tool. Hospitals: Revise and strengthen the implementation of Rx Solution SOPs and standardise Rx Solution Management Reports • PHC: Co-ordinate, in liaison with PHC services & Local PTCs, routine trainings on PHC STGs & EML, (including APC and IMCI guidelines, encourage the use of the EML App and monitor compliance to STGs quarterly. • Hospitals: Co-ordinate, in liaison with Medical Management and local PTCs, routine training on all STGs & EML, encourage the use of the EML App and monitor compliance quarterly. • Appointment of Pharmacist Assistants at PHC Clinics • Ensure allocation of dedicated PHC Pharmacists in Districts/Hospitals • Train Pharmacists on the National DOH Tool for Demand Planning; • Convene Quarterly Demand Planning Meetings with all District representatives; • Submit completed forecasting information to NDOH.
Loss and damage of linen at institutional and regional laundries leads to shortages	<ul style="list-style-type: none"> • Guidelines provided to all facilities on the management of linen. • Procurement of linen to increase linen stock levels • Enforcing utilisation of control measures during transportation of laundry.
Outcome: Reduced morbidity and mortality	
Global outbreaks	<ul style="list-style-type: none"> • Stock management of relevant pharmaceuticals, PPE's and other materials

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

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

Key for Colour coding of indicators

	PDGP Indicator with fixed targets monitored through Action work group 10
	National Indicators (Customised)
	Provincial Indicators

TABLE 75: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)

Output	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19		2019/10	2020/21	2021/22
Outcome: Universal health coverage								
All Health facilities maintained	1. Percentage of Preventative Maintenance expenditure	New Indicator	New Indicator	New Indicator	New Indicator	40%	50%	60%
New and replacement projects completed	2. Number of new and replacement projects completed	New Indicator	15	11	2	15	20	23
Upgrade and addition projects completed	3. Number of upgrade and addition projects completed	New Indicator	22	14	30	7	26	28
Renovation and refurbishment projects completed	4. Number of renovation and refurbishment projects completed	New Indicator	16	12	12	14	35	16
Jobs created through the Expanded Public Works Programme	5. Number of jobs created through the EPWP	2 621	3 417	3 417	2 400	3 000	3 000	3 000
Promote Preventative Maintenance activities to	6. Percentage of preventative maintenance expenditure	New	New	New	Not Reported	40%	50%	60%

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Output	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		2016/17	2017/18	2018/19	2019/10	2020/21	2021/22	2022/23
prevent failure	<i>Expenditure on Preventative Maintenance Activities</i>	-	-	-	-	-	-	-
	<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance</i>	-	-	-	-	-	-	-
Improved downtime of medical equipment	7. Percentage downtime on medical equipment repaired	Not reported	Not reported	Not reported	Not Reported	35%	30%	25%
	<i>Number of days equipment was reported as down/faulty</i>	-	-	-	-	-	-	-
	<i>Number of days taken to restore equipment</i>	-	-	-	-	-	-	-
Improved downtime of radiology equipment	8. Percentage downtime on radiology equipment	Not reported	Not reported	Not reported	Not Reported	10%	5%	0%
	<i>Number of days equipment was reported as down/faulty</i>	-	-	-	-	-	-	-
	<i>Number of days taken to restore equipment</i>	-	-	-	-	-	-	-

QUARTERLY TARGETS 20/21

TABLE 76: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 8)

Output Indicators	Targets 2020/21	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Percentage of Preventative Maintenance expenditure	40%	40%	40%	40%	40%
2. Number of new and replacement projects completed	15	1	2	1	11
3. Number of upgrade and addition projects completed	7	1	0	0	6
4. Number of renovation and refurbishment projects completed	14	3	0	3	8
5. Number of jobs created through the EPWP	3 000	1000	400	1100	500
6. Percentage downtime on medical equipment	35%	35%	35%	35%	35%
7. Percentage downtime on radiology equipment	10%	10%	10%	10%	10%

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 8 outputs are geared towards the outcome of universal health coverage.

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Programme 8)

TABLE 77: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 8)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Community Health Facilities	142 856	110 349	138 002	220 782	189 236	192 537	349 350	235 126	221 018
District Hospital Services	165 189	176 525	259 536	315 136	314 497	327 258	392 595	517 811	731 827
Emergency Medical Services	-	-	-	10 000	-	-	1 000	-	-
Provincial Hospital Services	863 523	1 017 206	1 044 354	829 537	1 000 744	978 771	634 161	695 029	668 416
Central Hospital Services	22 601	8 991	28 611	86 199	81 359	81 344	139 589	125 133	118 074
Other Facilities	226 406	209 656	290 191	349 320	225 138	231 064	273 097	199 440	119 699
Sub-Total	1 420 575	1 522 727	1 760 694	1 810 974	1 810 974	1 810 974	1 789 792	1 772 539	1 859 034
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	1 420 575	1 522 727	1 760 694	1 810 974	1 810 974	1 810 974	1 789 792	1 772 539	1 859 034

TABLE 78: SUMMARY OF PROVINCIAL EXPENDITURE ESTIMATES BY ECONOMIC CLASSIFICATION (R'000) (PROGRAMME 8)

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Current payments	419 726	425 744	465 155	589 351	604 433	618 432	614 018	455 629	330 891
Compensation of employees	43 022	59 992	65 075	91 659	79 728	80 597	113 903	109 428	125 294

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	R'000	2016/17	2017/18				2018/19	2019/20	2020/21
Goods and services	376 704	365 752	400 080	497 692	524 705	537 835	500 115	346 201	205 597
Communication	-	-	-	-	-	-	-	-	-
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	109 819	6 113	4 604	-	13 485	2 908	-	-	-
Inventory	34 115	12 254	33 778	18 752	41 026	32 770	19 783	20 871	21 873
Operating leases	83 109	94 583	90 660	82 890	82 018	83 688	95 482	76 645	3 233
Travel and subsistence	302	1 132	1 740	-	2 482	2 282	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	149 359	251 670	269 298	396 050	385 694	416 187	384 850	248 685	180 491
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	-	-	21	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	21	-	-	-	-	-	-
Payments for capital assets	1 000 849	1 096 983	1 295 518	1 221 623	1 206 541	1 192 542	1 175 774	1 316 910	1 528 143
Buildings and other fixed structures	908 917	1 069 333	1 249 066	786 945	899 373	908 264	904 683	1 301 415	1 525 920
Machinery and equipment	91 932	27 650	46 452	434 678	307 168	284 278	271 091	15 495	2 223

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
	2016/17	2017/18	2018/19				2019/20		2020/21
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	1 420 575	1 522 727	1 760 694	1 810 974	1 810 974	1 810 974	1 789 792	1 772 539	1 859 034
Unauthorised expenditure (1 st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	1 420 575	1 522 727	1 760 694	1 810 974	1 810 974	1 810 974	1 789 792	1 772 539	1 859 034

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 8)

Programme 8 is allocated 3.72 % of the Vote 7 budget in 2020/21, down from 4.01% in the 2019/20 revised estimate. This amounts to a decrease of R 21 182 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 79: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 8)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
SCM for infrastructure	<ul style="list-style-type: none"> Adopt the framework for infrastructure delivery and procurement²¹
Delayed payments to contractors	<ul style="list-style-type: none"> Monitoring of certification of work completed – turnaround time Capacitation on SCM unit (MANCO) SCM guidelines and processes enforced (As above – SCM)
Non-availability of and unreliable Infrastructure	<ul style="list-style-type: none"> Prioritise existing infrastructure over the building of new infrastructure to improve condition and reliability of the existing infrastructure Increasing capacity at existing facilities to meet the demand for services (Equitable distribution of services within districts)
Inaccessible Primary Health Care services- in excess of 5 km away from public health service users ^{22 23}	<ul style="list-style-type: none"> Identification of communities with poor access to Primary Health care Services using existing norms Alternative modes of health service delivery Inc. Mobiles and WBOTS²⁴
Non availability of medical equipment	<ul style="list-style-type: none"> Programme for replacement of existing unreliable equipment Improve on maintenance strategies
Infrastructure not meeting Health and safety standards	<ul style="list-style-type: none"> Prioritise and budget for health and safety compliance
Outcome: Reduced morbidity and mortality	
Global outbreaks	<ul style="list-style-type: none"> Isolation facilities available

²¹ SCM OPS - unpack

²² PGDP AWG Business Plan

²³ (CSIR GUIDELINES)

²⁴ Programme 2

INFRASTRUCTURE PROJECTS

TABLE 80: INFRASTRUCTURE PROJECTS

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
Programme: New or Replaced Infrastructure						
1	Addington Hospital - Installation of a backup chiller	Installation of a Back-up chiller in the core block including the theatres.	2020-12-09	2021-12-09	R 14 706 141	R -
2	Addington Hospital- Replace 16 Schindler Lifts	Replacement of remaining 16 Schindler Lifts	2022-12-01	2022-12-01	R 18 000 000	R -
3	Addington Hospital: Upgrade and Replacement of the MV switchgears and distribution system	Upgrade and Replacement of the MV switchgears and upgrade to the distribution system.	2021-01-11	2021-09-30	R 12 000 000	R -
4	Amajuba Clinics (10): Installation of backup generator sets	Amajuba Clinics (10): Installation of backup generator sets and related electrical works	2020-03-02	2020-08-31	R 3 800 000	R -
5	Bethesda: Replace Mortuary with Containerised Mortuary	Replace Mortuary with Containerized mortuary	2021-02-26	2021-10-29	R 2 000 000	R -
6	Ceza Hospital - Replacement of Perimeter Fencing	Replace existing perimeter Fencing	2020-04-30	2020-10-30	R 5 355 000	R -
7	Ceza Hospital- Assessment and installation of HVAC system.	Investigation and installation of HVAC system for Male and Female Wards, Maternity, OPD and Admin Offices"	2020-08-03	2021-08-31	R 2 075 000	R 124 330
8	Ceza Hospital: Refurbishment of Existing Nurses Accommodation	Ceza Hospital: Refurbishment of Existing Nurses Accommodation.	2021-01-29	2022-01-31	R 5 000 000	R -
9	Chwezi Clinic: Supply, Installation and Commissioning of Park Home Unit	New park homes for HAST and staff accommodation	2019-09-11	2020-05-07	R 3 561 960	R 1 116 774
10	Dr Pixley ka Isaka Seme Memorial Hospital : New 500-Bed Regional Hospital	Contract III - Superstructure of a new 500 bed Regional Hospital consisting of Lower Ground, Ground, First, Second and Plant-room Floors, Heli-pad and Roofs in	2015-01-19	2020-05-29	R 2 700 000 000	R 2 629 467 550

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
		Blocks A to J, a separate Energy Centre (Block K), Roads and Parking.				
11	Dundee Regional Laundry - Laundry Equipment	Replace laundry equipment and repair/or service existing	2019-10-25	2020-03-20	R 21 957 152	R 5 314 683
12	Ethekwini District - Installation Of 29 x 20kl Elevated Water Tanks	Installation of 20kl Elevated Steel Water Tanks	2020-12-15	2021-06-30	R 11 588 463	R -
13	Ethekwini District: Installation of Backup Generator Sets	Ethekwini District: Installation of Backup Generator Sets and associated electrical works 60 and 105 KVA	2020-11-04	2021-03-31	R 5 840 000	R -
14	General Gizenga Mpanza Hospital: replacement of perimeter fence	replacement of perimeter fence around the hospital	2020-10-01	2021-03-31	R 5 092 100	R -
15	GJ Crookes - Replacement of Maternity Ward Building HVAC System	Replacement of Maternity Ward Building HVAC System.	2021-07-01	2022-12-31	R 10 000 000	R -
16	GJ Crookes - Replacement of Operating Theatre HVAC System	Replacement of Operating Theatre HVAC System	2021-07-01	2021-12-31	R 2 400 000	R -
17	GJ Crooke's Hospital: replacement of perimeter fence	replacement of perimeter fence around the hospital	2020-12-01	2021-12-01	R 1 287 000	R -
18	GJGMRH (Stanger) -Upgrade and Replacement of the MV switchgears and distribution syst	Upgrade and Replacement of the MV switchgears and upgrade to the distribution system	2021-07-01	2021-12-31	R 3 500 000	R -
19	Grey's Hospital: 1600kVA transformer replacement with larger unit.	1. Conduct loading assessments. 2. Do fault level calculations. 3. Size and specify transformer to replace the existing transformer. 4. Replace transformer 1600kVA with a larger unit. 5. Replace 11kV power factor correction.	2020-08-03	2021-02-26	R 4 062 099	R 166 120
20	Harry Gwala Clinics: Installation of 16 backup Generator Sets	Harry Gwala Clinics: Installation of 16 backup Generator Sets and associated electrical works	2020-03-02	2022-08-31	R 5 850 000	R -
21	Highway House- Replacement of two Lifts	Replacement of two lifts.	2019-04-11	2020-04-10	R 1 641 014	R 1 411 339

