health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN
2015/16 – 2017/18

MPUMALANGA
THE PLACE OF THE RISING SUN

"A Long and Healthy Life For All South Africans..."

PART A

MPUMALANGA DEPARTMENT OF HEALTH
ANNUAL PERFORMANCE PLAN 2015/16

1. TABLE OF CONTENTS

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
HFM	Health Facilities Management
HHCC	Household Community Components

ACRONYMS	
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
NSP	National Strategic Plan
NTSG	National Tertiary Services Grant
OPD	Outpatient Department
OSD	Occupational Specific Dispensation

ACRONYMS	
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

POLITICAL AND LEGISLATIVE MANDATES

ALIGNMENT WITH GOVERNMENT STRATEGIC PRIORITIES

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

In the light of the above, the strategic direction for the Mpumalanga Department of Health for 2014/15 derives from the following:

- National Development Plan, Vision 2030
- Medium Term Strategic Framework (MTSF), 2014 – 2019
- State of the Nation Address and State of the Province Address
- Health Sector Negotiated Service Delivery Agreement
- Strategic Plan for Mpumalanga Department of Health, 2014 – 2019

2. BACKGROUND TO THE ANNUAL PERFORMANCE PLAN OF THE DEPARTMENT

This Format for Annual Performance Plans (APPs) of Provincial Departments of Health (DoHs) is adapted from the generic format developed by National Treasury in 2010. The APP is divided into three parts. Part A aims to provide a strategic overview of the provincial health sector. Part B allows for the detailed planning of individual budget programmes and sub-programmes and is the core of the Strategic and Annual Performance Plan. Part C provides for linkages with other long-term and conditional grant plans of the health sector.

The APP format is structured to promote improved delivery of provincial health services and to account for the use of public funds. Most importantly, the APP Format provides for linkages between Outcome 2 priorities of Medium Term Strategic Framework (MTSF) 2014-2019 and Provincial objectives for the MTEF period.

Treasury Guidelines require that the technical definitions of each indicator used in the APP should be provided and posted on the Department's Website together with the APP.

MPUMALANGA DEPARTMENT OF HEALTH

3.1. FOREWORD BY THE EXECUTIVE AUTHORITY (HEALTH MEC)

The provision of quality health services to the people of Mpumalanga is non-negotiable; therefore the development of an Annual Performance Plan (APP) that responds to the needs of our people is imperative. This plan sets the path for the implementation of the Medium Term Strategic Framework (MTSF) period.

Amongst other achievements, there has been a noticeable decrease in maternal mortality rate from 146/100 000 in 2012/13 to 109/100 000 in 2014. This can be attributed to an increase in the Antenatal visits before twenty weeks, which has increased from 49% to 56.3%; mainly due to community awareness campaigns and health education provided by the Department through the use of Momconnect Initiative.

The infrastructure projects that been completed are 19, and 3 facilities are progressing through the revitalisation and refurbishment. Routine maintenance is underway in all facilities. The upgrading of Sabie Hospital has commenced, and R70 million set aside to complete this work.

Thirty five (35) new Health Promoting Schools were launched in and 74 Healthy lifestyle support groups were established addressing good nutrition, physical activity, safe sexual behavior, reduction of tobacco and alcohol use. All 65 local municipality PHC facilities are now managed by the department

The implementation of the NHI in Gert Sibande together with the HIV turnaround strategy has seen a decline in HIV prevalence from 46.1% in 2011 to 40.5% in 2012. However, Gert Sibande still remains the second highest district in the country out of the 52 health districts

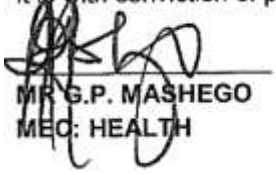
We are, however, not oblivious to challenges that continue to affect the health sector. These include:

- High prevalence of HIV/AIDS
- Tuberculosis (TB) especially Drug Resistance TB
- Diseases of lifestyle
- Trauma
- Maternal & Child Health
- Health Infrastructure
- Acute shortage of Health Professionals

It is important to note that over a number of years the Department has not been funded according to the National Funding Norm. This has resulted in huge accruals and negatively affecting the plans of the Department. Through the 2015/16 APP, the Department is committed to ensure that health priorities are implemented and that resources are aligned to the needs as set out in the plan. The realization of optimal health will only be achieved through working in partnership with our communities.

The Department will spare no effort in ensuring that this plan is fully implemented. I would like to thank all the officials of the department for their hard work.

It is with conviction of purpose that I present this Annual Performance Plan 2015/16.



MR G.P. MASHEGO
MEC: HEALTH

30/03/2015
DATE

3.2. STATEMEMENT BY THE HEAD OF DEPARTMENT (HOD)

The Department of Health faced enormous challenges during 2014/15 financial year which ended with being the placed under Curatorship and some senior officials being suspended and disciplinary processes starting.

However, the Department having considered work that had been done by the curator went on to build on it and formulated a turnaround strategy, which enabled it to be given an opportunity to implement and re-direct the department accordingly. The Department identified 1619 objectives of which 1019 had been achieved in January 2015 (64.17%). The weekly performance monitoring is now ongoing and a new direction is being taken. The strategy, principles and values will provide direction to the Department within the next MTEF period.

Considering improvement of health system effectiveness as pronounced by our Hon Premier D.D.Mabuza. as one of our strategic objectives as well, the Department will embark on building high-tech modern hospital in this financial year in order to off-set deficiencies experienced in our province. I.C.T will be embraced in the 2015/16 in order to enable the Department to rationalize services.

Long standing challenges have found expression in our 2014/15 APP and issues around patient records, waste management, linen supplies, with inherent inadequacies are all behind us in the 2014/15 financial years

As the Minister of Finance has indicated, there is a general drop in allocations to all provinces. It is imperative for us to rationalize and find new ways of doing things.

Due to our backlogs with orthopedic cases, it's a pleasure to announce that our partners in the private sector, SAMA included, are collaborating with the Department in coming up with LETSEMA, which will be rolled out soon, in order to reduce the waiting list in orthopaedics.

Strengthening prevention and promotion both within the health service as well as within the whole of government and society is an important goal. The Department has engaged the private sector to come with a common plan to provide basic servicing for chronic diseases such as HIV/AIDS, hypertension and diabetes. Pilot projects will be reviewed to assess the impact on delivery and to reduce patients flooding basic clinics.

In a year that will require fiscal discipline and efforts will be increased to achieve an unqualified audit, the Department will strive to improve the patient experience and health outcomes for the people of Mpumalanga.

In a year that will require fiscal discipline and efforts will be increased to achieve an unqualified audit, the Department will strive to improve the patient experience and health outcomes for the people of Mpumalanga.

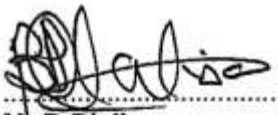
DR A.M. MORAKE
HEAD OF DEPARTMENT

31/3/2015
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 2015/16.

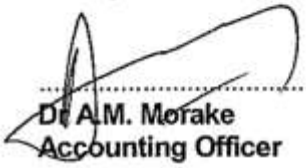


Mr B Dialisa
Acting Chief Financial Officer

30-03-2015
Date

Mr M.T. Machaba
Acting Director: Strategic Planning

30-03-2015
Date



Dr A.M. Morake
Accounting Officer

30/3/2015
Date

APPROVED BY:

MEC: Department of Health, Mr G.P. Mashego
Executive Authority

30/03/2015
Date

4. PART A - STRATEGIC OVERVIEW

4.1. VISION

*"**A Healthy Developed Society***".

4.2 MISSION

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

4.3 VALUES

- Commitment
- Appropriateness
- Timeousness
- Collectiveness
- Competency

4.4 STRATEGIC GOALS

TABLE A1: STRATEGIC GOALS

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVES	EXPECTED OUTCOMES
1. To improve access to health care services and continuously attain health care outcome	To improve access to health care services and continuously attaining health outcome thereby rolling out NHI, improving quality of service, implementing ward base outreach teams, reducing HIV new infection, Improving TB cure rate, reducing maternal & child mortality and implementation of other health care programmes	• Expand access to health care services • Improve health care outcomes • Improve quality of health care	• Improved access to specialists services by providing a full package of Tertiary Services (T1) • Developed functional sub-specialist services • Improve quality of health care service by rolling out NHI in all 3 districts • Increased life expectancy from 51.6 to 57 years. • Decrease under 5 mortality rate from 5.5 per 1000 live births to <5 per 1000 live births • Reduce maternal mortality from 133 per 100,000 live births to <50 per 100,000 live births • Improve TB cure rate from 80% to 85% • Reduce infant 1st PCR positive around six week from 2.1% to <2%
2. Overhaul health system and progressively reduce health care cost	Overhaul health system and progressively reduce health care cost by executing WISN system, improving human resource management, strengthening leadership in health facilities, accelerating delivery of infrastructure, strengthening of health information system and provision of efficient support to health care service	• Re-alignment of human resource to Departmental needs • Strengthening Health Systems Effectiveness • Improved health facility planning and accelerate infrastructure delivery	• Improve Hospital Management by appointing Executive Management teams in all hospitals • Improve quality of care by developing and implementing Recruitment &Retention strategy • Improve management of human resource efficiency by establishing Biometrics time and attendance system • Improve record management by implementing Electronic Patient Record Management system • Improve communication and information management by connecting all PHC facilities to network • Improve health infrastructure and quality of care by implementing Ideal Clinics strategy to 209 facilities • Improve maintenance of health facilities by appointing 22 maintenance teams • Enhance patient care & safety and improving medical care by constructing 10 Modern hi-tech hospitals

4.5 SITUATION 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.

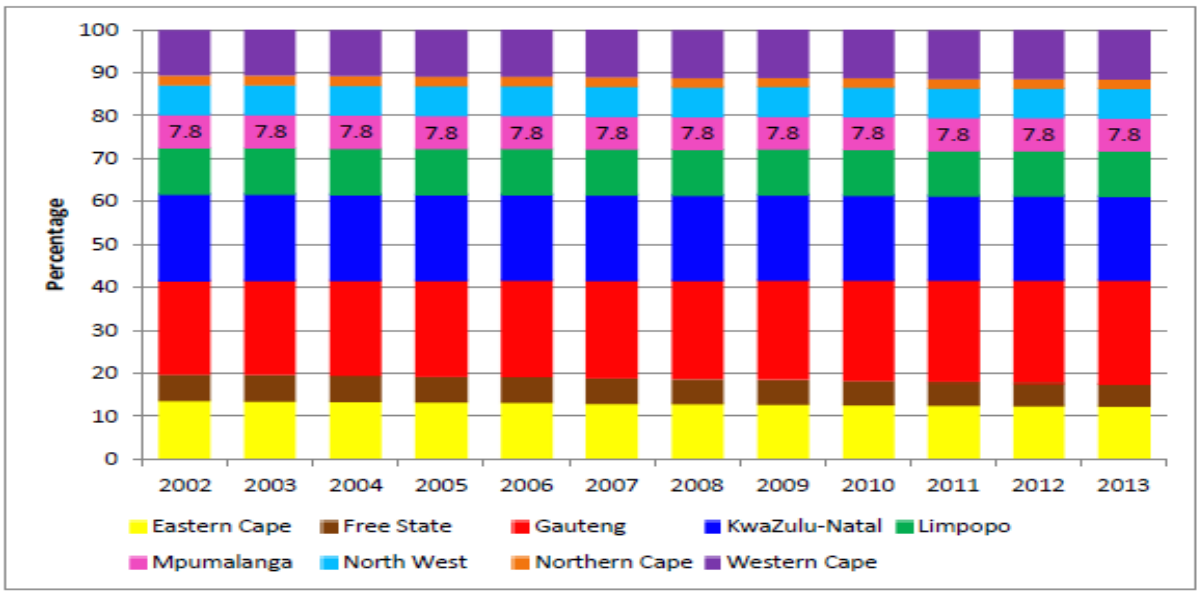
Census 2011, midyear estimates 2013 indicates that Mpumalanga population grew from 3,365,554 to 4,127,971. A comparative analysis of population growth between 2001 and 2011 in Table 1 below, reflects a growth of 20% for Mpumalanga Province. Mpumalanga has the sixth largest share of the South African population, constituting approximately 7,9% of the national population of 51,858,593 and distributed across three districts comprising nineteen municipalities.

Table1: Percentage distribution of projected share of total population: 2001– 2011

Province	Census 2001	% Share	Census 2011 Midyear 2013	% 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%	4,127,971	7.9%	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%	1,145,861	2,2%	15.5
South Africa	**44,819,777**	**100.0%**	**51,858,593**	**100.0%**	**15.5**

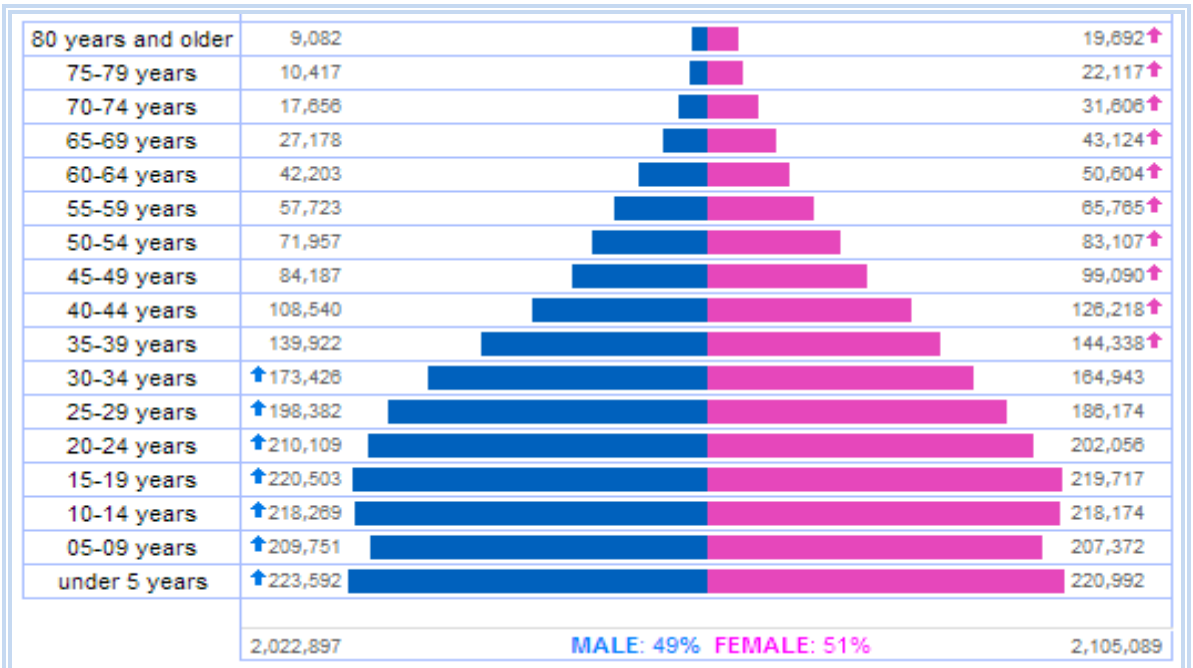
(Source: Census 2011)

Figure 1. Illustrate percentage share of population in South Africa



Statistics South Africa 2013 midyear estimates, Mpumalanga has an estimated 7.8% of the total population residing in the province.

Figure 2: Population pyramids

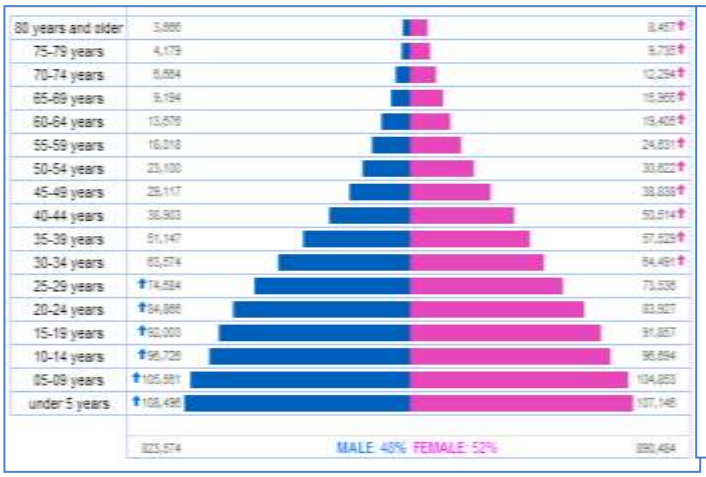


Population is depicted in the pyramid, Midyear Estimates 2013 indicates that there is tremendous growth as compared to 2004 and 2009. The pyramid shows that there is a fairly large proportion of females in all the ages with the exception of ages young age group (from 0 to 29) where proportion of males 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

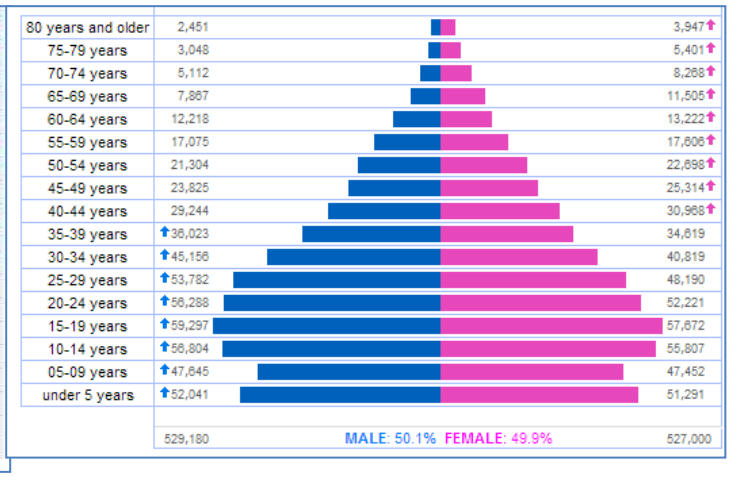
phenomenon. The same observation has been noticed in the three districts as depicted on the following pyramids (see Figure 3).

Figure 3: Illustrates Ehlanzeni, Nkangala and Gert Sibande Population Pyramids by order of Population size

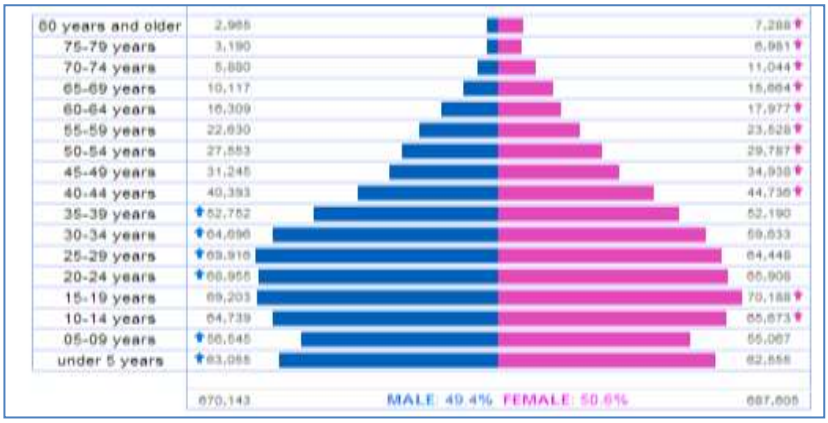
Ehlanzeni District, Midyear estimates 2013, total population: 1,714,048



Gert Sibande District, Midyear estimates 2013, total population: 1,056,179

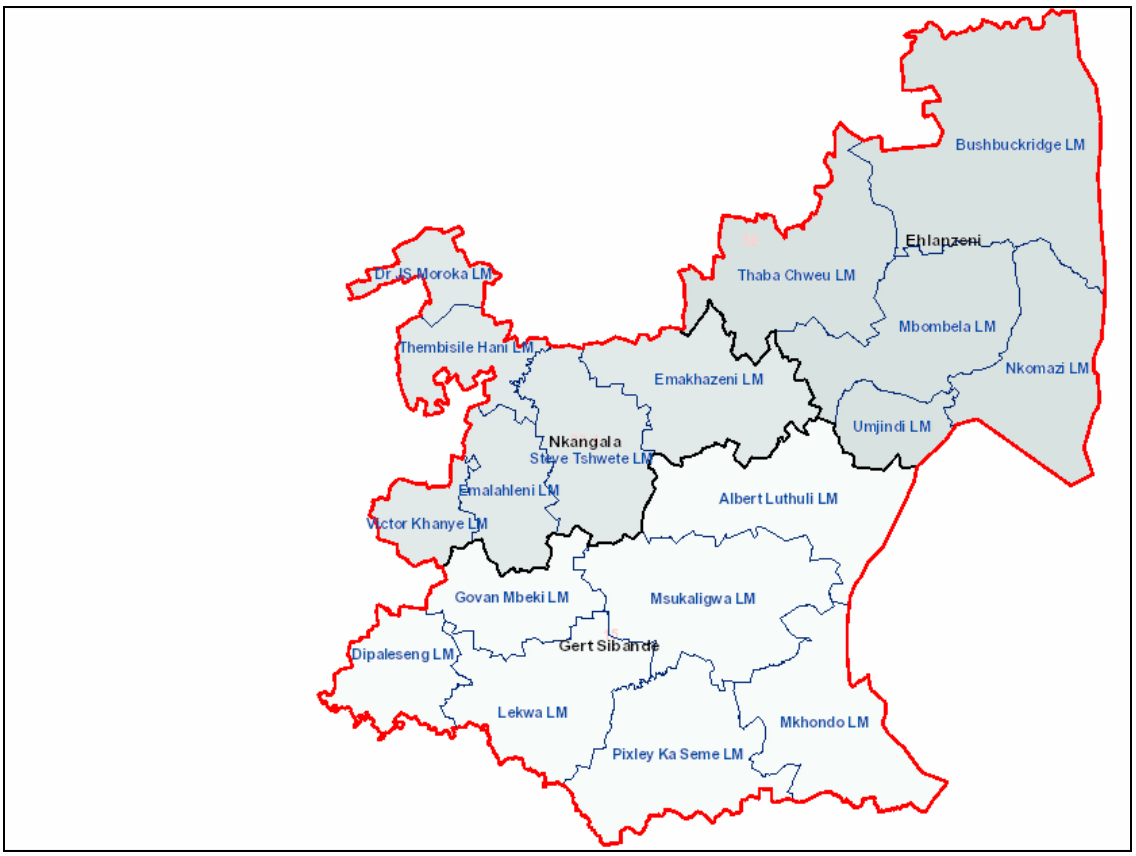


Nkangala District, Midyear estimates 2013, total population: 1,357,744



(Source Census 2011, NHIRD)

Figure 4: Mpumalanga Health Districts



Source: Mpumalanga Department of Health Information System, NHIRD-GIS

4.5.1.1 Demographics in Ehlanzeni District

Ehlanzeni District has a catchment population of 1,714,048 (Midyear estimates, 2013) 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 1,056,179 (Midyear estimates, 2013) 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.

4.5.1.3 Demographics in Nkangala District

Nkangala District has a catchment population of 1,357,744 (Midyear estimates, 2013) 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 3 and 3 represent the Mpumalanga population per district and sub-district respectively. This information is further illustrated on Figure 5 below

Table 2: Population by Geographic Distribution (Districts)

District Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population Midyear Estimates 2013
Ehlanzeni District Municipality	1,447,053	1,526,236	1,714,048
Gert Sibande District Municipality	900,007	890,699	1,056,179
Nkangala District Municipality	1,018,826	1,226,500	1,357,744
Total	**3,365,885**	**3 ,643,435**	**4,127,971**

(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 Midyear Estimates 2013
Thaba Chweu	81 681	87 545	99,316
Mbombela	476 593	527 203	595,707
Umjindi	53 744	60 475	68,022
Nkomazi	334 420	338 095	399,788
Bushbuckridge	497 958	509 970	551,215
Kruger National Park	2 656	2 948	-
Ehlanzeni	**1 447 053**	**152 6236**	**1,714,048**
Albert Luthuli	187 936	194 083	187,066
Dipaleseng	38 618	37 873	43,108
Govan Mbeki	221 747	268 954	299,822
Lekwa	103 265	91 136	117,516
Mkhondo	142 892	106 452	173,313
Msukaligwa	124 812	126 268	151,450
Pixley Ka Seme	80 737	65 932	83,904
Gert Sibande	**900 007**	**890 699**	**1,056,179**
Dr JS Moroka	243 313	246 969	257,518

Emakhazeni	43 007	32 840	49,041
Emalahleni	276 413	435 217	411,623
Steve Tshwete	142 772	182 503	239,345
Thembisile	257 113	278 517	321,847
Victor Khanya	56 208	50 455	78,370
Nkangala Total	**1 018 826**	**1 226 500**	**1,357,744**
Mpumalanga Total	**3 365 885**	**3 643 435**	**4,127,971**

(Source: Stats SA 2007: Census 2001, Community Survey 2007, and Census 2011-Midyear estimates 2013)

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

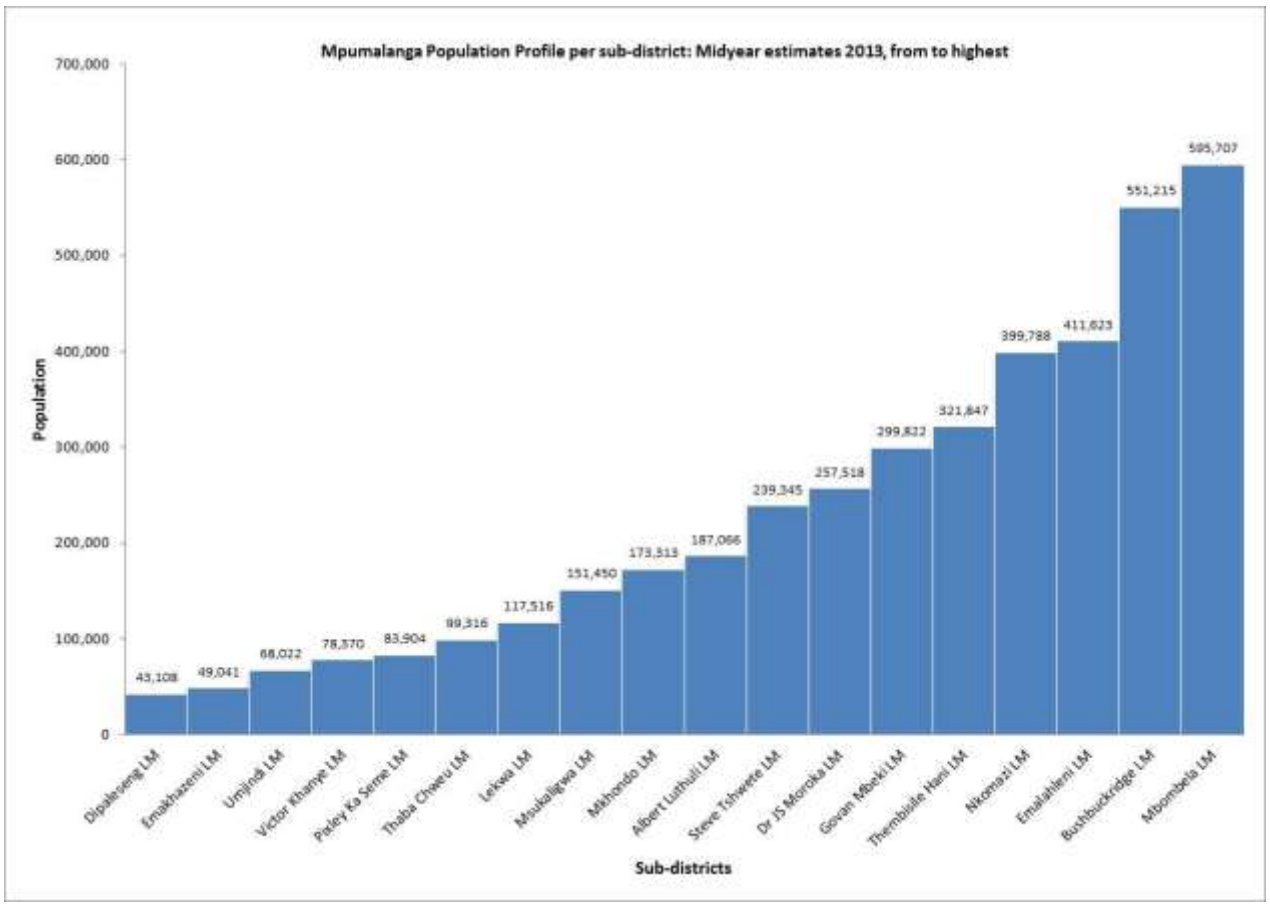
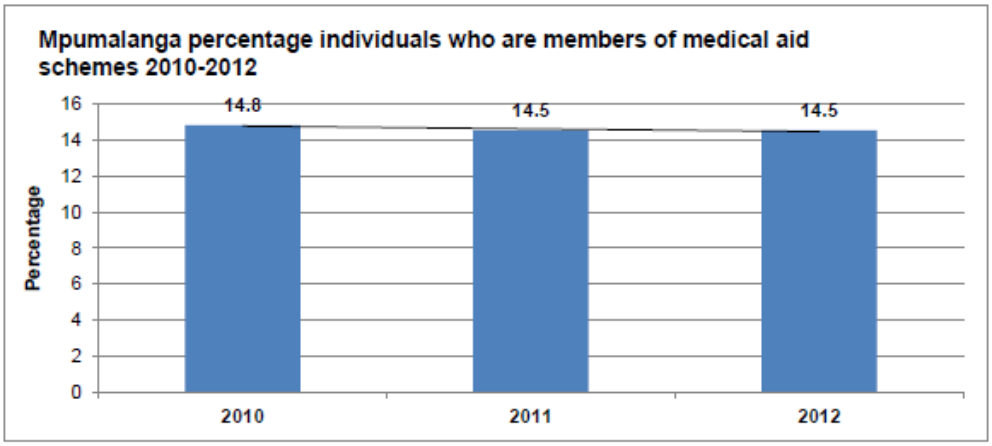


Figure 6 below illustrate the population belonging to a medical aid scheme as per General Household Survey of 2012 decreased slightly to 14.5% in 2011 and the figure remained the same for 2012 at 14.5%

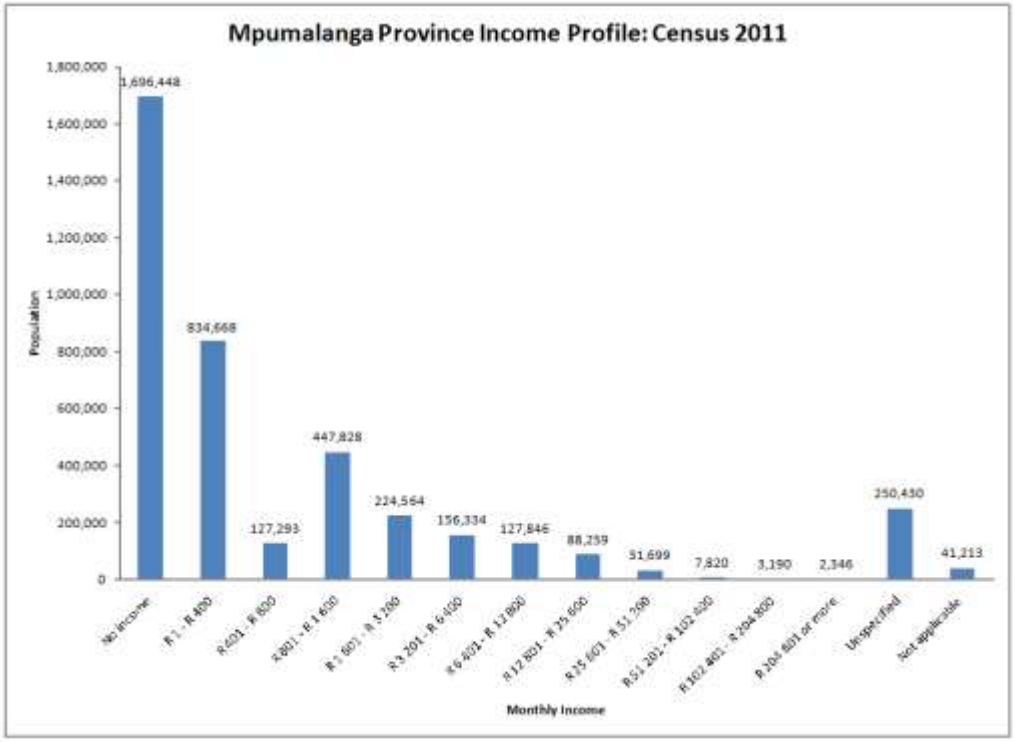
Figure 6: Illustrates insured and uninsured population



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 7: 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 5 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.

