health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Annual Performance Plan 2016/17

Date of Tabling: 31 March 2016

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 2016/17

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, 2014/15 – 2019/20

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.

3.1. FOREWORD BY THE EXECUTIVE AUTHORITY (HEALTH MEC)

The Department has come a long way in ensuring that South African citizens, in particular the people of Mpumalanga get the best and high level medical care, as the Department is mandated by Outcome 2: which is providing a “Long and Healthy Life for all South Africans”. The focus of providing better health services has not been dented despite many challenges that the Department has managed to overcome like the provision of food, shortage of linens, shortage of generators, medications to medical waste removals.

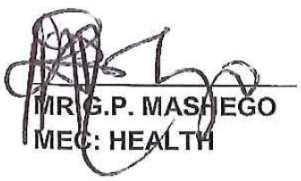
One of the biggest challenges that the Department is grabbling with is the high number of people who still do not test for HIV and AIDS. In order to address this, the number of male and female condoms being distributed has been increased. Health awareness campaigns and in particular on HIV, AIDS, TB Voluntary Male Medical Circumcision and other diseases of life style have been intensified. Going forward in the new financial year; the Department will together with the Mpumalanga Provincial Aids Council and other key stakeholders, intensify health awareness campaigns. This will be achieved through the implementation of the HIV and AIDS turnaround strategy that the Department is working on.

One of the key targets of the Department is to ensure that maternal, infant and child mortality is reduced. The situation has steadily improved on maternal mortality rate, immunization coverage and TB cure rate. More work will be done to en-better the status core.
In the new financial year, the Department will continue to fill all prioritized vacant posts, especially for health professionals. More efforts are being put to ensure that more health professionals, especially those with scares skills such as Orthopaedics are head hunted to work in the province.

Great progress has also been made on hospital infrastructure upgrade and renovations, together with clinics and Community Health Centers (CHC). The plan in the new financial year will be to continue to improve health infrastructure, especially on Primary Health Care facilities, in line with Operation Phakisa 2 with a target of turning most of the clinics into an Ideal status.

The Department’s finances and asset management have been singled out by the Auditor General as problematic. The Department has turned the situation around, moving towards obtaining an unqualified report. This is informed by the strategies which have been put in place to avoid poor management of assents, accruals, commitments and irregular expenditure. The Department will continue to implement the action plans in line with the approved turnaround strategy to resolve all identified challenges.

Credit is also given to all hospital boards and clinic committees that continue to support and work positively with the Department to ensure that all citizens receive the best medical care. The Department will continue to work closely with hospital boards and clinic committees in the 2016/17 financial year to meet aspirations of the communities.



MR G.P. MASHEGO
MEC: HEALTH

31/03/2016
DATE

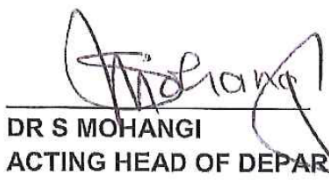
3.2. STATEMEMENT BY THE HEAD OF DEPARTMENT (HOD)

The current administration in the province is entering its second year in operation. The last two years have been very challenging for the Department in trying to ensure that service delivery on Health is greatly improved. The priority was not just to find a way to pay out all the accruals, but it was also important that systems are put in place to ensure that the Department operates normally without compromising service delivery. The Department has been exempted from the provincial moratorium and this is a great opportunity of ensuring that all vacant posts are filled. The formulation and implementation of the Department's turnaround strategy has been of great benefit and the fruits of it are being realized. So much has been archived by the Department and this includes payment of accruals, formulation of proper strategies to manage assets, finances and dealing with irregular expenditures.

In the new financial year, the Department will continue to strengthen all initiatives to fight non-communicable diseases as this will help increase the life expectancy in the province.
The efforts of preventing deaths of mothers and children due to complications those arise as a result of pregnancy and child birth will be intensified. The Prevention of Mother to Child Transmission (PMTCT) program continues to play a pivotal role in the reduction of transmission of HIV from Mother to Child.

More efforts will be put in to try and meet the national target of 85% of the TB cure rate by strengthening patient support and programme supervisory capacity. The Department will continue to implement the Turnaround Strategy for HIV & AIDS, STIs and TB to reduce HIV infection to below 40 percent in Gert Sibande and below 30 percent in both Ehlanzeni and Nkangala Districts.

Great progress has been made in line with the approved turnaround strategy to ensure that hospitals and Primary Health Care Facilities operate normally. A lot more work still needs to be done in the new financial year. The Department shall ensure that this is realized through the continuous implementation of amongst others, the National Health Insurance (NHI) and improved provision of health services. As part of ensuring that the National Health Insurance is greatly realized, the Department will continue with renovations in various Primary Health Care facilities.



DR S MOHANGI
ACTING HEAD OF DEPARTMENT

31/03/2016
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 2016/17.

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Mr C.B. Mnisi
Chief Financial Officer

31 / 03 / 2016
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Date

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Mr M.T. Machaba
Acting Director: Strategic Planning

31 / 03 / 2016
.....
Date

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Dr S Mohangi
Accounting Officer (Acting)

31 / 03 / 2016
.....
Date

APPROVED BY:

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

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

National Development Plan 2030

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years;
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 percent from 2010 levels
6. Complete Health system reforms
7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage
9. Fill posts with skilled, committed and competent individuals

Sustainable Development Goals 2030

The Sustainable Development Goals 2030 built on Millennium Development Goals 2015 were adopted as Global Goals by the world leaders on 25 September 2015. There are 17 Sustainable Development Goals (SDGs) to end poverty, fight in equality and tackle climate change by 2030.

There are 13 targets in Goal 3 “Ensure healthy lives and promote well-being for all at all ages”. There are:

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
5. By 2020, halve the number of global deaths and injuries from road traffic accidents
6. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
7. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
8. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
10. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
11. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

NDP Goals 2030	**SDG Goals 2030**
Average male and female life expectancy at birth increased to 70 years	
Tuberculosis (TB) prevention and cure progressively improved;	• End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Maternal, infant and child mortality reduced	• Reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
Prevalence of Non-Communicable Diseases reduced	• Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol • Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
Injury, accidents and violence reduced by 50% from 2010 levels	• By 2020, halve the number of global deaths and injuries from road traffic accidents
Health systems reforms completed	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

NDP Goals 2030	SDG Goals 2030
Primary health care teams deployed to provide care to families and communities	• ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Universal health coverage achieved	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Posts filled with skilled, committed and competent individuals	• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

TABLE A1: STRATEGIC GOALS

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVES
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
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

TABLE A2: IMPACT INDICATORS AND TARGETS

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	57 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

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 2015 indicates that Mpumalanga population grew from 3,365,554 to 4,235,608. 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.

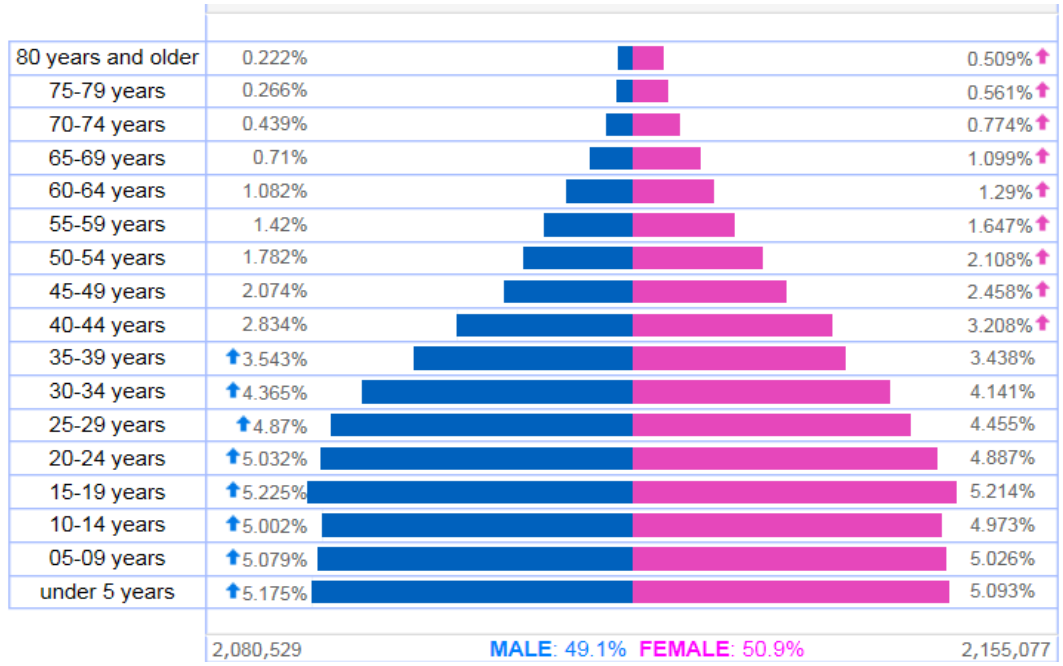
Table1: Percentage distribution of projected share of total population: 2001– 2011

(Province	Census 2001	% Share	Population Midyear Estimates 2015	% share
Gauteng	9,388,854	21.0%	13,267,542	24.40%
KwaZulu-Natal	9,584,129	21.4%	10,688,168	19.60%
Eastern Cape	6,278,651	14.0%	6,692,804	12.30%
Western Cape	4,524,335	10.7%	6,245,837	11.50%
Limpopo	4,995,462	10.1%	5,654,031	10.40%
Mpumalanga	3,365,554	7.5%	4,235,608	7.80%
North West	2,984,098	6.7%	3,702,971	6.8%
Free State	2,706,775	6.0%	2,763,016	5.1%
Northern Cape	991919	2.2%	1,182,276	2.2%
South Africa	**44,819,777**	**100.0%**	**54,432,253**	**100.0%**

(Source: Census 2011 and Census 2011-Midyear estimates 2015 DHIS)

Statistics South Africa 2015 midyear estimates, Mpumalanga has an estimated 7.8% of the total population residing in the province.

Figure 2: Population pyramids - Mpumalanga Province

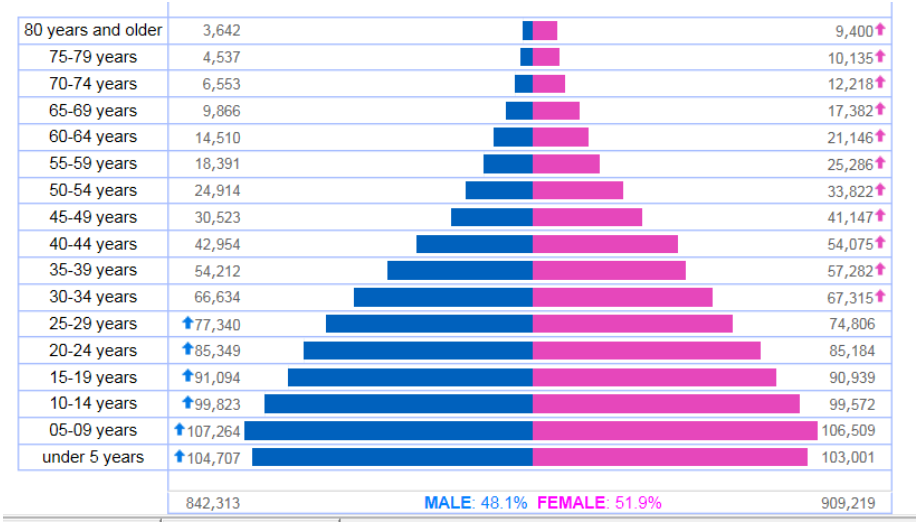


(Source Census 2011, NHIRD- Midyear estimates 2015 DHIS)

Population is depicted in the pyramid; Midyear Estimates 2015 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).

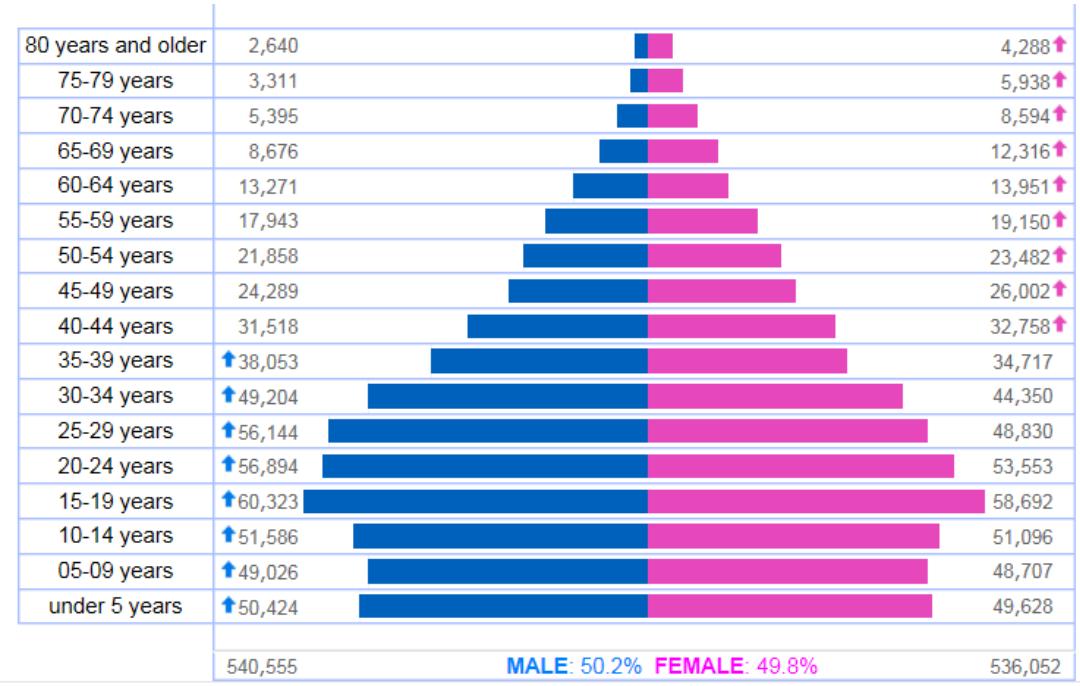
Figure 3: Illustrates Ehlanzeni, Nkangala and Gert Sibande Population Pyramids by order of Population size

Ehlanzeni District:



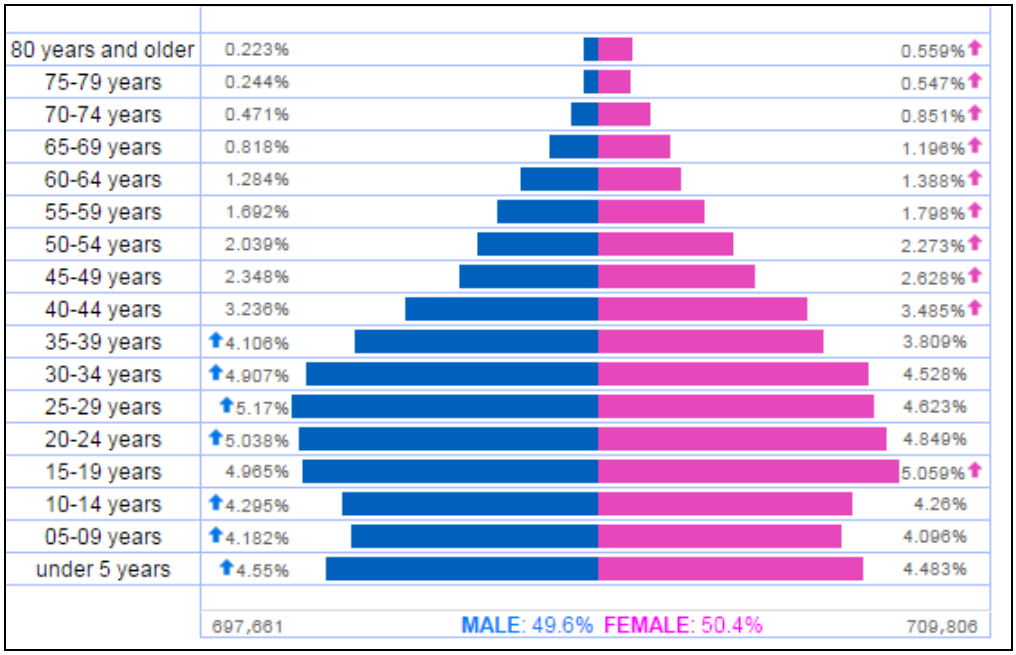
(Source Census 2011, NHIRD – Midyear estimates 2015 DHIS)

Gert Sibande District:



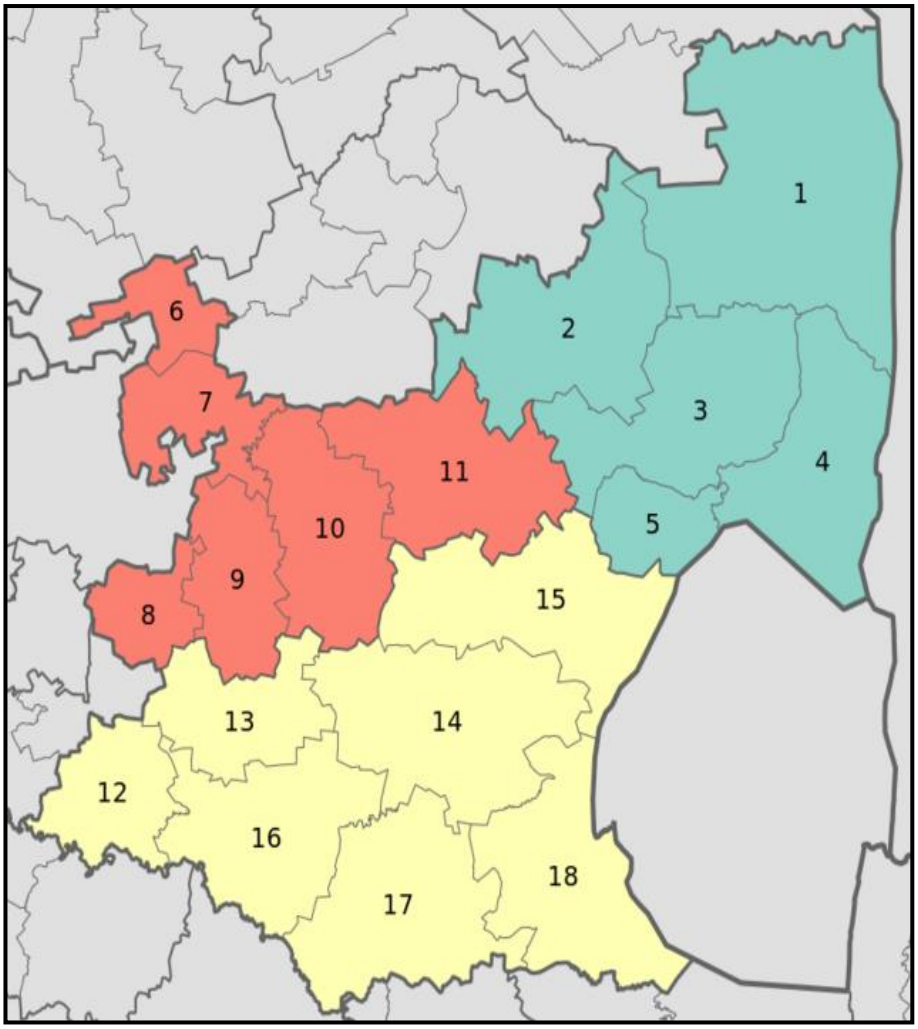
(Source Census 2011, NHIRD - Midyear estimates 2015 DHIS)

Nkangala District:



(Source Census 2011, NHIRD - Midyear estimates 2015 DHIS)

Figure 4: Mpumalanga Health Districts



LEGEND	DISTRICT	AREA
1–5	Ehlanzeni District Municipality	27,896
12–18	Gert Sibande District Municipality	31,841
6–11	Nkangala District Municipality	16,758
	MUNICIPALITIES	
15	Albert Luthuli Local Municipality	5,559
1	Bushbuckridge Local Municipality	10,250
3	Mbombela Local Municipality	5,394
4	Nkomazi Local Municipality	4,787
2	Thaba Chweu Local Municipality	5,719
5	Umjindi Local Municipality	1,745
12	Dipaleseng Local Municipality	2,617
13	Govan Mbeki Local Municipality	2,955
16	Lekwa Local Municipality	4,585
18	Mkhondo Local Municipality	4,882
14	Msukaligwa Local Municipality	6,016
17	Pixley Ka Seme Local Municipality	5,227
6	Dr JS Moroka Local Municipality	1,416
11	Emakhazeni Local Municipality	4,736
9	Emalahleni Local Municipality	2,678
10	Steve Tshwete Local Municipality	3,976
7	Thembisile Hani Local Municipality	2,384
8	Victor Khanye Local Municipality	1,568

N

Mpumalanga Province

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

Demographics in Ehlanzeni District

Ehlanzeni District has a catchment population of 1,751,531 (Midyear estimates, 2015) 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.

Demographics in Gert Sibande District

Gert Sibande District has a catchment population 1,076,612 (Midyear estimates, 2015) 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.

Demographics in Nkangala District

Nkangala District has a catchment population of 1,407,465 (Midyear estimates, 2015) and consists of six sub-districts which are Dr JS Moroka, Thembisile, Emalahleni, Emakhazeni, Dr Victor Khanye and Steve Tshwete.

Table 2: Population by Geographic Distribution (Districts)

District Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population Midyear Estimates 2015
Ehlanzeni District Municipality	1,447,053	1,526,236	1,751,531
Gert Sibande District Municipality	900,007	890,699	1,076,612
Nkangala District Municipality	1,018,826	1,226,500	1,407,465
Total	**3,365,885**	**3 ,643,435**	**4,235,608**

(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

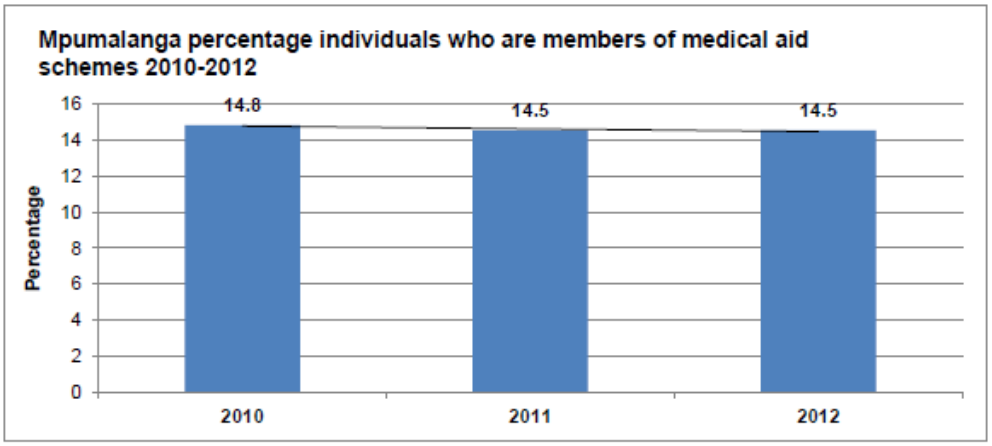
Local Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population Midyear Estimates 2015
Thaba Chweu	81 681	87 545	102,124
Mbombela	476 593	527 203	609,807
Umjindi	53 744	60 475	69,808
Nkomazi	334 420	338 095	407,710
Bushbuckridge	497 958	509 970	562,082
Kruger National Park	2 656	2 948	-
Ehlanzeni	**1 447 053**	**152 6236**	**1,751,531**
Albert Luthuli	187 936	194 083	189,738
Dipaleseng	38 618	37 873	44,121
Govan Mbeki	221 747	268 954	306,966
Lekwa	103 265	91 136	120,108
Mkhondo	142 892	106 452	175,841
Msukaligwa	124 812	126 268	154,530
Pixley Ka Seme	80 737	65 932	85,308
Gert Sibande	**900 007**	**890 699**	**1,076,612**
Dr JS Moroka	243 313	246 969	266,096
Emakhazeni	43 007	32 840	50,888

Local Municipality	Population (Census 2001)	Population (Community Survey 2007)	Population Midyear Estimates 2015
Emalahleni	276 413	435 217	427,774
Steve Tshwete	142 772	182 503	248,910
Thembisile	257 113	278 517	332,505
Victor Khanye	56 208	50 455	81,292
Nkangala Total	**1 018 826**	**1 226 500**	**1,407,465**
Mpumalanga Total	**3 365 885**	**3 643 435**	**4,235,608**

(Source: Stats SA 2007: Census 2001, Community Survey 2007, and Census 2011-Midyear estimates 2015)

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%

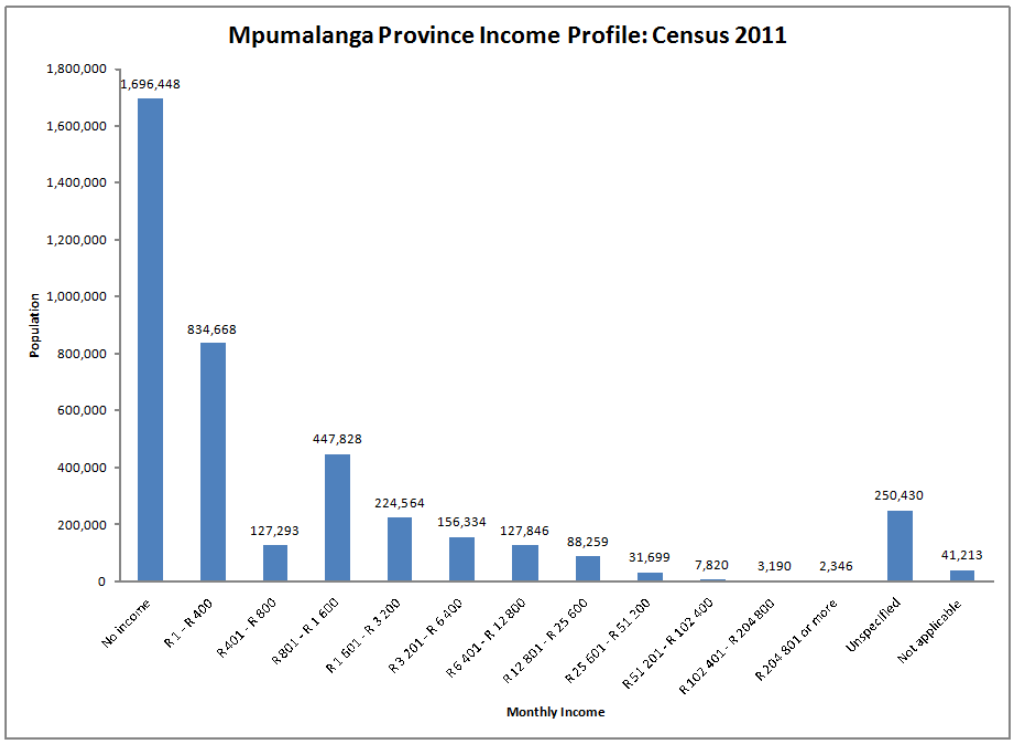
Figure 6: Illustrates insured and uninsured population



Uninsured Population

STATSSA, indicates that 88% of total population (4,235,608) 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.

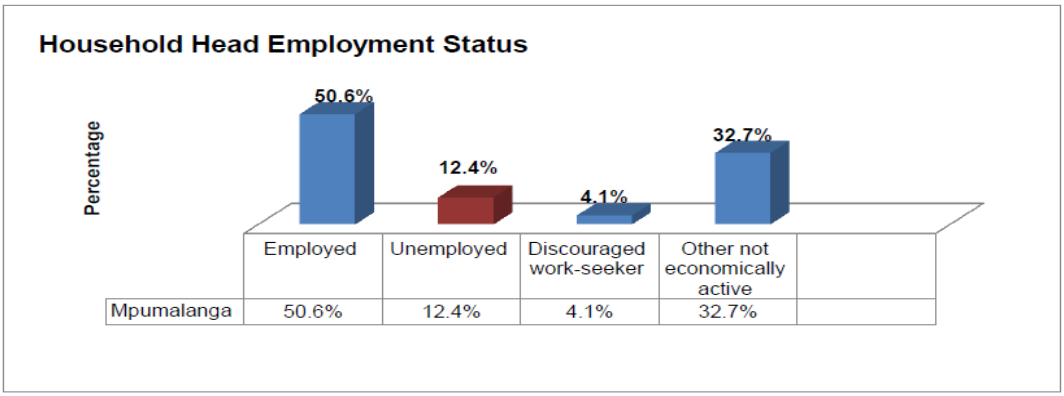
Table 4: Urban versus Rural Percentage

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.

