Mpumalanga Department of Health

ANNUAL PERFORMANCE PLAN

FOR 2014/15

Submitted to Legislature
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health
Department:
Health
MPUMALANGA PROVINCE

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ACRONYMS	
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
ARI	Acute Respiratory Infections
ART	Anti-retroviral Treatment
BANC	Basic Antenatal Care
BOD	Burden of Disease
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CDC	Community Day Centre
CEO	Chief Executive Officer
CHC	Community Health Centre
CHWs	Community Health Workers
CMR	Child Mortality Rate
CoE	Compensation of Employees
CPIX	Consumer Price Index
CRDP	Comprehensive Rural Development Programme
CSR	Cataract Surgery Rate
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
DR	Drug Resistant
DSD	Department of Social Development
ESMOE	Essential Steps in Managing Obstetric Emergencies
ETR.Net	Electronic TB Register
EDL	Essential Drug List
EMS	Emergency Medical Services
GDP	Gross Domestic Product
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HCT	Health Care Provider Initiated Counseling and Testing

ACRONYMS	
HFM	Health Facilities Management
HHCC	Household Community Components
HIV	Human Immuno-deficiency Virus
HOD	Head of Department
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
IPT	Isoniazid Preventive Therapy
KMC	Kangaroo Mother Care
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
MMC	Male Medical Circumcision
MMR	Maternal Mortality Rate
MPAC	Mpumalanga Provincial AIDS Council
MRC	Medical Research Council
MTEF	Medium-term Expenditure Framework
MTSF	Medium-term Strategic Framework
NDOH	National Department of Health
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

ACRONYMS	
NSP	National Strategic Plan
NTSG	National Tertiary Services Grant
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
PCR	Polymerase Chain Reaction (a laboratory HIV detection Test)
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PHC	Primary Health Care
PHS	Provincial Hospital Services
PMTCT	Prevention of mother-to-child Transmission
PPP	Public/Private Partnership
PPTS	Planned Patient Transport Services
PSP	Provincial Strategic Plan
PTC	Pharmaceutical Therapeutic Committees
RV	Rota Virus
SADHS	South African Demographic Health Survey
SALGA	South African Local Government Agency
SANAC	South African National AIDS Council
SOP	Standard Operating Procedures
STATS SA	Statistics South Africa
STC	Step Down Care
STP	Service Transformation Plan
TB	Tuberculosis
THS	Tertiary Hospital Services
WHO	World Health Organisation

1. INTRODUCTION

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 2014/15 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 PLANS OF PROVINCIAL DEPARTMENTS OF HEALTH

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** links to other plans which 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. Annexure F is changes to strategic plan

  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. PROVINCIAL ANNUAL PPERFORMANCE PLAN

3.1. FOREWORD BY THE MEC FOR HEALTH

South Africa is celebrating 20 years of democracy under the leadership of the ANC-led government. Looking back, one cannot help but count the gains of the past 20 years. Access to health care services has been made easy for most if not all people of the Province by building health facilities closer to where people live and deploying mobile clinics to farms and some places where the population is small. The scarcity of the necessary skills in the health profession remains a daunting challenge, accordingly the government has made strides in ensuring that qualified and competent health personnel are hired to deal with the challenges faced by the health institutions.

Life expectancy has increased through various effective health strategies. These and many other achievements of this government, especially in the health sector, demonstrate the power of a good working relationship between government and its people which include the private sector as well as communities in general. This has made South Africa and Mpumalanga in particular a better place to be now than it was 20 years ago.

The health sector has had its own fair share of challenges. These have since been noted and ways to deal with them have been identified. Going into the new administration, the priorities in the health sector have been intensified on some aspects based on experience and lessons learnt.

Therefore, outcome 2 of the twelve national outcomes of this government remains the core responsibility of the Department of Health. Outcome 2: “A long and healthy life for all” has 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 disease from Tuberculosis*
Output 4: *Strengthening Health System Effectiveness*

These outputs will undoubtedly guide the work of the Department of Health during the 2014/ 2015 financial year as outlined in the rest of this Annual Performance Plan (APP).

The Department is particularly pleased and humbled by the views and support of the many community members who in one way or another assisted in strengthening its service delivery machinery.
Old and dilapidated structures are amongst the key issues which are to be attended to going forward. Renovations and maintenance will continue in health facilities.

Special attention will be paid to ensuring that governance structures which are clinic committees and hospital boards function optimally to enhance community participation in health care delivery.

The implementation of the National Health Insurance (NHI) in the Gert Sibande District is well on course and there will be more effort in ensuring that lessons learned are rolled out to the other districts.

MR GP MASHEGO
MEC FOR HEALTH

04/07/2014
DATE

3.2. STATEMEMENT BY THE HEAD OF DEPARTMENT (HOD)

The financial year 2013/14 has been a year full of challenges and successes, however great strides have been made in achieving planned targets. The Annual Performance Plan (APP) sets out the priorities and targets, all geared towards the achievement of outcome 2 of the 12 national outcomes: “A Long and Healthy Life for All” which has the following four (4) national health outputs:

Output 1: Increased Life Expectancy

An improvement in life expectancy was noted over the past 4 years from 49.6 to 58 years for males and from 50.3 to 60 years for females. This is as a result of the effective health strategies put in place to deal with the quadruple burden of disease due to HIV& AIDS and TB, maternal and child mortality, violence and injuries and diseases of lifestyle. People living with HIV& AIDS are now living longer. An increase in Malaria incidence has been noted with concern. This was mainly due to cross border issues and the increased rainfall, which resulted in an increased malaria case fatality rate of 0.73% as compared to 0.5% in 2012/13. The Province will continue to foster collaboration with the neighbouring provinces and countries to strengthen prevention strategies. Social mobilization activities and awareness campaigns will be intensified to inform and remind communities about diseases of lifestyle. Violence and injuries continues to burden the health system resulting in the backlog of orthopedic and surgical procedures.

Output 2: Decrease maternal and child mortality

The maternal mortality ratio in South Africa is estimated at 269 per 100 000 and the perinatal mortality stands at 31.1 deaths per 1000 births, which is much higher than countries with similar socio economic status. The aim is to reduce maternal mortality through the implementation of Primary Health Care Reengineering and a functional referral system.

The Department is focusing on several interventions to decrease the high maternal and child mortality rates. Five (5) maternity waiting homes have been established in 2013/14 and three (3) will be established in the current year 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. The recruitment of specialists will be intensified to strengthen the establishment of District Clinical Specialist Teams in order to provide support to primary health care facilities.

Reproductive health services including family planning will be strengthened in order to address unplanned pregnancy and to make informed choices about reproductive health.

School health services will be strengthened for early identification of barriers to learning, health promotion and health education.

Community mobilization will be done through ward based Primary Health care outreach teams in order to promote community health and provide support and care to women and children. All these initiatives are part of the Campaign for the Accelerated Reduction of Maternal and child Mortality in Africa (CARMMA) strategy that has been adopted by the African Union.

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

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 reviewed to further give impetus to the fight against the scourge of HIV and AIDS.

Condom distribution for both males and females is scaled up in the province as an intervention to reduce new infections.

The voluntary male medical circumcision programme continues to be one of the key programmes in the fight against the spread of HIV and AIDS and it will be strengthened in the Province. The province continues to increase access to ART & HCT by increasing the number of sites registered to offer this service. This can be seen by the increase in the number of patients from 209,727 in 2012/13 to 227,663 in the 2013/14 financial year. The department will support traditional leaders to reduce morbidity and mortality related to traditional circumcisions.

Output 4: Strengthening Health System Effectiveness

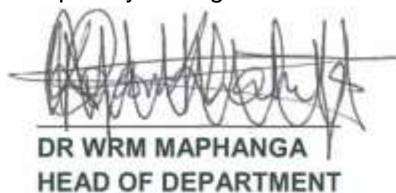
The department has adopted the District Health System (DHS) as a vehicle for implementation of Primary Health Care (PHC) services which consists of community-based health, clinics, community health centres and district hospital services. A functional, District Health System requires amongst others a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

At community-based level, Community Based Health Services are rendered in partnership with Non Profit Organizations (NPOs). Mobile services are rendered to remote areas with a view of improving access to health care services. Two hundred and two (202) NPOs were funded in 2013/14 to provide community based services and will be reconfigured into cooperatives of Community Healthcare Workers in this financial year.

Maintenance budget for infrastructure has been prioritized over the MTEF cycle. The Project Management Unit (PMU) will be established to strengthen the rollout of infrastructure programme.

SMMEs and youth cooperatives will be selectively empowered for provision of food, linen and health care risk waste management. The department will explore partnership with the private sector and social partners with the view to improve the service delivery platform. Consideration will also be given to the development of traditional medicine.

Leadership and facility management will be strengthened coupled with performance management and accountability. More focus will be placed on research to inform planning, decision making and priority setting.



DR WRM MAPHANGA
HEAD OF DEPARTMENT

04/07/2014
DATE

3.3. OFFICIAL SIGN OFF OF THE PROVINCIAL APP BY THE CHIEF FINANCIAL OFFICER; HEAD OF STRATEGIC PLANNING; HOD AND MEC FOR HEALTH

It is hereby certified that this Annual Performance Plan:

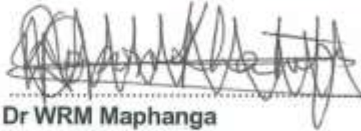
- Was developed by the Provincial Department of Health in **Mpumalanga.**
- Was prepared in line with the current Strategic Plan of the Department of Health of under the guidance of the **MEC: Department of Health, Mr GP Mashego.**
- Accurately reflects the performance targets which the Provincial Department of Health in Mpumalanga will endeavour to achieve given the resources made available in the budget for 2014/15.

Mr VS Makhubedu
DDG: Chief Financial Officer

4/07/2014
Date

Mr MT Machaba
Acting Chief Director: Integrated Health Planning

04/07/2014
Date



Dr WRM Maphanga
Accounting Officer

04/07/2014
Date

APPROVED BY:

MEC: Department of Health, Mr GP Mashego
Executive Authority

04/07/2014
Date

PART A –

4. 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
- Appropriateness
- Timeousness
- Collectiveness
- Competency

4.4 STRATEGIC GOALS

TABLE A1: STRATEGIC GOALS

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-He 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 mortality s 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.	

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
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.
		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.	

STRATEGIC GOALS		GOAL STATEMENT	RATIONALE	EXPECTED OUTCOME
		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.
		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 SITUATIONAL ANALYSIS

4.5.1 Demographic 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.

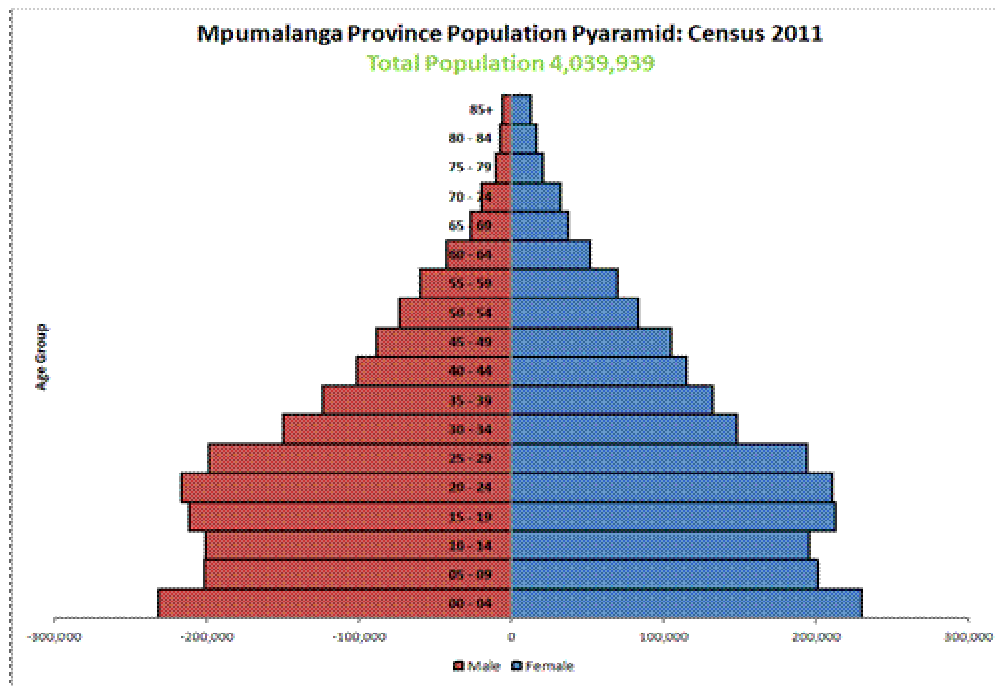
Census 2011 indicates that Mpumalanga population grew from 3,365,554 to 4,039,939. A comparative analysis of population growth between 2001 and 2011 in Table 1 below, reflects a growth of 20% for Mpumalanga Province. Mpumalanga has the sixth largest share of the South African population, constituting approximately 7,8% of the national population of 5,177,0561 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	9,388,854	21.0%	12,272,263	23.7%	30.7
KwaZulu-Natal	9,584,129	21.4%	10,267,300	19,8%	7.1
Eastern Cape	6,278,651	14.0%	6,562,053	12.7%	4.5
Western Cape	4,524,335	10.7%	5,822,734	11,3%	28.7
Limpopo	4,995,462	10.1%	5,404,868	10.4%	8.2
Mpumalanga	3,365,554	7.5%	4,039,939	7.8%	20.0
North West	2,984,098	6.7%	3,509,953	6,8%	17.6
Free State	2,706,775	6.0%	2,745,590	5,3%	1.4
Northern Cape	991919	2.2%	1145861	2,2%	15.5
South Africa	**44,819,777**	**100.0%**	**51,770,561**	**100.0%**	15.5

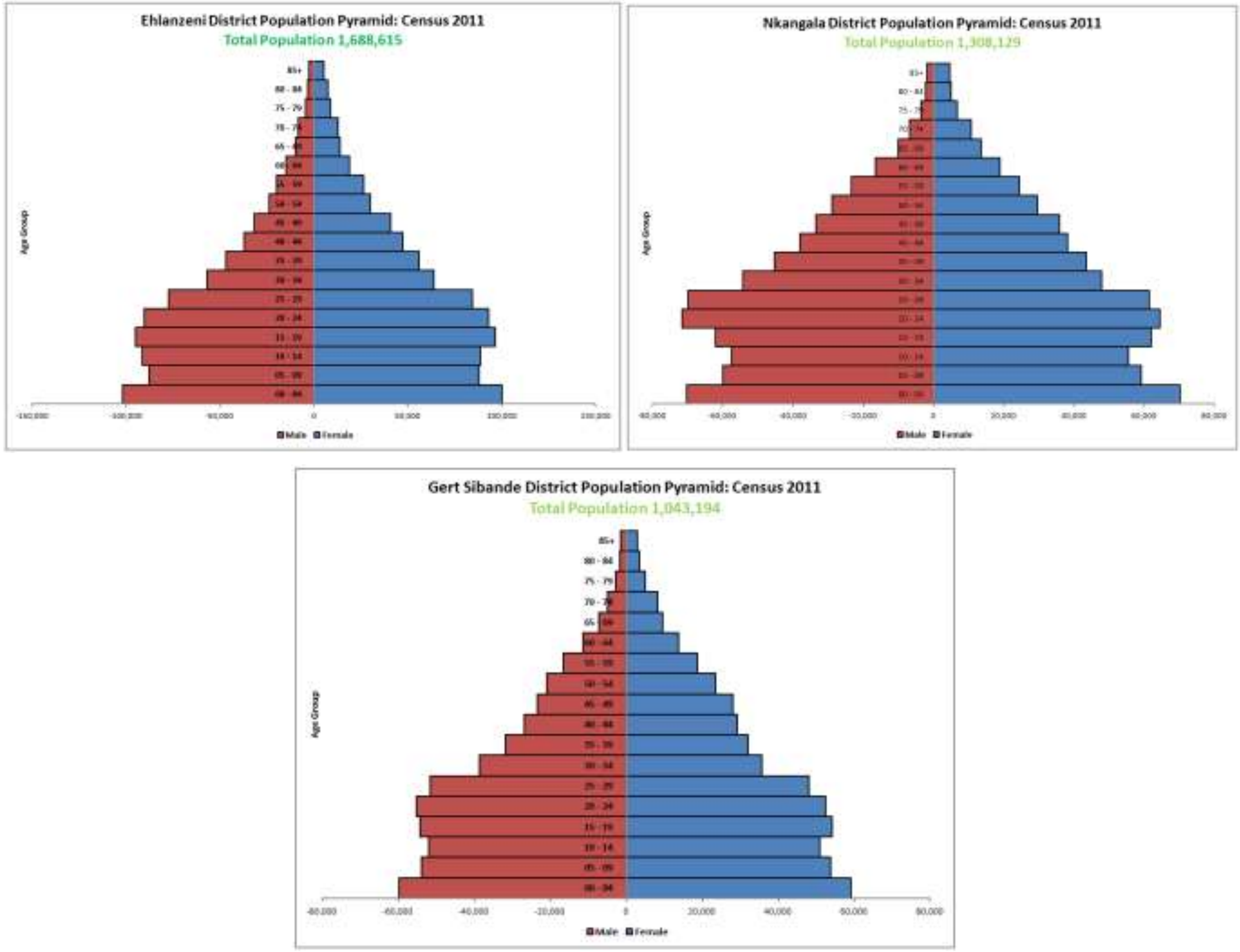
(Source: Census 2011)

Figure 1: Population pyramids



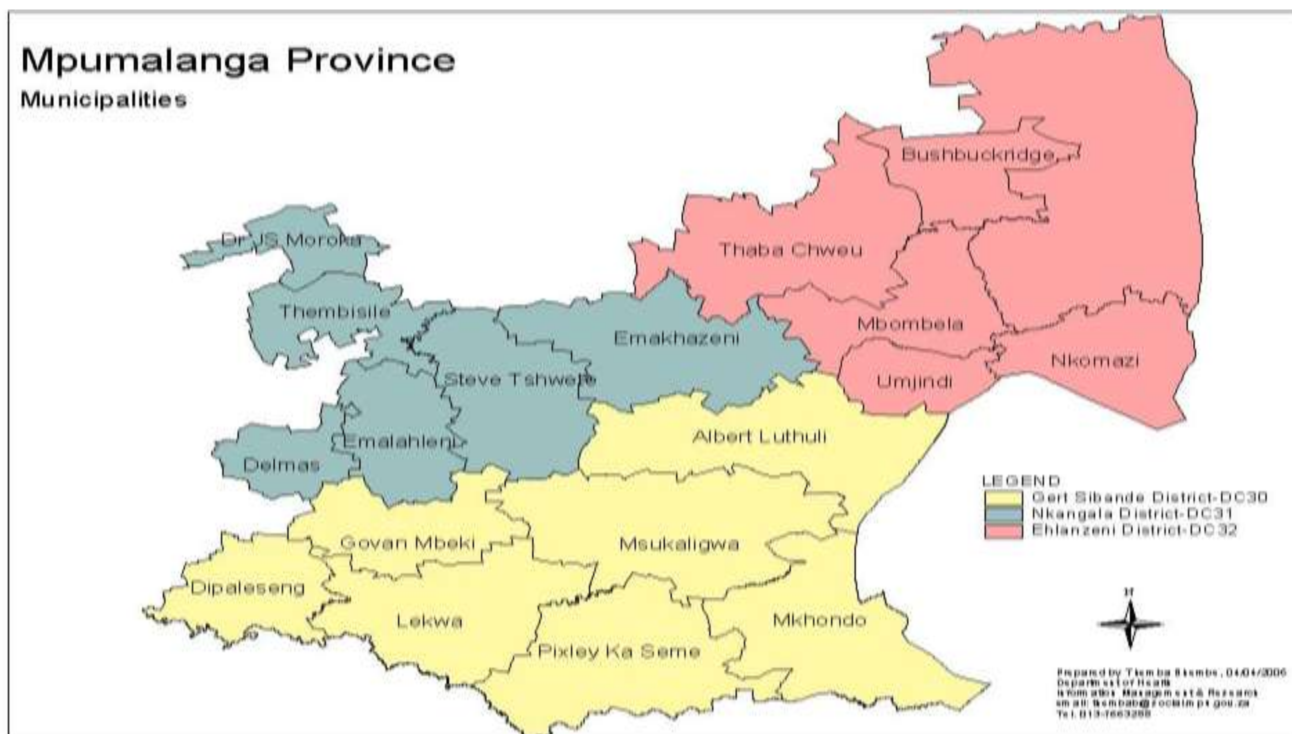
Population is depicted in the pyramid, Census 2011 indicates that there is tremendous growth as compared to 2004 and 2009. The pyramid shows that there is a fairly large proportion of females in all the ages with the exception of ages young age group (from 0 to 29) where proportion of males is higher. Also it has been noticed that there is a marked decrease in both males and females aged 5 to 14. The increase in the population warrant more resources for attainment of health outcomes, furthermore it re-emphasise prioritizing on mother and child programme. 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



Mpumalanga is divided into three districts i.e. Ehlanzeni, Nkangala and Gert Sibande with 18 sub-districts as represented in **Figure 3** below.

Figure 3: 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 which are Albert Luthuli, Dipaliseng, Govan Mbeki, Lekwa, Mkhonto, Msukaligwa, Pixley Ka Seme.

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 1,308,129 (Census, 2011) and consists of six sub-districts which are Dr JS Moroka, Thembisile, 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 4 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

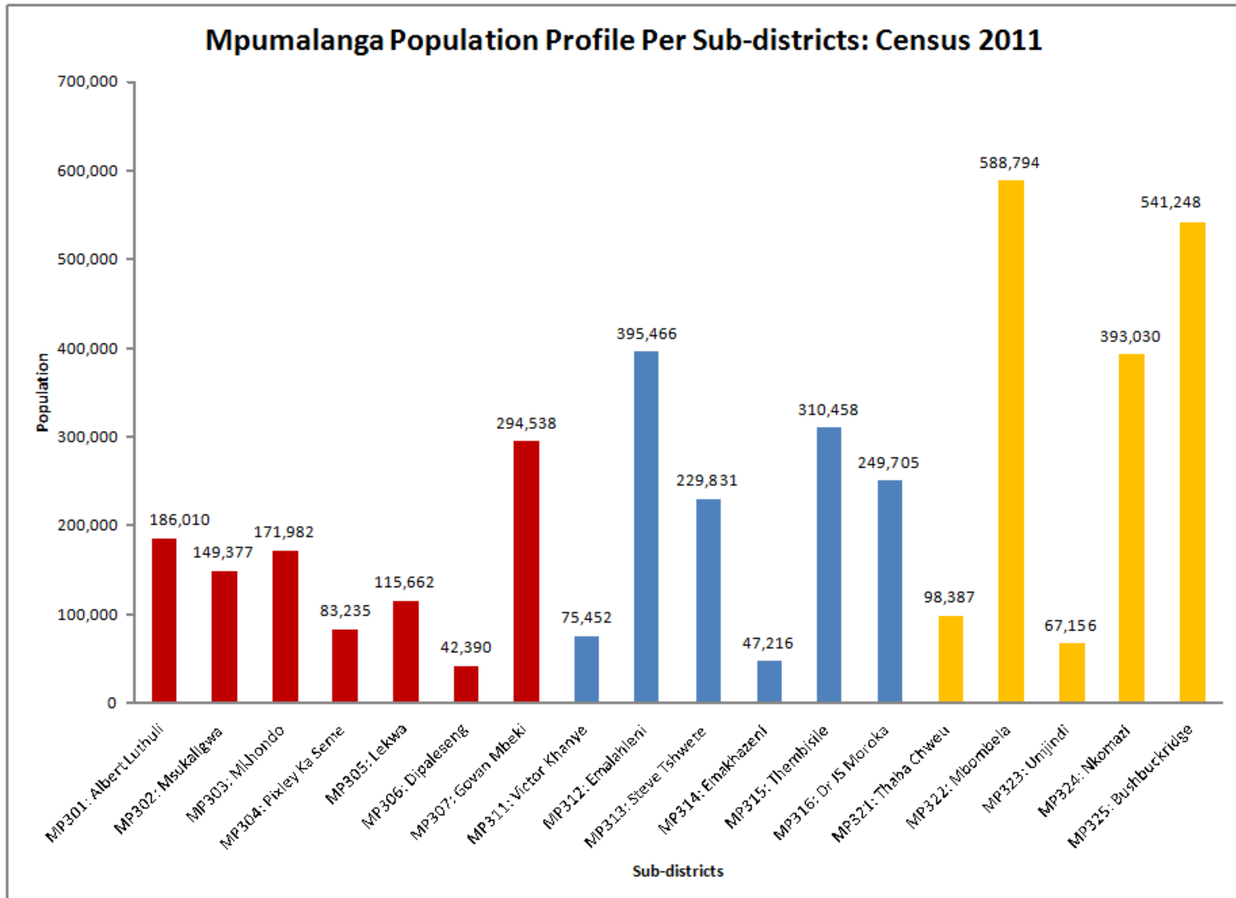
(Source: Stats SA 2007: Census 2001, Community Survey 2007, and Census 2011)

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 4: Illustrates population per sub-district/local municipality

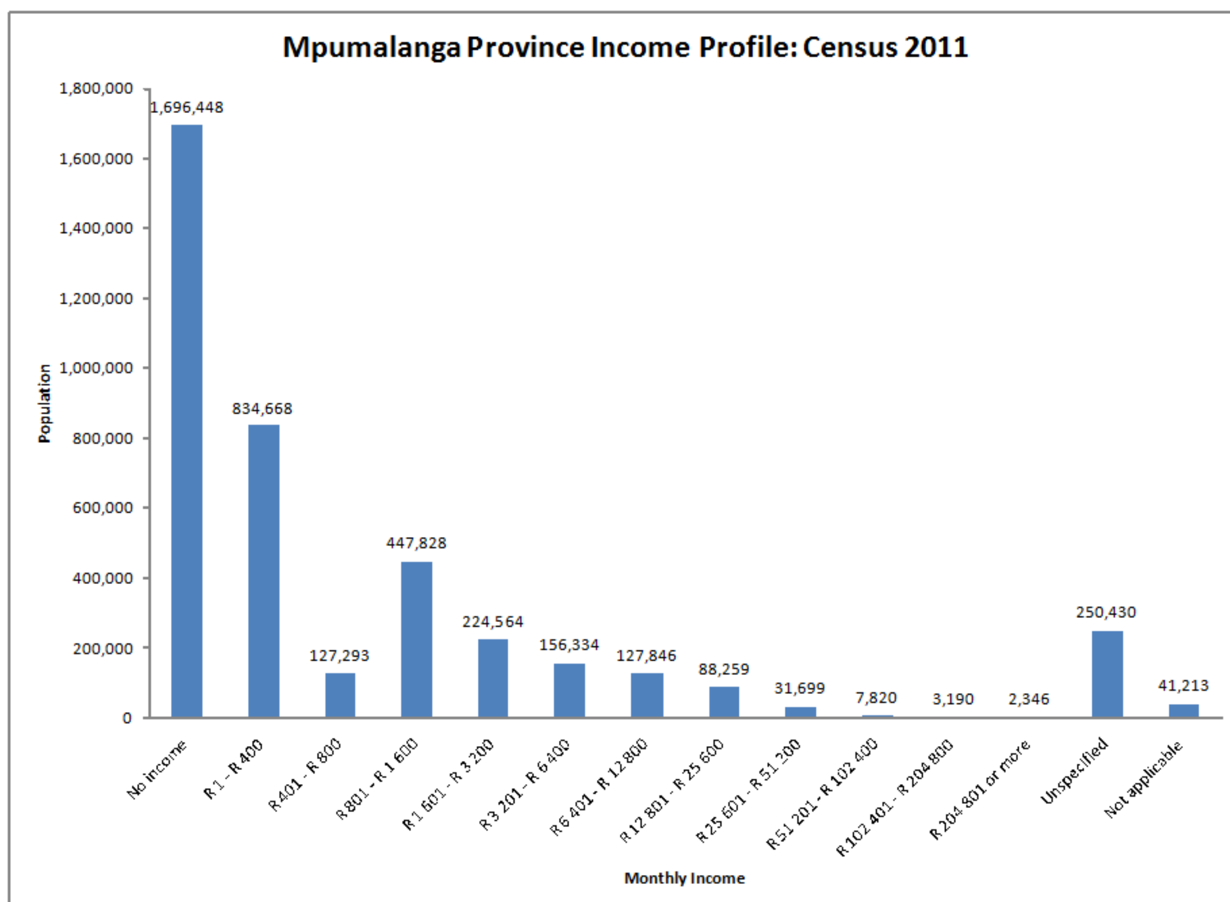


(Source: Census 2011)

Uninsured Population

STATSSA, indicates that 88% of total population (4,039,939) is uninsured and rely on the public health sector for health care, placing an excessive burden on the primary health care system in Mpumalanga. Figure 5 below further illustrates the reason for people relying on the public health sector for health care, 1,696,448 residents of Mpumalanga are unemployed and a further 1,634,353 earn less than R3200.

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 one of the extremely rural provinces in South Africa which will affect access to health care services.

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 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 5: Unemployment Rate per District

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

(Source: Stats SA: Community Survey 2007)

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 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.

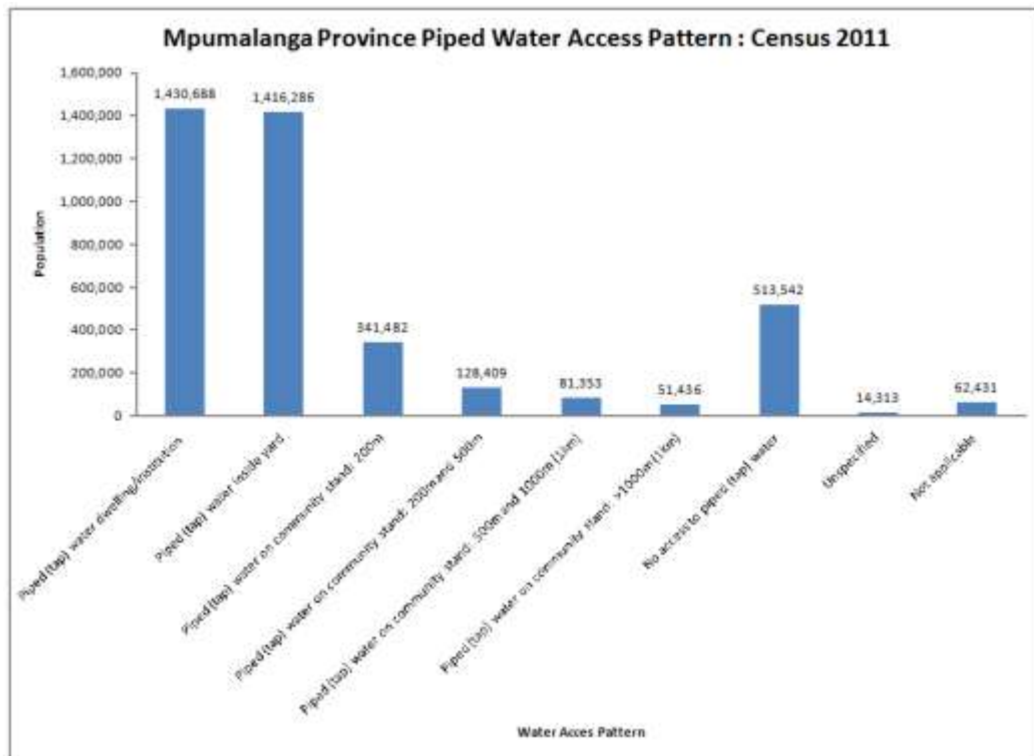
Sanitation

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, figure 6 below indicates that 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 and 2.3% (76,744) unspecified. The province still experience outbreaks of waterborne diseases despite 85% access to piped water.

Figure 6: Illustrates piped water access pattern



(Source: Census 2011)

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. 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.

