

## TABLE OF CONTENTS

FOREWORD BY THE MEMBER OF EXECUTIVE COUNCIL FOR HEALTH (MEC).....	5
STATEMENT BY THE HEAD OF DEPARTMENT (HOD).....	7
OFFICIAL SIGN OFF .....	9
<b>PART A.....</b>	<b>10</b>
<b>1. STRATEGIC OVERVIEW.....</b>	<b>10</b>
1.1 VISION, MISSION AND VALUES.....	10
1.2 STRATEGIC GOALS.....	10
1.3 SITUATION ANALYSIS .....	12
1.4 ORGANISATIONAL ENVIRONMENT .....	21
1.5 PROVINCIAL SERVICE DELIVERY ENVIRONMENT.....	23
1.6 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES .....	25
1.7 OVERVIEW OF THE 2015/16 BUDGET AND MTEF ESTIMATES .....	30
<b>PART B - PROGRAMME AND SUB-PROGRAMME PLANS.....</b>	<b>34</b>
1. BUDGET PROGRAMME 1: ADMINISTRATION .....	34
2. BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS) .....	43
3. BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS) .....	73
4. BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED) .....	79
5. BUDGET PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS (C&THS) .....	86
6. BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST) .....	93
7. BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS) .....	99
8. BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM) .....	104
<b>PART C: LINKS TO OTHER PLANS .....</b>	<b>111</b>
1. LINKS TO THE LONG-TERM INFRASTRUCTURE AND OTHER CAPITAL PLANS.....	111
2. CONDITIONAL GRANTS .....	125
3. PUBLIC ENTITIES .....	128
4. PUBLIC-PRIVATE PARTNERSHIPS (PPPs) .....	128
5. CONCLUSIONS .....	130
<b>ANNEXURE A: STATSSA POPULATION ESTIMATES 2002-2018 .....</b>	<b>131</b>



**ANNEXURE B: MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019..... 134**

**ANNEXURE E: TECHNICAL INDICATOR DESCRIPTIONS..... 135**



## LIST OF ABBREVIATIONS /ACRONYMS

ACRONYM	DEFINITION
AC	AUDIT COMMITTEE
AGSA	AUDITOR GENERAL OF SOUTH AFRICA
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
ALOS	AVERAGE LENGTH OF STAY
ANC	ANTENATAL CARE
ART	ANTI-RETROVIRAL THERAPY
ARV	ANTI-RETROVIRAL
BBBEE	BROAD BASED BLACK ECONOMIC EMPOWERMENT
CEO	CHIEF EXECUTIVE OFFICER
CFO	CHIEF FINANCIAL OFFICER
CHC	COMMUNITY HEALTH CENTRES
DHIS	DISTRICT HEALTH INFORMATION SYSTEMS
DORA	DIVISION OF REVENUE ACT
DOT	DIRECTLY OBSERVED TREATMENT
ECP	EMERGENCY CARE PRACTITIONER
EMS	EMERGENCY MEDICAL SERVICES
ESMOE	ESSENTIAL STEPS TO MANAGE OBSTETRIC EMERGENCIES
EU	EUROPEAN UNION
HAART	HIGHLY ACTIVE ANTIRETROVIRAL TREATMENT
HAST	HIV AIDS, STI AND TB
HCRW	HIGH CARE RISK WASTE
HCT	HIV COUNSELLING AND TREATMENT
HDI	HISTORICALLY DISADVANTAGED INDIVIDUAL
HIV	HUMAN IMMUNO DEFICIENCY VIRUS
HOD	HEAD OF DEPARTMENT
HPTDG	HEALTH PROFESSIONAL TRAINING AND DEVELOPMENT GRANT
IEDMS	INTEGRATED ELECTRONIC DOCUMENT MANAGEMENT SYSTEM
IMCI	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS
MCWHN	MOTHER AND CHILD AND WOMEN'S HEALTH AND NUTRITION
MDGS	MILLENNIUM DEVELOPMENT GOALS
MEC	MEMBER OF EXECUTIVE COUNCIL
MTSF	MEDIUM TERM STRATEGIC FRAMEWORK
NDP	NATIONAL DEVELOPMENT PLAN
NHS	NATIONAL HEALTH SYSTEM



NIDS	NATIONAL INDICATOR DATA SET
NSDA	NEGOTIATED SERVICE DELIVERY AGREEMENT
NTSG	NATIONAL TERTIARY SERVICES GRANT
OPD	OUT PATIENT DEPARTMENTS
PHC	PRIMARY HEALTH CARE
PSA	PUBLIC SERVICE ACT
PDE	PATIENT DAY EQUIVALENT
PHC	PRIMARY HEALTH CARE
PCV	PNEUMOCOCCAL VACCINE
RV	ROTA VIRUS
SASAQAF	STATISTICS QUALITY ASSURNACE FRAMEWORK
STI	SEXUALLY TRANSMITTED INFECTIONS
TB	TUBERCULOSIS



## FOREWORD BY THE MEMBER OF EXECUTIVE COUNCIL FOR HEALTH (MEC)

The period 2015/16 marks the second financial year of the fifth government that received its mandate from the 2014 democratic elections. This is the second year after the adoption of the National Development Plan where outcome 2 highlights a long and healthy life for all South Africans.

The Departmental Annual Performance Plan (APP) is informed by the Departmental five-year strategic plan which is derived from the Medium Term Strategic Framework. The objective of the APP is to link the plans, budgets and performance of the department.

Our mandate is to provide health care and emergency medical services as enshrined in Section 27 of the Bill of Rights, Constitution Of The Republic Of South Africa, 1996. The National Health Act, No. 61, 2003 is an enabling legislation to carry out the Department's Constitutional mandate. It is upon this activity of national importance that, as a Department, we are also under obligation to review our plans annually, within the Medium Term Expenditure Framework.

From the above overarching planning frameworks, the subsequent key interventions that will be prioritized in this financial year are as follows:

- To provide efficient and effective strategic management.
- To provide access to Primary health care.
- To reduce maternal and child mortality.
- To improve tuberculosis prevention and cure.
- Reduce the prevalence of non -communicable diseases.
- To improve HIV, AIDS and STI (Sexually Transmitted Infections) care and management.
- Expansion of NHI pilot districts.
- To improve access to Emergency Medical Services.
- To improve health Infrastructure.
- To improve human resources training and development.

The Department strongly believes that the manner in which the budget is structured, speaks to the key priorities that will begin to shift the outputs and outcomes of this health system in the right direction.

Regardless of the challenges faced by the Health Sector in Limpopo, the Department achieved the following amongst others:



- Life expectancy in Limpopo has improved.
- The Maternal mortality ratio has improved.
- 509 clinical staff appointed and amongst them are 58 specialists.
- Appointment of CEO's in 90 % of Hospitals.
- The Medicine availability has improved tremendously in all facilities.

The Department continues to improve the quality of health services in preparation for the implementation of the National Health Insurance.

In addressing the health sector priorities, the Department of Health 2015/16 Annual Performance Plans has managed to prioritise the NDP outcomes, which will ultimately provide a long and healthy lifestyle to the people of Limpopo . I therefore endorse this 2015/16 Annual Performance Plan as a detailed framework for achieving the Departmental targets within the available budget.



-----

**Mr MI Kgetjpe**  
**Executive Authority**



## STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

The Departmental Annual Performance Plan for the 2015/16 financial year is prepared in line with the 2015-2020 Departmental Strategic Plan and is a road map for realizing the mission of the Department. The Annual Performance Plan is thus based on the targets we have set for ourselves in the Strategic Plan, and it is a means to provide a clear and detailed plan on what we aspire to achieve in the 2015/16 financial year.

The Department enters the 2015/16 financial year with a clear mandate to carry out the commitment made in the Strategic Plan. This financial year will see an improvement to advance service delivery guided by the NDP, MTSF, Social Cluster Programme of Action, the Negotiated Service Delivery Agreement (NSDA) of the Health Sector and the Health sector's priorities.

The above Health Sector Plans are guiding documents to ensure the Departmental outputs are achieved, and the following interventions are prioritized:

- To fill posts with committed, competent and skilled individuals.
- To implement the Primary Health Care re-engineering strategy.
- To implement strategies to reduce maternal and child mortality rates.
- To implement tuberculosis prevention and cure programmes.
- To prevent and control non -communicable diseases.
- To implement HIV & AIDS and STI (Sexually Transmitted Infections) strategy.
- To implement NHI in the pilot district.
- To improve the quality of Emergency Medical Services.
- To improve and maintain health Infrastructure.
- To train more health professionals to meet the requirements of the reinvigorated primary health care system.



The Department will continue with implementing the pilot project of the National Health Insurance in Vhembe District. The Department is striving towards completing the process, and will improve from the lessons learned and recommendations. The Department has, appointed District Clinical Specialist teams (DCST), established Ward Based PHC Outreach Teams (WBPHCOT), drafted a Referral System Policy, drafted a plan to connect broadband in all facilities and implementation of the Ideal clinic project, among others.

The Department continues to implement the National Core Standards compliance assessments in preparation for accreditation towards the National Health Insurance. Through conducting these assessments, the following six ministerial priorities are expected to improve drastically:

- Cleanliness,
- Safety and security of staff and patients,
- Reducing long waiting times,
- Staff attitudes,
- Infection prevention and control and
- Addressing drug stock-outs.

Regardless of the challenges faced by the Department, 47 % of the targets reported in the third quarter of the previous financial year have been achieved. The Department envisions “An optimal and sustainable health care service” through the implementation of the 2015/16 Annual Performance Plan.

The Department is confident that the available resources will be utilized efficiently, effectively and in an economical manner to achieve the Health outputs as outlined in the 2015/16 Annual Performance Plan.



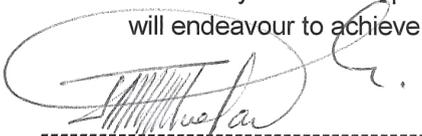
-----  
**Dr S Kabane**  
**Accounting Officer**

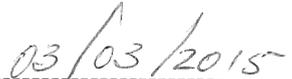


## OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in Limpopo
- Was prepared in line with the current Strategic Plan of the Department of Health under the guidance of MEC Mr MI Kgetjepe. The Member of the Executive Council for Health; and
- Accurately reflects the performance targets which the Provincial Department of Health in Limpopo will endeavour to achieve given the resources made available in the budget for 2015/2016

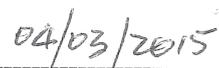
  
-----  
**Mr MJ Mudau**  
**Acting Chief Financial Officer**

  
-----  
**Date**

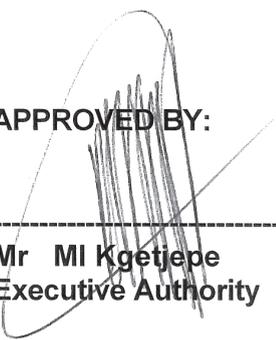
  
-----  
**Dr VE Buthelezi**  
**Head official responsible for planning**

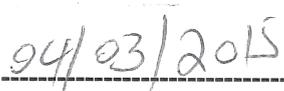
  
-----  
**Date**

  
-----  
**Dr S Kabane**  
**Accounting Officer**

  
-----  
**Date**

**APPROVED BY:**

  
-----  
**Mr MI Kgetjepe**  
**Executive Authority**

  
-----  
**Date**



## PART A

### 1. STRATEGIC OVERVIEW

#### 1.1 VISION, MISSION AND VALUES

##### Vision

A long and healthy life for people in Limpopo.

##### Mission

The Department is committed to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable.

##### Core Values

The department adheres to the following values and ethics that uphold the Constitution of the Republic of South Africa through:

- Honesty
- Integrity
- Fairness
- Equity
- Respect
- Dignity
- Caring

#### 1.2 STRATEGIC GOALS

STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES (OBJECTIVE STATEMENTS)
1. Universal health coverage achieved	Progressively improve the readiness of health facilities for the implementation of NHI in 2025	- Major and minor refurbishment of facilities in NHI pilot district - Expansion of NHI pilot districts
2. Improved quality of Health Care	Accelerate the improvement of quality of care in the health sector through the enhancement of accountability and implementation framework by 2020	- Improved compliance with National Core Standards - All health facilities conduct annual Patient Satisfaction survey - Strengthened public facility governance structure
3. Primary Health Care services re-engineered	Improve the school health and community health services by 2020	District health and Primary Health services strengthened



STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES (OBJECTIVE STATEMENTS)
4. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures are in place by 2020	Appropriately qualified and adequately skilled managers in all health facilities
5. Improved health Management and leadership	Strengthen management and leadership by improving capacity and mechanisms for management by 2020	<ul style="list-style-type: none"> <li>- Improved financial management skills and financial outcomes</li> <li>- Improved health governance and strengthened management and leadership of the district health system</li> </ul>
6. Improved health facility planning and infrastructure delivery	Improve health facility planning by implementing existing norms and standards in all districts by 2020	Major and minor refurbishment of health facilities
7. HIV & AIDS and Tuberculosis prevented and successfully managed	Prevent and reduce the disease burden and TB mortality rate by 50% in 2020	Increased life expectancy
8. Maternal, infant and child mortality reduced	Prevent and reduce maternal and child mortality by 50% in 2020	Increased life expectancy
9. Efficient Health Management Information System for improved decision making	Overhaul the health information system by 2020	<ul style="list-style-type: none"> <li>- Web based District Health Information System at PHC facilities implemented</li> <li>- Improved quality of information</li> </ul>



## 1.3 SITUATION ANALYSIS

### 1.3.1 Demographic, Socio-economic & Epidemiological profiles

#### a. Population profile

The Province of Limpopo is situated in the north of the Republic of South Africa. It shares borders with the provinces of Gauteng, Mpumalanga and North West. It also shares borders with the Republics of Mozambique in the east, Zimbabwe in the north and Botswana in the west. The province covers a land area of km<sup>2</sup> with a population of 5.5 million (2013 Mid-Year Population Estimates) and 1.4 Million households (Census 2011).

The 2013 Mid-Year population estimates show that the population of South Africa increased from 51.8 million in 2011 to 52.9 million in 2013 mid-year. During this period, the population of Limpopo province increased from 5.4 million to 5.5 million. With the current population of 5.5 million Limpopo Province is the fifth most populated province in the country after Gauteng, KwaZulu-Natal, Eastern Cape, and Western Cape (Stats SA, 2013).

The population of Limpopo province is youthful with 32% (1.78 million) being children under the age of 15 years. Economically active population (15-64 years) constitute 62% or 3, 4 millions, while elderly people are in the minority making up 5% of the province's population. Females constitute the majority, making up 53.1 % (2.9 million) of the province's population.

Average total fertility rate was estimated at 2.69 for the period 2011-2016, while average life expectancy at birth for males is estimated at 59.0 year and for females at 63.8 years in the same reference period. Migration is an important demographic process in shaping the age structure of the provincial population. For the period 2006-2011, Limpopo province is estimated to experience a net out- migration of nearly 227,919 people (Stats SA, 2013).

Table 1 provides the age and sex distribution of the population while figure 1 depicts the age and sex structure (Stats SA, 2013).

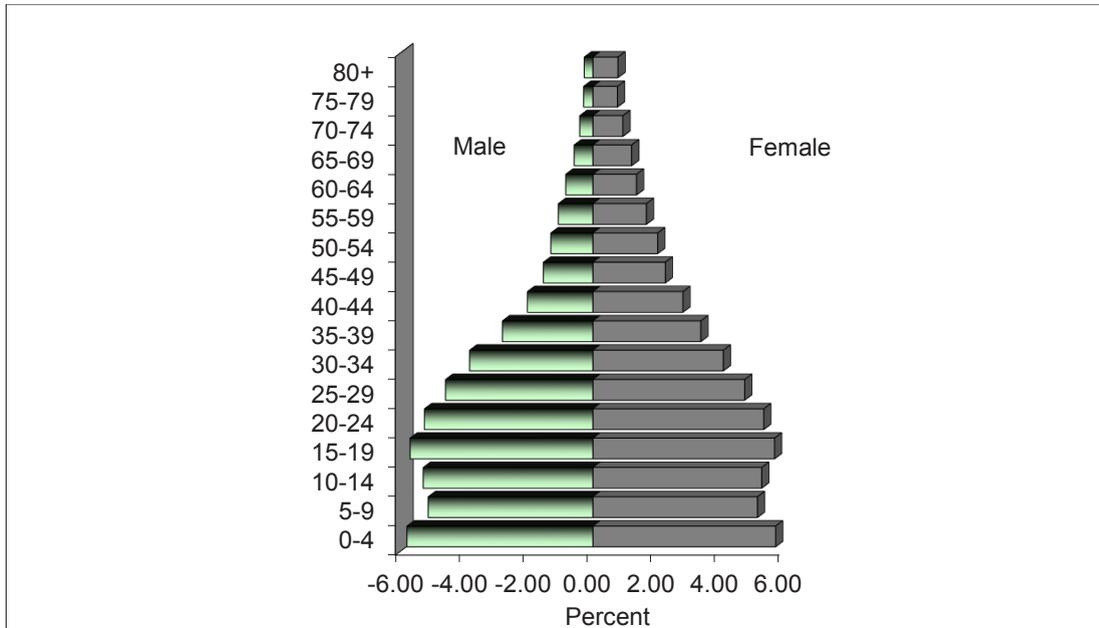


**Table A1: Population of Limpopo province by age and sex, 2013**

AGE	MALE	FEMALE	TOTAL
0-4	319891	315893	635 784
5-9	283516	284278	567 794
10-14	291927	291670	583 597
15-19	314602	314019	628 621
20-24	289921	295229	585 150
25-29	253646	262168	515 814
30-34	212109	225079	437 188
35-39	155621	186052	341 673
40-44	112739	155001	267 740
45-49	85162	124404	209 566
50-54	72335	111223	183 558
55-59	59536	91893	151 429
60-64	46732	74813	121 545
65-69	32286	66452	98 738
70-74	22729	51379	74 108
75-79	15970	41962	57 932
80+	14850	42881	57 731
Total	2583572	2934396	5 517 968

Source: Statistics South Africa, 2013

**Figure 1: Age – sex structure for Limpopo Province, 2013**



Source: Statistics South Africa, 2013



## **b. Socio-Economic Profile**

Approximately 80% of the population in Limpopo province is rural based. This situation greatly impacts on the population's capacity to acquire education – particularly tertiary education - which in turn influences the potential for gainful employment in the formal economic sector. The census 2011 results show that Limpopo province has the highest proportion of people aged 20 years and older with no schooling (17.3%) as compared to the other provinces. The results also show that with regard to Grade 12 (Matric), persons aged 20 years and older in Limpopo province who had completed Grade 12 constituted 22,7 % a figure that is lower than 28,9% recorded for South Africa.

The rate of unemployment plays a key role in depicting the employment status of the labour force in South Africa and, to a fair extent, the functioning of the economy at large. Statistics South Africa (Stats SA hereafter) conducts labour force surveys on a quarterly basis in the attempt to track employment and unemployment patterns in the country. Results of the 2013 Second Quarter Labour Force Survey put the national unemployment rate at 25,6%. From a provincial perspective the rate of unemployment in Limpopo province was estimated at 18,1% during the same reference period.

These demographic changes impacts the financial resources allocated to the Limpopo Department of Health. Furthermore, the population increase affects human resources especially health professionals and access to facilities.

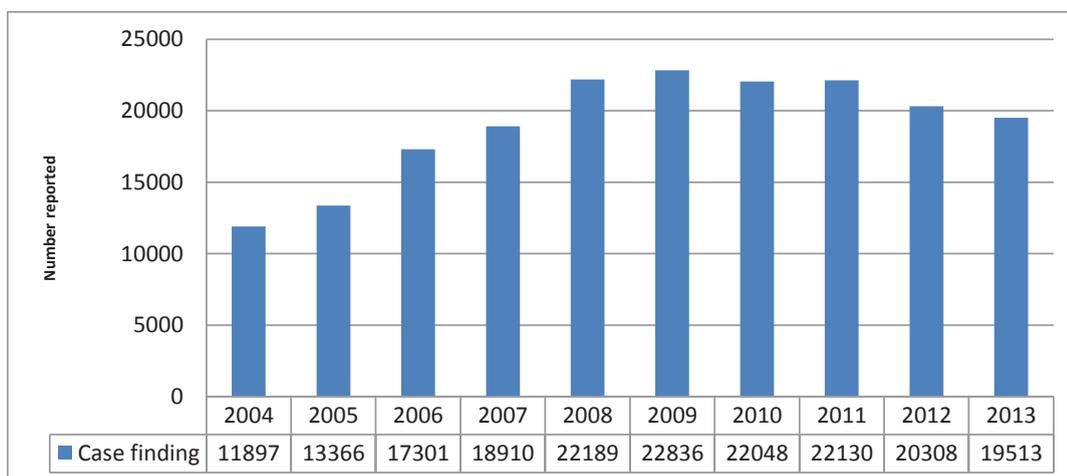
## **c. Epidemiological profile/ Burden of disease**

### **Tuberculosis and HIV**

Tuberculosis is the most prevalent Notifiable Medical Condition in South Africa. In Limpopo Province, the case detection has improved from 21 849 in 2008 to 20308 in 2012. The TB case load shows a steady decline in 2013 to 19513 and this decline could either be a reversal of the epidemic or inadequate screening. We are however embarking on Intensified Case finding (ICF) through TB screening, testing and linking them to care. The cure rate has drastically improved from 67.4% in 2008 to 77.3% in 2013 which is approximately 10% improvement and treatment success rate of 79.2% in 2013.



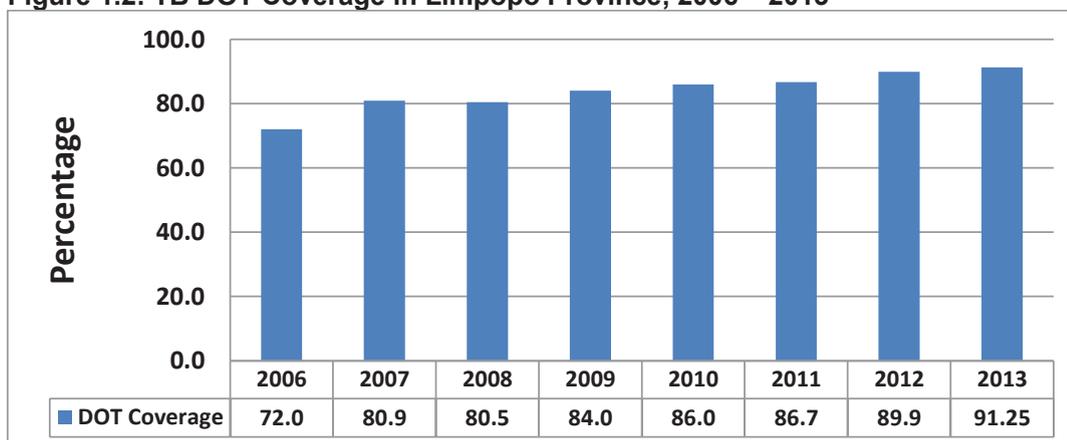
**Figure 1.1: TB Case finding in Limpopo Province, 2004 – 2013**



Source: Limpopo Department of Health, TB Control Programme and Epidemiology Service

The smear conversion rate has also improved from 59.9% in 2008 to 68.3% in 2012 and the defaulter rate has been reduced from 8.2% in 2008 to 5.0% in 2012. There is a consistent increase in the number of patients with a DOT supporter leading to increase in TB DOT Coverage from 72.0% in 2006 to 91.3% in 2013 as illustrated in figure 1.2 below. This shows positive contribution to the cure rate in the province as better adherence to treatment and intensified care in the community is achieved.

**Figure 1.2: TB DOT Coverage in Limpopo Province, 2006 – 2013**

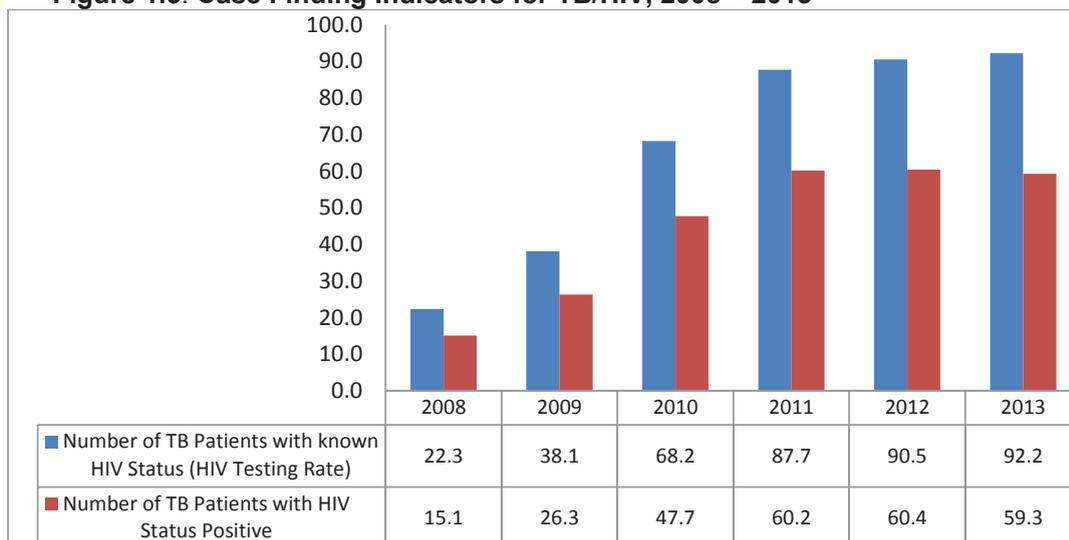


Source: Limpopo Department of Health, Epidemiology Services

HIV/TB Co-infection has been a challenge in the Province but great achievements have been made with regard to case findings and management. The number of TB patients with “Known” HIV status has improved from 22.3% in 2008 to 92.2% in 2013 as presented in figure 1.3 below.



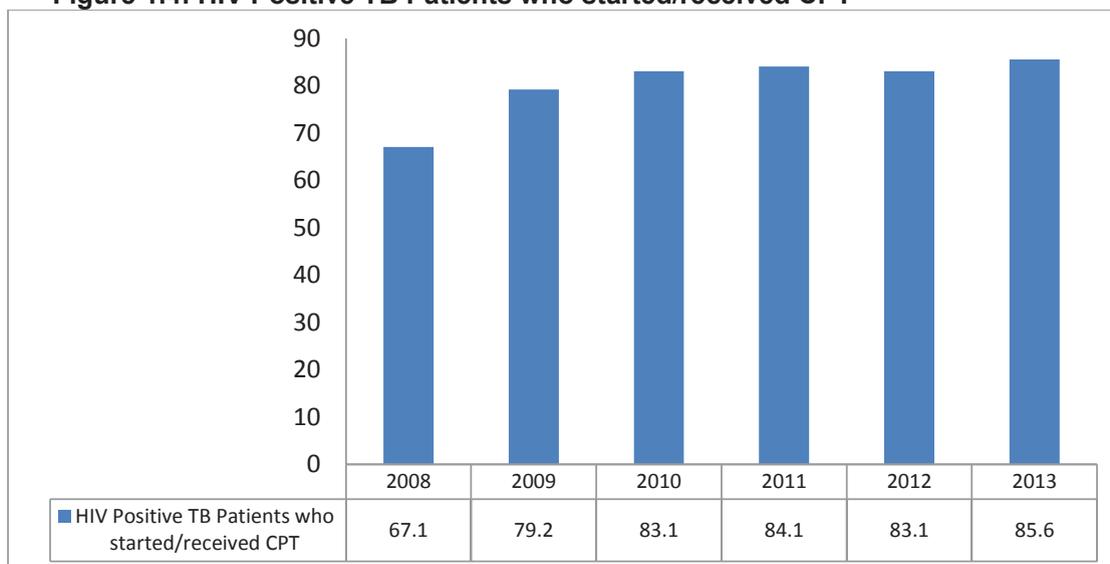
**Figure 1.3: Case Finding Indicators for TB/HIV, 2008 – 2013**



Source: Limpopo Department of Health, TB Control Programme and Epidemiology Services

The number of HIV positive TB patients who started/received co-trimoxazole preventive therapy (CPT) which is an intervention made to extend and improve the quality of life for people living with HIV, including those on ART, has improved from 67.1% in 2008 to 85.6% in 2013 as presented in figure 1.4 below. The value of co-trimoxazole in reducing the morbidity and mortality associated with HIV infection has been well established through clinical trials conducted in industrialized and developing countries.

