KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN

2021/22 - 2023/24

GROWING KWAZULU-NATAL TOGETHER

KwaZulu-Natal Department of Health
KZN Department of Health
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FOREWORD BY THE EXECUTIVE AUTHORITY

The 2021/22 Annual Performance Plan (APP) of the KwaZulu-Natal (KZN) Department of Health (DOH) presents the opportunity for us to set targets, evaluate, and strengthen the impact of our response to the health challenges facing the people of our Province, not least the unprecedented disruption caused by the COVID – 19 pandemic.

Even with the considerable constraints caused by COVID – 19, this APP aims to integrate the 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 this APP are in line with the three over-arching outcomes for the current 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."

Following the declaration of the outbreak of COVID-19 as a National Disaster by the President of the Republic of South Africa, His Excellency Mr Cyril Ramaphosa, on 15 March 2020, the KZN Department of Health has put a number of measures to mitigate the impact of this epidemic in various spheres of life in the province.

This has included the urgent reconfiguring of hospitals – chiefly the creation of new bed space, deployment of human and material resources, as well as the provision of health care workers with various forms of support, including Personal Protective Equipment.

Our response has also extended to the decongesting of health facilities, activation of the Provincial COVID – 19 War Room, Operation Sukuma Sakhe (OSS) structures across the province, as well as ensuring that rapid response teams are in place. The KZN DoH has also begun implementing its plan for the successful rollout of the COVID-19 vaccine.

Economic and resource constraints remain a challenge facing government. In this regard, the Department is strengthening its financial management systems and controls in order to ensure effective utilisation of limited resources, and improve audit outcomes. The Department will continue to build strategic partnerships with all stakeholders, including the private sector, to increase delivery capacity in the Province - most especially in response to the increased burden caused by the COVID-19 pandemic.

The Department will also strengthen its partnership with the Traditional Health Practitioners (THPs) in KZN, who have been identified as a vital resource for, among others, up-scaling comprehensive HIV/AIDS, TB and other chronic disease care and prevention strategies; and for referring clients to Primary Health Care facilities.

The Department will continue to accelerate the re-engineering of Primary Health Care (PHC) to strengthen disease prevention and health promotion by investing in the Community-Based

Model: In particular the Community Outreach Programmes. Strengthening PHC will reduce the burden of disease, since ailments will be picked up early, while improving efficiencies at all other levels of care.

Maintaining health and preventing disease through comprehensive health promotion strategies and programmes remains a key focus in 2021/22. Among our key priorities is to encourage behaviour modification and improve health-consciousness; 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. Effective screening, follow-up and support services are vital for us to attain positive health outcomes.

To the 65 589 employees who form the KZN Health team, your courage in dealing with the pressures that you face on daily basis, including the COVID-19 pandemic, is applauded. May you continue to serve with the hard work and dedication that you have displayed at this time of the unfolding public health emergency that is COVID - 19.

This 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

Date: 30th March 2021

Executive Authority

STATEMENT BY THE ACCOUNTING OFFICER

The 2021/22 Annual Performance Plan captures the Vision, Mission, Outcomes and Outputs of the KZN Department of Health. It expresses the approach that will be applied by the Department in responding to the priorities of Government. The Department will continue 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 has gone through 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.

Highlights for the 2019/20 financial year include:

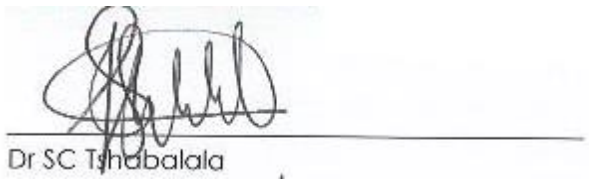
- Broadband connectivity increased from 66.7% to 80.3% in hospitals & 36.5% to 95.3% in clinics
- Hospitals scoring above 75% on the Food service monitoring standards system increased from 76 to 85.5%
- 469 clinics achieved Ideal Clinic Status Rate
- Managed 28 365 411 clients at PHC
- Registered 769 478 households and managed a further 8 576 810 clients at community/ household level.
- Screening of Clients:
    - 5 519 985 hypertension
    - 5 803 402 – diabetes
    - 12 690 131 - mental disorders
- TB client treatment success rate increased from 72.2 to 79.1%
- Maternal mortality decreased from 88.4 to 76.9 per 100 K live births
- Mother to child HIV transmission rate dropped from 0.62% to 0.53%
- Severe acute malnutrition Case Fatality Rate (CFR) < 5 years decreased from 7.8 to 7.6% and the number of deaths decreased from 179 to 176
- 4 386 195 Clients tested for HIV
- 144 998 medical male circumcisions performed
- The TB incidence decreased from 507.3 per 100 000 to 442.4 per 100 000
- Targets achieved for the Urban response under 15 minutes and Rural response under 40 minutes with the addition of 88 ambulance during quarter 3
- 107 Advanced Midwifery students graduated
- 320 new mid-level workers enrolled in training courses per category
- 156 Bursaries awarded to first year nursing students
- Number of facilities implementing the CCMDD Programme increased from 735 to 755
- Patients enrolled on CCMDD increased from 994 263 to 1 276 699
- 3 992 job opportunities created through the EPWP (3 747 in previous year)
- Maintenance budget fully utilized

Over the next year, the Departmental plan will continue to make provision for the following:

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

We wish to recognize the efforts of all stakeholders in crafting this Annual Performance Plan. I am looking forward to the next 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.

We further wish to acknowledge the tireless work by the health care workers in all corners of our Province. We are convinced that their willingness to serve our people contributes enormously to the journey toward achieving our vision.



Date: 27th March 2021

Accounting Officer: KwaZulu-Natal Department of Health

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 2021-2024.

Mrs P Msimango
Acting DDG: Clinical Support Services

Mr M Zungu
DDG: National Health Insurance (NHI)

Dr TD Maji
Acting DDG: Clinical Services Cluster

Mr TPB Shezi
DDG: Corporate Management Services

Mr B Gcaba
Chief Director: Infrastructure Development

Ms T Mngqithi

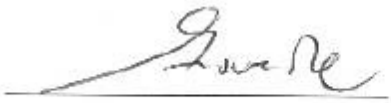
Acting Chief Director: Risk Assurance Management Services

Mr PB Shezi

Acting Chief Financial Officer

Mrs N Moodley

Director: Strategic Planning



Mr J Govender

Chief Director

Health Service Delivery Planning, Monitoring and Evaluation

Dr SC Tshabalala

Date: 27th March 2021

Accounting Officer

KwaZulu-Natal Department of Health

Approved by

Date: 30th March 2021

Ms Nomagugu Simelane-Zulu

Executive Authority

PART A: OUR MANDATE

UPDATES TO THE RELEVANT LEGISLATIVE AND POLICY MANDATES

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'.

LEGISLATIVE AND POLICY MANDATES RELEVANT TO 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 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.

Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus). Notice on the classification of the COVID-19 pandemic as a National Disaster based on the potential magnitude and severity of the COVID -19 pandemic on 15 March 2020.

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.

UPDATES TO INSTITUTIONAL POLICIES AND STRATEGIES

National Health Insurance (NHI) Bill

The objective of the NHI Bill is to achieve universal access to quality health care services for all South Africans in accordance with Section 27 of the Constitution. The Bill will ensure that no one is deprived of access to health care because of their socio-economic status. The Bill will also ensure that there is one Public health fund created with adequate resources to plan and effectively meet the needs of the entire population thus achieving Universal Health Coverage.

The released Bill will pave the way for more access to medical health care through NHI and provide much relief to patients who find themselves in financial distress due to the cost of health care. The Bill is still at Parliament waiting to be promulgated to be an Act.

Provincial Strategy Alignment to The Revised Draft Department Of Planning, Monitoring And Evaluation (DPME) Planning Framework

The following Impact and Outcomes were adopted by The KwaZulu-Natal Department of Health for the 2020/21 to 2024/25 planning cycle. The Impact and Outcomes are listed below:

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).

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 (NHI) Bill
- National Development Plan (NDP): Vision 2030
- Sustainable Development Goals (SDGs) 2030
- Medium Term Strategic Framework (MTSF) and NDP Implementation Plan 2019-2024 Provincial Growth and Development Strategy/plan (PGDS/P) 2020
- Plan of Action to Mitigate a COVID-19 Resurgence in South Africa
- KZN Economic Recovery Plan for COVID-19

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

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	Provincial MTSF Implementation Plan	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 *Inter sectoral collaboration to address social determinants of health*
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 1: 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 Strategic Objective (SO): *Progressively achieve Universal Health Coverage through NHI* *SO: Improve quality and safety of care* SO: *Provide leadership and enhance governance in the health sector for improved quality of care* *SO: Improve community engagement and reorient the system towards Primary Health Care through*

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	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
						Community based health Programmes to promote health *SO: Improve equity, training and enhance management of Human Resources for Health* *SO: Improving availability to medical products, and equipment* *SO: Robust and effective health information systems to automate business processes and improve evidence based decision making* *SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities*
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: *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*

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	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
Reduced Morbidity and Mortality	Outcome: Reduce Maternal and Child Mortality Outcome: Progressive improvement in the total life expectancy of South Africans Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disability	Priority 3: Education Skills and Health	Improvement in evidence-Based preventative and therapeutic interventions for HIV Progressively improve Tuberculosis (TB) prevention and cure Reduce maternal and child mortality Reduce the prevalence of non-communicable chronic diseases by 28 percent Reduce Injury, accidents and violence by 50% from 2010 levels	"2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons". 3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births 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 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 3.4 - By 2030, reduce by one third premature mortality from non-communicable	3.2(b) Implement the KZN 2017-2022 Multi-Sectoral Response Plan for HIV, TB and STIs to reduce the burden of communicable diseases. 3.2(c) Accelerate implementation of comprehensive integrated community- and facility-based services/ interventions to improve maternal, neonatal and child health. 3.2(d) Accelerate implementation of comprehensive and integrated community- and facility-based services/ interventions to reduce the burden of non-communicable diseases.	Goal 1: Increase Life Expectancy improve Health and Prevent Disease SO: *Improve health outcomes by responding to the quadruple burden of disease of South Africa*

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	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
				diseases through prevention and treatment and promote mental health and well-being 3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol 3.6 - By 2020, halve the number of global deaths and injuries from road traffic accidents 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 3.9 - By 2030, substantially reduce the number of deaths and illnesses from hazardous 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		

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	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
				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.

UPDATES TO RELEVANT COURT RULINGS

The 2020/21 financial year has been dominated by the COVID-19 Pandemic and progress on the National Health Insurance (NHI) Bill has been limited. Public hearings will be held before the bill proceeds to the National Council of Provinces (SAHR 2020).

The access to cannabis and cannabis-based medicines remains challenged. The Cannabis for Private Purposes Bill was approved by Cabinet and tabled in parliament and is expected to progress in 2021. Medicinal Cannabis has been used for the management of spasticity, which is a common feature of cerebral palsy (SAHR 2020).

Medico – Legal Claims

The total medico legal claims paid from April 2020 to Quarter 3 of 2020/21 is R41 968 76312. As at quarter 3 of the 2020/21 financial year, fifteen (15) claims were received against the state whilst 25 claims were in favour of the State. Twenty (20) Labour matters were received from April 2020 to Q3 2020/21 and 103 collision matters were received during this same period.

PART B: OUR STRATEGIC FOCUS

VISION, MISSION & VALUES

VISION

Optimal health for all persons in KwaZulu-Natal

MISSION

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care (PHC) approach through the District Health System (DHS), 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

UPDATED SITUATIONAL ANALYSIS

OVERVIEW OF THE PROVINCE

KwaZulu-Natal is located on the southeast 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 which is the third smallest in the country, and has a population 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.

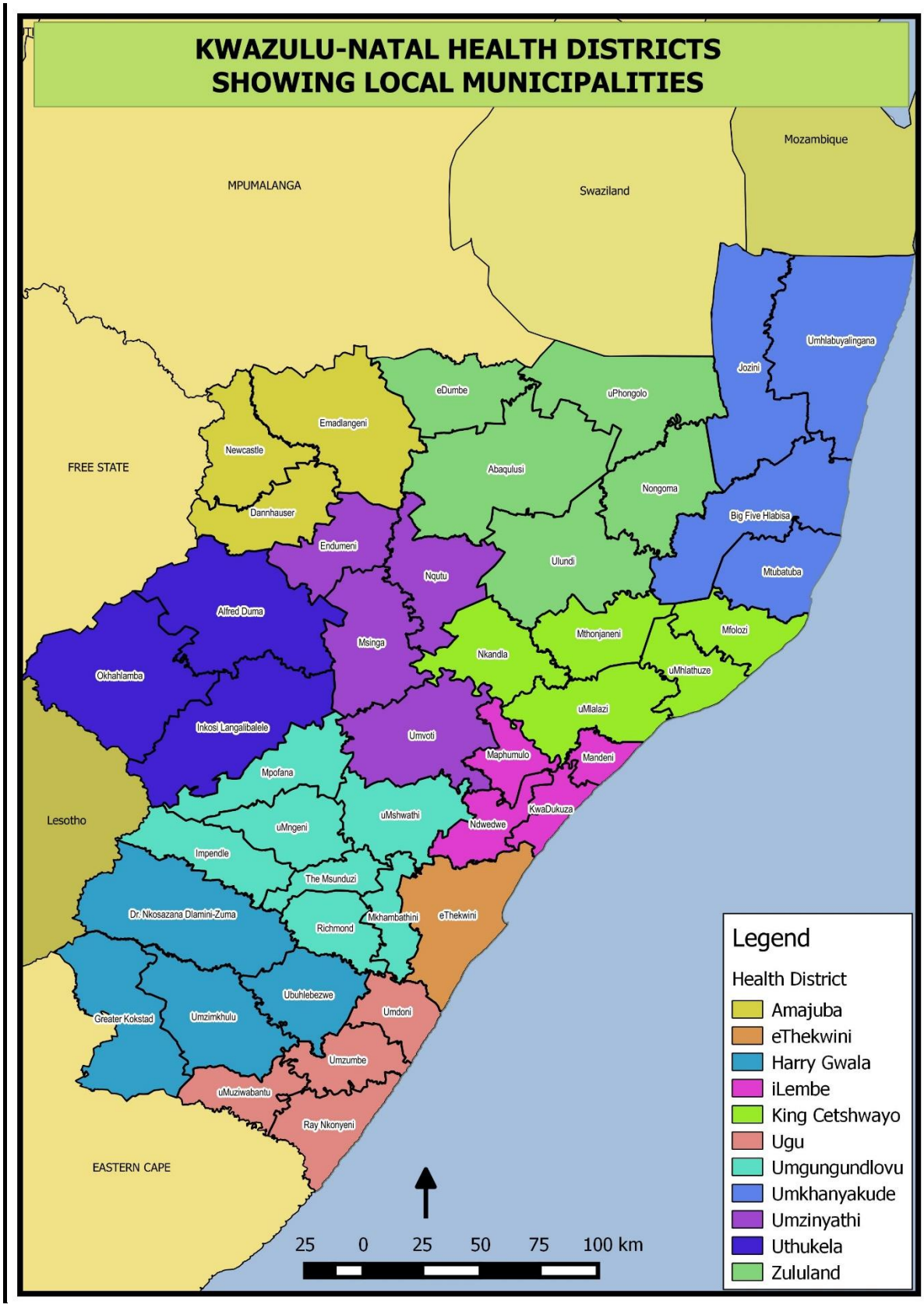
Another source of income is forestry in the areas around Vryheid, Eshowe, Richmond, Harding and Ngome.

KwaZulu-Natal is divided into one metropolitan municipality (eThekwini 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, 2018)	12.4	%

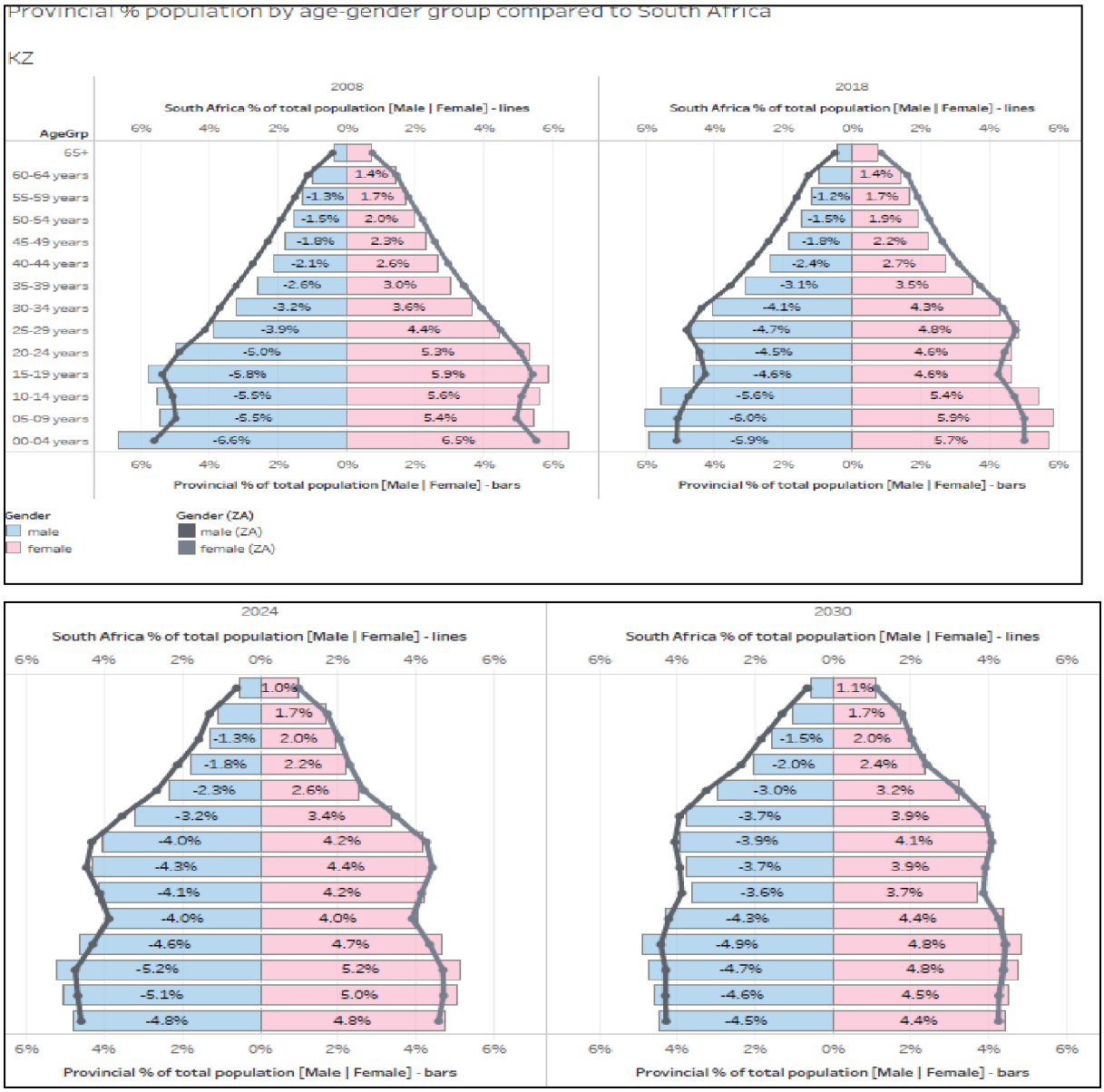
FIGURE 1: MAP OF KZN AND DISTRICTS / METRO (KZN, DOH GIS)



EXTERNAL ENVIRONMENT ANALYSIS[1]

Demography

GRAPH 1: POPULATION PYRAMID KZN 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

1 The Chief Director Population Studies @ StatSa has indicated that the updated municipal figures corresponding to the 2020 mid-year population estimates is still not available as at 22 Feb 21

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

Social Determinants of Health for the Province and Districts

Globally, it is recognised that health and health outcomes are not only affected by health care 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 remains at unacceptably high percentages of households with no access to piped water and electricity for lighting, food preparation and storage.

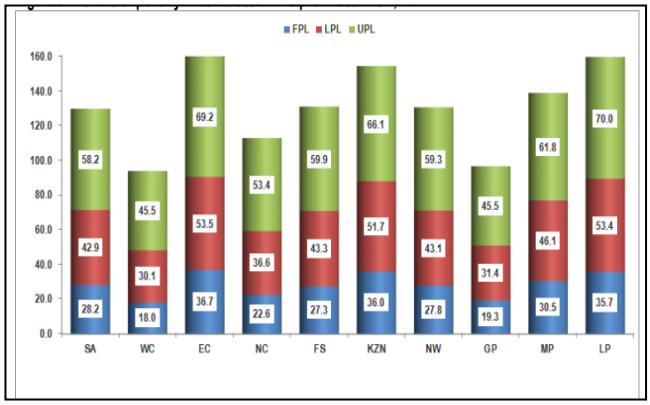
In 2012, Statistics South Africa published a suite of three important national poverty lines for measuring poverty: The food poverty line (FPL), the lower-bound poverty line (LBPL) and the upper-bound poverty line (UBPL). The absolute poverty line is a measure of the minimum level of resources that individuals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

TABLE 3: SOCIAL DETERMINANTS OF HEALTH, 2016

District	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	180 921	42.3%	66,5%	158 402	22 519	12%	7 628	4.2%	26 562	14.7%
uMgungundlovu	300 953	42,1%	80,0%	274 567	26 386	9%	3 948	1.3%	19 424	6.5%
uThukela	161 864	42,5%	78,8%	122 362	39 502	24%	3 708	2.3%	16 954	10.5%
uMzinyathi	126 071	43,7%	59,3%	79642	46 429	37%	2937	2.3%	26882	21.3%
Amajuba	117 181	41,4%	89,4%	111623	5 558	5%	2324	2.0%	8641	7.4%
Zululand	178 516	42,8%	93,5%	115071	63 445	36%	13901	7.8%	24494	13.7%
uMkhanyakude	151 245	44,1%	90,5%	75 672	75 573	50%	15 460	10.2%	62 887	41.6%
King Cetshwayo	225 797	43,1%	86,8%	190 303	35 494	16%	5 486	2.4%	14 064	6.2%
ILembe	191 369	43,0%	69,8%	144 923	46 446	24%	5 201	2.7%	25 731	13.4%
Harry Gwala	122 436	43,5%	89,1%	83 175	39 261	32%	2 428	2.0%	20 192	16.5%
eThekwini	1 119 492	40,8%	18,3%	1 101 610	17 882	2%	9 408	0.8%	40393	3.6%
KwaZulu-Natal	**2 875 843**	**42.5%**		**2 457 350**	**418 493**	**15%**	**72 428**	**2.5%**	**286 224**	**10.0%**

Source: 2016 Stats S

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 experiences poor health, the entire household can become trapped in a downward spiral due to lost income and health care costs (World Health Organisation, 2003).

Over 2011 to 2016, KZN was above the country average for stunting among under five children. 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 period. It was in fact the third lowest in the country following Western Cape and North West (Health Systems Trust, 2018).

Socio economic factors have the potential to affect how the Province progresses on meeting the MTSF priority 3 of education and health. To mitigate against the impact of these factors on the health of the population, the Department focuses on the promotion of health through a dedicated Health Promotion Component. The vision of the component is to promote the fostering of healthy lifestyles and conditions conducive to health for all people in KZN. The mission of the component speaks enabling all people in KZN to develop personal skills and capacity to improve and take control of their health. Some of the services offered include the development of systems and provincial guidelines for promotion of healthy lifestyles; advocating for healthy environments in which to live, learn, work and play; mediation on different interests in the promotion of health. Health promotion also includes; lobbying for those who are least socially and economically powerful in our community and orientation to Health Promotion in different settings e.g. schools, clinics, hospitals, workplaces, taxi-ranks, markets places and homes. The programme also includes facilitation of the development of health messages and the promotion of good nutrition, physical activity, abstinence from tobacco products and drugs, safer sexual practices (http://www.kznhealth.gov.za/healthprom.htm; 2020)

Further to the promotion of health for the community and staff in its employ, the Departmental Community Health Workers (CHWs) have a key role in linking communities to

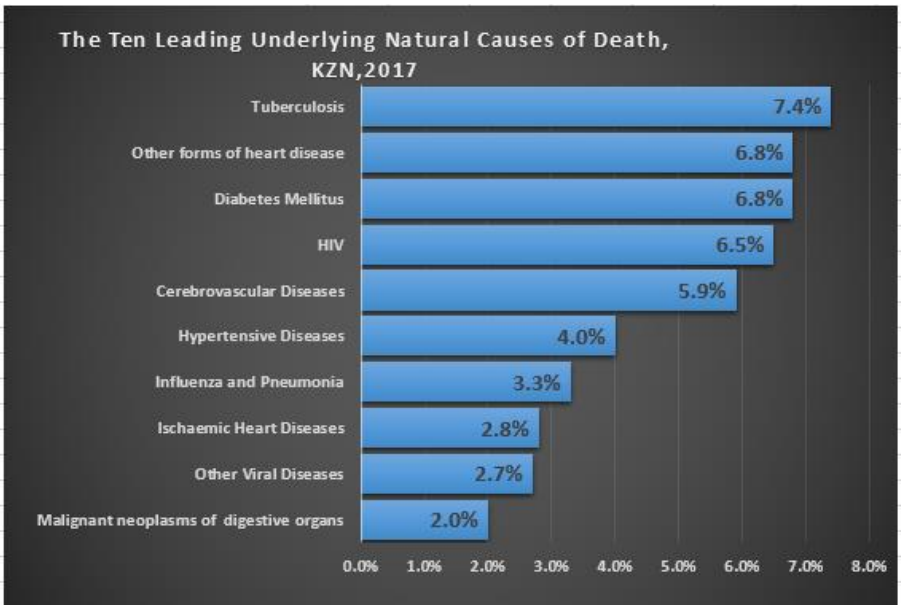
assistance to deal with the effects of socio economic status on health. The National Development Plan (NDP) 2030 states that households must have access to a well-trained community-based health worker. The plan unpacks the important role that community health workers can and should play in addressing the social determinants of health through health education and prompt referral to health and other services.

Apart from the community health workers and ward based outreach teams that help to link communities to care and services across the Departments, the Department has a role in the Provincial Action Work Groups. Action work groups (AWGs) have been established to implement and monitor implementation of the Provincial Growth and Development Plan. The Office of the Premier (OTP) plays an oversight role for the PGDP implementation within sector departments. The Department of Health contributes to the PGDP Strategic Goal 3: Human and Community Development, Strategic Objective 3.2, which is "Enhanced Health of Communities and Citizens". AWG 10 is responsible for SO 3.2. Other stakeholders in the AWG 10 are the Departments of Education, Sports and recreation, Social Development, Agriculture and Rural Development, Arts and Culture, Public Works, Cooperative Governance and Traditional Affairs, The Office of the Premier, and the Private Health Services in the Province.

Epidemiology and Quadruple Burden of Disease

Epidemiologically, South Africa is confronted with a quadruple burden of disease (BOD) because of HIV and Tuberculosis (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 KZN, 2017



The top 10 causes of death in KZN have remained essentially unchanged from last year. The burden of disease in KZN, as reflected by the most important causes of mortality, remains a complex mix of communicable and non-communicable diseases, with the latter including a significant component of non-natural causes of death.

Grouped according to these categories, communicable diseases constitute 19.9% of the top ten causes of death in KZN, non-communicable diseases 28.3%, diseases of lifestyle (a sub-component of non-communicable causes) 13.6% and non-natural causes 12.6%. This mix of

causes of death illustrates that KZN is still undergoing an epidemiological transition, from a state characterized by high numbers of death due to communicable diseases, often in younger people, to one characterized by higher number of deaths due to non-communicable diseases, mostly in older people. KZN's profile of deaths differs from that for Africa as a whole, where infectious diseases predominate causing 35.1% of deaths (Statista 2020). The most important causes of death in KZN also differ from those in Europe, where only pneumonia features in the top 10 causes of death; most deaths result from non-infectious causes and more than 80% of deaths occur in people over the age of 65 (Organisation for Economic Co-operation and Development (OECD) /European Union 2018). Furthermore, KZN society remains highly inequitable in terms of household income and living conditions, and the profile of deaths reflects this.

The effect of HIV on the death rate in KZN has declined since the implementation of mass treatment, but its impact on morbidity in the province remains significant, especially through its role in increasing vulnerability to tuberculosis (the most important cause of death in KZN for this year, and several years preceding). However, tuberculosis is also the quintessential disease of poverty, and, like the other communicable diseases in the top ten causes of death in the province, it demonstrates that poverty remains a major obstacle to improved health status in KZN. This is in spite of declines in the incidence of malnutrition in the province, and the disappearance of diarrhoeal diseases from the top ten causes of death. The improvement of living standards, especially in housing and nutrition, remains vital to the elimination of diseases of poverty from KZN.

Non-communicable diseases, including diseases of lifestyle such as type 2 diabetes and hypertension, are becoming increasingly important in KZN. Whilst this reflects an ageing population, it does not necessarily reflect a more affluent one (Hsu et al, 2012). Reductions in poverty levels are as well as patient education are vital to reduce the impact of diseases of lifestyle on morbidity and mortality in KZN.

The high proportion of deaths due to non-natural causes in KZN reflects the continuing high rates of motor vehicle accidents and inter-personal violence in the province. The rapid increase in motorization in South Africa has not been matched with increased and more effective law enforcement, leading to increased numbers of motor vehicle accidents and consistently high mortality rates from these (Haagsma et al 2016). Interpersonal violence remains an important cause of death in the province. There are many factors, which contribute to the high rates seen in KZN, including poverty (Foster et al 2007), social inequality (Hawkins 1993) and culture (Hughes et al 2005).

One of the priorities of the Department of Transport is to reduce road crashes and fatalities. For the 2020/21 to 2024/25 Cycle, the KZN Department of Transport aims to achieve a 30% reduction in fatal road crashes by addressing the contributors of un-roadworthy vehicles; poor driver and pedestrian behaviour as well as a disregard for rules of the road (2021/22 APP and 2020/21 to 2024/25 Strategic Plan of the KZN Department of transport).

The complex mix of causes of mortality in KZN requires a health service with a strong focus on health promotion, a massive primary care component, and an effective and efficient hospital component. Furthermore, social and economic interventions are vital to address the important roots in poverty of many of the causes of ill health that prevail in KZN. Reduced

poverty and inequality, and improved quality of health service provision at all levels, are required to address KZN's complex burden of disease.

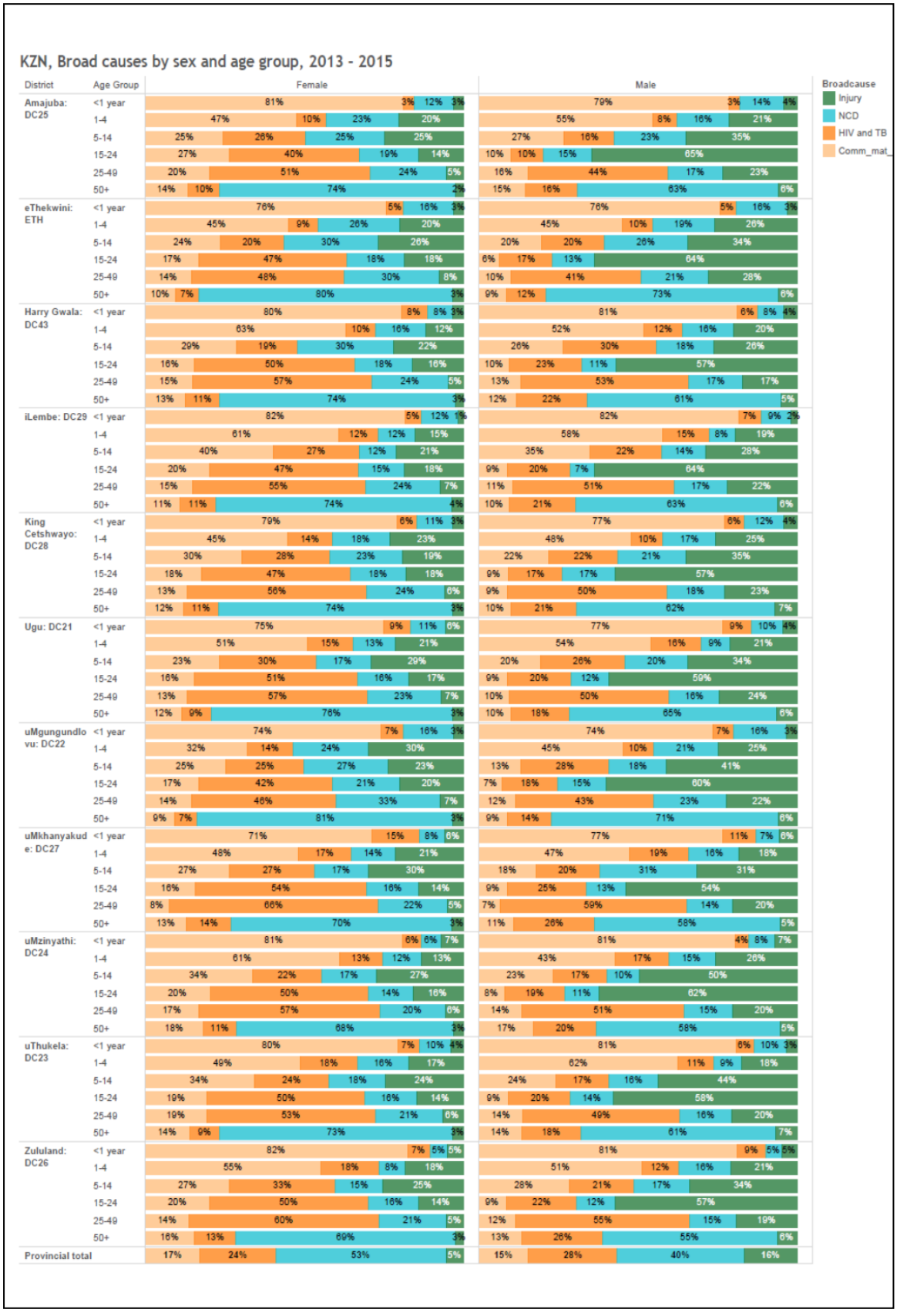
The causes of death (by rank) are unpacked according to age and sex in the table and graph below:

TABLE 4: TOP 5 BROAD CAUSES OF DEATH RANKED PER AGE AND SEX, KWAZULU-NATAL 2017 (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
Cerebrovascular Disease	5	2							5	3	3	2
Cerebral Palsy and other paralytic syndromes						5						
Congenital malformations of the circulatory system												1
Diabetes Mellitus	4	1							4	1	2	
Disorders related to length of gestation and foetal growth			2	2								
Foetus and newborn affected by maternal factors and by complications of pregnancy			4	5								
HIV Disease	2	4			5		2	1	3	4		
Hypertensive diseases											4	4
Infections specific to perinatal period			3									
Influenza and pneumonia			5	3	1	1	5					
Intestinal and infectious diseases				4	3	2						
Ischaemic Heart Disease											5	5
Malignant neoplasms of female genital organs								5				
Other Forms of Heart Disease	3	3			4	4	4	4	2	2	1	3
Other viral disease							3	3				
Respiratory and cardio disorders specific to perinatal period			1	1								
TB	1	5			2	3	1	2	1	5		

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.

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

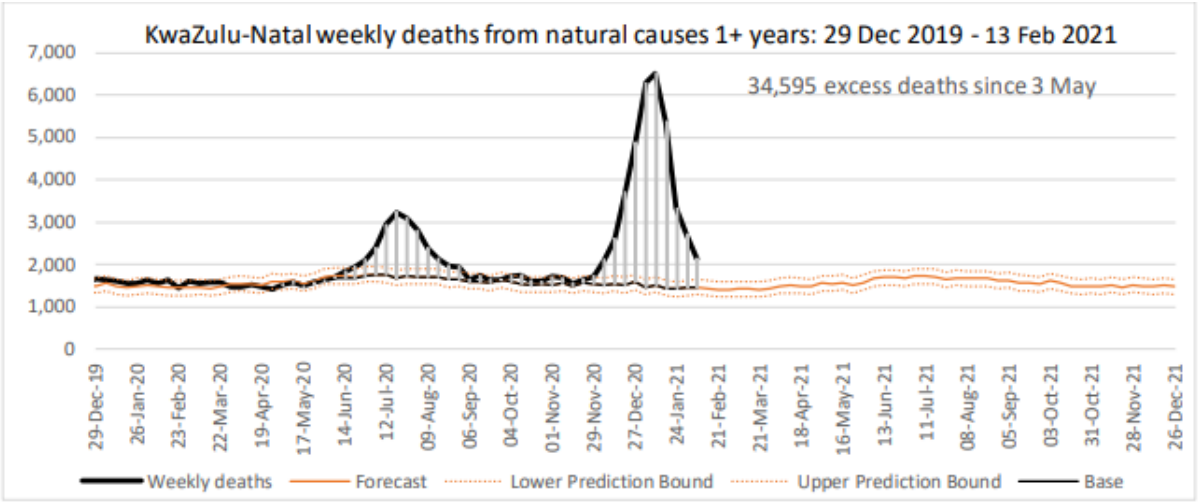


In the context of the emerging COVID-19 pandemic, it has become essential to track the weekly number of deaths that occur.

"Excess mortality" refers to the number of deaths that are occurring above what we would normally expect. The World Health Organisation (WHO) uses the term to describe, "Mortality above what would be expected based on the non-crisis mortality rate in the population or that which is attributable to the crisis conditions" (Report on Weekly Deaths in South Africa 7 - 13 Feb 2021, https://www.samrc.ac.za).

Per capita excess death rates have been calculated for each of the provinces. By the Week 6 (13 Feb 2021), the national excess death rate was 237 per 100,000 population. KZN has experienced almost 35 000 excess deaths since 3 May 2020.

GRAPH 5: WEEKLY DEATHS FROM NATURAL CAUSES, KZN, DEC 2019-FEB 2021 (MRC)



Stakeholders of the KZN Department of Health

Apart from the uninsured population that features as the main stakeholder of the KZN DOH, the Service Charter provides a list of the stakeholders and the channels used to engage with them. The information is housed in the table below:

TABLE 5: STAKEHOLDERS AND CONSULTATION FROM THE KZN DOH SERVICE CHARTER 2020/21

Customer and Stake holder	Consultation Mechanism
Citizens/Patients	• Sectoral Parliaments (Youth, Women, Workers, Disability, Elderly Persons, amongst others) • Taking Legislature to the people • Oversight visits by the Health Portfolio Committee and Legislature • Hospital Boards & Clinic Committees • Ombudsperson • Community consultations • Community events and Health Programmes • Provincial health Operations centre • Public relations Network

Customer and Stake holder	Consultation Mechanism
	• Provincial health Consultative Forum • Meetings, Forums and other platforms
Departmental Personnel	• Meetings and Forums • Circulars/ Directives and Newsletters • Internet & Intranet • Brochures and Leaflets • Staff Focussed Events • Employee Wellness programmes
Other Identified Stake Holders • Tertiary Academic Institutions • Non-Governmental Organisations (NGO's), Faith Based Organisations (FBO's), and Church Based Organisations (CBO's) • Other National and Provincial departments • Mayors and other Local Government • Provincial Legislature • Traditional Healers • Office of Health Standard Compliance (OHSC) • Private Sector Organisations • Office of the Auditor General • Health Portfolio Committee • Finance Portfolio Committee • Standing Committee on Public Accounts • Suppliers and Service Providers • Organised Labour • Civil Society	• Meetings • Forums • Written and formal communications • Formal hearings/ presentations • Internet & intranet • Tele - & video conferencing & Skype for business • Various inter – Governmental Forums • Provincial Consultative Health Forum (PCHF) • Provincial Health Council (PHC) meetings

INTERNAL ENVIRONMENT ANALYSIS

Service Delivery Platform/Public Health Facilities

There are 72 hospitals in KZN that are managed 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 Department 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.

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

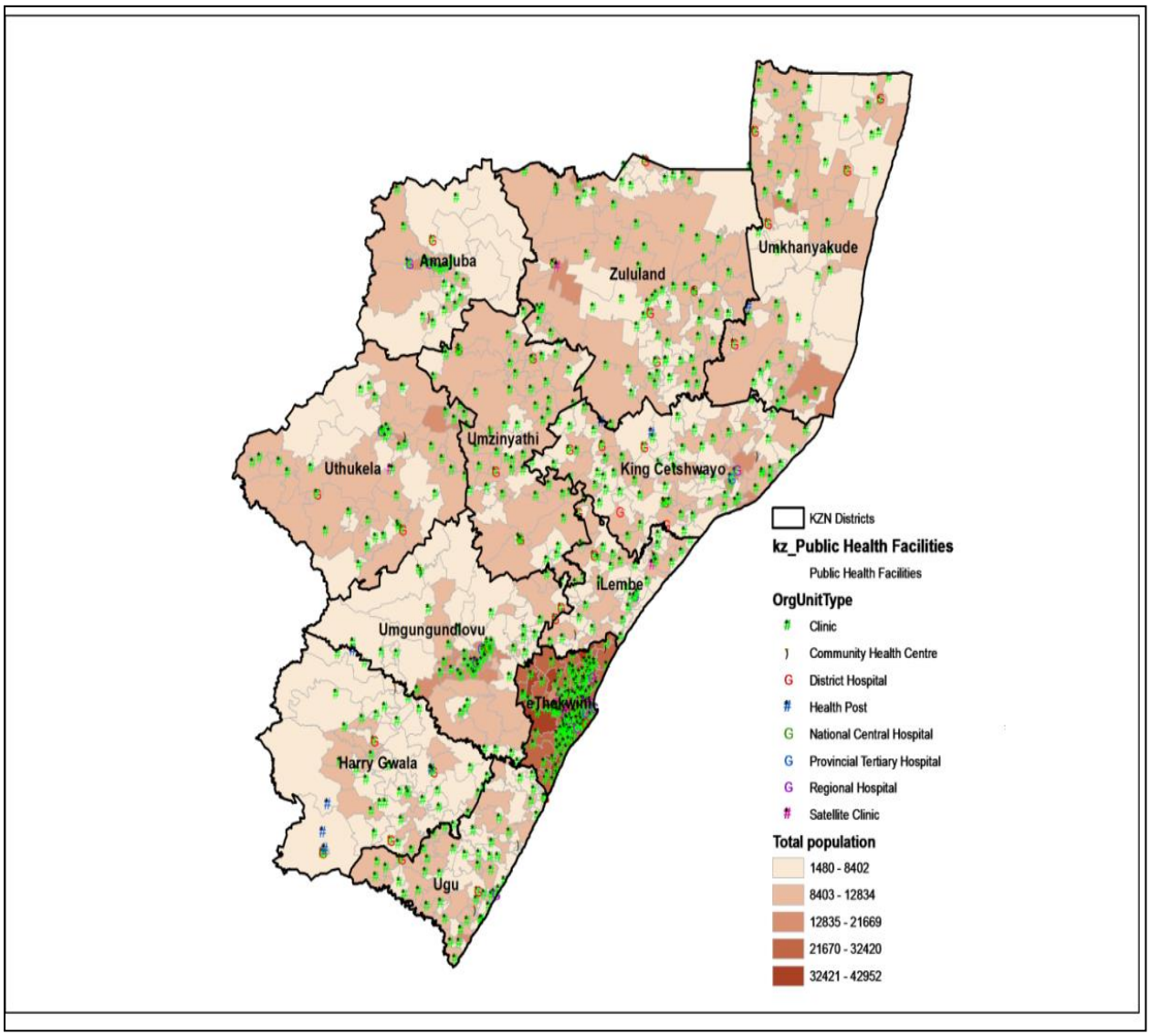


TABLE 6: HEALTH FACILITIES PER DISTRICT, KZN, (DHIS QUARTER 1 OF 2020/21; KZN DOH INTRANET DATA MANAGEMENT FACILITY COUNT, ACCESSED OCTOBER 2020)

District	Primary Health Care			Hospitals							
	Mobiles	Fixed Clinics[2]	Community Health	District	Regional	Tertiary	Central	Specialised TB	Specialised Other	Specialised Psych	Chronic / Sub-Acute
Ugu	16	52	2	3	1	0	0	0	0	0	0
uMgungundlovu	16	50	3	2	1	1	0	2	0	3	0
uThukela	14	36	1	2	1	0	0	0	0	0	0
uMzinyathi	13	53	1	4	0	0	0	1	0	0	0
Amajuba	8	25	1	1	2	0	0	0	0	0	0
Zululand	22	73	1	5	0	0	0	1	0	1	0
uMkhanyakude	19	58	1	5	0	0	0	0	0	0	0
King Cetshwayo	16	63	1	6	1	1	0	0	0	0	0
iLembe	11	34	2	3	1	0	0	0	0	0	0
Harry Gwala	14	39	1	4	0	0	0	1	0	1	0
eThekwini	20	106	8	4	6	1	1	2	1	1	2
KZN Total	**169**	**589**	**22**	**39**	**13**	**3**	**1**	**7**	**1**	**6**	**2**

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) led by a nurse. CHWs assess the health status of individuals and households and provide health education and promotion services. They identify and refer those in need of preventive, curative or rehabilitative services to the relevant PHC facilities.

Outreach Visits

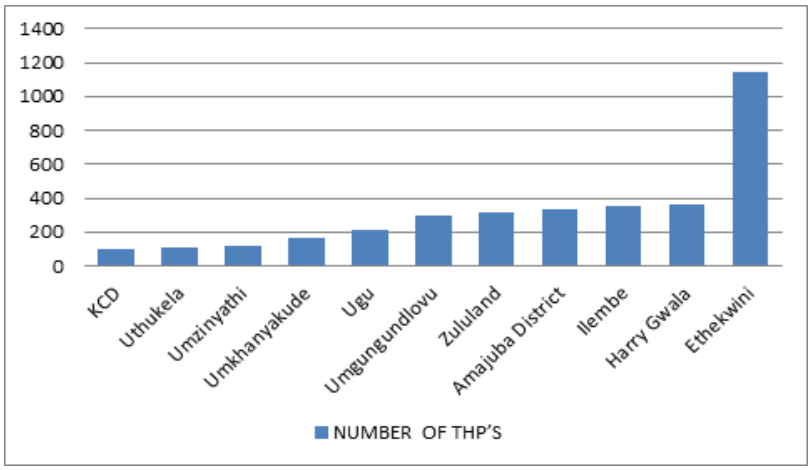
The Department monitors the type of support visits provided to households as a proportion of total number of households visited by the WBPHCOT. This provides an understanding of the need for services at household level. Currently, most of the household visits are for child health and adherence support. The Outreach Household Coverage is higher for KZN compared to the country average indicating the high demand for this service in KZN.

African Traditional Medicine

The challenges surrounding African Traditional Medicine are varied. At a provincial level the lack of an operational budget at provincial and district level, affects the permanent appointment of district African Traditional Medicine co-ordinations to roll-out the programme and get the buy-in required to make it an integral part of the Department of Health district health system. Work needs to be done to formalise the role of traditional health practitioners to enhance their impact in the health system.

