



Province of the
EASTERN CAPE
HEALTH

ANNUAL PERFORMANCE PLAN



2017/18

Together, moving the health system forward



TABLE OF CONTENTS

Acronyms	3
List of Tables	5
List of Figures	7
Foreword by the Hon. MEC for Health	8
Statement by the Head of Department	9
Official Sign Off of the Provincial APP	11

PART A: STRATEGIC OVERVIEW

1. Vision	13
2. Mission	13
3. Values	13
4. Conceptual Framework and Strategic Goals	13
5. Situational Analysis	21
• Demographic Profile	21
• Socio-economic Profile	23
• Burden of Disease	24
6. Organizational Environment	30
7. Provincial Service Delivery Environment	37
8. Legislative mandates and New Policy Initiatives	46
9. Overview of 2016/17 Budget and MTEF Estimates - 2017/18 to 2019/20	52

PART B: PROGRAMME AND SUB-PROGRAMME PLANS

1. Programme 1: Health Administration & Management	54
1.1 Sub-Programme: Office of the MEC	55
1.2 Sub-Programme: Management	57
2. Programme 2: District Health Services	64
2.1 Sub-Programme: District Management	65
2.2 Sub-Programme: Community Health Clinics	68
2.3 Sub-Programme: Community Health Centres	68
2.4 Sub-Programme: Community Based Services	73
2.5 Sub-Programme: Public Health / Other Community Based Services	75
2.6 Sub-Programme: HIV & AIDS, STI & TB Control (HAST)	77
2.7 Sub-Programme: Maternal, Child and Women's Health and Nutrition (MCWH)	82
2.8 Sub-Programme: Coroner Services	93
2.9 Sub-Programme: District Hospitals	95
3. Programme 3 : Emergency Medical & Patient Transport Services	103

4.	Programme 4: Provincial Hospitals Services	109
4.1	Sub: Programme: General (Regional) Hospital Services	110
4.2	Sub: Programme: TB Hospital Services	114
4.3	Sub: Programme: Specialised Hospital Services	117
5.	Programme 5: Central & Tertiary Hospitals	121
5.1	Sub: Programme: Central Hospitals	122
5.2	Sub: Programme: Tertiary Hospitals	125
6.	Programme 6: Health Sciences and Training	132
7.	Programme 7: Health Care Support Services	137
8.	Programme 8: Health Facilities Management	145
Part C: Links to Other Plans		151
9.	Long Term Infrastructure Plan	152
10.	Conditional Grants	
10.1	National Health Insurance Grant	153
10.2	Health Professionals Training and Development Grant	154
10.3	Comprehensive HIV/Aids Grant	155
10.4	National Tertiary Services Grant	155
10.5	Health Facility Revitalisation Grant	156
11.	Public Entities	157
12.	Public Private Partnership	157

ANNEXURES

Annexure A - Human Resources

Annexure D - Technical Indicator Definitions

ABBREVIATIONS & ACRONYMS

ACRONYMS

AGSA	Auditor-General SA
APP	Annual Performance Plan
AIP	Audit Intervention Plan
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
BAC	Basic Accounting System
BANC	Basic Antenatal Care
CCMDD	Central Chronic Medicine Dispensing and Distribution
CFO	Chief Financial Officer
CoE	Compensation of Employees
CSSD	Central Sterile Supply Department
CIBD	Construction Industry Development Board
CHCs	Community Health Centres
CHCWs	Community Health Care Workers
DCSTs	District Clinic Specialist Teams
DDG	Deputy Director General
DHIS	District Health Information System
DHS	Demographic Health Survey
DOTS	Directly Observed Treatment Short-Course
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
DM	District Municipality
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECSECC	Eastern Cape Socio-Economic Consultative Status
ELHC	East London Hospital Complex
EMS	Emergency Medical Services
GHS	General Household Survey
HST	Health Sciences and training
HAST	HIV & AIDS, STI and TB control
HCT	HIV Counseling and Testing
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPCSA	Health Professions Council of South Africa
HPTD	Health Professionals Training and Development (Grant)
HT	Health Technology
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
ICT	Information and Communications Technology
IMR	Infant mortality rate
IRM	Infrastructure Reporting Model
ISHP	Integrated School Health Programme
IT	Information Technology
MCWH	Maternal, Child and Women's Health & Nutrition

MDGs	Millennium Developmental Goals
MDR-TB	Multi-drug resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MMC	Medical Male Circumcision
MMR	Maternal mortality ratio
MTCT	Mother-To-Child-Transmission
MOU	Maternal Obstetric Unit
MTSF	Medium Term Strategic Framework
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NNMR	Neonatal Mortality Rate
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
PILIR	Policy on Incapacity Leave and Ill-health Retirement
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PERSAL	Personnel and Salaries
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PMR	Perinatal Mortality Rate
PMTCT	Prevention of Mother-To-Child Transmission
PSS	Patient Satisfaction Surveys
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal clinic Realisation and Maintenance
RPHC	Revitalization of PHC
RPHC	Re-engineering the Primary Health Care System
SADHS	South Africa Demographic and Health Survey
SAM	Severe Acute Malnutrition
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SMME	Small, Medium and Micro Enterprises
SOP	Standard Operating Procedure
SLA	Service Level Agreement
Stats SA	Statistics South Africa
STI	Sexually Transmitted Infection
TB	Tuberculosis
THS	Traditional Health Services
TROA	Total clients Remaining On ART
WBOTs	Ward-Based Outreach Teams
XDR-TB	Extreme Drug Resistance Tuberculosis

LIST OF TABLES

Table 1:	Health Impact Indicators and Targets
Table 2:	ECDOH Strategic Plan Goals, Objectives, Outcomes and Linkage with the MTSF Expected Outcomes for 2014 - 2019
Table 3:	Population Distribution by District Municipality (DM), 2016
Table 4:	Socio-economic profile by District in Eastern Cape Province
Table 5:	ECDOH Health Personnel 2015/16
Table 6:	Community Service Health Professionals – Annual Intake 2017
Table 7:	Post-Community Service Health Professionals – Annual Intake 2017
Table 8:	Interns – Annual Intake 2017
Table 9:	Bursary Status report
Table 10:	Register of active contractors in the Eastern Cape Province
Table 11:	CIBD grading per financial category
Table 12A:	Quantification of the Infrastructure Backlogs 2012/13 -2014/15
Table 12B:	Projects to be completed during the 2017/18 financial year
Table 13:	Strategic Plan 2015/16 – 2019/20 amendment
Table 14:	Summary of Provincial payments and estimates by programme: Health
Table 15:	Summary of Provincial expenditure estimates by economic classification
Table 16:	Provincial Strategic Objectives and Annual Targets for Sub-Programme 1.1 - Office of the MEC
Table 17:	Negotiated Service Delivery Agreement (NSDA)
Table 18:	Provincial Strategic Objectives and Annual Targets for Administration
Table 19:	Summary of payments and estimates by sub programme: Administration
Table 20 :	Summary of payments and estimates by economic classification: Administration
Table 21:	Risks and mitigating factors for Programme 1
Table 22:	District Health Service facilities by health district in 2015/16
Table 23:	Situational Analysis indicators for District Management, Clinics and CHCs sub programmes 2.1, 2.2, 2.3 for 2015/16
Table 24:	Programme performance indicators for District Management, Clinics and CHCs sub programmes 2.1, 2.2, 2.3
Table 25:	Budget allocation: Sub – programme 2.1, 2.2 & 2.3 for 2017/18
Table 26:	Performance indicators for Disease Prevention and Control sub – programme for 2017/18
Table 27:	Budget allocation: Sub – programme 2.4 for 2017/18
Table 28:	Performance indicators for Other Community Services sub – programme
Table 29:	Budget allocation for sub programme 2.5
Table 30:	Situation analysis indicators for HIV & AIDS, STIs and TB Control sub – programme for 2015/16
Table 31:	Performance indicators for HIV & AIDS, STI AND TB Control sub – programme for 2017/18
Table 32:	Budget allocation for HAST Sub-programme 2.6
Table 33:	Situational Analysis Indicators for MCWH&N sub – programme for 2015/16
Table 34:	Performance indicators for Maternal, Child and Women's Health and Nutrition sub – programme for 2017/18
Table 35:	Budget allocation for MCWH & N Sub-programme 2.7
Table 36:	Performance indicators for Coroner Services sub – programme for 2017/18

Table 37:	Budget allocation for Coroner Services Sub-programme 2.8
Table 38:	Situation analysis indicators for district Hospitals sub - programme for 2015/16
Table 39:	Performance indicators for District Hospitals sub – programme for 2017/18
Table 40:	Budget allocation for District Hospitals Sub-programme 2.6
Table 41:	Summary of payments and estimates by sub programme: District Health Services
Table 42:	Summary of payments and estimates by economic classification: District Health Services
Table 43:	Risks and Mitigating factor for District Health Services
Table 44:	Situation Analysis Indicators for the EMS
Table 45:	Performance Indicators for EMS
Table 46:	Budget allocation for programme 3
Table 47:	Summary of payments and estimates by sub programme: Emergency Medical Services
Table 48:	Summary payments and estimates by economic classification: Emergency Medical Services
Table 49:	Risk and Mitigating factors for programme 3
Table 50:	Performance indicators for Regional Hospitals sub – programme 4.1 for 2017/18
Table 51:	Budget allocation for sub - programme 4.1
Table 52:	Indicators and Annual Targets for Specialised Tb Hospitals sub – programme 4.2 for 2017/18
Table 53:	Budget allocation for sub - programme 4.2
Table 54:	Indicators and Annual Targets for Specialised Psychiatric Hospitals sub – programme 4.3 for 2017/18
Table 55:	Budget allocation for sub - programme 4.3
Table 56:	Summary of payments and estimates by sub programme: Provincial Hospital Services
Table 57:	Summary of payments and estimates by economic classification: Provincial Hospital Services
Table 58:	Risk and Mitigating factors for programme 4
Table 59:	:Indicators and Annual Targets for Central Hospital sub – programme 5.1 for 2017/18
Table 60:	Budget allocation for sub- programme 5.1
Table 61:	Indicators and Annual Targets for Tertiary Hospital Services sub – programme 5.2 for 2017/18
Table 62:	Budget allocation for sub- programme 5.2
Table 63:	Indicators and Annual Targets for Specialised Tertiary Hospital sub programme 5.3 for 2017/18
Table 64:	Summary of payments and estimates by sub-programme: Central & Tertiary Hospitals
Table 65:	Summary of Provincial departmental payments and estimates by economic classification: Central & Tertiary Hospital Services
Table 66:	Risk and mitigating factors for programme 5
Table 67:	Provincial Strategic Objectives, Indicators and Annual Targets for Health Sciences and Training
Table 68:	Budget allocation for programme 6
Table 69:	Summary of payments and estimates by sub-programme: Health Sciences & Training
Table 70:	Summary of payments and estimates by economic classification: Health Science & Training
Table 71:	Risk and Mitigating factors for programme 6
Table 72:	Additional Provincial Performance Indicators for Health Care Support Services
Table 73:	Budget allocation for programme 7
Table 74:	Summary of payments and estimates by sub = programme: Health Care Support Services
Table 75:	Summary of payments and estimates by economic classification: Health Care Support Services
Table 76:	Risk and Mitigating factors for programme 7
Table 77:	Provincial performance indicators for Health Facilities Management

Table 78:	Budget allocation for programme 8
Table 79:	Summary of payments and estimates by sub-programme: Health Facilities Management
Table 80:	Summary of payments and estimates by economic classification: Health Facilities Management
Table 81:	Risk and mitigating factors for programme 8
Table 82:	Summary of provincial infrastructure payments and estimates by category
Table 83:	Community Service Health Professional – Annual Intake 2017

LIST OF FIGURES

Figure 1:	Conceptual Framework
Figure 2:	Linkages between Various Development and Strategic Plans
Figure 3:	Eastern Cape Province population Pyramid, 2015(Stats SA, May 2015)
Figure 4:	Map of Socio – economic index per ward in the Eastern Cape (Census 2011)
Figure 5:	The 10 leading underlying causes of mortality in the Eastern Cape, 2013 (Stats SA 2014)
Figure 6:	TB Incidents in the Eastern Cape, 2009- 2015 (ETR.Net 2016)
Figure 7:	New smear positive + PTB incidents rate by district in the EC, 2015 (ETR.Net 2016)
Figure 8:	HIV Prevalence among the 15-49 year old by district in the EC, 2013/14- 2015/16 (Source DHIS 2016)
Figure 9:	Maternal Mortality Ratio (MMR) in the Eastern Cape, 2009-2015 (SMSB 2015)
Figure 10:	Maternal Mortality Ratio in facility ratio (annualised), 2013/14- 2015/16 (Source DHIS 2016)
Figure 11:	The underlying causes of child (1-4 yrs) in South Africa, 2011(Stats SA 2014)
Figure 12:	Diarrheal, Pneumonia and Severe acute malnutrition case fatality rate on children under 5yrs in the EC 2015/16 (Source DHIS 2016)
Figure 13:	Diabetes & Hypertension incidence by district in the Eastern Cape, 2015/16 (Source DHIS 2016)
Figure 14:	DoH - Service Delivery ModelCurrent Situation - Contractual Arrangement
Figure 15:	Capacitation Trend 2013-2017

FOREWORD BY THE EXECUTIVE AUTHORITY (MEC FOR HEALTH)



It is my great pleasure and honour to submit the Eastern Cape Department of Health's Annual Performance Plan (APP) for the 2017/18 financial year. Provision of a quality healthcare for all, regardless of one's economic classification in society is what the Eastern Cape Department of Health strives to achieve. This Annual Performance Plan hence outlines the department's strategy on how it plans to carry through its objectives and ensure that quality health care is accessible and experienced by all. Although the department continues to face serious constraints as a result of the increased quadruple burden of disease which demands more investment in healthcare as well as a challenging fiscal environment, our people's health will always be of best interest to use and a serious priority.

This Annual Performance Plan of the department depicts our pledge and determination to deliver a quality healthcare service which will yield to an improved health profile of our communities for the better. Our department carries a mandate which is most critical and a priority area for the governing party and as such government's policy documents and directives such as the National Development Plan (NDP) find expression in this document. Ours is to ensure that come year 2030 all South Africans experience a life expectancy rate of at least 70 years for men and women; HIV free youth (under 20s); radical reduction of quadruple burden of disease, an infant mortality rate of less than 20 deaths per thousand live births and an under five mortality rate of less than 30 per thousand; and availability of universal coverage. Our efforts as this department therefore are directed at ensuring that these objectives are realised come the year 2030.

The department is increasing universal access to health care through implementation of the National Health Insurance (NHI) pilot and to this effect in 2017/18 our focus will be on increasing the universal health coverage by strengthening Re-engineering of Primary Health Care (RPHC), which is a fundamental component of the National Health Insurance (NHI) program. The key service delivery elements that the department will be strengthening during this financial year have been outlined as follows: increasing Districts Clinical Specialist Teams (DCST); Ward-based Outreach Teams (WBOTs); contracting General Practitioners (GPs); use of the Integrated School Health Programme (ISHP); as well as the Centralized Chronic Medicine Dispensing and Distribution (CCMDD) which has now been rolled out to all districts.

During this financial year, the department will also strive to increase emphasis on inter-sectorial collaboration in order to address the social determinants of health and reduce poverty. Programmes such as Operation Masiphathisane's Integrated Service Delivery Model (ISDM) are some of the key vehicles which we intend to make use of in addressing this challenge.

Contained in this Annual Performance Plan are detailed targets which the departments envisages to pursue during the 2017/18 financial year in order to fulfil its objectives and mandate. During this year declared as the year of OR Tambo, we pledge to follow in his footsteps, living up to his values as we deliver health care services to our people to assure them a better life for all.

Hon P.P. Dyantyi, MPL
MEC for Health

STATEMENT BY THE HEAD AND ACCOUNTING OFFICER OF THE DEPARTMENT



Our Annual Performance Plan for 2017/18 is premised on the National Development Plan's "Vision 2030" which will therefore direct our priorities and deliverables for the period under review. As 2017/18 is the third year of the current MTSF, it is incumbent on the department to accelerate its level of service delivery in order to achieve the goals outlined in our current Strategic Plan.

The R21.707 billion allocated to the Department for 2017/18 will be used to achieve the goals of the Department as well as the targets outlined in this Annual Performance Plan. It should be noted though that this budget allocation is wholly inadequate when taking into account normal as well as medical inflation; the increasing cost of medico legal claims, and the growing need to expand health services. With this constrained fiscal environment, the department has been forced to make some difficult choices and to effect extensive reprioritisation efforts that will ensure that key programs continue uninterrupted.

Accordingly for this period, we will pursue the following priorities in our quest to provide quality health services to the people of the Eastern Cape Province:

- Implement the new organogram which will be focused on transitioning the district health systems development based on the Re-Engineering of Primary Health Care; achieve National Health Insurance (NHI) transitioning in the district development, based on the lessons learnt from the OR Tambo NHI site;
- Implement organisational realignment based on the new organogram for 2017 which will have a focus on developing a strong district and hospital management team in line with the envisaged NHI district and hospital authorities; invest in digital and ICT technology to improve efficiency of operations; and digitally secure patient records;
- Invest on human resources and support services for the front line services to achieve universal access to quality health care services; invest in human resources regeneration and development as well as collaborating with the health and academic institutions for specialist training, research and development of strategic information;
- Scale up quality Improvement initiatives in line with the recommendations of the Office of Health Standards Compliance (OHSC); the Ideal Clinic Realisation and Maintenance (ICRM) programme; enforcement of the Batho Pele principle through strengthening adherence to the National Core Standards;
- Scale up interventions to achieve universal coverage of effective service package to promote health and wellness; prevent diseases and reduce risks of life style disease; treat and achieve high level of adherence for communicable diseases, maternal, neonatal and childhood disease;
- Scale up targeted intervention to reduce risk factors for communicable disease, maternal and child disease, non-communicable and avoidable injuries;
- Strengthen the health system systems to achieve high impact health outcomes; reduce costs and increase responsiveness and flexibility of the health services by investing in building robust and sustainable systems for good governance and leaderships, sound financial management and accountability and reporting, transparent, open and fair supply chain and procurement systems, robust and reliable information systems and targeted infrastructure investment for rehabilitation, maintenance and upgrading of health infrastructure;
- Scale investment and provision of critical human resources, essential technology to monitor high risk maternity cases and high risk new born babies to detect early and intervene to prevent avoidable maternal and birth related complications; implement strict protocols with threshold defined decisions referrals for maternal, medical and labour related risks. The department will also rationalise and accredit facilities for management of high risk maternity cases including caesarean sections and high quality high care for advance neonatal care and support; and

- Expand the e-health and digital connectivity strategy by investing in the development of essential technology and application to achieve high levels of service delivery coordination across the service delivery platform; scale up web based operations for patient management and records; implement a system wide data management and e-government strategy for document management and archiving system.

Given the current situation where the need for health services far exceeds the available resources, it is also mandatory that we bring in efficiencies as well as improve productivity across our entire value chain. I am confident that my team at Head Office, the districts and facilities are committed to this cause and together we will do everything possible to deliver quality health care to the people of the province; thereby promoting a better life for all.

Lastly, I wish to take this opportunity to thank MEC Dyantyi for her leadership and support, the Portfolio Committee on Health for their oversight, health partners and stakeholders as well as the department's staff who make it possible for us to provide health services in this province.



Dr T. D. Mbengashe:
Superintendent General

OFFICIAL SIGN-OFF OF THE 2017/18 ANNUAL PERFORMANCE PLAN

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in the Eastern Cape Province;
- Was prepared in line with the current Strategic Plan of the Eastern Cape Department of Health under the guidance of the MEC for Health, Dr P.P. Dyantyi;
- Accurately reflects the performance targets which the Provincial Department of Health in the Eastern Cape will endeavour to achieve given the resources made available in the budget for 2017/18.