**Figure 1.4: HIV Positive TB Patients who started/received CPT**



Source: Limpopo Department of Health, TB Control Programme and Epidemiology Services



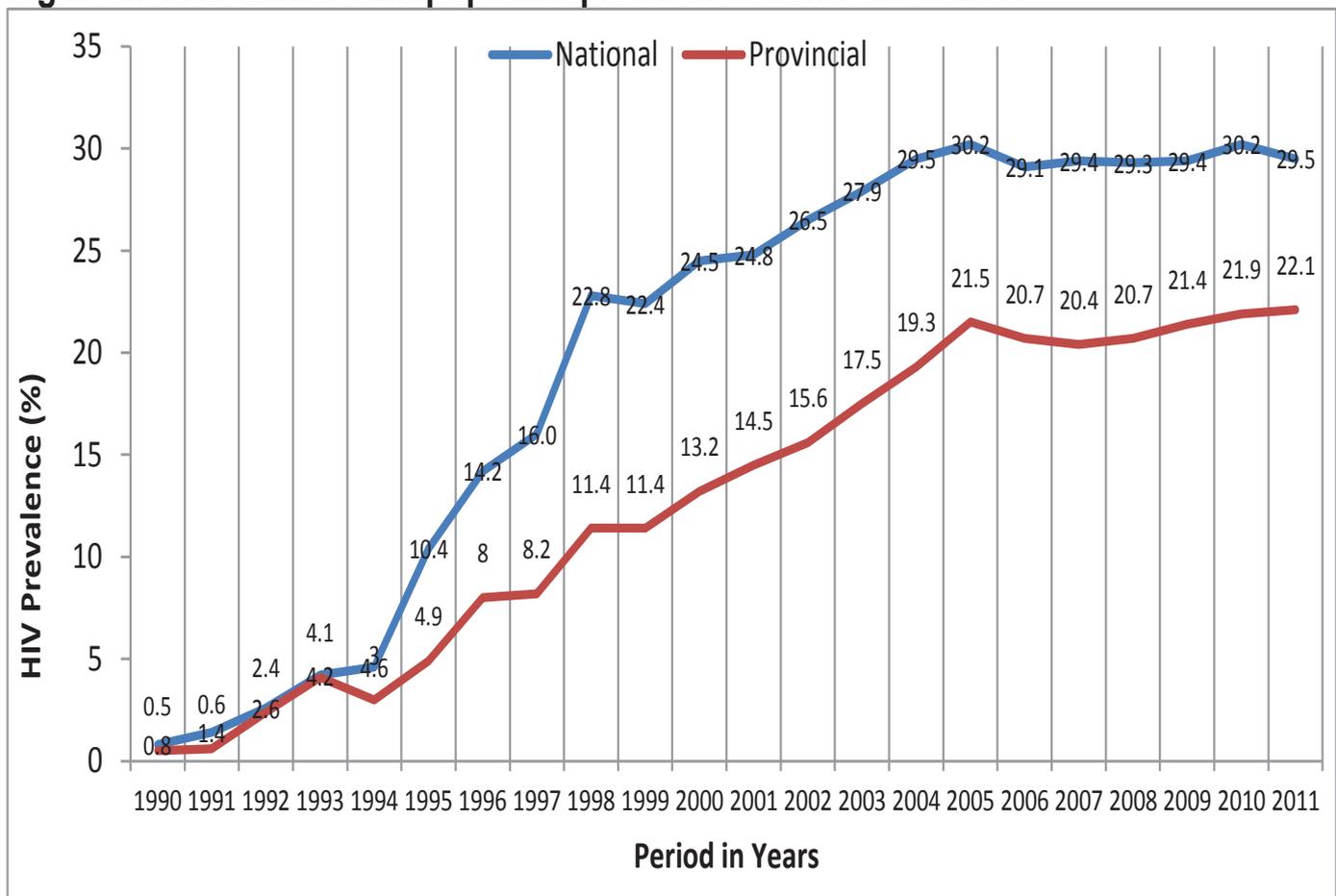
The above figure 1.4 shows a consistent increase of patients who are HIV positive and are being treated for TB. Hence the treatment of co-infected patients has increased from 67.1 in 2008 to 85.6 in 2013/14.

**HIV Prevalence\***

*\*The HIV Prevalence status has not changed in the country because the latest report has not been released by the Minister of Health and therefore the department relies on the 2011 report.*

The prevalence of HIV in South Africa has been consistently monitored through the use of the sentinel surveillance data. This data relates to pregnant women aged 15-49 who seek antenatal care services in public health facilities. The 2011 ANC sentinel surveillance data puts the national prevalence rate at 29.5%. Figure 1.5 below compares the national HIV prevalence trend with the situation in Limpopo. The HIV Prevalence increased from 0.8% in 1990 to 22.1% in 2011 as compared to National prevalence of 0.5% in 1990 to 29.5% in 2011.

**Figure 1.5. National vs Limpopo HIV prevalence trends 1990-2011**

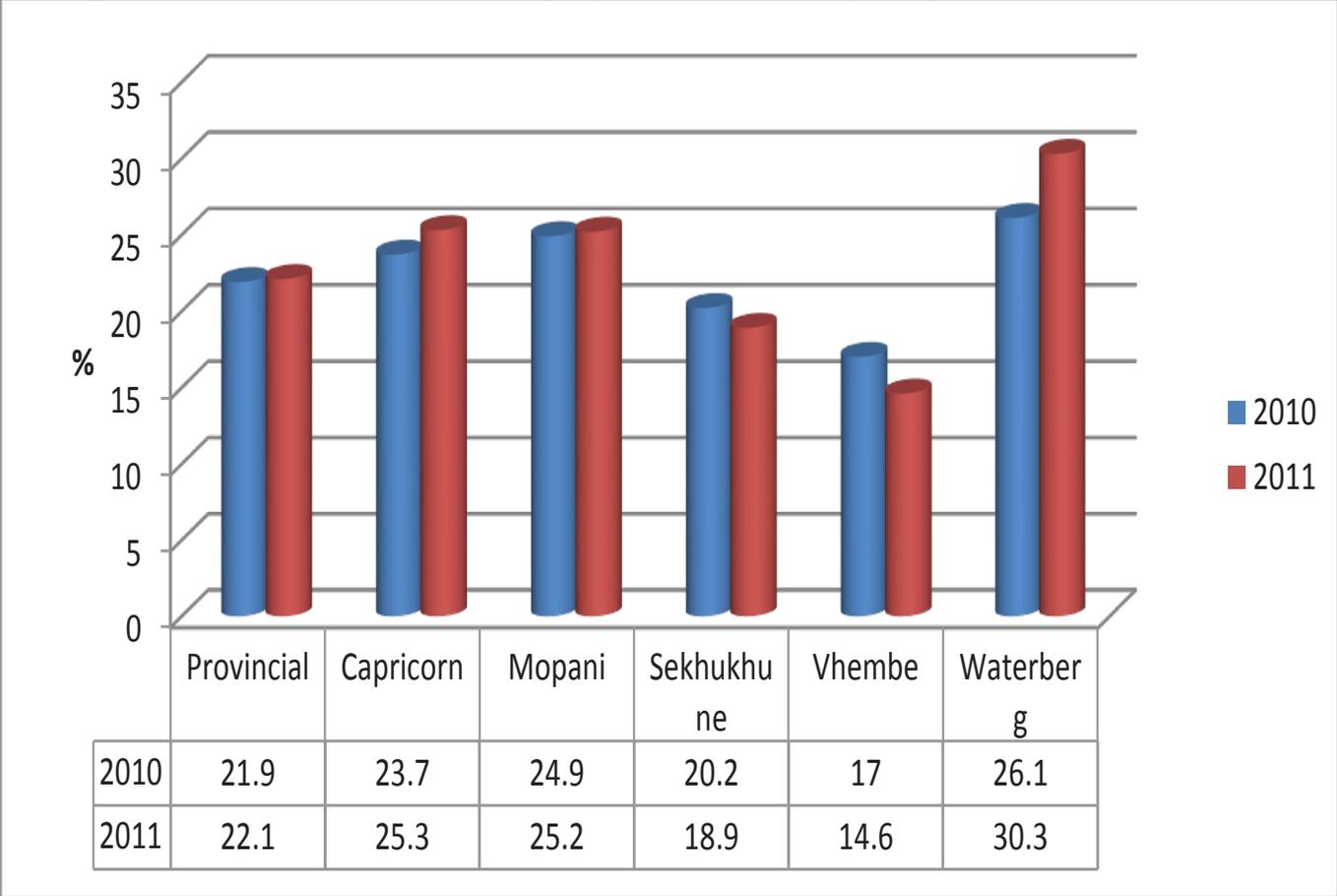


**Source: National Department of Health, HIV and Syphilis Survey (2011)**



Figure 1.6 below presents the district HIV prevalence, which shows that the HIV prevalence varies considerably with Waterberg district recording the highest prevalence of 30.3%, having risen from 26.1% in 2010. Vhembe district recorded the lowest prevalence (14.6%) in 2011, a figure that dropped from 17%. With the exception of Sekhukhune and Vhembe districts, the remaining districts of Limpopo districts (Mopani, Capricorn, and Waterberg) experienced a rise in HIV prevalence between 2010 and 2011.

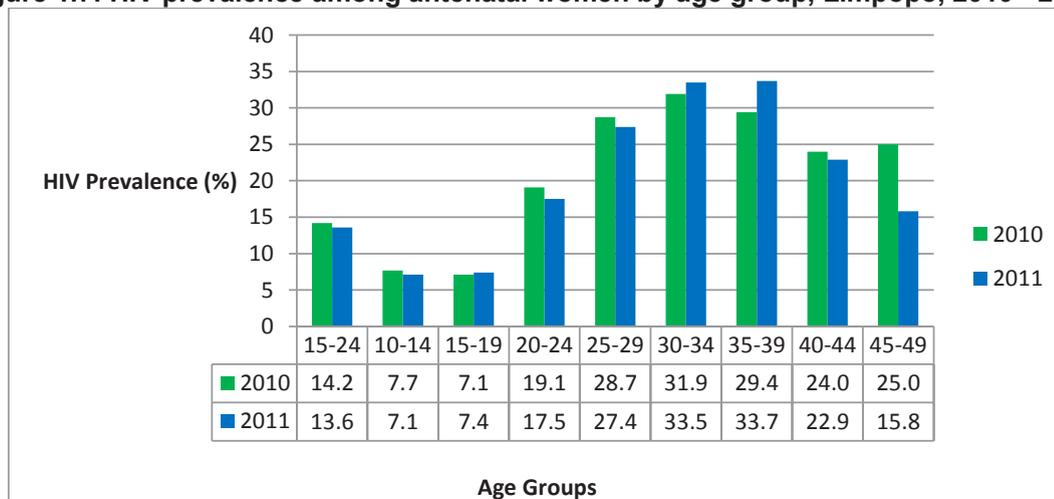
**Figure 1.6: HIV prevalence among antenatal women by district, Limpopo, 2010 to 2011**



**Source: Limpopo Department of Health, Epidemiology Services**

Figure 1.7 below shows HIV prevalence trends by age group in Limpopo Province. The HIV prevalence among women in the age group 30 - 34 years remains the highest from 31.9% in 2010 to 33.5% in 2011. The age group 35-39 showed an increase in the HIV Prevalence from 29.4 in 2010 to 33.7 in 2011. The age groups 10-14 and 15-19 show a small increase in HIV prevalence whereas the older age groups show some substantial increases. It should be noted that the age group 15 – 24 years is an indicator for Goal 6 of the Millennium Development Goals (MDG).

**Figure 1.7: HIV prevalence among antenatal women by age group, Limpopo, 2010 - 2011.**



**Source: Limpopo Department of Health, Epidemiology Services**

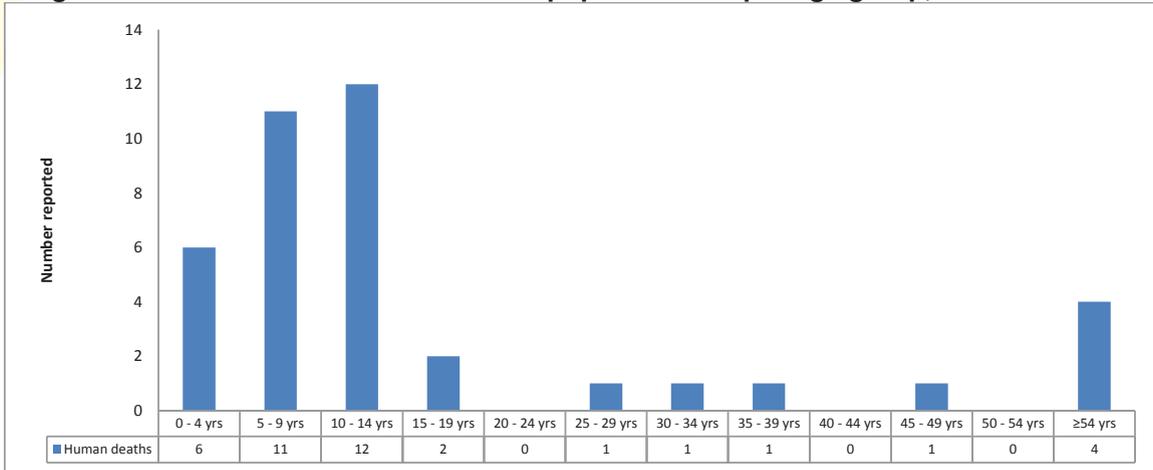
The age group 15 – 24 years is an indicator for Goal 6 of the Millennium Development Goals (MDG)

### Human Rabies

Human rabies is one of the most fatal diseases in Limpopo with a case fatality of 100%. The incidence of confirmed human rabies in Limpopo has decreased from 22 in 2006 to a single case in 2013. The human rabies deaths are mostly reported from Vhembe and Mopani districts. Dogs mostly bite children less than twelve years as illustrated in figure 1.8 below. Most of the dogs are not vaccinated against rabies even though vaccination is free. There is collaboration between the Department of Health and the Department of Agriculture to minimise the number of dog bites and the control of rabies in the province. The two departments annually conduct the rabies awareness campaigns in the high risk areas and promotional materials are distributed including the role plays by school children as they are the most affected group by rabies



**Figure 1.8: Human Rabies Deaths in Limpopo Province per age group, 2006 - 2014**

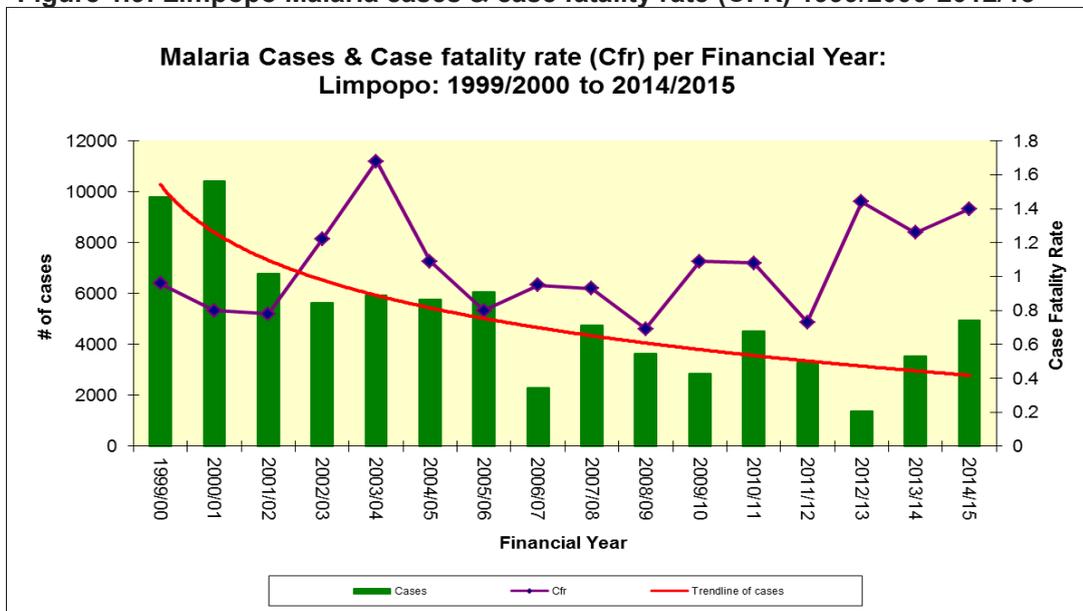


Source: Limpopo Department of Health, Epidemiology Services

### Malaria

Figure 1.9 below indicates to a gradual decline in the incidence of malaria over a period of 16 financial years, with the malaria case fatality rate (CFR) remaining at above 1 %. Following the low number of malaria cases notified in 2012/2013, the province observed an increase in the incidence of malaria in 2013/2014 and 2014/2015.

**Figure 1.9: Limpopo Malaria cases & case fatality rate (CFR) 1999/2000-2012/13**



Source: Limpopo Department of Health, Malaria Control Programme

The levels of malaria transmission in Limpopo are influenced by a number of factors namely climatic conditions, lack of malaria control on a regional level, with influx of parasite carriers into the province, and the reduced availability and use of the chemical DDT.



The highest incidence of Malaria is in Vhembe and Mopani districts, the districts that border Zimbabwe and Mozambique respectively. While considerable successes were reported from Mozambique, with the implementation of malaria control activities between 1999 and 2010, the Mozambique programme could not be sustained, due to the decline in the international donor funding to the project. The increased levels of malaria transmission in Mozambique, as well as similar increases elsewhere in the SADC region, is contributing to sustaining higher levels of transmission in Limpopo, through introduced and induced malaria.

The main malaria control intervention, being the Indoor Residual Spraying Programme, has continued to perform above set targets, with 1,137,686 structures sprayed in the 2013/2014 financial year, against a target of 990,000. The success of this programme has been dependent on the commitment of seasonal spray workers, employed from within our communities.

Malaria fatalities is still a concern, aggravated by delays in seeking treatment, co-morbidity and the unavailability of the treatment IV Artesunate (WHO recommended treatment for severe and complicated malaria). Plans are in place to make this treatment available to our facilities.

Various research initiatives are underway to find innovative ways to counter the higher levels of transmission. While there are ongoing activities in creating community awareness and training of health care workers, there will also be a focus on refining parasite surveillance tools, using a Geographical Information System (GIS) platform, in communities with higher levels of transmission. The aim is to use the available resources for malaria control more efficiently, by improved targeting of communities susceptible to malaria transmission.

## **1.4 ORGANISATIONAL ENVIRONMENT**

### **1.4.1 SUMMARY OF THE ORGANISATIONAL STRUCTURE**

Department reviewed its staff establishment with the purpose of aligning it with the proclamation, related legislative mandates and national strategic objectives. The reviewed staff establishment was approved by the MEC after consultation with the Minister of Public Service and Administration.

The Department reviewed its organisational structure with the purpose of aligning it with proclamation related to legislature mandates and national strategic objectives. The reviewed organisational structure is not fully implemented due to budgetary constraints

### **1.4.2 FACTORS IN THE ORGANISATION THAT WOULD IMPACT ON SERVICE DELIVERY**

Factors that would impact on service delivery in the Department include factors such as high vacancy rate of health care professionals and support personnel at health institutions. These factors are mostly attributed by poor working conditions, lack of equipment, poor infrastructures and high workload.

### **1.4.3 IMBALANCES IN SERVICE STRUCTURES AND STAFF MIX**

Core and Support personnel are, therefore, distributed according to the level of care. Despite efforts to accurately allocate personnel in Primary Health Care, District Hospitals, Provincial Hospitals and Tertiary Hospital services, the Department is still experiencing challenges relating to fair and equitable distribution of both Core and Support personnel.



#### **1.4.4 SUMMARY OF PERFORMANCE AGAINST THE PROVINCIAL HUMAN RESOURCES PLAN**

- **CURRENT DEPLOYMENT OF STAFF**

The organizational structure of the Department consists of 64 966 approved posts for core and support staff. Currently the filled posts for core are 24 067 and for support are 11 102. The vacancy rate for core stands at 42.45% and while vacancy rate for support is at 52.06%. The overall vacancy rate is at 45.87%.

- **ACCURACY OF STAFF ESTABLISHMENT AT ALL LEVELS AGAINST SERVICE REQUIREMENTS**

The development of Departmental staff establishment is based on the levels of care in order to meet the service requirements. The level of care includes Primary Health Care (PHC), District, Provincial and Tertiary Hospitals. In addition, the Department consists of 5 District offices and 4 Vertical programmes which are playing critical role in the service delivery of health care.

- **STAFF RECRUITMENT AND RETENTION SYSTEMS AND CHALLENGES**

The Department has developed Recruitment and Retention Strategy for Health Care Professionals in an attempt to attract and retain them. It is, however, observed that full implementation of this strategy is not realised due to shortage of funds. As a result, this contributes to high staff turnover. In addition, the Department is also required to comply with the EXCO decision of reduction of compensation of employees by 4%. Therefore, appointments of personnel at various levels of care are negatively affected.

- **ABSENTEEISM AND STAFF TURNOVER**

The high workload in the Department, which is influenced by the high vacancy rate of health care professionals, contributes to burn out resulting in absenteeism and negative staff turnover. Absenteeism is analysed from the following types of leaves i.e. vacation, sick leaves, responsibility leaves, unauthorized leaves and any other form of absenteeism.

- **HUMAN RESOURCE INFORMATION FROM THE PROVINCIAL DISTRICT HEALTH EXPENDITURE REVIEW (DHER)**

The Department currently does not have a Human Resource Information System. However, systems such as PERSAL and the district health expenditure review are being utilized. These systems are playing important role in the HR information analysis for planning purpose.

- **PROGRESS ON ROLLOUT OF WORKLOAD INDICATORS STAFFING NEEDS (WISN) TOOL AND METHODOLOGY**

National Department of Health in partnership with World Health Organisation introduced the Workload Indicators of Staffing Needs (WISN) project in the Country. WISN is a human resource planning and management tool that can be used to determine how many Health Professionals of a particular type are required to cope with the workload of a given health facility. In addition, WISN can also be used to assess the workload pressure of the Health Professionals in a facility. The main objective of WISN project is to develop of National and Provincial Staffing Norms and Standards.



The provincial Departments of Health are required to pilot WISN project in the NHI Districts. The Department has commenced with the WISN project in Vhembe District as an NHI pilot district and the following progress was made:

The WISN project was initially piloted in thirteen (13) health facilities (11 fixed clinics, 1 Health Centre, and 1 District Hospital). A report with preliminary findings for the thirteen (13) health facilities was submitted to National Department of Health. Subsequently, the project was escalated to fifty two (52) health facilities and a draft report is in the process of being finalised. The remaining fifty five (55) health facilities will be finalised in the current financial year.

## 1.5 PROVINCIAL SERVICE DELIVERY ENVIRONMENT

Impact Indicator	Baseline (2009 <sup>1</sup> )	Baseline (2012 <sup>2</sup> )	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)	56 years	63 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)	55 years	60.2 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)	58 years	65.8 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)	42 per 1000 live births	20 per 1 000 live births
Neonatal Mortality Rate	-	14 per 1000 live births	6 per 1000 live births	12.8/1 000 per live births	6 per 1 000 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	37.9 per 1 000 live births	18 per 1 000 live births
Child under 5 years diarrhoea case Fatality rate	-	4.2%	<2%	7.8%	2%
Child under 5 years severe acute malnutrition case fatality rate	-	9%	<5%	7.8%	2%
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	177.9 per 100 000	95 per 100 000 live birth

<sup>2</sup> Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012





**Table A2: Health Personnel in 2014/15**

Categories	Number employed	% of total employed	Number per 100,000 people	Number per 100,000 uninsured people <sup>2</sup>	Vacancy rate <sup>5</sup>	% of total personnel budget	Annual cost per staff member
Medical officers	648	2.77%	12	12	65%	14.2%	502,922.00
Medical specialists	93	0.39%	2	2	78%	25.4%	901,957.00
Dentists	122	0.52%	2	2	47%	13.8%	489 225.00
Professional nurses	8007	34.74%	148	148	39%	6.4%	226 825.00
Enrolled Nurses	4294	19.35%	79	79	25%	3.0%	106.260.00
Enrolled Nursing Auxiliaries	5665	25.02%	105	105	20%	2.3%	81 843.00
Student nurses	969	3.86%	18	18	N/A	2.0%	70 996.00
Pharmacists	241	1.38%	5	5	42%	10.1%	359 475.00
Physiotherapists	253	1.08%	4	4	68%	4.4%	155 698.00
Occupational therapists	331	1.41%	3	3	53%	4.6%	162 736.00
Radiographers	373	1.59%	6	6	53%	4.9%	173 986.00
Emergency medical staff	1963	6.07%	36	36	35%	3.3%	117 489.00
Dieticians/ Nutritionists	367	1.56%	7	7	54%	4.5%	161 153.00
Community Care-Givers (even though not part of the PDoH staff establishment)	62	0.26%	1	1	N/A	1.1%	40 147.00
<b>Total</b>	<b>23388</b>	<b>100.00%</b>				<b>100.0%</b>	<b>3 550 712.00</b>
All Other Personnel							
<b>Total</b>		<b>100%</b>				<b>100%</b>	

## 1.6 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

### a) Constitutional mandates

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

**The Constitution of the Republic of South Africa, 1996**, places obligations on the state to progressively realise socio-economic rights, including access to health care.

**Schedule 4 of the Constitution** reflects health services as a concurrent national and provincial legislative competence

**Section 9 of the Constitution** states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information that is held by another person if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

**Section 27 of the Constitution states as follows:** with regards to Health care, food, water, and social security:

- (1) Everyone has the right to have access to –
  - (a) health care services, including reproductive health care;
  - (b) sufficient food and water; and
  - (c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

**Section 28 of the Constitution** provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services'



## b) Legal mandates

The following national legislation and policy documents form the legal and policy framework being implemented within the Department.

- **National Health Act, 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. The objects of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- Create the foundations of the health care system, and must be understood alongside other laws and policies which relate to health.

