



The background image is a grayscale collage. At the top, a calculator is visible with buttons for numbers, '+', '-', 'x', '/', '=', and '%'. Below the calculator is a pen. In the lower half, a stethoscope is draped over a surface. In the upper right, there is a table with columns for countries and numerical data. The table includes entries for Australia, Canada, India, Israel, Japan, Kuwait, Malta, New Zealand, and the UK. The word 'COMMODITIES' is also visible in the background.

PART B

PROGRAMME I

Health Administration



I. PROGRAMME ONE: HEALTH ADMINISTRATION AND MANAGEMENT

This programme comprises of two sub-programmes namely, the Office of the Member of the Executive Council (MEC) and Management.

I.1 OFFICE OF THE MEC

I.1.1 PROGRAMME PURPOSE

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

I.1.2 PRIORITIES FOR THE NEXT THREE YEARS

- Give political and strategic direction to the Department.
- Engage all the Governance Structures of the Department, i.e. Hospital Boards, Clinic Committees, Provincial Health Council and Lilitha Education Nursing Council.

I.1.3 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR OFFICE OF THE MEC

Strategic Goal(s) being addressed:

Strategic Goal 05: To enhance institutional capacity through effective leadership, governance, accountability and efficient and effective utilization of resources.

TABLE MEC I: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR THE OFFICE OF THE MEC

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
5.1 Provision of strategic leadership and the creation of social compact to achieve 100% accountability	5.1.1 Number of NHC meetings attended by the Hon. MEC	30	Attendance Register Reports	6	6	6	6	6	6	6
	5.1.2 Number of Eastern Cape Provincial Health Council (ECPHC) meetings hosted by the Hon MEC	19	Attendance Register Report	New	6	1	4	4	4	4

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
	5.1.3 Number of Lilita Nursing College Council Meetings attended by the Hon. MEC	8	Attendance Register Reports	Not Measured	Not Measured	2	2	2	2	2
	5.1.4 Number of sessions held with hospital boards and clinic committees by the Hon. MEC	23	Attendance Register and Minutes	Not Measured	Not Measured	2	7	7	7	7

I.1.4 QUARTERLY TARGETS FOR THE OFFICE OF THE MEC FOR 2013/14

BUDGET ALLOCATION: SUB-PROGRAMME – OFFICE OF THE MEC

Budget	R'000
Office of the MEC	7,510
Management	627,819
TOTAL BUDGET	635,329

ECONOMIC CLASSIFICATION FOR PROGRAMME ONE

Budget	R'000
Compensation of Employees	366,197
Goods and Services	220,177
Transfers	855
Capital Assets	48,100
TOTAL BUDGET	635,329

BUDGET ALLOCATION FOR SUB-PROGRAMME - OFFICE OF THE MEC

Budget	R'000
Compensation of Employees	4,249
Goods and Services	3,261
TOTAL BUDGET	7,510

1.1.4.1 TABLE MEC 1A: QUARTERLY TARGETS FOR OFFICE OF THE MEC FOR 2012/13

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
Provision of strategic leadership and the creation of social compact to achieve 100% accountability	5.1.1 Number of NHC meetings attended by the Hon. MEC	Attendance Register Reports.	Quarterly	6	2	1	2	1	3,261
	5.1.2 Number of Eastern Cape Provincial Health Council (ECPHC) meetings hosted by the Hon. MEC	Attendance Register Report	Quarterly	4	1	1	1	1	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	5.1.3 Number of Lilitha Nursing College Council Meetings hosted by the Hon. MEC	Attendance Register Reports	Bi-Annually	2	-	1	-	1	
	5.1.4 Number of sessions held with hospital boards and clinic committees by the Hon. MEC	Attendance Register and minutes	Quarterly	7	2	2	2	1	

I.2. MANAGEMENT

I.2.1 PROGRAMME PURPOSE

- To manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, co-ordination, monitoring and evaluation including regulatory functions of the head office are located.

I.2.2 PRIORITIES FOR THE NEXT THREE YEARS

- To facilitate the provision of strategic leadership and the creation of social compact for better health outcomes.
- To implement systems for effective planning, monitoring and evaluation processes in order to improve the provision of health services.
- To implement corporate systems to support the service delivery imperatives of the Department.
- To implement and institutionalize financial management strategy inclusive of internal financial controls in order to support the service delivery of the organisation.
- To facilitate effective human resources planning development and management in order to improve provision of health services

1.2.3 SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

TABLE ADMIN 1: SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

Strategic Objective	Indicator	Type	Data source	Audited/ Actual performance			Estimate	Medium-term targets		
				2009/10	2010/11	2011 /12	2012/13	2013/14	2014/15	2015/16
5.5 To ensure 100% Effective HR planning, Development and Management	1. Medical officers per 100,000 people	No	PERSAL	18.9	20.2	21.4	22.6	23.8	25	26.2
	2. Medical officers per 100,000 people in rural districts	No	PERSAL	17.3	18.4	19.5	20.6	21.7	22.8	23.9
	3. Professional nurses per 100,000 people	No	PERSAL	123.2	127.9	132.5	137.1	142.5	147.9	153.3
	4. Professional nurses per 100,000 people in rural districts	No	PERSAL	113.1	117.5	121.9	126.3	131.7	137.1	142.5
	5. Pharmacists per 100,000 people	No	PERSAL	6.3	7.4	8.5	9.6	10.1	11.2	12.3
	6. Pharmacists per 100,000 people in rural districts	No	PERSAL	4.2	4.7	5.3	5.8	6.3	6.8	7.3
	6. Vacancy rate for professional nurses	%	PERSAL	38	35	33	31	29	27	25
	7. Vacancy rate for doctors	%	PERSAL	48	40	38	36	34	32	30
	8. Vacancy rate for medical specialists	%	PERSAL	53	50	48	46	44	42	40
	9. Vacancy rate for pharmacists	%	PERSAL	59	45	43	41	39	37	35

1. Vacancy rates on old establishment and on funded posts, the Department is currently in the process of reviewing the organogram to be in line with the service to be offered
2. Rural districts refer to the 13 integrated sustainable rural development nodes, and other districts classified by the Province as rural

1.2.4 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MANAGEMENT

Strategic Goal(s) being addressed:

Strategic Goal 05: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs.

Strategic Goal 05: To enhance institutional capacity through effective leadership, governance, accountability and efficient and effective utilization of resources.

TABLE ADMIN 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS MANAGEMENT

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
5.1. Provision of strategic leadership and the creation of social compact to achieve 100% accountability	5.1.5 Level of compliance by the department with the Management Performance Assessment Tool (MPAT)	Level 4 ¹	MPAT report; Proof of submission to the Office of the Presidency	Not Measured	Not Measured	Not Measured	Level 3	Level 4	Level 4	Level 4
5.2. To facilitate 100% achievement of an effective and compliant planning and monitoring system	5.2.1 Number of statutory planning & reporting compliance documents submitted to the Executive Authority	1 Strategic Plan 5 APPs 5 SDIPs 5 Annual Reports 5 Oversight Reports;	Signed copies of submission letters & copies of documents	4 statutory compliance documents were submitted i.e APP, SDIP, Annual Report & Oversight report	4 statutory compliance documents were submitted i.e APP, SDIP, Annual Report & Oversight report	4 statutory compliance documents were submitted i.e APP, SDIP, Annual Report & Oversight report	4 statutory compliance documents i.e APP, SDIP, Annual Report & Oversight Report	4 statutory compliance documents i.e APP, SDIP, Annual Report & Oversight Report	5 statutory compliance documents i.e Strategic Plan, APP, SDIP, Annual Report & Oversight Report	4 statutory compliance documents i.e APP, SDIP, Annual Report & Oversight Report

1. In terms of the MPAT Tool, level 4 is when the organisation has full compliance with the four Management Performance Areas and doing things smart.

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
5.3 To provide 100% Financial Management and SCM to achieve full accountability and clean Audit	5.3.1 Proportion of valid invoices paid within 30 days	100%	BAS, LOGIS & Invoice Registries	Not Measured	Not Measured	Not Measured	50%	100%	100%	100%
	5.3.2 Over expenditure (%)	1%	BAS & IYM reports	R874, 28m	R117, 52m	R300, 507m	2%	2%	1%	0.5%
	5.3.3 Number of procurement hubs established	14	LOGIS implementation & utilisation	Not Measured	Not Measured	Not Measured	9	14	14	14
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.1 (Rand value) of revenue generated provincially	97,981m	BAS & Delta 9	79,816m	85,973m	91,897 m	81,394m	92,209m	97,981m	100,679m
5.4 To facilitate 80% achievement of developed and implemented corporate systems and ICT platform	5.4.1 Number of District Hospitals (Prioritised in RSDP) with reliable connectivity	26	Delivery note	Not Measured	Not Measured	Not Measured	12	20	26	26

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
5.5 To ensure 100% effective HR planning, development and management	5.5.1 Vacancy rate	8%	PERSAL	Not reported	Not reported	Not reported	12%	10%	8%	6%
	Numerator			PERSAL			5880	4 900	3 920	2 940
	Denominator						49 000	49 000	49 000	49 000
	5.5.2 Percentage of PERSAL sites (institutions) with a minimum of trained PERSAL users per site	60%	Training attendance certificate	Not Measured	Not Measured	Not Measured	Not Measured	50%	60%	70%
	Numerator							43	51	60
	Denominator							85	85	85
	5.5.3 Utilisation rate - Employee relations	3%	Case registers; Employee relations database, files	Not measured	Not measured	Not measured	1%	2%	3%	4%

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	Numerator						530	1060	1590	2120
	Denominator						53 000	53 000	53 000	53 000
	5.5.4 Percentage of employment relation's cases finalised within 30 days	90%	PERSAL System HR SLA/SOPS	Not measured	Not measured	Not measured	50%	80%	90%	100%
	Numerator			Not measured	Not measured	Not measured	40	64	72	80
	Denominator			Not measured	Not measured	Not measured	80	80	80	80
	5.5.5 Percentage of employees whose exit benefits are paid within 3 months of termination	100%	Persal system HR SLA/SOPs	Not measured	Not measured	Not measured	80%	85%	90%	100%
	Numerator			Not measured	Not measured	Not measured	32 111	36 920	41 760	41 839
	Denominator			Not measured	Not measured	Not measured	40 139	41 023	41 760	41 839

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
	5.5.6 Employee wellness utilisation rate	2,5%	Caseload Statistics / Case registers & files	Not Measured	Not Measured	Not Measured	1,6%	1,6%	2%	2,5%
	Numerator			Not Measured	Not Measured	Not Measured	643	650	850	1050
	Denominator			Not Measured	Not Measured	Not Measured	40 139	41 023	41 760	41 839
	5.5.7 Percentage of employees out of adjustment	5%	Persal data, Vulindlela data, National and Provincial Treasuries HR data	Not Measured	Not Measured	Not Measured	20%	10%	5%	0%
	Numerator						7978	7180	359	359
	Denominator						9972	7978	7180	359

1.2.5 QUARTERLY TARGETS FOR MANAGEMENT FOR 2013/14

BUDGET ALLOCATION: SUB - PROGRAMME ONE – MANAGEMENT

BUDGET	R'000
Compensation of Employees	36,1948
Goods and Services	216,916
Transfers	855
Capital assets	48,100
TOTAL BUDGET	627,819

TABLE ADMIN 3: QUARTERLY TARGETS FOR MANAGEMENT FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
5.1 Provision of strategic leadership and the creation of social compact to achieve 100% accountability	5.1.5 Level of compliance by the department with Management Performance Assessment Tool (MPAT)	MPAT report; Proof of submission to the Office of the Presidency	Annually	Level 4	-	-	Level 4	-	216,916
5.2 To facilitate 100% achievement of an effective and compliant planning and monitoring system	5.2.1 Number of statutory planning & reporting compliance documents submitted to Executive Authority	Signed copies of submission letters & copies of documents	Quarterly	4 (APP, SDIP, Annual Report & Oversight Report)	-	1 (Annual Report)	1 (Oversight Report)	2 (APP & SDIP)	
5.3 To provide 100% Financial Management and SCM to achieve full accountability and clean Audit	5.3.1 Proportion of valid invoices paid within 30 days	BAS, LOGIS & Invoice Registries	Quarterly	100%	100%	100%	100%	100%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	5.3.2 Over expenditure (%)	BAS & IYM reports	Annually	2%	-	-	-	2%	
	5.3.3 Number of procurement hubs established	LOGIS implementation & utilisation	Quarterly	14	10 (2 NEW)	12 (2 NEW)	14 (2 NEW)	14	
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.1 Amount (Rand value) of revenue generated provincially	BAS & Delta 9	Quarterly	92 209m	23 160m	22 624m	20 487m	25 938m	
5.4 To facilitate 80% achievement of developed and implemented corporate systems and ICT platform	5.4.1 Number of District Hospitals (Prioritised in RSDP) with reliable connectivity	Delivery note	Quarterly	20	3	6	6	5	
5.5 To ensure 100% effective HR planning, development and management	5.5.1 Vacancy rate	PERSAL	Annually	10%	-	-	-	10%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			4 900	-	-	-	4 900	
	Denominator			49 000	-	-	-	49 000	
	5.5.2 Percentage of PERSAL sites (institutions) with a minimum of trained PERSAL users per site	Training attendance certificate	Annually	50%				50%	
	Numerator			43	-	-	-	43	
	Denominator			85	-			85	
	5.5.3 Utilisation rate -Employee relations	Case registers; Employee relations database, files	Quarterly	2%	2%	2%	2%	2%	
	Numerator			1060	1060	1060	1060	1060	
	Denominator			53 000	53 000	53 000	53 000	53 000	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	5.5.4 Percentage of employment relation's cases finalised within 30 days	Case Management System Reports	Quarterly	80%	55%	60%	70%	80%	
	Numerator			64	44	48	56	64	
	Denominator			80	80	80	80	80	
	5.5.5 Percentage of employees whose exit benefits are paid within 3 months of termination	Persal system HR SLA/SOPs	Quarterly	85%	85%	85%	85%	85%	
	Numerator			243	77	82	38	46,8	
	Denominator			271	86	91	42	52	
	5.5.6 Employee wellness utilisation rate	Caseload Statistics / Case registers & files	Quarterly	1,6%	1,6%	1,6%	1,6%	1,6%	
	Numerator			650 active	650	650	650	650	
	Denominator			41 023	41 023	41 023	41 023	41 023	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	5.5.7 Percentage of employees out of adjustment	Persal data, Vulindlela data, National and Provincial Treasuries HR data	Quarterly	10%	2%	5%	8%	10%	
	Numerator			7180	7814	7579	7340	7180	
	Denominator			7978	7978	7978	7978	7978	

I.2.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN4:EXPENDITURE ESTIMATES:ADMINISTRATION

R' 000		Audited			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	Office of the MEC	5 845	5 019	6 647	6 969	7 101	7 101	7 510	7 908	8 296	5.76
2.	Management	617 720	517 062	538 837	508 442	534 928	599 453	627 819	636 476	667 302	4.73
Total		623 565	522 081	545 484	515 411	542 029	606 554	635 329	644 384	675 598	4.74

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	616 768	517 542	539 910	514 487	533 508	598 033	586 374	642 309	674 210	(1.95)
Compensation of employees	381 361	319 947	288 964	325 956	328 581	328 581	366 197	396 124	430 568	11.45
Goods and services	229 567	193 783	248 266	188 531	204 927	268 089	220 177	246 185	243 642	(17.87)
Interest and rent on land	5 840	3 812	2 680	-	-	1 363	-	-	-	(100.00)
Transfers and subsidies	1 063	703	275	824	4 403	4 403	855	1 327	1 388	(80.58)
Households	1 063	703	275	824	4 403	4 403	855	1 327	1 388	(80.58)
Payments for capital assets	5 734	3 774	5 211	100	4 118	4 118	48 100	748	-	1068.04
Machinery and equipment	5 734	3 774	5 211	100	4 118	4 118	40 948	-	-	894.37
Software and other intangible assets	-	-	-	-	-	-	7 152	748	-	
Payments for financial assets	-	62	88	-	-	-	-	-	-	
Total	623 565	522 081	545 484	515 411	542 029	606 554	635 329	644 384	675 598	4.74

I.2.7 RISK MANAGEMENT

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

RISK – Programme I	MITIGATING FACTORS
Lack of funding and budgetary constraints.	Targets readjusted and aligned with available budget, prioritization critical services, introduction of austerity measures
Ineffective Strategic Management and control	<ul style="list-style-type: none"> • Performance Review Seminars with senior Management • Quarterly reports to Provincial Treasury • Alignment of Annual Performance Plan to District Plans
Organisational structure does not support the service delivery platform.	Organisational re-design and alignment to the service delivery platform
Inadequate information and communications technology ("ICT") management.	<ul style="list-style-type: none"> • Establishment of VPN (Virtual Private Network) connectivity support structure in the province • Development of IT governance framework • Improve capacity – ICT (Information Computer Technology) • Establishment of MPI (Master Patient Index system) that will ensure adequate registration of patient information
Inefficient SCM processes	Multi Agency working group (MAWG) intervention is putting systems in place
Poor corporate culture and lack of shared values	Change Management has been identified as an area to be incorporated into the HR turnaround strategy. A project leader has been identified
No filling of vacant posts due to lack of funds and moratorium on filling of posts	Propose professionally appropriate funded organogram and fill posts
High turnover of skilled staff	Attraction and retention strategies. DoH bursary must adhere to their contracts. Review and improve long service awards



PROGRAMME 2

District Health Services



2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

2.1 District Management

2.2 Community Health Clinics

2.3 Community Health Centres

2.1 PROGRAMME PURPOSE

- To ensure the delivery of Primary Health Care Services through the implementation of the District Health System

2.1.2 PRIORITIES FOR THE NEXT THREE YEARS

- To facilitate the provision of Strategic Leadership and the creation of Social Compact for better Health by strengthening governance structures for increased participation in health issues
- To implement the model for the delivery of health services in Eastern Cape based on the Revitalisation of Primary Health Care (PHC) Services in preparation for the implementation of National Health Insurance (NHI) Project
- To combat and reduce the impact of TB and HIV/AIDS with a special focus on preventing the emergence of drug – resistant strains.
- To improve and strengthen the mother and child health services within the Eastern Cape Province.
- To improve early detection and management of people with chronic conditions and those abusing substance at community level through social mobilisation of communities.