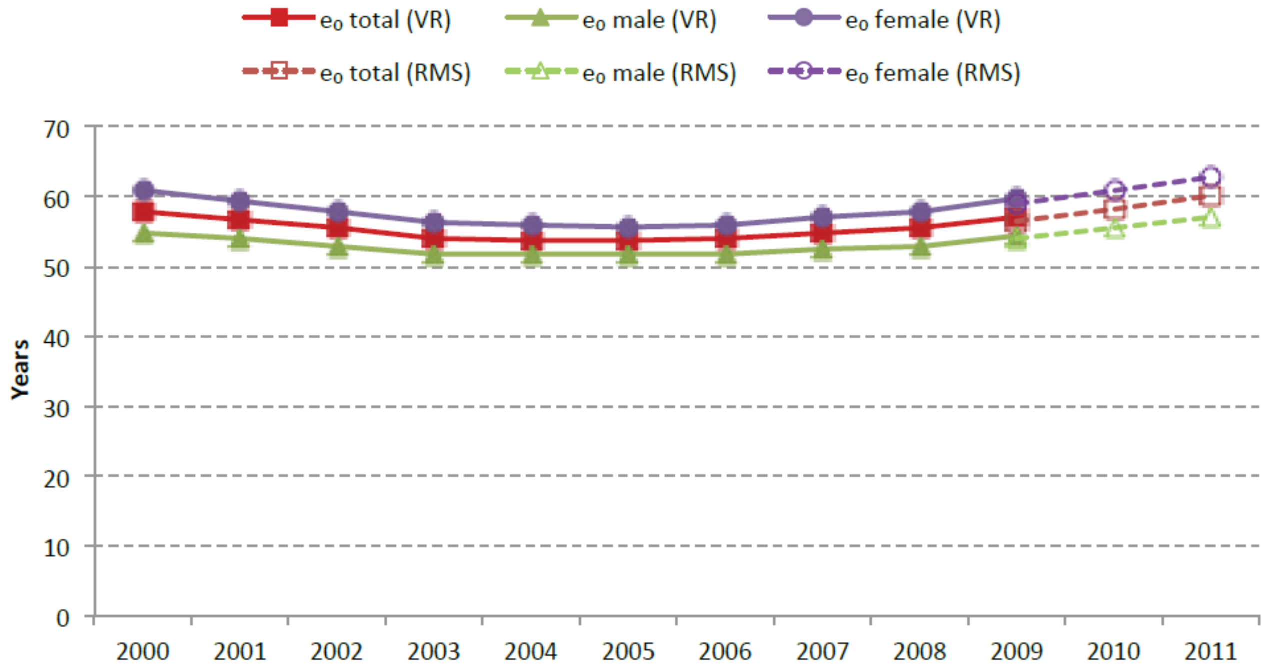
This quadruple burden of diseases is occurring in the face of a reasonable amount of health expenditure as a proportion of the GDP (Gross Domestic Product). Available evidence indicates that South Africa spends 8,7% of its GDP on health which is significantly more than any other country on the African 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.

There is high still inequity to provision of health care services where majority of the population relying on a public health care system, relative to the private sector serving approximately 12% 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 mainly ART rollout and Prevention of Mother-to-Child Transmission (PMTCT) programmes.

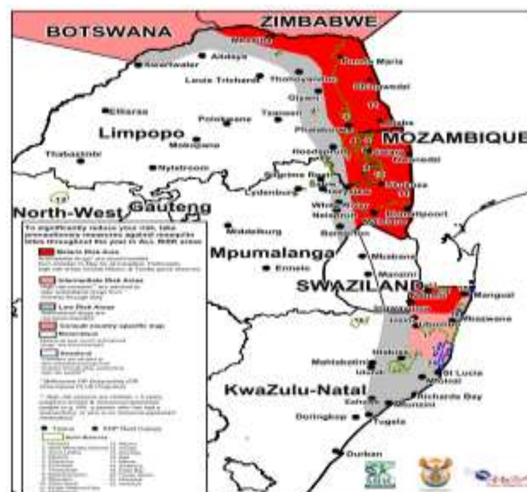
Figure 7: Illustrates life expectancy pattern since 2001 – 2011



Source: MRC: Rapid Mortality Surveillance 2011

The Department resolution 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 8: 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 8).

Diet-related non-communicable ailments such as obesity, diabetes and cardiovascular disease account for a large proportion of South Africa's disease burden. Late detection of disease such as hypertension and diabetes 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.

Maternal mortality ratio has decreased from 196.3 (2011) to 166.1 (2012) per 100 000 live births. Child facility mortality rate increased from 5/1000 (2011/12) to 5.5/1000 (2012/13), has slightly increased by 0.5. Infant mortality has declined from 9.7/1000 (2011/12) to 8.3/1000 (2012/13).

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 trends.

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.

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

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

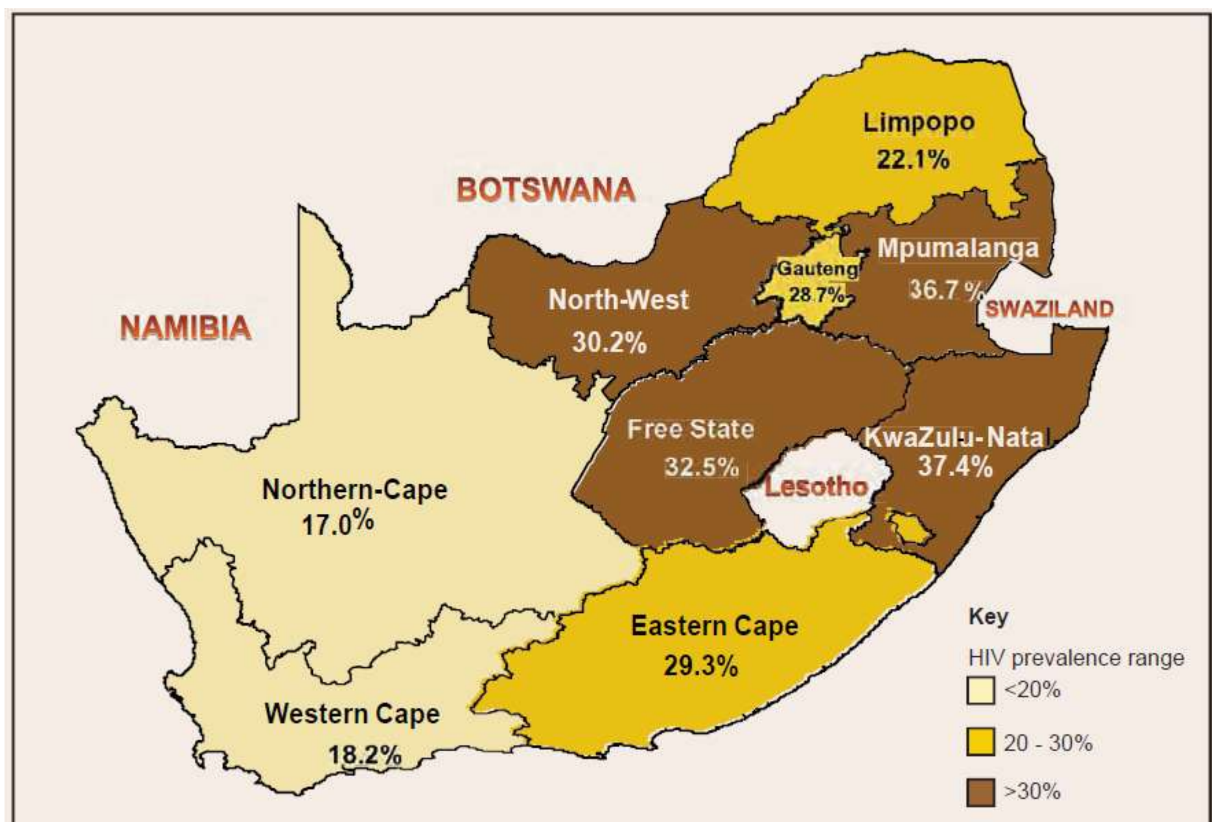
The HIV epidemic in the country has a profound impact on society, the economy as well as the health sector and contributes to a decline in life expectancy, increased infant and child mortality and maternal deaths as well as a negative impact on socio-economic development.

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 9).

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

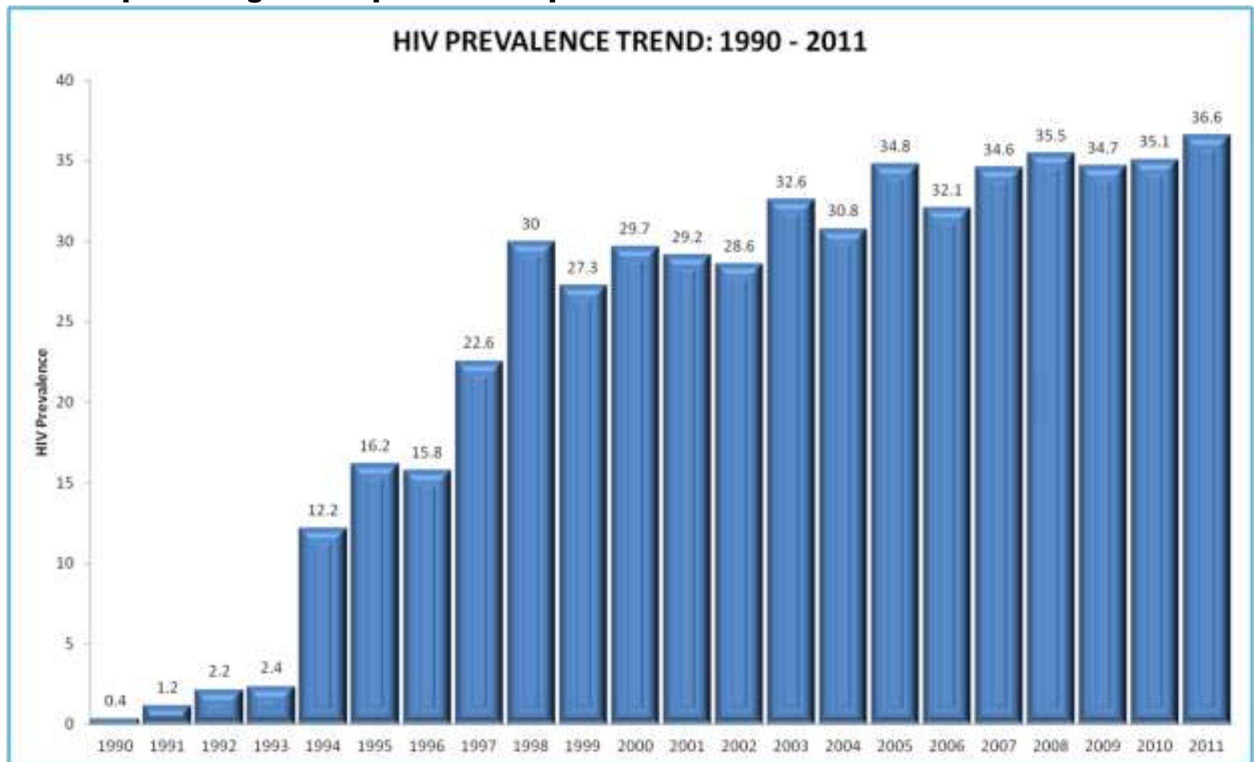


Source: National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2011)

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.

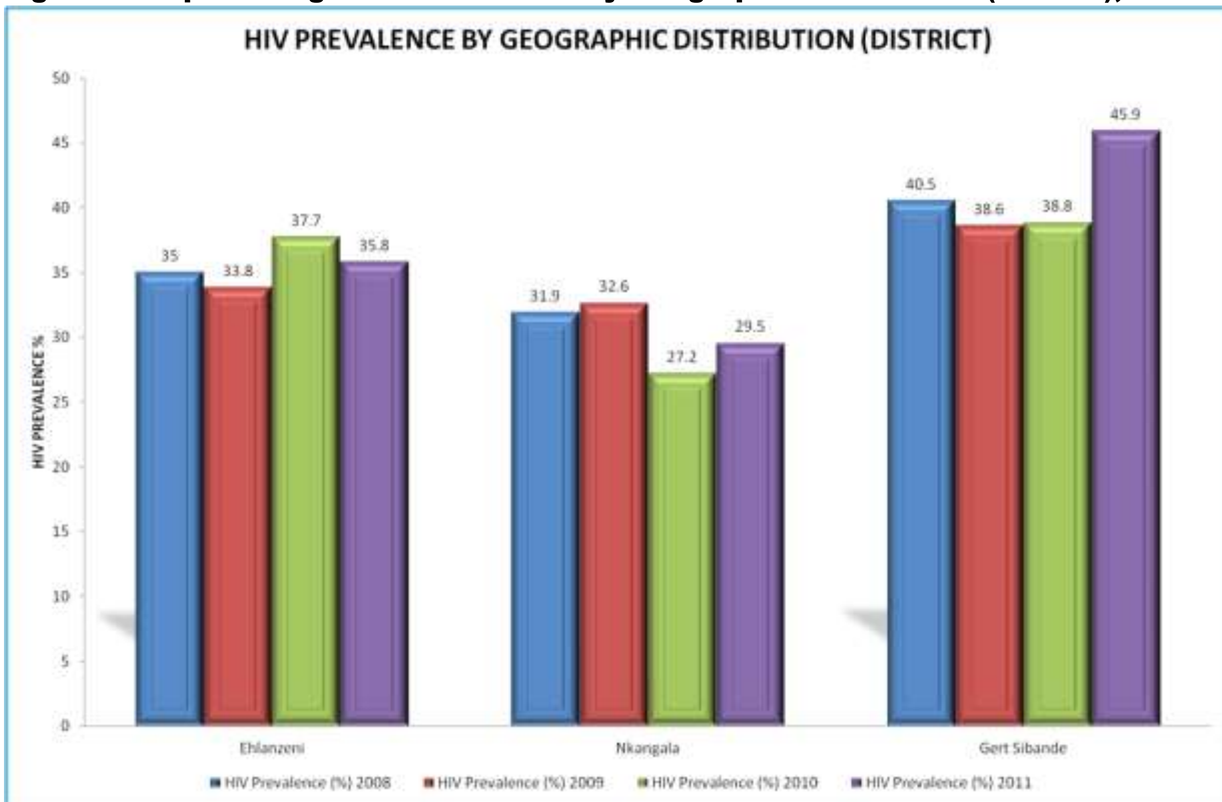
Figure 10: Mpumalanga HIV Epidemic Graph 1990 – 2011



***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 11 below.

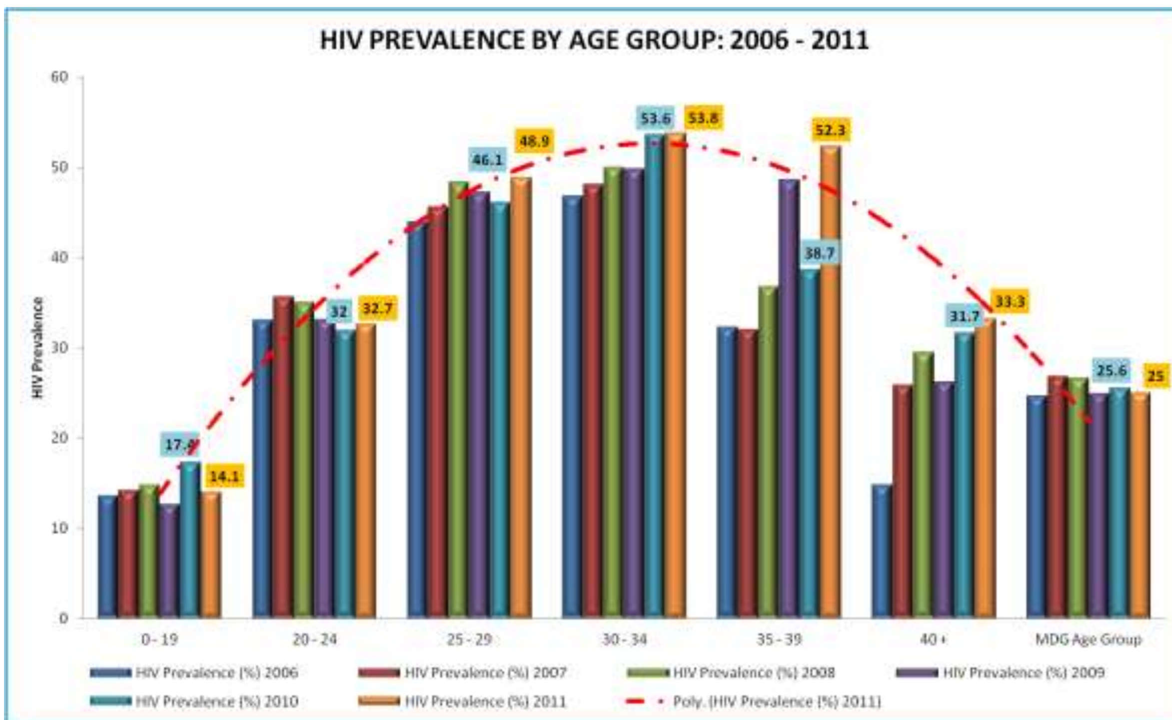
Figure 13: Mpumalanga HIV Prevalence by Geographic Distribution (District), 2008 - 2011



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 12).

Figure 14: Illustrate HIV prevalence by age group



4.5.3.4 TB MANAGEMENT

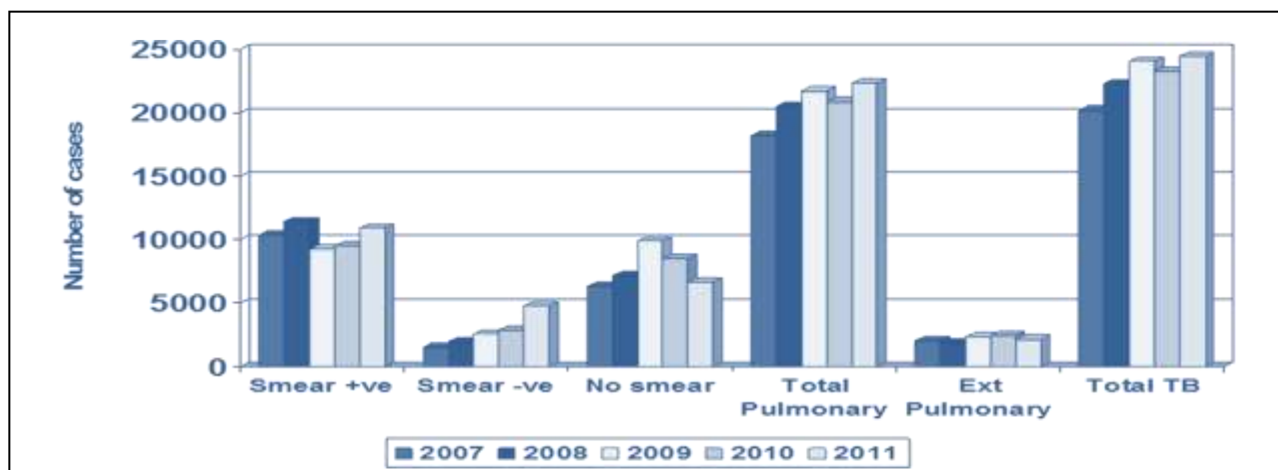
According to the World Health Organisation (WHO) estimates, South Africa ranks the third highest in the world in terms of the TB burden (i.e. after India and China) with an incidence that increased by 400% over the past 15 years. HIV is fuelling the TB epidemic with more than 70% of TB patients also 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 13 and Table 7, respectively.

Figure 13: Mpumalanga TB Case Findings: 2007 to 2011



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

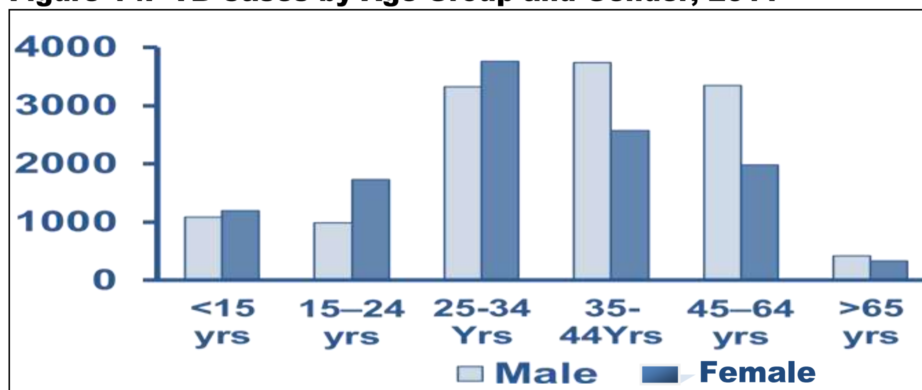
Table 6: TB Case Finding per District, 2011

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 14: TB Cases by Age Group and Gender, 2011

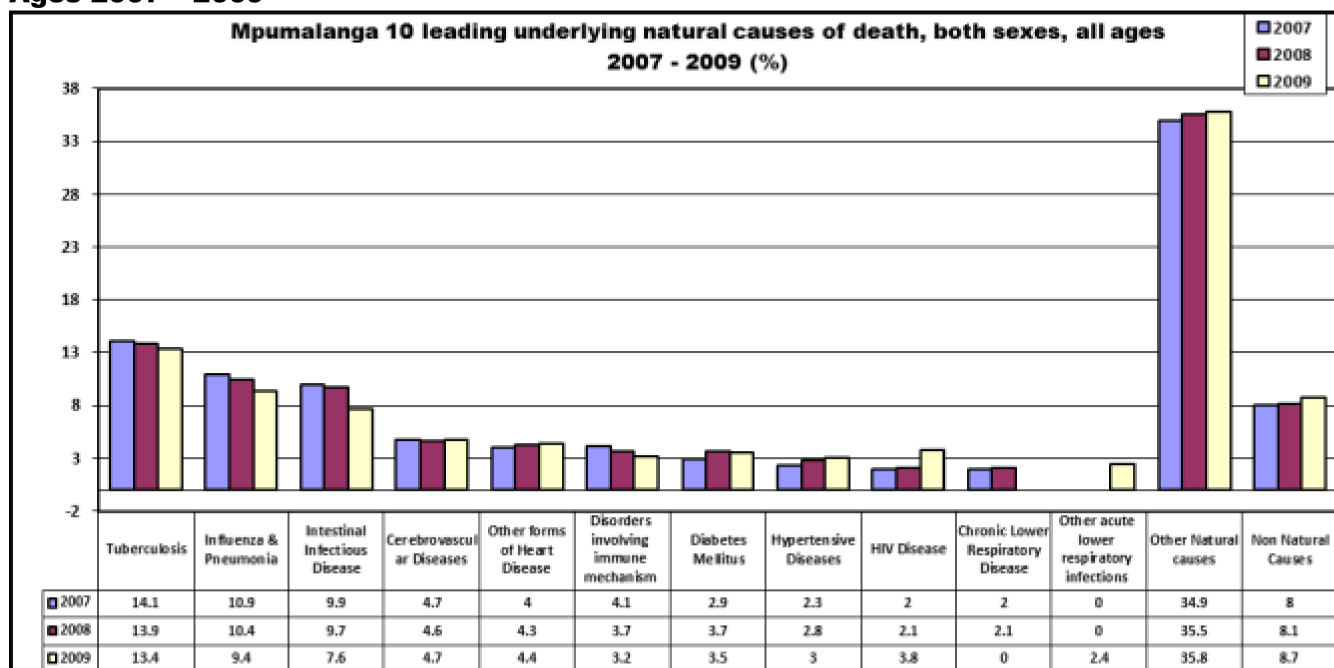


***Source**: Mpumalanga TB Database (ETR Net)*

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 15 below.

Figure 15: 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 7 shows the underlying non-natural causes of death for 2008 and 2009 in Mpumalanga Province.

Table 7: Mpumalanga Underlying Non-natural Causes of Death, 2009 to 2010

	2009		2010	
Causes of death*	**Number**	**Percentage**	**Number**	**Percentage**
Other external causes of accidental injury	3 373	84,9	2791	80.8
Event of undetermined intent	79	2,0	103	3.0
Transport Accidents	330	8,3	370	10.7
Assault	125	3,1	117	3.4
Complications of medical and surgical care	38	1,0	40	1.2
Intentional self-harm	24	0,6	31	0.9
Sequelae of external causes of morbidity and mortality	2	0,1	3	0.1
Subtotal	**3 971**	**100,0**	**3455**	**100**
Non-natural causes	3 971	8,7	3455	8.3
Natural causes	41 732	91,3	38318	91.7
All causes	**45 703**	**100,0**	**41773**	**100**

*(*based on the Tenth Revision, International Classification of Diseases, 1992)*
***Source**: Statistics SA: Mortality and Causes of death in South Africa, 2010: Findings from Death Notification*

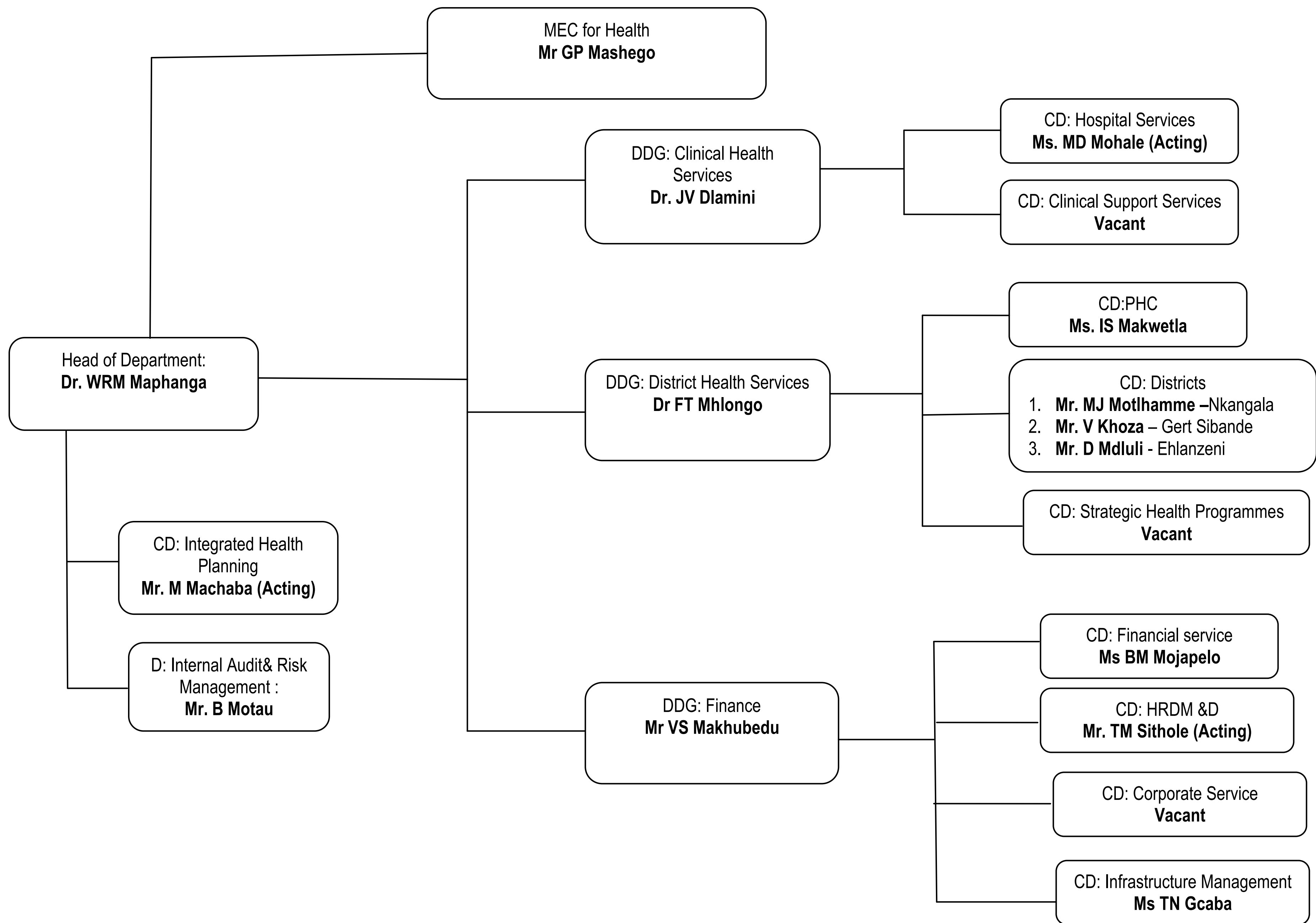
4.6 ORGANISATIONAL ENVIRONMENT

4.6.1. Summary of the Organisational Structure

The organizational structure of the Department was approved on 07 January 2010. The structure was co-ordinated by DPSA, which worked together with the Departmental task team. The structure was approved after the implementation of the Occupational Specification Dispensation.

The model followed in designing of 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 role of the districts is to manage the day to day operations at the coal face level and the role of the sub districts is to be the service delivery machine of the Department.

The structure of the Department is as depicted below:-


MEC for Health
Mr GP Mashego
Head of Department:
Dr. WRM Maphanga
DDG: Clinical Health Services
Dr. JV Dlamini
CD: Hospital Services
Ms. MD Mohale (Acting)
CD: Clinical Support Services
Vacant
CD:PHC
Ms. IS Makwetla
DDG: District Health Services
Dr FT Mhlongo
CD: Districts
1. Mr. MJ Motlhamme –Nkangala
2. Mr. V Khoza – Gert Sibande
3. Mr. D Mdluli - Ehlanzeni
CD: Strategic Health Programmes
Vacant
CD: Integrated Health Planning
Mr. M Machaba (Acting)
D: Internal Audit& Risk Management :
Mr. B Motau
CD: Financial service
Ms BM Mojapelo
DDG: Finance
Mr VS Makhubedu
CD: HRDM &D
Mr. TM Sithole (Acting)
CD: Corporate Service
Vacant
CD: Infrastructure Management
Ms TN Gcaba

4.6.2 Factors in the organisation that would impact on service delivery

National Development Plan (NDP) 2030 envisions a health system that works for everyone and produces positive health outcomes, and is accessible to all.

By 2030, South Africa should have:

- Raised life expectancy of to at least 70 years;
- Produced generation of under-20s that is largely free of HIV;
- Reduced burden of disease;
- Achieved infant mortality rate of less than 20 deaths per thousand live births, including an under-5 mortality rate of less than 30 per thousand;
- Achieved significant shift in equity, efficiency and quality of health service provision;
- Achieved universal coverage;
- Significantly reduced social determinants of disease and adverse ecological factors.

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.

Human Resource Planning Management and Development

The span of control for the HOD should be 1:8 however the current line of reporting is 1:10.The current prevailing situation renders the HOD as an operational manager, while the role and functions should be at a strategic level.

Performance assessment is only conducted for Level 1 to 12. There is a challenge on the assessment of the SMS members. However the Department is in the process of ensuring compliance in terms of Chapter 4 of the SMS Handbook.

The Department is in the process of reviewing the organisational structure which was approved in 2010. The unavailability of staffing norms creates a challenge in the determination of the accurate number of staff that is required by the Department of Health in the country as a whole. However, the National Health Council has approved the staffing norms for the Primary Health Care facilities and this will ensure that an adequate number of human resources exist.

The building of capacity in the supply chain management and further adherence to systems processes towards efficient and effective health services provision.

Primary Health Care Re-engineering

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:

To strengthen Primary Health Care services reengineering of PHC has been introduced, namely ward based PHC outreach teams, school health teams, and district clinical specialist teams and GP contracting. To date 22 PHC outreach teams have been established and nine (9) School Health Service Teams were appointed increasing the team numbers to 26. The process of head hunting specialists to serve as District Specialist Team member is continuing. The Ideal Clinic project is currently piloted in the Gert Sibande District. Two clinics, namely, Nthoroane and Breyten have been identified and the plan is to roll it out to the rest of the province.

In August 2005, in the interest of advancing the establishment and functioning of the DHS and in improving service delivery, the NHC made certain resolutions which included the absorption of municipal staff and services, if possible, into provincial services (Provincialisation) to date 59/65 local municipality PHC facilities have been provincialised. The 6 remaining are at Emalahleni local Municipality in Nkangala District. An agreement between the department and Emalahleni local Municipality has been reached and the process of finalization is underway.

