LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2016/17

FINAL

TABLE OF CONTENTS

FOREWORD BY THE MEC FOR HEALTH

The period 2016/17 marks the third financial year of the fifth government that received its mandate from the 2014 democratic elections. This is the third 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, Public Finance Management Act (PFMA), 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 improve health management and leadership.
- To re-engineer Primary Health Care (PHC) to improve access.
- 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 care and management.
- To strengthen National Health Insurance (NHI) implementation at the pilot district.

- To implement Ideal Clinic model across Primary Health Care (PHC) facilities in all the 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.
- The Medicine availability has improved 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 2016/17 Annual Performance Plans has managed to prioritise the National Development Plan (NDP) outcomes, which will ultimately provide a long and healthy lifestyle to the people of Limpopo. I therefore endorse this 2016/17 Annual Performance Plan as a detailed framework for achieving the Departmental targets within the available budget.

Dr P C Ramathuba
Member of Executive Council (MEC)

STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

The Departmental Annual Performance Plan for the 2016/17 financial year is prepared in line with the 2015/16 -2019/20 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 the department aspire to achieve in the 2016/17 financial year.

The Department enters the 2016/17 financial year with a clear mandate to carry out the commitment made in the Strategic Plan. In the 2016/17 financial year the department will see an improvement to advance service delivery guided by the NDP, MTSF, Social Cluster Programme of Action and the Health sector's priorities.

The above plans are guiding documents to ensure that 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 Sexually Transmitted Infections (STI) strategy.
- To implement NHI in the pilot district.
- To increase the percentage of PHC facilities scoring above 80% on the ideal clinic dashboard.
- 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

FINAL

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 of Limpopo under the guidance of Dr Phophi Constance Ramathuba; 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 2016/17.

.....
Mr MJ Motokwane
Director
Strategic Planning & Policy Coordination

04/05/2016
Date

.....
Mr MM Lesufi
Acting Chief Director
Strategic Planning, Policy and Monitoring

04/05/2016
Date

.....S
Mr MJ Mudau
Chief Financial Officer

04/05/2016
Date

.....
Dr NP Kgapole
Acting Head of Department

04/05/2016
Date

APPROVED BY:

.....
Dr PC Ramathuba
Executive Authority

04/05/2016
Date

teams (DCST), established Ward Based PHC Outreach Teams (WBPHCOT), implemented integrated school health programme, drafted a Referral System Policy, drafted a plan to connect broadband in all facilities and is implementing 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, the Department significantly achieved on various targets reported in the annual report of 2014/15. The Department envisions "A long and healthy life for people in Limpopo" through the implementation of the 2016/17 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 2016/17 Annual Performance Plan.

Dr NP Kgaphole
Acting Head of Department

PART A

1. STRATEGIC OVERVIEW

1.1 VISION

A long and healthy life for people in Limpopo.

1.2 MISSION

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

1.3 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

1.4 STRATEGIC GOALS

National Development Plan 2030

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

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years;
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 percent from 2010 levels
6. Complete Health system reforms

7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage
9. Fill posts with skilled, committed and competent individuals

Sustainable Development Goals 2030

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

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

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
5. By 2020, halve the number of global deaths and injuries from road traffic accidents
6. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
7. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
8. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
10. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual

Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

11. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

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

NDP Goals 2030	SDG Goals 2030
Posts filled with skilled, committed and competent individuals	• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

TABLE A1. STRATEGIC GOALS

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE STATEMENT	LINKAGE WITH MTSF 2014 - 2019
1. Universal health coverage achieved	Progressively improve the readiness of health facilities for the implementation of NHI in 2025	1.1 To re-engineer Primary health care 1.2 To improve access to quality hospital services	• Expanded and re-engineered Primary Health Care, including Municipal Ward-based outreach teams and school health services • Expanded District-based piloting of NHI services
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	2.1 To improve access to quality hospital services 2.2 To improve access to Emergency Medical services 2.3 To prevent and control communicable and Non-Communicable Diseases (NCDs) 2.4 To provide all essential medicines 2.5 To provide rehabilitation services in facilities and communities	• Improved quality of health care and reduced waiting times in the public sector, supported through the newly established Office of Health Standards Compliance and adherence to Patients Charter • Promotion of healthy lifestyles and encouragement of regular screening for Non-communicable diseases

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE STATEMENT	LINKAGE WITH MTSF 2014 - 2019
3. Primary Health Care services re-engineered	Improve the school health and community health services by 2020	3.1 To re-engineer Primary health care	• Expanded and re-engineered Primary Health Care, including Municipal Ward-based outreach teams and school health services
4. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures are in place by 2020	4.1 To improve human resources for health 4.2 To increase production for and develop human resources for health	Improved human resource for health, revitalisation of nursing colleges and expanded professional health training
5. Improved health Management and leadership	Strengthen management and leadership by improving capacity and mechanisms for management by 2020	5.1 To provide efficient and effective financial management system	• Invest in health management improvement and leadership, including reform of the governance, funding and management of central hospitals as national referral facilities • Reduced health care costs
6. Improved health facility planning and infrastructure delivery	Improve health facility planning by implementing existing norms and standards in all districts by 2020	6.1 To improve quality of health infrastructure	Improved health facility planning and accelerated infrastructure delivery
7. HIV & AIDS and Tuberculosis prevented and successfully managed	Prevent and reduce the disease burden and TB mortality rate by 50% in 2020	7.1 To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support	Strengthened implementation of HIV/AIDS and Tuberculosis prevention and management programmes
8. Maternal, infant and child mortality reduced	Prevent and reduce maternal and child mortality by 50% in 2020	8.1 To reduce maternal and child morbidity and mortality	• Expanded access to sexual and reproductive health by improving the availability of

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE STATEMENT	LINKAGE WITH MTSF 2014 - 2019
			diverse contraception methods • Reduced unwanted pregnancies with a special focus on teenage pregnancies • Implementation of the African Union-inspired Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA)
9. Efficient Health Management Information System for improved decision making	Overhaul the health information system by 2020	9.1 To improve health management information system	

Table A2. Impact indicators and targets

The Strategic Goals and Objectives must deliver against the key actions, indicators and targets reflected in the Medium Term Strategic Framework 2014-2019 (attached as annexure A) in order to reach below outcome targets committed by the health system.

Impact Indicator	South Africa Baseline (2009[1])	South Africa Baseline (2012[2])	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province) (Consistent with targets with your SP 2020)
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)	42/1 000	20/1 000 per 1,000 live-births
Neonatal Mortality Rate	-	14 per 1000 live births	6 per 1000 live births	12.8 per 1 000 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 1000 live births	18 per 1000 live births

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

Impact Indicator	South Africa Baseline (2009[1])	South Africa Baseline (2012[2])	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province) (Consistent with targets with your SP 2020)
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 live births	95 per 100 000 live births

1.5 SITUATIONAL ANALYSIS

1.5.1 Demographic 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 125 754 km^2 with a population of 5.6 million (2014 Mid-Year Population Estimates).

The 2014 Mid-Year population estimates show that the population of South Africa increased from 51.8 million in 2011 to 54 million in 2014 mid-year. During this period the population of Limpopo Province increased from 5.4 million to 5.6 million. With the current population of 5.6 million Limpopo Province is the fifth most populated province in the country after Gauteng, KwaZulu-Natal, Eastern Cape, and Western Cape (Stats SA, 2014). The population of Limpopo Province is youthful with 33% (1.86 million) being children under the age of 15 years. Economically active population (15-64 years) constitute 61% or 3, 4 million), while elderly people are in the minority making up 5% of the province's population. Females constitute the majority, making up 53.1 % (2.98 million) of the province's population. Average total fertility rate is estimated at 3.01 for the period 2011-2016, while average life expectancy at birth for males is estimated at 58.3 years and for females at 62.5 years in the same reference period. Migration is an important demographic process in shaping the age structure of the provincial population. For the period 2011–2016, Limpopo experiences an out-migration of nearly 303 101 people (Stats SA, 2014).Table A3 provides the age and sex distribution of the population while figure 1 depicts the age and sex structure (Stats SA Mid-year Population Estimates, 2014).

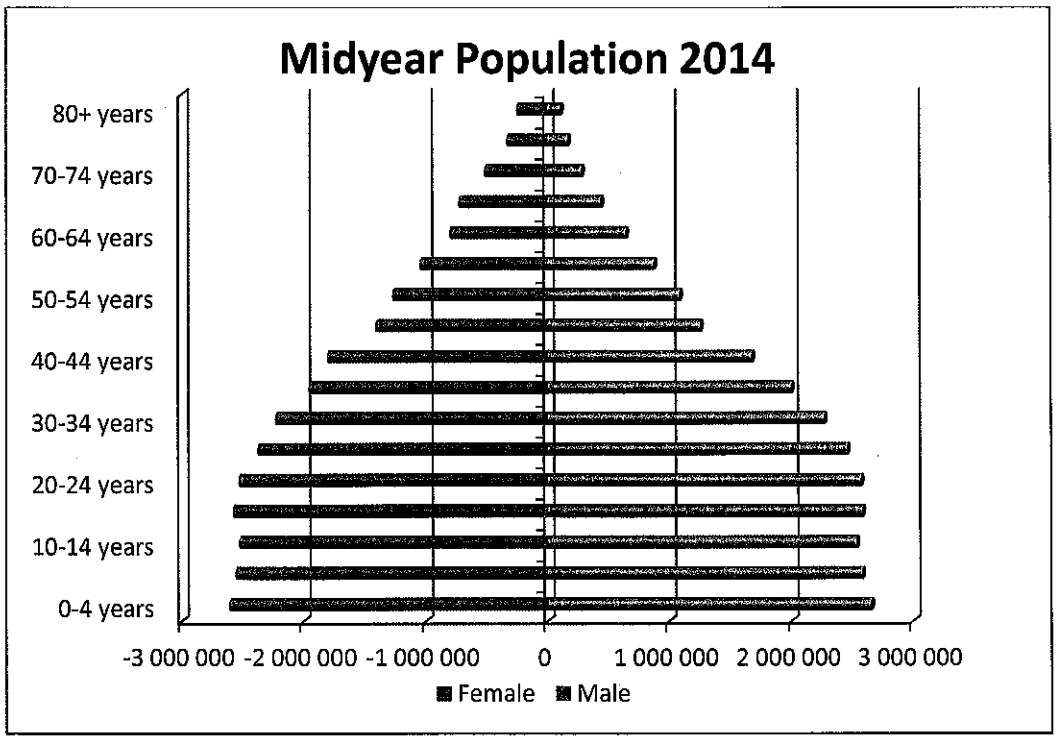
Table A3. Population of Limpopo Province by age and sex, 2014

AGE	MALE	FEMALE	TOTAL
0-4	343943	336040	679983
5-9	302541	296251	598792
10-14	292885	290970	583855
15-19	315349	315383	630732
20-24	309034	307582	616616
25-29	264946	263728	528674
30-34	195662	207980	403642
35-39	144500	169732	314232

AGE	MALE	FEMALE	TOTAL
40-44	108106	150298	258404
45-49	88610	133734	222344
50-54	73872	117180	191052
55-59	61576	99094	160670
60-64	50762	83659	134421
65-69	36324	65198	101522
70-74	24839	50341	75180
75-79	18163	43320	61483
80+	18003	50862	68865
Total	**2649115**	**2981352**	**5630467**

Source: Stats SA Mid-year Population Estimates, 2014

Figure 1. Age – sex structure for Limpopo Province, 2014



Source: Stats SA Mid-year Population Estimates, 2014

The population pyramid above show the distribution of males and females across age groups in Limpopo Province. This population pyramid resembles a developing country where there is high birth rate and short life expectancy. This is an indicative of future trends which shows that if not much is done in improving the health outcomes of the people, the life expectancy will continue to drop.

1.5.2 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.

Furthermore, the South African Multidimensional Poverty Index (SAMPI) using census data has shown that Limpopo Province is having the third largest poverty headcount of all provinces in 2001 and 2011 after Eastern Cape and KwaZulu-Natal.

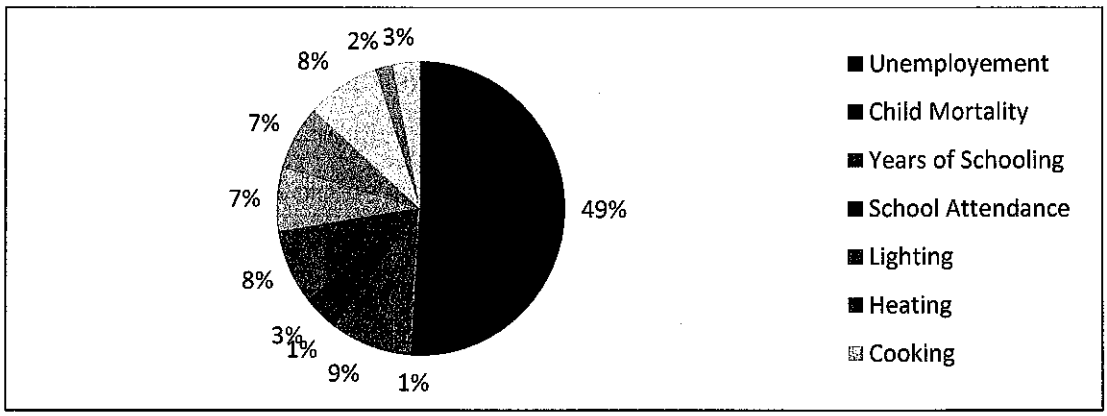
Table A4. South African Multidimensional Poverty Index

Census Year	Headcount (H)	Intensity (I)	SAMPI (HxA)
2001	21.8%	43.5%	0.09
2011	10.1%	41.6%	0.04

Source: Stats SA-SAMPI

However, according to Table A4 Limpopo's headcount decreased from 21.8% in 2001 to 10.1% in 2011. The average intensity of poverty in Limpopo decreased from 43,5% in 2001 to 41,6% in 2011. Its SAMPI index score decreased from 0,09 in 2001 to 0,04 in 2011. Even though the Province has experienced a drop in headcount, the acuteness of poverty has not dropped significantly. The department is faced with multi-challenges of poverty that affects indicators such as the incidence of severe acute malnutrition, diarrhoea, prevalence of HIV and AIDS etc. These multi-dimensional factors of poverty further constrain the resources of the department in delivering services.

Figure 2. Contribution of weighted indicators to SAMPI 2011 in Limpopo



Source: STATSSA-The South African MPI

According to Figure 2 the economic activity dimension was the most significant contributor to the SAMPI in Limpopo at 49%, far higher than the contribution at national level (40%). The standard of living dimension (39%) was less than that at national level, as was the education dimension (10%).

The most deprived municipality in Limpopo was Mutale, with a SAMPI score of 0,09 in 2011, down from 0,15 in 2001. Nevertheless, this was still much higher than the second poorest municipality, namely Thulamela Municipality, which registered a SAMPI index score of 0,06. Mutale Municipality also had the highest poverty headcount in both 2001 and 2011, showing a decrease from 34% to 20,1% during this period.

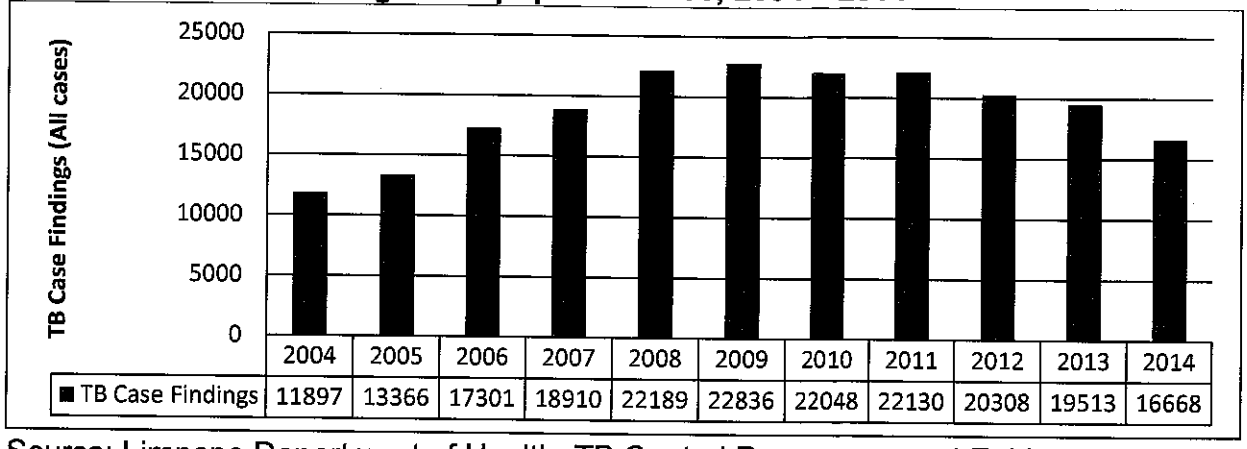
These demographic changes impacts the financial resources allocated to the Limpopo Department of Health. Furthermore, the population increase affects human resources especially health professionals and access to facilities.

1.5.3 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 shows a steady decline of the case load from 22 189 in 2008 to 16 668 in 2014 (fig 3) which could either be a reversal of the epidemic or inadequate screening. The department is however, embarking on Intensified Case finding (ICF) through TB screening, testing and linking them to care.

Figure 3. TB Case finding in Limpopo Province, 2004 – 2014

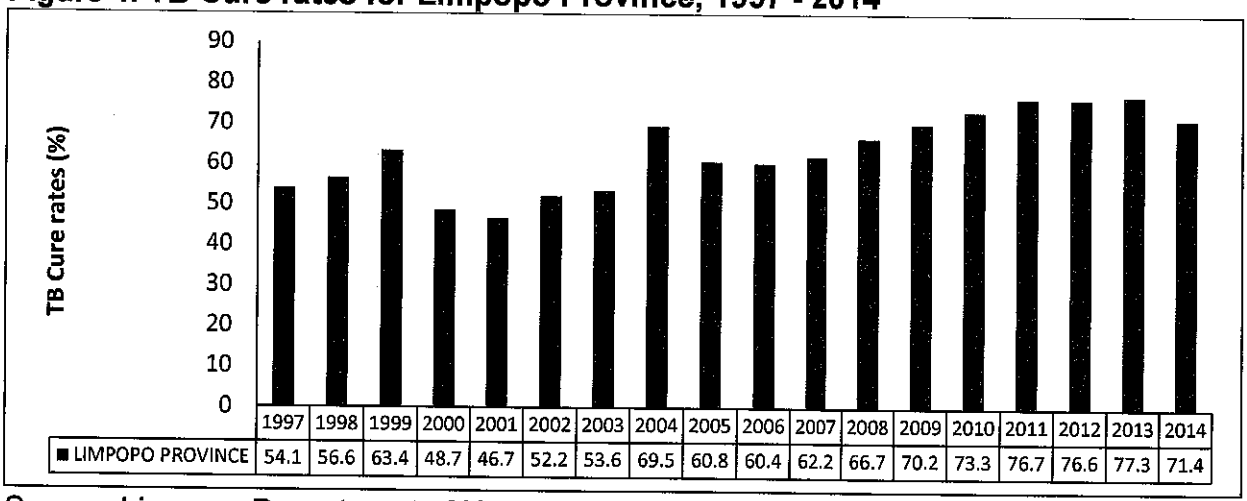


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
TB Case Findings	11897	13366	17301	18910	22189	22836	22048	22130	20308	19513	16668

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

The TB cure rate has drastically improved from 62.2% in 2007 to 71.4% in 2014 which is approximately 10% improvement but there was a drop of 5.9% leading to 71.4% in 2014. This is best illustrated in figure 4 below.

Figure 4. TB Cure rates for Limpopo Province, 1997 - 2014

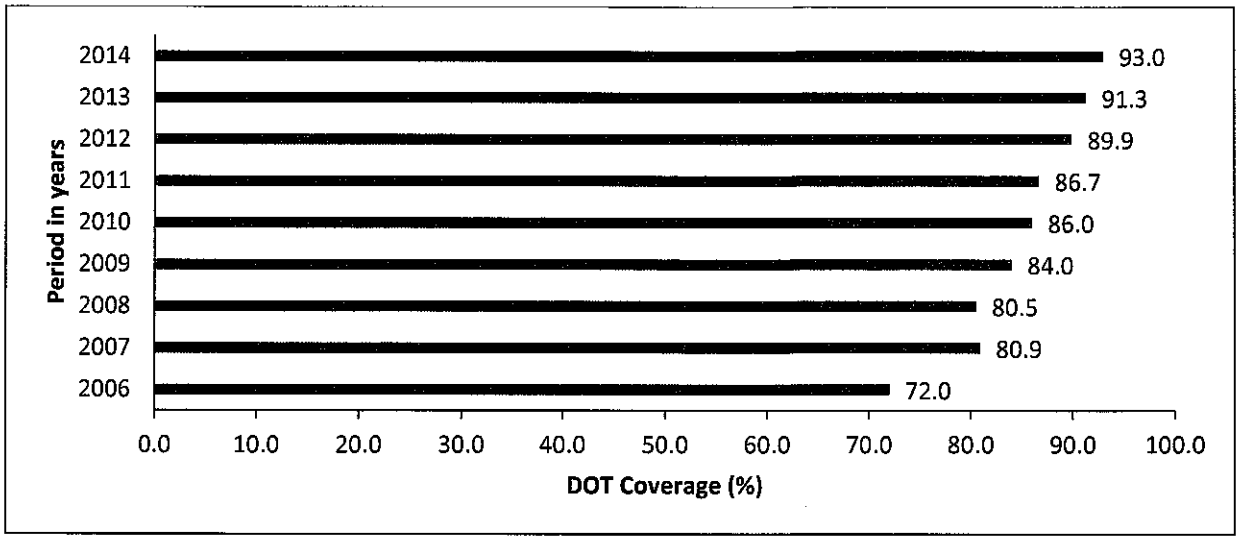


	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LIMPOPO PROVINCE	54.1	56.6	63.4	48.7	46.7	52.2	53.6	69.5	60.8	60.4	62.2	66.7	70.2	73.3	76.7	76.6	77.3	71.4

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

There is a consistent increase in the number of patients with a DOT supporter leading to an increase in TB DOT Coverage from 72.0% in 2006 to 90.3% in 2014 as illustrated in figure 5 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.

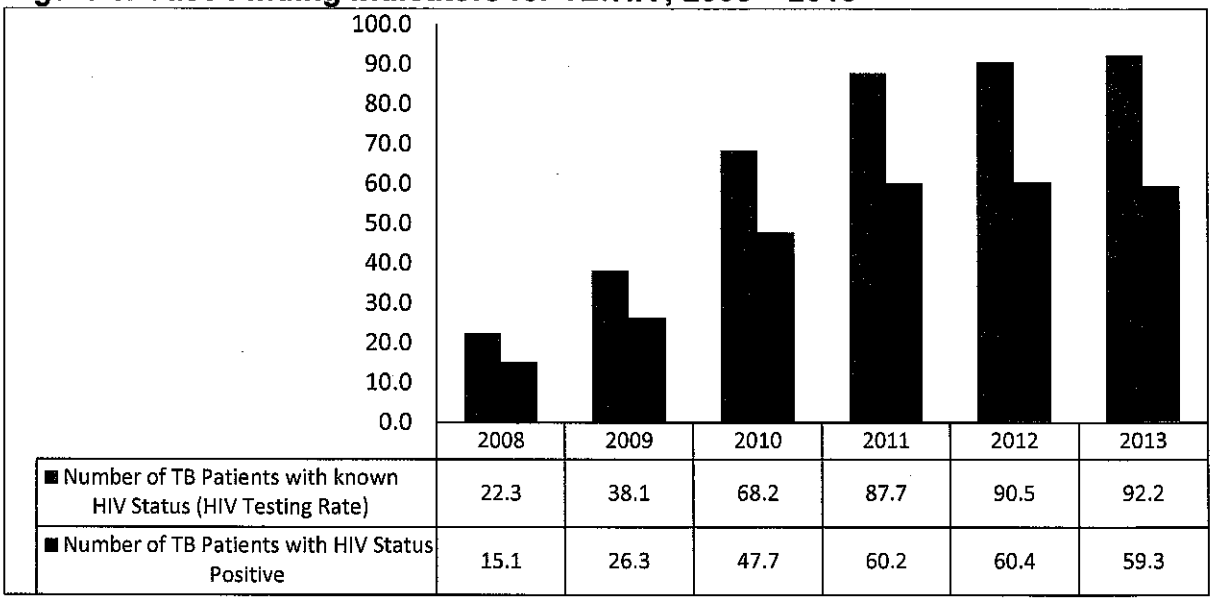
Figure 5. TB DOT Coverage in Limpopo Province, 2006 – 2014



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

HIV/TB Co-infection has been a challenge in the Province but great achievements has 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 6 below.

Figure 6. Case Finding Indicators for TB/HIV, 2008 – 2013



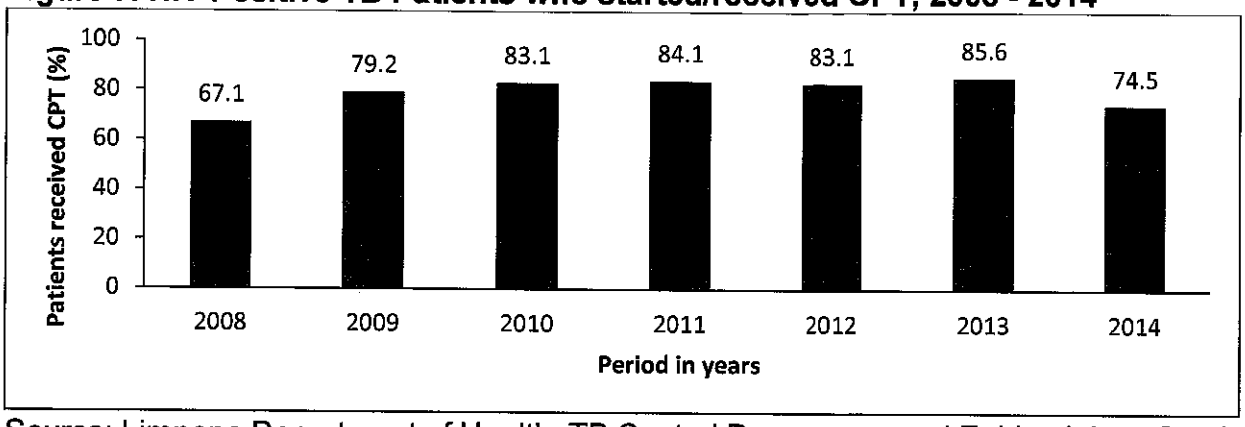
	2008	2009	2010	2011	2012	2013
Number of TB Patients with known HIV Status (HIV Testing Rate)	22.3	38.1	68.2	87.7	90.5	92.2
Number of TB Patients with HIV Status Positive	15.1	26.3	47.7	60.2	60.4	59.3

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 74.5% in 2014 as presented in figure 7 below. The value of co-trimoxazole in reducing the morbidity

and mortality associated with HIV infection is well established through clinical trials conducted in industrialized and developing countries.

Figure 7. HIV Positive TB Patients who started/received CPT, 2008 - 2014



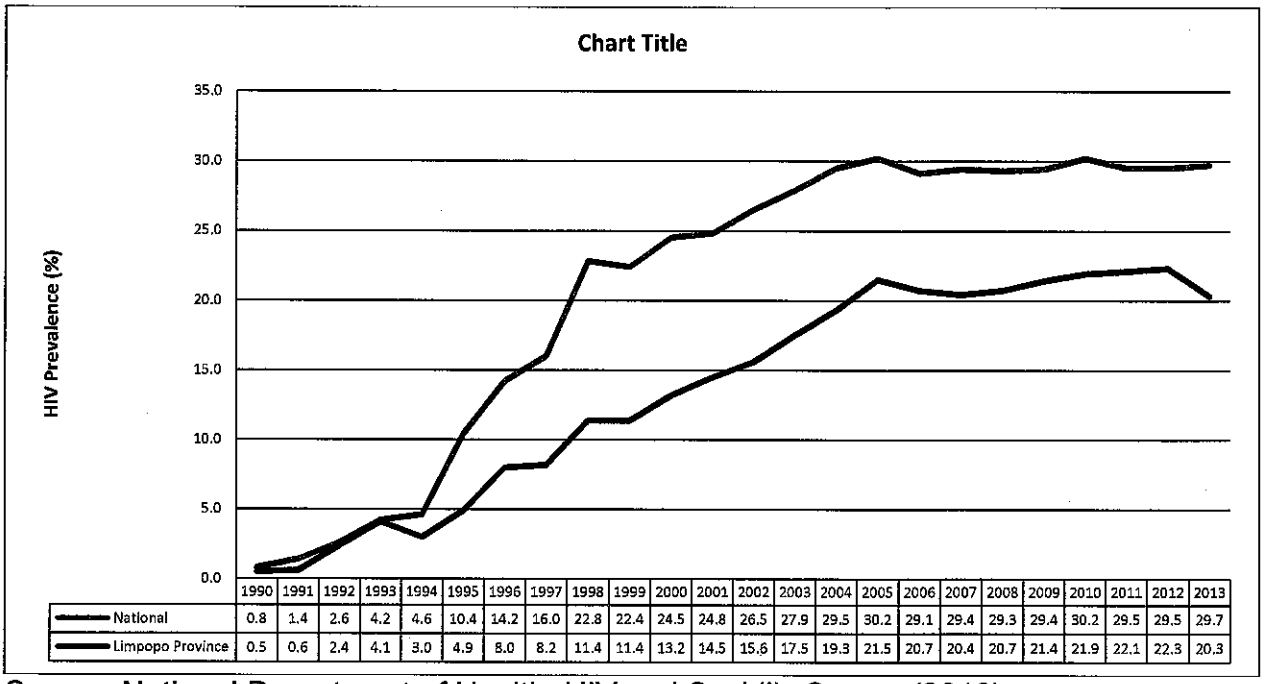
Source: Limpopo Department of Health, TB Control Programme and Epidemiology Services

The above figure 7 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 3013/14.