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
22	Ilembe District - Installation Of 5 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	2020-04-15	2020-05-15	R 3 000 000	R -
23	Ilembe District Installation of 13 Backup generator Sets	2020/21: Ilembe District :Installation of 13 Backup generator Sets (60 and 105 KVA with associated electrical works	2020-03-02	2020-08-31	R 4 940 000	R -
24	Ilembe District: Replacement of perimeter fence in 10 clinics	Replacement of perimeter fence in 10 clinics: Wosiyane,Thafamasi, Mphise, Ndulinde, Ohwedede, Isithundu, Kearsney, Nandi, KwaDukuza and Glenhills Clinics	2020-12-01	2022-12-01	R 2 157 350	R -
25	Installation of new standby generators in 15 Clinics in King Cetshwayo District	Install a 50KVA Gensets in various clinics, namely, Bhuchanana, Khandisa, Ngwelezana, Phaphamani, Thokozani, King Dinuzulu, Ndlangubo, Ntumeni, Chwezi, Thalaneni, Mabhuqwini, uMbonambi, Ndundulu, Nogajuka and Nomponjwana Clinics	2020-04-01	2020-12-31	R 4 500 000	R -
26	Installation of Standby Generators in 14 Clinics in Ugu	Install a 50KVa Gensets in various clinics, namely, Umzinto, Assisi, Elim, Dududu, Gcilima, Izingolweni, Ntabeni, Thembalesizwe, Dlangezwa, Mgangeni, KwaJali, Khayelihle, Mabheleni and Mthimude Clinics.	2020-04-01	2020-12-31	R 4 200 000	R -
27	Installation of Standby generators in 15 Clinics in Ilembe District	Install a 50KVA Gensets in various clinics, namely, Isithebe, Hlomendlini, Ndulinde, KwaDukuza, Chibini, Mwolokohlo, Thafamasi, Wosiyane, Amandlalathi, Isithundu, Mphise, Maphumulo, Mbhekaphansi, Mthandeni and Oqaqeni Clinics	2020-04-01	2020-12-31	R 4 500 000	R -
28	Installation of Standby generators in 15 Clinics in uThukela District	Install a 50KVA Gensets in various clinics, namely, Injisuthi, Wembezi, Ncibidwana, Zakheni C, Ekuvukeni, A.E. Havilland, Walton Street, Sahlumbe, Gcinalishone, KwaMteyi, Zakheni E, Matiwane, Steadville, Driefontein and Watersmeet Clinics.	2020-04-01	2020-12-31	R 4 500 000	R -
29	Installation of Standby generators in 16 Clinics in Amajuba District	Install a 50KVa Gensets in various clinics, namely, Newcastle, Charlestown, Ingogo, Groenvlei, Ladybank, Greenock, Thembalihle, Madadeni, Osizweni, Osizweni, Mndoza, Stafford, Sukumani, Verdriet, Emfundweni and	2020-04-01	2020-12-31	R 4 800 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
		Durnacoal Clinics				
30	Installation of Standby generators in 16 Clinics in Harry Gwala District	Install 50KVa Gensets in various clinics, namely, Mvoti, Loudes, Ladam, Gugwini, Sihleza, Underberg, Gqumeni, Sandanezwe, Ixopo, Hlokozi, Jolivet, Kilmun, Sokhela, Riverside, Greater Kokstad and Franklin Clinics	2020-04-01	2020-12-31	R 4 800 000	R -
31	Installation of Standby generators in 16 Clinics in Zululand	Install 50KVa Gensets in various clinics, namely, Queen Nololo, Njoko , Buxedene, Pongola, Alton, Mkhwakhweni, Ulundi A, Mdumezulu, KwaMame, Friesgewaagcht, Thembumusa, Bhekuzulu, Hlobane, Ezimfabeni, Hartland and Diebe Clinics	2020-04-01	2020-12-31	R 4 800 000	R -
32	Installation of Standby generators in 20 Clinics in eThekweni	Install 50KVa Gensets in various clinics, namely, Amaoti, Qadi, Sivananda, Peaceville, Mpumulanga, Ntuzuma, Umlazi D, Umlazi U21, Magabheni, Folweni, UMBumbulu U21 Odidini U21, Danganya U21, KwaMakhutha, Umnini, Halley Stott, KwaNdengezi, Molweni, KwaNgcolosi and Zwelibomvu Clinics	2020-04-01	2020-12-31	R 6 000 000	R -
33	Installation of Standby generators in 23 Clinics in uMgungundlovu District	Install 50KVa Gensets in various clinics, namely, Mpophomeni, KwaPata, Mpumuza, Ndaleni, Mahlutshini, Balgowan, Sondelani, Willowfountain, Bambanani, Emtulwa, Mayizekanye, Cramond, Masons, Injabulo, Maguzu, Esigodini, Azalea, Ntembeni, Ncwadi, Mafakatini, Mbuthisweni and Gcumisa Clinic	2020-04-01	2020-12-31	R 6 900 000	R -
34	Installation of Standby generators in 23 Clinics in Umkhanyakude District	Install a 50KVa Gensets in various clinics, namely, Mbazwana , Jozini, Ndumo, KwaMsane, Sipho Zungu, Mduku Clinic, Mkhuze, Bhokabantu, KhwaMbusi, Mhlekazi, Ophansi, Mbadleni, Mboza, KwaNdaba, Mahlunqulu, Mtubatuba, Madwaleni, Gedleza, Ekuhleleni, Manyiseni, Makhathini, Mabibi Clinic and Oqondweni Clinic	2020-04-01	2020-12-31	R 6 900 000	R -
35	Installation of Standby generators in 30 Clinics in Umzinyathi District	Install a 50KVa Gensets in various clinics, namely, Nondweni, Amatimatolo, Mhlangana, Douglas, Ethembeni, Nkande, Nocomboshe, Masotsheni, Mazabeko, Amakhabela, Ntembisweni, Rorkesdrift ,	2020-04-01	2020-12-31	R 9 000 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
		Isandlwana , Hlati Dam, Wasbank, Mangeni, Inkosi Thathezakhe, Cwaka, Ngubevu, Sakhimpilo, Gunjana, Mumba, Ngabayena, KwaSenge, Qinelani Clinic, Muden, Eshane, KwaNyezi, Mandleni and Felani Clinics				
36	Itshelejuba hospital - Replacement of existing Perimeter fence	Replacement existing of Perimeter Fence.	2020-06-30	2020-12-31	R 5 355 000	R -
37	King Cetshwayo District - Installation Of 21 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	2020-04-15	2020-06-30	R 11 400 000	R -
38	King Dinuzulu Hospital: New Psychiatric Hospital Phase 2 (Completion Contract)	A completion contract to the Psychiatric building works which will include new adult / adolescent psych wards, bulk fuel store, waste disposal unit, covered walkways, alterations to tuck shop and dental outpatients.	2021-09-14	2022-09-13	R 95 497 000	R 867 825
39	King Dinuzulu Hospital: New TB Complex (Completion Contract)	The project is a completion contract to the TB Complex building where works will include 11 blocks: VCT Unit, Outpatient, Admin, Radilogy, Audio, Physio & Occupational Therapy, Pharmacy, Laboratory, Generator Room, Parking, TB Walkways and alterations to the laundry delivery bays,	2021-01-15	2023-01-16	R 119 000 000	R 413 818
40	Ladysmith Hospital: Upgrade and Replacement of MV switchgears in main substation and upgrade of the	Upgrade and Replacement of MV switchgears in main substation and upgrade of the electrical distribution system.	2020-09-01	2021-06-30	R 4 100 000	R -
41	Madadeni Hospital: Upgrade of the MV distribution system for reliability and protection system	Upgrade of the MV distribution system for reliability and protection systems.	2020-10-01	2021-07-30	R 2 300 000	R -
42	Mahatma Gandhi - Replace Hospital Chiller	Replacment of OPD/central chiller	2020-08-01	2022-12-01	R 2 500 000	R -
43	Mahatma Gandhi Memorial Hospital - Replace aircon unit to high care NICU	Replace aircon unit to high care NICU	2021-11-02	2022-01-03	R 500 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
44	Mseleni hospital - Replacement of existing Perimeter fence	Replacement of existing Perimeter fence.	2020-06-30	2020-12-31	R 4 537 000	R -
45	Murchison Hospital - Replace Theatre A/C Plant	Murchison Hospital - Replace Theatre A/C Plant	2020-04-26	2021-04-21	R 6 987 250	R 216 207
Programme: Upgrading and Additions						
46	Ngwelezane Hospital: Construction of New Orthotics and Prosthetics Centre with Parking Area	To design and construct a new orthotics and prosthetics centre and parking area for staff and patients	2021-06-30	2023-01-30	R 30 000 000	R -
Programme: Rehabilitation, Renovations & Refurbishment						
47	Ngwelezane Nursing Campus- Refurbishment of the Nursing Campus	Ngwelezane Nursing Campus- Refurbishment of the Nursing Campus.	2021-03-31	2022-08-31	R 40 000 000	R -
48	Niemeyer Memorial Hospital - Alterations and Additions to OPD and Pharmacy	Alterations and additions to OPD and pharmacy. Convert male ward into pharmacy.	2021-10-01	2022-10-31	R 3 000 000	R -
49	Niemeyer Memorial Hospital- Repairs to Gateway Clinic Roof.	Niemeyer Memorial Hospital- Repairs to Gateway Clinic Roof.	2020-08-01	2022-12-01	R 600 000	R -
Programme: New or Replaced Infrastructure						
50	Nkungumathe - New Health Post	Construction of a new health post consisting of relocating the existing parkhome to existing site and provision of new parkhomes	2020-08-01	2022-12-01	R 3 500 000	R -
51	Prince Mshiyeni Memorial Hospital -MV switchgear replacement	1. Replacement of MV switchgears in main incomer substation. 2. Installation of Surge Protection (Arrestors).	2022-05-02	2023-01-30	R 10 700 000	R 273 580
52	Princess Mhlosheni Clinic: Replace the Security Perimeter Fence	Remove the existing Security Perimeter Fence and Replace with the new Fence	2020-05-02	2020-12-30	R 469 471	R -
53	Replacement of 9 Lifts and 1	"Replacement 1 Lift and 1 Hoist in King Edward	2020-04-01	2020-08-26	R 8 150 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
	Hoist in 4 eThekweni Hospitals	Hospital. Replace 2 Goods Lifts and 1 Staff Lift in Prince Mshiyeni Hospital. Replace 3 Lifts in St Aidan's Hospital and 2 Lifts in St Mary's Hospital."				
54	RK Khan Hospital - Replace 8 patient lifts	Replacement of 8 patient lifts at the hospital.	2021-09-01	2022-03-01	R 6 400 000	R -
55	RK Khan Hospital- MV and LV switchgear replacement	1. Replacement of MV Switchgear and associated components. 2. Replacement of LV Switchgear and associated components.	2020-08-03	2021-01-29	R 22 500 000	R 813 233
56	RK Khan Nursing College - Replacement of Flat Roof Waterproofing and Full-Bores	Replacement of flat roof waterproofing and full-bores	2022-12-01	2022-12-01	R 7 000 000	R -
57	St Francis Hospital - Replacement of existing Perimeter fence	Replacement of existing Perimeter fence	2020-05-29	2020-11-30	R 2 677 000	R -
58	Townhill Hospital - Replacement of MV switchgear.	Townhill Hospital - Electrical distribution network study and MV upgrade	2020-11-12	2021-01-08	R 800 000	R -
59	Townhill Hospital: Replacement of Sport and Recreational Facilities	"Replacement of Swimming pool, 2 x Combi-court Soccer field, Clubhouse, Prayer rooms, Recreational area, Parking and Fencing"	2021-04-01	2022-03-31	R 10 000 000	R -
60	Ugu District - Installation Of 20 x 20kl Elevated Water Tanks	Installation Of 20kl Elevated Water Tank	2020-04-15	2020-06-30	R 12 000 000	R -
61	Ugu District Clinics : Installation of 34 backup generator sets	Ugu District Clinics : Installation of 34 backup generator sets and associated electrical works	2020-03-02	2020-08-31	R 14 080 000	R -
62	Ugu District: replacement of perimeter fence in 22 clinics and 1 CHC	Replacement of perimeter fence in 22 clinics and 1 CHC: Turton CHC, Umzinto Clinic, Braemer clinic, Dlangezwa Clinic, Baphumile Clinic, Bhomela Clinic, Gaqayinyaga Clinic, Harding Clinic, Khayelihle Clinic, kawJali Clinic, KwaMbunde Clinic, Ludimala Clinic, Mabhaleleni Clinic, Meadow Clinic, Mgayi Clinic,	2021-05-01	2022-03-01	R 3 978 650	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
		Morrison's Post Clinic, Philani Clinic, Nyangwini Clinic, Shelly Beach Clinic, South Port Clinic, Thembalesizwe Clinic, Thonjeni Clinic and Gcilima Clinic.				
63	Umgungundlovu District - Installation Of 5 x 20kl Elevated Water Tanks	Installation of 20kl elevated water storage tanks.	2020-04-15	2020-05-15	R 3 000 000	R -
64	Umgungundlovu District clinics installation of 16 generator sets	Umgungundlovu District clinics installation of 16 generator sets and associated electrical works	2020-03-02	2020-08-31	R 6 080 000	R -
65	Umkhanyakude District - Installation Of 12 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	2020-04-15	2020-05-15	R 7 200 000	R -
66	uMkhanyakude District Clinics installation of backup generator sets	uMkhanyakude District Clinics installation of 26 backup generator set and associated electrical works	2020-03-02	2020-08-31	R 9 100 000	R -
67	Umpumulo Hospital: replacement of perimeter fence	replacement of perimeter fence around the hospital	2021-04-01	2022-01-01	R 3 737 500	R -
68	Umzinyathi District Clinics - Installation Of 10 x 20kl Elevated Water Tanks	Installation Of 20kl Elevated Water Tanks	2020-04-15	2020-05-15	R 6 000 000	R -
69	uMzinyathi District Clinics: Installation of 23 standby generator sets	uMzinyathi District Clinics: Installation of 23 standby generator sets and associated electrical works	2020-03-02	2020-08-31	R 8 250 000	R -
70	Uthukela District - Installation of 15 x 20kl elevated steel water tanks.	Installation of 20kl elevated steel water tanks.	2020-04-15	2020-05-15	R 10 200 000	R -
71	uThukela Districts Clinics: Installation of 17 standby Generator sets	uThukela Districts Clinics: Installation of 17 standby Generator sets with associated electrical works	2020-03-02	2020-08-31	R 5 950 000	R -
72	Wentworth Hospital- Restoration of HVAC system supplying	"Assessment and reinstatement of HVAC system for theatre. 1. Assessment of central system	2021-10-28	2022-10-28	R 9 000 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
	theatre	2. Installation of close control HVAC units in three theatres"				
73	Zululand District - Installation Of 18 x 20kl Elevated Water Tanks	Installation of 20kl elevated steel water tanks.	2020-04-15	2020-06-30	R 10 800 000	R -
74	Zululand District Clinics: Installation of 18 standby Generator sets	Zululand District Clinics: Installation of 18 standby Generator sets and associated Electrical works	2020-03-02	2020-08-31	R 6 300 000	R -
Programme: Rehabilitation, Renovations & Refurbishment						
75	Addigton Nursing Campus - Replacement of Flat Roof Waterproofing and Full-bores	Replacement of flat roof waterproofing and full-bores	2022-12-01	2022-12-01	R 7 000 000	R -
76	Addington Hospital - Restoration Of Fire Services	Repair existing fire services systems, Design and install new Fire Services systems to areas which are not complying with Fire Regulations	2020-06-01	2021-06-30	R 9 000 000	R -
77	Addington Hospital maintenance, repairs and replacement of drainage and sewerage system.	Cleaning and Unblocking of All Sewer Drains, Replace Sewer Lines and Water Pipes and Drainage in the Main Tower Block. Upgrade Drainage Pipes, Sewer & Water pipes in Main Air-conditioning Plant Room. Upgrade Sewer Pit in Clarifier Room."	2020-10-01	2021-03-31	R 1 000 000	R -
78	Addington Hospital Nursing College - Renovations to the Nursing College Residences	Renovations to the Nursing College Residences	2019-09-23	2020-06-30	R 17 454 087	R 2 467 440
79	Addington Hospital- Package 1 Maintenance - Renovations to ablutions, Dining Hall and Nutrition Cent	Package 1 Maintenance - Renovations to all ablutions (excluding ground floor), Dining hall (including ablutions and kitchenette) and Nutritional Center	2021-01-15	2022-01-31	R 30 000 000	R 342 197
80	Addington Hospital- Package 3 Maintenance - Replace old fence with boundary wall and repair entrance	New perimeter fence and/or boundary walls incl vehicular & pedestrian gates, Gatehouses to all manned entrances. Fencing of parking area in front of Nurse's Home with gatehouse. Pigeon proofing of courtyards. Boom gate at Emergency entrance			R 20 000 000	R 177 010