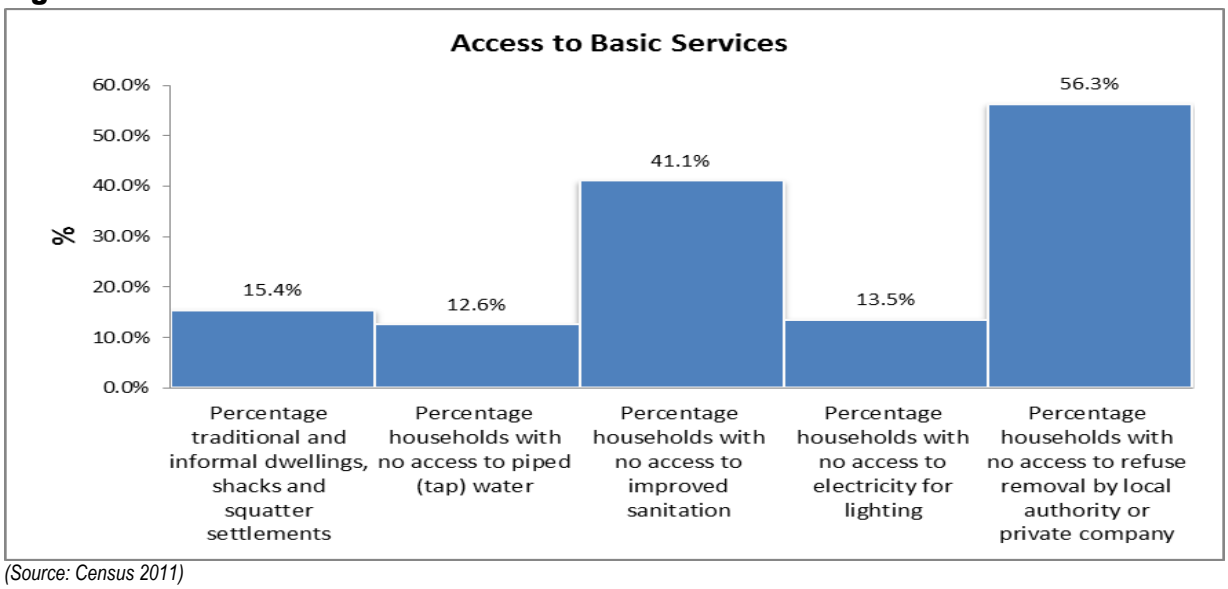
Climate change

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.

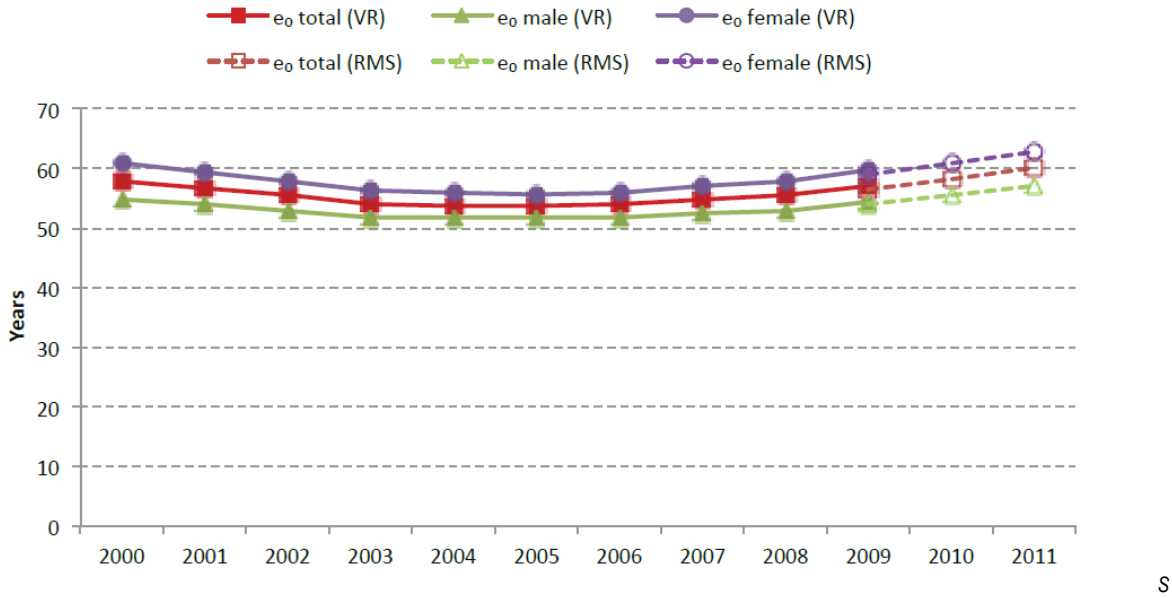
There is high still inequity to provision of health care services where majority of the population relying on a public health care system, relative to the private sector serving approximately 12% of the population. The distribution of key health professionals between the two sectors is also skewed for 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.

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

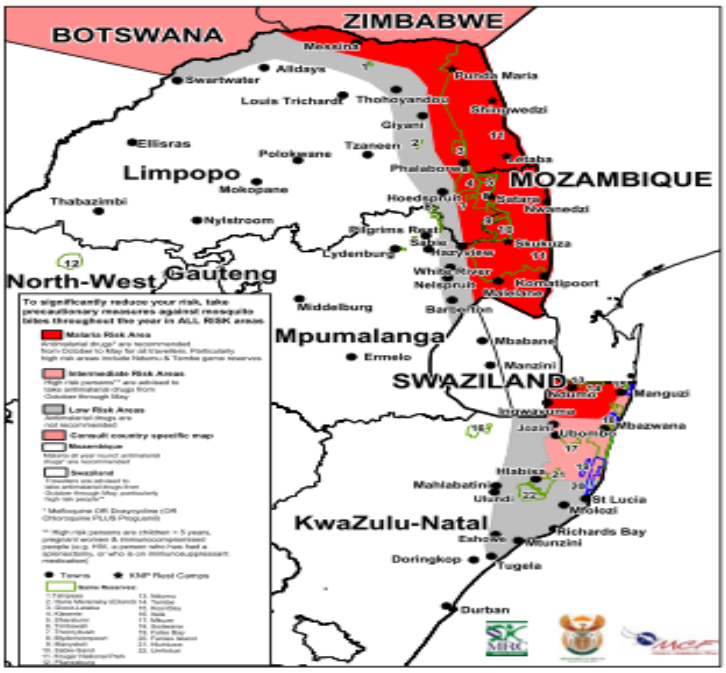


S

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.

MATERNAL AND CHILD MORTALITY

Maternal mortality and morbidity in South Africa remains very high, and according to the Saving Mothers report (2011 - 2013), about 26.7% of cases, the death was thought to have been probably avoidable and in a further 32.8%, the death was considered possibly avoidable. The South African National Strategic Plan for a Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA) states that these deaths are related to community, administrative and clinical factors.
The 'Saving Mothers Report' (2011-2013) further states that the "big 5" causes of maternal deaths were non-pregnancy related infections (NPRI) (34.7%, mainly deaths due to HIV infection complicated by tuberculosis (TB), PCP and pneumonia), obstetric haemorrhage (15.8%), complications of hypertension in pregnancy (14.8%), medical and surgical disorders (11.4%) and pregnancy related sepsis (9.5%, includes septic miscarriage and puerperal sepsis).

The data in the province shows a steady decline in the Maternal mortality ratio from 166.1 (2012) per 100 000 live births to 108 (2014) per 100 000 live births.

The vision is to continue to reduce maternal mortality through the implementation of Provincial Strategy on Reduction of Maternal and Child Mortality (2013),to address clinical factors, and Re-engineer Primary Health Care to improve some of community and Administration related factors and strengthen a functional referral system as responsive support system of hospitals.

According to the MDG Report (2013) Child under five mortality rates in sub-Saharan Africa were very high in 1990 due to the high rate of HIV/AIDS. However, in 2007, mortality rates in South Africa started to decline as a number of HIV prevention and treatment programmes were implemented. Owing to this decline in HIV infections and other factors, United Nations (UN) estimates show that under-5 mortality dropped between the years 2000 and 2011 from 74 to 47 per 1000 live births.

The trend in the province of the under-5 deaths has shown an upswing after years of steady downward trends. Child facility mortality rate increased from 5.5/1000 (2012/13) to 8.3 /1000 in 2014/15 Infant mortality also increased from 8.3/1000 (2012/13) to 12/1000.

The Second Report of the Committee on Morbidity and Mortality in Children under 5 years (CoMMiC) (2014), reported that the cause of deaths of the under 5 had a quarter (25.3%) of the total reported deaths being due to neonatal causes, whilst gastroenteritis accounted for (15%) and acute respiratory infections (mostly pneumonia) (13%) Non-natural causes (6%), malnutrition (4%), congenital abnormalities (4%) and tuberculosis (2%)

The Department has identified six areas of priority to contribute to the reduction of child mortalities:

- The promotion of early and exclusive breastfeeding, including ensuring that breastfeeding was made as safe as possible for HIV-exposed infants;
- The resuscitation of newborns;
- The care for small or ill newborns according to standardised protocols;
- The provision of initiatives for Prevention of Mother to Child Transmission (PMTCT);
- Kangaroo Mother Care (KMC);
- Post-natal visits within six days of childbirth.

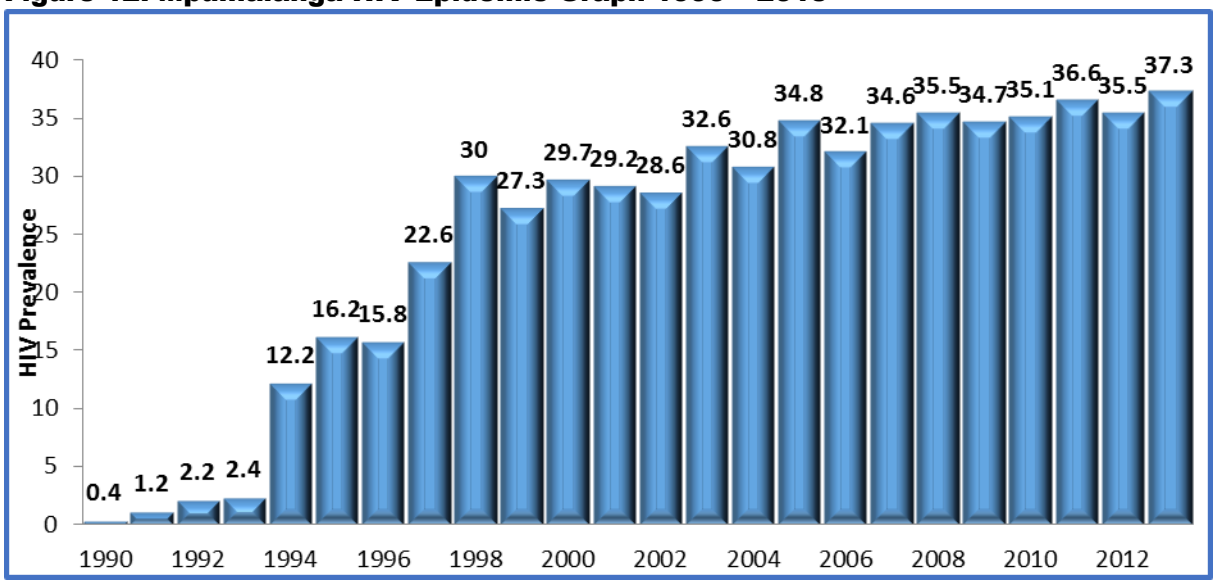
HIV PREVALENCE

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 23 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 2013, the Mpumalanga provincial HIV prevalence amongst antenatal women was 37.3% a slight increase from 35.5% in 2012. This is the highest recorded figure so far in the province. The Mpumalanga HIV epidemic graph from 1990 to 2013 is shown in Figure 12, below.

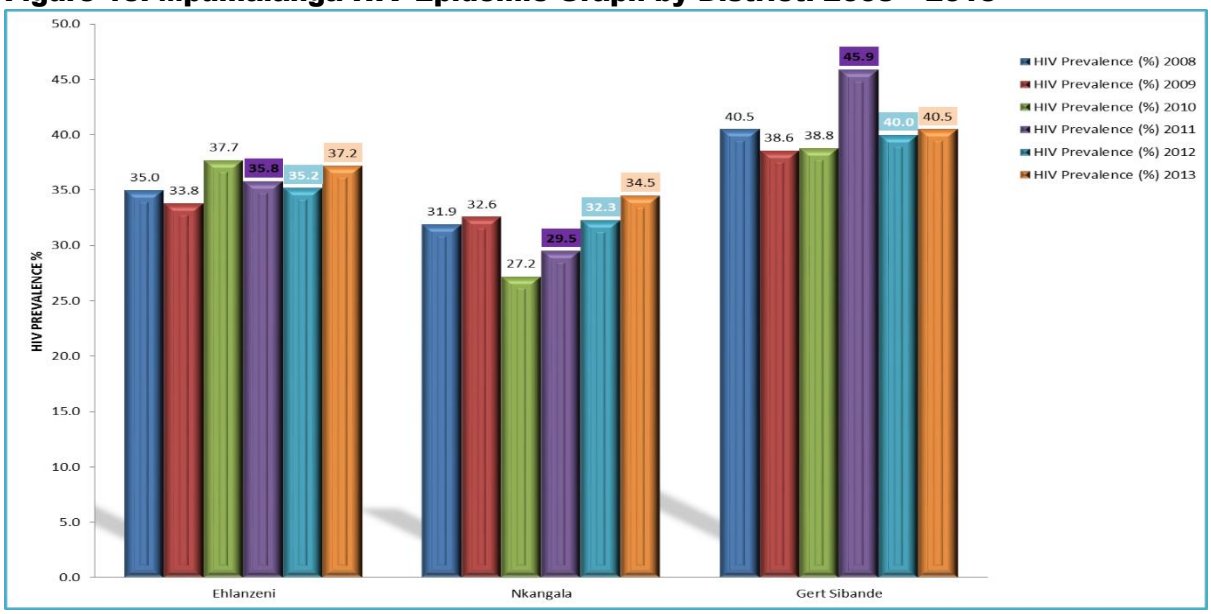
Figure 12: Mpumalanga HIV Epidemic Graph 1990 – 2013



***Source**: Mpumalanga Antenatal Sentinel HIV and Syphilis Prevalence Survey in Mpumalanga, 2013*

All three districts in Mpumalanga Province have shown an increase in the HIV prevalence from 2012 to 2013. The highest HIV prevalence is located in the Gert Sibande District with prevalence of 40.5% an increase of 0.5%, followed by Ehlanzeni and Nkangala with a prevalence of 37.2% and 34.5% respectively.

Figure 13: Mpumalanga HIV Epidemic Graph by District: 2008 – 2013

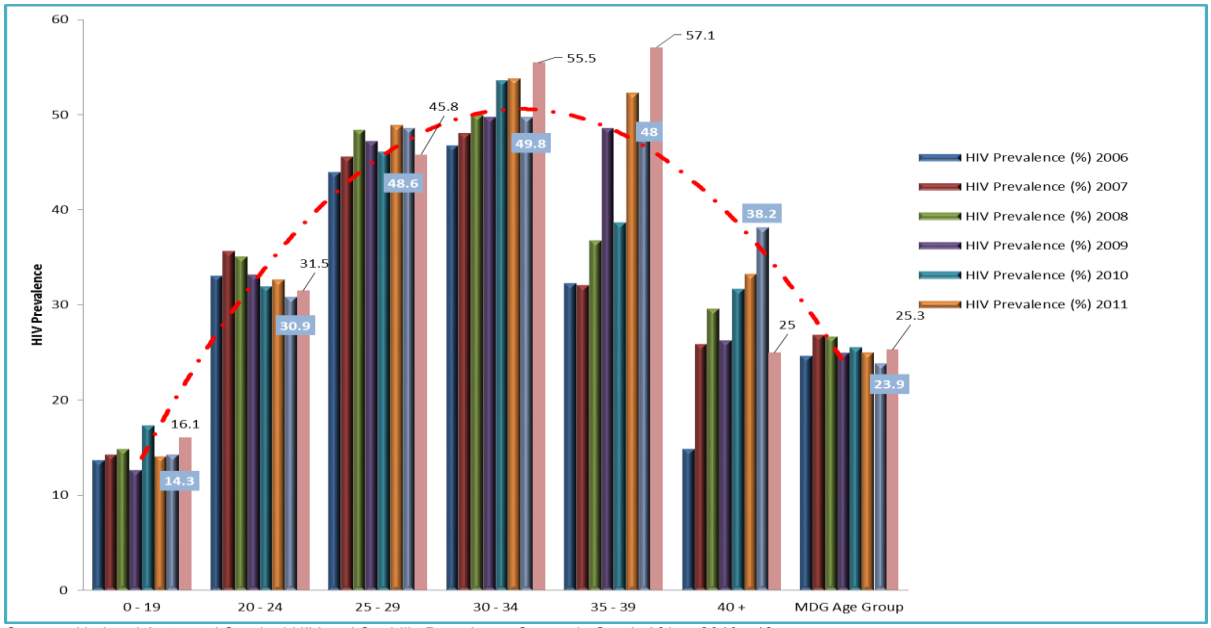


***Source**: Mpumalanga Antenatal Sentinel HIV and Syphilis Prevalence Survey in Mpumalanga, 2013*

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 2013, the HIV prevalence among 15-24 year olds (Millennium Development Goal 6, Target 7) is showing a slight increase from

23.9% in 2012 to 25.3% in 2013 (Figure 14). HIV prevalence among the age group 15-19 also increased by 2% in 2013 from 14.3% in 2012 to 16.1% in 2013.

Figure 14: Mpumalanga HIV Epidemic Graph by Age group: 2006 – 2013



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

TB MANAGEMENT

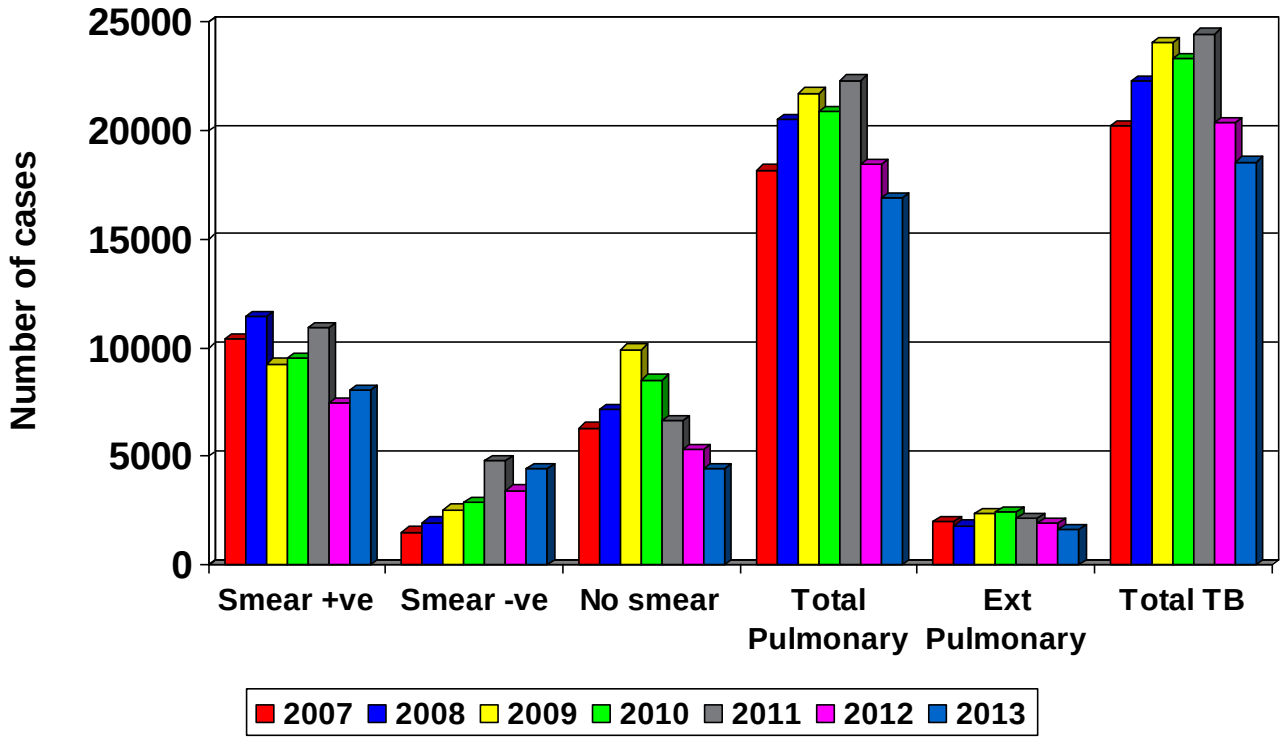
According to the World Health Organisation (WHO) estimates, South Africa ranks the third highest in the world in terms of the TB burden (i.e. after India and China) with an incidence that increased by 400% over the past 15 years. HIV is fuelling the TB epidemic with more than 60% of TB patients also 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)*

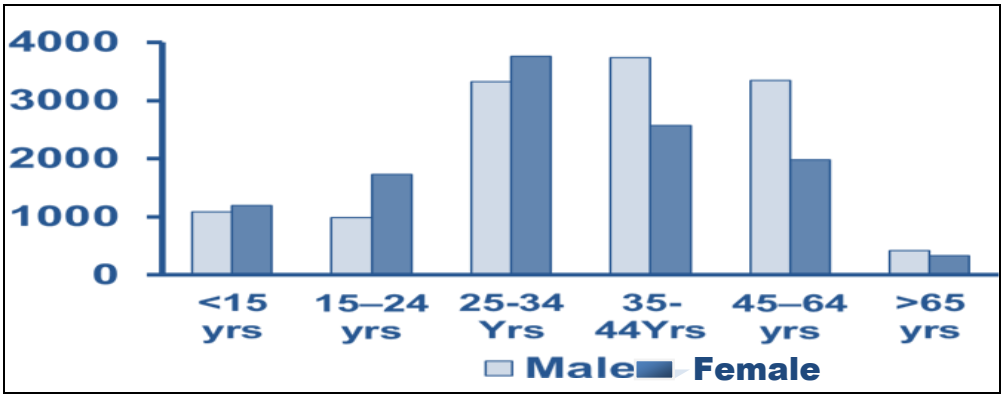
Table 7: TB Case Finding per District, 2013

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	3349	1370	3543	8262	823	9085	1,003	27	8,347
Gert Sibande	2127	340	2052	4519	335	4854	414	5	5,079
Nkangala	2889	590	1083	4562	355	4917	238	10	4,170
Mpumalanga	8365	2300	6688	17 343	1513	18 856	**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

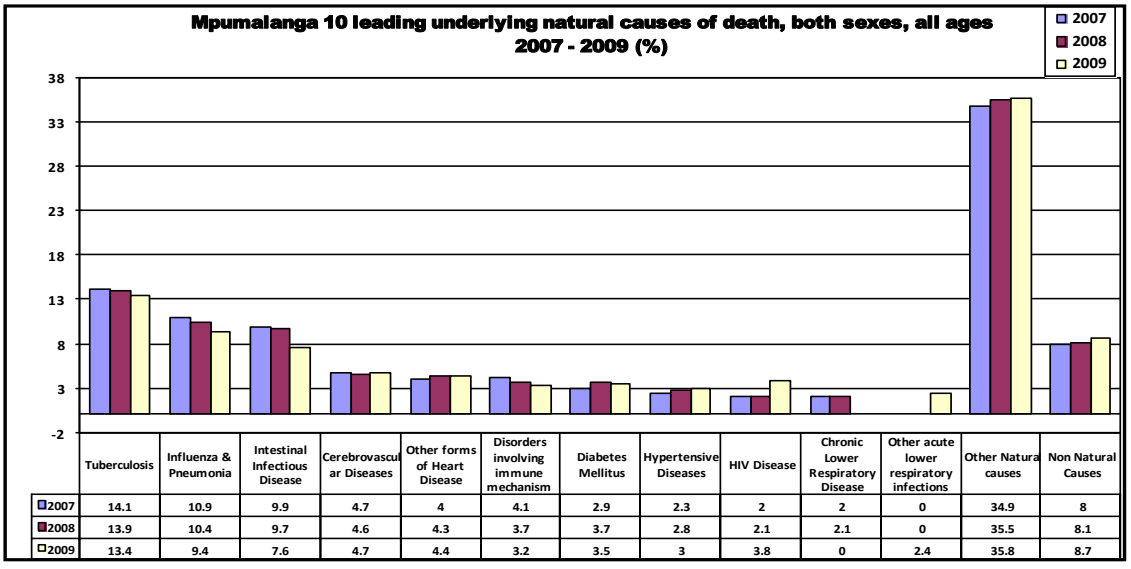


Source: *Mpumalanga TB Database (ETR Net)*

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 Organisational Structure and Human Resources

The Department has a Head Office, 3 Districts and 18 Sub-Districts. The Sub-Districts are aligned to the municipality boundaries of the districts. The main role of the Provincial Office is to be a strategic partner, policy formulation and overall management and monitoring performance of districts. 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.

The organizational structure of the Department is depicted on page 4.6.1.A Organisational Structure).

Factors in the organisation that would impact on service deliver

There is low staff morale resulting in absenteeism, staff turn-over and high litigation. The Department will strengthen the Employee Health and Wellness programme.

The Department will review the Human Resource and Financial Delegations in line with the strategic objectives.

Summary of performance against Provincial Human Resource Plan

The Office of the MEC provides a political mandate for the Department thus giving strategic direction in the Department.

The Department has an appointed Head of Department; two (2) DDG's, eight (8) Chief Directors and thirty-one (31) Directors appointed in strategic positions. The positions of Chief Director Financial Management, Director Supply Chain Management and the CEO's of Matikwane, Bongani and Standerton Hospitals are in the process of being filled.

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 the structure is aligned to service delivery imperatives and policy changes.

The Department reviewed 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.

Staff recruitment and retention systems and challenges

The Department is experiencing an acute shortage of Health Professionals Recruitment of health professionals in rural areas remains a challenge. The following initiative was introduced:-

- Cuba Medical Programme
- Training of Registrars

- Post Basic training for nurses

Placement of different categories of health professionals in community service posts is prioritised for the rural facilities on a yearly basis and most of them are bursary holders who are retained on completion of community service since they have contractual obligation.

The Department further reviewed the Recruitment and Selection Policy aimed at ensuring that the filling of posts in key strategic positions is accelerated.

Absenteeism and staff turnovers

The staff turnover rate in the Department is at 4.6 % in 2015/16 financial year. Most employees leave the Department through resignations and medical boarding. The Department will be introducing a system to analyse information on exit interviews and develop intervention programs.

The burden of chronic diseases and stress related challenges is a contributory factor to absences.

In the hospital environment, staff members contract occupational related diseases such as Tuberculosis (TB).

Cases of unauthorised absences and referrals to Employee Assistance Programme are made where applicable and some cases where there is evidence of abuse are subjected to disciplinary actions.

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

The Implementation Guideline of the Health Workforce Normative Guide and Standards for Fixed Primary Health Facilities was approved by the National Health Council. Workshops for all Operational Managers and Data Capturers for Primary Health Care facilities were and staff members were capacitated on how to calculate their staffing requirements using the WISN tool. This will ensure that the PHC facilities are staffed according to their workload indicators.