HIV Prevalence

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 2013 ANC sentinel surveillance data puts the national prevalence rate at 29.7%. Figure 8 below compares the national HIV prevalence trend with the situation in Limpopo. The HIV Prevalence increased from 0.8% in 1990 to 20.3% in 2013 as compared to National prevalence of 0.5% in 1990 to 29.7% in 2013.

Figure 8. National vs Limpopo HIV prevalence trends 1990-2013

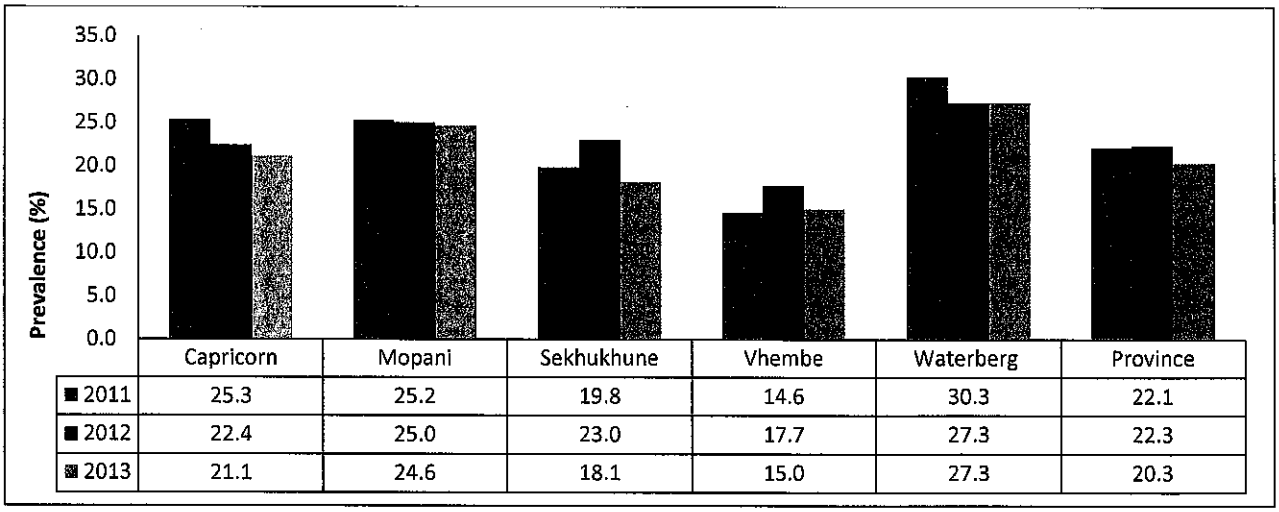


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
National	0.8	1.4	2.6	4.2	4.6	10.4	14.2	16.0	22.8	22.4	24.5	24.8	26.5	27.9	29.5	30.2	29.1	29.4	29.3	29.4	30.2	29.5	29.5	29.7
Limpopo Province	0.5	0.6	2.4	4.1	3.0	4.9	8.0	8.2	11.4	11.4	13.2	14.5	15.6	17.5	19.3	21.5	20.7	20.4	20.7	21.4	21.9	22.1	22.3	20.3

Source: National Department of Health, HIV and Syphilis Survey (2013)

Figure 9 below presents the district HIV prevalence, which shows that the HIV prevalence varies considerably with Waterberg district recording the highest prevalence of 27.3%. Capricorn district and Waterberg District have recorded a significant decline of 4.2% (from 25.3% in 2011 to 21.1% in 2013) and 3% (from 30.3% in 2011 to 27.3% in 2013) respectively. Vhembe district recorded the lowest prevalence of 15% in 2013.

Figure 9. HIV prevalence among antenatal women by district, Limpopo, 2010 to 2013

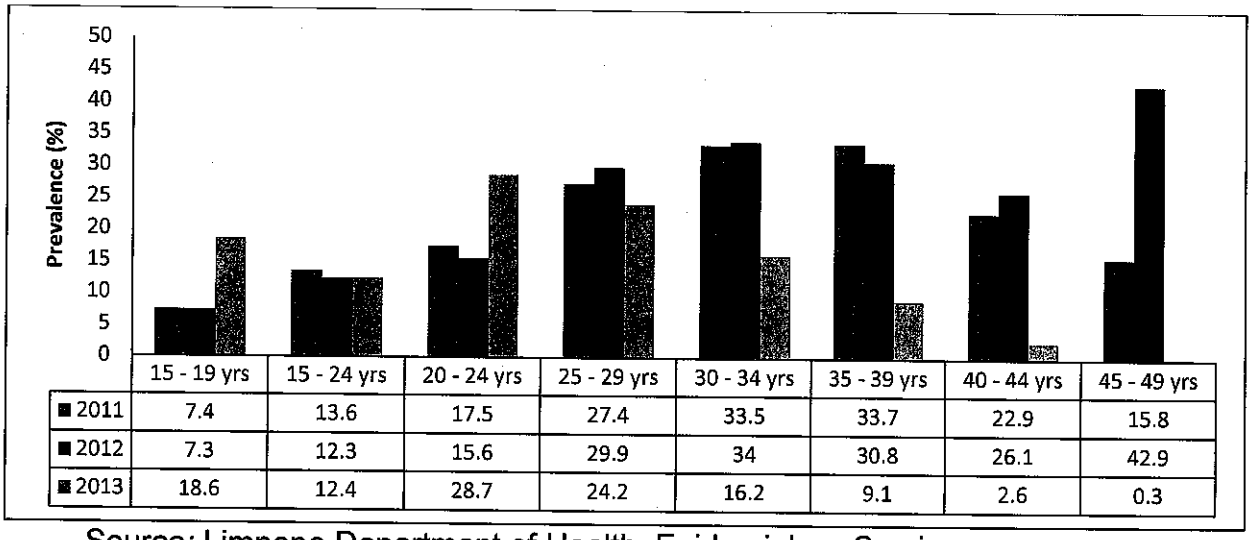


	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Province
2011	25.3	25.2	19.8	14.6	30.3	22.1
2012	22.4	25.0	23.0	17.7	27.3	22.3
2013	21.1	24.6	18.1	15.0	27.3	20.3

Source: Limpopo Department of Health, Epidemiology Services

Figure 10 below shows HIV prevalence trends by age group in Limpopo Province. The HIV prevalence among women in the age group 30 - 34 years, which was the highest in the previous years, has shown a significant decline of 17.3% (from 33.5% in 2011 to 16.2 in 2013). The age groups 15-19 and 25-29 have both shown a significant increase of 11.2% which is from 7.4% in 2011 to 18.6% in 2013 and from 17.5% in 2011 to 28.7% in 2013 respectively.

Figure 10. HIV prevalence among antenatal women by age group, Limpopo, 2011 - 2013.



	15 - 19 yrs	15 - 24 yrs	20 - 24 yrs	25 - 29 yrs	30 - 34 yrs	35 - 39 yrs	40 - 44 yrs	45 - 49 yrs
2011	7.4	13.6	17.5	27.4	33.5	33.7	22.9	15.8
2012	7.3	12.3	15.6	29.9	34	30.8	26.1	42.9
2013	18.6	12.4	28.7	24.2	16.2	9.1	2.6	0.3

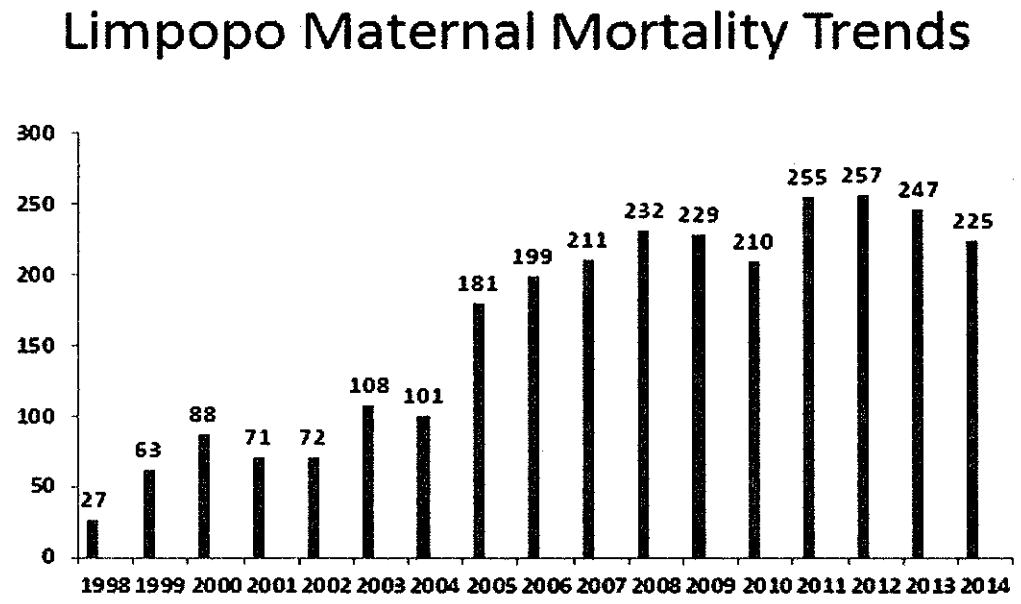
Source: Limpopo Department of Health, Epidemiology Services

MATERNAL, CHILD and WOMEN'S HEALTH

Maternal Health

The province has implemented programmes to reduce maternal morbidity and mortality in all facilities through training of health professionals on Essential Steps in the Management of Obstetric Emergencies (ESMOE) to improve the quality of care in managing pregnant women. Provincial/District Clinical Specialists in Obstetrics and Gynaecology, at both the District and Provincial levels, support doctors and midwives to achieve an improved output. All maternal deaths are reported through the Confidential Enquiry into Maternal Deaths.

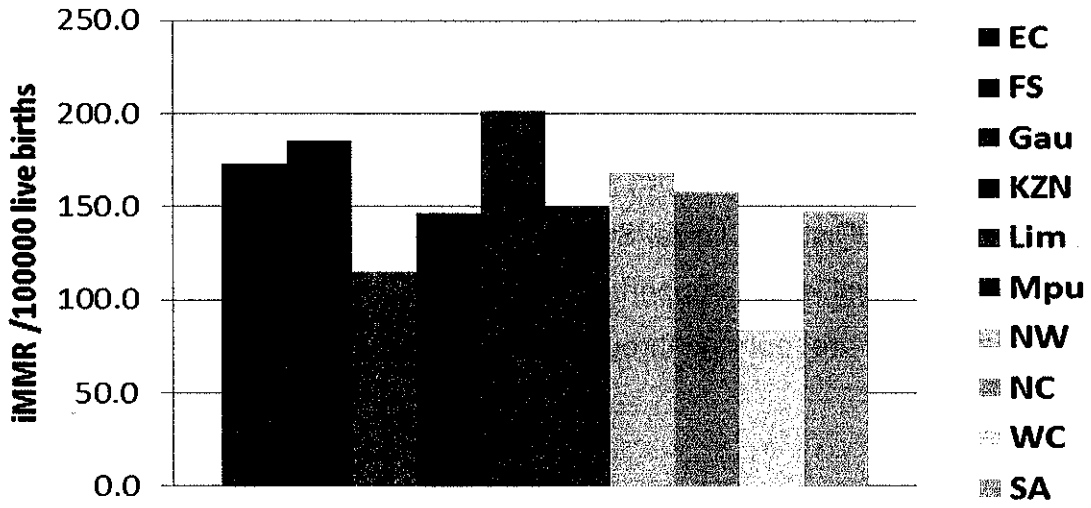
Figure 11. Limpopo Maternal Mortality Trends



Source: Provincial Maternal Mortality Register, 1998-2015

According to Figure 11 above, Limpopo reported 759 maternal deaths for the triennium 2011-2013 even though 749 files were captured on MaMMAS. In the same triennium, reporting of maternal deaths that occurred outside health facilities were 30.

Figure 12. Provincial Distribution iMMR 2011 – 2013



Source: Saving Mothers Report, Triennium 2011-2013

While other provinces are showing a decline in IMMR Limpopo continue to remain high probably due to high Non Pregnancy related infection which contributed 30.6% of all maternal deaths in the triennia.

Table A5. Institutional Maternal Mortality Ratio

iMMR for Limpopo per District 2011-13

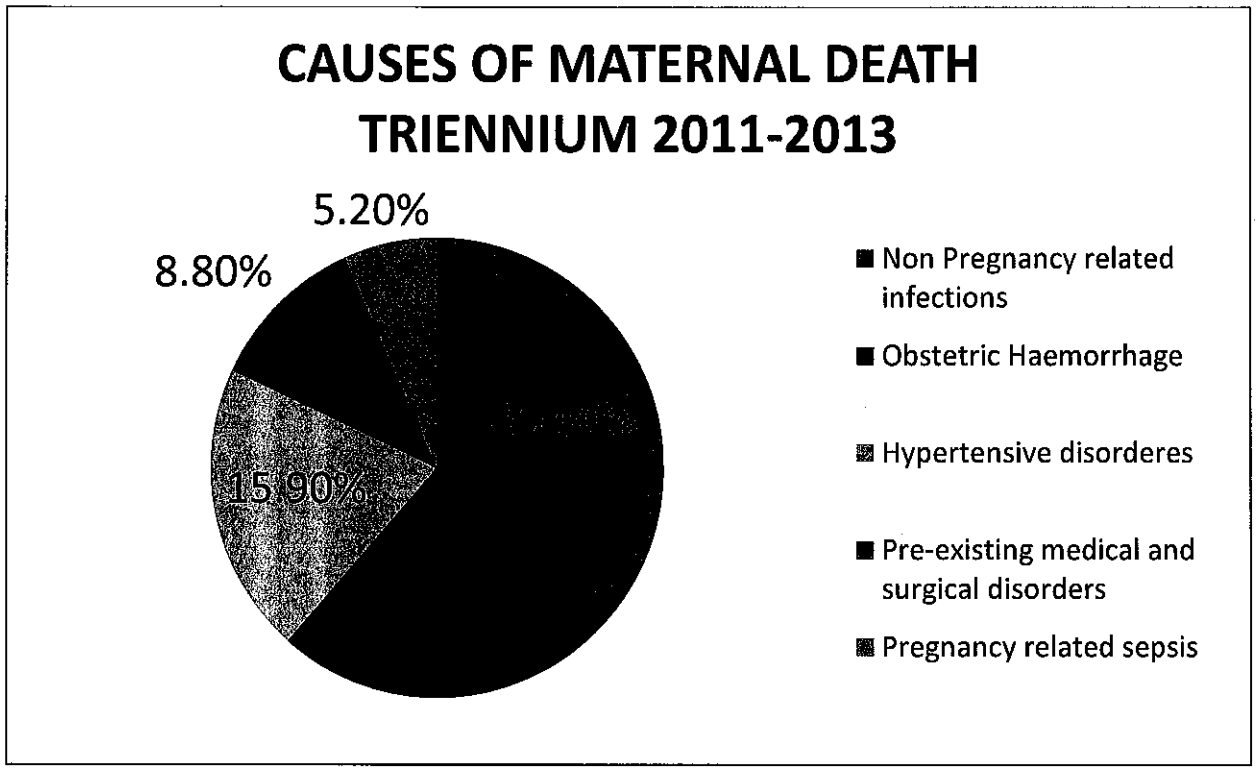
	2011	2012	2013	201-2013
CAPRICON	353.98	269.14	418.55	347.08
Gr SEKHUHKUNE	153.8	188.69	153.98	164.97
MOPANI	160.48	186.62	134.46	160.78
VHEMBE	130.35	134.63	131.19	132.06
WATERBERG	184.36	196.40	149.32	176.69
LIMPOPO	196.40	192.89	201.21	196.83

Source: Savings Mothers Report, Triennium 2011-2013

The above table indicates that Capricorn district reported the highest maternal mortality in the province followed by Waterberg and Sekhukhune districts. There is a need to strengthen and improve the quality of care among pregnant women.

The five major causes of maternal deaths in Limpopo in the triennium 2011-2013 were as illustrated in the below figure 13:

Figure 13. Five major causes of maternal death triennium 2011-2013



Source: Saving Mothers Report, 2011-2013

Child Health

Diarrhoea, Pneumonia, and Severe acute malnutrition have been the leading contributors to under 5 morbidity. Figure 14 below shows the trend of Pneumonia, Diarrhoea and Severe Acute Malnutrition incidences from 2011 to 2014.

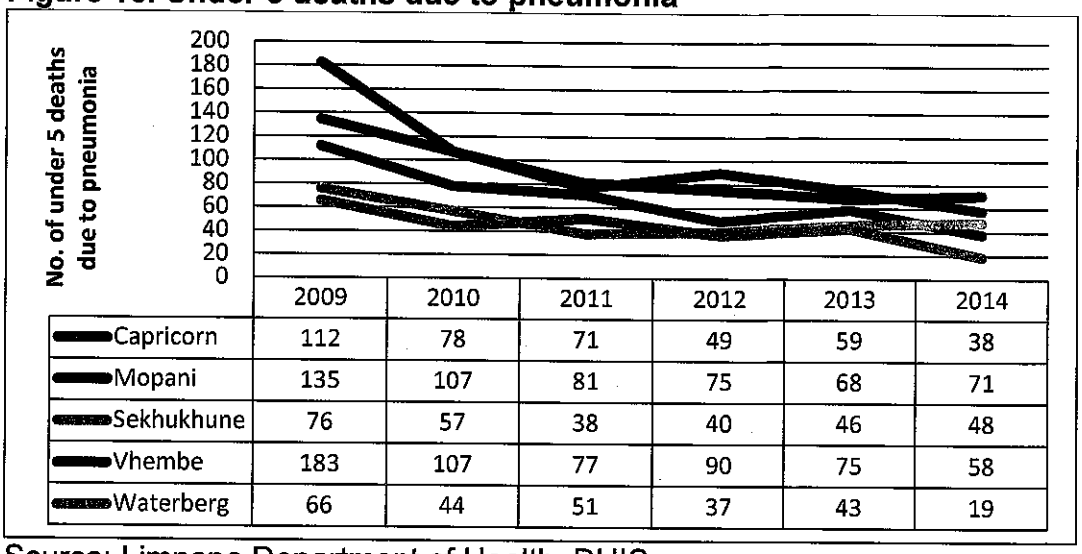
Figure 14. Incidence of diarrhoea with dehydration, pneumonia and severe acute malnutrition in children under 5 years, 2011 - 2014

	2011	2012	2013	2014
Child under 5 years diarrhoea with dehydration incidence (annualised)	8.3	7.3	10.4	8.7
Child under 5 years pneumonia incidence (annualised)	32.5	22.5	20.9	19.1
Child under 5 years severe acute malnutrition incidence (annualised)	4.5	3.9	4.4	5.9

Source: Limpopo Department of Health, DHIS

The graphs below show the trend over 6 years from 2009 – 2014 in cases, admissions and deaths from Pneumonia, Diarrhoea and Severe Acute Malnutrition.

Figure 15. Under 5 deaths due to pneumonia

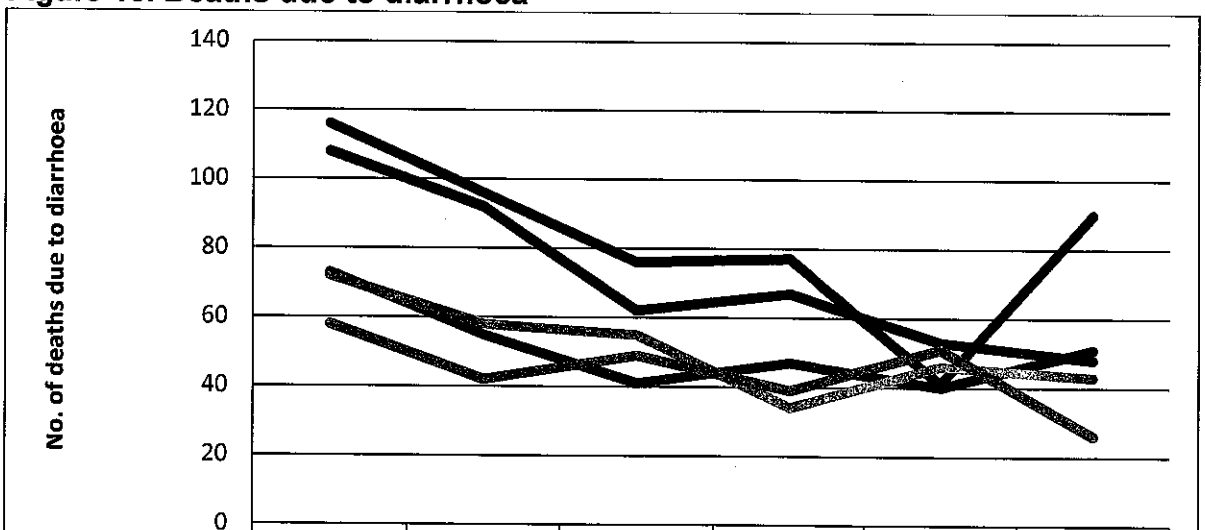


	2009	2010	2011	2012	2013	2014
Capricorn	112	78	71	49	59	38
Mopani	135	107	81	75	68	71
Sekhukhune	76	57	38	40	46	48
Vhembe	183	107	77	90	75	58
Waterberg	66	44	51	37	43	19

Source: Limpopo Department of Health, DHIS

There is a marked decline in the cases of pneumonia. Admissions have not declined, but deaths have declined as well as the hospital case fatality rates.

Figure 16. Deaths due to diarrhoea

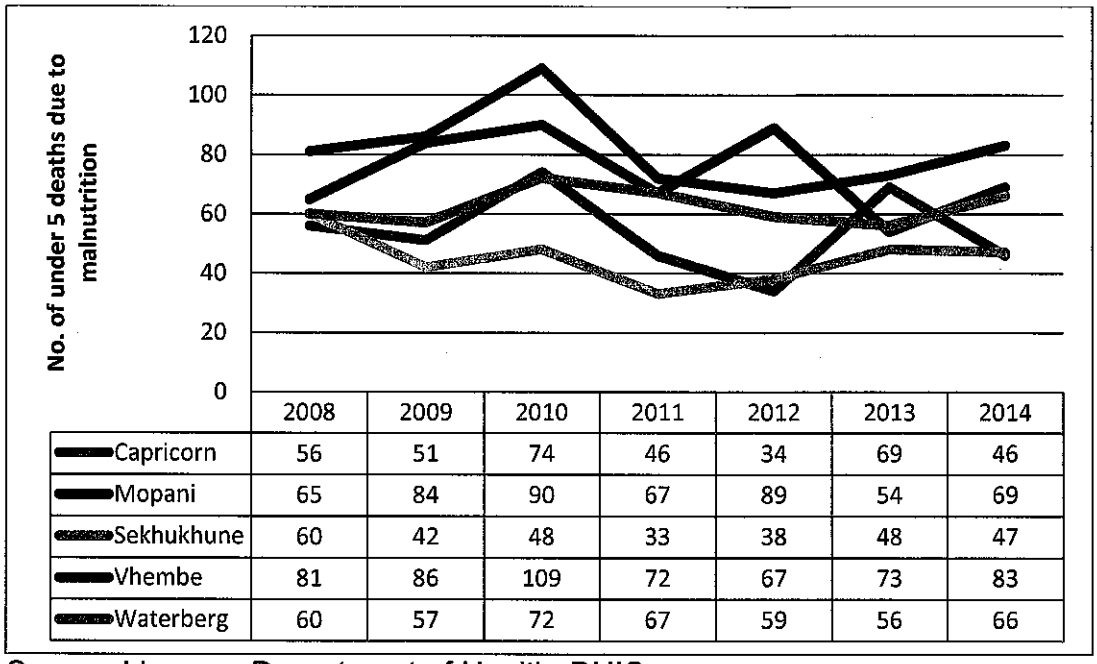


	2009	2010	2011	2012	2013	2014
Capricorn	73	55	41	47	40	51
Mopani	116	96	76	77	41	90
Sekhukhune	72	58	55	34	46	43
Vhembe	108	92	62	67	53	48
Waterberg	58	42	49	39	51	26

Source: Limpopo Department of Health, DHIS

The number of cases a year of diarrhoea is declining compared to 2013, but deaths and case fatality rates are declining in most districts.

Figure 17. Under 5 deaths due to severe acute malnutrition



	2008	2009	2010	2011	2012	2013	2014
Capricorn	56	51	74	46	34	69	46
Mopani	65	84	90	67	89	54	69
Sekhukhune	60	42	48	33	38	48	47
Vhembe	81	86	109	72	67	73	83
Waterberg	60	57	72	67	59	56	66

Source: Limpopo Department of Health, DHIS

The number of cases of Severe Acute Malnutrition has increased, as well as the admissions.

The audit of child deaths in hospitals is done through the Child PIP programme. The leading causes of death in the 2013 Child PIP data were Pneumonia, Diarrhoea, Sepsis and Tuberculosis. There is an increase in the percentage of children dying from tuberculosis. Among children that died in 2013, 35.4% had severe acute malnutrition (SAM) and 31.2% had Moderate Acute Malnutrition (MAM) and 40% were HIV positive or exposed, even though in 20% the HIV status was not known. The department plan to continue training health professionals on the management of common child illness.

Vaccine-preventable childhood diseases

Expanded Programme on Immunisation (EPI) remains a single pillar of prevention of childhood diseases and is one of the national non-negotiable interventions. Key challenges include the need to procure WHO-prescribed fridges, EPI personnel and the consistent supply of vaccines.

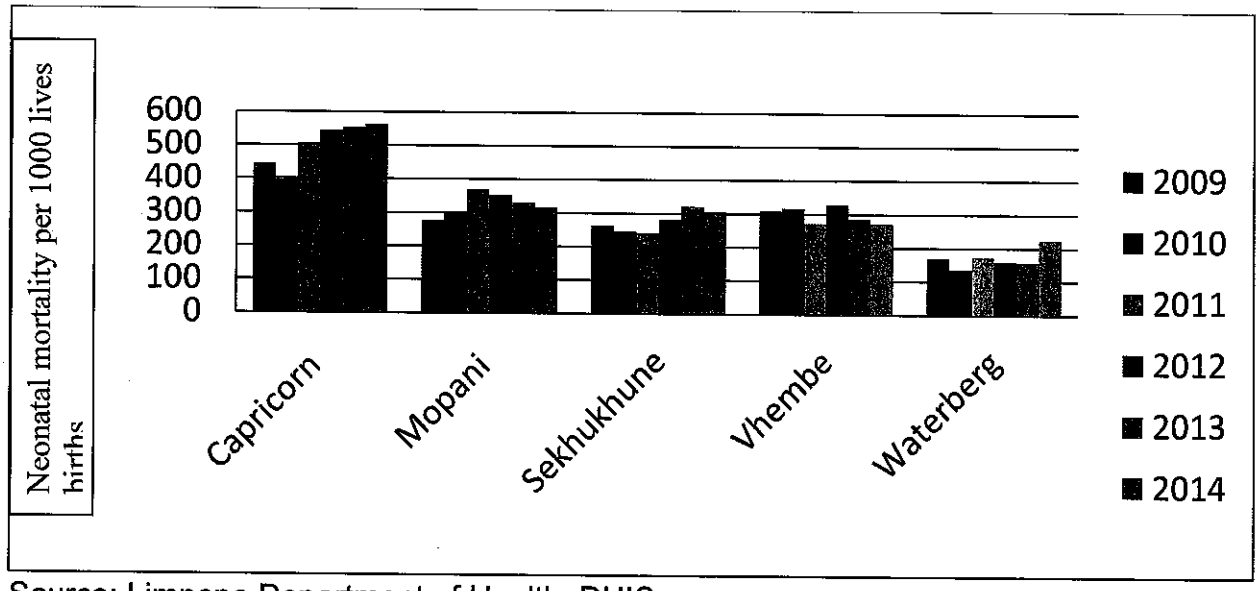
Table A6. Vaccine-preventable childhood diseases

		Vhembe	Capricorn	Mopani	Waterberg	Sekhukhune
Immunisation coverage under 1	2013/14	85,7		75,5		
	2014/15			90,5		
Measles 2 coverage	2013/14	84,2				
	2014/15	87,9	83,2			83,9
DTAP-IPV/Hib3-Measles 1 drop out rate	2013/14					
	2014/15		6,9		3,6	

Neonatal mortality

Neonatal Mortality now make up the largest portion of facility deaths in children under 5 years of age. Neonatal deaths are declining in Vhembe and Mopani but increasing in Capricorn, Sekhukhune and Waterberg. Neonatal Mortality rates vary widely between districts and facilities, with some hospitals achieving a Neonatal Mortality rate of 6/1000 and others having rates four fold of 24/1000 live births. Figure 18 below shows the PPIP Neonatal Mortality rates for all hospitals. The department will continue to train health professionals in Essential Steps in the Management of Obstetric Emergencies (ESMOE), Helping Babies Breath (HBB) and Management of Small Sick Neonates (MSSN).

