KWAZULU-NATAL
DEPARTMENT
OF HEALTH

Annual Performance Plan 2010/11 – 2012/13

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FOREWORD BY THE MEC FOR HEALTH

The Annual Performance Plan (APP) for 2010/2011 is the first step towards the realisation of the health outcomes targeted in the Strategic Plan of 2010 – 2014. The focus for the current year will be the twenty health outcomes identified by the Office of the Presidency. Achieving these outcomes will contribute to reducing the quadruple burden of disease experienced in KwaZulu-Natal, namely:

- Communicable diseases (including but not exclusive of HIV and AIDS, Tuberculosis and Sexually Transmitted Infections).
- Non-communicable diseases and diseases of lifestyle (including but not exclusive to hypertension, diabetes mellitus, diarrhoeal diseases, lower respiratory tract infections, stroke, ischemic heart disease).
- Trauma (homicide, violence and road traffic accidents).

The APP incorporates the National Health System 10-Point Plan that will be the point of departure for the Department in addressing the burgeoning burden of disease in KwaZulu-Natal against the backdrop of increasing financial constraints. Striving towards the achievement of the Millennium Development Goals is integral to the business of the forthcoming year.

We will continue to strengthen Primary Health Care as the key vehicle to improving the health outcomes of the communities that we serve. Allied to this, is the focus on quality of care in the various initiatives within the Department such as the "Make me look like a Hospital" Project, the 18 Districts national initiative, the "Phila Ma" campaign to improve screening and management of cervical cancer, and the implementation of the National Core Standards for Quality.

Unique to this APP will be the focus on the 2010 Soccer World Cup. With the plans put in place by our Emergency Medical Rescue Services, Infection Prevention and Control component, Disaster Management component, Environmental Health Services, Communicable Diseases Control and Infrastructure Development, we are confident that the health of our spectators and soccer players will be in good hands.

Adequate, motivated and committed Human Resources are vital to the realisation of the targets set in the APP. I believe that the current cadre of staff in the Department will work in synergy to realise the specified targets. The Department will continue to focus on human resource development, mentoring and retention strategies to strengthen this committed cadre of staff.

Auditing of performance information will henceforth be part of the Auditor General of South Africa's report. Systems will be in place to ensure that performance information does not contribute to a qualified report.

The passion in overhauling healthcare in South Africa displayed by our recently departed Deputy Health Minister, Dr Molefe Sefularo, will inspire us to realise the outcomes of which he was a primary author. Whilst we still mourn his loss, it is in his memory that I commit to and endorse this Annual Performance Plan.

Dr S Dhlomo

MEC for Health

STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

It is opportune to present the Annual Performance Plan (APP) for 2010/2011 as it represents the beginning of the implementation process of the new five-year Strategic Plan. The Strategic Plan for 2010–2014 will also be tabled before legislature this year. The finalisation, consultation and implementation of the Service Transformation Plan will be a key activity in the MTEF 2010/2011.

The National Health System 10-Point Plan (indicated below and adopted by the Department) guides the priorities set in the APP.

1. *Provision of strategic leadership and creation of a social compact for better health outcomes.*
2. *Implementation of the National Health Insurance.*
3. *Improving the Quality of Health Services.*
4. *Overhauling the health care system and improving its management.*
5. *Improved Human Resources Planning Development and Management.*
6. *Revitalization of infrastructure.*
7. *Accelerated implementation of the HIV and AIDS strategic plan and increased focus on TB and other communicable diseases.*
8. *Mass mobilisation for better health for the population.*
9. *Review of drug policy.*
10. *Strengthening Research and Development.*

The Human Development Cluster Programme of Action 2010/11 outlines the 20 key outputs for 'A Long and Healthy Life for all South Africans'. Targets for these outputs have been set in the APP and it is anticipated that the realisation of these targets will contribute in the long-term to a reduction in the quadruple burden of disease as mentioned by our MEC. This ought to contribute to an increase in life expectancy. These key outputs have been aligned to the 10-Point Plan as well.

The burden of disease in KZN and the fiscal discipline required in service delivery demands innovative approaches to address the challenges faced in the health care arena. The Department is committed to the initiatives for reducing new HIV infections. We will aggressively pursue the targets for the HIV Counselling and Testing rollout, the Male Medical Circumcision campaign, healthy lifestyles and the number of qualifying patients on ART. We call on all other sector departments to support these initiatives.

The TB Crisis Plan will address the emergence of MDR and XDR TB. Hospital Revitalisation and Infrastructure Development backlogs will be addressed within the given financial constraints. The investment in our human capital will continue with a focus on improved management.

Facility Management teams will be held accountable for quality of care as measured by the implementation of the National Core Standards. Management teams are called upon to become integral to all the Quality Improvement initiatives. Facility Management teams will also be held accountable for the quality of data so as to contribute to an unqualified report by the Auditor General of South Africa.

Senior Management is committed to quality of care and improved service delivery and will provide the necessary support and leadership to the implementing teams to realise the goals and targets set in this APP.

Dr S M Zungu
Head of Department

OFFICIAL SIGN OFF OF THE PROVINCIAL APP 2010/11 – 2012/13

It is hereby certified that the 2010/11 – 2012/13 Annual Performance Plan for the KwaZulu-Natal Department of Health:

- Was developed by the Department under guidance of the Head of Department Dr S Zungu and the MEC for Health Dr S Dhlomo.
- Takes into account all relevant policies, legislation and mandates that the Department is responsible for.
- Was developed with due consideration to priorities identified in the National Health System 10-Point Plan and the Medium Term Strategic Framework.
- Accurately reflects the Strategic Goals, Objectives and Performance Targets which the Provincial Department of Health will endeavour to achieve over the period 2010 – 2014.

Mr. Ndoda Biyela

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Mr. N. Biyela
Chief Financial Officer

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Signature 9/04/2010

L. Johnson

Ms L. Johnson
Acting General Manager
Health Service Planning, Monitoring & Evaluation

.....
Signature 09.04.2010

DR S.M. ZUNGU

Dr S. Zungu
Accounting Officer

.....
Signature

APPROVED BY

DR S.M. DHLOMO

Dr S. Dhlomo
Executive Authority

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Signature

PART A: STRATEGIC OVERVIEW

1 SITUATIONAL ANALYSIS

1.1 THE PROVINCE OF KWAZULU-NATAL

The Province of KwaZulu-Natal stretches from Port Edward in the south to the borders of Swaziland and Mozambique in the north, and occupies 7.6% (92,100 sq km) of the total land surface of South Africa. Geographically it is divided into a lowland region along the Indian Ocean, the central planes and mountainous area in the west and northern part of the Province.

The Province is divided into 50 Municipalities, 1 Metropol and 10 Health Districts, with health service boundaries aligned to the municipal boundaries as determined by the Municipal Demarcation Board as demonstrated in Map 1: KZN Municipalities.

1.2 DEMOGRAPHIC CHARACTERISTICS

KwaZulu-Natal has an estimated total population of 10,449,300 and a projected uninsured population of 9,195,384.[1]

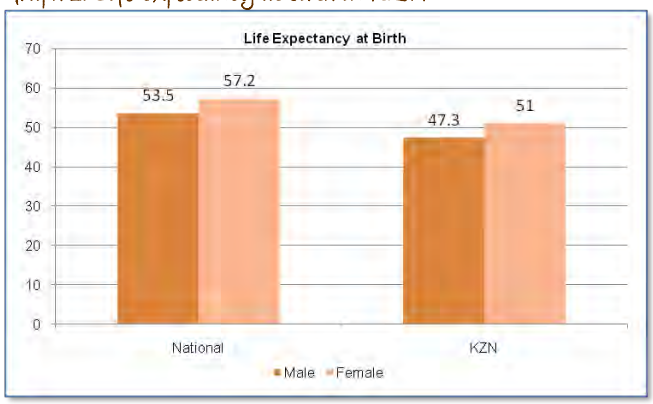
Approximately 70% of the provincial population are below the age of 35 years which has significant implications for service planning and delivery.

- 10% of the population are between the ages of 0-4 years;
- 36% between 5-19 years;
- 9% between 20-24 years;
- 8.33% between 25-29 years;
- 6.7% between 30-34 years; and
- 29.97% over the age of 35 years.

The population density, estimated at 107.52 people per km^2 has an impact on access and utilisation of health services, implementation and sustainability of out-reach programmes and community-based services and disease profiles. Health needs should therefore be contextualised to ensure appropriate resource allocation to address the inequalities with respect to access and service delivery.

According to Stats SA estimates, fertility rates declined from an average of 3.03 children per women in 2001 to 2.60 in 2009 (2.87 and 2.38 nationally). The life expectancy in KZN compares negatively with national estimates as indicated in Graph 1.

Graph 1: Life Expectancy at birth in KZN



1.3 POVERTY AND HEALTH PROFILES

Map 2 visually illustrates the poverty index per Municipality in KwaZulu-Natal using data from Census 2001 and the Community & Household Survey of 2007. Variables, considered as priority for material and social deprivation, have been weighted for the development of the poverty index. Indicators used for this calculation included data pertaining to: economic data (income, dependency ratio); education data (schooling); basic services at household level (water, sanitation, electricity, communication, refuge); demographic data (population construction); social data (heads of household); and roads (accessibility).

Ranking Municipalities and Districts according to socio-demographic, economic and health indices provides the Department with valuable insights into the gaps that exist between the least and most deprived Municipalities and Districts with regard to health services and the inter-relation between social determinants of health and disease profiles. This is in line with the intention of evidence-based planning and results-based monitoring of performance.

[1] Statistical Release P0302 Mid-Year Population Estimates 2009

This is also in line with the Governments' call to focus on the most deprived areas to ensure equity in resource allocation and service delivery. The information is fundamental when analysing disease profiles and assessing equity and access and must be used in conjunction with service delivery indicators to determine strategic direction and allocation of resources.

The influx of people into the eThekwini Metropol has a huge impact on service need versus delivery as is evident in the increase in patient numbers versus decrease in staffing numbers. In-migration of people also increases catchment populations which present unique challenges in determining staffing norms and standards.

Stats SA estimated the Provincial unemployment rate at 29.9%. Map 3 visually illustrates the distribution of people living below the poverty line and Map 4 the unemployed population per Municipality.

Multiple factors contribute to the attainment of health, many of which are outside the mandate of the Department. This emphasise the importance of collaboration and integrated planning to ensure holistic interventions in addressing community needs.

The contribution of environmental factors to morbidity and mortality is well documented and it is estimated that up to 40% of world deaths can be attributed to various environmental factors. People living in unhygienic environments i.e. areas with poor drainage systems, inadequate sanitation, and lack of access to piped water, suffers higher levels of morbidity and mortality.[2] Access to water correlates strongly with the survival of children under-5 years, while malnutrition, a major cause of child morbidity and mortality, can also be related to environmental degradation.[3]

This information is exceptionally important in addressing child health (MDG 4) and should be monitored in conjunction with Local Government to ensure appropriate action. Map 5 visually illustrates comparison between municipalities and households with access to piped water and adequate sanitation (Map 6).

The Social Cluster Flagship Programme, focussing on the integration and coordination of services to address poverty and deprivation, will facilitate development processes at Ward level that will enable individuals to become owners of development. This will to some extent ensure more comprehensive interventions for challenges outside the mandate of the Department.

The Strategic Planning and GIS Components developed a composite Provincial Health Profile using socio-demographic and economic indicators (Census data - Statistics South Africa), priority health indicators (data from the District Health Information System - DHIS), health facilities geographical location (data from the Geographical Information System) and roads (data from the KwaZulu-Natal Department of Transport). The health profile (*See Map 7)* has the potential to alert the Department to inequalities and gaps in service delivery and pave the way for a more comprehensive analysis of health indicators linked with socio-demographic and economic variables.

1.3.1 Data Analysis

Data was analysed at Municipal level, with DHIS and the 2007 Community Survey data linked to GIS via Municipality names. GIS buffers were used to determine the coverage of health facilities within 5km, 10km and 15km from Municipal boundaries and the ease of access to health facilities from communities by calculating the length of road coverage by road type per Municipality. The data analysis and map creation was done through using ArcGIS.

1.3.2 Scoring

The measurement yardstick used to create a composite profile allocating each Municipality a rank score between 1 and 5 (score of 1 being least favourable and 5 most favourable) is based on the Jenks Algorithm.

1.3.3 Data Modelling

The weighting of the selected indicators and ranking of data to develop an overall score that can provide an accurate assessment of the health profile has the potential to produce multiple scenarios based on different indicators. It will therefore be possible to map additional indicators depending on identified needs.

[2] Caldwel JC & Caldwel BK 2002 - Poverty and morality in the context of economic growth and urbanization - Asia-Pacific Population Journal 49-66
[3] Amuyynzu-Nyamono M, Taff N, 8 January 2004. The triad of poverty, environment and child health in Nairobi informal settlements – Journal of health and population in developing countries

1.4 ORGANISATIONAL ENVIRONMENT

There were 67,594 employees in the KwaZulu-Natal Department of Health in 2008/09[4] as compared to 67,213[5] in 2007/08 and 52,643 in 2005/06.

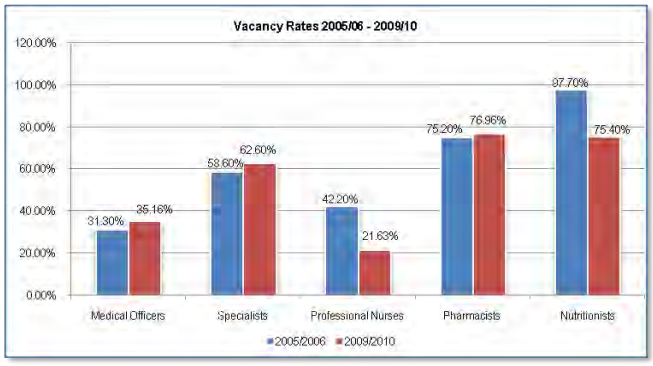
The triple burden of disease including the rapid expansion of HIV and AIDS services place additional pressure on staffing requirements and availability of services. Critical skills vacancies have a serious impact on service delivery, including availability, quality and staff morale.

Vacancy rates for critical skills show a consistent increase between 2003/04 to 2006/07 and then seem to stabilize in 2007/08.[6] The vacancy rate for Medical Officers shows a consistent increase from 20.7% in 2004/05 to 38.6% in 2008/09 and 35.16% in 2009/10, and the vacancy rate for Medical Specialists increased sharply from 39.6% in 2004/05 to 69.5% in 2008/09 and 62.6% in 2009/10 impacting seriously on the delivery of specialist services at Regional and Tertiary levels.

Although the vacancy rates for Professional Nurses show an initial increase from 22.7% in 2004/05 to 42.2% in 2005/06 it shows a decline to 21.4% in 2008/09 and 21.63% in 2009/10. Correct placement of staff must be assessed to ensure that staff are placed correctly to ensure optimal use of available resources (considering skills mix, competency and staffing norms).

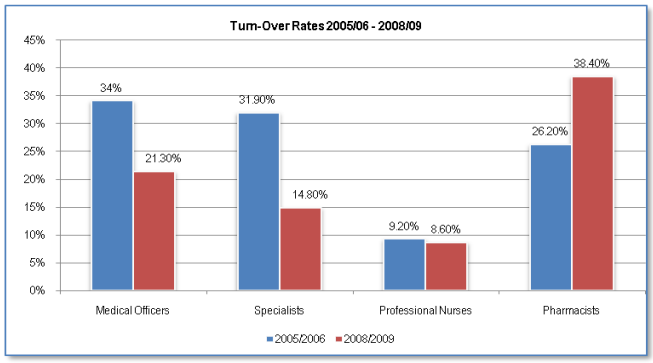
The increased demand and utilisation of public health services significantly increase the workload and clinical demands on health care providers. This has significant implications for resource allocation in order to achieve the MDG's as well as the NHS 10-Point Plan expectations. The current fiscal adjustment plan (to curb over-expenditure) further challenges the tough choices to be made to ensure adequate growth of health services.

Graph 2: Vacancy Rates 2005/06 – 2009/10



Turn-over rates for critical skills (except Pharmacists) show a steady decrease between 2005/06 to 2008/09 as indicated in Graph 3.

Graph 3: Turn-Over Rates 2005/06 – 2009/10



The impact of extended incapacity leave at operational level was raised as one of the serious concerns during the Strategic Planning Workshops. The analysis however indicated that both the number of employees utilizing this option and the cost implications have declined over the past 4 years.

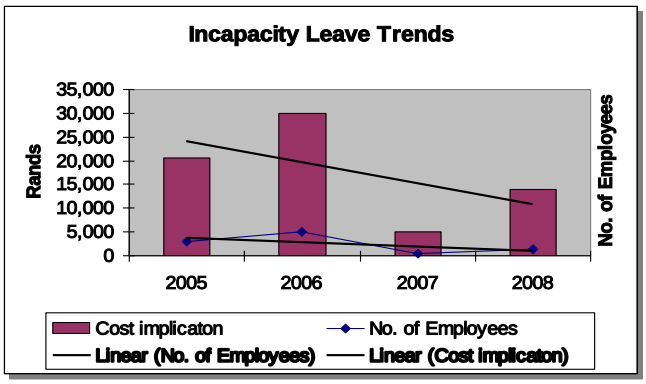
The contract with Thandile Health Risk Management was terminated in October 2009 and the Office of the Premier is currently engaged in negotiations for a new service provider. The lack of controls however point towards poor management and must be addressed as a matter of urgency.

[4] 2008/09 Annual Report

[5] It must be noted that data is subject to change as institutions effect backdated service terminations and appointments which will impact on total staff numbers. In addition, transactions on the suspense file on Persal also impact on the staffing numbers e.g. a service termination may be effected but not all transactions are updated on Persal – therefore although an employee's salary may be stopped, the post will be reflected as filled

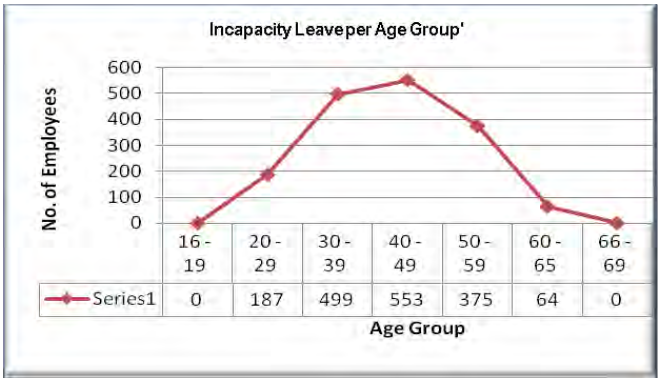
[6] 2007/08 Persal data used to reflect a complete financial year

Graph 4: Incapacity Leave Trends

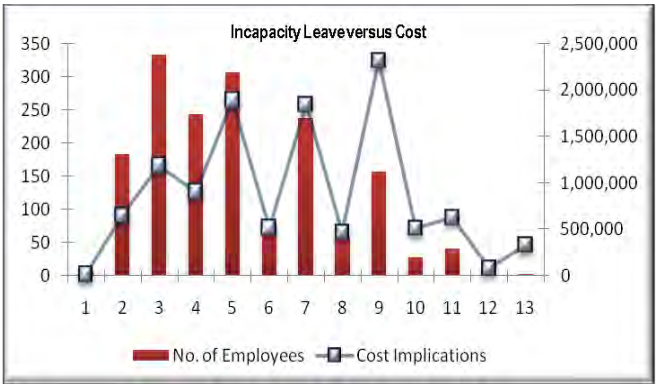


Incapacity leave numbers in 2009 indicated that the age group that utilizes incapacity leave the most, is the 40 – 49 year old age group (553 employees) followed by the 30 – 39 year old group (499 employees) as indicated in Graph 5 below.

Graph 5: Incapacity Leave per Age Group



Graph 6: Incapacity Leave versus Cost

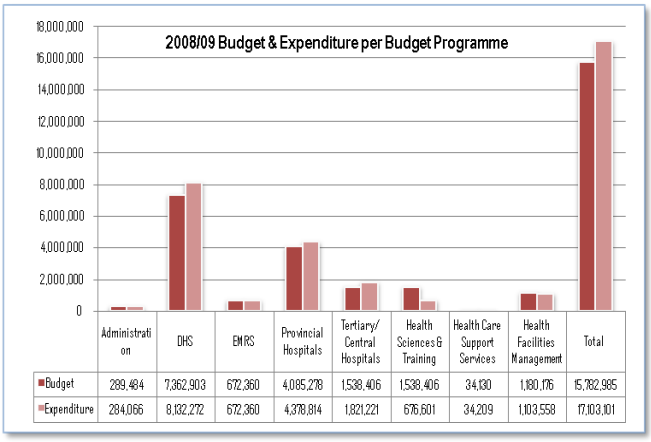


Salary levels 3 (Enrolled Nursing Assistants, Administration Clerks and other elementary occupations) and 5 (Senior Nursing Assistants, Staff Nurses and rank promoted Administration Clerks) are most affected by incapacity leave as illustrated in Graph 6. Salary level 9 had the highest cost implication at R 2 312 861 with 157 employees being on incapacity leave.

Over-expenditure of R1 320 116 000 in the previous MTEF had a serious impact on service delivery and will continue to do so in the forthcoming MTEF. Cost containment measures (put in place in 2009/10) limit service delivery and innovative strategies will have to be implemented to utilise existing resources more effectively in order to maintain and improve service delivery.

District Health Services (Programme 2) has the biggest budget followed by Regional Hospitals (Programme 4) and Tertiary/Central Hospitals (Programme 5).

Graph 7: Expenditure by Programme[7]



During the Strategic Planning Workshops delegates identified the following root causes for over-expenditure:

- Historical under-funding of health services.
- Increased burden of disease without concomitant budget adjustments and alignment.
- Poor financial management and lack of competencies, accountability and discipline (especially at facility level).
- Poor financial controls.

[7] Reproduced from the Fiscal adjustment Plan Presentation – November 2009

- Non-alignment of budget with service delivery planning, priorities and package of services.
- Unfunded mandates.
- Policies not costed to allow translation into service delivery.
- Lack of an effective costing model to inform budget allocation.

The Fiscal Adjustment Plan, aiming to curb over-expenditure and improve financial management, take cognisance of the above challenges to ensure that sustained management practices are implemented and monitored.

1.5 PERFORMANCE & SERVICE DELIVERY ENVIRONMENT

An urgent skills audit is necessary to determine the current placement of staff in order to inform allocation and re-organisation of health services in line with service delivery demands. Table 4 (using Persal and DHIS data) demonstrates the distribution of resources at PHC level. The *Rural Development Nodes are indicated in brown.*

Table 1: District PHC Statistics for 2008/09

District	PHC Headcount	Number PN's (PHC)	Headcount/ PN/ Year	Vacancy Rates	Clinical Workload	Utilisation Rate
Ugu	1,722,755	155	11,115	21.72%	37	2.5
Umgungundlovu	2,528,422	227	11,138	20.35%	52	3.11
Uthukela	1,349,193	135	9,994	9.40%	37	2.1
Umzinyathi	1,221,441	113	10,809	36.16%	34	3
Amajuba	1,023,561	133	7,696	13.64%	32	2
Zululand	1,913,862	226	8,468	28.25%	37	6.9
Umkhanyakude	1,616,274	146	11,070	15.61%	40	2.7
Uthungulu	2,140,605	146	14,662	33.33%	45	2.3
eThekwini	8,025,342	655	12,252	19.43%	48	2.6
Ilembe	1,757,750	150	11,718	25.37%	51	2.68
Sisonke	906,116	142	6,381	36.04%	28	2.1
KZN Average	**2,200,484**	**203**	**10,482**	**23.57%**	**40**	**2.91**

Data Source: DHIS & Persal

Table 2 (A 1): Trends in key Provincial Service Volumes - District Health Services

Indicator	2006/07 Actual	2007/08 Actual	2008/09 Actual	2009/10 Mid-Year Estimate
PHC headcount in PHC facilities	20,548,203	21,260,261	23,838,854	24,773,644
OPD headcount in District Hospitals	2,412,352	2,168,440	2,545,000	2,478,018
Hospital separations	316,889	349,624	361,244	371,904

Data Source: DHIS

Table 3 (A 2): Progress towards the Millennium Development Goals (MDG's)

MDG Goals & Targets	MDG Indicators & National Targets	National Progress 2004 - 2009	Provincial Progress 2004 – 2009/10
Goal 1: Eradicate extreme poverty and hunger **Target:** Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children (under 5 years) **National Target (2015):** 0%	0.6% *Data Source: DHIS 2008/09*	1.2% *Data Source: DHIS 2008/09*
	Incidence of severe malnutrition in children under 5 years **National Target (2015):** 2.7% (or less)	5.4% *Data Source: DHIS 2008/09*	6.2/ 1 000 (Q2 - 2009/10) *Data Source: DHIS*
Goal 4: Reduce Child Mortality **Target:** Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate	Under-5 mortality rate **National Target (2015):** 19.7/1 000 (or less)	58/1 000 *Data Source: SADHS 2003*	95/1 000[8] *Data Source: Medical Research Council* Facility mortality under-5 years rate 13.7% (Q2 2009/10) *Data Source: DHIS*
	Infant mortality rate **National Target (2015):** 14.3/1 000 (or less)	43/1 000 *Data Source: SADHS 2003*	60/1 000[9] *Data Source: Medical Research Council* 46/1 000 *Data Source: Statistics SA Mid-Year Estimates 2009* Facility mortality under-1 year rate 15.7% (Q2 – 2009/10) *Data Source: DHIS*
	Proportion of one-year-old children immunised against measles **National Target (2015):** 100%	85.8% in 2007 *Data Source: DHIS, National DOH 2007*	88% (Q2 – 2009/10) *Data Source: DHIS (Q2 of 2009/10)*

[8] The data quality for child mortality (58/1000) in the SADHS 2003 is considered unreliable and is therefore not quoted
[9] SADHS 2003 (43/1000) is considered unreliable and therefore not quoted

MDG Goals & Targets	MDG Indicators & National Targets	National Progress 2004 - 2009	Provincial Progress 2004 – 2009/10
Goal 5: Improve Maternal Health **Target:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal Mortality Ratio **National Target (2015):** 36.8/100 000 (or less)	147/100 000 *Data Source: National Confidential Enquiries into Maternal Deaths 2002-2004*	224.4/100 000 *Data Source: National Confidential Enquiries into Maternal Deaths 2004-2007 (KZN data)* 168 facility-based deaths reported Q1 and Q2 of 2009/10 *Data Source: DHIS*
	Proportion of births attended by skilled health personnel **National Target (2015):** 100%	92% *Data Source: SADHS 2003*	91.1% *Data Source: SADHS 2003*
Goal 6: Combat HIV and AIDS, Malaria and other diseases **Target:** Have halted by 2015, and begin to reverse the spread of HIV and AIDS	HIV prevalence among 15-24 year old pregnant women **National Target (2015):** 9.5% (or less) – 50% reduction in prevalence	12.9% *Data Source: National HIV & Syphilis Prevalence Survey of SA 2007*	29% *Data Source: National HIV & Syphilis Prevalence Survey of SA 2008*
Target: Have halted by 2015, and begin to reverse the spread of HIV and AIDS	Contraceptive prevalence rate **National Target (2015):** 85%	65% *Data Source: SADHS 2003*	76.8% *Data Source: SADHS 2003*
	Mother to Child Transmission Rate	-	20.8% (2004/05) and 7% (2008/09) *Data Source: Provincial Research – Centre for Rural Health*
Target: Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases	Proportion of TB cases detected and cured under directly observed treatment, short-course (DOTS) **National Target (2015):** 85%	64% *Data Source: DHIS 2008*	53.1% (2008/09) and 58% (Q2-2009/10) *Data Source: Electronic TB Register*
	Prevalence and death rates associated with malaria	-	244 Cases and 3 Deaths (2009) *Data Source: Programme Report* Prevalence <1:1 000 population *Data Source: Notifiable Conditions Database*

1.6 REVISION OF LEGISLATIVE AND OTHER MANDATES

To ensure effective implementation of service delivery imperatives (in line with legislation and national policy directives) and to improve efficiency, the Province will review and/or develop the following policies especially relevant to the Provincial 5-year vision and vigorously monitor the implementation thereof. Policies will align with the strategic vision of the Department e.g. Service Transformation Plan and supportive long-term plans. Management systems and processes will be aligned to support the effective translation of policy into service delivery.

- Provincial Supply Chain Management Policy Framework.
- Provincial Integrated HIV and AIDS Policy & Guidelines to include circumcision and the national policy changes announced by the President on the 1st of December 2009.
- Provincial Finance Policy Framework.
- Provincial TB Policy Guidelines to ensure incorporation of national policy changes announced by the President on the 1st of December 2009 as well as intended management options considered for the management of MDR and XDR TB.
- Provincial MC&WH and Nutrition Policy and Guidelines to ensure incorporation of national policy changes announced by the President on the 1st of December 2009 as well as the National 5-Year Strategy.
- Provincial integrated PHC Policy & Guidelines.
- Human Resource Management Policies and Guidelines in line with service delivery imperatives.
- Provincial Policies & Guidelines to guide implementation of community-based services e.g. Governance, Community Health Workers and Community Based Carers.
- Data and Information Management Policy & Guidelines.
- Health Research & Knowledge Management Policy & Guidelines.

To ensure that the planning process is synchronised with the entire planning, budgeting, monitoring & reporting framework prescribed in the PFMA, the APP is linked with the MTEF projections and budget allocation. Measurable objectives will therefore be linked to programme budgets to ensure effective translation of intended strategies into service delivery.

Performance agreements of all Senior Managers will be aligned with strategic goals and objectives in the 5-year Strategic Plan and Annual Performance Plan to give credence to evidence-based performance management.

NOTE!

The National Department of Health and National Treasury, in consultation with Provincial Departments, identified a core group of indicators per Budget Programme. Provinces must report on these indicators on a quarterly basis through the Provincial Quarterly Reporting System. These reports are submitted to the national departments through the office of the head of department. For ease of reference, these identified national indicators are highlighted in light brown in the tables in this APP.

Based on the national guidelines, the Strategic and Annual Performance Plans incorporate **core priorities** for the reporting period. This does in no way exclude other service delivery obligations which will receive the necessary attention in pursuance of improved service delivery and health outcomes. These programme/ process indicators have been included in Operational Plans, District Health Plans and Facility Plans to ensure appropriate monitoring and reporting.

KwaZulu-Natal included all performance indicators (including the sub-set of process indicators in support of core indicators presented in the Strategic and Annual Performance Plans) in the approved Monitoring & Evaluation Framework. Quarterly reporting on all indicators will ensure comprehensive progress reports on performance as required.

The Department acknowledges national performance targets and will strive to achieve these targets. It is however imperative that the Province consider current performance and availability of resources in determining Provincial performance targets for the planning cycle. Targets will be reviewed annually and adjusted accordingly.

At the time of finalising the Strategic Plan and Annual Performance Plan the Service Transformation Plan (with attached Core Components) which will direct rationalization of Provincial health services has not been finalised. Specific details (including deliverables and timelines) will therefore be based on current draft documents and processes until Implementation Plans for the STP and attached Core Components have been finalised.

- Strategic Plan: Outcome and impact indicators (long-term).
- Annual Performance Plan: Output, outcome, efficiency, effectiveness and quality indicators.
- Provincial Operational Plan: Include core input, efficiency, quality and output indicators (include the Head Office programmes/ services – enabling indicators).
- District Health Plans: Input, output and outcome indicators monitored at district level in support of Provincial targets.
- Facility Plans: Input, output and outcome indicators.
- Monitoring & Evaluation Framework: All indicators are included in the Monitoring & Evaluation Framework to ensure effective reporting on progress.