### Legislation falling under the Minister of Health's portfolio

- **Medicines and Related Substances Act, 101 of 1965**

Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

- **Foodstuffs, Cosmetics and Disinfectants Act, 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, 15 of 1973**

Provides for the control of hazardous substances, in particular those emitting radiation.

- **Occupational Diseases in Mines and Works Act, 78 of 1973**

Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.



- **Pharmacy Act, 53 of 1974 (as amended)**  
Provides for the regulation of the pharmacy profession, including community service by pharmacists 9
- **Health Professions Act, 56 of 1974 (as amended)**  
Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Dental Technicians Act, 19 of 1979**  
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Allied Health Professions Act, 63 of 1982 (as amended)**  
Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.
- **Human Tissue Act, 65 of 1983**  
Provides for the administration of matters pertaining to human tissue.
- **National Policy for Health Act, 116 of 1990**  
Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.
- **SA Medical Research Council Act, 58 of 1991**  
Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.
- **Academic Health Centres Act, 86 of 1993**  
Provides for the establishment, management and operation of academic health centres.
- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**  
Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.
- **Sterilisation Act, 44 of 1998**  
Provides a legal framework for sterilisations, including for persons with mental health challenges.
- **Medical Schemes Act, 131 of 1998**  
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**



Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

- **National Health Laboratory Service Act, 37 of 2000**

Provides for a statutory body that offers laboratory services to the public health sector. 10

- **Council for Medical Schemes Levy Act, 58 of 2000**

Provides a legal framework for the Council to charge medical schemes certain fees

- **Mental Health Care Act, 17 of 2002**

Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.

- **Nursing Act, of 2005**

Provides for the regulation of the nursing profession.

#### **Other legislation in terms of which the Department operates**

- **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**

Provides for establishing the cause of non-natural deaths.

- **Child Care Act, 74 of 1983**

Provides for the protection of the rights and well-being of children.

- **Occupational Health and Safety Act, 85 of 1993**

Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**

Provides for compensation for 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 disease.

- **The National Roads Traffic Act, 93 of 1996**

Provides for the testing and analysis of drunk drivers.

- **Constitution of the Republic of South Africa Act, 108 of 1996**



Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Employment Equity Act, 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.

- **State Information Technology Act, 88 of 1998**

Provides for the creation and administration of an institution responsible for the state's information technology system

- **Skills Development Act, 97 of 1998**

Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces. 11

- **Public Finance Management Act, 1 of 1999**

Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

- **Promotion of Access to Information Act, 2 of 2000**

Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

- **Promotion of Administrative Justice Act, 3 of 2000**

Amplifies the constitutional provisions pertaining to administrative law by codifying it.

- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**

Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

- **The Division of Revenue Act, 7 of 2003**

Provides for the manner in which revenue generated may be disbursed.

- **Broad-based Black Economic Empowerment Act, 53 of 2003**

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

**c) New Legal and Policy mandates**

Adverse events and incidents policy

**d) Relevant court rulings**

Court rulings that might impact on the Department's capacity to deliver services are the following:

- i. SOOBARAMONEY v MINISTER OF HEALTH (KWAZULU-NATAL) 1998 (1) SA 765 (CC)
- ii. MINISTER OF HEALTH & OTHERS v TREATMENT ACTION CAMPAIGN & OTHERS (NO 2) 2002 (5) SA 721 (CC)



## 1.7 OVERVIEW OF THE 2015/16 BUDGET AND MTEF ESTIMATES

The Department was allocated an amount of R14.3 billion in the 2014/15 financial year to deliver the healthcare services in Limpopo Province.

The overall health budget increased from R11.5 billion in the 2011/12 financial year to R13.0 billion in 2013/14. This indicates an accumulative growth of 13.0% or R1.5 billion over the last three years.

The budget is projected to grow from R14.7 billion in 2015/16 to R16.0 billion in the year ending 2017/18. This represents a cumulative growth of 8.8% or R1.3 billion. The funding however does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

Despite the above mentioned budget growth, the Department still experience the funding gap in the following areas:-

- Filling of critical vacant posts to reduce the vacancy rate.
- Funding of the maintenance and equipment.
- Procurement of medical and allied equipment.

The Budget is reflecting a nominal growth of 3% (2015/16), 3% (2016/17) and 5% (2017/18). This growth is below the inflation and when inflation is factored in, then the budget is reflecting a decrease of -3% (2015/16), -3% (2016/17) and -1% (2017/18). This means that the Department, given the reduced financial resources, is able only to maintain the current level of service or only marginal improvements on certain areas.



### 1.7.1 EXPENDITURE ESTIMATES

Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium term expenditure estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
1. Administration	260,091	238,335	270,891	257,619	257,619	275,619	263,737	276,132	285,939
2. District Health Services	6,423,021	7,189,516	7,868,354	9,041,435	9,239,763	9,338,764	9,461,277	10,006,857	10,594,375
3. Emergency Medical Services	503,282	489,932	522,004	562,512	562,512	577,512	586,574	663,602	696,782
4. Provincial Hospital Services	1,439,089	1,639,771	1,688,203	2,025,507	2,018,787	2,018,787	2,094,417	2,233,629	2,345,310
5. Central Hospital Services	1,029,210	1,117,618	1,244,436	1,322,001	1,343,557	1,343,557	1,356,357	1,448,604	1,525,389
6. Health Sciences and Training	375,647	391,905	432,315	472,008	510,008	510,008	568,524	569,407	601,760
7. Health Care Support Services	534,902	650,244	754,035	93,481	106,481	106,481	96,778	98,098	103,003
8. Health Facilities Management	799,534	1,111,023	355,890	594,747	575,626	575,626	324,626	534,826	586,568
<b>Sub-total</b>									
<b>Direct charges against the National Revenue Fund</b>	1,566	1,652	1,735	1,735	1,735	1,735	1,845	1,943	2,040
<b>Total</b>	<b>11,366,342</b>	<b>12,829,996</b>	<b>13,137,862</b>	<b>14,371,045</b>	<b>14,616,088</b>	<b>14,730,089</b>	<b>14,754,136</b>	<b>15,833,099</b>	<b>16,741,166</b>
<b>Change to 2010/11 budget estimate</b>	<b>11,366,342</b>	<b>12,829,996</b>	<b>13,137,862</b>	<b>14,371,045</b>	<b>14,616,088</b>	<b>14,730,089</b>	<b>14,754,136</b>	<b>15,833,099</b>	<b>16,741,166</b>





**Table A3: Provincial Expenditure Estimates by Economic Classification**

	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>10,048,723</b>	<b>11,260,119</b>	<b>12,316,889</b>	<b>13,369,586</b>	<b>13,745,259</b>	<b>13,844,259</b>	<b>14,011,811</b>	<b>14,897,367</b>	<b>15,785,807</b>
Compensation of employees	7,735,890	8,691,988	9,377,977	10,234,790	10,397,493	10,397,493	11,166,905	11,983,474	12,774,182
<b>Goods and services</b>	<b>2,312,833</b>	<b>2,568,431</b>	<b>2,938,910</b>	<b>3,134,796</b>	<b>3,347,766</b>	<b>3,446,766</b>	<b>2,844,906</b>	<b>2,913,893</b>	<b>3,011,625</b>
Communication	52,507	55,012	57,119	58,474	58,474	56,514	40,345	36,605	23,436
Computer Services	57,279	76,151	70,589	71,550	71,550	86,541	69,936	42,936	26,083
Consultants, Contractors and special services	482,960	702,261	503,183	901,660	917,844	709,733	550,650	547,665	534,648
Inventory	1,011,426	1,199,641	1,320,778	1,538,019	1,663,474	1,701,659	1,690,272	1,777,663	1,881,942
Operating leases	23,889	115,335	42,599	28,500	28,500	27,623	26,086	24,412	25,782
Travel and subsistence	127,335	67,425	81,586	20,800	20,800	56,073	11,746	10,925	9,966
Maintenance , repair and running costs	116,289	123,727	162,973	156,000	172,956	110,151	122,241	132,090	138,758
Financial transactions in assets and liabilities	3,566	-	3,563	-	-	-	-	-	-
Specify other	437,602	228,879	696,520	359,793	414,168	698,472	333,630	341,597	371,010
<b>Transfers and subsidies to</b>	<b>378,145</b>	<b>462,213</b>	<b>509,538</b>	<b>475,733</b>	<b>538,922</b>	<b>529,084</b>	<b>509,798</b>	<b>478,993</b>	<b>494,782</b>
Provinces and municipalities	25,569	5,806	61	22,673	5,992	5,992	22,844	23,108	24,263
Departmental agencies and accounts	5,084	8,041	25,022	20,979	45,729	45,729	20,526	20,842	20,884
Non-profit institutions	231,672	286,079	282,515	289,971	296,162	296,162	297,812	283,000	291,490
Households	115,840	162,287	201,940	142,110	191,039	181,201	168,616	152,043	158,145
<b>Payments for capital assets</b>	<b>935,908</b>	<b>1,107,664</b>	<b>307,872</b>	<b>525,726</b>	<b>331,906</b>	<b>356,746</b>	<b>232,527</b>	<b>457,740</b>	<b>460,576</b>
Buildings and other fixed structures	752,635	1,032,905	207,050	418,144	213,374	213,374	135,718	332,004	378,604
Machinery and equipment	183,273	74,759	100,822	107,582	118,532	143,372	96,808	124,736	81,972
Software and other intangible assets									

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13				2013/14	2015/16	2016/17
Total economic classification	11,366,342	12,829,996	13,137,862	14,371,045	14,616,088	14,730,089	15,833,099	16,741,166

## 1.7.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

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

Expenditure	Audited/ Actual				Adjusted Budget	Medium term projection		
	2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
<b>Current prices<sup>1</sup></b>								
Total <sup>2</sup>	11,366	12,830	13,138	14,616	14,754	15,833	16,741	
Total per person	2.15	2.47	2.58	2.87	2.90	3.11	3.29	
Total per uninsured person	2.02	2.28	2.34	2.60	2.63	2.82	2.98	
<b>Constant (2008/09) prices<sup>3</sup></b>								
Total	12,616	14,113	12,481	13,154	12,688	13,616	14,397	
Total per person	2.3	2.6	2.3	2.4	2.3	2.5	2.7	
Total per uninsured person	11,657	13,040	11,533	12,155	11,724	12,582	13,303	
<b>% of Total spent on:-</b>								
DHS <sup>4</sup>	29.1%	32.7%	36.2%	34.9%	37.2%	36.4%	34.4%	
PHS <sup>5</sup>	7.8%	7.6%	8.1%	7.1%	7.4%	7.3%	6.9%	
CHS <sup>6</sup>	4.9%	5.4%	6.1%	6.3%	6.6%	6.4%	6.1%	
All personnel	32.1%	33.5%	36.3%	34.7%	34.4%	32.0%	30.3%	
Capital <sup>2</sup>	6.0%	8.5%	7.6%	8.8%	8.7%	8.1%	7.7%	
Health as % of total public expenditure	31.0%	30.9%	29.3%	30.5%	30.7%	32.2%	33.4%	





## **PART B - PROGRAMME AND SUB-PROGRAMME PLANS**

### **1. BUDGET PROGRAMME 1: ADMINISTRATION**

#### **1.1 PROGRAMME PURPOSE**

The purpose of the programme is to provide strategic management and overall administration of the Department including rendering of advisory, secretarial and office support services through the sub programmes of Administration and Office of the MEC.

#### **1.2 PRIORITIES**

- Implementation of Human Resource Plan for Health;
- Unqualified audit opinion; and
- Improvement of revenue and information management systems.

### 1.3 SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

ANNUAL INDICATORS	Frequency	Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
1. Medical officers per 100,000 people	Annual	No	16	15.6	16	12	12	12	12
2. Medical officers per 100,000 people in rural districts	Annual	No	16	15.6	16	12	12	12	12
3. Professional nurses per 100,000 people	Annual	No	142	141	142	148	148	148	148
4. Professional nurses per 100,000 people in rural districts	Annual	No	142	141	142	148	148	148	148
5. Pharmacists per 100,000 people	Annual	No	6	5.8	6	5	5	5	5
6. Pharmacists per 100,000 people in rural districts	Annual	No	6	5.8	6	5	5	5	5





#### 1.4 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

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

Strategic objective	Means of verification / indicator	Strategic Plan target	Audited/ Actual performance				Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
1. To improve human resources for health	Number of medical doctors and dentists appointed	Implement 100% of the human resource plan for health in all facilities	136	118	297	200	200	200	200	200
	Number of medical specialists appointed		19	17	16	16	16	16	16	16
	Number of professional nurses appointed		674	392	211	200	200	200	200	200
	Number of pharmacists appointed		65	31	63	63	65	70	70	70
	Number of cleaners appointed		New indicator	New indicator	New indicator	90	150	150	150	150
	Number of artisan appointed		New indicator	New indicator	New indicator	10	20	20	20	20
	Number of grounds men appointed		New indicator	New indicator	New indicator	35	40	40	40	40
	Number of porters appointed		New indicator	New indicator	New indicator	15	20	20	20	20
	Number of ICT personnel appointed		New indicator	New indicator	New indicator	8	10	10	10	10
	Number of revenue personnel appointed		New indicator	New indicator	New indicator	50	45	45	45	45

Strategic objective	Means of verification / indicator	Strategic Plan target	Audited/ Actual performance				Estimated performance	Medium term targets		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
	Number of SMS posts appointed		New indicator	New indicator	New indicator	6	10	14	0	
2. Provide efficient and effective financial management system	% compliance to payment of suppliers within 30 days	Unqualified audit reports from the Auditor-General of South Africa (AGSA)	New indicator	New indicator	65%	100%	100%	100%	100%	
	Number institution with Credible Asset Register		58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	
	Revenue collected		R115.6 million	R130.6 million	R121 million	R140.8 million	150.1 million	174.1 million	183.0 million	

**TABLE ADMIN 2: PERFORMANCE INDICATORS FOR ADMINISTRATION**

Programme Performance Indicators	Frequency	Type	Audited/ Actual performance				Estimate	Medium-term targets		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
1. Audit opinion from Auditor-General	Quarterly / Annual	Categorical	Disclaimer audit opinion	Disclaimer audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	
2. Percentage of Hospitals with broadband access	Quarterly	%	New indicator	New indicator	New indicator	100% (40 of 40)				
3. Percentage of fixed PHC facilities with broadband access	Quarterly	%	New indicator	New indicator	New indicator	27% (120 of 444)	30% (133 of 444)	35% (155 of 444)	40% (177 of 444)	





## 1.5 QUARTERLY TARGETS FOR 2015/16

**TABLE ADMIN 3: QUARTERLY TARGETS FOR 2015/16**

Means of verification / indicator	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Number of medical doctors and dentists appointed	200	20	20	20	140
Number of medical specialists appointed	16	1	1	1	13
Number of professional nurses appointed	200	30	30	30	110
Number of pharmacists appointed	65	4	4	4	53
Number of cleaners appointed	150	-	150	-	-
Number of artisan appointed	20	-	20	-	-
Number of grounds men appointed	40	-	40	-	-
Number of porters appointed	20	-	20	-	-
Number of ICT personnel appointed	10	-	10	-	-
Number of revenue personnel appointed	45	20	25	-	-
Number of SMS posts appointed	10	-	-	-	10
% compliance to payment of suppliers within 30 days	100%	100%	100%	100%	100%
Number institution with Credible Asset Register	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
Revenue collected	150.1 million	27.8 million	33.4 million	38.1 million	50.8 million

**TABLE ADMIN 4: PROVINCIAL QUARTERLY TARGETS FOR 2015/16**

Means of verification / indicator	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Audit opinion from Auditor-General	Unqualified audit opinion	-	-	-	Unqualified audit opinion
Percentage of Hospitals with broadband access	100% (40 of 40)	100% (40 of 40)	100% (40 of 40)	100% (40 of 40)	100% (40 of 40)
Percentage of fixed PHC facilities with broadband access	30% (133 of 444)	5% (22 of 444)	5% (22 of 444)	5% (22 of 444)	15% (67 of 444)

**1.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS**

**TABLE ADMIN 5: EXPENDITURE ESTIMATES: ADMINISTRATION**

Sub-programme	Expenditure outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
R' thousand		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
MEC's Office	1,566	1,652	1,735	1,735	1,735	1,735	1,735	1,943	2,040	2,040
Management	260,091	238,335	270,892	257,619	257,619	257,619	257,619	276,132	285,939	285,939
<b>TOTAL</b>	<b>261,657</b>	<b>239,987</b>	<b>272,627</b>	<b>259,354</b>	<b>259,354</b>	<b>259,354</b>	<b>259,354</b>	<b>278,075</b>	<b>287,979</b>	<b>287,979</b>





**Summary of Provincial Expenditure Estimates by Economic Classification<sup>3</sup>**

	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate				
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18		
	R'000	R'000	R'000				R'000	R'000	R'000		
R' thousand											
<b>Current payments</b>	<b>251,020</b>	<b>230,740</b>	<b>242,607</b>	<b>258,639</b>	<b>258,139</b>	<b>276,139</b>	<b>265,582</b>	<b>277,287</b>	<b>287,151</b>		
Compensation of employees	185,966	179,620	188,787	219,242	218,742	236,742	229,736	242,330	250,467		
<b>Goods and services</b>	<b>65,054</b>	<b>51,120</b>	<b>53,821</b>	<b>39,397</b>	<b>39,397</b>	<b>39,397</b>	<b>35,098</b>	<b>34,957</b>	<b>36,684</b>		
Communication	11,949	9,727	8,634	200	200	200	1,394	433	454		
Computer Services	-	-	1	113	113	103	700	612	642		
Consultants, Contractors and special services	6,326	11,369	876	11,252	11,252	11,327	14,569	18,626	19,557		
Inventory	2,788	2,120	93	1,504	1,504	1,504	2,194	1,621	1,682		
Operating leases	12,322	8,468	8,288	5,135	5,135	5,135	1,173	235	247		
Travel and subsistence	18,600	12,033	11,491	417	417	417	2,747	742	779		
Maintenance , repair and running costs	1,001	2,092	12,812	3,177	3,177	2,466	2,013	2,219	2,330		
Financial transactions in assets and liabilities	3,566		3,563	-	-	-	-	-	-		
Specify other	8,502	5,311	8,063	17,599	17,599	18,245	10,308	10,469	10,993		
<b>Transfers and subsidies to</b>	<b>5,913</b>	<b>9,025</b>	<b>26,270</b>	<b>238</b>	<b>738</b>	<b>738</b>	<b>246</b>	<b>260</b>	<b>273</b>		
Provinces and municipalities	-	-	25	-	-	-	-	-	-		
Departmental agencies and accounts	5,064	8,041	25,022	-	-	-	-	-	-		
Households	849	984	1,223	238	738	738	246	260	273		
<b>Payments for capital assets</b>	<b>1,158</b>	<b>222</b>	<b>186</b>	<b>477</b>	<b>477</b>	<b>477</b>	<b>502</b>	<b>529</b>	<b>555</b>		
Machinery and equipment	1,158	222	186	477	477	477	502	529	555		
<b>Total economic classification</b>	<b>261,657</b>	<b>239,987</b>	<b>272,627</b>	<b>259,354</b>	<b>259,354</b>	<b>259,354</b>	<b>265,582</b>	<b>278,075</b>	<b>287,979</b>		

## 1.7 PERFORMANCE AND EXPENDITURE TRENDS

The objective of this Programme is to provide overall strategic management, administration, legislative and communication services through the MEC's office. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Foster the improvement of financial management and control in the department as a whole, e.g. policies and procedure manuals are developed, implemented and monitored throughout the department.
- Improvement of the effectiveness and efficiency of the supply chain management
- Intensify the implementation and monitoring of the risk management strategy throughout the department.

The department has spent a total of R774.2 million from 2011/12 to 2013/14 while the 2014/15 budget amounts to R259 million. The proposed MTEF from 2015/16 to 2017/18 is projected at R831.6 million which will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

## 1.8 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme Administration and the measures to mitigate the impact of the risks are indicated below

Strategic Objective	Risks	Mitigating factors
To provide efficient and effective financial management system	Irregular and unauthorized expenditures	<ul style="list-style-type: none"> <li>- Implementation of fraud prevention plan with zero tolerance for fraud and corruption</li> <li>- Disciplinary process for transgressors to be reported to relevant statutory</li> </ul>





Strategic Objective	Risks	Mitigating factors
To improve Health Management Information system	Integrity of financial information  Adequacy and suitability of ICT infrastructure	Effective Audit Committee to have oversight and encourage accountability  <ul style="list-style-type: none"> <li>- Service Level Agreement with service provider, including penalty clause on non or late deliverable</li> <li>- Management of agreement and support form SITA</li> <li>- Training and skill transfer from service provider to perform maintenance in-house</li> <li>- Business Continuity Plan and Disaster Recovery Plan funded and implemented</li> </ul>
To improve human resources for health	Ineffective and inappropriate internal and external communication  Failure to attract, develop and retain Critical skills	Broad consultation on integrated communication strategy Implementation and monitoring of integrated communication strategy  <ul style="list-style-type: none"> <li>- Develop and implement succession plan</li> <li>- Provide clear delegation of authority for human resources</li> <li>- Review and re-engineering of human resources process to meet strategic objectives of the department</li> <li>- Improve processes for dealing with Disciplinary cases</li> <li>- Accelerated awareness on submission of completed job description and Job Evaluation questionnaires</li> <li>- Develop strategy to share Employee health and wellness Strategic Framework with all employee</li> <li>- Review and communicate Employee Health and Wellness management practices to all employees to encourage compliance</li> </ul>

## **BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)**

### **2.1 PROGRAMME PURPOSE**

The purpose is to render District Health Services through the following sub- programmes:

- Primary Health Care Services (District management, Community Health Centres, Clinics, Community Based Services).
- District hospitals;
- HIV and AIDS, Sexually Transmitted Infections (STI) and Tuberculosis (TB) Control Programmes;
- Mother and Child and Women's Health and nutrition(MCWHN) ; and
- Disease Prevention and Control

### **2.2 PRIORITIES**

- Improving quality of care
- Increasing access to health care services.
- Strengthening coordination and integration of existing Municipal Ward-based Outreach Teams within pilot districts
- Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis and other Communicable diseases
- Reducing Maternal and Child morbidity and mortality
- Prevention and control of Non-communicable Diseases (NCDs)





## 2.3 SPECIFIC INFORMATION FOR DHS

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

Health district	Facility type	No.	Population <sup>3</sup>	Population per PHC facility <sup>3</sup> or per hospital	Per capita utilisation <sup>3</sup>
<b>CAPRICORN</b>	Non fixed clinics <sup>1</sup>	307	1 261 463		3.1
	Fixed Clinics <sup>2</sup>	94			
	CHCs	4			
	<b>Sub-total clinics + CHCs</b>	98			
	District hospitals	6			
<b>MOPANI</b>	Non fixed clinics <sup>1</sup>	1 394	1 092 507		2.8
	Fixed Clinics <sup>2</sup>	93			
	CHCs	8			
	<b>Sub-total clinics + CHCs</b>	101			
	District hospitals	6			
<b>SEKHUKHUNE</b>	Non fixed clinics <sup>1</sup>	402	1 076 840	182 085	2.3
	Fixed Clinics <sup>2</sup>	84			
	CHCs	3			
	<b>Sub-total clinics + CHCs</b>	87			
	District hospitals	5			
<b>VHEMBE</b>	Non fixed clinics <sup>1</sup>	1033	1 294 722	215 368	3.5
	Fixed Clinics <sup>2</sup>	112			
	CHCs	8			
	<b>Sub-total clinics + CHCs</b>	120			
	District hospitals				

Health district	Facility type	No.	Population <sup>3</sup>	Population per PHC facility <sup>3</sup> or per hospital	Per capita utilisation <sup>3</sup>	
<b>WATERBERG</b>	District hospitals	6		215 787		
	Non fixed clinics <sup>1</sup>	1337	679 336	-	2.1	
	Fixed Clinics <sup>2</sup>	57				
	CHCs	1				
	<b>Sub-total clinics + CHCs</b>	<b>58</b>				
	District hospitals	7		97 048		
	<b>PROVINCE</b>			5 404 868		
	Non fixed clinics <sup>1</sup>	4473				
	Fixed Clinics <sup>2</sup>	440				
	CHCs	24				
	<b>Sub-total clinics + CHCs</b>	<b>464</b>				
	District hospitals	30		180 162		

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





## 2.4 SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

**TABLE DHS 2: SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES**

Programme Performance Indicators	Annual / Quarterly	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Number of Districts piloting NHI interventions	Annual	No	1	-	-	-	1	-
2. Establish NHI Consultation For a	Annual	No	1	-	-	-	1	-
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4. Patient Experience of Care Survey Rate (PHC)	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
5. Patient Experience of Care rate (PHC)	Annual	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
6. Outreach Households (OHH) registration visit coverage (annualized)	Quarterly	Number	10	-	-	-	10	-
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
8. PHC utilisation rate	Quarterly	Number	2.6	2.7	3.0	2.1	2.9	2.1
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
10. Complaint resolution within 25 working days rate	Quarterly	%	91.7%	92.3	96.2%	91%	88.1%	91.1%
11. Number of District Mental Health Teams established	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator

## 2.4.1 PROVINCIAL STRATEGIC OBJECTIVES INDICATORS AND ANNUAL TARGETS FOR DHS

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
To re-engineer Primary Health Care services systems	Number of PHC facilities open for 24 hours	-	List of PHC facilities	53 of 443	65 of 443	53 of 443	53 of 65	53 of 65	53 of 65	
	Number of PHC facilities implementing the on call service system	-	List of PHC facilities	296 of 443	272 of 443	261 of 443	261 of 379	261 of 379	261 of 379	
	Number of mobile clinics procured	-		New indicator	New indicator	New indicator	New indicator	10	5	





**TABLE DHS 4: PROGRAMME PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES**

Programme Performance Indicators	Frequency of reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance				Estimate	MTEF Projection		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
1. Number of Districts piloting NHI interventions	Annual	Number	New indicator	New indicator	1	1	1	1	1	1
2. Establish NHI Consultation Fora	Annual	Number	New indicator	New indicator	1	1	1	1	1	1
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	10	15	20
4. Patient Experience of Care Survey Rate (PHC)	Annual	%	New indicator	New indicator	New indicator	20%	20%	25%	30%	35%
5. Patient Experience of Care rate (PHC)	Annual	%	New indicator	New indicator	New indicator	70%	70%	70%	70%	75%
6. Outreach Households (OHH) registration visit coverage (annualized)	Quarterly	%	New indicator	New indicator	10%	12%	12%	14%	16%	18%
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	Number	New indicator	New indicator	New indicator	5	5	5	5	5
8. PHC utilisation rate	Quarterly	Number	2.8	2.7	2.6	2.7	2.8	2.8	2.9	3
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
10. Complaint resolution within 25 working days rate	Quarterly	%	61.7%	54.9%	91.7%	93%	94%	94%	95%	100%

Programme Performance Indicators	Frequency of reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance				Estimate	MTEF Projection		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
11. Number of District Mental Health Teams established	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	5	5	5	5