Figure 18. Neonatal deaths in districts in Limpopo

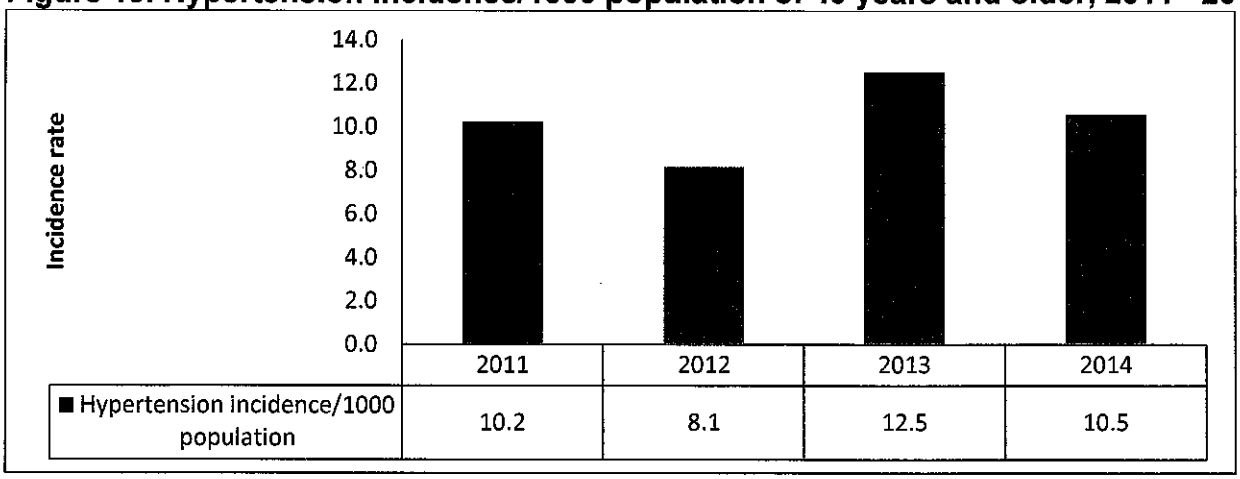


Source: Limpopo Department of Health, DHIS

Non-Communicable diseases

While the burden of infectious diseases such as HIV and TB remains high, there are other epidemics of NCDs e.g. diabetes, hypertension, mental health and chronic respiratory diseases. Figure 19 below shows the trend in hypertension prevalence over the period 2011 to 2014. There has been a slight downward movement from 2014 in comparison to 2013.

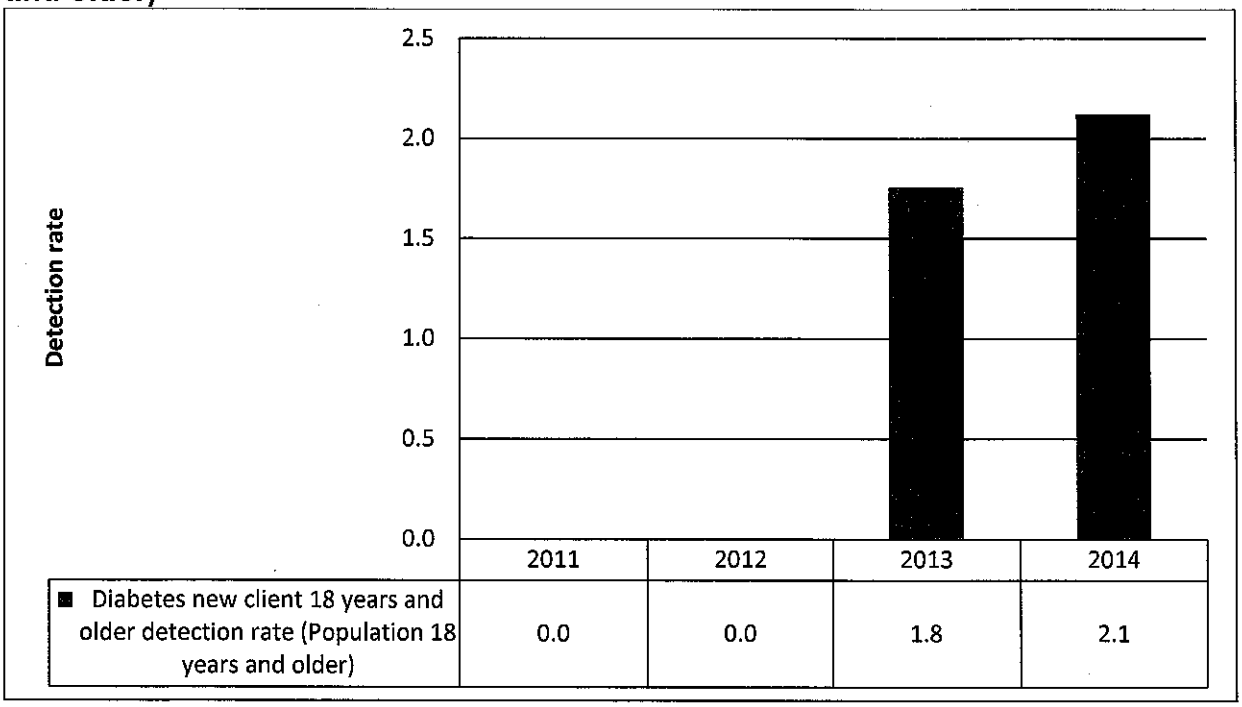
Figure 19. Hypertension incidence/1000 population of 40 years and older, 2011 - 2014



Source: Limpopo Department of Health, DHIS

Figure 20 below demonstrates diabetes data for 2013 and 2014. There is an indication that diabetes incindence is on an upward trend from 1.8 in 2013 to 2.1 in 2014.

Figure 20. Diabetes new client 18 years and older detection rate (Population 18 years and older)

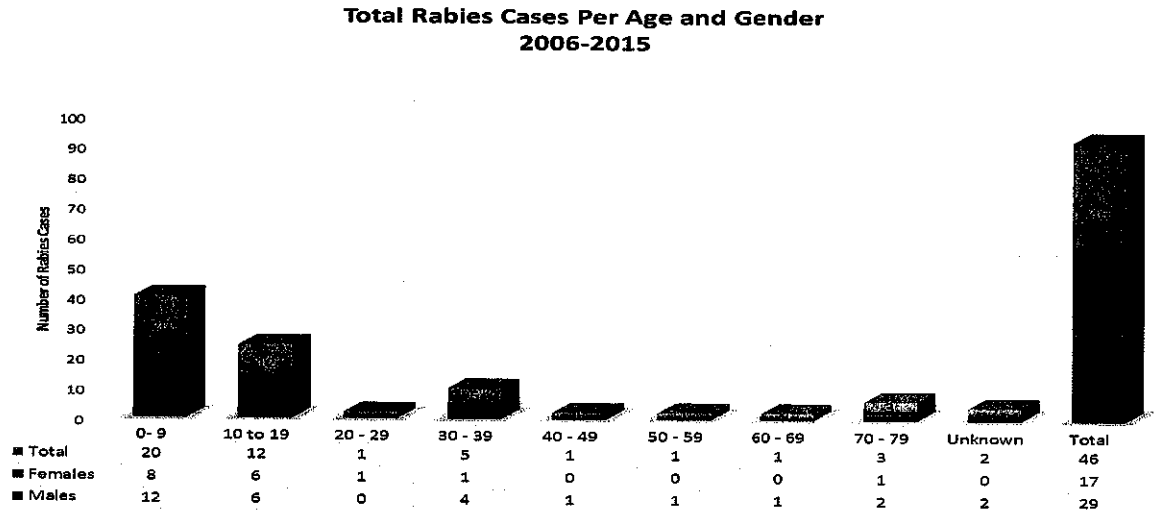


Source: Limpopo Department of Health, DHIS

Human Rabies

Human rabies is one of the most fatal diseases in Limpopo with a case fatality of 100%. Human rabies deaths are mostly reported from Vhembe district; followed by Capricorn district. The main cause human rabies in the province is dog bites. Dogs mostly bite children less than twelve years, especially males as illustrated in figure 21 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 conduct annual 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.

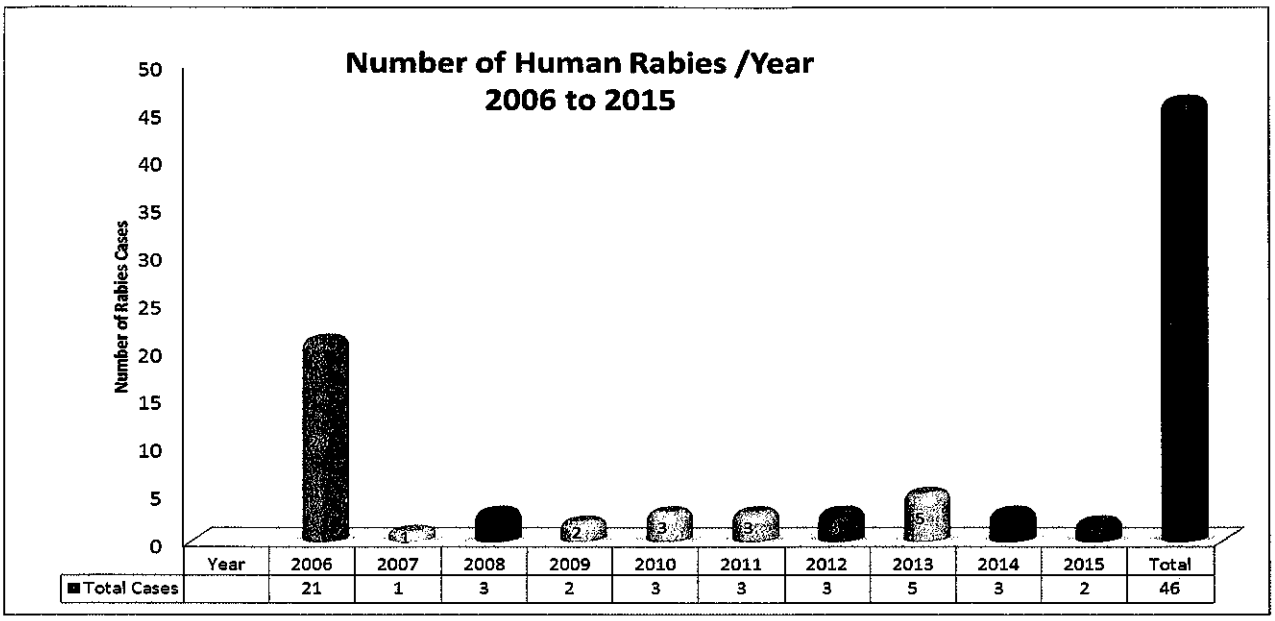
Figure 21. Total Rabies cases per age and gender, 2006 - 2015



Source: Limpopo Department of Health, Public Health

Figure 22 illustrates that the incidence of confirmed human rabies in Limpopo has decreased from 22 in 2006/07 to only 2 cases in 2015.

Figure 22. Human Rabies incidences in Limpopo Province per age group, 2006 - 2015

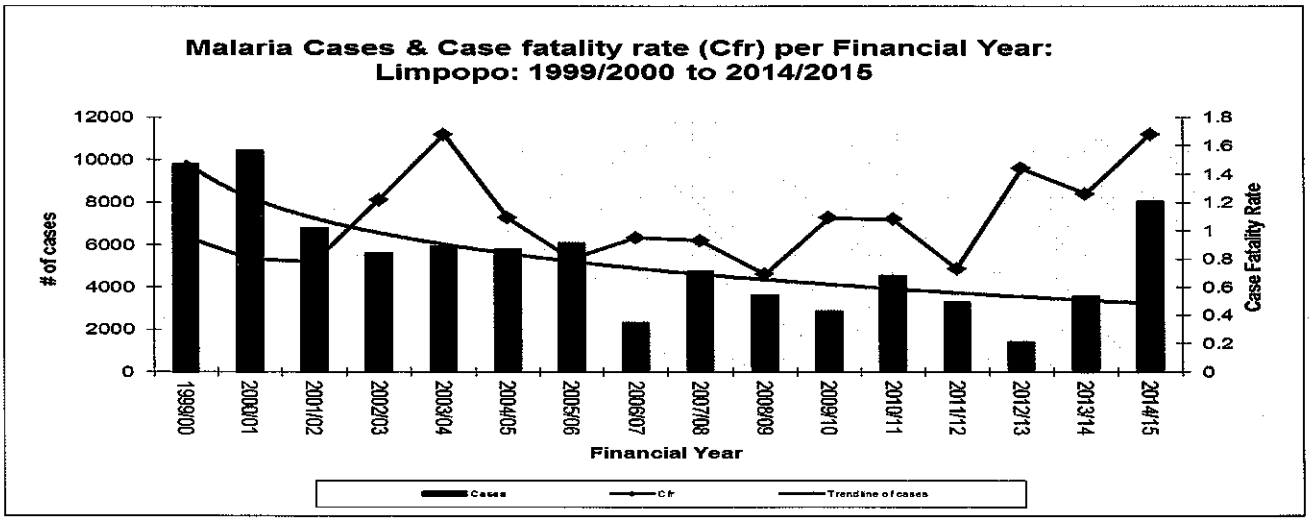


Source: Limpopo Department of Health, Public Health

Malaria

Figure 23 below indicates 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 23. Limpopo Malaria cases & case fatality rate (CFR) 1999/2000-2014/15



Source: Limpopo Department of Health, Malaria Control Programme

The levels of malaria transmission in Limpopo is influenced by a number of factors namely; climatic conditions, lack of malaria control on a regional level and the influx of parasite carriers into the province, as well as the reduced availability and use of the

chemical DDT. Over the past year, malaria transmission increased in the SADC region contributing to sustained 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 1,280,254 structures sprayed in the 2014/15 financial year, against a target of 1,100,000. The success of this programme has been dependent on the commitment of seasonal spray workers employed from communities.

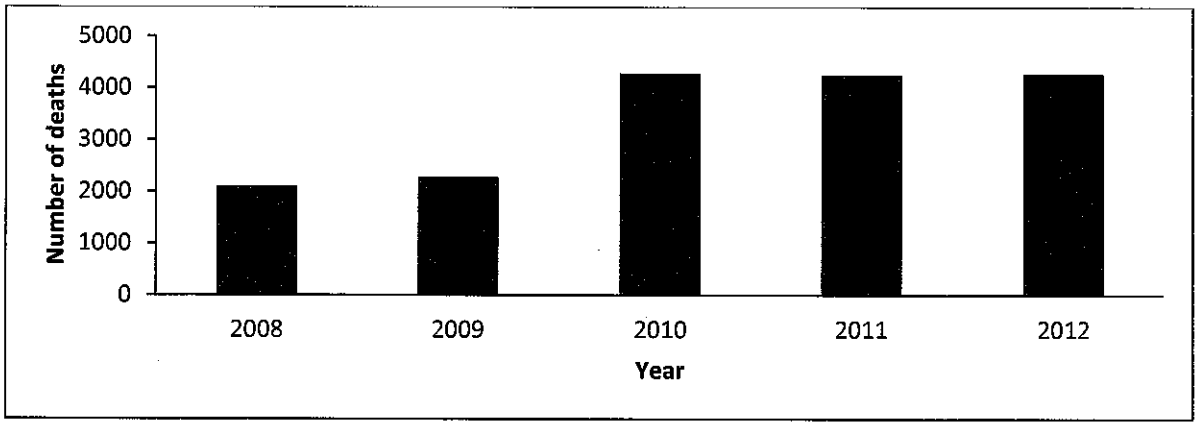
Malaria fatalities is still a concern, aggravated by delays in seeking treatment, co-morbidity and the unavailability of the treatment IV Artesunate (WHO recommended treatment for severe and complicated malaria). This treatment has been introduced in 2015/16 financial year.

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 improving targeting of communities susceptible to malaria transmission.

Injuries and violence mortalities

A total of 2 091 deaths were reported in 2008. There was a slight increase in 2009 and a double increase in 2010, (4 278) deaths. From 2010 reported deaths started stabilizing, (see figure 24 below).

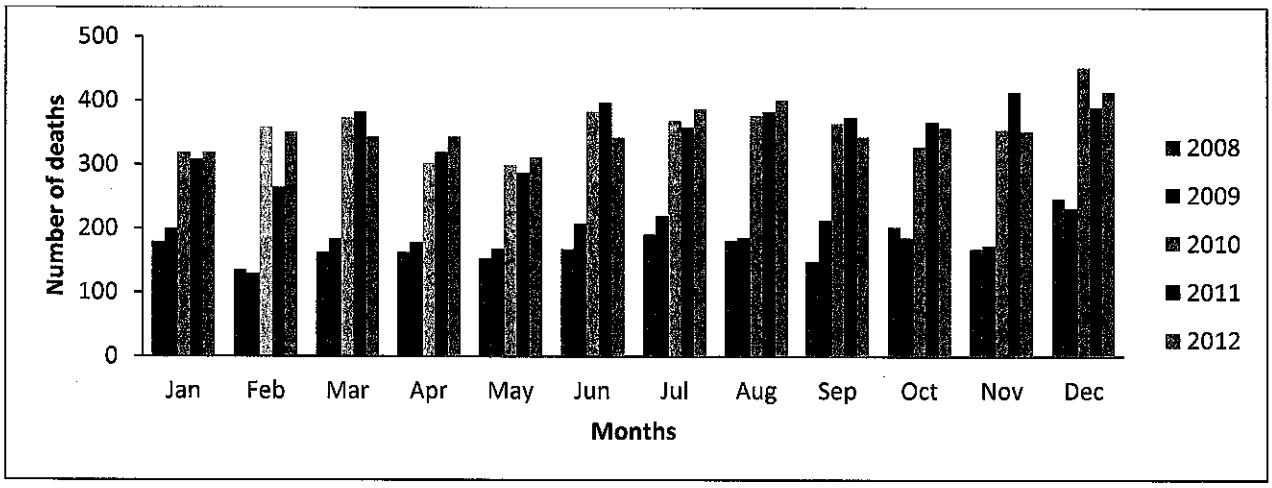
Figure 24. Total number of cases per year, Limpopo Province: January 2008 – December 2012



Source: Limpopo Department of Health, Forensic Pathology Services

Figure 25 shows that more deaths are generally experienced in December, except in 2011 where most deaths took place in November. A total of 1 733 deaths occurred in December 2008 - 2012, followed by 1 526 in August and 1 524 in July 2008 - 2012.

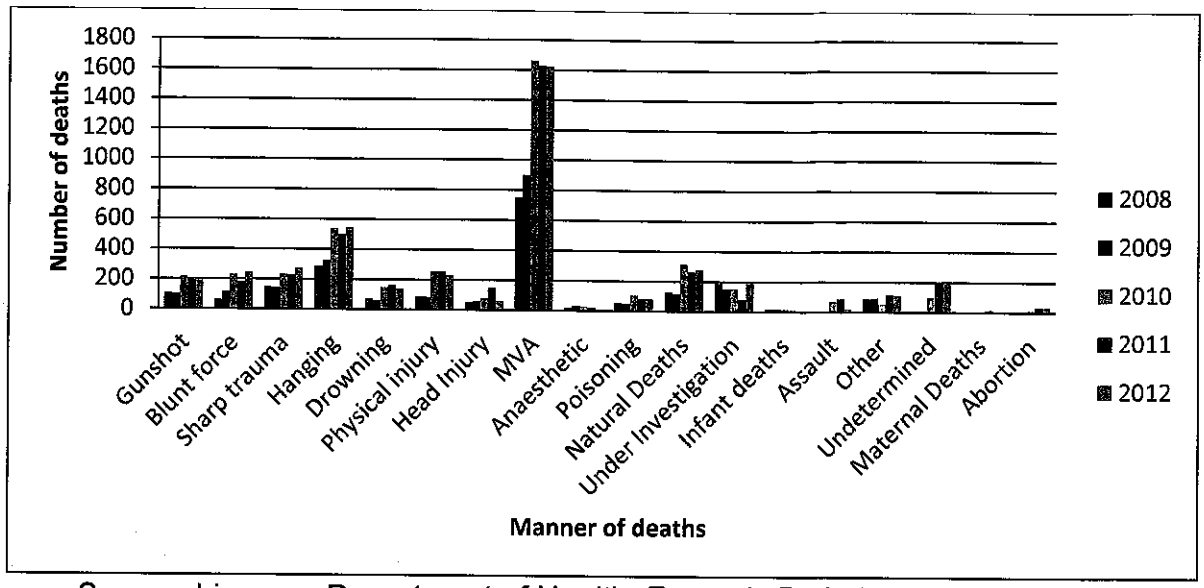
Figure 25. Total number of cases per month, Limpopo Province: January 2008 – December 2012



Source: Limpopo Department of Health, Forensic Pathology Services

Motor vehicle accidents are the main cause of deaths in Limpopo, constituting 38.3% of the reported non-natural deaths, followed by hanging with an average of 13% per annum (figure 26).

Figure 26. External causes of death, Limpopo Province: January 2008 – December 2012



Source: Limpopo Department of Health, Forensic Pathology Services

1.6 ORGANISATIONAL ENVIRONMENT

1.6.1 Summary of the organisational structure

- During December 2010, the Premier, has in terms of section 3A (a) (i) of the Public Service Act, 1994 as amended) abolished the Department of Health and Social Development and established two separate departments. The President signed the Proclamation in January 2011.

- Following the disestablishment of the Department of Health and Social Development with effect from the 1st of January 2011, the Department of Health created a new organisational structure which was approved in 2011. The 2011 approved structure was never fully implemented after the Department was directed to reduce number of posts and compensation of employees in line with EXCO resolution of 2010/11.

- As part of the Section 100 1 (b) intervention, DPSA embarked on the development of Service Delivery Model to realign the structure with the departmental strategic plan. From 2012 up to 2014, the Department together with the DPSA, embarked on the process to relook into the functional arrangements of the structure with the view to reorganise the department in line with Service Delivery Model and in alignment with the Departmental Strategic Plan. The mandate of this process was aimed at developing a generic structure for all departments of Health in terms of the Outcome 12 of the service delivery agreements.

- The structure was finally reviewed and submitted to MPSA for comments during 2014/15 financial year and approved by the MEC during May 2015. The department will expedite the process of job evaluations for newly created and redesigned SMS posts so that the new structure can be properly captured in PERSAL and implemented.

1.6.2 Factors in the organisation that would impact on service delivery

Human Resource

There is a high vacancy rate at Health Facilities. Competency limitations have been noted but not limited to the following categories:

- Family physicians specialty specifically at district hospitals;
- Radiographers in specialty areas e.g. ultra sonographers;
- Health technicians at district level;
- Nursing in specific specialties e.g. advanced midwifery, pediatricians, advanced psychiatry, emergency care and theatre & intensive care; and
- Emergency personnel e.g. intermediate life support & paramedics.

Expansion in competency among health professional categories such as the above is deemed necessary in delivering health care services that meet with expectations of the clients and contribute towards attainment of broad objectives.

Finance

The Department has over the past recent years experienced a budget deficit that impacted negatively on the implementation of key priorities for health in the province. This includes, amongst others, renovations/upgrading of health facilities, health professionals' accommodation and emergency medical services stations including their maintenance. Access to health services is negatively affected as running costs of mobile clinics and emergency vehicles have been curtailed. The safety of patients and workers including provision of 24 hours clinic services and emergency response time is being compromised as the budget is not sufficient to sustain the current services. Poor maintenance of medical equipment and facilities pose a major risk to the treatment of patients.

The final allocation on equitable share in the 2016/17 MTEF provides for the overall baseline budget growth of 6.3% from the 2015/16 adjusted appropriation. The Department is however still having challenges with non-negotiables, key accounts,

equipment and compensation of employees. This budget shortfall has not been factored in the database.

The table below indicates the summary of such funding shortfall:

Table A7: Other Equitable share shortfall (2016/17 FY)

Item/service required	Amount R'000
Shortfall on Non-negotiable items	392 505
School Health Programme	40 000
Purchase of additional Ambulances -Emergency Services	28 000
Key accounts funding gap	124 000
Skill Development levy @ 1% of total COE budget	121 717
Filling of critical posts (support and core staff): **Once off**	798 626
Infrastructure shortfall	230 000
Shortfall on Health Professionals bursaries	187 000
IT Infrastructure upgrade	20 000
Total	**1 941 848**

An amount of **R1.9 billion** is still needed to address the critical funding gaps as indicated in the above table. It should be noted that despite all cost cutting measures implemented by the department over the years including reprioritization, the budget is still insufficient to cover some of the basic health services that need to be rendered. These include purchase and maintenance of medical equipment, payment of contractual obligations and funding of crucial service programmes such as School Health, Mother, Child and Women Health, Health Promotion, Primary HealthCare Re-engineering, etc.

Engagements are continuing with Provincial Treasury and other relevant stakeholders to address the funding gap.

Information and Communication Technology

The vacancy rate in ICT is currently 78.6%. The international standard for ICT service ratio is 1:250 against the departmental ratio of 1:2333. There is a huge gap between the actual and the desired benchmark. Consequently, the ability of ICT to provide the required levels of service within the Department is negatively impacted.

The state of ICT infrastructure and systems in the Department is outdated. This makes it difficult to conduct maintenance as some of the equipment are not software-manageable and therefore cannot be traced. These devices cause broadcast bottlenecks on the network. This is as a result of funding deficit in the department

Information Management

District Health Management Information System (DHMIS) Policy governs the collection, collation, analysis and reporting of routine health information in Public Health Facilities. The DHMIS also establishes the roles and responsibilities at each level of the health system. Standardised Operating Procedures (SOPs) have been developed to guide the implementation of the DHMIS policy.

However, the department still experiences challenges with the quality of data. This is attributed to lack of recourses i.e. data capturers and ICT infrastructure. In addition, the introduction of new data collection tools mid-year compromises consistency in reporting.

Emergency medical services

During the 2014/15 financial year, the ratio of ambulances per population improved from 1: 47 290 to 1:34 838. This was achieved through the procurement of 50 new ambulances in the financial year. However, the current ratio of ambulances per population remains higher than the national norm of 1:20000.

The current situation is attributed to a lack of operational ambulances on a daily basis. It typically averages 150 serviceable ambulances daily out of a provincial stock of 400. The Department has increased the ambulance fleet through the procurement of another 100 ambulances in the 2015/16 financial year.

The training of 113 Planned Patient Transport (PPT) officials to the level of Basic Ambulance Assistants (BAA) has been concluded and these officials have been integrated into EMS in the 2015/16 financial year.

Current response times would also be improved with the introduction of system wide and effectively operated EMS communication network.

Oral health

The department is offering oral health at all hospitals and some PHC facilities as well as through Integrated School Health Programme. In other facilities (hospitals and clinics) where this service is rendered, there is generally inadequate space to render quality oral health service thereby resulting in substandard infection control and prevention. Preventative oral health is improved through outreach programmes.

Clinical Support Services

A full complement of clinical health care support services is available at 34 out of 40 (85%) hospitals. All five districts render community based rehabilitation services. As a result, there is an increased demand of assistive devices. However, there is still limited funding which leads to backlogs of assistive devices resulting in longer waiting time for obtaining these devices.

Health Technology

Current status quo demonstrates that some equipment at facilities is dysfunctional and obsolete. Limited funding hinders the ability to procure new equipment. Fluctuations in the functionality of the current old units destabilise delivery of quality health care at various facilities.

1.6.3 Imbalances in service structures and staff mix

In the absence of staffing norms the current departmental organisational structures are developed based on the need of services, as well as National and Provincial mandates that affect health service delivery. These mandates, among others include; Medium Term Strategic Framework 2014-2019, key national programs and priorities, the MEC's Budget Speech, Strategic Plan, Sustainable Development Goals, National General Council Reports and the Limpopo Growth and Development Plan. The underlying core principles guiding the restructuring in the Department are as follows:

- Cohesion and integration of management systems across all levels of functionality;

- Need for stronger leadership and management capacity to plan, coordinate, control, monitor and evaluate to allow the provision of strategic guidelines and leadership on strategy, policy and coordination;
- Strengthen departmental management systems, services and points of accountability;
- Greater accountability and responsibility through the department in ensuring that policies are implemented and strategic objectives are delivered in the improvement of services;
- Efficient, effective, affordable and less bureaucratic structure that will promote a strong partnership orientation, stakeholder relations, inter-sectorial and interdepartmental collaboration in the delivery of services;
- Proper alignment, integration and implementation of legislative frameworks, departmental strategic plan, government priorities and other priority programmes programs;
- An appropriate structure to expedite the delivery of quality services with the overriding emphasis on delivering the department's core business;
- A more dynamic structure that will attract and retain a management cadre to deliver a high quality service;
- Increased focus and strengthening of core/line programme/functions to improve decision making and accountability; and
- Strengthen the improvement of service delivery, the achievement and delivery of strategic objectives, outcome 2, and SDG's imperatives, thus improving the health status of the Limpopo community.

Core and support personnel are therefore distributed according to the level of care. Despite the 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 at various levels of health care services.

1.6.4 Summary of performance against Provincial Human Resource Plan

- **Current deployment of staff**

  In terms of the current approved organisational structure, the Department has a total number of 63 460 posts including both support and core. Based on this structure, the total number of filled posts is 35 117 as at 31 August 2015. The number of vacant posts is 28 343 which gives a vacancy rate of 44.7%. However, in terms of outcome 12, all government departments are expected to implement the Persal Clean-up project and one of the outputs of the project is to abolish all unfunded vacant posts from the Persal system. The posts status after the Persal Clean-up project is reflected as follows: Total posts are at 37 932; filled posts are at 35 117; vacant posts are at 2815; and vacancy rate is at 7.4%.

- **Accuracy of staff establishment at all level against service requirements**

  The current institutional staff establishments at various levels of health care services such as Primary Health Care (PHC), District Hospitals, Regional Hospitals and Tertiary Hospital are appropriately aligned with service needs.

- **Staff recruitment and retention systems and challenges**

  Recruitment and retention of human resources for health in the Department remains a challenge and this is manifested by the following challenges:

✓ Lack of opportunities for career-pathing;
✓ Inadequate infrastructure;
✓ Inadequate of equipment; and
✓ Poor working conditions.

  In response to these challenges, the Department has developed a Recruitment and Retention Strategy that has only been partially implemented due to financial constraints. This Strategy is currently being reviewed and aligned to the available budget. Additionally, a succession plan framework has been developed with the aim of retaining skills within the Department.

- **Absenteeism and staff turnovers**

  The high workload in the Department which is influenced by the high vacancy rates of health workers, contributes to burn out resulting in absenteeism and negative staff turnover. Absenteeism is analysed from the following types of leaves, vacation, sick

leave, responsibility leave, unauthorised leaves and any other form of absenteeism as shown in the table A8 below:

Table A8: Types of leave

Type of Leave	Number of Employees	Totals Days
Sick leave	25297	187918
Disability leave	92	2183
Annual leave	36362	851534
Capped leave	642	4153

Absenteeism due to sick and disability leave impacts negatively on health service delivery. The department is currently strengthening the application of employee health and wellness programme in order to reduce diseases of life style.