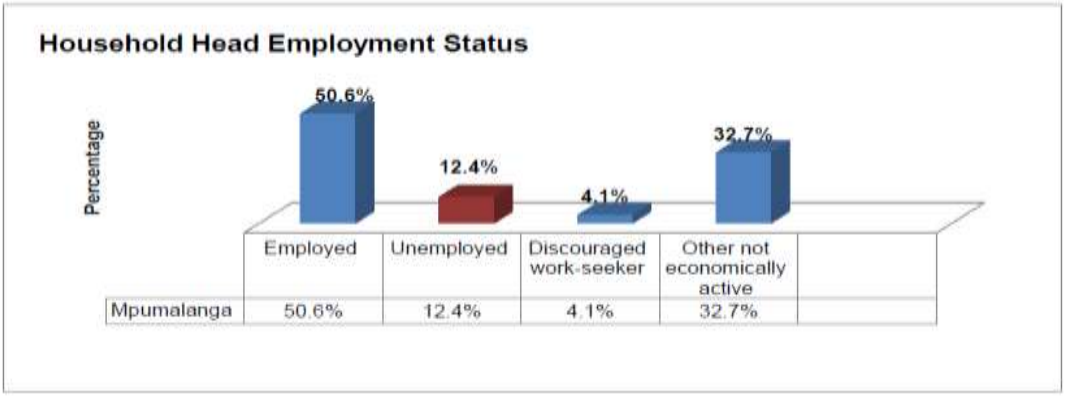
Table 4: Urban versus Rural Percentage

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

Figure 8: House Head Employment status



(Source: Census 2011)

Figure 8 above is illustrating employment challenges in the province. 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.

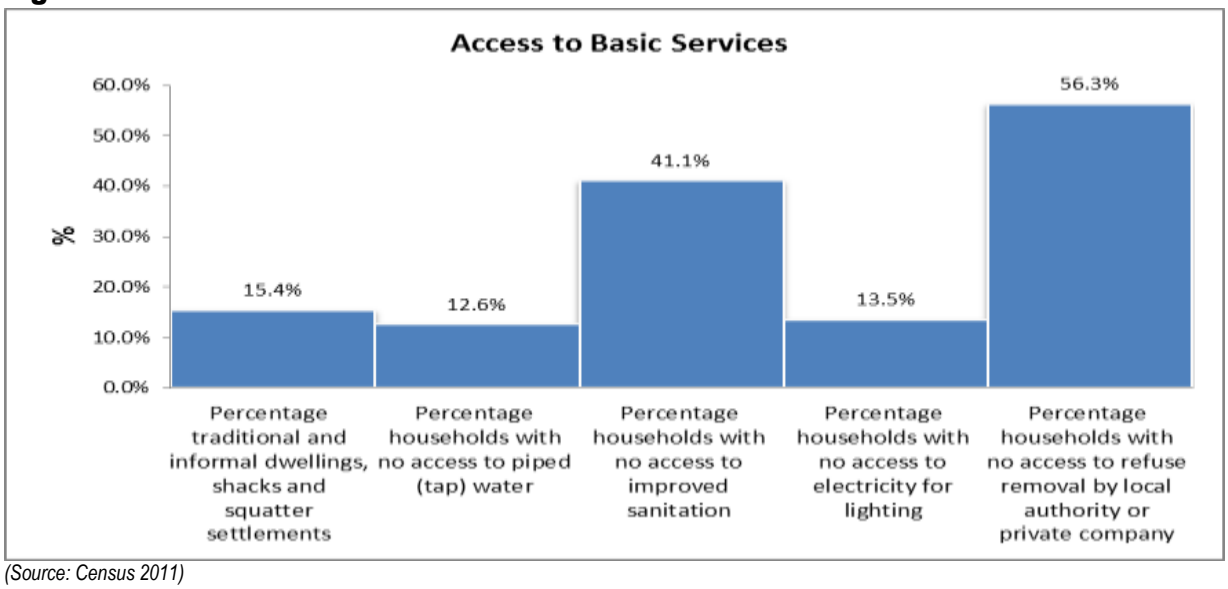
Climate change

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.

Access to basic services

According Census 2011, figure 7 below indicates that 15.4 amounts of people without properly dwelling. The households with no running water are indicative of 12.6%. 41.1, 13.5 and 56.3 indicates percentage of households with no access to improved sanitation, percentage households with no access to electricity for lighting and percentage households with no access to refuse removal by local authority or private company respectively.

Figure 9: Illustrate social determinants of Health



(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

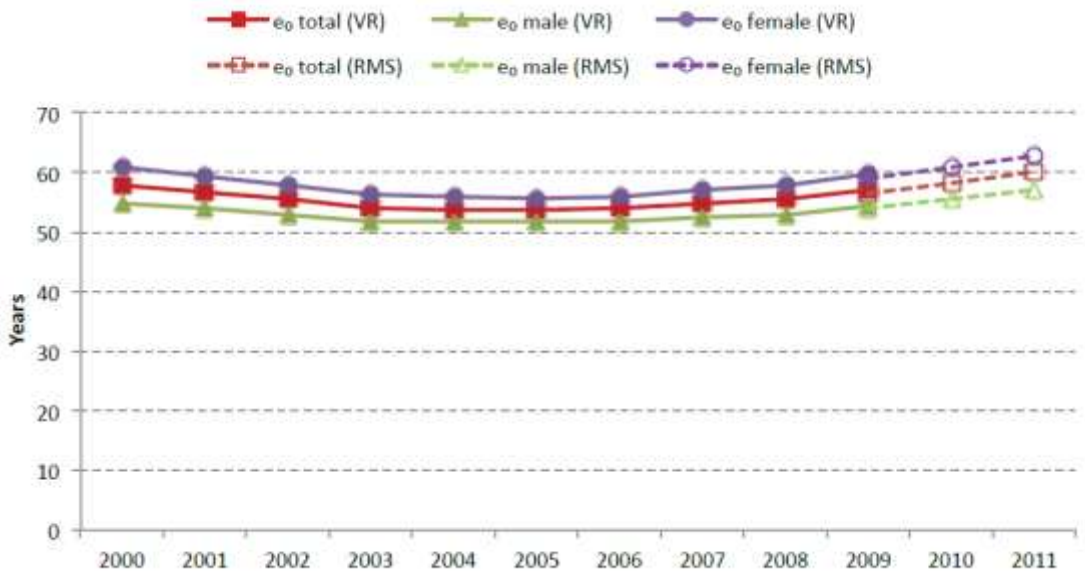
any other country on the African continent however, the health outcomes are much worse than those of countries spending much less than South Africa. The South African health care system has been characterized as fragmented and inequitable due to the huge disparities that exist between the public- and 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 10). 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 10: Illustrates life expectancy pattern since 2001 – 2011

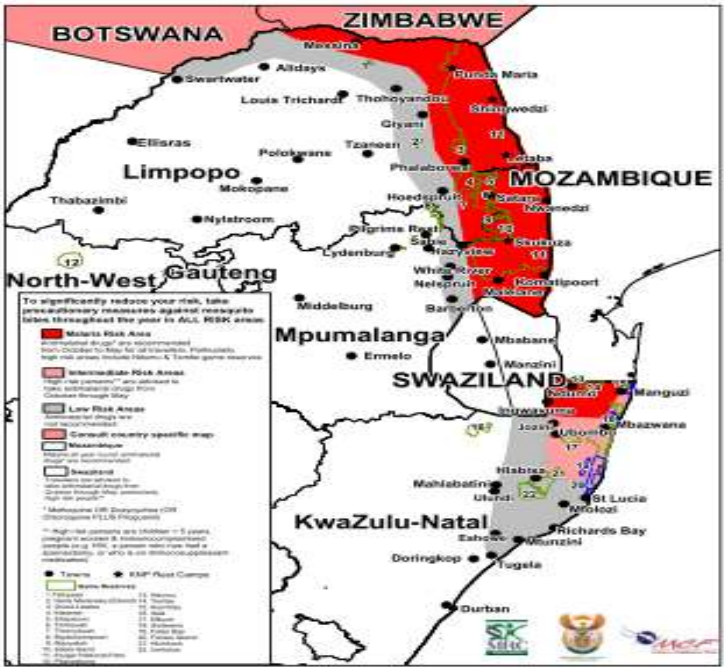


S

ource: 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 11: 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 11).

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

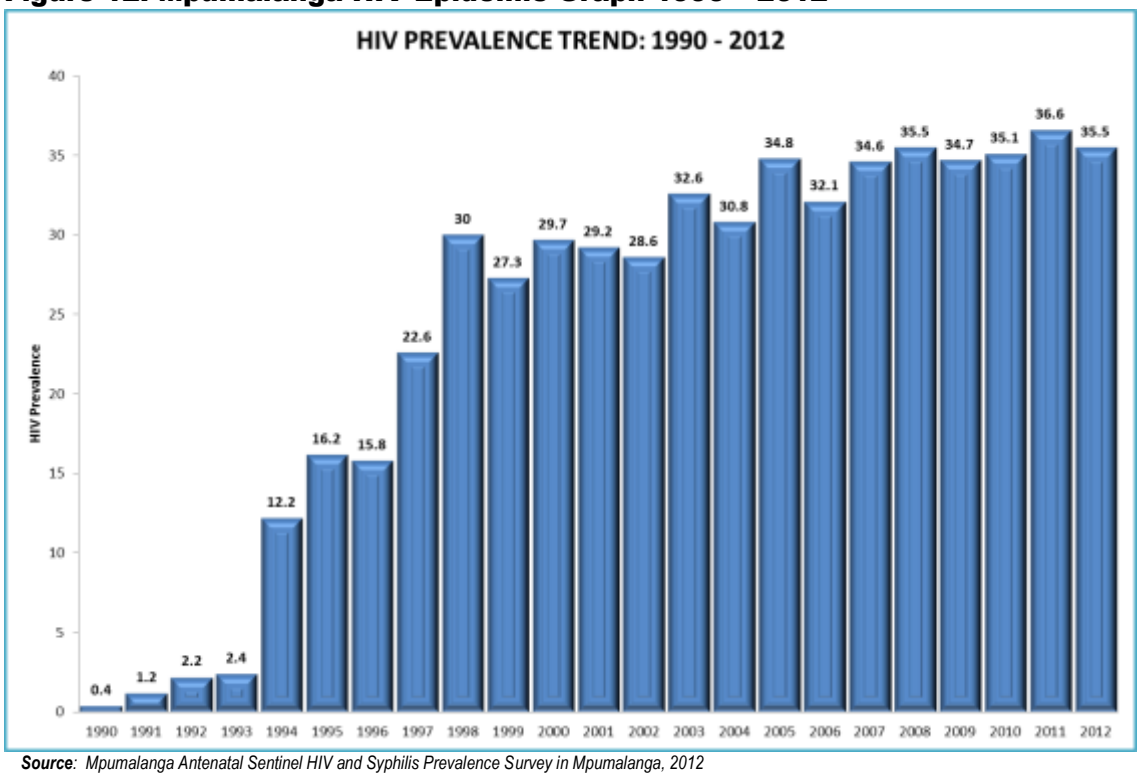
4.5.3.3 HIV PREVALENCE

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.

In 2012, the Mpumalanga provincial HIV prevalence amongst antenatal women was 35.5% a slight decrease from 36.6% in 2011. The Mpumalanga HIV epidemic graph from 1990 to 2012 is shown in Figure 12, below.

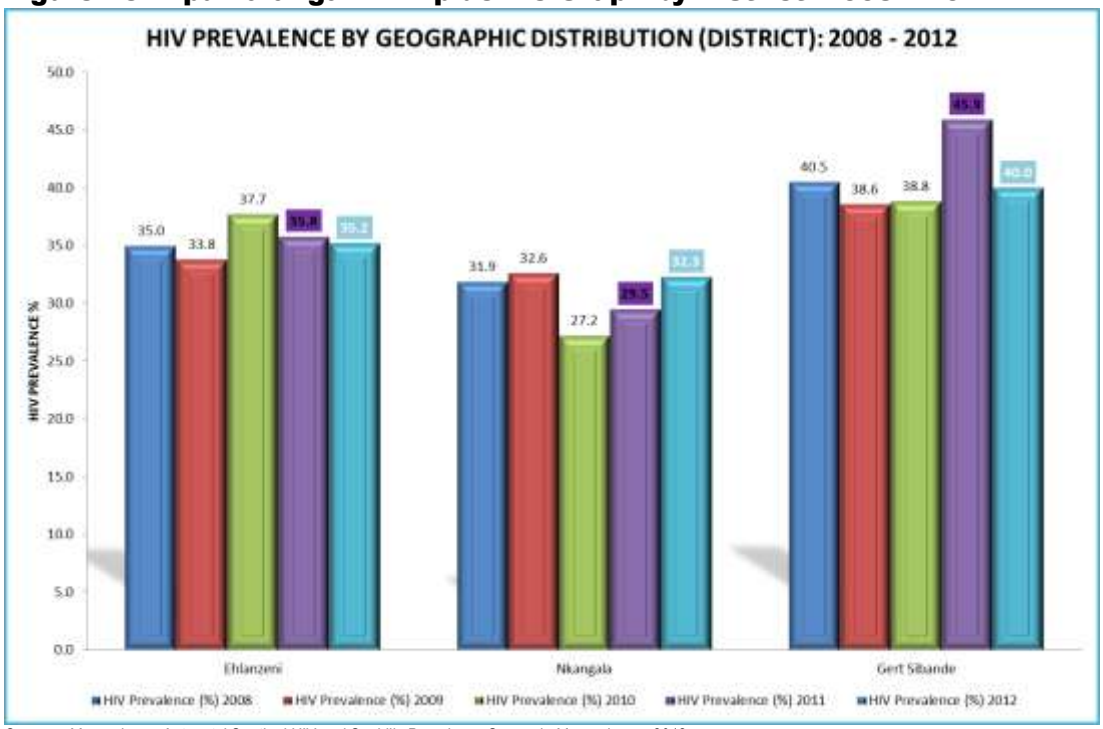
Figure 12: Mpumalanga HIV Epidemic Graph 1990 – 2012



***Source**: Mpumalanga Antenatal Sentinel HIV and Syphilis Prevalence Survey in Mpumalanga, 2012*

The two districts in Mpumalanga, namely Ehlanzeni and Gert Sibande have shown decrease in the HIV prevalence with the exception of Nkangala district. Gert Sibande District remains despite having recorded a decline from 45.9% in 2011 to 40.0% in 2012.

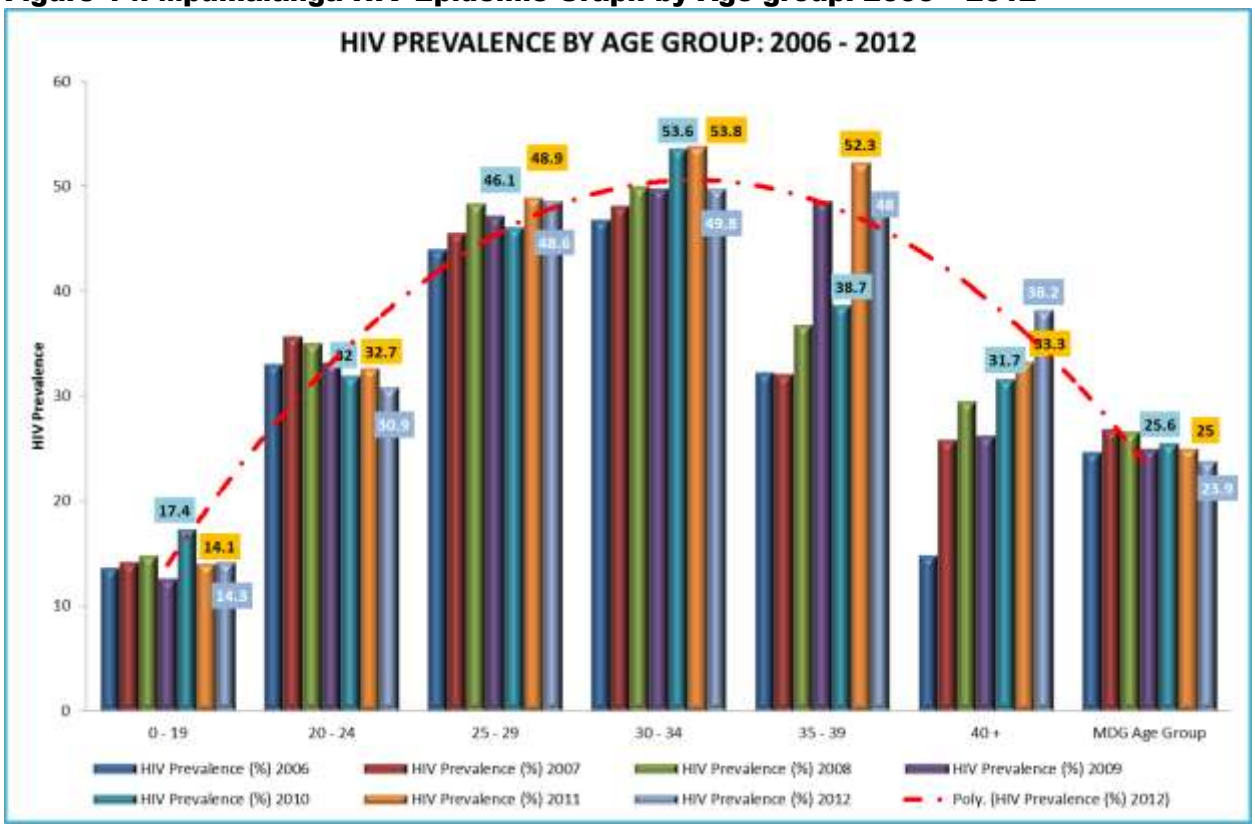
Figure 13: Mpumalanga HIV Epidemic Graph by District: 2008 – 2012



***Source**: Mpumalanga Antenatal Sentinel HIV and Syphilis Prevalence Survey in Mpumalanga, 2012*

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 2012, the HIV prevalence among 15-24 year olds (Millennium Development Goal 6, Target 7) is showing a slight decline from 25.0% in 2011 to 23.9% in 2012 (Figure 14). HIV prevalence among the age group 15-19 remains unchanged in 2011 and 2012 with prevalence of 14.1% and 14.3%

Figure 14: Mpumalanga HIV Epidemic Graph by Age group: 2006 – 2012



Source: National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2010 - 12

4.5.3.4 TB MANAGEMENT

TB Management

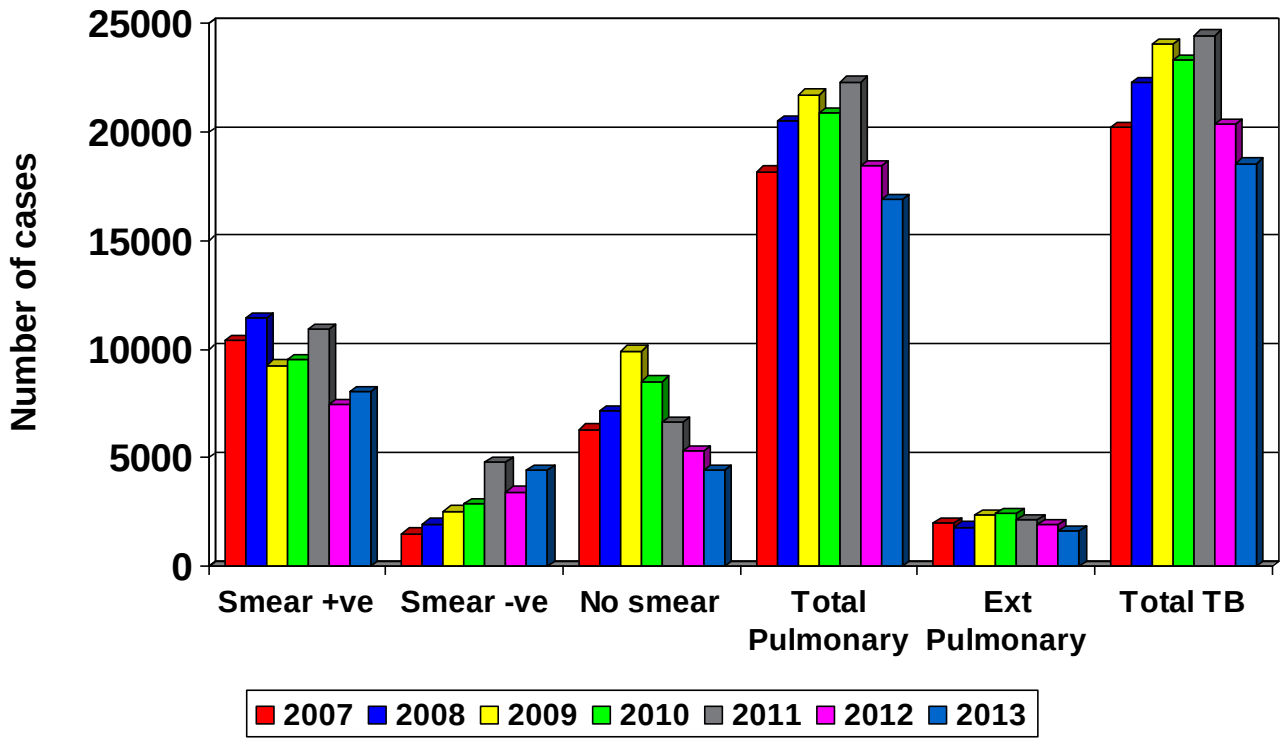
According to the World Health Organisation (WHO) estimates, South Africa ranks the third highest in the world in terms of the TB burden (i.e. after India and China) with an incidence that increased by 400% over the past 15 years. HIV is fuelling the TB epidemic with more than 60% of TB patients also 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, a decrease was recorded in the number of TB case findings from 23,312 in 2010, to 19,263 in 2013. Of these, 9,166 were from Ehlanzeni, 5,526 from Gert Sibande and 4,571 from Nkangala district as represented in Figures 15 and Table 7, respectively.

Figure 15: Mpumalanga TB Case Findings: 2007 to 2013



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

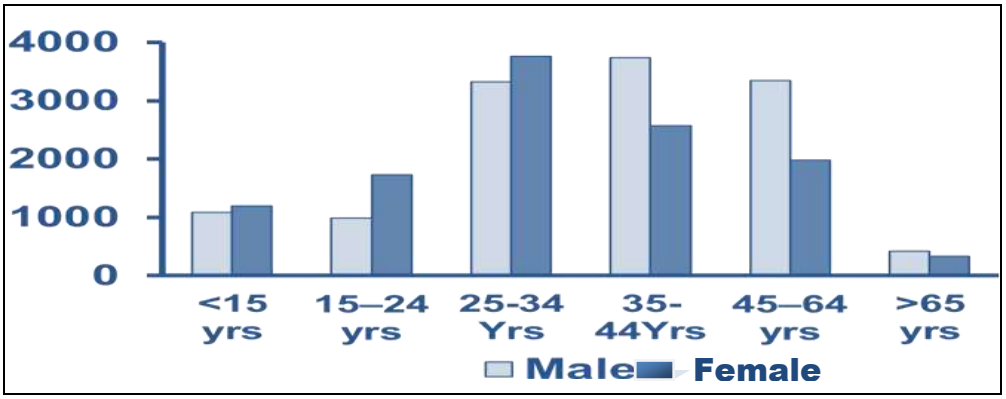
Table 7: TB Case Finding per District, 2013

Districts	All PTB	New PTB	New Sm +ve PTB	New Sm -ve PTB	New No Smears*	All EPTB	New EPTB	EPTB ReRx Cases	All New TB
Ehlanzeni	8,136	7,344	3,261	1,924	2,159	1,030	1,003	27	8,347
Gert Sibande	5,107	4,665	1,867	1,157	1,641	419	414	5	5,079
Nkangala	4,323	3,932	2,513	922	497	248	238	10	4,170
Mpumalanga	**17,566**	**15,941**	**7,641**	**4,003**	**4,297**	**1,697**	**1,655**	**42**	**17,596**

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

The highest number of TB cases in 2013 was recorded in the 25-34 year old female age group and the 35-44 year old male age group as represented in Figure 16 below.

Figure 16: TB Cases by Age Group and Gender, 2013

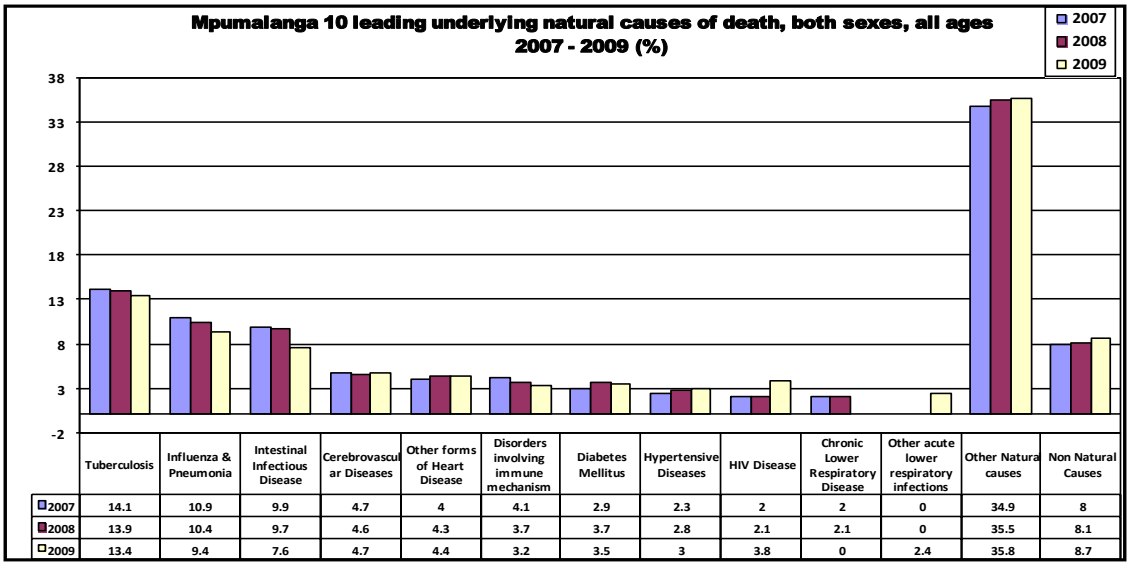


***Source**: Mpumalanga TB Database (ETR Net)*

According to the "Findings of the Mortality and Causes of Death in South Africa Report, 2010" 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 in 2010. This is represented in Figure 17 below.

Figure 17: Mpumalanga 10 Leading Underlying Natural Causes of Death, Both Sexes, All Ages 2007 – 2010



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

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

The leading causes of death in the cohort of 15-49 years of age in Mpumalanga are Tuberculosis, Influenza and Pneumonia, Intestinal Infectious Diseases, Certain disorders involving the immune mechanism, with HIV as the 4th leading cause of death in this age group. Men are dying more from non-natural causes whilst females are dying mostly from natural causes. Table 8 shows the underlying non-natural causes of death for 2009 and 2010 in Mpumalanga Province.

Table 8: 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)*

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. During the time of approval of the structure it became evident that the titles of nursing personnel had changed. The structure was approved after the State had commenced with Occupational Specification Dispensation.

The model followed in designing the structure was three (3) fold, i.e. Provincial Office, District Management and Sub-district. The main role of the Provincial Office is to be a strategic partner, policy formulation and overall management, the districts role is to manage the day to day operations at the coal face level and the endorsement role is to be the service delivery machinery of the Department (See also organizational structure table on **4.6.1.A Organisational Structure)**

4.6.2. Factors in the organisation that would impact on service delivery

The Department is facing financial constraints as a result of accruals from the previous financial year. This has led the Department to being subjected to curatorship. The Operational Plan for the Department has been adjusted to be in line with the available budget. This has a negative impact on service delivery since there needs to be reprioritization of posts to be filled.

4.6.3. Imbalances in service structures and staff mix

Non-existence of staffing norms in the country in the previous years has resulted in staffing requirements determined by the population size. This created a challenge creating imbalances in the distribution of staff since the population size does not determine the workload in each facility.

The department is more oriented to medical health professional as critical posts compromising right staff mix. It is however required that other professionals such as Engineers, Health Technologists, Health Economists and Artisans are recruited to provide adequate skills, assist in enabling delivery of quality health services and good decision making.

4.6.4. Summary of performance against Provincial Human Resource Plan

The Head of Department was appointed on 01 April 2014. This has ensured that the Department has strategic leadership. The new MEC commenced his duties on 30 May 2014. This implied a new political mandate for the Department thus giving strategic direction in the Department. The Department has not been able to fill critical posts as planned because of budgetary constraints. In an endeavour to improve leadership and effective management of Hospitals, the department appointed Hospital CEOs in KwaMhlanga, Middelburg, Rob Ferreira and placed others in Impungwe and Tintswalo Hospitals. The department is in the process of appointing more Hospital CEOs in Piet Retief, Amajuba, Standerton, Bethal, Bongani TB, Standerton TB and Matibidi hospitals

The staff establishment will not be accurate until the review of the organisational structure is finalised. The OSD necessitated change in nomenclature of various professional categories of staff. A new cadre of Clinical Associates was introduced and it is not catered for in the new organisational structure thus leading in the post incumbents being held against vacant Medical Officers' posts. The organisational structure for the Department of Health is under review in the whole country to ensure that all categories are included and ensuring that there is a Generic Service Delivery Model. The Department will align itself to the model to ensure that service delivery needs are met.

The vacancy rate is at 36.7% as a result of inability by the Department to recruit and retain the said category. The Department will review the recruitment and retention strategy after an analysis has been conducted on the reasons why the staff leave the Department as indicated on the exit interviews questionnaires.

4.6.5. Staff recruitment and retention systems and challenges

The recruitment and retention strategy of the Department has been reviewed and an implementation plan has been included. However, due to financial constraints it could not be fully implemented. An analysis of the exit interviews questionnaires will be conducted to establish the reasons why health professionals leave the Department.

