

ANNUAL PERFORMANCE PLAN 2018/19

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ABBREVIATIONS & ACRONYMS

ACRONYMS

APP	Annual Performance Plan
AIP	Audit Intervention Plan
ART	Antiretroviral Therapy
CCMDD	Central Chronic Medicine Dispensing and Distribution
CFO	Chief Financial Officer
CSSD	Central Sterile Supply Department
CHCs	Community Health Centres
DDG	Deputy Director General
DHIS	District Health Information System
DHS	District Health Services
DM	District Municipality
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECSECC	Eastern Cape Socio-Economic Consultative Council
EMS	Emergency Medical Services
HST	Health Sciences and training
HAST	HIV & AIDS, STI and TB control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
ICT	Information and Communications Technology
ISHP	Integrated School Health Programme
MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MMR	Maternal mortality ratio
MTCT	Mother-To-Child-Transmission
MTSF	Medium Term Strategic Framework
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OPD	Outpatient Department
PDE	Patient Day Equivalent
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMTCT	Prevention of Mother-To-Child Transmission
PPPs	Public-Private Partnerships
RPHC	Re-engineering the Primary Health Care System
SCM	Supply Chain Management
SOP	Standard Operating Procedure
Stats SA	Statistics South Africa
TB	Tuberculosis
TROA	Total clients Remaining On ART
WBOTs	Ward-Based Outreach Teams
XDR-TB	Extreme Drug Resistance Tuberculosis

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FOREWORD BY THE EXECUTIVE AUTHORITY



It is my great privilege and honour to submit the Eastern Cape Department of Health's final APP for this MTSF period. This term of the government has been characterized by the need to accelerate delivery of services to the people of our province and looking back at the past 4 years, I am satisfied that we have done our best to deliver on the promises that our organization, the African National Congress made to South Africans in its 2014 election manifesto.

As we present this APP, we want to give effect to the remaining priorities in this electoral term.

Following the ANC's 54th elective congress, the 2018 ruling party's January 08th statement, highlighted the following priorities for Health which have been incorporated into this 2018/19 APP:

- Systematic implementation of the 90-90-90 strategy on HIV/AIDS and TB, in intensifying efforts in the fight against HIV;
- Sustained national campaign against cancer and intensify efforts to reduce smoking, alcohol & sugar consumption; and
- Adherence to the 5 key commandments for food safety to manage the outbreak of listeriosis.

We recognise that at the core of an effective health system, is the provision of skilled personnel who are optimally utilised to deliver quality health services. For that reason, I am proud that the department has finally concluded all the steps mandated for the finalisation of its organogram, which I approved on 05 March 2018. This milestone paves a way for the progressive implementation of this organogram and allow for resourcing of facilities and districts with the right level of skills. The roll out of new organogram will commence on 01 April 2018.

The Re-Engineering of Primary Health Care remains a key feature in our plans as we get ready for the second phase in the implementation of the NHI readiness programmes. The readiness programs and lessons learnt from the 2 pilot sites of OR Tambo and Alfred Nzo will be extended to the rest of the health districts. We will also be strengthening the Community Health Worker program as this cadre is very important in the identification of cases for referral to care.

Lastly, as we enter the last phase of this 5th term of government, we call for more collaboration with sister departments, partners and other health stakeholders in our drive to achieve the social determinants of health, thereby promoting a better life for all people of our province.

Hon P.R. Dyantyi, MPL
MEC for Health

STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT



As we come to the end of the 5th term of government, we have taken stock of progress made over the last 4 years and ensured that our plans for the 2018/19 are aligned with our promise to deliver quality health services to people of the province. The plans as captured in this 2018/19 Annual Performance Plan are premised on the National Development Plan's "Vision 2030", the 2018 January 08th statement of the Ruling Party, the State of the Nation Address, the State of the Province Address and the Provincial Medium Term Strategic Framework.

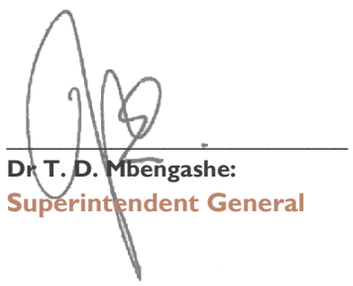
The department continues to be confronted with challenges of a shrinking fiscal envelope, the increasing demand for services, and the scourge of medico legal claims. These challenges require that we are innovative in our approach by doing much more with less resources, strengthen our clinical practices to improve quality of care especially on maternal and child health services, and intensify efforts to implement the departmental multi-pronged medico legal strategy. We are confident that the priorities we will pursue in the year under review, will yield positive results.

For the 2018/19 year, we will therefore be focusing on the following key focus areas as the department:

- Implementing the new organogram which has been approved by the MEC for Health on 05 March 2018. The new organogram focuses on developing strong districts and hospital management teams in line with the envisaged NHI district and hospital authorities, and ensure that districts and facilities are capacitated to function optimally;
- Continue implementing the Re-Engineering of Primary Health Care as a cornerstone to the National Health Insurance (NHI). We will also be leveraging on lessons learnt from the OR Tambo national NHI and Alfred Nzo provincial pilot sites to roll out the next phase of NHI readiness program to the rest of the health districts in the province;
- Scale up quality improvement initiatives as outlined in the recommendations of the Office of Health Standards Compliance (OHSC); the Ideal Clinic Realisation and Maintenance (ICRM) programme; and enforcement of the Batho Pele principle through strengthening adherence to the National Core Standards;
- Scaling up awareness campaigns to promote health and wellness, with special focus on screening and treating breast, cervical and prostate cancers, as well as mental health disorders; prevent and reduce risks of lifestyle diseases; as well as implementing the 90-90-90 strategy to treat and achieve high level of adherence for communicable diseases, maternal, neonatal and childhood diseases;
- Strengthening the management of the health system focusing on the 4 key areas that affect the public health system: Human Resources, Procurement and Supply Chain Management, Financial Management, and Infrastructure delivery;
- Strengthening the implementation of the medico legal strategy which focuses on provision of critical human resources; procurement of essential medical equipment to monitor high risk maternity cases and high risk new born babies to detect early and intervene to prevent avoidable maternal and birth related complications; implement strict protocols with threshold defined decision referrals for maternal, medical and labour related risks; and digitisation and securing of patient files. The department will continue with the vigorous defence of the medico legal claims through the use of a highly effective consortium of medico legal experts; implement mediation efforts in non-defendable cases; and root out elements of corruption through investigations by the SIU.
- Leveraging on ICT to expand the e-health and digital connectivity strategy and invest in the development of essential technology and applications to achieve high levels of service delivery coordination across the health service delivery platform; scale up web-based operations for patient management and records; and implement a system wide data management strategy for document management and archiving system. This will go a long way in bringing efficiencies in operations as well as mitigating medico legal claims that arise from lost/stolen patient records.

Whilst we are fully cognisant of the challenges that confront our department, we remain resolute in ensuring that we deliver uninterrupted quality health services to the people of the province and I am confident that my team at Head Office, districts and facilities are committed to this cause and together we will do everything possible to deliver on this promise. I welcome the provincial interventions in trying to find a holistic response to dealing with the medico legal challenge which continues to divert funds allocated for service delivery, whilst also threatening the stability of the provincial fiscus.

Lastly, I wish to thank MEC Dyantyi for her continuous support and leadership, to the Portfolio Committee on Health for the robust oversight; our health partners; stakeholders who continue to support us in achieving our objectives; and finally, the departmental staff, who make it possible for us to provide health services to our people.

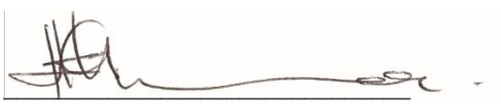


Dr T. D. Mbengashe:
Superintendent General

OFFICIAL SIGN-OFF OF THE 2018/19 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 2018/19.



Ms E.L. Nemavhandu:
Acting Chief Director: Strategy and Organizational Performance
Date: 12 / 03 / 2018



Mr S. Kaye:
Chief Financial Officer
Date: 12 / 03 / 2018

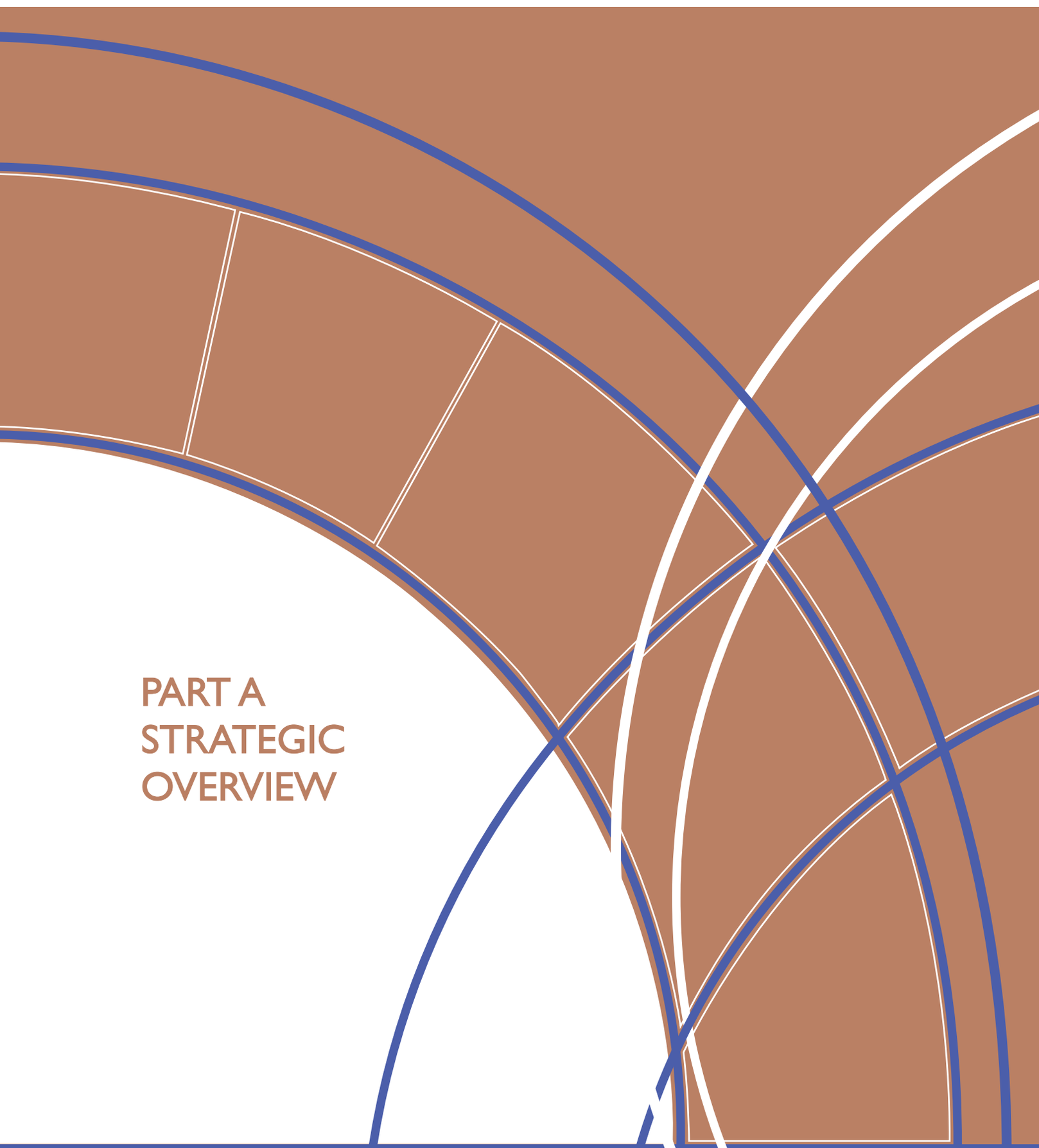


Dr T. D. Mbengashe:
Accounting Officer
Date: 12 / 03 / 2018

APPROVED BY:



Dr P.P. Dyantyi:
Executive Authority
Date: 12 / 03 / 2018



PART A
STRATEGIC OVERVIEW

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. STRATEGIC GOALS

The Eastern Cape Department of Health in its quest to contribute to its obligations of the National Development Plan (NDP) 2030, identified three strategic goals to focus on, to ensure that the Departmental mandate is fulfilled. These goals are:

- Prevent and reduce the disease burden and promote health
- Improve quality of care and
- Universal health coverage

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.

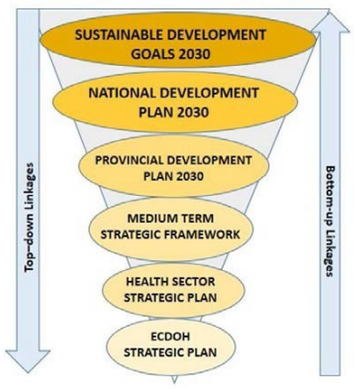


Figure 1. Linkages between Various Development and Strategic Plans

4.1 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 mortalities 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).

4.2 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
    - Reduce maternal mortality from 500 to less than 100 per 100 000 live births
    - Reduce infant mortality from 43 to below 20 per 1000 live births
    - Reduce under – five child mortality from 104 to below 30 per 1000 live births
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

4.3 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-centered 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 Realization; Central Chronic Medicine Dispensing and Distribution (CCMDD) system, the e-Health and m-Health 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. Stabilizing the health service platform includes establishing robust referral systems, stabilizing 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; modernizing 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 emphasizes 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.

4.4 HEALTH SECTOR STRATEGIC GOALS

The Strategic goals of the National Department of Health's five-year strategic plan 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.

STRATEGIC GOALS OF THE EASTRN 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 2018/19. The strategic objectives are linked to the Medium Term Strategic Framework (MTSF) and the National Health Council Priorities.

Table 1: ECDOH Strategic Plan Goals, Objectives, Outcomes and Linkage with the MTSF Expected Outcomes for 2014 - 2019

MTSF 2014-2019 (Expected Outcomes)	Strategic Objectives	ECDOH Strategic Plan Targets
• HIV & AIDS and Tuberculosis prevented and successfully managed; • Maternal, infant and child mortality reduced.	• HIV infection rate reduced by 15% by 2019 • TB death rate reduced by 30% in 2019; • 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; • 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019 • Screening coverage of chronic illnesses increased to more than a million by 2019	• Client tested for HIV – 1 204 118 • TB death rate – 5% • Neonatal death rate – 11.5/1000 • Maternal Mortality in facility ratio – 115/100 000 • School grade 1 screening coverage - 59 178 • Clients screened for hypertension – 1 624 412 • Clients screened for diabetes – 1 633 292
• Improved quality of health care	• Patient/Client satisfaction rate increased to more than 75% in health services by 2019; • Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019;	• Complaint Resolution rate – 90% • Hospital achieved 75% and more on National Core Standards self-assessment rate – 55%
• Information System for improved decision making Efficient Health Management	• 100% of health facilities connected to web-based DHIS through broadband by 2019	• Percentage of hospitals with broadband access – 100% • Percentage of facilities with broadband access – 100%
• Improved human resources for health	• First year Health professional students receiving bursaries by 2019	• Number of Bursaries awarded for first year medicine students – 10 • Number of Bursaries awarded for first year nursing students - 310
• Improved health management and leadership	• Clean audit opinion achieved by 2019	• Audit opinion from Auditor – General - unqualified Audit report
• Universal Health coverage achieved through implementation of National Health Insurance; Re-engineering of Primary Health Care	• 100% Ward Based Outreach Teams (WBOT) coverage by 2019	• OHH registration visit coverage – 25%



PROGRAMME OF ACTION 2018/19

Table 2: Programme of action for 2018/19 financial year		
Strategic Goal	**Linkage with Budget Priorities**	**Performance Indicators**
Universal Health Coverage	Integration of government programmes/projects	Number of wards with fully functional WBOTs Outreach Household registration visit coverage Number of facilities served by contracted General practitioners Number of Grade 1 Learners screened Number Human Papilloma Virus Vaccine 1st dose Number of facilities implementing centralized chronic medicines dispensing and distribution (CCMDD)
	Improve patient administration through eHealth and mHealth strategies.	Number of PHC facilities with minimum 512 kbps connectivity Number of hospitals with minimum 2Mbps connectivity
	Infrastructure Upgrading and Maintenance	Number of health facilities that have undergone major refurbishment in NHI Pilot Districts Number of health facilities that have undergone minor refurbishment in NHI Pilot Districts Number of health facilities that have undergone major refurbishment outside NHI Pilot Districts Number of health facilities that have undergone minor refurbishment outside NHI Pilot District Number of Medical equipment procured for maternal and neonatal units
Reduce the burden of disease and promote health	Reduce Maternal and Child Mortality	Number Neonatal (0-28 days) deaths in facility Child 5years diarrheal case fatality rate Child under 5years pneumonia case fatality rate Child under 5years severe acute malnutrition case fatality rate Number of maternal deaths in facility
	Reduce Morbidity and Mortality from Communicable and Non-Communicable Disease	Number of HIV positive clients start on ART Number of TB clients 5 years and older start on treatment Number TB clients successfully complete treatment Number of TB clients start on TB - MDR treatment Number Clients Screened for Hypertension Number Clients Screened for Diabetes Number Clients Screened for Mental Disorders
Improve quality of care	Improve governance and administration of the department	Management Performance Assessment (MPAT) level 3
Improve quality of care	Training of health personnel	Health professionals trained Number of Lilitha college nurses trained



Table 2: Programme of action for 2018/19 financial year		
Strategic Goal	**Linkage with Budget Priorities**	**Performance Indicators**
		Number of Registrar trained Number EMS staff trained
	Ideal Clinic Realization and Maintenance (ICRM) initiative	Ideal Clinic status rate
	Ensure all hospitals are conditionally compliant (75%-100%) to National Core Standards by 2019	Number of hospitals achieved 75% and more on NCS self-assessment.

HEALTH IMPACT INDICATORS

Table 3: Health Impact Indicators and Targets					
Impact Indicator	**Baseline (2009[1]) South Africa**	**Baseline (2014[2]) South Africa**	**2019 Targets (South Africa)**	**2014 Baseline (Province)**	**2019 Target (Province)**
Life expectancy at birth: Total	57.1 years	62.9 years (increase of 3,5years)	65years by March 2019 (increase of 3 years)	56.7 years[3]	Life expectancy of at least 65 years by March 2019
Life expectancy at birth: Male	54.6 years	60 years	61.5 years by March 2019 (increase of 3 years)	54.5 years[3]	Life expectancy of at least 61.5 years amongst Males by March 2019 (increase of 3 years)
Life expectancy at birth: Female	59.7 years	65.8 years	65.8 years by March 2019 (increase of 3 years)	58.9 years[3]	Life expectancy of at least 67 years amongst females by March 2019 (increase of 3years)
Child under 5 years diarrhea case Fatality rate	-	3.3%[5]	<2%	5.2%[4, 5]	<3%
Child under 5 years pneumonia case Fatality rate	-	2.9%[5]	< 2%	4.2%[4, 5]	< 3%
Child under 5 years severe acute malnutrition case fatality rate	-	11.6%[5]	<5%	11.8%[4, 5]	<6%
Neonatal Mortality Rate	-	14 per 1000 live births	8 per 1,000 live	14.4 per 1000 live	8 neonate deaths per 1000 live

Table 3: Health Impact Indicators and Targets					
Impact Indicator	**Baseline (2009[1]) South Africa**	**Baseline (2014[2]) South Africa**	**2019 Targets (South Africa)**	**2014 Baseline (Province)**	**2019 Target (Province)**
			births	births[4]	births
Infant Mortality Rate (IMR)	39 per 1,000 live-births	28 per 1,000 live-births (25% decrease)	23 per 1,000 live births (15% decrease)	21.7 per 1000 live births[4]	23 infant deaths per 1000 live births (15% decrease)
Maternal Mortality Ratio	280 per 100,000 live-Births (2008 data)	269 per 100,000 live-births (2010 data)	<100 per 100,000live-births by March 2019	164.8 per 100,000 live births[4]	<100 maternal deaths per 100,000live-births by March 2019

1 Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2014
2 Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2014
3 Statistics SA: Mid-year Population Estimates, 2016
4 DHIS 2016
5 Health Systems Trust: DHB 2014



5. SITUATIONAL ANALYSIS

DEMOGRAPHIC PROFILE

The 2016 Community Survey conducted by Statistics South Africa estimated the Eastern Cape Province to be having a total population of 6,996,976. About 20.8% of the provincial population were living in OR Tambo district. The females accounted for more than half of the total population. The province is spread over an area of 168 966 km² and constitutes 13.8% of the total South African land area.

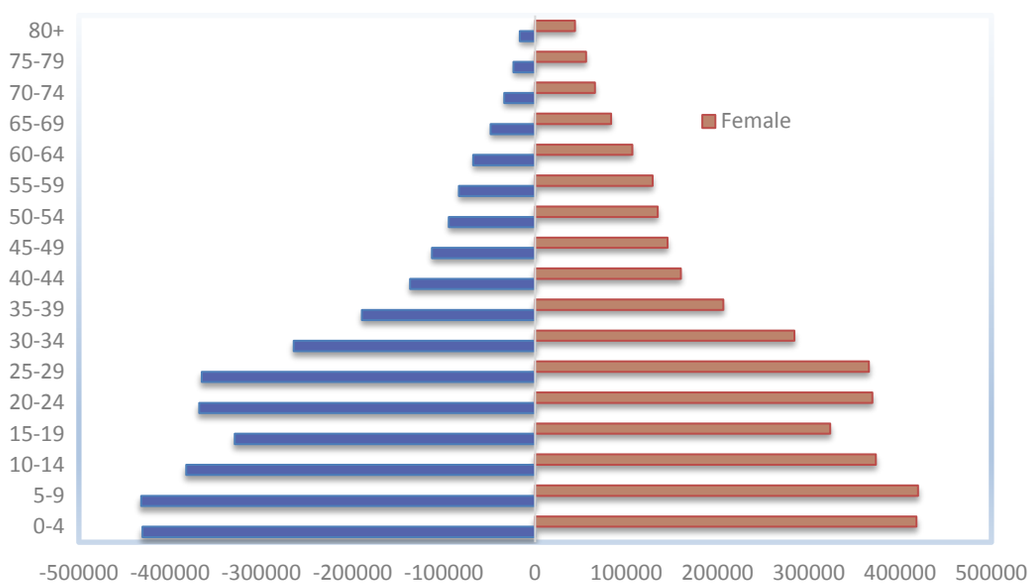
Table 4: Population Distribution by Health District Municipality (DM), 2016 estimates

District Municipality/ Metro	Total population [1]	Males[1]	Females[1]	% population[1]	Size of area (km^2)[2]
Alfred Nzo DM	867,893	397,217	470,677	12.4	10731.2
Amathole DM	914,820	432,295	482,525	13.1	21594.9
Buffalo City Metro	810,528	392,681	417,847	11.6	2535.9
Chris Hani DM	830,494	394,339	436,155	11.9	36143.5
Joe Gqabi DM	373,340	176,629	196,711	5.3	25662.7
Nelson Mandela MM	1,263,051	618,528	644,523	18.1	1958.9
OR Tambo DM	1,456,927	679,686	777,240	20.8	12095.5
Sarah Baartman DM	479,923	236,120	243,803	6.9	58243.3
Eastern Cape	**6,996,976**	**3,327,495**	**3,669,481**	**100**	**168,966.0**

Sources: [1] Stats SA Community Survey 2016; [2]ECSECC April 2012

Population Pyramid

Fig. 2: Eastern Cape Population (Stats SA mid-year population estimates, 2016)



The Eastern Cape Province is home to a largely younger population. The 2016 social profile of youth report by Statistics South Africa was estimating that the proportion of households with youth that experienced hunger has increased from 18.6% in 2010 to 24.5% in 2014. This was way above the South African figures which were reported as 13.5% in 2010 and 16.2% in 2014. As a result, 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.