Information Management and Systems

The department managed to make information resources available by procuring computers and printers in all PHC facilities. Furthermore 80 PHC facilities are connected to internet and a new domain created (mpuhealth.gov.za) for mail services to accommodate all PHC facilities.

To improve management of information, the department has enrolled Daily Data Capturing (DDC) of 15 facilities in the Province. Currently the department has appointed 200 data capturers and enrolled 90 through the 3535 project.

The department will continue connect all PHC facilities on internet and email services, roll-out Daily Data Capturing to all faculties in phases.

Infrastructure Development

The Department has been able to deliver on a number of projects that were planned for completion in the year 2013/14, and in particular those that are at CHC level. A number of hospital projects that were identified as part of the State of the Province address in the year 2013 went under the planning stage and the design for these hospitals have been completed. These projects however will not be implemented as planned because the Department has financial constraints over the next MTEF period.

The Department has had a challenge in performing its monitoring and evaluation function because of the lack of human resource capacity within the Infrastructure Unit. A number of posts for officials with built environment qualifications were advertised and it is envisaged that some of these officials will start with the Department in the new financial year.

As a result of the capacity challenge mentioned above, the Department has not been able to produce quality infrastructure plans as part of the new process of bidding for grant funding. At this stage the grant funding for the 2015/16 financial year has been made available to fund only those projects that are already committed.

The Department still has a challenge with proper completion and closure of some its infrastructure projects. The Implementing Agent has been engaged and a special committee has been formed to look at projects that are at practical completion stage and how these can be closed and handed over to the use properly.

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.

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 developed to address the challenges raised during the assessment of facilities against compliance of the core standards are in the process of being implemented in all hospitals and Primary Health Care Facilities.

4.6.3 Imbalances in service structures and staff mix

Due to shortage of skilled personnel particularly doctors and medical specialists, the depart,ment is unable to balance service delivery structure suitable to the needs of the community it serves. The staff mix is mostly affected as critical posts are not filled and there is a high turnover.

4.6.4 Summary of performance against Provincial Human Resource Plan

4.6.4.1 Current deployment of staff

The Department has a staff complement of 19 200 in its post establishment. A total number of 1 005 employees were appointed during the 2013/14 financial year. Amongst those appointed were the Acting Head of Department from 01 September 2013 to 31 March 2014, which was replaced by the appointment of a full time HOD as from 1st April 2014. Three (3) Deputy Director-Generals were appointed for Finance, Clinical Services, and DHS which results in 4 DDG's for the Department. All 3 Districts have district managers at a Chief Director level.

To further strengthen capacity in the Department, the following hospitals currently have permanent Chief Executive Officers (CEO):

Ermelo, Tonga, Embhuleni, Witbank, Mapulaneng, Barberton, Mmametlhake, Lydenburg, Tintswalo. The Department advertised the vacant posts for the CEOs during 2013/14 financial year and will be filled during the current financial year.

4.6.4.2 Accuracy of staff establishment at all level against service requirements

The upgrading of staff from one level to another as a result of job evaluation resulted to the staff establishment not being accurate.

4.6.4.3 Staff recruitment and retention systems and challenges

The Department has a high attrition rate to medical doctors and medical specialist. The vacancy rate for the two categories by end of 2013/14 financial year was at 49.9% and 60.1% respectively.

Despite the development of recruitment and retention strategy the Department still faces challenges with recruitment and retention of critical skills due to the rural nature of the province thus impacting negatively on service deliver.

4.6.4.4 Absenteeism and staff turnovers

Absenteeism in the Department is very high and requires a thorough investigation in order to contextualise the issue and for further development of strategic and operational interventions. The Department staff turnover rate is at 6% as per previous financial year report.

4.6.4.5 Progress on the rollout of Workload Indicators Staffing Need (WISN) tool and Methodology

The unavailability of staffing norms in the country has contributed in the determination of staffing requirements based on the population size instead of the workload. This has resulted in the National Department of Health NDoH to come up with the Workload Indicators for Staff Need (WISN) model which is a human resources planning tool that will determine staffing requirements for all staff categories. The tool was piloted at Gert Sibande as an NHI pilot district and it will assist with future determination of staffing norms. The staffing norms for PHC facilities have been approved by the National Health Council. The National Department of Health is currently developing guidelines for the implementation thereof. The next phase will be development of staffing norms for district hospitals followed by those of regional and tertiary hospitals.

4.7 Provincial Service Delivery Environment

This section needs to include an overview of the successes and challenges in service delivery, identified under organisational environment. Identify strategies and interventions that would contribute towards the MTSF 2014-2019 priorities.

Sub-Outcome	Key Actions	Provincial Strategies and Interventions
1. Prevent and reduce the disease burden and promote health	1. Improve access to ART	Increase number of facilities offering ART
	2. Implement essential interventions to reduce HIV mortality	Conduct HCT campaigns to increase access to care and support
	3. Expansion of Medical Male Circumcision (MMC) as part of male sexual and reproductive health programme	Conduct campaigns aiming at promoting MMC Increase number of facilities offering V MMC
	4. Improve TB treatment outcomes 5. Implement interventions to reduce TB mortality	• Intensify TB case finding • TB management training and mentoring • Ongoing Adherence counselling • TB awareness and education • TB/HIV integration
	6. Reduce the HIV Mother-to-Child-Transmission (MTCT) rate	Offer ART to all HIV positive pregnant women
	7. Improve the implementation of Basic Antenatal Care (BANC)	Conduct trainings to increase number of health workers implementing BANC
	8. Provision of Preventative services,	Conduct training on correct use

Sub-Outcome	Key Actions	Provincial Strategies and Interventions
	and improve growth monitoring	of Road To Health Cards
	9. Expansion and strengthening of school health services	Appointment of Retired Professional nurses to increase number of School Health Teams
	10. Cervical cancer prevention and screening	Conduct campaign on HPV vaccines Conduct Health awareness campaigns on Cervical Cancer Screening Conduct training on taking adequate smear
	11. Improve intersectional collaboration with a focus on 6 pillars of healthy lifestyle to reduce NCDs	Healthy lifestyle campaigns
	12. Prevent blindness through increased cataract surgeries	Conduct Cataract campaigns
	13. Coordinate a comprehensive and intersectoral response by government to violence and injury, and to ensure action	Implement the Health Promotion Strategy
2. Health Facility Planning	14. Conclude development and commence with implementation of long term health plans	Improve the quality of existing Infrastructure Plans to meet the standards as determined by National Government. The User-Asset Management Plans, Infrastructure Programme Management Plans and Construction Procurement Strategy will be improved as per guidelines of National Government

Sub-Outcome	Key Actions	Provincial Strategies and Interventions
	15. Implement Norms and Standards for Health Facilities Infrastructure	Apply the Norms and Standard as and when they are approved for different health facilities and components.
	16. Strengthen and expand teams of engineers in the built industry	Appoint appropriately skilled personnel within the Infrastructure Unit with built environment qualifications and expertise
3. Improved financial management in the health sector	17. Improve Audit findings from Auditor-General of South Africa	Develop and Implement action plan based on the audit findings
4. Efficient health management information system for improved decision making	18. Develop a National integrated patient based information system in accordance with the Normative Standards Framework	Realignment of provincial ICT platform to suit the needs of National Patient based information system
5. Improved quality of care	19. Operational Office of Health Standards Compliance	Establishment of teams to assess compliance
	20. Improve compliance with National Core Standards	Assess for compliance with Core Standard, development and implement action plan
	21. Strengthen the input from patients on their experience of the health services	Conduct patient satisfactory survey
6. Implement Re-	22. Expand coverage of ward-based	Establish a full complement of

Sub-Outcome	Key Actions	Provincial Strategies and Interventions
engineering of PHC	outreach teams (WBOTs)	WBOTs, by identifying and training professional nurses at PHC facilities. Do a situation analysis of available Enrolled nurses in the province with an aim to make them team leader for WBOTs. Procure transport and equipment for the established teams
	23. Expansion and strengthening of school health services.	Appointment of Retired Professional nurses to increase number of School Health Teams
	24. Accelerate appointment of District Clinical Specialist Teams	Implement the Recruitment and Retention strategy
	25. Increase Access to services through Community Based Rehabilitation	Fund recommended NPOs to offer community Based Health Care services
7. Universal health coverage	26. Phased implementation of the building blocks of NHI	Preparation for implementation of NHI at Gert Sibande District. Coordinate phase-in implementation of NHI
	27. Establish a National Pricing Commission to regulate health care in the private sector	Monitor implementation of recommendation by National Pricing Commission
8. Improve Human Resources for Health	28. Increase production of Human Resources of Health	Continue the intake of nurses at the Nursing College and award bursaries to health science students
	29. Finalise and adopt norms for the provision of Human Resource for	The Department is awaiting PHC staffing norms to be finalised and approved

Sub-Outcome	Key Actions	Provincial Strategies and Interventions
	Health	nationally in order for them to be rolled out in all PHC facilities in Gert Sibande District. Staffing norms for District hospitals will be developed in 2014/15 financial year.
	30. Produce, cost and implement Human Resource for Health Plans	The Annual Adjusted HR Plan for 2014/15 will be developed, costed and approved before end of June 2014. All Districts will be supported in the development of their own HR Plan and implementation will be monitored and evaluated.
	31. Ensure that appropriately qualified and adequately skilled CEOs are appointed for all hospitals	The Department has prioritized the advertising of all CEOs posts in February 2014. All vacant CEO posts will be filled during the 1st quarter of 2014/15

TABLE A2: HEALTH PERSONNEL IN 2013/14

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	856	4.6	23.77	No Data	49.96%	8.31%	317 367
Medical specialists	67	0.36	1.86	No Data	60.1%	1.36%	663 657
Dentists	114	0.61	3.16	No Data	56%	1.49%	427 609
Dental specialists	0	0	0	No Data	0%	0%	0
Professional nurses	4190	22.51	116.38	No Data	24.66%	37.93%	295 809
Enrolled Nurses	1666	8.95	46.27	No Data	59%	6.53%	128 087
Enrolled Nursing Auxiliaries[3]	1863	10.01	51.75	No Data	62%	5.27%	92 431
Student nurses	970	5.21	26.94	No Data	7%	2.32%	78 240
Pharmacists	206	1.11	5.72	No Data	43.69%	1.90%	300 834
Physiotherapists	66	0.35	1.83	No Data	78%	0.45%	221 838
Occupational therapists[3]	73	0.39	2.02	No Data	76%	0.48%	212 661
Radiographers	94	0.50	2.61	No Data	76%	0.71%	245 413
Emergency medical staff	724	3.89	20.11	No Data	9%	2.68%	120 865
Nutritionists	10	0.05	0.27	No Data	0%	0.04%	120 490
Dieticians	74	0.44	2.05	No Data	62%	0.64%	281 433
Community Health Workers	No Data	No Data	No Data	No Data	No Data	No Data	No Data
All Other Personnel							
Total		100				100	

Data Source:

This table should be for provincial health personnel. If data are available, another table for local government personnel should also be added, as well as a third table showing public health personnel in total (provincial plus local government).

1. Populations should be those of resident people.
2. Interns and community service should be included.
3. This group comprises 'health therapists' (e.g. physiotherapists, speech therapists, occupational therapists, clinical psychologists, environmental health practitioners, dental therapists) and specialised auxiliary service staff.

4.8 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

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 (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 (Act No 53 of 1974, as amended)**
  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, (Act No. 101 of 1965 as amended)**
  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 (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 No131 of 1998)**
  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 (Act No 33 of 2005)**
  Provides for the regulation of the nursing profession.

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

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

- **Choice on Termination of Pregnancy Act (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 Act (Act No. 83 of 1993 as amended)**
  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 (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 (Act 58 of 1991)**
  Provides for the establishment of the South African Medical Research Council and its role in relation to health research.

- **The Allied Health Professions Act (Act No.63 of 1982 as amended)**
  To provide for the control of the practice of allied health professions, and for that purpose to establish an Allied Health Professions Council of South Africa and to determine its functions; and to provide for matters connected therewith.

- **Foodstuffs, Cosmetics and Disinfectants Act (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 (Act No. 15 of 1973)**
  Provides for the control of hazardous substances, in particular those emitting radiation.

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

- **Health Professions Act (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 (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 Act (Act No 78 of 1973 as amended)**
  Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines and for compensation in respect of those diseases.

- **Academic Health Centres Act (Act No.86 of 1993)**
  Provides for the establishment, management and operation of academic health centres.

Other general legislation in terms of which the Department operates, includes, but not limited to, the following:

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

- **Public Finance Management Act (Act No 1 of 1999 as amended)**
  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 (Act 5 of 2012)**
  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 (Act No. 53 of 2003**

Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered and incidental matters.

- **Public Service Act (Proclamation No. 103 of 1994)**
  Provides for the administration of the public in its national and provincial spheres, as well as for the powers of Ministers to recruit and terminate employment.

- **Labour Relations Act (Act No. 66 of 1995)**
  Regulates the rights of workers, employers and trade unions.

- **Basic Conditions of Employment Act (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 (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.

- **Occupational Health and Safety Act (Act No. 85 of 1993 as amended)**
  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 Act (No. 130 of 1993 as amended)**
  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.

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 2014/15 BUDGET AND MTEF ESTIMATES

Include narrative analysis, which could include the following:

- Resource trends over the past 3 years
- Focus on levels of funding and sustainability of Health services
- Review of resources (budget) trends to reflect on the ability of the Department to deliver on its Strategic Goals, Strategic objectives and STP
- Focus on changes in funding levels

4.9.1 EXPENDITURE ESTIMATES

Expenditure estimates

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Administration	171 467	228 025	205 476	210 870	196 913	234 404	218 554	205 672	223 516
District Health Services	3 591 912	4 025 259	4 446 052	4 830 351	4 845 389	5 106 126	5 266 254	5 707 352	6 124 703
Emergency Medical Services	256 949	241 627	249 829	285 827	274 702	274 702	344 152	358 242	384 893
Provincial Hospital Services	802 369	855 977	898 261	1 003 924	992 023	1 023 401	1 110 564	1 188 496	1 265 957
Central Hospital Services	708 712	700 731	783 315	827 337	832 185	862 057	924 128	1 008 624	1 126 020
Health Sciences and Training	193 905	221 892	241 610	252 034	255 841	256 175	273 048	268 440	280 561
Health Care Support Services	80 759	117 363	97 461	121 583	112 812	112 812	120 146	124 522	181 122
Health Facilities Management	541 149	632 023	579 287	552 579	612 109	612 109	734 763	708 744	524 697
Total payments and estimates:	**6 347 222**	**7 022 897**	**7 501 291**	**8 084 505**	**8 121 974**	**8 481 786**	**8 991 610**	**9 570 092**	**10 111 469**

The table above indicates an increase of 6.01 per cent as compared to revised estimates budget of R8.121 billion and services delivery programmes show an average increase of 7 per cent which include District Health Services, Emergency Medical Services, Provincial Hospital Services and Central Hospitals.

The decrease of 11.3 per cent for 2014/15 financial year in *Programme 1:* Administration has been influenced by once off payment of R23 million to Department of Community Liaison, Safety and Security. 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).

Programme 2: District Health Services shows a growth of 6 per cent on the revised 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. Furthermore, the programme accounts for more than 90 per cent of the allocated earmarked funds such as reduction of maternal mortality, family health and provisions of new vaccines.
The 2013/14 financial year budget increase include additional funding received for HIV/AIDS for ARV's, CPIX increase of 5.9 per cent and CPIX increase on Medical items.

Over the years *Programme 2:* District Health Services has been under funded when considering funding per capita in the country. The programme renderers District health services which focus to primary health care which and carry 60 per cent of the budget for the Health Department. The programme includes Comprehensive HIV/Aids, Community Health Clinics, Community Health Centres, Nutrition, Community Based Services and District Hospitals.

The Earmarked funding has been dissolved and filtered into the baseline of programme 2 funds, having surpassed the 3 year life span and have been provided to the respective district offices to settle all outstanding issues and the movement of personnel to Voted funds. The above excludes HIV/ART 350 Threshold.

Programme 3: Emergency Medical Services shows an increase of 8 per cent in the 2014/15 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. The programme received 4 per cent of the overall allocation of the Vote.

The EMS programme has appointed a senior manager which will change the operations and improve the level of reporting, planning and implementation off plans, having already spearheaded the recruitment process to improve the response time to all ambulance call outs and patients transport. The programme has been allocated additional funds to address the replacement of fleet in both Emergency Medical Services and Planned Patient Transport to assist facilities on transportation of patients. 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 and the unsustainable fuel increases; however the budget for PPT shall be used to procure Patients Transporters for Hospitals.

Programme 4: The Provincial Hospital Services shows the highest growth of 8 per cent due to underfunding of general hospitals. The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialized hospital services. This programme received 13 per cent of the allocated budget for 2014/15 financial year.

Programme 5: Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget increase of 8 per cent in 2013/14 financial year. The programme provides tertiary services to patients and includes the National Tertiary Services Grant which shares between the two facilities. This programme receives 10 per cent of the allocated budget for 2014/15 financial year.

Programme 6: Health Science & Training will reduce by 6 per cent from the 2014/15 to which is mainly due to the reprioritization of the spending of the department by prioritizing 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. The programme receives 3 per cent of the allocated budget for the Vote.

Programme 7: Health Care Support Services will increase by 1 per cent during the 2014/15 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.

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 revitalization conditional Grant and Infrastructure Grant. Health Facilities Management will reduce with 19 per cent due to the cut on infrastructure for slow spending progress.

A new Conditional Grant has been established in 2013/14 financial year and the 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

Table A3: Summary of Provincial Expenditure Estimates by Economic Classification

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	**5 613 385**	**6 135 520**	**6 659 995**	**7 317 148**	**7 222 417**	**7 535 929**	**8 171 424**	**8 773 344**	**9 271 340**
Compensation of employees	3 614 346	4 083 293	4 474 576	5 043 020	5 001 470	5 004 572	5 536 449	5 888 720	6 222 371
Goods and services	1 997 825	2 051 131	2 184 532	2 274 128	2 220 947	2 531 209	2 634 975	2 884 624	3 048 969
Interest and rent on land	1 214	1 096	887	–	–	148	–	–	–
Transfers and subsidies	**139 755**	**196 152**	**200 124**	**200 071**	**213 864**	**260 164**	**231 162**	**244 450**	**274 524**
Provinces and municipalities	1 509	13 431	1 169	14 947	307	394	230	230	17 360
Departmental agencies and accou	–	3 842	143	5 047	5 373	5 278	5 289	5 714	6 017
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private e	–	–	–	–	–	–	–	–	–
Non-profit institutions	111 193	137 407	150 272	152 522	152 522	166 007	194 444	204 286	215 113
Households	27 053	41 472	48 540	27 555	55 662	88 485	31 199	34 220	36 034
Payments for capital assets	**594 082**	**691 225**	**639 160**	**567 286**	**685 693**	**685 693**	**589 024**	**552 298**	**565 605**
Buildings and other fixed structure	471 952	528 052	515 937	416 803	504 799	496 538	384 989	326 303	318 503
Machinery and equipment	122 130	163 173	123 223	150 483	180 894	189 155	204 035	225 995	247 102
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	2 012	–	–	–	–	–	–
Total economic classification:	**6 347 222**	**7 022 897**	**7 501 291**	**8 084 505**	**8 121 974**	**8 481 786**	**8 991 610**	**9 570 092**	**10 111 469**

Compensation of Employees - shows an increase of 9 per cent on the revised estimate which is 2.1 per cent higher than the CPI provision. The Department is continuously operating with high rate of vacancy rate and staff turnover which hampers the ability to achieve predetermined targets in the Annual Performance Plan (APP). In the past years the Department encountered problems on Compensation of Employees due to introduction of Occupational Specific Dispensation and General Salary negotiation which is carried from one financial year to the other. However this allocation provides for limited funds to address the vacancy rate of the Vote. A number of facilities still operate with a minimum number of staff in the provision of service delivery to the people of Mpumalanga. The Office of the Premier has conducted visits to different facilities and a report clearly shows that most facilities do not has adequate staff to render proper health services.

The Department has allocated an amount of R5.663 billion for the payment of salaries of warm Bodies carried from the 2013/14 financial year. This funding is only adequate for the payment of current warm bodies including payment of salary increments and pay progression. This budget will not enable the department to appoint more staff and absorption of community service professionals.

Goods and Services – The Budget 2014/15 financial year for goods and services has been accelerated by 8 per cent. The department still has budget pressures brought forward by accruals

from 2012/13 financial year, which in return puts the department under pressure as some services will have to be halted and service delivery will be affected negatively

Transfers and Subsidies – shows a slow increase over the years due to transfers to the municipalities and funding of Non-Profit Organizations providing Home Based Care services. The Budget includes funding for the Siyathuthuka Psychiatric agreement. Based on the trend, the department will require additional funding for the settlement of leave gratuities and payment injury on duty. The reclassification of payment for license fees has provided a need to accelerate the appropriation for transfers to provinces and municipalities.

Payments of Capital Assets – The reduction of funding for infrastructure and Hospital Revitalization grants have affected the growth on Buildings and other fixed structures. Infrastructure projects have been reprioritized to accommodate the merge of the two above mentioned grants. However, the vote had to cut a number of critical projects for the 2014/15 MTEF period. There is still a need to accelerate the baseline for maintenance and rehabilitation due to a need to revitalize infrastructure for a number of facilities combined with the additional R139 million from Provincial treasury earmarked for maintenance of all facilities this joint effort will revive our old facilities into state of the art health care facilities for communities in the Mpumalanga Province.

The Department will continue to increase the investment on replacement and procurement of New Machinery and Equipment of the Department. An additional amount of R88 million has been allocated to the department to replace old fleet according to findings of fleet verification exercise, in successfully replacing old fleet the department will realize saving on the pressurized account of vehicle repairs due high accumulated high kilometers and old fleet in the Department. Emergency Medical Services will be the major beneficiaries of this amount, Planned Patient Transport and ambulances prioritized.

4.9.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

TABLE A4: 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	-	-		-	-	-	-

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/UPDATES

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 on the findings of the Premier, the Minister and the Human Rights Commission a Draft Hospital Improvement Plan was developed.

Management and Leadership

The Department has established twenty two hospital boards and the outstanding eleven will be established in 2014/15 financial year. The department has appointed 196 out of 279 PHC facilities clinic committees.

All hospitals have CEOs except for Rob Ferreira, KwaMhlanga, and Shongwe Hospitals. These posts have been prioritised for the 2014/15 financial year.

To further improve hospital management, the Department has decentralized HR process delegations to the DDGs, Chief Directors, District Managers and CEOs. The District Managers' posts have been upgraded form level 13 to level 14 (Chief Director Level) and all three districts have appointed District Managers. The District Managers and CEO's of Tertiary and Regional hospitals have been given financial delegations.

Review of the Organisational Structure

The organisational structure was approved in 2010. The department will review the organisational structure in line with the National Department of Health generic service delivery model.

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 rolled out to the institutional managers. To improve supply chain management the department will implement the resolution on rotation of supply chain staff.

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 3535 learnership programme.

To improve information management, 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.

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.

To address the digital divide, plans are in the pipeline to connect all health facilities to IT network.

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.
- Improve financial management, contract management and internal controls
- Strengthening the revitalization and maintenance of health infrastructure, including the delivery of Information Communication Technology (ICT) infrastructure.
- Develop and implement a litigation prevention strategy
- Develop and Implement Records Management system

1.3 SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

The overall vacancy rate is currently at 17%. The contributory factor is the high vacancy rate in the various health professional categories. The Department has been able to fill all the vacant posts of the Deputy Director Generals at Provincial Office. The posts of Chief Executive Officers at various facilities with the exception of Rob Ferreira, Shongwe and KwaMhlanga. It is anticipated that by end of 2014/15 financial year, all the top management positions at various hospitals will be filled to improve service delivery at the coal face. The Department intends to reduce the 5.5% staff turn-over rate by ensuring that the Recruitment and Retention Strategy is implemented. Grade progressions for different categories of administrative support staff was implemented in order to comply with the DPSA directive.

The Department has not been able to fill all the vacant posts that were advertised during the financial year as a result of financial constraint. During 2014/15 financial there will be proper human resources planning that will be informed by the workload at various facilities. The Human Resources Plan was approved in 2010 and it is adjusted on an annual basis and the review thereof will take place during the third quarter of the current financial year. The Districts will be capacitated in order for them to be able to develop their own HR Plans that will inform the provincial HR Plan.

The HR Delegations were approved in February 2014 thus giving authority to top management at provincial level, district and facility level to exercise delegations that have been entrusted to them by the Executive Authority. Performance Management and Development System is being implemented for level 1 to 12. Evaluation of performance of the senior management service still remains a challenge and should be addressed during 2014/15 financial year. The Department has been able to exceed the 50% employment of females in the senior management service as stipulated in the Employment Equity Act but still remains at 0.2% employment of persons with disabilities against the target of 2%. Facilities will be supported in ensuring that they have Employment Equity Forums in place and achieving their EE targets.

1.4 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

TABLE ADMIN 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

Strategic Objective	Indicator	Strategic Plan Target	Means of verification/ Data Source	Audited/ Actual performance			Estimated performance	Medium term targets		
				2010/11	2011/12	2012/13	2013/14 (target)	2014/15	2015/16	2016/17
Improving Human Resources, Planning, Development and Management.	Vacancy rate for enrolled nursing assistant	Not in Plan	PERSAL Reports	New Indicator	New Indicator	New Indicator	New Indicator	22%	19%	18%
	Vacancy rate for doctors	Not in Plan	PERSAL Reports	41%	75%	41.55%	25%	35%	30%	25%
	Vacancy rate for medical specialists	Not in Plan	PERSAL Reports	39%	74%	43.69%	22%	35%	30%	25%
	Vacancy rate for pharmacists	Not in Plan	PERSAL Reports	32%	69%	40%	15%	30%	25%	20%
	Percentage of Hospitals CEOs with formal delegation of authority	Not in Plan	Delegation letter	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%
Improving Human Resources, Planning, Development and Management.	Number of critical vacant funded posts filled*	Not in Plan	PERSAL Reports	New Indicator	New Indicator	New Indicator	New Indicator	28	15	15
	Number of general workers appointed**	Not in Plan	PERSAL Reports	New Indicator	New Indicator	New Indicator	New Indicator	70	50	50
	Number of hospitals with full complement of executive team	Not in Plan	PERSAL Reports	New Indicator	New Indicator	New Indicator	New Indicator	15/33	20/33	33/33

Strategic Objective	Indicator	Strategic Plan Target	Means of verification/ Data Source	Audited/ Actual performance			Estimated performance	Medium term targets		
				2010/11	2011/12	2012/13	2013/14 (target)	2014/15	2015/16	2016/17
Strengthening the revitalisation and maintenance of health infrastructure, including the delivery of Information Communication Technology infrastructure.	Number of infrastructure maintenance teams appointed	Not in Plan	No	New Indicator	New Indicator	New Indicator	52	26 (cumulative 52)	3 (cumulative 55)	5 (cumulative 60)

*inclusive of PMU, Hospital CEO's and senior management

** cleaners, grounds-man and laundry aids

TABLE ADMIN 2: PERFORMANCE INDICATORS FOR ADMINISTRATION

Programme Performance Indicators	Frequency of Reporting	Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Proportion of Local Government Health Personnel which are transferred to Provincial Departments of Health	Annual	%	New Indicator	New Indicator	New Indicator	New Indicator	100%	N/A	N/A
Develop provincial Human Resources for Health Plan		No	New indicator	New indicator	New indicator	New indicator	1	1	1
Develop Provincial Long term Health Plans		No	New indicator	New indicator	New indicator	1	1	1	1
Proportion of health facilities connected to the internet	Quarterly	%	New indicator	New indicator	New indicator	New indicator	50%	72%	100%

1.6 QUARTERLY TARGETS FOR 2014/15

TABLE ADMIN 3: QUARTERLY TARGETS FOR 2014/15

Performance Indicator	Frequency Of Reporting	Annual Target 2014/15	Quarterly Targets			
			Q1	Q2	Q3	Q4
Proportion of Local Government Health Personnel which are transferred to Provincial Departments of Health	Annual	100%	-	-	-	100%
Develop provincial Human Resources for Health Plan		1	-	-	-	1
Develop Provincial Long term Health Plans		1	-	-	-	1
Proportion of health facilities connected to the internet		50%	-	-	-	50%
Human Resource Management						
Vacancy rate for enrolled nursing assistant	Annual	20	-	-	-	20
Vacancy rate for doctors		35	-	-	-	35

Performance Indicator	Frequency Of Reporting	Annual Target 2014/15	Quarterly Targets			
			Q1	Q2	Q3	Q4
Proportion of Local Government Health Personnel which are transferred to Provincial Departments of Health	**Annual**	100%	-	-	-	100%
Develop provincial Human Resources for Health Plan		1	-	-	-	1
Develop Provincial Long term Health Plans		1	-	-	-	1
Proportion of health facilities connected to the internet		50%	-	-	-	50%
Human Resource Management						
Vacancy rate for medical specialists		35	-	-	-	35
Vacancy rate for pharmacists		30	-	-	-	30
All Hospitals CEOs (100%) with formal delegation of authority by March 2015		100%	-	-	-	100%
Recruitment And Selection						
Number of critical vacant funded posts filled	**Annual**	28				28
Number of general workers appointed		70				70
Number of hospitals with full complement of executive team		15/33				15/33
Number of infrastructure maintenance teams appointed		52	-	-	-	52

1.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN 4: EXPENDITURE ESTIMATES: ADMINISTRATION

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Office of the MEC	5 913	4 795	5 745	5 916	4 915	5 233	5 587	6 109	6 433
Management	165 554	223 230	199 731	204 954	191 998	229 171	212 967	199 563	217 083
Total payments and estimates	**171 467**	**228 025**	**205 476**	**210 870**	**196 913**	**234 404**	**218 554**	**205 672**	**223 516**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**151 258**	**207 015**	**184 493**	**192 496**	**177 330**	**189 841**	**221 366**	**207 986**	**224 967**
Compensation of employees	70 420	86 075	86 144	102 340	102 340	102 340	130 012	136 700	143 384
Salaries and wages	70 098	73 164	77 529	90 703	90 790	102 340	115 870	121 679	127 652
Social contributions	322	12 911	8 615	11 637	11 550	–	14 142	15 021	15 732
Goods and services	80 217	120 747	97 566	90 156	74 990	87 501	91 354	71 286	81 583
Administrative fees	362	603	953	1 531	1 777	943	1 847	1 849	1 947
Advertising	3 002	5 355	2 610	3 191	3 444	3 445	3 077	3 077	3 240
Assets less than the capita	34	152	81	215	684	582	100	102	107
Audit cost: External	11 757	10 337	12 105	11 340	9 439	10 927	12 840	11 859	12 408
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	780	1 287	898	1 010	1 571	1 517	960	960	1 011
Communication (G&S)	4 360	5 892	5 078	4 795	4 953	3 855	10 082	9 800	10 054
Computer services	20 670	16 499	7 323	3 304	7 635	7 252	23 187	2 936	8 033
Consultants and professior	3 185	855	694	480	100	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	1 471	3 535	2 437	3 240	1 538	–	1 620	1 620	1 706
Contractors	306	1 199	1 666	788	661	1 019	788	788	830
Agency and support / outs	2 263	2 208	–	195	450	943	477	562	592
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including g	9 024	4 882	8 994	4 244	6 050	3 769	6 813	6 413	6 753
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	100	30	–	–	–
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	1	28	74	80	–	–	–	3	3
Inventory: Fuel, oil and gas	–	–	–	–	–	–	–	–	–
Inventory: Learner and tea	–	–	–	–	–	–	–	–	–
Inventory: Materials and su	–	1	12	20	30	8	32	32	34
Inventory: Medical supplies	–	–	–	–	2	–	–	–	–
Inventory: Medicine	–	54	–	–	–	–	–	–	–
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	204	137	117	–	16	–	–	–	–
Consumable supplies	878	3 164	2 339	185	1 328	681	1 084	1 149	1 210
Consumable: Stationery,pr	5 885	5 127	6 045	4 247	3 105	3 777	3 185	3 376	3 555
Operating leases	1 892	519	22 134	3 825	3 623	4 274	5 053	5 293	5 574
Property payments	8 896	40 506	–	2 382	2 200	26 279	2 822	2 800	2 948
Transport provided: Depart	99	35	19 784	600	–	74	–	–	–
Travel and subsistence	2 264	16 273	1 909	20 386	22 530	15 987	15 387	13 570	16 211
Training and development	2 398	118	516	17 485	–	50	–	–	–
Operating payments	33	287	1 797	1 500	1 172	1 090	1 200	1 206	1 270
Venues and facilities	453	1 694	–	2 113	2 157	600	800	891	938
Rental and hiring	–	–	–	3 000	425	399	–	3 000	3 159
Interest and rent on land	621	193	783	–	–	–	–	–	–
Interest (Incl. interest on financ	621	193	783	–	–	–	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**17 670**	**19 101**	**15 101**	**10 474**	**10 393**	**35 373**	**10 888**	**11 386**	**11 990**
Provinces and municipalities	–	322	302	250	169	25	50	50	53
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	322	302	250	169	25	50	50	53
Municipal bank accounts	–	322	302	250	169	25	50	50	53
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	–	–	–	–	–	–	–
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private e	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public co	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private e	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	17 670	18 779	14 799	10 224	10 224	35 348	10 838	11 336	11 937
Social benefits	–	–	–	–	–	–	100	124	131
Other transfers to households	17 670	18 779	14 799	10 224	10 224	35 348	10 738	11 212	11 806
Payments for capital assets	**2 539**	**1 909**	**3 870**	**7 900**	**9 190**	**9 190**	**4 900**	**4 900**	**5 160**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	2 539	1 909	3 870	7 900	9 190	9 190	4 900	4 900	5 160
Transport equipment	2 539	1 887	–	1 110	2 865	8 872	3 110	3 110	3 275
Other machinery and equipme	–	22	3 870	6 790	6 325	318	1 790	1 790	1 885
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	2 012	–	–	–	–	–	–
Total economic classification: Pr	**171 467**	**228 025**	**205 476**	**210 870**	**196 913**	**234 404**	**237 154**	**224 272**	**242 117**

1.8 PERFORMANCE AND EXPENDITURE TRENDS

The decrease of 7.1 per cent from the revised baseline for 2013/14 financial year in *Programme 1:* Administration has been influenced by once off payment of R23 million to Department of Community liaison, safety and Security.