2.1.3 SPECIFIC INFORMATION FOR DISTRICT HEALTH SERVICES

TABLE DHSI: DISTRICT HEALTH SERVICES FACILITIES BY HEALTH DISTRICT IN 2012/13

Health district	Facility type	No	Population ^{2,5}	Population per PHC facility ⁵ or per hospital bed	Per capita utilization ⁶
Alfred Nzo	Non fixed clinics ³	8	62 231	7 779	2.1
	Fixed Clinics ⁴	72	647 217	8 989	2.2
	CHCs	2	93 490	4 674	2.2
	Sub-total clinics + CHCs	74	740 707	100 095	2.2
	District hospitals	6			
Amathole	Non Fixed Clinics ⁴	28	62 202	2 222	2.1
	Fixed	151	766 587	5 077	2.5
	CHCs	5	171 705	34 341	2.6
	Sub-total clinics + CHCs	156	938 292	6 015	2.5
	District hospitals	12			
Buffalo City Metro	Non Fixed Clinics	14	28 683	2 049	2.5
	Fixed	71	487 172	6 862	2.8
	CHCs	5	281 155	56 231	2.8
	Sub-total clinics + CHCs	76	768 327	10 109	2.8
	District hospitals	3			
Cacadu	Non fixed clinics ³	34	52 915	1 556	3.4
	Fixed Clinics ⁴	58	342 650	5 908	3.5
	CHCs	3	37 226	12 409	3.2
	Sub-total clinics + CHCs	61	379 876	6 227	3.5
	District hospitals	10			
Chris Hani	Non fixed clinics ³	30	55 107	1 837	2.5
	Fixed Clinics ⁴	147	625 859	4 258	3.0
	CHCs	7	92 029	13 147	3.1
	Sub-total clinics + CHCs	154	717 888	4 662	3.0
	District hospitals	14			

Health district	Facility type	No	Population ^{2,5}	Population per PHC facility ⁵ or per hospital bed	Per capita utilization ⁶
NMM	Non fixed clinics ³	16	34 777	2 174	2.5
	Fixed C linics ⁴	40	674 721	16 868	3.1
	CHCs	9	302 881	33 653	3.1
	Sub-total	49	977 602	19 951	3.1
	District hospitals	1			
O.R. Tambo	Non fixed clinics ³	13	79 053	6 081	2.6
	Fixed Clinics ⁴	132	99 693	75 525	2.8
	CHCs	10	277 421	3 308	2.7
	Sub-total	142	377 114	2 656	2.8
	District hospitals	9			
Joe Gqabi	Non fixed clinics ³	21	35 731	1 701	2.5
	Fixed Clinics ⁴	50	300 505	6 010	2.7
	CHCs	0	0	0	
	Sub-total clinics + CHCs	50	300 505	6 010	2.7
	District hospitals	11			
Province	Non fixed clinics ³	164	410 699	2 504	2.5
	Fixed Clinics ⁴	721	4 841 648	6 715	2.8
	CHCs	41	1 255 907	30 631	2.8
	Sub-total clinics + CHCs	762	6 097 555	8 002	2.8
	District hospitals	66			

1. A breakdown to sub-district level should be made where data are available. Data on rural development nodes and urban renewal nodes should be identified specifically.

2. Populations should be those of resident uninsured people. Any major cross boundary flow of patients should be explained in the text.

3. Non-fixed clinics should include mobile and satellite clinics and visiting points.

4. Fixed clinics; both provincial and local government facilities should be included.

5. PHC facility headcounts and hospital separations should be used for per capita utilisation.

2.1.4 SITUATION ANALYSIS INDICATORS FOR DISTRICT MANAGEMENT

TABLE DHS 2: SITUATION ANALYSIS INDICATORS FOR DISTRICT MANAGEMENT

Strategic Objective	Quarterly Indicators- for Subprogram 2.1,2.2&2.3	Means Of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Chris Hani 2011/12	Cacadu 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/12
1.3 To ensure revitalization of Primary Health Care in all districts	1.Provincial PHC expenditure per uninsured person	DHIS, facility register	R	364	562	1,767	N/A	1,496	2,255	388	1,297	1,579	
	2. PHC total headcount	DHIS, facility register	No	18 047 654	1 784 111	2 464 636	2 211 727	2 308 452	1 493 216	3 114 039	3 773 125	898 348	
	3. PHC total head count under 5 years -total	DHIS, facility register	No	3 176 463	441 313	429 712	324 111	442 135	193 113	397 434	776 775	171 870	
	4. PHC - Utilisation rate	DHIS, facility register	No	2.8	2.2	2.5	2.8	3.0	3.5	3.1	2.8	2.7	
	5. PHC Utilisation rate under 5 years	DHIS, facility register	No	4.6	4.3	4.1	5.1	5.4	4.6	3.8	5.2	4.6	
	6. PHC supervisor rate (fixed clinics/CHC/ CDC)	DHIS, facility register	%	86.1	91.1	91.1	82.3	81.9	86.6	59.4	91.4	92.5	

Strategic Objective	Quarterly Indicators- for Subprogram 2.1,2.2&2.3	Means Of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Chris Hani 2011/12	Cacadu 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/12
	7. Complaints resolution within 25 working days	DHIS, Facility complaints register, QA report and	%	64.1	58.8	70.1	70.2	73.3	36.4	73.1	63.8	40.8	
ANNUAL INDICATORS													
	8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Co-standard self-assessment tool.	No	534	36	161		150	43	51	81	12	

¹. Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities.

². Community Health Centres and Community Day Centres

³. This National figure excludes EC, KZN, LP, NW and NC, as these provinces were not collecting information for these indicators in 2009/10

Note: The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.1.5 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT MANAGEMENT AND 2.1, 2.2 & 2.3

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

TABLE DHS 3: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT MANAGEMENT (INC DHS 4)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Quarterly Indicators for sub-programmes 2.1, 2.2 & 2.3	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.3 To ensure revitalization of Primary Health Care Services in all districts	1. Provincial PHC expenditure per uninsured person	BAS, DHIS, facility register	R	531	351	364	377	390	404	418	Provincial target
	Numerator			3,106.8M	2,055.92M	2,131,682,280	2,213,488,017	2,295,602,010	2,383,855,732	2,472,044,058	
	Denominator			5 850 758	5 857 313	5 856 270	5 871 321	5 886 159	5 900 633	5 913 981	
	2. PHC headcount - total	DHIS, facility register	No	18.62M	17 662 518	18 047 654	18 681 477	18 728 688	18 774 742	18 817 212	Provincial target
	3. PHC total headcount under 5 years - total	DHIS, facility register	No	2 582 748	3 081 144	3 187 932	3.34m	3 356 700	3 373 484	3 390 351	Provincial target
	4. PHC Utilization rate	DHIS, facility registers	No	2.8	2.7	2.7	2.8	2.8	2.8	2.8	3.5

Strategic Objective	Quarterly Indicators for sub-programmes 2.1, 2.2 & 2.3	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator			18.6m	17662 518	18 268477	18 681 477	18 728 688	18 774 742	18 817 212	
	Denominator			6 648 589	6 656 037	6 654 852	6 671 956	6 688 817	6705 265	6 720 433	
	5. PHC Utilisation rate under 5 years	DHIS, facility register	No	4.8	4.3	4.6	4.4	4.6	4.7	4.7	5.5
	Numerator			3 524 899	3 083 771	3 203 937	3 022 105	3 132 605	3 184 142	3 173 633	
	Denominator			734 354	717 156	696 508	686 842	681 001	677 477	675 241	
	6. PHC supervisor visit rate (fixed clinics/CHC/ CDC)	DHIS, Supervisor report	%	81.5	80.3%	86%	90%	90%	91%	92%	100%
	Numerator			621	612	655	686	686	701	716	
	Denominator			762	762	762	762	762	762	762	
	7. Complaints resolution within 25 working days rate	DHIS, complaints register,	No	85% (all types of facilities)	87% (all facility types)	72,8%	72%	72%	73%	73%	100%
	Numerator					11 791	7747	7747	7855	7855	
	Denominator					16 207	10760	10 760	10 760	10 760	

Strategic Objective	Quarterly Indicators for sub-programmes 2.1, 2.2 &2.3	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12		2012/13	2013/14	2014/15	
	I.3.I Number of PHC teams established	PHC Teams Database, PHC Teams audit tool	No	New strategy	New strategy	13	265	297 (32 new)	329 (32 new)	361(32 new)	
I.1To facilitate 60% of facilities implementing quality & patient safety program	I.1.1 Percentage of PHC facilities conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not Measured	Not Measured	Not Measured	Not Measured	30%	50%	100%	
	Numerator							216	361	723	
	Denominator							723	723	723	
	I.1.2 Percentage of PHC facilities that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%	
	Numerator							216	361	723	
	Denominator							216	361	723	

Strategic Objective	Quarterly Indicators for sub-programmes 2.1, 2.2 & 2.3	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.2 Number of GPs contracted with RPHC programme	PERSAL, signed contracts	No	New strategy	New strategy	New strategy	New strategy	24	48	48	
	1.2.3 Number of District clinical Specialist team members appointed	PERSAL, signed contracts	No	New strategy	New strategy	New strategy	11	21	42	56	
Annual Indicators											
	8. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Core standard compliance self-assessment tool; self-assessment report	No	Not Measured	Not Measured	Not measured	400	402	404	406	All facilities

1. Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities
2. Community Health Centres and Community Day Centres
3. Population denominators used are estimates on DHIS based on 2001 census and will be revised in line with the 2011 population census results
4. This national figure excludes EC, KZN, NW, and NG as these provinces were not collecting information for these indicators in 2009/10

Note: The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.1.6 QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES

BUDGET ALLOCATION FOR DISTRICT HEALTH SERVICES

Budget	R'000
2.1 District Management	610,994
2.2 Community Health Clinics	1,540,879
2.3 Community Health Centres	770,860
2.4 Community Based Services	489,434
2.5 Other Community Services	148,663
2.6 HIV/AIDS	1,277,755
2.7 Nutrition	60,081
2.8 Coroner Services	82,806
2.9 District Hospitals	3,259,204
Total	8,240,676

ECONOMIC CLASSIFICATION FOR DISTRICT HEALTH SERVICES

Budget	R'000
Compensation of Employees	5,912,836
Goods and Services	2,133,693
Transfers	140,650
Capital Assets	53,497
TOTAL BUDGET	8,240,676

BUDGET ALLOCATION: SUB-PROGRAMME 2.1 – 2.3

Sub-programme	Budget R'000				
	COE	Goods and	Transfers	Capital	Total
2.1 District Management	458,929	119,805	16,698	15,562	610,994
2.2 Community Health Clinics	1,131,302	409,197	-	380	1,540,879
2.3 Community Health Centres	606,909	163,930	-	20	770,860

TABLE DHS 5: QUARTERLY TARGETS FOR PERFORMANCE INDICATORS FOR DISTRICT MANAGEMENT 2013/14 (INC DHS 4b)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.3 To ensure revitalization of Primary Health Care in all districts	1. Provincial PHC expenditure per uninsured person	BAS & DHIS, facility register	Quarterly	390	98	98	97	97	692,932
	Numerator			2 295 602 010	576 843 582	576 843 582	570 957 423	570 957 423	
	Denominator			5 886 159	5 886 159	5 886 159	5 886 159	5 886 159	
	2. PHC total headcount - total	DHIS, facility register	Quarterly	18 728 688	4 682 172	4 682 172	4 682 172	4 682 172	
	3. PHC total headcount under 5 years - total	DHIS, facility register	Quarterly	3 356 700	839 175	839 175	839 175	839 175	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4. PHC Utilization rate (annualized)	DHIS, facility register	Quarterly	2.8	2.8	2.8	2.8	2.8	
	Numerator			18 728 688	4 682 172	4 682 172	4 682 172	4 682 172	
	Denominator			6 688 817	6 688 817	6 688 817	6 688 817	6 688 817	
	5. PHC Utilisation rate under 5 years (annualised)	DHIS, facility register	Quarterly	4.6	4.6	4.6	4.6	4.6	
	Numerator			3 132 605	783 151	783 151	783 151	783 152	
	Denominator			681 001	681 001	681 001	681 001	681 001	
	5 PHC supervisor rate (fixed clinics/CHC/CDC)	DHIS, facility register	Quarterly	90%	90%	90%	90%	90%	
	Numerator			686	686	686	686	686	
	Denominator			762	762	762	762	762	
	7 Complaints resolution within 25 working days rate	DHIS, complaints register, redress reports	Quarterly	72%	72%	72%	72%	72%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			7 747	1936	1936	1937	1937	
	Denominator			10 760	2 690	2 690	2 690	2 690	
	1.3.1 Number of PHC members established	PHC Teams Database, PHC Teams' audit tool	Quarterly	297(32 new)	272 (7 new)	284 (12 new)	290 (6 new)	297 (7 new)	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.1 Percentage of PHC facilities conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	Bi-Annually	30%	-	30%	-	30%	
	Numerator			216	-	216	-	216	
	Denominator			723	-	723	-	723	
	1.1.2 Percentage of PHC facilities that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%	-	100%	-	100%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			216	-	216	-	216	
	Denominator			216	-	216	-	216	
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.2 Number of GPs contracted with RPHC programme	PERSAL, signed contracts		24	24	24	24	24	
	1.2.3 Number of District Clinical Specialist Team members appointed	PERSAL	Annually	21	-	-	-	21	
1.3 To ensure revitalization of Primary Health Care in all districts	8 Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Core standard compliance self-assessment tool; self-assessment report	Annually	402	-	-	-	402	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR COMMUNITY BASED SERVICES

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

TABLE CBS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR COMMUNITY BASED SERVICES

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1.3 To ensure revitalization of Primary Health Care in all districts	1.3.2 Mortality rate among traditional male circumcision initiates (expressed per 1000 initiates)	Traditional Male Circumcision (TMC) Database; Input summary sheets	1.5/1000	0.8/1000	0.9/1000	0 per 1000	0 per 1000	0 per 1000	0 per 1000
	Numerator		91	62	63	25	0	0	0
	Denominator		60 485	74 359	71 999	71 289	69 878	67 101	66 753

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
I.4 To ensure 60% of our health facilities provide access to Oral Health Services	I.4.1 Percentage of CHCs providing oral health services	DHIS, facility registers	Not measured	Not measured	73%	46%	48%	48%	48%
	Numerator				27	19	20	20	20
	Denominator				41	42	42	42	42
	I.4.2 Number of hospitals (prioritised in RSDP) providing oral health services	DHIS, facility registers RSDP document	Not measured	Not measured	22	24	24	24	24

2.4.1 QUARTERLY TARGETS FOR COMMUNITY BASED SERVICES

ECONOMIC CLASSIFICATION FOR COMMUNITY BASED SERVICES

Budget	R'000
Compensation of Employees	367,565
Goods and Services	102,327
Transfers	18,542
Capital Assets	-
TOTAL BUDGET	489,434

TABLE CBS2: QUARTERLY TARGETS FOR COMMUNITY BASED SERVICES FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.3 To ensure revitalization of Primary Health Care in all districts	1.3.2 Mortality rate among traditional male circumcision initiates (expressed per 1000 initiates)	Traditional Male Circumcision (TMC) Database; Input summary sheets	Bi-Annually	0 per 1000	-	0 per 1000	-	0 per 1000	102,327
	Numerator			0	-	0	-	0	
	Denominator			69 878	-	34 939	-	34 939	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.4 To ensure 60% of our health facilities provide access to Oral Health Services	1.4.1 Percentage of CHCs providing oral health services	DHIS, facility registers	Quarterly	54%	46%	46%	54%	54%	
	Numerator			22	19	19 (1 new)	22	22	
	Denominator			41	41	41	41	41	
	1.4.2 Number of hospitals (prioritised in RSDP) providing oral health services	DHIS, facility registers RSDP document	Quarterly	24	22 (0 new)	22 (0 new)	23 (1 new)	24 (1 new)	

2.4.2 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASES PREVENTION AND CONTROL

PROGRAMME PURPOSE

To reduce morbidity and mortality caused by non- communicable diseases.

TABLE DPC 1: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Strategic Objective	Quarterly Indicators	Means of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/11
4.3 To facilitate the 10% reduction of morbidity and mortality from targeted non – communicable diseases and other conditions	1. Malaria case fatality rate	Malaria Surveillance database	%	0	0	0	0	0	0	0	0	0	
	2. Cholera fatality rate	DHIS, Notifiable disease surveillance database	%	0	0	0	0	0	0	0	0	0	
4.1 To facilitate the eradication of blindness and achieve national cataract surgery target	3. Cataract surgery rate (expressed per million uninsured pop)	DHIS, facility register	No per million uninsured population	1002	303	199	2385	392	1624	1719	639	178	

2.4.3 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASES PREVENTION AND CONTROL

Strategic Goal(s) being addressed:

Strategic Goal 04: Combating and reducing non-communicable diseases and mental conditions.

TABLE DPC 2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL (INC DPC 3)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Performance Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
4.3 To facilitate the 10% reduction of morbidity and mortality from targeted non – communicable diseases and other conditions	1. Malaria case fatality rate	Malaria Surveillance database	%	0%	0%	0%	0%	0%	0%	0%	
	Numerator			0	0	0	0	0	0	0	
	Denominator			20	20	20	20	20	20	20	
	2. Cholera cases fatality rate	DHIS, Notifiable disease surveillance database	%	0%	0%	0%	0%	0%	0%	0%	
	Numerator			0	0	0	0	0	0	0	
	Denominator			20	20	20	20	20	20	20	
	4.3.1 Diabetes mellitus detection rate	DHIS, facility register	%	1%	1%	1%	0.9%	1%	1%	1%	

Strategic Objective	Performance Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator					143 987	138 710	154 512	154 892	155 242	
	Denominator					15 080 645	15 412 219	15 451 168	15 489 162	15 524 200	
	4.3.2 Hypertension detection rate	DHIS, facility register	%	Not measured	Not measured	3.5%	3.0%	3.0%	3.0%	3.0%	
	Numerator					534 146	462 367	463 535	464 675	465 726	
	Denominator					15 080 645	15 412 219	15 451 168	15 489 162	15 524 200	
4.1 To facilitate the eradication of blindness to achieve national cataract surgery target	3. Cataract surgery rate	DHIS, facility registers	No/ million unin-sured population	967	900	1 002	1027	1029	1030	1032	
	Numerator			6 427	5 993	6 673	6 850	6 883	6 906	6 935	
	Denominator			5 850 759	5 857 313	5 856 270	5 871 322	5 886 158	5 900 633	5 913 982	

According to NDSA 1 – we have to increase the life expectancy and the case load only look at the diabetes and hypertension cases that are seen as against the head count. Whereas the detection rate talk to number of new cases detected which is what the department need to measure / monitor.

