Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN



2016/17 – 2018/19

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ABBREVIATIONS & ACRONYMS

AGSA	Auditor-General SA
APP	Annual Performance Plan
AIP	Audit Intervention Plan
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BANC	Basic Antenatal Care
BAS	Basic Accounting System
CCMDD	Central Chronic Medicine Dispensing and Distribution
CFO	Chief Financial Officer
CoE	Compensation of Employees
CHCs	Community Health Centres
CIBD	Construction Industry Development Board
CHCWs	Community Health Care Workers
DCSTs	District Clinic Specialist Teams
DDG	Deputy Director General
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHS	District Health Services
DOTS	Directly Observed Treatment Short-Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DRPW	Department of Roads and Public works
DM	District Municipality
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECSECC	Eastern Cape Socio-Economic Council
ES	Equitable Share
ELHC	East London Hospital Complex
EMS	Emergency Medical Services
FMPPI	Framework for Managing Programme Performance
GHS	Information General Household Survey

GIAMA	Government Immovable Asset Management Act
HFRG	Health Facility Revitalization Grant
HST	Health Sciences and training
HAST	HIV & AIDS, STI and TB control
HCT	HIV Counseling and Testing
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPV	Human Papilloma Virus
HPCSA	Health Professionals Council of South Africa
HPTD	Health Professionals Training and Development (Grant)
HRMIS	Human Resource Management Information Systems
HRM	Human Resource Management
HRD	Human Resource Development
HT	Health Technology
HRH	Human Resources for Health
ICMD	Integrated Chronic Diseases Management
ICT	Information and Communications Technology
IDMS	Infrastructure Delivery Management System
IMR	Infant mortality rate
IDIP	Infrastructure Delivery Improvement Programme
IRM	Infrastructure Reporting Model
ISH	Integrated School Health
ISHP	Integrated School Health Programme
IT	Information Technology
IPT	Isoniazid Preventive Therapy
MCWH	Maternal, Child and Women's Health and Nutrition
MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MTCT	Mother-To-Child-Transmission

MTEF	Medium Term Expenditure Framework
MOU	Maternal Obstetric Unit
MPAT	Management Performance Assessment Tool
MTSF	Medium Term Strategic Framework
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NNMR	Neonatal Mortality Rate
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
NT	National Treasury
OD	Organisational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OPD	Outpatient Department
OTP	Office of the Premier
OSD	Occupational Specific Dispensation
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDP	Provincial Development Plan
PERSAL	Personnel and Salaries
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMR	Perinatal Mortality Rate
PEPFAR	President's Emergency Plan For Aids Relief
PMTCT	Prevention of Mother-To-Child Transmission
PSS	Patient Satisfaction Surveys
PSA	Public Service Administration

PPPs	Public-Private Partnerships
RDQA	Routine Data Quality Assessment
RPHC	Revitalization of PHC
QA	Quality Assurance
RPHC	Re-engineering the Primary Health Care System
QIP	Quality Improvement Plan
SLA	Service level Agreement
SADHS	South Africa Demographic and Health Survey
SANTA	South African National Tuberculosis Association
SCM	Supply Chain Management
SITA	State Information Technology Agency
SDIP	Service Delivery Improvement Plan
SDG's	Sustainable Development Goals
SOP	Standard Operating Procedure
Stats SA	Statistics South Africa
SMME	Small Medium Micro Enterprise
STI	Sexually Transmitted Infection
SVS	Stock Visibility System
TB	Tuberculosis
THS	Traditional Health Services
TMC	Traditional Male Circumcision
TROA	Total Clients Remaining On ART
VPN	Virtual Private Network
WISN	Workload Indicators of Staffing Needs
WBOTs	Ward-Based Outreach Teams
XDR-TB	Extreme Drug Resistance Tuberculosis

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Foreword by the Executive Authority (MEC for Health)



I hereby submit the 2016/17 Annual Performance Plan (APP) of the Eastern Cape Department of Health (ECDoH). This latest APP - aligned with our 5 year Strategic Plan - has been developed and finalised following a detailed review of our previous plans and performance reports, extensive consultation with our departmental staff from all the branches and districts, as well as consideration of inputs received from the National Department of Health (NDoH).

The increased burden of disease evident throughout the country, declining health service delivery budget and shrinking financial resources in our Department caused to a large extent by the unbudgeted yet increasing medico-legal costs, necessitate the Department to continuously review its strategies in order to yield sustainable long-term health benefits for all citizens of the Eastern Cape Province.

Despite these challenges, the Department continues to focus its delivery of services through the three identified focal priority areas as key drivers of the policy priorities. These priority areas are:

1. Curbing the burden of disease;
2. Improving the quality of health care; and,
3. Universal health coverage.

The Department commits to intensifying its approach to strengthening preventive health services including health promotion initiatives to reduce the high burden of disease especially HIV/AIDS and TB infection, as well as to reduce and manage the impact of the disease on those infected and affected.

The UNAIDS 90-90-90 strategy aimed at ensuring that – by the year 2020;

- 90% of all people living with HIV will know their HIV status;
- 90% of people with diagnosed HIV infection will receive sustained ART;
- 90% of all people receiving ART will have viral suppression;

will be rolled out and intensified in all districts to help the Department realize its goals of reducing the HIV infection rate and TB deaths by 15% in 2019.

Equally, efforts to reduce child and maternal mortality ratio will be strengthened beyond 2016.

The Ideal Clinic Realization and Maintenance Model - whose focus is to improve the quality of services rendered in the clinics by strengthening the service platform and management – will be implemented in at least a third of our health clinics.

The Department is pleased with the progress of the National Health Insurance (NHI) pilot in OR Tambo and its added benefits to the communities thus far. Plans to advance the National Health Insurance (NHI) pilot project beyond the OR

Tambo District are progressing well and the Department will now launch the second pilot site in Alfred Nzo District during 2016/17 financial year. Moving forward, the second pilot is envisaged to bring positive benefits to the Alfred Nzo region as additional resources like improved infrastructure will increase access to quality health care and ultimately see a decrease in the disease burden.

This Annual Performance Plan depicts the Department's pledge and determination to deliver a quality healthcare service which strives to improve the health profile of our communities for the better. I would like to express my gratitude to the Accounting Officer and Head of Department - Dr T. Mbengashe – for providing strategic direction and leadership to the departmental staff, and to the Executive Management Team and Senior Management for their continued support. Special thanks goes to the Strategy and Organizational Performance (SOP) Unit for overall coordination and development of this APP and to Programme and sub-programme managers.

The National Department of Health, the Office of the Premier and other provincial departments, as well as our development partners in the non-government and private sectors, are all key to the success of our annual and long-term plans. It is only through team-work, commitment and hard-work that we will be able to improve the delivery of health services to all our people, improve their health outcomes, meet their expectations as well as ensuring that they have a positive and long-lasting experience of care in our health facilities.

Indeed working together, we can do so much more!



Dr P.P. Dyantyi
MEC for Health

Statement by the Head and Accounting Officer of the Department



This 2016/17 Annual Performance Plan (APP) of the Eastern Cape Department of Health attempts to reconcile the planning requirements of the PFMA and associated treasury regulations, Public Service Administration (PSA) regulations, and the requirements of the National Treasury and National Departments of Health (NDoH). In order to ensure that the APP is synchronized with the entire planning, budgeting, monitoring and reporting framework prescribed in the PFMA, the plan is linked to and drives the MTEF projections. The Plan therefore provides strategic objectives that are linked to programme and sub-programme budgets.

This APP also forms the basis for the 2016/17 Annual Operational Plan and budget, which are also linked to the Departmental Vote, my performance agreement and those of all senior managers.

The Department has reviewed and revised its indicators to ensure alignment with the National sector indicators as well as ensuring that these indicators take into account service delivery issues pertinent to the Province. The 2016/17 Annual Performance Plan is thus characterised by lesser but more focused indicators that will ensure achievement of the Department's goals and objectives.

The Department will continue with its fight against TB and HIV and AIDS. In this regard, the Department will be fully implementing the revised ART policy of initiating treatment to all HIV positive patients at the CD4 count of 500; increase the HCT uptake as well as strengthening of HIV prevention initiatives. The management of drug resistant TB will be decentralized and de-institutionalized to PHC facilities, but this will be done with adequate training of doctors in these facilities.

The Department will continue to ensure adherence of facilities to the National Core Standards, particularly those facilities who are worst performing. Re-engineering of Primary Health Care (PHC) services remains a key priority of government and the ruling party. Key elements of this are strengthening and expansion of Ward Based Outreach Teams (WBOT) and Integrated School Health teams which promote a preventative health care approach. Another element that will be focused on is the strengthening of the District Clinical Specialist Teams (DCSTs) for improved clinical outcomes.

Training of EMS personnel will be strengthened to ensure that the practitioners are more professional and caring in the work that they perform. The Department will also build on the gains made in the area of Emergency Medical Services (EMS). The focus will be on the provision of inter-facility ambulances as well as dedicated maternity ambulances in facilities.

The process of finalization of the organogram is at advanced stages, the focus is on staffing of facilities according to their designated level of care and ensures that more resources are deployed at the operational level than at administrative levels. The annual recruitment plan for the year as well as those of subsequent years will be influenced by this move to resourcing facilities according to the appropriate level of care.

Finance and Supply Chain Management will be focused on in order to support the Department's core business which is Clinical services. The department will continue to strive for a clean audit by strengthening its systems of internal controls and effective management of the audit process. Implementation of Consequence Management will also be strengthened through the continued work of the Financial Misconduct Committees and the applicable labour relations processes.

The Department is mindful of the limited resources within which it has to set the targets in the 2016/17 APP. Accordingly, careful reprioritisation and cost-cutting initiatives have been considered. The Department will thus stringently monitor and review progress in the implementation of this APP. The 2016/17 Annual Report will report against the strategic objectives and expenditure plans set out in this APP, as well as assess progress towards realising the overall departmental goals and objectives set out in the provincial strategic plan.



Dr T.D. Mbengashe

Superintendent General

OFFICIAL SIGN-OFF OF THE 2016/17 ANNUAL PERFORMANCE PLAN

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in the Eastern Cape Province;
- Was prepared in line with the current Strategic Plan of the Eastern Cape Department of Health under the guidance of the MEC for Health, Dr P.P. Dyantyi;
- Accurately reflects the performance targets which the Provincial Department of Health in the Eastern Cape will endeavour to achieve given the resources made available in the budget for 2016/17.

Mr X. Mahlalela _____

Chief Director: Strategy and Organizational Performance

Date:

Mr S. Kaye _____

Chief Financial Officer

Date:

Dr T. D. Mbengashe _____

Accounting Officer

Date:

APPROVED BY:

Dr P.P. Dyantyi _____

Executive Authority

Date:

PART A
STRATEGIC OVERVIEW



1. VISION

A quality health service to the people of the Eastern Cape Province, promoting a better life for all.

2. MISSION

To provide and ensure accessible, comprehensive, integrated services in the Eastern Cape, emphasizing the primary health care approach, optimally utilizing all resources to enable all its present and future generations to enjoy health and quality of life.

3. VALUES

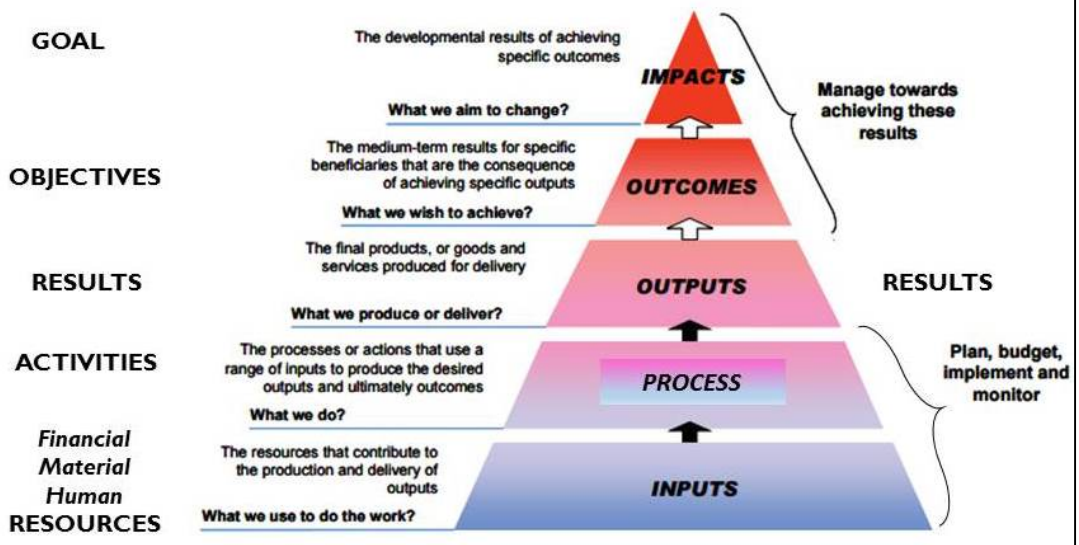
The department's activities will be anchored on the following values in the next five years and beyond:

- Equity of both distribution and quality of services
- Service excellence, including customer and patient satisfaction
- Fair labour practices
- Performance-driven organization
- High degree of accountability
- Transparency

4. CONCEPTUAL FRAMEWORK & STRATEGIC GOALS

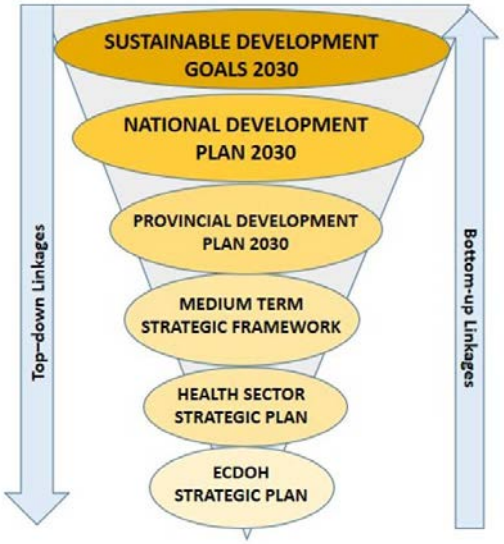
The following Conceptual Framework outlines key guiding principles for ECDOH in the development of the Annual Performance Plan and the Strategic Plan.

Figure 1. Conceptual Framework



The Annual Performance Plan (APP) covering a three year period and updated annually, is aligned to the Medium Term Strategic Framework, the Five-year Strategic Plan, the Provincial Development Plan, the National Development Plan and Sustainable Development Goals (SDGs) which replaced the Millennium Development Goals (MDGs) as illustrated in the figure below.

Figure 2. Linkages between Various Development and Strategic Plans



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. Goal 3 - "Ensure healthy lives and promote well-being for all at all ages" - is relevant to the health sector and has 13 targets.

The Eastern Cape Department of Health will focus efforts at achieving 8 of the 13 targets, namely;

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births (target 1);
- By 2030, end preventable deaths of newborns and children under 5 years of age, and 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 (target 2);

- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases (target 3)
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being(target 4);
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 5);
- 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 (target 6);
- 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 (target 7);
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce (target 12).

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 and an AIDS-free under 20 years generation
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

PROVINCIAL DEVELOPMENT PLAN

The Provincial Development Plan (PDP) of the Eastern Cape is rooted in the NDP, and was developed collaboratively with citizens, organizations and institutions within and outside the Province.

There are five related goals that inform the PDP. The five goals are interrelated and cross-enable each other. For example, good health (goal 3) is important for effective learning (goal 2) and productive economic activity (goal 1). Achieving the first three goals will inevitably create more vibrant communities (goal 4). The fifth goal, capable and accountable institutions, enables the first four goals.

Goal 3: A healthy population

The PDP seeks to ensure that all citizens of the Eastern Cape live longer and healthy lives. This will mainly be achieved by providing quality healthcare to people in need. The health system must value patients, care for communities, provide reliable service and value partnerships. In addition, the system should rest on a good primary healthcare platform and be integrated across primary, secondary and tertiary levels of healthcare.

To achieve the NDP 2030 targets of a life expectancy of 70 years and an AIDS-free under-20 generation, the objectives and strategic actions for this goal are:

- **Health system stability through primary healthcare re-engineering**. The Eastern Cape aims to invest its priorities and place people-centred primary healthcare above hospital-based curative care. This will require system re-engineering and public commitment and support. A strong primary healthcare system – based on four pillars, namely Integrated School Health Programme, Ward-based Outreach Teams (WBOTs), District Clinical Specialist Teams (DCSTs), and General Practitioner (GP) Contracting, as well as the Ideal Clinic Initiative Realisation; Central Chronic Medicine Dispensing and Distribution (CCMDD) system, the eHealth and mHealth initiatives, and compliance with the National Core Standards (NCP) - would lay the foundation for a service delivery platform that strengthens lower levels of care. The province aims to improve the health system by building on what exists. Stabilising the health service platform includes establishing robust referral systems, stabilising leadership and ensuring appropriate health system financing through budget allocations from the Treasury, the implementation of national health insurance, and the consolidation of robust financial management practices.

- **Quality Improvements**. Health system leaders need to ensure that quality issues in health services are addressed, including workforce planning, development and management; improving the quality of management; enhancing clinical governance; improving workforce skills and knowledge; refurbishing or redeveloping physical infrastructure; ensuring the acquisition and proper maintenance of medical technology; modernising and improving supply chain management; strengthening support services; and establishing reliable connectivity in health facilities.

- **Leadership and social partnering**. To improve leadership, the PDP proposes the following critical strategic actions: creating long-term stability, particularly at senior levels, establishing and achieving the requisite knowledge and technical expertise at appropriate levels, and establishing leadership development programmes for health.

  Social partnering refers to community and health-sector integration and a provincial civic health education campaign. This is underpinned by the belief that individuals and families should take ownership of their health. To encourage social partnering, the PDP proposes the following strategic actions: developing community health education and awareness

programmes, intensifying health promotion through the community health worker programme, and improving the level of community commitment to the governance of local health facilities.

- **Social determinants of health and disease**. The social determinants of health in the province involve a complex mix of political, social and economic issues. They also relate to matters outside of the direct scope and control of the Department of Health, such as water, sanitation, nutrition, education, energy, communications, transport and infrastructure. As a result, the response to this challenge cuts across various goals in the plan, including improving education, developing the economy and the related positive effect on income and livelihoods, and improving human settlements and other social infrastructure. The plan emphasises the importance of interventions and programmes to improve nutrition and food security, roads infrastructure, water and sanitation, the safe disposal of refuse and waste, as well as proper spatial planning for human settlements. The health sector should play a role in planning for these programmes.

HEALTH SECTOR STRATEGIC GOALS

The Strategic goals of the National Department of Health's five-year strategic goals are to:

- Prevent disease and reduce its burden, and promote health;
- Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;
- Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;
- Improve health facility planning by implementing norms and standards;
- Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms;
- Develop an efficient health management information system for improved decision making;
- Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance;
- Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.

Table A1: Health Impact Indicators and Targets					
Impact Indicator	**Baseline (2009[1]) South Africa**	**Baseline (2012[2]) South Africa**	**2019 Targets (South Africa)**	**2013 Baseline (Province)**	**2019 Target (Province)**
Life expectancy at birth: Total	56.5 years	60.0 years (increase of 3,5years)	63 years by March 2019 (increase of 3 years)	56.5	59
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)	53.0	56
Life expectancy at birth: Female	59.0 years	62.8 years (increase of 3,8years)	65.8 years by March 2019 (increase of 3 years)	59.0	62
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)	29.0 per 1000 live births	23/1000
Neonatal Mortality Rate	-	14 per 1000 live births	6 per 1,000 live births	8.8 per 1,000 live births	6/ 1000
Infant Mortality Rate (IMR)	39 per 1,000 live-births	27 per 1,000 live-births (25% decrease)	18 per 1,000 live births	19.1 per 1,000 live births	16/1,000
Child under 5 years diarrhea case Fatality rate	-	4.2%	<2%	5.1%	<3%
Child under 5 years severe acute malnutrition case fatality rate	-	9%	<5%	12.4%	<6%
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	180 per 100,000 live-births	100/100,000

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

STRATEGIC GOALS OF THE EASTERN CAPE DEPARTMENT OF HEALTH 2020

The Five-year (2015/16 – 2019/20) Strategic Plan of the Department of Health has three strategic goals aligned to those of the National Department of Health, and will be implemented in the year 2016/17. The strategic objectives are linked to the Medium Term Strategic Framework (MTSF) and the National Health Council Priorities.

Table A2: ECDOH Strategic Plan Goals, Objectives, Outcomes and Linkage with the MTSF Expected Outcomes for 2014 - 2019

MTSF 2014-2019 (Expected Outcomes)	Strategic Goal	Strategic Objectives	ECDOH Strategic Plan Expected Outcomes
• HIV & AIDS and Tuberculosis prevented and successfully managed; • Maternal, infant and child mortality reduced.	• HIV infection rate reduced by 15% by 2019; *(5% annually)* • TB death rate reduced by 30% in 2019 *(10% annually);* • Child Mortality Reduced to less than 34 per 1000 population by 2019; • Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019; Screening coverage of chronic illnesses increased to more than a million by 2019	• To reduce HIV infection rate by 15% by 2019; • To reduce TB death rate by 30% in 2019; • To reduce Child Mortality to less than 34 per 1000 population by 2019; • To reduce Maternal Mortality Ratio to less than 100 per 100 000 population by 2019; To increase screening of chronic illnesses to to more than a million by 2019	• HIV & AIDS and Tuberculosis prevented and successfully managed; Maternal, infant and child mortality reduced.
• Improved quality of health care	• Patient satisfaction rate increased to 75% in health services by 2019; • Health facilities assessed for compliance with National Core Standards increased to 60% by 2019;	• To increase Patient satisfaction of care rate to more than 75% in health services by 2019; • To increase compliance with National Core Standards to 60% by 2019;	Improved quality of health care
• Efficient Health Management Information System for improved decision making	50% of health facilities connected to web-based DHIS through broadband by 2019	To improve health management information systems	Efficient Health Management Information System for improved decision making
• Improved human resources for health	Fifty (50) first year medical student receiving bursaries by 2019	Number of Bursaries awarded for first year medicine students	Improved human resources for health
• Improved health management and leadership	Unqualified audit opinion achieved by 2019	Unqualified audit opinion achieved by 2019	Improved health management and leadership

• Improved health facility planning and infrastructure delivery	(721)Health facilities refurbished to comply with the National norms and standards by 2019	Health facilities refurbished to comply with the National norms and standards by 2019	Improved health facility planning and infrastructure delivery
• Universal Health coverage achieved through implementation of National Health Insurance; • Re-engineering of Primary Health Care	• 100% District clinical specialist team (DCSTs) coverage for all Districts by 2019; 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019	• To implement Re-engineering of PHC through functional District Clinical Specialist Teams (DCSTs) and Integrated School Health Program (ISHP) by 2019	• Universal Health coverage achieved through implementation of National Health Insurance; Re-engineering of Primary Health Care
• HIV & AIDS and Tuberculosis prevented and successfully managed; • Maternal, infant and child mortality reduced.	• HIV infection rate reduced by 15% by 2019; *(5% annually)* • TB death rate reduced by 30% in 2019 *(10% annually);* • Child Mortality Reduced to less than 34 per 1000 population by 2019; • Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019; Screening coverage of chronic illnesses increased to more than a million by 2019	• To reduce HIV infection rate by 15% by 2019; • To reduce TB death rate by 30% in 2019; • To reduce Child Mortality to less than 34 per 1000 population by 2019; • To reduce Maternal Mortality Ratio to less than 100 per 100 000 population by 2019; To increase screening of chronic illnesses to to more than a million by 2019	• HIV & AIDS and Tuberculosis prevented and successfully managed; Maternal, infant and child mortality reduced.

5. SITUATIONAL ANALYSIS

DEMOGRAPHIC PROFILE

The Statistics South Africa (STATSA) 2015 mid-year population of the Eastern Cape Province was estimated at 6 880 967 with 20.8% of the population living in OR Tambo District followed by Nelson Mandela Bay Metro (17.9%).

The Province is spread over an area of 168,966 km^2 and constitutes 13.8% of the total SA land area. The Statistics South Africa (STATSA) population estimates for 2015 (published in 2014) showed that the population of the province represents 12.6% of the South African population (Table 5). The gender distribution was 52.7% females and 47.3% males, as shown below in more detail for the 2 metropolitan districts and the health district municipalities.

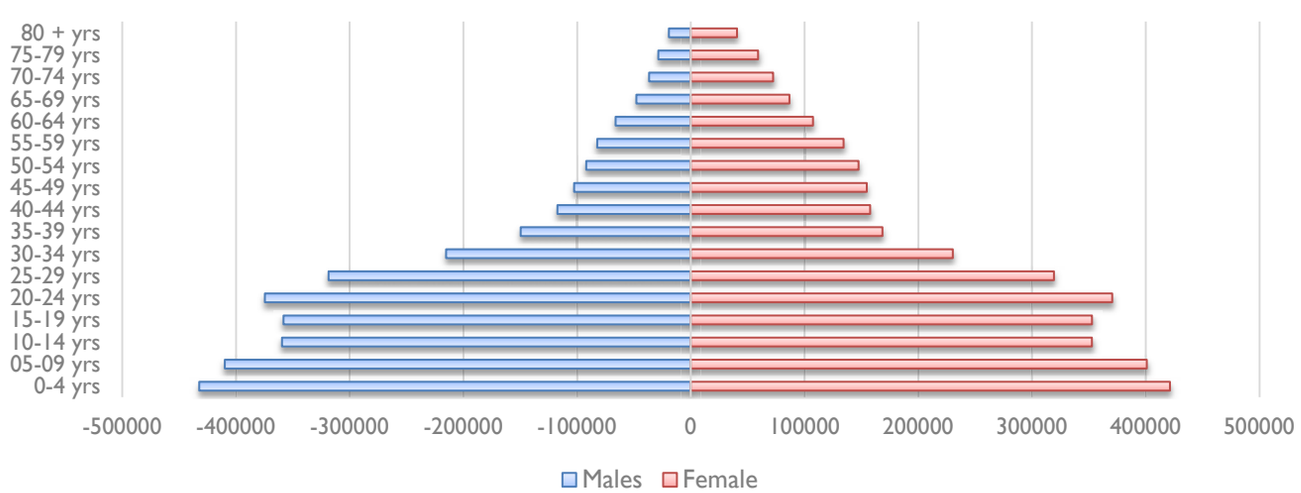
Table A3: Population Distribution by District Municipality (DM), 2015 estimates

District Municipality	Total population[1]	Males	Females	% population	Size of area (km^2)[2]
Alfred Nzo DM	846 573	389,186	457, 387	12.3	10731.2
Amathole DM	907 311	428,632	478,680	13.2	21594.9
Buffalo City Metro	789 825	376,584	413,240	11.5	2535.9
Chris Hani DM	827 658	393,532	434,126	12.0	36143.5
Joe Gqabi DM	367 368	174,296	193,072	5.3	25662.7
Nelson Mandela MM	1 229 504	592,123	637,381	17.9	1958.9
OR Tambo DM	1 432 523	667,792	764,731	20.8	12095.5
Sarah Baartman DM	480 204	236,322	243,883	7.0	58243.3
Eastern Cape	**6 880 967**	**3,258,467**	**3,622,500**	**100**	**168,966.0**

Sources: [1]StatsSA 2015 estimates; [2]ECSECC April 2012

The population for the Province is relatively young. Two-thirds of the population is under the age of 30 years and 12.6% of the population is under-5 years. In a young population such that of our Province, the capacity of the state is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities, and housing. These challenges in the Eastern Cape, especially in the OR Tambo and Alfred Nzo Districts with more than a quarter of the provincial population, are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments.

Figure 3: Eastern Cape Province Population Pyramid, 2015 (StatsSA, May 2015)



SOCIO-ECONOMIC PROFILE

Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evident in the socio-economic indicators in table 2 below, as well as the maps that follow. These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty rate at 72.3% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). The huge population has very limited medical aid coverage, and province-wide 89.2% of the population depend on government health services or pay for their medical bills in private health facilities.

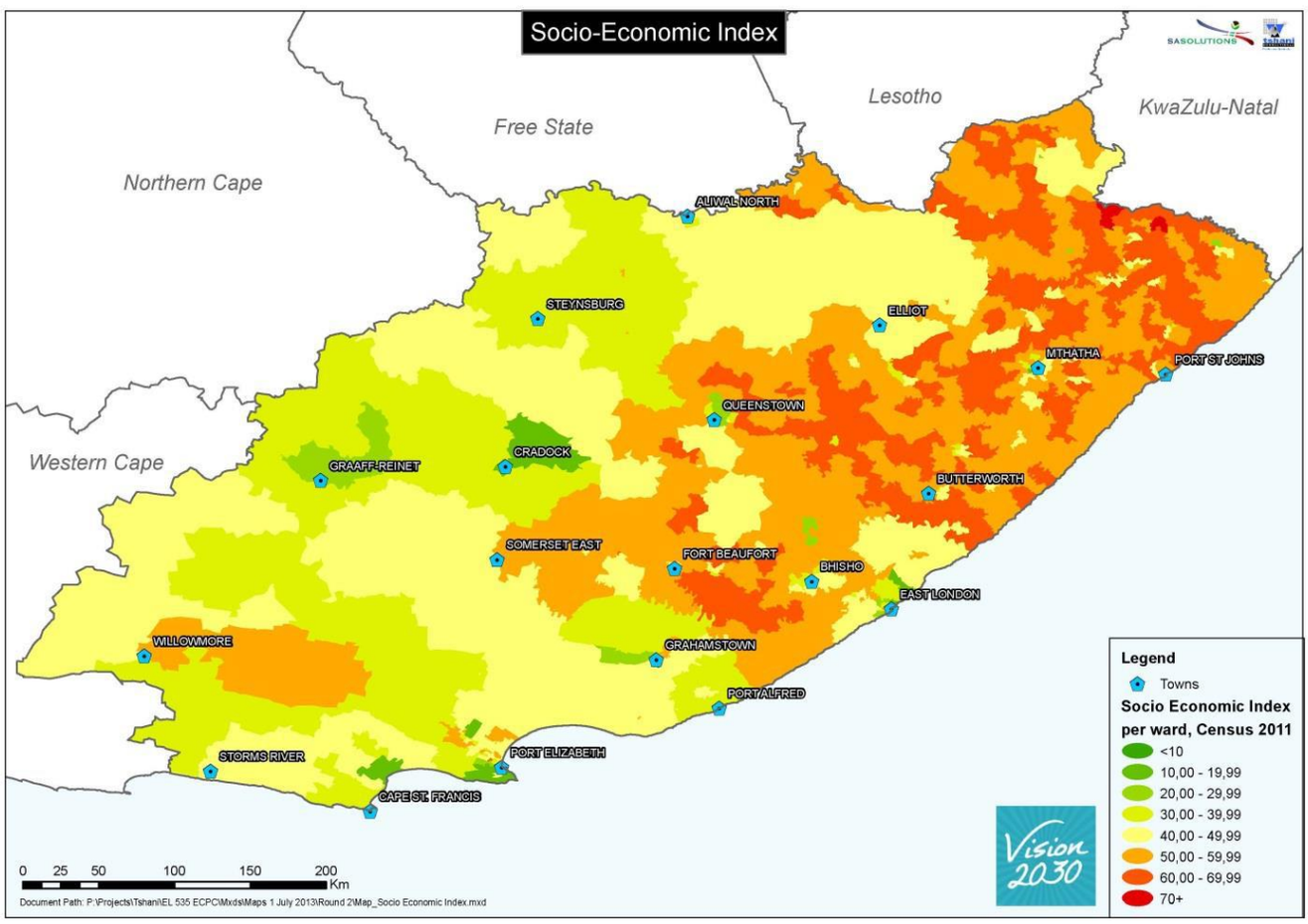
Table A4. Socio-economic profile by District in Eastern Cape Province

District	Household below poverty line[1]	Poverty Rate[2]	Unemployment Rate[1]	No schooling[1]	Medical Aid coverage[3]	Access to piped water[1]	Households with flush/chemical toilet[1]	Households with access to refuse removal[1]
Alfred Nzo	34.8	70.8	31.1	14.8	3.5	15.9	6.7	7.3
Amathole	30.4	66.0	34.0	14.2	8.7	25.0	17.4	16.7
Buffalo City MM	27.9	49.0	21.1	5.3	14.7	70.6	71.3	71.3
Chris Hani	29.2	40.5	42.8	15.0	5.9	42.5	33.1	29.2
Joe Gqabi	31.1	65.5	27.1	15.7	5.0	42.2	26.7	28.8
Nelson Mandela MM	25.5	52.1	26.8	3.5	29.4	90.3	89.3	91.5
OR Tambo	34.9	46.0	26.5	17.9	4.6	19.3	11.7	11.7
Sarah Baartman	21.7	62.0	21.0	8.2	14.6	85.8	73.5	80.5
Eastern Cape	**29.4**	**57.2**	**28.8**	**11.2**	**10.8**	**49.4**	**42.9**	**43.5**

Source: [1]Economic Development, Environmental Affairs & Tourism 2015, [2]ECSECC 2012, [3]DHB 2013/14

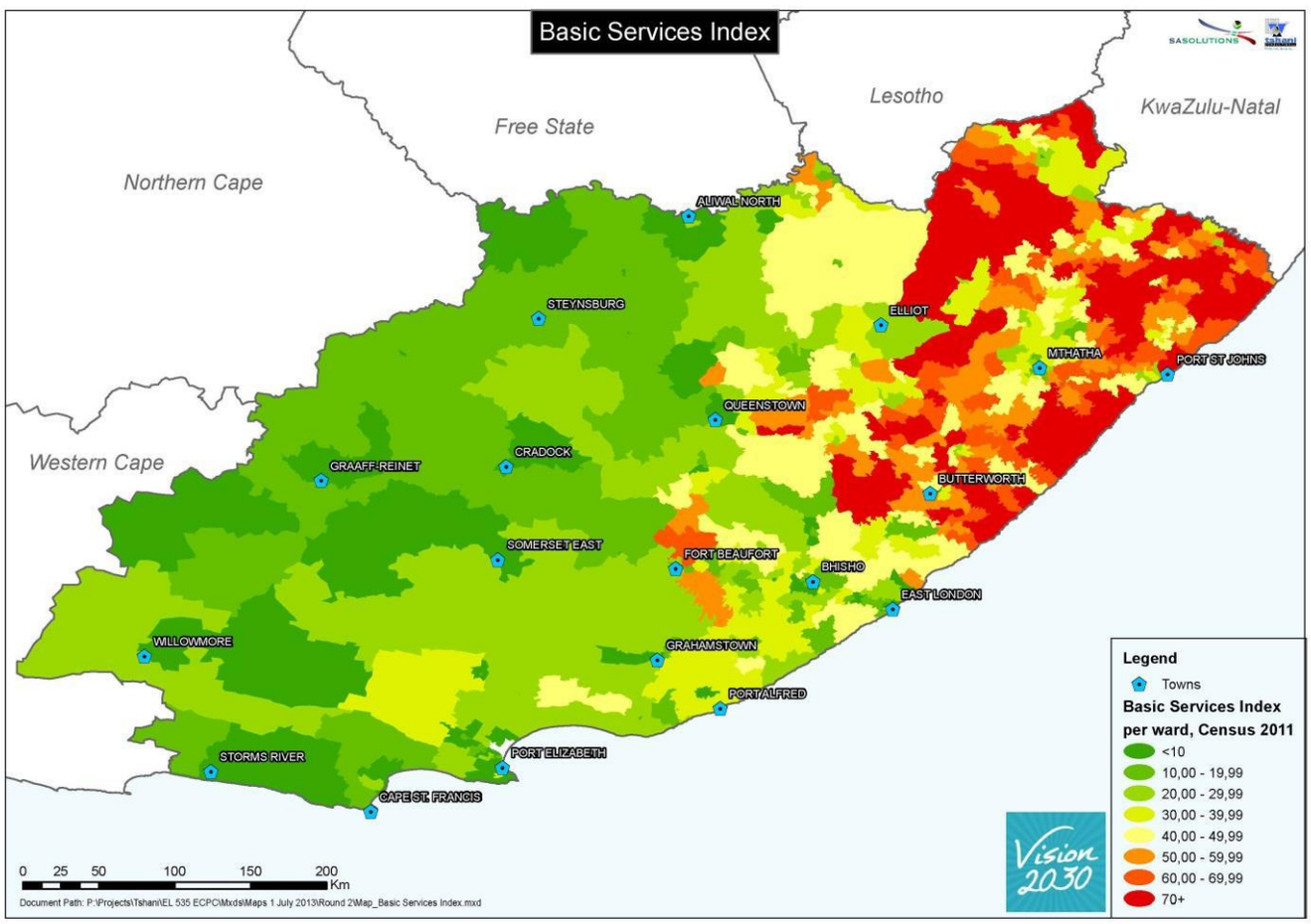
The Province remains spatially imbalanced, with deep deprivations in the rural east and north-east – the former "homelands" - present-day effects of the underdevelopment of the former-homeland regions. The first map (figure 4) captures the socioeconomic circumstances of the provincial regions through an index of socioeconomic underdevelopment. The index integrates Census 2011 data for education, income and unemployment, and presents weighted scores on a scale of 0 to 100. A high score indicates higher levels of deprivation - in other words, socioeconomic underdevelopment. While most of the province registers below-satisfactory levels of socioeconomic development, the map shows that the former Bantustan areas are generally much more underdeveloped than the urban regions.