The Function shift of Security & administration of Bursaries to DSSL and DoE respectively has decreased the baseline over the last MTEF period although litigations and special projects have influenced the expenditure outcomes of the programme.
The administration of opening functions of new facilities by the honorable MEC, the facilitation of internal and external auditors to strengthen monitoring, reporting and compliance in the quest to achieve an unqualified Audit opinion contribute to the expenditure trends.

The programme plans the following key performance areas in the MTEF period to ensure sustained support and leadership for Health:

- Ensure the implementation of the Hospital Improvement Plan.
- Install and maintain Datelines and Network infrastructure in all CHC's and Clinics by 2015/16.
- Implementation of Standardized specification on IT equipment procurement.
- Procurement of IT Equipment for Facilities.
- Review and implementation of a finalised Communication Strategy.
- Issue and monitoring Financial Delegations and HR Delegations to create autonomy in preferred facilities as part of the NHI implementation.
- Filling of posts to be finalized within two (2) months as when they are vacant and funded
- Retention of Health Professionals and other skilled Personnel and the finalization of all outstanding HR matter.

1.9 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Ineffective Supply Chain process	• Appointment of Director: Supply Chain and key staff. • Cleaning of supplier database.
Poor Record Keeping	• Development of Record management policy • Develop reliable filing systems at institutions to address the huge loss of patient files

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/UPDATES

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.

To further strengthen Primary Health care as a cornerstone for effective and quality health care delivery and as part of involving our communities in the management of our health facilities, the Department has embarked on the establishment of governance structures, as a requirement by the National Health Act, Act 61 of 2003.

The CHC/ Clinic committees and hospital boards are established in terms of section 42 of the National Health Act, Act 61 of 2003 and their main objectives include amongst other; to assist the primary health facility to meet its constitutional obligations, ensure sound and effective management of CHC'S /Clinics and hospitals, by ensuring that these facilities are responsive to community needs. They will play an oversight role on behalf of the communities and improve the quality of service offered by facilities. More importantly the committee will help to forge closer working relations between the community and PHC facilities. To date 253/279 clinic committees have been established and 170 clinic committees have been trained.

Hospital boards have been appointed in all district hospitals. The process included a call for nominations through an advertisement.
During 2013/14 financial year, 32/33 hospital boards were trained and the process of recruitment of hospital boards to replace those that have expired, is in progress.

The District Health Councils are in the process of being established

Provincialisation of Local Municipalities

In August 2005, in the interest of advancing the establishment and functioning of the DHS and in improving service delivery, the NHC made certain resolutions which included the absorption of municipal staff and services, if possible, into provincial services (Provincialisation) to date 59/65 local municipality PHC facilities have been

provincialised. The 6 remaining are at Emalahleni local Municipality in Nkangala District. An agreement between the department and Emalahleni local Municipality has been reached and the process of finalization is underway.

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, health posts, clinics, community health centres and district hospitals. A functional District Health System requires a competent health workforce, leadership and governance to achieve the eight components of PHC.

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 commenced in 2012/13. Ten (10) districts were selected as pilots in the country including Gert Sibande District. Primary Health Care re-engineering underpins the implementation of the National Health Insurance. Operational research will be conducted in the pilot district to assess progress on the implementation process.

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 four 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 54 Primary Health Care Outreach Teams by the end of 2014/15. Health posts will be established at close proximity with the communities and will be linked to the PHC Outreach Teams.

School Health Services

School Health Services aims at increasing access to health care services for school going children especially those who are geographically and economically disadvantaged. The department aims to establish 16 School Health Services Teams to cover quintile 1 and 2 schools linking to Comprehensive Rural Development Programme (CRDP) areas, by the end of 2014/15 increasing the number of existing teams to 42 teams. The focus of these teams will be 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 (DCST) to address high maternal and child mortality in the three districts. The Department is continuing to headhunt specialists to establish full compliment for all districts.

GP contracting

The National General Practitioner (GP) contract has been introduced to provide support to PHC. Currently eight GPs have been contracted in Gert Sibande.

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. Service Excellence Awards will be re-introduced in-line with the National Core Standards.

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 and it is being rolled out to the rest of the province.

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 Service Delivery Agreement will endeavor to increase life expectancy, decrease maternal and child mortality, combat HIV and AIDS and decrease the burden of disease from TB and other communicable diseases. The strengthening of the AIDS Councils at all levels is critical for the effective implementation of the NSP and its mandates. This will ensure intersectoral response at all levels.

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 the following eight (8) local municipalities: Mkhondo, Chief Albert Luthuli, Dr Pixley ka Isaka Seme, Bushbuckridge, Nkomazi, Dr JS Moroka, Thembisile Hani and Dipaliseng.

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 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 2014/15

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]	26 mobiles 860 visiting points; 3 satellite clinics	946,718	32,695	
	Fixed Clinics[4]	50		14,765	
	CHCs	22		53,850	
	Sub-total clinics + CHCs	**72**	1,101 Beds	8,556	
	District hospitals	8		831	
Ehlanzeni District	Non fixed clinics[3]	28 mobiles 984 Visiting points	1, 593,222	3,097	2.85
	Fixed Clinics[4]	105		10,780	
	CHCs	16		23,840	
	Sub-total clinics + CHCs	**121**	1209 Beds	12,399	
	District hospitals	8		1,319	
Nkangala District	Non fixed clinics[3]	22 mobiles 461 Visiting points	1,149,892	56,694	1.7 Headcount 2,454,830
	Fixed Clinics[4]	67		16,143	
	CHCs	19		65,522	
	Sub-total clinics + CHCs	**86**		10,508	
	District hospitals	7	716 Beds	1,556	0.02
Province	Non fixed clinics[3]	75 mobiles 2561 visiting points	3 643 434 (Stats SA 2007) 3026 Beds	45,241	2.2
	Fixed Clinics[4]	226		15,467	
	CHCs	53		75,401	
	Sub-total clinics + CHCs	279		9,998	
	District hospitals	23		1,196	

1. Non-fixed clinics should include mobile and satellite clinics and visiting points.
2. Fixed clinics; both provincial and local government facilities should be included.
3. PHC facility headcounts and hospital separations should be used for per capita utilisation.

2.4 SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

TABLE DHS 2: SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Programme Performance Indicators	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13
1. Provincial PHC expenditure per uninsured person	R	R399.25	R460.22	R301	R386.82
2. PHC Utilisation rate (Annualised)	No	2.5	2.5	2.2	2.1
3. Outreach Household (OHH) registration visit rate	No	New indicator	New indicator	New indicator	New indicator
4. PHC supervisor visit rate (fixed clinic/CHC/CDC)	%	75.9%	75.8%	76.6%	62.9%
5. Complaint resolution within 25 days rate	%	51.5%	42.4%	56%	56.2%
6. Percentage of PHC facilities conducting patient satisfaction surveys (PSS)	%	100%	100%	100%	100%
7. PHC Patient Satisfaction rate	%	New indicator	New indicator	New indicator	New indicator
8. Number of fully fledged District Clinical specialist Teams appointed	No	1	1	0	0
9. Number of fully-fledged Ward Based Outreach Teams appointed	No	22	6	10	6
10. School ISHP coverage	%	New indicator	New indicator	New indicator	New indicator
11. School Grade 1 screening coverage (annualised)	%	New indicator	New indicator	New indicator	New indicator
12. School Grade 4 screening coverage (annualised)	%	New indicator	New indicator	New indicator	New indicator
13. School Grade 8 screening coverage (annualised)	%	New indicator	New indicator	New indicator	New indicator
14. Percentage of fixed facilities that have conducted gap assessments for compliance against the National Core Standards	%	New indicator	New indicator	New indicator	New indicator
15. Compliance Rate of PHC Facilities (of National Core Standards)	No	80	100	62	79

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.*

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

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2010/11	2011/12	2012/13	2013/14 (target)	2014/15	2015/16	2016/17
Mass mobilisation for better health outcomes by implementing interventions to increase life expectancy and decrease maternal and child morbidity and mortality	Number of Health Promoting Schools established in all 3 districts.	Not in Plan	Health Promoting Schools Database	30 (240)	25 (265)	22 (292)	15 (285)	20 (314)	20 (334)	20 (354)
Mass mobilisation for better health outcomes by implementing interventions to increase life expectancy and decrease	Number of Primary Health Care Outreach Teams established in sub districts	199 teams (18 sub districts)	Clinic Staff establishment	-	18 teams (9 sub districts)	20	58 teams (78 cumulative)	10 teams (54) cumulative)	60 teams (114 cumulative)	60 teams (174 cumulative)
	Number of School Health Service Teams established	121 teams	Clinic Staff establishment	23	23	17	65	16 (42)	16 (58)	16 (74)

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2010/11	2011/12	2012/13	2013/14 (target)	2014/15	2015/16	2016/17
maternal and child morbidity and mortality	Percentage of quintile 1 and 2 primary schools reached through school health services.	20% of quintile 1 and 2 primary schools reached through school health services.	Quarterly Reports	-	Not in Plan	97.8%	50%	20%	100%	100%

TABLE DHS 4: PROGRAMME PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Programme Performance Indicator	Frequency of reporting	Indicator Type	Audited/ Actual performance			Estimate	MTEF Projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Provincial PHC expenditure per uninsured person	Annual	R	R262	446	R399.25	R300	R300	R300	R300
2. PHC Utilisation rate	Quarterly	No	2.2	2.4	2.5	2.7	3.0	3.3	3.5
3. Outreach Household (OHH) registration visit coverage	Quarterly	No	New indicator	New indicator	New indicator	New indicator	Creating Baseline	Based on Baseline	Based on Baseline
4. PHC supervisor visit rate (fixed clinic/CHC/CDC)	Quarterly	%	78.9%	97.3%	75.9%	100%	90%	95%	100%
5. Complaint resolution within 25 days rate	Quarterly	%	New indicator	64.9%	Not in the plan	75%	78%	85%	90%
6. Percentage of PHC facilities conducting annual patient satisfaction surveys (PSS)	Annual	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
7. PHC Patient Satisfaction rate	Annual	%	New indicator	New indicator	New indicator	New indicator	70%	75%	80%
8. Number of fully fledged District Clinical specialist Teams appointed	Quarterly	No	New indicator	0	1	2	2	3	3
9. Number of fully-fledged Ward Based Outreach Teams appointed	Quarterly	No	New indicator	18	20	22	10 (cumulative 32)	38 (cumulative70)	10 (cumulative80)
10. School ISHP coverage	Quarterly	%	New indicator	New indicator	New indicator	New indicator	25%	30%	35%
11. School Grade 1 screening coverage (annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	20%	25%	30%
12. School Grade 4 screening coverage (annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	15%	20%	25%
13. School Grade 8 screening coverage (annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	5%	10%	15%
14. Percentage of fixed facilities that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
15. Compliance Rate of PHC Facilities (of National Core Standards)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	80%	80%	80%

2.4.2 QUARTERLY TARGETS FOR DHS 2014/15

TABLE DHS 5: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2014/15

Performance Indicators	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Provincial PHC expenditure per uninsured person	R300	-	-	-	R300
2. PHC Utilisation rate	3.0	3.0	3.0	3.0	3.0
3. OHH registration visit coverage	Creating Baseline	Creating Baseline	Creating Baseline	Creating Baseline	Creating Baseline
4. PHC supervisor visit rate (fixed clinic/CHC/CDC)	90	90	90	90	90
5. Complaint resolution within 25 days rate	78	78	78	78	78
6. Percentage of PHC facilities conducting annual patient satisfaction surveys (PSS)	100%	-	-	-	100%
7. PHC Patient Satisfaction rate	70%	-	-	-	100%
8. Number of fully fledged District Clinical specialist Teams appointed	2	-	1	1	-
9. Number of fully-fledged Ward Based Outreach Teams appointed	10 (cumulative 32)	-	-	-	10 (cumulative 32)
10. School ISHP coverage	25%	25%	25%	25%	25%
11. School Grade 1 screening coverage (annualised)	20%	20%	20%	20%	20%
12. School Grade 4 screening coverage (annualised)	15%	15%	15%	15%	15%
13. School Grade 8 screening coverage (annualised)	5%	5%	5%	5%	5%

Performance Indicators	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
14. Percentage of fixed facilities that have conducted gap assessments for compliance against the National Core Standards	100%	100%	100%	100%	100%
15. Compliance Rate of PHC Facilities (of National Core Standards)	80%	80%	80%	80%	80%
16. Number of NGOs/NPOs funded to provide community based health services	228	-	-	-	228
17. Number of sub districts with appointed Health Information Officers.	0	-	-	-	-
18. Number of PHC facilities with Data Capturers appointed	194/279				194/279
19. Number of Health Promoting Schools established in all 3 districts.	20	5	5	5	5
20. Number of Primary Health Care Outreach Teams established in sub districts	10	-	-	-	10
21. Number of School Health Service Teams established	16		8		8
22. Percentage of quintile 1 and 2 primary schools reached through school health services.	20%	20%	20%	20%	20%

2.5 SUB – PROGRAMME DISTRICT HOSPITALS

TABLE DHS 6: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13	National Average 2012/13
1. Average Length of Stay	Quarterly	Days	5.1	4.1	4.0	4.0	N/A
2. Inpatient Bed Utilisation Rate	Quarterly	%	79.4%	70%	66.6%	67.1%	N/A
3. Expenditure per patient day equivalent (PDE)	Quarterly	R	R2,174	2,533	R1,589	R1,600	N/A
4. Complaint Resolution within 25 working days rate	Quarterly	%	73.5%	66%	87.9%	34.38%	N/A
5. Mental health admission rate	Quarterly	%	75%	75%	-	-	N/A
6. Patient Satisfaction Rate	Annually	%	75%	-	-	75%	N/A
7. Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New Indicators	New Indicators	New Indicators	New Indicators	New Indicators
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	%	New Indicators	New Indicators	New Indicators	New Indicators	New Indicators
9. Compliance Rate (of National Core Standards)	Quarterly	%	New Indicators	New Indicators	New Indicators	New Indicators	New Indicators

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

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

Strategic Objective	Performance Indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ Actual performance			Estimate Performance	Medium-term targets		
				2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Overhauling the health care system by improving quality of care including implementation of National Health Insurance (NHI)	1. Average Length of Stay	4.0 days	Midnight census	4.3 days	4.2 days	4.1 days	3.5 days	4.0 days	3.7 days	3.5 days
	2. Inpatient Bed Utilisation Rate	75%	Midnight census	64.6%	68.9%	69,9%	75%	75%	75%	75%
	3. Expenditure per patient day equivalent (PDE)	R1,500	Quarterly Performance Report	R1,068	R2,069	R1,832	R1,400	R1,500	R1,550	R1,600
	4. Complaint Resolution within 25 working days rate	70%	Complaints register	50%	64.9%	66%	93%	70%	75%	80%
	5. Mental health admission rate	Not in plan	Midnight census	New indicator	New indicator	New indicator	New indicator	75%	80%	85%
	6. Patient Satisfaction rate	60%	Patient Satisfaction report	87%	76.5%	50%	85%	60%	70%	80%
	7. Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	Not in plan	National core standard report	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
	8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Not in plan	National core standard report	New indicator	New indicator	New indicator	New indicator	100%	100%	100%

TABLE DHS 8: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Programme Performance Indicator	Frequency of Reporting (Quarterly/ Annual)	Indicator Type	Audited/ Actual performance			Estimated Performance	Medium-term targets		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Average Length of Stay	Quarterly	Days	4.3 days	4.2 days	4.1 days	3.5 days	4.0 days	3.7 days	3.5 days
2. Inpatient Bed Utilisation Rate	Quarterly	%	64.6%	68.9%	69,9%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)	Quarterly	R	R1,068	R2,069	R1,832	R1,400	R1,500	R1,550	R1,600
4. Complaint Resolution within 25 working days rate	Quarterly	%	50%	64.9%	66%	93%	70%	75%	80%
5. Mental health admission rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	75%	80%	85%
6. Patient Satisfaction rate	Annually	%	87%	76.5%	50%	85%	60%	70%	80%
7. Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	Annual	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%

2.5.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS 2014/15

TABLE DHS 9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2014/15

Programme Performance Indicator	Reporting Period	Annual Target 2014/15	Quarterly Targets			
			Q1	Q2	Q3	Q4
1. Average Length of Stay	Quarterly	4.0 days	4.0 days	4.0 days	4.0 days	4.0 days
2. Inpatient Bed Utilisation Rate		75%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)		R1,500	R1,500	R1,500	R1,500	R1,500
4. Complaint Resolution within 25 working days rate		70%	70%	70%	70%	70%
5. Mental health admission rate		75%	75%	75%	75%	75%
6. Patient Satisfaction rate	Annual	60%	60%	60%	60%	60%
7. Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards		100%	-	-	-	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	100%	100%	100%	100%	100%

Source: District Health Services & DHIS

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

TABLE DHS10: SITUATIONAL ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL

Programme Performance Indicator	Frequency of Reporting (Quarterly/ Annual)	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13	National Average 2011/12
1. Total clients remaining on ART (TROA) at end of the month	Quarterly	No	209,727	70 979	57,056	46,263	N/A
2. Number of Medical Male Circumcisions conducted	Quarterly	No	49,609	22 324	13 643	13 642	N/A
3. TB (new pulmonary) defaulter rate	Annual	%	5.9% (2011)	5.2%	5.6%	9.9%	N/A
4. TB AFB sputum result turnaround time under 48 hours rate	Quarterly	%	72.8%	New indicator	New indicator	New indicator	N/A
5. TB new client treatment success rate	Annual	%	79.2%	84%	77.6% (2011)	86.2%	N/A
6. TB Treatment initiation rate (annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	N/A
7. HIV testing coverage (15-49 Years Annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	N/A
8. TB (new pulmonary) cure rate	Annual	%	76.5% (2011)	81%	73% (2011)	68.1%	66%
9. TB MDR confirmed treatment initiation rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	N/A

2.6.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

TABLE DHS11: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HAST

Strategic Objective	Performance Indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections (STIs) Strategic Plan and reduction of mortality due to TB and associated diseases	1. Baby Nevirapine uptake rate.	100% Baby Nevirapine uptake rate.	DHIS	96.4%	100%	99,6%	100%	100%	100%	100%
	2. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Not in Plan	DHIS	14.3%	24.7%	28,4%	60%	60%	65%	70%

**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 12: PERFORMANCE INDICATORS FOR HIV & AIDS, STI AND TB CONTROL

Programme Performance Indicator	Frequency of Reporting (Quarterly/ Annual)	Indicator Type	Audited/ actual performance			Estimated Targets	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Total clients remaining on ART (TROA) at end of the month	Quarterly	No	111 402	144 069	209,727	35,000 (cumulative 234 481)	74,496 (cumulative 309 071)	79,787 (cumulative 388 762)	82,198 (cumulative 506 047)
2. Number of Medical Male Circumcisions conducted	Quarterly	No	New indicator	14,002	49,609	10,000 (cumulative 60,000)	60,000 (cumulative 160 000)	60,000 (cumulative 220 000)	65,000 (cumulative 285 000)
3. TB (new pulmonary) defaulter rate	Annual	%	6.9 (2009)	7.5 (2010)	5.9% (2011)	<6%	<6%	<5%	<5%
4. TB AFB sputum result turnaround time under 48 hours rate	Quarterly	%	43.2%	51.4 %	Not in the Plan	95%	95%	95%	95%
5. TB new client treatment success rate	Annual	%	52.1%	82.2%	79.2%	100%	100%	100%	100%
6. TB Treatment initiation rate Annualised	Quarterly	%	New indicator	New indicator	New indicator	New indicator	90%	90%	90%
7. HIV testing coverage (15-49 Years) Annualised	Quarterly	%	Not in the Plan	Not in the Plan	Not in the Plan	Create a baseline	30%	40%	50%
8. TB (new pulmonary) cure rate	Annual	%	73,1% (2009)	76.5% (2010)	76.5% (2011)	80%	80%	85%	85%
9. TB MDR confirmed treatment initiation rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	90%	90%	90%

2.6.2 QUARTERLY TARGETS FOR HAST 2014/15

TABLE DHS 13: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2014/15

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Total clients remaining on ART (TROA) at end of the month	74 496 (cumulative 309 071)	18 624 (253 199)	18 624 (Cumulative 271 823)	18 624 (Cumulative 290 447)	18 624 (Cumulative 309 071)
2. Number of Medical Male Circumcisions conducted	60,000 (cumulative 160 000)	5,000 (cumulative 105 000)	30,000 (cumulative 135 000)	15,000 (cumulative 145 000)	10,000 (cumulative 160 000)
3. TB (new pulmonary) defaulter rate	<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%
6. TB Treatment initiation rate Annualised	90%	90%	90%	90%	90%
7. HIV testing coverage (15-49 Years) Annualised	30%	30%	30%	30%	30%
8. TB (new pulmonary) cure rate	80%	-	-	-	80%
9. TB MDR confirmed treatment initiation rate	90%	90%	90%	90%	90%
10. Baby Nevirapine uptake rate.	100%	100%	100%	100%	100%
11. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	60%	60%	60%	60%	60%

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

.

TABLE DHS 14: SITUATIONAL ANALYSIS INDICATORS FOR MCWH&N

Programme Performance Indicator	Frequency of Reporting (Quarterly Annually)	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13	National Average 2012/13
1. Immunisation coverage under 1 year	Quarterly	%	83%	82.9%	81.7%	85.2%	N/A
2. Vitamin A coverage 12 – 59 months	Quarterly	%	40.2%	45.6%	28.7%	42.6%	N/A
3. Deworming 12-59 months coverage (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	N/A
4. Child under 2 years underweight for age incidence (annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	N/A
5. Measles 1st dose under 1 year coverage (Annualised)	Quarterly	%	94.9%	40.2%	88.4%	96.6%	N/A
6. Pneumococcal Vaccine (PCV) 3rd Dose Coverage (Annualised)	Quarterly	%	97.6%	97.2%	91.6%	97.7%	N/A
7. Rota Virus (RV) 2nd Dose Coverage (Annualised)	Quarterly	%	101.1%	107%	99%	103.2%	N/A
8. Cervical cancer screening coverage (Annualised)	Quarterly	%	61.3%	101%	45.8%	48.7%	N/A
9. HPV 1st dose coverage	Annually	%	New indicator	New indicator	New indicator	New indicator	N/A
10. Antenatal 1st visits before 20 weeks rate	Quarterly	%	42.2%	70.2%	38.3%	42.9%	N/A
11. Infant given NVP within 72 hours after birth uptake rate	Quarterly	%	99.6%	101.6%	96.4%	98.4%	N/A
12. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	3%	2.9%	2.8%	3.4%	N/A

Programme Performance Indicator	Frequency of Reporting (Quarterly Annually)	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13	National Average 2012/13
13. Couple year protection rate	Annually	%	35.9%	35.9%	33.1%	32.6%	N/A
14. Maternal Mortality in facility Ratio (MMR)	Annually	Per 100 000	166.1 per 100,000	170.9 per 100,000	187 per 100,000	118.9 per 100,000	N/A
15. Delivery in facility under 18 years rate	Annually	%	8.9%	9.3%	10%	7%	N/A
16. Child under 1 year mortality in facility rate	Annually	Per 1000	8.3 per 1000	8.3 per 1000	8.5 per 1000	8.1 per 1000	N/A
17. Inpatient death under 5 years rate	Annually	%	5.5%	6.5%	4.5%	5.6%	N/A
18. Child under 5 years severe acute malnutrition case fatality rate (Themba Bhembe)	Annually	Per 1000	13.3 per 1000	14,5 per 1000	14,5 per 1000	11,4 per 1000	N/A
19. Child under 5 years diarrhoea case fatality rate	Annually	Per 1000	7.6 per 1000	11,5 per 1000	5,5 per 1000	7.5 per 1000	N/A
20. Child under 5 years pneumonia case fatality rate	Annually	Per 1000	5.4 per 1000	6,6 per 1000	6,7 per 1000	5,3 per 1000	N/A

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

TABLE DHS 15: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MCWH&N

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**		
				2010/11	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Mass mobilisation for better health outcomes by implementing interventions to increase life expectancy and decrease maternal and child morbidity and mortality	Reduce the incidence of severe malnutrition under 5 years.	Severe malnutrition under 5 years incidence: 4/1000	DHIS	3.6 per 1000	2.8 per 1000	2.8 per 1000	3 per 1000	3 per 1000	3 per 1000	3 per 1000
	Number of district hospitals with maternity waiting homes	Not in Plan	Register	New indicator	New indicator	New indicator	3	3 (cumulative 8)	5	5

TABLE DHS 16: PERFORMANCE INDICATORS FOR MCWH&N

Programme Performance Indicator	Frequency of Reporting (Quarterly/ Annually)	Indicator Type	Audited/ Actual performance			Estimated Targets	MTEF projection			National Actual Performance
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2012/13
1. Immunization coverage under 1 year	Quarterly	%	69.8	73.9	83%	90%	90%	90%	90%	N/A
2. Vitamin A coverage 12 – 59 months	Quarterly	%	29.2%	39.1%	40.2%	48%	50%	52%	55%	N/A
3. Deworming 12-59 months coverage (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	22%	30%	40%	50%	N/A
4. Child under 2 years underweight for age incidence (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	17 per1000	15.5 per1000	14 per1000	13 per1000	N/A
5. Measles 1st dose under 1 year coverage (Annualised)	Quarterly	%	88.9%	89.4%	94.9%	90%	90%	90%	90%	N/A
6. Pneumococcal Vaccine (PCV) 3rd Dose Coverage (Annualised)	Quarterly	%	82.6%	91.3%	97.6%	90%	90%	90%	90%	N/A
7. Rota Virus (RV) 2nd Dose Coverage (Annualised)	Quarterly	%	75.8%	91.6%	101.1%	90%	90%	90%	90%	N/A
8. Cervical cancer screening coverage (Annualised)	Quarterly	%	60.3%	63.2%	61.3%	65%	70%	70%	70%	N/A
9. HPV Vaccine Coverage amongst Grade 4 girls	Quarterly	%	New indicator	New indicator	New indicator	New indicator	80%	80%	80%	N/A
10. Antenatal 1st visit before 20 weeks rate	Quarterly	%	36%	33.6%	42.2%	39%	43%	45%	47%	N/A
11. Infant given NVP within 72 hours after birth uptake rate	Quarterly	%	96.7%	100.7%	99.6%	100%	100%	100%	100%	N/A

Programme Performance Indicator	Frequency of Reporting (Quarterly/ Annually)	Indicator Type	Audited/ Actual performance			Estimated Targets	MTEF projection			National Actual Performance
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2012/13
12. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	7.9%	4.6$	3%	<3%	<2%	<2%	<2%	N/A
13. Couple year protection rate	Annually	%	33.4%	35%	35.9%	39%	41%	43%	45%	N/A
14. Maternal Mortality in facility Ratio (MMR)	Annually	No per 100 000	194.8 per 100,000	141 per 100,000	166.1 per 100,000	150 per 100,000	148 per 100,000	130 per 100,000	120 per 100,000	N/A
15. Delivery in facility under 18 years rate	Annually	%	10.3%	10%	8.9%	10.5%	<10%	<10%	<10%	N/A
16. Child under 1 year mortality in facility rate	Annually	No per 1000	16.5 per1000	9.7 per1000	8.3 per1000	7.7 per1000	7.6 per1000	7.5 per1000	7 per1000	N/A
17. Inpatient death under 5 years rate	Annually	%	6%	5.5%	5.5%	5%	5%	5%	5%	N/A
18. Child under 5 years severe acute malnutrition case fatality rate	Annually	Per 1000	22.6 per1000	27.5 per1000	13.3 per1000	13 per1000	11 per1000	9 per1000	7 per1000	N/A
19. Child under 5 years diarrhoea case fatality rate	Annually	Per 1000	13.4 per1000	8.0 per1000	7.6 per1000	6.0 per1000	5.5 per1000	5.5 per1000	5.0 per1000	N/A
20. Child under 5 years pneumonia case fatality rate	Annually	Per 1000	9.5 per1000	7.7 per1000	5.4 per1000	6.0 per1000	5.5 per1000	5.5 per1000	5.0 per 1000	N/A

2.7.2 QUARTERLY TARGETS FOR MCWH&N 2014/15

TABLE DHS17: QUARTERLY TARGETS FOR MCWH&N FOR 2014/15

Programme Performance Indicators	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Immunisation coverage under 1 year	90%	90%	90%	90%	90%
2. Vitamin A coverage 12 – 59 months	50%	45%	47%	48%	50%
3. Deworming 12-59 months coverage (Annualised)	30%	22%	25%	28%	30%
4. Child under 2 years underweight for age incidence (Annualised)	15.5 per1000	17 per 1000	16.5 per 1000	16 per 1000	15.5 per 1000
5. Measles 1st dose under 1 year coverage (Annualised)	90%	90%	90%	90%	90%
6. Pneumococcal Vaccine (PCV) 3rd Dose Coverage (Annualised)	90%	90%	90%	90%	90%
7. Rota Virus (RV) 2nd Dose Coverage (Annualised)	90%	90%	90%	90%	90%
8. Cervical cancer screening coverage (Annualised)	70%	70%	70%	70%	70%
9. HPV Vaccine Coverage amongst Grade 4 girls	80%	80%	80%	80%	80%
10. Antenatal 1st visit before 20 weeks rate	43%	43%	43%	43%	43%
11. Infant given NVP within 72 hours after birth uptake rate	100%	100%	100%	100%	100%
12. Infant 1st PCR test positive around 6 weeks rate	<2%	<2%	<2%	<2%	<2%
13. Couple year protection rate	41%	-	-	-	41%