2 Provincial and Local Authority

GRAPH 6: NUMBER OF TRADITIONAL HEALTH PRACTITIONERS PER DISTRICT, KZN, 2021



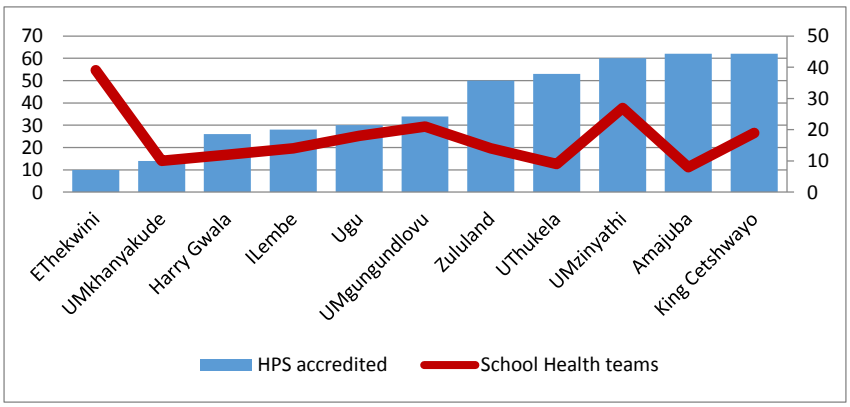
The Department is awaiting the National Department of Health policy for traditional health practitioners to be signed off and approved before drafting a provincial policy. The policy would give guidance to the challenge of no formal registration process, which is further hampered by the low literacy rate for many traditional healers. The estimation for the entire Province is 5939 THPs. The registration process is ongoing and figures are subject to change.

Health Promotion

The Primary Health Care (PHC) Reengineering model considers health promotion a vehicle to decrease the burden of diseases through a preventative rather than a curative approach.

Health Promotion activities are a continuous process, and need constant engagement and follow up with schools to produce long term results. Inequitable resource allocation continues to hamper progress. The continual support for schools is a challenge as school health teams have service targets to meet, apart from their role in supporting the health promoting schools initiative. The employment of Health Promoters at sub-ward level to support the programme in the prioritised 169 deprived wards, would support the process at a community level and align with the community based approach currently being rolled out in KwaZulu-Natal.

GRAPH 7: HEALTH PROMOTING SCHOOLS VERSUS NUMBER OF SCHOOL HEALTH TEAMS – 2019/20



There is no correlation between the number of school health teams and the number of Health Promoting schools. This intervention is an important aspect of health promotion, as the youth are the future economically active population. Further analysis should be done in Amajuba and Uthukela districts to identify best practices in having a high number of accredited Health promoting schools although plagued by a limited number of school health teams.

School Health

School health services are experiencing a challenge with the maintenance and expansion of teams. The limitations are, staffing, vehicles and infrastructure. The number of functional teams has decreased between 2019/20 and 2020/21 periods. This has impacted on the provincial coverage with some areas not being serviced. This is exacerbated by the role of school health nurses in other programmes and campaigns such as the Human papillomavirus (HPV), deworming, immunisation and tetanus toxoid (Td) immunisation campaigns. Another limitation in the screening of learners is that some parents do not return signed consent forms and/or there is substandard record keeping of signed forms by the Department of Education (DOE)

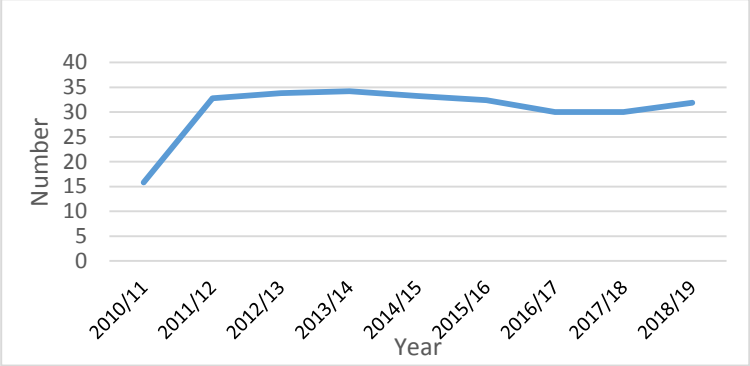
Primary Health Care

Primary Health Care (PHC) refers to "the provision of ambulatory or first-contact personal health care services" (World Health Organization {WHO} and the United Nations Children's Fund {UNICEF}, 2018, p. 2). The 2030 Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs) calls for and commits countries through SDG 3 to ensure healthy lives and promote wellbeing for all at all ages. It calls for the reduction of maternal, neonatal and child mortality, provision and ensuring universal access to sexual and reproductive health, and preventing and treating non-communicable diseases (WHO & UNICEF, 2018). The Astana declaration (Global Conference on Primary Health Care) repositions primary health care as the most cost effective and inclusive means of delivering universal health services and places communities at the centre of health care towards achieving these goals. Each country has to create an action plan to meet the immediate and longer term primary health care needs of its population and works towards achieving the SDGs (Binagwaho & Ghebreyesus, 2019).

The South African Department of Health regards a PHC clinic as the first step in the provision of health care. PHC clinics provide services such as immunisation, family planning, anti-natal care, and treatment of common diseases, treatment and management of Tuberculosis, HIV/AIDS counselling, amongst other services. However, Binagwaho and Ghebreyesus (2019) argue that PHC has been underfunded globally, particularly in low and middle income countries and large health inequities are still persistent.

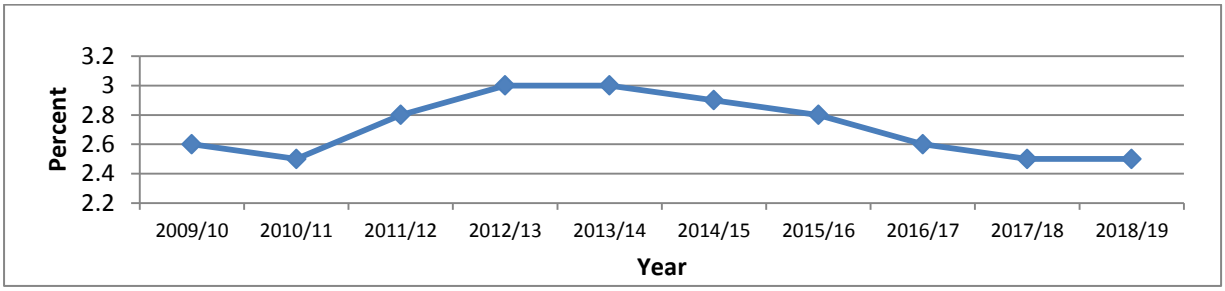
GRAPH 8: KZN PHC PROFESSIONAL NURSE CLINICAL WORK LOAD 2010/11 – 2018/19

It is important to determine trends in terms of management of PHC in a country so that such information can be used for planning and distribution of resources. Data indicates a stable PHC utilisation total rate of 2.5 over the past two years. Although higher than the PHC utilization rate, the PHC utilisation rate for children under 5 years shows an inconsistent trend with utilisation dropping to 3.5 in 2010/11 (from 3.8 in

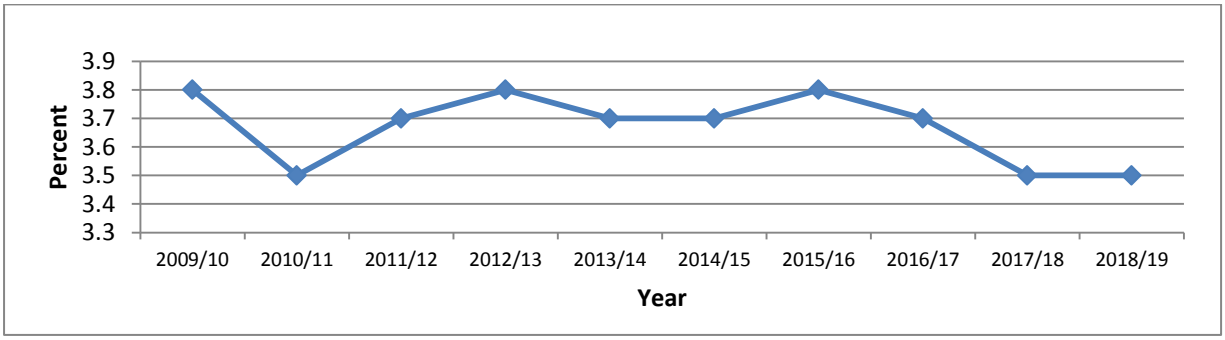


2009/10). During 2011/12, utilisation rate went up and down over the next four years. A downward trend was then observed from 2016/17 and stabilising at 3.5 in the last 2 financial years. UMkhanyakude district had the highest utilisation rate.

GRAPH 9: TOTAL PHC UTILISATION RATE IN KZN, 2009/10 TO 2018/19

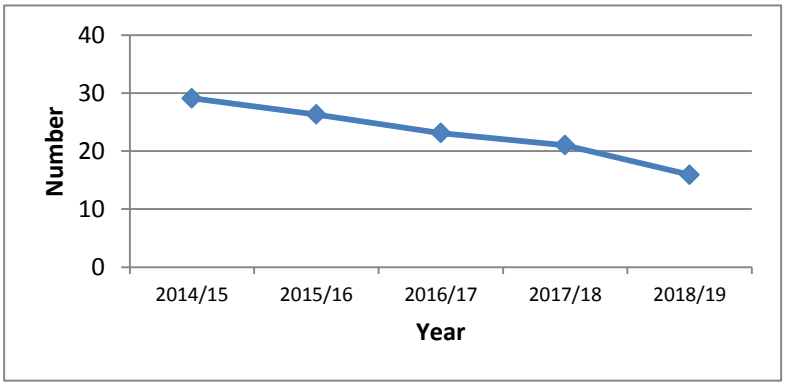


GRAPH 10: PHC UTILISATION UNDER 5 YEAR'S RATE



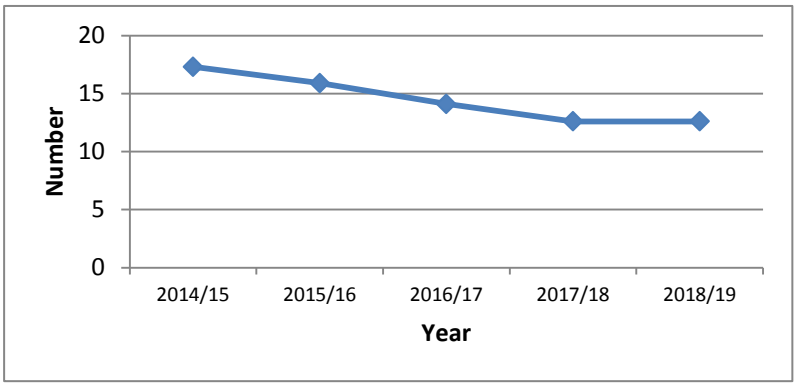
The workload for professional nurses stands at a range of 30 and 34.2. uMkhanyakude district had the highest professional nurse workload. However, the workload for doctors has dropped for both indicators of doctor type, i.e., PHC doctor and private sector doctor. In terms of Doctor Workload at PHC facilities, there was almost a 50% decrease in workload from over the last five years of the review period 29.1 in 2014/15 to 15.9 in 2018/19.

GRAPH 11: KZN PHC DOCTOR CLINICAL WORK LOAD



The PHC private doctor clinical workload monitors the extent of effective utilisation of private doctors appointed on contract to consult clients in public sector facilities in accordance with NHI objectives to increase doctor coverage. The private doctor clinical workload declined from 17.3 in 2014/15 to 12.6 in 2018/19.

GRAPH 12: KZN PRIVATE DOCTOR CLINICAL WORKLOAD KZN 2014/15 – 2018/19

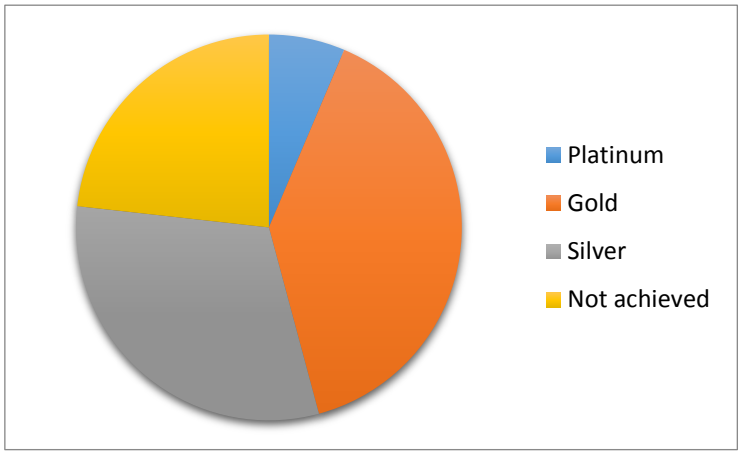


There is a positive relationship between PHC utilisation and Outpatient Department (OPD) headcount referred while no relationship exists between PHC utilisation and OPD headcount not referred. The latter indicates that some patients opt to seek health care directly from hospitals with referral from a local clinic.

The data on hospitals, to be discussed below, suggests that hospital utilization is inefficient. Length of stay is prolonged in certain institutions, and bed utilization rates are low in district, specialized TB and rehabilitation and convalescent hospitals. Where PHC utilization rate is high, the hospital utilization rate is also high, suggesting that cross cutting issues affect the utilization of health care within a district, rather than issues unique to the PHC or hospital level only.

The Ideal Clinic Programme aims to have all clinics meet the minimum requirement to provide for quality of care. This is a non-negotiable programme with the target being set at 100% of clinics achieving Ideal clinic status for 21/22.

GRAPH 13: IDEAL CLINIC STATUS IN KZN – 2019/20



Infrastructure challenges at Ex-municipal clinics affect the achievement of Ideal Clinic Status in terms of the implementation of the three PHC streams. Ex-municipal clinics are the most affected as the premises are rented and are not owned by the Department of Health. The reconfiguring of the infrastructure / internal space in line with Ideal Clinic Requirements is required.

District Health Services

There is a challenge of implementation of the sub-district model due to various influencing factors, with budget being a major challenge. There is no ring-fenced budget to support the community based model development. There is a high attrition rate among the PHC outreach teams as there are no career pathing opportunities and nurses with school health experience are sought after in other countries. The delay in the appointment of strategic key positions has further impacted on the programme. There is no pool of family physicians to draw from with regards to services that are required to be rendered. Pilot projects have not been rolled out due to budget constraints. The institutionalization of the African Traditional

Medicine into the District Health Service through the PHC level still remains a challenge due to budget constraints and limited staff for championing the cause.

Hospital Care

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

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 7: KZN HOSPITAL EFFICIENCY INDICATORS 2017/18 – 2019/20

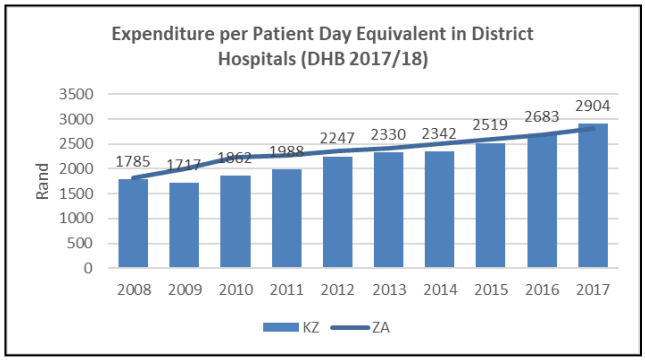
Hospital Type	OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
District	50.4%	52.4%	52.1%	5.4 Days	5.4 Days	5.3 Days	57.5%	59.5%	59.3%
Regional	43%	44.6%	45.1%	6.3 Days	6.3 Days	6.3 Days	71.7%	73.3%	73.4%
Tertiary	31.5%	30.1%	32.4%	7.5 Days	7.9 Days	7.6 Days	67.8%	69.7%	74.0%
National Central	0.1%	0.25%	0%	8.4 Days	8.7 Days	8.7 Days	65.6%	65.8%	62.2%

TABLE 8: KZN HOSPITAL EFFICIENCY INDICATORS 2017/18 – 2019/20

Hospital Type	Inpatient crude death rate			Delivery by Caesarean section rate		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
District Hospital	5.4%	5.0%	4.9%	28.5%	27.5%	28.18%
Regional Hospital	5.3%	4.9%	5.1%	40.4%	41.2%	40.7%
Provincial Tertiary Hospital	6%	5.8%	5.8%	50.3%	51.7%	55.0%
National Central Hospital	3.2%	3.4%	3.4%	77.3%	77.8%	76.7%

a. The Inpatient crude death rate has not shown major shifts overs that past 3 years except for the decline from 5.4% to 4.9% at district hospitals
b. The delivery by Caesarean section rate has stayed fairly constant apart from the increase at Tertiary level hospitals
c. There is a general net increase in bed utilisation rates in most hospitals. The district hospital efficiencies are unpacked by District in the subsection below.
d. OPD not referred is on an upward trend for all Hospitals

GRAPH 14: EXPENDITURE PER PATIENT DAY EQUIVALENT (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.

TABLE 9: HOSPITAL EFFICIENCY INDICATORS PER FACILITY 2017/18 – 2019/20

Referral Hospitals		OPD new client not referred rate			Average length of stay - total			Inpatient bed utilisation rate		
		17/18	18/19	19/20	17/18	18/19	19/20	17/18	18/19	19/20
Regional Hospital	Addington Hospital	70.7%	66.4%	66.2%	5.6 Days	6 Days	6 Days	75.3%	79.7%	76.70%
	Edendale Hospital	30.5%	22.1%	25.8%	7.2 Days	7.1 Days	7.1 Days	71.8%	75.4%	76.00%
	King Dinuzulu Hospital	52.8%	59.5%	57.5%	12.2 Days	12.2 Days	12.1 Days	68.5%	65.6%	60.00%
	Ladysmith Hospital	38.8%	32.5%	48.4%	6.3 Days	6.7 Days	7,1 Days	83.2%	85.1%	85.50%
	Madadeni Hospital	41.9%	40.7%	42%	11.9 Days	11 Days	10,2 Days	64.8%	62.6%	62.10%
	Mahatma Gandhi Hospital	44.2%	25.3%	19.3%	5.2 Days	5.5 Days	5,8 Days	84.9%	86.6%	87.60%
	Newcastle Hospital	64.5%	65.7%	64.4%	3.9 Days	3.8 Days	3,9 Days	76.2%	79.1%	78.00%
	Port Shepstone Hospital	.8%	59.8%	60.2%	4.8 Days	5.2 Days	5,3 Days	72.2%	84.7%	82.40%
	Prince Mshiyeni Memorial Hospital	27.2%	25.1%	29.70%	6.8 Days	6.6 Days	7,3 Days	68.2%	68.4%	69.50%
	Queen Nandi Regional Hospital	16.1%	25%	%	5.1 Days	5.1 Days	5,6 Days	63.6%	67.8%	69.80%
	RK Khan Hospital	49.7%	53.3%	47.60%	4.8 Days	4.9 Days	5,2 Days	88.1%	88.1%	92.40%
	St Aidan's Hospital	2.1%	0%	0.1%	1.7 Days	1.5 Days	1,8 Days	13.6%	.1%	23.10%
	General Justice Gizenga Mpanza Regional Hospital (Stanger)	59.2%	58.9%	51.50%	5.4 Days	5.4 Days	5,7 Days	71.6%	74.3%	77.80%
Provincial Tertiary Hospital	Grey's Hospital	0%	0%	17.1%[3]	9.8 Days	9.5 Days	9,3 Days	69.6%	70.8%	70.30%
	King Edward VIII Hospital	33.3%	33.3%	34.30%	6.3 Days	6.6 Days	6,4 Days	60.8%	63%	73%
	Ngwelezana Hospital	47.7%	42%	36.3%	7.7 Days	8.9 Days	8,6 Days	77.7%	81.1%	79.70%
Central	Inkosi Albert Luthuli Central Hospital	0.1%	0.25%	0.00%	8.4 Days	8.7 Days	8,7 Days	65.6%	65.8%	62.%

Source: DHIS

3 3286 OPD, not referred clients in 2019/20

The OPD new client not referred rate is highest at Addington, Newcastle and Port Shepstone Hospitals. This trend has been noted commonly in the hospitals that are located in town as is the case with the three hospitals mentioned above. All the above mentioned hospitals have no nearby supporting, PHC Clinics and Community Health Centres (CHC's). Clients in need of services therefore access these hospitals directly without following any referral pathway. A process of establishing a 24 hour Gateway Clinic at Addington Hospital with a fully-fledged organisational HR structure is being explored. This will assist to reduce the number of un-referred patients directly accessing Addington Hospital. Newcastle Hospital is a mother and child hospital. There are no 24 hour maternity services in the area. As a result all maternity cases access this hospital directly. There are no plans of a district hospital or a 24 hours clinic or CHC in this area currently

The lowest bed utilisation is found at St Aidan's, Madadeni and King Dinuzulu Hospitals. St Aidan's hospital, 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. . The process of the official merger of St Aidans as a satellite tertiary services site for King Edward has commenced with the process shaving been supported at the Provincial Chamber and a Task Team appointed by the Head of Health as part of the rationalisation process of the department. In Madadeni the non-availability of an urologist has seen the urology ward occupancy dropping to around 30%. . A need to review a number of beds at Madadeni Hospital has been identified following decommissioning of the mother and child beds in this regional hospital when these services moved to Newcastle Hospital in 12. Between 13 and 15 Madadeni Hospital also had to undergo some renovations which have necessitated a need to review the number of beds. In 19/, the hospital has requested for a review of its bed state from the current 822 beds to 770 beds. This request is currently awaiting approval.

Average length of stay ranged between 1.8 days in St Aidan's to 12.1 days in King Dinuzulu Hospitals. Proposals have been presented by the Rationalisation Task team on the designation of King Dinuzulu in order to correct the current anomaly.

TABLE 10: HOSPITAL CASE MANAGEMENT INDICATORS 17/18 – 19/

Referral Hospitals		Inpatient crude death rate			Delivery by Caesarean section rate		
		17/18	18/19	19/20	17/18	18/19	19/
Regional Hospital	Addington Hospital	4.7%	4.9%	4.60%	39.7%	39.9%	40.50%
	Edendale Hospital	5.5%	5.6%	5.90%	47.6%	46.6%	45.05%
	King Dinuzulu Hospital	7%	6.9%	6.80%	33.6%	34.3%	32.04%

Referral Hospitals		Inpatient crude death rate			Delivery by Caesarean section rate		
		17/18	18/19	19/20	17/18	18/19	19/
	Ladysmith Hospital	6.2%	6.1%	6.10%	37.1%	35.3%	32.58%
	Madadeni Hospital	10.2%	9.2%	9.00%	N/A	N/A	N/A
	Mahatma Gandhi Hospital	5.2%	5.3%	5.40%	37.7%	40%	37.39%
	Newcastle Hospital	1.2%	0.82%	0.90%	36.4%	34.3%	33.96%
	Port Shepstone Hospital	4.7%	5%	5%	47.7%	47.6%	52.65%
	Prince Mshiyeni Memorial Hospital	5.3%	4.4%	5.30%	36.7%	39.5%	38.71%
	Queen Nandi Regional Hospital	2.2%	2.2%	2.%	55.3%	56.2%	56.08%
	RK Khan Hospital	5.8%	5.5%	5.83%	32.6%	35.2%	32.55%
	St Aidan's Hospital	0.24%	0.27%	0.32%	N/A	N/A	N/A
	General Justice Gizenga Mpanza Regional Hospital (Stanger)	5.8%	5%	5%	41.6%	42%	42%
Provincial Tertiary Hospital	Grey's Hospital	3.8%	3.7%	4.%	69.9%	73.2%	78.68%
	King Edward VIII Hospital	4.6%	4.5%	4.60%	46.7%	48.3%	51.04%
	Ngwelezana Hospital	10%	10.5%	9.80%	N/A	N/A	N/A
Central Hospital	Inkosi Albert Luthuli Central Hospital	3.2%	3.4%	3.40%	77.3%	77.8%	76.67%

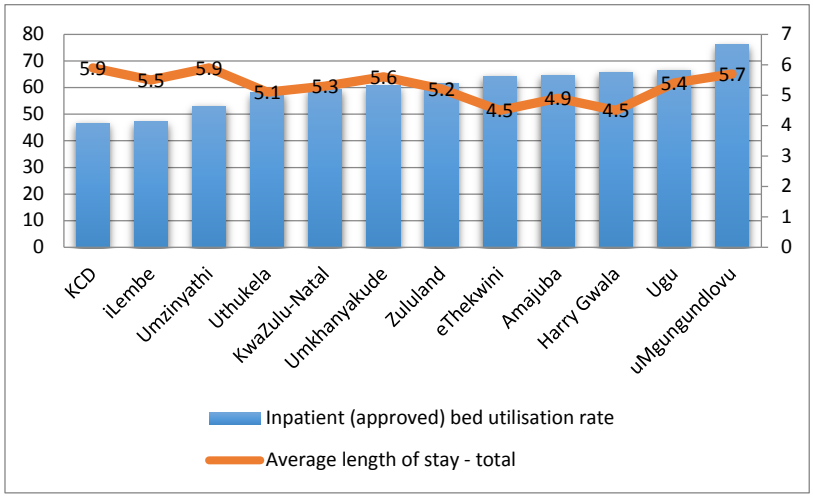
Source: DHIS

The 19/20 data shows that the Ngwelezana crude death rate is the highest of all KZN hospitals closely followed by Madadeni. St Aidan's and Newcastle have the lowest crude death rates. The Delivery by Caesarean section in Greys is the highest in KZN (Apart from the Central hospital). Greys Hospital supports the whole of area 2 hospitals and there are only three regional hospitals in the area. All complicated maternity cases are therefore attended to at Greys thus contributing to its high Caesarean section rates. However, Caesarean section audits are essential to verify correctness of the indications for these operations.

District Hospitals Trends per District

As seen in the figures and narrative above, district hospital efficiencies continue to be a challenge with many District hospitals being unable to function optimally at 75% Bed Utilisation Rate (BUR) which is deemed to be an optimal utilisation. In 19/20 there were 9 district hospitals with a BUR of less than 50%. Provincially, the range for BUR was 46.5% in King Cetshwayo District (KCD) to 76% in Umgungundlovu.

GRAPH 15: DISTRICT HOSPITAL EFFICIENCIES (ALOS & BUR) PER DISTRICT – 2019/20



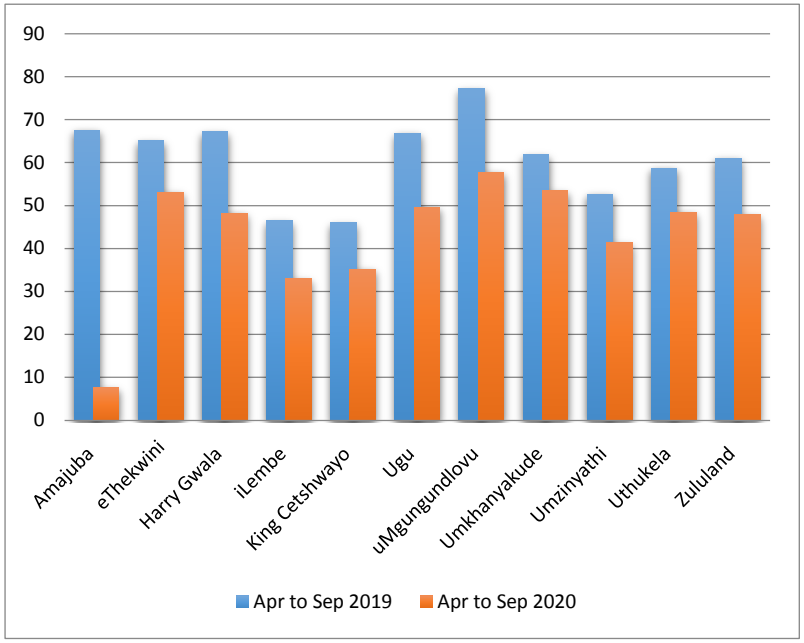
KCD has 6 District Hospitals, but no district hospital in the most populous sub-district, Umlalazi, where district level 1 services are rendered by the developing Ngwelezana tertiary hospital. The remaining hospitals are old missionary hospitals and are not strategically placed in relation to their catchment community.

Umgungundlovu, has 2 district hospitals with Northdale District Hospital carrying the burden for the district with BUR's of around 90%, which could affect the quality of care provided. These inefficiencies drive the cost per PDE, as resources (human, capital and infrastructure) are locked into these facilities but not fully utilized when the bed utilisation is low

District Hospitals, in some of the more remote and rural areas of the KwaZulu-Natal are unable to provide the full level 1 package of care due to a lack of core personnel placing further strain on the public health services in that area.

The COVID-19 pandemic has affected the utilisation of services in 20/21 as elective surgeries were cancelled and fewer patients than usual accessed health care due to the hard lock down experienced in April and May of 020 .

GRAPH 16: BUR FOR DISTRICT HOSPITALS –APRIL TO SEPTEMBER 2019 VS APRIL TO SEPTEMBER 2020



As evidenced in the graph, the BUR for April to September is low when compared against April to September 19 although certain wards i.e. high care and Intensive Care Unit (ICU) wards did experience pressure during the pandemic.

Outpatient Department (OPD) headcounts also decreased during the pandemic. Recovery Plans for screening and immunization are being implemented to minimise a knock-on effect of preventative health services

Maternal and Women's Health

The National lockdown during the COVID-19 pandemic reduced access to health facilities. In addition, services were restructured and staff were deployed to COVID-19 screening services. The creation of in-patient COVID-19 facilities has had a dramatic impact on Women's health indicators comparing pre and Post Covid periods. Staff at health facilities were also primarily providing emergency care and this setting was not as conducive as usual in the offering of routine health services including family planning. During 21/22, there will be some improvement as PHC services will resume with the lifting of the lockdown.

Over the past 3 years there has been a steady increase across KZN (and South Africa) in the numbers of cases of congenital syphilis that have been notified, indicating an increase in the prevalence of syphilis infections amongst pregnant women. This follows a period of about 10 years during which syphilis in pregnancy was a minor problem with a prevalence less than 1% in KZN. The problem is not confined to South Africa as; there is a resurgence of syphilis worldwide. This may be partly due to a global short supply of long acting penicillin for intramuscular injection (benzthine penicillin). Benazthine penicillin is the only treatment for syphilis in pregnancy that is proven to be effective in preventing and treating congenital syphilis. Unfortunately, due to the worldwide shortage, there have been frequent stock-outs of benzathine penicillin in South Africa (including KZN) over the past two or three years. Syphilis has re-emerged as a frequent cause of stillbirths in KZN. Unless syphilis in pregnancy can be effectively detected, and treated, the target for stillbirth rates will not be achieved.

Proposed strategies to address this situation include:

- Implementation of a reliable and rapid syphilis test. This will allow a provisional diagnosis to be made at the first antenatal visit and treatment administered. The key to preventing morbidity and mortality from congenital syphilis is to treat the pregnant mother with a first dose of penicillin as early as possible before the foetus has suffered damage from syphilis.

- Repeat syphilis testing must be done at regular intervals throughout pregnancy and again around the time of birth, as women may contract syphilis during pregnancy. The use of a dual syphilis/HIV rapid test kit, will be beneficial for HIV negative women , as regular repeat testing during pregnancy is well established for HIV, and the dual test will ensure that repeat syphilis testing will also occur. The dual rapid test is under discussion with National Department of Health
- Partner tracing, testing and treatment for syphilis is essential if the syphilis epidemic is to be controlled.
- Provincial and district pharmacy management must take care to exercise careful control and appropriate distribution of the scarce stocks of benzathine penicillin.

The increasing caesarean section (CS) rate is a concern if it is not accompanied by a corresponding decrease in perinatal mortality rate. Complications of CS, including maternal death, are not rare in KZN, therefore unnecessary CS must be minimised. It is appropriate for each hospital to monitor its own CS rate and audit individual CS cases to assess whether the CS was indicated or was perhaps unnecessary. Plans should be put in place to reduce unnecessary CS. Also crucial is that each hospital complies with the minimum standards for safe caesarean section, as defined by the National Confidential Committee Enquiry into Maternal Deaths (NCCEMD). This includes a requirement that any hospital providing a CS service must conduct CS audits. All hospitals have had baseline assessments of compliance with the minimum standards and any gaps identified need to be addressed.

Child Health

In March to June, the COVID-19 lockdown caused disruptions to the Expanded Immunisation Programme activities and in the provision of routine immunisation services, thus worsening the already sub-optimal immunisation coverage. The pandemic has also impacted on ongoing catch up drives initiated by the districts as teams were reallocated to support the COVID task teams.

At community level there was a 36% reduction in the number of under 5s using Primary Health Care Services, an 85% reduction in attendance at Phila Mntwana Centres and a 54% reduction in children seen through household visits. This was associated with reduced uptake of immunisation, Vitamin A supplementation, and deworming and food supplementation.

Hospitals experienced a 50% reduction in paediatric admissions but there was a minimal impact on maternity and neonatal services.

Overall, there was a reduction in the incidence of both pneumonia and diarrhoea presumably due to improved hand hygiene, social distancing and less movement and contact of people

The rate of Neonatal deaths occurring in a facility has been decreasing over the previous 3 years. In 19/20 the actual number of deaths increased slightly but due to the dramatic increase in the number of live births, the result was a low rate of 10.9%. The neonatal death in facility rate in Amajuba has increased throughout the year primarily due to overcrowding leading to an outbreak of hospital associated infections which is persistent despite continuous remedial action. In general, the regional and tertiary hospitals in eThekwini, King

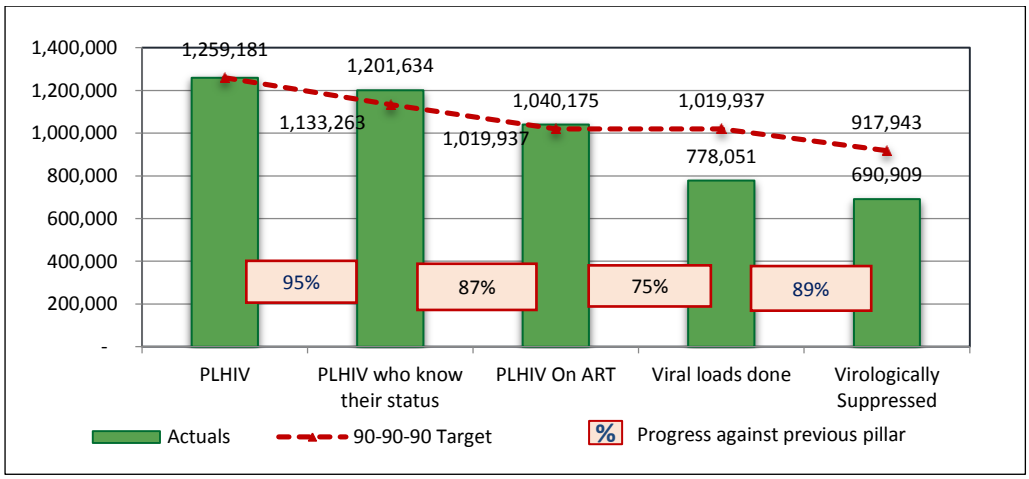
Cetshwayo and Amajuba Districts have higher mortality rates due to overcrowding. COVID-19 has slowed the progress made over the last 3 years, possibly due to delays in accessing health care associated with the lockdown.

Facility based mortality indicators (For children under 1 and under 5) have both increased slightly over the past 3 years due to a real increase in the number of deaths and a slight reduction in the number of admissions. Population based indicators (StasSA) have increased over the same period. This could possibly reflect an improvement in access to care with fewer deaths happening outside the health sector. Malnutrition and HIV /AIDS remain underlying factors for infant and child mortality with a third of all deaths occurring within 24 hours of admission. Contributory factors include delayed presentation to the health service, poor assessment on presentation, inadequate reviews in the ward and limited access to ICU beds.

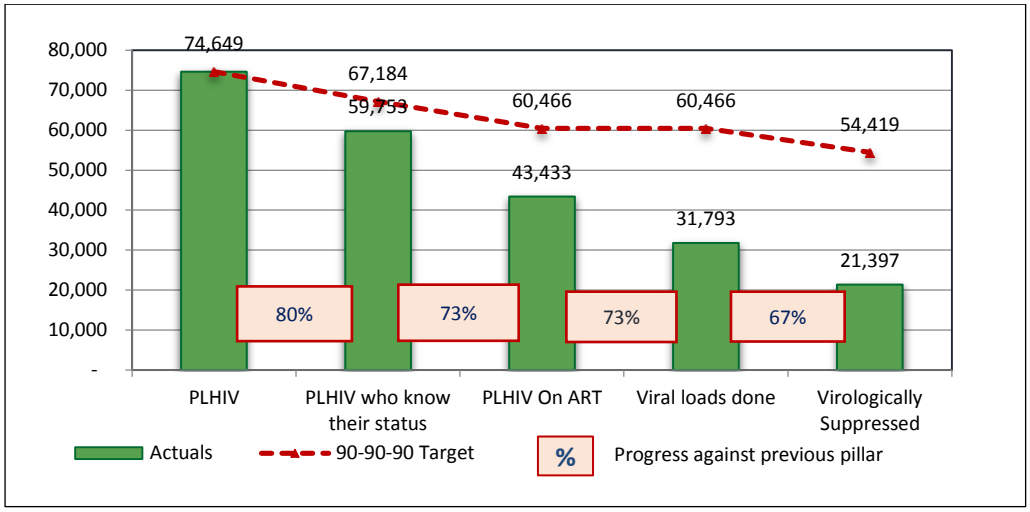
The diarrhoea case fatality rate has decreased over the past 2 years in terms of actual number of deaths, however due to the small numbers involved, a single death results in a substantial shift in this indicator. It is therefore important to interpret the case fatality rate in association with the actual number of deaths. The pneumonia case fatality rate has sustained an improvement over the previous 3 years. When disaggregated down to district or facility level the number of deaths is small and a single death can produce a major change in the indicator.

Strategic Health Programmes

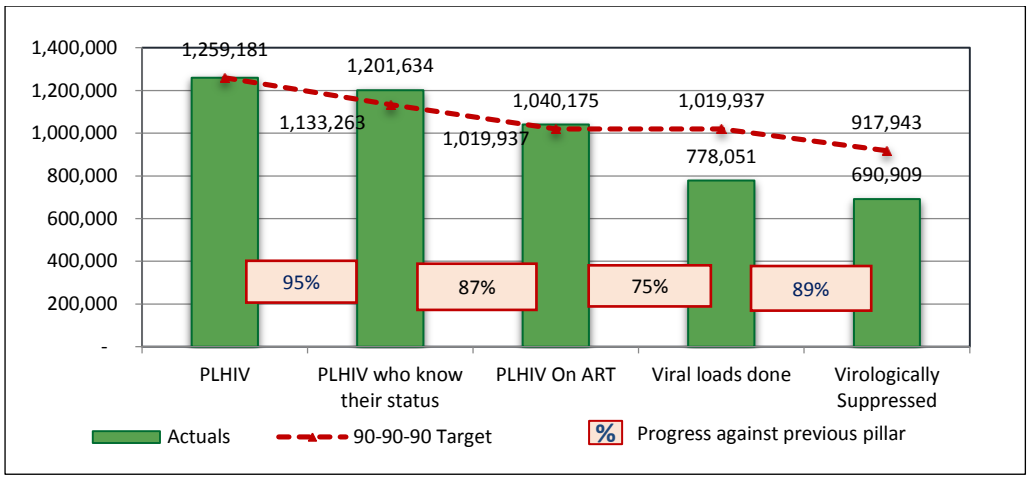
GRAPH 17: 90 / 90 / 90 CASCADE – TOTAL POPULATION (PRIVATE & PUBLIC SECTOR) AS AT SEPT 2020 FOR KZN



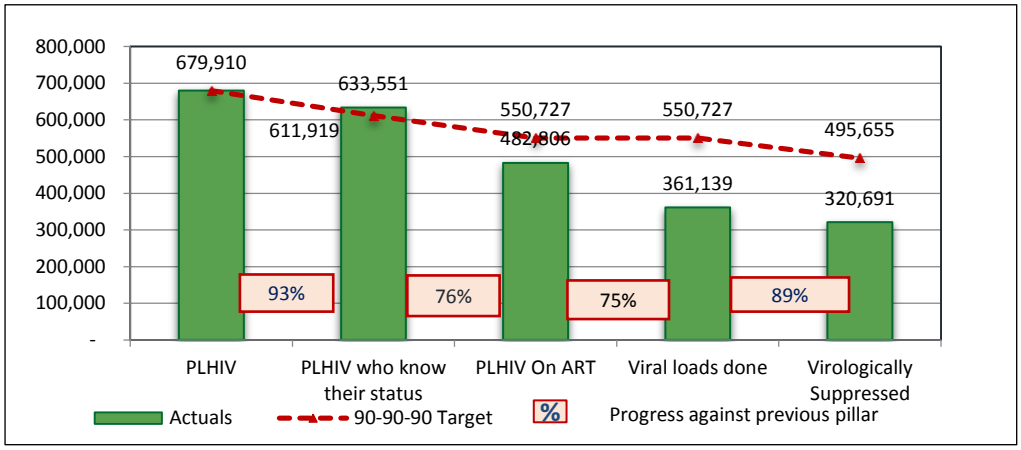
GRAPH 18: 90 / 90 / 9 0 CASCADE – CHILDREN UNDER 15 YEARS (PRIVATE & PUBLIC SECTOR) AS AT SEPT 2020 FOR KZN



GRAPH 19: 90 / 90 / 90 CASCADE – ADULT FEMALE (PRIVATE & PUBLIC SECTOR) AS AT SEPT 2020 FOR KZN

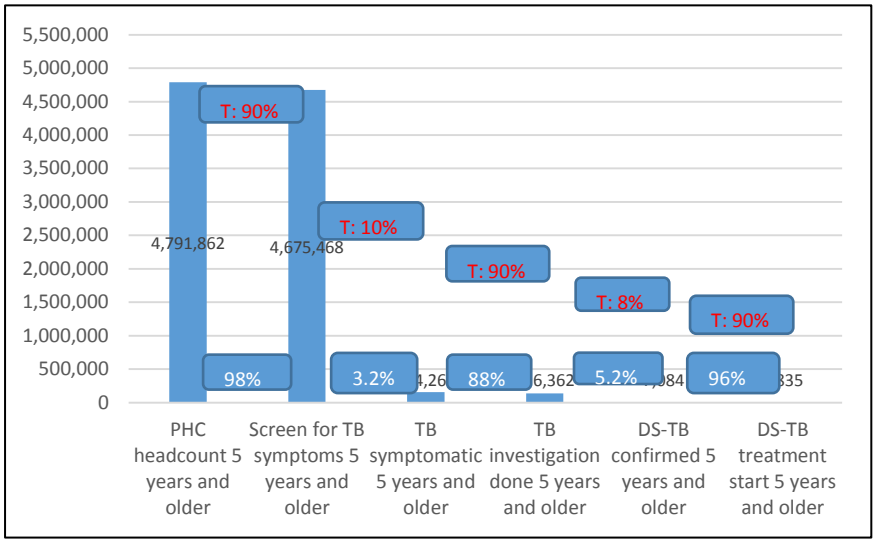


GRAPH 20: 90 / 90 / 90 CASCADE – ADULT MALES (PRIVATE &PUBLIC SECTOR) AS AT SEPT 2020 FOR KZN



Currently, KZN is at 94 / 83 / 88 in the implementation of the 90 / 90 / 90 National Department of Health strategy, with adult men on Anti-Retroviral Therapy (ART) needing to increase by 67 921 to achieve the Strategic target. Children under 15 exhibit the biggest gaps in the implementation of the 90 / 90 /90 policy with a further 17 033 required to meet the ART target of 60 466.

GRAPH 21: KZN DS TB TREATMENT CASCADE FOR QUARTER 2 (20/21)



98% of PHC clients, over 5 years were screened for TB. The main challenges in the TB cascade is the low TB suspicion index in that not all clients likely to have Drug-Sensitive Tuberculosis (DS TB), are identified. The programme has identified the need to improve identification and testing in the new financial year.

Mental Health Services

According to the Mental Health Act, mental health care services, including treatment and rehabilitation must be provided within the community as well as the different levels of care.

Mental health services within the Department are not only relating to pharmacotherapy but includes a multidisciplinary team including psychiatrists, psychologists, social workers, occupational therapists, psychiatric nurses and rehabilitation services.

Youth Friendly Services

One hundred and fifty (150) Youth Friendly Services have been established in /21 against a target of 300, due to COVID-19 restrictions limiting the implementation. Access to contraceptives is a challenge among the youth and this could result in an increase in teenage pregnancy. As with Youth Friendly Services, only Sixty-seven (67) Youth Clubs out of the targeted 0 were established due to COVID-19 and social distancing requirements.

The Adolescent and Young Women Dialogues have not been held due to COVID-19 restrictions. Virtual meetings were not a viable option due to the difficulties in access to resources like data/connectivity and equipment that young people experience. The Department has been encouraging youth with access to the resources to register online for programs like B-WISE to obtain health information.

Gender Based Violence

Gender based violence has received much focus in /21 due to the National lockdown during the COVID-19 pandemic. The Provincial Task Team, of which the KZN DOH is a member, formulated a strategy and program of action, monitoring and evaluation tool. The tool will allow all KZN Departments to submit quarterly reports using the 6 priority areas as outlined by the President.

The Department has been evaluating the functioning of the Thuthuzela Care Center with Department of Social Development (DSD) and National Prosecuting Authority (NPA). DSD has

placed more social workers in KZN DOH crisis centers to provide psychological support and counselling of victims. The Department (Health) had challenges to supply comfort packs due to delays in the Supply Chain process for part of /21 before supply was re-established in all the Districts. The Department has visited the Thuthuzela Care Centers to evaluate their functioning and challenges as part of the 16 Days of Activism against Gender-Based Violence in December .

Gender mainstreaming has achieved Employment equity of 44% while 16 973 women benefitted from skills development in /21. Access to information relating to economic empowerment is still a challenge. Plans are in place to secure a budget for gender based activities

Military Veterans' Health

The Military Veterans programme is housed under the non-communicable diseases programme in the KZN DOH. The 21/22 plans are pending the finalisation of the Provincial Plans, under development by the Office of The Premier (OTP) Military Veterans Unit. Once the Provincial Military Veterans plan is drafted through OTP, it will be shared with Departments to input and will then be approved for implementation.

Disability and Rehabilitation Programme

The shortage of allied staff is the biggest challenge in the implementation of disability and rehabilitation programmes. While the placement of community service allied health professionals in rural facilities helps to enhance the pool of health workers to roll out the programmes, the students are seldom retained in permanent posts after the community service ends. This results in services that can be sporadic and not sustainable.

The cost constrained economic environment has meant that facilities have not prioritised budget for equipment and assistive devices further impinging on services rendered. There is also limited coverage for community based rehabilitation services at a sub-district (local municipality) level.

Internally, there are a lack of qualified sign language interpreters at all levels of care, and inadequate orientation and mobility services for persons with visual impairments.

Chronic Disease, Geriatrics and Eye Health Programme

Uncontrolled chronic disease are one of the main causes in death in KwaZulu-Natal, as per the Burden of Disease. This could be due to a number of factors including people living longer and an unhealthy diet coupled with a lack of exercise.

Screening is a major component of the programme, to identify chronic conditions early enough to enable them to be controlled. The shortage of staff at an operational level means that often chronic diseases are only identified when a patient presents at hospital level with co-morbidities.