4.6.6. Absenteeism and staff turnovers

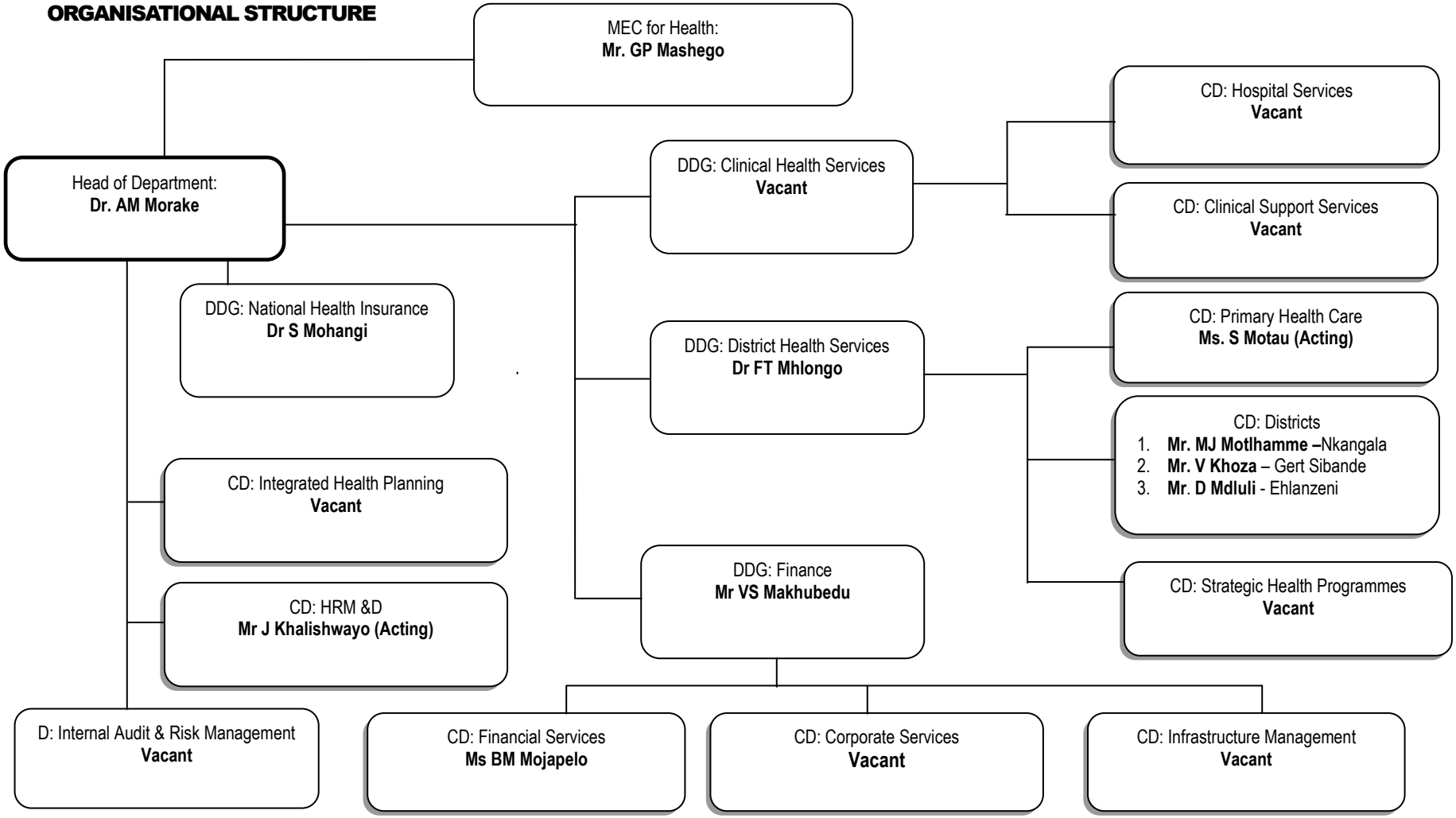
The burden of disease is a contributory factor to staff absence since they have to utilise their sick leave. The hospital environment also contributes to staff acquiring occupational diseases such as TB.

Disciplinary procedures are followed in cases of unauthorised absences and referrals to Employee Assistance Programme are made where applicable. Most absences result from sick leave. The staff turnover rate is at 3.8%. Most staff leave the Department through resignations and medical boarding.

4.6.7. Progress on the rollout of Workload Indicators of Staffing Need (WISN) tool and methodology

The staffing norms for the Primary Health Care facilities have been approved by the National Health Council with introduction of Workload Indicator Staffing Norms (WISN). The department has established a Provincial Task team that has undergone training to implement this system. The department is in the process of establishing district WISN steering committee to fastrack implementation of Norms. The roll-out of the norms will be implemented in all PHC facilities after approval of guidelines for implementation of WISN by the National Health Council, as required by Section 45 (1) of the National Health Act, 2003. The next phase will be to develop the staffing norms for all levels of hospitals in the country.

ORGANISATIONAL STRUCTURE



4.6.8 National Development Plan (NDP) 2030

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.

As the Department strives to realize **Outcome 2**, which is to deliver "**A Long and Healthy Life for all South Africans**", the focus for department to achieve the 10 sub-outcomes is as follows:

Sub-outcome 1: Universal Health coverage progressively achieved through implementation of National Health Insurance

- Government has set itself the target of establishing a publicly funded and publicly administered National Health Insurance (NHI) Fund through legislation, to drive the roll-out of the NHI programme. The White Paper on the NHI is envisaged to be finalised this year and provide further guidance on the fund. The province will ensure that it lays down the foundation for the introduction of National Health Insurance (NHI). The Department will strengthen our health system by focussing on:

- Improving operational and strategic efficiency of the department
- Improving regional hospital networks
- Provision of adequate infrastructure
- Appointment of qualified and professional personnel
- Establishing an effective and efficient medical supply distribution system

- The department has developed a maintenance plan to improve the condition of health facilities and budget has been allocated to each hospital. In the current financial year we have planned to appoint maintenance teams at Themba Hospital, Rob Ferreira Hospital, Witbank Hospital, Middelburg Hospital and Ermelo Hospital.

Sub-outcome 2: Improved quality of health care

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

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 recommended for funding to provide community based services.

In quest to increase access to Primary Health Care, twenty four (24) Ward Based Primary Health Care Outreach Teams were established increasing the actual of twenty (20) during 2012/13 to forty four (44). The school health service has been extended to target Grade R, 1, 4, 8 and 10 learners from the initial target of Grade R and 1. There are twenty six (26) School Health Service Team.

The Department has 29/47 PHC Supervisors, the outstanding eighteen (18) were envisaged to be appointed during 2014/15.

The National Health Insurance (NHI) is one of ten key priorities of the Health Sector Programme of Action which is being implemented in phases as from the 2012 financial year, over a fourteen year period. The first five years will be a process of building and preparation with the objective to put the necessary funding and health service delivery mechanisms in place that will enable the creation of an efficient, equitable and sustainable health system in South Africa.
The National General Practitioner (GP) contract has been finalized and GPs are being encouraged to come on board. The Department will have to strengthen the ward based outreach teams, the District clinical specialist teams as well as the school health teams.
Attempts to improve infrastructure maintenance are underway. District and hospital management structures are receiving attention.

The Department has trained managers on financial management in preparation for the financial delegations. The Department completed an audit with the Project Management Support Unit (PMSU) of national to prioritise the facilities for bringing them up to standard. Basic equipment and computers were procured for facilities in Gert Sibande District.

There are four key interventions that are taking place simultaneously:

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

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

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

No health facility should be found wanting on theses non-negotiables. The department is quite aware of the challenges towards addressing these non-negotiables however, will spare no effort in working tirelessly with other sectors in the delivery on these non-negotiables.

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

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

Sub-outcome 3: Implement the re-engineering of Primary Health Care

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

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 44 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 all 65/65 local municipality PHC facilities have been provincialised. This has a positive impact in terms of standardised health care services throughout the province.

Sub-outcome 4: Reduced health care costs

Internal controls to be strengthened in financial management especially supply chain management. Standardized prices for commodities such as patient foods, cleaning material, etc will be enforced. To implement monitoring mechanisms to cub high cost drivers such as overtime, pharmaceuticals, blood usage, laboratory services. Enter into service level agreements with private health institutions.

Sub-outcome 5: Improved human resources for health

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

The Department developed an MTEF Human Resources plan (HRP) for 2010/2015 which is reviewed on a yearly basis in order to respond to respond to high level skills requirements. However, as a results of the department being continuously faced with financial constraints, there has been a moratorium on filling of posts which is a contributory factor for the department not being able to implement the HRP.

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. This tool is being piloted at all NHI pilot districts throughout the country. The tool was piloted at Gert Sibande as an NHI pilot district and it will assist with future determination of staffing norms. The NDoH is in the process of finalizing the staffing norms for PHC facilities and they will be implemented from 2014/15 financial year after approval by the National Health Council. Thereafter, the staffing norms for the district hospitals will be developed.

Sub-outcome 6: Improved health management and leadership

The Department envisages to fill strategic posts in management at provincial, district and institutional level. HR and financial delegations will be decentralised to districts and institutional managers to decrease the bureaucratic red tape leading to improved service delivery. Performance management will be enforced to increase accountability.

Sub-outcome 7: Improved health facility planning and infrastructure delivery

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.

Sub-outcome 8: HIV & AIDS and Tuberculosis prevented and successfully managed

According to the latest Antenatal Sentinel HIV and Syphilis Prevalence Survey, HIV prevalence increased from 34.7% in 2009 to 36.7% in 2011, second to KwaZulu Natal with the highest prevalence of 39.5% for 2010. Our Districts, Gert Sibande which showed an increase from 38.2% (2009) to 38.8% (2010) and Ehlanzeni from 33.8% (2009) to 37.7% were recorded 6th and 7th highest prevalence among the 52 health districts in the country whilst Nkangala showed a decline from 32.6% (2009) to 27.2% (2010).

The TB defaulter rate has decreased from 7.5 in 2010 to 5.9 in 2011 which contributed to the improved TB cure rate of 76.5 in 2011 from 72.7% in 2010.

The HIV testing rate remained constant at 94.2 with a total of 648 665 HIV tests done and those who tested positive were linked to care. The Department managed to initiate 65 645 new patients on ART, this increasing the number of patients on ART to 209 727. In 2012/13 41 149 000 male condoms and 600 918 female condoms were distributed. A total of 49 609 Male Medical Circumcisions were performed against the target of 50 000. The numbers of High Transmission Area (HTA) intervention sites were increased from 64 to 70 sites in 2012/13.

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

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

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

Condom distribution for both male and female condoms, are being scaled up in the province as an intervention to reduce new infections however, it has increased to 41 149 000 male condoms distributed in 2012/13 compared to 23 208 347 in 2011/12. There was an increase in female condom distribution with 600 718 distributed in 2012/13 compared to 403 000 in 2011/12.

The circumcision programme was launched in November 2010 and to date, the number of Male Medical Circumcision (MMC) high volume, high quality sites increased from 28 in 2012/13 to 33 sites; A total of 14 002 medical male circumcisions have been performed in 2011/12 as another intervention to reduce new HIV infections and in 2012/13 the number of medical male circumcision has increased to 49 609.

By the end of March 2013 the department was paying stipends to 913 Lay Counselors and 98 mentors totaling to 1011. The Prevention of Mother to Child Transmission (PMTCT) program plays a pivotal role in the reduction of transmission of HIV from Mother to Child. This programme is being intensified in all facilities that offer antenatal care. As of the 1st April 2013 all facilities are providing PMTCT (FDC) as per the minister's pronouncement. This has resulted in tremendous reduction of mother to child transmission from 4.6% in 2011/12 to 3% in 2012/13, currently is at 2.3%.

The HCT campaign was launched in 2010. As a preventive measure, the HCT campaign has been intensified in all three Districts. In 2011/12 the number of people tested was 705 909 and 2012/13 the number was 215 189 All public health facilities are providing HCT services and the number of non-medical sites offering HCT, increased from 67 sites in 2011/12 to 72 sites in 2012/13.

TB remains the number one cause of death within the province and co-infection with HIV compounds this problem. The TB cure rate increased from 72.7% (2010) to 76.5% (2011) which is below the National target of 85%, mainly due inadequate patient support and supervision at Community level. The department has embarked in a process of establishing

Primary Health Care outreach teams to strengthen management of diseases at community level.

Sub-outcome 9: Maternal, infant and child mortality reduced

The continued unnecessary deaths of mothers and children due to complications that arise as a result of pregnancy and child birth, is still a worrying factor. To deal with the high mortality in the province, 100% facilities which review maternal and perinatal deaths were increased from 45% in 2010/11 to 100% in 2011/12 and in 2012/13. The number of facilities providing Basic Antenatal Care (BANC) increased from 203 in 2010/11 to 277 in 2012/13.

Maternal mortality ratio has decreased to 166.1 per 100 000 live births from 196.3 of 2011. Child facility mortality rate is at 5.5/1000 has slightly increased by 0.1. Infant mortality has declined from 9.7/1000 of 2011/12 to 8.3/1000

There was a slight improvement in the antenatal visits before 20 weeks, which shows an increase from 6% in 2010/11, to 37.5% in 2011/19. All HIV positive antenatal clients are now initiated on FDC.

Programme priorities within the Integrated Nutrition Programme aiming at reducing maternal, infant and child mortality, included amongst others breastfeeding, advocacy, support and promotion. Two main interventions which aim to support and promote breastfeeding as key child survival strategies, i.e. the Mother and Baby Friendly Initiative (MBFI) and Kangaroo Mother Care (KMC), were implemented. The Severe malnutrition under 5 years incidence has been reduced to 2.8/1000 from 3.9/1000 of 2010/11

The Immunization coverage under 1year remains a challenge due to data management however, the coverage increased from 73.9% in 2011/2012 to 83%. The Pneumococcal Vaccine (PCV) improved from 91.3% of 2011/12 to 97.6 while the Rota Virus (RV) improved from 91.6% in 2011/12 to 101.1 %.

Sub-outcome 10 : Efficient Health Management Information System developed and implemented for improved decision making

The department managed to make information resources available by procuring computers and printers in all PHC facilities. Furthermore 65 PHC facilities are connected to internet and created a new domain (mpuhealth.gov.za) for mail services to accommodate all PHC facilities in the financial year under review.

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.

TABLE A2: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator	2011/12 (actual)	2012/13 (Actual)	2013/14 (Actual)	2014/15 (Estimates)
PHC headcount - Total	8 767 554	Not in Plan	9,143,786	
OPD Headcount - new case not referred*	Not in Plan	Not in Plan	354,963	
Separations District Hospitals	191 714	196 034	165,744	
Separations Regional Hospitals	63,507	47 824	43,801	
Separations Tertiary/ Central Hospitals	31 294	37 800	31,847	

***Source**: DHIS*

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

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

MDG GOAL	TARGET	INDICATOR	MPUMALANGA BASELINE 2009/10	MPUMALANGA PROGRESS MADE DURING 2013/14	SOURCE OF DATA	MPUMALANGA REQUIRED PROGRESS BY 2019/20
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	Child under 2 years underweight for age incidence (annualised)	• Not in the Plan	Not in the Plan	District Health Information System (DHIS)	Child under 2 years underweight incidence (annualised) at 12 / 1000
		Child under 5 years severe acute malnutrition incidence (annualised)	• Severe malnutrition under 5 years incidence: 5.3 per 1000	Severe malnutrition under 5 years incidence: 2.5 per 1000		Severe malnutrition under 5 years incidence: 3 / 1000
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate.*	Under five Facility Mortality Rate 6.5 per 1000 live births (2009 DHIS)	Facility Under 5 Mortality Rate: 7.8 per 1000 live births (2013 DHIS)	South Africa Demographic and Health Survey (SADHS) 2003	Under-five facility mortality rate reduced to 5 (or less) 1000 live births
		Infant mortality rate.*	Facility Infant Mortality Rate 8.9 per 1000 live births (2009 DHIS)	Facility Under 1 Mortality Rate: 10.7 per 1000 live births (2013 DHIS)		Facility Infant Mortality Rate reduced to 6 per 1000 live births
		Measles 1st dose under 1 year coverage (annualised)	95.5%	77.9%	DHIS	95.5%
Goal 5: Improve Maternal Health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal Mortality Ratio*	Maternal Mortality Ratio 157 per 100 000 live births (2009 DHIS)	Maternal Mortality Ratio 133 per 100 000 live births	National Confidential Enquiries into Maternal Deaths, 2005-2007	Maternal Mortality Ratio 50 per 100 000 live births
		Proportion of births attended by skilled health personnel.* (use delivery in facility as a proxy indicator)*	No Baseline	77% of births attended by skilled health personnel	SADHS 2003	100% of births attended by skilled health personnel.
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS.	HIV prevalence among 15- to 19-year-old pregnant women	HIV Prevalence among 15-19 years: 12.9%	HIV Prevalence among 15-19 years: 17.4%	National HIV and Syphilis Prevalence Survey of South Africa, 2010 and 2011	18% of the youth aged between 15 and 24 years.

MDG GOAL	TARGET	INDICATOR	MPUMALANGA BASELINE 2009/10	MPUMALANGA PROGRESS MADE DURING 2013/14	SOURCE OF DATA	MPUMALANGA REQUIRED PROGRESS BY 2019/20
		HIV prevalence among 20- to 24-year-old pregnant women	Not in Plan	Not in Plan	SADHS 2003	18%
		Contraceptive Prevalence Rate*	27% Contraceptive Prevalence Rate	36.1% Contraceptive Prevalence Rate	SADHS 2003	50% Contraceptive Prevalence Rate
	Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases.	TB (new smear positive) cure rate	64.5% TB Cure Rate (2008)	76.5% TB Cure Rate (2011)	ETR.net	85% TB Cure Rate

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

4.7 PROVINCIAL SERVICE DELIVERY ENVIRONMENT

Impact Indicator	Baseline (2009[1])	Baseline (2012[2])	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province)
Life expectancy at birth: Total	56.5 years	60.0 years (increase of 3,5years)	63 years by March 2019 (increase of 3 years)	51.6 years	67 years
Life expectancy at birth: Male	54.0 years	57.2 years (increase of 3,2 years)	60.2 years by March 2019 (increase of 3 years)	50.2 years	55 years
Life expectancy at birth: Female	59.0 years	62.8 years (increase of 3,8years)	65.8 years by March 2019 (increase of 3years)	53 years	60 years
Under-5 Mortality Rate (U5MR)	56 per 1,000 live-births	41 per 1,000 live-births (25% decrease)	23 per 1,000 live-births by March 2019 (20% decrease)	5.5 per 1000 live births	<5 per 1000 live births
Neonatal Mortality Rate	No baseline	14 per 1000 live births	6 per 1000 live births	New Indicator	6 per 1000 live births
Infant Mortality Rate (IMR)	39 per 1,000 live-births	27 per 1,000 live-births (25% decrease)	18 per 1000 live births	8.3 per 1000 live births	5 per 1000 live births
Child under 5 years diarrhoea case Fatality rate	No baseline	4.2%	<2%	New Indicator	<2%
Child under 5 years severe acute malnutrition case fatality rate	No baseline	9%	<5%	New Indicator	<5%
Maternal Mortality Ratio	304 per 100,000 live-births	269 per 100,000 live-births	Downward trend <100 per 100,000live-births by March 2019	166.1 100,000 live-births	<50 per 100,000live-births

[1] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012
[2] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012

TABLE A 2: PUBLIC HEALTH PERSONNEL IN 2013/14

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people2	Vacancy rate5	% of total personnel budget	Annual cost per staff member
Medical officers3	856	4.6	23.77	No Data	76%	8.31%	317 367
Medical specialists	67	0.36	1.86	No Data	71%	1.36%	663 657
Dentists3	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	54%	37.93%	295 809
Enrolled Nurses	1666	8.95	46.27	No Data	59%	6.53%	128 087
Enrolled Nursing Auxiliaries	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
Pharmacists3	206	1.11	5.72	No Data	78%	1.90%	300 834
Physiotherapists	66	0.35	1.83	No Data	78%	0.45%	221 838
Occupational therapists	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 Care-Givers (even though not part of the PDoH staff establishment)	No Data	No Data	No Data	No Data	No Data		

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

4.8 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

Legislative Mandates

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

4.8.1 CONSTITUTIONAL MANDATES

In terms of the Constitution of the Republic of South Africa (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

4.8.4 RELEVANT COURT RULINGS

- **MEC for Finance & Economic Development, KwaZulu-Natal v Masifundisane Training (606/2012) [2013] ZASCA**

  Public private partnership (PPP) – regulation 16 of the Treasury Regulations in respect of Government Departments, promulgated in terms of the Public Finance Management Act 1 of 1999 – alleged that PPP not concluded in accordance with regulation 16 and PPP agreement not binding on the MEC – dispute of fact incapable of resolution on the papers – not necessary or desirable to resolve legal issue- Appeal upheld

- **CCMA v Law Society, Northern Provinces (005/13) [2013] ZASCA 118**

  The Law Society of the Northern Provinces contested the unconstitutionality of not allowing legal representation in terms of rule 25(1)(c) of the rules of the Commission for Conciliation, Mediation and Arbitration – the appeal was upheld and the order declaring the rule as being unconstitutional by the court a quo was dismissed with costs.

4.9 OVERVIEW OF THE 2013/14 BUDGET AND MTEF ESTIMATES

The Department continued on a trajectory of strengthening health systems effectiveness as output number 4 of Outcome 2. The Departmental budget was increased by 9.8 per cent on the adjusted budget for 2013/14 financial year. However, the budget still indicated pressures on compensation of employees. The Provincial Treasury assigned a HR task team to assist the Department on costing the Compensation of employees which has been a challenge for the past financial years. The task team concluded that the department needed an injection of funds just to sustain the current staff compliment as there were limited funds for vacancies. This will result in the slow achievement of targets especially on priorities.

The Department has been allocated additional funds of R168.810 million under goods & services and machinery & equipment; this will assist in the provision of essential services and payment of key accounts within 30 days as required by the PFMA. The key goods and services to be addressed by the additional funding are Medicine & Vaccines and maintenance of facilities. These additional funds will boost service delivery to communities and alleviate pressure on the department in these difficult economic times.

The Office of the Premier conducted hospital visits; among other things that came to the fore was negative staff attitude. Therefore, the Department prioritised the training of staff on the six priority areas. It is anticipated that this will reduce the rate of complaints.

Core service delivery Programmes which include District Health Services, Emergency Medical Services, Regional and Tertiary Hospital Services, are always given priority when allocated appropriated funds. The Development of National Health Insurance (NHI) presents pressure for the Vote. There is an expectation that all facilities especially in Gert Sibande meet the National Core Standards by 2014.

The NHI requires all facilities to have management autonomy, therefore it is critical to decentralize management and decision making. The Department will continuously train CEO's and finance staff in preparation of the decentralisation of finance delegations. Although, there are still a number of capacity challenges in the facilities, the implementation of the Hospitals Improvement plan assists in reducing challenges. A Hospital Finance Managers Performance Guide has been developed to assist finance managers and officials conducting finance duties in hospitals. This will enable them to have a comprehensive outlook, and guide CEO's into making informed decisions.

In 2013/14 a total of 26 Maintenance Teams in Facilities were appointed, and an additional 20 teams will be appointed in the year under review. This enables the Department to fast track the backlog on the maintenance of facilities and will reduce the spending trends on outsourced services. Funding has also been provided to ensure that minor repairs and maintenance of all facilities is done in the Department. This is critical to ensure that minor infrastructure problems are identified on time to allow preventative maintenance to take place. The appointment of maintenance teams will speed up the turnaround time for such maintenance. Funding is also set aside to ensure major maintenance of facilities which include renovation and repair of critical infrastructure challenges.

The supply of medicine is critical in ensuring the provision of basic health care services to the people of Mpumalanga. In this regard, Department will ensure that there is adequate capacity to ensure proper warehouse management, which will improve availability of drugs.

The complexity of the Health sectors requires the Procurement of highly technological medical and allied equipment. The Department has allocated funds for the procurement of medical equipment in selected hospitals.

4.9.1 Expenditure Estimates

Table A7: Expenditure Estimates

Table 10.3: Summary of payments and estimates: Health

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Administration	228 025	205 476	221 900	237 154	226 451	211 609	283 305	283 775	314 208
District Health Services	4 008 988	4 428 742	4 907 169	5 289 889	5 377 533	5 532 468	6 131 596	6 687 303	7 096 870
Emergency Medical Services	241 627	249 829	249 584	319 152	310 556	311 187	325 837	371 320	404 741
Provincial Hospital Services	855 977	898 261	947 563	1 130 564	1 097 262	1 067 498	1 156 894	1 259 295	1 360 183
Central Hospital Services	700 731	783 315	812 087	936 128	958 343	966 065	1 037 983	1 092 993	1 145 574
Health Sciences and Training	221 892	241 610	271 672	273 049	285 823	311 114	294 926	320 366	336 068
Health Care Support Services	117 363	97 461	105 887	120 146	109 580	107 493	130 272	139 733	147 257
Health Facilities Management	632 023	579 287	531 120	664 762	646 233	625 204	634 996	677 101	746 432
Total payments and estimates:	**7 006 626**	**7 483 981**	**8 046 982**	**8 970 844**	**9 011 781**	**9 132 638**	**9 995 809**	**10 831 886**	**11 551 333**

The table above indicates an average increase of 9 per cent as compared to revised estimate budget of R9.111 billion and services delivery programmes show an average increase of 8 per cent which include District Health Services, Emergency Medical Services, Provincial Hospital Services and Central Hospitals.

Programme 1: Administration has had an increase by 34 per cent over all but is still only 3 per cent of the Vote's total allocation which is within the prescribed perimeters this is mainly influenced by the appointment of the Departments MEC as the previous MTEF periods the Department of Health and the Department of Social Development shared the services of one MEC with DSD paying for the MEC's statutory payment. The cost drivers within this main division include among others payment of salaries, settlement of audit obligations, provision ICT services, payment of the PILLIR and settlement of all departmental litigations which present financial pressure due their nature (unforeseen and unavoidable).

Programme 2: District Health Services shows a growth of 11 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The overall increase is shows the department's commitment to strengthen District Health Services and funding of critical service delivery accounts which include drugs, Laboratory Services, Food for patients, Medical Gas, Oxygen and Blood Services.
The 2015/16 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 is allocated 62 per cent of the departmental budget and includes Comprehensive HIV/Aids, Community Health Clinics, Community Health Centres, Nutrition, Community Based Services and District Hospitals.

Earmarked funds have been dissolved and embedded into the baseline of programme 2 funds after having exceeded 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 5 per cent in the 2015/16 financial year which is due to once off allocation for vehicles in 2015/16 baseline. The continued drive to improve emergency medical services is reflected in the real increase in the Programme 3 funding for 2015/16 financial year 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 number of officials in 2014/15 financial year to improve the response time of all emergency call outs. Planned Patient transport shall be prioritised to ensure improved referral of patients in the province. This sub-programme is still faced with a number of challenges especially on the establishment of Planned Patients Transport Unit in the Provincial Office however the budget for PPT shall be used to procure Patients Transporters for Hospitals.

Programme 4: The Provincial Hospital Services shows a growth of 8 per cent this steadied CPIX growth is prompted by the desire to strengthen efficiencies and focus on improving PHC which will result in the elevation of pressure on General (Regional) hospitals. The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialised hospital services. This programme received 12 per cent of the allocated budget for 2015/16 financial year.

Programme 5: Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget increase of 7 per cent in 2015/16 financial year. The programme provides tertiary services to patients and includes the National Tertiary Services Grant provided to scale up tertiary services in the two tertiary facilities. This programme receives 10 per cent of the allocated budget for 2015/16 financial year.

Programme 6: Health Science & Training will reduce by 5 per cent from the 2015/16 which is mainly due to prioritisation of service delivery programmes. This programme includes the Health Professionals Training and Development grant which has been allocated to address improve 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 21 per cent during the 2015/16 to due to accelerated spending on orthotic and prosthetic services in the province. The Department is still facing challenges on capacity of the Medicine Trading Account which requires urgent intervention to ensure efficient spending on the Medicine Account. The Department has prioritized the provision of clean linen including training of laundry services personnel. The Engineering allocation has been accelerated in the efforts of the Department to ensure that the functionality of our medical and allied equipment is maintained at the highest level.

Over a seven year period, *Programme 8* has shown a decline on the budget due to slow spending within the equitable share. The department has prioritized the rehabilitation and maintenance of our dilapidated facilitie. This programme includes Hospital revitalisation conditional Grant and Infrastructure Grant. Health Facilities Management will increase with 2 per cent due to the cut on infrastructure for slow spending progress.

A new Conditional Grant was 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.

Table A8: Summary of Provincial Expenditure Estimates by Economic Classification

Table 10.4: Summary of provincial payments and estimates by economic classification: Health

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	**6 119 249**	**6 642 685**	**7 214 665**	**8 177 908**	**8 215 766**	**8 331 574**	**9 164 989**	**9 907 631**	**10 517 008**
Compensation of employees	4 067 022	4 457 266	4 970 826	5 642 683	5 548 962	5 577 073	6 213 604	6 590 511	6 941 808
Goods and services	2 051 131	2 184 532	2 243 510	2 535 225	2 666 804	2 753 705	2 951 385	3 317 120	3 575 200
Interest and rent on land	1 096	887	329	–	–	796	–	–	–
Transfers and subsidies	**196 152**	**200 124**	**278 279**	**231 162**	**252 456**	**257 505**	**273 074**	**273 982**	**287 681**
Provinces and municipalities	13 431	1 169	408	390	1 193	1 237	597	411	432
Departmental agencies and accounts	3 842	143	4 436	5 129	4 029	4 022	6 256	6 550	6 878
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	137 407	150 272	170 401	194 444	192 146	197 120	217 108	226 887	238 231
Households	41 472	48 540	103 034	31 199	55 088	55 126	49 113	40 134	42 141
Payments for capital assets	**691 225**	**639 160**	**554 038**	**561 774**	**543 559**	**543 559**	**557 746**	**650 273**	**746 644**
Buildings and other fixed structures	528 052	515 937	460 130	384 989	409 031	409 031	322 024	388 528	447 475
Machinery and equipment	163 173	123 223	93 908	176 785	134 528	134 528	235 722	261 745	299 169
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	2 012	–	–	–	–	–	–	–
Total economic classification	**7 006 626**	**7 483 981**	**8 046 982**	**8 970 844**	**9 011 781**	**9 132 638**	**9 995 809**	**10 831 886**	**11 551 333**

Compensation of Employees - shows an increase of 11 per cent on the revised estimate which is 3 per cent higher than the CPI provision. The Department is continuously operating with high vacancy rate and staff turnover has increased which hampers the ability to achieve predetermined targets in the Annual Performance Plan (APP). In the past years the Department encountered challenges with replacement of staff therefore delegations were given to Districts and Hospital CEO's to appoint staff.

However this allocation provides for limitation in addressing 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. In 2013/14, the Office of the Premier has conducted visits to different facilities and a detailed report clearly shows that most facilities do not have adequate staff to render quality health services. The STP is still not implemented which may deal with inefficiency of resource within the health system.

The Department has allocated an amount of R6.214 billion for the payment of salaries of warm Bodies carried from the 2015/16 financial year including appointment of new personnel. This funding is adequate for the payment of current warm bodies including payment of salary increments and pay progression and the appointment of critical posts and will allow the department to reduce the high vacancy.

Goods and Services – The Budget 2015/16 financial year for goods and services has increased by 7 per cent which is above the prescribed CPIX growth. The department will intensify the efficiencies measures and internal controls in the attempt to provide sustainable health essential services to the community of Mpumalanga, although the department acknowledges a risk of budget pressure on the key cost drivers due to accruals.