Programme Performance Indicators	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
14. Maternal Mortality in facility Ratio (MMR)	148 per 100,000	-	-	-	148 per100,000
15. Delivery in facility under 18 years rate	<10%	-	-	-	<10%
16. Child under 1 year mortality in facility rate	7.6 per1000	-	-	-	7.6 per1000
17. Inpatient death under 5 years rate	5%	-	-	-	5%
18. Child under 5 years severe acute malnutrition case fatality rate	11 per1000	-	-	-	11 per 1000
19. Child under 5 years diarrhoea case fatality rate	5.5 per1000	-	-	-	5.5 per 1000
20. Child under 5 years pneumonia case fatality rate	5.5 per1000	-	-	-	5.5 per 1000
21. Reduce the incidence of severe malnutrition under 5 years.	3 per 1000	-	-	-	3 per 1000
22. Number of district hospitals with maternity waiting homes	3 (cumulative 8)	-	1	1	1

2.8 DISEASE PREVENTION AND CONTROL (DPC)

TABLE DHS18: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Programme Performance Indicator	Frequency of Reporting / (Quarterly Annually)	Indicator Type	Province wide value 2012/13	Ehlanzeni District 2012/13	Gert Sibande District 2012/13	Nkangala District 2012/13	National Average 2012/13
1. Hypertension incidence (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	
2. Malaria case fatality rate (Annualised)	Quarterly	%	0.52	0.52	0	0	0.5
3. Cholera fatality rate	Annually	%	0	0	0	0	0
4. Cataract surgery rate (Uninsured Population)	Quarterly	No per million population	CSR681 (2,450)	-	-	-	1061

2.8.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR DPC

TABLE DHS19: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR 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		
				2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17

Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections (STIs) Strategic Plan and reduction of mortality due to TB and associated diseases	Decrease the incidence of Malaria per 1000 population at risk.	0.2 local case per 1000 population	DHIS	0.41 per 1000 population 2010/11	0.29 local case per 1000 population	0.18 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	0.1 local case per 1000 population

TABLE DHS 20: PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL

Programme Performance Indicator	Frequency of Reporting / (Quarterly Annually)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			National Actual Performance
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2012/13
1. Hypertension incidence (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	15%	13%	11%	N/A
2. Diabetes incidence (Annualised)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	15%	13%	11%	N/A
3. Malaria case fatality rate (Annualised)	Quarterly	%	0.71%	0.41%	0.52%	0.5%	0.5%	0.5%	0.5%	N/A
4. Cataract surgery rate (Uninsured Population)	Quarterly	No per million population	CSR 700	CSR 691 (2,489)	CSR 681 (2,450)	CSR 1000 (3,600)	CSR 1000	CSR 1000	CSR 1000	N/A

2.8.2 QUARTERLY TARGETS FOR DPC

TABLE DHS 21: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2013/14

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Hypertension incidence (Annualised)	15%	15%	15%	15%	15%
2. Diabetes incidence (Annualised)	15%	15%	15%	15%	15%
3. Malaria case fatality rate (Annualised)	0.5%	-	-	-	0.5%
4. Cataract surgery rate (Uninsured Population)	CSR 1000	CSR 167	CSR 333	CSR 333	CSR 167
5. Decrease the incidence of malaria per 1000 population at risk.	0.2 local case per 1000 population	0.2 local case per 1000 population	0.2 local case per 1000 population	0.2 local case per 1000 population	0.2 local case per 1000 population

2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS22: DISTRICT HEALTH SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
District Management	210 068	260 103	386 887	386 727	432 760	450 637	334 291	356 648	399 561
Community Health Clinics	619 712	736 996	750 446	831 734	821 387	866 879	952 086	1 070 069	1 118 602
Community Health Centres	415 716	466 550	504 076	527 618	579 526	581 049	603 266	638 332	666 854
Community-based Services	72 311	108 292	63 493	72 664	72 664	67 894	79 105	85 017	89 523
Other Community Services	–	–	–	–	–	–	–	–	–
HIV/Aids	419 326	420 398	652 627	723 692	721 639	875 720	853 675	942 045	1 059 122
Nutrition	13 785	21 079	18 260	23 767	17 412	31 412	15 206	15 445	16 264
Coroner Services	–	–	–	–	–	–	–	–	–
District Hospitals	1 840 994	2 011 841	2 070 263	2 264 149	2 200 001	2 232 535	2 428 625	2 599 796	2 774 778
Total payments and estimates	**3 591 912**	**4 025 259**	**4 446 052**	**4 830 351**	**4 845 389**	**5 106 126**	**5 266 254**	**5 707 352**	**6 124 703**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**3 477 590**	**3 855 984**	**4 257 849**	**4 652 342**	**4 647 378**	**4 887 811**	**5 094 023**	**5 522 614**	**5 907 135**
Compensation of employees	2 214 285	2 540 843	2 763 208	3 084 205	3 070 775	3 073 543	3 491 327	3 680 090	3 895 348
Salaries and wages	1 930 205	2 159 717	2 493 844	2 700 459	2 682 589	3 061 939	3 050 455	3 199 565	3 385 045
Social contributions	284 080	381 126	269 364	383 746	388 186	11 604	440 872	480 525	510 303
Goods and services	1 263 305	1 315 097	1 494 563	1 568 137	1 576 603	1 814 236	1 602 696	1 842 524	2 011 787
Administrative fees	1 032	460	4 430	203	10 203	4 243	306	307	324
Advertising	219	442	899	1 385	4 645	1 352	1 120	1 172	1 234
Assets less than the capita	6 616	14 489	19 219	19 179	17 495	17 647	3 067	3 260	3 431
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	4 267	1 200	2 097	4 496	3 915	2 866	511	828	873
Communication (G&S)	19 268	21 359	22 484	28 808	16 713	18 589	17 632	16 756	17 811
Computer services	682	272	226	454	355	355	513	522	549
Consultants and professior	–	23	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	186 937	192 516	188 191	313 006	224 526	218 979	368 596	420 224	456 396
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Contractors	125 109	96 601	92 643	103 047	89 331	92 534	79 066	77 632	89 543
Agency and support / outso	4 852	42 450	43 362	16 500	67 431	49 860	50 709	51 257	68 715
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including go	25 030	37 056	40 770	43 846	32 014	51 008	37 815	39 611	41 711
Housing	–	–	–	1 042	1 042	–	–	–	–
Inventory: Clothing materia	–	–	–	–	8 525	6 227	279	308	–
Inventory: Farming supplie	–	–	–	–	4 322	4 322	–	–	–
Inventory: Food and food s	40 704	54 044	41 552	55 735	46 116	63 407	52 239	48 282	50 846
Inventory: Fuel, oil and gas	13 415	14 157	10 544	17 512	13 314	12 443	13 391	14 017	14 815
Inventory: Learner and teac	–	–	–	15	–	–	–	–	–
Inventory: Materials and su	1 259	789	1 795	4 819	1 982	1 982	964	1 002	1 056
Inventory: Medical supplies	96 987	96 563	130 196	108 533	191 769	220 849	112 039	117 592	113 825
Inventory: Medicine	609 189	581 985	690 939	679 669	673 670	854 139	736 724	910 396	1 003 239
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	(40 899)	100	–	–	–
Consumable supplies	29 624	34 744	46 011	40 999	78 062	36 845	20 853	26 632	28 044
Consumable: Stationery,pri	16 016	15 486	18 017	26 746	19 622	18 622	13 411	14 289	15 040
Operating leases	16 658	14 325	16 694	24 679	11 835	16 462	19 443	20 126	21 192
Property payments	39 601	49 943	57 404	33 927	62 056	54 945	51 460	51 691	55 110
Transport provided: Depart	244	848	180	10 875	(8 603)	225	200	650	685
Travel and subsistence	15 127	17 680	50 758	8 614	19 389	36 898	12 776	12 776	13 455
Training and development	5 987	14 564	3 473	13 701	9 995	9 995	3 603	3 900	4 106
Operating payments	2 966	7 592	1 902	7 247	2 164	3 696	4 966	8 242	8 679
Venues and facilities	670	383	10 207	644	15 469	15 503	464	464	489
Rental and hiring	846	5 126	570	2 456	145	143	549	588	619
Interest and rent on land	–	44	78	–	–	32	–	–	–
Interest (Incl. interest on financ	–	44	78	–	–	32	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**93 375**	**133 299**	**136 107**	**142 164**	**129 258**	**149 562**	**169 047**	**177 024**	**203 524**
Provinces and municipalities	1 509	13 000	833	14 697	136	268	250	250	17 381
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	1 509	13 000	833	14 697	136	268	250	250	17 381
Municipal bank accounts	1 509	13 000	806	14 697	90	139	90	90	17 213
Municipal agencies and fun	–	–	27	–	46	129	160	160	168
Departmental agencies and accou	–	–	88	–	155	41	–	–	–
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	88	–	155	41	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private er	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public cor	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private er	–	–	–	–	–	–	–	–	–
Non-profit institutions	85 042	110 777	123 350	123 153	123 153	137 799	163 313	171 132	180 202
Households	6 824	9 522	11 836	4 314	5 814	11 454	5 484	5 642	5 941
Social benefits	5 061	8 092	10 429	3 852	5 352	9 739	4 997	5 135	5 407
Other transfers to households	1 763	1 430	1 407	462	462	1 715	487	507	534
Payments for capital assets	**20 947**	**35 976**	**52 096**	**35 845**	**68 753**	**68 753**	**47 585**	**56 126**	**65 445**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	20 947	35 976	52 096	35 845	68 753	68 753	47 585	56 126	65 445
Transport equipment	10 078	5 940	–	6 171	28 955	–	26 000	30 752	31 350
Other machinery and equipme	10 869	30 036	52 096	29 674	39 798	68 753	21 585	25 374	34 095
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**3 591 912**	**4 025 259**	**4 446 052**	**4 830 351**	**4 845 389**	**5 106 126**	**5 310 655**	**5 755 764**	**6 176 104**

2.10 PERFORMANCE AND EXPENDITURE TRENDS

Programme 2: District Health Services shows a growth of 2.9 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The growth seems unhealthy whereas the department has injected the bulk of the additional funding into this programme. The Community health clinics and Community health centers have been inconsistent in their spending the major contributor is the slow procurement in goods and services items which a plan to resolve it moving forward has been affected. HIV/Aids has had a the highest growth over the past MTEF period averaging a double digit growth percentage due to the HIV/Aids conditional grants highlighting the department's determination to alleviate HIV/Aids epidemic by increasing support through training, awareness, provision of medicine (ART) and other outreach programs.

2.11 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Increased mortality, disability rate, HIV prevalence and poor health outcomes	• Conduct sub-districts performance reviews • Skills development programme for managers. • Strengthen referral between Hospitals and PHCs.
Non-compliance with certain Primary Health Care norms and standards	• Appointment of monitoring and evaluation coordinators. • Strengthen referral between Hospitals and PHCs. • Fast track 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 TB services.
Interruption of drug supply to health facilities	• Strength weekly monitoring and reporting on drug supply for continuous reporting of drug supply for essential drug list, and chronic disease. • Implement and monitor chronic care model.

Nosocomial infections	• Monitor the implementation of infection prevention and control guidelines • Motivate for dedicated infection prevention and control practitioner • Provide training for health care workers on infection control

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/ UPDATES

In order to improve the response time, twenty one (21) ambulances have been procured and distributed; sixty four (64) EMS personnel and eight (8) Station Managers have been appointed. Procure an additional 60 ambulances, 6 PPTS busses and 20 all-terrain response vehicles in 2014/15.

3.2 PRIORITIES

The strategic goals of this programme are as follows:

- Strengthen Health System Effectiveness
- Increasing Life Expectancy.

The department will improve the services through the recruitment, appointment of emergency care practitioners and training to increasing the number of EMS bases and the number of rostered ambulances in the province.

TABLE EMS 1: SITUATION ANALYSIS INDICATORS FOR EMS

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2012/13	Ehlanzeni 2012/13	Gert Sibande 2012/13	Nkangala 2012/13	National Average 2012/13
1. EMS operational ambulance coverage	Quarterly	No per 10 000	0.028 per10,000	0.020 per10,000	0.028 per10,000	0.032 per10,000	N/A
2. EMS P1 urban response under 15 minutes rate	Quarterly	%	78%	90%	80%	73%	N/A
3. EMS P1 rural response under 40 minutes rate	Quarterly	%	61%	77%	73%	72%	N/A
4. EMS P1 call response under 60 minutes rate	Quarterly	%	62.75%	76%	67%	63%	N/A

3.3.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

TABLE EMS 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR EMERGENCY MEDICAL SERVICES

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**		
				2010/11	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
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	35%	40%	0%	45%	50%	60%	65%

TABLE EMS 3: PERFORMANCE INDICATORS FOR THE EMS AND PATIENT TRANSPORT

Programme Performance Indicator	**Frequency of Reporting (Quarterly / Annual)**	**Indicator Type**	**Audited/ actual performance**			**Estimated Targets**	**MTEF projection**		
			2010/11	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
1. EMS operational ambulance coverage	Quarterly	per 10 000 population	0.028/10,000	0.028 per10,000	0.028 per10,000	0.030 per10,000	0.030 per10,000	0.030 per10,000	0.030 per10,000

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimated Targets	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
2. EMS P1 urban response under 15 minutes rate	Quarterly	%	85%	78%	78%	85%	85%	85%	90%
3. EMS P1 rural response under 40 minutes rate	Quarterly	%	60%	61%	61%	70%	75%	75%	80%
4. EMS P1 call response under 60 minutes rate	Quarterly	%	60%	62.75%	62.75%	70%	75%	75%	80%

3.3.2 QUARTERLY TARGETS FOR EMS 2014/15

TABLE EMS 4: QUARTERLY TARGETS FOR EMS FOR 2014/15

Programme Performance Indicator	Reporting Period	Annual Target 2014/15	Quarterly Targets			
			Q1	Q2	Q3	Q4
1. EMS operational ambulance coverage	Quarterly	0.030 per10,000	0.030 per 10,000	0.030 per 10,000	0.030 per 10,000	0.030 per 10,000
2. EMS P1 urban response under 15 minutes rate		85%	85%	85%	85%	85%
3. EMS P1 rural response under 40 minutes rate		75%	75%	75%	75%	75%
4. EMS P1 call response under 60		75%	75%	75%	75%	75%

minutes rate						
5. % of PPTS within EMS		50%	50%	50%	50%	50%

3.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS 5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Emergency transport	240 717	230 506	241 332	266 627	255 502	255 502	308 932	324 538	346 092
Planned Patient Transport	16 232	11 121	8 497	19 200	19 200	19 200	35 220	33 704	38 801
Total payments and estimates	**256 949**	**241 627**	**249 829**	**285 827**	**274 702**	**274 702**	**344 152**	**358 242**	**384 893**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**205 202**	**222 860**	**236 272**	**263 056**	**256 381**	**256 381**	**274 891**	**292 947**	**308 473**
Compensation of employees	151 139	169 847	186 522	209 462	209 462	209 462	224 546	238 706	251 358
Salaries and wages	129 874	144 370	167 870	176 680	176 680	183 720	199 002	207 467	218 463
Social contributions	21 265	25 477	18 652	32 782	32 782	25 742	25 544	31 239	32 895
Goods and services	53 830	52 781	49 729	53 594	46 919	46 810	50 345	54 241	57 115
Administrative fees	–	1	32	–	70	16	50	50	53
Advertising	264	–	–	264	–	–	–	–	–
Assets less than the capita	421	115	2 407	420	–	–	–	–	–
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	448	384	270	448	20	18	20	41	43
Communication (G&S)	1 309	1 997	1 576	1 309	1 540	1 353	1 632	1 692	1 785
Computer services	648	–	–	648	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Contractors	884	93	–	884	–	–	–	–	–
Agency and support / outs	988	29	–	988	–	–	–	–	–
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including go	29 426	31 656	32 734	29 191	34 632	33 980	36 578	39 722	41 821
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	–	1 777	–	–	–
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	–	–	–	–	–	–	–	–	–
Inventory: Fuel, oil and gas	193	82	65	193	60	42	65	74	78
Inventory: Learner and teac	–	–	–	–	–	–	–	–	–
Inventory: Materials and su	–	–	–	–	–	–	–	–	–
Inventory: Medical supplies	81	101	71	81	80	161	181	185	195
Inventory: Medicine	97	82	13	97	–	31	30	34	36
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	(1 415)	–	–	–	–
Consumable supplies	1 415	3 412	908	1 415	2 305	35	50	70	74
Consumable: Stationery,pri	364	151	948	364	617	494	620	637	671
Operating leases	10 724	14 134	9 731	10 724	8 100	8 100	10 224	10 717	11 285
Property payments	65	31	241	–	470	470	320	320	337
Transport provided: Depart	2 374	70	279	65	–	–	65	68	72
Travel and subsistence	1 783	434	454	2 374	390	288	450	559	589
Training and development	252	–	–	1 783	–	–	–	–	–
Operating payments	20	9	–	252	50	45	60	72	76
Venues and facilities	2 074	–	–	20	–	–	–	–	–
Rental and hiring	–	–	–	2 074	–	–	–	–	–
Interest and rent on land	233	232	21	–	–	109	–	–	–
Interest (Incl. interest on financ	233	232	21	–	–	109	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**26**	**137**	**197**	**–**	**150**	**150**	**–**	**–**	**–**
Provinces and municipalities	–	109	–	–	–	–	–	–	–
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	109	–	–	–	–	–	–	–
Municipal bank accounts	–	109	–	–	–	–	–	–	–
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	–	–	150	125	–	–	–
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	–	–	150	125	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private en	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public cor	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private er	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	26	28	197	–	–	25	–	–	–
Social benefits	26	28	197	–	–	25	–	–	–
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**51 721**	**18 630**	**13 360**	**22 771**	**18 171**	**18 171**	**44 261**	**40 295**	**51 420**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	51 721	18 630	13 360	22 771	18 171	18 171	44 261	40 295	51 420
Transport equipment	39 741	18 006	13 360	22 000	17 771	18 171	43 837	39 649	50 740
Other machinery and equipme	11 980	624	–	771	400	–	424	646	680
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**256 949**	**241 627**	**249 829**	**285 827**	**274 702**	**274 702**	**319 152**	**333 242**	**359 893**

3.5 PERFORMANCE AND EXPENDITURE TRENDS

Programme 3 has had a consistent growth over the past MTEF period maintaining its 3 to 4 percent share of the total allocation of the department. The increase of fuel and non appointment of EMS practitioners has put the baseline under excessive pressure to achieve APP goals. The PPT has helped the institutions with procurement of vehicles for planned patient transport although the department still has challenges with the replacement of old fleet which will be prioritized in the next MTEF period.

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 • Multilingual call centre • Appointment of shift leaders.
Inadequate/ inappropriate emergency vehicles	• Procure an additional 60 ambulances, 6 PPTS busses and 20 all-terrain response vehicles.
Inadequate EMS management structure	• Appropriate EMS organogram and funding
Poor response time	• Procure an additional 60 ambulances, 6 PPTS busses and 20 all-terrain response vehicles. • Advanced defense driving training for staff
Inadequate/ inappropriately qualified personnel	• Appropriate skilled ALS practitioners • Appointment of Emergency Care Technicians and ALS Practitioners • Train employees at Intermediate Life Support Level

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 TB specialized hospital services.

NEW DEVELOPMENTS/ UPDATES

The department has appointed CEOs and Clinical Managers in all regional hospitals in order to strengthen governance and health system effectiveness. The establishment of two clinical Anaesthetics Clinical Domain in Ermelo hospital for the first time contribute towards ensuring that the hospital functions as a referral for the Gert Sibande District. Appointment of a second Medical Officer for Bongani TB hospital. Decentralisation of management of MDR TB to all TB hospitals. Appointment of Clinical Managers in TB hospitals for 2014/15

4.2 PRIORITIES

The strategic goals of this programme, is to:

- **Strengthen Health System Effectiveness**
- **Increase Life Expectancy**
- **Reduce Maternal and Child Mortality**
- **Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis**

The strategic priority of the programme is to improve quality of care through implementation of the six priority areas and the implementation of National Health Insurance in the Gert Sibande District through Ermelo hospital.

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

- Implement the community management of MDR TB patients in conjunction with DHS.

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

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

STRATEGIC GOAL 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Programme Performance Indicator**	**Strategic Plan Target**	**Means of verification/ Data Source**	**Audited /actual performance**			**Estimated Targets**	**Medium term targets**		
				2010/11	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance	Establishment of Functional Adverse Events Committee	Not in plan	Attendance register/ minutes	New indicator	New indicator	New indicator	New indicator	3	3	3

TABLE PHS2: PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS

The table below refers to Regional hospitals.

Programme Performance Indicator	Frequency of Reporting(Quarterly /Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Average Length of Stay	Quarterly	Days	4.3 days	4,6 days	5.1 days	4.7 days	4.7 days	4.7 days	4.7 days
2. Inpatient Bed Utilisation Rate	Quarterly	%	71%	72,6%	79.4%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)	Quarterly	R	R1,163	R2,106	R2,174	R2,200	R2,332	R2,472	R2,620
4. Complaint Resolution within 25 working days rate	Quarterly	%	New indicator	70%	73,5%	75%	80%	85%	90%
5. Mental health admission rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%
6. Patient Satisfaction rate	Annually	%	New indicator	73%	76.5%	77%	80%	85%	90%
7. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%

Programme Performance Indicator	Frequency of Reporting(Quarterly /Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Core Standards									

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

TABLE PHS 3: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

STRATEGIC GOAL 3: COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASE FROM TB										
Strategic Objective	Program Performance Indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2010/11	2011 /12	2012/13	2013/14	2014/15	2015/16	2016/17
Accelerated implementation of the HIV and AIDS and Sexually Transmitted Infections (STIs) Strategic Plan and reduction of mortality due to TB and associated diseases.	1. Effective Movement Rate (TB).	90% of patients effectively moved	Acknowledgement Slips (pink slips)	56%	74%	91.6%	90%	92%	95%	100%
	2. Effective Movement Rate (DR).	Not in Plan		20%	79%	93.8%	90%	95%	97%	100%

TABLE PHS 4: PERFORMANCE INDICATORS FOR SPECIALISED HOSPITALS

The table below refers to Specialised hospitals.

Programme Performance Indicator	Frequency of Reporting(Quarterly /Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Inpatient Bed Utilisation Rate	Quarterly	%	65%	58%	42%	30%	50%	75%	75%
2. Expenditure per patient day equivalent (PDE)	Quarterly	R	R741.80	R773.51	R1,142.15	R1,100	R1,700	R1,802	R1,910
3. Complaint Resolution within 25 working days rate	Quarterly	%	New indicator	New indicator	New indicator	70%	80%	90%	100%
4. Patient Satisfaction Rate	Annually	%	81%	79.5%	87.82%	80%	80%	85%	90%
5. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
6. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	60%	80%	100%

4.5 QUARTERLY TARGETS FOR GENERAL HOSPITALS

TABLE PHS 5: QUARTERLY TARGETS FOR REGIONAL HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2014/15	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
1. Average Length of Stay	4.7 days	4.7 days	4.7 days	4.7 days	4.7 days
2. Inpatient Bed Utilisation Rate	75%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)	R2,332	R2 000	R2 664	R2 664	R2 000
4. Complaint Resolution within 25 working days rate	80%	80%	80%	80%	80%
5. Mental health admission rate	80%				80%
6. Patient Satisfaction rate	80%	-	-	-	80%
7. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	100%	100%	100%	100%	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	100%	100%	100%	100%	100%
9. Establishment of Functional Adverse Events Committee	3	3	3	3	3

TABLE PHS 6: QUARTERLY TARGETS FOR SPECIALISED HOSPITALS

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Inpatient Bed Utilisation Rate	50%	50%	50%	50%	50%
2. Expenditure per patient day equivalent (PDE)	R1,700	R1,700	R1,700	R1,700	R1,700
3. Complaint Resolution within 25 working days rate	80%	80%	80%	80%	80%
4. Patient Satisfaction Rate	100%	-	-	-	100%
5. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	60%	60%	60%	60%	60%
6. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	50%	50%	50%	50%	50%
7. Effective Movement rate (TB)	92%	92%	92%	92%	92%
8. Effective Movement rate (DR)	92%	92%	92%	92%	92%

4.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS 7: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
General (Regional) Hospitals	687 978	709 257	757 519	831 637	828 090	855 056	934 875	1 000 219	1 070 369
Tuberculosis Hospitals	88 713	120 090	113 820	142 918	134 564	140 137	144 558	155 123	160 677
Psychiatric/ Mental Hospitals	25 678	26 630	26 922	29 369	29 369	28 208	31 131	33 154	34 911
Sub-acute, Step down and Chronic I	–	–	–	–	–	–	–	–	–
Dental Training Hospitals	–	–	–	–	–	–	–	–	–
Other Specialised Hospitals	–	–	–	–	–	–	–	–	–
Total payments and estimates	**802 369**	**855 977**	**898 261**	**1 003 924**	**992 023**	**1 023 401**	**1 110 564**	**1 188 496**	**1 265 957**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	**767 894**	**816 448**	**867 016**	**960 708**	**952 655**	**983 017**	**1 081 807**	**1 157 682**	**1 228 820**
Compensation of employees	566 341	622 075	677 283	772 294	772 294	772 294	871 956	933 360	988 286
Salaries and wages	499 430	528 734	609 555	694 106	694 162	772 294	783 032	837 678	887 797
Social contributions	66 911	93 341	67 728	78 188	78 132	–	88 924	95 682	100 489
Goods and services	201 538	194 275	189 731	188 414	180 361	210 716	209 851	224 322	240 534
Administrative fees	16	64	79	113	89	89	104	105	111
Advertising	9	4	8	39	–	–	–	–	–
Assets less than the capita	1 749	1 667	1 480	921	407	709	641	651	685
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	(45)	–	–	–
Catering: Departmental act	123	72	77	29	98	98	48	49	52
Communication (G&S)	3 273	3 790	3 778	4 045	3 167	3 221	3 453	3 611	3 896
Computer services	41	–	458	–	60	60	10	10	11
Consultants and profession	–	–	–	–	16	16	–	–	–
Consultants and profession	–	–	–	–	10	10	–	–	–
Consultants and profession	27 187	24 676	26 031	24 739	23 998	23 998	25 743	33 874	34 343
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Contractors	4 939	4 009	2 168	2 426	350	1 446	2 066	2 066	2 175
Agency and support / outs	19 020	9 430	8 976	13 028	6 949	6 346	8 883	9 325	9 819
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including go	4 859	6 995	8 101	4 797	7 274	10 028	7 710	7 896	8 312
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	2 130	2 130	600	600	–
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	13 657	15 255	14 915	14 718	21 576	29 882	22 906	22 334	23 517
Inventory: Fuel, oil and gas	1 944	1 951	2 255	2 441	1 843	1 843	2 556	3 558	3 294
Inventory: Learner and tea	–	–	–	–	–	–	–	–	–
Inventory: Materials and su	887	494	621	286	689	689	731	731	770
Inventory: Medical supplies	39 226	41 293	36 713	30 782	35 238	41 509	40 964	40 262	50 209
Inventory: Medicine	45 030	43 771	47 408	50 379	44 503	49 065	58 180	65 400	67 696
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	(10 276)	–	–	–	–
Consumable supplies	10 549	10 537	11 283	10 276	18 303	8 027	8 732	8 732	9 195
Consumable: Stationery,pr	3 677	3 205	2 213	4 881	927	1 337	1 381	1 518	1 599
Operating leases	7 777	5 121	5 009	7 898	5 303	5 304	5 714	5 657	5 957
Property payments	12 480	15 809	13 876	–	12 823	20 050	14 450	8 459	8 907
Transport provided: Depart	90	16	20	10 916	10	12	–	4 208	4 431
Travel and subsistence	4 449	5 769	3 986	16	4 272	4 272	4 574	4 871	5 129
Training and development	278	51	80	5 402	50	50	–	–	–
Operating payments	201	179	102	5	546	546	405	405	426
Venues and facilities	77	117	94	277	6	24	–	–	–
Rental and hiring	–	–	–	–	–	–	–	–	–
Interest and rent on land	15	98	2	–	–	7	–	–	–
Interest (Incl. interest on financ	15	98	2	–	–	7	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**27 792**	**28 751**	**29 491**	**30 118**	**30 118**	**31 134**	**31 952**	**34 009**	**35 812**
Provinces and municipalities	–	–	10	–	–	43	–	–	–
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	–	10	–	–	43	–	–	–
Municipal bank accounts	–	–	10	–	–	43	–	–	–
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	26	–	–	55	90	90	95
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	26	–	–	55	90	90	95
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private er	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public cor	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private er	–	–	–	–	–	–	–	–	–
Non-profit institutions	26 151	26 630	26 922	29 369	29 369	28 208	31 131	33 154	34 911
Households	1 641	2 121	2 533	749	749	2 828	731	765	806
Social benefits	1 641	2 121	2 533	749	749	2 828	731	765	806
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**6 683**	**10 778**	**1 754**	**13 098**	**9 250**	**9 250**	**16 805**	**16 805**	**21 325**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	6 683	10 778	1 754	13 098	9 250	9 250	16 805	16 805	21 325
Transport equipment	2 792	6 121	915	4 858	2 133	–	11 849	11 849	16 106
Other machinery and equipme	3 891	4 657	839	8 240	7 117	9 250	4 956	4 956	5 219
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**802 369**	**855 977**	**898 261**	**1 003 924**	**992 023**	**1 023 401**	**1 130 564**	**1 208 496**	**1 285 957**

4.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 4: The Provincial Hospital Services shows the highest growth of 8.5 per cent due to underfunding of general hospitals. The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialized hospital services. This programme received 13 per cent of the allocated budget for 2014/15 financial year.

The provincial hospital service has also being affected by the extension and construction taking part in the facilities to improve the quality of health care to the community, which requires an immediate injection of funding to open and utilize the state of the art improvements to the hospitals thus the above CPI increase.

4.7 RISK MANAGEMENT

RISK	MITIGATING FACTORS
Inadequate infection control measures	• Isolation wards. • Involvement of clinicians in infrastructure planning. • Training in infection prevention and control practices
Clinical adverse events	• Establishment of adverse events committees • Strengthening supervision by senior practitioners.
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	• Implement appropriate recruitment and retention strategy for scarce skills. • Effective coordination of outreach services and referrals.
Ineffective patient records system	• Training on information management. • Appointment of Information Officers

5. BUDGET PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS (C&THS)

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/UPDATES

The appointment of a CEO in Witbank Hospital in the first quarter and a Clinical Manager for Rob Ferreira hospital in the second quarter. There is earmarked funding for registrars to increase the pool of specialists in the province..

5.2 TERTIARY HOSPITALS

5.2.1 PRIORITIES

The strategic goals of this programme, is to:

- Increase Life Expectancy
- Reduce Maternal and Child Mortality
- Strengthen Health System Effectiveness
- Combating HIV/AIDS and TB

The strategic priority of the programme is to improve quality of care through implementation of the six priority areas and expansion of academic service delivery platform.