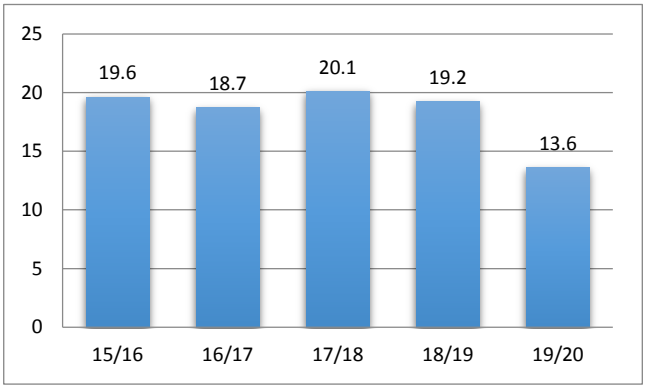
There is an increasing backlog of people with cataracts who require surgery. Limited coverage of optometry services at district hospital and CHC levels has meant that cataract

screening is not at optimal levels. The cost constraints have meant that budget has not been prioritised at a facility level for equipment or assistive devices further compounding the problem.

Oral Health Services

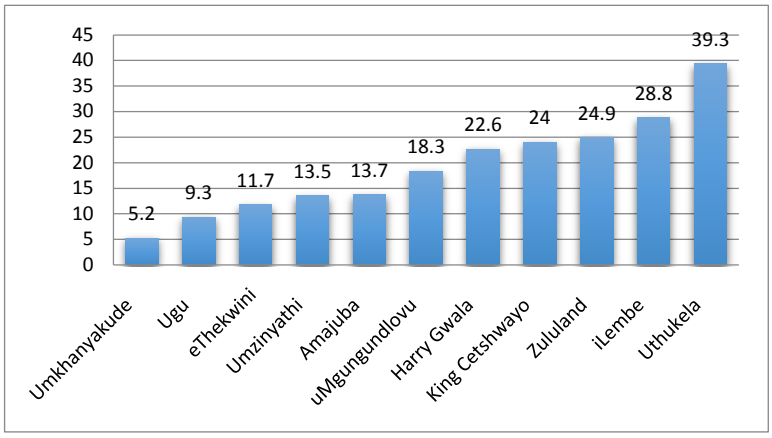
KwaZulu-Natal had seen an improvement in the restorative dental approach in the previous 5 year cycle in many districts, although some districts are still struggling. The Province performed well in 19/20 with an extraction to restoration rate of 13.6:1 against a target of 18:1 Community awareness through health promotion and in particular the Tooth Brushing School's Initiative is yielding a positive impact. A partnership with Colgate has yielded the use of a mobile truck to enhance restoration procedures

GRAPH 22: EXTRACTION TO RESTORATION RATE – 5 YEAR PERIOD UNDER REVIEW



Critical posts at provincial and district level are vacant which impacts negatively on service delivery for oral and dental health. There is a shortage of Dentists, Therapists and Oral Hygienists for School and the Community outreach programme. In contrast, there is an oversupply of dental assistants through Universities, many of whom are still to be absorbed into the health care system.

GRAPH 23: PERFORMANCE OF EXTRACTION TO RESTORATION RATIO 19/20



Umkhanyakude has the best extraction to restoration rate and Uthukela the lowest.

There are currently three facilities that are providing Maxillofacial and Oral Surgery Services in KwaZulu-Natal, namely Grey's, King Edward VIII and IALC hospitals with referral pathways still to be agreed upon.

Currently there is no Dental Equipment Repair Technician to repair broken, faulty dental equipment which means that broken dental equipment has a longer lead time and is expensive to repair.

Forensic Pathology Services and District Mortuary Services

Forensic Pathology Services (FPS) are defined by the National Health Act, 03 (Act No. 61 of 03) Regulations regarding the rendering of Forensic Pathology Service No. R. 636 as the service in a province, providing medico-legal investigation of death due to natural or unnatural causes.

Challenges exist with infrastructure that is in compliance with basic FPS regulations. Other challenges include the staff establishment structures that are still to be finalised and the Hybridized model of programmes management: mortuary functions decentralized to districts and forensic pathology functions centralised at Head office

Staff retention, due to lack of career pathing, and labour unrest are two by-products resulting from a lack of an approved structure.

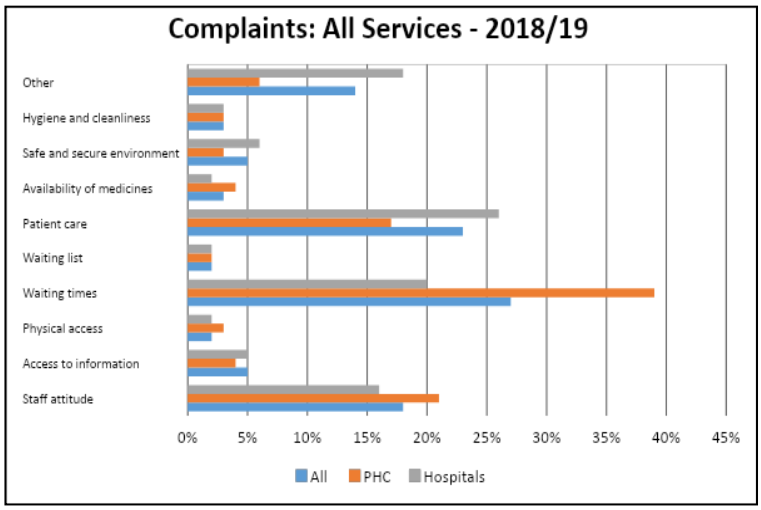
The lack of formal registered training for forensic pathology officers compromises the quality of services rendered. The lack of relevant training for all other staff categories within the component has led to challenges in the execution of duties.

The lengthily turn-around-time for Deoxribonucleic acid (DNA) results, in the process to identify unclaimed / unidentified human remains impacts negatively on expenditure due to the increased delay in storing human remains. This also impacts on the volume of storage available; hence there is less storage for incoming corpses.

SCM delays caused by the lapsing of contracts for essential consumables, results in delays in procurement, and inflated process. The poor functionality of the technical working committee in tender / bid processes results in the purchase of poor quality consumables and consumables that are not fit for purpose.

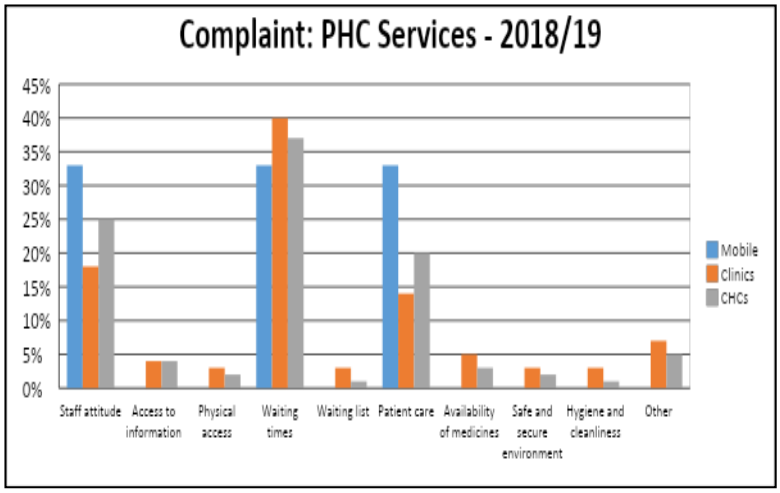
Client Perception of the Health Services Received

GRAPH 24: ALL SERVICES COMPLAINTS, KZN DOH, 18/19 (IDEAL HEALTH FACILITY MONITORING SYSTEM)



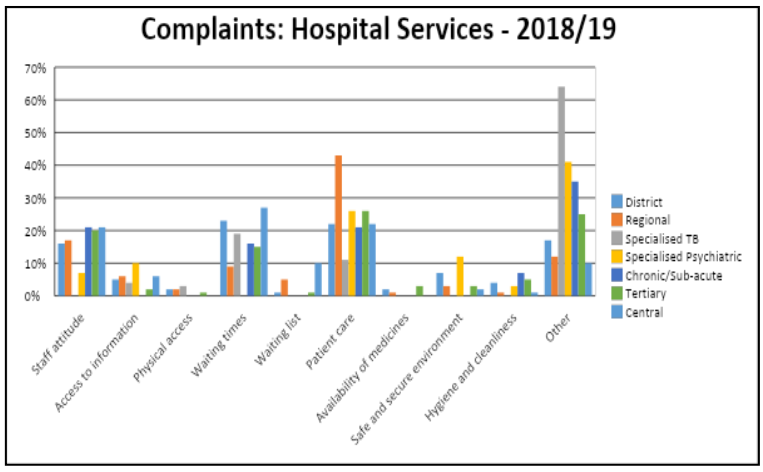
The top three complaints for all services were 1) waiting times, 2) patient care and 3) staff attitudes, in that order. The common factor with the top 3 categories of complaints, is that they are directly related to health personnel. The biggest proportion of complaints for PHC services was on waiting 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 25: COMPLAINTS: PHC SERVICES 18/19 (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 18/19, 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 26: HOSPITAL SERVICES COMPLAINTS 18/19 (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

Global Outbreaks

On the 31st December 19, 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.

On the 15th January 21, South Africa reported 1 311 686 COVID-19 cases and 36 467 deaths. The country has gone to great lengths to curb transmission through risk communication and engagement of communities to help promote conditions conducive to the adoption of public health interventions. This was implemented together with varying lockdown levels over time to help reduce high risk interactions between people through reducing mobility at scale. Mass immobilisation i.e. lockdown, has come at a great price to victims of gender-based violence (GBV) as seen through a rise in reported GBV related cases. Similar adverse effects were observed in the economy as seen through widespread job losses and rising levels of poverty in poorer communities (KZN DoH, 2021).

South Africa has entered the second wave of transmission that has demonstrated higher infection levels compared to the first wave. The social interactions and movement of people

that is typical of around year-end in the country, and the challenges related to complacency associated with non-compliance to Non-pharmaceutical interventions (NPIs) and the discovery of the new variant of the original virus that has been reported to be more transmissible have all contributed to the rise in numbers that have exceeded those seen in the first. The challenges in curbing transmission that is dependent on individual behaviour and depriving individuals have proven ineffective in controlling virus spread in most settings (KZN DoH, 2021).

Vaccination is one of the most effective ways to control the spread of a communicable disease. A number of vaccines for the SARS-CoV-2 virus have been developed and are becoming available for use at population level in a number of countries. There are various vaccines available, based on different compositions and mechanisms of action and the vaccination plan indicates that the aim is to vaccinate 67% of the population within the next several months (KZN DoH, 2021). The vaccination campaign and the implementation of the COVID response plan has seen the private and public health sector form valuable partnerships. The collaboration provides an opportunity to strengthen the relations between the sectors in improving health for the community. The KZN DOH aims to vaccinate 15 520 health workers for phase 1 of the Covid-19 Vaccine roll out.

The World Health Organisation (WHO) has developed and disseminated valuable tools for planning and implementing a national vaccination programme. These have been adopted by the National Department of Health (NDOH) for use in the South African setting, and engagements have taken place between provinces and the NDOH to facilitate the adaptation of the NDOH plan for individual provinces. The plan includes the public, private, non-governmental, community and faith-based sectors of South Africa (KZN DoH, 2021).

National Health Insurance (NHI)

The Health Practitioner Contracting Programme is an essential step in health system strengthening and ensuring integrated services at Primary Health Care (PHC) level to address the health needs of the population. Private General Practitioners (GPs) were contracted by NDOH under an Indirect grant since 13/14 in the 3 NHI Pilot Districts:-Amajuba, uMzinyathi and uMgungundlovu. In 18/19 the programme was handed over to the Provincial Department of Health for management. In 19/20 the budget was handed down to the Province as a direct grant.

Towards the end of 19/20, the programme was expanded to all 11 districts in KwaZulu-Natal. High volume PHC facilities were prioritised during allocation of GPs. The KZN DOH framework and administrative systems for contracted GPs was developed by the Provincial NHI unit together with the 11 Districts.

Priorities for 21/22 include developing Provincial and District Level Clinical Governance Framework and Policy Guidelines for use by the Clinical Components in improving clinical governance systems.

Development and oversight over Private Health (Hospitals and Mental Health Day and Residential) Facilities and EMS Licensing and Compliance Management systems – licensing

criteria, inspection guidelines, and the Funding Criterion (for those funded through grants and or equitable fiscal allocations)

Conduct an NHI PHC systems capacity requirements research study for policy inputs in preparation for the 26 NHI full rollout.

Developing a well-researched theoretical and practical contribution towards an effective PHC Contracting Units and the integration strategy of the Private Health Practitioners

Presidential Health Stimulus Package Grant was a once off grant allocation over a period 18-21 Financial Year. The KZN Department has utilized 100%.

Notwithstanding the Budget cuts in the Province from the mainstream health fiscal annual allocations, the KZN Health managed to supplement the Human Resources for Health budget by R 52 919 363 (18), R 108 967 400 (19), R 3 006 902 (), and R 217 605 265 (21).

This financial injection which came as a stimulus focusing on the employment of specific health professionals (including Medical Officers, Medical Specialists, Specialists and General Nurses, Enrolled and Nursing Assistants, Dentists, Occupational Therapists Dieticians and Physiotherapists) – contributed to sustain the KZN Health System and improvement in the Health outcomes and PHC Reengineering.

Key strategic priorities for NHI include costing of the current services especially the package of services at various level of care and costing of protocols. Capacity building programs will be in place, in line with the implementation of NHI. The development of change management strategies to support the implementation of NHI and clinical governance will be used to monitor and improve the access to quality appropriate health services. There will be continuous improvement of governance and leadership skills of health managers in all levels. The other priorities are 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, 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 and well as working on a sustainable supply of Human Resources for health.

The Department has commenced planning for private health facilities in the Province. Separate deliverables are planned for Developed compared to underdeveloped private Health care facilities. The table below highlights the plans for private facilities.

TABLE 11: PRIVATE LICENSING FOCUS FOR THE MTEF

Plans for developed health care facilities	Plans for underdeveloped private health care facilities and beds
The routine conducting of (annual) inspections for licensing as per regulations	Formalise the monitoring of the progress in development of undeveloped beds by having a structure in place with a guiding document

Plans for developed health care facilities	Plans for underdeveloped private health care facilities and beds
Development of a reference document that guides the allocation of private facility beds in the province i.e. Bed norms	Upgrade the information management system to align to the monitoring of progress
Realigning the annual relicensing inspection process based on the finalisation of tools by the Office of Health Standards Compliance (OHSC) for the inspection of private health care facilities for compliance and accreditation.	

Health Infrastructure

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.

Audit Outcome

For the 19/20 year, the Department obtained a qualified audit opinion. The Department attained irregular expenditure amounting to, R 9,92 billion Further, the department did not correctly record movable tangible capital assets and minor assets, did not adequately record contingent liabilities and did not adequately record accruals and payables not recognised. There was insufficient appropriate evidence that payments made were in respect of goods and services that were actually received by the department as internal controls had not been established to confirm the receipt of goods and services.

The Department has begun to implement the following:

A plan to undertake Internal Control Assessments remotely by requesting information to confirm and support the implemented actions has been developed and has commenced in the /21 financial year to validate the implemented actions.

Interactions to discuss additional corrective measures with the management teams on the development and implementation of additional controls to be undertaken through virtual meetings as well as in part through physical interaction at an institutional level.

System Challenges

Some of the challenges experienced 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

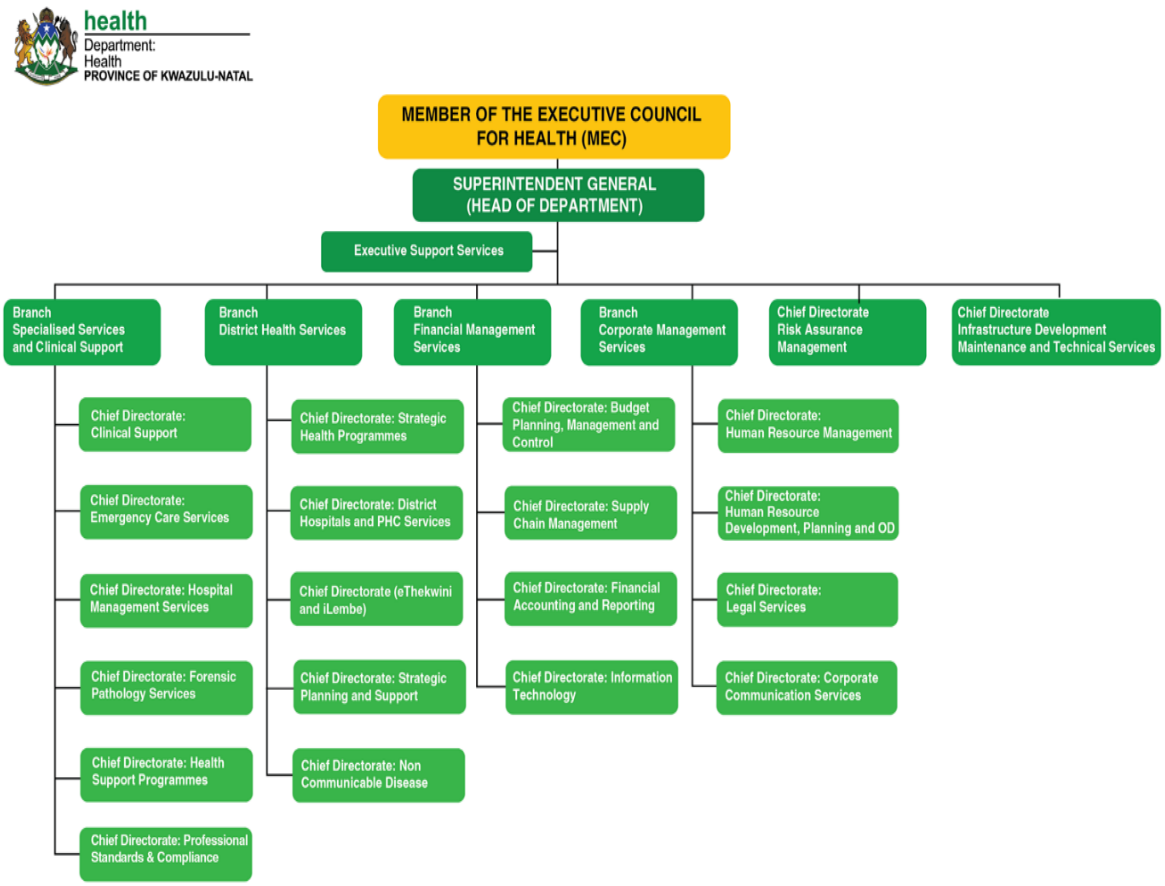
management of health care risk waste has also been found to be a challenge as a result of prescripts not being complied to. There is also a poor response to outbreak Investigations. The access to emergency medical services further challenges the access of our clients to good quality of health care. The 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.

Human Resources for Health

The challenges relating to Human Resources include poor implementation of Employee Health and Wellness. Employees are a valuable asset to the Department and wellness contributes to the sustainability of the workforce. The Department is plagued by inadequate staffing of the correct skills mix. This includes challenges with the attraction and retention of specialists. 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 has the potential to retard progress in meeting outcomes. Financial constraints impact on the Department's ability to absorb bursary holders into the KZN health system.

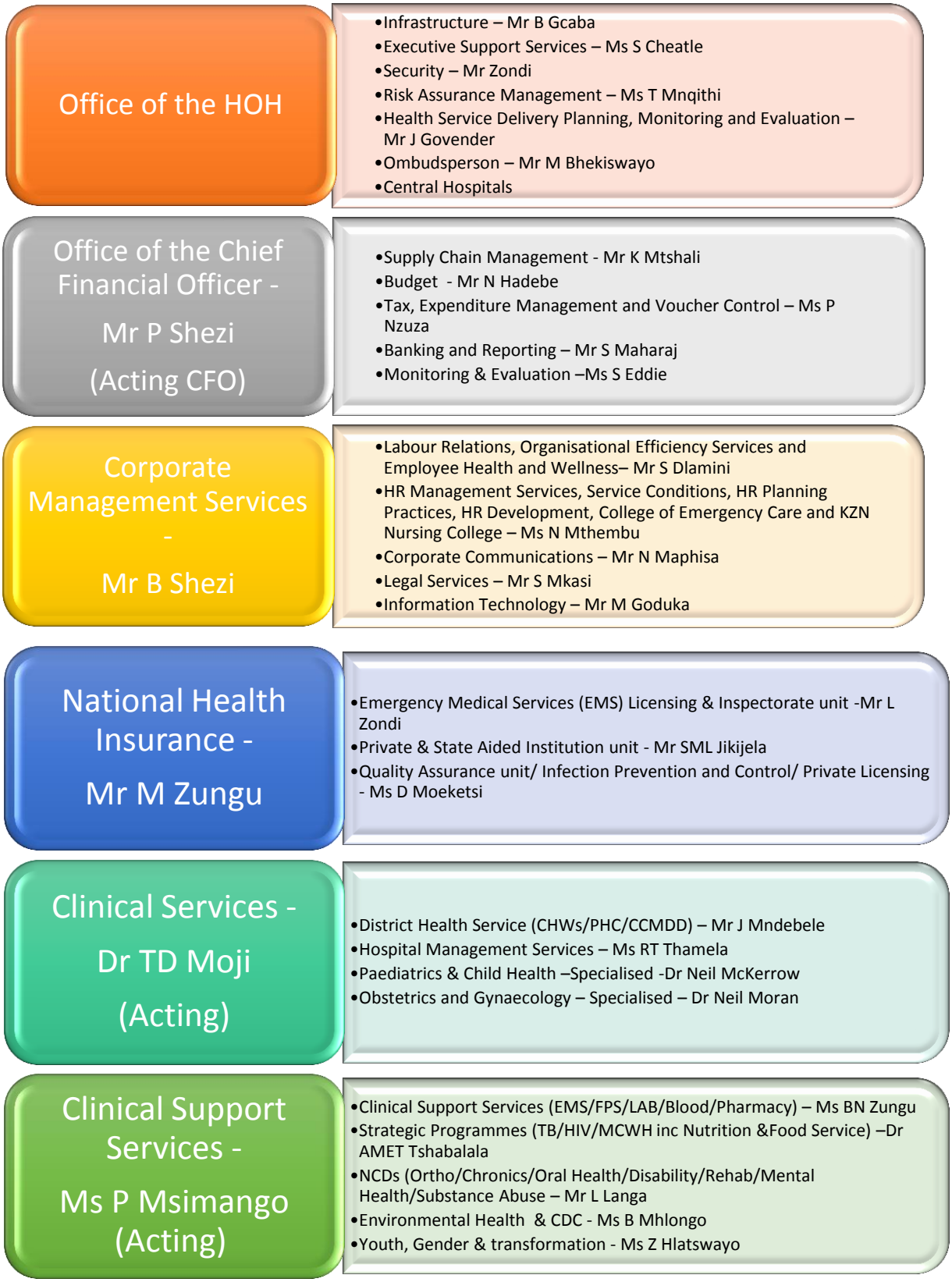
The Figure below is the approved MACRO structure by Department of Public Service Administration (DPSA) /Office of the Premier (OTP). A review of the Head Office and District Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions.

FIGURE 3: KZN DOH MACRO STRUCTURE



The **Department of Health reporting lines structure** is below. A review of the Head Office and District Office Macro structures is underway to improve the cohesiveness and alignment of the structure to better respond to the interventions.

FIGURE 4: KZN DOH REPORTING LINES, 2021



MTEF BUDGET

TABLE 12: 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	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Administration	836 655	810 858	796 197	964 600	2 073 256	1 862 371	1 088 599	881 558	898 588
District Health Services	19 732 316	802 064	22 726 863	23 841 532	25 112 642	25 402 895	25 256 660	24 237 464	24 165 491
Emergency Medical Services	1 377 577	1 446 650	1 602 886	1 612 375	1 661 600	1 715 786	1 580 804	1 599 6	1 623 430
Provincial Hospital Services	10 133 671	10 964 094	11 521 214	12 698 812	12 231 580	12 0 656	12 066 378	12 160 227	12 051 080
Central Hospital Services	4 864 123	5 098 3	5 169 169	5 428 662	5 514 128	5 591 464	5 154 125	5 183 333	5 001 960
Health Sciences and Training	1 246 050	1 181 630	1 304 573	1 383 264	1 292 371	1 295 956	1 210 098	1 259 533	1 314 619
Health Care Support Services	198 2	485 637	251 366	338 644	382 569	379 018	341 011	349 436	357 007
Health Facilities Management	1 522 727	1 760 694	1 854 308	1 789 792	3 139 9	3 139 9	1 714 594	1 811 369	1 892 799
Sub-Total	**39 911 321**	**42 549 830**	**45 226 576**	**48 057 681**	**51 408 066**	**51 408 066**	**48 412 269**	**47 482 126**	**47 304 974**
Unauthorized expenditure (1st charge) not available for spending	-107 608	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**39 803 713**	**42 549 830**	**45 226 576**	**48 057 681**	**51 408 066**	**51 408 066**	**48 412 269**	**47 482 126**	**47 304 974**

TABLE 13: 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	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Current payments	**36 961 386**	**39 684 474**	**42 384 217**	**45 670 760**	**47 076 526**	**47 170 153**	45 674 952	**44 606 259**	**44 348 464**
Compensation of employees	24 614 793	26 336 189	28 190 773	30 750 273	30 469 689	30 3 755	29 863 415	28 757 684	28 332 601
Goods and services	**12 343 292**	**13 342 400**	**14 191 636**	**14 9 045**	**16 606 395**	**16 965 648**	15 811 070	**15 848 086**	**16 015 352**
Communication	103 890	103 146	102 309	106 384	108 663	119 441	110 734	115 847	119 883
Computer Services	132 347	110 171	111 177	1 112	1 197	139 867	126 376	132 444	138 272

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
Consultants, Contractors and special services	1 457 574	1 380 829	1 325 066	1 432 733	1 544 143	1 726 075	1 581 449	1 712 548	1 788 709
Inventory	5 898 582	6 655 548	6 781 438	7 252 056	8 631 348	8 738 819	7 448 543	7 309 274	7 173 370
Operating leases	137 524	139 357	145 791	170 925	5 724	228 811	171 468	178 443	177 942
Travel and subsistence	73 547	68 068	93 465	87 762	67 938	57 252	100 874	103 018	107 846
Maintenance, repair and running costs	375 931	388 612	405 641	390 348	397 599	402 092	392 517	411 371	429 465
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	4 163 897	4 496 669	5 226 749	5 359 725	5 530 783	5 553 291	5 879 109	5 885 141	6 079 865
Interest and rent on land	3 301	5 885	1 808	442	442	750	467	489	511
Transfers and subsidies to	**1 248 707**	**1 106 595**	**809 848**	**700 512**	**665 1**	**702 308**	728 140	**763 211**	**797 191**
Provinces and municipalities	225 674	219 387	229 137	244 607	244 607	245 002	252 295	264 405	276 888
Departmental agencies and accounts	19 280	21 157	22 442	23 469	23 469	23 587	23 480	24 607	25 689
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	141 396	62 473	53 427	58 508	58 508	58 521	59 5	62 048	64 778
Households	862 357	803 578	504 842	373 928	338 617	375 198	393 160	412 151	429 836
Payments for capital assets	**1 592 882**	**1 758 330**	**2 032 119**	**1 686 409**	**3 666 339**	**3 531 476**	2 009 177	**2 112 656**	**2 159 319**
Buildings and other fixed structures	1 069 333	1 249 066	928 325	904 683	2 172 004	2 239 763	1 049 853	1 311 758	1 348 352
Machinery and equipment	523 549	509 264	1 103 794	781 726	1 494 335	1 291 713	959 324	800 898	810 967
Payment for financial assets	108 346	431	392	-	-	4 129	-	-	-
Total economic classification	**39 911 321**	**42 549 830**	**45 226 576**	**48 057 681**	**51 408 066**	**51 408 066**	48 412 269	**47 482 126**	**47 304 974**
Unauthorised expenditure (1st charge) not available for spending	-107 608	-	-	-	-	-	-	-	-
Total economic classification	**39 803 713**	**42 549 830**	**45 226 576**	**48 057 681**	**51 408 066**	**51 408 066**	**48 412 269**	**47 482 126**	**47 304 974**

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

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

TABLE 14: OUTCOME INDICATORS (PROGRAMME 1)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Universal Health Coverage								
1. UHC service Index[4]	SAHR	**68%**	**75%**	**71.7%**	**73.4%**	**72.5%**	**73.1%**	**73.3%**
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**	**R18 Bn**	**R 20Bn**	**R 18 Bn**	**R 21 Bn**	**R 20Bn**	**R 19Bn**
4. Percentage of facilities certified by OHSC	To be determined	**NA**	**NA**	**New**	**71.4%**	**69.4%**	**70%**	**71 %**
5. Percentage of PHC facilities with functional Clinic committees	Attendance registers of meetings of clinic committees	**NA**	**NA**	**New**	**100%**	**89.9%**	**100%**	**100%**
PHC facilities with functional Clinic committees		-	-	-	*610*	*549*	*611*	*611*

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

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Total clinics	DHIS	-	-	-	*610*	*611*	*611*	*611*
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		-	-	-	*72*	*72*	*72*	*72*
Total Hospitals	*DHIS*	-	-	-	*72*	*72*	*72*	*72*
7. Professional nurses per 100 000 population	PERSAL / StatsSA	**NA**	**NA**	**153 / 100 000**	**152.5 / 100 000**	**152.5 / 100 000** [5]	**152.5 / 100 000**	**152.5 / 100 000**
Professional Nurses				17 444	*18 421*	*17 943*	*18 107*	*18 267*
Population				*11 417 126*	*12 079 648*	*11 766 040*	*11 873 848*	*11 978 823*
8. Medical officers per 100 000 population	PERSAL / StatsSA	**NA**	**NA**	**34 / 100 000**	**27.4 / 100 000**	**27.4 / 100 000** [E]	**27.4 / 100 000**	**27.4 / 100 000**
Medical Officers				3 879	*3 310*	*3 223*	*3 253*	*3 282*
Population				*11 417 126*	*12 079 648*	*11 766 040*	*11 873 848*	*11 978 823*

[5] Targets remain the same due with only a minimal increase in numbers to budget constraints and cuts.

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 15: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Improved SCM	**1. Percentage of supplier invoices paid within 30 Days**	**New Indicator**	**New Indicator**	**96%**	**97%**	**90%**	**95%**	**95%**
	Supplier invoices paid within 30 Days	-	-	*294 852*	*321 392*	*225 000*	*237 500*	*237 500*
	Supplier invoices paid	-	-	*308 098*	*331 152*	*250 000*	*250 000*	*250 000*
Improved human resources	**2. Number of CHW's contracted into the Health System**	**10 007**	**10 080**	**10 080**	**10 350**	**10 481**	**10 100**	**10 100**
Compliance to Employee Health, wellness and Safety Regulations	**3. Percentage of Hospitals compliant with Occupational Health and Safety**	**Not Monitored**	**Not monitored**	**Not monitored**	**Not available**	**100%**	**100%**	**100%**
	Total number of hospitals with OHS compliance reports equal to 100%	-	-	*72*	-	*72*	*72*	*72*
	Total number of hospitals	-	-	*72*	-	*72*	*72*	*72*
Compliance to disciplinary procedures guidelines	**4. Percent of initiated/instituted disciplinary cases finalised**	**New indicator**	**New indicator**	**90%**	**31.5%**	**90%** [6]	**90%**	**90%**
	Number of initiated/instituted disciplinary cases finalised	-	-	*189*	*23*	*189*	*189*	*189*

[6] NB. The numerators and denominators fluctuate however, actual reporting will be done

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Total number of disciplinary cases initiated/instituted	-	-	*210*	*73*	*210*	*210*	*210*
Implementation of E-Health system in 100% of hospitals by 24/25	**5. Percentage of hospitals using the E-Health System**	**New indicator**	**New indicator**	**2.8%**	**8.3%**	**50%**	**100%**	**100%**
	Total number of hospitals with an electronic system to record clinical codes	-	-	*2*	*6*	*36*	*72*	*72*
	Total number of hospitals	-	-	*72*	*72*	*72*	*72*	*72*
ICT connectivity to all health facilities as per determined broadband	**6. Percent of hospitals with a stable ICT connectivity**	**New indicator**	**New indicator**	**80.6%**	**90.3%**	**90%**	**100%**	**100%**
	Total Number of hospitals with minimum 2mbps connectivity	-	-	*58*	*65*	*65*	*72*	*72*
	Total number of hospitals	-	-	*72*	*72*	*72*	*72*	*72*
	7. Percent of PHC facilities with a stable ICT connectivity	**New indicator**	**New indicator**	**80%**	**83%**	**90%**	**100%**	**100%**
	Total Number of PHC with minimum 1mbps connectivity	-	-	*488*	*505*	*549*	*611*	*611*
	Total number of PHC facilities	-	-	*610*	*611*	*611*	*611*	*611*
Improvement in Governance and Leadership	**8. SMS and CEOs with Annual EPMDS Assessments signed off by due dates**	**New indicator**	**New indicator**	**New indicator**	**94.4 %**	**100%**	**100%**	**100%**
	Number of assessments submitted by SMS and CEOs	-	-	-	*135*	*144* [7]	*144*	*144*

[7] Posts of SMS Members and CEOs fluctuate due to natural attrition over time however; actual reporting will be done. (SMS = 72, CEO = 72)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Filled SMS and CEOs posts	-	-	-	*143*	*144* [8]	*144*	*144*
Empowerment of women	**9. % Procurement spent on women owned businesses**	**New Indicator**	**New Indicator**	**New Indicator**	**New Indicator**	**30%**	**32%**	**35%**
	Amount of procurement spent on women owned businesses	-	-	-	-	-	-	-
	Amount of Procurement	-	-	-	-	-	-	-

[8] Filled posts fluctuate due to natural attrition over time however; actual reporting will be done

QUARTERLY TARGETS FOR 21/22

TABLE 16: OUTPUT INDICATORS: ANNUAL AND QUARTERLY (PROGRAMME 1)

Output Indicators	Targets				
	21/22	Q1	Q2	Q3	Q4
1. Percentage of supplier invoices paid within 30 Days	**90%**	90%	90%	90%	90%
2. Number of CHW's contracted into the Health System	**10 481**	10 481	10 481	10 481	10 481
3. Percentage of Hospitals compliant with Occupational Health and Safety	**100%**	-	-	-	100%
4. Percent of initiated/instituted disciplinary cases finalised	**90%**	-	-	-	90%
5. Percentage of hospitals using the E-Health System	**50%**	-	-	-	50%
6. Percent of Hospitals with a stable ICT connectivity	**90%**	-	-	-	90%
7. Percent of PHC facilities with a stable ICT connectivity	**90%**	-	-	-	90%
8. SMS and CEOs with Annual EPMDS Assessments signed off by due dates	**100%**	-	-	100%	-
9. % Procurement spent on women owned businesses	**30%**	30%	30%	30%	30%

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

Programme 1 Outputs are geared mostly towards achieving the outcome Universal Health coverage especially on the following areas

- Increase GPS on contract and target allied health professionals
- Phased implementation plan available for absorption of CHWs.
- Contingent liability of medico-legal cases reduced.
- Broadband rollout to health facilities.
- Roll out of the E-Health System that was piloted during /21 at Prince Mshiyeni Memorial & Madadeni Hospitals to a total of 36 hospitals in 21/22
- Stabilise Oncology and Renal Services in the Province

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (Administration)

TABLE 17: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 1)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Office of the MEC	20 732	19 752	21 864	22 459	21 605	21 407	24 724	25 108	25 476
Management	815 923	791 106	774 333	942 141	2 051 651	1 840 964	1 063 875	856 450	873 112
Sub-Total	**836 655**	**810 858**	**796 197**	**964 600**	**2 073 256**	**1 862 371**	**1 088 599**	**881 558**	**898 588**
Unauthorized expenditure (1st charge) not available for spending	-107 608		-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**729 047**	**810 858**	**796 197**	**964 600**	**2 073 256**	**1 862 371**	**1 088 599**	**881 558**	**898 588**

TABLE 18: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**695 727**	**762 364**	**750 020**	**840 906**	**1 762 172**	**1 708 947**	**1 047 332**	**843 415**	**858 768**
Compensation of employees	379 229	404 266	423 890	522 489	478 683	457 092	478 889	492 489	492 489
Goods and services	**316 347**	**357 951**	**325 600**	**318 417**	**1 283 489**	**1 251 484**	568 443	**350 926**	**366 279**
Communication	11 300	10 903	15 216	11 983	11 983	23 339	12 776	13 389	13 978
Computer Services	123 488	101 109	99 851	108 956	108 956	129 428	114 622	120 124	125 409
Consultants, Contractors and special services	60 979	69 881	56 010	57 128	51 571	34 104	62 196	65 086	67 861
Inventory	2 888	2 242	3 365	7 483	819 211	690 063	7 851	8 228	8 591

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Operating leases	4 628	5 537	8 671	5 431	8 764	8 592	5 796	6 074	6 341
Travel and subsistence	14 992	16 522	21 900	19 879	19 879	14 088	20 907	21 911	22 875
Maintenance, repair and running costs	8 539	6 803	7 950	17 268	17 268	33 418	16 353	17 139	17 893
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	89 533	144 954	112 637	90 289	245 857	318 452	327 942	98 975	103 331
Interest and rent on land	151	147	530	-	-	371	-	-	-
Transfers and subsidies to	**5 893**	**6 979**	**24 812**	**8 335**	**7 167**	**21 587**	**9 057**	**9 491**	**9 908**
Provinces and municipalities	3 167	2 516	3 564	3 867	3 867	3 867	4 343	4 551	4 751
Departmental agencies and accounts	-	-	7	1	1	1	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2 726	4 463	21 241	4 467	3 299	17 719	4 713	4 939	5 156
Payments for capital assets	**26 683**	**41 144**	**21 276**	**115 359**	**303 917**	**127 833**	**32 210**	**28 652**	**29 912**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	26 683	41 144	21 276	115 359	303 917	127 833	32 210	28 652	29 912
Payment for financial assets	108 352	371	89	-	-	4 004	-	-	-
Total economic classification	**836 655**	**810 858**	**796 197**	**964 600**	**2 073 256**	**1 862 371**	**1 088 599**	**881 558**	**898 588**
Unauthorised expenditure (1st charge) not available for spending	-107 608								
Total economic classification	**729 047**	**810 858**	**796 197**	**964 600**	**2 073 256**	**1 862 371**	**1 088 599**	**881 558**	**898 588**

PERFORMANCE AND EXPENDITURE TRENDS (ADMINISTRATION)

Programme 1 is allocated 2.2 % of the Vote 7 budget, down from 3.6% in the 20/21 revised estimate. This amounts to a decrease of R 773 772 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 19: KEY RISKS AND MITIGATION STRATEGIES (PROGRAMME 1)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
The shortage of key health professionals experienced in the increased population, faced with increased burden of the disease	• Increase budget for staffing and equipment.
Failure to retain health Professionals	• Expand accessibility to specialists through Telemedicine and other E-Health platforms
Increase in Medico-Legal Contingent Liability	• 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 • Specialist clinicians to review all claims in order to analyse and provide expert advice in relation to clinical aspects. • Conducting regular Medico-legal district roadshows • Adoption of Mediation as an Alternative Dispute Resolution) strategy in the department has been approved • The Department has developed a strategy whereby instead of settling claims in full, an offer to provide medical services is made. It is anticipated that this strategy has a potential to reduce the medico-legal bill by about 60%. Services provided will also include Community Care Giver and Rehabilitation services • 4 Centres of excellence identified to be develop for the treatment of Cerebral Palsy in order to reduce the contingent liability of medico-legal cases. The process of filling of posts for these centres has commenced
Potential litigation/court challenges regarding licensing of Private Health Establishments	• 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.
Misstatement of financial statements	• Develop an Standard Operational Procedure (SOP) on contingent liabilities • Completion of contract registers
SCM inefficiencies including delays in procurement of goods and services, and inadequate asset management which will	• Automation of the SCM system and inventory management. • Centralisation of SCM services at district level to reduce bottlenecks and improve turnaround times.

Key Risks	Risk Mitigation
impact on audit outcomes	
Poor Strategic plan alignment with the organisational structure	• Finalise Service platform documents • Tighten the control of the establishment of Posts
Outcome: Reduced morbidity and mortality	
Global outbreaks	• Corporate communications to inform the public about the possible importation of disease with high public health risks. Media management and management of complaints • Implement COVID-19 resurgence plan

NOTES

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, 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

NOTES

SUB-PROGRAMME: PRIMARY HEALTH CARE

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 20: OUTCOME INDICATORS (PROGRAMME 2)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Universal Health Coverage								
1. Ideal clinic status obtained rate	**Ideal Health Facility Software**	**56% (19) PHC facilities qualify as Ideal clinics**	**100% PHC facilities qualify as Ideal clinics**	**75.6%**	**100%**	**100%**	**100%**	**100%**
Fixed PHC health facilities have obtained Ideal Clinic status	*Ideal clinic report*	-	-	*461*	*610*	*611*	*611*	*611*
Fixed PHC clinics or fixed CHCs and or CDCs	*Ideal clinic report*	-	-	*610*	*610*	*611*	*611*	*611*
Outcome: Improved Patient Experience of Care								
2. Patient Safety Incident (PSI) case closure rate –PHC	**Patient Safety Incidence Software**	**TBD**	**TBD**	**65.9%**	**93.%**	**88.6%**	**90.3%**	**91.2%**
Patient Safety Incident (PSI)case closed – PHC	Patient Safety Incidence	-	-	*270*	*198*	*194*	*195*	*197*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Patient Safety Incident (PSI) case Reported – PHC	Reports	-	-	*410*	*212*	*219*	*216*	*216*
3. Patient Experience of Care satisfaction rate – PHC	Patient surveys data base	**TBD**	**TBD**	**68.0%**	**71.4%**	**69.4%**	**70.0%**	**71.0%**
Patient Experience of Care survey satisfied responses - PHC	Patient surveys	-	-	*31 326*	*34 586*	*32 592*	*33 243*	*33 710*
Patient Experience of Care survey total responses - PHC		-	-	*46 068*	*48 418*	*46 994*	*47 464*	*47 464*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 21: OUTPUTS PERFORMANCE INDICATORS AND TARGETS (PHC)

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Improved patient experience of care								
Improve the SAC incidence reported within 24 hours rate at PHC level to 62.4% by 23/24	**1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC**	**New indicator**	**New indicator**	**54.3%**	**79.2%**	**59.2%**	**60.0%**	**62.7%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – PHC	-	-	*57*	*42*	*45*	*45*	*47*
	Severity assessment code (SAC) 1 incident reported – PHC f	-	-	*105*	*53*	*76*	*75*	*75*

Outputs	Output Indicator	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Patients and family treated with courtesy and consideration with the Percentage of complaints on Patient Care at PHC level decreasing to 14.5% by 23/24	**2. Percentage of Complaints on Patient Care – PHC**	**New indicator**	**New indicator**	**15.7%**	**19.9%**	**15.7%**	**15.1%**	**14.5%**
	No. of complaints on patient care – PHC	-	-	*476*	*161*	*344*	*330*	*316*
	Total number of complaints – PHC	-	-	*3 029*	*810*	*2 191*	*2 180*	*2 180*
Patients and family treated with courtesy and consideration with the percentage of complaints on waiting times at PC level decreasing to 34% by 23/23	**3. Percentage of Complaints on Waiting Times – PHC**	**New indicator**	**New indicator**	**40.9%**	**27.5%**	**36.5%**	**35.6%**	**34.0%**
	No. of complaints on waiting times – PHC	-	-	*1239*	*223*	*800*	*776*	*741*
	Total number of complaints – PHC	-	-	*3 029*	*810*	*2 191*	*2 180*	*2 180*
Patients and family treated with courtesy and consideration with the percentage of complaints on staff attitude at PHC level decreasing to 19% by 23/24	**4. Percentage of Complaints on Staff Attitude – PHC**	**New indicator**	**New indicator**	**20.0%**	**25.9%**	**19.9%**	**19.7%**	**19.0%**
	No. of complaints on staff attitude – PHC	-	-	*606*	*210*	*436*	*430*	*414*
	Total number of complaints – PHC	-	-	*3 029*	*810*	*2 191*	*2 180*	*2 180*
Outcome: Reduced morbidity and mortality								
Decrease the number of health care associated infections at PHC level to 6 by 23/24	**5. Number of Health care associated infections – PHC**	**New indicator**	**9**	**9**	**3**	**8**	**7**	**6**

QUARTERLY TARGETS FOR 21/22

TABLE 22: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PHC)

Indicators	Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	**59.2%**	57.9%	57.9%	57.9%	63.2%
2. Percentage of Complaints on Patient Care – PHC	**15.7%**	15.7%	15.7%	15.7%	15.7%
3. Percentage of Complaints on Waiting Times – PHC	**36.5%**	36.6%	36.5%	36.5%	36.5%
4. Percentage of Complaints on Staff Attitude – PHC	**19.9%**	19.9%	19.9%	19.9%	19.9%
5 Number of Health care associated infections – PHC	**8**	2	2	2	2