2 NATIONAL HEALTH SYSTEM (NHS) PRIORITIES

Table 4 (A 3): National Health System (NHS) Priorities for 2009 – 2014

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
NHS Priority 1: Provision of strategic leadership and creation of a social compact for better health outcomes					
MTSF Output 15: Enhanced operational management of health facilities (Health system effectiveness).	Ensure unified action in pursuit of common goals.	Approved Strategic Plan aligned with NHS and MTSF priorities tabled in April 2010.	Tabled April 2010	-	-
		Annual Performance Plan (APP) tabled for each year of the planning cycle.	Tabled as per Treasury Regulations	Tabled as per Treasury Regulations	Tabled as per Treasury Regulations
		11 approved District Health Plans per annum aligned with the APP, NHS and MTSF priorities.	11 DHP's approved	11 DHP's approved	11 DHP's approved
		Approved STP, aligned with the NHS 10-Point Plan published in August 2010.	Published in August 2010	Implemented as per Implementation plan	Implemented as per Implementation plan
	Mobilise leadership structures of society and communities.	100% Hospital Boards established by 2012/13.	10/72 = 13%	40/72 = 55%	72/72 = 100%
		100% Clinic Committees established in CHC as per KZN Health Act (1 of 2009) by 2012/13.	5/16 = 31%	10/16 = 62%	16/16 = 100%
		188/558 (30%) Clinic Committees established by 2012/13 and 70% by 2014/15 as per KZN Health Act (1 of 2009).	56/558 = 10%	132/558 = 20%	188/558 = 30%
	Communicate to promote policy & buy-in to support Government Programmes.	Annual Provincial and 11 District Consultative Health Forums established and convened as prescribed in terms of the National Health Act of 2003.	Provincial Forum established and convened	Convened annually	Convened annually
			Nil District Health Councils established	3/11 = 27% established and convened annually	6/11 = 55% established and convened annually
		Communication Strategy approved and published in August 2010 (as component of the STP).	Published August 2010	-	-
	Review of policies to achieve goals.	KZN Health Act (1 of 2009) Regulations promulgated in 2010/11.	Promulgate Regulations	-	-

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
MTSF Output 18: Strengthened Health Information Systems (Health system effectiveness).	Implement results-based performance monitoring and information management.	Implement Results-Based Performance Monitoring as per M&E Framework from 2010/11 onwards.	Implement approved M&E Framework	Implement approved M&E Framework	Implement approved M&E Framework
		Provincial Information Committee established and convened quarterly as per KZN Health Act (1 of 2009).	Committee established and quarterly meetings convened	Quarterly meetings	Quarterly meetings
		Annual unqualified audit opinion from the AGSA on performance information 2011/12 – 2014/15.	Not officially audited	Unqualified audit opinion	Unqualified audit opinion
		Integrated information systems as per MSP Implementation Plan.	MSP approved	Implement as per Implementation Plan	Implement as per Implementation plan
		Quarterly PQRS total assessment score improved from 90% to 100% by 2012/13.	90%	95%	100%
		Submit 4 quarterly progress reports per year on progress towards 10-Point Plan priorities (as per Strategic Plan and Annual Performance Plan targets).	4 Quarterly reports submitted	4 Quarterly reports submitted	4 Quarterly reports submitted
		Table five (5) approved Annual Reports as per Treasury Regulations.	Annual Report tabled as per Treasury Regulations	Annual Report tabled as per Treasury Regulations	Annual Report tabled as per Treasury Regulations
NHS Priority 2: Implementation of National Health Insurance – National Mandate: Improvement of Hospital services in line with National imperatives in preparation of NHI					
NHS Priority 3: Improving the Quality of Health Services					
MTSF Output 14: Accreditation of health facilities for quality (Health system effectiveness).	Scale up implementation of programmes to improve the quality & efficiency of health services.	National Core Standards implemented in 100% PHC facilities, CHC's and Hospitals by 2010/11.	PHC 0/558	PHC 28/558 = 5%	PHC 56/558 = 10%
		279/558 (50%) PHC Clinics (10% per year); 16/16 CHC's; 37/37 District Hospitals accredited by 2014/15.	CHC 0/16	CHC 3/16 = 19%	CHC 6/16 = 37%
			District Hospital 0/37	District Hospital 9/37 = 24%	District Hospital 13/37 = 35%
		14/14 Regional Hospitals and 2/2 Tertiary/Central Hospitals accredited by 2012/13.	Regional Hospital 0/14	Regional Hospital 10/14 = 71%	Regional Hospital 14/14 = 100%

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
			Tertiary Hospital 0/1	Tertiary Hospital 1/1	-
			Central Hospital 0/1	Central Hospital 1/1	-
		Increase the PHC supervision rate from 64% to 100% by 2014/15.	76%	80%	85%
MTSF Output 13: Improved patient care and satisfaction (Health system effectiveness).		Average patient waiting time at OPD ≤1 hour by 2014/15 (all hospitals).	< 5 hrs	< 4.5 hrs	< 4 hrs
		Average patient waiting time at Admissions ≤1 hour by 2014/15 (all hospitals).	< 5 hrs	< 4.5 hrs	< 4 hrs
		100% of facilities conduct annual Patient Satisfaction Surveys.	100%	100%	100%
		Caesarean Section Rate District Hospitals	27%	26%	25%
		Caesarean Section Rate Regional Hospitals.	34%	33%	32%
		Caesarean Section Rate Tertiary Hospitals.	70%	65%	60%
		Caesarean Section Rate Central Hospitals.	70%	65%	63%
NHS Priority 4: Overhauling the health care system and improving its management					
MTSF Output 11: Revitalisation of PHC (Health system effectiveness).	Implement the PHC strategy to revitalise PHC services as fundamental approach in service delivery.	PHC strategy implemented in 11 districts by 2010/11 as per Implementation Plan.	PHC strategy finalised and implemented in 11 districts	Strategy aligned with STP as part of Revitalisation of PHC services	Strategy aligned with STP as part of Revitalisation of PHC services
		PHC Total Headcount.	28,548,362	31,117,714	33,918,308
		Increase PHC utilisation rate from 2.9 to 4 visits per client per year by 2014/15.	2.9	3.0	3.2
		Increase PHC utilisation rate for children under-5 years from 4.5 to 5 visits per child per year by 2014/15.	4.8	5.0	5.2
		Increase % fixed clinics supported by a doctor at least once a week to 70% by 2014/15.	45% (251/ 558)	47% (262/ 558)	50% (279/ 558)
MTSF Output 17: Improved healthcare financing.		Increase the PHC budget (as % of total budget) from 47% in 2009/10 to 49.42% by 2014/15.	47.98%	48.7%	49.24%

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
		Increase the expenditure per PHC visit to R150 by 2014/15.	R 92	R 95	R 100
	Improve hospital efficiency.	Expenditure per PDE (District Hospital).	R 1,300	R 1,425	R 1,450
		Expenditure per PDE (Regional Hospital).	R 1,230	R 1,240	R 1,250
		Expenditure per PDE (Tertiary Hospital).	R3,250	R 3,200	R 3,100
		Expenditure per PDE (Central Hospital).	R 7,500	R 7,000	R 6,500
		Decrease **average length of stay** from: 5.2 to 4.4 days by 2014/15 in District Hospitals.	5.2 days	5 days	4.8 days
		5.6 to 4 days by 2014/15 in Regional Hospitals.	5.4 days	5.2 days	5 days
		9.1 to 5 days by 2014/15 in Tertiary Hospitals.	9 days	8 days	7 days
		8.2 to 5 days by 2014/15 in Central Hospitals.	8 days	7 days	6 days
		Increase the **bed occupancy rate** from 69% to 75% by 2014/15 in District Hospitals.	69%	70%	72%
		72% to 75% by 2012/13 in Regional Hospitals.	73%	74%	75%
		70% to 75% by 2014/15 in Tertiary Hospital.	72%	73%	74%
		64% to 75% by 2014/15 in Central Hospital.	65%	68%	70%
		OPD Headcounts (District Hospitals).	3,167,104	3,198,675	3,230,562
		OPD Headcounts (Regional Hospitals).	2,832,937	2,917,960	3,005,498
		OPD Headcounts (Tertiary Hospitals).	204,753	205,793	207,893
		OPD Headcounts (Central Hospitals).	193,179	195,111	197,062
MTSF Output 15: Enhanced operational management.	Implement reviewed delegations.	Implement the approved national delegations for District Managers in 11 health districts by 2011/12.	Implement if available from National	11/11 = 100%	11/11 = 100%

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
MTSF Output 17: Improved health care financing (Health system effectiveness).	Develop internal training programme for managers.	100% Hospital Managers signed reviewed delegations of authorities by 2010/11 and annually thereafter.[10]	100%	100%	100%
		100% Hospital CEO's sign Performance Agreements aligned with Annual Performance Plan in 2010/11 and annually thereafter.	100%	100%	100%
		Establish a Training Programme for Managers by 2011/12 and enrol 100% of Hospital CEO's in the programme by 2013/14.	Establish training programme	50% Managers enrolled in Management Programmes	100% Managers enrolled in Management Programmes
		Increase the number of managers accessing the Management Skills Programme.	100	100	120
		Number of SMS members trained on MIP.	10	20	20
		Number of students with bursaries.	800	830	860
	Finance & SCM Turn-Around Strategy to eliminate over-expenditure.	Annual unqualified audit opinion from the AGSA for financial statements 2010/11 – 2014/15.	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
		Expenditure within budget by 2012/13 and annually thereafter.	-	-	Zero over-expenditure
		80% procurement spent on specific & transversal contract management by 2014/15.	50%	60%	70%
		100% assets accounted for in the Asset Register by 2014/15.	100%	100%	100%
		100% (11) District Health Expenditure Reviews approved annually.	11 DHER's conducted/ approved	11 DHER's conducted/ approved	11 DHER's conducted/ approved
		Percentage of contracts compliant with Legal Prescripts.	80%	90%	100%

[10] This is dependent on reviewed delegations as per National Strategic Plan 2010/11 – 2012/13

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
MTSF Output 15: Enhanced operational management of health facilities (Health system effectiveness).	Improve the efficiency and effectiveness of Emergency Medical Services.	Annual Departmental Risk Profile (Operational and Strategic).	Risk Profile finalised	Risk Profile Monitored	Risk Profile Monitored
		Number of Audit Queries attended to before 31st July.	100% (Number)	100% (Number)	100%(Number)
		Review Audits conducted before 31st March.	100% (Number)	100% (Number)	100%(Number)
		1:10 000 Rostered ambulances per 10 000 population by 2014/15.[11]	0.38/10 000	0.41/10 000	0.45/10 000
		P1 calls with a response time of <40 minutes in a rural area ≥ 70% by 2014/15.	45%	55%	65%
		P1 calls with a response time <15 minutes in an urban area ≥ 70% by 2014/15.	30%	40%	50%
NHS Priority 5: Improved Human Resources Planning Development and Management					
MTSF Output 16: Improved access to Human Resources for Health (Health systems effectiveness).	Refine the Human Resources Plan (HRP) for health. Improve Human Resources Management Systems.	Approved Provincial Human Resources Plan (HRP) aligned with the STP and published with the STP by August 2010.	Published August 2010	Aligned with STP and implemented	Implement as per Implementation Plan
		Persal data verified by March 2011.	Persal data verified	-	-
		Number of Registrars in training (cumulative).	600	620	650
		Retain 75% of Specialists completing the Registrar training by 2014/15.	180/600 = 30%	310/620 = 50%	325/650 = 50%
		Vacancy rate for Professional Nurses.	20%	19%	18%
		Vacancy rate for Doctors.	33%	32%	31%
		Vacancy rate for Medical Specialists.	61%	60%	59%
		Vacancy rate for Pharmacists.	66%	65%	64%

[11] All the EMS performance indicators will be reviewed based on the current review and analysis and will be included in the new EMS strategy – it was too late for inclusion in this document

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
NHS Priority 6: Revitalisation of infrastructure					
MTSF Output 12: Improved physical infrastructure for health care delivery (Health system effectiveness).	Revitalise infrastructure & align with STP.	Average backlog of service platform in fixed PHC clinics.	R 302,962,000 (Maintenance) R2307,962, 000 (Replacement)	R 272,666,000 (Maintenance) R 2,538,679,000 (Replacement)	R 245,399,000 (Maintenance) R 2,792,547,000 (Replacement)
		Average backlog of service platform in District Hospitals.	R 1,056,017,000 (Maintenance) R6,750,994 (Replacement)	R 950,415,000 (Maintenance) R 7,426,093,000 (Replacement)	R 855,374,000 (Maintenance) R 8,168,702,000 (Replacement)
MTSF Output 12: Improved physical infrastructure for health care delivery (Health system effectiveness).	Urgent implementation of a clean-up, refurbishment and preventative maintenance of all health facilities. To accelerate the provision of new clinical buildings and infrastructure.	52 New clinical infrastructure projects fully commissioned by 2014/15.	17	4	6
	To upgrade and maintain existing infrastructure and buildings.	89 upgrading & renovations projects fully commissioned by 2014/15.	33	14	12
	Ensure the effective provision of Property Management/ Real Estate services.	Infrastructure programme Implementation Plan implemented.	Plan implemented	-	-
NHS Priority 7: Accelerated implementation of the HIV and AIDS Strategic Plan and the increased focus on TB and other communicable diseases					
MTSF Output 1: Increased life expectancy at birth. 57-59 years. **MTSF Output 2:** Reduce child mortality. 30-45/1000 live births. **MTSF Output 4:** Manage	Scale up implementation of the NSP for HIV & AIDS and STI's – including policy changes effective from April 2010.	Reduce HIV incidence with 50% by 2011/12.	-	-50%	-
		Increase the % of HIV+ qualifying patients on ART to 90% by 2014/15.	74%	80%	85%
		Increase the number of patients initiated on ART from 335,148 to 695,557 by 2012/13.	470,472	454,411	695,557
		Fixed facilities with ARV drug stock-out.	0%	0%	0%

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
HIV prevalence. N/A **MTSF Output 5:** Reduce HIV incidence. 50% by 2011/12. **MTSF Output 9:** Improved access to ART for HIV-TB co-infected patients. 100% Tb-HIV co-infected patients on treatment. **MTSF Output 6:** Expanded PMTCT Programme. MTCT to <5%. **MTSF Output 20:** Expanded access to HBC and CHW (Health system effectiveness). **MDG 4:** Reduce child mortality. **MDG 6:** Combat HIV and AIDS, Malaria & other diseases.		100% of TB-HIV co-infected patients with CD4 count of 350 or less initiated on ART.	100%	100%	100%
		Male Condom Distribution Rate.	10	12	14
		Increase STI partner treatment rate to 30% by 2014/15.	24%	25%	27%
	Male Medical Circumcision Strategy.	96,001 neonatal males circumcised by 2012/13.[12]	47,055/94,110 = 50%	71,288/95,051 = 75%	96,001/96,001 = 100%
		373,406 adult males circumcised by 2012/13.[13]	186,703/1,867,030 = 10%	373,406/1,867,030 = 20% (total 30%)	373,406/1,867,030 = 20% (total 50%)
	HCT Campaign.	100% facilities implement HCT campaign by 2011.[14]	90%	100%	100%
	Implement the Flagship Programme.	Increase coverage at ward level from 57 Wards to 750 Wards by 2014/15.	150 wards	450 wards	550 wards
	Accelerated PMTCT Plan.	Reduce mother to child transmission to ≤ 5% by 2014/15.	< 6%	< 5%	< 5%
		Increase the proportion of pregnant women counselled and tested for HIV to 100% by 2011/12.	98%	100%	100%
		Increase the % eligible pregnant women placed on HAART to 95% by 2014/15.	50%	75%	85%
		Newborn baby Nevirapine uptake.	100%	100%	100%
		Antenatal client Nevirapine uptake.	95%	100%	100%
		Antenatal client initiated on AZT during antenatal care.	90%	95%	100%

[12] Acceptance rate of 80% of the KZN neonatal male population defined as the target group – 100% of target group circumcised per annum
[13] Acceptance rate of 80% of the KZN male population between the age 15 – 49 years defined as the target group – 100% of target group circumcised over the 5-year period
[14] At the time of preparing the Strategic Plan final targets have not been finalised

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
MTSF Output 8: Improved TB outcomes. TB cure rate 70%. **MTSF Output 7:** Improved TB case finding (TB case load – increased life expectancy). **MTSF Output 10:** Decreased prevalence of MDR TB (TB case load – Increased life expectancy). **MDG 6:** Combating HIV and AIDS, Malaria and other diseases.	Scale up implementation of the TB Crisis Plan including MDR and XDR TB and integrated HIV & AIDS strategy.	Percent of pregnant women who are eligible placed ARV prophylaxis – duel therapy.	80%	95%	100%
		Increase ANC clients initiated on AZT during ANC to 100% by 2012/13.	90%	95%	100%
		Increase the TB cure rate from 58.15% to 75% by 2014/15. [15]	67.9%	68.5%	69%
		Decrease the TB defaulter rate from 9.6% to < 5% by 2014/15.	7.1%	6.1%	5.5%
		PTB 2 months smear conversation rate.	70%	72%	75%
		TB Sputa Turnaround Time (under 48 hours rate).	55%	57%	60%
		Increase the proportion of TB patients tested for HIV to 100% by 2012/13.	85%	95%	100%
		Increase the % of TB patients with DOTS supporters to 90% by 2014/15.	78%	82%	88%
		Reduce the MDR TB cases reported (% annual change) to 4% by 2014/15.	7%	6%	5%
		Reduce the new XDR TB cases reported (% annual change) to 35% by 2014/15.	70%	60%	50%
NHS Priority 8: Mass mobilisation for better health for the population					
MTSF Output 1: Increased life expectancy at birth. **MTSF Output 19:** Improved health services for the youth (Health system effectiveness).	Implement an integrated Health Promotion Strategy (within national framework) in 11 districts.	The Health Promotion Strategy implemented in 11 Districts by 2010/11.	Develop integrated strategy[16]	Implemented	Implemented
		Increase the Primary School Coverage (SHS) to 70% by 2014/15.	60%	65%	67%
		Increase HPS from 162 to 228 accredited schools by 2012/13.	175	190	228

[15] The national target of 85% is not realistic for the Province especially in light of the high HIV infection rate – all although will however be made to exceed the current provincial target
[16] Awaiting the national strategy currently in the final draft according to the National Manager

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
MTSF Output 2: Reduced child mortality. **MTSF Output 3:** Decreased maternal mortality ratio. <100/100000 live births. **MDG 4:** Reduce child mortality. **MDG 5:** Improve maternal health.	Scale up integrated MNCWH & N services through implementation of the 5-year strategy for maternal, neonatal, child and women's health and nutrition in 11 districts.	Reduce severe malnutrition under-5 year incidence from 6.2/1000 to 5.9/1000 by 2014/15.	6.1/1 000	6/1 000	6/1 000
	Implement the immunisation campaign in April 2010.	Increase the Immunisation coverage under-1 year from 85% to 90% in all districts by 2014/15.	90%	90%	90%
		Increase the measles coverage uner-1 year from 88% to 90% in all districts by 2014/15.	90%	90%	90%
		Increase the Vitamin A coverage under-1 year from 94.2% to 95% in all districts by 2014/15.	95%	95%	98%
		Increase the Vitamin A coverage 12-59 months from 45% to 90% in all districts by 2014/15.	50%	55%	60%
		Increase Pneumococcal 1st dose coverage from 64% to 90% in 11 districts by 2014/15.	90%	90%	90%
		Increase Rota Virus 1st dose coverage from 25% to 90% in 11 districts by 2014/15.	90%	90%	90%
		Increase Child PIP reporting sites from 27 to 40 by 2014/15.	30	35	40
		Reduce institutional maternal mortality to ≤ 100/ 100000 by 2014/15.	120/100 000	115/100 000	110/100 000
	Morbidity & mortality review meetings & strategies to	100% facilities conduct perinatal and maternal mortality meetings and address challenges.	100%	100%	100%

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
	address preventable causes of death.	Reduce facility infant mortality rate to 20/1000 live births by 2014/15.[17]	8.7%	8.5%	8.3%
		Facility infant mortality rate (under-1 year).	8.7%	8.5%	8.3%
		Facility child mortality rate (under 5 years).	7%	6.8%	6.6%
		Increase PPIP reporting sites from 29 to 56 by 2014/15.	35	40	45
	Accelerated PMTCT Plan in all districts.	100% women eligible for ART placed on treatment by 2012/13.	80%	95%	100%
		Improve ANC visits before 20 weeks from 47.6% to 90% by 2014/15.	50%	60%	70%
		Total deliveries in facilities.	250,043	250,943	251,822
		Delivery rate for women under 18 years.	8%	8%	8%
	Early booking strategy.	80% of mothers and babies receive post partum care within 6 days after delivery by 2014/15.	40%	50%	60%
	Implement the Phila Ma Campaign	Increase cervical cancer screening coverage from 6.4% to 56.4% by 2014/15 (10% per year).	10%	20%	30%
	Implement the Contraceptive Strategy.	Increase the women year protection rate from 23% to 70% by 2014/15.	35%	40%	50%
MDG 6: Combating HIV and AIDS, Malaria and other diseases.	Halt malaria transmission and prevent re-introduction of malaria in non-endemic areas.	Increase the malaria spraying coverage from 93% to 98% by 2014/15.	≥ 95%	≥ 95%	≥ 95%
		Malaria incidence <1/1 000 population.	0.66/1 000	0.61/1 000	0.56/1 000
NHS Priority 9: Review of drug policy – National Mandate					
MTSF Output 17: Improved health care financing (Health system effectiveness).	Improved compliance with Pharmaceutical legislative imperatives.	80% of Pharmacies obtained A or B grading on inspection by 2014.	50%	60%	70%
		PPSD 100% compliant with Good Manufacturing Practice Regulations by 2012/13.	-	-	100% compliant

[17] National target

MTSF & MDG's	Priorities	Provincial Outputs 2014/15	2010/11	2011/12	2012/13
	To improve the management of Pharmaceutical services.	Tracer medicines stock out rate <1% by 2014.	< 5%	< 4%	< 3%
		Average waiting times at Pharmacies.	<2 hrs	<1 hr	<1hr
NHS Priority 10: Strengthening Research and Development					
MTSF Output 18: Strengthened Health Information Systems (Health system effectiveness).	Research priorities established and used to guide research in the Province.	5-Year evaluation on Provincial performance conducted by March 2015.	-	-	-

3 OVERVIEW OF THE 2001/10 BUDGET AND MTEF ESTIMATES

Table 5 (A 4): Expenditure Estimates

Programme R'000	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
1. Administration	225 035	279 730	284 066	302 307	1 043 371	1 032 930	313 377	336 015	354 531
2. District Health Services	5 370 301	7 209 609	8 132 272	8 253 100	8 428 417	9 290 076	10 392 247	11 507 069	12 362 543
3. Emergency Medical Services	474 023	548 796	672 360	737 930	696 263	774 379	866 383	922 097	968 810
4. Provincial Hospital Services	3 138 945	3 883 814	4 378 814	4 450 442	4 304 454	5 226 601	5 549 184	5 9991 170	6 292 383
5. Central Hospital Services	1 191 810	1 407 703	1 821 221	1 646 185	1 780 877	2 087 145	2 144 817	2 289 956	2 404 755
6. Health Sciences and Training	421 069	524 333	676 601	653 811	671 064	756 276	808 491	862 961	904 436
7. Health Care Support Services	29 560	12 649	34 209	27 528	27 528	27 528	10 764	13 971	15 170
8. Health Facilities Management	813 208	1 092 807	1 103 558	1 377 223	1 377 189	1 446 244	1 572 018	1 705 594	1 803 965
Total	**11 663 951**	**14 959 441**	**17 103 101**	**17 448 526**	**18 329 163**	**20 641 179**	**21 657 681**	**23 628 833**	**25 106 593**
Unauthorised expenditure (1st charge) not available for spending					**(758 000)**	**(758 000)**			
Baseline available for spending after 1st charge	**11 663 951**	**14 959 441**	**17 103 101**	**17 448 526**	**17 571 163**	**19 883 179**	**21 657 681**	**23 628 833**	**25 106 593**

Data Source: BAS & Finance Section

Table 6 (A 5): Summary of Provincial Expenditure Estimates by Economic Classification

Economic Classification	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Expenditure Estimate		
	2006/07	2007/08	2008/09		2009/10		2010/11	2011/12	2012/13
Current payments	**10 359 369**	**13 542 486**	**15 466 848**	**15 621 672**	**15 539 517**	**17 762 332**	**19 487 612**	**21 317 054**	**22 662 015**
Compensation of employees	6 628 829	8 643 767	10 077 044	10 362 138	10 210 534	11 551 483	12 739 583	13 797 683	14 491 748
Goods and services	3 730 540	4 898 719	5 389 804	5 259 534	5 328 983	6 210 849	6 748 029	7 519 371	8 170 267
Other	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	**366 242**	**345 978**	**447 706**	**494 948**	**534 921**	**543 657**	**520 921**	**520 608**	**547 512**
Provinces and municipalities	76 148	63 463	51 538	87 823	120 650	120 650	93,009	63 907	67 077
Departmental agencies and accounts	33 529	17 119	39 957	34 364	34 312	34 312	18 640	22 137	23 706
Universities and Technikons	100	-	40	-	-	-	-	-	-
Non-profit institutions	190 624	199 011	243 734	284 777	291 975	291 975	313 614	332 727	349 827
Households	65 841	66 385	112 437	87 984	87 984	96 720	95,658	101 837	106 902
Payments for capital assets	**938,208**	**1 070 936**	**1 188 449**	**1 331 906**	**1 496 725**	**1 577 108**	**1 649 148**	**1 791 171**	**1 897 066**
Buildings and other fixed structures	549,366	623,762	635,593	752,743	943,652	1 030 817	1 097 525	1 203 814	1 279 603
Machinery and equipment	388 460	429 978	552 856	579 101	553 073	546 291	551 623	587 357	617 463
Software and other intangible assets	382	17,196	-	62	-	-	-	-	-
Payment for financial assets	132	41	98		758 000	758 082	-	-	-
Total economic classification	**11 663 951**	**14 959 441**	**17 103 101**	**17 448 526**	**18 329 163**	**20 641 179**	**21 657 681**	**23 628 833**	**25 106 593**
Unauthorised expenditure (1st charge) not available for spending					**(758 000)**	**(758 000)**			

Data Source: BAS & Finance Section

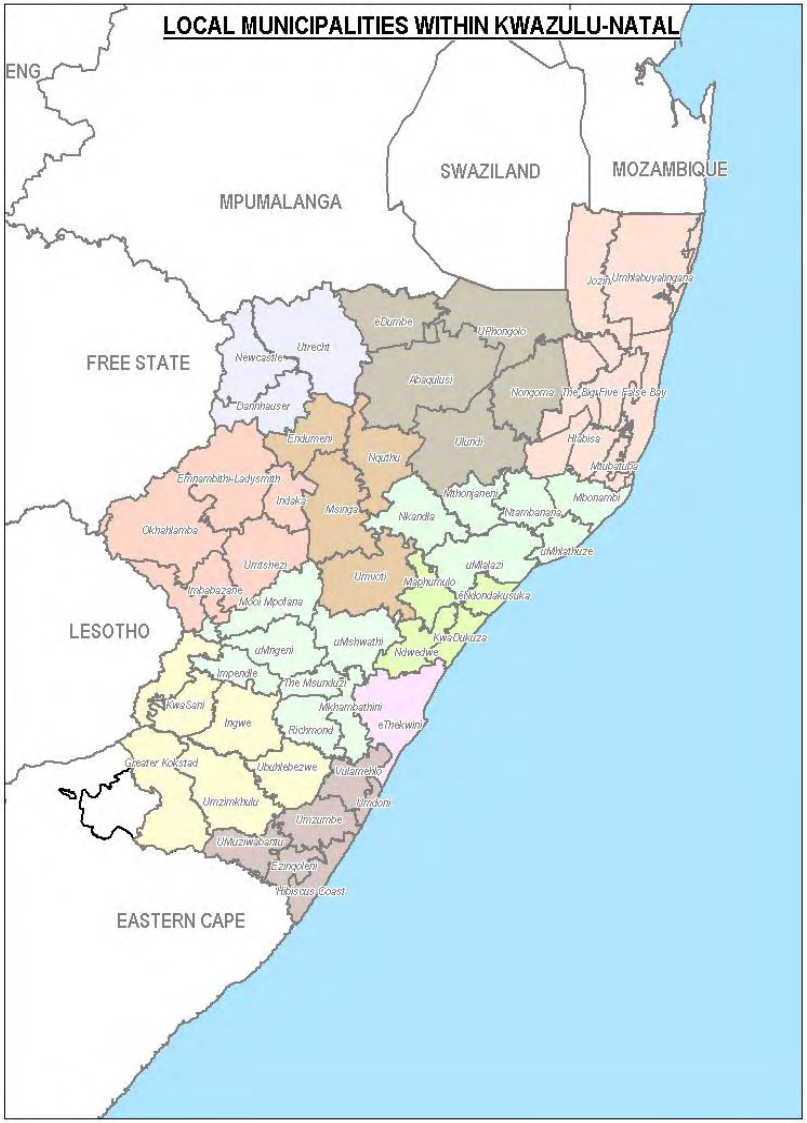
3.1 RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

Table 7 (A 6): Trends in Provincial Public Health Expenditure (R Million)

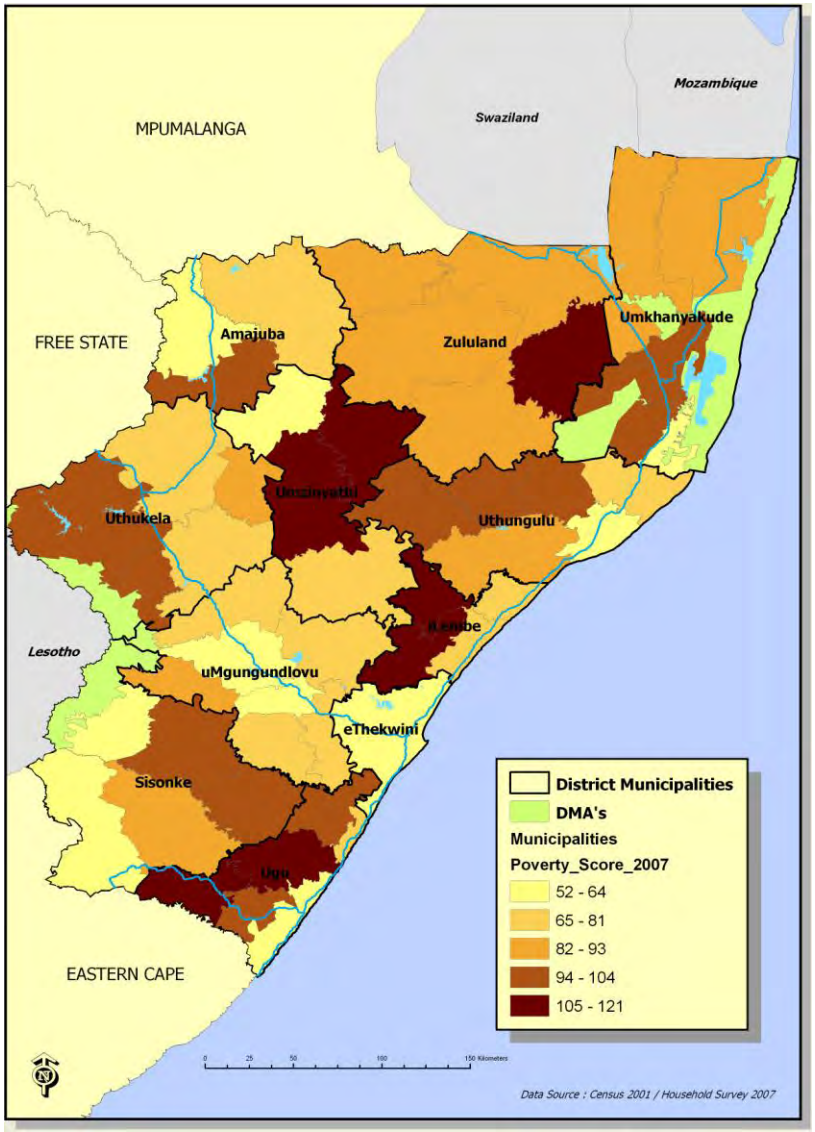
	Audited/ Actual			Estimate	Medium-Term Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current Prices							
Total	R 11 663 951	R 14 959 441	R17 103 101	R20 641 179	R21 657 681	R23 628 833	R25 106 593
Total per person	R 1 175.33	R 1 495.95	R1 697.66	R2 033.70	R2 118.06	R2 293.74	R2 419.16
Total per uninsured person	R 1 034.29	R 1 316.43	R1 493.94	R1 789.65	R1 863.89	R2 018.49	R2 128.86
Total	R 13 996 741	R 17 203 357	R18 129 287	R20 641 179	R20 358 220	R20 557 085	R20 336 340
Total per person	R 1 410.39	R 1 720.34	R1 799.52	R2 033.70	R1 990.98	R1 995.55	R1 959.52
Total per uninsured person	R 1 241.15	R 1 513.90	R1 583.58	R1 789.65	R1 752.06	R1 756.09	R1 724.38
% of Total spent on							
DHS	46.04%	48.19%	47.55%	45.01%	47.98%	48.70%	49.24%
PHS	26.91%	25.96%	25.60%	25.32%	25.62%	25.36%	25.06%
CHS	10.22%	9.41%	10.65%	10.11%	9.90%	9.69%	9.58%
All personnel	R 6 628 829	R 8 643 767	R10 077 044	R11 551 483	R12 739 583	R13 797 683	R14 491 748
Capital	R 598 555	R 736 636	R765 222	R1 137 536	R1 234 717	R1 348 730	R1 429 978
Health as % of total public expenditure	31.6%	33.6%	30.79%	39.35%	31.35%	31.65%	31.83%