Figure 4: Map of Socio Economic Index



The second map (figure 5) focuses on the province's basic services. It uses a basic services index to provide scores for deprivations against RDP-level access to water and sanitation, as well as the use of electricity for lighting.4 A high score indicates high deprivation – in other words, poor access to basic services. The basic services index reveals even greater spatial contrasts than the socioeconomic development index, indicating an urgent need to accelerate the development of social infrastructure in these parts of the province.

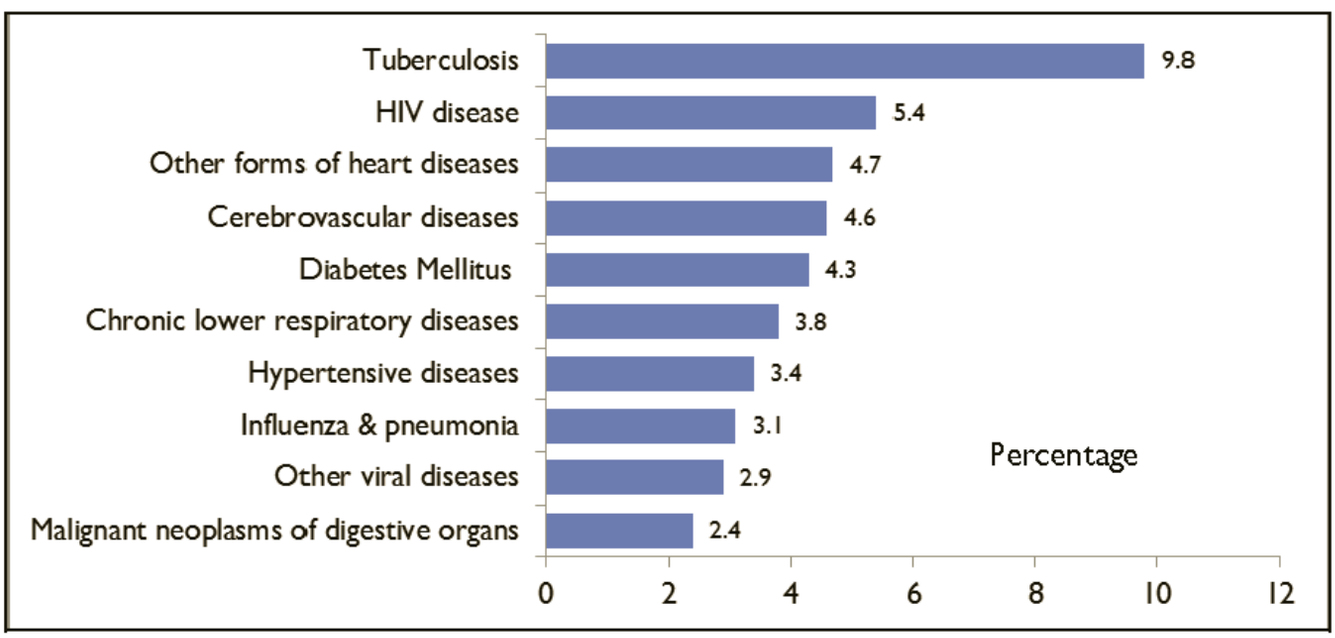
Figure 5: Map of Basic Services Index



BURDEN OF DISEASE

The Province is characterized by a quadruple burden of diseases: communicable (incl. TB), perinatal and maternal, non-communicable and injury-related conditions. TB and HIV are the leading causes of mortality in the Province, accounting for 9.8% and 5.4% respectively, and 15.2% combined as communicable diseases. The non-communicable diseases (heart diseases, cerebrovascular diseases, diabetes mellitus, chronic lower respiratory disease, and hypertension) jointly account for 20.8% of mortality cases.

Fig. 6. The 10 leading underlying causes of mortality in the Eastern Cape, 2013 (StatsSA 2014)

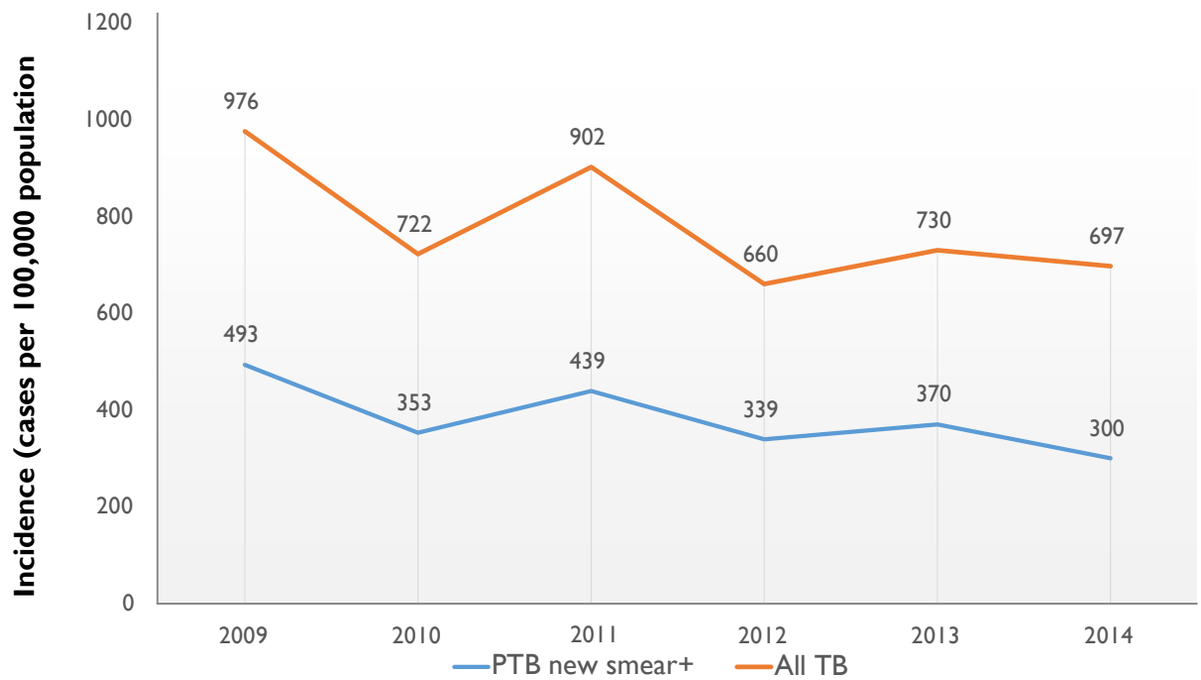


In 2013, non-natural causes were accounted for 10.7% of all deaths in the Province (Stats SA 2014). Assault accounted for 15.7% and transport accidents 11.6% of all non-natural causes of death in the Eastern Cape. Transport accidents are a frequent occurrence in the former homeland regions of OR Tambo and Alfred Nzo districts, where road infrastructure is still very poor.

TUBERCULOSIS

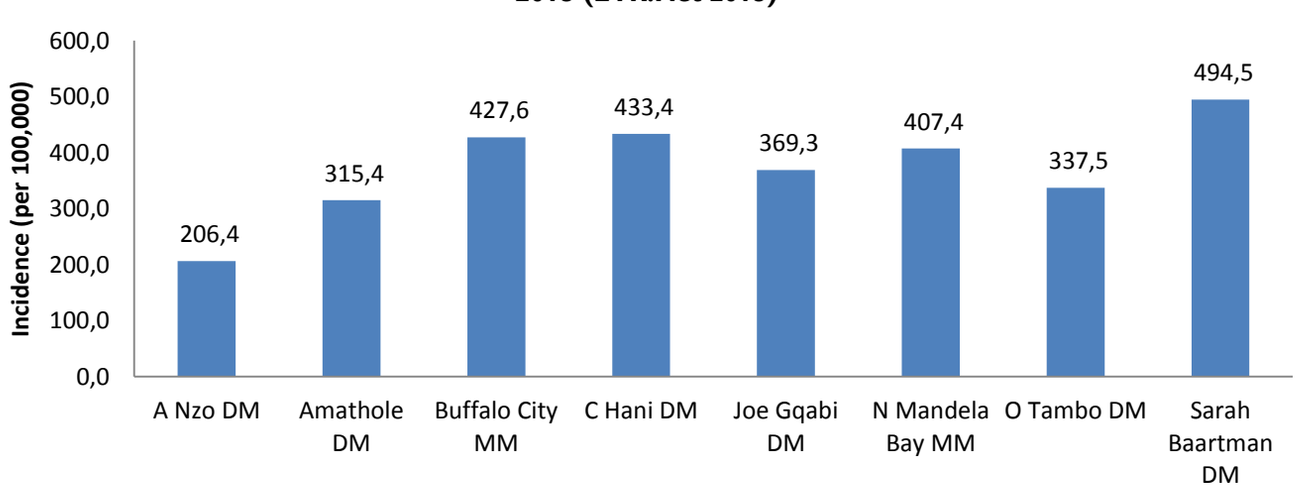
Since 2009 there has been a decline in both incidents of pulmonary TB and all other TB cases. PTB new smear+ fell from 976 cases per 100 000 population to 697 cases per 100,000 in 2014. All TB cases fell from 493 to 300 over the period 2009 - 2014.

Figure 7. TB Incidence in the Eastern Cape, 2009 to 2014 (ETR.Net)



The distribution by districts has shown that in 2015 Sarah Baartman district reported the highest incidence (494.5 per 100,000) and the lowest incidence (206.4 per 100,000) was reported by Alfred Nzo district.

Figure 8: PTB new smear positive incidence rate by district in the EC, Jan-Aug 2015 (ETR.Net 2015)



HIV and AIDS

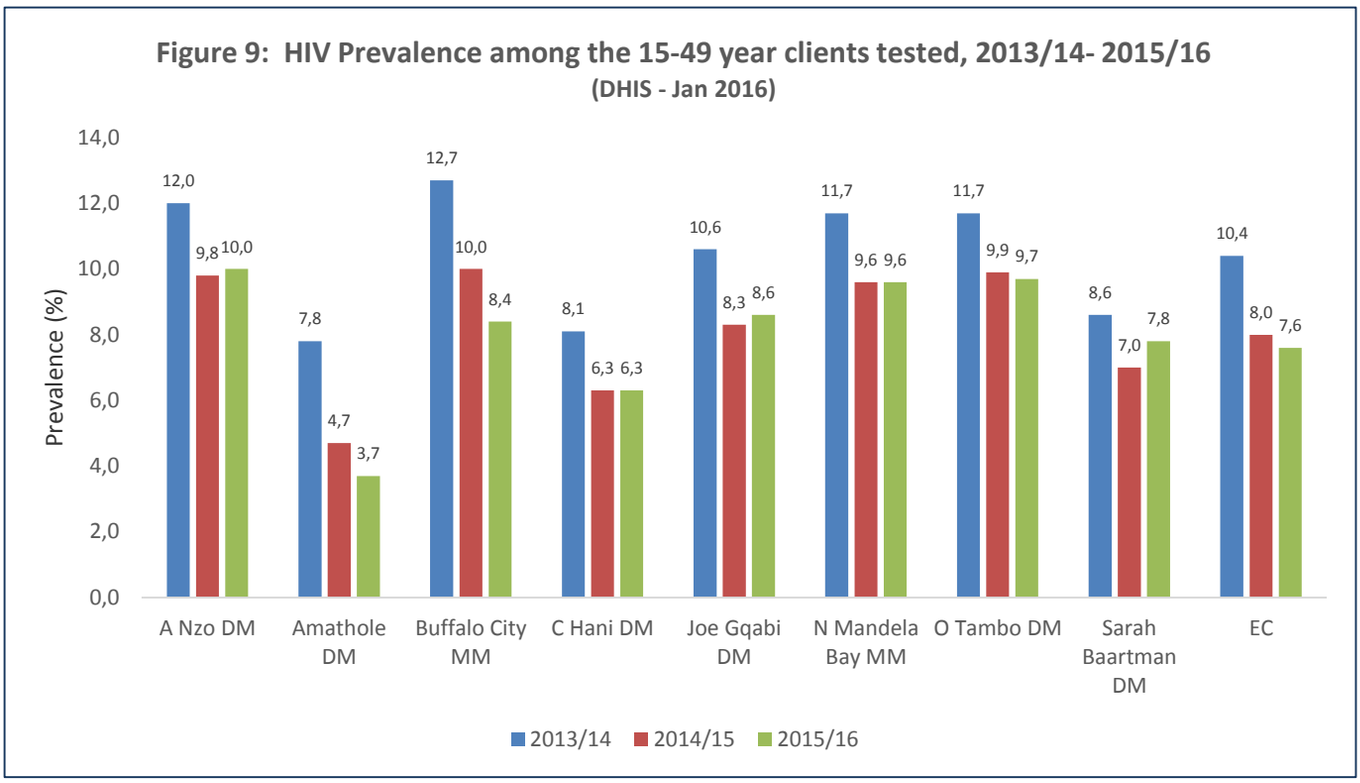


Figure 9 presents the HIV prevalence among the general population of age 15 to 49 years who tested for HIV in health facilities. The HIV prevalence has been decreasing in the Eastern Cape for the three financial years under review. In 2013/14 the HIV prevalence was 10.4% and dropped to 7.6% in 2015/16. This decrease has been reported by all the districts. Amathole had the lowest HIV prevalence for all the three years when compared with the other districts and followed by Chris Hani district.

MATERNAL MORTALITY

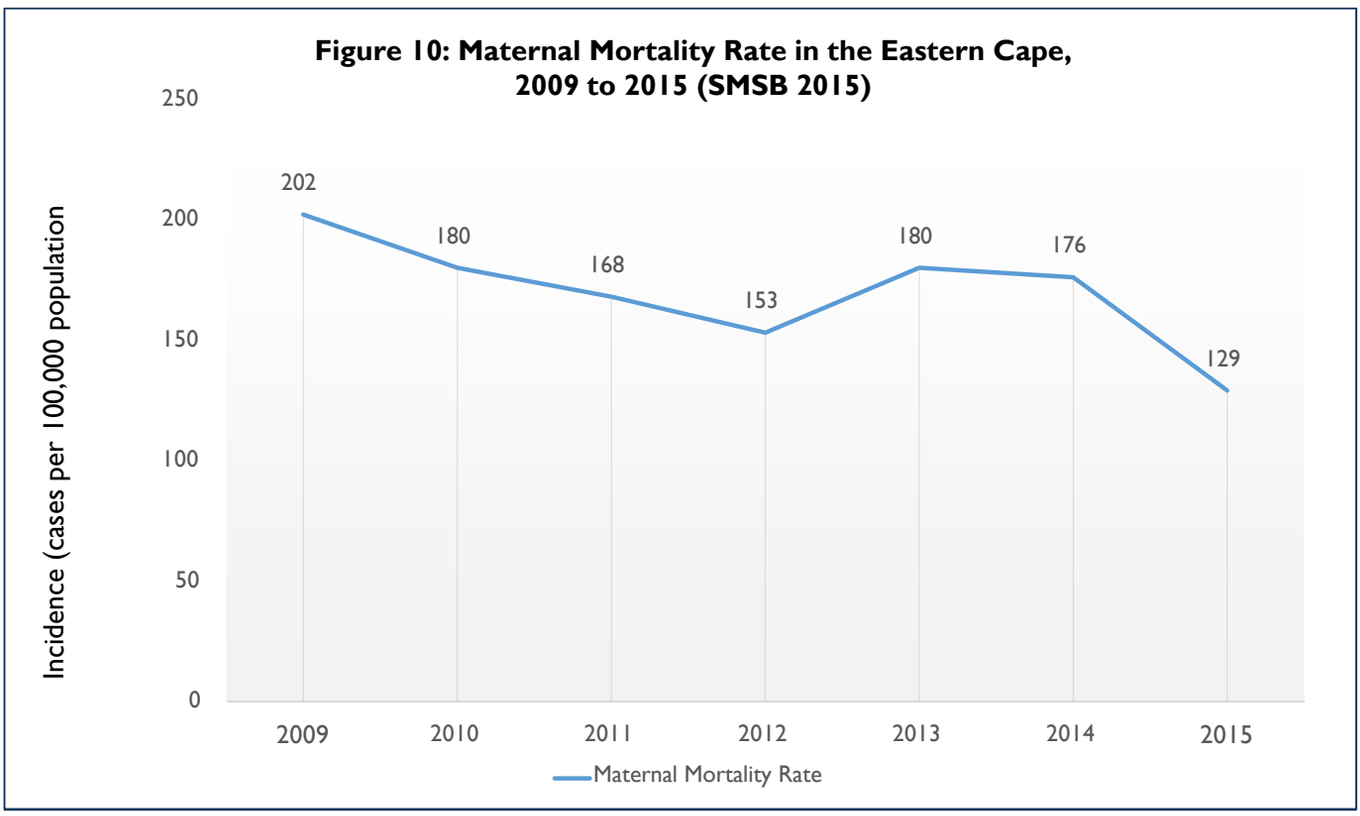
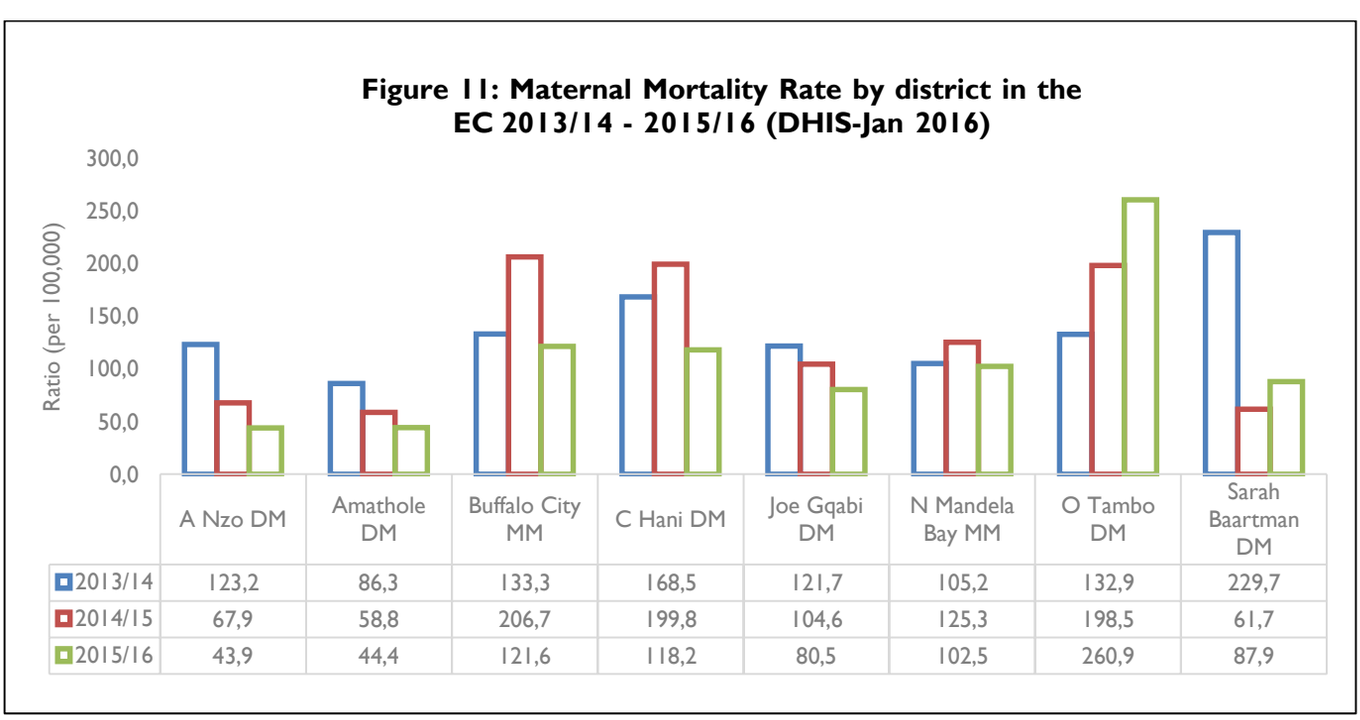


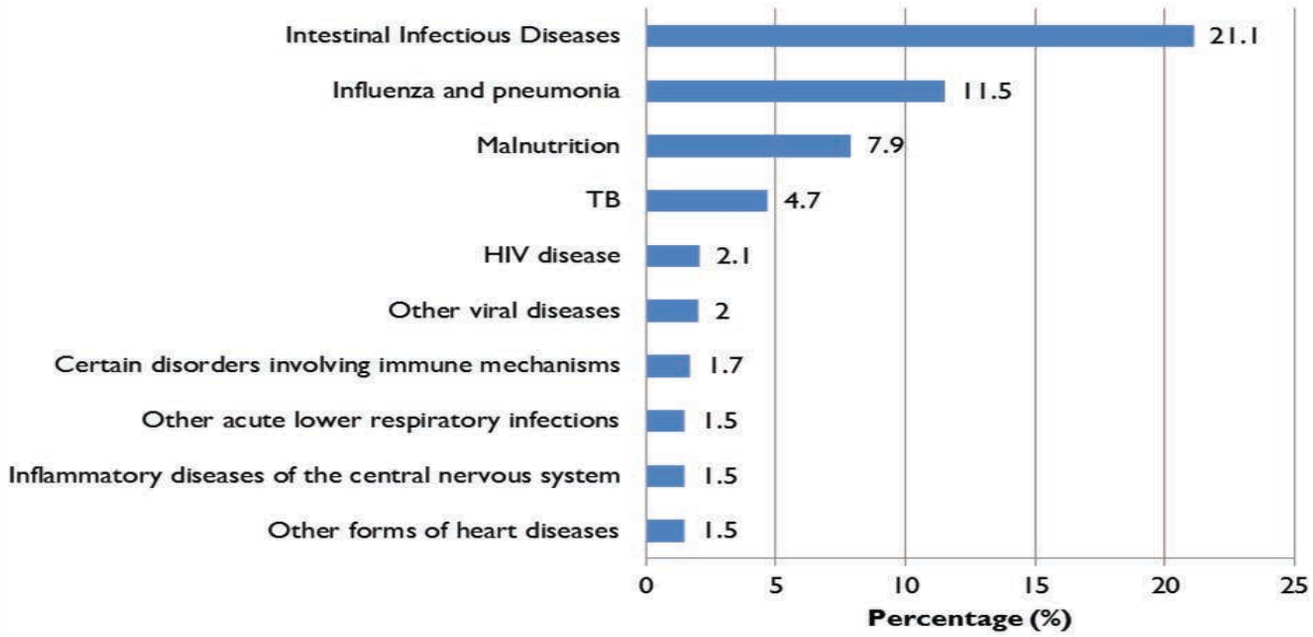
Figure shows that the maternal mortality rate has been decreasing over the years from per 100,000 live births in 2009 to 129 per 100,000 live births in August 2015 in the Eastern Cape. For the period under review, the highest mortality rate had been observed in 2009 (202 per 100,000 live births). In figure 11 below, OR Tambo is the only district that showed an increase in maternal mortality rate over the past three financial year. Alfred Nzo, Amathole and Joe Gqabi districts showed a decline.



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM
2013/14	123,2	86,3	133,3	168,5	121,7	105,2	132,9	229,7
2014/15	67,9	58,8	206,7	199,8	104,6	125,3	198,5	61,7
2015/16	43,9	44,4	121,6	118,2	80,5	102,5	260,9	87,9

UyUnderlying causes of the under-5 mortality

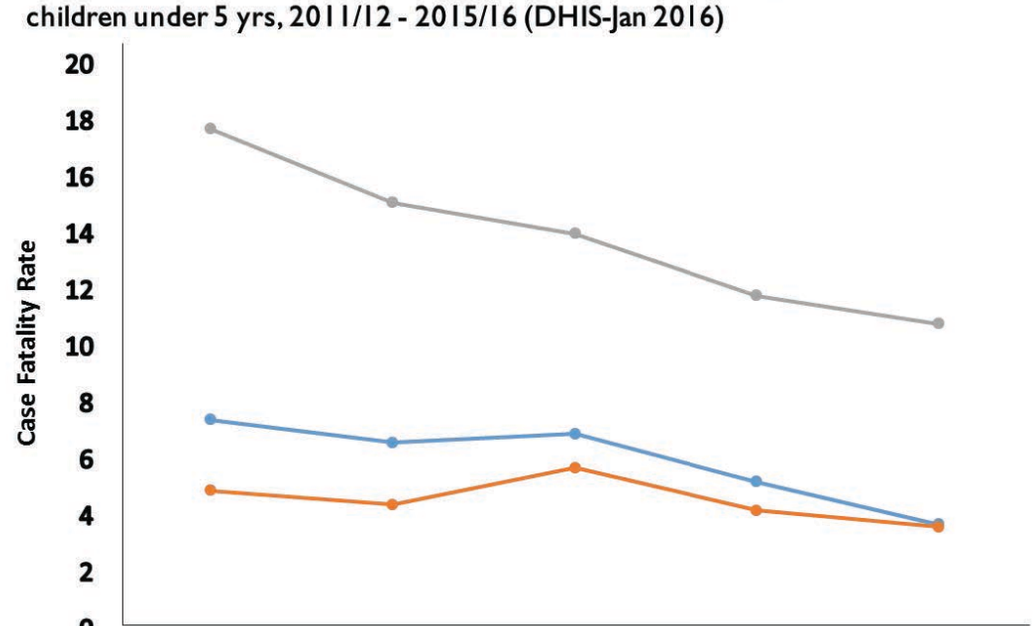
Fig. 12: The underlying causes)of child (1-4 yrs) Mortality in South Africa, 2010 (StatsSA 2013)



The figure above shows that the leading cause of under-5 (1-4 years) mortality in 2010 was intestinal infectious diseases which accounted for 21.1% of deaths. This is followed by influenza and pneumonia (11.5%), malnutrition (7.9%), and Tuberculosis (4.7%). HIV diseases was ranked the fifth leading cause of under-5 mortality and accountable for only 2.1%.

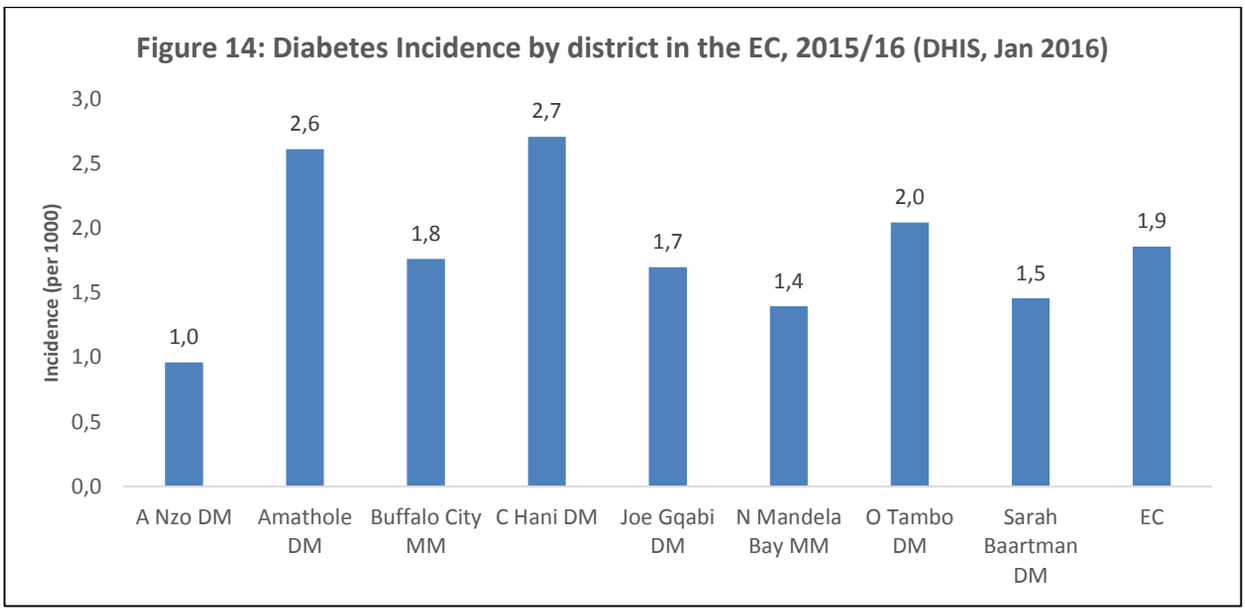
Since 2011, there has been a steady decline in infant mortality as a result of diarrhea, pneumonia, and severe acute malnutrition in the province, confirming the impact of child health interventions.

Figure 13: Diarrhea, pneumonia and severe acute malnutrition case fatality rate on children under 5 yrs, 2011/12 - 2015/16 (DHIS-Jan 2016)

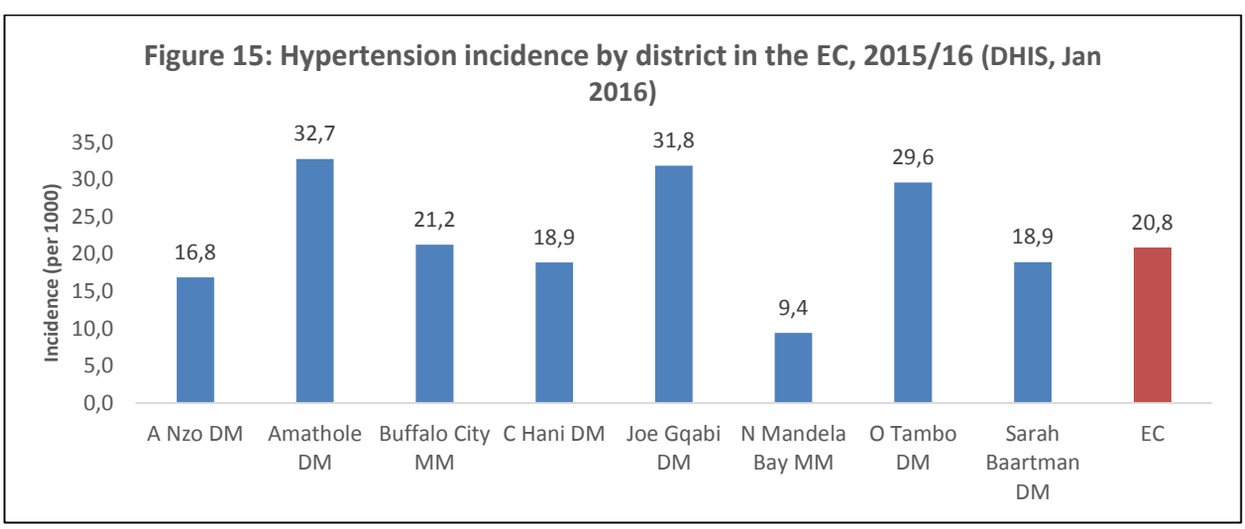


	2011/12	2012/13	2013/14	2014/15	2015/16
<5 diarrhea	7.4	6.6	6.9	5.2	3.7
<5 Pneumonia	4.9	4.4	5.7	4.2	3.6
<5 Severe acute malnutrition	17.7	15.1	14	11.8	10.8

NON-COMMUNICABLE DISEASES



The diabetes incidence was reported to be high in Chris Hani and Amathole districts with 2.7 per 1000 population and 2.6 per 1000 population respectively. The lowest diabetes incidence was observed in Alfred Nzo district



The data suggested that in 2015/16, Amathole district reported the highest hypertension incidence (32.7 per 1000 population) followed by Joe Gqabi and OR Tambo districts with 31.8 per 1000 population and 29.6 per 1000 population respectively. The lowest hypertension incidence was said to be in Nelson Mandela Metro

CHALLENGES FACED BY THE DEPARTMENT AND/OR IMPACTING ON SERVICE DELIVERY

The Department has not achieved the Millennium Development Goals (MDG) targets of reducing maternal and child mortality, burden of diseases (HIV & Aids and TB). In this regard the Department continued to improve on the implementation of PHC re-engineering by increasing the number of District Clinical Specialist Teams, WBOTs, and integrated school health teams (ISPH).