5.2.2 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

TABLE C&THS 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

STRATEGIC GOAL 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Programme Performance Indicators**	**Strategic Plan target**	**Means of verification /Data Source**	**Audited/ actual performance**			**Estimated targets**	**Medium term targets**		
				2010/11	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	Establishment of Functional Adverse Events Committee	Not in plan	Attendance register/ minutes	New indicator	New indicator	New indicator	New indicator	2	2	2

TABLE C&THS2: PERFORMANCE INDICATORS FOR TERTIARY HOSPITALS

Programme Performance Indicators	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Average Length of Stay	Quarterly	Days	5.5 days	5.4 days	5.6 days	5.4 days	5.3 days	5.3 days	5.3 days
2. Inpatient Bed Utilisation Rate	Quarterly	%	69.9%	73.5%	85.4%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)	Quarterly	R	R1,888	R2,566	R2,705	R2,850	R2,867	R3,221	R3,414
4. Complaint Resolution within 25 working days rate	Quarterly	%	100%	96%	85.4%	75%	80%	85%	90%
5. Mental health admission rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%
6. Patient Satisfaction Rate.	Annually	%	New indicator	70%	70.5%	80%	80%	85%	90%
7. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%

5.2.3 QUARTERLY TARGETS FOR TERTIARY AND CENTRAL HOSPITALS 2014/15

TABLE THS3: QUARTERLY TARGETS FOR TERTIARY HOSPITALS FOR 2014/15

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Average Length of Stay	5.3 days	5.3 days	5.3 days	5.3 days	5.3 days
2. Inpatient Bed Utilisation Rate	75%	75%	75%	75%	75%
3. Expenditure per patient day equivalent (PDE)	R2,867	R2 367	R3 367	R3 367	R2 367
4. Complaint Resolution within 25 working days rate	80%	90%	90%	90%	90%
5. Mental health admission rate	80%				80%
6. Patient Satisfaction Rate.	80%	80%	80%	80%	80%
7. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	100%	100%	100%	100%	100%
8. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	100%	100%	100%	100%	100%
9. Establishment of Functional Adverse Events Committee	2	2	2	2	2

5.3 CENTRAL HOSPITALS

No Central Hospital in the province

5.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE C&TH 7: EXPENDITURE ESTIMATES: CENTRAL AND TERTIARY SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Central Hospital Services	–	–	–	–	–	–	–	–	–
Provincial Tertiary Hospital Services	708 712	700 731	783 315	827 337	832 185	862 057	924 128	1 008 624	1 126 020
Total payments and estimates	**708 712**	**700 731**	**783 315**	**827 337**	**832 185**	**862 057**	**924 128**	**1 008 624**	**1 126 020**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**697 508**	**678 471**	**773 293**	**813 538**	**818 673**	**848 545**	**916 198**	**1 002 814**	**1 121 585**
Compensation of employees	444 836	466 755	534 738	610 140	610 140	610 140	654 147	735 817	787 741
Salaries and wages	393 856	396 742	481 264	543 416	543 416	546 764	579 010	652 922	700 559
Social contributions	50 980	70 013	53 474	66 724	66 724	63 376	75 137	82 895	87 182
Goods and services	252 662	211 716	238 552	203 398	208 533	238 405	262 051	266 997	333 844
Administrative fees	–	13	85	136	149	149	136	136	143
Advertising	–	27	3	–	–	–	–	–	–
Assets less than the capita	1 001	1 888	1 121	3 513	98	253	1 566	6 772	7 131
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	7	6	6	20	55	55	20	20	21
Communication (G&S)	3 057	4 274	3 291	3 232	2 303	3 870	2 385	2 574	2 794
Computer services	127	–	–	162	–	–	–	–	–
Consultants and professior	–	–	–	13	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	42 230	31 491	34 289	30 341	29 992	29 992	35 486	33 487	35 794
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Contractors	33 387	18 801	27 335	20 478	11 536	13 096	17 314	18 807	19 804
Agency and support / outs	13 997	20 224	16 374	20 659	15 433	14 364	10 959	11 937	12 570
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including go	2 008	2 601	3 240	1 516	2 520	4 194	3 625	3 714	3 911
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	385	385	100	100	105
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	7 609	8 407	8 203	8 034	12 616	17 616	15 013	14 084	14 830
Inventory: Fuel, oil and gas	2 283	1 118	1 143	2 557	1 455	1 678	2 957	3 557	3 093
Inventory: Learner and tea	–	7	–	–	–	–	–	–	–
Inventory: Materials and su	126	35	55	193	288	288	193	193	203
Inventory: Medical supplies	74 020	64 064	68 234	58 588	63 025	75 776	80 588	76 938	125 435
Inventory: Medicine	44 074	29 836	40 854	28 588	43 200	51 106	54 152	60 152	65 704
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	(5 363)	–	–	–	–
Consumable supplies	5 269	4 982	5 222	5 363	9 440	4 077	5 358	5 358	5 642
Consumable: Stationery,pr	2 034	2 081	1 914	2 189	1 738	1 738	2 189	2 189	2 305
Operating leases	5 067	3 924	3 227	4 078	3 180	3 180	4 078	4 078	4 294
Property payments	–	–	18 942	–	15 340	15 340	24 603	21 350	28 431
Transport provided: Depart	13 202	12 366	–	10 726	–	–	–	–	–
Travel and subsistence	1 671	2 068	1 337	–	1 054	1 054	1 000	1 200	1 264
Training and development	5	212	565	1 583	–	–	–	–	–
Operating payments	1 488	3 290	3 110	27	87	192	329	351	370
Venues and facilities	–	1	–	1 402	2	2	–	–	–
Rental and hiring	–	–	2	–	–	–	–	–	–
Interest and rent on land	10	–	3	–	–	–	–	–	–
Interest (Incl. interest on financ	10	–	3	–	–	–	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**720**	**632**	**1 161**	**799**	**822**	**822**	**930**	**971**	**1 022**
Provinces and municipalities	–	–	7	–	13	24	40	40	42
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	–	7	–	13	24	40	40	42
Municipal bank accounts	–	–	7	–	13	24	40	40	42
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	27	–	10	10	40	40	42
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	27	–	10	10	40	40	42
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private er	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public cor	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private er	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	720	632	1 127	799	799	788	850	891	938
Social benefits	720	632	1 127	799	799	788	850	891	938
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**10 484**	**21 628**	**8 861**	**13 000**	**12 690**	**12 690**	**19 000**	**16 839**	**15 413**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	10 484	21 628	8 861	13 000	12 690	12 690	19 000	16 839	15 413
Transport equipment	2 003	–	–	–	–	–	3 000	3 000	4 000
Other machinery and equipme	8 481	21 628	8 861	13 000	12 690	12 690	16 000	13 839	11 413
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**708 712**	**700 731**	**783 315**	**827 337**	**832 185**	**862 057**	**936 128**	**1 020 624**	**1 138 020**

5.5 PERFORMANCE AND EXPENDITURE TRENDS

Programme 5: Central and Tertiary Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget increase of 7 per cent in 2013/14 financial year. The programme provides tertiary services to patients and includes the National Tertiary Services Grant which shares between the two facilities. This programme receives 10 per cent of the allocated budget for 2014/15 financial year.

The department is transfers patients to which require a service which we do not render to private hospital, the National tertiary services grant allocation has had a healthy growth to assist the department to render tertiary services and decrease the transfers which are very high, also extension of wards, construction of the new staff accommodation at Rob Ferreria has put the programme's funds under tremendous pressure thus prompting an addition of funds. The department is determined to transform the central hospital service to rendering tertiary health services which will result in realizing savings from private hospital transfers.

5.6 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 recruitment and retention strategy for scarce skills. • Provincial tender for medical equipment and consumables • Strengthen relationships with academic institutions.
Clinical adverse events	• Increase outreach programmes. • Strengthening supervision by senior practitioners. • Conducting of clinical audits and peer reviews. • Monitoring of adherence to clinical

	protocols and guidelines.
Inadequate infection control measures	• Involvement of clinicians in infrastructure planning. • Training in infection and prevention control practices • Isolation wards
Poor health care waste (HCW) management	• Effective 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

Investing adequately in human resource is the ultimate recipe for achieving organisational goals which translate into the outcomes expected by our communities. Officials are expected to possess the right knowledge, skills and the correct attitudes for them to perform their duties well.

The Department continues to offer bursaries for students to study medicine in Cuba in an effort to augment the supply of doctors. In addition Clinical Associates are also trained in order to provide the necessary health care services. This is a direct response to the National Human Resource for Health Strategy. A plan is being implemented to fast track the training of registrars through the Health Professions Training and Development Grant. The increase in the number of specialists will go a long way in augmenting the number of clinical domains in the tertiary hospitals.

At present thirteen Clinical Learning sites have been established in some facilities as a means of promoting inter professional development and collaboration. A total of 152 students are on the Cuba Medical Training Programme. Training has been provided to 2 932 health professionals on critical clinical skills and 1441 health personnel in generic programmes in 2012/13. In order to counter the challenge of recounting same officials who attended different training programmes, an electronic training database system has been developed to give account of the number of officials trained on specific programmes.

The National Department of Health has embarked on a strategy to revitalize and expand on the nurse training colleges and schools. This is an important vehicle for increasing the production of nurses since the Mpumalanga College is limited to an accreditation of one hundred per intake.
The department will continue to prioritize the increase in the production of health professionals by forming collaborations with Higher Education Institutions and in particular the training of medical 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 HST 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HST

STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic Objective	**Performance Indicator**	**Strategic Plan target**	**Means of verification**	**Audited/ actual performance**			**Estimated performance**	**MTEF projection**		
				2010/11	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Improving Human Resources, Planning and Development.	1. Number of health professionals trained on critical clinical skills.	Train 7000 health professionals in all categories on critical clinical skills	Training Database	2722	4413	2932*	3000	2500	3000	3000

TABLE HST 2: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Programme Performance Indicator	Frequency of Reporting (Quarterly /Annual)	Indicator Type	Audited / actual performance			Estimate	MTEF projection		
			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
1. Basic professional nurse students graduating	Annual	No	381	526	422	380	450	480	500
2. Proportion of bursary holders permanently appointed	Annual	%	New Indicator	New Indicator	New Indicator	New Indicator	95%	95%	95%

6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2014/15

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
1. Basic professional nurse students graduating	450	-	450	-	-
2. Proportion of bursary holders permanently appointed	95%	-	-	-	95%
3. Number of health professionals trained on critical clinical skills.	2500	500	900	700	400

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST 4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Nurse Training Colleges	96 114	120 140	138 725	128 769	127 516	126 279	144 789	144 041	149 569
EMS Training Colleges	1 825	3 000	2 355	3 016	1 960	1 989	3 085	3 205	3 375
Bursaries	1 203	554	1 331	2 866	2 099	2 144	4 211	4 360	4 591
Primary Health Care Training	5 792	5 994	5 136	2 749	2 903	4 429	6 537	6 956	7 325
Training Other	88 971	92 204	94 063	114 634	121 363	121 334	114 426	109 878	115 702
Total payments and estimates	**193 905**	**221 892**	**241 610**	**252 034**	**255 841**	**256 175**	**273 048**	**268 440**	**280 561**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**193 740**	**206 881**	**223 515**	**235 066**	**212 746**	**213 080**	**252 310**	**245 226**	**258 224**
Compensation of employees	124 803	143 166	160 761	157 636	157 516	157 850	193 573	185 958	195 813
Salaries and wages	110 005	121 691	144 686	134 713	134 615	138 700	171 339	161 850	170 428
Social contributions	14 798	21 475	16 075	22 923	22 901	19 150	22 234	24 108	25 385
Goods and services	68 937	63 715	62 754	77 430	55 230	55 230	58 737	59 268	62 411
Administrative fees	2 703	364	1 236	432	1 622	1 612	1 432	1 442	1 517
Advertising	112	–	171	237	150	150	237	241	254
Assets less than the capita	–	996	119	757	12	125	–	–	–
Audit cost: External	551	–	–	–	–	–	–	–	–
Bursaries: Employees	15 996	349	2 790	826	1 800	1 800	1 326	1 352	1 424
Catering: Departmental act	9 463	1 272	358	473	696	839	204	204	214
Communication (G&S)	245	256	211	557	386	388	70	72	76
Computer services	48	–	–	–	–	–	–	–	–
Consultants and professior	504	2 520	2 345	2 449	847	802	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Consultants and professior	–	–	–	–	–	–	–	–	–
Contractors	308	245	5	738	60	62	(85)	–	–
Agency and support / outs	13 132	18 541	23 010	19 427	17 116	16 307	21 396	22 487	23 679
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including g	671	906	818	1 761	800	800	845	895	942
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	–	163	–	–	–
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	–	–	–	–	–	–	–	–	–
Inventory: Fuel, oil and gas	1	7	–	–	22	22	–	10	11
Inventory: Learner and teac	–	121	–	585	–	–	585	603	635
Inventory: Materials and su	–	–	–	–	10	10	–	–	–
Inventory: Medical supplies	–	–	–	–	–	–	–	–	–
Inventory: Medicine	–	–	2 191	–	–	–	–	–	–
Medsas inventory interface	–	–	704	–	–	–	–	–	–
Inventory: Other supplies	–	–	1 371	–	(2 694)	–	–	–	–
Consumable supplies	1 241	1 367	27	2 694	4 534	2 066	1 771	2 048	2 157
Consumable: Stationery,pr	401	715	264	256	526	526	144	256	270
Operating leases	521	1 666	6 770	529	1 000	300	325	340	358
Property payments	–	–	9	–	1 810	1 810	1 640	1 640	1 727
Transport provided: Depart	234	152	5	822	–	–	(0)	–	–
Travel and subsistence	15 028	19 426	11 420	6 428	12 311	13 996	18 350	17 108	18 015
Training and development	6 534	11 875	5 885	13 965	13 254	12 055	9 920	9 920	10 448
Operating payments	591	385	50	21 787	436	436	579	650	684
Venues and facilities	653	2 552	2 907	725	532	961	–	–	–
Rental and hiring	–	–	88	1 982	–	–	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Interest (Incl. interest on financ	–	–	–	–	–	–	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**155**	**14 194**	**18 006**	**16 368**	**42 975**	**42 975**	**18 138**	**20 845**	**21 949**
Provinces and municipalities	–	–	1	–	–	–	–	–	–
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	–	1	–	–	–	–	–	–
Municipal bank accounts	–	–	1	–	–	–	–	–	–
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	3 842	2	5 047	5 047	5 047	4 999	5 424	5 711
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	3 842	2	5 047	5 047	5 047	4 999	5 424	5 711
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private e	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public co	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private e	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	155	10 352	18 003	11 321	37 928	37 928	13 139	15 421	16 238
Social benefits	155	10 352	18 003	11 321	37 928	37 928	13 139	15 421	16 238
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**10**	**817**	**89**	**600**	**120**	**120**	**2 600**	**2 369**	**389**
Buildings and other fixed structure	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	10	817	89	600	120	120	2 600	2 369	389
Transport equipment	–	817	–	400	–	100	2 600	2 146	154
Other machinery and equipme	10	–	89	200	120	20	–	223	235
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**193 905**	**221 892**	**241 610**	**252 034**	**255 841**	**256 175**	**273 048**	**268 440**	**280 562**

6.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 6, Health Science & Training will increase by 6.58 percent from revised estimates of the 2013/14 financial year. 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
Unavailability of training facilities for the provision of health sciences training.	Collaborations with higher education institutions in other provinces.
Turnover of staff with critical skills.	Effective implementation of Recruitment and Retention Strategy should minimize staff turnover.
Increased cost of training	Implementing on-site mentoring and coaching
Breach of contract by bursary holders.	Enforcement of contractual compliance.
Training not linked to strategic priorities.	Ensuring that all training is linked to identified strategic priorities.

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 (**Pharmaceutical Depot, Policy Systems and Norms, Essential Medicine List (EML) and Programme Support and African Traditional Health Practices)
- **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 Services)

NEW DEVELOPMENTS/ UPDATES

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. 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.

Health Technology Services

Earmarked funding for Health Technology is provided for the appointment of Clinical engineering technicians. The department has appointed 4 technicians for the completed (4th) clinical engineering workshop in Themba Hospital.

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
- Establish an effective and efficient medical supply management system
- Develop an integrated traditional medicine system
- 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 TARGETS FOR 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**		
				2010/11	**2011 /12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
PHARMACEUTICAL SERVICES										
Overhauling the health care system by improving quality of care including the implementation of National Health Insurance.	1. % of EDL items available at the Pharmaceutical Depot.	95% availability of all pharma-ceuticals	EDL Items Lists	89%	85%	95%	95%	95%	95%	95%

TABLE HCSS 2: PERFORMANCE INDICATORS FOR HEALTH CARE SUPPORT SERVICES

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited / actual performance			Estimate	Medium term goals		
			2010/11	2011/12	2012/13	2013/14	2014 /15	2015/16	2016/17
No National indicator.									

7.3.1 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES 2014/15

TABLE HCSS 3: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2014/15

Programme Performance Indicator	Annual Target 2014/15	Quarterly Targets			
		Q1	Q2	Q3	Q4
% of EDL items available at the Medical Depot.	95%	95%	95%	95%	95%

7.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Laundries	13 591	22 767	22 421	32 349	28 799	28 738	25 248	27 680	29 147
Engineering	8 980	11 962	14 356	20 038	18 174	18 174	22 508	21 469	72 607
Forensic Services	46 016	52 780	51 092	53 717	50 924	50 957	55 820	58 875	61 995
Orthotic and Prosthetic Services	1 508	4 382	2 292	5 897	5 835	5 835	6 110	5 446	5 735
Medicine Trading Account	10 664	25 472	7 300	9 582	9 080	9 108	10 460	11 052	11 638
Total payments and estimates	**80 759**	**117 363**	**97 461**	**121 583**	**112 812**	**112 812**	**120 146**	**124 522**	**181 122**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**67 943**	**100 567**	**94 263**	**110 821**	**105 650**	**105 650**	**114 190**	**118 307**	**124 577**
Compensation of employees	37 698	49 182	60 018	70 134	70 234	70 234	73 714	78 455	82 614
Salaries and wages	32 902	41 809	55 136	61 735	61 871	65 385	64 217	68 282	71 902
Social contributions	4 796	7 373	4 882	8 399	8 363	4 849	9 497	10 173	10 712
Goods and services	29 910	51 385	34 245	40 687	35 416	35 416	40 476	39 852	41 963
Administrative fees	19	57	120	15	271	276	129	129	137
Advertising	87	–	–	–	–	–	–	–	–
Assets less than the capita	160	849	840	1 774	47	47	138	114	120
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	89	36	85	45	156	66	2	2	2
Communication (G&S)	1 039	1 141	1 340	1 155	688	1 212	1 251	1 265	1 331
Computer services	–	107	–	121	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Contractors	7 837	5 803	5 947	12 687	11 141	10 859	14 906	13 172	13 869
Agency and support / outs	–	48	334	–	100	100	–	–	–
Entertainment	–	–	4	–	–	–	–	–	–
Fleet services (including go	1 952	3 232	3 564	4 000	3 334	3 334	3 838	4 053	4 268
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	8	1	–	–	–
Inventory: Farming supplie	–	–	–	–	–	8	–	–	–
Inventory: Food and food s	–	–	–	68	–	–	–	–	–
Inventory: Fuel, oil and gas	–	–	594	2	2	2	–	–	–
Inventory: Learner and tea	–	–	–	–	–	–	–	–	–
Inventory: Materials and su	1 917	586	2 250	133	1 609	1 848	1 784	1 794	1 889
Inventory: Medical supplies	2 621	25 093	3 761	5 701	6 679	7 129	6 895	7 145	7 042
Inventory: Medicine	–	2	–	–	30	30	–	–	–
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	(3 951)	–	–	–	–
Consumable supplies	4 764	6 159	6 089	3 951	7 121	2 522	2 454	1 871	1 970
Consumable: Stationery,pr	447	520	524	1 009	658	571	859	869	915
Operating leases	1 433	630	691	1 588	1 244	1 128	1 191	1 286	1 354
Property payments	–	–	5 396	–	2 552	2 552	2 517	4 517	4 757
Transport provided: Depart	1 577	1 528	726	736	512	581	603	660	695
Travel and subsistence	3 020	4 110	1 783	1 893	3 034	2 938	3 623	2 670	3 292
Training and development	2 366	646	76	3 152	43	41	138	166	175
Operating payments	–	254	111	2 247	138	126	117	108	114
Venues and facilities	582	584	10	171	–	45	31	31	33
Rental and hiring	–	–	–	239	–	–	–	–	–
Interest and rent on land	335	–	–	–	–	–	–	–	–
Interest (Incl. interest on financ	335	–	–	–	–	–	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**17**	**38**	**43**	**148**	**148**	**148**	**207**	**215**	**227**
Provinces and municipalities	–	–	16	–	–	34	50	50	53
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fur	–	–	–	–	–	–	–	–	–
Municipalities	–	–	16	–	–	34	50	50	53
Municipal bank accounts	–	–	16	–	–	34	50	50	53
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	–	–	–	–	–	–	–
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private e	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public co	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private e	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	17	38	27	148	148	114	157	165	174
Social benefits	17	38	27	148	148	114	157	165	174
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**12 799**	**16 758**	**3 155**	**10 614**	**7 014**	**7 014**	**5 749**	**6 000**	**56 318**
Buildings and other fixed structure	10 955	6 303	–	–	–	–	–	–	–
Buildings	10 955	6 303	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	1 844	10 455	3 155	10 614	7 014	7 014	5 749	6 000	56 318
Transport equipment	570	–	–	–	–	–	–	–	–
Other machinery and equipme	1 274	10 455	3 155	10 614	7 014	7 014	5 749	6 000	56 318
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**80 759**	**117 363**	**97 461**	**121 583**	**112 812**	**112 812**	**120 146**	**124 522**	**181 122**

7.5 PERFORMANCE AND EXPENDITURE TRENDS

Programme 7: Health Care Support Services will increase by 7 per cent during the 2014/15 to due to accelerated spending on orthotic and prosthetic services in the province.

This programme is a conglomerate of a number of diverse programmes designed and meant to achieve 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.

7.6 RISK MANAGEMENT

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RISKS	MITIGATING FACTORS
Unavailability of pharmaceuticals and surgical in the Province	• Strengthen the PTCs. • Monitor adherence to delivery schedules. • Drug supply management workshops.

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

In line with the CSIR report, the Department needs to shift the emphasis from construction of new facilities to maintenance of existing health facilities. The maintenance referred to here, pertains to all health facilities with special attention to the Gert Sibande District since it is the pilot district for National Health Insurance. Attention will also be given to hospitals in all three districts especially where there are asbestos structures. Due to the importance of the retention of the health professionals, priority will also be given to the building of accommodation in all health facilities.

Another development to be highlighted is the inclusion of DoRA funded Technical skilled personnel posts in line with the National Department of Health directive. This will enhance the delivery of infrastructure in the province. The Project Management Information System (PMIS) which is being monitored by the National Department of Health will result in improved reporting.

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.
A budget has been allocated to maintain all 33 hospitals in this financial year. The department has prioritised to maintained 60/279 PHC facilities in this financial year and the number of facilities will be increased in the outer years.

8.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HFM

TABLE HFM 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT

STRATEGIC GOAL 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	Programme Performance Indicator	Strategic Plan Target	Means of Verification /Data Source	Audited / actual performance			Estimate	Medium term goals		
				2010/11	2011/12	2012/13	2013/14	2014 /15	2015/16	2016/17
Strengthening the revitalisation and maintenance of health infrastructure.	Number of PHC facilities maintained	Not in plan	In-Year Monitoring	New Indicator	New Indicator	New Indicator	New Indicator	60/279	150/279	New Indicator
	Number of Hospitals under upgrading and renovation	Not in plan	Capital register	New Indicator	New Indicator	New Indicator	New Indicator	33	33	New Indicator

TABLE HFM2: PERFORMANCE INDICATORS FOR HEALTH FACILITIES MANAGEMENT

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited / actual performance			Estimate	Medium term goals		
			2010/11	2011/12	2012/13	2013/14	2014 /15	2015/16	2016/17
1. Proportion of Programme 8 budget spent on maintenance (preventative and scheduled)	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	25%	25%	25%
2. Number of districts spending more than 90% of maintenance budget	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator	3	3	3

8.4 QUARTERLY TARGETS FOR HFM 2014/15

TABLE HFM3: QUARTERLY TARGETS FOR HEALTH FACILITES MANAGEMENT FOR 2014/15

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2014/15	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
1. Proportion of Programme 8 budget spent on maintenance (preventative and scheduled)	25%	25%	25%	25%	25%
2. Number of districts spending more than 90% of maintenance budget	3	3	3	3	3
1. Number of PHC facilities maintained	60/279				60/279
2. Number of Hospitals under upgrading and renovation	33				33

8.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Community Health Facilities	152 109	202 376	218 682	269 070	305 676	305 676	391 147	430 802	524 697
Emergency Medical Rescue Servic	–	–	–	–	–	–	–	–	–
District Hospital Services	90 287	132 738	114 393	58 509	58 509	58 509	78 509	53 442	–
Provincial Hospital Services	298 753	296 909	240 821	225 000	247 712	247 712	265 107	224 500	–
Central Hospital Services	–	–	–	–	–	–	–	–	–
Other Facilities	–	–	5 391	–	212	212	–	–	–
Total payments and estimates	**541 149**	**632 023**	**579 287**	**552 579**	**612 109**	**612 109**	**734 763**	**708 744**	**524 697**

Summary of Provincial Expenditure Estimates by Economic Classification

R thousand	Outcome 2010/11	Outcome 2011/12	Outcome 2012/13	Main appropriation 2013/14	Adjusted appropriation 2013/14	Revised estimate 2013/14	Medium-term estimates 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17
Current payments	**52 250**	**47 294**	**23 294**	**89 121**	**51 604**	**51 604**	**243 888**	**250 768**	**122 558**
Compensation of employees	4 824	5 350	5 902	36 809	8 709	8 709	24 174	26 634	4 827
Salaries and wages	4 248	4 547	5 311	35 991	7 891	8 709	21 043	23 117	4 441
Social contributions	576	803	591	818	818	–	3 131	3 517	386
Goods and services	47 426	41 415	17 392	52 312	42 895	42 895	219 714	224 134	117 731
Administrative fees	–	52	56	111	92	92	115	123	66
Advertising	–	–	–	–	–	–	–	–	–
Assets less than the capita	1 492	3 545	3 798	2 629	1 337	1 337	2 659	3 888	–
Audit cost: External	–	–	–	–	–	–	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental act	11	55	63	110	58	58	110	115	–
Communication (G&S)	26	26	634	243	50	50	244	258	16
Computer services	2 928	–	–	–	–	–	–	–	–
Consultants and profession	–	224	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	130	130	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	–	–	–	–	–	–	–
Consultants and profession	–	–	1 090	–	–	–	–	–	–
Contractors	8 829	–	–	–	5 100	5 100	–	–	–
Agency and support / outs	19 362	3 023	–	4 858	3 150	3 150	8 121	5 076	–
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including g	–	–	–	–	–	–	–	–	–
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing materia	–	–	–	–	–	–	–	–	–
Inventory: Farming supplie	–	–	–	–	–	–	–	–	–
Inventory: Food and food s	–	–	–	–	–	–	–	–	–
Inventory: Fuel, oil and gas	–	–	1	–	–	–	–	–	–
Inventory: Learner and tea	–	–	–	–	80	80	–	–	–
Inventory: Materials and su	23	–	–	–	–	–	–	–	–
Inventory: Medical supplies	–	370	–	350	–	–	350	366	–
Inventory: Medicine	–	–	32	–	–	–	–	–	–
Medsas inventory interface	–	–	–	–	1 270	1 270	–	–	–
Inventory: Other supplies	–	–	–	–	(290)	–	–	–	–
Consumable supplies	143	201	130	290	390	100	290	303	–
Consumable: Stationery,pr	35	41	5	124	40	40	131	137	144
Operating leases	9 714	–	–	–	–	–	–	–	–
Property payments	–	19 915	8 824	33 882	27 291	27 291	148 122	205 559	116 359
Transport provided: Depart	322	311	1	200	–	–	49 482	210	–
Travel and subsistence	2 075	10 109	2 474	6 117	3 897	3 897	5 402	4 430	579
Training and development	2 052	3 241	215	1 990	–	–	3 250	2 156	–
Operating payments	47	74	52	1 033	50	50	1 040	1 097	129
Venues and facilities	367	228	17	375	250	250	398	416	438
Rental and hiring	–	–	–	–	–	–	–	–	–
Interest and rent on land	–	529	–	–	–	–	–	–	–
Interest (Incl. interest on financ	–	529	–	–	–	–	–	–	–
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**–**	**–**	**18**	**–**	**–**	**–**	**–**	**–**	**–**
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Provinces	–	–	–	–	–	–	–	–	–
Provincial Revenue Funds	–	–	–	–	–	–	–	–	–
Provincial agencies and fu	–	–	–	–	–	–	–	–	–
Municipalities	–	–	–	–	–	–	–	–	–
Municipal bank accounts	–	–	–	–	–	–	–	–	–
Municipal agencies and fun	–	–	–	–	–	–	–	–	–
Departmental agencies and accou	–	–	–	–	–	–	–	–	–
Social security funds	–	–	–	–	–	–	–	–	–
Departmental agencies (non-bu	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and interna	–	–	–	–	–	–	–	–	–
Public corporations and private e	–	–	–	–	–	–	–	–	–
Public corporations	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to public co	–	–	–	–	–	–	–	–	–
Private enterprises	–	–	–	–	–	–	–	–	–
Subsidies on products and	–	–	–	–	–	–	–	–	–
Other transfers to private e	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	–	–	18	–	–	–	–	–	–
Social benefits	–	–	18	–	–	–	–	–	–
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	**488 899**	**584 729**	**555 975**	**463 458**	**560 505**	**560 505**	**420 874**	**383 964**	**325 136**
Buildings and other fixed structur	460 997	521 749	515 937	416 803	496 538	496 538	384 989	326 303	318 502
Buildings	460 997	521 749	515 937	416 803	496 538	496 538	384 989	326 303	318 502
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	27 902	62 980	40 038	46 655	63 967	63 967	35 885	57 661	6 634
Transport equipment	–	–	–	–	–	–	–	–	–
Other machinery and equipme	27 902	62 980	40 038	46 655	63 967	63 967	35 885	57 661	6 634
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible ass	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Pr	**541 149**	**632 023**	**579 287**	**552 579**	**612 109**	**612 109**	**664 762**	**634 732**	**447 694**

8.6 PERFORMANCE AND EXPENDITURE TRENDS

Health Facilities Management (Programme 8) has a growth of 5.66 percent in the 2013/14 financial year which is below the prescribed growth due to the substantial decrease in the conditional grants.

A new Conditional Grant has been established in 2013/14 financial year and the grant has been created through the merger of three previous grants: the health infrastructure grant, the hospital revitalization 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 Revitalization component).

Maintenance of farcicalities has been prioritized in the budget due to the dilapidated state of our facilities an estimate of R60 million has been spent on rehabilitation, refurbishment, maintaining and repair of the institutions with a farther R317 million budgeted for the 2014/15 financial year indicating the departments commitment to improving the quality of facilities provided to the community to ensure quality health care services to all who need it.