Data Source: BAS & Finance Section

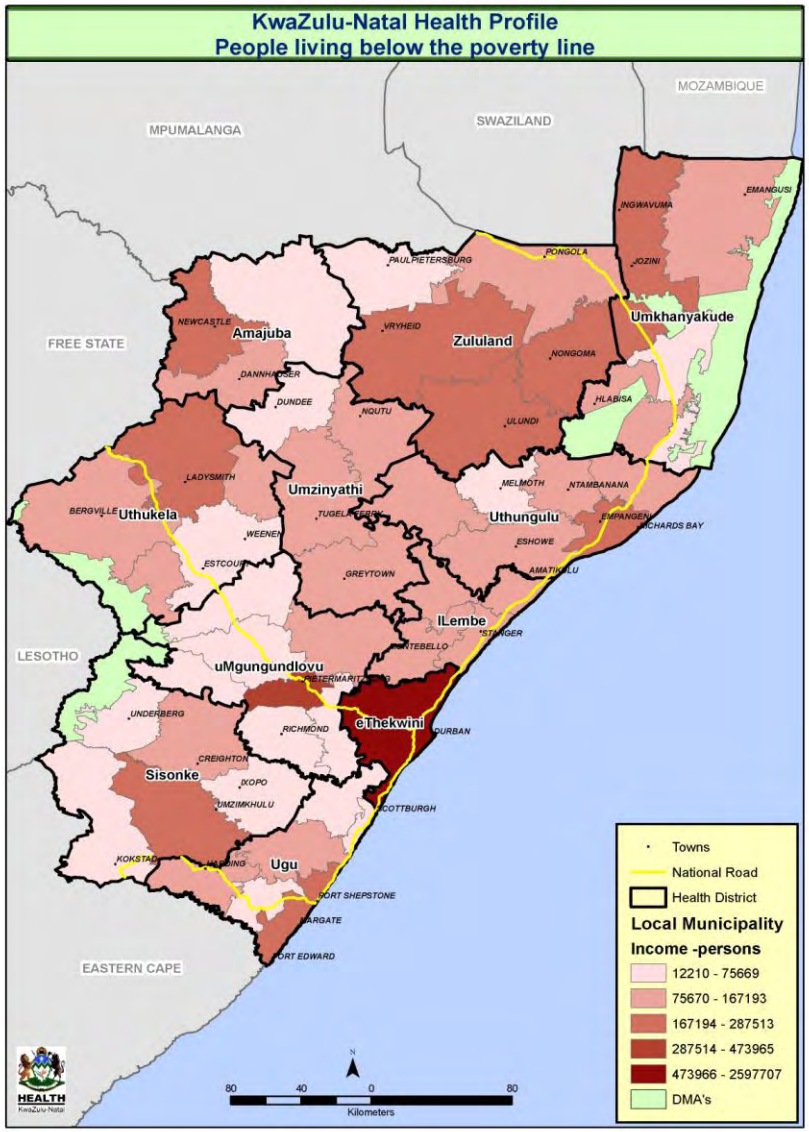
Map 1: KZN Municipalities



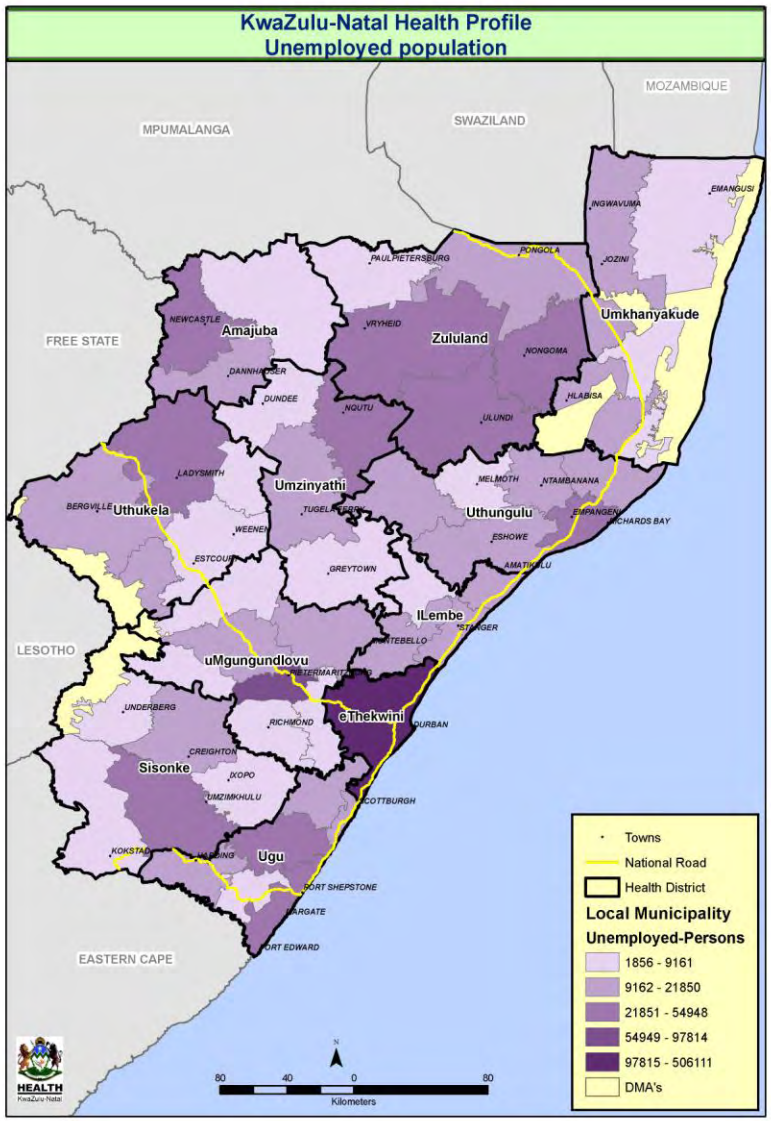
Map 2: KZN Poverty Profile



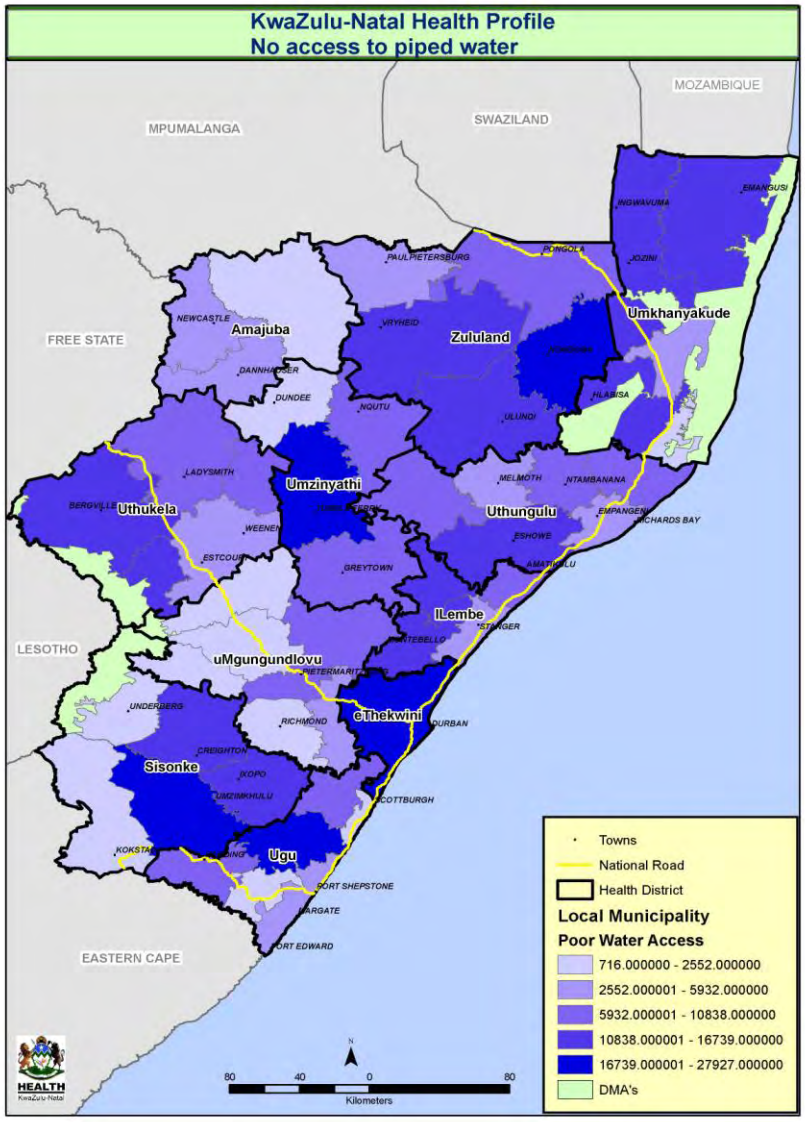
Map 3: People living below the poverty line



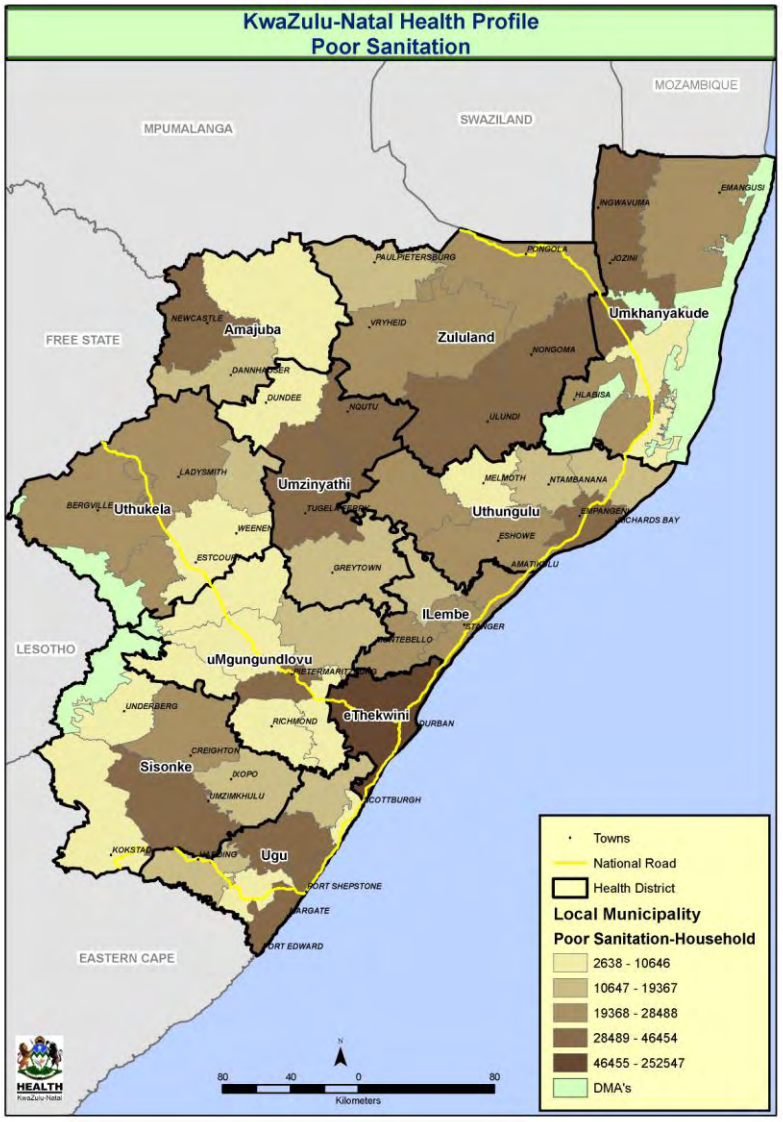
Map 4: Unemployed population



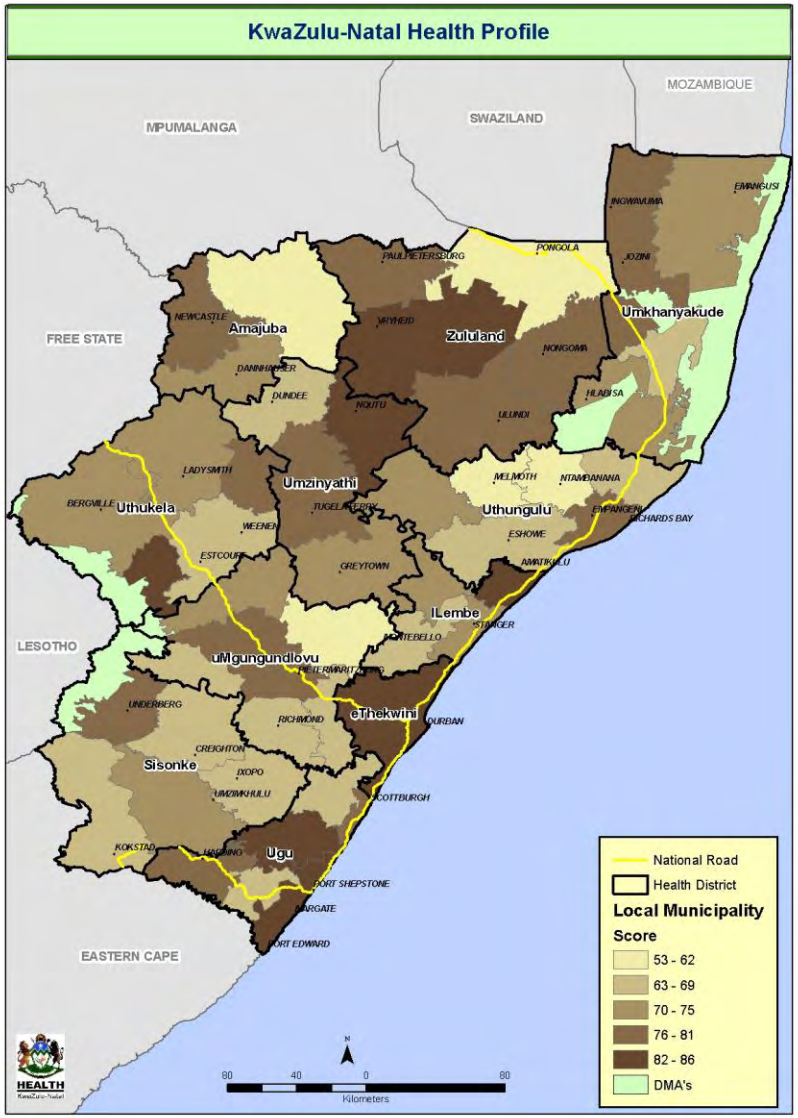
Map 5: Piped water



Map 6: Sanitation



Map 7: Health Profile



PART B: STRATEGIC OBJECTIVES

PROGRAMME 1: ADMINISTRATION

1.1 PROGRAMME PURPOSE

The Administration Programme comprises of two Sub-Programmes, namely the Office of the MEC and Management under stewardship of the Head of Department.

The objectives of the programme are:

- To provide overall strategic leadership, coordination and management of activities towards the achievement of optimal health status of all people in the Province of KwaZulu-Natal.
- Administration of the Department in line with good governance practices.
- The formulation and/or review of policies and strategies in line with legal imperatives and national and provincial priorities.

1.2 PROVINCIAL PRIORITIES

Head Office, as Strategic Enabler, provides strategic leadership and support to facilitate the development of an effective public health system. Administration comprises a multitude of support functions (both clinical and non-clinical) which are critical for the development of effective policies and guidelines and the establishment of processes and systems in support of effective and efficient service delivery. It also provides oversight to ensure compliance to prescripts.

Priorities for the forthcoming MTEF are based on performance reviews and encompass essential components to ensure realisation of the Department's strategic vision for the forthcoming planning cycle. This does not exclude other administrative services which are essential for the smooth functioning of the Department. All performance indicators, included in the Operational Plan and Monitoring & Evaluation Framework, will be monitored quarterly to enrich analytical reports on progress towards identified targets.

Where the Department is dependent on national planning processes i.e. finalisation of standard delegations for District Managers and Hospital CEO's; staffing norms; national audit of PHC services and management competencies; establishment of the National Accreditation Authority for accreditation of facilities; etc. intermediate processes will be put in place to avoid duplication and/or delays. Once national processes are complete the Department will align accordingly.

Priority 1: To finalise the Service Transformation Plan (STP) and put systems in place to facilitate implementation.

The NHS 10-Point Plan and MTSF Priorities (20 Health Outputs) serve as a framework within which the Department develop province-specific macro plans to improve service delivery, equity, efficiency, effectiveness and quality.

Alignment of Provincial macro plans with core national plans is paramount, although specific needs (current status of Provincial health services versus service demands) determine the immediate way forward.

1.1 The KwaZulu-Natal Health Act (1 of 2009) was passed in March 2009. Drafting of the Regulations commenced in 2009/10 and will be finalised for promulgation in 2010/11.

1.2 Align the Provincial Strategic Plan, Annual Performance Plan 2010/11-2012/13 and District Health Plans (including facility Plans) within the funding envelope and provide strategic leadership and oversight to ensure implementation.

1.3 Finalise, publish and implement the Service Transformation Plan including the 10 Chapters as

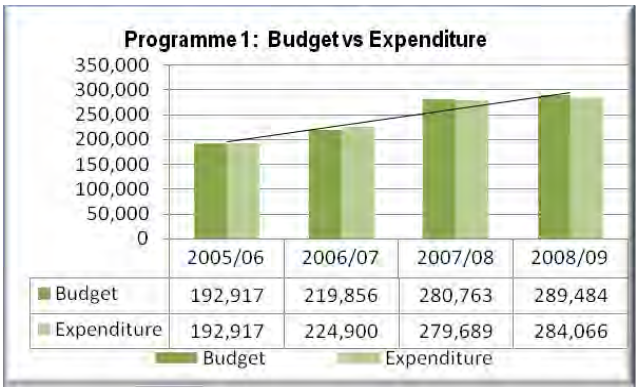
referred to in Programme 1 of the Strategic Plan. This will ensure that the necessary processes and systems are in place for effective implementation and monitoring of implementation plans attached to the STP.

Priority 2: To implement the Finance and Supply Chain Management (SCM) Turn-Around Strategy to eliminate over-expenditure and improve efficiency and accountability.

The budget for Administration has been maintained at ±2% of the total budget over the last four years, with expenditure within the allocated budget the last 2 years.

Graph 8 illustrates budget allocation versus expenditure for the period 2005/06 – 2008/09.

Graph 8: Programme 1 Budget versus Expenditure



The 4-year trend of over-expenditure (total budget), with a total over-expenditure of R1 320 116 billion during the 2008/09 financial year, is a serious concern with far reaching consequences for service delivery especially in light of the triple burden of disease with consequent increased health needs.

To curb over-expenditure, the Department, in collaboration with Provincial Treasury, commenced with the implementation of a Financial Turn-Around Strategy with the aim to curb over-expenditure and ensure expenditure within allocated budgets by the end of 2012/13.

The strategy is linked with SCM (one of the identified high cost drivers) and Human Resource Management to ensure that Financial Managers (at operational level) have the relevant qualifications and competencies for more effective management.

Core challenges identified during strategic planning workshops (referred to in Programme 1: Strategic Plan) will be addressed as part of the Financial Turn-Around Strategy for the coming year.

The Turn-Around Strategy includes amongst other:

The Fiscal Adjustment Plan

- Appointment of a secretariat to support the Joint Management Team.
- Investigations into the mismanagement of funds.
- Supply Chain Management (SCM).
- Persal clean-up (Human Resources Management).
- Submission of outstanding RAF claims.
- Review of the Joint Health Establishment Contract.
- Improved management of the PPP agreement and terms with Inkosi Albert Luthuli Central Hospital.

Current Cost Containment Measures

- Postponement or cancellation of capital projects not yet started.
- Moratorium on the filling of non-clinical posts.
- Elimination of unnecessary expenditure.
- Rationalisation and re-prioritisation to achieve savings with minimal impact on service delivery.
- External consultants have been reduced with more focus on the development of internal expertise.

The Department commenced with participation in 17 National Period TR contracts in 2009/10. This ensures added benefits in terms of cost volume gains and reduced inflated prices for the provision of basic services. The current exchange rate should enable further savings on imported medical equipment.

The high cost of blood and National Health Laboratory Services (NHLS) costs continue to be a challenge. The Manager's post is currently vacant and should be filled to ensure the establishment of more effective management

systems and processes to contain costs. This will be considered during review of the current structures and post establishment.

Investigative mechanisms and processes to address fraud and corruption in the Department have been improved, and "Operation Cure", aimed at rooting out procurement related corruption in the Department, will be ongoing in the forthcoming planning cycle. The Department commenced with the development of the concept document for a database to improve case management and reporting.

2.1 Implement the Turn-Around Strategy to improve financial management and accountability, curb over-expenditure and ensure an unqualified audit opinion from the AGSA.

2.2 Align budgets with service delivery needs through ongoing consultation to ensure more effective utilisation of scarce resources. Vigorous monitoring systems will be put in place as part of the oversight role, while staff development and support will be on the forefront of this year's agenda.

2.3 Improve Supply Chain Management systems and processes to improve return on investment and value for money.

Priority 3: Improve Human Resource management, systems and processes in line with the business of the Department.

Human Resources Management, essential to ensure effective service delivery was identified as one of the core challenges during strategic planning workshops. See core challenges identified in Programme 1 of the Strategic Plan. Compensation of Employees is also the highest cost driver and all efforts will be made to ensure return in investment.

3.1 Review and align the Provincial Human Resource Plan (HRP) with the STP and service delivery platform. Special focus will be on appropriate allocation and placement of staff, skills mix necessary to deliver on the package of services, staff development and performance management.

3.2 Facilitate the finalisation of District HRP's aligned with service delivery needs and core business of the forthcoming planning cycle.

3.3 Review staff establishments and finalise post establishments based on appropriate staffing norms at operational level to improve service delivery in support of the Departments commitment to render efficient and effective health services.

3.4 Conduct staff utilisation assessments at service delivery level to determine appropriate placement and utilisation of existing staff.

3.5 Complete the initiative (commenced in 2009/10) to verify and update Persal data thus ensuring accurate personnel information to inform planning.

3.6 Finalise the development of minimum staff establishment for hospitals (commenced in 2009/10) to ensure timeous filling of critical posts.

3.7 Oversee the establishment of appropriate learning opportunities for management and staff in line with training and development needs. Align training and development with due consideration of the current financial constraints by prioritising training for core competencies and utilising internal expertise.

Priority 4: Implement a Health Information Turn-Around Strategy including Information Technology (systems), health data & management thereof, and Monitoring & Evaluation.

Effective planning, performance monitoring and utilisation of reliable quality health data are essential to monitor progress towards performance targets and health outcomes. Results-based monitoring will be paramount in the forthcoming planning cycle in line with directives included in the NHS and MTSF priorities.

Inadequate IT systems have serious implications for service delivery especially with relation to data quality and utilisation of information for results-based monitoring and planning. Vertical and/or fragmented systems continue to impact negatively on data quality and utilisation. The national moratorium on IT is expected to be lifted in 2010/11 upon signing off on the National eHealth Strategy. This will in essence have an impact on current Provincial plans and will necessitate reconsidered action.

Due to severe financial constraints only existing services in

Telemedicine (TM) and Information Technology (IT) can be maintained through the State Information Technology Agent (SITA) Service Level Agreements. Critical new projects, e.g. the development and implementation of the Master Systems Plan, upgrading of data lines in hospitals, the implementation of the Hospital Information System, expansion of telemedicine, etc. was postponed in 2008/09 and 2009/10 due to financial constraints.

No provision has been made in the current MTEF budget allocation for Telemedicine expansion, although negotiations will continue to ensure that this is prioritised in future.

A uniform Electronic Patient Administration System for Tertiary Hospitals was planned for 2008/09 but has been postponed due to budget constraints. The implementation schedule has been reviewed although schedules might change with the forthcoming implementation of the eHealth Strategy.

Core challenges identified during strategic planning workshops informed strategic direction as noted in Programme 1 of the Strategic Plan.

4.1 Implement the Master Systems Plan to ensure integrated health information systems and processes in order to reduce duplication and increased cost to ensure effective utilisation of existing resources.

4.2 Implement a data quality strategy to improve data completeness, quality and improve performance monitoring. The strategy will focus on improving the DHIS 1.4 and the forthcoming web-based reporting system (that commenced in 2009/10) and will include all aspects of data flow and reporting. The national project with HISP will support this initiative.

4.3 Inclusion of data elements, for effective performance monitoring, into the DHIS in preparation of the forthcoming performance information audit by the AGSA that will commence in 2010/11.

4.4 Continue Phase 2 of the Burden of Disease Study (Phase 1: PHC Profile was completed in 2009/10). This will serve to inform planning with regards to disease profiles and appropriate provisions relevant to service delivery.

4.5 Respond to the national requirements for health r (NHS Priority 10). This will be based on the forthcoming national process to improve public health research. Appointment of the Provincial Health Research Committee in line with the KZN Health Act (1 of 2009).

4.6 Establishment of the Provincial Health Information Committee as per KZN Health Act (1 of 2009).

4.7 Implement the Results-Based Monitoring & Evaluation (M&E) Framework to improve performance monitoring and reporting. The M&E Framework was approved in 2009/10 and implementation commenced. The Framework and reporting is aligned with the APP to ensure composite reporting on intended priorities and strategies.

1.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 8: Public Health Personnel in 2008/09

Categories	Number Employed	% of Total Employed[18]	Number per 100,000 Uninsured People[19]	Number per 100,000 People[20]	Vacancy Rate
Medical Officers	3,042	4.59%	34.33	28	33.6%
Medical Specialists	620	0.94%	6.99	6.16	61.6%
Dentists	73	0.11%	0.82	0.72	34.8%
Dental Specialists	8	0.01%	0.09	0.08	0%
Professional Nurses	12,328	18.62%	139.11	111	21.3%
Enrolled Nurses	Enrolled Nurses have been included with Enrolled Nursing Auxiliaries				
Enrolled Nursing Auxiliaries[21]	6,563	9.91%	74.06	65.17	16.4%
Student Nurses	3,283	4.95%	37.04	32.60	15.3%
Pharmacists	417	0.62%	4.705	5	75.3%
Physiotherapist	238	0.36%	2.69	2.36	59.7%
Occupational Therapists	131	0.19%	1.48	1.3	58.8%
Radiographers	463	0.7%	5.22	4.6	47.9%
Emergency Medical Staff	19	0.03%	0.21	0.19	47.2%
Nutritionists[22]	87	0.13%	0.98	0.86	76.3%
Dieticians	Dieticians have been included with Nutritionists				
Community Care-Givers	-	-	-	-	-
Total	**26,033**	**39.32%**	**293.75**	**258.5**	**-**

Data Source: Persal, HRMS Unit and 2008/09 Annual Report

[18] Denominator of 66,205 utilised as per the Annual Report 2008/09
[19] The uninsured population figure of 8,862,198 was utilised
[20] The total population figure of 10,070,677 was utilised
[21] Enrolled nurses have been included in these figures
[22] Dieticians have been included in this figure

Table 9: Situational Analysis and Projected Performance for Human Resources [23]

Indicator	Type	Actual / Audited Performance			Estimate	Medium-Term Targets		
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
1. Medical officers per 100,000 people	No	16	14.5	28	30.21	25.7	25.7	25.7
2. Medical officers per 100,000 people in rural districts	No	10.5	10.7	12	11	11	12	12
3. Professional nurses per 100,000 people	No	103	100.5	111	122.4	108	107	106
4. Professional nurses per 100,000 people in rural districts	No	88	95.2	50	91.51	91.7	93	96
5. Pharmacists per 100,000 people	No	15	13	5	4.14	4.1	4	3.9
6. Pharmacists per 100,000 people in rural districts	No	8	2.6	2	2	2	2	2
7. Vacancy rate for professional nurses	%	17%	20.75%	21.3%	21.63%	20%	19%	18%
8. Vacancy rate for doctors	%	38.2%	35.2%	33.6%	35.16%	33%	32%	31%
9. Vacancy rate for medical specialists	%	56.3%	55.8%	61.6%	62.6%	61%	60%	59%
10. Vacancy rate for pharmacists	%	73.8%	73.8%	75.3%	76.96%	76%	75%	74%
11. Attrition rate for professional nurses	%	13%	12.8%	8.6%	8.6%	8%	7%	7%
12. Absenteeism for professional nurses	%	50%	49.7%	20.75% [24]	21.58%	20%	19%	18%

Data Source: Persal, HRMS Component & 2008/09 Annual Report

[23] Only Provincial personnel are reflected in this table – no Local Government personnel have been included
[24] Absenteeism is calculated using sick leave only

Table 10: Provincial Strategic Objectives and Annual Targets for Administration

Performance Indicator	Actual / Audited Performance			Estimated Performance	Medium Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.1: To finalise and implement Provincial Health Plans aligned with the NHS and MTSF priorities for 2010-2014**								
1. Approved 2010 – 2014 Strategic Plan	-	-	-	Not yet tabled	Strategic Plan tabled in April 2010	-	-	-
2. Tabled Annual Performance Plan	Tabled	Tabled	Tabled	Not yet tabled	APP tabled in April 2010	APP tabled as per Treasury Regulations	APP tabled as per Treasury Regulations	Tabled Annually
3. Number approved District Health Plans	-	-	11 DHP's[25]	11 DHP's[26]	11 aligned and approved DHP's	11 aligned and approved DHP's	11 aligned and approved DHP's	100% DHP's
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.2: To finalise and implement the approved 2010-2020 KZN Service Transformation Plan**								
4. Approved STP implemented[27]	-	-	STP Phase 1 approved	STP under review	STP published in August 2010	STP implemented	STP implemented	STP published in August 2010
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.3: To implement a decentralised Operational Model in 11 districts by 2011/12**								
5. Number of District Managers who have signed national delegations of authorities	-	-	-	-	11/ 11[28] (0%)	11/ 11 (100%)	11/ 11 (100%)	100% by 2011/12

[25] DHP's not aligned with the planning cycle and APP
[26] DHP's not aligned with the planning cycle and APP
[27] STP includes 10 core macro plans i.e. Service Delivery Plan; Service Delivery Platform; Human Resource Plan; Quality Improvement Plan; Infrastructure Plan; Medicine Supply and Management Plan; Information Communication Technology and Health Information Systems Plan; Communication and Mass Mobilisation Plan; Research and Development Plan; Health Financing Plan
[28] This is dependent on national processes to review and finalise national delegations (National Health Plan 2010/11)

Performance Indicator	Actual / Audited Performance			Estimated Performance	Medium Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
6. Number of Hospital Managers who have signed Performance Agreements	New indicator	New indicator	New indicator	New indicator	72/ 72 (100%)	72/ 72 (100%)	72/ 72 (100%)	
7. Number of District Managers who have signed Performance Agreements	New indicator	New indicator	New indicator	New indicator	11/ 11 (100%)	11/ 11 (100%)	11/ 11 (100%)	
8. Number of Head Office Managers (Level 13 and above) who have signed Performance Agreements	New indicator	New indicator	New indicator	New indicator	44/ 44 (100%)	44/ 44 (100%	44/ 44 (100%)	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.4: To provide a transversal legal service in support of efficient health service delivery**								
9. Regulations of the KZN Health Act (1 of 2009) promulgated	New indicator	New indicator	KZN Health Act passed	Drafting of regulations	Regulations promulgated	-	-	-
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.5: To implement the Financial and SCM Turn-Around Strategy to improve financial management and accountability in compliance with the PFMA**								
10. Annual unqualified audit opinion for financial statements	Unqualified audit opinion	Unqualified audit opinion	Qualified audit opinion	Not yet audited	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
11. Expenditure within budget	Over-expenditure R155 300m	Over-expenditure R1 034 013 billion	Over-expenditure R 1 320 116 billion	Over-expenditure	-	-	Expenditure within budget	-
12. Annual District Health Expenditure Reviews completed	New indicator	New indicator	New indicator	9/ 11	11/ 11 (100%)	11/ 11 (100%)	11/ 11 (100%)	
13. Percentage of procurement spent on specific & transversal contract management	New indicator	New indicator	New indicator	New indicator	50%	60%	70%	-
14. Percentage of contracts compliant with legal prescripts	New indicator	New indicator	New indicator	New indicator	80%	90%	100%	-