The incidence of NCDs, namely hypertension and diabetes, has remained high in the province. As a corrective step, the Department has enhanced service delivery through screening and initiation of patients on treatment which is captured using new registers that have been introduced.

In respect of Emergency Medical Services (EMS), the Department has not achieved the targeted response times for Priority 1 cases that include trauma and maternity. The corrective measures include the increase in our ambulance fleet (including aero medical services) and appointment of additional staff including advanced and intermediate life support practitioners. In addition and in order to deal with the orthopaedic challenges, an orthopaedic trauma backlog as well as an arthroplasty (hip and knee replacement) project were undertaken.

The Department has seen increased demand for medicines from health facilities in particular PHC facilities and poor inventory systems. Like other provinces, the Eastern Cape experienced incidences of stock outs which were mainly due to non-delivery of medicines by pharmaceutical companies. Despite this, the overall availability of medicines has improved as all the health facilities have demander codes and order medicines directly from depots. The management of the two depots (Mthatha and Port Elizabeth) has also improved. Implementation of Provincial Medicine Procurement Unit concept which will see both depots increasing the direct deliveries from the suppliers to major hospitals including Nelson Mandela Academic, Livingstone and Frere hospitals.

The Department is implementing Stock Visibility System (SVS) Rx Lite Electronic System to manage stock levels and minimize stock outs through close monitoring. There is also a need for systems integration from the medical depot up to the health facility level to ensure visibility and improve inventory management. Pharmacist Assistants for PHC facilities have also been appointed.

EXTERNAL DEVELOPMENTS THAT IMPACTED ON THE DEMAND FOR SERVICES OR SERVICE DELIVERY

Within the Province, there has been significant migration of people from rural areas, to urban and semi urban areas to seek better job opportunities. This has led to mushrooming of informal settlements in these areas resulting in a high demand for health services. In addition the Social Determinants of health directly affect the health care services delivery in the province.

6. ORGANISATIONAL ENVIRONMENT

ORGANIZATIONAL STRUCTURE

The Department has finalized the organizational structure - which has its emphasis on frontline service delivery – after revising the initial submission to ensure that it is within the available funding envelope of R13.5 billion. The revised organogram now focuses exclusively on service delivery and includes having a lean Head Office and the migration of the Sub-District Office staff to fill vacant posts in either the District Offices or health facilities. In the revised organogram, posts - not people - have been reduced.in order to bring the cost within the budget. It also incorporates the classification of the smaller hospitals and ensures that the correct mix of health professionals and support staff are equitably distributed in all facilities.

The review of the organogram was based on scientific workload variables, the data from the District Health Information System (DHIS) and the Workload Indicators of Staffing Needs (WISN) tool. Extensive consultation was done from 2009 to 2015 by the Organizational Development (OD) Team from Head Office, and the review was done in consultation with the Clinical, Finance and HR & Corporate Services clusters and work-shopped with unions, managers and employees to explain the necessity of a more equitable distribution of staff.

In order to facilitate both the costing and review of the organogram, the Department utilized the services of the on-site Health Planners who had won the tender to implement a strategic planning tool called the HR Planner. The tool works in tandem with the WISN tool, BAS and the DHIS, in order to ensure that facilities and district offices are appropriately staffed according to workload and related variables, and that there is an equitable distribution of staff throughout the Province.

The department developed a Migration Plan to implement the revised organogram as Head Office staff will need to be streamlined and managers and employees will need to be deployed to strengthen the districts and facilities and the sub-district staff will need to be transferred out to the District Offices and facilities to fill vacant posts.

The Department is fully stable at Executive Management level with the Accounting Officer, the Chief Financial Officer, and Deputy Director Generals for Clinical Management Services and Human Resources & Corporate Services. All of the SMS positions are permanently filled across the Department and the target has been fully achieved.

In support of the National Health Insurance (NHI) initiative, the Department appointed a dedicated Senior Manager for the OR Tambo pilot site. In order to determine the appropriate staffing requirements in the OR Tambo and Alfred Nzo districts, the same methodology as referred to above, was used to determine staffing needs in terms of the required outputs.

The revised organogram has 42,000 posts and costed out at an amount which is well within the budget allocation of R13.5 billion. The implementation of the organogram will be carried out through an intensive consultative process through the Migration Plan, together with Organized Labour and employees as it is envisaged that this exercise will bolster the achievements of targets such as the Primary Healthcare Re-engineering, the NHI, the Negotiated Service Delivery Agreement (NDSA), the Ten Point Plan for Health, and the "Human Resources for Health (HRH) Strategy for the Health sector 2012/13-2016/17" of the NDOH.

The Head Office structure now comprises of three branches, a reduction from five in the old organogram:

(i) The Clinical branch, headed by a Deputy Director General (DDG);
(ii) The Finance branch, headed by a Chief Financial Officer (CFO);
(iii) The Human Resources & Corporate Services branch, headed by a Deputy Director General (DDG).

Executive and Top Management Organogram

Executive Management

GM - General Manager / Chief Director



Member of the Executive Council (MEC)
Dr P. Dyantyi



Superintendent General (SG) /
(Head of Department)
Dr T.D. Mbengashe

GM Office of the SG
Ms N. Nkosi

GM – Strategy & Organizational Performance
Mr X. Mahlalela

GM - Infrastucture
Mr. M. Tuswa

GM - Internal Audit
Ms T. Kakaza

GM – Quality Assurance
Dr S. Beja



Deputy Director General Clinical Services
Dr P. Maduna



Chief Financial Officer
Mr S. Kaye



Deputy Director General Human Resources & Corporate Services
Ms K. Campbell

Hospital Management Services – Dr L. Matiwane
District Health Services – Dr S. Moko
Communicable Diseases – Ms M. Nokwe
Health Programmes – Ms N. Kula
Clinical Support Services – Mr S. Zuma

Integrated Budget Planning – Mr S. Frachet
Financial Management – Mr GG Mhlanga
Supply Chain Management – Ms C. Mgijima

Human Resource Development - Mr N. Ntsoane
Integrated HR Management - Ms B. Caga
Corporate Services - Ms N. Maseko
Information, Communication & Technology - Ms N. Gumede

SITUATIONAL ANALYSIS ON HEALTH PERSONNEL IN 2015/16

Table A5: ECDOH Health Personnel 2015/16				
Categories	**Number employed**	**% of total personnel employed**	**% of total personnel budget**	**Annual average cost per staff member (Rand)**
Medical Officers	1420	4.51	10.2	529,844.68
Medical Specialists	253	0.80	1.6	654, 877.71
Dentists	116	0.37	0.7	546, 906.79
Professional nurses	10258	32.57	29.5	241, 581.65
Enrolled Nurse	3256	10.34	4.1	125, 965.46
Enrolled nursing auxiliaries	5581	17.72	6.2	102, 863.00
Student nurses	103	0.33	0.9	81, 157.86
Pharmacists	728	2.31	1.8	359, 331.99
Physiotherapists	140	0.44	0.4	198,954.34
Occupational therapists	115	0.37	0.4	200, 757.80
Radiographers	364	1.16	0.9	226, 042.68
Emergency medical staff	2608	8.28	2.4	136, 119.66
Dieticians & nutritionists	102	0.32	0.4	216, 488.39
Community Health Workers *(even though not part of the ECDoH staff establishment)*	6448	20.48		2,000.00
Grand Total	**31 492**	**100%**		

Data source: PERSAL

Over the past months, nurses have been resigning in large numbers in order to cash in on the pension fund prior to the proposed changes, which have now been put on hold government as announced during the 2016 State of the National Address. The highest rate of turnover has been amongst the Professional Nurse category.

Annual Intake of Interns, Community Service and Post-Community Service employees

The Department takes in this group over the period January to March each year. This includes Medical and Allied Health Interns, Community Service doctors, nurses and Allied Health Workers and Post-Community Service Bursary Holders.

In terms of the 2016 Annual Intake of Interns, Community Service and Post-Community Service employees, the Department had sufficient funding only for the Bursary Holders. However, when Bursary-holders default, then available non-Bursary Holders are immediately appointed into those vacant posts.

Table A6: Community Service Health Professionals – Annual Intake 2016							
Category	**Total Alloc.**	**Assumed Duties**	**Assumed %**	**Not Assumed Duties**	**Not Assumed %**	**Decline Appoint.**	**Decline %**
Medical Officers Gr1	102	50	49	10	10	11	11
Dentists Gr1	6	6	100	0	0	0	0
Pharmacists Gr1	18	8	44	0	0	3	17
Speech & Hearing Therapists Gr1	6	4	67	1	17	0	0
Occupational Therapist Gr1	6	6	100	0	0	0	0
Physiotherapist CS	9	7	78	1	11	0	0
Dieticians Gr1	0	0	0	0	0	0	0
Radiographers Gr1	23	23	100	0	0	0	0
Clinical Psychologists Gr1	2	0	0	1	50	0	0
Clinical Associates	29	29	100	0	0	0	0
Optometrists	1	0	0	0	0	0	0
TOTAL	**202**	**133**		**13**		**14**	
Total Allocated = Bursars approved by HoD for absorption							
Assumed duties = Have assumed duties in the Department and are currently being appointed on Persal							
Late Assumption = Telephonically confirmed that they will assume duties (finalizing Community Service or studies)							
Not assumed duties = Have not reported for duty. No reasons advanced (institutions following up on them). Possible defaulters.							
Declined Appointment = Bursary Defaulters – refusing to honour bursary obligations (ie to serve the Department).							

Table A7: Post-Community Service Health Professionals – Annual Intake 2016							
Category	**Total Alloc.**	**Assumed Duties**	**Assumed %**	**Not Assumed Duties**	**Not Assumed %**	**Decline Appoint.**	**Decline %**
Medical Officers CS	155	97	63	17	11	2	1
Dentists CS	16	15	94	1	6	0	0
Pharmacists CS	48	26	54	0	0	1	2
Speech & Hearing Therapists CS	19	16	84	1	5	1	5
Occupational Therapist CS	44	42	95	1	2	0	0
Physiotherapist CS	39	14	88	1	6	0	0
Dieticians CS	16	14	88	0	0	1	3
Radiographers CS	41	37	90	1	2	3	7
Clinical Psychologists CS	8	3	38	1	13	2	25
Environmental Health CS	3	2	67	0	0	0	0
TOTAL	**389**	**290**		**23**		**10**	
Total Allocated = Bursars approved by HoD for absorption							
Assumed duties = Have assumed duties in the Department and are currently being appointed on Persal							
Late Assumption = Telephonically confirmed that they will assume duties (finalizing Community Service or studies)							
Not assumed duties = Have not reported for duty. No reasons advanced (institutions following up on them). Possible defaulters.							
Declined Appointment = Bursary Defaulters – refusing to honour bursary obligations (ie to serve the Department).							

Table A8. Staff Termination Numbers for the Period April 2015 - January 2016				
Designation	**1/4/2015**	**Appointments**	**Terminations**	**Gain (loss)**
Medical Practitioner	1689	179	237	(58)
Medical Specialist	171	14	18	(04)
Clinical Associates	128	30	8	22
Medical (Community Services)	200	144	122	22
Medical Officer (Intern)	168	120	145	(25)
Registrar	20	17	13	4
Professional Nurses	10,291	744	687	57
Staff Nurse	3,298	148	156	(08)
Nursing Assistant	5,542	349	237	112
Nurse (Community Services)	500	24	201	(177)
Community Service nurses in 2016	600	498	0	498
Post Community Service nurses appointed permanently		201	0	201
Total appointments versus terminations		**2468**	**1824**	**644**

Table A9: Bursary Status report	
Description	**Number**
Cuban Medical bursaries	306
Local Medical bursaries	349
Allied health bursaries	685
All other bursaries (internal)	260
Total	1600

Annual Recruitment Plan 2016/17

An Annual Recruitment Plan is developed each year and the plan for 2016/17 will be recruiting a very limited number of new staff members, as the revised Organogram and the Migration Plan will address the migration of staff from over-staffed facilities (based on the DHIS, WISN and scientific workload indicators) to those that are under-staffed and the budgets will be adjusted accordingly.

Legal Services

In order to improve management of Legal Services, the Department has developed a Litigation Risk Register where the recurring risk areas are recorded. The highest level risk is the number of medico-legal claims against the Department, followed by non-compliance with PAJA and PAIA, Labour Disputes and Supply Chain Management (SCM) claims, Infrastructure contractual litigation disputes and licensing disputes and non-compliance with court orders and arbitration awards.

The Department is in the process of awarding a tender for external medico-legal specialist support for two years and this is for litigation management programs and interventions. An Ombudsman has also been appointed to set up sustainable systems and an awareness strategy for the management of clinical and non-clinical complaints and to transfer skills.

7. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

IMPROVE FINANCIAL MANAGEMENT

Financial decisions in the department are largely impacted by the effects of the Census 2011 on the resource envelope over the 2016 MTEF; the increasing burden of diseases; the increasing demand for services and the growing uninsured population that are dependent on public health services.

Added to this, the department is expected to adapt to these changes in the external environment with limited resources, whilst maintaining quality levels of service delivery. In order to adapt, the department had to implement stringent austerity measures and strict control over financial resources which include the implementation of a moratorium on appointments of non-core personnel, cost containment measures and efficiency gains on core items such as medicine and NHLS.

Medico-legal claims against the department have remained one of the most significant contingent liabilities, and they have unfortunately increased over the years. Addressing this remains a priority for the department, and initiatives such as improved record keeping, improved quality of care, and ensuring patient safety in facilities will continue to be prioritised. The developing of an integrated records management system remains a priority for the department. The unavailability of patient records when they are needed, long patient waiting times, and high litigation rates are partly due to poor document management. By improving record management, including the retention of human resource and procurement records, the department has addressed its two remaining audit qualifications namely employee benefits and irregular expenditure, the expectation is that this work will result in an unqualified audit opinion over the 2016 MTEF.

Despite the shrinking fiscal envelope, the department continued to protect the non-negotiables (medicine, medical supplies, laboratory services and blood services, and others) as determined by the National Minister of Health. In order to do this, the department had to reprioritize from non-core items (catering, travel and subsistence, venues and facilities, etc.) to ensure that sufficient funding is available for the non-negotiable items.

Going into 2016/17, Goods and services required per the procurement plans will be sourced from the national contracts in respect of inventories (for medicine and medical supplies) and the provincial transport trading entity for fleet. National agreements are already in place with the National Health Laboratory Services (NHLS), South African National Blood Services (SANBS) and Telkom.

The SCM reform project will continue during the year, as the department's initiative to improve Supply Chain Management and deal with capacity deficiencies, including a reliable electronic procurement system to monitor procurement activities and correctly report commitments and accruals (LOGIS roll out).

STRENGTHEN INFORMATION MANAGEMENT

The AG identified risks related to Inaccurate reporting of actual achievements in the annual report as well as non-adherence with DHMIS and SOPs.

Based on the findings, an Audit Improvement Plan (AIP) was developed to address the weaknesses, and is currently being implemented. In addition, a system of Routine Data Quality Assessments (RDQA) is being developed and will be implemented during the 2016/17 year.

Other challenges in the Health Information Management System are as a result of lack of connectivity in the PHC facilities, poor technical support on antivirus software, and in some cases old computers used for data management.

SITA and OTP have been discussing the implementation of a province-wide service that will significantly improve internet and network connectivity throughout the Eastern Cape provincial government.

The Eastern Cape Department of Health requires a virtual private network (VPN) solution, which will enable cost effective and seamless communications among the department's facilities. Implementation of electronic systems will result in improved efficiencies and effectiveness, and hence improved service delivery to all in the Eastern Cape.

INFRASTRUCTURE DELIVERY

The ECDOH infrastructure delivery is conducted through Infrastructure Delivery Management System (IDMS) as Stipulated in the Division of Revenue Act of 2015. IDMS is coordinated by National Treasury Department (NT) through its Infrastructure Delivery Improvement Programme (IDIP). The IDIP is a capacity building programme of the South African government designed to address problems relating to the planning and management of public sector infrastructure delivery. IDMS is derived from a number of key pieces of legislation that govern infrastructure. These include the Constitution of the Republic of South Africa (1996), Public Finance Management Act (1999), Government Immovable Asset Management Act (GIAMA) (2007), Intergovernmental Relations Framework Act (2005), Construction Industry Development Board (CIDB) Act (2000), the Division of Revenue Act (published annually), as well as legislation applicable to municipalities.

The CIDB has introduced the concept of the Gateway Process to further improve efficiencies in the delivery management of infrastructure (Refer to the CIDB"s Practice Note 22 of 2010). These principles have been embedded into the IDMS.

A gateway process designed around a set of gates that are strategically located within an infrastructure asset management cycle has the potential to:

- Enable projects to be more accurately scoped and costed at an earlier stage in the asset life cycle
- Reduce time and cost overruns
- Improve alignment of service delivery with available funds
- Improve procurement discipline
- Manage risks more effectively
- Reinforce responsibility and accountability for decisions
- Enable projects to be better aligned with policies and objectives.

Such control gates also enable project risk to be contained within the confines of an organ of state's risk appetite. The information upon which a decision is based at a control gate and the decisions made can be audited to ensure that projects remain within an organization's mandate, are justifiable and realise value for money.

Infrastructure Backlogs

The Eastern Cape Department of Health has obligations of providing Health facilities to the entire population. Furthermore, the department cannot deliver its mandate without the asset base that is the platform for such service delivery.

Table A10: Summary for Infrastructure Backlog 2016/17 MTEF			
Faclity Type	**2016/17**	**2017/18**	**2018/19**
Clinics	190	190	190
CHCs		2	1
Hospitals	4	2	1
Total	**194**	**194**	**192**

Backlogs are difficult to address due to the bottlenecks created by the funding mechanisms. Backlogs are easily identified and quantified however the unit is unable to implement due to the limited funds and restrictive funding models.

The pace at which the gap between the current and desired level of service can be reduced is fiscal constraints dependent on the availability of budget to address these issues. Based on current infrastructure allocations, it is un-likely that current backlogs will be addressed iduring this MTEF period.

Alignment to government outcomes

The changing health trends and demands have huge impact on infrastructure planning and budgeting. The consequences are that some changes must be made to existing facilities: rearrange them to suite the current health interventions; add crisis and counselling centres for domestic violence and HIV victims; day wards and day operating theatres; provision of new facilities for new formal settlements and cater for the expected population growth. Adequate clinical accommodation will assist in the province being able to deliver and offer an effective service.

Table A11: Quantification of the Infrastructure Backlogs 2012/13 – 2014/15

Row Labels	Sum of Total Project Costs	Total Expenditure from Previous Financial Years	Sum of Project Shortfall
Maintenance & Repairs	R6 011 094 660.00	R845 456 320.00	R5 165 638 340.00
New & Replacements	R6 077 876 777.00	R815 727 804.00	R4 685 148 973.00
Rehab & Refurbishments	R2 828 601 952.00	R66 493 894.00	R2 762 108 058.00
Upgrades & Additions	R18 384 351 699.00	R1 495 903 397.00	R16 413 188 410.00
Grand Total	R33 301 925 088.00	R3 223 581 414.00	R29 026 083 782.00

8. LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislations passed by Parliament. In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

- Section 27 (1): "Everyone has the right to have access to – (a) health care services, including reproductive health care;
  (3) No one may be refused emergency medical treatment"
- Section 28 (1): "Every child has the right to … basic health care services…"
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

There are three main legislation that fall under the Minister of Health's portfolio. These are:

- Mental Health Care Act (17 of 2002), which 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 the observation of human rights for mentally ill patients;
- National Health Act (61 of 2003) which provides a framework for a uniform structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services, and;
- Nursing Act, of 2005, which provides for the regulation of the nursing profession

The following legislation may have an impact on implementation of APP, however there are no guarantees at this stage if it will do so but the legislation will be looked at with great scrutiny to establish the obligation arising therein:, namely

- Protection of Personal Information Act
- Financial Services Laws General Amendment Act
- Promotion of Administrative Justice Act.

9. OVERVIEW OF THE 2015/16 BUDGET AND MTEF ESTIMATES 2016/17 TO 2018/19

Table A12: Expenditure estimates and economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	
			Audited outcome	Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			% change from 2015/16
Programmes	R'000									
1. Administration	536,731	619,349	576,459	625,488	677,715	687,947	674,962	690,863	713,476	(1.9)
2. District Health Services	7,953,629	8,659,522	8,939,147	9,338,285	9,520,090	9,426,670	9,968,415	10,664,947	11,438,734	5.7
3. Emergency Medical Services	619,525	812,946	850,947	971,832	1,072,025	1,041,404	1,120,995	1,366,759	1,446,031	7.6
4. Provincial Hospitals Services	2,470,953	2,666,158	2,818,809	4,691,674	4,791,272	4,873,227	3,320,324	3,440,162	3,631,476	(31.9)
5. Central Hospital Services	2,165,233	2,412,192	2,444,026	803,770	840,151	839,305	2,838,790	2,869,692	3,030,608	238.2
6. Health Sciences & Training	579,964	650,152	726,252	751,909	787,353	740,647	799,467	880,304	923,217	7.9
7. Health Care Support Services	84,309	97,779	92,399	102,648	103,327	94,029	118,609	122,477	129,580	26.1
8. Health Facilities Management	1,192,168	1,130,157	1,101,815	1,210,307	1,231,769	1,222,372	1,402,776	1,441,349	1,518,534	14.8
Total for Programmes	**15,602,512**	**17,048,255**	**17,549,854**	**18,495,913**	**19,023,701**	**18,925,601**	**20,244,339**	**21,476,552**	**22,831,656**	**7.0**

Table A13. Summary of payments and estimates by economic classification (R'000)

R thousand	Outcome 2012/13	Outcome 2013/14	Outcome 2014/15	Main appropriation 2015/16	Adjusted appropriation 2015/16	Revised estimate 2015/16	Medium-term estimates 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	% change from 2015/16
Current payments	**14 335 921**	**15 499 838**	**16 173 844**	**16 908 366**	**17 350 437**	**17 043 072**	**18 543 794**	**19 741 959**	**20 998 426**	**8.8**
Compensation of employees	9 827 471	10 698 249	11 576 336	12 393 422	12 560 271	12 523 698	13 511 327	14 411 649	15 043 819	7.9
Goods and services	4 504 154	4 797 006	4 595 259	4 514 945	4 790 166	4 515 535	5 032 467	5 330 310	5 954 607	11.4
Interest and rent on land	4 296	4 583	2 248	–	–	3 839	–	–	–	(100.0)
Transfers and subsidies to:	**394 486**	**387 171**	**355 268**	**332 493**	**344 772**	**560 917**	**307 313**	**308 128**	**325 999**	**(45.2)**
Provinces and municipalities	7 928	23 202	9 122	14 069	20 745	18 427	5 157	2 427	2 568	(72.0)
Departmental agencies and accounts	24 428	40 541	15 542	48 740	40 728	43 058	51 711	66 447	70 301	20.1
Higher education institutions	101 770	46 759	–	25 000	-0	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	260 361	276 669	330 604	244 684	283 299	499 432	250 445	239 254	253 131	(49.9)
Payments for capital assets	**872 088**	**1 073 406**	**1 020 742**	**1 255 054**	**1 328 492**	**1 321 612**	**1 393 232**	**1 426 466**	**1 507 231**	**5.4**
Buildings and other fixed structures	598 417	554 097	672 696	760 184	885 970	874 605	744 096	932 041	990 658	(14.9)
Machinery and equipment	273 671	518 661	348 046	494 870	441 622	446 107	649 136	494 425	516 573	45.5
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	648	–	–	900	900	–	–	–	(100.0)
Payments for financial assets	**17**	**87 840**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	
Total economic classification	**15 602 512**	**17 048 255**	**17 549 854**	**18 495 913**	**19 023 701**	**18 925 601**	**20 244 339**	**21 476 552**	**22 831 656**	**7.0**

The tables above show the summary of expenditure and estimates per programme and economic classification. It indicates that total payments grew from R15.603 billion in 2012/13 to a revised estimate of R18.926 billion in 2015/16. Over the 2016 MTEF, the budget is projected to grow from R20.244 billion to R22.832 billion.

When comparing the 2015/16 revised estimates with the 2016/17 estimates, all programmes, with the exception of Administration and Provincial Hospital Services show varying degrees of positive growth. The Programme 4 and 5 facilities have been re-aligned, with respect to facility categorisation and gazetting, which has since seen the migration of Central and Tertiary Hospital funds from Programme 4 which now only caters for Regional, TB and Specialised Psychiatric Hospitals, whilst the Programme 5 objective now caters for the Central and Tertiary Facilities. This would result in an alignment of the planning & reporting function in line with the transversal systems and District Health Information System.

Compensation of Employees and Goods and Services are the key cost drivers of the department and show growth of 7.9 and 11.4 per cent respectively. Transfers to provinces and municipalities show a significant decrease of 72 per cent from the revised estimates of 2015/16 to the allocation of 2016/17. This is in line with signed SLAs with existing municipalities for the devolution of environmental services. There is also a decrease by 49.9 per cent in transfers to households. This is due mainly to the high revised estimate which takes into account payments for bursaries to non-employees, leave gratuities and medico-legal claims.

Expenditure for the Payment for Capital Assets increases overall by 5.4 per cent due to the restoration in conditional grants aimed at infrastructure projects as well as an additional allocation received for medical equipment.

PART B

PROGRAMME AND SUB-PROGRAMME PLANS

PART B
PROGRAMME 1: HEALTH ADMINISTRATION



PROGRAMME 1

HEALTH ADMINISTRATION & MANAGEMENT

The health administration and management programme comprises of two main components: the **ADMINISTRATION** component, which refers to the Executive Authority which lies with the Office of the Member of Executive Council (MEC); and the second component, which is the **MANAGEMENT** of the organisation and is primarily the function of the Office of the Superintendent General. Programme 1 has a total budget of R674,962,000. This divided between sub-programme 1.1 – Health Administration (Office of the MEC) which is allocated R8,377,000, and Sub-Programme 1.2 - Health Management R666,585,000.

SUB-PROGRAMME 1.1 HEALTH ADMINISTRATION - OFFICE OF THE MEC

Programme Purpose: To provide political and strategic direction to the Department by focusing on transformation and change management.

Priorities:

- Give political and strategic direction to the Department;
- Engage all governance structures of the Department, i.e. Hospital boards, Clinic Committees, Provincial Health Council, and Lilitha Education Nursing Council.

Table B1.1: Provincial Strategic Objectives and Annual Targets for Sub-Programme 1.1 - Office of the MEC

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Strategic Leadership and accountability by 2019	Number of statutory documents tabled at Legislature	Tabling letter	Categorical	3 statutory documents	3 statutory documents	6 statutory documents	5 statutory documents	7 statutory documents	7 statutory documents	6 statutory documents	30 statutory documents

QUARTERLY TARGETS FOR THE SUB – PROGRAMME 1.1 HEALTH ADMINISTRATION (OFFICE OFTHE MEC) 2016/17

Table B1.2: Quarterly Targets for Sub – programme 1.1 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / bi-annually/ annually)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
Number of statutory documents tabled at Legislature	Tabling letter	Categorical	6 Statutory documents	6 Statutory documents		Annual Report	Midyear Report	4 (APP; OP; SDIP; Policy Speech)
Negotiated service delivery agreement (NSDA)	Quarterly	Report	4 NSDA reports	4 NDSA reports	1 NSDA report	1 NDSA report	1 NSDA report	1 NDSA report

Table B1.3: Negotiated Service Delivery Agreement (NSDA)		
Key Performance Area (KPA)	**Output**	**Indicator**
Development of health professionals and management	Training of health professionals (including nurses)	No of trained health professionals
	Improve functionality of Lilitha Nursing colleges	No of functional nursing colleges
	Provisioning of bursaries for health professionals	No of bursary holders
Expansion of the re-engineering of Primary health care services	Increase Ward Based Outreach Teams (WBOTs) for increased health promotion	No of Ward Based Outreach Teams
	Increased outreach to communities	No of household visited
	HPV vaccination for Grade 4 learners (9 year olds) as part of the Integrated School Health Programme	HPV 1st dose coverage
	Screening for learners in quintile 1&2 schools) for barriers to learning	Grade R screening coverage
		Grade 1 screening coverage
		Grade 8 screening coverage
Expansion of HIV/AIDS treatment and TB management	TB client treatment success rate	TB new client success rate
	TB client lost to follow up rate	TB client lost to follow up rate
	TB MDR and XDR confirmed treatment initiation rate	MDR treatment initiation rate
	XDR treatment initiation rate	
	Increase access to ART for patients	No of clients remaining on ART
	Increase number of pregnant mothers on ART	ANC initiated on ART rate
	Provision of safe male circumcision	Safe male circumcision performed
Reduced maternal and child mortality rate	Reduce child mortality by 5%	Child mortality rate

Table B1.3: Negotiated Service Delivery Agreement (NSDA)		
Key Performance Area (KPA)	**Output**	**Indicator**
	Reduce maternal mortality by 5%	Maternal mortality rate
Provision of health infrastructure and services	Construction of new clinics	No of clinics constructed
	Completion of Frontier Hospital casualty unit, paediatrics and outpatient departments	Refurbishment of Frontier hospital completed
	Completion of the 530 beds in Cecilia Makiwane	CMH Flagship project completed
Implementation of National Health insurance	Revamping of district hospitals	No of district hospital refurbished
	Expansion of 40 consulting rooms to existing clinics	No of additional consulting room completed
	Expand the Nelson Mandela Academic hospital training platform	No of additional doctors & Specialists appointed
	Establish Alfred Nzo District as the provincial NHI pilot site	No of NHI pilot site established

The NSDA indicators are reported on a quarterly basis under the different programme.

SUB-PROGRAMME 1.2 HEALTH MANAGEMENT

Programme Purpose:

To manage human, financial, information and infrastructure resources. This is where all of the Policies, with reference to strategic planning and development, coordination, monitoring and evaluation, including regulatory functions of head office, are located.

The management component under the Superintendent General's supervision is comprised of three branches with their sub-components (branches) as listed below:

Finance Branch

- Financial Management Services
- Integrated Budget Planning and Expenditure Review
- Supply Chain Management (SCM)

Corporate Services Branch

- Information, Communication and Technology (ICT)
- Human Resource Management (HRM)
- Human Resource Development (HRD)
- Corporate Services Management

Clinical Branch

- District Health Services
- Hospital Services
- Communicable Diseases
- Health Programmes
- Clinical Support Services

PRIORITIES

- To improve Management Performance in the key performance areas, namely Strategic Management, Governance and Accountability, Human Resource Management, and Financial Management;
- To improve of clinical services at all levels in order to achieve effective and efficient service delivery;
- To facilitate effective human resources planning development and management in order to improve the provision of health services to the patients;

- To implement corporate services and systems to support the service delivery imperatives of the department;
- To achieve an unqualified regulatory audit opinion.

