Mpumalanga Department of Health

ANNUAL PERFORMANCE PLAN FOR 2013/14

Date of Tabling

09/05/2013

health

Department:
Health
MPUMALANGA PROVINCE

MPUMALANGA DEPARTMENT OF HEALTH
ANNUAL PERFORMANCE PLAN 2013/14

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ACRONYMS	
AEA	Ambulance Emergency Assistants
ABET	Adult Basic Education and Training
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
APP	Annual Performance Plan
ARI	Acute Respiratory Infections
ART	Anti-retroviral Treatment
AZT	Zidovudine
BANC	Basic Antenatal Care
BAS	Basic Accounting System
BOD	Burden of Disease
BOR	Bed Occupancy Rate
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CDC	Community Day Centre
CEO	Chief Executive Officer
CFM	Clinical Forensic Medicine
CFO	Chief Financial Officer
CHC	Community Health Centre
CHWs	Community Health Workers
CMR	Child Mortality Rate
CoE	Compensation of Employees
CoMMiC	Committee on Morbidity and Mortality in Children
CPIX	Consumer Price Index
CRDP	Comprehensive Rural Development Programme
CTOP	Choice of Termination of Pregnancy
CSR	Cataract Surgery Rate
DHC	District Health Council
DHER	District Health Expenditure Review
DHP	District Health Plan
DHS	District Health Services
DHIS	District Health Information System
DHMIS	District Health Management Information System
DoE	Department of Education
DOH	Department of Health
DORA	Division of Revenue Act
DOTS	Directly Observed Treatment Sort Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DPWR&T	Department of Public Works, Roads and Transport
DR	Drug Resistant
DSD	Department of Social Development
ESMOE	Essential Steps in Managing Obstetric Emergencies

ACRONYMS	
ETR.Net	Electronic TB Register
EDL	Essential Drug List
EMS	Emergency Medical Services
FPS	Forensic Pathology Services
GDP	Gross Domestic Product
HAART	Highly Active Antiretroviral Therapy
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HCT	Health Care Provider Initiated Counseling and Testing
HFM	Health Facilities Management
HHCC	Household Community Components
HIV	Human Immuno-deficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPS	Health Promoting Schools
HPTDG	Health Professional Training and Development Grant
HR	Human Resources
HRD	Human Resource Development
HRM	Human Resource Management
HST	Health Sciences and Training
HTA	High Transmission Area
ICT	Information Communication Technology
IDP	Integrated Development Plan
IHPF	Integrated Health Planning Framework
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPT	Isoniazid Preventive Therapy
KMC	Kangaroo Mother Care
KZN	Kwazulu-Natal
MBFI	Mother and Baby Friendly Hospital Initiative
MCWH&N	Maternal, Child, Women's Health and Nutrition
MDGs	Millennium Development Goals
MDR	Multi-drug Resistant
MEC	Minister of Executive Council
MESH	Management Economic Social and Human Resource
MMC	Male Medical Circumcision
MMR	Maternal Mortality Rate
MOP	Medical Orthotic and Prosthetic
MPAC	Mpumalanga Provincial AIDS Council
MRC	Medical Research Council
MTEF	Medium-term Expenditure Framework
MTSF	Medium-term Strategic Framework
NDOH	National Department of Health

ACRONYMS	
NCD	Non Communicable Diseases
NDP	National Development Plan
NGO	Non-governmental Organisation
NHA	National Health Act
NHI	National Health Insurance
NHIRD	National Health Repository and Data Warehousing
NHLS	National Health Laboratory Services
NHS	National Health Systems
NPO	Non-profit Organisation
NSDA	Negotiated Service Delivery Agreement
NSP	National Strategic Plan
NTSG	National Tertiary Services Grant
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
OTP	Office of the Premier
PAAB	Patient Administration and Billing System
PCCEMD	Provincial Committee for Confidential Enquiry into Maternal Deaths
PCR	Polymerase Chain Reaction (a laboratory HIV detection Test)
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PMDS	Performance Management and Development System
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHREC	Provincial Health Research and Ethics Committee
PHISC	Provincial Health Information System Committee
PHIRD	Provincial Health Information Repository and Data Warehousing
PHC	Primary Health Care
PHS	Provincial Hospital Services
PIP	Project Implementation Plans
PMTCT	Prevention of mother-to-child Transmission
PPP	Public/Private Partnership
PPTS	Planned Patient Transport Services
PSP	Provincial Strategic Plan
PTC	Pharmaceutical Therapeutic Committees
PTB	Pulmonary Tuberculosis
QIP	Quality Improvement Plan
QPR	Quarterly Performance Report
RV	Rota Virus
SADHS	South African Demographic Health Survey
SALGA	South African Local Government Agency
SANAC	South African National AIDS Council
SANBS	South African Naitonal Blood Services

ACRONYMS	
SANC	South African Nursing Council
SDIP	Service Delivery Improvement Plan
SMS	Senior Management Service
SOP	Standard Operating Procedures
STATS SA	Statistics South Africa
STC	Step Down Care
STP	Service Transformation Plan
TB	Tuberculosis
THS	Tertiary Hospital Services
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

1. INTRODUCTION

POLITICAL AND LEGISLATIVE MANDATES

ALIGNMENT WITH GOVERNMENT STRATEGIC PRIORITIES

The production of the Annual Performance Plan (APP) for each financial year, is a legal requirement in terms of the National Health Act (NHA) of 2003. Section 25 (3) of the NHA of 2003 requires the Head of the Provincial Department of Health to "prepare health plans annually and submit to the Director General for approval". Also, Section 25 (4) of the NHA of 2003 stipulates that "provincial health plans must conform with national health policy".

In the light of the above, the strategic direction for the Mpumalanga Department of Health for 2013/14 derives from the following:

- Medium Term Strategic Framework (MTSF), 2009 – 2014
- State of the Nation Address and State of the Province Address
- National Health System Priorities (Health Sector 10 Point Plan), 2009 – 2014
- Health Sector Negotiated Service Delivery Agreement
- Strategic Plan for Mpumalanga Department of Health, 2009 – 2014

2. BACKGROUND TO THE ANNUAL PERFORMANCE PLAN OF THE DEPARTMENT

The Annual Performance Plan of the Mpumalanga Department of Health is developed from the customised Health Sector format "*Format for Annual Performance Plans of Provincial Health Departments*" which was adapted from the generic format from National Treasury in 2010.

It is divided into the following three parts:

- **Part A** which provides a strategic overview of the provincial health sector.

- **Part B** which provides the detailed planning of individual budget programmes and sub-programmes, specifying annual- and MTEF performance targets for both strategic objectives and programme performance indicators. This section is the core of the Strategic Plan and Annual Performance Plan.

- **Part C** considers details of budgets for infrastructure and other capital projects and any planned changes to conditional grants, public entities and public-private partnerships. It also covers changes to the Strategic Plan where the department has decided not to issue a completely new plan, and provides technical indicator descriptions (Annexure E) of each indicator used in the APP as required by Treasury Guidelines.

  The plan is structured to promote improved delivery of provincial health services and to account for the use of public funds. The plan further provides linkages between the National Health System (NHS) priorities for 2009-2014, Negotiated Service Delivery and provincial priorities for the MTEF period.

3.1 FOREWORD BY THE MEC FOR HEALTH

In the past eighteen years, the ANC-led government has made considerable strides in addressing the health and social injustices facing the country. These challenges are a manifestation of the policies and programmes that were the cornerstone of the previous government of minority rule. It is therefore important to acknowledge the fact that as the population grows in numbers, these challenges grows too, and need all our joint efforts to overcome and build a country that cares for the health of its people and the nation at large. In spite of these challenges together with our people made significant achievements in this field, noting however that there is still much to be done and the road towards a better health for all is still long.

Taking into consideration these remaining and imposing challenges, the democratic government adopted twelve outcomes of which the Department of Health is responsible for Outcome 2: "A long and healthy life for all" with the following four outputs:

Output 1: Increased Life Expectancy
Output 2: Decrease maternal and child mortality
Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis
Output 4: Strengthening Health System Effectiveness

The purpose of this Annual Performance Plan is therefore to outline the key priorities of the Department of Health in contributing towards the achievement of these outputs.

To strengthen the health system effectiveness the Department has twenty two **(22)** appointed hospital boards and the outstanding eleven will be appointed by the 1st April 2013. One hundred and ninety six **(196)** out of two hundred and seventy nine **(279)** Primary Health Care (PHC) facilities have clinic committees as per the National Heath Act requirements; the nomination process for the outstanding eighty three (83) will be finalized by the 31 March 2013. This will ensure that our communities partner with us in addressing the health challenges that as a nation we are confronted with. Executive leadership in hospitals will be strengthened through the appointment of hospital Chief Executive Officers (CEOs) in all hospitals in the province.

The Department welcomes the hospital visits assessment report conducted in 2012 by Office of the Premier, which highlighted the challenges faced by the Department with reference to leadership and governance, general human resources, equipment, infrastructure, management of drugs and referral system. The Department has developed a hospital improvement plan to address the above mentioned challenges. This plan will be monitored on monthly basis to ensure its effective and efficient implementation.

Special attention will also be given to ensuring the overall health care system effectiveness contributing to the successful implementation of the National Health Insurance (NHI) towards improving access to equitable, affordable and quality health care for all people in Mpumalanga.

MRS. K.C MASHEGO-DLAMINI

MEC: HEALTH AND SOCIAL DEVELOPMENT

DATE: 11/04/2013

3.2 STATEMEMENT BY THE HEAD OF DEPARTMENT (ACCOUNTING OFFICER)

The Annual Performance Plan sets out the priorities and targets, contributing to a vision of "A Long and Healthy Life for All" which overarches the four national health outputs: *Increased Life Expectancy*, *Decreased Maternal and Child Mortality*, *Combating HIV, AIDS and Tuberculosis* and *Strengthening Health System Effectiveness*

Output 1: Increased Life Expectancy

The quadruple burden of diseases due to HIV and TB, maternal and child mortality, violence and injuries and diseases of lifestyles is still a challenge for the province. However as a result of effective health strategies, life expectancy has improved. In particular the increase in prevalence rate of HIV is also indicative of improved life expectancy since people living with HIV are living longer. This plan presents health strategies to further improve health outcomes for concomitant improvement in life expectancy of all citizens of Mpumalanga Province

Malaria incidence has decreased from 0.29 /1000 population in 2011/12 to 0.06 /1000 population at the end of the third quarter in 2012/13. However, due to cross border issues the malaria case fatality rate has increased from 0.41% to 0.83% at the end of the third quarter 2012/13. The Province will strengthen collaboration with the neighbouring countries.

The Department has purchased four obstetric ambulances in the past financial year to transport emergency maternity cases. This will minimise the delays that lead to maternal and child deaths. Over and above these four obstetrics ambulances, the Department plans to purchase five maternity transports which will be servicing the PHC facilities to transport maternity cases to the nearest hospitals

Output 2: Decrease maternal and child mortality

Maternal and child mortality still pose a major challenge. In order to respond to this situation, the Department has identified skills shortage as the area that must be addressed. Recruiting and retaining skilled professionals is priority, especially those with scarce skills is a priority. Skills in managing obstetric and neonatal emergency conditions.

The Department is focusing on several interventions to decrease the high maternal and child mortality. Maternity waiting homes will be established in district hospitals in order to address the long distances and inhospitable terrains that make access for women and children difficult or impossible in times of emergencies.

District clinical specialist teams that have been established will be strengthened in order to provide support to primary health care facilities in the quest for reducing maternal and child mortality.
Family planning services will be strengthened in order to help couples plan their pregnancies
School health services will be introduced *where none existed before*, and strengthened where they were weak in order to help children learn without preventable barriers.

Community mobilization will be used through ward based Primary Health care outreach team in order to promote community health and provide support and care to women and children
All these initiatives are part of the CARMMA strategy that has been adopted by the African Union. The province has launched this strategy in Mkhondo subdistrict and will be rolled out in the rest of the province.

Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis

Thirty two of the thirty three hospitals are providing ART services, with the exception of Matikwana hospital which is under consideration for inclusion. The department will continue to conduct medical male circumcision. The target for 2012/13 financial year is to circumcise 50,000 males and at the end of the 3rd quarter 44, 411 males were already circumcised. The department is planning to increase this number to 60 000 by the end of 2013/2014 financial year.

HIV prevalence remains a major challenge in South Africa, particularly in KwaZulu Natal and Mpumalanga Provinces. Mpumalanga Province HIV prevalence is the second highest after KwaZulu Natal while Gert Sibande District recorded the highest HIV prevalence of 46, 1% amongst the 52 districts in the country. Efforts on prevention and reduction should be intensified in these two provinces with emphasis on the most affected districts such as Gert Sibande District in Mpumalanga Province and Ugu and MKhanyakude Districts in KwaZulu Province.

Mother to child transmission has been reduced from 6.2% to 2% in 2012. All 28 hospitals in the province are offering Post Exposure Prophylaxis for all sexual assault patients. Fifteen (15) Non-Profit Organisations have been funded to provide Peer Educator service in the province.

As part of the global commitment to eradicate vertical transmission by 2016, the Province has managed to reduce mother to child transmission from 6.2% in 2011 to 2% in 2012.

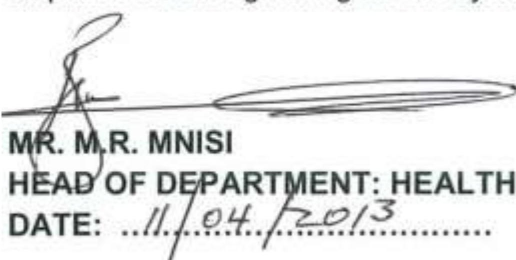
TB defaulter rate reduced from 7.5% in 2010/11to 5.7% in 2011/12. TB cure rate increase from 72.7% in 2010/11 financial year to 73.3% 2011/12 financial year.

All health facilities (311) and sixty-four (64) non-medical sites are providing HIV Counseling and Testing service as an entry point to care and support.

Both the National Strategic Plan and the Provincial Strategic Plan for HIV, STIs and TB 2012-2016 remain relevant and the guiding document for the management of HIV, STIs and TB in the province.

Accessibility of male condoms have been increased beyond health facilities to secondary sites at community level.

Continuing focus on these first three outputs will result on decreased maternal and child mortality, reduction in HIV prevalence and increased TB cure rate in the Province. Last but not least output which places an emphasis on *Strengthening Health System Effectiveness* completes the cycle.



MR. M.R. MNISI
HEAD OF DEPARTMENT: HEALTH
DATE: ..11./04./2013.........

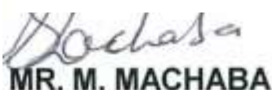
3.3 OFFICIAL SIGN OFF OF PROVINCIAL ANNUAL PERFORMANCE PLAN BY THE CHIEF FINANCIAL OFFICER, HEAD OF STRATEGIC PLANNING, HEAD OF DEPARTMENT AND MEC FOR HEALTH

It is hereby certified that this Annual Performance Plan:

- Was developed by the **Provincial Department of Health in Mpumalanga**.
- Was prepared in line with the current Strategic Plan of the Department of Health of Mpumalanga under the guidance of the **MEC: Department of Health and Social Development, Mrs K.C Mashego-Dlamini**
- Accurately reflects the performance targets which the **Provincial Department of Health in Mpumalanga** will endeavour to achieve given the resources made available in the budget for 2013/14.

MS. BM MOJAPELO DATE: 11/04/2013

CHIEF FINANCIAL OFFICER



MR. M. MACHABA DATE: 11/04/2013

ACTING CHIEF DIRECTOR: INTEGRATED HEALTH PLANNING

MR. M.R. MNISI DATE: 11/04/2013

HEAD OF DEPARTMENT

APPROVED BY:

MRS. K.C MASHEGO-DLAMINI, MPL DATE: 11/04/2013

EXECUTIVE AUTHORITY

PART A

4. PART A - STRATEGIC OVERVIEW

4.1. VISION

"A Healthy Developed Society".

4.2 MISSION

The Mpumalanga Department of Health is committed to improve the quality of health and well-being of all people of Mpumalanga by providing needs based, people centred, equitable health care delivery system through an integrated network of health care services provided by a cadre of dedicated and well skilled health workers.

4.3 VALUES

- Commitment
- Reliability
- Accountability
- Accessibility
- Affordability
- Appropriateness
- Timeousness
- Empathy
- Collectiveness
- Competency
- Ethical
- Confidentiality
- Integrity
- Honesty

4.4 STRATEGIC GOALS

TABLE A1: STRATEGIC GOALS FOR MPUMALANGA DEPARTMENT OF HEALTH

The four strategic goals for Mpumalanga Department of Health are presented in the following table:

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
1.	**Increasing Life Expectancy**	Life expectancy must increase from 49.6 to 58 years for males and from 50.3 to 60 years for females by 2014/15.	Life expectancy is adversely affected by communicable diseases, high maternal and child mortality; increasing levels of non-communicable diseases as well as violence and trauma related injuries.	Life expectancy rate increased from 49.6 to 58 years for males and from 50.3 to 60 years for females.
2.	**Decreasing Maternal and Child Mortality**	Maternal Mortality Ratio must decrease from 157 to 117 per 100,000 live births by 2014/15.	The maternal mortality ratio is much higher than that of countries of similar socio-economic development. The leading causes of maternal mortalities in Mpumalanga are: • Non-pregnancy Related Infections • Post Partum Haemorrhage • Hypertension • Pre-existing Medical Disorders	Maternal Mortality Ratio reduced to 117 per 100 000 live births.
		Child Mortality Rate must decrease from 6.5 to 5 (or less) per 1,000 live births by 2014/15.	The leading causes of deaths under the five-year age group in Mpumalanga, are: • Acute Respiratory Infections (ARI) • Diarrhoea • Septicaemia • Severe Malnutrition • Tuberculosis	Under 5 mortality reduced to 5 (or less) per 1000 live births.

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
		Infant Mortality Rate must decrease from 8.9 to 7.5 per 1,000 live births by 2014/15.	The leading causes of deaths in the under one-year old age group in Mpumalanga, are: • Prematurity • Infections • Asphyxia • Diarrhoea	Infant mortality rate reduced to 7.5 per 1000 live births.
3.	**Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis**	New HIV infections must be reduced by 50% by 2014/15.	Mpumalanga has the second highest HIV prevalence rate in the country with two districts viz. Ehlanzeni and Gert Sibande, recorded the 6th and 7th highest prevalence amongst the 52 health districts in the country. Decreasing HIV incidence and increasing the percentage of qualifying patients on ART, will improve health outcomes, the quality of life of people living with HIV and ultimately, increasing life expectancy.	• Zero new HIV, Sexually Transmitted Infections and TB infections in the population • Zero morbidity & mortality related to AIDS and TB • Zero Discrimination
		All eligible people living with HIV and AIDS must have access to antiretroviral treatment.		
		The TB Cure Rate must improve from 67% (2008) to 85% by 2014/15.	Mpumalanga remains burdened by Tuberculosis as the number one cause of death among the top ten causes of deaths in the province, as the HIV prevalence correlates well with the increase in case findings.	
4.	**Strengthen Health System Effectiveness**	**Revitalisation of Primary Health Care** Revitalisation of the health system towards Primary Health Care must be implemented through the following three streams by 2014/15: • Municipal Ward Based/PHC Agents • School Health Services • District Based Clinical Specialist Support Teams	The re-engineering of the PHC system into these three streams, will consolidate PHC as the primary mode for health care delivery and will encourage prevention of disease and promotion of health in contrast to the hospicentric and curative approach.	Significant shift in equity, efficiency, effectiveness and quality of health care provision.

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
		Implementation of the NHI The NHI will be implemented gradually in 3 phases over a 14 year period starting in 2012. The first phase occurs in the first five years of the rollout and involves strengthening of the health system, improving the service delivery platform and piloting various components of the NHI.	Gert Sibande was selected as one of the 10 NHI Pilot sites in the country to test interventions necessary for implementing NHI whilst also strengthening the functioning of the district health system. The pilots will also strengthen the performance of the public health system in readiness for the full rollout of NHI.	
		Quality Improvement of Health Services All facilities must implement Quality Improvement Plans in line with the six priorities of the core standards, in order to improve the quality of health services.	Health care establishments are required to conform to agreed upon quality standards that have been approved by the National Health Council, if they are to be accredited to deliver health services within NHI.	
		Human Resources for Health An integrated Human Resource Plan and strategy must be developed and implemented to respond to service demands by 2014/15.	The appropriate allocation of human resources in line with service delivery requirements to improve the quality, efficiency and effectiveness in line with national norms and standards.	Adequate supply of skilled health professionals that responds to service demands.
		Strengthen Financial Management Financial management and accountability must be strengthened to achieve a clean audit by 2014/15.	The audit outcomes must be improved through strengthening of management and accountability, in order to receive a clean audit.	Effective and efficient administration in the department.
		Strengthen Information Management Health Information Management must be strengthened in preparation for implementation of the NHI.	The NHI System will ensure portability of services and will be electronic-based with linkages to the NHI Membership Database and accredited- and contracted health care providers.	Significant shift in equity, efficiency, effectiveness and quality of health care provision.

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
		Improved Health Infrastructure Development and implementation of a comprehensive Infrastructure Plan that is responsive to the service needs by 2014/15.	A conducive environment for the public to access health services.	

4.5 SITUATION ANALYSIS

4.5.1 Population Profile

Mpumalanga Province is located in the north-eastern part of South Africa and is bordered by two countries i.e. Mozambique to the east and Swaziland to the south-east. Mpumalanga shares common borders with the Limpopo Province to the north, Gauteng Province to the west, Free State Province to the south-west and KwaZulu-Natal to the south east. The Mpumalanga Province has a land surface area of 76 495 km square that represents 6.3% of South Africa's total land area. The slight boundary change was due to cross boundary Kungwini municipality which is now incorporated into City of Tshwane.

Mpumalanga's economy is primary driven by agriculture, mining, manufacturing, tourism and electricity generation. The capital city of Mpumalanga is Nelspruit, which is one of the fastest growing cities in South Africa. Other main towns and their economic activities, include:

- Emalahleni – mining, steel manufacturing, industry, agriculture;
- Middelburg – stainless steel production, agriculture;
- Secunda – power generation, coal processing;
- Mashishing – agriculture, fish farming, mining, tourism;
- Malelane – tourism, sugar production, agriculture; and
- Barberton – mining town, correctional services, farming centre.

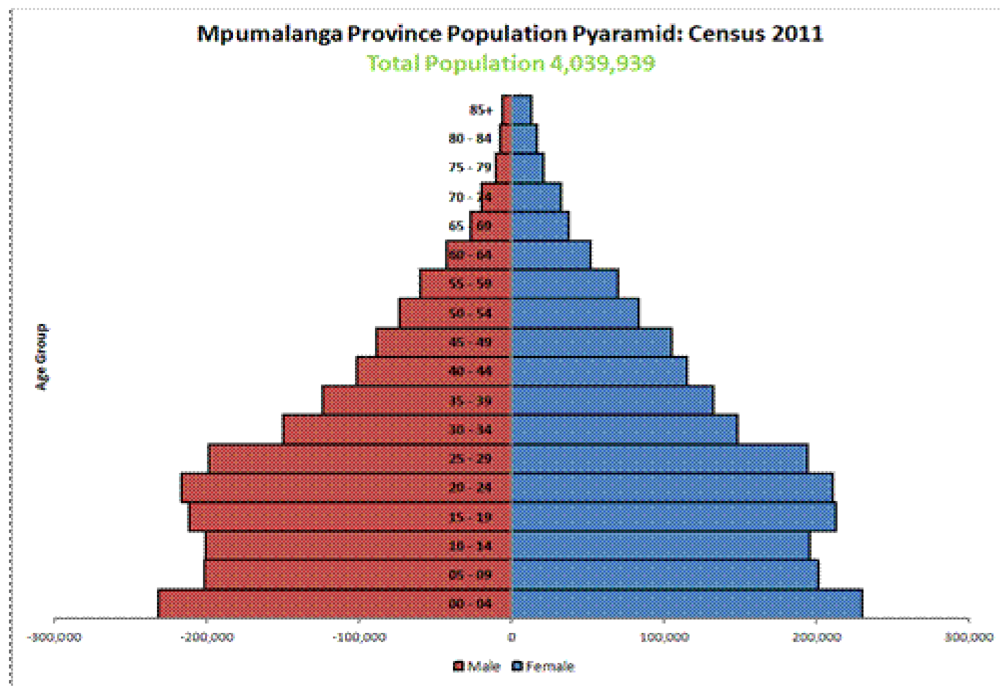
Census 2011 indicates that Mpumalanga population grew from 3365554 to 4039939. A comparative analysis of population growth between 2001 and 2011 in Table 1 below, reflects a growth of 20% for Mpumalanga Province. Mpumalanga has the sixth largest share of the South African population, constituting approximately 7,8% of the national population of 51770561 and distributed across three districts comprising nineteen municipalities.

Table 1: Percentage distribution of projected share of total population: 2001 – 2011

(Province	Census 2001	% Share	Census 2011	% share	% change
Gauteng	9388854	21.0%	12272263	23.7%	30.7
KwaZulu-Natal	9584129	21.4%	10267300	19,8%	7.1
Eastern Cape	6278651	14.0%	6562053	12.7%	4.5
Western Cape	4524335	10.7%	5822734	11,3%	28.7
Limpopo	4995462	10.1%	5404868	10.4%	8.2
Mpumalanga	3365554	7.5%	4039939	7.8%	20.0
North West	2984098	6.7%	3509953	6,8%	17.6
Free State	2706775	6.0%	2745590	5,3%	1.4
Northern Cape	991919	2.2%	1145861	2,2%	15.5
South Africa	**44819777**	**100.0%**	**51770561**	**100.0%**	15.5

(Source: Census 2011)

Figure 1: Population pyramids

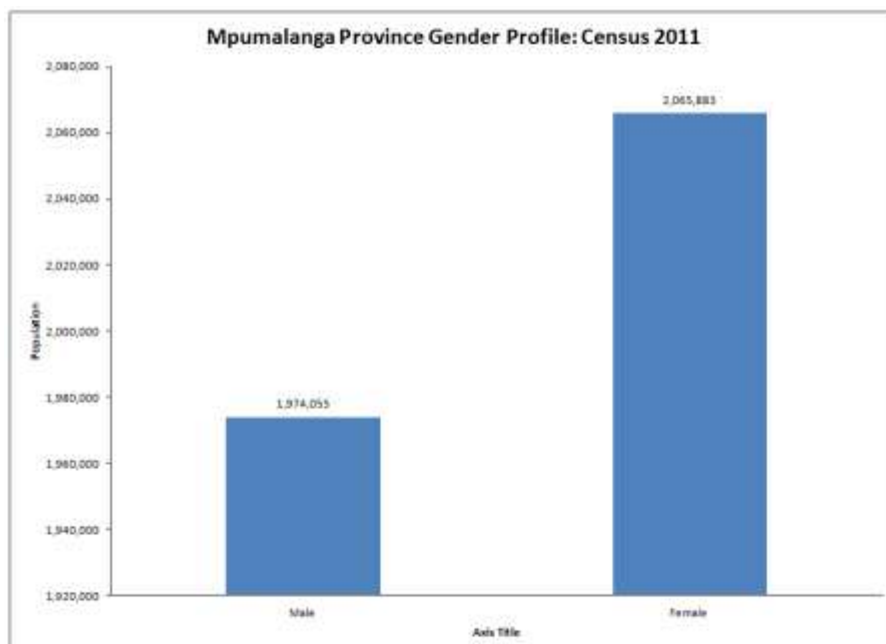


Population is depicted in the pyramid indicates that there is tremendous growth as compared to 2004 and 2009. The pyramid shows that there is a fairly large proportion of females in all the ages with the exception of ages young age group (from 0 to 29) where proportion of males is higher. Also it has been noticed that there is a marked decrease in both males and females aged 5 to 14. Further analysis should be done since this it's a nationwide phenomenon. The same observation has been noticed in the three districts as depicted on the following pyramids(see Figure 2)

Figure 2: Illustrates Ehlanzeni, Nkangala and Gert Sibande Population Pyramids by order of Population size

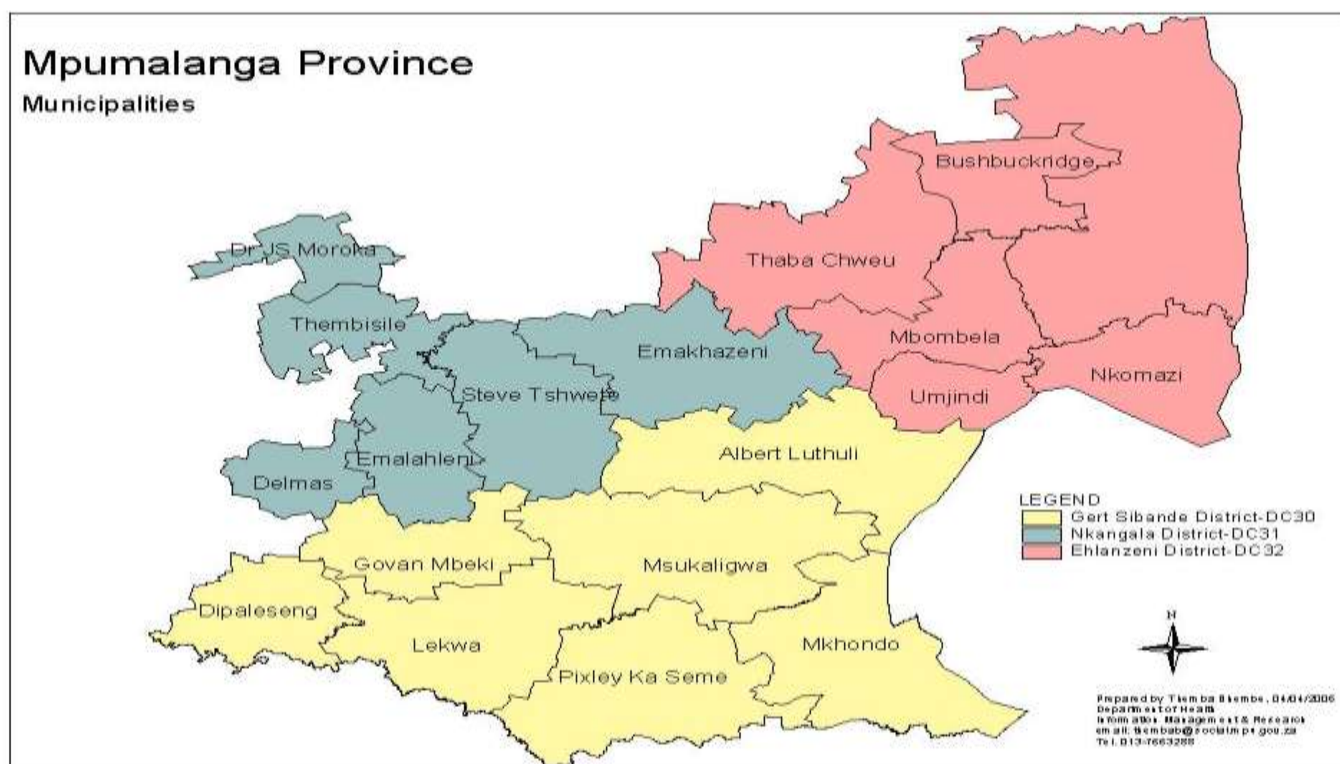
According to Census 2011 there are more females than females in Mpumalanga Province (Figure 3). Anecdotal evidence indicates that more women use the health care facilities than men therefore it is expected that the demands for health care will increase as a result of increased population

Figure 3: Illustrates gender profile



Mpumalanga is divided into three districts i.e. Ehlanzeni, Nkangala and Gert Sibande with 18 sub-districts as represented in **Figure 4** below.

Figure 4: Mpumalanga Health Districts



***Source**: Mpumalanga Department of Health Information Systems*

4.5.1.1 Demographics in Ehlanzeni District

Ehlanzeni District has a catchment population of 1,688,615 (Census, 2011) and consists of five sub-districts which are Bushbuckridge, Mbombela, Nkomazi, Thaba Chweu and Umjindi. Nkomazi is further divided into Nkomazi East and West and Mbombela into Mbombela South and North.

There are 120 Primary Health Care Facilities (105 clinics and 15 Community Health Centres), 8 district hospitals, two regional hospitals, one tertiary hospital, two TB specialized hospitals and 28 mobile clinic vehicles which have 981 points.

4.5.1.2 Demographics in Gert Sibande District

Gert Sibande District has a catchment population 1,043,194 (Census, 2011) which is less than the other two districts. It consists of seven sub-districts

There are 53 clinics, 5 satellite clinics, 19 Community Health Centres, 8 district hospitals, one regional hospital, two TB specialized hospitals and 25 mobile clinic vehicles which have 1003 points.

4.5.1.3 Demographics in Nkangala District

Nkangala District has a catchment population of 1,308,128 (Census, 2011) and consists of six sub-districts which are Dr JS Moroka, Thembilile, Emalahleni, Emakhazeni, Dr Victor Khanye and Steve Tshwete.

There are 86 Primary Health Care Facilities (68 clinics and 18 Community Health Centres), 7 district hospitals, one tertiary hospital, one TB specialized hospitals and 22 mobile clinic vehicles which have 481 points.

Tables 2 and 3 represent the Mpumalanga population per district and sub-district respectively. This information is further illustrated on Figure 5 below

Table 2: Population by Geographic Distribution (Districts)

District Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population Census 2011
Ehlanzeni District Municipality	1 447 053	1 526 236	1,688,615
Gert Sibande District Municipality	900 007	890 699	1,043,194
Nkangala District Municipality	1 018 826	1 226 500	1,308,129
Total	**3 365 885**	**3 643 435**	4,039,939

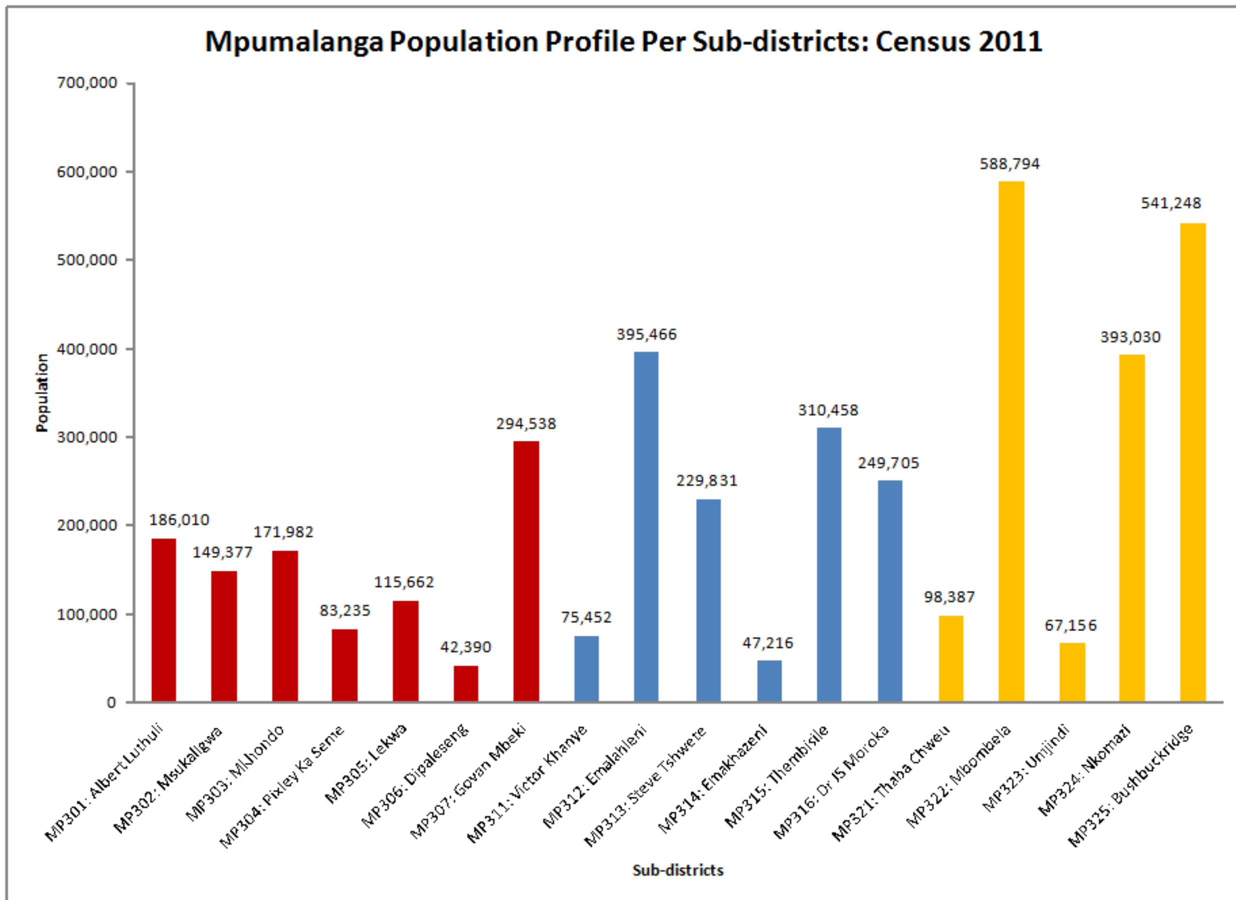
(Source: Stats SA 2007: Census 2001, Community Survey 2007, and Census 2011)

Table 3: Population by Geographic Distribution (Local Municipalities) within the total population per municipality

Local Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population: Census 2011
Thaba Chweu	81 681	87 545	98,387
Mbombela	476 593	527 203	588,794
Umjindi	53 744	60 475	67,156
Nkomazi	334 420	338 095	393,030
Bushbuckridge	497 958	509 970	541,248
Kruger National Park	2 656	2 948	-
Ehlanzeni	**1 447 053**	**152 6236**	1,688,615
Albert Luthuli	187 936	194 083	186,010
Dipaleseng	38 618	37 873	42,390
Govan Mbeki	221 747	268 954	294,538
Lekwa	103 265	91 136	115,662
Mkhondo	142 892	106 452	171,982
Msukaligwa	124 812	126 268	149,377
Pixley Ka Seme	80 737	65 932	83,235
Gert Sibande	**900 007**	**890 699**	1,043,194
Dr JS Moroka	243 313	246 969	249,705
Emakhazeni	43 007	32 840	47,216
Emalahleni	276 413	435 217	395,466
Steve Tshwete	142 772	182 503	229,831
Thembisile	257 113	278 517	310,458
Victor Khanya	56 208	50 455	75,452
Nkangala Total	**1 018 826**	**1 226 500**	1,308,129
Mpumalanga Total	**3 365 885**	**3 643 435**	**4039939**

(Source: Stats SA 2007: Census 2001, Community Survey 2007, and Census 2011)

Figure 5: Illustrates population per sub-district/local municipality



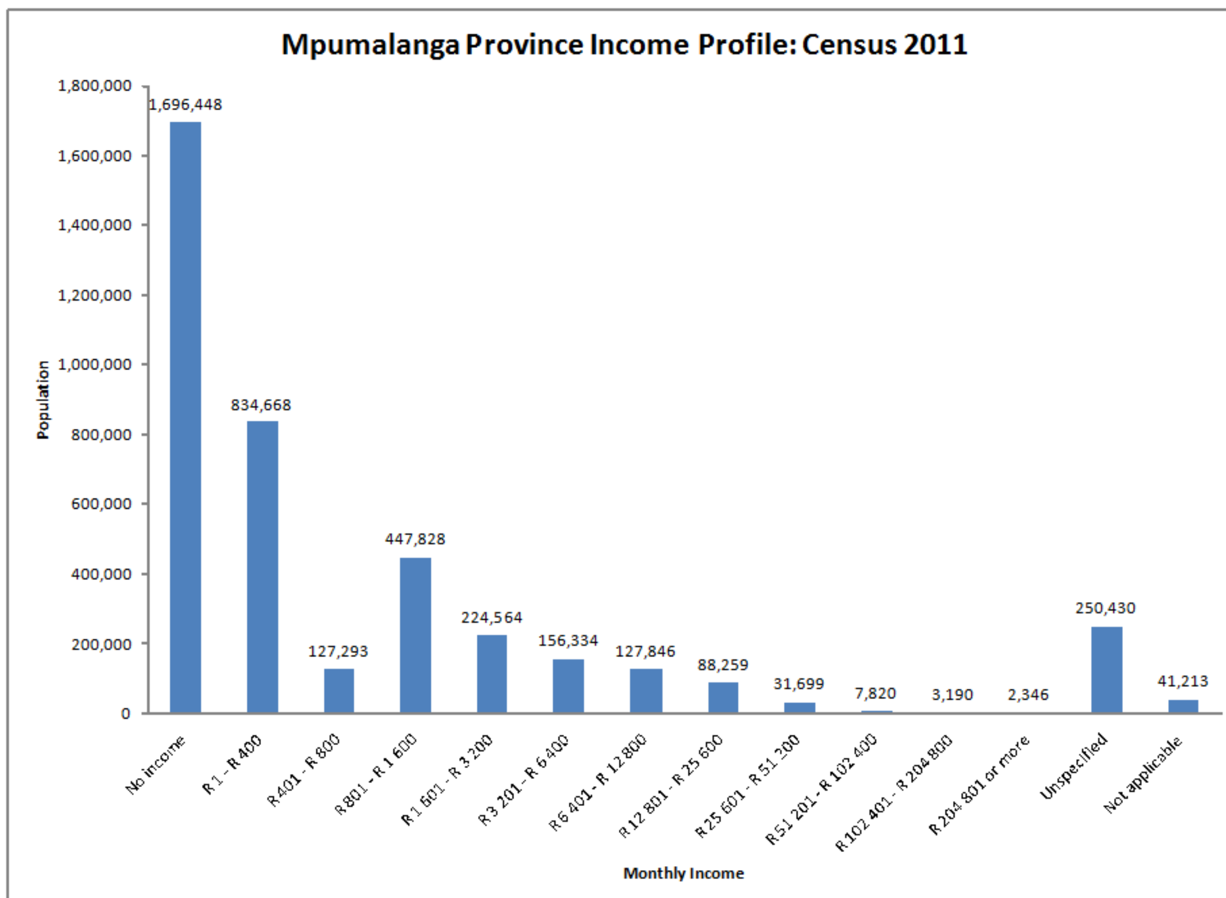
(Source: Census 2011)

The distribution of population per hectare (population density) provides interesting figures for Mpumalanga, which correlates with the distribution in South Africa. Figure 2 below, depicts the distribution where it can be seen that 95 % of the population within the Mpumalanga province lives on only 15 % of the land. This is quite expectable, taking into consideration the huge areas that are used for agricultural and forestry as well as the number of active mines in the Mpumalanga Province.