Performance Indicator	Actual / Audited Performance			Estimated Performance	Medium Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
15. Percentage assets accounted for in composite Asset Register	-	-	Qualified audit opinion in 2008/09	New indicator	100%	100%	100%	-
16. Accurate financial disclosure of inventory and assets in Annual Financial Statement	New indicator	New indicator	New indicator	New indicator	50%	60%	70%	-
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.6: To implement an Operational and Strategic Early Warning System**								
17. Annual Departmental Risk Profile (Operational and Strategic)	New indicator	New indicator	New indicator	New indicator	Risk profile finalised	Risk profile monitored	Risk profile monitored	-
18. Number of audit queries attended to before 31 July	100%	100%	100%	100%	100% (Number)	100% (Number)	100% (Number)	-
19. Review Audits conducted before 31 March	100%	100%	100%	To be confirmed	100% (Number)	100% (Number)	100% (Number)	-
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.7: To review and align the HRP with the STP and service delivery platform**								
20. Aligned HRP published	-	-	HRP approved	HRP approved - not aligned with STP	Aligned HRP published in August 2010	HRP reviewed	HRP reviewed	HRP published
21. Approved District HR Plans	New indicator	New indicator	New indicator	Started development of District HR Plans	Approved 11 District HRP's by August 2010	District HRP's reviewed	District HRP's reviewed	District HRP's reviewed
22. Persal data verified	New indicator	New indicator	New indicator	Commence in Q4 of 2009/10	100% Persal data verified	100% Persal data verified	100% Persal data verified	-
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.8: To expand and sustain the Registrar training programme to increase the pool of Specialists by retaining 75% of qualified Registrars by 2014/15**								

Performance Indicator	Actual / Audited Performance			Estimated Performance	Medium Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
23. Number of Registrars in training - cumulative	New indicator	New indicator	New indicator	573 (Q3 of 2009/10)	600	620	650	-
24. Number of Registrars retained after qualifying	New indicator	New indicator	New indicator	25% in 2009	180/ 600 (30%)	310/ 620 (50%)	325/ 650 (50%)	-
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.9: To implement an integrated Health Information Turn-Around Strategy to improve data quality and ensure annual unqualified audit opinion on performance information from the AGSA from 2010/11 – 2014/15**								
25. Annual unqualified audit opinion on performance information	Not audited	Not audited	Not audited	Not audited	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	-
26. Provincial Health Information Committee established and functional	New indicator	New indicator	New indicator	Not established	Committee established[29]	Committee meeting quarterly	Committee meeting quarterly	-
27. Percentage of PQRS (Provincial Quarterly Reporting System) total score	New indicator	New indicator	New indicator	New indicator	90%	100%	100%	
28. Master System Plan implemented[30]	-	-	-	-	MSP approved	MSP approved & implemented	MSP approved & implemented	-
29. Approved Monitoring & Evaluation Framework implemented	New indicator	New indicator	Draft Framework	Framework approved & implemented in 2009/10	Reporting as per M&E Framework requirements	Reporting as per M&E Framework requirements	Reporting as per M&E Framework requirements	-
30. Tabled Annual Report	Tabled	Tabled	Tabled	Not yet tabled	AR tabled in August 2010	AR tabled as per Treasury Regulations	AR tabled as per Treasury Regulations	Tabled Annually

[29] Committee established as per KZN Health Act (1 of 2009)
[30] Implementation as per approved Implementation Plan

Performance Indicator	Actual / Audited Performance			Estimated Performance	Medium Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
31. Four (4) Quarterly Progress Reports on the 10-Point Plan	New indicator	New indicator	New indicator	New indicator	4/ 4 (100%)	4/ 4 (100%)	4/ 4 (100%)	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.10: Improve governance structures and social compact** [31]								
32. Number of Clinic Committees (PHC) appointed as per KZN Health Act (1 of 2009) (cumulative - 10% per annum)	New indicator	New indicator	81%[32]	82%[33]	56 / 558 (10%)	132/ 558 (20%)	188/ 558 (30%)	100%
33. Number of Clinic Committees (CHC) appointed as per KZN Health Act (1 of 2009) (cumulative per annum)	New indicator	New indicator	81%[34]	81%[35]	5/ 16 (31%)	10/ 16 (62%)	16/ 16 (100%)	100%
34. Number of Hospital Boards appointed as per KZN Health Act (1 of 2009) (cumulative per annum)	New indicator	New indicator	New indicator	New indicator	10/ 72 (13%)	40/ 72 (55%)	72/ 72 (100%)	100%
35. Provincial Health Council established	New indicator	New indicator	New indicator	Established	Established	Established	Established	100%
36. Provincial Health Council convened annually	New indicator	New indicator	New indicator	Not convened	Convened	Convened	Convened	100%
37. Number of District Health Councils established - cumulative	New indicator	New indicator	New indicator	New indicator	0/ 11 (0%)	3 /11 (27%)	6/ 11 (55%)	100%
38. Number of District Health Councils convened annually	New indicator	New indicator	New indicator	New indicator	0/ 11 (0%)	3/11 (27%)	6/11 (55%)	100%

Data Source: Finance Unit, SCM Unit, HR Unit, Corporate Governance Unit, Legal Unit, Strategic Planning & M&E Unit

[31] Appointment according to KZN Health Act managed by Administration – relevant to Programmes 2, 4 & 5
[32] Interim Clinic Committees until the promulgation of Regulations for the commencement of the KZN Health Act 2009
[33] Interim Clinic Committees until the promulgation of Regulations for the commencement of the KZN Health Act 2009
[34] Interim CHC Committees until the promulgation of Regulations for the commencement of the KZN Health Act 2009
[35] Interim CHC Committees until the promulgation of Regulations for the commencement of the KZN Health Act 2009

Table 11: Quarterly Targets for Administration: 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
Percentage of procurement spend on specific & transversal Contract Management	50%	20/50%	30/50%	40/50%	50/50%
Percentage assets accounted for in composite Asset Register	100%	25%	50%	75%	100%
Persal data verified	100% Persal data verified	25%	50%	75%	100%
Four (4) Quarterly Progress Reports on 10-Point Plan	4/ 4 (100%)	1/ 4 (25%)	2/ 4 (50%)	3/ 4 (75%)	4/ 4 (100%)
ANNUAL TARGETS					
Approved 2010 – 2014 Strategic Plan	Strategic Plan tabled in April 2010	Strategic Plan tabled in April 2010[36]	-	-	-
Tabled Annual Performance Plan	APP tabled in April 2010	APP tabled in April 2010	-	-	Final draft 2011/12 APP submitted
Number of approved District Health Plans	11 DHP's approved	-	Draft 1 submitted (11)	Draft 2 submitted (11)	11 DHP's approved
Approved STP[37] implemented	Aligned and approved STP implemented	Draft document	Aligned and approved STP implemented	-	-
Number of District Managers who have signed national delegations of authorities	11/ 11 (100%)	11/ 11 (100%)	-	-	-
Number of Hospital Managers who have signed Performance Agreements	72/ 72 (100%)	72/ 72 (100%)	-	-	-
Number of District Managers who have signed Performance Agreements	11/ 11 (100%)	11/ 11 (100%)	-	-	-
Number of Head Office Managers (Level 13 and above) who have signed Performance Agreements	44/ 44 (100%)	44/ 44 100%	-	-	-
Regulations of the KZN Health Act 2009 promulgated	Regulations promulgated	-	-	-	Regulations promulgated
Annual unqualified audit opinion on financial statements	Unqualified audit opinion	-	Unqualified audit opinion	-	-
Accurate financial disclosure of inventory and assets in the Annual Financial Statement	50%	-	50%	-	-

[36] 2010/11 – 2012/13 Annual Performance Plan

[37] STP includes 10 core macro plans i.e. Service Delivery Plan; Service Delivery Platform; Human Resource Plan; Quality Improvement Plan; Infrastructure Plan; Medicine Supply and Management Plan; Information Communication Technology and Health Information Systems Plan; Communication and Mass Mobilisation Plan; Research and Development Plan; Health Financing Plan

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
Annual DHER's completed	11/ 11 (100%)	11/ 11 (100%)	-	-	-
Percentage of contracts compliant with legal prescripts	80%	-	-	-	80%
Annual Departmental Risk Profile (Operational and Strategic)	Risk profile finalised	-	-	-	Risk profile finalised
Number of audit queries attended to before 31 July	100% (Number)	-	100%	-	-
Review Audits conducted before 31 March	100% (Number)	100%	-	-	-
Aligned HRP published	Aligned HRP published in August 2010	-	Aligned HRP published in August 2010	-	-
Number of District HRP's approved	11 District HRP's approved	-	11 District HRP's approved	-	-
Number of Registrars in training - accumulative	600	-	-	-	600
Number of Registrars retained after qualifying	180/ 600 (30%)	-	-	-	180/ 600 (30%)
Annual unqualified audit opinion on performance information	Unqualified opinion	-	Unqualified opinion	-	-
Provincial Health Information Committee established and functional	Committee established[38]	-	-	-	Committee established
Percentage of PQRS (Provincial Quarterly Reporting System) total score	90%	-	-	-	90%
Master Systems Plan implemented	MSP approved	-	-	-	MSP approved
Approved Monitoring and Evaluation Framework implemented	Reporting as per M&E Framework requirements	-	-	-	Reporting as per M & E Framework requirements
Tabled Annual Report	AR tabled in August 2010	-	AR tabled in August 2010	-	-
Number of Clinic Committees (PHC) appointed as per KZN Health Act (1 of 2009) (accumulative – 10% per annum)	56 / 558 Clinics (10%)	-	-	-	56 / 558 10%
Number of CHC Committees (CHC) appointed as per KZN Health Act (1 of 2009) (accumulative per annum)	5/ 16 (31%)	-	-	-	5/ 16 31%
Number of Hospital Boards appointed as per KZN Health Act (1 of 2009) (accumulative per annum)	10/ 72 (13%)	-	-	-	10/ 72 13%
Provincial Health Council established	Yes	-	-	-	Yes

[38] Committee established as per KZN Health Act (1 of 2009)

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
Provincial Health Council convened annually	Yes	-	-	-	Yes

1.4 EXPENDITURE TRENDS

Table 12: Expenditure Estimates: Programme 1

Sub-Programme R' thousand	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
MEC's Office	8 642	11 898	13 782	12 771	12 969	12 155	16 792	17 620	18 365
Management	216 393	267 832	270 284	289 536	1 030 402	1 020 775	296 985	318 395	336 166
Total	**225 035**	**279 730**	**284 066**	**302 307**	**1 043 371**	**1 032 930**	**313 777**	**336 015**	**354 531**
Unauthorised (1st charge) not available for spending					**(758 000)**	**(758 000)**			
Baseline available for spending after 1st charge	**225 035**	**279 730**	**284 066**	**302 307**	**285 371**	**274 930**	**313 777**	**336 015**	**354 531**

Data Source: BAS & Finance Section

Table 13: Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**216 928**	**274 953**	**279 411**	**300 587**	**283 685**	**271 333**	**311 707**	**333 565**	**351 958**
Compensation of employees	114 696	141 966	163 648	184 931	169 770	162 664	196 478	211 696	223 145
Goods and services	102 232	132 987	115 763	115 656	113 915	108 669	115 229	121 869	128 813
Financial transactions in assets and liabilities	132	41	-	-	758 000	758 000	-	-	-
Transfers and subsidies to	**3 756**	**1 713**	**2 165**	**698**	**726**	**1 999**	**1 305**	**1 349**	**1 388**
Provinces and municipalities	96	12	4	8	36	36	30	30	30
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and technikons	100	-	-	-	-	-	-	-	-
Non-profit institutions	100	-	-	-	-	-	-	-	-

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Households	3 460	1 701	2 161	690	690	1 963	1 275	1 319	1 358
Payments for capital assets	**4 219**	**3 023**	**2 490**	**1 022**	**960**	**1 598**	**765**	**1 101**	**1 185**
Buildings and other fixed structures	-	-	-	-	-	1	-	-	-
Machinery and equipment	4 219	3 011	2 490	960	960	1 597	765	1 101	1 185
Software and other intangible assets	-	12	-	62	-	-	-	-	-
Payment for financial assets					**758 000**	**758 000**			
Total economic classification	**225 035**	**279 730**	**284 066**	**302 307**	**1 043 371**	**1 032 930**	**313 777**	**336 015**	**354 531**
Unauthorised (1st charge) not available for spending					**(758 000)**	**(758 000)**			
Baseline available for spending after 1st charge	**225 035**	**279 730**	**284 066**	**302 307**	**285 371**	**274 930**	**313 777**	**336 015**	**354 531**

Data Source: BAS & Finance Section

Table 14: Trends in Provincial Public Health Expenditure for Programme 1 (R Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total[2]	R225 035	-	R284 066	R1 032 930	R313 777	R336 015	R354 531
Total per Person	R22.68	-	R28.20	R101.77	R30.69	R32.62	R34.16
Total per Uninsured Person	R25.77	R31.79	R32.04	R115.65	R34.87	R37.07	R38.82
Total Capital[2]	0	0	0	0	0	0	0
Constant (2008/09) prices[3]							
Total[2]	R270 042	R321 690	R301 110	R1 032 930	R294 950	R292 333	R287 170
Total per Person	R27.21	R32.17	R29.89	R101.77	R28.85	R28.38	R27.67
Total per Uninsured Person	R30.92	R36.56	R33.96	R115.65	R32.78	R32.25	R31.44
Total Capital[2]	0	0	0	0	0	0	0

Data Source: BAS & Finance section

PROGRAMME 2: DISTRICT HEALTH SERVICES

2.1 PROGRAMME PURPOSE

To render Primary Health Care (PHC) and District Hospital services. The Programme comprises of nine Sub-Programmes, which are responsible for facilitating different functions.

The main objectives of the programme are:

1. To provide service planning and administration of services, managing personnel, financial administration and the coordination and monitoring of district health services, including those rendered by district councils and Non-Governmental Organisations.

2. To render nurse-driven PHC services at clinic level including mobile visiting points and local authority clinics.

3. To render PHC services with full-time medical officers in respect of services for mother and child, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable and non-communicable diseases and mental health.

4. To render PHC services at non-health facilities in respect of home-based care, abuse victims, mental and chronic care and school health.

5. To render PHC services related to the comprehensive management of HIV and AIDS, TB and related campaigns and special projects.

6. To provide services directed at providing nutritional support and information to deserving members of the population.

7. To render forensic pathology and medico-legal services in the Province.

8. To render hospital services at General Practitioner level.

2.2 PROGRAMME PRIORITIES

It is estimated that life expectancy at birth can be increased by approximately 10 years in a 5-year period if more than 80% of the population living with HIV & AIDS are on ART, child mortality is halved and the mother to child transmission of HIV is reduced to less than 5%.

In response to the above, the MTSF identified 20 priority health outputs to give effect to the commitment of improving the life expectancy of South Africans. See Strategic Plan Part A.

The Flagship Programme, through the Office of the Premier, will form an integral part of all the priority programmes. See information in the Strategic Plan Part A.

The challenges identified during strategic planning workshops (Strategic Plan Programme 2) also have relevance to the identified priorities for the forthcoming MTEF period.

Priority 1: Revitalisation of PHC services

1.1 Develop and implement an integrated PHC strategy (all PHC programmes and integrated health promotion) as part of the revitalisation process to improve equity, access, affordability, efficiency, effectiveness, continuity of care, responsive to health needs and with full community participation.

1.2 Alignment with the Department's macro-plans including the STP, HRP and Infrastructure Plan to ensure appropriate resource allocation and sustainability. Progress will be monitored based on the Implementation Plan once finalised. It is expected that routine health indicators will show improvement once services are more accessible and better utilised by the catchment population.

1.3 The Provincial Flagship Programme (implemented at Ward level) will form a critical component of the strategy to improve community out-reach and participation.

1.4 Revitalisation will further be aligned with relevant national priorities and processes including:

- Reviewed PHC model (National Health Plan 2010/11).
- 18 Priority District and Rural Development Project (commenced in 2009/10).
- PHC and Hospital audit results (National Health Plan 2010/11) that will inform inter alia skills development programmes, etc.
- National review and approval of delegations for District and Hospital Managers (National Health Plan 2010/11). This will form an integral part of the intended decentralised operational model to foster accountability and ownership at operational level. The process aims to address bottlenecks between policy development and translation into service delivery.
- Task shifting (National Strategic Plan 2010/11 – 2012/13). The new Nursing Act, expected in 2010/11 will have an impact on staffing norms that will be reviewed as part of the revitalisation process.
- Review of staffing norms (National process) to align with the current burden of disease and service delivery needs.

Priority 2: Improve the efficiency and quality of health services

2.1 Implement the National Core Standards at PHC level (including PHC clinics, CHC's and District Hospitals) towards accreditation of health facilities. Clinical governance, identified as one of the core challenges, will be addressed as part of this process.

- The National Core Standards include:

a) Patient Rights: Patient Rights Charter and Batho Pele Principles.

b) Patient Safety, Clinical Governance and Care: Management and processes for quality clinical care and ethical practice; reduction of unintended harm to health care users or patients in identified circumstances of clinical risk; management of adverse events including health-care acquired infections.

c) Clinical Support Services: Management and support of clinical care through efficient provision of medicines; diagnostic and other clinical support services; and suitable medical technology and patient information.

d) Public Health: Active collaboration between facilities (hospitals and PHC facilities), organisations and providers, and communities to ensure an integrated and effective health care system for the catchment population. Active contribution of all role-players in preventing illness and ensuring effective care and rehabilitation.

e) Leadership and Corporate Governance: Strategic direction and oversight provided by Senior Management through adequate stakeholder representation on structures of corporate governance.

f) Operational Management: Responsibilities to support and ensure the delivery of safe and effective patient care, including management of human resources, finances, assets and consumables, and the information, communication and quality systems required for efficient and effective service delivery.

g) Facilities and Infrastructure: Requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and hotel services, including the safe disposal of waste.

2.2 Progressive expansion of the "Look like a Hospital Project" to improve hospital efficiency, quality, patient safety and satisfaction. The project that commenced in 12 hospitals in 2009/10 has the potential to serve as best practice model for the roll-out of Core Standards to the rest of health facilities in the Province.

2.3 Quality Improvement Plans will be monitored as part of this process to monitor compliance with minimum standards. Established Provincial and District teams (Champions) will report on a regular basis to the MEC for Health who assumed a visible role in supporting the project.

2.4 Accreditation by the National Accreditation Body is the ultimate expected outcome of this objective. This will be dependent on national processes in establishing the national body and process for accreditation.

Priority 3: Scale up implementation of the National Strategic Plan for HIV & AIDS and STI's

3.1 Scale up the implementation of the National Strategic Plan for HIV & AIDS and STI's with emphasis on the policy changes announced by the President on the 1st of December 2009 and effective on the 1st of April 2010.

The policy changes include:

- All children under one year of age get treatment if they test positive for HIV.
- All patients with both TB and HIV get ARV treatment if their CD4 count is 350 or less.
- TB and HIV & AIDS must be treated under the same roof.
- All pregnant HIV-positive women with CD4 counts of 350 or with symptoms, regardless of the CD4 count, must have access to ARV treatment.
- All other pregnant women not falling into this category, but who are HIV-positive, will receive treatment at 14 weeks of pregnancy to protect the baby.

3.2 Male Medical Circumcision

The launch of the Male Medical Circumcision Campaign is planned for the 10th and 11th of April 2010 in Nongoma. His Majesty the King will proceed over the proceedings of the day.

This priority is based on evidence that the risk of HIV-negative males contracting HIV is reduced by 50-60% when circumcised.[39] Two trial settings in Orange Farm (Gauteng) and Rakai (Uganda) shows that VMMC reduces the risk of men contracting Human Pappiloma Virus (HPV).

Study results further indicated that:

- MMC reduces the risk of men contracting Herpes Simplex Virus-2;
- MMC reduces symptomatic ulceration in HIV-negative men and women and HIV-positive men;
- Women partners of circumcised men are less likely to contract trichomoniasis and bacterial vaginosis;
- Circumcision reduces the risk of symptomatic ulceration in HIV-negative men and women and HIV-positive men.[40]

- This is a 5 year strategy in collaboration with key role players including the Departments of Health, Social Development, Arts and Culture, Education and the Office of the Premier (Coordination Role).
- Seasonal circumcision camps (during school holidays) will be held across the Province. Camps will be over three days and will encompass life skills coaching, counselling, sexual and reproductive health education, and actual circumcision. The first camps are being planned for June 2010 in boarding schools, FET colleges, etc.
- Ad hoc circumcisions will be provided in facilities. 40 Medical Officers commenced with training in 2010.

3.3 Scale up implementation of the Accelerated Programme for the Prevention of Mother to Child Transmission of HIV. Although the National Department of Health is actively monitoring implementation in the 4 Priority Districts (Umkhanyakude, Zululand, Amajuba and Ilembe) the programme is implemented in all 11 districts.

3.4 Provider initiated HIV testing. The nation-wide campaign will be launched in April in Gauteng.

To achieve national targets, provider-initiated HIV testing will be the standard of care at all healthcare facilities to ensure that all people who have contact with health services are given the opportunity to find out their HIV status and have access to treatment and prevention interventions.

Historical separation of treatment and prevention services is counterproductive in a setting where more

[39] Auvert et al. 2005 - http://www.ncbi.nlm.nih.gov/pubmed/16231970 and Bailey et al. 2007 - http://www.ncbi.nlm.nih.gov/pubmed/17321310 and Gray et al. 2007 – http://www.ncbi.nlm.nih.gov/pubmed/17321311

[40] Auvert et al. 2009 – http://www.ncbi.nlm.nih.gov/pubmet/19086814 and Aaron et al. 2009 – http://content.nejm.org/cgi/content/full/360/13/1298

than 30% of the sexually active population is infected with HIV. Prevention, screening and treatment programmes will therefore be prioritised to ensure improved access to services.

Priority 4: Scale up the implementation of the TB Crisis Plan

4.1 Scale up implementation of the TB Crisis Plan taking into consideration the policy changes announced by the President as referred to in Priority 3.

4.2 Special emphasis will be on integration of TB and HIV & AIDS services; management of TB through DOTS and community management of MDR and XDR TB.

Priority 5: Scale up the implementation of the 5-year Strategic Plan for Maternal, Neonatal, Child and Women's Health & Nutrition

5.1 Scale up the implementation of the 5-year Strategy for Maternal, Neonatal, Child & Women's Health and Nutrition to improve health outcomes and reduce morbidity and mortality.

Special focus will be on the following strategies:

5.2 Maternal Health Strategy – finalised in February 2010.

5.3 Early Booking Campaign to improve early booking for antenatal care (before 20 weeks) included as part of the Accelerated PMTCT Programme.

5.4 Implementation and monitoring of the Antenatal and Postnatal Care Policy.

5.5 Contraceptive Strategy.

5.6 Phila Ma Campaign to improve screening and management of cervical cancer.

5.7 Integrated Child Health Strategy (including nutrition, immunisation, de-worming and growth monitoring). The immunisation campaign planned for April 2010.

5.8 Implementation of Child Problem Identification Programme (Child PIP) and Perinatal Problem Identification Programme (PPIP).

Table 15 (DHS 1): District Health Service Facilities by Health District in 2008/09 and 2009/10[41]

Health District	Facility Type	2008/09	2009/10	Population[42]	Average catchment Population[43] per PHC Facility[44] or per Hospital Bed	Per Capita Utilisation 2008/09
Amajuba	Non Fixed Clinics[45]	7	**7**	495,975	17,458 (436,458 / 25)	2.0
	Fixed clinics	26	25			
	CHC's	0	0			
	Sub-total clinics + CHC's	**33**	**32**			
	District hospitals	3	1[46]		436,458 (436,458 / 1)	
Ilembe	Non fixed clinics[19]	16	10	593,422	15,525 (522,212 / 33)	2.6
	Fixed clinics	30	31			
	CHC's	2	2			
	Sub-total clinics + CHC's	**48**	**43**			
	District hospitals	3	3		174,071 (522,212 / 3)	
Sisonke	Non Fixed Clinics[19]	14	12	484,058	11,513 (425,971 / 37)	2.1
	Fixed Clinics	36	36			
	CHC's	1	1			
	Sub-Total Clinics + CHC's	**51**	**49**			
	District Hospitals	4	4		106,493 (425,971 / 4)	
Ugu	Non Fixed Clinics[19]	16	15	746,535	12,395 (656,951 / 53)	2.5
	Fixed Clinics	52	53			
	CHC's	0	0			
	Sub-Total Clinics + CHC's	**68**	**68**			
	District Hospitals	3	3		218,984 (656,951 / 3)	
Umgungundlovu	Non Fixed Clinics[47]	17	19	982,767	15,724 (864,835 / 55)	3.1
	Fixed Clinics	51	52			
	CHC's	3	3			
	Sub-Total Clinics + CHC's	**71**	**75**			
	District Hospitals	2	2		432,418 (864,835 / 2)	

[41] Data taken from the 2008/09 Annual Report
[42] Total population figures for 2009 provided by GIS Unit
[43] Uninsured population used to determine average catchment population
[44] Mobile and satellites have not be included in equation for the average population per PHC facility
[45] Includes mobiles only
[46] Data submitted for Amajuba for the 2008/09 Annual Report was incorrect - there is only 1 District Hospital
[47] Include 17 mobiles and 2 satellites in 2009/10

Health District	Facility Type	2008/09	2009/10	Population[42]	Average catchment Population[43] per PHC Facility[44] or per Hospital Bed	Per Capita Utilisation 2008/09
Umkhanyakude	Non Fixed Clinics[19]	14	14	606,835	10,076 (534,015 / 53)	2.7
	Fixed Clinics	52	53			
	CHC's	0	0			
	Sub-Total Clinics + CHC's	**66**	**67**			
	District Hospitals	5	5		106,803 (534,015 / 5)	
Uthungulu	Non Fixed Clinics[19]	17	14	938,107	15,010 (825,534 / 55)	2.3
	Fixed Clinics	54	54			
	CHC's	1	1			
	Sub-Total Clinics + CHC's	**72**	**72**			
	District Hospitals	6	6		137,589 (825,534 / 6)	
Uthukela	Non Fixed Clinics[48]	14	20	695,678	15,305 (612,197 / 40)	2.1
	Fixed Clinics	36	40			
	CHC's	0	0			
	Sub-Total Clinics + CHC's	**50**	**60**			
	District Hospitals	2	2		306,099 (612,197 / 2)	
Umzinyathi	Non Fixed Clinics[19]	11	11	508,035	10,161 (447,071 / 44)	3
	Fixed Clinics	44	44			
	CHC's	0	0			
	Sub-Total Clinics + CHC's	**55**	**55**			
	District Hospitals	4	4		111,768 (447,071 / 4)	
eThekwini	Non Fixed Clinics[49]	46	28	3,270,954	23,213 (2,878,440 / 124)	2.6
	Fixed Clinics	116	116			
	CHC's	8	8			
	Sub-Total Clinics + CHC's	**170**	**152**			
	District Hospitals	4	2[50]		719,610 (2,878,440 / 4)	
Zululand	Non Fixed Clinics[51]	17	18	827,224	11,199 (727,958 / 65)	2.3
	Fixed Clinics	56	64			
	CHC's	1	1			

[48] Includes 19 mobiles and 1 satellite in 2009/10
[49] Includes 27 mobiles and 1 satellite in 2009/10
[50] Data in the Annual Report 2008/09 was incorrect - eThekwini has 2 District Hospitals (DHIS classification) i.e. Osindisweni and Wentworth Hospitals
[51] Includes 17 mobiles and 1 satellite in 2009/10

Health District	Facility Type	2008/09	2009/10	Population[12]	Average catchment Population[13] per PHC Facility[14] or per Hospital Bed	Per Capita Utilisation 2008/09
	Sub-Total Clinics + CHC's	**74**	**83**			
	District Hospitals	5	5		145,592 (727,958 / 5)	
Province	**Non-Fixed Clinics**	**199**	**168**	**10, 149,592**	**15,560 (8,931,641 / 574)**	**2.5**
	Fixed Clinics	**553**	**558**			
	CHC's	**16**	**16**			
	District Hospitals	**41**	**37[52]**			

Data Source: 2008/09 Annual Report and District Quarterly Reports

* Rural Development Nodes highlighted in light brown the table above

Table 16 (DHS 2): Personnel in District Health Services by Health District

Health District	Personnel Category	Posts Filled 2008/09	Posts Approved 2008/09	Vacancy Rate (%)	Number in post per 1,000 Uninsured People
Amajuba	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	132	146	9.58%	030.5
	Pharmacists	-	-	-	-
	Community Health Workers	261[53]			
	District Hospitals				
	Medical Officers	46	68	32.3%	10.62
	Professional Nurses	185	197	6.09%	42.74
	Pharmacists	7	84	91.66%	1.617
Ugu	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	140	157	10.8%	21.51
	Pharmacists	-	-	-	-
	Community Health Workers	521[13]			
	District Hospitals				
	Medical Officers	59	101	41.5%	9.063
	Professional Nurses	255	286	10.83%	39.71
	Pharmacists	17	96	82%	2.611

[52] Data submitted for the Annual Report 2008/09 for Amajuba and eThekwini was incorrect according to the DHIS classifications
[53] CHW's not employed by the Department – data provided by the CHW Manager

Health District	Personnel Category	Posts Filled 2008/09	Posts Approved 2008/09	Vacancy Rate (%)	Number in post per 1,000 Uninsured People
Sisonke	**PHC Facilities**				
	Medical Officers	0	5	100%	0
	Professional Nurses	117	156	25%	27.716
	Pharmacists	2	4	50%	0.473
	Community Health Workers	483[13]			
	District Hospitals				
	Medical Officers	24	66	63.63%	5.685
	Professional Nurses	283	371	23.72%	67.04
	Pharmacists	4	43	90.96%	0.947
Ilembe	**PHC Facilities**				
	Medical Officers	7	14	50%	1.35
	Professional Nurses	199	251	20.71%	38.4
	Pharmacists	2	5	60%	0.38
	Community Health Workers	423			
	District Hospitals				
	Medical Officers	95	177	48%	17.92
	Professional Nurses	288	476	39%	54.32
	Pharmacists	11	96	89%	2.07
eThekwini	**PHC Facilities**				
	Medical Officers	47*	109	59.88%	-
	Professional Nurses	201	211	4.7%	7.034
	Pharmacists	32*	71	53.52%	-
	Community Health Workers	960[13]			
	District Hospitals				
	Medical Officers	97	159	38.99%	3.394
	Professional Nurses	723	741	2.42%	25.303
	Pharmacists	57	127	55.11%	01.994
Umgungundlovu	**PHC Facilities**				
	Medical Officers	20	25	20%	2.33
	Professional Nurses	231	273	15.38%	26.92
	Pharmacists	2	9	77.7%	0.233
	Community Health Workers	487[13]			
	District Hospitals				
	Medical Officers	199	323	38.39%	23.1
	Professional Nurses	1,371	1,684	18.59%	159.79
	Pharmacists	43	110	60.9%	5.012