The socio-economic profile of the Province

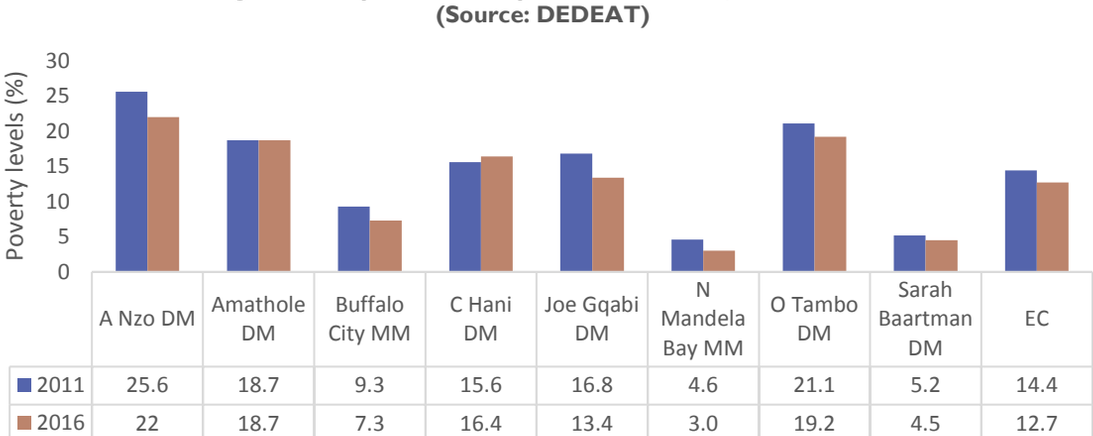
Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evident in the socio-economic indicators in table 2 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 headcount at 22.0% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). The huge population has a very limited medical aid coverage, and province-wide 89.3% of the population depend on government health services or pay for their medical bills in private health facilities.

Table 5. Socio-economic profile by District in Eastern Cape Province

District/ Metro	Poverty Headcount[2]	Unemployment Rate[1]	No schooling[1] (Age 20 yrs +)	Medical Aid coverage[3]	Access to piped water[2]	Households with flush/ chemical toilet[2]
Alfred Nzo	22.0	31.0	13.9	3.5	45.9	9.1
Amathole	18.7	34.8	13.4	8.7	70.7	24.8
Buffalo City MM	7.3	22.4	4.9	24.6	97.7	79.5
Chris Hani	16.4	45.2	14.3	5.9	82.7	42.7
Joe Gqabi	13.4	28.0	14.7	5.0	74.0	42.8
Nelson Mandela MM	3.0	28.9	3.4	22.6	98.7	93.3
OR Tambo	19.2	26.5	17.0	4.6	38.9	25.0
Sarah Baartman	4.5	23.0	8.1	14.6	92.4	82.2
Eastern Cape	**12.7**	**29.5**	**11.0**	**10.7**	**75.1**	**52.3**

Source: [1]Eastern Cape Socio Economic Review and Outlook, DEDEAT 2017, [2]Stats SA CS 2016, [3]DHB 2015/16

Fig. 3: Poverty headcount by district in the EC, 2011 & 2016 (Source: DEDEAT)



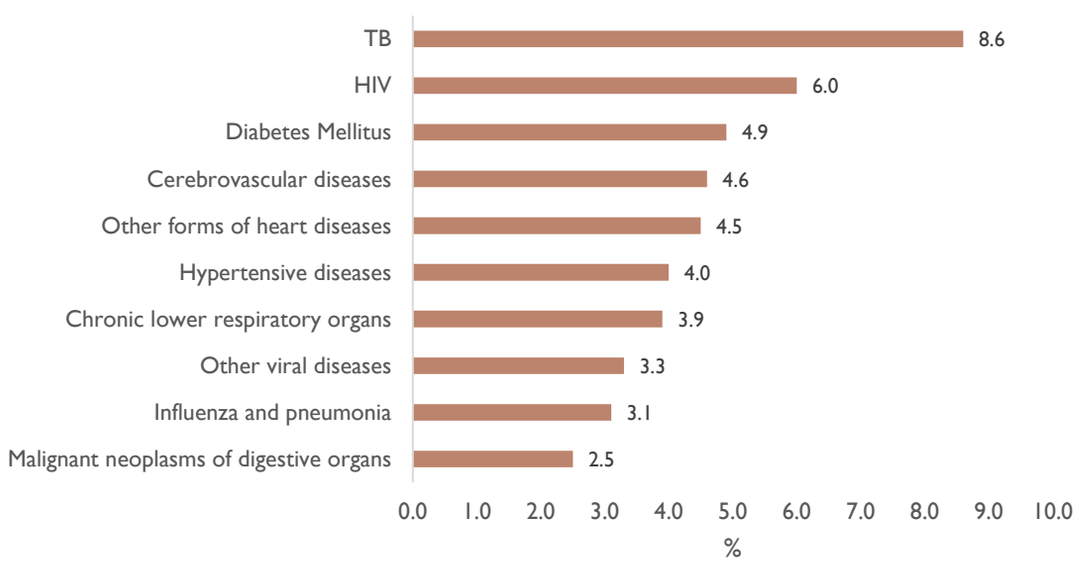
5.1 BURDEN OF DISEASE

The province is characterized by a quadruple burden of disease- namely communicable (including TB/ HIV/AIDS), perinatal and maternal, non-communicable and injury-related conditions. These are the result of the low socio- economic conditions that directly affect the health outcomes and the quality of life (current health status of an individual). The province is characterized by a low socio-economic status, i.e. high poverty headcount (12.7%) especially in Alfred Nzo, Amathole, Chris Hani, Joe Gqabi and OR Tambo districts. The concern is with the predominantly rural districts with low developmental indicators. These districts tend to have higher poverty rates, higher unemployment rates and there is a low medical aid coverage. The huge population that does not have medical aid depend entirely on government health services or they may pay for their medical bills in private health facilities in cases where they can afford to do so.

The underlying causes of mortality

The 2015 mortality statistics as presented by Statistics South Africa on the figure below suggested that communicable diseases (like TB and HIV) remains the leading cause of mortality in the province. The diabetes mellitus moved up as the third cause of mortality. The socio economic conditions plays a huge contribution in the fight against morbidity and mortality in particular due to communicable diseases. Limited access to economic prosperity and social belonging exposes especially the youth on high risk behaviors.

Fig. 4:Ten leading underlying causes of mortality in the Eastern Cape, 2015
(StatsSA 2017)



Tuberculosis

The TB incidence has been decreasing in the Eastern Cape over the years. The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased a lower rate of 206 per 100,000 in 2016. The distribution by districts has shown that the Nelson Mandela Metro remained with the highest incidence (340.2 per 100,000) with the lowest incidence (73.4 per 100,000) reported by Alfred Nzo district in 2016. All the districts have shown a decline in 2016 when compared against 2015.

Fig.5: TB incidence in the Eastern Cape, 2009-2016
(Source: DHIS 2017)

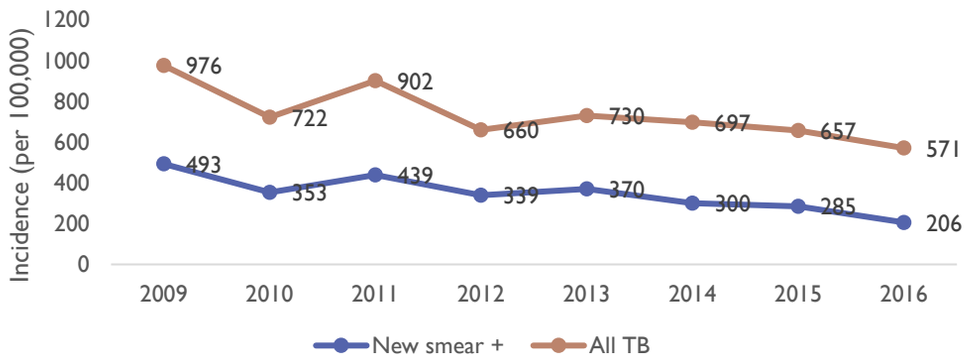
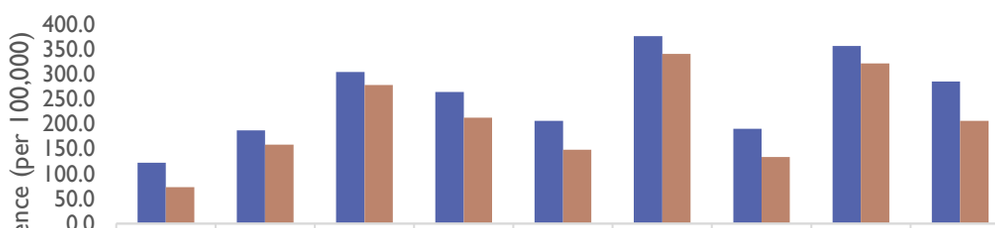


Fig. 6: New smear + TB incidence by district in the Eastern Cape, 2015-2016
(Source: DHIS 2017)

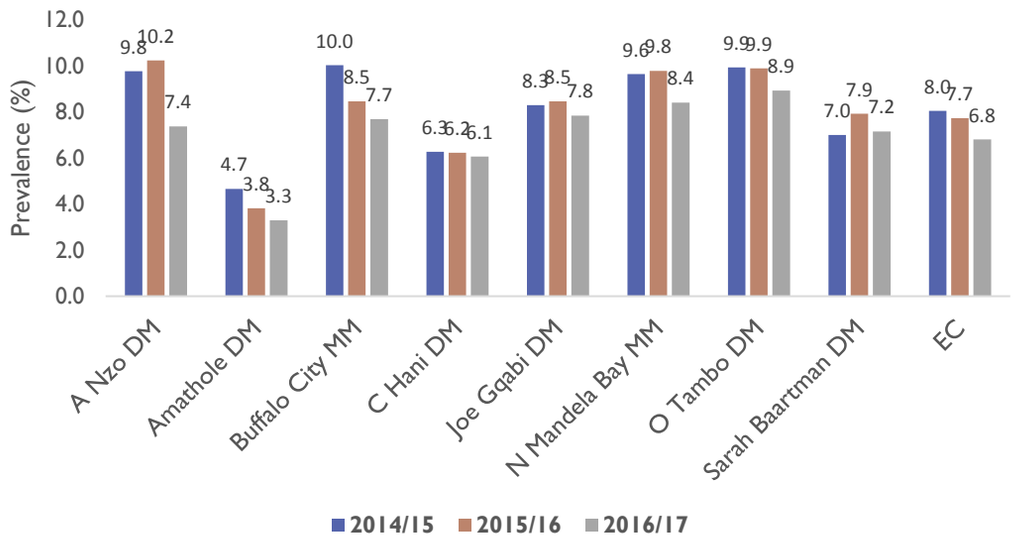


	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC
2015	121.9	186.8	304.0	264.1	206.3	375.6	189.9	355.9	284.6
2016	73.4	158.6	277.9	212.3	148.0	340.2	133.4	321.2	206.1

HIV & AIDS

The figure below presents the HIV prevalence among the general population of age 15 to 49 years who tested for HIV in health facilities and the data has been suggesting that there was a declining prevalence in the Eastern Cape for the three financial years under review. In 2014/15 the HIV prevalence was 8.0% and dropped to 6.8% in 2016/17. This decrease has been reported by the districts. Amathole had the lowest HIV prevalence for all of the three years 2014/15 to 2016/17 compared with the other districts and the second-lowest prevalence rate was observed by Chris Hani district.

Fig. 7: HIV prevalence amongst clients tested 15-49 yrs in the EC, 2014/15 -2016/17 (DHIS 2017)

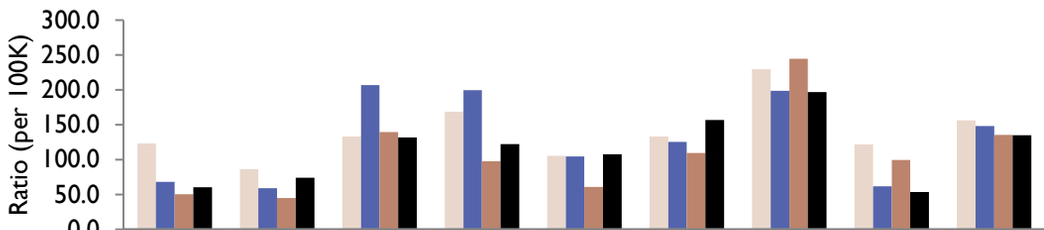


CHILD AND MATERNAL HEALTH

Maternal Mortality Ratio

Maternal mortality in health facilities was slightly going down in the province. In 2013/14 the maternal mortality ratio was reported to be 156.2 per 100,000 and dropped to 135.0 per 100,000 in 2016/17 financial year. The OR Tambo district remains the most challenged area though reported a drop in 2016/17. Alfred Nzo, Amathole and Sarah Baartman districts reported the low maternal mortality ratios especially over the last three financial years.

Fig. 8: Maternal mortality in facility ratio in the E Cape, 2013/14 - 2016/17 (DHIS 2017)

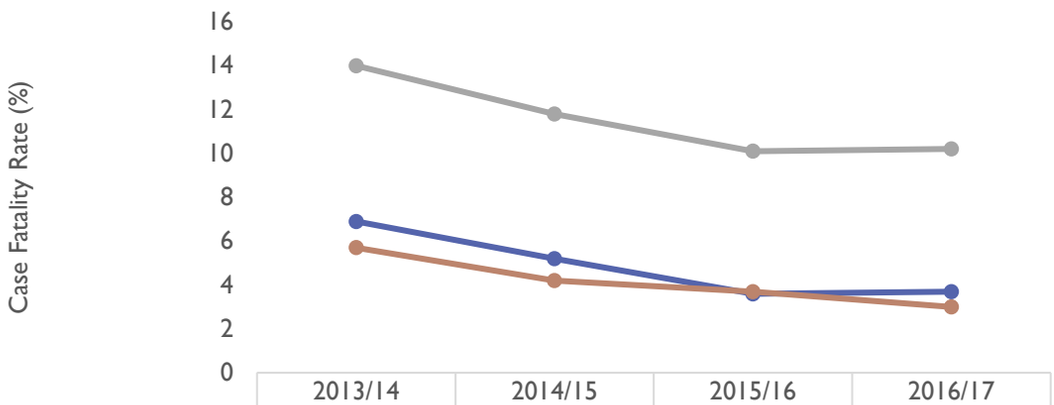


	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	123.2	86.3	133.3	168.5	105.2	132.9	229.7	121.7	156.2
14/15	67.9	58.8	206.7	199.8	104.6	125.3	198.5	61.7	148.3
15/16	50.2	44.8	139.4	97.5	61.0	109.4	244.7	99.4	135.2
16/17	60.4	74.0	131.7	122.0	107.7	156.8	196.9	53.4	135.0

Under-5 mortality

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has been showing decline in the province, which might be associated with the child health interventions. It is only in 2016/17 wherein there was no decline in diarrhoea and severe acute malnutrition when compared against 2015/16 data.

Fig.9: Diarrheal, pneumonia and severe acute malnutrition case fatality rate on under 5 yrs children in EC, 2013/14-2016/17 (DHIS 2017)

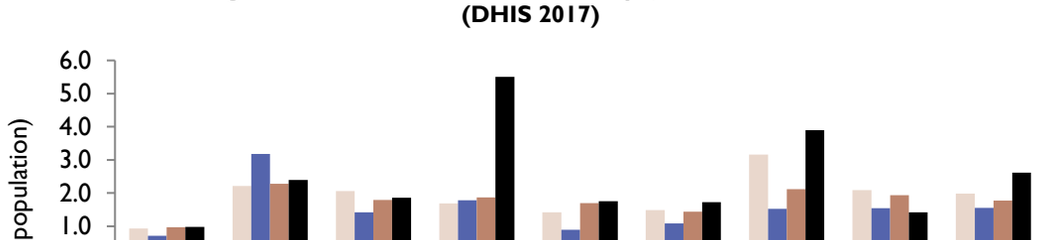


	2013/14	2014/15	2015/16	2016/17
<5 diarrhea	6.9	5.2	3.6	3.7
<5 pneumonia	5.7	4.2	3.7	3
<5 severe acute malnutrition	14	11.8	10.1	10.2

Non-Communicable Diseases

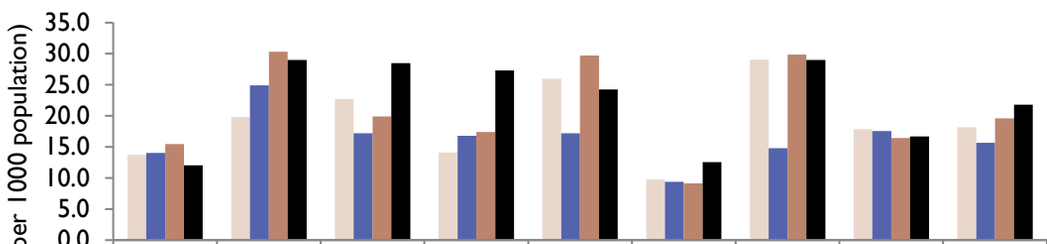
Communicable diseases (like Diabetes and Hypertension) are some of major causes of morbidity and mortality in the province. Diabetes incidence was lowest in Alfred Nzo. The incidence is fluctuating in districts over the years but remains below 3 per 1000 population in most of the districts. The hypertension incidence has been increasing in the province from 18.2 per 1000 population in 2013/14 to 21.8 per 1000 population in 2016/17. The Nelson Mandela Metro has been reporting the lowest rates of hypertension incidence in all the past three years except in 2016/17 wherein the lowest incidence (12 per 1000) was observed in Alfred Nzo district. Amathole and OR Tambo districts are generally challenged by non-communicable disease.

Fig. 10 Diabetes incidence in the E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	0.9	2.2	2.1	1.7	1.4	1.5	3.2	2.1	2.0
14/15	0.7	3.2	1.4	1.8	0.9	1.1	1.5	1.5	1.6
15/16	1.0	2.3	1.8	1.9	1.7	1.4	2.1	1.9	1.8
16/17	1.0	2.4	1.9	5.5	1.8	1.7	3.9	1.4	2.6

Fig.11: Hypertension incidence in E Cape, 2013/14 - 2016/17 (DHIS 2017)



	A Nzo DM	Amathole DM	Buffalo City MM	C Hani DM	Joe Gqabi DM	N Mandela Bay MM	O Tambo DM	Sarah Baartman DM	EC Prov
13/14	13.7	19.8	22.7	14.1	26.0	9.8	29.1	17.8	18.2
14/15	14.0	24.9	17.2	16.8	17.2	9.4	14.8	17.6	15.7
15/16	15.5	30.3	19.9	17.4	29.7	9.1	29.9	16.4	19.6
16/17	12.0	29.0	28.5	27.3	24.3	12.6	29.0	16.7	21.8

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. 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 District 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 2017 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.

The revised organogram has 44,624 posts and costed out at an amount which is within the budget allocation of R15.8 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, 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 implementation will be in a phased approach, starting from April 2018.

The department has reviewed the Service Delivery Model with the objective of ensuring that the focus was on improved healthcare across all levels, with Head Office focusing on strategy and policy formulation, District Office focusing on co-ordination of functions and monitoring of policy implementation and institutions focusing on operational issues of service delivery, bringing services closer to the people.

A Migration Plan which has been consulted extensively with key stakeholders and with Social Partners has been developed. The objective of plan is to provide the framework for inclusivity, and ensuring that there is a single, uniform strategy. This aimed at implementing the repopulation and deployment process and ensure that the procedure is applied in an open, transparent and standardized manner across the board in the implementation of the approved organogram. Furthermore, it ensures compliance with the provisions of the applicable legislative framework.

The department is 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. Following the resignation of Deputy Director General: Human Resource and Corporate Services on 31 March 2017; the department has since post has been filled the position from 1 February 2018. Most of the SMS positions are permanently filled across the Department and the target has been achieved. Other replacement Senior Management posts filled in 2017/18 include:

POST NAME	Date filled	Gender
General Manager: Clinical Support Services	1 November 2017	Male
Director: ICT	1 February 2018	Female
Director: Information Management System	1 February 2018	Female
Director: Monitoring and Evaluation	1 February 2018	Female
Director: Employee Relations	1 November 2017	Male
Director: HR Planning and OD	1 February 2018	Male
Director: Demand Management	1 March 2018	Male
CEO Dora Nginza Hospital	1 December 2017	Male
CEO Elizabeth Donken Hospital	1 December 2017	Male

ORGANISATIONAL STRUCTURE

Executive Management

GM - General Manager / Chief Director



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

GM - Office of the SG
Ms. N. Nkosi

GM - Strategy & Organizational Performance : Vacant



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

GM - Infrastructure
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



DDG Human Resource & Corporate Services
Mrs N. Mavuso

Hospital Management Service:
Dr. L. Matiwane
District Health Service:
Dr. S. Moko
Health programmes / Communicable Diseases:
Ms. M. Nokwe
Clinical Support Services:
Mr K. Matshotyana

Integrated Budget Planning:
Mr. S. Frachet
Financial Manangement:
Mr. G.G. 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 2016/17

Table 6: ECDOH Health Personnel 2016/17				
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. The group is further extended to Post Community Service Health Professionals.