- **Human resource information from the Provincial District Health Expenditure Review (DHER)**

Currently the department does not have a Human Resource Information System. However, systems such as PERSAL and District Health Expenditure Review are being utilised.

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

The National Department of Health in collaboration with the World Health Organisation (WHO) initiated a project of Workload Indicators Staffing Needs which is a model to determine the required staff per facility based on workload. The model is adopted to be used in all provinces including the Limpopo Department of Health. The model is further intended to provide staffing norms that will be used to determine the required staff per health facility and the current departmental structures will be aligned with the staffing norms accordingly.

To this end, health workforce normative guides and standards for fixed PHC facilities are developed and adopted by the National Health Council. Implementation guidelines for these health workforce normative guides have been developed and approved by the Minister of Health. The process of developing health workforce normative guides for various hospitals has commenced. A draft activity standard for all hospitals is available.

1.7 PROVINCIAL SERVICE DELIVERY ENVIRONMENT

1.7.1 Overview of 2014/15 successes

Successes/ Achievements

- **Strengthening Health Care System effectiveness**

  In strengthening health care system effectiveness, the following where achieved:

  ✓ Using the National Health Insurance (NHI) funding, the Department procured diagnostic and basic medical equipment for eight (8) community health centres and fifty six (56) PHC clinics in Vhembe District.

  ✓ 196 patient chairs were purchased to ensure that 70 PHC facilities have well-furnished consultation rooms and waiting areas.

- **Comprehensive primary health care services**

  In accelerating access and provision of quality primary health care services the following were achieved:

  ✓ 244 out of 444 Primary health care facilities rendered 24 hours services on call system.

  ✓ 44 of 65 Primary health care facilities rendered 24 hours services.

  ✓ 85.7% Fixed PHC facilities with a monthly supervisory visit rate.

  ✓ 32.5% of CHCs/CDCs with resident doctor rate.

- **Maternal, Child and Women's Health (MCWH) And Nutrition Programme**

  In intensifying Maternal, Child and Women's Health (MCWH) and Nutrition services the following was achieved:

  ✓ Immunisation coverage under 1 year was targeted at 90% and the actual achievement is reported as 82.2%.

  ✓ Diarrhoea incident under 5(five) reduced from 164.1/1000 to 160.4/1000

  ✓ Ante natal care coverage increased from 41% to 42%.

  ✓ Delivery of women below 18 years reduced from 8.1% to 7.8%.

  ✓ 35 PHC facilities implementing youth friendly services.

  ✓ 32 hospitals accredited as mother and baby friendly.

- ✓ Cervical screening coverage has been reported at 61.7% in the 2012/13 financial year as compared to the 60.2% reported in the 2011/12 financial year.
- ✓ Health Care Professionals Trained on ESMOE increased from 0 in 2011/12 financial year to 212 in the 2012/13 financial year.

- **Prevention and Disease Control Programme**
  - ✓ Cholera outbreak was contained in one district (Vhembe) where one patient was confirmed positive.
  - ✓ Appointment and functionality of outbreak response teams in the 5 districts and at the Provincial head office.

- **Comprehensive HIV and AIDS, STI and TB Programme**

  In combating HIV and AIDS and decreasing the burden of disease from Tuberculosis:
  - ✓ Maternal HIV vertical transmission reduced from 4.9% to 2.4%
  - ✓ 49 276 patients initiated on lifelong ART.
  - ✓ Total client remaining on ART (TROA) 232 506
  - ✓ Medical Male Circumcisions achieved 67 205.

1.7.2 Challenges in service delivery

Problems encountered by the Department when providing the relevant services	Corrective steps to be taken in dealing with challenges encountered in providing services in 2014/15 financial year
Asset register not credible	Implementation of the BAUD system
Shortage of health professionals including specialists.	Decentralized delegations to CEO's and District Executive Managers
Shortage of support staff due to natural attrition and retirement.	Replacement
Cash flow challenges (insufficient budget)	Reprioritizing of services
Inadequate health infrastructure	Reprioritizing infrastructure needs
Shortage of essential equipment in facilities	Participation in other provinces short term contracts

Problems encountered by the Department when providing the relevant services	Corrective steps to be taken in dealing with challenges encountered in providing services in 2014/15 financial year
Inadequate pharmaceutical supplies	Renew contracts and appoint suppliers with capacity to deliver services
Shortage of Emergency Medical vehicles	Prioritize procurement of Emergency Medical vehicles
Shortage of Nurse Educators	Appointment of retired nurse educators' in the short term
Inadequate maintenance budget	Reprioritized maintenance of facilities

TABLE A9: HEALTH PERSONNEL IN 2014/15

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people[2]	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member
Medical officers	1082	3.1%	20	20	27.6%	9.5%	612 377
Medical specialists	94	0.3%	2	2	49.5%	1.4%	1 052 140
Dentists	189	0.5%	3	3	4.1%	1.7%	638 188
Dental specialists	5	0.0%	0	0	37.5%	0.1%	1 187 576
Professional nurses	8993	25.5%	166	166	5.6%	34.7%	269 627
Enrolled Nurses	4245	12.1%	79	79	2.8%	7.8%	128 885
Enrolled Nursing Auxiliaries[3]	4998	14.2%	92	92	3.3%	7.3%	101 366
Student nurses	912	2.6%	17	17	NA	1.1%	87 290
Pharmacists	462	1.3%	9	9	4.5%	3.1%	465 571
Physiotherapists	192	0.5%	4	4	7.2%	0.6%	234 563
Occupational therapists[3]	158	0.4%	3	3	8.7%	0.6%	249 480
Radiographers	209	0.6%	4	4	10.3%	0.8%	256 612
Emergency medical staff	1864	5.3%	34	34	0.9%	3.9%	147 629
Nutritionists	44	0.1%	1	1	0.0%	0.2%	300 495
Dieticians	293	0.8%	5	5	6.1%	1.0%	244 855
Community Health Workers	595	1.7%	11	11	16.4%	4.6%	542 178
All Other Personnel	10867	30.9%	201	201	3.0%	21.5%	137 802
Total	35202	100	651	651	5.1%	100	198 272

Data Source: Persal (or use latest information from South African Health Review 2013/14 if Persal data is not available)

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

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

1.8 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.

- **National Health Amendment Act, 2013**

Provides for the amendment of the National Health Act, 2013 so as to provide for the establishment of the Office of Health Standards Compliance.

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, 33 of 2005**

Provides for the regulation of the nursing profession.

Other legislation in terms of which the Department operates

- **Children's Act, 38 of 2005**

Gives effect to certain rights of children as contained in the Constitution; sets out principles relating to the care and protection of children; defines parental responsibilities and rights.

- **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 Agency Act, 88 of 1998**

Provides for the establishment of an institution responsible for the provision state's information technology services to the public administration.

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

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

- **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.

- **Labour Relations Act, 66 of 1995**

Provides for regulation of the organisational rights of trade unions, promotes employee participation in decision making by establishment of workplace forums.

- **Basic Conditions of Employment Act, 75 of 1997**

Provides for the minimum conditions of employment that the employer must conform with in the workplace.

- **Preferential Procurement Policy Framework Act, 5 of 2000**

Provides for the implementation of policy on preferential procurement pertaining to historically disadvantaged individuals.

- **Prevention and combating of corrupt Activities Act, 12 of 2004**

Provide for the strengthening of measures to prevent and combat corruption and corrupt activities.

c) Policy Mandates

Global Policy Mandates

Health is specifically affected by three (3) goals from the eight (8) international development goals that were established following the Millennium Summit of the United Nations namely:

- Reduction of child mortality;
- Improve maternal health; and
- Combat HIV/AIDS, Malaria and other diseases.

The department continually drives efforts towards realising these goals by the end of 2015 and beyond.

National Mandates

National Development Plan (NDP)

Vision of NDP is a health system that works for everyone, comprising an appropriate balance between preventative health promotion and curative services that are affordable and accessible to all. The department is embarking on various strides to address key issues raised in the NDP: 1. Social determinants of health; 2. Health reform systems; 3. Reduction of maternal, infants and child mortality; and 4. Communicable and non-communicable diseases.

MTSF 2014-2019

This plan intends to implement the NDP. The plan takes into cognisance the achievements health sector has realised. On the other hand, it also notes the immense challenges still facing health. Health falls short in adequately addressing of social determinants of health, high levels of maternal mortality, a rising burden of diseases and rising costs pressures in both the public and private health sectors. The department has aligned itself with the MTSF through development of the five (5) year Strategic Plan 2015/16 – 2019/20.

Furthermore, as part of committing to the vision "A long and healthy life for people in Limpopo" the department developed strategies and direct efforts towards achieving: 1. Increasing life expectancy (e.g. training of health care workers on early diagnosis and treatment of Malaria and indoor residual spraying & implementation of hypertension and diabetes care model at PHC facilities); 2. Decreasing maternal and child mortality (e.g. implementation of the recommendations of Saving Mothers and Saving Babies reports, strengthening of childhood immunisation & mainstream HCT to all programs targeting children and pregnant women); 3. Combating HIV/AIDS and

decreasing the burden of diseases from tuberculosis (e.g. increasing access to ART & implement National TB management guidelines) 4. Strengthen health systems effectiveness (e.g. data quality assessments in all health facilities, infrastructure maintenance & strengthening of M&E in health facilities).

Primary Health Care (PHC) Re-Engineering

The National Health Council has mandated that in order to improve health outcomes significantly steps be taken to restructure the health system. This is one of the 10 points in the five year Health Sector 10 Point Plan, noted as 'overhauling the healthcare system'. It is also the fourth pillar of the Negotiated Service Delivery Agreement as 'strengthening the effectiveness of the health system'. The model contains three streams: (a) a ward based PHC outreach team for each electoral ward; (b) strengthening school health services; and (c) district based clinical specialist teams with an initial focus on improving maternal and child health. WBOT have been established, school health services are being offered and in Lephalale Local Municipality, ESKOM has partnered with Limpopo Department of Health to deliver this service through a school health bus maintained by ESKOM. DCSTs have been established in all districts but they are short of other specialty areas.

Operation Phakisa (Ideal Clinic)

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. During the launch of this initiative the President of South Africa noted that South Africans will most likely define "Ideal Clinic" as one that opened on time and did not close until the last patient was helped even if this was beyond the set closing time. As a result, Limpopo Department of Health is making all efforts towards having PHC facilities maintained to functioning optimally and that they remain in a condition that can be described as the "Ideal Clinic".

National Health Insurance (NHI)

The Minister formally launched the National Health Insurance Pilot in Limpopo on **17th April 2012**, followed by the 3 days of stakeholder consultative workshops. Vhembe District was selected as one of the ten (10) districts to pilot NHI. The selection criteria for the pilot districts included factors such as: demographics, socio-economic including income levels and social determinants of health; health profiles; health delivery performance and health service management performance. As with other Conditional Grants, NHI activities are funded from the **NHI Conditional Grant on the basis of an approved Business Plan.**

NHI funding in Limpopo is earmarked for the replacement of:

- Tshilidzini, Elim, Siloam and Mesina Hospitals projects managed by National & LDoH;
- The rebuilding is approved for the following clinics in Vhembe: a) Magwedzha, b) Makonde, c) Mulenzhe and d) Thengwe;
- Limpopo Medical School and the Revitalisation of the Nursing Colleges; and
- Interim structures (Consulting Rooms & Wards).

Challenges:

There are challenges that the project is facing currently. Amongst them:

- District Clinical Specialist Team is not fully fledged to scarcity of specialties e.g. anaesthetist; and
- There is shortage of data capturers for monitoring and evaluation purposes.

Achievements

Despite the noted challenges, the NHI project in Vhembe has achieved the following:

- Monitoring and Evaluation Manager for the project has been appointed;
- Public Health Medicine Registrars are rotating in Vhembe to support District Health Planning;
- MEC's Road-shows have been implemented with Municipalities (awareness, promotion & marketing);
- HST is concluding Audits of Districts Management team competency needs & the desired generic Organograms;
- 500 Community Health workers (CHWs) have been provided with household profiling kits (screening bags with basic diagnostic tools);

- The District has conducted an estimated Burden of Disease (BoD) project which will assist with rational district health planning with the aim for reducing the burden of key diseases;
- The project has recruited thirty four (34) General Practitioners to improve doctor's coverage at clinics;
- About R0,7m roll-over funding was used for procuring office furniture and diagnostic tools for PHC clinics in the 2014/15 FY;
- NHI Mobile Vehicles are operational (PHC, Eye Care & School Health) to improve PHC coverage; and
- NHI 700 Project: over 90% of the 123 facilities have been equipped with Electronic Patents Information system (Vhembe leads nationally) and project is being rolled out to other district in the 2015/16 FY.

Provincial Mandates

Limpopo Development Plan

Limpopo Development Plan was officially launched in the financial year 2014/15. Amongst its outcomes, the department of health is largely affected by Outcome 2: Long and healthy life. The department has embarked on a Provincial Summit to work towards delivering its Long Term Health Plan aligned to this Provincial Outcome as well as the nine pillars of the National Development impacting on Health.

Policies to inform future local policy formulation

National Department of Health has endorsed and embarked on various policy initiatives e.g.:

- National Strategies for Non-Communicable Diseases 2014 - 2019; and
- Mental healthcare strategy 2014 – 2019.

d) Relevant court rulings

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

i. *SOOBRAMONEY 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)*

1.9 OVERVIEW OF THE 2015/16 BUDGET AND MTEF ESTIMATES

The Department was allocated an amount of R14.8 billion in the 2015/16 financial year to deliver the healthcare services in Limpopo Province.

The overall health budget increased from R14.6 billion in the 2014/15 financial year to R14.8 billion in 2015/16. This indicates an accumulative growth of 1.4% over the two years.

The budget is projected to grow from R16.4 billion in 2016/17 to R18.0 billion in the year ending 2018/19. This represents a cumulative growth of 9.8%. 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 experiences 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;
- Funding of Ideal Clinic;
- Funding of Integrated School Health Programme; and
- Reduction in the funding of Non-negotiable Items due to reduction in Goods and Services budget.

The Budget is reflecting a nominal growth of 1.4% (2015/16), 6.5% (2016/17) and 3.9% (2017/18). This growth is below the inflation and when inflation is factored in, then the budget is reflecting a decrease of -3.8% (2015/16), an increase of 0.3% (2016/17) and a decrease of -1.9% (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.

1.9.1 EXPENDITURE ESTIMATES

Expenditure estimates

	Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
		2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
1.	Administration	239,987	272,626	252,984	265,582	276,106	276,106	281,425	287,062	293,713
2.	District Health Services	7,189,516	7,868,353	9,280,312	9,461,277	9,659,276	9,741,855	10,263,760	10,853,175	11,586,832
3.	Emergency Medical Services	489,157	522,003	548,264	586,574	651,878	651,878	686,647	718,879	745,573
4.	Provincial Hospital Services	1,639,771	1,688,203	1,953,932	2,094,417	2,036,611	2,036,611	2,138,442	2,245,342	2,330,572
5.	Central Hospital Services	1,117,618	1,244,436	1,356,562	1,356,357	1,510,436	1,510,436	1,593,372	1,681,007	1,774,753
6.	Health Sciences and Training	391,905	432,315	478,131	568,524	533,246	533,246	571,492	599,425	616,839
7.	Health Care Support Services	650,244	754,036	92,012	96,778	108,315	108,315	113,758	119,446	121,336
8.	Health Facilities Management	1,111,023	355,890	594,990	324,626	625,926	625,926	750,047	528,170	561,322
	Sub-total									
	Direct charges against the National Revenue Fund	1,652	1,735	1,822	1,845	1,845	1,845	1,943	2,040	2,158
	Total	**12,829,996**	**13,137,862**	**14,557,187**	**14,754,136**	**15,401,794**	**15,484,374**	**16,398,944**	**17,032,506**	**18,030,740**
	Change to 2010/11 budget estimate	**12,829,996**	**13,137,862**	**14,557,187**	**14,754,136**	**15,401,794**	**15,484,374**	**16,398,944**	**17,032,506**	**18,030,740**

Table A10: Summary of Provincial Expenditure Estimates by Economic Classification

This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**11,260,120**	**12,316,891**	**13,459,667**	**14,011,811**	**14,455,465**	**14,538,045**	**15,236,082**	**16,034,661**	**16,989,409**
Compensation of employees	8,691,688	9,377,977	10,336,806	11,166,905	11,354,219	11,354,219	12,171,722	12,999,392	13,753,358
Goods and services	2,568,432	2,938,914	3,122,861	2,844,906	3,105,247	3,165,420	3,022,585	3,025,085	3,299,346
Communication	45,285	57,119	56,157	40,345	51,510	54 237	33,891	33,600	35 534
Computer Services	76,151	70,589	159,241	69,936	70,193	79 972	70,866	58,053	61,420
Consultants, Contractors and special services	702,261	1,011,711	747,891	550,650	749,647	774,585	649,749	521,392	551,658
Inventory	1,199,633	1,320,913	1,370,685	1,690,272	1,451,279	1,366,661	1,517,923	1,614,385	1,792,237
Operating leases	23,798	37,048	24,536	26,086	26,034	25 221	26 358	26 382	27 913
Travel and subsistence	67,425	81,586	89,490	11,746	30,104	30,104	12,179	2,463	2,606
Maintenance , repair and running costs	102,943	127,589	142,452	122,241	148,892	134 160	150,335	151,940	160,752
Specify Other	350,936	232,359	532,409	333,630	577,588	700,480	561,284	616,870	667,226
Financial transactions in assets and liabilities									
Transfers and subsidies to	**462,212**	**509,538**	**569,317**	**509,798**	**513,889**	**533,600**	**534,087**	**530,293**	**544,144**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
Provinces and municipalities	5,739	41	6,277	22,844	16,232	29,681	23,108	24,263	25,671
Departmental agencies and accounts	8,040	25,042	35,073	20,526	8,006	8,006	15,842	12,394	13,113
Non-profit institutions	286,146	282,515	297,334	297,812	299,592	292,861	305,060	291,490	291,490
Households	162,287	201,940	230,633	168,616	190,059	203,051	190,077	202,146	213,871
Payments for capital assets	**1,107,664**	**307,870**	**493,679**	**232,527**	**428,439**	**440,598**	**642,629**	**464,524**	**489,606**
Buildings	1,021,128	204,042	379,212	135,718	255,718	255,719	467,625	375,577	396,725
other fixed structures	11,777	3,081	–	–	–	–	–	–	–
Machinery and equipment	74,759	100,747	114,467	96,808	172,721	184,879	175,004	88,947	92,881
Payment for financial assets		3,563	3,447						
Total economic classification	**12,829,996**	**13,137,862**	**14,526,110**	**14,754,136**	**15,401,794**	**15,648,997**	**16,371,023**	**17,019,294**	**18,086,454**

1.9.2 RELATING EXPENDITURE TRENDS TO SPECIFIC GOALS

TABLE A11: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Current prices[1]							
Total[2]	12,830	13,138	14,526	15,484	16,399	17,033	18,031
Total per person	2.42	2.53	2.85	3.04	3.22	3.35	3.54

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Total per uninsured person	2.28	2.34	2.59	2.76	2.92	3.03	3.21
Constant (2008/09) prices[3]							
Total	14,241	14,452	13,800	13,936	14,103	14,648	15,507
Total per person	2.6	2.7	2.6	2.6	2.6	2.7	2.9
Total per uninsured person	13,159	13,353	12,751	12,876	13,031	13,535	14,328
% of Total spent on:-							
DHS[4]	25.7%	32.0%	32.8%	33.0%	33.5%	33.9%	32.0%
PHS[5]	6.9%	7.4%	7.3%	6.7%	6.7%	6.7%	6.4%
CHS[6]	4.4%	5.3%	5.5%	5.9%	5.9%	6.0%	5.7%
All personnel	28.4%	32.7%	32.9%	32.7%	30.9%	29.8%	28.1%
Capital[2]	5.4%	8.3%	6.8%	8.3%	7.8%	7.6%	7.1%
Health as % of total public expenditure	33.6%	31.4%	31.4%	31.7%	33.0%	33.8%	35.1%

1. Current price projections for the MTEF period are not required as these figures will be the same as the Constant price projections for the same years
2. Including maintenance. Capital spending under the public works budget for health should be included. This should equal the amounts indicated in tables HFM 1 and 2 and should exclude non-HFM capital falling under the Treasury definition of Capex (i.e. more than R5, 000 and lasts more than a year).
3. The CPIX multipliers in Table A4 should be should be used to adjust expenditure in previous years to 2008/09 prices.
4. District health services; any change in content of the budget programme should be indicated.
5. Provincial hospital services or previous designation; any change in content of the budget programme should be indicated
6. Central hospital services or previous designation; any change in content of the budget programme should be indicated.

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

- Unqualified audit opinion through, among other things, compliance to payment of suppliers within 30 days, maintenance of credible Asset Register, compliance to Supply Chain Management prescripts, completeness of revenue.
- Increase number fixed PHC facilities with access to broadband.

1.3 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

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

Strategic objective	Indicator	Indicator type	Audited/ Actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
To improve human resource for health	1. Number of medical specialist appointed **	No	17	16	14	16	10	10	10	
	2. Number of medical doctors appointed**	No	118	297	231	247	250	250	250	
	3. Number of professional nurses appointed	No	17	16	295	687	300	400	500	
	4. Number of cleaners appointed	No	New indicator	New indicator	136	90	100	110	120	
	5. Number of grounds men appointed	No	New indicator	New indicator	27	35	40	50	60	

Strategic objective	Indicator	Indicator type	Audited/ Actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Provide efficient and effective financial management system	6. Audit opinion from Auditor-General	Categorical (QPR)	New indicators	New indicators	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
	7. % compliance to payment of suppliers within 30 days	%	New indicator	65%	75%	100%	100%	100%	100%	
	8. Number of institutions with Credible Asset Register	No	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	
	9. Revenue Collected	R	R130.6 million	R121 million	R140.8 million	R150.1 million	R174.1 million	R183.0 million	R192.1 million	
To improve health management information system	10. Percentage of Hospitals with broadband access	% (QPR)	New indicator	New indicator	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	
	11. Percentage of fixed PHC facilities with broadband access	% (QPR)	New indicator	New indicator	18% (81/444)	30% (133/444)	35% (167/477)	40% (191/477)	50% (2/477)	200/444

*** Not new appointments but replacements due to shortage of funding*

1.4 QUARTERLY TARGETS

TABLE ADMIN 2: QUARTERLY TARGETS

	Indicator	Frequency (Quarterly, Bi-annual, Annual	Annual Targets 2016/17	Targets			
				Q1	Q2	Q3	Q4
1.	Number of medical specialist appointed	Quarterly	10	0	2	2	6
2.	Number of medical doctors appointed	Quarterly	250	0	50	50	150
3.	Number of professional nurses appointed	Quarterly	300	0	50	50	200
4.	Number of cleaners appointed	Quarterly	100	0	0	50	50
5.	Number of grounds men appointed	Quarterly	40	0	10	10	20
6.	Audit opinion from Auditor-General	Quarterly	Unqualified audit opinion	-	-	-	Unqualified audit opinion
7.	% compliance to payment of suppliers within 30 days	Quarterly	100%	100%	100%	100%	100%
8.	Number of institutions with Credible Asset Register	Quarterly	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
9.	Revenue Collected	Quarterly	R174.1 million	R29.6 million	R36.9 million	R44.4 million	R62.9 million
10.	Percentage of Hospitals with broadband access	Quarterly	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)

Indicator	Frequency (Quarterly, Bi-annual, Annual	Annual Targets 2016/17	Targets			
			Q1	Q2	Q3	Q4
11. Percentage of fixed PHC facilities with broadband access	Quarterly	35% (167/477)	30% (141/477)	31% (149/477)	33% (157/477)	35% (167/477)

1.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN 4: EXPENDITURE ESTIMATES: ADMINISTRATION

Sub-programme	Expenditure outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2019/20
R' thousand									
MEC's Office	1,652	1,735	1,822	1,845	1,845	1,845	1,943	2,040	2,158
Management	238,335	270,891	251,162	263,737	274,261	274,261	279,482	285,022	291,554
Corporate Services									
Property Management									
TOTAL	**239,987**	**272,626**	**252,984**	**265,582**	**276,106**	**276,106**	**281,425**	**287,062**	**293,712**

Summary of Provincial Expenditure Estimates by Economic Classification[3]

[3] This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**230,740**	**242,606**	**248,044**	**264,833**	**274,067**	**274,068**	**280,637**	**286,434**	**293,048**
Compensation of employees	179,619	188,786	204,706	229,736	229,672	229,672	246,208	262,950	268,202
Goods and services	51,121	53,820	43,338	35,098	44,396	44,396	34,429	23,484	24,846
Communication	–	8,631	8,215	1,394	4,394	4,394	4,433	4,431	4,688
Computer Services	–	–	–	700	700	700	612	612	648
Consultants, Contractors and special services	11,367	6,922	10,980	14,569	14,569	14,569	11,456	6,383	6,753
Inventory	2,121	1,671	3,325	2,193	3,193	3,193	1,930	863	913
Operating leases	8,468	8,289	5,848	2,747	2,747	2,747	235	247	261
Travel and subsistence	12,033	11,494	10,968	434	1,732	1,732	442	349	369
Maintenance , repair and running costs	2,090	12,813	-12,927	2,013	2,013	2,013	1,240	1,235	1,307
Specify other	15,042	4,000	16,929	11,048	15,048	15,048	14,081	9,364	9,907
Financial transactions in assets and liabilities	–	**3,563**	**3,447**	–	–	–	–	–	–
Transfers and subsidies to	**9,024**	**26,271**	**1,022**	**246**	**1,752**	**1,752**	**260**	**273**	**288**
Provinces and municipalities		**25**			34	34			
Departmental agencies and accounts	8,040	25,022	–	0	0	0	0	0	0
Universities and technikons									
Households	984	1,224	999	246	1,718	1,718	260	273	288
Payments for capital assets	**223**	**186**	**1,471**	**502**	**286**	**285**	**529**	**355**	**376**
Buildings and other fixed structures									
Machinery and Equipment	223	186	1,471	502	286	286	529	355	376

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Total economic classification	239,987	272,626	252,984	265,582	276,106	276,106	281,425	287,062	293,713

1.6 PERFORMANCE AND EXPENDITURE TRENDS

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 R765.6 million from 2012/13 to 2014/15 while the 2015/16 budget amounts to R265.5 million and adjusted to R276.1 million. The proposed MTEF from 2016/17 to 2018/19 is projected at R862.2 million that 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

1.7 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	- Implementation of fraud prevention plan with zero tolerance for fraud and corruption - Disciplinary process for transgressors to be reported to relevant statutory

Strategic Objective	Risks	Mitigating factors
To improve Health Management Information system	Adequacy and suitability of ICT infrastructure	- Service Level Agreement with service provider, including penalty clause on non or late deliverable - Management of agreement and support form SITA - Training and skill transfer from service provider to perform maintenance in-house - Business Continuity Plan and Disaster Recovery Plan funded and implemented
	Ineffective and inappropriate internal and external communication	Broad consultation on integrated communication strategy Implementation and monitoring of integrated communication strategy
To improve human resources for health	Failure to attract, develop and retain Critical skills	- Develop and implement succession plan - Provide clear delegation of authority for human resources - Review and re-engineering of human resources process to meet strategic objectives of the department - Improve processes for dealing with Disciplinary cases - Accelerated awareness on submission of completed job description and Job Evaluation questionnaires - Develop strategy to share Employee health and wellness Strategic Framework with all employee - Review and communicate Employee Health and Wellness management practices to all employees to encourage compliance

2. 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) as well as youth and adolescent; and
- Disease Prevention and Control.