## 2.4.2 QUARTERLY TARGETS FOR DHS

**TABLE DHS5: PROVINCIAL QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2015/16**

PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Number of PHC facilities open for 24 hours	53 of 65	53 of 65	53 of 65	53 of 65	53 of 65
Number of PHC facilities implementing the on call service system	261 of 379	261 of 379	261 of 379	261 of 379	261 of 379
Number of mobile clinics procured	20	-	-	10	10

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

PERFORMANCE INDICATOR	Frequency of reporting (Quarterly / Annual)	Indicator Type	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Number of Districts piloting NHI interventions	Quarterly	Number	1	1	1	1	1
2. Establish NHI Consultation For a	Quarterly	Number	1	1	1	1	1
3. Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	Quarterly	%	10	2	4	6	10





PERFORMANCE INDICATOR	Frequency of reporting (Quarterly / Annual)	Indicator Type	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
4. Patient Experience of Care Survey Rate (PHC)	Annual	%	25%	-	-	-	25%
5. Patient Experience of Care rate (PHC)	Annual	%	70%	-	-	-	70%
6. Outreach Households (OHH) registration visit coverage (annualized)	Quarterly	%	14%	14%	14%	14%	14%
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	Number	5	5	5	5	5
8. PHC utilisation rate	Quarterly	%	2.8%	2.8%	2.8%	2.8%	2.8%
9. Complaints resolution rate	Quarterly	%	100%	100%	100%	100%	100%
10. Complaints resolution within 25 working days rate	Quarterly	%	94%	94%	94%	94%	94%
11. Number of District Mental Health Teams established	Quarterly	Number	5	5	5	5	5

## 2.5 SUB – PROGRAMME DISTRICT HOSPITALS

**TABLE DHS 6: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. National Core Standards self-assessment rate	Quarterly	%	100%	100%	100%	100%	100%	100%
2. Quality improvement plan after self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4. Patient Experience of Care Survey Rate	Annual	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
5. Patient Experience of Care rate	Annual	%	72%	78%	63.2%	65.1%	77%	
6. Average Length of Stay	Quarterly	Number	4.5	4.5	5	4.5	4.1	
7. Usable Bed Utilisation Rate	Quarterly	%	64.2	69.2	60	68.1	56.8	
8. Number of District Mental Health Teams established	Annual	Number	New indicator	New indicator	New indicator	New indicator	New indicator	
9. Expenditure per PDE	Quarterly	Number	R2241	R1759	R2194	R2148	R2347	
10. Complaints resolution rate	Quarterly	%	63.4	64.6	58.1	64.2	67.5	
11. Complaints Resolution within 25 working days rate	Quarterly	%	100% (1695 of 1695)	99.6	86.9	92.5	93.5	





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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance			
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
To improve access to quality hospital services	Number of facilities that are 80% compliant with the 6 priorities of the national core standards	-	New indicator	New indicator	New indicator	15	20	20	20	20

**TABLE DHS 8: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
1. National Core Standards self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)
2. Quality improvement plan after self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	New indicator	66.7% (20 of 30)	66.7% (20 of 30)	66.7% (20 of 30)
4. Patient experience of care Survey Rate	Quarterly	%	New indicator	New indicator	New indicator	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)	100% (30 of 30)
5. Patient experience of care rate	Annual	%	66%	62.5%	72%	70%	75%	75%	75%
6. Average Length of Stay	Quarterly	No	4.5 days	4.3 days	4.5 days	4.4 days	4.3 days	4.2 days	4.1 days

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
7. Inpatient Bed Utilisation Rate (Usable Bed Utilisation Rate)	Quarterly	%	71.7%	72.2%	64.2%	70%	72%	73%	74%
8. Expenditure per PDE	Quarterly	No	R 1 882	R2 050	R2 241	R2 100	R2 200	R2300	R2400
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	100%	100%	100%	100%
10. Complaint Resolution within 25 working days rate	Quarterly	%	61.7%	75.2% (2016/2682)	100% (1695/1698)	100%	100%	100%	100%

## 2.5.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

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

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Number of facilities that are 80% compliant with the 6 priorities of the national core standards	Quarterly	No	20	20	20	20	20





**TABLE DHS 10: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2015/16**

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	%	100% (30 of 30)	23% (7 of 30)	50% (15 of 30)	77% (23 of 30)	100% (30 of 30)
2. Quality improvement plan after self assessment rate	Quarterly	%	100% (30 of 30)	23% (7 of 30)	50% (15 of 30)	77% (23 of 30)	100% (30 of 30)
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	66.7% (20 of 30)	16.7% (5 of 30)	33% (10 of 30)	50% (15 of 30)	66.7% (20 of 30)
4. Patient experience of care Survey Rate	Annual	%	100% (30 of 30)	-	-	-	100% (30 of 30)
5. Patient experience of care rate	Annual	%	75%	-	-	-	75%
6. Average Length of Stay	Quarterly	Number	4.3 days	4.3 days	4.3 days	4.3 days	4.3 days
7. Inpatient Bed Utilisation Rate (Usable Bed Utilisation Rate)	Quarterly	%	72%	72%	72%	72%	72%
8. Expenditure per PDE	Quarterly	Number	R2 200	R2200	R2200	R2200	R2 200
9. Complaints resolution rate	Quarterly	%	100%	100%	100%	100%	100%
10. Complaint Resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%

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

TABLE DHS11: SITUATIONAL ANALYSIS INDICATORS OR HIV & AIDS, STIS AND TB CONTROL

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Total clients remaining on ART	Quarterly	No	189 002	40 082	50 702	31 712	37 996	28 507
2. Client tested for HIV (incl ANC)	Quarterly	No	1 317 590	338 825	280 332	220 244	337 340	140 849
3. TB symptom 5yrs and older screened rate	Quarterly	%	60.5% (5895002/ 9739973)	61.4% (1688481/27 49746)	66.0% (1384902/20 95532)	59.5% (303627/5102 49)	65.9% (1977131/ 2999009)	39.0% (540861/13 85437)
4. Male condom distribution Rate	Quarterly	No	27.7	37.1	31.6	18.8	33.9	23.3
5. Female condom distribution Rate	Quarterly	No	0.7	1.1	0.5	0.3	1.0	0.5
6. Medical male circumcision performed – Total	Quarterly	%	68 516	13 810	15 471	14 588	13 169	11 478
7. TB client treatment success rate	Quarterly	%	75.5% (4919/6514)	77.8% (1006/1292)	81.6% (1401/1717)	74.3% (1066/1433)	79.2% (922/1147)	75.0% (1267/1688)
8. TB client lost to follow up rate	Quarterly	%	4.7% (311/6514)	4.7% (61/1292)	4.0 69/1717	4.1% (60/1433)	4.5% (52/1147)	7.8% (132/1688)
9. TB client death Rate	Annual	%	8.3% (601/7241)	8.9% (115/1292)	7.0% (120/1717)	10.7% (154/1433)	6.3% (72/1147)	8.9% (118/1324)
10. TB MDR confirmed treatment start rate	Annual	%	49.7% (425/855)	41.3% (24/58)	51.6% (46/89)	51.0% (25/49)	47.0% (24/51)	39.1% (29/74)
11. TB MDR treatment success rate	Annual	%	45.7% (54/118)	60% (15/25)	41.3% (12/29)	45.4% (10/22)	42.1% (8/19)	39.1% (9/23)





## 2.6.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

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

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate 2014/15	MTEF projection		
			2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
1. Total clients remaining on ART	Quarterly	Number	147 726	197 002	189 002	220 000	248 500	273 900	273 900
2. Client tested for HIV (incl ANC)	Quarterly	Number	1 284 326	979 893	1 392 678	999 678	995 342	999 678	999 678
3. TB symptom 5yrs and older screened rate	Quarterly	%	New indicator	New Indicator	New Indicator	New Indicator	70%	75%	80%
4. Male condom distribution Rate	Quarterly	%	19.3%	21%	29.5%	36%	36%	36%	36%
5. Female condom distribution Rate	Quarterly	%	New indicator	New indicator	New indicator	1%	1%	1%	1%
6. Medical male circumcision performed – Total	Quarterly	%	41 657	57 165	68 516	62 000	62 000	70 000	70 000
7. TB client treatment success rate	Quarterly	%	77.8% (6931/8904)	78.6% (6178/7866)	75.5% (4919/6514)	76%	76.5%	77%	78%
8. TB client lost to follow up rate	Quarterly	%	5.7% (505/8904)	4.7% (369/7866)	4.7% (311/6514)	<5%	<5%	<5%	<5%
9. TB client death Rate	Annual	%	8.4% (779/9260)	8.4% (717/8565)	8.3% (601/7241)	8.1%	8%	7.9%	7.5%
10. TB MDR confirmed treatment start rate	Annual	%	41.3% (24/58)	51.5% (46/89)	49.7% (425/855)	50%	60%	65%	70%
11. TB MDR treatment success rate	Annual	%	55% (57/104)	52% (52/100)	45.7% (54/118)	48%	50%	52%	54%

## 2.6.2 QUARTERLY TARGETS FOR HAST

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

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Total clients remaining on ART	Quarterly	Number	248 500	221 500	230 500	239 500	248 500
2. Client tested for HIV (incl ANC)	Quarterly	Number	995 342	248 836	248 836	248 835	248 835
3. TB symptom 5yrs and older screened rate	Quarterly	%	70%	70%	70%	70%	70%
4. Male condom distribution Rate	Quarterly	%	36%	36%	36%	36%	36%
5. Female condom distribution Rate	Quarterly	%	1%	1%	1%	1%	1%
6. Medical male circumcision performed – Total	Quarterly	Number	62 000	4 000	52 000	4 000	2 000
7. TB client treatment success rate	Quarterly	%	76.5%	76.5%	76.5%	76.5%	76.5%
8. TB client lost to follow up rate	Quarterly	%	<5%	<5%	<5%	<5%	<5%
9. TB client death Rate	Annual	%	8%	8%	8%	8%	8%
10. TB MDR confirmed treatment start rate	Annual	%	60%	60%	60%	60%	60%
11. TB MDR treatment success rate	Annual	%	50%	50%	50%	50%	50%





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

TABLE DHS 14: SITUATIONAL ANALYSIS INDICATORS FOR MCWH & N

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	45.8% (60012/131081)	41.7% (11305/27085)	50.1% (14108/28156)	42.9% 11993/27937	47.4% 14787/31215	46.7% 7819/16097
2. Mother postnatal visit within 6 days rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
3. Antenatal client initiated on ART rate	Annual	%	78.7%	76.7%	81.0%	79.2%	82.0%	73.8%
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	2.6%	2.4%	2.4%	2.7%	1.8%	3.0%
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	70.3% 96494/133887	66.0% 21227/32394	75.5% 20259/27537	61.4% 16769/27501	85.7% 2883/34015	54.0% 9356/17287
6. Measles 2nd dose coverage	Quarterly	%	72%	68.8% 21237/32394	78.0% 19540/27537	76.3% 19414/27501	84.2% 27439/4015	51.1% 8851/17287
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	18.6% 25261/135624	18.1% 5179/28675	20.4% 5787/28379	24.6% 7436/30280	10.1% 3341/33100	23.2% 3518/15190
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%	5.1% 239/4623	5.7% 42/739	5.4% 59/1090	5.7% 55/973	3.6% 47/1307	7.0% 36/514

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
9. Child under 5 years pneumonia case fatality rate	Quarterly	%	4.7% 283/6028	5.5% 54/976	6.2% 74/1198	5.5% 50/901	3.2% 73/2262	4.6% 32/691
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	15.3% 288/1880	17% 58/342	13.5% 48/355	20.6% 57/277	12.5% 68/546	15.8% 57/360
11. School Grade R screening coverage	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
12. School Grade 1 screening coverage	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
13. School Grade 8 screening coverage	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
14. Couple year protection rate	Quarterly	%	36.3 568963/1561958	39.6 137912/344169	36.5 95543/322880	29.4 119949/327683	38.4 148275/384905	37.3 68184/182321
15. Cervical cancer screening Coverage (amongst women)	Quarterly	%	55.5 65547/117113	62.1 16130/25821	61.8 15350/22758	51 11694/24672	47.3 13707/28784	57.1 8666/15073
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	<b>86%</b>	89%	83%	89%	81%	89%
17. Vitamin A dose 12-59 months coverage	Quarterly	%	33.8% 336758/1008258	30.1 70927/237972	36.4 67989/189654	32.7 66505/192224	37.6 94257/251948	25.2 37085/136460





Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
18. Maternal mortality in facility ratio	Annual	per 100 000 Live Births	153.5/100 000	353.7	103.4	61.5	111.2	121.2
19. Early neonatal death in facility rate	Annual	per 1000	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator

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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance			Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
To reduce maternal and child morbidity and mortality	HPV Vaccine 2 <sup>nd</sup> dose coverage	-	DHMIS	New indicator	New indicator	New indicator	80% (48 339 of 60 424)					

**TABLE DHS 16: PERFORMANCE INDICATORS FOR MCWH &N**

Programme Performance Indicator	Frequency of Reporting (Quarterly / %Annual)	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	41	41.9	45.8%	45%	46%	48%	50%
2. Mother postnatal visit within 6 days rate	Quarterly	%	New indicator	New indicator	New indicator	70%	75%	80%	85%
3. Antenatal client initiated on ART rate	Annual	%	New indicator	New indicator	New indicator	95% 21 850/23 000	98%	99%	99%
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	4.02% (503 of 12 506)	2.4% (536 of 21 996)	2.6%	<2	<1	<1	<1
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	96.6%	93.8%	70.3%	90%	90%	90%	90%
6. Measles 2nd dose coverage	Quarterly	%	New indicator	New indicator	72%	75%	85%	85%	85%
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	New indicator	New indicator	18.6%	17%	15%	10%	5%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%	New indicator	New indicator	5.1%	5%	5%	5%	5%
9. Child under 5 years pneumonia case fatality rate	Quarterly	%	New indicator	New indicator	4.7%	4.7%	4.5%	4%	3.9%
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	New indicator	New indicator	15.3%	15%	15%	15%	15%
11. School Grade R screening coverage	Quarterly	%	New indicator	New indicator	New indicator	New indicator	20%	30%	40%





Programme Performance Indicator	Frequency of Reporting (Quarterly / %Annual)	Indicator Type	Audited/ Actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
12. School Grade 1 screening coverage	Quarterly	%	New indicator	New indicator	New indicator	20%	20%	30%	40%
13. School Grade 8 screening coverage	Quarterly	%	New indicator	New indicator	New indicator	20%	20%	30%	40%
14. Couple year protection rate	Quarterly	%	36.1% (496042 of 1 374 078)	41.9% 56752 of 135 447	36.3%	45%	46%	48%	50%
15. Cervical cancer screening Coverage (amongst women)	Quarterly	%	60.2% (574 464 of 1 027 665)	56.5% (578 987 of 1 024 756)	55.5%	55%	57%	58%	60%
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	New indicator	New indicator	86%	80%	82%	85%	90%
17. Vitamin A dose 12-59 months coverage	Quarterly	%	46.8% (165 452 of 353 530)	40.2% (355 046 of 883 200)	33.8%	37%	38%	39%	40%
18. Maternal mortality in facility ratio	Annual	per 100 000 Live Births	187.1/100 000	190.8/100 000	153.5/100 000	183.6/100 000	182.6/100 000	181.6/100 000	180/100000
19. Early neonatal death in facility rate	Annual	per 1000	New indicator	New indicator	New indicator	12/1000	11.5/1000	11/1000	10.5/1000

## 2.7.2 QUARTERLY TARGETS FOR MCWH & N

TABLE DHS 17: PROVINCIAL QUARTERLY TARGETS FOR MCWH&N FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	ANNUAL / QUARTERLY	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
HPV Vaccine 2 <sup>nd</sup> dose coverage	Annual	%	80% (48 339 of 60 424)	-	-	80% (48 339 of 60 424)	-

TABLE DHS18: QUARTERLY TARGETS FOR MCWH & N FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	ANNUAL / QUARTERLY	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Antenatal 1st visit before 20 weeks rate	Quarterly	%	46%	46%	46%	46%	46%
2. Mother postnatal visit within 6 days rate	Quarterly	%	75%	75%	75%	75%	75%
3. Antenatal client initiated on ART rate	Annual	%	98%	-	-	-	98%
4. Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	<1	<1	<1	<1	<1
5. Immunisation coverage under 1 year (annualised)	Quarterly	%	90%	90%	90%	90%	90%
6. Measles 2nd dose coverage	Quarterly	%	85%	85%	85%	85%	85%
7. DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	15%	18%	17%	16%	15%
8. Child under 5 years diarrhoea case fatality rate	Quarterly	%	5%	5%	5%	5%	5%
9. Child under 5 years pneumonia case fatality rate	Quarterly	%	4.5%	4.5%	4.5%	4.5%	4.5%





PROGRAMME PERFORMANCE INDICATOR	ANNUAL / QUARTERLY	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
10. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	15%	15%	15%	15%	15%
11. School Grade R screening coverage	Quarterly	%	20%	10%	15%	18%	20%
12. School Grade 1 screening coverage	Quarterly	%	20%	10%	15%	20%	20%
13. School Grade 8 screening coverage	Quarterly	%	20%	10%	15%	20%	20%
14. Couple year protection rate	Quarterly	%	46%	46%	46%	46%	46%
15. Cervical cancer screening Coverage (amongst women)	Quarterly	%	57%	57%	57%	57%	57%
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	82%	-	-	-	82%
17. Vitamin A dose 12-59 months coverage	Quarterly	%	38%	38%	38%	38%	38%
18. Maternal mortality in facility ratio	Annual	per 100 000 Live Births	182.6/100 000	-	-	-	182.6/100 000
19. Early neonatal death in facility rate	Annual	per 1000	11.5/1000	-	-	-	11.5/1000

## 2.8 DISEASE PREVENTION AND CONTROL (DPC)

Over the past 10 years, malaria cases have showed a gradual decline, with an average case fatality rate of 1.1 %. The malaria case fatality rate measures programmatic factors eg reduction in malaria cases and the quality of managing malaria infected patients, with some external factors influencing the indicator eg delay in seeking health care, co-morbidity and migrants reporting to our facilities with severe malaria. This has prompted the Department to review this target for years 2014/15 onwards. This section should provide the purpose and brief overview of the DPC Programme as stated in the budget documentation.

**TABLE DHS19: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Clients screened for hypertension	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
2. Clients screened for diabetes	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
3. Clients screened for Mental disorders	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4. Clients treated for Mental Disorders- new	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
5. Cataract surgery rate (Uninsured Population)	Quarterly	No per million population	1 326	567	174	155	265	165
6. Malaria case fatality rate	Quarterly	%	1.27%	1.98%	1.58%	0%	1.15%	0.69%





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

**TABLE DHS 20: PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance				Estimate	MTEF projection		
			2011/12	2012/13	2013/14	2014/15		2015/16	2016/17	2017/18
1. Clients screened for hypertension	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	250 000	500 000	550 000	
2. Clients screened for diabetes	Quarterly	Number	New indicator	New indicator	New indicator	New indicator	200 000	230 000	250 000	
3. Clients screened for Mental disorders	Quarterly	%	New indicator	New indicator	New indicator	New indicator	28% of 16.5% (prevalence) people screened for mental disorders	30%	35%	
4. Clients treated for Mental Disorders- new	Quarterly	%	New indicator	New indicator	New indicator	New indicator	28%	30%	35%	
5. Cataract surgery rate (Uninsured Population)	Quarterly	No per million population	>1 000	832	1 326	1 000	1 500	1 500	1 500	
6. Malaria case fatality rate	Quarterly	%	0.73% (3,269 cases & 24 deaths)	1.44 % (1386 cases & 20 deaths)	1.27% (3547 cases & 45 deaths) .65%	1.0%	1.2%	1.2%	0.9%	

## 2.8.2 QUARTERLY TARGETS FOR DPC

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

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Clients screened for hypertension	Quarterly	Number	250 000	62 500	62 500	62 500	62 500
2. Clients screened for diabetes	Quarterly	Number	200 000	50 000	50 000	50 000	50 000
3. Client screened for Mental disorders	Quarterly	%	28%	28%	28%	28%	28%
4. Client treated for Mental Disorders- new	Quarterly	%	28%	28%	28%	28%	28%
5. Cataract surgery rate (Uninsured Population)	Quarterly	Rate per 1 Million	1 500	375	375	375	375
6. Malaria case fatality rate	Quarterly	%	1.2%	1.2%	1.2%	1.2%	1.2%





## 2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS22: DISTRICT HEALTH SERVICES

Sub-programme	Audited outcome				Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
District Management	483,806	521,459	619,348	629,395	630,115	692,509	622,414	698,483	733,408	
Clinics	1,607,304	1,802,150	1,912,761	2,047,022	2,047,022	2,047,022	2,139,307	2,192,206	2,204,814	
Community Health Centres	284,928	324,928	349,691	416,477	416,477	416,477	443,690	463,233	486,395	
Community-based Services	116,042	110,315	132,158	145,865	145,865	158,771	154,384	160,559	168,587	
Other Community Services	164,762	175,455	121,220	235,688	236,388	216,355	260,737	244,291	256,601	
Coroner Services										
HIV and AIDS	577,758	691,764	859,439	978,132	998,502	993,988	1,056,957	1,190,031	1,341,893	
Nutrition	16,638	7,130	4,006	7,487	7,487	7,139	11,344	11,816	12,407	
District Hospital	3,171,783	3,556,315	3,869,729	4,581,369	4,757,907	4,806,033	4,772,425	5,046,238	5,390,269	
<b>TOTAL</b>	<b>6,423,021</b>	<b>7,189,516</b>	<b>7,868,352</b>	<b>9,041,435</b>	<b>9,239,763</b>	<b>9,338,764</b>	<b>9,461,277</b>	<b>10,006,857</b>	<b>10,594,375</b>	

**Summary of Provincial Expenditure Estimates by Economic Classification<sup>4</sup>**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Current payments</b>	<b>6,049,754</b>	<b>6,822,277</b>	<b>7,525,177</b>	<b>8,658,228</b>	<b>8,821,491</b>	<b>8,920,491</b>	<b>9,079,986</b>	<b>9,626,603</b>	<b>10,241,769</b>
Compensation of employees	4,850,940	5,521,867	5,980,549	6,462,224	6,569,324	6,569,324	7,134,795	7,614,181	8,110,667
Goods and services	1,198,814	1,300,410	1,544,628	2,196,004	2,252,167	2,351,167	1,945,191	2,012,422	2,131,102
Communication	23,615	25,819	30,507	42,165	42,165	34,592	24,396	17,132	10,989
Computer Services	57,279	76,151	69,575	71,328	71,328	86,339	69,123	42,206	25,316
Consultants, Contractors and special services	267,000	526,616	281,309	613,989	628,168	430,017	217,247	236,250	237,662
Inventory	377,013	427,177	460,796	1,291,230	1,240,257	1,344,113	1,307,076	1,431,422	1,518,408
Operating leases	7,029	8,887	9,956	11,461	11,461	11,163	18,763	18,425	19,496
Travel and subsistence	80,152	39,384	56,845	12,165	12,165	46,076	3,488	4,598	3,323
Interest and rent on land	-	-	-	-	-	-	-	-	-
Maintenance , repair and running costs	58,370	65,063	60,874	67,262	84,968	77,173	68,171	61,607	92,751
Specify other	328,356	131,313	574,766	86,404	161,655	321,694	236,927	200,782	223,157
<b>Transfers and subsidies to</b>	<b>271,671</b>	<b>319,894</b>	<b>312,480</b>	<b>337,950</b>	<b>363,235</b>	<b>353,397</b>	<b>345,552</b>	<b>331,451</b>	<b>340,363</b>
Provinces and municipalities	25,569	5,806	20	22,673	5,967	5,967	22,844	23,108	24,263
Departmental agencies and accounts	-	-	-	20,979	44,979	44,979	20,526	20,841	20,883





	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
	R'000	R'000	R'000				R'000	R'000	R'000
R' thousand									
Non-profit institutions	231,672	286,079	282,515	289,971	296,162	296,612	297,812	283,000	291,490
Households	14,430	28,009	29,945	4,327	16,127	6,288	4,370	4,501	3,727
<b>Payments for capital assets</b>	<b>101,596</b>	<b>47,345</b>	<b>30,695</b>	<b>45,257</b>	<b>55,037</b>	<b>64,877</b>	<b>35,740</b>	<b>48,803</b>	<b>12,243</b>
Buildings and other fixed structures	15,521	10,514	-	-	-	-	-	-	-
Machinery and equipment	86,075	36,831	30,695	45,257	55,037	64,877	35,740	48,803	12,243
<b>Total economic classification</b>	<b>6,423,021</b>	<b>7,189,516</b>	<b>7,868,352</b>	<b>9,041,435</b>	<b>9,239,763</b>	<b>9,338,764</b>	<b>9,461,277</b>	<b>10,006,857</b>	<b>10,594,375</b>

## 2.10 PERFORMANCE AND EXPENDITURE TRENDS

The objective of this Programme is to render District Health Services through various budget sub-programmes as indicated above. The funding has therefore been aligned to the various key strategic focus of the programme. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Acceleration of the comprehensive primary health care services package
- Improve quality of care at District hospital level, e.g. reduction of patient waiting time and conducting doctors visits to clinics
- Intensify the rendering of MCWH and nutrition programme, e.g. increased immunisation rate, reduction in maternal death and increase in greenery projects

- intensify the rendering of prevention and disease control programme, e.g. the coverage of provision of health services at ports is increasing, whilst malaria fatality rate is decreasing
- Improve the rendering of a comprehensive HIV and AIDS, STI and TB programme, e.g. the treatment coverage of people with HIV/AIDS and TB is increasing as the funding increases

The department has spent a total of R21.5 billion from 2011/12 to 2013/14 while the 2014/15 budget amounts to R9.0 billion. The proposed MTEF from 2015/16 to 2017/18 is projected at R30.0 billion which will be used to maintain and improve the current services

## 2.11 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme District Health Services and the measures to mitigate the impact of the risks are indicated below:

Strategic Objective	Risk	Mitigating factors
To reduce Maternal and child morbidity and mortality	<ul style="list-style-type: none"> <li>• Missed opportunity (vaccination of children at any given time: presentation of road to health card with each consultation)</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness to medical staff to always demand road to health charts to detect missed opportunities</li> <li>• Raise awareness to the parents of the under 6's to present the road to health charts at every consultation.</li> </ul>
To reduce Maternal and child morbidity and mortality	<ul style="list-style-type: none"> <li>• Complications during birth due to Late bookings by pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen community outreach through media, community mobilisation</li> </ul>
Improve access to quality district hospital service	<ul style="list-style-type: none"> <li>• Shortage of equipment to implement the full District hospital package</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Expedite the PHC re-engineering project</li> <li>• Motivate for funds in respect of non negotiables</li> </ul>





Strategic Objective	Risk	Mitigating factors
To Prevent and control Communicable and Non-communicable Diseases (NCDs)	<ul style="list-style-type: none"> <li>• Cross Infection due to poor disposal of human tissue at PHC facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Raise awareness to PHC staff on waste management and compliance with OHS provisions on waste management</li> </ul>
To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support	<ul style="list-style-type: none"> <li>• Lack of patient information management system (HIV)</li> </ul>	<ul style="list-style-type: none"> <li>• Motivate for the development of patient information system</li> </ul>

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

#### 3.1 PROGRAMME PURPOSE

The purpose of the programme is to improve the quality of emergency medical services.