Uninsured Population

Feedback from stakeholders indicates that 88% (4,039,939) of total population in the Mpumalanga Province is uninsured (i.e. does not have medical aid and will make use of public facilities) and rely on the public health sector for health care, placing an excessive burden on the primary health care system. The Integrated Health Planning Framework (IHPF) per National Department of Health uses uninsured/public population of 88%, which correlates with feedback obtained from stakeholders in the province. Figure 6 below further illustrates the reason for people relying on the public health sector for health care. Almost 1,7 million residents of Mpumalanga are unemployed and a further 1,634,353 earn less than R3500. This means they are unable to have medical aid.

Figure 6: Illustrates monthly income



(Source: Census 2011)

4.5.2 Socio-Economic Profile

Mpumalanga is ranked the third most rural province in South Africa with 66% of its total population living in rural areas. The majority of the population resides in the former homelands of Kwa-Ndebele, Kwangwane and Lebowa, areas that have historically lagged behind in terms of development and delivery of basic services such as health and education. Relative to other provinces, Mpumalanga's population base exhibits low economic activity and the poverty rate (with an index of 50.5%) is higher than the national average. It is estimated that approximately 23% of households in the province have no regular source of income.

Table 4 indicates the urban and rural percentage of Mpumalanga Province versus that of South Africa. It is evident that Mpumalanga Province is extremely rural when compared with the rest of the country, which will affect the distribution of health facilities.

Table 4: Urban versus Rural Percentage

Urban / Rural Distribution		
Per Stats SA 2001	**Mpumalanga**	**South Africa**
Rural Percentage	66%	46.3%
Urban Percentage	34%	53.7%

(Source: Stats SA Census 2001)

Table 5 as per Census 2001, estimates the number of persons living in urban versus rural areas in each District of the Mpumalanga Province.

Table 5: Urban / Rural per District

Urban / Rural per District					
District	**Urban**	**%**	**Rural**	**%**	**Total Population**
Ehlanzeni District	244,502	17	1,199,894	83	1,444,396
Nkangala District	502,435	48	551,604	52	1,054,039
Gert Sibande District	415,594	46	484,414	54	900,007
Provincial Total	**1,162,531**	**34**	**2,235,912**	**66**	**3,398,443**

(Source: Stats SA Census 2001)

Census 2001 further indicates that 28.4% of Mpumalanga population aged 20 years and older, received no schooling or formal education. These high levels of illiteracy in the province have implications for health education and health promotion strategies.

Table 6 as per 2007 Community Survey, estimates the unemployment rate per District in Mpumalanga Province. A higher unemployment rate represents a higher the demand on public health care services.

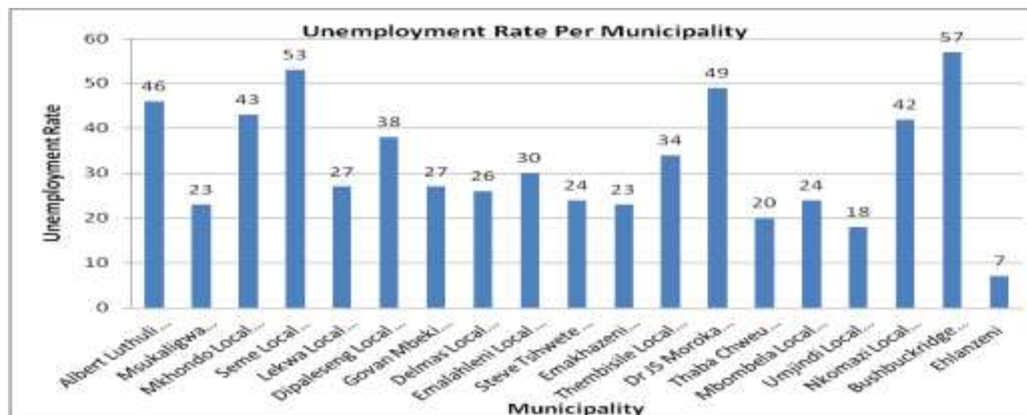
Table 6: Unemployment Rate per District

Unemployment Rate – per district	
Ehlanzeni District	35%
Nkangala District	32%
Gert Sibande District	33%

(Source: Stats SA: Community Survey 2007)

Unemployment remains a major formidable economic challenge with some local authority/magisterial districts recording levels higher than 42% (Figure 7). The following municipalities recorded the highest unemployment rates in Census 2001:

Figure 7: Local municipalities with unemployment rate >50%



(Source: Stats SA: Census 2001)

Increased unemployment rates translate directly into poverty. These poverty levels in the province, place a high demand on public health resources. As outlined in the World Health Organisation Commission on Social Determinants of Health, poor people and those from socially disadvantaged groups get sicker and die sooner than people in more privileged social positions. Income poverty is a powerful predictor of health outcomes, but other social factors such as nutrition and diet, housing, education, working conditions, rural versus urban habitat and gender and ethnic discrimination also determine people's chances to be healthy.

Climate change

Climate change is a new threat to public health and to the advances being made by South Africa in achieving the Millennium Development Goals (MDGs) as well as other key service delivery issues. For this reason, climate change needs to be considered a priority area when addressing health inequalities.

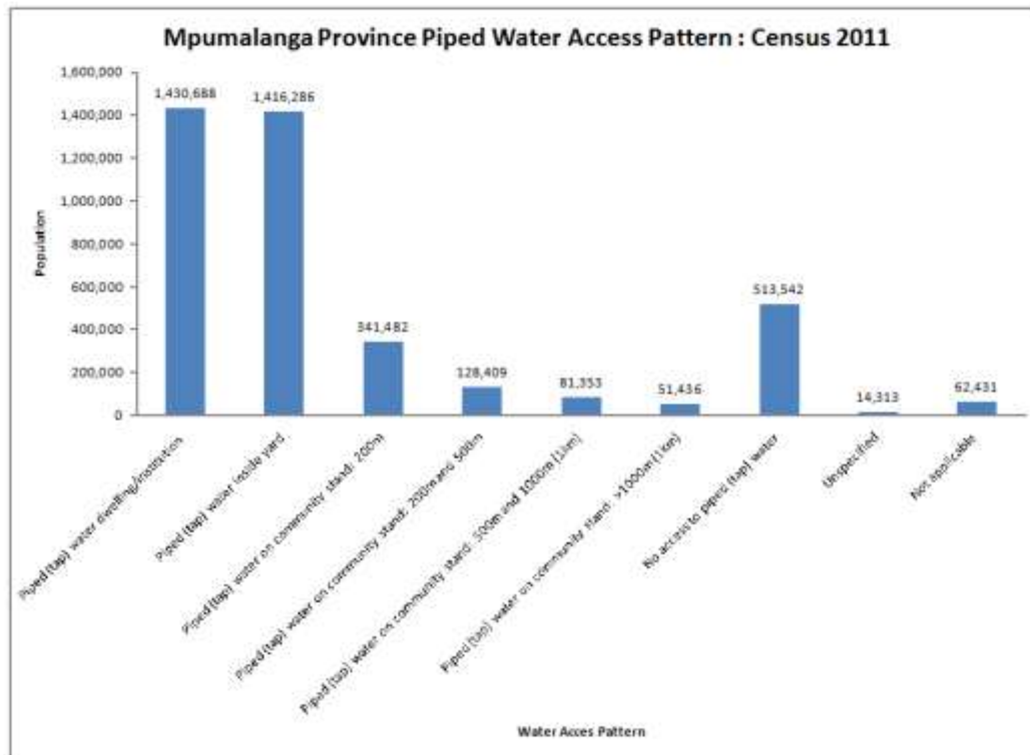
Sanitation

The 2007 Community Survey indicates that sanitation has improved between 2001 and 2007. Pit latrine without ventilation and bucket latrines are almost eliminated. More people have access to either flush toilet or pit latrine with ventilation – an estimated 8% is without any form of toilet.

Pipe Water

According Census 2011 more than 85% (3,449,654) of Mpumalanga population has access to piped water. Of these 85% who have access to piped water, 82% (3,316,865) has access to piped water within their dwelling or less than 500m away from their dwelling. It is noted that 12,7% (513,542) of population does not have access to piped water. The province still experience outbreaks of waterborne diseases despite 85% access to piped water.

Figure 8: Illustrates piped water access pattern



(Source: Census 2011)

PERFORMANCE DELIVERY ENVIRONMENT

4.5.3 Epidemiological Profile

Mpumalanga Province like the rest of the country faces a quadruple burden of diseases. HIV and AIDS, Tuberculosis, high Maternal and Child Mortality, Non-Communicable Diseases and Violence and Injuries continue to take a toll on the Province's citizens. This burden contributes immensely to the decline in life expectancy for both males and females in the province and the rest of the country.

Compounding on these unfavorable conditions, are adverse socio-economic determinants such as poverty and inadequate access to essential services such as electricity, proper sanitation and access to potable water.

This quadruple BOD is occurring in the face of a reasonable amount of health expenditure as a proportion of the GDP (Gross Domestic Product). Available evidence indicates that South Africa spends 8,7% of its GDP on health which is significantly more than any other country on the African continent however, the health outcomes are much worse than those of countries spending much less than South Africa. The South African health care system has been characterized as fragmented and inequitable due to the huge disparities that exist between the public- and private health sectors with regard to the availability of financial- and human resources, accessibility and delivery of health services.

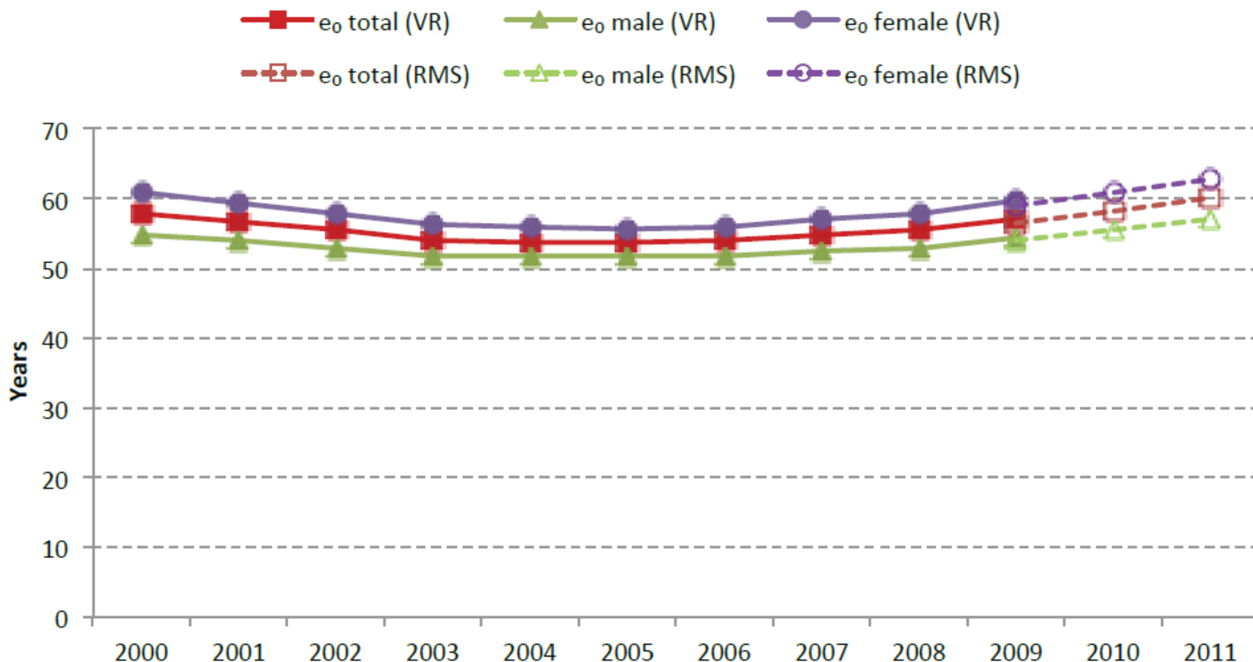
The inequity in the health system is worsened by the fact that access to health care is unequal with the majority of the population relying on a public health care system which has a disproportionately lower amount of financial- and human resources, relative to the private sector serving approximately 16% of the population. The distribution of key health professionals between the two sectors is also skewed for example, the doctor patient ratio is as high as 1:4000 in the public sector while it is 1:250 in the private sector. The poor health outcomes can be attributed
to a number of factors however, are evidenced

through a decline in life expectancy in the country.

4.5.3.1 LIFE EXPECTANCY

Though it was reported in the past that life expectancy in South Africa has been declining, the rapid mortality surveillance report 2011 indicates that life expectancy started to increase since 2005 (Figure 9). This shows that there has been an improvement as a results of ART rollout and Prevention of Mother-to-Child Transmission (PMTCT) programmes. Despite these improvements observed, the maternal deaths and neonatal deaths remain a challenge in South Africa.

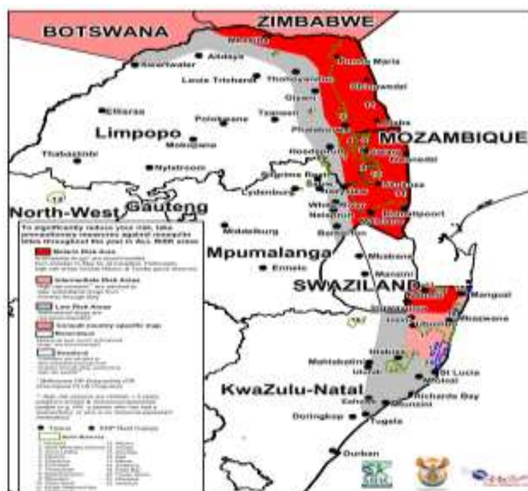
Figure 9: Illustrates life expectancy pattern since 2001 – 2011



Source: MRC: Rapid Mortality Surveillance 2011

The Department's resolve to fight malaria, is still on course. Malaria continues to contribute to the reduction in life expectancy and is associated with more than one million deaths per annum in Africa. Most deaths occur in children under the age of five years. In South Africa, malaria control is exacerbated by management of the disease by our neighboring countries.

Figure 10: Malaria High Risk Areas in South Africa



Source: National Department of Health

Mpumalanga as one of three provinces endemic for malaria, is progressively doing well on the Management of Malaria. Malaria transmission normally occurs in October after the fist rains with high peaks in January and February and waning towards May. An estimated 1,688,615 of the population is at risk of contracting the disease locally in Ehlanzeni District thus, affecting the five Ehlanzeni municipalities and Kruger National Park. Local malaria transmission is most intense in Kruger National Park areas, Nkomazi and Bushbuckridge Municipalities (Figure 10).

More than half of women and three quarters of men requiring some intervention for hypertension and diabetes, do not even know they are suffering from these conditions. Only a small percentage of cases of high blood pressure reflect good management of the condition. Late detection results in increased costs and unnecessary suffering and increased risk of death. In order to address this, the department will direct greater effort and resources towards prevention, screening and early detection as well as effective management to improve life expectancy and quality of life.

4.5.3.2 MATERNAL AND CHILD MORTALITY

According to the MDG Country Report, the maternal mortality ratio in South Africa is estimated at 625 per 100,000 and the perinatal mortality stands at 31.1 deaths per 1000 births, which is much higher than those of countries with similar socio economic development. The vision is to reduce maternal mortality through the implementation of Primary Health Care and a functional referral system as s responsive support system of hospitals.

The maternal mortality ratio in Mpumalanga has increased from 194 in 2010 to 196.3 in 2011. The leading causes of maternal mortalities in the province are as follows:

a) Non-pregnancy Related Infections
b) Post Partum Hemorrhage
c) Hypertension
d) Pre-existing Medical Disorders

The First Report of the Committee on Morbidity and Mortality in Children under 5 years (CoMMiC) estimated that over 60,000 South African children between the ages of one month and five years, die each year. The trend in under-5 deaths has shown a recent upswing after years of steady downward tendency.

Due to the fact that children are sensitive to environmental factors, the social determinants of health are a major contributor to morbidity and mortality among children. The availability of water, sanitation, food security and guidance and protection by parents/guardians, determine the survival of this part of the population.

Mpumalanga Province shows a slight improvement in the registered child facility mortality rates from 6.9 per 1000 live births in 2010 to 5.6 per 1000 live births in 2011.

The leading causes of death under the 5 year old age group are as follows:

a) Acute Respiratory Infections (ARI)
b) Diarrhoea
c) Septicaemia
d) Severe Malnutrition
e) Tuberculosis

Mpumalanga Province registered an increase in the infant mortality rate from 9.6 per 1000 live births in 2010 to 9.7 per 1000 live births in 2011.

The leading causes of death in the under 1 year old age group are as follows:

a) Prematurity
b) Infections
c) Asphyxia
d) Diarrhea

4.5.3.3 HIV PREVALENCE

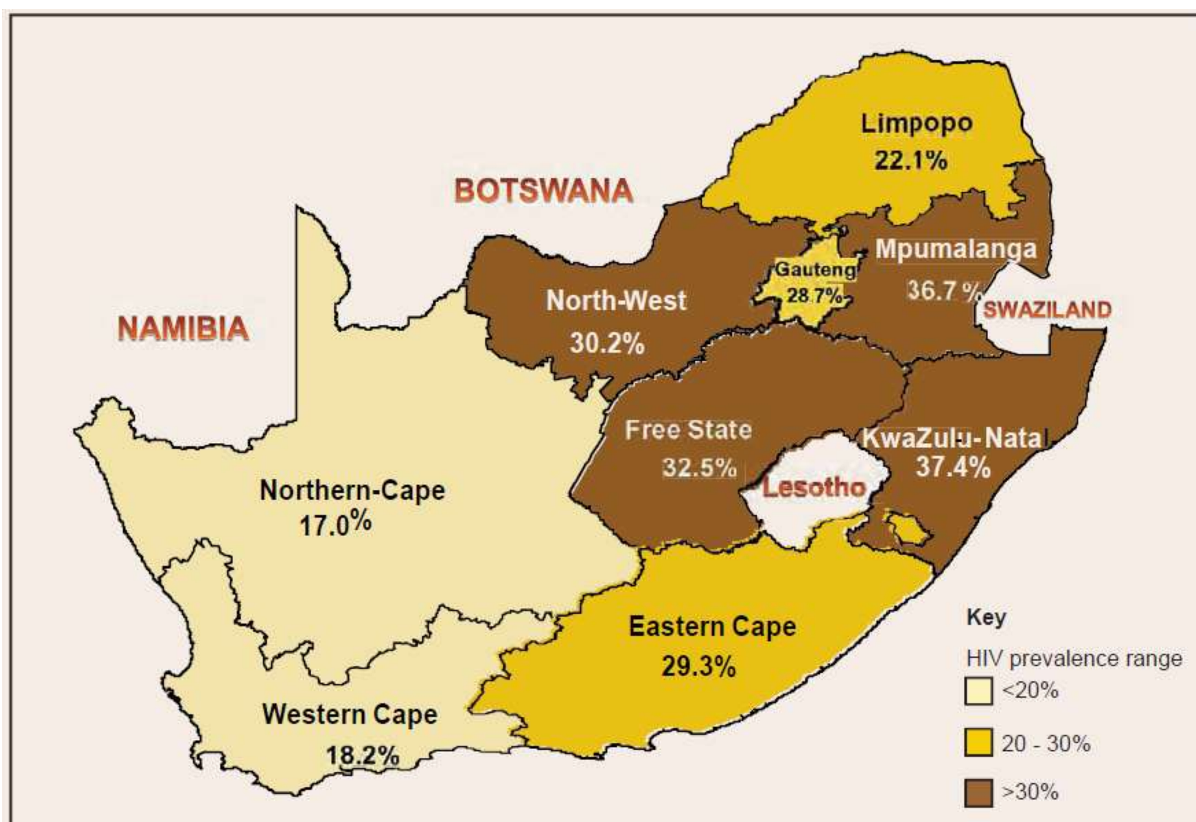
The HIV epidemic in the country has a profound impact on society, the economy as well as the health sector and contributes to a decline in life expectancy, increased infant and child mortality and maternal deaths as well as a negative impact on socio-economic development.

The National Antenatal Sentinel HIV and Syphilis Prevalence Survey which is being conducted annually for the past 22 years, is being used as an instrument to monitor the HIV prevalence trends since 1990. Prevalence usually reflects the burden of HIV on the health care system and changes (increases) may be the cumulative effect of many factors that may work individually or collectively to drive the epidemic.

HIV Prevalence by Province, 2011

The HIV prevalence results show that the highest HIV prevalence rates are located in the Central and Eastern parts of the country, and the lowest prevalence in the Western Cape and Northern Cape (Figure 11).

Figure 11: HIV prevalence by Province, South Africa, 2011

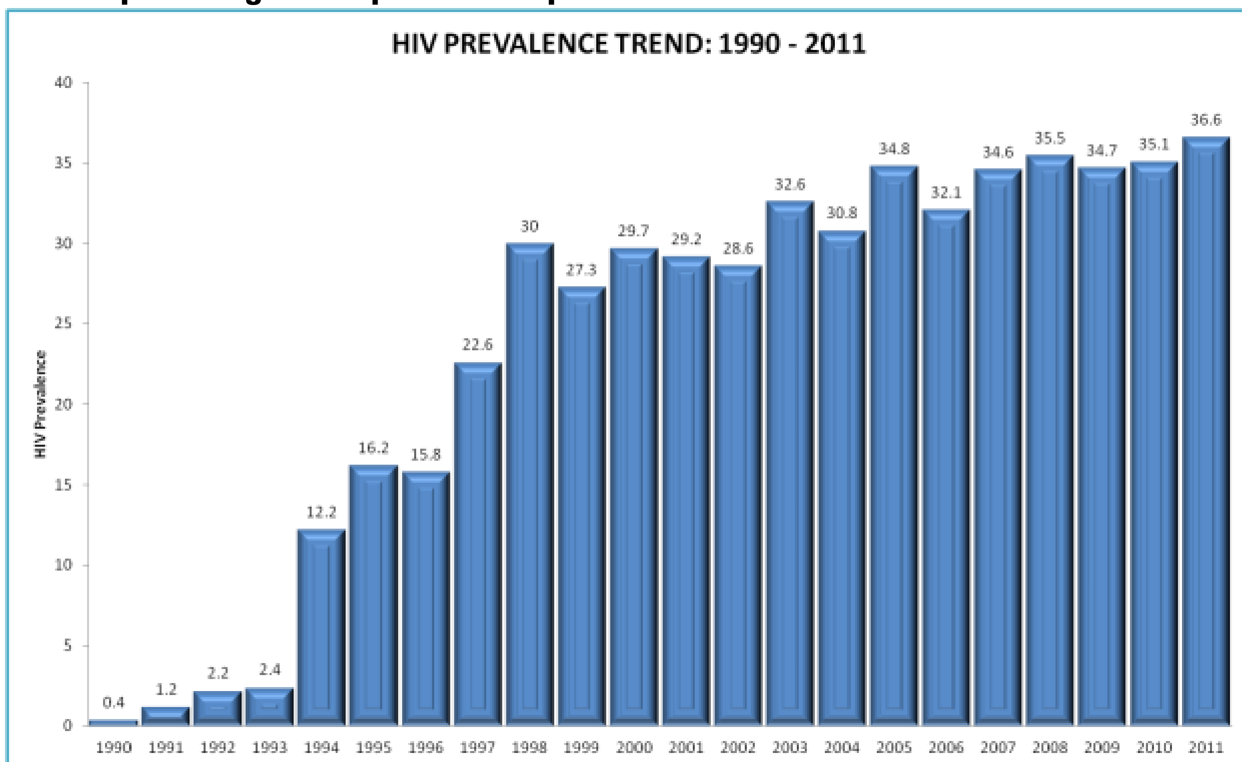


(Source: National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2011)

KwaZulu-Natal has the highest HIV prevalence followed by Mpumalanga, the Free State and Gauteng with overall prevalence greater than 30.0% (Figure 11). Although KwaZulu-Natal has decreased at 39.5% when compared with 2009, Mpumalanga province shows slight increase from 35.1% (2010) to 36.6% (2011).

In 2011, the Mpumalanga provincial HIV prevalence amongst antenatal women was 36.6%, a slight increase from 35.1% in 2010. The Mpumalanga HIV epidemic graph from 1990 to 2011 is shown in Figure 12, below.

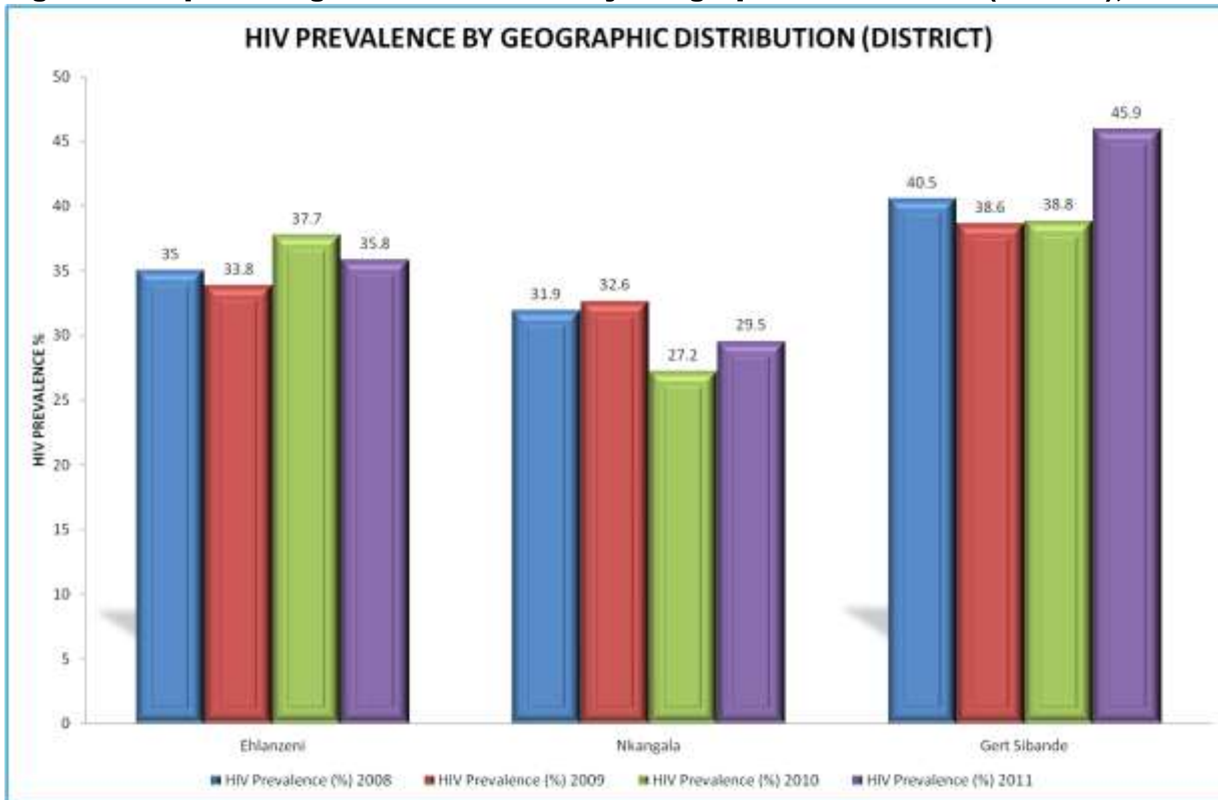
Figure 12: Mpumalanga HIV Epidemic Graph 1990 – 2011



***Source**: Mpumalanga Antenatal Sentinel HIV and Syphilis Prevalence Survey in Mpumalanga, 2011*

The two districts in Mpumalanga, namely Nkangala and Gert Sibande have shown an increase in the HIV prevalence with the exception of Ehlanzeni district. Gert Sibande District recorded highest HIV prevalence among the 52 health districts in the country. This is the first ever highest prevalence to be recorded in this province. The HIV prevalence estimates in all three districts of Mpumalanga are above 26% as reflected in Figure 13 below.

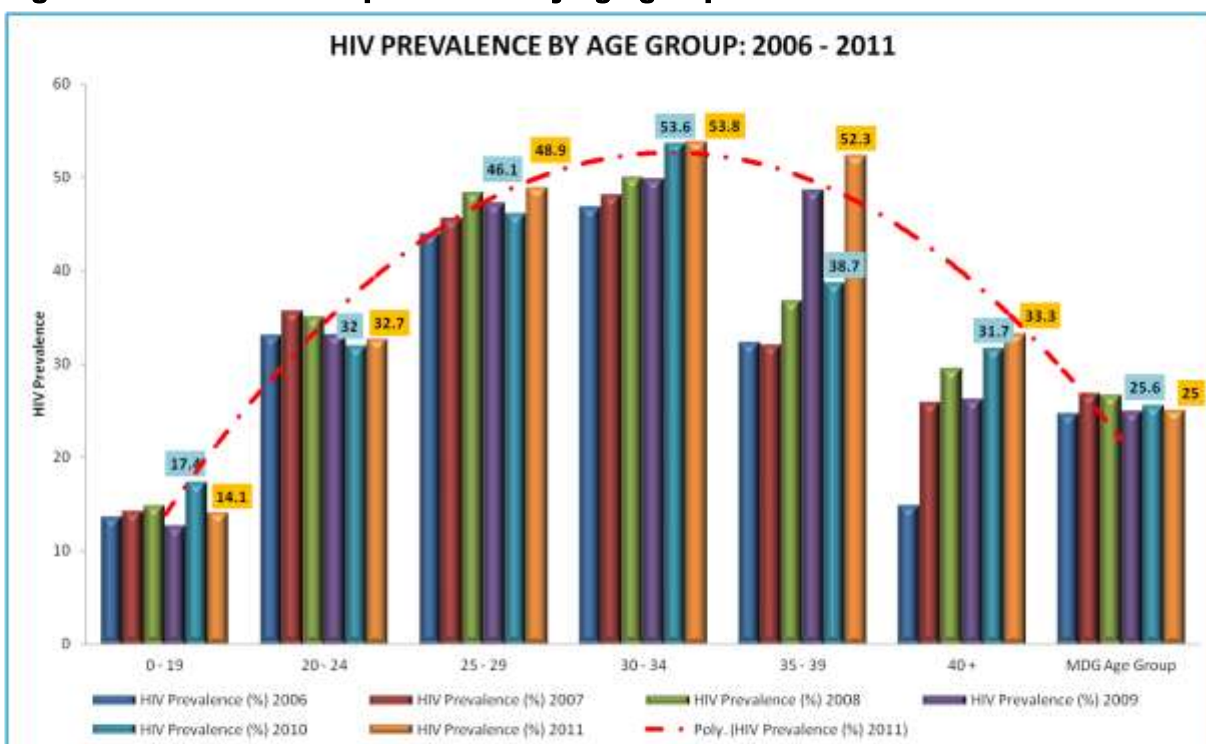
Figure 13: Mpumalanga HIV Prevalence by Geographic Distribution (District), 2008 - 2011



Source: National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2010

In Mpumalanga, the age distribution of pregnant women who participated in the survey, ranged from 15 – 49 years old with some few outliers. The majority of the survey participants were teenagers and young women (15-24 year olds). In 2011, the HIV prevalence among 15-24 year olds (Millennium Development Goal 6, Target 7) remained the second highest following KwaZulu Natal in this age group, from 25.6% in 2010 to 25.5 in 2011 (Figure 14). There was an increase in HIV prevalence among young women in the age group 15-19 years, from 17.4% in 2010 to 14.1% in 2011 (Figure 14).

Figure 14: Illustrate HIV prevalence by age group



4.5.3.4 TB MANAGEMENT

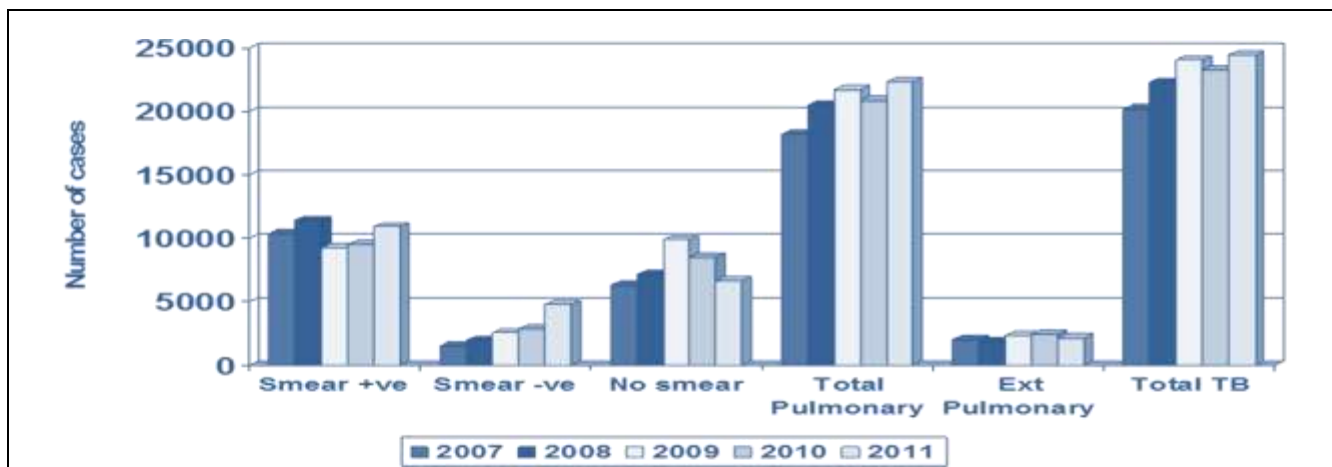
According to the World Health Organisation (WHO) estimates, South Africa ranks the third highest in the world in terms of the TB burden (i.e. after India and China) with an incidence that increased by 400% over the past 15 years. HIV is fuelling the TB epidemic with more than 70% of TB patients also living with HIV nationally.

Tuberculosis is both a medical condition and a social problem linked to poverty-related conditions. Townships and informal settlement conditions are characterised by overcrowding and low-socio economic status, all of which provide fertile ground for TB infection and disease. It is estimated that approximately 1% of the South African population develops TB disease every year.

Due to late detection, poor treatment, management and failure to retain TB patients on treatment, drug resistant forms of TB (MDR-TB and XDR-TB) have increased significantly. The combination of TB, HIV and DR TB has led to a situation where TB is the number one common cause of death among infected South Africans.

In Mpumalanga, an increase was recorded in the number of TB case findings from 23 312 in 2010, to 24 451 in 2011. Of these, 11 526 were from Ehlanzeni, 7 186 from Gert Sibande and 5 739 from Nkangala district as represented in Figures 15 and Table 7, respectively.

Figure 15: Mpumalanga TB Case Findings: 2007 to 2011



Source: Mpumalanga TB Database (ETR.Net)

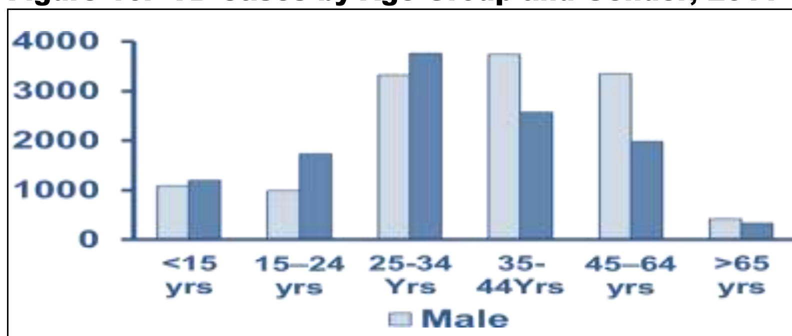
Table 7: TB Case Finding per District, 2011

Districts	Pulmonary Tuberculosis				Bacteriological Coverage	Extra Pulmonary TB	TOTAL
	Smear Positive	Smear Negative	No Smear	Total			
Ehlanzeni	5 030 (49.4%)	2 236 (21.9%)	2 922 (28.7%)	10 188	76.1%	1 338 (11.6%)	11 526
Gert Sibande	2 887 (42.9%)	1 160 (17.2%)	2 689 (39.9%)	6 736	63.6%	450 (6.3%)	7 186
Nkangala	2 996 (55.4%)	1 387 (25.7%)	1 022 (18.9%)	5 405	84.3%	334 (5.8%)	5 739
TOTAL	10 913 (48.9%)	4 783 (21.4%)	6 633 (29.7%)	22 329	74.3%	2 122 (8.7%)	24 451

Source: Mpumalanga TB Database (ETR.Net)

The highest number of TB cases in 2011 were recorded in the 25-34 year old female age group and the 35-44 year old male age group as represented in Figure 16 below.

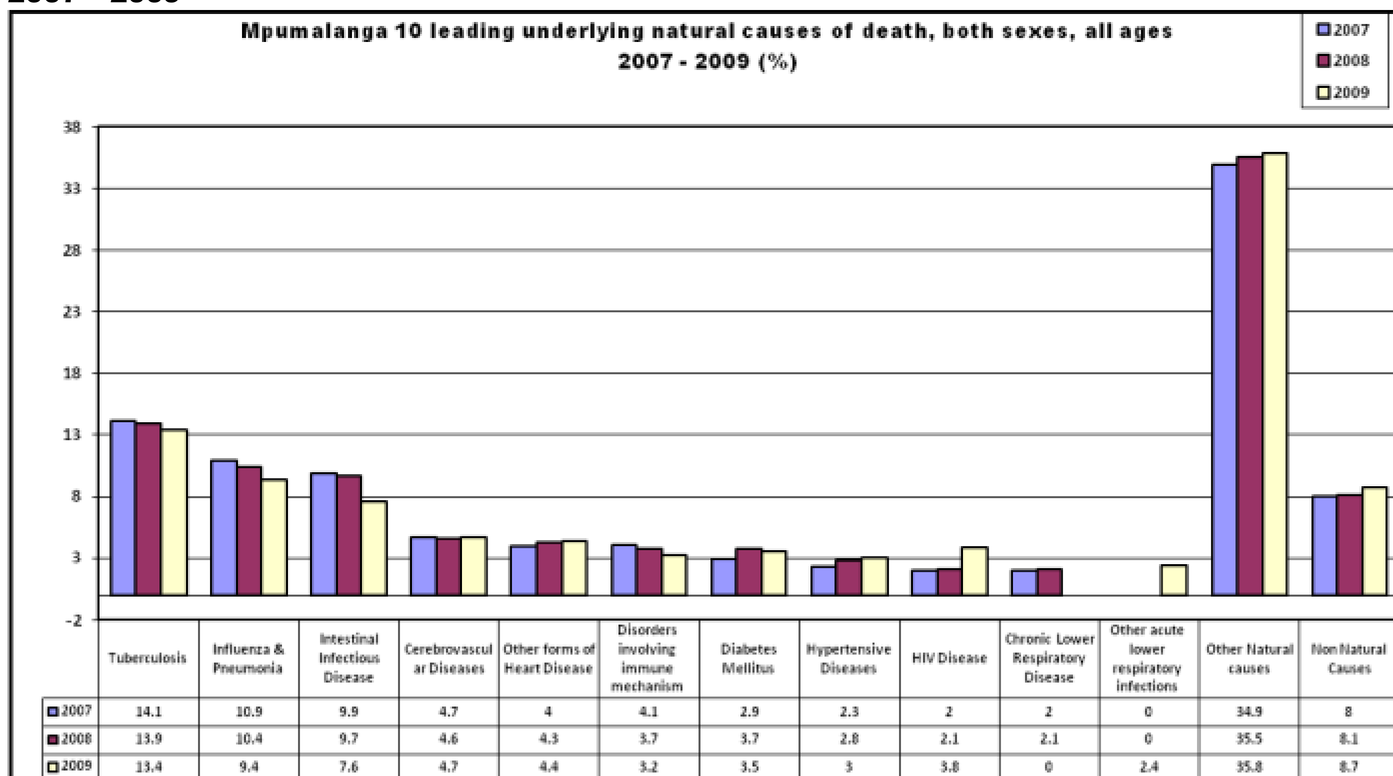
Figure 16: TB Cases by Age Group and Gender, 2011



***Source**: Mpumalanga TB Database (ETR Net)*

According to the "Findings of the Mortality and Causes of Death in South Africa Report, 2009" released by Statistics South Africa, tuberculosis continued to be the most commonly mentioned cause of death on death notification forms, as well as the leading underlying natural cause of death in the country however, the number of deaths has been decreasing since 2007. Influenza and pneumonia were the second leading cause of death followed by intestinal infectious diseases, cerebro-vascular diseases and other forms of heart disease. HIV was the sixth leading cause of death in Mpumalanga, accounting for 3.8% of all deaths in 2009. This is represented in Figure 17 below.