SUB-PROGRAMME: DISTRICT HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 23: OUTCOME INDICATORS (DISTRICT HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Improved Client Experience Of Care								
1. Patient Safety Incident (PSI) case closure rate – District Hospital	Patient Safety Incidence Software	**TBD**	**TBD**	**93.1%**	**99.0%**	**94.9%**	**96.3%**	**98.9%**
Patient Safety Incident (PSI) case closed – District Hospital	*Patient Safety Incidence Reports*	-	-	*1 166*	*1 013*	*1 001*	*1 005*	*1 032*
Patient Safety Incident (PSI) case Reported – District Hospital		-	-	*1 252*	*1 023*	*1 055*	*1 044*	*1 044*
2. Patient Experience of Care satisfaction rate – District Hospitals	Patient surveys	**TBD**	**TBD**	**81.0%**	**85.1%**	**82.6%**	**83.4%**	**85.0%**
Patient Experience of Care survey satisfied responses – District Hospitals		-	-	*2 923*	*3 227*	*3 041*	*3 102*	*3 160*
Patient Experience of Care survey total responses – District Hospitals		-	-	*3 609*	*3 793*	*3 682*	*3 718*	*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**	**52.3 / 100 000**	**50.8 / 100 000**	**49.2 / 100 000**
Maternal death in facility – district hospitals	*Maternal register*	-	-	*51*	*47*	*50*	*49*	*48*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – district hospitals	*Delivery register*	-	-	*87 811*	*98 506*	*95 568*	*96 537*	*97 516*
4. Death in facility under 5 years rate – District Hospital	DHIS	**TBD**	**TBD**	**3.5%**	**2.5%**	**4%**	**3.9%**	**3.8%**
Death in facility under 5 years – total – District hospital	*Midnight report*	-	-	*1 334*	*1 032*	*1 241*	*1 208*	*1 192*
Inpatient separations under 5 – years – total – District Hospitals	*Ward Register r ,*	-	-	*37 647*	*41 565*	*31 020*	*30 985*	*31 387*
5. Death under 5 years against live births –District Hospital	DHIS	**TBD**	**TBD**	**1.6%**	**1.0%**	**1.4%**	**1.3%**	**1.3%**
Death in facility under 5 years total – District Hospital	*Midnight report*	-	-	*1 334*	*884*	*1 241*	*1 208*	*1 192*
Live birth in facility – District Hospital	*Delivery register*	-	-	*83 706*	*88 412*	*91 583*	*92 552*	*93 531*
6. Child under 5 years diarrhoea case fatality rate –District Hospital	DHIS	**TBD**	**TBD**	**2.2%**	**1.5%**	**1.9%**	**1.7%**	**1.6%**
Diarrhoea death under 5 years – District hospital	*Midnight report*	-	-	*94*	*56*	*76*	*69*	*62*
Diarrhoea separation under 5 years – district hospital	*Ward Register*	-	-	*4 360*	*3 744*	*4 102*	*3 979*	*3 862*
7. Child under 5 years pneumonia case fatality rate –District Hospital	DHIS	**TBD**	**TBD**	**1.8%**	**1.3%**	**1.8%**	**1.7%**	**1.7%**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Pneumonia death under 5 years – District Hospital	*Midnight report*	-	-	*128*	*76*	*124*	*117*	*111*
Pneumonia separation under 5 years – District Hospital	*Ward Register*	-	-	*6 938*	*5 958*	*6 811*	*6 764*	*6 721*
8. Severe acute malnutrition death under 5 years rate	DHIS	**TBD**	**TBD**	**7.0%**	**4.7%**	**5.1%**	**4.8%**	**4.5%**
Severe acute malnutrition death under 5 years – District Hospital	*Midnight report*	-	-	*94*	*48*	*63*	*58*	*54*
Death in facility 1 month to 5 years – District Hospital	*Midnight report*	-	-	*1 334*	*1 032*	*1 241*	*1 208*	*1 192*
9. Child under 5 years Severe Acute Malnutrition case fatality rate –District Hospital	DHIS	**TBD**	**TBD**	**7.1%**	**4.8%**	**5.8%**	**5.6%**	**5.2%**
Child under 5 years with severe acute malnutrition death – District Hospital	*Midnight report*	-	-	*94*	*48*	*63*	*58*	*54*
Child under 5 years with severe acute malnutrition inpatient– District Hospital	*Ward Register*	-	-	*1 315*	*990*	*1 081*	*1 035*	*1 035*
10. Death in facility under 1 year rate – District Hospital	DHIS	**TBD**	**TBD**	**5.3%**	**3.7%**	**4.6%**	**4.3%**	**4.0%**
Death in facility under 1 year total – District Hospital	*Midnight report*	-	-	*1 153*	*892*	*1 041*	*989*	*947*
Inpatient separations under 1 year – District Hospital	*Ward Register*	-	-	*21 880*	*24 157*	*22 764*	*23 219*	*23 688*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
11. Still Birth in Facility Rate – District hospital	DHIS	**TBD**	**TBD**	**18.9 / 1 000**	**14 / 1 000**	**16.4 / 1 000**	**15.3 / 1 000**	**14.6 / 1 000**
Still birth in facility- District Hospitals	*Midnight report*	-	-	*1 616*	*1 342*	*1 530*	*1 440*	*1 390*
Live birth in facility + still birth in facility – District Hospitals	*Delivery register ,*	-	-	*85 322*	*89 921*	*93 113*	*93 992*	*94 921*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 24: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
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**	**65.3%**	**65.2%**	**68.8%**	**69.9%**	**71%**
	Severity assessment code (SAC) 1 incident reported within 24 hours – District Hospital	-	-	*235*	*122*	*245*	*246*	*250*
	Severity assessment code (SAC) 1 incident reported – District Hospital	-	-	*360*	*187*	*356*	*352*	*352*
Patients and family treated with courtesy and consideration	**2. Percentage of Complaints on staff Attitudes – District Hospitals**	**New indicator**	**New indicator**	**26.5%**	**19.9%**	**15.5%**	**15.1%**	**14.9%**
	No. of complaints on staff attitude – District Hospital	-	-	*660*	*162*	*385*	*373*	*367*

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Total number of complaints – District hospital	-	-	*2 489*	*814*	*2 478*	*2 466*	*2 466*
Patients and family treated with courtesy and consideration	**3. Percentage of Complaints on patient care – District Hospital**	**New indicator**	**New indicator**	**22.9%**	**28.9%**	**21.2%**	**20.7%**	**19.5%**
	No. of complaints on patient care – District Hospital	-	-	*570*	*235*	*526*	*510*	*481*
	Total number of complaints – District hospital	-	-	*2 489*	*814*	*2 478*	*2 466*	*2 466*
Patients and family treated with courtesy and consideration	**4. Percentage of Complaints on waiting Times – District Hospital**	**New indicator**	**New indicator**	**17.3%**	**15.2%**	**16.5%**	**16.1%**	**15.3%**
	No. of complaints on waiting times – District Hospital	-	-	*430*	*124*	*409*	*396*	*378*
	Total number of complaints – District hospital	-	-	*2 489*	*814*	*2 478*	*2 466*	*2 466*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**5. Number of Health Care Associated Infections – District hospitals**	**New indicator**	**49**	**67**	**95**	**47**	**46**	**44**

QUARTERLY TARGETS FOR 21/22

TABLE 25: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (DISTRICT HOSPITALS)

Indicators	Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	**68.8%**	68.8%	68.8%	68.8%	68.8%
2. Percentage of Complaints on staff Attitudes – District Hospitals	**15.5%**	15.5%	15.5%	15.5%	15.5%
3. Percentage of Complaints on patient care – District Hospital	**21.2%**	21.2%	21.2%	21.2%	21.2%
4. Percentage of Complaints on waiting Times – District Hospital	**16.5%**	16.6%	16.5%	16.5%	16.5%
5. Number of Health Care Associated Infections – District Hospitals	**47**	**11**	12	12	**12**

SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 26: OUTCOMES INDICATORS (HAST)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Reduced Morbidity And Mortality								
1. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short	DHIS	**TBD**	**TBD**	**New Indicator**	**75%**	**75.0%**	**75.0%**	**75.0%**
TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - short	*TB register, XDR Register*	-	-	-	*935*	*1 089*	*960*	*960*
TB Rifampicin Resistant/MDR/pre-XDR start on treatment - short		-	-	-	*1 250*	*1 452*	*1 280*	*1 280*
2. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - long	DHIS	**TBD**	**TBD**	**Not available**	**65%**	**75.1%**	**74.5%**	**74.5%**
TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment – long	*TB register, XDR Register*	-	-	*1 686*	*1 515*	*437*	*410*	*410*
TB Rifampicin Resistant/MDR/pre-XDR start on treatment - long		-	-	*2 890*	*2 330*	*582*	*550*	*550*
3. All DS-TB client death rate	DHIS	**TBD**	**TBD**	**6.2%**	**4%**	**6.5%**	**5%**	**5%**
All DS-TB client died	*DS clinical stationary*	*29 51323 (2016)*	*8 510 deaths*	*3 593*	*1 920*	*2 290*	*2 500*	*2 500*
All DS-TB patients in treatment outcome cohort		-	-	*58 411*	*48 000*	*35 216*	*50 000*	*50 000*
4. All DS-TB client treatment success rate	DHIS	**TBD**	**TBD**	**72.2%**	**90%**	**83%**	**85%**	**87%**
All DS- TB client successfully completed treatment	*DS clinical stationary*	-	-	*42 178*	*43 200*	*29 230*	*42 500*	*43 500*
All DS-TB patients in treatment outcome cohort		-	-	*58 411*	*48 000*	*35 216*	*50 000*	*50 000*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
5. Adult Viral load suppressed rate at 12 months	DHIS	**TBD**	**TBD**	**New indicator**	**90%**	**95%**	**95%**	**95%**
ART adult viral load under 4009	*ART paper register*	-	-	-	*86 400*	*90 866*	*90 866*	*90 866*
ART adult viral load done		-	-	-	*96 000*	*95 648*	*95 648*	*95 648*
6. ART Child viral load suppressed rate at 12 months	DHIS	**TBD**	**TBD**	**New indicator**	**90%**	**95%**	**95%**	**95%**
ART child viral load under 40010	*ART paper register*	-	-	-	*2 250*	*2 461*	*2 461*	*2 461*
ART child viral load done		-	-	-	*2 500*	*2 590*	*2 590*	*2 590*
7. HIV positive 15-24 year olds (excl ANC) rate	DHIS	**TBD**	**TBD**	**New indicator**	**2.9%**	**2.9%**	**2.9%**	**2.9%**
HIV positive 15 – 24 years (excl ANC)	*PHC comprehensive tick register, HTS register (HIV testing services*	-	-	-	*14 600*	*22 649*	*22 649*	*22 649*
HIV test 15 – 24 years (excl ANC)		-	-	-	*500 000*	*781 000*	*781 000*	*781 000*
8. ART client remain on ART end of month – total	ART register	**4.9m**	**7m by 2024/25**	**1 387 688**	**1 959 000**	**1 698 883**	**1 698 883**	**1 698 883**
9. HIV incidence	Thembisa Model	**TBD**	**TBD**	**0.55%**	**< 1%**	**0.5%**	**0.48%**	**0.48%**
10. HIV prevalence among 15 -24 year old pregnant women	Thembisa Model	**TBD**	**TBD**	**New indicator**	**24.9%**	**24.9%**	**24.9%**	**24.9%**
11. TB Incidence	DHIS	**TBD**	**TBD**	**507.3 / 100 000**	**200 / 100 000**	**350 / 100 000**	**300 / 100 000**	**250/ 100 000**
New confirmed TB cases	*TB register*	-	-	*57 921*	*24 159*	*41 377*	*35 622*	*29 947*

[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

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
KZN Population	*Stats SA*	-	-	*11 417 132*	*12 079 648*	*11 822 058*	*11 873 848*	*11 978 823*
12. ART death rate at 6 months	DHIS	**TBD**	**TBD**	**1.2%**	**1.0%**	**1.1%**	**1.1%**	**1.1%**
ART cumulative death – total	*ART register, TIER.net*	-	-	*2 445*	*2 029*	*2 181*	*2 181*	*2 181*
ART start minus cumulative transfer out		-	-	*202 938*	*202 938*	*191 569*	*191 569*	*191 569*
13. ART adult death rate at 6 months	DHIS	**TBD**	**TBD**	**1.2%**	**1.0%**	**1.1%**	**1.0%**	**1.0%**
ART adult cumulative death – total	*ART register, TIER.net*	-	-	*2 375*	*1 979*	*2 130*	*1 979*	*1 979*
ART adult start minus cumulative transfer out		-	-	*197 918*	*197 918*	*187 390*	*197 918*	*197 918*
14. ART child death rate at 6 months	DHIS	**TBD**	**TBD**	**1.4%**	**1%**	**1.2%**	**1%**	**1%**
ART child cumulative death – total	*ART register, TIER.net*	-	-	*70*	*50*	*51*	*50*	*50*
ART child start minus cumulative transfer out		-	-	*5 020*	*5 020*	*4 179*	*5 020*	*5 020*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 27: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Reduced morbidity and mortality								
Decreased lost to follow up	**1. ART adult remain in care rate at 12 months**	**65.5%**	**New Indicator**	**66%**	**67.5%**	**90%**	**90%**	**90%**
	ART adult remain in care – total	*1 221 515*	-	*113 832*	*181 034*	*155 448*	*155 448*	*155 448*
	ART adult start minus cumulative transfer out	*1 864 908*	-	*172 421*	*276 698*	*172 726*	*172 726*	*172 726*

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Decreased lost to follow up	**2. ART child remain in care rate at 12 months**	**New indicator**	**New indicator**	**74.4%**	**70.9%**	**90%**	**90%**	**90%**
	ART child remain in care – total	-	-	*3 354*	*3 202*	*4 060*	*4 050*	*4 050*
	ART child start minus cumulative transfer out	-	-	*4 506*	*4 330*	*4 512*	*4 500*	*4 500*
Decreased lost to follow up	**3. All DS-TB client lost to follow up rate**	**5.5%**	**6.5%**	**10.5%**	**11.6%**	***7%***	***6%***	***5%***
	All DS-TB client loss to follow-up	*3 588*	*3 792*	*5 499*	*5 212*	*2 465*	*3 000*	*2 500*
	All DS-TB patients in treatment outcome cohort	*65 693*	*58 411*	*52 423*	*44 840*	*35 216*	*50 000*	*50 000*
Increase the number of TB XDR cases started on treatment	**4. TB XDR treatment start rate**	**92%**	**Not monitored**	**161.4%**	**500.0%**	**98%**	**98%**	**98%**
	TB XDR client confirmed start on treatment	*137*	-	*92*	*30*	*44*	*41*	*39*
	TB XDR confirmed client	*149*	-	*57*	*6*	*45*	*42*	*40*
Maintain the number of clients screened for TB to million or more	**5. Number of patients screened for TB symptoms**	**24 904 070**	**27 914 619**	**28 212 190**	**18 439 236**	**32 429 625**	**20 000 000**	**20 000 000**
To maintain the number of HIV tests done at 3 100 000 per annum	**6. Number of HIV tests done – sum**	**3 050 712**	**3 684 143**	**4 386 195**	**3 348 066**	**3 795 315**	**3 300 000**	**3 300 000**
Decreased clients lost to follow up	**7. ART adult remain on ART end of period**	**1 221 515**	**1 339 651**	**1 437 205**	**1 440 592**	**1 686 154**	**1 649 243**	**1 649 243**
Decreased lost to follow up	**8. ART child under 15 years remain on ART**	**49 601**	**48 037**	**44 474**	**42 159**	***49 640***	***49 640***	***49 640***

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	end of period							
Decrease the MUS incidence in KZN to 26 / 1 000 by March 23	**9. Male Urethritis syndrome incidence**	**28.5 / 1 000**	**28.4 / 1 000**	**29.1 / 1 000**	**23.3 / 1 000**	**28.3 / 1 000**	**26 / 1 000**	**25 / 1 000**
	MUS Treated – new episode	*80 686*	*81 869*	*86 187*	*70 286*	*86 187*	*81 141*	*78 982*
	Male population 15- 49 years	*2 831 094*	*2 885 117*	*2 957 497*	*3 012 564*	*3 048 573*	*3 120 789*	*3 159 291*

QUARTERLY TARGETS 21/22

TABLE 28: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (HAST)

Indicators	Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. ART adult remain in care rate at 12 months	**90%**	90%	90%	90%	90%
2. ART child remain in care rate at 12 months	**90%**	90%	90%	90%	90%
3. All DS-TB lost to follow up rate	**7%**	7%	7%	7%	7%
4. TB XDR treatment start rate	**98%**	100%	100%	92%	100%
5. Number of patients screened for TB symptoms	**32 429 625**	8 095 897	8 100 743	8 112 027	8 120 958
6. Number of HIV tests done - sum	**3 795 315**	948 831	948 831	948 827	948 826
7. ART adult remain on ART end of period	**1 686 154**	1 543 166	1 590 445	1 637 756	1 686 154
8. ART child under 15 years remain on ART end of period	**49 640**	41 148	43 603	46 041	49 640
9. Male Urethritis Syndrome incidence	**28.3 / 1 000**	28.3 / 1 000	28.3 / 1 000	28.3 / 1 000	28.3 / 1 000

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

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 29: OUTCOME INDICATORS (MCWH&N)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
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**	**80.9 / 100 000**	**78.2 / 100 000**	**74.5 / 100 000**
Maternal death in facility - Total	*Maternal death register*	-	-	*188*	*158*	*189*	*172*	*166*
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) - Total	*Delivery register*	-	-	*212 723*	*225 469*	*223 708*	*220 007*	*222 720*
2. Neonatal death in facility rate – Total	**DHIS**	**12 / 1 000**	**< 10 / 1 000**	**11.5 /1 000**	**10.5 / 1 000**	**11.1 / 1 000**	**10.9 / 1 000**	**10.7 / 1 000**
Neonatal death (under 28 days) in facility - Total	*Midnight report*	-	-	*2 315*	*2 077*	*2 482*	*2 467*	*2 450*
Live birth in facility - Total	*Delivery register ,*	-	-	*201 947*	*197 850*	*223 620*	*226 297*	*229 010*
3. Live Birth under 2 500 g in facility rate - Total	**DHIS**	**TBD**	**TBD**	**11.9%**	**11%**	**11.7%**	**11.5%**	**11.2%**
Live birth under 2500g in facility - Total	*Delivery register*	-	-	*24 035*	*25 493*	*26 164*	*26 024*	*25 649*
Live birth in facility - Total	*Delivery register*	-	-	*201 947*	*231 759*	*223 620*	*226 297*	*229 010*
4. Infant PCR test positive at birth rate	DHIS	**TBD**	**TBD**	**Not monitored**	**N/A**	**0.32%**	**0.33%**	**0.31%**
Infant 1st PCR test positive at birth	PHC	-	-	-	-	*235*	*240*	*220*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Infant 1st PCR test at birth	Comprehensive tick register	-	-	-	-	*73 000*	*72 000*	*70 000*
5. Infant PCR test positive around 10 weeks rate	DHIS	**TBD**	**TBD**	**0.6%**	**0.4%**	**0.5%**	**0.5%**	**0.4%**
Infant PCR test positive around 10 weeks	PHC Comprehensive tick register	-	-	*332*	*213*	*270*	*266*	*213*
Infant PCR test around 10 week		-	-	*53 330*	*53 330*	*53 330*	*53 330*	*53 330*
6. Death in facility under 5 years rate - total	DHIS	**TBD**	**TBD**	**3.9%**	**3.8%**	**4.0%**	**3.9%**	**3.8%**
Death in facility under 5 years - total	*Midnight report*	-	-	*3 444*	*3 055*	*3 216*	*3 135*	*3 095*
Inpatient separations under 5 years – total	*Ward register*	-	-	*88 844*	*80 394*	*80 394*	*80 394*	*80 394*
7. Death under 5 years against live birth rate - Total	DHIS	**TBD**	**TBD**	**1.7%**	**1.3%**	**1.4%**	**1.4%**	**1.4%**
Death in facility under 5 years - total	*Midnight report*	-	-	*3 444*	*3 055*	*3 216*	*3 135*	*3 095*
Live birth in facility - total	*Delivery register*	-	-	*201 947*	*231 759*	*223 620*	*226 297*	*229 010*
8. Child under 5 years diarrhoea case fatality rate – total	DHIS	**TBD**	**TBD**	**2.2%**	**1.6%**	**1.9%**	**1.8%**	**1.7%**
Diarrhoea death under 5 years - total	*Midnight report*	-	-	*171*	*118*	*143*	*135*	*127*
Diarrhoea separation under 5 years - total	*Ward Register*	-	-	*7 702*	*7 403*	*7 550*	*7 496*	*7 450*
9. Child under 5 years Pneumonia case fatality rate – total	DHIS	**TBD**	**TBD**	**2.3%**	**1.8%**	**2.1%**	**2.0%**	**1.9%**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Pneumonia death under 5 years - total	*Midnight report*	-	-	*279*	*214*	*255*	*241*	*228*
Pneumonia separation under 5 years - total	*Ward register*	-	-	*12 370*	*11 914*	*12 162*	*12 078*	*12 002*
10. Severe acute malnutrition death under 5 years rate	DHIS	**TBD**	**TBD**	**5.2%**	**2.9%**	**3.5%**	**3.3%**	**3.2%**
Severe acute malnutrition death under 5 years – Total	*Midnight report*	-	-	*179*	*90*	*112*	*105*	*98*
Death in facility 1 month to 5 years – Total	*Midnight report*	-	-	*3 444*	*3 055*	*3 216*	*3 135*	*3 095*
11. Children <5 who are stunted	SADHS 16 [11]	**27%**	**23%**	**28.5%**	**17%**	**20.7%**	**20.7%**	**20.7%**
12. Child under 5 years Severe acute malnutrition case fatality rate – total	DHIS	**TBD**	**TBD**	**7.8%**	**5.0%**	**5.7%**	**5.5%**	**5.4%**
Severe acute malnutrition (SAM) death in facility under 5 years- total	*Midnight report*	-	-	*179*	*90*	*112*	*105*	*98*
Severe Acute Malnutrition Under 5 inpatient	*Ward Register*	-	-	*2 289*	*1 800*	*1 950*	*1 900*	*1 800*
13. Infant Mortality Rate	ASSA 08 (11) Stats ST and RM (12 onwards)	**23 per 1 000 live Births [25]**	**<20 per 1 000 live births**	**30.9 / 1 000**	**27 / 1 000**	**28.5/1 000**	**28/1 000**	**27.5/1 000**

11 SADHS 2016 used as a proxy for 2018/19 whilst reviewing status through planned local survey.

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
14. Under 5 mortality rate	ASSA 08 (11) Stats ST and RM (12 onwards)	**32 per 1 000 live Births [25]**	**<25 per 1 000 live births**	**41.7 / 1 000**	**38 / 1 000**	**39.5/1 000**	**39/1 000**	**38.5/1 000**
15. Still Birth in Facility Rate – total	**DHIS**	**TBD**	**TBD**	**21.8 / 1 000**	**19 / 1 000**	**20.5 / 1 000**	**20 / 1 000**	**19.5 / 1 000**
Still birth in facility- total	*Midnight report*	-	-	*4 500*	*4 486*	*4 691*	*4 617*	*4 546*
Live birth in facility + still birth in facility – Total	*Delivery register*	-	-	*206 447*	*236 245*	*228 311*	*230 914*	*233 556*
16. Early Neonatal death Rate – Total	**DHIS**	**TBD**	**TBD**	**9 / 1 000**	**7.9 / 1 000**	**8.3 / 1 000**	**8.1 / 1 000**	**8 / 1 000**
Death in facility 0-6 days - Total	*Midnight report*	-	-	*1 818*	*1 818*	*1 856*	*1 833*	*1 832*
Live birth in facility - Total	*Delivery register*	-	-	*201 947*	*231 759*	*223 620*	*226 297*	*229 010*
17. Death in facility under 1 year rate (annualised) - Total	**DHIS**	**TBD**	**TBD**	**5.4%**	**4.1%**	**4.9%**	**4.8%**	**4.5%**
Death in facility under 1 year - total	*Midnight report*	-	-	*3 055*	*2 494*	*2 816*	*2 811*	*2 658*
Inpatient separations under 1 year - Total	*Ward register r*	-	-	*57 009*	*60 820*	*57 478*	*58 570*	*59 695*
18. Child under 5 years Diarrhoea incidence	**DHIS**	**TBD**	**TBD**	**7.9 / 1 000**	**5 / 1 000**	**7 / 1 000**	**6 / 1 000**	**6 / 1 000**
Diarrhoea new in child under 5 years	*PHC tick register*	-	-	*10 553*	*5 751*	*9 198*	*7 034*	*6 375*
Population under 5 years	*Stats SA*	-	-	*1 330 900*	*1 150 228*	*1 313 966*	*1 172 252*	*1 159 064*
19. Child under 5 years Pneumonia incidence	**DHIS**	**TBD**	**TBD**	**39.2 / 1 000**	**29 / 1 000**	**35 / 1 000**	**32 / 1 000**	**31 / 1 000**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Pneumonia new in child under 5 years	*PHC tick register*	*-*	*-*	*52 169*	*33 357*	*45 989*	*37 512*	*35 354*
Population under 5 years	*Stats SA*	*-*	*-*	*1 330 900*	*1 150 228*	*1 313 966*	*1 172 252*	*1 159 064*
20. Child under 5 years severe acute malnutrition incidence	**DHIS**	**TBD**	**TBD**	**1.9/ 1 000**	**1.0 / 1 000**	**2 / 1 000**	**2.1 / 1 000**	**1.8 / 1 000**
Child under 5 years with severe acute malnutrition new	*PHC tick register*	*-*	*-*	*2 575*	*1 150*	*2 615*	*2 461*	*2 086*
Population under 5 years	*Stats SA*	*-*	*-*	*1 330 900*	*1 150 228*	*1 313 966*	*1 172 252*	*1 159 064*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 30: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Reduced morbidity and mortality								
Improve uptake of couple year protection	**1. Couple year protection rate**	**46.4%**	**59.6%**	**56.1%**	**45.6%**	**58%**	**60%**	**65%**
	Couple year protection	*1 401 342*	*1 827 928*	*1 767 547*	*1 446 532*	*1 857 316*	*1 945 257*	*2 133 272*
	Population 15-49 years female	*3 022 377*	*3 066 343*	*3 125 661*	*3 172 838*	*3 201 568*	*3 242 095*	*3 281 957*
Reduce the number of deliveries in age group 10 to 19 years	**2. Delivery 10 to 19 years in facility rate**	**17.6%**	**17.3%**	**16.3%**	**17%**	**15.8%**	**15.3%**	**15%**
	[Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]	*32 502*	*35 471*	*36 171*	*36 674*	*35 234*	*34 196*	*33 600*
	Delivery in facility – total	*184 816*	*204 635*	*221 507*	*215 362*	*223 000*	*223 500*	*224 000*
Increase the number of 1st antenatal visits before weeks	**3. Antenatal 1st visit before weeks rate**	**72.1%**	**73.2%**	**74.5%**	**74.8%**	**75.9%**	**75.5%**	**76%**
	Antenatal 1st visit before weeks	*149 215*	*162 296*	*168 237*	*169 234*	*170 016*	*169 498*	*171 000*
	Antenatal 1st visit – total	*207 089*	*221 857*	*225 846*	*226 238*	*224 000*	*224 500*	*225 000*
Increase the number of postnatal visits for mother within 6 days of delivery	**4. Mother postnatal visit within 6 days rate**	**76.8%**	**74.9%**	**76.1%**	**75.5%**	**78%**	**80.5%**	**80.5%**
	Mother postnatal visit within 6 days after delivery	*141 992*	*153 369*	*168 515*	*162 628*	*173 940*	*179 978*	*180 320*
	Delivery in facility total	*184 816*	*204 635*	*221 507*	*215 362*	*223 000*	*223 500*	*224 000*

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Increase the fully immunised under 1 years coverage	**5. Immunisation under 1 year coverage**	**81.5%**	**90.8%**	**91.8%**	**81.7%**	**90%**	**90%**	**90%**
	Immunised fully under 1 year	*208 294*	*233 732*	*239 295*	*214 836*	*236 905*	-	-
	Population under 1 year	*255 475*	*257 461*	*260 734*	*262 860*	*263 228*	*TBD*	*TBD*
Increase the measles 2nd dose coverage in children 1 years old	**6. Measles 2nd dose coverage**	**77.5%**	**77.8%**	**82.9%**	**76.9%**	**94%**	**94%**	**95%**
	Measles 2nd dose	*204 459*	*204 737*	*217 727*	*201 622*	*246 378*	-	-
	Population aged 1 year	*263 843*	*262 993*	*262 526*	*262 334*	*262 104*	*TBD*	*TBD*
Increase the vitamin A dose coverage in children 12 – 59 months	**7. Vitamin A dose 12-59 months coverage**	**68.6%**	**70.8%**	**68.6%**	**38.2%**	**74%**	**76%**	**77%**
	Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months	*1 487 636*	*1 520 604*	*1 455 506*	*806 284*	*1 555 098*	*1 597 127*	*1 618 143*
	*Target population 12-59 months * 2*	*2 167 410*	*2 146 874*	*2 122 480*	*2 109 926*	*2 101 484*	*2 101 484*	*2 101 484*
Increase the number of ANC clients initiated on ART to 98% by March 23	**8. ANC clients initiated on ART rate**	**97.2%**	**98.9%**	**98.3%**	**97.4%**	**98.3%**	**98%**	**98%**
	Antenatal client on start on ART	*31 130*	*26 972*	*21 207*	*17 824*	*17 000*	*17 640*	*17 640*
	Antenatal client known HIV positive but not on ART at 1st visit	*32 012*	*27 259*	*21 575*	*18 300*	*17 300*	*18 000*	*18 000*
Reduced Severe acute malnutrition incidence	**9. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose rate**	**56%**	**57.3%**	**56.5%**	**57.4%**	**59%**	**61%**	**63%**

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	DTaP-IPV-Hib-HBV (hexavalent 3rd dose)	*111 873*	*118 182*	*121 684*	*172 734*	*127 348*	*136 484*	*140 958*
	Target population	*199 781*	*206 275*	*215 535*	*300 816*	*215 844*	*223 744*	*223 744*
Improve cervical screening coverage for women 30 years and older to 86%	**10. Cervical cancer screening coverage**	**New indicator**	**New indicator**	**New indicator**	**33.7%**	***75%***	***75%***	***75%***
	Cervical cancer screening in woman	-	-	-	*121 588*	*291 000*	*291 495*	*295 326*
	[(80% women aged 30-59yrs)/10)+(% women aged -59yrs)/3) + Cervical cancer screening 30 years and older	-	-	-	*360 579*	*388 006*	*388 658*	*393 767*

QUARTERLY TARGETS 21/22

TABLE 31: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (MCWH&N)

Indicators	Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Couple year protection rate	**58%**	58%	58%	58%	58%
2. Delivery 10 to 19 years in facility rate	**15.8%**	15.8%	15.8%	15.8%	15.8%
3. Antenatal 1st visit before weeks rate	**75.9%**	75.9%	75.9%	75.9%	75.9%
4. Mother postnatal visit within 6 days rate	**78%**	78%	78%	78%	78%
5. Immunisation under 1 year coverage	**90%**	90%	90%	90%	90%
6. Measles 2nd dose coverage	**94%**	94%	94%	94%	94%
7. Vitamin A dose 12-59 months coverage	**74%**	74%	74%	74%	74%
8. ANC clients initiated on ART rate	**98.3%**	98.3%	98.3%	98.3%	98.3%
9. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose	**59%**	59%	59%	59%	59%
10. Cervical cancer screening coverage	**75%**	75%	75%	75%	75%

NOTES

SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 32: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Reduced morbidity and mortality								
1. Malaria case fatality rate	DHIS	**TBD**	**TBD**	**0.5%**	**0%**	**0.33%**	**0.3%**	**0.3%**
Malaria deaths reported	*Malaria Register; Tick Sheets PHC*	-	-	*7*	*5*	*4*	*3*	*3*
Malaria new case reported		-	-	*1 493*	*835*	*1 200*	*1 100*	*1 000*
2. Malaria incidence per 1 000 population at risk	DHIS	**TBD**	**TBD**	**0.23 / 1 000 pop at risk**	**0 / 1 000 pop at risk**	**0 / 1 000 pop at risk**	**0 / 1 000 pop at risk**	**0 / 1 000 pop at risk**
Number of malaria cases (new)	*Malaria Register; Tick Register PHC*	-	-	*162*	-	-	-	-
Population Umkhanyakude	*DHIS; Stats SA*	-	-	*696 042*	*686 893*	*681 104*	*683 096*	*685 046*
3. Hypertension Incidence	DHIS	**TBD**	**TBD**	**29.5 / 1 000**	**20 / 1 000**	**26 / 1 000**	**24 / 1 000**	**22 / 1 000**
Hypertension client treatment new	*PHC tick register*	-	-	*336 805*	*241 593*	*305 917*	*284 972*	*263 534*
KZN Population total	*Stats SA*	-	-	*11 417 132*	*12 079 648*	*11 822 058*	*11 873 848*	*11 978 823*
4. Diabetes Incidence	DHIS	**TBD**	**TBD**	**2.9 / 1 000**	**2.5 / 1 000**	**3 / 1 000**	**3 / 1 000**	**2 / 1 000**
Diabetes client treatment new	*PHC tick register*	-	-	*17 616*	*30 199*	*31 768*	*30 872*	*28 749*
KZN Population total	*Stats SA*	-	-	*11 417 132*	*12 079 648*	*11 822 058*	*11 873 848*	*11 978 823*
5. Dental extraction to restoration ratio	PHC register; OPD & Theatre	**TBD**	**TBD**	**19:01**	**N/A**	**14:01**	**13:01**	**12:01**
Tooth extraction		-	-	*532 891*	-	*467 525*	*584 252*	*145 363*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Tooth restoration	register; DHIS	-	-	*27 709*	-	*34 529*	*44 752*	*12 438*
6. Covid-19 Testing Coverage	TBD	**New indicator**	**New indicator**	**14 356 / 100 000**	**2 070 / 100 000**	**12 688 / 100 000**	**8 422 / 100 000**	**4 174 / 100 000**
Number of Covid-19 tests conducted - Total	TBD	-	-	*1 693 076*	*250 000*	*1 500 000*	*1 000 000*	*500 000*
Total Population	TBD	-	-	*11 793 827*	*12 079 648*	*11 822 058*	*11 873 848*	*11 978 823*
7. Covid-19 Positivity Rate	TBD	**New indicator**	**New indicator**	**18.99%**	**4%**	**10%**	**7.5%**	**5%**
Number of confirmed Covid-19 cases - Total	TBD	-	-	*321 480*	*10 000*	*150 000*	*75 000*	*25 000*
Number of Covid-19 tests conducted	TBD	-	-	*1 693 076*	*250 000*	*1 500 000*	*1 000 000*	*500 000*
8. Covid-19 Case Fatality Rate: Total	TBD	**New indicator**	**New indicator**	**2.85%**	**0.5%**	**2.3%**	**1.3%**	**1.2%**
Number of deaths in positive Covid-19 cases: Total	TBD	-	-	*9 176*	*50*	*3 500*	*1 000*	*300*
Separations Covid-19 cases (Sum of deaths, discharges and transfers out): Total	TBD	-	-	*321 480*	*10 000*	*150 000*	*75 000*	*25 000*
9. Covid-19 Case Fatality Rate 5 - 60 years	TBD	**New indicator**	**New indicator**	**1.37%**	**0.5%**	**0.8%**	**0.7%**	**0.7%**
Number of deaths in positive Covid-19 cases	*TBD*	-	-	*3 595*	*500*	*2 000*	*1 300*	*1 100*
Separations Covid-19 cases (Sum of deaths, discharges and transfers out)	*TBD*	-	-	*263 061*	*100 000*	*250 000*	*200 000*	*150 000*
10. Covid-19 Case Fatality Rate: under 5 years	TBD	**New indicator**	**New indicator**	**0.43%**	**0.0%**	**0.4%**	**0.3%**	**0.3%**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Number of deaths in positive Covid-19 cases under 5 years	*TBD*	*-*	*-*	*23*	*-*	*15*	*10*	*5*
Separations Covid-19 cases (Sum of deaths, discharges and transfers out) under 5 years	*TBD*	*-*	*-*	*5 300*	*1 000*	*4 000*	*3 000*	*2 000*
11. Covid-19 Case Fatality Rate 60 years and older	TBD	**New indicator**	**New indicator**	**10.96%**	**5.0%**	**10.0%**	**8.3%**	**7.5%**
Number of deaths in positive Covid-19 cases: 60 years and older	*TBD*	*-*	*-*	*5 419*	*500*	*4 000*	*2 500*	*1 500*
Separations Covid-19 cases (Sum of deaths, discharges and transfers out) 60 years and older	*TBD*	*-*	*-*	*49 458*	*10 000*	*40 000*	*30 000*	*20 000*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 33: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Reduced morbidity and mortality								
Improve the quality of Mental health screening at a PHC level	**1. Mental disorders Screening Rate**	**34.6%**	**41.0%**	**44.7%**	**50.6%**	**35%**	**35%**	**35%**
	PHC client screened for mental disorder	*9 834 835*	*11 621 594*	*12 690 131*	*11 316 668*	*10 330 639*	*10 537 252*	*11 041 492*
	Total PHC headcount	*28 403 348*	*28 369 964*	*28 365 411*	*22 356 302*	*29 516 111*	*30 106 433*	*31 547 121*
Increase access to rehabilitative services	**2. Number of clients accessing rehab services**	**Not collected**	**719 058**	**731 933**	**488 044**	**680 000**	**680 000**	**680 000**

QUARTERLY TARGETS 21/22

TABLE 34: OUTCOME AND OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (DISEASE PREVENTION AND CONTROL)

Indicators	Targets 21/22	Targets			
		Q1	Q2	Q3	Q4
1. Mental disorders Screening Rate	**35%**	35%	35%	35%	35%
2. Clients accessing rehab services	**680 000**	170 000	170 000	170 000	170 000

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

OUTCOME: UNIVERSAL HEALTH COVERAGE

Chronic Condition Medication Direct Delivery

The number of active clients enrolled in CCMDD ensures universal health coverage for chronic conditions. It is monitored through the Annual Operational Plan (AOP). This programme also contributes toward the increase in GP's on contract and targeted allied health professionals.

Ideal Clinic

Ideal Clinic Status Obtained Rate also contributes towards Universal Health Coverage by ensuring that all citizens have access to quality health care. For the MTSF, the focus is on 100% of PHC facilities maintaining their Ideal Clinic status. The Ideal Clinic programme expansion is expected to correspond to an improvement in the quality of the PHC service.

Health Promotion

The focus areas for Health Promotion for 21/22 remains as the capacitation and re-orientation of PHC outreach teams in health promotion processes and deliverables. The orientation on the health promoting Early Childhood Development sites and support of the district coordinators to deliver services in a resource-constrained environment remains a core focus of the Provincial programme management team. The national health calendar implementation and awareness campaigns are a contact point to allow for public education on health matters.

Primary Health Care

School Health Services is a preventive and promotive service. Investing in school health could reduce the burden of diseases and lessen the cost factors in terms of curative services provided. The programme has the potential to assist in reducing risky behaviour like substance abuse, early sexual debut, learner pregnancy, HIV infection and bullying/violence among school going children and the youth.

The programme management aims to appoint dedicated health promoters to advance health promotion efforts in the Province. In 21/22, all school health teams will be trained and re-orientated on the Integrated School Health Programme (ISHP) thus ensuring compliance to standards. Collaboration and co-ordination between the Departments of Education and

Health will be strengthened to improve co-operation from parents and care-givers in issues related to consent for care. Schools will be educated on the importance of learner profiles for health services as consent forms need to be readily accessible during the Audit processes.

African Traditional Medicine

In 21/22, the development of an African Traditional Medicine Strategy and Policy will be a prioritised. This will be supported by the development of a data base for Traditional Health Practitioners. Capacity building for Traditional Health practitioners together with a conventional public health care workers, will be prioritised. The provincial office will advocate for funding and support from Development Partners to roll out the strategy.

Youth Friendly Services

Funding remains a challenge for youth friendly services which relies heavily on Non-Government Organisation (NGO) support. Internal processes relating to funding need to be further explored to allow expansion and integration of this programme into the greater sphere of Primary Health Care. There are 2 main areas of focus in 21/22 being the empowerment of the youth through supply chain management practices and the motivation for alterative contraception i.e. "Potch". Once Information and Communication Technologies (ICT) has resolved the challenge of hosting cost effective virtual dialogues on social media, this avenue will be further explored.

Gender Based Violence

The implementation of the Gender Based Violence Plan, co-ordinated through the Office of the Premier, has 5 implementation parts. The 1st is the women benefitting from procurement with a target of 30% of all procurement going to women. The 2nd is employment equity, which currently stands at 42% for women in senior management, with a 5 year (24/25) target of 50%. The 3rd part is the HIV programme with the Department implementing the Men's Health strategy to increase the number of men testing for HIV, and the adherence to treatment. The Programme has also advocated for pre-prophylaxis and post sexual abuse prophylaxis as not all victims want to open cases but should still have been offered prophylaxis. The 4th part is the awarding of bursaries and training on the ration of 50:50 with women in level 7 and higher, in positions of supervision targeted. The table below depicts the alignment between the Departmental Outcomes and the Gender based, Youth and Disability Plan. The indicators that will be used to track implementation are also listed.

TABLE 35: ALIGNMENT TO THE PROVINCIAL GENDER BASED, YOUTH AND DISABILITY (GBYD) PLAN

GBYD Plan	APP 21/22 Outcome and Indicator
Priority 3: Education, skills and Health Targeted programmes to upscale existing campaigns and programmes on new HIV infections amongst youth, women and persons with disability	***Outcome: Reduce morbidity and mortality*** *Indicator*: HIV positive 15 – 25 years old (excl ANC) rate
Priority 3: Education, skills and health Targeted programmes on adolescent sexual and reproductive health and rights, including addressing teenage pregnancies and risky behaviour	***Outcome: Reduced morbidity and mortality*** *Indicator*: Delivery 10 – 19 years in facility rate *Indicator*: Couple year protection rate

GBYD Plan	APP 21/22 Outcome and Indicator
Priority 4: Consolidating the social wage through reliable and quality basic services Introduce measures to ensure early development screening for all children, and clearly defined eligibility criteria to reduce exclusion errors for social assistance support for children with disabilities	***Outcome: Reduce morbidity and mortality*** *Indicator: No of Grade 1 learners screened*
Priority 4: Consolidating the social wage through reliable and quality basic services Strengthened and expanded protection measures in place to protect children and adults with disabilities in institutionalised settings such as special school boarding facilities, mental health care facilities, residential facilities	***Outcome: Reduce morbidity and mortality***

OUTCOME: REDUCED MORBIDITY AND MORTALITY

District Health Services

District health services will focus on the implementation of the Community Based Model to allow for a community based approach to PHC. This will include the promoting of screening for chronic conditions at household level. Medical outreach coverage will improve as the integrated contracting GP model for PHC is integrated into the Hospital Outreach programme. Implementation of the CCMDD programme will be improved and innovations fast tracked for implementation.

The rationalization of District Hospital Services and the reconfiguration of inefficient facilities will remain the priority for district hospitals. All district hospitals, designated as such, should be able to provide a full package of service and this will be a focus area in 21/22.

HIV / AIDS and TB

The indicators "Screened for TB symptoms", "HIV test done – sum", "ART client remaining on ART end of Period" and "Adult viral load suppressed rate (12 months)" all contribute to the progressive improvement in the total life expectancy of South Africans and link in with the MTSF intervention of "Provision of integrated care and support services to persons infected and affected with HIV and AIDS and implement the KZN 17 – 22 Multi-Sectoral Response Plan to HIV, TB, and STI's to reduce the burden of communicable disease".

The 90 / 90 /90 strategy was implemented in 19/20 meaning that 90% of the population should know their HIV / AIDS status, of the 90% people living with HIV / AIDS, 90% should be on treatment and lastly 90% that are on treatment should be virally suppressed. HIV Testing services are therefore important in identifying the population living with HIV / AIDS. The scale up plan involves the provision of HIV Self Screening Services in an effort to find people who are test averse. HTS services will be scaled up by providing gazebos for HIV testing at the gate of each Siyenza facilities (or High volume sites). Partners will continue with the community testing that will include the thorough Index tracing. Index testing will address the low positivity rate by following all indexes for positive clients. Index testing will also assist in improving the number of clients on treatment.

The establishment of call centres will continue as a strategy to address high loss to follow up in the HIV / AIDS and TB programme

Districts without Partners (Ilembe, Umzinyathi, Umkhanyakude, Amajuba): 11/15 (73%) Functional Call Centres in Sub Districts have been setup as at End of September . KwaDukuza Sub-District (in Ilembe) could not setup the call centre in Quarter 1 due to Covid-19, they were the epicentre of the district at that time. It started being functional in September . Amajuba has setup a call centre at District level. The primary function of call centres is to remind clients about their appointment as well as trace defaulters.

Districts with Partners: Four (4) districts (namely Ugu, King Cetshwayo, Ethekwini and Umgungundlovu) which have support Partners have setup call centres at districts to remind clients about their appointment as well as trace defaulters.

Maternal and Women's Health

The Outcome of "Reduced maternal and child mortality" links to the MTSF intervention of "Reduce maternal and child mortality through improved antenatal and postnatal care". This is monitored through the indicators "Antenatal 1st visit before weeks rate", "Maternal mortality in facility ratio", "infant Polymerase chain reaction (PCR) test positive around 10 weeks" which is a proxy indicator and "ANC clients initiated on ART rate".

The key priority interventions of Women's Health Programme for 21/22 include improving women's maternal, sexual and reproductive health by ensuring that all women can access services and exercise choice and control in relation to their sexual and reproductive health,. Improvements in health literacy (knowledge and skills to source, understand and make informed decisions on health) and targeted preventative health services will received more focus in 21/22.

The focus will be on enhancing women's mental health through prevention, early intervention and responsive service delivery and addressing the impacts on women's health, such as violence against women and girls, homelessness and other related factors. This focus will be integrated with the Gender Based violence approach being driven by the Youth and Gender component.

The KZN DoH aims to facilitate health and wellbeing across the life course of a woman. Women's health is influenced by a range of factors, including socioeconomic circumstances; physical environments; adverse childhood events; culture; family responsibilities; sex, gender and sexuality; individual biology; and access to quality health care programs. Therefore access to all health services remain a priority.

Child Health

Neonatal mortality and early neonatal mortality form the major proportion of deaths in the under 5 morality rate and it is therefore essential that this age group is a focus going forward. COVID-19 mitigation strategies need to be implemented including the re-instatement of outreach services, retention of lodger and KMC facilities and non-rotation of staff. If financial

constraints permit, the overcrowding of neonatal nurseries needs to be addressed in the 3 districts of eThekwini, King Cetshwayo and Amajuba.

All hospitals need to be implementing the Essential Package of Care including submission of reports to relevant authorities. Helping Babies Breathe (HBB) and KwaZulu-Natal Initiative for Newborn Care (KINC) training coverage needs to be increased in 21/22 to improve outcomes. The improvement in intrapartum care is dependent on obstetrics / midwife particularly around the areas of early detection and referral of risk factors, increased coverage of antibiotics for prolonged premature rupture of membranes, increased coverage of antenatal steroids and improved implementation HBB.

Improve early management and auditing of all cases of neonatal encephalopathy (NNE) and the strengthening of early initiation on nasal Continuous Positive Airways pressure (nCPAP) will also further improve outcomes. All districts hospitals must be able to sustainability providing NCPAP.

To improve facility based mortality outcomes, PHC services need to be strengthened including preventative programmes such as breastfeeding and immunisation, the introduction of sick and well child check sheets, and the correct implementation of Integrated Management of Childhood Illness (IMCI) along with appropriate clinical supervision. Hospital services also need to be strengthened with the introduction of Emergency Triage, Assessment and Treatment (ETAT), improved functionality of ward based high care beds and increased access to ICU beds. The introduction of a template for the outpatient management of children with long term health conditions, will also be commenced during the 21 / 22 year.

A further reduction in the case fatality rate for diarrhoea requires the strengthening of preventative programmes such as breastfeeding, immunisation and hand hygiene. Each facility must have a functional oral rehydration station combined with the use of IMCI case management at PHC clinics. Early referral to hospital and regular review of dehydrated children in the wards will also improve outcomes.

Interventions to maintain the ongoing reduction of the pneumonia case fatality rate share the generic preventative programmes, and IMCI case management, but require improved access to respiratory support such as high flow humidified air flow in every children's ward and the use of Early Warning Scoring systems to facilitate early detection of children who are deteriorating in hospital.

The reduction in maternal and child mortality is further enhanced through improvements in "Immunisation under 1 year coverage", Child under 5 years severe acute malnutrition case fatality rate", "under 5 mortality rate", "Child under 5 years pneumonia case fatality rate", and "Child under 5 years diarrhoea case fatality rate" linking through the MTSF intervention of "Protect children against vaccine preventable disease".

In response to impact of the lockdown on reduced immunisations, catch-up drives aimed at addressing gaps in the provision of immunisation are taking place in all districts. Routine

immunisation services will be intensified thus ensuring that all children eligible for vaccination continue to be reached.

The key priority interventions of the Integrated Nutrition Programme (INP) for 21 /22 include: Infant and Young Child feeding, growth monitoring and promotion/micronutrient malnutrition control in key populations; as well as prevention and integrated management of malnutrition which includes overweight and obesity.

These essential nutrition services have been adversely affected due to reduced PHC headcount, decreased access to households for routine outreach services as well as the closure of Early Childhood Development (ECD) centres due to the COVID-19 pandemic lockdown. In addition, the disrupted food systems as a result of the lockdown and income loss prevented women and children from accessing nutritious diets.