Health District	Personnel Category	Posts Filled 2008/09	Posts Approved 2008/09	Vacancy Rate (%)	Number in post per 1,000 Uninsured People
Uthukela	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	135	142	4.92%	22.22
	Pharmacists	-	-	-	-
	Community Health Workers	470[13]			
	District Hospitals				
	Medical Officers	27	86	68.6%	4.11
	Professional Nurses	156	170	8.21%	25.679
	Pharmacists	9	90	90%	1.481
Umzinyathi	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	160	181	11.6%	37.91
	Pharmacists	-	-	-	-
	Community Health Workers	343[13]			
	District Hospitals				
	Medical Officers	48	102	52.9%	11.372
	Professional Nurses	333	565	41%	78.896
	Pharmacists	15	99	84.8%	3.553
Uthungulu	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	120	145	17.2%	14.647
	Pharmacists	-	-	-	-
	Community Health Workers	400[13]			
	District Hospitals				
	Medical Officers	76	143	46.8%	9.277
	Professional Nurses	547	561	2.49%	66.77
	Pharmacists	15	106	85.84%	1.83
Umkhanyakude	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	181	206	12.13%	34.141
	Pharmacists	5	63	92.06%	0.943
	Community Health Workers	457[13]			
	District Hospitals				
	Medical Officers	51	120	57.5%	9.619
	Professional Nurses	355	382	7.06%	66.96
	Pharmacists	8	102	92.15%	1.509

Health District	Personnel Category	Posts Filled 2008/09	Posts Approved 2008/09	Vacancy Rate (%)	Number in post per 1,000 Uninsured People
Zululand	**PHC Facilities**				
	Medical Officers	-	-	-	-
	Professional Nurses	185	212	12.73%	24.87
	Pharmacists	-	-	-	-
	Community Health Workers	547[13]			
	District Hospitals				
	Medical Officers	48	117	58.97%	6.45
	Professional Nurses	541	562	3.73%	72.729
	Pharmacists	11	102	89.2%	1.478
Province	**PHC Facilities**				
	Medical Officers	74*	153	51.63%	-
	Professional Nurses	1,801	2,080	13.4%	20.325
	Pharmacists	43*	152	71.71%	0.473
	Community Health Workers	5,352[13]			
	District Hospitals				
	Medical Officers	599	1,462	34.6%	10.776
	Professional Nurses	5,037	5,995	15.9%	56.83
	Pharmacists	197	1,055	81.3%	2.222

Source: 2008/09 Annual Report and Persal

Note: * Denotes information that has been updated

2.3 PRIMARY HEALTH CARE SERVICES

2.3.1 SITUATIONAL ANALYSIS INDICATORS

Table 17 (DHS 3): Situation Analysis Indicators for District Health Services

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
1. PHC[54] expenditure per uninsured person[55]	R 234.32	R 242.49	R 201.72	R 184.73	R 325.79	R 286.80	R 311.39	R 269.84	R 512.46	R 293.59	R 241.78	R 226.93	R268.49
2. PHC total headcount	23,838,854	1,726,521	2,573,097	1,316,484	1,221,441	1,013,719	1,859,427	1,616,274	2,089,602	1,678,500	943,504	7,800,285	117,674,357
3. PHC headcount under 5 years	4,705,692	342,042	419,462	287,049	328,211	216,943	415,961	334,203	442,393	310,370	211,601	1,397,457	22,882,694
4. Utilisation rate - PHC	2.5	2.3	2.5	2.1	2.5	1.8	2.2	2.3	2.7	2.0	2.5	2.5	2.44
5. Utilisation rate under 5 years - PHC	4.4	4.4	4.6	3.8	5.2	3.3	3.9	4.2	4.2	4.2	3.3	4.6	4.52
6. Percentage fixed PHC facilities with a monthly supervisory visit	65%[56]	74%	49%	47%	75%	78%	45%	70%	68%	74%	72%	58%	-
7. Cost per PHC visit	R 89	R 89	R 67	R 87	R 94	R 106	R 106	R 82	R 86	R 91	R 108	R 80	-
8. Professional Nurse clinical workload - PHC	1:40	1:31	1:49	1:37	1:35	1:31	1:36	1:39	1:40	1:52	1:28	1:48	38.7

[54] Provincial PHC clinics indicates fixed PHC facilities and Community Health Centres
[55] PHC expenditure obtained from the 2008/09 District Quarterly Reports – Quarter 4 and the uninsured population figures from the AR 2008/09, pg 175-177
[56] The supervision rate in the Annual Report 2008/09 was reported at 60%, however there was a challenge with Umkhanyakude data which when correct increased the supervision rate to 65%

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
9. Doctor clinical workload - PHC	1:25	1:17	1:24	1:19	1:12	1:12	1:17	1:19	1:19	1:33	1:13	1:28	23.6
10. Percentage of CHC's with a resident doctor	16/ 16 (100%)	0/ 0	3/ 3	0/ 0	0/ 0	0/ 0	1/ 1	0/ 0	1/ 1	2/ 2	1/ 1	8/ 8	-
11. Percentage of fixed clinics supported by a doctor at least once a week	56%	47%	94%	83%	2%	100%	6%	53%	50%	63%	12%	87%	-

Data Source: DHIS; DQPR 2008/09 & BAS

2.3.2 STRATEGIC OBJECTIVES AND PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Table 18 (DHS 4): Performance Indicators for District Health Services[57]

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
Goal 1: Overhaul Provincial health services **Strategic Objective 1.11: Revitalisation of PHC services as per STP imperatives and Implementation Plan[58]**									
1. Provincial PHC Strategy[59]		New indicator	New indicator	New indicator	Draft PHC Strategy	Implemented in 11 districts	Implemented as per Plan	Implemented as per Plan	-
2. PHC budget as % of total budget[60]	%	46.04%	48.19%	47.55%	45.01%	47.98%	48.7%	49.24%	-
3. Expenditure per PHC visit	R	R 64	R 97	R 89	R 90	R 92	R 95	R 100	-
4. PHC total headcount	No	20,548,203	21,260,261	23,838,854	26,191,158	28,548,362	31,117,714	33,918,308	-
5. PHC total headcount under 5 years	No	4,283,760	4,441,983	4,705,692	5,363,766	5,900,143	6,490,157	7,139,173	-
6. Utilisation rate – PHC	No	1.7	2.3	2.5	2.8	2.9	3.0	3.2	3.5
7. Utilisation rate under 5 years - PHC	No	3.2	4.2	4.4	4.5[61]	4.8	5.0	5.2	5.5
8. Professional Nurse clinical workload - PHC	No	1:40	1:66[62]	1:40	1:40	1:40	1:40	1:40	40
9. Doctor clinical workload - PHC	No	1:23	1:23	1:25	1:19	1:20	1:25	1:30	30
10. Percentage of Community Health Centres with a resident doctor	%	New indicator	New indicator	New indicator	100% (16/ 16)	100% (16/ 16)	100% (16/ 16)	100% (16/ 16)	100%
11. Percentage fixed clinics supported by a doctor at least once a week	%	Not collected	79% (a month)	56%	39% (218/ 558)	45% (251/ 558)	47% (262/ 558)	50% (279/ 558)	-

[57] Initial Treasury Projections were reviewed taking into consideration the funding envelope, PHC revitalisation strategy, organisational structures and vacancy rates that might change once Persal is cleaned up
[58] All included indicators will serve to demonstrate the impact of revitalisation on equity, availability, efficiency and quality of services. Improvement of routine PHC services e.g. immunisation coverage, management of chronic conditions, etc. will be monitored to determine the outcome of revitalisation. Timeframes will be determined by the PHC strategy and STP Implementation Plan
[59] Implementation and outcomes will be based on the STP and PHC Strategy Implementation Plans. It is expected that all routine PHC indicators will improve with ultimate reduction in morbidity and m mortality
[60] This figure excludes the Conditional Grant for Forensic Services which is allocated under Programme 2 but does not form part of PHC Services – data from Finance Section
[61] High utilisation rate probably due to Child Health Week and Vitamin A Campaign during specific reporting periods
[62] Used the wrong definition – since corrected

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
12. Number of Community Health Workers (CHW's) receiving stipends	No	Data not available	Data not available	8,075	4,269 (Q2)	5,000	6,000	7,000	-
13. Number of accredited Health Promoting Schools	No	54	79	131	162	175	190	228	-
14. School health services coverage	No	48%	57%	46%	69%	60%	65%	67%	-
Goal 2: Improve the efficiency and quality of health services **Strategic Objective 2.1: To implement the National Core Standards in 100% of facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2014/15[63]**									
15. Percentage of fixed PHC facilities with a monthly supervisory visit	%	50%	54%	65%[64]	74% (413/ 558)	76% (424/ 558)	80% (446/ 558)	85% (474/ 558)	100%
16. Number of PHC clinics accredited	No	New indicator	New indicator	New indicator	New indicator	0/ 558[65] (0%)	28/ 558 (5%)	56/ 558 (10%)	100%
17. Number of CHC's accredited	No	New indicator	New indicator	New indicator	New indicator	0/ 16[66] (0%)	3/ 16 (19%)	6/ 16 (37%)	100%
18. Number of CHC's conducting annual Patient Satisfaction Survey's	No	No data	No data	64%	See Footnote[67]	16/ 16 (100%)	16/ 16 (100%)	16/ 16 (100%)	100%
19. Average patient waiting time in CHC's	Hrs	New indicator	New indicator	New indicator	New indicator	<5 hrs	<4 ½ hrs	<4 hrs	1 hr

Data Source: 2008/09 Annual Report; QPRS 2009/10; Finance Report, Vote 7 Service Delivery Measures MTEF 2010/11 – 2012/13 & Health Service Delivery Systems and Policy Development Unit

[63] Accreditation of facilities will be dependent on national processes i.e. establishment of the National Accreditation Board and capacity to comply with demand for accreditation
[64] The supervision rate of 60% in the 2008/09 Annual Report was adjusted taking into consideration the verified Umkhanyakude data for the same period
[65] National Core standards for PHC not finalised by the NDOH – implementation of standards will commence in 2010/11
[66] National Core Standards for PHC not yet finalised – implementation will commence in 2010/11
[67] This indicator is an annual indicator and therefore Quarter 2 data would be meaningless

2.3.2.1 QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES

Table 19 (DHS 5): Quarterly Targets for District Health Services for 2010/11

Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Expenditure per PHC headcount	R 92	R 90	R 90	R 91	R 92
2. PHC total headcount	28,548,362	7,137,091	7,137,090 (14,274,181)	7,137,091 (21,411,272)	7,137,090 (28,548,362)
3. PHC headcount under 5 years	5,900,143	1,475,036	1,475,036 (2,950,072)	1,475,036 (4,425,108)	1,475,035 (5,900,143)
4. Utilisation rate PHC	2.9	2.8	2.8	2.8	2.9
5. Utilisation rate under-5 years	4.8	4.5	4.6	478	4.8
6. Professional Nurse clinical workload (PHC)	1:40	1:40	1:40	1:40	1:40
7. Doctor clinical workload (PHC)	1:20	1:19	1:19	1:19	1:20
8. Percentage of CHC's with a resident doctor	100% (16/ 16)	100%	100%	100%	100%
9. Percentage of fixed clinics supported by a doctor at least once a week	45% (251/ 558)	39%	42%	44%	45%
10. Number of Community Health Workers (CHW's) receiving stipends	5,000	5,000	5,000	5,000	5,000
11. Number of accredited Health Promoting Schools	175	164	167	171	175
12. Percentage fixed PHC facilities with a monthly supervisory visit	76% (424/ 558)	72% (401/558)	73% (407/558)	75% (418/558)	76% (424/558)
13. Average patient waiting time at CHC's	<5 hrs	< 5 hrs	-	< 5 hrs	-

Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
ANNUAL TARGETS					
14. Provincial PHC Strategy[68]	Implemented in 11 districts	-	-	-	Implemented in 11 districts
15. PHC budget as % of total budget	47.98% of total budget	-	-	-	47.98% of total budget
16. School health services coverage (Number of schools visited at least once a year)	60%	-	-	-	60%
17. Number of CHC's conducting annual Patient Satisfaction Survey's	16/ 16 (100%)	-	-	-	16/ 16

Data Source: Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13 & Hospital Systems and Policy Development Unit

2.4 DISTRICT HOSPITAL

2.4.1 SITUATIONAL ANALYSIS INDICATORS

Table 20 (DHS 6): Situation Analysis Indicators for District Hospitals

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
1. Caesarean section rate	22.7%	34%	27%	22%	19%	21.6%	20%	19%	22%	19%	22%	29%	16.2%
2. Total separations	361,244	34,485	28,457	20,403	44,877	40,638	51,276	47,283	38,030	13,160	29,961	50,568	1,716,991
3. Patient day	2,804,928	315,519	156,428	127,440	361,866	296,601	365,372	322,854	348,522	149,922	255,384	487,203	10,740,610

[68] Implementation and outcomes will be based on the STP and PHC Strategy Implementation Plans. It is expected that all routine PHC indicators will improve with ultimate reduction in morbidity and m mortality

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
equivalents													
4. Total OPD Headcounts	2,775,255	220,670	247,462	74,641	244,198	116,060	332,009	367,732	389,499	187,651	169,948	506,619	7,486,845
5. Average length of stay	5.6 Days	6.1 Days	4.9 Days	4.7 Days	6.1 Days	3.6 Days	5.3 Days	6.4 Days	6.0 Days	6.8 Days	5.3 Days	4.7 Days	4.3 Days
6. Bed utilisation rate	62.6%	71%	70%	60%	64%	53%	54%	71%	52%	63%	61%	73%	73.2%
7. Expenditure per patient day equivalent	R 1,441	R 951	R 1,906	R 1,628	R 784	R 1,247[69]	R 1,075	R 1,021	R 1,224	R 1,347	R 913	R 2,414	R1,049

Data Source: 2008/09 Annual Report; DHIS; DQPR 2008/09

[69] High expenditure due to wrong classification of hospitals (3 District Hospitals instead of 1 District and 2 Regional Hospitals) – the classification reviewed as per DHIS classification

2.4.2 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 21 (DHS 7): Performance Indicators for District Hospitals

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
Strategic Goal 2: Improve the efficiency and quality of health services **Strategic Objective 2.2: To implement the National Core Standards in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15[70]**									
1. Number of District Hospitals accredited[71]	No.	New indicator	New indicator	New indicator	New indicator	0/ 37 (0%)	9/ 37 (24%)	13/ 37 (35%)	100%
2. Number of District Hospitals conducting annual Patient Satisfaction Surveys	No.	100%	88% (37/ 42)	88%	See footnote [72]	37/ 37 (100%)	37/ 37 (100%)	37/ 37 (100%)	100%
3. Average patient waiting time at OPD	Hrs	New indicator	New indicator	New indicator	New indicator	< 5hrs	< 4 ½ hrs	< 4 hrs	1 hr
4. Average patient waiting time at admissions	Hrs	New indicator	New indicator	New indicator	New indicator	< 5 hrs	< 4 ½ hrs	< 4 hrs	1 hr
5. Caesarean section rate	%	20%	21%	22.7%	28%	27%	26%	25%	15%
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.12: To rationalise hospital services in line with service delivery needs and STP imperatives[73]**									
6. Number of District Hospitals with cost centres	No.	New indicator	New indicator	New indicator	New indicator	37/ 37 (100%)	37 /37 (100%)	37/ 37 (100%)	100% by 2011/12
7. Number of CEO's who have signed national delegation of authorities	No.	New indicator	New indicator	New indicator	New indicator	0/ 37[74]	37/ 37 (100%)	37/ 37 (100%)	100% by 2011/12
8. Average length of stay	Days	6 Days	4 Days	5.6 Days	5.8 Days	5.2 Days[75]	5.0 Days	4.8 Days	3.5 Days

[70] Accreditation is dependent on national processes
[71] Cumulative numbers as determined by implementation plan – also linked with the "Look like a Hospital Project"
[72] This indicator is an annual indicator and therefore Quarter 2 data would be meaningless
[73] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan
[74] This is dependent on national processes to review and finalise national delegations (National Annual Health Plan 2010/11)
[75] Treasury target reviewed

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
9. Bed utilisation rate (based on useable beds)	%	62.1%	68%	62.6%	66%	69%	70%	72%	75%
10. Total separations	No.	349,624	329,406	361,244	332,084	342,046	352,307	362,876	-
11. Patient day equivalents	No.	2,805,931	2,756,285	2,804,928	2,978,828	3,068,192	3,160,237	3,255,044	-
12. Total OPD headcounts	No.	2,412,352	2,168,440	2,775,255	3,125,846	3,167,104	3,198,675	3,230,562	-
13. Expenditure per patient day equivalent (PDE)	R	R 949	R 1 351	R 1 441	R 1 366	R 1 300[76]	R 1 250	R 1 200	R 847

Data Source: 2008/09 Annual Report; QPRS 2009/10; District Quarterly Reports 2009/10 and Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13 & Systems and Policy Development Unit

2.4.2.1 Quarterly Targets

Table 22 (DHS 8): Quarterly Targets for District Hospitals for 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Caesarean section rate	27%	28%	28%	27%	27%
2. Average length of stay	5.2 Days	5.8 Days	5.6 Days	5.4 Days	5.2 Days
3. Bed utilisation rate	69%	66%	67%	68%	69%
4. Total separations	342,046	85,511	85,511 (171,022)	85,511 (256,533)	85,513 (342,046)
5. Patient day equivalents	3,068,192	767,048	767,048 (1,534,096)	767,048 (2,301,144)	767,048 (3,068,192)
6. OPD total headcounts	3,167,104	789,276	789,276 (1,578,552)	789,276 (2,367,828)	789,276 (3,167,104)
7. Expenditure per patient day equivalent (PDE)	R 1,300	R 1 366	R 1 344	R 1 322	R 1 300

[76] It is suspected that the current service delivery arrangements at District Hospitals (Combo Hospitals rendering services beyond level 1) contribute towards increased cost – this will be monitored as part of efficiency monitoring

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
BI-ANNUAL TARGETS					
8. Average patient waiting time at OPD	< 5hrs	<5 hrs	-	<5 hrs	-
9. Average patient waiting time at admissions	< 5 hrs	<5 hrs	-	<5 hrs	-
ANNUAL TARGETS					
10. Number of District Hospitals conducting annual patient satisfaction surveys	37/ 37 (100%)	-	-	-	37/ 37
11. Number of District Hospitals with cost centres	37/ 37 (100%)	-	-	-	37/ 37

Data Source: Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13, PHC Component and Hospital Services Component

2.4.3 PERFORMANCE TARGETS VERSUS EXPENDITURE TRENDS

- Programme 2 accounts for approximately 46% of the Departments' annual budget which will see an increase to approximately 49% in 2012/13. This is in line with the Departments' commitment to improve access to PHC and community-based services.

- The programme funding provides for commissioning of new clinics and Community Health Centres (CHC's), the development and expansion of district offices, and the comprehensive management of HIV and AIDS and other related illnesses including TB.

- The increases in the trends over the 2010/11 MTEF relate primarily to carry-through costs, funding provided for the implementation of PHC structures and the implementation of PILIR. A portion of funding for a general increase in health capacity was included in this programme in 2011/12.

- The amounts included in *Transfers and Subsidies to Provinces and Municipalities* in the 2009/10 Adjusted Appropriation and the Revised Estimate relate to claims by municipalities which were not paid in 2008/09 owing to non-signing of the SLAs, hence the lower allocation in 2010/11. The reduced allocation in 2011/12 is due to the anticipated provincialisation of municipal clinics, the expenditure for which will be incorporated into *Current payments.*

- Growth in the programme is stronger in 2011/12 as a result of increased funding provided for the carry-through costs for OSD for nurses, to assist with inflationary expenses in medical supplies and services, as well to improve the infant and child mortalities. Support for infant and child health was also provided from 2009/10 to 2011/12 in line with nationally determined priorities.

- Increase in the Sub-Programme: District Management in 2007/08 relates to restructuring of district offices. The decrease in the 2008/09 adjusted budget is due to the postponement of this process in view of the financial constraints. Reduced trend is continued in 2009/10 and 2010/11.

2.4.3.1 Reconciling Performance Targets with Expenditure Trends

Table DHS 9(a): Expenditure Estimates: District Health Services

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
District Management	113 596	145 144	150 532	160 099	154 398	144 324	165 505	179 705	190 233
Community Health Clinics	1 027 389	1 294 981	1 578 640	1 631 322	1 653 002	1 922 250	2 145 578	2 367 691	2 488 297
Community Health Centres	285 742	435 897	503 302	558 011	476 892	555 282	628 739	676 456	710 870
Community-Based Services	84 505	103 291	92 769	99 702	100 106	96 744	116 491	123 336	130 078
Community-Based Services	375 667	411 552	429 132	485 218	510 906	509 808	595 047	637 047	671 660
HIV and AIDS	703 970	1 058 570	1 239 365	1 454 806	1 655 685	1 521 982	1 930 006	2 341 404	2 732 488
Nutrition	31 594	84 647	21 635	103 275	101 697	101 461	106 016	108 024	113 425
Coroner Services	44 840	107 176	96 664	104 538	105 846	109 479	124 289	133 433	141 510
District Hospitals	2 702 998	3 568 351	4 020 233	3 656 129	3 669 885	4 328 746	4 580 576	4 939 973	5 183 982
Total	**5 370 301**	**7 209 609**	**8 132 272**	**8 253 100**	**8 428 417**	**9 290 076**	**10 392 247**	**11 507 069**	**12 362 543**

Data Source: BAS & Finance Section

Table DHS 9(b): Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**5 085 383**	**6 856 897**	**7 792 667**	**7 858 095**	**8 005 721**	**8 862 484**	**9 962 553**	**11 092 918**	**11 927 986**
Compensation of employees	3 331 158	4 473 898	5 264 489	5 265 594	5 165 168	5 747 599	6 514 794	7 057 924	7 406 608
Goods and services	1 754 225	2 382 999	2 528 178	2 592 501	2 840 553	3 114 885	3 447 759	4 034 994	4 521 378
Financial transactions in assets and liabilities	-	-	82	-	-	-	-	-	-
Transfers and subsidies	**220 514**	**236 702**	**282 953**	**362 415**	**391 114**	**391 800**	**383 608**	**372 042**	**391 040**

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Provinces and municipalities	73 793	63 184	50 883	87 255	119 518	119 518	91 443	62 279	65 392
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	40	-	-	-	-	-	-
Non-profit institutions	125 148	160 499	210 664	253 792	250 228	250 230	269 262	285 669	300 350
Households	21 573	13 019	21 366	21 368	21 368	22 052	22 903	24 094	25 298
Payments for capital assets	**64 404**	**116 010**	**56 570**	**32 590**	**31 582**	**35 792**	**46 086**	**42 109**	**43 517**
Buildings and other fixed structures	-	1 124	138	-	-	-	-	-	-
Machinery and equipment	64 022	114 886	56 432	32 590	31 582	35 792	46 086	42 109	43 517
Software and other intangible assets	382	-	-	-	-	-	-	-	-
Total economic classification	**5 370 301**	**7 209 609**	**8 132 272**	**8 253 100**	**8 428 417**	**9 290 076**	**10 392 247**	**11 507 069**	**12 362 543**

Data Source: BAS & Finance Section

2.4.3.2 Relating Expenditure Trends with Strategic Goals

Table 23 (DHS 9): Trends in Provincial Public Health Expenditure for District Health Services (R Million)

Expenditure	Audited / Actual			Mid-Year Estimates	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total	R5 370 301	R7 209 609	R8 132 272	R9 290 076	R10 392 247	R11 507 069	R12 362 543
Total per person	R541.14	R720.96	R807.21	R915.32	R1 016.33	R1 117.03	R1 1191.20
Total per uninsured person	R614.93	R819.28	R917.29	R1 040.13	R1 154.92	R1 269.36	R1 353.64
Total capital	0	0	0	0	0	0	0
Constant (2008/09) prices							

Expenditure	Audited / Actual			Mid-Year Estimates	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total	R6 444 361	R8 291 050	R8 620 208	R9 290 076	R9 768 712	R10 011 150	R 10 013 660
Total per person	R649.37	R829.11	R855.65	R915.32	R955.35	R971.82	R964.87
Total per uninsured person	R737.92	R942.17	R972.32	R1 040.13	R1 085.63	R1 104.34	R1 096.45
Total capital	0	0	0	0	0	0	0

Data Source: BAS & Finance Section

2.5 HIV AND AIDS, STI AND TB CONTROL (HAST)

2.5.1 SITUATIONAL ANALYSIS INDICATORS

Table 24 (HIV 1): Situation Analysis Indicators for HIV & AIDS, STI's and TB Control

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
QUARTERLY INDICATORS													
1. Total number registered ART clients on treatment	225,863	21,340	27,134	15,097	13,606	10,189	14,788	21,287	23,041	15,211	8,141	56,029	-
2. Male condom distribution rate	7	5	5	10	8	11	8	7	5	6	9	8	12.4

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
3. Antenatal clients initiated on AZT during antenatal care (rate)[77]	80%	110%	-	58%	101%	70%	78%	99%	64%	103%	33%	73%	-
4. Antenatal client Nevirapine uptake[78]	85%	80%	70%	82%	69%	97%	63%	76%	85%	110%	90%	70%	75.7%
5. Newborn baby NVP uptake[79]	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	73.6%
6. Newborn baby AZT uptake	91%	87%	95%	90%	96%	92%	97%	93%	100%	78%	100%	77%	-
7. PTB treatment interruption (defaulter) rate	9.6% [80]	9%	11%	10%	2%	1%	8%	4%	See Footnote[81]	7%	7%	14%	-
8. TB sputa turn-around time under 48 hours	60.3% [82]	52%	48%	74%	77%	83%	28%	26%	See Footnote[83]	100%	44%	96%	-
9. PTB two month smear conversion rate	60.5% [84]	53%	56%	40%	82%	70%	53%	53%	See Footnote[85]	55%	50%	45%	-
ANNUAL INDICATORS													
10. Fixed facilities with any ARV drug stock outs	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-

[77] Data obtained from the DQPR 2008/09
[78] Data updated since the Annual Report 2008/09 – source DHIS
[79] Data updated sine the Annual Report 2008/09 – source DHIS
[80] DQPR 2008/09 reports 7% however this is due to the non-submission of data on this report and therefore the figure of 9.6% (DHIS) is the more reliable figure
[81] ETBR System in for repairs for 9 months of 2008/09
[82] The DQPR 2008/09 reports 58% however this is due to the non-submission of data on this report and therefore the figure of 60.3% (DHIS) is the more reliable figure
[83] ETBR System in for repairs for 9 months of 2008/09
[84] Data appearing in the Annual Report 2008/09 was noted as incomplete at 52.1% due to the non-submission of data therefore the figure of 60.5% (DHIS) is the most reliable figure
[85] ETBR System in for repairs for 9 months of 2008/09

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
11. STI partner treatment rate	21%	18%	24%	20%	24%	26%	20%	23%	29%	19%	15%	17%	21.2%
12. New smear positive PTB cure rate	50% [86]	71%	75%	69%	81%	72%	69%	69%	See Footnote[87]	76%	74%	63%	-

Data Source: DHIS; 2008/09 Annual Report, TB Unit & District Quarterly Performance Reports 2008/09

2.5.2 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 25 (HIV 2): Performance Indicators for HIV & AIDS, STI and TB Control

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions									
Strategic Objective 3.1: To scale up implementation of the integrated HIV and AIDS strategic plan to reduce HIV incidence by 50% by 2011/12									
1. HIV incidence	%	-	-	-	1.3% (national)	-	Reduce by 50%[88]		Reduce by 50%
2. Total number of registered ART clients on treatment	No.	76,00	143,526	225,863	335,148	470,472	545,411	695,557	-
3. Percentage qualifying HIV-positive patients on ART	%	New indicator	New indicator	New indicator	±60%	70%	80%	85%	-

[86] The non-submission of data by Uthungulu would influence the provincial average
[87] ETBR System in for repairs for 9 months of 2008/09
[88] National target

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
4. Percentage of people with HIV- TB co-morbidity initiated on ART at a CD4 count of 350 or less	%	New indicator	New indicator	New indicator	New indicator	100%[89]	100%	100%	100%
5. Fixed facilities with ARV drug stock-out	%	0%	2.7%	0%	0%	0%	0%	0%	0%
6. % of clients tested for HIV to those counselled (excluding antenatal)	%	New indicator	New indicator	90%	90%	90%	90%	90%	-
7. Male condom distribution rate	No	7	7	7	8	10	12	14	15
8. STI partner treatment rate	%	28%	21.2%	21%	20%	24%	25%	27%	40%
9. Number of neo-natal males circumcised[90]	No	New indicator	New indicator	New indicator	New indicator	47,055 / 94,110 (50%)	71,288 / 95,051 (75%)	96,001 / 96,001 (100%)	See footnote[91]
10. Number of adult males circumcised[92]	No	New indicator	New indicator	New indicator	New indicator	186,703 / 1,867,030 (10%)	373,406 / 1,867,030 (20% new) (30% overall)	373,406 / 1,867,030 (20% new) (50% overall)	See Footnote[93]
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.2: To scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to < 5% by 2012/13**									
11. MTCT rate	%	New indicator	New indicator	7% [94]	7%	<6%	<6%	<5%	2-5%
12. % of pregnant women tested for HIV	%	70%	80%	96%	96%	98%	100%	100%	-
13. % of pregnant women who are eligible placed on ARV prophylaxis - dual therapy	%	New indicator	New indicator	New indicator	New indicator	80%	95%	100%	-

[89] No baseline data from which to project targets. Baseline data will be collected during 2010/11
[90] Targets for circumcision were taken from a formal presentation by the Senior Manager for Priority Programmes
[91] Acceptance rate of 80% of the KZN neo-natal male population is defined as the target group. 100% of the target group circumcised per annum
[92] Targets for circumcision were taken from a presentation by the Senior Manager of Priority Programmes
[93] Acceptance rate of 80% of the KZN male population between the ages of 15 – 49 yrs is defined as the target group. 100% of the target group circumcised over a 5 year period
[94] Data from the Provincial Research Centre for Rural Health

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
14. % of eligible pregnant women placed on HAART	%	New indicator	New indicator	New indicator	59%	50%	75%	85%	-
15. Antenatal client Nevirapine uptake	%	70%	76%	85%	90.5%	95%	100%	100%	100%
16. Antenatal client initiated on AZT during antenatal care	%	New indicator	New indicator	80%	84.8%	90%	95%	100%	100%
17. % of HIV exposed infants receive ARV's for PMTCT based on dual therapy	%	New indicator	New indicator	New indicator	New indicator	80%	95%	100%	-
18. Newborn baby AZT uptake[95]	%	New Indicator	New Indicator	91%	91%	-	-	-	-
19. Newborn baby Nevirapine uptake[96]	%	93%	98%	85%	100%	100%	100%	100%	95%
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.3: To scale up implementation of the integrated TB Crisis Plan to improve the TB cure rate to 70% by 2014/15**									
20. TB Cure Rate	%	35%	40%	62%[97]	58.15%	67.9%	68.5%	69%	85%
21. PTB 2 month smear conversion rate	%	53.9%	54.9%	60.5%[98]	61%	70%	72%	75%	75%
22. PTB treatment interruption (defaulter) rate	%	15.3%	12.9%	9.6% [99]	8.7%	7.1%	6.1%	5.5%	5%
23. TB sputa turn-around time under 48 hours rate	%	55%	68%	60.3% [100]	53.8%	55%	57%	60%	80%
24. New MDR TB cases reported (% change)	%	+24% (690 cases)	+63% (1,128 cases)	+0.5% (1,134 cases)	7.7%	7%	6%	5%	-
25. New XDR TB cases reported (% change)	%	+137% (83 cases)	+102% (168 cases)	+35% (109 cases)	82%	70%	60%	50%	-

Data Source: DHIS; 2008/09 Annual Report; District Quarterly Performance Reports for 2008/09, Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13& the Presentation on Circumcision by Dr Buthelezi

[95] This indicator has been replaced and will not be monitored in future
[96] Data updated since Annual Report 2008/09 – source DHIS
[97] Data from the TB Unit, however data to still be verified and confirmed
[98] Data appearing in the Annual Report 2008/09 was noted as incomplete at 52.1% due to the non-submission of data therefore the figure of 60.5% (DHIS) is the most reliable figure
[99] The DQPR 2008/09 reports 7% however this is due to the non-submission of data on this report and therefore the figure of 9.6% (DHIS) is the more reliable figure
[100] The DQPR 2008/09 reports 58% however this is due to the non-submission of data on this report and therefore the figure of 60.3% (DHIS) is the more reliable figure