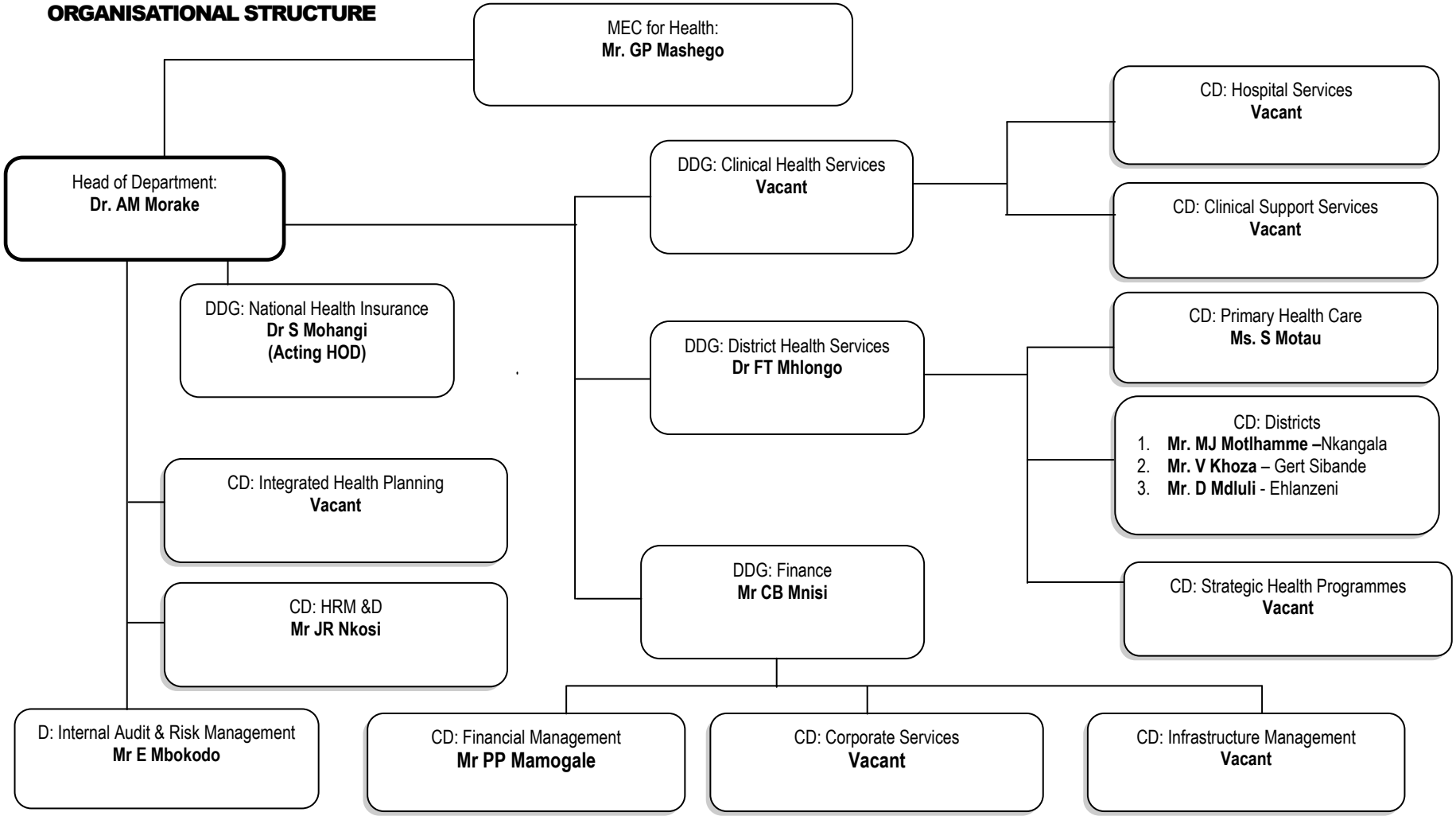
TABLE A2: HEALTH PERSONNEL IN 2014/15

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people[2]	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member
Medical specialists	**91**	0.36	1.86	No Data	71%	1.36%	**859 086**
Dentists[3]	**136**	0.61	3.16	No Data	56%	1.49%	**619 131**
Oral Hygienists	**10**	0	0	No Data	0%	0%	**243 613**
Professional nurses	**5217**	22.51	116.38	No Data	54%	37.93%	**295 809**
Enrolled Nurses	**1732**	8.95	46.27	No Data	59%	6.53%	**149 081**
Enrolled Nursing Auxiliaries	**1569**	10.01	51.75	No Data	62%	5.27%	**101 013**
Student nurses	**850**	5.21	26.94	No Data	7%	2.32%	**93 444**

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people[2]	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member
Pharmacists[3]	**292**	1.11	5.72	No Data	78%	1.90%	**533 496**
Physiotherapists	**92**	0.35	1.83	No Data	78%	0.45%	**243 613**
Occupational therapists	**104**	0.39	2.02	No Data	76%	0.48%	**243 613**
Radiographers	**119**	0.50	2.61	No Data	76%	0.71%	**243 613**
Emergency medical staff	**869**	3.89	20.11	No Data	9%	2.68%	**120 865**
Nutritionists and Dieticians	**127**	0.05	0.27	No Data	0%	0.04%	**243 613**
Speech and Audio Therapists	**64**	0.44	2.05	No Data	62%	0.64%	**243 613**
Social Workers	**52**	No Data	No Data	No Data	No Data		**243 613**
Optometrists and Opticians	**7**						**243 613**

Data Source: PERSAL (or use latest information from Vulindlela HR Oversight Report 2015/16 - if PERSAL data is not available). DHIS for uninsured population.

ORGANISATIONAL STRUCTURE



4.6.2 Improve Financial Management

The Department was qualified on immovable assets, accruals, irregular expenditure and commitments in 2014/15 financial year. The Department has since appointed PWC to assist with verification of assets in the 2015/16 financial year to improve immovable asset disclosure in the Annual Financial Statement. The assets project is progressing very well and reconciliation of movable asset projects is currently running for the improvement of infrastructure commitments.

In addition, the Office of the Chief Financial Officer has introduced a new reporting template to account for accruals for 2015/16 financial year. The Department holds monthly budget committee meeting to discuss the accrual report.

An irregular expenditure database was developed and each irregular expenditure account was analysed and referred to the relevant section for action. Furthermore, economising committees were appointed in various cost centres to improve speed of procurement of goods and services. The Office of the Chief Financial Officer will continue to strengthen financial management of the Department by strengthening internal controls measures and systems.

4.6.3 Strengthen Information Management

Health information system is enabler to delivery of health care that is responsive to the needs of community we serve. It seeks to provide real time information for decision making, monitoring & evaluation and reporting.

As defined in the e-Health strategy, our Health information system is characterised as fragmentation, not well coordinated, mostly manual systems and those available automated systems are not interoperable. This compromises data quality that emanate from this systems.

To strengthen Information Management the department is moving towards integrated health system through implementation of National Health Patient Registration System and DHIS 2 web-based. To achieve the department will ensure that Provincial Implementation Team (PIT) is established to fast-track this process, all facilities are connected to Internet, all facilities have computers, all facilities have data capturers and admin clerks in all strategic areas of HPRS implementation.

4.6.4 Infrastructure Delivery

The department has immovable assets that have reached their life cycle and mostly prematurely; this due to inadequate budget for infrastructure maintenance furthermore the department has experienced major challenges in times of shortages of electricity whereby generators we either not there nor services. It can be stated that due to shortages on infrastructure skills within the department aggravated the department's ability to undertake infrastructure planning, maintenance and oversight.

Congruent to the above; the department is slowly improving in its approach for maintenance budgeting and maintenance. More lifesaving equipment has been purchased in the hospitals and primary health care facilities thus to mitigate disruptions to service delivery. The Department is constructing five health facilities in the NHI district as part of health system strengthening and alignment with the NHI directive, the department is also improving its hospital services by building and upgrading state of the art hospitals which includes latest equipment and technology.

With regard to strengthening of infrastructure leadership through Division of Revenue Act (DORA); the department has filled all director posts, it has further recruited suitably qualified engineers, technicians and other planning personnel all with an intention to improve on infrastructure planning and oversight

4.6.5 Other

Laundry services continue to experience challenges, which include amongst others, depleted machinery that break from time to time. The department has priorities to mitigate this challenge through infrastructure program.

In Supply chain management there challenges of inadequate staff and skills especially in Hospitals and Districts which has resulted to under-spending on non-negotiables. The Department has prioritised appointments of finance managers and SCM practitioners in strategic areas.

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 2015/16 BUDGET AND MTEF ESTIMATES

Provincial Allocation-The Department is allocated a budget of R35.1 billion over the MTEF period has increased by an average of 7.6 per cent. The equitable share of the department shows a 7.7 per cent growth from 2016/17 to 2018/19 financial years.

Conditional grants- R5.225 billion of the allocated MTEF budget comprises of Conditional grants, which have recorded an increase of 7.6 per cent as compared to the revised baseline.

Health Professional Training and Development grant- This conditional grant supports the departmental Health Sciences and Training Programme in funding services relating to training and development of health professions.

Hospital Facility Revitalisation Grant- This grant was established 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.

National Tertiary Services grant- The grant is used to enable the Department to transform and introduce the tertiary hospital service delivery platform in line with national policies for the improvement of quality of health services. The increase from 2016/17 to 2018/19 provides additional funding for sustainable quality of health services.

Comprehensive HIV/AIDS grant- This is aimed at ensure integrated management of the HIV/AIDS pandemic in the Mpumalanga province and to support the implementation of the HIV/AIDS and STI Strategic plan of the country. The funding for the conditional grant is prioritised for the following programme HTA, Condoms, PEP, HCT, PMTCT, MMC, ART, TB/HIV/SDC, HCBC and PM, RTC.

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

Expended Public work programme Incentive Grant for Provinces and Social Sector Expended Public Works Programme Incentive Grant for Provinces, which are intended to improve job creation in the province.

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	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Administration	205 476	221 900	196 542	283 305	297 951	296 657	424 112	383 416	388 302
District Health Services	4 428 742	4 907 169	5 475 431	6 131 596	6 166 124	6 166 124	6 355 241	7 197 529	7 801 683
Emergency Medical Services	249 829	249 584	319 347	325 837	312 677	313 192	333 801	373 040	402 117
Provincial Hospital Services	898 261	947 563	1 047 266	1 156 894	1 185 736	1 185 736	1 212 177	1 382 205	1 436 888
Central Hospital Services	783 315	812 087	943 975	1 037 983	1 050 937	1 051 229	1 039 902	1 182 113	1 271 490
Health Sciences and Training	241 610	271 672	305 208	294 926	349 718	349 733	386 213	414 507	426 080
Health Care Support Services	97 461	105 887	101 707	130 272	129 037	129 478	175 924	198 490	232 191
Health Facilities Management	579 287	531 120	469 050	634 996	671 722	671 753	714 774	689 973	700 013
Total payments and estimates:	**7 483 981**	**8 046 982**	**8 858 526**	**9 995 809**	**10 163 902**	**10 163 902**	**10 642 144**	**11 821 273**	**12 658 764**

The department has eight budget programmes, of which four are services delivery programmes and four support programmes. Table 10.3 and 10.4 below provide a summary of payments and estimates according to these eight programmes, as well as per economic classification.

The department shows an average increase of 4.6 per cent as compared to 2015/16 allocated budget. Services delivery programmes show an average increase of 10.7 per cent which include District Health Services, Emergency Medical Services, Provincial Hospital Services and Central Hospitals.

Programme 1: Administration has increased by 44.9 per cent which is 38.7 per cent above the CPI due to prioritised projects for 2016/17 financial year. The programme is allocated 4 per cent of the Vote's total allocation which is below the National benchmark. The increase this is mainly influenced by R120 million for Patient Administration system and R 24 million for the payment of Microsoft license. The cost drivers within administration include 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 3 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The programme will experience difficulties in funding critical service delivery accounts which include drugs, Laboratory Services, Food for patients, Medical Gas, Oxygen and Blood Services. The 2016/17 total financial year budget increase is below the CPIX increase of 6.2 per cent due to financial constraints.

Over the years *Programme 2:* District Health Services has been under funded when considering funding per capita in the country. The programme is allocated 60 per cent of the departmental budget and includes Comprehensive HIV/Aids Grant, Community Health Clinics, Community Health Centres, Nutrition, Community Based Services and District Hospitals.

Programme 3: Emergency Medical Services shows an increase of 6.6 per cent in the 2016/17 financial year which is due allocation for the appointment of staff and procurement of additional response vehicles. The continued drive to improve emergency medical services is reflected in the real increase in the Programme 3 funding for 2016/17 financial year and the outer years of the MTEF period. The programme received 3 per cent of the overall allocation of the Vote.

Programme 4: The Provincial Hospital Services shows a growth of 2.2 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The programme will experience difficulties in funding critical service delivery accounts which include drugs, Laboratory Services, Food for patients, Medical Gas, Oxygen and Blood Services. The 2016/17 total financial year budget increase is below the CPIX increase of 6.2 per cent due to financial constraints. 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 11 per cent of the allocated budget for 2015/16 financial year.

Programme 5: Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital shows a decrease of 1.1 per cent on the revised Baseline for the first year of the Medium Term Expenditure Framework Period. The programme will experience difficulties in funding critical service delivery accounts which include drugs, Laboratory Services, Food for patients, Medical Gas, Oxygen and Blood Services. The 2016/17 total financial year budget increase is below the CPIX increase of 6.2 per cent due to financial constraints. 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 2016/17 financial year.

Programme 6: Health Science & Training will decrease by 10.4 per cent from the 2015/16 which is mainly due to funding for the Cuban programme. The programme receives 4 per cent of the allocated budget for the Vote.

Programme 7: Health Care Support Services will increase by 33.1 per cent during the 2016/17 financial year due to centralization of all medical equipment procurement within the Engineering sub programme. The Department has prioritized the provision of clean linen including training of laundry services personnel and implementation of the Laundry model.

Over a seven year period, *Programme 8* will increase by 7.4 per cent due to the prioritization of New Mapulaneng Hospital, New Middelburg Hospital and Pinaar Community Health Centre. The department has prioritized the rehabilitation and maintenance of our dilapidated facilities. This programme includes Hospital Facility Revitalisation Grant.

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	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**6 642 685**	**7 214 665**	**8 159 984**	**9 164 989**	**9 077 004**	**9 077 004**	**9 765 172**	**10 905 946**	**11 706 116**
Compensation of employees	4 457 266	4 970 826	5 516 897	6 213 604	6 185 160	6 185 160	6 722 932	7 519 638	8 085 727
Goods and services	2 184 532	2 243 510	2 642 172	2 951 385	2 891 844	2 891 442	3 042 240	3 386 308	3 620 389
Interest and rent on land	887	329	915	–	–	402	–	–	–
Transfers and subsidies	**200 124**	**278 279**	**264 468**	**273 074**	**479 199**	**479 199**	**298 307**	**321 482**	**338 272**
Provinces and municipalities	1 169	408	584	597	140 217	140 109	634	576	645
Departmental agencies and accounts	147	4 445	227	6 306	6 421	1 656	234	7 031	7 440
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	150 272	170 401	202 567	217 108	246 856	242 339	226 762	251 349	266 020
Households	48 536	103 025	61 090	49 063	85 705	95 095	70 677	62 526	64 167
Payments for capital assets	**639 160**	**554 038**	**434 074**	**557 746**	**607 699**	**607 699**	**578 665**	**593 845**	**614 376**
Buildings and other fixed structures	515 937	460 130	312 522	322 024	441 265	440 084	445 363	390 556	395 267
Machinery and equipment	123 223	93 908	121 552	235 722	166 434	167 615	133 302	203 289	219 109
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	**7 483 981**	**8 046 982**	**8 858 526**	**9 995 809**	**10 163 902**	**10 163 902**	**10 642 144**	**11 821 273**	**12 658 764**

Compensation of Employees - shows an increase of 8.7 per cent on the revised estimate which is 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.

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 R6.722 billion for the payment of salaries of warm Bodies carried from the previous financial year including appointment of minimum new personnel. The allocated funding is adequate for the payment of current warm bodies, salary increments, pay progression and appointment on critical posts.

Goods and Services – The Budget 2016/17 financial year for goods and services has increased by 4.8 per cent which is slightly below 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 a reduction of 37.7 per cent on the revised estimates due to the once off payment of R139.725 million municipalities for the payment of the accrued subsidies

owed. The Budget includes funding for the Non-Profit Organisations, which provide Home Based Care services, and Psychiatric services which is outsourced to private sector.

Payments of Capital Assets – The classification will decrease by 4.3 per cent due to financial constraints in the 2016/17 financial year.

The Department will continue to increase the investment on replacement and procurement of New Machinery and Equipment of the Department.

4.9.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

TABLE A4: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Administration programme budget will increase by 44.9 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, Patient Administration System, furthermore the programme gets 4 per cent of the total department's allocation.

Programme 2: District Health Services shows a growth of 3 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 Centre's 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 12% per cent to alleviate HIV/Aids epidemic by increasing support through training, awareness, provision of medicine (ART) and other outreach programmes.

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.

Programme 4: The Provincial Hospital Services shows a growth of 2.2 per cent which is aimed 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 11 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 decrease of 1.1 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.

Nursing Training College – has shown high growth over the past seven years which include the development of professional nurses in the nursing college. The expenditure of the sub-programme includes payment of accommodation for students and providing of catering at the college. Funds allocated to the college are inadequate due to slow progress and competence of existing students.

EMS Training College – the baselines for this programme has been reduced due to slow implementation of programmes.

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

Bursaries – bursary payments were transferred to Department of Education as from 2012/13 financial year throughout the MTEF period. The department has prioritized funding for the Cuban programme in 2016/17 financial year.

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

Health Care Support Services will increase by 33.1 per cent during the 2015/16 to due to the need to improve on orthotic and prosthetic services in the province. Department has made provision of clean linen and overall laundry services by increasing the allocation by 5 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.

Programme 8 which is Health Facilities Management has shown healthy growth of 7.4 per cent due to prioritization of new infrastructure projects and maintenance of primary health care facilities as part of the Ideal Clinic initiative. The programme includes Hospital Facility Revitalisation Grant.

TABLE A4: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Current prices[1]							
Total[2]						---	---
Total per person						---	---
Total per uninsured person						---	---
CPI	5.60%	5.80%	5.50%	5.20%	6.20%	5.80%	5.80%
Index (Multiplier)	80.2	84.8	89.5	94.2	100	105.8	111.9
Constant (2016/17) prices[3]							
Total							
Total per person							
Total per uninsured person							
% of Total spent on:-							
DHS[4]							
PHS[5]							
CHS[6]							
All personnel							
Capital[2]							
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

- Review and implement Human Resource Policies
- Review and implement the Departmental of the HR Plan
- Review and implement the Organisational Structure
- Review and implement the Human Resource Delegations
- Efficient Health Management Information System developed and implemented for improved decision making
- Reduced health care costs

1.3 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
1. Audit opinion from Auditor-General	Annual	Categorical
2. Percentage of Hospitals with broadband access	Quarterly	Percentage
3. Percentage of fixed PHC facilities with broadband access	Quarterly	Percentage
4. Improve Hospital Management by appointing Executive Management teams in all hospitals (Key Management Positions)	Quarterly	Number
5. Improve quality of care by developing and implementing Recruitment &Retention strategy	Annually	Number
6. Improve quality of information by appointing information officers in all sub-districts	Annual	Number
7. Improve record management by implementing Electronic Patient Record Management system	Annual	Number

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

Strategic objective statement	Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 2: Overhaul health system and progressively reduce health care cost										
Strengthening Health Systems Effectiveness	1. Audit opinion from Auditor-General	Categorical	New indicator	New indicator	New indicator	Unqualified	Unqualified	Unqualified	Unqualified	**Unqualified**
	2. Percentage of Hospitals with broadband access	%	New indicator	New indicator	New indicator	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	%	New indicator	New indicator	34%	50% (140/279)	80% (227/284)	100% (284/284)	100% (284/284 maintained)	**100% (279/279 maintained)**
Re-alignment of human resource to departmental needs	8. Improve Hospital Management by appointing Executive Management teams in all hospitals (Key Management Positions)	No	New indicator	New indicator	7/33	28/33**	28/33	29/33	29/33	**29/33**
	9. Improve quality of care by developing and implementing Recruitment &Retention strategy	No	New indicator	New indicator	New indicator	1 (Develop)	1 (Implement)	1 (Implement)	1 (Implement)	**1**
	10. Improve quality of information by appointing information officers in all sub-districts	No	1	1	18	18 maintained	18 maintained	18 maintained	18 maintained	**18 appointed information officers**
	11. Improve record management by implementing Electronic Patient Record Management system	No	New indicator	New indicator	New indicator	System pilot	1	1	1	**1**

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

1.4 TABLE ADMIN 3: QUARTERLY TARGETS

INDICATOR	FREQUENCY OF REPORTING (QUARTERLY, BI-ANNUAL, ANNUAL)	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Audit opinion from Auditor-General	Annual	Categorical	Unqualified	-	-	-	Unqualified
2. Percentage of Hospitals with broadband access	Quarterly	Percentage	100% (33/33 Upgrade to 2Mbps)	100% (5/33 Upgrade to 2Mbps)	100% (15/33 Upgrade to 2Mbps)	100% (25/33 Upgrade to 2Mbps)	100% (33/33 Upgrade to 2Mbps)
3. Percentage of fixed PHC facilities with broadband access		Percentage	80% (227/284)	35% (100/284 cumulative)	53% (150/284 cumulative)	70% (200/284 cumulative)	80% (227/284 cumulative)
4. Improve Hospital Management by appointing Executive Management teams in all hospitals (Key Management Positions)	Annual	Number	28/33	Annual Target	Annual Target	Annual Target	28/33
5. Improve quality of care by developing and implementing Recruitment &Retention strategy		Number	1 (Implement)	Annual Target	Annual Target	Annual Target	1
6. Improve quality of information by appointing information officers in all sub-districts	Annual	Number	18 maintained	Annual Target	Annual Target	Annual Target	18 maintained
7. Improve record management by implementing Electronic Patient Record Management system		Number	1	Annual Target	Annual Target	Annual Target	1

1.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN 4: EXPENDITURE ESTIMATES: ADMINISTRATION

Table 10.8: Summary of payments and estimates: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2012/13**	**2013/14**	**2014/15**		**2015/16**		**2016/17**	**2017/18**	**2018/19**
Office of the MEC	5 745	5 186	7 169	9 767	9 767	9 802	10 975	11 637	12 312
Management	199 731	216 714	189 373	273 538	273 538	265 243	300 873	285 554	302 116
Total payments and estimates	**205 476**	**221 900**	**196 542**	**283 305**	**283 305**	**275 045**	**311 848**	**297 191**	**314 428**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2012/13**	**2013/14**	**2014/15**		**2015/16**		**2016/17**	**2017/18**	**2018/19**
Current payments	**184 493**	**170 374**	**189 938**	**256 019**	**260 649**	**260 649**	**409 531**	**369 224**	**370 108**
Compensation of employees	86 144	95 383	101 576	116 544	115 568	115 568	140 417	157 691	168 764
Salaries and wages	77 529	81 075	89 521	103 171	101 154	101 108	124 933	142 628	152 827
Social contributions	8 615	14 308	12 055	13 373	14 414	14 460	15 484	15 063	15 937
Goods and services	97 566	74 828	87 824	139 475	145 081	144 992	269 114	211 533	201 344
Administrative fees	953	1 175	660	907	1 567	1 567	1 605	1 697	1 792
Advertising	2 610	3 476	813	1 000	2 526	2 526	4 504	3 637	3 829
Minor Assets	81	576	132	50	156	177	–	–	–
Audit cost: External	12 105	12 744	17 895	16 077	16 171	16 171	16 171	18 221	19 162
Catering: Departmental activities	898	1 594	1 032	2 376	869	946	1 347	1 426	1 509
Communication (G&S)	5 078	4 398	5 382	6 128	5 311	5 311	4 608	4 865	5 148
Computer services	7 323	7 426	18 953	34 746	37 841	36 381	148 891	82 086	73 601
Consultants and professional services: Busin	694	–	4 418	6 000	9 013	9 013	25 032	21 675	17 590
Consultants and professional services: Labor	–	–	31	–	–	6	–	–	–
Consultants and professional services: Legal	2 437	3 767	–	32 227	38 338	38 338	28 227	33 838	35 713
Contractors	1 666	918	1 326	1 788	–	–	–	1 918	2 029
Agency and support / outsourced services	–	1 822	809	562	569	569	647	934	988
Fleet services (including government motor tr	8 994	4 230	7 466	3 000	2 900	3 445	2 618	4 927	5 212
Inventory: Clothing material and accessories	–	30	–	–	–	–	–	–	–
Inventory: Food and food supplies	74	–	–	3	–	–	–	–	–
Inventory: Materials and supplies	12	8	1 030	–	–	790	–	–	–
Inventory: Other supplies	117	–	–	–	–	–	–	–	–
Consumable supplies	2 339	594	248	308	669	674	1 010	1 060	1 122
Consumable: Stationery,printing and office su	6 045	3 965	2 782	3 376	5 915	5 910	4 265	7 077	7 458
Operating leases	22 134	5 376	6 282	5 700	4 647	4 647	6 700	8 147	8 619
Property payments	–	2 243	6 105	6 132	3 401	3 401	4 512	4 752	5 003
Transport provided: Departmental activity	19 784	74	–	–	–	–	–	–	–
Travel and subsistence	1 909	18 317	10 318	14 038	13 259	13 182	10 024	12 848	9 998
Training and development	516	55	729	3 000	468	468	6 025	–	–
Operating payments	1 797	720	774	1 136	854	918	1 888	1 317	1 393
Venues and facilities	–	921	305	521	607	607	615	667	711
Rental and hiring	–	399	334	400	–	–	425	441	467
Interest and rent on land	783	163	538	–	–	89	–	–	–
Interest (Incl. interest on finance leases)	783	163	538	–	–	89	–	–	–
Transfers and subsidies	**15 101**	**44 242**	**4 358**	**22 386**	**26 928**	**25 649**	**12 390**	**12 990**	**13 720**
Provinces and municipalities	302	25	17	50	50	374	453	456	459
Municipalities	302	25	17	50	50	374	453	456	459
Municipal bank accounts	302	25	17	50	50	374	453	456	459
Households	14 799	44 217	4 341	22 336	26 878	25 275	11 937	12 534	13 261
Social benefits	–	–	–	124	124	3 063	131	138	146
Other transfers to households	14 799	44 217	4 341	22 212	26 754	22 212	11 806	12 396	13 115
Payments for capital assets	**3 870**	**7 284**	**2 246**	**4 900**	**10 374**	**10 359**	**2 191**	**1 202**	**4 474**
Machinery and equipment	3 870	7 284	2 246	4 900	10 374	10 359	2 191	1 202	4 474
Transport equipment	–	6 966	1 066	3 060	4 250	4 250	1	1 147	2 380
Other machinery and equipment	3 870	318	1 180	1 840	6 124	6 109	2 190	55	2 094
Payments for financial assets	2 012	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**205 476**	**221 900**	**196 542**	**283 305**	**297 951**	**296 657**	**424 112**	**383 416**	**388 302**

1.6 PERFORMANCE AND EXPENDITURE TRENDS

The increase of 44.9 percent from the revised baseline for 2015/16 financial year in *Programme 1:* Administration, which is been influenced by the annual ICT licence renewal, MEC statutory payment, Patient Administration System, furthermore the programme gets 4 per cent of the total department's allocation.

Service Delivery Measures

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

- Installation and maintenance of Datelines and Network infrastructure in all CHC's and Clinics.
- Filling of posts to be finalized within 3 months as when they are vacant and funded
- Retention of Health Professionals and other skilled Personnel and the finalization of all outstanding HR matter.

1.7 RISK MANAGEMENT

RISK	MITIGATING FACTORS
Inadequate security measures	• Review the draft policy • Involve all relevant stakeholders • Conduct of security awareness campaigns quarterly • Sustainable leadership • Establish security committee • Review security structure.
Inadequate records management Systems	• Approval and implementation of departmental records management policy and strategy • Approval of main series of the organogram structure of the Department.
High number of litigation	• Finalisation and approval of litigation strategy • Recruitment of Legal Officers specializing in medical cases' • Prioritisation of training for legal officers • Appointment of personnel in accordance with the Legal Services organogram. • Review the Recruitment and Retention strategy. • Establishment of Provincial adverse event committee • Submission of monthly reports on the journalised expenditure on cases against their institution for monitoring. • Improvement on the Department's record keeping system

RISK	MITIGATING FACTORS
Poor asset management	• Strengthen the asset verification process through monthly reporting • Enhance the security system (electronic devices) • Regular update of the asset register • Enforce compliance with the asset management policy • Intensive training of Asset Managers • Appointment of Loss Control Officers
Fruitless, wasteful, irregular, unauthorised and delayed expenditure	• Monthly creditors reconciliations- • Enforce compliance with policies and proceed Train staff regarding fruitless, wasteful, irregular and unauthorised expenditure and enforce compliance • Training of staff on overall SCM process • Zero to nine filing system and invoice register to be implemented (invoice register at central point) • Monthly meetings on commitments and accruals • Invoice register to be developed with the assistance of IT • Implementation of payment procedure manual
Inadequate alignment of Departmental targets to MTEF budget	• Conduct Training on Planning and Budgeting • Standardise outputs linked to targets • Facilitate arrangement of Budget Advisory Committee meetings • Promote accountability on non-submission of budget inputs • Conduct quarterly meetings with Integrated Strategic Planning.
Inadequate monitoring and evaluation of departmental performance	• Enforce managers' accountability for performance monitoring and evaluation (certification of data integrity) • Punitive action for non-adherence to performance M&E processes • Approval and implementation of M&E Plan • Implementation and monitoring thereof of policies
Lack of ICT business continuity plan	• Finalisation of the disaster recovery plan and ICT business continuity plan • Disaster recovery awareness workshops

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

Mpumalanga Province through implementing the National Health Insurance (NHI) especially in the pilot District Gert Sibande is aiming to achieve universal coverage with the ultimate goal of creating fair opportunities for health to all citizens. This strategy will be rolled out in phases to the other two Districts namely Nkangala and Ehlanzeni respectively.