Transfers and Subsidies – shows an increase of 5% over the MTEF period to fund transfers to the municipalities and Non-Profit Organisations which provide Home Based Care services. The Budget includes funding for the Psychiatric services which is outsourced to private sector. Based on the contingent liabilities in 2013/14 AFS of the department additional funding is required for the settlement of litigations.

Payments of Capital Assets – The classification will increase by 4 per cent due to slow spending on building and fix structure including maintenance of fixed structures.

The Department will continue to increase the investment on replacement and procurement of New Machinery and Equipment of the Department. An additional amount has been allocated by the department to replace old fleet according to findings of fleet verification report. The success of the replacement of old fleet the department will yield saving on the pressured account for vehicle repairs due to an old fleet of the Department.

4.9.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

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

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2008/09	2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15
Current prices[1]							
Total2	4,452,526	-		-	---	-	-
Total per person	1,240	-		-	---	-	-
Total per uninsured person	1,378	-		-	---	-	-
Constant (2008/09) prices3	-	-		-	-	-	-
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:-	-	-		-	-	-	-
DHS4	54.21	-		53.04	53.24	-	-
PHS5	13.06	-		11.73	11.49	-	-
CHS6	12.31	-		10.73	10.69	-	-
All personnel	-	-				-	-
Capital2	-	-		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.

1.2 PRIORITIES

- Improve Human Resources for health
- Improved health facility planning and infrastructure delivery
- Efficient Health Management Information System developed and implemented for improved decision making
- Reduced health care costs

1.3 SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

The overall vacancy rate is currently at 38%. 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

Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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

Strategic objective	Performance Indicator	Strategic Plan target	Audited/ Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Re-alignment of human resource to Departmental needs	1. Improve Hospital Management by appointing Executive Management teams in all hospitals	33	New indicator	New indicator	New indicator	33/33**	33/33**	33/33**	33/33**
	2. Improve quality of care by developing and implementing Recruitment &Retention strategy	1	New indicator	New indicator	New indicator	New indicator	1 (Develop)	1 (Implement)	-1 (Implement)
	3. Increase human resource efficiency and equitable distribution by rolling out WISN to all health facilities	33/33 Hospitals 279/279 PHC facilities	New indicator	New indicator	New indicator	New indicator	279 PHC 23/33 Hospitals	279 PHC 23/33 Hospitals	279 PHC 33/33 Hospitals
	4. Improve quality of information by appointing information officers in all sub-districts	18 appointed information officers	1	1	1	18	18 maintained	18 maintained	18 maintained
	5. Equitable resource allocation through Provincial Human Resource for Health Plans – based on national norms	1	New indicator	New indicator	New indicator	New indicator	0	1	1
Strengthening Health Systems Effectiveness Strengthening Health Systems Effectiveness	6. Improve communication and information management by connecting all PHC facilities to network	100%	New indicator	New indicator	New indicator	New indicator	50% (140/279)	80% (223/279)	100% (278/279)

Strategic objective	Performance Indicator	Strategic Plan target	Audited/ Actual performance			Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	7. Improve management of human resource efficiency by establishing Biometrics time and attendance system	1	New indicator	New indicator	New indicator	New indicator	System pilot	1	1
	8. Improve record management by implementing Electronic Patient Record Management system	1	New indicator	New indicator	New indicator	New indicator	System pilot	1	1
	9. Implementation of Turnaround Strategy	1	New indicator	New indicator	New indicator	New indicator	1	No target	No target

** Number of hospitals with full complement of executive team is inclusive of complex hospitals which shares CEOs.

TABLE ADMIN 2: PERFORMANCE INDICATORS FOR ADMINISTRATION

Programme Performance Indicators	Frequency	Type	Audited/ Actual performance			Estimate	Medium-term targets		
	Quarterly / Annual		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. Audit opinion from Auditor-General	Annual	Categorical	New indicator	New indicator	New indicator	New indicator	Unqualified	Unqualified	Unqualified
2. Percentage of Hospitals with broadband access	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100% (33/33 maintained)	100% (33/33 maintained)	100% (33/33 maintained)
3. Percentage of fixed PHC facilities with broadband access	Quarterly	%	New indicator	New indicator	New indicator	50%	50% (140/279)	80% (223/279)	100% (278/279)

1.5 QUARTERLY TARGETS FOR 2014/15

TABLE ADMIN 3: QUARTERLY TARGETS FOR 2014/15

Ensure the indicators and their respective annual targets are consistent with the information provided in the tables above.

INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
1. Audit opinion from Auditor-General	Unqualified	-	-	-	Unqualified
2. Percentage of Hospitals with broadband access	100% (33/33 maintained)	100% (33/33 maintained)-	100% (33/33 maintained)-	100% (33/33 maintained)-	100% (33/33 maintained)
3. Percentage of fixed PHC facilities with broadband access	50% (140/279)	35% (100/279 cumulative)	43% (120/279 cumulative)	46% (130/279 cumulative)	50% (140/279 cumulative)
4. Improve Hospital Management by appointing Executive Management teams in all hospitals	33/33**	Annual Target	Annual Target	Annual Target	33/33**

INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
5. Improve quality of care by developing and implementing Recruitment & Retention strategy	1	Annual Target	Annual Target	Annual Target	1
6. Increase human resource efficiency and equitable distribution by rolling out WISN to all health facilities	279 PHC 23/33 Hospitals	2	2	2	279 PHC 23/33 Hospitals
7. Improve quality of information by appointing information officers in all sub-districts	18 maintained	Annual Target	Annual Target	Annual Target	18 maintained
8. Equitable resource allocation through Provincial Human Resource for Health Plans –based on national norms	Not planned for this financial year	Not planned for this financial year	Not planned for this financial year	Not planned for this financial year	Not planned for this financial year
9. Improve communication and information management by connecting all PHC facilities to network	50% (140/279)	Annual Target	Annual Target	Annual Target	50% (140/279)
10. Improve management of human resource efficiency by establishing Biometrics time and attendance system	System pilot	Annual Target	Annual Target	Annual Target	System pilot
11. Improve record management by implementing Electronic Patient Record Management system	System pilot	Annual Target	Annual Target	Annual Target	System pilot
12. Implementation of Turnaround Strategy	1	Annual Target	Annual Target	Annual Target	1

1.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN 4: EXPENDITURE ESTIMATES: ADMINISTRATION

Table 10.8: Summary of payments and estimates: Administration

R thousand	Outcome 2011/12	Outcome 2012/13	Outcome 2013/14	Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17	Medium-term estimates 2017/18
Office of the MEC	4 795	5 745	5 186	5 587	10 604	8 882	9 767	11 767	12 355
Management	223 230	199 731	216 714	231 567	215 847	202 727	273 538	272 008	301 852
Total payments and estimates	**228 025**	**205 476**	**221 900**	**237 154**	**226 451**	**211 609**	**283 305**	**283 775**	**314 208**

Table B.3(i): Payments and estimates by economic classification: Administration

R thousand	Outcome 2011/12	Outcome 2012/13	Outcome 2013/14	Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17	Medium-term estimates 2017/18
Current payments	**207 015**	**184 493**	**170 374**	**221 366**	**209 975**	**195 133**	**256 019**	**266 625**	**296 200**
Compensation of employees	86 075	86 144	95 383	130 012	113 871	101 029	116 544	128 319	142 235
Salaries and wages	73 164	77 529	81 075	115 870	101 903	86 802	103 171	114 158	127 366
Social contributions	12 911	8 615	14 308	14 142	11 968	14 227	13 373	14 161	14 869
Goods and services	120 747	97 566	74 828	91 354	96 104	93 570	139 475	138 306	153 965
Administrative fees	603	953	1 175	1 847	635	635	907	952	1 000
Advertising	5 355	2 610	3 476	3 077	800	800	1 000	1 050	1 103
Minor Assets	152	81	576	100	185	185	50	52	55
Audit cost: External	10 337	12 105	12 744	12 840	15 419	15 419	16 077	15 925	16 221
Catering: Departmental activities	1 287	898	1 594	960	2 102	2 102	2 376	2 495	2 620
Communication (G&S)	5 892	5 078	4 398	10 082	4 670	4 670	6 128	5 117	5 373
Computer services	16 499	7 323	7 426	23 187	22 991	17 431	34 746	35 380	48 393
Consultants and professional services: Busin	855	694	–	–	7 074	7 074	6 000	6 000	6 300
Consultants and professional services: Labor	–	–	–	–	24	24	–	–	–
Consultants and professional services: Legal	3 535	2 437	3 767	1 620	–	–	32 227	32 227	33 838
Contractors	1 199	1 666	918	788	1 448	1 448	1 788	1 827	1 918
Agency and support / outsourced services	2 208	–	1 822	477	1 011	1 011	562	590	120
Fleet services (including government motor tr	4 882	8 994	4 230	6 813	7 738	12 698	3 000	3 150	3 308
Inventory: Clothing material and accessories	–	–	30	–	–	–	–	–	–
Inventory: Food and food supplies	28	74	–	–	–	–	3	3	3
Inventory: Materials and supplies	1	12	8	32	871	871	–	–	–
Inventory: Medical supplies	–	–	–	–	–	1	–	–	–
Inventory: Medicine	54	–	–	–	–	219	–	–	–
Inventory: Other supplies	137	117	–	–	–	–	–	–	–
Consumable supplies	3 164	2 339	594	1 084	349	328	308	1 322	1 388
Consumable: Stationery,printing and office su	5 127	6 045	3 965	3 185	3 625	3 625	3 376	3 544	3 221
Operating leases	519	22 134	5 376	5 053	5 333	5 333	5 700	5 935	6 232
Property payments	40 506	–	2 243	2 822	5 617	5 617	6 132	6 302	6 617
Transport provided: Departmental activity	35	19 784	74	–	–	–	–	–	–
Travel and subsistence	16 273	1 909	18 317	15 387	13 319	11 186	14 038	14 253	13 966
Training and development	118	516	55	–	734	734	3 000	–	–
Operating payments	287	1 797	720	1 200	1 203	1 203	1 136	1 171	1 230
Venues and facilities	1 694	–	921	800	446	446	521	591	621
Rental and hiring	–	–	399	–	510	510	400	420	441
Interest and rent on land	193	783	163	–	–	534	–	–	–
Interest (Incl. interest on finance leases)	193	783	163	–	–	534	–	–	–
Transfers and subsidies	**19 101**	**15 101**	**44 242**	**10 888**	**12 211**	**12 211**	**22 386**	**11 990**	**12 590**
Provinces and municipalities	322	302	25	50	873	873	50	53	56
Municipalities	322	302	25	50	873	873	50	53	56
Municipal bank accounts	322	302	25	50	873	873	50	53	56
Households	18 779	14 799	44 217	10 838	11 338	11 338	22 336	11 937	12 534
Social benefits	–	–	–	100	600	–	124	131	138
Other transfers to households	18 779	14 799	44 217	10 738	10 738	11 338	22 212	11 806	12 396
Payments for capital assets	**1 909**	**3 870**	**7 284**	**4 900**	**4 265**	**4 265**	**4 900**	**5 160**	**5 418**
Machinery and equipment	1 909	3 870	7 284	4 900	4 265	4 265	4 900	5 160	5 418
Transport equipment	1 887	–	6 966	3 110	2 584	2 225	3 060	3 222	3 383
Other machinery and equipment	22	3 870	318	1 790	1 681	2 040	1 840	1 938	2 035
Payments for financial assets	–	2 012	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**228 025**	**205 476**	**221 900**	**237 154**	**226 451**	**211 609**	**283 305**	**283 775**	**314 208**

1.7 PERFORMANCE AND EXPENDITURE TRENDS

The increase of 34 per cent from the revised baseline for 2015/16 financial year in *Programme 1:* Administration which has been influenced by the annual ICT licence renewal, MEC statutory payment, payment of PILLAR, furthermore the programme gets 3 per cent of the total department's allocation.

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 continuous implementation of the Hospital Improvement Plan.
- Installation and maintenance of 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.
- 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 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.

1.8 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Ineffective Supply Chain process	• Appointment of Director: Supply Chain and key staff. • Cleaning of supplier database.
2. 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.

2.2 PRIORITIES

- Universal Health coverage progressively achieved through implementation of National Health Insurance
- Improved quality of health care
- implement the Re-engineering of PHC
- Maternal, infant and child mortality reduced
- HIV &AIDS and Tuberculosis prevented and successfully managed

2.3 SPECIFIC INFORMATION FOR DHS

TABLE DHS1: DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT IN 2013/14

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]	33 mobiles 860 visiting points; 3 satellite clinics	1 043 194	32,695	
	Fixed Clinics[4]	50		14,765	
	CHCs	22	1,101 Beds	53,850	
	Sub-total clinics + CHCs	**72**		8,556	
	District hospitals	8		831	
Ehlanzeni District	Non fixed clinics[3]	28 mobiles 984 Visiting points	1 688 615	3,097	2.85
	Fixed Clinics[4]	105		10,780	
	CHCs	15		23,840	
	Sub-total clinics + CHCs	**120**	1209 Beds	12,399	
	District hospitals	8		1,319	
Nkangala District	Non fixed clinics[3]	21 mobiles 461 Visiting points	1 308 129	56,694	1.7 Headcount 2,454,830
	Fixed Clinics[4]	68		16,143	
	CHCs	19		65,522	
	Sub-total clinics + CHCs	**87**		10,508	
	District hospitals	7	716 Beds	1,556	0.02
Province	Non fixed clinics[3]	82 mobiles 2561 visiting points	4 039 939 (Stats SA 2007)	45,241	2.2
	Fixed Clinics[4]	223	3026 Beds	15,467	
	CHCs	56		75,401	
	Sub-total clinics + CHCs	279		9,998	
	District hospitals	23		1,196	

Source: District Health Services: Primary Health Care Registers

Nkangala district added one local municipality clinic (Klarinet clinic at Emalahleni) increasing the number to a total of 279

2.4 SUB-PROGRAMME: DISTRICT HEALTH SERVICES

TABLE DHS 2: SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Programme Performance Indicators	Annual/ Quarterly	Indicator Type	Province wide value 2013/14	Ehlanzeni District 2013/14	Gert Sibande District 2013/14	Nkangala District 2013/14
1. Number of Districts piloting NHI interventions	Annual	No	New indicator	New indicator	New indicator	New indicator
2. Establish NHI Consultation Fora	Annual	No	New indicator	New indicator	New indicator	New indicator
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	Quarterly	%	New indicator	New indicator	New indicator	New indicator
4. Patient Experience Care Survey Rate (PHC Facilities)	Annual	%	0%	40%	0	0
5. Patient Experience Care rate at PHC facilities	Annual	%	New indicator	New indicator	New indicator	New indicator
6. Outreach Household (OHH) registration visit rate	Quarterly	No	New indicator	New indicator	New indicator	New indicator
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Annual	No	New indicator	New indicator	New indicator	New indicator
8. Number of District Mental Health (Specialist) Teams established	Annual	No	New indicator	New indicator	New indicator	New indicator
9. PHC Utilisation rate (Annualised)	Quarterly	Days	2.2	2.2	2.7	2.0
10. Complaints resolution rate	Quarterly	%	65%	68%	62	66%
11. Complaint resolution within 25 days rate	Quarterly	%	77.9	87.1	85.2	96.6

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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome

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		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve health care outcomes	Increased life expectancy	57 years	STATSSA	Not in plan	Not in plan	51.6 years	Not in plan	53 years	54 years	55 years
	Improve quality of health care service by rolling out NHI in all districts	3 Districts	NHI checklist and NHI report	New Indicator	New Indicator	New Indicator	New Indicator	1 District	1 District	2 Districts
	Number of Health Promoting Schools established in all 3 districts.	Annual	Delegations/ appointment letters	25 (265)	22 (292)	52 (337)	20 (314)	25 (376)	30 (406)	35 (441)
	Number of Primary Health Care Outreach Teams established in sub districts	Annual	Delegations/ appointment letters	18 teams (9 sub districts)	20	24 (44)	10 teams (32) cumulative)	60 teams (104 cumulative)	112 teams (216 cumulative)	112 (328)
	Number of School Health Service Teams established	Quarterly	Delegations/ appointment letters	23	17	9 (26 cumulative)	16 (44 cumulative)	16 (58 cumulative)	16 (74 cumulative)	16 (90 cumulative)
	Provincial PHC expenditure per uninsured person	Quarterly	IYM	R446	R399	R428.83	R300	R550	R580	R620

TABLE DHS 4: PROGRAMME PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Programme Performance Indicators	Frequency of reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	MTEF Projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. Number of Districts piloting NHI interventions	Annual	No	New indicator	New indicator	New indicator	New indicator	1	1	3
2. Establish NHI Consultation Fora	Annual	Yes-No	New indicator	New indicator	New indicator	New indicator	1	1	3
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	Quarterly	%	New indicator	New indicator	New indicator	New indicator	10% (28/279)	20% (56/279)	30% (84/279)
4. Patient Experience of Care Survey Rate (PHC Facilities)	Annual	%	New indicator	New indicator	New indicator	New indicator	75%	80%	85%
5. Patient Experience of Care rate at PHC Facilities	Annual	%	New indicator	New indicator	-	70%	75%	80%	85%
6. OHH registration visit coverage	Quarterly	No	New indicator	New indicator	New indicator	New indicator	18%	39%	59%
7. Number of Districts **with fully fledged** District Clinical Specialist Teams (DCSTs)	Annually	No	New indicator	New indicator	New indicator	New indicator	1	1 (2)	1 (3)
8. Number of District Mental Health Teams established	Annually	No	New indicator	New indicator	New indicator	New indicator	1	1 (2)	1 (3)
9. PHC Utilisation rate	Quarterly	No	2.4	2.5	2.2	3.0	2.5	2.7	3.0
10. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	85%	90%	95%
11. Complaint resolution within 25 days rate	Quarterly	%	64.9%	Not in the plan	77.9%	78%	85%	90%	95%

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.

2.4.2 QUARTERLY TARGETS FOR DHS

TABLE DHS 5: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2015/16

Quarterly Indicators	Frequency of Reporting	Annual Target 2015/16	Quarterly Targets			
			Q1	Q2	Q3	Q4
1. Number of Districts piloting NHI interventions	**Annual**	1	Annual Target	Annual Target	Annual Target	1
2. Establish NHI Consultation Fora		1	Annual Target	Annual Target	Annual Target	1
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	**Annual**	10% (28/279)	Annual Target	Annual Target	Annual Target	10% (28/279)
4. Patient experience of Care Survey Rate (PHC Facilities)		75%	Annual Target	Annual Target	75%	Annual Target
5. Patient experience of Care at PHC Facilities		75%	Annual Target	Annual Target	75%	Annual Target
6. OHH registration visit coverage	**Quarterly**	18%	18%	18%	18%	18%
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	**Annual**	1	Annual Target	Annual Target	Annual Target	1
8. Number of District Mental Health Specialist Teams established		1	Annual Target	Annual Target	Annual Target	1
9. PHC Utilisation rate	**Quarterly**	2.5	2.5	2.5	2.5	2.5
10. Complaints resolution rate		85%	85%	85%	85%	85%
11. Complaint resolution within 25 days rate		85%	85%	85%	85%	85%
12. Improve quality of health care service by rolling out NHI in all districts		1 District	Annual Target	Annual Target	Annual Target	1 District
13. Number of Health Promoting Schools established in all 3 districts	**Annual**	25 (376)	Annual Target	Annual Target	Annual Target	25 (376)
14. Number of Primary Health Care Outreach Teams established in sub districts	**Annual**	60 teams (104 cumulative)	Annual Target	Annual Target	Annual Target	60
15. Number of School Health Service Teams established	**Quarterly**	16 (58 cumulative)	4	4	4	4
16. Provincial PHC expenditure per uninsured person	**Quarterly**	R550	R550	R550	R550	R550

2.5 SUB – PROGRAMME DISTRICT HOSPITALS

TABLE DHS 6: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Frequency of Reporting	Indicator Type	Province wide value 2013/14	Ehlanzeni District 2013/14	Gert Sibande District 2013/14	Nkangala District 2013/14
1. National Core Standards self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator
2. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator
3. Patient experience of Care Survey Rate	Annually	%	New indicator	New indicator	New indicator	New indicator
4. Patient experience of Care Rate	Annually	%	New indicator	New indicator	New indicator	New indicator
5. Average Length of Stay	Quarterly	Days	4.3 days	4.3	4.4	4.1
6. Inpatient Bed Utilisation Rate	Quarterly	%	70.5%	70.5	73.4	65.8
7. Expenditure per patient day equivalent (PDE)	Quarterly	R	R1830	Prov. indicator	Prov. indicator	Prov. indicator
8. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator
9. Complaint Resolution within 25 working days rate	Quarterly	%	94.5%	94.5	95.8	97.1

** Source: District Health Services & DHIS*

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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
No indicator										

TABLE DHS 8: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. National Core Standards self assessment rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
2. Quality improvement plan after self assessment rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Annually	%	New indicator	New indicator	New indicator	New indicator	25%	45%	65%
4. Patient Experience of Care Survey Rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
5. Patient Experience of Care rate	Annually	%	76.5%	50%	N/A	60%	70%	75%	75%
6. Average Length of Stay	Quarterly	No	4.2 days	4.1 days	4.3 days	4.0 days	3.7 days	3.5 days	3.5 days
7. Inpatient Bed Utilisation Rate	Quarterly	%	68.9%	69,9%	70.5%	75%	73.5%	74%	75%
8. Expenditure per PDE	Quarterly	No	R2,069	R1,832	R1830	R1,500	R1,985	R2,114	R2,251
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	95%	96%	98%
10. Complaint Resolution within 25 working days rate	Quarterly	%	64.9%	66%	94.5%	70%	95%	96%	98%

**Error in the interpretation of Mental health admission rate indicator in the financial year 2014/15, hence the target was set high.*

2.5.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

TABLE DHS 9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Annually	100%	Annual Target	Annual Target	Annual Target	25%
2. Quality improvement plan after self assessment rate		100%	Annual Target	Annual Target	Annual Target	**75%**
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards		25%	Annual Target	Annual Target	Annual Target	25%
4. Patient Experience of Care Survey Rate		100%	Annual Target	Annual Target	Annual Target	100%
5. Patient Experience of Care rate		70%	Annual Target	Annual Target	Annual Target	70%
6. Average Length of Stay		3.7 days	Annual Target	Annual Target	Annual Target	3.7 days
7. Inpatient Bed Utilisation Rate	Quarterly	73.5%	73.5%	73.5%	73.5%	73.5%
8. Expenditure per PDE		R1,985	R1,985	R1,985	R1,985	R1,985
9. Complaints resolution rate		95%	95%	95%	95%	95%
10. Complaint Resolution within 25 working days rate		95%	95%	95%	95%	95%

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	Indicator Type	Province wide value 2013/14	Ehlanzeni District 2013/14	Gert Sibande District 2013/14	Nkangala District 2013/14	National Achievement 2013/14
1. Total clients remaining on ART (TROA) at end of the month	Quarterly	No	243374	125,649	65,518	52,207	N/A
2. Client tested for HIV (incl ANC)	Quarterly	No	556,782	269,221	126,619	160,942	N/A
3. TB symptom 5yrs and older screened rate	Quarterly	%	94%	Prov. indicator	Prov. indicator	Prov. indicator	91.9%
4. Male condom distribution Rate	Quarterly	No	40,317,964	19,199,869	11,334,149	9,783,946	N/A
5. Female condom distribution Rate	Quarterly	No	1,194,475	604,917	314,679	274,879	N/A
6. Medical Male Circumcisions performed – Total	Quarterly	No	93,368	24,990	9,220	59,158	N/A
7. TB new client treatment success rate	Annual	%	80.1 (2012)	80.7%	81.3%	77.7%	N/A
8. TB client lost to follow up rate	Quarterly	%	5.4 (2012)	4.5(2012)	4.5 (2012)	7.5(2012)	6.2 (2012)
9. TB client death Rate	Annual	%	6 (2012)	5.8 (2012)	6 (2012)	6.4 (2012)	5.8 (2012)
10. TB MDR confirmed treatment start rate	Annual	%	48 (2013)	Prov. indicator	Prov. indicator	Prov. indicator	75.4 (2013)
11. TB MDR treatment success rate	Annual	%	48.1 (2010)	Prov. indicator	Prov. indicator	Prov. indicator	35.9 (2010)

2.6.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve health care outcomes	1. Prevention of mother to child transmission by increasing baby Nevirapine uptake rate..	100%	DHIS	100%	99,6%	99.9	100%	100%	100%	100%
	2. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Not in Plan	PCR Register	24.7%	28,4%	95.8%	60%	90%	95%	95%
	3. Reduce infant 1st PCR positive around six week	<2%	PCR Register	4.6%	3%	2.1%	<2%	<2%	<2%	<2%
	4. Improve TB cure rate	85%	TB Register	76.5%	76.5%	77%	80%	85%	85%	85%

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			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. Total clients remaining on ART	Quarterly	No	144 069	209 727	243 374	309 071	354 991	372 741	391 378
2. Client tested for HIV (incl ANC)	Quarterly	No	705 909	502 255	556 354	1 772 361	614 062	675 462	743 015
3. TB symptom 5yrs and older screened rate	Quarterly	%	New Indicator	New Indicator	94%	95%	95%	95%	95%
4. Male condom distribution Rate	Quarterly	No	14.5	21,6	29.3	Not in Plan	20 per male	20 per male	20 per male
5. Female condom distribution Rate	Quarterly	No	460 000	600 718	1,349,001	500 000	1 238 268	1 238 268	1 238 268
6. Medical male circumcision performed - Total	Quarterly	%	14 002	49 609	92 353	78 000	150 000	150 000	150 000
7. TB client treatment success rate	Annually	%	82.2%(2010)	79.2% (2011)	80% (2012)	>85%	>85%	>85%	>85%
8. TB client lost to follow up rate	Annually	%	7.5 (2010)	5.9 (2011)	5.4 (2012)	<6	< 5	< 5	< 5
9. TB client death Rate	Annually	%	7 (2010)	6.7 (2011)	6 (2012)	<6	< 6	< 4	< 3
10. TB MDR confirmed treatment start rate	Annually	%	New indicator	New indicator	New indicator	90%	90%	90%	90%
11. TB MDR treatment success rate	Annually	%	49.5 (2008)	51.7 (2009)	48.1 (2010)	50%	55%	60%	62%

2.6.2 QUARTERLY TARGETS FOR HAST

TABLE DHS 13: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Total clients remaining on ART	Quarterly	354 991	88 745	88 745	88 745	88 745
2. Client tested for HIV (incl ANC)		1 949 598	487 399	487 399	487 399	487 399
3. TB symptom 5yrs and older screened rate		>95%	>95%	>95%	>95%	>95%
4. Male condom distribution Rate		20 per male	20 per male	20 per male	20 per male	20 per male
5. Female condom distribution Rate		1 238 628	309 657	309 657	309 657	309 657
6. Medical male circumcision performed - Total		150 000	35 000	60 000	20 000	35 000
7. TB client treatment success rate	Annually	>85%	>85%	>85%	>85%	>85%
8. TB client lost to follow up rate	Quarterly	< 5%	< 5%	< 5%	< 5%	<5%
9. TB client death Rate	Annually	< 5%	< 5%	< 5%	< 5%	< 5%
10. TB MDR confirmed treatment start rate		90%	90%	90%	90%	90%
11. TB MDR treatment success rate		55%	55%	55%	55%	55%
5. Prevention of mother to child transmission by increasing baby Nevirapine uptake rate..	Quarterly	100%	85%	85%	85%	85%
6. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Quarterly	Not in Plan	65%	65%	65%	65%
7. Reduce infant 1st PCR positive around six week	Quarterly	<2%	<2%	<2%	<2%	<2%
8. Improve TB cure rate	Annually	85%	Annual Target	Annual Target	Annual Target	85%

2.7 SUB-PROGRAMME: 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	Indicator Type	Province wide value 2013/14	Ehlanzeni District 2013/14	Gert Sibande District 2013/14	Nkangala District 2013/14
1. Antenatal 1st visits before 20 weeks rate	Quarterly	%	49	52.9	42.1	48.6
2. Mother postnatal visit within 6 days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
3. Antenatal client initiated on ART rate	Annually	%	18,419	8,343	5,127	4,949
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	2.1	2.5	1.6	1.8
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	71.4	74.2	67.5	70.6
6. Measles 2nd dose coverage (annualised)	Quarterly	%	63,148	29,892	14,250	19,006
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	7,079	2,265	2,602	2,212
8. Child under 5 years diarrhoea case fatality rate	Annually	%	4.9	4.8	5	5.1
9. Child under 5 years pneumonia case fatality rate	Annually	%	5.7	6.8	5.6	4.0
10. Child under 5 years severe acute malnutrition case fatality rate	Annually	%	12.7	2.5	3.5	2.4
11. School Grade R screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
12. School Grade 1 screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
13. School Grade 8 screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
14. Couple year protection rate	Annually	%	36.1	40.8	35.6	30.9
15. Cervical cancer screening coverage (Annualised)	Quarterly	%	55	69.4	50.5	42.6
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	91.4	90.2	97.4	88.7
17. Vitamin A 12 – 59 months coverage (annualised)	Quarterly	%	36.2	35.8	30.8	41.4
18. Maternal Mortality in facility Ratio (annualised)	Annually	per 100 000 Live Births	133.1	122.6	129.5	156
19. Inpatient early neonatal death rate	Annually	per 1000	New Indicator	New Indicator	New Indicator	New Indicator

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 objective	Strategic Indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve health care outcomes	1. Number of district hospitals with maternity waiting homes	Annual	No	New indicator	New indicator	Provincial: 05 (Gert Sibande: 03 Ehlanzeni: 01 Nkangala: 01)	3 (cumulative 8)	4 (cumulative 12)	2 (cumulative 14)	2 (Cumulative 16)

TABLE DHS 16: PERFORMANCE INDICATORS FOR MCWH&N

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	33.6%	42.2%	49%	43%	55%	60%	65%
2. Mother postnatal visit within 6 days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	60%	65%	70%
3. Antenatal client initiated on ART rate	Annually	%	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	4.6$	3%	2.1%	<2%	<2%	<2%	<2%
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	73.9	83%	71.4%	90%	90%	90%	90%
6. Measles 2nd dose coverage (annualised)	Quarterly	%	76.2%	76%	78.%	90%	90%	90%	90%
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	15.1%	15%	17.8%	Less than 15%	Less than 15%	Less than 15%	Less than 15%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	Per 1000	8.0 per1000	7.6 per1000	Not in plan	5.5 per1000	5.5 per1000	5.0 per1000	5.0 per1000
9. Child under 5 years pneumonia case fatality rate	Quarterly	Per 1000	7.7 per1000	5.4 per1000	Not in plan	5.5 per1000	5.5 per1000	5.0 per 1000	5.0 per1000
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	Per 1000	27.5 per1000	13.3 per1000	Not in plan	11 per1000	9%	7%	7%
11. School Grade R screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	2%	4%	6%
12. School Grade 1 screening coverage (annualised)	Quarterly	%	New Indicator	New Indicator	New Indicator	20%	24	28	32
13. School Grade 8 screening coverage (annualised)	Quarterly	%	New Indicator	New Indicator	New Indicator	5%	10	15	20
14. Couple year protection rate (annualised)	Quarterly	%	35%	35.9%	36.1%	41%	45%	50%	60%
15. Cervical cancer screening coverage (Annualised)	Quarterly	%	63.2%	61.3%	55%	70%	70%	70%	70%
16. Human Papilloma Virus Vaccine 1st dose	Annually	%	New	New Indicator	New Indicator	New Indicator	80%	80%	80%