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
81	Addington Nursing Residence - Restoration Of Water and Fire Services at Nurses Accommodation	Remedial works to the Cold and Hot water supply systems. Design and install a Fire Protection system	2020-07-01	2021-03-31	R 8 000 000	R 949 422
82	Amatikulu RTC Renovations and Repairs to Training Centre Building	Convert bedrooms to ablutions, renovate ablutions, install water tank, borehole, replace fence and kitchen mechanical equipment.	2020-04-28	2020-09-30	R 500 000	R -
83	Benedictine Hospital - Replace roof, gutters and down pipes	Replace roof, gutters and down pipes in, Admin Block, Maternity ward, Surgical wards, Theatre,HR building, Sisters lodge. Replace asbestos in Maintenance, Compound, Army house, 4 plant rooms and Transport buildings	2021-02-26	2021-10-29	R 5 000 000	R -
84	Catherine Booth Hospital- Phase 1 & 2 Refurbish existing wards	Phase 1 Refurbish Existing Wards: Construction of Decanting Facility, Upgrade Laundry, New Pharmacy Store and Upgrade Paeds Building & Phase 2: Refurbish and renovate existing Male & Female wards, including all services and new roof. Replace Medical Gas at Maternity ward.	2020-11-27	2021-10-30	R 55 038 013	R 16 467 292
85	Cato Manor Regional Laundry - Reseal and waterproof flat roof and skylights	Reseal and waterproof flat roof and skylights.	2020-01-27	2020-10-30	R 15 100 000	R 1 061 470
86	Charles Johnson Memorial - Nursing college (Phase 2) Completion Contract	Replace floor coverings, paint walls, fit cupboards, electrical upgrades including waterproofing to roofs and plumbing repairs.	2020-10-01	2021-04-30	R 12 000 000	R -
87	Christ the King Relocate Staff Accommodation (Completion Contract)	Christ the King: Relocate Staff Accommodation (Completion Contract) Attend to all latent defects arising from the previous contract which was terminated after failing to re-establish on site.	2019-09-02	2020-03-31	R 6 000 000	R 3 133 932
88	Church of Scotland Hospital RTC-renovations to RTC	Installation of folding partition in between classrooms, Renovations to accommodation ablutions & ironing room	2020-03-30	2020-09-04	R 1 100 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
89	Clairwood Hospital - Renovations of Wards	Renovations of Wards	2021-01-15	2022-12-01	R 10 000 000	R -
90	Clairwood Hospital - Storm Damage Repairs at PPSD	Storm Damage Repairs at PPSD	2019-08-20	2020-04-28	R 16 000 000	R 22 789 036
91	Dundee Hospital - Upgrade existing ward 4 to an RTC	Upgrade existing ward 4 to an RTC	2020-09-21	2021-04-23	R 2 500 000	R -
92	Ekhombe Hospital - Renovations to walkways.	"Renovations to Walkways between theatre and maternity. Replace floors with smooth floors. Cover walkways against weather element.	2020-07-31	2021-07-30	R 6 526 851	R 841 675
93	Ekhombe Hospital - Staff accommodation renovation	Remove asbestos roofs, test and replace roof trusses where necessary. Replace ceilings, electrical installation and issue COC.Renew light fittings.	2020-09-30	2022-05-31	R 60 545 000	R 2 746 592
94	Emmaus Hospital replacement of perimeter fence /Restoration of internal roads	Replace the existing wire-mesh perimeter fence where applicable with the recommended fence, but to exclude the newly installed fence along the main road at the front side. Replace the existing dilapidated steel gates within perimeter fence.	2019-12-03	2021-06-30	R 9 098 651	R 672 467
95	Emmaus Hospital: Roof Replacement to various buildings	Roof Replacement to various buildings (Priority to asbestos roofs)	2021-04-10	2022-04-12	R 10 000 000	R -
96	Empangeni EMS Station Major refurbishment of the building and services	Empangeni EMS Station Major refurbishment of the building and services	2022-01-01	2022-12-01	R 5 000 000	R -
97	Estcourt Hospital: Replace Central Chilled Water System	Assess and Replace two Piston Type Chillers and condenser water cooling towers	2021-09-01	2022-10-03	R 16 000 000	R -
98	eThekweni District Clinics: Asbestos eradication and associated roofing work	eThekweni District Clinics: Asbestos eradication and associated roofing work	2020-12-01	2021-10-01	R 21 226 450	R -
99	EThekweni Metro Perimeter Fence Replacement Programme 2020	Remove existing and install new perimeter fence according to DOH spec for EThekweni Clinics.	2020-06-01	2021-03-31	R 5 590 650	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
	(31 Clinics)					
100	G J Crookes Hospital - Upgrade the roof and plumbing in maternity ward	G J Crookes Hospital - Replacement of roof and plumbing including minor internal renovations to ward A which includes the Labour, Gynae and Nursery.	2020-06-01	2021-05-31	R 22 168 963	R 1 959 581
101	GJGMRH (Stanger) - Conversion from water to air cooled	Conversion from water to air cooled	2020-12-29	2021-12-24	R 15 000 000	R -
102	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	2020-08-01	2022-12-01	R 10 300 000	R -
103	Greytown TB Hospital - Extractor Fans at Male TB ward x6	Extractor Fans at Male TB ward x6	2020-06-02	2021-06-01	R 940 000	R 60 054
104	Greytown TB Hospital :Pave parking area and Build a new Guard House	Pave parking area for staff residence parking and build a new guard house to meet NCS.	2020-07-09	2021-05-31	R 4 000 000	R -
105	Greytown TB Hospital: Replace existing Concrete Fence	Replace existing Concrete Fence	2020-11-01	2021-11-01	R 1 000 000	R -
106	Harry Gwala District Perimeter Fence Replacement Programme (06 Clinics)	Remove existing fence and replace with new perimeter fence on clinics according to DOH spec.	2020-11-02	2021-11-02	R 2 512 900	R -
107	Ilembe Asbestos eradication programme and associated roofing works	Ilembe Asbestos eradication programme and associated roofing works	2020-11-03	2021-11-03	R 5 420 800	R -
108	Jozini Malaria Health Complex - Replace perimeter fence around Malaria Camps	Replace perimeter fence around Malaria Camps and install new security gates	2020-04-01	2021-04-30	R 2 000 000	R -
109	King Cetshwayo District Asbestos eradication programme and associated Roofing Works	King Cetshwayo District :Asbestos eradication and replacement of associated roof structures	2022-12-01	2022-12-01	R 14 238 000	R -
110	King Dinuzulu Hospital Complex - Roof Repairs	Repairs to District Hospital and TB Surgical roofs. Internal repairs to CTOP Unit and Occupational Health	2020-04-01	2020-07-31	R 10 840 000	R 948 245