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SUB-PROGRAMME 1.2

Table B1.4: Provincial Strategic Objectives and Annual Targets for Sub-Programme 1.2

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.1 Unqualified audit opinion achieved by 2019	2.1.1 Audit opinion from Auditor-General	Annual	Categorical	New Indicator	New Indicator	Qualified	Unqualified audit report	Unqualified audit report	Unqualified audit report	Clean audit report	Clean audit report
	2.1.2 Audit Improvement Plan for Financial Performance Review	Quarterly	Categorical; *Quarterly Provincial Reporting - QPR*		New Indicator	New Indicator	New Indicator	AIP Reviewed	AIP Reviewed	AIP Reviewed	AIP Reviewed
	2.1.3 Audit Improvement Plan (AIP) for Performance Information Review	Quarterly	Categorical; QPR	New Indicator	New Indicator	New Indicator	New Indicator	AIP Reviewed	AIP Reviewed	AIP Reviewed	AIP Reviewed
	2.1.4 Level 3 MPAT	Annual	Categorical QPR	New Indicator	Level 2	Level 2	MPAT Level 3 performance	MPAT Level 3 performance	MPAT Level 3 performance	MPAT Level 3 performance	MPAT Level 4 performance
	2.1.5 Strategic Management MPAT Level 3	Quarterly	Categorical QPR	New Indicator	New Indicator	New Indicator	New Indicator	Strategic Management MPAT Level 3	Strategic Management	Strategic Management MPAT Level 3	Strategic Management MPAT Level 3
	2.1.6 Governance & accountability MPAT Level 3	Quarterly	Categorical QPR	New Indicator	New Indicator	New Indicator	New Indicator	Governance & Accountability MPAT Level 3	Governance & Accountability MPAT Level 3	Governance & Accountability MPAT Level 3	Governance & Accountability MPAT Level 3

Table B1.4: Provincial Strategic Objectives and Annual Targets for Sub-Programme 1.2											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
	2.1.7 Human Resources Management MPAT Level 3	Quarterly	Categorical QPR	New Indicator	New Indicator	New Indicator	New Indicator	Human Resource Management MPAT Level 3	Human Resource Management MPAT Level 3	Human Resource Management MPAT Level 3	Human Resource Management MPAT Level 3
	2.1.8 Financial Management MPAT Level 3	Quarterly	Categorical QPR	New Indicator	New Indicator	New Indicator	New Indicator	Financial Management MPAT Level 3	Financial Management MPAT Level 3	Financial Management MPAT Level 3	Financial Management MPAT Level 3
2.2 50% of health facilities connected to web-based DHIS through broadband by 2019	2.2.1 Percentage of Hospitals with broadband access	Quarterly	%	New Indicator	New Indicator	New Indicator	25%	51%	74%	80%	90%
	Num: Total Number of hospitals with minimum 2Mbps connectivity						22	45 (23 new)	66 (21 new)	71 (5 new)	
	Den: Total Number of Hospitals						89	89	89	89	
	2.2.2 Percentage of fixed PHC facilities with broadband access	Quarterly	%	New Indicator	New Indicator	New Indicator	24%	49%	74%	80%	90%
	Num: Total Number of fixed PHC facilities with minimum 512kbps connectivity						182	382 (200 new)	569 (187 new)	618 (154 new)	
	Den: Total Number of fixed PHC Hospitals						772	772	772	772	

QUARTERLY TARGETS FOR SUB-PROGRAMME 1.2 HEALTH MANAGEMENT

Table B1.5: Quarterly targets for Sub-programme 1.2								
Programme Performance Indicator	**Frequency of reporting (quarterly / bi-annually / annually)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.1.1 Audit opinion from Auditor-General	Annually	Categorical	Qualified Audit	Unqualified audit report	-	-	-	Unqualified audit report
2.1.2 Audit Improvement Plan for Financial Performance Review	Quarterly	Categorical QPR	Qualified Audit	AIP Reviewed, improvements recorded	AIP Reviewed	AIP Reviewed	AIP Reviewed	AIP Reviewed
2.1.3 Audit Improvement Plan for Performance Information Review	Quarterly	Categorical QPR	Qualified Audit	AIP Reviewed, improvements recorded	AIP Reviewed	AIP Reviewed	AIP Reviewed	AIP Reviewed
2.1.4 MPAT Assessment Report	Annually	Categorical	Level 3	Level 3 MPAT performance	-	-	-	Level 3 MPAT performance
2.1.5 Strategic Management MPAT Level 3	Quarterly	Categorical QPR	Level 3	Strategic Management MPAT Level 3	Strategic Management MPAT Level 3	Strategic Management MPAT Level 3	-	Strategic Management MPAT Level 3
2.1.6 Governance & accountability MPAT Level 3	Quarterly	Categorical QPR	Level 2	Governance & accountability MPAT Level 3	Governance & accountability MPAT Level 3	Governance & accountability MPAT Level 3		Governance & accountability MPAT Level 3
2.1.7 Human resources MPAT Level 3	Quarterly	Categorical QPR	Level 2	Human resources MPAT Level 3	Human resources MPAT Improvement Plan Level 3	Human resources MPAT Level 3		Human resources MPAT Level 3

Table B1.5: Quarterly targets for Sub-programme 1.2								
Programme Performance Indicator	**Frequency of reporting (quarterly / bi-annually / annually)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.1.8 Financial Management MPAT Level 3	Quarterly	Categorical QPR	Level 3	Financial Management MPAT Level 3	Financial Management MPAT Level 3	Financial Management MPAT Level 3		Financial Management MPAT Level 3
2.2.1 Percentage of Hospitals with broadband access	Quarterly	%	25%	51 %	17%	26%	26%	30%
		Numerator	22	45 (23 new)	4	6	6	7
		Denominator	89	89	23	23	23	23
2.2.2 Percentage of fixed PHC facilities with broadband access	Quarterly	%	24%	49.4%	25%	25%	25%	25%
		Numerator	182	382 (200 new)	50	50	50	50
		Denominator	772	772	200	200	200	200

Table B1.6: Expenditure estimates and economic classification: ADMINISTRATION AND MANAGEMENT										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	5,918	7,866	5,942	9,773	9,623	8,266	8,377	10,072	10,656	1.3
Management	530,813	611,483	570,517	615,715	668,092	679,681	666,585	680,791	702,820	(1.9)
Total	536,731	619,349	576,459	625,488	677,715	687,947	674,962	690,863	713,476	(1.9)

Table B1.7: Summary of payments and estimates by economic classification										
	2012/12	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
Rand thousand	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Current payments	523,425	554,049	554,996	617,583	657,187	664,857	667,748	683,288	705,462	0.4
Compensation of employees	288,929	326,729	356,409	388,061	395,898	427,753	452,150	460,706	470,077	5.7
Goods and services	232,698	225,820	198,176	229,522	261,289	236,576	215,598	222,582	235,384	(8.9)
Interest and rent on land	1,798	1,500	411	-	-	528	-	-	-	(100.0)
Transfers and subsidies	2,361	19,577	2,713	1,388	1,388	2,567	1,452	1,525	1,613	(43.4)
Households	2,361	19,577	2,713	1,388	1,388	2,567	1,452	1,525	1,613	(43.4)

Table B1.7: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
Rand thousand	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Payments for capital assets	10,928	44,900	18,750	6,517	19,140	20,523	5,762	6,050	6,401	(71.9)
Machinery and equipment	10,928	44,412	18,750	6,517	18,240	19,623	5,762	6,050	6,401	(70.6)
Software and other intangible assets	-	488	-	-	900	900				(100.0)
Payments for financial assets	17	823	-	-	-	-	-	-	-	
Total Economic Classification	**536,731**	**619,349**	**576,459**	**625,488**	**677,715**	**687,947**	**674,962**	**690,863**	**713,476**	**(1.9)**

The tables above show the summary of payments and estimates for the 2016 MTEF period per sub-programme and economic classification. The bulk of the expenditure in this programme is accounted for by the management sub-programme. The programme's total expenditure increased from R536.731 million in 2012/13 to a revised estimate of R687.947 million in 2015/16. There is a negative growth of 1.9 per cent over the 2016 MTEF. The decline is due to the reprioritization of priorities by the Department.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme.

RISK MANAGEMENT

Below are the key risks that may affect the realization of the strategic objectives in Programme 1 and the measures designed to mitigate their impact.

TABLE B1.8: PROGRAMME 1 RISKS

Risk	Mitigating Factors
Perpetration of fraudulent and corrupt activities	• Report for Blacklisting of suppliers to Treasury • Consequence Management
Ineffective Supply Chain Management process	• Monthly review of contract and commitment register • Implementation Document management system • Consequence management
Ineffective human resources management	• HR Delegations register monitored monthly • HR Management Information System (HR MIS) training and PERSAL Refresher training in place • Annual Recruitment Plan, Approved Post List and Annual Intake Plan to be fully functional and updated annually • Implementation of the reviewed organogram Implementation of the Migration Plan • Continuous PERSAL clean-up to ensure integrity of the data • Stringent management of sick leave, LTIL and PILIR
Inadequate provision of ICT (Information communication technology) services and governance of the environment. Inadequate business enterprise architecture	• Connectivity targets met across the Province in terms of Broadband installation at facilities in order to enable the DHIS • Full implementation of the signed-off CGICT policy frameworks, policies and standard operating procedures CGICT Maturity Assessment conducted regularly as per DPSA
Migration plan (Emerging risk)	• Phased Implementation of the Migration Plan • Consultation with stakeholders
Fiscal constraint (Emerging risk)	• Strengthen Provincial Cost Containment Committee effectiveness

PART B
PROGRAMME 2: DISTRICT HEALTH SERVICES



PROGRAMME 2

DISTRICT HEALTH SERVICES (DHS)

PROGRAMME PURPOSE

To ensure the delivery of primary health care services through the implementation of the District Health System.

PROGRAMME DESCRIPTION

The District Health Service (DHS) programme is composed of nine sub-programmes, namely:

2.1 District Management
2.2 Community Health Clinics
2.3 Community Health Centres (CHCs)
2.4 Community-based Services
2.5 Other Community Services
2.6 HIV & AIDS, STI and TB (HAST) Control
2.7 Maternal, Child and Women's Health & Nutrition
2.8 Coroner Services
2.9 District Hospitals

PRIORITIES FOR THE NEXT THREE YEARS

- To implement the model for the delivery of health services in the Eastern Cape based on the re-engineering of primary health care (PHC) services
- To implement and strengthen NHI preparatory in the pilot district
- To prevent and reduce morbidity and mortality related to TB, HIV/AIDS and STIs
- To reduce perinatal, infant and child mortality and maternal mortality within the province
- To improve early detection and management of people with chronic conditions

BUDGET ALLOCATION

The Budget allocation for the whole programme 2 (District Health Serviecs) is shown in the table below

Table B2.1: Total Budget for Programme 2 District Health Services

BUDGET	R'000
Compensation of employees	7,295,524
Goods and services	2,476,012
Transfers	77,318
Capital assets	119,561
TOTAL BUDGET	**9,968,415**

SERVICE DELIVERY PLATFORM FOR DISTRICT HEALTH SERVICES (DHS)

Table B2.2: District Health Service facilities by health district in 2014/15					
Health district	**Facility type**	**No.** [5]	**Population**[3]	**PHC Headcount**	**Per capita utilisation**[3]
Alfred Nzo	Non-fixed clinics[3]	8	62 231	7 779	2.1
	Fixed clinics[4]	73	647 217	8 868	2.2
	CHCs	2	93 490	46 745	2.2
	Sub-total clinics + CHCs	75	740 707	9 876	2.2
	District hospitals	6			
Amathole	Non-fixed clinics	28	62 202	2 222	2.1
	Fixed	152	766 587	5 077	2.5
	CHCs	5	171 705	34 341	2.6
	Sub-total clinics + CHCs	157	938 292	6 015	2.5
	District hospitals	12			
Buffalo City Metro	Non-fixed clinics[4]	14	28 683	2 049	2.5
	Fixed	72	487 172	6 862	2.8
	CHCs	5	281 155	56 231	2.8
	Sub-total clinics + CHCs	77	768 327	1 0109	2.8
	District hospitals	2			
Sarah Baartman	Non-fixed clinics[3]	30	52,915	1,556	3.4
	Fixed clinics[4]	59	342 650	5 908	3.5
	CHCs	3	37 226	12,409	3.2
	Sub-total clinics + CHCs	62	379 876	6 227	3.5
	District hospitals	10			
Chris Hani	Non-fixed clinics[3]	29	55107	1 837	2.5
	Fixed clinics[4]	148	625 859	4 258	3.0
	CHCs	7	92 029	13 147	3.1
	Sub-total clinics + CHCs	155	717 888	4 662	3.0
	District hospitals	14			
Nelson Mandela Metro	Non-fixed clinics[3]	13	34 777	2 174	2.5
	Fixed clinics[4]	40	674 721	16 868	3.1
	CHCs	9	302 881	33 653	3.1
	Sub-total clinics + CHCs	49	977 602	19 951	3.1
	District hospitals	1			
O.R. Tambo	Non-fixed clinics[3]	11	79 053	6 081	2.6
	Fixed clinics[4]	135	996 93	755 25	2.8
	CHCs	10	277 421	3 308	2.7
	Sub-total clinics + CHCs	145	377 114	2 656	2.8
	District hospitals	10			
Joe Gqabi	Non-fixed clinics[3]	19	35 731	1 881	2.5
	Fixed clinics[4]	52	300 505	6 010	2.7
	CHCs	0	0	0	
	Sub-total clinics + CHCs	52	300 505	6 010	2.7
	District hospitals	11			
Province	Non-fixed clinics[3]	152	410 699	2 504	2.5
	Fixed clinics[4]	732	4 841 648	6 715	2.8
	CHCs	41	1 255 907	30 631	2.8
	Sub-total clinics + CHCs	772	6 097 555	8 002	2.8
	District hospitals	66			

Source: Population - 2013 mid-year population estimates provided by StatsSA (for the 2014 calendar year) (see section 4.5.1 in Part A); Total Number of Facilities – DHIS 2014/15

1. Non-fixed clinics should include mobile and satellite clinics (exclude visiting points).
2. Fixed clinics operated by Provincial Government must include gateway clinics.
3. PHC facility headcounts and hospital inpatient separations should be used for per capita utilisation.
4. Include state aided hospitals that provide Level 1 care.

SUB-PROGRAMMES 2.1 – 2.3 (DISTRICT MANAGEMENT, CLINICS AND COMMUNITY HEALTH CENTRES)

SUB-PROGRAMME PURPOSE

- **Sub-Programme 2.1 District Management:**

  The sub-programme manages the effectiveness and functionality as well as the coordination of health services, referrals, supervision, evaluation and reporting as per provincial and national policies and requirements.

- **Sub-Programme 2.2 Clinics**

  The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics and mobile services in 26 sub-districts.

- **Sub-Programme 2.3 Community Health Centres (CHCs):**

  The sub-programme renders 24-hour health services, maternal health at midwifery units and the provision of trauma services, as well as the integration of community-based mental health services within the down referral system.

STRATEGIC GOAL BEING ADDRESSED:

- Strategic goal 1 - Prevent and reduce the disease burden and promote health
- Strategic goal 2 - mproved quality of care
- Strategic goal 3 - Universal Health Coverage

PROVINCIAL STRATEGIC OBJECTIVES INDICATORS AND ANNUAL TARGETS FOR DHS SUB-PROGRAMMES 2.1, 2.2, 2.3

Table B2.3: Provincial Strategic Objectives and Annual Targets for Sub-Programmes 2.1, 2.2, 2.3

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.3 Health facilities assessed for compliance with National Core Standards increases to more than 60% by 2019	2.3.22 Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	Quarterly	%	New Indicator	New Indicator	New Indicator	2%	10%	20%	30%	50%
	Num: Number of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard						4	24	48	72	
	Den: Number of Fixed PHC facilities that conducted an assessment to date in the current financial year						241	241	241	241	
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.1 Client Satisfaction Survey Rate (PHC)	Quarterly	%	66.3%	18%	49.4%	48.9%	60%	70%	75%	80%
	Num: Total number of fixed PHC health facilities that conducted a patient satisfaction survey to date in the current financial year					382	378	463	540	579	
	Den: Total number of fixed PHC facilities					772	772	772	772	772	
	2.4.9 Client Satisfaction rate (PHC)	Annual	%	New Indicator	New Indicator	New Indicator	65%	68%	69%	70%	75%
3.1 100% ward based outreach teams coverage by 2019	3.1.1 OHH registration visit coverage (Annualised)	Quarterly	%	New Indicator	140.9	8.2%	22%	25%	30%	40%	40%
	Num: OHH registration visit					294 447	550 633	611 239	733 487	977 982	
	Den: OHH in population					3 581 565	2 444 957	2 444 957	2 444 957	2 444 957	
3.2 District clinical specialist team (DCSTs) coverage for all Districts by 2019	3.2.1 Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	Num	New Indicator	New Indicator	5	4 (0 new)	6	6	6	8
1.1 PHC	1.1.1 PHC utilisation rate	Quarterly	Num	2.7	2.6	2.7	2.7	2.8	2.8	3.0	3

Table B2.3: Provincial Strategic Objectives and Annual Targets for Sub-Programmes 2.1, 2.2, 2.3											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
utilisation rate increased to 3 visits per person per year in all facilities by 2019	*Num: PHC headcount total*			17 740 496	18 728 688	17 906 952	4 465 210	186 358	186 358	199 669	
	Den: Population total			6 671 956	6 688 817	6 655 652	6 982 809	6 655 652	6 655 652	6 655 652	
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.17 Complaints Resolution Rate	Quarterly	%	New Indicator	New Indicator	New indicator	94%	80%	80%	80%	90%
	Numerator						4 801				
	Denominator						5 081				
	2.4.25 Complaint resolution within 25 working days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	99%	80%	80%	80%	90%
	Numerator						4 770				
	Denominator						4 801				

QUARTERLY TARGETS FOR DHS SUB-PROGRAMME 2.1,2.2, 2.3

Table B2.4: Budget allocation: Sub-programmes 2.1, 2.2, 2.3 for 2016/17			
Budget	**2.1 District Management**	**2.2 Community Health Clinics**	**2.3 Community Health Centres**
Compensation of employees	572,766	1,421,671	820,238
Goods and services	105,217	405,326	195,594
Transfers	30,183	1,545	1,052
Capital assets	40,801	11,100	5,070
TOTAL BUDGET	**748,967**	**1,839,642**	**1,021,954**

Table B2.5: Quarterly targets for DHS Sub-Programme 2.1,2.2, 2.3 for 2016/17								
Programme Performance Indicator	**Frequency quarterly/ annually**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.22 Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	Quarterly	%	49%	10%	25%	25%	25%	25%
		Numerator	378	24 (20 new)	5	5	5	5
		Denominator	722	241	20	20	20	20
2.4.1 Client Satisfaction Survey Rate (PHC)	Quarterly	%	49%	75%	6.5%	32.4%	58.3%	75%
		Numerator	378	579	50	250 (200 new)	450 (200 new)	579 (129 new)
		Denominator	722	772	772	772	772	772
2.4.9 Client satisfaction rate at PHC facilities	Annually	%	65%	68%				68%
3.1.1 OHH registration visit coverage – in population	Quarterly	%	22%	25%	8%	16%	20%	25%
		Numerator	550 633	611 239	195 597	391 193	488 991	611 239
		Denominator	2 444 957	2 444 957	2 444 957	2 444 957	2 444 957	2 444 957
3.2.1 Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Annually	No	4	8				8
1.1.1 PHC utilisation rate (annualised)	Quarterly	No	2.7	2.8	2.8	2.8	2.8	2.8
		Numerator	4 465 210	18 739 851	18 739 851	18 739 851	18 739 851	18 739 851
		Denominator	6 982 809	6 692 804	6 692 804	6 692 804	6 692 804	6 692 804
2.4.17 Complaints Resolution Rate	Quarterly	%	94%	80%	80%	80%	80%	80%
			4 801					
			5 081					
2.4.25 Complaint resolution within 25 working days rate	Quarterly	%	99%	80%	80%	80%	80%	80%
			4 770					
			4 801					

SUB-PROGRAMME 2.4: COMMUNITY BASED SERVICES (NON-COMMUNICABLE DISEASES)

PURPOSE

The Community-based Services sub-programme manages the implementation of the Community-based Health Services Framework. This includes:

- Implementation of disease-prevention strategies at a community level
- Promoting healthy lifestyles through health education and support
- Providing chronic and geriatric services including rehabilitation as a supportive service
- Providing oral health services at a community level (including schools and old age homes)
- Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths

Strategic goals being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

NON-COMMUNICABLE DEASES

Provincial Strategic Objectives, Indicators and Annual Targets for Sub-Programme 2.4

Table Table B2.6 Provincial Strategic Objectives and Annual Targets for Sub-Programme 2.4

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.1Clients screened for hypertension	Quarterly	No	New Indicator	New Indicator	New indicator	749 200	800 000	900 000	1 000 000	1 200 000
	1.2.2 Clients screened for diabetes	Quarterly	No	New Indicator	New Indicator	New indicator	615 621	800 000	900 000	1 000 000	1 200 000
	1.2.3 Clients screened for mental health.	Quarterly	No	New Indicator	New Indicator	New indicator	110 193	160 000	170 000	180 000	200 000

QUARTERLY TARGETS FOR Sub-Programme 2.4

Table B2.7: Budget allocation Sub-Programme 2.4	
BUDGET	**R'000**
Compensation of employees	372,467
Goods and services	98,088
Transfers	5,284
Capital assets	2,093
TOTAL BUDGET	**477,932**

Table B2.8: Quarterly targets for Sub-Programme 2.4 for 2016/17								
Programme performance indicator	**Frequency quarterly / annually**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
1.2.1Clients screened for hypertension - 25 years and older	Quarterly	Num	749 200	800 000	200 000	200 000	200 000	200 000
1.2.2 Clients screened for diabetes - 5 years and older	Quarterly	Num	615 621	800 000	200 000	200 000	200 000	200 000
1.2.3 Clients screened for mental health.	Quarterly	Num	110 193	160 000	40 000	40 000	40 000	40 000

SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES

PURPOSE

The Other Community Services sub-programme manages the devolution of municipal health service from the Department of Health to the district municipalities and metros, (health care waste management and other hazardous substances control), and implements a port health strategy to control the spread of communicable diseases through ports of entry into the province.

Strategic goals being addressed:

Strategic goal 2: Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SUB-PROGRAMME 2.5

Table B2.9: Provincial Strategic Objectives and Annual Targets Sub-Programme 2.5

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.5 100% Compliance with the Waste Management Act by 2019	2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	Quarterly	%	79%	79%	79%	79%	80%	85%	90%	100%
	Num: Number of health facilities (hospitals) that dispose waste in line with SANS 10248 regulation at a given reporting period.			70	70	70	70	71			
	Den: Number of facilities (hospitals) during the same time period			89	89	89	89	89			

QUARTERLY TARGETS FOR SUB-PROGRAMME 2.5 – OTHER COMMUNITY SERVICES

Table B2.10: Budget allocation: Sub-programme 2.5	
BUDGET	**R'000**
Compensation of employees	42,377
Goods and services	13,855
Capital assets	2,178
TOTAL BUDGET	**58,410**

Table B2.11: Quarterly targets for Sub-Programme 2.5								
Programme Performance Indicator	**Frequency quarterly/ annually**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	Quarterly	%	79%	80%	80%	80%	80%	80%
Numerator			70	71	71	71	71	71
Denominator			89	89	89	89	89	89

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

PURPOSE

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with PGDP goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Strategic goals being addressed:

- **Strategic goal 1 -** Prevent and reduce the disease burden and promote health

Table B2.12: Provincial Strategic Objectives and Annual Targets for Sub-Programme 2.5

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.4 HIV infection rate reduced by 15% by 2019	1.4.1 Adults remaining on ART - Total	Quarterly	No	222 107	271 244	301 141	464 684	473 089	541 612	599 857	658 102
	1.4.2 Total children (under 15 years) remaining on ART - Total	Quarterly	No	15 765	17 236	18 434	24 565	24 786	28 242	31 495	31 748
	1.4.3 TB/HIV co-infected client on ART rate	Quarterly	%	New indicator	New indicator	New indicator	New indicator	90%	90%	90%	90%
	Num: Total number of registered HIV+TB patients on ART							19 440	19 530	19 620	
	Den: Total number of registered HIV+TB patients							21 600	21 700	21 800	
	1.4.4 Client tested for HIV (incl. ANC)	Quarterly	No	591365	923407	1296703	1 260 087	1 453 837	1 453 837	1 453 837	1 453 837
1.5 TB death rate reduced by 30% in 2019	1.5.1TB symptom 5yrs and older screened in facility rate	Quarterly	%	New Indicator	New Indicator	New Indicator	53%	70%	70%	70%	90%
	Num: Client 5 years and older screened for TB symptoms						1 987 096				
	Den: PHC headcount 5 years and older						3 749 238				
1.4 HIV infection rate	1.4.5 Male condom distribution coverage	Quarterly	No	New Indicator	New Indicator	New Indicator	55	50	50	50	55

Table B2.12: Provincial Strategic Objectives and Annual Targets for Sub-Programme 2.5											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
reduced by 15% by 2019	1.4.6 Medical male circumcision performed - Total	Quarterly	No	New Indicator	6 815	51 045	50 854	63 556	67 700	72 500	140 000
1.5 TB death rate reduced by 30% in 2019	1.5.2 TB client treatment success rate	Quarterly	%	68%	68.2%	81.1%	83%	83%	85%	85%	85%
	Num: TB client successfully completed treatment(cured and treatment completion)			14 442	14 943	18 327	16 621	15 932	16 560	17 410	
	Den: TB client start on treatment			21 235	21 347	22 404	20 123	19 195	19 483	20483	
	1.5.3 TB client lost to follow up rate	Quarterly	%	7.8%	7.5%	7.6%	6.8%	7.2%	5.4%	5%	5%
	Num: TB client lost to follow up			1,656	1,640	1,711	1 026	1,382	1,052	1,127	
	Den: TB client start on treatment			21,235	21,872	22,404	15 092	19,195	19,483	20,483	
	1.5.4 TB death rate	Annually	%	6.5%	6.7%	5.4%	5.8%	5.6%	5.4%	5%	5%
	Num: TB client died during treatment			1,380	1,465	1,223	1,081	1,075	1,052	1,024	
	Den: TB client start on treatment			21,235	21,872	22,475	18,362	19,195	19 483	20 483	
	1.5.5 TB MDR confirmed treatment initiation rate	Annually	%	New Indicator	90%	100%	90%	90%	90%	90%	92%
	Num: TB MDR confirmed client start on treatment				1 800	1779	2 250	2,700	3,000	3,420	
	Den: TB MDR confirmed client				2 000	1779	2 500	3,000	3,300	3,800	
	1.5.6 TB MDR treatment success rate[1]	Annually	%	22%	-	39%	42%	45%	50%	55%	60%
	Num: TB MDR client successfully treated						756	801	1 125	1 485	
	Den: TB MDR confirmed client start on treatment						1,800	1,779	2,250	2 700	

[1] MDR-TB patients are diagnosed by facilities and are sent to the MDR-TB hospitals for initiation of treatment. It is not possible to obtain this information for each district, and we are only able to get reports with this information from hospitals that are treating MDR-TB.

QUARTERLY TARGETS FOR SUB-PROGRAMME 2.6 HIV & AIDS, STI AND TB CONTROL

Table B2.13: Budget allocation: Sub-programme 2.6	
Budget	**R'000**
Compensation of employees	662,258
Goods and services	1,064,149
Transfers	21,125
Capital assets	27,853
TOTAL BUDGET	**1,775,385**

Table B2.14: Quarterly targets for Sub-programme 2.6

Programme Performance Indicator	Frequency of reporting (quarterly / annually)	Indicator Type	Baseline 2015/16	Annual target 2016/17	Quarterly targets			
					Q1	Q2	Q3	Q4
1.4.1 Adults remaining on ART - Total	Quarterly	No	464 684	473 089	390 736	418 187 (27 451 new)	445 638 (27 451 new)	473 089 (27 451 new)
1.4.2 Total children (under 15 years) remaining on ART - Total	Quarterly	No	24 565	24 786	21 736	22 754 (1 018 new)	23 770 (1 016 new)	24 786 (1 016 new)
1.4.3 TB/HIV co-infected client on ART rate	Quarterly	%	New Indicator	90%	90%	90%	90%	90%
		Numerator		19 440	4 860	4 860	4 860	4 860
		Denominator		21 600	5 400	5 400	5 400	5 400
1.4.4 Client tested for HIV (incl. ANC)	Quarterly	Num	1 260 087	1 453 837	363 459	363 459	363 459	363 459
1.5.1TB symptom 5yrs and older screened in facilty rate	Quarterly	%	53%	70%	70%	70%	70%	70%
		Numerator	1 987 096	10 497 866	2 624 467	2 624 467	2 624 467	2 624 467

Table B2.14: Quarterly targets for Sub-programme 2.6								
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
		Denominator	3 749 238	14 996 952	3 749 238	3 749 238	3 749 238	3 749 238
1.4.5 Male condom distribution coverage	Quarterly	No	55	50	50	50	50	50
1.4.6 Medical male circumcision performed - Total	Quarterly	No	50 854	63 556	15 352	11 425	26 779	10 000
1.5.2 TB client treatment success rate	Quarterly		83%	83%	83%	83%	83%	83%
		Numerator	16 621	15 932	3 983	3 983	3 983	3 983
		Denominator	20 123	19 195	4 798	4 799	4 799	4 799
1.5.3 TB client lost to follow up rate	Quarterly	%	6.8%	7.2%	7.2%	7.2%	7.2%	7.2%
		Numerator	1 026	1 382	346	346	345	345
		Denominator	15 092	19 195	4 798	4 799	4 799	4 799
1.5.4 TB death rate	Annually	%	5.8%	5.6%				5.6%
		Numerator	1 081	1,075				1 075
		Denominator	18 362	19 195				19 195
1.5.5 TB MDR confirmed treatment initiation rate	Annually	%	90%	90%				90%
		Numerator	2 250	2 700				2 700
		Denominator	2 500	3 000				3 000
1.5.6 TB MDR treatment success rate	Annually	%	42%	45%				45%
Numerator			756	801				801
Denominator			1,800	1 779				1 779

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

PROGRAMME PURPOSE

To reduce mother, new born and child mortality through strengthened maternal and child as well as nutrition health services across the Eastern Cap e Province

Strategic goals being addressed:

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

Table B2.15: Provincial Strategic Objectives and Annual Sub-Programme 2.7

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.6 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.6.1 Antenatal 1st visit before 20 weeks rate	Quarterly	%	39.6%	44.3%	48.8%	59%	65%	70%	75%	80%
	Num: Antenatal 1st visit before 20 weeks			53 248	43 016	62 574	62 807	83 390	89 805	96 220	
	Den: Antenatal 1st visit total			134 224	98 429	128 293	106 800	128 293	128 293	128 293	
	1.6.2 Mother post-natal visit within 6 days rate	Quarterly	%	New indicator	New indicator	58.0%	58%	60%	60%	60%	75%
	Num: Mother postnatal visit within 6 days after delivery						61 309	54 812	56 182	56 294	
	Den: Delivery in facility total						106 434	91353	93637	93 824	
	1.6.3 Antenatal client initiated on ART rate	Annually	%	New indicator	New indicator	91.7%	94%	95%	95%	95%	95%
	Num: Antenatal client start on ART					21682	19 059	22 457	22 457	22 457	
	Den: Antenatal client eligible for ART initiation					23639	20 253	23 639	23639	23639	
1.7 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.7.1 Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	New indicator	New indicator	New indicator	1.7%	<1.4%	<1.4%	<1.4%	0.7
	1.7.2 Immunisation coverage under 1 year (annualised)	Quarterly	%	82.6%	80.7%	80.9%	84%	85%	85%	85%	90%

Table B2.15: Provincial Strategic Objectives and Annual Sub-Programme 2.7											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
	Num: Immunised fully under 1 year new			107 257	10 6 799	113 817	114 154	119 585	119 585	119 585	
	Den: Population under 1 year			129 778	145701	140 689	137 307	140 689	140 689	140 689	
	1.7.3 Measles 2nd dose coverage	Quarterly	%	New Indicator	67.6%	73.5%	81%	85%	85%	85%	90%
	Num: Measles 2nd dose					106 370	110 747	120 585	120 585	120 585	
	Den: Population 1 year					141 865	137 328	141 865	141 865	141 865	
	1.7.4 DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	Quarterly	%	New Indicator	-0.3	New Indicator	0.5	0.5	0.5	0.5	0.7
	Num: DTaP-IPV-Hib-HBV 3 to Measles1st dose drop-out						687	664	643	645	
	Den: DTaP-IPV- Hib 3rd dose						137 328	132 841	128 697	128 954	
	1.7.5 Child under 5 years diarrhea case fatality rate	Quarterly	%	New Indicator	6.3%	5.2%	4%	5%	5%	5%	5%
	Num: Child under 5 years with diarrhea death				268	351	249	259	263	264	
	Den: Child under 5 years with diarrhea admitted				4272	6 784	6 544	5 186	5 264	5 275	
	1.7.6 Child under 5 years pneumonia case fatality rate	Quarterly	%	New Indicator	5.7%	4.2%	4%	3.8%	3.5%	3%	3%
	Num: Child under 5 years pneumonia death				218	274	265	178	167	143	
	Den: Child under 5 years pneumonia admitted				3819	6 513	7 043	4 706	4 777	4 787	
	1.7.7 Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%	18.3	13.0%	12%	12%	8%	6%	5%	5%
	Num: Child under 5 years severe acute malnutrition death				203	339	295	171	130	109	
	Den: Child under 5 years severe acute malnutrition admitted				1560	2 867	2 563	2 142	2174	2174	
3.3 40% of Quintile 1&2 school screened by	3.3.1 School Grade 1 screening coverage (annualised)	Quarterly	%	New Indicator	New Indicator	13.4%	23%	10%	10%	10%	10%

Table B2.15: Provincial Strategic Objectives and Annual Sub-Programme 2.7											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
Integrated School Health (ISH) Teams in 2019	*Num: School Grade 1 learners screened*					26 531	33 671	14 794	14 794	14 794	
	Den: School Grade 1 learners - total					197 378	147 944	147 944	147 944	147 944	
	3.3.2 School Grade 8 screening coverage (annualised)	Quarterly	%	New Indicator	New Indicator	6.8%	10%	10%	10%	10%	10%
	Num: School Grade 8 learners screened					9 247	10 300	10 205	10 205	10 205	
	Den: School Grade 8 learners – total					136 239	102 051	102 051	102 051	102 255	
1.6 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.6.4 Couple year protection rate	Quarterly	%	31.7%	28%	43%	41%	55%	55%	55%	72%
	Num: Contraceptive years dispensed			518 816	402 575	699 800	722 920	891 377	891 377	891 377	
	Den: Population 15-49 years females			1,636,643	3,151,109	1,620,685	1,780,810	1,620,685	1,620,685	1,620,685	
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.4 Cervical cancer screening Coverage (Annualised)	Quarterly	%	39.4%	44.1%	56%	59%	60%	60%	60%	70%
	Num: Cervical cancer screening in woman 30 years and older			53 245	47 063	81 869	1 029 646	1 047 097	1 047 097	1 047 097	
	Den: Population 30 years and older female/10			135 306	1 419 77	1 745 162	1 745 162	1 745 162	1 745 162	1 745 162	
1.7 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.7.9 Human Papilloma Virus (HPV) Vaccine 1st dose coverage	Annually	%	New Indicator	New Indicator	88%	85%	75%	75%	75%	80%
	Num: Girls 9 years and older that received HPV 1st dose					56 251	54 158	47 786	47 786	47 786	
	Den: Grade 3 girl learners ≥ 9 years					71 404	63 715	63 715	63 715	63 715	
	1.7.10 Human Papilloma Virus (HPV) Vaccine 2nd dose coverage	Annually	%	New Indicator	New Indicator	New Indicator	New Indicator	75%	75%	75%	75%
	Num: Girls 9 years and older that received HPV 1st dose							53 553	53 553	53 553	
	Den: Girl grade 4 - learners total							71 404	71 404	71 404	
	1.7.8 Vitamin A 12-59 months coverage	Quarterly	%	43.8%	43%	53%	62%	61%	65%	70%	70%