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.4.4 QUARTERLY TARGETS FOR DPC

TABLE DPC4: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
4.3 To facilitate the 10% reduction of morbidity and mortality from targeted non – communicable diseases and other conditions	1. Malaria case fatality rate	Malaria Surveillance database	Quarterly	0%	0%	0%	0%	0%	Budget sourced from Sub-programme 2.4
	Numerator			0	0	0	0	0	
	Denominator			20	20	20	20	20	
	2. Cholera case fatality rate	DHIS, Notifiable disease surveillance database	Quarterly	0%	0%	0%	0%	0%	
	Numerator			0	0	0	0	0	
	Denominator			20	20	20	20	20	
	4.3.1 Diabetes mellitus detection rate	DHIS, facility register	Quarterly	1%	0.25%	0.25%	0.25%	0.25%	
	Numerator			154 512	38 628	38628	38628	38628	
	Denominator			15 451 168	15 451 168	15 451 168	15 451 168	15 451 168	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4.3.2 Hypertension detection rate	DHIS, facility register	Quarterly	3.0%	0.75%	0.75%	0.75%	0.75%	
	Numerator			463 535	115 883	115 884	115 884	115 884	
	Denominator			15 451 168	15 451 168	15 451 168	15 451 168	15 451 168	
4.1 To facilitate the eradication of blindness to achieve national cataract surgery target	3. Cataract surgery rate	DHIS, facility registers	Quarterly	1029 per mil	257 per mil	258 per mil	257 per mil	257 per mil	
	Numerator			6 883	1 720	1 721	1 721	1 721	
	Denominator			5 886 158	5 886 158	5 886 158	5 886 158	5 886 158	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.5 SUB-PROGRAMME: OTHER COMMUNITY SERVICES

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR COMMUNITY BASED SERVICES

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

TABLE OCSI: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR OTHER COMMUNITY SERVICES

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1.3 To ensure revitalization of Primary Health Care in all districts	1.3.5 Percentage of health facilities segregating waste in line with SANS 10248	Waste segregation Audit Tool, audit report	Not Measured	85%	49.2%	100%	100%	100%	100%
	Numerator				406	512	540	580	620
	Denominator				826	826	826	826	826
	1.3.6 Percentage of hospitals complying with SANS waste disposal requirements	Waste disposal certificate	Not measured	Not measured	Not measured	Not measured	100%	100%	100%
	Numerator		Not measured	Not measured	Not measured	Not measured	91	91	91
	Denominator		Not measured	Not measured	Not measured	Not measured	91	91	91

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	1.3.7 Percentage of PHC facilities complying with SANS waste disposal requirements	Waste disposal certificate	Not measured	Not measured	Not measured	Not measured	100%	100%	100%
	Numerator		Not measured	Not measured	Not measured	Not measured	762	762	762
	Denominator		Not measured	Not measured	Not measured	Not measured	762	762	762

The reason for 49% for 2011/2012 is that the tender for medical waste was awarded in the last quarter and the service provider had to be given 3 months roll out period for the consumables that addressed the segregation of waste and roll out period lasted until the end of May 21 12.

On the issue of the denominator for the indicator on segregation of waste, the Sub directorate environmental health is unable to collect from all facilities due to transfer of environmental health practitioners to municipalities, a sample of 128 facilities per quarter will be done.

2.5.1 QUARTERLY TARGETS FOR OTHER COMMUNITY SERVICES

Budget allocation: sub – programme 2.5

Budget	R'000
Compensation of Employees	128,672
Goods and Services	19,991
Capital Assets	-
TOTAL BUDGET	148,663

TABLE OCS 2: QUARTERLY TARGETS FOR OTHER COMMUNITY SERVICES FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.3 To ensure revitalization of Primary Health Care in all districts	1.3.5 Percentage of health facilities segregating waste in line with SANS 10248	Waste segregation Audit Tool, audit report	Quarterly	100%	100%	100%	100%	100%	19,991
	Numerator			540	135	135	135	135	
	Denominator			540	135	135	135	135	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	1.3.6 Percentage of hospitals complying with SANS waste disposal requirements	Waste disposal certificate	Quarterly	100%	100%	100%	100%	100%	
	Numerator			91	91	91	91	91	
	Denominator			91	91	91	91	91	
	1.3.7 Percentage of PHC facilities complying with SANS waste disposal requirements	Waste disposal certificate	Quarterly	100%	100%	100%	100%	100%	
	Numerator			762	762	762	762	762	
	Denominator			762	762	762	762	762	

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

2.6.1 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; control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

TABLE HIV I: SITUATION ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL

Strategic Objective	Quarterly Indicators	Means of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi (2011/1	National Average 2010/11
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	1. Total clients remaining on ART (TROA) at end of the month	DHIS, clinical record, TIER.NET	No	188.544	25.428	23.786	25.492	10.178	19.801	30.334	42.240	11.285	
	2. Male condom distribution rate	DHIS	%	14.8	14.0	13.4	7.1	14.9	22.0	13.6	16.9	22.0	
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	3. TB (new pulmonary) defaulter rate	ETR.Net	%	1.4	1.0	1.4	Newly demar-cated	1.0	1.6	1.7	1.1	1.9	
	4. TB AFB sputum result turn –around time under 48 hour rate	DHIS, Facility register	%	67.3	62.0	61.0	Newly demar-cated	73.2	74.3	68.6	71.1	57.2	
	5. TB new client treatment success rate	DHIS, facility register	%	77.6%	74.6%	75.4%	-	80.3%	74%	77%	84.1%	74.5%	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi (2011/1	National Average 2010/11
	6 Percentage of HIV-TB Co-infected patients placed on ART.	ETR.Net	%	41.4	42.4	43.4	Newly demar-cated	53.4	34.1	47.5	33.7	44.3	New Indicator
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	7. HIV testing coverage	DHIS, facility register	%	88.1	95.5	89.7	79.5	99.4	89.6	74.3	91.8	84.6	New Indicator
Annual Indicators													
302 To reduce TB morbidity and mortality by achieving 85% cure rate	8. TB (new pulmonary) cure rate	ETR.Net	%	67.1	62.0	55.8	Newly demar-cated	78.3	71.3	68.0	72.4	69.3	66%

Please note that (ETR.Net) TB is not aligned according to the new demarcation thus no change in values..

The new indicator on HIV testing coverage was not collected on its own but part of the HCT testing rate during 2011/12 financial year. The new information will be available starting from 2013/14 financial year on wards

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.6.2 PROVINCIAL STRATEGIC OBJECTIVES FOR HIV & AIDS, STI & TB CONTROL (HAST)

Strategic Goal(s) being addressed:

Strategic Goal 02: To combat and reduce the impact of communicable diseases namely TB and HIV/ AIDS with a special focus on preventing the emergence of drug resistant strains.

TABLE HIV2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR HIV & AIDS, STI AND TB CONTROL (INC HIV3)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	1.Total clients remaining on ART (TROA) at end of the month	DHIS, clinical record, TIER.NET	No	102 186	152 357	188 544 (38 544 new)	240 000 (51 456 new)	315 000 (75 000 new)	390 000 (75 000 new)	465 000 (75 000 new)	3.2 million
	2. Male condom distribution rate (annualised)	DHIS, facility register	No per male population 15yrs & older	12	16	14.8	16	16	17	17	60#
				24 884 112	33 581 424	31 353 090	34 248 608	34 521 952	36 908 751	37 107 226	
				2 073 676	2 098 839	2 118 452	2 140 538	2 157 622	2 171 103	2 182 778	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	3.TB (new pulmonary) defaulter rate	ETR.Net, TB Register	%	7.1%	7.8%	7.8%	7.8%	7%	6,5%	5%	<5%
	Numerator			1497	1646	1783	1680	1661	1546	1417	
	Denominator			21 085	21 104	22 765	21 500	22 141	21477	2 033	
	4.TB AFB sputum result turn-around time under 48 hours rate	ETR.Net, TB Register	%	57.2	54%	65.9%	66%	70%	73%	75%	
	Numerator			12 673	11 642	14 368	14 241	14 985	15 738	16 342	
	Denominator			22 155	21 560	21 802	21 577	21 718	21 859	21 789	
	5.TB new client treatment success rate	ETR.Net, TB Register	%	74.9%	76.8%	76.7%	77%	80%	82%	85%	75%
	Numerator			15 783	18 365	17 472	16 351	17 060	17 797	18 188	
	Denominator			21 085	23 902	22 781	21 235	21 872	22 528	22 735	
	6. Percentage of HIV & TB Co-infected patients put on ART	ETR.Net, TB Register	%	31.1%	32.4%	37.9%	60%	80%	100%	100%	100%

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator			5126	8192	9 994	12 731	17 779	18 932	19 710	
	Denominator			16481	25284	26 370	21 217	25 399	25 243	24 637	
	2.2.1% of TB & HIV co-infected patients started on Cotrimoxazole	ETR.Net, TB Register	100%	78%	81%	81%	83%	85%	90%	90%	
	Numerator			12 855	20 480	21 367	17 610	21 589	22 214	22 173	
	Denominator			16 481	25 284	26 370	21 217	25 399	25 243	24 637	
	2.2.2 % of TB cases tested for HIV	ETR.Net, TB Register	100%	70.6%	81%	80%	85%	88%	90%	92%	
	Numerator			45 829	50 023	47 771	51 000	52 800	54 000	55 200	
	Denominator			64 913	61 757	60 051	60 000	60 000	60 000	60 000	
	2.2.3% of MDR-TB & HIV co-infected patients started on ART	EDRWEB, paper based MDR & XDR registers	%	Not measured	Not measured	MDR 95%	100%	100%	100%	100%	
	Numerator			Not measured	Not measured	539	600	667	720	775	
	Denominator			Not measured	Not measured	550	600	667	720	775	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	2.2.4 % of XDR-TB & HIV co-infected patients started on ART	EDRWEB, paper based MDR & XDR TB registers		Not measured	Not measured	100%	100%	100%	100%	100%	
	Numerator			Not measured	Not measured	115	114	119	124	129	
	Denominator			Not measured	Not measured	115	114	119	124	129	
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	7. HIV testing coverage (annualised)	DHIS, facility register	%	82%	84%	88.1%	97%	90%	90%	90%	90%
	Numerator			472 236	1 125 000	1 028 082	634 298	1 774 199	2 027 653	3 359 591	
	Denominator			575 406	1 328 000	1 052 688	652 884	1 951 619	2 230 418	3 087 228	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
Annual Indicators											
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	8.TB (new pulmonary) cure rate	ETR.Net, TB register	%	65%	66%	67.9%	68%	75%	85%	85%	85%
	Numerator			13 705	13 994	15 387	14 442	14 943	15 412	16 225	
	Denominator			21 085	21 104	22 765	21 235	21 347	21 405	21 633	

The target is to distribute 1 billion condoms, and there are about 16.5m males 15 years and older (StatsSA 2009 mid-year estimates). This equates to approximately 60 condoms per male 15 years and older.

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.6.3 QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL

Budget allocation: sub – programme 2.6

Budget	R'000
Compensation of Employees	456,610
Goods and Services	703,700
Transfers	94,410
Capital Assets	23,035
TOTAL BUDGET	1,277,755

TABLE HIV4: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	1. Total clients remaining on ART (TROA) at end of the month	DHIS, clinical record, TIER.NET	Quarterly	315 000 (75 000 new)	258 750 (18 750 new)	277 500 (18 750 new)	296 250 (18 750 new)	315 000 (18 750)	703,700
	2. Male condom distribution rate (annualised)	DHIS, facility register	Quarterly	16	16	16	16	16	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			34 521 952	8 630 488	8 630 488	8 630 488	8 630 488	
	Denominator			2 157 622	2 157 622	2 157 622	2 157 622	2 157 622	
2.2 To reduce TB morbidity by achieving and achieve 85% cure rate	3 TB (new pulmonary) defaulter rate	ETR.Net, TB Register	Quarterly	7%	7.0%	7.0%	7.0%	7.0%	
	Numerator			1661	415	416	415	415	
	Denominator			22 141	5535	5535	5535	5536	
	4.TB AFB sputum result turn-around time under 48 hours rate	DHIS, TB Register	Quarterly	70%	70%	70%	70%	70%	
	Numerator			16 997	4249	4250	4249	4249	
	Denominator			24 634	6158	6159	6158	6159	
	5.TB new client treatment success rate	%	ETR.Net, TB Register	80%	80%	80%	80%	80%	
	Numerator			17 060	4265	4265	4265	4265	
	Denominator			21 872	5468	5468	5468	5468	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	6. Percentage of HIV & TB Co-infected patients placed on ART	ETR.Net, TB Register	Quarterly	80%	80%	80%	80%	80%	
	Numerator			17 779	4 445	4 445	4 445	4444	
	Denominator			25 399	6350	6350	6350	6349	
	2.2.1 % of TB & HIV co-infected patients started on Cotrimoxazole	ETR.NET, TB register	Quarterly	85%	85%	85%	85%	85%	
	Numerator			21 589	5 397	5398	5397	5397	
	Denominator			25 399	6349	6350	6350	6350	
	2.2.2 % of TB cases tested for HIV	ETR.NET, TB register	Quarterly	88%	88%	88%	88%	88%	
	Numerator			52 800	13200	13200	13200	13200	
	Denominator			60 000	15000	15000	15000	15000	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	2.2.3 % of MDR-TB & HIV co-infected patients started on ART	EDRWEB, paper based MDR & XDR registers	Quarterly	100%	100%	100%	100%	100%	
	Numerator			667	166	167	167	167	
	Denominator			667	166	167	167	167	
	2.2.4 % of XDR-TB & HIV co-infected patients started on ART	EDRWEB, paper based MDR & XDR TB registers	Quarterly	100%	100%	100%	100%	100%	
	Numerator			119	29	30	30	30	
	Denominator			119	29	30	30	30	
2.1 To combat and reduce the impact of HIV & AIDS to achieve 9.5% prevalence in 15-24-year old pregnant women	7. HIV testing coverage (annualized)	DHIS, facility register	Quarterly	90%	90%	90%	90%	90%	
	Numerator			1 774 199	1 774 199	1 774 199	1 774 199	1 774 199	
	Denominator			1 951 619	1 951 619	1 951 619	1 951 619	1 951 619	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
Annual Indicators									
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	8.TB new pulmonary) cure rate	ETR.NET,TB register	Annually	75%	-	-	-	75%	
	Numerator			14 943				14 943	
	Denominator			21 347				21 347	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.7 SUB PROGRAMME: MATERNAL, CHILD AND WOMENS HEALTH & NUTRITION (MCWH & N)

2.7.1 PROGRAMME PURPOSE

To ensure implementation of national and provincial Maternal, Child and Women's Health (MCWH) policies related to the delivery of comprehensive Primary Health Care services in clinics, community health centres and mobile clinics for women and children in order to improve health care service and reduce under deaths and morbidity in children under the age of five.