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
coverage			Indicator						
17. Vitamin A 12 – 59 months coverage (annualised)	Quarterly	%	39.1%	40.2%	36.2%	50%	50%	55%	60%
18. Maternal Mortality in facility Ratio (annualised)	Annually	per 100 000 Live Births	141 per 100,000	166.1 per 100,000	133 per 100,000	148 per 100,000	105 per 100,000	102 per 100,000	100 per 100 000
19. Inpatient early neonatal death rate	Annually	per 1000	New Indicator	New Indicator	New Indicator	New Indicator	10	8	6

2.7.2 QUARTERLY TARGETS FOR MCWH&N

TABLE DHS17: QUARTERLY TARGETS FOR MCWH&N FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Antenatal 1st visit before 20 weeks rate	Quarterly	55%	51.25	52.5	53.75	55
2. Mother postnatal visit within 6 days rate	Quarterly	60%	52.5	55	57.5	60
3. Antenatal client initiated on ART rate	Quarterly	100%	100%	100%	100%	100%
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	<2%	<2%	<2%	<2%	<2%
5. Immunisation coverage under 1 year (annualised)	Quarterly	90%	90	90	90	90
6. Measles 2nd dose coverage (annualised)	Quarterly	90%	90	90	90	90
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	Less than 15%	Less than 15%	Less than 15%	Less than 15%	Less than 15%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	11.5%	12%	11.8%	11.7%	11.5%
9. Child under 5 years pneumonia case fatality rate	Quarterly	5.5 per1000	5.5 per1000	5.5 per1000	5.5 per1000	5.5 per1000
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	11.5%	12%	11.8%	11.7%	11.5%
11. School Grade R screening coverage	Quarterly	2%	0.5%	1%	1.5%	2%

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
12. School Grade 1 screening coverage (annualised)	Quarterly	24%	21%	22%	23%	24%
13. School Grade 8 screening coverage (annualised)	Quarterly	10	6.25	7.5	8.75	10
14. Couple year protection rate (annualised)	Quarterly	45%	45%	45%	45%	45%
15. Cervical cancer screening coverage (Annualised)	Quarterly	70%	62.5	65	67.5	70
16. Human Papilloma Virus Vaccine 1st dose coverage	Annually	80%	Annual Target	Annual Target	80%	Annual Target
17. Vitamin A 12 – 59 months coverage (annualised)	Quarterly	50%	45%	47%	49%	50%
18. Maternal Mortality in facility Ratio (annualised)	Annually	105 per 100,000	Annual Target	Annual Target	Annual Target	105 per 100,000
19. Inpatient early neonatal death rate	Annually	10 per 1000	10 per 1000	10 per 1000	10 per 1000	10 per 1000
20. Number of district hospitals with maternity waiting homes	Annually	4 (cumulative 12)	Not in Plan	1	1	2

2.8 SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL (DPC)

TABLE DHS18: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Province wide value 2013/14	Ehlanzeni District 2013/14	Gert Sibande District 2013/14	Nkangala District 2013/14
1. Clients screened for hypertension 25 years and older	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator
2. Clients screened for diabetes 5 years and older	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator
3. Clients screened for Mental disorders	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
4. Client treated for Mental Disorders- new	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
5. Cataract surgery rate	Quarterly	Rate per 1 Million	1000	1000	1000	1000
6. Malaria case fatality rate	Quarterly	%	0.73%	0.73%	0	0
7. Number of District Mental Health Teams established	Annually	No	New Indicator	New Indicator	New Indicator	New Indicator

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 objective	Strategic Indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improved quality of health care	Decrease the incidence of Malaria per 1000 population at risk.	0.1 local case per 1000 population	DHIS	0.29 local case per 1000 population	0.18 local case per 1000 population	0.17%	0.2 local case per 1000 population	0.1 local case per 1000 population	0.1 local case per 1000 population	0.1 local case per 1000 population
	1. Number of District Mental Health Teams established		PERSAL	New Indicator	New Indicator	New Indicator	New Indicator	1	1 (Cumulative 2)	1 (Cumulative 3)

TABLE DHS 20: PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			National Actual Performance
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14
2. Clients screened for hypertension 25 years and older	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator	70 000	80 000	90 000	N/A
3. Clients screened for diabetes 5 years and older	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator	70 000	80 000	90 000	N/A
4. Clients screened for Mental disorders	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	0.5%	0.7%	0.9%	N/A
5. Client treated for Mental Disorders- new	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	0.5%	0.7%	0.9%	N/A
6. Cataract Surgery Rate	Annually	Rate per 1 Million	CSR 691 (2,489)	CSR 681 (2,450)	CSR 670 (2413)	CSR 1000	CSR 1000	CSR 1000	CSR 1000	N/A
7. Malaria case fatality rate	Quarterly	%	0.41%	0.52%	0.73%	0.5%	0.5%	0.5%	0.5%	N/A

2.8.2 QUARTERLY TARGETS FOR DPC

TABLE DHS 21: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. Clients screened for hypertension 25 years and older	Quarterly	70 000	20 000	20 000	20 000	10 000
2. Clients screened for diabetes 5 years and older		70 000	20 000	20 000	20 000	10 000
3. Clients screened for Mental disorders		0.5%	0.5%	0.5%	0.5%	0.5%
4. Client treated for Mental Disorders- new		0.5%	0.5%	0.5%	0.5%	0.5%
5. Cataract surgery rate (Annualised)	Annually	CSR1000	Annual Target	Annual Target	Annual Target	CSR1000
6. Malaria case fatality rate (Annualised)	Quarterly	0.5%	0.5%	0.5%	0.5%	0.5%
7. Number of District Mental Health Teams established	Annually	1	Annual Target	Annual Target	Annual Target	1
8. Decrease the incidence of Malaria per 1000 population at risk.	Annually	0.1 local case per 1000 population	Annual Target	Annual Target	Annual Target	0.1 local case per 1000 population

2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS22: DISTRICT HEALTH SERVICES

Table 10.10: Summary of payments and estimates: District Health Services

R thousand	Outcome 2011/12	Outcome 2012/13	Outcome 2013/14	Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17	Medium-term estimates 2017/18
District Management	243 832	369 577	354 366	347 925	293 035	304 545	383 042	390 982	444 850
Community Health Clinics	736 996	750 446	825 510	942 087	975 771	1 060 286	1 150 149	1 226 478	1 290 217
Community Health Centres	466 550	504 076	586 932	603 266	604 503	680 040	785 855	799 366	863 811
Community-based Services	108 292	63 493	71 577	79 105	79 105	79 105	89 049	92 037	96 639
Other Community Services	–	–	–	–	–	–	–	–	–
HIV/Aids	420 398	652 627	864 832	853 675	852 562	818 848	937 045	1 099 289	1 232 252
Nutrition	21 079	18 260	14 602	15 206	10 519	10 503	15 445	16 264	17 077
Coroner Services	–	–	–	–	–	–	–	–	–
District Hospitals	2 011 841	2 070 263	2 189 350	2 448 625	2 562 038	2 579 141	2 771 011	3 062 887	3 152 023
Total payments and estimates	**4 008 988**	**4 428 742**	**4 907 169**	**5 289 889**	**5 377 533**	**5 532 468**	**6 131 596**	**6 687 303**	**7 096 870**

Table B.3(ii): Payments and estimates by economic classification: District Health Services

R thousand	Outcome 2011/12	Outcome 2012/13	Outcome 2013/14	Main appropriation 2014/15	Adjusted appropriation 2014/15	Revised estimate 2014/15	Medium-term estimates 2015/16	Medium-term estimates 2016/17	Medium-term estimates 2017/18
Current payments	**3 839 713**	**4 240 539**	**4 715 247**	**5 073 257**	**5 183 501**	**5 323 790**	**5 845 767**	**6 387 598**	**6 774 680**
Compensation of employees	2 524 572	2 745 898	3 085 645	3 470 561	3 443 758	3 479 755	3 964 944	4 176 999	4 382 755
Salaries and wages	2 147 717	2 480 844	2 624 450	3 034 455	3 028 464	3 060 350	3 443 304	3 604 183	3 776 205
Social contributions	376 855	265 054	461 195	436 106	415 294	419 405	521 640	572 816	606 550
Goods and services	1 315 097	1 494 563	1 629 561	1 602 696	1 739 743	1 844 020	1 880 823	2 210 599	2 391 925
Administrative fees	460	4 430	3 426	306	8 225	8 230	453	6 664	6 997
Advertising	442	899	730	1 120	1 250	1 378	1 172	1 309	1 374
Minor Assets	14 489	19 219	16 968	3 067	14 598	14 700	12 523	14 932	15 679
Catering: Departmental activities	1 200	2 097	2 451	511	1 978	2 126	472	2 325	2 441
Communication (G&S)	21 359	22 484	23 961	17 632	22 531	26 557	28 638	27 395	28 765
Computer services	272	226	417	513	380	380	3 175	183	192
Consultants and professional services: Busin	23	–	–	–	2 032	–	1 149	4 299	4 514
Consultants and professional services: Labor	192 516	188 191	180 681	368 596	265 235	290 235	338 265	349 297	406 684
Contractors	96 601	92 643	108 921	79 066	44 722	44 722	6 011	11 696	12 281
Agency and support / outsourced services	42 450	43 362	38 516	50 709	71 001	65 726	61 660	88 911	83 357
Fleet services (including government motor tr	37 056	40 770	42 721	37 815	44 747	42 403	44 755	46 365	48 682
Inventory: Clothing material and accessories	–	–	1 698	279	1 290	1 312	–	–	–
Inventory: Farming supplies	–	–	4 163	–	2 621	2 621	2 730	2 866	3 009
Inventory: Food and food supplies	54 044	41 552	42 657	52 239	53 130	53 142	55 282	57 744	60 631
Inventory: Fuel, oil and gas	14 157	10 544	10 584	13 391	18 145	18 145	19 059	20 014	21 015
Inventory: Materials and supplies	789	1 795	578	964	2 740	2 869	1 385	2 963	3 111
Inventory: Medical supplies	96 563	130 196	220 884	112 039	193 771	174 086	163 478	182 677	194 347
Inventory: Medicine	581 985	690 939	761 654	736 724	765 398	877 970	949 242	1 116 295	1 211 223
Inventory: Other supplies	–	–	–	–	91	91	76	79	83
Consumable supplies	34 744	46 011	32 190	20 853	39 540	39 540	37 679	39 646	41 628
Consumable: Stationery,printing and office su	15 486	18 017	12 692	13 411	18 769	18 769	14 992	17 259	18 122
Operating leases	14 325	16 694	15 379	19 443	22 087	22 087	20 944	23 542	24 719
Property payments	49 943	57 404	54 029	51 460	75 376	80 737	85 901	111 184	116 743
Transport provided: Departmental activity	848	180	110	200	179	179	407	262	275
Travel and subsistence	17 680	50 758	39 467	12 776	48 112	35 093	16 725	38 240	39 378
Training and development	14 564	3 473	2 809	3 603	7 078	7 078	7 306	21 058	22 111
Operating payments	7 592	1 902	3 372	4 966	5 709	5 709	6 756	7 413	7 784
Venues and facilities	383	10 207	8 465	464	8 608	8 033	–	15 318	16 084
Rental and hiring	5 126	570	38	549	400	102	588	663	696
Interest and rent on land	44	78	41	–	–	15	–	–	–
Interest (Incl. interest on finance leases)	44	78	41	–	–	15	–	–	–
Transfers and subsidies	**133 299**	**136 107**	**158 705**	**169 047**	**168 861**	**173 845**	**185 871**	**193 735**	**203 422**
Provinces and municipalities	13 000	833	305	250	250	250	325	263	276
Municipalities	13 000	833	305	250	250	250	325	263	276
Municipal bank accounts	13 000	806	–	90	90	116	90	95	100
Municipal agencies and funds	–	27	305	160	160	134	235	168	176
Departmental agencies and accounts	–	88	83	–	200	200	–	–	–
Departmental agencies (non-business entities)	–	88	83	–	200	200	–	–	–
Non-profit institutions	110 777	123 350	141 872	163 313	157 118	162 092	179 979	187 531	196 908
Households	9 522	11 836	16 445	5 484	11 293	11 303	5 567	5 941	6 238
Social benefits	8 092	10 429	13 936	4 997	9 823	9 833	5 060	5 407	5 677
Other transfers to households	1 430	1 407	2 509	487	1 470	1 470	507	534	561
Payments for capital assets	**35 976**	**52 096**	**33 217**	**47 585**	**25 171**	**34 833**	**99 958**	**105 970**	**118 769**
Buildings and other fixed structures	–	–	–	–	–	–	–	10 500	24 525
Buildings	–	–	–	–	–	–	–	10 500	24 525
Machinery and equipment	35 976	52 096	33 217	47 585	25 171	34 833	99 958	95 470	94 244
Transport equipment	5 940	–	–	26 000	6 069	4 000	51 100	27 350	18 718
Other machinery and equipment	30 036	52 096	33 217	21 585	19 102	30 833	48 858	68 120	75 526
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**4 008 988**	**4 428 742**	**4 907 169**	**5 289 889**	**5 377 533**	**5 532 468**	**6 131 596**	**6 687 303**	**7 096 870**

2.10 PERFORMANCE AND EXPENDITURE TRENDS

Programme 2: District Health Services shows a growth of 11 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The Spending on Community health clinics and Community health centres have been inconsistent due to slow procurement of goods including non-payment of utilities. HIV/Aids has shown the highest growth over the past MTEF period with a double digit growth of 15% percent to alleviate HIV/Aids epidemic by increasing support through training, awareness, provision of medicine (ART) and other outreach programmes.

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. • Implement and monitor quality improvement plans.
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. • Strengthen advocacy, communication and the social mobilisation programme.
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.

3.2 PRIORITIES

- Improved quality of health care
- Maternal, infant and child mortality reduced

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	Indicator Type	Province wide value 2013/14	Ehlanzeni 2013/14	Gert Sibande 2013/14	Nkangala 2013/14	National Performance 2013/14
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	78%	90%	80%	73%	N/A
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	74%	77%	73%	72%	N/A
3. EMS inter-facility transfer rate	Quarterly	%	5%	5%	4%	4%	N/A

3.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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

Strategic objective	Strategic Indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve access to health care services.	1. Improve response time by increasing the number of Operational Ambulances	130	EMS Information System	New Indicator	New Indicator	New Indicator	New Indicator	105	115	120
	2. Improve the use of resources by integrating PPTS into EMS operations	100%	EMS Information System	New Indicator	New Indicator	New Indicator	New Indicator	50%	60%	80%
	3. Improve maternal outcomes by increasing the number of Obstetric ambulances	32 Obstetric ambulances	EMS Information System	New Indicator	New Indicator	New Indicator	New Indicator	5 (cumulative 12)	5 (cumulative 17)	5 (cumulative 22)

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

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	78%	78%	65.25%	85%	85%	90%	90%
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	61%	61%	67.5%	75%	75%	80%	80%
3. EMS inter-facility transfer rate	Quarterly	%	New Indicator	New Indicator	4%	10%	20%	30%	40%

3.4 QUARTERLY TARGETS FOR EMS

TABLE EMS 4: QUARTERLY TARGETS FOR EMS FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. EMS P1 urban response under 15 minutes rate	Quarterly	85%	85%	85%	85%	85%
2. EMS P1 rural response under 40 minutes rate		75%	75%	75%	75%	75%
3. EMS inter-facility transfer rate		10%	10%	10%	10%	10%
4. Improve response time by increasing the number of Operational Ambulances	Annually	105 Operational Ambulances	Annual Target	Annual Target	Annual Target	105 Operational Ambulances
5. Improve the use of resources by integrating PPTS into EMS operations	Quarterly	50%	50%	50%	50%	50%
6. Improve maternal outcomes by increasing the number of Obstetric ambulances	Annually	5 (cumulative 12)	Annual Target	Annual Target	Annual Target	5 (cumulative 12)

3.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS 5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Table 10.12: Summary of payments and estimates: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2011/12**	**2012/13**	**2013/14**		**2014/15**		**2015/16**	**2016/17**	**2017/18**
Emergency transport	230 506	241 332	244 355	288 932	290 524	288 324	314 765	337 519	345 250
Planned Patient Transport	11 121	8 497	5 229	30 220	20 032	22 863	11 072	33 801	59 491
Total payments and estimates	**241 627**	**249 829**	**249 584**	**319 152**	**310 556**	**311 187**	**325 837**	**371 320**	**404 741**

Table B.3(iii): Payments and estimates by economic classification: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2011/12**	**2012/13**	**2013/14**		**2014/15**		**2015/16**	**2016/17**	**2017/18**
Current payments	**222 860**	**236 272**	**245 134**	**274 891**	**278 529**	**279 095**	**295 542**	**319 900**	**337 750**
Compensation of employees	169 847	186 522	199 702	224 546	224 546	217 045	238 706	251 358	256 926
Salaries and wages	144 370	167 870	169 747	199 002	199 002	191 501	207 467	218 463	223 386
Social contributions	25 477	18 652	29 955	25 544	25 544	25 544	31 239	32 895	33 540
Goods and services	52 781	49 729	45 323	50 345	53 983	61 804	56 836	68 542	80 824
Administrative fees	1	32	19	50	40	40	50	53	56
Minor Assets	115	2 407	–	–	–	–	–	–	–
Catering: Departmental activities	384	270	19	20	15	20	41	43	45
Communication (G&S)	1 997	1 576	1 767	1 632	1 810	1 810	1 919	2 012	2 113
Contractors	93	–	–	–	–	–	–	–	–
Agency and support / outsourced services	29	–	–	–	–	–	–	–	–
Fleet services (including government motor tr	31 656	32 734	31 844	36 578	38 747	41 903	37 090	47 421	59 792
Inventory: Clothing material and accessories	–	–	1 777	–	–	–	–	–	–
Inventory: Fuel, oil and gas	82	65	55	65	86	86	74	78	82
Inventory: Medical supplies	101	71	161	181	129	129	185	195	205
Inventory: Medicine	82	13	31	30	40	40	34	36	38
Consumable supplies	3 412	908	44	50	50	50	70	74	78
Consumable: Stationery,printing and office su	151	948	579	620	496	496	637	671	705
Operating leases	14 134	9 731	8 366	10 224	11 855	16 515	15 717	16 885	16 584
Property payments	31	241	286	320	340	340	320	337	354
Transport provided: Departmental activity	70	279	–	65	65	65	68	72	76
Travel and subsistence	434	454	330	450	250	250	559	589	618
Operating payments	9	–	45	60	60	60	72	76	80
Interest and rent on land	232	21	109	–	–	246	–	–	–
Interest (Incl. interest on finance leases)	232	21	109	–	–	246	–	–	–
Transfers and subsidies	**137**	**197**	**37**	**–**	**–**	**65**	**–**	**–**	**–**
Provinces and municipalities	109	–	–	–	–	–	–	–	–
Municipalities	109	–	–	–	–	–	–	–	–
Municipal bank accounts	109	–	–	–	–	–	–	–	–
Households	28	197	37	–	–	65	–	–	–
Social benefits	28	197	37	–	–	65	–	–	–
Payments for capital assets	**18 630**	**13 360**	**4 413**	**44 261**	**32 027**	**32 027**	**30 295**	**51 420**	**66 991**
Machinery and equipment	18 630	13 360	4 413	44 261	32 027	32 027	30 295	51 420	66 991
Transport equipment	18 006	13 360	4 413	43 837	31 603	31 603	29 649	50 740	66 277
Other machinery and equipment	624	–	–	424	424	424	646	680	714
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**241 627**	**249 829**	**249 584**	**319 152**	**310 556**	**311 187**	**325 837**	**371 320**	**404 741**

3.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 3 has had a consistent growth over the past MTEF period maintaining its 3 to 4 per cent share of the total allocation of the department. The increase of fuel and non-appointment of EMS practitioners has put the baseline under pressure to achieve APP targets. The PPT has assisted health institutions with procurement of vehicles although there is a need to replace old fleet which will be prioritised in the next MTEF period.

The programme will prioritise the strengthening of PPT by ensuring the procurement of vehicles for District Hospitals, Provincial Hospitals and Tertiary Hospitals.

3.7 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
EMS failure to take control of PPTS (Planned Patient Transport Services)	• Control of PPTS by EMS
Ineffective Emergency Communication Center (ECC)	• Emergency Communication Center staff training. • Multilingual Emergency Communication Center • Appointment of shift leaders. • Upgrading of the call
Inadequate/ inappropriate emergency vehicles Inadequate/ inappropriately qualified personnel	• Procure an additional 30 ambulances, 3 PPTS busses and 14 all-terrain response vehicles. • Appropriate skilled ALS practitioners • Appointment of Emergency Care Technicians and ALS Practitioners
Inadequate EMS management structure	• Appropriate EMS organogram and funding
Poor response time	• Procure an additional 30 ambulances, 3 PPTS busses and 14 all-terrain response vehicles. • Defensive driver training for staff

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**.**

4.2 PRIORITIES

- Improved quality of health care

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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improved quality of health care	Improve quality of care in hospitals by increasing compliance with the National Core Standard	100%	Core Standard Report	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
	Improved access to Regional (R) services by providing the Eight core specialists clinical domains	3	PERSAL	New indicator	New indicator	New indicator	New indicator	3	3	3
	Functional Adverse Events Committees	Quarterly	Minutes of meetings	New indicator	New indicator	New indicator	3	3	3	3

TABLE PHS2: PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. National Core Standards self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
2. Quality improvement plan after self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
4. Patient Experience of Care Survey Rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
5. Patient Experience of Care rate	Annually	%	73%	76.5%	72%	80%	85%	90%	95%

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
6. Average Length of Stay	Quarterly	Days	4,6 days	5.1 days	5.4 days	4.7 days	4.7 days	4.7 days	4.7 days
7. Inpatient Bed Utilisation Rate	Quarterly	%	72,6%	79.4%	75.6%	75%	75%	75%	75%
8. Expenditure per patient day equivalent (PDE)	Quarterly	R	R2,106	R2,174	R2 568	R2,332	R2,568	R2,722	R2,885
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	85%	90%	95%
10. Complaint Resolution within 25 working days rate	Quarterly	%	70%	73,5%	99.4%	80%	85%	90%	95%

4.4 QUARTERLY AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

TABLE PHS4: QUARTERLY AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	Reporting Period	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Annually	100%	Annual Target	Annual Target	Annual Target	100%
2. Quality improvement plan after self assessment rate		100%	Annual Target	Annual Target	Annual Target	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards		100%	Annual Target	Annual Target	Annual Target	100%
4. Patient Experience of Care Survey Rate		100%	Annual Target	Annual Target	Annual Target	100%
5. Patient Experience of Care rate		85%	Annual Target	Annual Target	85%	Annual Target
6. Average Length of Stay	QUARTERLY	4.7 days	4.7 days	4.7 days	4.7 days	4.7 days
7. Inpatient Bed Utilisation Rate		75%	75%	75%	75%	75%
8. Expenditure per patient day equivalent (PDE)	QUARTERLY	R2,568	R2,368	R2,768	R2,768	R2,368
9. Complaints resolution rate		85%	85%	85%	85%	85%
10. Complaint Resolution within 25 working days rate		85%	85%	85%	85%	85%

PROGRAMME PERFORMANCE INDICATOR	Reporting Period	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
11. Improve quality of care in hospitals by increasing compliance with the National Core Standard	ANNUALLY	100%	Annual Target	Annual Target	Annual Target	100%
12. Improve access to secondary services by providing a full package of specialists clinical domains		3	Annual Target	Annual Target	Annual Target	3
13. Functional Adverse Events Committees	QUARTERLY	3	3	3	3	3

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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve access to health care services	1. Improve access to TB services through effective movement of TB patients for continuity of care	100%	Patient Movement Slip	74%	91.6%	100%	92%	100%	100%	100%

TABLE PHS 4: PERFORMANCE INDICATORS FOR SPECIALISED HOSPITALS

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014 /15	2015/16	2016/17	2017/18
1. Inpatient Bed Utilisation Rate	Quarterly	%	58%	42%	-	50%	75%	75%	75%
2. Expenditure per patient day equivalent (PDE)	Quarterly	R	R773.51	R1,142.15	R 1 342.75	R1,700	R1,802	R1,910	R2,025
3. Complaint Resolution within 25 working days rate	Quarterly	%	New indicator	New indicator	New indicator	80%	90%	90%	90%
4. Patient Experience of Care Rate	Annually	%	79.5%	87.82%	**85%**	**80%**	**85%**	**90%**	**95%**
5. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	100%	100%	100%	100%

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014 /15	2015/16	2016/17	2017/18
6. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	Quarterly	%	New indicator	New indicator	New indicator	60%	80%	100%	100%

4.6 TABLE PHS4: QUARTERLY AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

Programme Performance Indicator	Reporting Period	Annual Target 2015/16	Quarterly Targets			
			Q1	Q2	Q3	Q4
1. Inpatient Bed Utilisation Rate	QUARTERLY	75%	75%	75%	75%	75%
2. Expenditure per patient day equivalent (PDE)		R1,802	R1,802	R1,802	R1,802	R1,802
3. Complaint Resolution within 25 working days rate		90%	90%	90%	90%	90%
4. Patient Experience of Care Rate	ANNUALLY	85%	Annual Target	Annual Target	Annual Target	85%
5. Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards		100%	Annual Target	Annual Target	Annual Target	100%
6. Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards		80%	Annual Target	Annual Target	Annual Target	80%
7. Improve access to TB services through effective movement TB patients for continuity of care	QUARTERLY	100%	100%	100%	100%	100%

4.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS 7: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

Table 10.14: Summary of payments and estimates: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
General (Regional) Hospitals	709 257	757 519	793 559	947 875	902 917	872 243	935 008	1 023 698	1 117 065
Tuberculosis Hospitals	120 090	113 820	125 475	151 558	159 317	160 227	184 757	196 241	201 794
Psychiatric/ Mental Hospitals	26 630	26 922	28 529	31 131	35 028	35 028	37 129	39 356	41 324
Sub-acute, Step down and Chronic Medical Hospitals	–	–	–	–	–	–	–	–	–
Dental Training Hospitals	–	–	–	–	–	–	–	–	–
Other Specialised Hospitals	–	–	–	–	–	–	–	–	–
Total payments and estimates	**855 977**	**898 261**	**947 563**	**1 130 564**	**1 097 262**	**1 067 498**	**1 156 894**	**1 259 295**	**1 360 183**

Table B.3(iv): Payments and estimates by economic classification: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	**816 448**	**867 016**	**910 988**	**1 081 807**	**1 045 843**	**1 016 079**	**1 103 464**	**1 195 237**	**1 288 740**
Compensation of employees	622 075	677 283	732 859	871 956	819 949	784 330	857 622	935 734	1 021 521
Salaries and wages	528 734	609 555	622 930	783 032	730 290	695 406	761 940	835 245	911 007
Social contributions	93 341	67 728	109 929	88 924	89 659	88 924	95 682	100 489	110 513
Goods and services	194 275	189 731	178 122	209 851	225 894	231 748	245 842	259 503	267 219
Administrative fees	64	79	36	104	54	52	125	131	138
Advertising	4	8	–	–	–	–	–	–	–
Minor Assets	1 667	1 480	341	641	363	365	651	685	719
Catering: Departmental activities	72	77	–	48	40	40	49	52	55
Communication (G&S)	3 790	3 778	3 861	3 453	3 520	3 520	3 855	3 996	3 196
Computer services	–	458	9	10	(10)	(10)	10	11	12
Consultants and professional services: Busin	–	–	8	–	–	–	–	–	–
Consultants and professional services: Labor	24 676	26 031	20 244	25 743	36 220	36 220	36 283	37 961	36 859
Contractors	4 009	2 168	1 515	2 066	1 964	1 964	2 073	2 131	2 238
Agency and support / outsourced services	9 430	8 976	6 296	8 883	4 511	4 478	5 611	7 233	7 595
Fleet services (including government motor tr	6 995	8 101	8 243	7 710	8 825	8 825	9 354	9 807	10 297
Inventory: Clothing material and accessories	–	–	962	600	490	523	–	–	–
Inventory: Food and food supplies	15 255	14 915	18 665	22 906	21 979	21 979	23 706	23 657	24 840
Inventory: Fuel, oil and gas	1 951	2 255	1 393	2 556	5 068	5 068	5 102	5 838	6 130
Inventory: Materials and supplies	494	621	632	731	212	405	461	500	525
Inventory: Medical supplies	41 293	36 713	37 098	40 964	47 436	47 436	48 034	49 541	51 018
Inventory: Medicine	43 771	47 408	46 617	58 180	54 713	58 713	63 989	67 829	70 961
Consumable supplies	10 537	11 283	7 569	8 732	8 958	8 943	9 285	9 792	10 282
Consumable: Stationery,printing and office su	3 205	2 213	1 288	1 381	1 691	1 691	1 518	1 599	1 679
Operating leases	5 121	5 009	4 204	5 714	5 540	5 540	6 774	7 366	7 734
Property payments	15 809	13 876	15 368	14 450	21 598	23 452	25 389	27 545	28 922
Transport provided: Departmental activity	16	20	10	–	38	38	31	33	35
Travel and subsistence	5 769	3 986	3 454	4 574	2 601	2 413	3 006	3 219	3 380
Training and development	51	80	5	–	–	9	–	–	–
Operating payments	179	102	304	405	63	82	536	577	606
Venues and facilities	117	94	–	–	20	2	–	–	–
Interest and rent on land	98	2	7	–	–	1	–	–	–
Interest (Incl. interest on finance leases)	98	2	7	–	–	1	–	–	–
Transfers and subsidies	**28 751**	**29 491**	**31 890**	**31 952**	**39 806**	**39 806**	**37 984**	**40 257**	**42 270**
Provinces and municipalities	–	10	43	–	30	37	125	–	–
Municipalities	–	10	43	–	30	37	125	–	–
Municipal bank accounts	–	10	43	–	30	37	125	–	–
Departmental agencies and accounts	–	26	55	90	90	83	90	95	100
Departmental agencies (non-business entities)	–	26	55	90	90	83	90	95	100
Non-profit institutions	26 630	26 922	28 529	31 131	35 028	35 028	37 129	39 356	41 324
Households	2 121	2 533	3 263	731	4 658	4 658	640	806	846
Social benefits	2 121	2 533	3 263	731	4 658	4 658	640	806	846
Payments for capital assets	**10 778**	**1 754**	**4 685**	**16 805**	**11 613**	**11 613**	**15 446**	**23 801**	**29 173**
Machinery and equipment	10 778	1 754	4 685	16 805	11 613	11 613	15 446	23 801	29 173
Transport equipment	6 121	915	–	11 849	5 105	6 657	800	8 182	15 773
Other machinery and equipment	4 657	839	4 685	4 956	6 508	4 956	14 646	15 619	13 400
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**855 977**	**898 261**	**947 563**	**1 130 564**	**1 097 262**	**1 067 498**	**1 156 894**	**1 259 295**	**1 360 183**

4.7. PERFORMANCE AND EXPENDITURE TRENDS

Programme 4: The Provincial Hospital Services shows a growth of 8 per cent, which aims at strengthening efficiencies by improving PHC, which will elevate pressure on General (Regional) hospitals. The purpose of this programme is to render level 1 and 2 health services in regional hospitals and to render TB specialised hospital services. This programme received 12 per cent of the allocated budget for 2015/16 financial year.