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
		Clinic.				
111	King Dinuzulu Hospital- Renovate existing space for a 72-hour observation unit Phase 1	Renovate existing Ward C for a 72-hour observation unit Phase 1	2020-06-01	2021-05-31	R 2 600 000	R -
112	King Dinuzulu Hospital: Infrastructure Maintenance Hub in eThekweni	Renovate old hospital workshop into a maintenance hub	2020-09-07	2021-09-08	R 73 120 000	R 4 056 597
113	King Edward VIII Hospital - Upgrade Nursery	Renovations to Existing Nursery, Psychiatric basement, Physiotherapy area and relocation of the Psychology department.	2018-03-14	2020-05-29	#####	R 49 023 800
114	KWAMAGWAZA HOSPITAL: Repair and Water proof roofs at OPD; Female and Male Ward and Theatres	Repair and Water proof roofs at OPD; Female and Male Ward and Theatres	2020-08-01	2022-01-31	R 2 700 000	R -
115	KwaZulu Provincial Central Laundry (PMMH) - Storm damage recovery project	The project entails replacement of roof and windows	2019-09-06	2020-05-04	R 5 061 000	R 2 232 734
116	Ladysmith Hospital - Replacement of Sewer Reticulation	1. Investigation of existing sewerline. 2. Removal of existing sewerline. 3. Design and construction of new sewerline.	2021-01-01	2021-12-17	R 15 300 000	R 958 808
117	Ladysmith Hospital: 72 hr Water and Fire Storage Upgrade	Ladysmith Hospital: 72 Water and Fire Storage Upgrade	2020-09-01	2021-08-31	R 3 200 000	R 682 403
118	Ladysmith Hospital: New walkway covering at wards 1 to 8	Replace walkway coverings at wards 1 to 8	2020-12-21	2021-12-16	R 1 200 000	R -
119	Madadeni Hospital - Renovate existing space for a 72-hour observation unit	Renovations of existing space for a 72-hour observation unit	2020-12-22	2022-06-17	R 5 000 000	R -
120	Malaria Camps upgrade and additions	Upgrade and renovate malaria camps	2021-10-15	2022-10-31	R 9 500 000	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
121	McCord Hospital - Renovations to doctors residence and RTC	McCord Hospital - Renovations to doctors residence and RTC	2020-03-02	2021-03-31	R 10 200 000	R 3 130 995
122	McCords Hospital- Major refurbishment on Sinikithemba and Administration buildings	Major refurbishment on Sinikithemba and Administration buildings	2020-03-06	2021-07-30	R 21 000 000	R 1 341 875
123	Natalia Building - Reconfiguration of 16th floor, Relocation of PHOC & Waterproofing of Flat Roofs	Natalia Building - Reconfiguration of 16th floor, Relocation of PHOC & Waterproofing of Flat Roofs	2020-03-07	2021-07-31	R 15 300 000	R 139 362
124	Natalia Building: Upgrade of MEC Suite	Sound proofing, wall paper, projector system, etc	2022-12-01	2022-12-01	R 7 000 000	R -
125	Northdale Hospital - Regional Training Centre (RTC)	Northdale Hospital - Regional Training Centre (RTC)	2020-04-06	2020-09-10	R 1 100 000	R -
126	Northdale Hospital- Renovate existing space for a 72-hour observation unit	Renovate existing space for a 72-hour observation unit	2021-09-07	2023-02-11	R 25 000 000	R 55 660
127	Ntuze Clinic - Replace Roof	Replacement of roof at clinic	2020-08-01	2021-12-31	R 1 300 000	R -
128	Pietermaritzburg Mortuary - Refurbishment	Paintwork, Installation of CCTV, Undercover parking, Floor coverings, Signage and Road repairs	2020-09-30	2022-12-01	R 2 200 000	R -
129	Port Shepstone Hospital: Urgent repairs to fire damage	Port Shepstone Hospital: Urgent repairs to fire damage: J-Ward and server room	2019-11-01	2020-10-30	R 24 685 000	R 4 763 522
130	Prince Mshiyeni Hospital - Replace 8 standby generators	Replacement of 8 standby generators	2021-06-01	2022-12-01	R 11 600 000	R -
131	Prince Mshiyeni Memorial Hospital - Kitchen Renovation.	Kitchen Renovation, replacement of steam kitchen pots with energy efficient pots, installation of new energy dish washing machine, optimisation of ventilation, fly control measures and food trolleys.	2022-08-02	2023-02-02	R 2 000 000	R -
132	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	Refurbishment of water reservoir at Prince Mshiyeni Memorial Hospital	2020-10-01	2021-01-29	R 9 300 000	R 158 775

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
133	Replacement of Fencing in Various Clinics in Ethekekwini and Ugu	KwaMashu Poly Clinic-Install Security perimeter fence Oqaqeni Clinic-Install Security perimeter fence Ntabeni Clinic-Install Security perimeter fence.	2020-08-01	2022-06-30	R 1 500 000	R -
134	RK Khan Hospital - Re-waterproofing of flat roofs and internal renovations at Blocks D, E & CSSD	Re-waterproofing, replacing of floor finish and painting of internal walls of Blocks D, E and CSSD	2020-07-01	2021-10-29	R 10 862 250	R -
135	Townhill Hospital- Structural Investigation and Repairs to Hillside Ward	Hospital- Structural Investigation and Repairs to Hillside Ward	2020-03-02	2021-03-01	R 14 696 693	R 238 292
136	Ugu District Asbestos Eradication Programme and Associated roofing works	Ugu District Asbestos Eradication Programme and Associated roofing works	2020-12-01	2021-12-01	R 22 593 900	R -
137	uMgungundlovu District Asbestos Eradication programme and associated roofing works	uMgungundlovu District :Asbestos Eradication programme and associated roofing works	2020-12-02	2021-12-02	R 7 971 180	R -
138	Umgungundlovu District Perimeter Fence Replacement Programme (10 Clinics)	Remove existing fence and replace with new perimeter fence on clinics according to DOH spec.	2020-06-01	2021-03-31	R 1 764 750	R -
139	uMkhanyakude District Clinics: Asbestos eradication and associated roofing works	uMkhanyakude District: Asbestos eradication and associated roofing works at various clinics	2020-12-02	2021-12-02	R 1 485 400	R -
140	Umzinyathi Asbestos Removal Programme and Associated roofing works	uMzinyathi Asbestos Removal Programme and Associated roofing works	2020-11-16	2021-02-26	R 2 267 300	R -
141	Uthukela District Perimeter Fence Replacement Programme 2020 (15 Clinics)	Remove existing fence and replace with new perimeter fencing on clinics according to DOH spec.	2020-06-01	2021-03-31	R 3 224 650	R -
142	uThukela District-Asbestos Eradication Programme and associated Roofing Works	uThukela District-Asbestos Eradication Programme and associated Roofing Works	2020-12-02	2021-12-02	R 2 360 400	R -

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

No	Project Name	Project Details / Scope	Project Start Date	Project End Date	Total Estimated Cost	Total Expenditure Previous years
143	Vryheid Hospital- Replacement of Asbestos Roof	Vryheid Hospital- Replace asbestos roof using suitable roofing material to match existing where possible.			R 3 000 000	R -
144	Zululand District Clinics: Asbestos eradication and associated roofing works	Zululand District: Asbestos Eradication and Associated Roofing Works at various Clinics	2020-11-16	2021-02-26	R 2 496 900	R -

PUBLIC PRIVATE PARTNERSHIPS

TABLE 81: PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

Name of PPP	Purpose	Output	Current Annual Budget R'000	Date of Termination
Inkosi Albert Luthuli Central Hospital The Department is 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 18 Months contract extension was signed on the 30th January 2020. The commitment / obligation are as follows: 2019/20: R766, Million 2020/21: R383 Million The total obligation to remaining period is R 1.149 billion.	The 18 months contract extension with Impilo Consortium (Pty) Ltd will terminate on the 31 July 2021

TABLE 82: STATE AIDED FACILITIES

Institutions per District	Type of Institution	Funding Allocation	
		2019/20	2020/21
Ilembe		2 162 167	2 227 032
Durban Coastal - Happy Hours Ninikhona	Mental Health	291 982	300 742
Ikwezi Cripple Care	Mental Health	1 356 742	1 397 444
St Lukes Home	Mental Health	513 443	528 846
Harry Gwala		659 290	679 069
Hlanganani Ngothando	Mental Health	411 205	423 541
Tender Loving Care	Palliative Care	248 085	255 528
Umzinyathi		424 360	437 091
Duduza Care Centre	Palliative Care	424 360	437 091
Uthukela		591 558	609 305
Estcourt Hospice	Palliative Care	591 558	609 305
Umkhanyakude		723 788	361 894
Solid Foundation for Rural Development	Mental Health	723 788	361 894
Ethekwini		22 397 523	16 681 645

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Institutions per District	Type of Institution	Funding Allocation	
Austerville Halfway House	Mental Health	621 370	640 012
Azalea House	Mental Health	573 841	591 056
Claremont Day Care Centre	Mental Health	438 205	451 352
Durban Coastal - Happy Hours Amaoti	Mental Health	585 434	602 997
Durban Coastal - Happy Hours Durban North	Mental Health	512 399	527 771
Durban Coastal - Happy Hours KwaXimba	Mental Health	468 347	482 398
Durban Coastal - Happy Hours Mpumulanga	Mental Health	468 347	482 398
Durban Coastal - Happy Hours Phoenix	Mental Health	292 137	300 901
Jona Vaughn Centre	Mental Health	2 723 676	2 805 386
Madeline Manor	Mental Health	1 003 931	1 034 049
Scadifa Centre	Mental Health	1 072 647	1 104 826
Sparkes Estate	Mental Health	1 274 042	1 312 263
Umlazi Halfway House	Mental Health	310 685	320 006
Bekulwandle Bekimpelo	Clinic	9 437 790	4 718 895
Matikwe Oblate Clinic	Clinic	541 671	270 836
Philakade TLC	Clinic	1 275 201	637 601
Highway Hospice	Palliative Care	797 797	398 898
Zululand		6 406 061	3 203 031
Mountain View Hospital	Clinic	5 478 642	2 739 321
KZN Blind and Deaf Society	Disability	927 419	463 710
Ugu		651 648	325 824
Durban Coastal - Happy Hours Nyangwini	Mental Health	307 349	153 675
South Coast Hospice	Step Down	201 714	100 857
Ikhanzi Care Centre	Mental Health	142 585	71 292
Umgungundlovu		5 900 236	2 950 118
Enkumane Clinic	Clinic	304 131	152 066
John Peattie House	Mental Health	1 371 451	685 725
Lynn House	Mental Health	687 594	343 797
Rainbow Haven	Mental Health	459 877	229 939
Sunfield Home	Mental Health	302 541	151 271
Magaye School for the Blind	Disability	579 637	289 819
Umsunduzi Hospice	Palliative Care	1 539 957	769 978
Howick Hospice	Palliative Care	655 047	327 524
Disability & Rehab		2 001 876	1 000 938
Disabled People South Africa (CBR)	Disability	1 043 554	521 777
Disabled People South Africa (WCR)	Disability	958 322	479 161
Total (Equitable share)		41 918 506	28 475 945

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Institutions per District	Type of Institution	Funding Allocation	
HAST		12 016 935	6 008 468
Genesis Care Centre (Ugu)	Step Down	2 946 254	1 473 127
Philanjalo Hospice (Umzinyathi)	Step Down	2 739 969	1 369 985
Ethembeni Care Centre (King Cetshwayo)	Step Down	5 179 000	2 589 500
Ekukhanyeni Clinic (Ethekwini)	Step Down	1 151 712	575 856

PART D: TECHNICAL INDICATOR DESCRIPTIONS (TIDS)