2.2 PRIORITIES

- Conduct National Core Standards and develop quality improvement plans in all district hospitals.
- Improve patient satisfaction rate at district hospitals to 85% and 70% at PHC facilities.
- Strengthening coordination and integration of existing Ward-based Outreach Teams in all districts
- Combating HIV and AIDS and TB through implementation and monitoring of 90-90-90 strategy.
- Decreasing the burden of diseases from Tuberculosis and other Communicable diseases
- Reduce institutional maternal mortality from 165.2/100 000 in 2013/2014 financial year to 164/100 000 in 2016/2017 financial year
- Improve the quality in the management of Childhood illness through training.
- Prevention and control of Non–communicable Diseases (NCDs)

2.3 SPECIFIC INFORMATION FOR DHS

TABLE DHS1: DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT IN 2014/15

Health district	Facility type	No.[5]	Population[3]	Population per facility[3] or per hospital bed	PHC Headcount Or Inpatient Separations	Per capita utilisation[3]
CAPRICORN	Non fixed clinics[1]	307	1 261 463			3.1
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	96				
	Fixed Clinics operated by NGOs					
	Total fixed Clinics	96				
	CHCs	4				
	Sub-total clinics + CHCs	100				
	District hospitals[4]	6		210 244		
MOPANI	Non fixed clinics[1]	1394	1 092 507			2.8
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	95				
	Fixed Clinics operated by NGOs					
	Total fixed Clinics	95				
	CHCs	8				
	Sub-total clinics + CHCs	103				
	District hospitals[4]	6				

Health district	Facility type	No.[5]	Population[3]	Population per facility[3] or per hospital bed	PHC Headcount Or Inpatient Separations	Per capita utilisation[3]
SEKHUKHUNE	Non fixed clinics[1]	402	1 076 840			2.3
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	84				
	Fixed Clinics operated by NGOs					
	Total fixed Clinics	84				
	CHCs	3				
	Sub-total clinics + CHCs	87				
	District hospitals[4]	5		215 368		
VHEMBE	Non fixed clinics[1]	1 033	1 294 722			3.5
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	116				
	Fixed Clinics operated by NGOs					
	Total fixed Clinics	116				
	CHCs	8				
	Sub-total clinics + CHCs	124				
	District hospitals[4]	6		215 787		
WATERBERG	Non fixed clinics[1]	1 337				2.1
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	61				
	Fixed Clinics operated by NGOs					

Health district	Facility type	No.[5]	Population[3]	Population per facility[3] or per hospital bed	PHC Headcount Or Inpatient Separations	Per capita utilisation[3]
	Total fixed Clinics	61				
	CHCs	2				
	Sub-total clinics + CHCs	63				
	District hospitals[4]	7		97 048		
PROVINCE	Non fixed clinics[1]					
	Fixed Clinics operated by Local Government					
	Fixed Clinics operated by Provincial Government[2]	452				
	Fixed Clinics operated by NGOs					
	Total fixed Clinics	452				
	CHCs	25				
	Sub-total clinics + CHCs	477				
	District hospitals[4]	30		180 162		

2.4 SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

TABLE DHS 2: SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Programme Performance Indicators	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
Number of Districts piloting NHI interventions	No	1	-	-	-	1	-
Establish NHI Consultation For a	Yes-No	1	-	-	-	1	-

Programme Performance Indicators	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
Number of Districts consulted by NHI Consultative For a	No	1	-	-	-	1	-
Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
Patient Satisfaction Survey Rate(PHC)	%						
Patient Satisfaction Rate(PHC)	%	85.7% (4941/5772)					
OHH registration visit coverage (annualised)	No	20.9%		72.7%	72.4%	59.2%	14.9%
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No	0	0	0	0	0	0
PHC utilisation rate	No	2.6 (14343485/5602426)	2.7 (3503792/1285378)	2.9 (3279708/1128331)	2.1 (2349447/1138356)	2.8 (3811700/1367186)	1.9 (1398838/734780)
Complaints resolution rate	%		37.8%	77.2% (458/593)	78.4% (1256/1602)	54.9%	80.9%
Complaint resolution within 25 working days rate	%	95% (5115/5381)	95.8% (1258/1313)	94.5% (971/1027)	89.6% (1125/1256)	98.2% (749/763)	98.6% (1008/1022)

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 statement	indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To re-engineer Primary Health Care services. 2.To improve access to quality health services	1. Number of Districts piloting NHI interventions	No (QPR)	New indicator	1	1	1	1	1	1	1
	2. Establish NHI Consultation For a	No (QPR)	New indicator	1	1	1	1	1	1	1
	3. Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	% (QPR)	New indicator	New indicator	New indicator	10%	15%	20%	25%	
	4. Client Satisfaction Survey Rate(PHC)	% (QPR)	New indicator	New indicator	New indicator	25%	30%	35%	40%	
	5. Client Satisfaction Rate(PHC)	% (QPR)	New indicator	New indicator	85.7% (4941/5772)	70%	70%	75%	75%	
	6. OHH registration visit coverage (annualised)	% (QPR)	New indicator	10%	20.9%	21%	25%	26%	27%	

Strategic objective statement	indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No (QPR)	New indicator	New indicator	0	0	1	2	3	
	8. PHC utilisation rate	% (QPR)	2.7	2.6	2.6 (14343485/ 5602426)	2.8	2.6	2.7	2.8	
	9. Complaints resolution rate	% (QPR)	New indicator	New indicator	95%	95%	95%	95%	95%	
	10. Complaint resolution within 25 working days rate	% (QPR)	54.9%	91.7%	95% (5115/5381)	95%	95%	100%	100%	
	11. Number of PHC facilities open for 24 hours	No (QPR)	65 of 443	53 of 443	44 of 65	53 of 65	53 of 65	58 of 65	62 of 65	65 of 65
	12. Number of PHC facilities implementing the on call service system	No (QPR)	272 of 443	261 of 443	244 of 444	261 of 379	270 of 379	280 of 379	290 of 379	300 of 379
	13. Number of mobile clinics procured	No (QPR)	New indicator	New indicator	New indicator	20	30	30	30	30

2.4.2 QUARTERLY TARGETS FOR DHS

TABLE DHS 4: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2016/16

Performance Indicator	Frequency of reporting (Quarterly / bi-annual, Annual)	Indicator Type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. Number of Districts piloting NHI interventions	Annual	No (QPR)	1	1	1	1	1
2. Establish NHI Consultation For a	Annual	No (QPR)	1	1	1	1	1
3. Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	Quarterly	% (QPR)	15%	10%	12%	13%	15%
4. Patient Satisfaction Survey Rate(PHC)	Quarterly	% (QPR)	30%	30%	30%	30%	30%
5. Patient Satisfaction Rate(PHC)	Annual	% (QPR)	70%	0%	0%	0%	70%
6. OHH registration visit coverage (annualised)	Quarterly	% (QPR)	25	25	25	25	25
7. Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	No (QPR)	1	1	1	1	1
8. PHC utilisation rate	Quarterly	% (QPR)	2.6	2.6	2.6	2.6	2.6
9. Complaints resolution rate	Quarterly	% (QPR)	95%	95%	95%	95%	95%
10. Complaint resolution within 25 working days rate	Quarterly	% (QPR)	95%	95%	95%	95%	95%
11. Number of PHC facilities open for 24 hours	Quarterly	No (QPR)	53 of 65	53 of 65	53 of 65	53 of 65	53 of 65

Performance Indicator	Frequency of reporting (Quarterly / bi-annual, Annual)	Indicator Type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
12. Number of PHC facilities implementing the on call service system	Quarterly	No (QPR)	270 of 379	261 of 379	265 of 379	268 of 379	270 of 379
13. Number of mobile clinics procured	Bi-annual	No (QPR)	30	0	0	0	30

2.5 SUB – PROGRAMME DISTRICT HOSPITALS

TABLE DHS 5: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
National Core Standards self assessment rate	Quarterly	%	100% (30/30)	100% (6/6)	100% (6/6)	100% (5/5)	100% (6/6)	100% (7/7)
Quality improvement plan after self assessment rate	Quarterly	%	50%	5%	5%	15%	10%	15%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	100% (30/30)	100% (6/6)	100% (6/6)	100% (5/5)	100% (6/6)	100% (7/7)
Patient Satisfaction Survey Rate	Quarterly	%			100%	100%		85.7%
Patient Satisfaction Rate	Annual	%	78.3%	78%		52.2%		88%
Average Length of Stay	Quarterly	No	4.2 days (1046825.5/246 348)	4.4 days	4.4 days	3.9 days	4.3 days	4.2 days
Inpatient Bed Utilisation Rate	Quarterly	%	69.1% (1046825.5/151 3851.3	69.4%	78.9%	63.4%	69.1%	63.1%
Expenditure per PDE	Quarterly	R	R 3096.3 (5102696841/1 648650.494)	R 2666.5	R 4547.1	R 2772.7	R 2469.1	R 2903.8
Complaints resolution rate	Quarterly	%		87.7%		92.2%	100%	62.7%
Complaint Resolution within 25 working days rate	Quarterly	%	100% (1830/1825)	103% (275/265)	100.0% (436/436)	99.4% (482/485)	100.0% (423/423)	99.1% (214/216)

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

TABLE DHS 6: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Strategic objective statement	_Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2019/20	2016/17	2017/18	2018/19	2019/20
1.Improve access to quality hospital services 2.To improve access to quality health services	1. National Core Standards self assessment rate	% (QPR)	New indicator	New indicator	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100%
	2. Quality improvement plan after self assessment rate	% (QPR)	New indicator	New indicator	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100%
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	% (QPR)	New indicator	New indicator	New indicator	66.7% (20/30)	70% (21/30)	70%	80%	83.3%
	4. Client Satisfaction Survey Rate	% (QPR)	New indicator	New indicator	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)	
	5. Client Satisfaction Rate	% (QPR)	62.5%	72%	78.3%	79%	85%	90%	95%	
	6. Average Length of Stay	No (QPR)	4.3 days	4.5 days	4.2 days (1046825.5/ 246348)	4.3 days	4.3 days	4.3 days	4.3 days	
	7. Inpatient Bed Utilisation Rate	% (QPR)	72.2%	64.2%	69.1% (1046825.5/ 1513851.3)	70%	70%	70%	72%	

Strategic objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2019/20	2016/17	2017/18	2018/19	2019/20
	8. Expenditure per PDE	R (QPR)	R2 050	R2 241	R 3096.3 (5102696841/1648650.494)	R2 200	R2 200	R2 180	R2 100	
	9. Complaints resolution rate	No (QPR)	New indicator	New indicator	100%	100%	100%	100%	100%	
	10. Complaint Resolution within 25 working days rate	% (QPR)	75.2% (2016/2682)	100% (1695/1698)	100% (1830/1825)	100%	100%	100%	100%	

2.5.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

TABLE DHS 7: QUARTERLY TARGETS FOR DISTRICT HOSPITALS

	PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
					Q1	Q2	Q3	Q4
1.	National Core Standards self assessment rate	Quarterly	% (QPR)	100% (30/30)	23% (7/30)	50% (15/30)	77% (23/30)	100% (30/30)
2.	Quality improvement plan after self assessment rate	Quarterly	% (QPR)	100% (30/30)	23% (7/30)	50% (15/30)	77% (23/30)	100% (30/30)

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	% (QPR)	70% (21/30)	16.7% (5/30)	33% (10/30)	50% (15/30)	70% (21/ 30)
4. Client Satisfaction Survey Rate	Annual	% (QPR)	100% (30/30)	0%	0%	0%	100% (30/30)
5. Client Satisfaction Rate	Annual	% (QPR)	75%	0%	0%	0%	75%
6. Average Length of Stay	Quarterly	No (QPR)	4.3 days	4.3	4.3	4.3	4.3
7. Inpatient Bed Utilisation Rate	Quarterly	% (QPR)	70%	70%	70%	70%	70%
8. Expenditure per PDE	Quarterly	R (QPR)	R2 200	R 2 2000	R 2 200	R 2 200	R2 200
9. Complaints resolution rate	Quarterly	No (QPR)	100%	100%	100%	100%	100%
10. Complaint Resolution within 25 working days rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%

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

TABLE DHS 8: SITUATIONAL ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL

	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1.	Total adults remaining on ART	Quarterly	No	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
2.	Total children (under 15 years) remaining on ART	Quarterly	No	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
3.	TB/HIV co-infected client on ART rate	Quarterly	No	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4.	Client tested for HIV (incl ANC)	Quarterly	No	1 535 226	410 762	330 008	254 018	390 653	149 785
5.	TB symptom 5yrs and older screened rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
6.	Male condom distribution coverage	Quarterly	No	38.2	45.6	36.1	39.2	38.7	27
7.	Medical male circumcision performed – Total	Quarterly	No	71 907	21 118	20 402	10 146	10 825	9 416
8.	TB client treatment success rate	Quarterly	%	76.5% (4371/5710)	72.4% (480/663)	81.6% (501/614)	76% (910/1198)	61.4% (636/1036)	76.7% (841/1096)
9.	TB client lost to follow up rate	Quarterly	%	5.1% (236/4607)	3.5% (23/663)	5.2% (32/614)	4.9% (59/198)	4.9% (51/1036)	6.5% (71/1096)
10.	TB death rate	Annual	%	7.4% (343/4507)	6.8% (45/663)	5.9% (36/614)	9.8% (117/1198)	5.9% (61/1036)	7.7% (84/1096)
11.	TB MDR confirmed treatment initiation rate	Annual	%	100% (141/141)	100% (37/37)	100% (36/36)	100% (12/12)	100% (24/24)	100% (32/32)
12.	TB MDR treatment success rate	Annual	%	49.6% (149/300)	56.3% (31/55)	42.3% (36/85)	58.5% (24/41)	54% (27/50)	44.9% (31/69)

2.6.1 PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR HAST

TABLE DHS 9: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HIV & AIDS, STI AND TB CONTROL

Strategic objective statement	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support. 2.To improve access to quality health services	1. Total adults remaining on ART	No (QPR)	New Indicator	New Indicator	New Indicator	New Indicator	311 206	341 881	376 070	
	2. Total children (under 15 years) remaining on ART	No (QPR)	New Indicator	New Indicator	New Indicator	New Indicator	19 434	21 822	24 004	
	3. TB/HIV co-infected client on ART rate	% (QPR)	New Indicator	New Indicator	New Indicator	New Indicator	85%	87%	90%	
	4. Client tested for HIV (incl ANC)	No (QPR)	979 893	1 392 678	1 535 226	995 342	1 406 507	1 108 799	1 108 799	
	5. TB symptom 5yrs and older screened rate	% (QPR)	New Indicator	New Indicator	New indicator	70%	75%	80%	85%	
	6. Male condom distribution coverage	No (QPR)	21%	29.5%	38.2	36 (79 530 000)	74 885 221	74 885 221	74 885 221	
	7. Medical male circumcision performed – Total	No (QPR)	57 165	68 516	67 205	62 000	69 231	50 000	50 000	

Strategic objective statement	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	8. TB client treatment success rate	% (QPR)	78.6% (6178/7866)	75.5% (4919/6514)	76.5% (4371/5710)	77%	80%	84%	85%	
	9. TB client lost to follow up rate	% (QPR)	4.7% (369/7866)	4.7% (311/6514)	5.1% (236/4607)	<5%	4.5%	4%	4%	
	10. TB death rate	% (QPR)	8.4% (717/8565)	8.3% (601/7241)	7.4% (343/4507)	8%	7%	6.8%	6.5%	
	11. TB MDR confirmed treatment initiation rate	% (QPR)	51.5% (46/89)	49.7% (425/855)	100% (141/141)	60%	85%	90%	90%	
	12. TB MDR treatment success rate	% (QPR)	52% (52/100)	45.7% (54/118)	49.6% (149/300)	50%	60%	61%	62%	

2.6.2 QUARTERLY TARGETS FOR HAST

TABLE DHS 10: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL

	Programme Performance Indicator	Frequency of reporting (Quarterly, Bi-annual, Annual)	Indicator Type	ANNUAL TARGET 2016/17	Targets			
					Q1	Q2	Q3	Q4
1.	Total adults remaining on ART	Quarterly	No (QPR)	311 206	269 168	283 180	297 192	311 206
2.	Total children (under 15 years) remaining on ART	Quarterly	No (QPR)	19 434	16 406	17 465	18 524	19 434
3.	TB/HIV co-infected client on ART rate	Quarterly	% (QPR)	85%	85%	85%	85%	85%
4.	Client tested for HIV (incl ANC)	Quarterly	No (QPR)	1 406 507	351 626	351 627	351 627	351 627
5.	TB symptom 5yrs and older screened rate	Quarterly	% (QPR)	75%	75%	75%	75%	75%
6.	Male condom distribution coverage	Quarterly	No (QPR)	42.5 (74 885 221)	42.5 (18 721 305)	42.5 (18 721 305)	42.5 (18 721 305)	42.5 (18 721 306)
7.	Medical male circumcision performed – Total	Quarterly	No (QPR)	69 231	14 000	47 231	4 000	4 000
8.	TB client treatment success rate	Quarterly	% (QPR)	80%	80%	80%	80%	80%
9.	TB client lost to follow up rate	Quarterly	% (QPR)	4.5%	4.5%	4.5%	4.5%	4.5%
10.	TB death rate	Annual	% (QPR)	7%	7%	7%	7%	7%
11.	TB MDR confirmed treatment initiation rate	Annual	% (QPR)	85%	85%	85%	85%	85%
12.	TB MDR treatment success rate	Annual	% (QPR)	60%	60%	60%	60%	60%

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

TABLE DHS 11: SITUATIONAL ANALYSIS INDICATORS FOR MCWH&N

	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1.	Antenatal 1st visit before 20 weeks rate	Quarterly	%	50.7%	46.2%	55.0%	47.8%	53.7%	59.9%
2.	Mother postnatal visit within 6 days rate	Quarterly	%	72.4%	71.9%	81.0%	61.2%	77.0%	67.5%
3.	Antenatal client initiated on ART rate	Annual	%	92.9%	92.3%	92.7%	93.8%	96.7%	88.5%
4.	Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
5.	Immunisation coverage under 1 year (annualised)	Quarterly	%	82.2%	79.0%	90.4%	75.6%	94.5%	63.4%
6.	Measles 2nd dose coverage (annualised)	Quarterly	%	83.2%	83.2%	92.2%	83.9%	87.9%	61.4
7.	DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	Quarterly	%	3.0%	6.5%	2.2%	1.2%	1.6%	3.6%
8.	Child under 5 years diarrhoea case fatality rate	Quarterly	%	4.7%	5.2%	7.9%	3.8%	3.1%	3.8%
9.	Child under 5 years pneumonia case fatality rate	Quarterly	%	4.2%	4.4%	5.9%	4.5%	3.2%	3.9%
10.	Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	14.9%	9.4%	21.1%	20.7%	15.4%	12.3%
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 (annualised)	Quarterly	%	35.1%	48.7%	24.8%	17.0%	48.4%	36.2%

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
13. School Grade 8 screening coverage (annualised)	Quarterly	%	10.3%	12.6%	18.7%	1.1%	9.1%	4.7%
14. Couple year protection rate (annualised)	Quarterly	%	49.2%	54.4%	50.6%	39.5%	51.5%	52.7%
15. Cervical cancer screening coverage (annualised)	Quarterly	%	47.9%	54.6%	58.5%	41.7%	38.8%	46.4%
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	%	98%	91.0%	83.5%	90.3%	81.1%	91.2%
17. Human Papilloma Virus Vaccine 2nd dose coverage	Quarterly	%	90.4%	90.3%	88.5%	94.8%	92.1%	94.1%
18. Vitamin A 12-59 months coverage (annualised)	Quarterly	%	44.3%	42.5 %	50.7%	48.4%	45.0%	32.1%
19. Infant exclusively breastfe at HepB 3rd dose rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
20. Maternal mortality in facility ratio (annualised)	Annual	per 100 000 Live Births	165.2	322.7	131.3	149.2	93.4	133.4
21. Inpatient early neonatal death rate	Annual	per 1000	12.2	19.2	11.6	12.1	8.3	15.7

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

TABLE DHS 12: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MCWH&N

Strategic Objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets			Strategic plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To reduce Maternal and child morbidity and mortality. 2.To improve access to quality health services	1. Antenatal 1st visit before 20 weeks rate	% (QPR)	41.9%	45.8%	50.7%	46%	50%	52%	90%	
	2. Mother postnatal visit within 6 days rate	% (QPR)	New indicator	New indicator	72.4%	75%	80%	85%	90%	
	3. Antenatal client initiated on ART rate	% (QPR)	New indicator	New indicator	93.0%	98%	98%	98%	98%	
	4. Infant 1st PCR test positive around 10 weeks rate	% (QPR)	New indicator	New indicator	New indicator	New indicator	1.4%	1.3%	1.2%	
	5. Immunisation coverage under 1 year (annualised)	% (QPR)	93.8%	70.3%	82.2%	90%	90%	90%	90%	90%
	6. Measles 2nd dose coverage (annualised)	% (QPR)	New indicator	72%	83.2%	85%	85%	86%	87%	
	7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	% (QPR)	New indicator	18.6%	<15%	<15%	6%	6%	6%	

Strategic Objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets			Strategic plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	8. Child under 5 years diarrhoea case fatality rate	% (QPR)	New indicator	5.1%	4.7%	5%	4.5%	4.5%	4.5%	
	9. Child under 5 years pneumonia case fatality rate	% (QPR)	New indicator	4.7% (1132 /24112)	4.2% (232 /5517)	4.5%	4.3%	4.3%	4.3%	
	10. Child under 5 years severe acute malnutrition case fatality rate	% (QPR)	New indicator	15.3% (1152/7520)	14.9% (291/1950)	15%	14%	13%	12%	
	11. School Grade R screening coverage	% (QPR)	New indicator	New indicator	New indicator	20%	20%	20%	20%	
	12. School Grade 1 screening coverage (annualised)	% (QPR)	New indicator	New indicator	35.1% (32.158/17 4082)	20%	20%	20%	20%	
	13. School Grade 8 screening coverage (annualised)	% (QPR)	New indicator	New indicator	10.3% (6.848/139 8960)	10%	10%	10%	10%	
	14. Couple year protection rate (annualised)	% (QPR)	41.9% (56752/13 5 447)	36.3% (2303278.26/ 75215184)	49.2% (780440.84 93/1904317 2)	46%	48%	50%	52%	
	15. Cervical cancer screening coverage (annualised)	% (QPR)	56.5% (578 987/1 024 756)	55.5% 262128.6 of(5661363.6	47.9% 58166 of (1455732)	57%	50%	52%	54%	

Strategic Objective statement	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets			Strategic plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	16. Human Papilloma Virus Vaccine 1st dose coverage	% (QPR)	New indicator	45.8%	98%	80%	80% (52 352/ 65 440)	80%	80%	
	17. Human Papilloma Virus Vaccine 2nd dose coverage	% (QPR)	New indicator	New indicator	90.4%	80%	80% (52 352/ 65 440)	80%	80%	
	18. Vitamin A 12-59 months coverage (annualised)	% (QPR)	40.2% (355 046/883 200)	33.8% (1346560/47 835120)	44.3% (444718/1 2031638)	38%	45%	46%	47%	
	19. Infant exclusively breastfed at HepB 3rd dose	% (QPR)	New indicator	New indicator	New indicator	50%	55%	60%	65%	
	20. Maternal mortality in facility ratio (annualised)	per 100 000 Live Births (QPR)	190.8/ 100 000	153.5/100 000	165.2/1000 00	182/100 000	164/100 000	163/100 000	162/100 000	
	21. Inpatient early neonatal death rate	Per 1000 (QPR)	New indicator	New indicator	12.2/1000	11.5/100000	11/1000 0	10.5/100 000	10/1000 00	

2.7.2 QUARTERLY TARGETS FOR MCWH&N

TABLE DHS13: QUARTERLY TARGETS FOR MCWH&N

	Indicator	Frequency of Reporting (Quarterly, Bi annual)	Indicator Type	Annual Target 16/17	Targets			
					Q1	Q2	Q3	Q4
1.	Antenatal 1st visit before 20 weeks rate	Quarterly	% (QPR)	50%	50%	50%	50%	50%
2.	Mother postnatal visit within 6 days rate	Quarterly	% (QPR)	80%	80%	80%	80%	80%
3.	Antenatal client initiated on ART rate	Annual	% (QPR)	98%	-	-	-	98%
4.	Infant 1st PCR test positive around 10 weeks rate	Quarterly	% (QPR)	1.4%	1.4%	1.4%	1.4%	1.4%
5.	Immunisation coverage under 1 year (annualised)	Quarterly	% (QPR)	90%	90%	90%	90%	90%
6.	Measles 2nd dose coverage (annualised)	Quarterly	% (QPR)	85%	85%	85%	85%	85%
7.	DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	Quarterly	% (QPR)	6%	6%	6%	6%	6%
8.	Child under 5 years diarrhoea case fatality rate	Quarterly	% (QPR)	4.5%	4.5%	4.5%	4.5%	4.5%
9.	Child under 5 years pneumonia case fatality rate	Quarterly	% (QPR)	4.3%	4.3%	4.3%	4.3%	4.3%
10.	Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%(QPR)	14%	14%	14%	14%	14%
11.	School Grade R screening coverage	Quarterly	% (QPR)	20%	20%	20%	20%	20%

Indicator	Frequency of Reporting (Quarterly, Bi annual)	Indicator Type	Annual Target 16/17	Targets			
				Q1	Q2	Q3	Q4
12. School Grade 1 screening coverage (annualised)	Quarterly	% (QPR)	20%	20%	20%	20%	20%
13. School Grade 8 screening coverage (annualised)	Quarterly	% (QPR)	10%	10%	10%	10%	10%
14. Couple year protection rate (annualised)	Quarterly	% (QPR)	48%	48%	48%	48%	48%
15. Cervical cancer screening coverage (annualised)	Quarterly	% (QPR)	50%	50%	50%	50%	50%
16. Human Papilloma Virus Vaccine 1st dose coverage	Annual	% (QPR)	80%	0%	0%	0%	80%
17. Human Papilloma Virus Vaccine 2nd dose coverage	Annual	% (QPR)	80%	0%	80%	0%	0%
18. Vitamin A 12-59 months coverage (annualised)	Quarterly	% (QPR)	45%	45%	45%	45%	45%
19. Infant exclusively breastfed at HepB 3rd dose rate	Annual	% (QPR)	55%	55%	55%	55%	55%
20. Maternal mortality in facility ratio (annualised)	Annual	per 100 000 Live Births (QPR)	164/100000	-	-	-	164/100000
21. Inpatient early neonatal death rate	Annual	per 1000 (QPR)	11/10000	-	-	-	11/10000

2.8 DISEASE PREVENTION AND CONTROL (DPC)

TABLE DHS14: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

	Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1.	Clients screened for hypertension	Quarterly	No	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
2.	Clients screened for diabetes	Quarterly	No	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
3.	Client screened for Mental health	Quarterly	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4.	Cataract Surgery Rate (annualized)	Quarterly	Rate per 1 Million	1 000	1153.0	33.9	282.3	376.4	2579.5
5.	Malaria case fatality rate	Quarterly	%	1,68% (8045 cases and 135 deaths)	6.43 (141 cases and 11 deaths)	1.91 (2885 cases and 55 deaths)	4.07 (172 cases & 7 deaths)	1.22 (4606 cases & 56 deaths)	2.84 (211 cases & 6 deaths)

2.8.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR DPC

TABLE DHS 15: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL

Strategic Objective Statement	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium Term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To prevent and control Communicable and non-communicable Disease (NCDs).	1. Clients screened for hypertension	No (QPR)	New indicator	New indicator	New indicator	250 000	500 000	550 00	600 000	500 000
	2. Clients screened for diabetes	No (QPR)	New indicator	New indicator	New indicator	200 000	230 000	250 000	270 000	300 000
2.To improve access to quality health services.	3. Client screened for Mental health	No (QPR)	New indicator	New indicator	New indicator	28% of 16.5% (prevalence) people screened for mental disorder	30%	35%	35%	
	4. Cataract Surgery Rate annualized	Rate per 1 Million	832	1 326	1 000	1 500	1 500	1 500	1 500	
	5. Malaria case fatality rate	%	1.44 % (1386 cases & 20 deaths)	1.27% (3547 cases & 45 deaths)	1.68% (8045 cases & 135 deaths)	1.2%	1.2%	0.9	0.9	0.6

QUARTERLY TARGETS FOR DPC

TABLE DHS 16: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL

Programme Performance indicator	Frequency	Type	Annual Targets 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. Clients screened for hypertension	Quarterly	No (QPR)	500 000	125 000	125 000	125 000	125 000
2. Clients screened for diabetes	Quarterly	No (QPR)	230 000	57 500	57 500	57 500	57 500
3. Client screened for Mental Health	Quarterly	% (QPR)	30%	30%	30%	30%	30%
4. Cataract Surgery Rate annualized	Quarterly	Rate per 1 Million (QPR)	1 500	375	375	375	375
5. Malaria case fatality rate	Quarterly	% (QPR)	1.2	1.2	1.2	1.2	1.2

2.9 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS17: DISTRICT HEALTH SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
District Management	521,458	619,349	668,239	622,414	627,414	773,555	386,994	402,884	451,922
Clinics	1,802,149	1,912,759	2,133,223	2,139,307	2,223,696	2,287,624	2,470,687	2,489,649	2,661,521
Community Health Centres	324,928	349,690	404,109	443,690	444,690	440,068	524,678	531,395	562,216
Community-based Services	110,315	121,219	317,664	154,384	154,935	254,820	160,409	168,572	178,349
Other Community Services	175,456	132,159	1,911	260,737	184,625	127,768	246,303	247,431	245,340
HIV and AIDS	691,764	859,438	962,844	1,056,975	1,084,339	934,339	1,176,489	1,363,125	1,616,878
Nutrition	7,132	4,007	5,764	11,344	11,344	9,958	11,766	12,368	13,085
District Hospitals	3,556,314	3,869,732	4,786,558	4,772,425	4,928,232	5,078,347	5,272,892	5,627,566	5,920,616
TOTAL	**7,189,516**	**7,868,353**	**9,280,312**	**9,461,277**	**9,659,276**	**9,906,479**	**10,250,218**	**10,842,991**	**11,649,927**

Summary of Provincial Expenditure Estimates by Economic Classification[4]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**6,822,275**	**7,525,180**	**8,853,694**	**9,079,986**	**9,270,501**	**9,489,835**	**9,798,176**	**10,450,374**	**11,251,445**
Compensation of employees	5,521,866	5,980,549	6,590,525	7,134,795	7,240,802	7,395,963	7,752,710	8,289,958	8,895,813
Goods and services	1,300,409	1,544,631	2,263,169	1,945,191	2,029,699	2,093,872	2,045,466	2,160,416	2,355,632
Communication	25,819	30,507	30,766	24,396	32,561	30,398	15,132	15,289	16,161
Computer Services	76,151	69,574	158,836	69,123	69,380	78 549	70,205	57,316	60,641
Consultants, Contractors and special services	526,619	696,387	378,460	217,247	242,399	306,901	268,867	294,173	311,251
Inventory	427,168	460,796	1,077,594	1,307,076	1,104,459	1,012,826	1,204,677	1,302,870	1,401,902
Operating leases	8,887	9,955	8,106	18,763	18,763	14,053	21,925	21,996	23,272
Travel and subsistence	39,384	56,844	66,120	3,488	19,168	49,523	5,388	322	341
Maintenance , repair and running costs	44,281	60,873	128,813	68,171	100,949	110,420	77,952	103,428	109,426
Financial transactions in assets and liabilities									
Specify other	152,100	159,695	414,474	236,927	442,020	491,202	381,320	365,022	432,638
Transfers and subsidies to	**319,895**	**312,478**	**386,648**	**345,552**	**355,126**	**371,288**	**384,511**	**369,374**	**373,892**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Provinces and municipalities	5,739	–	6,108	22,844	16,144	29,575	23,108	24,263	25,671
Departmental agencies and accounts	–	20	34,323	20,526	8,006	8,006	15,841	12,393	13,112
Non-profit institutions	286,146	282,515	297,334	297,812	299,592	292,861	305,060	291,490	291,490
Households	28,010	29,943	48,883	4,370	31,384	40,846	40,501	41,228	43,619
Payments for capital assets	**47,346**	**30,695**	**39,970**	**35,740**	**33,649**	**45,356**	**67,531**	**23,243**	**24,591**
Buildings and other fixed structures	10,515	–	–	–	–	–	–	–	–
Software and other intangible assets									
Machinery and equipment	36,831	30,695	39,970	35,740	33,649	45,356	67,531	23,243	24,591
Total economic classification	**7,189,516**	**7,868,353**	**9,280,312**	**9,461,277**	**9,659,276**	**9,906,479**	**10,250,218**	**10,842,991**	**11,649,927**