Taking our mandate from the National Development Plan 2030, Mpumalanga Province will focus on the World Health Organisation's six building blocks of a health system, in order to improve the health system to adequately to provide universal coverage. Affordability and sustainability of universal health coverage is dependent on provision of most services at the Primary Health Care level which has an adequate referral system to other levels of care when need arises. The referral system will further be improved through ensuring that the Emergency Medical Services response times are within expected standard. It is believed that this strategy will benefit all health care.

Improved quality of health care

The programme aims to provide continuously improved health care, which will be measured through performance reviews and subjective evaluation. Quarterly reports will measure the outcomes and the impact of health care.

All health care facilities will ensure that patients are afforded an opportunity to express their views with regard to the quality of health care through a functional Complaints mechanism whereby complaint resolution will be within 25 days . Client Satisfaction Surveys will be conducted annually in all health facilities to measure patient experience of care. Gaps identified through the Client Satisfaction survey will be addressed through monitored quality improvement plans. The quality of care will further be improved by increasing availability of medicines and surgical sundries at the Medical Depot.

Implement the Re-engineering of PHC

Primary Health care services are provIded within the District Health system (DHS). The overall goal of PHC is to improve access to health services by the majority of communities. Primary Health Care re-engineering refers to implementation of various interventions with the aim of improving the quality of care.

Implementation of the five (5) streams of PHC reengineering will ensure improved access to quality health care. The focus is more preventative than curative. Hundred and twelve (112) Ward-based Primary Health Care Outreach Teams (WBPHCOT) will be established**.**

These WBPHCOT reach out to the communities at household level. The number of Districts with fully fledged District Clinical Specialist Teams (DCSTs) will be increased from one (1) to two (2). These teams play a pivotal role in improving governance and practices of Maternal and Child Health services Twenty six (26) School Health Teams will be established to attend to the health needs of the young generation. Ideal Clinic Realisation and Maintenance, shall be implemented according to the guidelines to benefit all health care users at all levels of service The Department is aiming at having ninety six (96) of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard. In order to ensure that PHC facilities are visited by Doctor at least once per week, the Department will continue with GP contracting supported by the National Department of Health.

Maternal, infant and child mortality reduced

The MCWYH programme ensures that health is promoted health and diseases prevented to mothers, children, women and youth. Policies will be developed and implemented. Awareness campaigns will be conducted to provide information and create awareness as Immunisation campaigns will be conducted to increase the immunisation coverage.

Screening services will be provided for early detection and management of diseases, thereby preventing complications. All the above interventions are implemented with aim of reducing Maternal Mortality in facility Ratio, improving Immunisation coverage under 1 year, reducing Child under 5 years diarrhoea case fatality rate and improving Antenatal 1st visit before 20 weeks rate.

HIV and AIDS successfully managed

Management of HIV and ASIDS and TB will be strengthened by implementing the 909090 strategy. Awareness campaigns, screening services and VMMC will be conducted in addition to the treatment that is provided to the clients that are living with HIV and AIDS and infected with TB. This initiative will benefit all affected and none affected individuals. The effectiveness of planned activities will be monitored regularly.

Operation Vuka Sisebente (OVS)

The department will participate in Operation Vuka Sisebente initiative by ensuring that key activities outlined in the OVS plan are integrated into Ward Base Outreach Teams. This will guarantee that health care services are accessible to communities at municipal ward level. The key actions include amongst others:

- Make meaningful household interventions on poverty
- Behavioural change to address HIV and AIDS, crime, substance abuse, road accidents, gender-based violence, etc.
- Address the needs of the most vulnerable and deprived communities and households
- Make rural development and sustainable livelihood a realizable vision
- Create opportunities for skills development and employment
- Ensure cooperative governance for better & more fast tracked service delivery

2.3 SPECIFIC INFORMATION FOR DHS

TABLE DHS1: DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT IN 2015/16

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]	23 mobile clinics 1116 mobile clinic points; 3 satellite clinics	1 043 194	32,695	
	Fixed Clinics[4]	52	1,101 Beds	14,765	
	CHCs	23		53,850	
	Sub-total clinics + CHCs	**75**		8,556	
	District hospitals	8		831	
Ehlanzeni District	Non fixed clinics[3]	29 mobile clinics 984 mobile clinic points	1 688 615	3,097	2.85
	Fixed Clinics[4]	105		10,780	
	CHCs	16		23,840	
	Sub-total clinics + CHCs	**121**	1209 Beds	12,399	
	District hospitals	8		1,319	
Nkangala District	Non fixed clinics[3]	21 mobile clinics 461 mobile clinic points	1 308 129	56,694	1.7 Headcount 2,454,830
	Fixed Clinics[4]	67		16,143	
	CHCs	21		65,522	
	Sub-total clinics + CHCs	**88**		10,508	
	District hospitals	7	716 Beds	1,556	0.02
Province	Non fixed clinics[3]	73 mobile clinics 2561 mobile clinic points	4 039 939 (Stats SA 2007)	45,241	2.2
	Fixed Clinics[4]	224	3026 Beds	15,467	
	CHCs	60		75,401	
	Sub-total clinics + CHCs	284		9,998	
	District hospitals	23		1,196	

Source: District Health Services: Primary Health Care Registers
Waterval Boven gate way clinic got burn down at Emakhazeni in Nkangala resulting in 284 PHC facilities in the province
Three PHC facilities added in Gert Sibande, that is Mbhejeka, Lilian Mambakazi and Auremburg Gateway clinic at Embhuleni hospital

2.4 SITUATIONAL ANALYSES INDICATORS DISTRICT HEALTH SERVICES

TABLE DHS 2: SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES FOR 2014/15

Programme Performance Indicators	Indicator Type	Province wide value 2014/15	Ehlanzeni District 2014/15	Gert Sibande District 2014/15	Nkangala District 2014/15
1. Number of Districts piloting NHI interventions	No	New indicator	New indicator	New indicator	New indicator
2. Establish NHI Consultation Fora	No	New indicator	New indicator	New indicator	New indicator
3. Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	%	New indicator	New indicator	New indicator	New indicator
4. Client Satisfaction Survey Rate (PHC Facilities)	%	0%	40%	0	0
5. Client Satisfaction rate at PHC facilities	%	New indicator	New indicator	New indicator	New indicator
6. Outreach Household (OHH) registration visit rate	No	New indicator	New indicator	New indicator	New indicator
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No	New indicator	New indicator	New indicator	New indicator
8. PHC Utilisation rate (Annualised)	Days	2.3	2.7	2.0	1.9
9. Complaints resolution rate	%	52.8%	51.2%	56.9%	52.6%
10. Complaint resolution within 25 days rate	%	93.9%	93%	96.3%	93.7%

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 DISTRICT HEALTH SERVICES

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Number of Districts piloting NHI interventions	Annual	Number
Establish NHI Consultation Fora	Annual	Yes-No
Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	Quarterly	Percentage
Client Satisfaction Survey Rate (PHC)	Annual	Percentage
Client Satisfaction rate (PHC)	Annual	Percentage
OHH registration visit coverage (annualised)	Quarterly	Number
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Annual	Number
PHC utilisation rate	Quarterly	Number
Complaints resolution rate (PHC)	Quarterly	Percentage
Complaint resolution within 25 working days rate (PHC)	Quarterly	Percentage
Increased life expectancy	Annual	Years
Number of Health Promoting Schools established in all 3 districts.	Quarterly	Number
Number of Primary Health Care Outreach Teams established in sub districts	Annual	Number
Number of School Health Service Teams established	Quarterly	Number
Provincial PHC expenditure per uninsured person	Quarterly	Rand

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

Strategic objective statement	Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Expand access to health care services	1. Number of Districts piloting NHI interventions	No	New indicator	New indicator	New indicator	1	1 District (2 Cumulative)	2 Districts (3 Cumulative)	3 Districts (sustain)	3 Districts (sustain)
	2. Establish NHI Consultation Fora	Yes-No	New indicator	New indicator	New indicator	1	1 District (2 Cumulative)	2 Districts (3 Cumulative)	3 Districts (sustain)	3 Districts (sustain)
	3. Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	%	New indicator	New indicator	New indicator	10% (28/279)	64% (183/284)	100% (284/284)	100% Maintain	100% Maintain
Improve quality of health care	4. Client Satisfaction Survey Rate (PHC Facilities)	%	New indicator	New indicator	New indicator	75%	100%	100%	100%	100%
	5. Client Satisfaction rate at PHC Facilities	%	New indicator	-	70.9%	75%	80%	85%	90%	90%
	6. Outreach Household (OHH) registration visit coverage	%	New indicator	New indicator	New indicator	18%	39%	59%	69%	75%
	7. Number of Districts **with fully fledged** District Clinical Specialist Teams (DCSTs)	No	New indicator	New indicator	New indicator	1	1 (2 Cumulative)	1 (3 Cumulative)	3	3
	8. PHC Utilisation rate	No	2.5	2.2	3.0	2.5	2.5	2.6	2.7	2.8
	9. Complaints resolution rate	%	New indicator	New indicator	New indicator	85%	86%	90%	95%	95%
	10. Complaint resolution within 25 days rate	%	Not in the plan	77.9%	98%	85%	90%	95%	98%	98%

Strategic objective statement	Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve health care outcomes	11. Increased life expectancy	Years	Not in plan	51.6 years	52	53 years	54 years	55 years	56years	57 years
	12. Number of Health Promoting Schools established in all 3 districts.	No	22 (292)	52 (337)	35 (367)	25 (376)	30 (422)	30 (452)	30 (482)	13 (495)
	13. Number of Primary Health Care Outreach Teams established in sub districts	No	20	24 (44 cumulative)	10 (63 cumulative)	60 teams (104 cumulative)	112 teams (216 cumulative)	112 (328 cumulative)	138 (485 cumulative)	15 (500 cumulative)
	14. Number of School Health Service Teams established	No	17	9 (26 cumulative)	0	16 (58 cumulative)	26 (68 cumulative)	26 (94 cumulative)	27 (121 cumulative)	121 Maintained
	15. Provincial PHC expenditure per uninsured person	R	R399	R428.83	R239.11	R550	R580	R620	R650	R680

2.4.2 TABLE DHS 5: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES

Quarterly Indicators	Frequency of Reporting	Indicator Type	Annual Target 2016/17	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Number of Districts piloting NHI interventions	**Annual**	No	1 District (2 Cumulative)	Annual Target	Annual Target	Annual Target	1 District (2 Cumulative)
2. Establish NHI Consultation For a		No	1 District (2 Cumulative)	Annual Target	Annual Target	Annual Target	1 District (2 Cumulative)
3. Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	**Annual**	%	64% (183/284)	Annual Target	Annual Target	Annual Target	64% (183/284)
4. Patient experience of Care Survey Rate (PHC Facilities)		%	100%	Annual Target	Annual Target	100%	Annual Target
5. Patient experience of Care at PHC Facilities		%	80%	Annual Target	Annual Target	80%	Annual Target
6. OHH registration visit coverage	**Quarterly**	%	39%	39%	39%	39%	39%
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	**Annual**	No	1 (2 Cumulative)	Annual Target	Annual Target	Annual Target	1 (2)
8. PHC Utilisation rate	**Quarterly**	No	2.5	2.5	2.5	2.5	2.5
9. Complaints resolution rate		%	86%	86%	86%	86%	86%
10. Complaint resolution within 25 days rate		%	90%	90%	90%	90%	90%
11. Increased life expectancy	**Annual**	Years	54 years	Annual Target	Annual Target	Annual Target	54 years
12. Number of Health Promoting Schools established in all 3 districts	**Quarterly**	No	30 (421)	7	8	7	8
13. Number of Primary Health Care Outreach Teams established in sub districts	**Annual**	No	112 teams (235 cumulative)	Annual Target	Annual Target	Annual Target	112 teams (216 cumulative)
14. Number of School Health Service Teams established	**Quarterly**	No	26 (68 cumulative)	0	13	13	0
15. Provincial PHC expenditure per uninsured person		R	R580	R580	R580	R580	R580

2.5 SUB – PROGRAMME DISTRICT HOSPITALS

TABLE DHS 6: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS FOR 2014/15

Quarterly Indicators	Indicator Type	Province wide value 2014/15	Ehlanzeni District 2014/15	Gert Sibande District 2014/15	Nkangala District 2014/15
1. National Core Standards self assessment rate	%	New indicator	New indicator	New indicator	New indicator
2. Quality improvement plan after self assessment rate (District Hospitals)	%	New indicator	New indicator	New indicator	New indicator
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	%	New indicator	New indicator	New indicator	New indicator
4. Client Satisfaction Survey Rate	%	New indicator	New indicator	New indicator	New indicator
5. Client Satisfaction Rate	%	New indicator	New indicator	New indicator	New indicator
6. Average Length of Stay	No	4.3 days	4.4 days	4 days	4.8 days
7. Inpatient Bed Utilisation Rate	%	71%	73.8%	66.7%	72.8%
8. Expenditure per patient day equivalent (PDE)	R	R2016	R1,899.3	R2,062.3	R2,163.3
9. Complaints resolution rate	%	70%	70.2%	84.8%	53%
10. Complaint Resolution within 25 working days rate	%	97.9%	98.8%	97.9%	94.6%

** Source: District Health Services & DHIS*

2.5.1 STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
1. National Core Standards self assessment rate	Annual	%
2. Quality improvement plan after self assessment rate	Annual	%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%
4. Client Satisfaction Survey Rate	Quarterly	%
5. Client Satisfaction rate	Annual	%
6. Average Length of Stay	Quarterly	No
7. Inpatient Bed Utilisation Rate	Quarterly	%
8. Expenditure per PDE	Quarterly	R
9. Complaints resolution rate	Quarterly	%
10. Complaint Resolution within 25 working days rate	Quarterly	%

TABLE DHS6: STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

Strategic objective statement	_Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets			Strategic Plan Target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve quality of health care	1. National Core Standards self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	2. Quality improvement plan after self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	%	New indicator	New indicator	New indicator	25%	30% (7/23)	43% (10/23)	65% (15/23	78% 18/23
	4. Client Satisfaction Survey Rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	5. Client Satisfaction rate	%	50%	N/A	69%	70%	75%	78%	80%	85%
	6. Average Length of Stay	No	4.1 days	4.3 days	4.3 days	3.7 days	3.7 days	3.6 days	3.5 days	3.5 days
	7. Inpatient Bed Utilisation Rate	%	69,9%	70.5%	70.9%	73.5%	75%	75%	75%	75%
	8. Expenditure per PDE	No	R1,832	R1830	R2,164	R1,985	R2,237	R2,251	R2,386	R2,700
	9. Complaints resolution rate	%	New indicator	New indicator	New indicator	95%	90%	90%	90%	90%
	10. Complaint Resolution within 25 working days rate	%	66%	94.5%	98%	95%	96%	98%	100%	100%

**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 TABLE DHS 9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Indicator	Frequency Of Reporting (Quarterly, Bi-Annual, Annual)	Indicator Type	Annual Target 2016/17	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		%	30% (7/23)	Annual Target	Annual Target	Annual Target	30%
4. Client Satisfaction Survey Rate		%	100%	Annual Target	Annual Target	Annual Target	100%
5. Client Satisfaction rate		%	75%	Annual Target	Annual Target	Annual Target	75%
6. Average Length of Stay		days	3.7 days	Annual Target	Annual Target	Annual Target	3.7 days
7. Inpatient Bed Utilisation Rate	Quarterly	%	75%	74%	74%	74%	74%
8. Expenditure per PDE		R	R2,237	R2,114	R2,114	R2,114	R2,114
9. Complaints resolution rate		%	90%	90%	90%	90%	90%
10. Complaint Resolution within 25 working days rate		%	96%	96%	96%	96%	96%

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

TABLE DHS10: SITUATIONAL ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL FOR 2014/15

Programme Performance Indicator	Indicator Type	Province wide value 2014/15	Ehlanzeni District 2014/15	Gert Sibande District 2014/15	Nkangala District 2014/15
1. Adults remaining on ART – Total	No	269,866	136,333	73,400	60,133
2. Total Children (under 15 years) remaining on ART	No	15,118	7,946	4,011	3,161
3. TB/HIV co-infected client on ART rate	%	New Indicator	New Indicator	New Indicator	New Indicator
4. Client tested for HIV (incl ANC)	No	697,552	329,338	153,316	214686
5. TB symptom 5yrs and older screened rate	%	New Indicator	Prov. indicator	Prov. indicator	Prov. indicator
6. Male Condom Distribution Coverage	% (Rate)	96,729,507	34,509,359	39,078,854	23,141,294
7. Female Condom Distribution	No	842,882	502,950	193,934	145,998
8. Medical Male Circumcisions Performed – Total	No	49,707	30,492	12,939	6,276
9. TB New Client Treatment Success Rate	%	81.8 (2013)	81.1 (2013)	84.1 (2013)	81.1 (2013)
10. TB Client lost to follow up rate	%	5.4 (2013)	4.8 (2013)	5.6 (2013)	6.2 (2013)
11. TB Client death Rate	%	5.6 (2013)	4.8 (2013)	5.7 (2013)	6.7 (2013)
12. TB MDR confirmed treatment start rate	%	99.2 (2014)	Prov. indicator	Prov. indicator	Prov. indicator
13. TB MDR Treatment Success Rate	%	49 (2011)	Prov. indicator	Prov. indicator	Prov. indicator

2.6.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
1. Adults remaining on ART – Total	Quarterly	No
2. Total Children (under 15 years) remaining on ART – Total	Quarterly	No
3. TB/HIV co-infected client on ART rate	Quarterly	%
4. Client tested for HIV (incl ANC)	Quarterly	No
5. TB symptom 5yrs and older screened rate	Quarterly	%
6. Male Condom Distribution Coverage	Quarterly	No
7. Female Condom Distribution	Quarterly	No
8. Medical male circumcision performed - Total	Quarterly	%
9. TB client treatment success rate	Quarterly	%
10. TB client lost to follow up rate	Quarterly	%
11. TB client death rate	Annual	%
12. TB MDR confirmed treatment initiation rate	Annual	%
13. TB MDR treatment success rate	Annual	%
14. Prevention of mother to child transmission by increasing baby Nevirapine uptake rate.	Quarterly	%
15. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Quarterly	%
16. Improve TB cure rate	Annual	%

TABLE DHS11: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HAST

Strategic objective statement	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome											
Improve Health Care Outcomes	1. Adults remaining on ART – Total	Quarterly	No	209 727	243 374	283 932	354 991	372 014	413 008	454 858	496 708
	2. Total Children (under 15 years) remaining on ART	Quarterly	No	New Indicator	New Indicator	New Indicator	New Indicator	28 001	31 086	34 236	37 386
	3. TB/HIV co-infected client on ART rate	Quarterly	%	New Indicator	91.4%	77.9%	New Indicator	100%	100%	100%	100%
	4. Client tested for HIV (incl ANC)	Quarterly	No	502 255	556 354	1 772 361	614 062	1 074 568	614 062	614 062	614 062
	5. TB symptom 5yrs and older screened rate	Quarterly	%	New Indicator	94%	95%	95%	90%	90%	90%	90%
	6. Male Condom Distribution Coverage	Quarterly	No	21,6	29.3	Not in Plan	20 per male	50 per male (60 990 095)	50 per male (64 039 599)	50 per male (67 241 578)	50 per male (70 603 656)
	7. Female condom distribution	Quarterly	No	600 718	1 349 001	842 882	1 238 268	1 315 607	1 300 630	1 400 630	1 450 630
	8. Medical male circumcision performed - Total	Quarterly	No	49 609	92 353	49 685	85 530	85 084 (204,405 cumulative)	85 530 (289 489 cumulative)	85 530 (375 019 cumulative)	85 530 (375 019 cumulative)
	9. TB client treatment success rate	Annually	%	79.2% (2011)	80% (2012)	81.8% (2013)	>85%	>85%	>85%	>90%	>90%

Strategic objective statement	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome											
	10. TB client lost to follow up rate	Annually	%	5.9 (2011)	5.4 (2012)	<6%	< 5%	< 5%	< 5%	<4%	<4%
	11. TB client death Rate	Annually	%	6.7 (2011)	6 (2012)	<6%	< 6%	< 5%	< 4%	<4%	<4%
	12. TB MDR confirmed treatment start rate	Annually	%	New indicator	New indicator	99.2%	90%	100%	100%	100%	100%
	13. TB MDR treatment success rate	Annually	%	51.7 (2009)	48.1 (2010)	50%	55%	58%	60%	62%	65%
Improve Health Care Outcomes	14. Prevention of mother to child transmission by increasing baby Nevirapine uptake rate.		%	99,6%	99.9	100%	100%	100%	100%	100%	100%
	15. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)		%	28,4%	95.8%	81.2%	90%	95%	95%	95%	95%
	16. Improve TB cure rate		%	76.5%	77%	76.1% (2013)	85%	85%	85%	85%	85%

2.6.2 TABLE DHS 13: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL

Indicator	Frequency Of Reporting (Quarterly, Bi-Annual, Annual)	Indicator Type	Annual Target 2016/17	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. Adults remaining on ART – Total		No	372 014	339 747	350 185	360 625	372 014
2. Total Children (under 15 years) remaining on ART	Quarterly	No	28 001	25 572	26 358	27 144	28 001
3. TB/HIV co-infected client on ART rate		%	100%	100%	100%	100%	100%
4. Client tested for HIV (incl ANC)		No	1 074 568	268 642	268 642	268 642	268 642
5. TB symptom 5yrs and older screened rate		No	90%	>90%	>90%	>90%	>90%
6. Male Condom Distribution Coverage		%	50 per male (60 990 095)	50 per male (15 246 223)	50 per male (15 246 224)	50 per male (15 251 424)	50 per male (15 246 224)
7. Female Condom Distribution		No	1 315 607	328 899	328 899	328 900	328 909
8. Medical male circumcision performed - Total		No	85 084 (204,405 cumulative)	26 000	30 000	10 000	19 084
9. TB client treatment success rate	Annually	%	>85%	>85%	>85%	>85%	>85%
10. TB client lost to follow up rate	Quarterly	%	< 5%	< 5%	< 5%	< 5%	<5%
11. TB client death Rate	Annually	%	< 5%	< 5%	< 5%	< 5%	< 5%
12. TB MDR confirmed treatment start rate		%	95%	95%	95%	95%	95%
13. TB MDR treatment success rate		%	58%	58%	58%	58%	58%
14. Prevention of mother to child transmission by increasing baby Nevirapine uptake rate.	Quarterly	%	100%	100%	100%	100%	100%
15. Percentage of HIV positive clients on Isoniazid Preventive Therapy (IPT)	Quarterly	%	95%	95%	95%	95%	95%
16. 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 FOR 2014/15

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Province wide value 2014/15	Ehlanzeni District 2014/15	Gert Sibande District 2014/15	Nkangala District 2014/15
1. Antenatal 1st visits before 20 weeks rate	Quarterly	%	56.5%	63.1%	46.7%	54.5%
2. Mother postnatal visit within 6 days rate	Quarterly	%	59.6%	57.5%	52.8%	69.5%
3. Antenatal client initiated on ART rate	Annually	%	93.1%	95.2%	86.5%	96.2%
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	1.7	2.0	1.5	1.4
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	80.2	82.6	79.1	77.4
6. Measles 2nd dose coverage (annualised)	Quarterly	%	74.6	74.2	78.2	72.4
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	10.1	7.5	15.3	9.8
8. Child under 5 years diarrhoea case fatality rate	Annually	%	5.3	6.1	4.5	4.9
9. Child under 5 years pneumonia case fatality rate	Annually	%	5.3	6.0	4.4	5.1
10. Child under 5 years severe acute malnutrition case fatality rate	Annually	%	19.1	19.2	21.9	15.1
11. School Grade 1 screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
12. School Grade 8 screening coverage	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
13. Couple year protection rate	Annually	%	39.7	40.4	49.8	31.6
14. Cervical cancer screening coverage (Annualised)	Quarterly	%	63.2	80.0	64.6	44.0
15. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	91.4	90.2	97.4	88.7
16. Human Papilloma Virus Vaccine 2nd dose coverage	Annual	%	New Indicator	New Indicator	New Indicator	New Indicator
17. Vitamin A 12 – 59 months coverage (annualised)	Quarterly	%	50.0%	53.3%	47.4%	46.3%
18. Infant exclusively breastfed at HepB 3rd dose rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator
19. Maternal Mortality in facility Ratio (annualised)	Annually	per 100 000 Live Births	115.4 per 100 000	100.1 per 100 000	54.6 per 100 000	198.1 per 100 000
20. Inpatient early neonatal death rate	Annually	per 1000	7.9 per 1000	7.5 per 1000	8.9 per 1000	7.8 per 1000

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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%
2. Mother postnatal visit within 6 days rate	Quarterly	%
3. Antenatal client initiated on ART rate	Annual	%
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%
5. Immunisation coverage under 1 year (annualised)	Quarterly	%
6. Measles 2nd dose coverage (annualised)	Quarterly	%
7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	Quarterly	%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%
9. Child under 5 years pneumonia case fatality rate	Quarterly	%
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%
11. School Grade 1 screening coverage (annualised)	Quarterly	%
12. School Grade 8 screening coverage (annualised)	Quarterly	%
13. Couple year protection rate (annualised)	Quarterly	%
14. Cervical cancer screening coverage (annualised)	Quarterly	%
15. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%
16. Human Papilloma Virus Vaccine 2nd dose coverage	Annual	%
17. Vitamin A 12-59 months coverage (annualised)	Quarterly	%
18. Infant exclusively breastfed at HepB 3rd dose rate	Quarterly	%
19. Maternal mortality in facility ratio (annualised)	Annual	per 100 000 Live Births
20. Inpatient early neonatal death rate	Annual	per 1000
21. Number of district hospitals with maternity waiting homes	Annual	No
22. Stillbirth rate	Quarterly	%
23. Percentage of hospitals with functional Kangaroo Mother Care (KMC) units	Annual	%

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

Strategic objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve health care outcomes	1. Antenatal 1st visit before 20 weeks rate	%	42.2%	49%	56.6%	55%	70%	72. %	74%	75%
	2. Mother postnatal visit within 6 days rate	%	New Indicator	New Indicator	New Indicator	60%	70%	73%	75%	80%
	3. Antenatal client initiated on ART rate	%	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%
	4. Infant 1st PCR test positive around 10 weeks rate	%	3%	2.1%	<2%	<2%	<1.6%	<1.5%	<1.4%	<1.4%
	5. Immunisation coverage under 1 year (annualised)	%	83%	71.4%	80.2%	90%	90%	90%	90%	90%
	6. Measles 2nd dose coverage (annualised)	%	76%	78.%	84.2%	90%	90%	90%	90%	90%
	7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	%	15%	17.8%	Less than 15%	Less than 15%	Less than 10%	Less than 10%	Less than 10%	Less than 10%
	8. Child under 5 years diarrhoea case fatality rate	Per 1000	7.6 per1000	Not in plan	5.3 per1000	5.5 per1000	4 per1000	3.8 per1000	3.5 per1000	3.5 per1000
	9. Child under 5 years pneumonia case fatality rate	Per 1000	5.4 per1000	Not in plan	5.3 per1000	5.5 per1000	3.6 per 1000	3.5 per1000	3.4 per1000	3.4 per1000
	10. Child under 5 years severe acute malnutrition case fatality rate	Per 1000	13.3 per1000	Not in plan	11 per1000	9 per1000	15 per1000	13 per1000	11 per1000	10 per1000
Improve health care outcomes	11. School Grade 1 screening coverage (annualised)	%	New Indicator	New Indicator	20%	24%	28%	32%	36%	40%
	12. School Grade 8 screening coverage (annualised)	%	New Indicator	New Indicator	5%	10%	15%	20%	25%	30%