Mr X. Mahlalela:

Chief Director: Strategy and Organizational Performance

Date: 10 March 2017



Mr S. Kaye:

Chief Financial Officer

Date: 10 March 2017



Dr T. D. Mbengashe:

Accounting Officer

Date: 10 March 2017

APPROVED BY:



Dr P.P. Dyantyi:

Executive Authority

Date: 10 March 2017

PART A

STRATEGIC OVERVIEW



PART A

STRATEGIC OVERVIEW

1. VISION

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

2. MISSION

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

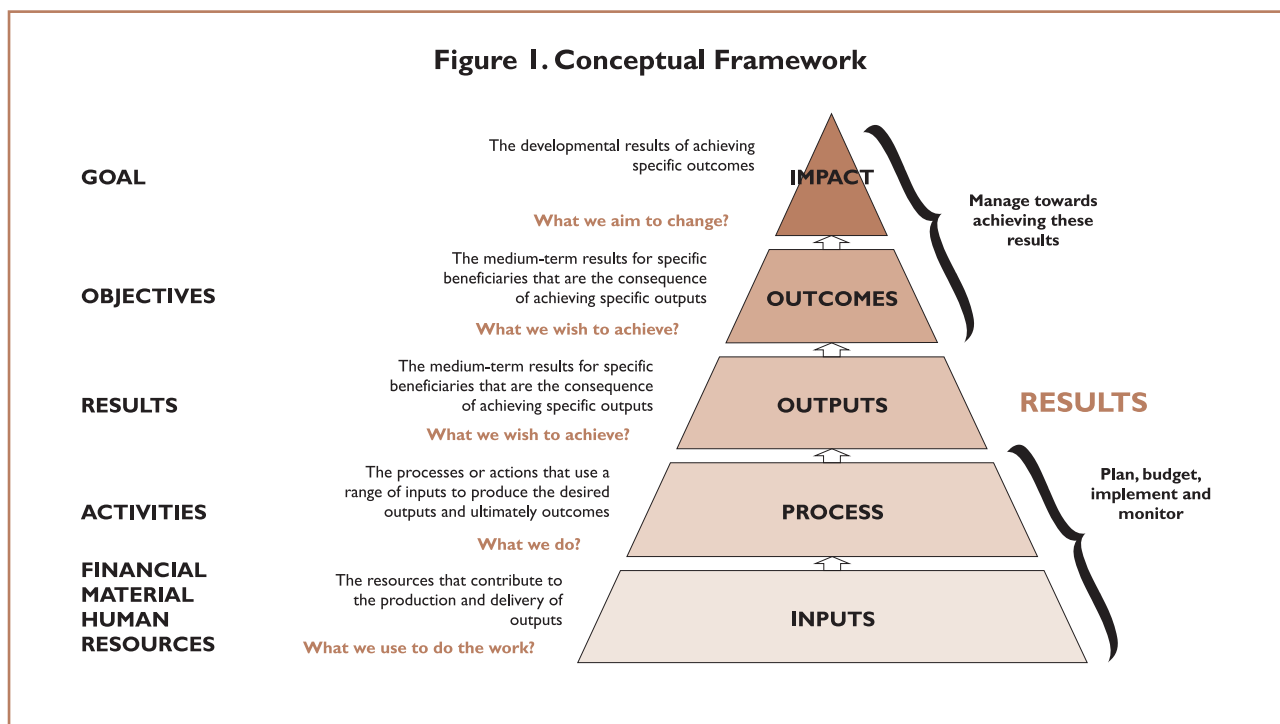
3. VALUES

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

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

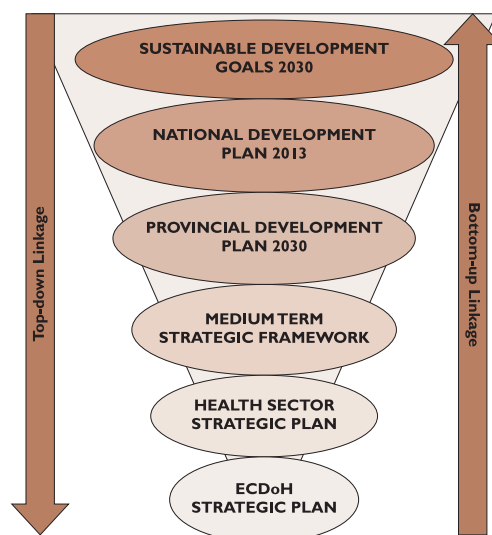
4. CONCEPTUAL FRAMEWORK & STRATEGIC GOALS

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



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

Figure 2. Linkages between Various Development and Strategic Plans



SUSTAINABLE DEVELOPMENT GOALS 2030

Of the 17 Sustainable Development Goals (SDGs) to end poverty, fight in equality and tackle climate change by 2030, the third goal - “Ensure healthy lives and promote well-being for all at all ages” - is relevant to the health sector and has 13 targets.



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

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births (target 1);
- By 2030, end preventable deaths of newborns and children under 5 years of age, and reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births (target 2);
- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water- borne diseases and other communicable diseases (target 3)
- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being(target 4);
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol (target 5);
- By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (target 6);
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (target 7);
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce (target 12).

NATIONAL DEVELOPMENT PLAN 2030

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

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years and an AIDS-free under 20 years generation
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 percent from 2010 levels
6. Complete Health system reforms
7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage
9. Fill posts with skilled, committed and competent individuals

PROVINCIAL DEVELOPMENT PLAN

The Provincial Development Plan (PDP) is based on the NDP and has five related goals which are interrelated and cross-enable each other. “Good health” (goal 3) is important for “Effective Learning” (goal 2) and “Productive Economic Activity” (goal 1). Achieving the first three goals will inevitably lead to “Creating more Vibrant Communities” (goal 4). The fifth goal – “Capable and Accountable Institutions” - enables the first four goals.

Goal 3: A healthy population

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

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

- **Health system stability through primary healthcare re-engineering:** The Re-engineering of Primary Health Care (RPHC) has laid the foundation for a service delivery platform that strengthens lower levels of care. RPHC is based on four pillars, namely:
 - Integrated School Health Programme;
 - Ward-based Outreach Teams (WBOTs);
 - District Clinical Specialist Teams (DCSTs), and;
 - General Practitioner (GP) Contracting.

This service delivery platform has been further strengthened by the Ideal Clinic Initiative Realization; Central Chronic Medicine Dispensing and Distribution (CCMDD) system, the e-Health and m-Health initiatives, and compliance with the National Core Standards (NCP).

Stabilizing the health service platform includes establishing robust referral systems, stabilizing leadership and ensuring appropriate health system financing through budget allocations from the Treasury, the implementation of national health insurance, and the consolidation of robust financial management practices.

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

The Provincial Development Plan proposes the following critical strategic actions:

 - creating long-term stability, particularly at senior levels;
 - establishing and achieving the requisite knowledge and technical expertise at appropriate levels, and;
 - establishing leadership development programmes for health.

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

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

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

HEALTH SECTOR STRATEGIC GOALS

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

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

Table I: Health Impact Indicators and Targets

Impact Indicator	Baseline (2009) South Africa	Baseline (2014) South Africa	2019 Targets (South Africa)	2014 Baseline (Province)	2019 Target (Province)
Life expectancy at birth: Total	57.1 years	62.9 years (increase of 3,5years)	65years by March 2019 (increase of 3 years)	56.7 years ³	Life expectancy of at least 65 years by March 2019
Life expectancy at birth: Male	54.6 years	60 years	61.5 years by March 2019 (increase of 3 years)	54.5 years ³	Life expectancy of at least 61.5 years amongst Males by March 2019 (increase of 3 years)
Life expectancy at birth: Female	59.7 years	65.8 years	65.8 years by March 2019 (increase of 3 years)	58.9 years ³	Life expectancy of at least 67 years amongst females by March 2019 (increase of 3years)
Child under 5 years diarrhea case Fatality rate	-	3.3% ⁵	<2%	5.2% ^{4,5}	<3%
Child under 5 years pneumonia case Fatality rate	-	2.9% ⁵	< 2%	4.2% ^{4,5}	< 3%
Child under 5 years severe acute malnutrition case fatality rate	-	11.6% ⁵	<5%	11.8% ^{4,5}	<6%
Neonatal Mortality Rate	-	14 per 1000 live births	8 per 1,000 live births	14.4 per 1000 live births ⁴	8 neonate deaths per 1000 live births
Infant Mortality Rate (IMR)	39 per 1,000 live-births	28 per 1,000 live-births (25% decrease)	23 per 1,000 live births (15% decrease)	21.7 per 1000 live births ⁴	23 infant deaths per 1000 live births (15% decrease)
Maternal Mortality Ratio	280 per 100,000 live- Births (2008 data)	269 per 100,000 live-births (2010 data)	<100 per 100,000 live- births by March 2019	164.8 per 100,000 live births ⁴	<100 maternal deaths per 100,000live-births by March 2019

1 Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2014

2 Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2014

3 Statistics SA: Mid-year Population Estimates, 2015

4 DHIS 2016

5 Health Systems Trust: DHB 2014

STRATEGIC GOALS OF THE EASTERN CAPE DEPARTMENT OF HEALTH 2020

The Five-year (2015/16 – 2019/20) Strategic Plan of the Department of Health has three strategic goals aligned to those of the National Department of Health, and will be implemented in the year 2017/18. The strategic objectives are linked to the Medium Term Strategic Framework (MTSF) and the National Health Council Priorities.

Table 2: ECDoH Strategic Plan Goals, Objectives, Outcomes and Linkage with the MTSF Expected Outcomes for 2014 - 2019

MTSF 2014-2019 (Expected Outcomes)	Strategic Goal	Strategic Objectives	ECDOH Strategic Plan Expected Outcomes
<ul style="list-style-type: none"> HIV & AIDS and Tuberculosis prevented and successfully managed; Maternal, infant and child mortality reduced. 	<ul style="list-style-type: none"> Prevent and reduce the disease burden and promote health 	<ul style="list-style-type: none"> HIV infection rate reduced by 15% by 2019; TB death rate reduced by 30% in 2019; Child Mortality Reduced to less than 34 per 1000 population by 2019; Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019; 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019 Screening coverage of chronic illnesses increased to more than a million by 2019 	<ul style="list-style-type: none"> Progressively ensure all HIV positive patients eligible for treatment are initiated on ART; Increase TB cure rate to 50%; Ensure 90% of children are vaccinated and monitored for growth; Reduce Maternal Mortality Ratio to 215 per 100 000 live births; Reduce hypertension and diabetes incidence; Ensure 100% of quintile 1&2 schools are providing school health services
<ul style="list-style-type: none"> Improved quality of health care 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> Patient/Client satisfaction rate increased to more than 75% in health services by 2019; Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019; 	<ul style="list-style-type: none"> Improved quality of health care Ensure all facilities are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards

MTSF 2014-2019 (Expected Outcomes)	Strategic Goal	Strategic Objectives	ECDOH Strategic Plan Expected Outcomes
<ul style="list-style-type: none"> Efficient Health Management Information System for improved decision making 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> 100% of health facilities connected through broadband by 2019 	<ul style="list-style-type: none"> Efficient Health Management Information System for improved decision making Implement web based district health information system at 90% of all facilities
<ul style="list-style-type: none"> Improved human resources for health 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> First year Health professional students receiving bursaries by 2019 	<ul style="list-style-type: none"> Improved human resources for Health Increase enrollment of Medicine, Nursing and Pharmacy students
<ul style="list-style-type: none"> Improved health management and leadership 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> Clean audit opinion achieved by 2019 	<ul style="list-style-type: none"> Improved health management and Leadership Clean audit opinion from the Auditor General
<ul style="list-style-type: none"> Improved health facility planning and infrastructure delivery 	<ul style="list-style-type: none"> Improved quality of care 	<ul style="list-style-type: none"> Health facilities refurbished to comply with the National norms and standards by 2019 	<ul style="list-style-type: none"> Improved health facility planning and infrastructure delivery Compliance with Norms & Standards for all new Infrastructure Projects
<ul style="list-style-type: none"> Universal Health coverage achieved through implementation of National Health Insurance; Re-engineering of Primary Health Care 	<ul style="list-style-type: none"> Universal health coverage Improved quality of care 	<ul style="list-style-type: none"> 100% Ward Based Outreach Teams (WBOT) coverage by 2019 	<ul style="list-style-type: none"> Universal Health coverage achieved through implementation of National Health Insurance; Re-engineering of Primary Health Care Appoint Ward Based Outreach Teams (WBOTs) in 23 Rural Districts (as classified by the Dept. of Rural Development)

5. SITUATIONAL ANALYSIS

DEMOGRAPHIC PROFILE



The Eastern Cape province of South Africa is divided, for local government purposes, into two metropolitan municipalities (Buffalo City and Nelson Mandela Bay) and six district municipalities. The district municipalities are in turn divided into thirty-one local municipalities.

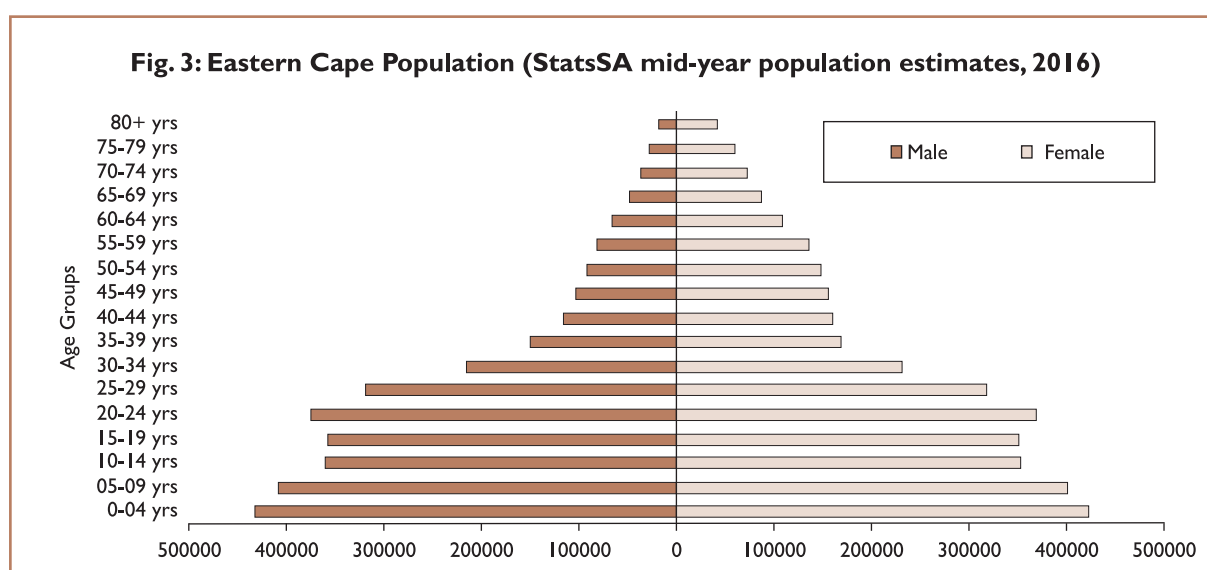
The province is spread over an area of 168 966 km² and constitutes 13.8% of the total South African land area.

The Statistics South Africa (STATSA) 2016 Community Survey reported estimated that the population of the Eastern Cape Province was 6 996 976 (an increase from 6 880 967 the previous year 2015 estimate), with highest population (20.8%) living in OR Tambo District followed by Nelson Mandela Bay Metro (18.1%). The population distribution by gender was 52.4% for females and 47.6% for males.

Table 3: Population Distribution by District Municipality (DM), 2016 estimates

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

Sources: ¹StatsSA 2016 Community Survey estimates; ²ECSECC April 2012



The population for the Province is relatively young. More than two-thirds (73%) of the population is the youth under the age of 35 years and 12% of the population is under 5 years. This population structure negatively impacts on the capacity of the state due to the high demand of health care services as well as other services that determine health status (education, social services, employment opportunities and housing). These challenges are particularly evident in the OR Tambo and Alfred Nzo Districts which have more than a quarter of the provincial population. They are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments.

SOCIO-ECONOMIC PROFILE

According to the 2016 Community Survey, there are a total 1,733,395 households in the Eastern Cape, with an average of 3.9 people per household. Poverty, unemployment, poor education access, poor housing, and limited access to piped water and sanitation impact negatively on the health outcomes of a large population of the Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evidenced by the socio-economic indicators in the table below, as well as the spatial maps that follow.

Alfred Nzo - the district with the highest poverty intensity at 44.3% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). Almost nine out of every ten citizens (89.2%) depend on government health services or pay for their medical bills in private health facilities.

Table 4. Socio-economic profile by District in Eastern Cape Province

District	Household below poverty line ¹	Intensity of Poverty ²	Unemployment Rate ¹	No schooling ¹	Medical Aid coverage ³	Access to piped water ¹	Households with flush/chemical toilet ¹	Households with access to refuse removal ¹
Alfred Nzo	34.8	44.3%	31.1	14.8	3.5	45.9	9.1	7.3
Amathole	30.4	42.5%	34.0	14.2	8.7	70.7	24.8	16.7
Buffalo City MM	27.9	42.8%	21.1	5.3	14.7	97.7	79.5	71.3
Chris Hani	29.2	43.1%	42.8	15.0	5.9	82.7	42.7	29.2
Joe Gqabi	31.1	43.7%	27.1	15.7	5.0	74.0	42.8	28.8
Nelson Mandela MM	25.5	42.3%	26.8	3.5	29.4	98.7	93.3	91.5
OR Tambo	34.9	43.5%	26.5	17.9	4.6	38.9	25.0	11.7
Sarah Baartman	21.7	42.2%	21.0	8.2	14.6	92.4	82.2	80.5
Eastern Cape	29.4	43.3%	28.8	11.2	10.8	75.1	52.3	43.5

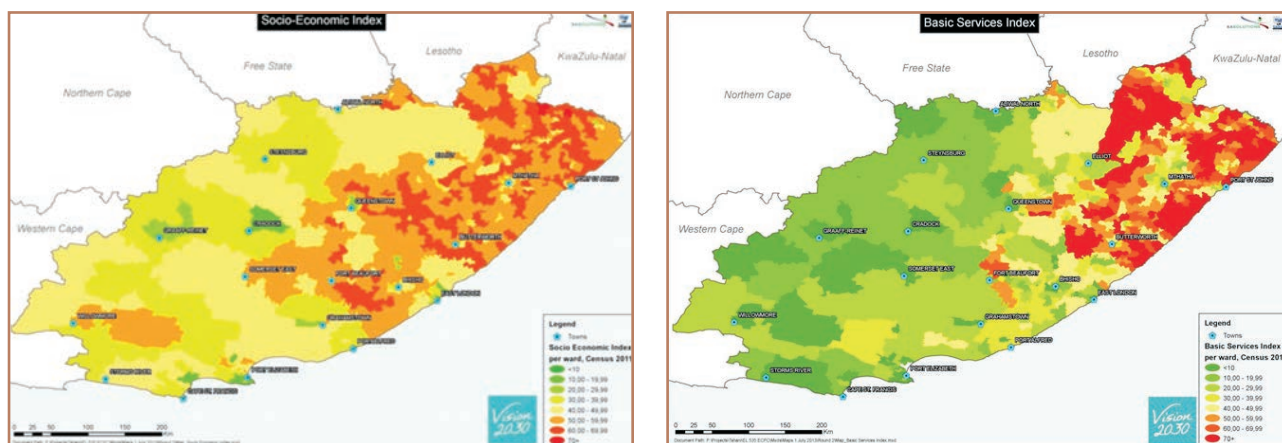
Source:¹Economic Development, Environmental Affairs & Tourism 2015, ²StatsSA CS 2016, ³DHB 2013/14

Economic profile of the Province

The two maps below spatially reflect the province's inequities, with the rural east and north-east (the former “homelands”) seriously deprived – a result of the past. The socio-economic circumstances of the provincial regions through an index of socio-economic underdevelopment. The index integrates Census 2011 data for education, income and unemployment, and presents weighted scores on a scale of 0 to 100. A high score indicates higher levels of deprivation – in other words, this reflects a socio-economic under-development. While most of the province registers below-satisfactory levels of socio-economic development, the map shows that the former “homelands” areas remain, in general, less developed than the urban regions.

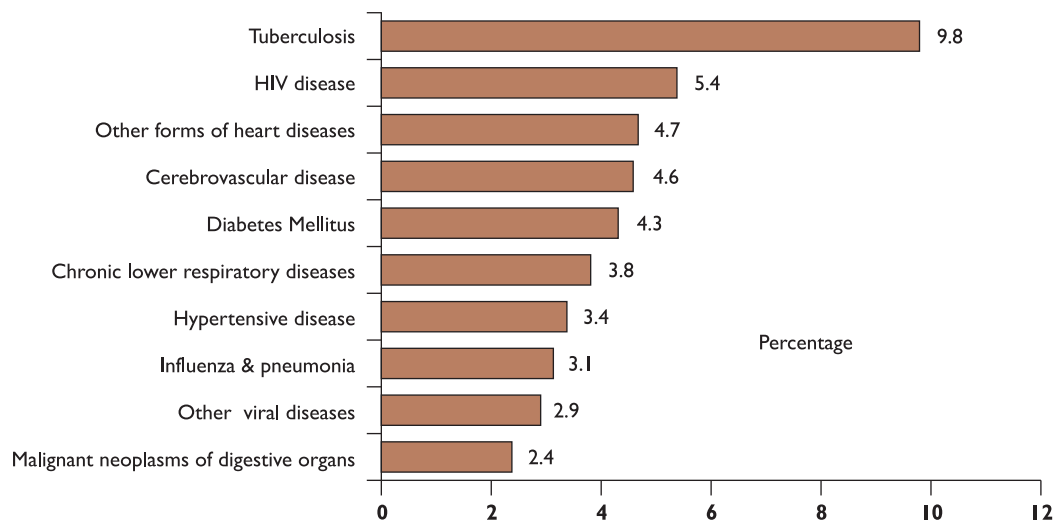
The map on the right focuses on the province's basic services and uses a Basic Services Index (BSI) to provide scores for deprivations against RDP-level access to water and sanitation, as well as the use of electricity for lighting. A high score indicates high deprivation – i.e. poor access to basic services. The Basic Services Index reveals even greater spatial contrasts than the socio-economic development index, indicating an urgent need to accelerate the development of social infrastructure in these parts of the province.