[2]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

2.10 PERFORMANCE AND EXPENDITURE TRENDS

The funding has 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, whist 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 R24.3 billion from 2012/13 to 2014/15 while the 2015/16 budget amounts to R9.5 billion and adjusted to R9.6 billion. The proposed MTEF from 2016/17 to 2018/19 is projected at R32.7 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	• Missed opportunity (vaccination of children at any given time: presentation of road to health card with each consultation)	• Raise awareness to medical staff to always demand road to health charts to detect missed opportunities • Raise awareness to the parents of the under 6's to present the road to health charts at every consultation.
To reduce Maternal and child morbidity and mortality	• Complications during birth due to Late bookings by pregnant women	• Strengthen community outreach through media, community mobilisation
Improve access to quality district hospital service	• Shortage of equipment to implement the full District hospital package	• Motivate for funds in respect of non negotiables
To Prevent and control Communicable and Non-communicable Diseases (NCDs)	• Risky lifestyles	• Promote healthy lifestyles
To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support	• Lack of patient unique identifier	• LDoH will liaise with NDoH to fast track development of patient unique identifier

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

- Increase accessibility and response time by improving ratio of ambulances per population

TABLE EMS 1: SITUATION ANALYSIS INDICATORS FOR EMS

Programme Performance Indicator	Frequency of Reporting (Quarterly / Annual)	Indicator Type	Province wide value 2014/15	Capricorn	Waterberg	Sekhukhune	Vhembe	Waterberg
EMS P1 urban response under 15 minutes rate	Quarterly	%	50.32%	47%	56.1%	-	51%	-
EMS P1 rural response under 40 minutes rate	Quarterly	%	76.73%	68.2%	80.2%	76.8%	82.8%	75%
EMS inter-facility transfer rate	Quarterly	%	-	-	-	-	-	-

3.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

TABLE EMS 2: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR THE EMS AND PATIENT TRANSPORT

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited/actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To improve access to emergency medical services. 2.To improve access to quality health services.	1. EMS P1 urban response under 15 minutes rate	% (QPR)	47.94%	51%	50.32%	59.51%	68%	72%	75%	70%
	2. EMS P1 rural response under 40 minutes rate	% (QPR)	76.49%	56%	76.73%	61.5%	70%	78%	82%	75%
	3. EMS inter-facility transfer rate	% (QPR)	2.8%	3.0%	-	7.9%	22%	22%	22%	-
	4. Ratio of ambulance per population	No	1:19 000	1:47 290	1: 47 580	1:43 000	1:30 000	1:29 000	1: 27 000	1:26 000
	5. Number of ambulances procured	No	New indicator	New indicator	50	100	50	50	50	-

3.4 QUARTERLY TARGETS FOR EMS-

TABLE EMS 3: QUARTERLY TARGETS FOR EMS

Programme Performance Indicator	Frequency of reporting (quarterly, Bi-annual, Annual)	Indicator Type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. EMS P1 urban response under 15 minutes rate	Quarterly	% (QPR)	68%	68%	68%	68%	68%
2. EMS P1 rural response under 40 minutes rate	Quarterly	% (QPR)	70%	70%	70%	70%	70%
3. EMS inter-facility transfer rate	Quarterly	% (QPR)	22%	22%	22%	22%	22%
4. Ratio of ambulance per population	Quarterly	%	1:30 000	1:35 000	1:35 000	1:35 000	1:35 000
5. Number of ambulances procured	Bi-annual	%	50	0	0	25	25

3.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS 4: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
R' thousand									
Emergency Transport	489,932	522,003	548,264	586,574	651,878	651,878	686,647	718,879	745,573
Planned Patient Transport	-	-	-	-	-	-	-	-	-
TOTAL	**489,932**	**522,003**	**548,264**	**586,574**	**651,878**	**651,878**	**686,647**	**718,879**	**745,573**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**483,428**	**521,498**	**525,900**	**579,114**	**595,134**	**595,134**	**662,343**	**710,290**	**736,486**
Compensation of employees	407,909	443,171	465,766	503,543	527,431	527,431	565,407	603,855	623,877
Goods and services	75,519	78,327	60,134	75,571	67,703	67,703	96,936	106,435	112,609
Communication	6,153	6,115	5,916	3,972	3,972	5 270	3,972	2,972	3,144
Consultants, Contractors and special services	17,449	20,847	15,964	10,331	22,531	22,531	10,831	36,864	39,003
Inventory	2,965	3,848	3,306	11,832	7,832	7,832	6,654	4,954	5,241
Operating leases	-	-	129	-	-	-	150	150	159
Travel and subsistence	775	764	1,412	346	346	346	165	173	183
Maintenance , repair and running costs	46,377	45,761	23,637	41,058	14,990	14,990	55,310	36,138	38,234
Specify other	1,800	992	9,770	8,032	18,032	16,734	19,854	25,184	26,645
Transfers and subsidies to	**481**	**505**	**1,285**	**204**	**434**	**434**	**214**	**225**	**238**
Provinces and municipalities					46	46			
Departmental agencies and accounts	-	-	750	-	-	-	-	-	-

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Non-profit institutions									
Households	481	505	535	204	388	388	214	225	238
Payments for capital assets	**6,023**	–	**21,079**	**7,257**	**56,311**	**56,311**	**24,089**	**8,364**	**8,849**
Machinery and equipment	6,023	–	21,079	7,257	56,311	56,311	24,089	8,364	8,849
Total economic classification	**489,932**	**522,003**	**548,264**	**586,574**	**651,878**	**651,878**	**686,647**	**718,879**	**745,573**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

3.4 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.
- Procure ambulances to improve the response time
- 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.

The department has spent a total of R1.6 billion in 2012/13 to 2014/15 while the 2015/16 budget amounts to R586.6 million and adjusted to R651.9 million. The MTEF from 2016/17 to 2018/19 is projected at R2.2 billion. This amount will be used to maintain and improve the current services.

3.5 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 Procure EMS vehicles
	Inadequate infrastructure	Fast-track infrastructure development
	Inadequate information and communication technology	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

- Conduct National Core Standards and develop quality improvement plans in all facilities.
- Improve patient satisfaction rate to 75% and above.
- Improve quality of Mental health care services

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

TABLE PHS1: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR REGIONAL HOSPITALS

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited /actual performance			Estimated performance	Medium term Targets			Strategic plan targets
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.Improve access to quality hospital services. 2.To improve access to quality health services.	1. National Core Standards self assessment rate	% (QPR)	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	2. Quality improvement plan after self assessment rate	% (QPR)	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	% (QPR)	New indicator	New indicator	New indicator	40% (2 of 5)	60%	80%	80%	100%
	4. Patient Satisfaction Survey Rate	% (QPR)	New indicator	New indicator	100%	100%	100%	100%	100%	100%
	5. Patient Satisfaction Rate	% (QPR)	72.7%	60%	75.2%	70%	75%	80%	80%	80%
	6. Average Length of Stay	No (QPR)	5 days	5.2 days	5 days	5 days	5 days	5 days	5 days	

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited /actual performance			Estimated performance	Medium term Targets			Strategic plan targets
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	7. Inpatient Bed Utilisation Rate	% (QPR)	62.1%	65.6%	69.03% (379544.5/549811.08)	70%	70%	70%	72%	
	8. Expenditure per PDE	R (QPR)	R2 541	R2,464.1	R 2 565.6 (379544.5/72478)	R2 697	R2 700	R2 750	R2 800	
	9. Complaints resolution rate	% (QPR)	New Indicator	New Indicator	100%	100%	100%	100%	100%	
	10. Complaint Resolution within 25 working days rate	% (QPR)	62.2% (605 of 972)	100% (628 of 628)	97.7% (424/434)	100%	95%	95%	95%	

4.4 QUARTERLY TARGETS FOR REGIONAL HOSPITALS

TABLE PHS 2: QUARTERLY TARGETS FOR REGIONAL HOSPITALS

Programme Performance Indicator	Frequency of reporting (Quarterly, bi-annual, Annual)	Indicator type	Annual Target 2015/16	Targets			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	% (QPR)	100% (5/5)	40% (2/5)	60% (3/5)	80% (4/5)	100% (5/5)
2. Quality improvement plan after self assessment rate	Quarterly	% (QPR)	100% (5/5)	40% (2/5)	60% (3/5)	80% (4/5)	100% (5/5)

Programme Performance Indicator	Frequency of reporting (Quarterly, bi-annual, Annual)	Indicator type	Annual Target 2015/16	Targets			
				Q1	Q2	Q3	Q4
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	% (QPR)	60%	60%	60%	60%	60%
4. Patient Satisfaction Survey Rate (regional)	Annual	% (QPR)	100%	0%	0%	0%	100%
5. Patient Satisfaction Rate (Regional)	Annual	% (QPR)	100%	0%	0%	0%	100%
6. Average Length of Stay	Quarterly	No (QPR)	5 days	5 days	5 days	5 days	5 days
7. Inpatient Bed Utilisation Rate	Quarterly	% (QPR)	70%	70%	70%	70%	70%
8. Expenditure per PDE	Quarterly	R (QPR)	R2 700	R2 700	R2 700	R2 700	R2 700
9. Complaints resolution rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
10. Complaints Resolution within 25 working days rate	Quarterly	% (QPR)	95%	95%	95%	95%	95%

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

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

Strategic objective Statement	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.Improve access to hospital services. 2.To improve access to quality health services.	1. National Core Standards self assessment rate	% (QPR)	New indicator	New indicator	New indicator	100% 3 of 3	100% 3 of 3	100%	100%	100%
	2. Quality improvement plan after self assessment rate	% (QPR)	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	% (QPR)	New indicator	New indicator	New indicator	55%	60%	70%	80%	
	4. Patient Satisfaction Survey Rate (specialised)	% (QPR)	New indicator	100%	100%	100%	100% 3 of 3	100% 3 of 3	100% 3 of 3	
	5. Patient Satisfaction Rate (Specialised)	% (QPR)	New indicator	60%	50%	55%	60%	65%	70%	
	6. Complaints resolution rate	% (QPR)	New indicator	New indicator	New indicator	100%	100%	100%	100%	
	7. Complaints Resolution within 25 working days rate	% (QPR)	48.6%	100%	100%	100%	100%	100%	100%	

Strategic objective Statement	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	8. Number Districts with functional Mental Health review board meetings	No	New indicator	New indicator	New indicator	3	5	5	5	5

4.6 QUARTERLY TARGETS FOR SPECIALISED HOSPITALS

TABLE PHS 4: PROVINCIAL QUARTERLY TARGETS FOR SPECIALISED HOSPITALS

Indicator	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	% (QPR)	100% (3/3)	0%	100% (1/3)	100% (2/3)	100% (3/3)
2. Quality improvement plan after self assessment rate	Quarterly	% (QPR)	100%	0%	100% (1/3)	100% (2/3)	100% (3/3)
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	% (QPR)	60%	60%	60%	60%	60%
4. Patient Satisfaction Survey Rate (specialised)	Annual	% (QPR)	100% (3/3)	0%	0%	0%	100% (3/3)
5. Patient Satisfaction Rate (specialised)	Annual	% (QPR)	60%	0%	0%	0%	60%
6. Complaints resolution rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%

Indicator	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
7. Complaints Resolution within 25 working days rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
8. Number Districts with functional Mental Health review board meetings	Quarterly	No	5	5	5	5	5

4.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS 5: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
R' thousand									
General (regional) hospitals	1,283,181	1,308,406	1,544,981	1,510,200	1,514,000	1,514,000	1,550,915	1,642,829	1,738,113
Psychiatric hospitals	356,590	379,797	408,951	584,217	522,611	522,611	587,527	602,514	592,459
TOTAL	**1,639,771**	**1,688,203**	**1,953,932**	**2,094,417**	**2,036,611**	**2,036,611**	**2,138,442**	**2,245,342**	**2,330,572**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**1,628,047**	**1,677,760**	**1,942,350**	**2,091,680**	**2,033,874**	**2,029,873**	**2,135,559**	**2,242,816**	**2,327,899**
Compensation of employees	1,458,990	1,504,829	1,678,858	1,855,004	1,790,920	1,790,920	1,919,866	2,050,417	2,124,341
Goods and services	169,057	172,931	263,492	236,675	242,953	238,953	215,693	192,399	203,558
Communication	6,435	5,579	5,445	1,898	1,898	1,898	1,999	1,099	1,162
Consultants, Contractors and special services	60,941	62,641	116,325	60,356	66,034	66,034	28,402	26,959	28,522
Inventory	60,521	67,104	91,839	140,539	102,933	98,932	107,263	72,335	76,531
Operating leases	2,276	1,943	1,659	1,414	1,414	1,414	1,488	1,563	1,654
Travel and subsistence	2,186	2,242	1,799	677	677	677	377	677	716
Maintenance , repair and running costs	7,288	5,862	2,140	9,063	29,004	29,004	4,911	5,407	5,720
Specify other	29,410	27,560	44,285	22,728	40,993	40,994	71,253	84,359	89,253
Transfers and subsidies to	**9,402**	**9,611**	**9,091**	**1,020**	**1,020**	**4,568**	**1,074**	**628**	**665**
Provinces and municipalities			31			18			-
Households	9,402	9,611	9,060	1,020	1,020	4,550	1,074	628	665
Payments for capital assets	**2,322**	**832**	**2,491**	**1,717**	**1,717**	**2,170**	**1,808**	**1,899**	**2,009**
Buildings and other fixed structures									
Machinery and equipment	2,322	832	2,491	1,717	1,717	2,170	1,808	1,899	2,009
Total economic classification	**1,639,771**	**1,688,203**	**1,953,932**	**2,094,417**	**2,036,611**	**2,036,611**	**2,138,442**	**2,245,342**	**2,330,572**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

4.8 PERFORMANCE AND EXPENDITURE TRENDS

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 R5.3 billion in 2012/13 to 2014/15 while the 2015/16 budget amounts to R2.1 billion and adjusted to R2.0 billion. The MTEF from 2016/17 to 2018/19 is projected at R6.7 billion. This amount will be used to maintain and marginally improve other services.

4.9 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives for Provincial Hospital Services and the measures to mitigate the impact of the risks are indicated below:

Strategic Objective	RISK	MITIGATING FACTORS
Improve access to quality hospital services	Poor quality of mental health care	• Strengthen Mental Health Review Boards • Establishment of Mental Health Care institutions in each district with emphasis on child psychiatry.
	Increased Cost per patient day equivalent due to prolonged stay.	Appointment of more specialists
	Misinterpretation of the Mental health care policy	Conduct capacity building workshops on the Mental Health Care policy
	Overcrowding in facilities due to families abandoning patients	Expedite the building/revitalization projects
	Shortage of specialists	Implement the recruitment and retention strategy

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
- Improve quality of tertiary services

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

TABLE C&THS1: STRATEGIC OBJECTIVES AND ANNUAL TAGETS FOR TERTIARY HOSPITALS

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.To improve quality hospital services. 2.To improve access to quality health services.	1. National Core Standards self assessment rate	% (QPR)	New indicator	New indicator	New indicator	New indicator	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)
	2. Quality improvement plan after self assessment rate	% (QPR)	New indicator	New indicator	New indicator	New indicator	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)

Strategic Objective Statement	Programme Performance Indicator	Indicator Type	Audited/ actual performance			Estimate	MTEF projection			Strategic Plan
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	% (QPR)	New indicator	New indicator	New indicator	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)	100% (2/ 2)
	4. Patient Satisfaction Survey Rate	% (QPR)	New indicator	New indicator	New indicator	100%	100%	100%	100%	100% (2/ 2)
	5. Patient Satisfaction Rate	% (QPR)	34.5%	39%	40%	50%	70%	80%	90%	80%
	6. Average Length of Stay	No (QPR)	6.7 days	7.2 days	7 days	7 days	7 days	7 days	7 days	
	7. Inpatient Bed Utilisation Rate	% (QPR)	72.4%	75.9%	76%	77%	78%	79%	79%	
	8. Expenditure per PDE	R (QPR)	R 3 381	R3 366.6	R3 500	R3 600	R 3 800	R 3 900	R 4 000	
	9. Complaints resolution rate	% (QPR)	New indicator	New indicator	94%	100%	100%	100%	100%	
	10. Complaint Resolution within 25 working days rate	% (QPR)	36.6% (519/1 419)	93.2% (689/739)	100%	100%	100%	100%	100%	

5.2.2 QUARTERLY TARGETS FOR TERTIARY AND CENTRAL HOSPITALS

TABLE THS2: QUARTERLY TARGETS FOR TERTIARY HOSPITALS

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly / Annual)	Indicator Type	ANNUAL TARGET 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. National Core Standards self assessment rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
2. Quality improvement plan after self assessment rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
3. Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	% (QPR)	100%	100%	100%	100%	100%
4. Client Satisfaction Survey Rate	Annual	% (QPR)	100%	0%	0%	0%	100%
5. Client Satisfaction Rate	Annual	% (QPR)	70%	0%	0%	0%	70%
6. Average Length of Stay	Quarterly	No (QPR)	7 days	7days	7days	7days	7days
7. Inpatient Bed Utilisation Rate	Quarterly	% (QPR)	78%	78%	78%	78%	78%
8. Expenditure per PDE	Quarterly	R (QPR)	R 3 800	R 3 800	R 3 800	R 3 800	R 3 800
9. Complaints resolution rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
10. Complaint Resolution within 25 working days rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%

5.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

ABLE C&TH 3: EXPENDITURE ESTIMATES: CENTRAL AND TERTIARY SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
R' thousand									
Central Hospitals	1,117,618	1,244,436	1,356,562	1,356,357	1,510,436	1,510,436	1,593,372	1,681,007	1,774,753
Tertiary Hospitals									
TOTAL	**1,117,618**	**1,244,436**	**1,356,562**	**1,356,357**	**1,510,436**	**1,510,436**	**1,593,372**	**1,681,007**	**1,774,753**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**1,100,459**	**1,191,064**	**1,330,074**	**1,332,659**	**1,458,161**	**1,458,161**	**1,541,484**	**1,654,805**	**1,747,031**
Compensation of employees	871,636	970,109	1,036,399	1,027,899	1,134,701	1,134,701	1,201,328	1,299,115	1,349,465
Goods and services	228,823	220,955	293,675	304,760	323,460	323,460	340,156	355,690	397,566
Communication	5,943	4,210	4,089	7,520	7,520	7,520	7,520	7,520	7,956
Consultants, Contractors and special services	76,086	73,670	75,312	80,293	79,672	79,672	88,043	37,736	39,925
Inventory	116,258	106,788	175,587	184,650	189,971	189,971	183,314	212,665	285,752
Operating leases	3,406	16,207	8,112	1,544	1,544	1,544	1,560	1,638	1,733
Travel and subsistence	1,754	1,744	2,024	273	273	273	284	298	315
Maintenance , repair and running costs	735	26	145	737	737	737	9,460	4,933	5,219
Specify other	24,641	18,310	28,406	29,743	43,743	43,743	49,975	90,900	56,666
Transfers and subsidies to	**1,842**	**2,907**	**6,448**	**586**	**3,774**	**3,774**	**617**	**648**	**685**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Provinces and municipalities	-	-	16	-	-	-	-	-	-
Households	1,842	2,907	6,432	586	3,774	3,774	617	648	685
Payments for capital assets	**15,317**	**50,465**	**20,040**	**23,112**	**48,501**	**48,501**	**51,271**	**25,554**	**27,036**
Buildings and other fixed structures	3,645	3,008							
Machinery and equipment	11,673	47,457	20,040	23,112	48,501	48,501	51,271	25,554	27,036
Total economic classification	**1,117,618**	**1,244,436**	**1,356,562**	**1,356,357**	**1,510,436**	**1,510,436**	**1,593,372**	**1,681,007**	**1,774,753**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

5.4 PERFORMANCE AND EXPENDITURE TRENDS

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 R3.7 billion from 2012/13 to 2014/15 while the 2015/16 budget amounts to R1.3 billion and adjusted to R1.5 billion. The MTEF from 2016/17to 2018/19 is projected at R5.0 billion which will be used to maintain and improve the current service

5.5 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	Dilapidated infrastructure i.e. building and plants	Implement the recommendations of assessment report
	Shortage of specialists in surgery, and orthopaedics	• Intensify recruitment and retention of specialists • Building strong relationship with private sector specialists to deal with backlog • Increase number of registrars
	Lack of maintenance contract for equipment	• Procure term maintenance contracts for existing equipment • Procure equipment with appropriate maintenance contracts
	Shortage of clinical engineers	Intensify recruitment of clinical engineers
	Unreliable information management systems (financial, human and patient information systems)	Upgrading the information management systems

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

- Training and development of personnel in the following skills programmes: 2000 health professionals in PHC; 3000 professionals and support staff in HIV/AIDS and TB; 500 professionals and support staff in litigation; 500 professionals and support staff in diversity management; 500 professionals and support staff in transversal public finance management; 90 data capturers in in data capturing.
- Awarding bursaries to new medical students and clinical associates.

Training Programme	**Target Group (Professional Nurses; Data Capturers; Senior Managers; etc.)**	**Estimated Number of Beneficiaries**	**Q1**	**Q2**	**Q3**	**Q4**
Primary Health Care Training	2000 Health professionals	2000	500	500	500	500
HIV/AIDS and TB Training	3000 Professionals and support staff	3000	750	750	750	750
Litigation	500 Professionals and support staff	500	125	125	125	125
Diversity Management	500 Professionals and support staff	500	125	125	125	125
Transversal Public Finance Management	500 Professionals and support staff	500	125	125	125	125
Data Capturer	90 Data Capturer	90	90			

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 statement	indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
To increase production for and develop human resources for health	1. Number of Bursaries awarded for first year medical students	No (QPR)	New indicator	New indicator	New indicator	New indicator	60	60	60	
	2. Number of Bursaries awarded for first year nursing students***	No (QPR)	New indicator	New indicator	New indicator	0	0	0	0	
	3. Number of Post basic professional nurses enrolled	No	New indicator	New indicator	New indicator	New indicator	120	130	140	
	4. Number of direct basic student nurses enrolled	No	New indicator	New indicator	New indicator	New indicator	190	200	200	
	5. Number of direct basic student nurses graduated	No	New indicator	New indicator	New indicator	New indicator	186	190	190	
	6. Number of Emergency Care Technicians (ECT) students enrolled	No	New indicator	New indicator	New indicator	New indicator	15	20	30	

*** *– The Department does not award bursaries to the nursing students*

6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST2: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2016/17

Indicator	Frequency of Reporting (Quarterly, bi-annual, Annual)	Indicator type	Annual Target 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. Number of Bursaries awarded for first year medicine students	Annual	No (QPR)	60	0	0	0	60
2. Number of Bursaries awarded for first year nursing students	Annual	No (QPR)	0	0	0	0	0
3. Number of Post basic professional nurses enrolled	Bi-Annual	No	120	90	0	0	30
4. Number of direct basic student nurses enrolled	Annual	No	190	0	0	0	190
5. Number of direct basic student nurses graduated	Annual	No	186	0	186	0	0
6. Number of Emergency Care Technicians (ECT) students enrolled	Annual	No	15	0	0	0	15

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST 3: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
R' thousand									
Nurse training colleges	183,588	181,524	192,550	307,487	249,581	249,581	279,750	311,007	307,942
EMS training colleges	5,376	4,845	5,212	4,092	4,040	4,040	3,739	3,912	4,139
Bursaries	96,811	121,889	143,264	130,913	138,293	138,293	146,476	126,664	134,010
PHC training	165	433	247	7,177	7,177	7,177	6,863	6,727	7,117
Other training	105,965	123,624	136,858	118,855	134,155	134,155	134,664	151,114	163,631
TOTAL	**391,905**	**432,315**	**478,131**	**568,524**	**533,246**	**533,246**	**571,492**	**599,425**	**616,839**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**250,154**	**268,975**	**313,254**	**399,220**	**375,545**	**375,545**	**416,747**	**434,310**	**442,149**
Compensation of employees	201,097	222,085	281,130	346,946	347,406	347,406	381,847	397,744	395,813
Goods and services	49,057	46,890	32,124	52,274	28,139	28,139	34,900	36,567	46,336
Communication	564	581	582	1,132	1,132	739	800	1,251	1 324
Computer Services	–	–	–	113	113	59	50	125	132
Consultants, Contractors and special services	903	12,633	2,075	25,291	3,391	738	528	6,136	6,502
Inventory	4,353	12,627	15,552	4,802	8,639	12,330	8,236	2,416	2,556
Operating leases	530	487	375	1,618	1,566	360	600	789	835
Travel and subsistence	7,418	7,191	5,822	1,526	2,906	3,709	5,107	447	473

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Maintenance , repair and running costs	1,278	1,308	640	1,199	1,199	1,457	1,462	800	846
Specify other	34,011	12,063	7,078	16,593	9,193	8,747	18,117	24,603	33,668
Transfers and subsidies to	**121,568**	**157,025**	**164,652**	**161,986**	**151,507**	**151,507**	**147,196**	**158,920**	**168,137**
Provinces and municipalities			**85**						
Non-profit institutions									
Households	121,568	157,025	164,567	161,986	151,507	151,507	147,196	158,920	168,137
Payments for capital assets	**20,183**	**6,315**	**225**	**7,317**	**6,193**	**6,193**	**7,549**	**6,194**	**6,553**
Buildings and other fixed structures	11,777								
Machinery and equipment	8,406	6,315	225	7,317	6,193	6,193	7,549	6,194	6,553
Total economic classification	**391,905**	**432,315**	**478,131**	**568,524**	**533,246**	**533,246**	**571,492**	**599,425**	**616,839**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

6.6 PERFORMANCE AND EXPENDITURE TRENDS

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. However, the budget allocated over the MTEF is insufficient to fund new intake of Cuban Scholarship Programme.

- 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 R1.3 billion in 2012/13 to 2014/15 while the 2015/16 budget amounts to R568.5 million and adjusted to R533.2 million. The proposed MTEF from 2016/17 to 2018/19 is projected at R1.8 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	• High staff turnover of trained personnel.	• Improve working conditions of health professionals
	• In-secured examination papers	• All campuses and facilities to have safes to store examination papers
	• Overcrowding in residence	• Temporary erect structures to relieve congestion
	• Release of privileged information to outside companies for bidding of training tenders	• Vetting of service providers and officials. • Raising awareness and signing of the oath of secrecy by all officials within HRD • Disciplinary measures to be instituted against officials proven to have breached confidentiality
	• Shortage of nurse specialist compromising quality of student output	• Implementation of recruitment and retention strategy

Strategic Objective	Risk	Mitigating factors
	• Shortage of qualified Emergency care lecturer • Long and complex process of obtaining accreditation and registration of new health qualifications and training college	

7. 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; and
- Rehabilitation services (Allied Health Care Support Services).

7.2 PRIORITIES

- Provide essential pharmaceutical supplies; and
- Increase facilities with rehabilitation services: hospitals to be increased from 28 to 40 and PHC from 39 to 41.