Figure 17: Mpumalanga 10 Leading Underlying Natural Causes of Death, Both Sexes, All Ages 2007 – 2009



	Tuberculosis	Influenza & Pneumonia	Intestinal Infectious Disease	Cerebrovascular Diseases	Other forms of Heart Disease	Disorders involving immune mechanism	Diabetes Mellitus	Hypertensive Diseases	HIV Disease	Chronic Lower Respiratory Disease	Other acute lower respiratory infections	Other Natural causes	Non Natural Causes
2007	14.1	10.9	9.9	4.7	4	4.1	2.9	2.3	2	2	0	34.9	8
2008	13.9	10.4	9.7	4.6	4.3	3.7	3.7	2.8	2.1	2.1	0	35.5	8.1
2009	13.4	9.4	7.6	4.7	4.4	3.2	3.5	3	3.8	0	2.4	35.8	8.7

(Source: Statistic s SA: Mortality and Causes of Death in South Africa, 2007, 2008, 2009: Findings from Death Notification Prevalence)

The leading causes of death in the cohort of 15-49 years of age in Mpumalanga are Tuberculosis, Influenza and Pneumonia, Intestinal Infectious Diseases, Certain disorders involving the immune mechanism, with HIV as the 4th leading cause of death in this age group. Men are dying more from non-natural causes whilst females are dying mostly from natural causes. Table 8 shows the underlying non-natural causes of death for 2008 and 2009 in Mpumalanga Province.

Table 8: Mpumalanga Underlying Non-natural Causes of Death, 2008 to 2009

	2008		2009	
Causes of death*	**Number**	**Percentage**	**Number**	**Percentage**
Other external causes of accidental injury	2 922	75,3	3 373	84,9
Event of undetermined intent	123	3,2	79	2,0
Transport Accidents	521	13,4	330	8,3
Assault	198	5,1	125	3,1
Complications of medical and surgical care	47	1,2	38	1,0
Intentional self-harm	65	1,7	24	0,6
Sequelae of external causes of morbidity and mortality	5	0,1	2	0,1
Subtotal	**3 881**	**100,0**	**3 971**	**100,0**
Non-natural causes	3 881	8,1	3 971	8,7
Natural causes	43 770	91,9	41 732	91,3
All causes	**47 651**	**100,0**	**45 703**	**100,0**

**based on the Tenth Revision, International Classification of Diseases, 1992*
***Source**: Statistics SA: Mortality and Causes of death in South Africa, 2008: Findings from Death Notification*

4.6 PROVINCIAL SERVICE DELIVERY ENVIRONMENT

The department will continue its work on the four key strategic outputs as part of the Negotiated Service Delivery Agreement (NSDA) signed off with the Honourable Premier, which are as follows:

Output 1: Increasing Life Expectancy
Output 2: Decreasing Maternal and Child Health
Output 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis
Output 4: Strengthening Health System Effectiveness

As the Department strives to realize **Outcome 2**, which is to deliver "**A Long and Healthy Life for all South Africans**", an implementable programme has been developed containing specific interventions towards achieving the Department's outputs. The department has also finalized the Mpumalanga Service Delivery Agreement in consultation with key Departments and stakeholders.

OUTPUT 1: INCREASING LIFE EXPECTANCY

The lifestyle of the citizens of Mpumalanga, coupled with poverty-related socio-economic ills, has resulted in a diminished life expectancy of its citizens between 2005 and 2011 however, has since increased partly due to the implementation of various interventions to increase life expectancy.

The Healthy Lifestyle Policy was developed and thirty five (35) healthy lifestyle support groups were established, reaching 587 598 people during healthy lifestyle interventions. Healthy lifestyle awareness was also created in the three districts during Healthy Lifestyle month in February 2012.

The Health Promoting Schools (HPS) programme was strengthened in the three districts through the Health Promoting School/SA Sugar Association collaborative project which targeted HPSs in the Comprehensive Rural Development Programme (CRDP) areas. The project included training on nutrition of 254 Grades 5 and 6 life-orientation educators, English educators and school health teams. A comprehensive and integrated document containing more than fifty (50) health promotion messages, was developed to standardize health promotion education in the province.

The number of PHC facilities providing Anti-retroviral (ARV) treatment increased from 161 in 2010/11 to 271 in 2011/12. The number of patients on ART, increased from 111 404 in 2010/11 to 144 069 (132,070 adults and 11,999) in 2011/12.

The department is performing well in terms of malaria control in the country. The Malaria Control Strategy which uses indoor residual spraying, is the main intervention to protect communities at risk and the department was able to decrease the incidence of malaria from 0.41 per 1000 in 2010/11 to 0.29 per 1000 in 2011/12. The case fatality rate has improved from 0.71% in 2010/11 to 0.41% in 2011/12. The Department is continuing with case management, training of health care professionals and education of communities to seek early treatment.

OUTPUT 2: DECREASING MATERNAL AND CHILD MORTALITY

The continued unnecessary deaths of mothers and children due to complications that arise as a result of pregnancy and child birth, is still a worrying factor. To deal with the high mortality in the province, the number of facilities which review maternal and perinatal deaths, increased from 45% in 2010/11 to 100% in 2011/12. The number of facilities providing Basic Antenatal Care (BANC) increased from 203 in 2010/11 to 270 in 2011/12.

There was a slight improvement in the antenatal visits before 20 weeks, which shows and increase from 6% in 2010/11, to 37.5% in 2011/19. The antenatal clients initiated on AZT increased from 80.2% to 91%.

Programme priorities within the Integrated Nutrition Programme aiming at reducing maternal, infant and child mortality, included amongst others breastfeeding, advocacy, support and promotion. Two main interventions which aim to support and promote breastfeeding as key child survival strategies, i.e. the Mother and Baby Friendly Initiative (MBFI) and Kangaroo Mother Care (KMC), were implemented.

The Immunisation coverage under 1year remains a challenge due to inconsistent supply of vaccines however, the coverage increased from 69.4% in 2010/2011 to 73.9% in 2011/2012. The Pneumococcal Vaccine (PCV) improved from 82.6% in 2010/11 to 91.3% 2011/12 and Rota Virus (RV) from 75.8% in 2010/11 to 91.6% in 2011/12.

OUTPUT 3: COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASE FROM TUBERCULOSIS

According to the latest Antenatal Sentinel HIV and Syphilis Prevalence Survey, HIV prevalence increased from 34.7% in 2009 to 35.1% in 2012, second to KwaZulu Natal with the highest prevalence of 39.5% for 2010. Our Districts, Gert Sibande which showed an increase from 38.2% (2009) to 38.8% (2010) and Ehlanzeni from 33.8% (2009) to 37.7% were recorded 6th and 7th highest prevalence among the 52 health districts in the country whilst Nkangala showed a decline from 32.6% (2009) to 27.2% (2010).

All TB and HIV co-infected patients are placed on ARV irrespective of their CD4 count. Interventions targeted at reducing HIV and TB in young people by strengthening support groups and awareness campaigns on HIV and AIDS in schools, are continuing. The department welcomed the adoption of the National Strategic Plan for HIV and AIDS, STI and TB 2012 to 2016 by the South African National AIDS Council (SANAC) which calls for:

- Zero new HIV and TB infections
- Zero new infections due to HIV transmission from mother to child
- Zero preventable deaths from HIV and TB
- Zero discrimination associated with HIV, STIs and TB.

In order to deal with the scourge of HIV and AIDS including Tuberculosis, the department has developed its own Provincial Strategic Plan (PSP) for HIV and AIDS, STI and TB 2012 – 2016 which is aligned to the National Strategic Plan (NSP). An Implementation Plan for HIV, STIs and TB for 2012-2016 is being finalized which will further give impetus to the fight against the scourge of HIV and AIDS.

Condom distribution for both male and female condoms, are being scaled up in the province as an intervention to reduce new infections however, was hindered by a national condom stock out which resulted to 23 208 347 male condoms distributed in 2011/12 compared to 77 933 100 in 2010/11. There was an increase in female condom distribution with 403 000 distributed in 2011/12 compared to 400 000 in 2010/11.

The circumcision programme was launched in November 2010 and to date, the number of Male Medical Circumcision (MMC) high volume, high quality sites increased from 5 to 7 sites; namely Mapulaneng, Tintswalo, Themba, Tonga, Barberton, Piet Retief and Embhuleni hospitals. A total of 9 232 male medical circumcisions have been performed as another intervention to reduce new HIV infections during the year under review, bringing the grand total since inception of the programme, to 14 002.

The number of High Transmission Area intervention sites increased from 60 in 2010/11 to 64 in 2011/12. By the end of March 2012 the department was paying stipends to 816 Lay Counsellors and 73 mentors totalling to 889. The Prevention of Mother to Child Transmission (PMTCT) program plays a pivotal role in the reduction of transmission of HIV from Mother to Child. This programme is being intensified in all facilities that offer antenatal care. The HAART service points have increased from 158 to 304.

The HCT campaign was launched in 2010. As a preventive measure, the HCT campaign has been intensified in all three Districts and 1 341 386 people have been tested for HIV against 1 095 823 since April 2010 to March 2012. All public health facilities are providing HCT services and the number of non-medical sites offering HCT, increased from 44 sites in 2010/11 to 50 sites in 2011/12.

TB remains the number one cause of death within the province and co-infection with HIV compounds this problem. The TB cure rate decreased from 73.1% (2009) to 72.7% (2010) which is mainly due inadequate patient support and supervision at Community level. The department has embarked in a process of establishing Primary Health Care outreach teams to strengthen management of diseases at community level.

OUTPUT 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS

The National Health Insurance (NHI) is one of ten key priorities of the Health Sector Programme of Action which is being implemented in phases as from the 2012 financial year, over a fourteen year period. The first five years will be a process of building and preparation with the objective to put the necessary funding and health service delivery mechanisms in place that will enable the creation of an efficient, equitable and sustainable health system in South Africa.

There are four key interventions that are taking place simultaneously:

- A **complete transformation** of health care service provision and delivery
- The **total overhaul** of the entire health care system
- The **radical change** of administration and management
- The provision of a comprehensive package of care underpinned by a **re-engineered Primary Health Care**

The National Health Council has adopted list of non-negotiables to ensure that NHI is implemented successfully namely:

- Infection Control Services
- Medicines and Medical Supplies including Dry Dispensary
- Cleaning Materials and Services
- Essential Equipment and Maintenance
- Laboratory Services; NHLS
- Blood Supply and Services
- Vaccines
- Food Services and Related Supplies
- Child Health Services
- Maternal and Reproductive Health Services
- Registrars
- Pilot Districts with full complement of PHC Care Teams
- School Health Services
- District Specialist Teams
- Infrastructure Maintenance
- HIV and AIDS
- Tuberculosis (TB)
- Security Services

These non-negotiables focus on the weaknesses of the South African Health System and address Output 4: Strengthening Health System Effectiveness. No health facility should be found wanting on theses non-negotiables. The department is quite aware of the challenges towards addressing these non-negotiables however, will spare no effort in working tirelessly with other sectors in the delivery on these non-negotiables.

In terms of the key focus areas of the National Health Insurance, the following achievements can be reported:

- **Primary Health Care Re-engineering**

  Eighteen Primary Health Care Outreach Teams have been established in nine (9) sub-districts and seventeen (17) School Health Service Teams was established. The process of appointment of District Specialist Teams has commenced.

- **Quality Improvement in Facilities**

  National Department of Health has completed the facility audit of all the health facilities. The audit report indicates that Mpumalanga's health facilities are not fully compliant with the National Core Standards in terms of patient rights, patient safety, clinical support services, public health, leadership and governance, operational management, facilities and infrastructure. The report also indicates limited compliance in the 6 priorities of the core standards namely, cleanliness, safety and security, waiting times, staff attitudes, infection control and drug supply.

  Quality Improvement Plans to address the challenges raised during the assessment of facilities against compliance of the core standards, were developed and is in the process of being implemented in all hospitals and Primary Health Care Facilities.

- **Human Resource Planning and Development**

  The department developed an Human Resource Plan and benchmarking the Human Resources Strategy to respond to high level skills requirements of the department, is in progress. In our quest to develop human resources within the department with particular reference to nurses, doctors, pharmacists and allied health care professionals, the department provided bursaries aimed at catering for scarce skilled health professionals. A total of 225 new bursaries were awarded and 12 students were recruited in the Cuban Medical Programme. A total of 237 nurse students were enrolled at the Nursing College for a four-year programme and 526 graduated. A total of 4413 health professionals were trained on critical clinical skills and 2623 were trained on generic programmes.

- **Information Management and Systems**

  The National Department of Health established the National Health Information Repository and Data Warehousing (NHIRD) and implementation by the province, has commenced. Data capturers are available at 171 Primary Health Care facilities.

- **Infrastructure Development**

  The Departmental Turnaround Strategy for Health Infrastructure Delivery was developed and approved by National Department of Health and the implementation plan was developed. Posts for technical expertise of health infrastructure were advertised.

  Out of the ten projects on hospitals upgrading and renovation, three were completed and seven are continuing and are at different stages. The main reason for non-completion was that three contractors were terminated and new ones appointed. On the remaining four projects, the contractors were very slow.

- **Medical Devices and Equipment**

  An audit was done in all health facilities, identifying the basic medical devices and equipments required to achieve compliance to the national core standards and six priority areas. A standard equipment list was developed for district hospitals and Primary Health Care facilities and regular maintenance schedules are to be adhered to. To address this challenge, at least one Clinical Engineering Workshop will be available to support each district.

- **Management of Facilities and Health Districts**

  As part of the overhaul of the health system and improvement of its management, hospitals in South Africa have been re-designated as follows: District Hospital, Regional Hospital, Tertiary Hospital, Central Hospital and Specialised Hospital. The National Department of health conducted assessment of all Chief Executive Officers and District Managers. THE CEO posts were advertised and appointments are awaited.

  The bulk of the departmental budget is allocated to Programme 2 to enable service delivery however, more of spending occurs at the district hospital level due to among others, clients bypassing primary health care facilities to district hospitals and under-resourcing of clinics and community health centres.

  PHC supervision is key in improving the quality of health care. The supervision rate has increased from 78.9% (2010/2011) to 97.3% (2011/2012), however the province still has a shortage of 21 out of 47 PHC supervisors. The Department is striving to achieve 100% PHC supervision rate which will also have positive impact on services delivered by 2014.

Although there is an improvement in PHC headcount, the OPD headcount at district hospitals and the PHC utilisation rate remains a challenge for the department. Level two and three hospitals are also experiencing an influx of level one patients due to the poor implementation of the Referral Policy. To address this challenge, the department has developed a model for delivery of Primary Health Care services that focuses on health promotion and disease prevention, in collaboration with key stakeholders.

Over the period of three years, the department has managed to establish hospital boards in 21/23 hospitals and clinic committees in 263/278 PHC facilities. However most of the existing structures will be expiring at the end of 2011/12 financial year, and this needs that new structures be established in the 2012/13 financial year.

The pharmaceutical services have been experiencing challenges from the second quarter of 2011/2012 financial year, which impacted negatively on the supply of pharmaceutical items. The reduction of EDL from 89% in 2010/2011 to 85% during the year under review is a challenge. This is mainly due to vacant management posts at the Medical Depot however, vacant posts will be advertised.

TABLE A2: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator	2009/10 (actual)	2010/11 (actual)	2011/12 (actual)	2012/13 (estimate)
PHC headcount - Total	7,951,818	7,625,505	8 767 554	Not in Plan
OPD Headcount - new case not referred*	No Data*	33,184	Not in Plan	Not in Plan
Separations District Hospitals	156,614	301,458	191 714	158 604
Separations Regional Hospitals	57,500	109,315	63,507	64 000
Separations Tertiary/ Central Hospitals	16,020	55,344	31 294	19,000

***Source**: DHIS*

*No data was available from DHIS for 2009/10 as reporting on the indicator only started in 2010/11

TABLE A3: REVIEW OF PROGRESS TOWARDS THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) AND PROGRESS REQUIRED BY THE UNITED NATIONS IN 2015

MDG GOAL	TARGET	INDICATOR	MPUMALANGA BASELINE 2009/10	MPUMALANGA PROGRESS MADE DURING 2011/12	SOURCE OF DATA	MPUMALANGA REQUIRED PROGRESS BY 2015
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	Prevalence of underweight in children (under 5 years of age)	• Not gaining weight rate under 5 years : 0.9%	Not gaining weight rate under 5 years : 0.6%	District Health Information System (DHIS)	Not gaining weight under 5 years: 1/1000
		Incidence of severe malnutrition in children (under 5 years of age).	• Severe malnutrition under 5 years incidence: 5.3 per 1000	Severe malnutrition under 5 years incidence: 4.5 per 1000		Severe malnutrition under 5 years incidence: 4/1000
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate.*	Under five Facility Mortality Rate 6.5 per 1000 live births (2009 DHIS)	Facility Under 5 Mortality Rate: 5.9 per 1000 live births (2011 DHIS)	District Health Information System (DHIS)	Under-five facility mortality rate reduced to 5 (or less) 1000 live births
		Infant mortality rate.*	Facility Infant Mortality Rate 8.9 per 1000 live births (2009 DHIS)	Facility Under 1 Mortality Rate: 9.7 per 1000 live births (2011 DHIS)		Facility Infant Mortality Rate reduced to 7.5 per 1000 live births
		Proportion of one year old children immunized against measles	95,5% Measles Immunisation Coverage under 1 year.	93.7% Measles Immunisation Coverage under 1 year.	District Health Information System (DHIS)	100% of one year old children immunized against measles.
Goal 5: Improve Maternal Health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal Mortality Ratio*	Maternal Mortality Ratio 157 per 100 000 live births (2009 DHIS)	Maternal Mortality Ratio 196.3 per 100 000 live births	National Confidential Enquiries into Maternal Deaths	Maternal Mortality Ratio 117 per 100 000 live births
		Proportion of births attended by skilled health personnel.*	No Baseline	30.2% of births attended by skilled health personnel	SADHS 2003	100% of births attended by skilled health personnel.
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS.	HIV prevalence among 15- to 24-year-old pregnant women.	HIV Prevalence among 15-24 year olds: 25.0% HIV Prevalence among 15-19 years: 12.9%	HIV Prevalence among 15-24 year olds: 25.6% HIV Prevalence among 15-19 years: 17.4%	National HIV and Syphilis Prevalence Survey of South Africa, 2010 and 2011	18% of the youth aged between 15 and 24 years.

MDG GOAL	TARGET	INDICATOR	MPUMALANGA BASELINE 2009/10	MPUMALANGA PROGRESS MADE DURING 2011/12	SOURCE OF DATA	MPUMALANGA REQUIRED PROGRESS BY 2015
		Contraceptive Prevalence Rate*	27% Contraceptive Prevalence Rate	32.9%% Contraceptive Prevalence Rate	SADHS 2003	40% Contraceptive Prevalence Rate
	Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases.	Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS).	64.5% TB Cure Rate (2008)	72.7% TB Cure Rate (2010)	ETR.net	85% TB Cure Rate

* *Data are not frequently available. Empirical data are available from the South African Demographic Health Survey, which is conducted every 5 years*

The Medium Term Strategic Framework (MTSF) for National Government for the period 2009 – 2014

The Medium Term Strategic Framework is a statement of government intent that identifies the development challenges facing South Africa with a medium-term strategy to improve the living conditions of South Africans.

One of government's major goals in the **Medium Term Strategic Framework (MTSF) for 2009 –** 2014 is to improve the health profile of all South Africans. The MTSF identifies the following five developmental objectives:

1) Halve poverty and unemployment by 2012;
2) Ensure a more equitable distribution of the benefits of economic growth and reduce inequality;
3) **Improve the nation's health profile and skills base and ensure universal access to basic services;**
4) Build a nation free of all forms of racism, sexism, tribalism and xenophobia;
5) Improve the safety of citizens by reducing incidents of crime and corruption.

Linked to the five over-arching objectives, the MTSF has outlined ten priority areas that are intended to give effect to these strategic objectives. Within this framework, the overall objective is to implement a comprehensive strategy that will meet the development needs of all South Africans. The table below, demonstrates how the **Millennium Development Goals (MDGs)** have been domesticated into the current priority area of government:

STRATEGIC PRIORITY	MTSF STRATEGIC ELEMENTS	ALIGNMENT TO MDGs
1	Speeding up growth and transforming the economy to create decent work and sustainable livelihoods.	MDGs 1, 2, 3 and 8
2	Massive programme to build economic and social infrastructure.	MDGs 1, 3 and 8
3	Comprehensive rural development strategy linked to land and agrarian reform and food security.	MDGs 1, 3 and 8
4	Strengthen the skills and human resource base.	MDG 2
5	**Improve the health profile of all South Africans.**	**MDG s 4, 5, and 6**
6	Intensify the fight against crime and corruption.	MDGs 2 and 3
7	Build cohesive, caring and sustainable communities.	MDGs 2, 3 and 7
8	Pursuing African advancement and enhanced international cooperation.	MDG 8
9	Sustainable resource management in use.	MDGs 2, 3 and 7
10	Building a developmental state, including improvement of public services and strengthening democratic institutions.	MDGs 1, 3, 7 and 8

In light of the developmental challenges facing the country, Government has adopted an outcomes based approach to service delivery and performance management. As part of this approach, the following twelve key outcomes have been identified to be achieved during this term of office as articulated in the revised **Medium Term Strategic Framework (MTSF for 2009-2014):**

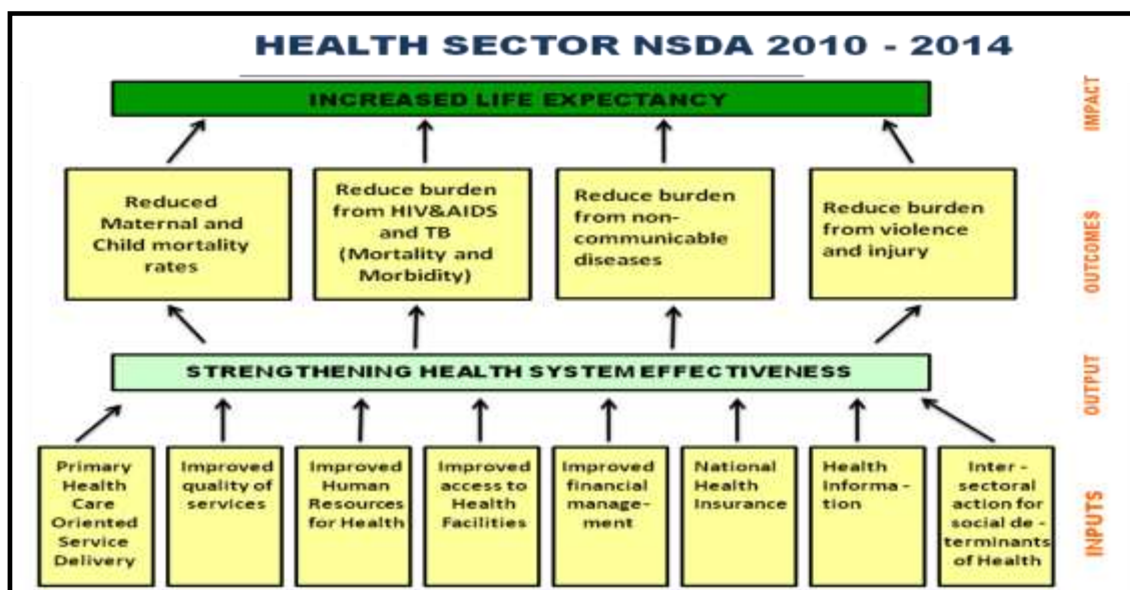
1) Improved quality of Basic Education.
2) A long and healthy life for all South Africans.
3) All people in South Africa are and feel safe.
4) Decent employment through inclusive economic growth.
5) A skilled and capable workforce to support an inclusive growth path.
6) An efficient, competitive and responsive economic infrastructure network.
7) Vibrant, equitable, sustainable rural communities contributing towards food security for all.
8) Sustainable human settlements and improved quality of household life.
9) Responsive, accountable, effective and efficient Local Government System.
10) Protect and enhance our environmental assets and natural resources.
11) Create a better South Africa, a better Africa and a better world.
12) An efficient, effective and development oriented public service and an empowered, fair and inclusive citizenship.

The health sector is leading and harnessing the efforts to achieve **Outcome 2: "A long an healthy life for all South Africans".** The strategic thrust of the health sector will be centred around the four outputs of the **Negotiated Service Delivery Agreement (NSDA) 2010-2014**, which are as follows:

Output 1: Increasing Life Expectancy
Output 2: Decreasing Maternal and Child Mortality
Output 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis
Output 4: Strengthening Health System Effectiveness

These four outputs can be stratified into four layers i.e. inputs, outputs, outcomes and impact. The impact the country seeks to attain, is to increase the life expectancy for all South Africans. Improving health outcomes such as infant and child mortality rates, morbidity and mortality from HIV and AIDS and Tuberculosis, will contribute to enhancing life expectancy. The foundation on which successful interventions can be built to improve health outcomes, is by strengthening the effectiveness of the health system, as illustrated in the figure below:

Health Sector Negotiated Service Delivery Agreement 2010 – 2014



***Source**: National Department of Health NSDA*

In addition to the changes in policy direction by government, the **National Development Plan (Vision for 2030)** was published on 11 November 2011 as a step in the process of charting a new path for the country. By 2030, government seeks to eliminate poverty and reduce inequality in order to change the lives of the people of South Africa. According to Chapter 10 of this plan, "Promoting Health", **the vision for health for South Africa by 2030** is as follows:

- men and women has a life expectancy rate of at least 70 years;
- the generation of under-twenty is largely free of HIV;
- the quadruple burden of disease has been radically reduced compared to the two previous decades;
- an infant mortality rate of less than 20 deaths per 1000 live births and an under five mortality rate of less than 30 per 1000 live births;
- there has been a significant shift in equity, efficiency, effectiveness and quality of health care provision;
- universal coverage is available, and
- the risks posed by the social determinants of disease and adverse ecological factors have been reduced significantly.

In order to achieve the vision for health for South Africa by 2030, quality health care needs to be provided in terms of the following areas

- Broaden coverage of antiretroviral treatment to all HIV-positive people;
- Speed up training of community specialists in medicine, surgery including anaesthetics, obstetrics, paediatrics and psychiatry;
- Recruit, train and deploy community health workers to implement community-based health care;
- Set minimum qualifications for hospital managers and ensure that all managers have the necessary qualifications;
- Implement national health insurance in a phased manner;
- Promote active lifestyles and balanced diets, control alcohol abuse and health awareness to reduce non-communicable diseases.

4.6.1 NATIONAL HEALTH SYSTEMS (NHS) PRIORITIES FOR 2009-2014: THE 10 POINT PLAN

TABLE A4: NATIONAL HEALTH SYSTEMS PRIORITIES FOR 2009-2014 (THE 10 POINT PLAN)

The health sector's 10 Point Plan for 2009-2014 has served as an important overaching and macro framework for overhauling the health system, to enhance its capacity to improve health outcomes and to harness focused interventions towards the Millennium Development Goals (MDGs). The following table outlines the ten priorities and key activities for the health sector:

PRIORITY	KEY ACTIVITIES
1. Provision of Strategic leadership and creation of Social compact for better health outcomes	• Ensure unified action across the health sector in pursuit of common goals
	• Mobilize leadership structures of society and communities
	• Communicate to promote policy and buy in to support government programs
	• Review of policies to achieve goals
	• Impact assessment and program evaluation
	• Development of a social compact
	• Grassroots mobilization campaign
2. Implementation of National Health Insurance (NHI)	• Finalisation of NHI policies and implementation plan
	• Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation
3. Improving the Quality of Health Services	• Focus on 18 Health districts
	• Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation
	• Consolidate and expand the implementation of the Health Facilities Improvement Plans
	• Establish a National Quality Management and Accreditation Body
4. Overhauling the health care system and improving its management	• Identify existing constitutional and legal provisions to unify the public health service; • Draft proposals for legal and constitutional reform
	• Development of a decentralised operational model, including new governance arrangements
	• Training managers in leadership, management and governance
	• Decentralization of management
	• Development of an accountability framework for the public and private sectors
5. Improved Human Resources Planning Development and Management	• Refinement of the Human Resources plan for health
	• Re-opening of nursing schools and colleges
	• Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals
	• Specify staff shortages and training targets for the next 5 years
	• Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG)
	• Manage the coherent integration and standardisation of all categories of Community Health Workers
6. Revitalization of infrastructure	• Urgent implementation of refurbishment and preventative maintenance of all health facilities
	• Submit a progress report on Revitalization
	• Assess progress on revitalization
	• Review the funding of the Revitalization program and submit proposals to get the participation of the private sector to speed up this program

PRIORITY	KEY ACTIVITIES
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	• Implementation of PMTCT, Paediatric Treatment guidelines • Implementation of Adult Treatment Guidelines • Urgently strengthen programs against TB, MDR-TB and XDR-TB
8. Mass mobilisation for the better health for the population	• Intensify health promotion programs
	• Strengthen programmes focusing on Maternal, Child • and Women's Health
	• Place more focus on the programs to attain the Millennium Development Goals (MDGs)
	• Place more focus on non-communicable diseases and patients' rights, quality and provide accountability
9. Review of drug policy:	• Complete and submit proposals and a strategy, with the involvement of various stakeholders
	• Draft plans for the establishment of a State-owned drug manufacturing entity
10. Strengthening Research and Development	• Commission research to accurately quantify Infant mortality
	• Commission research into the impact of social determinants of health and nutrition
	• Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines

4.6.2 MPUMALANGA DEPARTMENT OF HEALTH PRIORITIES

Mpumalanga Department of Health has adopted the four strategic outputs as its strategic goals with the following strategic priorities/objectives to be achieved over the 2012-2014 period:

STRATEGIC GOAL	STRATEGIC PRIORITIES / OBJECTIVES
1. Increasing Life Expectancy **2. Decreasing Maternal and Child Mortality**	Mass mobilisation for better health outcomes by implementing interventions to increase life expectancy and decrease maternal and child morbidity and mortality.
3. Combating HIV and AIDS and decreasing the burden of disease from TB	Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections (STIs) Strategic Plan and reduction of mortality due to TB and associated diseases.
4. Strengthen Health System Effectiveness	Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.
	Improving Human Resources Planning, Development and Management.
	Strengthening the revitalisation and maintenance of health infrastructure, including the delivery of Information Communication Technology infrastructure.

4.6.3 MPUMALANGA CONTRIBUTION TOWARDS HEALTH SECTOR NEGOTIATED SERVICE DELIVERY AGREEMENT

Government has agreed on 12 key outcomes as the key indicators for its Program of Action for the period 2010 to 2014. Relevant to the Health Sector in Outcome 2 which prioritise the improvement of the health status of the entire population and therefore, contribute to the vision of "A Long and Healthy Life for all South Africans". The Negotiated Service Delivery Agreement is a charter that reflects the commitment of key sectoral and intersectoral partners, linked to the delivery of the identified inputs. The department will also continue its work on the four key strategic outputs as part of the Negotiated Service Delivery Agreement signed off with the Honourable Premier of Mpumalanga province.

OUTPUT 1: INCREASING LIFE EXPECTANCY

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
1. Increasing life expectancy from 49.6 years to 58 years for males and 50.3 years to 60 years for females	Decrease the incidence of malaria per 1000 population at risk.	0.37 per 1000 population	0.2 per 1000 population	0.3 per 1000 population	54,490	COGTA, DHS, NICD DIRCO and DoE
	Establish additional household community components (HHCC) of Integrated Management of Childhood Illness (IMCI) in three districts	83	170	15 (cumulative 155)	57	COGTA, DHS, DARDLA, NICD and DoE
	Increase the response time of P1 calls to less than 15 minutes in urban areas, in 85% of calls received.	80	85	85	238,000	COGTA, DHS,DPWRT, NICD and DoE
	Increase the response time of P1 calls to less than 40 minutes in rural areas, in 70% of calls received.	6085	75	70		COGTA, DHS,DPWRT, NICD and DoE
	Increase the number of dedicated obstetric ambulances.	0	8	7	1,356	COGTA, DHS,DPWRT, NICD and DoE

OUTPUT 2 : DECREASE MATERNAL AND CHILD MORTALITY

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
2. Decrease maternal and child mortality	Reduce maternal mortality ratio from 157 to 117 (or less) per 100 000 live births	157 per 100 000 live births	117 per 100 000 live births	150 per 100 000 live births	1,717	COGTA, DHS,DPWRT, NICD, DoE, DSD, DoE, OTP and DHS
	Increase the percentage of pregnant women booking for antenatal care before 20 weeks gestation.	33%	43%	39%		MPAC Stakeholders Business Organized Labour Civil Society, NGOs DSD, DoE, COGTA
	Strengthen facilities which review maternal and perinatal deaths.	92.8%	100%	100%		MRC
	Increase the number of facilities providing Basic Antenatal Care (BANC)	185	278 (100%)	279		MCR
	Increase the number of designated health facilities providing Choice of Termination of Pregnancy	7	17	14		Ipas DSD DoE COGTA
	Reduce child mortality rate from 6.4 to 5 (or less) per 1000 live births.	6.5 per 1000 live births	5 (or less) per 1000 live births	5 per 1000 live births	1,698	DSD, DoE, COGTA, DARDLA
	Increase the immunization coverage of children under one year of age.	76%	90%	90%	6,867	DoH

OUTPUT 3: COMBAT HIV AND AIDS & STI'S AND DECREASE THE BURDEN OF DISEASE FROM TUBERCULOSIS

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
	Increase the TB Cure Rate.	73.1%	85%	80%	12,671	MPAC Stakeholders Business Organized Labour Civil Society, NGOs
	Reduce the TB Defaulter Rate.	6.9%	<5%	<6%	1,147	
	Increase the total number of patients (children and adults) on ART.	70 064	237 855 (cumulative)	35 000 (234,481 cumulative)	483,902	MPAC Stakeholders Business Organized Labour Civil Society, NGOs
3. Combating HIV and AIDS & STIs and decreasing the Burden of disease from TB	Increase the percentage of HIV and AIDS & TB co-morbidity patients with a CD4 count of 350 or less, initiated on ART.	100% (2010)	100%	100%		
	Increase the number of facilities providing ART services.	34 facilities	278 PHC facilities and 33 hospitals	279 PHC facilities and 33 hospitals	1,700	MPAC Stakeholders Business Organized Labour Civil Society, NGOs
	Scale up condom distribution for both male and female condoms.	38,943,442 male condoms	15% male condom distribution rate	73,000,000 male condoms	25,376	National Health MPAC Stakeholders Business Organized Labour Civil Society, NGOs
		230,698 female condoms		438,000 female condoms*		

**Female Condoms procured by National Department of Health*

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
…continue	Increase the proportion of pregnant women tested through health care provider initiated counseling and testing (HCT).	95%	98%	97%	60,748	All Dept, Business, Organized Labour, Civil Society, NGOs
	Increase the percentage of public health facilities providing HCT.	100%	100%	100%		
	Increase the number of non-medical sites offering HCT.	25	75	72 (cumulative)		
	Increase the number of male clients medically circumcised.	3500 (2010)	100 000	10 000 (cumulative 60 000)	32,100	
	Increase the number of MMC high volume, high quality sites.	5 sites (2010)	15 sites	15 sites		
	Increase the number of High Transmission Area (HTA) intervention sites.	56 sites	76 sites	72 sites (cumulative)	12,331	
	Increase the STI Partner Treatment Rate.	26.7	34	32	2,020	
	Increase the antenatal client initiated on ART during antenatal care rate.	70.4%	98%	97%	14,414	
	Increase the baby Nevirapine uptake rate.	96%	100%	100%		

OUTPUT 4 : STRENGTHEN HEALTH SYSTEM EFFECTIVENESS

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
4. Strengthen Health System Effectivenes s	Phased in implementation of the National Health Insurance.	Not in Plan	NHI piloted Gert Sibande	1 District Manager and 10 CEOs with delegations Signed contracts with General Practitioners Cost centre accounting available in PHC facilities Trained hospital boards and clinic committees	R4,850	NDOH PHC Chief Directorate Districts
	Number of PHC Outreach Teams established in sub-districts.	0	199 teams (18 sub districts)	58 teams (78 cumulative-14 Sub districts)	55,689	NDOH PHC Chief Directorate Districts
	Number of School Health Service Teams established.	23	121 Teams	28 (65 teams cumulative)	20,000	NDOH PHC Chief Directorate Districts
	% of quintile 1 and 2 primary schools reached through school health services.	0	75	25 (50 cumulative)		DoH and DoE
	Number of District Hospitals supported by District Specialist Teams.	0	23/23	23/23	23,500	PHC Chief Directorate Districts
	Number of NGOs / NPOs funded to provide Community Based Health Services.	199	200	200	71,000	PHC Chief Directorate Districts
	Number of PHC facilities with Pharmacist Assistants	-	100	93/279	867	CD: Corporate services

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
	Number of PHC facilities with Data Capturers appointed.	-	278 (100%)	279/279	18,952	CD: Corporate services
Strengthen Health System Effectiveness	**Quality Improvement Plans in line with the 6 priorities of the core standards.**					
	Number of health facilities compliant to cleanliness criteria.	Not in Plan	278 PHC facilities 23 District Hospitals 3 Regional Hospitals 5 TB Hospitals 2 Tertiary Hospitals	279 PHC facilities 15 District Hospitals 1 Regional Hospitals 5 TB Hospitals compliant to cleanliness criteria.	33,958	All Facilities
	Infection prevention and control practitioners appointed for hospitals.	Not in Plan	33 appointed for 33 hospitals.	21 appointed for 21 hospitals.	2,520	
	Number of PHC facilities and district hospitals compliant to patient safety and security standards.	Not in Plan	279 PHC facilities and 23 district hospitals	279 PHC facilities and 15 district hospitals	3,000	
	Waiting times* reduced in hospitals and PHC facilities.	Not in Plan	4 hours in hospitals 2 hours in PHC facilities.	4 hours in hospitals 2 hours in PHC facilities.	0	
	Availability of tracer drugs and TB & ARV drugs.	Not in Plan	85% tracer drugs 100% TB and ARV drugs	85% tracer drugs 100% TB and ARV drugs	2,506	
	Reduce complaints pertaining to staff attitude to be less than 10% out of the total complaints registered.	Not in Plan	Less than 10% out of total complaints registered.	Less than 10% out of total complaints registered.	1,200	

**The time spent by patients receiving comprehensive care of services at health facilities.*

Output	Indicator/ Measure	Baseline (2009)	5 Year Targets	2013/14 Targets	2013/14 Budget R'000	Key Partners
	Human Resource Plan reviewed and implemented.	0	1	1	400,000	NDOH and DOH
	Number of Medical Officers per 100,000 people	14 (490)	19 (670)	18 (684)	597 946	NDOH & DOE
	Number of Professional Nurses per 100,000 people	89 (3200)	101 (3630)	92 (3496)	1 068 853	NDOH & DOE
	Number of Pharmacists per 100,000 people	3 (120)	6 (210)	5 (190)	96 808	NDOH & DOE
	Number of PHC facilities with accommodation constructed	22 new CHC's/clinic constructed	11 new CHCs and clinics with accommodation constructed	9 constructed[1]	10,313	DPWR & T COGTA HS Eskom
	Number of hospitals under revitalization, under upgrading and renovation.	19 hospitals upgraded.	25 new accommodation unit constructed	3 hospitals upgraded[2]	221,793	DPWR & T Local Municipality Eskom
	Number of hospitals upgraded and/or renovated.			2 hospitals upgraded/ renovated[3]	16,000	
	Number of infrastructure maintenance teams appointed	2	52	50	28,000	DPWR & T, DOE, MRTT
	Number of PHC facilities renovated in Gert Sibande District	0	72	10	20,700	Development Partners, DPWR & T, Private Entities

[1]Hluvukani, Tekwane, Mashishing, Wakkerstroom, Sinqobile, Phola Park, Mbhejeka, Greenside, Tweefontein G
[2]Rob Ferreira, Themba and Ermelo Hospitals
[3]KwaMhlanga and Witbank

4.7 PROVINCIAL ORGANISATIONAL ENVIRONMENT

1. Summary of the Organisational Structure

The organizational structure of the Department was approved on 07 January 2010. The structure was coordinated by DPSA, which worked together with the Departmental task team. During the time of approval of the structure it became evident that the titles of nursing personnel had changed. The structure was approved after the State had commenced with Occupational Specification Dispensation.