Fig. 4: Maps of Socio-economic index (left) & Basic Services Index (right) per ward in the Eastern Cape (Census 2011)



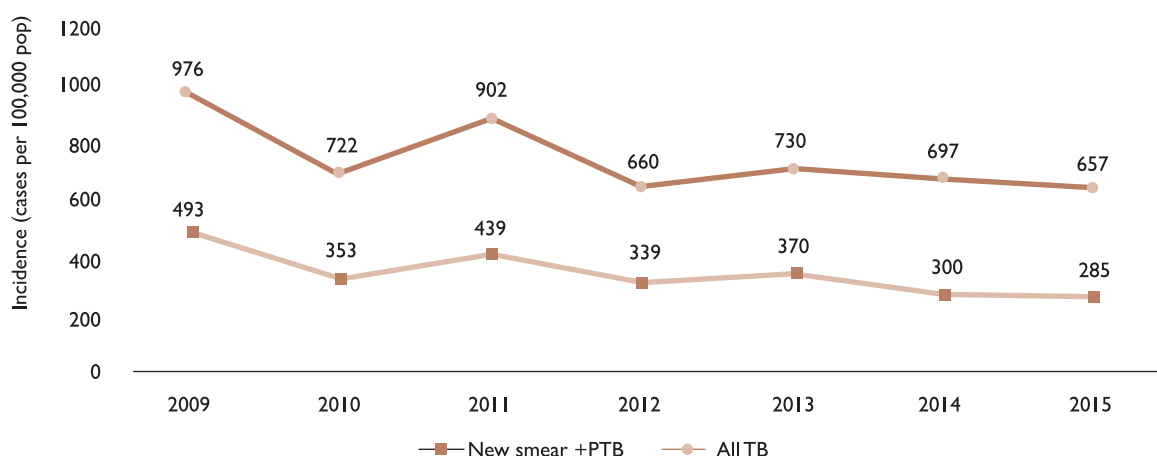
BURDEN OF DISEASE

The province is characterized by a quadruple burden of disease- namely communicable (including TB/HIV/AIDS), perinatal and maternal, non-communicable and injury-related conditions. These are the result of the low socio- economic conditions that directly affect the health outcomes and the quality of life (current health status of an individual). The province is characterized by a low socio-economic status, i.e. high poverty intensity (44.3%) especially in Alfred Nzo, Amathole, Chris Hani and OR Tambo districts. The concern is with the predominantly rural districts with low developmental indicators. These districts tend to have higher poverty rates, higher unemployment rates and there is a low medical aid coverage. In addition, there are low illiteracy levels. The huge population that does not have medical aid depend entirely on government health services or they may pay for their medical bills in private health facilities in cases where they can afford to do so.

Fig. 5. The 10 leading underlying causes of mortality in the Eastern Cape, 2013 (StatsSA 2014)

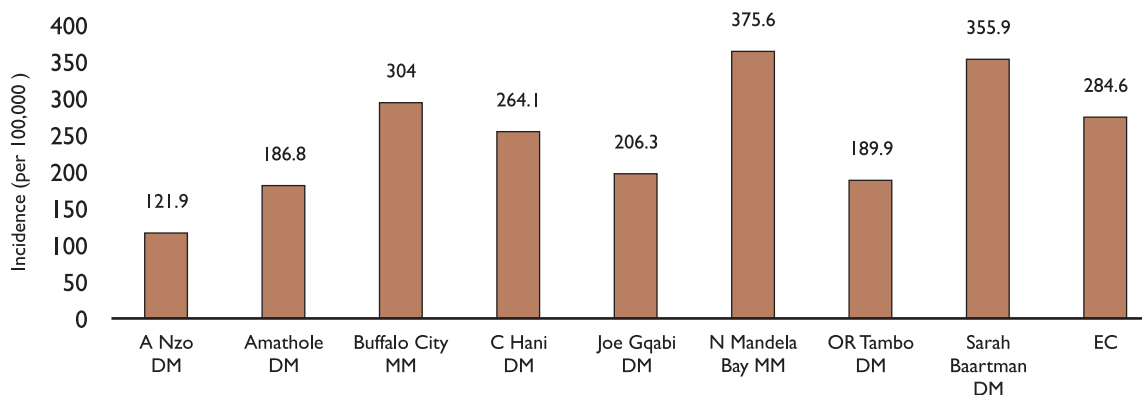
In 2013, non-natural causes accounted for 10.7% of all deaths in the Province (Stats SA 2014). Assault accounted for 15.7% and transport accidents. Nationally, 11.6% of all non-natural causes of death occurred in the Eastern Cape. Transport accidents are a frequent occurrence in the former homeland regions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

TUBERCULOSIS

Fig.6: TB incidence in the Eastern Cape, 2009-2015 (Source Etr.net 2016)

The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased and reached a lower rate of 285 per 100,000 in 2015. All TB cases combined had a similar incidents trend from 976 cases per 100 000 in 2009, down to 657 cases per 100 000 in 2015.

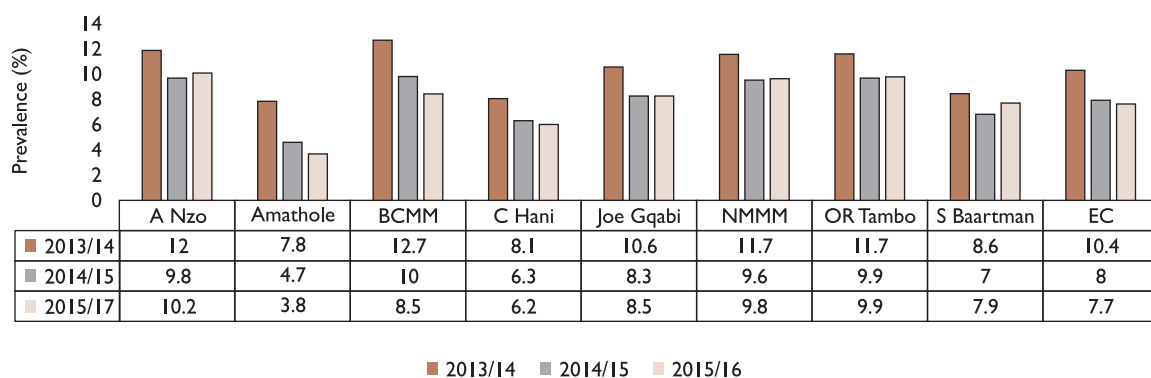
Fig. 7: New smear + PTB incidence by district in the EC, 2015
(Source: ETR.Net 2016)



The distribution by districts has shown that in 2015 Nelson Mandela Metro reported the highest incidence (375.6 per 100,000) with the lowest incidence (121.9 per 100,000) reported by Alfred Nzo district.

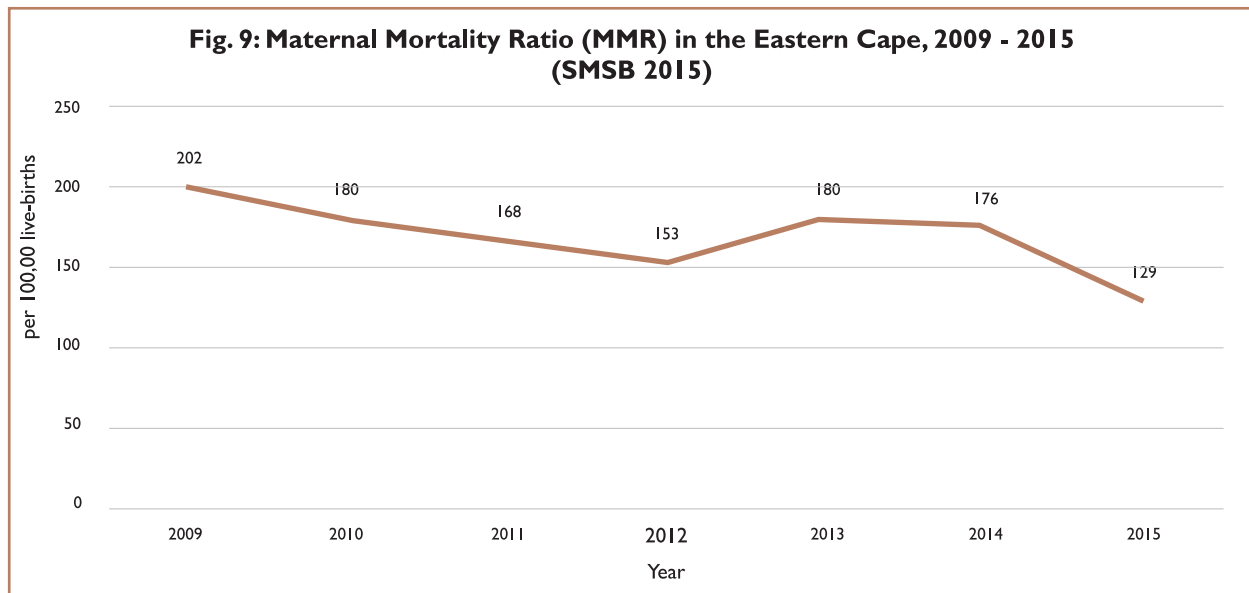
HIV & AIDS

Fig. 8: HIV Prevalence among 15-49 year olds by district in the EC, 2013/14-2015/16 (Source: DHIS 2016)

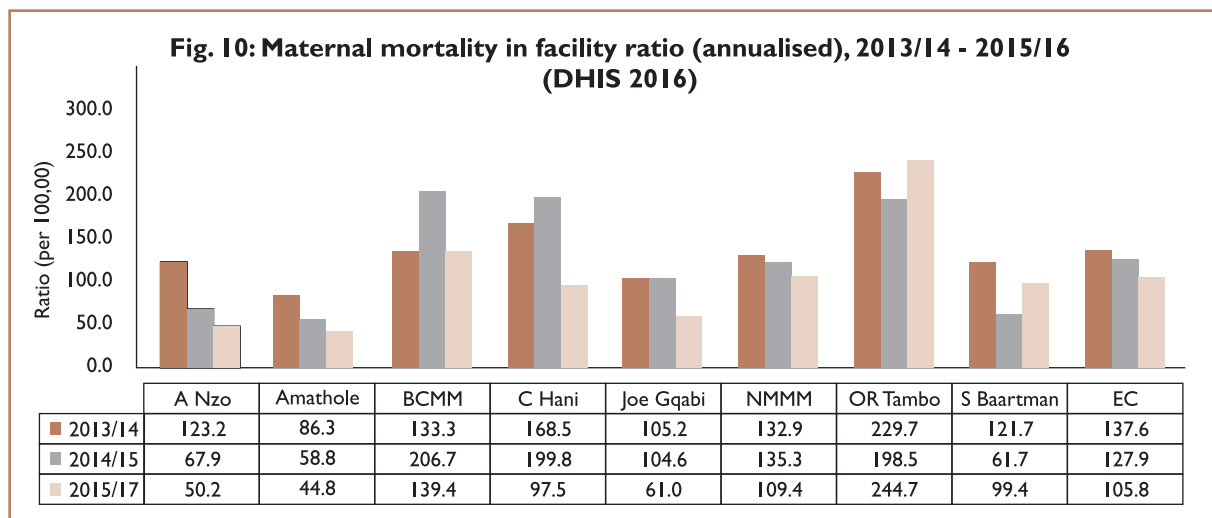


The figure above presents the HIV prevalence among the general population of age 15 to 49 years who tested for HIV in health facilities. The HIV prevalence has been decreasing in the Eastern Cape for the three financial years under review. In 2013/14 the HIV prevalence was 10.4% and dropped to 7.6% in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

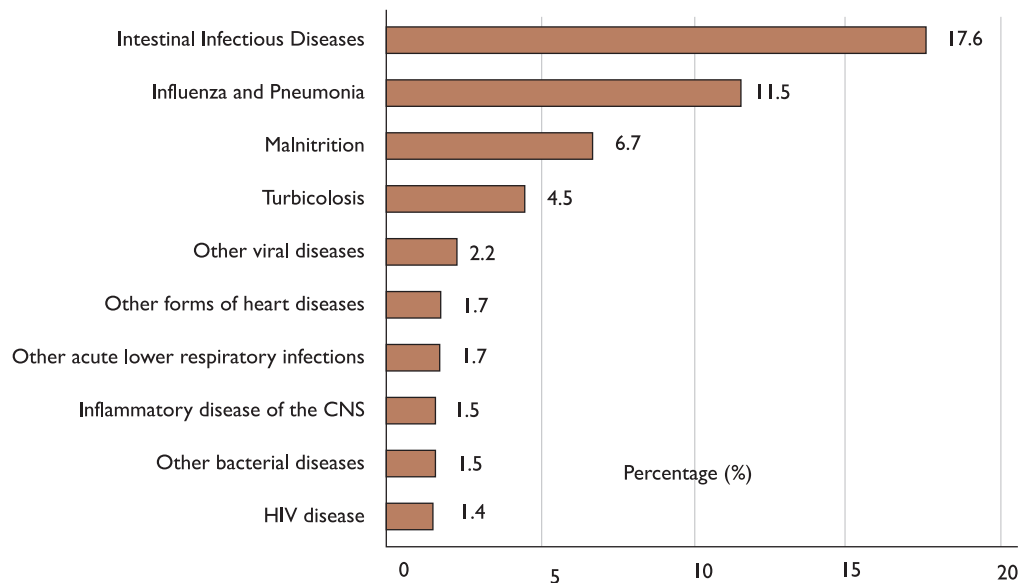
Maternal Mortality Ratio (per 100,000 live births)



The figure above shows that the maternal mortality rate has been fluctuating over the years from 202 per 100,000 live births in 2009 to 129 per 100,000 live births in August 2015 in the Eastern Cape. For the period under review, the highest mortality rate was observed in 2009 (202 per 100,000 live births). In the figure below, OR Tambo and Sarah Baartman were the only district that reported an increase in the maternal mortality rate in 2015/16 financial year. Alfred Nzo, Amathole, Joe Gqabi and Nelson Mandela Metro districts showed a decline.

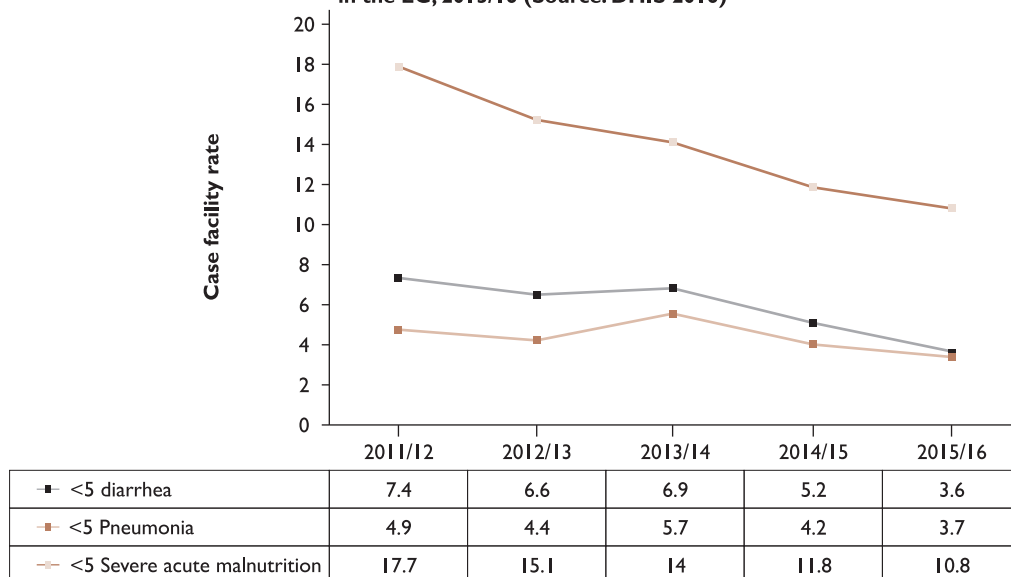


Under-5 mortality

Fig. 11: The underlying causes of child mortality (1-4 yrs) in South Africa, 2011 (StatsSA 2014)

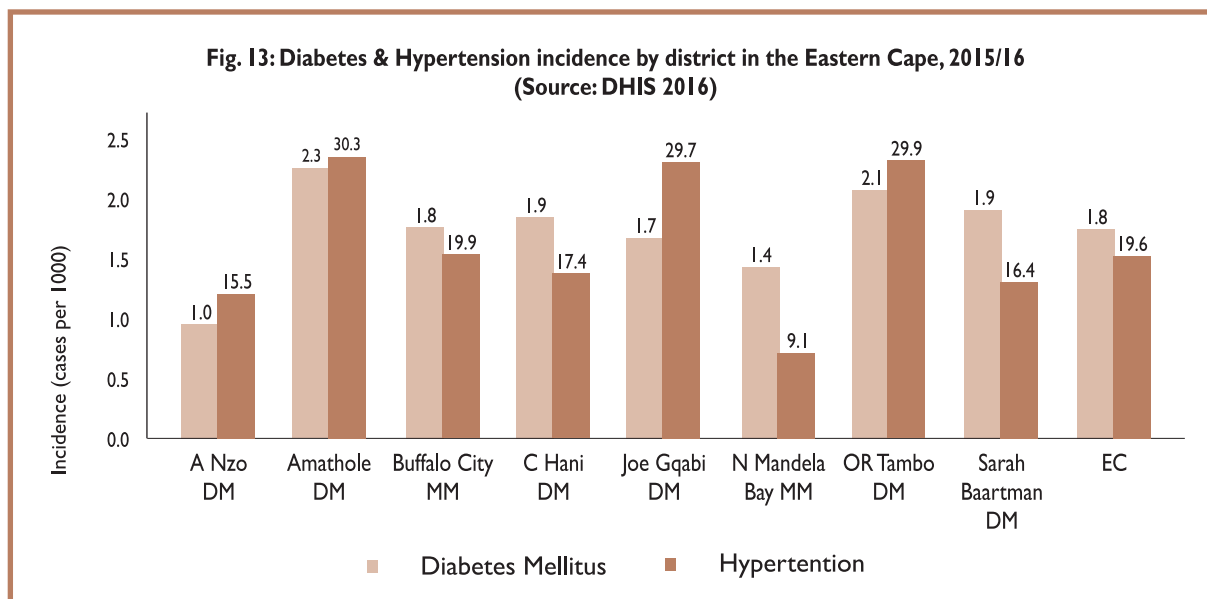
The figure above shows that the leading cause of under-5 (1-4 years) mortality in 2011 was intestinal infectious diseases which accounted for 17.6% deaths. This was lower than the 21.1% the previous year. This was followed by influenza and pneumonia (11.5%), malnutrition (6.7%), and Tuberculosis (4.5%). HIV diseases was ranked as the tenth leading cause of under-5 mortality – a significant drop from fifth ranking the previous year – and was accountable for only 1.4% deaths compared to 2.1% of deaths a year earlier.

Since 2011/12, there has been a steady decline in infant mortality as a result of diarrhoea, pneumonia, and severe acute malnutrition in the province, confirming the positive impact of child health interventions.

Fig. 12: Diarrheal, Pneumonia and Severe acute malnutrition case fatality rate on children under 5 years in the EC, 2015/16 (Source: DHIS 2016)

Non-Communicable Diseases

Even though communicable diseases like TB and HIV diseases are the leading causes of mortality, there are also non-communicable diseases like heart diseases (4.7%), cerebrovascular diseases (4.6%), Diabetes Mellitus (4.3%) and Hypertension (3.4%) which are among the top ten (10) leading causes of mortality.



The Diabetes incidence was reported to be highest in Amathole district with 2.3 per 1000 population and followed by OR Tambo district by 2.1 per 1000 population. The previous year, the incidence had been highest in Chris Hani (2.7 per 1000 population, and decreasing to 1.9 per 1000 population) and Amathole (2.6 per 1000 population). The lowest Diabetes incidence (1 per 1000 population) was observed in Alfred Nzo district, same as the previous year.