2.5.2.1 Quarterly Targets

Table 26 (HIV 3): Quarterly Targets for HIV & AIDS, STI and TB Control for 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Total number of registered ART clients on treatment	470,472	33,831 (368,979)	33,831 (402,810)	33,831 (436,641)	33,831 (470,472)
2. Percentage of qualifying HIV+ patients on treatment	70%	60%	60%	65%	70%
3. Percentage of people with HIV / TB co-morbidity initiated on ART at CD4 count 350 or less	100%	100%	100%	100%	100%
4. Fixed facilities with any ARV drug stock outs	0%	0%	0%	0%	0%
5. Percentage of clients tested for HIV to those counselled (excluding antenatal)	90%	90%	90%	90%	90%
6. Number of neo-natal males circumcised	47,055	11,763	11,764 (23,527)	11,764 (35,291)	11,764 (47,055)
7. Number of adult males circumcised	186,703	46,675	46,676 (93,351)	46,676 (140,047)	46,676 (140,047)
8. Percentage of pregnant women tested for HIV	98%	98%	98%	98%	98%
9. Percentage of pregnant women who are eligible placed on ARV prophylaxis - dual therapy	80%	80%	80%	80%	80%
10. Percentage of eligible pregnant women placed on HAART	50%	50%	50%	50%	50%
11. Percentage of HIV exposed infants receive ARV's for PMTCT based on dual therapy	80%	80%	80%	80%	80%
ANNUAL TARGETS					
12. Male condom distribution rate	10	-	-	-	10
13. STI partner treatment rate	24%	-	-	-	24%
14. MTCT rate	<6%	-	-	-	6%
15. Antenatal client Nevirapine uptake	95%	-	-	-	95%
16. ANC client initiated on AZT during antenatal care	90%	-	-	-	90%
17. Newborn baby Nevirapine uptake	100%	-	-	-	100%
18. TB Cure Rate	67.9%	-	-	-	67.9%

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
19. PTB 2 month smear conversion rate	70%	-	-	-	70%
20. PTB treatment interruption (defaulter) rate	7.1%	-	-	-	7.1%
21. TB sputum turn-around time under 48 hours rate	55%	-	-	-	55%
22. New MDR TB cases reported (% change)	7%	-	-	-	7%
23. New XDR TB cases reported (% change)	70%	-	-	-	70%

Data Source: DHIS; TB Component; PMTCT Component; Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13 & the Presentation on Circumcision by Dr Buthelezi

NOTE: The HIV incidence target has been set for the 2011/12 reporting period and is therefore not included in the table. The "Newborn baby AZT uptake" will not be monitored in the forthcoming year due to a change in the PMTCT policy. It has been included as it forms part of the Treasury indicators

2.5.3 RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

Table 27 (HIV 4): Trends in Provincial Public Health Expenditure for HIV & AIDS Conditional Grant (R Million)

Expenditure	Audited / Actual			Mid-Year Estimates	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total	R344 304	R466 922	R757 615	R1 121 575	R1 498 811	R1 877 593	R2 241 412
Total per person	R34.69	R46.69	R75.20	R110.50	R146.58	R182.27	R215.97
Total per uninsured person	R39.43	R53.06	R85.46	R125.57	R166.57	R207.12	R245.42
Total capital							
Constant prices							
Total	R413 165	R536 960	R803 072	R1 121 575	R1 408 882	R1 633 506	R1 815 544
Total per person	R41.63	R53.70	R79.71	R110.50	R137.78	R158.57	R174.94
Total per uninsured person	R47.31	R61.02	R90.58	R125.57	R156.57	R180.19	R198.79
Total capital							

Data Source: BAS and Finance Section

2.6 MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH & N)

2.6.1 SITUATIONAL ANALYSIS

Table 28 (MCWH 1): Situation Analysis Indicators for MCWH & N

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
QUARTERLY INDICATORS													
Immunisation coverage under-1 year	85%	89.1%	103.2%	80.3%	89.4%	61.4%	72.7%	89.1%	84.1%	79.1%	110.3%	85.3%	89.5%
Vitamin A coverage under-1 year	126%	128.3%	128.1%	104.5%	104.6%	103.3%	128.1%	111.3%	110.5%	106.5%	125.8%	141.4%	98.7%
Vitamin A coverage – new mothers	90%	100%	78%	99%	110%	102%	59%	96%	83%	95%	94%	92%	78.4%
Measles coverage under-1 year	89.3%	91.5%	107%	82.3%	94%	66.7%	88%	86%	87.4%	81%	117%	90%	91.7%
Pneumococcal Vaccine (PCV) 1st dose coverage	New 2010/11 indicator (not relevant to the 2008/09 reporting period)												-
Rota Virus (RV) 1st dose coverage	New 2010/11 indicator (not relevant to the 2008/09 reporting period)												-
Cervical cancer screening coverage	6.4% [101]	14.4%	6.8%	4.1%	8.6%	7.1%	10.5%	9.4%	4.5%	7.4%	5.4%	4.6%	43.9%
Institutional MMR	205 / 100,000	164 / 100,000	190 / 100,000	128 / 100,000	94 / 100,000	113 / 100,000	458 / 100,000	155 / 100,000	139 / 100,00	215 / 100,000	90 / 100,000	258 / 100,000	-
Antenatal visits before 20 weeks rate	30.5%	32%	35%	29%	26%	32%	30%	31%	27%	29%	28%	27%	32.5%
ANNUAL INDICATORS													

[101] The initial figure of 0.5% quoted in the Annual Report is incorrect – this has since been updated

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
Vitamin A coverage (12 – 59 months)	28.5%	31%	26%	20%	31%	18%	36%	19%	30%	28%	43%	31%	31.3%
Severe malnutrition under 5 years incidence	5/1,000	6/1,000	3/1,000	6/1000	5/1,000	10/1,000	6/1,000	5/1,000	4/1,000	6/1,000	8/1,000	5/1,000	5.5/1000
Couple year protection rate	23%	26%	24%	23%	25%	22%	24%	20%	21%	22%	35%	21%	31.9%
Total delivers in facilities	202,685	14,717	18,839	13,557	12,482	8,450	16,442	14,355	20,231	11,262	9,200	63,150	945,223
Delivery rate for women under 18 years	9.4%	10.2%	7.5%	9.6%	7.4%	10.2%	10.1%	12.6%	8.2%	9.2%	11.2%	9.4%	8.8%
Facility infant mortality (under-1) rate	9%	10%	12%	8%	8%	3%	9%	10%	10%	9%	12%	4%	-
Facility child mortality (under-5) rate	7%	7%	7%	7%	7%	6%	6%	11%	7%	7%	7%	4%	-

Data Source: 2008/09 Annual Report and DHIS

2.6.2 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 29 (MCWH 2): Performance Indicators for MCWH & Nutrition - Complete

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions									
Strategic Objective 3.4: Reduce child mortality to 30-45/1000 live births by 2014/15									
1. Severe malnutrition under-5 years incidence	%	7/1000	5/1000	5/1000	6.2/1000	6.1/1000	6/1000	6/1000	10/1000
2. Vitamin A coverage under 1 year	%	100%	111.6%	126%	94.2%	95%	95%	98%	90%

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
3. Vitamin A coverage – (12 – 59 months)	%	25.8%[102]	31.9%[103]	28.5%[104]	45%	50%	55%	60%	80%
4. Facility infant mortality rate (under-1 year)	%	8.1%	8.9%	9%	8.9%	8.7%	8.5%	8.3%	-
5. Facility child mortality rate (under-5 years)	%	7.4%	7.1%	7%	6.1%	7%	6.8%	6.6%	-
6. Number of diarrhoea cases – children under-5 years		48,653	48,172[105]	46,511	57,062	50,000	45,000	40,000	-
7. Number of pneumonia cases – children under-5 years		201,090	188,477[106]	194,904	215,552	200,000	190,000	180,000	-
8. Immunisation coverage under-1 year	%	74.8%	81.1%[107]	85%	86%	90%	90%	90%	90%
9. Measles coverage under-1 year	%	90%	84.5%[108]	89.3%	88%	90%	90%	90%	90%
10. Pneumococcal (PCV) 1st dose coverage	%	New indicator	New indicator	New indicator	64%	90%	90%	90%	90%
11. Rota Virus (RV) 1st dose coverage	%	New indicator	New indicator	New indicator	25%	90%	90%	90%	90%
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions									
Strategic Objective 3.5: Reduce maternal mortality to ≤ 100/ 100 000 by 2014/15									
12. Institutional maternal mortality rate	%	223 / 100 000	225 / 100 000	205 / 100 000	191 / 100 000	120/ 100 000	115/ 100 000	110/ 100 000	-
13. Antenatal visits before 20 weeks rate[109]	%	25.2% [110]	26.7%[111]	30.5%[112]	47.6%	50%	60%	70%	70%
14. Vitamin A coverage – new mothers	%	100%	100%	90%	97.5%	100%	100%	100%	90%
15. % of mothers and newborn babies who received post partum care within 6 days		New indicator	New indicator	New indicator	New indicator	40%	50%	60%	-

[102] The figure of 40% quoted in the Annual Report 2008/09 is incorrect
[103] The figures of 35% and 45% quoted in the Annual Report 2008/09 are incorrect as data has been updated in 2009/10
[104] The figure of 29.6% quoted in the Annual Report 2008/09 is incorrect
[105] The figure of 48,207 appearing in the Annual Report of 2008/09 has been updated – DHIS 2010/03/18
[106] The figure of 188,853 appearing in the Annual Report of 2008/09 has been updated – DHIS 2010/03/18
[107] The figure of 82% was also quoted in Table 53 f the Annual Report 2008/09, was incorrect
[108] The figure of 86% was also quoted in Table 53 of the Annual Report 2008/09, was incorrect
[109] Indicator data updated from Annual Report 2008/09 – source DHIS
[110] The figures of 28% and 45% quoted in the Annual Report 2008/09 are incorrect as data has been updated in 2009/10
[111] The figures of 30% and 37% quoted in the Annual Report 2008/09 are incorrect as data has been updated in 2009/10
[112] The figures of 29% and 32% quoted in the Annual Report 2008/09 are incorrect as data has been updated in 2009/10

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
after delivery									
16. Total deliveries in facilities	No	188,080	193,564	202,685	249,034	250,043	250,943	251,822	-
17. Number of maternity care units that review Maternal and Peri-Natal deaths and address identified deficiencies[113]		100%	100%	100%	97%	100%	100%	100%	80%
18. Delivery rate for women under 18 years	%	8%	8.4%	9.4%	9%	8%	8%	8%	10%
Strategic Goal 3: Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.6: To implement the Phila Ma Project to increase cervical cancer screening coverage to 70% by 2014/15**									
19. Cervical cancer screening coverage	%	4.1%[114]	4.9%[115]	6.4%[116]	6.2%	10%	20%	30%	40%
Strategic Goal 3: Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.7: To scale up implementation of the Contraceptive Strategy to increase the women year protection rate to 65% by 2014/15**									
20. Women year protection rate		38%	22.1%	23%	27.3%	35%	40%	50%	-

Data Source: Annual Reports 2007/08 & 2008/09; DHIS, MCWH Unit, Head of Department's Performance Agreement, Treasury Report 2009/10 – 2nd Quarter, DQPR 2008/09 & 2009/10 & Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13 & DHIS

[113] This includes only hospitals. No CHC's or PHC Clinics have been included in the totals for this indicator
[114] The initial figure of 4.5% quoted in Annual Reports is incorrect – this has since been updated
[115] The initial figure of 4.3% quoted in Annual Reports is incorrect – this has since been updated
[116] The initial figure of 0.5% quoted in the Annual Report is incorrect – this has since been updated

2.6.2.1 Quarterly Targets

Table 30 (MCWH 3): Quarterly Targets for MCWH&N for 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Vitamin A coverage under-1 year	95%	95%	95%	95%	95%
2. Vitamin A coverage – (12 – 59 months)	50%	47%	48%	49%	50%
3. Number of diarrhoea cases – children under-5 years	50,000	12,500	12,500 (25,000)	12,500 (37,500)	12,500 (50,000)
4. Number of pneumonia cases – children under-5 years	200,000	50,000	50,000 (100,000)	50,000 (150,000)	50,000 (200,00)
5. Immunisation coverage under- year	90%	90%	90%	90%	90%
6. Measles coverage under - year	90%	89%	90%	90%	90%
7. Pneumococcal (PCV) 1st dose coverage	90%	88%	89%	90%	90%
8. Rota virus (RV) 1st dose coverage	90%	65%	75%	84%	90%
9. Antenatal visits before 20 weeks	50%	40%	44%	47%	50%
10. Vitamin A coverage – new mothers	100%	100%	100%	100%	100%
11. Percentage of mothers and newborn babies who received post partum care within 6 days after delivery[117]	40%	10%	20%	30%	40%
12. Number of maternity care units that review Maternal and Peri-Natal deaths and address identified deficiencies[118]	100%	100%	100%	100%	100%
13. Cervical cancer screening coverage	10%	6.2%	7.5%	8.8%	10%
ANNUAL TARGETS					
14. Severe malnutrition under 5 years incidence	6.1/1000	-	-	-	6.1/ 1000
15. Facility infant mortality rate (under-1 year)	8.7%	-	-	-	8.7%
16. Facility child mortality (under -5 years)	7%	-	-	-	7%
17. Institutional maternal mortality	120/ 100 000	-	-	-	120/ 100 000

[117] New indicator – no trends to base targets on – performance will be monitored to confirm outer-year targets
[118] This includes only hospitals. No CHC's or PHC Clinics have been included in the totals for this indicator

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
18. Total deliveries in facilities	250,043	-	-	-	250,043
19. Delivery rate for women under 18 years	8%	-	-	-	**8%**
20. Women year protection rate	35%	-	-	-	**35%**

Data Source: Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13, Nutrition & MCWH Unit, Treasury Report 2009/10 – 2nd Quarter & the Head of Department's Performance Agreement

2.7 DISEASE PREVENTION AND CONTROL

2.7.1 SITUATIONAL ANALYSIS INDICATORS

Table 31 (DCP 1): Situation Analysis Indicators for Disease Prevention and Control

Indicator	Provincial 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
1. Malaria fatality rate (annual)	1.1% (5/429)	0%	0%	0%	0%	0%	10% (1/10)	2% (2/96)	1.5% (1/63)	0%	0%	1.1% (1/90)	1.06%
2. Cataract surgery rate (annual)	703.53 / 1,000,000	373 / 1,000,000	622 / 1,000,000	282 / 1,000,000	1,186 / 1,000,000	870 / 1,000,000	218 / 1,000,000	731 / 1,000,000	1,197 / 1,000,00	773 / 1,000,000	1,428 / 1,000,000	971 / 1,000,000	1,059 per million pop

Data Source: DHIS; 2008/09 Annual Report

2.7.2 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 32 (DCP 2): Performance Indicators for Disease Prevention and Control

Indicator	Type	Audited / Actual Performance			Mid-Year Estimates	MTEF Projections			National Target 2007/08
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.8: To maintain preventative strategies to reduce and maintain the malaria incidence at ≤ 1/1000 population**									
1. Malaria incidence per 1000 population at risk	/1000	New indicator	New indicator	New indicator	New indicator	0.66 / 1000	0.61 / 1000	0.56 / 1000	0.46 / 1000
2. Malaria fatality rate (annual)	%	0.6%	1.5% [119]	1.1% (5/ 429)	0%	≤1%	≤1%	≤1%	-
3. Percentage of households sprayed	%	New indicator	New indicator	New indicator	New indicator	≥ 95%	≥ 95%	≥ 95%	≥ 90%
Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions **Strategic Objective 3.9: To maintain Early Warning Systems for Communicable Disease Control**									
4. Outbreaks responded to within 24 hours	%	100%	100%	100%	100%	100%	100%	100%	-
5. Cholera fatality rate (annual)	%	<1%	0%	50% [120]	0%	0%	0%	0%	-
Strategic Goal 1: To overhaul Provincial health services **Strategic Objective 3.10: To scale up the implementation of eye care services to comply with national targets**									
6. Cataract surgery rate (annual)[121]	No/ million pop	6,188	772/1mil	703.53/ 1mil	696/ 1mil	1,076/ 1mil	1,261.95/1mil	1,445.42/1mil	-

Data Source: DHIS; 2008/09 Annual Report and Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13

[119] Data from the DHIS – data from Environmental Health was reported at 0.8% (direct reporting)
[120] Two confirmed cholera cases with 1 death
[121] Total population figures used in the calculation of this indicator

2.7.2.1 Quarterly Targets

Table 33 (DCP 3): Quarterly Targets for 2010/11

Programme Performance Indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
ANNUAL TARGETS					
1. Malaria incidence per 1,000 population at risk	0.66 / 1000	-	-	-	0.66/ 1000
2. Malaria fatality rate (annual)	≤1%	-	-	-	≤1%
3. Percentage of households sprayed	≥95%	-	-	-	≥95%
1. Outbreaks responded to within 24 hours	100%	-	-	-	100%
2. Cholera fatality rate (annual)	0%	-	-	-	0%
4. Cataract surgery rate (annual)[122]	1,076 / 1mil	-	-	-	1,076 /1mil

Data Source: DHIS; 2008/09 Annual Report and Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/1

[122] The data refer to the number of cataract surgeries and not the rate

PROGRAMME 3: EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

3.1 PROGRAMME PURPOSE

To render pre-hospital Emergency Medical Services (EMS) including Inter-Hospital Transfers and Planned Patient Transport (PPT)

The Programme objectives are:

- To render emergency response to and stabilise and transport all patients involved in trauma, medical, maternal and other emergencies through the utilisation of specialised vehicles, equipment and skilled Emergency Care Practitioners (ECP).

- To render transport for non-emergency referrals between hospitals and PHC clinics to Community Health Centres and Hospitals for indigent persons with no means of transport.

- To render pre- and in-hospital mass casualty incident management. Conduct surveillance and facilitates action in response to early warning systems for the Department and effective response to protocols – in line with the provisions of the Disaster Management Act of 2002.

3.2 PROVINCIAL PRIORITIES

A new Senior EMS Manager was appointed in March 2010. The priorities for the forthcoming planning cycle might therefore change based on the in-depth analysis of the current programme status that commenced after the appointment in 2010. This process will serve to inform the immediate short-term, medium- and long-term vision.

Priority 1: Conduct an in-depth review and analysis of EMS to inform immediate short-term, medium and long-term strategies based on service delivery needs.

1.1 In-depth assessment of the current status of EMS in the Province to inform strategic interventions that will serve to improve the effectiveness and efficiency of EMS in the Province.

1.2 Inclusion of EMS in the STP to ensure alignment with the long-term vision for health in KZN.

1.3 The pilot project that commenced in 2009/10 to determine appropriate referral patterns in the Province will have relevance to strategic plan for EMS and will inform resource allocation, infrastructure needs, etc. The referral policy will be finalised post completion of the project.

1.4 Implementation will therefore be monitored based on the forthcoming Implementation plan once the strategic direction has been determined.

Note: The Rural Development Nodes are indicated in light blue in the table below.

3.3 SITUATION ANALYSIS INDICATORS FOR EMERGENCY MEDICAL SERVICES

Table 34 (EMS 1): Situation Analysis Indicators for EMS per District

Indicator	Province wide value 2008/09	Ugu 2008/09	Umgungundlovu 2008/09	Uthukela 2008/09	Umzinyathi 2008/09	Amajuba 2008/09	Zululand 2008/09	Umkhanyakude 2008/09	Uthungulu 2008/09	Ilembe 2008/09	Sisonke 2008/09	eThekwini 2008/09	National Average 2008/09
1. Rostered ambulances per 10,000 people[123]	0.2[3]	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.2	0.3	0.1	0.8
2. Percentage of P1 calls with a response time <15 minutes in an urban area	28.1%	22%	31%	30%	65%	70%	0%[124]	0%	33%	21%	0%	42%	54.11%
3. Percentage of P1 calls with a response time of <40 minutes in a rural area	39%	40%	48%	37%	40%	63%	18%	32%	41%	55%	22%	30%	53.08%
4. Percentage of calls with a response time within 60 minutes	62.9%	70%	75%	93%	78%	70%	40%	45%	64%	61%	47%	50%	67.97%

Data Source: EMRS Unit and DHIS

[123] Indicator was previously calculated per 1000 population hence correction to the national norm of 10 000 population for this report
[124] Zululand, Umkhanyakude and Sisonke Districts not currently reporting on urban response times – this will be discussed with review of indicator definitions

3.4 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 35 (EMS 2): Performance Indicators for EMS and Patient Transport

Performance Indicators	Actual / Audited Performance			Estimated Performance	Medium-Term Targets			National Target 2014/15
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Goal 1: Overhaul Provincial health services **Strategic Objective 1.13: To revitalise EMS and improve response times to ≥ 70% for rural and urban areas by 2014/15**								
1. P1 calls with a response time <15 minutes in an urban area	50%	41%	28.1%	20%	30%	40%	50%	80%
2. P1 calls with a response time of <40 minutes in a rural area	50%	45%	39%	35%	45%	55%	65%	80%
3. All calls with a response time within 60 minutes	27.4%	57%	62.9%	50%	60%	70%	80%	100%
4. Rostered ambulances per 10,000 people[125]	0. 2[3]	0.2[3]	0.2[3]	0.2	0.38	0.41	0.45	1:10 000
5. Total number of EMS emergency cases	New indicator	New indicator	New indicator	839,902	1,007,882	1,209,458	1,451,349	-

Data Source: 2008/09 Annual Report; PQRS 2009/10; EMRS Component; Vote 7 Service Delivery Projections for MTEF 2010/11 – 2012/13; DHIS

3.4.1 QUARTERLY TARGETS FOR EMS AND PPT

Table 36 (EMS 3): Quarterly Targets for 2010/11 for EMS and PPT

Programme Performance Indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. P1 calls with a response time <15 minutes in an urban area	30%	23%	25%	28%	30%
2. P1 calls with a response time of < 40 minutes in a rural area	45%	36%	39%	42%	45%

[125] Indicator incorrectly calculated previously, is now corrected. Uninsured population utilised in calculation

Programme Performance Indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
3. All calls with a response time within 60 minutes	60%	53%	55%	58%	60%
4. Total number of EMS emergency cases[126]	1,007,882	251,873	251,941 (503,814)	251,985 (755,799)	252,083 (1,007,882)
ANNUAL TARGETS					
5. Rostered ambulances per 10,000 people	0.38	-	-	-	0.38

Data Source: Vote 7 Service Delivery Projections for MTEF 2010/11 – 2012/3; EMRS Component and the Treasury Report for Q2 – 2009/10

3.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 37 (EMS 4): Expenditure Estimates: Emergency Medical Services

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
Emergency Transport	454 943	528 185	636 096	698 318	656 663	735 160	819 853	872 620	916 834
Planned Transport	19 080	20 611	36 264	39 612	39 600	39 219	46 530	49 477	51 976
Total	**474 023**	**548 796**	**672 360**	**737 930**	**696 263**	**774 379**	**866 383**	**922 097**	**968 810**

Data Source: BAS & Finance Section

[126] New indicator – will be reported on in 2009/10

Table 38 (EMS 5): Summary of Provincial Expenditure Estimates by Economic Classification[127]

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**415 873**	**522 638**	**590 257**	**622 965**	**636 524**	**713 618**	**756 055**	**804 127**	**843 963**
Compensation of employees	282 147	341 040	381 733	432 767	448 454	489 901	537 268	577 648	605 190
Goods and services	133 726	181 598	208 524	190 198	188 070	223 717	218 787	226 479	236 802
Financial transactions in assets and liabilities	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	**744**	**572**	**9 171**	**565**	**1 467**	**1 566**	**1 531**	**1 594**	**1 652**
Provinces and municipalities	205	130	511	5	907	907	937	964	990
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	539	442	8 660	560	560	659	594	630	662
Payments for capital assets	57 406	25 586	72 932	**114 400**	**58 272**	**59 195**	**108 797**	**116 376**	**123 195**
Buildings and other fixed structures	-	576	-	-	-	-	-	-	-
Machinery and equipment	**57 406**	**24 998**	**72 932**	114 400	58 272	59 195	108 797	116 376	123 195
Software and other intangible assets	-	12	-	-	-	-	-	-	-
Total economic classification	**474 023**	**548 796**	**672 360**	**737 930**	**696 263**	**774 379**	**866 383**	**922,097**	**968 810**

Data Source: BAS & Finance Section

[127] This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2

3.6 RESOURCE CONSIDERATIONS

- The increasing trend is mainly related to the expansion of Emergency Medical Services to under-served areas in the Province.

- Additional funding has been allocated in the 2009/10 MTEF period to meet the national norms for the service, although rising fuel costs negatively affected expenditure.

- Transfers and subsidies to households were increased in the 2008/09 Adjusted Budget to cover cost of a legal claim against the Department by the First Aid League amounting to R7.883 million.

- The sharp increase in the Main Budget in 2009/10 and 2010/11 pertains to funds provided for the 2010 World Cup (National priority) and will be used to purchase emergency vehicles and equipment. The funding provided in 2011/12 under this item will be utilised to continue the drive to meet the national norms for emergency services.

3.6.1 RELATING EXPENDITURE TRENDS WITH STRATEGIC GOALS

Table 39 (EMS 6): Trends in Provincial Public Health Expenditure for EMS and PPT (R Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices[1]							
Total[2]	R474 023	R548 796	R672 360	R774 379	R866 383	R922 097	R968 810
Total per person	R47.77	R54.88	R66.74	R76.30	R84.73	R89.51	R93.35
Total per uninsured person	R54.28	R62.36	R75.84	R86.70	R96.28	R101.72	R106.08
Total capital[2]	0	0	0	0	0	0	0
Constant (2008/09) prices							
Total[2]	R568 828	R631 115	R712 702	R774 379	R814 400	R802 224	R784 736
Total per person	R57.32	R63.11	R70.74	R76.30	R79.65	R77.87	R75.61
Total per uninsured person	R65.13	R71.72	R80.39	R86.70	R90.51	R88.49	R85.92
Total capital[2]	0	0	0	0	0	0	0

Data Source: Finance Section – BAS

PROGRAMME 4: REGIONAL HOSPITALS

4.1 PROGRAMME PURPOSE

The purpose of Programme 4 is the delivery of hospital services that are accessible, appropriate and effective, and include the provision of general specialist services, specialised rehabilitation services, provision of training of health professionals and research.

Programme 4 comprises of five Sub-Programmes with the following objectives:

1. To render Regional Hospital services at a general specialist level.
2. To provide the platform for training of health workers and research.
3. To render hospital services for TB, including MDR and XDR TB.
4. To render specialist psychiatric hospital services and providing a platform for training of health workers and research in mental health.
5. To provide medium to long-term care to patients who require rehabilitation and/or a minimum degree of active medical care.
6. To render an affordable and comprehensive oral health service based on the PHC approach.

4.2 PROVINCIAL PRIORITIES

Challenges identified during strategic planning workshops as referred to in the Strategic Plan Programme 4 are not specific to Regional Hospitals, rather a collection of challenges experienced in all hospitals.

A number of the challenges are related to inadequate management capacity and should be addressed through timeous filling of critical posts (priority of Human Resource management Turn-around Strategy), implementation of appropriate tailor-made capacity building, mentoring and succession training programmes (HR Turn-Around Strategy).

Priority 1: Rationalisation of hospital services

1.1 Determine the service delivery platform for Regional Hospital services as per STP imperatives. The process commenced in the 4th quarter of 2009/10.

1.2 Review hospital post establishments to ensure adequate allocation of financial and human resources and infrastructure to deliver reviewed package of services. This process commenced in 2009/10 with the objective to determine minimum staff establishments per individual hospital. This will address the bottleneck currently experienced in filling of critical posts. This process should be completed in the first quarter of 2010/11.

1.3 Review and establish effective referral systems in collaboration with EMS. The pilot project commenced in 2010/11 in Area 2.

1.4 Alignment of revitalisation with the STP, HRP (Provincial and District) and Infrastructure Programme Implementation Plan.

1.5 Review delegations to ensure more effective decentralised operational management, accountability and control. This process will be aligned with the national process to avoid duplication. Reviewed and approved delegations will be implemented as soon as finalised to ensure improved efficiency and accountability at facility level.

Priority 2: Improving the quality and efficiency of hospital services

2.1 Implement the National Core Standards towards formal accreditation of health facilities in all hospitals.

2.2 The Core Standard Domains include: Patient Rights, Patient Safety, Clinical Governance and Care, Clinical Support Services, Public Health, Leadership and Corporate Governance, Operational Management, and Facilities and Infrastructure.

2.3 Expansion of the “Look like a Hospital Project” will continue in support of the Core Standards and

implementation of the Quality Improvement Plans. The Quality Improvement Plans will be monitored to ensure progress towards compliance with national standards. Health outcomes will be monitored to determine the impact on general quality of care.

2.4 Improve community participation and consultation through appointment and training of Hospital Boards. Current Hospital Boards are interim structures and not appointed as per KZN Health Act requirements.

4.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Note. The data for specialised hospitals (included in separate tables) are currently calculated as part of Regional Hospitals. This is being reviewed and will be monitored separately to improve monitoring on performance targets.