The COVID-19 pandemic and lockdown resulted in a decrease in the number of children screened for malnutrition for early detection and timeous nutrition treatment and support. A significant reduction of the vitamin supplementation for children 12 – 59 months was observed consequently. Infant feeding counselling was reported to have decreased, especially due to physical distancing.

In 21/22 the INP will focus to mitigate the above mentioned factors through intensifying community based interventions. Capacity building of the community-based outreach teams in these critical nutrition services will be prioritised. Inter-sectoral collaboration on nutrition sensitive interventions will be amplified. Nutrition interventions to support patients with disabilities and neurodevelopment disorders will also be prioritised during 21/22.

To guide nutrition service interventions going forward, baseline surveys are planned to determine Provincial and District specific data on malnutrition and breastfeeding prevalence, and complementary feeding practices.

Disease Prevention and Control

The MTSF Intervention of "Healthy lifestyle programme through Siyadlala, Learn and Play, School Sport, Comprehensive programme to tackle obesity starting with government officials. Strengthen implementation and monitoring of Employee Wellness, including mental health" and is monitored through indicators of "Hypertension incidence", "Diabetes incidence", Mental disorders screening rate", Clients accessing rehab services", "Malaria incidence", "COVID-19 Testing Coverage", "COVID Positivity Rate" and "COVID-19 Case Fatality Rate".

Disability and Rehabilitation

The Disability and Rehabilitation programme will focus on the support the Centres of Excellence for management of children with cerebral palsy. There will also be a focus on the prevention of preventable disabilities through disability sensitisation and awareness campaigns. The motivation for the filling of vacant therapist posts at district will continue to be a priority. Improvement of access to health for persons with disabilities and the rehabilitation services will continue to be a priority.

Chronic Conditions

The priority will be on screening and early diagnosis for diabetes and hypertension to ensure these chronic conditions are well controlled. The Department will continue to support the Centres of Excellence for Cataract operation, and will advocate for the establishment and filling of optometry posts at district level. This would be supported with the establishment of the Optic laboratory services at McCords Hospital.

Oral Health

Oral health services will focus on the following during the 21/22 cycle:-

- To motivation for the appointment of trained Technicians in dental equipment repair at Health Technology Units.
- Increase oral health education, awareness, early detection and treatment to positively impact on the extraction to Restoration ratio
- To improve infection control in dentistry

Mental Health

Mental Health promotion, prevention and advocacy starts at community level. Within the community, early mental health screening at PHC level plays a role in early detection, with upward referrals for both common mental health disorders and substance abuse. Mental Health education and screening takes place at PHC for both referrals and walk- ins. At this level, patients are identified and thoroughly assessed and treatment is initiated. It is essential that the PHC level offers short-term interventions through lay counsellors, social auxiliary workers and registered counsellors to avoid unnecessary up-referrals that clog the system.

PHC also plays a role in continuation of treatment and referral for review for all clients down-referred from hospitals. It is also essential that defaulters are traced and early interventions provided to avoid relapse. Outreach teams should provide support at a household level, community based organisations and non-governmental organisation rendering mental health care services. Clients treated and managed at community level require continuous support with psychosocial rehabilitation, psychosocial clubs and support groups hence the implementation of the District Mental Health teams is a priority.

TABLE 36: MENTAL HEALTH CHALLENGES AND RESOLUTIONS

Challenges	Short term Resolve	Long term Resolve
Primary Health Care		
• Insufficient-Community Residential beds. • Lack of knowledge and skills on mental health • No clear referral plan • Lack of psychosocial hubs for Mental Health and substance Abuse	• Development of MOU between DSD and DOH. Profiling of long terms stay MHCUs with the aim of determine appropriate placement. • Resource provision for additional beds for those NGOs able to offer more beds. • Capacity building through the employment of district	• Development and Implementation of a strategy to increase community beds looking into; intersectoral collaboration with DSD and DHS. • Mental health coordinators to engage with Local drug action committees and Sukuma Sake to facilitate setting up of mental health and substance abuse support groups and psychosocial clubs.

Challenges	Short term Resolve	Long term Resolve
	specialist mental health teams.	
Hospital Mental Health Services		
• Lack of Psychologists, psychiatrists and other MDT members • Revolving Door Syndrome • Lack of staffing norms • Infrastructure challenges • Waiting lists –shortage of beds due high referral numbers to hospitals • Lack of Mental Health indicators	• Lobbying for the filing of vacant posts (psychologist, psychiatrists, Occupational Therapists, Social workers) • Capacity building through the employment of district specialist mental health teams • Continuous training of Medical Officers in the Diploma of Mental Health. • Development and implementation of an out-reach strategy incorporating all districts including the Implementation of the E-psychiatry system • Implementation of NHI Forensic Project • Review Mental Health Indicators.	• Implementation of the 10 year infrastructure plan • Development and implementation of a strategy to utilize psychiatric nurses at district and PHC level/tasking shifting approach. • Development and implementation of Mental Health staffing norms • Implementation of project to determination the burden of disease in KZN
Substance Abuse Services		
• Lack of implementation and collaboration intra and inter - departmentally • Unknown burden of disease for substance abuse disorders • Lack of substance abuse indicators • Revolving door syndrome with substance induced psychosis and other comorbid conditions. • Lack of capacity regarding management of substance abuse disorders (inpatient and outpatient)	• Facilitate the development and implementation of an integrated promotion, prevention plan with relevant stakeholders. • Implementation and roll out of the tool developed with South African Community Epidemiology Network on Drug Use (SACENDU). • Development of dual diagnosis strategies. • Continuous training on SBIRT, MI, relapse prevention and alignment of guidelines with new EML. • Development and implementation of the plan for the roll out of outpatient detoxification at CHC and OPDs.	• Inclusion of Substance abuse indicators (SBIRT), number of clients admitted at hospital for medical emergency related to substance abuse on DHIS and on registers • Development of a dual diagnosis centre of excellence

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 37: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
District Management	302 062	299 310	314 889	327 176	318 700	328 553	313 561	334 345	337 007
Community Health Clinics	4 020 491	4 332 048	4 659 262	4 848 112	4 765 455	4 726 676	4 910 901	5 004 480	5 101 698
Community Health Centres	1 625 352	1 753 904	1 919 490	1 992 483	1 945 451	1 973 559	2 007 244	2 013 435	2 041 036
Community Based Services	306 225	376 013	415 720	363 595	377 081	452 555	413 932	384 299	390 102
Other Community Services	1 071 475	1 163 629	1 260 567	1 415 837	3 223 451	3 352 950	2 673 437	1 260 408	1 233 114
HIV and AIDS	5 018 680	5 715 614	5 941 316	6 453 922	6 365 278	6 441 585	6 828 191	7 065 809	7 073 750
Nutrition	41 940	31 929	32 705	62 523	44 800	44 800	47 489	50 680	52 909
Coroner Services	221 828	222 990	241 424	265 516	256 718	260 206	264 910	267 844	270 534
District Hospitals	7 124 263	6 906 627	7 941 490	8 112 368	7 815 708	7 822 011	7 796 995	7 856 164	7 665 341
Sub-Total	**19 732 316**	**20 802 064**	**22 726 863**	**23 841 532**	**25 112 642**	**25 402 895**	**25 256 660**	**24 237 464**	**24 165 491**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**19 732 316**	**20 802 064**	**22 726 863**	**23 841 532**	**25 112 642**	**25 402 895**	**25 256 660**	**24 237 464**	**24 165 491**

TABLE 38: 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	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Current payments	**18 890 919**	**20 142 620**	**22 086 850**	**23 280 613**	**24 438 096**	**24 660 487**	**24 524 067**	**23 490 292**	**23 401 167**
Compensation of employees	12 229 725	12 946 954	14 099 898	14 945 792	15 673 929	15 600 363	15 259 251	14 454 002	14 384 127
Goods and services	**6 660 677**	**7 193 365**	**7 986 515**	**8 334 383**	**8 763 729**	**9 059 770**	**9 264 353**	**9 035 805**	**9 016 533**
Communication	56 899	55 733	52 688	55 769	59 979	59 558	57 514	60 072	61 655
Computer Services	2 165	-	867	-	85	85	-	-	-
Consultants, Contractors and special services	239 880	199 307	212 633	255 703	261 800	304 481	322 074	309 862	325 163
Inventory	3 830 037	4 248 325	4 518 193	4 735 779	5 106 297	5 320 723	5 282 732	4 901 788	4 809 713
Operating leases	25 999	27 793	36 029	52 495	39 047	39 290	55 682	57 833	60 353
Travel and subsistence	22 241	24 052	42 711	40 558	31 936	28 281	50 265	50 015	52 510
Maintenance, repair and running costs	106 154	114 884	115 765	104 762	110 144	107 101	98 419	103 153	107 685
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	2 377 302	2 523 271	3 007 629	3 089 317	3 154 441	3 200 251	3 397 667	3 553 082	3 599 454
Interest and rent on land	517	2 301	437	438	438	354	463	485	507
Transfers and subsidies to	**618 250**	**473 637**	**413 515**	**406 585**	**399 230**	**411 600**	**420 412**	**440 661**	**460 861**
Provinces and municipalities	219 658	215 277	222 893	237 793	237 793	237 793	244 843	256 596	268 736
Departmental agencies and accounts	151	98	174	49	49	135	51	53	55
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	113 929	46 009	47 948	52 865	52 865	52 864	53 562	56 134	58 604
Households	284 512	212 253	142 500	115 878	108 523	120 808	121 956	127 878	133 466
Payments for capital assets	**223 128**	**185 747**	**226 476**	**154 334**	**275 316**	**330 710**	**312 181**	**306 511**	**303 463**

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	223 128	185 747	226 476	154 334	275 316	330 710	312 181	306 511	303 463
Payment for financial assets	19	60	22	-	-	98	-	-	-
Total economic classification	**19 732 316**	**20 802 064**	**22 726 863**	**23 841 532**	**25 112 642**	**25 402 895**	**25 256 660**	**24 237 464**	**24 165 491**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**19 732 316**	**20 802 064**	**22 726 863**	**23 841 532**	**25 112 642**	**25 402 895**	**25 256 660**	**24 237 464**	**24 165 491**

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 2)

Programme 2 is allocated 52.2 % of the Vote 7 budget, up from 49.4% in the /21 revised estimate. Due to the overall decrease in budget, this amounts to a decrease of R 146 235 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 39: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 2)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Medico-Legal Litigation	• 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	• '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	• 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

Key Risks	Risk Mitigation
Outcome: Reduced morbidity and mortality	
High turnover of medical , nursing and allied specialists	• 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	• Establish a call centre that will monitor and call back patients who have defaulted
Inability to effectively manage SHP programmes.	• 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	• 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	• Case management • Epidemic preparedness plans in place and implemented in line with NICD guidelines

NOTES

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).

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 40: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)

Outputs	Output Indicators	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health Coverage								
Improve access to specialised services	**1. EMS P1 urban response under 30 minutes rate** [12]	**New indicator**	**New indicator**	**New indicator**	**66.6%**	**69.1%**	**69.7%**	**72.1%**
	EMS P1 urban response under 30 minutes	-	-	-	*78 120*	*89 246*	*99 031*	*112 623*
	EMS P1 urban responses	-	-	-	*117 372*	*129 109*	*142 020*	*156 222*
Improve access to specialised services	**2. EMS P1 rural response under 60 minutes rate**	**New indicator**	**New indicator**	**New indicator**	**55%**	**56.3%**	**57.5%**	**58%**
	EMS P1 rural response under 60 minutes	-	-	-	*83 556*	*94 167*	*105 679*	*117 234*
	EMS P1 rural responses	-	-	-	*151 960*	*167 156*	*183 871*	*202 258*
Improve access to specialised services	**3. Average number of daily operational ambulances** [13]	**188**	**171**	**166**	**186**	**188**	**190**	**192**

[12] Indicator changed from Urban response under 15 minutes

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

QUARTERLY TARGETS FOR 21/22

TABLE 41: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (EMS)

Output Indicators	Annual Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. EMS P1 urban response under 30 minutes rate	**69.1%**	69.1%	69.1%	69.1%	69.1%
2. EMS P1 rural response under 60 minutes rate	**56.3%**	55%	55%	56%	56%
3. Average number of daily operational ambulances	**188**	186	186	187	187

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 3 output of ensuring improved access to specialised services is largely geared towards the Outcome of Universal health coverage which has influence on the other two Outcomes, namely: Reduced Morbidity and Mortality and Improved Patient Experience of Care. To ensure improved access to specialised services, the department will focus on increasing the Emergency Medical Services priority 1 responses , under 60 minutes for rural and under 30 minutes for urban areas. The increase in Emergency Medical Services priority 1 responses are in turn dependent on the Department ensuring that there is an adequate number of daily operational ambulances.

PROGRAMME RESOURCE CONSIDERATIONS

Reconciling Performance Targets with Expenditure Trends and Budgets (EMS)

TABLE 42: EXPENDITURE ESTIMATES (EMS)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Emergency Services	1 251 736	1 306 286	1 460 183	1 427 827	1 453 850	1 508 036	1 410 071	1 424 806	1 444 715
Planned Patient Transport	125 841	140 364	142 703	184 548	207 750	207 750	170 733	174 400	178 715
Sub-Total	**1 377 577**	**1 446 650**	**1 602 886**	**1 612 375**	**1 661 600**	**1 715 786**	**1 580 804**	**1 599 206**	**1 623 430**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**1 377 577**	**1 446 650**	**1 602 886**	**1 612 375**	**1 661 600**	**1 715 786**	**1 580 804**	**1 599 206**	**1 623 430**

TABLE 43: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**1 325 342**	**1 377 060**	**1 426 505**	**1 563 122**	**1 460 584**	**1 466 146**	**1 467 496**	**1 480 460**	**1 499 459**
Compensation of employees	950 621	976 075	1 031 514	1 167 633	1 048 607	1 073 205	1 055 425	1 048 607	1 048 607
Goods and services	**374 715**	**400 915**	**394 990**	**395 489**	**411 977**	**392 940**	**412 071**	**431 853**	**450 852**
Communication	9 262	8 931	8 964	9 237	8 980	9 359	9 717	10 183	10 631
Computer Services	-	-	-	-	-	-	-	-	-
Consultants, Contractors and special services	2 663	2 225	2 686	2 093	2 093	2 346	2 202	2 308	2 409
Inventory	14 131	31 430	28 659	27 802	37 662	37 926	29 269	30 674	32 022

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Operating leases	1 085	1 270	2 516	1 946	2 859	2 190	2 047	2 146	2 240
Travel and subsistence	2 434	3 511	3 937	2 768	579	558	2 912	3 052	3 186
Maintenance, repair and running costs	236 383	241 683	258 166	245 260	247 345	239 189	255 107	267 353	279 116
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	108 757	111 865	90 062	106 383	112 459	101 372	110 817	116 137	121 248
Interest and rent on land	**6**	**70**	**1**	**-**	**-**	**1**	**-**	**-**	**-**
Transfers and subsidies to	**4 699**	**3 788**	**4 274**	**5 918**	**5 918**	**6 417**	**6 243**	**6 542**	**6 830**
Provinces and municipalities	2 834	1 592	2 680	2 947	2 947	3 342	3 109	3 258	3 401
Departmental agencies and accounts		-	-	2	2	1	2	2	2
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-		-	-	-	-	-	-	-
Households	1 865	2 196	1 594	2 969	2 969	3 074	3 132	3 282	3 427
Payments for capital assets	**47 536**	**65 802**	**172 107**	**43 335**	**195 098**	**243 223**	**107 065**	**112 204**	**117 141**
Buildings and other fixed structures	-		-	-	-	-	-	-	-
Machinery and equipment	47 536	65 802	172 107	43 335	195 098	243 223	107 065	112 204	117 141
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1 377 577**	**1 446 650**	**1 602 886**	**1 612 375**	**1 661 600**	**1 715 786**	**1 580 804**	**1 599 206**	**1 623 430**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**1 377 577**	**1 446 650**	**1 602 886**	**1 612 375**	**1 661 600**	**1 715 786**	**1 580 804**	**1 599 206**	**1 623 430**

PERFORMANCE AND EXPENDITURE TRENDS (EMS)

Programme 3 is allocated 3.3 % of the Vote 7 budget, the same as in the /21 revised estimate. This amounts to a decrease in the actual rand value of R 134 982 000.

UPDATED KEY RISKS AND MITIGATION FOR EMS

TABLE 44: UPDATED KEY RISKS AND MITIGATION (EMS)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Budget constraints	• Long Term Plan strategies to improve efficiencies with existing resources. • Robust monitoring of expenditure against budget. • Improve revenue generation.
Inadequate electronic information system	• Re-prioritise electronic information system for triage as part of the ICT strategy. • Implementation of a computer aided dispatch (CAD) system in EMS communication centres.
Inadequate ambulance fleet	• Prioritise procurement of ambulances (Long Term Plan) to replace old fleet. • Fleet management plan, including repairs.
Inadequate EMS infrastructure	• More effective use of existing infrastructure at facilities. • Prioritise according to need analysis and include in 10 year infrastructure plan.

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.

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTCOME INDICATORS FOR PROVINCIAL HOSPITALS

TABLE 45: OUTCOME INDICATORS (PROVINCIAL HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target 24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Improved client experience of care								
1. Patient Experience of Care satisfaction rate – Regional Hospitals	Patient surveys	**TBD**	**TBD**	**81%**	**85.1%**	**82.6%**	**83.4%**	**84.3%**
Patient experience of care survey satisfied responses		-	**-**	*4 547*	*5 020*	*4 731*	*4 825*	*4 922*
Patient experience of care survey total responses		-	**-**	*5 613*	*5 899*	*5 726*	*5 783*	*5 841*
2. Patient Safety Incident (PSI) case closure rate – Regional Hospitals	Ideal Health Facility *Ideal Health Facility information system* information system	**TBD**	**TBD**	**86%**	**93.2%**	**89%**	**90%**	**91.8%**
Patient Safety Incident (PSI) case closed – Regional Hospitals		-	**-**	*240*	*247*	*243*	*244*	*246*
Patient Safety Incident (PSI) case reported – Regional Hospitals		-	**-**	*279*	*265*	*273*	*271*	*268*
Outcome: Reduced morbidity and mortality								
3. Maternal Mortality in facility ratio - Regional Hospitals	DHIS	**TBD**	**TBD**	**107.9 / 100 000**	**80 / 100 000**	**95.5 / 100 000**	**90.5 / 100 000**	**85.6 / 100 000**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target 24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Maternal death in facility – Regional hospitals	Maternal register	-	-	*82*	*69*	*78*	*75*	*72*
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Regional hospitals	Delivery register	-	-	*76 025*	*85 380*	*81 691*	*82 902*	*84 131*
4. Death in facility under 5 years rate – Regional Hospital	DHIS	**NA**	**NA**	**4.06%**	**4%**	***4.5%***	**4.2%**	**4.1%**
Death in facility under 5 years – total – Regional hospital	*Ward register*	-	-	*1 566*	*1 441*	*1 442*	*1 405*	*1 419*
Inpatient separations under 5 – years – total – Regional Hospitals	*Ward register*	-	-	*38 610*	*36 025*	*32 044*	*33 447*	*34 263*
5. Death under 5 years against live births – Regional Hospital	*DHIS*	**TBD**	**TBD**	**2.1%**	**1.8%**	***1.8%***	**1.73%**	**1.72%**
Death in facility under 5 years total – Regional Hospital	*Midnight report*	-	-	*1 566*	*1 336*	*1 442*	*1 405*	*1 419*
Live birth in facility – Regional Hospital	*Delivery register*	-	-	*74 378*	*75 725*	*79 928*	*81 139*	*82 368*
6. Child under 5 years diarrhoea case fatality rate –Regional Hospital	DHIS	**TBD**	**TBD**	**2.4%**	**1.3%**	***1.8%***	**1.6%**	**1.4%**
Diarrhoea death under 5 years – Regional hospital	*Ward register*	-	-	*68*	*40*	*55*	*50*	*44*
Diarrhoea separation under 5 years – Regional hospital	*Ward register*	-	-	*2 874*	*3 173*	*2 990*	*3 050*	*3 111*
7. Child under 5 years pneumonia case fatality rate –Regional Hospital	DHIS	**TBD**	**TBD**	**2.4%**	**1.3%**	***2.3%***	**2.2%**	**2.1%**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target 24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Pneumonia death under 5 years – Regional Hospital	*Ward register*	-	-	*100*	*59*	*102*	*96*	*91*
Pneumonia separation under 5 years – Regional Hospital	*Ward register*	-	-	*4 241*	*4 682*	*4 378*	*4 348*	*4 321*
8. Severe acute malnutrition death under 5 years rate	DHIS	**TBD**	**TBD**	**4.9%**	**2.8%**	**3.1%**	**3.1%**	**3.0%**
Severe acute malnutrition death under 5 years – Regional Hospital	*Midnight report*	-	-	*76*	*40*	*44*	*44*	*42*
Death in facility 1 month to 5 years – Regional Hospital	*Midnight report*	-	-	*1 566*	*1 441*	*1 442*	*1 405*	*1 419*
9. Child under 5 years Severe Acute Malnutrition case fatality rate –Regional Hospital	DHIS	**TBD**	**TBD**	**9.1%**	**5.8%**	***5.8%***	**5.9%**	**5.9%**
Child under 5 years with severe acute malnutrition death – Regional Hospital	*Ward register*	-	-	*76*	*40*	*44*	*44*	*42*
Child under 5 years with severe acute malnutrition inpatient– Regional Hospital	*Ward register*	-	-	*839*	*690*	*765*	*740*	*710*
10. Death in facility under 1 year rate – Regional Hospital	DHIS	**NA**	**NA**	***5.3%***	**4.8%**	***5.1%***	**5%**	**4.6%**
Death in facility under 1 year total – Regional Hospital	*Ward register*	-	-	*1 422*	*1 296*	*1 377*	*1 350*	*1 232*
Inpatient separations under 1 year – Regional Hospital	*Ward register*	-	-	*27 059*	*27 000*	*27 000*	*27 000*	*27 000*
11. Still Birth in Facility Rate – Regional hospital	DHIS	**NA**	**NA**	**28.8 / 1 000**	**20.2 / 1 000**	***25.0 / 1 000***	**23.3 / 1 000**	**21.5 / 1 000**
Still birth in facility- Regional Hospitals	*Midnight report*	-	-	*2 2029*	*1 721*	*2 050*	*1 935*	*1 809*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target 24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Live birth in facility + still birth in facility – Regional Hospitals	*Delivery register*	-	-	*76 587*	*85 338*	*81 074*	*88 074*	*84 177*

SUB-PROGRAMME: REGIONAL HOSPITALS

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 46: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal Health Coverage								
Reduce the average length of stay to 5.3 days	**1. Average length of stay – Regional Hospital**	**6.3 Days**	**6.3 Days**	**6.2 Days**	**5.8 Days**	**6.2 Days**	**6.2 Days**	**5.9 Days**
	Inpatient days	*1 788 569*	*1 831 609*	*1 839 716*	*1 403 698*	*2 048 829*	*2 167 257*	*2 187 888*
	½ Day Patients	*28 196*	*24 908*	*23 448*	*19 492*	*31 203*	*34 982*	*39 262*
	Inpatient separations total	*288 483*	*296 541*	*301 069*	*244 466*	*333 202*	*353 218*	*374 454*
Maintain the bed utilisation rate at 75%	**2. Inpatient bed utilisation rate – Regional Hospital**	**71.7%**	**73.3%**	**73.3%**	**57.0%**	**73.5%**	**73.5%**	**74.2%**
	Inpatient days	*1 788 569*	*1 831 609*	*1 839 716*	*1 403 698*	*2 048 829*	*2 167 257*	*2 187 888*
	½ Day Patients	*28 196*	*24 908*	*23 448*	*19 492*	*31 203*	*34 982*	*39 262*
	Inpatient bed days available	*2 535 233*	*2 532 070*	*2 540 435*	*2 495 809*	*2 831 677*	*2 994 599*	*3 000 974*
Maintain the expenditure per PDE within provincial norms	**3. Expenditure per PDE – Regional Hospital**	**R 3 127**	**R 3 068**	**R 3 289**	**R 5 418**	**R 3 379**	**R 3 547**	**R 3 722**
	Expenditure – total Tertiary	*R 8 469 490*	*R 8 543 973*	R 9 187 992	R 10 736 016	*R 9 600 008*	*R10 176 008*	*R 10 786 568*

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Hospital ('000)							
	Patient day equivalents	*2 708 807*	*2 784 817*	2 793 969	1 981 712	*2 840 792*	*2 869 200*	*2 897 892*
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 – Regional Hospital**	**Not collected**	**75%**	**81.9%**	**94.8%**	**83.9%**	**84.4%**	**85.3%**
	Severity assessment code (SAC) 1 incident reported within 24 hours	-	*48*	*158*	*217*	*161*	*162*	*163*
	Severity assessment code (SAC) 1 incident reported	-	*64*	*193*	*229*	*192*	*192*	*191*
Patients and family treated with courtesy and consideration	**5. Percentage of Complaints on patient care – Regional Hospital**	**Not collected**	**43.2%**	**23.1%**	**28.0%**	**22.9%**	**22.6%**	**22.4%**
	No. of complaints on patient care	-	*361*	*325*	*290*	*319*	*312*	*306*
	Total number of complaints	-	*836*	*1 407*	*1 036*	*1 393*	*1 379*	*1 365*
Patients and family treated with courtesy and consideration	**6. Percentage of Complaints on waiting Times – Regional Hospital**	**Not collected**	**12.2%**	**26.4%**	**20.3%**	**26.2%**	**25.9%**	**25.6%**
	No. of complaints on waiting times	-	*102*	*372*	*210*	*365*	*357*	*350*
	Total number of complaints	-	*836*	*1 407*	*1 036*	*1 393*	*1 379*	*1 365*
Patients and family treated with courtesy and	**7. Percentage of Complaints on staff Attitude – Regional Hospital**	**Not collected**	**15.9%**	**13.6%**	**14.1%**	**13.4%**	**13.1%**	**12.7%**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
consideration	*No. of complaints on staff attitude*	*-*	*133*	*191*	*146*	*187*	*181*	*173*
	Total number of complaints	*-*	*836*	*1 407*	*1 036*	*1 393*	*1 379*	*1 365*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**8. Number of Health Care Associated Infections – Regional Hospital**	**Not collected**	**2**	**6**	**1**	**5**	**4**	**2**

QUARTERLY TARGETS FOR 21/22

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

Output Indicators	Annual Target 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Average length of stay – Regional Hospital	**6.2 Days**	6.2 Days	6.2 Days	6.2 Days	6.2 Days
2. Inpatient bed utilization rate – Regional Hospital	**73.5%**	73.5%	73.5%	73.5%	73.5%
3. Expenditure per PDE – Regional Hospital	**R 3 379**	R 3 379.3	R 3 379.3	R3 379.3	R 3 379.3
4. Severity assessment code (SAC) 1 incident reported within 24 hours rate– Regional Hospital	**83.9%**	83.3%	83.3%	83.3%	85.4%
5. Percentage of Complaints on patient care – Regional Hospital	**22.9%**	23%	23%	23%	22.6%
6. Percentage of Complaints on waiting Times – Regional Hospital	**26.2%**	26.4%	26.1%	26.1%	26.1%
7. Percentage of Complaints on staff Attitudes – Regional Hospital	**13.4%**	13.2%	13.5%	13.5%	13.5%
8. Number of Health Care Associated Infections – Regional Hospital	**5**	*1*	*1*	*1*	*2*

SUB-PROGRAMME: SPECIALISED TB HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 48: OUTCOME INDICATORS (TB HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Baseline (18/19)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate – TB Hospital	Patient surveys	**-**	**-**	**92%**	**97.3%**	**93.8%**	**95.2%**	**97.3%**
Patient experience of care survey satisfied responses		-	-	*131*	*145*	*136*	*139*	*145*
Patient experience of care survey total responses		-	-	*142*	*149*	*145*	*146*	*149*
2. Patient Safety Incident (PSI) case closure rate – TB Hospital	Ideal Health Facility information system	**-**	**-**	**88%**	**97.9%**	**90%**	**94%**	**98%**
Patient Safety Incident (PSI) case closed		-	-	*44*	*46*	*44*	*45*	*46*
Patient Safety Incident (PSI) case reported		-	-	*50*	*47*	*49*	*48*	*47*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

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

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal Health Coverage								
Reach an average length of stay of 60 days by	**1. Average length of stay – TB Hospital**	**48 Days**	**45 Days**	**48 Days**	**34 Days**	**60 Days**	**60 Days**	**60 Days**
	Inpatient days	*135 359*	*87 703*	*66 649*	*58 212*	*117 522*	*117 522*	*117 522*
	½ Day Patients	*94*	*2*	*-*	*2*	*2*	*2*	*2*

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
March 24	*Inpatient separations total*	*2 822*	*1 955*	*1 382*	*1 700*	*1 959*	*1 959*	*1 959*
Increase the bed utilisation rate to 36.9% by March 24	**9. Inpatient bed utilisation rate – TB Hospital**	**43.7%**	**36.5%**	**30.6%**	**14.3%**	**36.9%**	**36.9%**	**36.9%**
	Inpatient days	*135 359*	*87 703*	*66 649*	*58 212*	*117 522*	*117 522*	*117 522*
	½ Day Patients	*94*	*2*	*-*	*2*	*2*	*2*	*2*
	Inpatient bed days available	*309 736*	*240 561*	*217 807*	*204 157*	*318 142*	*318 142*	*318 142*
Maintain the expenditure per PDE within provincial norms	***10.* Expenditure per PDE – TB Hospital**	**R 4 750**	**R 6 190**	**R 8 451**	**R10 127**	**R 6 252**	**R 6 283**	**R 6 314**
	Expenditure – total Tertiary Hospital ('000)	*R 788 127*	*R 697 284*	R 697 889	R 417 827	*R 711 299*	*R 718 412*	*R 725 597*
	Patient day equivalents	*165 929*	*112 649*	82 581	41 260	*113 778*	*114 347*	*114 919*
Outcome: Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	**2. Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital**	**Not collected**	**80%**	**98.4%**	**90.0%**	**98.4%**	**99.2%**	**100%**
	Severity assessment code (SAC) 1 incident reported within 24 hours	*-*	*8*	*123*	*54*	*123*	*123*	*123*
	Severity assessment code (SAC) 1 incident reported	*-*	*10*	*125*	*60*	*125*	*124*	*123*
Patients and family treated with courtesy and consideration	**3. Percentage of complaints on patient care – TB Hospital**	**Not collected**	**11.0%**	**11.5%**	**30.9%**	**5%**	**5%**	**5%**
	No. of complaints on patient care	*-*	*13*	*26*	*42*	*12*	*11*	*10*
	Total number of complaints	*-*	*118*	*227*	*136*	*225*	*222*	*220*
Patients and family treated with courtesy and consideration	**4. Percentage of complaints on waiting Times – TB Hospital**	**Not collected**	**19%**	**40%**	**15%**	**39%**	**39%**	**39%**
	No. of complaints on waiting times	*-*	*22*	*90*	*20*	*88*	*86*	*85*
	Total number of complaints	*-*	*118*	*227*	*136*	*225*	*222*	*220*

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Patients and family treated with courtesy and consideration	**5. Percentage of complaints on staff Attitude – TB Hospital**	**Not collected**	**0.0%**	**14.1%**	**20.6%**	**13.8%**	**13.3%**	**12.9%**
	No. of complaints on staff attitude	-	-	*32*	*28*	*31*	*30*	*29*
	Total number of complaints	-	*118*	*227*	*136*	*225*	*222*	*220*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**6. Number of Health Care Associated Infections – TB Hospital**	**Not collected**	**2**	**6**	**1**	**5**	**4**	**2**

QUARTERLY TARGETS FOR 21/22

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

Output Indicators	Annual Target 21/22	Target			
		Q1	Q2	Q3	Q4
1. Average length of stay – TB Hospital	**60 Days**	60 Days	60 Days	60 Days	60 Days
2. Inpatient bed utilisation rate – TB Hospital	**36.9%**	36.9%	36.9%	36.9%	36.9%
3. Expenditure per PDE – TB Hospital	**R 6 252**	R 6 252	R 6 252	R 6 252	R 6 252
4. Severity assessment code (SAC) 1 incident reported within 24 hours rate - TB Hospital	**98.4%**	96.8%	100.0%	100.0%	96.9%
5. Percentage of Complaints on patient care – TB Hospital	**5%**	5%	5%	5%	5%
6. Percentage of Complaints on waiting Times – TB Hospital	**39%**	39%	39%	39%	39%
7. Percentage of Complaints on staff Attitudes – TB Hospital	**13.8%**	12.5%	14.3%	14.3%	14.0%
8. Number of Health Care Associated Infections – TB Hospital	**5**	1	1	1	2

SUB-PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 51: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate – Psychiatric Hospital	Patient surveys	-	-	**88.0%**	**92.6%**	**89.8%**	**90.4%**	**91.5%**
Patient experience of care survey satisfied responses		-	-	*169*	*187*	*176*	*179*	*183*
Patient experience of care survey total responses		-	-	*192*	*202*	*196*	*198*	*200*
2. Patient Safety Incident (PSI) case closure rate – Psychiatric Hospital	Ideal Health Facility information system	-	-	**94.6%**	**96%**	**95.5%**	**95.5%**	**95.5%**
Patient Safety Incident (PSI) case closed		-	-	*192*	*190*	*192*	*191*	*190*
Patient Safety Incident (PSI) case reported		-	-	*203*	*198*	*201*	*200*	*199*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

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

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Improved client experience of care								
Improve the Severity Assessment Code	**1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital**	**Not collected**	**60.0%**	**86.7%**	**80.0%**	**86.7%**	**90.0%**	**96.6%**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
(SAC) 1 incidence reported within 24 hrs rate	*Severity assessment code (SAC) 1 incident reported within 24 hours*	-	*9*	*26*	*16*	*26*	*27*	*28*
	Severity assessment code (SAC) 1 incident reported	-	*15*	*30*	*20*	*30*	*30*	*29*
Patients and family treated with courtesy and consideration	**2. Percentage of complaints on patient care – Psychiatric Hospital**	**Not collected**	**25.9%**	**42.9%**	**69.2%**	**42.3%**	**41.7%**	**41.2%**
	No. of complaints on patient care	-	*15*	*45*	*18*	*44*	*43*	*42*
	Total number of complaints	-	*58*	*105*	*26*	*104*	*103*	*102*
Patients and family treated with courtesy and consideration	**3. Percentage of complaints on waiting Times – Psychiatric Hospital**	**Not collected**	**0.0%**	**3.8%**	**0.0%**	**3.8%**	**2.9%**	**2.0%**
	No. of complaints on waiting times	-	-	*4*	-	*4*	*3*	*2*
	Total number of complaints	-	*58*	*105*	*26*	*104*	*103*	*102*
Patients and family treated with courtesy and consideration	**4. Percentage of complaints on staff Attitude – Psychiatric Hospital**	**Not collected**	**6.9%**	**13.3%**	**0.0%**	**12.5%**	**11.7%**	**10.8%**
	No. of complaints on staff attitude	-	*4*	*14*	-	*13*	*12*	*11*
	Total number of complaints	-	*58*	*105*	*26*	*104*	*103*	*102*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**5. Number of Health Care Associated Infections – Psychiatric Hospital**	**Not collected**	**29**	**10**	**-**	**8**	**6**	**4**

QUARTERLY TARGETS 21/22

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

Output Indicators	Annual Target 21/22	Target			
		Q1	Q2	Q3	Q4
1. Severity assessment code (SAC) 1 incident reported within 24 hours rate - Psychiatric Hospital	**86.7%**	85.7%	87.5%	85.7%	87.5%
2. Percentage of Complaints on patient care – Psychiatric Hospital	**42.3%**	42.3%	42.3%	42.3%	42.3%
3. Percentage of Complaints on waiting Times – Psychiatric Hospital	**3.8%**	3.8%	3.8%	3.8%	3.8%
4. Percentage of Complaints on staff Attitudes – Psychiatric Hospital	**12.5%**	11.5%	11.5%	11.5%	15.4%
5. Number of Health Care Associated Infections – Psychiatric Hospital	**8**	2	2	2	2

NOTES

SUB-PROGRAMME: CHRONIC/ SUB-ACUTE HOSPITALS

OUTCOME INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 54: OUTCOME INDICATORS (CHRONIC HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome; Improved Client Experience of Care								
1. Patient Experience of Care satisfaction rate – Chronic/Sub-acute Hospital	Patient surveys	-	-	**79%**	**83.3%**	**80.9%**	**81.1%**	**83%**
Patient experience of care survey satisfied responses		-	-	*122*	*135*	*127*	*129*	*132*
Patient experience of care survey total responses		-	-	*154*	*162*	*157*	*159*	*160*
2. Patient Safety Incident (PSI) case closure rate – Chronic/Sub-acute Hospital	Ideal Health Facility information system	-	-	**95.8%**	**100%**	**97.1%**	**98.6%**	**100.0%**
Patient Safety Incident (PSI) case closed		-	-	*136*	*137*	*136*	*137*	*138*
Patient Safety Incident (PSI) case reported		-	-	*142*	*137*	*140*	*139*	*138*

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 55: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CHRONIC HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal Health Coverage								
Increase the average length of stay to 45 days by March 24	**1. Average length of stay – Chronic/Sub-acute Hospital**	**39.1 Days**	**35.9 Days**	**33.2 Days**	**559.5 Days**	**45.0 Days**	**45.0 Days**	**45.0 Days**
	Inpatient days	*90 296*	*96 875*	*90 379*	*43 642*	*121 820*	*121 820*	*121 820*

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	½ Day Patients	*0*	*6*	*3*	*-*	*6*	*6*	*6*
	Inpatient separations total	*2 312*	*2 702*	*2 726*	*2 078*	*2 705*	*2 705*	*2 705*
Increase the bed utilisation rate to 51.9 % by March	**2. Inpatient bed utilisation rates – Chronic/Sub-acute Hospital**	**46.8%**	**51.5%**	**46.6%**	**68.3%**	**51.9%**	**51.9%**	**51.9%**
	Inpatient days	*90 296*	*96 875*	*90 379*	*43 642*	*121 820*	*121 820*	*121 820*
	½ Day Patients	*0*	*6*	*3*	*-*	*6*	*6*	*6*
	Inpatient bed days available	*192 802*	*187 996*	*194 019*	*63 875*	*234 525*	*234 525*	*234 525*
Maintain the expenditure per PDE within provincial norms	**3. Expenditure per PDE – Chronic/Sub-acute Hospital**	**R 2 490**	**R 3 277**	**R 3 761**	**R 4 970**	**R3 116**	**R3 039**	**R2 963**
	Expenditure – total ('000)	*R 381 700*	*R402 745*	*R425 973*	*R 281 067*	*R386 796*	*R379 060*	*R371 479*
	Patient day equivalents	*129 841*	*122 894*	*113 272*	*56 556*	*124 126*	*124 747*	*125 370*
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 – Chronic/Sub-acute Hospital**	**Not collected**	**0.0%**	**100.0%**	**100.0%**	**100.0%**	**100%**	**100%**
	Severity assessment code (SAC) 1 incident reported within 24 hours	*-*	*-*	*2*	*12*	*2*	*2*	*2*
	Severity assessment code (SAC) 1 incident reported	*-*	*-*	*2*	*12*	*2*	*2*	*2*

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Patients and family treated with courtesy and consideration	**5. Percentage of complaints on patient care – Chronic /Sub-acute Hospital**	**Not collected**	**20.9%**	**41.3%**	**30.8%**	**40.7%**	**40.0%**	**39.3%**
	No. of complaints on patient care	-	*9*	*38*	*8*	*37*	*36*	*35*
	Total number of complaints	-	*43*	*92*	*26*	*91*	*90*	*89*
Patients and family treated with courtesy and consideration	**6. Percentage of complaints on waiting Times – Chronic/Sub-acute Hospital**	**Not collected**	**16.3%**	**12.0%**	**0.0%**	**12.1%**	**11.1%**	**10.1%**
	No. of complaints on waiting times	-	*7*	*11*	-	*11*	*10*	*9*
	Total number of complaints	-	*43*	*92*	*26*	*91*	*90*	*89*
Patients and family treated with courtesy and consideration	**7. Percentage of complaints on staff Attitude – Chronic/Sub-acute Hospital**	**Not collected**	**20.9%**	**19.6%**	**11.5%**	**18.7%**	**17.8%**	**16.9%**
	No. of complaints on staff attitude	-	*9*	*18*	*3*	*17*	*16*	*15*
	Total number of complaints	-	*43*	*92*	*26*	*91*	*90*	*89*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**8. Number of Health Care Associated Infections – Chronic/Sub-acute Hospital**	**Not collected**	**8**	**1**	**18**	**4**	**0**	**0**

QUARTERLY TARGETS 21/22

TABLE 56: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (CHRONIC HOSPITALS)

Output Indicators	Annual Target 21/22	Target			
		Q1	Q2	Q3	Q4
1. Average length of stay – Chronic/Sub-acute Hospital	**45.0 Days**	45.1 Days	45.1 Days	45.1 Days	45.0 Days
2. Inpatient bed utilisation rate – Chronic/Sub-acute Hospital	**51.9%**	51.9%	51.9%	51.9%	51.9%
3. Expenditure per PDE – Chronic/Sub-acute Hospital	**R 3 116**	R 3 116	R 3 116	R 3 116	R 3 116
4. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital	**100.0%**	100%	100.0%	100%	100.0%
5. Percentage of complaints on patient care – Chronic/Sub-acute Hospital	**40.7%**	40.9%	39.1%	39.1%	43.5%
6. Percentage of complaints on waiting Times – Chronic/Sub-acute Hospital	**12.1%**	9.1%	13.0%	13.0%	13.0%
7. Percentage of complaints on staff Attitudes – Chronic/Sub-acute Hospital	**18.7%**	18.2%	21.7%	17.4%	21.7%
8. Number of Health Care Associated Infections – Chronic/Sub-acute Hospital	**4**	1	1	1	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.

The Department has commenced a feasibility study in /21 to review the conversion of four district hospitals to Regional Hospitals in four Districts namely: uMzinyathi, Zululand, Harry Gwala and uMkhanyakude districts. This project will continue into the 21/22 financial year.

The process of opening of Dr Pixley Ka-Isaka Seme Memorial Hospital is underway. This regional hospital, which will ultimately be staffed by 1 513 staff members, will provide much-needed specialist health services to patients referred to it by neighbouring lower-level health care facilities. The recruitment process is expected to be have been concluded by February 2021.

The effect of the planned activities will be monitored through hospital efficiencies, patient safety incident incidents and complaints

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 57: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
General (Regional) Hospitals	8 074 917	8 882 106	9 366 407	10 380 825	10 037 817	9 927 579	9 863 3	10 075 371	9 941 508
Tuberculosis Hospitals	789 489	717 542	711 352	795 934	716 040	670 894	709 719	573 442	582 722
Psychiatric-Mental Hospitals	865 678	933 737	979 725	1 037 691	1 003 802	991 394	1 011 417	1 023 606	1 033 480
Sub-acute, Step-down and Chronic Medical Hospitals	383 621	407 934	443 945	463 444	453 003	409 871	461 024	466 703	471 335
Dental Training Hospital	19 966	22 775	19 785	918	918	918	21 015	21 105	22 035
Sub-Total	**10 133 671**	**10 964 094**	**11 521 214**	**12 698 812**	**12 231 580**	**12 0 656**	**12 066 378**	**12 160 227**	**12 051 080**
Unauthorized expenditure (1st charge) not available for spending	-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Baseline available for spending after 1st charge	**10 133 671**	**10 964 094**	**11 521 214**	**12 698 812**	**12 231 580**	**12 0 656**	**12 066 378**	**12 160 227**	**12 051 080**

TABLE 58: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**9 745 629**	**10 591 438**	**11 198 706**	**12 498 704**	**11 934 985**	**11 697 413**	**11 724 989**	**11 802 450**	**11 677 561**
Compensation of employees	7 405 857	8 115 122	8 354 915	9 448 271	8 803 716	8 618 147	8 836 870	8 689 543	8 490 415
Goods and services	**2 337 152**	**2 473 812**	**2 843 410**	**3 050 429**	**3 131 265**	**3 079 242**	**2 888 115**	**3 112 903**	**3 187 142**
Communication	18 370	19 191	17 490	20 304	17 580	17 458	21 360	22 386	23 371

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Computer Services	9	219	126	526	526	394	553	580	606
Consultants, Contractors and special services	217 474	222 411	382 255	307 874	348 899	391 041	343 977	359 432	374 477
Inventory	1 148 904	1 175 465	1 277 901	1 472 117	1 566 217	1 562 237	1 220 665	1 388 660	1 387 800
Operating leases	8 719	11 060	15 529	12 000	14 935	15 547	12 758	13 363	13 951
Travel and subsistence	2 398	3 379	3 890	2 979	2 854	2 738	3 134	3 285	3 431
Maintenance, repair and running costs	16 715	16 109	15 528	14 827	14 611	14 787	14 072	14 749	15 398
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	924 563	1 025 978	1 130 691	1 219 802	1 165 643	1 075 040	1 271 596	1 310 448	1 368 108
Interest and rent on land	2 620	2 504	381	4	4	24	4	4	4
Transfers and subsidies to	**276 587**	**264 918**	**114 731**	**83 790**	**83 790**	**97 317**	**88 088**	**92 317**	**96 379**
Provinces and municipalities	-	2	-	-	-	-	-	-	-
Departmental agencies and accounts	220	130	116	98	98	123	103	108	113
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	27 467	16 464	5 479	5 643	5 643	5 657	5 643	5 914	6 174
Households	248 900	248 322	109 136	78 049	78 049	91 537	82 342	86 295	90 092
Payments for capital assets	**111 480**	**107 738**	**207 496**	**116 318**	**212 805**	**225 899**	**253 301**	**265 460**	**277 140**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	111 480	107 738	207 496	116 318	212 805	225 899	253 301	265 460	277 140
Payment for financial assets	-25	-	281	-	-	27	-	-	-
Total economic classification	**10 133 671**	**10 964 094**	**11 521 214**	**12 698 812**	**12 231 580**	**12 020 656**	**12 066 378**	**12 160 227**	**12 051 080**

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**10 133 671**	**10 964 094**	**11 521 214**	**12 698 812**	**12 231 580**	**12 020 656**	**12 066 378**	**12 160 227**	**12 051 080**

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 4)

Programme 4 is allocated 24.9 % of the Vote 7 budget, up from 23.4% in the 20/21 revised estimate. Although the % allocation increased, it amounts to an actual decrease in the Rand value of R 437 339 000.

UPDATED KEY RISKS AND MITIGATION FOR PROGRAMME 4

TABLE 59: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 4)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Medico-Legal Litigation	• 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	• Implement the Decentralized Clinical Training Programme • Centralize co-ordination of clinical outreach and in reach Programme
Global outbreaks	• 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.