Amathole district reported the highest hypertension incidence (30.3 per 1000 population) followed by OR Tambo and Joe Gqabi districts with 29.9 per 1000 population and 29.7 per 1000 population respectively. The lowest hypertension incidence was said to be in Nelson Mandela Metro district (9.1 per 1000).

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

The Department was unable to achieve the millennium target for maternal and child mortality, as well as HIV/AIDS and TB. To achieve these goals (now replaced by the Sustainable Development Goals) the Department will strengthen the implementation of the Primary Health Care re-engineering by increasing the number of District Clinical Specialist Teams, WBOTs, and integrated school health teams (ISPH).

Despite improvement and increase in the number of ambulances, the provision of Emergency Medical Services especially in rural areas remains a challenge. The EMS PI Rural Response under 40 minutes rate third-quarter target of 68 per cent was not achieved (performance at 57 per cent, although this was an improvement from the 2015/16 baseline of 47.3 per cent). The corrective measures include the increase in our ambulance fleet (including aero medical services) and appointment of additional staff including advanced and intermediate life support practitioners.

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

Delivery (CCMDD) of ART and Chronic medicines closer to where the people live to improve adherence and prevent complications.

Medico-Legal Claims against the Department have remained one of the most significant contingent liabilities, and they unfortunately have increased over the years. Addressing this remains a priority of the department, and initiatives such as improved record keeping, improved quality of care, ensuring patient safety in our facilities, will be prioritised as part of a Medico legal Priority Centre.

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

The migration of people within the Province, from rural areas to urban and semi urban areas to seek better job opportunities, remains a challenge. This has led to the increase in informal settlements (far higher than government 'RDP' houses and other services) in the urban areas, resulting in a high demand for health services.

The Department has made an effort through Social Transformation Cluster to forge stronger collaboration with other departments so as to address social determinants of health outside the control of the Health Department, which directly affect health care services delivery.

6. ORGANISATIONAL ENVIRONMENT

ORGANIZATIONAL STRUCTURE

During 2016 we reported that the organizational structure for the Department has been finalized. This is affirmative in that the Service Delivery Model has been aligned and finalized in terms of its enabling the implementation of the National Health Insurance (NHI) through a Revitalised Primary-Health Care system; in terms of its commensurate growth of tertiary services; etc. Organizational structures have also been finalized, in terms of functional structures across all levels of the Department and covering all eight (8) programmes. A number of key posts have been job evaluated. Also in 2016, the Department also envisaged to implement the new organogram from 01 August 2016.

However, consultation processes of both internal and external stakeholders have proven to be a lot more complex than expected, lasting over a period of 6 months. Added to that, is the iterative process of development, consultation, inputting, review and editing, and then engagement again - culminating in no less than four (4) versions of the organogram from the original draft. These extensive processes and amount of time they took, resulted in the extension of original timeframes including the implementation date.

Noting however emotive organogram issues are, consultation processes can generally be hailed as successful in that, in principle support of the overall thrust of the organogram was obtained from all stakeholders. In the same vein, the technical team consisting of Office of the Premier (OTP) and Department of Public Service and Administration (DPSA) technocrats, have done a preliminary validation of the draft organogram and found it to be reasonable in terms of applicable organisation design norms and affordability principles. With a few recommended cosmetic changes, the draft service delivery model and organogram are now en-route to the Minister for Public Service and Administration for final endorsement and concurrence.

It is the Department's hope that all formalities will be concluded before the end of March 2017, to allow the planned implementation of the new structures from April 2017. The Department is alive to the daunting task of implementation given the due diligence that will still be required. This task is compounded by the shabby state of our PERSAL records which will complicate both the loading of new structures and the oversight of the current pay-roll.

Notwithstanding, typical teething problems associated with implementation of any new system, the executive order to the Department is for the implementation of the organogram within six (6) months following final approval. With all variables held constant, and the MPSA granting concurrence during April 2016, the Department will review its implementation processes at the end of 2nd quarter i.e. 30 September 2017.

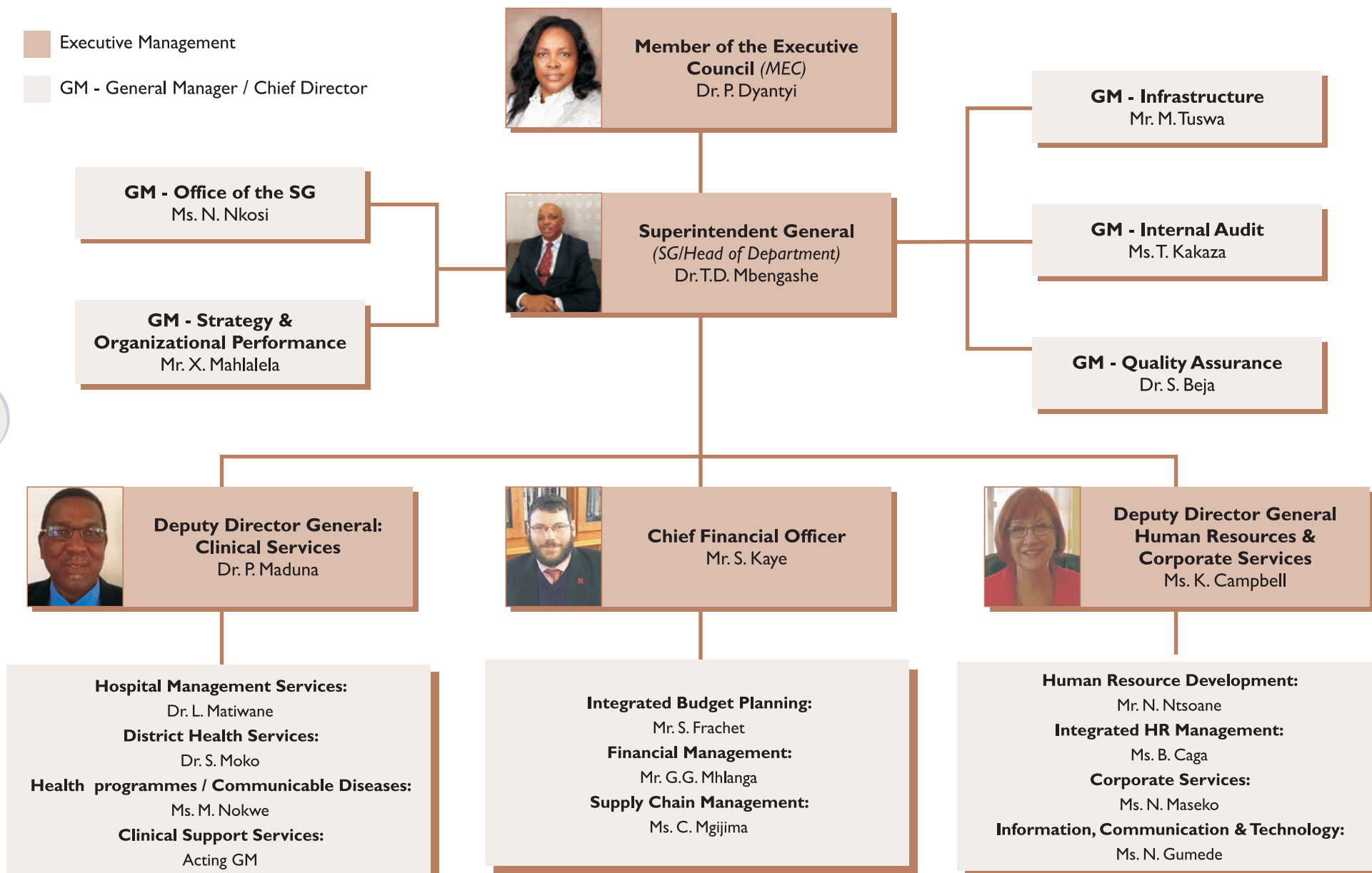
Until final sign-off on the new organogram, the Head Office structure now comprises of three branches, a reduction from five in the old organogram:

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

ORGANISATIONAL STRUCTURE

 Executive Management

 GM - General Manager / Chief Director



SITUATIONAL ANALYSIS ON HEALTH PERSONNEL IN 2016/17

Table 5: ECDOH Health Personnel 2016/17

Categories	Number employed	% of total personnel employed	% of total personnel budget	Annual average cost per staff member (Rand)
Medical Officers	1253	4.42	10.2	529,844.68
Medical Specialists	274	0.96	1.6	654,877.71
Dentists	106	0.37	0.7	546,906.79
Professional nurses	8505	30.04	29.5	241,581.65
Enrolled Nurse	3122	11.03	4.1	125,965.46
Enrolled nursing auxiliaries	5258	18.57	6.2	102,863.00
Student nurses	40	0.14	0.9	81,157.86
Pharmacists	675	2.38	1.8	359,331.99
Physiotherapists	88	0.31	0.4	198,954.34
Occupational therapists	69	0.24	0.4	200,757.80
Radiographers	381	1.34	0.9	226,042.68
Emergency medical staff	2475	8.74	2.4	136,119.66
Dieticians & nutritionists	70	0.24	0.4	216,488.39
Community Health Workers (even though not part of the ECDoH staff establishment)	5994	21.17	1.10	24,000.00
Grand Total	28310	100%		

Data source: PERSAL

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

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

Table 6: Community Service Health Professionals – Annual Intake 2017

Category	Total Allocation	Assumed	Assumed %	Assume Late	Late Assumption %	Declined/ Failed	Declined/ Failed %
Medical Officers	86	57	66.3	20	23.3	9	10.5
Pharmacy	66	47	71.2	18	27.3	1	1.5
Clinical Psychology	6	4	66.7	2	33.3	0	0.0
Dentists	15	14	93.3	0	0.0	1	6.7
Dieticians	15	14	93.3		0.0	1	6.7
OT	39	36	92.3	2	5.1	1	2.6
Physio	43	37	86.0	0	0.0	5	11.6
Speech & Audio	17	14	82.4	1	5.9	2	11.8
Radio	43	43	100.0	0	0.0	0	0.0
Env Health	2	0	0.0	2	100.0	0	0.0
PN	626	372	59.4	185	29.6	69	11.0
Total	958	638	66.6	190	19.8	89	9.3

Late Assumption of Medical Officers & Nursing is due to completion of Community Service

All Bursary defaulters will be handed to revenue collection for recovery of bursary finance

Table 7: Post-Community Service Health Professionals – Annual Intake 2016/17

Category	Total Allocation	Assumed	Assumed %	Assume Late	Late Assumption %	Declined/ Defaulter	Declined/ Defaulter %
Medical Officers	97	57	58.8	30	30.9	10	10.3
Pharmacy	21	14	66.7	5	23.8	2	9.5
Clinical Psychology	2	2	100.0	0	0.0	0	0.0
Dentists	10	8	80.0	1	10.0	1	10.0
Dieticians	3	2	66.7	1	33.3	0	0.0
OT	6	0	0.0	0	0.0	0	0.0
Physio	8	7	87.5	1	12.5	0	0.0
Speech & Audio	7	0	0.0	0	0.0	0	0.0
Radio	35	33	94.3	2	5.7	0	0.0
Clinical Associates	24	24	100.0	0	0.0	0	0.0
Optometry	1	1	100.0	0	0.0	0	0.0
PN	581	388	66.8	193	33.2	0	0.0
TOTAL	795	536	67.4	233	29.3	13	1.6

Late Assumption is due to incumbents completing internship

Late assumption of Nursing is due to supplementary exam & writing of final module.

Table 8: Interns – Annual Intake 2017

Category	Total Allocation	Assumed	Assumed %	Assume Late	Late Assumption %	Declined/ Failed	Declined/ Failed %
Medical Officers	152	122	80.3	29	19.1	1	0.7
Pharmacy	37	33	89.2	3	8.1	1	2.7
Clinical Psychology	12	12	100.0	0	0.0	0	0.0
Total	201	167	83.1	32	15.9	2	1.0

late assumption is due incumbents rewriting final module

Decline/ failed are in the process of being replaced

Table 9: Bursary Status report Jan - Dec 2016

Description	Number
Cuban Medical bursaries	306
Local Medical bursaries	348
Allied health bursaries	315
All other bursaries (internal)	220
Total	1189

Legal Services

Challenges faced by the department and/or impacting on service delivery

The dept has embarked on improving the management of litigation and improving good corporate governance in the dept through adherence to Ministers Declaration for medico legal claims and implementation of medico legal strategies including Ensuring MPAT Standards.

Amongst other strategies currently under implementation in terms of medico legal strategies implementation plan, the tender process of procurement of Specialised legal specialists is due to finalize by end this financial year and anticipated to be in action with effect 1st April 2017.

Ombudsperson is working closely with both clinicians and legal to resolve complaints that can be resolved before being litigious.

The dept is now promoting that all its matters be mediated, whether or not they have reached litigation stage in order to mitigate for influx.

The training sessions for officials on legal compliance are currently implementation with view to. Ring down litigation statistics

7. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

IMPROVE FINANCIAL MANAGEMENT

The ongoing collective efforts to improve financial management and governance in the department needs to continuously progress beyond last year's unqualified audit opinion in the direction of a clean audit opinion.

Financial decisions in the department are largely impacted by the effects of the Census 2011 on the resource envelope over the 2017/18 MTEF; the increasing burden of diseases; the increasing demand for services and the growing uninsured population that are dependent on public health services.

Added to this, the department is expected to adapt to these changes in the external environment with limited resources, whilst maintaining quality levels of service delivery.

It is also a known fact now that large medic-legal costs are siphoning significant amounts out of the Department's budget and thus compromising the delivery of services. Claims associated with birthing and delivery for both mothers and babies remain the biggest cause for increasing litigation.

The average medico legal settlements paid in the last 4 years ending 2015/16 was R52 million per annum. In the 2016/17 year to date, the department has paid R164 million.

Time-frame adherence and necessary compliance with Rules of Court is of critical essence when it comes to management of litigation processes and as a result, matters that have not been attended to timeously or at all pose high litigation risk to the Department with far reaching financial implications, which is the most critical dilemma that the Department is currently facing.

It is agreed that the solution to the complex problem of medico-legal claims and settlements requires a multidisciplinary approach.

The ongoing aversion of unauthorised expenditure using institutionalised strict austerity measures through the Provincial and District Cost Containment Committees (PCCCs and DCCCs) will remain fundamentally important, as well as the strengthening of controls to reduce Irregular Expenditure through the proper management of SCM documentation and general records management; training of staff through outreach programmes and better monitoring controls.

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

STRENGTHEN HEALTH INFORMATION MANAGEMENT

Over the past years, the Department has faced challenges in Health Information Management which impacted negatively on the reliability of the data and yielded a disclaimer from the Auditor General's Audit of Performance Information.

In the coming year the Department plans to address these challenges by working closely with its technical service providers such as Vodacom and Microsoft, as well as development partners such as Foundation for Professional Development (FPD) to address not only the connectivity challenges but more to improve health information management systems based on the National eHealth Strategy. The rationale for the eHealth Strategy is to:

- Improve patient satisfaction levels – by reducing waiting times;
- Address negative audit findings – by improving data quality and integrity;
- Promote evidence-based monitoring – by improving timely access to data;
- Rationalize registers – by reducing the multiple data collection tools;
- Address medico legal challenges – by ensuring availability of (electronic) patient records;
- Support integration (within the Department of Health and with other departments).

The National eHealth Strategy will guide implementation of certain component of eHealth, targeting the NHI districts of OR Tambo and Alfred Nzo, then followed by Amathole and Buffalo City Metro Districts, with particular focus on Cecilia Makiwane Hospital and its feeder clinics. eHealth components to be introduced gradually over the years will include the following:

- Health Patient Registration System (HPRS) – registration of every patient visiting a health facility, using a unique identification number and the national ID no, and collection of basic demographic data. HPRS is intended to identify patients accessing services, use the data to plan for provision of services according to catchment population needs, link individuals for improved service provision, track patients across facilities and different levels of care. This is being driven as one of the NHI initiatives;
- web-based District Health Information Systems (DHIS) – transitioning of the current version 1.4 DHIS to a web-based DHIS version for aggregated data on the national indicator dataset;
- Electronic Health Records: enabling the electronic capturing and storage of patient records, as well as communication of patient data between different healthcare professionals in different facilities;
- mHealth - includes the use of mobile devices in collecting aggregate and patient level health data, providing healthcare information to practitioners, researchers, and patients, real-time monitoring of patient vitals, and direct provision of care (via mobile telemedicine). The initial focus will be on mHealth for Community-based interventions and will empower the CHWs and WBOTs
- Telemedicine: physical and psychological treatments at a distance;

- Consumer Health Informatics: use of electronic resources on medical topics by healthy individuals or patients;
- Health Knowledge Management: e.g. best practice guidelines or epidemiological tracking;
- Virtual Healthcare Teams: consisting of healthcare professionals who collaborate and share information on patients through digital equipment (for trans-mural care).

INFRASTRUCTURE DELIVERY

The ECDOH infrastructure delivery is conducted through Infrastructure Delivery Management System (IDMS) as Stipulated in the Division of Revenue Act of 2016. IDMS is coordinated by National Treasury Department (NT) through its Infrastructure Delivery Improvement Programme (IDIP). The IDMS of the South African government is designed to address problems relating to the planning and management of public sector infrastructure delivery. IDMS is derived from a number of key pieces of legislation that govern infrastructure. These include the Constitution of the Republic of South Africa (1996), Public Finance Management Act (1999), Government Immovable Asset Management Act (GIAMA) (2007), Intergovernmental Relations Framework Act (2005), Construction Industry Development Board (CIDB) Act (2000), the Division of Revenue Act (published annually), as well as legislation applicable to municipalities.

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

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

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

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

Organizational capacity

The decision about the delivery management is affected by the available internal and external capacity and capability in the market on the construction service supply side. An assessment of the external capacity indicates that there are few Grade 7 to 9 contractors in the province. The bulk of ECDOH projects, are of complex nature since they require strict adherence to the health norms and standards. Most of these projects require to be implemented by service providers CIDB graded 7 to 9 categories. The assessment of the external market as per 1 August 2016 shows a serious shortage of these categories of service providers as demonstrated in the table below.

External Capacity

Table 10: Register of Active Contractors in the Eastern Cape Province

CIDB Grading	Class of Works						Total
	CE	EB	EP	GB	ME	SW	
1	5 759	201	567	8 124	405	2 980	1 8036
2	192	13	15	251	10	74	555
3	98	9	7	74	8	34	230
4	136	9	26	96	14	25	306
5	84	11	19	47	13	11	185
6	83	7	11	65	5	6	177
7	48	2	7	38	5	2	102
8	19	0	1	13	0	1	34
9	2	0	0	1	0	0	3
Total	6 421	252	653	8 709	460	3 133	1 9628

Legend:

CE - Civil Engineering

EE - Electrical Engineering

EB - Electrical Engineering Works - Building

EP - Electrical Engineering Works - Infrastructure

GB - General Building Works

ME - Mechanical Engineering

SW - Specialised Works

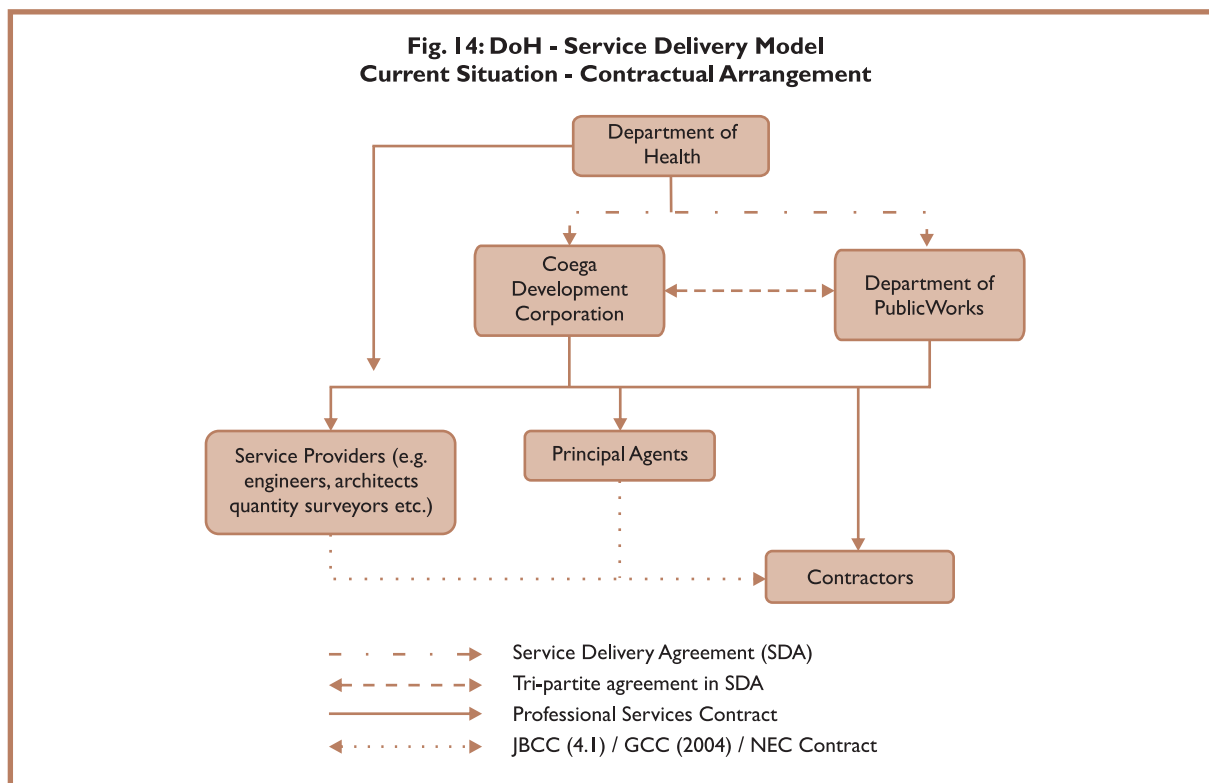
Table 11: CIDB Grading per Financial Category

Grade (GB Category)	Range in terms of Rands
1	0-200 000
2	200 000-650 000
3	650 000 -2 000 000
4	2 000 000 -4 000 000
5	4 000 000-6 500 000
6	6 500 000-13 000 500
7	13 000 000-40 000 000
8	40 000 000-130 000 000
9	130 000 000 and above

The result of the assessment above shows a huge constraints in the industry that forces contractors from outside the province to be brought in to assist with implementation of projects.