Strategic objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve health care outcomes	13. Couple year protection rate (annualised)	%	35.9%	36.1%	39.7%	45%	45%	50%	55%	60%
	14. Cervical cancer screening coverage (Annualised)	%	61.3%	55%	63%	70%	70%	72%	75%	80%
	15. Human Papilloma Virus Vaccine 1st dose coverage	%	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%	80%
	16. Human Papilloma Virus Vaccine 2nd dose coverage		New Indicator	New Indicator	New Indicator	New Indicator	80%	80%	80%	80%
	17. Vitamin A 12 – 59 months coverage (annualised)	%	40.2%	36.2%	49.9%	50%	55%	60%	65%	70%
	18. Infant exclusively breastfed at HepB 3rd dose rate		New Indicator	New Indicator	New Indicator	New Indicator	55%	58%	60%	60%
	19. Maternal Mortality in facility Ratio (annualised)	per 100 000 Live Births	166.1 per 100,000	133 per 100,000	108 per 100,000	105 per 100,000	102 per 100,000	100 per 100 000	98 per 100 000	96 per 100 000
	20. Inpatient early neonatal death rate	per 1000	New Indicator	New Indicator	New Indicator	10 per 1000	8 per 1000	6 per 1000	5 per 1000	5 per 1000
Improve health care outcomes	21. Number of district hospitals with maternity waiting homes	No	New indicator	Provincial: 05 (Gert Sibande: 03 Ehlanzeni: 01 Nkangala: 01)	3 (cumulative 8)	4 (cumulative 12)	3 (cumulative 14)	3 (Cumulative 17)	3 (Cumulative 20)	23
	22. Stillbirth rate	Per 1000	New indicator	New indicator	New indicator	New indicator	22 per 1000	20 per 1000	18 per 1000	18 per 1000
	23. Percentage of hospitals with functional Kangaroo Mother Care (KMC) units	%	New indicator	New indicator	New indicator	New indicator	50%	55%	60%	65%

2.7.1 TABLE DHS17: QUARTERLY TARGETS FOR MCWH&N

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY OF REPORTING (QUARTERLY, BI-ANNUAL, ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	70%	70%	70%	70%	70%
2. Mother postnatal visit within 6 days rate	Quarterly	%	70%	70%	70%	70%	70%
3. Antenatal client initiated on ART rate	Quarterly	%	100%	100%	100%	100%	100%
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	<1.6%	<1.6%	<1.6%	<1.6%	<1.6%
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 10%	Less than 10%	Less than 10%	Less than 10%	Less than 10%
8. Child under 5 years diarrhoea case fatality rate	Annually	per1000	4 per1000	4 per1000	4 per1000	4 per1000	4 per1000
9. Child under 5 years pneumonia case fatality rate	Annually	per1000	3.6 per 1000	3.6 per 1000	3.6 per 1000	3.6 per 1000	3.6 per 1000
10. Child under 5 years severe acute malnutrition case fatality rate	Annually	per1000	15 per1000	15 per1000	15 per1000	15 per1000	15 per1000
11. School Grade 1 screening coverage (annualised)	Quarterly	%	28%	28%	28%	28%	28%
12. School Grade 8 screening coverage (annualised)	Quarterly	%	15%	15%	15%	15%	15%
13. Couple year protection rate (annualised)	Annually	%	45%	45%	45%	45%	45%
14. Cervical cancer screening coverage (Annualised)	Quarterly	%	70%	70%	70%	70%	70%
15. Human Papilloma Virus Vaccine 1st dose coverage	Annually	%	80%	Annual Target	Annual Target	80%	Annual Target

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY OF REPORTING (QUARTERLY, BI-ANNUAL, ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
16. Human Papilloma Virus Vaccine 2nd dose coverage			80%	Annual Target	Annual Target	Annual Target	80%
17. Vitamin A 12 – 59 months coverage (annualised)	Quarterly	%	55%	55%	55%	55%	55%
18. Infant exclusively breastfed at HepB 3rd dose rate			55%	55%	55%	55%	55%
19. Maternal Mortality in facility Ratio (annualised)	Annually	per 100,000	102 per 100,000	Annual Target	Annual Target	Annual Target	102 per 100,000
20. Inpatient early neonatal death rate	Annually	per 1000	8 per 1000	Annual Target	Annual Target	Annual Target	8 per 1000
21. Number of district hospitals with maternity waiting homes	Annually	No	3 (cumulative 14)	Annual Target	1	1	1
22. Stillbirth rate		per 1000	22 per 1000	Annual Target	Annual Target	Annual Target	22 per 1000
23. Percentage of hospitals with functional Kangaroo Mother Care (KMC) units		%	50%	Annual Target	Annual Target	Annual Target	50%

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

TABLE DHS18: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL FOR 2014/15

Programme Performance Indicator	Indicator Type	Province wide value 2014/15	Ehlanzeni District 2014/15	Gert Sibande District 2014/15	Nkangala District 2014/15
1. Clients screened for hypertension	No	New Indicator	New Indicator	New Indicator	New Indicator
2. Clients screened for diabetes	No	New Indicator	New Indicator	New Indicator	New Indicator
3. Clients screened for Mental Health (disorder)	%	New Indicator	New Indicator	New Indicator	New Indicator
4. Cataract surgery rate	Rate per 1 Million	630.6 per 1 Million	377.6 per 1 Million	714.4 per 1 Million	882.9 per 1 Million
5. Malaria case fatality rate	%	0.73%	0.73%	0	0

2.8.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR DPC

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Clients screened for hypertension	Quarterly	Number
Clients screened for diabetes	Quarterly	Number
Client screened for Mental Health (disorder)	Quarterly	Number
Cataract Surgery Rate annualised	Quarterly	Rate per 1 Million (uninsured population)
Malaria case fatality rate	Quarterly	%
Decrease the incidence of Malaria per 1000 population at risk	Annually	per 1000 population
Number of District Mental Health Teams established	Annually	Number

TABLE DHS19: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL

Strategic objective statement	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome											
Improved quality of health care	1. Clients screened for hypertension	Quarterly	No	New Indicator	New Indicator	New Indicator	70 000	100 000	150 000	200 000	200 000
	2. Clients screened for diabetes	Quarterly	No	New Indicator	New Indicator	New Indicator	70 000	80 000	90 000	100 000	100 000
	3. Clients screened for Mental Health (disorder)*	Quarterly	No	New Indicator	New Indicator	New Indicator	0.5%	0.7%	0.9%	1.1%	1.1%
	4. Cataract Surgery Rate	Annually	Rate per 1 Million	CSR 681 (2,450)	CSR 670 (2413)	CSR 718	CSR 1000	CSR 1000 (3,600)	CSR 1000 (3,600)	CSR 1000 (3,600)	CSR 1000 (3,600)
	5. Malaria case fatality rate	Quarterly	%	0.52%	0.73%	0.77 % per 1000 population	0.5%	0.5%	0.5%	0.5%	0.5%
Improved quality of health care	6. Decrease the incidence of Malaria per 1000 population at risk	Quarterly	Per 1000	0.18 local case per 1000 population	0.17 local case per 1000 population	0.6 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	0.1 local case per 1000 population	0.1 local case per 1000 population
	7. Number of District Mental Health Teams established	Annually	No	New Indicator	New Indicator	New Indicator	1	1 (Cumulative 2)	1 (Cumulative 3)	3 maintained	3 maintained

*Clients screened for Mental Health has been changed from rate to numbers

2.8.2 TABLE DHS 21: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL

PROGRAMME PERFORMANCE INDICATOR	FREQUENCY OF REPORTING	Indicator Type	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Clients screened for hypertension	Quarterly	No	100 000	15 000	35 000	35 000	15 000
2. Clients screened for diabetes		No	80 000	20 000	20 000	20 000	20 000
3. Clients screened for Mental Health		No	0.7%	0.7%	0.7%	0.7%	0.7%
4. Cataract surgery rate (Annualised)	Annually	CSR 1000	CSR 1000 (3,600)	CSR 1000 600	CSR 1000 1200	CSR 1000 1200	CSR 1000 600
5. Malaria case fatality rate (Annualised)	Quarterly	%	0.5%	0.5%	0.5%	0.5%	0.5%
6. Decrease the incidence of Malaria per 1000 population at risk.	Annually	per 1000 population	0.1 local case per 1000 population	Annual Target	Annual Target	Annual Target	0.1 local case per 1000 population
7. Number of District Mental Health Teams established	Annually	No	1	Annual Target	Annual Target	Annual Target	1

2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS22: DISTRICT HEALTH SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
District Management	369 577	354 366	307 736	383 042	365 070	362 295	362 696	400 467	448 953
Community Health Clinics	750 446	825 510	1 021 072	1 150 149	1 263 659	1 263 659	1 190 021	1 345 306	1 435 987
Community Health Centres	504 076	586 932	686 592	785 855	769 652	770 122	780 365	903 779	981 880
Community-based Services	63 493	71 577	78 674	89 049	88 712	88 726	93 045	100 260	106 198
Other Community Services	–	–	–	–	–	–	–	–	–
HIV/Aids	652 627	864 832	840 587	937 045	936 991	936 991	1 047 410	1 208 021	1 371 707
Nutrition	18 260	14 602	10 937	15 445	14 902	15 075	15 100	16 916	17 930
Coroner Services	–	–	–	–	–	–	–	–	–
District Hospitals	2 070 263	2 189 350	2 529 833	2 771 011	2 727 138	2 729 256	2 866 604	3 222 780	3 439 028
Total payments and estimates	**4 428 742**	**4 907 169**	**5 475 431**	**6 131 596**	**6 166 124**	**6 166 124**	**6 355 241**	**7 197 529**	**7 801 683**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**4 240 539**	**4 715 247**	**5 251 052**	**5 845 767**	**5 748 014**	**5 748 014**	**6 153 449**	**6 928 640**	**7 535 456**
Compensation of employees	2 745 898	3 085 645	3 485 659	3 964 944	3 907 324	3 907 324	4 272 991	4 792 819	5 212 800
Salaries and wages	2 480 844	2 624 450	3 064 966	3 443 304	3 380 422	3 380 422	3 691 879	4 125 861	4 520 279
Social contributions	265 054	461 195	420 693	521 640	526 902	526 902	581 112	666 958	692 521
Goods and services	1 494 563	1 629 561	1 765 263	1 880 823	1 840 690	1 840 565	1 880 458	2 135 821	2 322 656
Administrative fees	4 430	3 426	1 381	453	2 715	2 696	2 492	2 446	2 471
Advertising	899	730	1 066	1 172	63	63	1 309	1 374	1 454
Minor Assets	19 219	16 968	6 255	12 523	10 099	10 128	6 730	12 023	12 600
Catering: Departmental activities	2 097	2 451	728	472	2 158	2 158	353	1 455	1 658
Communication (G&S)	22 484	23 961	24 753	28 638	22 782	23 774	24 524	25 722	28 165
Computer services	226	417	311	3 175	–	–	6 800	6 800	7 194
Consultants and professional services: Busine	–	–	–	1 149	1 766	–	1 220	–	–
Consultants and professional services: Labor	188 191	180 681	278 663	338 265	266 711	266 711	255 818	347 386	390 807
Contractors	92 643	108 921	25 254	6 011	33 386	33 386	3 046	6 280	6 935
Agency and support / outsourced services	43 362	38 516	43 524	61 660	46 630	46 630	53 304	51 113	54 309
Fleet services (including government motor tr	40 770	42 721	50 057	44 755	43 911	45 270	49 483	51 467	59 803
Inventory: Clothing material and accessories	–	1 698	1 106	–	3 623	3 623	–	–	–
Inventory: Farming supplies	–	4 163	2 614	2 730	4 116	4 116	4 255	2 552	4 661
Inventory: Food and food supplies	41 552	42 657	52 730	55 282	54 637	54 637	55 699	63 097	66 756
Inventory: Fuel, oil and gas	10 544	10 584	19 145	19 059	21 972	21 972	21 891	24 048	29 280
Inventory: Materials and supplies	1 795	578	2 170	1 385	3 630	3 630	2 969	3 798	3 993
Inventory: Medical supplies	130 196	220 884	165 979	163 478	193 191	193 191	173 947	216 294	239 466
Inventory: Medicine	690 939	761 654	909 985	949 242	906 985	906 985	996 975	1 070 938	1 153 972
Inventory: Other supplies	–	–	46	76	–	–	81	84	89
Consumable supplies	46 011	32 190	36 153	37 679	42 649	42 682	36 550	39 912	42 275
Consumable: Stationery,printing and office su	18 017	12 692	16 929	14 992	23 176	22 840	21 546	24 355	25 337
Operating leases	16 694	15 379	21 341	20 944	27 956	27 956	28 166	31 022	32 919
Property payments	57 404	54 029	74 051	85 901	98 460	98 336	95 069	110 578	116 627
Transport provided: Departmental activity	180	110	183	407	263	263	265	278	294
Travel and subsistence	50 758	39 467	24 277	16 725	24 195	23 757	24 206	30 229	28 537
Training and development	3 473	2 809	656	7 306	645	488	2 352	996	833
Operating payments	1 902	3 372	2 716	6 756	2 984	3 078	7 427	7 794	8 246
Venues and facilities	10 207	8 465	3 033	–	1 736	1 648	3 318	3 084	3 239
Rental and hiring	570	38	157	588	251	547	663	696	736
Interest and rent on land	78	41	130	–	–	125	–	–	–
Interest (Incl. interest on finance leases)	78	41	130	–	–	125	–	–	–
Transfers and subsidies	**136 107**	**158 705**	**185 026**	**185 871**	**337 903**	**337 903**	**193 319**	**216 216**	**228 851**
Provinces and municipalities	837	314	441	375	140 110	139 735	181	120	127
Municipalities	837	314	441	375	140 110	139 735	181	120	127
Municipal bank accounts	810	9	212	140	139 875	139 735	181	120	127
Municipal agencies and funds	27	305	229	235	235	–	–	–	–
Departmental agencies and accounts	88	83	164	–	–	90	96	101	107
Departmental agencies (non-business entities)	88	83	164	–	–	90	96	101	107
Non-profit institutions	123 350	141 872	164 191	179 979	192 276	188 439	187 331	209 710	221 966
Households	11 832	16 436	20 230	5 517	5 517	9 639	5 711	6 285	6 651
Social benefits	10 425	13 927	17 163	5 010	5 010	8 662	5 173	5 720	6 053
Other transfers to households	1 407	2 509	3 067	507	507	977	538	565	598
Payments for capital assets	**52 096**	**33 217**	**39 353**	**99 958**	**80 207**	**80 207**	**8 473**	**52 673**	**37 376**
Machinery and equipment	52 096	33 217	39 353	99 958	80 207	80 207	8 473	52 673	37 376
Transport equipment	–	–	25 188	51 100	50 683	50 417	–	3 021	19 620
Other machinery and equipment	52 096	33 217	14 165	48 858	29 524	29 790	8 473	49 652	17 756
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**4 428 742**	**4 907 169**	**5 475 431**	**6 131 596**	**6 166 124**	**6 166 124**	**6 355 241**	**7 197 529**	**7 801 683**

2.10 PERFORMANCE AND EXPENDITURE TRENDS

Programme 2: District Health Services shows a growth of 3 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 Centre's 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 12% per cent to alleviate HIV/Aids epidemic by increasing support through training, awareness, provision of medicine (ART) and other outreach programmes.

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2.11 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
Ineffective implementation of Primary health care re-engineering	• To rollout the ward based outreach teams to other Districts • To review the referral policy • Appointment of outstanding District Clinical Specialist Teams • Accelerate the appoint of built environment Health Professionals • Accelerate the maintenance prgrammes for the facilities
Poor quality of health care services	• To improve contract management for bursary holders • Review and Implement recruitment and retention strategy • Accelerate the appointment of built environment Health Professionals • Accelerate the maintenance programmers for the facilities • Quartely reporting on head hunting of scarce skills • Refresher training on batho pele principles to be done once in every two years
Ineffective management of obstetric complications.	• Employement of more health professionals • Training of staff • Procurement of additional resources • Conduct community awerness on early bookings and seeking of Health intervention
Non-compliance with certain Primary Health Care norms and standards	• Appointment of monitoring and evaluation coordinators. • Strengthen referral between hospitals and PHC facilities • Fast track implementation of PHC reengineering • Implement and monitor quality improvement plans
Nosocomial infections	• To motivate for the appointment of dedicated infection prevention and control practitioner • To intensify training of 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
- Reduce Maternal, infant and child mortality
- Improvement of referrals to all institutions
- Obtain accreditation for the EMS college to increase the level of care through training
- Strengthen management capacity to improve on service delivery

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.

3.3 TABLE EMS 1: SITUATION ANALYSIS INDICATORS FOR EMS FOR 2014/15

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Province wide value 2014/15	Ehlanzeni 2014/15	Gert Sibande 2014/15	Nkangala 2014/15
1. EMS P1 urban response under 15 minutes rate	Quarterly	%	78%	90%	80%	73%
2. EMS P1 rural response under 40 minutes rate	Quarterly	%	74%	77%	73%	72%
3. EMS inter-facility transfer rate	Quarterly	%	5%	5%	4%	4%

3.3.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
EMS P1 urban response under 15 minutes rate	Quarterly	%
EMS P1 rural response under 40 minutes rate	Quarterly	%
EMS inter-facility transfer rate	Quarterly	%
Improve response time by increasing the number of Operational Ambulances	Annually	No
Improve the use of resources by integrating PPTS into EMS operations	Quarterly	%
Improve maternal outcomes by increasing the number of Obstetric ambulances	Annually	No

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

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve access to health care services	1. EMS P1 urban response under 15 minutes rate	%	78%	65.25%	73%	85%	85%	85%	90%	90%
	2. EMS P1 rural response under 40 minutes rate	%	61%	67.5%	66%	75%	75%	80%	80%	80%
	3. EMS inter-facility transfer rate	%	New Indicator	4%	10%	20%	30%	40%	60%	65%
Improve access to health care services	4. Improve response time by increasing the number of Operational Ambulances	No	New Indicator	New Indicator	New Indicator	105	105	115	125	130
	5. Improve the use of resources by integrating PPTS into EMS operations	%	New Indicator	New Indicator	New Indicator	50%	60%	80%	100%	100%
	6. Improve maternal outcomes by increasing the number of Obstetric ambulances	No	New Indicator	New Indicator	New Indicator	5 (cumulative 12)	6 (cumulative 18)	6 (cumulative 24)	6 (Cumulative 30)	36 Obstetric ambulances

3.3.2 TABLE EMS 4: QUARTERLY TARGETS FOR EMS

Indicator	Frequency of Reporting (Quarterly, Bi-Annual, Annual)	Indicator Type	Annual Target 2016/17	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		%	30%	30%	30%	30%	30%
4. Improve response time by increasing the number of Operational Ambulances	**Annually**	No	105	Annual Target	Annual Target	Annual Target	105 Operational Ambulances
5. Improve the use of resources by integrating PPTS into EMS operations	**Quarterly**	%	60%	60%	60%	60%	60%
6. Improve maternal outcomes by increasing the number of Obstetric ambulances	**Annually**	No	6 (cumulative 18)	Annual Target	Annual Target	Annual Target	6 (cumulative 18)

3.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS 5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Emergency transport	241 332	244 355	299 274	314 765	308 561	309 076	323 036	361 781	389 915
Planned Patient Transport	8 497	5 229	20 073	11 072	4 116	4 116	10 765	11 259	12 202
Total payments and estimates	**249 829**	**249 584**	**319 347**	**325 837**	**312 677**	**313 192**	**333 801**	**373 040**	**402 117**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**236 272**	**245 134**	**285 973**	**295 542**	**290 296**	**290 296**	**315 283**	**357 266**	**378 417**
Compensation of employees	186 522	199 702	217 007	238 706	235 646	235 646	261 182	293 000	315 932
Salaries and wages	167 870	169 747	190 173	207 467	204 407	204 407	226 148	255 058	274 840
Social contributions	18 652	29 955	26 834	31 239	31 239	31 239	35 034	37 942	41 092
Goods and services	49 729	45 323	68 720	56 836	54 650	54 620	54 101	64 266	62 485
Administrative fees	32	19	9	50	20	20	53	54	57
Minor Assets	2 407	–	8	–	–	–	–	–	–
Catering: Departmental activities	270	19	22	41	80	80	44	45	48
Communication (G&S)	1 576	1 767	2 082	1 919	2 068	2 068	2 038	2 129	2 252
Fleet services (including government motor tr	32 734	31 844	48 883	37 090	35 880	35 880	35 856	42 966	44 086
Inventory: Clothing material and accessories	–	1 777	–	–	–	–	–	–	–
Inventory: Fuel, oil and gas	65	55	64	74	100	100	79	83	88
Inventory: Medical supplies	71	161	34	185	1 200	1 200	515	545	577
Inventory: Medicine	13	31	1	34	100	100	36	38	40
Consumable supplies	908	44	25	70	149	149	274	299	294
Consumable: Stationery,printing and office su	948	579	244	637	1 205	1 175	1 271	1 325	1 402
Operating leases	9 731	8 366	16 172	15 717	12 730	12 730	12 858	15 630	12 421
Property payments	241	286	186	320	136	136	340	357	378
Transport provided: Departmental activity	279	–	702	68	650	650	422	446	472
Travel and subsistence	454	330	288	559	232	232	239	268	284
Operating payments	–	45	–	72	100	100	76	81	86
Interest and rent on land	21	109	246	–	–	30	–	–	–
Interest (Incl. interest on finance leases)	21	109	246	–	–	30	–	–	–
Transfers and subsidies	**197**	**37**	**322**	**–**	**–**	**515**	**–**	**–**	**–**
Households	197	37	322	–	–	515	–	–	–
Social benefits	197	37	322	–	–	515	–	–	–
Payments for capital assets	**13 360**	**4 413**	**33 052**	**30 295**	**22 381**	**22 381**	**18 518**	**15 774**	**23 700**
Machinery and equipment	13 360	4 413	33 052	30 295	22 381	22 381	18 518	15 774	23 700
Transport equipment	13 360	4 413	32 853	29 649	22 280	22 280	15 338	15 081	22 945
Other machinery and equipment	–	–	199	646	101	101	3 180	693	755
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**249 829**	**249 584**	**319 347**	**325 837**	**312 677**	**313 192**	**333 801**	**373 040**	**402 117**

3.5 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.

3.6 RISK MANAGEMENT

RISKS	MITIGATING FACTORS
EMS failure to take control of PPTS (Planned Patient Transport Services)	• Taking control of PPTS by EMS • Develop and implement a transformation strategy (staff recruitment, on-going training) • Approve PPTS policy
Inadequate/ inappropriate emergency vehicles	• Procurement of 32 Ambulances, 30 PPTS busses and 23 all-terrain response vehicles. • Provide fleet management training to Station Managers • Debriefing sessions for ECPs • Defensive driving training for staff • Engage Public Works Road & Transport Department and Stannic
Poor response time	• Procurement of additional ambulances and all-terrain response vehicles • Appropriate organogram and funding
Shortage of higher categories of Emergency Care Practitioners (ECP's)/ Advance Life Support (ALS) personnel, Emergency Care Technician (ECT)	• College accreditation for ECT and ECA • Head hunting of ALS, ECT and ILS practitioners • Enter into negotiations for salaries to be on par with other Provinces • Receive approval to appoint Advanced life support
Lack of counseling and debriefing sessions for EMS staff	• Motivate for availability of Psychologist and /or Chaplain dedicated for EMS • Implement team building activities • Motivate for structured debriefing sessions across the districts

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

- Improve quality of care by ensuring that regional hospitals comply with extreme and vital measures
- Improve the 2 regional hospitals (Ermelo and Mapulaneng) ability to function as referral hospitals in their districts by strengthening specialist outreach services and appoint specialists
- Develop a policy guideline on the registrar training programme
- Coordinate the referral network within the district through quarterly cluster meetings chaired by the regional hospitals

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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
National Core Standards self assessment rate (Regional Hospitals)	Annually	%
Quality improvement plan after self assessment rate (Regional Hospitals)	Quarterly	%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospitals)	Quarterly	%
Patient Satisfaction Survey Rate (Regional Hospitals)	Quarterly	%
Patient Satisfaction rate (Regional Hospitals)	Annual	%
Average Length of Stay (Regional Hospitals)	Quarterly	No
Inpatient Bed Utilisation Rate (Regional Hospitals)	Quarterly	%
Expenditure per PDE (Regional Hospitals)	Quarterly	R
Complaints resolution rate (Regional Hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (Regional Hospitals)	Quarterly	%
Improved access to Regional (R) services by providing the Eight core specialists clinical domains	Annually	No
Functional Adverse Events Committees	Quarterly	No

TABLE PHS1: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

Strategic objective statement	Programme Performance Indicator	Indicator Type	Audited /actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve quality of health care	1. National Core Standards self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	2. Quality improvement plan after self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	4. Patient Satisfaction Survey Rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	5. Patient Satisfaction rate	%	76.5%	72%	79.6%	85%	87%	90%	95%	**98%**
	6. Average Length of Stay	Days	5.1 days	5.4 days	4.4 days	4.7 days	4.7 days	4.7 days	4.7 days	**4.7 days**
	7. Inpatient Bed Utilisation Rate	%	79.4%	74.1%	75%	75%	75%	75%	75%	**75%**
	8. Expenditure per patient day equivalent (PDE)	R	R2,174	R2 568	R2,411	R2,568	R2,722	R2,885	R3,058	**R3,200**
	9. Complaints resolution rate	%	New indicator	New indicator	New indicator	85%	90%	95%	100%	**100%**
	10. Complaint Resolution within 25 working days rate	%	73,5%	99.4%	93.6%	85%	90%	95%	100%	**100%**
Improve quality of health care	11. Improved access to Regional (R) services by providing the Eight core specialists clinical domains	No	New indicator	New indicator	New indicator	3	1 (6 Cumulative)	1 (7 Cumulative)	1 (8 Cumulative)	**8**
	12. Functional Adverse Events Committees	No	New indicator	New indicator	3	3	3	3	3	**3**

4.4 TABLE PHS2: QUARTERLY AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

INDICATOR	FREQUENCY OF REPORTING	Indicator Type	ANNUAL TARGET 2016/17	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	**QUARTERLY**	%	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 Satisfaction Survey Rate (Regional Hospitals)	**ANNUALLY**	%	100%	Annual Target	Annual Target	Annual Target	100%
5. Patient Satisfaction rate (Regional Hospitals)		%	87%	Annual Target	Annual Target	87%	Annual Target
6. Average Length of Stay	**QUARTERLY**	days	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**	R	R2,722	R2,722	R2,722	R2,722	R2,722
9. Complaints resolution rate		%	90%	90%	90%	90%	90%
10. Complaint Resolution within 25 working days rate		%	90%	90%	90%	90%	90%
11. Improved access to Regional (R) services by providing the Eight core specialists clinical domains	**ANNUALLY**	No	1 (6 Cumulative)	Annual Target	Annual Target	Annual Target	1 (6 Cumulative)
12. Functional Adverse Events Committees	**QUARTERLY**	No	3	3	3	3	3

4.5 STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
National Core Standards self assessment rate (specialised hospitals)	Annual	%
Quality improvement plan after self assessment rate (specialised hospitals)	Quarterly	%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (specialised hospitals)	Quarterly	%
Patient Satisfaction Survey Rate (specialised hospitals)	Annual	%
Patient Satisfaction rate (specialised hospitals)	Annual	%
Complaints resolution rate (specialised hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (specialised hospitals)	Quarterly	%
Expenditure per patient day equivalent (PDE)	Quarterly	R
Improve access to TB services through effective movement TB patients for continuity of care	Quarterly	%

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

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited /actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014 /15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improved quality of health care	1. National Core Standards self assessment rate (specialised hospitals)	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	2. Quality improvement plan after self assessment rate (specialised hospitals)	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (specialised hospitals)	%	New indicator	New indicator	0%	80%	100%	100%	100%	**100%**
	4. Patient Satisfaction Survey Rate (specialised hospitals)	**%**	New indicator	New indicator	New indicator	100%	100%	100%	100%	**100%**
	5. Patient Satisfaction rate (specialised hospitals)	%	87.82%	85%	76.10%	85%	90%	95%	95%	**95%**
	6. Complaints resolution rate (specialised hospitals)	%	New indicator	New indicator	New indicator	85%	90%	95%	100%	**100%**
	7. Complaint Resolution within 25 working days rate	%	New indicator	New indicator	80%	90%	90%	90%	90%	**90%**
Improved quality of health care	8. Expenditure per patient day equivalent (PDE)	R	R1,142.15	R 1 342.75	R1,854.28	R1,802	R1,910	R2,025	R2,150	**R2,350**
	9. Improve access to TB services through effective movement TB patients for continuity of care	%	91.6%	100%	100%	100%	100%	100%	100%	**100%**