For 2018/19 Annual intake of Post Community Service the department took a strategic decision to extend employment to non-bursary holders to ensure increase of staffing levels more especially to the grossly under staffed hospitals and prioritized hospitals

Table 7: Community Service Health Professionals – Annual Intake 2017							
Category	Total Alloc.	Assumed Duties	Assumed %	Not Assumed Duties	Not Assumed %	Decline Appoint.	Decline %
Audiologist	7	7	100	0	0	0	0
Clinical Psychology	4	1	25	3	75	0	0
Dentist	13	13	100	0	0	0	0
Radiology	22	19	86	1	5	2	9
Dietician	21	18	86	0	0	3	14
Environmental Health	2	2	100	0	0	0	0
Medical Officer	103	83	81	19	18	4	4
Audiologist	7	7	100	0	0	0	0
OT	38		0	0	0	6	16
Pharm	68	61	90	6	9	1	1
Physio	39	30	77	7	18	2	5
Nurse	689	467	68	222	32	0	0
Speech Therapist	7	5	71	0	0	2	29
TOTAL	1013	**706**	69.7	258	25.5	20	2.0
TOTAL	**1013**	**706**	**69.7**	**258**	**25.5**	**20**	**2.0**
Allocated= Number of community service approved by HOD							
Assumed Duties = Assumed duties in the department and have been appointed on persal							
Not Assumed = are considered late assumptions as they have confirmed telephonically							
Declined Appointment = Have telephonically confirmed they will not assume in the department							

Table 8: Post-Community Service Health Professionals – Annual Intake 2017							
Category	Total Alloc.	Assumed Duties	Assumed %	Not Assumed Duties	Not Assumed %	Decline Appoint.	Decline %
Medical Officer	54	31	57	21	39	2	4
Dentist	10	8	80	2	20	0	0
Pharm	60	45	75	15	25	0	0
Speech Therapist	6	5	83	1	17	0	0
OT	22	21	95	1	5	0	0
Physio	22	22	100	0	0	0	0
Dietician	6	6	100	0	0	0	0
Radiology	39	32	82	7	18	0	0
Emergency Care	15	15	100	0	0	0	0
Professional Nurse	500	475	95	25	5	0	0
Clinical Associates	29	29	100	0	0	0	0
TOTAL	**763**	**691**	**90.6**	**72**	**9.4**	**2**	**0.26**
Allocated= Number of Post Community service approved by HOD							
Assumed Duties = Assumed duties in the department and have been appointed on persal							
Not Assumed = are considered late assumptions as they have confirmed telephonically							
Declined Appointment = Have telephonically confirmed they will not assume in the department							

Table 9. Staff Termination Numbers for the Period April 2017 - January 2018				
Designation	**1/4/2017**	**Appointments**	**Terminations**	**Gain (loss)**
Medical Practitioner	1806	746	484	262
Medical Specialist	178	47	26	21
Clinical Associates	158	30	8	22
Medical (Community Services)	270	262	122	140
Medical Officer (Intern)	385	331	145	186
Registrar	242	17	13	4
Professional Nurses	12553	521	263	258
Staff Nurse	4586	291	121	170
Nursing Assistant	6969	349	237	112
Nurse (Community Services)	688	485	201	284
Community Service nurses in 2017	695	498	0	498
Total appointments versus terminations	28530	**3577**	**1620**	**1957**

Table 10: 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 2017/18

An Annual Recruitment Plan is developed each year and for 2018/19 the department 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 and the legal support throughout the Department, a Litigation Risk Register where the recurring risks areas are recorded has been developed, this is supported by also the standard operating procedures which seek to enhance effective resolution of legal disputes as they arise. 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 has identified the litigation trends, with medico legal claims, topping the list. Therefore, it has in mitigation of this risk, developed a medico legal strategy and its supporting implementation plan, which is developed in line with the Minister's declarations of the Medico Legal Summit 2015. This strategy is streamlined into 3 main interventions, namely clinical (focus on strengthening of hotspots by recruitment of much needed clinicians, health technologies, rationalization of management of healthcare, administration solutions (improved document management, automated governance and support tools) and legal solutions (strengthening of legal representation and support of the Dept., fraud and corruption fighting strategies). These strategies identified and being implemented are already yielding positive results in that they are discouraging spurious claims, have identified and are acting against the fraudulent claims since the of a awarding a tender for external medico-legal specialist support since October 2017.

The department is continuing to partner, not only with private sector but also with prosecuting authorities to investigate and pursue fraudulent claims where they have been identified against the notorious medico legal claims syndicates identified. The strategy extends to legislative reforms proposed by the Department, which to a certain extent has been well received in the healthcare fraternity. The Department has been proposing mediation as first port of resolution of dispute, and therefore

continues to encourage the public to approach the Department to exhaust this alternative dispute resolution mechanism, contrary to litigation which will be defended vigorously, where it is embarked. The department as one of its strategies, it also rationalizing the contingent liability with an intention to reduce the same throughout, hence all the strategies under implementation. The Department is now considering PAIA automated management tool to also mitigate for challenges surround governance compliance internally and externally in this regard, having identified the root causes for PAIA.

It is safe to mention that the Department is adopting a proactive approach to manage litigation trends, and interventions identified are yielding positive outcomes,. This is in considering that the critical staff for 26 hotspot facilities have since been recruited, including critical support staff, additional medical equipment, health technology and customized ambulances have been acquired. Legal Support has become critical as an ability to proactively deal with risks.

7. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

IMPROVE FINANCIAL MANAGEMENT

The 2017 mid-year population estimates have shown a net migration out of the province, this has resulted in further reductions in the departmental equitable share resource envelope over the 2018 MTEF. Despite the shrinking fiscal envelope, the department continued to protect the non-negotiable (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.

Notwithstanding the increasing burden of diseases; increasing demand for services and the growing uninsured population that are dependent on public health services, 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 has implemented stringent austerity measures and strict control over financial resources which include cost containment measures and efficiency gains on core items such as medicine and NHLS. Further efficiencies are expected to be generated by using information technologies to improve document management and process flows

Medico-legal claims against the department have remain the most significant contingent liabilities, and they have unfortunately increased over the years. The medico legal pressures are unfunded and unbudgeted for, however as they are court orders the department has no option but to pay these from the available cash flow. This invariably results in the shifting of funds from core services delivery items such as compensation of employees and medicines, to non-core being household claims against the state and consultants and professional services: legal costs. This has the impact of reducing the ability of the department to fund vacant posts, which leads to a decrease in head count whilst increasing the year end accruals for goods and services. The department has developed its medico legal strategy implementation plan (MLSIP), which is a short term, medium and introduction to the long-term action plan.

The MLISP comprises the following main intervention areas:

1. Package of interventions to prevent Cerebral Palsy
2. Implementation of an electronic patient records management system
3. Promotion of early intervention strategies
4. Designating targeted district hospitals to have the full package of services
5. Strengthening capacity for medico legal defense
6. Rationalization of contingent liability records
7. Creation of a medico legal trust fund to prevent huge lump sum payments
8. Anti–Corruption and Fraud Multi Group on Medico Legal Claims (ACFMG) and Double Dipping Prevention Task Team (DDPT)
9. Reporting

The department has been allocated an additional budget over the 2018 MTEF of R2,166 billion to improve maternity and reproductive health services in the 26 most highly litigated against facilities with additional investments in staffing, essential life-saving equipment and modern technology to monitor and identify high risk pregnancies and provide best support for new-born babies to prevent birth-related harm and defects. All facilities that provide Caesarian care will be provided with C-PAP breathing support services.

The department is implementing its Local Economic Development Implementation Strategy (LEDIS) which aligns to the Eastern Cape Treasury issued Instruction Note No.7 of 2016/17 on Implementation of Local Development Procurement Framework which amongst others provides for the focused procurement of the following:

1. Goods and services that a readily available and manufactured in the Province;
2. Procuring from National Contracts;
3. Goods and services sourced from suppliers outside the Province;
4. Clustering of projects;
5. Use of Cooperatives;
6. Local Labour Contracting;
7. Break-out Procurement; and
8. Reducing barriers to entry for local suppliers.

Eastern Cape Department of Health has identified commodities for immediate implementation of the framework as well as identification of future interventions which will have a positive impact towards the provincial local development goals. These commodities include patient food, facility maintenance services, linen and patient clothing, furniture, soft services including security, cleaning and gardening services, medical waste management

and transportation and cleaning material.

The department has obtained an unqualified audit opinion with findings for the preceding two years. The department has developed and is implementing an integrated audit improvement strategy which specifically targets the findings identified by the Auditor General in the preceding audit. The successful implementation of this strategy will enable the department to reach its goal of a clean audit in 2019.

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 2017/18 year, this resulted in an ICT MPAT score of 4 which the department will maintain.

The department will roll out e-signatures, PABX system upgrades and skype for business projects to improve communications and create efficiencies. An invoice tracking system to improve supplier payments will be developed. The department will upgrade its server and WAN environments to improve the stability of the server environment and enhance disaster recovery. The EMS call dispatching system will be developed to improve EMS response times.

The CSIR as part of a National initiative, through the National Department of Health conducted a phase 1 assessment of all patient management / patient administration systems throughout South Africa to assess system compliance to the National normative standards framework, which was developed by the CSIR for NDoH. The departmentally developed Hospital Management System Version 2 (HMS2) was assessed as part of this initiative and will now continue into a phase 2 assessment in the near future during which the ECDOH development team will be able to work with the CSIR team in a lab environment where the system can be refined to comply with the Normative standard technical requirements.

The full HMS2 system functionality means that one single patient file is used to record all patient encounters with no recreation of records. The system is functional at Frere hospital and is being rolled out to Livingstone, Cecelia Makhiwane, and Nelson Mandela Academic Hospitals.

The implementation of a province-wide broadband service by the OTP will significantly improve internet and network connectivity throughout the Department.

DISTRICT HEALTH SERVICES

National Health Insurance (NHI)

National Health Insurance is integrated and coordinated in the District Health Services Cluster. NHI is extended to other districts through the implementation of the following programmes: Ward based Primary Health Care Outreach Teams (WBOT), Integrated School Health Programme, District Clinical Specialist Teams, Contracting of General Practitioners and Centralized Chronic Medicine Dispensing and Distribution (CCMDD). Health Patient Registration System (HPRS) has been extended to Amathole, Alfred Nzo and Chris Hani Districts. As part of strengthening leadership and management in Health facilities, in 2016/17, fifty-seven (57) and in 2017/18 sixty (60) Operational Managers were appointed

The department has conducted the Work Indicators for Staffing Norms (WISN) for all districts. The first phase of staffing analysis for each facility has been determined and documented.

The department ensures synergy and collaboration of services delivered through an integrated service delivery model (ISDM) for example the Leaner attainment working group, IDP participation etc. that fosters collaboration between Social Transformation Cluster departments,
The department participate in IDP process through district management teams

The role of the ECDoH in the rendering of MHS is monitoring, evaluation, support and facilitation of the service in all the District and Metros. It is done through monitoring of the submission of DHIS, MHS audits in line with National norms and standards, quarterly EHS Provincial meeting and MHS manager's forum. Support is done through training on identified challenges. In terms of port health, it is a National competency that has been transferred to NDoH. The nature of interaction with port health is the control of communicable disease



especially imported cases and food control on imported food staffs. Port health is also part of environmental health quarterly meetings.

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 realize 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 11 Summary for Infrastructure backlog 2016/2017 – 2018/19 MTEF

Facility 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 during 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. Please refer to the departmental UAMP, AIP, Strategic and Operational Plans.

Table 12: 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	R845 456 320	R5 165 638 340
New & Replacements	R6 077 876 777	R815 727 804	R4 685 148 973
Rehab & Refurbishments	R2 828 601 952	R66 493 894	R2 762 108 058
Upgrades & Additions	R18 384 351 699	R1 495 903 397	R16 413 188 410
Grand Total	R33 301 925 088	R3 223 581 414	R29 026 083 782

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 legislations 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. EXPENDITURE ESTIMATES

Table 13: Summary of Provincial payments and estimates by programme: Health

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2017/18
	2014/15	2015/16	2016/17		2017/18		2018/19	2019/20	2020/21	
1. Administration	576 459	668 261	706 937	687 001	694 905	663 403	695 199	741 857	773 107	4.8
2. District Health Services	8 939 147	9 516 426	10 420 604	10 937 544	11 162 640	11 392 808	12 031 947	12 899 136	13 899 332	5.6
3. Emergency Medical Services	850 947	946 270	1 067 653	1 222 366	1 352 642	1 359 928	1 284 612	1 432 230	1 539 458	(5.5)
4. Provincial Hospital Services	2 818 809	4 927 742	3 250 197	3 322 570	3 590 420	3 276 014	3 857 135	4 100 859	4 410 158	17.7
5. Central Hospital Services	2 444 026	823 221	2 913 621	3 108 963	3 280 237	3 816 133	3 447 737	3 656 376	3 913 787	(9.7)
6. Health Sciences And Training	726 252	769 372	749 372	853 145	832 946	811 619	885 346	943 485	983 851	9.1
7. Health Care Support Services	92 399	93 129	101 861	130 759	130 759	119 235	125 512	132 371	141 240	5.3
8. Health Facilities Management	1 101 815	1 199 522	1 295 934	1 444 817	1 292 032	1 331 999	1 372 071	1 316 896	1 382 526	3.0
Total payments and estimates	17 549 854	18 943 943	20 506 179	21 707 165	22 336 581	22 771 139	23 699 560	25 223 210	27 043 459	4.1



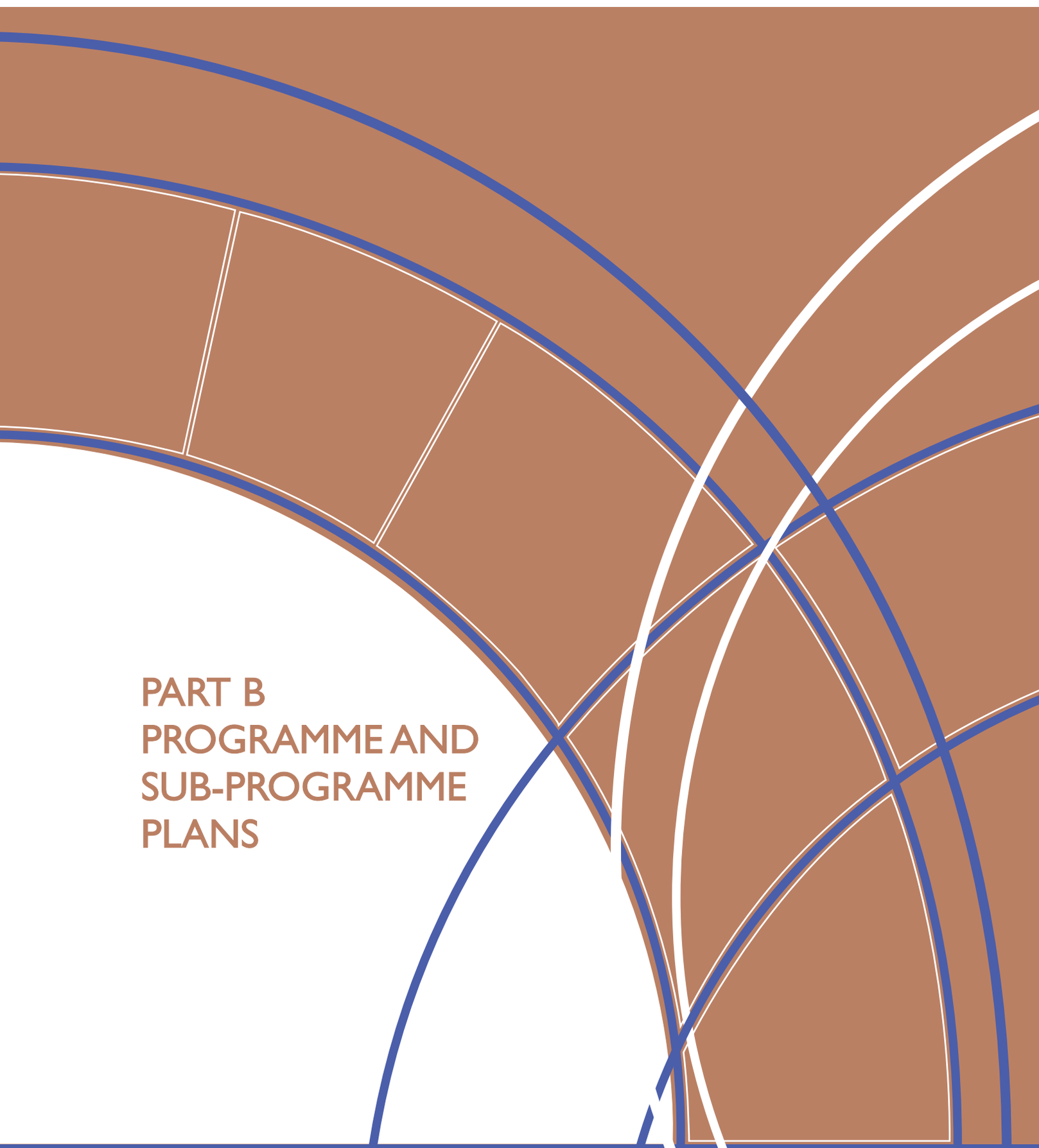
Table 14: Summary of Provincial payments and estimates by economic classification: Health

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	16 173 844	17 091 967	18 669 958	20 072 946	20 745 678	20 769 512	21 982 246	23 537 504	25 305 900	5.8
Compensation of employees	11 576 336	12 562 282	13 454 333	14 415 655	14 670 660	14 699 278	15 860 414	16 950 849	18 185 086	7.9
Goods and services	4 595 260	4 522 995	5 206 207	5 657 290	6 075 018	6 067 691	6 121 833	6 586 655	7 120 814	0.9
Interest and rent on land	2 248	6 690	9 418	–	–	2 543	–	–	–	(100.0)
Transfers and subsidies to:	355 268	571 824	558 634	290 342	282 430	692 108	287 404	296 670	315 455	(58.5)
Provinces and municipalities	9 122	13 229	8 451	3 427	4 181	4 181	1 200	–	–	(71.3)
Departmental agencies and accounts	15 542	35 417	18 877	46 661	11 013	11 013	12 479	14 728	17 060	13.3
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	10 152	6 596	18 145	11 838	13 589	175.1
Households	330 604	523 178	531 306	240 254	257 084	670 318	255 580	270 104	284 806	(61.9)
Payments for capital assets	1 020 742	1 280 152	1 277 587	1 343 877	1 308 473	1 309 519	1 429 910	1 389 036	1 422 104	9.2
Buildings and other fixed structures	672 696	881 906	654 895	727 420	626 733	610 535	810 500	814 616	771 695	32.8
Machinery and equipment	348 046	397 400	622 692	616 457	681 740	698 984	619 410	574 420	650 409	(11.4)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	-	-	-	-	-	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	846	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	17 549 854	18 943 943	20 506 179	21 707 165	22 336 581	22 771 139	23 699 560	25 223 210	27 043 459	4.1

Table 13 and 14 above show the summary of payments and estimates per programme and economic classification. It indicates that total payments grew from R17.549 billion in 2014/15 to a revised estimate of R22.771 billion in 2017/18. In 2018/19, the budget is projected to grow by 4.1 per cent to R23.699 billion from the 2017/18 revised estimate as funds were provided amongst others for wage inflation, Ideal Clinic Realisation, National Health Insurance implementation, building capacity to address medico legal claims and fighting TB, HIV and AIDS.

Compensation of Employees and Goods and Services are the key cost drivers of the department and show growth of 7.9 and 0.9 per cent respectively.

Transfers to provinces and municipalities show a significant decrease of 58.5 per cent from the revised estimates of 2017/18 in line with signed SLAs with existing municipalities for the devolution of the environmental services. There is also a decrease by 61.9 per cent in transfers to households due to the high revised estimate which takes into account payments for bursaries to non-employees, leave gratuity and medico-legal claims. Expenditure for the payment of capital assets increased by 9.2 per cent.



PART B
PROGRAMME AND SUB-PROGRAMME PLANS

PROGRAMME 1
HEALTH ADMINISTRATION & MANAGEMENT



1. PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

The Health Administration and Management programme comprises of two main components: the Administration component, which refers to the Executive Authority and 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.

1.1 Sub-programme: Health Administration - Office of the MEC

Sub - programme purpose

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

Priorities for the next three years

- 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.

Strategic Goal being addressed:

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

PROVINCIAL STRATEGIC OBJECTIVES, ANNUAL AND QUARTERLY TARGETS FOR OFFICE OF THE MEC

Table 15: Provincial Strategic Objectives, Indicators, Annual & Quarterly Targets for Sub-Programme 1.1 - Office of the MEC

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Provide political and strategic direction to the Department by focusing on transformation on and change management	**Strategic Objective: Strategic Leadership and accountability by 2019**												
	Number of statutory documents tabled at Legislature	Categorical Quarterly	3 statutory documents	6 statutory documents	6 statutory documents	2 statutory documents	**8**	**-**	**1**	**2**	**5**	9 statutory documents	8 statutory documents

1.2 Sub-programme: Health Management

Sub-programme purpose

To manage human, financial, information and infrastructure resources. This is where all the policy, 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 clusters 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
- Infrastructure
- Internal Audit
- Strategy & Organisational Performance

Clinical Branch

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

Priorities for the next three years

- To facilitate effective human resources planning development and management in order to improve provision of health services
- To implement corporate systems to support the service delivery imperatives of the department
- To achieve an unqualified regulatory audit opinion

Strategic Goal being addressed:

Strategic Goal 2: Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES, ANNUAL & QUARTERLY TARGETS FOR SUB-PROGRAMME 1.2

Table 16: Provincial Strategic Objectives, Indicators, Annual & Quarterly Targets for Sub-Programme 1.2

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Unqualified audit opinion from the Auditor General by 2019	**Strategic Objective 2.1: Clean audit opinion achieved by 2019**												
	2.1.1 Audit opinion from Auditor-General	Categorical Annual	Qualified audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	Unqualified Audit Opinion	**Unqualified Audit Opinion**	-	-	-	**Unqualified**	Unqualified Audit Opinion	Unqualified Audit Opinion
	2.1.4 Level 3 MPAT	Qualitative Annual	Level 2	Level 3 MPAT performance	Level 3 MPAT performance	Level 3 MPAT performance	**Level 3 MPAT performance**	-	-	-	**Level 3 MPAT performance**	Level 3 MPAT performance	Level 3 MPAT performance
Implement web based district health information system at 90% of all facilities by 2019	**Strategic Objective 2.2: 100 % of health facilities connected to web – based DHIS through broadband by 2019**												
	2.2.1 Percentage of Hospitals with broadband access	% Quarterly	New Indicator	86.5%	97.7%	100%	100%	100%	100%	100%	100%	100%	100%
	Numerator			77	87	89	89	89	89	89	89	89	89
	Denominator			89	89	89	89	89	89	89	89	89	89
	2.2.2 Percentage of fixed PHC facilities with broadband access	% Quarterly	New Indicator	60.3%	65%	96%	100%	97.4%	97.5%	99.5%	100%	100%	100%
	Numerator			466	503	743	772	752	756	768	772	772	772
	Denominator			772	772	772	772	772	772	772	772	772	772

1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 17: Summary of payments and estimates by sub programme: Programme 1: Administration

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. Office Of The Mec	5 942	6 947	6 502	11 404	11 404	10 987	9 870	10 555	11 289	(10.2)
2. Management	570 517	661 314	700 435	675 597	683 501	652 416	685 329	731 302	761 818	5.0
Total payments and estimates	576 459	668 261	706 937	687 001	694 905	663 403	695 199	741 857	773 107	4.8

Table 18: Summary of payments and estimates by economic classification: Programme 1: Administration

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	554 996	651 792	689 969	679 425	680 299	647 982	687 185	733 394	764 179	6.1
Compensation of employees	356 409	429 886	386 413	419 159	419 159	392 616	440 856	475 641	512 165	12.3
Goods and services	198 176	221 375	302 924	260 266	261 140	255 071	246 329	257 753	252 014	(3.4)
Interest and rent on land	411	531	632	–	–	295	–	–	–	(100.0)
Transfers and subsidies to:	2 713	2 838	6 768	1 525	1 525	2 592	1 613	1 703	1 797	(37.8)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	2 713	2 838	6 768	1 525	1 525	2 592	1 613	1 703	1 797	(37.8)
Payments for capital assets	18 750	13 631	10 200	6 051	13 081	12 829	6 401	6 760	7 131	(50.1)
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	18 750	12 785	10 200	6 051	13 081	12 829	6 401	6 760	7 131	(50.1)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	846	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	576 459	668 261	706 937	687 001	694 905	663 403	695 199	741 857	773 107	4.8



1.4 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 19: Risk and Mitigating factors for programme 1	
RISK IDENTIFIED	**RISK MITIGATION**
Inadequate Supply Chain Management process	• Implementation of SCM policy and procedure manual • Monthly review of contract and commitment register • Implementation of document management system • Enforce compliance to SCM delegations & Consequence management
Ineffective human resources management • Strike and Protest Action • Lack timeous filling of replacements and funded posts • High levels of absenteeism due to illness and incapacity • High staff turnover	• HR Delegations register monitored monthly to ensure compliance • Recruitment time reduced to 3 months • HR Management Information System (HR MIS) in place • Annual Intake Plan updated and fully functional • Implementation • Employee dissatisfaction • of interventions to address staff attitude • Maintain lower vacancy rate • Registrar Program remains operational • Employee Relations Training Unit is fully functional • Increase outreach of the Employee Wellness Programme (to 3% utilization rate) • Improve implementation of Occupational Health and Safety
Inadequate provision of ICT (Information communication technology) services and governance of the environment	Implementation of: • ICT Strategy • Capital infrastructure and connectivity • Business Continuity Plan & ICT Disaster Recovery Plan • Continuous Improvement plan
Perpetration of fraudulent and corrupt activities • SCM - Irregular tender award • HR - Irregular appointments • Finance - Misuse of user ID's • Assets - Misuse of state vehicle and equipment	• Report for blacklisting of suppliers to Treasury • Consequence management • Verification of employee qualifications & Periodic vetting of staff • Implementation of fraud prevention plan at levels; • Strengthening of security at the medicines depot and facilities.