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		Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
To provide all essential medicines	Availability of essential medicines	Depot	%	59.01%	71.7%	74.66%	80% (519/649)	82% (532/649)	85% (552/649)	90% (584/649)	95%
		Hospitals		79.68%	84.5%	86.7%	88% (250/284)	90% (256/284)	92% (261/284)	95% (270/284)	95%
		PHC		72.75%	80.37%	84.88%	85% (90/106)	88% (93 /106)	90% (95/ 106)	92% (98/ 106)	92%
To provide rehabilitation services in facilities and communities	Number of districts providing community based rehabilitation services		No	New indicator	5	5	5	5	5	5	5
	Number of health facilities providing rehabilitation services	Hospital	No	New indicator	36 of 40	28 of 40	28 of 40	30 of 40	34 of 40	37 of 40	40 of 40
		PHC	No	New indicator	39 of 444	39 of 444	39 of 444	41 of 477	43 of 477	45 of 477	

7.3.1 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE HCSS 2: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2016/17

Programme Performance Indicator		Frequency of reporting (quarterly, Bi-annual, Annual)	Indicator Type	ANNUAL TARGET 2016/17	QUARTERLY TARGETS			
					Q1	Q2	Q3	Q4
Availability of essential medicines	Depot	Quarterly	%	82% (532/649)	80%	81%	82%	82%
	Hospitals	Quarterly	%	90% (256/284)	88%	89%	90%	90%
	PHC	Quarterly	%	88% (93/106)	85%	86%	88%	88%
Number of districts providing community based rehabilitation services		Quarterly	No	5	5	5	5	5
Number of health facilities providing rehabilitation services	Hospitals	Quarterly	No	30 of 40	34	34	34	34
	PHC	Quarterly	No	41 of 477	39 of 477	39 of 477	40 of 477	41 of 477

7.4 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		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
R' thousand									
Forensic services	32,798	33,266	35,726	37,357	40,357	40,357	40,719	41,086	38,430
Orthotic and prosthetic services	7,723	8,212	9,695	9,925	18,462	9,925	12,251	13,674	14,467
Medicines trading account	609,723	712,558	46,591	49,496	49,496	58,033	60,789	64,687	68,439
TOTAL	**650,244**	**754,036**	**92,012**	**96,778**	**108,315**	**108,315**	**113,758**	**119,446**	**121,336**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**646,696**	**753,204**	**89,623**	**94,554**	**106,019**	**106,019**	**111,416**	**116,987**	**118,734**
Compensation of employees	48,276	65,398	69,460	57,001	73,466	73,466	78,756	84,111	83,952
Goods and services	598,420	687,806	20,163	37,553	32,553	32,553	32,660	32,876	34,783
Communication	372	1,511	1,142	34	34	34	36	1,038	1,098
Computer Services	–	1,013	405	–	–	–	–	–	–
Consultants, Contractors and special services	7,937	17,035	13,279	8,134	8,062	13,335	11,137	3,094	3,273
Inventory	585,490	665,758	5	26,120	21,192	13,249	14,849	18,282	19,343
Operating leases	231	167	307	–	–	–	400	–	–
Travel and subsistence	3,153	540	640	2,484	2,484	1,466	416	197	208
Maintenance , repair and running costs	167	36	4	–	–	–	–	–	–
Specify other	1,070	1,746	4,381	781	781	4,469	5,822	10,265	10,861
Financial transactions in assets and liabilities	–	–	**1,000**	–	–	–	–	–	–
Transfers and subsidies to	–	**741**	**118**	**204**	**276**	**276**	**215**	**225**	**238**
Provinces and municipalities	–	16	14	–	8	8	–	–	–
Households	–	725	104	204	268	268	215	225	238
Payments for capital assets	**3,548**	**91**	**1,271**	**2,020**	**2,020**	**2,020**	**2,127**	**2,234**	**2,363**
Machinery and equipment	**3,548**	**91**	**1,271**	**2,020**	**2,020**	**2,020**	**2,127**	**2,234**	**2,363**
Payment of financial assets			**1,000**						
Total economic classification	**650,244**	**754,036**	**92,012**	**96,778**	**108,315**	**108,315**	**113,758**	**119,446**	**121,336**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

7.5 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 R1.5 billion from 2012/13 to 2014/15 while the 2015/16 budget amounts to R96.7 million and adjusted to R108.3 million. The MTEF from 2016/17 to 2018/19 is projected at R354.5 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

7.6 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	• Impose penalties to suppliers who do not meet required standards
	Increased number of items on quotation	• Award provincial tenders or use other provincial tenders
	Increase in Expired stock	• Put systems in place to monitor expiry dates
	No compliance with regulatory standards	• Develop and implement quality improvement plan
To provide rehabilitation services in facilities and communities	Development of permanent disability	• Put systems in place for early rehabilitation intervention

8 BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

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

8.2 PRIORITIES

- Upgrading of PHC facilities
- Upgrading of hospitals
- Upgrade nursing colleges 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: STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT

Strategic objective Statement	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
To improve quality of health infrastructure	1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	No (QPR)	New indicator	New indicator	New indicator	16	93	2	1	
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	No (QPR)	New indicator	New indicator	New indicator	58	20	20	20	
	3. Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Yes – no (QPR)	New indicator	New indicator	New indicator	3	2	2	2	

Strategic objective Statement	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets			Strategic Plan target
			2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	4. Number of districts spending more than 90% of the maintenance budgets (preventative and unplanned)	No	New indicator	New indicator	2	5	5	5	5	
	5. Number of projects completed	No	New indicator	New indicator	25 of 52	14	18	13	14	

8.4 QUARTERLY TARGETS FOR HFM

TABLE HFM 2: QUARTERLY TARGETS FOR HEALTH FACILITES MANAGEMENT FOR 2016/17

INDICATOR	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	ANNUAL TARGET 2016/17	Targets			
				Q1	Q2	Q3	Q4
1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annual	No	93	22	22	22	27
2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	Annual	No	20	-	-	10	10

INDICATOR	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	ANNUAL TARGET 2016/17	Targets			
				Q1	Q2	Q3	Q4
3. Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Annual		2	0	0	2	0
4. Number of districts spending more than 90% of the maintenance budgets (preventative and unplanned)	Quarterly	No	5	5	5	5	5
5. Number of projects completed	Annual	No	18	2	4	4	8

8.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM 4: EXPENDITURE ESTIMATES: HEALTH FACILITY MANAGEMENT

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Community Health facilities	269,215	140,613	333,689	50,602	131,602	131,602	203,067	51,239	39,211
District Hospital Services	466,779	69,084	42,594	58,800	39,800	39,800	52,942	5,618	23,828
Provincial Hospitals Services	13,239	17,258	16,384	33,799	32,699	32,699	41,819	9,460	10,009
Tertiary Hospitals Services	8,552	17,447	16,052	3,000	20,000	20,000	56,099	14,954	15,821
Other Facilities	353,238	111,488	155,194	178,424	401,824	401,824	381,741	443,871	464,872
Total	**1,111,023**	**355,890**	**563,913**	**324,626**	**625,926**	**625,926**	**735,668**	**525,142**	**553,741**

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	**98,321**	**136,604**	**156,728**	**169,765**	**346,165**	**346,165**	**247,944**	**128,462**	**135,912**
Compensation of employees	2,295	3,050	9,962	11,981	9,821	9,821	25,600	11,243	11,895
Goods and services	96,026	133,554	146,766	157,785	336,345	336,344	222,344	117,219	124,017
Communication	-1	-15	2	–	–	–	–	–	–
Computer	–	49	–	–	–	–	–	–	–
Consultants, Contractors and special services	960	121,576	135,496	134,430	312,990	309,301	215,412	110,047	116,430
Inventory	757	2,321	3,477	13,059	13,059	13,059	13,282		
Operating leases	–	–	–	–					
Travel and subsistence	722	767	705	2,517	2,517	3,181	–	–	–
Maintenance , repair and running costs	727	910	–	–					
Specify other	92,861	7,946	7,086	7,779	7,779	10,803	6,350	7,172	7,587
Transfers and subsidies to	–	–	**53**	–	–	–	–	–	–
Households	–	–	53	–	–	–	–	–	–
Payments for capital assets	**1,012,702**	**219,286**	**407,132**	**154,861**	**279,761**	**279,761**	**487,724**	**396,681**	**417,829**
Buildings	1,006,969	204,115	379,212	135,718	255,718	255,718	467,625	375,577	396,725
Other fixed structures	–		–	–	–	–	–	–	–
Machinery and equipment	5,733	15,171	27,920	19,142	24,042	24,042	20,099	21,104	21,104
Total economic classification	**1,111,023**	**355,890**	**563,913**	**324,626**	**625,926**	**625,926**	**735,668**	**525,142**	**553,741**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

8.6 PERFORMANCE AND EXPENDITURE TRENDS

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 R2.0 billion from 2012/13 to 2014/15 while the 2015/16 budget amounts to R324.6 million and adjusted to R625.9 million. The MTEF from 2016/17 to 2018/19 is projected at R1.8 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 PLANS

1.

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
	New and replacement assets (R'000s)										
1	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
2	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
3	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
4	Messina Hospital	Programme 8	Vhembe	Hospital - District		0			1 152	21 267	
5	Nkhensani Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
6	Jane Furse	Programme 8	Sekhukhune	Hospital - District		0			0	0	
7	New Limpopo Academic Hospital	Programme 8	Capricorn	Hospital - Central		0			0	0	
8	WF Knobel EMS	Programme 8	Capricorn	Ambulance base		0			0	0	
9	Leboeng EMS	Programme 8	Sekhukhune	Ambulance base		0			0	0	
10	Siloam EMS	Programme 8	Vhembe	Ambulance base		0			0	0	
11	EMS Head Office	Programme 8	Polokwane	Office Accommodation		0			0	0	
1	EMS Head Office	Programme 8	Polokwane	Office Accommodation		0			0	0	
13	HC Boshoff New Health Centre	Programme 8	Sekhukhune	CHC		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
14	Thabaleshoba/Rebone Health Centre	Programme 8	Waterberg	CHC		0			0	0	
15	Bela-Bela Clinic	Programme 8	Waterberg	Clinic		0			7 000	9 500	
16	Sekgakgapeng Clinic	Programme 8	Waterberg	Clinic		0			7 000	9 500	
17	Lebowakgomo Unit B Clinic	Programme 8	Capricorn	Clinic		0			0	0	
18	Soetfontein Clinic	Programme 8	Capricorn	Clinic		0			0	0	
19	Matsotsosela Clinic	Programme 8	Mopani	Clinic		0			0	0	
20	Shivulani Clinic	Programme 8	Mopani	Clinic		0			0	0	
21	Loloka Clinic	Programme 8	Capricorn	Clinic		0			0	0	
22	Phalaborwa (Busstop) Clinic	Programme 8	Mopani	Clinic		0			0	0	
23	Muyexe Clinic	Programme 8	Mopani	Clinic		0			0	0	
24	Vlaakplaas Clinic	Programme 8	Sekhukhune	Clinic		0			0	0	
25	Mpheni Clinic	Programme 8	Vhembe	Clinic		0			0	0	
26	Sereni Clinic	Programme 8	Vhembe	Clinic		0			0	0	
27	Midoroni Clinic	Programme 8	Vhembe	Clinic		0			0	0	
28	Shigalo Clinic	Programme 8	Vhembe	Clinic		0			0	0	
29	Sterkstroom	Programme 8	Vhembe	Clinic		0			0	0	
30	Rooiberg Clinic	Programme 8	Waterberg	Clinic		0			0	0	
31	Smashersblok Clinic	Programme 8	Waterberg	Clinic		0			0	0	
32	Pienaarsrevier Clinic	Programme 8	Waterberg	Clinic		0			7 000	9 500	
33	Tzaneen Malaria Head Office	Programme 8	Mopani	Malaria Head Office		0			0	0	
34	Waterpoort Malaria Unit	Programme 8	Waterberg	Malaria Unit		0			0	0	
35	Waterberg Malaria Unit	Programme 8	Waterberg	Malaria Unit		0			0	0	
36	Lebowakgomo EMS Station	Programme 8	Capricorn	Ambulance base		0			3 000	5 000	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
37	Matlala EMS Station	Programme 8	Sekhukhune	Ambulance base		0			0	0	
38	Bosele EMS	Programme 8	Sekhukhune	Ambulance base		0			5 000	1 651	
39	Roedtan Clinic	Programme 8	Waterberg	Clinic		0			6 000	9 500	
40	Roedtan Clinic	Programme 8	Waterberg	Clinic		0			0	2 000	
41	Vaalwater EMS Station	Programme 8	Waterberg	Ambulance base		0			0	0	
42	Mookgophong EMS	Programme 8	Waterberg	Ambulance base		0			0	0	
	Total new and replacement assets					**0**			**36 152**	**67 918**	
	Maintenance and repairs (R'000s)										
43	**Total Building Maintenance**	Programme 8		Hospitals - District, Regional and Central		130 371			141 358	143 426	
	Total maintenance and repairs					130 371			141 358	143 426	
	Upgrades and additions (R'000's)										
44	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		1 700			200	200	
45	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		300			50	50	
46	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		600			100	100	
47	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		5 000			500	0	
48	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		300			50	0	
49	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		500			50	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
50	M Malajie Hospital	Programme 8	Mopani	Hospital - District		1 000			3 000	1 000	
51	M Malajie Hospital	Programme 8	Mopani	Hospital - District		300			100	100	
52	M Malajie Hospital	Programme 8	Mopani	Hospital - District		500			100	100	
53	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		3 000			4 000	4 000	
54	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		3 333			4 000	4 000	
55	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		500			300	100	
56	Jane Furse Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
57	Nkhensani Hospital	Programme 8	Mopani	Hospital - District		500			0	0	
58	HRG - Grant Management	Programme 8		Grant Management		0			0	0	
59	Botlokwa	Programme 8	Capricorn	Hospital - District		0			0	0	
60	W.F Knobel	Programme 8	Capricorn	Hospital - District		0			0	0	
61	Lebowakgomo	Programme 8	Capricorn	Hospital - District		0			0	0	
62	Thabamoopo	Programme 8	Capricorn	Hospital - Specialised		0			0	0	
63	Evuxakeni	Programme 8	Mopani	Hospital - Specialised		0			0	0	
64	Dr CN Phatudi	Programme 8	Mopani	Hospital - District		0			0	0	
65	Nkhensani Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
66	St.Ritas	Programme 8	Sekhukhune	Hospital - Regional		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
67	Mecklenberg	Programme 8	Sekhukhune	Hospital - District		0			0	0	
68	Dilokong	Programme 8	Sekhukhune	Hospital - District		0			0	0	
69	Tshilidzini	Programme 8	Vhembe	Hospital - Regional		0			0	0	
70	Warmbad Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
71	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		7 864			534	0	
72	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		12 000			8 000	2 290	
73	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		4 100			18 000	5 003	
74	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		0			0	0	
75	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		0			0	0	
76	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		11 029			18 000	10 153	
77	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		0			0	0	
78	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		4 000			7 000	1 023	
79	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		0			280	0	
80	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		0			0	0	
81	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		0			0	0	
82	Thabamoopo Hospital	Programme 8	Capricorn	Hospital - Specialised		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
83	M Malajie Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
84	M Malajie Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
85	M Malajie Hospital	Programme 8	Mopani	Hospital - District		3 579			20 000	28 000	
86	Kgapane Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
87	Old Nkhensani Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
88	Letaba Hospital	Programme 8	Mopani	Hospital - Regional		0			0	0	
89	Matlala Hospital	Programme 8	Sekhukhune	Accommodation		0			0	0	
90	Mecklenburg Hospital	Programme 8	Sekhukhune	Accommodation		0			0	0	
91	Dilokong Hospital	Programme 8	Sekhukhune	Accommodation		0			0	0	
92	Jane Furse Hospital	Programme 8	Sekhukhune	Accommodation		0			0	0	
93	Philadelphia Hospital	Programme 8	Sekhukhune	Accommodation		0			0	0	
94	Malamulele Hospital	Programme 8	Vhembe	Accommodation		0			0	0	
95	Louis Trichardt Hospital	Programme 8	Vhembe	Accommodation		0			0	0	
96	Donald Fraser Hospital	Programme 8	Vhembe	Accommodation		0			0	0	
97	George Masebe Hospital	Programme 8	Waterberg	Accommodation		0			0	0	
98	Elim Hospital	Programme 8	Vhembe	Hospital - District		0			0	0	
99	WF Knobel Hospital	Programme 8	Capricorn	Hospital - District		0			0	0	
100	Dr CN Phatudi Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
101	Mecklenburg hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
102	Matlala Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
103	Philadelphia Hospital	Programme 8	Sekhukhune	Hospital - Regional		0			0	0	
104	St Ritas Hospital	Programme 8	Sekhukhune	Hospital - Regional		0			0	0	
105	George Masebe Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
106	Voortrekker Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
107	Mokopane Hospital	Programme 8	Waterberg	Hospital - Regional		0			0	0	
108	Seshego Hospital	Programme 8	Capricorn	Hospital - District		0			0	0	
109	IDT Implementing Agent Programme Management Fees for HRG Projects	Programme 8	Various	Program Management (IA)		10 000			2 000	3 000	
110	Malemati Clinic	Programme 8	Capricorn	Clinic		0			0	0	
111	WF Knobel Hospital	Programme 8	Capricorn	Accommodation		0			0	0	
112	Sekororo Hospital	Programme 8	Mopani	Accommodation		0			0	0	
113	Voortrekker Hospital	Programme 8	Waterberg	Accommodation		0			0	0	
114	Various PMU Clinics, Malaria & others	Programme 8	Various	Clinic		0			0	0	
115	Final on DPW Projects	Programme 8	Various	Clinic		0			2 000	0	
116	Maintenance of Existing Water, Sanitation and Electrical Infrastructure (Various Clinics)	Programme 8	Various	Clinic		5 000			8 000	8 000	
117	Ratshatshaa CHC	Programme 8	Capricorn	CHC		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
118	Moutse East Clinic	Programme 8	Sekhukhune	Clinic		0			0	0	
119	Mphahlele Clinic	Programme 8	Capricorn	Clinic		0			0	0	
120	Shotong Clinic	Programme 8	Mopani	Clinic		0			0	0	
121	Mamone Clinic	Programme 8	Sekhukhune	Clinic		0			0	0	
122	Nchabeleng	Programme 8	Sekhukhune	Clinic		0			0	0	
123	Selepe	Programme 8	Sekhukhune	Clinic		0			0	0	
124	Marulaneng Clinic	Programme 8	Sekhukhune	Clinic		0			0	0	
125	Kutama	Programme 8	Vhembe	Clinic		0			0	0	
126	HIG Grant Management	Programme 8	Various	Grant Management		0			0	0	
127	Lebowakgomo	Programme 8	Capricorn	Hospital - District		0			0	0	
128	Lebowakgomo	Programme 8	Capricorn	Hospital - District		0			0	0	
129	Botlokwa Hospital	Programme 8	Capricorn	Hospital - District		0			0	0	
130	Botlokwa Hospital	Programme 8	Capricorn	Hospital - District		0			0	0	
131	Seshego Hospital	Programme 8	Capricorn	Hospital - District		0			0	0	
132	Ga-Kgapane Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
133	Ga-Kgapane Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
134	Mecklenburg Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
135	Voortrekker Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
136	Botlokwa Hospital	Programme 8	Capricorn	Hospital – District		0			0	0	
137	Mankweng Hospital Electrical Upgrade	Programme 8	Capricorn	Hospital - Central		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
138	Elim Hospital (Boiler)	Programme 8	Vhembe	Hospital - District		0			0	0	
139	Sekororo Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
140	Mecklenburg Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
141	Elim Hospital	Programme 8	Vhembe	Hospital - District		0			0	0	
142	Mecklenburg Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
143	Dilokong Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
144	Ellisras Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
145	Letaba hospital	Programme 8	Mopani	Hospital - Regional		0			0	0	
146	Philadelphia Hospital	Programme 8	Sekhukhune	Hospital - Regional		0			0	0	
147	Tshilidzini Hospital	Programme 8	Vhembe	Hospital - Regional		0			0	0	
148	Mokopane Hospital	Programme 8	Waterberg	Hospital - Regional		0			0	0	
149	Zebediela Hospital (Mortuary)	Programme 8	Capricorn	Mortuary		0			0	0	
150	Mankweng Hospital Mortuary Upgrade	Programme 8	Capricorn	Mortuary		0			0	0	
151	Implementing Agent Programme Management Fees for HIG Projects	Programme 8	Various	Program Management (IA)		0			0	0	
152	Schoongezicht Clinic	Programme 8	Capricorn	Clinic		0			9 000	9 500	
153	Mamushi Clinic	Programme 8	Capricorn	Clinic		0			9 000	9 500	
154	Mothiba Clinic	Programme 8	Capricorn	Clinic		0			9 000	9 500	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
155	Makeepsvei Clinic	Programme 8	Sekhukhune	Clinic		0			9 000	9 500	
156	Sterkspruit Clinic	Programme 8	Sekhukhune	Clinic		0			9 000	9 500	
157	Masisi EMS	Programme 8	Vhembe	Ambulance base		6 000			1 000	590	
158	Tshikundamalema Clinic	Programme 8	Vhembe	Clinic		5 000			7 000	770	
159	Phagameng Clinic	Programme 8	Waterberg	Clinic		0			9 000	9 500	
160	Modimolle EMS Station	Programme 8	Waterberg	Ambulance base		0			0	2 000	
161	Mokopane Hospital	Programme 8	Waterberg	Accommodation		0			2 000	2 000	
162	Grace Mugodeni EMS	Programme 8	Mopani	Ambulance base		6 000			721	0	
163	Homulani Clinic	Programme 8	Mopani	Clinic		6 000			8 000	1 344	
164	Nkomo B Clinic	Programme 8	Mopani	Clinic		6 000			7 000	369	
165	Sekororo Hospital	Programme 8	Mopani	Hospital - District		0			0	0	
166	FH Odendaal Hospital	Programme 8	Waterberg	Hospital - District		0			0	0	
167	Health Provincial office building	Programme 8	Capricorn	Office Accommodation		0			0	0	
168	Sovenga Nursing College Campus & Schools in Capricorn -	Programme 8	Capricorn	Training College		0			0	0	
169	Sovenga Nursing College Campus & Schools in Capricorn -	Programme 8	Capricorn	Training College		0			0	0	
170	Giyani Nursing College Campus	Programme 8	Mopani	Training College		0			0	0	
171	Giyani Nursng College Campus & Schools in Mopani	Programme 8	Mopani	Training College		0			0	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
172	Giyani Nursng College Campus & Schools in Mopani	Programme 8	Mopani	Training College		0			0	0	
173	Giyani Nursng College Campus & Schools in Mopani	Programme 8	Mopani	Training College		0			0	0	
174	Thohoyandou Nursing College	Programme 8	Vhembe	Training College		0			0	0	
175	Thohoyandou Nursing College Campus & Schools in Vhembe	Programme 8	Vhembe	Training College		0			0	0	
176	Thohoyandou Nursing College Campus & Schools in Vhembe	Programme 8	Vhembe	Training College		0			0	0	
177	Thohoyandou Nursing College Campus & Schools in Vhembe	Programme 8	Vhembe	Training College		0			0	0	
178	Limpopo Nursing College	Programme 8	Capricorn	Training College		0			0	0	
179	Limpopo Nursing College	Programme 8	Capricorn	Training College		1 500			2 000	2 000	
180	Sekhukhune Nursing College Campus and all the nursing schools	Programme 8	Sekhukhune	Training College		0			0	0	
181	Waterberg Nursing College Campus and all the nursing schools	Programme 8	Waterberg	Training College		0			0	0	
182	Zebediela Hospital	Programme 8	Capricorn	Accommodation		0			0	0	
183	CapacitationFund: Province	Programme 8	Various	Grant Management		18 000			19 000	20 000	
184	CapacitationFund: District & Nursing Colleges	Programme 8	Various	Grant Management		3 000			4 000	5 000	
185	M Malajie Hospital	Programme 8	Mopani	Hospital - District		1 000			820	0	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
186	Thabazimbi Hospital	Programme 8	Waterberg	Hospital - District		5 500			0	0	
187	Lekhureng Clinic	Programme 8	Sekhukhune	Accommodation		1 000			5 000	4 000	
188	New Nkhensani Hospital	Programme 8	Mopani	Hospital - District		200			1 000	0	
	Total upgrades and additions					**134 305**			**207 805**	**162 192**	
	Rehabilitation, renovations and refurbishments (R '000s)										
189	Old Nkhensani Hos EMS	Programme 8	Mopani	Ambulance base		3 850			2 500	631	
190	Letaba hospital	Programme 8	Mopani	Hospital - Regional					0	0	
191	M Malajie Hospital	Programme 8	Mopani						0	0	
192	Various Clinics and EMS's - Furn&Equip	Programme 8	Various	Furniture & Equipment for Projects Completed		6 000			8 000	10 000	
193	Clinics Water Supply & Sanitation Upgrade	Programme 8	Various	Clinic		25 000			8 000	10 000	
194	Hospital Water Supply Program	Programme 8	Various	Hospital - District		5 000			7 000	8 000	
195	Periodic Maintenance Waterberg District	Programme 8	Waterberg			0			1 500	2 000	
196	Periodic Maintenance Sekhukhune District	Programme 8	Sekhukhune			0			1 500	2 000	
197	Periodic Maintenance Mopani District	Programme 8	Mopani			0			1 500	2 000	
198	Periodic Maintenance Capricon District	Programme 8	Capricorn			0			1 500	2 000	

No	PROJECT NAME	PROGRAMME	DISTRICT MUNICIPALITY	OUTPUTS	Outcome	MAIN APPRO PRIATION	ADJUSTED APPRO PRIATION	REVISED ESTIMATE	MEDIUM TERM ESTIMATES		
					2014/15	2015/16			2016/17	2017/18	2018/19
199	Matlala Hospital	Programme 8	Sekhukhune	Hospital - District		0			0	0	
200	Waterberg District Office Limpala Building Rehabilitation	Programme 8	Waterberg			0			3 000	0	
201	Miantenance of Existence Nursing colleges and schools	Programme 8	Various			0			2 500	3 000	
202	Limpopo Nusring Colleges & Schools: Water and sanitation	Programme 8	Various	Training colleges		0			1 000	1 000	
203	Giyani Nursing College Campus	Programme 8	Mopani	Training College		540			9 511	0	
204	Limpopo Nusring Colleges & Schools: repair of mobile homes	Programme 8	Capricorn	Training College		0			2 000	1 400	
205	Refurbishment of hospitals : Electro Mechanical equipment & systems	Programme 8	Various	Hospital - Regional		0			100 000	171 000	
	Total rehabilitation, renovations and refurbishments (R'000s)					**40 390**			**149 511**	**213 031**	

8. 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 2016/17
1. HPTD (Health Professionals)	To support the training of Medical and Allied Health professionals	Number and composition of health sciences students trained and developed	
		• Number of registrars per discipline and per institution	4 per discipline
		• Number of health facilities with expanded specialists and teaching infrastructure	10 facilities
2. National Tertiary Services Grant	To develop an Academic Health Service Complex with tertiary, secondary, and primary components; Increase accessibility to tertiary services make the facilities more accessible and to bring their activities and services in line with the level of care, (tertiary services)	% institutions with 75% equipment in line with (T1) tertiary service package Percentage reduction of referrals to other provinces % of tertiary institutions with health professional recruited and retained	100% 100% <3%
3. Comprehensive HIV and AIDS	•To enable the health sector to develop an effective response to HIV and Aids including universal access to HIV Counselling and Testing (HCT) •To support the implementation of the National Operational Plan for	No. of facilities offering ART	496
		No. of new patients started on ART	62 204
		No. of patients on ART remaining in care	330 640
		No. of active home based carers receiving stipends	8 918
		No. of beneficiaries served by home based carers	106 033
		No. of HIV+ clients screened for TB	99 000
		No. of HIV positive clients started on IPT	47 505

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2016/17
	comprehensive HIV and Aids treatment and care •To subsidise in-part funding for antiretroviral treatment programme	No. of Doctors trained on HIV/AIDS,TB, STIs and other chronic diseases	250
		No. of nurses trained on HIV/AIDS,TB, STIs and other chronic diseases	5 000
		No. of Non-Professional trained on HIV/AIDS,TB, STIs and other chronic diseases	2 000
		No. of Male Condom distributed	74 885 221
		No. of Female Condom distributed	1 828 765
		No. of HTA interventions Sites	380
		No. of active Lay counsellors on stipend	926
		No. of clients tested (including antenatal)	1 406 507
		No. of health facilities offering MMC	62
		No. of MMC performed	69 231
		No. of sexual assault cases offered ARV prophylaxis	3 800
		No. of antenatal clients initiated on ART	**98% (19 600/ 20 000)**
		No. of babies PCR tested at 10 weeks	**90% (21 150/ 23 500)**
Health Infrastructure Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). • Supplement expenditure on health infrastructure delivered	• Number of health infrastructure projects planned	2
		• Number of health infrastructure projects designed	3
		• Number of health infrastructure projects under construction	36

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2016/17
	through public-private partnerships		
National Health Insurance	• 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 • 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 • To undertake health system strengthening activities in identified focus areas of interventions/activities; undertaken in the district funded through this grant	• Filling of critical District Management (DMTs) posts • Appointment of District-based Clinical Specialists and PHC Outreach teams • Field-test referral and care pathway systems • Number of PHC facilities with functional DHIS, TIER.NET & ETR.NET • Number of facilities with access to internet, e-mail, fax and telephone • No of Municipal Ward-based Outreach Teams provided with protective clothing and first aid kit; • % of users linked to the Referral communication system - MWBOT - Nurses - Doctors • Number of patients enrolled on to the Central Chronic Medication Dispensing and Distribution Programme (CCMDD) • Number of facilities with GP's contracted on the National contract	• A full DMT complement in Vhembe. • All Vhembe Facilities implementing the piloted referral system, • 1 032 VHWs; • 500 referral system users 34 800 enrolled on CCMDD. 44 GPs

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2016/17
	• Strengthened district capacity for monitoring and evaluation, including research/impact assessment reports of selected interventions • Strengthened coordination and integration of existing Municipal Ward-based Outreach teams within pilot districts • Strengthened supply chain management		

9. PUBLIC ENTITIES

The Department does not have any public entities.

10. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
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	• High quality serviced health facility delivered • Facilities and management service consistent with the ethos, goals and values of the Department provided • High quality renal services consistent with the international standards provide	R33 million	November 2016	The Transactional Advisor has been appointed to review performance of the current Service Provider and advice the Department on the future service delivery option. The Transactional Advisor given four months to conclude the reviewal (July-October 2015)
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	R110 000	November 2025	Joint Management Committee established
3. Nursing College	To expand, upgrade and maintenance of the 3 Existing campuses. To construct and	Expanded, upgraded and maintenance of the 3 Existing campuses. Constructed and	R0.00	Terminated in March 2015	The feasibility report revealed that the project is unaffordable (R3 billion)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
	maintenance of 2 additional campuses.	maintenance of 2 additional campuses in Sekhukhune and Waterberg			
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		National Health and National Treasury opted to look into other procurement options/models

11. CONCLUSIONS

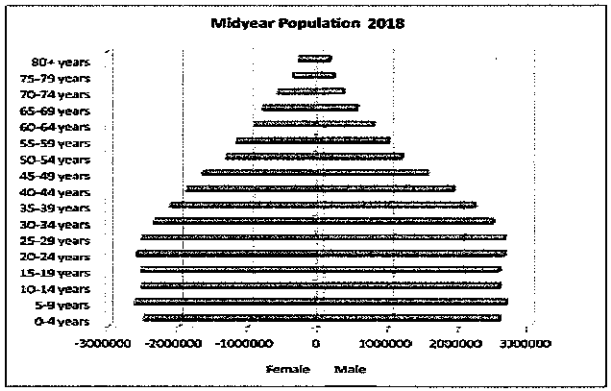
Given that the development of the Annual Performance Plan (APP) was an inclusive process, it is therefore reasonable to conclude that all the Department's employees proudly take ownership of this strategic document. Meanwhile, Government's priorities in general and those of the health sector in particular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

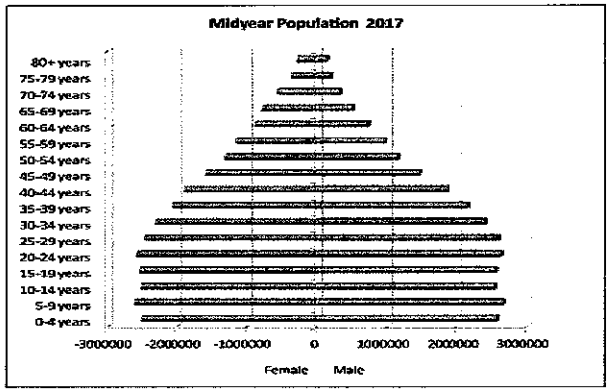
The following resource documents and priorities were considered in the development of the APP *inter alia* National Development Plan, Medium Term Strategic Framework (MTSF), the 10 Point Plan for the health sector, Government outcomes (Negotiated Service Delivery Agreement), Limpopo's Employment Growth 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 Office of the Premier. 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.