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTCOMES INDICATORS ALIGNED TO THE 5 YEAR STRATEGIC PLAN

TABLE 60: OUTCOME INDICATORS (TERTIARY AND CENTRAL HOSPITALS)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Improved client experience of care								
1. Patient Experience of Care satisfaction rate – Tertiary Hospitals	Patient surveys	**TBD**	**TBD**	**74.1%**	**77.8%**	**75.6%**	**76.3%**	**77.0%**
Patient experience of care survey satisfied responses		-	-	*585*	*646*	*609*	*621*	*633*
Patient experience of care survey total responses		-	-	*790*	*830*	*806*	*814*	*822*
2. Patient Experience of Care satisfaction rate – Central Hospitals	Patient surveys	**TBD**	**TBD**	**90.0%**	**94.8%**	**91.8%**	**92.6%**	**93.7%**
Patient experience of care survey satisfied responses		-	-	*343*	*379*	*357*	*364*	*371*
Patient experience of care survey total responses		-	-	*381*	*400*	*389*	*393*	*396*
3. Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Ideal Health Facility information system	**TBD**	**TBD**	**72.1%**	**78%**	**74.6%**	**75.8%**	**76.8%**
Patient Safety Incident (PSI) case closed		-	-	*310*	*319*	*314*	*316*	*317*
Patient Safety Incident (PSI) case reported		-	-	*430*	*409*	*421*	*417*	*413*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
4. **Patient Safety Incident (PSI) case closure rate – Central Hospital**	Ideal Health Facility information system	**TBD**	**TBD**	**100%**	**100%**	**100%**	**100%**	**100%**
Patient Safety Incident (PSI) case closed		-	-	*38*	*33*	*36*	*35*	*34*
Patient Safety Incident (PSI) case reported		-	-	*38*	*33*	*36*	*35*	*34*
Outcome: Reduced morbidity and mortality								
5. Maternal Mortality in facility ratio - Tertiary Hospitals	DHIS	**TBD**	**TBD**	**355.5 / 100 000**	**304 / 100 000**	**338 / 100 000**	**322 / 100 000**	**319 / 100 000**
Maternal deaths in facility – Tertiary Hospital	*DHIS*	-	-	*29*	*25*	*27*	*26*	*26*
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Tertiary hospitals	*DHIS*	-	-	*8 158*	*8 232*	*7 995*	*8 073*	*8 152*
6. Maternal Mortality in facility ratio - Central Hospital	DHIS	**TBD**	**TBD**	**1 431.5 / 100 000**	**851.1 / 100 000**	**1 110 / 100 000**	**879/ 100 000**	**871 / 100 000**
Maternal deaths in facility – Central Hospital	DHIS	-	-	*7*	*4*	*5*	*4*	*4*
Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Central hospitals	DHIS	-	-	*489*	*470*	*451*	*455*	*459*
7. Death in facility under 5 years rate – Tertiary hospital	DHIS	**NA**	**NA**	**4.0%**	**2.8%**	**3.3%**	**3.0%**	**2.9%**
Death in facility under 5 years – total – Tertiary Hospital	*Ward register*	-	-	*229*	*194*	*233*	*227*	*224*
Inpatient separations under 5 years – total – Tertiary Hospital	*Ward register*	-	-	*5 777*	*6 929*	*7 050*	*7 553*	*7 813*
8. Death in facility under 5 years rate – Central hospital	DHIS	**NA**	**NA**	**5.7%**	**4.6%**	**5.2%**	**5.0%**	**4.7%**

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Death in facility under 5 years – total – Central Hospital	*Ward register*	-	-	*213*	*179*	*186*	*181*	*179*
Inpatient separations under 5 years – total – Central Hospital	*Ward register*	-	-	*3 754*	*3 891*	*3 579*	*3 625*	*3 776*
9. Death under 5 years against live birth rate –Tertiary Hospital	DHIS	**TBD**	**TBD**	**2.8%**	**2.4%**	**3.0%**	**2.8%**	**2.8%**
Death in facility under 5 years – total – Tertiary Hospital	DHIS	-	-	*229*	*194*	*233*	*227*	*224*
Live births in facility – Tertiary Hospital	DHIS	-	-	*8 048*	*8 135*	*7 898*	*7 976*	*8 055*
10. Death under 5 years against live birth rate –Central Hospital	DHIS	**TBD**	**TBD**	**43.6%**	**38.1%**	**41.3%**	**39.9%**	**39.1%**
Death in facility under 5 years – total – Central Hospital	DHIS	-	-	*213*	*179*	*186*	*181*	*179*
Live birth in facility – Central Hospital	DHIS	-	-	*488*	*470*	*450*	*454*	*458*
11. Child under 5 years diarrhoea case fatality rate –Tertiary Hospital	DHIS	**TBD**	**TBD**	**1.8%**	**1.2%**	**1.5%**	**1.5%**	**1.3%**
Diarrhoea death under 5 years – Tertiary Hospital	Ward register	-	-	*8*	*6*	*7*	*7*	*6*
Diarrhoea separation under 5 years – Tertiary Hospital	Ward register	-	-	*440*	*486*	*458*	*467*	*477*
12. Child under 5 years pneumonia case fatality rate –Tertiary Hospital	DHIS	**TBD**	**TBD**	**0.7%**	**1.5%**	**1.6%**	**1.7%**	**1.5%**
Pneumonia death under 5 years – Tertiary Hospital	*Ward register*	-	-	*6*	*9*	*10*	*10*	*9*
Pneumonia separation under 5 years – Tertiary Hospital	*Ward register*	-	-	*892*	*596*	*608*	*604*	*600*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
13. Child under 5 years pneumonia case fatality rate –Central Hospital	DHIS	**TBD**	**TBD**	**15.6%**	**3.3%**	**5.2%**	**5.2%**	**4.7%**
Pneumonia death under 5 years – Central Hospital	*Ward register*	-	-	*45*	*16*	*19*	*18*	*17*
Pneumonia separation under 5 years – Central Hospital	*Ward register*	-	-	*289*	*486*	*365*	*362*	*360*
14. Severe acute malnutrition death under 5 years rate – Tertiary Hospital	DHIS	**TBD**	**TBD**	**2.2%**	**0.5%**	**1.3%**	**0.9%**	**0.4%**
Severe acute malnutrition death under 5 years – Tertiary Hospital	*Midnight report*	-	-	*5*	*1*	*3*	*2*	*1*
Death in facility 1 month to 5 years – Tertiary Hospital	*Midnight report*	-	-	*229*	*194*	*233*	*227*	*224*
15. Severe acute malnutrition death under 5 years rate – Central Hospital	DHIS	**TBD**	**TBD**	**1.9%**	**0.6%**	**1.1%**	**0.6%**	**0.6%**
Severe acute malnutrition death under 5 years – Central Hospital	*Midnight report*	-	-	*4*	*1*	*2*	*1*	*1*
Death in facility 1 month to 5 years – Central Hospital	*Midnight report*	-	-	*213*	*179*	*186*	*181*	*179*
16. Child under 5 years Severe acute malnutrition case fatality rate – Tertiary Hospital	**DHIS**	**TBD**	**TBD**	**4.2%**	**0.9%**	**3.3%**	**1.8%**	**0.9%**
Child under 5 years with Severe Acute Malnutrition death – Tertiary Hospital	*Ward register*	-	-	*5*	*1*	*3*	*2*	*1*
Child under 5 years with Severe Acute Malnutrition inpatient – Tertiary Hospital	*Ward register*	-	-	*118*	*110*	*90*	*112*	*110*

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
17. Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital	**DHIS**	**TBD**	**TBD**	**23.5%**	**10%**	**14.3%**	**7.7%**	**8.3%**
Child under 5 years with Severe Acute Malnutrition death – Central Hospital	*Ward register*	-	-	*4*	*1*	*2*	*1*	*1*
Child under 5 years with Severe Acute Malnutrition inpatient – Central Hospital	*Ward register*	-	-	*17*	*10*	*14*	*13*	*12*
18. Death in facility under 1 year - Tertiary Hospital	DHIS	**NA**	**NA**	**4.39%**	**3.1%**	**3.8%**	**3.5%**	**3.2%**
Death in facility under 1 year – total – Tertiary hospital	*Ward register*	-	-	*195*	*151*	*176*	*167*	*154*
Inpatient separations under 1 year – Total – Tertiary hospital	*Ward register*	-	-	*4 445*	*4 908*	*4 625*	*4 717*	*4 812*
19. Death in facility under 1 year - Central Hospital	DHIS	**NA**	**NA**	**9.31%**	**7.8%**	**8.6%**	**8.2%**	**8.0%**
Death in facility under 1 year – total – Central Hospital	*Ward register*	-	-	*184*	*142*	*166*	*158*	*149*
Inpatient separations under 1 year – Total – Central Hospital	*Ward register*	-	-	*1 977*	*1 800*	*1 938*	*1 918*	*1 859*
20. Still Birth in Facility Rate – Tertiary Hospital	DHIS	**NA**	**NA**	**31.1 / 1 000**	**21.8 / 1 000**	**26.9 / 1 000**	**25.1 / 1 000**	**23.6 / 1 000**
Stillbirth in facility – Tertiary Hospital	*Midnight report*	-	-	*258*	*181*	*218*	*205*	*195*
Live birth in facility +stillbirth in facility – Tertiary Hospital	*Delivery register*	-	-	*8 306*	*8 131*	*8 116*	*8 181*	*8 316*
21. Still Birth in Facility Rate – Central Hospital	DHIS	**NA**	**NA**	**29.8 / 1 000**	**25.3 / 1 000**	**28.1 / 1 000**	**25.8 / 1 000**	***25.5 / 1 000***

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Stillbirth in facility – Central Hospital	*Midnight report*	-	-	*15*	*12*	*13*	*12*	*12*
Live birth + stillbirth in facility – Central Hospital	*Delivery register*	-	-	*503*	*475*	*463*	*466*	*470*

SUB-PROGRAMME: TERTIARY HOSPITALS (GREYS, KING EDWARD VIII & NGWELEZANA HOSPITALS)

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 61: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Reduce the average length of stay to 5.3 days	**1. Average length of stay – Tertiary Hospital**	**7.5 Days**	**7.9 Days**	**7.3 Days**	**7.3 Days**	**7.3 Days**	**7.2 Days**	**7.1 Days**
	Inpatient days	*405 478*	*437 438*	*438 591*	*311 968*	*469 292*	*502 143*	*537 293*
	½ Day Patients	*18 258*	*6 911*	*5998*	*8 021*	*5 992*	*5 986*	*5 980*
	Inpatient separations total	*55 144*	*56 435*	*60 566*	*44 044*	*65 411*	*70 644*	*76 296*
Maintain the bed utilisation rate at 75%	**2. Inpatient bed utilisation rate – Tertiary Hospital**	**67.8%**	**69.7%**	**74.1%**	**53.5%**	**75.1%**	**75.7%**	**76.4%**
	Inpatient days	*405 478*	*437 438*	*438591*	*311 968*	*469 292*	*502 143*	*537 293*
	½ Day Patients	*18 258*	*6 911*	*5998*	*8 021*	*5 992*	*5 986*	*5 980*
	Inpatient bed days available	*611 716*	*637 360*	*597114*	*597 870*	*632 943*	*670 917*	*711 172*
Maintain the	**3. Expenditure per PDE – Tertiary**	**R 4 038**	**R 4 049.6**	**R 4 049.63**	**R 8 975**	**R 4 438**	**R 4 647**	**R 4 865**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
expenditure per PDE within provincial norms	**Hospital**							
	Expenditure – total ('000)	*2 3 096*	*2 435 582*	*R 2 435 582*	*R 3 608 105*	*R 2 723 044*	*R 2 879 463*	*R 3 045 012*
	Patient day equivalents	*574 551*	*601 433*	*601 433*	*401 998*	*613 519*	*619 652*	*625 854*
Reduce the number of OPD New cases not referred at Regional Hospitals	**4. OPD headcount new cases not referred – Tertiary Hospital**	**35 707**	**31 956**	**39 878**	**19 246**	**27 191**	**25 083**	**23 138**
Outcome; Improved client experience of care								
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	**5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital**	***Not collected***	**78.6%**	***84.6%***	***85.2%***	**84.6%**	**88.5%**	**92.0%**
	Severity assessment code (SAC) 1 incident reported within 24 hours	-	*11*	*22*	*23*	*22*	*23*	*23*
	Severity assessment code (SAC) 1 incident reported	-	*14*	*26*	*27*	*26*	*26*	*25*
Patients and family treated with courtesy and consideration	**6. 2. Percentage of complaints on patient care – Tertiary Hospital**	**Not collected**	**25.5%**	**19.6%**	**30.8%**	**19.2%**	**18.9%**	**18.5%**
	No. of complaints on patient care	-	*50*	*42*	*28*	*41*	*40*	39
	Total number of complaints	-	*196*	*214*	*91*	*213*	*212*	211
Patients and family treated with courtesy and consideration	**7. Percentage of complaints on waiting times – Tertiary Hospital**	**Not collected**	**14.3%**	**15.9%**	**9.9%**	**15.5%**	**15.1%**	**14.7%**
	No. of complaints on waiting times	-	*28*	*34*	9	*33*	*32*	31
	Total number of complaints	-	*196*	*214*	*91*	*213*	*212*	211
Patients and family treated with courtesy	**8. Percentage of complaints on staff attitude – Tertiary Hospital**	**Not collected**	**19.9%**	**23.4%**	**14.3%**	**22.5%**	**21.7%**	**.9%**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
and consideration	*No. of complaints on staff attitude*	-	*39*	*50*	*13*	*48*	*46*	*44*
	Total number of complaints	-	*196*	*214*	*91*	*213*	*212*	*211*
Outcome: Reduced morbidity and mortality								
Reduce the number of health care associated infections	**9. Number of Health Care Associated Infections – Tertiary Hospital**	**Not collected**	**17**	**12**	**10**	**10**	**8**	**6**

QUARTERLY TARGETS FOR 21/22

TABLE 62: OUTPUT INDICATORS, ANNUAL AND QUARTERLY TARGETS (TERTIARY HOSPITALS)

Output Indicators	Annual Target 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Average length of stay – Tertiary Hospital	**7.3 Days**	7.3 Days	7.3 Days	7.3 Days	7.3 Days
2. Inpatient bed utilisation rate – Tertiary Hospital	**75.1%**	75.1%	75.1%	75.1%	75.1%
3. Expenditure per PDE – Tertiary Hospital	**R 4 438**	R 4 438	R 4 438	R 4 438	R 4 438
4. OPD headcount new cases not referred – Tertiary Hospital	**27 191**	6 798	6 798	6 798	6 797
5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital	**84.6%**	83.3%	85.7%	83.3%	85.7%
6. Percentage of complaints on patient care – Tertiary Hospital	**19.2%**	18.5%	18.9%	18.9%	.8%
7. Percentage of complaints on waiting Times – Tertiary Hospital	**15.5%**	16.7%	15.1%	15.1%	15.1%
8. Percentage of complaints on staff Attitudes – Tertiary Hospital	**22.5%**	22.2%	22.6%	22.6%	22.6%
9. Number of Health Care Associated Infections – Tertiary Hospital	**10**	1	3	3	3

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

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 63: OUTPUT PERFORMANCE INDICATORS & TARGETS (CENTRAL HOSPITAL)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Reduce the average length of stay to 5.3 days	**1. Average length of stay – Central Hospital**	**8.4 Days**	**8.7 Days**	**8.5 Days**	**10.7 Days**	**8.5 Days**	**8.4 Days**	**8.4 Days**
	Inpatient days	*201 761*	*202 388*	*191 208*	*123 336*	*208 516*	*211 656*	*212 731*
	½ Day Patients	*771*	*799*	*746*	*390*	*915*	*981*	*990*
	Inpatient separations total	*24 002*	*23 428*	*22 495*	*11 586*	*24 721*	*25 396*	*25 400*
Maintain the bed utilisation rate at 75%	**2. Inpatient bed utilisation rates – Central Hospital**	**65.6%**	**65.8%**	**62.2%**	**40.1%**	**67.8%**	**68.9%**	**69.2%**
	Inpatient days	*201 761*	*202 388*	*191 208*	*123 336*	*208 516*	*211 656*	*212 731*
	½ Day Patients	*771*	*799*	*746*	*390*	*915*	*981*	*990*
	Inpatient bed days available	*308 824*	*308 824*	*308 824*	*308 790*	*308 824*	*308 824*	*308 824*
Maintain the expenditure per PDE within provincial norms	**3. Expenditure per PDE – Central Hospital**	**R 9 354**	**R 9 456**	**R 9 240**	**R 16 144**	**R 9 456**	**R 9 456**	**R 9 456**
	Expenditure – total ('000)	*2 466 385*	*R 2 525 312*	*R 2 389 393*	*R 2 652 027*	*R 2 535 423*	*R 2 540 494*	*R 2 545 575*
	Patient day equivalents	*263 660*	*267 069*	*258 591*	*164 276*	*268 138*	*268 675*	*269 212*
Reduce the Number of OPD new cases not referred at Central Hospitals	**4. OPD Headcount new cases not referred – Central Hospital**	**Not Monitored**	**Not Monitored**	**Not Monitored**	**452**	**447**	**443**	**439**
Outcome: Improved client experience of care								
Improve the Severity Assessment Code	**5. Severity assessment code (SAC) 1 incident reported**	**New indicator**	**18.8%**	**21.1%**	**60.0%**	**21.4%**	**23.1%**	**25.0%**

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
(SAC) 1 incidence reported within 24 hrs rate	**within 24 hours rate – Central Hospital**							
	Severity assessment code (SAC) 1 incident reported within 24 hours	-	*3*	*4*	*3*	*3*	*3*	*3*
	Severity assessment code (SAC) 1 incident reported	-	*16*	*19*	*5*	*14*	*13*	*12*
Patients and family treated with courtesy and consideration	**6. Percentage of complaints on patient care – Central Hospital**	**Not collected**	**22.4%**	**21.4%**	**45.0%**	**21.0%**	**20.3%**	**19.7%**
	No. of complaints on patient care	-	*28*	*27*	*9*	*26*	*25*	24
	Total number of complaints	-	*125*	*126*	*20*	*124*	*123*	122
Patients and family treated with courtesy and consideration	**7. Percentage of complaints on waiting times – Central Hospital**	**Not collected**	**27.2%**	**21.4%**	**5.0%**	**21.0%**	**20.3%**	**19.7%**
	No. of complaints on waiting times	-	*34*	*27*	*1*	*26*	*25*	24
	Total number of complaints	-	*125*	*126*	*20*	*124*	*123*	122
Patients and family treated with courtesy and consideration	**8. Percentage of complaints on staff attitude – Central Hospital**	**Not collected**	**20.8%**	**20.6%**	**35.0%**	**19.4%**	**18.7%**	**18.0%**
	No. of complaints on staff attitude	-	*26*	*26*	*7*	*24*	*23*	22
	Total number of complaints	-	*125*	*126*	*20*	*124*	*123*	122
Reduce the number of health care associated infections	**9. Number of Health Care Associated Infections – Central Hospital**	**Not collected**	**0**	**9**	**9**	**7**	**5**	**3**

QUARTERLY TARGETS 21/22

TABLE 64: OUTPUT INDICATORS, ANNUAL AND QUARTERLY TARGETS (CENTRAL HOSPITALS)

Output Indicators	Annual Target 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Average length of stay – Central Hospital	**8.5 Days**	8.5 Days	8.5 Days	8.5 Days	8.5 Days
2. Inpatient bed utilisation rate – Central Hospital	**67.8%**	67.8%	67.8%	67.8%	67.8%
3. Expenditure per PDE – Central Hospital	**R 9 456**	R 9 456	R 9 456	R 9 456	R 9 456
4. OPD headcount new cases not referred – Central Hospital	**447**	111	112	112	112
5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	**21.4%**	21.4%	21.4%	21.4%	21.4%
6. Percentage of Complaints on patient care – Central Hospital	**21%**	21%	21%	21%	21%
7. Percentage of Complaints on waiting Times – Central Hospital	**21%**	21%	21%	21%	21%
8. Percentage of Complaints on staff Attitudes – Central Hospital	**19.4%**	19.4%	19.4%	19.4%	19.4%
9. Number of Health Care Associated Infections – Central Hospital	**7**	1	2	2	2

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.

In an effort to improve access to health services, the Department will use findings from the feasibility study to inform the creation of a Tertiary Hospital in King Cetshwayo District to service the North of KZN.

The effect of the planned activities will be monitored through hospital efficiencies, patient safety incident incidents and complaints.

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 65: 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	17/18	18/19	19/20	20/21			21/22	22/23	23,24
Central Hospital Services	*2 466 385*	2 539 378	2 389 393	2 633 323	2 673 447	2 755 912	2 542 548	2 610 560	2 532 189
Provincial Tertiary Hospital Services	2 397 738	2 558 825	2 779 776	2 795 339	2 840 681	2 835 552	2 611 577	2 572 773	2 469 771
Sub-Total	**4 864 123**	**5 098 3**	**5 169 169**	**5 428 662**	**5 514 128**	**5 591 464**	**5 154 125**	**5 183 333**	**5 001 960**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**4 864 123**	**5 098 3**	**5 169 169**	**5 428 662**	**5 514 128**	**5 591 464**	**5 154 125**	**5 183 333**	**5 001 960**

TABLE 66: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**4 754 835**	**4 960 895**	**4 975 407**	**5 311 965**	**5 341 332**	**5 422 144**	**5 054 821**	**5 078 595**	**4 892 462**
Compensation of employees	2 614 993	2 819 304	3 032 929	3 206 862	3 117 348	3 112 484	2 981 971	2 787 176	2 586 163
Goods and services	**2 139 841**	**2 140 731**	**1 942 406**	**2 105 103**	**2 223 984**	**2 309 661**	**2 072 850**	**2 291 419**	**2 306 299**
Communication	6 122	6 317	5 986	7 050	7 050	7 136	7 416	7 772	8 114
Computer Services	6 685	6 401	7 413	7 683	7 683	7 023	8 119	8 509	8 883
Consultants, Contractors and special services	930 416	882 072	666 156	809 456	876 731	972 848	850 700	975 535	1 018 459
Inventory	830 034	891 416	878 015	887 260	922 736	938 220	779 981	845 726	795 141
Operating leases	1 275	1 403	2 101	1 605	2 185	2 211	2 681	2 776	2 899

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Travel and subsistence	642	1 417	977	1 011	1 011	760	1 836	1 897	1 980
Maintenance, repair and running costs	811	733	807	830	830	713	801	839	876
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	363 856	350 972	380 951	390 208	405 758	380 750	421 316	448 365	469 947
Interest and rent on land	1	860	72	-	-	-1	-	-	-
Transfers and subsidies to	**31 646**	**83 363**	**22 593**	**40 877**	**40 877**	**37 059**	**42 086**	**44 157**	**45 687**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	59	61	109	71	71	79	75	79	82
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	31 587	83 302	22 484	40 806	40 806	36 980	42 011	44 078	45 605
Payments for capital assets	77 642	53 945	171 169	75 820	131 919	132 261	57 218	60 581	63 811
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	77 642	53 945	171 169	75 820	131 919	132 261	57 218	60 581	63 811
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**4 864 123**	**5 098 203**	**5 169 169**	**5 428 662**	**5 514 128**	**5 591 464**	**5 154 125**	**5 183 333**	**5 001 960**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**4 864 123**	**5 098 203**	**5 169 169**	**5 428 662**	**5 514 128**	**5 591 464**	**5 154 125**	**5 183 333**	**5 001 960**

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 5)

Programme 5 is allocated 10.6 % of the Vote 7 budget, down from 10.9% in the 20/21 revised estimate. This amounts to a decrease of R 437 339 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 67: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 5)

Key Risks	Risk Mitigation
Outcome: Universal health coverage	
Increase in Medico-Legal Contingent Liability	• Implementation and monitoring of the Standardization 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	• 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	• 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: Nursing Training Colleges

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

Sub-Programme 6.2: EMS Training Colleges

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

Sub-Programme 6.3: Bursaries

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

Sub-Programme 6.4: Primary Health Care Training

Provision of 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.

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 68: OUTPUT PERFORMANCE INDICATORS MTEF TARGETS (PROGRAMME 6)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Allocate bursaries to first time Health Professional students	**1. Number of Bursaries awarded to first year health professions students**	**New indicator**	**New indicator**	**New indicator**	**55 [1]**	**30**	**33**	**33**
Allocate bursaries to first year nursing students	**2. Number of Bursaries awarded to first year nursing students**	**199**	**1**	**178**	**128 [2]**	**1**	**1**	**1**
Allocate nurses to train on nurse Post Graduate Nurse Specialist programmes	**~~3.~~ Number of nurses training on Post Graduate Nurse Specialist Programmes**	**New indicator**	**New indicator**	**New indicator**	**0 [3]**	**100**	**100**	**100**
Allocate officials to train through the EMS college	**4. Number of officials training through the EMS College**	**New indicator**	**New indicator**	**New indicator**	**3 772**	**542**	**650**	**760**
Allocate officials to train through the Regional Training Centre	**5. Number of employees trained through the Regional Training Centre**	**New indicator**	**New indicator**	**New indicator**	**16 742**	**500**	**500**	**500**
Allocate bursaries to internal employees	**6. Number of internal employees awarded bursaries**	**New indicator**	**New indicator**	**New indicator**	**369 [4]**	**100**	**100**	**100**

[1] Subject to approval by the Head of Department.

[2] Intake for the Diploma in Nursing.

[3] No intake as these programmes were phased out whilst awaiting accreditation of the new programmes.

[4] Authority was granted for additional internal bursaries to be awarded.

QUARTERLY TARGETS 21/22

TABLE 69: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 6)

Output Indicators	Targets 21/22	Targets			
		Q1	Q2	Q3	Q4
1. Number of Bursaries awarded to first year health professions students	**30**	-	-	-	30
2. Number of Bursaries awarded to first year nursing students	**1**	-	-	-	1
3. Number of nurses training on Post Graduate Nurse Specialist Programmes	**100**	-	-	-	100
4. Number of officials training through the EMS College	**542**	-	-	-	542
5. Number of employees trained through the Regional Training Centre	**500**	-	-	-	500
6. Number of internal employees awarded bursaries	**100**	-	-	-	100

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

The programme 6 outputs are geared towards the outcome of universal health coverage. Programme 6 renders training and development opportunities for actual and potential employees of the department.

- Award 30 bursaries to first year health professional students. Funding for previously awarded bursaries continues for the entire duration of their studies.
- Award 1 bursaries to first year nursing students. Funding for previously awarded bursaries continues for the entire duration of their studies.
- Place 100 nurses in training on the Post Graduate Nurse Specialist Programmes by March 22. This training is for Professional Nurses that undertake specialist/post-basic training programmes, e.g. PHC, operating theatre technique, ophthalmology nursing science, etc. The target for training is based on specialist/post-basic training programmes provided through the KZN College of Nursing at its various Nursing Campuses within the department.
- 542 officials trained through the EMS College by March 22 based at McCord Hospital. This training is for existing EMS personnel and the training programmes are courses linked to EMS specific Continuous Professional Development programmes for in-service/current EMS personnel.
- Award 100 bursaries to internal employees. This is in line with the departmental Bursary Policy for part-time studies that afford internal employees an opportunity for skills development in order to enhance career pathing through the improvement of their current qualifications and to improve employee performance.
- The department is accredited by the Health Professions Council of South Africa (HPCSA) for 1 128 posts and these posts are funded though voted funds (828 posts) and through the Statutory HR and Health Professions Training and Development grant (300 posts). However, the allocation of 613 posts for January 21 was allocated by the National Department of Health instead of 564 posts. This resulted in an over allocation of interns to the department.
- In total, 155 students trained in Cuba qualified to be placed as Medical Interns in 21 in various hospitals including hospitals outside the province. Currently in Cuba there are 63 students who are still active. This year it is expected that 43 final year students will return in July 21.

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 70: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 6)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	17/18	18/19	19/	/21			21/22	22/23	23/24
Nursing Training Colleges	266 028	255 095	241 488	251 239	241 799	238 950	242 378	235 513	236 559
EMS Training Colleges	17 781	18 850	21 564	20 552	33 294	33 294	19 620	20 436	20 548
Bursaries	313 252	262 980	217 510	145 040	113 904	113 904	152 977	160 320	167 375
Primary Health Care Training	47 450	46 759	44 430	49 889	44 485	42 940	50 667	51 758	54 035
Training Other	601 539	597 946	779 581	916 544	858 889	866 868	744 456	791 506	836 102
Sub-Total	**1 246 050**	**1 181 630**	**1 304 573**	**1 383 264**	**1 292 371**	**1 295 956**	**1 210 098**	**1 259 533**	**1 314 619**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**1 246 050**	**1 181 630**	**1 304 573**	**1 383 264**	**1 292 371**	**1 295 956**	**1 210 098**	**1 259 533**	**1 314 619**

TABLE 71: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**933 698**	**908 011**	**1 067 189**	**1 224 655**	**1 148 857**	**1 151 412**	**1 037 726**	**1 078 886**	**1 126 022**
Compensation of employees	871 124	859 174	1 013 485	1 156 996	1 091 873	1 098 947	984 490	1 023 094	1 067 776
Goods and services	**62 571**	**48 836**	**53 317**	**67 659**	**56 984**	**52 464**	**53 236**	**55 792**	**58 246**
Communication	855	864	886	843	1 893	1 484	709	743	775
Computer Services	-	175	215	220	220	210	231	242	253

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Consultants, Contractors and special services	24	12	74	55	55	77	66	69	72
Inventory	4 538	3 504	3 878	4 557	6 580	6 139	5 196	5 433	5 672
Operating leases	1 107	1 123	1 315	1 418	1 418	1 403	1 452	1 522	1 589
Travel and subsistence	29 626	17 333	17 376	20 422	10 778	9 253	21 427	22 458	23 447
Maintenance, repair and running costs	2 998	3 296	2 450	2 522	2 522	2 216	2 654	2 781	2 904
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	23 423	22 529	27 123	37 622	33 518	31 682	21 501	22 544	23 534
Interest and rent on land	3	1	387	-	-	1	-	-	-
Transfers and subsidies to	**310 371**	**273 436**	**228 430**	**154 186**	**127 398**	**127 546**	**161 388**	**169 135**	**176 578**
Provinces and municipalities	15	-	-	-	-	-	-	-	-
Departmental agencies and accounts	18 850	20 868	22 036	23 248	23 248	23 248	23 248	24 364	25 436
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Households	**291 506**	**252 568**	**206 394**	**130 938**	**104 150**	**104 298**	**138 140**	**144 771**	**151 142**
Payments for capital assets	1 981	183	8 954	4 423	16 116	16 998	10 984	11 512	12 019
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 981	183	8 954	4 423	16 116	16 998	10 984	11 512	12 019
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1 246 050**	**1 181 630**	**1 304 573**	**1 383 264**	**1 292 371**	**1 295 956**	**1 210 098**	**1 259 533**	**1 314 619**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Total economic classification	1 246 050	1 181 630	1 304 573	1 383 264	1 292 371	1 295 956	1 210 098	1 259 533	1 314 619

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 6)

Programme 6 is allocated 2.5 % of the Vote 7 budget as it was in the 20/21 revised estimate. This amounts to a decrease of R 85 858 000

UPDATED KEY RISKS AND MITIGATION

TABLE 72: 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	• Implement the Decentralized Clinical Training Programme. • Centralise co-ordination of clinical outreach and in-reach Programme. • Expand accessibility to specialists through Telemedicine and other E-Health platforms
Inability to allocate bursaries to first year nursing students due to not receiving approval to train students in the basic nurse training programmes.	• Requesting of approval to train timeously from the Head: Health.
Unable to enrol students in the Post Graduate Diploma Programmes due to accreditation processes of the South African Nursing Council and the Council for Higher Education.	• Submission of curriculum documents to the South African Nursing Council and Council for Higher Education for accreditation purposes as per legislation.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme Purpose

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

There are no changes to the Programme 7 structure.

Sub-Programme 7.1: Medicine Trading Account

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

Sub-Programme 7.2: Laundry Services

Render specialised orthotic and prosthetic services.

Sub-Programme 7.3: Orthotic and Prosthetic Services

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.

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 73: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Improve linen Services Management	**1. Percentage of facilities reporting clean linen stock outs**	**3%**	**8.3%**	**14.1%**	**27.1%**	**20.3%**	**15.9%**	**14.5%**
	Number of facilities reporting clean linen stock out	*2*	*6*	10	26	*14*	*11*	*10*
	Facilities total	*73*	*72*	71	70	*69*[14]	69	69
Improved Pharmacy management	**2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)**	**94%**	**98%**	**98%**	**97%**	**100%**	**100%**	**100%**
	Pharmacies with A or B Grading	*89*	*92*	*92*	*92*	*95*	*95*	*95*
	Number of Pharmacies	*95*	*94*	*94*	*95*	*95*	*95*	*95*
Improved Pharmacy management	**3. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)**	**8.7%**	**10%**	**9%**	**5%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
	Number of medicine out of stock	*49*	*56*	82	23	*Varies*	*Varies*	*Varies*

[14] Exclusion: Facilities that do not have a requirement for linen i.e no inpatients

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Total number of tracer medicine expected to be in stock	*552*	*552*	924	462	*Varies*	*Varies*	*Varies*
Improved Pharmacy management	**4. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)**	**1.6%**	**3%**	**3%**	**2.36%**	**≤ 5%**	**≤ 5%**	**≤ 5%**
	Number of Tracer medicines stock out in bulk store	*3 614*	*8 880*	*13 045*	*6 873*	*Varies*	*Varies*	*Varies*
	Number of tracer medicines expected to be stocked in the bulk store	*224 778*	*273 882*	*433 390*	*291 266*	*Varies*	*Varies*	*Varies*

QUARTERLY TARGETS /21

TABLE 74: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 7)

Output Indicators	Targets 21/22	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Percentage of facilities reporting clean linen stock outs	**20.3%**	20.3%	20.3%	20.3%	20.3%
2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)	**100%**	98%	99%	100%	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. This programme houses a number of centralised services including the PPSD which manages the supply of pharmaceuticals and medical sundries, the provision of laundry services, as well as the provision of specialised orthotic and prosthetic services. The programme seeks to fit 80 per cent of clients needing orthotics and 80 per cent of clients needing prosthetics in 21/22. The indicator is demand driven so unable to predict with absolute certainty the actual numbers that will be fitted. Note that vaccines for Covid-19 will be supplied to the province at no cost. The plans for all additional medical supplies, staffing and other costs were still underway at the time of compiling the APP

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 75: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 7)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Medicine Trading Account	-	251 691	25 325	68 296	65 988	65 988	66 996	68 983	70 368
Laundry Services	155 762	179 481	171 809	205 049	260 586	257 035	210 082	215 538	220 779
Orthotic and Prosthetic Services	42 440	54 465	54 232	65 299	55 995	55 995	63 933	64 915	65 860
Sub-Total	**198 202**	**485 637**	**251 366**	**338 644**	**382 569**	**379 018**	**341 011**	**349 436**	**357 007**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**198 202**	**485 637**	**251 366**	**338 644**	**382 569**	**379 018**	**341 011**	**349 436**	**357 007**

TABLE 76: 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	17/18	18/19	19/20	20/21			21/22	22/23	23/24
Current payments	**189 492**	**476 931**	**249 044**	**336 777**	**376 482**	**372 064**	**333 308**	**341 363**	**348 578**
Compensation of employees	103 252	150 219	154 467	188 327	163 785	159 742	176 859	177 404	177 404
Goods and services	**86 237**	**326 710**	**94 577**	**148 450**	**212 697**	**212 322**	**156 449**	**163 959**	**171 174**
Communication	1 082	1 207	1 079	1 198	1 198	1 107	1 242	1 302	1 359
Computer Services	-	2 267	2 605	2 727	2 727	2 727	2 851	2 989	3 121
Consultants, Contractors and special services	25	317	591	424	424	328	234	256	268
Inventory	55 796	269 388	35 671	97 275	151 302	150 656	101 978	106 892	111 596

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Operating leases	128	511	499	548	548	529	517	545	569
Travel and subsistence	82	114	536	145	365	616	393	400	417
Maintenance, repair and running costs	4 331	5 104	4 975	4 879	4 879	4 668	5 111	5 357	5 593
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	24 793	47 802	48 621	41 254	51 254	51 691	44 123	46 218	48 251
Interest and rent on land	3	2	-	-	-	-	-	-	-
Transfers and subsidies to	**1 261**	**453**	**1 493**	**821**	**821**	**782**	**866**	**908**	**948**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 261	453	1 493	821	821	782	866	908	948
Payments for capital assets	**7 449**	**8 253**	**829**	**1 046**	**5 266**	**6 172**	**6 837**	**7 165**	7 481
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7 449	8 253	829	1 046	5 266	6 172	6 837	7 165	7 481
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**198 202**	**485 637**	**251 366**	**338 644**	**382 569**	**379 018**	**341 011**	**349 436**	**357 007**
Unauthorised expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Total economic classification	**198 202**	**485 637**	**251 366**	**338 644**	**382 569**	**379 018**	**341 011**	**349 436**	**357 007**

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 7)

Programme 7 is allocated 0.7% of the Vote 7 budget, which is the same as in the previous year. This amounts to an actual decrease of R 38 007 000.

UPDATED KEY RISKS AND MITIGATION

TABLE 77: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 7)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
Inadequate administration and management of Pharmaceutical Stock	• 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 standardised 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	• 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	• 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: District Hospital Services

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

Sub-Programme 8.3: Emergency Medical Rescue Services

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

Sub-Programme 8.4: Provincial 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

KEY FOR COLOUR CODING OF INDICATORS

MTSF implementation Plan indicators
National Indicators (Customised)
Provincial Indicators

OUTCOMES INDICATORS FOR PROGRAMME 8

TABLE 78: OUTCOME INDICATORS (PROGRAMME 8)

Outcome Indicator	Data Source	South Africa		Provincial		Medium Term Targets		
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	21/22	22/23	23/24
Outcome: Universal Health Coverage								
1. Percentage of the population within a 5 km radius of a health service	DHIS/GCIS	**TBD**	**TBD**	**77%**	**≥ 84%**	**≥ 84%** *(9 926 662/11 766 040)*	**≥ 84%**	**≥ 84%**

OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS

TABLE 79: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
Outcome: Universal health coverage								
Promote Preventative Maintenance activities to prevent failure	**1. Percentage of preventative maintenance expenditure**	**New**	**New indicator**	**Not reported**	**28.8%**	**40%**	**40%**	**40%**
	Expenditure on Preventative Maintenance Activities	-	-	**-**	*57 467 108*	**-**		

Outputs	Output Indicator	Audited /Actual Performance			Estimated Performance	Medium Term Targets		
		17/18	18/19	19/20	20/21	21/22	22/23	23/24
	Expenditure on Preventative Maintenance plus Day-to-day Maintenance	-	-	-	*199 685 959*	-		
New and replacement projects completed	**2. Number of new and replacement projects completed**	**15**	**11**	**1**	**4**	**25**	**9**	**1**
Upgrade and addition projects completed	**3. Number of upgrade and addition projects completed**	**22**	**14**	**30**	**24**	**30**	**15**	**5**
Renovation and refurbishment projects completed	**4. Number of renovation and refurbishment projects completed**	**16**	**12**	**12**	**3**	**25**	**12**	**10**
Jobs created through the Expanded Public Works Programme	**5. Number of jobs created through the EPWP**	**3 417**	**3 417**	**3 992**	**3 217**	**3 000**	**3 000**	**3 000**
Improved downtime of medical equipment	**6. Percentage downtime on medical equipment repaired**	**Not reported**	**Not reported**	**Not reported**	**Not reported**	**35%**	**35%**	**35%**
	Number of days equipment was reported as down/faulty	-	-	-		-	-	-
	Number of days taken to restore equipment	-	-	-		-	-	-

QUARTERLY TARGETS 21/22

TABLE 80: OUTPUT INDICATORS: ANNUAL AND QUARTERLY TARGETS (PROGRAMME 8)

Output Indicators	Targets 21/22	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	**25**	3	4	5	13
3. Number of upgrade and addition projects completed	**30**	4	6	10	10
4. Number of renovation and refurbishment projects completed	**25**	2	3	5	15
5. Number of jobs created through the EPWP	**3000**	2 000	500	250	250
6. Percentage downtime on medical equipment	**35%**	35%	35%	35%	35%

EXPLANATION OF PLANNED PERFORMANCE OVER THE MEDIUM-TERM PERIOD

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

This programme performs facilities management of community health clinics, CHCs, district hospitals, emergency medical services facilities, provincial hospitals, central and tertiary hospitals, as well as all other buildings and structures. One of the aims for 21/22 is the creation of 3 000 jobs for maintaining grounds and gardens through the Expanded Public Works Programme (EPWP). Further, the Department will undertake the completion of 30 upgrade and addition projects by March 22. These include:

- Benedictine, KwaMagwaza & Ngwelezane HVAC Installation
- Caluza Clinic - Additional Parking
- Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards: 0
- Ceza Hospital- Assessment and installation of HVAC system.
- Clairwood Hospital : COVID-19 Replacement of Perimeter Fence
- Ekubungazeleni Clinic - Re-route existing sewer line & upgrading the existing septic tank
- Greytown and Estcourt Heating, Ventilation and Air Conditioning (HVAC) Installation
- King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract)
- Kwayanguye Clinic (Kwamag)- Upgrade of sewer plant
- Ndwedwe CHC - Construction of medical waste area
- Port Shepstone Hospital - Installation of new ventilation system at Female TB ward
- Zululand District Clinics - Construction of Medical Waste Areas in 4 Clinics

Twenty-five new and replacement projects will be completed. These include (but are not limited to):

- Dr Pixley ka Isaka Seme Memorial Hospital : New 500-Bed Regional Hospital
- eThekwini District: UPS Replacement programme
- Grey's Hospital - 1600kVA transformer replacement with larger unit.
- Mahatma Gandhi - Replace Hospital Chiller
- Replacement of 8 autoclaves in 7 hospitals
- Replacement of 9 Lifts and 1 Hoist in 4 eThekwini Hospitals

- Townhill Hospital - Replacement of MV switchgear

The Department will also plan to complete 25 renovation and refurbishment projects by March 22. These include:

- Catherine Booth Hospital- Phase 1& 2 Refurbish existing wards
- Cato Manor Regional Laundry - Reseal and waterproof flat roof and skylights
- Charles Johnson Memorial Hospital - Storm damage repairs
- GJ Crookes Hospital - Upgrade the roof and plumbing in maternity ward
- King Dinuzulu Hospital - Convert Ward A,G and H into obstetric wards and refurbish Theatre for Consented Termination of Pregnancy (CTOP)
- King Edward VIII Hospital - Upgrade Nursery
- Mayor's Walk CPS - Replacement of roof and associated work
- McCords Hospital- Major refurbishment on Sinikithemba and Administration buildings
- Umphumulo Hospital - Storm Damage Repairs

PROGRAMME RESOURCE CONSIDERATIONS

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

TABLE 81: EXPENDITURE ESTIMATES (R'000) (PROGRAMME 8)

Sub-Programme	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Community Health Facilities	110 349	138 002	196 015	349 350	328 565	218 854	377 228	269 790	303 416
District Hospital Services	176 525	259 536	342 018	392 595	587 454	760 190	479 161	567 720	634 634
Emergency Medical Services	-	-	-	1 000	667	-	2 400	9 950	1 955
Provincial Hospital Services	1 017 206	1 044 354	1 010 015	634 161	1 639 403	1 649 797	542 699	656 538	601 253
Central Hospital Services	8 991	28 611	82 492	139 589	79 028	110 417	12 200	16 200	10 700
Other Facilities	209 656	290 191	223 768	273 097	504 803	400 662	300 906	291 171	340 841
Sub-Total	**1 522 727**	**1 760 694**	**1 854 308**	**1 789 792**	**3 139 920**	**3 139 920**	**1 714 594**	**1 811 369**	**1 892 799**
Unauthorized expenditure (1st charge) not available for spending	-	-	-	-	-	-	-	-	-
Baseline available for spending after 1st charge	**1 522 727**	**1 760 694**	**1 854 308**	**1 789 792**	**3 139 920**	**3 139 920**	**1 714 594**	**1 811 369**	**1 892 799**

TABLE 82: 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	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Current payments	**425 744**	**465 155**	**630 496**	**614 018**	**614 018**	**691 540**	**485 213**	**490 798**	**544 447**
Compensation of employees	59 992	65 075	79 675	113 903	91 748	83 775	89 660	85 369	85 620
Goods and services	**365 752**	**400 080**	**550 821**	**500 115**	**522 270**	**607 765**	**395 553**	**405 429**	**458 827**
Communication	-	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	**17/18**	**18/19**	**19/20**	**20/21**			**21/22**	**22/23**	**23/24**
Computer Services	-	-	100	-	-	-	-	-	-
Consultants, Contractors and special services	6 113	4 604	4 661	-	2 570	20 850	-	-	-
Inventory	12 254	33 778	35 756	19 783	21 343	32 855	20 871	21 873	22 835
Operating leases	94 583	90 660	79 131	95 482	135 968	159 049	90 535	94 184	90 000
Travel and subsistence	1 132	1 740	2 138	-	536	958	-	-	-
Maintenance, repair and running costs	-	-	-	-	-	-	-	-	-
Other including Assets<5000, training and development, property payments, operating expenditure and venues and facilities	251 670	269 298	429 035	384 850	361 853	394 053	284 147	289 372	345 992
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	**1 096 983**	**1 295 518**	**1 223 812**	**1 175 774**	**2 525 902**	**2 448 380**	**1 229 381**	**1 320 571**	**1 348 352**
Buildings and other fixed structures	1 069 333	1 249 066	928 325	904 683	2 172 004	2 239 763	1 049 853	1 311 758	1 348 352
Machinery and equipment	27 650	46 452	295 487	271 091	353 898	208 617	179 528	8 813	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	**1 522 727**	**1 760 694**	**1 854 308**	**1 789 792**	**3 139 920**	**3 139 920**	**1 714 594**	**1 811 369**	**1 892 799**
Unauthorised expenditure (1st charge)	-	-	-	-	-	-	-	-	-

Economic Classification	Audited Expenditure Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimates		
R'000	17/18	18/19	19/20	20/21			21/22	22/23	23/24
not available for spending									
Total economic classification	**1 522 727**	**1 760 694**	**1 854 308**	**1 789 792**	**3 139 920**	**3 139 920**	**1 714 594**	**1 811 369**	**1 892 799**

PERFORMANCE AND EXPENDITURE TRENDS (PROGRAMME 8)

Programme 8 is allocated 3.5 % of the Vote 7 budget, down from 6.1% in the /21 revised estimate. This amounts to a decrease of R 1 425 326 000

UPDATED KEY RISKS AND MITIGATION

TABLE 83: UPDATED KEY RISKS AND MITIGATION (PROGRAMME 8)

Key Risks	Risk Mitigation
Outcome: Universal Health Coverage	
SCM for infrastructure	• Approval and adoption of the SCM model policy for Infrastructure delivery
Delayed payments to contractors/ consultants	• Protracted payment approval process between PT, SCM and Finance.
Non availability of medical equipment	• Timeous development and approval of the procurement plan. • Improve the procurement process, • Create additional multi-year maintenance
Infrastructure not meeting Health and safety standards	• Strengthen maintenance capacity to reduce corrective maintenance costs, savings used for compliance projects • The Internal draft Infrastructure Asset Management Policy to inform level of capacitation required is in progress