4.8. 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. • Headhunt specialists in core clinical domains • Effective coordination of outreach services and referrals.
Ineffective patient records system	• Training on information management. • Appointment of Information Officers

5. BUDGET PROGRAMME 5: 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.

5.2 PRIORITIES

- Improve quality of health care

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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improved quality of health care	Improved quality of care in hospitals by increasing compliance with the National Core Standard	100%	Core Standard Report	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
Improve access to health care services	Improved access to specialists services by providing a full package of Tertiary Services (T1)	2	Persal (appointed specialist)	New indicator	New indicator	New indicator	New indicator	2	2	2

TABLE C&THS2: PERFORMANCE INDICATORS FOR TERTIARY HOSPITALS

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. National Core Standards self assessment rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
2. Quality improvement plan after self assessment rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
3. Patient Experience of Care Survey Rate	Annually	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
4. Patient Experience of Care Rate.	Annually	%	70%	70.5%	None	80%	85%	90%	95%
5. Average Length of Stay	Quarterly	Days	5.4 days	5.6 days	6.4 days	5.3 days	5.3 days	5.3 days	5.3 days
6. Inpatient Bed Utilisation Rate	Quarterly	%	73.5%	85.4%	84.3%	75%	75%	75%	75%
7. Expenditure per patient day equivalent (PDE)	Quarterly	R	R2,566	R2,705	R2, 696	R2,867	R3,221	R3,414	R3,619
8. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	85%	90%	100%
9. Complaint Resolution within 25 working days rate	Quarterly	%	96%	85.4%	99.5%	80%	85%	90%	100%

5.4 QUARTERLY TARGETS FOR TERTIARY AND CENTRAL HOSPITALS

TABLE THS3: QUARTERLY TARGETS FOR TERTIARY HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2014/15	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	QUARTERLY	100%	100%	100%	100%	100%
2. Quality improvement plan after self assessment rate		100%	100%	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards		100%	100%	100%	100%	100%
4. Patient Experience of Care Survey Rate		100%	100%	100%	100%	100%
5. Patient Experience of Care Rate.	ANNUALLY	85%	Annual Target	Annual Target	Annual Target	85%
6. Average Length of Stay	QUARTERLY	5.3 days	5.3 days	5.3 days	5.3 days	5.3 days
7. Inpatient Bed Utilisation Rate		75%	75%	75%	75%	75%
8. Expenditure per patient day equivalent (PDE)	QUARTERLY	R3,221	R3,000	R3,442	R3,442	R3,000
9. Complaints resolution rate		85%	85%	85%	85%	85%
10. Complaint Resolution within 25 working days rate		85%	85%	85%	85%	85%
11. Improved quality of care in hospitals by increasing compliance with the National Core Standard	ANNUALLY	100%	Annual Target	Annual Target	Annual Target	100%
12. Improved access to specialists services by providing a full package of Tertiary Services (T1) in the 2 tertiary hospitals		2	Annual Target	Annual Target	Annual Target	2
13. Functional Adverse Events Committee	QUARTERLY	2	2	2	2	2

5.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

Table 10.16: Summary of payments and estimates: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Central Hospital Services	–	–	–	–	–	–	–	–	–
Provincial Tertiary Hospital Services	700 731	783 315	812 087	936 128	958 343	966 065	1 037 983	1 092 993	1 145 574
Total payments and estimates	**700 731**	**783 315**	**812 087**	**936 128**	**958 343**	**966 065**	**1 037 983**	**1 092 993**	**1 145 574**

Table B.3(v): Payments and estimates by economic classification: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	**678 471**	**773 293**	**803 646**	**916 198**	**937 201**	**954 585**	**1 018 173**	**1 075 558**	**1 120 268**
Compensation of employees	466 755	534 738	594 809	654 147	654 147	668 031	719 349	764 373	793 455
Salaries and wages	396 742	481 264	505 588	579 010	586 099	592 894	641 454	682 191	702 164
Social contributions	70 013	53 474	89 221	75 137	68 048	75 137	77 895	82 182	91 291
Goods and services	211 716	238 552	208 828	262 051	283 054	286 554	298 824	311 185	326 813
Administrative fees	13	85	68	136	145	145	136	143	150
Advertising	27	3	–	–	–	–	–	–	–
Minor Assets	1 888	1 121	203	1 566	885	885	938	994	679
Catering: Departmental activities	6	6	–	20	4	4	20	21	22
Communication (G&S)	4 274	3 291	4 995	2 385	3 031	3 031	1 574	3 794	3 984
Computer services	–	–	–	–	400	400	–	–	–
Consultants and professional services: Labor	31 491	34 289	26 415	35 486	45 453	47 453	38 357	43 146	44 143
Contractors	18 801	27 335	15 584	17 314	9 180	9 180	10 000	10 997	9 547
Agency and support / outsourced services	20 224	16 374	10 718	10 959	11 920	11 920	15 414	10 393	10 913
Fleet services (including government motor tr	2 601	3 240	3 475	3 625	4 154	5 654	5 255	7 885	8 279
Inventory: Clothing material and accessories	–	–	266	100	291	291	100	–	–
Inventory: Food and food supplies	8 407	8 203	11 068	15 013	12 452	12 452	12 019	13 076	13 730
Inventory: Fuel, oil and gas	1 118	1 143	1 929	2 957	4 145	4 145	3 857	3 567	3 745
Inventory: Learner and teacher support mater	7	–	–	–	–	–	–	–	–
Inventory: Materials and supplies	35	55	75	193	19	21	22	23	24
Inventory: Medical supplies	64 064	68 234	66 333	80 588	89 754	89 754	121 373	100 847	109 483
Inventory: Medicine	29 836	40 854	42 681	54 152	55 158	55 158	45 059	63 498	66 673
Consumable supplies	4 982	5 222	2 251	5 358	6 801	6 801	7 329	7 718	8 104
Consumable: Stationery,printing and office su	2 081	1 914	654	2 189	1 545	1 545	1 638	1 754	1 842
Operating leases	3 924	3 227	3 620	4 078	4 762	4 762	4 737	5 153	5 411
Property payments	–	18 942	17 358	24 603	31 685	31 685	29 496	36 577	38 406
Transport provided: Departmental activity	12 366	–	–	–	–	–	–	–	–
Travel and subsistence	2 068	1 337	922	1 000	1 000	985	1 100	1 164	1 222
Training and development	212	565	–	–	250	250	265	281	295
Operating payments	3 290	3 110	213	329	20	33	135	154	162
Venues and facilities	1	–	–	–	–	–	–	–	–
Rental and hiring	–	2	–	–	–	–	–	–	–
Interest and rent on land	–	3	9	–	–	–	–	–	–
Interest (Incl. interest on finance leases)	–	3	9	–	–	–	–	–	–
Transfers and subsidies	**632**	**1 161**	**1 552**	**930**	**1 337**	**1 337**	**971**	**1 022**	**1 073**
Provinces and municipalities	–	7	25	40	40	40	40	42	44
Municipalities	–	7	25	40	40	40	40	42	44
Municipal bank accounts	–	7	25	40	40	40	40	42	44
Departmental agencies and accounts	–	27	–	40	40	40	40	42	44
Departmental agencies (non-business entities)	–	27	–	40	40	40	40	42	44
Households	632	1 127	1 527	850	1 257	1 257	891	938	985
Social benefits	632	1 127	1 527	850	1 257	1 257	891	938	985
Payments for capital assets	**21 628**	**8 861**	**6 889**	**19 000**	**19 805**	**10 143**	**18 839**	**16 413**	**24 234**
Machinery and equipment	21 628	8 861	6 889	19 000	19 805	10 143	18 839	16 413	24 234
Transport equipment	–	–	–	3 000	3 000	3 000	–	–	7 000
Other machinery and equipment	21 628	8 861	6 889	16 000	16 805	7 143	18 839	16 413	17 234
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**700 731**	**783 315**	**812 087**	**936 128**	**958 343**	**966 065**	**1 037 983**	**1 092 993**	**1 145 574**

5.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 5: Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget increase of 7 per cent in 2015/16 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 2015/16 financial year.

5.7 RISK MANAGEMENT

RISK	MITIGATING FACTORS
Critical shortage of senior personnel	• Fill vacant senior posts. • Development and implementation of an appropriate recruitment and retention strategy for scarce skills.
Incomplete package of level 3 services	• Development and implementation of recruitment and retention strategy for scarce skills. • Headhunt specialists in core clinical domains • 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.

6.2 PRIORITIES

- Improved human resources for health

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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

TABLE HST 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HST

Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve quality of health care	Improve human resource efficiency by training health care professionals on critical clinical skills	12,500	Training Database	4413	2932*	2124	2500	2500	2500	2500
	Improve access to nursing training by increasing the number of accredited nursing school/ campus	1		New indicator	New indicator	New indicator	New indicator	1	1	1

TABLE HST 2: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited / actual performance			Estimate	Medium term goals		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
1. Number of Bursaries awarded for first year medicine students	Annually	No	New Indicator	New Indicator	New Indicator	New Indicator	10	10	10
2. Number of Bursaries awarded for first year nursing students	Annually	No	New Indicator	New Indicator	New Indicator	New Indicator	150	0*	0

**Nursing intake to be transferred to Higher Education

6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
1. Number of Bursaries awarded for first year medicine students	10	Annual Target	Annual Target	Annual Target	10
2. Number of Bursaries awarded for first year nursing students	150	Annual Target	Annual Target	Annual Target	150
3. Improve human resource efficiency by training health care professionals on critical clinical skills	2500	Annual Target	Annual Target	Annual Target	2500
4. Improve access to nursing training by increasing the number of accredited nursing school/ campus	1	Annual Target	Annual Target	Annual Target	1

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST 4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Table 10.18: Summary of payments and estimates: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Nurse Training Colleges	120 140	138 725	141 010	144 790	168 169	174 065	156 228	164 669	169 059
EMS Training Colleges	3 000	2 355	2 330	3 085	493	1 484	2 386	2 512	2 638
Bursaries	554	1 331	1 064	4 211	1 002	1 848	5 024	5 300	5 565
Primary Health Care Training	5 994	5 136	5 302	6 537	2 652	3 742	6 956	7 325	7 691
Training Other	92 204	94 063	121 966	114 426	113 507	129 975	124 332	140 560	151 115
Total payments and estimates	**221 892**	**241 610**	**271 672**	**273 049**	**285 823**	**311 114**	**294 926**	**320 366**	**336 068**

Table B.3(vi): Payments and estimates by economic classification: Health Sciences and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	**206 881**	**223 515**	**229 769**	**252 311**	**253 234**	**278 525**	**265 256**	**289 426**	**300 427**
Compensation of employees	143 166	160 761	181 922	193 573	195 690	222 981	202 554	213 404	219 577
Salaries and wages	121 691	144 686	169 634	171 339	172 874	201 508	174 371	183 700	189 388
Social contributions	21 475	16 075	12 288	22 234	22 816	21 473	28 183	29 704	30 189
Goods and services	63 715	62 754	47 847	58 738	57 544	55 544	62 702	76 022	80 850
Administrative fees	364	1 236	515	1 432	1 169	1 166	1 469	1 546	1 623
Advertising	–	171	54	237	60	60	169	254	267
Minor Assets	996	119	126	–	–	40	–	(72)	(76)
Bursaries: Employees	349	2 790	1 749	1 326	–	15	17	89	93
Catering: Departmental activities	1 272	358	858	203	549	532	75	79	83
Communication (G&S)	256	211	188	70	157	166	72	76	80
Consultants and professional services: Busin	2 520	2 345	–	–	–	1	–	–	–
Contractors	245	5	51	–	470	531	–	–	–
Agency and support / outsourced services	18 541	23 010	15 343	21 311	22 055	21 891	24 787	26 117	25 423
Fleet services (including government motor tr	906	818	822	845	1 178	1 178	1 248	1 316	1 382
Inventory: Clothing material and accessories	–	–	163	–	436	436	–	–	–
Inventory: Fuel, oil and gas	7	–	10	–	–	–	10	11	12
Inventory: Learner and teacher support mater	121	–	–	585	–	–	603	635	667
Inventory: Medicine	–	2 191	–	–	–	–	–	–	–
Medsas inventory interface	–	704	–	–	–	–	–	–	–
Inventory: Other supplies	–	1 371	–	–	–	–	–	–	–
Consumable supplies	1 367	27	1 787	1 771	4 228	4 221	4 508	4 765	5 003
Consumable: Stationery,printing and office su	715	264	444	144	790	787	896	942	989
Operating leases	1 666	6 770	214	325	411	411	432	454	477
Property payments	–	9	622	1 640	415	415	1 640	1 727	1 813
Transport provided: Departmental activity	152	5	–	–	–	–	–	–	–
Travel and subsistence	19 426	11 420	16 148	18 350	22 222	20 224	21 426	28 236	32 675
Training and development	11 875	5 885	7 415	9 920	3 332	2 914	4 800	9 268	9 731
Operating payments	385	50	394	579	44	528	550	579	608
Venues and facilities	2 552	2 907	944	–	14	14	–	–	–
Rental and hiring	–	88	–	–	14	14	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**14 194**	**18 006**	**41 806**	**18 138**	**30 084**	**30 084**	**25 647**	**26 751**	**28 089**
Provinces and municipalities	–	1	9	–	–	5	7	–	–
Municipalities	–	1	9	–	–	5	7	–	–
Municipal bank accounts	–	1	9	–	–	5	7	–	–
Departmental agencies and accounts	3 842	2	4 298	4 999	3 699	3 699	6 126	6 413	6 734
Departmental agencies (non-business entities)	3 842	2	4 298	4 999	3 699	3 699	6 126	6 413	6 734
Households	10 352	18 003	37 499	13 139	26 385	26 380	19 514	20 338	21 355
Social benefits	10 352	18 003	37 499	13 139	26 385	26 380	19 514	20 338	21 355
Payments for capital assets	**817**	**89**	**97**	**2 600**	**2 505**	**2 505**	**4 023**	**4 189**	**7 552**
Machinery and equipment	817	89	97	2 600	2 505	2 505	4 023	4 189	7 552
Transport equipment	817	–	–	2 600	2 505	2 499	–	154	3 316
Other machinery and equipment	–	89	97	–	–	6	4 023	4 035	4 237
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**221 892**	**241 610**	**271 672**	**273 049**	**285 823**	**311 114**	**294 926**	**320 366**	**336 068**

6.6 PERFORMANCE AND EXPENDITURE TRENDS

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

Risk	**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 training and mentoring and coaching programmes
Breach of contract by bursary holders.	Enforcement of contractual compliance.

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)

7.2 PRIORITIES

The strategic goal of this programme, is to Improved quality of health care

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

- Provision of quality pharmaceutical services in all the facilities
- Provision of quality Clinical Forensic Medicine Services
- Provision of quality Forensic Pathology 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

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improved quality of health care	1. Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	95%	EML Items Lists	85%	95%	93.5%	95%	95%	95%	95%
	2. Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	100% facilities complying with Radiation Control prescripts	Radiology Audit reports	New Indicator	New Indicator	New Indicator	New Indicator	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)
	3. Pharmaceutical Management System implemented		New indicator	New indicator	New indicator	New indicator	New Indicator	System pilot (Depot & two Tertiary Hospitals)	1	1

7.4. QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

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

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
1. Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	95%	95%	95%	95%	95%
2. Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)
3. Pharmaceutical Management System implemented	System pilot	Annual Target	Annual Target	Annual Target	System pilot

7.5. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Table 10.20: Summary of payments and estimates: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Laundries	22 767	22 421	20 796	25 248	24 600	24 100	26 964	33 507	39 719
Engineering	11 962	14 356	19 055	22 508	20 670	19 599	29 323	28 281	26 695
Forensic Services	52 780	51 092	52 481	55 820	52 876	51 826	59 314	62 395	64 515
Orthotic and Prosthetic Services	4 382	2 292	3 347	6 110	2 151	2 825	4 185	4 474	4 698
Medicine Trading Account	25 472	7 300	10 208	10 460	9 283	9 143	10 486	11 076	11 630
Total payments and estimates	**117 363**	**97 461**	**105 887**	**120 146**	**109 580**	**107 493**	**130 272**	**139 733**	**147 257**

Table B.3(vii): Payments and estimates by economic classification: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	**100 567**	**94 263**	**102 971**	**114 190**	**106 166**	**104 079**	**125 457**	**132 209**	**136 356**
Compensation of employees	49 182	60 018	72 242	73 714	74 191	74 286	87 251	92 863	96 506
Salaries and wages	41 809	55 136	61 406	64 217	64 812	64 830	74 689	76 768	79 606
Social contributions	7 373	4 882	10 836	9 497	9 379	9 456	12 562	16 095	16 900
Goods and services	51 385	34 245	30 729	40 476	31 975	29 793	38 206	39 346	39 850
Administrative fees	57	120	107	129	132	133	129	137	144
Minor Assets	849	840	30	138	208	208	114	120	126
Catering: Departmental activities	36	85	38	2	28	15	2	2	2
Communication (G&S)	1 141	1 340	1 386	1 251	2 908	2 882	1 335	1 405	1 475
Computer services	107	–	–	–	–	–	–	–	–
Contractors	5 803	5 947	9 569	14 837	6 105	6 105	12 132	12 774	12 413
Agency and support / outsourced services	48	334	31	–	–	–	–	–	–
Entertainment	–	4	–	–	–	–	–	–	–
Fleet services (including government motor tr	3 232	3 564	3 505	3 898	3 649	3 686	3 776	3 998	4 198
Inventory: Clothing material and accessories	–	–	1	–	90	90	–	–	–
Inventory: Fuel, oil and gas	–	594	–	–	–	–	–	–	–
Inventory: Materials and supplies	586	2 250	1 807	1 784	4 500	3 403	2 604	2 820	2 961
Inventory: Medical supplies	25 093	3 761	6 248	6 895	3 476	3 476	5 916	6 258	6 571
Inventory: Medicine	2	–	–	–	–	–	–	–	–
Consumable supplies	6 159	6 089	1 408	2 454	4 463	4 240	4 510	4 741	4 978
Consumable: Stationery,printing and office su	520	524	599	868	37	264	308	315	331
Operating leases	630	691	1 305	1 191	1 310	1 165	1 030	1 098	1 153
Property payments	–	5 396	1 708	2 517	1 656	1 646	1 799	1 904	1 536
Transport provided: Departmental activity	1 528	726	178	603	93	93	150	185	194
Travel and subsistence	4 110	1 783	2 553	3 623	2 923	1 930	2 492	2 656	2 789
Training and development	646	76	11	138	65	65	1 666	675	709
Operating payments	254	111	200	117	176	236	212	225	236
Venues and facilities	584	10	45	31	166	166	31	33	35
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**38**	**43**	**47**	**207**	**157**	**157**	**215**	**227**	**238**
Provinces and municipalities	–	16	1	50	–	32	50	53	56
Municipalities	–	16	1	50	–	32	50	53	56
Municipal bank accounts	–	16	1	50	–	32	50	53	56
Households	38	27	46	157	157	125	165	174	183
Social benefits	38	27	46	157	157	125	165	174	183
Payments for capital assets	**16 758**	**3 155**	**2 869**	**5 749**	**3 257**	**3 257**	**4 600**	**7 297**	**10 662**
Buildings and other fixed structures	6 303	–	–	–	–	–	–	–	–
Buildings	6 303	–	–	–	–	–	–	–	–
Machinery and equipment	10 455	3 155	2 869	5 749	3 257	3 257	4 600	7 297	10 662
Transport equipment	–	–	–	–	527	–	1 600	1 000	1 050
Other machinery and equipment	10 455	3 155	2 869	5 749	2 730	3 257	3 000	6 297	9 612
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**117 363**	**97 461**	**105 887**	**120 146**	**109 580**	**107 493**	**130 272**	**139 733**	**147 257**

7.6. PERFORMANCE AND EXPENDITURE TRENDS

Programme 7: Health Care Support Services will increase by 21 per cent during the 2015/16 to due to the need to improve on orthotic and prosthetic services in the province. Department has also prioritized the provision of clean linen and overall laundry services to the community of Mpumalanga by increasing the allocation by 12 per cent and therefore ensuring that all patients have a dignified and safe stay at the hospital during their respective treatment period. The Engineering allocation has been accelerated in the efforts to ensure improved functionality of essential medical equipment in various facilities.

This programme includes a number of programmes, which are aimed at achieving output 4: Strengthening Health System effectiveness. Though programme 7 is mainly supportive, highly skilled personnel and high tech equipment have to be managed. Service delivery measures.

7.7. RISK MANAGEMENT

Risk	**Mitigating factors**
Unavailability of pharmaceuticals and surgical in the Province	• Strengthen the PTCs. • Monitor adherence to delivery schedules. • Drug supply management workshops.
Unavailability of X-Ray services in the facilities due to shortage of radiologists and radiographers	• Train and appoint radiologists and radiographers • Outsource radiologists services • Complex facilities to share x-ray services

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.

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 and 90/279 PHC facilities in the 2015/16 financial year. The number of facilities will be increased in the outer years.

8.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HFM

Strategic Goal 1: To improve access to health care services and continuously attain health care outcome
Strategic Goal 2: Overhaul health system and progressively reduce health care cost

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improved health facility planning and infrastructure delivery	Improve access to healthcare by increasing number of Hospitals under upgrading and additions	8	Physical verification	New Indicator	New Indicator	New Indicator	33	4	4	4
	Improve access to healthcare by increasing number of facilities under maintenance, repair, rehabilitation and refurbishment.***	307/307	New Indicator	New Indicator	New Indicator	New Indicator	60/279	107	96	45
	Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals	10	Planning Design documentation	New Indicator	New Indicator	New Indicator	New Indicator	4 (Planning phase)	4 (Construction) 4 (Planning Phase)	4 (Construction) 2 (Planning Phase)
	Number of districts spending more than 90% of maintenance budget.	3	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator	3	3	3
Re-alignment of human resource to Departmental needs	Improve maintenance of health facilities by appointing maintenance teams	70	PERSAL	New indicator	New indicator	New indicator	52	20	15	15

*** this includes facilities targeted in the indicator titled "Number of health facilities major and minor refurbishment"

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		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of health facilities undergone major and minor refurbishment	Annually	No	New Indicator	New Indicator	New Indicator	New Indicator	17	6	6
Establish Service Level Agreements (SLA) with Departments of Public Works (and any other implementing agent)	Annually	No	New indicator	New indicator	New indicator	New indicator	1	1	1
Same as above (table HFM 1: provincial strategic objectives and annual targets for health facilities management)									

8.4 QUARTERLY TARGETS FOR HFM

TABLE HFM3: QUARTERLY TARGETS FOR HEALTH FACILITES MANAGEMENT FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Improve access to healthcare by increasing number of Hospitals under upgrading and additions		4 **(Including Sabie)**	Annual Target	Annual Target	Annual Target	4
Improve access to healthcare by increasing number of facilities under maintenance, repair, rehabilitation and refurbishment.		107	Annual Target	Annual Target	Annual Target	107
Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals		4 (Planning phase)	Annual Target	Annual Target	Annual Target	4 (Planning phase
Number of districts spending more than 90% of maintenance budget.		3	Annual Target	Annual Target	Annual Target	3
Improve maintenance of health facilities by appointing maintenance teams		20	Annual Target	Annual Target	Annual Target	20

*Sabie Is earmarked as high priority which was announced State Of Provincial Address

8.5. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Table 10.22: Summary of payments and estimates: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2011/12**	**2012/13**	**2013/14**		**2014/15**		**2015/16**	**2016/17**	**2017/18**
Community Health Facilities	202 376	218 682	226 807	321 146	302 617	281 588	347 054	385 262	410 001
Emergency Medical Rescue Services	–	–	–	–	–	–	–	–	–
District Hospital Services	132 738	114 393	49 531	78 509	78 509	78 509	45 880	49 777	67 266
Provincial Hospital Services	296 909	240 821	254 782	265 107	265 107	265 107	242 062	242 062	269 165
Central Hospital Services	–	–	–	–	–	–	–	–	–
Other Facilities	–	5 391	–	–	–	–	–	–	–
Total payments and estimates	**632 023**	**579 287**	**531 120**	**664 762**	**646 233**	**625 204**	**634 996**	**677 101**	**746 432**

Table B.3(viii): Payments and estimates by economic classification: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2011/12**	**2012/13**	**2013/14**		**2014/15**		**2015/16**	**2016/17**	**2017/18**
Current payments	**47 294**	**23 294**	**36 536**	**243 888**	**201 317**	**180 288**	**255 311**	**241 078**	**262 587**
Compensation of employees	5 350	5 902	8 264	24 174	22 810	29 616	26 634	27 461	28 834
Salaries and wages	4 547	5 311	7 025	21 043	19 165	26 485	23 117	23 925	25 121
Social contributions	803	591	1 239	3 131	3 645	3 131	3 517	3 536	3 713
Goods and services	41 415	17 392	28 272	219 714	178 507	150 672	228 677	213 617	233 753
Administrative fees	52	56	23	115	242	242	123	126	132
Minor Assets	3 545	3 798	218	2 659	160	160	3 888	3 888	4 082
Catering: Departmental activities	55	63	27	110	100	100	115	115	121
Communication (G&S)	26	634	37	244	90	90	258	259	272
Consultants and professional services: Busine	224	–	–	–	–	–	–	–	–
Consultants and professional services: Legal	–	1 090	–	–	–	–	–	–	–
Contractors	–	–	42	–	80 664	35 410	–	–	–
Agency and support / outsourced services	3 023	–	1 222	8 121	620	620	5 076	5 076	5 330
Inventory: Fuel, oil and gas	–	1	–	–	–	–	–	–	–
Inventory: Materials and supplies	–	–	–	–	380	380	–	–	–
Inventory: Medical supplies	370	–	–	350	–	–	366	366	384
Inventory: Medicine	–	32	–	–	–	–	–	–	–
Consumable supplies	201	130	92	290	860	860	68 303	67 303	70 668
Consumable: Stationery,printing and office su	41	5	–	131	467	467	137	144	151
Property payments	19 915	8 824	25 142	148 122	91 763	109 182	142 102	127 974	143 829
Transport provided: Departmental activity	311	1	–	49 482	–	–	210	210	221
Travel and subsistence	10 109	2 474	1 454	5 402	1 895	1 873	4 430	4 459	4 682
Training and development	3 241	215	2	3 250	906	906	2 156	2 156	2 264
Operating payments	74	52	13	1 040	200	222	1 097	1 103	1 158
Venues and facilities	228	17	–	398	160	160	416	438	460
Interest and rent on land	529	–	–	–	–	–	–	–	–
Interest (Incl. interest on finance leases)	529	–	–	–	–	–	–	–	–
Transfers and subsidies	**–**	**18**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Households	–	18	–	–	–	–	–	–	–
Social benefits	–	18	–	–	–	–	–	–	–
Payments for capital assets	**584 729**	**555 975**	**494 584**	**420 874**	**444 916**	**444 916**	**379 685**	**436 023**	**483 845**
Buildings and other fixed structures	521 749	515 937	460 130	384 989	409 031	409 031	322 024	378 028	422 950
Buildings	521 749	515 937	460 130	384 989	409 031	409 031	322 024	378 028	422 950
Machinery and equipment	62 980	40 038	34 454	35 885	35 885	35 885	57 661	57 995	60 895
Other machinery and equipment	62 980	40 038	34 454	35 885	35 885	35 885	57 661	57 995	60 895
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**632 023**	**579 287**	**531 120**	**664 762**	**646 233**	**625 204**	**634 996**	**677 101**	**746 432**

8.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 8 which is Health Facilities Management has shown stifled growth of 5 per cent on the budget over the MTEF due to the challenges faced in finalising the infrastructure projects, slow movement in the maintenance of facilities mainly caused by the slow appointment of the maintenance teams as they are a scarce skill sector and attractive packages to woo such personnel have been deliberated upon. The programme includes Hospital Revitalisation Conditional Grant and Infrastructure Grant.