Table B2.15: Provincial Strategic Objectives and Annual Sub-Programme 2.7											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
	(Annualised)										
	Num: Vitamin A dose 12-59 months			484 178	516 151	626 612	724 937	701 396	735 879	794 070	
	Den: Population 12-59 months			1 114 118	1 200 352	1 185 824	1 168 094	1 149 832	1 132 122	1 134 386	
	1.7.11 Infant exclusively breastfed at Hep B (DTaP - IPV-HiB– HBV) 3rd dose rate	Quarterly	%	New indicator	41%	42%	50%	50%	55%	60%	65%
	Num: Infant exclusively breastfed at Hep B 3rd dose				48 020	51 223	31 266	61 611	69 405	78 369	
	Den: Hep B 3rd dose				117 407	123 222	62 864	123 222	126 919	130 615	
1.6 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.6.5 Maternal mortality in facility ratio (Annualised)	Annually	Per 100 000	112 / 100 000	85 / 100 000[2]	148 / 100 000	137 / 100 000	120 / 100 000	120 / 100 000	120 / 100 000	100 / 100 000
1.7 Child Mortality educed to less than 34 per 1000 population by 2019	1.7.12 Inpatient early neonatal death rate	Annually	per 1000	New Indicator	14 /1000	21/1 000	13 / 1000	12/1 000	12/1000	12/1000	< 10/1000

QUARTERLY TARGETS FOR SUB-PROGRAMME 2.7: MATERNAL, CHILD AND WOMENS HEALTH & NUTRITION

Table B2.16: Budget allocation: Sub-programme 2.7	
BUDGET	**R'000**
Compensation of employees	-
Goods and services	41,962
Capital assets	1,736
TOTAL BUDGET	**43,698**

Table B2.17: Quarterly targets for Maternal, Child and Women's Health and Nutrition for 2016/17							
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
1.6.1 Antenatal 1st visit before 20 weeks rate	Quarterly	59%	65%	65%	65%	65%	65%
	Numerator	62 807	83 390	20 847	20 847	20 847	20 847
	Denominator	106 800	128 293	32 073	32 073	32 073	32 073
1.6.2 Mother post-natal visit within 6 days rate	Quarterly	58%	60%	60%	60%	60%	60%
	Numerator	61 309	54 812	54 812	54 812	54 812	54 812
	Denominator	106 434	91353	91 353	91 353	91 353	91 353
1.6.3 Antenatal client initiated on ART rate	Annual	94%	95%				95%
	Numerator	19 059	22 457				22 457
	Denominator	20 253	23 639				23639
1.7.1 Infant 1st PCR test positive around 10 weeks rate	Quarterly	1.7%	<1.4%	<1.4%	<1.4%	<1.4%	<1.4%
1.7.2 Immunisation coverage under 1 year (annualised)	Quarterly	84%	85%	82%	82%	82%	82%
	Numerator	114 154	119 585	119 585	119 585	119 585	119 585
	Denominator	137 307	140 689	140 689	140 689	140 689	140 689

Table B2.17: Quarterly targets for Maternal, Child and Women's Health and Nutrition for 2016/17							
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
1.7.3 Measles 2nd dose coverage (Annualised)	Quarterly	81%	85%	85%	85%	85%	85%
	Numerator	110 747	120 585	30 146	30 146	30 146	30 147
	Denominator	137 328	141 865	141 865	141 865	141 865	141 865
1.7.4 DTaP-IPV-Hib 3 Measles 1st dose drop-out rate	Quarterly	0.5	0.5	0.5	0.5	0.5	0.5
	Numerator	687	664	664	664	664	664
	Denominator	137 328	132 841	132 841	132 841	132 841	132 841
1.7.5 Child under 5 years diarrhea case fatality rate	Quarterly	4%	5%	5%	5%	5%	5%
	Numerator	249	259	64	65	65	65
	Denominator	6 544	5 186	1 296	1 297	1 297	1 296
1.7.6 Child under 5 years pneumonia case fatality rate	Quarterly	4%	3.8%	3.8%	3.8%	3.8%	3.8%
	Numerator	265	178	44	45	45	44
	Denominator	7 043	4 706	1 177	1 176	1 176	1 177
1.7.7 Child under 5 years severe acute malnutrition case fatality rate	Quarterly	12%	8%	10%	9.5%	9%	8%
	Numerator	295	171	42	43	43	43
	Denominator	2 563	2142	535	536	536	535
3.3.1 School Grade 1 screening coverage (annualised)	Quarterly	23%	10%	5%	7%	8%	10%
	Numerator	33 671	14 794	7 397*	10 356*	11 836*	14 794*
	Denominator	147 944	147 944	147 944	147 944	147 944	147 944
3.3.2 School Grade 8 screening coverage (annualised)	Quarterly	10%	10%	5%	7%	8%	10%
	Numerator	10 300	10 205	5 103*	7 144*	8 164*	10 205*
	Denominator	102 051	102 051	102 051	102 051	102 051	102 051
1.6.4 Couple year protection rate	Annually	41%	55%				55%
	Numerator	722 920	891 377				891 377
	Denominator	1,780,810	1 620 685				1 620 685
1.2.4 Cervical cancer screening coverage (annualised)	Quarterly	59%	60%	25%	25%	25%	25%

Table B2.17: Quarterly targets for Maternal, Child and Women's Health and Nutrition for 2016/17							
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
	Numerator	1 026 646	1 047 097	261 774	261 775	261 774	261 774
	Denominator	1 745 162	1 745 162	1 047 097	1 047 097	1 047 097	1 047 097
1.7.9 Human Papilloma Virus Vaccine 1st dose coverage	Annually	85%	75%				75%
	Numerator	54 158	47 786				47 786
	Denominator	63 715	63 715				63 715
1.7.10 HPV 2nd dose coverage	Annually		75%				75%
1.7.8 Vitamin A 12-59 months coverage (Annualised)	Quarterly	62%	61%	61%	61%	61%	61%
	Numerator	724 937	701 396	175 349	175 349	175 349	175 349
	Denominator	1 168 094	1 149 832	287 458	287 458	287 458	287 458
1.7.11 Infant exclusively breastfed	Quarterly	50%	50%	25%	25%	25%	25%
	Numerator	31 266	61 611	15402	15402	15402	15402
	Denominator	62 864	123 222	61,611	61,611	61,611	61,611
1.6.5 Maternal mortality in facility ratio (annualised)	Annually	137 / 100 000	120/100 000				120/100 000
1.7.12 Inpatient early neonatal death rate	Annually	13 / 1 000	12 /1 000				12 /1 000

* Cumulative Quarterly

SUB-PROGRAMME 2.8: CORONER SERVICES

PROGRAMME PURPOSE

- To strengthen the capacity and functionality of forensic pathology institutions within the province and facilitate access to forensic pathology services at all material times.
- The Coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths.

Strategic goals being addressed:

- **Strategic goal 1:** Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR CORONER SERVICES

Table B2.18: Provincial Strategic Objectives and Annual Targets for Sub-programme 2.8

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited / actual performance			Estimate *(based on 3 quarters average)*	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.8 Post – mortems conducted within 72hrs increased to 90% by 2019	1.8.1 Percentage of post-mortem performed within 72 hours	Quarterly	%	73%	73%	79%	93%	85%	87%	89%	90%
	Num : *Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body*			6903	7 746	7 701	10 440	10 111	10 866	11 138	11 286
	Den: *Total number of cold bodies received from SAPS*			9400	10 611	9 731	11 168	11 895	12 490	12 515	12 540

QUARTERLY TARGETS FOR SUB – PROGRAMME 2.8 CORONER SERVICES

Table B2.19: Budget allocation: Sub-programme 2.8	
BUDGET	**R'000**
Compensation of employees	66,373
Goods and services	15,234
Capital assets	5,499
TOTAL BUDGET	**87,106**

Table B2.20: Quarterly targets for Sub-programme 2.8 for 2016/17							
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
1.8.1 Percentage of post-mortem performed within 72 hours	Quarterly	93%	85%	85%	85%	85%	85%
	Numerator	10 440	10 111	2 527	2 528	2 528	2 528
	Denominator	11 168	11 895	2 973	2 974	2 974	2 974

SUB-PROGRAMME 2.9 - DISTRICT HOSPITALS

PROGRAMME PURPOSE

To provide comprehensive and quality district hospital services to the people of the Eastern Cape Province.

Strategic goals being addressed:

- **Strategic goal 1**: Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improved quality of care

Table B2.21: Situation analysis indicators for Sub-Programme 2.9

Strategic objective	Programme Performance Indicator	Frequency of reporting (quarterly/ annually)	Type	Province -wide value 2014/15	Alfred Nzo 2014/15	Amathole 2014/15	BCM 2014/15	Chris Hani 2014/15	Sarah Baartman 2014/15	Nelson Mandela 2014/15	OR Tambo 2014/15	Joe Gqabi 2014/15
1.9 80% of hospitals meeting national efficiency targets by 2019	1.9.1 Average Length of Stay	Quarterly	Num	5.3	5.2	5.5	4.9	5.6	4.0	3.7	6.4	5.6
	1.9.5 Inpatient Bed Utilisation Rate	Quarterly	%	59.0	65.8	59.0	56.6	50.2	63.9	60.5	55.5	70.4
	1. 9.9 Expenditure per patient day equivalent (PDE)	Quarterly	R	R1,909	R4,519	R1.801	R1.696	R1.983	R1.980	R2,958	R2,094	R5,700
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.18 Complaint Resolution rate	Quarterly	%	93.5	89.5	96.2	93.9	98.2	83.9	100.0	96.0	89.5
	2.4.26 Complaint Resolution within 25 working days rate	Quarterly	%	98.2	101.6	99.7	97.6	99.7	102.4	100.0	94.4	93.8

PROVINCIAL PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Table B2.22: Provincial Strategic Objectives and Annual Targets District Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 National Core Standards self-assessment rate	Quarterly	%	New Indicator	New Indicator	New Indicator	83%	91%	91%	91%	91%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						55	60	60	60	
	Den: Total number of Hospitals						66	66	66	66	
	2.3.8 Quality improvement plan after self-assessment rate	Quarterly	%	New Indicator	New Indicator	New Indicator	91%	100%	100%	100%	100%
	Num: Number of Hospitals that developed a Quality improvement plan to date in the current financial year						50	60	60	60	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						55	60	60	60	
	2.3.15 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	New Indicator	New Indicator	0%	13%	27%	40%	50%
	Num: Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards						0	8	16	24	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						66	60	60	60	
2.4 Client satisfaction rate increased to more than 75% in health services by 2019	2.4.2 Client Satisfaction Survey Rate	Quarterly		New Indicator	New Indicator	New Indicator	68%	91%	91%	91%	100%
	Num: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year.						45	60	60	60	
	Den: Total number of Hospitals						66	66	66	66	
	2.4.10 Client Satisfaction rate	Annually	%	50%	65%	26%	-	70%	70%	70%	80%
1.9 80% of hospitals meeting national efficiency targets by 2019	1.9.1 Average Length of Stay	Quarterly	Days	5.0 days	5.3 days	5.3 days	5.2 days	4.9 days	4.8 days	4.7days	4.5 days
	1.9.5 Inpatient Bed Utilisation Rate	Quarterly	%	62.2%	59.0%	65%	58%	65%	66%	68%	70%
	Num: Inpatient days + 1/2 Day patients			1 401 652		1 318 586	963 254	1 115 472	1 160 949	1 226 032	
	Den: Inpatient bed days available			2 251 424		2,234 106	1 654 270	1 716 112	1 759 014	1 802 989	
	1. 9.9 Expenditure per PDE (patient day equivalent)	Quarterly	R	R1,688	R1,938	R1,909	R1,990	R2,382	R2,620	R2,950	R3,039

Table B2.22: Provincial Strategic Objectives and Annual Targets District Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.4 Client satisfaction rate increased to more than 75% in health services by 2019	2.4.18 Complaint Resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	94%	80%	80%	80%	95%
	2.4.26 Complaint Resolution within 25 working days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	100%	80%	80%	80%	90%

QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Table B2.23: Budget allocation: Sub-programme 2.9	
BUDGET	**R'000**
Compensation of employees	3,337,374
Goods and services	536,587
Transfers	18,129
Capital assets	23,231
TOTAL BUDGET	**3,915,321**

QUARTERLY TARGETS FOR SUB – SUB-PROGRAMME 2.9 DISTRICT HOSPITALS

Table B2.24: Quarterly targets for District Hospitals for 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.1 National Core Standards self - assessment rate	Quarterly	%	83%	91%	25%	25%	25%	25%
Numerator			55	60	15	15	15	15
Denominator			66	66	60	60	60	60
2.3.8 Quality improvement plan after self - assessment rate	Quarterly	%	83%	100%		50%	50%	
Numerator			55	60		30	30	
Denominator			66	60		60	60	
2.3.15 Percentage of District Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	0%	12%	25%	25%	25%	25%
Numerator			0	8	2	2	2	2
Denominator			60	66	8	8	8	8
2.4.2 Client Satisfaction Survey Rate	Quarterly	%	68%	91%	50%	50%		
Numerator			45	60	30	30		
Denominator			66	66	60	60		
2.4.10 Client Satisfaction rate	Annually	%	-	70%				70%
1.9.1 Average Length of Stay	Quarterly	Days	5.2 days	4.9 days	4.9 days	4.9 days	4.9 days	4.9 days
1.9.5 Inpatient Bed Utilisation Rate	Quarterly	%	59%	65%	65%	65%	65%	65%
Numerator			1 318 586	1 115 472	1 115 472	1 115 472	1 115 472	1 115 472
Denominator			2,234 106	1 716 112	1 716 112	1 716 112	1 716 112	1 716 112
1. 9.9 Expenditure per PDE (patient day equivalent)	Quarterly	Rands	R1,909	R2,382	R2,382	R2,382	R2,382	R2,382

Table B2.24: Quarterly targets for District Hospitals for 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.4.18 Complaint Resolution rate	Quarterly	%	94%	80%	80%	80%	80%	80%
2.4.26 Complaint Resolution within 25 working days rate	Quarterly	%	100%	80%	80%	80%	80%	80%

Table B2.25: Expenditure estimates and economic classification: District Health Services										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R '000									
2.1. District Management	564,948	645,815	631,035	631,604	638,422	686,078	748,967	756,041	749,301	9.2
2.2. Community Health Clinics	1,727,461	1,761,055	1,866,101	1,794,014	1,847,453	1,827,968	1,839,642	2,009,482	2,258,139	0.6
2.3. Community Health Centres	1,000,424	1,082,402	1,151,200	888,503	912,758	921,129	1,021,954	1,343,780	1,415,200	10.9
2.4. Community Based Services	432,991	434,343	400,684	460,606	472,168	449,333	477,932	603,376	640,857	6.4
2.5. Other Community Services	116,298	111,153	94,295	111,805	102,298	42,181	58,410	122,718	130,205	38.5
2.6. HIV/Aids	1,032,872	1,301,780	1,431,329	1,609,367	1,587,447	1,601,029	1,775,385	2,032,537	2,293,490	10.9
2.7. MCWH	61,949	38,848	46,592	47,219	45,048	32,810	43,698	49,941	52,837	33.2
2.8. Coroner Services	74,935	79,817	75,809	85,476	87,670	85,816	87,106	99,185	104,937	1.5
2.9. District Hospitals	2,941,751	3,204,309	3,242,101	3,709,691	3,826,826	3,780,326	3,915,321	3,647,887	3,793,767	3.6
Total	7,953,629	8,659,522	8,939,147	9,338,285	9,520,090	9,426,670	9,968,415	10,664,947	11,438,734	5.7

Table B2.26: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change since 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
	R '000									
Current payments	**7,761,365**	**8,337,559**	**8,758,735**	**9,152,005**	**9,371,768**	**9,166,897**	**9,771,536**	**10,494,209**	**11,258,094**	**6.5**
Compensation of employees	5,491,540	5,963,705	6,423,559	6,866,055	6,944,336	6,833,888	7,295,524	7,733,818	8,066,383	6.8
Goods and services	2,269,206	2,373,832	2,334,530	2,285,950	2,427,432	2,332,110	2,746,012	2,760,391	3,191,711	6.2
Interest and rent on land	618	22	646	-	-	899	-	-	-	(100)
Transfers and subsidies	**123,784**	**155,250**	**125,500**	**93,249**	**79,233**	**178,432**	**77,318**	**72,066**	**76,246**	**(56.7)**
Provinces and municipalities	7,928	23,202	9,122	14,069	20,745	18,427	5,157	2,427	2,568	72.0
Departmental agencies and accounts	18,719	34,210	15,542	20,840	22,148	24,478	21,125	28,497	30,150	13.7
Households	64,147	51,079	100,836	58,340	36,340	135,527	51,036	41,142	43,528	(62.3)
Payments for capital assets	**68,480**	**124,802**	**54,912**	**93,031**	**69,089**	**81,341**	**119,561**	**98,671**	**104,394**	47.0
Machinery and equipment	68,480	124,802	54,912	93,031	69,089	81,341	119,561	98,671	104,394	
Payments for financial assets	**-**	**41,911**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	
Total	**7,953,629**	**8,659,522**	**8,939,147**	**9,338,285**	**9,520,090**	**9,426,670**	**9,968,415**	**10,664,947**	**11,438,734**	**5.7**

The tables above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. Overall, the programme shows significant growth from R7.954 billion in 2012/13 to a revised estimate of R9.427 billion in 2015/16. In 2016/17, the budget for the programme grows positively by 5.7 per cent to R9.968 billion.

Compensation of employees and Goods and services show growth of 6.8 per cent and 6.2 per cent respectively from the 2015/16 revised estimates due to additional funding received to cater for the ICS adjustment and inflation.

Transfers and subsidies in total show a negative growth of 56.7 per cent. The negative growth is due to the high revised estimate brought about by the payment of leave gratuities and medico-legal claims. The department is however developing a strategy to deal with medico-legal claims in line with the national plan.

RISK MANAGEMENT

Below are key risks that may affect the realization of the strategic objectives in programme 2 and measures designed to mitigate its impact.

Table B2.27: Programme 2 Risks	
Risk	**Mitigating Factors**
Not achieving marternal targets	• To develop one additional maternal awaiting home at Amathole District (Thafalofefe hospital) • Revive & strengthen district hospital neonatal units (increase resources and training) • Capacity building on all policy imperatives • Strengthen of sexual reproductive health and rights (e.g. reduction of teenage pregnancy)
Sub- optimal management of under 5 child health	• Catch-up campaigns to increase immunisation coverage • Implementing of intergrated management of childhood illnesses
Increase in non-communicable diseases	• National NCD strategic plan • Co-ordinate implementation of Integrated chronic diseases management model (ICDM) to be initiated in 80 ideal clinics and roll out to all PHC facilities • Co-ordinate training of Primary Care 101 • Avail NCD guidelines and policies in 80 ideal clinics and roll out to all PHC facilities • Facilitate provision of basic equipment in 80 ideal clinics • Through health promotion and partners (Stakeholder engagement) co-ordinate social mobilisation and screening in communities, PHC facilities and OPD's
Inadequate number of health professionals (Professionals nurses and doctors) Primary Health Care Services	• Implement new organogram • Improve training of health professionals • Improve stuff assignment
District Hospital Service Standards that are not compliant	• Implementation of National Core Standards • Monitoring of hospital efficiency indicators • Support and strengthen hospital governance structures
Non adherence to treatment for patients on TB (including MDR and XDR-TB), HIV&AIDS, and STIs' medication.	• A comprehensive training for HAST programmes has been planned for the Out Reach Teams for full integration when providing services in communities. • Scale up the provision of community based care and support
Inadequate resources for NHI implementation EMERGING RISK	• Strengthen NSI sites • Re-engineering of PHC • Strengthen ISHP, WBOTs, GP Contracting • Improve infrastructure

PART B
PROGRAMME 3: EMERGENCY MEDICAL SERVICES



PROGRAMME 3
EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE

To render an efficient, effective and professional emergency medical services as well as planned patient transport services including disaster management services to the citizens of the Eastern Cape Province.

PRIORITIES FOR THE NEXT THREE YEARS

- Improve call taking and dispatching ability by rolling out the computerised call-taking and dispatching system initially to the Alfred Nzo and the Chris Hani EMS Centres.
- Increase the EMS fleet to include dedicated fleet for inter hospital , XDR /MDR and Maternity transfers

Strategic goals being addressed:

- **Strategic goal 3**: Universal Health Coverage

Table B3.1: Situation Analysis for Programme 3 EMS												
Strategic objective	**Programme Performance Indicator**	**Frequency of reporting (quarterly/ annually)**	**Type**	**Province-wide value 2014/15**	**Alfred Nzo 2014/15**	**Amathole 2014/15**	**BCM 2014/15**	**Chris Hani 2014/15**	**Sarah Baartman 2014/15**	**Nelson Mandela 2014/15**	**OR Tambo 2014/15**	**Joe Gqabi 2014/15**
3.6 Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	51.5	41.3	47.0	40.6	47.9	29.2	53.2	55.4	59.1
	3.6.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	50.4	45.5	47.0	36.6	42.3	50.4	N/A	56.6	51.0
	3.6.3 EMS inter-facility transfer rate	Quarterly	%	22.2	67.1	15.5	10.8	6.4	15.1	20.9	49.1	6.7

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

Table B3.2: Strategic Objectives and Annual Targets for Programme 3 EMS											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
3.6 Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	81.9%	41%	51.5%	58%	68%	70%	75%	85%
	Num: EMS P1 urban response under 15 minutes			1 173	1 457	20,592	14 418	19 436	20 308	22 079	
	Den: EMS P1 urban calls			1 433	2 241	39,971	24 848	28 583	29 011	29 439	
	3.6.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	65.5%	56%	50.4%	46%	68%	70%	75%	85%
	Num: EMS P1 rural response under 40 minutes			8 145	6 095	22,457	28 105	21 866	22 847	24 846	
	Den: EMS P1 rural calls			12 436	9 377	44,529	61 055	32 156	32 639	33 122	
	3.6.3 EMS inter-facility transfer rate	Quarterly	%	New Indicator	New Indicator	New Indicator	28.8%	70%	75%	80%	80%
	Num: EMS inter-facility transfer						137 489	304 216	330 835	358 105	
	Den: EMS clients total						478 039	434 594	441 113	447 632	

QUARTERLY TARGETS FOR EMERGENCY MEDICAL SERVICES

Table B3.3: Budget allocation: Programme 3	
BUDGET	**R'000**
Compensation of employees	677,964
Goods and services	336,115
Transfers	4,159
Capital assets	101,957
TOTAL BUDGET	**1,120,995**

QUARTERLY TARGETS FOR EMERGENCY MEDICAL SERVICES

Table B3.4: Quarterly targets for EMS for 2016/17							
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Indicator Type**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
3.6.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	68%	68%	68%	68%	68%
		Numerator	19 436	4 859	4 859	4 859	4 859
		Denominator	28 583	7 145	7 145	7 145	7 145
3.6.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	68%	68%	68%	68%	68%
		Numerator	21 866	4 467	4 467	4 467	4 467
		Denominator	32 156	8 039	8 039	8 039	8 039
3.6.3 EMS inter-facility transfer rate	Quarterly	%	70%	70%	70%	70%	70%
		Numerator	304 216	76 053	76 053	76 053	76 053
		Denominator	434 594	108 648	108 648	108 648	108 648

Table B3.5: Expenditure estimates and economic classification: Emergency Medical & Patient Transport Services										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R '000									
Emergency Transport	603,708	784,898	816,345	888,537	968,810	966,534	1,025,367	1,217,928	1,288,568	6.1
Planned Patient Transport	15,817	28,048	34,602	83,295	103,215	74,869	95,628	148,831	157,464	27.7
Total	**619,525**	**812,946**	**850,947**	**971,832**	**1,072,025**	**1,041,404**	**1,120,995**	**1,366,759**	**1,446,031**	**7.6**

Table B3.6: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
Rand thousand	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
	R '000									
Current payments	**539,700**	**665,956**	**714,900**	**844,309**	**908,120**	**888,235**	**1,014,879**	**1,244,155**	**1,316,316**	**14.3**
Compensation of employees	366,492	461,400	506,480	524,719	588,530	630,936	677,964	790,179	789,452	7.5
Goods and services	173,208	204,556	208,420	319,591	319,591	257,299	336,915	453,976	526,865	30.9
Transfers and subsidies	**1,857**	**1,939**	**2,538**	**2,776**	**2,776**	**3,283**	**4,159**	**3,049**	**3,226**	**26.7**
Households	1,857	1,939	2,538	2,776	2,776	3,283	4,159	3,049	3,226	26.7
Payments for capital assets	**77,968**	**127,324**	**133,509**	**124,746**	**161,128**	**149,886**	**101,957**	**119,555**	**126,489**	**(32.0)**
Machinery and equipment	77,968	127,324	133,509	124,746	161,128	149,886	101,957	119,555	126,489	(32.0)
Payments for financial assets	-	17,727	-	-	-	-	-	-	-	
Total	**619,525**	**812,946**	**850,947**	**971,832**	**1,072,025**	**1,041,404**	**1,120,995**	**1,366,759**	**1,446,031**	**7.6**

The tables above show the summary of payments and estimates for Emergency Medical Services according to sub-programmes and economic classification. Total expenditure has grown substantially from R619.525 million in 2012/13 to a revised estimate of R1.041 billion in 2015/16 due to the employment of qualified personnel to deliver emergency services and eradicate one-man crews in ambulances. When comparing the revised estimate of 2015/16 with the 2016/17 estimate, there is growth of 7.6 per cent.

Expenditure on current payments increase significantly by 14.3 per cent in 2016/17 due to an additional allocation received in respect of carry through costs for additional ambulances.

RISK MANAGEMENT

Below are the key risks that may affect the realization of the strategic objectives Programme 3: EMS and the measures designed to mitigate their impact.

Table B3.7: Programme 3 Risks	
Risk	**Mitigating Factors**
Inadequate EMS Coverage	• Frontline Staff In Service Education. • Develop management capacity for the appointed managers. • Invest in digital call and dispatch system for the call centres
Lack of EMS Resources	• Issue Circulars to formalize EMS Procedures • Continuous training and development of staff
EMS personnel training	• Monthly checklist
EMS safety standards	• Monthly checklist / Monthly reports

PART B
PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES



PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

(REGIONAL AND SPECIALISED)

PURPOSE

To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB hospital services.

SUB-PROGRAMMES

4.1 Regional Hospital Services: Rendering of hospital services at general specialist level and providing a platform for research and the training of health workers

- Cecilia Makiwane
- Frontier
- St Elizabeth
- Dora Nginza
- Mthatha

4.2 TB Hospital Services: To convert current tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard multi-drug resistant (MDR) protocols

- Jose Pearson
- Fort Grey
- Nkqubela
- Majorie Parish
- PZ Meyer
- Majorie Parks
- Winter Berg
- Osmond
- Khotsong
- Empilweni
- Themba

4.3 Psychiatric Mental Hospital Services: Rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research

- Elizabeth Donkin Psychiatric Hospital
- Komani Psychiatric Hospital
- Tower Psychiatric Hospital – provide long-term
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- St Barnabas Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital - 72 hour observation Unit plus

PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen the capacity and functionality of regional hospitals within the province
- To improve mother and child health and contributing towards the achievement of MDGs
- To improve clinical management of TB patients
- To strengthen the functionality of psychiatric hospitals within the province in order to improve outcomes for clients through the use of effective treatments and rehabilitation programmes
- To implement the National Core Standards

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUALTARGETS FOR SUB-PROGRAMME 4.1 REGIONAL HOSPITALS

Strategic goals being addressed:

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improved quality of care

Table B4.1: Strategic Objectives and Annual Targets for Sub-Programme 4.1 Regional Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 National Core Standards self-assessment rate	Quarterly	%	New Indicator	New Indicator	New Indicator	60%	80%	100%	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						3	4	5	5	
	Den:Total number of Hospitals						5	5	5	5	
	2.3.9 Quality improvement plan after self-assessment rate	Quarterly	%	New Indicator	New Indicator	New Indicator	60%	100%	100%	100%	100%
	Num: Number of Hospitals that developed a Quality improvement plan to date in the current financial year						3	4	5	5	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						5	4	5	5	
	2.3.16 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	New Indicator	New Indicator	0%	75%	80%	80%	80%
	Num: Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards						0	3	4	4	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						5	4	5	5	
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.3 Patient Satisfaction Survey Rate	Quarterly	%	New Indicator	New Indicator	New Indicator	20%	80%	100%	100%	100%
	Num: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						1	4	5	5	
	Den:Total number of Hospitals						5	5	5	5	
	2.4.11 Patient Satisfaction rate	Annually	%	New Indicator	New Indicator	60%	65%	70%	70%	75%	75%
1.9 80% of hospitals meeting national	1.9.2 Average length of stay	Quarterly	Days	4.6 days	4.6 days	5.2 days	5.5 days	4.6 days	4.6 days	4.6 days	4.6days
	1.9.6 Inpatient bed utilisation rate	Quarterly	%	67%	68%	68%	68%	75%	75%	75%	75%
	Num: *Inpatient days + 1/2 Day patients*			143 410	145 714	533,168	404 651	120 874	120 874	120 874	

Table B4.1: Strategic Objectives and Annual Targets for Sub-Programme 4.1 Regional Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
efficiency targets by 2019	Den: *Inpatient bed days available*			213 408	212 982	774,432	597 266	161165	161165	161165	
	1.9.10 Expenditure per PDE (patient day equivalent)	Quarterly	R	R1,748	R1,978	R4,461	R1,807	R2,243	R2,423	R2,772	R3,051
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.19 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	86.5%	80%	80%	80%	98%
	2.4.27 Complaint resolution within 25 working days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	98.8%	80%	80%	80%	90%
1.3 NCD coverage increased to 1 300/1 000 000 through management of chronic illnesses by 2019	1.3.1 Cataract surgery rate (Uninsured Population)	Quarterly	Per 1 000 000	1 002 / 1 000 000	963 / 1 000 000	1 117.5 / 1 000 000	565 / 1 000 000	1 100 / 1 000 000	1 150 / 1 000 000	1 300 / 1 000 000	1 300 / 1 000 000

QUARTERLY TARGETS FOR REGIONAL HOSPITALS

Table B4.2: Budget allocation: Sub-programme 4.1	
BUDGET	**R'000**
Compensation of employees	1,881,083
Goods and services	372,243
Transfers	19,339
Capital assets	3,707
TOTAL BUDGET	**2,276,372**

QUARTERLY TARGETS FOR SUB-PROGRAMME 4.1 REGIONAL HOSPITALS

Table B4.3: Quarterly targets for Sub-programme 4.1 Regional Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.2 National Core Standards self-assessment rate	Quarterly	%	60%	80%	25%	25%	25%	25%
		Numerator	3	4	1	1	1	1
		Denominator	5	5	4	4	4	4
2.3.9 Quality improvement plan after self-assessment rate	Quarterly	%	60%	100%	25%	25%	25%	25%
		Numerator	3	4	1	1	1	1
		Denominator	5	4	4	4	4	4

Table B4.3: Quarterly targets for Sub-programme 4.1 Regional Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.16 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	0%	75%	-	25%	50%	75%
		Numerator	0	3	-	33%	33%	33%
		Denominator	5	4	-	3	3	3
2.4.3 Patient Satisfaction Survey Rate	Quarterly	%	20%	80%	25%	25%	25%	25%
		Numerator	1	4	1	1	1	1
		Denominator	5	5	4	4	4	25%
2.4.11 Patient Satisfaction rate	Annually	%	65%	70%	-	-	-	70%
1.9.2 Average length of stay	Quarterly	Days	5.5 days	4.6 days	4.6 days	4.6 days	4.6 days	4.6 days
1.9.6 Inpatient bed utilisation rate	Quarterly	%	68%	75%	75%	75%	75%	75%
		Numerator	404 651	120 874	120 874	120 874	120 874	120 874
		Denominator	597 266	161 165	161 165	161 165	161 165	161 165
1.9.10 Expenditure per PDE (patient day equivalent)	Quarterly	Rands	R1,807	R2,243	R2,243	R2,243	R2,243	R2,243
2.4.19 Complaints resolution rate	Quarterly	%	86.5%	80%	80%	80%	80%	80%
2.4.27 Complaint resolution within 25 working days rate	Quarterly	%	98.8%	80%	80%	80%	80%	80%
1.3.1 Cataract surgery rate (Uninsured Population) (Regional hospital)	Quarterly	Per 1000 000	565 / 1 000 000	1100 / 1000 000	200 / 1000 000	600 / 1000 000	800/ 1000 000	1100 / 1000 000

Table B4.3: Quarterly targets for Sub-programme 4.1 Regional Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
standards								
		Numerator	0	3	-	1(1 new)	2(1 new)	3(1 new)
		Denominator	5	4	-	4	4	4
2.4.3 Patient Satisfaction Survey Rate	Quarterly	%	20%	80%	20%	40%	60%	80%
		Numerator	1	4	1	2(1 new)	3(1 new)	4(1 new)
		Denominator	5	5	5	5	5	5
2.4.11 Patient Satisfaction rate	Annually	%	65%	70%	-	-	-	70%
1.9.2 Average length of stay	Quarterly	Days	5.5 days	4.6 days	4.6 days	4.6 days	4.6 days	4.6 days
1.9.6 Inpatient bed utilisation rate	Quarterly	%	68%	75%	75%	75%	75%	75%
		Numerator	404 651	120 874	120 874	120 874	120 874	120 874
		Denominator	597 266	161 165	161 165	161 165	161 165	161 165
1.9.10 Expenditure per PDE (patient day equivalent)	Quarterly	Rands	R1,807	R2,243	R2,243	R2,243	R2,243	R2,243
2.4.19 Complaints resolution rate	Quarterly	%	86.5%	80%	80%	80%	80%	80%
2.4.27 Complaint resolution within 25 working days rate	Quarterly	%	98.8%	80%	80%	80%	80%	80%
1.3.1 Cataract surgery rate (Uninsured Population) (Regional hospital)	Quarterly	Per 1000 000	565 / 1 000 000	1100 / 1000 000	200 / 1000 000	600 / 1000 000	800/ 1000 000	1100 / 1000 000