Table 19: Risk and Mitigating factors for programme 1	
RISK IDENTIFIED	**RISK MITIGATION**
• Clinical - Theft of medicines and patient records	
Budget constraints (pressures on baseline)	• Enhance revenue collection strategies • Reduce fruitless and wasteful expenditure • PCCCM / DCCCM reports • Strengthen compliance by Pre- audit services



PROGRAMME 2
DISTRICT HEALTH SERVICES



2. 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 responsible for the management of health services in the eight (8) districts of the province. The services offered are mainly preventive and minor curative, maternal, child and women health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community based services such waste management, and coroner services. These are offered through the following service delivery platforms: community Health Clinics, Community Health Centres (CHCs) and District Hospitals

Based on the current structure, the 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 Public Health / Other Community Based 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 phase 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

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Establish fast lanes to address long waiting times
- Strengthen implementation of CCMDD

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

Governance, Leadership & Management

- Strengthening of leadership and management of Primary Health Care facilities in the implementation of Ideal Clinic Realisation and Maintenance (ICRM) initiative by developing guidelines on integrated approach in PHC supervision through the District Perfect Permanent Team;
- Appointment of Operational Managers and development of an induction program on facility management;
- Training of district trainers to fast track knowledge and skills for implementation of Integrated Clinical Service Management component of ICRM.
- Allocation of Infrastructure and medical equipment budget dedicated to prioritised gaps as identified by the district to reduce disease burden and attainment of Ideal clinic status.



- Facilitate community participation in health planning, provisioning and monitoring by appointment and training of health governance structures, clinic committees and District Health Council in curbing social determinants of health through inter-sectoral collaboration at local level.
- Provision of resources for effective management and improved service delivery e.g.; registers, patient records, etc

Quality Care

- Allocation of budget dedicated at prioritising the six priority areas for quality standards, that includes staff values & attitudes, waiting times, patient safety, infection prevention & control, cleanliness, availability of medicines & supplies.
- Training on implementation of Patient Experience of Care and development of improvement plans to address dissatisfaction.

Health Information Management

- Institutionalise DHIS Policy SOP's
- Strengthen effective management and use of Health Information by facilitating implementation of Health Patient Record System (HPRS).
- Appointment of administration clerks for records management and data capturers in high volume PHC facilities in collaboration with HRM.
- Monitoring system for the information management from data collection point to provincial level.

Referral System

- Strengthen Continuity of Care by ensuring smooth upward, downward and horizontal referrals,
- Facilitate review of district referral pathways and referral guidelines to take into consideration the NHI components i.e. RPHC, DCSTs, GP Contract, CCMDD, and Palliative Care to ensure effective referral system with financial risk protection for both the patient and the health service.

ICT

- Provide connectivity to all PHC facilities.

PHC Utilisation

- Development of a Provincial Communication and Marketing Strategy, to strengthen social mobilisation, appropriate packaging and delivery mode and media of health messages and service awareness by communities.
- The implementation of the strategy will create community awareness and utilisation of outreach services within the catchment area of the PHC facility, reducing facility congestion, improving appropriate usage of PHC facilities and resource allocation.

Strategic goals being addressed:

Strategic goal 1: Prevent and reduce the disease burden and promote health
Strategic goal 2: Improved quality of care
Strategic goal 3: Universal Health Care Coverage

SERVICE DELIVERY PLATFORM FOR DHS

Table 20: District Health Service facilities by health district in 2018/19					
HEALTH DISTRICT	**FACILITY TYPE**	**NO**	**POPULATION[3]**	**POPULATION PER PHC FACILITY**	**PER CAPITA UTILIZATION [3]**
ALFRED NZO	Non-fixed clinics[3]	8	62 231	7 779	2.1
	Fixed clinics[4]	73	647 217	8 866	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	5 043	2.5
	CHCs	5	171 705	34 341	2.6
	SUB-TOTAL CLINICS + CHCS	157	938 292	5 976	2.5
	DISTRICT HOSPITALS	12			
BUFFALO CITY METRO	Non-fixed clinics[4]	14	28 683	2 049	2.5
	Fixed	72	487 172	6 766	2.8
	CHCs	5	281 155	56 231	2.8
	SUB-TOTAL CLINICS + CHCS	77	768 327	9 978	2.8
	DISTRICT HOSPITALS	2			
SARAH BAARTMAN	Non-fixed clinics[3]	30	52,915	1 763	3.4
	Fixed clinics[4]	59	342 650	5 808	3.5
	CHCs	3	37 226	12 409	3.2
	SUB-TOTAL CLINICS + CHCS	62	379 876	6 127	3.5
	DISTRICT HOSPITALS	10			
CHRIS HANI	Non-fixed clinics[3]	29	55107	1 900	2.5
	Fixed clinics[4]	148	625 859	4 228	3.0
	CHCs	7	92 029	13 147	3.1
	SUB-TOTAL CLINICS + CHCS	155	717 888	4 631	3.0
	DISTRICT HOSPITALS	14			
NELSON MANDELA METRO	Non-fixed clinics[3]	13	34 777	2 675	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			

Table 20: District Health Service facilities by health district in 2018/19					
HEALTH DISTRICT	**FACILITY TYPE**	**NO**	**POPULATION[3]**	**POPULATION PER PHC FACILITY**	**PER CAPITA UTILIZATION [3]**
O.R.TAMBO	Non-fixed clinics[3]	11	79 053	7 186	2.6
	Fixed clinics[4]	135	996 93	738	2.8
	CHCs	10	277 421	27 742	2.7
	SUB-TOTAL CLINICS + CHCS	145	377 114	2 601	2.8
	DISTRICT HOSPITALS	10			
JOE GQABI	Non-fixed clinics[3]	19	35 731	1 881	2.5
	Fixed clinics[4]	52	300 505	5 779	2.7
	CHCs	0	0	0	
	SUB-TOTAL CLINICS + CHCS	52	300 505	5 779	2.7
	DISTRICT HOSPITALS	11			
PROVINCE	Non-fixed clinics[3]	152	410 699	2 701	2.5
	Fixed clinics[4]	731	4 841 648	6 614	2.8
	CHCs	41	1 255 907	30 631	2.8
	SUB-TOTAL CLINICS + CHCS	772	6 097 555	7 898	2.8
	DISTRICT HOSPITALS	66			

Source: Population - 2013 mid-year population estimates provided by StatsSA for 2017(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. 5. Total Number of Facilities – DHIS 2016/17.



2.1 Sub – Programme: District Management

Sub-Programme purpose

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

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

Table 21: Programme performance indicators for District Management sub programmes 2.1

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure total population is utilizing public Primary Health Care facilities at least 3 times a year by 2019	Strategic objective 1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019												
	1.1.1 PHC utilisation rate - Total [1]	% Quarterly	2.7	2.7	2.7	2.5	**2.8**	**2.8**	**2.8**	**2.8**	**2.8**	2.8	2.8
	Numerator		17 906 952	18 207 610	18 096 847	16 958 196	**17 991126**	**4 497 782**	**4 497 782**	**4 497 781**	**4 497 781**	17 991 126	17 991126
	Denominator		6 655 652	6 692 804	6 741 704	6 692 804	**6 425 402**	**6 425 402**	**6 425 402**	**6 425 402**	**6 425 402**	7 991 126	6425402

[1] Utilisation rate is an annualised indicator and the numerator is multiplied by 4 to get the actual number of visits

2.2 Sub-Programme: Clinics

Sub- Programme purpose

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

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

Table 22: Programme performance indicators for Clinics, sub programmes 2.2

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant to National Core Standards by 2019	**Strategic objective 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.22 Ideal clinic status rate	% Quarterly	**New indicator**	**New indicator**	**New indicator**	**New indicator**	**13.6%**	**3.4%**	**6.8%**	**10.2%**	**13.6%**	20.6%	27.3%
	Numerator						**100**	**25**	**50**	**75**	**100**	151	200
	Denominator						**731**	**731**	**731**	**731**	**731**	731	731
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant to National Core Standards by 2019	**Strategic objective 2.4 Patient experience of care rate satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.27 Complaints resolution within 25 working days rate	% Quarterly	**New indicator**	**New indicator**	**New indicator**	**New indicator**	85%	**85%**	**85%**	**85%**	**85%**	85%	85%
	Numerator						**2 661**	**665**	**665**	**666**	**665**	2 661	2 661
	Denominator						**3 131**	**782**	**783**	**783**	**783**	3131	3131

2.3 Sub – Programme: Community Health Centres (CHCs)

Sub – Programme purpose

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

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

Table 23: Programme performance indicators for CHCs, sub programmes 2.3

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant to National Core Standards by 2019	**Strategic objective 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.22 Ideal CHC status rate	% Quarterly	**New indicator**	**New indicator**	**New indicator**	**New indicator**	**39%**	**9.7%**	**19.5%**	**29.2%**	**39%**	48.7%	58.5%
	Numerator						**16**	**4**	**8**	**12**	**16**	20	24
	Denominator						**41**	**41**	**41**	**41**	**41**	**41**	41
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant to National Core Standards by 2019	**Strategic objective 2.4 Patient experience of care rate satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.27 Complaints resolution within 25 working days rate	% Quarterly	**New indicator**	**New indicator**	**New indicator**	**New indicator**	**85%**	**85%**	**85%**	**85%**	**85%**	85%	85%
	Numerator						**651**	**162**	**163**	**163**	**163**	651	651
	Denominator						**767**	**191**	**192**	**192**	**192**	767	767

2.4 Sub-Programme 2.4: Community Based Services – Disease Prevention and Control (Non Communicable Diseases)

Sub - programme 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 goal being addressed:

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



PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR DPC

Table 24: Performance indicators for Disease Prevention and Control sub – programme for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Reduce hypertension and diabetes incidence by 2019	**Strategic objective 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019**												
	1.4. 1 Clients 40 years and older screened for hypertension	No Quarterly	New indicator	New indicator	New indicator	1 425 631	**1 476 740**	**369 185**	**369 185**	**369 185**	**369 185**	1 425 631	1 425 631
	1.4.2 Clients 40 years and older screened for diabetes	No Quarterly	New indicator	New indicator	New indicator	1 542 304	**1 484 812**	**371 203**	**371 203**	**371 203**	**371 203**	1 542 304	1 542 304
Increase the number of people treated for mental disorders by 2019	1.4.3 Mental disorders screening rate	% Quarterly	New indicator	2.2%	6.5%	14.1%	**10%**	**10%**	**10%**	**10%**	**10%**	10%	10%
	Numerator				1 176 690	1 700 018	**1 784 834**	**446 208**	**446 208**	**446 209**	**446 209**	1 784 834	1 784 834
	Denominator				18 076 847	12 053 673	**17 848 340**	**4 462 085**	**4 462 085**	**4 462 085**	**4 462 085**	17 848 340	17 848 340

Note: Malaria case fatality rate is not endemic in the Eastern Cape



2.5 Sub-Programme: Public Health / Other Community Based Services

Sub- programme 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 Goal Being Addressed:

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

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES



Table 25: Performance indicators for Public Health / Other Community Based Services sub - programme

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure that all facilities comply with SANS waste disposal requirements when segregating waste	**Strategic objective 2.5 100% Compliance with the Waste Management Act by 2019**												
	2.5.1 Percentage of hospitals complying with SANS waste disposal requirements	% Quarterly	100%	100%	100%	**85%**	**85.3%**	**85.3%**	**85.3%**	**85.3%**	**85.3%**	86.5%	86.5%
	Numerator		89	89	89	**76**	**76**	**76**	**76**	**76**	**76**	77	77
	Denominator		89	89	89	**89**	**89**	**89**	**89**	**89**	**89**	89	89

2.6 Sub-Programme: HIV & AIDS, STI & TB (HAST) Control

Sub – programme 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.

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Monitor and strengthen implementation of support by partners
- Re-test all pregnant women who were negative on the first visit and at delivery
- Educate communities, families and primary care givers on importance of child adherence to treatment and TB treatment completion
- Strengthen data management

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

- Strengthen data management
- Monitor and strengthen implementation of policies by providing resources
- Strengthen HIV prevention strategies through monitoring the availability of condoms, Test Kits and PEP Comfort Packs
- Increase access to ARV treatment and laboratory services
- Coordinate and support the districts to provide on-going care and support services through department funded Community Based Organisations (CBO) and Wardbased Outreach Teams (WBOTs) services
- Support districts to strengthen information management responsibilities through availability of IT equipment and human resources
- Capacity building through various program based training and mentoring initiatives, facilitated by Regional Training Centre and support partners
- Provide continuous district monitoring and program technical support assistance to ensure improvement program performance
- Coordinate stakeholder engagements to strengthen collaboration of HIV management and support.

Strategic Goal Being Addressed:

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



SITUATIONAL ANALYSIS INDICATORS FOR HIV & AIDS, STIs and TB Control

Table 26: Situation analysis indicators for HIV & AIDS, STIs and TB Control sub – programme for 2016/17

Programme performance indicators	Type	Province-wide value 2016/17	Alfred Nzo 2016/17	Amathole 2016/17	BCM 2016/17	Chris Hani 2016/17	Sarah Baartman 2016/17	Nelson Mandela 2016/17	OR Tambo 2016/17	Joe Gqabi 2016/17
1.5.1 Client remain on ART end of month – total		414 733	60 023	53 004	51 915	49 723	24 237	56 462	96 052	23 317
1.5.2 TB/HIV co-infected client on ART rate	%	47.1	57.6	8.7	23.4	54.1	47.4	58.0	47.2	52.3
1.5.3 HIV test done – total		1 932 800	288 948	446 854	203 750	232 973	84 637	221 839	375 753	78 046
1.6.1 TB symptom 5yrs and older start on	%	38.0	22.3	75.6	18.7	58.4	33.4	28.2	11.4	62.8
1.5.4 Male condom distributed	No	57.1	34.1	76.3	53.7	64.1	44.0	41.3	76.3	60.0
1.6.2 TB client treatment success rate	%	84.8	87	87.1	85.1	84.7	80.4	80.5	92	85.5
1.6.3 TB client lost to follow up rate	%	7.1	3.7	4.6	7.5	6.6	10.3	10.6	3	4.4
1.6.4 TB client death rate	%	5.3	6.8	5.1	5.1	6.4	6	5.4	2.9	7.4



PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR HAST

Table 27: Performance indicators for HIV & AIDS, STI AND TB Control sub – programme for 2018/19

Strategic Objective Statement	Programme erformance Indicato	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Progressively ensure all HIV positive patients eligible for treatment are initiated on ART	**Strategic objectives 1.5 HIV infection rate reduced by 15% by 2019**												
	1.5.1 Client remain on ART end of month – total	No. Quarterly	320 062	361 166	414 733	436 078	**500 317**	**476 316**	**478 316**	**489 316**	**500 317**	687 346	708 821
	1.5.2 TB/HIV co-infected client on ART rate	% Quarterly	New indicator	New indicator	97.3%	95.4%	**95%**	**95%**	**95%**	**95%**	**95%**	96%	96%
	Numerator			18 748	16 096	18445	**18 585**	**4646**	**4647**	**4646**	**4646**	18 503	18 332
	Denominator			19 274	16 864	19 334	**19 563**	**4 891**	**4 891**	**4 891**	**4 890**	19 274	19 096
	1.5.3 HIV test done – total	No. Quarterly	1 296 703	1 696 368	1 932 800	1 272 398	1 588 892	447 223	447 223	447 223	247 223	1 588 892	1 588 892
Reduce HIV Incidence to more 50% by2019	1.5.4 Male Condoms distributed	No. Quarterly	New Indicator	2 442 061	119 498 754	42 671 000	103 074 048	25 768 512	25 768 512	25 768 512	25 768 512	105 135 529	107 197 010
	1.5.6 Medical male circumcision-Total[2]	No Quarterly	51 045	10 029	56 859	31 822	29 374	1,469	13,218	1469	13,218	26 926	26 926
Increase TB cure rate to more 50% by 2019	**Strategic objectives 1.6 TB death rate reduced by 30% in 2019**												
	1.6.1 TB client 5yrs and older start on treatment rate	% Quarterly	New Indicator	New Indicator	New Indicator	95%	**95%**	**95%**	**95%**	**95%**	**95%**	97%	97%
	Numerator						**25 137**	**6 284**	**6 284**	**6 284**	**6 285**	25 666	25 666
	Denominator						**26 460**	**6 615**	**6 615**	**6 615**	**6 615**	26 460	26 460
	1.6.2 TB client treatment success rate	% Quarterly	81.1%	83.7%	84.8%	84.2%	**85%**	**85%**	**85%**	**85%**	**85%**	86%	88%
	Numerator		18 327	18 400	14 948	11 211	**17410**	**4352**	**4353**	**4353**	**4352**	18029	19339

[2] The Circumcision indicator includes both MMC and TMC

Table 27: Performance indicators for HIV & AIDS, STI AND TB Control sub – programme for 2018/19

Strategic Objective Statement	Programme erformance Indicato	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
	Denominator		22 404	21 990	17 633	13 317	**20483**	**5120**	**5121**	**5121**	**5121**	20 488	21488
	1.6.3 TB client lost to follow up rate	% Quarterly	7.6%	6.8%	7.1%	5%	**5%**	**5%**	**5%**	**5%**	**5%**	5%	5.%
	Numerator		1 711	1 500	1 252	665	**1 024**	**256**	**256**	**256**	**256**	1 024	1 074
	Denominator		22 404	21 990	17 633	13 317	**20 483**	**5 120**	**5 121**	**5 121**	**5 121**	20 488	21 488
	1.6.4 TB death rate	% Quarterly	5.4%	5.2%	5.3%	4.3%	5%	5%	5%	5%	5%	5%	4%
	Numerator		1223	1 140	936	567	1 024	256	256	256	256	1 024	819
	Denominator		22 475	21 990	17 633	13 317	20 483	5 120	5 121	5 121	5 121	20 483	20 483
Combat TB by ensuring all MDR – TB patients are initiated on treatment by 2019	1.6.6 TB MDR treatment success rate	% Quarterly	39%	37%	49.7%	40%	**50%**	**50%**	**50%**	**50%**	**50%**	55%	60%
	Numerator			725	823	1 200	**1097**	**1097**	**1097**	**1097**	**1097**	1267	1451
	Denominator			1 981	1655	3 000	**2194**	**2194**	**2194**	**2194**	**2194**	2304	2419

[i] 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.