PROGRAMME 1: ADMINISTRATION

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
UHC service Index	UHC Service Coverage Index is a measurement of coverage of essential health services and is calculated as the product of Reproductive, maternal, newborn and child health coverage; Infectious disease control; Non-communicable diseases and Service capacity and access.	South African Health Review (SAHR 2018)	Not Applicable	Not Applicable	Not required for Strategic Plan 2020-2025	Not Applicable	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	DHS Manager	1
Audit opinion of Provincial DoH	Audit opinion for Provincial Departments of Health for financial performance	Annual Report – AGSA Findings	N/A	N/A	Annual Report – AGSA Findings	None	N/A	N/A	Categorical	Annual	Unqualified audit opinion from the Auditor General of SA.	CFO; All Senior Managers Provincial Departments of Health	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Contingent liability of medico-legal cases	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Medico-legal case management system	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019	Not Applicable	Not required for Strategic Plan 2020-2025	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Lower	Legal services	1
Percentage of facilities certified by OHSC	To be determined	To be determined	Not Applicable	Not Applicable	Not required for Strategic Plan 2020-2025	Not Applicable	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	DHS Manager	
Percentage of PHC facilities with functional Clinic committees	Improve quality of services at PHC facilities conducting regular meetings with functional Clinic committees	Attendance Registers of meetings of Clinic committees	Number of functional clinic committees	Number of PHC Facilities	Not required for Strategic Plan 2020-2025	Attendance Registers are accurately kept	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	Corporate Services and DDG: CMS	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage of hospitals with functional hospital boards	Improve quality of services at Hospitals conducting regular meetings with functional Hospital Boards	Attendance Registers of meetings of hospital boards	Number of functional Hospital Boards	Number of Hospitals	Not required for Strategic Plan 2020-2025	Attendance Registers are accurately kept	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	Corporate Services and DDG: CMS	2
Professional nurses per 100 000 population	The number of Professional Nurses in posts on the last day of March of the reporting year per 100 000 population.	Persal (Professional Nurses) DHIS (Stats SA population)	Number of Professional Nurse posts filled	Total population	Persal (Professional Nurses) DHIS (Stats SA population)	None	None	All Districts	Number/100 000 population	Annual	Increase in the number of Professional Nurses contributes to improving access to and quality of clinical care.	HRMS Manager/ DDG's	1
Medical Officers per 100 000 population	The number of Medical Officers in posts on the last day of March of the reporting year per 100 000 population.	Persal (Medical Officers) DHIS (Stats SA population)	Number of Medical Officer posts filled in reporting year	Total population	Persal (Medical Officers) DHIS (Stats SA population)	None	None	All Districts	Number/100 000 population	Annual	Increase in the number of Medical Officers contributes to improving access to and quality of clinical care.	HRMS Manager/ DDG's	1
Percentage of supplier invoices paid within 30 Days	To be determined	BAS	Suppliers paid within 30 days	Suppliers paid	BAS	None	None	None	%	Monthly	Increase	CFO	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage Over /under expenditure	Percentage expenditure within 1% of the annual budget allocation per classification / programme based on BAS expenditure reports.	BAS Reports	Total expenditure	Annual allocated budget	BAS Reports	None	None	All Districts	%	Quarterly	No over or under expenditure	CFO, DDG's, District and Facility Managers	1
Number of CHWs contracted into the health system	The number of CHWs appointed on contract during year of reporting.	CHW database/ Persal	N/A	N/A	CHW database/ Persal	None	None	All Districts	Number	Annual	Higher number improves coverage.	Executive Support Manager	1
Percentage of hospitals with stable ICT connectivity	Number of hospitals with ICT connectivity measured against all Hospitals	ICT reports on ICT connectivity usage and payment thereof	Number of hospitals with ICT connectivity	Total number of hospitals across the Department	ICT reports on ICT connectivity usage and payments	ICT and SITA will produce and keep reports	Not Applicable	All Districts	%	Annual	Hospitals making full use of ICT solutions	ICT and DDG: CMS	1
Percentage of PHC facilities with stable ICT connectivity	Number of PHC facilities with ICT connectivity measured against all PHC facilities	ICT reports on ICT connectivity usage and payment thereof.	Number of PHC facilities with ICT connectivity	Total number of PHC facilities across the Department	ICT reports on ICT connectivity usage and payments	ICT and SITA will produce and keep reports	Not Applicable	All Districts	%	Annual	PHC facilities making full use of ICT solutions	ICT and DDG: CMS	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage Achievement on improvement plans on leadership and governance	Improvement plans that are implemented successfully so to improve leadership and governance by Department's Management	Leadership and Governance improvement plan as approved annually by the Department's EXCO	Number of improvement Activities implemented successfully	Total number of improvement Activities approved	Improvement plan report detailing progress	Improvement plan report will be updated timeously and filed	Not Applicable	All Districts	%	Annual	The Department meeting all its strategic objectives	HRMS and DDG: CMS	1
Percentage of hospitals electronically recording clinical codes for their patient visits	Hospitals that use an electronic system to capture clinical codes for each and every patient visit	Hospitals that have access to and use an electronic system for patient records	Number hospitals that have access to and use an electronic system for patient records	Total number of hospitals across the Department	Hospitals that use an electronic system to capture clinical codes for each and every patient visit	None	Not Applicable	All Districts	%	Annual	All patient information stored and accessed electronically by all health facilities	ICT and DDG: CMS	1
Percentage of SMS and CEOs with annual EPMDs assessments signed off by due dates	The number of SMS and CEOs who comply with EPMDs measured against the total number of SMS and CEOs	Register on submission of assessment and actual assessments	Number of SMS and CEOs who have signed assessment	Total number of SMS and CEOs across the Department	Register of all submitted assessments by the due date	Register on submission of assessments will be updated and stored safely	Not Applicable	All Districts	%	Annual	All Managers meeting their planned strategic objectives	HRMS and DDG: CMS	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage hospitals compliant with occupational health and safety	The number of hospitals which comply with OHS measured against the total number of Health facilities	Register on hospitals which comply with OHS with their individual OHS assessment reports	Number of hospitals with OHS assessment reports detailing their compliance too.	Total number of hospitals across the Department	Register of all OHS assessments per institution with their assessment reports.	OHS assessments will be done, reports kept safely and register updated too.	Not Applicable	All Districts	%	Annual	All hospitals across the Department comply with OHS prescripts	HRMS and DDG: CMS	1
Percentage of initiated/instituted disciplinary cases finalised	The number of disciplinary cases that are finalised within the stipulated timeframes	Register of disciplinary cases with their status	Number of disciplinary cases that have been finalised	Total number of disciplinary cases that have been initiated/instituted	Register of all disciplinary cases with their status	Register of disciplinary cases will be updated timeously and kept safely	Not Applicable	All Districts	%	Annual	The Department fully implements consequence management	HRMS and DDG: CMS	1
Percent achievement on Improvement plans on HR Functionality	Improvement plans that are implemented successfully so to improve HR processes and functions by HR staff	HR functionality improvement plan as approved annually by the Department's EXCO	Number of improvement Activities implemented successfully	Total number of improvement Activities approved	Improvement plan report detailing progress	Improvement plan report will be updated timeously and filed	Not Applicable	All Districts	Numerator divided by Denominator	Annual	The Department meeting all its strategic objectives	HRMS and DDG: CMS	1
Number of new vehicles purchased	New vehicles purchased annually	Departmental Fleet Register	N/A	N/A	Departmental Fleet Register BAS payment reports	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	Number	Annual	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Number of vehicles disposed	Vehicles due to age or mileage or being non-functional that are approved for disposal	Departmental Fleet Register	N/A	N/A	Departmental Fleet Register Disposal Committee minutes	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	Number	Annual	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1
Percent vehicles that are operational	Departmental vehicles at a given point in time that are fully operational	To be determined	Number of vehicles operational	Total number of vehicles on vehicle register	To be determined	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	%	Quarterly	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1
Number of new ambulances purchased	New ambulances purchased annually	Departmental Fleet Register	N/A	N/A	Departmental Fleet Register BAS payment reports	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	Number	Annual	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1
Number of ambulances disposed	Ambulances due to age or mileage or being non-functional that are approved for disposal	Departmental Fleet Register Disposal Committee minutes	Number of ambulances at a given point in time that are fully operational	Total number of ambulances	Departmental Fleet Register Disposal Committee minutes	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	Number	Annual	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percent ambulances that are operational	Departmental ambulances at a given point in time that are fully operational	Departmental Fleet Register	Number of ambulances at a given point in time that are fully operational	Total number of ambulances on register	Departmental Fleet Register	Departmental fleet register accurately updated and kept safely	Not Applicable	All Districts	%	Quarterly	The Department using its fleet assets to effectively provide services	Fleet Management and DDG: CMS	1

PROGRAMME 2: PRIMARY HEALTH CARE

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Ideal clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs/CDCs	Ideal Health Facility software	Fixed PHC health facilities have obtained Ideal Clinic status	Fixed PHC clinics or fixed CHCs and or CDCs	Not required for Strategic Plan 2020-2025	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	Quality Assurance	2

PROGRAMME 2: HAST

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
TB Rifampicin Resistant/MDR /pre-XDR treatment success rate – Short regime	TB Rifampicin Resistant/MDR /pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR /pre-XDR clients started on treatment	DR-TB Clinical stationery; EDR Web	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment – short regime	TB Rifampicin Resistant/MDR/pre-XDR start on treatment – long regime	DR-TB Clinical stationery EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	TB Programme Manager	2
TB Rifampicin Resistant/MDR /pre-XDR treatment success rate – long regime	TB Rifampicin Resistant/MDR /pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR /pre-XDR clients started on treatment	DR-TB Clinical stationery; EDR Web	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment – long regime	TB Rifampicin Resistant/MDR/pre-XDR start on treatment – short regime	DR-TB Clinical stationery EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	TB Programme Manager	2
All DS-TB Client Death Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a	DS -TB Clinical stationery;TIER .Net	All DS- TB client died	All DS- TB patients in treatment outcome cohort	Not required for Strategic Plan 2020-2025	Accuracy dependent on quality of data submitted by health	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Lower	TB Programme Manager	Not required for Strategic Plans

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	proportion of all those in the treatment outcome cohort					facilities							
All DS-TB Client Treatment Success Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those in the treatment outcome cohort	DS-TB Clinical Stationery;TIER .Net	All DS-TB client successfully completed treatment	All DS- TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER .Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	TB Programme Manager	2
ART adult death rate at 6 months	ART adult cumulative death as a proportion of ART adult start minus cumulative transfer out	HIV registers; TIER.Net	ART adult cumulative death	ART adult start minus cumulative transfer out	HIV registers; TIER.Net	None	100% Population 15 years and older	None	%	Quarterly (Annualised)	Decreased percentage	HIV / AIDS Manager	2
ART child death rate at 6 months	ART child cumulative death as a proportion of ART child start minus cumulative	HIV registers; TIER.Net	ART child cumulative death	ART child start minus cumulative transfer out	HIV registers; TIER.Net	None	100% Children under 15 years	None	%	Quarterly (Annualised)	Decreased percentage	HIV / AIDS Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	transfer out												
ART Adult viral load suppressed rate	ART adult viral load under 400 as a proportion of ART adult viral load done	ART paper Register; TIER.Net; DHIS	ART adult viral load under 400	ART adult viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	HIV/AIDS Programme Manager	2
ART child viral load suppressed rate	ART child viral load under 400 as a proportion of ART child viral load done	ART paper Register; TIER.Net; DHIS	ART child viral load under 400	ART child viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	100% Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly	Higher	HIV/AIDS Programme Manager	2
HIV positive 15-24 years (excl ANC) rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of youth who were tested for HIV in this age group	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS	HIV positive 15-24 years (excl ANC)	HIV test 15-24 years (excl ANC)	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS	Accuracy dependent on Individuals self-reporting HIV-positive status and/or individuals with	100% Youth	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Lower	HIV/AIDS Programme Manager	Not required for Strategic Plans

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
						detectable ART metabolites among all PLHIV (antibody test)							
ART client remain on ART end of month - total	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] Clients	ART Register; TIER.Net; DHIS	ART adult and child under 15 years remaining on ART end of month	None	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	HIV/AIDS Programme Manager	Not required for Strategic Plans

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]												
HIV incidence	New HIV infections in the general population.	ASSA2008 projections	ASSA2008 published projections		Not routinely collected therefore using ASSA2008 or Stats SA projections.	the Department is not collecting this indicator – dependent on research and projections)	Population	No	%	Annual	Reduced incidence indicating effective prevention programmes.	HIV/AIDS Manager	2
TB incidence (per 100 000 population)	The number of new TB infections per 100,000 population	TB Register; TIER.Net; ETR.Net; DHIS (population)	New confirmed TB cases	Total population in KZN	TB Register; TIER.Net; ETR.Net; DHIS (population)	None	None	No	Number per 100,000 population	Annual	Reduced Annual incidence desired to indicate a reduction in new infections.	TB Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
ART adult remain on ART end of period	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart]	ART Register; TIER.Net; DHIS	ART adult remaining on ART end of month	None	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	HIV/AIDS Programme Manager	Not required for Strategic Plans

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]												
ART child under 15 years remain on ART end of period	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] Clients remaining on ART equals [new starts	ART Register; TIER.Net; DHIS	ART child under 15 years remaining on ART end of month	None	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	HIV/AIDS Programme Manager	Not required for Strategic Plans

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	(naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]												
ART adult remain in care rate	ART adult remain in care - total as a proportion of ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	ART adult remain in care - total	ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	HIV/AIDS Programme Manager	2
ART child remain in care rate	ART child remain in care - total as a proportion of ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	ART child remain in care - total	ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	100% Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly	Higher	HIV/AIDS Programme Manager	2
All DS-TB client LTF rate	TB clients who are lost to follow up (missed two months or more of treatment) as	DS-TB Clinical Stationery;TIER .Net	All DS-TB client loss to follow-up	All DS-TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER .Net	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	TB Programme Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).					d by health facilities							
TB XDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	NICD	TB XDR client confirmed start on treatment	TB XDR confirmed client	NICD	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	TB Programme Manager	2
Screened for TB symptoms	Children under 5 years and clients 5 years and older who were screened in health facilities for TB symptoms using the standard TB screening tool as per National TB Guideline	PHC Comprehensive Register; THIS or TB Identification Register (only for facilities not digitising in THIS)	Sum[Screen for TB symptoms 5 years and older]+ Screen for TB symptoms under 5 years	N/A	PHC Comprehensive Register; THIS or TB Identification Register (only for facilities not digitising in THIS)	None	None	No	Number	Quarterly		TB Programme Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
HIV test done - sum	The total number of HIV tests done in all age groups.	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	SUM: ([Antenatal client HIV 1st test]) + ([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])	N/A	PHC Comprehensive Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net	Dependent on the accuracy of facility register	Not applicable	Districts	Cumulative Year to date	Quarterly	Higher percentage number indicates an increased population, knowing their HIV status.	HIV/AIDS Managers	2
Male Urethritis syndrome incidence	Male urethritis syndrome cases reported per 1000 male population 15-49 years.	PHC Register	SUM [(Male urethritis syndrome treated – new episode)]	SUM [(Male population 15-49 years)]	N	None	100% Male	No	Ratio per 1000	Quarterly (annualised)	Decrease in male urethritis incidence indicates effective prevention programmes and safer sexual behaviour	HIV/AIDS Manager	2

PROGRAMME 2: MATERNAL, WOMAN, CHILD AND NUTRITION

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Maternal Mortality in facility Ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Maternal death register, Delivery register	Maternal death in facility	Live births known to facility (Live birth in facility + Born alive before arrival at facility)	Maternal death register, Delivery register	Accuracy dependent on quality of data submitted by health facilities	100% Females	All Districts	Cumulative (year-to-date)	Annual progress against the five year target	Lower	MCWH&N Programme	Not required for Strategic Plans
Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	Delivery register, Midnight report	Live birth under 2500g in facility	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme	2
Neonatal death in facility	Infants 0-28 days who died during their stay in the facility per 1000	Delivery register, Midnight	Neonatal deaths (under 28 days) in	Live birth in facility	Delivery register, Midnight	Accuracy dependent on	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme	Not required for Strategic