INFRASTRUCTURE PROJECTS

TABLE 84: INFRASTRUCTURE PROJECTS – NEW OR REPLACED INFRASTRUCTURE

Project name	Total Project Cost	District municipality	Municipality name	Estimated construction start date	Estimated construction end date
Addington hospital - installation of a backup chiller	17 220 045	Ethekwini (eth)	Ethekwini (eth)	2021-08-16	2022-04-11
Addington hospital- replace 16 schindler lifts	18 000 000	Ethekwini (eth)	Ethekwini (eth)	2020-05-08	2021-05-07
Addington hospital: upgrade and replacement of the mv switchgears and upgrade to the distribution sy	12 500 000	Ethekwini (eth)	Ethekwini (eth)	2021-11-01	2022-04-29
Amajuba district clinics - installation of 16 standby generator sets doh	8 049 655	All Districts	All Locals	2020-11-30	2021-06-28
Amajuba district clinics - installation of 8 standby generator sets dopw	3 628 411	All Districts	All Locals	2020-08-31	2021-08-31
Benedictine hospital - laundry equipment replacement	2 149 163	Zululand (dc26)	Nongoma (kzn265)	2022-12-01	2022-12-01
Cwaka clinic: new replacement clinic	62 634 232	Umzinyathi (dc24)	Msinga (kzn244)	2022-03-04	2024-02-29
Dr pixley ka isaka seme memorial hospital : new 500-bed regional hospital	2 800 000 000	Ethekwini (eth)	Ethekwini (eth)	2015-01-19	2021-02-26
Dundee regional laundry - installation of 10 kva generator set	5 400 000	Umzinyathi (dc24)	Endumeni (kzn241)	2021-10-01	2022-03-31
Edendale hospital - replace 2 lifts at the nurses home	1 800 000	Umgungundlovu (dc22)	The msunduzi (kzn225)	2021-10-01	2021-05-31
Ethekwini district clinics - installation of standby generator sets doh	10 234 331	All Districts	All Locals	2020-08-21	2021-05-31
Ethekwini district: ups replacement programme	7 500 000	All Districts	All Locals	2021-08-02	2021-11-30
Gj crooke's hospital - replacement of maternity ward building hvac system	10 000 000	Ugu (dc21)	Umdoni (kzn212)	2022-01-17	2022-06-30
Gj crooke's hospital - replacement of operating theatre hvac system	2 400 000	Ugu (dc21)	Umdoni (kzn212)	2022-01-17	2022-06-30
Grey's hospital - 1600kva transformer replacement with larger unit.	4 062 099	Umgungundlovu (dc22)	The msunduzi (kzn225)	2021-03-23	2021-12-17
Harry gwala district clinics - installation of 14 standby generator sets dopw	7 759 644	All Districts	All Locals	2020-09-15	2021-05-31
Harry gwala district clinics - installation of 16 standby generator sets doh	7 937 765	All Districts	All Locals	2020-10-09	2021-06-04
Hopewell clinic - construction of new clinic	50 000 000	Umgungundlovu (dc22)	Richmond (kzn227)	2022-03-01	2023-02-28

Project name	Total Project Cost	District municipality	Municipality name	Estimated construction start date	Estimated construction end date
Ilembe district clinics - installation of 15 standby generator sets doh	6 600 000	All Districts	All Locals	2021-02-15	2021-09-15
King cetshwayo district clinics - installation of 15 standby generator sets doh	7 007 152	All Districts	All Locals	2021-02-15	2021-09-15
King cetshwayo district clinics - installation of 39 standby generator sets dopw	18 115 763	All Districts	All Locals	2020-12-01	2021-06-25
King edward hospital: replacement of 8 lifts	4 500 000	Ethekwini (eth)	Ethekwini (eth)	2021-10-11	2021-05-10
Kwadukuza forensic mortuary: installation of new 100 kva generator set	800 000	Ilembe (dc29)	Kwadukuza (kzn292)	2021-10-01	2022-03-31
Kwagwebu clinic : new medium clinic, mou and accommodation	78 000 000	Zululand (dc26)	Edumbe (kzn261)	2022-12-01	2024-02-29
Kwazulu provincial central landry - installation new 850 kva generator set	6 000 000	Ethekwini (eth)	Ethekwini (eth)	2021-10-01	2022-03-31
Ladysmith hospital: upgrade and replacement of mv switchgears in main substation and upgrade of the	4 100 000	Uthukela (dc23)	Alfred duma (kzn238)	2021-11-01	2022-06-30
Madadeni hospital: upgrade of the mv distribution system for reliability and protection system	2 300 000	Amajuba (dc25)	Newcastle (kzn252)	2021-12-01	2022-06-30
Madundube clinic - construct new medium clinic	90 000 000	Ilembe (dc29)	Kwadukuza (kzn292)	2022-01-03	2023-02-07
Mahatma gandhi - replace hospital chiller	2 500 000	Ethekwini (eth)	Ethekwini (eth)	2021-05-04	2021-09-30
Mahhehle / ncakubana clinic -construction of a new clinic with residence	55 000 000	Harry gwala (dc43)	Ubuhlebezwe (kzn434)	2022-07-01	2024-01-31
Mahloni clinic: construction of a medium clinic, mou and accommodation	78 000 000	Zululand (dc26)	Edumbe (kzn261)	2021-11-01	2023-02-28
Mangosuthu clinic - construction of new medium clinic	50 000 000	Zululand (dc26)	Edumbe (kzn261)	2022-12-01	2022-12-01
Midlands regional laundry - installation of new generator set	800 000	Umgungundlovu (dc22)	The msunduzi (kzn225)	2021-10-01	2022-03-31
Mpukunyoni clinic - replacement of existing clinic	50 000 000	Umkhanyakude (dc27)	Big five hlabisa (kzn276)	2022-02-28	2023-02-28
Nkungumathe - new health post	3 500 000	King cetshwayo (dc28)	Nkandla (kzn286)	2022-11-01	2023-05-31
Northern kzn tertiary hospital: phase 1 - core block	500 000 000	King cetshwayo (dc28)	Umhlathuze (kzn282)	2022-09-07	2024-03-06

Project name	Total Project Cost	District municipality	Municipality name	Estimated construction start date	Estimated construction end date
Obanjeni clinic: construction of a new clinic with residence	78 000 000	King cetshwayo (dc28)	Umlalazi (kzn284)	2022-03-01	2023-02-28
Ofafa/ ntakama clinic-construct new clinic	45 000 000	Harry gwala (dc43)	Ubuhlebezwe (kzn434)	2022-07-01	2024-01-31
Port shepstone hospital - replace two standby generators	3 500 000	Ugu (dc21)	Ray nkonyeni (kzn216)	2021-07-01	2021-09-30
Prince mshiyeni hospital - replace 7 standby generators	11 600 000	Ethekwini (eth)	Ethekwini (eth)	2021-09-16	2022-04-15
Prince mshiyeni memorial hospital -mv switchgear replacement	24 680 000	Ethekwini (eth)	Ethekwini (eth)	2021-07-01	2022-06-30
Purchase 14 portable standby disaster management generators sets	7 400 000	Umgungundlovu (dc22)	The msunduzi (kzn225)	2022-04-01	2022-10-31
Replacement of 8 autoclaves in 7 hospitals	3 010 000	All Districts	All Locals	2021-05-03	2021-10-29
Replacement of 9 lifts and 1 hoist in 4 ethekwini hospitals	10 084 695	All Districts	All Locals	2021-01-29	2021-09-29
Rk khan hospital - replace 8 patient lifts	6 400 000	Ethekwini (eth)	Ethekwini (eth)	2021-11-01	2022-10-31
Rk khan hospital - replacement of the perimeter fence	8 000 000	Ethekwini (eth)	Ethekwini (eth)	2021-05-03	2021-09-30
Rk khan hospital- mv and lv switchgear replacement	29 515 445	Ethekwini (eth)	Ethekwini (eth)	2021-09-02	2022-01-31
Shayamoya new medium clinic with nurses residence	75 658 243	Harry gwala (dc43)	Greater kokstad (kzn433)	2021-04-01	2023-03-31
St andrew's hospital - new staff accommodation	20 000 000	Ugu (dc21)	Umuziwabantu (kzn214)	2022-07-15	2023-07-17
Townhill hospital - replacement of mv switchgear	3 898 000	Umgungundlovu (dc22)	The msunduzi (kzn225)	2021-07-02	2021-12-31
Ugu district clinics - installation of 14 standby generator sets doh	6 822 325	All Districts	All Locals	2021-02-15	2021-09-14
Ugu district clinics - installation of 28 standby generator sets dopw	15 452 771	All Districts	All Locals	2020-09-30	2021-05-31
Umgungundlovu district clinics - installation of 23 generator sets doh	12 245 269	All Districts	All Locals	2020-08-21	2021-02-26
Umgungundlovu district clinics - installation of 13 standby generator sets dopw	4 752 464	All Districts	All Locals	2020-09-04	2021-05-31
Umkhanyakude district clinics - installation of 23 standby generator sets doh	12 527 386	All Districts	All Locals	2021-03-01	2021-09-30
Umkhanyakude district clinics - installation of standby generator sets dopw	11 987 831	All Districts	All Locals	2020-10-30	2021-04-30

Project name	Total Project Cost	District municipality	Municipality name	Estimated construction start date	Estimated construction end date
Umzinyathi district clinics - installation of 25 standby generator sets dopw	11 025 426	All Districts	All Locals	2020-09-30	2021-03-31
Umzinyathi district clinics - installation of 30 standby generator sets doh	14 734 364	All Districts	All Locals	2021-03-01	2021-09-23
Uthukela district clinics - installation of 14 standby generator sets dopw	7 134 692	All Districts	All Locals	2020-08-03	2021-03-26
Uthukela district clinics - installation of 15 standby generator sets doh	7 830 367	All Districts	All Locals	2020-09-30	2021-03-31
Uthukela/amajuba districts - replacement of 3 standby generator sets	1 800 000	All Districts	All Locals	2021-04-01	2021-09-30
Zululand district clinics - installation of 16 standby generator sets doh	4 800 000	All Districts	All Locals	2021-03-01	2021-03-01
Zululand district clinics - installation of 18 standby generator sets dopw	8 448 799	All Districts	All Locals	2020-08-31	2021-03-31

TABLE 85: INFRASTRUCTURE UPGRADES & ADDITIONS

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
Addington Hospital - Restoration Of Fire Services	29 088 852	eThekwini (ETH)	eThekwini (ETH)	2021-01-15	2021-11-30
Amajuba District Clinics - Installation Of 4 x kl Elevated Water Tanks	2 400 000	All Districts	All Locals	2021-04-01	2021-09-30
Amajuba District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	Amajuba (DC25)	Newcastle (KZN252)	2021-10-01	2022-06-30
Benedictine Hospital - Upgrade water reticulation	4 800 000	Zululand (DC26)	Nongoma (KZN265)	2022-10-03	2023-09-29
Benedictine Hospital: Construction of new staff accommodation - Phase 2	49 500 000	Zululand (DC26)	Nongoma (KZN265)	2022-04-01	2024-03-29
Benedictine, KwaMagwaza & Ngwelezane HVAC Installation	4 944 266	All Districts	All Locals	2020-10-01	2021-03-31
Bergville Clinic - Construction of medical waste area	800 000	Uthukela (DC23)	Okhahlamba (KZN235)	2022-03-01	2022-08-31
Bruntville CHC-Construction of a New Pharmacy, Dispensary area, walkways, parking and relocation of Par	28 900 000	Umgungundlovu (DC22)	Mpofana (KZN223)	2021-03-31	2022-06-30
Caluza Clinic - Additional Parking	1 700 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-06-01	2021-09-30
Catherine Booth Hospital - COVID-19: Alterations and Additions to	85 155 292	King Cetshwayo (DC28)	uMlalazi (KZN284)	2020-08-18	2021-04-30

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
existing wards: 0					
Cato Manor Provincial Medical Storage - Phase 2: Alterations to a double storey building	9 984 113	eThekwini (ETH)	eThekwini (ETH)	2021-10-01	2022-09-30
Ceza Hospital- Assessment and installation of HVAC system.	2 075 000	Zululand (DC26)	Ulundi (KZN266)	2020-11-30	2021-08-31
Clairwood Hospital : COVID-19 Replacement of Perimeter Fence	14 441 700	eThekwini (ETH)	eThekwini (ETH)	2021-01-11	2021-05-31
Doris Goodwin TB Hospital - COVID – 19: New EMS change rooms & bays, Parkhomes and OPD	5 500 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-04-15	2021-05-15
Driefontein Clinic - Sewer system upgrade	8 059 397	Uthukela (DC23)	Alfred Duma (KZN238)	2021-11-01	2022-11-30
Dundee Hospital - Upgrade Sewer Reticulation	8 200 000	Umzinyathi (DC24)	Endumeni (KZN241)	2022-07-14	2023-07-31
Dundee Hospital: Assessment and Upgrade of HVAC System	32 961 603	Umzinyathi (DC24)	Endumeni (KZN241)	2022-02-01	2023-01-31
Dundee Regional Laundry - Upgrade to the Regional Laundry Building	11 500 000	Umzinyathi (DC24)	Endumeni (KZN241)	2021-03-01	2022-02-28
EDumbe CHC - Construction of New EMS Wash Bay	1 583 000	Zululand (DC26)	eDumbe (KZN261)	2021-11-01	2022-07-31
EG & Usher Hospital - Install heating and cooling system in all wards, upgrade distribution boards	1 000 000	Harry Gwala (DC43)	Greater Kokstad (KZN433)	2022-01-17	2022-06-30
Ekhombe hospital - Replace existing perimeter Fence	3 374 000	King Cetshwayo (DC28)	Nkandla (KZN286)	2021-04-30	2021-10-29
Ekubungazeleni Clinic - Re-route existing sewer line & upgrading the existing septic tank	1 968 000	Zululand (DC26)	Nongoma (KZN265)	2020-12-01	2021-09-30
Emmaus hospital: Upgrade of MV and LV electrical distribution system.	1 700 000	Uthukela (DC23)	Okhahlamba (KZN235)	2021-09-01	2022-04-29
Empangeni EMS Station- Construction of New Wash Bay	1 583 000	King Cetshwayo (DC28)	uMhlathuze (KZN282)	2022-08-01	2023-07-31
EMS Institutions - New Wash Bays at Various Institutions (Stage 2-3 Fees)	25 960 000	All Districts	All Locals	2021-12-01	2022-11-30
Eshowe hospital - Replace existing perimeter fence	1 269 000	King Cetshwayo (DC28)	uMlalazi (KZN284)	2021-04-30	2021-10-29
Estcourt Hospital: Upgrade of electrical distribution system.	500 000	Uthukela (DC23)	Inkosi Langalibalele (KZN237)	2021-07-01	2022-02-28
Ethekwini District EMS - Construction of 5 Ambulance Base Wash-bays	10 000 000	eThekwini (ETH)	eThekwini (ETH)	2021-10-01	2022-06-30
Ex Boys Model School - New Staff Carports	1 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-11-01	2022-02-28

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
Ex Boys Model School- Installation of archive containers for SCM	1 500 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-05-03	2021-07-30
Fort Napier Hospital - Repair Existing, roofs and alterations to Ward A and 1	1 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-01-14	2022-07-15
Fort Napier Hospital - Upgrade and Replacement of MV Switchgears	3 700 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-08-01	2023-05-31
General Justice Gizenga Mpanza Hospital - Covid-19 Modifications to the old Maternity Unit	36 000 000	iLembe (DC29)	KwaDukuza (KZN292)	2021-05-03	2021-09-30
General Justice Gizenga Mpanza Hospital - Replacement of perimeter fence	12 000 000	iLembe (DC29)	KwaDukuza (KZN292)	2021-11-01	2022-03-31
GJGMRH (Stanger) - Conversion from Water to Air-cooled	15 000 000	iLembe (DC29)	KwaDukuza (KZN292)	2022-10-03	2023-11-30
GJGMRH (Stanger) -Upgrade and Replacement of the MV switchgears and upgrade to the distribution syst	3 500 000	iLembe (DC29)	KwaDukuza (KZN292)	2022-10-03	2023-03-31
Grey's Hospital - waiting area for PPT	7 500 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-02-07	2023-02-07
Grey's Hospital- Restoration of HVAC System Phase 1	32 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-08-01	2023-11-30
Greytown and Estcourt HVAC Installation	2 569 494	All Districts	All Locals	2020-08-11	2021-06-30
Harry Gwala District - Installation Of 19 x kl Elevated Water Tanks	6 186 483	All Districts	All Locals	2021-05-03	2021-10-29
Harry Gwala District EMS - Construction of 2 Ambulance Base Wash-bays	4 000 000	Harry Gwala (DC43)	Ubuhlebezwe (KZN434)	2021-10-01	2022-06-30
Hlabisa EMS Station - Construction of New Wash Bay	1 583 000	Umkhanyakude (DC27)	Big Five Hlabisa (KZN276)	2021-12-03	2022-07-31
Hlabisa Hospital- Upgrade OPD	234 600 500	Umkhanyakude (DC27)	Big Five Hlabisa (KZN276)	2018-03-15	2021-10-31
Ilembe District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	iLembe (DC29)	KwaDukuza (KZN292)	2021-10-01	2022-06-30
Ilembe District: Replacement of perimeter fence in 10 clinics	4 692 109	All Districts	All Locals	2020-09-18	2021-05-31
Installation and upgrading of sewage disposal facilities in Midlands Region (Amajuba)	12 700 000	All Districts	All Locals	2023-03-01	2024-03-29
Installation of Carports at Harding and Park Rynie Mortuary	1 500 000	All Districts	All Locals	2022-01-10	2022-06-30

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
Itshelejuba hospital - Replacement of existing Perimeter fence	7 573 415	Zululand (DC26)	UPhongolo (KZN262)	2020-11-10	2021-04-12
King Cetshwayo District - Installation Of 21 x kl Elevated Water Tanks	11 400 000	All Districts	All Locals	2021-06-01	2021-12-15
King Cetshwayo District - Replace perimeter fence in 16 clinics	6 064 251	All Districts	All Locals	2020-09-18	2021-08-31
King Cetshwayo District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	King Cetshwayo (DC28)	uMhlathuze (KZN282)	2021-10-01	2022-06-30
King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract)	106 686 785	eThekwini (ETH)	eThekwini (ETH)	2021-10-01	2021-04-30
King Dinuzulu Hospital: New Helistop	13 204 723	eThekwini (ETH)	eThekwini (ETH)	2022-01-17	2023-05-16
King Dinuzulu Hospital: Replace chiller, Level 1 Hospital. Additions to A/C TB Multi-storey.	10 232 363	eThekwini (ETH)	eThekwini (ETH)	2021-05-03	2022-04-29
King Edward-Upgrade and Additions to Maternity and Labour Wards	200 000 000	eThekwini (ETH)	eThekwini (ETH)	2022-05-02	2023-10-31
KwaMashu Poly CHC - Replacement of Fencing	2 667 211	eThekwini (ETH)	eThekwini (ETH)	2021-04-12	2022-06-30
Kwayanguye Clinic (Kwamag)- Upgrade of sewer plant	2 312 828	King Cetshwayo (DC28)	Mthonjaneni (KZN285)		
KwaZulu Provincial Central Laundry - Erect additional ablutions and provide parking space	1 972 642	eThekwini (ETH)	eThekwini (ETH)	2022-12-01	2022-12-01
Ladysmith Hospital: 72 HR Water and Fire Storage Upgrade	10 653 679	Uthukela (DC23)	Alfred Duma (KZN238)	2021-04-01	2022-03-31
Madadeni Hospital - Replacement of Steam Line	41 274 296	Amajuba (DC25)	Newcastle (KZN252)	2021-03-22	2022-07-25
Madadeni Hospital- Replacement of Reservoir tank	31 000 000	Amajuba (DC25)	Newcastle (KZN252)	2021-10-08	2023-04-28
Mahatma Gandhi Memorial Hospital - Replace aircon unit to high care NICU	6 030 420	eThekwini (ETH)	eThekwini (ETH)	2021-10-01	2022-03-31
Mbongolwane hospital- Replace existing perimeter fence	5 011 000	King Cetshwayo (DC28)	uMlalazi (KZN284)	2021-04-30	2021-10-29
Midlands Regional Laundry - Major Upgrades and Additions to the Laundry	50 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-12-01	2022-12-01
Mosvold Hospital - Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	200 370 720	Umkhanyakude (DC27)	Jozini (KZN272)	2022-10-03	2024-03-29
Mseleni hospital - Replacement of existing Perimeter fence	3 633 503	Umkhanyakude (DC27)	Umhlabuyalingana	2020-11-12	2021-04-12

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
			(KZN271)		
Mseleni Hospital - Sewer Upgrade	9 100 000	Umkhanyakude (DC27)	Umhlabuyalingana (KZN271)	2022-07-01	2023-06-30
Murchison Hospital - Replace Theatre HVAC System	6 829 584	Ugu (DC21)	Ray Nkonyeni (KZN216)	2021-05-03	2022-01-31
Murchison Hospital- Alterations and Renovations to Staff Accommodation	33 137 000	Ugu (DC21)	Ray Nkonyeni (KZN216)	2021-10-01	2023-07-31
Murchison Hospital: Installation of Fencing	4 000 000	Ugu (DC21)	Ray Nkonyeni (KZN216)	2021-06-01	2022-01-31
Natalia Building - New Staff Carports	2 500 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-12-01	2021-04-30
Natalia Building - Security Upgrade	14 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-12-01	2022-12-01
Ndwedwe CHC - Construction of medical waste area	800 000	iLembe (DC29)	Ndwedwe (KZN293)	2021-04-01	2021-09-30
Ndwedwe EMS Station - Construction of New EMS Wash Bay	1 583 000	iLembe (DC29)	Ndwedwe (KZN293)	2021-11-01	2022-07-31
Newcastle Hospital - Package C - Perimeter Fencing , Lighting, Roof Coverings , Medical Waste Room	38 000 000	Amajuba (DC25)	Newcastle (KZN252)	2021-06-04	2023-03-31
Newcastle Hospital - Installation of NICU HVAC system	1 300 000	Amajuba (DC25)	Newcastle (KZN252)	2021-08-02	2022-07-29
Newcastle Hospital -Package D-CCTV cameras and access control, heat pumps ,fire detection	61 000 000	Amajuba (DC25)	Newcastle (KZN252)	2021-10-11	2023-04-28
Newcastle Hospital -Installation of packaged HVAC units to Theatres 1, 2, 3 and 4	21 700 000	Amajuba (DC25)	Newcastle (KZN252)	2021-08-02	2022-07-29
Nkandla Hospital - Construction of New EMS Wash Bay	1 583 000	King Cetshwayo (DC28)	Nkandla (KZN286)	2021-11-01	2022-11-01
Nkandla hospital - Replace existing perimeter fence	5 055 000	King Cetshwayo (DC28)	Nkandla (KZN286)	2021-04-30	2021-10-29
Nkonjeni Hospital - Build a new Neonatal facility & renovate existing	89 900 000	Zululand (DC26)	Ulundi (KZN266)	2020-07-03	2022-06-03
Nkonjeni Hospital - New flats to accommodate 75 staff (nursing staff & student)	120 000 000	Zululand (DC26)	Ulundi (KZN266)	2022-04-01	2024-03-29
Nkonjeni Hospital - Replacement of the Perimeter Fence	3 975 880	Zululand (DC26)	Ulundi (KZN266)	2020-11-04	2021-04-05

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
Northdale Hospital - Renovate Existing Nurses Home and Construct new 28 Unit	122 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-10-01	2023-09-29
Nseleni CHC- New HR Offices, additional clinical space, guardhouse & general waste	10 000 000	King Cetshwayo (DC28)	uMhlathuze (KZN282)	2022-09-01	2023-08-31
Ntabeni Clinic - Replacement of perimeter security fencing	35	Ugu (DC21)	Ray Nkonyeni (KZN216)	2021-04-01	2021-07-30
Oqaqeni Clinic - Replacement of Fencing	1 155 240	iLembe (DC29)	Maphumulo (KZN294)	2021-08-02	2021-11-30
Osindisweni Hospital - New Decentralized MDR Unit	127 108 104	eThekwini (ETH)	eThekwini (ETH)	2021-04-12	2023-04-11
Osindisweni Hospital - Perimeter security fence to be installed	7 876 572	eThekwini (ETH)	eThekwini (ETH)	2021-08-02	2022-01-31
Pietermaritzburg Assessment and Therapy Centre- Construction of a new Care-Giver Lodger Facility	10 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2023-04-15	2023-12-15
Port Shepstone Hospital - Installation of new ventilation system at Female TB ward	1 068 144	Ugu (DC21)	Ray Nkonyeni (KZN216)	2021-04-12	2021-12-20
Prince Mshiyeni Hospital - Installation of the HVAC redundancy in 3 theatres	5 000 000	eThekwini (ETH)	eThekwini (ETH)	2022-01-03	2022-09-30
Queen Nandi Regional Hospital: Replacement of 1600 kVA transformer	1 200 000	King Cetshwayo (DC28)	uMhlathuze (KZN282)	2021-11-01	2022-04-30
R K Khan Hospital - Replacement of 2x Cooling Towers	18 000 000	eThekwini (ETH)	eThekwini (ETH)	2022-01-31	2023-01-31
Rietvlei Hospital - Upgrade of Water and Sewer System	24 000 000	Harry Gwala (DC43)	Greater Kokstad (KZN433)	2022-04-01	2024-03-29
Riverside Clinic: New septic tank	600 000	Harry Gwala (DC43)	Ubuhlebezwe (KZN434)	2022-02-01	2022-10-31
Sokhela Clinic- Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	31 000 000	Harry Gwala (DC43)	Dr Nkosazana Dlamini Zuma (KZN436)	2021-11-01	2022-10-31
St Aidan's Hospital: Assessment and Upgrading of the central A/C system & Establish Haemodialysis	16 000 000	eThekwini (ETH)	eThekwini (ETH)	2022-05-02	2023-05-01
St Apollinaris Hospital - Reconfigure Existing Building to provide for Neonatal Nursery	84 000 000	Harry Gwala (DC43)	Dr Nkosazana Dlamini Zuma (KZN436)	2022-02-01	2023-08-31

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
Thembalesizwe Clinic - New Lilliput treatment works	1 000 000	Ugu (DC21)	Ray Nkonyeni (KZN216)	2022-01-03	2022-09-30
Townhill Hospital - Repairs to sewer system Phase II	3 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-08-02	2022-12-01
Townhill Hospital: Replacement of Sport and Recreational Facilities	10 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2023-03-01	2024-02-29
Townhill Office Park - Additional parking	2 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2022-04-01	2022-09-30
Townhill Office Park - Construct New IT Store	3 500 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-07-15	2022-01-15
Turton CHC- Construction of New EMS Wash Bay	1 583 000	Ugu (DC21)	Umzumbe (KZN213)	2021-11-01	2022-07-31
Ugu District - Installation Of x kl Elevated Water Tanks	8 800 000	All Districts	All Locals	2021-04-01	2021-09-30
Ugu District - Replacement of perimeter fence in 21 facilities	6 465 860	All Districts	All Locals	2020-10-01	2021-07-30
Ugu District EMS - Construction of 4 EMS Ambulance Base Wash-bays	8 000 000	Ugu (DC21)	Umzumbe (KZN213)	2021-10-01	2022-06-30
Umgungundlovu District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	Umgungundlovu (DC22)	The Msunduzi (KZN225)	2021-10-01	2022-06-30
Umkhanyakude District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	Umkhanyakude (DC27)	Jozini (KZN272)	2021-10-01	2022-06-30
Umkhanyakude District - Installation Of 12 x kl Elevated Water Tanks	5 089 871	All Districts	All Locals	2020-08-31	2021-08-31
Umphumulo Hospital: Replacement of perimeter fence	3 737 500	iLembe (DC29)	Maphumulo (KZN294)	2022-04-01	2022-07-29
Umzinyathi District Clinics - Installation Of 10 x kl Elevated Water Tanks	6 000 000	All Districts	All Locals	2021-05-03	2021-11-30
Umzinyathi District EMS - Construction of 3 Ambulance Base Wash-bays	6 000 000	Umzinyathi (DC24)	Endumeni (KZN241)	2021-10-01	2022-06-30
Untunjambili Hospital - New Staff Accommodation	40 000 000	iLembe (DC29)	Maphumulo (KZN294)	2022-09-01	2023-09-30
Uthukela District - Installation of 15 x kl elevated water tanks.	10 200 000	All Districts	All Locals	2021-05-03	2021-10-29
Uthukela District EMS - Construction of 3 EMS Ambulance Base Wash-bays	6 000 000	Uthukela (DC23)	Alfred Duma (KZN238)	2021-10-01	2022-06-30
Vryheid Hospital: Design, Supply Install And Commission Of Non-Water Air Cooled Air Conditioning Unit	3 000 000	Zululand (DC26)	Abaqulusi (KZN263)	2022-12-01	2022-12-01
Wentworth Hospital - Investigate and Implement Requirements for Fire	63 941 229	eThekwini (ETH)	eThekwini (ETH)	2021-05-27	2023-05-26

Project Name	Total Project Cost	District Municipality	Municipality Name	Estimated Construction Start Date	Estimated Construction End Date
and Emergency Services					
Wentworth Hospital - Replacement of Existing Security Fence	12 000 000	eThekwini (ETH)	eThekwini (ETH)	2021-03-01	2021-05-31
Wentworth Hospital- Restoration of HVAC system supplying theatre	9 000 000	eThekwini (ETH)	eThekwini (ETH)	2021-10-28	2022-10-28
Zululand District - Installation Of 18 x kl Elevated Water Tanks	10 800 000	All Districts	All Locals	2021-04-01	2021-09-30
Zululand District Clinics - Construction of Medical Waste Areas in 4 Clinics	3 200 000	All Districts	All Locals	2021-07-01	2021-10-29
Zululand District EMS: Construction of 5 Ambulance Base Wash-bays	10 000 000	Zululand (DC26)	Ulundi (KZN266)	2021-10-01	2022-06-30
Zululand District -Replace perimeter fence in 22 Clinics	7 653 233	All Districts	All Locals	2020-08-03	2021-06-30

PUBLIC PRIVATE PARTNERSHIPS

TABLE 86: 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 . The total obligation to remaining period is R691 360	The 18 months contract extension with Impilo Consortium (Pty) Ltd will terminate on the 31 July 21

STATE AIDED FACILITIES

TABLE 87: STATE AIDED FACILITIES

Organisation	District	Type of Service	20/21	21/22
				Apr 21 - Mar 22
Genesis care centre	Ugu	Step down	3 034 642	3 034 000
Ekukhanyeni clinic	Ethekwini	Step down	1 186 263	1 186 000
Ethembeni care centre	King cetshwayo	Step down	5 334 370	5 334 000
Philanjalo hospice	Umzinyathi	Step down	2 822 168	2 822 000
Bekimpelo trust	Ethekwini	Primary health	9 720 924	7 662 000
Enkumane clinic	Umgungundlovu	Primary health	313 255	314 000
Matikwe clinic	Ethekwini	Primary health	557 921	558 000
Philakade tlc	Ethekwini	Primary health	1 313 457	1 314 000
Mountain view	Zululand	Primary health	5 643 000	3 989 000
Dpsa - community based rehab	All	Disability & rehab	1 074 861	1 074 000
Dpsa - wheelchair repair	All	Disability & rehab	987 071	987 000
Kzn blind & deaf society	Zululand	Disability & rehab	955 241	955 000
Magaye visually impaired	Umgungundlovu	Disability & rehab	597 026	597 000
Clermont day care centre	Ethekwini	Mental health	451 352	468 000
Hlanganani ngothando	Harry gwala	Mental health	423 541	421 000
Ikwezi welfare organization	Ilembe	Mental health	1 397 444	1 823 000
John peattie house	Umgungundlovu	Mental health	1 412 594	1 750 000
Lynn house	Umgungundlovu	Mental health	709 222	529 000
Rainbow haven	Umgungundlovu	Mental health	473 674	604 000

Organisation	District	Type of Service	20/21	21/22
				Apr 21 - Mar 22
Scadifa centre	Ethekwini	Mental health	1 104 826	1 458 000
Solid foundation	Umkhanyakude	Mental health	745 502	745 000
Sparkes estate	Ethekwini	Mental health	1 312 263	1 677 000
St lukes home	Ilembe	Mental health	528 846	604 000
Sunfield home	Umgungundlovu	Mental health	311 617	277 000
Duduza care centre	Umzinyathi	Palliative care	437 091	437 000
Estcourt hospice	Uthukela	Palliative care	609 305	609 000
Highway hospice	Ethekwini	Palliative care	821 730	821 000
Howick hospice	Umgungundlovu	Palliative care	674 698	674 000
South coast hospice	Ugu	Palliative care	207 765	420 000
Tender loving care	Harry gwala	Palliative care	255 523	268 000
Umsunduzi hospice	Umgungundlovu	Palliative care	1 586 156	1 100 000
Austerville halfway house	Ethekwini	Mental health	640 012	327 500
Azalea house	Ethekwini	Mental health	591 056	302 000
Happy hours amaoti	Ethekwini	Mental health	602 997	327 500
Happy hours durban north	Ethekwini	Mental health	527 771	273 000
Happy hours kwaximba	Ethekwini	Mental health	482 398	234 000
Happy hours mpumulanga	Ethekwini	Mental health	482 398	249 500
Happy hours ninikhona	Ilembe	Mental health	300 742	163 500
Happy hours nyangwini	Ugu	Mental health	316 569	101 000
Happy hours phoenix	Ethekwini	Mental health	300 901	156 000
Jona vaughn centre	Ethekwini	Mental health	2 805 386	1 531 500
Madeline manor	Ethekwini	Mental health	1 034 049	529 000

Organisation	District	Type of Service	20/21	21/22
				Apr 21 - Mar 22
Umlazi halfway house	Ethekwini	Mental health	320 006	163 500
Create	Umgungundlovu	Disability & rehab	New	500 000
Ikhayalethu health & educational centre	Umkhanyakude	Disability & rehab	New	500 000
Indlu youkuphephela skills training institute	Ugu	Mental health	New	178 000
Othandweni cerebral palsy organisation	Ugu	Mental health	New	157 000
Ramakrishna umzamo home	Ethekwini	Mental health	New	729 000
Still a time	Ethekwini	Mental health	New	206 000
Hillcrest aids centre trust	Ethekwini	Palliative care	New	800 000
Holy cross hospice	King cetshwayo	Palliative care	New	800 000
Kwahilda ongcwele	Amajuba	Palliative care	New	150 000
Ladysmith hospice	Uthukela	Palliative care	New	500 000
La gratitude	Amajuba	Palliative care	New	150 000
Thembalethu care organisation	Uthukela	Palliative care	New	214 000
Woza moya organisation	Harry gwala	Palliative care	New	300 000

The State Aided Institutions components coordinates funding to not-for-profit institutions (NPI's) that support, supplement, complement, extend, expand and/or strengthen our services of prioritized programmes, viz., palliative / hospice care services, step down care services, mental health care services, disability & rehabilitation services, and primary health care services.

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 18)	Not Applicable	Not Applicable	Not required for Strategic Plan -25	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 performanc	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

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									
	e												
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 19	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 19	Not Applicable	Not required for Strategic Plan -25	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 -25	Not Applicable	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Higher	DHS Manager	1
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 -25	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
Percentage of hospitals with functional hospital boards	Improve quality of services at Hospitals conducting	Attendance Registers of meetings	Number of functional Hospital Boards	Number of Hospitals	Not required for Strategic Plan -25	Attendance Registers are accurately kept	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five	Higher	Corporate Services and DDG: CMS	2

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									
	regular meetings with functional Hospital Boards	of hospital boards								year target			
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
Number of CHWs contracted into the health system	The number of CHWs appointed on contract during year	CHW database / Persal	N/A	N/A	CHW database/ Persal	None	None	All Districts	Number	Annual	Higher number improves coverage.	Executive Support Manager	1

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									
	of reporting.												
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 assessment 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
Percentage of hospitals implementing the E-Health System	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	Total number of hospitals with an electronic system to record clinical codes	Total number of hospitals	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 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

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 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
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 assessment 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
Percentage procurement spend on women owned businesses	Proportion of spend on women owned businesses compared to the total procurement spend on all businesses	SCM	Numerator =Procurement spend on women owned businesses	Denominator = Procurement spend on all businesses	Accuracy dependent on quality of data	Percentage procurement spend on women owned businesses	Women 100%	District Wide	Percentage	Quarterly	Increase	Office of the CFO	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 -25	Accuracy dependent of reporting of data into the system	Not Applicable	All Districts	percentage	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	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 – 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
TB Rifampicin Resistant/MDR /pre-XDR treatment success rate –	TB Rifampicin Resistant/MDR /pre-XDR clients successfully	DR-TB Clinical stationery; EDR Web	TB Rifampicin Resistant /MDR/pre-XDR client	TB Rifampicin Resistant/MDR/pre-XDR start on treatment –	DR-TB Clinical stationery EDR Web	Accuracy dependent on quality of	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	TB Programme Manager	2

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									
long	completing treatment as a proportion of TB Rifampicin Resistant/MDR /pre-XDR clients started on treatment		successfully complete treatment – long regime	long regime		data submitted by health facilities							
All DS-TB Client Death Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently died as a proportion of all those in the treatment outcome cohort	DS -TB Clinical stationery;TIER .Net	All DS- TB client died	All DS- TB patients in treatment outcome cohort	Not required for Strategic Plan -25	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	Lower	TB Programme Manager	Not required for Strategic Plans
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

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 viral load suppressed rate at 12 months	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 at 12 months	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 dependant on Individuals self-reporting HIV-positive status and/or individuals with detectable ART metabolites among all PLHIV (antibod	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

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									
						y test)							
ART client remain on ART end of month - sum	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)] remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to	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

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									
	follow-up (LTF) + Transfer out (TFO)]												
HIV incidence	New HIV infections in the general population.	ASSA08 projections	ASSA08 published projections		Not routinely collected therefore using ASSA08 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
HIV prevalence among 15 -24 year old pregnant women	TBD	Thembisa Model	HIV positive pregnant women aged 15 to 24 years	TBD	TBD	TBD	Women 100%	All districts	%	Annual	Decrease	HAST/AWG 10	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
ART Death Rate at 6 months	ART cumulative death - total as a proportion of ART start minus cumulative transfer out	ART Register; TIER.Net; DHIS	ART cumulative death at 6 months - total	ART start minus cumulative transfer out	ART Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by	Not Applicable	All Districts	Not required for Strategic Plans	Annual progress against the five year target	Lower	HIV/AIDS Programme Manager	Not required for Strategic Plans

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									
						health facilities							
ART adult death rate a 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 at 6 months	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 transfer out	HIV registers; TIER.Net	ART child cumulative death at 6 months	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
ART adult remain in care rate at 12 months	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 at 12 months - 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 at 12 months	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 at 12 months - 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

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									
All DS-TB client lost to follow-up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	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 by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	TB Programme Manager	2
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
Number of patients 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	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 Cumulative year to date	Quarterly		TB Programme Manager	2

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									
	screening tool as per National TB Guideline												
Number of 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	Number, Cumulative Year to date	Quarterly	Higher percentage number indicates an increased population, knowing their HIV status.	HIV/AIDS Managers	2
ART adult remain on ART end of period	Total adults remaining on ART (Adult TROA) at the end of the reporting month are the sum of the following: -Any adult that has a current regimen in the column designating the month you are reporting on.	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

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									
	-Any adult client that has a star without a circle (someone who is not yet considered loss to follow-up (LTF) in the column designating the month you are reporting on. Clients remaining on ART equals [naïve (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]												
ART child under 15 years remain on ART end of period	Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month are the sum of the following: -Any child	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

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									
	under 15 years that has a current regimen in the column designating the month you are reporting on. -Any child under 15 years that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on. Clients remaining on ART equals [naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + lost to follow-up (LTF) + Transfer out (TFO)]												
Male Urethritis	Male urethritis	PHC Register	SUM [(Male	SUM [(Male	N	None	100% Male	No	Ratio per	Quarterly	Decrease	HIV/AIDS	2

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									
syndrome incidence	syndrome cases reported per 1 000 male population 15-49 years.		urethritis syndrome treated – new episode)]	population 15-49 years)]					1 000	(annualised)	in male urethritis incidence indicates effective prevention programmes and safer sexual behaviour	Manager	

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	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	1, 4 & 5

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									
	in facility												
Neonatal death in facility rate	Infants 0-28 days who died during their stay in the facility per 1 000 live births in facility	Delivery register, Midnight report	Neonatal deaths (under 28 days) in facility (Death in facility 0-6 days] + [Death in facility 7-28 days)	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
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
Infant PCR test positive at birth rate	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth	Delivery register, Midnight report	Infant 1st PCR test positive at birth	Infant 1st PCR test at birth	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	New born children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	PMTCT Programme	2
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% Childr en	All Districts	Cumulative (year-to-date)	Quarterly	Lower	PMTCT Programme	2
Death in facility under 5	Children under 5 years who died during their stay in	Midnight census; Admission,	SUM([Death in facility under 5	SUM([Death in facility 0-7 days]) +	Midnight census; Admission,	Non	100% Children under 5	No	%	Quarterly	Lower rate desired – fewer	MNCWH Manager	2,4,5

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									
years rate	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.	Discharge & Death registers	year total])	SUM([Death in facility 8-28 days]) + SUM([Death in facility 29 days-11 months]) + SUM([Death in facility 12-59 months]) + SUM([Inpatient discharge under 5 years]) + ([Inpatient transfers out under 5 years])	Discharge & Death registers		years				children under-5 years dying in public health facilities.		
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	%	Annual progress against the five year target	Lower	MCWH&N Programme	2, 4 & 5
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 facilities	100% Children	All Districts	%	Quarterly	Lower	MCWH&N Programme	2,4,5
Child under 5 years pneumonia case fatality	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under	Ward register	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted	100% Children	All Districts	%	Quarterly	Lower	MCWH&N Programme	2,4,5

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	5 years in health facilities					by health facilities							
Severe acute malnutrition death under 5 years 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 death under 5 years	Death in facility 1 month to 5 years15	Ward register	Accuracy dependent on quality of data submitted by health facilities	100% Children	All districts	%	Quarterly	Lower	MCWH&N Programme	2,4, 5
Children <5 who are stunted	Height-for-age index more than two standard deviations below the World Health Organization Child Growth Standard median	SADHS	Number of children who are stunted	Children under 5 years of age	n/a (External source)	Accuracy dependent on survey	100% of children	All districts	%	5 yearly	Lower	MCWH&N Programme	2
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 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	%	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 1 000 population under 1-years.	Stats SA and Rapid Mortality Surveillance (RMS) from 12 onwards	Children less than 1 year that die in one year in the province	Total population under 1 year *Estimates from Stats SA and Rapid Mortality*	Stats SA and Rapid Mortality Surveillance (RMS) from 12 onwards	Empirical population-based data are not frequently	100% Children under 1 years	None	Number per 1 000 population	Annual	Lower mortality rate desired.	MNCWH Manager	2

[15] Data Management is aware of this error. The denominator should read as death in facility under 5 years

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									
				Surveillance as the Department is not routinely monitoring this population-based indicator		available – reporting estimates.							
Under 5 mortality rate	Proportion of children less than five years old that died in one year per 1 000 population under 5 years.	Stats SA and Rapid Mortality Surveillance (RMS) from 12 onwards	Children less than five years that die in one year in the province	Total population under 5 years *Estimates from Stats SA and Rapid Mortality Surveillance as the Department is not routinely monitoring this population-based indicator*	Stats SA and Rapid Mortality Surveillance (RMS) from 12 onwards	Empirical population-based data are not frequently available – reporting estimates.	100% Children under 5 years	None	Number per 1 000 population	Annual	Lower mortality rate desired.	MNCWH Manager	2
Still Birth in Facility Rate – total	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 1 000	Quarterly	Lower percentage	MCWH Programme Manager	2, 4 & 5
Early Neonatal death Rate – Total	Early neonatal deaths per 1 000 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 1 000	Quarterly	Lower percentage	MCWH Programme Manager	2
Death in facility under 1 year rate (annualised) - Total	Children under 1 year who died during their stay in the facility as a proportion of inpatient separations under	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	Midnight census; Admission, Discharge & Death registers	None	100% Children under 1 years	No	%	Quarterly	Lower rate desired – fewer children under-1 year dying in public	MNCWH Manager	2,4,5

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. Inpatient separations under- year is the total of inpatient discharges, inpatient deaths and inpatient transfers out.			facility 29 days-11 months]) + SUM([Inpatient discharge under 1 year]) + SUM([Inpatient transfer out under 1 year])							health facilities.		
Child under 5 years Diarrhoea incidence	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1 000 children under-5 years in the population.	PHC register; DHIS; Stats SA	Sum diarrhoea new in child under 5 years	SUM([Female under 5 years]) + ([Male under 5 years])	PHC register; DHIS; Stats SA	None	100% Children under 5 years	None	Number per 1 000	Quarterly	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 1 000 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 1 000	Quarterly	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 1 000 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 1 000	Quarterly	Lower incidence desired indicating improved child health.	Nutrition & MCWH Managers	2
Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods,	PHC Comprehensive Tick Register, DHIS Denominato	Couple year protection	Population 15-49 years female	PHC Comprehensive Tick Register Denominator:	Accuracy dependent on quality of data submitted	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2

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									
	including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 1) + (Female condoms distributed / 1) + (Male sterilisation x 10) + (Female sterilisation x 10).	r: StatsSA			StatsSA	by health facilities							
Delivery 10 to 19 years in facility rate	Deliveries to women under the age of 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
Antenatal 1st visit before weeks rate	Women who have a first visit before they are weeks into their pregnancy as proportion of all	PHC Comprehensive Tick Register; DHIS	Antenatal 1st visit before weeks	Antenatal 1st visit - total (Antenatal 1st visit weeks or later + Antenatal 1st visit before	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health	100% Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2

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 visits			weeks)		facilities							
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 P	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 1 year population.	PHC Comprehensive Tick Register Denominator: StatsSA	Measles 2nd dose	Population aged 1 year	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
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 0,000 units, every six months as a proportion of population 12-59 months.	PHC Comprehensive Tick Register	Vitamin A dose 12-59 months + COS 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 calculati	100% Children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	MCWH&N Programme	2

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									
						on proportion of children would have received two doses based on this calculation							
Antenatal client initiated on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART.	ART Register, Tier.Net	SUM([Antenatal client start on ART])	Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])	ART Register, Tier.Net	Accuracy dependent on quality of data Reported by health facilities	100% Women	No	%	Annual	Higher percentage indicates greater coverage of HIV positive clients on HIV treatment.	MC&WH and HIV/AIDS Managers	2
Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd 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 15 to include	PHC Comprehensive Tick Register / OPD Tick Registers;	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose	DTaP-IPV-Hib-HBV 3rd dose	PHC Comprehensive Tick Register / OPD Tick Registers;	None	100% Infant	No	%	Quarterly	Higher percentage indicates greater coverage of breastfeeding practices	Nutrition	2

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 HepB dose												
Cervical cancer screening coverage	Cervical smears in women 30 years and older as a proportion of the female population 30 years and older. 80% of these women should be screened for cervical cancer every 10 years and % must be screened every 3 years which should be included in the denominator because it is estimated that % of women 30 years and older are HIV positive	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	Cervical cancer screening in non-HIV woman 30 years and older + Cervical cancer screening in HIV positive women years and older + Cervical cancer screening 30 years and older	(((Female 30-34 years + SUM[Female 35-39 years] + SUM[Female 40-44 years + SUM[Female 45-49] + SUM[Female 50-54]+ SUM[Female 55-59])*0.8)/10) + (((Female -24 + 25-29 + 30-34 years + SUM[Female 35-39 years] + SUM[Female 40-44 years + SUM[Female 45-49] + SUM[Female 50-54] + SUM[Female 55-59])*0.2)/3)	PHC Comprehensive Tick Register / OPD Tick Registers; Stats SA	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted health facilities	100% Women over 30 years	None	%	Quarterly	Higher percentage indicates better cervical cancer coverage.	MNC&WH Programme Manager	2