ECDoH, uses Implementing Agents to deliver the bulky of the infrastructure projects namely: the Department of Roads and Public Works (DRPW) and Coega Development Corporation (CDC or Coega). The department has also increased its internal infrastructure capacity by hiring professional staff, this has resulted in some of the projects being implemented internally, especially programmes such as minor construction projects, and ECDOH is compelled to implement other projects internal in order to gain value for money by reducing the cost of management fees it is paying to Implementing Agents.

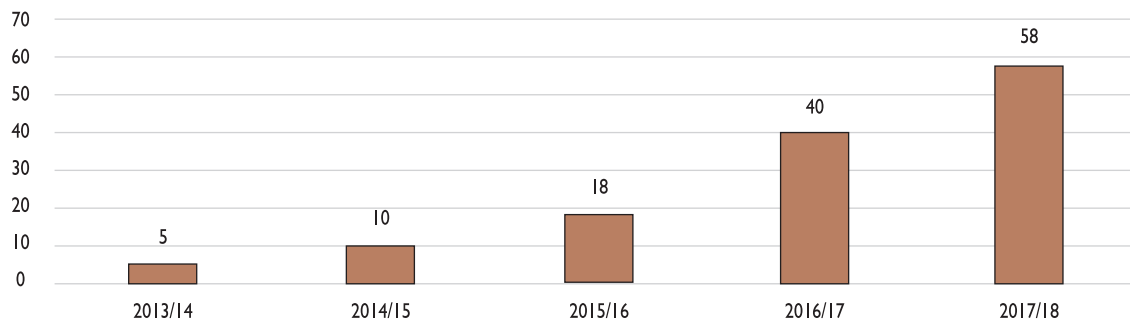
The figure below provides graphical presentation of the Department's infrastructure service delivery model.



External Capacity

Internally the Eastern Cape Department of health embarked on a recruitment drive for qualified built environment professionals. The Department has not been able to recruit the number of personnel needed as a result of shortage of the required skills within the industry. The table below shows the trend of capacitation from 2013/14 to 2017/18 financial years.

Fig. 15: Internal Capacitation Trend 2013-2017



The Department also recognized the weakness in terms of capacity for first and second line maintenance which is a pivotal activity for health care delivery and is currently embarking on a process to procure term contractors for maintenance program. The intention of the department is to implement maintenance projects internally through the establishment of district maintenance hubs with a Computerized Central Maintenance Management System (CMMS) and call centers. This strategy is based on the notion that a maintenance programme that requires vigorous quality assurance and control since it is the cornerstone of effective health service delivery.

Alignment to government outcomes

The changing health trends and demands have huge impact on infrastructure planning and budgeting. The consequences are that some changes must be made to existing facilities: rearrange them to suite the current health interventions; add crisis and counselling centers for domestic violence and HIV victims; day wards and day operating theatres; provision of new facilities for new formal settlements and cater for the expected population growth. Adequate clinical accommodation will assist in the province being able to deliver and offer an effective service. The Department is embarking on projects with a high impact on health care service delivery and has moved away from implementing major construction projects to reconfiguration, renovation and maintenance to improve the work environment. A total of 128 projects are planned to be implemented over the 2017-18 MTEF. Below is a details 21 project work streams, there are a total of 349 projects within the work streams that will be implemented in 2017-18 MTEF all at different stages in the project cycle. The table below provides details of the type of infrastructure intervention for the 2017-18 MTEF

Table 12A: Quantification of the Infrastructure Backlogs 2017/18 – 2019/20

No	Row Labels	Count of No	Sum of Allocated Budget 2017/18	Sum of Allocated Budget 2018/19	Sum of Allocated Budget 2019/20
1	Community Health Facilities renovations,	5	173 364 000	209 098 644	284 926 500
2	Conditional Assessments of	1	-	30 000 000	-
3	District Hospitals Health Facilities	4	118 709 000	160 500 000	161 000 000
4	Electrical & Mechanical (Upgrades)	17	49 586 000	32 616 000	3 140 000
5	Electrification and water connections	1	19 665 000	21 074 700	5 235 000
6	Emergency building repairs	4	60 000 000	40 000 000	60 000 000
7	EMS	4	123 522 000	74 888 633	3 900 000
8	Fencing & Guard houses	14	115 140 000	35 818 867	-
9	Health Professional Accommodation	13	110 900 000	111 921 777	63 900 000
10	Health Technology	12	267 700 000	259 200 000	235 150 000
11	Lift Programme	2	18 080 000	37 160 000	34 236 000
12	Mega Hospital Projects	11	136 148 000	183 693 629	330 518 000
13	Mortuaries	8	10 000 000	15 000 000	65 332 700
14	Mud & inappropriate Structures	9	5 050 000	37 600 000	61 200 000
15	Office Capacitation - Goods and	1	5 721 000	10 000 000	10 000 000
16	Office Capacitation - COE	2	35 000 000	30 000 000	31 000 000
17	Office Capacitation -Machinery and	1	5 712 000	6 000 000	6 631 000
18	Plant and Machinery Maintenance	2	126 343 000	182 750 000	182 750 000
19	PPP project	1	36 298 000		
20	Water Treatment & Sanitation	15	25 879 000	28 272 750	34 378 500
21	Technicians Training	1	2 000 000	-	-
	Grand Total	128	1 444 817 000	1 505 595 000	1 573 297 700

Table 12B: Projects to be completed during the 2017/18 financial year

No	Work Stream	Project Name	Delivery Mechanism	Allocated Budget
1	Mega Hospital Projects	Cecilia Makiwane Hospital Upgrade of Main Hospital-Phase 4C	Individual Project	2 000 000
2	Mega Hospital Projects	Frontier Hospital - OPD Casualty		7 000 000
3	Health Professional Accommodation	Komga Hospital Infrastructure Improvements - Health Professional accommodation	Individual Project	3 650 000
4	Health Technology	Cecilia Makiwane Hospital Commissioning	Individual Project	1 000 000
5	Community Health Facilities renovations, refurbishments, alterations & additions	Community Health facilities Renovations & refurbishments	Packaged project	4 335 000
6	Community Health Facilities renovations, refurbishments, alterations & additions	Community Health facilities Renovations & refurbishments	Packaged project	3 740 000
7	Technicians Training	Training of Engineering Technicians in health Technology	Packaged project	2 000 000
8	Community Health Facilities renovations, refurbishments, alterations & additions	Community Health facilities Renovations & refurbishments	Packaged project	3 716 000
9	Water Treatment & Sanitation	Dr Mpehle (Water & Sanitation)		3 159 000
10	Water Treatment & Sanitation	CHC: Dordrecht, Ibika, Nonkqubela and Vaalbank (Water & Sanitation)	Packaged project	2 000 000
11	District Hospitals Health Facilities renovations, refurbishments, alterations & additions	Tower Hospital Infrastructure Improvements - Maintenance	Individual Project	1 500 000

No	Work Stream	Project Name	Delivery Mechanism	Allocated Budget
12	Electrical & Mechanical (Upgrades)	'Electrical & Mechanical repairs and maintenance to 6 hospitals - Dr Malizo Mpehle memorial, Nessie Knight, St Lucy's, Holy cross, St Elizabeth's, Bambisana	Packaged project	4 480 000
13	Electrical & Mechanical (Upgrades)	'Electrical & mechanical repairs and maintenance to 4 hospitals - Greenville, mount Ayliff, Sipetu and St Patrick's	Packaged project	2 130 000
14	Electrical & Mechanical (Upgrades)	PZ Meyer Assessment of mechanical & electrical infrastructure	Individual Project	2 200 000
15	Electrical & Mechanical (Upgrades)	Tower hospital Assessment of mechanical & electrical infrastructure	Individual Project	4 055 000
16	Electrical & Mechanical (Upgrades)	Grey Hospital HVAC upgrades including wet services, kitchen, laundry, fire protection and electrical supply	Individual Project	7 200 000
17	Electrical & Mechanical (Upgrades)	Komga-Building Electrical & Mechanical upgrades	Individual Project	7 200 000
18	Electrical & Mechanical (Upgrades)	Komga, Victoria, Fort Beaufort, Bhisho, Cathcart Theatre HVAC	Packaged project	15 127 000

8. LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

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

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

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

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

The following legislation will be looked at with great scrutiny to establish the obligation arising therein:, namely

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

**AMENDMENT OF STRATEGIC PLAN 2015/16 – 2019/20
(STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS & TARGETS)**

The following strategic objectives have been amended/removed:

Table 13: Strategic Plan 2015/16 – 2019/20 Amendment

No.	2015/16 Strategic Objectives (Original)	No.	Strategic Objectives (Amendment)
1.2	Screening coverage of chronic illnesses increased to 90 000 by 2019	1.2	Screening coverage of chronic illnesses increased to more than a million by 2019
1.4	Mental health service platform increased to 55% of Hospitals by 2019	1.4	It has been removed to be measured in the operational plan
1.5	HIV infection rate reduced by 50% by 2019	1.5	HIV infection rate reduced by 15% by 2019
1.6	TB death rate reduced by 50% in 2019	1.6	TB death rate reduced by 30% in 2019
1.9	Post – mortems conducted within 72hrs increased to 90% by 2019	1.9	Post – mortems conducted within 72hrs increased to 95% by 2019
1.11	1.10 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses by 2019	1.11	95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019
2.1	Unqualified audit opinion achieved by 2019	2.1	Clean audit opinion achieved by 2019
2.2	50% of health facilities connected to web-based DHIS through broadband by 2019	2.2	100% of health facilities connected to web-based DHIS through broadband by 2019
2.6	Fifty (50) first year medical students receiving bursaries by 2019	2.6	First year Health professional students receiving bursaries by 2019
2.7	(721) Health facilities refurbished to comply with the National norms and standards by 2019	2.7	Health facilities refurbished to comply with the National norms and standards by 2019
3.1	Two districts piloting NHI implementation by 2019	3.1	It has been removed to be measured in the operational plan
3.3	100% District clinical specialist team (DCSTs) coverage for all District by 2019	3.3	It has been removed to be measured in the operational plan
3.2	100% Ward Based Outreach Teams (WBOT) coverage by 2019	3.2	30% Ward Based Outreach Teams (WBOT) coverage by 2019 - the indicator performance indicates that the indicator five year target cannot be reached since it has been reduced
3.5	Reduction of the traditional Male circumcision mortality to less than 10 by 2019	3.5	It has been removed to be measured in the operational plan
2.3.17	Percentage of TB Hospitals compliant with all extreme and vital measures of the national core standards (TB Hospitals)	2.3.17	All these indicator have been moved to be measured in the operational plan (all hospitals)

The following five year Strategic Plan targets have been amended

2015/16-2019/20 Strategic Plan		
Indicator	Old	New
Programme 1		
2.1.1 Audit opinion from Auditor-General	Unqualified audit report	Clean audit report
Programme 2		
Sub programme 2.1-2.3		
2.4.1 Patient Experience of Care Survey Rate (PHC)	86%	80%
2.4.10 Patient Experience of Care Satisfaction rate (PHC Facilities)	70%	75%
3.2.1 Outreach Household (OHH) registration visit rate	40%	30%
2.4.19 Complaint Resolution rate (PHC Facilities)	97%	90%
2.4.27 Complaint Resolution within 25 working days rate (PHC Facilities)	90%	98%
Sub programme 2.6		
1.5.1 ART client remain on ART end of month -total	785 911	687 346
1.5.3 Client tested for HIV (incl.ANC)	1 430 000	1 204 118
1.6.3 TB client lost for follow rate	5%	6.5%
1.6.5 TB MDR confirmed treatment initiation rate	92%	97%
1.6.6 TB MDR treatment success rate	60%	50%
Sub programme 2.7		
1.7.1 Antenatal 1st visit before 20 weeks rate	65%	70%
1.7.2 Mother post-natal visit within 6 days rate	75%	85%
1.7.3 Antenatal client initiated on ART rate	95%	98%
1.7.4 Couple year protection rate	72%	75%
1.8.4 DTaP-IPV-Hib 3 - Measles 1st dose drop-out rate	0.7%	0.5%
1.8.5 Diarrhea case fatality rate	4.4/1000	2.8%
1.8.6 Pneumonia case fatality rate	5.5/1000	2.8%
1.8.7 Severe acute malnutrition case fatality rate	5%	7%
1.7.5 Maternal mortality in facility ratio	100/100 000	105/100 000
1.8.9 Inpatient early neonatal death rate	10/1000	11.5/1000

2015/16-2019/20 Strategic Plan		
Indicator	Old	New
Sub programme 2.8		
1.9.1 Percentage of post-mortem performed within 72hrs	90%	95%
Sub programme 2.9		
2.4.2 Patient Experience of Care Survey Rate	100%	91%
2.4.10 Patient Experience of Care Satisfaction Rate	80%	70%
1.10.6 Inpatient bed utilisation rate	70%	68%
2.4.18 Complaints resolution rate	95%	80%
2.4.26 Complaints resolution within 25 working rate	90%	80%
Programme 4		
Sub programme 4.1		
2.4.3 Patient Experience of Care Survey Rate in	80%	100%
1.10.13 Expenditure per patient day equivalent (PDE) (Regional Hospitals)	R3,051	R2,259
2.4.21 Complaint Resolution rate (Regional Hospitals)	98%	87%
2.4.29 Complaint Resolution within 25 working days rate (Regional Hospitals)	90%	95%
Sub programme 4.2		
2.4.4 Patient Experience of Care Survey Rate in (TB Hospitals)	80%	100%
2.4.13 Patient Experience of Care Satisfaction Rate TB Hospitals)	75%	80%
1.10.3 Average length of stay (TB Hospitals)	103 days	88 days
1.10.8 Inpatient Bed Utilisation Rate (TB Hospitals)	70%	75%
1.10.14 Expenditure per patient day equivalent (PDE) (TB Hospitals)	R1,150	R1,200
2.4.22 Complaint Resolution rate (TB Hospitals)	98%	90%
2.4.30 Complaint Resolution within 25 working days rate (TB Hospitals)	90%	100%
Sub programme 4.3		
2.4.14 Patient Experience of Care Satisfaction Rate (Psych Hospitals)	75%	70%
2.4.23 Complaint Resolution rate (Psych Hospitals)	98%	90%
2.4.31 Complaint Resolution within 25 working days rate (Psych Hospitals)	98%	100%

2015/16-2019/20 Strategic Plan		
Indicator	Old	New
Programme 5		
Sub programme 5.1		
2.4.6 Patient Experience of Care Survey Rate in (Central Hospitals	98%	100%
2.4.15 Patient experience of care satisfaction rate (Central Hospitals)	90%	100%
1.10.16 Expenditure per patient day equivalent (PDE) (Central Hospital)	R2,800	R4,953
2.4.24 Complaint Resolution rate (Central Hospitals)	98%	90%
2.4.7 Patient satisfaction Survey rate in (Tertiary Hospitals	90%	100%
1.10.17 Expenditure per patient day equivalent (PDE) (Tertiary Hospital)	R2,825	R4,523
2.4.25 Complaint Resolution rate (Tertiary Hospitals)	98%	90%
2.4.33 Complaint Resolution within 25 working days rate (Tertiary Hospitals)	98%	90%
Programme 6		
2.6.1 Number of Bursaries awarded for first year medicine students	65	50
2.6.2 Number of Bursaries awarded for first year nursing students	500	2550 (406 new)
Programme 7		
1.11.1 Percentage of eligible applicants supplied with wheelchairs	70%	85%
1.11.2 Percentage of eligible applicants supplied with hearing aids	75%	95%
1.11.3 Percentage of eligible applicants supplied with prostheses	60%	70%
1.11.4 Percentage of eligible applicants supplied with orthoses	100%	95%

The following five year Strategic Plan targets have been amended

2015/16-2019/20 Strategic Plan		Reason for amendments
Old	New	
1.2.2 Client tested for HIV (incl.ANC) error its 1.5.2	1.5.3 Client tested for HIV (incl. ANC)	Correction of an error in terms of numbering
1.8.1 Infant 1st PCR test positive around 6 weeks rate	1.8.1 Infant 1st PCR test positive around 10 weeks rate	Amended due to change of policy
1.2.1 Clients screened for hypertension - 25 years and older	1.2.1 Clients screened for hypertension - 40 years and older	The indicator collection age has been revised and changed from 25 years to 40 year and older
2.3.22 Percentage of fixed PHC Facilities scoring above 80% on the ideal clinic dashboard.	2.3.22 Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/ CHC/CDC)	The indicator has been revised
1.6.1 TB symptom 5yrs and older screened rate	1.6.1 TB symptom 5 years and older on treatment rate	The indicator has been revised and changed from screening rate to treatment rate

Table 14: Summary of Provincial payments and estimates by programme: Health

	Outcome			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Administration	619,349	576,459	668,261	674,962	740,321	698,344	687,001	703,165	752,387	(1.6)
2. District Health Services	8,659,522	8,939,147	9,516,426	9,968,415	10,221,679	10,361,909	10,937,544	11,932,718	12,862,776	5.6
3. Emergency Medical	812,946	850,947	946,270	1,120,995	1,155,907	1,070,925	1,222,366	1,437,796	1,537,932	14.1
4. Provincial Hospitals	2,666,158	2,818,809	4,927,742	3,320,325	3,291,226	3,087,454	3,322,570	3,497,659	3,748,404	7.6
5. Central Hospital Services	2,412,192	2,444,026	823,221	2,838,790	2,925,588	3,101,991	3,108,963	3,270,499	3,529,464	0.2
6. Health Sciences & Training	650,152	726,252	769,372	799,467	791,986	769,442	853,145	891,625	954,341	10.9
7. Health Care Support	97,779	92,399	93,129	118,609	118,786	107,196	130,759	125,672	132,544	22.0
8. Health Facilities	1,130,157	1,101,815	1,199,522	1,402,776	1,402,776	1,346,510	1,444,817	1,505,595	1,573,298	7.3
Total payments and estimates	17,048,255	17,549,854	18,943,943	20,244,339	20,648,269	20,543,771	21,707,165	23,364,729	25,091,146	5.7

Table 15: Summary of Provincial payments and estimates by economic classification: Health

	Outcome			Main appro- priation	Adjusted appro- priation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	15,499,838	16,173,84	17,091,967	18,565,281	18,859,326	18,627,694	20,072,943	21,702,671	23,285,559	7.8
Compensation of employees	10,698,249	11,576,336	12,562,282	13,511,327	13,504,099	13,457,197	14,415,656	15,372,271	16,459,115	7.1
Goods and services	4,797,006	4,595,259	4,522,995	5,053,954	5,355,227	5,168,268	5,657,287	6,330,400	6,826,444	9.5
Interest and rent on land	4,583	2,248	6,690		-	2,229	-	-	-	(100.0)
Transfers and subsidies	387,171	355,268	571,824	284,872	390,967	558,974	290,342	325,999	344,255	(48.1)
Provinces and municipalities	23,202	9,122	13,229	5,157	9,874	9,874	3,427	2,568	2,711	(65.3)
Departmental agencies and accounts	40,541	15,542	35,417	29,270	31,197	31,797	46,661	70,301	74,238	46.7
Higher education institutions	46,759	-	-	-	-	-	-	-	-	
Households	276,669	330,604	523,178	250,445	349,896	517,303	240,254	253,131	267,306	(53.6)
Payments for capital assets	1,073,406	1,020,742	1,280,152	1,394,186	1,397,976	1,357,103	1,343,880	1,336,059	1,461,332	(1.0)
Buildings and other fixed structures	554,097	672,696	881,906	744,096	751,161	720,321	727,420	724,394	846,803	1.0
Machinery and equipment	518,661	348,046	397,400	650,090	646,815	636,782	616,460	611,665	614,529	(3.2)
Software and other intangible assets	648	-	846	-	-	-	-	-	-	
Payments for financial	87,840	-	-	-	-	-	-	-	-	
Total economic	17,048,255	17,549,854	18,943,943	20,244,339	20,648,269	20,543,771	21,707,165	23,364,729	25,091,146	5.7

PROGRAMME I

HEALTH ADMINISTRATION & MANAGEMENT



PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

The health administration and management programme comprises of two main components: the ADMINISTRATION component, which refers to the Executive Authority which lies with the Office of the Member of Executive Council (MEC); and the second component, which is the MANAGEMENT of the organisation and is primarily the function of the Office of the Superintendent General. Programme 1 is divided between sub-programme 1.1 – Health Administration (Office of the MEC) and Sub-Programme 1.2 - Health Management.