The model followed in designing the structure was three (3) fold, i.e. Provincial Office, District Management and Sub-district. The main role of the Provincial Office is to be a strategic partner, policy formulation and overall management, the districts role is to manage the day to day operations at the coal face level and the endorsement role is to be the service delivery machine of the Department.

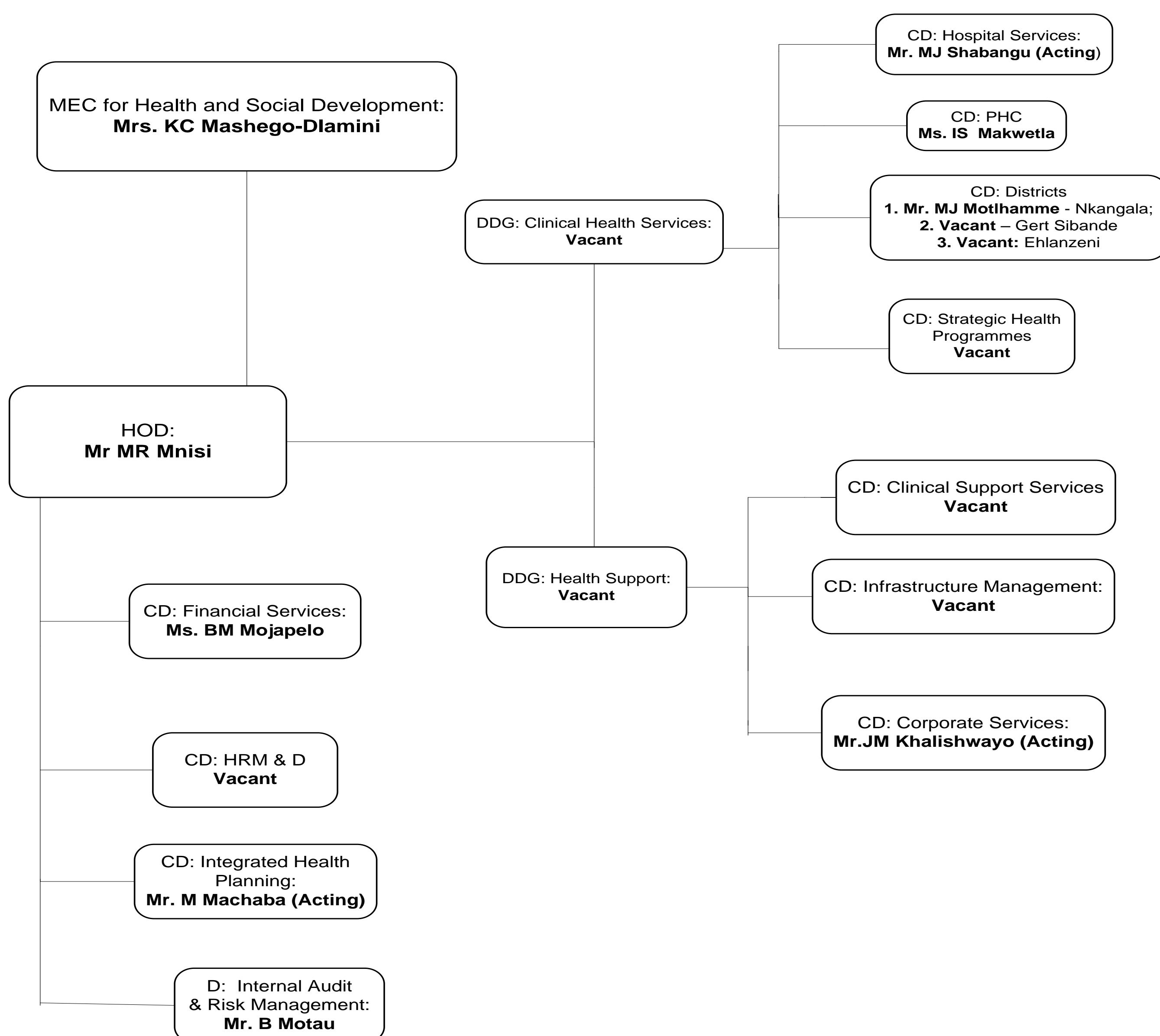


TABLE A 6: PUBLIC HEALTH PERSONNEL IN 2011/12

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people[2]	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member
Medical officers[3]	856	4.6	23.77	No Data	76%		
Medical specialists	67	0.36	1.86	No Data	71%		
Dentists[3]	114	0.61	3.16	No Data	56%		
Dental specialists	0	0	0	No Data	0%		
Professional nurses	4190	22.51	116.38	No Data	54%		
Enrolled Nurses	1666	8.95	46.27	No Data	59%		
Enrolled Nursing Auxiliaries	1863	10.01	51.75	No Data	62%		
Student nurses	970	5.21	26.94	No Data	7%		
Pharmacists[3]	206	1.11	5.72	No Data	78%		
Physiotherapists	66	0.35	1.83	No Data	78%		
Occupational therapists	73	0.39	2.02	No Data	76%		
Radiographers	94	0.50	2.61	No Data	76%		
Emergency medical staff	724	3.89	20.11	No Data	9%		
Nutritionists	See below	See below	See below	No Data	0%		
Dieticians	84	0.45	2.33	No Data	62%		
Community Care-Givers (even though not part of the PDoH staff establishment)	No Data	No Data	No Data	No Data	No Data		
Total							

***Source**: Human Resources - and Finance Reports*

4.8 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

Legislative Mandates

The legislative mandate of the Department is derived from the Constitution and legislation passed by Parliament.

4.8.1 CONSTITUTIONAL MANDATES

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

- Section 27 (1): “Everyone has the right to have access to –
  (a) health care services, including reproductive health care;…
  (3) No one may be refused emergency medical treatment:
- Section 28 (1): “Every child has the right to …basic health care services…”
- Schedule 4, which lists health services as a concurrent national and provincial legislative competence.

4.8.2 LEGAL MANDATES

- **National Health Act (Act No. 61 of 2003)**
  Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the constitution and other laws on the national, provincial and local governments with regard to health services and to provide for matters connected therewith.

- **Pharmacy Act, 1974 (Act No 53 of 1974, as amended in 1997)**
  Provides for the establishment of the South African Pharmacy Council and for its objects and general powers; to extend the control of the council to the public sector; and to provide for pharmacy education and training, requirements for registration, the practice of pharmacy, the ownership of pharmacies and the investigative and disciplinary powers of the council; and to provide for matters connected therewith.

- **Medicines and Related Substance Control Act, 1965 (Act No. 101 of 1965, amended in 1997)**
  Provides the registration of medicines intended for human and for animal use; for the registration of medical devices; for the establishment of a Medicines Control Council; for the control of medicines, Scheduled substances and medical devices; for the control of manufacturers, wholesalers and distributors of medicines and medical devices; and for the control of persons who may compound and dispense medicines; and for matters incidental thereto.

- **Mental Health Care Act, 2002 (Act No. 17 of 2002)**
  Provides a legal framework for the care, treatment and rehabilitation of persons who are mentally ill; to set out different procedures to be followed in the admission of such persons; to establish Review Boards in respect of every health establishment; to determine their powers and functions; to provide for the care and administration of the property of mentally ill persons; to repeal certain laws; and to provide for matters connected therewith.

- **Medical Schemes Act (Act No. 55 of 2001, as amended)**
  Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

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

- **Nursing Act, 1978 (Act No 50 of 1978)**
  Provides for the regulation of the nursing profession. To consolidate and amend the laws relating to the professions of registered or enrolled nurses, nursing auxiliaries and midwives; and to provide for matters incidental thereto.

- **Human Tissue Act, 1983 (Act No 65 of 1983)**
  Provides for the administration of matters pertaining to human tissue.

- **Sterilization Act, 1998 (Act No. 44 of 1998)**
  Provides a legal framework for sterilizations, donation or the advancement of medicine or dentistry in general; for the post- mortem examination of certain human bodies; for the removal of tissue, blood and gametes from bodies of living persons and the use thereof for medical or dental purposes; for the control of the artificial fertilization of persons; and for the regulation of the import and export of human tissue, blood and gametes; and to provide for matters connected therewith.

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

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

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

- **South African Medical Research Council Act, 1991 (Act 58 of 1991)**
  Provides for the establishment of the South African Medical Research Council and its role in relation to health research.

- **South African Medicines and Medical Devices Regulatory Authority Act, 1998 (Act No. 132 of 1998)**
  To provide for the regulation and registration of medicines intended for human and for animal use, for the regulation and registration of medical devices; for the establishment of the South African Medicines and Medical Devices Regulatory Authority; for the control of orthodox medicines, complementary medicines, veterinary medicines, scheduled substances and medical devices; for the repeal of the Medicines and Related Substances Control Act, 1965; the amendment of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947; and for matters incidental thereto.

- **Chiropractors, Homeopaths and Allied Health Professions Second Amendment, Act 50 of 2000**
  To amend the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 and to provide for the imposition of levies by the Council for Medical Schemes; and to provide for matters incidental thereto.

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

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

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

- **Health Donations Fund Repeal (Act no 31 of 2002)**
  Provides for the regulations of health professions in particular, medical practitioners, dentists, psychologists and other related health professions, including community services by these professionals.

- **Health Professions Act, 1974 (Act No. 56 of 1974)**
  Provides the regulation of health professions in particular, medical practitioners, dentists, psychologists and other related health professions, including community services by these professionals.

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

- **Occupational Diseases in Mines and Works Amendment Act, 1993 (Act No 208 of 1993)**
  Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines and for compensation in respect of those diseases.

- **Occupational Health and Safety Amendment Act No. 181 of 1993**
  Provides for the requirements that employers must comply with, in order to create a safe environment for employees in the workplace.

- **Compensation for Occupational Injuries and Diseases Amendment Act (No. 61 of 1997)**
  Provides for compensation disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment and for death resulting from such injuries or diseases.

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

Other legislation in terms of which the Department operates, includes the following:

- **Criminal Procedure Act, 1977 (Act 51 of 1997, Sections 212 4(a) and 212 8(a).**
  Provides for establishing the cause of non-natural deaths.

- **Child Care Act, 1983 (Act 74 of 1983)**
  Provides for the protection of the rights and well-being of children.

- **Public Finance Management Act, 1999 (Act No 1 of 1999 as amended by Act No 29 of 1999)**
  To regulate the financial management in the national government and provincial governments; to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively; to provide for the responsibilities of persons entrusted with financial management in those government; and to provide for matters connected therewith.

- **Division of Revenue Act, 2007 (Act 1 of 2007)**
  Provides for the manner in which revenue generated, may be disbursed.

- **Promotion of Access to Information Act (Act No 2 of 2000)**
  To give effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights; and to provide for matters connected therewith.

- **Promotion of Administrative Justice Act (Act No 3 of 2000)**
  Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

- **Preferential Procurement Policy Framework Act, 2000**
  To give effect to section 217 (3) of the constitution by providing a framework for the implementation of the procurement policy contemplated in section 217(2) of the Constitution; and to provide for matters connected therewith.

- **Broad Based Black Empowerment Act, 53 of 2003**
  Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered and incidental matters.

- **Public Service Act (Act No. 38 of 1999)**
  Provides for the organization and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service and matters connected therewith.

- **Labour Relations Act, 1995 (Act No. 66 of 1995)**
  Advance economic development, social justice, labour peace and democratization of the workplace by fulfilling the primary objects of the Act.

- **Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997)**
  To give effect to the right to fair labour practices referred to in section 23(1) of the Constitution by establishing and making provision for the regulation of basic conditions of employment and thereby to comply with the obligations of the Republic as a member state of the International Labour Organisation; and to provide for matters connected therewith.

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

- **Skills Development Act, 1998 (Act 97 of 1998)**
  Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.

4.8.3 POLICY MANDATES

- Medium Term Strategic Framework 2009 -2014
- National Development Plan (NDP) – Vision for 2030
- National Health Systems Priorities 2009 – 2014 (10 Point Plan)
- Negotiated Service Delivery Agreement
- Mpumalanga Economic Growth Path
- Mpumalanga Strategic Plan for HIV and AIDS, STIs and TB 2012 - 2016
- Integrated Development Plans (IDPs)
- District Health Management Information System Policy (DHMIS), 2011
- White Paper on the Transformation of the Health Sector, 1997
- Treasury Regulations
- Public Service Regulations
- Preferential Procurement Policy Framework Regulations

4.9 OVERVIEW OF THE 2012/13 BUDGET AND MTEF ESTIMATES

Inflation assumptions

Revised inflation projections (CPI) published in the 2011 Medium Term Budget Policy Statement, are 2012/13: 5.9 per cent, 2013/14: 5.3 per cent, 2014/15: 4.9 per cent and 2015/16: 4.6 per cent

Personnel adjustments and policy priorities

This year's fiscal framework is tight and the carry-through costs of the current wage agreement imply very limited available resources for reallocation towards supporting the economy, investing in infrastructure and moderating growth in interest costs. In order to allow for additional resources to be allocated towards priority expenditures, preserve our fiscal credibility, and allow for rising capital spending, it is advised that provincial departments of health and education (accounting for 87 per cent of provincial employment) should enjoy priority in personnel spending adjustments. Other provincial departments may need to find resources to implement the wage agreement through the reprioritization of existing resources. Indications are that this will be possible, without significant disruption to existing service delivery.

Departments must ensure that budgets provide for the full implication of personnel-related costs, including improved condition of service, as well as the policy priorities.

These allocations are in accordance with the Collective Wage Settlement for the 2012/13 financial. It is urged that you familiarize yourself with the contents of this agreement to ensure that your province budgets properly for all personnel related costs flowing from this agreement.

Personnel inflation related adjustments

In preparing budgets for the 2012 MTEF, departments should be advised to budget for personnel budgets growth in non-SMS, SMS, and public entity wages.

Current projections for cost of living adjustments to payroll remuneration are:

2012/13 – 7 per cent with effect from 1 May 2012
2013/14 – CPI plus 1 per cent
2014/15 – CPI plus 1 per cent
2015/16 – CPI

New conditional grants

Nursing Colleges Grant

The Nursing Colleges Grant has been created by reducing the baseline of the Health Infrastructure Grant for the refurbishment and upgrading of nursing colleges. The National Department of Health will play an active role in the planning, packaging and procurement of projects funded through this grant.

National Health Insurance Grant

The National Health Insurance Grant will fund ten National Health Insurance (NHI) pilots. These are aimed at strengthening primary health care as the platform on which the NHI will be implemented. The purpose of the pilots is to test the feasibility of policy proposals in the NHI Green Paper and models of delivery such as district-based clinical specialist support teams; school-based primary health care services; municipal ward-based primary health care agents; general practitioner services where such services are not available at a primary care clinic and allied health professional services (dentistry, pharmacy, optometry, physiotherapy, etc.) but where such services are needed in the district due to the burden of disease. It is anticipated that the funds allocated for 2012/13, which is R15 million per pilot, will be used for planning.

Table A7: Expenditure Estimates

Programmes	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Administration	159,653	171,467	189,758	227,344	210,870	219,928	229,863
District Health Services	3,060,488	3,591,912	4,015,236	4,419,182	4,830,351	5,141,175	5,541,270
Emergency Medical Services	186,838	256,949	241,627	264,649	285,827	302,675	321,426
Provincial Hospital Services	680,894	802,369	855,977	894,447	1,003,924	1,060,862	1,122,457
Central Hospital Services	625,754	708,712	700,731	758,005	827,337	879,943	964,099
Health Sciences and Training	194,561	199,311	221,892	265,945	252,034	270,417	275,573
Health Care Support Services	75,105	80,759	117,363	113,336	121,583	129,760	135,680
Health Facilities Management	640,213	541,149	632,023	706,382	552,579	587,916	626,002
Total	**5,623,506**	**6,352,628**	**6,974,607**	**7,649,290**	**8,084,505**	**8,592,676**	**9,216,370**

The table above indicates a slow increase of 8% for the whole department and services delivery programmes show an average increase of 9% with include District Health Services, Emergency Medical Services, Provincial Hospital Services and Central Hospitals.

The average increase of 6% for 2013/14 financial year in Programme 1: Administration. The programme mainly consist of management services which give direction to the Vote and include cost driver amount other such as recruitment of staff, settlement of audit obligations, provision ICT services and settlement of all departmental litigations which always present financial pressure due their nature (Unforseen and Unavoidable).

Programme 2 which is district Health Services shows the highest growth of 7 percent on the Adjusted Baseline for the first year of the Medium Term Expenditure Framework Period. The overall increase is mainly due to the department's commitment to strengthen District Health Services and funding of key cost drivers which include drugs, Laboratory Services, Food for patients, Medical Gas, Oxygen and Blood Services.

The 2013/14 financial year budget increase include additional funding received for HIV/AIDS for ARV's, CPIX increase of 4.8%, OSD for Doctors, Therapists and Nurses, Test 300 000 clients for HIV R47 million, Medical Waste Removal (tender approved) R42 million, CPIX increase on Medical items.

Over the years Programme 2: District Health Services has been under funded if compared with funding per capita in the country. The programme renderers District health services which focus to primary health care which and carry more than 50 percent of the budget for the Health Department. The programme includes Comprehensive HIV/, Community Health Clinics, Community Health Centres, Nutrition, Community Based Services and District Hospitals.
The budget increase of the programme include

- Maternal and Child Health
- HIV/ART 350 Threshold
- Public Health Norms and standards
- Family Health and Pilot Teams

Programme 3: Emergency Medical Services shows an increase of 4 per cent in the 2013/14 financial year. The continued drive to improve emergency medical services is reflected in the real increase in the Programme 3 funding in 2013/14 and the outer years of the MTEF period. Improvement of EMS and planned patient transport is always prioritised in the programme to improve the response time both in urban and rural areas. Planned Patient transport shall be prioritised to ensure improve referral of patients in the province.

The Provincial Hospital Services show growth of 10 per cent which is sustainable in the MTEF period. The budget increase of the programme includes continues payment of OSD for Nurses, Doctors and Therapists. The trend only provides for inflationary provision of the economy.

Programme 5, Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget reduction of 10% percent .

Programme 6, Health Science & Training will increase with 6 percent from the 2013/14 to which is mainly due to the increase on HPTS however general training shall shut down due to inadequate funding of the Vote. This programme includes the Health Professionals Training and Development grant and bursaries for development of staffing as indicated above.

Programme 7, Health Care Support Services will reduce by 14 percent from the 2013/14 to due to slow spending on orthotic and prosthetic services in the previous financial years.

Over a seven year period, Programme 8 which is Health Facilities Management has shown a great growth on the budget due to priorities set the National Department of Health in improvement of Health Infrastructure and extending the life span of facilities. The programme includes Hospital Privatisation conditional Grant and Infrastructure Grant. Health Facilities Management will reduce with 19 percent due to the cut on infrastructure for slow spending progress.

Table A8: Summary of Provincial Expenditure Estimates by Economic Classification

Economic Classification	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Current payments	**4,819,515**	**5,618,791**	**6,087,031**	**6,652,566**	**7,317,148**	**7,789,645**	**8,349,094**
Compensation of employees	3,073,377	3,614,346	4,083,293	4,586,913	5,043,020	5,422,909	5,743,070
Salaries and wages	2,692,944	3,170,618	3,470,774	4,008,532	4,437,803	4,749,763	5,003,128
Social contributions	380,433	443,728	612,519	578,381	605,217	673,146	739,942
Goods and services	1,746,063	2,003,230	2,002,644	2,065,371	2,274,128	2,366,736	2,606,024
Administrative fees	4,369	4,132	1,614	6,366	2,541	2,556	2,617
Advertising	8,290	3,693	5,828	5,669	5,116	5,235	5,466
Assets less than the capitalisation threshold	17,850	11,473	23,703	86,440	29,408	28,054	34,380
Audit cost: External	19,052	12,308	10,337	11,340	11,340	11,340	11,881
Bursaries: Employees	30,842	21,404	150	2,208	826	826	852
Catering: Departmental activities	16,040	15,188	4,312	3,726	6,631	7,445	7,750
Communication (G&S)	39,711	32,575	38,735	30,673	44,144	31,700	40,777
Computer services	21,764	25,144	16,878	12,717	4,689	4,752	5,675
Consultants and professional services: Busines	799	3,689	3,622	7,083	2,942	2,943	3,166
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	245,434	256,354	248,683	255,427	368,086	389,211	409,228
Consultants and professional services: Legal c	6,732	1,471	3,535	3,240	3,240	3,240	3,308
Contractors	211,319	185,906	126,751	121,518	141,048	148,707	154,167
Agency and support / outsourced services	25,047	69,307	95,953	90,385	75,655	91,238	96,537
Entertainment	16	-	-	-	-	-	-
Fleet services (including government motor tra	67,384	72,970	87,328	83,377	89,355	93,980	100,578
Housing	438	-	-	1,042	1,042	1,042	1,042
Inventory: Food and food supplies	72,249	61,971	77,734	71,313	78,635	79,279	85,481
Inventory: Fuel, oil and gas	15,690	17,836	17,315	24,604	22,705	22,930	24,261
Inventory: Learner and teacher support materi	1	-	128	65	600	600	618
Inventory: Materials and supplies	5,832	4,212	1,905	8,485	5,451	5,622	5,759
Inventory: Medical supplies	669,572	212,935	227,484	210,546	204,035	196,723	209,662
Inventory: Medicine	-	698,390	645,707	612,005	758,733	804,523	943,016
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	638	204	137	185	-	-	-
Inventory: Other consumables	63,175	53,883	64,566	75,209	65,173	69,208	78,590
Inventory: Stationery and printing	32,953	28,859	27,326	28,360	39,816	42,625	44,540
Operating leases	35,230	53,786	40,319	23,416	53,321	55,555	58,167
Property payments	26,121	54,903	76,841	94,542	61,363	63,996	70,356
Transport provided: Departmental activity	34,494	24,280	26,422	52,387	43,768	45,902	49,504
Travel and subsistence	48,265	45,417	75,869	92,593	45,828	39,525	38,092
Training and development	13,972	19,872	30,707	18,879	59,061	67,495	71,498
Operating payments	10,410	5,346	12,070	12,208	34,098	34,358	32,397
Venues and facilities	1,746	4,876	5,559	18,392	5,727	5,982	6,215
Rental and hiring	628	846	5,126	975	9,751	10,146	10,444
Interest and rent on land	75	1,215	1,094	282	-	-	-
Interest (Incl. interest on finance leases)	75	1,215	1,094	282	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**108,356**	**139,755**	**196,351**	**214,801**	**200,071**	**213,853**	**227,736**
Provinces and municipalities	4,657	1,509	13,431	10,947	14,947	15,823	16,597
Departmental agencies and accounts	-	-	3,842	20	5,047	4,999	5,424
Non-profit institutions	81,983	111,193	137,407	155,315	152,522	161,832	171,495
Households	21,716	27,053	41,671	48,519	27,555	31,199	34,220
Payments for capital assets	**687,601**	**594,082**	**691,225**	**781,923**	**567,286**	**589,178**	**639,540**
Buildings and other fixed structures	578,599	471,952	528,052	594,885	416,803	449,356	459,349
Machinery and equipment	109,002	122,130	163,173	187,038	150,483	139,822	180,191
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**8,034**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**5,623,506**	**6,352,628**	**6,974,607**	**7,649,290**	**8,084,505**	**8,592,676**	**9,216,370**

Compensation of Employees - shows an increase of 9.8% on the revised estimate including the 1.5% pay progression. The Department is continuously operating with high rate of vacancy which hampers the ability to achieve predetermined targets in the Annual Performance Plan. In the past years the Department encountered problems on CoE due to introduction of Occupational Specific Dispensation and General Salary negotiation from one financial year to the other. This is due to the provision of limited funds to address the high vacancy rate of the Vote. An amount of R63 million has been set aside to address the appointment of additional staff.

Goods and Services – The Budget 2013/14 financial year for goods and services has be increased by 11% due to pressures the need for goods and services to render health services.

In the past 2 two years, the Budget for Cost drivers was cut to fund Compensation of Employees, the reduction of the Budget on the Cost drivers had a huge impact on the achievement of predetermined targets in the MTEF period and importantly delivering health services to the people of Mpumalanga.

Transfers and Subsidies – shows a slow increase over the years due to transfers to the municipalities. The Transfers accounts of the Department have overspent in the 2011/12 financial year which will require more additional funding to be allocated.

Payments of Capital Assets – shows a slow increase over the years due on going focus on the Buildings and other fixed structures.

4.9.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

TABLE A9: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2008/09	2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15
Current prices[1]							
Total[2]	4,452,526	-		-	---	-	-
Total per person	1,240	-		-	---	-	-
Total per uninsured person	1,378	-		-	---	-	-
Constant (2008/09) prices[3]	-	-		-	-	-	-
Total	-	-		7, 013,846	7, 344,839	-	-
Total per person	-	-		1,896	1,957	-	-
Total per uninsured person	-	-		2,107	2,174	-	-
% of Total spent on:-	-	-		-	-	-	-
DHS[4]	54.21	-		53.04	53.24	-	-
PHS[5]	13.06	-		11.73	11.49	-	-
CHS[6]	12.31	-		10.73	10.69	-	-
All personnel	-	-				-	-
Capital[2]	-	-		870,114	862,106	-	-
Health as % of total public expenditure	-	-		-	-	-	-

TABLE A10: CPIX MULTIPLIERS FOR ADJUSTING CURRENT PRICES TO CONSTANT 2007/08 PRICES

Financial year	Updated CPIX Multiplier as at 16 February 2009	CPIX
2006/07	1.20	5.2
2007/08	1.11	8.1
2008/09	1.00	10.8
2009/10	0.95	5.4
2010/11	0.90	5.1
2011/12	0.86	4.6

Methodological Note from National Treasury:
The CPIX has been phased out and no longer exists. The revised CPI is now the inflation measure, but for historical purposes we still use the old CPIX numbers in historical baselines.

PART B

PART B - PROGRAMME AND SUB-PROGRAMME PLANS

1. BUDGET PROGRAMME 1: ADMINISTRATION

1.1 PROGRAMME PURPOSE

The purpose of this programme is to provide the overall management of the Department, and provide strategic planning, legislative, communication services and centralised administrative support through the MEC's office and administration.

NEW DEVELOPMENTS

Governance

The Department has established twenty two Hospital Boards and the outstanding eleven will be established. 196 out of 279 PHC facilities have Clinic Committees; the nomination process for the outstanding 83 will be finalized in 2013/14 financial year.

The Department will establish the Provincial and District Health Councils as per National Health Act. The Office of MEC will hold quarterly Munimec meetings with all municipalities.

Hospital Improvement Plan

The Office of the Premier undertook an exercise to assess the performance of 33 hospitals in the Province of Mpumalanga. During which the following areas were looked at leadership and governance, general human resource issues, infrastructure and equipment, management of drugs, referral system and efficiency indicators. Based the findings the Department developed Hospital Improvement Plan.

Management and Leadership

CEO's for nine hospitals have been appointed and the remaining five CEO's will be appointment in 2013/14 financial year.

To further improve hospital management the Department is in a process of phase in decentralization of authority through delegations. District Management has been lifted to level 14 (Chief Director Level) of which Nkangala District already in place. Appointment processes of Chief Directors for Ehlanzeni and Gert Sibande District will be finalized by 30 June 2013.

Review of the Organisational Structure

The organisational structure was reviewed however the introduction of the generic model by DPSA, delayed the processes of finalizing the organizational structure in 2012/2013 financial year. The Human Resource Plan has been developed and benchmarking the Human Resources Strategy to conform to the National Strategy, has commenced. This will respond to the required high level of adequate skilled health professionals and will include the needs of the National Health Insurance.

Financial Management

The department's financial resources are limited hence effective management remains a high priority. During 2012/13 financial year capacity building on financial delegations was conducted for all institutional managers. Decentralisation of financial delegations will be roll out to the institutional managers. Chief Director: Nkangala District has already been granted delegations.

Performance Information Management and Systems Support

The department is striving to improve the reliability and accuracy of information especially at health facility level. Several strategies have been put in place, among others are, appointment additional data captures/ clerks for PHC facilities through learnership programme for Data Capturers and purchased additional computers for all PHC facilities. The Department is also planning to employ eighteen sub district information officers

Furthermore the capacity building workshops on Evidence Based Management were conducted for CEO, PHC Managers, Information Officers, Clinic Managers and HIV Programme Managers in the 3 districts.

To improve integrity of performance information and enforce accountability, the Department has developed and is implementing the following policies; Data Flow Policy, Performance Information Policy. The Department has also established the M&E Forum and is currently in a process of finalizing the M&E Plan and District Health Management Information System Policy Implementation Plan.

The plans are in the pipeline to connect all PHC facilities to IT network to improve timeliness on performance information reporting.

1.2 PRIORITIES

The strategic goal of this programme is to "***Strengthen Health System Effectiveness***"

The high level **strategic priorities** of the programme are as follows:

- Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.
- Improving human resource planning, development and management.
- Strengthening the revitalization and maintenance of health infrastructure, including the delivery of Information Communication Technology (ICT) infrastructure.

1.3 SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

TABLE ADMIN 1: SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES [1]

Annual Indicators	Type	Data Source	Audited/ Actual performance			Estimate	Medium-term targets		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1. Medical officers per 100,000 people	No	PERSAL Reports	14 (490)	16 (563)	14.27 (514)	17 (610)	18 (684)	25 (950)	30 (1140)
2. Medical officers per 100,000 people in rural districts	No	PERSAL Reports	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Professional nurses per 100,000 people	No	PERSAL Reports	89 (3200)	82 (2954)	113.5 (4086)	91 (3285)	92 (3496)	98 (3724)	100 (3800)
4. Professional nurses per 100,000 people in rural districts	No	PERSAL Reports	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Pharmacists per 100,000 people	No	PERSAL Reports	3 (120)	3 (117)	3.5 (126)	4 (160)	5 (190)	8 (304)	10 (380)
6. Pharmacists per 100,000 people in rural districts	No	PERSAL Reports	N/A	N/A	14.27 (514)	N/A	N/A	N/A	N/A
7. Vacancy rate for professional nurses	%	PERSAL Reports	11.8	39	54	25	22	20	18
8. Vacancy rate for doctors	%	PERSAL Reports	41	41	75	27	25	23	21
9. Vacancy rate for medical specialists	%	PERSAL Reports	35	39	74	24	22	20	18
10. Vacancy rate for pharmacists	%	PERSAL Reports	29	32	69	20	15	10	5

Source: PERSAL & Mid Term Population Estimates. The actual numbers as per 100,000 have been put in brackets.

1.4 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

TABLE ADMIN 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

BUDGET PROGRAMME: PROVINCIAL MANAGEMENT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan Target**	**Means of verification/ Data Source**	**Audited/ Actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Recruitment and Selection										
Improving Human Resources, Planning, Development and Management.	% of vacant funded posts filled within 6 months after being vacant.	Not in Plan	PERSAL Reports	31	36	25	80*	80*	80*	80*
	Number of infrastructure maintenance teams appointed	Not in Plan					-	52	52	52

**Finalisation of Human Resource and Financial Delegations to Managers has been taken into consideration when medium term targets were set.*

BUDGET PROGRAMME: PROVINCIAL MANAGEMENT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ Actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Information Technology										
Strengthen the revitalization and maintenance of health infrastructure, including the delivery of Information Communication Technology infrastructure	Number of PHC facilities connected to the network	200/278 PHC facilities	Upgraded Network	0	0	0	40/278	*80/278 PHC facilities	200/278 PHC facilities	278/278 PHC facilities

** The network platform backbone of the department, consists of 107 sites only and not 313 sites. The remaining institutions connect to these sites.*
**The indicator number of PHC facilities connected to the network is cumulative starting from the baseline of 40 PHC facilities connected to network*

QUARTERLY AND ANNUAL TARGETS FOR ADMINISTRATION FOR 2013/14

TABLE ADMIN 3: QUARTERLY AND ANNUAL TARGETS FOR ADMINISTRATION FOR 2013/14

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Medical officers per 100,000 people		18 (684)	-	-	-	18 (684)
2. Medical officers per 100,000 people in rural districts	ANNUAL	N/A	N/A	N/A	N/A	N/A
3. Professional nurses per 100,000 people		92 (3496)	-	-	-	92 (3496)
4. Professional nurses per 100,000 people in rural districts		N/A	N/A	N/A	N/A	N/A
5. Pharmacists per 100,000 people		5 (190)	-	-	-	5 (190)
6. Pharmacists per 100,000 people in rural districts		N/A	N/A	N/A	N/A	N/A
7. Vacancy rate for professional nurses		22	-	-	-	22
8. Vacancy rate for doctors		25	-	-	-	25
9. Vacancy rate for medical specialists		22	-	-	-	22
10. Vacancy rate for pharmacists		15	-	-	-	15
Recruitment and Selection						
11. % of vacant funded posts filled within 6 months after being vacant.	BI-ANNUAL	80%	-	80%	80%	80%
12. Number of infrastructure maintenance teams appointed	QUARTERLY	52	52	-	-	-
Information Technology						
13. Number of PHC facilities connected to the network	QUARTERLY	80/278 PHC facilities	10 PHC Facilities	10 PHC Facilities	10 PHC Facilities	10 PHC Facilities

**The indicator* Number of PHC facilities connected to the network *is cumulative starting from the baseline of 40 PHC facilities connected to network*

1.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN4: EXPENDITURE ESTIMATES: ADMINISTRATION

Administration	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Office of the MEC	5,648	5,913	4,795	9,411	5,916	6,123	9,730
Management	154,005	165,554	182,724	217,933	204,954	213,805	220,133
Total	**159,653**	**171,467**	**187,519**	**227,344**	**210,870**	**219,928**	**229,863**
Current payments	**141,274**	**151,258**	**166,509**	**194,877**	**192,496**	**200,940**	**210,291**
Compensation of employees	63,457	70,417	86,075	98,575	102,340	109,710	119,480
Salaries and wages	56,050	70,095	73,164	87,096	90,703	97,151	106,059
Social contributions	7,407	322	12,911	11,479	11,637	12,559	13,421
Goods and services	77,817	80,219	80,241	96,110	90,156	91,230	90,811
Administrative fees	402	365	603	1,531	1,531	1,532	1,550
Advertising	5,610	3,002	5,355	3,191	3,191	3,191	3,330
Assets less than the capitalisation threshold	311	34	152	216	215	217	219
Audit cost: External	10,903	11,757	10,337	11,340	11,340	11,340	11,881
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	606	780	1,287	1,310	1,010	1,010	1,042
Communication (G&S)	2,467	4,360	5,892	3,803	4,795	4,795	4,998
Computer services	16,391	20,670	16,499	12,300	3,304	3,304	4,160
Consultants and professional services: Busines	799	3,185	855	559	480	480	626
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	-	-	-	-	-	-	-
Consultants and professional services: Legal c	6,732	1,471	3,535	3,240	3,240	3,240	3,308
Contractors	595	306	1,199	1,671	788	788	788
Agency and support / outsourced services	1,222	2,263	2,208	1,548	195	531	1,047
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	10,640	9,024	4,882	4,244	4,244	4,513	4,797
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	8	1	28	80	80	81	84
Inventory: Fuel, oil and gas	(1,268)	-	-	-	-	-	-
Inventory: Learner and teacher support materi	1	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	1	20	20	20	20
Inventory: Medical supplies	-	-	-	-	-	-	-
Inventory: Medicine	-	-	54	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	638	204	137	185	-	-	-
Inventory: Other consumables	3,216	878	3,164	4,009	185	196	208
Inventory: Stationery and printing	6,016	5,885	5,127	4,081	4,247	4,430	4,625
Operating leases	16	1,892	519	2,579	3,825	4,053	4,293
Property payments	-	8,895	-	2,373	2,382	2,406	2,431
Transport provided: Departmental activity	8,267	99	35	19,669	600	600	600
Travel and subsistence	2,466	2,264	16,273	11,434	20,386	20,387	18,074
Training and development	190	2,398	118	906	17,485	17,485	16,036
Operating payments	1,479	33	287	1,833	1,500	1,506	1,512
Venues and facilities	37	453	1,694	3,991	2,113	2,125	2,179
Rental and hiring	73	-	-	-	3,000	3,000	3,003
Interest and rent on land	-	622	193	192	-	-	-
Interest (Incl. interest on finance leases)	-	622	193	192	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**14,000**	**17,670**	**19,101**	**12,981**	**10,474**	**11,088**	**11,586**
Provinces and municipalities	-	-	322	173	250	250	250
Departmental agencies and accounts	-	-	-	10	-	-	-
Non-profit institutions	-	-	-	-	-	-	-
Households	14,000	17,670	18,779	12,798	10,224	10,838	11,336
Payments for capital assets	**4,295**	**2,539**	**1,909**	**19,486**	**7,900**	**7,900**	**7,986**
Buildings and other fixed structures	-	-	-	-	-	-	-
Machinery and equipment	4,295	2,539	1,909	19,486	7,900	7,900	7,986
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**84**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**159,653**	**171,467**	**187,519**	**227,344**	**210,870**	**219,928**	**229,863**

1.7 PERFORMANCE AND EXPENDITURE TRENDS

The slow increase of 7 percent for 2013/14 financial year in Programme 1: Administration has been influenced by reprioritisation the Departmental spending to address challenges in service delivery programmes. The programme mainly consist of management services which provides leadership and management of the Vote and includes cost drivers other such as recruitment of staff, settlement of audit obligations, provision ICT services and settlement of all departmental litigations which always present financial pressure due their nature (unforeseen and unavoidable).

1.8 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Ineffective Supply Chain process	• Appointment of Director: Supply Chain and key staff. • Cleaning of supplier database.
Poor coordination of departmental planning	• Inclusive planning process • Enforce managers' accountability for planning.
Ineffective monitoring and evaluation of departmental performance	• Approval and implementation of monitoring and evaluation plan. • Standardization of data collection tools. • Enforce managers' accountability for performance monitoring and evaluation.

2. BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

2.1 PROGRAMME PURPOSE

The purpose of the programme is to render comprehensive Primary Health Care Services to the community using the District Health System model.

NEW DEVELOPMENTS

Establishment of Governance Structures

The National Health Act, Act 61 of 2003, requires that governance structures be established at all levels to promote community participation in matters pertaining to their own health. In ensuring community participation, the department aims to have fully established governance structures in the form of hospital boards and clinic committees in all public health facilities.

According to the Provincial Hospital Board guidelines, hospitals may share hospital boards however, the province has resolved that each hospital must have its own, which led to difficulty in the achievement of the objective, due to a lack of applications from some hospitals. Over a period of three years, the department has managed to establish 27/33 hospital boards, 263/278 PHC facility committees and one Mental Health Board however, most of the existing structures expired end 2011/12 and new structures will have to be established. The process of establishing District Health Councils – one per district – has commenced.

Provincialisation of Local Municipalities

The order by SALGA for local municipalities to stop the provincialisation process, has since led to the process being slow with 49 out of 65 local municipality facilities. The 16 reaming are at Steve Tshwete and Emalahleni Municipality, that is, 10 and 6 clinics respectively. Engagement between district management and the two outstanding local municipalities are continuing until the process has been finalised.

Strengthening the District Health System and Primary Health Care

The department has adopted the District Health System (DHS) as the vehicle for implementation of Primary Health Care (PHC) services which consists of community-based health, clinics, community health centres and district hospital services. A functional, District Health System requires amongst others health workforce, leadership and governance.