TABLE MCWH 1: SITUATION ANALYSIS FOR MCWH & N

Strategic Objective	Quarterly Indicators	Means of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/11
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	1. Immunisation coverage under 1 year	DHIS	%	84.2	55.2	82.1	99.7	104.0	85.0	78.6	90.3	101.4	
	2. Vitamin A coverage – 12-59 months	DHIS	%	45.1	43.2	49.7	37.3	58.3	52.2	41.4	38.9	48.2	
	3. Measles 1st dose under 1 year coverage	DHIS	%	95.2	80.2	85.9	99.7	108.5	88.3	86.7	108.6	105.2	
	4. Pneumococcal Vaccine (PCV) 3rd Dose Coverage	DHIS	%	80.9	58.9	67.2	110.5	95.1	88.8	87.8	77.6	97.2	
	5. Rota Virus (RV) 2nd Dose Coverage	DHIS	%	77.6	58.1	66.2	102.3	89.5	91.8	85.7	73.4	85.2	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/11
	6. Cervical cancer screening coverage	DHIS	%	37.9	32.3	37.0	34.9	55.9	30.2	43.7	24.4	48.5	
3.2 To facilitate the reduction of maternal mortality to achieve 36.8 maternal mortality per 100 000	7. Antenatal visits before 20 weeks rate	DHIS	%	33.6	30.2	33.4	28.4	44.5	53.6	41.2	25.5	40.4	
	8. Infant 1st PCR test positive within 2 months rate	DHIS	%	3.9	3.8	3.6	3.7	4.4	4.0	2.4	5.4	2.6	
	Annual Indicators												
	9. Couple year protection rate	DHIS	%	31.2	23.3	28.5	25.9	38.2	41.1	37.2	26.9	39.8	
	10. Maternal mortality in facility ratio (MMR)	DHIS	No per 100 000	115	153.7	97.5	164.2	118.8	47.1	121.0	117.5	88.8	
	11. Delivery in facility under 18 years rate	DHIS	%	10.6	12.9	11.9	6.8	10.9	8.7	6.8	13.7	11.5	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

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

Strategic Goals being addressed:

Strategic Goal 03: To improve and strengthen Mother and Child services

TABLE MCWH 2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR MCWH & NUTRITION (INC MCWH 3)

Provincial Indicators

☐

National Indicators

☐

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.5 School health service coverage in OR Tambo district	School health team attendance registers; data collection tools	%	New strategy	New strategy	New strategy	Not measured	25%	27%	30%	
	Numerator			New strategy	New strategy	New strategy	Not measured	406	439	488	
	Denominator			New strategy	New strategy	New strategy	Not measured	1625	1625	1625	
	1.2.6 Number of learners screened in Tambo district		No	New strategy	New strategy	New strategy	Not measured	2120	2240	2400	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	1. Immunisation coverage under 1 year - (annualised)	DHIS, facility registers	%	90.6%	78.0%	84.2%	85.0%	88%	90%	90%	
	Numerator			140 892	111 833	112 034	110 316	114 304	118 846	121 283	
	Denominator	155 510		155 510	143 375	133 057	129 783	129 891	132 051	1 349	
	2. Vitamin A coverage – 12-59 months	DHIS, facility registers	%	36.7%	36.4%	45.1%	45%	50%	55%	60%	
	Numerator			424 871	417 713	508 233	501 353	507 021	523 609	540 482	
	Denominator			578 844	573 781	563 451	557059	551110	545426	540482	
	3. Measles 1st dose under 1 year coverage	DHIS, facility registers	%	93.9%	87.8%	95.2%	91.2%	93.0%	95.0%	95.0%	
	Numerator			146 024	125 883	126 670	118 362	120 799	125 448	128 021	
	Denominator			155 510	143 375	133 057	129 783	129 891	132 051	1 349	
	4. Pneumococcal (PCV) 3rd Dose Coverage	DHIS, facility registers	%	38.5%	41.9%	80.9%	85.0%	88.0%	90.0%	92.0%	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator			59 871	60 074	107 643	110 316	114 304	118 846	123 978	
	Denominator			155 510	143 375	133 057	129 783	129 891	132 051	134 759	
	5. Rota Virus (RV) 2nd Dose Coverage	DHIS, facility registers	%	24.3%	40.7%	77.6%	85.0%	88.0%	90.0%	92.0%	
	Numerator			37 789	58 354	103 252	110 316	114 304	118 846	123 978	
	Denominator			155 510	143 375	133 057	129 783	129 891	132 051	134 759	
	6. Diarrhoea incidence under 5 years	DHIS, facility registers	No per 1000	110.9	104.2	89.1	70.9	65/1000	60/1000	60/1000	
	Numerator			80 995	74163	61816	36512	44 265	40 649	40 515	
	Denominator			734 354	717156	696508	686842	681 001	677 477	675 241	
	7. Pneumonia incidence under 5 years	DHIS, facility registers	No per 1000	66.8	61.6	58.2	65.2	60/1000	55/1000	50/1000	
	Numerator			48773	43851	40374	25459	40 860	37 261	33 762	
	Denominator			734 354	717156	696508	686842	681 001	677 477	675 241	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
3.2 To facilitate the reduction of maternal mortality to achieve 36.8 maternal mortality per 100 000	8. Cervical cancer screening coverage	DHIS, facility registers	%	34.0%	36.1%	37.9%	38.2%	40.0%	42.0%	44.0%	
	Numerator			44 446	47 706	50 644	51 687	54 822	58 320	61 904	
	Denominator			1 307 221	1 321 507	1 336 246	1 353 066	1 370 542	1 388 567	1 406 920	
	9. Antenatal 1st visit before 20 weeks rate	DHIS, facility registers	%	28.9%	31.7%	33.6%	36.0%	39.0%	42.0%	45.0%	
	Numerator			44 942	48 557	50 789	53 999	59 063	64 214	69 451	
	Denominator			155 508	153 176	151 159	149 998	151 444	152 890	154 336	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	10. Infant 1st PCR test positive within 2 months rate	DHIS, facility registers	%	9.8%	7.3%	3.9%	3.2%	3.0%	2.8%	2.5%	
	Numerator			1975	1493	941	615	595	568	509	
	Denominator			20 154	20 451	24 126	19 214	19 832	20 303	20 377	
	3.1.1 Postnatal Care mother visits within 6 days rate	DHIS, facility registers	%	Not measured	17.1%	48.5%	54.4%	56.0%	58.0%	60.0%	
	Numerator				19 530	57 261	63 675	66 229	70 006	72 814	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Denominator				114 211	118 064	117 049	118 266	120 700	121 356	
	3.1.2 Postnatal Care baby visits within 6 days rate	DHIS, facility registers	%	Not measured	36.8%	49.7%	56.0%	56.0%	58.0%	60.0%	
	Numerator				42 785	59 249	65 934	66 229	70 006	72 814	
	Denominator				116 263	119 214	117 739	118 266	120 700	121 356	
Annual Indicators											
3.2 To facilitate the reduction of maternal mortality to achieve 36.8 maternal mortality per 100 000	11. Couple year protection rate	DHIS, facility registers	%	27.5%	30.4%	31.2%	31.5%	32.0%	32.3%	32.6%	
	Numerator			432 802	485 398	503 824	515 543	529 202	538 431	547 032	
	Denominator			1 573 825	1 596 705	1 614 819	1 636 643	1 653 756	1 666 968	1 678 013	
	12. Maternal Mortality in facility Ration (MMR)	DHIS, facility registers	No per 100 000 live births	165/100 000	148/100 000	115/100 000	111/100 000	90/100 000	70/100 000	50/100 000	36.8/100 000
	Numerator			202	172	138	131	107	85	61	
	Denominator		408	122 408	116 263	119 214	117 739	119 281	121 715	122 371	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	13. Delivery in facility under 18 years rate	DHIS, facility registers	%	10.7%	10.5%	10.6%	10.5%	10.3%	10.3%	10.0%	
	Numerator			12 375	11 992	12 515	12 290	12 181	12 432	12 136	
	Denominator			115 653	114 211	118 064	117 049	118 266	120 700	121 356	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	14. Child under 1 year mortality in facility rate	DHIS, facility register	No per 1000	Not measured	87/ 1000	73/1000	50/1000	15/1000	15/1000	15/1000	
	Numerator				2 410	1 885	1 298	2007	2040	2082	
	Denominator				27 832	25 913	25 954	133 788	136 013	138 802	
	15. Inpatient death under 5 years rate	DHIS, facility registers	No per 1000	Not measured	63/ 1000	56/ 1000	53/1000	50/1000	45/1000	40/1000	
	Numerator				2055	1 565	1 540	1 586	1 407	1 260	
	Denominator				32656	28 047	30 793	31 725	31 259	31 492	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.7.3 QUARTERLY TARGETS FOR MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION (MCWH & N)

Budget allocation: sub – programme 2.5

Budget	R'000
Compensation of Employees	-
Goods and Services	60,081
Capital Assets	-
TOTAL BUDGET	60,081

TABLE MCWH 3: QUARTERLY TARGETS FOR PERFORMANCE INDICATORS FOR MCWH & N

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.2 To facilitate implementation of NHI Readiness in at least one Health District	1.2.5 School health service coverage in OR Tambo district	School health team attendance registers; data collection tools	Quarterly	25%	5%	10%	20%	25%	60,081
	Numerator			406	130	293 (163 new)	325 (32 new)	406 (81 new)	
	Denominator			1625	1625	1625	1625	1625	
	1.2.6 Number of learners screened in OR Tambo district		Quarterly	2120	678	848	170	424	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	1. Immunisation coverage under 1 year (annualised)	DHIS, facility registers	Quarterly	88%	88%	88%	88%	88%	
	Numerator			114 304	28 576	28 576	28 576	28 576	
	Denominator			129 891	129 891	129 891	129 891	129 891	
	2. Vitamin A coverage – 12-59 months	DHIS, facility registers	Quarterly	50%	50%	50%	50%	50%	
	Numerator			507 021	126755	126755	126755	126756	
	Denominator (2 Vit A supplementation doses)			551 110	551 110	551 110	551 110	551 110	
	3. Measles 1st dose under 1 year coverage	DHIS, facility registers	Quarterly	93.0%	93.0%	93.0%	93.0%	93.0%	
	Numerator			120 799	30 199	30 200	30 200	30 200	
	Denominator			129 891	129 891	129 891	129 891	129 891	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4. Pneumococcal (PCV) 3rd Dose Coverage	DHIS, facility registers	Quarterly	88.0%	88%	88%	88%	88%	
	Numerator			114 304	28576	28576	28576	28576	
	Denominator			129 891	129 891	129 891	129 891	129 891	
	5. Rota Virus (RV) 2nd Dose Coverage	DHIS, facility registers	Quarterly	88.0%	88.0%	88.0%	88.0%	88.0%	
	Numerator			114 304	28 576	28 576	28 576	28 576	
	Denominator			129 891	129 891	129 891	129 891	129 891	
	6. Diarrhea incidence under 5 years	DHIS, facility registers	Quarterly	65/1000	65/1000	65/1000	65/1000	65/1000	
	Numerator			44 265	44 265	44 265	44 265	44 265	
	Denominator			681 001	681 001	681 001	681 001	681 001	
	7. Pneumonia incidence under 5 years	DHIS, facility registers	Quarterly	60/1000	60/1000	60/1000	50/1000	50/1000	
	Numerator			40 860	40 860	40 860	40 860	40 860	
	Denominator			681 001	681 001	681 001	681 001	681 001	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
3.2 To facilitate the reduction of maternal mortality to achieve 36.8 maternal mortality per 100 000`	8. Cervical cancer screening coverage (annualised)	DHIS, facility registers	Quarterly	40%	40%	40%	40%	40%	
	Numerator			54 822	13 705	13 705	13 706	13 706	
	Denominator			137 054	137 054	137 054	137 054	137 054	
	9. Antenatal visits before 20 weeks rate	DHIS, facility registers	Quarterly	39.0%	39.0%	39.0%	39.0%	39.0%	
	Numerator			59 063	14765	14766	14766	14766	
	Denominator			151 444	37861	37861	37861	37861	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	10. Infant 1st PCR test positive within 2 months rate	DHIS, facility registers	Quarterly	3.0%	3.0%	3.0%	3.0%	3.0%	
	Numerator			595	148	149	149	149	
	Denominator			19 832	4958	4958	4958	4958	
	3.1.1 Postnatal Care mother visits within 6 days rate	DHIS, facility registers	Quarterly	56.0%	56.0%	56.0%	56.0%	56.0%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			66 229	16557	16557	16557	16558	
	Denominator			1 18 266	29566	29566	29567	29567	
	3.1.2 Postnatal Care baby visits within 6 days rate	DHIS, facility registers	Quarterly	56.0%	56.0%	56.0%	56.0%	56.0%	
	Numerator			66 229	16557	16557	16557	16558	
	Denominator			1 653 756	29566	29566	29567	29567	
Annual Indicators									
3. 2 To facilitate the reduction of maternal mortality to achieve 36.8 maternal mortality per 100 000	11. Couple year protection rate	DHIS, facility registers	Annually	32%	-			32%	
	Numerator			529 202				529 202	
	Denominator			1 653 756				1 653 756	
	12. Maternal Mortality in facility Ration (MMR)	DHIS, facility registers	Annually	90/100 000	-	-	-	90/100 000	
	Numerator			107				107	
	Denominator			119 281				119 281	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	13. Delivery in facility under 18 years rate	DHIS, facility registers	Annually	10.3%	-	-	-	10.3%	
	Numerator			12 181	-	-	-	12 181	
	Denominator			118 266	-	-	-	118 266	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	14. Child under 1 year mortality in facility rate	DHIS, facility registers	Annually	15/ 1000	-	-	-	15/ 1000	
	Numerator			2007	-	-	-	2007	
	Denominator			133 788	-	-	-	133 788	
	15. Inpatient death under 5 years rate	DHIS, facility registers	Annual	40/1000	-	-	-	40/1000	
	Numerator			1 269	-	-	-	1 269	
	Denominator			31 725	-	-	-	31 725	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.8 SUB-PROGRAMME: CORONER SERVICES

2.8.1 PROGRAMME PURPOSE

- To strengthen the capacity and functionality of Forensic Pathology Institutions within the Province.
- To facilitate access to clinical forensic medical services at all material times.

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

TABLE CSI: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR CORONER SERVICES

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1.8 To facilitate and ensure 60% provision of an efficient and effective Forensic Pathology Services	1.8.1 Percentage of post-mortem performed within 72hrs	100 %	Death register, Forensic pathology database	60%	89 %	84 %	85%	85%	85%	85%
	Numerator				7 847	7 954	8 714	9 019	9 325	9 630
	Denominator				8 817	9 469	10252	10 611	10 970	11 329

2.8.2 QUARTERLY TARGETS FOR CORONER SERVICES

Budget allocation: sub – programme 2.8

Budget	R'000
Compensation of Employees	58,155
Goods and Services	20,150
Capital Assets	4,500
TOTAL BUDGET	82,805

TABLE CS 2: QUARTERLY TARGETS FOR CORONER SERVICES FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.8 To facilitate and ensure 60% provision of an efficient and effective Forensic Pathology Services	1.8.2 Percentage of post-mortem performed within 72hrs	Death register, Forensic pathology database	Quarterly	85%	85%	85%	85%	85%	20,150
	Numerator			9 019	2 254	2 255	2 255	2 255	
	Denominator			10 611	2 652	2 653	2 653	2 653	

2.9 SUB PROGRAMME: DISTRICT HOSPITALS

2.9.1 PROGRAMME PURPOSE

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

TABLE DHS I: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Strategic Objective	Quarterly Indicators	Means Of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Chris Hani 2011/12	Cacadu 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/12
1.5 To ensure efficient and effective hospital services in at least 70% of hospitals	Delivery by Caesarean section rate	DHIS, facility register	Rate	16.2	15.1	10.8	18.8	13.5	23.9	41.0	15.4	10.4	18.8%
	Inpatient Separations – Total	DHIS, facility register	No	251,089	35,154	50,818	10,780	44,190	43,406	14,397	34,855	17,489	615,861
	Patient Day Equivalents - Total	DHIS, facility register	No	1,926,699	284,230	394,438	101,919	344,528	209,109	83,340	320,470	188,664	364,854
	OPD Headcount – Total	DHIS, facility register	No	1,145,510	189,385	195,930	45,769	243,092	132,853	35,888	211,254	91,339	367,173
	Average Length of Stay	DHIS, facility register	Days	5.0	5.5	5.6	7.8	4.5	3.6	3.9	4.8	5.8	4.3 days
	Inpatient Bed Utilisation Rate	DHIS, facility register	%	16.2	15.1	10.8	18.8	13.5	23.9	41.0	15.4	10.4	65.4%
	Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility register	R	1264.56	1458.07	1380.61	1701.82	1373.87	1660.80	2407.72	1521.84	1497.60	1125.8

Strategic Objective	Quarterly Indicators	Means Of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Chris Hani 2011/12	Cacadu 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqabi 2011/12	National Average 2010/12
	Complaints resolutions within 25 working days rate	DHIS & Facility Registers, redress report	%	79.2	84.0	71.1	63.5	74.0	86.4	78.5	98.1	62.6	
	9. Mortality and Morbidity review rate	Record or minutes of meetings held by the health facility	%	224	40	39	-	82	-	11	26		95
Annual Indicators													
	10. Hospital Patient satisfaction rate	Patient satisfaction survey forms, PSS report	%	50	100	53.3	-	78.6	20.0	100	16.7	81.8	
	11. Number of Hospitals assessed for compliance against the 6 priorities of the core standards	Core standard Compliance self-assessment tool; Self-assessment report	No	54	3	14	-	14	4	1	7	11	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.9.2 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

Strategic Goals being addressed:

Strategic Goal 03: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

TABLE DHS 2: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT HOSPITALS (INC DH 3)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.5 To ensure efficient and effective hospital services in at least 70% of hospitals	1. Delivery by Caesarean section rate	DHIS, facility registers	%	13.2%	13.6%	16.2%	18%	18%	18%	18%	15% or above
	Numerator			7417	7 750	9551	10 619	10 602	10 602	10 602	
	Denominator			56 008	56 850	58 882	58 575	58 890	58 890	58 890	
	2. Inpatient Separations – Total	DHIS, facility registers	No	288 278	294 618	295 864	298 072	304 586	313 816	323 046	Provincial target
	3. Patient Day Equivalents – Total	DHIS, facility registers	No	1 974 000	1 878 517	1 926 914	2 016 394	2 026 476	2 036 608	2 046 791	Provincial target
	4. OPD Headcount - Total	DHIS, facility registers	No	1 023 848	1 067 666	1 145 320	1 167 844	1 215 843	1 263 842	1 311 841	Provincial target

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
5. Average Length of Stay (ALOS)	5. Average Length of Stay (ALOS)	DHIS, facility registers	Days	5.2	5.0	5	4.9	4.9	4.9	4.9	3.5days
	Numerator			1 513 404	1 489 727	1 467 770	1 460 554	1 492 472	1 537 698	1 582 925	
	Denominator			288 278	294 618	295 864	298 072	304 586	313 816	323 046	
	6. Inpatient Bed Utilisation Rate	DHIS, facility registers	%	69.3%	65.5%	64.7%	65%	66%	68%	70%	75% or above
	Numerator			1 513 404	1 489 727	1 467 770	1 460 554	1 492 472	1 537 698	1 582 925	
	Denominator			2 184 635	2 270 181	2 266 776	2 247 006	2 261 321	2 261 321	2 261 321	
7. Expenditure per patient day equivalent (PDE - Rand)	7. Expenditure per patient day equivalent (PDE - Rand)	BAS; DHIS, facility registers	R	920	1,128	2,590	1,270	1,320	1,380	1,440	Provincial Target
	Numerator		R	2,473,873,0	2,759,919,0	2,994,833,0	3,161,898	3,319,992,9	3,485,992,5	3,660,292,1	
	Denominator		No	1,974,000	1,878,517	1,926,914	2,016,394	2,026,476	2,036,608	2,046,791	
8. Complaint Resolution within 25 working days rate	8. Complaint Resolution within 25 working days rate	DHIS & Facility Complaints Registers,	%	Not measured	72%	79.2%	85%	87%	90%	90%	100%