#### 3.2 PRIORITIES

- Improve quality of care
- Increase number of EMS vehicles
- Improve response time

**TABLE EMS 1: SITUATION ANALYSIS INDICATORS FOR EMS**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2013/14	Capricorn 2013/14	Waterberg 2013/14	Sekhukhune 2013/14	VHEMBE 2013/14	Waterberg 2013/14
EMS P1 urban response under 15 minutes rate	Quarterly	%	57 % (99 of 173)	51.5%	58.1%	52%	63.8%	58.1%
EMS P1 rural response under 40 minutes rate	Quarterly	%	57% (502 of 882)	58.5%	60.2%	50.2%	58.3%	58.2%
EMS inter-facility transfer rate	Quarterly	%	9.9%	16.6%	9.2%	9.5%	4.8%	9.4%





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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance			Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
To improve access to emergency medical services	Ratio of ambulance per population	Ensure all ambulances respond within (15 minutes in urban and 40 minutes in rural areas) the National Norms by 2020	Reports	1:18 621	1:19 000	1:47 290	1:47 000	1:43 000	1:39 000	1:35 000		
	Number of ambulances procured		Reports	New indicator	New indicator	New indicator	50	100	30	30		

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

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate			MTEF projection		
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
EMS P1 urban response under 15 minutes rate	Quarterly	%	57%	47.94%	51%	50%	59.51%	68%	76.5%		
EMS P1 rural response under 40 minutes rate	Quarterly	%	56%	76.49%	56%	53%	61.5%	70%	78.5%		
EMS inter-facility transfer rate	Quarterly	%	2.7%	2.8%	3.0%	7.9%	7.9%	7.9%	7.9%		

### 3.4 QUARTERLY TARGETS FOR EMS

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

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Ratio of ambulance per population	Quarterly	Ratio	1:43 000	1:47 000	1:45 000	1:43 000	1:43 000
Number of ambulances procured	Quarterly	Number	100	-	-	50	50

TABLE EMS 5: QUARTERLY TARGETS FOR EMS FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
EMS P1 urban response under 15 minutes rate	Quarterly	%	59.51%	50%	53%	56%	59.51%
EMS P1 rural response under 40 minutes rate	Quarterly	%	61.5%	53%	55%	57%	61.5%
EMS inter-facility transfer rate	Quarterly	%	7.9%	7.9%	7.9%	7.9%	7.9%

TABLE EMS 6: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Sub-programme	Audited outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates	
	2011/12	2012/13	2013/14	2014/15				2015/16	2016/17
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Emergency Transport	503,282	489,932	522,003	562,512	562,512	597,512	586,574	663,602	696,782
Planned Patient Transport									
<b>TOTAL</b>	<b>503,282</b>	<b>489,932</b>	<b>522,003</b>	<b>562,512</b>	<b>562,512</b>	<b>597,512</b>	<b>586,574</b>	<b>663,602</b>	<b>696,782</b>





Summary of Provincial Expenditure Estimates by Economic Classification<sup>1</sup>

	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Current payments</b>	<b>467,775</b>	<b>483,428</b>	<b>521,498</b>	<b>552,026</b>	<b>550,876</b>	<b>550,876</b>	<b>579,114</b>	<b>644,602</b>	<b>686,637</b>
Compensation of employees	389,656	407,909	443,171	469,456	469,056	469,056	503,543	565,390	634,660
<b>Goods and services</b>	<b>78,119</b>	<b>75,519</b>	<b>78,327</b>	<b>82,570</b>	<b>81,820</b>	<b>81,820</b>	<b>75,571</b>	<b>79,026</b>	<b>51,977</b>
Communication	5,951	6,153	6,115	2,902	2,902	2,902	3,972	6,181	3,490
Consultants, Contractors and special services	11,483	17,449	301	8,905	8,905	13,235	10,331	13,748	14,435
Inventory	7,865	2,965	1,438	5,332	5,332	4,188	11,832	5,108	5,364
Operating leases	-	-	-	-	-	45	-	1,000	1,050
Travel and subsistence	2,011	775	764	995	995	1,138	346	165	173
Maintenance , repair and running costs	47,149	46,377	45,761	62,499	61,749	25,702	41,058	48,131	22,538
Specify other	3,660	1,800	23,948	1,937	1,937	33,089	8,032	4,693	4,927
<b>Transfers and subsidies to</b>	<b>329</b>	<b>481</b>	<b>505</b>	<b>202</b>	<b>1,352</b>	<b>1,352</b>	<b>204</b>	<b>214</b>	<b>225</b>
Departmental agencies and accounts	-	-	-	-	750	750	-	-	-

	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
Households	329	481	505	202	602	602	204	214	225
<b>Payments for capital assets</b>	<b>35,178</b>	<b>6,023</b>	-	<b>10,284</b>	<b>10,284</b>	<b>25,284</b>	<b>7,257</b>	<b>18,971</b>	<b>9,920</b>
Buildings and other fixed structures	708	-	-	-	-	-	-	-	-
Machinery and equipment	34,470	6,023	-	10,284	10,284	25,284	7,257	18,971	9,920
<b>Total economic classification</b>	<b>503,282</b>	<b>489,932</b>	<b>522,003</b>	<b>562,512</b>	<b>562,512</b>	<b>577,512</b>	<b>586,574</b>	<b>663,602</b>	<b>696,782</b>

### 3.5 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of the targets in the following ways:

- Improve the functioning of Planned Patient Transport services, e.g. the acquisition of vehicles to transport patients between hospitals.
- Improve quality of care at pre-hospital level, e.g. reduction of response times and recruitment of qualified staff, purchase of ambulances and communication equipment.
- Strengthen Obstetric Ambulances services by appointing midwives and qualified paramedics.

The department has spent a total of R1.5 billion in 2011/12 to 2013/14 while the 2014/15 budget amounts to R562.5 million. The MTEF from 2015/16 to 2017/18 is projected at R1.9 billion. This amount will be used to maintain and improve the current services.





### 3.6 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme Emergency Medical Services and the measures to mitigate the impact of the risks are indicated below:

Strategic Objective	Risk	Mitigating factors
To improve access to Emergency Medical Services	Underfunding of EMS	Proper analysis of needs based on information
	Inadequate EMS practitioners and high Staff turnover	Recruitment of staff and provision of training for all EMS categories
	Inadequate EMS vehicles	Implementation of the EMS optimization plan
	Inadequate infrastructure	Procure EMS vehicles
	Inadequate information and communication technology	Fast-track infrastructure development Migrate from Analogue to Digital system

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

### **4.1 PROGRAMME PURPOSE**

The purpose is to provide secondary and specialised hospital services within 5 regional and 3 specialised hospitals, which are accessible, appropriate and effective. It also provides a platform for training health professionals.

### **4.2 PRIORITIES**

- Implement quality improvement plans in all provincial hospitals
- Improve quality of Mental health care facilities
- Strengthen functionality of Mental Health Review Boards.





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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance			Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
Improve access to quality hospital services	Number of facilities that are 80% compliant with the 6 priorities of the national core standards	5	Reports	New indicator	New indicator	New indicator	5	5	5	5	5	5

**TABLE PHS2: PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited /actual performance			Estimate			MTEF projection			
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18			
1. National Core Standards self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	100% (5 of 5)	100% (5 of 5)	100% (5 of 5)	100% (5 of 5)			
2. Quality improvement plan after self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	100% (5 of 5)	100% (5 of 5)	100% (5 of 5)	100% (5 of 5)			
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	40% (2 of 5)	40% (2 of 5)	40% (2 of 5)	40% (2 of 5)			
4. Patient Experience of Care Survey Rate	Annual	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%	100%	100%
5. Patient Experience of Care rate	Annual	%	67.75%	72.7%	60%	65%	70%	75%	80%	80%	80%	80%

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited /actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
6. Average Length of Stay	Quarterly	Number	5.25 days	5 days	5.2 days	5 days	4.9 days	4 days	
5 inpatient Bed Utilisation rate (Usable ed Utilisation Rate )	Quarterly	%	65.85%	62.1%	65.6%	68%	70%	75%	
6 Expenditure per PDE	Quarterly	Number	R 2 187	R2 541	R2,464.1	R2,697	R2,700	R2,750	
7 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	100%	100%	100%	
8 Complaints Resolution within 25 working days rate	Quarterly	%	74%	62.2% (605 of 972)	100% (628 of 628)	100%	100%	100%	

#### 4.4 QUARTERLY TARGETS FOR REGIONAL HOSPITALS

TABLE PHS 3: PROVINCIAL QUARTERLY TARGETS FOR REGIONAL HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of facilities that are 80% compliant with the 6 priorities of the national core standards	Quarterly	5	5	5	5	5





**TABLE PHS 4: QUARTERLY TARGETS FOR REGIONAL HOSPITALS**

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	100% (5 of 5)	40% (2 of 5)	60% (3 of 5)	80% (4 of 5)	100% (5 of 5)
2. Quality improvement plan after self assessment rate	Quarterly	100% (5 of 5)	40% (2 of 5)	60% (3 of 5)	80% (4 of 5)	100% (5 of 5)
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	40% (2 of 5)	40% (2 of 5)	40% (2 of 5)	40% (2 of 5)	40% (2 of 5)
4. Patient Experience of Care Survey Rate	Annual	100%	-	-	-	100%
5. Patient Experience of Care rate	Annual	70%	-	-	-	70%
6. Average Length of Stay	Quarterly	5 days	5 days	5 days	5 days	5 days
7. Inpatient Bed Utilisation Rate	Quarterly	68%	68%	68%	68%	68%
8. Expenditure per PDE	Quarterly	R2,697	R2,697	R2,697	R2,697	R2,697
9. Complaints resolution rate	Quarterly	100%	100%	100%	100%	100%
10. Complaints Resolution within 25 working days rate	Quarterly	100%	100%	100%	100%	100%

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

TABLE PHS 5: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance			Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
Improve access to hospital services	Number Districts with functional Mental Health review board meetings	-	Reports /minutes	New indicator	New indicator	New indicator	3	3	3	3	3	3

#### 4.6 QUARTERLY TARGETS FOR SPECIALISED HOSPITALS

TABLE PHS 6: PROVINCIAL QUARTERLY TARGETS FOR SPECIALISED HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Number Districts with functional Mental Health review board meetings	3	3	3	3	3





#### 4.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

**TABLE PHS 7: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES**

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13	2013/14				2014/15	2015/16	2016/17
R' thousand									
General (regional) hospitals	1,132,280	1,283,181	1,308,407	1,479,719	1,477,999	1,477,999	1,510,200	1,575,487	1,654,262
Tuberculosis hospitals									
Psychiatric hospitals	306,809	356,590	379,796	545,788	540,788	540,788	584,217	658,142	691,049
<b>TOTAL</b>	<b>1,439,089</b>	<b>1,639,771</b>	<b>1,688,203</b>	<b>2,025,507</b>	<b>2,018,787</b>	<b>2,018,787</b>	<b>2,094,417</b>	<b>2,233,629</b>	<b>2,345,310</b>

#### Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2014/15	2015/16	2016/17
<b>Current payments</b>	<b>1,432,790</b>	<b>1,628,047</b>	<b>1,677,760</b>	<b>2,022,784</b>	<b>2,011,784</b>	<b>2,011,784</b>	<b>2,091,680</b>	<b>2,230,746</b>	<b>2,342,784</b>
Compensation of employees	1,297,395	1,458,990	1,504,829	1,745,570	1,744,570	1,744,570	1,855,004	1,982,570	2,082,199
<b>Goods and services</b>	<b>135,395</b>	<b>169,057</b>	<b>172,931</b>	<b>277,214</b>	<b>267,214</b>	<b>267,214</b>	<b>236,675</b>	<b>248,176</b>	<b>260,585</b>
Communication	5,289	6,435	5,576	5,309	5,309	5,309	1,898	1,999	2,099
Consultants, Contractors and special services	25,802	60,941	62,647	50,507	45,507	45,507	60,356	41,802	43,893
Inventory	55,297	60,521	67,102	163,533	158,533	138,178	140,539	149,459	156,932
Operating leases	1,819	2,276	1,941	9,345	9,345	49,756	1,414	1,488	1,563
Travel and subsistence	5,040	2,186	2,240	376	376	1,191	677	713	749
Maintenance , repair and running costs	6,096	7,288	5,862	14,141	14,141	1,632	9,063	9,911	10,407
Specify other	36,052	29,410	27,563	34,003	34,003	48,378	22,728	42,804	44,942
<b>Transfers and subsidies to</b>	<b>3,021</b>	<b>9,402</b>	<b>9,612</b>	<b>1,010</b>	<b>5,010</b>	<b>5,010</b>	<b>1,020</b>	<b>1,074</b>	<b>628</b>
Households	3,021	9,402	9,612	1,010	5,010	5,010	1,020	1,074	628
<b>Payments for capital assets</b>	<b>3,278</b>	<b>2,322</b>	<b>831</b>	<b>1,713</b>	<b>1,993</b>	<b>1,993</b>	<b>1,717</b>	<b>1,808</b>	<b>1,899</b>
Machinery and equipment	3,278	2,322	831	1,713	1,993	1,993	1,717	1,808	1,899
<b>Total economic classification</b>	<b>1,439,089</b>	<b>1,639,771</b>	<b>1,688,203</b>	<b>2,025,507</b>	<b>2,018,787</b>	<b>2,018,787</b>	<b>2,094,417</b>	<b>2,233,629</b>	<b>2,345,310</b>

#### 4.8 PERFORMANCE AND EXPENDITURE TRENDS

The purpose of the programme is to deliver secondary level hospital services to be accessible, appropriate, and effective. This includes provision of general specialist services, specialised services, as well as a platform for training health professionals and research. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Expand the secondary hospital services, e.g. referrals to the tertiary hospital will drop as secondary services are performed at regional hospitals
- Improve quality of care at regional and specialised hospital level, e.g. reduction in patient waiting time due to the availability of health professionals and implementation of nursing care package.

The department has spent a total of R4.8 billion from 2011/12 to 2013/14 while the 2014/15 budget amounts to R2.0 billion. The MTEF from 2015/16 to 2017/18 is projected at R6.7 billion. This amount will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme

#### 4.9 RISK MANAGEMENT

Strategic Objective	RISK	MITIGATING FACTORS
Improve access to quality hospital services	Poor quality of mental health care	<ul style="list-style-type: none"> <li>• Strengthen Mental Health Review Boards</li> <li>• Motivate for the establishment of Mental Health Care institutions in each district with emphasis on child psychiatry.</li> </ul>
	Increased Cost per patient day equivalent due to prolonged stay.	<ul style="list-style-type: none"> <li>• Motivate for appointment of more specialists</li> </ul>
	Misinterpretation of the Mental health care policy	<ul style="list-style-type: none"> <li>• Conduct capacity building workshops on the Mental Health Care policy</li> <li>• Review the Mental health care policy</li> </ul>
	Overcrowding in facilities due to families abandoning patients	<ul style="list-style-type: none"> <li>• Expedite the building/revitalization projects</li> </ul>
	Shortage of specialists	<ul style="list-style-type: none"> <li>• Implement the recruitment and retention strategy</li> </ul>



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

### **5.1 PROGRAMME PURPOSE**

The purpose of the programme is to strengthen tertiary/academic services and to create a platform for training of health professionals and research.

### **5.2 PRIORITIES**

- Increase access to tertiary services
- Training of health professionals
- Implementation of quality improvement plans in tertiary hospitals



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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
Improve access to quality hospital services	Number of facilities that are 80% compliant with the 6 priorities of the national core standards	2	Reports	New indicator	New indicator	New indicator	2	2	2	2

**TABLE C&THS2: PERFORMANCE INDICATORS FOR TERTIARY HOSPITALS**

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14		2015/16	2016/17	2017/18
1. National Core Standards self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
2. Quality improvement plan after self assessment rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	New indicator	100%	100%	100%	100%
4. Patient experience of Care Survey rate	Annual	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
5. Patient experience of Care rate	Annual	%	65%	34.5%	39%	40%	50%	60%	70%
6. Average Length of Stay	Quarterly	Number	6.7 days	6.7 days	7.2 days	7 days	7days	7 days	7 days





Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
7. Inpatient Bed Utilisation Rate (Usable Bed Utilisation Rate)	Quarterly	%	73.1%	72.4%	75.9%	76%	77%	78%	79%
8. Expenditure per PDE	Quarterly	Number	R2 656.75	R 3 381	R3 366.6	R3 500	R3 600	R3 700	R4,050
9. Complaints resolution rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%
10. Complaints Resolution within 25 working days rate	Quarterly	%	50.2%	36.6% (519 of 1 419)	93.2% (689 of 739)	94%	95%	95%	95%

#### 5.4 QUARTERLY TARGETS FOR TERTIARY AND CENTRAL HOSPITALS

TABLE THS3: PROVINCIAL QUARTERLY TARGETS FOR TERTIARY HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Number of facilities that are 80% compliant with the 6 priorities of the national core standards	2	2	2	2	2

**TABLE THS3: QUARTERLY TARGETS FOR TERTIARY HOSPITALS**

PROGRAMME PERFORMANCE INDICATOR		ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	100%	50%	100%	100%	100%
2. Quality improvement plan after self assessment rate	Quarterly	100%	50%	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	100%	50%	100%	100%	100%
4. Patient experience of Care Survey rate	Annual	100%	-	-	-	100%
5. Patient experience of Care rate	Annual	50%	-	-	-	50%
6. Average Length of Stay	Quarterly	7days	7days	7days	7days	7days
7. Inpatient Bed Utilisation Rate (Usable Bed Utilisation Rate)	Quarterly	77%	77%	77%	77%	77%
8. Expenditure per PDE	Quarterly	R3 600	R3 600	R3 600	R3 600	R3 600
9. Complaints resolution rate	Quarterly	100%	100%	100%	100%	100%
10. Complaints Resolution within 25 working days rate	Quarterly	95%	95%	95%	95%	95%





## 5.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

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

Sub-programme	Audited outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13				2013/14	2014/15	2015/16
R' thousand								
Central Hospitals	1,029,210	1,117,618	1,244,436	1,343,557	1,368,501	1,356,357	1,448,604	1,525,389
Tertiary Hospitals								
<b>TOTAL</b>	<b>1,029,210</b>	<b>1,117,618</b>	<b>1,244,436</b>	<b>1,343,557</b>	<b>1,368,501</b>	<b>1,356,357</b>	<b>1,448,604</b>	<b>1,525,389</b>

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13				2013/14	2014/15	2015/16
<b>Current payments</b>	<b>962,861</b>	<b>1,100,457</b>	<b>1,191,064</b>	<b>1,312,744</b>	<b>1,312,744</b>	<b>1,332,659</b>	<b>1,432,650</b>	<b>1,499,187</b>
Compensation of employees	776,751	871,635	970,109	1,000,272	1,003,972	1,027,899	1,128,652	1,219,439
<b>Goods and services</b>	<b>186,110</b>	<b>228,822</b>	<b>220,955</b>	<b>308,772</b>	<b>308,772</b>	<b>304,760</b>	<b>294,998</b>	<b>279,748</b>
Communication	4,860	5,943	4,210	7,270	7,270	7,520	9,633	5,115
Consultants, Contractors and special services	60,297	76,086	73,670	85,104	85,079	80,293	68,643	47,075
Inventory	91,712	116,258	106,788	165,533	174,033	184,650	168,157	176,565
Operating leases	2,412	3,406	16,207	1,494	1,494	1,544	1,560	1,638
Travel and subsistence	2,448	1,754	1,744	265	265	273	284	298
Maintenance , repair and running costs	1,357	735	26	8,262	8,262	737	9,460	9,933
Specify other	23,024	24,640	18,310	30,869	32,369	29,743	37,261	39,124
<b>Transfers and subsidies to</b>	<b>983</b>	<b>1,843</b>	<b>2,907</b>	<b>580</b>	<b>905</b>	<b>586</b>	<b>617</b>	<b>648</b>
Provinces and municipalities	-	-	-	-	25	-	-	-
Households	983	1,843	2,907	580	880	586	617	648
<b>Payments for capital assets</b>	<b>65,366</b>	<b>15,318</b>	<b>50,465</b>	<b>22,352</b>	<b>29,908</b>	<b>23,112</b>	<b>24,337</b>	<b>25,554</b>

	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
Buildings and other fixed structures	17,559	3,645	3,008	-	-	-	-	-	-
Machinery and equipment	47,807	11,673	47,457	22,352	29,908	29,908	23,112	24,337	25,554
<b>Total economic classification</b>	<b>1,029,210</b>	<b>1,117,618</b>	<b>1,244,436</b>	<b>1,322,001</b>	<b>1,343,557</b>	<b>1,343,557</b>	<b>1,356,357</b>	<b>1,448,604</b>	<b>1,525,389</b>

## 5.6 PERFORMANCE AND EXPENDITURE TRENDS

The purpose of the Tertiary Hospital is to provide tertiary health services and create a platform for training of health professionals and research. The funding has been aligned to the key strategic objective of the programme and targets. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Reduction of referrals outside the province, e.g. tertiary services are being increased in the hospital through the current budget and MTEF and this reduces the referrals outside the province.
- Improve quality of care at tertiary hospital level, e.g. reduction in patient waiting time due to the availability of health professionals.
- Modernisation of the tertiary services, e.g. the purchase of highly technical equipment to render the tertiary services is done using the allocation under this programme

The department has spent a total of R3.4 billion from 2011/12 to 2013/14 while the 2014/15 budget amounts to R1.3 billion. The MTEF from 2015/16 to 2017/18 is projected at R4.3 billion which will be used to maintain and improve the current service





## 5.7 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme tertiary hospitals and the measures to mitigate the impact of the risks are indicated below:

Strategic Objective	Risks	Mitigating factors
Improve access to quality hospital services	<ul style="list-style-type: none"> <li>Delapidated infrastructure i.e building and plants</li> </ul>	<ul style="list-style-type: none"> <li>Implement the recommendations of assessment report</li> </ul>
	<ul style="list-style-type: none"> <li>Shortage of specialists in surgery, and orthopaedics</li> </ul>	<ul style="list-style-type: none"> <li>Intensify recruitment and retention of specialists</li> <li>Building strong relationship with private sector specialists to deal with backlog</li> <li>Increase number of registrars</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of maintenance contract for equipment</li> </ul>	<ul style="list-style-type: none"> <li>Procure term maintenance contracts for existing equipment</li> <li>Procure equipment with appropriate maintenance contracts</li> </ul>
	<ul style="list-style-type: none"> <li>Shortage of clinical engineers</li> </ul>	<ul style="list-style-type: none"> <li>Intensify recruitment of clinical engineers</li> </ul>
	<ul style="list-style-type: none"> <li>Unreliable information management systems (financial, human and patient information systems)</li> </ul>	<ul style="list-style-type: none"> <li>Upgrading the information management systems</li> </ul>

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

### **6.1 PROGRAMME PURPOSE**

The purpose of the programme is to provide training and development of actual and potential employees of the department through the sub-programme, Nurse, EMS training Colleges and Human resource development training.

### **6.2 PRIORITIES**

- Provide Health professional training and development





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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
To increase production for and develop human resources for health	Number of Basic professional nurse students graduated	1300	College records	465	638	463	600	500	400	400
	Number of medical students on Cuban programme	110 medical students on Cuban Medical training programme annually	List of approved bursars	10	10	30	110	110	110	110

TABLE HST 2: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited / actual performance			Estimate	Medium term goals		
			2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
Number of Bursaries awarded for medical students	Annual	Number	New indicator	New indicator	New indicator	50	130	140	150
Number of Bursaries awarded for first year nursing students.	Annual	Number	-	-	-	-	-	-	-

\*\*\*

– The Department does not award bursaries to the nursing students

#### 6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

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

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Number of Basic professional nurse students graduated	Annual	Number	500	-	-	500	-
Number of medical students on Cuban programme	Annual	Number	110	-	-	110	-

**TABLE HST4: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2015/16**

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Number of Bursaries awarded for medical students	Annual	Number	130	-	-	-	130
Number of Bursaries awarded for first year nursing students	Annual	Number	-	-	-	-	-





## 6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST 4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
R' thousand									
Nurse training colleges	166,104	183,586	181,525	238,136	238,136	238,136	307,487	319,138	337,411
EMS training colleges	4,256	5,377	4,844	4,477	4,477	4,477	4,092	4,309	4,524
Bursaries	74,533	96,811	121,888	104,532	142,532	142,532	130,913	114,442	120,164
PHC training	1,039	165	434	8,655	8,655	8,655	7,177	7,558	7,936
Other training	129,715	105,966	123,624	116,207	116,207	116,207	118,855	123,960	131,724
<b>TOTAL</b>	<b>375,647</b>	<b>391,905</b>	<b>432,315</b>	<b>472,008</b>	<b>510,008</b>	<b>510,008</b>	<b>568,524</b>	<b>569,407</b>	<b>601,760</b>

Summary of Provincial Expenditure Estimates by Economic Classification<sup>1</sup>

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>272,915</b>	<b>250,154</b>	<b>268,974</b>	<b>329,139</b>	<b>341,323</b>	<b>341,324</b>	<b>399,220</b>	<b>416,185</b>	<b>440,876</b>
Compensation of employees	203,445	201,096	222,086	275,205	305,008	305,009	346,946	366,173	388,364
<b>Goods and services</b>	<b>69,470</b>	<b>49,058</b>	<b>46,888</b>	<b>53,934</b>	<b>36,315</b>	<b>36,314</b>	<b>52,274</b>	<b>50,012</b>	<b>52,513</b>
Communication	537	564	579	595	595	634	1,132	1,192	1,251
Computer Services	-	-	-	110	110	100	113	119	125
Consultants, Contractors and special services	16,533	903	12,632	32,714	15,095	14,809	25,291	22,100	23,205
Inventory	3,523								
Operating leases	209	4,353	12,627	3,108	3,108	3,834	4,802	5,349	5,616
Travel and subsistence	16,412	530	485	1,065	1,065	971	1,618	1,704	1,789
Maintenance, repair and running costs	1,163	7,418	7,193	4,526	4,526	3,829	1,526	2,807	2,947
		1,278	1,308	659	659	504	1,199	762	800

	Audited Outcomes				Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14	2014/15				2015/16	2016/17	2017/18
Specify other	31,093	34,012	12,064	11,157	11,157	11,633	16,593	15,979	16,780	
<b>Transfers and subsidies to</b>	<b>96,228</b>	<b>121,568</b>	<b>157,025</b>	<b>135,551</b>	<b>167,480</b>	<b>167,480</b>	<b>161,986</b>	<b>145,162</b>	<b>152,420</b>	
Households	96,228	121,568	157,025	135,551	167,480	167,480	161,986	145,162	152,420	
<b>Payments for capital assets</b>	<b>6,504</b>	<b>20,183</b>	<b>6,316</b>	<b>7,317</b>	<b>1,204</b>	<b>1,204</b>	<b>7,317</b>	<b>8,060</b>	<b>8,463</b>	
Buildings and other fixed structures	-	11,777	-	-	-	-	-	-	-	
Machinery and equipment	6,504	8,406	6,316	7,317	1,204	1,204	7,317	8,060	8,463	
<b>Total economic classification</b>	<b>375,647</b>	<b>391,905</b>	<b>432,315</b>	<b>472,008</b>	<b>510,008</b>	<b>510,009</b>	<b>568,524</b>	<b>569,407</b>	<b>601,760</b>	

## 6.6 PERFORMANCE AND EXPENDITURE TRENDS

The purpose of the programme is to render training and development opportunities for actual and potential employees of the Department. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Reduction of shortage of doctors. E.g. the department offers bursaries to students for medical related qualifications with an agreement to recruit them after their completion of studies.
- Reduction in the shortage of nursing professionals, e.g. the department trains the post basic nursing professionals using the budget and MTEF provided.
- Implementation of the Learnership programme. The funding for this experience giving programme is funded through the current budget and MTEF.
- Reduction in the shortage of EMS practitioners, e.g. the department utilises the current budget and MTEF to train the required EMS practitioners at different categories.
- Reduction in the shortage of nursing staff, e.g. nursing colleges are funded to train the potential nurses that after completion of their studies work to improve quality of care.