Primary Health Care Services are provided at various levels which include community-based level whereby Community Based Health Services are rendered in partnership with Non Profit Organisations (NPOs). Mobile services are rendered to remote areas with a view of improving access to health care services.

Implementation of the National Health Insurance

The first steps towards implementation of the National Health Insurance has commenced in 2012/13 whereby ten (10) districts in the country have be selected as pilot including Gert Sibande District. NHI was formally launched in November 2012. A Provincial Joint Collaboration Committee has been established to advise on the infrastructure maintenance and costed implementation plans have been developed. The department is currently finalising contracts for private (GPs) doctors to provide services in PHC facilities. NHI implementation is monitored through facility improvement team. Assessment has revealed improvement in the delivery of health care in Gert Sibande District.

Revitalisation of the health system towards Primary Health Care

The focus of Primary Health Care re-engineering will be more on preventive and promotive care versus the hospicentric and curative approach. The department has aligned itself with the National Framework for Re-engineering Primary Health Care whereby Primary Health Care services are being implemented through the following three streams:

- **Municipal Ward Based (PHC Agents)**

  The Primary Health Care Agents will provide a range of health services e.g. health promotion to communities and households on a range of health-related matters. The department aims to have established 155 Primary Health Care Outreach Teams in 14 sub-districts by the end of 2013/14.

- **School Health Services**

  The department aims to establish 65 School Health Services Teams to cover quintile 1 and 2 schools linking to Comprehensive Rural Development Programme (CRDP) areas, by the end of 2013/14. The focus of these teams will be on children by identifying all health problems that can be a barrier to the learning and the provision of preventive and promotive care.

- **District-based Clinical Specialist Support Teams**

  The department has established district clinical specialist teams to address high maternal and child mortality in the three districts. Each team comprises of clinical personnel i.e. anaesthetists, paediatricians, obstetricians & gynaecologists, family physicians, advanced midwifes, paediatric nurses and primary health care trained nurses. The teams will also support all district hospitals.

Improving the Quality of Health Services

To improve the quality of care the department in collaboration with the Office of Health Standards Compliance on the National Core Standards (OHSC) conducted assessment in 1x District office, 1x Regional Hospital, 2x CHCs and 10 Clinics during 2012/13 financial year. This assessment has shown an improvement on compliance in all 6 priority areas (cleanliness, infection prevention and control, staff attitude, waiting time, patient safety and availability of medicine) as compared to the assessment done in 2011/12 financial year.

South Africa's National Strategic Plan for a Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA)

The province has adopted the Campaign for the Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA) in order to implement basic interventions that promote the health of women and children. The CARMMA strategy was launched in Mkhondo Municipality in November 2012

Mpumalanga Strategic Plan for HIV and AIDS, STIs and TB 2012 - 2016

The Provincial Strategic Plan for HIV and AIDS, STI & TB 2012 – 2016 aligned to the National Strategic Plan 2012-2016, was developed with the vision of "zero new HIV, TB and Sexually Transmitted Infections, zero deaths associated with HIV and TB and zero discrimination" which is also in line with the National Development Plan: Vision 2030 to have the under-20 age group a largely HIV-free generation.

This multi-sectoral intervention is aimed at providing strategic and policy direction in the province and the departmental implementation plan to roll out this strategy has commenced in 2012/13. This in conjunction with the implementation of the Negotiated Delivery Agreement will attempt to increase life expectancy, decrease maternal and child mortality and combat HIV and AIDS and decrease the burden of disease from TB and other communicable diseases.

Mpumalanga Comprehensive Rural Development Programme (CRDP)

The department is committed to expand access to health services to rural communities through the implementation of the Provincial Comprehensive Rural Development Programme which is being implemented in following eight (8) local municipalities: Mkhondo, Chief Albert Luthuli, Dr Pixley ka Isaka Seme, Bushbuckridge, Nkomazi, Dr JS Moroka, Thembisile Hani and Dipaleseng.

Another key focus area is to improve rural services to support livelihoods. The Department contributes to achieving this output through funding of Non Profit Organizations in the CRDP sites. Furthermore, the department has entered into partnership with Non Profit Organisations for provision of Community Based Services whereby these organizations are funded by the department and jobs are being created. These services include amongst others, the following:

- Home Based Care
- Health Education and Health Promotion
- Tracing of patients defaulting on chronic medication
- Supporting patients on TB treatment (TB DOTS)
- Referral of children to facilities for immunisation.

2.2 PRIORITIES

The strategic goals of this programme are as follows:

- Increasing Life Expectancy
- Decreasing Maternal and Child Mortality
- Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis

- Strengthen Health System Effectiveness

The **high level strategic priorities** of the programme, are as follows:

- Mass mobilization for better health outcomes by implementing interventions to increase life expectancy and decrease maternal and child morbidity and mortality.
- Accelerated implementation of HIV and AIDS and STIs Strategic Plan and reduction of mortality due to TB and associated diseases.
- Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.
- Strengthening the and maintenance of health infrastructure, including the delivery of Information Communication Technology (ICT) infrastructure.

2.3 SPECIFIC INFORMATION FOR DHS

TABLE DHS1: DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT IN 2011/12

Health district[1]	Facility type	Number	Population[2,5]	Population per PHC facility[5] or per hospital bed	Per capita utilisation[6]
Gert Sibande District	Non fixed clinics[3]	25 mobiles 1116 visiting points; 5 satellite clinics	915,452	32695	
	Fixed Clinics[4]	53		14765	
	CHCs	19	1101 Beds	53850	
	Sub-total clinics + CHCs	**72**		8556	
	District hospitals	8		831	
Ehlanzeni District	Non fixed clinics[3]	28 mobiles 984 Visiting points	1, 589,953	49686	2.85
	Fixed Clinics[4]	105		15288	
	CHCs	16		113564	
	Sub-total clinics + CHCs	**121**	1209 Beds	10599	
	District hospitals	8		1315	
Nkangala District	Non fixed clinics[3]	22 mobiles 461 Visiting points	1, 113,878	56694	1.7 Headcount 2025227 / 1121841
	Fixed Clinics[4]	68		16143	
	CHCs	18		65522	
	Sub-total clinics + CHCs	**86**		10508	
	District hospitals	7	716 Beds	1556	0.02
Province	Non fixed clinics[3]	75 mobiles 2561 visiting points	3 643 434 (Stats SA 2007)	45241	2.2
	Fixed Clinics[4]	226	3026 Beds	15467	
	CHCs	53		75401	
	Sub-total clinics + CHCs	279		9998	
	District hospitals	23		1196	

Source: District Health Services: Primary Health Care Registers

2.4 SITUATION ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

TABLE DHS 2: SITUATION ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICE

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
1. Provincial PHC expenditure per uninsured person	DHER Report	R	446	287	387	61	N/A
2. PHC headcount - Total	DHIS	No	8 767 554	4,353,727	2,015,979	2,397,848	N/A
3. PHC headcount under 5 years- Total	DHIS	No	1 842 888	912,776	403,307	526,805	N/A
4. PHC Utilisation rate	DHIS PHC Registers	No	2.4	2.8	2.1	2.1	N/A
5. PHC Utilisation rate under 5 years	DHIS PHC Registers	No	4.8	5.5	4.0	4.6	N/A
6. PHC supervisor visit rate (fixed clinic/CHC/CDC)	DHIS PHC Registers	%	97.3	80.6	86.4	77.7	N/A
7. Complaint resolution within 25 days rate	DHER Report	R	159	121	143	84	N/A

Source: District Health Services, DHIS, PHC Registers & DHER Reports

[1] *Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities.*

Annual Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No	278	120	72	86	N/A

Source: District Health Services & DHIS

[2] *Community Health Centres and Community Day Centres*

2.4.1 PROVINCIAL STRATEGIC OBJECTIVES INDICATORS AND ANNUAL TARGETS FOR DHS

TABLE DHS3: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT (HEALTH PROMOTION)										
STRATEGIC GOAL 1: INCREASING LIFE EXPECTANCY										
Strategic Objective	**Performance Indicator**	**Strategic Plan Target**	**Means of verification / Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Improving quality of care for better health outcomes	Number of Health Promoting Schools established in all 3 districts.	Not in Plan	Health Promoting Schools Database	35 (210)	30 (240)	25 (265)	15 (270)	15 (285)	15 (300)	15 (315)
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan Target**	**Means of verification / Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Mass mobilization for better health outcomes through PHC reengineering	Number of Primary Health Care Outreach Teams established in sub districts	199 teams (18 sub districts)	Clinic Staff establishment	-	-	18 teams (9 sub districts)	40 teams (9 sub districts)	58 teams (78 cumulative)	50 teams (128 cumulative)	60 teams (188 cumulative)
	Number of School Health Service Teams established	121 teams	Clinic Staff establishment	23	23	23	65	65	93	121
Improving quality of care for better health outcomes	% of quintile 1 and 2 primary schools reached through school health services.	75% of quintile 1 and 2 primary schools reached through school health services.	Quarterly Reports	-	-	Not in Plan	25	50	75	100
	Number of GPs contracted (Gert Sibande)	72 PHC facilities in Gert Sibande	Quarterly Reports	-	-	-	-	12	25	72

BUDGET SUB PROGRAMME: PRIMARY HEALTH CARE (COMMUNITY HEALTH CENTRES AND CLINICS)										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan Target**	**Means of verification / Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Strengthening the revitalization and maintenance of health infrastructure, including the delivery of Information Communication Technology infrastructure.	Number of sub districts with appointed Health Information Officers.	Not in Plan	Quarterly Reports PERSAL	-	0	0	18	18	18	18
	Number of PHC facilities with Data Capturers appointed	Not in Plan	Quarterly Reports PERSAL	-	282	150/278	278	279/279*	279/279	279/279
Improving quality of care for better health outcomes	Number of PHC facilities implementing the quality improvement plans in line with the 6 priorities of the core standards.	Quality Improvement Plans in accordance with Core Standards, implemented in 278 PHC facilities	Monthly/ Quarterly Progress Reports	282/282	282/282	278/278	278/278	279/279*	279/279*	279/279*

**The decrease in the total number of PHC facilities from 283 (2011/12) to 278/278 (2012/13) is as a result of some PHC facilities that were closed. Five (5) satellite clinics in Gert Sibande District, four (4) in Mkhondo and one (1) in Msukaligwa were previously reported as fixed eight-hour clinics. Two (2) Community Health Centres i.e. Dwarsloop and Lochiel, are operational. During 2012/13, Nelspruit CHC has been established bringing the total number of CHCs, to 279.*

TABLE DHS 4: PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Quarterly Indicators	Data Source	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
1. Provincial PHC expenditure per uninsured person	DHER Report	R	R271.00	R262	446	R300	R300	R300	R300	R300
2. PHC headcount - total	DHIS	No	7 951 818	8 031 476	8 767 554	Not in Plan	9 617 190	10 767 554	11 767 554	12 767 554
3. PHC headcount under 5 years - total	DHIS	No	Not in Plan	1 828 610	1 842 888	Not in Plan	2 281 759	2 845 888	2 847 388	2 848 888
4. PHC Utilisation rate	DHIS PHC Registers	No	2.2	2.2	2.4	2.8	2.7	3.0	3.3	3.5
5. PHC Utilisation rate under 5 years	DHIS PHC Registers	No	4.8	4.8	4.8	5.5	5.3	5.5	5.5	5.5
6. PHC supervisor visit rate (fixed clinic/CHC/CDC)	DHIS PHC Registers	%	58.5	78.9	97.3	80	100	100	100	100
7. Complaint resolution within 25 days rate	DHER Report	%	Not in Plan	Not in Plan	64.9	100	75	78	85	90

Source: District Health Services, DHIS, PHC Registers & DHER Reports

[1] *Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities.*

Annual Indicators	Data Source	Type	Audited/ Actual performance			Estimate	Medium-term targets			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No	Not in Plan	Not in Plan	278	278/278	279/279	279/279	279/279	All Facilities

Source: District Health Services & DHIS

[2] *Community Health Centres and Community Day Centres*

2.4.2 QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES (DHS)

TABLE DHS 5: QUARTERLY AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES FOR 2013/14

QUARTERLY INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Provincial PHC expenditure per uninsured person	QUARTERLY	R300	R300	R300	R300	R300
PHC headcount - total		9 617 190	2 404 297	2 404 297 (4 808 594 cumulative)	2 404 297 (7 212 891 cumulative)	2 404 299 (9 617 190 cumulative)
PHC headcount under 5 years - total		2 281 759	570 439	570 439 (1 140 878 cumulative)	570 439 (1 711 317 cumulative)	570 442 (2 281 759 cumulative)
PHC Utilisation rate		2.7	2.6	2.7	2.7	2.7
PHC Utilisation rate under 5 years		5.3	5.0	5.1	5.2	5.3
PHC supervisor visit rate (fixed clinic/CHC/CDC)		100	100	100	100	100
Complaint resolution within 25 days rate		75	70	72	74	75
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	ANNUAL	279/279	-	-	-	279/279
Number of Health Promoting Schools established in all 3 districts.	QUARTERLY	15 (285)	-	7 Ehlanzeni (cumulative 277)	4 Nkangala (cumulative 281)	4 Gert Sibande (cumulative 285)
Number of Primary Health Care Outreach Teams established in sub districts.		58 teams (76 cumulative)	-	58 teams (76 cumulative)	-	-
Number of School Health Service Teams established		28 (cumulative 65 teams)	7	7	7	7
% of quintile 1 and 2 primary schools reached through school health services.		25 (cumulative 50)	25	35	45	50
Number of GPs contracted (Gert Sibande)		12	0	4	4	4
Number of sub districts with appointed Health Information Officers.		18	18	18	18	18

QUARTERLY INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of PHC facilities with Data Capturers appointed	QUARTERLY	279/279	0	0	279/279	0
Number of PHC facilities implementing the quality improvement plans in line with the 6 priorities of the core standards.		279/279	279/279	279/279	279/279	279/279

2.5 SUB – PROGRAMME DISTRICT HOSPITALS

The purpose of the programme is to render level 1 health services in district hospitals.

TABLE DHS 6: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
1. Delivery by Caesarean section rate	DHIS	%	17.2	16.1	20.2	15.7	N/A
2. Inpatient Separations – Total	DHIS	No	191 714	87 410	72 297	32 007	N/A
3. Patient Day Equivalents – Total	DHIS	No	1 115 684	464 902	404 070	246 712	N/A
4. OPD Headcount – Total	DHIS	No	1 107 674	440 411	406 108	261 155	N/A
5. Average Length of Stay	DHIS	Days	4.2	4.1	4.3	4.4	N/A
6. Inpatient Bed Utilisation Rate	DHIS	%	68.9	70.1	65.8	72.2	N/A
7. Expenditure per patient day equivalent (PDE)	Expenditure Reports	R	2,069	2,098	1,677	1,768	N/A
8. Complaint Resolution within 25 working days rate	DHIS	%	64.9	71.0	60.7	65.8	N/A
9. Mortality and morbidity review rate	DHIS	%	100	100	100	100	N/A

** Source: District Health Services & DHIS*

Annual Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
10. Patient Satisfaction Rate	DHIS: Patient Satisfaction Module	%	0% (results being awaited)	-	-	-	N/A
11. Number of Hospitals assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No	23/23	8/8	8/8	7/7	N/A

Source: District Health Services & DHIS

2.5.1 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

TABLE DHS 7: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

BUDGET SUB PROGRAMME: DISTRICT HOSPITALS										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENES										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Improving quality of care for better health outcomes	No of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards	Quality Improvement Plans in accordance with Core Standards, implemented in 23 District Hospitals	Assessment Reports	23/23	23/23	23/23	23/23	23/23	23/23	23/23

TABLE DHS 8 : PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Data Source	Type	Audited/ Actual performance			Estimate	Medium-term targets			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
1. Delivery by Caesarean section rate	DHIS	%	16.2	16.3	17.2	15	15	15	15	15% or above
2. Inpatient Separations – Total	DHIS	No	156 614	301 458	191 714	158 604	264 924	270 500	275 350	N/A
3. Patient Day Equivalents – Total	DHIS	No	1 028 556	1 723 164	1 115 684	1 218 761	989 704	1 000 500	1 200 250	N/A
4. OPD Headcount – Total	DHIS	No	865 050	1 095 787	1 107 674	800 000	750 134	750 000	700 000	N/A
5. Average Length of Stay	DHIS	Days	4.3	4.3	4.2	3.5	3.5	3.5	3.5	3.5 days
6. Inpatient Bed Utilisation Rate	DHIS	%	67.5	64.6	68.9	74	75	75	75	75% or above
7. Expenditure per patient day equivalent (PDE)	DHIS	R	1,497	1,068	2,069	1,440	1,400	1, 400	1,500	N/A
8. Complaint Resolution within 25 working days rate	DHIS	%	Not in Plan	50	64.9	100	93	95	98	100
9. Mortality and morbidity review rate	DHIS	%	100% (23/23)	100	100	100	100	100	100	100

Source: District Health Services & DHIS

Annual Indicators	Data Source	Type	Audited/ Actual performance			Estimate	Medium-term targets			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
10. Hospital Patient Satisfaction rate	DHIS: Patient Satisfaction Module	%	Not in Plan	87	0 (await results)	70	85	90	95	N/A
11. Number of Hospitals assessed for compliance against the 6 priorities of the core standards.	Assessment Reports	No	Not in Plan	Not in Plan	23/23	23/23	23/23	23/23	23/23	N/A

Source: District Health Services & DHIS

2.5.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

TABLE DHS 9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2013/14

QUARTERLY INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Delivery by Caesarean section rate	QUARTERLY	15	16,7	16,5	16	15
2. Inpatient Separations – Total		264 924	66 231	66 231 (132 462 cumulative)	66 231 (198 693 cumulative)	66 231 (264 924 cumulative)
3. Patient Day Equivalents – Total		989 704	247 426	247 426 (494 852 cumulative)	247 426 (742 278 cumulative)	247 426 (989 704 cumulative)
4. OPD Headcount – Total		750 134	187 533	187 533 (375 067 cumulative)	187 533 562 601 cumulative)	187 535 (750 134 cumulative)
5. Average Length of Stay		3.5	3.5	3.5	3.5	3.5
6. Inpatient Bed Utilisation Rate		75	75	75	75	75
7. Expenditure per patient day equivalent (PDE)		1,400	1, 400	1, 400	1, 400	1, 400
8. Complaint Resolution within 25 working days rate		93	70	80	90	93
9. Mortality and morbidity review rate		100	100	100	100	100
10. No of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards.	QUARTERLY	23/23	23/23	23/23	23/23	23/23

Source: District Health Services & DHIS

ANNUAL INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
11. Hospital Patient Satisfaction rate	B1 - ANNUALLY	85	0	85	0	85
12. Number of Hospitals assessed for compliance against the 6 priorities of the core standards.		23/23	-	23/23	-	23/23

Source: District Health Services & DHIS

2.6 SUB – PROGRAM : HIV & AIDS, STI & TB CONTROL (HAST)

TABLE HIV1: SITUATION ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
1. Total clients remaining on ART (TROA) at end of the month	DHIS	No	144 069	69 979	34 708	34 434	N/A
2. Male condom distribution rate	DHIS	No	19.2	20.8	20.8	16.1	N/A
3. TB (new pulmonary) defaulter rate	ETR. Net	%	7.5 (2010)	5.2	9.1	9.9	N/A
4. TB AFB sputum result turnaround time under 48 hours rate	ETR. Net	%	Not in plan	Not in plan	Not in plan	Not in plan	N/A
5. TB new client treatment success rate	ETR.Net	%	82.2	84	82	86.2	N/A
6. Percentage of HIV-TB Co-infected patients placed on ART	DHIS	%	94	95.2	95.8	92.4	N/A
7. HIV testing coverage	DHIS	%	Not in plan	Not in plan	Not in plan	Not in plan	N/A

Annual Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
8. TB (new pulmonary) cure rate	ETR.Net	%	72.7 (2010)	79.5	64.1	68.1	66

TABLE HIV2: PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

BUDGET SUB PROGRAMME: HIV AND AIDS, STI AND TB CONTROL										
STRATEGIC GOAL 3: COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASE FROM TUBERCULOSIS										
Strategic Objective	**Performance Indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
To combat HIV and AIDS and decrease burden of disease from TB by implementing the Strategic Plan (PSP)	Number of medical male circumcisions conducted.	100 000 medical male circumcisions conducted.	MMC Reports	Not in plan	3500	14,002	50 000	10 000 (60 000 cumulative)	25 000 (85 000 cumulative)	30 000 (115 000 cumulative)
	STI partner treatment rate	34% STI Partner Treatment Rate	DHIS	26,7	25.5	33.5	31	32	33	34
	Antenatal client initiated on AZT during antenatal care rate.	98% of Antenatal client initiated on AZT during antenatal care.	DHIS	70,4	80.2	91	96	97	98	99
	Baby Nevirapine uptake rate.	100% Baby Nevirapine uptake rate.	DHIS	96	96.4	100	100	100	100	100
	% of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Not in Plan	DHIS	Not in Plan	14.3	24.7	50	60	70	80

**The decrease in the total number of PHC facilities from 283 (2011/12) to 278/278 (2012/13) is as a result of some PHC facilities that were closed. Five (5) satellite clinics in Gert Sibande District, four (4) in Mkhondo and one (1) in Msukaligwa were previously reported as fixed eight-hour clinics. Two (2) Community Health Centres i.e. Dwarsloop and Lochiel, are operational. During 2012/13, Nelspruit CHC has been established bringing the total number of CHCs, to 279.*

TABLE HIV3: PERFORMANCE INDICATORS FOR HIV & AIDS, STI AND TB CONTROL

Indicator	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
1. Total clients remaining on ART (TROA) at end of the month	DHIS	No	70 064	111 402	144 069	172 855	35 000 (cumulative 234 481)	45 000 (cumulative 279 481)	45 000 (cumulative 324 481)	3.2 million
2. Male condom distribution rate	DHIS	%	15,7	19.9	14.5	14	15	16	17	60*
3. TB (new pulmonary) defaulter rate	ETR. Net	%	8.2 (2008)	6.9 (2009)	7.5 (2010)	6	<6	<6	<5	<5
4. TB AFB sputum result turnaround time under 48 hours rate	ETR. Net	%	79.4	43.2	51.4	Not in the Plan	95	95	95	N/A
5. TB new client treatment success rate	DHIS	%	Not in the Plan	52.1	82.2	100	100	100	100	100
6. Percentage of HIV-TB Co-infected patients placed on ART	DHIS	%	86.5	90	94	90	90	90	90	90
7. HIV testing coverage	DHIS	%	Not in the Plan	Not in the Plan	Not in the Plan	Not in the Plan	Create a baseline	Based on baseline	Based on baseline	Based on baseline

** Source: DHIS and ETR.Net*

Annual Indicators		Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
8. TB (new pulmonary) cure rate	ETR	%	64.5 (2008)	73,1 (2009)	72.7 (2010)	75	80	80	85	85

Source: ETR Net

2.6.1 QUARTERLY AND ANNUAL TARGETS FOR HAST

TABLE HIV4: QUARTERLY AND ANNUAL TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2013/14

QUARTERLY INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Total clients remaining on ART (TROA) at end of the month	QUARTERLY	35 000 (cumulative 234 481)	11 250 (cumulative 200 731)	11 250 (cumulative 211 981)	11 250 (cumulative 223 231)	11 250 (cumulative 243 481)
2. Male condom distribution rate		15	15	15	15	15
3. TB (new pulmonary) defaulter rate		<6	<6	<6	<6	<6
4. TB AFB sputum result turnaround time under 48 hours rate		95	95	95	95	95
5. TB new client treatment success rate		100	100	100	100	100
6. % of HIV-TB Co-infected patients placed on ART		100	100	100	100	100
7. HIV testing coverage		Create baseline	Create baseline	Create baseline	Create baseline	Create baseline
8. Number of medical male circumcisions conducted	QUARTERLY	10 000 (60 000 cumulative)	2,500	2,500	2,500	2,500
9. STI partner treatment rate		32	32	32	32	32
10. Antenatal client initiated on AZT during antenatal care rate.		97	94	95	96	97
11. Baby Nevirapine uptake rate.		100	100	100	100	100
12. % of HIV positive clients on Isoniazid Preventive Therapy (IPT)		60	45	50	55	60

ANNUAL INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
13. TB (new pulmonary) cure rate	ANNUAL	80	80	80	80	80

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

TABLE MCWH1: SITUATION ANALYSIS INDICATORS FOR MCWH & N

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
1. Immunisation coverage under 1 year	DHIS	%	73.9	71.8	83.3	69.0	N/A
2. Vitamin A coverage 12 – 59 months	DHIS	%	39.1	45.7	27.4	40.3	N/A
3. Measles 1st dose under 1 year coverage	DHIS	%	89.4	89.4	85.7	92.4	N/A
4. Pneumococcal Vaccine (PCV) 3rd Dose Coverage	DHIS	%	91.3	94.6	89.1	88.1	N/A
5. Rota Virus (RV) 2nd Dose Coverage	DHIS	%	91.6	88.7	95.3	92.9	N/A
6. Cervical cancer screening coverage	DHIS	%	63.2	68.9	51.2	64.1	N/A
7. Antenatal 1st visits before 20 weeks rate	DHIS	%	37.5	37.9	36.0	38.0	N/A
8. Infant 1st PCR test positive within 2 months rate	DHIS	%	4.6	4.8	3.2	5.8	N/A

Annual Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
9. Couple year protection rate	DHIS	%	33.6	33.2	34.0	33.8	N/A
10. Maternal Mortality in facility Ratio (MMR)	DHIS	No per 100 000	196.3	154.1	231.2	203.6	N/A
11. Delivery in facility under 18 years rate	DHIS	%	9.5	10.4	10.2	7.2	N/A
12. Child under 1 year mortality in facility rate	DHIS	%	9.7	10.8	9.4	7.9	N/A
13. Inpatient death under 5 years rate	DHIS	%	5.4	5.4	5.1	5.5	N/A

2.7.1 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR MCWH & N

TABLE MCWH2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR MCWH&N

BUDGET SUB PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION										
STRATEGIC GOAL 2: DECREASING MATERNAL AND CHILD MORTALITY										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
Strengthen basic interventions for reduction of maternal and child mortality	Reduce the incidence of severe malnutrition under 5 years.	Severe malnutrition under 5 years incidence: 4/1000	DHIS	5.3	3.6	2.8	4/1000	3/1000	3/1000	3/1000
		Not gaining weight under 5: 1/1000	DHIS	0.9	1.1	0.6	1/1000	1/1000	1/1000	1/1000
	Number of district hospitals with maternity waiting homes	Not in Plan	Physical	Not in Plan	Not in Plan	Not in Plan	Not in Plan	3	3	3

TABLE MCWH3: PERFORMANCE INDICATORS FOR MCWH & N

Quarterly Indicators	Data Source	Type	Audited/ Actual performance			Estimate	MTEF projection			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
1. Immunisation coverage under 1 year	DHIS	%	91	69.8	73.9	90	90	90	90	90
2. Vitamin A coverage 12 – 59 months	DHIS	%	29.7	29.2	39.1	35	48	55	60	80
3. Measles 1st dose under 1 year coverage	DHIS	%	95.5	88.9	89.4	90	90	90	90	90
4. Pneumococcal Vaccine (PCV) 3rd Dose Coverage	DHIS	%	71 (1st dose)	82.6	91.3	90	90	90	90	90
5. Rota Virus (RV) 2nd Dose Coverage	DHIS	%	79 (1st dose)	75.8	91.6	90	90	90	90	90
6. Cervical cancer screening coverage	DHIS	%	6.2 (rate)	60.3	63.2	64	65	70	75	70
7. Antenatal 1st visit before 20 weeks rate	DHIS	%	N/A	36	33.6	37.5	39	41	43	75
8. Infant 1st PCR test positive within 2 months rate	DHIS	%	12.8	7.9	4.6	< 5	<3	<2	<2	<2
9. Couple year protection rate	DHIS	%	10.3	33.4	35	37	39	41	43	70
10. Maternal Mortality in facility Ratio (MMR)	DHIS	No per 100 000	11.9	194.8	141	132	150	148	130	76
11. Delivery in facility under 18 years rate	DHIS	%	6.1	10.3	10	10	10.5	11	11.5	N/A
12. Child under 1 year mortality in facility rate	DHIS	No per 1000	Not in Plan	16.5	9.7	7.8	7.7	7.6	7.5	N/A
13. Inpatient death under 5 years rate	DHIS	%	Not in Plan	6	5.5	5.4	5	5	5	N/A

**Provincial Committee for Confidential Enquiry into Maternal Deaths*

2.7.2 QUARTERLY AND ANNUAL TARGETS FOR MCWH & N

TABLE MCWH 4: QUARTERLY AND ANNUAL TARGETS FOR MCWH & N FOR 2013/14

PROGRAMME PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Immunisation coverage under 1 year	QUARTERLY	90	90	90	90	90
2. Vitamin A coverage 12 – 59 months		48	48	48	48	48
3. Measles 1st dose under 1 year coverage		90	90	90	90	90
4. Pneumococcal Vaccine (PCV) 3rd Dose Coverage		90	90	90	90	90
5. Rota Virus (RV) 2nd Dose Coverage		90	90	90	90	90
6. Cervical cancer screening coverage		65	65	65	65	65
7. Antenatal1st visits before 20 weeks rate		39	39	39	39	39
8. Infant 1st PCR test positive within 2 months rate		<3	<3	<3	<3	<3
9. Number of district hospitals with maternity waiting homes	QUARTERLY	3	-	1	1	1
10. Reduce the incidence of severe malnutrition under 5 years.		4/1000	3/1000	3/1000	3/1000	4/1000
		Not gaining weight rate: 1/1000	1/1000	1/1000	1/1000	1/1000

PROGRAMME PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
11. Couple year protection rate	ANNUALLY	39	-	-	-	39
12. Maternal Mortality in facility Ratio (MMR)		150	-	-	-	150
13. Delivery in facility under 18 years rate		< 10.5	-	-	-	< 10.5
14. Child under 1 year mortality in facility rate		< 7.7	-	-	-	< 7.7
15. Inpatient death under 5 years rate		< 5	-	-	-	< 5

2.8 DISEASE PREVENTION AND CONTROL (DPC)

TABLE DPC 1: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Annual Indicators	Data Source	Type	Province wide value 2011/12	Ehlanzeni District 2011/12	Gert Sibande District 2011/12	Nkangala District 2011/12	National Average 2011/12
1. Malaria case fatality rate	Malaria Surveillance Reports	%	0.41	-	-	-	0.5
2. Cholera fatality rate	Weekly Zero Report compiled by Districts	%	0	0	0	0	0
3. Cataract surgery rate	DHIS	No per million population	2,489	-	-	-	1061

Source: DHIS

2.8.1 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DPC

TABLE DPC2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL

BUDGET SUB PROGRAMME: DISEASE PREVENTION AND CONTROL										
STRATEGIC GOAL 1: INCREASING LIFE EXPECTANCY										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011/12 (actual)**	**2012/13 (target)**	**2013/14**	**2014/15**	**2015/16**
	Decrease the incidence of Malaria per 1000 population at risk.	0.2 local case per 1000 population	DHIS	0.37 per 1000 population	0.41 per 1000 population 2010/11	0.29 local case per 1000 population	0.4 local case per 1000 population	0.3 local case per 1000 population	0.2 local case per 1000 population	0.1 local case per 1000 population

TABLE DCP 3: PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL

Annual Indicators	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
1. Malaria case fatality rate	Malaria Surveillance Reports	%	1.13	0.71	0.41	0.5	0.5	0.5	0.5	0.5
2. Cholera fatality rate	Weekly Zero Report compiled by Districts	%	0	0	0	<1	<1	<1	<1	Less than 1
3. Cataract surgery rate	DHIS	No per million population	CSR 800 (2,881)	CSR 700	CSR 691 (2,489)	CSR 1000 (3,600)	CSR 1000 (3,600)	CSR 1000 (3,600)	CSR 1000 (3,600)	CSR 1500 (4,500)

2.8.2 QUARTERLY AND ANNUAL TARGETS FOR DPC

TABLE DPC4: QUARTERLY AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2012/13

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Malaria case fatality rate	ANNUAL	0.5	-	-	-	0.5
Cholera fatality rate		<1	-	-	-	< 1
Cataract surgery rate	QUARTERLY	CSR 1000 (3,600)	CSR 167 (600)	CSR 333 (1200)	CSR 333 (1200)	CSR167 (600)
Decrease the incidence of malaria per 1000 population at risk.	QUARTERLY	0.3 local case per 1000 population	0.3 local case per 1000 population	0.3 local case per 1000 population	0.3 local case per 1000 population	0.3 Local case per 1000 population

2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS11: DISTRICT HEALTH SERVICES

District Health Services	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
District Management	201,928	210,068	260,103	386,634	386,727	424,033	447,642
Community Health Clinics	532,334	619,712	736,996	813,023	831,734	875,646	995,302
Community Health Centres	346,241	415,716	466,550	438,682	527,618	582,655	620,396
Community-based Services	-	72,311	108,292	83,776	72,664	79,105	85,017
Other Community Services	-	-	-	-	-	-	-
HIV/Aids	346,539	419,326	420,398	633,301	723,692	769,810	809,961
Nutrition	11,250	13,785	21,079	23,620	23,767	24,032	25,376
Coroner Services	-	-	-	-	-	-	-
District Hospitals	1,622,196	1,840,994	2,001,818	2,040,146	2,264,149	2,385,894	2,557,576
Total	**3,060,488**	**3,591,912**	**4,015,236**	**4,419,182**	**4,830,351**	**5,141,175**	**5,541,270**
Current payments	**2,949,517**	**3,477,590**	**3,845,960**	**4,199,251**	**4,652,342**	**4,953,490**	**5,343,040**
Compensation of employees	1,895,206	2,214,285	2,540,843	2,815,007	3,084,205	3,323,882	3,507,178
Salaries and wages	1,655,369	1,930,205	2,159,717	2,446,081	2,700,459	2,886,890	3,025,734
Social contributions	239,837	284,080	381,126	368,926	383,746	436,992	481,444
Goods and services	1,054,311	1,263,305	1,305,075	1,384,180	1,568,137	1,629,608	1,835,862
Administrative fees	344	1,032	460	3,175	203	204	213
Advertising	1,824	219	442	2,047	1,385	1,504	1,574
Assets less than the capitalisation threshold	9,022	6,616	14,490	62,755	19,179	18,692	21,286
Audit cost: External	8,149	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	5,462	4,267	1,200	2,057	4,496	5,307	5,536
Communication (G&S)	28,142	19,268	21,359	17,874	28,808	16,085	24,423
Computer services	208	682	272	310	454	506	528
Consultants and professional services: Busines	-	-	23	1,500	-	-	-
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	182,636	186,937	192,516	200,828	313,006	331,696	341,585
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	121,771	125,109	96,601	88,965	103,047	103,146	108,610
Agency and support / outsourced services	10,877	4,852	42,450	45,382	16,500	16,991	17,596
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	24,132	25,030	37,056	33,850	43,846	47,604	50,288
Housing	-	-	-	1,042	1,042	1,042	1,042
Inventory: Food and food supplies	46,647	40,704	54,044	47,510	55,735	55,799	58,335
Inventory: Fuel, oil and gas	12,218	13,415	14,157	17,740	17,512	17,584	18,168
Inventory: Learner and teacher support materi	-	-	-	15	15	15	15
Inventory: Materials and supplies	1,167	1,259	789	4,380	4,819	4,969	5,064
Inventory: Medical supplies	492,233	96,987	96,563	116,526	108,533	114,610	123,287
Inventory: Medicine	-	609,189	571,962	544,245	679,669	712,677	854,173
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	31,146	29,624	34,744	41,046	40,999	44,378	52,181
Inventory: Stationery and printing	13,759	16,016	15,486	18,388	26,746	29,271	30,544
Operating leases	14,451	16,658	14,325	17,561	24,679	26,358	27,507
Property payments	19,942	33,463	38,847	37,137	25,099	25,099	30,943
Transport provided: Departmental activity	5,138	6,382	11,944	12,146	19,703	21,044	21,909
Travel and subsistence	15,213	15,127	17,680	41,245	8,614	8,614	9,009
Training and development	4,756	5,987	14,564	8,810	13,701	15,440	17,582
Operating payments	3,876	2,966	7,592	7,799	7,247	7,379	10,715
Venues and facilities	643	670	383	9,012	644	755	785
Rental and hiring	555	846	5,126	836	2,456	2,839	2,964
Interest and rent on land	-	-	42	64	-	-	-
Interest (Incl. interest on finance leases)	-	-	42	64	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**68,966**	**93,375**	**133,299**	**154,172**	**142,164**	**151,758**	**160,330**
Provinces and municipalities	4,657	1,509	13,000	10,731	14,697	15,573	16,347
Departmental agencies and accounts	-	-	-	-	-	-	-
Non-profit institutions	58,926	85,042	110,777	128,568	123,153	130,701	138,341
Households	5,383	6,824	9,522	14,873	4,314	5,484	5,642
Payments for capital assets	**33,971**	**20,947**	**35,977**	**65,759**	**35,845**	**35,927**	**37,900**
Buildings and other fixed structures	490	-	-	(5,191)	-	-	-
Machinery and equipment	33,481	20,947	35,977	70,950	35,845	35,927	37,900
Heritage assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**8,034**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**3,060,488**	**3,591,912**	**4,015,236**	**4,419,182**	**4,830,351**	**5,141,175**	**5,541,270**

2.10 PERFORMANCE AND EXPENDITURE TRENDS

Programme 2 (District Health Services) shows growth of 7.3 percent for the first year of the Medium Term Expenditure Framework (MTEF) period. The overall increase is mainly due to the commitment of the department in strengthening District Health Services and funding of key cost drivers of the Department which include Drugs, Laboratory Services, Patients food, Medical Gas, Oxygen and Blood Services. The 2011/12 financial year budget increase includes additional funding received for HIV and AIDS for ARV's, CPIX increase of 4.8 percent, Medical Waste Removal of R42 million and CPIX increase on Medical Items.

2.11 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Increased mortality, disability rate, HIV prevalence and poor health outcomes	• Establishment of monitoring and evaluation units. • Skills development programme for managers. • Strengthen supervisory link between Hospitals and PHCs. • Development of the sub-district model. • Finalization of provincialization.
Non-compliance with certain Primary Health Care norms and standards	• Filling of posts in the sub-district structure. • Appointment of monitoring and evaluation coordinators. • Strengthen supervisory link between Hospitals and PHCs. • Development of the sub-district model. • Fast tract implementation of PHC reengineering.
Ineffective HIV/ AIDS and TB Management Programmes	• Effective implementation of the HIV/ AIDS & TB collaboration policy. • Re-enforcement of compliance with HIV/ AIDS & TB guidelines. • Decentralization of MDR services.
Interruption of drug supply to health facilities	• Strength weekly monitoring and reporting on drug supply for continuous reporting of drug supply for chronic diseases. • Develop and implement chronic care model.
Inadequate infection control measures	• Construction of isolation wards. • Involve clinical experts in infrastructure planning. • Creation of infection control nursing posts at a higher level.

3. BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

The purpose of Emergency Medical Services is to provide pre-hospital medical services, inter-hospital transfers, Rescue and Planned Patient Transport to all inhabitants of Mpumalanga Province within the national norms of 15 minutes in urban and 40 minutes in rural areas.

NEW DEVELOPMENTS

None

3.2 PRIORITIES

The strategic goals of this programme are as follows:

- Strengthen Health System Effectiveness and increasing life expectancy.

The **strategic priorities** of the programme are mass mobilization for better health outcomes by implementing interventions to increase life expectancy and to decrease maternal and child morbidity and mortality, and to overhaul the health care system by improving quality of care including the implementation of National Health Insurance.

The department will improve the services through the recruitment and appointment of emergency care practitioners, increasing the number of EMS based-stations and the number of rostered ambulances in the province.