4.3.1 STRATEGIC OBJECTIVES AND PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS

Table 40 (RHS 1): Performance Indicators for Regional & Specialised Hospitals

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.3: To implement the National Core Standards in 100% of Regional Hospitals for accreditation of 100% facilities by 2012/13[128]**									
1. Number of Regional Hospitals accredited[129]	No	New Indicator	New Indicator	New Indicator	New indicator	0/ 14	10/ 14	14/ 14	100%
2. Number of Regional Hospitals conducting annual Patient Satisfaction Surveys	No.	Data not available	Data not available	85%[130]	See Footnote[131]	14/ 14	14/ 14	14/ 14	100%
3. Average patient waiting time at OPD	Hr.	New indicator	New indicator	New indicator	New indicator	<5 hrs	<4 ½ hrs	<4 hrs	<1 hr
4. Average patient waiting time at admissions	Hr.	New indicator	New indicator	New indicator	New indicator	<5 hrs	<4 ½ hrs	<4 hrs	<1 hr
5. Caesarean section rate	%	34%	32%	31.6%	35.4%	34%[132]	33%	32%	25%
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.14: To rationalize hospital services in line with service delivery needs and STP imperatives[133]**									

[128] Accreditation is dependent on the National processes
[129] Accreditation of health facilities is dependent on the National Department of Health processes
[130] Data from the DQPR 2008/09 - data for 4 districts is outstanding which skew the Provincial average
[131] Annual indicator therefore cannot use Quarter 2 data for a projection
[132] This indicator consistently exceeds the national target – partly due to disease profile and poor health behaviour of clients
[133] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
6. Number of Regional Hospitals with cost centres	R	New Indicator	New Indicator	New Indicator	New indicator	14/14 hospitals with Cost Centres	-	-	100%
7. Number of CEO's who have signed national delegation of authorities	No.	New Indicator	New Indicator	New Indicator	New indicator	0/ 14[134] (0%)	14/ 14 (100%)	14 /14 (100%)	100%
8. Average length of stay	Days	4 Days	4.8 Days	5.3 Days	5.5 Days	5.4 Days[135]	5.2 Days	5 Days	4.8 Days
9. Bed utilisation rate (based on useable beds)	%	70%	66%	71.3%	73%	73%	74%	75%	75%
10. Total separations	No.	372,597	351,169	355,778	330,444	340,357	350,567	361,084	-
11. Patient day equivalents	No.	2,783,246	2,663,297	2,797,350	2,455,418	2,529,080	2,604,952	2,683,100	-
12. OPD total headcounts	No.	3,074,707	2,702,113	2,752,678	2,750,458	2,832,971[136]	2,917,960	3,005,498	-
13. Expenditure per patient day equivalent (PDE)	R	R 748	R 1 119	R 1 175	R 1 237	R 1 230[137]	R 1 230	R 1 230	R 1 230

Data Source: 2008/09 Annual Report; QPRS 2008/09 & 2009/10; Policy and Systems Development Unit; DHIS and Vote 7 Service Delivery Measures MTEF 2010/11 – 2012/13

[134] This is dependent on national processes to review and finalise National delegations (National Annual Health Plan 2010/11)
[135] Progress with the rationalisation of health services (commenced in Q4 2009/10), available resources and disease profile will impact on achievement of this target
[136] Target will be reviewed based on rationalisation of health services
[137] This target will be reviewed as part of the rationalisation of health services commencing in 2010/11

4.3.1.1 QUARTERLY TARGETS FOR REGIONAL HOSPITALS

Table 41 (RHS 2): Quarterly Targets for Regional and Specialised Hospitals for 2010/11

Performance indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Caesarean section rate	34%	35%	35%	34%	34%
2. Average length of stay	5.4 Days	5.5 Days	5.5 Days	5.4 Days	5.4 Days
3. Bed utilisation rate (based on useable beds)	73%	73%	73%	73%	73%
4. Total separations	340,357	85,089	85,089 (170,178)	85,089 (255,267)	85,090 (340,357)
5. Patient day equivalents	2,529,080	632,270	632,270 (1,264,540)	632,270 (1,896,810)	632,270 (2,529,080)
6. OPD total headcounts	2,832,971	708,242	708,242 (1,416,484)	708,242 (2,124,726)	708,245 (2,832,971)
7. Expenditure per patient day equivalent (PDE)	R 1 230	R 1 230	R 1 230	R 1 230	R 1 230
BI-ANNUAL TARGETS					
8. Average patient waiting time at OPD	< 5 hrs	< 5 hrs	-	< 5 hrs	-
9. Average patient waiting time at admissions	< 5 hrs	< 5hrs	-	< 5 hrs	-
ANNUAL TARGETS					
10. Number of Regional Hospitals with cost centres	14 / 14 (100%)	-	-	-	14/ 14
11. Number of Regional Hospitals conducting annual Patient Satisfaction Surveys	14/ 14 (100%)	-	-	-	14/ 14

Data Source: Vote 7 Service Delivery Measures MTEF 2010/11 – 2012/13; Policy and Systems Development Unit

4.3.2 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS FOR SPECIALISED TB HOSPITALS

Table 42 (RHS 3): Performance Indicators for Specialised TB Hospitals

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.4: To implement the National Core Standards in 100% of Specialised TB Hospitals for accreditation of 100% hospitals by 2014/15[138]**									
1. Number of Specialised TB Hospitals accredited annually	No.	New Indicator	New Indicator	New Indicator	New indicator	0/ 10 (0%)	0/ 10 (0%)	0/ 10 (0%)	-
Strategic Goal 2: Improve the efficiency & quality of Provincial health services **Strategic Objective 1.15: To rationalize hospital services in line with service delivery needs and STP imperatives[139]**									
2. Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	No	New Indicator	New Indicator	New Indicator	New indicator	0/ 10[140]	10/ 10	10/ 10	100%
3. Average length of stay	Days	54.4 Days	51.4 Days	60.4 Days	62.4 Days	62 Days	61 Days	60 Days	-
4. Bed utilisation rate (based on useable beds)	%	62.9%	64.8%	75.1%	74.1%	75%[141]	75%	75%	-
5. Expenditure per patient day equivalent (PDE)[142]	R	R 639.96	R1 073.33	R1 432.18	R1 444.09	R1 632.34	R1 676.94	R1 702.46	-
6. Patient day equivalents	No.	491,357	448,856	456,385	522,562	540,852	559,781	579,374	-

Data Source: Annual Report 2008/09; DHIS; Policy & Systems Development Unit

[138] Accreditation is dependent on the National processes
[139] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan
[140] Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13
[141] Dependent on availability of human resources to ensure that quality standards are maintained – also taking into consideration the rationalisation of health services and impact on services
[142] Expenditure per hospital classification taken from Table: Expenditure Estimates for Provincial Hospitals as below

4.3.2.1 QUARTERLY TARGETS FOR SPECIALISED TB HOSPITALS

Table 43 (RHS 4): Quarterly Targets for Specialised TB Hospitals for 2010/11

Performance indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Expenditure per patient day equivalent (PDE)	R1,632.34	R1 632.34	R1 632.34	R1 632.34	R1 632.34
2. Patient day equivalents	540,852	135,213	135,213 (270,426)	135,213 (405,639)	135,213 (540,213)
3. Average length of stay	62 Days	62.4 Days	62.3 Days	62.2 Days	62 Days
4. Bed utilisation rate (based on useable beds)	75%	74.1%	74.4%	74.7%	75%

Data Source: Policy & Systems Development Unit

4.3.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Table 44 (RHS 5): Performance Indicators for Specialised Psychiatric Hospitals

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.5: To implement the National Core Standards in 100% of Specialised Psychiatric Hospitals for accreditation of 100% hospitals by 2014/15**[143]									
1. Number of Specialised Psychiatric Hospitals accredited annually	No.	New Indicator	New Indicator	New Indicator	New indicator	0/ 5 (0%)	1/ 5 (20%)	5/ 5 (100%)	-
Strategic Goal 2: Improve the efficiency & quality of Provincial health services **Strategic Objective 1.16: To rationalize hospital services in line with service delivery needs and STP imperatives**[144]									

[143] Accreditation is dependent on the National processes
[144] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
7. Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	No	New Indicator	New Indicator	New Indicator	New indicator	0/ 10[145]	10/ 10	10/ 10	100%
2. Average length of stay	Days	1,143 Days	1,542.85	1,788 Days	1,449 Days	1,430 Days[146]	1,400 Days	1,380 Days	-
3. Bed utilisation rate (based on useable beds)	%	65.78%	61.79%	61.23%	98.46%[147]	63%	65%	69%	-
4. Patient day equivalents	No.	728,985	683,845	647,211	691,781	715,993	741,053	766,990	-
5. Expenditure per patient day equivalent (PDE)[148]	R	R 458.93	R 598.86	R 697.50	R 778.50	R 786.62	R 805.62	R 818.28	-

Data Source: Annual Report 2008/09, DHIS, Policy & Systems Development Unit

4.3.3.1 QUARTERLY TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Table 45 (RHS 6): Quarterly Targets for Specialised Psychiatric Hospitals for 2010/11

Performance indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Expenditure per patient day equivalent (PDE)	R 786.62	R 786.62	R 786.62	R 786.62	R 786.62
2. Patient day equivalents	715,993	178,998	178,998 (357,996)	178,998 (536,994)	178,999 (715,993)
3. Average length of stay	1,430 Days	1,449 Days	1,442 Days	1,435 Days	1,430 Days

[145] Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13
[146] The decrease in ALOS is based on improved community management of patients as per Mental Health Care Act and PHC revitalisation
[147] Data received from Townhill & Umzimkhulu Hospitals from DHIS is questionable
[148] The expenditure per hospital classification is taken from the Estimate Expenditure Table for Programme 4

Performance indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
4. Bed utilisation rate (based on useable beds)	63%	61.2%	61.8%	62.4%	63%

Data Source: Policy & Systems Development Unit

4.3.4 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS FOR SPECIALISED CHRONIC HOSPITALS

Table 46 (RHS 7): Performance Indicators for Specialised Chronic Hospitals (including Step-Down Hospitals)

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.6: To implement the National Core Standards in 100% of Specialised Chronic Hospitals for accreditation of 100% hospitals by 2011/12[149]**									
1. Number of Specialised Chronic Care Hospitals accredited annually	No.	New Indicator	New Indicator	New Indicator	New indicator	0/ 2 (0%)	2/ 2 (100%)	2/ 2 (100%)	100%
Strategic Goal 2: Improve the efficiency & quality of Provincial health services **Strategic Objective 1.16: To rationalize hospital services in line with service delivery needs and STP imperatives[150]**									
2. Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	No	New Indicator	New Indicator	New Indicator	New indicator	0/ 10[151]	10/ 10	10/ 10	100%
3. Average length of stay	Days	165 Days[152]	414.4 Days	471 Days	207 Days[153]	430 Days	425 Days	420 Days	-
4. Bed utilisation rate (based on useable beds)	%	71.8%	75.4%	74.9%	59.4%[154]	73%	74%	75%	-
5. Patient day equivalents	No.	152,156	133,093	147,821	117,941[155]	122,069	126,341	130,763	-

[149] Accreditation is dependent on the National processes
[150] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan
[151] Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13
[152] Data for 2006/07 is questionable
[153] Data is questionable and will be validated
[154] Data is questioned and in the process to be validated

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
6. Expenditure per patient day equivalent (PDE)[156]	R	R 500.41	R 693.98	R 634.99	R 898.68	R 919.78	R 943.87	R 960.52	-

Data Source: Annual Report 2008/09, DHIS, Policy & Systems Development Unit

4.3.4.1 QUARTERLY TARGETS FOR SPECIALISED CHRONIC HOSPITALS

Table 47 (RHS 8): Quarterly Targets for Specialised Chronic Hospitals (including Step-Down Hospitals) for 2010/11

Performance indicators	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Expenditure per patient day equivalent (PDE)	R 919.78	R 919.78	R 919.78	R 919.78	R 919.78
2. Patient day equivalents	122,069	30,517	30,517 (61,034)	30,517 (91,551)	30,518 (122,069)
3. Average length of stay	430 Days	440[157] Days	435 Days	432 Days	430 Days
4. Bed utilisation rate (based on useable beds)	73%	74%[158]	74%	73%	73%

Data Source: Policy & Systems Development Unit

[155] Data is questioned and in the process of being validated
[156] The expenditure per hospital classification is taken from the Estimate Expenditure Table in this programme
[157] The ALOS of 207 is for 2nd Quarter data only and not representative (or in line with current trends)therefore an estimate of 440 Days was used as estimate
[158] The 2009/10 estimate of 59.4% is 2nd quarter data only requires validation therefore a figure of 74% was used to determine quarterly targets

4.4 EXPENDITURE TRENDS VERSUS PERFORMANCE TARGETS

Table 48 (RHS 9): Expenditure Estimates: Regional Hospitals

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
General (Regional) Hospitals	2 405 363	2 890 364	3 169 928	3 196 444	3 053,618	3 802 548	3 975 671	4 319 406	4 535 098
Tuberculosis Hospitals	314 451	481 772	653 625	635 941	658,685	770 224	885 059	941 056	988 837
Psychiatric Hospitals	334 552	409 527	451 429	497 740	484,810	537619	564,416	598 285	628 996
Sub-acute, step-down and chronic medical hospitals	76 140	92 364	93 865	108 178	95,493	105 290	112 463	119 446	125 809
Dental training hospital	8 439	9 787	9 967	12 139	11,848	10 920	11 575	12 977	13 673
Other specialised hospitals									
Total	**3 138 945**	**3 883 814**	**4 378 814**	**4 450 442**	**4 304,454**	**5 226 601**	**5 549 184**	**5 991 170**	**6 292 383**

Data Source: BAS & Finance Section

Table 49 (RHS 10): Summary of Provincial Expenditure Estimates by Economic Classification[159]

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**3 028 995**	**3 793 242**	**4 299 744**	**4 377 280**	**4 225 933**	**5 149 931**	**5 465 229**	**5 901 506**	**6 198 188**
Compensation of employees	2 148 592	2 703 673	3 015 350	3 297 652	3 171 868	3 706 145	3 938 568	4 274 765	4 493 884
Goods and services	880 403	1 089 569	1 284 394	1 079 628	1 054 065	1 443 786	1 526 661	1 626 741	1 704 304
Financial transactions in assets and liabilities						82			
Transfers and subsidies	**76 308**	**51 115**	**54 630**	**48 437**	**53 796**	**58 967**	**57 454**	**60 868**	**63 959**
Provinces and municipalities	1 572	129	131	547	163	163	580	615	646

[159] This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	60 818	33 703	27 103	24 588	30 331	30 329	31 975	33 926	35 670
Households	13 918	17 283	27 396	23 302	23 302	28 475	24 899	26 327	27 643
Payments for capital assets	**33 642**	**39 457**	**24 440**	**24 725**	**24 725**	**17 621**	**26 501**	**28 796**	**30 236**
Buildings and other fixed structures	-	337	-	-	-	-	-	-	-
Machinery and equipment	33 642	39 120	24 440	24 725	24 725	17 621	26 501	28 796	30 236
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payment for financial assets						82			
Total economic classification	**3 138 945**	**3 883 814**	**4 378 814**	**4 450 442**	**4 304 454**	**5 226 601**	**5 549 184**	**5 991 170**	**6 292 383**

Data Source: BAS & Finance Section

Table 50 (RHS 11): Trends in Provincial Public Health Expenditure for Regional Hospitals (R 'Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total	R3 138 945	R3 883 814	R4 378 814	R5 226 601	R5 549 184	R5 991 170	R6 292 383
Total per person	R316.30	R388.38	R434.64	R514.96	R542.70	R581.59	606.31
Total per uninsured person	R359.43	R441.34	R493.91	R585.18	R616.70	R660.89	688.99
Total capital	0	0	0	0	0	0	0
Constant (2008/09) prices							
Total	R3 766 734	R4 466 386	R4 641 543	R5 226 601	R5 216 233	R5 212 318	R5 096 830

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total per person	R379.56	R446.64	R460.72	R514.96	R510.13	R505.98	R491.11
Total per uninsured person	R431.32	R507.54	R523.55	R585.18	R579.70	R574.98	R558.08
Total capital	0	0	0	0	0	0	0

Data Source: BAS & Finance Section

- Programme 4 shows a decrease in the share of total funding from 26% in 2006/07 to 24.9% in 2012/13 in line with the shifting of funds from higher levels of care to PHC. Growth in funding is mainly to cater for cost of living adjustments and include the carry-through costs of new MDR/ XDR TB facilities opened in Greytown, Murchison and Thulasizwe Hospitals, in line with national policy.

- The large increase in overall expenditure in the Revised Estimate in 2009/10 when compared with the adjusted Appropriation is due, inter alia, to the higher than expected 2009 wage agreement, the introduction of OSD for doctors, high rate of inflation on medical goods and services and hospital catering services. In addition, a portion of the first charge of R758 million against the department was deducted from the funding for this programme, contributing to the increased over-expenditure.

PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 PROGRAMME PURPOSE

The main purpose of Programme 5: Central & Tertiary Hospitals is to provide tertiary health services, and to create a platform for the training of health workers.

The objectives are:

- To render Central and Quaternary Hospital services.
- To render Tertiary Hospital services.

5.2 PROVINCIAL PRIORITIES

Challenges identified during strategic planning workshops (referred to in the Strategic Plan Programmes 4 and 5) have been considered as part of the revitalisation of hospital services and improving quality.

Priority 1: Rationalisation of hospital services

1.1 Review delegations to ensure more effective decentralised operational management, accountability and control – in line with national process.

1.2 Improve community consultation and buy-in by establishing and training of Hospital Boards as per KZN Health Act imperatives – to replace current interim Boards.

1.3 Review service delivery platform including hospital structures and post establishments to ensure adequate allocation of financial and human resources and infrastructure to deliver package of services.

1.4 Alignment of STP, HRP (Provincial and District) and Infrastructure Plan to inform long-term planning.

1.5 Review and establish effective referral systems in collaboration with EMRS and aligned with STP imperatives.

1.6 Monitor the implementation of the National Tertiary Services Grant (NTSG) Business Plan.

1.7 Review of the PPP with Impilo Consortium (Pty) Ltd. At Inkosi Albert Luthuli Central Hospital.

Priority 2: Improve quality of care through improved clinical governance, accountability and oversight.

2.1 Implementation of the National Core Standards and the Quality Improvement Plans towards national accreditation.

5.3 STRATEGIC OBJECTIVES AND TARGETS

Note: Nationally determined Treasury Performance Indicators are highlighted in light brown in the forthcoming tables to avoid duplication and to ensure that these specific indicators are seen within the specific service delivery context.

5.3.1 STRATEGIC OBJECTIVES AND TARGETS FOR TERTIARY HOSPITALS

Table 51 (CHS 1): Provincial Strategic Objectives and Annual Targets for Grey's Tertiary Hospital

Performance Indicators	Actual / Audited Performance			Estimated Performance	Medium-Term Targets			National Target 2014/15
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.7: To implement the National Core Standards in 100% of Tertiary Hospitals for accreditation of 100% facilities by 2011/12** [160]								
1. Number of Tertiary Hospitals accredited annually	New Indicator	New Indicator	New Indicator	New indicator	0/ 1 (0%)	1/ 1 (100%)	1/ 1 (100%)	100%
2. Number of Tertiary Hospitals conducting Annual Patient Satisfaction Surveys	Data not available	Data not available	1/ 1 (100%)	1/ 1 (100%)	1/ 1 (100%)	1/ 1 (100%)	1/ 1 (100%)	100%
3. Average patient waiting time at OPD	New indicator	New indicator	New indicator	New indicator	< 5 hrs	< 4 ½ hrs	< 4 hrs	1 hr
4. Average patient waiting time at admissions	New indicator	New indicator	New indicator	New indicator	< 5 hrs	< 4 ½ hrs	< 4 hrs	1 hr
5. Caesarean section rate	63.8%	61.2%	69.4%	72.5%	70%[161]	65%	60%	30%
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.18: To rationalize hospital services in line with service delivery needs and STP imperatives**[162]								
6. Number of Tertiary Hospitals with Cost Centres	New indicator	New indicator	New indicator	New indicator	1/ 1 (100%)	-	-	100%

[160] Accreditation is dependent on the National processes
[161] The indicator has always exceeded the national target by far – disease profile suspected to contribute towards high caesarean section rate. This will be monitored in relation to mortality (as indicated in the Saving Mothers Report)
[162] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

Performance Indicators	Actual / Audited Performance			Estimated Performance	Medium-Term Targets			National Target 2014/15
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
7. Number of CEO's who have signed National delegation of authorities[163]	New indicator	New indicator	New indicator	New indicator	0/ 1[164] (0%)	1/ 1 (100%)	1/ 1 (100%)	100%
8. Average length of stay	10 Days	10.3 Days	9.9 Days	9.9 Days	9 Days[165]	8 Days	7 Days	5.5 Days
9. Bed utilisation rate	77.4%	75.5%	70.9%	70%	72%[166]	73%	74%	75%
10. Total separations	12,473	12,016	11,919	10,424	10,789[167]	11,166	11,557	-
11. Patient day equivalents	185,854	186,627	193,913	189,644	193,177	199,938	206,936	-
12. OPD total headcounts	181,595	194,346	196,857	203,716	204,753	205,793	207,893	-
13. Expenditure per patient day equivalent (PDE)	R1 630.47[168]	R1 949.89	R 2 170.387	R3 281	R3 250[169]	R3 100	R3 000	-

Data Source: DHIS; Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13; Treasury Report – 2nd Quarter 2009/10; DQPR 2008/09 & 2009/10; Hospital Systems and Policy Development Unit

5.3.1.1 QUARTERLY TARGETS FOR TERTIARY HOSPITALS

Table 52 (CHS 2): Quarterly Targets for Tertiary Hospitals

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Caesarean section rate	70%	72%	71%	71%	70%

[163] This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13
[164] National delegations will be implemented as soon as it is finalised by the National Department of Health
[165] ALOS always exceeded the national target and will be monitored in light of the rationalisation process
[166] BUR will be closely monitored especially in relation with availability of human resources to ensure that quality is sustained
[167] Patient number targets will be monitored and reviewed based on the impact of rationalisation of health services that commenced in Q4 of 2009/10
[168] Expenditure for 2006/07, 2007/08 and 2008/09 obtained from the Grey's Hospital Annual Report 2008/09
[169] Expenditure will be reviewed once rationalisation of services takes effect

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
2. Average length of stay	9 Days	9.9 Days	9.6 Days	9.3 Days	9 Days
3. Bed utilisation rate (based on useable beds)	72%	70%	71%	71%	72%
4. Total separations	10,789	2,698	2,697 (5,395)	2,697 (8,092)	2,697 (10,789)
5. Patient day equivalents	193,177	48,295	48,294 (96,589)	48,294 (144,883)	48,294 (193,177)
6. OPD total headcounts	204,753	51,189	51,188 (102,377)	51,188 (153,565)	51,188 (204,753)
7. Expenditure per patient day equivalent (PDE)	R 3 250	R 3 250	R 3 250	R 3 250	R 3 250
BI-ANNUAL TARGETS					
8. Average patient waiting time at OPD	< 5 hrs	<5 hrs	-	<5 hrs	-
9. Average patient waiting time at admissions	< 5 hrs	<5 hrs	-	<5 hrs	-
ANNUAL TARGETS					
10. Number of CEO's who have signed National delegation of authorities[170]	1/ 1[171] (100%)	-	-	-	1/ 1[172]
11. Number of Tertiary Hospitals conducting Annual Patient Satisfaction Surveys	1/ 1 (100%)	-	-	-	1/ 1
12. Number of Tertiary Hospitals with cost centres	1/ 1 (100%)	-	-	-	1/ 1

Data Source: Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13, Hospital Systems and Policy Development Unit

[170] This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13
[171] National delegations will be implemented as soon as it is finalised by the National Department of Health
[172] National delegations will be implemented as soon as it is finalised by the National Department of Health

5.3.2 STRATEGIC OBJECTIVES AND TARGETS FOR CENTRAL HOSPITALS

Table 53 (CHS 3): Performance Indicators for Inkosi Albert Luthuli Central Hospital

Indicator	Audited / Actual Performance			Estimate	MTEF Projections			National Target 2014/15
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 2.8: To implement the National Core Standards in 100% of Central Hospitals for accreditation of 100% facilities by 2010/11[173]**								
1. Number of Central Hospitals accredited annually	New Indicator	New Indicator	New Indicator	New indicator	1/ 1 (100%)	1/ 1 (100%)	1/ 1 (100%)	100%
2. Number of Central Hospitals conducting Annual Patient Satisfaction Surveys	Data not available	Data not available	1/ 1	1/ 1	1/ 1 (100%)	1/ 1 (100%)	1/ 1 (100%)	100%
3. Average patient waiting time at OPD	New indicator	New indicator	New indicator	New indicator	< 5hrs	< 4 ½ hrs	< 4 hrs	1 hr
4. Average patient waiting time at admissions	New indicator	New indicator	New indicator	New indicator	< 5 hrs	< 4 ½ hrs	< 4 hrs	1 hr
5. Caesarean section rate	79%	78%	81.5%	71%	70%[174]	65%	63%	50%
Strategic Goal 1: Overhaul Provincial health services **Strategic Objective 1.19: To rationalize hospital services in line with service delivery needs and STP imperatives[175]**								
6. Number of Central Hospitals with cost centres	New indicator	New indicator	New indicator	New indicator	1/ 1 hospital with a Cost Centre	-	-	100%
7. Number of CEO's who have signed national delegation of authorities[176]	New indicator	New indicator	New indictor	New indicator	0/ 1[177] (0%)	1/ 1 (100%)	1/ 1 (100%)	100%

[173] Accreditation is dependent on the National processes
[174] National target has always been exceeded partly due to the Provincial disease profile
[175] Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan
[176] This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13
[177] National delegations will be implemented as soon as it is finalised by the National Department of Health

Indicator	Audited / Actual Performance			Estimate	MTEF Projections			National Target
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
8. Average length of stay	9 Days	9.5 Days	8.8 Days	9 Days	8 Days	7 Days	6 Days	5.5 days
9. Bed utilisation rate (based on useable beds)	47%	42%	62.8%	61%	65%	68%	70%	75%
10. Total separations	17,522	14,405	20,886	23,750	24,700[178]	25,688	26,715	-
11. Patient day equivalents	157,954	190,245	242,334	251,128	259,917	269,014	278,429	-
12. OPD total headcounts	154,072	159,459	174,704	191,266	193,179	195,111	197,062	-
13. Expenditure per patient day equivalent (PDE)	R 2 230	R 5 300	R 6 307	R 8 401	R 7 500[179]	R 6 500	R 5 500	-

Data Source: DHIS, Annual Report 2008/09; Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13, DQPR 2008/09 & 2009/10 and Policy & Hospital Systems Development Unit t

5.3.2.1 QUARTERLY TARGETS FOR CENTRAL HOSPITALS

Table 54 (CHS 4): Quarterly Targets for 2010/11 for Inkosi Albert Luthuli Central Hospital

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Caesarean section rate	70%	71%	70.7%	70.3%	70%
2. Average length of stay	8 Days	9 Days	8.7 Days	8.3 Days	8 Days
3. Bed utilisation rate	65%	61%	62%	63%	65%
4. Total separations	24,700	6,175	6,175 (12,350)	6,175 (18,525)	6,175 (24,700)

[178] Targets for patient numbers will be reviewed in light of the rationalisation process that commenced during Q4 of 2009/10
[179] Cost per PDE is extremely high, and will be monitored

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
5. Patient day equivalents	259,917	64,979	64,979 (129,958)	64,979 (194,937)	64,980 (259,917)
6. OPD total headcounts	193,179	48,295	48,295 (96,590)	48,295 (144,885)	48,294 (193,179)
7. Expenditure per patient day equivalent (PDE)	R 7 500	R 8 400	R 8 100	R 7 800	R 7 500
BI-ANNUAL TARGETS					
8. Average patient waiting times at OPD	< 5hrs	< 5hrs	-	< 5 hrs	-
9. Average patient waiting time at admissions	< 5 hrs	< 5 hrs	-	< 5 hrs	-
ANNUAL TARGETS					
10. Number of Central Hospitals conducting Annual Patient Satisfaction Surveys	1/ 1 (100%)	-	-	-	1/ 1
11. Number of Central Hospitals with cost centres	1/ 1 (100%)	-	-	-	1/ 1
12. Number of Central Hospitals accredited	1/ 1 (100%)	-	-	-	1/ 1

Data Source: Vote 7 Service Delivery Measures for MTEF 2010/11 – 2012/13 and Policy & Hospital Systems Development Unit

5.4 EXPENDITURE TRENDS VERSUS STRATEGIC GOALS

Table CHS 5(a): Expenditure Estimates: Central and Tertiary Hospital Services

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
Central Hospitals	368 108	427 508	502 028	546 371	562 555	688 367	684 786	728 796	762 974
Tertiary Hospitals	823 702	980 195	1 319 193	1 099 814	1 218 322	1 398 778	1 460 031	1 561 160	1 641 781
Total	**1 191 810**	**1407 703**	**1 821,221**	**1 646 185**	**1 780 877**	**2 087 145**	**2 144 817**	**2 289 956**	**2 404 755**

Data Source: BAS & Finance Section

Table 55 (CHS 5): Summary of Provincial Expenditure Estimates by Economic Classification[180]

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**1 013 067**	**1 259 827**	**1 547 758**	**1 384 430**	**1 451 511**	**1 759 291**	**1 910 719**	**2 203 184**	**2 122 330**
Compensation of employees	433 175	572 218	717 374	665 410	728 957	820 609	883 195	961 407	1012 916
Goods and services	579 892	687 609	830 384	719 020	722 554	938 682	1 027 524	1 072 804	1 121 093
Financial transactions in assets and liabilities	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	**1 910**	**627**	**8 187**	**3 356**	**3 366**	**3 260**	**3 567**	**3 657**	**3 839**
Provinces and municipalities	291	3	1	2	12	12	12	12	12
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 619	624	8 186	3 354	3 354	3 248	3 555	3 645	3 827
Payments for capital assets	**176 833**	**147 249**	**265 276**	**258 399**	**326 000**	**324 594**	**230 531**	**252 088**	**266 907**

[180] This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Buildings and other fixed structures									
Machinery and equipment	176 833	147 249	265 276	258 399	326 000	324 594	230 531	252 088	266 907
Software and other intangible assets									
Total economic classification	**1 191 810**	**1 407 703**	**1 821 221**	**1 646 185**	**1 780 877**	**2 087 145**	**2 144 817**	**2 289 956**	**2 404 755**

Data Source: BAS & Finance Section

- The sustained positive growth for this programme is due to the increasing demand for Tertiary and Central Hospital services and the introduction of the Programme for the Modernisation of Tertiary Services in 2007/08.

- The negative trend between the estimated actual in 2008/09 and 2009/10 relates to the under-provision of carry-through costs for OSD for nurses. The substantial increase in the item in 2010/11 is aimed at funding the filling of vacant posts to manage increased patient loads. Also contributing to the growth in 2010/11 is additional funding for the modernisation of Tertiary Services. Additional funding provided in 2010/11, with carry-through costs for the remainder of the MTEF, includes R150 million for the modernisation of tertiary services in Umgungundlovu and Uthungulu Districts.

- The increase in Transfers and Subsidies to Households is related mainly to the adjustment for medico-legal claims and the provision of gratuities, both of which are difficult to forecast. The increase in the Estimated Actual for 2008/09 relates to a medico-legal claim against the Department.

Table 56 (CHS 6): Trends in Provincial Public Health Expenditure for Central and Tertiary Hospitals (R Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total[2]	R1 191 810	R1 407 703	R1 821 221	R2 087 145	R2 144 817	R2 289 956	R2 404 755
Total per person	R120.09	R140.77	R180.78	R205.64	R209.76	R222.29	R231.71
Total per uninsured person	R136.47	R159.97	R205.43	R233.68	R238.36	R252.61	R263.31
Total capital[2]	0	0	0	0	0	0	0
Constant (2008/09) prices[3]							
Total[2]	R1 430 172	R1 618 858	R1 930 494	R2 087 145	R2 016 128	R1 992 262	R1 947 852
Total per person	R144.11	R161.89	R191.62	R205.64	R197.17	R193.40	R187.69
Total per uninsured person	R163.76	R183.96	R217.75	R233.68	R224.06	R219.77	R213.28
Total capital[2]	0	0	0	0	0	0	0

Data Source: BAS & Finance Section

PROGRAMME 6: HEALTH SCIENCES AND TRAINING PROGRAMME PURPOSE

6.1 PROGRAMME PURPOSE

To provide training and development programmes for actual and potential employees of the Department.

The programme objectives are:

- To provide for training for nurses at under-graduate and post-basic level.
- To provide training for Emergency Care Practitioners.
- To provide PHC related training for Professional Nurses working in PHC services.
- To provide skills development interventions for all occupational categories in the Department.
- To provide bursaries for students studying in health science programmes at under-graduate and post-graduate levels.

6.2 PROVINCIAL PRIORITIES

Priority 1: Alignment of training with service delivery requirements

This priority is dependent on various processes that are currently in progress or in the inception phase.

1.1 The national PHC Audit and current review of service delivery platform and accompanying skills mix to render the appropriate package of services will be considered in aligning training packages with the core business of the department.

1.2 The finalisation of the National Nursing Strategy in 2010/11 will inform the process that will be utilised by the KZNCN for the accreditation of the Nursing College, in alignment with the Higher Education Act currently being finalised by the Higher Education Department.

1.3 Three new midwifery training campuses have been accredited by the South African Nursing Council in October 2009. Training at RK Khan and Grey's Hospital started in January 2010 with training at Port Shepstone Campus due to start in June 2010.

1.4 The Selection Criteria for student / pupil nurses has been approved with the aim to improve the quality of learners selected. This is in alignment with Higher Education Acts recently passed into legislation.

1.5 The EMS College will have to align with the Higher Education Act when finalised, but will also have to ensure that service delivery needs are met, with special reference to Advanced Emergency Practitioners (Paramedics) which is a scarce skill.

1.6 Training and development needs will be aligned to ensure that core skills and competencies are addressed – aligned with the NHS 10-Point Plan priorities prioritised by the department. This will be incorporated in the HRP's to ensure effective monitoring of output post training.

1.7 Update of qualifications and skills (Persal) to ensure appropriate placement of staff.

Priority 2: Establish a Management Training Strategy

2.1 The National Department is currently undertaking a National Skills Audit on Management Competencies. Based on the findings of this Audit, interventions will be developed to address the gaps in competencies identified with specific reference to the Management of the Managers in KZN. This programme will take cognisance of mentoring and succession training especially in light of high attrition and vacancy rates.

2.2 Using internal expertise will be prioritised especially in light of the current financial constraints.

Priority 3: Mid-level worker strategy with Task Shifting and alignment with the HRP and STP.

3.1 develop a Mid-level Worker Strategy in line with service delivery needs based on reviewed service platform. Task Shifting, currently reviewed by the National Department of Health, will be explored as viable options to address resource constraints.