8.7 RISK MANAGEMENT

Risk	Mitigating factors
Poor infrastructure planning	• Develop an infrastructure prioritization model • Develop and customize norms inline with NDoH • Development of well researched and sustainable clinical and technical briefs aligned with the Service Transformation Plan of the department • Develop 10 year infrastructure master plan which includes capital and current projects • Align norms with CSIR developed norms and standards for Health Facilities • Appointments of Consultants with Health Facility planning qualification • Peer review of health briefs and designs by NDOH before implementation • Project management, monitoring and evaluation for compliance
Poor maintenance of infrastructure (buildings and equipment)	• Develop maintenance policy • Include maintenance requirements in infrastructure planning (10 year maintenance plan) • Motivate for filling of vacant maintenance posts • Facility maintenance skills development • Motivate for additional maintenance funding
Cost over-runs on projects	• Internal technical professionals to be involved in the procurement and evaluation committees of all implementing agents • Establishment a fully function infrastructure unit • Peer review process • Monitoring and site visit
'Inadequate infrastructure designs	• Appointments of Consultants with Health Facility planning qualification • Peer review of health briefs and designs by NDOH before implementation • Project management, monitoring and evaluation for compliance
Inadequate facilities management skills and capacity	• Enter into formal agreements with universities for capacity building • Develop capacitation plans for existing staff in the construction industry • Appoint resident engineers as recommended by NDOH • Prioritise maintenance and project management capacity development
Infrastructure conditional grants under-spending	• Use alternative implementing agents • Appointment of resident engineers • Fill programme 8 vacant funded posts

PART C: LINKS TO OTHER PLANS

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

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1	New and replacement assets (R'thousand)												
1.1	Wakkerstroom CHC	8	Pixley Ka Seme	Construction of new CHC & accommodation unit	14 000	8 000	1 100	4 465	0	4 465	0	0	0
1.2	Mashishing CHC	8	Thaba-Chweu	Construction of new CHC & accommodation unit	14 000	8 000	825	0	0	0	0	0	0
1.3	Tekwane CHC	8	Mbombela	Construction of new CHC & accommodation unit	14 000	8 000	1 060	0	0	0	0	0	0
1.4	Hluvukani CHC	8	Bushbuckridge	Construction of new CHC & accommodation unit	14 000	8 000	1 245	0	0	0	0	0	0
1.5	Moloto EMS	8	Thembisile	Construction of new EMS Station	12 500	7 000	0	1 604	0	1 604	0	12 000	30 000
1.6	Greenside Clinic	8	Dr JS Moroka	Construction of new CHC & 2x2 accommodation units	20 000	5 000	1 145	1 390	0	1 390	0	0	0
1.7	Ntunda CHC	8	Nkomazi	Construction of new CHC and accommodation	5 000	500	20 000	7 552	0	7 552	0	0	0
1.8	Tweefontein G Clinic	8	Thembisile	Construction of new CHC & 2x2 accommodation units	20 000	13 000	1 327	0	0	0	0	0	0
1.9	Phola Park CHC -Ward 14	8	Mkhondo	Construction of new CHC & 2x2 accommodation units	20 000	13 000	1 150	0	0	0	0	0	0
1.10	Sinqobile Clinic	8	Pixley kaSeme	Construction of new CHC & 2x2 accommodation units	20 000	0	1 274	9 364	0	9 364	0	0	0
1.11	Mbhejeka Clinic	8	Albert Luthuli	Construction of new CHC & 2x2 accommodation units	0	20 000	13 000	0	0	0	0	0	0
1.12	Tertiary Hospital	8	Mbombela	Purchase of Land for New Tertiary Hospital	15 000	0	0	0	0	0	0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1.13	LOUWS'CREEK CLINIC	8		Construction of new clinic and accommodation units	0	0	0	0	0	0	0	0	5 000
1.14	Naas CHC	8	Nkomazi	Construction of new CHC & 2x2 accommodation units	0	0	0	15 000	15 000	15 000	0	0	0
1.15	VLAGLAAGTE 1 CLINIC	8	Nkangala	Construction of Clinic and accommodation Units	0	0	0	0	0	0	0	5 000	30 000
1.16	Msukaligwa CHC	8	Gert Sibande	Construction of new CHC and accommodation units	0	0	0	500	0	500	3 000	0	0
1.17	Thandukukhanya CHC	8	Gert Sibande	Construction of new CHC and accommodation units	0	0	0	0	0	0	3 000	0	0
1.18	Nhlazatshe 6 Clinic	8	Gert Sibande	Construction of new clinic and accommodation units	0	0	0	500	0	500	3 000	0	0
1.19	Vukuzakhe Clinic	8	Gert Sibande	Construction of new clinic and accommodation units	0	0	0	500	0	500	3 000	0	0
1.20	Balfour Mini Hospital	8	Gert Sibande	Construction of mini hospital and accommodation units	0	0	0	1750	0	1750	6 502	0	0
1.21	Makoko clinic	8	Mbombela	Construction of new Clinic and 2x2 accommodation units	0	10 000	0	0	0	0	0	0	5 000
1.22	Lefisoane clinic	8	Dr J.S. Moroka	Construction of new CHC and 2x2 accommodation units	0	950	0	0	0	0	0	5 000	30 000
1.23	Mapulaneng Hospital	8	Bushbuckridge	Replacement of the existing hospital	0	0	0	0	0	0	5 000	45 000	24 500
1.24	Pankop CHC	8	Dr J.S Moroka	Construction of new CHC and 2x2 accommodation units	0	0	0	1 079	0	1 079	0	0	0
1.25	Oakley clinic	8	Bushbuckridge	Construction of new CHC and 2x2 accommodation units	0	10 000	0	0	0	0	0	0	5 000
1.26	Tertiary Hospital	8	Mbombela	Purchase of land for New Tertiary Hospital	15 000	0	0	0	0	0	0	0	0
1.27	Mkhondo CHC	8	Gert Sibande	Replacement CHC	0	0	0	500	0	500	0	0	0
Total new and replacement assets					**183 500**	**111 450**	**42 126**	**44 204**	**0**	**44 204**	**23 502**	**67 000**	**129 500**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.	Upgrades and Additions												
2.1	M'AFRIKA CHC :	8		Construction of 2x2 accommodation units	0	0	0	0	0	0	0	5 000	0
2.2	Kwa Mhlanga Hospital	8	Thembisile	Phase 3C, Construction of ICU, Casualty and additions to existing theatre block	0	25 000	19 303	8 256	0	8 256	0	0	0
2.3	Mapulaneng Hospital	8	Bushbuckridge	Renovations and addition of ward, construction of helipad Identification of a site for a new hospital	10 456	10 456	2 000	16 185	0	16 185	0	0	0
2.4	Piet Retief Hospital	8	Mkhondo	Construction of M2 Mortuary	0	15 000	6 000	8 034	0	8 034	0	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	10 000	10 000	0	0	0	0	65 000	30 000
2.6	Sabie Hospital	8	Thaba-Chweu	Removal of asbestos and construction of maternity	0	0	4 217	0	0	0	0	0	0
2.7	Standerton Hospital	8	Lekwa	Completion of a new uncompleted structure	0	0	3500	9 827	0	9 827	0	0	0
2.8	Elsie Ballot Hospital	8	Pixley Ka Seme	Construction of new CHC with accommodation	0	0	0	4 427	0	4 427	0	0	0
2.9	Mpumalanga Nursing college	8	Mbombela	Construction of palisade fencing	0	2 000	0	0	0	0	0	0	0
2.10	Swallows Nest clinic	8	Albert Luthuli	Construction of 2x2 accommodation units	1 800	400	0	0	0	0	0	0	0
2.11	Wonderfontein clinic	8	Emakhazeni	Construction of 2x2 accommodation units	0	1 800	1 212	1 856	0	1 856	0	0	0
2.12	Mthimba clinic	8	Mbombela	Construction of 2x2 accommodation units	0	1 800	400	0	0	0	0	0	0
2.13	Evander Hospital	8	Govan Mbeki	Completion of Medico Legal Laboratory	0	4 500	1 680	0	0	0	0	0	0
2.14	Sulphursprings Clinic	8	Mkhondo	Construction of new CHC and 2x2 accommodation units	0	0	0	0	0	0	0	0	0
2.15	Middelplaas Clinic	8	Nkomazi	Construction of new CHC and 2x2 accommodation units	0	0	0	0	0	0	0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.16	Mmametlhake hospital	8	Dr JS Moroka	Upgrading and Additions of wards	0	60 000	0	0	0	0	74 000	53 597	0
2.17	Rob Ferreira Hospital	8	Mbombela	Revitalization of Hospital	0	133 967	0	0	0	0	0	0	0
2.18		8	Mbombela	Phase 4D, Renovation of ward 9,10,11, paediatric ward, rehabilitation centre	0	0	0	1 500	0	1 500	0	0	0
2.19		8	Mbombela	Phase 4E Part 1, Staff Residence and accommodation	0	0	0	7 010	0	7 010	0	0	0
2.20		8	Mbombela	Phase 3	0	0	0	40	0	40	0	0	0
2.21		8	Mbombela	Phase 4 Medical Gas Plant	0	0	0	3 800	0	3 800	0	0	0
2.22	Rob Ferreira Hospital	8	Mbombela	Phase 4 B, construction of trauma ward, day ward, private ward and administration offices and helipad	0	0	0	4 336	0	4 336	0	0	0
2.23		8	Mbombela	Phase 4C, upgrading of corridors, new doctor's room, matron's office, kit room and corpse room	0	0	0	6 066	0	6 066	0	0	0
2.24		8	Mbombela	Phase 4C, upgrading of corridors, new doctor's room, matron's office, kit room and corpse room	0	0	0	11 193	0	11 193	0	0	0
2.25		8	Mbombela	ROB FERREIRA HOSPITAL: Completion of works for statutory compliance	0	0	0	0	0	0	5 000	9 000	19 161
2.26	Themba Hospital	8	Mbombela	THEMBA HOSPITAL: Renovation of X-Rays and other wards(grant funding)	0	0	0	31 288	0	31 288	59 606	10 806	0
2.27		8	Mbombela	THEMBA HOSPITAL: Construction of CE workshop and new general wards - Final Account	0	0	0	3 820	0	3 820	0	0	0
2.28		8	Mbombela	THEMBA HOSPITAL: Construction of Doctors Accommodation 1 & 2 Bed Flats - Final Account	0	0	0	311	0	311	0	0	0
2.29		8	Mbombela	THEMBA HOSPITAL: Construction of new maternity ward	0	0	0	6 328	0	6 328	0	49 161	81 412

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.30		8	Mbombela	THEMBA HOSPITAL: Construction of new resource centre	0	0	0	21 562	0	21 562	0	45 999	7 545
2.31		8	Mbombela	THEMBA HOSPITAL: Renovations and upgrading of children's wards, ICU/high care, trauma unit/casualty - Final Account	0	0	0	703	0	703	0	0	0
2.32	Ermelo Hospital Sesifuba TB Hospital	8	Msukaligwa	Revitalization of Hospital (including Sesifuba TB Hospital)	0	62 611	0	0	0	0	0	0	0
2.33		8	Msukaligwa	ERMELO HOSPITAL: Construction of a Orthopaedic workshop	0	0	0	17 898	0	17 898	0	0	0
2.34		8	Msukaligwa	ERMELO HOSPITAL: Health Support Block	0	0	0	758	0	758	0	0	0
2.35		8	Msukaligwa	ERMELO HOSPITAL: Medico Laboratory	0	0	0	576	0	576	0	0	0
2.36		8	Msukaligwa	ERMELO HOSPITAL: OPD Casualty, Theatre	0	0	0	349	0	349	0	0	0
2.37		8	Msukaligwa	ERMELO HOSPITAL: Renovation of male, female and ophthalmic surgical wards	0	0	0	11 501	0	11 501	0	0	0
2.38		8	Msukaligwa	ERMELO HOSPITAL: Repairs of Pharmacy defects, walkways and corridors	0	0	0	4 198	0	4 198	0	0	0
2.39		8	Msukaligwa	ERMELO HOSPITAL: Repairs to admin building	0	0	0	1093	0	1093	0	0	0
2.40		8	Msukaligwa	ERMELO HOSPITAL: Upgrading of underground sewer pipes - Final Account	0	0	0	753	0	753	0	0	0
2.41		8	Msukaligwa	ERMELO HOSPITAL: water final account	0	0	0	98	0	98	0	0	0
2.42		8	Msukaligwa	ERMELO HOSPITAL: Construction of new resource centre	0	0	0	3 298	0	3 298	0	51 239	0
2.43		8	Msukaligwa	ERMELO HOSPITAL: Construction of new stores, linen room and demolition of old hospital	0	0	0	18 301	0	18 301	3 500	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.44	Lydenburg Hospital	8	Thaba Chweu	Revitalization of Hospital	0	1 000	0	0	0	0	0	0	5 000
2.45	Tintswalo Hospital	8	Bushbuckridge	Revitalization of Hospital	0	0	5 000	0	0	0	0	0	5 000
2.46	KwaMhlanga Hospital	8	Thembisile	Revitalization of Hospital	0	0	0	0	0	0	0	0	6 412
2.47	Barberton Hospital Barberton TB Hospital	8	Umjindi	Revitalization of Hospital Planning and identification of Barberton TB Hospital site	0	0	500	0	0	0	0	5 500	36 412
2.48	Shongwe Hospital	8	Nkomazi	Revitalization of Hospital	0	0	33 000	268	0	268	0	0	0
2.49	Evander Hospital	8	Govan Mbeki	Renovation of roof and kitchen	0	0	0	0	0	0	0	0	0
2.50	Delmas Hospital	8	Victor Khanye	Construction of Maternity linen room and waste management area	0	0	0	3 143	0	3 143	0	0	0
2.51	Delmas Hospital	8	Victor Khanye	Storm damage repairs	0	0	0	884	0	884	0	0	0
2.52	Embhuleni Hospital:		Albert Luthuli	Construction of new palisade fencing						0	0	0	0
2.53	Impungwe Hospital:	**8**	Emalahleni	Bulk sewer, water and electricity	0	0	0	16 108	0	16 108	0	0	0
2.54	KwaMhlanga Hospital	8	Thembisile Hani	Erection of Palisade fencing	0	0	0	1 100	0	1 100	0	0	0
2.55	Mammetlake Hospital	**8**	Dr JS Moroka	Bulk services	0	0	0	2 128	0	2 128	0	0	0
2.56	Sabie Hospital	8	Thaba Chweu	Site establishment, Demolition of asbestos and construction of wards	0	0	0	4 465	0	4 465	55 000	0	0
2.57	Bethal Hospital	8	Govern Mbeki	Site establishment, Demolition of asbestos and major upgrade of hospital, construction of rehabilitation and stepdown	0	0	0	0	0	0	0	0	0
2.58	Matibidi Hospital.	8	Thaba Chweu	Construction of admin block and 10 x 3 accommodation units.	0	0	0	0	0	0	0	0	5 000

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.59	Witbank Hospital :	8	Emalahleni	Demolitions of existing building and construction of Neo-Natal and Kangaroo unit and renovation of old	0	0	0	8 674	0	8 674	0	0	0
2.60	WITBANK TB HOSPITAL	8	Emalahleni	Planning of Construction of Mortuary	0	0	0	0	0	0	0	5 000	25 000
2.61	Carolina Hospital:	8	Msukaligwa	Construction of Admin block, OPD, Peadiatric ward and extension of theatre	0	0	0	14 727	0	14 727	0	48 597	5 000
2.62	Matikwana Hospital	8		Repairs and Rehabilitation to the hospital	0	0	0	5000	0	5 000	0	0	0
2.63	Amajuba Hospital	8		Repairs to entire hospital as identified in the District infrastructure visit	0	0	0	4 501	0	4 501	0	0	0
2.64	Evander Hospital	8	Govan Mbheki	Repairs and renovations to the hospital including the nursing college repairs as identified in the infrastructure unit	0	0	0	7 221	0	7 221	0	0	0
2.65	Mapulaneng Hospital	8	Bushbuckridge	Renovation and additions of ward, Construction of helipad	0	0	0	2 245	0	2 245	136 000	0	0
2.66	NAAS CHC	8	Nkomazi	Renovations to existing structure	0	0	0	1 860	0	1 860	0	0	0
2.67	MIDDELBURG HOSPITAL.	8	Steve Tshwete	Assessment and planning for construction of new Regional laundry	0	0	0	0	0	0	0	0	16 198
2.68	Shongwe Hospital	8	Nkomazi	Repairs to the hospital including electrical supply upgrade	0	0	0	9 500	0	9 500	0	0	0
2.69	Themba Hospital	8	Mbombela	Construction of new resource centre	0	0	0	6 328	0	6 328	0	0	0
2.70	Tintswalo Hospital	8	Nkomazi	Repairs to the facility as identified in the hospital improvement plan including roof sewer and water pipe leaks	0	0	0	9 500	0	9 500	0	0	0
2.71	Standerton Hospital	8	Lekwa	Completion of new structure	0	0	0	325	0	325	0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
2.72	Cunningmore CHC	8	Bushbuckridge	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	572	0	572	0	0	0
2.73	Marapyane CHC	8	Dr JS Moroka	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	572	0	572	0	0	0
2.74	Embhuleni Hospital	8	Albert Luthuli	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	78	0	78	0	0	0
2.75	Botleng Clinic	8	Victor Khanye	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	300	0	300	0	0	0
2.76	Middelburg Hospital	8	Steve Tshwete	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	500	0	500	0	0	0
2.77	Dundonald CHC	8	Albert Luthuli	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	9	0	9	0	0	0
2.78	Emthonjeni Clinic	8	Albert Luthuli	Paving, minor landscaping and beautifying of entrance (EPWP)	0	0	0	701	0	701	0	0	0
2.79	Carolina Clinic	8	Albert Luthuli	New Doctor's Consultation rooms (Six cubicles)	0	0	0	0	0	85	0	0	0
2.80	Evander Clinic	8	Govan Mbeki	New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
2.81	Fernie1 Clinic	8		New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
2.82	Langverwaght Clinic	8		New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
2.83	Mahamba Border post Clinic	8		New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
2.84	Emthonjeni Clinic	8		New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
2.85	Davel Clinic	8		New Doctor's Consultation rooms (Six cubicles	0	0	0	0	0	85	0	0	0
Total upgrades and additions					**12 256**	**328 534**	**86 812**	**306 074**	**0**	**306 669**	**333 106**	**348 499**	**242 140**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
3.	**Purchase of Equipment**												
3.1	Purchase of equipment	8	All Districts	Equipment/furniture: New facilities (HIG)	9 517	20 259	21 726	6 385	0	6 385	0	O	O
3.2	Purchase of equipment	8	All Districts	Purchase of equipment (ES)	18 000	10 088	6 000	5319	0	5319	0	O	O
3.3.1	Purchase of equipment	8	All Districts	Health technology	0	0	0	23 500	0	23 500	29 330	14 457	15 823
3.3.2	Machinery & Equipment	8	All Districts	Medical equipment	0	0	0	0	0	0	6 384	7 500	9 000
3.4.1	Maintenance of Machinery and Equipment	8	All Districts	Machinery and Equipment	0	0	0	0	0	0	10 000	6 000	8 000
3.4.2	Medical equipment	8	All Districts	Machinery and Equipment	0	0	0	0	0	0	12 000	5 500	8 500
Total Purchase of Equipment					**27 517**	**30 347**	**27 726**	**35 204**	**0**	**35 204**	**57 714**	**33 457**	**41 323**
4.	**Rehabilitation, Refurbishment, Repairs**												
4.1	Belfast Hospital	8	Emakhazeni	Upgrade OPD, Casualty, and construction of Pharmacy.	19 000	23 103	15 000	0	0	0	0	12 000	8 000
4.2	Bethal Hospital	8	Govan Mbeki	Installation of new boiler	0	0	0	9 807	0	9 807	9 120	0	0
4.3	MARITE CLINIC:	8	Ehlanzeni	Renovations., rehabilitations and refurbishmnet	0	0	0	0	0	0	2 000	0	0
4.4	MPAKENI CLINIC	8	Ehlanzeni	Renovations., rehabilitations and refurbishment	0	0	0	0	0	0	2 000	0	0
4.5	OGIES CLINIC:	8	Nkangala	Renovations., rehabilitations and refurbishment	0	0	0	0	0	0	2 000	0	0
4.6	ORINOCCO CLINIC	8	Ehlanzeni	Renovations., rehabilitations and refurbishment	0	0	0	0	0	0	2 000	0	0
4.7	PERDEKOP CHC	8	Gert Sibande	Major renovations	0	0	0	0	0	0	0	0	2 000

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
4.8	ROB FERREIRA HOSPITAL	8	Ehlanzeni	Repairs, rehabilitation & refurbishment to the mortuary and old nurses home	0	0	0	0	0	0	5 219	0	0
4.9	SIBANGE CLINIC	8	Ehlanzeni	Repairs, rehabilitation & refurbishment	0	0	0	0	0	0	1 781	0	0
4.10	Anderson Street Ehlanzeni District Office	8	Ehlanzeni	Repairs, rehabilitation & refurbishment	0	0	0	0	0	0	5 000	0	0
4.11	MATIBIDI HOSPITAL	8	Ehlanzeni	Rehabilitation, Refurbishment and Repairs as identified in the STP	0	0	0	0	0	0	5 000	5 193	16 252
4.12	Máfrica CHC	8	Ehlanzeni	Replacement of damaged ceilings and repairs to roofs including passages and consulting rooms	0	0	0	0	0	0	468	0	0
4.13	Allenmansdrift B Clinic	8	Nkangala	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	0	0	0	2 000	0	0
4.14	Siyathuthuka Clinic	8	Nkangala	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	0	0	0	2 000	0	0
4.15	Exten. 8 Clinic	8	Nkangala	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	0	0	0	2 000	0	0
4.16	Polly Cinic	8	Nkangala	Repairs, rehabilitation and refurbishment of the CHC	0	0	0	0	0	0	2 000	0	0
4.17	Nkangala District Office	8	Nkangala	Repairs, rehabilitation and refurbishment of the district office	0	0	0	0	0	0	5 000	0	0
4.18	Dludluma Clinic	8	Ehlanzeni	Replacement and repairs to ceilings including passages and emergency room	0	0	0	0	0	0	402	0	0
4.19	Sikhwahlane Clinic	8	Ehlanzeni	Replacement and repairs to ceilings, leaking roofs	0	0	0	0	0	0	300	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
4.20	Nelspruit CHC	8	Ehlanzeni	Repairs, rehabilitation & refurbishment	0	0	0	0	0	0	2 000	0	0
4.21	MIDDELBURG HOSPITAL	8	Nkangala	Installation of new Boiler	0	0	0	0	0	0	15 000	0	0
4.22	Elsie Ballot Hospital	8	Pixley ka seme	Renovations and upgrading of hospital	0	0	0	0	0	0	0	0	5 000
4.23	Delmas Hospital	8	Victor Khanye	Repairs to internal damages from concrete roof leaks	0	0	0	884	0	884	672	0	0
4.24	Middelburg Hospital	8	Steve Tshwete	Repairs, renovations and rehabilitation of entire hospital including maternity ward/unit repairs	0	0	0	16 919	0	16 919	0	0	0
4.25	Expanded Public Works Programme	8	Nkangala	Rehabilitation,Refurbishment,Repairs	0	0	0	0	0	0	755	0	0
4.26	Expanded Public Works Programme	8	Gert Sibande	Rehabilitation,Refurbishment,Repairs	0	0	0	0	0	0	755	0	0
4.27	Expanded Public Works Programme	8	Ehlanzeni	Rehabilitation,Refurbishment,Repairs	0	0	0	0	0	0	755	0	0
4.28	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	MAINTENANCE: General Maintenance of Facilities in the NHI District-Gert Sibande	0	0	0	0	0	0	0	0	0
4.29	Rehabilitation, Refurbishment, Repairs	8	Ehlanzeni	Repairs Various Facilities	0	0	0	11 002	0	11 002	0	19 004	25 733
4.30	Rehabilitation, Refurbishment, Repairs	8	Nkangala	Repairs Various Facilities	0	0	0	11 594	0	11 594	0	19 004	25 793
4.31	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	Repairs Various Facilities	0	0	0	32 307	0	32 307	0	0	19 933
4.32	Rehabilitation, Refurbishment, Repairs	8	Ehlanzeni	Repairs to various District Office	0	0	0	0	0	0	0	39 334	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
4.33	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	Gert Sibande District Office: Repairs, rehabilitation & refurbishment	0	0	0	0	0	0	5 000	0	0
4.34	Rehabilitation, Refurbishment, Repairs	8	Nkangala	Repairs to various PHC and District Office Facilities	0	0	0	0	0	0	0	19 667	0
4.35	Rehabilitation, Refurbishment, Repairs	8	Gert Sibande	Repairs to various PHC and District Office Facilities	0	0	0	0	0	0	0	19 667	0
Total Repairs, rehabilitation and refurbishment					**19 000**	**21 103**	**15 000**	**82 513**	**0**	**82 513**	**73 227**	**133 869**	**102 711**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME			MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
5.	**Maintenance**												
5.1	Maintenance	8	Ehlanzeni	Maintenance Various Facilities	31 993	10 088	10 322	97 622		97 622	29 951	12 402	34 034
5.2	Maintenance	8	Gert Sibande	Maintenance Various Facilities	0	0	0	57 987	0	57 987	22 919	15 902	34 259
5.3	Maintenance	8	Nkangala	Maintenance Various Facilities	0	0	0	44 417	0	44 417	39 020	27 485	40 014
5.4	MASTER PLANS OF ALL HOSPITALS:	8	Ehlanzeni	Drawing of building master plans of all hospitals in Mpumalanga.)	0	0	0	0	0	0	11 278	13 000	21 280
5.5	Maintenance of generators		All	Maintenance of generators	0	0	0	0	0	0	6 000	18 360	25 000
5.6	Maintenance of Sewerage (Monthly maintenance)		All	Maintenance of sewerage	0	0	0	0	0	0	6 000	15 000	15 000
5.7	Other			Operational costs	0	0	0	0	0	0	31 136	59 060	73 907
Total Maintenance								**200 026**	0	**200 026**	**146 304**	**161 209**	**243 494**
Grand Total								**668,021**	0	**668 616**	**528 205**	**750 033**	**766 169**

8. CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators 2015/16	Indicator Targets for 2015/16
Comprehensive HIV and AIDS conditional grant	• To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing • To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care • To subsidise in-part funding for the antiretroviral treatment plan	1. Total Number of fixed public health facilities offering ART Services	311
		2. Number of new patients that started on ART	44 000
		3. Total number of patients on ART remaining in care.	353 071
		4. Number of beneficiaries served by home-based categories	286 000
		5. Number of active home-based carers receiving stipends	5 000
		6. Number of male and female condoms distributed	73 940 000
		7. Number of High Transmission Areas (HTA) intervention sites	82
		8. Number of Antenatal Care (ANC) clients initiated on life long ART	35 686
		9. Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	36 129
		10. Number of HIV positive clients screened for TB	624 000
		11. Number of HIV positive patients that started on IPT	65 124
		12. Number of active lay councillors on stipends	998
		13. Number of clients pre-test counselled on HIV testing (including Antenatal)	1 404 000
		14. Number of HIV tests done	780 000
		15. Number of health facilities offering MMC services	35
		16. Number of Medical Male Circumcisions performed	150 000
		17. Sexual assault cases offered ARV prophylaxis	3 300
		18. Step down care (SDC) facilities/units	N/A
		19. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	3 145
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	N/A
Health professional training and	• Support provinces to fund service costs associated	1. Number of undergraduate health sciences trainees supervised	240

Name of conditional grant	Purpose of the grant	Performance indicators 2015/16	Indicator Targets for 2015/16
development grant	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)	2. Number of postgraduate health sciences trainees (excluding registrars) supervised	100
		3. Number of registrars supervised	17
		4. Number of community services health professionals and other health sciences trainees supervised	150
Hospital facility revitalisation 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	4
		2. Number of Health facilities designed	4
		3. Number of Health facilities constructed	4
		4. Number of Health facilities equipped	4
		5. Number of Health facilities operationalized	4
National Health Insurance (NHI) grant	• Test innovations in health service delivery for implementing NHI, allowing for each district to interpret and design 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	**NHI Pilot Districts:** 1. Number of WBOTs with data collection tools	155
		2. Evaluation report of current SCM processes with recommendations	4
		3. Number of quarterly reports	12

9. PUBLIC ENTITIES

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

10. 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					

ANNEXURE A: StatsSA Population Estimates 2002-2018

StatsSA Population Estimates 2002-2018																		
District	**Sub District**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
Ehlanzeni DM	Bushbuckridge LM	486 783	492 903	499 091	505 315	511 446	517 357	523 153	528 928	534 753	540 525	545 853	551 215	556 632	562 082	567 479	572 030	576 335
	Mbombela LM	516 896	524 132	531 331	538 518	545 689	552 983	560 211	567 397	574 529	581 576	588 646	595 707	602 767	609 807	616 810	623 353	629 537
	Nkomazi LM	352 789	357 242	361 725	366 234	370 711	375 062	379 324	383 546	387 756	391 914	395 848	399 788	403 748	407 710	411 625	414 967	418 102
	Thaba Chweu LM	84 711	86 033	87 336	88 619	89 889	91 208	92 529	93 857	95 188	96 521	97 915	99 316	100 721	102 124	103 521	104 894	106 202
	Umjindi LM	58 475	59 344	60 203	61 053	61 901	62 769	63 635	64 501	65 366	66 230	67 125	68 022	68 918	69 808	70 687	71 532	72 328
G Sibande DM	Albert Luthuli LM	170 681	172 324	173 948	175 539	177 056	178 541	180 007	181 442	182 856	184 263	185 672	187 066	188 424	189 738	191 000	192 323	193 534
	Dipaleseng LM	37 973	38 400	38 831	39 266	39 706	40 166	40 638	41 119	41 607	42 102	42 603	43 108	43 614	44 121	44 634	45 171	45 686
	Govan Mbeki LM	263 657	266 657	269 720	272 827	276 008	279 282	282 623	286 002	289 395	292 812	296 294	299 822	303 381	306 966	310 595	314 312	317 864
	Lekwa LM	103 820	105 000	106 201	107 414	108 643	109 909	111 181	112 452	113 715	114 968	116 236	117 516	118 804	120 108	121 436	122 820	124 154
	Mkhondo LM	158 406	159 894	161 372	162 824	164 215	165 568	166 910	168 218	169 497	170 766	172 043	173 313	174 576	175 841	177 101	178 431	179 685
	Msukaligwa LM	135 153	136 576	138 017	139 468	140 924	142 403	143 902	145 402	146 897	148 394	149 916	151 450	152 988	154 530	156 080	157 681	159 200
	Pixley Ka Seme LM	75 904	76 675	77 439	78 188	78 908	79 627	80 346	81 058	81 768	82 478	83 192	83 904	84 608	85 308	86 005	86 750	87 458
Nkangala DM	Dr JS Moroka LM	215 284	218 871	222 490	226 129	229 760	233 563	237 407	241 273	245 178	249 148	253 297	257 518	261 783	266 096	270 480	275 234	279 743
	Emakhazeni LM	40 079	40 816	41 571	42 341	43 125	43 922	44 736	45 562	46 401	47 260	48 141	49 041	49 956	50 888	51 839	52 835	53 791
	Emalahleni LM	332 892	339 272	345 811	352 498	359 379	366 309	373 464	380 804	388 294	395 958	403 724	411 623	419 634	427 774	436 107	444 705	452 991
	Steve Tshwete LM	193 189	196 917	200 751	204 682	208 729	212 813	217 009	221 299	225 669	230 142	234 695	239 345	244 080	248 910	253 861	258 977	263 925
	Thembisile Hani LM	269 288	273 770	278 299	282 861	287 438	292 147	296 915	301 711	306 553	311 480	316 616	321 847	327 145	332 505	337 936	343 719	349 214
	Victor Khanye LM	64 146	65 309	66 497	67 709	68 949	70 212	71 511	72 836	74 183	75 551	76 949	78 370	79 815	81 292	82 813	84 412	85 955
Provincial total`		3 560 126	3 610 135	3 660 633	3 711 485	3 762 476	3 813 841	3 865 501	3 917 407	3 969 605	4 022 088	4 074 765	4 127 971	4 181 594	4 235 608	4 290 009	4 344 146	4 395 704

ANNEXURE E - DEFINITIONS OF INDICATORS IN THE APP 2015/16

STRATEGIC INDICATORS FOR ALL PROGRAMMES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Improve Hospital Management by appointing Executive Management teams in all hospitals	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	Numerator: 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
Improve quality of care by developing and implementing Recruitment &Retention strategy	Documented and approved Recruitment & Retention strategy implemented and utilised by the department for retention of staff and recruitment as evident in the Human Resource Plan	To improve service delivery and responsive to needs of departmental clients	Recruitment and retention strategy v/s appointment as per human resource plan	Recruitment &Retention strategy	None	Input	Number	Annual	Yes	Increase in filling of post	Human Resource Management
Improve communication and information management by connecting all PHC facilities to network	Number of PHC facilities connected to Network with emails and internet series available for web-based information systems	Improve communication and information management	Physical verification	Number of PHC facilities connecting to Network	Reliant on availability of IT Infrastructure	Input	Number	Annual	Yes	Number of PHC facilities connecting to Network	Corporate Services
Improve maintenance of health facilities by appointing maintenance teams	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
Increase human resource efficiency and equitable distribution by rolling out WISN to all health facilities	Number of health establishment institutions implementing staffing norms in accordance with Workload Indicator Staffing norms as per WISN system assessment results	To improve facility human resource efficiency.	Assessment results v/s human resource allocations (PERSAL)	Total number of facilities rolling out WISN	Depends on accuracy of PERSAL data	input	No	Annual	Yes	Increase in number of facilities rolling out Workload Indicator Staffing norms	Human Resource Management
Improve quality of information by appointing information officers in all sub-districts	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	Depends on accuracy of PERSAL data	Input	Number	Quarterly	Yes	Increase number of health information officers appointed	District Managers