TABLE EMS1: SITUATION ANALYSIS INDICATORS FOR EMS

Quarterly Indicator	Data Source	Type	Province wide value 2011/12	Ehlanzeni 2011/12	Gert Sibande 2011/12	Nkangala 2011/12	National Average 2011/12
1. EMS operational ambulance coverage	EMS Information System	No per 10 000	0.028	0.020	0.028	0.032	N/A
2. EMS P1 urban response under 15 minutes rate	EMS Information System	%	78	90	80	73	N/A
3. EMS P1 rural response under 40 minutes rate	EMS Information System	%	61	77	73	72	N/A
4. EMS P1 call response under 60 minutes rate	EMS Information System	%	62.75	76	67	63	N/A
5. % of PPTS within EMS	EMS Information System	%	40	-	-	-	-

Source: Emergency Medical Services Statistics

3.3 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGET FOR EMS

TABLE EMS2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR EMERGENCY MEDICAL HEALTH SERVICES

BUDGET SUB PROGRAMME: PLANNED PATIENT TRANSPORT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS and STRATEGIC GOAL 1: INCREASING LIFE EXPECTANCY										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	% of PPTS within EMS.	80% of PPTS with EMS by 2015.	EMS Information System	20	35	40	36	45	80	100

TABLE EMS3: PERFORMANCE INDICATORS FOR EMS AND PATIENT TRANSPORT

Indicator	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
1. EMS operational ambulance coverage	EMS Information System	per 10 000 population	0.026	0.028	0.028	0.029	0.030	0.030	0.030	1 per 10000 population
2. EMS P1 urban response under 15 minutes rate	EMS Information System	%	80	85	78	85	85	85	85	80
3. EMS P1 rural response under 40 minutes rate	EMS Information System	%	60	60	61	70	70	75	75	80
4. EMS P1 call response under 60 minutes rate	EMS Information System	%	60	60	62.75	70	70	75	75	100

** Target is 1 ambulance per 10 000 population.*
** Source: EMS Integrated Information System*

3.3.1 QUARTERLY AND ANNUAL TARGETS FOR EMS

TABLE EMS4: QUARTERLY AND ANNUAL TARGETS FOR EMS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
EMS operational ambulance coverage	QUARTERLY	0.030	0.030	0.030	0.030	0.030
EMS P1 urban response under 15 minutes rate	QUARTERLY	85	85	85	85	85
EMS P1 rural response under 40 minutes rate	QUARTERLY	70	70	70	70	70
EMS P1 call response under 60 minutes rate	QUARTERLY	70	70	70	70	70
% of PPTS within EMS	QUARTERLY	45	41	42	43	45

Source: EMS Integrated Information System

3.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Emergency Medical Services	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Emergency transport	179,062	240,717	230,506	251,149	266,627	283,175	301,551
Planned Patient Transport	7,776	16,232	11,121	13,500	19,200	19,500	19,875
Total	**186,838**	**256,949**	**241,627**	**264,649**	**285,827**	**302,675**	**321,426**
Current payments	**171,422**	**205,202**	**222,860**	**244,309**	**263,056**	**279,904**	**297,621**
Compensation of employees	130,343	151,139	169,847	187,484	209,462	226,010	239,570
Salaries and wages	112,771	129,874	144,370	155,963	176,680	191,916	199,781
Social contributions	17,572	21,265	25,477	31,521	32,782	34,094	39,789
Goods and services	41,063	53,830	52,781	56,804	53,594	53,894	58,051
Administrative fees	-	-	1	14	-	-	-
Advertising	11	264	-	-	264	264	276
Assets less than the capitalisation threshold	554	421	115	3,100	420	420	439
Audit cost: External	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	102	448	384	100	448	448	469
Communication (G&S)	2,041	1,309	1,997	1,566	1,309	1,309	1,369
Computer services	-	648	-	-	648	648	678
Consultants and professional services: Busines	-	-	-	-	-	-	-
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Labora	-	-	-	-	-	-	-
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	12	884	93	100	884	884	925
Agency and support / outsourced services	79	988	29	-	988	988	1,033
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	24,305	29,426	31,656	32,319	29,191	29,491	32,526
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	6	193	82	3,530	193	193	202
Inventory: Learner and teacher support materi	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-
Inventory: Medical supplies	145	81	101	250	81	81	85
Inventory: Medicine	-	97	82	97	97	97	101
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	214	1,415	3,412	2,127	1,415	1,415	1,480
Inventory: Stationery and printing	378	364	151	369	364	364	381
Operating leases	5,032	10,724	14,134	12,000	10,724	10,724	11,217
Property payments	61	65	31	300	-	-	-
Transport provided: Departmental activity	7,005	2,374	70	162	65	65	68
Travel and subsistence	1,070	1,783	434	720	2,374	2,374	2,483
Training and development	8	252	-	-	1,783	1,783	1,865
Operating payments	40	20	9	50	252	252	264
Venues and facilities	-	2,074	-	-	20	20	21
Rental and hiring	-	-	-	-	2,074	2,074	2,169
Interest and rent on land	16	233	232	21	-	-	-
Interest (Incl. interest on finance leases)	16	233	232	21	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**96**	**26**	**137**	**300**	**-**	**-**	**-**
Provinces and municipalities	-	-	109	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-
Households	96	26	28	300	-	-	-
Payments for capital assets	**15,404**	**51,721**	**18,630**	**20,040**	**22,771**	**22,771**	**23,805**
Buildings and other fixed structures	-	-	-	-	-	-	-
Machinery and equipment	15,404	51,721	18,630	20,040	22,771	22,771	23,805
Heritage assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**(84)**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**186,838**	**256,949**	**241,627**	**264,649**	**285,827**	**302,675**	**321,426**

3.5 PERFORMANCE AND EXPENDITURE TRENDS

Programme 3: Emergency Medical Services shows an increase of 8 percent in the 2013/14 financial year. The continued drive to improve emergency medical services is reflected in the real increase in the Programme 3 funding in 2013/14 and the outer years of the MTEF period. Improvement of EMS and planned patient transport is always prioritised in the programme to improve the response time both in urban and rural areas. Planned Patient transport shall be prioritised to ensure improved referral of patients in the province. This sub-programme is still faced with a number of challenges especially on the establishment of Planned Patients Transport Unit in the Provincial Office, however the budget for PPT shall be used to procure Patients Transporters for Hospitals.

3.6 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
EMS failure to take control of PPTS (Planned Patient Transport Services)	• Control of PPTS by EMS.
Ineffective call center	• Call center staff training. • Develop SOPs for control center • Appointment of new multilingual staff. • Appointment of shift leaders.
Inadequate/ inappropriate emergency vehicles	• Adequate budget to procure an additional 40 ambulances and 15 all-terrain response vehicles.
Inadequate EMS management structure	• Development and adoption of appropriate EMS organogram.
Poor response time	• Adequate budget to procure an additional 40 ambulances and 15 all-terrain response vehicles. • Appropriate EMs organogram and funding.

4. BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

4.1 PROGRAMME PURPOSE

The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialized hospital services.

NEW DEVELOPMENTS

None

4.2 PRIORITIES

The strategic goals of this programme, is to **Strengthen Health System Effectiveness, Increase Life Expectancy and Reduce Maternal and Child Mortality**

The strategic priority of the programme is to overhaul the health care system by improving quality of care including the implementation of National Health Insurance.

In addition to the above, the priorities for TB Hospitals are as follows:

- Procurement and revitalization of the two SANTA hospitals
- Implement the community management of MDR TB patients.

4.3 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

TABLE PHS1: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

BUDGET SUB PROGRAMME: REGIONAL HOSPITALS										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
STRATEGIC OBJECTIVE	**PERFORMANCE INDICATOR**	**Strategic Plan Target**	**Means of Verification/ Data Source**	**Audited/ Actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
	Number of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards	Quality Improvement Plans in accordance with Core Standards, implemented in 3 regional hospitals	Assessment Reports	0	0	3	3	3	3	3

TABLE PHS2: PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS

Quarterly Indicators	Data Source	Type	Audited /actual performance			Estimate	MTEF projection			National target
			2009/10	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2014/15**
1. Delivery by Caesarean section rate	DHIS	%	19	21.9	18.9	21	21	21	21	<25
2. Inpatient Separations – Total	DHIS	No	143 995	109 315	63,507	64 000	69 000	72 000	75 000	Provincial
3. Patient Day Equivalents – Total	DHIS	No	307 036	591 490	323,390	344 000	350 000	352 000	354 000	Provincial
4. OPD Headcount – Total	DHIS	No	182 882	221 050	203,024	177 000	173 000	170 000	170 000	Provincial
5. Average Length of Stay	DHIS	Days	4.1	4.3	4,6	4.7	4.7	4.7	4.8	4.8
6. Inpatient Bed Utilisation Rate	DHIS	%	76	71	72,6	75	75	75	75	75
7. Expenditure per patient day equivalent (PDE)	BAS/ DHIS	R	1,436	1,163	R2,106	2200	2200	2300	2400	N/A
8. Complaint Resolution within 25 working days rate	DHIS	%	Not in Plan	Not in Plan	70	70	75	80	85	100
9. Mortality and morbidity review rate	DHIS	%	Not in Plan	Not in Plan	100	100	100	100	100	100

Source: DHIS

Annual Indicators	Data Source	Type	Audited/ Actual performance			Estimate	Medium-term targets			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
10. Hospital Patient Satisfaction rate	Patient Satisfaction Survey	%	Not in Plan	Not in Plan	73	75	77	80	85	90
11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Quality Assurance Assessment Reports	No	Not in Plan	Not in Plan	8	8	8	8	8	N/A

4.4 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

TABLE PHS1: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

BUDGET SUB PROGRAMME: SPECIALISED HOSPITALS (TB HOSPITALS)										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan target**	**Means of verification / Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections (STIs) Strategic Plan and reduction of mortality due to TB and associated diseases.	Effective Movement Rate (TB).	90% of patients effectively moved	Acknowledgement Slips (pink slips)	Not in the Plan	56	74	85	90	90	90
	Effective Movement Rate (DR).	Not in Plan		Not in the Plan	20	79	90	90	90	90
	Hospital Patient Satisfaction rate	Not in Plan	Discharge questionnaire with positive response	Not in the Plan	81	79.5	80	80	80	80
	Expenditure per patient day equivalent (PDE)	Not in Plan	Registers & BAS System	Not in the Plan	R741.80	R773.51	R950	R1 100	R1 200	R1 300

BUDGET SUB PROGRAMME: SPECIALISED HOSPITALS (TB HOSPITALS)										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	Performance Indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15	2015/16
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Not in Plan	Assessment Reports	5	5	5	5	5	5	5
	Number of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards.	Not in Plan.	Assessment Reports	0	0	5	5	5	5	5

4.5 QUARTERLY AND ANNUAL TARGETS FOR GENERAL HOSPITALS

TABLE PHS4: QUARTERLY AND ANNUAL TARGETS FOR REGIONAL HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Delivery by Caesarean section rate	QUARTERLY	21	21	21	21	21
2. Inpatient Separations – Total		69 000	17 250	17 250	17 250	17 250
3. Patient Day Equivalents – Total		350 000	87 500	87 500	87 500	87 500
4. OPD Headcount – Total		173 000	43 250	43 250	43 250	43 250
5. Average Length of Stay		4.7	4.7	4.7	4.7	4.7
6. Inpatient Bed Utilisation Rate		75	75	75	75	75
7. Expenditure per patient day equivalent (PDE)		2200	2200	2200	2200	2200
8. Complaint Resolution within 25 working days rate		75	75	75	75	75
9. Mortality and morbidity review rate		100	100	100	100	100
10. Hospital Patient Satisfaction Rate	ANNUAL	77	-	-	-	77

11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards		8	-	-	-	8
12. Number of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards	**ANNUAL**	3	-	-	-	3

TABLE PHS4: QUARTERLY AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Effective Movement rate (TB)	QUARTERLY	90	90	90	90	90
Effective Movement rate (DR)		90	90	90	90	90
Expenditure per patient day equivalent (PDE)		R1 100	R1 100	R1 100	R1 100	R1 100
Hospital Patient Satisfaction rate	ANNUAL	80	-	-	-	80
Number of Hospitals assessed for compliance with the 6 priorities of the core standards		5	-	-	-	5
Number of hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards.		5	-	-	-	5

4.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS5: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Provincial Hospital Services	**Audited outcome**	**Audited outcome**	**Audited outcome**	**Revised Estimate**	**Medium-term estimates**		
General (Regional) Hospitals	581,023	687,978	709,257	738,862	831,637	875,556	913,044
Tuberculosis Hospitals	77,164	88,713	120,090	128,838	142,918	154,175	176,259
Psychiatric/ Mental Hospitals	22,707	25,678	26,630	26,747	29,369	31,131	33,154
Total	**680,894**	**802,369**	**855,977**	**894,447**	**1,003,924**	**1,060,862**	**1,122,457**
Current payments	**649,415**	**767,894**	**816,448**	**863,731**	**960,708**	**1,012,727**	**1,058,860**
Compensation of employees	469,498	566,341	622,075	695,591	772,294	824,313	868,717
Salaries and wages	415,010	499,430	528,734	622,858	694,106	740,652	779,618
Social contributions	54,488	66,911	93,341	72,733	78,188	83,661	89,099
Goods and services	179,909	201,538	194,275	168,138	188,414	188,414	190,143
Administrative fees	57	16	64	121	113	113	118
Advertising	165	9	4	10	39	39	41
Assets less than the capitalisation threshold	1,074	1,749	1,667	2,248	921	921	964
Audit cost: External	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	167	123	72	135	29	29	30
Communication (G&S)	2,987	3,273	3,790	3,203	4,045	4,045	4,243
Computer services	94	41	-	107	-	-	-
Consultants and professional services: Busines	-	-	-	-	-	-	-
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	23,764	27,187	24,676	22,595	24,739	24,739	25,969
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	10,876	4,939	4,009	2,051	2,426	2,426	2,544
Agency and support / outsourced services	6,991	19,020	9,430	9,704	13,028	13,028	13,661
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	4,891	4,859	6,995	7,035	4,797	4,797	5,033
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	16,774	13,657	15,255	15,757	14,718	14,718	16,896
Inventory: Fuel, oil and gas	2,868	1,944	1,951	2,004	2,441	2,441	3,053
Inventory: Learner and teacher support materi	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,108	887	494	515	286	286	300
Inventory: Medical supplies	72,379	39,226	41,293	28,389	30,782	30,782	31,964
Inventory: Medicine	-	45,030	43,771	38,058	50,379	50,379	42,528
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	11,433	10,549	10,537	10,890	10,276	10,276	10,979
Inventory: Stationery and printing	3,136	3,677	3,205	2,371	4,881	4,881	5,118
Operating leases	6,104	7,777	5,121	5,461	7,898	7,898	8,279
Property payments	6,118	12,480	15,809	11,759	-	-	-
Transport provided: Departmental activity	27	90	16	50	10,916	10,916	11,946
Travel and subsistence	7,904	4,449	5,769	4,656	16	16	17
Training and development	279	278	51	443	5,402	5,402	6,165
Operating payments	380	201	179	171	5	5	5
Venues and facilities	333	77	117	405	277	277	290
Rental and hiring	-	-	-	-	-	-	-
Interest and rent on land	8	15	98	2	-	-	-
Interest (Incl. interest on finance leases)	8	15	98	2	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**24,721**	**27,792**	**28,751**	**28,556**	**30,118**	**31,862**	**33,919**
Provinces and municipalities	-	-	-	19	-	-	-
Departmental agencies and accounts	-	-	-	10	-	-	-
Non-profit institutions	23,057	26,151	26,630	26,747	29,369	31,131	33,154
Households	1,664	1,641	2,121	1,780	749	731	765
Payments for capital assets	**6,758**	**6,683**	**10,778**	**2,160**	**13,098**	**16,273**	**29,678**
Buildings and other fixed structures	-	-	-	-	-	-	-
Machinery and equipment	6,758	6,683	10,778	2,160	13,098	16,273	29,678
Payments for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**680,894**	**802,369**	**855,977**	**894,447**	**1,003,924**	**1,060,862**	**1,122,457**

4.7 PERFORMANCE AND EXPENDITURE TRENDS

The Provincial Hospital Services shows the highest growth of 12 percent due to underfunding of the general hospitals. The budget these hospitals was accelerated in the adjustment period of the 2012/13 financial year. The trend only provides for inflationary provision of the economy.

4.8 RISK MANAGEMENT

RISK	MITIGATING FACTORS
Inadequate infection control measures	• Construction of isolation wards. • Involvement of clinical experts in infrastructure planning. • Adequate number infection control nurses.
Clinical adverse events	• Establishment of adverse events committees in all hospitals. • Strengthening supervision by senior practitioners. • Introduction of electronic patient record management system.
Inadequate HIV/ AIDS and TB inpatient care	• Effective implementation of HIV/ AIDS and TB collaboration policy. • Effective coordination between TB Hospitals, PHCs and other key stakeholders. • Purchase Standerton and Barberton TB Hospitals from SANTA.
Incomplete package of level 2 services	• Finalization of appropriate recruitment and retention strategy for scarce skills. • Prioritize maintenance budget at facility level. • Effective coordination and management of outreach services and referrals.
Ineffective patient records system	• PAAB upgrade and roll-out to all health institutions. • Training on information management. • Appointment of Information Officers in all institutions.

5. BUDGET PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 PROGRAMME PURPOSE

The purpose of the programme is to render tertiary health care services and to provide a platform for training of health care workers and to conduct research.

NEW DEVELOPMENTS

None

5.2 PRIORITIES

The strategic goals of this programme, is to **Strengthen Health System Effectiveness, Increase Life Expectancy and Reduce Maternal and Child Mortality**

The strategic priority of the programme is to overhaul the health care system by improving quality of care including the implementation of National Health Insurance.

5.3 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

TABLE THS1: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

BUDGET PROGRAMME:TERTIARY HOSPITALS										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan target**	**Means of verification / Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	No of hospitals implementing quality improvement plans in line with the 6 priorities of the core standards	Quality Improvement Plans in accordance with Core Standards, implemented in 2 Tertiary Hospitals	Assessment Reports	0	0	2	2	2	2	2

TABLE THS2: PERFORMANCE INDICATORS FOR TERTIARY HOSPITALS

Quarterly Indicators	**Data Source**	**Type**	**Audited/ actual performance**			**Estimate**	**MTEF projection**			**National target**
			2009/10	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2014/15**
1. Delivery by Caesarean section rate	DHIS	%	30	30.2	30.4	25	25	25	25	25
2. Inpatient Separations – Total	DHIS	No	16,020	55,344	31 294	19,000	19,500	20,000	20,500	N/A
3. Patient Day Equivalents – Total	DHIS	No	120,864	375,392	237,206	149,000	149,500	150,000	150,500	N/A
4. OPD Headcount – Total	DHIS	No	94,205	157,754	175,860	84,000	83,000	82,000	81,000	N/A
5. Average Length of Stay	DHIS	Days	5.5	5.5	5.4	5.5	5.4	5.3	5.3	5.3 days
6. Inpatient Bed Utilisation Rate	DHIS	%	80	69.9	73.5	75	75	75	75	75
7. Expenditure per patient day equivalent (PDE)	BAS/ DHIS	R	2,382	1,888	2,566	2,750	2,850	R2,950	R3,000	N/A
8. Complaint Resolution within 25 working days rate	DHIS	%	Not in Plan	100	96	70	75	80	90	N/A
9. Mortality and morbidity review rate	DHIS	%	Not in Plan	100	100	100	100	100	100	N/A

Annual Indicators	Data Source	Type	Audited/ Actual performance			Estimate	Medium-term targets			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2014/15
10. Hospital Patient Satisfaction Rate.	Patient Satisfaction Survey	%	Not in Plan	Not in Plan	70	70	80	85	90	90
11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards.	Quality Assurance Assessment Reports	No	Not in Plan	Not in Plan	2	2	2	2	2	N/A

5.4 QUARTRLY AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

TABLE THS3: QUARTERLY AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Delivery by Caesarean section rate	QUARTERLY	25	25	25	25	25
Inpatient Separations – Total		19,500	4875	4875	4875	4875
Patient Day Equivalents – Total		149,500	37,375	37,375	37,375	37,375
OPD Headcount – Total		83,000	20,750	20,750	20,750	20,750
Average Length of Stay		5.4	5.4	5.4	5.4	5.4
Inpatient Bed Utilisation Rate		75	75	75	75	75
Expenditure per patient day equivalent (PDE)		2,850	2,850	2,850	2,850	2,850
Complaint Resolution within 25 working days rate		75	75	75	75	75
Mortality and morbidity review rate		100	100	100	100	100

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Hospital Patient Satisfaction Rate.	**ANNUAL**	80	-	-	-	80
Number of Hospitals assessed for compliance against the 6 priorities of the core standards.		2	-	-	-	2
No of hospitals implementing quality improvement plans in line with the 6 priorities of the core standards	**ANNUAL**	2	-	-	-	2

5.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE THS5: EXPENDITURE ESTIMATES: TERTIARY SERVICES

Central Hospitals	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Provincial Tertiary Hospital Services	625,754	708,712	700,731	758,005	827,337	879,943	964,099
Total	**625,754**	**708,712**	**700,731**	**758,005**	**827,337**	**879,943**	**964,099**
Current payments	**619,002**	**697,508**	**678,471**	**746,202**	**813,538**	**869,701**	**952,369**
Compensation of employees	379,335	444,836	466,755	537,448	610,140	651,486	710,727
Salaries and wages	336,675	393,856	396,742	479,380	543,416	580,226	631,709
Social contributions	42,660	50,980	70,013	58,068	66,724	71,260	79,018
Goods and services	239,667	252,662	211,716	208,751	203,398	218,215	241,642
Administrative fees	18	-	13	72	136	145	153
Advertising	-	-	27	-	-	-	-
Assets less than the capitalisation threshold	3,995	1,001	1,888	2,141	3,513	3,766	3,972
Audit cost: External	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	7	7	6	10	20	21	22
Communication (G&S)	2,998	3,057	4,274	2,531	3,232	3,465	3,654
Computer services	-	127	-	-	162	173	182
Consultants and professional services: Busines	-	-	-	-	13	14	15
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	39,034	42,230	31,491	32,004	30,341	32,776	41,674
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	49,543	33,387	18,801	21,482	20,478	27,314	28,807
Agency and support / outsourced services	2,137	13,997	20,224	13,839	20,659	23,983	24,937
Entertainment	16	-	-	-	-	-	-
Fleet services (including government motor tra	1,765	2,008	2,601	2,563	1,516	1,625	1,714
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	8,732	7,609	8,407	7,966	8,034	8,613	10,084
Inventory: Fuel, oil and gas	1,865	2,283	1,118	1,330	2,557	2,710	2,835
Inventory: Learner and teacher support materi	-	-	7	-	-	-	-
Inventory: Materials and supplies	33	126	35	195	193	206	217
Inventory: Medical supplies	103,719	74,020	64,064	60,578	58,588	44,839	47,481
Inventory: Medicine	-	44,074	29,836	29,605	28,588	41,370	46,214
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	5,426	5,269	4,982	5,349	5,363	5,749	6,063
Inventory: Stationery and printing	2,484	2,034	2,081	1,764	2,189	2,346	2,474
Operating leases	4,908	5,067	3,924	2,606	4,078	4,372	4,611
Property payments	-	-	-	(118)	-	-	-
Transport provided: Departmental activity	8,727	13,202	12,366	18,980	10,726	11,499	13,127
Travel and subsistence	1,758	1,671	2,068	1,800	-	-	-
Training and development	9	5	212	-	1,583	1,697	1,790
Operating payments	2,493	1,488	3,290	2,776	27	29	31
Venues and facilities	-	-	1	1,279	1,402	1,503	1,585
Rental and hiring	-	-	-	(1)	-	-	-
Interest and rent on land	-	10	-	3	-	-	-
Interest (Incl. interest on finance leases)	-	10	-	3	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**541**	**720**	**632**	**803**	**799**	**850**	**891**
Provinces and municipalities	-	-	-	7	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-
Foreign governments and international organisatio	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-
Households	541	720	632	796	799	850	891
Payments for capital assets	**6,211**	**10,484**	**21,628**	**11,000**	**13,000**	**9,392**	**10,839**
Buildings and other fixed structures	-	-	-	-	-	-	-
Machinery and equipment	6,211	10,484	21,628	11,000	13,000	9,392	10,839
Heritage assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**625,754**	**708,712**	**700,731**	**758,005**	**827,337**	**879,943**	**964,099**

5.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 5 (Central & Tertiary Hospital Services) consists of Rob Ferreira- and Witbank Hospitals and shows a budget increase of 9.9 percent which includes OSD for Nurses, Doctors and Therapists. The trend only provides for inflationary provision of the economy.

5.7 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Critical shortage of senior personnel	• Fill vacant senior posts. • Development and implementation of an appropriate recruitment and retention strategy for scarce skills. • Clarification and correct implementation of OSD.
Incomplete package of level 3 services	• Development and implementation of appropriate departmental attraction, recruitment and retention strategy for scarce skills. • Provincial tender for medical equipment and consumables, as opposed to quotation system. • Strengthening relationship with academic institutions. • Improved medicine stock supply and control system.
Clinical adverse events	• Increase outreach programmes. • Strengthening supervision. • Conducting of clinical audits and peer reviews. • Effective monitoring of adherence to clinical protocols.
Inadequate infection control measures	• Involvement of clinical experts in infrastructure planning. • Creation of infection control nursing posts at higher level, as well as additional cleaning staff posts. • Hand washing campaigns and in-service training programmes.
Poor health care waste (HCW) management	• Effective communication and implementation of HCW guidelines.

6. BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 PROGRAMME PURPOSE

The purpose of the Health Sciences and Training programme is to ensure the provision of skills development programmes in support of the attainment of the identified strategic objectives of the Department.

NEW DEVELOPMENTS

In our quest to develop human resources within the department with particular reference to nurses, pharmacists and allied health care professionals, the department provides bursaries aimed at catering for scarce skilled health professionals.

The department has 681 external students and 68 students on the Cuban Medical Training Programme and has trained 4413 health professionals on critical clinical skills and 2 348 health personnel in generic programmes in 2011/12.

An electronic training database system has been developed to give account of the number of officials trained on specific programmes. The challenge has always been that the number provided may include a recount of same officials who attended different programmes.

The refurbishment of Nursing Colleges is an important intervention by the National Department of Health to create a conducive environment for the production of nurses in South Africa. National Department of Health has embarked on a strategy to revitalize and expand on the nurse training colleges and schools.

The department aims to have 3 additional clinical training facilities accredited, bringing the total number to 33 accredited facilities and also aims to expand into District Campuses for Nursing and to increase the intake of nursing students, to two-hundred and fifty (250) for the new financial year.

The department will prioritize the increase in the production of health professionals, in particular the training of Doctors in Cuba.

6.2 PRIORITIES

The strategic goal of this programme, is to ***Strengthen Health System Effectiveness***

The **strategic priority** of the programme is to improve Human Resources, Planning and Development.

6.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HST

BUDGET SUB PROGRAMME: HEALTH SCIENCES AND TRAINING										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	Performance Indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	MTEF projection		
				2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15	2015/16
Improving Human Resources, Planning and Development.	Number of health professionals trained on critical clinical skills.	Train 7000 health professionals in all categories on critical clinical skills	Training Database	1000	2722	4413	1300*	3000	3200	3400

* *Number of health professionals trained on critical clinical skills: The targets are based on the budget allocation trends.*

TABLE HST2: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Indicator	Data Source	Type	Audited / actual performance			Estimate	MTEF projection			National target
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
Intake of nurse students	Enrolment Register	No	231	185	237	200	250	300	350	N/A
Students with bursaries from the province	Bursary Database	No	641	1490	1082	1200	1250	1300	1350	N/A
Basic nurse students graduating	Academic Records	No	217	381	526	340	380	400	420	N/A

6.4 QUARTERLY AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST3: QUARTERLY AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Intake of nurse students	ANNUALLY	250	0	0	0	250
Students with bursaries from the province		1250	0	0	0	1250
Basic nurse students graduating		380	0	380	0	0
Number of health professionals trained on critical clinical skills	QUARTERLY	3000	500	1000	1000	500

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Health Sciences and Training	2009/10 Audited outcome	2010/11 Audited outcome	2011/12 Audited outcome	2012/13 Revised Estimate	2013/14 Medium-term estimates	2014/15	2015/16
Nursing Training College	99,602	96,114	120,140	152,027	128,769	138,575	141,544
EMS Training College	1,891	1,825	3,000	2,422	3,016	3,191	3,406
Bursaries	31,605	6,609	554	2,228	2,866	3,077	3,287
Primary Health Care Training	2,788	5,792	5,994	3,932	2,749	5,950	6,369
Training Other	58,675	88,971	92,204	105,336	114,634	119,624	120,967
Total	**194,561**	**199,311**	**221,892**	**265,945**	**252,034**	**270,417**	**275,573**
Current payments	**194,039**	**199,146**	**206,682**	**247,500**	**235,066**	**251,979**	**254,359**
Compensation of employees	99,026	124,803	143,166	182,983	157,636	174,567	179,118
Salaries and wages	85,657	110,005	121,691	155,903	134,713	149,762	152,439
Social contributions	13,369	14,798	21,475	27,080	22,923	24,805	26,679
Goods and services	95,013	74,343	63,516	64,517	77,430	77,412	75,241
Administrative fees	3,539	2,703	364	1,257	432	432	445
Advertising	680	112	-	421	237	237	245
Assets less than the capitalisation threshold	162	-	996	119	757	757	781
Audit cost: External	-	551	-	-	-	-	-
Bursaries: Employees	30,842	21,404	150	2,208	826	826	852
Catering: Departmental activities	9,464	9,463	1,272	454	473	473	487
Communication (G&S)	320	243	256	253	557	552	569
Computer services	-	48	-	-	-	-	-
Consultants and professional services: Busines	-	504	2,520	5,024	2,449	2,449	2,525
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	-	-	-	-	-	-	-
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	11,597	308	245	5	738	731	752
Agency and support / outsourced services	289	13,132	18,541	18,358	19,427	19,596	20,687
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	-	671	906	661	1,761	1,745	1,795
Housing	438	-	-	-	-	-	-
Inventory: Food and food supplies	20	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	1	7	-	-	-	-
Inventory: Learner and teacher support materi	-	-	121	50	585	585	603
Inventory: Materials and supplies	295	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	3,631	1,241	1,367	2,217	2,694	2,671	2,948
Inventory: Stationery and printing	6,349	401	715	893	256	144	147
Operating leases	207	521	1,666	958	529	525	540
Property payments	-	-	-	(258)	-	-	-
Transport provided: Departmental activity	4,758	234	152	(165)	822	815	839
Travel and subsistence	17,094	15,028	19,426	21,479	6,428	-	-
Training and development	3,093	6,534	11,875	7,794	13,965	20,381	21,929
Operating payments	2,056	591	385	(581)	21,787	21,788	16,305
Venues and facilities	179	653	2,552	3,230	725	725	748
Rental and hiring	-	-	-	140	1,982	1,982	2,044
Interest and rent on land	-	-	-	-	-	-	-
Interest (Incl. interest on finance leases)	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**155**	**14,393**	**17,945**	**16,368**	**18,138**	**20,845**
Provinces and municipalities	-	-	-	1	-	-	-
Departmental agencies and accounts	-	-	3,842	-	5,047	4,999	5,424
Non-profit institutions	-	-	-	-	-	-	-
Households	-	155	10,551	17,944	11,321	13,139	15,421
Payments for capital assets	**522**	**10**	**817**	**500**	**600**	**300**	**369**
Buildings and other fixed structures	-	-	-	-	-	-	-
Machinery and equipment	522	10	817	500	600	300	369
Heritage assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**194,561**	**199,311**	**221,892**	**265,945**	**252,034**	**270,417**	**275,573**

6.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 6, Health Science & Training will reduce by 5 percent from the 2013/14 to which is mainly due to the reprioritisation of the spending of the department to service delivery programmes. This programme also includes the Health Professionals Training and Development grant which has been allocated to address challenges related to skills of health professionals in the province.

Nursing Training College – Has shown growth over the past seven years which include the development of professional nurses. The expenditure includes payment of student allowance and providing food in the college. Funds allocated to the college are inadequate due to high demand on intakes.

EMS Training College – Has shown growth over the past seven years which include the development of EMS professionals. The expenditure includes payment of student allowance and providing food in the college. Funds allocated to the college are inadequate due to high demand on intakes.

PHC Training – Has shown growth over the past seven years which include the development of Health professionals.

Bursaries – All bursary funding was transferred to Department of Education from the 2012/13 financial year throughout the MTEF period. Only funding for current employees will remain within the Department of Health to facilitate the administration of bursaries for the department.

Training Other – include HPTD conditional grant supports the departmental Health Sciences and Training Programme in funding services relating to training and development of health professions.

6.7 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Defaulting on bursary contractual obligations by bursars	• HOD to sign the bursary contracts timeously. • Inclusion of clause in bursary contracts indicating desired area of specialty and the duration. • Strengthening relationship with universities to accommodate students for specialization. • Inclusion of clause binding defaulting bursary holders to refund bursary.
High staff turnover	• Effective implementation of HR Plan. • Finalization and implementation of retention strategy. • Strengthening of EAP.
Ineffective learnership recruitment strategy	• Monitoring and support visits. • Stakeholder consultative meetings.
Inadequate facilities for nursing training	• Revitalization of the Nursing College. • Establishment of a psychiatric institution. • Accreditation of added training facilities. • Alignment of intake with available resources. • Effective implementation the existing Health Science Centre plan.
Failure to amend the outdated gazette relating to the establishment and functioning of the Nursing College	• Repeal of outdated Gazette.

7 BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 PROGRAMME PURPOSE

The Health Care Support Service programmes aim to improve the quality and access of health care provided through:

- The availability of pharmaceuticals and other ancillaries.
- Rendering of credible forensic health care which contributes meaningfully to the criminal justice system.
- The availability and maintenance of appropriate health technologies Improvement of quality of life by providing needed assistive devices.
- Coordination and stakeholder management involved in specialized care.
- Rendering in-house services within the health care value chain.

There are four directorates within programme 7 namely:

- **Pharmaceutical Services**
- **Forensic Health Services** (Forensic Pathology Services, Clinical Forensic Medicine and Medico-Legal Services)
- **Health Care Support** (Medical Orthotics and Prosthetics, Laboratory, Blood, Tissue and Organ and Laundry Services
- **Health Technology Services** (Clinical Engineering, Imaging)

NEW DEVELOPMENTS

Sustainability of Drugs

In order to enhance efficiencies in the operations of the Medical Depot, the ordering of drugs has been decentralized to ensure that all facilities (including clinics), can order directly from the Medical Depot. An early warning system to assist the department to adhere to planned drug procurement schedules in order to ensure sustained availability of drugs is in the procurement process. The Standard Operating Procedures (SOP) for implementation of the IT system that links the Medical Depot to all hospitals in the province, is under review and will be used as a tool to monitor the ordering and stock availability at institutional level. The establishment of a Supply Chain Management Unit at the Depot for accelerated pharmaceutical procurement, is also underway.

Clinical Forensic Medicine (CFM)

Only five (5) of the twenty-four (24) CFM Centres are complying with the National Core Standards. Plans are in process to include the nineteen (19) non-compliant centres in the plans for construction and upgrading of facilities.

Forensic Pathology Services (FPS)

The province does not have forensic pathology specialist hence complicate cases are referred to the University of Pretoria. The province needs to attract a specialist to be based within the province.

Medical Devices and Equipments

An audit that was done in health facilities, identified the basic medical devices and equipment required to achieve compliance to the national core standards and six priority areas. Earmarked finding for Quality Improvement Plans, have been used to procure basic equipment required in each district. A standard equipment list has been developed for district hospitals and PHC facilities and the department will ensure that regular maintenance schedules will be adhered to. In addition to this, the department aims to have four (4) clinical engineering workshops in the province by the end of 2013/14.

7.2 PRIORITIES

The strategic goal of this programme, is to ***Strengthen Health System Effectiveness***

The **strategic priority** of the programme is to overhaul the health care system by improving quality of care including implementation of the National Health Insurance.

- Provision of quality pharmaceutical services in all the facilities
- Provision of quality Clinical Forensic Medicine Services
- Provision of guidelines on the use of Laboratory, Blood, Tissue and Organ Transplant available in hospitals.
- Provision of imaging services compliant to Radiation Control prescripts;
- Provision of comprehensive medical orthotic and prosthetic care;

7.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE HCSS 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGTS FOR HEALTH CARE SUPPORT SERVICES

BUDGET SUB PROGRAMME: HEALTH CARE SUPPORT SERVICES										
STRATEGIC GOAL 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15	2015/16
PHARMACEUTICAL SERVICES										
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	% of EDL items available at the Medical Depot.	95% availability of all pharma-ceuticals in all facilities	EDL Items Lists	67	89	85	95	95	95	95

7.4 QUARTERLY AND ANNUAL TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE HCSS2 : QUARTERLY AND ANNUAL TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
PHARMACEUTICAL SERVICES						
% of EDL items available at the Medical Depot.	QUARTERLY	95	95	95	95	95

7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 3 : EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Health Care Support Services	Audited outcome	Audited outcome	Audited outcome	Revised Estimate	Medium-term estimates		
Laundries	13,588	13,591	22,767	26,484	32,349	34,240	36,150
Engineering	5,225	8,980	11,962	17,567	20,038	21,551	20,512
Forensic Services	44,702	46,016	52,780	57,041	53,717	57,688	61,789
Orthotic and Prosthetic services	5,123	1,508	4,382	5,061	5,897	6,166	6,431
Medicine Trading Account	6,467	10,664	25,472	7,183	9,582	10,115	10,798
Total	**75,105**	**80,759**	**117,363**	**113,336**	**121,583**	**129,760**	**135,680**
Current payments	**57,371**	**67,943**	**100,567**	**99,934**	**110,821**	**118,429**	**123,562**
Compensation of employees	32,910	37,698	49,182	61,630	70,134	75,491	80,206
Salaries and wages	28,248	32,902	41,809	53,817	61,735	66,594	70,659
Social contributions	4,662	4,796	7,373	7,813	8,399	8,897	9,547
Goods and services	24,461	29,910	51,385	38,304	40,687	42,938	43,356
Administrative fees	-	19	57	122	15	15	15
Advertising	-	87	-	-	-	-	-
Assets less than the capitalisation threshold	141	160	849	628	1,774	1,882	1,970
Audit cost: External	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	76	89	36	(505)	45	47	49
Communication (G&S)	749	1,039	1,141	1,174	1,155	1,205	1,263
Computer services	1,268	-	107	-	121	121	127
Consultants and professional services: Busines	-	-	-	-	-	-	-
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	-	-	-	-	-	-	-
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	5,158	7,837	5,803	7,162	12,687	13,418	11,741
Agency and support / outsourced services	-	-	48	485	-	-	-
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	1,651	1,952	3,232	2,705	4,000	4,205	4,425
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	68	-	-	-	68	68	82
Inventory: Fuel, oil and gas	1	-	-	-	2	2	3
Inventory: Learner and teacher support materi	-	-	-	-	-	-	-
Inventory: Materials and supplies	20	1,917	586	3,375	133	141	158
Inventory: Medical supplies	1,086	2,621	25,093	4,803	5,701	6,061	6,479
Inventory: Medicine	-	-	2	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	6,757	4,764	6,159	8,996	3,951	4,233	4,428
Inventory: Stationery and printing	772	447	520	410	1,009	1,058	1,114
Operating leases	4,502	1,433	630	562	1,588	1,625	1,720
Property payments	-	-	-	2,833	-	-	-
Transport provided: Departmental activity	572	1,577	1,528	1,030	736	763	805
Travel and subsistence	679	3,020	4,110	4,362	1,893	1,988	2,079
Training and development	909	2,366	646	44	3,152	3,317	3,975
Operating payments	31	-	254	118	2,247	2,359	2,468
Venues and facilities	21	582	584	-	171	179	191
Rental and hiring	-	-	-	-	239	251	264
Interest and rent on land	-	335	-	-	-	-	-
Interest (Incl. interest on finance leases)	-	335	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**32**	**17**	**38**	**26**	**148**	**157**	**165**
Provinces and municipalities	-	-	-	16	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-
Foreign governments and international organisatio	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-
Households	32	17	38	10	148	157	165
Payments for capital assets	**17,702**	**12,799**	**16,758**	**13,376**	**10,614**	**11,174**	**11,953**
Buildings and other fixed structures	14,962	10,955	6,303	9,485	-	-	-
Machinery and equipment	2,740	1,844	10,455	3,891	10,614	11,174	11,953
Payments for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**75,105**	**80,759**	**117,363**	**113,336**	**121,583**	**129,760**	**135,680**

7.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 7, Health Care Support Services will increase by 7 percent during the 2013/14 to due to accelerated spending on orthotic and prosthetic services in the province. The Department is currently considering measure to deal with the challenges on orthotic and prosthetic programme. The Department is however still facing challenges on capacity of the Medicine Trading Account which require urgent intervention to ensure efficient spending on the Medicine Account.

Programme 7 is a conglomerate of a number of diverse programmes designed and meant to achieving the main key output 4: Strengthening Health System effectiveness. This is achieved through rendering support to both the core clinical and the non-clinical functions of the health care delivery system. The services within programme 7 include the Pharmaceutical Services, Health technology services, Forensic Health Services, Medical Orthotic and Prosthetic Services, Medico-Legal Services, Laboratory, Blood, Tissue and Organ Donor/Transplant Services and the Laundry Services.