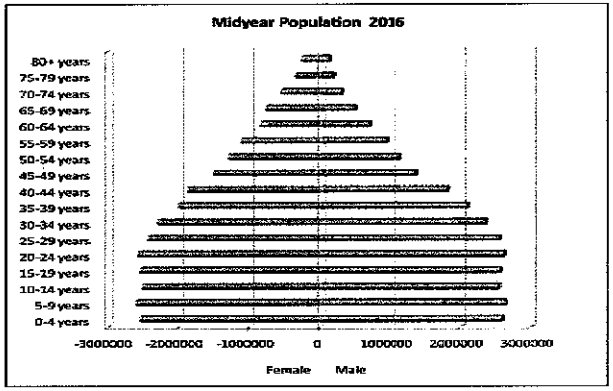
The Department hereby commit itself to implementing the Annual Performance Plan (APP) for 2016/17 - 2018/19 (MTEF).

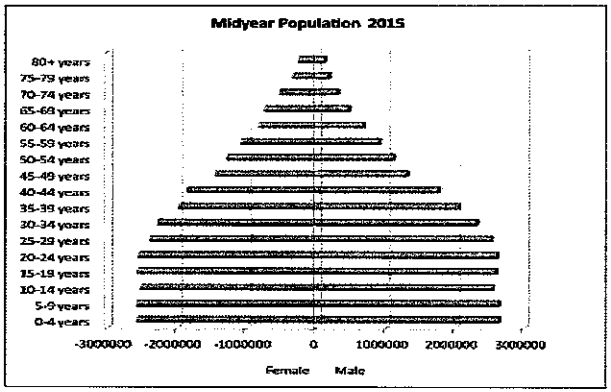
ANNEXURE A: StatsSA Population Estimates 2002-2018

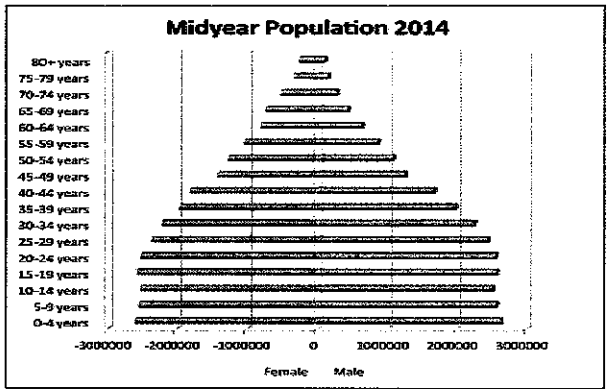
ANNEXURE A: StatsSA Population Estimates 2002-2018

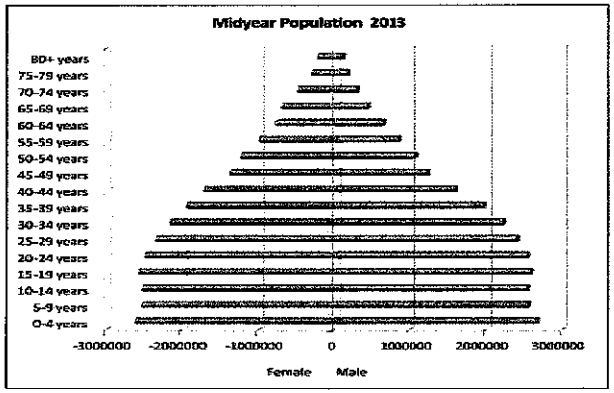












ANNEXURE B: MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019

(Double click to open the document)

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;

E: TECHNICAL INDICATOR DESCRIPTIONS

National Indicator definitions

PROGRAMME 1: HEALTH ADMINISTRATION& MANAGEMENT

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of medical specialist 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 medical doctors appointed**	Staffing of medical doctors	Provision of medical doctors	Staff-establishment	Numbers per staff-establishment	Depending on accuracy of data in persal	Process	Numbers	Quarterly	No	Reduction vacancies	HR Planning
Number of professional nurses appointed	Staffing of professional nurses in the institutions	Provision of professional nurses in the institutions	Staff-establishments	Numbers 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 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 Planing
Audit opinion from Auditor General for Provincial Departments of Health	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officers of Provincial Departments of Health Chief Financial Officer : National DoH

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Percentage compliance											
Number institution with Credible Asset Register	Percentage of institutions with credible asset registers	Proper recording assets	Excel asset register BAS	Numerator Number of institutions with credible asset register Denominator 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
Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access	To track broadband access to hospitals	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	**Num:** Total Number of hospitals with minimum 2 Mbps connectivity **Den:** Total Number of Hospitals	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity to ensure that South African health system can implement the eHealth Programme	ICT Directorate / Chief Directorate

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	To ensure broadband access to PHC facilities	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	Num: Total Number of fixed PHC facilities with minimum 1Mbps connectivity Den: Total Number of fixed PHC Facilitie	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity	ICT Directorate / Chief Directorate

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Districts Piloting NHI Interventions	Total Number of District Piloting NHI interventions in the Provincial DoH	Track scale up of NHI pilots	Total number of NHI districts funded through the conditional grant	Sum of NHI districts funded through the conditional grant	It is assumed that the districts funded through NHI conditional grant are implementing NHI	Sum	Sum	Annual	No	Higher number of districts indicate greater scale up of NHI interventions	District Health Services
Established NHI Consultation Forum	An NHI Consultation forum established to consult state and non-state actors	Track the establishment of a consultation forum for consulting communities on NHI	Approved terms of reference of a forum that is mandated to consult communities	Number NHI consultation for a established	N/A	N.A	N/A	Annual	No	Estabioshed NHI Consultation forum	Disreict Heath Srervices
Percentage of fixed PHC Facilities scoring above 70% on the	Facilities that have implemented the ideal clinic and adhering to	To track implementation of the ideal clinic principles	Reports from the Ideal Clinic Dashboard	**Num:** Number of fixed PHC Facilities scoring above 70% on	The indicator measures self or peer assessment, and performance is	Cumulativ e	Percentage	Quarterly	Yes	Higher percentage indicates greater level of	District Health Services and Quality Assurance Directorates

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
ideal clinic dashboard.	more than 70% of the elements as defined in the Ideal Clinic Dashboard (to be published during March 2016)		information system	the ideal clinic dashboard **Den:** Number of Fixed PHC facilities that conducted an assessment to date in the current financial year	reliant on accuracy of interpretation of ideal clinic data elements					ideal clinic principles	
Client Satisfaction Survey Rate (PHC)	The percentage of fixed Primary Health Care facilities that conducted a Patient Satisfaction survey that were satisfied with the services.	Tracks the service satisfaction of the Primary Health Care users	Patient Satisfaction Survey forms from Clinics	***Num:*** Total number of Fixed PHC Health facilities that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Fixed PHC facilities	Availability of the report	Quality	Percentage	Annually	Yes	Higher percentage indicates commitment of facilities to conduct the survey	District Health Services and Quality Assurance Directorates
Patient satisfaction rate (PHC)	The percentage of patients whom participated in the client satisfaction survey that were satisfied with the service.	To monitor satisfaction of patients using PHC facilities	DHIS - Patient Satisfaction Module	**Numerator:** Total number of patients satisfied with the service at PHC facilities **Denominator** Total number of patients that took part in a Patient Satisfaction survey at PHC facilities	Generalisability depends on the number of users participating in the survey.	Quality	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to Batho pele principles	District Health Services and Quality Assurance

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
OHH registration visit coverage (Annualised)	Proportion of households in the target wards covered by Ward Based Outreach Teams	Monitors implementation of the PHC re-engineering strategy	DHIS, household registration visits registers, patient records	Num: OHH registration visit Denominator OHH in population	Dependent on accuracy of OHH in population	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.	CBS programme manager
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Number of Districts who have DCSTs functioning with all required members, as per the Ministerial Task Team (MTT) report	Track the availability of clinical specialists in the Districts	Appointment letters per district (and/or Reports outlining activities of DCSTs)	Sum of Districts with fully fledged DCSTs	There are multiple combinations of team members that qualifies to be a fully functional team. These combinations can change in year o reporting	Input	No	Quarterly	No	Higher number indicated greater availability of clinical specialists	DHS Cluster
PHC utilisation rate	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	DHIS, Stats SA, facility register, patient records	Num: PHC headcount total Den: Population total	Dependant on the accuracy of estimated total population from StatsSA	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system. A lower uptake may indicate underutilization of facility	Programme Manager
Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in PHC facilities	DHIS, complaints register, redress report	Numerator Number complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC facilities	Quality Assurance

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				Denominator Total number of complaints received							
Complaint resolution within 25 working days rate	Percentage of complaints of users of PHC facilities resolved within 25 days	To monitor the management of the complaints in PHC Facilties	DHIS, complaints register, redress report	Numerator Total number of complaints resolved within 25 days Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC Facilities	Quality Assurance
Number of PHC facilities open for 24 hours	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	Integrated Primary Health Care
Number of PHC facilities implementing the on call service system	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	Integrated Primary Health Care
Number of mobile clinics procured	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	Integrated Primary Health Care

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

Indicator name	PShort Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Total adults remaining on ART	Adults remaining on ART	Track the number of adults on ARV Treatment	Facility Register	Numerator: SUM [Total adults remaining on ART at end of the reporting period] SUM Clients remaining on ART equals [Naive (including PEP and PMTCT) + it Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	None	Input	Cumulative total	Quarterly	Yes	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
Total children remaining on ART	Total children (under 15 years) remaining on ART - total	Track the number of children on ARV Treatment	Facility Register	Numerator: SUM [Total children under 15 years remaining on ART at end of the reporting period] SUM Clients remaining on ART equals [Naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]	None	Input	Cumulative total	Quarterly	Yes	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	All eligibile co-infected clients must be on ART to reduce mortality. Monitors ART initiation for TB clients	Faciliy Register	Num: Total number of registered HIV+TB patients on ART **Den:** Total number of registered HIV+TB patients	Availability of data in ETR.net, TB register, patient records	Outcome	Percentage	Quarterly	No	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates	TB/HIV manager
Client tested for HIV (incl ANC)	HIV Tests (15 Years and older)	Monitors annual testing of persons 15 years and older	Facility Register	Sum of : HIV test child 19-59 months HIV test child 5-14 years HIV test client 15-49 years (excl ANC) HIV test client 50 years and older (excl ANC)	Dependent on the accuracy of facility register	Process	Percentage	Quarterly	No	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager

Indicator name	PShort Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reportin g Cycle	New Indicator	Desired Performance	Responsibility
				Antenatal client HIV 1st test. Antenatal client HIV re-test)							
Male Condoms Distributed	Total number of Male condoms supplied distributed	Tracks the supply of male condoms in the Province	Numerator : Facility Register Denominat or: StatsSA	Numerator: Total number of Male condoms distributed in the province Denominator: Male Population 15 years and older	None	Process	Number	Quarterly	No	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province	HIV/AIDS Cluster
Medical Male Circumcisions conducted	Total number of Medical Male Circumcisions (MMCs) conducted	Tracks the number of the MMCs conducted	Facility Register	Total number of Medical Male Circumcisions (MMCs) conducted	None	Output	Sum	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager
TB client 5 years and older screened at health facilities for TB symptoms rate	Patients 5 years and older screened in health facilities for TB symptoms rate	To determine whether all persons attending health facilities are screened for TB	Facility Register	Numerator: Patients over 5 screened for TB **Denominator:** Headcount of those over 5 not attending TB treatment	- Accuracy dependent on quality of data from reporting facility	Output	Rate	Annually	No	Higher	TB Programme Manager
TB new client treatment success rate	Proportion TB patients (ALL types of TB) cured or those who completed treatment	Monitors success of TB treatment for ALL types of TB	Facility Register	Numerator: SUM [TB client cured OR completed treatment] Denominator: SUM [TB client (new pulmonary) initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	Yes	Higher percentage suggests better treatment success rate.	TB Programme Manager

Indicator name	PShort Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
TB Client loss to follow up rate	Percentage of smear positive PTB cases who interrupted (defaulted) treatment	Monitor patients defaulting on TB treatment	Facility Register	Numerator: SUM [TB (new pulmonary) treatment defaulter] Denominator: SUM [TB (new pulmonary) client initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quartery	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme Manager
TB Client death rate	Proportion TB patients who died during treatment period	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB.	Facility Register	**Numerator:** SUM([TB client death during treatment]) **Denominator:** SUM([TB (new pulmonary) client initiated on treatment])	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Annually	Yes	Lower levels of death desired	TB Programme Manager
TB MDR confirmed treatment initiation rate	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 TB care strategies	Facility Register	**Num:** TB MDR confirmed client start on treatment **Den:** TB MDR confirmed client	Accuracy dependent on quality of data from reporting facility	Output	Percentage	Annually	No	Higher proportion of TB MDR clients started simprove health outcomes of TB MDR client	TB Programme Manager
TB MDR treatment success rate	TB MDR client successfully treated	Monitors success of MDR TB treatment	NHLS and Facility Register	**Numerator:** SUM([TB MDR client successfully treated]) **Denominator:** SUM([TB MDR confirmed client initiated on treatment]	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Annually	Yes	Higher percentage indicates a better treatment rate	TB Programme Manager

SUB-PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	Tracks proportion of pregnant women that presented at a health facility within the first 20 weeks of pregnancy	Facility Register	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit total	Accuracy dependent on quality of data submitted health facilities	Process	Percentage	Quarterly	No	Higher percentage indicates better uptake of ANC services	MNCWH programme manager
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Tracks proportion of mothers that received postnatal care within 6 days from giving birth	Facility Register	Numerator: Mother postnatal visit within 6 days after delivery Denominator: Delivery in facility total	Accuracy dependent on quality of data submitted health facilities	Process	Percentage	Quarterly	No	Higher percentage indicates better uptake of postnatal services	MNCWH programme manager
Antenatal client initiated on ART rate	Percentage of HIV positive Antenatal clients placed on ART.	Tracks the HIV Treatment policy	Facility Register	**Numerator** Antenatal client start on ART **Denominator:** Antenatal client eligible for ART initiation	Accuracy dependent on quality of data Reported by health facilities	Output	Percentage	Annually	No	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment	MNCWH programme manager
Infant 1st PCR test positive around 10 weeks rate	Infants PCR tested for the first time around 10 weeks after birth as proportion of live births to HIV positive women	This indicator is used to measure mother to child transmission rate	Facility Register	Numerator: SUM[Infant 1st PCR test positive around 10 weeks Denominator: SUM [Live birth to HIV positive woman]	Accuracy dependent on quality of data submitted health facilities	Output	Rate	Quarterly	No	Lower percentage indicates fewer infants received HIV from their mothers	PMTCT Programme
Immunisation coverage under 1 year (Annualised)	Percentage children under 1 year who	Monitor the implementation of Extended	Facility Register	Numerator: SUM([Immunised fully under 1 year new])	Reliant on under 1 population	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate	EPI Programme manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	completed their primary course of immunisation 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	Programme in Immunisation (EPI)	Denominator: StatsSA	Denominator: SUM([Female under 1 year]) + SUM([Male under 1 year])	estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered .)					better immunisation coverage	
Measles 2nd dose coverage	Measles 2nd dose coverage	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster.	Facility Register Denominator: StatsSA	Numerator: SUM([Measles 2nd dose]) Denominator: SUM([Female 1 year]) + SUM([Male 1 year])	Accuracy dependent on quality of data submitted health facilities	Output	Percent	Quarterly	No	Higher coverage rate indicate greater protection against measles	EPI

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		Vaccines given as part of mass vaccination campaigns should not be counted here									
DTaP-IPV/Heb 3 - Measles 1st dose drop-out rate	DTaP-IPV/ Heb3 to Measles1st dose drop-out	Monitors children who drop out of the vaccination program after 14 week vaccination.	Facility Register	Numerator: SUM([DTaP-IPV/Hib 3rd dose]) - SUM([Measles 1st dose under 1 year]) Denominator: SUM([DTaP-IPV/Hib 3rd dose])	Accuracy dependent on quality of data submitted health facilities	Outcome	Percent	Quarterly	No	Lower dropout rate indicates better vaccine coverage	EPI
Infant exclusively breastfed at HepB 3rd dose rate	Percentage of Infants exclusively breastfed at HepB 3rd dose rate	Monitor Exclusive breastfeeding	Facility Register	Numerator: SUM([Infants exclusively breastfed at HepB 3rd dose]) Denominator: SUM([HepB 3rd dose])	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	Yes	Higher percentage indicate better exclusive breastfeeding rate	Cluster: Child Health
Child under 5 years diarrhoea case fatality rate	Proportion of children under 5 years admitted into any public health facility with diarrhoea who died	Monitors treatment outcome for children under 5 years who were admitted with diarrhoea. Include under 1 year diarrhoea deaths	Facility Register	Numerator: SUM [Child under 5 years with diahorrea death] Denominator: SUM [Child under 5 years with Diahorrea admitted]	Reliant on accuracy of diagnosis / cause of death Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	No	Lower children mortality rate is desired	MNCWH Programme manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Child under 5 years pneumonia case fatality rate	Proportion of children under 5 years admitted into any public health facility with pneumonia who died	Monitors treatment outcome for children under 5 years who were admitted with pneumonia. Include under 1 year diarrhoea deaths	Facility Register	Numerator: SUM [Child under 5 years with pneumonia death] Denominator: SUM [Child under 5 years with pneumonia admitted]	Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	Yes	Lower children mortality rate is desired	MNCWH Programme manager
Child under 5 years severe acute malnutrition case fatality rate	Proportion of children under 5 years admitted into any public health facility with severe acute malnutrition who died	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	Facility Register	Numerator: SUM [Child under 5 years severe acute malnutrition deaths] Denominator: SUM [Children under 5 years severe acute malnutrition admitted]	Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	Yes	Lower children mortality rate is desired	MNCWH Programme manager
School Grade 1 screening coverage (annualised)	Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator: Facility Register Denominator: Report from Department of Basic Education	Numerator: SUM [School Grade 1 - learners screened] Denominator: SUM [School Grade 1 - learners total]	None	Process	Percentage	Quartely	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
School Grade 8 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)	Numerator: Facility Register Denominator: Report from Department of Basic Education	Numerator: SUM [School Grade 8 - learners screened] Denominator: SUM [School Grade 8- learners total]	None	Process	Percentage	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
Couple Year Protection Rate	Women protected against pregnancy by using modern contraceptive methods, including sterilizations, as proportion of female population 15-44 year. Contraceptive years are the total of (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) +)Male condoms distributed / 200) + (Male sterilization x	Track the extent of the use of contraception (any method) amongst women of child bearing age	Facility Register Denominator: StatsSA	Numerator (SUM([Oral pill cycle]) / 13) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4) + (SUM([Male condoms distributed]) / 200) + (SUM([Sterilisation - male]) * 20) + (SUM([Sterilisation - female]) * 10) +Sub-dermal implants X3 Denominator: SUM {[Female 15-44 years]} + SUM{[FeMale 45-49 years]}	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Quarterly	No	Higher percentage indicates higher usage of contraceptive methods.	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	20) + (Female sterilization x 10)s										
Cervical cancer screening coverage (annualised)	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitors implementation of policy on cervical screening	Facility Register Denominator: StatsSA	Numerator: SUM([Cervical cancer screening 30 years and older]) Denominator: (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])) / 10	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
HPV 1st dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 1st dose of the HPV vaccine during 2016 Calender year	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system Denominator: Report from Department of Basic Education	Numerator: Girls 9 years and older that received HPV 1st dose Denominator: Grade 4 girl learners ≥ 9 years during 2016	None	Output	Percentage annualised	Annually	No	Higher percentage indicate better coverage	MNCWH Programme Manager
HPV 2nd dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 2nd dose of the HPV vaccine during 2016,	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and	HPV Campaign Register – captured electronically on HPV system Denominator:	Numerator: Girls 9 years and older that received HPV 2nd dose Denominator: Grade 4 girl learners ≥ 9 years	None	Output	Percentage annualised	Annually	No	Higher percentage indicate better coverage	MNCWH Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	and First round 2017	reflect the coverage so far	Report from Department of Basic Education								
Vitamin A dose 12-59 months coverage (Annualised)	Proportion of children 12-59 months who received vitamin A 200,000 units, preferably every six months	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	DHIS, facility registers, patient records	**Num:** Vitamin A dose 12-59 months **Den:** Population 12-59 months*2		Output	Percentage	Quarterly	No	Higher proportion of children 12-29 months who received Vit A will increase health	MNCWH Programme Manager
Maternal mortality in facility ratio (Annualised)	Women who died in hospital as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy, per 100,000 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	DHIS, facility registers, patient records	**Num:** Maternal death in facility **Den:** Live birth in facility	Quality of reporting	Impact	Ratio per 1000 live births	Annually	No	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care	MNCWH Programme Manager
Inpatient early neonatal death rate	Proportion of children 28 days admitted/separated who died during their stay in the facility as a proportion of	Monitors treatment outcome for admitted children under 28 days	DHIS, facility registers, patient records	**Num:** Inpatient death early neonatal **Den:** Live birth in facility	Quality of reporting	Impact	Rate per 1000	Annually	No	Lower death rate in facilities indicate better obstetric management	MNCWH Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	Live birth in facility									practices and antenatal and care	

DISEASE PREVENTION AND CONTROL (DPC)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator (Input etc)	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Clients screened for hypertension	Measure the number of people counseled and screened for high blood pressure as part of comprehensive health screening	Counseling and screening increases early detection and treatment before complications set in	Facility Register	Sum of Clients screened for hypertension	The new data collection tools may not exist all facilities	output	Sum	Quarterly	No	Greater number of people screened for high blood pressure	CD: health Progrogramm es
Clients screened for diabetes	Measure the number of people counseled and screened for raised blood glucose levels as part of comprehensive health screening	Counseling and screening increases early detection and treatment before complications set in	Facility Register	Sum	The new data collection tools may not exist all facilities	output	Sum	Quarterly	No	Greater number of people screened for raised blood glucose levels	CD: health Progrogramm es
Clients screened for Mental Health	Measures proportion of population screened for mental disorders	Monitored to increase early detection	Facility Register	PHC Client screened for mental disorders	The new data collection tools may not exist all facilities	Output	Percentage	Quarterly	No	Greater number of for mental disorders	CD: health Progrogramm es

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator (Input etc)	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Cataract Surgery Rate	Clients who had cataract surgery per 1 million uninsured population	Monitors access to cataract surgery (preventing disability through blindness)	Numerator: Facility Register Denominatio nr: DHIS based on StatsSA proportions	Numerator: Total number of Cataract surgeries completed Denominator: Uninsured population	Accuracy dependant on quality of data from health facilities	Output	Rate	Quarterly	No	1 500 operations per million un-insured population	CD NCD
Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	<Province to indicate the reporting system used to collect this information>	Numerator: Deaths from malaria Denominator: Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Quarterly	No	Lower percentage indicates a decreasing burden of malaria	Communicable Diseases

PERFORMANCE INDICATORS FOR HOSPITALS (ALL LEVELS):

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
National Core Standards self - assessment rate	Fixed health facilities that have conducted annual National Core Standards self-assessment as a proportion of fixed health facilities.	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - NCS Reports	**Num:** Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year **Den:** Total number of Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Quality improvement plan after self - assessment rate	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	Quality Improvement Plans DHIS /NCS report	**Num:**Number of Hospitals that developed a Quality improvement plan to date in the current financial yea ***Den:***Number of Hospitals that conducted National Core Standards self-*assessment to date in the current financial year*	Reliability of data provided	QQuality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
Percentage of health facilities compliant with all extreme and vital measures of the national core standards	Percentage of ~~s~~ health facilities compliant to all Extreme and vital Measures of National Core Standards	Monitors quality in health facilities	NCS self-assessment report,	**Num:** Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards **Den:** Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year	None	Outcome	Percentage	Quarterly	No	Higher number indicates greater number of facilities compliant to all extreme and vital measures of National Core Standards	Quality Assurance
Average Length of Stay	Average number of patient days that an admitted	To monitor the efficiency of the district hospital	DHIS, facility register & Admission	Numerator	High levels of efficiency y	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels	District Health Services

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	patient in the district hospital before separation.			Inpatient days + 1/2 Day patients Denominator Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	could hide poor quality					of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care	
Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district hospital beds	DHIS, facility register Admission	**Num:** Inpatient days + 1/2 Day patients **Den:** Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	District Health Services
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency	Track the expenditure per PDE in district hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator** Total Expenditure in district hospitals **Denominator** Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day										
Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	Numerator Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator** Total number of complaints resolved within 25 days **Denominator** Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
EMS P1 urban response under 15 minutes rate	Proportion P1 calls in urban locations with response times under 15 minutes	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 15	DHIS, institutional EMS registers OR DHIS, patient and vehicle report.	Num:EMS P1 urban response under 15 minutes Den:EMS P1 urban calls	Cumulative	Input	Rate per 10 000 population	Quarterly	No	Higher number of rostered ambulances may lead to faster response time ~~her~~	EMS Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		minutes in urban areas									
EMS P1 rural response under 40 minutes rate	Proportion P1 calls in rural locations with response times under 40 minutes	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 40 minutes in rural areas	DHIS, institutional EMS registers Patient and vehicle report.	Num:EMS P1 rural response under 40 minutes Den:EMS P1 rural calls	Accuracy dependant on quality of data from reporting EMS station	Output	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager
EMS inter-facility transfer rate	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	DHIS, institutional EMS registers Patient and vehicle report.	**Numerator** EMS inter-facility transfer **Denominator** EMS clients total	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations and emergency headcount reported from hospitals.	Output	Percentage	Quarterly	No	Lower percentage desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.	EMS Manager
Ratio of ambulance per population	Ratio of ambulances per population 1:18 000)	Monitor number of ambulances per population ratio	EMS Information Systems	Numerator Total number of ambulances rostered Denominator 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	Director: Emergency Medical Services (EMS)
Number of ambulances procured	Number of ambulances procured	Monitor number of ambulances available per population ratio	Procurement documents	Numerical	None	Input	Number	Quarterly	Yes	Increased pool of operational ambulances will improve response times	Director: Emergency Medical Services (EMS & DirectorTransport

PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of Bursaries awarded for first year medicine students	Number of new medicine students provided with bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	Bursary contracts	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	no	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager
Number of Bursaries awarded for first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	SANC Registration form	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	Yes	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager
Number of Post basic professional nurses enrolled	Number of professional nurses enrolled on post-basic nursing programmes	Professional nurses enrolled 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	Director: Nursing Education
Number of direct basic student nurses enrolled	Number of nurses entering the first year of nursing college	Tracks the training of nurses	College/campus records and satelites campus (Nursing school records)	Number of professionals trained	Authenticity of the Matric certificate	Output	Sum total	Annual Quarterly	Yes	Desired pass rate on all programmes	Director: Nursing Education
Number of direct basic student nurses graduated	Number of students who graduate from	Tracks the production of nurses	College records	Number of student	-	output	Sum total	Annual	Yes	Desired pass rate on all programme	Director: Nursing Education

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	the basic nursing course			nurses graduated							
Number of Emergency Care Technicians (ECT) students enrolled	Number of students enrolled in Emergency Care Technicians	Tracks the training of Emergency	College records	Number of students enrolled	Authenticity	output	Sum total	Annual	Yes	Desired pass rate on all programme	Principal EMS College

Programme 7: Health Care Support Services

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	**Numerator:** Totals number of medicines available at depot, Hospitals and clinics. **Denominator:** Total number of medicines to be monitored. Total for Depot= 683 Hospitals= 101 Clinics= 273	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	Director: Pharmaceutical Services

Programme 8: Infrastructure Norms and Standards

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure	Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).		project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).								
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
ablish service level agreements (SLAs) with Department of Public Works (and any other Implementing Agent)	A service level agreement (SLA) / Service Delivery Agreement (SDA) was established with Public Works (and any other Implementing Agent).	To strengthen partnerships with Public Works (and any other Implementing Agent) to accelerate infrastructure delivery by means of formalising an	Service level agreement / Service Delivery Agreement	Service level agreement (SLA) / Service Delivery Agreement (SDA) established with WCG: Transport and Public Works (and any other Implementing Agent)	Availability of documentation to prove a Service Level Agreement / Service Delivery Agreement has been established.	Process	Compliance	Annual	No	A Service Level Agreement / Service Delivery Agreement was established with WCG: Transport and Public Works (and any other Implementing Agent) which should lead to	Chief Director: Infrastructure and Technical Management

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		SLA (SDA) and ensuring accountability by all relevant role players.								accelerated infrastructure delivery.	
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 projects completed	Number of projects completed	Improving health outcomes. High	IRM	Completed	None	Progress indicator	No	Quarterly	NA	Performance as per IA's programme	FPWI