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator			Not measured	1423	3882	4340	4781	5308	5661	
	Denominator			Not measured	1977	4902	5 095	5495	5898	6290	
	9. Mortality and morbidity review rate	Record or minutes of meetings held by the health facility	%	25%	65%	53%	82%	85%	87%	90%	100%
	Numerator			17	43	34	54	56	57	59	
	Denominator			66	66	66	66	66	66	66	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.3 Percentage of District Hospitals (Prioritised in RSDP) facilities conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not measured	Not measured	Not measured	Not measured	100%	100%	100%	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator							26	26	26	
	Denominator							26	26	26	
	1.1.4 Percentage of District Hospitals (Prioritised in RSDP) that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not measured	Not measured	Not measured	Not measured	100%	100%	100%	
	Numerator							26	26	26	
	Denominator							26	26	26	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	3.1.1 Perinatal mortality rate in facilities (per 1000 total births)	DHIS, facility registers	Rate: No per 1000 total births	34/ 1000	30.1/1000	27.8/ 1000	27.5/1000	25/1000	24/1000	20/1000	
	Numerator			1609	1727	1647	1627	1491	1438	1203	
	Denominator			47 160	57 737	59 169	59 409	59 659	59 900	60 150	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
Annual Indicators											
I.5 To ensure efficient and effective hospital services in at least 70% of hospitals	10. Hospital Patient Satisfaction rate	PSS forms, PSS report	%	Not measured	Not measured	65%	50%	60%	65%	70%	100%
	Numerator					62 625	50 410	60 794	66 190	71 638	
	Denominator					96 346	100 820	101 324	101 830	1020	
	I 1. Number of District Hospitals assessed for compliance against the 6 priorities of the core standards.	Core standard compliance self-assessment tool, Assessment Reports	%	Not measured	Not measured	66%	66%	66%	66%	66%	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
4.2 To facilitate the development of mental health services to achieve 60% service levels	4.2.1 Percentage of RSDP prioritised District Hospitals providing 72 hour Mental Health Services	DHIS, facility registers		28 (reported as number out of a total of 66)	28 (reported as number out of a total of 66)	22 (reported as number out of a total of 66)	100%	100%	100%	100%	
	Numerator			28	28	22	26	26	26	26	
	Denominator			66	66	66	26	26	26	26	

¹ Indicator rephrased from the previous year from a denominator of 66 district hospitals with a focus on 26RSDP prioritized district hospitals

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.9.3 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Budget allocation: sub – programme 2.9

Budget	R'000
Compensation of Employees	2,704,693
Goods and Services	534,511
Transfers	10,000
Capital Assets	10,000
TOTAL BUDGET	3,259,204

TABLE CS 2: QUARTERLY TARGETS FOR CORONER SERVICES FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
To ensure efficient and effective hospital services in at least 70% of hospitals	I. Delivery by Caesarean section rate	DHIS and facility registers	Quarterly	18%	18%	18%	18%	18%	534,511
	Numerator			10 602	2650	2650	2651	2651	
	Denominator			58 890	14 722	14 722	14 723	1 423	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	2. Inpatient Separations - Total	DHIS, facility registers	Quarterly	304 586	76 146	76 146	76 147	76 147	
	3. Patient Day Equivalents – Total	DHIS, facility registers	Quarterly	2 026 476	506 619	506 619	506 629	506 619	
	4. OPD Headcount - Total	DHIS, facility registers	Quarterly	1 215 843	303 960	303 961	303 961	303 961	
	5. Average Length of Stay (ALOS)	DHIS, facility registers	Quarterly	4.9	4.9	4.9	4.9	4.9	
	Numerator			1492 472	373 118	373 118	373 118	373 118	
	Denominator			304 586	76 146	76 146	76 147	76 147	
	6. Inpatient Bed Utilisation Rate	DHIS; facility registers	Quarterly	66%	66%	66%	66%	66%	
	Numerator			1492 472	373 118	373 118	373 118	373 118	
	Denominator			2 261 321	565 330	565 331	565 330	565 330	
	7. Expenditure per patient day equivalent (PDE - Rand)	IYM, BAS; DHIS, facility registers	Quarterly	1,320	1,320	1,320	1,320	1,320	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator	IYM, BAS	3,319,992,900	3,319,992,900	829,998,225	829,998,225	829,998,225	829,998,225	
	Denominator	DHIS, facility registers	2,026,476	2,026,476	506 619	506 619	506 629	506 629	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints register	Quarterly	87%	87%	87%	87%	87%	
	Numerator			4781	1195	1196	1195	1195	
	Denominator			5495	1374	1374	1374	1373	
	9. Mortality and morbidity review rate	Minutes or record of the meetings kept at facility	Annually	85%	85%	85%	85%	96%	
	Numerator			56	56	56	56	56	
	Denominator			66	66	66	66	66	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.3 Percentage of District Hospitals (Prioritised in RSDP) conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	Bi-Annually	100%	-	100%	-	100%	
	Numerator			26	-	26	-	26	
	Denominator			26	-	26	-	26	
	1.1.4 Percentage of District Hospitals (Prioritised in RSDP) that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%		100%		100%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			26	-	26	-	26	
	Denominator			26	-	26	-	26	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	3.1.2 Perinatal mortality rate in facilities	DHIS; facility registers	Quarterly	25/1000	25/1000	25/1000	25/1000	25/1000	
	Numerator			1491	372	373	373	373	
	Denominator			59 659	14914	14915	14915	14915	
Annual Indicators									
	10. Hospital Patient Satisfaction rate	Assessment tools, assessment report	Annually	60%	-	-	-	60%	
	Numerator			60 794	-	-	-	60 794	
	Denominator			101 324	-	-	-	1 014	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	11.. Number of District Hospitals assessed for compliance against the 6 priorities of the core standards.	Core standard compliance self-assessment tool, Assessment Reports	Annually	66	-	-	-	66	
4.2 To facilitate the development of mental health services to achieve 60% service levels	4.2.1 Percentage of RSDP prioritised District Hospitals providing 72 hour Mental Health Services	DHIS, facility registers	Annually	100% (26/26)	-	-	-	100% (24/24)	

Note The baselines and targets provided are based on mid year population estimates. The introduction of census 2011 will have an impact on these figures during the 2013/14 financial year.

2.9.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHSI I: DISTRICT HEALTH SERVICES

R' 000		Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	District Management	439 552	480 907	605 689	572 592	590 353	590 353	610 994	632 517	669 805	3.50
2.	Community Health Clinics	1 208 032	1 449 290	1 398 826	1 397 185	1 432 181	1 731 051	1 540 879	1 627 521	1 722 267	(10.99)
3.	Community Health Centres	547 561	630 687	731 172	629 398	784 926	815 527	770 860	794 023	855 443	(5.48)
4.	Community Based Services	291 050	340 632	398 640	407 577	422 832	452 891	489 434	509 206	538 400	8.07
5.	Other Community Services	33 932	120 450	88 711	198 906	98 004	98 004	148 663	111 706	118 523	51.69
6.	HIV/AIDS	478 952	705 802	923 969	1 088 150	1 069 435	1 143 504	1 277 755	1 496 723	1 715 942	11.74
7.	Nutrition	51 263	56 254	56 516	83 008	77 108	77 108	60 081	65 735	67 219	(22.08)
8.	Coroner Services	57 684	63 081	85 045	77 185	88 280	88 280	82 806	83 350	88 455	(6.20)
9.	District Hospitals	2 473 875	2 759 919	2 996 698	2 959 037	3 122 875	3 161 898	3 259 204	3 367 346	3 468 105	3.08
Total		5 581 901	6 607 022	7 285 266	7 413 038	7 685 994	8 158 616	8 240 676	8 688 127	9 244 159	1.01

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	5 119 864	6 166 236	7 150 396	7 256 489	7 511 219	7 983 841	8 046 529	8 555 617	9 116 117	0.79
Compensation of employees	3 706 366	4 404 924	5 164 809	5 328 115	5 588 008	5 588 008	5 912 836	6 126 539	6 566 699	5.81
Goods and services	1 411 794	1 760 495	1 982 659	1 928 374	1 923 211	2 395 004	2 133 693	2 429 078	2 549 418	(10.91)
Interest and rent on land	1 704	817	2 928	-	-	829	-	-	-	(100.00)
Transfers and subsidies	436 869	427 941	103 076	111 406	131 505	131 505	140 650	101 848	95 969	6.95
Provinces and municipalities	201 570	274 281			8 084	8 084	19 542	10 099		141.74
Departmental agencies and accounts	210 058	124 999	42 412	28 650	23 636	23 636	47 651	51 082	53 432	101.60
Higher education institutions	11 518	12 708	18 210	65 981	32 990	32 990	46 759	22 084	23 100	41.74
Households	13 723	15 953	42 454	16 775	66 795	66 795	26 698	18 583	19 438	(60.03)
Payments for capital assets	24 461	12 542	31 794	45 143	43 270	43 270	53 497	30 662	32 072	23.64
Buildings and other fixed structures	11 679	4 194	7 383	-	1 186	1 186	-		-	(100.00)
Machinery and equipment	12 782	8 348	24 411	45 143	42 084	42 084	53 497	30 662	32 072	27.12
Payments for financial assets	707	303	-	-	-	-	-	-	-	
Total	5 581 901	6 607 022	7 285 266	7 413 038	7 685 994	8 158 616	8 240 676	8 688 127	9 244 159	1.01

I.2.7 RISK MANAGEMENT

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

RISK – Programme 2	MITIGATING FACTORS
Ineffective implementation of the HIV & AIDS program	Effective use of the HIV AIDS Grant Strengthening and enhancing the program by on-going monitoring and evaluation incorporating quality control visits to facilities
Ineffective implementation of primary health care at districts and sub-districts	Executive management has identified the implementation of the Revitalisation of the Primary Health Care services in the three sub-districts as a priority turnaround area
Critical shortage of skilled resources and trained dentistry professionals etc.	Proper use of the HPDT Grant Proper management of the bursary program and allocation process
Inadequate public knowledge and appropriate behaviour pertaining to health issues. (HIV/AIDS, TB, Infection Control)	On-going health promotion, health education, promotions at public gatherings
Inadequate service delivery information for planning and management due to poor data quality on DHIS (District Health Information System)	Integrate data collection tools through consolidation. Employment of data capturers at facilities. Strengthen collation of information
Inadequate medical waste management.	Fast track the procurement process for the selection and appointment of a service provider for waste management
Not enough Mobile Clinics	Provision of more vehicles (double Cab LDV'S) to drive satellite clinics. Allocation of capital budget to procure more vehicles
Lack of patient transport for drug resistant TB Patients	Make available dedicated specialized transport and trained paramedics and protective clothing (EMS, TB Directorate)
Shortage of Community Health Workers	Re-engineering of PHC to ensure that we have higher numbers appropriately trained outreach personnel. Integration of health care workers to provide a comprehensive service



PROGRAMME 3

Emergency Medical Services



3. PROGRAMME 3: EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

3.1 PROGRAMME PURPOSE

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

3.2 PRIORITIES FOR THE NEXT THREE YEARS

- To increase response times

SITUATION ANALYSIS INDICATORS FOR EMS AND PATIENT TRANSPORT

SITUATION ANALYSIS INDICATORS FOR EMS AND PATIENT TRANSPORT

	Quarterly Indicators	Means Of Verification/ Data Source	Type	Province wide value 2011/12	Alfred Nzo 2011/12	Amathole 2011/12	BCM 2011/12	Cacadu 2011/12	Chris Hani 2011/12	Nelson Mandela 2011/12	O.R. Tambo 2011/12	Joe Gqo 2011/12
es	1. EMS operational ambulance coverage ³	DHIS	No	2,126	345	Not reporting	Not reporting	447	633	149	212	340
g	2. EMS P I urban response under <15 minutes rate	DHIS	%	59.4	95.8	Not reporting	Not reporting	Not Applicable (Rural)	100.0	31.7	82.1	59.1
	3. EMS P I rural response under <40 minutes rate	DHIS	%	81.0	98.9	Not reporting	Not reporting	71.7	100.0	Not Applicable (Urban)	80.3	55.8
	4. EMS P I call response under 60 minutes rate	DHIS	%	41.2	17.9	Not reporting	Not reporting	37.2	50.4	53.4	33.4	32.8

1 in the above table has reference to the national norms and standards pertaining to the amount of ambulances available per 10 000 people. The above figures do not indicate the number of ambulances available per 10 000 people, but indicate what ambulances are available per shift on a 24 hour basis.

PERFORMANCE INDICATORS FOR THE EMS AND PATIENT TRANSPORT

EMS 2: PERFORMANCE INDICATORS FOR THE EMS AND PATIENT TRANSPORT (INC EMS3)

Local Indicators ☐ National Indicators ☐

Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1. EMS operational ambulance coverage	DHIS, institutional EMS registers	No per 10000	0.25	0.26	0.27	0.26	0.28	0.30	0.29
Numerator			169	170	177	175	185	195	205
Denominator			6 648 589	6 656 037	6 654 852	6 671 956	6 688 817	6 705 265	6 720 433
2. EMS PI urban response under <15 minutes rate	DHIS, institutional EMS registers	%	66.9%	52.6%	59.4%	65%	65%	65%	65%
Numerator			3 755	1 634	1 348	913	1 457	1 791	2 022
Denominator			5 610	3 104	2 268	1405	2 241	2 755	3 110
3. EMS PI rural response under <40 minutes rate	DHIS, institutional EMS registers	%	68.9%	68.3%	81%	70.2%	65%	65%	65%
Numerator			4 691	3 418	7 726	8 619	6 095	6 187	6 505
Denominator			6 810	5001	9 544	12 271	9 377	9 519	1 006

Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection		
			2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
4. EMS P I call response under 60 minutes rate	DHIS, institutional EMS registers	%	26.7%%	34.8%	41.9%	53.4%	55%	58%	60%
Numerator			82 245	91 008	129 574	122 703	128 577	155 509	176 007
Denominator			308 493	261 441	309 513	229 041	233 776	268 119	293 345
1.6.1 Number of districts with computerised call-taking and dispatching system	Service provider delivery note	No	System not in place	1	2	2	3	4	5

QUARTERLY TARGETS FOR EMS FOR 2013/14

BUDGET ALLOCATION: EMS AND PATIENT TRANSPORT

	R'000
Medical Services	762,493
Patient Transport	30,202
TOTAL BUDGET	792,695

Classification

	R'000
Salaries of Employees	446,657
Services	323,512
	2,528
	19,998
TOTAL BUDGET	792,695

1: QUARTERLY TARGETS FOR PERFORMANCE INDICATORS 2013/14 (Incl EMS 3a)

	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets			
					Q1	Q2	Q3	Q4
es s	1. EMS operational ambulance coverage	DHIS, institutional EMS registers	Quarterly	0.28	0.28	0.28	0.28	0.28
	Numerator			185	185	185	185	185
	Denominator			6 688 817	6 688 817	6 688 817	6 688 817	6 688 817
	2. EMS PI urban response under <15 minutes rate	DHIS, institutional EMS registers	Quarterly	65%	65%	65%	65%	65%
	Numerator			1 457	364	364	365	364
	Denominator			2 241	560	560	561	560
	3. EMS PI rural response under <40 minutes rate	DHIS, institutional EMS registers	Quarterly	65%	65%	65%	65%	65%
	Numerator			6 095	1524	1524	1524	1523
	Denominator			9 377	2344	2344	2345	2344

Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets			
				Q1	Q2	Q3	Q4
4. EMS P I call response under 60 minutes rate	DHIS, institutional EMS registers	Quarterly	70%	55%	55%	55%	55%
Numerator			128 577	32 144	32 144	32 144	32 145
Denominator			233 776	58 444	58 444	58 444	58 444
I.6.1 Number of districts with computerised call-taking and dispatching system	Service provider delivery note	Quarterly	3	2	2	3	3

CILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

000	Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Emergency Department	469 781	526 935	633 797	716 889	698 408	698 408	762 493	795 063	867 234
Outpatient	16 055	9 978	10 791	20 356	25 756	25 756	30 202	23 372	29 106
	485 836	536 913	644 588	737 245	724 164	724 164	792 695	818 435	896 340

Summary of Provincial Expenditure Estimates by Economic Classification

000	Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
ents	465 492	527 629	597 125	733 761	718 597	718 597	770 169	814 576	892 303
of employees	299 192	313 855	347 043	417 618	404 870	404 870	446 657	403 508	449 227
ervices	163 526	213 723	249 966	316 143	313 727	313 727	323 512	411 068	443 077
ent on land	2 774	51	116	-	-	-	-	-	-
ubsidies	115	125	68	2 396	2 079	2 079	2 528	2 654	2 776
titutions	-	-	-	-	-	-	-	-	-
	115	125	68	2 396	2 079	2 079	2 528	2 654	2 776
capital assets	20 229	9 159	47 395	1 088	3 488	3 488	19 998	1 205	1 260
other fixed	14 780	-	-	-	-	-	-	-	-
equipment	5 449	9 159	47 395	1 088	3 488	3 488	19 998	1 205	1 260
inancial assets	-	-	-	-	-	-	-	-	-
	485 836	536 913	644 588	737 245	724 164	724 164	792 695	818 435	896 340

3.7 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.

RISK – Programme 3	MITIGATING FACTORS
Inadequate funding to employ staff and purchase ambulances.	Funding to be made available for the appointment of suitable and qualified personnel and for the purchase of ambulances
Lack of skilled workforce - clinical staff (Paramedics and Emergency Care Technicians) and administrative staff (Fleet, Human Resources and Finance) to render professional services	Establishment of three EMS Colleges in the Province to run the Emergency Medical Technician course. Bursaries to be made available for EMS employees to attend the BTECH Degree in Emergency Medicine
Insufficient equipment (computers, radios, repeaters and ambulance equipment) to render an effective service.	Funding to be made available to procure and install automated Call taking and dispatching systems. Appropriate ambulance equipment to be procured.
Non-compliance with National norms and standards and other legislative requirements related to EMS.	Implementation of standard operating procedures and compliance measures to ensure norms and standards are adhered to.



PROGRAMME 4

Provincial Hospital Services



4. PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES (REGIONAL, TB AND SPECIALISED PSYCHIATRIC HOSPITALS)

4.1 PURPOSE

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

4.1.1 PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen the capacity and functionality of Regional Hospitals within the Province.
- To strengthen the child health and contributing towards the achievement of MDGs
- To improve clinical management of MDR and XDR TB patients in TB hospitals
- To strengthen the capacity and 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 and in particular the focus on the six Ministerial priority areas.

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

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

Strategic Goal 03: To improve and strengthen the mother and child health services.