2.7 Maternal, Child and Women's Health and Nutrition (MCWH&N)

Sub – 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

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Ensure availability of tracer medicines at all times
- Conduct cluster clinical audits and performance reviews
- Identify pregnant woman at household by WBOT for early booking and referral
- Review Planned Patient Transport for high risk clinics
- Establish and strengthen structured high-risk clinics for early detection and reduction of complications
- Capacitate doctors and nurses on ESMOE

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

- Capacity building of all operational managers on stock management and ordering
- Health Centers and OPDs must be encouraged to offer family planning even after hours
- To increase accessibility of family planning to school going children by creating health posts in close proximity to the schools
- District Clinical Specialist to assist in the implementation of the recommendations of the Perinatal Problem Identification Program (PPIP) and Child Problem Identification Programme (CHIPP)
- Strengthen the functionality of Outreach teams (WOBTS)

Strategic goals being addressed:

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

SITUATIONAL ANALYSIS INDICATORS FOR MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Table 28: Situational Analysis Indicators for MCWH&N sub – programme for 2016/17

Programme performance indicators	Type	Province-wide value 2016/17	Alfred Nzo 2016/17	Amathole 2016/17	BCM 2016/17	Chris Hani 2016/17	Sarah Baartman 2016/17	Nelson Mandela 2016/17	OR Tambo 2016/17	Joe Gqabi 2016/17
1.7.1 Antenatal 1st visit before 20 weeks rate	%	63.8	45.4	71.5	62.5	69.9	71.0	65.6	67.1	59.8
1.7.2 Mother postnatal visit within 6 days rate	%	59.7	61.0	68.5	55.2	69.9	73.1	54.3	53.3	74.0
1.7.3 Antenatal client initiated on ART rate	%	93.3	91.2	96.8	98.4	93.3	90.2	96.5	89.1	96.3
1.8.2 Immunisation under 1 year coverage	%	78.6	76.5	87.3	80.1	76.9	77.5	77.8	78.0	72.5
1.8.3 Measles 2nd dose coverage	%	91.6	85.6	92.3	98.5	88.5	101.2	94.2	90.1	90.6
1.8.5 Diarrhea case fatality rate	%	3.7	6.4	2.7	0.6	2.6	0.6	1.6	6.4	3.2
1.8.6 Pneumonia case fatality rate	%	3.0	3.1	1.7	1.1	1.8	0.5	3.2	4.9	1.6
1.8.7 Severe acute malnutrition case fatality rate	%	10.2	14.0	10.5	7.7	5.8	5.1	8.6	11.8	14.2
1.7.4 Couple year protection rate (Int.)	%	54.6	30.8	65.4	54.1	63.4	55.1	52.5	60.0	51.3
1.2.4 Cervical cancer screening coverage 30 years and older	%	60.9	28.6	69.0	92.3	68.0	56.0	55.0	60.6	47.2
1.8.10 Human Papilloma Virus Vaccine 1st dose coverage	%	63 316	9 515	8 669	5 305	9 461	4 055	8 127	14 715	3 469
1.8.11 Human Papilloma Virus Vaccine 2nd dose coverage	%	54960	7356	8000	4696	7974	3468	7835	12557	3074
1.8.8 Vitamin A 12-59 months coverage	%	62.0	61.9	78.5	65.2	67.4	55.3	53.7	57.4	55.3
1.8.12 Infant exclusively breastfed at DTaP-IPV-Hib-HBV Hep B 3rd dose rate	%	32.8	38.5	34.4	18.9	31.3	48.6	46.7	25.3	25.7
1.7.5 Maternal mortality in facility ratio	per 100 000 Live Births	135	60.4	74.0	131.7	122.0	53.4	156.8	196.9	107.7



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

Table 29: Performance indicators for Maternal, Child and Women's Health and Nutrition sub – programme for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure 80% of mothers receive post antenatal care and exclusive breast feeding by 2019	**Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019**												
	1.7.1 Antenatal 1st visit before 20 weeks rate	% Quarterly	48.8%	59.7%	63.8%	64.3%	68%	68%	68%	68%	68%	68%	68%
	Numerator		62 574	65 053	67 292	51 051	68 556	17 139	17 139	17 139	17 139	68 556	68 556
	Denominator		128 293	108 895	105 472	79 380	105 472	26 368	26 368	26 368	26 368	105 472	105 472
	1.7.2 Mother post-natal visit within 6 days rate	% Quarterly	58.0%	58.2%	60%	61.6%	63%	63%	63%	63%	63%	63%	62%
	Numerator			61 800	59 497	46 052	62 762	15 690	15 690	15 691	15 691	62 762	62 762
	Denominator			106 244	99 623	74 766	99 623	24 905	24 906	24 906	24 906	99 623	99 623
Progressively ensure all HIV positive patients eligible for treatment are initiated on ART by 2019	1.7.3 Antenatal client start on ART rate	% Quarterly	91.7%	94%	93.3%	84.7%	95%	95%	95%	95%	95%	95%	95%
	Numerator		21682	19 122	16 581	9 365	16 883	4 220	4 221	4 221	4 221	16 883	16 883
	Denominator		23639	20 370	17 772	11 056	17 772	4 443	4 443	4 443	4 443	17 772	17 772
	Strategic objectives 1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019												
Reduce mother to child transmission rate to 2% by 2019	1.8.1 Infant 1st PCR test positive around 10 weeks rate	% Quarterly	New indicator	New indicator	1.6%	1.3%	**<1.4%**	**<1.4%**	**<1.4%**	**<1.4%**	**<1.4%**	<1.4%	<1.4%
	Numerator				214	186	**190**	**48**	**48**	**47**	**47**	190	190
	Denominator				13 584	14 674	**13 584**	**3 396**	**3 396**	**3 396**	**3 396**	13 584	13 584
Ensure 90% of children are vaccinated and monitored for growth by 2019	1.8.2 Immunisation under 1-year coverage	% Quarterly	80.9%	76.0%	78.6%	73.6%	**87%**	**87%**	**87%**	**87%**	**87%**	87%	87%
	Numerator		113 817	75759	103 757	119 475	**141 147**	**141 147**	**141 147**	**141 147**	**141 147**	**141 147**	**141 147**
	Denominator		140 689	1195569	131 801	162 238	**162 238**	**162 238**	**162 238**	**162 238**	**162 238**	**162 238**	**162 238**
	1.8.3 Measles 2nd dose coverage	% Quarterly	73.5	81%	91.6%	68.2%	**72%**	**72%**	**72%**	**72%**	**72%**	72%	75%



Table 29: Performance indicators for Maternal, Child and Women's Health and Nutrition sub – programme for 2018/19													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
	Numerator			114 371	125 914	113 464	**119 800**	**119 800**	**119 800**	**119 800**	**119 800**	119 800	119 800
	Denominator			141 882	137 503	166 389	**166 389**	**166 389**	**166 389**	**166 389**	**166 389**	166 389	166 389
	1.8.5 Diarrhoea case fatality rate	% Quarterly	5.2%	3.6%	3.7%	4.1%	**3.5%**	**3.5%**	**3.5%**	**3.5%**	**3.5%**	3%	2.8%
	Numerator		351	256	212	93	**200**	**50**	**50**	**50**	**50**	171	160
	Denominator		6 784	7 032	5 727	2 288	**5 727**	**1 431**	**1 432**	**1 432**	**1 432**	5 727	5 727
	1.8.6 Pneumonia case fatality rate	% Quarterly	4.2%	3.7%	3%	3.6%	**3.5%**	**3.5%**	**3.5%**	**3%**	**3%**	2.5%	2%
	Numerator		274	257	188	96	**218**	**54**	**54**	**55**	**55**	155	124
	Denominator		6 513	7 012	6 232	2 854	**6 232**	**1558**	**1558**	**1558**	**1558**	6 232	6 232
	1.8.7 Severe acute malnutrition case fatality rate	% Quarterly	12%	10.1%	10.2%	14.4%	**9%**	**9%**	**9%**	**9%**	**9%**	8%	7%
	Numerator		339	284	226	130	**199**	**49**	**50**	**50**	**50**	177	155
	Denominator		2 867	2 819	2 221	900	2 221	**555**	**555**	**556**	**555**	2 221	2 221
Ensure quintile 1&2 schools are providing school health services by 2019	**Strategic objectives 3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019**												
	3.4.2 School Grade 1 – learners screened	No Quarterly	26 531	40 531	33 854	37 746	**39 441**	**7 573**	**11 934**	**11 934**	**8000**	40 178	59 280
	3.4.3 School Grade 8 learners screened	No Quarterly	9 247	12 586	18 801	21 695	**25 615**	**6 653**	**7 987**	**7 987**	**2 988**	30 820	40 688
Reduce Maternal Mortality Ratio to per 100 live births 2019	**Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019**												
	1.7.6 Delivery in 10 to 19 years in facility rate	% Quarterly	New Indicator	New Indicator	New Indicator	15.4%	**10%**	**10%**	**10%**	**10%**	**10%**	**10%**	**10%**
	Numerator					11 486	**10 624**	**2 656**	**2 656**	**2 656**	**2 656**	10 624	10 624
	Denominator					74 766	**106 243**	**26 560**	**26 561**	**26 561**	**26 561**	106 243	106 243
	1.7.4 Couple year protection rate (int.)	% Quarterly	43%	53.6%	54.6%	35.8%	**65%**	**65%**	**65%**	**65%**	**65%**	**68%**	**70%**
	Numerator		699 800	955 064	980 539	671 626	1 218 312	1 218 312	1 218 312	1 218 312	1 218 312	1 274 542	1 274 542
	Denominator		1 620 685	1 780 807	1 796 910	1 874 326	1 874 326	1 874 326	1 874 326	1 874 326	1 874 326	**1 874 326**	**1 874 326**
Ensure that at least 48% of	**Strategic objectives 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019**												
	1.2.4 Cervical	%	56.3%	57.4%	60.9%	43.7%	**63%**	**63%**	**63%**	**63%**	**63%**	**65%**	**65%**

Table 29: Performance indicators for Maternal, Child and Women's Health and Nutrition sub – programme for 2018/19													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
all women 30 years and older are screened once every 10 years	cancer screening coverage 30 years and older	Quarterly											
	Numerator		81 869	85 017	91 936	66 858	96 375	96 375	96 375	96 375	96 375	99 435	99 435
	Denominator		1 745 162	147 556	150 874	152 977	152 977	152 977	152 977	152 977	152 977	152 977	152 977
	Strategic objectives 1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019												
Administer HPV vaccine to 80% of school going grade 4 girls by 2019.	1.8.10 Human Papilloma Virus Vaccine 1st dose	No. Annual	56 251	65 761	64 592	50 972	**50 972**	-	-	-	**50 972**	54 158	62 852
	1.8.11 Human Papilloma Virus Vaccine 2nd dose	No. Annual	New Indicator	New Indicator	55 553	57 123	**57 123**	-	**57 123**	-	-	57 123	62 852
Ensure 90% of children are vaccinated and monitored for growth by 2019	1.8.8 Vitamin A dose 12-59 months coverage	% Quarterly	53%	63.5%	61%	57.1%	**65%**	**65%**	**65%**	**65%**	**65%**	**65%**	**65%**
	Numerator		626 612	741 185	701 396	778 120	**884 730**	**884 730**	**884 730**	**884 730**	**884 730**	**884 730**	**884 730**
	Denominator		1 185 824	1 168 102	1 149 832	1 361 124	**1 361 124**	**1 361 124**	**1 361 124**	**1 361 124**	**1 361 124**	**1 361 124**	**1 361 124**
Ensure 90% of children are vaccinated and monitored for growth by 2019	1.8.9 Neonatal death in facility rate	per 1000 Quarterly	20.8/1000	12.8 / 1000	10.8/1000	13.9 /1000	**12 /1000**	**12 /1000**	**12 /1000**	**12 /1000**	**12/1000**	**12/1000**	**12/1000**
	Numerator			1 370	1 098	1 038	**12 176**	**3 044**	**3 044**	**3 044**	**3 044**	**12 176**	**12 176**
	Denominator			107 214	101 468	74 625	**101 468**	**25 367**	**25 367**	**25 367**	**25 367**	**101 468**	**101 468**
Reduce Maternal Mortality Ratio to 215 per 100 live births 2019	**Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 105 000 population by 2019**												
	1.7.5 Maternal mortality in facility ratio	Per 100,000 Quarterly	148/100 000	135.2/100 000	135/100 000	131.8/100 000	**120/100 000**	**120/100 000**	**120/100 000**	**120/100 000**	**120/100 000**	105/100 000	105/100 000
	Numerator			145	137	105	**122**	**30**	**30**	**31**	**31**	106	106
	Denominator			107 214	101 468	74 625	**101 468**	**25 367**	**25 367**	**25 367**	**25 367**	101 468	101 468

2.8 Sub-Programme: Coroner Services

Sub-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 Goal being addressed:

Strategic goal 1: Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR CORONER SERVICES

Table 30: Performance indicators for Coroner Services Sub–programme for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure post-mortem turnaround time has improved by 2019	**Strategic objective 1.9 Post – mortems conducted within 72hrs increased to 95% by 2019**												
	1.9.1 Percentage of post-mortem performed within 72 hours	% Quarterly	79%	93%	94%	94%	**95%**	**95%**	**95%**	**95%**	**95%**	95%	95%
	Numerator		7 701	10 017	8 391	2316	8 465	**2 116**	**2 116**	**2 117**	**2 116**	8 465	8 465
	Denominator		9 731	10 811	8 911	2454	8 911	**2 227**	**2 228**	**2 228**	**2 228**	8 911	8 911

2.9 Sub Programme: District Hospitals

Sub-Programme Purpose

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

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Recruitment and retention of doctors and nurses in district hospitals especially those in rural areas
- In service training on monitoring of Foetal Heart on admission and during labour
- Monitor vital signs every 4 hours e.g. blood pressure, pulse and temperature
- Review Planned Patient Transport for high risk clinics
- Revive In-Reach & Outreach Programme to support District hospitals

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

- To facilitate the implementation of National Core Standards assessment in district hospitals by collating National Core Standards Assessments, analyze report and provide feedback to district hospitals.
- Allocation of community service, post community service health professionals and bursary holders to all hospitals focusing mainly in rural areas.
- To encouraged district hospitals to constantly engage on perinatal meetings.
- To request budget in order to procure medical equipment that is a needed in District Hospitals.
- Upgrading security services in district hospitals through the installation of comprehensive security solutions (cameras and access control)

Strategic Goal being addressed:

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



SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Table 31: Situation analysis indicators for district Hospitals sub - programme for 2016/17										
Programme performance indicators	**Type**	**Province-wide value 2016/17**	**Alfred Nzo 2016/17**	**Amathole 2016/17**	**BCM 2016/17**	**Chris Hani 2016/17**	**Sarah Baartman 2016/17**	**Nelson Mandela 2016/17**	**OR Tambo 2016/17**	**Joe Gqabi 2016/17**
1.10.1 Average Length of Stay	No	5.0	5.0	5.4	5.3	4.4	4.0	3.6	6.3	5.5
1.10.6 Inpatient Bed Utilisation Rate	%	56.0	58.4	55.0	58.4	48.4	63.0	56.0	95.4	58.7
2.4.24 Complaint Resolution within 25 working days rate	%	99.0	97.3	99.5	100.0	100.0	97.4	100.0	57.8	100.5



PROVINCIAL PERFORMANCE INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Table 32: Performance indicators for District Hospitals sub – programme for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all facilities are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic objectives 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.1 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New Indicator	New Indicator	New Indicator	14%	27%	13.6%	18.1%	21.2%	27%	36.3%	42.4%
	Numerator					9	18	9	12	14	18	24	28
	Denominator					66	66	66	66	66	66	66	66
	Strategic Objective 1.10 80% of Hospitals meeting national efficiency targets by 2019												
Ensure total population is utilizing District Hospitals through referral system by 2019	1.10.1 Average Length of Stay	No. of Days	5.3 days	5.1 days	5 days	4.9 days	**4.8 days**	**4.8 days**	**4.8 days**	**4.8 days**	**4.8 days**	4.8 days	4.8 days
	1.10.6 Inpatient Bed Utilisation Rate	% Quarterly	65%	57.2%	56%	54.3%	**66%**	**66%**	**66%**	**66%**	**66%**	66%	66%
	Numerator		1 318 586	1 264 514	1 226 237	899 982	**1 189 972**	**297 493**	**297 493**	**297 493**	**297 493**	1 189 972	1 189 972
	Denominator		2 234 106	2 209 313	2 188 445	1 656 399	**1 802 989**	**450 747**	**450 747**	**450 747**	**450 749**	1 802 989	1 802 989
	1.10.12 Expenditure per patient day equivalent (PDE)	R Quarterly	R1 909	R3,317	R3 346	R2,768	**R2 950**	**R2 950**	**R2 950**	**R2 950**	**R2 950**	3,039	3 343
Ensure all district Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic objectives 2.4 Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.26 Complaint Resolution within 25 working days rate	% Quarterly	98.2%	99.6%	90.5%	98%	85%	85%	85%	85%	85%	85%	85%
	Numerator			3 301	2 914	2 191	2 736	684	684	684	684	2 736	2736
	Denominator			3 314	3 219	2 236	3 219	804	804	804	804	3 219	3 219



2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 33: Summary of payments and estimates by sub programme: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2017/18
R thousand	2014/15	2015/16	2016/17	2017/18			2018/19	2019/20	2020/21	
1. District Management	631 035	729 615	866 726	847 278	897 332	867 674	884 813	960 260	1 036 319	2.0
2. Community Health Clinics	1 866 101	1 874 174	2 163 846	2 156 371	2 156 371	2 254 745	2 344 722	2 550 058	2 721 386	4.0
3. Community Health Centres	1 151 200	904 933	1 019 053	1 075 459	1 068 186	1 101 094	1 246 933	1 325 479	1 419 225	13.2
4. Community Based Services	400 684	408 868	439 968	537 787	538 541	542 791	551 266	592 494	637 212	1.6
5. Other Community Services	94 295	39 613	46 494	74 773	74 773	79 901	68 040	71 488	76 673	(14.8)
6. Hiv/Aids	1 431 329	1 583 403	1 745 442	2 040 454	2 050 454	2 041 609	2 098 633	2 301 704	2 552 300	2.8
7. Nutrition	46 592	28 497	24 226	48 499	44 999	38 889	52 837	46 543	46 038	35.9
8. Coroner Services	75 809	80 783	94 818	100 000	100 000	103 156	106 090	113 949	120 932	2.8
9. District Hospitals	3 242 101	3 866 540	4 020 031	4 056 923	4 231 984	4 362 949	4 678 613	4 937 161	5 289 247	7.2
Total payments and estimates	8 939 147	9 516 426	10 420 604	10 937 544	11 162 640	11 392 808	12 031 947	12 899 136	13 899 332	5.6



Table 34: Summary of payments and estimates by economic classification: District Health Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	8 758 735	9 245 513	10 103 932	10 742 694	10 945 645	11 062 211	11 824 746	12 709 078	13 697 722	6.9
Compensation of employees	6 423 559	6 859 019	7 454 008	7 826 406	7 946 238	7 943 257	8 600 082	9 176 378	9 795 205	8.3
Goods and services	2 334 530	2 384 924	2 649 499	2 916 288	2 999 407	3 117 839	3 224 664	3 532 700	3 902 517	3.4
Interest and rent on land	646	1 570	425	–	–	1 115	–	–	–	(100.0)
Transfers and subsidies to:	125 500	160 709	175 939	54 280	69 718	175 998	63 473	57 804	62 083	(63.9)
Provinces and municipalities	9 122	13 229	8 451	3 427	4 181	4 181	1 200	–	–	(71.3)
Departmental agencies and accounts	15 542	17 302	11 138	8 711	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	10 152	6 596	18 145	11 838	13 589	175.1
Households	100 836	130 178	156 350	42 142	55 385	165 221	44 128	45 966	48 494	(73.3)
Payments for capital assets	54 912	110 204	140 733	140 570	147 277	154 599	143 728	132 254	139 527	(7.0)
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	54 912	110 204	140 733	140 570	147 277	154 599	143 728	132 254	139 527	(7.0)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	8 939 147	9 516 426	10 420 604	10 937 544	11 162 640	11 392 808	12 031 947	12 899 136	13 899 332	5.6



2.11 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 35: Risks and Mitigating factors for District Health Services for programme 2	
RISK IDENTIFIED	**RISK MITIGATION**
Sub-optimal care within maternal and neonatal services	• To develop one additional maternity 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 child health	• Increase coverage of fully fledged WBOT teams. • Community mobilization and advocacy on key child health issues • Accelerate training of health care workers (Health professionals, Community Health Care workers) on key childhood issues • Catch-up campaigns to increase immunization coverage
Inadequate prevention, early detection and management of non-communicable diseases(Hypertension, Diabetics, Cancer, asthma, epilepsy, eye health, geriatrics, mental health, substance abuse, oral health, healthy lifestyle.	• National NCD strategic plan • Co-ordinate implementation of Integrated chronic diseases management model (ICDM) to be initiated in all PHC facilities that are identified as ideal clinics (not 80)80 ideal clinics and roll out to all PHC facilities • Co-ordinate training of Primary Care 101 • Avail NCD guidelines and policies in all (not just 80)80 ideal clinics and roll out to all PHC facilities • Facilitate provision of basic equipment in 80(all, not just 80) ideal clinics • Through health promotion and partners (Stakeholder engagement) co-ordinate social mobilization and screening in communities, PHC facilities and OPD's • Provincial NCD quarterly information sharing meetings • District reviews, monitoring and support of poor performing districts.
Inadequate number of health professionals (Professionals, nurses and doctors) Primary Health Care Services.	• Implementation of the ideal clinic realization and maintenance (ICRM) • PHC facility supervision monitoring • Appointment of Operational Managers at PHC facilities • Monitor the implementation of NHI Readiness in Alfred Nzo and OR Tambo
Noncompliance to Health Service Standards.	• Implementation of National Core Standards • Client experience of care surveys • Monitoring of hospital efficiency indicators • Support and strengthen hospital governance structures • Re classification of hospitals with less than 50 beds
Non adherence to treatment by patients on TB (including MDR and XDR-TB), HIV&AIDS, and STIs' medication.	• Out Reach vehicles have been budgeted for in order to assist districts to trace clients that have missed their appointments. • Continuous capacity building and mentoring will be provided for health care works on TB and HIV in order to provide quality counselling of clients. • Scale up the provision of community based care and support • There will be continuous in social mobilization activities in the districts, targeting communities where there are challenges of compliance to raise awareness on TB and HIV • More eligible MDR TB clients will be initiated on the 9 months regimen which is a shorter period for treatment of MDR and will improve lost to follow up

PROGRAMME 3
EMERGENCY MEDICAL SERVICES



3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 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 computerized call-taking and dispatching system initially to the Alfred Nzo, OR Tambo and the Chris Hani EMS Centres.
Strengthen EMS services for inter Hospital, XDR /MDR and Maternity transfers

Strategic goals being addressed:

Strategic goal 3: Universal Health Coverage

Strategic Objectives being addressed:

Strategic objective 3.6.1 EMS P1 urban response under 15 minutes rate
Strategic objective 3.6.2 EMS P1 rural response under 40 minutes rate
Strategic objective 3.6.3 EMS inter-facility transfer rate

SITUATIONAL ANALYSIS FOR THE EMS

Table 36: Situation Analysis Indicators for the EMS											
Programme performance indicators	Frequency of reporting (quarterly /annually)	Type	Province-wide value 2016/17	Alfred Nzo 2016/17	Amathole 2016/17	BCM 2016/17	Chris Hani 2016/17	Sarah Baartman 2016/17	Nelson Mandela 2016/17	OR Tambo 2016/17	Joe Gqabi 2016/17
3.6.1 EMS P1 urban response under 15 minutes rate	Quarterly	%	41	-	41.7	28.0	52.3	-	53.1	90.5	-
3.6.2 EMS P1 rural response under 40 minutes rate	Quarterly	%	58	50.7	37.6	37.8	55.3	61.5	-	32.8	62.7
3.6.3 EMS inter-facility transfer rate	Quarterly	%	34	63.7	67.5	52.7	12.3	14.1	21.2	38.1	



PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGET FOR EMS

Table 37: Performance Indicators for EMS													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure all ambulances respond within the National Norms by2019	**Strategic Objective 3.6: Proportion of EMS response time improved to 85% by 2019**												
	3.6.1 EMS PI urban response under 15 minutes rate	Quarterly	51.5%	55%	41%	31.4%	**50%**	**50%**	**50%**	**50%**	**50%**	60%	60%
	Numerator		20,592	17 210	14 285	9 243	**17 527**	**4 381**	**4 382**	**4 382**	**4 382**	21 032	21 032
	Denominator		39,971	31 370	35 054	29 446	35 054	**8 763**	**8 763**	**8 764**	**8 764**	35 054	35 054
	3.6.2 EMS PI rural response under 40 minutes rate	Quarterly	50.4%	47.3%	58%	58.2%	**60%**	**60%**	**60%**	**60%**	**60%**	70%	70%
	Numerator		22,457	38 951	57 946	38 533	**60 060**	**15 015**	**15 015**	**15 015**	**15 015**	70 070	70 070
	Denominator		44,529	82 294	100 101	66 206	**100 101**	**25 025**	**25 025**	**25 026**	**25 025**	100 101	100 101
	3.6.3 EMS inter-facility transfer rate	Quarterly	New Indicator	29.4%	34%	30.1%	30%	30%	30%	30%	30%	30%	30%
	Numerator				207 027	135 707	185 488	46 372	46 372	46 372	46 372	185 488	185 488
	Denominator				618 295	450 962	618 295	154 573	154 574	154 574	154 574	618 295	618 295



3.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 38: Summary of payments and estimates by sub programme: Emergency Medical Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. Emergency Transport	816 345	880 349	884 039	1 116 698	1 240 186	1 135 271	1 166 758	1 306 522	1 405 276	2.8
2. Planned Patient Transport	34 602	65 921	183 614	105 668	112 456	224 657	117 855	125 708	134 182	(47.5)
Total payments and estimates	850 947	946 270	1 067 653	1 222 366	1 352 642	1 359 928	1 284 612	1 432 230	1 539 458	(5.5)

Table 39: Summary payments and estimates by economic classification: Emergency Medical Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	714 900	821 116	975 306	1 130 974	1 222 690	1 208 635	1 147 640	1 276 898	1 375 584	(5.0)
Compensation of employees	506 480	639 431	712 944	763 840	869 557	929 972	812 429	877 544	950 806	(12.6)
Goods and services	208 420	181 662	262 362	367 134	353 133	278 663	335 212	399 354	424 778	20.3
Interest and rent on land	–	23	–	–	–	–	–	–	–	
Transfers and subsidies to:	2 538	2 321	2 562	3 049	3 049	1 911	3 226	3 407	3 594	68.8
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	2 538	2 321	2 562	3 049	3 049	1 911	3 226	3 407	3 594	68.8
Payments for capital assets	133 509	122 833	89 785	88 343	126 903	149 382	133 746	151 925	160 280	(10.5)
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	133 509	122 833	89 785	88 343	126 903	149 382	133 746	151 925	160 280	(10.5)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	850 947	946 270	1 067 653	1 222 366	1 352 642	1 359 928	1 284 612	1 432 230	1 539 458	(5.5)

3.3 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 40: Risk and Mitigating factors for programme 3	
RISK IDENTIFIED	**RISK MITIGATION**
Inadequate EMS Services.	• Filing of Strategic Posts • Induction and training of personnel • Ensure the implementation of the Electronic Call taking and dispatching system • Replacement of EMS Vehicles

PROGRAMME 4
PROVINCIAL HOSPITAL SERVICES



4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

4.1 Programme Purpose

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

Sub-Programme 4.1

General (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

Sub-Programme 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 Hospitalization 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
- Nkqubela
- Majorie Parish
- PZ Meyer
- Majorie Parks
- Winter Berg
- Osmond
- Khotsong
- Empilweni
- Themba

Sub-Programme 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
- 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 health outcomes
- To improve mother and child health and contributing towards the achievement of SDGs
- 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 engaging SMME contractors in health facilities management projects

Top 5 causes of mortality in pregnant women, newborns and child under 5 years:

Perinatal Problem Identification Programme (PPIP) of 2016/2017 data analysis revealed that perinatal deaths are influenced by patient associated factors, (55.4%) related to delayed response to poor fetal movements, non-attendance of antenatal care, late bookings, late presentation and other; Administrative factors (21.3%) related to transport availability; insufficient staff (midwives and doctors); inadequate infrastructure and equipment to stabilize the patient and medical personnel factors (20.8%) related to delayed risk diagnosis & intervention, poor monitoring and implementation of clinical guidelines and protocols.

The Province also experienced birth-related complications, such as brain injury, hypoxia, cerebral palsy, dislocation of the arm, fracture of the arm, brachial plexus injury, retinopathy, injury to new-born's face, bladder injury, suturing of uterus and intestines and loss of hearing.
Deaths of children under 5 are mainly due to diarrhoea, pneumonia, and severe acute malnutrition and has been showing decline in the province, which might be linked with the child health interventions, however in 2016/17 there was no decline in diarrhoea and severe acute malnutrition when compared to 2015/16 data.

Key Interventions:

The key intervention areas to be included in this plan include

- In reach and outreach programme to clustered district hospitals Caesarian section sites to enhance timeous Caesarian section interventions for foetal distress and other complications,
- Implementing National strategy on helping babies breathe (HBB)
- Supporting the designated hospitals to have a full package of services,
- Strengthen referral system and emergency care transportation services (EMS),
- Ensure that designated hospitals conduct fire drills

4.1 Sub – Programme: General (Regional) Hospital Services

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, ANNUAL AND QUARTERLY TARGETS FOR PROVINCIAL HOSPITAL SERVICES

Table 41: Performance indicators for Regional Hospitals sub – Programme 4.1 for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure all regional Hospitals are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.2 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New Indicator	100%	100%	40%	100%	20%	40%	40%	-	100%	100%
	Numerator			5	5	2	5	1	2	2	-	5	5
	Denominator			5	5	5	5	5	5	5	-	5	5
Improve management of patients to optimize average length of stay by 2019	**Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 201920**												
	1.10.2 Average length of stay	Days Quarterly	5.2 days	5.5 days	5.5 days	6 days	5 days	5 days	5 days	5 days	5 days	5 days	5 days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.7 Inpatient bed utilisation rate	% Quarterly	68.8%	67%	64%	68%	75%	75%	75%	75%	75%	75%	75%
	Numerator		533,168	532 879	516 669	394 113	434 808	108 702	108 702	108 702	108 702	434 808	434 808
	Denominator		774,432	797 126	807 438	579 744	579 744	144 936	144 936	144 936	144 936	579 744	579 744
Improve cataract surgery rate to 1300/1 000 000 by 2019	**Strategic Objective 1.3: NCD coverage increased to 1300/1 000 000 through management of chronic illnesses by 2019**												
	1.3.1 Cataract surgery rate (Uninsured Population)	Per 1000 000 Quarterly	1 117.5/ 1000 000	565/ 1000 000	913/ 1000 000	1 438/ 1000 000	1300/ 1000 000	200/ 1000 000	600/ 1 000 000	900/ 1 000 000	1300/ 1000 000	1300/ 100 000	1300/ 100 000
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.13 Expenditure per patient day equivalent (PDE)	R Quarterly	R4,461	R1,705	R1,895	R3,241	R3,089	R3,089	R3,089	R3,089	R3,089	R3,089	R3,089
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.29 Complaint resolution within 25 working days rate	% Quarterly	88.6%	100%	92%	98.4%	85%	85%	85%	85%	85%	85%	85%
	Numerator						481	120	120	120	121	481	481
	Denominator						567	141	142	142	142	567	567

4.2 Sub – Programme: 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, ANNUAL AND QUARTERLY TARGETS FOR SPECIALISED TB HOSPITALS

Table 52: Indicators and Annual Targets for Specialised Tb Hospitals sub – programme 4.2 for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.3 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New indicator	100%	100%	80%	100%	40%	70%	90%	100%	100%	100%
	Numerator			11	11	8	10	4	7 (3 new)	9 (2 new)	10	10	10
	Denominator			11	11	10	10	10	10	10	10	10	10
Improve management of patients to optimize average length of stay by 2019	**Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019**												
	1.10.3 Average length of stay	Days Quarterly	126.2 days	112.4 days	94.2 days	77 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.8 Inpatient bed utilisation rate	% Quarterly	67%	64.6%	60.3%	49.9%	71%	71%	71%	71%	71%	72%	75%
	Numerator		372 990	353 768	326 478	185 114	291532	72 883	72 883	72 883	72 883	295638	307957
	Denominator		573 830	547 499	541 658	370 850	410 609	102 652	102 653	102 652	102 652	410 609	410 609
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.14 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,045	R889	R5,737	R1,555	R1,800	R1,800	R1,800	R1,800	R1,800	R1,800	R1,800

Table 52: Indicators and Annual Targets for Specialised Tb Hospitals sub – programme 4.2 for 2018/19													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.30 Complaint resolution within 25 working days rate	% Quarterly	65.4%	97.1%	94.3%	95.9%	**84.7%**	**84.7%**	**84.7%**	**84.7%**	**84.7%**	84.7%	84.7%
	Numerator						**128**	**128**	**128**	**128**	**128**	128	128
	Denominator						**151**	**151**	**151**	**151**	**151**	151	151

4.3 Sub – Programme: Specialised Psychiatric Hospitals

Sub- Programme Priorities

- Development of District Mental Health Specialist teams
- Creating of Mental Health Units in District, Regional and Tertiary Hospitals
- Screening of Mental Health patients at PHC and district levels
- Re capacitation of the clinical cadre on Mental Health Programmes

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, ANNUAL AND QUARTERLY TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS

Table 43: Indicators and Annual Targets for Specialised Psychiatric Hospitals sub – programme 4.3 for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New indicator	New Indicator	100%	82.7%	100%	33%	66.6%	100%	-	100%	100%
	Numerator				3	2	3	1	2	3		3	3
	Denominator				3	3	3	3	3	3	-	3	3
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.31 Complaint resolution within 25 working days rate	% Quarterly	84.6%	100%	95%	80.7%	90%	90%	90%	90%	90%	90%	90%
	Numerator						70	70	70	70	70	70	70
	Denominator						78	78	78	78	78	78	78



4.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 44: Summary of payments and estimates by sub programme: Provincial Hospital Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. General (Regional) Hospitals	1 912 464	4 002 196	2 382 538	2 273 986	2 541 836	2 382 259	2 781 425	2 941 434	3 153 060	16.8
2. Tb Hospitals	353 727	356 953	271 424	352 915	352 915	366 582	378 749	395 677	425 953	3.3
3. Psychiatric Mental Hospitals	552 618	568 593	596 235	695 669	695 669	527 173	696 961	763 748	831 145	32.2
Total payments and estimates	2 818 809	4 927 742	3 250 197	3 322 570	3 590 420	3 276 014	3 857 135	4 100 859	4 410 158	17.7

Table 45: Summary of payments and estimates by economic classification: Provincial Hospital Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	2 739 034	4 709 596	3 090 685	3 296 931	3 549 290	2 994 771	3 802 413	4 072 216	4 379 941	27.0
Compensation of employees	2 273 524	3 912 037	2 405 489	2 712 796	2 752 742	2 232 462	2 998 035	3 331 707	3 585 041	34.3
Goods and services	464 660	793 466	683 794	584 135	796 548	761 176	804 378	740 509	794 900	5.7
Interest and rent on land	850	4 093	1 402	–	–	1 133	–	–	–	(100.0)
Transfers and subsidies to:	58 519	194 337	135 561	11 149	16 871	258 303	18 013	12 456	13 141	(93.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	58 519	194 337	135 561	11 149	16 871	258 303	18 013	12 456	13 141	(93.0)
Payments for capital assets	21 256	23 809	23 951	14 489	24 259	22 940	36 710	16 187	17 076	60.0
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	21 256	23 809	23 951	14 489	24 259	22 940	36 710	16 187	17 076	60.0
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	2 818 809	4 927 742	3 250 197	3 322 570	3 590 420	3 276 014	3 857 135	4 100 859	4 410 158	17.7



4.5 RISK MANAGEMENT

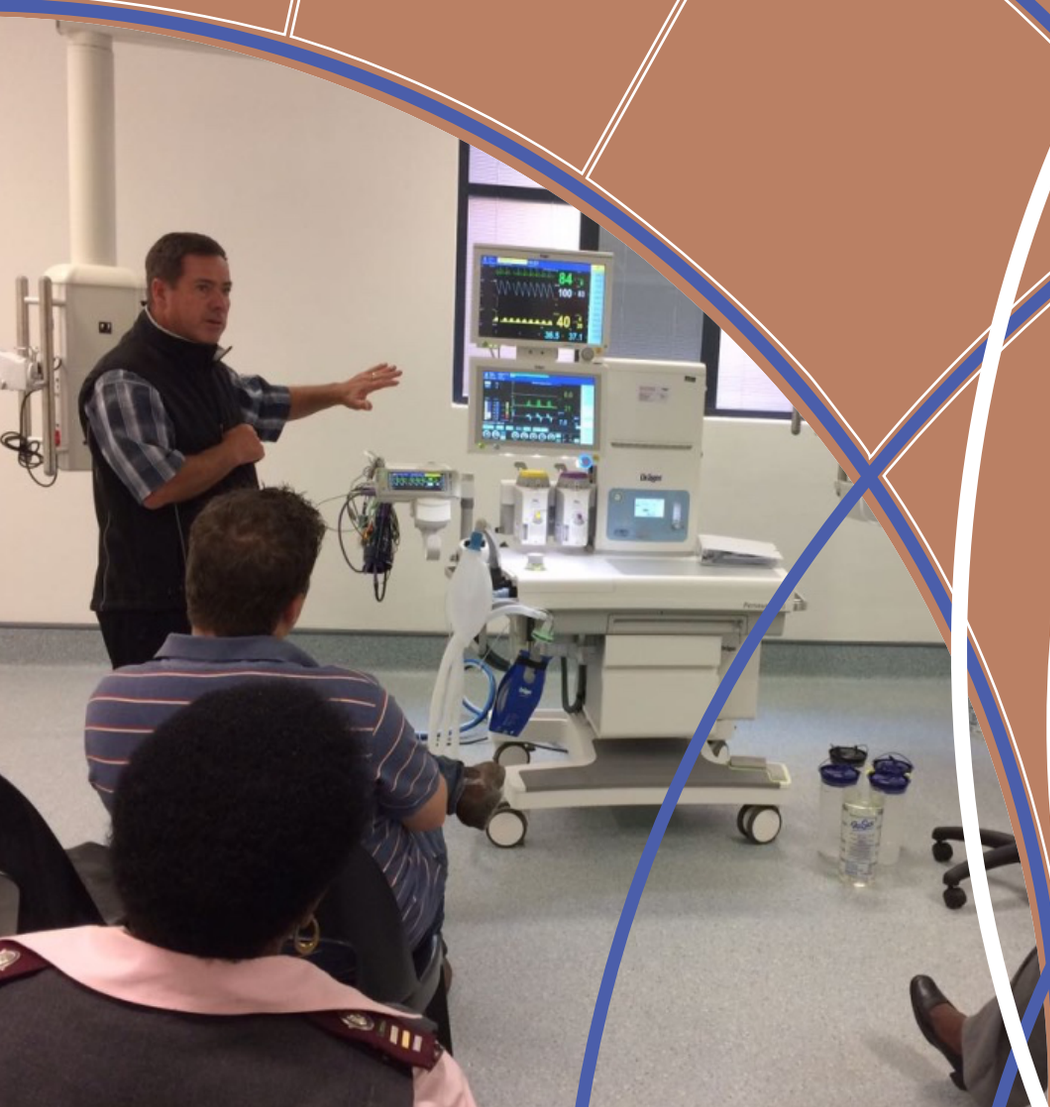
Below are key risks that may affect the realization of the strategic objectives in programme 4 and measures designed to mitigate its impact.

Table 46: Risk and Mitigating factors for programme 4

RISK IDENTIFIED	RISK MITIGATION
Inadequate Secondary and Tertiary services	• Filling of Strategic Posts • Induction and training of personnel • Peer Reviews on National Core Standards • Implementation of national Core Standards



PROGRAMME 5
CENTRAL & TERTIARY HOSPITALS



PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 Sub-Programme Purpose for Central Hospitals

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two Tertiary Hospitals and one Central Hospital in the Eastern Cape Province:

SUB-PROGRAMMES

Central Hospital
Nelson Mandela Academic Hospital
`

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
- Name of central Hospital: Nelson Mandela Academic Hospital

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, ANNUAL AND QUARTERLY TARGETS FOR CENTRAL HOSPITALS

Table 47: Indicators and Annual Targets for Central Hospital sub – programme 5.1 for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS Q1	Q2	Q3	Q4	2019/20	2020/21
Ensure all central Hospitals are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.5 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%	100%
Improve management of patients to optimize average length of stay by 2019	**Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019**												
	1.10.4 Average length of stay	Days Quarterly	6.4days	6.7days	11.5 days	9.3 days	6days	6days	6days	6days	6days	6days	6days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.10 Inpatient bed utilisation rate	% Quarterly	75.5%	91%	83.9%	80.7%	75%	75%	75%	75%	75%	75%	75%
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.16 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,971	R3,322	R3,948	R4,050	R4,247	R4,247	R4,247	R4,247	R4,247	R4,586	R4,953

Table 47: Indicators and Annual Targets for Central Hospital sub – programme 5.1 for 2018/19													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all central Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.32 Complaint resolution within 25 working days rate	% Quarterly	79.2%	100%	100%	99.3%	80%	80%	80%	80%	80%	80%	80%
	Numerator						291	291	291	291	291	291	291
	Denominator						364	364	364	364	364	364	364



5.2 Sub-Programme Purpose for Tertiary Hospital Services

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two Tertiary Hospitals and one Central Hospital in the Eastern Cape Province:

Sub-Programmes

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

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



PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR TERTIARY HOSPITAL SERVICES

Table 48: Indicators and Annual Targets for Tertiary Hospital Services sub – programme 5.2 for 2018/19

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Ensure all tertiary Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.6 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Annual	New indicator	New Indicator	100%	100%	100%	-	100%	100%	100%	100%	100%
	Numerator				2	2	2	-	2	2	2	**2**	2
	Denominator				2	2	2	-	2	2	2	**2**	2
Improve management of patients to optimize average length of stay by 2019	**Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019**												
	1.10.5 Average length of stay	Days Quarterly	6.4 days	5.7 days	5.7 days	6 days	**6 days**	**6 days**	**6 days**	**6 days**	**6 days**	6 days	6 days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.11 Inpatient bed utilisation rate	% Quarterly	75.6%	79.3%	74.8%	76.6%	**75%**	**75%**	**75%**	**75%**	**75%**	75%	75%
	Numerator			467,127	452 728	348 793	**455 143**	**113 785**	**113 786**	**113 786**	**113 786**	455 143	455 143
	Denominator			589,357	605 236	455 144	**606 858**	**151 714**	**151 714**	**151 714**	**151 716**	606 858	606 858
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.17 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,971	R2,330	R3,357	R3,278	**R3,878**	**R3,878**	**R3,878**	**R3,878**	**R3,878**	R3,878	R3,878
Ensure all tertiary Hospitals are conditionally compliant by	**Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.33 Complaint resolution within 25 working days rate	% Quarterly	79.2 %	100%	95%	97.8%	**85%**	**85%**	**85%**	**85%**	**85%**	85%	85%

Table 48: Indicators and Annual Targets for Tertiary Hospital Services sub – programme 5.2 for 2018/19													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
2017 and fully compliant (75%-100%) to National Core Standards by 2019	*Numerator*						198	198	198	198	198	198	198
	Denominator						233	233	233	233	233	233	233



5.3 Sub-Programme Purpose for Specialised Tertiary Hospital

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There is one Specialised Tertiary Hospital in the Eastern Cape Province:

Sub-Programmes

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

Priorities for the next three years

- 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
- Name of Tertiary Hospital: Fort England

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, ANNUAL AND QUARTERLY TARGETS FOR SPECIALISED TERTIARY HOSPITAL SERVICES

Table 49: Indicators and Annual Targets for Specialised Tertiary Hospital sub – programme 5.3 for 2018/19													
Strategic Objective Statement	**Programme Performance Indicator**	**Indicator Type & Reporting frequency**	**Audited/ Actual Performance**			**Estimated Performance**	**Medium Term Targets**						
								2018/19 QUARTERLY TARGETS					
			2014/15	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**Q1**	**Q2**	**Q3**	**Q4**	**2019/20**	**2020/21**
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards	**Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019**												
	2.3.7 Hospital achieved 75% and more on National Core Standards self- - assessment rate	% Annual	New indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	**Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019**												
	2.4.34 Complaint resolution within 25 working days rate	% Quarterly	New Indicator	New Indicator	48%	100%	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**	**80%**
	Numerator						**20**	**20**	**20**	**20**	**20**	20	20
	Denominator						**25**	**25**	**25**	**25**	**25**	25	25



5.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 50: Summary of payments and estimates by sub-programme: Central & Tertiary Hospitals

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. Central Hospital Services	758 650	262 945	997 233	960 877	1 049 734	1 153 914	1 124 285	1 129 660	1 206 503	(2.6)
2. Provincial Tertiary Services	1 685 376	560 276	1 916 388	2 148 086	2 230 503	2 662 219	2 323 452	2 526 716	2 707 284	(12.7)
Total payments and estimates	2 444 026	823 221	2 913 621	3 108 963	3 280 237	3 816 133	3 447 737	3 656 376	3 913 787	(9.7)



Table 51: Summary of payments and estimates by economic classification: Central & Tertiary Hospitals

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	2 365 937	721 876	2 769 476	2 982 110	3 212 538	3 698 444	3 323 084	3 519 959	3 764 671	(10.1)
Compensation of employees	1 555 938	242 355	1 954 815	2 101 763	2 132 907	2 645 804	2 349 996	2 395 465	2 594 454	(11.2)
Goods and services	809 970	479 521	812 194	880 347	1 079 631	1 052 640	973 088	1 124 494	1 170 217	(7.6)
Interest and rent on land	29	–	2 467	–	–	–	–	–	–	
Transfers and subsidies to:	874	9	41 278	25 109	26 653	87 293	17 900	28 053	29 596	(79.5)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	874	9	41 278	25 109	26 653	87 293	17 900	28 053	29 596	(79.5)
Payments for capital assets	77 215	101 336	102 867	101 744	41 046	30 396	106 753	108 364	119 520	251.2
Buildings and other fixed structures	3 180	2 461	–	–	–	–	3 000	–	–	
Machinery and equipment	74 035	98 875	102 867	101 744	41 046	30 396	103 753	108 364	119 520	241.3
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	2 444 026	823 221	2 913 621	3 108 963	3 280 237	3 816 133	3 447 737	3 656 376	3 913 787	(9.7)



5.5 RISK MANAGEMENT

Below are key risks that may affect the realization of the strategic objectives in programme 5 and measures designed to mitigate its impact.