1.1 SUB-PROGRAMME 1.1: HEALTH ADMINISTRATION - OFFICE OF THE MEC

PROGRAMME PURPOSE

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

PRIORITIES FOR THE NEXT THREE YEARS

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

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

Strategic Goal(s) being addressed:

Strategic Goal2 : Improved quality of care

Table 16: Provincial Strategic Objectives, Indicators, Annual & Quarterly Targets for Sub-Programme 1.1 - Office of the MEC

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets							
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20	
								Q1	Q2	Q3	Q4			
Provide political and strategic direction to the Department by focusing on transformation and change management.	Strategic Objective: Strategic Leadership and accountability by 2019													
	Number of statutory documents tabled at Legislature	Categorical Quarterly	3 statutory documents	3 statutory documents	6 statutory documents	2 statutory documents	6 statutory documents	-	Annual Report	Midyear Report	4 (APP; OP; SDIP; Policy Speech)	5 statutory documents	6 statutory documents	
	Negotiated service delivery agreement (NSDA) Reports	Categorical Quarterly	4 NSDA reports	4 NSDA reports	4 NSDA reports	3 NSDA reports	4 NSDA reports	1 NSDA report	1 NSDA report	1 NSDA report	1 NSDA report	4 NSDA reports	4 NSDA reports	

Table 17: Negotiated Service Delivery Agreement (NSDA)

Key Performance Area (KPA)	Output	Indicator
Development of health professionals and management	Training of health professionals (including nurses)	No of trained health professionals
	Improve functionality of Lilitha Nursing colleges	No of functional nursing colleges
	Provisioning of bursaries for health professionals	No of bursary holders
Expansion of the re-engineering of Primary health care services	Increase Ward Based Outreach Teams (WBOTs) for increased health promotion	No of Ward Based Outreach Teams
	Increased outreach to communities	No of household visited
	HPV vaccination for Grade 4 learners (9 year olds) as part of the Integrated School Health Programme	HPV 1st dose coverage
	Screening for learners in quintile 1&2 schools) for barriers to learning	School Grade 1 – learners screened
		School Grade 8 – learners screened
Expansion of HIV/AIDS treatment and TB management	TB client treatment success rate	TB new client success rate
	TB client lost to follow up rate	TB client lost to follow up rate
	TB MDR and XDR confirmed treatment initiation rate	MDR treatment initiation rate
	Increase access to ART for patients	ART client remain on ART end of month -total
	Increase number of pregnant mothers on ART	ANC initiated on ART rate
	Provision of safe male circumcision	Safe male circumcision performed
Reduced maternal and child mortality rate	Reduce child mortality by 5%	Child mortality rate
	Reduce maternal mortality by 5%	Maternal mortality rate
Provision of health infrastructure and services	Construction of new clinics	No of clinics constructed
	Completion of Frontier Hospital casualty unit, paediatrics and outpatient departments	Refurbishment of Frontier hospital completed
	Completion of the 530 beds in Cecilia Makiwane	CMH Flagship project completed
Implementation of National Health insurance	Revamping of district hospitals	No of district hospital refurbished
	Expansion of 40 consulting rooms to existing clinics	No of additional consulting room completed
	Expand the Nelson Mandela Academic hospital training platform	No of additional doctors & Specialists appointed
	Establish Alfred Nzo District as the provincial NHI pilot site	No of NHI pilot site established

SUB-PROGRAMME 1.2: HEALTH MANAGEMENT

SUB-PROGRAMME PURPOSE

The purpose of the sub-programme is to manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, coordination, monitoring and evaluation, including regulatory functions of head office, are located.

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

Finance Branch

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

Corporate Services Branch

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

Clinical Branch

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

PRIORITIES FOR THE NEXT THREE YEARS

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

Strategic Goal(s) being addressed:

Strategic Goal2 : Improved quality of care

I.2.3 PROVINCIAL STRATEGIC OBJECTIVES, ANNUAL & QUARTERLY TARGETS FOR SUB-PROGRAMME I.2

Table 18 : Provincial Strategic Objectives, Indicators, Annual & Quarterly Targets for Sub-Programme I.2

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Clean audit opinion from the Auditor General by 2019	Strategic Objective 2.1: Clean audit opinion achieved by 2019												
	2.1.1 Audit opinion from Auditor-General	Categorical Annual	New Indicator	Qualified audit report	Unqualified audit report	Unqualified audit report	Unqualified audit report	-	-	-	Unqualified audit report	Clean audit report	Clean audit report
	2.1.2 Audit Improvement Plan for Financial Performance Review	Qualitative Quarterly	New Indicator	New Indicator	New Indicator	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented
	2.1.3 Audit Improvement Plan (AIP) for Performance Information Review	Qualitative Quarterly	New Indicator	New Indicator	New Indicator	AOPO AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented	Finance AIP Implemented
	2.1.2 Level 3 MPAT	Qualitative Quarterly	Level 2	Level 2	Level 3 MPAT performance	Level 3 MPAT performance	Level 3 MPAT performance	-	-	-	Level 3 MPAT performance	Level 3 MPAT performance	Level 4 MPAT performance
	2.1.5 Strategic Management MPAT Level 3	Qualitative Quarterly	New Indicator	New Indicator	New Indicator	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed	MPAT Strategic Management Focus Area Performance Reviewed

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets							
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
									Q1	Q2	Q3	Q4		
	2.1.6 Governance & accountability MPAT Level 3	Qualitative Quarterly	New Indicator	New Indicator	New Indicator	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	MPAT Governance & Accounta- bility Focus Area Performance Reviewed	
	2.1.7 Human Resources Management MPAT Level 3	Qualitative Quarterly	New Indicator	New Indicator	New Indicator	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	MPAT Human Resources Management Focus Area Performance Reviewed	
Implement web based district health information system at (90% -100%) of all facilities by 2019	Strategic Objective 2.2: 100% of health facilities connected to web-based DHIS through broadband by 2019													
	2.2.1 Percentage of Hospitals with broadband access	% Quarterly	New Indicator	New Indicator	86.5%	93%	100%	93%	96%	98%	100%	100%	100%	
	Num: Total Number of Hospitals with minimum 2Mbps connectivity				77		89 (6New)	83 (1New)	85 (2 new)	87 (2 new)	89 (2 new)	89	89	
	Den: Total Number of Hospitals				89		89	89	89	89	89	89	89	

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	2.2.2 Percentage of fixed PHC facilities with broadband access	% Quarterly	New Indicator	New Indicator	60.3%	89%	100%	91.7%	95%	98%	100%	100%	100%
	Num: Total Number of fixed PHC facilities with minimum 512kbps connectivity				466	686	772 (86 new)	708 (22 new)	730 (22 new)	752 (22 new)	772 (20 new)	772	772
	Den: Total Number of fixed PHC Hospitals				772	772	772	772	772	772	772	772	772

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 19: Summary of payments and estimates by sub programme: Administration

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Office Of The MEC	7,866	5,942	6,947	8,377	8,377	8,025	11,404	9,870	10,555	42.1
2. Management	611,483	570,517	661,314	666,585	731,944	690,319	675,597	693,295	741,832	(2.1)
Total payments and estimates	619,349	576,459	668,261	674,962	740,321	698,344	687,001	703,165	752,387	(1.6)

Table 20: Summary of payments and estimates by economic classification: Administration

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	554,049	554,996	651,792	667,748	725,330	683,136	679,426	695,151	743,924	(0.5)
Compensation of employees	326,729	356,409	429,886	452,150	389,861	389,839	419,160	446,703	482,491	7.5
Goods and services	225,820	198,176	221,375	215,598	335,469	292,739	260,266	248,447	261,433	(11.1)
Interest and rent on land	1,500	411	531	-	-	558	-	-	-	(100.0)
Transfers and subsidies to:	19,577	2,713	2,838	1,452	5,991	7,371	1,525	1,613	1,703	(79.3)
Households	19,577	2,713	2,838	1,452	5,991	7,371	1,525	1,613	1,703	(79.3)
Payments for capital assets	44,900	18,750	13,631	5,762	9,000	7,837	6,050	6,401	6,760	(22.8)
Machinery and equipment	44,412	18,750	12,785	5,762	9,000	7,837	6,050	6,401	6,760	(22.8)
Software and other intangible assets	488	-	846	-	-	-	-	-	-	
Payments for financial assets	823	-	-	-	-	-	-	-	-	
Total economic classification	619,349	576,459	668,261	674,962	740,321	698,344	687,001	703,165	752,387	(1.6)

I.3 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

Table 21: Risk and Mitigating factors for programme I

RISK IDENTIFIED	RISK MITIGATION
Ineffective Supply Chain Management process	<ul style="list-style-type: none"> • Monthly review of contract and commitment register • Implementation Document management system • Consequence management • Streamline SCM reforms • Monitor performance of the reforms • SCM policy and procedure manual • Enforce compliance to SCM delegations
Ineffective human resources management <ul style="list-style-type: none"> • Strike and Protest Action • Lack timeous filling of replacements and funded posts 	<ul style="list-style-type: none"> • HR Delegations register monitored monthly • Ensure compliance to HR delegations • Recruitment time reduced to 3 months • HR Management Information System (HR MIS) management in place • Annual Intake Plan and Annual Intake Plan fully functional and updated annually • Implementation of interventions to address staff attitude • Maintain lower vacancy rate • Strengthening deadline compliance for all reports and plans • Staff are replaced within three months • Registrar Program remains operational • 105 medical students sent to Cuba • The special Employee Relations Training Unit is fully functional • PILIR management outsourced to Metropolitan and SOMA • Alignment of PERSAL to the organogram
Inadequate provision of ICT (Information communication technology) services and governance of the environment	<p>The following need to be implemented:</p> <ul style="list-style-type: none"> • ICT Disaster Recovery Plan • Business Continuity Plan • Enterprise Architecture • Continuous Improvement plan • Maturity Assessment • Capital infrastructure and connectivity

RISK IDENTIFIED	RISK MITIGATION
Perpetration of fraudulent and corrupt activities <ul style="list-style-type: none"> • SCM - Irregular tender award • HR - Irregular appointments • Finance - Misuse of user ID's • Assets - Misuse of state vehicle and equipment • Clinical - Theft of patient records • Clinical - Theft of medicine 	<ul style="list-style-type: none"> • Report for blacklisting of suppliers to Treasury • Consequence management • Software to validate patient income levels • Periodic vetting of staff • Verification of employee qualifications • Feedback on fraud cases • Annual roll out of fraud prevention plan to districts
Budget constraints (pressures on baseline)	<ul style="list-style-type: none"> • Enhance revenue collection strategies • Reduce fruitless and wasteful expenditure • PCCCM/ DCCCM reports • Strengthen compliance by Pre- audit services

PROGRAMME 2

DISTRICT HEALTH SERVICES



2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

2.1 PROGRAMME PURPOSE

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

2.1.1 PROGRAMME DESCRIPTION

The District Health Service (DHS) programme is responsible for the management of health services in the nine (9) districts of the province. The services offered are preventive and minor curative, maternal, child and women health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community based services such as waste management, and coroner services. These are offered through the following service delivery platforms: community Health Clinics, Community Health Centres (CHCs), District Hospitals

Based on the current structure, the DHS programme is composed of nine sub-programmes, namely:

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

2.1.2 PRIORITIES FOR THE NEXT THREE YEARS

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

2.1.3 SERVICE DELIVERY PLATFORM FOR DHS

Table 22: District Health Service facilities by health district in 2015/16

Health district	Facility type	No	Population ³	Population per PHC Facility	Per capita utilization ³
Alfred Nzo	Non-fixed clinics ³	8	62 231	7 779	2.1
	Fixed clinics ⁴	73	647 217	8 866	2.2
	CHCs	2	93 490	46 745	2.2
	Sub-total clinics + CHCs	75	740 707	9 876	2.2
	District Hospitals	6			
Amathole	Non-fixed clinics	28	62 202	2 222	2.1
	Fixed	152	766 587	5 043	2.5
	CHCs	5	171 705	34 341	2.6
	Sub-total clinics + CHCs	157	938 292	5 976	2.5
	District Hospitals	12			
Buffalo City Metro	Non-fixed clinics ⁴	14	28 683	2 049	2.5
	Fixed	72	487 172	6 766	2.8
	CHCs	5	281 155	56 231	2.8
	Sub-total clinics + CHCs	77	768 327	9 978	2.8
	District Hospitals	2			
Sarah Baartman	Non-fixed clinics ³	30	52,915	1 763	3.4
	Fixed clinics ⁴	59	342 650	5 808	3.5
	CHCs	3	37 226	12 409	3.2
	Sub-total clinics + CHCs	62	379 876	6 127	3.5
	District Hospitals	10			
Chris Hani	Non-fixed clinics ³	29	55107	1 900	2.5
	Fixed clinics ⁴	148	625 859	4 228	3.0
	CHCs	7	92 029	13 147	3.1
	Sub-total clinics + CHCs	155	717 888	4 631	3.0
	District Hospitals	14			

Health district	Facility type	No	Population ³	Population per PHC Facility	Per capita utilization ³
Nelson Mandela Metro	Non-fixed clinics ³	13	34 777	2 675	2.5
	Fixed clinics ⁴	40	674 721	16 868	3.1
	CHCs	9	302 881	33 653	3.1
	Sub-total clinics + CHCs	49	977 602	19 951	3.1
	District Hospitals	1			
O.R.Tambo	Non-fixed clinics ³	11	79 053	7 186	2.6
	Fixed clinics ⁴	135	996 93	738	2.8
	CHCs	10	277 421	27 742	2.7
	Sub-total clinics + CHCs	145	377 114	2 601	2.8
	District Hospitals	10			
Joe Gqabi	Non-fixed clinics ³	19	35 731	1 881	2.5
	Fixed clinics ⁴	52	300 505	5 779	2.7
	CHCs	0	0	0	
	Sub-total clinics + CHCs	52	300 505	5 779	2.7
	District Hospitals	11			
Province	Non-fixed clinics ³	152	410 699	2 701	2.5
	Fixed clinics ⁴	732	4 841 648	6 614	2.8
	CHCs	41	1 255 907	30 631	2.8
	Sub-total clinics + CHCs	772	6 097 555	7 898	2.8
	District Hospitals	66			

Source: Population - 2013 mid-year population estimates provided by StatsSA for 2017(for the 2014 calendar year) (see section 4.5.1 in Part A); Total Number of Facilities – DHIS 2014/15

1. Non-fixed clinics should include mobile and satellite clinics (exclude visiting points).
2. Fixed clinics operated by Provincial Government must include gateway clinics.
3. PHC facility headcounts and Hospital inpatient separations should be used for per capita utilisation.
4. Include state aided Hospitals that provide Level 1 care.
5. Total Number of Facilities – DHIS 2016/17

2.2 SUB – PROGRAMMES 2.1 – 2.3 DISTRICT MANAGEMENT, CLINICS AND COMMUNITY HEALTH CENTRES

SUB – PROGRAMME PURPOSE

Sub-Programme 2.1 District Management

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

Sub- Programme 2.2 Clinics

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

Sub – Programme 2.3 Community Health Centres (CHCs)

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

STRATEGIC GOAL BEING ADDRESSED:

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

Strategic goal 2: Improved quality of care

Strategic goal 3: Universal Health Care Coverage

2.2.1 SITUATIONAL ANALYSIS INDICATORS FOR DHS SUB-PROGRAMMES 2.1, 2.2, 2.3

Table 23: Situational Analysis indicators for District Management, Clinics and CHCs sub programmes 2.1, 2.2, 2.3 for 2015/16

Programme performance indicators	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
3.2.1 OHH registration visit coverage	%	11.8	21.5	17.7	0.2	22.5	9.9	3.5	7.8	23.2
1.1.1 PHC utilisation rate - Total	%	2.7	2.3	3.5	2.6	3.0	2.8	2.4	2.7	2.6
2.4.19 Complaints resolution rate (PHC)	%	80.8	65.4	92.4	94.0	82.4	63.9	74.6	75.3	83.9
2.4.27 Complaint resolution within 25 working days rate (PHC)	%	97.1	95.4	98.1	98.7	96.1	95.3	96.4	96.9	98.8

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

Table DHS 3: Programme performance indicators for District Management, Clinics and CHCs sub programmes 2.1, 2.2, 2.3

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Strategic objective 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant (20%-50%) to National Core Standards by 2019	2.3.22 Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	% Quarterly	New Indicator	New indicator	6.2%	6%	20%	7.5%	11.6%	15.8%	20%	30%	50%
	Num: Ideal clinic status determinations conducted by PPTICRM				15	15	48	18	28	38	48	72	121
	Den: Fixed PHC clinics/fixed CHCs/CDCs (Identified to achieve Ideal Clinic status)				241	241	241	241	241	241	241	241	241

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Increase access to PHC outreach services by 2019	Strategic objective 3.2 30% Ward Based Outreach Teams (WBOT) coverage by 2019												
	3.2.1 OHH registration visit coverage	% Quarterly	140.9	8.2%	11.3%	26.7%	20%	10%	15%	18%	20%	25%	30%
	Num: OHH registration visit			294 447	202 500	120 270	361 423	180 711	271 067 (90 356 new)	325 281 (54 214 new)	361 423 (36 142 new)	451 779	542 134
	Den: Household mid-year estimate			3 581 565	1 781 501	1 807 114	1 807 114	1 807 114	1 807 114	1 807 114	1 807 114	1 807 114	1 807 114
Ensure total population is utilizing public Primary Health Care facilities at least 3 times a year by 2019	Strategic objective 1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019												
	1.1.1 PHC utilisation rate - Total	% Quarterly	2.6	2.7	2.7	2.8	2.8	2.8	2.8	2.8	2.8	3.0	3.0
	Num: PHC headcount total		18 728 688	17 906 952	18 207 610	4 719 974	18 739 851	18 739 851	18 739 851	18 739 851	18 739 851	18 739 851	18 739 851
	Den: Population total		6 688 817	6 655 652	6 692 804	6 731 182	6 692 804	6 692 804	6 692 804	6 692 804	6 692 804	6 692 804	6 692 804

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets							
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
						Q1			Q2	Q3	Q4			
Ensure all PHC facilities are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic objective 2.4 Patient/Client satisfaction rate increased to more than 75% in health services by 2019													
	2.4.19 Complaints Resolution Rate	% Quarterly	New Indicator	New indicator	81%	86.6%	85%	85%	85%	85%	85%	85%	85%	90%
	2.4.27 Complaints resolution within 25 working days rate	% Quarterly	72.7%	96.4%	97%	96.9%	85%	85%	85%	85%	85%	85%	85%	98%

2.2.3 QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2.1 – 2.3

Table 25: Budget allocation: Sub – programme 2.1, 2.2 & 2.3 for 2017/18

Budget	District Management R'000	Community Health Clinics R'000	Community Health Centres R'000
Compensation of Employees	649,349	1,561,910	890,200
Goods and Services	123,946	580,106	179,936
Transfers	31,142	-	-
Capital Assets	42,841	14,355	5,323
TOTAL BUDGET	847,278	2,156,371	1,075,459

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES – DISEASE PREVENTION AND CONTROL (NON COMMUNICABLE DISEASES)

2.4.1 PROGRAMME PURPOSE

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

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

STRATEGIC GOAL BEING ADDRESSED:

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

Strategic goal 2: Improved quality of care

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

Table 26: Performance indicators for Disease Prevention and Control sub – programme for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Reduce hypertension and diabetes incidence by 2019	Strategic objective 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019												
	1.2. 1 Clients 40 years and older screened for hypertension	No Quarterly	New Indicator	New indicator	New indicator	New indicator	1 017 000	254 250	254 250	254 250	254 250	1 220 000	1 464 000
	1.2.2 Clients 40 years and older screened for diabetes	No Quarterly	New Indicator	New indicator	New indicator	New indicator	1 017 000	254 250	254 250	254 250	254 250	1 220 000	1 464 000