8.7 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Inadequate budget	• Development and costing of Provincial Infrastructure Master Plan. • Development and costing of Provincial Maintenance Master Plan. • Development of Infrastructure Implementation policy.
Inadequate facilities management skills and capacity	• Appointment of resident engineers as recommended by NDOH. • Reinforcement of the Infrastructure unit by recruiting skilled personnel
Cost over-runs on projects	• 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.
Infrastructure conditional grants under-spending	• Appointment of resident engineers. • Filling of vacant funded posts. • Reinforcement of the Infrastructure unit by recruiting skilled personnel

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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			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
					2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1	New and replacement assets (R'thousand)												
1.1	Wakkerstroom CHC	8	Pixley Ka Seme	Construction of new CHC & accommodation unit	0	14 000	8 000	1 100	0	1 100	4 465	0	0
1.2	Mashishing CHC	8	Thaba-Chweu	Construction of new CHC & accommodation unit	0	14 000	8 000	825	0	825	0	0	0
1.3	Tekwane CHC	8	Mbombela	Construction of new CHC & accommodation unit	0	14 000	8 000	1 060	0	1 060	0	0	0
1.4	Hluvukani CHC	8	Bushbuckridge	Construction of new CHC & accommodation unit	0	14 000	8 000	1 245	0	1 245	2 003	0	0
1.5	Moloto EMS	8	Thembisile	Construction of new EMS Station	0	12 500	7 000	0	0	0	1 604	0	0
1.6	Greenside Clinic	8	Dr JS Moroka	Construction of new CHC & 2x2 accommodation units	0	20 000	5 000	1 145	0	1 145	1 390	0	0
1.7	Ntunda CHC	8	Nkomazi	Construction of pnew CHC and accommodation	0	5 000	500	20 000	0	20 000	7 552	0	0
1.8	Tweefontein G Clinic	8	Thembisile	Construction of new CHC & 2x2 accommodation units	0	20 000	13 000	1 327	0	1 327	900	0	0
1.9	Phola Park CHC - Ward 14	8	Mkhondo	Construction of new CHC & 2x2 accommodation units	0	20 000	13 000	1 150	0	1 150	0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000 MAIN APPROPRIATION	R'000 ADJUSTED APPROPRIATION	R'000 REVISED ESTIMATE	2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
					2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1.10	Sinqobile Clinic	8	Pixley kaSeme	Construction of new CHC & 2x2 accommodation units	0	20 000	0	1 274	0	1 274	9 364	0	0
1.11	Mbhejeka Clinic	8	Albert Luthuli	Construction of new CHC & 2x2 accommodation units	0	0	20 000	13 000	0	13 000	4 818	0	0
1.12	Tertiary Hospital	8	Mbombela	Purchase of land for New Tertiary Hospital	0	15 000	0	0	0	NDOH Budget	0	0	0
1.13	Naas CHC	8	Nkomazi	Construction of new CHC & 2x2 accommodation units	0	0	0	0	0	10 000	16 249	0	0
Total new and replacement assets					**0**	**168 500**	**90 500**	**42 126**	**0**	**52 126**	**48 345**	**0**	**0**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000 MAIN APPROPRIATION	R'000 ADJUSTED APPROPRIATION	R'000 REVISED ESTIMATE	2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
2.	**Upgrades and Additions**												
2.1	Belfast Hospital	8	Emakhazeni	Upgrade OPD, Casualty, and construction of Pharmacy.	0	19 000	23 103	15 000	0	12 000	2 434	0	0
2.2	Kwa Mhlanga Hospital	8	Thembisile	Phase 3A, Construction of ICU, Casualty and additions to existing theatre block	0	0	25 000	19 303	0	19 303	8 256	0	0
2.3	Mapulaneng	8	Bushbuckridge	Renovations and addition	0	10 456	10 456	2 000	0	1 000	2 245	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGE T R'000
								MAIN APPRO PRIATIO N	ADJUSTE D APPRO PRIATIO N	REVISED ESTIMAT E			
	Hospital			of ward, construction of helipad Identification of a site for a new hospital									
2.4	Piet Retief Hospital	8	Mkhondo	Construction of M2 Mortuary	0	0	15 000	6 000	0	6 000	8 034	0	0
2.5	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	10 000	0	0	0	7 712	10 000
2.6	Bethal Hospital	8	Govan Mbeki	Installation of new boiler	0	0	0	0	0		9 807	9807	0
2.7	Sabie Hospital	8	Thaba-Chweu	Removal of asbestos and construction of maternity	0	0	0	4 217	0	4 217	0	24 382	44 311
2.8	Standerton Hospital	8	Lekwa	Completion of a new uncompleted structure	0	0	0	3500	0	3 500	9 826	0	0
2.9	Matibidi Hospital	8	Thaba-Chweu	Construction of Admin block and 10x3 accommodation unit	0		10 000	0	0	0	0	0	0
2.10	Elsie Ballot Hospital	8	Pixley Ka Seme	Construction of ne CHC with accommodation	0	0	0	0	0	0	4 427	0	0
2.11	Mpumalanga Nursing college	8	Mbombela	Construction of palisade fencing	0	0	2 000	0	0		0	0	0
2.12	Swallows Nest clinic	8	Albert Luthuli	Construction of 2x2 accommodation units	0	0	1 800	400	0	400	100	0	0
2.14	Wonderfontein clinic	8	Emakhazeni	Construction of 2x2 accommodation units	0	0	1 800	1 212	0	1 212	1 856	0	0
2.15	Mthimba clinic	8	Mbombela	Construction of 2x2 accommodation units	0	0	1 800	400	0	400	100	0	0
2.16	Evander Hospital	8	Govan Mbeki	Completion of Medico Legal Laboratory	0	0	4 500	1 680	0	1 680	4 253	0	0
2.17	Sulphursprings	8	Mkhondo	Construction of new CHC	0	0	0	0	0	0	0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
	Clinic (planning)			and 2x2 accommodation units									
2.18	Middelplaas Clinic(planning)	8	Nkomazi	Construction of new CHC and 2x2 accommodation units	0	0	0	0	0	0	0	0	0
2.19	Pankop CHC (planning)	8	Dr J.S Moroka	Construction of new CHC and 2x2 accommodation units	0	0	0	0	0	0	1 079	0	0
2.20	Oakley clinic (planning)	8	Bushbuckridge	Construction of new CHC and 2x2 accommodation units	0	0	10 000	0	0	0	0	0	0
2.21	Makoko clinic (planning	8	Mbombela	Construction of new CHC and 2x2 accommodation units	0	0	10 000	0	0	0	0	0	0
2.22	Lefisoane clinic (planning)	8	Dr J.S. Moroka	Construction of new CHC and 2x2 accommodation units	0	0	950	0	0	0	0	0	0
2.23	Mmametlhake hospital	8	Dr JS Moroka	Upgrading and Additions of wards	0	0	60 000	0	64 000	64 000	0	50 000	107 045
2.24	Rob Ferreira Hospital	8	Mbombela	Revitalization of Hospital	0	0	133 967	0	100 000	100 000	0	0	0
2.25		8	Mbombela	Phase 4D, Renovation of ward 9,10,11, paediatric ward, rehabilitation centre	0	0	0	0	0	0	1 500	0	0
2.26		8	Mbombela	Phase 4E Part 1, Staff Residense and accommodation	0	0	0	0	0	0	7 010	0	0
2.27		8	Mbombela	Phase 3	0	0	0	0	0	0	40	0	0
2.28		8	Mbombela	Phase 4 Medical Gas Plant	0	0	0	0	0	0	3 800	0	0
2.29	Rob Ferreira Hospital	8	Mbombela	Phase 4 B, construction of trauma ward, day ward, private ward and	0	0	0	0	0	0	4 336	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
				administration offices and helipad									
2.30		8	Mbombela	Phase 4C, upgrading of corridors, new doctor's room, matron's office, kit room and corpse room	0	0	0	0	0	0	6 066	0	0
2.31	Themba Hospital	8	Mbombela	THEMBA HOSPITAL: Renovation of X-Rays and other wards(grant funding)	0	0	0	0	0	0	32 507	11 549	0
2.32		8	Mbombela	THEMBA HOSPITAL: Construction of CE workshop and new general wards - Final Account	0	0	0	0	0	0	3 820	0	0
2.33		8	Mbombela	THEMBA HOSPITAL: Construction of Doctors Accommodation 1 & 2 Bed Flats - Final Account	0	0	0	0	0	0	311	0	0
2.34		8	Mbombela	THEMBA HOSPITAL: Construction of new maternity ward	0	0	0	0	0	0	6 328	24 038	0
2.35		8	Mbombela	THEMBA HOSPITAL: Construction of new resource centre	0	0	0	0	0	0	6 328	10 174	0
2.36		8	Mbombela	THEMBA HOSPITAL: Renovation of X-Rays and other wards(equitable share funding)	0	0	0	0	0	0	255	28 384	6 912
2.37		8	Mbombela	THEMBA HOSPITAL: Renovations and upgrading of children's wards, ICU/high care, trauma unit/casualty - Final Account	0	0	0	0	0	0	703	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
2.38	Ermelo Hospital Sesifuba TB Hospital	8	Msukaligwa	Revitalization of Hospital (including Sesifuba TB Hospital)	0	0	62 611		29 850	0	0	0	0
2.39		8	Msukaligwa	ERMELO HOSPITAL: Construction of a Orthopaedic workshop	0	0	0	0	0	0	17 898	0	0
2.40		8	Msukaligwa	ERMELO HOSPITAL: Health Support Block	0	0	0	0	0	0	758	0	0
2.41		8	Msukaligwa	ERMELO HOSPITAL: Medico Laboratory	0	0	0	0	0	0	576	0	0
2.42		8	Msukaligwa	ERMELO HOSPITAL: OPD Casualty, Theatre	0	0	0	0	0	0	349	0	0
2.43		8	Msukaligwa	ERMELO HOSPITAL: Renovation of male, female and ophthalmic surgical wards	0	0	0	0	0	0	11 505	9 969	0
2.44		8	Msukaligwa	ERMELO HOSPITAL: Repairs of Pharmacy defects, walkways and corridors	0	0	0	0	0	0	4 198	0	0
2.45		8	Msukaligwa	ERMELO HOSPITAL: Repairs to admin building	0	0	0	0	0	0	1 431	0	0
2.46		8	Msukaligwa	ERMELO HOSPITAL: Upgrading of underground sewer pipes - Final Account	0	0	0	0	0	0	753	0	0
2.47		8	Msukaligwa	ERMELO HOSPITAL: water final account	0	0	0	0	0	0	98	0	0
2.48		8	Msukaligwa	ERMELO HOSPITAL: Construction of new resource centre	0	0	0	0	0	0	3 452	19 154	13 904

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
2.49		8	Msukaligwa	ERMELO HOSPITAL: Construction of new stores, linen room and demolition of old hospital	0	0	0	0	0	0	18 301	0	0
2.50	Lydenburg Hospital	8	Thaba Chweu	Revitalization of Hospital	0	0	1 000	0	1 000	0	0	0	0
2.51	Tintswalo Hospital	8	Bushbuckridge	Revitalization of Hospital	0	0	0	5 000	0	0	0	0	0
2.52	KwaMhlanga Hospital	8	Thembisile	Revitalization of Hospital	0	0	0	0	0	0	0	0	0
2.53	Barberton Hospital Barberton TB Hospital	8	Umjindi	Revitalization of Hospital Planning and identification of Barberton TB Hospital site	0	0	0	500	0	500	0	0	0
2.54	Shongwe Hospital	8	Nkomazi	Stabilization of Wards	0	0	0	33 000	0	2 000	0	0	0
2.55	Evander Hospital	8	Govan Mbeki	Renovation of roof and kitchen	0	0	0	0	0	0	1 141		0
2.56	Delmas Hospital	8	Victor Khanye	Construction of Maternity linen room and waste management area	0	0	0	0	0	0	2 000	5 342	0
2.57	Delmas Hospital	8	Victor Khanye	Storm damage repairs	0	0	0	0	0	0	884	672	0
2.58	Impungwe Hospital:	**8**	Emalahleni	Bulk sewer, water and electricity	0	0	0	0	0	0	16 108	0	0
2.59	KwaMhlanga Hospital	8	Thembisile Hani	Erection of Palisade fencing	0	0	0	0	0	0	1 100	0	0
2.60	Mammetlake Hospital	**8**	Dr JS Moroka	Bulk services	0	0	0	0	0	0	2 128	0	0
2.61	Witbank Hospital :	8	Emalahleni	Demolitions of existing building and construction of Neo-Natal and	0	0	0	0	0	0	8 673	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000 MAIN APPROPRIATION	R'000 ADJUSTED APPROPRIATION	R'000 REVISED ESTIMATE	2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
				Kangaroo unit and renovation of old									
2.62	Carolina Hospital:	8	Msukaligwa	Construction of Admin block, OPD, Peadiatric ward and extension of theatre	0	0	0	0	0	0	14 727	0	0
Total upgrades and additions					**0**	**29 456**	**383 987**	**102 212**	**194850**	**216 212**	**231 501**	**201 183**	**182 172**
3.	**Purchase of equipment**												
3.1	Purchase of equipment	8	All Districts	Equipment/furniture: New facilities (HIG)	0	9 517	20 259	21 726	0	6 385	6 385	6 384	0
3.2	Purchase of equipment	8	All Districts	Purchase of equipment (ES)	0	18 000	10 088	6 000	0	6 000	6 000	6 300	0
3.3	Purchase of equipment	8	All Districts	Equipment/furniture: New facilities (HRP)	0	0	0	0	0	0	23 500	44 976	0
Total Purchase of Equipment					**0**	**27 517**	**30 347**	**27 726**	**0**	**12 385**	**35 885**	**57660**	**0**
4.	**Rehabilitation, Refurbishment, Repairs**												
4.1	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	MAINTENANCE: General Maintenance of Facilities in the NHI District-Gert Sibande	0	0	0	0	0	0	4 110	0	0
4.2	Rehabilitation, Refurbishment, Repairs	8	Ehlanzeni	Repairs Various Facilities	0	0	0	0	0	0	16 185	7 336	53 651
4.3	Rehabilitation, Refurbishment, Repairs	8	Nkangala	Repairs Various Facilities	0	0	0	0	0	0	3 143	193	15 608
4.4	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	Repairs Various Facilities	0	0	0	0	0	0	4 501	12 749	24 041
4.5	Rehabilitation, Refurbishment,	8	Ehlanzeni	Repairs Various Facilities	0	0	0	0	0	0	14 500	17 550	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2014/15 BUDGET R'000	2015/16 BUDGET R'000	2016/17 BUDGET R'000
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
	Repairs												
4.6	Rehabilitation, Refurbishment, Repairs	8	Ehlanzeni	Repairs Various Facilities	0	0	0	0	0	0	15 343	28 939	0
4.7	Rehabilitation, Refurbishment, Repairs	8	Nkangala	Repairs Various Facilities	0	0	0	0	0	0	16 919	0	0
4.8	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	Repairs Various Facilities	0	0	0	0	0	0	17 221	15 575	0
4.9	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	EPWP Projects	0	0	0	0	0	0	2723	0	0
Total Repairs, rehabilitation and refurbishment					**0**	**0**	**0**	**0**	**0**	**0**	**94 645**	**82 342**	**93 300**
5.	**Maintenance**												
3.1	Maintenance	8	Ehlanzeni	Maintenance Various Facilities		31 993	10 088	10 322		10 322	108 568	96 237	64 795
3.2	Maintenance	8	Gert Sibande	Maintenance Various Facilities	0	0	0	0	0	0	49 937	39 071	38 437
3.3	Maintenance	8	Gert Sibande	Maintenance Various Facilities	0	0	0	0	0	0	14 500	44 514	0
3.4	Maintenance	8	Nkangala	Maintenance Various Facilities	0	0	0	0	0	0	48 599	0	0
Total Maintenance					**0**	**31 993**	**10 088**	**10 322**	**0**	**10 322**	**221 604**	**179 822**	**103 232**
Grand Total											**640 420**	**534 027**	**341 842**

Maintenance Allocations for Hospitals

Ehlanzeni District

LOCAL MUNICIPALITY	ASSET DESCRIPTION (General facility name)	TOTAL ALLOCATED (2014/ 2015) R'000	Infrastructure Life Saving Equipment, Including Kitchen and Laundry	Building Maintenance	Medical Equipment/HT
Umjindi	BARBERTON HOSPITAL	8 442	796	7 032	614
Umjindi	BARBETON TB HOSPITAL	189	0	179	10
Mbombela	BONGANI TB SPECIALISED HOSPITAL	723	193	519	10
Thaba Chweu	LYDENBURG HOSPITAL	2 482	592	1 445	446
Thaba Chweu	MATIBIDI HOSPITAL	9 418	225	9 066	127
Bushbuckridge	MATIKWANA HOSPITAL	94	0	94	0
Thaba Chweu	SABIE HOSPITAL	2 395	599	1 430	366
Nkomazi	SHONGWE HOSPITAL	6 428	831	4 911	686
Bushbuckridge	TINTSWALO HOSPITAL	6 203	720	4 982	501
Nkomazi	TONGA HOSPITAL	4 037	843	3 042	153
Bushbuckridge	MAPULANENG HOSPITAL	7 084	808	5 457	819
Mbombela	ROB FERREIRA HOSPITAL	16 257	2 079	11 101	3 077
Mbombela	THEMBA HOSPITAL	15 892	1 146	13 675	1 071

Gert Sibande District

LOCAL MUNICIPALITY	ASSET DESCRIPTION (General facility name)	TOTAL ALLOCATED (2014/ 2015) R'000	Infrastructure Life Saving Equipment, Including Kitchen and Laundry	Building Maintenance	Medical Equipment/HT
Albert Luthuli	CAROLINA HOSPITAL	2 811	501	2 072	239
Albert Luthuli	EMBULENI HOSPITAL	4 253	807	2 801	646
Pixley Ka Seme	AMAJUBA MEMORIAL HOSPITAL	2 879	219	2 350	310
Govan Mbeki	BETHAL DISTRICT HOSPITAL	6 400	748	5 276	376
Govan Mbeki	EVANDER HOSPITAL	4 766	238	3 685	842
Lekwa	STANDERTON HOSPITAL	6 341	873	4 895	573
Lekwa	STANDERTON TB SPECIALISED HOSPITAL	189	0	179	10
Mkhondo	PIET RETIEF HOSPITAL	7 213	789	5 546	878
Msukaligwa	ERMELO HOSPITAL	6 741	992	5 011	738
Pixley Ka Seme	ELSIE BALLOT HOSPITAL	559	102	291	166
Msukaligwa	SESIFUBA TB HOSPITAL	341	0	341	0

Nkangala District

LOCAL MUNICIPALITY	ASSET DESCRIPTION (General facility name)	TOTAL ALLOCATED (2014/ 2015) R'000	Infrastructure Life Saving Equipment, Including Kitchen and Laundry	Building Maintenance	Medical Equipment/HT
Dr JS Moroka	MMAMETLHAKE COMMUNITY HOSPITAL	2 887	232	2 392	263
Emalahleni	IMPUNGWE HOSPITAL	2 336	255	1 999	82
Emalahleni	WITBANK HOSPITAL	10 609	1 106	7 047	2 456
Emakhazeni	H A GROOVE HOSPITAL/BELFAST	739	132	509	98
Emakhazeni	WATERVAL BOVEN HOSPITAL	539	138	230	171
Steve Tshwete	MIDDELBURG HOSPITAL	9 341	1 098	7 263	980
Thembisile Hani	KWAMHLANGA HOSPITAL	2 492	207	1 927	357
Victor Khanye	BERNICE SAMUELS HOSPITAL/DELMAS HOSPITAL	2 564	204	2 086	274

2. CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators 2014/15	Indicator Targets for 2014/15
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	312
		2. Number of new patients that started on ART	74,496
		3. Total number of patients on ART remaining in care.	309,071
		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	73,440,000 (male) 547,500 (female)
		7. Number of High Transmission Areas (HTA) intervention sites	78
		8. Number of Antenatal Care (ANC) clients initiated on life long ART	32,442
		9. Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	32,844
		10. Number of HIV positive clients screened for TB	97,869
		11. Number of HIV positive patients that started on IPT	40,110
		12. Number of active lay councillors on stipends	940
		13. Number of clients pre-test counselled on HIV testing (including Antenatal)	1,949,598
		14. Number of HIV tests done	1,772,361
		15. Number of health facilities offering MMC services	57
		16. Number of Medical Male Circumcisions performed	60,000

Name of conditional grant	Purpose of the grant	Performance indicators 2014/15	Indicator Targets for 2014/15
		17. Sexual assault cases offered ARV prophylaxis	2,284
		18. Step down care (SDC) facilities/units	8
		19. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	550
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,	5
		2. Number of Health facilities designed,	5
		3. Number of Health facilities constructed,	8
		4. Number of Health facilities equipped	8
		5. Number of Health facilities operationalized	8
National Health Insurance (NHI) grant	• Test innovations in health service delivery for implementing NHI, allowing for each district to interpret and design	**NHI Pilot Districts:** 1. Number of WBOTs with data collection tools	35 WBOTs with data collection tools

Name of conditional grant	Purpose of the grant	Performance indicators 2014/15	Indicator Targets for 2014/15
	innovations relevant to its specific context in line with the vision for realising universal health coverage for all • To undertake health system strengthening activities in identified focus areas • To assess the effectiveness of interventions/activities undertaken in the district funded through this grant	2. Evaluation report of current SCM processes with recommendations	1 evaluation report with recommendations
		3. Number of quarterly reports	4 quarterly reports

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 2014/15 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 A: StatsSA Population Estimates 2002-2018

Age Category	Population Estimates 2002 to 2018																
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Female_0-4	228819	226434	222551	218041	213324	210083	209035	210491	213916	217538	220196	220 991	219351	215718	211351	208787	205947
Female_5-9	223792	225229	226825	227887	227709	226107	223269	218773	213884	209930	207754	207 372	209407	212862	215662	216927	217268
Female_10-14	211547	213675	216368	219443	222769	224865	226429	227421	227237	225551	222086	218 172	213911	210632	208987	207555	207641
Female_15-19	199911	199519	199742	200805	204408	207438	209969	212291	214436	216639	218238	219 719	220842	220836	219639	216702	212985
Female_20-24	180305	183766	187416	190541	191303	192445	193157	193481	193787	196183	199228	202 054	204666	206982	209264	211837	213888
Female_25-29	167409	165761	164245	164107	165919	169333	173847	178618	182636	183961	185158	186 174	187252	188708	192180	195748	198977
Female_30-34	136776	143761	149626	153346	154818	154620	153517	152806	153504	155904	159862	164 944	170407	175395	178071	180381	182318
Female_35-39	110558	111605	113293	116268	121035	127199	133772	139451	143249	144878	144985	144 339	144200	145613	148881	153521	159217
Female_40-44	90875	94045	97383	100338	102447	103804	104915	106624	109549	114064	119910	126 217	131822	135885	138132	138789	138682
Female_45-49	74517	76208	77829	79768	82322	85317	88622	91885	94646	96539	97867	99 091	100983	104133	108890	114813	121149
Female_50-54	58043	59995	62125	64295	66490	68722	70716	72576	74617	77082	79918	83 108	86364	89289	91513	93088	94509
Female_55-59	44661	46313	48182	50113	51970	53792	55703	57704	59692	61687	63801	65 765	67644	69748	72313	75267	78476
Female_60-64	37245	37533	37855	38489	39539	40890	42431	44053	45661	47207	48815	50 604	52577	54632	56740	58939	60910
Female_65-69	31516	33058	34682	36073	37110	37866	38285	38666	39283	40251	41559	43 124	44805	46529	48270	50155	52215
Female_70-74	23372	23397	23634	24275	25297	26685	28179	29474	30399	30965	31316	31 605	32045	32788	33862	35186	36476
Female_75-79	13550	15182	16472	17295	17562	17421	17439	17791	18552	19737	20945	22 117	23089	23776	24115	24754	25274
Female_80+	10921	11234	11599	12016	12474	13549	14641	15753	16890	18060	18848	19 689	20585	21548	22587	23683	24693
Male_0-4	229441	227470	224081	220104	215910	213099	212227	213653	216912	220312	222748	223 591	222274	219174	215444	212960	210243
Male_5-9	223697	224887	226322	227306	227146	225853	223425	219458	215155	211713	209943	209 749	211775	215146	217968	219510	220036
Male_10-14	213570	215377	217587	220012	222614	224562	225991	226815	226436	224648	221603	218 267	214626	211866	210528	209424	209743

Age Category	Population Estimates 2002 to 2018																
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Male_15-19	194631	197950	201505	205762	208835	211355	213309	215051	216639	218299	219414	220 504	221385	221297	220153	217273	213909
Male_20-24	167503	173270	178656	182860	187750	192631	196759	200223	203540	205484	208003	210 106	211820	213155	214476	216336	217788
Male_25-29	147603	150092	153214	157571	162964	168626	174640	180322	184843	189904	194370	198 381	202209	206253	208930	211314	213217
Male_30-34	118999	124861	130528	135450	139667	143076	146420	150319	155150	160767	166910	173 425	179669	184900	190724	195864	200290
Male_35-39	99476	99511	100166	102041	105663	110604	116382	122190	127426	131926	135943	139 921	144478	150053	156493	163400	170405
Male_40-44	84408	86156	87892	89263	90073	90472	90879	91938	94143	97812	102781	108 540	114432	120019	125153	129773	134251
Male_45-49	70213	71491	72572	73708	75127	76759	78606	80451	81977	82939	83553	84 187	85454	87863	91731	96745	102467
Male_50-54	54080	56106	58213	60215	62030	63681	64989	66069	67170	68494	70113	71 959	73829	75466	76649	77471	78267
Male_55-59	38574	39970	41620	43464	45429	47500	49577	51574	53358	54919	56424	57 723	58896	60153	61643	63351	65203
Male_60-64	28678	28998	29340	29898	30780	32017	33459	35046	36736	38477	40304	42 200	44086	45847	47453	48994	50297
Male_65-69	18704	19763	20849	21742	22377	22899	23277	23669	24213	24982	25984	27 178	28539	30055	31670	33359	35082
Male_70-74	13113	12879	12824	13086	13636	14392	15201	15927	16495	16909	17291	17 657	18064	18580	19263	20117	21042
Male_75-79	7908	8729	9299	9518	9324	9097	8915	8887	9068	9464	9935	10 414	10870	11283	11634	12187	12652
Male_80+	5709	5909	6136	6384	6651	7082	7518	7959	8405	8865	8960	9 083	9235	9421	9640	9935	10188
Grand Total	**3560126**	**3610134**	**3660633**	**3711485**	**3762474**	**3813842**	**3865501**	**3917408**	**3969606**	**4022088**	**4074763**	**4 127 970**	**4 181 594**	**4 235 606**	**4 290 010**	**4 344 144**	**4 395 703**

ANNEXURE E: INDICATOR DEFINITIONS

PROGRAMME 1: PERFORMANCE INDICATORS FOR ADMINISTRATION

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
Proportion of Local Government Health Personnel which are transferred to Provincial Departments of Health	Proportion of Local Government Health Personnel who were serving in municipal clinic, transferred to Provincial Departments of Health	To monitor the devolution of health services from local government to provincial Department of Health.	Appointment letters	Numerator: Local Government Health Personnel transferred to Provincial Departments of Health Denominator: Total Local Government personnel at Municipal Health facilities	N/A	Output	%	Annual	Yes	Higher number indicates greater the number of facilities transferred to Provincial administration	Human Resource Management
Develop provincial Human Resources for Health Plan	Provincial Human Resources for Health (HRH) Plan that has been developed and approved to suit the human resource needs of the department.	To ensure effective and efficient use of departmental human resource.	Approved Provincial Human Resources For Health Plan	Physical count	N/A	Input	Number	Annual	Yes	Human Resources for Health Plan developed and approved	Human Resource Management

Develop Provincial Long term Health Plans	Develop Provincial Long term Health Plans aligned to National Development Plan 2030	To ensure compliance with the goals of the National Development Plan 2030	Approved Provincial Long term Health Plan	Physical count	N/A	Output	N/A	Annual	Yes	Plan developed and implemented, aligned to National Development Plan 2030	Integrated Health Planning
Proportion of facilities connected to the internet	Proportion of Hospitals, Community Health Centres and Clinics connected for the internet services	To improvements Information Communication Technology Infrastructure in all fixed Health facilities	Internet rollout report	Numerator: Health facilities connected to the internet Denominator: Total number of fixed Health facilities	N/A	Input	%	Annual	Yes	Increase in fixed health facilities accessing internet services	Information Communication Technology
Vacancy rate for Enrolled nurses	Percentage of funded vacant posts for Enrolled nurse	To monitor availability of Enrolled nurses	PERSAL report	Numerator: Total number funded vacant posts for Enrollednurses Denominator: Total number funded vacant posts for Enrolled nurses	Depends on accuracy of PERSAL data	Process	%	Annual	No	Decrease in vacancy rate	Human Resource Management
Vacancy rate for doctors	Percentage of funded vacant posts for doctors	To monitor availability of doctors	PERSAL report	Numerator: Total number funded vacant posts for doctors Denominator: Total number funded vacant posts for doctors	Depends on accuracy of PERSAL data	Process	%	Annual	No	Decrease in vacancy rate	Human Resource Management

Vacancy rate for medical specialist	Percentage of funded vacant posts for specialist	To monitor availability of medical specialists	PERSAL report	Numerator: Total number funded vacant posts for medical specialists Denominator: Total number funded vacant posts for medical specialists	Depends on accuracy of PERSAL data	Process	%	Annual	No	Decrease in vacancy rate	Human Resource Management
Vacancy rate for pharmacists	Percentage of funded vacant posts for pharmacists	To monitor availability of pharmacists	PERSAL report	Numerator: Total number funded vacant posts for pharmacists Denominator: Total number funded vacant posts for pharmacists	Depends on accuracy of PERSAL data	Process	%	Annual	No	Decrease in vacancy rate	Human Resource Management
Number of infrastructure maintenance team appointed	Number of infrastructure maintenance team appointed which constitute of a Carpenter, Plumber, Brick Layer and Electrician per team.	To maintain health facility infrastructure	Appointment letters.	Total number of infrastructure maintenance team	N/A	Process	Number	Annual	No	Increase number of infrastructure maintenance team	Human Resource Management

Number of critical vacant funded posts filled	Is a count of vacant executive management posts filled in hospitals inclusive of Deputy Director Generals, Chief Directors and Directors.	Strengthen leadership and governance in Province	Persal Report	<u>Numerator:</u> Total number vacant funded posts for top Senior and Top Management filled	Depends on accuracy of PERSAL data	Input	Number	Annual	Yes	Increase in filling of post	Human Resource Management
Number of general workers appointed	Is a count of general workers appointed in hospitals inclusive of Cleaners and grounds men	To improve infection and control management in hospitals	Persal Report	<u>Numerator:</u> Total number vacant funded posts for General workers filled	Depends on accuracy of PERSAL data	Input	Number	Annual	Yes	Increase in filling of post	Human Resource Management
Number of hospitals with full complement of Executive team	Is a count of vacant executive management posts filled in hospitals inclusive of CEO, Corporate, Finance, Medical and Nursing Managers.	Strengthen leadership and governance in hospitals	Persal Report	<u>Numerator:</u> Total number vacant funded posts for top five hospital executive management filled	Depends on accuracy of PERSAL data	Input	Number	Annual	Yes	Increase in filling of post	Human Resource Management

PROGRAMME 2: PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

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
Provincial PHC expenditure per uninsured person	The amount spent on Primary Health Care services by the provincial department on uninsured population (people without medical aid)	To monitor adequacy of funding levels for PHC services	BAS - total expenditure on PHC services and STATSSA – uninsured population (people without medical aid)	Numerator Total expenditure of the Province on PHC services Denominator Total uninsured population (people without medical aid)	Availability of Stats on uninsured population (people without medical aid) from STATSSA	Input	Rand	Annual	No	Higher levels of expenditure reflect prioritisation of PHC services	District Health Services Financial Management
PHC utilisation rate (annualised)	Number of Primary Health Care visits per person in the catchment population of the facility	Monitors access to Primary Health Care services	Tick register	Numerator: PHC total headcount Denominator: Total catchment population of the facility	Dependant on the accuracy of estimated total population from STATSSA	Output	Rate	Quarterly	No	Increased use of Primary Health Care services	District Health Services

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
Outreach Households (OHH) registration visit coverage (annualised)	Percentage of households in the municipal ward that are visited by Ward Based Outreach Teams	Monitors implementation of the PHC re-engineering strategy	Monthly reports on household visits	Numerator: Number of household visited by Ward Based Outreach Teams Denominator: Total number of household in a municipal ward	Dependant on accuracy of the number of household in a ward	Output	Percentage	Quarterly	Yes	Increased number of households visited	District Health Services
PHC supervisor visit rate (fixed clinic/CHC/CDC)	Percentage of fixed clinics and Community Health Centers visited by a clinic supervisor from district and sub-district using red flag tool or regular review	To Monitor support provided by clinic supervisor to clinics and Community Health Centers	Supervision report	Numerator: PHC supervisor visit (fixed clinic and Community Health Centers) report only once per month Denominator: Total number of fixed clinics and CHCs facilities in the province	Dependant on availability of resources (transport and clinic supervisors)	Process	Percentage	Quarterly	No	Increase support to Primary Health Care facilities	District Health Services
Complaint resolution within 25 working days rate	Percentage of complaints lodged by clients and resolved within 25 working days	To monitor turnaround time for complaint resolutions	Complaint register	Numerator: Total number of complaints resolved within 25 days Denominator: Total number of Complaints lodged	Complaints requiring long period to resolve (eg infrastructure)	Quality	Percentage	Quarterly	No	Improve turnaround time for complaints lodged	District Health Services Integrated Health Planning