Table 52: Risk and Mitigating factors for programme 5	
RISK IDENTIFIED	**RISK MITIGATION**
Inadequate Secondary and Tertiary services	• Filling of Strategic Posts • Induction and training of personnel • Peer Reviews on National Core Standards • Implementation of national Core Standards RIS



PROGRAMME 6
HEALTH SCIENCES AND TRAINING



6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 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

Strategic goals being addressed

Strategic goal 2: Improved quality of care



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

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Increase enrollment of Medicine, Nursing and Pharmacy students annually by 10% per annum.	**Strategic objective 2.6 First year Health professional students receiving bursaries by 2019**												
	2.6.1 Number of Bursaries awarded for first year medicine students	No Annually	52	-	13	13	**10**	-	-	-	**10**	10	50
	2.6.2 Number of Bursaries awarded for first year nursing students	No Annually	New Indicator	New Indicator	350	350	**350**	-	-	-	**350**	310	406

6.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 54: Summary of payments and estimates by sub-programme: Health Sciences & Training

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. Nursing Training Colleges	277 510	290 679	285 627	317 558	317 558	287 160	326 371	348 989	371 685	13.7
2. Ems Training College	9 910	13 574	10 657	15 018	15 018	15 950	18 764	18 493	17 714	17.6
3. Bursaries	170 799	198 856	186 239	177 594	154 594	155 016	175 700	185 540	195 545	13.3
4. Other Training	268 033	266 263	266 849	342 975	345 776	353 493	364 512	390 463	398 907	3.1
Total payments and estimates	726 252	769 372	749 372	853 145	832 946	811 619	885 346	943 485	983 851	9.1



Table 55: Summary of payments and estimates by economic classification: Health Science & Training

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	551 940	550 018	541 960	636 792	644 999	624 203	679 006	726 635	753 706	8.8
Compensation of employees	413 547	418 577	470 198	497 484	472 472	484 521	562 303	591 507	631 684	16.1
Goods and services	138 392	131 441	71 762	139 308	172 527	139 682	116 703	135 128	122 022	(16.5)
Interest and rent on land	1	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	165 118	211 519	196 341	195 230	164 522	165 871	183 179	193 247	205 244	10.4
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	18 115	7 739	37 950	11 013	11 013	12 479	14 728	17 060	13.3
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	165 118	193 404	188 602	157 280	153 509	154 858	170 700	178 519	188 184	10.2
Payments for capital assets	9 194	7 835	11 071	21 123	23 425	21 545	23 161	23 603	24 901	7.5
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	9 194	7 835	11 071	21 123	23 425	21 545	23 161	23 603	24 901	7.5
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	726 252	769 372	749 372	853 145	832 946	811 619	885 346	943 485	983 851	9.1



6.3 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 56: Risk and Mitigating factors for programme 6	
RISK IDENTIFIED	**RISK MITIGATION**
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
Reduced number of registrars graduating into specialists due to new requirement of a Masters dissertation prior to registration as specialist	Improved support of registrars with their research work, including protected time to allow them space to focus and submit their dissertations



PROGRAMME 7
HEALTH CARE SUPPORT SERVICES



7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 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 services to eligible persons
- To strengthen systems to ensure uninterrupted availability of essential medicines at all levels
- Improve Management and Governance of Pharmaceutical Services

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, ANNUAL AND QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

Table 57: Additional Provincial Performance Indicators for Health Care Support Services

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	**2018/19**	**2018/19 QUARTERLY TARGETS**				2019/20	2020/21
								Q1	**Q2**	**Q3**	**Q4**		
Ensure that eligible applicants that require rehabilitation services are supplied	**Strategic objective 1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019**												
	1.11.1 Percentage of eligible applicants supplied with wheelchairs	% Quarterly	72%	92.5%	88%	46%	50%	50%	50%	50%	50%	50%	50%
	Numerator		6 133	8 061	2 523	1 331	2 755	688	689	689	689	2 755	2 755
	Denominator		8 546	8 715	2 863	2 890	5 510	1 377	1378	1378	1377	5 510	5 510
	1.11.2 Percentage of eligible clients supplied with hearing aids	% Quarterly	108%	173%	81%	86.4%	60%	60%	60%	60%	60%	60%	60%
	Numerator		3 301	5 405	2 110	644	1500	375	375	375	375	1500	1500
	Denominator		3 069	3 130	2 592	745	2500	625	625	625	625	2500	2500
	1.11.3 Percentage of eligible applicants supplied with prostheses	% Quarterly	56%	73.3%	71%	17.7%	30%	30%	30%	30%	30%	50%	50%
	Numerator		6961	9 331	1 287	260	639	159	160	160	160	811	811
	Denominator		12 484	12 733	1 812	1 462	2131	532	533	533	533	1 622	1 622
	1.11.4 Percentage of eligible applicants supplied with orthoses	% Quarterly	203%	168%	96.4%	74%	60%	60%	60%	60%	60%	60%	60%
	Numerator		23 274	28 028	23 848	4 944	5568	1392	1392	1392	1392	5568	5568
	Denominator		11 444	16 672	24 744	6 698	9280	2 320	2 320	2 320	2 320	9280	9280
Ensure that all essential drugs are available at all times in the	**Strategic objective 1.12 95% availability of essential drugs in all health facilities by 2019**												
	1.12.1 Percentage of order	% Quarterly	78%	84%	84%	90.9%	90%	90%	90%	90%	90%	90%	90%



Table 57: Additional Provincial Performance Indicators for Health Care Support Services													
Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	**2018/19**	**2018/19 QUARTERLY TARGETS**				2019/20	2020/21
								Q1	**Q2**	**Q3**	**Q4**		
depots and supply turnaround time is achieved	fulfilment of essential drugs at the depots.												
	Numerator		388 128	366 124	366 124	576 075	**576 075**	**144 018**	**144 019**	**144 019**	**144 019**	598 787	624 449
	Denominator		497 600	435 864	435 664	640 084	640 084	**160 021**	**160 021**	**160 021**	**160 021**	665 319	693832
	Essential medicines stock-out rate at the depots	% Quarterly	<2.5%	<11%	<5%	<5%	**<5%**	**<5%**	**<5%**	**<5%**	**<5%**	<5%	<5%
	Numerator		0.016	<2	<2	<2	**<3**	**<3**	**<3**	**<3**	**<3**	<3	<3
	Denominator		4	39	39	39	**60**	**60**	**60**	**60**	**60**	60	60



7.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 58: Summary of payments and estimates by sub - programme: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2017/18
	2014/15	2015/16	2016/17		2017/18		2018/19	2019/20	2020/21	
1. Orthotic & Prosthetic Services	42 480	33 744	44 545	47 363	47 363	43 406	54 333	57 259	61 152	25.2
2. Medicine Trading Account	49 919	59 385	57 316	83 396	83 396	75 829	71 180	75 112	80 088	(6.1)
Total payments and estimates	92 399	93 129	101 861	130 759	130 759	119 235	125 512	132 371	141 240	5.3

Table 59: Summary of payments and estimates by economic classification: Health Care Support Services

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	82 421	90 664	100 608	130 214	129 775	118 254	124 936	131 762	140 597	5.7
Compensation of employees	40 703	50 586	55 972	59 207	59 115	52 057	64 602	68 045	73 731	24.1
Goods and services	41 718	40 078	44 636	71 007	70 660	66 197	60 334	63 717	66 866	(8.9)
Interest and rent on land	–	–	–	–	–	–	–	–	–	
Transfers and subsidies to:	8	91	185	–	92	82	–	–	–	(100.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	8	91	185	–	92	82	–	–	–	(100.0)
Payments for capital assets	9 970	2 374	1 068	545	892	899	577	609	643	(35.9)
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	
Machinery and equipment	9 970	2 374	1 068	545	892	899	577	609	643	(35.9)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	92 399	93 129	101 861	130 759	130 759	119 235	125 512	132 371	141 240	5.3



7.3 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 60: Risk and Mitigating factors for programme 7	
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 • Medicine supply management training



PROGRAMME 8
HEALTH FACILITIES MANAGEMENT



8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 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 has 5 sub-programmes, which is supports namely:

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

Priorities for the next three year MTEF

- To facilitate and provide infrastructural support in order to ensure adequate facilities for health services platform
- Renovation and refurbishment of existing structures to ensure compliance with norms and standards
- To assist in the devolution of maintenance to districts and provided governance structures.
- To facilitate general building maintenance to all immovable assets under the departments inventory
- To facilitate the provision and maintenance of health technology equipment
- To facilitate the provision and maintenance of all plant & machinery
- To ensure the implementation of treasury local content by engaging SMME suppliers when contracting

Strategic goals being addressed

Strategic goal 2: Improve Quality of Care

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

Table 61: Provincial performance indicators for Health Facilities Management

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2014/15	2015/16	2016/17	2017/18	2018/19	2018/19 QUARTERLY TARGETS				2019/20	2020/21
								Q1	Q2	Q3	Q4		
Compliance with Norms & Standards for all new Infrastructure Projects by 2019	**Strategic objective 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 refurbishment project in NHI pilot district	No. Annual	New Indicator	9 major	10 major	7 major	**4 major**	-	-	-	**4 major**	4 major	4 major
	2.7.2 Number of health facilities that have undergone minor refurbishment project in NHI pilot district	No. Quarter	New Indicator	320 minor	70 minor	90 minor	**90 minor**	-	-	-	**90 minor**	90 minor	90 minor
	2.7.3 Number of health facilities that have undergone major refurbishment project outside NHI pilot District(excluding facilities in NHI Pilot District)	No. Quarter	New indicator	New indicator	13 major	4 major	**7 major**	-	-	-	**7 major**	7 major	7 major
	2.7.4 Number of health facilities that have undergone minor refurbishment project outside NHI pilot District (excluding facilities in NHI Pilot District)	No. Quarter	New Indicator	New indicator	70 minor	17 minor	**17 minor**	-	-	-	**17 minor**	17 minor	17 minor

8.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 62: Summary of payments and estimates by programme 8: Health Facilities Management

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
1. Community Health Facilities	397 120	404 918	246 170	218 027	161 597	152 721	193 283	292 092	384 251	26.6
2. Emergency Medical Rescue Services	15	7	–	–	–	281	–	–	–	(100.0)
3. District Hospital Services	149 633	310 025	429 957	750 465	711 533	733 922	641 624	521 625	535 578	(12.6)
4. Provincial Hospital Services	507 015	449 514	479 573	329 421	300 180	323 944	468 385	478 079	462 697	44.6
5. Other Facilities	48 032	35 058	140 234	146 904	118 722	121 131	68 779	25 100	–	(43.2)
Total payments and estimates	1 101 815	1 199 522	1 295 934	1 444 817	1 292 032	1 331 999	1 372 071	1 316 896	1 382 526	3.0



Table 63: Summary of payments and estimates by economic classification: Health Facilities Management

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Current payments	405 881	301 392	398 022	473 806	360 442	415 012	393 236	367 562	429 500	(5.2)
Compensation of employees	6 176	10 391	14 494	35 000	18 470	18 589	32 111	34 562	42 000	72.7
Goods and services	399 394	290 528	379 036	438 806	341 972	396 423	361 125	333 000	387 500	(8.9)
Interest and rent on land	311	473	4 492	–	–	–	–	–	–	
Transfers and subsidies to:	(2)	–	–	–	–	58	–	–	–	(100.0)
Provinces and municipalities	–	–	–	–	–	–	–	–	–	
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–	
Higher education institutions	–	–	–	–	–	–	–	–	–	
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–	
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–	
Non-profit institutions	–	–	–	–	–	–	–	–	–	
Households	(2)	–	–	–	–	58	–	–	–	(100.0)
Payments for capital assets	695 936	898 130	897 912	971 011	931 590	916 929	978 835	949 334	953 026	6.8
Buildings and other fixed structures	669 516	879 445	654 895	727 420	626 733	610 535	807 500	814 616	771 695	32.3
Machinery and equipment	26 420	18 685	243 017	243 591	304 857	306 394	171 335	134 718	181 331	(44.1)
Heritage Assets	–	–	–	–	–	–	–	–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–	
Biological assets	–	–	–	–	–	–	–	–	–	
Land and sub-soil assets	–	–	–	–	–	–	–	–	–	
Software and other intangible assets	–	–	–	–	–	–	–	–	–	
Payments for financial assets	–	–	–	–	–	–	–	–	–	
Total economic classification	1 101 815	1 199 522	1 295 934	1 444 817	1 292 032	1 331 999	1 372 071	1 316 896	1 382 526	3.0



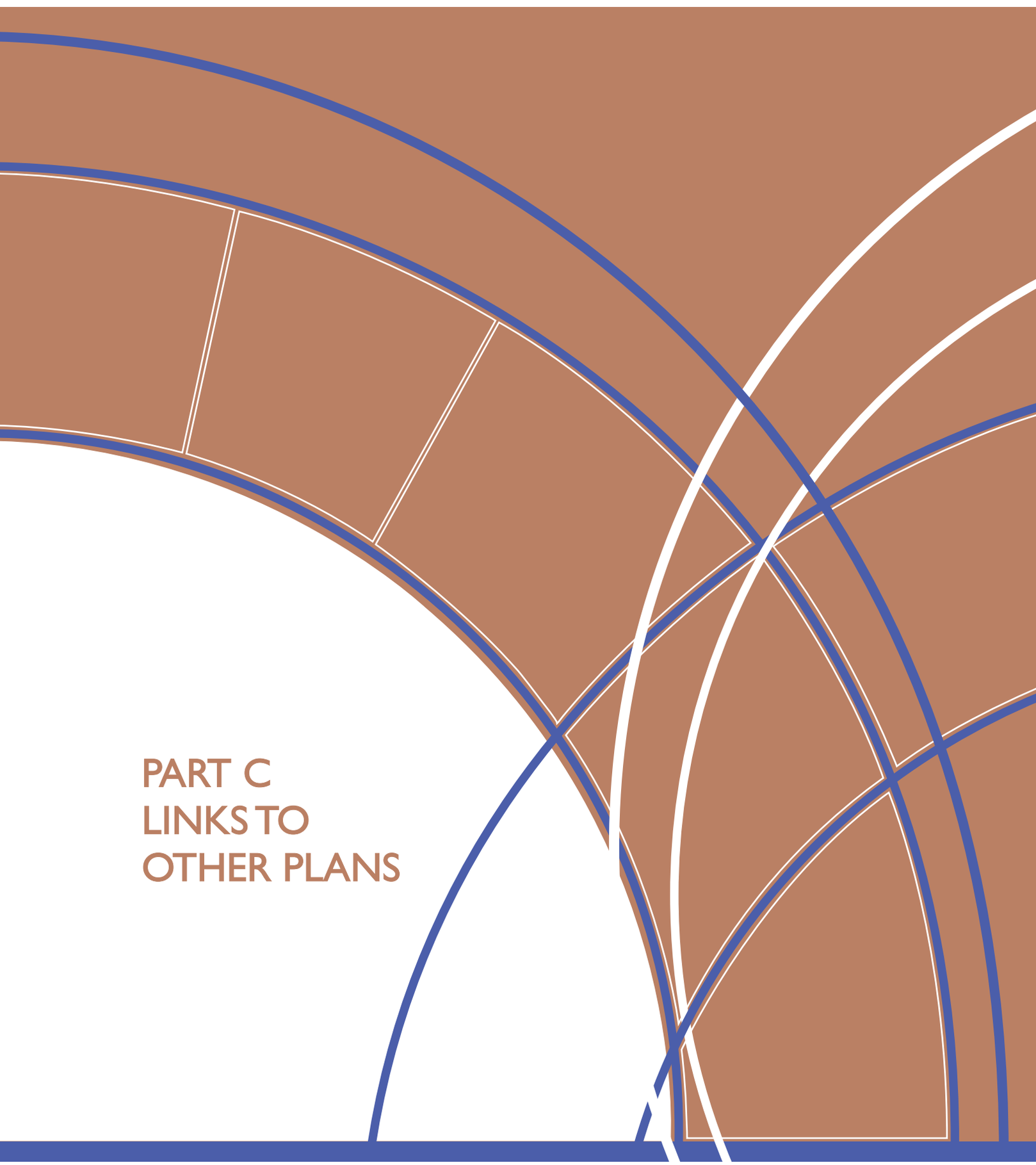
8.3 RISK MANAGEMENT

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

Table 64: Risk and Mitigating factors for programme 8

RISK IDENTIFIED	RISK MITIGATION
Inadequate provision of Infrastructure	• Improve Human Resource capacitation within the unit • Inclusion of Remedial measures specifically in regard to the application of penalties for poor performing agents and professionals • Strengthening and monitoring compliance to SLAs' • Monitor the terms of contracts





PART C
LINKS TO OTHER PLANS

9. LINKS TO THE LONG TERM INFRASTRUCTURE AND OTHER CAPITAL PLANS

Summary of provincial infrastructure payments and estimates by category

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation 2017/18	Adjusted appropriation 2017/18	Revised estimate 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20	Medium-term estimates 2020/21	% change from 2017/18
Existing infrastructure assets	899,049	1,092,345	1,119,557	892,514	626,946	934,910	588,855	480,777	411,251	(37.0)
Maintenance and repairs	415,711	301,397	389,290	438,806	334,890	579,141	–	–	–	(100.0)
Upgrades and additions	467,403	773,265	717,167	122,032	99,521	208,584	196,600	128,000	125,000	(5.7)
Rehabilitation and refurbishment	15,935	17,683	13,100	331,676	192,535	147,185	392,255	352,777	286,251	166.5
New infrastructure assets	202,766	107,177	176,377	517,303	645,866	397,089	392,980	468,558	541,775	(1.0)
Infrastructure transfers	–	–	–	–	–	–	–	–	–	
Current	–	–	–	–	–	–	–	–	–	
Capital	–	–	–	–	–	–	–	–	–	
Infrastructure payments for financial assets	–	–	–	–	–	–	–	–	–	
Infrastructure leases	–	–	–	–	–	–	–	–	–	
Non infrastructure	–	–	–	35,000	19,220	–	102,111	104,562	107,000	
Total department infrastructure	1,101,815	1,199,522	1,295,934	1,444,817	1,292,032	1,331,999	1,083,946	1,053,896	1,060,026	(18.6)

1. Total provincial infrastructure is the sum of "Capital" plus "Recurrent maintenance". This includes non infrastructure items.



10. CONDITIONAL GRANTS

10.1 HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2017/18	Provincial Indicator targets for 2018/19
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. Available for 2018/19	1 Provincial Consolidated business plans and 4 Facility Business Plans	Approved business plan submitted
		Number of site visits.	Number facility site visits will be confirmed after 28 February 2019	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.	1 Annual performance reports Number of quarterly reports will be confirmed after 28 February 2019	4 quarterly reports & 1 annual report submitted
		Number of audit findings	Minimum 5 to 10	0

10.2 COMPREHENSIVE HIV/AIDS GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2017/18	Provincial Indicator targets for 2018/19
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	4 943 618	571 346
		Number of Antenatal Care (ANC) clients initiated on life-long ART	172 164	16 581
		Number of babies Polymerase Chain Reaction (PCR) tested at 6	160,000	13 584
		Number of HIV positive clients screened for TB	869 991	86 088
		Number of HIV positive patients that started on IPT	695 993	55 100
		Number of HIV tests done	10 000 000	1 588 893
		Number of Medical Male Circumcisions performed	650 000	29 374



10.3 NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2017/18	Provincial Indicator targets for 2018/19
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. •	• 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)	• 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 •
	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 financial year

10.4 HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2017/18	Provincial Indicator targets for 2018/19
Health Facility Revitalization 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 Revitalization Grant and National Health Grant	Availability of approved Annual Implementation Plans (AIP) for all projects funded from National Health grant and Health Facility Revitalization Grant	• A signed and approved AIP 2018/19 submitted to NDOH.
		Monitoring number of projects receive funding from Health Facility Revitalization Grant and National Health Grant	Monitor implementation of all conditional grant funded projects	• 59 Projects funded by HFRG to be implemented on 2018/19 B4. • Monthly Infrastructure Reporting Model (IRM) and Quarterly Progress Report is submitted to NDOH, NT and PT.