6.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 57 (HST 1): Performance Indicators for Health Sciences and Training for 2010/11

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projections			National target 2014/15
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Strategic Goal 2: Improve the efficiency and quality of health services **Strategic Objective 2.9: To implement a Training Strategy aligned with the core functions of the Department**									
1. Number of Professional Nurses graduating	%	693	725	910	765	800	820	840	-
2. Number of advanced midwifes graduating per annum	%	45	56	42	43	105	126	50	-
3. Students with bursaries from the Province	No.	645	697	296	772	800	830	860	-
4. Medical registrars graduating	No.	23*	38*	34*	24	7	8	10	-
5. Number of professional health care workers trained on Provider Initiated Counselling & Testing	No.	New indicator	New indicator	New indicator	New indicator	647 per annum	647 per annum	647 per annum	-
6. Develop a Learning Strategy	No.	New indicator	New indicator	New indicator	New indicator	Strategy Finalised	-	-	-
7. Number of Managers accessing the Management Skills Programmes.	No.	New indicator	New indicator	New indicator	45	100	100	120	-
8. Number of SMS members trained on Massification Implementation Plan (MIP)	No.	New indicator	New indicator	New indicator	5	10	20	20	-
Strategic Goal 2: Improve the efficiency and quality of health services **Strategic Objective 2.10: To establish effective training programmes to provide an adequate skills base for EMS services in accordance with national norms**									
9. Locally based staff with training in BLS (BAA)	%	72.8%	76%	77%	74%	76%	78%	-	
10. Locally based staff with training in ILS (AEA)	%	25.1%	23%	21.4%	24%	26%	28%	-	
11. Locally based staff with training in ALS (Paramedics)	%	2.1%	2.3%	1.6%	2%	3%	4%	-	

6.3.1.1 QUARTERLY TARGETS FOR HEALTH SCIENCE AND TRAINING

Table 58 (HST 2): Quarterly Targets for 2010/11 Health Science and Training

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Number of SMS members trained on MIP	10	-	5	-	5
2. Locally based staff with training in BLS (BAA)	76%	74%	75%	75%	76%
3. Locally based staff with training in ILS (AEA)	26%	24%	24%	25%	26%
4. Locally based staff with training in ALS (Paramedics)	3%	1.8%	2%	2%	3%
ANNUAL TARGETS					
5. Number of professional health care workers trained on Provider Initiated Counselling & Testing	647 per annum	-	-	-	647
6. % of Professional Nurses graduating	800	-	-	-	800
7. Number of advanced midwifes graduating per annum	105	-	-	-	105
8. Students with bursaries from the Province	800	-	-	-	800
9. Medical registrars graduating	7	-	-	-	7
10. Develop a Learning Strategy	Strategy finalised	-	-	-	Strategy finalised
11. Number of Managers accessing the Management Skills Programmes.	100	-	-	-	100

Data Source: Human Resource Management Unit

6.4 EXPENDITURE TRENDS VERSUS PERFORMANCE TARGETS

Table 59 (HST 3): Expenditure Estimates: Health Sciences and Training

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Nurse training colleges	229 513	278 799	336 812	328 749	323,270	382 309	373 615	395 828	416 394
EMS training colleges	11 220	13 452	16 969	27 788	28,002	14 516	24 233	26 525	28 115
Bursaries	24 471	33 573	44 894	41 224	41,224	41 224	45 142	48 693	51 128
PHC training	39 980	46 892	65 343	63 166	63,677	66 354	79 373	83 674	86 906
Other training	115 885	151 617	212 583	192 884	214,891	251 873	286 128	308 241	321 893
Total	**421 069**	**524 333**	**676 601**	**653 811**	**671,064**	**756 276**	**808 461**	**862 961**	**904 436**

Data Source: BAS & Finance Section

Table 60 (HST 4): Summary of Provincial Expenditure Estimates by Economic Classification[181]

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**384 470**	**478 758**	**618 922**	**598 397**	**610 675**	**696 967**	**744 048**	**793 863**	**831 924**
Compensation of employees	319 061	409 832	528 940	510 568	522 854	621 106	664 176	708 914	743 009
Goods and services	65 409	68 926	89 982	87 829	87 821	75 861	79 872	84 949	88 915
Financial transactions in assets and liabilities			16						
Transfers and subsidies	**33 450**	**42 600**	**56 144**	**51 949**	**56 924**	**58 537**	**62 692**	**67 127**	**70 464**
Provinces and municipalities	191	5	8	6	14	14	7	7	7

[181] This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Departmental agencies and accounts	3 969	4 470	5 827	6 836	6 784	6 784	7 876	8 166	8 536
Universities and Technikons									
Non-profit institutions	4 558	4 809	5 967	6 397	11 416	11 416	12 377	13 132	13 807
Households	24 732	33 316	44 342	38 710	38 710	40 323	42 432	45 822	48 114
Payments for capital assets	**3 149**	**2 975**	**1 519**	**3 465**	**3 465**	**772**	**1 751**	**1 971**	**2 048**
Buildings and other fixed structures	-	-	116	-	-	-	-	-	-
Machinery and equipment	3 149	2 931	1 403	3 465	3 465	772	1 751	1 971	2 048
Software and other intangible assets	-	44	-	-	-	-	-	-	-
Total economic classification	**421 069**	**524 333**	**676 601**	**653 811**	**671 064**	**756 276**	**808 491**	**862 961**	**904 436**

Data Source: BAS & Finance Section

Table 61 (HST 5): Trends in Provincial Public Health Expenditure for Health Science and Training (R Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total	R421 069	R524 333	R676 601	R756 276	R808 491	R862 961	R904 436
Total per person	R42.43	R52.43	R67.16	R74.51	R79.07	R83.77	R87.15
Total per uninsured person	R48.22	R59.58	R76.32	R84.67	R89.85	R95.19	R99.03
Total capital	0	0	0	0	0	0	0
Constant (2008/09) prices							
Total	R505 283	R602 983	R717 197	R756 276	R808 491	R862 961	R904 436
Total per person	R50.92	R60.30	R71.19	R74.51	R79.07	R83.77	R87.15
Total per uninsured person	R57.86	R68.52	R80.90	R84.67	R89.85	R95.19	R99.03
Total capital	0	0	0	0	0	0	0

Data Source: BAS & Finance Section

- The increasing trend can largely be attributed to the training drive, increased bursaries and the provision for the intake of medical interns, dentists, pharmacists and other interns. The increase in 2007/08 makes provision for the introduction of the compulsory two-year internship for medical doctors and the drive to increase the capacity of nursing personnel.

- The increase in the EMS Training Colleges Main Budget in 2008/09 was a provision for training expenditure in respect of the 2010 World Cup. This has been slower than anticipated due to financial constraints and will be increased significantly in 2009/10. The increased trend is continued over 2010/11 and 2011/12 in order to provide trained EMR personnel aligned to national norms and expectations

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES / PHARMACEUTICAL SERVICES

7.1 PROGRAMME PURPOSE

The purpose of Programme 7, Pharmaceutical Services, is to manage the supply of pharmaceuticals and medical sundries to Hospitals, Community Health Centres, Clinics and Local Authorities via the Medicine Trading Account.

The objective of Pharmaceutical Services is:

1. To render Pharmaceutical support services to the KwaZulu-Natal Department of Health.

7.2 PROGRAMME PRIORITIES

Programme priorities are based on service delivery challenges identified during strategic planning workshops as well as reviews and assessments conducted by the Pharmaceutical Unit.

Priority 1: Improve compliance with Pharmaceutical Regulations and legislation.

1.1 Improve the percentage of pharmacies compliant with SAPC standards to 70% by 2012/13.

1.2 PPSD 100% compliant with Good Manufacturing Practice Regulations by 2012/13.

Priority 2: Improve availability of medicines.

2.1 Reduce tracer medicine stock-out rate in bulk store (PPSD and Institutions) to <3% by 2012/13.

Priority 3: Improve quality of Pharmaceutical services.

3.1 Reduce the average patient waiting time at pharmacies to ≤1 hour by 2012/13.

7.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 62 (SUP 1): Provincial Strategic Objectives and Annual Targets for Health Care Support Services

Performance Indicators	Actual / Audited Performance			Estimated Performance	Medium-Term Targets			National Targets
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
Goal 1: Overhaul Provincial health care services								
Strategic Objective 1.20: Ensure compliance with Pharmaceutical Legislation with 90% pharmacies compliant by 2014/15 and PPSD 100% compliant by 2012/13								
1. Percentage of Pharmacies that obtained A or B grading on inspection[182]	New indicator	New indicator	New indicator	New indicator	50%	60%	70%	-
2. PPSD compliant with Good Manufacturing Practice Regulations	New indicator	New indicator	New indicator	PPSD not compliant	-	-	100% compliant	-
Goal 2: Improve the efficiency & quality of Provincial health services								
Strategic Objective 2.11: To improve medicine supply management systems at PPSD and facility level								
3. Tracer medicine stock-out rate in bulk store (PPSD)	New indicator	New indicator	New indicator	New indicator	< 5%	< 4%	< 3%	-
4. Tracer medicine stock-out rate in bulk store (Institutions)	3%	5%	3%	10%	< 5%	< 4%	< 3%	-
5. Average patient waiting time for Pharmacy	New indicator	New indicator	New indicator	New indicator	< 2 hours	< 1 hour	< 1 hour	-

Data Source: Pharmacy Directorate

[182] Refers to being compliant with SAPS standards

7.3.1.1 QUARTERLY TARGETS FOR PHARMACEUTICAL SERVICES

Table 63 (SUP 2): Quarterly Targets for Health Care Support services (Pharmaceutical Services) for 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
QUARTERLY TARGETS					
1. Tracer medicine stock-out rate in PPSD	<5%	<6%	<6%	<5%	<5%
2. Tracer medicine stock-out rate in Institutions	<5%	<5%	<5%	<5%	<5%
BI-ANNUAL TARGET					
3. Average patient waiting time for Pharmacy	<2 hour	<2 hour	-	<2 hour	-
ANNUAL TARGET					
4. Percentage of Pharmacies that obtained A or B grading on inspection[183]	50%	-	-	-	50%

Data Source: Pharmacy Component

7.4 EXPENDITURE TRENDS

7.4.1 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 64 (SUP 3): Expenditure Estimates: Health Care Support Services (Pharmaceutical Services)

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
Laundries	-	-	-	-	-	-	-	-	-
Engineering	-	-	-	-	-	-	-	-	-
Forensic Services	-	-	-	-	-	-	-	-	-
Orthotic and prosthetic services	-	-	-	-	-	-	-	-	-
Medicines trading account	29 560	12 649	34 209	27 528	27 528	27 528	10 764	13 971	15 170

[183] Refers to being compliant with SAPS standards

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/2011	2011/2012	2012/2013
Total	29 560	12 649	34 209	**27 528**	**27 528**	**27 528**	**10 764**	**13 971**	**15 170**

Data Source: BAS & Finance Section

Table 65 (SUP 4): Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	-	-	79	-	-	-	-	-	-
Compensation of employees	-	-		-	-	-	-	-	-
Goods and services	-	-	79	-	-	-	-	-	-
Financial transactions in assets and liabilities	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	**29 560**	**12 649**	**34 130**	**27 528**	**27 528**	**27 528**	**10 764**	**13 971**	**15 170**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	29 560	12 649	34 130	27 528	27 528	27 528	10 764	13 971	15 170
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total economic classification	**29 560**	**12 649**	**34 209**	**27 528**	**27 528**	**27 528**	**10 764**	**13 971**	**15 170**

Data Source: BAS & Finance Section

7.4.2 RELATING EXPENDITURE WITH STRATEGIC GOALS

Table 66 (SUP 5): Trends in Provincial Public Health Expenditure for Health Care Support Services (R 'Million)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total	R29 560	R12 649	R34 209	R27 528	R10 764	R13 971	R15 170
Total per person	R2.98	R1.26	R3.40	R2.71	R1.05	R1.36	R1.46
Total per uninsured person	R3.38	R1.44	R3.86	R3.08	R1.20	R1.54	R1.66
Total capital	0	0	0	0	0	0	0
Constant (2008/09) prices							
Total	R35 472	R14 546	R36 262	R27 528	R10 118	R12 155	R12 288
Total per person	R3.57	R1.45	R3.60	R2.71	R0.99	R1.18	R1.18
Total per uninsured person	R4.06	R1.65	R4.09	R3.08	R1.12	R1.34	R1.35
Total capital	0	0	0	0	0	0	0

Data Source: BAS & Finance Section

- New funding for the 2010/11 MTEF includes the re-allocation of funding for the OSD for Pharmacists from Vote 6: Provincial Treasury as well as further funding.

- Funding is provided to enable the Provincial Medical Supply Centre to carry sufficient stock to meet the projected demand. The 2009/10 allocation was provided to maintain stock levels and provide vaccines required for adequate coverage to reduce child morbidity and mortality from vaccine related illnesses. The reduction in the 2010/11 MTEF relates to the paucity of funds and the lack of storage facilities to store additional stock. Funding only provided for inflationary increases over the 2010/11 MTEF period.

- Hospitals and Institutions will be invoiced for supplied medicines instead of setting up an intradepartmental account as part of strengthened corporate governance to improve efficiency and accountability.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

8.1 PROGRAMME PURPOSE

Programme 8 consists of six sub-programmes. The main aim is facilities management of community health clinics, community health centres, district hospitals, emergency medical service facilities, provincial hospitals, central and tertiary hospitals, as well as all other buildings and structures.

The infrastructure programme, during the last 2 financial years, has contributed to the over expenditure of the Department.

To curtail costs within infrastructure, only 5 of the current 157 projects that were identified to be paid from the equitable share of the programme 8's budget, will continue in the 2010/11 year. These 5 projects are projects that are currently under construction and cannot be stopped without greater financial implications. All other projects have been either been cancelled or placed on hold.

This would be a similar scenario for the increased maintenance backlog that is currently being experienced by the Department. Projections for the 2010/11 and 2011/12 MTEF years have been kept the same due to the current financial constraints. Therefore, as per the guidance from the National Department of Health, this would be increased by 10% each year thereafter including escalation. The replacement portion of the maintenance backlog is anticipated to grow by 10% annually.

The National Revitalisation Conditional Grant currently accounts for the revitalisation / upgrading of 9 facilities including Edendale. Funding for the PIP for King Edward VIII Hospital will only be received in 2010/11 when process can commence.

8.2 PROGRAMME PRIORITIES

Priority 1: To transform Provincial Health Services through implementation of the approved STP

1.1 The delivery of new Clinical Infrastructure in line with the approved IPIP (Infrastructure Programme Implementation Plan) aligned with both the STP and the National Department of Health's Shock Treatment Plan.

1.2 The upgrading and renovation of existing infrastructure as per the IPIP which will be aligned to the STP and the National Department of Health's Shock Treatment Plan.

Priority 2: Create an enabling environment to support service delivery

2.1 The creation of office accommodation for provincial and district offices in the most cost effective manner to enable service delivery.

8.3 STRATEGIC OBJECTIVES AND PERFORMANCE TARGETS

Table 67 (HFM 1): Performance Indicators for Health Facilities Management

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2009/10
Goal 1: Overhaul Provincial health services **Strategic Objective 1.21: To align the Infrastructure Development Plan with the STP by 2010/11**									
1. Equitable share capital programme as % of total health expenditure	%	6.97%	4.9%	3.28%	2%	3%	3%	2%	-
2. Number of hospitals currently funded on revitalisation programme	No.	5	7	7	9[184]	10	10	10	-
3. Expenditure on facility maintenance as % of total health expenditure	%	1.4%	1.6%	1.7%	2%	2%	3%	3%	-
4. Fixed PHC facilities with access to piped water	%	100%	97%	98%	95.2%	96%	98%	100%	-
5. Fixed PHC facilities with access to mains electricity	%	99%	100%	99%	97.6%	98%	98%	100%	-
6. Fixed HC facilities with access to fixed line telephone	%	96%	96%	95%	93.5%	95%	98%	100%	-
7. Average backlog of service platform in fixed PHC facilities	R	R 303 818	R 361 900	R 2 142	R 302 962 (maintenance) R 2 098 082 (replacement)	R 302 962 (maintenance) R 2 307 962 (replacement)	R 272 666 (maintenance) R 2 538 679 (replacement)	R 245 399 (maintenance) R 2 792 547 (replacement)	-
8. Average backlog of service platform in district hospitals	R	R 873 984	R 1 045 285	R 4 050	R 1 056 017 (maintenance) R 6 137 267 (replacement)	R 1 056 017 (maintenance) R 6 750 994 (replacement)	R 950 415 (maintenance) R 7 426 093 (replacement)	R 855 374 (maintenance) R 8 168 702 (replacement)	-
9. Average backlog of service platform in regional hospitals	R	R 825 350	R 987 119	R 3 434	R 997 907 (maintenance) R 5 360 866	R 997 907 (maintenance) R 5 896 953	R 898 116 (maintenance) R 6 486 648	R 808 305 (maintenance) R 7 135 313	-

[184] 2009/10 includes Edendale hospital but excludes King Edward as no PIP was funded for 09/10

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projection			National Target 2009/10
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
					(replacement)	(replacement)	(replacement)	(replacement)	
10. Average backlog of service platform in specialised hospitals	R	R 489 202	R 585 086	R 1 806	R 402 256 (maintenance) R 1 974 543 (replacement)	R 402 256 (maintenance) R 2 171 997 (replacement)	R 362 030 (maintenance) R 2 389 197 (replacement)	R 325 827 (maintenance) R 2 628 117 (replacement)	-
11. Average backlog of service platform in tertiary and central hospitals	R	R 2 065 521	R 2 466 972	R 62	R 1 972 204 (maintenance) R 11 097 297 (replacement)	R 1 972 204 (maintenance) R 12 207 027 (replacement)	R 1 774 984 (maintenance) R 13 427 729 (replacement)	R 1 597 485 (maintenance) R 14 770 502 (replacement)	-
12. Average backlog of service platform in provincially aided hospitals	R	-	-	R 557	-	-	-	-	-
Goal 1: Overhaul Provincial health services **Strategic Objective 1.22: Delivery of new clinical infrastructure in line with the approved IPIP (Infrastructure Programme Implementation Plan)**									
13. Planning to be completed	No.	New indicator	New indicator	New indicator	New indicator	4	10	10	
14. Design to be completed	No.	New indicator	New indicator	New indicator	New indicator	37	4	10	
15. Construction to be completed	No.	New indicator	New indicator	New indicator	New indicator	20	7	9	
16. Commissioning to be completed	No.	New indicator	New indicator	New indicator	New indicator	17	4	6	
Goal 1: Overhaul Provincial health services **Strategic Objective 1.23: Upgrading & renovation of existing clinical infrastructure in line with approved IPIP**									
17. Planning to be completed	No.	New indicator	New indicator	New indicator	New indicator	5	7	9	
18. Design to be completed	No.	New indicator	New indicator	New indicator	New indicator	25	15	20	
19. Construction to be completed	No.	New indicator	New indicator	New indicator	New indicator	39	17	15	
20. Commissioning to be completed	No.	New indicator	New indicator	New indicator	New indicator	33	14	12	
Goal 1: Overhaul Provincial health services **Strategic Objective 1.24: Create an enabling environment to support service delivery**									
21. Develop a Plan for optimizing the Departments accommodation needs	No.	New indicator	New indicator	New indicator	New indicator	1	-	-	

Indicator	Type	Audited / Actual Performance			Estimate	MTEF Projection			National Target 2009/10
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	
22. Develop & implement a lease, acquisition and disposal management policy & system	No.	New indicator	New indicator	New indicator	New indicator	1	-	-	
23. Renewal of lease agreement	No.	New indicator	New indicator	New indicator	New indicator	59	57	59	
24. Undertake the acquisition of properties including vacant land for building purposes	No.	New indicator	New indicator	New indicator	New indicator	7	10	15	

Data Source: Infrastructure; DHIS; 2006/07 & 2008/09 Annual Reports and 2009/10 Annual Performance Plan

8.3.1.1 QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT

Table 68 (HFM 2): Quarterly Targets for Health Facilities Management for 2010/11

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
ANNUAL TARGETS					
1. Equitable share capital programme as % of total health expenditure	3%	-	-	-	3%
2. Number of hospitals currently funded on revitalisation programme	10	-	-	-	10
3. Expenditure on facility maintenance as % of total health expenditure	2%	-	-	-	2%
4. Fixed PHC facilities with access to piped water	96%	-	-	-	96%
5. Fixed PHC facilities with access to mains electricity	98%	-	-	-	98%
6. Fixed HC facilities with access to fixed line telephone	95%	-	-	-	95%
7. Average backlog of service platform in fixed PHC facilities	R 302 962 (M) R 2 307 962 (R)	-	-	-	R 302 962 (M) R 2 307 962 (R)

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
ANNUAL TARGETS					
8. Average backlog of service platform in district hospitals	R 1 056 017 (M) R 6 750 994 (R)	-	-	-	R 1 056 017 (M) R 6 750 994 (R)
9. Average backlog of service platform in regional hospitals	R 997 907 (M) R 5 896 953 (R)	-	-	-	R 997 907 (M) R 5 896 953 (R)
10. Average backlog of service platform in specialised hospitals	R 402 256 (M) R 2 171 997 (R)	-	-	-	R 402 256 (M) R 2 171 997 (R)
11. Average backlog of service platform in tertiary and central hospitals	R 1 972 204 (M) R 12 207 027 (R)	-	-	-	R 1 972 204 (M) R 12 207 027 (R)
12. Delivery of new clinical infrastructure - Planning to be completed	4	-	-	-	4
13. Delivery of new clinical infrastructure - Design to be completed	37	-	-	-	37
14. Delivery of new clinical infrastructure - Construction to be completed	20	-	-	-	20
15. Delivery of new clinical infrastructure - Commissioning to be completed	17	-	-	-	17
16. Upgrading and renovation of existing clinical infrastructure - Planning to be completed	5	-	-	-	5
17. Upgrading and renovation of existing clinical infrastructure - Design to be completed	25	-	-	-	25
18. Upgrading and renovation of existing clinical infrastructure - Construction to be completed	39	-	-	-	39
19. Upgrading and renovation of existing clinical infrastructure - Commissioning to be completed	33	-	-	-	33
20. Develop a Plan for optimizing the Departments Accommodation needs	1	-	-	-	1

Programme Performance Indicator	Annual Target 2010/11	Quarterly Targets			
		Q1	Q2	Q3	Q4
ANNUAL TARGETS					
21. Develop & implement a lease, acquisition and disposal management policy & system	1	-	-	-	1
22. Renewal of lease agreement	59	-	-	-	59
23. Undertake the acquisition of properties	7	-	-	-	7

Data Source: Infrastructure Development

Maintenance = (M)

Replacement = (R)

8.4 EXPENDITURE TRENDS VERSUS PERFORMANCE TARGETS

Table 69 (HFM 3): Expenditure Estimates: Health Facilities Management

Sub-Programme	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
R' thousands	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Community Health Facilities	164 980	240 029	280 625	254 241	407 009	538 731	432 400	459 555	492 267
District Hospitals	330 874	521 236	615 946	661 604	388 493	431 472	516 573	581 366	612 112
EMS	8 296	8 817	4 734	28 465	4 281	4 384	4 805	5 093	5 399
Provincial Hospitals	250 336	158 455	111 763	259 239	447 134	316 842	419 876	449 393	475 700
Central Hospitals	17 610	12 001	15 401	26 209	18 569	20 453	26 841	28 177	29 966
Other facilities	41 112	152 269	75 089	147 465	111 703	134 362	171 523	182 010	188 521
Total	**813 208**	**1 092 807**	**1 103 558**	**1 377 223**	**1 377 189**	**1 446 244**	**1 572 018**	**1 705 594**	**1 803 965**

Data Source: BAS & Finance Section

Table 70 (HFM 4): Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**214 653**	**356 171**	**338 010**	**479 918**	**325 468**	**308 708**	**337 301**	**356 864**	**373 987**
Compensation of employees		1 140	5 510	5 216	3 463	3 459	5 104	5 329	5 025
Goods and services	214 653	355 031	332 500	474 702	322 005	305 249	332 197	351 535	368 962
Financial transactions in assets and liabilities	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	-	-	326	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Universities and Technikons	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	326	-	-	-	-	-	-
Payments for capital assets	**598 555**	**736 636**	**765 222**	**897 305**	**1 051, 721**	**1 137 536**	**1 234 717**	**1 348 730**	**1 429 978**
Buildings and other fixed structures	549 366	621 725	635 339	752 743	943 652	1 030 816	1 097 525	1 203 814	1 279 603
Machinery and equipment	49 189	97 783	129 883	144 562	108 069	106 720	137 192	144 916	150 375
Software and other intangible assets	-	17 128	-	-	-	-	-	-	-
Total economic classification	**813 208**	**1 092 807**	**1 103 558**	**1 377 223**	**1 377 189**	**1 446 244**	**1 572 018**	**1 705 594**	**1 803 965**

Data Source: BAS & Finance Section

- The increased trend is largely as a result of a drive to improve and maintain the infrastructure of the Department. The significant increase over the last 7 years has been funded by increasing amounts of both conditional grant funding, especially the Hospital Revitalisation Grant and the Infrastructure Grant, as well as the Departments' equitable share.

- The under expenditure in the 2008/09 Estimated Actual relates to enforced savings against the Departments' equitable share, which has been necessary to limit the Departments' over-expenditure

8.4.1 RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

Table 71 (HFM 5): Trends in Provincial Public Health Expenditure for Health Facilities Management (R'000)

Expenditure	Audited / Actual			Estimate	MTEF Projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices							
Total[2]	R813 208	R1 092 807	R1 103 558	R1 446 244	R1 572 018	R1 705 594	R1 803 965
Total per person	R81.94	R109.28	R109.54	R142.49	R153.74	R165.57	R173.82
Total per uninsured person	R93.12	R124.18	R124.48	R161.92	R174.70	R188.15	R197.53
Total capital[2]	R598 555	R736 636	R765 222	R1 137 536	R1 234 717	R1 348 730	R1 429 978
Constant (2008/09) prices[3]							
Total[2]	R975 850	R1 256 728	R1 169 771	R1 446 244	R1 477 697	R1 483 867	R1 461 212
Total per person	R98.33	R125.67	R116.11	R142.49	R144.51	R144.04	R140.80
Total per uninsured person	R111.74	R142.81	R131.95	R161.92	R164.22	R163.69	R160.00
Total capital[2]	R718 266	R847 131	R811 135	R1 137 536	R1 160 634	R1 173 395	R1 158 282

Data Source: BAS & Finance Section

PART C: LINKS TO OTHER PLANS

Table 72: Budget Reconciliation

No	Project Name Programme	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-Term Estimates		
		2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
1	New and Replacement Assets (R000)	129 034	350 795	450 328	642 023	626 161	597 854	638 122	608 402	441 400
	Total New and Replacement Assets (R000)	129 034	350 795	450 328	642 023	626 161	597 854	638 122	608 402	441 400
2	Maintenance and Repairs (R000)	214 653	356 171	332 500	497 862	474 702	260 288	308 000	338 000	366 000
	Total Maintenance and Repairs (R000)	214 653	356 171	332 500	497 862	474 702	260 288	308 000	338 000	366 000
3	Upgrades and Additions (R000)	353 496	113 551	261 172	190 368	190 368	361 818	499 751	654 970	894 549
	Total Upgrades and Additions	214 653	356 171	332 500	190 368	190 368	361 818	499 751	654 970	894 549
4	Rehabilitation, Renovations and Refurbishments (R000)	116 025	272 290	53 722	80 776	80 776	152 047	121 041	98 893	96 991
	Total Rehabilitation, Renovations and Refurbishments	116 025	272 290	53 722	80 776	80 776	152 047	121 041	98 893	96 991

Data Source: BAS & Infrastructure Development

CONCLUSION

The Annual Performance Plan presented the priorities, strategic goals, objectives and targets that the KwaZulu-Natal Department of Health will be pursuing during the period 2010/11 – 2012/13. This is aligned with the National Health System 10-Point Plan and the Medium Term Strategic Framework priorities for 2010-2014. The document only reflects priorities, although great discipline will be exercised to ensure that all health services are provided in line with service obligations.

Most of the macro plans mentioned in the Annual Performance Plan is in the inception phase and implementation will therefore be monitored based on the Implementation Plans generated to ensure effective performance monitoring.

The implementation of the Plan will be monitored robustly and quarterly reports will be submitted.

ABBREVIATIONS / ACRONYMS

ABET	Adult Basic Education and Training
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support.
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
BANC	Basic Ante Natal Care
BAS	Basic Accounting System
BLS	Basic Life Support
BOD	Burden of Disease
BOR	Bed Occupancy Rate
CBC	Community Based Carers
CCA	Critical Care Assistance
CCG's	Community Care Givers
CCMDU	Central Chronic Medication Dispensing Unit
CCMT	Comprehensive Care Management & Treatment
CDC	Communicable Disease Control
CEO	Chief Executive Officer
CHC	Community Health Centre
Child PIP	Child Problem Identification Programme
ChIP	Child Health Problem Identification Programme
CHW	Community Health Worker
CIO	Chief Information Officer
COE	Compensation of Employees
COEC	College of Emergency Care.
COHSASA	Council for Health Service Accreditation of Southern Africa
CPS	Central Provincial Stores
CPSS	Central Pharmaceutical Supply Store

CSIR	Council for Scientific and Industrial Research
CRH	Centre for Rural Health
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHP's	District Health Plans
DHS	District Health System
DIO's	District Information Officers
DOE	Department of Education
DOH	Department of Health
DORA	Divisions of Revenue Act
DOTS	Directly Observed Treatment Short Course
DPSA	Department of Public Service Administration
DTP	Diphtheria, Tetanus and Pertussis
DUT	Durban University of Technology
EAP	Employee Assistance Programme
ECP	Emergency Care Practitioner
EDL	Essential Drug List.
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EH	Environmental Health
EHP	Environmental Health Practitioner
eHR.za	Electronic Health Record
EMP	Environmental Management Plan
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPT	Emergency Patient Transport
EPWP	Expanded Public Works Programme
ESV	Emergency Services Vehicle
ETBR	Electronic Tuberculosis Register
ETR.net	Electronic Register for TB
FIO	Facility Information Officer
GIS	Geographic Information System
HAART	Highly Active Ante-Retroviral Therapy
HAST	HIV, AIDS, STI and TB

HBC	Home Based Carer
HCBC	Home & Community Based Carers
HIV	Human Immuno Virus
HOD	Head of Department
HP	Health Promotion
HPS	Health Promoting Schools
HPT&D	Health Professional Training and Development
HR	Human Resources
HRD	Human Resource Development
HRP	Human Resource Plan
HRSC	Human Sciences Research Council of South Africa
HST	Health Systems Trust.
HTA's	High Transmission Areas
HWSETA	Health and Welfare Sectoral Educational Training Authority
IALCH	Inkosi Albert Luthuli Central Hospital
ICD 10	International Classification of Disease (Version 10)
ICEE	International Centre for Eye Care Education
IDP	Integrated Development Plan
IGR	Inter-Governmental Relations
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
ISC	Inter-Sectoral Collaboration
IT	Information Technology
KMC	Kangaroo Mother Care
KZN	KwaZulu-Natal
M&E	Monitoring and Evaluation
MC&WH	Maternal Child & Women's Health
MDG	Millennium Development Goals
MDR	Multi Drug Resistant
MDR TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MEDSAS	Medical Stores Administrative System
MLW	Mid Level Worker

MO	Medical Officer
MOU	Memorandum of Understanding
MRC	Medical Research Council
MSP	Master Systems Plan
MTEF	Medium Term Expenditure Framework
MTS	Modernisation of Tertiary Services
MTSF	Medium Term Strategic Framework
NEPAD	New Economic Partnership for African Development
NGO's	Non Governmental Organisations
NHC	National Health Council
NHI	National Health Insurance
NHIS	National Health Information System.
NHLS	National Health Laboratory Services.
NHS	National Health System.
NIP	National Integrated Nutrition Programme.
NSP	National Strategic Plan.
NVP	Nevirapine
OPD	Out-Patient Department.
OSD	Occupation Specific Dispensation.
PEP	Post Exposure Prophylaxis.
Persal	Personnel and Salaries System.
PEPFAR	United States President's Emergency Plan for Aids Relief
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMDS	Performance Management and Development System
PMR	Peri-Natal Mortality Rate
PMSC	Provincial Medical Supply Centre
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PNC	Post Natal Care
PPIP	Peri-Natal Problem Identification Programme
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport

PTB	Pulmonary Tuberculosis
SADC	Southern African Development Cooperation
SADHS	South African Demographic & Health Survey
SAQA	South African Qualifications Authority
SCM	Supply Chain Management.
SHS	School Health Services
SITA	State Information Technology Agent.
SLA	Service Level Agreement
SMS	Senior Management Service
SSA	Sub-Saharan Africa
Stats SA	Statistics South Africa
STI's	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
UKZN	University of KwaZulu-Natal
VCT	Voluntary Counseling and Testing
WHO	World Health Organisation
XDR	Extreme Drug Resistant
XDR TB	Extreme Drug Resistant Tuberculosis