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	I.2.3 Mental disorders screening rate	% Quarterly	New Indicator	New indicator	2.2%	1.9%	4.5%	4.5%	4.5%	4.5%	4.5%	5.4%	6.4%
	Num: PHC client screened for mental disorders						819 342	204 836	204 836	204 836	204 836	983 211	1 165 287
	Den: (Total head count)SUM PHC headcount under 5 years + SUM PHC headcount 5 years and older						18 207 610	4 551 902	4 551 902	4 551 902	4 551 902	18 207 610	18 207 610

2.4.3 QUARTERLY TARGETS FOR DPC

Table 27: Budget allocation for sub programme 2.4

Budget	R'000
Compensation of Employees	401,131
Goods and Services	122,646
Transfers	3,427
Capital Assets	10,583
TOTAL BUDGET	537,787

2.5 SUB-PROGRAMME: PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES

2.5.1 PURPOSE

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

STRATEGIC GOAL BEING ADDRESSED:

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

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

Table 28: Performance indicators for Public Health / Other Community Based Services sub - programme

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure that all facilities comply with SANS waste disposal requirements when segregating waste	Strategic objective 2.5 100% Compliance with the Waste Management Act by 2019												
	2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	% Quarterly	78.5%	100%	100%	100%	85%	85%	85%	85%	85%	90%	100%
	Num: Number of health facilities segregating waste in line with waste management regulations at a given reporting period			89	889	89							

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Den: Number of facilities sampled during same time period			89	89	89		-	-	-	-		

2.5.3 QUARTERLY TARGETS FOR PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES

Table 29: Budget allocation for sub programme 2.5

Budget	R'000
Compensation of Employees	52,037
Goods and Services	17,674
Transfers	-
Capital Assets	5,062
TOTAL BUDGET	74,773

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

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

STRATEGIC GOAL BEING ADDRESSED:

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

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

Table 30: Situation analysis indicators for HIV & AIDS, STIs and TB Control sub – programme for 2015/16

Programme performance indicators	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
I.5.2 TB/HIV co-infected client on ART rate	%	17.2	10.9	21.0	14.2	5.4	11.8	8.1	41.4	32.0
I.5.3 HIV test done - total	No	1,629,986	171 493	397 413	177 726	209 383	73 627	177 543	345 442	77 359
I.6.1 TB symptom 5yrs and older start on	%	57%	12.3%	38.1%	41.7%	48.9%	54.8%	5.5%	99.6%	18.1%
I.5.4 Male condom distributed	No	54.0	27.6	77.6	66.6	54.5	30.1	35.2	72.5	59.1
I.5.5 Medical male circumcision - Total	No	10 029	3 535	171	541	177	360	2 146	2 822	277
I.6.2 TB client treatment success rate	%	83.9	87.3	83.1	80.2	85.5	82	82.5	87.7	81.1
I.6.3 TB client lost to follow up rate	%	6.8	5.6	5.3	8.9	5.3	9	9.5	3.4	6.8
I.6.4 TB client death rate	%	5.1	5.3	5.8	5.2	4.9	5.3	4.3	4.6	8.9
I.6.6 TB MDR treatment success rate		37%	29%	35%	30%	29%	36%	35%	30%	27%

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

Table 31: Performance indicators for HIV & AIDS, STI AND TB Control sub – programme for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Progressively ensure all HIV positive patients eligible for treatment are initiated on ART by 2019	Strategic objectives 1.5 HIV infection rate reduced by 15% by 2019												
	I.5.1 ART client remain on ART end of month - total	No Quarterly	288 480	320 062	361 166	394 840	560 531	501 532	520 865	540 698	560 531	571 346	687 346
	I.5.2 TB/HIV co-infected client on ART rate	% Quarterly	New indicator	New indicator	New indicator	96.50%	97%	97%	97%	97%	97%	97%	97%
	Num: Total number of registered HIV+TB patients on ART					18181	24 068	6 017	6 017	6 017	6 017	24 068	24 068
	Den: Total number of registered HIV+TB patients					18836	24 812	6 203	6 203	6 203	6 203	24 812	24 812
	I.5.3 HIV test done - total	No Quarterly	923 407	1 296 703	1 696 368	506 388	1 204 118	301 029	301 030	301 030	301 029	1 204 118	1 204 118
Reduce HIV Incidence to more 50% by 2019	I.5.4 Male Condoms distributed	No Quarterly	New Indicator	New Indicator	54	92 509 778	101 052 989	25 263 247	25 263 247	25 263 247	25 263 247	103 074 048	105 135 529

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	I.5.6 Medical male circumcision - Total	No Quarterly	6 815	51 045	10 029	38 601	31 822	0	12 729	0	19 093	29 374	26 926
Increase TB cure rate to more 50% by 2019	Strategic objectives I.6 TB death rate reduced by 30% in 2019												
	I.6.1 TB symptom 5yrs and older start on treatment rate	% Quarterly	New Indicator	New Indicator	New Indicator	New Indicator	70%	70%	70%	70%	70%	70%	80%
Increase TB cure rate to more 50% by 2019	I.6.2 TB client treatment success rate	% Quarterly	68.2%	81.1%	83.7%	84.20%	85%	85%	85%	85%	85%	85%	85%
	Num: TB client successfully completed treatment		14 943	18 327	18 400	14323	16 560	4140	4140	4140	4140	17 410	17620
	Den: New smear positive pulmonary TB client start on treatment		21 347	22 404	21 990	17018	19 483	4 870	4 871	4 871	4 871	20483	20 488
	I.6.3 TB client lost to follow up rate	% Quarterly	7.5%	7.6%	6.8%	7.30%	5%	5%	5%	5%	5%	4.5%	4%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Num: TB client lost to follow up		1640	1 711	1 500	1250	2 689	672	672	672	672	2 420	2 151
	Den: TB client start on treatment		21 872	22 404	21 990	17018	53 774	13 443	13 444	13 444	13 443	53 774	53 774
	I.6.4 TB death rate	% Annual	6.7%	5.4%	5.2%	5.20%	5.5%	-	-	-	5.5%	5%	5%
	Num: TB client died during treatment		1465	1223	1 140	892	2 958	-	-	-	2 958	1 024	1024
	Den: New smear positive pulmonary TB client start on treatment		21 872	22 475	21 990	17018	53 774.4	-	-	-	53 774	20 483	20 488
Combat TB by ensuring all MDR – TB patients are initiated on treatment by 2019	I.6.6 TB MDR treatment success rate ¹	% Annual	-	39%	37%	37%	40%	-	-	-	40%	45%	50%
	Num: TB MDR client successfully completed treatment				725	169	1 200	-	-	-	1 200	1539	1920

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

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Den:TB MDR confirmed client start on treatment				1 981	453	3 000	-	-	-	3 000	3 420	3 840

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

Table 32: Budget allocation for HAST Sub-programme 2.6

Budget	R'000
Compensation of Employees	720,040
Goods and Services	1,299,528
Transfers	9,711 -
Capital Assets	11,175
TOTAL BUDGET	2,040,454

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

2.7.1 PROGRAMME PURPOSE

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

STRATEGIC GOAL BEING ADDRESSED:

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

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

Table 33: Situational Analysis Indicators for MCWH&N sub – programme for 2015/16

Programme performance indicators	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
I.7.1 Antenatal 1st visit before 20 weeks rate	%	59.7	42.8	67.1	59.0	67.3	69.0	61.5	60.1	57.0
I.7.2 Mother postnatal visit within 6 days rate	%	58.2	54.9	67.4	64.7	68.5	70.5	52.8	48.2	73.1
I.7.3 Antenatal client initiated on ART rate	%	93.9	92.5	97.7	99.7	91.8	90.6	96.1	90.6	96.5
I.8.2 Immunisation under 1 year coverage	%	86.8	81.5	98.8	92.5	85.3	80.1	80.0	88.9	80.2
I.8.3 Measles 2nd dose coverage	%	81.1	83.2	84.2	84.2	79.6	78.7	70.9	82.9	86.2
I.8.4 DTaP-IPV- HepB -Hib 3 - Measles 1st dose drop-out rate	%	-13.4	-16.4	-25.1	-2.2	-22.3	1.1	5.7	-19.6	21.2
I.8.5 Diarrhea case fatality rate	%	3.6	5.2	2.8	2.7	2.9	0.2	1.6	5.8	1.7
I.8.6 Pneumonia case fatality rate	%	3.7	4.5	2.7	1.1	1.9	0.5	4.5	5.3	4.5
I.8.7 Severe acute malnutrition case fatality rate	%	10.1	11.9	14.0	11.7	8.2	4.1	8.5	11.0	4.4

Programme performance indicators	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
3.4.2 School Grade 1 - learners screened	%	20.6	17.2	19.8	8.2	40.4	12.1	12.5	16.8	45.9
3.4.3 School Grade 8 - learners screened	%	9.2	3.2	7.6	1.6	22.9	12.0	1.0	8.0	31.9
1.7.4 Couple year protection rate (Int.)	%	53.5	29.8	67.8	61.4	58.9	47.6	47.2	58.7	53.6
1.2.4 Cervical cancer screening coverage 30 years and older	%	57.4	27.5	78.0	75.2	72.4	39.9	44.8	59.2	61.5
1.8.10 Human Papilloma Virus Vaccine 1st dose coverage	%	99.4	86.0	115.6	122.8	112.4	114.5	78.3	96.1	99.5
1.8.11 Human Papilloma Virus Vaccine 2nd dose coverage	%	85.0	64.2	101.2	101.2	94.8	85.3	87.6	80.3	86.1
1.8.8 Vitamin A 12-59 months coverage	%	63.7	63.1	91.5	58.9	67.8	58.2	52.3	59.6	53.1
1.8.12 Infant exclusively breastfed at DTaP-IPV-Hib-HBV HepB 3rd dose rate	%	29.4	23.2	38.5	22.7	31.7	40.4	34.0	24.7	27.7
1.7.5 Maternal mortality in facility ratio	per 100 000 Live Births	135.2	50.2	44.8	139.4	97.5	99.4	109.4	244.7	61.0
1.8.9 Neonatal death in facility rate	per 1000	12.8	6.5	7.7	12.5	9.4	10.8	13.9	18.1	11.4

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

Table DHS 34: Performance indicators for Maternal, Child and Women's Health and Nutrition sub – programme for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure 70% of mothers receive post antenatal care and exclusive breast feeding by 2019	Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019												
	1.7.1 Antenatal 1st visit before 20 weeks rate	% Quarterly	44.3%	48.8%	59.7%	65.1%	65%	65%	65%	65%	65%	68%	70%
	Num: Antenatal 1st visit before 20 weeks		43 016	62 574	65 053	16 784	70 782	17 695	17 696	17 696	17 695	74 049	76 227
	Den: Antenatal 1st visit total		98 429	128 293	108 895	25 767	108 895	27 223	27 224	27 224	27 224	108 895	108 895
	1.7.2 Mother post-natal visit within 6 days rate	% Quarterly	New indicator	58.0%	58.2%	62.8%	75%	75%	75%	75%	75%	80%	85%
	Num: Mother postnatal visit within 6 days after delivery				61 800	14 204	79 682	19 920	19 921	19 921	19 920	84 994	90 307
	Den: Delivery in facility total				106 244	22 631	106 243	26 560	26 561	26 561	26 561	106 243	106 243

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Progressively ensure all HIV positive patients eligible for treatment are initiated on ART by 2019	I.7.3 Antenatal client initiated on ART rate	% Quarterly Annual	New indicator	91.7%	94%	65.1%	95%	-	-	-	95%	95%	95%
	Num: Antenatal client start on ART			21682	19 122	16 784	19 352	-	-	-	19 352	19 352	19 352
	Den: Antenatal client eligible for ART initiation			23639	20 370	25 767	20 370	-	-	-	20 370	20 370	20 370
Reduce mother to child transmission rate to 1.4% by 2019	Strategic objectives 1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019												
	I.8.1 Infant 1st PCR test positive around 10 weeks rate	% Quarterly	New indicator	New indicator	New indicator	1.5%	1.5%	<1.5%	<1.5%	<1.5%	<1.5%	1.45%	1.4%
	Num: SUM (Infants exclusively breastfed at HepB-3rd dose)					54	302	13	13	13	13	292	282
	Den: SUM (Hep B 3rd dose)					3 534	20 166	883	884	884	883	20 166	20 166

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure 90% of children are vaccinated and monitored for growth by 2019	I.8.2 Immunisation under 1 year coverage	% Quarterly	80.7%	80.9%	76.0%	76.0%	87%	87%	87%	87%	87%	90%	90%
	Num: Immunised fully under 1 year new		10 6 799	113 817	75759	75 759	119 475	119 475	119 475	119 475	119 475	123 595	123 595
	Den: Population under 1 year		145701	140 689	1195569	99 630	137 328	137 328	137 328	137 328	137 328	137 328	137 328
	I.8.3 Measles 2nd dose coverage	% Quarterly	67.6%	73.5	81%	91.9%	87%	87%	87%	87%	87%	89%	90%
	Num: Measles 2nd dose				114 371	31 763	123 437	123 437	123 437	123 437	123 437	126 275	127 694
	Den: Population 1 year				141 882	138 315	141 882	141 882	141 882	141 882	141 882	141 882	141 882
	I.8.4 DTaP-IPV- HepB - Hib 3 - Measles 1st dose drop-out rate	% Quarterly		New Indicator			0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Num: DTaP-IPV- HepB- Hib3 to Measles 1st dose drop-out						643	643	643	643	643	645	645
	Den: DTaP-IPV- HepB - Hib 3rd dose						128 697	128 697	128 697	128 697	128 697	128 954	128 954
	1.8.5 Diarrhea case fatality rate	% Quarterly	6.3%	5.2%	3.6%	3.3%	3.5%	3.5%	3.5%	3.5%	3.5%	3%	2.8%
	Num: Diarrhea death under 5 years		268	351	256	142	246	246	246	246	246	211	197
	Den: Diarrhea separation under 5 years		4272	6 784	7 032	4 312	7 032	7 032	7 032	7 032	7 032	7 032	7 032
	1.8.6 Pneumonia case fatality rate	% Quarterly	5.7%	4.2%	3.7%	3%	3.5%	3.5%	3.5%	3.5%	3.5%	3%	2.8%
	Num: Pneumonia death under 5 years		218	274	257	139	245	245	245	245	245	210	196

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Den: Pneumonia separation under 5 years		3819	6 513	7 012	4 877	7 012	7 012	7 012	7 012	7 012	7 012	7 012
	1.8.7 Severe acute malnutrition case fatality rate	% Quarterly	13.0%	12%	10.1%	9.9%	9%	9%	9%	9%	9%	8%	7%
	Num: Severe acute malnutrition (SAM) death in facility under 5 years		203	339	284	166	254	254	254	254	254	226	197
	Den: Severe Acute Malnutrition separation under 5 years		1560	2 867	2 819	1 677	2 819	2 819	2 819	2 819	2 819	2 819	2 819
Ensure quintile 1&2 schools are providing school health services by 2019	Strategic objectives 3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019												
	3.4.2 School Grade 1 – learners screened	No Quarterly	New Indicator	26 531	40 531	29 766	39 441	14 794	29 589	36 383	39 441	54 739	59 178
	3.4.3 School Grade 8 - learners screened	No Quarterly	New Indicator	9 247	12 586	14 387	20 502	8 164	15 308	18 368	20 502	30 615	40 820

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Reduce Maternal Mortality Ratio to 215 per 100 000 live births by 2019	Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019												
	1.7.6 Delivery in 10 to 19 years in facility rate	% Quarterly	New Indicator	New Indicator	New Indicator	New Indicator	7.2%	7.2%	7.2%	7.2%	7.2%	6.3%	5.6%
	Num: Sum delivery 10–14 years in facility + Delivery 15–19 years in facility						7 649	1 912	1 912	1 912	1 912	6 664	5 950
	Den: Sum delivery in facility total						106 243	26 560	26 560	26 561	26 561	106 243	106 243
	1.7.4 Couple year protection rate (int.)	% Quarterly	28%	43%	53.6%	55%	65%	65%	65%	65%	65%	70%	75%
	Num: Contraceptive years dispensed		402 575	699 800	955 064	891 377	1 157 525	1 157 525	1 157 525	1 157 525	1 157 525	1 246 565	1 335 605
	Den: Population 15-49 years females		3 151 109	1 620 685	1 780 807	1 620 685	1 780 807	1 780 807	1 780 807	1 780 807	1 780 807	1 780 807	1 780 807

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure that at least 70% of all women 30 years and older are screened once every 10 years.	Strategic objectives 1.2 Screening coverage of chronic illnesses increased to 90 000 by 2019												
	I.2.4 Cervical cancer screening coverage 30 years and older	% Quarterly	44.1%	56.3%	57.4%	70.1%	65%	65%	65%	65%	65%	68%	70%
	Num: Cervical cancer screening 30 years and older		47 063	81 869	85 017	26 316	95 911	95 911	95 911	95 911	95 911	100 338	103 289
	Den: Population 30 years and older female		1 419 77	1 745 162	147 556	150 177	147 556	147 556	147 556	147 556	147 556	147 556	147 556
Administer HPV vaccine to 80% of school going grade 4 girls by 2019.	Strategic objectives 1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019												
	I.8.10 Human Papilloma Virus Vaccine 1st dose	No Annual	New Indicator	56 251	65 761	47 786	50 972	-	-	-	50 972	50 972	54 157.75
	I.8.11 Human Papilloma Virus Vaccine 2nd dose	Annual	New Indicator	New Indicator	New Indicator	53 553	57 123	-	-	-	45 698.56	57 123	57 123

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure 90% of children are vaccinated and monitored for growth by 2019	I.8.8 Vitamin A dose 12-59 months coverage	% Quarterly	43%	53%	63.5%	57%	65%	65%	65%	65%	65%	70%	70%
	Num: Vitamin A dose 12-59 months		516 151	626 612	741 185	164 522	759 266	759 266	759 266	759 266	759 266	817 671	817 671
	Den: Population 12-59 months*2		1200352	1 185 824	1 168 102	1 149 832	1 168 102	1 168 102	1 168 102	1 168 102	1 168 102	1 168 102	1 168 102
	I.8.12 Infant exclusively breastfed at DTaP-IPV-Hib-HBV HepB 3rd dose rate	% Quarterly	40.9%	41.5%	29.4%	36.1%	40%	40%	40%	40%	40%	45%	50%
	Num: Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose		48 020	51 223		9 336	50 768	50 768	50 768	50 768	50 768	57 114	63 459
	Den: Hep B 3rd dose under 1 year + DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose		117 407	123 222		25 827	126 919	126 919	126 919	126 919	126 919	126 919	126 919

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets							
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
									Q1	Q2	Q3	Q4		
Ensure 90% of children are vaccinated and monitored for growth by 2019	1.8.9 Neonatal death in facility rate	per 1000 Annual	14.1 /1000	20.8/1000	12.8 / 1000	10/1000	12 /1000	-	-	-	12 /1000	11.75 /1000	11.50 /1000	
Reduce Maternal Mortality Ratio to 105 per 100 000 live births by 2019	Strategic objectives 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019													
	1.7.5 Maternal mortality in facility ratio	Per 100,000 Annual	84.5/100 000	148.3/100 000	135.2/100 000	120/100 000	115/100 000	-	-	-	115/100 000	110/100 000	105/100 000	

2.7.4 QUARTERLY TARGETS FOR MATERNAL, CHILD AND WOMENS HEALTH & NUTRITION

Table 35: Budget allocation for MCWH&N Sub-programme 2.7

Budget	R'000
Compensation of Employees	-
Goods and Services	35,684
Transfers	--
Capital Assets	12,815
TOTAL BUDGET	48,499

2.8 SUB-PROGRAMME: CORNER SERVICES

2.8.1 PROGRAMME PURPOSE

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

STRATEGIC GOAL BEING ADDRESSED:

Strategic goal 1: Improved quality of care

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

Table 36 Performance indicators for Coroner Services sub – programme for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure postmortem turnaround time has improved by 2019	Strategic objective 1.9 Post – mortems conducted within 72hrs increased to 95% by 2019												
	1.9.1 Percentage of post-mortem performed within 72 hours	% Quarterly	73%	79%	93%	95%	95%	95%	95%	95%	95%	95%	95%
	Num: Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body		7 746	7 701	10 017	2 544							

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Den: Total number of cold bodies received from SAPS (expressed as percentage)		10 611	9 731	10 811	2 685							