11. PUBLIC ENTITIES

The department of Health does not have any Public Entities

12. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

Public-private partnerships

Name of PPPs	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. 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

ANNEXURE

TECHNICAL INDICATOR DESCRIPTIONS PROVINCIAL APPs 2017/18

PROGRAMME 1: HEALTH ADMINISTRATION & MANAGEMENT

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
Provide political and strategic direction to the Department by focusing on transformation on and change management	Number of statutory documents tabled at Legislature	Statutory documents submitted and tabled at 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 Clean audit opinion achieved by 2019	2.1.1 Audit opinion from Auditor General	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officers of Provincial Departments of Health
	2.1.2 Level 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
2.2 100% of health facilities connected to web-based DHIS through broadband by 2019	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	**Numerator:** Total Number of hospitals with minimum 2 Mbps connectivity **Denominator** Total Number	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity to ensure that South African health system can implement	ICT Directorate / Chief Directorate

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
				live	of Hospitals						the eHealth Programme	
	2.2.2 Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	To ensure broadband access to PHC facilities	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	**Numerator:** Total Number of fixed PHC facilities with minimum 1Mbps connectivity **Denominator** Total Number of fixed PHC Facilities	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity	ICT Directorate / Chief Directorate



PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

SUB PROGRAMME 2.1: DISTRICT DEVELOPMENT

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	1.1.1 PHC utilisation rate	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	Daily Reception Headcount register (or HPRS where available) and DHIS Denominator: Stats SA	**Numerator:** SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) **Denominator:** Sum([Population - Total)]	Dependent on the accuracy of estimated total population from Stats SA	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	DHS Manager

SUB PROGRAMME 2.2: CLINICS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal clinic status rate	Fixed Clinics that have obtained Ideal Clinic status	Monitors outcomes of self (Ideal clinics) assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance.	Ideal Clinic review tools	**Numerator:** SUM ([Ideal clinic status **Denominator**: Fixed clinics	None	Process/Activity	Percentage	Quarterly	Yes	Higher Ideal clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by Office of Health Standards Compliance.	District Health Services and Quality Assurance Directorates
2.4 Patient experience of care increased to more than 75% in health services by 2019	2.4.27 Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	DHIS, complaints register,	**Numerator:** SUM ([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC Facilities	Quality Assurance



SUB PROGRAMME 2.3: CHC's

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal CHC status rate	Fixed CHC'S facilities that have obtained Ideal Clinic status	Monitors outcomes of self (Ideal clinics) assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance.	Ideal CHC review tools	**Numerator:** SUM ([Ideal CHC status **Denominator**: Fixed CHCs	None	Process/Activity	Percentage	Quarterly	Yes	Higher Ideal clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by Office of Health Standards Compliance.	District Health Services and Quality Assurance Directorates
2.4 Patient experience of care increased to more than 75% in health services by 2019	2.4.27 Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	DHIS, complaints register,	**Numerator:** SUM ([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC Facilities	Quality Assurance

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES: DISEASE PREVENTION AND CONTROL (DPC)

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator (Input etc.)	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.1 Clients 40 years and older screened for hypertension	Number of clients not on treatment for hypertension screened for hypertension in PHC clinics and OPD	This should assist with increasing the number of clients detected and referred for treatment	PHC Comprehensive Tick Register	SUM ([Client 40 years and older screened for hypertension])	The new data collection tools may not exist all facilities	Process/ Activity	Sum of Number	Quarterly	No	Greater number of people screened for high blood pressure	CD: health Programmes
	1.2.2 Clients 40 years and older screened for diabetes	Number of clients not diagnosed and not on treatment for diabetes screened for diabetes in PHC clinics and OPD	This should assist with increasing the number of clients with diabetes detected and referred for treatment	PHC Comprehensive Tick Register	SUM([Client 40 years and older screened for diabetes])	The new data collection tools may not exist all facilities	Process/ Activity	Sum of Number	Quarterly	No	Greater number of people screened for raised blood glucose levels	NCD Programme Manager
	1.2.3 Mental disorders screening rate	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioral disorders and substance use disorders at PHC facilities	Monitors access to and quality of mental health services in PHC facilities	PHC Comprehensive Tick Register	**Numerator:** SUM ([PHC client screened for mental disorders]) **Denominator:** SUM([PHC headcount under 5 years]) + SUM([PHC headcount 5 years and older])	The new data collection tools may not exist all facilities	Process/ Activity	Percentage	Quarterly	No	Higher percentage of for mental disorders screening	NCD Programme Manager

2.5 SUB-PROGRAMME: OTHER COMMUNITY SERVICES

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.5 100% Compliance with the Waste Management Act by 2019	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.	**Numerator** Number of health facilities (Hospitals) that dispose waste in line with SANS 10248 regulation at a given reporting period. **Denominator:** 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



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

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.5 HIV infection rate reduced by 15% by 2019	1.5.1 Client remain on ART end of month - total	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month- Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]	Monitors the total clients remaining on life-long ART at the month	ART Register; TIER.Net; DHIS	**Numerator:** SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])	None	Output	Cumulative total	Quarterly	no	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	1.5.2 TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	Monitors ART coverage for TB clients	TB register; ETR.Net; Tier.Net	**Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive])	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
1.5 HIV infection rate reduced by 15% by 2019	1.5.3 HIV test done	Total number of HIV Tests done in all age groups	Monitors the impact of the pandemic and assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS	SUM([Antenatal client HIV 1st test]) + SUM([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl. ANC)])	Dependent on the accuracy of facility register	Process	Number	Quarterly	No	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager
	1.5.4 Male Condoms Distributed	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns,	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution	Numerator: Stock/Bin card	SUM([Male condoms distributed])	None	Process	Percentage	Quarterly	No	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province	HIV/AIDS Cluster

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		non-traditional outlets, etc.).	sites (PDS) report to sub-districts on a monthly basis									
	1.5.6 Medical male circumcision - total	Medical male circumcisions performed 15 years and older as a proportion of total medical male circumcisions performed	Monitors medical male circumcisions performed under supervision	Theatre Register/ PHC tick register, DHIS	SUM ([Males 10 to 14 years who are circumcised under medical supervision]) +([Males 15 years and older who are circumcised under medical supervision])	Assumed that all MMCs reported on DHIS are conducted under supervision	Output	Rate	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager
1.6 TB death rate reduced by 30% in 2019	1.6.1 TB client 5 years and older start on treatment rate	TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive	Monitors trends in early identification of children with TB symptoms in health care facilities	PHC Comprehensive Tick Register	Numerator SUM ([TB client 5 years and older start on treatment]) Denominator: SUM([TB symptomatic client 5 years and older tested positive])	- Accuracy dependent on quality of data from reporting facility	Process/ Activity	Rate	Quarterly	No	Screening will enable early identification of TB suspect in health facilities	TB Programme Manager
	1.6.2 TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis	TB Register; ETR.Net	**Numerator:** SUM ([TB client successfully completed treatment]) **Denominator:** SUM ([TB client start on	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage suggests better treatment success rate.	TB Programme Manager



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	therefore the clients would have been started on treatment at least 6 months prior		treatment)]							
	1.6.3 TB Client loss to follow up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	**Numerator** SUM [TB () client lost to follow up] **Denominator**: SUM [TB 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
	1.6.4 TB Client death rate	TB clients who died during treatment as a proportion of	Monitors death during TB treatment period. The	TB Register; ETR.Net	**Numerator:** SUM ([TB client death during treatment])	Accuracy dependent on quality of data from	Outcome	Percentage	Quarterly	Yes	Lower levels of death desired	TB Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior		**Denominator:** SUM([TB client start on treatment])	reporting facility						
	1.6.6 TB MDR treatment success rate	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment	Monitors success of MDR TB treatment	TB Register; EDR Web	**Numerator** TB MDR client successfully complete treatment **Denominator**: SUM ([TB MDR confirmed client initiated on treatment])	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Quarterly	Yes	Higher percentage indicates a better treatment rate	TB Programme Manager



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

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.7 Maternal Mortality Ratio Reduced to less than 105 per 100 000 population by 2019	1.7.1 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	Monitors early utilisation of antenatal services	PHC Comprehensive Tick Register	**Numerator:** SUM ([Antenatal 1st visit before 20 weeks]) **Denominator:** SUM ([Antenatal 1st visit 20 weeks or later]) + SUM ([Antenatal 1st visit before 20 weeks])	Accuracy dependent on quality of data submitted health facilities	Process	Percentage	Quarterly	No	Higher percentage indicates better uptake of ANC services	MNCWH programme manager
	1.7.2 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery	PHC Comprehensive Tick Register	**Numerator:** SUM ([Mother postnatal visit within 6 days after delivery]) **Denominator:** SUM([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
	1.7.3 Antenatal client start on ART rate	Antenatal clients who started on ART as a	Monitors implementation of PMTCT	ART Register, Tier.Net	**Numerator:** SUM ([Antenatal client start	Accuracy dependent on quality of data Reported by	Output	Percentage	Quarterly	No	Higher percentage indicates greater	MNCWH programme manager

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		proportion of the total number of antenatal clients who are HIV positive and not previously on ART	guidelines in terms of ART initiation of eligible HIV positive antenatal clients.		on ART]) **Denominator:** Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])	health facilities					coverage of HIV positive clients on HIV Treatment	
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.1 Infant 1st PCR test positive around 10 weeks rate	Infants tested PCR positive for follow up test as a proportion of Infants PCR tested around 10 weeks	Monitors PCR positivity rate in HIV exposed infants around 10 weeks	PHC Comprehensive Tick Register	**Numerator** SUM [Infant PCR test positive around 10 weeks **Denominator:** SUM([Infant PCR test around 10 weeks])	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Lower percentage indicate fewer HIV transmissions from mother to child	PMTCT Programme
	1.8.2 Immunisation coverage under 1 year	Children under 1 year who completed their primary course of immunization as a proportion of population under 1 year.	Track the coverage of immunization services	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	**Numerator** SUM ([Immunised fully under 1 year new]) **Denominator:** SUM ([Female under 1 year]) + SUM([Male under 1 year])	Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from Stats SA, and accurate recording of	Output	Percentage	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager





Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
						children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered)						
	1.8.3 Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population..	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	PHC Comprehensive Tick Register Denominator: Stats SA	**Numerator** SUM ([Measles 2nd dose]) **Denominator:** SUM([Female 1 year]) + SUM([Male 1 year])	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Higher coverage rate indicate greater protection against measles	EPI
	1.8.5 Diarrhea case fatality under 5 years rate	Diarrhea deaths in children under 5 years as a proportion of diarrhea separations under 5 years in health facilities	Monitors treatment outcome for children under 5 years who were separated with diarrhea	Ward register	**Numerator:** SUM ([Diarrhea death under 5 years]) **Denominator:** SUM([Diarrhea separation under 5 years])	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
	1.8.6 Pneumonia case fatality	Pneumonia deaths in children	Monitors treatment outcome for	Ward Register	**Numerator:** SUM	Accuracy dependent on quality of data	Impact	Percentage	Quarterly	Yes	Lower children mortality rate	MNCWH Programme manager

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	under 5 years rate	under 5 years as a proportion of pneumonia separations under 5 years in health facilities	children under 5 years who were separated with pneumonia		([Pneumonia death under 5 years]) **Denominator**: SUM([Pneumonia separation under 5 years])	submitted health facilities					is desired	
	1.8.7 Severe acute malnutrition case fatality under 5 years rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities	Monitors treatment outcome for children under 5 years who were separated with Severe acute malnutrition (SAM)	Ward register	**Numerator:** SUM ([Severe acute malnutrition (SA M) death in facility under 5 years]) **Denominator:** SUM([Severe Acute Malnutrition separation under 5 years	Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	Yes	Lower children mortality rate is desired	MNCWH Programme manager
3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019	3.4.2 School Grade 1 learners screened	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)	School Health data collection forms	SUM [School Grade 1 - learners screened}	None	Process	Number	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
	3.4.3 School Grade 8 learners screened	Proportion of Grade 8 learners screened by a nurse in line with the ISHP	Monitors implementation of the Integrated School Health Program	**Numerator** School Health data collection forms	SUM [School Grade 8 - learners screened]	None	Process	Number	Quarterly	Yes	Higher percentage indicates greater proportion of school	School health services

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		service package	(ISHP)								children received health services at their school	
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.6 Delivery in 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Health Facility Register, DHIS	**Numerator** SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] **Denominator:** SUM([Delivery in facility total])	None	Process	Percentage	Quarterly	Yes	Lower percentage indicates better family planning	HIV and Adolescent Health
	1.7.4 Couple Year Protection Rate (Int)	Women protected against pregnancy by using modern contraceptive methods, including sterilizations, as proportion of female population 15-49 year. Contraceptive years are the total of (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4)	Track the extent of the use of contraception (any method) amongst women of child bearing age	Facility Register	**Numerator** (SUM ([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10)	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Quarterly	No	Higher percentage indicates higher usage of contraceptive methods.	MCWH&N Programme



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		+ (SUM Female condoms distributed/200) + (SUM Male condoms distributed / 200) + (Male sterilization x 20) + (Female sterilization x 10)			+ (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5) **Denominator:** SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]}							
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.4 Cervical cancer screening coverage 30 years and older	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older years.	Monitors implementation on cervical screening and policy	PHC Comprehensive Tick Register OPD tick register Denominator: StatsSA	**Numerator** SUM ([Cervical cancer screening 30 years and older]) **Denominator:** (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])) / 10	Reliant on population estimates from 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
1.8 Child Mortality Reduced to less than 34	1.8.10 Human Papilloma Virus	Girls 9 years and older that received	This indicator will provide overall	HPV Campaign Register – captured	SUM([Agg_ Girl 09 yrs HPV 1st dose]) +	None	Output	Number	Annually	No	Higher percentage indicate better	MNCWH Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
per 1000 population by 2019	Vaccine 1st dose coverage	HPV 1st dose	yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	electronically on HPV system	SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])						coverage	
	1.8.11 Human Papilloma Virus Vaccine 2nd dose coverage	Girls 9yrs and older HPV 2nd dose	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	SUM([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and	None	Output	Number	Annually	No	Higher percentage indicate better coverage	MNCWH Programme Manager



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
					older HPV 2nd dose])							
	1.8.8 Vitamin A dose 12-59 months coverage (Annualised)	Children 12-59 months who received vitamin A 200,000 units, every six months as a proportion of population 12-59 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	**Numerator** Vitamin A dose 12-59 months **Denominator:** 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 Maternal Mortality Ratio Reduced to less than 105 per 100 000 population by 2019	1.7.5 Maternal mortality in facility ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 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 (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care,	Maternal death register, Delivery Register	**Numerator** SUM ([Maternal death in facility]) **Denominator:** SUM([Live birth in facility])+SUM ([Born alive before arrival at facility])	Completeness of reporting	Impact	Ratio per 100 000 live births	Quarterly	No	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care	MNCWH Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
			delivery and postnatal services									
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.9 Neonatal death in facility rate	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility	Monitors treatment outcome for admitted children under 28 days	Delivery register, Midnight report	**Numerator** SUM ([Inpatient death 0-7 days]) + SUM ([Inpatient death 8-28 days]) **Denominator:** SUM([Live birth in facility])	Quality of reporting	Impact	Percentage	Quarterly	No	Lower death rate in facilities indicate better obstetric management practices and antenatal and care	MNCWH Programme Manager



2.7 SUB-PROGRAMME: CORONER SERVICES

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.9 Post – mortems conducted within 72hrs increased to 95% by 2019	1.9.1 Percentage of post-mortem 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	**Numerator** Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body **Denominator:** Total number of cold bodies received from SAPS (expressed as percentage)	Depended on accuracy of Forensic Pathology services data base.	Output	%	Quarterly	No	Improved and short turn-around times for post mortems.	GM: PHP



2.8 SUB – PROGRAMME DISTRICT HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 Hospital achieved 75% and more on National Core Standards (NCS) 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	**Numerator**: SUM ([Hospital achieved 75% and more on National Core Standards self - assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self - assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.1 Average Length of Stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds	DHIS, midnight census register	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	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



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	1.10.6 Inpatient Bed Utilisation Rate	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Track the over/under utilisation of district hospital beds	DHIS, midnight census	**Numerator :** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator** Usable (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	Hospital Services Manager
	110.12 Expenditure per patient day equivalent (PDE)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Monitors effective and efficient management of inpatient facilities.	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	**Numerator :** SUM ([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services Manager



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.26 Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	Complaints register	**Numerator:** SUM ([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance



PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Strategic Objective	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
3.6: Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS P1 urban response under 15 minutes rate	Emergency P1 calls in urban locations with response times under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas	DHIS, institutional EMS registers OR DHIS, patient and vehicle report.	**Numerator:** SUM ([EMS P1 urban response under 15 minutes]) **Denominator:** SUM([EMS P1 urban calls])	Accuracy dependent on quality of data from reporting EMS station	Output	Percentage	Quarterly	No	Higher percentage indicate better response times in the urban areas	EMS Manager
	3.6.2 EMS P1 rural response under 40 minutes rate	Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	DHIS, institutional EMS registers Patient and vehicle report.	**Numerator:** SUM ([EMS P1 rural response under 40 minutes]) **Denominator:** SUM([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	Monitors use of ambulances for inter-facility transfers as	DHIS, institutional EMS registers Patient and	**Numerator** SUM ([EMS inter-facility	Accuracy dependent on the reliability of data	Output	Percentage	Quarterly	No	Lower percentage desired. The target is the	EMS Manager

Strategic Objective	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		another inpatient facility) transfers as proportion of total EMS patients transported	opposed to emergency responses	vehicle report.	transfer]) **Denominator** SUM([EMS clients total])	recorded on the Efficiency Report at EMS stations and emergency headcount reported from hospitals.					CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.	



PROGRAMME 4

SUB-PROGRAMME 4.1: REGIONAL HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 Hospitals that achieved a performance of 75% or more on National Core Standards self -assessment	Hospitals that achieved a performance of 75% or more on National Core Standards self-assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Output	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Monitors whether public hospitals 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

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.2 Average Length of Stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds	DHIS, midnight census	**Numerator** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	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
	1.10.7 Inpatient Bed Utilisation Rate	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Monitors effectiveness and efficiency of inpatient management	DHIS, midnight census	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** Usable (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

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.3 NCD coverage increased to 1300/1000 000 through management of chronic illness	1.3.1 Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured populations. The population will be divided by 12 in the formula to make provision for annualisation	Monitors access to cataract surgery.	Facility registers, patient registers	**Numerator:** Cataract surgery total **Denominator:** 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
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.13 Expenditure per patient day equivalent (PDE)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Monitors effective and efficient management of inpatient facilities.	BAS, Stats SA, Council for Medical Scheme data, DHIS, midnight census	**Numerator** SUM ([Expenditure - total]) **Denominator** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+(	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
					[Emergency headcount - total x 0.3333333])							
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.29 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator:** Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 4.2: SPECIALISED TB Hospitals

Strategic Objectives	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 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self -assessment	Monitors whether public hospitals 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	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator: :** SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.3 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialties	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs	DHIS, facility register & Admission	**Numerator** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	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	GM:DHS



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
			with Inpatient beds									
	1.10.8 Inpatient Bed Utilisation Rate	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialties	Monitors effectiveness and efficiency of inpatient management	DHIS, facility register Admission	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator** : 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	Hospital Services Manager
	1.10.14 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	Track the expenditure per PDE in TB Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator** Total Expenditure **Denominator** : Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services Manager



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		equivalent to one inpatient day										
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.30 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator** : Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance



SUB-PROGRAMME 4.3: SPECIALISED PSYCHIATRIC Hospitals

Strategic Objectives	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: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals 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	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.4.31 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator:** Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 5

SUB-PROGRAMME 5.1: CENTRAL HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self -assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.4 Average Length of Stay	Average number of patient days that an admitted patient in the Hospital before separation.	To monitor the efficiency of the central Hospital	DHIS, facility register & Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient	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	District Health Services



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
					transfers out						might reflect inefficient quality of care	
	1.10.10 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 Hospital beds	DHIS, facility register Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** 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
	1.10.16 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	Track the expenditure per PDE in Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator:** Total Expenditure in district Hospitals **Denominator:** Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		headcount multiplied by a factor of 0.33. All Hospital activity expressed as a equivalent to one inpatient day										
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.32 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator:** Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance



SUB-PROGRAMME 5.2: TERTIARY HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.5 Average Length of Stay	Average number of patient days that an admitted patient in the Hospital before separation.	To monitor the efficiency of the Hospital	DHIS, facility register & Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** 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
	1.10.11 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 Hospital beds	DHIS, facility register Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** Inpatient bed days (Inpatient beds * 30.42)	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	District Health Services



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
					available						disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	
	1.10.17 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 Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator:** Total Expenditure in district Hospitals **Denominator:** Patient Day equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.33 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator:** Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self -assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.4 Average Length of Stay	Average number of patient days that an admitted patient in the Hospital before separation.	To monitor the efficiency of the Hospital	DHIS, facility register & Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** 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



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	1.10.10 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 Hospital beds	DHIS, facility register Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** 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
	1.10.16 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	Track the expenditure per PDE in Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator:** Total Expenditure in district Hospitals **Denominator:** Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		activity expressed as a equivalent to one inpatient day										
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.32 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator:** Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 5.2: TERTIARY HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.5 Average Length of Stay	Average number of patient days that an admitted patient in the Hospital before separation.	To monitor the efficiency of the Hospital	DHIS, facility register & Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominator:** 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
	1.10.11 Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of	Track the over/under utilisation of Hospital beds	DHIS, facility register Admission	**Numerator:** Inpatient days + 1/2 Day patients **Denominato**	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher	District Health Services



Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
		the sum of the daily number of usable beds.			**r:** Inpatient bed days (Inpatient beds * 30.42) available						burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	
	1.10.17 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 Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	**Numerator:** Total Expenditure in district Hospitals **Denominator:** Patient Day equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.
2.4 Patient Experience of Care increased to more than	2.4.33 Complaint resolution within 25 working days	Percentage of complaints of users of Hospital Services	To monitor the management of the complaints in	complaints register,	**Numerator:** Total number of complaints resolved within 25 days	Accuracy of information is dependent on the accuracy of time stamp	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints	Quality Assurance

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
75% in health services by 2019	rate	resolved within 25 days	Hospitals		**Denominator:** Total number of complaints resolved	for each complaint					in Hospitals	



SUB-PROGRAMME 5.3: SPECIALISED TERTIARY HOSPITAL

Strategic Objectives	Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self -assessment	Monitors whether public hospitals 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 - National Core Standard review tools	**Numerator:** SUM ([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** : SUM([Hospitals conducted National Core Standards self-assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
	2.4.34 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	**Numerator:** Total number of complaints resolved within 25 days **Denominator** Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
2.6 First year Health professional students receiving bursaries by 2019	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	Number of Bursaries awarded for first year medicine students 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	Number of Bursaries awarded for first year nursing students 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

Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019	1.11.1 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	**Numerator:** Number of clients supplied with wheelchairs during a reporting period **Denominator:** Total clients applied and on waiting list to receive wheelchairs during the same period	Dependent 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
	1.11.2 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	**Numerator:** Number of clients supplied with hearing aids during a reporting period **Denominator:** Total clients applied and on waiting list to receive hearing aids during the same period	Dependent 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
	1.11.3 Percentage of eligible applicants	Clients supplied with prosthesis as a proportion of	Tracks the degree to which the department is	DHIS, facility registers	**Numerator:** Number of clients supplied with	Dependent on accuracy of DHIS	Output with special focus to access	Percentage	Quarterly	No	Higher percentage reflects improved	Clinical Support Manager

Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	supplied with prostheses	the total clients applying for prosthesis expressed as a percentage	meeting the need for assistive devices in the Province		prosthesis during a reporting period **Denominator**: Total clients applied and on waiting list to receive prosthesis during the same period						service delivery and increased access to prosthesis	
	1.11.4 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	**Numerator:** Number of clients supplied with orthosis during a reporting period **Denominator:** Total clients applied and on waiting list to receive orthosis during the same period	Dependent 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
1.12 95% availability of essential drugs in all health facilities by 2019	1.12.1 Percentage of order fulfilment of essential drugs at the depots.	Drug orders fulfilled completely	Ensure availability of essential drugs in all facilities	MEDSAS	**Numerator:** Number of order fulfilled completely **Denominator :** 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
	1.12.2 Essential	Mange number of	Ensure availability of	MEDSAS	**Numerator:** *number of*	Poor maintenance	Output	Percentage	Quarterly	No	Availability of essential	Pharmaceutical Services

Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	medicines stock-out rate at the depots	essential medicine on stock	essential drugs at the depots		*essential medicines out of stock* **Denominator :** *Total number of essential medicines*	of essential medicines stock levels at the depot					medicine at the depot	Manager and Depot managers



PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
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 refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone major 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 minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where 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.	Job card/ invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone 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



Strategic Objectives	Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsi-bility
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of health facilities outside NHI Pilot District that have undergone major 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
	2.7.4 Number of health facilities that have undergone minor refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where 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.	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities outside NHI Pilot District that have undergone 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



14. CONCLUSION

This is 2018/19 Annual Performance Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2015/16-2019/20 strategic plan.

The department is committed to supporting districts, sub-districts and the facilities to achieve the agreed targets.