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
Percentage of PHC facilities conducting patient satisfaction surveys (PSS)	Percentage of PHC facilities conducting patient satisfaction survey on: access, availability of medicine, cleanliness, waiting time, patient safety and values and attitude	To monitor satisfaction of patients using PHC facilities	Satisfactory survey report	Numerator: Total number of Fixed PHC facilities that conducted a patient satisfaction survey Denominator: Total number of Fixed PHC facilities (clinic and CHC) in the province	None	Quality	Percentage	Annual	Yes	Increased number of facilities that conducts Patient Satisfaction Surveys	District Health Services Integrated Health Planning
PHC Patient Satisfaction rate	Percentage of patients satisfied with the services provided at Primary Health Care	To monitor satisfaction of patients using PHC facilities	Patient Satisfaction Module	Numerator: Total number of patients satisfied with the service at PHC facilities Denominator: Total number of patients that took part in a Patient Satisfaction survey at PHC facilities	Depends on the number of users participating in the survey.	Quality	Percentage	Annual	Yes	Increase satisfaction of patients with Primary Health Care services	District Health Services Integrated Health Planning

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 fully fledged District Specialist Teams appointed	Appointed number of District Specialist team with full complement of staff that constitute of Obstetric and Gynecologist, Pediatrician, Anesthetist , Advance Midwife, Pediatric Trained Nurse and PHC Trained Nurse	Track the availability of clinical specialists in the Districts	Letters of Appointment	Total number of full District Specialist team appointed by provincial office	Availability of specialist	Input	Number	Quarterly	Yes	Increased number of Specialist Teams	District Health Services
Number of fully fledged Ward Based Outreach Teams appointed	Appointed number of Ward Based Outreach Team with full complement of staff that constitute of Professional Nurse, Nursing Assistance and Community Health Care Workers	Tracks the availability of outreach services to households	Letters of Appointment	Total number of complete Ward Based Outreach teams appointed by the provincial office	None	Input	Number	Quarterly	Yes	Increase number of Ward Based Outreach Teams	District Health Services

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
School ISHP coverage	Percentage of schools visited for Integrated School Health service by the school health team in the sub-districts	Monitors implementation of the Integrated School Health Program (ISHP)	School health visit report	Numerator: Total number of schools visited by school health team Denominator: Total number of schools in the sub-district	None	Output	Percentage	Quarterly	Yes	Increased school visits for Integrated School Health Program	District Health Services
School Grade 1 screening coverage (annualised)	Percentage of Grade 1 learners screened by a school health nurse in line with Integrated School Health services	Monitors implementation of the Integrated School Health Program (ISHP)	School health visit report	Numerator: Total number of Grade 1 learners screened in the school Denominator: Total numbers of grade 1 learners in a school	Availability of database for schools with Grade 1 learners	Output	Percentage	Quarterly	Yes	Increased coverage of Grade 1 learners screened	District Health Services
School Grade 4 screening coverage (annualised)	Percentage of Grade 4 learners screened by a school health nurse in line with Integrated School Health services	Monitors implementation of the Integrated School Health Program (ISHP)	School health visit report	Numerator: Total number of Grade 4 learners screened in the school Denominator: Total numbers of grade 4 learners in a school	Availability of database for schools with Grade 4 learners	Output	Percentage	Quarterly	Yes	Increased coverage of Grade 4 learners screened	District Health Services

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
School Grade 8 screening coverage (annualised)	Percentage of Grade 8 learners screened by a school health nurse in line with Integrated School Health services	Monitors implementation of the Integrated School Health Program (ISHP)	School health visit report	Numerator: Total number of Grade 8 learners screened in the school Denominator: Total numbers of grade 8 learners in a school	None	Output	Percentage	Quarterly	Yes	Increased coverage of Grade 8 learners screened	District Health Services
Percentage of fixed facilities that have conducted gap assessments for compliance against National Core Standards	Percentage of Primary Health Care facilities assessed for compliance according to the National Core Standards published 2011	Tracks the levels of compliance against the core standards	Core standard reports	Numerator: Total number of PHC facilities that conducted self-assessments against the entire national core standards Denominator: Total number of PHC facilities in the province	Accuracy dependant on the completeness of the self-assessment	Process	Percentage	Quarterly	Yes	Increase number of facilities conducting gap assessment	District Health Services Integrated Health Planning

DISTRICT HEALTH SERVICES: TABLES DHS3 AND DHS5

Indicator Title	Short Definition	Purpose/ Importance	Means of verification/ Data Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reportin g Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Health Promoting	Number of schools which	To promote healthy	Certificates of Health	Numerator: Number of	None	Output	Number	Quarterly	No	Increase the number of	District Health Services

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
Schools established in all three districts	were accredited by the department of health as health promoting school in all three district	lifestyles in schools	Promoting Schools	schools accredited as Health Promoting Schools						Health Promoting Schools	
Number of Primary Health Care Outreach Teams established in sub districts.	A team of health care workers established at the sub districts to provide Primary Health Care outreach services at the community level	To improve access to Primary Health Care services	Appointment letters	Number Primary Health Care Outreach Teams established at the sub districts	None	Input	Number	Quarterly	Yes	Increase the number of Outreach Teams	District Health Services
Number of School Health Service Teams established	A team of School Health Service established at the sub districts to provide school health services at school level	To improve access to PHC services BY children	Appointment letters	Number of School Health Service teams established at the sub districts	None	Input	Number	Yearly	Yes	Increase the number of School Health Service Teams	District Health Services
% of quintile 1 and 2 primary schools reached through school health services.	Percentage of schools classified as socio-economical disadvantaged areas visited by school health team for school health care services	To improve access to PHC services socio-economical disadvantaged areas	Quarterly Reports	Numerator Number of quintile 1&2 schools at the sub district visited by school health teams Denominator Total number of schools of quintile 1&2 schools at the sub district	Adequate collection tools	Input	Percentage	Quarterly	Yes	Improved access to PHC	District Health Services

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 sub districts with appointed Health Information Officers.	Health Information Officers appointed at sub-district to manage sub district performance information	Monitor staff compliment at district level	PERSAL	Total number of Health Information Officers appointed in sub district	None	Input	Number	Quarterly	Yes	Increase number of health information officers appointed	District Health Services
Number of PHC facilities with Data Capturers appointed	Data Capturers appointed at facilities for data (performance information) collection, verification, collation and consolidation	Monitor staff compliment at Primary Health Care level	PERSAL	Total number of data capturers appointed in Primary Health Care facilities	Accuracy dependant on quality of data from reporting facility	Input	Number	Quarterly	Yes	Reliable, quality of data available from PHC facilities	District Health Services

PERFORMANCE INDICATORS FOR HIV AND AIDS, TB AND STI CONTROL

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
Total clients remaining on ART (TROA) at the end of the month	Total number of patients who are actively on Anti-Retroviral Treatment (TROA) at the end of the months.	Track the number of patients on ARV Treatment	Tier System	Total clients remaining on Anti-Retroviral Treatment (TROA) at the end of the reporting period.	None	Process	Number	Quarterly	No	Increase number of patient on ART	District Health Services
Number of Medical Male Circumcisions conducted	Total number of males who were circumcised using medical procedures	Tracks the number of males who circumcised	MMC Registers	Total number of Medical Male Circumcisions (MMCs)	None	Output	Number	Quarterly	Yes	Increase number of Medical Male Circumcisions	District Health Services

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
	in all public hospitals providing the services	in health facilities		conducted in public hospitals providing the services							

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
TB (new pulmonary) defaulter rate	Percentage of TB positive patients who started on TB treatment but later defaulted for financial year 2012/13	Monitor the number of patients who defaulted TB treatment	ETR.net report	Numerator: Number of TB (new pulmonary) clients initiated on TB treatment and later defaulted for financial year 2012/13 Denominator: Total number of TB (new pulmonary) client initiated on TB treatment for financial year 2012/13	None	Output	Percentage	Annual	No	Decreased level of TB treatment interruption	District Health Services
TB AFB sputum result turn-around time under 48 hours rate	Percentage of TB Acid Fast Bacilli (AFB) sputum results received within 48 hours by the facility after they were sent to the laboratory. Include pre-treatment and follow-up specimens.	Monitor the turnaround times of the sputa samples	TB suspect register	Numerator: TB AFB sputum result received within 48 hours Denominator: TB AFB sputum sample sent for testing	Accuracy of capturing the date/time sampled dispatched and/or received	Process	Percentage	Quarterly	Yes	Reduce turnaround time for TB AFB sputum results	District Health Services
TB new client treatment success rate	Percentage of TB patients (ALL types of TB) cured or those who completed treatment	Monitors success of TB treatment for all types of TB	ETR.net report	Numerator: TB client (all types of TB) cured and completed treatment Denominator: TB client (all types of TB) initiated on	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Quarterly	Yes	Increased new client treatment success rate	District Health Services

				treatment							

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
TB Treatment initiation rate (annualised)	Percentage of patients who tested positive for TB (All types of TB) and initiated for TB treatment Primary Health Care facilities and Specialised TB hospitals	Monitors TB treatment initiation.	ETR.net report	Numerator: TB client initiated on treatment (Sum of : TB (new pulmonary) client initiated on treatment] + TB MDR confirmed client initiated on treatment + TB XDR confirmed client initiated on treatment) Denominator: Total number patients who tested positive for TB (All types of TB)	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	Yes	Increased number of TB positive clients initiated on TB treatment	District Health Services
HIV testing coverage (15-49 Years - Annualised)	Patients at the age between 15-49 years tested for HIV at PHC facilities	Monitors the number of patients 15-49 years tested for HIV	HCT register	Numerator: 15-49 years client tested for HIV Denominator: Population between 15-49 years	Dependant on the accuracy data recording	Process	Percentage	Quarterly	Yes	Increased number of clients between 15-49 years testing for HIV	District Health Services
TB (new pulmonary) cure rate	Percentage of TB patients who were diagnosed smear positive and culture positive, (pulmonary TB) treated and cured in 2012	Monitors the number of TB patient cured after TB treatment	ETR.net report	Numerator: TB (new pulmonary) client cured Denominator: TB (new pulmonary) client initiated	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Increased Cure Rate	District Health Services

	calendar year			on treatment							

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

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
TB MDR confirmed treatment initiation rate	Percentage of confirmed new TB- Multi Drug Resistance- patients initiated on TB treatment	Monitors TB-MDR treatment initiation.	ETR.net report	Numerator: TB MDR confirmed client initiated on treatment Denominator: TB MDR confirmed new client	Accuracy dependent on quality of data from reporting facility	Output	Percentage	Quarterly	Yes	Increased number of TB-MDR positive clients initiated on TB-MDR treatment	District Health Services
Baby Nevirapine uptake rate.	Babies (including babies Born Before Arrival at health facilities and known home deliveries) who were delivered by HIV positive women given Nevirapine within 72 hours after birth	Monitor babies given Nevirapine within 72 hours after birth	DHIS	Numerator Baby given Nevirapine within 72 hours after birth (delivered by HIV positive women) Denominator Live birth by HIV positive woman	Accuracy dependant on quality of data from reporting facility	Process	Percentage	Quarterly	No	Increased Baby Nevirapine uptake	District Health Services
Percentage of HIV positive clients on Isoniazid Preventive Therapy(IPT)	Percentage of clients who were diagnosed HIV positive who received Isoniazid Preventive Therapy	Monitor the number of clients accessing Isoniazid Preventive Therapy	IPT register	Numerator: Number of HIV positive clients on IPT Denominator All HIV positive clients	Accuracy dependant on quality of data from reporting facility	Input	Percentage	Quarterly	No	Increased the number of HIV clients accessing Isoniazid Preventive Therapy	District Health Services

PERFORMANCE INDICATORS FOR MATERNAL, CHILD AND WOMAN HEALTH: TABLES DHS 14 & 16

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
Immunisation coverage under 1 year (Annualised)	Percentage of children under 1 year who completed their primary course of immunization. Each child receive 15 vaccines as per immunization schedule on the Road to Health card	Monitor the implementation of Extended Programme in Immunisation (EPI)	Tick register	Numerator: Immunised fully under 1 year Denominator: Children under 1-year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase immunisation coverage	District Health Services
Vitamin A coverage 12-59 months (annualised)	Percentage of children 12-59 months of age who received vitamin A 200,000 units twice a year.	Monitors vitamin A supplementation to children aged 12-59 months.	Tick register	Numerator: Vitamin A supplement to 12-59 months child Denominator: children 12-59 months (multiplied by 2)	Reliant on accuracy of Child population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase Vitamin A coverage 12-59 months	District Health Services
Deworming 12-59 months coverage (annualized)	Percentage of children aged between 12-59 months who received deworming medication every six months	Monitors deworming in children aged 12-59 months	Tick register	Numerator: Child 12-59 months dewormed Denominator: Population 12-59 months (multiplied by 2)	Reliant on accuracy of Child population estimates from STATSSA	Output	Percentage	Quarterly	Yes	Increase deworming uptake by children 12-59 months	District Health Services
Child under 2 years underweight for age incidence (annualized)	Children under 2 years diagnosed for the first time as underweight by the health facility	Early detection of malnutrition	Tick register	Numerator: Child below 2 years underweight - Denominator: Children under	Reliant on accuracy of Child population estimates from STATSSA	Outcome	Percentage	Quarterly	Yes	Decrease the number of children underweight for age	District Health Services

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
				2 years							
Measles 1st dose under 1 year coverage (annualized)	Percentage of children under 1 year who received measles 1st dose, normally at 9 months.	Monitor the measles coverage	Tick register	Numerator: Measles 1st dose under 1 year Denominator: Children under 1 year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase number of under 1 children who receive measles 1st dose	District Health Services
Pneumococcal (PCV) 3st dose coverage	Percentage of children under 1 year who received Pneumococcal 3st dose, normally at 9 months	Monitor the Pneumococcal coverage	Tick register	Numerator: Children given Pneumococcal (PCV) 3rd doses Denominator: Children under 1 year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase number of under 1 children who receive pneumococcal 3rd dose	District Health Services
Rota Virus (RV) 2nd dose coverage	Percentage of children under 1 year who received Rota Virus 2nd dose, normally between 14 weeks to 24 weeks	Monitor the Rota Virus coverage	Tick register	Numerator: Children given Rota Virus 2nd dose Denominator: Children under 1 year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase the number of children who receive Rota Virus 2nd dose	District Health Services
Cervical cancer screening coverage	Cervical smears tested in women 30 years and older focusing on 10% of the female population of 30 years and older.	Monitors cervical screening coverage	Papsmeer register	Numerator: Cervical cancer screening of woman aged 30 years and older Denominator: 10% of the female population of 30	Reliant on population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase the number of women screened for cervical cancer	District Health Services

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
				years and older							

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
HPV 1st dose coverage	Percentage of grade 4 girl learners aged 9 years and older vaccinated per year with the 1st dose of the Human Papilloma Virus vaccine during the first round at schools	Monitor HPV coverage	Tally sheets	Numerator: Girls aged 9 years and older that received HPV 1st dose Denominator: Total number of grade 4 girl learners aged 9 years and older	Depends on the accuracy of information sub-district	Output	Percentage	Annually	Yes	Increase the number of girl learners 9 years and older who received HPV 1st dose coverage	District Health Services
Antenatal 1st visit before 20 weeks rate	Women who have a first antenatal care visit before they are 20 weeks into their pregnancy	Monitor early utilization of ANC services	ANC register	Numerator: Antenatal 1st visits before 20 weeks Denominator: Total number of antenatal 1st visits	Reliant on accurate assessment of the number of weeks each antenatal client is pregnant.	Process	Percentage	Quarterly	No	Increase the number of pregnant women booking for antenatal before 20 weeks	District Health Services
Infant given NVP within 72 hours after birth uptake rate	Percentage of newly born babies by HIV positive women given Nevirapine within 72 hours after birth	Monitors implementation of the PMTCT guidelines in terms of NVP for HIV exposed babies	Baby follow up register/ Tally sheets/ NVP register	Numerator: Infant given NVP within 72 hours after birth Denominator: Live birth by HIV positive woman	Accuracy of data dependent on management of co-hort register	Process	Percentage	Quarterly	Yes	Increase the number of HIV exposed babies given Nevirapine	District Health Services
Infant 1st PCR test positive within 2 months rate	Percentage of newly born babies by HIV positive women who were tested for Polymerase	Monitor mother to child transmission	PCR register	Numerator: Infant 1st PCR tested positive within 2 months after birth Denominator: Infant 1st PCR tested	Depends on the management of register and filing of lab results	Outcome	Percentage	Quarterly	Yes	Increase the number of PCR tests to HIV exposed babies	District Health Services

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
	Chain Reaction (PCR) within 2 months after birth			within 2 months after birth							
Couple Year Protection Rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations	Track the extent of the use of contraception (any method)	Tick register/ condom register	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 /200 Denominator: Women aged between 15-44 years	Reliant on accuracy of data collection	Output	Percentage	Annual	No	Increase usage of contraception	District Health Services
Maternal mortality in facility ratio (annualised)	Ratio of women who died in hospital as a result of childbearing, during pregnancy or within 42 days after delivery or termination of pregnancy	To monitor maternal mortality in the facility	Delivery register	Numerator: Maternal death in facility Denominator: Total number of births in facility x 100,000	Reliant on accuracy of classification of inpatient death	Outcome	Ratio	Annual	No	Decrease maternal mortality .	District Health Services
Delivery in facility under 18	Deliveries by women under the age of 18	Monitor teenage pregnancy	Delivery register	Numerator: Total number of deliveries by woman	None	Outcome	Percentage	Annual	No	Reduce teenage pregnancy	District Health Services

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
years rate	years in health facilities			under 18 years Denominator: Total deliveries by women in health facilities							
Child under 1 year mortality in facility rate	Admitted children under 1 year of age who died in hospital	Monitor child mortality in health facilities	Midnight census/ admission register	Numerator: Inpatient death under 1 year Denominator: Total number of children under 1 year x 1000	Reliant on population estimates from STATSSA and accurate recording of inpatient deaths under 1 year.	Outcome	Rate	Annual	No	Reduce infant mortality rate	District Health Services
Inpatient death under 5 years rate	Admitted children under 5 year of age who died in hospital	Monitor child mortality in health facilities	Midnight census/ admission register	Numerator: Total number of inpatient deaths under 5 years Denominator: Inpatient separations under 5 years	Reliant on accurate recording of inpatient deaths under 5 year.	Outcome	Rate	Annual	No	Reduce child mortality rate	District Health Services
Child under 5 years severe acute malnutrition case fatality	Percentage of children under 5 years admitted in health facilities and died from	Monitors malnutrition. Case fatality	Admission register	Numerator: Children under 5 years who died of severe acute malnutrition Denominator:	Reliant on accuracy of diagnosis / cause of death	Outcome	Percentage	Annual	Yes	Reduce number of children who die of severe acute malnutrition	District Health Services

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
rate	severe acute malnutrition			Total number of children under 5 years admitted with severe acute malnutrition							
Child under 5 years diarrhoea case fatality rate	Percentage of children under 5 years admitted in health facility and died of diarrhoea	Monitors diarrhoea case fatality	Admission register	<u>Numerator:</u> Children under 5 years who died of severe diarrhoea <u>Denominator:</u> Total number of Children under 5 years admitted with diarrhoea	Reliant on accuracy of diagnosis / cause of death	Outcome	Percentage	Annual	Yes	Reduce number of children who die of diarrhoea	District Health Services
Child under 5 years pneumonia case fatality rate	Percentage of children under 5 years admitted into health facility and died of pneumonia	Monitors pneumonia case fatality	Admission register	<u>Numerator:</u> Children under 5 years who died of severe pneumonia <u>Denominator:</u> Total number of Children under 5 years admitted with pneumonia	Reliant on accuracy of diagnosis / cause of death	Outcome	Percentage	Annual	Yes	Reduce number of children who die of pneumonia	District Health Services
Reduce the incidence of severe malnutrition under 5 years	Number of new cases of children who weigh below 60% of expected weight for age	Monitor incidence of severe malnutrition	Tick register	<u>Numerator</u>: New cases of severe malnutrition under 5 years <u>Denominator</u> Total number of children under 5 years	Reliant on under 5 population estimates from Stats SA	Output	Ratio	Annual	No	Reduce incidence of severe malnutrition under 5 years	District Health Services
Number of district hospital with maternity waiting homes	Maternity waiting homes established in district hospitals	To improve maternal and child outcome	Physical	Number of maternity waiting homes	None	Input	Number	Quarterly	Yes	Increase number of waiting homes	District Health Services

PERFORMANCE INDICATORS FOR DISEASE CONTROL AND PREVENTION: TABLES DCP1 AND DCP3

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
Hypertension incidence (annualised)	Number of new hypertension cases reported from the population of people aged 40 years and older	Monitors hypertension incidence	Chronic Register	Numerator: Hypertension client newly diagnosed newly diagnosed Denominator: People aged 40 years and older	Accuracy depends on recording of data	Output	Percentage	Quarterly	Yes	Decrease hypertension incidence	District Health Services
Diabetes incidence (annualised)	Number of new diabetes cases reported from the population of people aged 40 years and older	Monitors diabetes incidence	Chronic Register	Numerator: Diabetes client newly diagnosed from people aged 40 years and older Denominator: People aged 40 years and older	Accuracy depends on recording of data	Output	Percentage	Quarterly	Yes	Decrease diabetes incidence	District Health Services
Malaria fatality rate (annual)	Percentage of patients who died from Malaria in hospitals	Monitor the number deaths caused by Malaria	Malaria case notification form; Malaria death notification form	Numerator: Number of deaths from malaria at hospitals Denominator: Total number of malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Percentage	Annual	No	Decrease malaria fatality rate	District Health Services

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
Cataract surgery rate (Uninsured population)	Percentage of clients without medical aid who had cataract surgery conducted	Monitors access to cataract surgery.	Eye Care register	Numerator: Total number of cataract surgeries completed Denominator: Uninsured population (people without medical aid)	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Increase cataract operation	District Health Services

PERFORMANCE INDICATORS FOR DISEASE CONTROL AND PREVENTION: TABLES DCP1 AND DCP3

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
Decrease the incidence of malaria per 1000 population	Number of reported local malaria cases determining number of people at risk malaria area (Population for Ehlanzeni district only)	Monitor the number local frequency of occurrence of malaria	Malaria case notification form; Malaria death notification form	Numerator: Number of local malaria cases reported Denominator: Number of population x 1000	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Decrease malaria incidence	District Health Services

PROGRAMME 3: PERFORMANCE INDICATORS FOR EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

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
EMS operational ambulance coverage	Number of operational ambulances (including obstetric ambulances) determining availability of ambulances for population served.	Monitors compliance with the norm for operational ambulances to meet population needs.	EMS vehicle roster	Numerator: EMS Operational Ambulances Denominator: Total population (per 10,000 population)	None	Input	Rate per 10 000	Quarterly	No	Increase number of operational ambulances	EMS
EMS P1 urban response under 15 minutes rate	Proportion Priority1 patients callout to urban locations with response times under 15 minutes	Monitors response time in urban areas	EMS patient report forms (TPH 101)	Numerator: EMS P1 urban response under 15 minutes Denominator: EMS P1 Urban calls	Accuracy dependant on quality of data from reporting EMS station	Output	%	Quarterly	No	Decreased response time	EMS
EMS P1 rural response under 40 minutes rate	Proportion Priority1 patient callout to rural locations with response times under 40 minutes	Monitors response time in rural areas	EMS patient report forms (TPH 101)	Numerator: EMS P1 rural response under 40 minutes Denominator: EMS P1 rural calls	Accuracy dependant on quality of data from reporting EMS station	Output	%	Quarterly	No	Decreased response time	EMS

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
EMS P1 call response under 60 minutes rate	Proportion Priority1 patient callout to rural locations with response times under 60 minutes	Monitors response time	EMS patient report forms (TPH 101)	Numerator: EMS P1 response under 60 minutes Denominator: EMS P1 calls total	Accuracy dependant on quality of data from reporting EMS station	Output	%	Quarterly	No	Decreased response time	EMS
% of PPTS within EMS	Proportion of non-emergency patients transported by EMS with Patient Planned Transport	Transport non emergency patients	EMS patient report forms (TPH 101)	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	Percentage	Annual	No	Increase use of PPTS for non-emergency patients	EMS

PROGRAMME 2, 4, 5: PERFORMANCE INDICATORS FOR HOSPITALS (DISTRICT, REGIONAL & TB SPECIALISED AND TERTIARY HOSPITALS)

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
Average length of stay hospitals	The average number of days an admitted patient spends in hospital before separation.	To monitor the efficiency of the hospitals	Midnight census; Admission and discharge registers	Numerator: Inpatient days + 1/2 Day patients Denominator: Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	Poor recording may affect reliability of data	Process	Days	Quarterly	No	Maintain average length of stay within the norm	Hospital services
Inpatient Bed utilisation rate	Percentage of beds utilized by both inpatients and day patients	Monitor over/under utilisation of hospital beds	Midnight census; Admission and discharge registers	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days (Inpatient beds X 30.42days)	Accurate reporting sum of daily usable beds	Process	Percentage	Quarterly	No	Maintain inpatient bed utilization rate within the norm	Hospital services

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
Expenditure per patient day equivalent (PDE)	The amount spent at the hospitals by the provincial department on uninsured population (people without medical aid)	To monitor adequacy of funding levels for hospital services	BAS - total expenditure on hospital services and STATSSA – uninsured population (people without medical aid)	Numerator Total expenditure of the Province on hospital services Denominator Total uninsured population (people without medical aid)	Availability of Stats on uninsured population (people without medical aid) from STATSSA	Process	Rand	Quarterly	No	Maintain expenditure per patient day equivalent within the norm	Hospital services
Complaint resolution within 25 working days rate	Percentage of complaints reported by clients and resolved within 25 working days	To monitor turnaround time for complaint resolutions	Complaint register	Numerator: Total number of complaints resolved within 25 days Denominator: Total number of complaints reported	Complaints requiring long period to resolve (e.g. infrastructure)	Quality	Percentage	Quarterly	No	Improve turnaround time for complaints lodged	District Health Services Hospital Services Integrated Health Planning
Hospital Patient Satisfaction Rate	Percentage of patients satisfied with the services provided at hospitals	To monitor satisfaction of patients using hospital services	Patient Satisfaction Module	Numerator: Total number of patients satisfied with the service in hospitals Denominator: Total number of patients that took part in a Patient Satisfaction survey in hospitals	Depends on the number of users participating in the survey.	Quality	Percentage	Annual	Yes	Increase satisfaction of patients with hospital services	District Health Services Hospital Services Integrated Health Planning

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
Percentage of hospitals that have conducted gap assessments for compliance with National Core Standards	Percentage of hospitals assessed for compliance according to the National Core Standards published 2011	Tracks the levels of compliance against the core standards	Core standard reports	Numerator: Total number of hospitals that conducted self-assessments against the entire national core standards Denominator: Total number of hospitals in the province	Accuracy dependent on the completeness of the self-assessment	Process	Percentage	Annual	Yes	Increase number of facilities conducting gap assessment	District Health Services Hospital Services Integrated Health Planning
Proportion of facilities compliant with Extreme measures of the National Core Standards	Percentage of hospitals compliant to all Extreme Measures of National Core Standards which according to the tool developed by the Office of Standard Compliance considered as non-negotiable for the hospital not to have.	Monitors quality in hospitals	Self-assessment reports	Numerator: Number hospitals compliant to all Extreme Measures of National Core Standards Denominator: Total number of assessed hospitals	Accuracy dependant on the completeness of the self-assessment	Output	Percentage	Quarterly	Yes	Increase number of hospitals complaint to the Extreme Measures of the National Core Standards	District Health Services Hospital Services Integrated Health Planning

SPECIALISED HOSPITALS: TABLES PHS1AND PHS4

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
Effective movement rate (TB)	Percentage of movement of TB patients from TB hospital to Primary	To monitor the efficiency and effectiveness of the institution	Acknowledgement slips (pink slips) movement	Numerator: Number of confirmed TB patients	Accuracy dependant on quality of data and	Output	Percentage	Quarterly	No	Increase effective movement of TB patients	Hospital Services

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
	Health Care facility with a confirmation slip as acknowledgement by the receiving facility for continuation of treatment		book	movement Denominator: total number of TB patients moved	effective information systems						
Effective movement rate (DR)	Percentage of movement of Drug Resistance TB patients from hospital to Primary Health Care facility with a confirmation slip as acknowledgement by the receiving facility for continuation of treatment	To monitor the efficiency and effectiveness of the institution	Acknowledgement slips (pink slips) Movement Book	Numerator: Number of confirmed Drug Resistance TB patients movement Denominator: total number of Drug Resistance TB patients moved	Accuracy dependant on quality of data and effective information systems	Output	Percentage	Quarterly	No	Increase effective movement of Drug Resistance TB patients	Hospital Services

PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

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
Basic nurse students graduating	Number of students who graduate from the basic nursing course	Tracks the production of nurses	Human Resources Development Database	Number of students graduated	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Output	Number	Annual	No	Increase the number of basic nurse student graduating	Human Resources Development
Proportion of bursary holders permanently appointed	Proportion of bursary holders permanently employed by the department after completion of their studies	Tracks the absorption of bursary holders into the system	Letters of Appointment	Numerator: Bursary holders permanently appointed Denominator: Total number of bursary holders	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Impact	Percentage	Annual	Yes	Increase number of bursary holders who are permanently appointed	Human Resources Development
Number of health professionals trained on critical clinical skills.	Number of professional who are trained on critical skills	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	Number	Quarterly	No	Increase the number of health professionals trained on critical clinical skills	Human Resources Development

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES: TABLE HCSS1 AND HCSS2

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
% of EDL items available at the Medical Depot	Percentage of the available items on the Essential Drugs List at depot for supply to the facilities.	Monitor drug availability	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	Percentage	Quarterly	No	Increase percentage of the essential drugs available	Pharmaceutical Services

PROGRAMME 8: PERFORMANCE INDICATORS FOR HEALTH FACILITIES MANAGEMENT

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
Proportion of Programme 8 budget spent on maintenance (preventative and scheduled)	Proportion of budget allocated to infrastructure spent on maintenance	To ensure that adequate budget is allocated for maintenance of infrastructure	BAS report	Numerator: Budget spent on Maintenance Denominator: Total infrastructure budget	None	Output	Percentage	Quarterly	Yes	Regular maintenance of infrastructure	Health Facility Management
Number of districts spending more than 90% of maintenance budget	Districts spending more than 90% of allocated maintenance budget	To ensure that maintenance budget is adequately spent	BAS report	Numerator: Districts spent more than 90%	None	Output	Number	Quarterly	Yes	All districts spending allocated maintenance budget	Health Facility Management

ANNEXURE F: CHANGES ON STRATEGIC PLAN

OLD STRATEGIC GOALS

Strategic Goal	Status
Strengthen Community participation and partnerships	Aligned to National Service Delivery Agreement Output no 1: Increasing Life Expectancy
Improve the management of the provincial health care system	Aligned to National Service Delivery Agreement Output no 4: Strengthen Health System Effectiveness
Improve the quality of Health Services	Aligned to National Service Delivery Agreement Output no 4: Strengthen Health System Effectiveness And Output no 3: Combating HIV and AIDS and decreasing the burden of disease from TB And Output no 1: Increasing Life Expectancy
Improve the planning, management and development of Human Resources	Aligned to National Service Delivery Agreement Output no 4: Strengthen Health System Effectiveness
Strengthening of the District Health System and primary health care	Aligned to National Service Delivery Agreement Output no 1: Increasing Life Expectancy And Aligned to National Service Delivery Agreement 2: Decreasing Maternal and Child Mortality
Improve the delivery and maintenance of physical infrastructure	Aligned to National Service Delivery Agreement Output no 4. Strengthen Health System Effectiveness

NEW STRATEGIC GOALS

Strategic Goal	Status
Increasing Life Expectancy	New strategic goal from National Service Delivery agreement outcome

	number 2: A Long and Healthy life for all South Africans
Decreasing Maternal and Child Mortality	New strategic goal from National Service Delivery agreement outcome number 2: A Long and Healthy life for all South Africans
Combating HIV and AIDS and decreasing the burden of disease from TB	New strategic goal from National Service Delivery agreement outcome number 2: A Long and Healthy life for all South Africans
Strengthen Health System Effectiveness	New strategic goal from National Service Delivery agreement outcome number 2: A Long and Healthy life for all South Africans