- The department has spent a total of R1.2billion in 2011/12 to 2013/14 while the 2014/15 budget amounts to R472.0 million. The proposed MTEF from 2015/16 to 2017/18 is projected at R1.7 billion which will be used to maintain and improve the current services

## 6.7 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health sciences and training and the measures to mitigate the impact of the risks are indicated below:

Strategic Objective	Risk	Mitigating factors
To increase production for and develop human resources for health	<ul style="list-style-type: none"> <li>• High staff turnover of trained personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• Motivate for OSD salary package</li> <li>• Improve working conditions of health professionals</li> </ul>
	<ul style="list-style-type: none"> <li>• Insecured examination papers</li> </ul>	<ul style="list-style-type: none"> <li>• All campuses and facilities to have safes to store examination papers</li> </ul>
	<ul style="list-style-type: none"> <li>• Overcrowding in residence</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary erect structures to relieve congestion</li> </ul>
	<ul style="list-style-type: none"> <li>• Release of privileged information to outside companies for bidding of training tenders</li> </ul>	<ul style="list-style-type: none"> <li>• Vetting of service providers and officials.</li> <li>• Raising awareness and signing of the oath of secrecy by all officials within HRD</li> <li>• Disciplinary measures instituted against officials proven to have breached confidentiality</li> </ul>
	<ul style="list-style-type: none"> <li>• Shortage of nurse specialist compromising quality of student output</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of recruitment and retention strategy</li> </ul>

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

### **7.1 PROGRAMME PURPOSE**

The purpose of the programme is to render support services as required by the Department to realise its objectives of incorporating all aspects of rehabilitation through the sub-programmes:

- Pharmaceutical Services;
- Rehabilitation services ( Allied Health Care Support Services);
- Oral health services; and
- Forensic Pathology Services.

### **7.2 PRIORITIES**

- Provide essential pharmaceutical supplies;
- Increase facilities with full complement of Health Care Support Services; and
- Strengthen Forensic Pathology Services.





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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance			Medium term targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18		
To provide all essential medicines	Availability of essential medicines	95%	Quarterly reports	76.5%	59.01%	71.7%	75%	80%	85%	95%		
		Hospitals		87.5%	79.68%	84.5%	85%	88%	90%	95%		
		PHC		84.5%	72.75%	80.37%	82%	85%	88%	92%		
To provide rehabilitation services in facilities and communities	Number of districts providing community based rehabilitation services	5	Quarterly reports	New indicator	New indicator	5	5	5	5	5		
	Number of health facilities providing rehabilitation services	40 of 40		New indicator	New indicator	36 of 40	28 of 40	30 of 40	32 of 40	34 of 40		

### 7.4 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE HCSS2: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2015/16

PROGRAMME PERFORMANCE INDICATOR	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
		Q1	Q2	Q3	Q4
Availability of essential medicines	80%	80%	80%	80%	80%
	88%	88%	88%	88%	88%
	85%	85%	85%	85%	85%
Number of districts providing community based rehabilitation services	5	5	5	5	5
Number of health facilities providing rehabilitation services	30 of 40	28 of 40	28 of 40	29 of 40	30 of 40

## 7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

### TABLE HCSS 4: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
R' thousand									
Forensic services	37,822	32,797	33,265	42,126	42,126	42,126	37,357	44,740	46,977
Orthotic and prosthetic services	11,999	7,723	8,212	7,937	7,937	7,937	9,925	10,451	10,974
Medicines trading account	485,081	609,724	712,559	43,418	56,418	56,418	49,496	42,908	45,053
<b>TOTAL</b>	<b>534,902</b>	<b>650,244</b>	<b>754,036</b>	<b>93,481</b>	<b>106,481</b>	<b>106,481</b>	<b>96,778</b>	<b>98,098</b>	<b>103,003</b>

### Summary of Provincial Expenditure Estimates by Economic Classification<sup>1</sup>

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
<b>Current payments</b>	<b>521,831</b>	<b>646,696</b>	<b>753,205</b>	<b>91,259</b>	<b>104,811</b>	<b>104,811</b>	<b>94,554</b>	<b>95,756</b>	<b>100,544</b>
Compensation of employees	29,719	48,276	65,398	54,681	72,681	72,680	57,001	71,598	75,178
<b>Goods and services</b>	<b>492,112</b>	<b>598,420</b>	<b>687,807</b>	<b>36,578</b>	<b>32,130</b>	<b>32,131</b>	<b>37,553</b>	<b>24,158</b>	<b>25,366</b>
Communication	43	372	1,512	33	33	291	34	36	38
Computer Services	-	-	1,013	-	-	-	-	-	-
Consultants, Contractors and special services	25,546	7,937	17,035	9,100	9,099	9,846	8,134	5,137	5,394
Inventory	463,286	585,490	665,626	26,451	21,451	18,486	26,120	16,547	17,374
Operating leases	98	231	145	-	-	-	-	-	-
Travel and subsistence	686	3,153	541	266	266	437	2,484	1,616	1,697
Maintenance, repair and running costs	1,055	167	169	-	-	-	-	-	-
Specify other	1,398	1,070	1,766	728	1,281	3,071	781	822	862





	Audited Outcomes			Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
<b>Transfers and subsidies to</b>	-	-	-	-	202	202	204	215	225
Provinces and municipalities	-	-	16	-	-	-	-	-	-
Households	-	-	723	202	202	202	204	215	225
<b>Payments for capital assets</b>	<b>13,071</b>	<b>3,548</b>	<b>92</b>	<b>2,020</b>	<b>1,468</b>	<b>1,468</b>	<b>2,020</b>	<b>2,127</b>	<b>2,234</b>
Buildings and other fixed structures	12,534	-	-	-	-	-	-	-	-
Machinery and equipment	537	3,548	912	2,020	1,468	1,468	2,020	2,127	2,234
<b>Total economic classification</b>	<b>534,902</b>	<b>650,244</b>	<b>754,036</b>	<b>93,481</b>	<b>106,481</b>	<b>106,481</b>	<b>96,778</b>	<b>98,098</b>	<b>103,003</b>

## 7.6 PERFORMANCE AND EXPENDITURE TRENDS

The purpose is to render health care support services to the entire Health Care Services. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Provision of all essential medicines. The allocated budget is used to purchase all these medicines and the MTEF will ensure availability.
- Provision of forensic pathology services.
- Provision of orthotic and prosthetic services. E.g. the purchase of assistive devices is done using this allocation.

The department has spent a total of R1.9 billion from 2011/12 to 2013/14 while the 2014/15 budget amounts to R93.4 million. The MTEF from 2015/16 to 2017/18 is projected at R298 million which will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources, regular monitoring of the programme performance and stakeholders participation

## 7.7 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health Care Support Services and measures to mitigate the impact of the risks are indicated below.

Strategic Objectives	Risk	Mitigating factors
To provide all essential medicines	Poor performance by suppliers	<ul style="list-style-type: none"> <li>• Impose penalties to suppliers who do not meet required standards</li> </ul>
	Increased number of items on quotation	<ul style="list-style-type: none"> <li>• Award provincial tenders or use other provincial tenders</li> </ul>
	Increase in Expired stock	<ul style="list-style-type: none"> <li>• Put systems in place to monitor expiry dates</li> </ul>
	No compliance with regulatory standards	<ul style="list-style-type: none"> <li>• Quality improvement plan</li> </ul>
	Development of permanent disability	<ul style="list-style-type: none"> <li>• Put systems in place for early rehabilitation intervention</li> </ul>
To provide rehabilitation services in facilities and communities		



## **8 BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)**

### **8.1 PROGRAMME PURPOSE**

The purpose of the programme is to plan, provide and equip new facilities/assets, and upgrade, rehabilitate and maintain hospitals, clinics and other facilities.

### **8.2 PRIORITIES**

- Upgrade of PHC facilities
- Upgrade of hospitals
- Upgrade nursing college and nursing schools
- Provide water, sanitation and electrical services (new and upgrade)
- Implement maintenance programme.



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

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

Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2011/12	2012/13	2013/14		2014/15	2015/16	2016/17
To improve quality of health infrastructure	Number of districts spending at least 5% of their infrastructure budgets on maintenance (preventative and scheduled)	5	Reports	New indicator	New indicator	New indicator	5	5	5	5
	Number of health facilities completed	-	Reports	New indicator	New indicator	New indicator	37	7	-	-

Table HFM2: Performance Indicators for Health Facilities Management

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Audited / actual performance	Estimate	Medium term targets				
					2011/12	2012/13	2013/14	2014/15	2015/16
Number of health facilities that have undergone major and minor refurbishment	Annual	No	New indicator	109	New indicator	New indicator	120	120	120
Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agents)	Annual	Yes	New indicator	3	New indicator	New indicator	3	3	3





#### 8.4 QUARTERLY TARGETS FOR HFM

**TABLE HFM3: PROVINCIAL QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT FOR 2015/16**

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY /ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Number of districts spending at least 5% of their infrastructure on maintenance (preventative and scheduled)	Quarterly	No	5	3	4	5	5
2. Number of health facilities completed	Annual	No	7	3	-	-	4

**TABLE HFM4: QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT FOR 2015/16**

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	TYPE	ANNUAL TARGET 2015/16	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Number of health facilities that have undergone major and minor refurbishment	Annual	Number	120	25	25	25	34
Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual	SLA	3	0	1	2	0

## 8.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

**TABLE HFM 5: EXPENDITURE ESTIMATES: HEALTH FACILITIES MANAGEMENT**

Sub-programme	Audited outcome		2013/14	Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium term expenditure estimates		
	2011/12	2012/13					2015/16	2016/17	2017/18
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Community Health facilities	267,105	269,215	140,612	349,800	348,800	348,800	50,602	53,561	51,239
District hospitals	230,933	466,779	69,086	55,436	42,085	42,085	58,800	51,879	54,473
Provincial hospitals	14,560	13,239	17,259	22,726	15,526	15,526	33,799	12,819	13,460
Central hospitals	9,353	8,552	17,445	17,949	19,149	19,149	3,000	17,099	17,954
Other facilities	277,583	353,238	111,488	148,836	150,066	150,066	178,424	399,468	449,441
<b>Total</b>	<b>799,534</b>	<b>1,111,022</b>	<b>355,890</b>	<b>594,747</b>	<b>575,626</b>	<b>575,626</b>	<b>324,626</b>	<b>534,826</b>	<b>586,568</b>

**Summary of Provincial Expenditure Estimates by Economic Classification<sup>1</sup>**

	Audited Outcomes		2013/14	Main appropriation	Adjusted appropriation 2014/15	Revised estimate	Medium-term estimate		
	2011/12	2012/13					2015/16	2016/17	2017/18
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current payments	89,777	98,320	136,603	158,442	344,091	344,091	169,765	182,723	186,860
Compensation of employees	2,018	2,295	3,050	8,140	14,140	14,140	11,981	12,580	13,209
<b>Goods and services</b>	87,759	96,025	133,553	150,302	329,951	329,951	157,785	170,143	173,651
Communication	263	-1	-14	-	-	-	-	-	-
Computer Services	-	-	-	-	-	-	-	-	-





	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13				2013/14	2015/16	2016/17
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Consultants, Contractors and special services	69,973	960	121,622	135,090	114,739	114,739	134,430	141,358
Inventory	9,942	757	2,320	7,328	7,328	7,328	13,059	-
Operating leases	-	91,537	-	-	-	-	-	-
Travel and subsistence	1,986	722	768	1,791	1,791	1,791	2,517	-
Maintenance , repair and running costs	78	727	910	-	-	-	-	-
Specify other	5,517	1,323	7,947	6,093	206,093	7,093	7,779	28,785
<b>Transfers and subsidies to</b>	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>709,757</b>	<b>1,012,703</b>	<b>219,287</b>	<b>436,305</b>	<b>231,535</b>	<b>231,535</b>	<b>154,861</b>	<b>352,103</b>
Buildings and other fixed structures	706,313	1,006,969	204,042	418,144	213,374	213,374	135,718	332,004
Machinery and equipment	3,444	5,734	15,245	18,161	18,161	18,161	19,142	20,099

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13				2013/14	2015/16	2016/17
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Total economic classification</b>	<b>799,534</b>	<b>1,111,023</b>	<b>355,890</b>	<b>594,747</b>	<b>575,626</b>	<b>575,626</b>	<b>324,626</b>	<b>534,826</b>
								<b>586,568</b>

## 8.6 PERFORMANCE AND EXPENDITURE TRENDS

The purpose of the programme is to plan, provide and equip new facilities/assets, and upgrade, rehabilitate and maintain hospitals, clinics and other facilities. The allocated budget has a direct impact on the achievements of targets in the following ways:

Maintenance of health facilities .e.g. boilers and equipment at hospitals and other institutions.

Building and upgrading of health facilities. E.g. clinics, health centres, forensic pathology, nursing colleges and hospitals as well as the building of new malaria, new academic hospital and EMS stations are provided for in the budget and MTEF.

The department has spent a total of R2.3 billion from 2011/12 to 2013/14 while the 2014/15 budget amounts to R594.7 million. The MTEF from 2015/16 to 2017/18 is projected at R1.4 billion. This amount will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources, regular monitoring of the programme performance and stakeholders participation.





## 8.7 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health facilities management and measures to mitigate the impact of the risks are indicated below.

Strategic Objective	Risk	Mitigating factors
To improve quality of health infrastructure	The cut in infrastructure funding over the recent past and the limited availability of funding over the MTEF to achieve health infrastructure mandates.	Motivate for additional funding both provincially and nationally. Produce good quality planning documentation to bid for any available extra funding.
	Limited capacity to implement infrastructure projects by the provinces implementing agents.	Undertake close management of IA's and provide supportive technical personnel where possible to aide IA's.
	Procurement delays and bottlenecks within LDPWR&I in particular.	Support the establishment and the development of capacity within the Infrastructure Hub, being established in the Province.
	Contractor related challenges	Monitor that contractors are paid regularly and that other problems that they face are responded to.
	Insufficient attention and budget availability to undertake sufficient maintenance of the provinces health facilities.	DBSA has been brought in to support the Department manage short term interventions and to develop a longer term strategy and implement it for a five year period.

## PART C: LINKS TO OTHER PLAN

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

No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2015/16	
	R thousands			2013/14	2014/15	2015/16	2016/17
1. New and replacement assets							
1	Thabazimbi Hospital	Thabazimbi	Programme 8	2,000	4,000	4,000	0
2	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	750	1,000	0	0
3	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	1,000	300	0	0
4	Jane Furse Hospital	Thabazimbi	Health Facilities Management	3,500	5,221	1,000	0
5	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	1,330	0	0	0
6	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	1,270	0	0	0
7	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	86,105	5,000	0	0
8	Thabazimbi Hospital	Thabazimbi	Health Facilities Management	2,000	9,106	0	0
9	Messina Hospital	Musina	Health Facilities Management	0	2,000	2,000	0
10	Nkhensani Hospital	Greater Giyani	Health Facilities Management	3,000	0	0	0
11	Dilokong Hospital	Greater Tubatse	Health Facilities Management	917	0	0	0
12	Nkhensani Hospital	Greater Giyani	Health Facilities Management	1,000	0	0	0
13	Jane Furse	Makhuduthamag <sup>a</sup>	Health Facilities Management	90	0	0	0
14	New Limpopo Academic Hospital	Polokwane	Health Facilities Management	10,000	0	0	0





No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2016/17	
	R thousands			2013/14	2014/15	2016/17	
15	WF Knobel EMS	Aganang	Health Facilities Management	1,046	0	0	0
16	Leboeng EMS	Elias Motsoaledi	Health Facilities Management	1,089	0	0	0
17	Siloam EMS	Makhado	Health Facilities Management	958	0	0	0
18	EMS Head Office	Polokwane	Health Facilities Management	3,000	0	0	0
19	EMS Head Office	Polokwane	Health Facilities Management	13,121	0	0	0
20	HC Boshoff New Health Centre	Greater Tubatse	Health Facilities Management	1,517	0	0	0
21	Thabaleshoba/Rebone Health Centre	Mogalakwena	Health Facilities Management	5,273	0	0	0
22	Thabaleshoba/Rebone Health Centre	Mogalakwena	Health Facilities Management	0	0	0	0
23	Bela-Bela Clinic	Bela Bela	Health Facilities Management	0	15,135	1,865	0
24	Sekgakgapeng Clinic	Mogalakwena	Health Facilities Management	0	15,000	2,000	0
25	Lebowakgomo Unit B Clinic	Lepelle-Nkumpi	Health Facilities Management	492	0	0	0
26	Soetfontein Clinic	Polokwane	Health Facilities Management	1,907	0	0	0
27	Matsotsosela Clinic	Greater Giyani	Health Facilities Management	1,449	0	0	0
28	Shivulani Clinic	Greater Giyani	Health Facilities Management	1,219	0	0	0
29	Loloka Clinic	Greater Tzaneen	Health Facilities Management	2,121	0	0	0
30	Phalaborwa (Busstop) Clinic	Ba-Phalaborwa	Health Facilities Management	2,975	0	0	0
31	Muyexe Clinic	Greater Giyani	Health Facilities Management	4,393	0	0	0
32	Vlaakplaas Clinic	Elias Motsoaledi	Health Facilities Management	5,363	0	0	0

No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates	2016/17
				2013/14	2014/15		
	R thousands			2013/14	2014/15	2015/16	2016/17
33	Mpheni Clinic	Makhado	Health Facilities Management	566	0	0	0
34	Sereni Clinic	Makhado	Health Facilities Management	800	0	0	0
35	Midoroni Clinic	Makhado	Health Facilities Management	552	0	0	0
36	Shigalo Clinic	Thulamela	Health Facilities Management	224	0	0	0
37	Sterkstroom	Elias Motsoaledi	Health Facilities Management	102	0	0	0
38	Rooiberg Clinic	Thabazimbi	Health Facilities Management	3,837	0	0	0
39	Smashersblok Clinic	Thabazimbi	Health Facilities Management	9,306	0	0	0
40	Pienaarsrevier Clinic	Bela Bela	Health Facilities Management	0	15,000	2,000	0
41	Tzaneen Malaria Head Office	Greater Tzaneen	Health Facilities Management	3,762	0	0	0
42	Waterpoort Malaria Unit	Makhado	Health Facilities Management	1,980	0	0	0
43	Waterberg Malaria Unit	Lephalale	Health Facilities Management	2,827	0	0	0
44	Matlala EMS Station	Ephraim Mogale	Health Facilities Management		8,000	0	0
45	Bosele EMS	Makhuduthamaga	Health Facilities Management		7,151	0	0





No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2016/17	
	R thousands						
46	Tshikundamalema Clinic	Polokwane	Health Facilities Management	0	10,000	6,008	0
47	Roedtan Clinic	Mookgopong	Health Facilities Management		15,000	1,100	0
48	Roedtan EMS Station	Mookgopong	Health Facilities Management		0	0	0
49	Pienaars EMS Station	Bela Bela	Health Facilities Management		0	0	0
50	Vaalwater EMS Station	Modimolle	Health Facilities Management		8,000	0	0
51	Mookgophong EMS	Mookgopong	Health Facilities Management		8,000	0	0
Total New infrastructure assets				182,841	127,913	19,973	0
2. Upgrades and additions							

No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2015/16	
	R thousands			2013/14	2014/15	2015/16	2016/17
1	Thabamoopo Hospital	Lepelle-Nkumpi	HEALTH FACILITIES MANAGEMENT	1,887	1,000	1,000	0
2	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	750	500	200	0
3	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	1,000	800	200	0
4	Letaba Hospital	Greater Tzaneen	Health Facilities Management	9,000	5,000	1,000	0
5	Letaba Hospital	Greater Tzaneen	Health Facilities Management	750	500	500	0
6	Letaba Hospital	Greater Tzaneen	Health Facilities Management	1,000	1,000	500	0
7	M Malajie Hospital	Ba-Phalaborwa	Health Facilities Management	2,000	4,000	4,000	0
8	M Malajie Hospital	Ba-Phalaborwa	Health Facilities Management	750	500	500	0
9	M Malajie Hospital	Ba-Phalaborwa	Health Facilities Management	1,000	200	200	0
10	HRG - Grant Management	Polokwane	Health Facilities Management	6,000	7,000	10,000	0
11	Botlokwa	Molemole	Health Facilities Management	150	0	0	0
12	W.F Knobel	Aganang	Health Facilities Management	150	0	0	0
13	Lebowakgomo	Lepelle-Nkumpi	Health Facilities Management	90	0	0	0
14	Thabamoopo	Lepelle-Nkumpi	Health Facilities Management	90	0	0	0
15	Evuxakeni	Greater Giyani	Health Facilities Management	573	0	0	0
16	Dr CN Phatudi	Greater Tzaneen	Health Facilities Management	185	0	0	0
17	Nkhensani Hospital	Greater Giyani	Health Facilities Management	90	0	0	0
18	St.Ritas	Makhuduthamag a	Health Facilities Management	300	0	0	0





No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2015/16	
	R thousands			2013/14	2014/15	2015/16	2016/17
19	Mecklenberg	Greater Giyani	Health Facilities Management	150	0	0	0
20	Dlokong	Greater Giyani	Health Facilities Management	90	0	0	0
21	Tshildzini	Thulamela	Health Facilities Management	300	0	0	0
22	Warmbad Hospital	Bela Bela	Health Facilities Management	118	2,000	2,000	0
23	Letaba Hospital	Greater Tzaneen	Health Facilities Management	900	0	0	0
24	Letaba Hospital	Greater Tzaneen	Health Facilities Management	500	3,000	6,000	0
25	Letaba Hospital	Greater Tzaneen	Health Facilities Management	500	4,000	6,000	0
26	Letaba Hospital	Greater Tzaneen	Health Facilities Management	700	0	0	0
27	Letaba Hospital	Greater Tzaneen	Health Facilities Management	6,000	5,377	0	0
28	Letaba Hospital	Greater Tzaneen	Health Facilities Management	500	2,550	17,433	0
29	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	1,800	0	0	0
30	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	850	7,087	2,000	0

No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates
				2013/14	2014/15	
	R thousands			2013/14	2014/15	2015/16
31	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	800	1,087	0
32	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	3,000	2,190	1,000
33	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management	2,000	0	0
34	Thabamoopo Hospital	Lepelle-Nkumpi	Health Facilities Management		800	3,700
35	M Malajje Hospital	Ba-Phalaborwa	Health Facilities Management	3,018	0	0
36	M Malajje Hospital	Ba-Phalaborwa	Health Facilities Management	341	0	0
37	M Malajje Hospital	Ba-Phalaborwa	Health Facilities Management	500	5,626	3,500
38	M Malajje Hospital	Ba-Phalaborwa	Health Facilities Management	2,000	6,000	12,199
39	Zebediela Hospital	Lepelle-Nkumpi	Health Facilities Management	0	0	0
40	Kgapane Hospital	Greater Letaba	Health Facilities Management	1,959	0	0
41	Old Nkhensani Hospital	Greater Giyani	Health Facilities Management	1,498	0	0
42	Letaba Hospital	Greater Letaba	Health Facilities Management	701	0	0
43	Matlala Hospital	Ephraim Mogale	Health Facilities Management	273	0	0
44	Mecklenburg Hospital	Greater Tubatse	Health Facilities Management	273	0	0
45	Ditlokong Hospital	Greater Tubatse	Health Facilities Management	2,475	0	0
46	Jane Furse Hospital	Makhuduthamag <sup>a</sup>	Health Facilities Management	1,095	0	0





No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2016/17	
	R thousands						
47	Philadelphia Hospital	Elias Motsoaledi	Health Facilities Management	2,895	0	0	0
48	Malamulele Hospital	Thulamela	Health Facilities Management	2,138	0	0	0
49	Louis Trichardt Hospital	Makhado	Health Facilities Management	1,029	0	0	0
50	Donald Fraser Hospital	Thulamela	Health Facilities Management	2,024	0	0	0
51	George Masebe Hospital	Mogalakwena	Health Facilities Management	172	0	0	0
52	Elim Hospital	Makhado	Health Facilities Management	738	0	0	0
53	WF Knobel Hospital	Aganang	Health Facilities Management	2,708	0	0	0
54	Dr CN Phatudi Hospital	Greater Tzaneen	Health Facilities Management	3,879	0	0	0
55	Mecklenburg hospital	Greater Tzaneen	Health Facilities Management	500	5,000	7,144	0
56	Matlala Hospital	Ephraim Mogale	Health Facilities Management	4,000	7,093	0	0
57	Philadelphia Hospital	Elias Motsoaledi	Health Facilities Management	8,169	0	0	0
58	St Ritas Hospital	Makhuduthamag a	Health Facilities Management	213	0	0	0
59	George Masebe Hospital	Mogalakwena	Health Facilities Management	4,732	0	0	0
60	Voortrekker Hospital	Mogalakwena	Health Facilities Management	6,000	2,786	0	0
61	Mokopane Hospital	Mogalakwena	Health Facilities Management	8,000	2,736	0	0

No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates
				2013/14	2014/15	
	R thousands			2013/14	2014/15	2015/16
62	Maintenance of Various Hospitals - ACCRUALS FROM 2012/13 and misallocation from Hig	Polokwane	Health Facilities Management	8,297	0	0
63	Seshego Hospital	Polokwane	Health Facilities Management	2,000	5,000	1,000
64	Implementing Agent Programme Management Fees for HRG Projects	Polokwane	Health Facilities Management	6,118	5,000	9,000
65	Mokopane Hospital	Mogalakwena	Health Facilities Management		2,000	9,000
66	George Masebe Hospital	Mogalakwena	Health Facilities Management		2,807	8,000
67	Malemati Clinic	Lepelle-Nkumpi	Health Facilities Management	2,000	0	0
68	WF Knobel Hospital	Aganang	Health Facilities Management	2,416	0	0
69	Sekororo Hospital	Maruleng	Health Facilities Management	2,964	0	0
70	Voortrekker Hospital	Mogalakwena	Health Facilities Management	605	0	0
71	Various Clinics and EMS's - Furn&Equip	Polokwane	Health Facilities Management	14,500	6,000	6,192
72	Various PMU Clinics, Malaria & others	Polokwane	Health Facilities Management	2,028	0	0
73	Various DPW Clinics, Mortuaries & Others	Polokwane	Health Facilities Management	9,158	0	0
74	Clinics Water Supply & Sanitation Upgrade	Polokwane	Health Facilities Management	23,979	25,000	10,000
75	Maintenance of Existing Water, Sanitation and	Polokwane	Health Facilities Management	5,952	10,000	3,000