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
rate	live births in facility	report	facility (Death in facility 0-6 days) + [Death in facility 7-28 days)		report	quality of data submitted by health facilities							Plans
Infant PCR test positive around 10 weeks rate	Infants PCR tested around 10 weeks as a proportion of HIV exposed infants excluding those that tested positive at birth.	PHC Comprehensive Tick Register	Infant PCR test positive around 10 weeks	Infant PCR test around 10 weeks	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	PMTCT Programme	2
Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight Report	Death in facility under 5 years total	Live birth in facility	Midnight report	Accuracy dependent on quality of data submitted by health facilities	100% Children	All Districts	Cumulative (year-to-date)	Annual progress against the five year target	Lower	MCWH&N Programme	Not required for Strategic Plans
Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme	2,4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
						facilities							
Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme	2,4,5
Child under 5 years Severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of total deaths in facility under 5 years	Ward register	Severe acute malnutrition (SAM) death under 5 years	Severe acute malnutrition inpatient under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme	2,4,5
Infant mortality rate	Proportion of children less than 1 year old that died in one year per 1000 population under 1-years.	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Children less than 1 year that die in one year in the province	Total population under 1 year <i>Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not</i>	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Empirical population-based data are not frequently available – reporting estimates	100% Children under 1 years	None	Number per 1000 population	Annual	Lower mortality rate desired.	MNCWH Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
				<i>routinely monitoring this population-based indicator</i>									
Under 5 mortality rate	Proportion of children less than five years old that died in one year per 1000 population under 5 years.	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Children less than five years that die in one year in the province	Total population under 5 years <i>Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator</i>	Stats SA and Rapid Mortality Surveillance (RMS) from 2012 onwards	Empirical population-based data are not frequently available – reporting estimates	100% Children under 5 years	None	Number per 1000 population	Annual	Lower mortality rate desired.	MNCWH Manager	2
Still birth rate in facility	Infants born still as proportion of total infants born in health facilities	Ward register, Midnight census	Still birth in facility – total	Live birth in facility + still birth in facility	Ward register, Midnight census	None	Newborn children	None	Per 1000	Quarterly (Annualised)	Lower percentage	MCWH Programme Manager	2
Early Neonatal death Rate – Total	Early neonatal deaths per 1000 infants who were born alive in health facilities	Ward register, Midnight census	Death in facility 0-6 days - Total	Live birth in facility - Total	Ward register, Midnight census	None	Newborn children	None	Per 1000	Quarterly (Annualised)	Lower percentage	MCWH Programme Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Death in facility under 1 year rate (annualised)	Children under 1 year who died during their stay in the facility as a proportion of inpatient separations under 1 year. Inpatient separations under- year is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Midnight census; Admission, Discharge & Death registers	SUM([Death in facility under 1 year total])	SUM([Death in facility 0-7 days]) + SUM([Death in facility 8-28 days]) + SUM([Death in facility 29 days-11 months]) + SUM([Inpatient discharge under 1 year]) + SUM([Inpatient transfer out under 1 year])	Midnight census; Admission, Discharge & Death registers	None	100% Children under 1 years	No	%	Quarterly (Annualised)	Lower rate desired – fewer children under-1 year dying in public health facilities.	MNCWH Manager	2,4,5
Death in facility under 5 years rate (annualised)	Children under 5 years who died during their stay in the facility as a proportion of inpatient separations under 5 years. Inpatient separations under 5 years is the total of inpatient discharges, inpatient deaths and inpatient transfers out.	Midnight census; Admission, Discharge & Death registers	SUM([Death in facility under 5 year total])	SUM([Death in facility 0-7 days]) + SUM([Death in facility 8-28 days]) + SUM([Death in facility 29 days-11 months]) + SUM([Death in facility 12-59 months]) + SUM([Inpatient discharge under 5 years]) +	Midnight census; Admission, Discharge & Death registers	Non	100% Children under 5 years	No	%	Quarterly (Annual)	Lower rate desired – fewer children under-5 years dying in public health facilities.	MNCWH Manager	2,4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
				((Inpatient transfers out under 5 years))									
Child under 5 years Diarrhoea incidence	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1000 children under-5 years in the population.	PHC register; DHIS; Stats SA	SUM([Child under 5 years diarrhoea with dehydration new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Number per 1000	Quarterly (Annualised)	Lower incidence desired indicating improved child health.	MC&WH Manager	2
Child under 5 years Pneumonia incidence	Children under 5 years newly diagnosed with pneumonia per 1000 children under-5 years in the population.	PHC register; DHIS; Stats SA	SUM([Child under 5 years with pneumonia new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Number per 1000	Quarterly (Annualised)	Lower incidence desired indicating improved child health.	MC&WH Manager	2
Child under 5 years severe acute malnutrition incidence	Children under 5 years newly diagnosed with severe acute malnutrition per 1000 children under-5 years in the population.	PHC register; DHIS; Stats SA	SUM([Child under 5 years with severe acute malnutrition new])	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Number per 1000	Quarterly (Annualised)	Lower incidence desired indicating improved child health.	Nutrition & MCWH Managers	2
Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including	PHC Comprehensive Tick Register, DHIS Denominator: StatsSA	Couple year protection	Population 15-49 years female	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).					health facilities							
Delivery 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Health Facility Register, DHIS Delivery register	Delivery 10-19 years in facility (Delivery 10-14 years in facility) + [Delivery 15-19 years in facility)	Delivery in facility - total	Health Facility Register, Delivery/Maternity register, DHIS	Accuracy dependent on quality of data submitted by health facilities	100% Females	All Districts	Cumulative (year-to-date)	Quarterly	Lower	HIV and Adolescent Health	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Antenatal 1st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC Comprehensive Tick Register; DHIS	Antenatal 1st visit before 20 weeks	Antenatal 1st visit - total (Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks)	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	100% Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	HC Comprehensive Tick Register	Mother postnatal visit within 6 days after delivery	Delivery in facility total	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	100% Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Immunised fully under 1 year	Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	EPI Programme manager	2
Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the	PHC Comprehensive Tick Register Denominator:	Measles 2nd dose	Population aged 1 year	PHC Comprehensive Tick Register Denominator:	Accuracy dependent on quality of	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	EPI Programme manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	1 year population.	or: StatsSA			StatsSA	data submitted by health facilities							
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	PHC Comprehensive Tick Register	Vitamin A dose 12-59 months	Target population 12-59 months * 2	PHC Comprehensive Tick Register	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation proportion of children would have received two doses based on this calculation	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2
Antenatal client initiated on ART rate	Antenatal clients who started on ART as a proportion of the total number of	ART Register, Tier.Net	SUM([Antenatal client start on ART])	Sum([Antenatal client known HIV positive but NOT on ART])	ART Register, Tier.Net	Accuracy dependent on quality of	100% Women	No	%	Annual	Higher percentage indicates greater coverage	MC&WH and HIV/AIDS Managers	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	antenatal clients who are HIV positive and not previously on ART.			at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])		data Reported by health facilities					of HIV positive clients on HIV treatment.		
Infant exclusively breastfed at DTaP-IPV-Hib HBV 3 rd dose	Infants exclusively breastfed at 14 weeks age as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose		Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose	HepB 3rd dose under 1 year + DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose		None	100% Infant	No	%	Quarterly	Higher percentage indicates greater coverage of breastfeeding practices	Nutrition	2
Cervical cancer screening coverage 30 years and older	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	SUM([Cervical cancer screening 30 years and older])	SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older]) / 10	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of	100% Women over 30 years	None	%	Quarterly (annualised)	Higher percentage indicates better cervical cancer coverage.	MNC&WH Programme Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
						data submitted health facilities							

PROGRAMME 2: DISEASE PREVENTION AND CONTROL

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Malaria case fatality rate (nb: Indicator applicable to endemic provinces)	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death	Malaria Information System	Malaria deaths reported	Malaria new case reported	Malaria Information System	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Non-cumulative	Annual progress against the five year target	Lower	Environmental Health-Malaria Program	2
Malaria incidence per 1 000 population at risk	New malaria cases as proportion of 1000 population at risk (high-risk malaria areas (Umkhanyakude) based on malaria cases.	PHC register; CDC Surveillance database; Malaria database; Stats SA; GHS	SUM([Number of malaria cases – new])	SUM([Total population of Umkhanyakude District])	Malaria database	None	None	Umkhanyakude Population	Number per 1000 population at risk	Annual	Lower incidence desired – improved prevention towards elimination of malaria.	Malaria Control Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Diabetes Incidence (annualised)	Newly diagnosed diabetes clients initiated on treatment per 1000 population.	PHC & OPD registers; Stats SA	SUM([Diabetes clients treatment - new])	SUM([Total population])	PHC register	None	None	None	Number per 1000 population	Quarterly (annualised)	Lower incidence desired – improved prevention and management of diabetic patients.	Chronic Diseases Manager	2
Hypertension incidence (annualised)	Newly diagnosed hypertension cases initiated on treatment per 1000 population	PHC & OPD registers; Stats SA	SUM([Hypertension client treatment new])	SUM([Total population 4])	PHC register	None	None	None	Number per 1000 population	Quarterly (annualised)	Lower incidence desired – improved prevention and management of hypertensive patients.	Chronic Diseases Manager	2
Mental disorders screening rate	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders) at PHC facilities.	PHC register	SUM([PHC client screened for mental disorders])	SUM([PHC headcount under 5 years]) + SUM([PHC headcount 5 years and older])	PHC register	None	None	None	%	Quarterly	Increased screening numbers indicates improved detection of mental disorders.	Mental Health Manager	2

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation / Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Clients accessing rehab services	All clients receiving rehabilitation services from either Physiotherapy, Occupational Therapy, Speech Therapy and Audiology departments at all levels of care	PHC tick register, OPD register	SUM[Clients seen by Physiotherapists]+[Clients seen by Occupational Therapists]+[Clients seen by Speech Therapists]+[Clients seen by Audiologists]	Not applicable	PHC register, OPD register	None	100% Disabled persons	None	Number	Quarterly	Increase the number of clients accessing rehab services	Disability and rehabilitation programme	2

PROGRAMME 4 & 5: HOSPITALS EFFICIENCY INDICATORS

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient	DHIS	Sum ((Inpatient days total x 1))+((Day patient total x 0.5))	SUM((inpatient deaths-total))+((inpatient discharges-total))+((inpatient transfers out-total))	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	All 11 Districts	Days	Quarterly	A low average length of stay (ALOS) reflects high levels of efficiency. But these high efficiency levels might also	Director: Hospital Services	4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	deaths and Inpatient transfers out. Include all specialities										compromise quality of hospital care. High ALOS might reflect inefficient quality of care.		
Inpatient bed utilisation rates	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	DHIS	Sum ((Inpatient days total x 1))+([Day patient total x 0.5])	Inpatient bed days (Inpatient beds * 30.42) available	Midnight census; Admission & Discharge Register;	Accuracy dependent on quality of data submitted by health facilities	N/A	All 11 Districts	%	Quarterly	Higher bed utilisation indicates efficient use of beds and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	Director: Hospital Services	4,5
Expenditure per PDE	Average cost per patient day equivalent (PDE). PDE is	DHIS	SUM([Expenditure - total])	Sum ((Inpatient days total x 1))+([Day patient	BAS, Stats SA, Council for Medical Scheme	Accuracy dependent on quality of data submitted by	N/A	All 11 Districts	Rands	Quarterly	Lower expenditure indicates effective use of	Director: Hospital Services	4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.3333333.			total x 0.5)+([OPD headcount not referred new x 0.3333333]) + SUM([OPD headcount referred new x 0.3333333]) +([OPD headcount follow-up x 0.3333333]) +([Emergency headcount - total x 0.3333333])	data, DHIS, facility registers, patient records Admission, expenditure, midnight census	health facilities					resources.		