SUB – PROGRAMME 4.2: SPECIALISED TB HOSPITALS

Strategic goals being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health

Strategic goal 2: Improved quality of care

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

Table B4.4: Strategic Objectives and Annual Targets for Sub-programme 4.2 Specialised TB Hospitals

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 National Core Standards self-assessment rate	Quarterly	%	New indicator	New indicator	100%	100%	100%	100%	100%	100%
	Num: *Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year*					11	11	11	11	11	
	Den: *Total number of Hospitals*					11	11	11	11	11	
	2.3.10 Quality improvement plan after self-assessment rate	Quarterly	%	New indicator	New indicator	100%	100%	100%	100%	100%	100%
	Num: *Number of Hospitals that developed a Quality improvement plan to date in the current financial year*					11	11	11	11	11	
	Den: *Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year*					11	11	11	11	11	
	2.3.17 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New indicator	New indicator	35%	0%	45.4%	54.5%	63.6%	100%
	Num: Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of						0	5	6	7	

Table B4.4: Strategic Objectives and Annual Targets for Sub-programme 4.2 Specialised TB Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
	national core standards										
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						11	11	11	11	
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.4 Patient Satisfaction Survey Rate	Quarterly	%	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%
	Num: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						11	11	11	11	
	Den: Total number of Hospitals						11	11	11	11	
	2.4.12 Patient satisfaction rate	Quarterly	%	New Indicator	New Indicator	New Indicator	70%	70%	75.6%	76%	80%
	2.4.20 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	93%	97.8%	80%	80%	80%	98%
	2.4.28 Complaint resolution within 25 working days rate	Quarterly	%	55.6%	65.4%	97.1%	100%	100%	100%	100%	90%

4.2.2 QUARTERLY TARGETS FOR SPECIALISED TB HOSPITALS

Table B4.5: Budget allocation: Sub-programme 4.2	
BUDGET	**R'000**
Compensation of employees	267,032
Goods and services	140,997
Transfers	2,186
Capital assets	6,932
TOTAL BUDGET	**417,147**

QUARTERLY TARGETS FOR SUB – PROGRAMME 4.2 SPECIALISED TB HOSPITALS

Table B4.6: Quarterly targets for Sub-programme 4.2 TB Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly/annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.3 National Core Standards self-assessment rate	Quarterly	%	100%	100%	36.%	27%	18%	18%
Numerator			11	11	4	3	2	2
Denominator			11	11	11	11	11	11
2.3.10 Quality improvement plan after self-assessment rate	Quarterly	%	100%	100%	36%	27%	18%	18%
Numerator			11	11	4	3	2	2
Denominator			11	11	11	11	11	11
2.3.17 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	0%	45.4%	20%	40%	20%	20%
Numerator			11	5	5	5	5	5
Denominator			11	11	4	7	9	11
2.4.4 Patient Satisfaction Survey Rate	Quarterly	%	100%	100%	36%	27%	18%	18%

Table B4.6: Quarterly targets for Sub-programme 4.2 TB Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly/annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.4.12 Patient Satisfaction rate	Annually	%	70%	75.6%				75.6%
2.4.20 Complaints resolution rate	Quarterly	%	97.8%	80%	80%	80%	80%	80%
2.4.28 Complaint resolution within 25 working days rate	Quarterly	%	100%	100%	100%	100%	100%	100%

SUB – PROGRAMME 4.3: SPECIALISED PSYCHIATRIC HOSPITALS

Strategic goals being addressed:

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improved quality of care

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

Table B4.7: Strategic Objectives and Annual Targets for Sub-programme 4.3 Specialised Psychiatric Hospitals

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 National Core Standards self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	100%	100%	100%	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						4	4	4	4	
	Den: Total number of Hospitals						4	4	4	4	
	2.3.11 Quality improvement plan after self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	0%	50%	100%	100%	100%
	Num: Number of Hospitals that developed a Quality improvement plan to date in the current financial year						0	2	4	4	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						4	4	4	4	
	2.3.18 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	New Indicator	New Indicator	0%	0 %	0%	50%	50%
	Num:Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards						0	0	0	2	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						4	4	4	4	

Table B4.7: Strategic Objectives and Annual Targets for Sub-programme 4.3 Specialised Psychiatric Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.5 Patient Satisfaction Survey Rate	Quarterly	%	New Indicator	New Indicator	New Indicator	0 %	75%	75%	100%	100%
	Num: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						0	3	3	4	
	Den: Total number of Hospitals						4	4	4	4	
	2.4.13 Patient Satisfaction rate	Annually	%	60%	60%	72%	0%	70%	70%	70%	75%
	2.4.21 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	94.5%	80%	80%	80%	98%
	2.4.29 Complaint resolution within 25 working days rate	Quarterly	%	94.4%	84.6%	100%	100%	80%	80%	80%	98%

QUARTERLY TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Table B4.8: Budget allocation: Sub-programme 4.3	
BUDGET	**R'000**
Compensation of employees	449,446
Goods and services	173,429
Transfers	1,150
Capital assets	2,780
TOTAL BUDGET	**626,805**

QUARTERLY TARGETS FOR SUB – PROGRAMME 4.3 SPECIALISED PSYCHIATRIC HOSPITALS

Table B4.9: Quarterly targets for Sub-programme 4.3 Specialised Psychiatric Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly/annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.4 National Core Standards self-assessment rate	Quarterly	%	100%	100 %	100%	100%		
Numerator			4	4	2	2		
Denominator			4	4	2	2		
2.3.11 Quality improvement plan after self-assessment rate	Quarterly	%	0%	100%		100%	100%	
Numerator			0	4		4		
Denominator			4	4		4		
2.3.18 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	0%	50 %			100%	
Numerator			4	2			2	
Denominator			4	4			2	
2.4.5 Patient Satisfaction Survey Rate	Quarterly	%	0%	75%		25%	50%	75%
Numerator			0	3		1	2(1 new)	3(1 new)
Denominator			4	4		4	4	4
2.4.13 Patient Satisfaction rate	Annually	%	0%	70%				70%
2.4.21 Complaints resolution rate	Quarterly	%	0	80%	80%	80%	80%	80%
2.4.29 Complaint resolution within 25 working days rate	Quarterly	%	4	80%	80%	80%	80%	80%

Table B4.10: Expenditure estimates and economic classification: Programme 4										
	2012/3	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R '000									
4.1 General (Regional) Hospitals	1,633,734	1,774,416	1,912,464	3,720,396	3,810,890	3,947,492	2,276,372	2,329,033	2,464,117	(42.3)
4.2 TB Hospitals	330,235	349,582	353,727	384,918	388,292	367,544	417,147	441,895	459,310	13.5
4.3 Psychiatric Mental Hospitals	506,984	542,160	552,618	586,360	592,090	558,191	626,805	669,234	708,049	12.3
Total	**2,470,953**	**2,666,158**	**2,818,809**	**4,691,674**	**4,791,272**	**4,873,227**	**3,320,324**	**3,440,162**	**3,631,476**	**(31.9)**

Table B4.11: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
	R '000									
Current payments	2,411,600	2,594,777	2,739,034	4,611,370	4,735,966	4,660,531	3,284,230	3,414,523	3,604,351	(29.5)
Compensation of employees	2,037,476	2,083,478	2,273,524	3,860,431	3,913,038	3,959,731	2,597,561	2,848,450	3,005,445	(35.9)
Goods and services	373,895	510,346	464,660	750,939	822,928	698,388	686,669	566,073	598,906	6.9
Interest and rent on land	229	953	850	-	-	2,412	-	-	-	(100.0)
Transfers and subsidies	50,062	33,623	58,519	52,153	24,819	181,639	22,675	11,149	11,796	(87.5)
Households	50,062	33,623	58,519	52,153	24,819	181,639	22,675	11,149	11,796	
Payments for capital assets	9,291	24,051	21,256	28,151	30,487	31,057	13,419	14,489	15,330	56.8
Machinery and equipment	9,291	23,891	21,256	28,151	30,487	31,057	13,419	14,489	15,330	
Payments for financial assets	-	13,707	-	-	-	-	-	-	-	
Total	**2,470,953**	**2,666,158**	**2,818,809**	**4,691,674**	**4,791,272**	**4,873,227**	**3,320,324**	**3,440,162**	**3,631,476**	**(31.9)**

The summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification are depicted in tables above. From 2012/13 to 2015/16, expenditure increased from R2.471 billion to a revised estimate of R4.873 billion.

The programme shows a negative growth of 31.9 per cent when the 2015/16 revised estimate is compared with the 2016/17 allocation which is attributed to the shifting of tertiary health services to Central Hospital Services which has not been effected in 2015/16.

The budgets for TB and Psychiatric Hospitals grow by 13.5 and 12.3 per cent respectively due to the increase in the burden of disease.
In terms of economic classification, all items show negative growth as a result of the shifting of tertiary institutions to Central Hospital Services.

RISK MANAGEMENT

Below are key risks that may affect the realization of the strategic objectives in programme 4 and measures designed to mitigate its impact.

Table B4.12 Programme 4 Risks

Risk	Mitigating factors
Not Meeting National Core Standards	• Appointment of specialists and clinical governance directors • Quarterly reports • Monthly IYM's • NTSG, CEOs Forum meetings.

PART B
PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS



PROGRAMME 5

CENTRAL & TERTIARY HOSPITAL SERVICES

PROGRAMME PURPOSE

The main purpose is to strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist clinical and or health needs of the community of the Eastern Cape Province.

There is one Central Hospital and two Tertiary Hospitals in the Province:

Central Hospital

- Nelson Mandela Academic Hospital

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

In addition, Fort England Hospital is a **Specialized Psychiatric Hospital** falling under this program and partly funded through the National Tertiary Services Grant (NTSG).

PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen oncology services
- To strengthen institutional capacity to deliver relevant and quality services at appropriate levels
- To improve institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved

Strategic goals being addressed:

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improved quality of care

Table B5.4: Budget allocation: Program 5

BUDGET	R'000
Compensation of employees	1,954,725
Goods and services	762,348
Transfers	24,285
Capital assets	97,432
TOTAL BUDGET	**2,838,790**

CENTRAL HOSPITAL (Nelson Mandela Academic Hospital)

Table B5.1: Strategic Objectives and Annual Targets for Central Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 National Core Standards self-assessment rate score	Quarterly	%	New indicator	New indicator	New Indicator	100%	100%	100%	100%	100%
	2.3.12 Quality improvement plan after self-assessment rate (Central hospital(s)	Quarterly	%	New indicator	New indicator	New Indicator	100%	100%	100%	100%	100%
	2.3.19 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Central hospital(s)	Quarterly	%	New indicator	New indicator	0%	0%	100%	100%	100%	100%
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.6 Patient Satisfaction Survey Rate (Central hospital(s)	Quarterly	%	New Indicator	New Indicator	New Indicator	100%		100%	100%	100%
	2.4.14 Patient Satisfaction rate	Annually	%	New Indicator	New Indicator	70%	70%	70%	70%	75%	90%
1.9 80% of hospitals meeting national efficiency targets by 2019	1.9.3 Average length of stay	Quarterly	Days	5.6 days	6.4days	6.7days	8days	5.5days	5.5days	5.5days	5.5days
	1.9.7 Inpatient bed utilisation rate	Quarterly	%	78.8%	75.5% %	91%	93%	75%	75%	75%	75%
	1.9.11 Expenditure per PDE (patient day equivalent)	Quarterly	R	R1,831	R1,971	R3,322	R3,732	R3,266	R3,462	R3,670	R3,700
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.22 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	98%	90%	90%	95%	98%
	2.4.30 Complaint resolution within 25 working days rate	Quarterly	%	70.6%	79.2%	100%	100%	80%	80%	85%	98%

QUARTERLY TARGETS FOR CENTRAL HOSPITAL

Table B5.2: Quarterly targets for Central Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.6 National Core Standards self-assessment rate	Quarterly	%	100%	80%	100%	100%	100%	100%
2.3.12 Quality improvement plan after self-assessment rate (Central hospital(s))	Quarterly	%	100%	80%	100%	100%	100%	100%
2.3.19 Percentage of Hospitals compliance with all extreme and vital measures of the national core standards (Central hospital(s))	Quarterly	%	0%	80%	80%	80%	80%	80%
2.4.6 Patient Satisfaction Survey Rate (Central hospital(s))	Quarterly	%	100%	80%	80%	80%	80%	80%
2.4.14 Patient Satisfaction Rate	Annually	%	70%	70%	70%	-	-	70%
1.9.3 Average length of stay	Quarterly	Days	8 days	5.5days	5.5days	5.5days	5.5days	5.5days
1.9.7 Inpatient bed utilisation rate	Quarterly	%	93%	75%	75%	75%	75%	75%
1.9.11 Expenditure per PDE (patient day equivalent)	Quarterly	Rand	R3,732	R3,266	R3,266	R3,266	R3,266	R3,266
2.4.22 Complaints resolution rate	Quarterly	%	98%	90%	90%	90%	90%	90%
2.4.30 Complaint resolution within 25 working days rate	Quarterly	%	100%	80%	80%	80%	80%	80%

TERTIARY HOSPITAL (Livingston and Frere Hospitals)

Table B5.3: Strategic Objectives and Annual Targets for Tertiary Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 National Core Standards self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	100%	100%	100%	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						2	2	2	2	
	Den: Total number of Hospitals						2	2	2	2	
	2.3.13 Quality improvement plan after self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	100%	100%	100%	100%	100%
	Num: Number of Hospitals that developed a Quality improvement plan to date in the current financial year						2	2	2	2	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						2	2	2	2	
	2.3.20 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	New Indicator	0%	0%	50%	50%	100%	100%
	Num: Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards					0	0	1	1	2	
	Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year					2	2	2	2	2	
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.7 Patient Satisfaction Survey Rate	Quarterly	%	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%
	Num: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						2	2	2	2	
	Den: Total number of Hospitals						2	2	2	2	
	2.4.15 Patient Satisfaction rate	Annually	%	60%	60%	77%	80%	70%	70%	75%	80%
1.9 80% of	1.9.4 Average length of stay	Quarterly	Days	5.6 days	6.4 days	5.7 days	5.9 days	5.5 days	5.5 days	5.5 days	5.5 days

Table B5.3: Strategic Objectives and Annual Targets for Tertiary Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
hospitals meeting national efficiency targets by 2019											
	1.9.8 Inpatient bed utilisation rate	Quarterly	%	75.5%	75.6%	79.3%	76.3%	75%	75%	75%	75%
	Num: *Inpatient days + 1/2 Day patients*					467,127	345 414	725 699	725 699	725 699	
	Den: *Inpatient bed days available*					589,357	452 892	967599	967599	967599	
	1.9.12 Expenditure per PDE (patient day equivalent)	Quarterly	R	R1,831	R1,971	R2,330	R3,610	R2,843	R3,014	R3,200	R3,300
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.23 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	96.4%	85%	90%	95%	98%
	2.4.31 Complaint resolution within 25 working days rate	Quarterly	%	70.6%	79.2 %	100%	100%	80%	80%	85%	98%

QUARTERLY TARGETS FOR TERTIARY HOSPITALS

Table B5.5: Quarterly targets for Tertiary Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.6 National Core Standards self-assessment rate	Quarterly	%	100%	100%	100%			
		Numerator	2	2	2			
		Denominator	2	2	2			
2.3.13 Quality improvement plan after self-assessment rate	Quarterly	%	100%	100%		100%		
		Numerator	2	2		2		
		Denominator	2	2		2		
2.3.20 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	0%	50%			50%	
		Numerator	0	1			1	
		Denominator	2	2			2	
2.4.7 Patient Satisfaction Survey Rate	Quarterly	%		80%	80%	80%	80%	80%
		Numerator		2	1	2 (1 new)		
		Denominator		2	2	2		
2.4.15 Patient Satisfaction rate	Annually	%	80%	70%	70%	70%	70%	70%
1.9.4 Average length of stay	Quarterly	Days	5.9 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
1.9.8 Inpatient bed utilisation rate	Quarterly	%	76.3%	75%	75%	75%	75%	75%
		Numerator	467,127	725 699	725 699	725 699	725 699	725 699
		Denominator	589,357	967599	967599	967599	967599	967599
1.9.12 Expenditure per PDE (patient day	Quarterly	Rand	R3,610	R2,843	R2,843	R2,843	R2,843	R2,843

Table B5.5: Quarterly targets for Tertiary Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annual)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
equivalent)								
2.4.20 Complaints resolution rate	Quarterly	%	96.4%	85%	85%	85%	85%	85%
2.4.27 Complaint resolution within 25 working days rate	Quarterly	%	100%	80%	80%	80%	80%	80%

SPECIALISED PSYCHIATRIC TERTIARY HOSPITAL (Fort Grey Hospital)

Table B5.6: Strategic Objectives and Annual Targets for Specialised Psychiatric Hospitals											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 National Core Standards self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	New Indicator	100%	100%	100%	100%
	2.3.14 Quality improvement plan after self-assessment rate	Quarterly	%	New indicator	New indicator	New Indicator	New Indicator	100%	100%	100%	100%
	2.3.21 Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.8 Patient Satisfaction Survey Rate	Quarterly	%	New Indicator	New Indicator	New Indicator	60 %	75%	75%	100%	100%
	2.4.16 Patient Satisfaction rate	Annually	%	New Indicator	New Indicator	New Indicator	-	70%	70%	70%	75%
	Num: Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						-	13 321	15 745	16 217	
	Den: Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year						-	21 838	22493	23 168	
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.24 Complaints resolution rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	90%	90%	90%	90%
	2.4.32 Complaint resolution within 25 working days rate	Quarterly	%	New Indicator	New Indicator	New Indicator	New Indicator	95%	95%	95%	95%

QUARTERLY TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Table B5.7: Quarterly targets for Specialised Psychiatric Hospitals in 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly/ annual)**	**Indicator Type**	**Baseline 2015/16**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.3.7 National Core Standards self-assessment rate	Quarterly	%	New Indicator	100%	100%	-	-	-
2.3.14 Quality improvement plan after self-assessment rate	Quarterly	%	New Indicator	100%	-	100%	-	-
2.3.21 Percentage compliance with all extreme and vital measures of the national core standards	Quarterly	%	New Indicator	100%	100%	-	-	-
2.4.8 Patient satisfaction Survey Rate	Quarterly	%	60%	75%	-	60%	65%	75%
2.4.16 Patient satisfaction rate	Annually	%	-	70%	-	-	-	70%
2.4.24 Complaints resolution rate	Quarterly	%	New Indicator	90%	90%	90%	90%	90%
2.4.32 Complaint resolution within 25 working days rate	Quarterly	%	New Indicator	95%	95%	95%	95%	95%

Table B5.8: Expenditure estimates and economic classification: Central & Tertiary Hospitals – Program 5										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R '000									
Provincial Central and Tertiary Hospital Services	2,165,233	2,412,192	2,444,026	803,770	840,151	839,305	2,838,790	2,869,692	3,030,608	238.2
Total	**2,165,233**	**2,412,192**	**2,444,026**	**803,770**	**840,151**	**839,305**	**2,838,790**	**2,869,692**	**3,030,608**	**238.2**

Table B5.9: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change since 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
	R '000									
Current payments	2,085,453	2,246,198	2,365,937	718,912	718,583	714,943	2,717,073	2,742,836	2,896,394	280.0
Compensation of employees	1,287,433	1,427,840	1,555,938	242,387	242,387	188,990	1,954,725	1,941,819	2,048,919	934.3
Goods and services	798,017	818,358	809,970	476,525	476,196	525,953	762,348	801,017	847,476	44.9
Interest and rent on land	3	-	29	-	-	-	-	-	-	
Transfers and subsidies	-	43,107	874	-	-	9	24,285	25,109	26,565	269733.3
Households	-	43,107	874	-	-	9	24,285	25,109	26,565	
Payments for capital assets	79,780	122,887	77,215	84,858	121,568	124,353	97,432	101,747	107,649	(21.6)
Buildings and other fixed structures	23,158	858	3,180	-	3,285	3,285	-	-	-	(100)
Machinery and equipment	56,622	122,029	74,035	84,858	118,283	121,068	97,432	101,747	107,649	(19.5)
Total	**2,165,233**	**2,412,192**	**2,444,026**	**803,770**	**840,151**	**839,305**	**2,838,790**	**2,869,692**	**3,030,608**	**238.2**

The tables above show that actual expenditure decreased significantly during the period 2012/13 to 2015/16. This was due to the shifting of tertiary institutions from Programme 4 in the historical years. Over the 2016 MTEF, because of the re-categorisation of tertiary and central hospital services to be in line with the budget and programme structure, abnormal growth from a revised estimate of R839.305 million to R2.839 billion occurs in this programme. Comparing the 2015/16 revised estimate with the 2016/17 estimate shows a growth of 238.2 per cent.

The major cost drivers for the programme are Compensation of employees and Goods and services.

RISK MANAGEMENT

Below are key risks that may affect the realization of the strategic objectives in programme 4 and measures designed to mitigate its impact.

Table B5.9: Programme 5 Risks	
Risk	**Mitigating factors**
Inadequate Secondary services	• Appointment of specialists and clinical governance directors • Quarterly reports • Monthly IYM's • Patients satisfaction survey reports • Commissioning of Cecilia Makiwane regional hospital • Construction of resource Centre at St Elizabeth • NTSG, CEOs Forum meetings. • Psychiatric Unit, Peads and OPD at Dora Nginza Regional Hospital.

PART B
PROGRAMME 6:
HEALTH SCIENCES & TRAINING



PROGRAMME 6
HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME PURPOSE

To develop a capable health workforce for the Eastern Cape provincial health system as part of a quality people value stream.

PRIORITIES FOR THE NEXT THREE YEARS

- Manage the bursary scheme effectively to ensure a flow of health professionals in to the department
- Establish an academic platform to enhance the supply of critical health professional categories through bursaries in line with HR for health plan
- Implement inservice learning programme for primary services (clinical services, HR and Finace) through effective knowledge to practice programmes, short learning programmes and related development inteventions.

Strategic goals being addressed:

- **Strategic goal 2:** Improved quality of care

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

Table B6.1: Strategic Objectives and Annual Targets for Programme 6											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.6 Medical student receiving bursaries by 2019	2.6.1 Number of Bursaries awarded for first year medicine students	Annually	No	54	52	-	10	10	10	10	65
	2.6.2 Number of Bursaries awarded for first year nursing students	Annually	No	New Indicator	New Indicator	New Indicator	950	550	550	550	3 150

QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

Table B6.2: Budget allocation: Programme 6	
BUDGET	**R'000**
Compensation of employees	508,976
Goods and services	89,757
Transfers	177,024
Capital assets	23,710
TOTAL BUDGET	799,467

SUB-PROGRAMME 6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

Table B6.3: Quarterly targets for Programme 6 Health Sciences and Training, 2016/17								
Programme Performance Indicator	Frequency of reporting (quarterly/ annually)	Indicator Type	Baseline 2015/2016	Annual target 2016/17	Quarterly targets			
					Q1	Q2	Q3	Q4
2.6.1 Number of Bursaries awarded for first year medicine students	Annual	No	10	10				10
2.6.2 Number of Bursaries awarded for first year nursing students	Annual	No	950	550				550

Table B6.4: Expenditure estimates and economic classification: Programme 6										
	2012/12	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	R '000									
Nursing Training Colleges	290,229	293,489	277,510	305,418	262,824	302,210	336,342	356,840	369,392	11.3
EMS Training College	4,435	4,872	9,910	14,233	17,265	15,792	15,611	25,426	26,901	(1.1)
Bursaries	86,866	86,631	170,799	134,829	228,878	183,284	152,901	166,068	175,700	(16.6)
Other Training	198,434	265,160	268,033	297,430	278,386	239,361	294,613	331,970	351,224	23.1
Total	**579,964**	**650,152**	**726,252**	**751,910**	**787,353**	**740,647**	**799,467**	**880,304**	**923,217**	**7.9**

Table B6.5: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
	R '000									
Current payments	356,482	506,834	551,940	550,777	535,705	529,769	598,733	663,949	694,313	13.0
Compensation of employees	312,871	388,111	413,547	447,810	407,573	418,222	508,976	538,771	561,874	21.7
Goods and services	43,533	118,722	138,392	102,967	128,132	111,547	89,757	125,178	132,438	(19.5)
Interest and rent on land	77	1	1	-	-	-	-	-	-	
Transfers and subsidies	216,311	123,173	165,118	182,727	236,356	194,787	177,024	195,230	206,553	9.1
Departmental agencies and accounts	5,709	6,331	-	27,900	18,580	18,580	30,586	37,950	40,151	64.6
Higher education institutions	68,780	-	-	25,000	(0)	-	-	-	-	
Households	141,823	116,842	165,118	129,827	217,776	176,207	146,438	157,280	166,402	(16.9)
Payments for capital assets	7,171	10,019	9,194	18,405	15,291	16,091	23,710	21,125	22,350	47.3
Machinery and equipment	7,171	10,019	9,194	18,405	15,291	16,091	23,710	21,125	22,350	
Payments for financial assets	-	10,126	-	-	-	-	-	-	-	
Total	**579,964**	**650,152**	**726,252**	**751,910**	**787,353**	**740,647**	**799,467**	**880,304**	**923,216**	**7.9**

The summary of payments and estimates for Health Science and Training per sub-programme and economic classification are shown in Tables 29 and 30 above. Total payments grew from R579.964 million in the 2012/13 to a revised estimate of R740.647 million in the 2015/16. Over the 2016 MTEF expenditure is expected to grow from R799.467 million to R923.216 million.

Being predominantly a training programme, the major cost driver for the programme is Compensation of employees which shows an increase of 21.7 per cent from the revised estimate of R418.222 million to R508.976 million. The increase is due to the department reprioritising funding during the 2015/16 adjustment estimates in order to fund the Cuban programme. Transfers to Departmental agencies and accounts increases by 64.6 per cent as a result of the revised contribution to be made to HWSETA. Transfers to Households decreases by 16.9 per cent due to the payment of backlogs on leave gratuities in the 2015/16 financial year.

RISK MANAGEMENT

Below are the key risks that may affect the realization of the strategic objectives Programme 6 and the measures designed to mitigate their impact.

Table B6.6: Programme 6 Risks

Risk	Mitigating Factors
Lack of absorption of graduated bursary students by ECDoH, as they should be as per their bursary agreement, due to no posts being available resulting in the EcDoH writing off the bursary obligation	• To implement the strategy to ensure that there are sufficient posts available for bursary holders each year; graduates who do not want to work for the Department are handed over to the Debt Collection Unit of the Finance Cluster for the collection of the full outstanding amounts
Lack of appropriate candidates for critical postgraduate skills shortage programme	• Continued implementation of the Registrar Program and the Clinical Teaching Platform to attract and retain core clinical skills

PART B
PROGRAMME 7:
HEALTH CARE SUPPORT SERVICES



PROGRAMME 7

HEALTH CARE SUPPORT SERVICES (HCSS)

PROGRAMME PURPOSE

To render quality, effective and efficient transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services to the communities of the Eastern Cape. Health Care Support Services consist of two sub-programmes: Transversal Health Services and Pharmaceutical Services.

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centres that are at different levels of staffing and different level of functionality in terms of equipment and infrastructure. The centres are based within the three hospitals namely the PE Provincial Hospital, in East London at Frere Hospital, and in Mthatha at Bedford Orthopaedic Hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all hospitals and/or community health centres.

Pharmaceutical Services is responsible for:

- Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution and utilization.
- Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.

PRIORITIES FOR THE NEXT THREE YEARS

- To improve systems for the provision of assistive devices and rehabilitation equipment to persons with disabilities
- To strengthen systems to ensure uninterrupted availability of essential medicines at all levels

Strategic goals being addressed

- **Strategic goal 1:** Prevent and reduce the disease burden and promote health
- **Strategic goal 2:** Improve Quality of Care

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

Table B7.1: Strategic Objectives and Annual Targets for Programme 7 Health Care Support Services

Strategic objectives statement	Programme Performance Indicator	Frequency of Reporting	Indicator Type	Audited/actual performance			Estimate	Medium-term targets			Strategic Plan Target
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.10 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019	1.10.1 Percentage of eligible applicants supplied with wheelchairs	Quarterly	%	20.9%	21.5%	72%	85%	65%	70%	75%	70%
	Num: Number of clients supplied with wheelchairs during a reporting period			1720	1 801	6 133	7 393	5 676	6 124	6 575	
	Den: Total clients applied and on waiting list to receive wheelchairs during the same period			8 214	8 378	8 546	8 715	8 732	8 749	8 766	
	1.10.2 Percentage of eligible applicants supplied with hearing aids	Quarterly	%	33.1%	47.2%	108%	161%	85%	90%	95%	95%
	Num: Number of clients supplied with hearing aids during a reporting period			977	1 420	3 301	5 033	2 713	3 017	3 191	
	Den: Total clients applied and on waiting list to receive hearing aids during the same period			2950	3 009	3 069	3 130	3 192	3 352	3 359	
	1.10.3 Percentage of eligible applicants supplied with prostheses	Quarterly	%	28.4%	34%	56%	67%	60%	65%	70%	70%
	Num: Number of clients supplied with prosthesis during a reporting period			3411	4 161	6961	8 570	7792	8 182	9 564	
	Den: Total clients applied and on waiting list to receive prosthesis during the same period			12000	12 240	12 484	12 733	12 987	13 636	13 653	
	1.10.4 Percentage of eligible applicants supplied with orthoses	Quarterly	%	108.5%	86.9%	203%	145%	95%	95%	95%	100%
	Num: Number of clients supplied with orthosis during a reporting period			10 854	9 750	23 274	24 244	16 060	16 625	16 658	
	Den: Total clients applied and on waiting list to receive orthosis during the same period			10000	11 220	11 444	16 672	16 905	17 500	17 535	
1.11 90% availability of	1.11.1 Percentage of order fulfillment of	Quarterly	%	68.75%	86%	78%	95%	85%	85%	85%	90%

Table B7.1: Strategic Objectives and Annual Targets for Programme 7 Health Care Support Services											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
essential drugs in all health facilities by 2019	essential drugs at the depots.										
	Num: Number of order fulfilled completely			310 318	407 558	388 128	209 402	466 313	489 629	490 608	
	Den: Number of orders received x 100			451 339	473 905	497 600	220 605	548 604	576 034	577 186	

QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

Table B7.2: Budget allocation: Programme 7	
BUDGET	**R'000**
Compensation of employees	59,427
Goods and services	57,863
Transfers	400
Capital assets	919
TOTAL BUDGET	118,609

QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

Table B7.3: Quarterly targets for Programme 7 Health Care Support Services in 2016/17							
Programme Performance Indicator	**Reporting period**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
				Q1	**Q2**	**Q3**	**Q4**
1.10.1 Percentage of eligible applicants supplied with wheelchairs	Quarterly	85%	65%	25%	25%	25%	25%
	Numerator	7 393	5 676	1,419	1,419	1,419	1,419
	Denominator	8 715	8 732	5 676	5 676	5 676	5 676
1.10.2 Percentage of eligible clients supplied with hearing aids	Quarterly	161%	85%	25%	25%	25%	25%
	Numerator	5 033	2 713	678	678	678	678
	Denominator	3 130	3 192	2 713	2 713	2 713	2 713
1.10.3 Percentage of eligible applicants supplied with prostheses	Quarterly	67%	60%	25%	25%	25%	25%
	Numerator	8 570	7 792	1 948	1 948	1 948	1 948
	Denominator	12 733	12 987	7 792	7 792	7 792	7 792
1.10.4 Percentage of eligible applicants supplied with orthoses	Quarterly	145%	95%	25%	25%	25%	25%
	Numerator	24 244	16 060	4 015	4 015	4 015	4 015
	Denominator	16 672	16 905	16 060	16 060	16 060	16 060
1.11.1 Percentage of order fulfillment of essential drugs at the depots	Quarterly	95%	85%	85%	85%	85%	85%
	Numerator	209 402	466 313				
	Denominator	220 605	548 604				

Table B7.4: Expenditure estimates and economic classification: Programme 7 Health Care Support Services										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	'000	'000	'000	'000	'000	'000	'000	'000	'000	
Orthotic & Prosthetic Services	32,108	36,789	42,480	40,868	41,100	37,474	51,324	49,045	51,890	37.0
Medicine Trading Account	52,201	60,990	49,919	61,780	62,227	56,556	67,285	73,432	77,691	19.0
Total	**84,309**	**97,779**	**92,399**	**102,648**	**103,327**	**94,029**	**118,609**	**122,477**	**129,580**	**26.1**

Table A B7.5: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Current payments	81,844	92,053	82,421	99,761	100,440	91,063	117,290	121,932	129,004	(28.8)
Compensation of employees	35,154	39,358	40,703	53,958	54,637	49,825	59,427	64,905	68,670	19.3
Goods and services	46,690	52,694	41,718	45,803	45,803	41,238	57,863	57,027	60,334	49.3
Transfers and subsidies	111	-	8	200	200	200	400	-	-	(100.0)
Households	111	-	8	200	200	200	400	-	-	
Payments for capital assets	2,354	2,180	9,970	2,687	2,687	2,766	919	545	577	(66.8)
Machinery and equipment	2,354	2,180	9,970	2,687	2,687	2,766	919	545	577	
Payments for financial assets	-	3,546	-	-	-	-	-	-	-	
Total	**84,309**	**97,779**	**92,399**	**102,648**	**103,327**	**94,029**	**118,609**	**122,477**	**129,580**	**26.1**

The tables above show a summary of payments and estimates per sub programme and economic classification. They indicate that expenditure increased from R84.309 million in 2012/13 to a revised estimate of R94.029 million in 2015/16. Payments over the 2016 MTEF are projected to increase from R118.609 million to R129.580 million.

The budget for this programme will be used to improve health systems effectiveness by providing the relevant support services to core service delivery areas. Compensation of employees and Goods and services grow by 19.3 and 40.3 per cent respectively. A positive growth of 26.1 per cent overall is shown by the programme. The high growth rates are due the low revised estimates of 2015/16.

RISK MANAGEMENT

Below are key risks that may affect the realization of the strategic objectives in programme 7 and measures designed to mitigate its impact.