No.	Project name	Municipality / Region	Budget programme name	Total available			MTEF Forward estimates
				2013/14	2014/15	2016/17	
	R thousands						
	Electrical Infrastructure (clinics)						
76	Ratshatshaa CHC	Blouberg	Health Facilities Management	4,429	8,571	0	0
77	Moutse East Clinic	Elias Motsoaledi	Health Facilities Management	3,300	0	0	0
78	Mphahlele Clinic	Lepelle-Nkumpi	Health Facilities Management	200	0	0	0
79	Shotong Clinic	Greater Letaba	Health Facilities Management	1,606	0	0	0
80	Mamone Clinic	Makhuduthamag <sup>a</sup>	Health Facilities Management	2,028	0	0	0
81	Nchabeleng	Fetakgomo	Health Facilities Management	484	0	0	0
82	Selepe	Fetakgomo	Health Facilities Management	457	0	0	0
83	Marulaneng Clinic	Fetakgomo	Health Facilities Management	3,014	0	0	0
84	Kutama	Makhado	Health Facilities Management	1,400	0	0	0
85	HIG Grant Management	Polokwane	Health Facilities Management	10,000	5,000	5,000	0
86	Lebowakgomo	Lepelle-Nkumpi	Health Facilities Management	1,000	0	0	0
87	Lebowakgomo	Lepelle-Nkumpi	Health Facilities Management	1,200	0	0	0
88	Botlokwa Hospital	Molemole	Health Facilities Management	1,000	0	0	0
89	Botlokwa Hospital	Molemole	Health Facilities Management	1,500	0	0	0
90	Seshego Hospital	Polokwane	Health Facilities Management	1,200	0	0	0
91	Ga-Kgapane Hospital	Greater Letaba	Health Facilities Management	1,000	0	0	0
92	Ga-Kgapane Hospital	Greater Letaba	Health Facilities Management	1,200	0	0	0

No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates
				2013/14	2014/15	
	R thousands			2013/14	2014/15	2015/16
93	Mecklenburg Hospital	Greater Tubatse	Health Facilities Management	3,500	0	0
94	Voortrekker Hospital	Mogalakwena	Health Facilities Management	1,000	0	0
95	Botlokwa Hospital	Molemole	Health Facilities Management	3,700	0	0
96	Mankweng Hospital Electrical Upgrade	Polokwane	Health Facilities Management	1,186	0	0
97	Elim Hospital (Boiler)	Makhado	Health Facilities Management	8,000	9,134	0
98	Sekororo Hospital	Maruleng	Health Facilities Management	1,700	0	0
99	Mecklenburg Hospital	Greater Tubatse	Health Facilities Management	2,000	0	0
100	Elim Hospital	Makhado	Health Facilities Management	1,200	0	0
101	Hospital Water Supply Program	Polokwane	Health Facilities Management	2,000	5,000	3,000
102	Mecklenburg Hospital	Greater Tubatse	Health Facilities Management	1,800	0	0
103	Dilokong Hospital	Greater Tubatse	Health Facilities Management	2,500	0	0
104	Ellisras Hospital	Lephalale	Health Facilities Management	1,200	0	0
105	Letaba hospital	Greater Tzaneen	Health Facilities Management	1,500	0	0
106	Philadelphia Hospital	Elias Motsoaledi	Health Facilities Management	1,500	0	0
107	Tshildzini Hospital	Thulamela	Health Facilities Management	80	0	0
108	Mokopane Hospital	Mogalakwena	Health Facilities Management	48	0	0
109	Zebediela Hospital (Mortuary)	Lepelle-Nkumpi	Health Facilities Management	1,861	0	0
110	Mankweng Hospital Mortuary Upgrade	Polokwane	Health Facilities Management	2,556	0	0





No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates
				2013/14	2014/15	
	R thousands			2013/14	2014/15	2016/17
111	Implementing Agent Programme Management Fees for HRG Projects	Polokwane	Health Facilities Management	6,131	6,000	2,000
112	Schoongezicht Clinic	Aganang	Health Facilities Management		15,000	980
113	Mamushi Clinic	Polokwane	Health Facilities Management		15,000	911
114	Mothiba Clinic	Polokwane	Health Facilities Management		15,000	870
115	Makepsvei Clinic	Ephraim Mogale	Health Facilities Management		15,000	838
116	Sterkspruit Clinic	Greater Tubatse	Health Facilities Management		15,000	954
117	Masisi EMS	Mutale	Health Facilities Management		7,236	0
118	Phagameng Clinic	Modimolle	Health Facilities Management		15,000	838
119	Modimolle EMS Station	Modimolle	Health Facilities Management		7,062	0
120	Mokopane Hospital	Mogalakwena	Health Facilities Management		5,413	0
121	Old Nkhensani Hos EMS	Greater Giyani	Health Facilities Management		3,850	0

No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates	2016/17
				2013/14	2014/15		
	R thousands						
122	Grace Mugodeni EMS	Greater Tzaneen	Health Facilities Management		7,054	0	0
123	Homulani Clinic	Ba-Phalaborwa	Health Facilities Management		15,000	936	0
124	Nkomo B Clinic	Greater Giyani	Health Facilities Management		15,000	895	0
125	Van Velden Hospital	Greater Tzaneen	Health Facilities Management		0	0	0
126	Sekororo Hospital	Maruleng	Health Facilities Management		0	0	0
127	Ellisras Hospital	Lephalale	Health Facilities Management		0	0	0
128	FH Odendaal Hospital	Modimolle	Health Facilities Management		0	0	0
129	Health Provincial office building	Polokwane	Health Facilities Management		3,000	2,000	0
130	Sovenga Nursing College Campus & Schools in Capricorn -	Polokwane	Health Facilities Management	3,084	814	1,249	0
131	Giyani Nursing College Campus	Greater Giyani	Health Facilities Management	0	2,000	0	0
132	Giyani Nursing College Campus & Schools in Mopani	Greater Giyani	Health Facilities Management	2,177	768	1,629	0
133	Giyani Nursing College Campus & Schools in Mopani	Greater Giyani	Health Facilities Management	270	0	0	0
134	Giyani Nursing College Campus	Greater Giyani	Health Facilities Management		540	9,700	0
135	Thohoyandou Nursing College	Thulamela	Health Facilities Management		3,500	900	0
136	Thohoyandou Nursing College Campus & Schools in Vhembe	Thulamela	Health Facilities Management	3,243	1,948	1,844	0





No.	Project name	Municipality / Region	Budget programme name	Total available		MTEF Forward estimates	
				2013/14	2014/15	2015/16	2016/17
	R thousands						
137	Thohoyandou Nursing College Campus & Schools in Vhembe	Thulamela	Health Facilities Management	270	0	0	0
138	Limpopo Nursing College	Polokwane	Health Facilities Management	4,000	6,500	0	0
139	Limpopo Nursing College	Polokwane	Health Facilities Management	2,150	2,000	2,150	0
140	Sekhukhune Nursing College Campus and all the nursing schools	Makhuduthamag <sup>a</sup>	Health Facilities Management	76	350	1,050	0
141	Waterberg Nursing College Campus and all the nursing schools	Mogalakwena	Health Facilities Management		150	1,270	0
	Total Upgrades and additions			279,070	339,529	164,282	0
	3. Rehabilitation, renovations and refurbishments						
	...						
	Total Rehabilitation, renovations and refurbishments						
	4. Maintenance and repairs						
	Total Maintenance	Polokwane	Health Facilities Management	173,257	126,305	129,370	83,857
	Total Maintenance and repairs			173,257	126,305	129,370	83,857
	5. Infrastructure transfers - current						
	Total Infrastructure transfers - current						
	6. Infrastructure transfers - capital						
	Total Infrastructure transfers - capital						
	Total Health Infrastructure			635,168	593,747	313,625	83,857

## 2. CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2015/16
1. HPTD (Health Professionals)	To support the training of Medical and Allied Health professionals	<p>Number and composition of health sciences students trained and developed</p> <ul style="list-style-type: none"> <li>Number of registrars per discipline and per institution</li> <li>Number of health facilities with expanded specialists and teaching infrastructure</li> </ul>	<p>4 per discipline</p> <p>10 facilities</p>
2. National Tertiary Services Grant	<p>To develop an Academic Health Service Complex with tertiary, secondary, and primary components;</p> <p>Increase accessibility to tertiary services</p> <p>make the facilities more accessible and to bring their activities and services in line with the level of care, (tertiary services)</p>	<p>% institutions with 75% equipment in line with (T1) tertiary service package</p> <p>Percentage reduction of referrals to other provinces</p> <p>% of tertiary institutions with health professional recruited and retained</p>	<p>100%</p> <p>100%</p> <p>&lt;3%</p>
3. Comprehensive HIV and AIDS	<p>To enable the health sector to develop an effective response to HIV and Aids including universal access to HIV Counselling and Testing (HCT)</p> <p>To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care</p>	<ul style="list-style-type: none"> <li>No. of fixed public health facilities offering ART services,</li> <li>No. of new patients started on ART</li> <li>Total number of patients on ART remaining in care</li> <li>No. of beneficiaries served by home-based carers</li> <li>No. of active home-based carers receiving stipends</li> <li>No. of Male condom distributed</li> <li>No. of female condoms distributed</li> </ul>	<p>486</p> <p>58 694</p> <p>305 352</p> <p>110 000</p> <p>9 000</p> <p>105 000 000</p> <p>630 000</p>





Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2015/16
	<ul style="list-style-type: none"> <li>To subsidise in-part funding for antiretroviral treatment programme</li> </ul>	<ul style="list-style-type: none"> <li>No. of HTA intervention sites</li> <li>No. of ANC clients initiated on life-long ART</li> <li>No. of babies PCR tested at 6 weeks</li> <li>No. of HIV positive client screened for TB</li> <li>No. of HIV positive patients started on IPT</li> <li>No. of active lay counsellors on stipends</li> <li>No. of clients pre-test counselled on HIV testing (including antenatal)</li> <li>No. of clients tested for HIV (including antenatal)</li> <li>No. of health facilities offering MMC services</li> <li>No. of Medical Male Circumcision performed</li> <li>No. of sexual assault cases – new</li> <li>No. of sexual assault cases offered ARV prophylaxis</li> <li>No. of SDC facilities/units</li> <li>No. of doctors and professional nurses trained on HIV/AIDS, STIs, TB and chronic diseases</li> </ul>	<p>500</p> <p>24 000</p> <p>26 000</p> <p>273 672</p> <p>136 836</p> <p>1 000</p> <p>1 860 216</p> <p>1 691 105</p> <p>37</p> <p>50 000</p> <p>5 000</p> <p>3 500</p> <p>6</p> <p>2 500</p>
<b>HEALTH INFRASTRUCTURE GRANT</b>	<ul style="list-style-type: none"> <li>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing</li> </ul>	<ul style="list-style-type: none"> <li>Number of health infrastructure projects planned</li> <li>Number of health infrastructure projects designed</li> </ul>	<p>2</p> <p>3</p>

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2015/16
	<p>infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA).</p> <ul style="list-style-type: none"> <li>• Supplement expenditure on health infrastructure delivered through public-private partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health infrastructure projects under construction</li> </ul>	36
<ul style="list-style-type: none"> <li>• <b>National Health Insurance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Develop frameworks and models that can be used to roll out the National Health Insurance (NHI) pilots in districts and central hospitals critical to achieving the phased implementation of NHI</li> <li>• Test innovations in health service delivery for implementing NHI, to interpret and design innovations relevant to its specific context in line with the vision for realising universal health coverage for all</li> <li>• To undertake health system strengthening activities in identified focus areas</li> <li>• To assess the effectiveness of interventions/activities</li> </ul>	<ul style="list-style-type: none"> <li>• Filing of critical District Management (DMT's) posts</li> <li>• Appointment of District-based Clinical Specialists and PHC Outreach teams</li> <li>• Field-test referral and care pathway systems</li> <li>• Number of PHC facilities with functional DHIS, TIER.NET &amp; ETR.NET</li> <li>• Number of facilities with access to internet, e-mail, fax and telephone</li> <li>• Number of facilities with functional IT equipment</li> <li>• Number of facilities with integrated electronic patients filing system</li> <li>• Number of facilities with GP's contracted on the National contract</li> </ul>	<p>A full DMT complement in Vhembe.</p> <p>All Vhembe Facilities implementing the piloted referral system</p> <p>All Vhembe PHC Facilities fully using the DHIS.</p>





Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2015/16
	undertaken in the district funded through this grant		

### 3. PUBLIC ENTITIES

The department does not have any public entities

### 4. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

Name of PPP	Purpose	Outputs	Current annual budget (R'000)	Date of termination	Measures to ensure smooth transfer of responsibilities
1. Limpopo Renal Dialysis Unit	To form partnership for financing, constructing, equipping, maintaining, operating and co-staffing an enlarged and refurbished renal facility; and Provide full range of haemodialysis and provision of support to the peritoneal outpatients services by private parties	<ul style="list-style-type: none"> <li>High quality serviced health facility delivered</li> <li>Facilities and management service consistent with the ethos, goals and values of the Department provided</li> <li>High quality renal services consistent with the international standards provide</li> </ul>	R34.5 million	November 2016	PPP Agreement has clause on termination  Decision to re-advertise or perform internally to be taken on or before September 2015

Name of PPP	Purpose	Outputs	Current annual budget (R'000)	Date of termination	Measures to ensure smooth transfer of responsibilities
2. Phalaborwa Hospital	Acquire full PPP for financing, designing, upgrading, and refurbishment of the Phalaborwa Health Centre as a private hospital facility	Private hospital established through PPP	Revenue expected	December 2025	Implement the PPP Agreement in relation to termination clause
3. Nursing College	To expand, upgrade and maintenance of the 3 Existing campuses. To construct and maintenance of 2 additional campuses.	Expanded, upgraded and maintenance of the 3 Existing campuses. Constructed and maintenance of 2 additional campuses in Sekhukhune and Waterberg	R0.00	The department has decided not to progress to the procurement stage	Achievement of milestones as per PPP manual
4. Limpopo Academic Hospital	Acquire full PPP for financing, designing and building the academic hospital	High quality serviced health facility delivered High quality renal services consistent with the international standards provide	R0.00	The project is managed by National Health	National Health and Treasury are still investigating the best procurement model





## 5. CONCLUSIONS

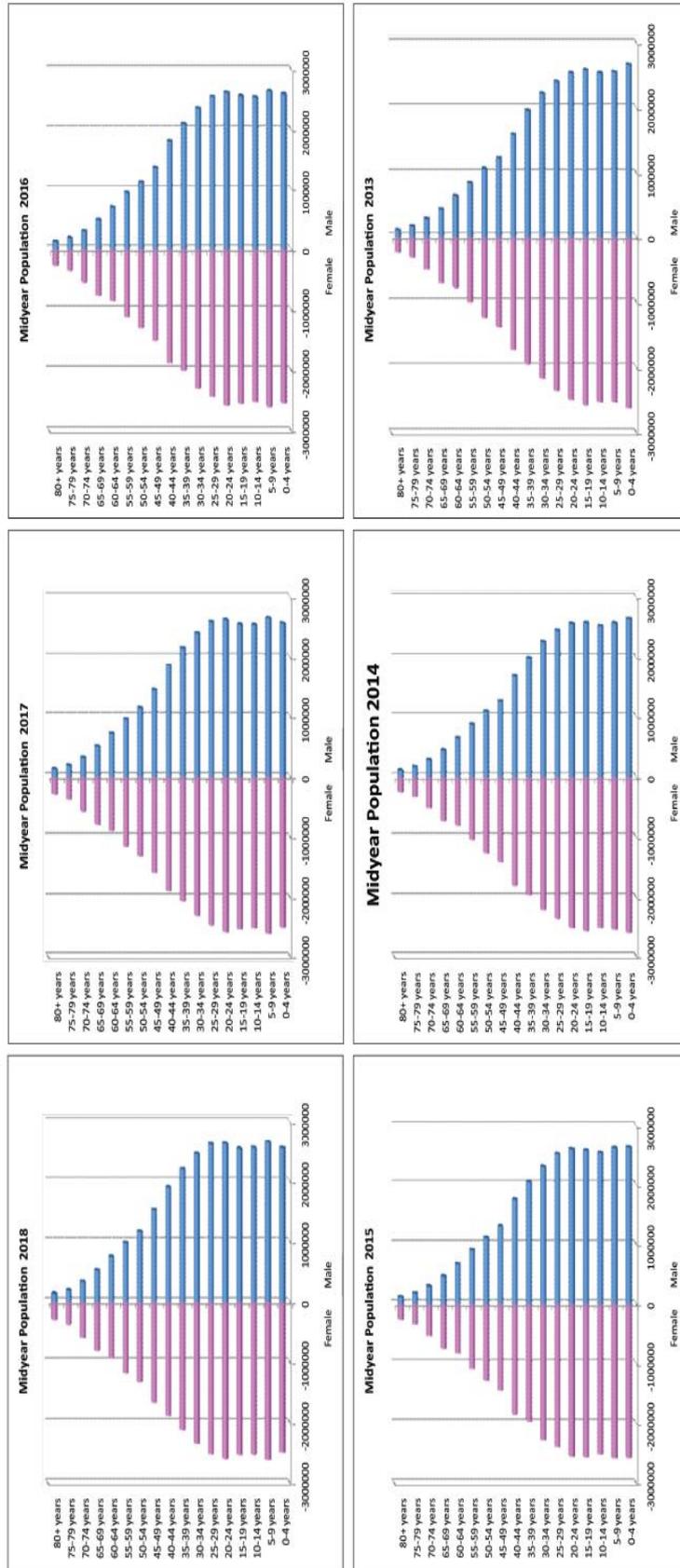
Given that the development of the Annual Performance Plan (APP) was an inclusive process, it is therefore reasonable to conclude that all the Department's employees proudly take ownership of this strategic document. Meanwhile, Government's priorities in general and those of the health sector in particular have carefully been incorporated into the APP.

The following resource documents and priorities, inter alia, were considered in the development of the APP: National Development Plan, Medium Term Strategic Framework (MTSF), the 10 Point Plan for the health sector, Government outcomes (Negotiated Service Delivery Agreement), Limpopo's Employment Growth and Development Plan (LEGDP), State of the Nation Address (SONA), State of the Province Address (SOPA), National Health Priorities and the MEC's budget speech. In addition, the APP has been developed using the format customised for the health sector and approved by Treasury. It is also important to note that a great effort has been made in setting targets that will see to the achievement of the Department's strategic objectives.

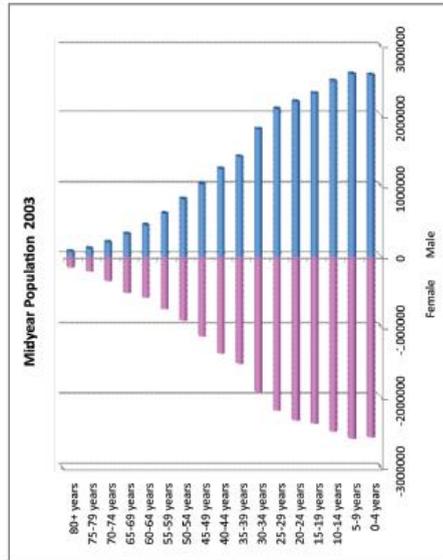
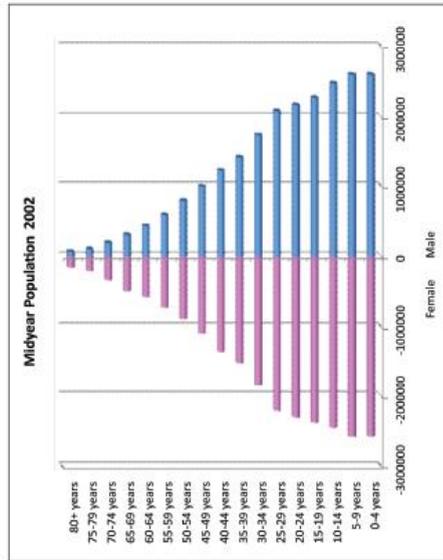
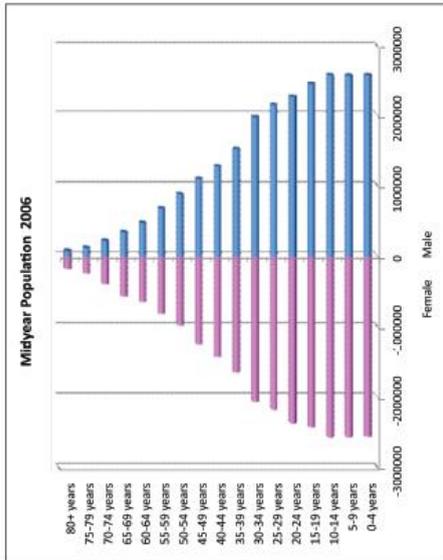
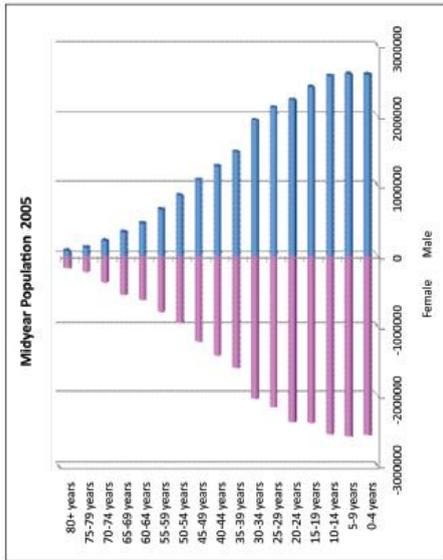
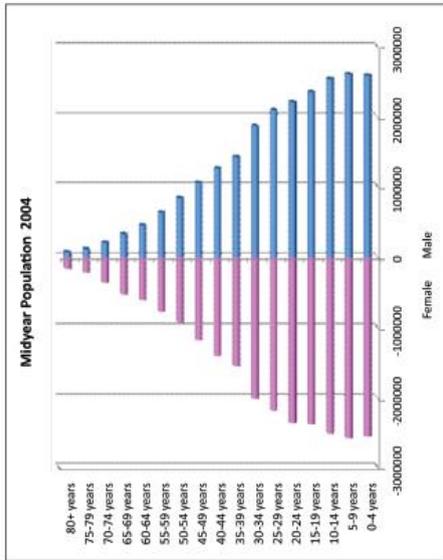
The Department hereby commit itself to implementing the Annual Performance Plan (APP) for 2015/16 - 2017/18 (MTEF).

# ANNEXURE A: StatsSA Population Estimates 2002-2018

ANNEXURE A: StatsSA Population Estimates 2002-2018









# ANNEXURE B: MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019

## Appendix 2

### Outcome 2: A long and healthy life for all South Africans

#### 1. National Development Plan 2030 vision and trajectory

The National Development Plan (NDP) 2030 envisions a health system that works for everyone and produces positive health outcomes, and is accessible to all. By 2030, South Africa should have:

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

The overarching outcome that the country seeks to achieve is *A Long and Healthy Life for All South Africans*. The NDP asserts that by 2030, it is possible to have raised the life expectancy of South Africans (both males and females) to at least 70 years. Over the next 5-years, the country will harness all its efforts - within and outside - the health sector, to achieve this outcome. Key interventions to improve life expectancy include addressing the social determinants of health; promoting health; as well as reducing the burden of disease from both Communicable Diseases and Non-Communicable Diseases. An effective and responsive health system is essential bedrock for attaining this.

Both the NDP 2030 and the World Health Organization (WHO) converge around the fact that a well-functioning and effective health system is an important bedrock for the attainment of the health outcomes envisaged in the NDP 2030. Equitable access to quality healthcare will be achieved through various interventions that are outlined in this strategic document and will be realisable through the implementation of National Health Insurance. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system, to ensure that it is efficient and responsive, and offers financial risk protection. The critical focus areas proposed by the NDP 2030 are consistent with the WHO perspective.