Though programme 7 is mainly supportive, highly skilled personnel and high tech equipment have to be managed. On the other hand, such personnel are scarce in the human capital market. Further, the technology needed is quite labile and is one of the cost drivers of health care delivery. Incidents, which entail illegal transaction of human parts for the purpose of organ/transplantation, have highlighted the need for the Department to implement appropriate measures in order to prevent such incidence from occurring within Mpumalanga.

7.7 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Unavailability of pharmaceuticals and surgicals in the Province	• Strengthen the PTCs. • Regular monitoring of adherence to delivery schedules. • Drug supply management workshops. • Workshop on Provincial medicine formularies (code list).
Inadequate clinical forensic medical (CFM) services	• Training more nurses in forensic nursing. • Inclusion of CFM in infrastructure plans. • Workshoping stakeholders on CFM activities. • Supporting the National Department of Health in the negotiations for recognition of the course by the South African Nursing Council.
Inadequate Forensic Pathology Services	• Implementation of organogram to ensure decentralization of services. • Effective implementation of recruitment and retention strategy. • Involvement of stakeholders (SAPS, Municipal services and Forensic Laboratories). • Awareness campaigns.

8. BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

The purpose of the programme is to build, upgrade, renovate, rehabilitate and maintain health facilities.

NEW DEVELOPMENTS

The public sector has underperforming institutions that have been attributed to poor management, underfunding and deteriorating infrastructure. The delivery of health infrastructure is critical to ensure access to quality health care and for the expansion of health infrastructure as part of the provincial Comprehensive Rural Development Strategy (CRDP). A facility audit was done by CSIR on all public health facilities and provides insight to the maintenance budget as well as the budget required for the upgrading of facilities.

To avoid the slow pace of health infrastructure delivery, the department will continue to improve in critical areas such as planning, contract management and implementation monitoring and evaluation with the assistance of National Department of Health and Provincial Treasury. The department has established a Provincial Joint Operational Committee to strengthen infrastructure planning and maintenance and monitoring is done on a monthly basis. A five year Infrastructure Plan will be developed in order to improve infrastructure planning.

The Minister pronounced six (6) flagship projects which include Nelspruit Tertiary Hospital. The planning and design will commence during this financial year under the competency of National Department of Health.

8.2 PRIORITIES

The strategic goal of this programme, is to ***Strengthen Health System Effectiveness***

The **high level strategic priority** of the programme, is to strengthen the revitalization and maintenance of health infrastructure.

8.3 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR HFM

TABLE HFM 1: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR HFM

BUDGET SUB PROGRAMME: HEALTH FACILITIES MANAGEMENT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Strengthening the revitalisation and maintenance of health infrastructure.	Number of PHC facilities with accommodation, on planning phase.		Immovable Asset Register & Physical Verification	Not in Plan	5		6	0 new[1]	5 new	5 new
	Number of PHC facilities with accommodation, under construction.	20 new clinics with accommodation constructed.	Immovable Asset Register & Physical Verification	Not in Plan	Not in Plan	5 projects continues at different stages of construction	9	4 under construction[2]	5 under construction	5 under construction
	Number of PHC facilities with accommodation, constructed.		Immovable Asset Register & Physical Verification	7	5 CHCs – construction started and at different levels		4 (5/20)	9 constructed[3]	7 constructed	5 constructed
	Number of PHC facilities renovated in Gert Sibande District	Not in plan	Immovable Asset Register & Physical Verification					10 renovated[4]	58 renovated	

[1] No new PHC facilities with accommodation on planning phase.

[2], Ntunda, Siyathemba, Naas, Vukuzakhe

[3]. Hluvukani, Tekwane, Mashishing, Wakkerstroom, Sinqobile, Phola Park, Mbhejeka, Greenside, Tweefontein G.

[4] Diepdale, Fernie 1, Fernie 2, Glenmore, Bettygoed, Hartebeeskop, Nhlazatshe 4, Tjakastad, Swallowsnest, Vlakplaas (The following facilities were completed in 2012/13 financial year: Kromdraai, Mooiplaas, Nhlazatshe 6, and Eesrstehoek)

BUDGET SUB PROGRAMME: HEALTH FACILITIES MANAGEMENT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Strengthening the revitalisation and maintenance of health infrastructure.	Number of hospitals under revitalisation programme, on planning phase	4 hospitals under Revitalization programme	Immovable Asset Register & Physical Verification	Not in Plan	Not in Plan	Business cases for 4 hospitals approved[4].	4 on planning[4]	4 on planning[4]	4 on planning[4]	-
	Number of hospitals under revitalisation programme, under upgrading and renovation.		Immovable Asset Register & Physical Verification	3	3		3 under upgrading and renovation[5]	3 under upgrading and renovation[5]	3 under upgrading and renovation[5]	4
	Number of hospitals under revitalisation programme, upgraded/renovated.		Immovable Asset Register & Physical Verification	-	-		-	-	3 upgraded/ renovated[5]	-

[4] Lydenburg, Tinswalo, Barbeton and KwaMhlanga hospitals
** The construction of Nelspruit Tertiary Hospital is a national competency which cannot be reported on.*
[5] Rob Ferreira, Themba and Ermelo

BUDGET SUB PROGRAMME: HEALTH FACILITIES MANAGEMENT										
STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	**Performance indicator**	**Strategic Plan target**	**Means of verification/ Data Source**	**Audited/ actual performance**			**Estimated performance**	**Medium term targets**		
				2009/10	**2010/11**	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Strengthening the revitalisation and maintenance of health infrastructure.	Number of hospitals on planning phase	25 hospitals upgraded and /or renovated	Immovable Asset Register & Physical Verification	Not in Plan	Not in Plan	Out of the 10 projects, 3 are complete and 7 under construction at different stages.	-	3 in planning phase[6]	5	5
	Number of hospitals under upgrading and renovation.		Immovable Asset Register & Physical Verification	Not in Plan	Not in Plan		8	6 under upgrading/ renovation[7]	5	5

	Number of hospitals upgraded/renovated.		Immovable Asset Register & Physical Verification	11	1 final delivery, 10 projects at different stages		2	2 upgraded/ renovated[8]	2	2

[6] Mammetlake, Carolina, Elsie Ballot
[7] Witbank, KwaMhlanga, Belfast,Bethal, Mmametllake, Piet Retief
[8].KwaMhlanga,Witbank

8.5 QUARTERLY ARGETS FOR HFM

TABLE HFM3: QUARTERLY AND ANNUAL TARGETS FOR HEALTH FACILITES MANAGEMENT FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of PHC facilities with accommodation, on planning phase.	ANNUAL	0	0	0	0	0
Number of PHC facilities with accommodation, under construction.		4 under construction	-	-	-	Ntunda and Siyathemba, Naas and Vukuzakhe
Number of PHC facilities with accommodation, constructed.		9 constructed (cumulative 13/20)	-	-	-	Hluvukani, Mashishing and Tekwane, Greenside, Tweefontein G, Mbhejeka, Sinqobile, Phola Park and Wakkerstroom
Number of PHC facilities renovated in Gert Sibande District		10 renovated (cumulative 14/72)	-	-	-	*Diepdale, Fernie 1, Fernie 2, Glenmore, Bettygoed, Silobela, Nhlazatshe 4, Tjakastad, Swallowsnest, Vlakplaas*
Number of hospitals under revitalisation programme, on planning phase		4 on planning	-	-	-	Lydenburg, Tinswalo, Barbeton and KwaMhlanga hospitals
Number of hospitals under revitalisation programme, under upgrading and renovation.		3 under upgrading and renovation	-	-	-	Rob Ferreira, Themba and Ermelo hospitals
Number of hospitals under revitalisation programme, upgraded/renovated		-	-	-	-	-
Number of hospitals planning phase		3 in planning phase	-	-	-	Mammetlake, Carolina, Elsie Ballot
Number of hospitals under upgrading and renovation.		6 under upgrading/ renovation[7]	-	-	-	Witbank, KwaMhlanga, Belfast,Bethal, Mmametllake, Piet Retief
Number of hospitals upgraded/renovated.		2 upgraded/ renovated[8]	-	-	-	Witbank, KwaMhlanga

8.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Health Facilties Management	**Audited outcome**	**Audited outcome**	**Audited outcome**	**Revised Estimate**	**Medium-term estimates**		
Community Health Facilities	182,462	152,109	202,376	228,100	269,070	274,031	284,296
Provincial Hospital Services	115,076	90,287	132,738	108,971	58,509	64,385	70,199
District Hospital Services	342,675	298,753	296,909	359,571	225,000	249,500	271,507
Other Facilities	-	-	-	9,740	-	-	-
Total	**640,213**	**541,149**	**632,023**	**706,382**	**552,579**	**587,916**	**626,002**
Current payments	**37,475**	**52,250**	**47,295**	**56,762**	**89,121**	**102,475**	**108,992**
Compensation of employees	3,602	4,824	5,350	8,195	36,809	37,450	38,074
Salaries and wages	3,164	4,248	4,547	7,434	35,991	36,572	37,129
Social contributions	438	576	803	761	818	878	945
Goods and services	33,822	47,426	41,416	48,567	52,312	65,025	70,918
Administrative fees	9	-	52	74	111	115	123
Advertising	-	-	-	-	-	-	-
Assets less than the capitalisation threshold	2,591	1,492	3,546	15,233	2,629	1,399	4,749
Audit cost: External	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-
Catering: Departmental activities	156	11	55	165	110	110	115
Communication (G&S)	7	26	26	269	243	244	258
Computer services	3,803	2,928	-	-	-	-	-
Consultants and professional services: Busines	-	-	224	-	-	-	-
Consultants and professional services: Infrastru	-	-	-	-	-	-	-
Consultants and professional services: Laborat	-	-	-	-	-	-	-
Consultants and professional services: Legal c	-	-	-	-	-	-	-
Contractors	11,767	13,136	-	82	-	-	-
Agency and support / outsourced services	3,452	15,055	3,023	1,069	4,858	16,121	17,576
Entertainment	-	-	-	-	-	-	-
Fleet services (including government motor tra	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-
Inventory: Learner and teacher support materi	-	-	-	-	-	-	-
Inventory: Materials and supplies	3,209	23	-	-	-	-	-
Inventory: Medical supplies	10	-	370	-	350	350	366
Inventory: Medicine	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	1,352	143	201	575	290	290	303
Inventory: Stationery and printing	59	35	41	84	124	131	137
Operating leases	10	9,714	-	(18,311)	-	-	-
Property payments	-	-	19,915	40,516	33,882	36,491	36,982
Transport provided: Departmental activity	-	322	311	515	200	200	210
Travel and subsistence	2,081	2,075	10,109	6,897	6,117	6,146	6,430
Training and development	4,728	2,052	3,241	882	1,990	1,990	2,156
Operating payments	55	47	74	42	1,033	1,040	1,097
Venues and facilities	533	367	228	475	375	398	416
Rental and hiring	-	-	-	-	-	-	-
Interest and rent on land	51	-	529	-	-	-	-
Interest (Incl. interest on finance leases)	51	-	529	-	-	-	-
Rent on land	-	-	-	-	-	-	-
Transfers and subsidies	**-**	**-**	**-**	**18**	**-**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-
Foreign governments and international organisatio	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-
Households	-	-	-	18	-	-	-
Payments for capital assets	**602,738**	**488,899**	**584,728**	**649,602**	**463,458**	**485,441**	**517,010**
Buildings and other fixed structures	563,147	460,997	521,749	590,591	416,803	449,356	459,349
Machinery and equipment	39,591	27,902	62,979	59,011	46,655	36,085	57,661
Heritage assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
Payments for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**640,213**	**541,149**	**632,023**	**706,382**	**552,579**	**587,916**	**626,002**

8.7 PERFORMANCE AND EXPENDITURE TRENDS

Over a seven year period, Programme 8 (Health Facilities Management) has shown a growth on the budget due to priorities set the National Department of Health in improving health infrastructure and extending the life span of health facilities. The programme includes the Hospital revitalization Conditional Grant and the Infrastructure Grant. Health Facilities Management will increase with 8.2 percent for 2013/14.

The decrease is mainly due to the reduced Hospital Revitalization grant from R300 million to R225 million from the 2013/14 financial year. A new grant called Consolidation of health infrastructure grants has been introduced and Hospital revitalization and infrastructure grant have been merged. Consolidation of health infrastructure grants This grant has been created through the merger of three previous grants: the health infrastructure grant, the hospital revitalisation grant and the nursing colleges and schools grant, which are now three grant components within the merged grant. The combination gives greater flexibility to the National Department of Health to shift funds between the three grant components, with the approval of the National Treasury, so that they can avoid under- or over-spending in any one area of health infrastructure. This grant is supported by the (indirect) National Health Grant (Health Facility Revitalisation component).

8.8 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Inadequate budget for Programme 8	• Finalization of the Service Transformation Plan (STP). • Development and costing of Provincial Infrastructure Master Plan. • Development and costing of Provincial Maintenance Master Plan. • Needs driven budget. • Development of Infrastructure Implementation policy.
Inadequate facilities management skills and capacity	• Enter into formal agreements with universities for capacity building. • Appointment of resident engineers as recommended by NDOH. • Prioritization of maintenance and project management capacity development. • Establishment of a project management unit (PMU) within MDOH.
Cost over-runs on projects	• Establishment of a project management unit (PMU) within MDOH. • Peer review process. • Monitoring and site visits.
Poor maintenance of infrastructure (buildings)	• Include maintenance requirements in infrastructure planning (3 year maintenance plan). • Filling of vacant maintenance posts. • Facility maintenance skills development. • Additional maintenance funding.
Infrastructure conditional grants under-spending	• Use of alternative implementing agents. • Appointment of resident engineers. • Filling of Programme 8 vacant funded posts. • Establishment of PMU (Project Management Unit).

PART C: LINKS TO OTHER PLANS

1. LINKS TO THE LONG-TERM INFRASTRUCTURE AND OTHER CAPITAL PLANS

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
1	New and replacement assets (R'thousand)											
1.1	Wakkerstroom CHC	8	Pixley Ka Seme	Construction of new CHC & accommodation unit		0	14 000	14 000	0	14 000	8 000	1 100
1.2	Mashishing CHC	8	Thaba-Chweu	Construction of new CHC & accommodation unit		0	8 000	14 000	0	14 000	8 000	825
1.3	Thekwane CHC	8	Mbombela	Construction of new CHC & accommodation unit		0	5 562	14 000	0	14 000	8 000	1 060
1.4	Hluvukani CHC	8	Bushbuckridge	Construction of new CHC & accommodation unit		0	8 000	14 000	0	14 000	8 000	1 245
1.6	Moloto EMS	8	Thembisile	Construction of new EMS Station		0	10 000	12 500	0	12 500	7 000	0
1.7	Greenside Clinic	8	Dr JS Moroka	Construction of new CHC & 2x2 accommodation units		0	0	20 000	0	20 000	5 000	1 145
1.8	Ntunda CHC	8	Nkomazi	Construction of pnew CHC and accommodation		0	0	5 000	0	5 000	500	20 000
1.9	Siyathemba CHC	8	Dipaliseng	Construction of new CHC fully fledged CHC		0	0	16 000	0	16 000	500	15 000
1.10	Tweefontein G Clinic	8	Thembisile	Construction of new CHC & 2x2 accommodation units		0	0	20 000	0	20 000	13 000	1 327
1.11	Phola Park CHC -Ward 14	8	Mkhondo	Construction of new CHC & 2x2 accommodation units		0	0	20 000	0	20 000	13 000	1 150
1.12	Sinqobile Clinic	8	Pixley kaSeme	Construction of new CHC & 2x2		0	0	20 000	0	20 000	13 000	1 274

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000 MAIN APPRO PRIATION	R'000 ADJUSTED APPRO PRIATION	R'000 REVISED ESTIMATE	2012/13 BUDGET R'000	
						2009/10	2010/11	2011/12			2012/13	2013/14
				accommodation units								
1.13	Mbhejeka Clinic	8	Albert Luthuli	Construction of new CHC & 2x2 accommodation units		0	0	20 000	0	20 000	13 000	1 187
1.14	Tertiary Hospital	8	Mbombela	Purchase of land for New Tertiary Hospital			15 000	0	0	0	0	NDOH Budget
1.15	Naas CHC	8	Nkomazi	Construction of new CHC & 2x2 accommodation units		0	0	0	0	0	0	10 000
1.16	Vukuzakhe CHC – see Ministerial Projects	8	Albert Luthuli	Construction of new CHC & 2x2 accommodation units		0	0	0	0	0	0	0
Total new and replacement assets	**Maintenance and repairs (R thousand)**											
2	Purchase of equipment	8	All Districts	Equipment/furniture: New facilities			9 517	20 259	0	20 259	21 726	7 755
2.1	Maintenance of equipment	8	All Districts	Community Health Centres and Clinics			31 993	10 088	0	10 088	10322	35 000
2.2	Purchase of equipment	8	All Districts	Purchase of equipment			18 000	10 088	0	10 088	6 000	6 000
2.3	Maintenance of equipment	8	All Districts	Maintenance of facilities			10 019	1908	0	1908	5 618	7 754
2.4	Purchase of equipment	8	All Districts	Equipment/furniture: New facilities (HRP)								32 900
2.5	Purchase of equipment	8	All Districts	Equipment/furniture: Colleges								5 000
Total maintenance and repairs	**Upgrades and additions (R thousand)**											
3.1	Belfast Hospital	8	Emakhazeni	Upgrade OPD, Casualty, and construction of Pharmacy.		1 068	19 000	23 103	0	23 103	15 000	12000

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
3.2	Kwa Mhlanga Hospital	8	Thembisile	Phase 3A, Construction of ICU, Casualty and additions to existing theatre block		998	0	25 000	0	25 000	17 000	6 000
3.3	Mapulaneng Hospital	8	Bushbuckridge	Renovations and addition of ward, construction of helipad Identification of a site for a new hospital		1 072	10 456	10 456	0	10 456	2 000	1 000
3.4	Barberton Hospital	8	Umjindi	Upgrade OPD, Casualty, admission area, ablution facilities and repairing roof, disable facilities at entrance and painting whole hospital.		44 274	31 801	7 000	0	7 000	2 000	1 000
3.5	Piet Retief Hospital	8	Mkhondo	Construction of M2 Mortuary		0	0	15 000	0	15 000	6 000	7 000
3.13	Bethal Hospital	8	Govan Mbeki	Removal of asbestos and major upgrade of hospital, construction of rehabilitation , stepdown and oral health unit		0	0	10 000	0	10 000	10 000	10 000
3.14	Sabie Hospital	8	Thaba-Chweu	Removal of asbestos and construction of maternity					0		4 217	10 000
3.15	Standerton Hospital Standerton TB Hospital	8	Lekwa	Completion of a new uncompleted structure Planning and identification of Standerton TB Hospital site			0	0	7 871	0	3500	10 000 500
3.16	Matibidi Hospital	8	Thaba-Chweu	Construction of Admin block and 10x3 accommodation unit		0		10 000	0	10 000	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000 MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	2012/13 BUDGET R'000	
						2009/10	2010/11	2011/12			2012/13	2013/14
3.17	Elsie Ballot Hospital	8	Pixley Ka Seme	Construction of ne CHC with accommodation		0	0	0	0	0	0	10 000
3.18	Mpumalanga Nursing college	8	Mbombela	Construction of palisade fencing		0	0	2 000	0	2 000	0	0
3.19	Bongani Hospital	8	Mbombela	Construction of 40 beds MDR-TB wards accommodations		0	0	20 000	0	20 000	1 000	1 000
3.20	Embhuleni Hospital	8	Albert Luthuli	Construction of new palisade fencing		0	0	3 000	0	3 000	0	0
3.21	Mayflower clinic	8	Albert Luthuli	Construction of 2x2 accommodation units		0	0	1 800	0	1 800	1 000	400
3.22	Swallows Nest clinic	8	Albert Luthuli	Construction of 2x2 accommodation units		0	0	1 800	0	1 800	1 000	400
3.23	M'Africa CHC	8	Umjindi	Construction of 2x2 accommodation units		0	0	1 800	0	1 800	1 000	400
3.24	Wonderfontein clinic	8	Emakhazeni	Construction of 2x2 accommodation units		0	0	1 800	0	1 800	1 000	1 212
3.25	Mthimba clinic	8	Mbombela	Construction of 2x2 accommodation units		0	0	1 800	0	1 800	1 000	400
3.26	Evander Hospital	8	Govan Mbeki	Completion of Medico Legal Laboratory		0	0	4 500	0	4 500	1 000	1 680
3.27	Evander Hospital	8	Govan Mbeki	Construction of OPD, Maternity Wards, Theatre		0	4 400	1 482	0	1482	0	0
3.28	Nkangala Technical workshop	8	Emallahleni	Construction of a new clinical Engineering workshop (final account)		0	316	300	0	300	0	0
3.29	Verena Clinic	8	Thembisile	Completion of accommodation units (final account)		0	865	200	0	200	0	0
3.30	Lefiso CHC	8	Thembisile	Completion of accommodation units (final account)		0	746	200	0	200	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
3.31	Nokaneng CHC	8	Dr JS Moroka	Completion of accommodation units (final account)		0	487	200	0	200	0	0
3.32	Silindile CHC	8	Msukaligwa	Completion of accommodation units (final account)		0	1 359	300	0	300	0	0
3.33	Iswepe CHC	8	Mkhondo	Completion of accommodation units (final account)		0	703	200	0	200	0	0
3.34	KwaMhlanga Hospital	8	Thembisile	Construction of bulk earthworks, roads, and parking including new security gate house and helipad (final account)		0	2 134	1 000	0	1 000	0	0
3.35	Witbank Hospital	8	Emalahleni	Construction of OPD, Casualty, Pharmacy (final account)		0	5 727	2 500	0	2 500	0	0
3.36	Witbank Hospital	8	Emalahleni	Demolishing of existing and construction of Neo-Natal and Kangaroo								10 000
3.37	Middelburg Pharmaceutical Depot	8	Steve Tshwete	Construction of new Pharmaceutical depot (final account)		0	9 000	2 000	0	2 000	0	0
3.38	Middelburg Hospital:	8	Steve Tshwete	Renovation of Existing Roof of two wards								1 000
3.39	Standerton Hospital	8	Lekwa	Construction of 3 wards (final account)		0	1 500	1 500	0	1 500	0	0
3.40	Tekwane North CHC	8	Mbombela	Construction of new CHC and 2x2 accommodation units		0	0	950		0	0	0
3.41	Oakley clinic	8	Bushbuckridge	Construction of new CHC and 2x2 accommodation units		0	0	10 000		0	0	0
3.42	Makoko clinic	8	Mbombela	Construction of new CHC and 2x2 accommodation units		0	0	10 000		0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
3.43	Vlaklaagte clinic	8		Construction of new CHC and 2x2 accommodation units		0	0	950		0	0	0
3.44	Lefisoane clinic	8		Construction of new CHC and 2x2 accommodation units		0	0	950		0	0	0
3.45	Mmametlhake hospital	8	Dr JS Moroka	Upgrading and Additions of wards		0	0	5 000		0	60 000	64 000
3.46	Rob Ferreira Hospital	8	Mbombela	Revitalization of Hospital		0	0	77 000		0	133 967	100 000
3.47	Themba Hospital	8	Mbombela	Revitalization of Hospital		0	0	99 047		0	70 522	31 850
3.48	Ermelo Hospital Sesifuba TB Hospital	8	Msukaligwa	Revitalization of Hospital (including Sesifuba TB Hospital)		0	0	88 000		0	62 611	29 850
3.49	Lydenburg Hospital	8	Thaba Chweu	Revitalization of Hospital		0	0	5 000		0	1 000	2 000
3.50	Tintswalo Hospital	8	Bushbuckridge	Revitalization of Hospital		0	0	5 000		0	1 000	0
3.51	KwaMhlanga Hospital	8	Thembisile	Revitalization of Hospital		0	0	5 000		0	1 000	0
3.52	Barberton Hospital Barberton TB Hospital	8	Umjindi	Revitalization of Hospital Planning and identification of Barberton TB Hospital site		0	0	5 000		0	1 000	0 500
3.53	Shongwe Hospital	8	Nkomazi	Revitalization of Hospital		0	0	33000	0	0	0	2 000
3.54	Evander Hospital	8	Govan Mbeki	Renovation of roof and kitchen		0	0	0	0	0	0	1 660

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
Total upgrades and additions												
Rehabilitation, renovations and refurbishments (R thousand)												
4.1	Dingleydale clinic		Bushbuckridge	Major Renovations		0	0	3 000	3 000	0	0	1 083
4.2	Fig Tree clinic		Bushbuckridge	Major Renovations		0	0	3 000	3 000	0	0	2 000
4.3	Mpakeni clinic		Mbombela	Major Renovations		0	0	3 000	3 000	0	0	2 000
4.4	Marite clinic		Bushbuckridge	Major Renovations		0	0	3 000	3 000	0	0	2 000
4.5	Orinoco clinic		Bushbuckridge	Major Renovations		0	0	3 000	3 000	0	0	2 000
4.6	Ogies clinic		Emalahleni	Major Renovations		0	0	3 000	3 000	0	0	2 000
4.7	Mmametlhake Hospital		Dr JS Moroka	Minor Renovations		0	0	0	0	0	0	1500
4.8	KwaMhlanga Hospital		Thembisile Hani	Minor Renovations		0	0	0	0	0	0	
4.9	Bernice Samuel Hospital		Victor Khanye	Minor Renovations		0	0	0	0	0	0	
4.10	HA Grove Hospital		Emakhazeni	Minor Renovations		0	0	0	0	0	0	
4.11	Waterval Boven Hospital		Emakhazeni	Minor Renovations		0	0	0	0	0	0	
4.12	Weltevrede clinic		Dr JS Moroka	Minor Renovations		0	0	0	0	0	0	
4.13	Loding clinic		Dr JS Moroka	Minor Renovations		0	0	0	0	0	0	
4.14	Kalkfontein		Dr JS Moroka	Minor Renovations		0	0	0	0	0	0	
4.15	Vlaklaagte II CHC		Thembisile Hani	Minor Renovations		0	0	0	0	0	0	
4.16	Kwaggafontein CHC		Thembisile Hani	Minor Renovations		0	0	0	0	0	0	
4.17	Botleng clinic		Victor Khanye	Minor Renovations		0	0	0	0	0	0	
4.18	Beatty clinic		Emalahleni	Minor Renovations		0	0	0	0	0	0	
4.19	Poly clinic		Emalahleni	Minor Renovations		0	0	0	0	0	0	
4.20	Middelburg gate clinic		Steve Tshwete	Minor Renovations		0	0	0	0	0	0	
4.21	Wonderfontein clinic		Emakhazeni	Minor Renovations		0	0	0	0	0	0	
4.22	Tonga Hospital		Nkomazi	Minor Renovations		0	0	0	0	0	0	2000
4.23	Tintswalo Hospital		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.24	Jeppes Reef clinic		Nkomazi	Minor Renovations		0	0	0	0	0	0	

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
4.25	Jeppes Rust clinic		Nkomazi	Minor Renovations		0	0	0	0	0	0	
4.26	Langeloop CHC		Nkomazi	Minor Renovations		0	0	0	0	0	0	
4.27	Middelplaas clinic		Nkomazi	Minor Renovations		0	0	0	0	0	0	
4.28	Mbangwane clinic		Nkomazi	Minor Renovations		0	0	0	0	0	0	
4.29	Mangweni CHC		Nkomazi	Minor Renovations		0	0	0	0	0	0	
4.30	KaNyamazane CHC		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.31	Msogwaba clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.32	Clau-Clau clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.33	Mpakeni clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.34	Sibuyile clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.35	Eziweni clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.36	Nkwalini clinic		Mbombela	Minor Renovations		0	0	0	0	0	0	
4.37	Mkhuhlu clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.38	Gottenburg clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.39	Lillydale clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.40	Dingleydale clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.41	Marite clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.42	Cork clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.43	Brooklyn clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.44	Cunningmore clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.45	Ludllow clinic		Bushbuckridge	Minor Renovations		0	0	0	0	0	0	
4.46	M'Afrika CHC		Umjindi	Minor Renovations		0	0	0	0	0	0	
4.47	Silobela clinic		Albert Luthuli	Minor Renovations		0	0	0	0	0	0	1500
4.48	Mayflower CHC		Albert Luthuli	Minor Renovations		0	0	0	0	0	0	
4.49	Lothair CHC		Msukaligwa	Minor Renovations		0	0	0	0	0	0	
4.50	Warburton CHC		Msukaligwa	Minor Renovations		0	0	0	0	0	0	
4.51	Emthonjeni clinic		Msukaligwa	Minor Renovations		0	0	0	0	0	0	
4.52	MN Cindi clinic		Msukaligwa	Minor Renovations		0	0	0	0	0	0	
4.53	Amsterdam CHC		Mkhodno	Minor Renovations		0	0	0	0	0	0	
4.54	Driefontein CHC		Mkhondo	Minor Renovations		0	0	0	0	0	0	

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
4.55	Daggakraal CHC		Pixley Ka Seme	Minor Renovations		0	0	0	0	0	0	
4.56	Volkrust clinic		Pixley Ka Seme	Minor Renovations		0	0	0	0	0	0	
4.57	Embalenhle CHC		Govan Mbeki	Minor Renovations		0	0	0	0	0	0	
4.58	Paulina Morapedi CHC		Govan Mbeki	Minor Renovations		0	0	0	0	0	0	
4.59	Extension 14 clinic		Govan Mbeki	Minor Renovations		0	0	0	0	0	0	
4.60	Emzinoni clinic		Govan Mbeki	Minor Renovations		0	0	0	0	0	0	
4.61	MS Msimango CHC		Lekwa	Minor Renovations		0	0	0	0	0	0	
4.62	Grootvlei CHC		Dipaleseng	Minor Renovations		0	0	0	0	0	0	
4.63	Siyathemba CHC		Dipaleseng	Minor Renovations		0	0	0	0	0	0	
Total rehabilitation, renovations and refurbish-ments												

Ministerial Infrastructure Projects

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2012/13 BUDGET R'000	
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE		
						2009/10	2010/11	2011/12			2012/13	2013/14
5	**New Projects (R'thousand)**											
5.1	Ermelo CHC	8	Msukaligwa	Construction of new CHC & accommodation unit		0	0	0	0	0	0	NDOH Budget
5.2	Vukuzakhe CHC	8	Pixley Ka Seme	Construction of new CHC & accommodation unit		0	0	0	0	0	0	NDOH Budget
5.3	Nhlazatshe 6 CHC	8	Albert Luthuli	Construction of new CHC & accommodation unit		0	0	0	0	0	0	NDOH Budget
5.4	Siyathemba CHC	8	Dipaleseng	Construction of new CHC & accommodation unit		0	0	0	0	0	0	NDOH Budget
5.5	Ethandokukhanya CHC	8	Mkhondo	Construction of new CHC & accommodation unit		0	0	0	0	0	0	NDOH Budget

2. CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators 2013/14	Indicator Targets for 2013/14
Comprehensive HIV and AIDS conditional grant	• To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing • To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care • To subsidise in-part funding for the antiretroviral treatment plan	1. Total Number of fixed public health facilities offering ART Services	311
		2. Number of new patients that started on ART	45,000
		3. Total number of patients on ART remaining in care.	234,481
		4. Number of beneficiaries served by home-based categories	915,840
		5. Number of active home-based carers receiving stipends	2,500
		6. Number of male and female condoms distributed	73,000,000 (male) 438,000 (female)
		7. Number of High Transmission Areas (HTA) intervention sites	73
		8. Number of Antenatal Care (ANC) clients initiated on life long ART	29,493
		9. Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	29,859
		10. Number of HIV positive clients screened for TB	120,080
		11. Number of HIV positive patients that started on IPT	38,200
		12. Number of active lay councillors on stipends	913
		13. Number of clients pre-test counselled on HIV testing (including Antenatal)	1,099,024
		14. Number of HIV tests done	999,113
		15. Number of health facilities offering MMC services	33
		16. Number of Medical Male Circumcisions performed	60,000
		17. Sexual assault cases offered ARV prophylaxis	2,538
		18. Step down care (SDC) facilities/units	12
		19. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	2,470

Name of conditional grant	Purpose of the grant	Performance indicators 2013/14	Indicator Targets for 2013/14
National Tertiary Services Grant (NTSG)	• To ensure provision of tertiary health services for all south African citizens • To compensate tertiary facilities for the costs associated with provision of these services including cross border patients	1. Number of National Central and Tertiary hospitals providing components of Tertiary services	2
Health professional training and development grant	• Support provinces to fund service costs associated with training of health science trainees on the public service platform • Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025)	1. Number of undergraduate health sciences trainees supervised	230
		2. Number of postgraduate health sciences trainees (excluding registrars) supervised	120
		3. Number of registrars supervised	5
		4. Number of community services health professionals and other health sciences trainees supervised	500
National health grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). • Supplement expenditure on health infrastructure delivered through public-private partnerships	1. Number of health facilities planned,	7
		2. Number of Health facilities designed,	3
		3. Number of Health facilities constructed,	2
		4. Number of Health facilities equipped	7
		5. Number of Health facilities operationalized	7
National Health Insurance (NHI) grant	• Develop frameworks and models that can be used to roll out the National Health Insurance (NHI) pilots in districts and central hospitals critical to achieving the phased implementation of NHI	**NHI Pilot Districts:** 1. Strengthening M&E capacity;	1x M&E coordinator appointed
		2. Improved supply chain processes to enhance district health system performance (ordering systems, etc);	50x Finance managers trained on financial manuals
		3. Strengthening referral systems with linkages to PHC streams	40x PHC facilities with contracted GPS

3. PUBLIC ENTITIES

NAME OF PUBLIC ENTITY	MANDATE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF NEXT EVALUATION
None	None	None	None	None

4. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
None	None	None	None	None	None

5. CONCLUSIONS

The 2013/14 Annual Performance Plan takes a leaf out of the previous MTEF plan whereby it lays out key objectives, indicators and targets the department seeks to achieve. The process of setting indicators and targets was based on a consultative process with the relevant managers and stakeholders. With the limited resources, the Department has prioritized in achieving the set targets.

ANNEXURE X - NON NEGOTIABLES

NON NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2012/13 (R'000)	ESTIMATED BUDGET 2013/14 (R'000)	NON FINANCIAL MEASURES/ INDICATORS
Infection control and cleaning	157 816	167 890	1. Nosocomial infection Rate
			2. Neonatal Nosocomial infection rate
			3. Proportion of clients not satisfied with cleanliness as per the client satisfaction survey
			4. Proportion of facilities that score at least 80% compliance with cleanliness as per the core standards
Medicines , medical supplies including dry dispensary	833 977	962 768	5. Proportion of health facilities with Tracer Drugs out of stock
			6. Drug Stock-out rate at drug depos
			7. Total Rand value of disposed/ expired drugs
			8. Total Rand value of drugs that had to be bought out of contract
Medical waste	46 300	35 590	9. Proportion of SLAs for waste management contracts that were monitored for compliance regulations
Laboratory services: National Health Laboratory Services (NHLS)	212 018	368 086	10. Proportion of hospitals (district, regional, tertiary, central) implementing Electronic Gate Keeping system within the Province.
			11. Percentage of selected tests (CD4, HIV PCR, HIV VL, TB Directs and cervical smears) performed and results available within the agreed turnaround times.