PROGRAMME 2, 4 & 5: QUALITY ASSURANCE

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Software	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Software	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	Quality Assurance	2,4,5
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient Safety Incident Software	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Not required for Strategic Plan 2020-2025	Accuracy dependent on reporting of data at facility level	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	Quality Assurance	2,4,5
Patient Experience of Care satisfaction rate	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	Quality Assurance	2,4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage of Complaints on patient care	This indicator measures the proportion of complaints related to patient care, lodged by clients/service beneficiaries in a certain period	Ideal Health Facility Information System	Number of patient care related complaints	Number of complaints received	Complaints register: QA register	Accuracy dependent on quality of data submitted by health facilities	N/A	All Provincial facilities	%	Quarterly	Lower percentage indicates improved quality of service	Director: Quality Assurance	2,4,5
Percentage of Complaints on waiting Times	This indicator measures the proportion of complaints related to waiting times, lodged by clients/service beneficiaries in a certain period	Ideal Health Facility Information System	Number of waiting times related complaints	Number of complaints received	Complaints register: QA register	Accuracy dependent on quality of data submitted by health facilities	N/A	All Provincial facilities	%	Quarterly	Lower percentage indicates improved quality of service	Director: Quality Assurance	2, 4, 5
Percentage of complaints on staff attitude	This indicator measures the proportion of complaints related to staff attitude, lodged by clients/service beneficiaries in a certain period	Ideal Health Facility Information System	Number of staff attitude related complaints	Number of complaints received	Complaints register: QA register	Accuracy dependent on quality of data submitted by health facilities	N/A	All Provincial facilities	%	Quarterly	Lower percentage indicates improved quality of service	Director: Quality Assurance	2,4,5

PROGRAMME 2, 4 & 5: INFECTION PREVENTION AND CONTROL

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Healthcare Associated Infection (HCAI):	Also referred to as nosocomial or hospital-acquired infections. They affect patients in a healthcare facility and are not present or incubating at the time of admission. In general they do not manifest within the first 48 hours after contact with the healthcare facility. They also include infections acquired by patients within a healthcare facility but only manifesting after discharge. Occupational	Patient safety Incidents (PSI)	Number of HCAls	N/A	Patient Safety Incidents	None	100% Neonatal	None	Number	Monthly	Decrease	IPC	2, 4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
	infections amongst staff fall in this category. These include Central line associated bloodstream infections, surgical site infections, catheter - associated urinary tract infections and ventilator-associated pneumonia.												

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
EMS P1 urban response under 30 minutes rate	Proportion P1 calls in urban locations with response times under 30 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene.	EMS Registers	EMS P1 urban response under 15 minutes	EMS P1 urban calls	EMS Registers	None	N/A	All 11 Districts	Rate	Quarterly	Higher percentage indicates improved efficiency and quality.	EMS Manager	3

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
EMS P1 rural response under 60 minutes rate	Proportion P1 calls in rural locations with response times under 60 minutes. Response time is calculated from the time the call is received to the time of the first dispatched medical resource arrival on scene	EMS Registers	EMS P1 rural response under 60 minutes	EMS P1 rural calls	EMS Registers	None	N/A	All 11 Districts	Rate	Quarterly	Higher percentage indicates improved efficiency and quality.	EMS Manager	3
Average number of daily operational ambulances	The total number of operational ambulances at an ambulance station for the reporting period.	EMS database EMS call centre records EMS tick register	Average number of operational ambulances per day (average of total number of ambulances available per day)	N/A	EMS Registers	None	N/A	All 11 Districts	Average	Quarterly	Higher number indicates improved management of available ambulances.	EMS Manager	3

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Number of bases with access to computers and intranet/ e-mail	The number of EMS bases with connectivity and computers.	ICT database	Number of EMS bases with access to computers and intranet	N/A	ICT database ICT	Accuracy dependent on quality of data submitted by health facilities	N/A	All 11 Districts	Count	Quarterly	Higher number indicates improved information management	EMS Manager	3

PROGRAMME 6: HEALTH SCIENCE AND TRAINING

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Number of Bursaries awarded to first year medicine students	Number of bursaries awarded for first year medicine students.	Bursary records	N/A	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/ demand.	HRMS Manager	6
Number of Bursaries awarded to first year other health professions students	Number of bursaries awarded for first year other health professions students.	Bursary records	N/A	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/ demand.	HRMS Manager	6

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Number of Bursaries awarded to first year nursing students	Number of bursaries awarded to first year nursing students.	Bursary records	N/A	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6
Number of nurses training on Advanced Programmes	Number of students that obtained a post basic nursing qualification in Advanced Programmes	KZNCN student records	N/A	N/A	Student registration records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6
Number of officials trained through the EMS College	Number of officials trained through the EMS College	EMS College records	N/A	N/A	EMS College student registration records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6
Number of employees trained through the Regional Training Centre	Number of employees trained through the Regional Training Centre	Regional Training Centre records	N/A	N/A	Regional Training Centre records; certificates	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Number of internal employees awarded bursaries	Number of internal employees awarded bursaries	Bursary records	N/A	N/A	Bursary records	Accuracy dependent on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6
Number of Emergency Medicine Specialists in training	Number of doctors offered registrar training to become emergency medicine specialists	Registrar Programme records	N/A	N/A	Registrar Programme Records	Accuracy dependant on quality of data submitted	N/A	All Districts	Number	Annual	Increased number indicates appropriate response to need/demand.	HRMS Manager	6

PROGRAMME 7: HEALTH SUPPORT SERVICES

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Percentage of facilities reporting clean linen stock outs	The number of facilities reporting clean linen stock outs as proportion of the total number of facilities.	Linen register at facility level	Number of facilities reporting clean linen stock out	Facilities total	Linen register at facility level	Accuracy dependent on quality of data submitted	N/A	All 11 Districts	%	Quarterly	Lower percentage indicates improved availability and management of linen.	Laundry Manager	2,4,5

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
100% of pharmacies have either Grade A or Grade B Status with the South African Pharmacy Council (SAPC) by March 2021.	The number of Pharmacies that comply with Pharmaceutical prescripts on inspection as proportion of the total number of pharmacies.	Certificates	Number of Pharmacies with A or B grading	Number of Pharmacies	Certificates	Accuracy dependent on quality of data submitted	N/A	All facilities in all 11 Districts	%	Annual	Improved compliance will improve quality and efficiency of Pharmaceutical services.	Pharmacy Manager	7
Tracer Medicine Stock-Out Rate of 5% or less at the Provincial Pharmaceutical Supply Depot (PPSD) by March 2021.	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on the Tracer Medicine List that had a zero balance in the Bulk Store on a Stock Control System.	Pharmacy records	Number of tracer medicines out of stock	Total number of medicines expected to be in stock	Pharmacy records	Accuracy dependent on quality of data submitted	N/A	All facilities in all 11 Districts	%	Annual	Targeting zero stock-out.	Pharmacy Manager	7

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
			Numerator	Denominator									
Tracer Medicine Stock-Out Rate of 5% or less at facilities (hospitals, community health centres and clinics) by March 2021.	Number of tracer medicines out of stock as proportion of medicines expected to be in stock (any item on Tracer Medicine List that had a zero balance in Bulk Store (facilities) on the Stock Control System).	Pharmacy records	Number of tracer medicines stock out in bulk store	Number of tracer medicines expected to be stocked in the bulk store	Pharmacy records	Accuracy dependent on quality of data submitted	N/A	All facilities in all 11 Districts	%	Annual	Targeting zero stock-out of all tracer medicines.	Pharmacy Manager	7

PROGRAMME 8: INFRASTRUCTURE

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
Percentage of Preventative Maintenance expenditure	This is the Percentage of Preventative maintenance (Category B) expenditure compared to other maintenance categories	PO8, BAS, PMIS	Expenditure on Preventative Maintenance Activities	Expenditure on Preventative Maintenance plus Day-to-day Maintenance	Orders issues	Institutions have recorded expenditure under the correct maintenance category			Percentage	Quarterly	Promote preventative maintenance activities to prevent failure	Director: Maintenance	Percentage of Preventative Maintenance expenditure

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
	(A,C &D)												
Number of new and replacement projects completed	Number of new or Replacement projects which have reached practical completion during the reporting period.	Project Management System/ Annexure B	Number of projects which have reached practical completion	None	Practical Completion Certificate	The information on the data source is regularly updated and captured accurately	None	None	Number	Quarterly	Complete projects on time	Chief Director – Infrastructure	8
Number of upgrade and addition projects completed	Number of upgrade and addition projects which have reached practical completion during the reporting period.	Project Management System/ Annexure B	Number of projects which have reached practical completion	None	Practical Completion Certificate	The information on the data source is regularly updated and captured accurately	None	None	Number	Quarterly	Complete projects on time	Chief Director – Infrastructure	8
Number of renovation and refurbishment projects completed	Number of renovation and refurbishment projects which have reached practical completion during the reporting period.	Project Management System	Number of projects which have reached practical completion	None	Practical Completion Certificate	The information on the data source is regularly updated and captured accurately	None	None	Number	Quarterly	Complete projects on time	Chief Director – Infrastructure	8
Number of jobs created through the EPWP	The number of jobs created through	EPWP Integrated Reporting System	Number of persons employed	None	Employment contracts	The information on the data source is	None	None	Number	Quarterly	Maximise job creation as per grant	Chief Director – Infrastructure	8

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of Verification	Assumptions	Disaggregation of Beneficiaries	Spatial Transformation	Calculation Type	Reporting Cycle	Desired performance	Indicator Responsibility	Budget Programme
	EPWP.					regularly updated and captured accurately					allocation		
Percentage downtime on medical equipment	This is the percentage of medical equipment that is deemed faulty resulting in clinical procedures and diagnosis not being performed	Health Technology Reporting tool	Number of days equipment was reported as down/faulty	Number of days taken to restore equipment	Repair request/Collection date/ job card	The information on the data source is regularly updated and captured accurately	(This can include various dimensions that has an impact on the beneficiaries)	None	Percentage	Quarterly	Minimise downtime on medical equipment	Chief Director – Infrastructure	8
Percentage downtime on radiology equipment	This is the percentage of radiology equipment that is non-functional and cannot provide a x-ray service for patients at the facilities	Health Technology Reporting tool	Number of days equipment was reported as down/faulty	Number of days taken to restore equipment	Repair request/Collection date/ job card	The information on the data source is regularly updated and captured accurately	This can include various dimensions that has an impact on the beneficiaries)	Non	Percentage	Quarterly	Minimise downtime on radiology equipment	Chief Director – Infrastructure	8

ANNEXURES TO THE ANNUAL PERFORMANCE PLAN

ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN

None applicable as the APP is the first APP of the 5 year cycle and aligned to the Strategic plan.

ANNEXURE B: CONDITIONAL GRANTS

TABLE 83: HIV, TB, MALARIA AND COMMUNITY OUTREACH CONDITIONAL GRANT

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
HIV, TB, Malaria and Community outreach	<ul style="list-style-type: none"> To enable the health sector to develop and implement an effective response to HIV and IDS To enable the health sector to develop and implement an effective response to TB To ensure provision of quality community outreach services through WBPHOTs To improve efficiencies of the WBPHCOT programme by harmonising and standardising services and strengthening performance monitoring Prevention and protection of health workers from exposure to hazards in the workplace 	<ul style="list-style-type: none"> Number of new patients started on ART Total number of patients on ART remaining in care Number of male condoms distributed Number of female condoms distributed Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test Number of clients tested for HIV (including antenatal) Number of medical male circumcisions performed Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) Number of adherence clubs Number of patients participating in adherence clubs 	6 403 816 000	2020-2021
		<ul style="list-style-type: none"> Number of clients initiated on new drug resistant-TB drugs Number of TB infected children receiving paediatric formulations Number of clients screened for symptoms in health facilities Percentage of TB clients started on treatment 	-	-

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
		<ul style="list-style-type: none"> • Percentage of confirmed TB rifampicin Resistant patients started on treatment • Number of newly diagnosed HIV positive patients tested for TB • Number of HIV positive pregnant women tested for TB • Number of TB index patients whose contacts are traced and screened for TB • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • Number of hospitals which correctly screen, test and manage TB, as determined by the "Finding TB cases Actively, Separately safely, and Treating effectively" (FAST) methodology 		
		<ul style="list-style-type: none"> • Number of CHWs receiving Stipend • Number of CHWs trained according to CHW Framework • Number of Outreach Team leaders trained • Number of children under five years (headcount) • Number of children five years and above (headcount) 	-	-
Health Facility Revitalisation Grant	<ul style="list-style-type: none"> • To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to deliver health infrastructure • To accelerate the fulfilment of the requirements of occupational health and safety 	<ul style="list-style-type: none"> • Number of new facilities completed • Number of facilities maintained • Number of facilities upgraded and renovated • Number of facilities commissioned in terms of health technology 	R1,212,653,000.00	Annual 12 months
Health Professions training and development Grant	> Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources	R 391 260 000	
Human Resources capacitation Grant	To appoint statutory positions in the health sector for systematic realisation of human resources for health		-	-

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
	strategy and phased-in of National Health Insurance			
National Treasury Services Grant	<ul style="list-style-type: none"> > Ensure the provision of tertiary health services in South Africa > To compensate tertiary facilities for the additional costs associated with the provision of these services 	<ul style="list-style-type: none"> > Modernised and transformed tertiary services that allow for improved access and equity to address the burden of disease. >Pt.load statistics are for 46 Tertiary Service Clinical Disciplines > Number of inpatient separations > Number of day patient separations > Number of outpatients first attendances > Number of outpatient follow-up attendances > Number of inpatient days > Average length of stay by facility (tertiary) > Bed utilisation rate by facility (all levels of care) 	R 2 022 124 000	MTEF this allocation financial year 2020/2021
EPWP Integrated Grant for Provinces	<ul style="list-style-type: none"> • To incentivise provincial departments to expand work creation efforts through the use of labour • intensive delivery methods in the following identified focus areas, in compliance with the Expanded • Public Works Programme (EPWP) guidelines: <ul style="list-style-type: none"> o road maintenance and the maintenance of buildings o low traffic volume roads and rural roads o other economic and social infrastructure o tourism and cultural industries o sustainable land based livelihoods o waste management 	<ul style="list-style-type: none"> • Number of people employed and receiving income through the EPWP • Increased average duration of the work opportunities created 	R10,903,000.00	Annual 12 months
Statutory Human Resources and Training and Development Grant	To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance	Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources	R 593 830 000	MTEF
	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources		-
		Number and percentage of specialists posts funded from this grant (per discipline) and other funding sources		-