4.6 TABLE PHS4: QUARTERLY AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

Programme Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2016/17	Quarterly Targets			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate (specialised hospitals)	**ANNUALLY**	%	100%	100%	100%	100%	100%
2. Quality improvement plan after self assessment rate (specialised hospitals)	**QUARTERLY**	%	100%	100%	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (specialised hospitals)		%	100%	100%	100%	100%	100%
4. Patient Satisfaction Survey Rate (specialised hospitals)	**ANNUALLY**	**%**	100%	100%	100%	100%	100%
5. Patient Satisfaction rate (specialised hospitals)	**ANNUALLY**	%	90%	Annual Target	Annual Target	90%	Annual Target
6. Complaints resolution rate (specialised hospitals)	**QUARTERLY**	%	90%	90%	90%	90%	90%
7. Complaint Resolution within 25 working days rate		%	90%	90%	90%	90%	90%
8. Expenditure per patient day equivalent (PDE)	**QUARTERLY**	R	R1,910	R1,910	R1,910	R1,910	R1,910
9. Improve access to TB services through effective movement TB patients for continuity of care		%	100%	100%	100%	100%	100%

4.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS 7: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
General (Regional) Hospitals	757 519	793 559	854 240	935 008	947 697	948 730	997 666	1 140 357	1 164 360
Tuberculosis Hospitals	113 820	125 475	158 034	184 757	183 459	183 106	175 080	200 209	228 474
Psychiatric/ Mental Hospitals	26 922	28 529	34 992	37 129	54 580	53 900	39 431	41 639	44 054
Sub-acute, Step down and Chronic Medical Hospitals	–	–	–	–	–	–	–	–	–
Dental Training Hospitals	–	–	–	–	–	–	–	–	–
Other Specialised Hospitals	–	–	–	–	–	–	–	–	–
Total payments and estimates	**898 261**	**947 563**	**1 047 266**	**1 156 894**	**1 185 736**	**1 185 736**	**1 212 177**	**1 382 205**	**1 436 888**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**867 016**	**910 988**	**1 001 131**	**1 103 464**	**1 117 191**	**1 117 191**	**1 168 735**	**1 329 566**	**1 380 616**
Compensation of employees	677 283	732 859	769 083	857 622	851 687	851 687	910 203	1 032 475	1 054 509
Salaries and wages	609 555	622 930	686 926	761 940	753 043	753 043	806 894	920 369	935 492
Social contributions	67 728	109 929	82 157	95 682	98 644	98 644	103 309	112 106	119 017
Goods and services	189 731	178 122	232 047	245 842	265 504	265 364	258 532	297 091	326 107
Administrative fees	79	36	17	125	256	256	75	79	84
Advertising	8	–	–	–	–	–	–	–	–
Minor Assets	1 480	341	511	651	500	571	1 060	1 105	1 142
Catering: Departmental activities	77	–	33	49	40	40	52	55	58
Communication (G&S)	3 778	3 861	3 744	3 855	3 815	3 585	3 768	4 228	4 473
Computer services	458	9	–	10	35	35	11	12	13
Consultants and professional services: Busin	–	8	–	–	–	–	–	–	–
Consultants and professional services: Labor	26 031	20 244	30 680	36 283	38 688	38 688	38 523	43 096	45 261
Contractors	2 168	1 515	1 619	2 073	596	596	681	1 158	1 068
Agency and support / outsourced services	8 976	6 296	2 924	5 611	4 243	4 243	4 502	7 653	8 096
Fleet services (including government motor tr	8 101	8 243	9 149	9 354	9 424	9 424	9 934	10 375	10 977
Inventory: Clothing material and accessories	–	962	710	–	442	442	800	820	867
Inventory: Food and food supplies	14 915	18 665	23 274	23 706	23 926	22 286	22 852	27 694	29 301
Inventory: Fuel, oil and gas	2 255	1 393	6 390	5 102	5 098	5 098	4 054	4 428	4 676
Inventory: Materials and supplies	621	632	862	461	428	428	489	529	560
Inventory: Medical supplies	36 713	37 098	50 724	48 034	73 112	73 112	64 611	68 982	73 201
Inventory: Medicine	47 408	46 617	61 228	63 989	63 589	65 192	65 105	77 997	92 135
Consumable supplies	11 283	7 569	8 396	9 285	7 463	7 707	7 871	9 639	10 198
Consumable: Stationery,printing and office su	2 213	1 288	1 798	1 518	2 793	2 549	2 499	2 579	2 728
Operating leases	5 009	4 204	5 317	6 774	3 459	3 467	3 223	3 748	6 446
Property payments	13 876	15 368	22 256	25 389	25 460	25 460	26 545	29 922	31 657
Transport provided: Departmental activity	20	10	8	31	39	39	33	35	37
Travel and subsistence	3 986	3 454	2 270	3 006	1 630	1 630	1 685	2 788	2 950
Training and development	80	5	9	–	153	153	–	–	–
Operating payments	102	304	128	536	315	363	159	169	179
Venues and facilities	94	–	–	–	–	–	–	–	–
Interest and rent on land	2	7	1	–	–	140	–	–	–
Interest (Incl. interest on finance leases)	2	7	1	–	–	140	–	–	–
Transfers and subsidies	**29 491**	**31 890**	**39 779**	**37 984**	**55 435**	**55 435**	**40 340**	**42 586**	**45 058**
Provinces and municipalities	6	34	44	75	–	–	–	–	–
Municipalities	6	34	44	75	–	–	–	–	–
Municipal bank accounts	6	34	44	75	–	–	–	–	–
Departmental agencies and accounts	30	64	52	140	215	29	96	101	107
Departmental agencies (non-business entities)	30	64	52	140	215	29	96	101	107
Non-profit institutions	26 922	28 529	34 992	37 129	54 580	53 900	39 431	41 639	44 054
Households	2 533	3 263	4 691	640	640	1 506	813	846	897
Social benefits	2 533	3 263	4 691	640	640	1 506	813	846	897
Payments for capital assets	**1 754**	**4 685**	**6 356**	**15 446**	**13 110**	**13 110**	**3 102**	**10 053**	**11 214**
Machinery and equipment	1 754	4 685	6 356	15 446	13 110	13 110	3 102	10 053	11 214
Transport equipment	915	–	3 821	800	4 283	4 307	–	4 860	6 142
Other machinery and equipment	839	4 685	2 535	14 646	8 827	8 803	3 102	5 193	5 072
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**898 261**	**947 563**	**1 047 266**	**1 156 894**	**1 185 736**	**1 185 736**	**1 212 177**	**1 382 205**	**1 436 888**

4.8 PERFORMANCE AND EXPENDITURE TRENDS

Programme 4: The Provincial Hospital Services shows a growth of 2.2 per cent which is aimed 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 11 per cent of the allocated budget for 2015/16 financial year.

4.9 RISK MANAGEMENT

RISK	MITIGATING FACTORS
Inadequate infection control measures	• Motivate for infrastructure project for the construction of isolation wards • Involve clinicians in infrastructure planning • Ensure adequate number of infection control nurses • Improve monitoring of compliance with policies and procedure • Continuous training on policies and procedures • Assign doctors to infection control committees • Allocation of adequate resources i.e Protective clothing etc
Inadequate HIV/ AIDS and TB inpatient care	• Strengthen implementation of HIV/ AIDS and TB collaboration policy • Strengthen coordination between TB Hospitals, PHCs and other key stakeholders • Refurbishment of infrastructure • Consistent drug supply • Purchase Standerton and Barberton TB Hospitals from SANTA
Incomplete package of level 2 services	• Effective contract management processes • Implement recruitment and retention strategy for scarce skills • Prioritise maintenance budget at facility level • Proper supervision of sessional doctors
Use of inexperienced staff for critical clinical services with inadequate supervision and mentoring	• Initiate a mentorship programme • Filling of funded vacant posts • Implementation of retention strategy
Poor medical waste collection, disposal and management	• Motivate for decentralization of waste management budget to health institutions

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 care by ensuring compliance to all extreme and vital measures of the national core standards
- Reduce average length of stay
- Improve clinical governance at tertiary hospitals
- Improve hospital efficiency
- Improve access to Specialist Services by increasing number of Clinical Specialist Domains

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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
National Core Standards self assessment rate (tertiary hospitals)	Annual	%
Quality improvement plan after self assessment rate (tertiary hospitals)	Quarterly	%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards(tertiary hospitals)	Quarterly	%
Patient Satisfaction Survey Rate (tertiary hospitals)	Annual	%
Patient Satisfaction rate (tertiary hospitals)	Annual	%
Average Length of Stay (tertiary hospitals)	Quarterly	No
Inpatient Bed Utilisation Rate (tertiary hospitals)	Quarterly	%
Expenditure per PDE (tertiary hospitals)	Quarterly	R
Complaints resolution rate (tertiary hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (tertiary hospitals)	Quarterly	%
Improved access to specialists services by increasing the number of clinical specialist domain at Tertiary Hospitals	Annually	No
Functional Adverse Events Committee	Quarterly	No

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

Strategic objective statement	Programme Performance Indicator	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improve quality of health care	1. National Core Standards self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	2. Quality improvement plan after self assessment rate	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards(tertiary hospitals)	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	4. Patient Satisfaction Survey Rate (tertiary hospitals)	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	5. Patient Satisfaction rate (tertiary hospitals)	%	70.5%	None	72.4%	85%	87%	95%	95%	95%
	6. Average Length of Stay	No	5.6 days	6.4 days	5.7 days	5.3 days	5.6 days	5.5 days	5.3 days	5.3 days
	7. Inpatient Bed Utilisation Rate	%	85.4%	84.3%	80.5%	75%	75%	75%	75%	75%
	8. Expenditure per patient day equivalent (PDE)	R	R2,705	R2, 696	R2,207	R3,221	R3,414	R3,619	R3,836	R3,800
	9. Complaints resolution rate	%	New indicator	New indicator	New indicator	85%	90%	95%	95%	95%
	10. Complaint Resolution within 25 working days rate	%	85.4%	99.5%	100%	85%	90%	95%	95%	95%
Improve quality of health care	11. Improved access to specialists services by increasing the number of clinical specialist domain at Tertiary Hospitals	No	New indicator	New indicator	New indicator	New indicator	5 (15 cumulative)	5 (20 cumulative)	5 (25 cumulative)	25 (sustained)
	12. Functional Adverse Events Committee	No	New indicator	New indicator	New indicator	2	2	2	2	2

5.4 PTABLE THS3: QUARTERLY TARGETS FOR TERTIARY HOSPITALS

INDICATOR	Frequency of Reporting	Indicator Type	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	**ANNUALLY**	%	100%	100%	100%	100%	100%
2. Quality improvement plan after self assessment rate	**QUARTERLY**	%	100%	100%	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards(tertiary hospitals)		%	100%	100%	100%	100%	100%
4. Patient Experience of Care Survey Rate	**ANNUALLY**	%	100%	Annual Target	Annual Target	100%	Annual Target
5. Patient Experience of Care Rate.	**ANNUALLY**	%	87%	87%	87%	87%	87%
6. Average Length of Stay	**QUARTERLY**	No	5.6 days	5.6 days	5.6 days	5.6 days	5.6 days
7. Inpatient Bed Utilisation Rate		%	75%	75%	75%	75%	75%
8. Expenditure per patient day equivalent (PDE)	**QUARTERLY**	R	R3,414	R3,414	R3,414	R3,414	R3,414
9. Complaints resolution rate		%	90%	90%	90%	90%	90%
10. Complaint Resolution within 25 working days rate		%	90%	90%	90%	90%	90%
11. Improved access to specialists services by increasing the number of clinical specialist domain at Tertiary Hospitals	**ANNUALLY**	No	5 (15 cumulative)	Annual Target	Annual Target	Annual Target	5 (15 cumulative)
12. Functional Adverse Events Committee	**QUARTERLY**	No	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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Central Hospital Services	–	–	–	–	–	–	–	–	–
Provincial Tertiary Hospital Services	783 315	812 087	943 975	1 037 983	1 050 937	1 051 229	1 039 902	1 182 113	1 271 490
Total payments and estimates	**783 315**	**812 087**	**943 975**	**1 037 983**	**1 050 937**	**1 051 229**	**1 039 902**	**1 182 113**	**1 271 490**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**773 293**	**803 646**	**931 234**	**1 018 173**	**1 032 660**	**1 032 660**	**1 026 517**	**1 168 059**	**1 257 200**
Compensation of employees	534 738	594 809	638 397	719 349	718 492	718 492	723 490	795 429	863 137
Salaries and wages	481 264	505 588	571 532	641 454	645 396	645 396	642 317	707 519	767 930
Social contributions	53 474	89 221	66 865	77 895	73 096	73 096	81 173	87 910	95 207
Goods and services	238 552	208 828	292 837	298 824	314 168	314 150	303 027	372 630	394 063
Administrative fees	85	68	68	136	102	102	16	17	18
Advertising	3	–	–	–	–	–	–	–	–
Minor Assets	1 121	203	718	938	1 840	1 840	996	678	718
Catering: Departmental activities	6	–	7	20	13	13	21	22	23
Communication (G&S)	3 291	4 995	3 925	1 574	3 188	3 427	3 633	4 984	5 015
Computer services	–	–	396	–	236	236	–	–	–
Consultants and professional services: Labora	34 289	26 415	48 039	38 357	45 195	45 195	40 735	44 143	46 703
Contractors	27 335	15 584	16 854	10 000	19 302	19 302	10 620	9 547	10 101
Agency and support / outsourced services	16 374	10 718	5 565	15 414	9 626	9 626	9 968	10 913	11 546
Fleet services (including government motor tr	3 240	3 475	4 472	5 255	5 493	5 493	5 581	8 279	8 759
Inventory: Clothing material and accessories	–	266	526	100	268	303	106	–	–
Inventory: Food and food supplies	8 203	11 068	13 965	12 019	13 600	13 600	14 416	16 230	17 026
Inventory: Fuel, oil and gas	1 143	1 929	5 629	3 857	4 905	5 077	5 272	8 020	8 485
Inventory: Materials and supplies	55	75	26	22	401	401	23	24	25
Inventory: Medical supplies	68 234	66 333	100 919	121 373	114 155	112 666	114 426	134 357	143 539
Inventory: Medicine	40 854	42 681	49 116	45 059	52 467	52 467	52 616	86 673	90 540
Consumable supplies	5 222	2 251	5 552	7 329	6 454	7 329	6 842	8 104	8 575
Consumable: Stationery,printing and office su	1 914	654	1 758	1 638	1 821	1 821	1 400	1 942	2 049
Operating leases	3 227	3 620	3 800	4 737	934	934	1 000	1 012	1 071
Property payments	18 942	17 358	30 515	29 496	33 275	33 275	34 582	36 588	38 710
Travel and subsistence	1 337	922	780	1 100	688	688	620	640	677
Training and development	565	–	17	265	10	10	11	295	312
Operating payments	3 110	213	190	135	195	345	143	162	171
Rental and hiring	2	–	–	–	–	–	–	–	–
Interest and rent on land	3	9	–	–	–	18	–	–	–
Interest (Incl. interest on finance leases)	3	9	–	–	–	18	–	–	–
Transfers and subsidies	**1 161**	**1 552**	**4 582**	**971**	**971**	**1 263**	**1 030**	**1 081**	**1 145**
Provinces and municipalities	7	25	29	40	–	–	–	–	–
Municipalities	7	25	29	40	–	–	–	–	–
Municipal bank accounts	7	25	29	40	–	–	–	–	–
Departmental agencies and accounts	27	–	11	40	80	–	42	44	47
Departmental agencies (non-business entities)	27	–	11	40	80	–	42	44	47
Households	1 127	1 527	4 542	891	891	1 263	988	1 037	1 098
Social benefits	1 127	1 527	4 542	891	891	1 263	988	1 037	1 098
Payments for capital assets	**8 861**	**6 889**	**8 159**	**18 839**	**17 306**	**17 306**	**12 355**	**12 973**	**13 145**
Machinery and equipment	8 861	6 889	8 159	18 839	17 306	17 306	12 355	12 973	13 145
Transport equipment	–	–	282	–	–	703	–	–	–
Other machinery and equipment	8 861	6 889	7 877	18 839	17 306	16 603	12 355	12 973	13 145
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**783 315**	**812 087**	**943 975**	**1 037 983**	**1 050 937**	**1 051 229**	**1 039 902**	**1 182 113**	**1 271 490**

5.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 5: Central Hospital Services consists of Rob Ferreira Hospital and Witbank Hospital budget decrease of 1.1 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
Incomplete package of level 3 services	• Implementation of recruitment and retention strategy for scarce skills • Provincial tender for medical equipment and consumables, as opposed to quotation system • Strengthen relationship with academic institutions • Improved medicine stock supply and control system • Appropriate SLAs with service providers and effective contract management processes • Delegation of HR a authority to CEOs • Develop additional clinical domains
Clinical adverse events	• Increase outreach programmes • Strengthen supervision • Conduct clinical audits and peer reviews • Effective monitoring of adherence to clinical protocols • Appoint critical staff • Strengthen security measures in the units • Capacitate healthcare professionals on required skills
Inadequate infection control measures	• Review the current infrastructure plans to accommodate isolation wards within the existing facility • Involve clinical experts in infrastructure planning • Motivate for creation of infection control nursing posts at higher level, as well as additional cleaning staff posts • Establish hand washing campaigns and in-service training programs
Insufficient and poorly maintained medical equipment	• Improve implementation and adherence to maintenance plan • Draw up register of all existing contracts • Monitor the functioning of HCT committee • Include maintenance plans as part of specifications in all equipment requisitions • Establish an in-service training program focusing on the use of equipment
Ineffective patient records system	• Information management training • Increase the number of information officers • Strengthen the use of registers for control of movement of patient files • Strengthen security management at exit points • Establish and ensure regular records audits • Provide inputs to provincial filing plan • Strengthen IT support • Establish an IT system to detect and monitor access to patient details

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

Training Programme	Target Group	Estimated Number of Beneficiaries
HIV & AIDS,STIs and TB, chronic diseases and other related programmes	Professional Nurses & doctors	800
IMCI	Professional nurses	400
4. Number of other professionals trained on HIV & AIDS,STIs and TB, chronic diseases and other related programmes	other professional categories of staff	650
Number of non- professionals trained on HIV & AIDS,STIs and TB, chronic diseases and other related programmes	Health Care workers	500
ART Mentorship	Professional nurses	150
Compulsory Induction	All newly employed staff	200
Financial management	Bid committees & Finance managers	150
Management competencies	Line Managers	250
Performance management	Line managers	300

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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Number of Bursaries awarded for first year medicine students	Annual	No
Number of Bursaries awarded for first year nursing students	Annual	No
Improve human resource efficiency by training health care professionals on critical clinical skills	Quarter	No
Improve human resource efficiency by training health care workers on generic programme	Quarter	No
Improve access to nursing training by increasing the number of accredited college satellite campuses	Annual	No

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

Strategic objective statement	Programme Indicator	Indicator Type	Audited / actual performance			Estimate	Medium term goals			Strategic Plan Target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Re-alignment of human resource to departmental needs	1. Number of Bursaries awarded for first year medicine students	No	New Indicator	New Indicator	New Indicator	10	10	10	10	50
	2. Number of Bursaries awarded for first year nursing students	No	New Indicator	New Indicator	New Indicator	150	250	300	300	1,300
Re-alignment of human resource to departmental needs	3. Improve human resource efficiency by training health care professionals on critical clinical skills	No	2,932*	2,124	2,975	2,500	2,500 (Cumulative 5,000)	2,500 (Cumulative 7,500)	2,500 (Cumulative 10, 000)	12,500
	4. Improve human resource efficiency by training health care workers on generic programme	No	1,441	2,266	2,193	1,695	2,000 (Cumulative 3,695)	2,000 (Cumulative 5, 695)	2,000 (Cumulative 7, 695)	9,695
	5. Improve access to nursing training by increasing the number of accredited college satellite campuses	No	New indicator	New indicator	New indicator	1	1 (cumulative 2)	1 (cumulative 3)	1 (cumulative 4)	4

6.4 TABLE HST3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

INDICATOR	FREQUENCY OF REPORTING	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Number of Bursaries awarded for first year medicine students	Annual	No	10	Annual Target	Annual Target	Annual Target	10
2. Number of Bursaries awarded for first year nursing students	Annual	No	250	Annual Target	Annual Target	Annual Target	250
3. Improve human resource efficiency by training health care professionals on critical clinical skills	Quarterly	No	2,500 (Cumulative 5,000)	500	1000	700	300
4. Improve human resource efficiency by training health care workers on generic programme	Quarterly	No	2,000 (Cumulative 3,695)	300	800	700	200
5. Improve access to nursing training by increasing the number of accredited college satellite campuses	Annual	No	1 (cumulative 2)	Annual Target	Annual Target	Annual Target	1

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST 4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2012/13**	**2013/14**	**2014/15**		**2015/16**		**2016/17**	**2017/18**	**2018/19**
Nurse Training Colleges	138 725	141 010	172 097	156 228	175 150	175 170	193 043	209 844	227 347
EMS Training Colleges	2 355	2 330	2 152	2 386	2 338	2 338	1 090	1 162	1 238
Bursaries	1 331	1 064	1 588	5 024	39 016	43 494	54 996	44 273	44 884
Primary Health Care Training	5 136	5 302	3 322	6 956	6 824	6 824	4 489	4 944	5 339
Training Other	94 063	121 966	126 049	124 332	126 390	121 907	132 595	154 284	147 272
Total payments and estimates	**241 610**	**271 672**	**305 208**	**294 926**	**349 718**	**349 733**	**386 213**	**414 507**	**426 080**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	**2012/13**	**2013/14**	**2014/15**		**2015/16**		**2016/17**	**2017/18**	**2018/19**
Current payments	**223 515**	**229 769**	**275 891**	**265 256**	**291 971**	**291 971**	**335 213**	**365 976**	**376 725**
Compensation of employees	160 761	181 922	221 611	202 554	233 176	233 176	283 961	306 444	311 243
Salaries and wages	144 686	169 634	198 402	174 371	206 709	206 517	253 592	273 838	276 183
Social contributions	16 075	12 288	23 209	28 183	26 467	26 659	30 369	32 606	35 060
Goods and services	62 754	47 847	54 280	62 702	58 795	58 795	51 252	59 532	65 482
Administrative fees	1 236	515	449	1 469	452	452	560	1 636	1 729
Advertising	171	54	–	169	–	–	183	114	139
Minor Assets	119	126	40	–	–	69	–	72	76
Bursaries: Employees	2 790	1 749	2 627	17	1 284	1 284	1 500	94	99
Catering: Departmental activities	358	858	615	75	620	620	79	84	88
Communication (G&S)	211	188	209	72	409	340	77	81	86
Consultants and professional services: Busine	2 345	–	–	–	–	245	–	–	–
Contractors	5	51	279	–	284	284	–	–	–
Agency and support / outsourced services	23 010	15 343	21 614	24 787	22 724	22 479	19 609	22 035	26 654
Fleet services (including government motor tr	818	822	1 127	1 248	1 410	1 410	1 495	1 702	1 824
Inventory: Clothing material and accessories	–	163	218	–	200	200	–	–	–
Inventory: Fuel, oil and gas	–	10	–	10	20	20	11	12	13
Inventory: Learner and teacher support mater	–	–	–	603	–	–	640	672	710
Inventory: Materials and supplies	–	–	–	–	50	50	–	–	–
Inventory: Medicine	2 191	–	–	–	–	–	–	–	–
Medsas inventory interface	704	–	–	–	–	–	–	–	–
Inventory: Other supplies	1 371	–	–	–	–	–	–	–	–
Consumable supplies	27	1 787	2 303	4 508	2 168	2 192	2 353	3 041	1 370
Consumable: Stationery,printing and office su	264	444	320	896	729	761	951	1 001	1 060
Operating leases	6 770	214	300	432	320	320	459	481	509
Property payments	9	622	487	1 640	900	900	954	1 207	1 277
Transport provided: Departmental activity	5	–	–	–	–	–	–	–	–
Travel and subsistence	11 420	16 148	19 018	21 426	20 978	20 770	14 833	16 877	17 957
Training and development	5 885	7 415	4 589	4 800	6 010	6 010	6 464	9 806	11 238
Operating payments	50	394	71	550	138	290	1 084	617	653
Venues and facilities	2 907	944	7	–	99	99	–	–	–
Rental and hiring	88	–	7	–	–	–	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**18 006**	**41 806**	**26 807**	**25 647**	**57 747**	**57 747**	**51 000**	**48 369**	**49 185**
Provinces and municipalities	1	9	16	7	7	–	–	–	–
Municipalities	1	9	16	7	7	–	–	–	–
Municipal bank accounts	1	9	16	7	7	–	–	–	–
Departmental agencies and accounts	2	4 298	–	6 126	6 126	1 537	–	6 785	7 179
Departmental agencies (non-business entities)	2	4 298	–	6 126	6 126	1 537	–	6 785	7 179
Households	18 003	37 499	26 791	19 514	51 614	56 210	51 000	41 584	42 006
Social benefits	18 003	37 499	26 791	19 514	51 614	56 210	51 000	41 584	42 006
Payments for capital assets	**89**	**97**	**2 510**	**4 023**	**–**	**15**	**–**	**162**	**170**
Machinery and equipment	89	97	2 510	4 023	–	15	–	162	170
Transport equipment	–	–	2 504	–	–	–	–	162	170
Other machinery and equipment	89	97	6	4 023	–	15	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**241 610**	**271 672**	**305 208**	**294 926**	**349 718**	**349 733**	**386 213**	**414 507**	**426 080**

6.6 PERFORMANCE AND EXPENDITURE TRENDS

Nursing Training College – has shown high growth over the past seven years which include the development of professional nurses in the nursing college. The expenditure of the sub-programme includes payment of accommodation for students and providing of catering at the college. Funds allocated to the college are inadequate due to slow progress and competence of existing students.

EMS Training College – the baselines for this programme has been reduced due to slow implementation of programmes.

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

Bursaries – bursary payments were transferred to Department of Education as from 2012/13 financial year throughout the MTEF period. The department has prioritized funding for the Cuban programme in 2016/17 financial year.