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	Malaria deaths reported in South Africa. The death	Malaria Information System	Malaria deaths reported	Malaria new case reported	Malaria Information System	Accuracy dependent on quality of data	Not Applicable	All Districts	Non-cumulative	Annual progress against the five	Lower	Environmental Health-Malaria Program	2

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									
applicable to endemic provinces)	resulting from primary malaria diagnosis at the time of death					submitted by health facilities				year target			
Malaria incidence per 1 000 population at risk	New malaria cases as proportion of 1 000 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 1 000 population at risk	Annual	Lower incidence desired – improved prevention towards elimination of malaria.	Malaria Control Manager	2
Hypertension incidence	Newly diagnosed hypertension cases initiated on treatment per 1 000 population	PHC & OPD registers; Stats SA	SUM([Hypertension client treatment new])	SUM([Total population 4	PHC register	None	None	None	Number per 1 000 population	Quarterly	Lower incidence desired – improved prevention and management of hypertensive patients.	Chronic Diseases Manager	2
Diabetes Incidence	Newly diagnosed diabetes clients initiated on treatment per 1 000 population.	PHC & OPD registers; Stats SA	SUM([Diabetes clients treatment - new])	SUM([Total population])	PHC register	None	None	None	Number per 1 000 population	Quarterly	Lower incidence desired – improved prevention and management of diabetic patients.	Chronic Diseases Manager	2
Dental extraction to restoration	The ratio between the number of teeth extracted	PHC & OPD registers;	Tooth extraction	Tooth restoration	PHC & OPD registers;	None	None	All Districts	Ratio	Quarterly	Lower	Oral health	2

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									
ratio	and the number of teeth restored. The ratio is 10:1												
COVID-19 Testing Coverage	Number of persons referred for COVID-19 test and quarantined (meets the PUI definition) + Number of contacts referred for COVID-19 test (meets the PUI definition)	Environmental Health	Number of Covid-19 tests conducted - Total	Total Population / 100 000	NCD database	NA	Total population	All Districts	Rate	Quarterly	Number of Covid-19 tests conducted in the Total population	Environmental Health	2
COVID-19 Positivity Rate	Percentage of clients who had a SARS-CoV-2 specimen taken and sent to the laboratory for investigation whose results came back positive	Environmental Health	Number of confirmed Covid-19 cases - Total	Number of Covid-19 tests conducted	NCD database	N/A	Total population	All Districts	Rate	Quarterly	To keep track on the Number of confirmed Covid-19 cases - Total	Environmental Health	2
Case Fatality Rate for Covid-19: Total	Percentage of clients who died as a result of COVID-19	Environmental Health	Number of deaths in positive Covid-19 cases : Total	Separations Covid-19 cases Total (Sum of deaths, discharges and transfers out)	NCD database	N/A	Total population	All Districts	Rate	Quarterly	To keep track on the Number of deaths in positive Covid-19 cases 5 - 60 years	Environmental Health	2

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									
Case Fatality Rate for COVID-19 <5years	Percentage of clients who died as a result of COVID-19	Environmental Health	Number of deaths in positive Covid-19 cases <5 years	Separations Covid-19 cases < 5 years (Sum of deaths, discharges and transfers out)	NCD database	N/A	Total population	All Districts	Rate	Quarterly	To keep track on the Number of deaths in positive Covid-19 cases 5 - 60 years	Environmental Health	2
Case Fatality Rate for Covid-19: 5 - 60 years	Percentage of clients who died as a result of COVID-19	Environmental Health	Number of deaths in positive Covid-19 cases 5 - 60 years	Separations Covid-19 cases 5-60 years (Sum of deaths, discharges and transfers out)	NCD database	N/A	Total population	All Districts	Rate	Quarterly	To keep track on the Number of deaths in positive Covid-19 cases 5 - 60 years	Environmental Health	2
Case Fatality Rate for Covid-19: 60 years and over	Percentage of clients who died as a result of COVID-19	Environmental Health	Number of deaths in positive Covid-19 cases 60 years and over	Separations Covid-19 cases 60 years and over (Sum of deaths, discharges and transfers out)	NCD database	N/A	Total population	All Districts	Rate	Quarterly	To keep track on the Number of deaths in positive Covid-19 cases 5 - 60 years	Environmental Health	2
Mental disorders screening rate	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural	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

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									
	disorders and substance use disorders) at PHC facilities.												
Number of 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 deaths and	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 compromise quality of hospital care. High ALOS	Director: Hospital Services	4,5

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. Include all specialities										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 the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333.	DHIS	SUM([Expenditure - total])	Patient Day Equivalent = Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	Accuracy dependent on quality of data submitted by health facilities	N/A	All 11 Districts	Rands	Quarterly	Lower expenditure indicates effective use of resources.	Director: Hospital Services	4,5

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									
OPD headcount new cases not referred	New clients attending a general or specialist outpatient clinic without a referral letter from a PHC facility or a doctor.	OPD registers	SUM: OPD headcount not referred new	N/A	OPD registers	Accuracy dependent on quality of data submitted by health facilities	N/A	All Provincial facilities	No.	Quarterly	Lower numbers an indication of clients/ patients entering the health system at the appropriate level of care.	Director: Hospital Services	2,4&5

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									
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 case closed in the reporting month as a proportion of Patient Safety Incident cases reported in	Patient Safety Incident Software	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Not required for Strategic Plan -25	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

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 reporting month												
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
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	No. of patient care related complaints	Total number of complaints	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	No. of waiting times related complaints	Total number of complaints	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	Ideal Health Facility Information System	No. of staff attitude related complaints	Total number of complaints	Complaints register: QA	Accuracy dependent on quality of data submitted by	N/A	All Provincial facilities	%	Quarterly	Lower percentage indicates improved quality of	Director: Quality Assurance	2,4,5

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									
	staff attitude, lodged by clients/service beneficiaries in a certain period				register	health facilities					service		

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**									
Number of Health care Associated Infections	Also referred to as nosocomial or hospital-acquired infections. They affect patients in a health care 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 health care facility. They also include infections acquired by patients within a health care facility but only manifesting after discharge. Occupational infections	Patient safety Incidents	Number of HCAIs	N/A	Patient Safety Incidents	None	100% Neonatal	None	Number	Monthly	Decrease	IPC	2, 4,5

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									
	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	EMS Registers	EMS P1 urban response under 30 minutes	EMS P1 urban responses	EMS Registers	None	N/A	All 11 Districts	Rate	Quarterly	Higher percentage indicates improved efficiency and quality.	EMS Manager	3

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									
	arrival on scene.												
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 responses	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

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 health professions students	Number of bursaries awarded for first year 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
Number of Bursaries awarded to first year nursing students	Number of bursaries awarded for 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 Post Graduate Nurse Specialist Programmes	Number of nurses training on Post Graduate Nurse Specialist Programmes	KZNCN Training Records	N/A	N/A	KZNCN Training 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 training 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

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

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
Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)	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 at the Provincial	Number of tracer medicines out of stock as proportion of	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	N/A	All facilities in all 11 Districts	%	Annual	Targeting zero stock-out.	Pharmacy Manager	7

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									
Pharmaceutical Supply Depot (PPSD)	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.					submitted							
Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	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 the population within a 5 km	Percentage of the population	Web DHIS/GCIS/Statistics	Consider to unpack or detail	Population	Web DHIS/GCIS	Accuracy dependent on quality of	N/A	All facilities in all 11 Districts	%	Annual	Increase	HSDPM&E: GIS with Infrastruct	8

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
radius of a health service	within a 5 km radius of a health service (NOTE: There is currently no commonly formalized definition or guide on the calculation of this indicator both locally or internationally -The TIDS is subject to change pending the availability of a standardised definition)	South Africa	calculation into Numerator/ Denominator x100 Catchment population of fixed clinics, Thusong Centres plus mobile clinics			data submitted						ure Development and District Health Services input	
Percentage of Preventative Maintenance expenditure	This is the Percentage of Preventative maintenance (Category B) expenditure compared to other maintenance categories (A,C &D)	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	N/A	All facilities in all 11 Districts	Percentage	Quarterly	Promote preventative maintenance activities to prevent failure	Director: Maintenance	Percentage of Preventative Maintenance expenditure
Number of new and replacement projects completed	Number of new or Replacement projects which have reached practical completion	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	None	None	Number	Quarterly	Complete projects on time	Chief Director – Infrastructure	8

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
	during the reporting period.					accurately							
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.	EPWP Integrated Reporting System	Number of persons employed	None	Employment contracts	The information on the data source is regularly updated and captured accurately	None	None	Number	Quarterly	Maximise job creation as per grant allocation	Chief Director – Infrastructure	8
Percentage downtime on medical equipment	This is the percentage of medical equipment that is	Health Technology Reporting tool	Number of days equipment was reported as	Number of days taken to restore equipment	Repair request/Collection date/ job card	The information on the data source is regularly	(This can include various dimensions that has an	None	Percentage	Quarterly	Minimise downtime on medical equipment	Chief Director – Infrastructure	8

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
	deemed faulty resulting in clinical procedures and diagnosis not being performed		down/faulty			updated and captured accurately	impact on the beneficiaries)						

NOTES

ANNEXURES TO THE ANNUAL PERFORMANCE PLAN

ANNEXURE A: AMENDMENTS TO THE STRATEGIC PLAN

STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 20/21 to 24/25

The table below: "Universal Health Coverage" below is reflected on page 55 of the Revised Strategic Plan 20/21 to 24/25 as Table 14. The Outcome Indicators/Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The Revised Table 14 is subsequently reflected.

TABLE 88: OUTCOME INDICATORS FOR OUTCOME: UNIVERSAL HEALTH COVERAGE

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
1. UHC service Index	SAHR	68%	75%	71.7%	73.5%	
2. Audit opinion of Provincial DoH	Annual Reports	Unqualified	Clean Audit	Qualified	Unqualified	
3. Contingent liability of medico-legal cases	Medico-legal case management system	R 90 Bn	R 18 Bn	R Bn	R 18 Bn	
4. Percentage of facilities certified by OHSC	To be determined	NA	NA	New	71.4%	
~~*5. Number of districts with Quality Improvement; monitoring and response forums formalized and convened quarterly*~~	~~*Terms of reference for response forums*~~	~~*Baseline to be determined*~~	~~*52*~~	~~*New*~~	~~*11*~~	Removed from the National List of Indicators
6. Ideal clinic status obtained rate	Ideal Health	56% (19/3400)	100%	75.6%	100%	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	**Five Year Target (24/25)**	**Baseline (18/19)**	**Five Year Target (24/25)**	
	Facility Software				*(610 / 610)*	
7. Percentage of PHC facilities with functional clinic committees	Attendance registers of meetings of clinic committees	Baseline to be determined	TBD	New	~~100%~~ ~~*(610/ 610)*~~ 89%	
8. Percentage of hospitals with functional hospital boards	Attendance registers of meetings of hospital board meetings	Baseline to be determined	TBD	New	*100%* *(72/72)*	
9. Professional nurses per 100 000 population	Persal/ StatsSA	NA	NA	153 / 100 000 *(17 444 / 11 417 126)*	152.5 / 100 000 *(18 421 / 12 079 648)*	
10. Medical officers per 100 000 population	Persal/ StatsSA	NA	NA	34 / 100 000 (3 879 / *11 417 126)*	27.4 / 100 000 *(3 310 /12 079 648)*	
~~*11. Percentage of the population with private medical cover*~~	~~*StatsSa*~~	~~*TBD*~~	~~*TBD*~~	~~*12.6%*~~	~~*Monitor Trends*~~	The Management team deliberated on the indicator and recommended the removal on the basis that the KZN DOH is not entirely responsible for the performance on this indicator
12. Percentage of the population within a 5 km radius of a health service	DHIS/GCIS	TBD	TBD	*77%*	~~*Mapping Done*~~ ≥ 84%	After unit deliberations of the HSDPM&E unit, the indicator definition was updated to include Thusong Centres and mobile catchment populations

The table below: "Outcome: Improved Client Experience of Care" below is reflected on page 59 of the Revised Strategic Plan /21 to 24/25 as Table 16. The Indicators and Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The revised Table 16 is subsequently reflected.

TABLE 89: REVISED OUTCOME INDICATORS FOR OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
1. Patient Experience of Care satisfaction rate – PHC	Patient surveys	*76.5%*	85%	68% *(31 326/46 068)*	*71.4% (34 586/48 418)*	
2. Patient Experience of Care satisfaction rate - District Hospitals	Patient surveys	TBD	TBD	81% *(2 923/3 609)*	85.1% *(3 227/3 793)*	
3. Patient Experience of Care satisfaction rate - Regional Hospitals	Patient surveys	TBD	TBD	81% *(4547/5613)*	85.1% *(50/5899)*	
4. Patient Experience of Care satisfaction rate ~~*(TB Hospitals)*~~ – TB Hospitals	Patient surveys	TBD	TBD	92.3% *(131 / 142)*	97.3% *(145 / 149)*	Amended title for consistency(Brackets removed)
5. Patient Experience of Care satisfaction rate ~~*(Specialised Psychiatric hospitals)*~~ – *Psychiatric Hospital*	Patient surveys	TBD	TBD	88% *(169 / 192)*	92.6% *(187 / 2)*	
6. Patient Experience of Care satisfaction rate ~~*(Chronic/Sub-Acute Hospitals)*~~ – Chronic/Sub-acute Hospital	Patient surveys	TBD	TBD	79% *(122 / 154)*	83.3% *(135 / 162)*	
7. Patient Experience of Care satisfaction rate ~~*(Tertiary Hospitals)*~~ – Tertiary Hospitals	Patient surveys	TBD	TBD	74% *(585 / 790)*	*77.8% (646 / 830)*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
8. Patient Experience of Care satisfaction rate ~~(Central Hospitals)~~ - Central Hospitals	Patient surveys	TBD	TBD	90% *(343 / 381)*	94.8% *(379 / 400)*	
9. Patient Safety Incident (PSI) case closure rate –PHC facility	Patient safety incident software	TBD	TBD	65.9% *(270/410)*	93.% *(198/212)*	Acronym added and name amended to align to TIDS
10. Patient Safety Incident (PSI) case closure rate ~~(District Hospital)~~ – District Hospital	Patient safety incident software	TBD	TBD	88.3% *(1 166/1 252)*	99.0% *(1 013/1 023)*	
11. Patient Safety Incident (PSI) case closure rate ~~(Regional Hospital)~~ – Regional Hospital	Patient safety incident software	TBD	TBD	86% *(240 /279)*	93.2% *(247/265)*	
12. Patient Safety Incident (PSI) case closure rate ~~(TB Hospitals)~~ – TB Hospital	Patient safety incident software	TBD	TBD	88% *(44 / 50)*	97.9% *(46 / 47)*	
13. Patient Safety Incident (PSI) case closure rate ~~(Psychiatric Hospitals)~~ – Psychiatric Hospital	Patient safety incident software	TBD	TBD	94.6% *(192 / 3)*	96% *(190 / 198)*	
14. Patient Safety Incident (PSI) case closure rate ~~(Sub-acute, step down and chronic medical hospitals)~~ – Chronic/Sub-acute	Patient safety incident software	TBD	TBD	95.8% *(136 / 142)*	100% *(137 / 137)*	
15. Patient Safety Incident (PSI) case closure rate ~~(Tertiary Hospitals)~~ – Tertiary Hospital	Patient safety incident software	TBD	TBD	72.1% *(310 / 430)*	78% *(319 / 409)*	
16. Patient Safety Incident (PSI) case closure rate ~~(Central Hospital)~~ – Central Hospital	Patient safety incident software	TBD	TBD	100% *(38 / 38)*	100% *(33 / 33)*	

The table below: Outcome: Reduced Morbidity and Mortality below is reflected as table 18 on page 62 of the Revised Strategic Plan /21 to 24/25. The Indicators and Targets that are being updated are in italic and strikethrough font. The changes are highlighted in yellow. The revised Table 18 is subsequently reflected.

TABLE 90: REVISED OUTCOME INDICATORS FOR OUTCOME: REDUCED MORBIDITY AND MORTALITY

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
1. Maternal Mortality in facility Ratio ~~(total)~~ - Total	Maternal death register, Delivery Register	129/100 000	<100 /100 000	88.4 /100 000 *(188 /212 723)*	70/100 000 *(146 /8 003)*	Alignment to TIDS
2. Maternal Mortality in facility ratio - District Hospitals		TBD	TBD	58.1 / 100 000 *(51 / 87 811)*	~~*47.6/100 000 (44 / 92 393)*~~ 47.8/100 000 (47/98506)	Alignment of data element "Number of live births" target values across all indicators
3. Maternal Mortality in facility ratio - Regional Hospitals		TBD	TBD	107.9 / 100 000 *(82 / 76 025)*	80/100 000 ~~*(62/77 516)*~~ *(69/85 380)*	Alignment of data element "Number of live births" target values across all indicators
4. Maternal Mortality in facility ratio - Tertiary Hospitals		TBD	TBD	355.5 / 100 000 *(29 / 8 158)*	~~*304.6/100 000 (24 / 7 879)*~~ 304/100 000 (25/8 232)	Alignment of data element "Number of live births" target values across all indicators
5. Maternal Mortality in facility ratio - Central Hospitals		TBD	TBD	1 431.5 / 100 000 *(7 / 489)*	851.1/100 000 *(4 / 470)*	
6. Live Birth under 2 500 g in facility rate – Total	Delivery register, Midnight report	TBD	TBD	11.9% *(24 035 /1 947)*	11% ~~*(22 665 /6 041)*~~ *(25 493/231 759)*	Alignment of data element "Number of live births" target values across all indicators
7. Neonatal death in facility rate – total	Delivery register, Midnight report	12/1 000	<10/1 000	11.5 /1 000 *(2315 / 1 947))*	10.5/1 000 *(2 077/197*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
					~~850)~~	
~~8. Neonatal death in facility rate – District Hospital~~		~~TBD~~	~~TBD~~	~~9.1/1 000 (927 /100 973)~~	~~8.4/1 000 (743/88 412)~~	The indicator was removed from the National List of indicators for each level of care and the consolidated remains
~~9. Neonatal death in facility rate – Regional hospitals~~		~~TBD~~	~~TBD~~	~~16.4 / 1 000 (1 157 / 70 681)~~	~~15/1 000 (1 336 /75 725)~~	
~~10. Neonatal death in facility rate – Tertiary hospitals~~		~~TBD~~	~~TBD~~	~~22.9 / 1 000 1 825 / 8 078)~~	~~21/1 000 (164 / 7 799))~~	
~~11. Neonatal death in facility rate – Central hospitals~~		~~TBD~~	~~TBD~~	~~190 / 1 000 (93 / 489)~~	~~123/1 000 (58 / 470)~~	
12. Infant PCR test positive around 10 weeks rate	PHC comprehensive tick register	TBD	TBD	0.62% *332/53 330)*	0.4% *(213/53 330)*	
~~13. Over-weight or obese child under 5 years incidence~~	~~SADHS 16~~	~~13%~~	~~10%~~	~~22.8~~	~~To be determined~~	Removed from the National List of indicators and subsequently removed from the Provincial Plans
~~14. School learner overweight rate~~	~~DHIS~~	~~TBD~~	~~TBD~~	~~Not monitored~~	~~To be determined~~	
15. Children <5 who are stunted	SADHS 16	27%	To be determined	14.3%	~~%~~ 17%	Targets updated
16. Death under 5 years against live birth rate – total	Deliver, Maternity register, midnight report	TBD	TBD	1.3% *(1 334/ 100 973)*	~~1.7%~~ ~~(3 363 /197 850)~~ *1.3% (3055/231 759)*	Alignment of data element "Number of live births" target values across all indicators
17. Death under 5 years against live births –District Hospital		TBD	TBD	1.3% *(1 334/100 973)*	~~1.17%~~ ~~(1 032/88 412)~~ *1.0% (884/88*	Alignment of data element "Number of live births" target values across all indicators

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	**Five Year Target (24/25)**	**Baseline (18/19)**	**Five Year Target (24/25)**	
					~~412)~~	
18. ~~Death in facility under 5 years against live birth rate – Regional Hospital~~ Death under 5 years against live births – Regional Hospital		TBD	TBD	2.4% *(1 703 /70 618)*	~~2.2%~~ *~~(1 710/75 725)~~* 1.8% (1 336/75 725)	Alignment of data element "Number of live births" target values across all indicators The name was amended to align to TIDS and consistency throughout the document
19. Death under 5 years against live birth rate – Tertiary Hospital		TBD	TBD	2.8% *(229 / 8 078)*	~~2.3%~~ *~~(177/7 799)~~* 2.4% (194/8 135)	Alignment of data element "Number of live births" target values across all indicators
20. Death under 5 years against live birth rate- Central Hospital		TBD	TBD	43.6% *(213 / 489)*	~~34.9%~~ *~~(165 / 470)~~* *38.1% (179/478)*	Alignment of data element "Number of live births" target values across all indicators
21. Child under 5 years diarrhoea case fatality rate ~~(total)~~ - Total	DHIS, Midnight register, Ward Register	TBD	TBD	2.2% *(171 / 7 702)*	1.6% *(118/7 403)*	Amended to align to TIDS
22. Child under 5 years diarrhoea case fatality rate –District Hospital		TBD	TBD	2.2% *(94 /4 360)*	1.5% *(56/3 744)*	
23. Child under 5 years diarrhoea case fatality rate –Regional Hospital		TBD	TBD	**2.4%** *(68 / 2 874)*	**1.3%** *(40 / 3 173)*	
24. Child under 5 years diarrhoea case fatality rate- Tertiary Hospital		TBD	TBD	**1.8%** *(8 / 440)*	**1.2%** *(6 / 486)*	
25. Child under 5 years Pneumonia case fatality rate (total)	DHIS, Midnight Report, Ward Register	TBD	TBD	**2.2%** *(279 / 12370)*	**1.8%** *(214 / 11 914)*	
26. Child under 5 years pneumonia case fatality rate –District Hospital		TBD	TBD	**1.8%** *(128 / 6 938)*	**1.3%** *(76 / 5 958)*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
27. Child under 5 years pneumonia case fatality rate –Regional Hospital		TBD	TBD	**2.4%** *(100 / 4 241)*	**1.3%** *(59 / 4682)*	
28. Child under 5 years pneumonia case fatality rate- Tertiary Hospital		TBD	TBD	**0.67%** *(6 / 892)*	~~**0.4%** *(4 / 985)*~~ **1.5%** *(9/596)*	Alignment of data elements across the different levels of care
29. Child under 5 years pneumonia case fatality rate – Central Hospital		TBD	TBD	**15.6%** *(45/ 289)*	~~**11.5%** *(35 / 304)*~~ **3.3%** (16/486)	Alignment of data elements across the different levels of care
30. Child under 5 years Severe acute malnutrition case fatality rate (Total)	DHIS, Midnight register, Ward Register	TBD	TBD	**7.8%** *(179 / 2 289)*	**5%** *(90 / 1 800)*	
31. Child under 5 years Severe acute malnutrition case fatality rate –District Hospital		TBD	TBD	**7%** *(94 / 1 336)*	**4.8%** *(48 / 990)*	
32. Child under 5 years Severe acute malnutrition case fatality rate – Regional Hospital		TBD	TBD	**9.0%** *(76 / 839)*	**5.8%** *(40 / 690)*	
33. Child under 5 years Severe acute malnutrition case fatality rate- Tertiary Hospital		TBD	TBD	**4.3%** *(5 / 116)*	**0.9%** *(1 / 110)*	
34. Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital		TBD	TBD	**23.5%** *(4 / 17)*	**10%** *(1 / 10)*	
35. Death in facility under 1 year rate –total	DHIS, Midnight register, Ward Register	NA	NA	**5.4%** *(3 055 / 57 009)*	**4.1%** *(2 498 / 60 8)*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
36. Death in facility under 1 year rate – District Hospital		NA	NA	**5.3%** *(1 153/21 880))*	**3.7%** *(892 / 24 157)*	
37. Death in facility under 1 year rate – Regional Hospital		NA	NA	**5.3%** *(1 422 / 27 059)*	**4.8%** *(1 296 / 27 000)*	
38. Death in facility under 1 year rate – Tertiary Hospital		NA	NA	**4.4%** *(195 / 4 445)*	**3.1%** *(151/ 4 908)*	
39. Death in facility under 1 year rate – Central Hospital		NA	NA	**9.3%** *(184 / 1 977)*	~~**7.8%**~~ **7.9%** *(142/ 1 800)*	Correction to the calculation
40. Death in facility under 5 years rate (Total)	DHIS, Midnight register, Ward Register	NA	NA	**3.9%** *(3 444/88 844)*	**3.8%** *(3 577/94 142)*	
41. Death in facility under 5 years rate – District Hospital		NA	NA	**3.5%** *(1 334/37 674)*	**2.48%** *(1 032 /41 565)*	
42. Death in facility under 5 years rate – Regional Hospital		NA	NA	**4.4%** *(1 703 / 38 610)*	**4%** ~~*(1 710 / 42 629)*~~ *(1 441/36 025)*	Alignment of data element "Number of deaths under 5 in facility" target values across all indicators
43. Death in facility under 5 years rate – Tertiary Hospital		NA	NA	**4%** *(229 / 5 777)*	**2.8%** *(177 / 6 378)*	
44. Death in facility under 5 years rate – Central Hospital		NA	NA	**5.7%** *(213 / 3 754)*	**4.6%** *(165/ 3 570)*	
45. Still Birth in Facility Rate – total	Ward register, midnight report	NA	NA	**21.8 / 1 000** *(4 500 / 6 438)*	**19/1 000** *(3 840 / 2 109)*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
46. Still Birth in Facility Rate – district hospital		NA	NA	**18.9/1 000** *(1 616 / 85 322)*	**14/1 000** *(1 259 / 89 921)*	
47. Still Birth in Facility Rate – regional hospital		NA	NA	**28.8/1 000** *(2 9 / 76 587)*	**.2/1 000** *(1 572/77 834)*	
48. Still Birth in Facility Rate – tertiary hospital		NA	NA	**31.1/1 000** *(258 / 8 306)*	**21.8/1 000** *(177/8 131)*	
49. Still Birth in Facility Rate – central hospital		NA	NA	***29.8/1 000*** *(15 / 503)*	~~**24.5/1 000**~~ ~~*(12 / 489)*~~ **25.3/1 000** *(12/475)*	Alignment of data element "Number of live births" target values across all indicators
50. Early Neonatal death Rate – Total	Ward register, midnight report	NA	NA	**9/1 000** *(1 818 / 1 947)*	**7.9/1 000** *(1 628 / 6 041)*	
51. TB Rifampicin Resistant/MDR/pre-XDR treatment success rate - Long	DR-TB Clinical Stationery; TIER.Net	TBD	TBD	**59.7%** *(1 7 / 2 882)*	**65%** *(1 515 / 2 330)*	
52. TB Rifampicin Resistant/MDR/pre-XDR treatment success rate - Short		TBD	TBD	**70.2%** *(1 130 / 1 609)*	**75%** *(935 / 1 250)*	
53. All DS-TB Client death rate	DR-TB Clinical Stationery; TIER.Net	TBD	TBD	**7.4%** *(254 / 38 451)*	**4%** *(1 9 / 48 000)*	
54. All DS- TB client Treatment success Rate	DS-TB Clinical Stationery; TIER>net	TBD	TBD	**79.2%** *(31 280 / 38 451)*	**90%** *(43 0 / 48 000)*	
55. ART Death rate ~~(6 months)~~at 6 months	ART register; TIER.net: DHIS	TBD	TBD	**1.2%** *(2 435 / 2 938)*	**1%** *(2 029 / 2 938)*	Alignment with DORA indicator naming

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
56. ART adult death rate ~~(6 months)~~ at 6 months	ART register; TIER.net: DHIS	NA	NA	**1.2%** *(2 375/ 197 918)*	**1%** *(1 979 / 197 918)*	Alignment with DORA indicator naming
57. ART child death rate ~~(6 months)~~ at 6 months	ART register; TIER.net: DHIS	NA	NA	**1.4%** *(70 / 5 0)*	1% *(50 / 5 0)*	Alignment with DORA indicator naming
58. HIV positive ~~15 -24 years (Exc ANC) Rate~~ 15-24 year old (excl ANC) rate	HTS Register (HIV testing services)TIER.Net; DHIS	TBD	TBD	**New indicator**	~~**To be determined**~~ **2.9%** *(14 600/500 000)*	Target set
59. HIV prevalence among 15 -24 year old pregnant women	Thembisa Model	TBD	TBD	**TBD**	**24.9%**	
60. Adult Viral load suppressed rate ~~(12 months)~~at 12 months	ART paper register;TIER.net; DHIS	TBD	TBD	**90.6%** *(38 371 / 42 374)*	**90%** *(38 136 / 42 374)*	Alignment with DORA indicator naming
61. ART Child viral load suppressed rate ~~(12 months)~~ at 12 months	ART paper register;TIER.net; DHIS	TBD	TBD	**68.7%** *(826 / 1 3)*	**90%** *(1 082 / 1 3)*	Alignment with DORA indicator naming
62. ART Client remain on ART end of month -sum	ART register; TIER.net: DHIS	TBD	TBD	**1 387 688**	**1 959 000**	
63. Infant Mortality Rate	ASSA 08	NA	NA	**30.9/1 000**	**27/1 000**	
64. Under 5 mortality rate	ASSA 08	NA	NA	**41.7/1 000**	**38/1 000**	
~~65. Diarrhoea in child under 5 years incidence~~ Child under 5 years Diarrhoea incidence	DHIS, PHC tick register, StatsSA	NA	NA	**7.9 /1 000** *(10 553 / 1 330 900)*	**5/1 000** *(5 751 / 1 150 228)*	Alignment of indictor name with TIDs.
66. Child under 5 years pneumonia	DHIS, PHC tick	NA	NA	**39.2 /1 000**	**29/1 000**	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	Five Year Target (24/25)	Baseline (18/19)	Five Year Target (24/25)	
incidence	register, StatsSA			*(52 169 / 1 330 900)*	*(33 357 / 1 150 228)*	
67. Child under 5 years severe acute malnutrition incidence	DHIS, PHC tick register, StatsSA	NA	NA	**1.9 /1 000** *(2 575 / 1 330 900)*	**1.0/1 000** *(1 150 / 1 150 228)*	
68. Diabetes Incidence	DHIS, PHC tick register, StatsSA	NA	NA	**2.9/1 000** *(17 616 / 11 417 132)*	**2.5/1 000** *(30 199 / 12 079 648)*	
69. Hypertension Incidence	DHIS, PHC tick register, StatsSA	NA	NA	**29.5/1 000** *336 805 / 11 417 132)*	**/1 000** *(241 593 / 12 079 648)*	
70. HIV incidence	Thembisa Model	NA	NA	**0.55%**	**<1%**	
71. COVID-19 Testing Coverage	TBD	TBD	TBD	TBD	~~Monitor Trends~~ **2,070 / 100 000**	Target set
72. COVID-19 Positivity Rate	TBD	TBD	TBD	TBD	~~Monitor Trends~~ **4%**	Target set
73. COVID-19 Case Fatality Rate	TBD	TBD	TBD	TBD	~~Monitor Trends~~ **0.5%**	Target set
74. TB Incidence	DHIS, PHC tick register, StatsSA	NA	NA	**507.3 / 100 000** *(57 921 / 11 417 132)*	**0/100 000** *(24 159 / 12 079 648)*	
75. Malaria incidence per 1 000 population at risk	Malaria information	NA	NA	**0.23/1 000** *(162 /*	**0/1 000** *(0 / 686 893)*	

Outcome Indicator	Data Source	South Africa		Provincial		Comment
		Baseline (18/19)	**Five Year Target (24/25)**	**Baseline (18/19)**	**Five Year Target (24/25)**	
	system			*696 042)*		
76. Malaria case fatality rate	Malaria Information system	0.01% *(70 / 581 700)*	Malaria eliminated by 23	**0.5%** *(7 / 1 493)*	**0%** *(0 / 1 000)*	

ANNEXURE B: CONDITIONAL GRANT

TABLE 91: 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	See below	See below	R 27.6 billion	21/21
	HIV and AIDS component s			
	• To enable the health sector to develop and implement an effective response to HIV and IDS • Prevention and protection of health workers from exposure to hazards in the workplace	• 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 infants tested through the Polymerase Chain Reaction (PCR) test at 10 weeks • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • HIV new positive eligible clients initiated on TPT (Tuberculosis Preventative Therapy) • Number of ART patients decanted to DMoC (Differentiated Models of Care)	R 22.6 billion	21/22
	TB Component			
	• To enable the health sector to develop and implement an effective response to TB	• Number of TB symptom clients screened in facility (rates for under 5 years and 5 years and older) • Number of patients tested for TB using Xpert • Number of eligible HIV positive patients tested for TB using urine liporarabinomannan assay • Percentage of TB clients 5 years and older starting on treatment • Percentage of confirmed TB Rifampicin	R 506 million	21/22

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
		Resistant patients started on treatment • Number of eligible clients initiated on Delamanid containing regime		
	Community Outreach Services Component			
	• 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	• Number of community health workers receiving a stipend • Number of community health workers trained • Number of HIV defaulters traced • Number of TB defaulters traced	R 2.5 billion	21/22
	Mental Health Services Component			
	• To expand the health care service benefits through the strategic purchasing of services from health care providers	• Number of health professionals contracted (total and by discipline) • Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions • Percentage reduction in the backlog of forensic mental observations	R 103 million	21/22
	Malaria Elimination Component			
	• To enable the health sector to develop and implement an effective response to support the effective implementation of the National Strategic Plan on Malaria Elimination 19 – 23	• Number of malaria-endemic municipalities with 95% or more indoor residual spraying (IRS) coverage • Percentage confirmed cases notified within 24 hours of diagnosis in endemic areas • Percentage of confirmed cases investigated and classified within 72 hours in endemic areas • Percentage of identified health facilities with recommended treatment in stock • Percentage of identified health workers trained on malaria elimination • Percentage of population reached through	R 104 million	21/22

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
		malaria information education and communication (IEC) on malaria prevention and early health-seeking behaviour • Percentage of vacant funded malaria positions filled as outlined in the business plan • Number of malaria camps refurbished and / or constructed		
	HPV Component			
	• To enable the health sector to prevent cervical cancer by making available HPV vaccinations from grade 7 school girls in all public and special schools and progressive integration of Human Papillomavirus into the integrated school health programme	• 80% Grade 5 school girls aged 9 years and above vaccinated for HPV first dose • 80% of schools with grade 5 girls reached by the HPV vaccination team with 1st dose • 80% of Grade 5 school girls aged 9 years and above vaccinated for HPV second dose • 80% of schools with Grade 5 girls reached by the HPV vaccination team with 2nd dose	R 2 million	21/22
	COVID Component			
	• To enable the health sector to rollout COVID-19 vaccine	• Number of health care workers rolling out the vaccine funded through the grant broken down by category • Number of vaccine doses administered, broken down by:- o Type of vaccine o Target group (phase 1, 2 or 3) o One dose vaccine and 2 dose vaccine • Number of clients fully vaccinated • Number of vaccines procured (quantify per type)	R1.5 billion	21/22
	Oncology Component			

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
	• Expand the health care service benefits through the strategic purchasing of services from health care providers	• Number of health professionals contracted (total and by discipline) • Number of patients seen per type of cancer • Percentage reduction in oncology treatment including radiation oncology backlog	R 108 million	21/22
Health Facility Revitalisation Grant	• 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	• Number of PHC facilities constructed or revitalised • Number of hospitals constructed or revitalised • Number of facilities maintained, repaired or refurbished	R 6.4 billion	21/22
Human Resources and Training 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 • 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 statutory posts funded from this grant (per category and discipline) and other sources of funding • Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources • Number and percentage of specialists posts from this grant (per discipline) and other funding sources	R 4.1 billion	21/22
National Health Insurance Grant	• To expand the health care service benefits through the strategic purchasing of services from health care providers	• Number of health professionals contracted (total and by discipline) • Number of patients seen by contracted health professionals	R 269 million	21/22
National Treasury Services Grant	• 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	• Number of inpatient separations • Number of day patient separations • Number of outpatient first attendances • Number of outpatient follow –up attendances • Number of inpatient days	R 13.7 billion	21/22

Name of grant	Purpose	Outputs	Current annual budget	Period of the grant
		• Average length of stay by facility (tertiary) • Bed utilisation rate by facility (all levels of care)		
EPWP Integrated Grant for Provinces	• 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: • road maintenance and the maintenance of buildings • low traffic volume roads and rural roads • other economic and social infrastructure • tourism and cultural industries • sustainable land based livelihoods • waste management	• Number of people employed and receiving income through the EPWP • Increased average duration of the work opportunities created • Number of full-time equivalents (FTE's) to be created through the Grant	R 422 million	21/22

ANNEXURE C: DISTRICT DEVELOPMENT MODEL (INFRASTRUCTURE)

Project Details / Scope	Location	project Lead	social partners
Zululand			
Conversion of college to staff accommodation and construction of new student nurses accommodation. 60 Student accommodation and 15 nursing staff accommodation.	Ulundi (KZN266)	DoH	N/A
Upgrading of Maternity Complex	Ulundi (KZN266)	DoH	N/A
KwaGwebu Clinic : Construction of a new medium clinic, MOU and 5 residential units	eDumbe (KZN261)	DoH	N/A
Mahloni Clinic: Construction of a medium clinic, MOU with 5 residential units	eDumbe (KZN261)	DoH	N/A
Project entails the construction of a new medium clinic	eDumbe (KZN261)	DoH	N/A
Uthukela			
1. Investigation of existing sewer line. 2. Removal of existing sewer line. 3. Design and construction of new sewer line.	Alfred Duma (KZN238)	DoH	N/A
Ladysmith Hospital: 72 Water and Fire Storage Upgrade	Alfred Duma (KZN238)	DoH	N/A
Reconfiguration of OPD, Laundry area, new vehicle wash area resurfacing of tarred area, conversion of garages to storage area and reconfiguration of mortuary.	Alfred Duma (KZN238)	DoH	N/A
Replace damaged sewer line and all trades effected in accordance with relevant statutory and requirements	Alfred Duma (KZN238)	DoH	N/A
Construction of 3 EMS Ambulance Base Wash-bays in Uthukela District	Alfred Duma (KZN238)	DoH	N/A
Umzinyathi			
Replacement to Existing Clinic for Inkululeko Initiative: Additional consultant rooms. Enlarged medical store, stores &filing rooms. Re-organize Waiting area with Main entrance, Dressing room, Counselling rooms (x2), Additions of staff accommodation (x6), A service board at the entrance and waste areas	Msinga (KZN244)	DoH	N/A
Dundee Hospital: Assessment and Upgrade of Air-Conditioning System	Endumeni (KZN241)	DoH	N/A
Replace floor coverings, paint walls, fit cupboards, electrical upgrades including waterproofing to roofs and plumbing repairs.	Nqutu (KZN242)	DoH	N/A
Renovation of existing burnt Mental Health Spaces, 2 patient's cubicles (ward), store, linen and stationery rooms, sluice room. Replace passage ceiling and light fittings, windows frames and panes, damaged vinyl sheeting, door frames and	Msinga (KZN244)	DoH	N/A

Project Details / Scope	Location	project Lead	social partners
doors, extractor/air-conditioning unit. Upgrade existing ablutions.			
Upgrade to the Regional Laundry Building including roof, erect clean-dirty area dividing wall, repair floors, renovate ablution facilities, repair boiler house roof that was damaged by storm.	Endumeni (KZN241)	DoH	N/A
Umkhanyakude			
Construction of OPD, Accident & Emergency, Pharmacy and Allied services	Big Five Hlabisa (KZN276)	DoH	N/A
Construction of 40 Units Block of Staff Accommodation and Paediatric Unit	Jozini (KZN272)	DoH	N/A
Project entails the construction of a new clinic to replace an existing clinic	Big Five Hlabisa (KZN276)	DoH	N/A
Sewer upgrade on the eastern side of the to eliminate all septic tanks and provide pump to the sewer ponds	Umhlabuyalingana (KZN271)	DoH	N/A
Construction of Ambulance Base Wash-bays in Umkhanyakude District	Jozini (KZN272)	DoH	N/A
Umgungundlovu			
Northdale Hospital: Renovations to existing Nurses Home building and construction of a new 28 Units Doctors Residence.	The Msunduzi (KZN225)	DoH	N/A
Grey's Hospital - Upgrade and renovation to Nurse's and Doctor's accommodation	The Msunduzi (KZN225)	DoH	N/A
Construction of new small clinic including 3 houses, public toilets, guardhouse and site works.	Richmond (KZN227)	DoH	N/A
Major Upgrades and Additions to the Laundry	The Msunduzi (KZN225)	DoH	N/A
Natalia Building - Reconfiguration of 16th floor, Relocation of PHOC & Waterproofing of Flat Roofs	The Msunduzi (KZN225)	DoH	N/A
Ugu			
G J Crookes Hospital - Replacement of roof and plumbing including minor internal renovations to ward A which includes the Labour, Gynae and Nursery.	Umdoni (KZN212)	DoH	N/A
Alterations and Renovations to Staff Accommodation	Ray Nkonyeni (KZN216)	DoH	N/A
Construction of new accommodation for staff	uMuziwabantu (KZN214)	DoH	N/A
Replacement of Maternity Ward Building HVAC System.	Umdoni (KZN212)	DoH	N/A
Construction of EMS Ambulance Base Wash-bays in Ugu	Umzumbe (KZN213)	DoH	N/A
King Cetshwayo			
Phase 1 - Core Block	uMhlathuze (KZN282)	DoH	N/A

Project Details / Scope	Location	project Lead	social partners
Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards: 0	uMlalazi (KZN284)	DoH	N/A
Obanjeni Clinic: Construction of a new medium clinic with MOU and 5 residences.	uMlalazi (KZN284)	DoH	N/A
Phase 1 Refurbish Existing Wards: Construction of Decanting Facility, Upgrade Laundry, New Pharmacy Store and Upgrade Paeds Building & Phase Refurbish and renovate existing Male & Female wards, including all services and new roof. Replace Medical Gas at Maternity ward	uMlalazi (KZN284)	DoH	N/A
Ngwelezane Nursing Campus- Refurbishment of the Nursing Campus.	uMhlathuze (KZN282)	DoH	N/A
iLembe			
Construct new medium clinic : with maternity, 4 double residential units, gate house, public toilets, carports, water tank 0001 etc.	KwaDukuza (KZN292)	DoH	N/A
Construction of additional staff accommodation to serve mainly Medical Interns and Officers.	Maphumulo (KZN294)	DoH	N/A
Modify Old Maternity, Gynae and Post-natal Ward and RARU Unit into a Covid-19 Unit	KwaDukuza (KZN292)	DoH	N/A
Replacement of Roof and Associated Cladding at Core Block	KwaDukuza (KZN292)	DoH	N/A
Conversion of chillers from water to air cooled	KwaDukuza (KZN292)	DoH	N/A
Harry Gwala			
Reconfigure Existing Building To Provide for Neonatal Nursery/Maternity ward.	Dr Nkosazana Dlamini Zuma (KZN436)	DoH	N/A
Shayamoya Clinic :Construction of Shayamoya new Medium Clinic with Nurses Residence	Greater Kokstad (KZN433)	DoH	N/A
Mahhehle / Ncakubana Clinic -Construct New Clinic with nurses residence	Ubuhlebezwe (KZN434)	DoH	N/A
Ofafa/ Ntakama Clinic-Construction of a New Small Clinic according to Ideal Clinic Design Principles including three residential units and Youth Friendly Section	Ubuhlebezwe (KZN434)	DoH	N/A
Clinic Expansion to include Hast Unit and Midwife Obstetric Unit	Dr Nkosazana Dlamini Zuma (KZN436)	DoH	N/A
eThekwini			
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 Blocks A to J, a separate Energy Centre (Block K), Roads and Parking.	eThekwini (ETH)	DoH	N/A
Upgrade and Additions to Maternity Wards and Labour Ward	eThekwini (ETH)	DoH	N/A

Project Details / Scope	Location	project Lead	social partners
Replacement of TB Ward at Osindisweni Hospital. The original building was deemed unfit for refurbishment. The new 60 bedded unit includes a reception area, consulting rooms, administration block, male and female sections (including acute wards) New access road and parking areas will also be attended to within the scope.	eThekwini (ETH)	DoH	N/A
Renovations to existing Nursery, Psychiatric basement, Physiotherapy area and relocation of the psychology department.	eThekwini (ETH)	DoH	N/A
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.	eThekwini (ETH)	DoH	N/A
Amajuba			
Renovate the student Accommodation Blocks	Newcastle (KZN252)	DoH	N/A
Fitting of CCTV and Access control Electrical compliance of the entire institution Boiler conversion to Heat Pumps	Newcastle (KZN252)	DoH	N/A
replace and re-route steam line and associated valves, replace condensate return line and associated valves, install pressure reducing valves, repair current hot well tank and install new	Newcastle (KZN252)	DoH	N/A
Structural Repairs in the CHC	Dannhauser (KZN254)	DoH	N/A
Upgrade of bulk water supply lines, storage and connections. Provide a dedicated fire water system with pumps, hose reels, hydrants, dedicated and possibly combined fire storage and new pipework. Provide sustainably water saving initiatives such as rainwater harvesting for irrigation purposes.	Newcastle (KZN252)	DoH	N/A

ANNEXURE D: 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
COVID	Coronavirus Disease
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

Abbreviation	Description
ECP	Emergency Care Practitioner
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

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

Abbreviation	Description
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
PTB	Pulmonary Tuberculosis
PTS	Patient Transport Services
Q, R, S	
SA	South Africa
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

REFERENCES

Foster, H., Brooks-Gunn, J., & Martin, A. (07). Poverty/socioeconomic status and exposure to violence in the lives of children and adolescents. In D. J. Flannery, A. T. Vazsonyi, & I. D.

Waldman (Eds.), The Cambridge handbook of violent behaviour behavior and aggression (p. 664–687). Cambridge University Press. https://doi.org/10.1017/CBO9780511816840.036

Haagsma JA, Graetz N, Bolliger I, et al. The global burden of injury: incidence, mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 13Injury Prevention 16;22:3-18.

Hawkins DF (1993). Inequality, Culture, and Interpersonal Violence. Health Affairs Vol. 12, NO. 4: Violence and the public's health.

Hsu, Chih-Cheng et al (12). Poverty Increases Type 2 Diabetes Incidence and Inequality of Care Despite Universal Health Coverage. Diabetes care. 35. 2286-92. 10.2337/dc11-52.

Hughes H et al (05). Advances in Violence and Trauma: Toward Comprehensive Ecological Models. Journal of Interpersonal Violence, January 05.
https://doi.org/10.1177/0886260504268116

OECD/European Union (18), "Main causes of mortality", in Health at a Glance: Europe 18: State of Health in the EU Cycle, OECD Publishing, Paris/European Union, Brussels.

Statista . Distribution of the leading causes of death in Africa in 16. Published by John Elflein, Jul 18, 19. Available at https://www.statista.com/statistics/1029337/top-causes-of-death-africa/

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

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**

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