Provincial Human Resource for Health Plan	Develop and implement Provincial Human Resource for Health Plans in line with national norms	Responding to needs of health care clients	Appointments based on Provincial Human Resource for Health Plan	Approved Provincial Human Resource for Health Plan	None	Input	Number	Quarterly	Yes	Approval and implementation of Provincial Human Resource for Health Plan	Human Resource Management
Implementation of Turnaround Strategy	Implementation of departmental turnaround strategy using scorecard as a guiding tool to define milestones achieved in the strategy	Improve service delivery	Score Card and Physical verification	Number of turnaround strategy implemented	Depends on availability of funds	Input	Number	Quarterly	Yes	Full implementation of turnaround strategy	Office of HOD
Improve management of human resource efficiency by establishing Biometrics time and attendance system	Establishment and implementation of biometric system that records or monitor employees logging time for both overtime and normal working hours	Management of overtime and normal working hours for employees	Physical verification	Count on the number of Biometric system established and implemented	Depends on availability of funds	Input	Number	Annual	Yes	Full implementation of Biometric system	Human Resource Management
Improve record management by implementing Electronic Patient Record Management system	Establishment and implementation of computerised document management system that that creates patient records in electronic format and stored in a database, which is accessible to all public health professional during consultation of patients	Safe keeping of patient records	Physical verification	Count of the f Electronic Patient Record Management system established and implemented	Depends on availability of funds	Input	Number	Annual	Yes	Full implementation of Patient Record Management system established and implemented	Human Resource Management
Pharmaceutical Management System implemented	Implementation of pharmaceutical system that connects Depot and health facilities for distribution and management of medicine.	To improve management and distribution of pharmaceutical sundries	Physical verification	Count of the Pharmaceutical Management System established.	Depends on availability of funds	Input	Number	Annual	Yes	Full implementation Pharmaceutical Management System established	Human Resource Management
Increased life expectancy	Average life span of Mpumalanga citizenry as determined by Statistic South Africa census population	Improve life expectancy	STATSSA data	Average life span (for people to live)	Depends on availability of STATSSA dtabase	Impact	No	Annual	Yes	Increase in life span of human beings	DHS
Decrease under 5 mortality rate	Percentage of under 5yrs children who were admitted in health facilities and died as an outcome of their say in the hospital	To reduce child mortality	Midnight Census	Numerator Inpatients death under 5yrs Denominator Inpatient under 5yrs admitted	Depends on good record keeping.	Outcome	Percentage	Quartely	No	Reduction in Child Mortality	Hospital Services

Reduce maternal mortality	Percentage 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	Percentage	Annual	No	Decrease maternal mortality .	District Health Services
Reduce infant 1st PCR positive around six week	Percentage of newly born babies by HIV positive women who were tested for Polymerase Chain Reaction (PCR) within 2 months after birth	Monitor mother to child transmission	PCR register	Numerator: Infant 1st PCR tested positive within 2 months after birth Denominator: Infant 1st PCR tested within 2 months after birth	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
Improve TB cure rate	Percentage of TB clients who successfully cured for TB during the reporting period	Monitors impact of of TB treatment Programme	ETR.net report	Numerator: TB client cured Denominator: TB client start on treatment	Depends on management of registers	Outcome	Percentage	Annual	No	Increase in number of TB client successfully treated	TB Program
Improve quality of care by rolling out NHI in all districts	Total number of Districts rolling out NHI interventions by establishing and implementing the three streams of Primary Health Care Re-Engineering which is inclusive of	To increase access to Primary Health Care	Documented evidence	Numerator: Number of Districts piloting NHI Denominator: Total number of Districts	None	Input	No	Annual	Yes	All districts enrol NHI	DDG NHI
Improve response time by increasing the number of Operational Ambulances	Number of ambulances both old and newly procured allocated to facilities for ambulance operational use	increasing the number of Operational Ambulances	Assert Register	Number of Operational Ambulances	Reliant on availability of Funds	Input	No	Annual	Yes	increasing the number of Operational Ambulances	EMS Services
Improve the use of resources by integrating PPTS into EMS operations	Number of Planned Patient Transport which were originally allocated in hospitals absorbed in the Emergency Medical Services	Monitor integration of PPTS to EMS	Physical verification or Assert Register	Number of Planned Patient Transport integrated into Emergency Medical Services	No	Input	No	Annual	Yes	increasing the Number of Planned Patient Transport integrated into Emergency Medical Services	EMS Services
Improve maternal outcomes by increasing the number of Obstetric ambulances	Total number of Ambulances designed and dedicated to provide obstetric services	To monitor allocation of ambulances for Obstetric services	Physical Verification or Assert Register	Numerator: Number of Obstetric ambulances	None	Input	%	Quarterly	No	Increase in Number of Obstetric ambulances	EMS services

Improve quality of care in hospitals by increasing compliance with the National Core Standard	Percentage of Hospitals that have conducted annual National Core Standards self-assessment complying to six priority areas which includes	To improve quality of care	Completed National Core Standard questionnaire and DHIS - NCS System	<u>Numerator:</u> Number of Hosptals that compliant to National Core Standard after Assessment <u>Denominator:</u> Total Number of fixed facilities that conducted Assessment of National Core Standards	Functional DHIS - NCS System	Output	%	Quarterly	Yes	Increase in facilities conducting self-assessment of National Core Standard	Intergrated Health Planning And District Management
Improved access to Regional (R) services by providing the Eight core specialists clinical domains in the 3 regional hospitals	Number of Regional Hospitals that established the 8 Core domains to provide clinical specialised services which is inclusive of Obstetric & Gynaecology, Orthopaedics, General Surgery, Internal Medicine, Paediatrics, Anaesthetics, Radiology and Emergency Medicine Services	To improve Tertiary Health Care Service	Physical Verification of wards or Appointment of Specialists	Number of Regional Hospitals that established the 8 Core domains to provide clinical specialised services	Reliant on availabilty of Specialists in the market	Input	No	Annually	Yes	Increase number of Regional Hospitals that established the 8 Core domains to provide clinical specialised services	Hospital Services
Improved access to specialists services by providing a full package of Tertiary Services (T1) in the tertiary hospitals	Number of Tertiary hospitals providing a full package of Tertiary Services level 1 as per National Policy guideline defining tertiary and secondary/ Regional Services endorsed by National Health Council Technical Committee on 14 June 2013	Expansion of Tertiaty Services	Physical verification	Number of Tertiary hospitals providing a full package of Tertiary Services level 1	None	Input	No	Annually	Yes	Increase Number of Tertiary hospitals providing a full package of Tertiary Services level 1	Hospital Services
Developed functional sub-specialist services	Number of super-specialists who completed additional training to be specialist in other sub-specialised services	Human Resource development	Training Results	Number of super-specialists who completed additional training to be specialist in other sub-specialised services	Depends on availability of funds	Input	No	Annually	Yes	Increase Number of super-specialists who completed additional training to be specialist in other sub-specialised services	Hospital Services

Improve human resource efficiency by training health care professionals on critical clinical skills	Number of care professionals trained on critical clinical skills which is inclusive of Surgery, Critical trauma care and Radiology.	Monitor of Number of care professionals trained on critical clinical skills	Attendance Register	Number of care professionals trained on critical clinical skills	Depends on the availability of trainers and funds	Input	No	Annually	Yes	Increase Number of care professionals trained on critical clinical skills	Hospital Services
Improve access to nursing training by increasing the number of accredited nursing school/ campus	Number of nursing colleges which are accredited by National Qualification Authority to offer new National Diploma in Nursing	Tracking Number of nursing colleges accredited to offer the new nursing curriculum	Accreditation certificate	Count of nursing colleges accredited	Depends on accrediting institutions to process applications in timely manner	Input	Number	Annual	Yes	Increase Number of nursing colleges accredited to offer the new nursing curriculum	Human Resources Development
Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	Percentage of the available medicines and surgical sundries items as per 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
Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	Percentage of facilities with X-ray equipment that comply with Radiation Control guidelines setup by South African Radiation Control Council to regulate use of medical equipment and ensure ethical considerations .	Monitor compliance of facilities to Radiation Control prescripts.	Radiology audit reports	Numerator Number of facilities complying with Radiation Control prescripts Denominator Number of facilities with X-ray equipment	Data quality depends on good record keeping	Process	Percentage	Quarterly	Yes	All facilities compliant to Radiation Control prescript	Imaging Services: Programme Manager

Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard	Proportion of fixed PHC facilities which were assessed on ideal clinics criterion scoring 80% percent or above as per assessment system.	Monitor Ideal Clinic Project	Ideal Clinic Assessment report	Numerator Percentage of fixed PHC Facilities with a scoring above 80% on the ideal clinic dashboard Denominator Total Number of Fixed PHC Facilities	Data quality depends on good record keeping	Process	Percentage	Quarterly	Yes	Percentage of fixed PHC Facilities with a scoring above 80% on the ideal clinic dashboard	Imaging Services: Programme Manager
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
Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals	Number of health modern Hi-tech Hospital which is oriented to modern medical technology in operations for patient care and safety	To enhance patient care and improve health outcomes	Physical verification, planning design documentation	Number of health modern Hi-tech Hospital	Depends on availability of funds	Input	No	Annual	Yes	Increase Number of health modern Hi-tech Hospital	Infrastructure directorate
Improve health infrastructure by constructing Public-Private State of Art Hospital	Construction of Public-Private State of Art Hospital	To enhance patient care and improve health outcomes	Physical verification, planning design documentation	Number of health modern Hi-tech Hospital	Depends on availability of funds	Input	No	Annual	Yes	Increase Number of health modern Hi-tech Hospital	Infrastructure directorate

Improve access to healthcare by increasing number of PHC facilities maintained	Number of fixed PHC facilities assessed for maintenance and included in the plan which were maintained	Improve access to health facilities	Physical verification	number of PHC facilities maintained	Availability of site report	input	no	Number	Yes	Increase number of fixed PHC facilities assessed for maintenance and included in the plan which were maintained	Infrastructure directorate
Improve access to healthcare by increasing number of Hospitals under upgrading and additions	Number of hospitals earmarked for upgrading and additions which are under upgrading and additions	Improve access to health facilities	Physical verification	Count of Hospitals refurbished	Depends on availability of funds	input	Number	Quarterly	No	Increased number of hospitals maintained	Infrastructure
Improve access to healthcare by increasing number of facilities under repair, rehabilitation and refurbishment.	Number of Facilities which were earmarked for repair, rehabilitation and refurbishment projects which are under with repair, rehabilitation and refurbishment	Improve access to health facilities	Project report	Count of Hospitals refurbished	Depends on availability of funds	input	Number	Quarterly	No	Increased number of hospitals maintained	Infrastructure
Number of districts spending more than 90% of maintenance budget.	Number of districts which were allocated with maintenance budget and spend more than 90% of the allocated budget of maintenance	Improve access to health facilities	IYM	Count of districts that spend 90% of allocated budget on maintenance	Depends on availability of funds	Input	No	Quarterly	No	Increase in Number of districts spending more than 90% of maintenance budget.	Infrustructure

PROGRAMME 1: PERFORMANCE INDICATORS FOR ADMINISTRATION

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Audit opinion from Auditor-General	Outcome of the audit conducted by Office of the Auditor General		Documented evidence				Categorical	Annual	Yes		
Percentage of Hospital with broadband access	Proportion of Hospitals that have access to atleast 2 Mbps connection	To improve hospitals IT infrastructure for special medical systems.	Documented evidence	Numerator: Total number of Hospitals with minimum 2 Mbps connectivity Denominator: Total Number of Hospitals	System shut down due to electrical unavailability	Process	%	Quarterly	Yes	Increase in broad band connectivity	ICT Management
Percentage of fixed PHC facilities with broadband access	Proportion of PHC facilities that have access to atleast 512 Kbps connection	To improve PHC IT infrastructure for special medical systems.	Documented evidence	Numerator: Total number of fixed PHC facilities with minimum 512 kbps connectivity Denominator: Total number of fixed PHC facilities	System shut down due to electrical unavailability	Process	%	Quarterly	Yes	Increase in broad band connectivity	ICT Management

PROGRAMME 2: PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Districts piloting NHI interventions	Total number of Districts piloting NHI interventions using the conditional grant funding	To increase access to Primary Health Care	Documented evidence	Numerator: Number of Districts piloting NHI Denominator: Total number of Districts	None	Output	No	Annual	Yes	All districts piloting NHI	DDG NHI
Establish NHI Consultation Fora	A provincial DoH has established fora to conduct consultation to non-state actors, patient and non-patient groups on NHI	Improve awareness and community participation in NHI implementation	Appointment letters of NHI fora (executive management committee members	Numerator: Number of NHI Consultation Fora established	Poor filing of correspondence	Input	Yes-No	Annual	Yes	Establish NHI stakeholder consultation process	DDG NHI
Patient Experience of Care Survey Rate	Percentage of hospitals that have conducted Patient Satisfaction Surveys in order to determine patients experience in health care service in which questionnaires are distributed to clinic	To monitor implementation of Patient Satisfaction survey.	Completed patient satisfaction questionnaires and web based Patient satisfaction system (inhouse)	Numerator: Total number Hospitals facilities that have conducted Patient Satisfaction Surveys Denominator: Total number of Fixed PHC facilities	Depends on active internet connectivity	Input	%	Quarterly	Yes	Increase in Fixed PHC facilities that have conducted Patient Satisfaction Surveys	Intergrated Health Planning And District Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient Experience of Care rate	Studying patients experience on health care service by Percentage of hospitals that have conducted Patient Satisfaction Surveys wherein patients are given questionnaires to complete, which will be analysed to determine level of satisfaction of Clinics	To monitor satisfaction of patients using Clinics	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 Clinic	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
Outreach Households (OHH) registration visit rate	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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Districts with District Clinical Specialist Teams (DCSTs)	Number of District Specialist team with complement of three members from either of Obstetric and Gynecologist, Pediatrician, Anesthetist , Advance Midwife, Pediatric Trained Nurse or 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
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
Complaints resolution rate	Percentage of Complaints lodged and resolved in PHC facilities	Monitors public health system response to customer concerns	DHIS	Numerator: Complaints resolved Denominator: Complaints received	Depends on the availability of complaints documents and correspondences in response to the complaints.	Process	Percentage	Quarterly	Yes	Increase in complaints resolutions	District management and hospital 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	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of District Mental Health teams established	Number of Mental Health teams consisting of Psychiatrists, Psychiatric Nurse, Psychologist, Occupational therapist, and social worker as a team	Monitor and support mental health programme	PERSAL	**Number of District Mental Health teams established**	Accuracy of PERSAL system	Input	No	Quartely	Yes	Increase in number of mental health teams established	Mental Health Program

DISTRICT HEALTH SERVICES: TABLES DHS3 AND DHS5

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Health Promoting Schools established in all three districts	Number of schools which were accredited by the department of health as health promoting school in all three district	To promote healthy lifestyles in schools	Certificates of Health Promoting Schools	Numerator: Number of schools accredited as Health Promoting Schools	None	Output	Number	Quarterly	No	Increase the number of Health Promoting Schools	District Health Services
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

PERFORMANCE INDICATORS FOR HIV AND AIDS, TB AND STI CONTROL

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total clients remaining on ART (TROA) at the end of the month	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
Client tested for HIV (incl ANC)	Number of ALL clients tested for HIV, including under 15 years and antenatal clients	Monitors annual testing of persons who are not known HIV positive	HCT register	Total number of Client tested for HIV (Incl ANC)	Depends on availability of registers and adequate recording	Process	Number	Quarterly	No	Increase number of clients testing	District Health Service

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
TB symptom 5yrs and older screened rate	Percentage of Clients 5 years and older who visited health facility and screened for TB symptoms	Monitors trends in early identification of TB suspects in health care facilities	TB register	Numerator: Client 5 years and older screened for TB symptoms Denominator: PHC headcount 5 years and older	Depends on management of registers	Output	Percentage	Quarterly	New	Increase in TB symptom 5yrs and older screening	TB Program
Male condom distribution Rate	Number of Male condoms per males within active sex group in a population distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes	Bin Card or Condom Register	Numerator: Male condoms distributed Denominator: Population 15 years and older	Depends on management of registers	Input	Number	Quarterly	No	Requires distribution of condoms maintained at norm	TB Program
Female condom distribution Rate	Number of Female condoms per female within active sex group in a population distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).	Monitors distribution of female condoms for prevention of HIV and other STIs, and for contraceptive purposes..	Bin Card or Condom Register	Numerator: Female condoms distributed Denominator: Population 15 years and older female	Depends on management of registers and bin cards	Input	Number	Quarterly	New	Increase of Female condom distribution	TB Program
Medical Male Circumcision performed – Total	Total medical male circumcisions performed - Records all males who are circumcised under medical supervision	Record all males who are circumcised under medical supervision	MMC Registers	Total number of Medical Male Circumcisions (MMCs) conducted in public hospitals providing the services	Depends on management of registers	Output	Number	Quarterly	Yes	Increase number of Medical Male Circumcisions	District Health Services
TB client treatment success rate	Percentage of TB clients who successfully completed treatment during the reporting period	Monitors success of TB treatment for ALL types of TB	ETR.net report	Numerator: TB client successfully completed treatment Denominator: TB client start on	Depends on management of registers	Outcome	Percentage	Annual	No	Increase in number of TB client successfully treated	TB Program

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
				treatment							
TB client lost to follow up rate	Proportion clients on TB program who absconded for follow up to treatment and are considered as lost.	Monitors the effectiveness of the retention in care strategies	ETR.net report	Numerator: TB client lost to follow up Denominator: TB client start on treatment	Depends on management of registers and availability of tracer teams	Output	Percentage	Annual	No	Decrease in number TB client lost to follow up rate	TB Program
TB client death rate	Proportion of clients on TB program who died while on treatment	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB.	ETR.net report	Numerator: TB client died during treatment Denominator: TB client start on treatment	Depends on management of registers	Outcome	Percentage	Annual	No	Decrease in number TB client death	TB Program
TB MDR confirmed treatment start rate	Proportions of TB clients who converted and confirmed to have Multi-Drug Resistant TB started on treatment	Monitors initial loss to follow up and the effectiveness of linkage to care strategies	ETR.net report	Numerator: TB MDR confirmed client start on treatment Denominator: TB MDR confirmed 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
TB MDR treatment success rate	Proportion TB clients with TB MDR who were successfully treated for MDR TB	Monitors success of MDR TB treatment	ETR.net report	Numerator: TB MDR client successfully treated Denominator: TB MDR confirmed client start on treatment	Depends on management of registers	Output	Percentage	Annual	Yes	Increased in the rate of TB MDR treatment success	TB Program

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Prevention of mother to child transmission by increasing 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, 15 & 16

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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
Mothers postnatal visited within 6 days rate	Percentage of Mothers who delivered babies and received postnatal care within 6 days after delivery.	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery	Post natal Register	Numerator: Mother postnatal visit within 6 days after delivery Denominator: Delivery in facility total	Accuracy dependant on quality of data from reporting facility	Process	Percentage	Quarterly	No	Increase on proportion of mothers visited within 6 days of delivery of their babies	MCWH Program
Antenatal client initiated on ART rate	Percentage of Antenatal clients who antenatal clients who are HIV positive and not previously on ART who started on ART	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients. Up until 2013/04/01 the criteria for ART initiation for antenatal clients were: HIV positive antenatal client with a CD4 count under the specified threshold and/or a WHO staging of 4.	ART Register/ Tier System	Numerator: Antenatal client start on ART Denominator: Antenatal client eligible for ART initiation	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Annual	No	Increase in number of Antenatal client initiated on ART	HIV and AIDS Program
Infant 1st PCR test positive around 6 weeks rate	Percentage of newly born babies by HIV positive women who were tested for Polymerase Chain Reaction (PCR) within 2 months after birth	Monitor mother to child transmission	PCR register	Numerator: Infant 1st PCR tested positive around 6 weeks after birth Denominator: Infant 1st PCR around 6 weeks after birth	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
Immunisation coverage under 1 year (Annualised)	Percentage of children under 1 year who completed their	Monitor the implementation of Extended Programme in Immunisation (EPI)	Tick register	Numerator: Immunised fully under 1 year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase immunisation coverage	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	primary course of immunization. Each child receive 15 vaccines as per immunization schedule on the Road to Health card			Denominator: Children under 1-year							
Measles 2nd dose coverage	Children 1 year (12-23 months) who received measles 2nd dose, normally at 18 months as a proportion of population under 1 year. The population will be divided by 12 in the formula to make provision for annualisation	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here	Tick register	Numerator: Measles 2nd dose Denominator: Population 1 year	Depends on accuracy of data from reporting facilities	Output	Percentage	Quarterly	No	Increase **Measles 2nd dose coverage**	District Health Services
DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Children who dropped out of the immunisation schedule between DTaP-IPV-HepB-Hib 3rd dose, normally at 14 weeks and measles 1st dose, normally at 9 months	Monitors children who drops out of the vaccination program after 14 week vaccination.	Tick register	Numerator: DTaP-IPV-HepB-Hib 3 to Measles1st dose drop-out Denominator: DTaP-IPV-HepB-Hib 3rd dose	Depends on accuracy of data from reporting facilities	Output	Percentage	Quarterly	No	Decrease **DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out**	District Health Services
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	Numerator: Children under 5 years who died of severe diarrhoea Denominator: Total number of Children under 5 years admitted with diarrhoea	Reliant on accuracy of diagnosis / cause of death	Outcome	Percentage	Annual	No	Reduce number of children who die of diarrhoea	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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	Numerator: Children under 5 years who died of severe pneumonia Denominator: Total number of Children under 5 years admitted with pneumonia	Reliant on accuracy of diagnosis / cause of death	Outcome	Percentage	Annual	No	Reduce number of children who die of pneumonia	District Health Services
Child under 5 years severe acute malnutrition case fatality rate	Children under 5 years admitted with severe acute malnutrition who died as a proportion of children under 5 years pneumonia admitted	Monitors treatment outcome for children under 5 years who were admitted with severe acute malnutrition. Includes under 1 year severe acute malnutrition deaths as defined in the IMCI guidelines	Tick register	Numerator: Child under 5 years severe acute malnutrition death Denominator Child under 5 years severe acute malnutrition admitted	Reliant on under 5 population estimates from Stats SA	Output	Percentage	Annual	Yes	Reduce incidence of severe malnutrition under 5 years	District Health Services
School Grade R screening coverage	roportion of Grade R learners screened by a nurse in line with the ISHP service package. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of the Integrated School Health Program (ISHP)	School health tally sheets/ Registers	Numerator: School Grade R learners screened Denominator School Grade R learners	Availability of correct database for schools with Grade 1 learners	Output	Percentage	Quarterly	Yes	**Increase in School Grade R screening coverage**	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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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
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
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 years and older	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	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Human Papilloma Virus Vaccine 1st dose coverage	Coverage of under 1 children who received vaccination of Human Papilloma Virus Vaccine 1st dose	Monitor access to child health services	Tick Register	Numerator: Number of under 1 children who received Human Papilloma Virus Vaccine 1st Denominator: population of under 1 years Children	Reliant on accuracy of Child population estimates from STATSSA	Output	Percentage	Annual	Yes	**Increase in coverage of under 1 year children who received Human Papilloma Virus Vaccine 1st dose**	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
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
Inpatient Early neonatal death in facility rate	Early neonatal deaths (0-7 days) as a proportion of infants who were born alive in health facilities	Monitors trends in early neonatal deaths in health facilities. Indication of health system results in terms of antenatal, delivery and early neonatal care	Delivery Register	Numerator: Death in facility 0-7 days Denominator: Live birth in facility	Reliant on accuracy of classification of inpatient death	Outcome	Percentage	Annual	Yes	Decrease in Early neonatal death	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	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Clients screened for hypertension 25 years and older	Number of clients not on treatment for hypertension screened for hypertension in PHC clinics and OPD	This should assist with increasing the number of clients detected and referred for treatment	Chronic Register	Number of clients, not on treatment for hypertension, screened for hypertension	Depends on the accuracy of data	Output	Number	Quarterly	Yes	**Increase in Clients screened for hypertension**	District Health Services
Clients screened for diabetes 5yrs and older	Number of clients not on treatment for diabetes screened for diabetes in PHC clinics and OPD	This should assist with increasing the number of clients with diabetes detected and referred for treatment	Chronic Register	Number of clients, not on treatment for diabetes, screened for diabetes	Depends on the accuracy of data	Output	Number	Quarterly	Yes	Increase in Clients screened for diabetes	District Health Services
Percentage of clients screened for Mental disorders	Clients screened for mental disorders (depression, anxiety, dementia, psychosis,mania, suicide, developmental disorders, behavioral disorders and substance use disorders at PHC facilities	Monitors access to and quality of mental health services in PHC fcilities	Mental Register	Numerator: PHC Client screened for mental disorders Denominator: PHC headcount total	Depends on the accuracy of data	Output	Percentage	Quarterly	Yes	Increase in Percentage of people screened for Mental disorders	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Percentage of clients treated for mental disorders	Clients treated for mental disorders (depression, anxiety, dementia, psychosis,mania, suicide, developmental disorders, behavioral disorders and substance use) as a proportion of clients screened for mental disorders at PHC level	Monitors access to mental health services	Mental Register	Numerator: Client treated for mental disorders at PHC level Denominator: Clients screened for mental disorders at PHC level	Depends on the accuracy of data	Output	Percentage	Quarterly	Yes	Increase in Percentage of people treated for mental disorders	District Health Service and Hospital Servies
Cataract surgery rate	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
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

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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
EMS Inter-facility transfer rate	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported	report forms (TPH 101	Numerator: EMS inter-facility transfers Denominator EMS clients total	Accuracy dependant on quality of data from reporting EMS station	Output	Percentage	Quartely	Yes	Increase in EMS inter-facility transfer rate	EMS Services	

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
National Core Standards self assessment rate	Percentage of Hospitals that have conducted annual National Core Standards self-assessment	To improve quality of care	Completed National Core Standard questionnaire and DHIS - NCS System	Numerator: Number of Hosptals that have conducted National Core Standards self assessment Denominator: Total Number of fixed facilities	Functional DHIS - NCS System	Input	%	Quarterly	Yes	Increase in facilities conducting self-assessment of National Core Standard	Intergrated Health Planning And District Management
Quality improvement plan after self assessment rate	Percentage of hospitals that have developed a quality improvement plan based on self-assessment of National Core Standard	To improve quality of care	Documented Quality Improvement plan and Core Standard Assessment report	Numerator: Total of hospitals facilities that have documented quality improvement plan based on self assessment of Core Standards Denominator: Total Number of fixed PHC facilities	Depends on availability of Core Standard report	Process	%	Quarterly	Yes	Increase in facilities documenting and implement quality improvement plan in line with self-assessment of National Core Standard	Intergrated Health Planning And District Management
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Percentage of Hospitals with National Core Standard report reflecting that they have passed all extreme measures.	To improve quality of care	Core Standard Assessment report	Numerator: hospitals that passed all extreme measures of National Core Standard as per self-assessment report Denominator: Total Number of fixed facilities	Depends on availability of Core Standard report	Output	%	Quarterly	Yes	Increase in facilities compliant with all extreme measures of the national core standards	Intergrated Health Planning And District Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient Experience of Care Survey Rate	Percentage of hospitals that have conducted Patient Satisfaction Surveys in order to determine patients experience in health care service in which questionnaires are distributed to both inpatients and outpatients	To monitor implementation of Patient Satisfaction survey.	Completed patient satisfaction questionnaires and web based Patient satisfaction system (inhouse)	Numerator: Total number Hospitals facilities that have conducted Patient Satisfaction Surveys Denominator: Total number of Hospitals	Depends on active internet connectivity	Input	%	Quarterly	Yes	Increase in Fixed PHC facilities that have conducted Patient Satisfaction Surveys	Intergrated Health Planning And District Management
Patient Experience of Care rate	Studying patients experience on health care service by Percentage of hospitals that have conducted Patient Satisfaction Surveys wherein patients are given questionnaires to complete, which will be analysed to determine level of satisfaction of both inpatients and outpatients.	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
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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient Bed utilisation rate	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
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
Complaints resolution rate	Percentage of Complaints lodged and resolved in Hospitals	Monitors public health system response to customer concerns	DHIS	Numerator: Complaints resolved Denominator: Complaints received	Depends on the availability of complaints documents and correspondences in response to the complaints.	Process	Percentage	Quarterly	Yes	Increase in complaints resolutions	District management and 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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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
Functional Adverse Events Committees	Number of established committee that meet on frequent basis to discuss medical adverse events and implement strategies to prevents such events from occurring	To develop and implement adverse events prevention strategies	Minutes of meetings of the committee	Number of Functional adverse events committee	None	Input	No	Quarterly	Yes	Increase number of Functional adverse events committee	Hospital services

SPECIALISED HOSPITALS: TABLES PHS1AND PHS4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Effective movement rate (TB)	Percentage of movement of TB patients from TB 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 TB patients movement Denominator: total number of TB patients moved	Accuracy dependant on quality of data and effective information systems	Output	Percentage	Quarterly	No	Increase effective movement of TB patients	Hospital Services
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	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
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
Number of Intake of Medicine students	Number of students who are enrolled or registered by the department to study medicine in the Cuban programme.	To address shortage of medical doctors in the department	Cuban programme database	Headcount of students registered to study medicine	Depends on availability of registered medical students database	Input	Number	Annual	Yes	Increase Number of Intake of Medicine students	Human Resources Development
Number of nursing colleges accredited to offer the new nursing curriculum	Number of nursing colleges which are accredited by National Qualification Authority to offer new National Diploma in Nursing	Tracking Number of nursing colleges accredited to offer the new nursing curriculum	Accreditation certificate	Count of nursing colleges accredited	Depends on accrediting institutions to process applications in timely manner	Input	Number	Annual	Yes	Increase Number of nursing colleges accredited to offer the new nursing curriculum	Human Resources Development
Number of Bursaries awarded for first year medicine students	Number of Bursaries awarded for first year students to study medicine in tertiary institutions	To address shortage of medical doctors in the department	Bursary students database	Count of number of new students awarded bursaries to study medicine at 1st year of entry tertiary educational institutions	Depends on the availability of Bursary students database in the department of education	Input	Number	Annual	Yes	Increase Number of Bursaries awarded for first year medicine students	Human Resources Development
Number of Bursaries awarded for first year nursing students	Number of Bursaries awarded for first year students to study nursing in tertiary institutions	To address shortage of nurses doctors in the department	Bursary students database	Count of number of new students awarded bursaries to study nursing diploma at 1st year of entry I tertiary educational institutions	Depends on the availability of Bursary students database in the department of education	Input	Number	Annual	Yes	Increase Number of Bursaries awarded for first year nursing students	Human Resources Development

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
% of EDL items available at the Medical Depot	Percentage of 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
Functional provincial pharmaceutical IT system	Count of Provincial IT Pharmaceutical system established and in use to dispense Pharmaceutical items (medicine) in hospitals.	Ensure efficient and effective dispensary of Pharmaceutical items	Physical Verification	Count of provincial pharmaceutical IT system	Depends on availability of Pharmaceutical IT systems available in market and affordability	Input	Percentage	Quarterly	Yes	provincial pharmaceutical IT system that is in use by health facilities	Hospital services
% of Facilities complying with Radiation Control prescripts	Percentage of facilities with X-ray equipment that comply with Radiation Control guidelines setup by South African Radiation Control Council to regulate use of medical equipment and ensure ethical considerations .	Monitor compliance of facilities to Radiation Control prescripts.	Radiology audit reports	Numerator Number of facilities complying with Radiation Control prescripts Denominator Number of facilities with X-ray equipment	Data quality depends on good record keeping	Process	Percentage	Quarterly	Yes	All facilities compliant to Radiation Control prescript	Imaging Services: Programme Manager
Number of health facilities undergone major and minor refurbishment	Number of health facilities earmarked for long-term infrastructure and capital plans which undergone major and minor refurbishment.	To improve access to health care	Project report	Count of Number of health facilities undergone major and minor refurbishment	Depends on availability of funds	input	Number	Annual	Yes	Increase Number of health facilities major and minor refurbishment	Health Facility Management

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Establish Service Level Agreements (SLA) with Departments of Public Works (and any other implementing agent)	Service level agreement between Department of health and implementing agent/s signed to commit, implement and monitor infrastructure projects and services	To improve monitoring and implementation of projects	Service level agreement	Count of number of service level agreement/s signed	None	Input	Number	Annual	Yes	Signed service level agreement	Health Facility Management