Training Other – the sub programme includes HPTD conditional grant which 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
Inadequate Management of Bursary system.	• Include clause in bursary contracts indicating desired area of specialty and the duration • Strengthen relationship with the universities to accommodate students for specialisation. Strengthen communication with hospitals to inform the bursary section when any official resign. • PERSAL coding to notify of breach of contract • Ensuring that appointment letter accompanied by a bursary contract when bursars appointed. • Inclusion of clause binding defaulting bursary holders to refund bursary. • To improve working conditions like appointing of enough personnel and provision of medical equipment and resources. • Bursars should be treated with sense of urgency when it comes to appointment.
High staff turnover	• Implementation of HR Plan • Finalisation of the retention strategy • Strengthen wellness programme
Ineffective learnership recruitment strategy	• Exit plan must be in place for placement of learners on completion.
Inadequate facilities for nursing training	• Revitalisation of the Nursing College • Motivation for establishment of a psychiatric institution • Application for accreditation of added training facilities • Alignment of intake with available resources

Risk	Mitigating factors
	• Building of residents in clinical facilities • Effective implementation of the existing Health Science Centre plan
Non-alignment of student intake with Departmental needs and resources (Lecturers, budget, etc.)	• Advocate for resources to expand into satellite campuses • Align intake with available resources • Enforce compliance with SANC regulations
Ineffective implementation of PMDS	• Senior Managers to take responsibility for the implementation of PMDS • Continuous staff training • Appointment of designated officers • Enforce commitment from HOD's office in finalizing processes and allocate closing dates for submission of reports

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, Telemedicine and Laundry Services
- **Health Technology Services** (Clinical Engineering, Imaging Services)

7.2 PRIORITIES

The strategic goal of this programme, is to improve 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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	Quarter	Percentage
Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	Quarter	Number
Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	Quarter	Percentage
Improve laundry services by developing a provincial laundry model	Annual	Text
Number of hospitals providing laundry services	Quarterly	Number
Number of Orthotic and Prosthetic devices issued	Quarterly	Number
Number of hospitals with functional transfusion committees	Quarterly	Number
Number of sites rendering Forensic Pathology Services (FPS)	Quarterly	Number

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

Strategic Objective Statement	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 1: To improve access to health care services and continuously attain health care outcome										
Improved quality of health care	1. Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	%	95%	93.5%	82%	95%	95%	95%	95%	95%
	2. Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	No	New Indicator	New Indicator	New Indicator	New Indicator	30 000	40 000	60 000	80 000
	3. Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	%	New Indicator	New Indicator	New Indicator	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)	100% (30/30 facilities)	100% facilities complying with Radiation Control prescripts
	4. Improve laundry services by developing a provincial laundry model	Text	New Indicator	New Indicator	New Indicator	New Indicator	Approved laundry model	Implementation	Implementation	Implementation
	5. Number of hospitals providing laundry services	No	New Indicator	New Indicator	New Indicator	New Indicator	21	21	21	21
	6. Number of Orthotic and Prosthetic devices issued	No	New Indicator	New Indicator	New Indicator	New Indicator	3 500	3675	3675	3859
	7. Number of hospitals with functional transfusion committees	No	New Indicator	New Indicator	New Indicator	New Indicator	33/33	33/33 (maintained)	33/33 (maintained)	33/33 (maintained)
	8. Number of sites rendering Forensic Pathology Services (FPS)	No	New Indicator	New Indicator	New Indicator	New Indicator	21	21	21	21

7.4 TABLE HCSS 3: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Improve quality of care by increasing availability of medicines and surgical sundries at the Medical Depot.	Quarterly	%	95%	95%	95%	95%	95%
2. Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	Quarterly	No	30 000	5 000	10 000	10 000	5 000
3. Improve access to quality of care through compliance with Radiation Control prescripts by all facilities with X-Ray equipment	Quarterly	%	100% (30/30 facilities)	100% (5/5 facilities)	100% (9/9 facilities)	100% (8/8 facilities)	100% (8/8 facilities)
4. Improve laundry services by developing a provincial laundry model	Annual	Text	Approved laundry model	Annual Target	Annual Target	Annual Target	Laundry Model approved by EXCO
5. Number of hospitals providing laundry services	Quarterly	No	21	21	21	21	21
6. Number of Orthotic and Prosthetic devices issued	Quarterly	No	3500	875	875	875	875
7. Number of hospitals with functional transfusion committees	Quarterly	No	33	8	8 (16 cumulative)	8 (24 cumulative)	9 (33 cumulative)
8. Number of sites rendering Forensic Pathology Services (FPS)	Quarterly	No	21	21	21	21	21

7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Laundries	22 421	20 796	21 438	26 964	27 904	27 358	28 811	33 325	35 701
Engineering	14 356	19 055	17 464	29 323	27 628	27 970	56 606	67 120	83 651
Forensic Services	51 092	52 481	51 910	59 314	59 193	59 393	67 822	73 140	86 543
Orthotic and Prosthetic Services	2 292	3 347	1 968	4 185	4 178	4 178	4 383	4 701	4 966
Medicine Trading Account	7 300	10 208	8 927	10 486	10 134	10 579	18 302	20 204	21 330
Total payments and estimates	**97 461**	**105 887**	**101 707**	**130 272**	**129 037**	**129 478**	**175 924**	**198 490**	**232 191**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**94 263**	**102 971**	**100 325**	**125 457**	**122 709**	**122 709**	**138 394**	**148 693**	**167 275**
Compensation of employees	60 018	72 242	73 781	87 251	86 686	86 686	101 031	109 476	125 535
Salaries and wages	55 136	61 406	64 381	74 689	76 305	76 305	88 726	96 133	111 173
Social contributions	4 882	10 836	9 400	12 562	10 381	10 381	12 305	13 343	14 362
Goods and services	34 245	30 729	26 544	38 206	36 023	36 023	37 363	39 217	41 740
Administrative fees	120	107	116	129	340	264	138	146	155
Minor Assets	840	30	208	114	75	75	121	125	135
Catering: Departmental activities	85	38	46	2	102	104	2	2	2
Communication (G&S)	1 340	1 386	2 233	1 335	539	1 135	1 418	1 485	1 571
Consultants and professional services: Busine	–	–	–	–	3 000	3 000	3 000	–	–
Contractors	5 947	9 569	5 199	12 132	7 994	7 539	10 583	8 957	9 777
Agency and support / outsourced services	334	31	–	–	15	15	–	–	–
Entertainment	4	–	–	–	–	–	–	–	–
Fleet services (including government motor tr	3 564	3 505	4 320	3 776	3 215	3 215	3 389	4 229	4 474
Inventory: Clothing material and accessories	–	1	75	–	45	45	–	–	–
Inventory: Fuel, oil and gas	594	–	–	–	–	–	–	–	–
Inventory: Materials and supplies	2 250	1 807	3 550	2 604	4 439	4 439	2 532	2 961	3 133
Inventory: Medical supplies	3 761	6 248	2 428	5 916	5 207	5 200	5 519	6 620	7 004
Consumable supplies	6 089	1 408	2 889	4 510	4 910	4 908	4 790	5 016	5 308
Consumable: Stationery,printing and office su	524	599	358	308	606	580	93	333	353
Operating leases	691	1 305	1 135	1 030	1 180	1 135	846	1 162	1 230
Property payments	5 396	1 708	1 438	1 799	1 090	1 090	1 240	2 016	2 133
Transport provided: Departmental activity	726	178	86	150	136	136	159	195	207
Travel and subsistence	1 783	2 553	2 141	2 492	2 851	2 826	2 790	3 779	3 940
Training and development	76	11	35	1 666	53	53	593	1 919	2 031
Operating payments	111	200	122	212	60	96	117	237	250
Venues and facilities	10	45	165	31	166	168	33	35	37
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**43**	**47**	**138**	**215**	**215**	**656**	**228**	**240**	**313**
Provinces and municipalities	16	1	37	50	50	–	–	–	59
Municipalities	16	1	37	50	50	–	–	–	59
Municipal bank accounts	16	1	37	50	50	–	–	–	59
Households	27	46	101	165	165	656	228	240	254
Social benefits	27	46	101	165	165	656	228	240	254
Payments for capital assets	**3 155**	**2 869**	**1 244**	**4 600**	**6 113**	**6 113**	**37 302**	**49 557**	**64 603**
Machinery and equipment	3 155	2 869	1 244	4 600	6 113	6 113	37 302	49 557	64 603
Transport equipment	–	–	526	1 600	4 045	4 045	1 000	1 058	1 119
Other machinery and equipment	3 155	2 869	718	3 000	2 068	2 068	36 302	48 499	63 484
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**97 461**	**105 887**	**101 707**	**130 272**	**129 037**	**129 478**	**175 924**	**198 490**	**232 191**

7.6 PERFORMANCE AND EXPENDITURE TRENDS

Health Care Support Services will increase by 33.1 per cent during the 2015/16 to due to the need to improve on orthotic and prosthetic services in the province. Department has made provision of clean linen and overall laundry services by increasing the allocation by 5 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.

7.7 RISK MANAGEMENT

Risk	Mitigating factors
Inadequate Forensic Pathology Services	• Implementation of organogram to ensure decentralization of services • Implementation of recruitment and retention strategy • Involvement of stakeholders (SAPS, Municipal Services and Forensic Laboratories) • Awareness campaign
Shortage of pharmacy personnel	• Implement learnership programme • Employment of Pharmacists at facilities • Award bursaries for Pharmacy
Unavailability of Pharmaceuticals and Surgicals in the Province	• Strengthen the PTCs • Regular monitoring of adherence to delivery schedules • Drug supply management workshops • Workshop on Provincial medicine formularies (code list)
Poor maintenance of medical equipment	• Procurement of four (4) vehicles dedicated to the workshops • Expedite filling of critical vacant posts • Continue with bursary programme to train CE technicians. • Development of SLAs for maintenance of all critical equipment • Regular visit to facilities to do inspection and preventive maintenance on equipment
Critical shortage of Clinical Engineering (CE) Technicians and Radiographers	• NDOH finalizing National health technology strategy which will also address national shortage of CE personnel & standardization of levels- • Fill the vacant Technician positions Implementation of OSD for Engineering to be reviewed.

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 Programme will be priorities the construction of the following health facilities for the MTEF period:

Hi-Tech Hospitals:

- Middleburg District Hospital
- Mapulaneng Regional Hospital
- Bethal District Hospital

Ideal Clinics:

- Vukuzakhe CHC
- Msukaligwa CHC
- Thandukukhanya CHC
- Nhlazatshe 6 clinic
- Balfour CHC
- KaNyamazane CHC
- Oakley Clinic
- Pankop CHC

8.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HFM

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Number of health facilities that have undergone major and minor refurbishment) in NHI Pilot District	Annual	Number
Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Annual	Number
Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual	Yes-No
Improve access to healthcare by increasing number of PHC facilities maintained	Annual	Number
Number of PHC facilities constructed (new/replacement)	Annual	Number
Number of Hospitals under maintenance	Annual	Number
Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals	Annual	Number
Improve maintenance of health facilities by appointing cooperatives	Annual	Number

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

Strategic objective	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 2: Overhaul health system and progressively reduce health care cost										
Improved health facility planning and infrastructure delivery	1. Number of health facilities that have undergone major and minor refurbishment) in NHI Pilot District	No	New Indicator	New Indicator	New Indicator	New Indicator	0 Hospitals 15 PHC*	0 Hospitals 25 PHC (cumulative 40)	0 Hospitals 25 (cumulative 65)	6 Hospitals 77 PHC
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	No	New Indicator	New Indicator	New Indicator	New Indicator	5 Hospitals 13 PHC	4 Hospitals 10 PHC	2 Hospitals 10 PHC	14 Hospitals 33 PHC
	3. Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	No	New Indicator	New Indicator	New Indicator	New Indicator	1	1	1	1

Strategic objective	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Goal 2: Overhaul health system and progressively reduce health care cost										
Improved health facility planning and infrastructure delivery	4. Improve access to healthcare by increasing number of PHC facilities maintained	No	New Indicator	New Indicator	48/279	90 (cumulative 150/279)	90 (Cumulative 240/284)	39 (Cumulative 279/284)	5 (Cumulative 284/284)	284/284
	5. Number of PHC facilities constructed (new/ replacement)	N0	New Indicator	New Indicator	New Indicator	New Indicator	8 Ehlanzeni: 2 Gert Sibande: 5 Nkangala: 1	6 (cumulative 14) Ehlanzeni: 5 Gert Sibande: 7 Nkangala: 2	0 (cumulative 14) Ehlanzeni: 4 Gert Sibande: 2 Nkangala: 3	17 (including 3 from 2015/16) Ehlanzeni: 5 Gert Sibande: 8 Nkangala: 3
	6. Number of Hospitals under maintenance	NO	New Indicator	New Indicator	New Indicator	New Indicator	31	31	31	31
Re-alignment of human resource to Departmental needs	7. Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals	NO	New Indicator	New Indicator	New Indicator	4 (Planning phase)	3 (Planning phase)	1 (Cumulative 4)	1 (Cumulative 5)	5
	8. Improve maintenance of health facilities by appointing cooperatives	No	New indicator	New indicator	New indicator	New indicator	10 cooperatives appointed	16 cooperatives appointed (cumulative 26)	15 cooperatives appointed (cumulative 41)	15 cooperatives appointed (cumulative 56)

* These Projects are implemented by National Department of Health

8.4 TABLE HFM3: QUARTERLY TARGETS FOR HEALTH FACILITES MANAGEMENT

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting	Indicator Type	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Number of health facilities that have undergone major and minor refurbishment) in NHI Pilot District	Annual	NO	0 Hospitals 15 PHC*	Annual Target	7 PHC Completed	Annual Target	8 PHC Completed
2. Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Annual	NO	5 Hospitals** 13 PHC	0	5 PHC Completed		1 Hospital Completed 4 Hospitals (Multi-year) 7 PHC Completed
3. Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual	NO	1	1	Annual Target	Annual Target	Annual Target
4. Improve access to healthcare by increasing number of PHC facilities maintained	Annual	No	90 (Cumulative 240/284)	Annual Target	Annual Target	Annual Target	90 (Cumulative 240/279)
5. Number of PHC facilities constructed (new/replacement)		No	8 Ehlanzeni: 2 Gert Sibande: 5 Nkangala: 1	Annual Target	Annual Target	Annual Target	38 Ehlanzeni: 27 Gert Sibande: 7 Nkangala: 4
6. Number of Hospitals under maintenance		No	31	Annual Target	Annual Target	Annual Target	31
7. Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals		No	3 (Planning phase)	Annual Target	Annual Target	Annual Target	3 (Planning phase)
8. Improve maintenance of health facilities by appointing cooperatives	Annual	No	10 teams appointed	Annual Target	Annual Target	Annual Target	10 teams appointed

8.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Community Health Facilities	218 682	226 807	197 534	347 054	311 787	302 725	433 600	356 950	349 912
Emergency Medical Rescue Services	–	–	–	–	–	–	–	–	–
District Hospital Services	114 393	49 531	60 615	45 880	117 873	101 663	49 777	67 266	73 858
Provincial Hospital Services	240 821	254 782	210 901	242 062	242 062	267 365	231 397	265 757	276 243
Central Hospital Services	–	–	–	–	–	–	–	–	–
Other Facilities	5 391	–	–	–	–	–	–	–	–
Total payments and estimates	**579 287**	**531 120**	**469 050**	**634 996**	**671 722**	**671 753**	**714 774**	**689 973**	**700 013**

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	**23 294**	**36 536**	**124 440**	**255 311**	**213 514**	**213 514**	**218 050**	**238 522**	**240 319**
Compensation of employees	5 902	8 264	9 783	26 634	36 581	36 581	29 657	32 304	33 807
Salaries and wages	5 311	7 025	8 705	23 117	32 804	32 804	26 121	28 591	29 879
Social contributions	591	1 239	1 078	3 517	3 777	3 777	3 536	3 713	3 928
Goods and services	17 392	28 272	114 657	228 677	176 933	176 933	188 393	206 218	206 512
Administrative fees	56	23	17	123	107	69	126	132	140
Advertising	–	–	–	–	146	59	–	–	–
Minor Assets	3 798	218	239	3 888	421	66	3 888	4 082	4 319
Catering: Departmental activities	63	27	14	115	250	102	115	121	128
Communication (G&S)	634	37	14	258	123	35	259	272	288
Computer services	–	–	–	–	1 850	1 850	–	–	–
Consultants and professional services: Busin	–	–	–	–	54	17	–	–	–
Consultants and professional services: Infras	–	–	–	–	–	–	10 000	10 000	10 580
Consultants and professional services: Legal	1 090	–	–	–	–	–	–	–	–
Contractors	–	42	16 693	–	3 669	13 802	–	–	–
Agency and support / outsourced services	–	1 222	–	5 076	5 574	–	5 076	5 330	5 640
Inventory: Fuel, oil and gas	1	–	–	–	19 848	19 848	–	–	–
Inventory: Materials and supplies	–	–	–	–	215	–	–	–	–
Inventory: Medical supplies	–	–	303	366	300	22	366	384	406
Inventory: Medicine	32	–	–	–	–	–	–	–	–
Consumable supplies	130	92	363	68 303	46 234	44 805	52 303	55 668	51 923
Consumable: Stationery,printing and office su	5	–	–	137	563	554	144	151	160
Operating leases	–	–	16 565	–	–	–	–	–	–
Property payments	8 824	25 142	79 391	142 102	90 483	93 897	107 750	121 293	123 635
Transport provided: Departmental activity	1	–	–	210	–	–	210	221	234
Travel and subsistence	2 474	1 454	788	4 430	6 320	1 431	4 459	4 682	4 952
Training and development	215	2	214	2 156	651	293	2 156	2 264	2 395
Operating payments	52	13	56	1 097	100	64	1 103	1 158	1 225
Venues and facilities	17	–	–	416	25	19	438	460	487
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**18**	**–**	**3 456**	**–**	**–**	**31**	**–**	**–**	**–**
Non-profit institutions	–	–	3 384	–	–	–	–	–	–
Households	18	–	72	–	–	31	–	–	–
Social benefits	18	–	72	–	–	31	–	–	–
Payments for capital assets	**555 975**	**494 584**	**341 154**	**379 685**	**458 208**	**458 208**	**496 724**	**451 451**	**459 694**
Buildings and other fixed structures	515 937	460 130	312 522	322 024	441 265	440 084	445 363	390 556	395 267
Buildings	515 937	460 130	312 522	322 024	441 265	440 084	445 363	390 556	395 267
Machinery and equipment	40 038	34 454	28 632	57 661	16 943	18 124	51 361	60 895	64 427
Other machinery and equipment	40 038	34 454	28 632	57 661	16 943	18 124	51 361	60 895	64 427
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme (numb	**579 287**	**531 120**	**469 050**	**634 996**	**671 722**	**671 753**	**714 774**	**689 973**	**700 013**

8.6 PERFORMANCE AND EXPENDITURE TRENDS

Programme 8 which is Health Facilities Management has shown healthy growth of 7.4 per cent due to prioritization of new infrastructure projects and maintenance of primary health care facilities as part of the Ideal Clinic initiative. The programme includes Hospital Facility Revitalisation Grant.

8.7 RISK MANAGEMENT

Risk	Mitigating factors
Cost over-runs on projects	• Establishment a fully function infrastructure unit • Peer review process for all projects • Monitoring and site visit
Inadequate infrastructure designs	• CSIR process of development of 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
Inadequate budget for Programme 8	• Finalise the Service Transformation Plan (STP) • Develop costed Provincial Maintenance Master Plan • Motivate for needs driven budget • Develop Infrastructure Implementation policy
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
Poor maintenance of infrastructure (buildings)	• Include maintenance requirements in infrastructure planning (3 year maintenance plan) • Motivate for filling of vacant maintenance posts • Facility maintenance skills development • Improve on the implementation of the RIU programme to motivate for additional maintenance funding

PART C: LINKS TO OTHER PLANS

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

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
1	New and replacement assets (R'000)												
1.1	KaNyamazane CHC:	8	Mbombela	Construction of new 2 x 2 accommodation and new CHC	0	0	0	500			4 000	58 833	41 413
1.2	Dikkiesdorp Clinic	8	Mkhondo	Construction of new CHC & 2x2 accommodation units	0	0	0	0			0	0	0
1.3	Stanwest Clinic	8	Mkhondo	Construction of new CHC & 2x2 accommodation units	0	0	0	0			0	1 000	5 000
1.4	Msogwaba CHC	8	Mbombela	Construction of new CHC & 2x2 accommodation units	0	0	0	0			0	0	0
1.5	Naas CHC	8	Nkomazi	Construction of new CHC & 2x2 accommodation units	0	0	15 000	3 7 040			0	0	0
1.6	Naas CHC	8	Nkomazi	Renovation to existing structure	0	0	0	98			0	0	0
1.7	Ntunda CHC	8	Nkomazi	Construction of new CHC & 2x2 accommodation units	0	0	0	897			0	0	0
1.8	Wakkerstroom CHC	8	Pixley Ka Seme	Construction of new CHC & 2x2 accommodation units	0	0	0	522			0	0	0
1.9	Tekwane CHC	8	Mbombela	Construction of Clinic and accommodation Units	0	0	0	742			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
1.10	Vlakbuilt Clinic	8	Nkomazi	Construction of Clinic and accommodation Units	0	0	0	0			0	0	0
1.11	Kaapmuiden Clinic	8	Mbombela	Construction of Clinic and accommodation Units	0	0	0	0			0	0	1 000
1.12	Tweefontein G CHC	8	Thembisile Hani	Construction of new CHC & 2x2 accommodation units	0	0	0	537			0	0	0
1.13	Msukaligwa CHC	8	Gert Sibande	Construction of new CHC and accommodation units	0	0	500	1 009			3 500	6 804	0
1.14	Thandukukhanya CHC	8	Gert Sibande	Construction of new CHC and accommodation units	0	0	0	1 069			3 500	6 804	0
1.15	Nhlazatshe 6 Clinic	8	Gert Sibande	Construction of new clinic and accommodation units	0	0	500	1 042			2 200	3 300	0
1.16	Vukuzakhe Clinic	8	Gert Sibande	Construction of new clinic and accommodation units	0	0	500	1 042			2 200	3 300	0
1.17	Balfour CHC	8	Gert Sibande	Construction of CHC and accommodation units	0	0	1750	2 339			5 500	0	0
1.18	Pankop CHC	8	Dr J.S Moroka	Construction of new CHC and 2x2 accommodation units	0	0	0	754			5 000	37 013	13 487
1.19	Middelburg Hospital	8	Steve Tshwete	Planning a and construction of new Hospital	0	0	0	0			90 000	290 000	440 000
1.20	Oakley Clinic:	8	Bushbuckridge	Construction of Clinic and accommodation units	0	0	0	500			5 000	22 000	13 487
1.21	Sinqobile CHC	8	Pixley KaSeme	Construction of Clinic and accommodation units	0	0	0	15 825			0	0	0
1.22	Mashishing CHC	8	Thaba-Chweu	Construction of new CHC and 2x2 accommodation units	0	0	0	1 707			0	0	0
1.23	Dwaarsloop CHC	8	Bushbuckridge	Construction of new CHC and 2x2 accommodation units	0	0	0	255			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
1.24	Mbhejeka CHC	8	Albert Luthuli	Construction of new CHC and 2x2 accommodation units	0	0	0	526			0	0	0
1.25	Phola Park CHC	8	Mkhondo	Construction of new CHC and 2x2 accommodation units	0	0	0	58			0	0	0
1.26	Mapulaneng Hospital	8	Bushbuckridge	Construction of new hospital	0	0	0	3 294			112 073	60 596	121 714
1.27	Standerton Hospital	8	Lekwa	New Boiler				13 053			0	0	0
1.28	Bethal Hospital	8	Govan Mbeki	Installation of new boiler	0	0	9 807	9 120			0	0	0
Total new and replacement assets					**0**	**0**	**28 057**	**90 887**			**153 473**	**549 650**	**656 542**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
2.	**Upgrades and Additions**												
2.1	Mapulaneng Hospital	8	Bushbuckridge	Construction of mortuary, wards and helipad	10 456	2 000	16 185	863			0	0	0
2.2	Standerton Hospital	8	Lekwa	Completion of a new uncompleted structure	0	3500	9 827	6 123			0	0	0
2.3	Mmametlhake hospital	8	Dr JS Moroka	Upgrading and Additions of wards	60 000	0	0	74 000			97 884	107 334	24 170
2.4	Rob Ferreira Hospital	8	Mbombela	Phase 4D, Renovation of ward 9,10,11, paediatric ward, rehabilitation centre	0	0	1 500	1 446			0	0	0
2.5		8	Mbombela	Phase 4E Part 1, Staff Residence and accommodation	0	0	7 010	9 884			0	0	0
2.6		8	Mbombela	Phase 4E Part 2	0	0	0	5 257			0	0	0
2.7	Rob Ferreira Hospital	8	Mbombela	Phase 4 B, construction of trauma ward, day ward, private ward and administration offices and helipad	0	0	4 336	6 723			0	0	0
2.8	Rob Ferreira Hospital	8	Mbombela	ROB FERREIRA HOSPITAL: Completion of works for statutory compliance	0	0	0	300			14 499	15 980	0
2.9	Themba Hospital	8	Mbombela	THEMBA HOSPITAL: Renovation of X-Rays and other wards(grant funding)	0	0	31 288	66 496			10 806	0	0
2.10		8	Mbombela	Upgrading of sewer recticulation	0	0	0	533			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
2.11		8	Mbombela	THEMBA HOSPITAL: Construction of new maternity ward	0	0	6 328	1 063			0	0	0
2.12		8	Mbombela	THEMBA HOSPITAL: Construction of new resource centre	0	0	21 562	959			0	0	0
2.13	Themba Hospital	8	Msukaligwa	ERMELO HOSPITAL: Construction of a Orthopaedic workshop	0	0	17 898	1 361			0	0	0
2.14		8	Msukaligwa	ERMELO HOSPITAL: Renovation of male, female and ophthalmic surgical wards	0	0	11 501	2 972			0	0	0
2.15		8	Msukaligwa	ERMELO HOSPITAL: Repairs of Pharmacy defects, walkways and corridors	0	0	4 198	404			0	0	0
2.16		8	Msukaligwa	ERMELO HOSPITAL: Upgrading of underground sewer pipes - Final Account	0	0	753	246			0	0	0
2.17		8	Msukaligwa	ERMELO HOSPITAL: Construction of new stores, linen room and demolition of old hospital	0	0	18 301	14 163			0	0	0
2.18	KwaMhlanga Hospital	8	Thembisile	Planning for upgrade of Hospital	0	0	0	1 000			10 717	5 500	0
2.19	KwaMhlanga Hospital	8	Thembisile	Renovations to accommodation for staff	0	0	0	858			2 003	0	0
2.20	Impungwe Hospital:	8	Emalahleni	Bulk sewer, water and electricity	0	0	16 108	16 288			0	0	0
2.21	KwaMhlanga Hospital	8	Thembisile Hani	Phase 3c, Construction of ICU, Casualty and additions to existing theatre	8 256	0	8 256	0			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
2.22	KwaMhlanga Hospital	8	Thembisile Hani	Erection of Palisade fencing	0	0	1 100	602			0	0	0
2.23	Mammetlake Hospital	8	Dr JS Moroka	Bulk services	0	0	2 128	1 236			0	0	0
2.24	Wonderfontein Clinic	8	Emakhazeni	Construction of 2x2 accommodation units	0	0	0	64			0	0	0
2.25	Sabie Hospital	8	Thaba Chweu	Site establishment, Demolition of asbestos and construction of wards	0	0	4 465	61 984			0	0	0
2.26	Bethal Hospital	8	Govern Mbeki	Site establishment, Demolition of asbestos and major upgrade of hospital, construction of rehabilitation and stepdown	0	0	0	10 000			90 128	93 257	127 269
2.27	Piet Retief Hospital	8	Mkhondo	Construction of M2 Mortuary	15 000	6 000	8 034	1 543			0	0	0
2.28	Mthimba Clinic	8	Mbombela	Construction of 2x2 accommodation units	0	0	0	161			0	0	0
2.29	Shongwe Hospital	8	Nkomazi	Upgrading of Mortuary	0	0	0	551			0	0	0
2.30	Lebogang Clinic	8	Govan Mbeki	Major Renovations	0	0	0	453			0	0	0
2.31	Tintswalo Hospital	8	Bushbuckridge	Repairs to doctors and nurses accommodation and underground infrastructure	0	0	0	0			5 000	6 000	0
2.32	Standerton Hospital	8	Lekwa	Completion of new structure	0	0	325	6 123			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
2.33	Master plans and condition assessment for Health Facilities:.	8	All Districts	Master Plans and condition assessment for Health Facilities	0	0	0	1 593			9 407	0	0
Total upgrades and additions					**85 456**	**11 500**	**182 847**	**295 276**			**237 421**	**233 071**	**151 439**
3.	**Purchase of Equipment**												
3.1	Equipment: New autoclaves, aircons etc	8	All Districts	Equipment/furniture: New facilities (FRG))	0	0	0	2 439			8 812	11 015	13 768
3.2	Equipment: New generators	8	All Districts	Purchase of equipment (HFRG)	0	0	0	26 500			14 066	17 583	21 978
3.3	Health Technology	8	All Districts	Purchase of equipment	0	0	23 500	20 102			14 457	16 192	18 135
3.4	Machinery and Equipment: Repairs and upgrades of lift	8	All Districts	Medical equipment	0	0	0	800			12 268	15 335	18 709
3.5	Maintenance of HT equipment	8	All Districts	Maintenance of equipment	0	0	0	5 000			4 000	1 257	9 000
3.6	Maintenance of HT equipment	8	All Districts	Maintenance of equipment	0	0	0	4 301			4 817	5 058	5 361
3.7	Equipment: New autoclaves, aircons etc	8	All Districts	New autoclaves, aircons etc.	0	0	0	20 935			0	0	0
Total Purchase of Equipment					**0**	**0**	**23 500**	**80 077**			**58 420**	**66 440**	**86 951**
4.	**Rehabilitation, Refurbishment, Repairs**												
4.1	MARITE CLINIC:	8	Bushbuckridge	Renovations., rehabilitations and refurbishmnet	0	0	0	2 000			0	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
4.2	MPAKENI CLINIC	8	Mbombela	Renovations., rehabilitations and refurbishment	0	0	0	1 848			7 953	0	0
4.3	ORINOCCO CLINIC	8	Bushbuckridge	Renovations., rehabilitations and refurbishment	0	0	0	1 848			102	0	0
4.4	ROB FERREIRA HOSPITAL	8	Mbombela	Repairs, rehabilitation & refurbishment to the mortuary and old nurses home	0	0	0	707			0	0	0
4.5	SIBANGE CLINIC	8	Nkomazi	Repairs, rehabilitation & refurbishment	0	0	0	1 781			0	0	0
4.6	Anderson Street Ehlanzeni District Office	8	Mbombela	Repairs, rehabilitation & refurbishment	0	0	0	4 815			185	0	0
4.7	Allenmansdrift B Clinic	8	Dr JS Moroka	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	1 848			1 007	0	0
4.8	Siyathuthuka Clinic	8	Emakhazeni	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	1 848			1 971	0	0
4.9	Exten. 8 Clinic	8	Steve Tshwete	Repairs, rehabilitation and refurbishment of the clinic	0	0	0	1 848			654	0	0
4.10	Polly Cinic	8	Emalahleni	Repairs, rehabilitation and refurbishment of the CHC	0	0	0	1 848			0	0	0
4.11	Nkangala District Office	8	Emalahleni	Repairs, rehabilitation and refurbishment of the district office	0	0	0	4 716			284	0	0
4.12	Nelspruit CHC	8	Mbombela	Repairs, rehabilitation & refurbishment	0	0	0	1 860			0	0	0
4.13	Waterval CHC	8	Dr JS Moroka	Expanded Public Works Programme	0	0	0	755			0	0	0
4.14	Waterval CHC	8	Dr JS Moroka	Minor Renovations	0	0	0	1 093			6 912	0	0
4.15	Mthimba Clinic	8	Mbombela	Minor Renovations	0	0	0	0			146	0	0
4.16	Mthimba Clinic	8	Mbombela	Expanded Public Works Programme	0	0	0	755			0	0	0
4.17	Khumbula Clinic	8	Mbombela	Expanded Public Works Programme	0	0	0	0			2 311	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
4.18	Transaction Advisor	8	Municipalities	Transaction advisor	0	0	0	0			10 000	10 000	10 000
4.19	Evander Hospital	8	Govan Mbeki	Expanded Public Works Programme	0	0	0	755			0	0	0
4.20	Evander Hospital	8	Govan Mbeki	Minor Renovations	0	0	0	0			4 210	0	0
4.21	Middelburg Hospital	8	Steve Tshwete	Repairs, renovations and rehabilitation of entire hospital including maternity ward/unit repairs	0	0	16 919	0			0	0	
4.22	Fencing, guardhouses and waste disposal areas, Repairs, Rehabilitation and Refurbishment to various facilities	8	Ehlanzeni	Rehabilitation,Refurbishment,Repairs	0	0	0	2 028			14 200	0	0
4.23	Fencing, guardhouses and waste disposal areas, Repairs, Rehabilitation and Refurbishment to various facilities	8	Gert Sibande	Rehabilitation,Refurbishment,Repairs	0	0	0	2 028			6 228	0	0
4.24	Fencing, guardhouses and waste disposal areas, Repairs, Rehabilitation and Refurbishment to various facilities	8	Nkangala (All municipalities)	Rehabilitation,Refurbishment,Repairs	0	0	0	2 028			6 200	0	0
4.25	Gert Sibande District Office	8	Lekwa	Repairs, Rehabilitation & Refurbishment	0	0	0	1 848			4 052	0	0
4.26	KaMdladla Clinic:	8	Bushbuckridge	Renovations., rehabilitations and refurbishmnet	0	0	0	645			1 848	0	0
4.27	Mgobotsi Clinic	8	Mbombela	Repairs, rehabilitation & refurbishment	0	0	0	645			1 848	0	0