TABLE RH1: PERFORMANCE INDICATORS FOR REGIONAL HOSPITALS (INCL. RHS 2)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.7 To strengthen capacity to deliver Secondary and Tertiary Services to achieve tertiary I level development	1. Delivery by Caesarean section rate	DHIS & Facility Registers	%	29%	29%	32.4%	32%	32%	32%	32%	>25%
	Numerator			2 701	2 648	3 280	3 179	3 289	3 385	3 444	
	Denominator			9 275	9 089	10 125	9 744	10 278	10578	10764	
	2. Inpatient Separations – Total	DHIS & Facility Registers	No	31 980	32 535	31 176	30 455	31 122	33 403	34 795	Provincial target
	3. Patient Day Equivalent (PDE) – Total	DHIS & Facility Registers	No	223 821	207 033	194 177	208 749	212 462	217 243	224 159	Provincial target
	4. OPD Headcount – Total	DHIS & Facility Registers	No	185 706	165 894	136 187	170 000	170 850	171 704	172 563	Provincial target

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	5.Average length of stay (ALOS)	DHIS & Facility Registers	Days	4.9 days	4.5 days	4.6 days	4.8 days	4.8 days	4.6 days	4.6 days	4.8days
	Numerator			156 704	146 407	143 410	146 184	149 386	153 654	160 056	
	Denominator			31 980	32 535	31 176	30 455	31 122	33 403	34 795	
	6. Inpatient Bed utilisation rate – (BUR)	DHIS & Facility Registers	%	75%	71.7%	67.2%	68.5%	70%	72%	75%	75%
	Numerator			156 704	146 407	143 410	146 184	149 386	153 654	160 056	
	Denominator			208 939	204 318	213 408	213 408	213 408	213 408	213 408	
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility registers	Rand	1,265	1,411	1,748	1,838	1,847	1,856	1,866	
	Numerator			216,634,609	296,391,878	342,729,859	379,701,472	398,686,546	418,620,873	439,551,916	
	Denominator			223,821	207,033	194,177	208,749	212,462	217,243	224,159	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	%	Not Measured	72%	79%	80%	80%	80%	80%	65%

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Numerator			Not Measured	86	125	96	111	116	122	
	Denominator			Not Measured	119	158	120	139	145	153	
	9. Mortality and morbidity review rate	Record or minutes of meetings held by the health facility	%	Not measured	100%	100%	100%	100%	100%	100%	
	Numerator				2	2	2	2	2	2	
	Denominator				2	2	2	2	2	2	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.5 Percentage of Regional Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not measured	Not measured	Not measured	Not measured	100%	100%	100%	
	Numerator							2	2	2	
	Denominator							2	2	2	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	1.1.6 Percentage of Regional Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not measured	Not measured	Not measured	Not measured	100%	100%	100%	
	Numerator							2	2	2	
	Denominator							2	2	2	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	3.1.2 Perinatal mortality rate in regional hospitals (expressed per 1000 total births)	DHIS; hospital registers	Rate (No/ 1000 total births)	40.8/1000	41/1000	41.9/1000	40/1000	35/1000	30/1000	26/1000	
	Numerator			402	388	434	394	345	300	263	
	Denominator			9 862	9 398	10 349	9 857	9 867	10 023	10 116	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
Annual Indicators											
I.I To facilitate 60% of facilities implementing quality & patient safety program	I0. Hospital Patient Satisfaction rate	Patient satisfaction survey forms, PSS report	%	Not Measured	Not Measured	Not Measured	50%	60%	65%	70%	
	Numerator						6 262	6 374	6 517	6 725	
	Denominator						10 437	10 623	10 862	1 108	
	I 1. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard Compliance self-assessment tool; Self-assessment report	No	Not Measured	Not Measured	2	2	2	2	2	

4.1.3 BUDGET ALLOCATION FOR HOSPITAL MANAGEMENT SERVICES FOR 2013/14

Budget	R'000
Regional Hospitals	3,311,930
TB Hospitals	396,562
Psychiatric Mental Hospitals	564,112
TOTAL BUDGET	4,272,604

ECONOMIC CLASSIFICATION FOR HOSPITAL MANAGEMENT SERVICES

Budget	R'000
Compensation of Employees	3,425,116
Goods and Services	792,898
Transfers	43,213
Capital Assets	11,376
TOTAL BUDGET	4,272,604

QUARTERLY TARGETS FOR REGIONAL HOSPITALS FOR 2013/14

Budget	R'000
Compensation of Employees	2,796,575
Goods and Services	466,982
Transfers	41,213
Capital Assets	7,160
TOTAL BUDGET	3,311,930

TABLE RHS 3: QUARTERLY TARGETS FOR REGIONAL HOSPITALS FOR 2013/14 (Incl. RHS 2A)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.7 To strengthen capacity to deliver Secondary and Tertiary Services to achieve tertiary I level development.	1. Delivery by Caesarean section rate	DHIS & Facility Registers	Quarterly	32%	32%	32%	32%	32%	466,982
	Numerator			3 289	822	822	823	823	
	Denominator			10 278	2569	2569	2570	2570	
	2. Inpatient Separations – Total	DHIS & Facility Registers	Quarterly	31 122	7780	7780	7781	7781	
	3. Patient Day Equivalents – Total	DHIS & Facility Registers	Quarterly	212 462	53115	53115	53116	53116	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4. OPD Headcount – Total	DHIS & Facility Registers	Quarterly	170 850	42 712	42 712	42 713	42 713	
	5. Average length of stay (ALOS)	DHIS & Facility Registers	Quarterly	4.8 days	4.8 days	4.8 days	4.8 days	4.8 days	
	Numerator			149 386	37 346	37 346	37 347	37 347	
	Denominator			31 122	7 780	7 780	7 781	7 781	
	6. Inpatient Bed utilisation rate – (BUR)	DHIS & Facility Registers	Quarterly	70%	70%	70%	70%	70%	
	Numerator			149 386	37346	37346	37347	37347	
	Denominator			213 408	53352	53352	53352	53352	
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility registers	Quarterly	1,847	1,847	1,847	1,847	1,847	
	Numerator			398,686,546	99,671,636	99,671,636	99,671,636	99,671,636	
	Denominator			212 462	53115	53115	53116	53116	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	Quarterly	80 %	80 %	80 %	80 %	80 %	
	Numerator			111	27	28	28	28	
	Denominator			139	34	35	35	35	
	9. Mortality and morbidity review rate	Record or minutes of meetings held by the health facility	Quarterly	100%	100%	100%	100%	100%	
	Numerator			2	2	2	2	2	
	Denominator			2	2	2	2	2	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.5 Number of Regional Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	Bi-Annually	100%	-	2	-	2	
	Numerator			2	-	2	-	2	
	Denominator			2	-	2	-	2	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	1.1.6 Percentage of Regional Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%	-	100%	-	100%	
	Numerator			2	-	2	-	2	
	Denominator			2	-	2	-	2	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	3.1.2 Perinatal mortality rate in regional hospitals (expressed per 1000 total births)	DHIS & Facility Registers	Quarterly	35 / 1000 total births	35 / 1000 total births	35 / 1000 total births	35 / 1000 total births	35 / 1000 total births	
	Numerator			345	87	86	86	86	
	Denominator			9 867	2 466	2 467	2 467	2 467	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
Annual Indicators									
I.1 To facilitate 60% of facilities implementing quality & patient safety program	10. Hospital Patient Satisfaction rate	Patient satisfaction survey forms PSS report,	Annually	60%	-	-	-	60%	
	Numerator			6 374	-	-	-	6 374	
	Denominator			10 623	-	-	-	10 623	
	I 1. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard compliance self-assessment tool; Self-assessment report	Annually	2	-	-	-	2	

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

Strategic Goal(s) being addressed:

Strategic Goal 02: To combat and reduce the impact of communicable diseases namely TB and HIV/ AIDS with a special focus on preventing the emergence of drug resistant strains.

TABLE TB1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR TB HOSPITALS (INCL.TB 2)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	1. Inpatient Separations – Total	DHIS & Facility Registers	No	3 483	3 576	3 015	2 484	3 461	3 621	3 728
	2. Patient Day Equivalents (PDE)	DHIS & Facility Registers	No	409 007	376 925	297 793	260 780	369 767	386 727	398 069
	3.Average length of stay in TB hospitals for normal TB	DHIS & Facility Registers	Days	Not Measured	Not Measured	Not Measured	30 Days	30 Days	30 Days	30 Days
	4.Average length of stay in TB hospitals for MDR TB patients	DHIS & Facility Registers	Days	116.2	105 days	103 Days	90 Days	90 Days	90 Days	90 Days
	Numerator				58 099	98 116	96 181	311 490	325 890	335 520
	Denominator				567	1046	981	3 461	3 621	3 728

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/1
	5. Average length of stay in TB Hospitals for XDR patients	DHIS & Facility Registers	Days	Not Measured	202 days	142 days	170 days	180 days	180 days	180 days
	Numerator			Not Measured	681	718	669	689	712	722
	Denominator			Not Measured	137 477	101 923	113 877	124 020	128 160	129 960
	6. Inpatient Bed utilisation rate (BUR)	DHIS & Facility Registers	%	71.5%	69.5%	57.2%	60%	65%	68%	70%
	Numerator			407 519	376 691	296 812	344 298	372 990	390 204	401 681
	Denominator			569 969	541 910	518 989	573 830	573 830	573 830	573 830
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility Registers	Rand	703	799	1,106	1,365	1,011	1,015	1,035
	Numerator			287,482,000	301,309,000	329,467,000	355,866,000	373,659,300	392,342,265	411,959,378
	Denominator			409 007	376 925	297 793	260 780	369 767	386 727	398 069

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	%	Not Measured	Not Measured	76%	80%	85%	85%	85%
	Numerator			Not Measured	Not Measured	73	20	51	51	51
	Denominator			Not Measured	Not Measured	96	25	60	60	60
	9. Mortality and morbidity review rate	Record or minutes of the meetings	No	Not measured	Not measured	Not Measured	4 (36.4%)	100%	100%	100%
	Numerator			Not measured	Not measured	Not Measured	4	11	11	11
	Denominator						11	11	11	11
	2.2.5 Number of TB Hospitals conducting clinical audits	Clinical Audit Reports	No	Not Measured	Not Measured	11	11	11	11	11

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
I.1 To facilitate 60% of facilities implementing quality & patient safety program	I.1.7 Percentage of TB Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%
	Numerator							11	11	11
	Denominator							11	11	11
	I.1.8 Percentage of TB Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%
	Numerator							11	11	11
	Denominator							11	11	11

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Annual Targets										
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	10. Hospital Patient Satisfaction rate	PSS forms, PSS report	%	Not Measured	Not Measured	50%	60%	60%	65%	75%
	Numerator			Not Measured	Not Measured	6 995	7 823	11 093	12 568	14 928
	Denominator			Not Measured	Not Measured	13 989	13 039	18 488	19 336	19 903
	11. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard compliance self-assessment tool, assessment report	No	Not Measured	Not Measured	Not Measured	11	11	11	11

4.2.1 QUARTERLY TARGETS FOR PERFORMANCE INDICATORS FOR TB HOSPITALS FOR 2013/14

Economic Classification for TB hospitals

Budget	R'000
Compensation of Employees	275,613
Goods and Services	147,733
Transfers	1,000
Capital Assets	2,216
TOTAL BUDGET	396,562

TABLE TB 3: QUARTERLY TARGETS FOR PERFORMANCE INDICATORS FOR TB HOSPITALS (INCL.TB 2)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
2.2 To reduce TB morbidity and mortality by achieving 85% cure rate	1. Inpatient Separations – Total	DHIS & Facility Registers	Quarterly	3 461	865	865	865	866	147,733
	2. Patient Day Equivalents (PDE)	DHIS & Facility Registers	Quarterly	369 767	92 441	92 442	92 442	92 442	
	3. Average length of stay in TB hospitals	DHIS & Facility Registers	Quarterly	90 Days	90 Days	90 Days	90 Days	90 Days	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4. Average length of stay in TB hospitals MDR TB	DHIS & Facility Registers		90 Days	90 Days	90 Days	90 Days	90 Days	
	Numerator			3 461	865	865	865	866	
	Denominator			311 490	77 850	77 850	77 850	77 940	
	5. Average length of stay in TB Hospitals for XDR	DHIS & Facility Registers	Bi Annually	180 Days	-	180 Days	-	180 Days	
	Numerator			689	-	344	-	345	
	Denominator			124 020	-	62 010	-	62 010	
	6. Inpatient Bed utilisation rate (BUR)	DHIS & Facility Registers	Quarterly	65%	65%	65%	65%	65%	
	Numerator			372 990	93 248	93 248	93 247	93 247	
	Denominator			573 830	143 458	143 458	143 457	143 457	
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility Registers	Quarterly	1,011	1,011	1,011	1,011	1,011	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			373,659,300	93,414,825	93,414,825	93,414,825	93,414,825	
	Denominator			369 767	92 441	92 442	92 442	92 442	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	Quarterly	85%	85%	85%	85%	85%	
	Numerator			51	13	13	13	12	
	Denominator			60	15	15	15	15	
	9. Mortality and morbidity review rate in TB Hospitals	Record or minutes of the meetings	Quarterly	100%	100%	100%	100%	100%	
	Numerator			11	11	11	11	11	
	Denominator			11	11	11	11	11	
	2.2.5 Number of TB Hospitals conducting clinical audits	Clinical Audit Reports	Quarterly	11	11	11	11	11	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
I.1 To facilitate 60% of facilities implementing quality & patient safety program	I.1.7 Percentage of TB Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	Bi-Annually	100%	-	100%	-	100%	
	Numerator			11	-	11	-	11	
	Denominator			11	-	11	-	11	
	I.1.8 Percentage of TB Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%	-	100%	-	100%	
	Numerator			11	-	11	-	11	
	Denominator			11	-	11	-	11	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
ANNUAL TARGETS									
	9. Hospital Patient Satisfaction	PSS forms, PSS report	Annually	60%	-	-	-	60%	
	Numerator			11 093	-	-	-	11 093	
	Denominator			18488	-	-	-	18488	
	10. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard compliance self-assessment tool; Self-assessment report	Annually	11	-	-	-	11	

4.3 PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR PSYCHIATRIC HOSPITALS

Strategic Goal(s) being addressed:

Strategic Goal 04: To combat and reduce non-communicable diseases and mental conditions.

TABLE SH1:PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS (INCL SH2)

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
4.2 To facilitate the development of mental health services to achieve 60% service levels	1.Average length of stay (ALOS)	DHIS & Facility Registers	Days	124 Days	141 Days	133 Days	167 Days	150 Days	150 Days	150 Days	
	Numerator			410 891	421 950	424 368	413 943	432 069	432 069	432 069	
	Denominator			3 314	2 996	3 187	2 479	2 880	2880	2880	
	2. Inpatient Bed utilisation rate – (BUR)	DHIS & Facility Registers	%	86.7%	87.9%	88.4%	86.2%	90%	90%	95%	
	Numerator			410 891	421 950	424 368	413 943	432 069	432 069	432 069	
	Denominator			473 997	480 077	480 077	480 077	480 077	480 077	480 077	
	3. Patient Day Equivalent (PDE)	DHIS & Facility Registers	No	412,262	424,066	426,844	416,971	435,648	436,199	436,751	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	4. Expenditure per patient day equivalent (PDE)	BAS, DHIS, Facility Registers	Rand	956	967	1,152	1,230	1,236	1,297	1,360	
	Numerator			39,4187,000	410,073,000	491,608,000	512,994,000	538,643,700	565,575,885	593,854,679	
	Denominator			412,262	424,066	426,844	416,971	435,648	436,199	436,751	
	5. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	%	Not Measured	Not Measured	Not reported	85%	85%	85%	85%	
	Numerator						21	27	32	34	
	Denominator						25	32	38	40	
	4.2.2 Number of Mental Hospitals conducting clinical audits	Clinical Audit Reports at facilities	No	Not Measured	Not Measured	3	4	4	4	4	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.9 Percentage of Psychiatric Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%	
	Numerator							4	4	4	4
	Denominator							4	4	4	4
	1.1.10 Percentage of Psychiatric Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%	
	Numerator							4	4	4	
	Denominator							4	4	4	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
Annual Targets											
4.2 To facilitate the development of mental health services to achieve 60% service levels	6. Hospital Patient Satisfaction rate	PSS forms, PSS report	%	Not Measured	Not Measured	40%	60%	60%	61%	61%	
	Numerator					8 537	12 509	13 069	13 304	13 321	
	Denominator					21 342	20849	21 782	21 810	21 838	
	7. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard compliance self-assessment tool; Self-assessment report	No	Not Measured	Not Measured	2	3	4	4	4	

4.3.1 QUARTERLY TARGETS FOR PSYCHIATRIC HOSPITALS

Economic Classification for Psychiatric Hospitals

Budget	R'000
Compensation of Employees	382,928
Goods and Services	178,183
Transfers	1,000
Capital Assets	2,000
TOTAL BUDGET	564,111

TABLE SH3: QUARTERLY TARGETS FOR SPECIALISED PSYCHIATRIC HOSPITALS FOR 2013/14 (INCL. SH 2 A)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
4.2 To facilitate the development of mental health services to achieve 60% service levels	1. Average length of stay (ALOS)	DHIS & Facility Registers	Bi-Annually	150 Days	-	150 Days	-	150 Days	156,614
	Numerator			432 069	-	216034	-	216035	
	Denominator			2 880	-	1440		1440	
	2. Inpatient Bed utilisation rate – (BUR)	DHIS & Facility Registers	Quarterly	90%	90%	90%	90%	90%	
	Numerator			432 069	108 017	108 017	108 017	108 018	
	Denominator			480 077	120 019	120 019	120 019	120 020	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	3. Patient Day Equivalent (PDE)	DHIS & Facility Registers	Quarterly	435,648	108.912	108.912	108.912	108.912	
	4. Expenditure per patient day equivalent (PDE)	BAS, DHIS & facility registers	Quarterly	1236	1236	1236	1236	1236	
	Numerator			538,643,700	134,660,925	134,660,925	134,660,925	134,660,925	
	Denominator			435 648	108912	108912	108912	108912	
	5. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	Quarterly	85%	85%	85%	85%	85%	
	Numerator			27	27	27	27	27	
	Denominator			32	32	32	32	32	
	4.2.2 Number of Mental Hospitals conducting clinical audits	Clinical Audit Reports	Quarterly	4	4	4	4	4	
I.1 To facilitate 60% of facilities implementing quality & patient safety program	I.1.9 Percentage of Psychiatric Hospitals conducting gap assessments for	Assessment tool, Assessment Reports	Bi-Annually	100%	-	4	-	4	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			4	-	4	-	4	
	Denominator			4	-	4	-	4	
	I.1.10 Percentage of Psychiatric Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%	-	100%	-	100%	
	Numerator			4	-	4	-	4	
	Denominator			4	-	4	-	4	
	Annual Indicators								
4.2 To facilitate the development of mental health services to achieve 60% service levels	6. Hospital Patient Satisfaction rate	PSS forms, PSS report	Annually	60%	-	-	-	60%	
	Numerator			13 069	-	-	-	13 069	
	Denominator			21 782	-	-	-	21 782	
	7. Number of Hospitals assessed for compliance with the 6 priorities of the core standards	Core standard compliance self-assessment tool; Self- assessment report	Annually	4	-	-	-	4	