Table B7.6: Programme 7 Risks	
Risk Identified	**Risk Mitigation**
Inconsistent medicine supply and availability	• Roll out Remote Demander Module for electronic medicines and consumables ordering. • Roll out Rx Solution for electronic medicine stock management • Capacity building and recruitment of pharmacist assistant
Inadequate Inventory Management	• *Quarterly stock count* • Expansion of Direct Delivery to facilities • Strengthen of HR components at Depots • Continue of employment of pharmacy assistance • Implementation of RX solution

PART B
PROGRAMME 8:
HEALTH FACILITIES MANAGEMENT



PROGRAMME 8:
HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME PURPOSE

To improve access to health care services through provision of new health facilities, upgrading and revitalisation, as well as maintenance of existing facilities, including the provision of appropriate health care equipment.

The programme consists of four sub-programmes:

- Community Health Facilities
- Emergency Medical Services
- District Hospital Services
- Provincial Hospital services
- Other facilities

PRIORITIES FOR THE NEXT THREE YEARS

- To facilitate and provide infrastructural support in terms of the upgrading of the existing structures for health services delivery, as well as other organisational building requirements
- To facilitate general maintenance in all spheres of the organisation
- To facilitate the provision of essential equipment in health facilities
- To ensure the implementation of PGDP requirements by engaging SMME contractors in health facilities management projects

Strategic goals being addressed:

- **Strategic goal 2:** Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT

Table B8.1: Strategic Objectives and Annual Targets for Programme 8 Health Facilities Management											
Strategic objectives statement	**Programme Performance Indicator**	**Frequency of Reporting**	**Indicator Type**	**Audited/actual performance**			**Estimate**	**Medium-term targets**			**Strategic Plan Target**
				2012/13	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**
2.7 Health facilities refurbished to comply with the National norms and standards by 2019	2.7.1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annually (major)	Num	New Indicator	New Indicator	New Indicator	New Indicator	8 major 70 minor	5 major 40 minor	4 major 35 minor	17 major 145 minor
	2.7.2 Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Annually (major)	Num	New Indicator	New Indicator	New Indicator	New Indicator	9 major 70 minor	6major 65 minor	4 major 65 minor	19 major 200 minor

Table B8.2: Budget allocation: Programme 8	
BUDGET	**R'000**
Compensation of employees	25,000
Goods and services	347,304
Capital assets	1,030,472
TOTAL BUDGET	1,402,776

QUARTERLY TARGETS FOR SUB-PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

Table B8.3: Quarterly targets for Programme 8 Health Facilities Management 2016/17								
Programme Performance Indicator	**Frequency of reporting (quarterly / annually)**	**Indicator Type**	**Baseline 2015/2016**	**Annual target 2016/17**	**Quarterly targets**			
					Q1	**Q2**	**Q3**	**Q4**
2.7.1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annually(major)	Num		8 major 70 minor	- 17	- 17	- 17	8 19
2.7.2 Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Annually(major)	Num		9 major 70 minor	- 17	- 17	- 17	9 17

Table B8.4: Expenditure estimates and economic classification: Programme 8 Health Facilities Management										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Sub-programmes	'000	'000	'000	'000	'000	'000	'000	'000	'000	
Community Health Facilities	151,774	426,142	397,120	532,100	478,784	465,069	261,154	363,529	300,110	(43.8)
Emergency Medical Rescue Services	1,122	458	15	-	-	7	-	-	-	(100.0)
District Hospital Services	529,753	339,461	149,633	305,455	306,821	301,423	433,372	546,901	658,757	43.8
Provincial Hospital Services	481,202	254,077	507,015	349,755	412,584	422,582	580,000	370,742	452,667	37.3
Other Facilities	28,317	110,019	48,032	22,997	33,580	33,291	128,250	160,177	107,000	285.2
Total	**1,192,168**	**1,130,157**	**1,101,815**	**1,210,307**	**1,231,769**	**1,222,372**	**1,402,776**	**1,441,349**	**1,518,534**	**14.8**

Table B8.5: Summary of payments and estimates by economic classification										
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19	% change from 2015/16
Rand thousand	Audited outcome			Voted (Main appropriation)	Adjusted Appropriation	Revised Estimates	Medium-term estimates			
Current payments	576,052	502,412	405,881	313,649	322,668	326,777	372,304	377,066	394,493	13.9
Compensation of employees	7,575	7,628	6,176	10,000	13,871	14,353	25,000	33,000	33,000	74.2
Goods and services	566,907	92,678	99,394	303,649	308,797	312,424	3 47,304	344,066	361,493	11.7
Interest and rent on land	1,571	2,106	311	-	-	-	-	-	-	
Transfers and subsidies	-	10,502	(2)	-	-	-	-	-	-	
Households	-	10,502	(2)	-	-	-	-	-	-	
Payments for capital assets	616,116	617,243	695,936	896,658	909,101	895,595	1,030,472	1,064,283	1,124,041	15.1
Buildings and other fixed structures	575,259	553,239	669,516	760,184	882,685	871,320	744,096	932,041	990,658	(14.6)
Machinery and equipment	40,857	64,004	26,420	136,474	26,416	24,275	286,376	132,242	133,383	1079.7
Total	**1,192,168**	**1,130,157**	**1,101,815**	**1,210,307**	**1,231,769**	**1,222,372**	**1,402,776**	**1,441,349**	**1,518,534**	**14.8**

The tables above show the summary of payments and estimates per sub-programme and economic classification. Total payments increased from R1.192 billion in 2012/13 to a revised estimate of R1.222 billion in 2015/16. When comparing the 2015/16 revised estimates with the 2016/17 estimates, there is growth of 14.8 per cent due to the restoration of conditional grant funding targeted at certain infrastructure projects.

The major cost driver for the programme is Payments for Capital Assets which shows a positive growth of 15.1 per cent.

Compensation of employees expenditure shows substantial growth over the 2016 MTEF in order to improve capacitation within the programme.

Expenditure on Goods and services, which includes funding spent on contracts relating to the maintenance of infrastructure and machinery and equipment, shows a steady decline from the 2012/13 financial year to the 2015/16 revised estimate. There is an increase from the revised estimates from R312.424 million in 2015/16 to R347.304 million in 2016/17. This is due to reprioritisation towards maintenance projects.

RISK MANAGEMENT

Below are key risks that may affect the realization of strategic objectives of the programme 8 and measures designed to mitigate its impact.

Table B8.6: Programme 8 Risks	
RISK	**MITIGATING FACTORS**
Inadequate provision of Infrastructure	• Compliance to IDMS/PIDF standards(SOP's) • Improved scoping of projects at the planning stage • Consultation with various stakeholders prior commencement of the project and signing-off of the project briefs; • Strengthen the compliance to contracts with respect to variation orders • Adoption of best practices from other provinces Formulation of service providers data base

PART C
LINKS TO OTHER PLANS



1. ANNUAL RECRUITMENT PLAN and APPROVED POST LIST 2016/2017

- The **Annual Recruitment Plan** and the **Approved Post List** for 2016/17 will use the following basis for the filling of posts:
  - The appointment of the Interns and Community Service personnel on an annual basis, on a replacement-only basis;
  - The appointment of the post-Community Service Bursary Holders as per the Annual Intake Plan for 2016/17;
  - The appointment of the Grant-funded posts as per the Grant Business Plans for Health Professional Training Grant (HPTD) and the National Tertiary Services Grant (NTSG) and the HIV/AIDS Grant ;
  - Replacement of Chief Executive Officer/Clinical Manager posts at hospitals
  - The continued extension of Medical Officer contracts in order to meet Service Delivery needs; and
  - The continued extension of sessional Medical Officer contracts in order to meet Service Delivery Needs;
- The budget analysis exercise for submission of an MTEF-aligned **Annual Recruitment Plan** and the **Approved Post List** for 2016/17 and the projections for the outer years
- The selective appointment of non-clinical staff remains in place until such time as the COE budget stabilizes unless included on the Approved Post List
- The Migration Plan will consider patient-loads, availability of resources, and clinical needs at facilities and districts and
  - The person-to-post matching exercise between the revised and old 2007 organograms
  - The dissolution of the sub-district offices and migration of staff to where they are needed at district level
  - The "lean" approach to Head Office and migration of staff to where they are needed to strengthen district operations
- The total COE budget in the 2016/17 estimates of provincial expenditure is R13, 511 billion and detailed in the CoE Modeling Table 1 on the next page:

EASTERN CAPE DEPARTMENT OF HEALTH													
COE: REVISED CASH FLOW PROJECTIONS - 2016/17													
ITEM DESCRIPTION	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**TOTAL**
Payroll Feb 2016	**1,056,293**												
Non Recurrent Items Paid	**(18,546)**												
- HR Accruals													
-PMDS													
Net Payroll Feb 2016	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	**1,037,747**	12,452,964
ICS @6%	62,265	63,228	63,228	63,228	63,228	63,228	63,228	63,228	63,228	63,228	63,228	84,326	778,872
PMDS @1% * 40% Compliance Factor				26,400	26,400								52,800
Reduction of headcount				(15,347)	(15,347)	(15,347)	(15,347)	(15,347)	(15,347)	(15,347)	(15,347)	(15,347)	(138,124)
Sub-Total	**1,100,012**	**1,100,975**	**1,100,975**	**1,112,028**	**1,112,028**	**1,085,628**	**1,085,628**	**1,085,628**	**1,085,628**	**1,085,628**	**1,085,628**	**1,106,726**	**13,146,512**
Absorption of Post Community Service Personnel										19,548	19,548	19,548	***58,643**
HR Recruitment	-	-	-	24,019	24,019	24,019	24,019	24,019	24,019	24,019	24,019	24,019	*216,172
HR Accruals To Pay	30,000	30,000	30,000		-	-	-	-	-	-	-	-	90,000
Sub-Total	**30,000**	**30,000**	**30,000**	**24,019**	**24,019**	**24,019**	**24,019**	**24,019**	**24,019**	**43,567**	**43,567**	**43,567**	**364,815**
Cash Flow Projected (Now)	**1,130,012**	**1,130,975**	**1,130,975**	**1,136,047**	**1,136,047**	**1,109,647**	**1,109,647**	**1,109,647**	**1,109,647**	**1,129,195**	**1,129,195**	**1,150,293**	**13,511,327**

										Health Prof Training &Dev Grant			22,496
										National Health Insurance Grant			594
										National Tertiary Services Grant			49,801
										Comprehensive Hiv Aids & TB Grant			24,989
										Health Facility Revit Grant			9,458
										Subtotal Grants			107,338
										Equitable Share			167,477
										Control Total Recruitment			***274,815**

Notes on the amount of R58 643

The R58 643 set aside for the absorption of the Post Community Service appointments in January to March 2017, will be utilized now to appoint clinical cadres in order that there can be a visible difference at the frontline.

*Reduction in headcount narrative

Given the need to reduce the COE by 3% this will be done through natural attrition by way of resignations, retirements, contract terminations as per the instructions from Provincial and National Treasury over this financial year and the outer years.

	2016/17 R'000	2017/18 R'000	2018/19 R'000
	Medium-term estimates		
Per Capita	240	274	293
No. of Employees	576	863	1,328
Compensation of employees Reduction	138,125	236,754	388,905

		CoE reduction 2016/17	
PROGRAMME	**SUBPROGRAMME**	**R**	**No**
Administration	Management	5,666	**24**
District Health Services	District Management	6,950	**29**
District Health Services	Community Health Clinics	17,775	**74**
District Health Services	Community Health Centres	10,272	**43**
District Health Services	Community Based Services	4,731	**20**
District Health Services	Other Community Services	447	**2**
District Health Services	District Hospitals	42,582	**177**
Emergency Medical Services	Emergency Medical Services		
Provincial Hospital Services	Provincial (General) Hospitals	42,721	**178**
Provincial Hospital Services	TB-Hospitals	3,505	**15**
Central Hospital Services	Provincial Tertiary Services		
Health Science and Training	Nursing Training Colleges	3,475	**14**
GRAND TOTAL		**138,125**	**576**

ORGANIZATIONAL STATISTICS

- **Organizational structure**

  The Department has revised the Organizational Structure to align it with core frontline service delivery and to the budget allocation

  The organogram is finalized and is now in line with the budget allocation for the department of **R13 511 327 billion** and is known as "the revised organogram". The reason for the revision of the previously completed "new organogram" is that it costed out initially at an R23.3 billion.

  The methodology used to revised the organogram was scientific, based on the DHIS, WISN and related workload variables – the department Organizational Development Directorate worked in conjunction with the professional health planners, Health Partners who are professional and internationally recognized South African Health Planners.

  Cost-cutting measures have been brought in with the revised frontline staffing model for clinics whereby the ratio range of staff has been inverted to save money, although each facility will differ, as indicated below:

- **Plan for filling posts from within the department**

  Posts will be filled according to the Annual Recruitment Plan and the Approved Post List for 2016/17.

- **Cost pressures**

  The Department will undertake further analyses of its staffing needs for the outer years, as several factors will impact on this, as set out above.
  - ICS adjustment
  - Housing Allowance backlog due to the DPSA increase
  - Cuban Bursary Program carry-through costs
  - Post-Community Service employment of our Bursary Holders in the Medical and Allied Health fields as well as the post-community service nurses

INTERFACE STRATEGY

The plans relative to Human Resources Management, Organizational Development and Human Resources Development are in alignment and ensure that there is a seamless flow from production to appointment. The strategies applied are the Annual Recruitment Plan, the Human Resources Plan, the Bursary Scheme and Social Compact Plan, the Health Professionals Training Grant Business Plan and the Annual Intake Plan for Community-and Post-Community Service Employees.

The Annual Intake Plan (which incorporates Interns, Community Service and Post-Community Service personnel) is managed by the DDG HR& CS with representatives from all of the cadres who form part of the Annual Intake Committee, and who decide on the actual placement of these cadres at facilities where the need is the greatest.

The process works on a **replacement only** basis in that the different categories move up in to the next phase of their training as they qualify. Medical Interns do a two-year internship, Pharmacy and Psychology Interns do a one-year internship, Community Service is one year and thereafter, the Post-Community Service employees are appointed into available vacant funded posts on a permanent basis.

STAFF VACANCY STATISTICS

The department will, in terms of the DPSA Guidelines, abolish any unfunded vacant posts and the statistics are as follows:

Table 5: Staff Vacancy statistics

	2015/16	Target for 2016/17
Funded posts	6.10%	<5.0%

DISCUSSION

- **Factors impacting on recruitment**

There are some challenges in attracting and retaining health professionals, despite the introduction of OSD and rural allowances.
In addition, there is a growing trend amongst the bursary holders to "buy" themselves out of their bursary obligations, a factor which cannot be predicted.
The trend analysis shows that the annual defaulter rates are in the regions of 8.5% for Community Service and 13.5% for Post-Community Service bursary holders.
The target is to reduce the defaulter rate by 50% for both categories referred to above.

- **Cost-reduction measures**

    - The Specialist and Medical Officer posts have been included on the Approved Post List and will be filled in order to ensure that sufficient doctors are at the health facilities
    - The Clinical Services directorate is ensuring that clinical refresher training in clinical protocols is provided to health professionals
    - The Department has appointed an Ombudsman on a two-year contract to manage all claims and create the appropriate financially-linked databases.
    - The department is partnering with an external legal firm to provide support for the management of medico-legal claims and to build capacity and institutionalize systems and procedures

BACKGROUND ON THE DIFFERENT POSTS

- **Critical posts**

The posts considered critical are clinical posts such Medical Officers, selected Allied Health Professionals and all categories of nurses in order to maintain existing levels of core clinical staff to ensure that quality patient care is not compromised.

- **Clinical replacement posts**

All Clinical, selected Allied Health Professional and non-clinical posts which are, or will become vacant during the 2016/2017 financial year will be replaced as they form part of the baseline. In addition, the department cannot afford the loss of any of the bursary holders due to the investment made in the education of these health professionals.

- **Internships, Community Service and Post-Community Service intakes**

The departmental Annual Intake Plan is generated each year in order to manage the placement and appointment of Medical and Clinical Interns, Community Service and Post-community Service health professionals (bursary holders) in health facilities.

The allocation is made from the National Department of Health for Medical and other clinical Interns and the Department places them according to inherent criteria in terms of supervision and training at the relevant institutions set out in the Government Gazette. The intakes comprise different clinical categories such as Pharmacy, Allied Health Professionals, Medical Officers and Nurses.

- **Return on investment**

  As the Department has made significant investments in the formal education of its bursary holders, there should be a Return on Investment for the training of health professionals as well as the post-graduate Registrar program.

- **Cuban Medical training and Medical Specialist Programs**

  Cuban Medical training:

  The department has planned for the continuation of the Cuban Medical Training program because of the need for doctors. The cost of this program is prohibitively expensive and this remains a cost pressure for the department. The department will not send any further medical students to Cuba, due to fiscal constraints as there are currently 304 medical students in Cuba.

  Cuban Medical Specialist Program:

  The department will only replace Cuban Medical Officer on a replacement-only basis in terms of the Government-to-Government agreement.

CONTRACT AND ABNORMAL POST DISCUSSION

The department has 13 121 employees on contract for specific and legislative reasons, as indicated below in Table 6 which shows the different categories:

Table 6 Explanation of necessity of contract and abnormal posts

Category	Reason	Contract duration
Foreign health workers	Work permit is required	Three years
Over-65 health workers	Executive Authority permission	One year
Sessional health professionals	Part-time work	One year
Medical Interns	Training period	Two years
Clinical Interns	Training period	One year
Community Service	Compulsory work	One year
Non-clinical interns	Practical experience	One year
Basic Ambulance Assistants	Training internship	One year
Community Health Workers	Abnormal appointment	One year
Project personnel	Grant support fixed-term	One to three years
Nurses	In training	One to four years

The table below shows the number of permanent and abnormal posts.

Table 7: Description of abnormal appointments

	Total people in posts
TOTAL ABNORMAL POSTS	13 121
TOTAL PERMANENT POSTS	38 843
TOTAL ESTABLISHMENT	51 964

PLATFORMS FROM WHICH THE DEPARTMENT WILL WORK

- The revised Service Delivery Model
- Rationalized Service Delivery Platform
- The NHI pilot project in OR Tambo
- The Primary Health Care R-engineering Project
- The "lean" Head Office and the deployment of employees to districts and the OSD-remunerated staff to health facilities to strengthen and build capacity
- The dissolution of the Sub-district offices and the re-distribution of staff to the districts and health facilities
- The Clinical Teaching platform through the Health Professionals Training Grant to strengthen clinical protocols and practices

IMPROVED PERSAL MONITORING

The IHRM and Salaries Directorates will continue to stringently manage the Staff Returns and to continue monitoring through the HR Management Information System (HRMIS) and the HR Planner tools to ensure compliance and prevent any over-expenditure.

The net result will be a cleaned-up payroll with **savings** to utilize for further recruitment of core and clinical staff members and natural attrition will be part of the process to manage the COE.

This strategic planning tool aligns with WISN and uploads information from BAS and PERSAL and provides a high-level reporting mechanism for the generation of reports designed to facilitate the total in- and outflow, appropriate placement and the equitable distribution of staff to meet the service delivery needs.

MONITORING AND EVALUATION

- In order to monitor and evaluate the HRM, OD and HRD functions, the use of the HR Planning tool will be used and the relevant reports generated
- The HRM team will ensure that the regular monthly reports are generated and distributed at Head Office for strategic planning purposes
- Part of the tender ensures that detailed training and skills transfer is provided throughout the Province that will allow all health facilities and District Offices to access the information and reports to monitor and evaluate district performance
- The HR Management Information System (HR MIS) will continue to be used, as a means of tracking impending retirements and contract management.

2. LONG TERM INFRASTRUCTURE PLAN

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
1. New and replacement assets														
1	Madwaleni Hospital: g/way Clinic	Construction	Mbhashe	District Hospital Services	01/04/2013	01/06/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	18 000	3 520	18 000	-	-
2	St Barnabas Hospital Final phase	Construction	Nyandeni	District Hospital Services	01/12/2011	01/03/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	52 000	8	25 000	27 000	-
3	EMS District HQ: Port Elizabeth	Construction	Nelson Mandela	EMS	01/04/2014	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	43 000	8 163	20 000	18 000	5 000
4	Machibini Clinic	Construction	Lukhanji	Community Health Facilities	01/04/2014	01/11/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	2 250	140	1 250	-	1 000
5	Health Technology Conditional assessments programme	Construction	Makana	Other Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	7 000	13 923	7 000	-	-
6	Close out of historical projects	Construction	EC Whole province	Other Facilities	01/04/2012	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 000	-	5 000	-	-
7	Dordrecht Hospital Rehabilitation	Construction	Lukhanji	District Hospital Services	01/04/2009	31/03/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	10 500	-	500	-	10 000
8	Hamburg clinic repalcement	Construction	King Sabata Dalindyebo	Community Health Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	3 500	-	3 500	-	-
9	isikhoba clinic replacement	Construction	Lukhanji	Community Health Facilities	01/04/2009	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	4 216	-	4 216	-	-

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
10	Khambi Clinic	Construction	King Sabata Dalindyebo	Community Health Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	6 500	-	6 500	-	-
11	Khutsong Hospital Upgrade	Construction	Matatiele	Provincial Hospital services	01/04/2009	31/03/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	64 444	5 969	22 000	32 000	10 444
12	Kwanonqubela in Alexandria	Tender	Ndlambe	Community Health Facilities	01/04/2009	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	22 500	-	7 500	-	15 000
13	Lady Grey Hospital Rehabilitation	Construction	Matatiele	District Hospital Services	01/04/2009	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	35 675	-	1 500	9 500	24 675
14	Modular Clinics (Good Hope,Mahlubini)	Construction	King Sabata Dalindyebo	Community Health Facilities	01/04/2009	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
15	Nkwenkwana clinic replacement	Construction	Lukhanji	Community Health Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	6 500	-	6 500	-	-
16	Medical Equipment Radiology Equipment	Construction	Buffalo City	District Hospital Services	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	62 980	-	29 254	12 600	21 126
17	IGP - Office Capacitation CoE	Construction	Buffalo City	Other facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	10 000	-	5 000	-	5 000
18	IGP - Office Capacitation CoE	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/03/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	29 400	-	20 000	-	9 400
19	IGP - Office Capacitation G&S	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	8 068	-	3 068	-	5 000
20	RSDP - Mjanyana Hospital	Design	Engcobo	District Hospital Services	01/04/2009	31/09/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	70 888	-	10 000	30 000	30 888
21	CMH PH 5: Mental Health Hospital	Construction	Buffalo City	Provincial Hospital Services	01/04/2009	31/09/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	10 000	-	5 000	-	5 000

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
22	Cecilia Makiwane Hospital - Phase 4: Main Hospital complex	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/01/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	54 569	-	34 125	-	20 444
23	Bolotwa Clinic	Construction	Chris Hani	Community Health Facilities	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 500	-	500	-	5 000
24	Fransbury Clinic	Construction	Chris Hani	Community Health Facilities	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 120	-	500	-	4 620
25	Indwe Hospital	Construction	Chris Hani	District Hospital Services	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	26 453	-	500	15 953	10 000
26	Nyaniso CHC replacement	Construction	Alfred Ndzo	Community Health Facilities	01/04/2009	31/03/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	40 000	-	15 000	25 000	-
27	Pilani Clinic	Construction	OR Tambo	Community Health Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	1 000	-	1 000	-	-
28	Project Management and Services (Coega)	Construction	EC:Whole Province	Other facilities	01/04/2009	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	24 000	-	11 000	13 000	
29	St Elizabeth's Hospital - Upgrade	Construction	OR Tambo	Provincial Hospital services	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	159 522	-	26 200	55 000	78 322
30	St Lucy's Hospitals	Construction	OR Tambo	District Hospital Services	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	78 125	-	23 125	55 000	
31	Tabase Clinic	Construction	OR Tambo	Community Health Facilities	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	6 500	-	6 500	-	-
32	Ugie CHC	Construction	Joe Gqabi	Community Health Facilities	01/04/2009	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	10 500	-	500	10 000	-

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
33	Cecilia Makiwane Hospital - Phase 4: Main Hospital complex	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	76 125	-	31 125	45 000	-
34	Frere Hospital - Phase 3: New Oncology Unit and auxillary services	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/03/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	46 000	-	1 000	45 000	-
35	Health Technology Existing Clinics	Construction	Buffalo City	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	22 585	-	7 680	-	14 905
36	Clinic Medical Equipment + Furniture (New + Replacements)	Construction	Buffalo City	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	1 024	-	1 024	-	-
37	Fencing and Guard Houses	Construction	EC:Whole Province	District Hospital Services	01/04/2009	31/01/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	60 000	-	20 000	40 000	-
38	Thembisa Clinic	Construction	Joe Gqabi	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 500	-	500	-	5 000
39	Tsolo Clinic	Construction	Alfred Nzo	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
40	Greenville Hospital Upgrade	Construction	Bizana	District Hospital Services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	38 500	-	500	23 000	15 000
41	Station Hill Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
42	Misgund Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
43	Grahamstown CHC	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 250	-	250	-	5 000

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
44	Enon Bersheba Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
45	EMS Training College PE	Construction	Nelson Mandela bay Metro	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	14 183	-	3 293	-	10 890
46	Water Tanks (Drought Relief) Joe Gqabi	Construction	Joe Gqabi	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	521	-	521	-	-
47	Water Tanks (Drought Relief) Amatole	Construction	Amathole	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	521	-	521	-	-
48	Medical Equipment	Tender	Buffalo City	District Hospital Services	01/04/2013	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	22 044	8 862	-	13 550	-
49	Isilimela Upgrade	Construction	Port St. Johns	District Hospital Services	01/04/2013	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	10 000		-	10 000	
50	Flagstaff CHC	Tender	Ngquza Hill	District Hospital Services	01/04/2009	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	25 844	-	-	8 000	17 844
51	Meje CHC	Tender	Mbizana	Community Health Facilities	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	26 200	-	-	6 200	20 000
52	Nkqubela Hospital-upgr 2 wards	Tender	Bufallo City	Community Health Facilities	01/04/2009	31/01/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	16 760	-	-	16 760	-
53	Cecilia Makiwane Hospital- Phase 3a - 3d:	Construction	Buffalo City	Student Nurses Training College & Accommodati	01/05/2010	01/05/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	153 900	54 795	-	-	9 000
54	Holy Cross Hospital - Upgrade (Completion)	Construction	Ingquza Hill	District Hospital Services	01/04/2013	31/03/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	10 000	59 986	-	-	10 444
Total New infrastructure assets										1 420 417	155 366	387 902	510 563	369 002

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
2. Upgrades and additions														
1	Komani Hospital - Laundry contract	Tender	Lukhanji	Provincial Hospital services	01/12/2006	10/09/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	21 000	1 013	11 000	10 000	-
2	RSDP Taylor Bequest General Hospital: Upgrading	Construction	Buffalo City	District Hospital Services	01/08/2010	30/08/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	107 500	74	42 500	30 000	35 000
3	Nelson Mandela Academy Flagship	Hand over	King Sabata Dalindyebo	Provincial Hospital services	08/01/2013	30/08/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	20 583	942	500	-	20 083
4	RSDP - Centuli Clinic	Identification	King Sabata Dalindyebo	Community Health Facilities	01/04/2013	28/02/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	2 111	766	1 382	-	-
5	RSDP - Cwele Clinic	Construction	King Sabata Dalindyebo	Community Health Facilities	01/04/2013	28/02/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	9 000	342	14 500	1 500	-
6	RSDP - Nessie Knight Hospital	Identification	King Sabata Dalindyebo	District Hospital Services	01/10/2013	01/09/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	204 000	2 401	69 000	70 000	65 000
7	St Patricks Hospital - Upgrading CAS/OPD, Maternity, etc.	Construction	Lukhanji	District Hospital Services	01/04/2015	31/03/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	347 136	240 581	78 019	45 000	-
8	Cecilia Makiwane Hospital - Phase 4: Main Hospital complex	Construction	Buffalo City	Provincial Hospital services	01/06/2011	01/12/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	135 000	133	135 000	-	-
9	Madwaleni Hospital Upgrade of Infrastructure	Construction	Mbhashe	District Hospital Services	01/04/2013	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	96 392	29 516	8 500	27 892	60 000

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
10	All Saints Hospital: Final Phase	Construction	Engcobo	District Hospital Services	01/06/2011	1900/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	12 000	-	12 000	-	-
11	All Saints Hospital: Upgrading Staff Accommodation	Construction	Engcobo	District Hospital Services	01/06/2012	1900/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	51 990	-	6 000	5 990	40 000
12	Holy Cross Hospital: New Mental Health Unit	Hand over	Ngquza Hill	Provincial Hospital services	17/07/2003	02/02/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	84 414	-	19 000	25 414	40 000
13	Letitia Bam Clinic	Construction	Buffalo City	Community Health Facilities	05/08/2005	20/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	72 885	-	18 850	9 035	45 000
14	Livingstone Hospital: Upgrading Central Laundry	Construction	Nelson Mandela	Provincial Hospital services	23/03/2004	23/09/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	25 500	125	500	-	25 000
15	Mpindweni Clinic	Construction	King Sabata Dalindyebo	Community Health Facilities	11/12/2013	09/02/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	13 500	-	9 500	4 000	-
16	Mthatha General Hospital: Upgrading	Construction	King Sabata Dalindyebo	Provincial Hospital Services	01/04/2011	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	127 526	10 982	47 526	53 000	27 000
17	Butterworth Hospital	Construction	Mnquma	District Hospital Services	01/04/2014	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	76 000	4 615	8 500	22 500	45 000
18	Modular clinics - Vaalbank - Chris Hani	Construction	Lukhanji	Community Health Facilities	01/04/2009	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
19	Modular clinics - Zabasa	Construction	Engcobo	Community Health Facilities	01/04/2009	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
20	Sipetu Hospital Upgrade	Construction	Elundini	District Hospital Services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	235 775	8 098	62 600	108 175	65 000

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R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
21	IGP - Office Capacitation M&E	Identification	Mhlontlo	District Hospital Services	01/04/2009	31/09/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	17 712	-	4 000	3 712	10 000
22	Canzibe Hospital	Construction	Nyandeni	District Hospital Services	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	57 000	-	15 500	27 500	14 000
23	Qebe clinic replacement	Construction	Chris Hani	Community Health Facilities	01/04/2009	31/03/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	23 500	-	11 500	12 000	-
24	St Elizabeth - Resource centre	Construction	OR Tambo	Provincial Hospital services	01/04/2009	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	11 500	-	11 500	-	-
25	Frontier Hospital - CAS/OPD	Construction	Lukhanji	Provincial Hospital services	01/04/2009	31/01/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	65 000	-	60 000	5 000	-
26	All Saints Hospital Gate Way Clinic	Construction	Chris Hani	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	37 087	-	8 000	4 087	25 000
27	Empilisweni CHC Upgrade	Construction	Joe Gqabi	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	30 500	-	8 000	12 500	10 000
28	Ngcizela Clinic	Construction	Mnquma	Community Health Facilities	01/04/2009	31/01/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	13 500	-	13 500	-	-
29	Kwazakhele CHC/Motherwell	Construction	Nelson Mandela	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	67 000	-	7 000	15 000	45 000
30	Dukumbana Building	Construction	EC:Whole Province	Other facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
31	Maclear Hospital Upgrade	Construction	Joe Gqabi	District Hospital Services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	49 600	-	9 000	24 600	16 000
32	Upgrade of Mthatha Gateway	Construction	King Sabata Dalindyebo	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-

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R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
33	NG Dluluku	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
34	Loerie Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	1 000	-	1 000	-	-
35	Clarkson Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
36	V Shumane Clinic /Tantyi	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
37	Union Street Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
38	Aberdeen CHC	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
39	Sundays Village CHC	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	250	-	250	-	-
40	Bongweni Clinic	Construction	Cacadu	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 500	-	500	-	5 000
41	Butterworth Clinic	Construction	Amathole	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	12 500	-	1 500	10 000	1 000
42	NU1	Construction	Buffalo City Metropolitan	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 250	-	250	-	5 000
43	Office for the Infrastructure Unit	Construction	EC Whole province	Other Facilities	01/04/2009	31/01/2018	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 250	-	250	5 000	-
44	Greenfield	Construction	Buffalo City Metropolitan	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	6 250	-	250	5 000	1 000
45	Newlands Clinic	Construction	Buffalo City Metropolitan	Community Health Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	2 250	-	1 250	-	1 000
46	Nkwenkwana Clinic	Construction	Mnquma	Community Health	01/04/2009	31/01/2017	Health Facility	HEALTH FACILITIES	Individual Project	3 190	-	3 190	-	-

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
				Facilities			Revitalisation Grant	MANAGEMENT						
47	Relocation of EDH to Dora Nginza Hospital	Construction	Nelson Mandela	Provincial Hospital services	01/04/2013	31/03/2019	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	159 280	3 037	-	45 000	114 280
Total Upgrades and additions										2 218 681	302 625	704 567	581 905	714 363
3. Rehabilitation, renovations and refurbishments														
1	Rehabilitation, renovations and refurbishments	Construction	Mhlontlo	Community Health Facilities	01/04/2013	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	12 175	-	500	3 000	8675
2	SS GIDA Hospital	Construction	Amatole	District Hospital Services	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	54 500	-	500	4 000	50000
3	Tikitiki clinic completion	Construction	OR Tambo	Community Health Facilities	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	1 000	-	1 000	-	0
4	Mthatha Nursing College	Construction	OR Tambo	Other facilities	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	38 061	-	15 526	2 535	20000
Total Rehabilitation, renovations and refurbishments										105736	-	17 526	9 535	78675
4. Maintenance and repairs														
1	Expanded Public Works Incentive Programme	Construction	Buffalo City	Other Facilities	01/04/2014	31/03/2017	Expanded Public Works Programme	HEALTH FACILITIES MANAGEMENT	Individual Project	3 826	-	3 826	-	-
2	Lift Maintenance	Construction	Buffalo City	District Hospital Services	01/04/2008	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	18 000	19 479	15 254	11 000	12 100
3	Cala Hospital Building Repairs and Maintainance	Construction	Sakhisizwe	District Hospital Services	01/04/2014	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	5 000	-	5 000	-	-
4	Water & Sanitation plant Operations	Construction	Buffalo City	District Hospital Services	01/04/2014	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	22 000	4 362	2 000	10 000	10 000