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
4.28	Mpakeni Clinic	8	Nkomazi	Renovations., rehabilitations and refurbishmnet	0	0	0	1 848			7 953	0	0
4.29	Sibange Clinic:	8	Nkomazi	Repairs, rehabilitation & refurbishment	0	0	0	1 675			0	0	0
4.30	Marite Clinic	8	Bushbuckridge	Repairs, Rehabilitation and Refurbishment	0	0	0	1 848			5 326	0	0
4.31	Shongwe Hospital	8	Nkomazi	Repairs to underground sewer pipework	0	0	0	0			6 000	5 000	0
4.32	Provision of Coal	8	Ehlanzeni	Provision of Coal	0	0	0	22 667			22 434	23 556	22 307
4.33	Provision of Coal	8	Gert Sibande	Provision of Coal	0	0	0	22 667			22 434	23 556	22 307
4.34	Provision of Coal	8	Nkangala	Provision of Coal	0	0	0	22 667			22 216	23 556	22 307
Total Repairs, Rehabilitation and refurbishment					**0**	**0**	**16 919**	**112 919**			**140 241**	**80 668**	**76 921**

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME R'000			R'000			2016/17 BUDGET R'000	2017/18 BUDGET R'000	2018/19 BUDGET R'000
								MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE			
					2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
5.	**Maintenance**												
5.1	Maintenance	8	Ehlanzeni	Maintenance Various Facilities	9 088	10 322	97 622	44 951			9 626	0	0
5.2	Maintenance	8	Gert Sibande	Maintenance Various Facilities	0	0	57 987	22 919			1 962	0	0
5.3	Maintenance	8	Nkangala	Maintenance Various Facilities	0	0	44 417	54 020			6 626	0	0
5.7	Maintenances for BIG 5: Witbank)	8	Nkangala	Maintenance	0	0	0	1 000			620	1 176	1 247
5.8	Maintenances for BIG 5: Ermelo)	8	Gert Sibande	Maintenance	0	0	0	1 000			620	1 176	1 247
5.9	Maintenance for Big 5, Robs and Mapulaneng	8	Ehlanzeni	Repairs Various Facilities	0	0	11 002	3 000			620	3 528	3 740
5.10	Maintenance of generators, autoclaves, aircons etc	8	Ehlanzeni	Repairs Various Facilities	0	0	0	26 850			19 955	17 334	18 374
5.11	Maintenance of HT equipment	8	All Districts	Maintenance of equipment	0	0	0	4 301			4 817	5 058	5 361
5.12	Maintenance of Sewerage (Monthly maintenance)	8	All Districts	Monthly maintenance of swerage	0	0	0	6 941			1 200	1 344	1 505
Total Maintenance					**9 088**	**10 322**	**211 028**	**192 852**			**84 000**	**41 783**	**55 086**
Grand Total													

2. CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators	Indicator Targets for 2016/17
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	
		5. Number of active home-based carers receiving stipends	
		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	99 445
		11. Number of HIV positive patients that started on IPT	79 564
		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	78 000
		17. Sexual assault cases offered ARV prophylaxis	3 300
		18. Step down care (SDC) facilities/units	
		19. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	3145
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	Indicator Targets for 2016/17
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
National health grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). • Supplement expenditure on health infrastructure delivered through public-private partnerships	1. Number of health facilities planned,	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

3. PUBLIC ENTITIES

NAME OF PUBLIC ENTITY	MANDATE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF NEXT EVALUATION
1. Governance Structures (hospital boards and clinic committees)	National Health Act (Act 61 of 2003)			Every 3 years
2. Provincial Health Research and Ethics Committee	National Health Act (Act 61 of 2003)			Every 3 years
3. Mental Health Review Board	Mental Health Act (Act 17 of 2002)			Every 3 years

4. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
1. None					
2.					
3.					

5. 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 2016/17

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	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officers of Provincial Departments of Health Chief Financial Officer : National DoH
Percentage of Hospital with broadband access	Proportion of Hospitals that have access to at least 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 at least 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

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 (Key Management Positions)	Is a count of vacant key 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 reviewed by continuous update of staff needs as determined in the Human Resource Plan and utilised/implemented 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	Documented Recruitment &Retention strategy review and evidential staff appointment as per schedule of human resource plan	None	Input	Number	Annual	Yes	Increase in filling of post	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
Improve record management by implementing Electronic Patient Record Management system	Execution of electronic record management system that provides patient clinical information while in contact with clinicians	Account of services provided to client	Record management system	Record Management system Implemented	Availability of the system	input	Text	Quarterly	Yes	Functional system	Corporate Services

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 District Piloting NHI interventions in the Provincial DoH	Track scale up of NHI pilots	Total number of NHI districts funded through the conditional grant	Sum of NHI districts funded through the conditional grant	It is assumed that the districts funded through NHI conditional grant are implementing NHI	Sum	Sum	Annual	No	Higher number of districts indicate greater scale up of NHI interventions	District Health Services
Establish NHI Consultation Fora	An NHI Consultation forum established to consult state and non-state actors	Track the establishment of a consultation forum for consulting communities on NHI implementation	Approved terms of reference of a forum that is mandated to consult communities and appointed for a members of NHI consultation fora	Documented TOR and Appointed NHI Consultation as per TOR	N/A	N.A	N/A	Annual	No	Estabioshed NHI Consultation forum	Disreict Heath Srervices
Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	Percentage of Facilities that have implemented the ideal clinic and adhering to more than 70% of the elements as defined in the Ideal Clinic Dashboard– version 15 of 13 February 2015	To track implementation of the ideal clinic principles	Reports from the Ideal Clinic Dashboard information system	**Num**: Number of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard **Den**: Number of Fixed PHC facilities that conducted an assessment to date in the current financial year	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements	Cumulative	Percentage	Quarterly	Yes	Higher percentage indicates greater level of ideal clinic principles	District Health Services and Quality Assurance Directorates

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
Client Satisfaction Survey Rate (PHC)	The percentage of fixed Primary Health Care facilities that conducted a Patient Satisfaction survey	Tracks the service satisfaction of the Primary Health Care users	Patient Satisfaction Survey forms from Clinics	***Num:*** Total number of Fixed PHC Health facilities that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Fixed PHC facilities	Availability of the report	Quality	Percentage	Annually	Yes	Higher percentage indicates commitment of facilities to conduct the survey	District Health Services and Quality Assurance Directorates
Client Satisfaction Rate (PHC)	The percentage of patients who participated in the client satisfaction survey that were satisfied with the PHC service.	To monitor satisfaction of patients using PHC facilities	DHIS - Patient Satisfaction Module	Numerator: Total number of patients satisfied with the service at PHC facilities Denominator: Total number of patients that took part in a Patient Satisfaction survey at PHC facilities	Generalisability depends on the number of users participating in the survey.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to Batho pele priciples	District Health Services and Quality Assurance
Outreach Households (OHH) registration visit rate	Percentage of households in the municipal ward that are visited for first time and registered in the **Outreach Households (OHH) register** 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 Districts who have DCSTs established with all required members, as per the Ministerial Task Team (MTT) report	Track the availability of clinical specialists in the Districts	Appointment/ Delegations letters ber of DCSTs members in	Sum of Districts with DCSTs appointed	There are multiple combinations of team members that qualifies to be a fully functional team. These combinations can change in year o reporting	Input	No	Quarterly	No	Higher number indicated greater availability of clinical specialists	DHS Cluster
PHC utilisation rate (annualised)	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	DHIS, Stats SA, facility register, patient records	**Num:** PHC headcount total **Den:** Population total	Dependant on the accuracy of estimated total population from StatsSA	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system. A lower uptake may indicate underutilization of facility	Programme Manager
Complaints resolution rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in PHC facilities	DHIS, complaints register, redress report	Numerator Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC facilities	Quality Assurance
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

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
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	District Health Services
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
Provincial PHC expenditure per uninsured person	Average amount of money spent on PHC services as estimate of expenditure per Uninsured persons	To determine resource allocation for PHC services preferred for uninsured population	IYM	Numerator: Total amount spend on PHC service Denominator Uninsured population	None	Input	Rands	Year	no	Increase expenditure on PHC service	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
Adults remaining on ART - Total	Number Adults diagnosed HIV positive who were enrolled on Anti- Retroviral Treatment and remaining on ART in care during the reporting period	Track the number of adults on ARV Treatment	Facility Register	Numerator: SUM [Total adults remaining on ART at end of the reporting period] SUM Clients remaining on ART equals [Naive (including PEP and PMTCT) + itExperienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	None	output	Cumulative total	Quarterly	Yes	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
Total children remaining on ART	Number children (under 15 years) diagnosed HIV positive who were enrolled on Anti-Retroviral Treatment and remaining on ART in care during the reporting period	Track the number of children on ARV Treatment	Facility Register	Numerator: SUM [Total children under 15 years remaining on ART at end of the reporting period] SUM Clients remaining on ART equals [Naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	None	output	Cumulative total	Quarterly	Yes	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
TB/HIV co-infected client on ART rate	Percentage of clients identified/registered as co-infected with TB and HIV who were enrolled on ART services	All eligibile co-infected clients must be on ART to reduce mortality. Monitors ART initiation for TB clients	Faciliy Register	Number: Total number of registered HIV+TB patients on ART Denominator: Total number of registered HIV+TB patients	Availability of data in ETR.net, TB register, patient records	Outcome	Percentage	Quarterly	No	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates	TB/HIV manager
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 identified with TB symptoms and screened to confirm the TB status	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 Coverage	Number of male condoms estimate per male 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.).	Tracks the supply of male condoms in the Province	Numerator: Facility Register Denominator: StatsSA	Numerator: Total number of Male condoms distributed in the province Denominator: Male Population 15 years and older	None	Process	Number	Quarterly	No	Higher number indicated better distribution (and indirectly better uptake) of condoms in t he province	HIV/AIDS Cluster
Female condom distribution	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	No	Increase of Female condom distribution	HIV/AIDS Programme Manager
Medical Male Circumcision performed – Total	Total number of male clients who were Medical Circumcised	Tracks the number of the MMCs conducted	Facility Register	Total number of Medical Male Circumcisions (MMCs) conducted	None	Output	Sum	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager
TB new client treatment success rate	Proportion patients who were enrolled on TB for treatment with outcome of cure or completed treatment.	Monitors success of TB treatment for ALL types of TB	Facility Register	Numerator: SUM [TB client cured OR completed treatment] Denominator: SUM [TB client (new pulmonary) initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	Yes	Higher percentage suggests better treatment success rate.	TB Programme Manager
TB client loss to	Percentage of smear	Monitor patients	Facility	Numerator:	Accuracy	Outcome	Percentage	Quartery	No	Lower levels of	TB Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
follow up rate	positive PTB cases who interrupted (defaulted) treatment Proportion patients who were enrolled on TB for treatment defaulted for continuity of care	defaulting on TB treatment	Register	SUM [TB (new pulmonary) treatment defaulter] Denominator: SUM [TB (new pulmonary) client initiated on treatment]	dependent on quality of data from reporting facility					interruption reflect improved case holding, which is important for facilitating successful TB treatment	Manager
TB client death rate	Proportion patients enrolled on TB for treatment who died during treatment period	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB.	Facility Register	Numerator: SUM([TB client death during treatment]) Denominator: SUM([TB (new pulmonary) client initiated on treatment])	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Annually	Yes	Lower levels of death desired	TB Programme Manager
TB MDR confirmed treatment start rate	Proportion of TB clients who were diagnosed as TB MDR who started on treatment TB MDR	Monitors initial loss to follow up and the effectiveness of linkage to TB care strategies	Facility Register	Num: TB MDR confirmed client start on treatment Den: TB MDR confirmed client	Accuracy dependent on quality of data from reporting facility	Output	Percentage	Annually	No	Higher proportion of TB MDR clients started simprove health outcomes of TB MDR client	TB Programme Manager
TB MDR treatment success rate	Proportion patients who were enrolled on TB MDR treatment with outcome of cure or completed treatment.	Monitors success of MDR TB treatment	NHLS and Facility Register	Numerator: SUM([TB MDR client successfully treated]) Denominator: SUM([TB MDR confirmed client initiated on treatment])	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Annually	Yes	Higher percentage indicates a better treatment rate	TB Programme Manager
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	<u>Numerator</u> Baby given Nevirapine within 72 hours after birth (delivered by HIV positive women) <u>Denominator</u> 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

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 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
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

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 10 weeks rate	Percentage of newly born babies by HIV positive women who were tested for Polymerase Chain Reaction (PCR) within 10 weeks after birth	Monitor mother to child transmission	PCR register	Numerator: Infant 1st PCR tested positive around 10 weeks after birth Denominator: Infant 1st PCR around 10 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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Immunisation coverage under 1 year (Annualised)	Percentage of children under 1 year who completed their primary course of immunization as per immunization schedule on the Road to Health card	Monitor the implementation of Extended Programme in Immunisation (EPI)	Tick register	Numerator: Immunised fully under 1 year Denominator: Children under 1-year	Reliant on under 1 population estimates from STATSSA	Output	Percentage	Quarterly	No	Increase immunisation coverage	District Health Services
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 1 screening coverage (annualised)	Proportion of Grade 1 learners screened by a nurse during Integrated School Health Program (ISHP)	Monitors implementation of the Integrated School Health Program (ISHP)	School health visit report	Numerator: Total number of Grade 1 learners screened in the school Denominator: Total numbers of grade 1 learners in a school	Availability of database for schools with Grade 1 learners	Output	Percentage	Quarterly	Yes	Increased coverage of Grade 1 learners screened	District Health Services
School Grade 8 screening coverage (annualised)	Proportion of Grade 1 learners screened by a nurse during Integrated School Health Program (ISHP)	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	Percentage Women protected against pregnancy by using modern contraceptive methods either through Male 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	Reliant on accuracy of data collection	Output	Percentage	Annual	No	Increase usage of contraception	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
	Female sterilisations, Medroxyprogesterone injection, Norethisterone enanthate injection, Oral pill cyclesm, IUCD or Male condoms			• Oral pill cycles /13 • IUCD x 4 • Male condoms /200 Denominator: Women aged between 15-44 years							
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	MNCWH Programme Manager
Human Papilloma Virus Vaccine 1st dose coverage	Coverage of Grade 4 girl learners who received vaccination of Human Papilloma Virus Vaccine 1st dose always provided on month of February	Monitor access to child health services	Tick Register	Numerator: Girls 9yrs and older Human Papilloma Virus (HPV) Vaccine 1st dose Denominator: Grade 4 girl learners 9 years and older	Reliant on accuracy of Great 4 Learners roll call from Department of Education database	Output	Percentage	Annual	Yes	Increase in coverage of Great 4 Learners who received Human Papilloma Virus Vaccine 1st dose	MNCWH Programme Manager
Human Papilloma Virus Vaccine 2nd dose coverage	Coverage of Grade 4 girl learners who received vaccination of Human Papilloma Virus Vaccine 2nd dose always provided on month of September	Monitor utilization to child health services	HPV Campaign Register – captured electronically on HPV system Denominator: Report from Department of Basic Education	Numerator: Girls 9yrs and older Human Papilloma Virus (HPV) 2nd dose Denominator: Grade 4 girls 9 years and older	Reliant on accuracy of Great 4 Learners roll call from Department of Education database	Output	Percentage	Annually	No	Increase in coverage of Great 4 Learners who received Human Papilloma Virus Vaccine 2nd dose	MNCWH Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Infant exclusively breastfed at HepB 3rd dose rate	Percentage of Infants who solely breastfed by their mothers who received at HepB 3rd dose rate	Monitor Exclusive breastfeeding	Facility Register	Numerator: SUM([Infants exclusively breastfed at HepB 3rd dose]) Denominator: SUM([HepB 3rd dose])	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	Yes	Higher percentage indicate better exclusive breastfeeding rate	Cluster: Child Health
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	Number of residential facilities located at hospital where pregnant women defined as "high risk" can await their delivery.	To improve maternal and child outcome	Physical	Numerator Number of maternity waiting homes	None	Input	Number	Quarterly	Yes	Increase number of waiting homes	District Health Services
Stillbirth rate	Percentage of babies who died in the womb after 20 weeks of	To improve maternal and child outcome	Physical	Numerator Number of stillbirths in the facility	None	output	percentage	Quarterly	No	Decrease number of stillbirths	MCWH&Y

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
	pregnancy happening before a woman goes into labour, or during labour and birth.			Denominator Number of births in the facility							
Percentage of hospitals with functional Kangaroo Mother Care (KMC) units	Percentage of hospitals with functional units dedicated for care of preterm infants carried skin-to-skin with the mother	Mother to child bonding and child growth.	Physical	Numerator Number of functional Kangaroo Mother Care units Denominator Number of District Hospitals	None	Input	Percentage	Quarterly	Yes	Increase number of functional Kangaroo Mother Care (KMC) units	MCWH&Y

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 to confirm status of r hypertension	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 to confirm status diabetes	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
Clients screened for Mental Health (disorders)	Number of 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 facilities	Mental Register	Numerator: PHC Client screened for mental disorders	Depends on the accuracy of data	Output	Number	Quarterly	Yes	Increase in Percentage of people screened for Mental disorders	District Health Services
Cataract surgery rate	Percentage of clients who received cataract surgery service	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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Malaria case fatality rate (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
Decrease the incidence of Malaria per 1000 population at risk	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
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

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	Percentage of patience transferred from one hospital to the other using EMS patient transport.	Monitor Inter-facility transfer	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
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

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 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

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

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 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 as compliant	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
Patient Satisfaction Survey Rate	Percentage of hospitals that have conducted Patient Satisfaction Surveys in order to determine level of satisfaction with service using questionnaires	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 Satisfaction rate	Percentage of patients satisfied with the service in hospitals. A patient is considered satisfied when they score 75% of responses regarding service as yes (waiting time is expressed in hours of waiting of which less than 4 hours is considered as YES, 4 hrs and more is considered as NO. Facility information and Biographical information is excluded from the assessment.	To monitor satisfaction of patients using hospital services	Patient Satisfaction Module	Numerator: Total number of patients satisfied with the service in hospitals Denominator: Total number of patients that took part in a Patient Satisfaction survey in hospitals	Depends on the number of users participating in the survey.	Quality	Percentage	Annual	Yes	Increase satisfaction of patients with hospital services	District Health Services Hospital Services Integrated Health Planning

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Average length of stay	The average number of days an admitted patient spends in hospital before separation.	To monitor the efficiency of the hospitals	Midnight census; Admission and discharge registers	Numerator: Inpatient days + 1/2 Day patients Denominator: Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	Poor recording may affect reliability of data	Process	Days	Quarterly	No	Maintain average length of stay within the norm	Hospital services
Inpatient Bed utilisation rate	Percentage of beds utilized by both inpatients and day patients	Monitor over/under utilisation of hospital beds	Midnight census; Admission and discharge registers	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days (Inpatient beds X 30.42days)	Accurate reporting sum of daily usable beds	Process	Percentage	Quarterly	No	Maintain inpatient bed utilization rate within the norm	Hospital services
Expenditure per patient day equivalent (PDE)	The amount spent at the hospitals by the provincial department to determine estimate amount spend 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

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
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
Percentage of Facilities compliant 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	Numerator: Number of Hosptals that compliant to National Core Standard after Assessment Denominator: 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	Number of functional clinical domains in each of the regional hospitals which includes Obstetrics & Gynaecology, orthopaedics, Radiology, Internal Medicine, Paediatrics, General Surgery, Anaesthea and Psychiatry	To improve access to specialists Services	Appointment of Specialists and physical verification of services	Number of clinical domains in each of the regional hospitals	Reliant on availability of Specialists in the market	Input	No	Annually	Yes	Increase number clinical domains in each of the regional hospitals	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
Improved access to specialists services by increasing the number of clinical specialist domain at Tertiary Hospitals	Number of functional clinical specialist domain of Tertiary Services Level 1 as per national policy guideline	Expansion of Tertiary Services	Appointment letters Persal	Number of domains	Reliant on availability of specialists in the market	Input	No	Annually	Yes	Increase number of domains	Hospital Services
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
Improve access to TB services through effective movement TB patients for continuity of care	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

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 Bursaries awarded for first year medicine students	Number of new medicine students provided with bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	Bursary contracts	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	no	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager
Number of Bursaries awarded for first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	SANC Registration form	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	Yes	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager
Improve human resource efficiency by training health care professionals 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
Improve human resource efficiency by training health care workers on generic programme	Number of health employees trained on generic programmes offered though workshop, in-services, mentoring and short courses	Improve capacity	HRD Database	Number of health care workers trained on generic programmes	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	Yes	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Improve access to nursing training by increasing the number of accredited college satellite campuses	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

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
Improve quality of care by increasing availability of medicines and surgical sundries 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
Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	Number of chronic patients who are enrolled to receive their medicine through Central Chronic Medicine Dispensing and Distribution (CCMDD) at preferred pick up points.	Improve access to medical care		Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	none	Input	No	Quarterly	Yes	Increase Number of patients initiated on Central Chronic Medicine Dispensing and Distribution (CCMDD)	Pharmaceutical Services
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
Improve laundry services by Development a provincial laundry service model	Development of a model that provides a guide on implementation of laundry service for all hospitals	Improve laundry service	Documented laundry service model	Numerator Laundry service models developed documented	None	Input	Number	Annual	Yes	Documented laundry service model	Laundry Services Management
Number of hospitals providing laundry services	Count of all hospitals where washing of clothing and linen from hospital wards are cleaned and dispatch to relevant wards for use	Quality control of laundry in hospitals	Physical verification	Numerator Number of hospitals providing laundry services	None	Input	number	Quarterly	Yes	Maintaining status of hospitals providing Laundry services	Laundry Services 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
Number of Orthotic and Prosthetic devices issued.	Count of Medical orthotic and prosthetic devices given to people with disabilities	Improved access to services	Orthotic and Prosthetic Register	Numerator Number of Orthotic and Prosthetic devices issued	Data quality depends on good record keeping	input	Number	Quarterly	No	Increased number in O&P devices issued	Rehabilitation and Disability Services
Number of hospitals with functional transfusion committee	Count of hospitals with a committee that meet on quarterly basis to monitor the use of blood services	To reduce costs and promote rational use	Minutes of quarterly meetings	Numerator: Number of hospitals with functional hospital transfusion committee	None	input	Number	Quarterly	Yes	Increase in the number of hospital with functional transfusion committees	Clinical Support Service Management
Number of sites rendering Forensic Pathology Services (FPS)	Count of sites in public hospitals rendering forensic pathology which includes amongst others autopsies, preservation of bodies and generation of legal report on causes of death as evidence to court of law	To establish cause of unnatural deaths	Physical verification	Numerator: Number of sites rendering forensic pathology	None	Input	Number	Quarterly	Yes	To maintain status quo of sites rendering forensic pathology	Forensic Health Service Management

PROGRAMME 8: 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
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
Establish service level agreements (SLAs) with Department of Public Works (and any other Implementing Agent)	A service level agreement (SLA) / Service Delivery Agreement (SDA) was established with Public Works (and any other Implementing Agent).	To strengthen partnerships with Public Works (and any other Implementing Agent) to accelerate infrastructure delivery by means of formalising an SLA (SDA) and ensuring accountability by all relevant role players.	Service level agreement / Service Delivery Agreement	Service level agreement (SLA) / Service Delivery Agreement (SDA) established with WCG: Transport and Public Works (and any other Implementing Agent)	Availability of documentation to prove a Service Level Agreement / Service Delivery Agreement has been established.	Process	Compliance	Annual	No	A Service Level Agreement / Service Delivery Agreement was established with WCG: Transport and Public Works (and any other Implementing Agent) which should lead to accelerated infrastructure delivery.	Chief Director: Infrastructure and Technical Management
Improve access to healthcare by increasing number of PHC	Day to day maintenance of existing PHC facilities in particular Ideal Clinics	Track overall maintenance of existing PHC facilities and	Maintenance Completion Certificate	Number of PHC facilities maintained	Accuracy dependent on reliability of information		Number	Annual	No	Increase lifespan of infrastructure and equipment	Chief Director: Infrastructure Development and Technical

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
facilities maintained		equipment			captured on completion certificates						Services
Number of PHC facilities constructed (new/ replacement)	Construction of new PHC facilities	To improve health care services	Completion Certificate	Number of PHC Facilities constructed	Accuracy dependent on reliability of information captured on completion certificates	Input	Number	Annual	No	Improve access to health care services	Chief Director: Infrastructure and Technical Management
Number of Hospitals under maintenance	Number of hospitals identified with infrustrural defects and under maintanance	Track overall maintenance of existing Hospitals and equipment	Maintenance Completion Certificate	Number of Hospitals maintained	Accuracy dependent on reliability of information captured on completion certificates	Process	Number	Annual	No	Increase lifespan of infrastructure and equipment	Chief Director: Infrastructure Development and Technical Services
Enhance patient care & safety and improving medical care by constructing Modern hi-tech hospitals	Number of health modern Hi-tech Hospital constructed 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	Chief Director: Infrastructure and Technical Management
Improve maintenance of health facilities by appointing cooperatives	Number of communal business group appointed to provide maintenance to health facilities	To ensure facility maintenance	Appointment letters	Numerator: Number of Cooperatives appointed	None	Input	Number	Quarterly	Yes	Increase in Number of Cooperatives appointed	Chief Director: Infrastructure and Technical Management