4.4 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE SHS4: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

R' 000		Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	General (Regional) Hospitals	2 671 747	2 769 806	3 039 179	3 104 929	3 223 489	3 324 862	3 311 930	3 531 797	3 727 306	(0.39)
2.	Tuberculosis Hospitals	287 482	301 309	329 467	364 284	365 567	365 567	396 562	411 042	428 069	8.48
3.	Psychiatric/Mental Hospitals	394 187	410 073	491 608	489 398	515 106	515 106	564 112	578 537	578 213	9.51
Total		3 353 416	3 481 188	3 860 254	3 958 611	4 104 162	4 205 535	4 272 604	4 521 376	4 733 588	1.59

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	3 242 956	3 434 501	3 834 096	3 930 166	4 060 345	4 161 718	4 218 015	4 505 162	4 716 628	1.35
Compensation of employees	2 588 417	2 865 735	3 171 127	3 169 575	3 308 039	3 308 039	3 425 116	3 645 113	3 885 475	3.54
Goods and services	654 539	568 566	662 564	760 591	752 306	853 451	792 898	860 049	831 153	(7.10)
Interest and rent on land	-	200	405	-	-	228	-	-	-	(100.00)
Transfers and subsidies	10 071	13 595	10 230	10 285	37 102	37 102	43 213	11 619	12 153	16.47
Households	10 071	13 595	10 230	10 285	37 102	37 102	43 213	11 619	12 153	16.47
Payments for capital assets	100 389	32 369	15 928	18 160	6 715	6 715	11 376	4 595	4 806	69.41
Buildings and other fixed structures	27 601	-	-	-	-	-	-	-	-	
Machinery and equipment	72 788	32 369	15 928	18 160	6 715	6 715	11 376	4 595	4 806	69.41
Payments for financial assets	-	723	-	-	-	-	-	-	-	
Total	3 353 416	3 481 188	3 860 254	3 958 611	4 104 162	4 205 535	4 272 604	4 521 376	4 733 588	1.59

4.5 RISK MANAGEMENT

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

RISK – Programme 4	MITIGATING FACTORS
Budgeting Constraints – overspending of Psychiatric Services Compensation of Employees	Review allocation of COE budget Payment of the outstanding HR Backlogs.
Non Compliance with atmospheric pollution prevention Act	Conduct workshops on Infection control and prevention.
Infrastructure not maintained	Maintenance undertaken by Infrastructure Directorate. Budget provision made.

NELSON MANDELA
ACADEMIC HOSPITAL

PROGRAMME 5

Tertiary Hospital Services



5. PROGRAMME 5: TERTIARY HOSPITALS

5.1 PROGRAMME PURPOSE

- To strengthen and continuously develop the Modern Tertiary Services platform to adequate levels so as to be responsive to the demands of specialist service needs of the community of the Eastern Cape Province.

5.2 PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen oncology services in Port Elizabeth & East London Hospital Complexes
- To strengthen institutional capacity to deliver relevant and quality services at appropriate levels through training of staff
- To improve institutional functionality & effectiveness by ensuring that efficiency indicators are fully achieved at hospital complexes

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

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs.

Strategic Goal 03: To improve and strengthen the mother and child health services.

TABLE THS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR TERTIARY HOSPITALS (INCL.THS 2)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
1.7 To strengthen capacity to deliver Secondary and Tertiary Services to achieve tertiary I level development	1. Delivery by Caesarean section rate	DHIS, facility registers	%	40.1	49.9	47.7	50	50	50	50	
	Numerator			12 290	9 963	13 623	13 467	13 873	14 123	14 092	
	Denominator			30 649	19 966	28 559	26 933	27 746	28 246	28 184	
	2. Inpatient Separations - Total	DHIS, facility registers	No	174 114	186 712	192 414	189 054	207 959	207 959	207 959	
	3. Patient Day Equivalents	DHIS, facility registers	No	1 334 057	1 479 712	1 534 914	1 508 777	1 514 661	1 520 273	1 564 755	
	4. OPD Total Headcounts	DHIS, facility registers	No	865 495	1 127 749	1 220 038	1 225 583	1 241 083	1 256 921	1 389 299	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	5. Average Length of Stay	DHIS, facility registers	Days	4.8	5.4	5.5	5.5	5	5	5	
	Numerator			986 448	1 044 684	1 067 396	1 039 797	1 039 795	1 039 795	1 039 795	
	Denominator			205 510	193 460	194 072	189 054	207 959	207 959	207 959	
	6. Inpatient Bed Utilisation Rate	DHIS, facility registers	%	73.4%	76.3	78.8%	76%	76%	76%	76%	
	Numerator			986 446	1 044 683	1 067 398	1 039 796	1 039 796	1 039 796	1 039 796	
	Denominator			1 339 333	1 368 760	1 352 830	1 368 122	1 368 122	1 368 122	1 368 122	
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility registers	Rand	1,419	1,691	1,779	1,873	1,960	2,050	2,091	
	Numerator			1,893,588,311	2,502,566,443	2,731,117,871	2,826,656,528	2,967,989,354	3,116,388,822	3,272,208,263	
	Denominator			1,334,057	1,479,712	1,534,914	1,508,777	1,514,661	1,520,273	1,564,755	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	%	Not measured	58.8%	81.4%	68%	80%	80%	80%	
	Numerator				10	237	268	330	347	365	
	Denominator				17	291	393	413	434	456	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	9. Mortality and morbidity review rate	Record or minutes of meetings held by the health facility	%	100%	100%	100%	100%	100%	100%	100%	
	Numerator			3 hospital complexes	3 hospital complexes	7	7	7	7	7	
	Denominator			3 hospital complexes	3 hospital complexes	7	7	7	7	7	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.1.1 Percentage of Tertiary Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%	
	Numerator							7	7	7	
	Denominator							7	7	7	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	1.1.12 Percentage of Tertiary Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	%	Not Measured	Not Measured	Not Measured	Not Measured	100%	100%	100%	
	Numerator							7	7	7	
	Denominator							7	7	7	
1.7.To strengthen capacity to deliver Secondary and Tertiary Services to achieve tertiary I level	1.7.1 Number of oncology patients treated	DHIS (1.3 NTSG Data file), Facility Registers	No	Not Measured	Not Measured	Not Measured	25 348	32 000	34 000	36 000	
	1.7.2 Number of haematology patients treated	DHIS (1.3 NTSG Data file), Facility Registers	No	Not Measured	Not Measured	Not Measured	5 601	8 000	10 000	12 000	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five	3.1.3 Perinatal mortality rate in tertiary hospitals (expressed per 1000 total births)	DHIS, facility registers	No/ 1 000 total births	49.9/ 1000	59 6/ 1000	68.1/1000	78/1000	58/1000 total births	48/1000 total births	30/1000 total births	
	Numerator			1 909	1 921	2 103	2 225	1 553	1 246	750	
	Denominator			38 220	32 218	30 903	28 589	26 774	25 959	25 003	
Annual Indicators											
1.1 To facilitate 60% of facilities implementing quality & patient safety program	10. Hospital Patient Satisfaction Rate	PSS forms, PSS report	%	Not measured	Not measured	Not calculated	60%	60%	70%	70%	90%
	Numerator						45 263	45 440	53 210	54 766	
	Denominator						75 439	75 733	76 014	78 238	
	11. No of Hospitals assessed for compliance with the core standards	Core standard self-assessment tool; Self-assessment report	No	Not measured	Not measured	2	7	7	7	7	

Strategic Objective	Quarterly Indicators	Means of Verification/ Data source	Type	Audited/ Actual Performance			Estimated Performance	MTEF Projection			National Target 2015/16
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	I.7.3 Minimum Number of designated tertiary services provided per tertiary hospital	DHIS (I.3 NTSG Data file), Facility Registers	No	Not measured	Not measured	Not measured	Not measured	MHC: 32 ELHC: 25: PEHC: 31	MHC: 32 ELHC: 25: PEHC: 31	MHC: 32 ELHC: 25: PEHC: 31	

5.4 QUARTERLY TARGETS FOR TERTIARY HOSPITALS FOR 2013/14

Budget Allocation: Sub-programme – Tertiary Hospitals

Budget	R'000
Compensation of Employees	221,537
Goods and Services	446,800
Capital	75,284
TOTAL BUDGET	743,621

TABLE THS 3: QUARTERLY TARGETS FOR TERTIARY HOSPITALS (INCL.THS 2A)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.7 To strengthen capacity to deliver Secondary and Tertiary Services to achieve tertiary I level development	1. Delivery by Caesarean section rate	DHIS, facility registers	Quarterly	50	50	50	50	50	446,800
	Numerator			13 873	3 468	3 468	3 468	3 469	
	Denominator			27 746	6 936	6 936	6 937	6 937	
	2. Inpatient Separations - Total	DHIS, facility registers	Quarterly	207 959	51 989	51 989	51 989	51 992	
	3. Patient Day Equivalent	DHIS, facility registers	Quarterly	1 514 661	378 665	378 665	378 665	378 666	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	4. OPD Total Headcounts	DHIS, facility registers	Quarterly	1 241 083	310 270	310 271	310 271	310 271	
	5. Average Length of Stay	DHIS, facility registers	Quarterly	5	5	5	5	5	
	Numerator			1 039 795	259948	259949	259949	259949	
	Denominator			207 959	51989	51990	51990	51990	
	6. Inpatient Bed Utilisation Rate	DHIS, facility registers	Quarterly	76%	76%	76%	76%	76%	
	Numerator			1 039 796	259949	259949	259949	259949	
	Denominator			1 368 122	342030	342030	342031	342031	
	7. Expenditure per patient day equivalent (PDE)	BAS, DHIS, facility registers	Quarterly	1,960	1,960	1,960	1,960	1,960	
	Numerator			2,967,989,354	741,997,339	741,997,339	741,997,339	741,997,339	
	Denominator			1 514 661	378 665	378 665	378 665	378 666	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	8. Complaint Resolution within 25 working days rate	DHIS, Complaints Register	Quarterly	80%	80%	80%	80%	80%	
	Numerator			330	83	83	83	81	
	Denominator			413	103	103	103	104	
	9. Mortality and morbidity review rate	Record or minutes of meetings held by the health facility	Quarterly	100%	100%	100%	100%	100%	
	Numerator			7	7	7	7	7	
	Denominator			7	7	7	7	7	
1.1 To facilitate 60% of facilities implementing quality & patient safety program	1.1.1 Percentage of Tertiary Hospitals conducting gap assessments for compliance with the National Core Standards	Assessment tool, Assessment Reports	Bi-Annually	100%	-	100%	-	100%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	Numerator			7	-	7	-	7	
	Denominator			7	-	7	-	7	
	1.1.12 Percentage of Tertiary Hospitals that have developed annual QIPS based on their assessment	Signed Quality Improvement Plans	Bi-Annually	100%	-	100%	-	100%	
	Numerator			7	-	7	-	7	
	Denominator			7	-	7	-	7	
	1.7.1 Number of oncology patients treated	DHIS (1.3 NTSG Data file), Facility Registers	Quarterly	32 000	8 000	8 000	8 000	8 000	
	1.7.2 Number of haematology patients treated	DHIS (1.3 NTSG Data file), Facility Registers	Quarterly	8 000	2 000	2 000	2 000	2 000	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
3.1 To ensure reduction of child mortality to achieve 26 per 1000 mortality in the under-five children	3.1.3 Perinatal mortality rate in tertiary hospitals (expressed per 1000 total births)	DHIS, facility registers	Quarterly	58/1000	58/1000 total births	58/1000 total births	58/1000 total births	58/1000 total births	
	Numerator			1 552	388	388	388	388	
	Denominator			26 774	6 693	6 693	6 694	6 694	
Annual Indicators									
1.1 To facilitate 60% of facilities implementing quality & patient safety program	10. Hospital Patient Satisfaction Rate	PSS forms, PSS report	Annually	60%	-	-	-	60%	
	Numerator			45 263	-	-	-	45 263	
	Denominator			75 439	-	-	-	75 439	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	I 1. Number of Hospitals assessed for compliance with the core standards	Core standard self-assessment tool; Self-assessment report	Annually	7	-	-	-	7	
	I.7.3 Minimum Number of designated tertiary services per tertiary hospitals	DHIS (I.3 NTSG Data file), Facility Registers	Annually	MHC: 32 ELHC: 25 PEHC: 31	-	-	-	MHC: 32 ELHC: 25: PEHC: 31	

5.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE THS4: EXPENDITURE ESTIMATES: CENTRAL AND TERTIARY SERVICES

R' 000		Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
I.	Provincial Tertiary Hospital Services	528 251	594 454	627 075	682 445	702 419	702 419	743 621	786 007	822 163	5.87
Total		528 251	594 454	627 075	682 445	702 419	702 419	743 621	786 007	822 163	5.87

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	415 307	529 432	553 070	570 238	590 261	590 261	668 337	707 722	740 277	13.23
Compensation of employees	88 396	110 499	141 107	172 431	182 431	182 431	221 537	231 728	242 387	21.44
Goods and services	326 911	418 422	411 962	397 807	407 830	407 830	446 800	475 994	497 890	9.56
Interest and rent on land	-	511	1	-	-	-	-	-	-	
Payments for capital assets	112 944	65 022	74 005	112 207	112 158	112 158	75 284	78 285	81 886	(32.88)
Buildings and other fixed structures	43 503	21 271	11 423	46 000	30 478	30 478	-	-	-	(100.00)
Machinery and equipment	69 441	43 751	62 582	66 207	81 680	81 680	75 284	78 285	81 886	(7.83)
Payments for financial assets	-	-	-	-	-	-	-	-	-	
Total	528 251	594 454	627 075	682 445	702 419	702 419	743 621	786 007	822 163	5.87

5.6 RISK MANAGEMENT

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

RISK – Programme 5	MITIGATING FACTORS
Lack of capacity to monitor expenditure incurred on the National Tertiary Services Grant resulting in: <ul style="list-style-type: none"> • Misallocation of expenditure – non Grant related expenses charged to National Tertiary Services Grant (NTSG) • Poor reporting of expenditure – NTSG 	Conduct provincial workshop to in service all officials in the environment of the NTSG
Inherent shortage of medical specialist, Inability to attract medical specialists	Registrar programme to train specialists
Inadequate management of the de-complexing process	Project plan, Project manager and team are place Consultation with key stakeholders are in progress (ELHC and PEHC)
Poor compliance with National Core Standards	Audits are being conducted by Health Systems Trust at health facilities
Poor quality of health services delivery due to many reasons e.g. inadequate resources, staff attitudes, influx of Level I patients to facilities	On-going monitoring and support visits to regional and tertiary hospitals



PROGRAMME 6

Health Sciences & Training



6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING

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.

6.2 PRIORITIES FOR THE NEXT THREE YEARS

- In-service learning for primary services (clinical, human resources and finance) by providing effective knowledge to practice programmes, short learning programmes and related skills development interventions
- Facilitate the implementation of the learnership and internship (workplace experience) programmes.
- Implement a comprehensive management development and leadership programme.
- Strengthen core skills development systems for improved organizational impact.
- Implement career management strategies that underpin recruitment and retention of critical and scarce employees or skills.