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
5	Isilimela Water and Sanitation plant upgrade	Construction	Nyandeni	District Hospital Services	01/04/2014	31/03/2018	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	7 500	846	7 000	500	-
6	Empilisweni Sanitation plant upgrade	Construction	Senqu	District Hospital Services	01/04/2014	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	1 500	-	1 500	-	-
7	All Saints Water and Sanitation upgrade	Construction	Engcobo	District Hospital Services	01/04/2014	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	5 990	2 840	-	990	5 000
8	Close out of historical projects	Construction	EC Whole province	Other Facilities	01/04/2014	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	5 000	-	5 000	-	-
9	General Repairs and Maintenance Works in Health Facilities	Construction	Buffalo City	Community Health Facilities	01/04/2010	31/03/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	302 511	-	115 794	140 709	46 008
10	Cloete Joubert Hospital Building Maintainance and Repairs	Construction	Senqu	District Hospital Services	01/04/2010	31/03/2017	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
11	Nompumelelo Hospital water and sanitation	Construction	Ngqushwa	District Hospital Services	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	500	-	500	-	-
12	Greenville Hospital water and sanitation	Construction	Mbizana	District Hospital Services	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	2 500	7 471	2 500	-	-
13	General Rehabilitation programme - Cluster 1 Joe Gqabi	Construction	Joe Gqabi	Community Health Facilities	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	34 000	-	-	-	34 000
14	Tafalofefe Water and Sanitation plant upgrade	Construction	Amatole	District Hospital Services	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	15 547	-	13 067	2 480	-

Project No.	Project name	Project Status	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechnism (Individual project or Packaged Program)	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
R thousands					Date: Start	Date: Finish						2016/17	MTEF 2017/18	MTEF 2018/19
15	Tower hospital - Water and sanitation works	Construction	Nkonkobe	Provincial Hospital services	01/04/2009	31/03/2020	Health Facility Revitalisation Grant	HEALTH FACILITIES MANAGEMENT	Individual Project	2 667	-	1 000	1 667	-
16	Umlamli Hospital Water and Sanitation Plant Maintenance	Construction	Joe Gqabi	District Hospital Services	01/04/2009	31/03/2020	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	4 500	-	4 500	-	-
17	Health Technology - Maintenance & Repairs	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	76 634	-	14 440	29 616	32 578
18	General Repairs and Maintenance Works in Health Facilities	Construction	Buffalo City	District Hospital Services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	162 371	-	39 505	31 362	91 504
19	General Repairs and Maintenance Works in Health Facilities	Construction	Buffalo City	Provincial Hospital services	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	181 720	-	28 395	76 021	77 304
20	General Repairs and Maintenance Works	Construction	Buffalo City	Other Facilities	01/04/2009	31/01/2019	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	108 000	-	25 000	35 000	48 000
21	Project Management and Services - Accommodation Project	Construction	EC: Whole Province	District Hospital Services	01/04/2009	31/03/2017	Equitable share	HEALTH FACILITIES MANAGEMENT	Individual Project	8 000	-	8 000	-	-
Total Maintenance and repairs												292 781	339 345	356 494
Total Health Infrastructure												1 402 776	1 441 348	1 518 534

3. CONDITIONAL GRANTS

3.1 NATIONAL HEALTH INSURANCE GRANT

Name of conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator Targets
National Health Insurance	• PART A: Direct (NHI Pilot Districts) • To improve the performance of the District Health System through testing service delivery and provision innovations in readiness for the implementation of National Health Insurance (NHI); • Test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context in line with the vision for realising universal health coverage for all; • To undertake health system strengthening activities in identified focus areas; • To assess the effectiveness of interventions / activities undertaken in the district funded through this grant.	• 10 pilot districts across the country • Approved business plans for all 10 pilot districts • Quarterly and annual performance reports • Consolidated annual performance evaluation report	• Approved business plans for all 10 pilot districts • Consolidated quarterly performance reports submitted to National Treasury • Consolidated annual performance evaluation report submitted to National Treasury	• Approved business plan • 4 quarterly reports • 1 Annual Report submitted

3.2 HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
Health Professional Training and Development	Support provinces to fund services costs associated with the training of health science trainees on the public service platform	Availability of Business Plans.	9 Provincial Consolidated business plans. Number of facility business plans will be confirmed after 28 February 2015.	Approved business plan submitted
		Number of site visits.	Number facility site visits will be confirmed after 28 February 2015.	10 • Nelson Mandela Central Hospital • Mthatha General Hospital • Livingston & PE Provincial Hospitals • Health resource Centres x 5 • Frere Hospital • Fort England • St. Elizabeth • Dora Nginza Hospital • Frontier Hospital • Cecilia Makiwane Hospital
		Availability of quarterly & annual performance report.	9 Annual performance reports Number of quarterly reports will be confirmed after 28 February 2015.	4 quarterly reports & 1 annual report submitted
		Number of audit findings	Minimum 5 to 10	0

3.3 COMPREHENSIVE HIV/AIDS GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
COMPREHENSIVE HIV AIDS CONDITIONAL GRANT	To enable the health sector to develop an effective response to HIV/AIDS and TB To support the Department with the PEPFAR transition process.	Number of patients on ART remaining in care	3,800,000	355 531
		Number of Antenatal Care (ANC) clients initiated on life-long ART	93,000	25 000
		Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	160,000	25 000
		Number of HIV positive clients screened for TB	861,071	113 072
		Number of HIV positive patients that started on IPT	387,297	51 540
		Number of HIV tests done	11,000,000	1 300 648
		Number of Medical Male Circumcisions performed	1,600,000	49 000

3.4 NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
National Tertiary services	To ensure provision of tertiary health services for all South African citizens	• 9 Service Level Agreements (SLA) • Availability of Business Plans. • Number of site visits. • Availability of quarterly & annual performance report. • Number of audit findings	• 9 SLA • 39 Business Plans • 9 (Provincial office visits combined with facilities) + 37(facilities + provincial office) = 46 annual site visits • 9 Annual performance reports and 39 quarterly reports (provincial consolidation + provincial office + facility reports) • Minimum of 3 audits	• 1 SLA • 1 Approved Business Plan • 4 Quarterly Reports • 1 Annual Report Submitted • 1 Provincial Combined Facility Visit • 1 Quarterly Visit to each of the 4 Benefiting Facilities • Minimum 1 Audit
	To compensate tertiary facilities for the costs associated with the provision of these services	100% Expenditure at the end of financial year.	• First Quarter 25% • Second Quarter 50% • Third quarter 75% • Fourth quarter 100% Expenditure.	• 100% Expenditure at the end of 15/16

3.5 HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
Health Facility Revitalisation Grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology (HT), organisational design (OD) systems and quality assurance (QA) • To enhance capacity to deliver health infrastructure	Approved Annual Implementation plans for both Health Facility Revitalisation Grant and National Health Grant	Availability of approved Annual Implementation Plans (AIP) for all projects funded from National Health grant and Health facility Revitalisation Grant	• A signed and approved AIP 2015/16 submitted to NDOH.
		Monitoring number of projects receive funding from Health Facility Revitalisation Grant and National Health Grant	Monitor implementation of all conditional grant funded projects	• 90 Projects funded by HFRG to be Implemented on 2015/16 B4. • Monthly Infrastructure Reporting Model (IRM) and Quarterly Progress Report is submitted to NDO, NT and PT.

4. PUBLIC ENTITIES

The department of Health does not have any Public Entities

5. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

Table 01: Public-private partnerships

Name of PPP	Purpose	Outputs	Current annual budget	date of termination	Measures to ensure smooth transfer of responsibilities
1. Humansdorp PPP	To construct a 30-bed private facility, enlarge current entrance and administration, enlarge causality and out-patient ward, including two consulting rooms and a dentist room, upgrade and/or build two new operating theatres, a new CSSD, an new radiology unit and a new laboratory	30-bed hospital Upgraded existing clinical areas	R3,400,669	27 June 2023 20-year period	Management of contract by the department assisted by national and provincial Treasury
2. Lusikisiki St Elizabeth Hospital PPP	To design, construct and financing of serviced accommodation for clinical staff at St Elizabeth Hospital	Staff quarters for clinical staff	PPP process discontinued	PPP process discontinued due to unavailability of land	Not applicable
3. Port Alfred and Settlers Hospital PPP	To build and/or upgrade 30 private beds, private pharmacy, private administration, two private consulting rooms, 60 public beds, public outpatient facility, public pharmacy, public administration, Shared services facilities, maternity ward, radiology, casualty, theatres, CSSD, kitchen and staff facilities, mortuary, stores, linen areas, plant and workshop areas	30 private-bed and 60 public-bed hospital Upgraded existing clinical areas Upgraded existing administration, kitchen and staff and general areas	Budget combined = R51,453,033	7 May 2022 15-year period	Management of contract by the department assisted by national and provincial Treasury

ANNEXURES

ANNEXURE A: NON-NEGOTIABLES

NON-NEGOTIABLE ITEM	ESTIMATED **EXPENDITURE** 2015/16 **R'000**	**BUDGET** 2016/17 **R'000**	**NON-FINANCIAL MEASURES / INDICATORS**
Infection Control and Cleaning	169,078	177,531	1. Nosocomial infection rate
			2. Neonatal nosocomial infection rate
			3. Proportion of clients not satisfied with cleanliness as per the client satisfaction survey
			4. Proportion of facilities that score at least 80% compliance with cleanliness as per the core standards
Medicines, Medical Supplies, Including Dry Dispensary	415,022 416,239	582,477 547,474	5. Proportion of health facilities with tracer drugs out of stock
			6. Drug stock-out rate at drug depots
			7. Total rand value of disposed/expired drugs
			8. Total rand value of drugs that had to be bought out of contract
Medical Waste	35,822	37,614	9. Proportion of service level agreements for waste management contracts that were monitored for compliance regulations
Laboratory Services: National Health Laboratory Services (NHLS)	602,421	610,993	10. Proportion of hospitals (district, regional, tertiary, central) implementing electronic gate keeping system within the province
			11. Percentage of selected tests (CD4, HIV PCR, HIV VL, TB directs and cervical smears) performed and results available within the agreed turnaround times
Blood Supply Services	117,890	123,785	12. Percentage of hospitals (district, regional, tertiary, central) having emergency fridges with emergency blood stock available on site
			13. Proportion of blood units (RBC) ordered that were not transfused and discarded
Food Services and Relevant Supplies	154,338	142,161	14. Proportion of facilities with food service units that were monitored (using the food service management monitoring tool)
			15. Proportion of facilities that scored >75% on the food service monitoring standards grading system
Laundry Services	19,200	20,160	16. Average cost per piece laundered: in-house
			17. Average cost per piece laundered: outsourced
			18. Value of linen procured

NON-NEGOTIABLE ITEM	ESTIMATED EXPENDITURE 2015/16 R'000	BUDGET 2016/17 R'000	NON-FINANCIAL MEASURES / INDICATORS
Security Services	295,440	310,212	19. Number of districts with operational security committees
			20. Proportion of health facilities fenced with access control at the gate
			21. Number of safety and security audits conducted annually
Essential Equipment and Maintenance of Equipment	176,477	185,301	22. Proportion of facilities operating with 100% of essential equipment (as per checklist on essential equipment)
			23. Proportion of facilities with an essential equipment maintenance plan
			24. Number of facilities monitoring service level agreements with service providers appointed to maintain all fixed equipment
Maintenance of Infrastructure	315,160	330,918	25. Number of districts spending more than 90% of maintenance budget
			26. Proportion of infrastructure budget allocated to maintenance
			27. Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)
Children's Vaccines	238,951	250,899	28. Immunisation coverage
			29. Vitamin A coverage 12-59 months
			30. Measles 1st dose under 1 year coverage
			31. Pneumococcal vaccine 3rd dose coverage
			32. Rotavirus 2nd dose coverage
Medical Gas	43,288	45,453	33. Availability of Medical gas in all facilities
ARVs	537,263	564,126	34. 95% Availability of ARV medicines

ANNEXURE B: TECHNICAL INDICATOR DESCRIPTIONS



ANNEXURE B: TECHNICAL INDICATOR DESCRIPTIONS

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 statutory documents tabled at Legislature	Statutory documents submitted and tabled a the Provincial Legislature	Tracks the number of statutory documents submitted and tabled at the Provincial Legislature	Copies of the document	Not applicable	Unavailability of statutory documents	Output	Categorical	Annual	No	Compliance with legislative requirements	Office of the MEC
2.1.1 Audit opinion from Auditor General for	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	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
2.1.2 Audit Improvement Plan for Financial Performance Review					Not applicable		Categorical	Quarterly	Yes		Chief Financial Officer
2.1.3 Audit Improvement Plan for Performance Information Review					Not applicable		Categorical	Quarterly	Yes		DDG: Clinical Services

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.1.4Level 4 MPAT	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	MPAT report	The tool has Structure Questionnaires	Minimal as there are controls	Output	Categorical	Annual	No	Level 4	GM: SOP
2.1.5 Strategic Management improvement plan (MPAT_IP improvement plan performance review	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: SOP
2.1.6 Governance & accountability MPAT improvement plan (MPAT_IP)	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: SOP
2.1.7 Human resources management MPAT	The level of compliance (out of 4 levels in the	The tool is used by the Presidency to monitor	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: HR

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
improvement plan (MPAT_IP)	tool) that the department of health has to achieve.	compliance by departments with the 4 management practice domains.									
2.1.8 Financial Management MPAT improvement plan (MPAT_IP)	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: Finance
2.2.1 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
2.2.2 Percentage of fixed PHC	Percentage of fixed PHC facilities	To ensure broadband access to PHC facilities	Network reports that confirm	Num: Total Number of fixed PHC	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is	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
facilities with broadband access	with broadband access		availability of broadband; OR Network rollout report for sites that are not yet live	facilities with minimum 1Mbps connectivity Den: Total Number of fixed PHC Facilities						more favorable for connectivity	

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
2.3.22 Percentage of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard.	Facilities that have implemented the ideal clinic and adhering to more than 70% of the elements as defined in the Ideal Clinic Dashboard (to be published during March 2016)	To track implementation of the ideal clinic principles	Reports from the Ideal Clinic Dashboard information system	Num: Number of fixed PHC Facilities scoring above 70% on the ideal clinic dashboard Den: Number of Fixed PHC facilities that conducted an assessment to date in the current financial year	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements	Cumulative	Percentage	Quarterly	Yes	Higher percentage indicates greater level of ideal clinic principles	District Health Services and Quality Assurance Directorates
2.4.1 Client Satisfaction Survey Rate (PHC)	The percentage of fixed Primary Health Care facilities that conducted a Patient Satisfaction survey that were	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	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	satisfied with the services.			financial year Den: Total number of Fixed PHC facilities							
2.4.9 Client 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	**Num:** Total number of patients satisfied with the service at PHC facilities **Den:** Total number of patients that took part in a Patient Satisfaction survey at PHC facilities	Generalizability 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
3.1.1 OHH registration visit coverage (Annualised)	Proportion of households in the target wards covered by	Monitors implementation of the PHC re-engineering strategy	household registration visits registers, patient records	**Num:** OHH registration visit	Dependent on accuracy of OHH in population	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or	CBS 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
	Ward Based Outreach Teams			**Den** OHH visit total						greater reliance on public health system.	
3.2.1 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
1.1.1 PHC utilisation rate	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	Stats SA, facility register, patient records	**Num:** PHC headcount total **Den:** Population total	Dependent on the accuracy of estimated total population from StatsSA	Output	Number	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
2.4.17 Complaints	Proportion of all complaints received	To monitor the response to complaints	complaints register, redress report	**Num:** Number	Accuracy of information is dependent on the	Quality	Percentage	Quarterly	No	Higher percentage suggest better management	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
Resolution Rate	that are resolved	in PHC facilities		complaints resolved **Den:** Total number of complaints received	accuracy of time stamp for each complaint					of complaints in PHC facilities	
2.4.25 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 Facilities	complaints register, redress report	**Num:** Total number of complaints resolved within 25 days **Den:** 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

SUB-PROGRAMME: COMMUNITY BASED SERVICES

NON-COMMUNICABLE DISEASES / 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
1.2.1 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 Programmes
1.2.2 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 Programmes
1.2.3 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 Programmes
1.3.1 Cataract surgery rate (Annualised)	Clients who had cataract surgery per 1 million uninsured population. The population will be divided by 12 in the formula to make provision for annualisation	Monitors access to cataract surgery.	Facility registers, patient registers	**Num:** Cataract surgery total **Den:** Uninsured population	Accuracy dependent on quality of data from health facilities	Quality	Rate per 1 Million	Quarterly	No	Higher levels reflect a good contribution to sight restoration, especially amongst the elderly population.	GM: Hospital Services

SUB-PROGRAMME: OTHER COMMUNITY SERVICES

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	This measure health facilities that dispose waste in line with SANS 10248 regulation as a proportion of the total health facilities.	To track compliance of health facilities with SANS 10248 regulation on waste management.	Waste disposal management.	**Num**: Number of health facilities (hospitals) that dispose waste in line with SANS 10248 regulation at a given reporting period. **Den:** Number of facilities (hospitals) during same time period.	No specific limitations anticipated	Output	%	Quarterly	No	Compliance with waste management for purposes of infection control and sustaining a healthy environment.	GM: PHP

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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.4.1 Adults remaining on ART- total	Adults remaining on ART	Track the number of adults on ARV Treatment	Facility Register	**Num:** SUM [Total adults remaining on ART at end of the reporting period] **Den:** 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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.4.2 Total children(under 15 years) remaining on ART	Total children (under 15 years) remaining on ART - total	Track the number of children on ARV Treatment	Facility Register	**Num:** SUM [Total children under 15 years remaining on ART at end of the reporting period] **Den:** 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
1.4.3 TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	All eligible co-infected clients must be on ART to reduce mortality. Monitors ART initiation for TB clients	Facility 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
1.4.4 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) Antenatal client HIV 1st test Antenatal client HIV re-test)	Dependent on the accuracy of facility register	Process	Percentage	Quarterly	No	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager
1.4.5 Male condom distribution Coverage	Total number of Male condoms supplied distributed	Tracks the supply of male condoms in the Province	Numerator: Facility Register Denominator:	**Num:** Total number of Male condoms distributed in the province **Den:** 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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
			Stats SA								
1.4.6 Medical Male Circumcisions performed - total	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
1.5.1 TB symptom 5yrs and older screened rate	TB client 5 years and older screened at health facilities for TB symptoms rate	To determine whether all persons attending health facilities are screened for TB	Facility Register	**Num:** Patients over 5 screened for TB **Den:** 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
1.5.2 TB 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	**Num:** SUM [TB client cured OR completed treatment] **Den:** 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
1.5.3 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	**Num:** SUM [TB (new pulmonary) treatment defaulter] **Den:** SUM [TB (new pulmonary) client initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme Manager
1.5.4 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	**Num:** SUM([TB client death during treatment]) **Den:** 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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.5.5 TB MDR confirmed treatment initiation rate	B 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 improve health outcomes of TB MDR client	TB Programme Manager
1.5.6 TB MDR treatment success rate	TB MDR client successfully treated	Monitors success of MDR TB treatment	NHLS and Facility Register	**Num:** SUM([TB MDR client successfully treated]) **Den:** 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
1.6.1 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	**Num:** Antenatal 1st visit before 20 weeks **Den:** 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
1.6.2 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	**Num:** Mother postnatal visit within 6 days after delivery **Den:** 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
1.6.3 Antenatal client initiated on ART rate	Percentage of HIV positive Antenatal clients placed on ART.	Tracks the HIV Treatment policy	Facility Register	**Num:** Antenatal client start on ART **Den:** 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
1.7.1 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	**Num:** SUM[Infant 1st PCR test positive around 10 weeks **Den:** 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
1.7.2 Immunisation coverage under 1 year (Annualised)	Percentage children under 1 year who completed their primary course of immunisation The child should only be	Monitor the implementation of Extended Programme in Immunisation (EPI)	Facility Register	**Num:** SUM([Immunised fully under 1 year new])	Reliant on under 1 population estimates from Stats SA, and accurate recording of	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better immunisation coverage	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
	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		Denominator: Stats SA	**Den:** SUM([Female under 1 year]) + SUM([Male under 1 year])	children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered.)						

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.7.3 Measles 2nd dose coverage (annualised)	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. Vaccines given as part of mass vaccination campaigns should not be counted here	Facility Register Denominator: Stats SA	**Num:** SUM([Measles 2nd dose]) **Den:** 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
1.7.4 DTaP-IPV/Hib 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	**Num:** SUM([DTaP-IPV/Hib 3rd dose]) - SUM([Measles 1st dose under 1 year]) **Den:** 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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.7.11 Infant exclusively breastfed at HepB 3rd dose rate	Percentage of Infants exclusively breastfed at HepB 3rd dose rate	Monitor Exclusive breastfeeding	Facility Register	**Num:** SUM([Infants exclusively breastfed at HepB 3rd dose]) **Den:** 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
1.7.5 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	**Num:** SUM [Child under 5 years with diarrhoea death] **Den:** SUM [Child under 5 years with Diarrhoea 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
1.7.6 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	**Num:** SUM [Child under 5 years with pneumonia death] **Den:** 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
1.7.7 Child under 5 years severe acute malnutrition case fatality rate	Proportion of children under 5 years admitted into any public health facility with severe	Monitors treatment outcome for children under 5 years who were admitted with severe acute malnutrition.	Facility Register	**Num:** SUM [Child under 5 years severe acute malnutrition deaths]	Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	Yes	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
	acute malnutrition who died	Includes under 1 year severe acute malnutrition deaths as defined in the		**Den:** SUM [Children under 5 years severe acute malnutrition admitted]							
3.4.1 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)	Facility Register Report from Department of Basic Education	**Num:** SUM [School Grade 1 - learners screened} **Den:** SUM [School Grade 1 - learners total]	None	Process	Percentage	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
3.4.2 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	**Num:** SUM [School Grade 8 - learners screened] **Den:** SUM [School Grade 1 - learners total]	None	Process	Percentage	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
1.6.4 Couple Year Protection Rate (annualised)	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 /	Track the extent of the use of contraception (any method) amongst women of child bearing age	Facility Register Denominator: StatsSA	**Num:** (SUM([Oral pill cycle]) / 13) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4) + (SUM([Male condoms distributed]) / 200) + (SUM([Sterilization - male]) * 20) + (SUM([Sterilization -	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) +)Male condoms distributed / 200) + (Male sterilization x 20) + (Female sterilization x 10)s			female]) * 10) +Sub-dermal implants X3 **Den:** SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]}							MCWH&N Programme
1.2.4 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: Stats SA	**Num:** SUM([Cervical cancer screening 30 years and older]) **Den:** (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 Stats SA, and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
1.7.9 Human Papilloma Virus Vaccine 1st dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 1st dose of the HPV vaccine during 2016 Calendar 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	**Num:** Girls 9 years and older that received HPV 1st dose **Den:** Grade 4 girl learners ≥ 9 years during 2016	None	Output	Percentage annualised	Annually	No	Higher percentage indicate better coverage	MNCWH Programme Manager
1.7.10 Human Papilloma Virus Vaccine 2nd dose coverage	Proportion of grade 4 girl learners ≥ 9 years vaccinated per year with the 2nd dose of the HPV vaccine during	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress	HPV Campaign Register HPV system	**Num:** Girls 9 years and older that received HPV 2nd dose **Den:** 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
	2016, and First round 2017	and reflect the coverage so far	Report from Department of Basic Education								
1.7.8 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
1.7.5 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
1.7.12 Inpatient early neonatal death rate	Proportion of children 28 days admitted/separated who died during their stay in the facility as a proportion of Live birth in facility	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 practices and antenatal and care	MNCWH Programme Manager

2.8 SUB-PROGRAMME: CORONER SERVICES

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.8.1 Percentage of post-mortems performed within 72 hours	Measures number of post-mortems performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a percentage of the total number of bodies received	Tracks the turn-around time for Post Mortems.	Death register	**Num:** Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body **Den:** Total number of cold bodies received	Depended on accuracy of Forensic Pathology services data base.	Output	%	Quarterly	No	Improved and short turn-around times for post mortems.	GM: PHP

2.9 SUB-PROGRAMME: DISTRICT HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.1 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
2.3.8 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.15 Percentage of hospitals 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-	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				assessment to date in the current financial year							
2.4.2 Client Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.10 Client Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.9.1 Average Length of Stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS, facility register & Admission	**Num:** Inpatient days + 1/2 Day patients **Den:** Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care	District Health Services
1.9.5 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
1.9.9 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day	Track the expenditure per PDE in district	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records	**Num:** Total Expenditure in district hospitals	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
	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 total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	hospitals in the province	Admission, expenditure	**Den:** Patient Day Equivalent (PDE) as defined above							
2.4.18 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.26 Complaints 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,	**Num:** Total number of complaints resolved within 25 days **Den:** 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
3.6.1 EMS P1 urban response under 15 minutes rate	Proportion P1 calls in urban locations with	Monitors compliance with the norm for critically ill or injured clients to receive EMS within	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.	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
	response times under 15 minutes	15 minutes in urban areas									
3.6.2 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 dependent on quality of data from reporting EMS station	Output	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager
3.6.3 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.	**Num:** EMS inter-facility transfer **Den:** EMS clients total	Accuracy dependent 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

PROGRAMME 4

SUB-PROGRAMME 4.1: REGIONAL HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.2 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
2.3.9 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.16 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	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				Den: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year							
2.4.3 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.11 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.9.2 Average Length of Stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS, facility register & Admission	**Num:** Inpatient days + 1/2 Day patients **Den:** Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care	District Health Services
1.9.6 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
1.9.10 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 total headcount multiplied by a factor of 0.33. All hospital activity	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	**Num:** Total Expenditure in district hospitals **Den:** 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
	expressed as a equivalent to one inpatient day										
2.4.19 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.27 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,	**Num:** Total number of complaints resolved within 25 days **Den:** 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

SUB-PROGRAMME 4.2: SPECIALISED TB HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.3 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
2.3.10 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.17 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-	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				assessment to date in the current financial year							
2.4.4 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.12 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS
2.4.20 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.28 Complaints 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,	**Num:** Total number of complaints resolved within 25 days	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				Den: Total number of complaints received							

SUB-PROGRAMME 4.3: SPECIALISED PSYCHIATRIC HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.4 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
2.3.11 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.18 Percentage of hospitals compliant with all extreme and vital measures	Percentage of ~~s~~ health facilities compliant to all Extreme and vital	Monitors quality in health facilities	NCS self-assessment report,	**Num:** Total number of Hospitals that are compliant to all extreme	None	Outcome	Percentage	Quarterly	No	Higher number indicates greater number of facilities compliant to all extreme and vital	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
of the national core standards	Measures of National Core Standards			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						measures of National Core Standards	
2.4.5 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den:** Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.13 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4.21 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.29 Complaints 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,	**Num:** Total number of complaints resolved within 25 days **Den:** 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 5

SUB-PROGRAMME 5.1: CENTRAL HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.5 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
2.3.12 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.19 Percentage of hospitals 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	None	Outcome	Percentage	Quarterly	No	Higher number indicates greater number of facilities compliant to all extreme and vital	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
				vital measures of national core standards **Den:** Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year						measures of National Core Standards	
2.4.6 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.14 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.9.3 Average Length of Stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS, facility register & Admission	**Num:** Inpatient days + 1/2 Day patients **Den:** Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care	District Health Services
1.9.7 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
1.9.11 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 total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	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	**Num:** Total Expenditure in district hospitals **Den:** 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.
2.4.22 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved	Accuracy of information is dependent on the accuracy of time	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	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
				Den: Total number of complaints received	stamp for each complaint						
2.4.30 Complaints 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,	**Num:** Total number of complaints resolved within 25 days **Den:** 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

SUB-PROGRAMME 5.2: TERTIARY HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.6 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
2.3.13 Quality improvement plan after self - assessment rate	Fixed health facilities that have developed a quality improvement plan after self-assessment as a	Monitors whether health establishments are developing a plan to close gaps	Quality Improvement Plans DHIS /NCS report	**Num:** Number of Hospitals that developed a Quality improvement plan to date in the	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
	proportion of fixed health facilities	identified after self-assessments		current financial yea **Den:** Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year							
2.3.20 Percentage of hospitals 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
2.4.7 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4.15 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS
1.9.4 Average Length of Stay	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS, facility register & Admission	**Num:** Inpatient days + 1/2 Day patients **Den:** Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care	District Health Services
1.9.8 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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.9.12 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 total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	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	**Num:** Total Expenditure in district hospitals **Den:** 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.
2.4.23 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.31 Complaints 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,	**Num:** Total number of complaints resolved within 25 days **Den:** 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

SUB-PROGRAMME 5.3: PSCHIATRIC TERTIARY HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3.7 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
2.3.14 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	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3.21 Percentage of hospitals 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	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				in the current financial year							
2.4.8 Patient Satisfaction Survey Rate	Fixed health facilities that have conducted Patient Satisfaction Surveys as a proportion of fixed health facilities. The target population will be divided by 12 in the formula to make provision for annualisation	To monitor the efficiency of the hospitals.	PSS forms, PSS report	**Num:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year. **Den**: Total number of Hospitals	Total number of Hospitals	Output	%	Quarterly	No	Higher percentage indicates better levels of satisfaction in district.	GM: DHS
2.4.16 Patient Satisfaction rate	Average Patient Satisfaction score of all Hospitals that conducted the annual patient satisfaction survey.	Tracks the service satisfaction of the district hospital users.	PSS forms, PSS report	**Num:** Sum of Patient Satisfaction Scores Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year **Den:** Total number of Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year	Generalizability depends on the number of users participating in the survey.	Output	%	Annually	No	Higher percentage indicates better levels of satisfaction with hospital services.	GM: DHS
2.4.24 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	**Num:** Number complaints resolved **Den:** 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
2.4.32 Complaints 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,	**Num:** Total number of complaints resolved within 25 days	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

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
				Den: Total number of complaints received							

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
2.6.1 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
2.6.2 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

PROGRAMME 7: PERFORMANCE INDICATORS FOR HEALTH CARE AND SUPPORT

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.10.1 Percentage of eligible applicants supplied with wheelchairs	Clients supplied with wheelchairs as a proportion of the total clients applying for wheelchairs expressed as a percentage	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility registers	**Num:** Number of clients supplied with wheelchairs during a reporting period **Den:** Total clients applied and on waiting list to receive wheelchairs during the same period	Dependant on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to wheelchairs	Clinical Support Manager
1.10.2 Percentage of eligible applicants supplied with hearing aids	Clients supplied with hearing aids as a proportion of the total clients applying for hearing aids expressed as a percentage	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility registers	**Num:** Number of clients supplied with hearing aids during a reporting period **Den:** Total clients applied and on waiting list to receive hearing aids during the same period	Dependant on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to hearing aids	Clinical Support Manager
1.10.3 Percentage of eligible applicants supplied with prostheses	Clients supplied with prosthesis as a proportion of the total clients applying for prosthesis expressed as a percentage	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility registers	**Num:** Number of clients supplied with prosthesis during a reporting period **Den**: Total clients applied and on waiting list to receive prosthesis during the same period	Dependant on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to prosthesis	Clinical Support Manager
1.10.4 Percentage of eligible applicants supplied with orthoses	Clients supplied with prosthesis as a proportion of the total clients applying for orthosis expressed as a percentage	Tracks the degree to which the department is meeting the need for assistive devices in the Province	DHIS, facility registers	**Num:** Number of clients supplied with orthosis during a reporting period **Den:** Total clients applied and on waiting list to receive orthosis during the same period	Dependant on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved service delivery and increased access to orthosis	Clinical Support Manager

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.11.1 Percentage of order fulfillment of essential drugs at the depots.	Drug orders fulfilled completely	Ensure availability of essential drugs in all facilities	MEDSAS	**Num:** Number of order fulfilled completely **Den:** Number of orders received x 100	Poor maintenance of stock levels by the depot	Output	Percentage	Quarterly	No	Availability of essential drugs at all facilities	Pharmaceutical Services Manager
	Hospitals with drug stock out	Ensure availability of tracer drugs	Pharmaceutical asset register	**Num:** Supplies/drugs out of stock **Den:** All facilities reporting multiplied by the number	Poor maintenance of stock levels by the depot	Output	Percentage	Quarterly	No	Low stock out rates	Pharmaceutical Services Manager
	Depot supplies received from the suppliers	Ensure availability of drugs	MEDSAS	**Num:** Drug supplies received by the depot **Den:** Total number of drug supplies received x 100	Failure to adhere to contractual agreements by the supplier	Output	Percentage	Quarterly	No	Timely distribution of drugs from the supplier	Pharmaceutical Services Manager
	Drug supplies received by facilities within 5 days from the depot	Ensure availability of drugs	MEDSAS	**Num:** Drug supplies received by facilities **Den:** Total number of drug supplies received x 100	Unavailability of drugs and transport	Output	Percentage	Quarterly	No	Timely distribution of drugs from the depot	Pharmaceutical Services Manager

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**
2.7.1 Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management
2.7.2 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
2.7.3 Establish Service Level Agreements (SLAs)	A service level agreement (SLA) / Service Delivery	To strengthen partnerships with Public Works (and	Service level agreement /	Service level agreement (SLA) / Service Delivery	Availability of documentation to prove a Service	Process	Compliance	Annual	No	A Service Level Agreement / Service Delivery Agreement	Chief Director: Infrastructure and

Indicator Name	**Short Definition**	**Purpose /Importance**	**Source**	**Calculation Method**	**Data Limitations**	**Type of Indicator**	**Calculation Type**	**Reporting Cycle**	**New Indicator**	**Desired Performance**	**Responsibility**
with Departments of Public Works (and any other implementing agent)	Agreement (SDA) was established with Public Works (and any other Implementing Agent).	any other Implementing Agent) to accelerate infrastructure delivery by means of formalising an SLA (SDA) and ensuring accountability by all relevant role players.	Service Delivery Agreement	Agreement (SDA) established with WCG: Transport and Public Works (and any other Implementing Agent)	Level Agreement / Service Delivery Agreement has been established.					was established with WCG: Transport and Public Works (and any other Implementing Agent) which should lead to accelerated infrastructure delivery.	Technical Management

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