NON NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2012/13 (R'000)	ESTIMATED BUDGET 2013/14 (R'000)	NON FINANCIAL MEASURES/ INDICATORS
Blood supply services	57 988	61 040	12. Percentage of Hospitals (District, Regional, Tertiary, Central) having emergency fridges with emergency blood stock available on site.
			13. Proportion of blood units (RBC) ordered that was not transfused and discarded.
Food services and relevant supplies	83 973	89 333	14. Proportion of facilities with food service units that were monitored (using the Food Service Management Monitoring Tool).
			15. Proportion of facilities that scored >75% on the Food Service Monitoring Standards Grading System
Laundry services	15 004	15 962	16. Average cost per piece laundered: In-house
			17. Average cost per piece laundered: Outsourced
			18. Value of linen procured
Security services	0	0	19. Number of districts with operational security committees
			20. Proportion of health facilities fenced with access control at the gate
			21. Number of safety and security audits conducted annually
Essential equipment and maintenance of equipment	44 322	46 655	22. Proportion of facilities operating with 100% of essential equipment (as per checklist on Essential Equipment)
			23. Proportion of facilities with a essential equipment maintenance plan
			24. Number of facilities monitoring Service Level Agreement (SLA) with service providers appointed to maintain all fixed equipment
Maintenance of	38 955	41 006	25. Number of districts spending more than 90% of maintenance budget

NON NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2012/13 (R'000)	ESTIMATED BUDGET 2013/14 (R'000)	NON FINANCIAL MEASURES/ INDICATORS
infrastructure			26. Proportion of infrastructure budget allocated to maintenance
			27. Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)
Children vaccine	32 586	34 302	28. Immunization coverage
			29. Vitamin A coverage 12 – 59 months
			30. Measles 1st dose under 1 year coverage
			31. Pneumococcal Vaccine (PCV) 3rd Dose Coverage
			32. Rota Virus (RV) 2nd Dose Coverage

ANNEXURE E - DEFINITIONS OF INDICATORS AND DATA ELEMENTS IN THE APP 2013/14

SITUATION ANALYSIS

TABLE A2: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total PHC Headcount in PHC facilities	Number of PHC patients seen during the reporting period in PHC facilities (Clinics and CHCs) Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC facility for the purposes of allocating staff and other resources.	DHIS	PHC total headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
OPD General clinic new case not referred rate"	Number of General OPD clinic new cases (seeking medical attention for a condition for the first time) that report to the General OPD department without being referred from a PHC facility or doctor during the reporting period in all Hospitals (district, regional, tertiary and central) as a percentage of the OPD General headcount new visits total. Patients with General OPD follow-up visits, visiting specialised OPD clinics and Emergency patients are not counted in denominator, because this is not regarded as PHC level of care.	Tracks the utilisation of Hospitals by patients to access PHC services , which in fact should be accessed at PHC services. This could also points to the needs for PHC services or gaps in PHC service delivery	DHIS	Numerator: OPD General clinic headcount - new case not referred. Denominator = OPD General clinic headcount new case-total Sum of : • OPD General clinic headcount-new case referred • OPD General clinic headcount -new case not referred	Accuracy of headcount depends on the reliability of district hospital record management at facility level	Output	Percentage	Quarterly	Yes	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager

Total Hospital Separations	Recorded completion of treatment and/or the accommodation of a patient in all hospitals (district, regional, tertiary and central) Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	All Hospital Programmes

TABLE A3: MILLENIUM DEVELOPMENT GOALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Prevalence of underweight (children under 5)	A child under 5 years identified as being BELOW the third centile but EQUAL TO or OVER 60% of Estimated Weight for Age (EWA) on the Road-to-Health chart. Include any such child irrespective of the reason for the underweight - malnourishment, premature birth, genetic disorders etc	Essential for growth monitoring in children	DHIS	Numerator Number of children underweight for age during the reporting period Denominator Number of children weighed during the reporting period	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Incidence of severe malnutrition in children (under 5 years of age)	The number of children who weigh below 60% Expected Weight for Age (new cases per month) per 1000 children in the target population	Essential for growth monitoring in children	DHIS	Numerator The number of children who weigh below 60% Expected Weight for Age during the reporting period Denominator Children under 5 years x 1000	Accuracy dependent on quality of data from reporting facility	Outcome	Number per 1000	Quarterly (Indicator must be annualised)	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Infant mortality rate	Number of children less than one year old who die in one year, per 1000 live births during that year	Monitors trends in infant mortality	South African Demographic And Health Surveys (SADHS)	Numerator Number of children less than one year old who die in one year Denominator Total number of live births during that year x 1000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 1000 (rate)	Empirical data are provided by the SADHS every 5 years	No	Lower Infant Mortality Rates are desired	Maternal, Child and Women's Health Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Measles coverage under 1	Percentage of children under 1 year who received their first measles dose	Monitors measles coverage	DHIS	Numerator: Measles 1st dose before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher proportions of children immunised against measles are desired.	Expanded Programme on Immunisation (EPI) Manager
Maternal mortality ratio	Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year	Monitors trends in maternal mortality	SADHS	Numerator Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year Denominator Total number of live births during that year x 100,000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 100,000	Empirical data are provided by the SADHS every 5 years	No	Lower Maternal Mortality Ratios are desired Lower	Health Information, Epidemiology and Research Programme MCWH Programme
Proportion of births attended by skilled health personnel	Percentage of women who gave birth in the 5 years preceding the South African Demographic Survey (SADHS) who reported that medical assistance at delivery from either a doctor, nurse or midwife	Monitors trends in maternal mortality	SADHS	Numerator Number of women who gave birth in the 5 years preceding the survey who reported that medical assistance at delivery from either a doctor, nurse or midwife Denominator Total number of women who gave birth in the 5 years preceding the survey	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output		Empirical data are provided by the SADHS every 5 years	No	Higher levels of skilled births attended by skilled health personnel are desired	Health Information, Epidemiology and Research Programme MCWH Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
HIV and AIDS prevalence among 15-19 year old group (antenatal)	Percentage of women aged 15-19 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDs in younger women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Numerator: Women aged 15 – 19 years who tested HIV positive during the survey; Denominator: Women aged 15 – 19 years who were tested for HIV during the survey	Reflects prevalence in surveyed women, not entire population.	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
HIV and AIDS prevalence among 20--24 year old group (antenatal)	Percentage of women aged 20-24 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDs in young adult women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Numerator: Women aged 20– 24 years who tested HIV positive during the survey; Denominator: Women aged 20 – 24 years who were tested for HIV during the survey.	Reflects prevalence in surveyed women, not entire population	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
Contraceptive Prevalence Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation , injectable, and oral hormones, intrauterine devices, diaphragms, spemicides and condoms, natural family planning lactational amenorrhoea.	Track the extent of the use of contraception (any method) amongst women of child bearing age	SADHS		Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output	Percentage	Empirical data are provided by the SADHS every 5 years	No	Higher Contraceptive prevalence levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
New smear positive PTB cure rate	Percentage of patients who are proved to be cured using smear microscopy at the end of the treatment (bacteriological proof)	Tracks the success of efforts to combat Tuberculosis in South Africa	ETR.net (TB information system)	Numerator: New smear positive cured Denominator: New smear positive newly registered	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

ADMINISTRATION: TABLE ADMIN1

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Medical officers per 100,000 people	Medical officers in posts on last day of March per 100 000 people.	Tracks the number of filled Medical officer's posts as part of monitoring availability of Human Resources for Health	Persal	Medical Officers in posts ---------------- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers contributes to improving access to and quality of clinical care	HRM
Medical officers per 100,000 people in rural districts	Medical officers in posts employed in the Rural districts on last day of March per 100 000 people.	Tracks the number of filled Medical officer employed in the rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Medical Officers in posts- Rural ---------------- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts i contributes to improving access to and quality of clinical care n rural district.	HRM
Professional nurses per 100,000 people	Professional Nurses in posts on last day of March per 100 000 people.	Tracks the number of filled Professional Nurses posts , as part of monitoring availability of Human Resources for Health	Persal	Professional Nurses in posts ---------------- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving access to and quality of health services	HRM
Professional nurses per 100,000 people in	Professional Nurses in posts employed in rural districts on last day of March per 100	Tracks the number Professional Nurses posts filled in rural districts , as part of	Persal	Professional Nurses in posts- Rural ----------------	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
rural districts	000 people.	monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.		Total population in Rural Districts X 100 000						contributes to improving access to and quality of health services rural districts	
Pharmacists per 100,000 people	Pharmacists in posts on last day of March per 100 000 people.	Tracks the number of filled Pharmacists posts to monitor availability of Human Resources	Persal	Pharmacists in posts --------------- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists lead to better quality of care	HRD
Pharmacists per 100,000 people in rural districts	Pharmacists in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Pharmacists posts filled in rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity	Persal	Pharmacists in posts - Rural --------------- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists in rural districts lead to better quality of care in these rural districts	HRD
Vacancy rate for professional nurses	Percentage of **funded** vacant professional Nurses posts on the last day of the reporting period	Tracks the number of **funded** vacant Professional Nurses posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant Professional Nurses posts --------------- Total number of **funded** professional nurse posts in the province	Dependant on accuracy of Persal data	Process	Ratio per 100 000 population	Quarterly	No	Increase in the number of professional nurses lead to better quality of care	HRD
Vacancy rate for doctors	Percentage of **funded** vacant doctors posts on the last day of the reporting period	Tracks the number of **funded** vacant Doctors posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant Doctors posts on the last day of the reporting period --------------- Total number of doctors **funded** posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for medical specialists	Percentage of **funded** vacant medical specialists posts on the last day of the reporting period	Tracks the number of **funded** vacant medical specialists posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant medical specialists posts on the last day of the reporting period ---------------- Total number of medical specialists **funded** posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
Vacancy rate for pharmacists	Percentage of **funded** vacant pharmacists posts on the last day of the reporting period	Tracks the number of **funded** vacant pharmacists posts to monitor availability of Human Resources	Persal	Total Number of **funded** vacant Pharmacists posts on the last day of the reporting period ---------------- Total number of **funded** pharmacists posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management

ADMINISTRATION: TABLE ADMIN2

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reportin g Cycle	New Indicator	Desired Performance	Indicator Responsibility
% of vacant funded posts filled within 6 months after being vacant	Funded vacant posts filled within a six month period of becoming vacant.	Fill posts to ensure that there is stability and flow of work and avoid having officials acting in higher positions.	PERSAL Reports	Numerator: Nr of funded vacant posts filled within 6 months Denominator Total number of vacant funded posts	Dependant of identification the vacant posts	Process (non cumulative)	Percentage	Annual	No	Vacant funded posts filled	Director: Human Resource Management
Number of PHC facilities connected to the network	Connectivity of institutions	To ensure that electronic Communication enhances service delivery	Quarterly reports	Per facility completed	Amount of sites	Process (cumulative)	Number	Quarterly	Yes	All PHC facilities connected to network	Information Technology

DISTRICT HEALTH SERVICES: TABLES DHS2 AND DHS4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Provincial PHC expenditure per uninsured person	Total expenditure by the Provincial DoH on PHC services	To monitor adequacy of funding levels for PHC services	BAS	Numerator Total expenditure of the Province on PHC services (Programme 2) Denominator Number of uninsured people in the Provinces as indicated in STATSSA or Council for Medical Scheme data	Accuracy of information	Input (non cumulative)	Annual	Annual	No	Higher levels of expenditure reflect prioritisation of PHC services	DHS Programme Manager Financial Management Officials
PHC Utilisation rate	Rate at which services are utilised by the target population, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC Total Headcount StatsSA - Total Population	Numerator: PHC total headcount Denominator: Total Population	Dependant on the accuracy of estimated total population from StatsSA	Output (non cumulative)	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
PHC Utilisation rate under 5 years	Rate at which services are utilised by the target population under 5 years, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC headcount under 5 years StatsSA - Population under 5 years	Numerator: PHC headcount under 5 years Denominator: Population under 5 years	Dependant on the accuracy of estimated population 5 years an under from StatsSA	Output (non cumulative)	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
PHC supervisors visit rate (fixed clinic/CHC/CDC)	Percentage of fixed PHC facilities that were visited by a supervisor at least once every month (official supervisor report completed)	Tracks the supervision rate of all PHC facilities.	DHIS	Numerator: Number of fixed PHC facilities that were visited by a supervisor Denominator: Total number of fixed PHC facilities	Dependant on the reporting the purpose of the visit by the supervisor to the PHC facility.	Quality (non cumulative)	Percentage	Quarterly	No	Higher levels indicate better support to the PHC facility	QA Programme Manager
Number of PHC facilities assessed for compliance	Total number of PHC facilities assessed for compliance against	Tracks the levels of compliance against the core	Assessment Reports	Total number of PHC facilities assessed against		Process (non cumulative)	Sum	Annual	Yes	Higher number indicates better	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
against the 6 priorities of the core standards	the core standards	standards		the core standards.						compliance with the core standards	

DISTRICT HEALTH SERVICES: TABLES DHS3 AND DHS5

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Health Promoting Schools established in all three districts	Provides the number of new Health Promoting Schools established	Contributes to increasing life expectancy	Health Promoting Schools Database	Numerator: Number of Health Promoting Schools established	Accuracy dependent on quality of district reports	Output (cumulative)	Number	Quarterly	No	Increase in number of Health Promoting Schools established	Health Promotion Programme Manager
Number of PHC facilities implementing the quality improvement plans in line with the 6 priorities of the core standards.	PHC facilities implementing the following six key priorities of the core standards: • Improved Patient Safety • Drug Availability • Positive & Caring Staff Attitude • Reduced Waiting Times • Improved Cleanliness • Infection Prevention and Control	Tracks the levels of implementation at PHC level, against the 6 priority areas of the core standards	Assessment Reports	Numerator: Number of PHC facilities implementing against the 6 priorities of the core standards. Denominator: Total number of PHC facilities in the province	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Number	Annual	No	All PHC facilities implementing 6 key priority areas	PHC Chief Director
Number of Primary Health Care Outreach Teams established in sub districts.	A team of health workers rendering PHC services at community/ grassroot level	To improve access to PHC services	Clinic Staff establishment	Number Primary Health Care Outreach Teams established	Accuracy dependant on quality of data from reporting facility	Input	Number	Quarterly	Yes	Improved access to PHC	PHC Chief Director
Number of School Health Service Teams established	A team of health workers rendering SHS services IN Schools	To improve access to PHC services BY children	Clinic Staff establishment	Number of SHS teams established	Accuracy dependant on quality of data from reporting facility	Input	Number	Yearly	Yes	Improved access to PHC by children	PHC Chief Director
% of quintile 1 and 2 primary schools reached through school health services.	Schools that are in socio-economical disadvantaged areas	To improve access to PHC services by learners	Quarterly Reports	Numerator Number of quintile 1&2 schools visited by school health teams Denominator Total number of schools of	Accuracy dependant on quality of data from reporting facility	Input	Percentage	Quarterly	Yes	Improved access to PHC	PHC Chief Director

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
				quintile 1&2 schools visited							
Number of General Practitioners contracted (Gert Sibande)	No GP's contracted	To improve access to health care services through NHI	Service Level Agreement	Number of General Practitioners contracted	Poor contract managemen t	input	number	Quarterly	yes	Improved access to health care service	PHC Chief Director
Number of sub districts with appointed Health Information Officers.	Availability of Health Information Officers at PHC facilities	Appointment HIOs will improve accuracy of PHC facility data	Quarterly Reports PERSAL	Numerator Total number of HIOs appointed in sub districts Denominator Total number of sub districts	Accuracy dependant on quality of data from reporting facility	Input	Number	Quarterly	Yes	Reliable, quality of data available from PHC facilities	PHC Chief Director
Number of PHC facilities with Data Capturers appointed	Availability of Data Capturers at PHC facilities	Appointment of data capturers will improve accuracy of PHC facility data	Quarterly Reports PERSAL	Numerator Total number of data capturers appointed in PHC facilities Denominator Total number of PHC facilities	Accuracy dependant on quality of data from reporting facility	Input	Number	Quarterly	Yes	Reliable, quality of data available from PHC facilities	PHC Chief Director

DISTRICT HOSPITALS: TABLES DHS8 AND DHS9

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by Caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the district hospitals	DHIS	Numerator: Number of Caesarean sections performed Denominator: Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
Inpatient l separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
Patient Day Equivalent - Total	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: • Inpatient days - total • 1/2 Day patients • 1/3 OPD headcount - total • 1/3 Emergency Headcount OPD Headcount total = sum of: • OPD specialist clinic headcount + • OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Headcount -Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist clinic headcount • OPD general clinic headcount •	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
Mortality and Morbidity review rate in District Hospital	Percentage of district hospitals having monthly Maternal Mortality and Morbidity Meetings (3 per quarter)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Quality Assurance (QA)	Numerator: Number of district hospitals having Maternal Mortality and Morbidity every month Denominator: Total number of district hospitals	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Complaint resolution within 25 working days rate	Percentage of complaints of users of District Hospital Services resolved within 25 days	To monitor the management of the complaints in District Hospitals	Quality Assurance	Numerator: Total number of complaints resolved within 25 days during the quarter Denominator: Total number of complaints during the quarter	Accuracy of information is dependant on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	Yes	Higher percentage suggest better management of complaints in District Hospitals	Quality Assurance
Average length of stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Separations	High levels of efficiency could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District Health Services
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in district hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*		Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.
Number of hospitals assessed for compliance against the 6 priorities of the core standards	No of hospitals assessed for compliance for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of District Hospitals assessed against the 6 priority areas of the core standards.	None	Process	Sum	Annual	Yes	Higher number indicates better compliance with the core standards in District Hospitals	Quality Assurance

DISTRICT HEALTH SERVICES: TABLE 7 AND DHS9

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number hospitals implementing the quality improvement plans in line with the 6 priorities of the core standards.	Hospital implementing the following six key priorities of the core standards: • Improved Patient Safety • Drug Availability • Positive & Caring Staff Attitude • Reduced Waiting Times • Improved Cleanliness • Infection Prevention and Control	Tracks the levels of implementation at hospital level, against the 6 priority areas of the core standards	Assessment Reports	Numerator: Number of hospitals implementing against the 6 priorities of the core standards. Denominator: Total number of hospitals in the province	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Number	Annual	No	All hospitals implementing 6 key priority areas	PHC Chief Director

HIV AND AIDS, TB AND STI CONTROL: TABLES HIV3 AND HIV3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total clients remaining on ART (TROA) at the end of the month	Number of patients on an ARV regimen	Track the number of patients on ARV Treatment	CCMT	Cumulative total of Number of patients on an ARV regimen	Accuracy dependant on quality of data from reporting facility	Input	Cumulative total	Quarterly	No	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
Male condom distribution rate	Number of male condoms distributed within the province at public health facilities per male population 15 years and over	Track the contraceptive measures	DHIS	Numerator: Male condoms distributed within province Denominator: Male population 15 and over	Indicator reliant on accuracy of population estimates from StatsSA	Process	Rate	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV/AIDS incidence.	HIV/AIDS Programme manager
TB (new pulmonary) defaulter rate	PTB cases defaulted	Tracking of defaulters for immediate intervention	ETR	Numerator: All smear positive defaulted Denominator: All smear positive newly registered	Poor tracking systems	Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme manager
TB AFB sputum result turn-around time under 48 hours rate	Percentage of TB sputa tests completed with turnaround time of less than 48 hours	Monitor the turnaround times of the sputa samples	DHIS	Numerator: TB sputa specimens with turnaround time less than 48 hours Denominator: All TB sputa specimens	Accuracy of capturing the date/time sampled dispatched and/or received	Quality	Percentage	Quarterly	No	Higher percentage indicate faster turnaround	TB Programme manager
Percentage of HIV-TB Co-infected patients placed on ART	Percentage of HIV and TB co-infected patients placed on Ante retrovirus Treatment (ART)	Monitors the coverage of ART among co-infected population	ETR. Net	Numerator: Total number of HIV and TB co-infected people placed on ART Denominator: Total number of co-infected people with a CD4 count of 350 or less.	Dependant on the accuracy of the Electronic TB Register.	Output	Percentage	Quarterly	Yes	Higher percentage indicate better coverage	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
HIV testing coverage	Percentage of clients tested to those counselled.	Monitors the number of people convinced for testing	DHIS	Numerator: Total number clients of HCT clients tested for HIV Denominator: Total number of HCT clients pre-test counselled	Dependant on the accuracy of tick and tally sheets	Process	Percentage	Quarterly	Yes	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager
TB (new pulmonary) cure rate	PTB cases cured at first attempt	Monitor the TB Cure rate	ETR	Numerator: New smear positive cured Denominator: New smear positive newly registered	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Annual	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

HIV AND AIDS, TB AND STI CONTROL: TABLES HIV2 AND HIV4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of medical male circumcision conducted	Measures the number of male clients medically circumcised	To prevent the spread of new infections	MMC Reports	Headcount of male clients medically circumcised	Accuracy dependant on quality of data from reporting facility	Output (cumulative)	Number	Quarterly	Yes	Reduction in STI infection and HIV prevalence	HIV and AIDS Programme Manager
Percentage of HIV positive clients on Isoniazid Preventive Therapy(IPT)	HIV positive clients receiving Isoniazid Preventive Therapy	Monitor implementation of IPT	DHIS	Numerator: Percentage of HIV positive clients on IPT Denominator all positive clients	Accuracy dependant on quality of data from reporting facility	Input (non cumulative)	Percentage	Quarterly	No	Improved percentage indicates better IPT uptake	HIV and AIDS Programme Manager
STI partner treatment rate	Percentage of partners of STI cases that receive treatment	Successful treatment of STIs requires that both the index patient and their partner(s) be treated	DHIS	Numerator STI Partner Treated Denominator STI treated new episode	Reliant accurate capturing of new episodes	Output (non cumulative)	Percentage	Annual	No	Improved partner treatment rates should contribute towards decreasing levels of STIs and HV	HIV and AIDS Programme Manager
Antenatal client initiated on AZT during antenatal care rate.	HIV positive antenatal clients (not on HAART) initiated on AZT during antenatal care as a proportion of antenatal clients (not on HAART) who tested HIV positive during current pregnancy	Monitor implementation of AZT	DHIS	Numerator Antenatal client initiated on AZT Denominator Antenatal client (not on HAART) tested HIV positive – total	Accuracy dependant on quality of data from reporting facility	Process (non cumulative)	Percentage	Quarterly	No	Improved percentage indicate better AZT uptake	PMTCT Programme Manager
Baby Nevirapine uptake rate.	Babies (including BBAs and known home deliveries) given Nevirapine within 72 hours after birth as a proportion of live births to HIV positive women	Monitor implementation of Nevirapine	DHIS	Numerator Baby given Nevirapine within 72 hours after birth Denominator Live birth to HIV positive woman	Accuracy dependant on quality of data from reporting facility	Process (non cumulative)	Percentage	Quarterly	No	Improved percentage indicates better Nevirapine uptake for babies	PMTCT Programme Manager

MATERNAL, CHILD AND WOMAN HEALTH: TABLES MCWH1 & MCHW3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Immunisation coverage under 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). A Primary Course includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles at 9 month.	Monitor the implementation of Extended Programme in Immunisation (EPI)	DHIS	Numerator: Immunised fully under 1 year Denominator: Population under 1-year	Reliant on under 1 population estimates from StatsSA	Output (non cumulative)	Percentage Annualised	Quarterly	No	Higher percentage indicates better immunisation coverage reducing the risk of vaccine preventable conditions	EPI Programme manager
Vitamin A coverage under 12 – 59 months	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year.(The denominator is therefore the target population 1-4 years multiplied by 2.)	Monitor the Vitamin A coverage of children	DHIS	Numerator: Vitamin A supplement to 12-59 months child Denominator: Target population 1-4 years x 2	Reliant on Child population estimates from StatsSA	Output (non cumulative)	Percentage Annualised	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager
Measles 1st dose under 1 year coverage	Percentage of children under 1 year who received measles dose	Monitor the measles coverage	DHIS	Numerator: Measles 1st dose before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output (non cumulative)	Percentage Annualised	Quarterly	No	Higher percentage indicates better Measles Coverage to eliminate measles	EPI Programme manager
Pneumococcal vaccine (PCV) 3rd dose coverage	Percentage of children under 1 year who received Pneumococcal 3rd dose	Monitor the Pneumococcal coverage	DHIS	Numerator: Pneumococcal 3rd doses before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output (non cumulative)	Percentage Annualised	Quarterly	No	Higher coverage is expected to have an impact on infant and child morbidity and mortality	EPI Programme manager
Rota Virus (RV) 2nd dose coverage	Percentage of children under 1 year who received Rota Virus 2nd dose	Monitor the Rota Virus coverage	DHIS	Numerator: Rota Virus 2nd doses before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output (non cumulative)	Percentage	Quarterly	No	Higher coverage is expected to have an impact on infant and child morbidity and mortality	EPI Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Cervical cancer screening coverage	Percentage of women from 30 years and older who were screened for cervical cancer	Monitor cervical cancer screening coverage	DHIS	Numerator: Cervical smear in woman 30-years and older screened for cervical cancer Denominator: Female population 30-59 years	Reliant on population estimates from StatsSA for women in age category 30-59 years	Output (non cumulative)	Percentage Annualised	Quarterly	No	Increased coverage will improve the management of abnormal smears and reduce the incidence of cervical cancer.	MNCWH Programme Manager
Antenatal 1st visits before 20 weeks rate	The percentage of women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy.	Utilisation of ANC services	DHIS	Numerator: Antenatal 1st visits before 20 weeks Denominator: Antenatal 1st visits	Reliant on accuracy of number of weeks the client is pregnant	Process (non cumulative)	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care and improved early booking which is considered core to improved maternal care.	MNCWH programme Manager
Infant 1st PCR test positive within 2 months rate	Infants tested PCR positive under 2 months after birth as proportion of Infants PCR tested under 2 months	Monitors positivity in HIV exposed Infants under the age of 2 months	DHIS	Numerator Infant PCR test positive under 2 months Denominator Infant PCR test under 2 months	Reliability and accuracy of data	Outcome	Percentage	Quarterly	No	Early detection of HIV positive infants	MNCWH programme Manager
Couple Year Protection Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation , injectable, and oral hormones, intrauterine devices, diaphragms, spemicides and condoms	Track the extent of the use of contraception (any method) amongst women of child bearing age	DHIS SADHS	Couple year protection rate: Numerator Contraceptive years equivalent = Sum: • Male sterilisations x 20 • Female sterilisations x10 • Medroxyprogesterone injection /4 • Norethisterone enanthate injection /6 • Oral pill cycles /13 • IUCD x 4 • Male condoms /500 Denominator: Female target population 15-44 years	Reliant on accuracy of data collection	Input (non cumulative)	Percentage	Annual	No	Higher percentage indicates better protection against unwanted and unsafe pregnancy	Health Information, Epidemiology and Research Programme MCWH&N Programme
Delivery in facility under 18	Percentage of deliveries where the	Monitor the percentage of	DHIS	Numerator: Total number of		Outcome	Percentage	Annual	No	Higher percentage	MCWH Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
years rate	mother is under 18 years on the day of delivery.	deliveries among teenagers		Deliveries in province to woman under 18 years Denominator: Total Deliveries in province						indicates increase in the number deliveries among teenagers.	manager
Maternal Mortality in facility Ratio (MMR)	Number of maternal deaths in facility expressed per 100 000 live births. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	Monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target.	DHIS/ PCCEMD	Numerator: Maternal death in facility Denominator: Live births in facility	Reliant on accuracy of classification of inpatient death	Outcome (non cumulative)	Ratio per 100 000 live births	Annual	No	Lower institutional rate	MNCWH programme manager
Child under 1 year mortality in facility rate	The number of children who have died in a health facility between birth and their first birthday, expressed per thousand live births in facility	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	Numerator: Total number of inpatient death under one year Denominator: Inpatients separations under 1 year (Sum of Inpatient discharge < 1 year and Inpatient transfer out < 1)	Reliant on accuracy of in facility live births reporting	Outcome (non cumulative)	Rate	Annual	No	Lower infant mortality rate	N/A
Inpatient death under 5 years rate	The number of children who have died in a health facility between birth and their fifth birthday, expressed per thousand live births in facility	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	Numerator: Total number of inpatient deaths under 5 years Denominator: Inpatients separations under 5 year (Sum of Inpatient discharge < 5 year and Inpatient transfer out < 5)	Reliant on accuracy of in facility live births reporting	Outcome (non cumulative)	Rate	Annual	No	Lower children mortality rate	N/A

MATERNAL, CHILD AND WOMAN HEALTH: TABLES MCWH2 & MCWH4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Reduce the incidence of severe malnutrition under 5 years	The number of children who weigh below 60% Expected Weight for Age (new cases that month) per 1,000 children in the target population	Monitor incidence of severe malnutrition	DHIS	Numerator: Severe malnutrition under 5 years – new ambulatory Denominator Population under 5 years	Reliant on under 5 population estimates from Stats SA	Output (non cumulative)	Per 1000	Annual	No	To plan, evaluate and monitor nutrition programmes. Lower incidence indicates a healthy community	MCWH & N Programme Manager
Number of district hospital with maternity waiting homes	Maternity waiting homes in district hospitals	To improve maternal & child outcome	Physical	Number of maternity waiting homes	Budget constrains	Input	Number	Quarterly	Yes	Increase number of waiting homes will improve maternal & child health services	MCWH & N Programme Manager

DISEASE CONTROL AND PREVENTION: TABLES DPC1 AND DPC3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	Malaria Surveillance Report	Numerator: Deaths from malaria Denominator: Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome (non cumulative)	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria	Communicable Diseases
Cholera fatality rate	Deaths from cholera as a percentage of the number of cases reported	Monitor the number deaths caused by Cholera	Weekly Zero Report by Districts	Numerator: Deaths from Cholera Denominator: Total number of cholera cases reported	Accuracy dependant on quality of data from health facilities	Outcome (non cumulative)	Rate	Annual	No	Lower percentage indicates a decreasing burden of cholera	Communicable Diseases
Cataract surgery rate	Cataract operations completed per 1,000,000 population	Monitor the number of cataract surgery	Provincial Cataract Surgery Report	Numerator: Cataract operations completed Denominator: Total population	Accuracy dependant on quality of data from health facilities	Outcome (non cumulative)	Rate per 1mil population	Annual	No	Higher levels reflects a good contribution to sight restoration, especially amongst the elderly population	Non communicable Diseases

DISEASE CONTROL AND PREVENTION: TABLES DPC2

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Decrease the incidence of malaria per 1000 population	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	DHIS	Numerator: Deaths from malaria Denominator: Total number of Malaria cases reported (1.5 local case per 1000 population	Accuracy dependant on quality of data from health facilities	Outcome (non cumulative)	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria	CDC and Environmental Health Manager

EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES: TABLES EMS1, EMS 2 AND EMS3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
EMS operation ambulance coverage	Number of all rostered ambulances per 10 000 people in the province	Track the availability of rostered ambulances	EMS Information Systems	Numerator: Total number of roistered ambulances Denominator: Total population in the province (divided by 10 000)		Input (non cumulative)	Sum	Quarterly	No	Higher number of roistered ambulances may lead to faster response time her	EMS Manager
EMS P1 urban response under 15 minutes rate	Percentage of P1 call outs to urban locations with response times within national urban target (15 mins)	Monitor Response times within national urban target	EMS Information Systems	Numerator: No priority 1 rurban calls where Response times within national urban target Denominator: All priority 1 urban Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality (non cumulative)	Percentage	Quarterly	No	Higher percentage indicate better response times in the urban area	EMS Manager
EMS P1 rural response under 40 minutes rate	Percentage of P1 call outs to rural locations with response times within national rural target (40 mins)	Monitor Response times within national rural target	EMS Information Systems	Numerator: No priority 1 rural calls where Response times within national rural target Denominator: All priority 1 rural Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality (non cumulative)	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager
EMS P1 calls under 60 minutes rate	Percentage of all call outs with response times within 60min	Monitor Response times	EMS Information Systems	Numerator: No of calls where Response times within 60min Denominator: All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality (non cumulative)	Percentage	Quarterly	No	Higher percentage indicate better response times	EMS Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
% of PPTS within EMS	% of patients transported by EMS as PPTS	Transport non emergency patients	EMS Information systems	Numerator: Nr of Non emergency patient transported Denominator total number of patient transported by EMS	Accuracy dependant on quality of data from reporting EMS station	Input (non cumulative)	Percentage	Annual	No	Increase of station with PPT	EMS Manager

REGIONAL HOSPITALS: TABLES PHS1AND PHS4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Hospitals implementing the quality improvement plan in with 6 key priorities of the core standards	Regional hospitals complying with the following six key priorities of the core standards: • Improved Patient Safety • Drug Availability • Positive & Caring Staff Attitude • Reduced Waiting Times • Improved Cleanliness • Infection Prevention and Control	Tracks the levels of compliance against the 6 priority areas of the core standards	Assessment Reports	Numerator: Total number of hospitals complying against the 6 priorities of the core standards. Denominator: Total number of hospitals in the province	Accuracy dependant on quality of data and effective information systems	Output (non cumulative)	Number	Annual	No	All Hospitals implementing 6 key priority areas	Regional Hospital CEOs.

REGIONAL HOSPITALS: TABLES PHS2 AND PHS4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the regional hospitals	DHIS	Numerator: Number of Caesarean sections performed Denominator: Total number of deliveries in regional hospitals	Accuracy dependant on quality of data from reporting facility	Output (non cumulative	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient Separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output (cumulative)	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Patient Day Equivalent - Total	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: • Inpatient days - total • 1/2 Day patients • 1/3 OPD headcount -total • 1/3 Emergency Headcount OPD Headcount total = sum of: • OPD specialist clinic headcount + • OPD general clinic headcount + •	Accuracy dependant on quality of data from reporting facility	Output (cumulative)	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
OPD Headcount - Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist clinic headcount • OPD general clinic headcount •	Accuracy dependant on quality of data from reporting facility	Output (cumulative)	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Average length of stay	Average number of patient days that an admitted patient in the regional hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Separations Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Efficiency (non cumulative)	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	Hospital Services
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in regional hospitals	Track the over/under utilisation of regional hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency (non cumulative)	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Hospital Services
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in regional hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*		Efficiency (non cumulative)	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services.

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Mortality and morbidity review rate	Percentage of Regional hospitals having monthly Maternal Mortality and Morbidity Meetings (3 per quarter)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	DHIS	Numerator: Number of Regional hospitals having Maternal Mortality and Morbidity every month Denominator: Total number of Regional hospitals	Accuracy dependant on quality of data from reporting facility	Quality (non cumulative)	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Manager Quality Assurance, CEOs
Compliant resolution within 25 working days rate	Percentage of complaints of users of Regional Hospital Services resolved within 60 days	To monitor the management of the complaints in Regional Hospitals	DHIS	Numerator: Total number of complaints resolved within 25 days during the quarter Denominator: Total number of complaints during the quarter	Accuracy of information is dependant on the accuracy of time stamp for each complaint	Quality (non cumulative)	Percentage	Quarterly	Yes	Higher percentage suggest better management of complaints in Regional Hospitals	Manager Quality Assurance, CEOs
Hospital Patient Satisfaction rate	The percentage of users that participated in the Regional Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Regional Hospital users	Assessment Reports	Numerator: Total number of users that were satisfied with the services rendered in Regional Hospitals Denominator: Total number of users that participated in the Client Satisfaction Survey (in Regional Hospitals)	Generalisability depends on the number of users participating in the survey.	Output (non cumulative)	Percentage	Annual	Yes	Higher percentage indicates better levels of satisfaction in Regional Hospital services	Manager Quality Assurance, CEOs
Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Percentage of Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Assessment Reports	Numerator: Total number of Regional hospitals assessed against the core standards. Denominator: Total number of Regional hospitals in the province	Accuracy dependant on quality of data and effective information systems	Process (non cumulative)	Sum	Annual	Yes	Higher number indicates better compliance with the core standards in Regional Hospitals	Manager Quality Assurance, CEOs

SPECIALISED HOSPITALS: TABLES PHS1AND PHS4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performanc e	Indicator Responsibilit y
TB Hospitals											
Effective movement rate (TB)	A "confirmed" discharge is when the hospital receives confirmation from the next treatment facility(clinic or hospital) that the patient has arrived. Patients that continue their treatment via hospital DOT clinic are included as confirmed discharges	To monitor the efficiency and effectiveness of the institution	Acknowledge ment slips (pink slips)	Number of confirmed discharges multiplied by 100, divided by the total number of discharges during the quarter	Accuracy dependant on quality of data and effective information systems	Output (non cumulative)	%	Quarterly	No	Norm	TB Directorate
Effective movement rate (DR)	A "confirmed" discharge is when the hospital receives confirmation from the next treatment facility(clinic or hospital) that the patient has arrived. Patients that continue their treatment via hospital DOT clinic are included as confirmed discharges	To know the number of patients that are effectively discharged and to minimize the number of defaulters	Acknowledge ment slips (pink slips)	Number of confirmed discharges multiplied by 100, divided by the total number of discharges during the quarter	Accuracy dependant on quality of data and effective information systems	Output (non cumulative	%	Quarterly	No	Norm	TB Directorate
Hospital patient satisfaction rate	Feedback mechanism regarding service delivery	To evaluate and measure client satisfaction with the service	Discharge questionnaire s with positive response	Number of patients who completed a patient satisfaction survey multiplied by 100, divided by the total number of discharges during the quarter	Accuracy dependant on quality of data and effective information systems	Outcome (non cumulative)	%	Annual	No	Increase in satisfaction	TB Directorate

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure patient day equivalent (PDE)	the average cost per patient, per day, seen at a hospital, and is expressed as Rands per patient day equivalent in TB hospital	Cost per PDE reflects whether a particular hospital is being optimally managed. It measures and compares the inputs (total financial resources available to the hospital) with the outputs (volume of patients seen)	Registers and BAS System	Value is calculated by dividing the total expenditure of the hospital by the patient day equivalent (PDE). The PDE is calculated by adding the number of inpatients plus ½ of day patients plus $^{1}/_{3}$ of outpatient and emergency room visits	Accuracy dependant on quality of data and effective information systems	Output (non cumulative)	Rands	Annual	Yes	Reaching the national norm	TB Directorate

CENTRAL & TERTIARY HOSPITALS: TABLE THS1, THS 2 AND THS 3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Hospitals implementing quality improvement plans with the 6 priorities of the core standards	Tertiary hospitals complying with the following six key priorities of the core standards: • Improved Patient Safety • Drug Availability • Positive & Caring Staff Attitude • Reduced Waiting Times • Improved Cleanliness • Infection Prevention and Control	Tracks the levels of compliance against the 6 priority areas of the core standards	Assessment Reports	Numerator: Total number of Tertiary hospitals complying against the 6 priorities of the core standards. Denominator: Total number of tertiary hospitals in the province	Accuracy dependant on quality of data and effective information systems	Output (cumulative)	Number	Annual	No	Rob Ferreira and Witbank Hospitals implementing six key priority areas	Manager Quality Assurance, Tertiary Hospital CEOs.

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibilit y
Delivery by Caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in central and tertiary hospitals	Track the performance of obstetric care of the central and tertiary hospitals	DHIS	Numerator: Number of Caesarean sections performed in central and tertiary hospitals Denominator: Total number of deliveries in central and tertiary hospitals	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Hospital
Inpatient Separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients. (in central and tertiary hospitals)	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient (All above in central and tertiary hospitals)	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Patient Day Equivalent - Total	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All	Monitoring the service volumes	DHIS	Sum of: • Inpatient days -total • 1/2 Day patients • 1/3 OPD headcount - total • 1/3 Emergency Headcount OPD Headcount total = sum of: • OPD specialist clinic	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	hospital activity expressed as a equivalent to one inpatient day			headcount + • OPD general clinic headcount ‘							
OPD Headcount - Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist clinic headcount • OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output (non cumulative)	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Average length of stay	Average number of patient days that an admitted patient in this hospital spends in hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Separations Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Efficiency (non cumulative)	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	Hospital Services
Inpatient Bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in central and tertiary hospitals	Track the over/under utilisation of central and tertiary hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency (non cumulative)	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in regional hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*	Accuracy dependant on quality of data from reporting facility	Efficiency (non cumulative)	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services.
Mortality and morbidity review rate	Percentage of Central / Tertiary hospitals having monthly Maternal Mortality and Morbidity Meetings (3 per quarter)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Quality Assurance Reports	Numerator: Number of Central / Tertiary hospitals having Maternal Mortality and Morbidity every month Denominator: Total number of Central / Tertiary hospitals	Accuracy dependant on quality of data from reporting facility	Quality (non cumulative)	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Complaint resolution within25 working days rate	Percentage of complaints of users of Central / Tertiary Hospital Services resolved within 60 days	To monitor the management of the complaints in Central / Tertiary Hospitals	DHIS	Numerator: Total number of complaints resolved within 60 days during the quarter Denominator: Total number of complaints during the quarter	Accuracy of information is dependant on the accuracy of time stamp for each complaint	Quality (non cumulative)	Percentage	Quarterly	Yes	Higher percentage suggest better management of complaints in Central / Tertiary Hospitals	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Hospital Patient Satisfaction rate	The percentage of users that participated in the Central and Tertiary Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Regional Hospital users	Assessment Reports	Numerator: Total number of users that were satisfied with the services rendered in Central and Tertiary Hospital Denominator: Total number of users that participated in the Client Satisfaction Survey (in Central and Tertiary Hospitals)	Generalisability depends on the number of users participating in the survey.	Output (non cumulative)	Percentage	Annual	Yes	Higher percentage indicates better levels of satisfaction in Central and Tertiary Hospital services	Quality Assurance
Number of hospitals assessed for compliance with the 6 priority of the core standards	Percentage of Central and Tertiary Hospital assessed for compliance against the core standards	Tracks the levels of compliance against the 6 priority areas of the core standards	Assessment Reports	Numerator: Total number of Central and Tertiary Hospitals assessed against the core standards. Denominator: Total number of Central and Tertiary Hospitals in the province	Accuracy dependant on quality of data from reporting facility	Process (cumulative)	Sum	Annual	Yes	Higher number indicates better compliance with the core standards in Central and Tertiary Hospitals	Quality Assurance

HEALTH SCIENCES AND TRAINING: TABLE HST1, HST2 AND HST3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Intake of nurse students	Number of nurses entering the first year of nursing college	Tracks the training of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Input (non cumulative)	Sum total	Annual	No	Higher levels of intake are desired, to increase the availability of nurses in future	Human Resources Development Programme
Students with bursaries from the province	Number of students provided with bursaries by the provincial department of health	Tracks the numbers of health science students sponsored by the Province to undergo training as future health care providers	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input (non cumulative)	Sum total	Annual	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development
Basic nurse students graduating	Number of students who graduate from the basic nursing course	Tracks the production of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Output (non cumulative)	Sum total	Annual	No	Desired performance level is that higher numbers of nursing students should be graduating	Human Resources Development
Number of health professionals trained on critical clinical skills.	Counting of health professionals trained	Tracks the provisioning of training for health professionals	Training Database	Headcount of health professionals trained	Data quality depends on good record keeping by Provincial DoH	Input (cumulative)	Sum total	Quarterly	No	To sustain the training of health professionals	Human Resources Development

HEALTH CARE SUPPORT SERVICES: TABLE HCSS1 AND HCSS2

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
% of EDL items available at the Medical Depot	Percentage of EDL drugs list available at DEPOT for ordering.	Availability of EDL drugs is essential to provide efficient health care services in all health facilities.	EDL Items Lists	Numerator Number of essential drugs available at DEPOT Denominator Total number of Essential Drugs on the list	Only EDL drugs are counted to determine percentage of essential drugs available	Process (non cumulative)	Number	Quarterly	No	0% minimum EDL drugs on stock out	Pharmaceutical Services

HEALTH FACILITIES MANAGEMENT: TABLE HFM1, HFM2 AND HFM3

Indicator Title	Short Definition	Purpose/ Importance	Means of verification/ Data Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of PHC facilities with accommodation, on planning phase.	Number of PHC facilities with accommodation, on planning phase.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of PHC facilities with accommodation, on planning phase.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Increased health facilities	Infrastructure Management Programme Manager
Number of PHC facilities with accommodation, under construction.	Number of PHC facilities with accommodation, under construction.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of PHC facilities with accommodation, under construction.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Increased health facilities	Infrastructure Management Programme Manager
Number of PHC facilities with accommodation, constructed.	Number of PHC facilities with accommodation, constructed.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of PHC facilities with accommodation, constructed.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager
Number of hospitals under revitalisation programme, on planning phase.	Number of hospitals under revitalisation programme, on planning phase.	Increased access to health care services	Immovable Asset Register & Physical	Number of hospitals under revitalisation programme, on planning phase	Correctness of data depends on quality of DPWR&T	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Means of verification/ Data Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
			Verification		Report						
Number of hospitals under revitalisation programme, under upgrading and renovation.	Number of hospitals under revitalisation programme, under upgrading and renovation.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of hospitals under revitalisation programme, under upgrading and renovation.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager
Number of hospitals under revitalisation programme, upgraded/renovated.	Number of hospitals under revitalisation programme, upgraded/renovated.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of hospitals under revitalisation programme, upgraded/renovated.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager
Number of hospitals on planning phase	Number of hospitals on planning phase	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of hospitals under Infrastructure Grant on planning phase	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager
Number of hospitals under upgrading and renovation.	Number of hospitals under upgrading and renovation.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of hospitals under Infrastructure Grant under upgrading and renovation.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager
Number of hospitals upgraded/renovated.	Number of hospitals upgraded/renovated.	Increased access to health care services	Immovable Asset Register & Physical Verification	Number of hospitals under Infrastructure Grant upgraded/renovated.	Correctness of data depends on quality of DPWR&T Report	Input	Number	Annual	No	Accessibility of health care services	Infrastructure Management Programme Manager