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant	
		Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline)	-	-	
		Number of posts needed per funded categories	-	-	
		To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform			
		Please clarify what is funded by the Grant (confirm in writing that the Grant will fund only Medical Interns, Community Service and Registrars)			

TABLE 84: CONDITIONAL GRANT FOR THE HIV, TB, MALARIA AND COMMUNITY OUTREACH: HIV / AIDS COMPONENT

1.1 Name of Grant	HIV, TB, Malaria and Community Outreach Grant: HIV & AIDS component
1.2 Transferring department	Health (Vote 16), Schedule 5, Part A
1.3 Strategic goal	The implementation of the National Strategic Plan on the HIV, Sexually Transmitted Infections and Tuberculosis (TB) 2017 – 2022 and implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023
1.4 Grant purpose	<ul style="list-style-type: none"> • To enable the health sector to develop and implement an effective response to HIV and AIDS • Prevention and protection of health workers from exposure to hazards in the work place
1.5 Outcome statements	<ul style="list-style-type: none"> • Improved coordination and collaboration in the implementation of HIV and AIDS grant component between national and provincial government • Improved quality of HIV and AIDS response including access to: <ul style="list-style-type: none"> o HIV counselling and testing o Antiretroviral Treatment (ART) o adherence monitoring and support o prevention of mother-to-child-transmission o medical male circumcision
1.6 Outputs	<ul style="list-style-type: none"> • Number of new patients started on ART • Total number of patients on ART remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of patients on ART initiated on Isoniazid Preventative Therapy • Number of adherence clubs • Number of patients participating in adherence clubs
1.7 Priority outcomes that this grant contributes to	<ul style="list-style-type: none"> • Outcome 2: A long and healthy life for all South Africans
1.8 Conditions	<ul style="list-style-type: none"> • The following priority areas must be supported through the grant: <ul style="list-style-type: none"> o ART related interventions o care and support o condom distribution and high transmission area interventions o post exposure prophylaxis o prevention of mother to child transmission o programme management strengthening (PMS) o regional training centres o HIV counselling and testing o medical male circumcision
1.9 Other information	<p>Responsibilities of provincial departments:</p> <ul style="list-style-type: none"> • Quarterly performance output reports to be submitted within 30 days following the reporting period using standard formats as determined by the national department. Submit an electronic version to be followed by a hard copy signed by the provincial grant receiving manager • Clearly indicate measurable objectives and performance targets as agreed with the national department in provincial departmental business plans for 2019/20 and over the medium term expenditure framework

TABLE 85: OUTPUTS PERFORMANCE INDICATORS FOR THE HIV / AIDS / TB CONDITIONAL GRANT

Performance Indicator	Target
Male condoms distributed	142671759
Female condoms distributed	7561731.57
Active Lay counsellors on stipend	1814
Clients tested for HIV (including antenatal)	3290136
HIV test client 15 years and older (incl ANC)	2886223
HIV test positive client 15 years and older (incl ANC)	274990
HIV test positive child 19-59 months	2027
HIV test positive child 5-14 years	6492
Health facilities offering MMC	394
Medical Male Circumcisions performed	149448
Adult started on ART during this month - naïve	226738
New patients started on Antiretroviral treatment	188953
Patients on ART remaining in care	1701694
Adult remaining on ART – total	1589224
Adult lost to follow up (LTF) rate at 6 months	149.73
Adult with Viral load completion (VLD) rate at 6 months	0.90
Adult with Viral load suppressed (VLS) rate at 6 months	0.90
Child under 1 year naïve started ART	785
Child 12-59 months naïve started ART	4611
Child 5-14 years naïve started ART	2619
Child under 15 years remaining on ART - total	58267
Patients referred for chronic meds defaulting	512
Adherence clubs	597
Patients participating in adherence clubs	71335
HTA intervention sites	96
Peer educators receiving stipends	44
Male Urethritis Syndrome treated - new episodes	82499
Individuals who received an HIV service or referral at High Transmission Area sites	24793
Individuals from key populations reached with individual/ small group HIV prevention interventions designed for the target population	25169
Antenatal 1st visit before 20 weeks rate	0.76
Antenatal client HIV re-test rate	1
Antenatal clients initiated on ART	3937.92
Child rapid HIV test around 18 months uptake rate	1
Mother postnatal visit within 6 days rate	0.77
Exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test	29418.32
Infant 1st PCR test positive around 10 weeks rate	0.01

Performance Indicator	Target
Couple year protection rate	0.60
Child rapid HIV test around 18 months positive rate	0.30
Sexual assault cases offered ARV prophylaxis	6317
Patients on ART initiated on Isoniazid Preventative Therapy	7700
Numbers of patients referred to facilities	0
Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	266
Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	4341
Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	696
TBD	0

TABLE 86: CONDITIONAL GRANT: HIV, TB MALARIA AND COMMUNITY OUTREACH GRANT: TB COMPONENT

1.1 Name of Grant	HIV, TB, Malaria and Community Outreach Grant: TB Component
1.2 Transferring department	Health (Vote 16), Schedule 5, Part A
1.3 Strategic goal	The implementation of the National Strategic Plan on the HIV, Sexually Transmitted Infections and Tuberculosis (TB) 2017 – 2022 and implementation of the National Strategic Plan on Malaria Elimination 2019 – 2023
1.4 Grant purpose	To enable the health sector to develop and implement an effective response to TB
1.5 Outcome statements	Improved coordination and collaboration in the TB response between national and provincial governments Improved quality of TB (including drug resistant-TB) services including access to prevention, screening, testing, treatment and adherence monitoring and support
1.6 Outputs	<ul style="list-style-type: none"> • Number of clients initiated on new drug resistant-TB drugs • Number of TB infected children receiving paediatric formulations • Number of clients screened for symptoms in health facilities • Percentage of TB clients started on treatment • Percentage of confirmed TB Rifampicin Resistant patients started on treatment • Number of newly diagnosed HIV positive patients tested for TB • Number of HIV positive pregnant women tested for TB • Number of TB index patients whose contacts are traced and screened for TB • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • Number of hospitals which correctly screen, test and manage TB, as determined by the "Finding TB cases Actively, Separately safely, and Treating effectively" (FAST) methodology
1.7 Priority outcomes that this grant contributes to	<ul style="list-style-type: none"> • Outcome 2: A long and healthy life for all South Africans
1.8 Conditions	Submission of the business plan by provincial departments, in a prescribed format, to the national Department of Health (DoH) and signed by the provincial HoD by 20 March 2019 and submission by national DoH to National Treasury by 29 March 2019
1.9 Other information	Strategic objectives of National Department of Health for 2020/21: Find missing cases found by improving the quality of screening and

	<p>access to testing services. Strengthen linkage and retention to care in treatment strengthened for both DS and DR-TB. Expand access to treatment for latent TB infection among high risk groups.</p>
--	---

TABLE 87: OUTPUT PERFORMANCE INDICATORS FOR THE COMMUNITY OUTREACH SERVICES HIV CONDITIONAL GRANT

Performance Indicator	Target
TB symptom clients screened in facility rate (under 5yrs and 5 yrs and older)	0
Number of clients screened for symptoms in health facilities	62246370
Number of newly diagnosed HIV positive patients tested for TB	214632
Number of TB index patients whose contacts are traced and screened for TB	7.40
Number of HIV positive pregnant women tested for TB	360
Number of patients tested for TB using Xpert	3490323.10
Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay	0
Client 5yrs and older start on treatment rate	0
TB Rifampicin Resistant confirmed treatment start rate	0
Number of eligible clients initiated on Delamanid containing regimen	3.71
Number of TB infected children receiving paediatric formulations	16
Number of clients initiated on new drug resistant-TB drugs	0
Percentage of confirmed TB Rifampicin Resistant patients started on treatment	0
Number of hospitals which correctly screen, test and manage TB..	735

ANNEXURE C: DISTRICT DEVELOPMENT MODEL

Area of intervention	Five year Planning period						Date by:
	Project Description	Budget Allocation	District Municipality	Location GPS	Project Leader	Social Partners	
Health services	Establish 160 ward based Outreach teams (5 year target is 172) Establish 215 School Health Teams (5 year target is 225)	R19 000 000	ALL	NA	DoH	NA	31 March 2021
Infrastructure	Dr Pixley Ka Isaka Seme Memorial Hospital: o Practical Completion Commissioning of Services	R 2 800 000 000 R 29 000 000	eThekwini		DOH	NA	DPKISMH- Revised completion date - 01 June 2020 Construction progress on site is at 98%. Commissioning of services is 5 year
Human Resources	Implement HWSETA accredited middle (43) and Junior managers (405) leadership programmes	R2 195 266 (Skills)	Province Wide	NA	DOH	NA	March 2021

ANNEXURE D: EXCERPTS FROM THE TRIAL ALERT REGISTER

Nature of claim against the department	Amount of the claim against the department
Cerebral Palsy	R16 000 000
Appendectomy	R480 000
Circumcision	R10 890 000
Cerebral Palsy	R15 500 000
Amputation	R800 000
Pressure Sore	R2 086 192
Cerebral Palsy	R16 000 000
Cerebral Palsy	R28 000 000
Cerebral Palsy	R18 000 000
Cerebral Palsy	R16 000 000
Cerebral Palsy	R4 500 000
Cerebral Palsy	R3 000 000
Cerebral Palsy	R14 000 000
Cerebral Palsy	R11 800 000
Cerebral Palsy	R14 000 000
surgical	R9 000 000
Cerebral Palsy	R11 800 000
Cerebral Palsy	R16 000 000
Cerebral Palsy	R14 000 000
Cerebral Palsy	R15 500 000
Cerebral Palsy	R17 500 000
Cerebral Palsy	R14 000 000
Cerebral Palsy	R16 320 112
Cerebral Palsy	R15 000 000
Cerebral Palsy	R14 000 000
Cerebral Palsy	R9 500 000
Cerebral Palsy	R16 000 000
Cerebral Palsy	R15 500 000
Cerebral Palsy	R25 000 000
Cerebral Palsy	R16 000 000
Cerebral Palsy	R13 500 000
Cerebral Palsy	R16 500 000
Cerebral Palsy	R600 000

ANNEXURE E: ABBREVIATIONS

Abbreviation	Description
A	
AIDS	Acquired Immune Deficiency Syndrome
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
BCG	Bacillus Calmette-Guerin
BLS	Basic Life Support
C	
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CEO(s)	Chief Executive Officers
CDC	Communicable Disease Control
CHC(s)	Community Health Centre(s)
COE	Compensation of Employees
CSS	Client Satisfaction Survey
CPAP	Continuous Positive Airway Pressure
D	
DHB	District Health Barometer
DHIS	District Health Information System
DHS	District Health System
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
E	
ECD	Early Child Development
ECP	Emergency Care Practitioner

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Abbreviation	Description
ECT	Emergency Care Technician
EMS	Emergency Medical Services
EPMDS	Employee Performance Management System
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETR.Net	Electronic Register for TB
F, G, H	
FPL	Food Poverty Line
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
IMCI	Integrated Management of Child Illnesses
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
IT	Information Technology
K, L	
LBPL	Lower-Bound Poverty Line
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LG	Local Government
M	

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Abbreviation	Description
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MCWH	Maternal Child and Women's Health
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOP	Medical Ortho Prosthetics
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)
NHA	National Health Act
NHI	National Health Insurance
NICU	Neonatal Intensive Care Unit
NIDS	National Information Data Set
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
O	
OES	Occupation Efficiency Service
OECD	Organisation for Economic Co-operation and Development
OHH	Outreach Households
OMBU's	Obstetric Maternity Birth Units
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

ANNUAL PERFORMANCE PLAN 2020/21 – 2022/23

Abbreviation	Description
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
SAM	Severe Acute Malnutrition
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
TVET	Technical Vocational Education and Training
U	
UBPL	Upper-Bound Poverty Line
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



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

HEAD OFFICE - NATALIA BUILDING

POSTAL ADDRESS: **P/Bag X9051 Pietermaritzburg 3200**

PHYSICAL ADDRESS: **Natalia 330 Langalibalele Street,
Pietermaritzburg 3201**

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

Web: **www.kznhealth.gov.za**