#### 2. Constraints and Strategic Approach

Following the advent of the democratic dispensation in 1994, progressive policies were introduced to transform the health system into an integrated, comprehensive national health system. Despite this, and significant investment and expenditure, the South African health sector has largely been beset by key challenges inclusive of:

- (a) a complex, quadruple burden of diseases;

Date: 2014-08-11

## ANNEXURE E: TECHNICAL INDICATOR DESCRIPTIONS

### National Indicator definitions

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
<b>Programme 1: Administration</b>	<b>Programme 1: Administration</b>							
Audit opinion from Auditor-General	Audit opinion from Auditor-General	Annual	Categorical	None	None	Documented evidence	outcome of the audit conducted by Office of the Auditor General	
Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access	Quarterly	%	Total number of Hospitals with minimum 2 Mbps connectivity	Total Number of Hospitals	Documented evidence	Proportion of Hospitals that have access to atleast 2 Mbps connection	
Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	Quarterly	%	Total number of fixed PHC facilities with minimum 512 kbps connectivity	Total number of fixed PHC facilities	Documented evidence	Proportion of Hospitals that have access to atleast 512 Kbps connection	
<b>Programme 2.1 - Management</b>	<b>Programme 2.1 - Management</b>							
Number of Districts piloting NHI interventions	Number of Districts piloting NHI interventions	Annual	No	Number of Districts piloting NHI interventions	Not Applicable	Documented evidence	Total number of Districts piloting NHI interventions using the conditional grant funding	
No of NHI Fora Established	Establish NHI Consultation For a	Annual	Yes-No	Not Applicable	Not Applicable	Documented evidence	A provincial DoH has established a forum to consult non-state actors, patient and non-patient groups on NHI	
	National Core Standards self assessment rate (PHC Facilities)	Quarterly	%	Number of Fixed PHC facilities that conducted National Core Standards self assessment to date in	Total number of Fixed PHC facilities	DHIS - NCS System	Fixed health facilities that have conducted annual National Core Standards self assessment as a proportion of fixed health	Monitors whether health establishments are measuring their own level of compliance with standards in order to





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
				the current financial year			facilities. The population will be divided by 12 in the formula to make provision for annualisation	close gaps in preparation for an external assessment by the Office of Health Standards Compliance
	Quality improvement plan after self assessment rate (PHC Facilities)	Quarterly	%	Number of facilities that developed a Quality improvement plan to date in the current financial year	Number of Fixed PHC facilities that conducted National Core Standards self assessment to date in the current financial year	DHIS - NCS System	Fixed health facilities that have developed a quality improvement plan after self assessment as a proportion of fixed health facilities	Monitors whether health establishments are developing a plan to close gaps identified after self assessments
Number of primary health care clinics in the 52 districts that qualify as Ideal Clinics	Percentage of fixed PHC Facilities compliant with all extreme measures of the national core standards	Quarterly	%	Total number of Fixed PHC facilities that are compliant to all extreme measures of national core standards	Number of Fixed PHC facilities that conducted National Core Standards self assessment to date in the current financial year	DHIS - NCS System	Fixed health facilities that have passed all extreme measures of NCS in self assessment as a proportion of fixed health facilities	
proportion of health facilities that conduct patient satisfaction surveys at least once a year	Patient Experience of Care Survey Rate (PHC Facilities)	Quarterly	%	Total number of Fixed PHC Health facilities that conducted a Patient Satisfaction Survey to date in the current financial year	Total number of Fixed PHC facilities	DHIS - NCS System	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	Monitors whether health establishments are conducting patient satisfaction surveys

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Patient Experience of Care Rate(at PHC Facilities)	Patient Experience of Care Rateat PHC Facilities	Annual	%	Sum of Patient Satisfaction Scores of all PHC Facilities that conducted a Patient Satisfaction Survey to date in the current financial year	Total number of Fixed PHC Health facilities that conducted a Patient Satisfaction Survey to date in the current financial year	Patient Satisfaction Survey tool	Average PHC Patient Satisfaction score of all PHC facilities that conducted the annual patient satisfaction survey.	
Number of functional WBPHCOTs	OHH registration visit coverage	Quarterly	No	OHH registration visit	OHH in population	DHIS	Outreach households registered by Ward Based Outreach Teams as a proportion of OHH in population. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of the PHC re-engineering strategy
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Number of Districts with District Clinical Specialist Teams (DCSTs)	Quarterly	No			Documented evidence		
	PHC utilisation rate	Quarterly	No	PHC headcount total	Population total	DHIS	Average number of PHC visits per person per year in the population. The population will be divided by 12 in the formula to make provision for annualisation	Monitors PHC access and utilisation
	Complaints resolution rate	Quarterly	%	Complaints resolved	Complaints received	DHIS	Complaints resolved as a proportion of complaints received	Monitors public health system response to customer concerns





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
	Complaint resolution within 25 working days rate	Quarterly	%	Complaints resolved within 25 working days	Complaints resolved	DHIS	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors public health system response to customer concerns
<b>Programme 2.2 - HAST</b>	<b>Programme 2.2 – HAST</b> Total clients remaining on ART	Quarterly	No	sum of the following: - Any client that has a current regimen in the column designating the month you are reporting on. - Any client that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on. 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	Tier.net	Total clients remaining on ART (TROA)	

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)	
				<p>- Any client that has a current regimen in the column designating the month you are reporting on.</p> <p>- Any client that has a star without a circle (someone who is not yet considered lost to follow-up (LTF) in the column designating the month you are reporting on.</p> <p>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)]</p>	None				
Number of men and women 15–49 tested for HIV	Client tested for HIV (incl ANC)	Quarterly	No	Client tested for HIV (Incl ANC)		DHIS	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 against a set target. This assists in resource planning e.g. test kits and staffing and individuals' level of knowledge of their HIV status.	
Number of people	TB symptom 5yrs and older screened rate	Quarterly	%	Client 5 years and older screened for TB symptoms	PHC headcount 5	DHIS	Clients 5 years and older screened for TB symptoms as a	Monitors trends in early identification of	





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
screened for TB					years and older		proportion of PHC headcount 5 years and older	TB suspects in health care facilities
Number of male condoms distributed	Male condom distribution Rate	Quarterly	No	Male condoms distributed	Population 15 years and older male	DHIS	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.). The population will be divided by 12 in the formula to make provision for annualisation	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Note that research indicates only around 60% of distributed condoms are used for the intended purpose. Primary distribution sites (PDS) must report to sub-districts on a monthly basis on how many male condoms were distributed to the sub-district in the reporting month. Up to xx condoms distribution was reported via health facilities
Number of female condoms distributed	Female condom distribution Rate	Quarterly	No	Female condoms distributed	Population 15 years and older female	DHIS	Female condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.). The population will be divided by 12 in the formula to make provision for	Monitors distribution of female condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution sites (PDS) must report to sub-districts on a monthly basis on how many female condoms were

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Number of men medically circumcised	Medical male circumcision performed – Total	Quarterly	%	Sum of Males 10 to 14 years and Males 15 years and older who are circumcised under medical supervision	None	DHIS	Total medical male circumcisions performed - Records all males who are circumcised under medical supervision	distributed to the sub-district in the reporting month.  Record all males who are circumcised under medical supervision
TB new client treatment success rate	TB client treatment success rate	Quarterly	%	TB client successfully completed treatment	TB client start on treatment	ETR.net	TB clients successfully completed treatment as a proportion of TB clients who started on treatment	Monitors success of TB treatment for ALL types of TB
TB (new pulmonary) defaulter rate	TB client lost to follow up rate	Quarterly	%	TB client lost to follow up	TB client start on treatment	ETR.net	Proportion TB clients who were lost to follow up as a proportion of TB client started on treatment	Monitors the effectiveness of the retention in care strategies
TB Death Rate	TB client death Rate	Annual	%	TB client died during treatment	TB client start on treatment		TB clients who died during treatment as a proportion of TB clients started on treatment	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB.
MDR-TB confirmed treatment initiation rate	TB MDR confirmed treatment start rate	Annual	%	TB MDR confirmed client start on treatment	TB MDR confirmed client	ETR.net	TB MDR confirmed clients started on treatment as a proportion of TB MDR confirmed clients	Monitors initial loss to follow up and the effectiveness of linkage to care strategies
MDR treatment success rate	TB MDR treatment success rate	Annual	%	TB MDR client successfully treated	TB MDR confirmed client start on treatment	ETR.net	TB MDR client successfully treated as a proportion of TB MDR confirmed clients started on treatment	Monitors success of MDR TB treatment
<b>Programme 2.3: MCWH</b>	<b>Programme 2.3: MCWH</b>							





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Antenatal visits before 20 weeks rate	Antenatal 1st visit before 20 weeks rate	Quarterly	%	Antenatal 1st visit before 20 weeks	Antenatal 1st visit total	DHIS	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	Monitors early utilisation of antenatal services
Proportion of mothers visited within 6 days of delivery of their babies	Proportion of mothers visited within 6 days of delivery of their babies	Quarterly	%	Mother postnatal visit within 6 days after delivery	Delivery in facility total	DHIS	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	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
Antenatal client initiated on ART rate	Antenatal client initiated on ART rate	Annual	%	Antenatal client start on ART	Antenatal client eligible for ART initiation	DHIS	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously 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. From 2013/04/01 all HIV positive antenatal clients who are not already on ART are eligible for the ART

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Infant 1st Polymerase Chain Reaction (PCR) test positive around 6 week rate	Infant 1st PCR test positive around 6 weeks rate	Quarterly	%	Infant 1st PCR test positive around 6 weeks	Infant 1st PCR test around 6 weeks	DHIS	Infants tested PCR positive for the first time around 6 weeks after birth as proportion of Infants PCR tested around 6 weeks	Fixed Dose Combination (FDC) From 2015/01/01 all HIV positive antenatal clients go onto lifelong treatment regardless of their CD4 status Monitors positivity in HIV exposed infants around 6 weeks
Immunisation coverage under 1 year (annualised)	Immunisation coverage under 1 year (annualised)	Quarterly	%	Immunised fully under 1 year new	Population under 1 year	DHIS	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year. The population will be divided by 12 in the formula to make provision for annualisation	The child should only be counted ONCE as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) AND if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1,2,3, RV 1,2 and measles 1) on the Road to Health Card/Booklet AND the child is under 1 year old
Measles 2nd dose coverage	Measles 2nd dose coverage	Quarterly	%	Measles 2nd dose	Population 1 year	DHIS	Children 1 year (12-23 months) who received measles 2nd dose, normally at 18 months as a proportion of population under 1 year.	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
DTaP-IPV/HIB 3-Measles 1st dose drop-out rate	DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly		DTaP-IPV-HepB-Hib 3 to Measles 1st dose drop-out	DTaP-IPV-HepB-Hib 3rd dose	DHIS	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 as a proportion of population under 1 year	is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here Monitors children who drops out of the vaccination program after 14 week vaccination. Vaccines given as part of mass vaccination campaigns should not be counted here. DTaP-IPV-HepB-Hib (also known as Hexaxim) will be implemented in 2015 and DTaP-IPV/Hib (Pentaxim) will be phased out as stocks are replaced with Hexaxim.
Child under 5 years diarrhoea case fatality rate	Child under 5 years diarrhoea case fatality rate	Quarterly	%	Child under 5 years with diarrhoea death	Child under 5 years with diarrhoea admitted	DHIS	Children under 5 years admitted with diarrhoea who died as a proportion of children under 5 years with diarrhoea admitted	Monitors treatment outcome for children under 5 years who were admitted with diarrhoea. Include under 1 year diarrhoea deaths
	Child under 5 years pneumonia case fatality rate	Quarterly	%	Child under 5 years pneumonia death	Child under 5 years pneumonia admitted	DHIS	Children under 5 years admitted with pneumonia who died as a proportion of children under 5 years pneumonia admitted	Monitors treatment outcome for children under 5 years who were admitted with pneumonia. Includes all children under 5

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Child under 5 years severe acute malnutrition case fatality rate	Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	Child under 5 years severe acute malnutrition death	Child under 5 years severe acute malnutrition admitted	DHIS	Children under 5 years admitted with severe acute malnutrition who died as a proportion of children under 5 years pneumonia admitted	years who died of pneumonia 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
School Grade 1 screening coverage (annualised)	School Grade R screening coverage	Quarterly	%	School Grade R learners screened	School Grade R learners	DHIS	Proportion of Grade R learners screened by a nurse in line with the ISHP service package. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of the Integrated School Health Program (ISHP)
School Grade 8 screening coverage (annualised)	School Grade 1 screening coverage	Quarterly	%	School Grade 1 learners screened	School Grade 1 learners	DHIS	Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of the Integrated School Health Program (ISHP)
School Grade 8 screening coverage (annualised)	School Grade 8 screening coverage	Quarterly	%	School Grade 4 learners screened	School Grade 4 learners	DHIS	Proportion of Grade 4 learners screened by a nurse in line with the ISHP service package. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of the Integrated School Health Program (ISHP)





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Couple year protection rate	Couple year protection rate	Quarterly	%	Contraceptive years dispensed : Contraceptive years are the total of (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) + (Subdermal implant x3) + Male condoms distributed / 200) + (Female condoms distributed / 200) + (Male sterilisation x 20) + (Female sterilisation x 10). The population will be divided by 12 in the formula to make provision for annualisation	Population 15-49 years females	DHIS	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year.	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys
Cervical cancer screening Coverage (amongst women)	Cervical cancer screening Coverage (amongst women)	Quarterly	%	Cervical cancer screening in woman 30 years and older	Population 30 years and older female/10	DHIS	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older. The population will be divided by 12 in the formula to make provision for annualisation	Monitors implementation of policy on cervical screening

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Human Papilloma Virus Vaccine coverage 1st dose (HPV Vaccine Coverage amongst 9 and 10 year old girls)	Human Papilloma Virus Vaccine 1st dose coverage Vitamin A dose 12-59 months coverage	Annual Quarterly	% %	Vitamin A dose 12-59 months	Population 12-59 months*2	DHIS DHIS	Children 12-59 months who received vitamin A 200,000 units, every six months as a proportion of population 12-59 months. The population will be divided by 12 in the formula to make provision for annualisation	Monitors vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year
Maternal Mortality Ratio	Maternal mortality in facility ratio	Annual	per 1000 Live Births	Maternal death in facility	Live birth in facility	DHIS	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 1000 live births in facility	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services
Infant mortality Rate	Early neonatal death in facility rate	Annual	per 1000	Death in facility 0-7 days	Live birth in facility	DHIS	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





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
								terms of antenatal, delivery and early neonatal care
<b>Programme 2.4: District Hospitals</b>	<b>Programme 2.4: District Hospitals</b>							
	Use same indicators as Programme 4 and 5.							
<b>Programme 2.5: Disease Prevention and Control</b>	<b>Programme 2.5: Disease Prevention and Control</b>							
Number of people counselled and screened for high blood pressure	Clients screened for hypertension	Quarterly	No	Number of clients, not on treatment for hypertension, screened for hypertension	None	DHIS	Number of clients not on treatment for hypertension screened for hypertension in PHC clinics and OPD	This should assist with increasing the number of clients detected and referred for treatment
Number of people counselled and screened for raised blood glucose levels	Clients screened for diabetes	Quarterly	No	Number of clients, not on treatment for diabetes, screened for diabetes	None	DHIS	Number of clients not on treatment for diabetes screened for diabetes in PHC clinics and OPD	This should assist with increasing the number of clients with diabetes detected and referred for treatment
Percentage people screened for mental disorders	Percentage of people screened for Mental disorders	Quarterly	%	PHC Client screened for mental disorders	PHC headcount total	DHIS	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

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Percentage of people treated for mental disorders	Percentage of people treated for mental disorders	Quarterly	%	Client treated for mental disorders at PHC level	Clients screened for mental disorders at PHC level	DHIS	Clients treated for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioral disorders, and substance use) as a proportion of clients screened for mental disorders at PHC level	Monitors access to mental health services
Cataract Surgery Rate	Cataract Surgery Rate	Quarterly	Rate per 1 Million	Cataract surgery total	Uninsured population	DHIS	Clients who had cataract surgery per 1 million uninsured population. The population will be divided by 12 in the formula to make provision for annualisation	Accessibility of theatres. Availability of human resources
	Malaria case fatality rate	Quarterly	%	Deaths from malaria	Total number of Malaria cases reported	Malaria Information System	Deaths from malaria as a percentage of the number of cases reported	
<b>Programme 3: EMS and Planned Patient Transport</b>	<b>Programme 3: EMS and Planned Patient Transport</b>							
	EMS P1 urban response under 15 minutes rate	Quarterly	%	EMS P1 urban response under 15 minutes	EMS P1 urban calls	DHIS	Emergency P1 calls in urban locations with response times under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time of the first	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
							dispatched medical resource arrives on scene	
	EMS P1 rural response under 40 minutes rate	Quarterly	%	EMS P1 rural response under 40 minutes	EMS P1 rural calls	DHIS	Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas
	EMS inter-facility transfer rate	Quarterly	%	EMS inter-facility transfer	EMS clients total	DHIS	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses
<b>Programme 2.4: District Hospitals</b> <b>Programme 4: Regional Hospitals (General)</b> <b>Programme 5: Tertiary and Central Hospitals (One set of indicators per central hospital)</b>	<b>Programme 2.4: District Hospitals</b> <b>Programme 4: Regional Hospitals (General)</b> <b>Programme 5: Tertiary and Central Hospitals</b>							
Percentage of hospitals that have conducted gap assessments for compliance against the	National Core Standards self assessment rate	Quarterly	%	Number of Hospitals that conducted National Core Standards self assessment to date in the current financial year	Total number of Hospitals	DHIS - NCS System	Fixed health facilities that have conducted annual National Core Standards self assessment as a proportion of fixed health facilities. The population will be divided by 12 in	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
National Core Standards							the formula to make provision for annualisation	external assessment by the Office of Health Standards Compliance
	Quality improvement plan after self assessment rate	Quarterly	%	Number of Hospitals that developed a Quality improvement plan to date in the current financial year	Number of Hospitals that conducted National Core Standards self assessment to date in the current financial year	DHIS - NCS System	Fixed health facilities that have developed a quality improvement plan after self assessment as a proportion of fixed health facilities	Monitors whether health establishments are developing a plan to close gaps identified after self assessments
Proportion of Hospitals compliant with the extreme and vital measures of the national core standards for health facilities	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards	Number of Hospitals that conducted National Core Standards self assessment to date in the current financial year	DHIS - NCS System	Fixed health facilities that have passed all extreme measures of NCS in self assessment as a proportion of fixed health facilities	
proportion of facilities that conduct patient satisfaction surveys at least once a year	Patient Experience of Care Survey Rate	Quarterly	%	Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Total number of Hospitals	DHIS - NCS System	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	Monitors whether health establishments are conducting patient satisfaction surveys
Patient Satisfaction Rate	Patient Experience of Care Rate	Annual	%	Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to	Total number of Hospitals that conducted a Patient	Patient Satisfaction Survey tool	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Monitors the outcome of patient satisfaction surveys





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
				date in the current financial year	Satisfaction Survey to date in the current financial year			
	Average Length of Stay	Quarterly	No	Inpatient days + 1/2 Day patients	Inpatient separations	DHIS	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds
	Inpatient Bed Utilisation Rate	Quarterly	%	Inpatient days + 1/2 Day patients	Inpatient bed days available	DHIS	Inpatient bed days used as proportion of maximum Inpatient bed days available. (Number of Inpatient beds X days in period)	Monitors effectiveness and efficiency of Inpatient management
	Mental health admission rate	Quarterly	%	Mental health admission total	Inpatient separations total	DHIS	Proportion of clients admitted for mental health problems. Inpatient separations is the total of day clients, inpatient discharges, inpatient deaths and inpatient transfer outs	Monitors trends in mental health admissions in non-mental health institutions. The data element inpatient separations is used as a proxy for admissions. Monitor in general hospitals only and NOT in mental health institutions

MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
	Expenditure per PDE	Quarterly	No	Expenditure total	Patient day equivalent	Numerator: BAS - Denominator: DHIS	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3
	Complaints resolution rate	Quarterly	%	Complaints resolved	Complaints received	DHIS	Complaints resolved as a proportion of complaints received	Monitors public health system response to customer concerns
	Complaint Resolution within 25 working days rate	Quarterly	%	Complaints resolved within 25 working days	Complaints resolved	DHIS	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors public health system response to customer concerns
<b>Programme 6: Health Sciences and Training</b>	<b>Programme 6: Health Sciences and Training</b>							
Intake of Medicine Students increased	Number of Bursaries awarded for medicine students	Annual	No	Not Applicable	Not Applicable	Documented evidence	Number of Bursaries awarded for medicine students	
	Number of Bursaries awarded for first year nursing students	Annual	No	Not Applicable	Not Applicable	Documented evidence	Number of Bursaries awarded for first year nursing students	
<b>Programme 8: Infrastructure Norms and Standards</b>	<b>Programme 8: Infrastructure Norms and Standards</b>							





MTSF 2014-2019 Indicator	Indicator	Frequency	Type	Numerator	Denominator	Information System / Source	Definition	Use and Context (NIDS Indicators)
Number of health facilities that have undergone major and minor refurbishment	Number of health facilities that have undergone major and minor refurbishment	Annual	No	Not Applicable	Not Applicable	Documented evidence		
Number of Provincial Departments of Health that have established Service Level Agreements (SLAs) with Departments of Public Works	Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual		Not Applicable	Not Applicable	Documented evidence		

**TABLE ADMIN 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS 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
Number of medical doctors and dentists appointed	Staffing of medical doctors and dentists	Provision of medical doctors and dentists	Staff-establishment	Numbers per staff-establishment	Depending on accuracy of data in persal	Process	Numbers	Quarterly	No	Reduction vacancies	HR Planning
Number of medical specialists appointed	Staffing of medical specialists	Provision of medical specialists in the hospitals	Staff-establishments	Numbers per staff-establishment	Depending on accuracy of data in persal	Process	Numbers	Quarterly	No	Reduction of vacancies	HR Planning
Number of professional nurses appointed	Staffing of professional nurses in the institutions	Provision of professional nurses in the institutions	Staff-establishments	<u>Numbers per staff-establishment</u>	Depending on accuracy of data in persal	Process	Numbers	Quarterly	No	Reduction of vacancies	HR Planning

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of pharmacists appointed	Staffing of pharmacists in the institution	Provision of pharmacists in the institutions	Staff- establishments	Number per staff- establishment	Depending on accuracy of data in persal	Process	Numbers	Quarterly	No	Reduction of vacancies	HR Planning
Number of cleaners appointed	Staffing of cleaners in the institutions	Provision of cleaners in the institutions	Staff- establishment	Number per staff- establishment	Depending on accuracy of data in persal	Process	Numbers	Quarterly	Yes	Reduction of vacancies	HR Planning
Number of artisans, appointed	Staffing of artisans in the institutions	Provision of artisans in the institutions	Staff- establishment	Nuber per staff- establishment	Depend on the accuracy of data in persal	Process	Numbers	Quarterly	Yes	Reduction of vacancies	HR Planning
Number of grounds men appointed	Staffing of groundsmen in the institution	Provision of groundsmen in the institutions	Staff- establishment	Number per staff establishment	Depend on the accuracy of data in persal	process	Numbers	Quarterly	Yes	Reduction of vacancies	HR Planning
Number of porters appointed	Staffing of Porters in the hospitals	Providing of porters in the hospitals	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	process	numbers	Quarterly	yes	Reduction of vacancies	HR Planning
Number of ICT personnel appointed	Staffing of ICT personnel	Providing of ICT personnel	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	Process	Numbers	Quarterly	Yes	Reduction of vacancies	HR Planning
Number of revenue personnel appointment	Staffing of revenue personnel	Providing of ICT personnel	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	Process	Number	Quarterly	Yes	Reduction of vacancies	HR Planning
Number of senior management members appointed	Staffing of members of senior management	Staffing of revenue personnel	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	Process	Number	Quarterly	Yes	Reduction of vacancies	HR Planning





Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number institution with Credible Asset Register	Percentage of institutions with credible asset registers	Proper recording assets	Excel asset register BAS	$\frac{\text{Number of institutions with credible asset register}}{\text{Total number of institutions by 100\%}}$	Depended on the accuracy of data by institutions	Process	Percentage	Annual	No	Account for all government assets	Supply Chain Management
Revenue collected	Amount of revenue collected for the year	Supplement resources to implement government programmes	BAS	Amount collected against the set target	Rely on payment by patients	process	Amount	Annual	No	Improved funding for delivering of services to the community	Financial budgeting and revenue

**Table DHS 3: Provincial Objectives, performance indicators and Annual Targets 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 PHC facilities providing 24 hours service	Number of PHC facilities open for 24 hours	Access PHC services	List of PHC facilities	Numerical	Manipulation of data	Output	Numerical	Quarterly	No	All PHC facilities to provide 24 hours service	Senior Manager: IPHC
Number of PHC facilities on call systems	Number of PHC facilities implementing the on call service system	Access PHC services	List of PHC facilities	Numerical	Manipulation of data	Output	Numerical	Quarterly	No	All PHC facilities to provide 24 hours on call system	Senior Manager: IPHC
	Number of mobile clinics procured	Monitor number of mobile clinics available	Procurement documents	Numerical	None	Input	Number	Quarterly	Yes	Increased pool of mobile clinics to improve access to PHC services	

**TABLE DHS 15 & 17: PERFORMANCE INDICATORS FOR MATERNAL, CHILD AND WOMAN HEALTH**

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
HPV 2 <sup>nd</sup> dose coverage	Proportion of grade 4 girl learners $\geq 9$ years vaccinated per year with the 1 <sup>st</sup> dose of the HPV vaccine during the first round	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	DHIS	$\frac{\text{Girls 9 years and older that received HPV 2nd dose}}{\text{Grade 4 girl learners } \geq 9 \text{ years}}$	N/A	Output	Percentage annualised	Annually	Yes	Higher percentage indicate better coverage	MNCWH Programme Manager
School Grade 4 screening coverage (annualised)	Proportion of Grade 4 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	$\frac{\text{Numerator: School Grade 4 - learners screened}}{\text{Denominator: School Grade 1 - learners total}}$	None	Output	Output	Percentage	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
School Grade 10 screening coverage (annualised)	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	$\frac{\text{Numerator: DHIS}}{\text{Denominator: DBE (Department of Basic Education)}}$	None	Output	Output	Percentage	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services





**TABLE EMS 2: 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
Ratio of ambulance per population	Ratio of ambulance per population (1:18 000)	Monitor number of ambulances per population ratio	EMS Information Systems	$\frac{\text{Total number of ambulances rostered}}{\text{Total Provincial Population}}$	Accuracy dependant on quality of data from reporting EMS station	Quality	Number	Quarterly	No	Higher number of ambulances per population improves response times	Senior Manager: Emergency Medical Services (EMS)
Number of operational ambulance	Number of ambulances rostered for operations	Monitors compliance with the norm for operational ambulances to meet population needs.	EMS Information Systems	<u>Numerical</u>	Accuracy dependant on quality of data from reporting EMS station	Output	Number	Quarterly	Yes	Higher number of operational ambulances improves response times	Senior Manager: Emergency Medical Services (EMS)
Number of ambulances procured		Monitor number of ambulances available per population ratio	Procurement documents	<u>Numerical</u>	None	Input	Number	Quarterly	Yes	Increased pool of operational ambulances will improve response times	Senior Manager: Emergency Medical Services (EMS & Senior Manager Transport

**TABLE 4, 7 : PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HOSPITALS (DISTRICT, REGIONAL, and TERTIARY, CENTRAL)**

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 facilities that are 80% compliant with the 6 priorities of the national core standards	Number of hospitals compliant to 80% with the 6 priorities of the National Core Standards	Monitors quality in hospitals	Self-assessment reports	Number	None	Outcome	Number	Quarterly	Yes	Higher number indicates greater number of facilities compliant to 6 priorities of the National Core Standards	Quality Assurance

**TABLE HST1 &3: Provincial Strategic Objectives and Annual targets 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 post basic nurse professionals trained	Number of professional nurses trained on post-basic nursing programmes	Professional nurses trained for development of all levels of care	College records	No of post basic nurses trained	Dependent on study leave and availability of posts	output	Sum total	Annual	No	Desired pass rate on all programmes	Senior Manager: Nursing Education

**Table HCSS 1: Provincial Strategic Objectives and Annual Targets for Health Care Support 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 availability of essential medicines in Depot, Hospital and Clinics	This is the percentage of essential medicines and surgical sundries monitored at the depot, hospitals and clinics	To ensure that essential medicines and surgical sundries are available at the depot, hospitals and clinics	Quarterly reports	<u>Numerator:</u> Totals number of medicines available at depot, Hospitals and clinics. <u>Denominator:</u> Total number of medicines	Data quality from hospitals and clinics depend on good record keeping by hospital Pharmacies.	Outcome	Percentage	Quarterly	No	High percentage indicates the availability of ordered medicines and surgical sundries from the suppliers	Senior Manager: Pharmaceutical 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
				to be monitored. Total for Depot= 683 Hospitals= 101 Clinics= 273							

**Table HFM 1: Provincial Strategic Objectives and Annual Targets for Health Facilities 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 districts spending more than 90% of maintenance budget	Number of districts spending more than 90% of maintenance budget	To monitor that infrastructure budgets are being used to improve health infrastructure	DoH	No denominator	None	Output	Sum total	Quarterly	Yes	Districts should spend their allocated budget to improve health care infrastructure	Infrastructure Programme Manager
Number of health facilities completed	No of health facilities completed	Improving health outcomes. High	IRM	Completed	None	Progress indicator	No	Quarterly	NA	Performance as per IA's programme	FPWI
Number of hospitals with mechanical and electrical condition assessment conducted (including Old Thabazimbi Hospital and the MDR Unit)	No of hospitals where electro-mechanical installations have undergone a condition assessment.	Improving health outcomes. High	NDoH info and update	All hospitals assessed	None	Progress indicator	No	Quarterly	NA	Completion of assessments	FPWI