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

Strategic Goal(s) being addressed:

Strategic Goal 05: To enhance institutional capacity through effective leadership, governance, accountability, efficient and effective utilization of resources

TABLE HST1: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING (INCL HST2)

Provincial Indicators ☐ National Indicators ☐

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
5.5 To ensure 100% Effective HR planning, Development and Management	1. Intake of nurse students	Registers	No	1181	1113	1165	1508	1930	1930	1930
	2. Students with bursaries from the province	DoH bursary database	No	536	Not Reported	1272	1380	1380	1380	1380
	3. Basic nurse students graduating	Mark schedule	No	385	Not Reported	1067	1398	1398	1398	1398

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	5.5.5 Number of Post-basic nurses graduated ^a	Mark schedules	No	81	Not Reported	70	200	200	200	200
	5.5.6 Number of one year midwifery course nurses graduated	Mark schedules	No	39	112	70	200	200	200	200
	5.5.7 Number of Clinical associate students graduated	Registers	No	47	23	79	60	32	30	48
	5.5.8 Number of Registrars in training	Persal	No	93	139	115	130	130	130	130
	5.5.9 Number of clinical Technicians trained	Registers	No	0	0	0	10	10	10	10
	5.5.10 Number of emergency care technicians undergoing training ^b	Mark schedules	No	Not Measured	Not Measured	Not Measured	30 ^b	25	75 ^c	100

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	5.5.11 Number of intermediate life support practitioners graduated	Mark schedules	No	Not Measured	Not Measured	68	68	68	68	68
	5.5.12 Number of rescue practitioners graduated	Mark schedules	No	10	17	36	60	60	60	60

^a Post-basic nurses graduated refer to advance midwifery, operating theatre and clinical primary health care

^b The first intake for a two year course will be on 2012/13

^c The cause for high figure for target for 2014/15100 is caused by use of two colleges for training that is why the big number

6.4 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2013/14

Budget allocation for HST

Budget	R'000
Nursing Training College	343,027
EMS Training College	6,612
Bursaries	90,552
Other Training	205,687
TOTAL BUDGET	744,878

Economic Classification

Budget	R'000
Compensation of Employees	516,094
Goods and Services	120,614
Transfers	97,383
Capital Assets	10,787
TOTAL BUDGET	744,878

TABLE HST 3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2013/14 (Incl. HST 2A)

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
5.5 To ensure 100% Effective HR planning, Development and Management	1. Intake of nurse students	Registers	Annually	1930	-	-	-	1930	120,614
	2. Students with bursaries from the province	DoH bursary database	Annually	1380	-	-	-	1380	
	3. Basic nurse students graduating	Mark schedules	Annually	1398	-	-	-	1398	
	5.5.5 Number of Post-basic nurses graduated ^a	Mark schedules	Annually	200	-	-	-	200	
	5.5.6 Number of one year midwifery course nurses graduated	Mark schedules	Annually	200	-	-	-	200	
	5.5.7 Number of Clinical associate students trained	Registers	Annually	32	-	-	-	32	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	5.5.8 Number of Registrars in training	Registers	PERSAL	130	-	-	-	130	
	5.5.9 Number of clinical Technicians trained	Registers	Annually	10	-	-	-	10	
	5.5.10 Number of emergency care technicians undergoing training ^b	Mark schedules	Annually	25	-	25	-	-	
	5.5.11 Number of intermediate life support practitioners graduated	Mark schedules	Annually	68	-	-	-	68	
	5.5.12 Number of rescue practitioners graduated	Mark schedules	Annually	60	-	-	-	60	

6.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

R' 000		Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	Nurse Training Colleges	288 107	299 800	296 131	311 427	315 887	315 887	343 027	356 791	377 162	8.59
2.	Ems Training Colleges	1 576	3 621	2 650	5 125	5 219	5 219	5 612	5 904	5 211	7.54
3.	Bursaries	68 576	69 549	71 060	77 095	87 095	87 095	90 552	83 629	86 068	3.97
4.	Training Other	164 433	221 163	235 983	250 715	255 006	255 006	305 687	323 955	321 625	19.87
Total		522 692	594 133	605 824	644 362	663 207	663 207	744 878	770 280	790 066	12.31

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	431 716	472 367	390 723	416 453	435 405	435 405	636 708	598 363	621 441	46.23
Compensation of employees	294 443	340 360	324 974	319 466	368 317	368 317	516 094	493 576	540 140	40.12
Goods and services	137 273	131 903	65 576	96 987	67 088	66 962	120 614	104 787	81 301	80.12
Interest and rent on land	-	104	173	-	-	126	-	-	-	(100.00)
Transfers and subsidies	70 775	111 748	196 368	210 469	218 852	218 852	97 383	141 171	136 464	(55.50)
Departmental agencies and accounts	-	-	-	-	5 800	5 800	6 331	36 473	6 890	9.16
Higher education institutions	70 775	110 764	115 764	135 709	68 855	68 855	-	30 065	21 508	(100.00)
Households		984	80 604	74 760	144 197	144 197	91 052	74 633	108 066	(36.86)
Payments for capital assets	20 201	10 018	18 712	17 440	8 950	8 950	10 787	30 746	32 160	20.53
Buildings and other fixed structures	8 309	1 993	-	-	-	-	-	-	-	
Machinery and equipment	11 892	8 025	18 712	17 440	8 950	8 950	10 787	30 746	32 160	20.53
Payments for financial assets	-	-	21	-	-	-	-	-	-	
Total	522 692	594 133	605 824	644 362	663 207	663 207	744 878	770 280	790 066	12.

6.6 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.

RISK – Programme 6	MITIGATING FACTORS
Inability to spend or commit HPTD grant before year end	<p>Management systems for operational and expenditure planning.</p> <p>Streamlining Supply Chain Management processes through a single cost centre.</p>
Community Services Cycle – Delay in the appointment process on available posts	Improved role and function definitions and stakeholder co-ordination, communication packages with community service practitioners prior to arrival.
Lack of absorption of Graduated bursary students by ECDoH, as they should be per their bursary agreement, due to no posts being available resulting in the ECDoH writing off the bursary obligation	Graduates do not want to work in the rural areas due to infrastructure challenges and lack of resources. The department is looking into tightening the bursary contract and involving communities in recruiting bursars
Budgeting constraints – delays in infrastructure improvements to Lilitha Nursing College (poor conditions negatively impacting on the ability to learn)	A comprehensive infrastructure plan and use of revenue generation to support infrastructure development and maintenance
Lack of appropriate candidates for critical post graduate skills shortage programmes	3 year plan to strengthen academic health platform.



PROGRAMME 7

Health Care Support Services



7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

7.1 PROGRAMME PURPOSE

- To render quality, effective and efficient Transversal Health (orthotic & prosthetic, rehabilitation, laboratory, social work services in hospitals and radiological services) and Pharmaceutical services to the communities of the Eastern Cape.

7.2 PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen systems to ensure uninterrupted availability of essential medicines in health facilities at all levels.
- To ensure availability of essential drugs from the Depots to all levels of care.
- To improve systems for the provision of assistive devices and Rehabilitation equipment to persons with disabilities.

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

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

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

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1.9 To improve clinical support and rehabilitation services to achieve 60% of the demand	1.9.1 Percentage of eligible applicants supplied with wheelchairs	36%	DHIS, facility register	1671	2122	2475	35%	35%	36%	36%
	1.9.2 Percentage of eligible clients supplied with hearing aids	51%	DHIS, facility register	718	981	1275	50%	50%	51%	51%
	1.9.3 Percentage of eligible applicants supplied with prostheses	51%	DHIS, facility register	4 078	3068	4000	50%	50%	51%	51%

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
	1.9.4 Percentage of eligible applicants supplied with orthoses	85%	DHIS, facility register	9680	8906	6000	80%	82%	85%	87%
1.10 To ensure 95% availability of essential drugs in all health facilities	1.10.1 Percentage of order fulfillment of essential drugs at the depots.	90%	MEDSAS	Not Measured	70%	75%	80%	85%	90%	95%
	1.10.2 Tracer drug stock out rate at the Depots	<2%	Pharm asset register	20%	<6%	<5%	<4%	<3%	<2%	<2
	1.10.3 Percentage supplies to depots received within contract lead	95%	MEDSAS	Not Measured	70%	80%	85%	90%	95%	98%

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	1.10.4 Percentage facilities receiving their order supplies from depots within 5 days	90%	MEDSAS	Not Measured	71%	80%	85%	87%	90%	92%

⁴ In terms of clinical services , 2009/11 was collected as numbers not percentages. From 2012/13 the indicators were revised to be reported as percentages instead of numbers

7.4 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2013/14

Budget	R'000
Orthotic / Prosthetic Services	37,035
Medical Trading Account	72,483
Transfers	109,518

ECONOMIC CLASSIFICATION FOR HEALTH CARE SUPPORT SERVICES

Budget	R'000
Compensation of Employees	49,158
Goods and Services	56,710
Transfers	250
Capital Assets	3,400
TOTAL BUDGET	109,518

Budget	COE	Goods and Services	Transfers	Capital	Total
Orthotic/Prosthetic Services	16,483	19,652	100	800	37,035
Medical Trading Account	32,675	37,058	150	2,600	72,483

TABLE HCSS 2: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
I.9 To improve clinical support and rehabilitation services to achieve 60% of the demand	I.9.1 Percentage of eligible applicants supplied with wheelchairs	DHIS, facility register	Quarterly	35%	35%	35%	35%	35%	19,652
	I.9.2 Percentage of eligible clients supplied with hearing aids	DHIS, facility register	Quarterly	50%	50%	50%	50%	50%	
	I.9.3 Percentage of eligible applicants supplied with prostheses	DHIS, facility register	Quarterly	50%	50%	50%	50%	50%	
	I.9.4 Percentage of eligible applicants supplied with orthoses	DHIS, facility register	Quarterly	82%	82%	82%	82%	82%	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
I.10 To ensure 95% availability of essential drugs in all health facilities	I.10.1 Percentage of order fulfillment of essential drugs at the depots.	Medsas	Quarterly	85%	85%	85%	85%	85%	37,058
	I.10.2 Tracer drug stock out rate at the Depots	Pharm asset register	Quarterly	<3%	<3%	<3%	<3%	<3%	
	I.10.3 Percentage supplies to depots received within contract lead time.	Medsas	Quarterly	90%	90%	90%	90%	90%	
	I.10.4 Percentage facilities receiving their order supplies from depots within 5 days	Medsas	Quarterly	87%	87%	87%	87%	87%	

7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 3: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

R' 000		Audited			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	Orthotic and Prosthetic Services	26 674	27 154	31 684	33 884	35 929	35 929	37 035	38 983	41 074	3.08
2.	Medicine Trading Account	30 345	39 840	47 063	68 447	58 705	58 705	72 483	74 311	84 676	23.47
Total		57 019	66 994	78 747	102 332	94 635	94 635	109 518	113 294	125 750	15.73

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	56 920	65 709	76 426	99 732	91 523	91 523	105 868	113 294	125 750	15.67
Compensation of employees	27 787	29 568	35 437	45 184	37 215	37 215	49 158	52 140	57 060	32.09
Goods and services	29 133	36 141	40 989	54 548	54 308	54 308	56 709	61 154	68 690	4.42
Interest and rent on land	-	-	-	-	-	-	-	-	-	
Transfers and subsidies	-	-	270	250	762	762	250	-	-	(67.19)
Households	-	-	270	250	762	762	250	-	-	(67.19)
Payments for capital assets	99	1 285	2 051	2 350	2 350	2 350	3 400	-	-	44.68
Machinery and equipment	99	1 285	2 051	2 350	2 350	2 350	3 400	-	-	44.68
Total	57 019	66 994	78 747	102 332	94 635	94 635	109 518	113 294	125 750	15.73

7.6. 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.

Risk Identified – Programme 7	MITIGATING FACTORS
Shortage of Health care Professionals	Socials compact implementation – Bursaries WSU –training for health professionals
Obsolete and dysfunctional equipment	Development of Radiology service standards. Lease option rather than outright purchase
HR based shortage Paucity of skilled personnel	Aggressive recruitment Training Programme of personnel – HRD Roll out of Remote Demander Module(RDM) and Rx Solution
Unavailability of appropriate equipment	Negotiations with SANBS to fast track rollout of refrigerators.



PROGRAMME 8

Health Facilities Management



8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

8.1 PROGRAMME PURPOSE

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

8.2 PRIORITIES FOR THE NEXT THREE YEARS

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

8.3 PROVINCIAL STRATEGIC OBJECTIVES FOR HEALTH FACILITIES MANAGEMENT

Strategic Goal(s) being addressed:

Strategic Goal 01: To facilitate a functional quality driven Public Health System that provides an integrated and seamless package of health services and is responsive to customer needs

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

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
1.11.To facilitate building, upgrading and maintenance of health facilities to support service delivery	1.11.1 Number of Clinics under renovation ⁵	251	Practical Completion Certificates Reports	19	0	21	14	80	100	150
	1.11.2 Number of Clinics under upgrading programme	34	Practical Completion Certificates	7	0	1	4	11	18	30
	1.11.3 Number of district hospitals under upgrading programme	50	Practical Completion Certificates	5	8	8	10	9	15	20

⁵ The majority of 60 clinics renovated during 2013/14 financial year were started in the last quarter of the 2012/13 financial year. Practical completion will be taken during the first quarter of the 2013/14 financial year. The increase to the maintenance of clinics is driven by a policy focus on primary health care. All regions in the province are receiving attention in this regard, with particular focus on the OR Tambo.

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
	I.11.4 Number of TB hospitals under upgrading programme	3	Practical Completion	Not Measured	Not Measured	Not Measured	Not Measured	3	-	-
	I.11.5 Number of Provincial and Tertiary hospitals under upgrading programme	2	Practical Completion Certificates	2	3	4	2	2	-	-
	I.11.6 Number of Psychiatric hospitals under upgrading programme	2	Practical Completion Certificates	Not Measured	Not Measured	Not Measured	Not Measured	2	-	1
	I.11.7 Number of Nursing Colleges under renovation programme	6	Practical Completion Certificates	Not Measured	Not Measured	Not Measured	Not Measured	5	1	-

Strategic Objective	Performance Indicator	Strategic Plan Target	Means of Verification/ Data Source	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	1.11.8 Number of hospitals under revitalization programme	20	Practical Completion Certificates	1	6	5	5	3	1	1
	1.11.9 Number of Emergency Medical Services under upgrading programme	1	Practical Completion Certificates	Not Measured	Not Measured	Not Measured	Not Measured	1	-	-
1.12.To ensure provision and maintenance of equipment for facilities	1.12.1 Number of water and sanitation plants upgraded	21	Practical Completion certificates	1	2	8	4	7	-	-
	1.12.2 Number of facilities provided with engineering services (electro-mechanical) ⁶	258	Monthly Report Per Region	Not measured	Not measured	10	20	114	114	114

⁶ Number of facilities provided with engineering services: electrical, kitchen, generators, laundry, refrigeration, steam and hot water generation plant, sterilising equipment and medical gas installation. These engineering items are largely found in District, Provincial and Central hospitals as well as the Community Health Centres. These items are serviced on a daily basis and hence the target the annual target is the same as the quarterly ones.

8.4 QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT FOR 2013/14

Budget	R'000
Community Health Facilities	293,522
Emergency Medical Services	-
District Hospital Services	483,223
Provincial Hospital services	209,779
Other Facilities	58,483
TOTAL BUDGET	1,045,007

ECONOMIC CLASSIFICATION FOR HEALTH FACILITIES MANAGEMENT

Budget	R'000
Compensation of Employees	18,423
Goods and Services	351,364
Transfers	-
Capital Assets	675,220
TOTAL BUDGET	1,045,007

TABLE HFM2: QUARTERLY TARGETS FOR 2013/14

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.11.To facilitate building, upgrading and maintenance of health facilities to support service delivery	1.11.1 Number of Clinics under renovations	Practical Completion Certificates	Bi-Annually	80	60	-	-	20	351,364
	1.11.2 Number of Clinics under upgrading programme	Practical Completion Certificates	Bi-Annually	11	4	-	-	7	
	1.11.3 Number of district hospitals under upgrading programme	Practical Completion Certificate	Bi-Annually	9	-	4	-	5	
	1.11.4 Number of TB hospitals under upgrading programme	Practical Completion Certificate	Bi-Annually	3	-	1	-	2	
	1.11.5 Number of Provincial and Tertiary hospitals under upgrading programme	Practical Completion Certificates	Bi-Annually	2	1	-	-	1	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
	1.1.1.6 Number of psychiatric hospitals under upgrading programme	Practical Completion Certificates	Bi-Annually	2	-	1	-	1	
	1.1.1.7 Number of Nursing Colleges under renovations	Practical Completion Certificates	Bi-Annually	5	3	-	-	2	
	1.1.1.8 Number of health hospitals facility under revitalization programme	Practical Completion Certificates	Bi-Annually	3	-	2	-	1	
	1.1.1.9 Number of Emergency Medical Services under upgrade	Practical Completion Certificates	Annually	1	-	-	-	1	

Strategic Objective	Performance Indicator	Means of Verification/ Data Source	Reporting Period	Annual Target 2013/14	Quarterly Targets				BUDGET R'000
					Q1	Q2	Q3	Q4	
1.12.To ensure provision and maintenance of equipment for facilities	1.12.1 Number of water and sanitation plants upgraded	Practical Completion Certificates	Quarterly	7	1	4	2	-	
	1.12.2 Number of facilities provided with engineering services	Job cards Maintenance schedules Repairs and installation reports	Quarterly	114	114	114	114	114	

8.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM3: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

R' 000		Audited			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2012/13
		2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
1.	Community Health Facilities	102 810	70 787	103 446	108 625	169 821	169 821	293 522	303 895	323 911	72.84
2.	Emergency Medical Rescue Services	1 700	14 964	12 807	77	2 154	2 154	-	-	-	(100.00)
3.	District Hospital Services	346 378	355 121	371 824	409 597	477 530	477 530	483 223	342 670	409 623	1.19
4.	Provincial Hospitals Services	485 503	427 482	734 526	551 135	540 740	540 740	209 779	119 675	86 071	(61.21)
5.	Other Facilities	-	1 689	22 441	43 160	27 695	27 695	58 483	32 985	30 471	111.17
Total		936 391	870 043	1 245 044	1 112 594	1 217 940	1 217 940	1 045 007	799 225	850 076	(14.20)

Summary of Provincial Expenditure Estimates by Economic Classification

R' 000	Audited			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2012/13
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16	
Current payments	293 903	266 452	371 943	383 998	532 760	532 760	369 787	333 110	353 825	(30.59)
Compensation of employees	11 515	5 860	7 096	11 949	12 349	12 349	18 423	10 000	10 000	49.18
Goods and services	282 388	254 435	357 180	372 049	520 411	519 800	351 364	323 110	343 824	(32.40)
Interest and rent on land	-	6 157	7 667	-	-	611	-	-	-	(100.00)
Transfers and subsidies	-	14	13	-	-	-	-	-	-	
Households	-	14	13	-	-	-	-	-	-	
Payments for capital assets	642 488	603 577	873 088	728 596	685 180	685 180	675 220	466 115	496 251	(1.45)
Buildings and other fixed structures	606 445	586 280	811 405	646 096	628 146	628 146	588 420	383 620	407 194	(6.32)
Machinery and equipment	36 043	17 297	61 683	82 500	57 034	57 034	86 800	82 495	89 057	52.19
Total	936 391	870 043	1 245 044	1 112 594	1 217 940	1 217 940	1 045 007	799 225	850 076	(14.20)

8.6 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.

Risk Identified – Programme 8	MITIGATING FACTORS
Lack of funding/budgetary constraints	Priority on RSDP (Rationalised service delivery platform) projects and other committed projects
Inefficient utilisation of resources	IDIP (Infrastructure delivery improvement program) human resources strategy currently in progress PMSU (Project management support unit) from the National Department of Health is being initiated
Slow decision making process with implementing agents resulting in delays.	IDIP (Infrastructure delivery improvement program) – Alignment model in place to ensure timely planning documents
Inadequate monitoring of implementing agents and service providers	Weekly and monthly monitoring and evaluation mechanisms to ensure crucial decision are made in time.
Lack of scarce skills in Eastern Cape e.g. engineers	Approval of capacitation plan which seeks to employ more staff to carry out infrastructure duties at district levels