2.8.3 QUARTERLY TARGETS FOR CORONER SERVICES

Table 37: Budget allocation for Coroner Services Sub-programme 2.8

Budget	R'000
Compensation of Employees	74.572
Goods and Services	19.654
Transfers	-
Capital Assets	5.774
TOTAL BUDGET	100.000

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

2.9.1 PROGRAMME PURPOSE

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

STRATEGIC GOAL BEING ADDRESSED:

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

Strategic goal 2: Improved quality of care

2.9.2 SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Table 38: Situation analysis indicators for district Hospitals sub - programme for 2015/16

Programme performance indicators	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
I.10.1 Average Length of Stay	No	5.1	5.0	5.2	5.0	5.2	4.0	3.8	6.3	5.4
I.10.6 Inpatient Bed Utilisation Rate	%	57.2	60.2	55.1	53.4	49.7	66.6	63.8	56.4	64.3
2.4.18 Complaint Resolution rate	%	94.0	93.6	93.4	100.0	96.3	82.1	93.8	95.0	93.3
2.4.24 Complaint Resolution within 25 working days rate	%	99.6	99.3	100.0	98.7	98.8	100.0	98.3	100.3	99.2

2.9.3 PROVINCIAL PERFORMANCE INDICATORS ,ANNUAL AND QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Table 39: Performance indicators for District Hospitals sub – programme for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure all facilities are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic objectives 2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.1 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New Indicator	New Indicator	New Indicator	New Indicator	39.3%	0	25.7%	34.8%	39.3%	69.6%	75.7%
	Num: Hospital achieved 75% and more on National Core Standards self-assessment						26	0	17	23	26	46	50
	Den: Hospitals conducted National Core Standards self-assessment						66	66	66	66	66	66	66
Ensure total population is utilizing District Hospitals through referral system by 2019	Strategic objectives 1.10 80% of Hospitals meeting national efficiency targets by 2019												
	1.10.1 Average Length of Stay	Days	5.3 days	5.3 days	5.1 days	5.2 days	4.8 days	4.8 days	4.8 days	4.8 days	4.8 days	4.7days	4.5 days

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	I.10.6 Inpatient Bed Utilisation Rate	% Quarterly	59.0%	65%	57.2%	56%	66%	66%	66%	66%	66%	68%	68%
	Num: Inpatient days total ([x I])+([Day patient total x 0.5])			I 318 586	I 264 514	301 296	I 160 949	I 160 949	I 160 949	I 160 949	I 160 949	I 226 032	I 226 032
	Den: Inpatient bed days (Inpatient beds * 30.42) available			2 234 106	2 209 313	537 612	I 759 014	I 759 014	I 759 014	I 759 014	I 759 014	I 802 989	I 802 989
	I. 10.12 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,938	R1 909	R3,317	R2,136	R2,620	R2,620	R2,620	R2,620	R2,620	R2 950	3,039
Ensure all district Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic objectives 2.4 Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.18 Complaint Resolution rate	% Quarterly	New Indicator	New Indicator	94%	93%	90%	90%	90%	90%	90%	90%	90%
	Num: Complaint resolved				3 314	722							
	Den: Complaint received				3 524	776							

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	2.4.26 Complaint Resolution within 25 working days rate	% Quarterly	98.2%	98.2%	99.6%	99.3%	95%	95%	95%	95%	95%	95%	95%
	Num: Complaint resolved within 25 working days				3 301	717							
	Den: Complaint resolved				3 314	722							

2.9.4 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

Table 40: Budget allocation for District Hospitals Sub-programme 2.8

Budget	R'000
Compensation of Employees	3,477,166
Goods and Services	537,114
Transfers	10,000
Capital Assets	32,643
TOTAL BUDGET	4,056,923

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 4I: Summary of payments and estimates by sub programme: District Health Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. District Management	645,815	631,035	729,615	748,967	741,908	782,208	847,278	892,179	975,422	8.3
2. Community Health Clinics	1,761,055	1,866,101	1,874,174	1,839,642	1,943,324	2,096,094	2,156,371	2,339,770	2,534,648	2.9
3. Community Health Centres	1,082,402	1,151,200	904,933	1,021,954	980,945	1,008,037	1,075,459	1,175,818	1,264,540	6.7
4. Community Based Services	434,343	400,684	408,868	477,932	487,786	485,695	537,787	551,266	592,494	10.7
5. Other Community Services	111,153	94,295	39,613	58,410	57,009	52,184	74,773	66,585	71,488	43.3
6. Hiv/Aids	1,301,780	1,431,329	1,583,403	1,775,385	1,757,792	1,744,400	2,040,454	2,331,691	2,523,289	17.0
7. Nutrition	38,848	46,592	28,497	43,698	43,698	39,812	48,499	52,837	55,797	21.8
8. Coroner Services	79,817	75,809	80,783	87,106	87,106	91,390	100,000	106,090	113,949	9.4
9. District Hospitals	3,204,309	3,242,101	3,866,540	3,915,321	4,122,111	4,062,089	4,056,923	4,416,481	4,731,149	(0.1)
Total payments and estimates	8,659,522	8,939,147	9,516,426	9,968,415	10,221,679	10,361,909	10,937,544	11,932,718	12,862,776	5.6

Table 42: Summary of payments and estimates by economic classification: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	8,337,559	8,758,735	9,245,513	9,771,536	9,973,637	10,085,704	10,742,694	11,741,442	12,650,007	6.5
Compensation of employees	5,963,705	6,423,559	6,859,019	7,295,524	7,408,092	7,449,003	7,826,406	8,375,272	9,001,477	5.1
Goods and services	2,373,832	2,334,530	2,384,924	2,476,012	2,565,545	2,636,292	2,916,288	3,366,170	3,648,530	10.6
Interest and rent on land	22	646	1,570	-	-	409	-	-	-	(100.0)
Transfers and subsidies to:	155,250	125,500	160,709	77,318	128,437	140,986	54,280	76,246	80,515	(61.5)
Provinces and municipalities	23,202	9,122	13,229	5,157	9,874	9,874	3,427	2,568	2,711	(65.3)
Departmental agencies and accounts	34,210	15,542	17,302	21,125	23,052	23,652	8,711	30,150	31,838	(63.2)
Higher education institutions	46,759	-	-	-	-	-	-	-	-	
Households	51,079	100,836	130,178	51,036	95,511	107,460	42,142	43,528	45,966	(60.8)
Payments for capital assets	124,802	54,912	110,204	119,561	119,605	135,219	140,570	115,030	132,254	4.0
Buildings and other fixed structures	--	-	-	-	-	-	-	-	-	
Machinery and equipment	124,802	54,912	110,204	119,561	119,605	135,219	140,570	115,030	132,254	4.0
Total economic classification	8,659,522	8,939,147	9,516,426	9,968,415	10,221,679	10,361,909	10,937,544	11,932,718	12,862,776	5.6

2.10 RISK MANAGEMENT

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

Table 43: Risks and Mitigating factors for District Health Services for programme 2

RISK IDENTIFIED	RISK MITIGATION
Sub-optimal care within maternal and neonatal services	<ul style="list-style-type: none"> To develop one additional maternity home at Amathole District.(Thafalofefe hospital) Revive & strengthen district hospital neonatal units (increase resources and training). Capacity building on all policy imperatives Strengthen of sexual reproductive health and rights(e.g. reduction of teenage pregnancy)
Sub-optimal management of child health	<ul style="list-style-type: none"> Increase coverage of fully fledged WBOT teams. Community mobilization and advocacy on key child health issues Accelerate training of health care workers (Health professionals, Community Health Care workers) on key childhood issues Catch-up campaigns to increase immunization coverage
Inadequate prevention, early detection and management of non-communicable diseases(Hypertension, Diabetics, Cancer, asthma, epilepsy, eye health, geriatrics, mental health, substance abuse, oral health, healthy lifestyle.	<ul style="list-style-type: none"> National NCD strategic plan Co-ordinate implementation of Integrated chronic diseases management model (ICDM) to be initiated in all PHC facilities that are identified as ideal clinics (not 80)80 ideal clinics and roll out to all PHC facilities Co-ordinate training of Primary Care I01 Avail NCD guidelines and policies in all (not just 80)80 ideal clinics and roll out to all PHC facilities Facilitate provision of basic equipment in 80(all, not just 80) ideal clinics Through health promotion and partners (Stakeholder engagement) co-ordinate social mobilization and screening in communities, PHC facilities and OPD's Provincial NCD quarterly information sharing meetings District reviews, monitoring and support of poor performing districts.
Inadequate number of health professionals (Professionals, nurses and doctors) Primary Health Care Services.	<ul style="list-style-type: none"> Appointment of Operational Managers in Primary Health Care Facilities Strengthening of the retention strategies of Professionals in rural PHC facilities Implementation of the ideal clinic realization and maintenance (ICRM) PHC facility supervision and monitoring Client experience of care surveys Alfred Nzo NHI Pilot Security Accommodation
Noncompliance to Health Service Standards.	<ul style="list-style-type: none"> Implementation of National Core Standards Client experience of care surveys Monitoring of hospital efficiency indicators Support and strengthen hospital governance structures Re classification of hospitals with less than 50 beds

RISK IDENTIFIED	RISK MITIGATION
<p>Non adherence to treatment by patients on TB (including MDR and XDR-TB), HIV&AIDS, and STIs' medication.</p>	<ul style="list-style-type: none"> • Out Reach teams have been provided for early tracing of potential interrupters. • A comprehensive training for HAST programmes has been planned for the Outreach Teams for full integration when providing services in communities. • Scale up the provision of community based care and support • There will be training of the sector in HAST programmes to assist in social mobilization in communities. • Twelve decentralized sites will be provided with resources to be fully fledged MDR sites. • There will be HAST road shows in all the Districts to raise awareness in communities on HAST programmes and motivate for compliance.

PROGRAMME 3 EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES



3. PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

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

3.2 PRIORITIES FOR THE NEXT THREE YEARS

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

Strategic goals being addressed

Strategic goal 3: Universal Health Coverage

Strategic Objectives being addressed

Table 44: Situation Analysis Indicators for the EMS

Programme performance indicators	Frequency of reporting (quarterly /annually)	Type	Province-wide value 2015/16	Alfred Nzo 2015/16	Amathole 2015/16	BCM 2015/16	Chris Hani 2015/16	Sarah Baartman 2015/16	Nelson Mandela 2015/16	OR Tambo 2015/16	Joe Gqabi 2015/16
3.6.1 EMS PI urban response under 15 minutes rate	Quarterly	%	55	-	41.7	28.0	52.3	-	53.1	90.5	-
3.6.2 EMS PI rural response under 40 minutes rate	Quarterly	%	47.3	50.7	37.6	37.8	55.3	61.5	-	32.8	62.7
3.6.3 EMS inter-facility transfer rate	Quarterly	%	29.4	63.7	67.5	52.7	12.3	14.1	21.2	38.1	

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

Table 45: Performance Indicators for EMS

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure all ambulances respond within the National Norms by 2019	Strategic Objective 3.6: Proportion of EMS response time improved to 85% by 2019												
	3.6.1 EMS PI urban response under 15 minutes rate	% Quarterly	41%	51.5%	55%	41.8%	70%	70%	70%	70%	70%	75%	85%
	Num: EMS PI urban response under 15 minutes		1 457	20,592	17 210	3393							
	Den: EMS PI urban calls		2 241	39,971	31 370	8 118							
	3.6.2 EMS PI urban response under 40 minutes rate	% Quarterly	56%	50.4%	47.3%	57%	70%	70%	70%	70%	70%	75%	85%
	Num: EMS PI rural response under 40 minutes		6 095	22,457	38 951	14 715							
	Den: EMS PI rural calls		9 377	44,529	82 294	25 791							

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	3.6.3 EMS inter-facility transfer rate	% Quarterly	New Indicator	New Indicator	29.4%	31.9%	30%	30%	30%	30%	30%	30%	50%
	Num: EMS inter-facility transfer				185 727	50 238							
	Den: EMS clients total				631 369	157 607							

Table 46: Budget allocation for programme 3

Budget	R'000
Compensation of Employees	763,840
Goods and Services	367,134
Transfers	3,049
Capital Assets	88,343
TOTAL BUDGET	1,222,366

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 47: Summary of payments and estimates by sub programme: Emergency Medical Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Emergency Transport	784,898	816,345	880,349	1,025,367	1,000,919	879,025	1,116,698	1,319,942	1,412,224	27.0
2. Planned Patient Transport	28,048	34,602	65,921	95,628	154,988	191,900	105,668	117,855	125,708	(44.9)
Total payments and estimates	812,946	850,947	946,270	1,120,995	1,155,907	1,070,925	1,222,366	1,437,796	1,537,932	14.1

Table 48 : Summary payments and estimates by economic classification: Emergency Medical Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	665,956	714,900	821,116	1,014,879	1,058,945	980,174	1,130,974	1,339,293	1,433,913	15.4
Compensation of employees	461,400	506,480	639,431	677,964	710,324	719,756	763,840	812,429	877,544	6.1
Goods and services	204,556	208,420	181,662	336,915	348,621	260,418	367,134	526,865	556,369	41.0
Interest and rent on land	-	-	23	-	-	-	-	-	-	
Transfers and subsidies to:	1,939	2,538	2,321	4,159	2,290	2,111	3,049	3,226	3,407	44.4
Households	1,939	2,538	2,321	4,159	2,290	2,111	3,049	3,226	3,407	44.4
Payments for capital assets	127,324	133,509	122,833	101,957	94,672	88,640	88,343	95,277	100,612	(0.3)
Machinery and equipment	127,324	133,509	122,833	101,957	94,672	88,640	88,343	95,277	100,612	(0.3)
Payments for financial assets	17,727	-	-	-	-	-	-	-	-	
Total economic classification	812,946	850,947	946,270	1,120,995	1,155,907	1,070,925	1,222,366	1,437,796	1,537,932	14.1

3.6 RISK MANAGEMENT

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

Table 49: Risk and Mitigating factors for programme 3

RISK IDENTIFIED	RISK MITIGATION
Inadequate EMS Services.	<ul style="list-style-type: none"> • Frontline Staff In Service Education • Develop management capacity for the appointed managers

PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES



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

4.1 PROGRAMME PURPOSE

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

SUB-PROGRAMME 4.1

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

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

SUB-PROGRAMME 4.2

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

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

SUB-PROGRAMME 4.2

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

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

4.2 PRIORITIES FOR THE NEXT THREE YEARS

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

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

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

Table 50: Performance indicators for Regional Hospitals sub – programme 4.1 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure all regional Hospitals are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.2 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly		New Indicator	100%	100%	100%	25%	50%	75%	100%	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year				5	5	5	1	2	3	5	5	5
	Den: Total number of public Hospitals				5	5	5	5	5	5	5	5	5

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Improve management of patients to optimize average length of stay by 2019	Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019												
	I.10.2 Average length of stay	Days Quarterly	4.6 days	5.2 days	5.5 days	5.4 days	4.6 days	4.6 days	4.6 days	4.6 days	4.6 days	4.6 days	4.6 days
Ensure total population is utilizing Hospitals through referral system by 2019	I.10.7 Inpatient bed utilisation rate	% Quarterly	68.4%	68.8%	67%	61.7%	75%	75%	75%	75%	75%	75%	75%
	Num: Inpatient days total x I])+([Day patient total x 0.5])		145 714	533,168	532 879	82 629	120 874	120 874	120 874	120 874	120 874	120 874	120 874
	Den: Inpatient bed days (Inpatient beds * 30.42) available		212 982	774,432	797 126	133 878	161165	161 165	161 165	161 165	161 165	161165	161165
Improve cataract surgery rate to 1300/100 000 by 2019	Strategic Objective 1.3: NCD coverage increased to 1300/1000 000 through management of chronic illnesses by 2019												
	I.3.1 Cataract surgery rate (Uninsured Population)	Per 1000 000 Quarterly	963/ 1000 000	1 117.5/ 1000 000	565/ 1000 000	1100/ 1000 000	1150/ 1000 000	200/ 1000 000	600/ 1 000 000	800/ 1 000 000	1150/ 1000 000	1300/ 1000 000	1300/ 100 000

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.13 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,978	R4,461	R1,705	R1,863	R1,937	R1,937	R1,937	R1,937	R1,937	R2,092	R2,259
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.21 Complaints resolution rate	% Quarterly	New Indicator	New Indicator	86.4%	98%	87%	87%	87%	87%	87%	87%	87%
	2.4.29 Complaint resolution within 25 working days rate	% Quarterly	88.6%	100%	99.2%	95.2%	95%	95%	95%	95%	95%	95%	95%

Table 51: Budget allocation for sub - programme 4.1

Budget	R'000
Compensation of Employees	1,987,032
Goods and Services	272,662
Transfers	10,000
Capital Assets	4,292
TOTAL BUDGET	2,273,986

4.2 SUB – PROGRAMME: SPECIALISED TB HOSPITALS

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

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

Table 52: Indicators and Annual Targets for Specialised Tb Hospitals sub – programme 4.2 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.3 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New indicator	100%	100%	70%	100%	40%	70%	90%	100%	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year			11	11	7	10	4	7 (3 new)	9 (2 new)	10	10	10

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Den: Total number of public Hospitals			11	11	10	10	10	10	10	10	10	10
Improve management of patients to optimize average length of stay by 2019	Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019												
	1.10.3 Average length of stay	Days Quarterly	126.2 days	112.4 days	94.2 days	92days	90 days	90 days	90 days	90 days	90 days	89 days	88 days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.8 Inpatient bed utilisation rate	% Quarterly	67%	64.6%	60.3%	70%	71%	71%	71%	71%	71%	72%	75%
	Num: Inpatient days total x I])+([Day patient total x 0.5])		372 990	353 768	326 478	287426	291532	72 883	72 883	72 883	72 883	295638	307957
	Den: Inpatient bed days (Inpatient beds * 30.42) available		573 830	547 499	541 658	410 609	410 609	102 652	102 653	102 652	102 652	410 609	410 609

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.14 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,045	R889	R5,737	R1,700	R1,800	R1,800	R1,800	R1,800	R1,800	R 1,600	R1,200
Ensure all regional Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.22 Complaints resolution rate	% Quarterly	New Indicator	93%	93.2%	92.9%	90%	90%	90%	90%	90%	90%	90%
	2.4.30 Complaint resolution within 25 working days rate	% Quarterly	65.4%	97.1%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 53: Budget allocation for sub - programme 4.2

Budget	R'000
Compensation of Employees	222,712
Goods and Services	121,775
Transfers	1,149
Capital Assets	7,278
TOTAL BUDGET	352,915

4.3 SUB – PROGRAMME: SPECIALISED PSYCHIATRIC HOSPITALS

4.3.1 Programme Priorities

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

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

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

Table 54: Indicators and Annual Targets for Specialised Psychiatric Hospitals sub – programme 4.3 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Annual	New indicator	New Indicator	100%	100%	100%	-	100%	-	-	100%	100%
	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year				3	3	3		3			3	3

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Den: Total number of public Hospitals				3	3	3	-	3	-	-	3	3
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.23 Complaints resolution rate	% Quarterly	New Indicator	New Indicator	100%	86%	88.5%	88.5%	88.5%	88.5%	88.5%	89%	90%
	2.4.31 Complaint resolution within 25 working days rate	% Quarterly	84.6%	100%	100%	100%	96%	96%	96%	96%	96%	98%	100%

Table 55: Budget allocation for sub - programme 4.3

Budget	R'000
Compensation of Employees	503,052
Goods and Services	189,698
Transfers	-
Capital Assets	2,919
TOTAL BUDGET	695,669

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 56: Summary of payments and estimates by sub programme: Provincial Hospital Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. General (Regional) Hospitals	1,774,416	1,912,464	4,002,196	2,276,373	2,243,513	2,173,051	2,273,986	2,410,334	2,582,054	4.6
2. Tb Hospitals	349,582	353,727	356,953	417,147	418,204	388,813	352,915	378,204	405,102	(9.2)
3. Psychiatric Mental Hospitals	542,160	552,618	568,593	626,805	629,509	525,590	695,669	709,121	761,248	32.4
Total payments and estimates	2,666,158	2,818,809	4,927,742	3,320,325	3,291,226	3,087,454	3,322,570	3,497,659	3,748,404	7.6

Table 57: Summary of payments and estimates by economic classification: Provincial Hospital Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	2,594,777	2,739,034	4,709,596	3,284,231	3,251,071	2,902,977	3,296,931	3,470,534	3,719,761	13.6
Compensation of employees	2,083,478	2,273,524	3,912,037	2,537,561	2,505,201	2,151,935	2,712,796	2,871,628	3,087,315	26.1
Goods and services	510,346	464,660	793,466	746,670	745,870	750,201	584,135	598,906	632,446	(22.1)
Interest and rent on land	953	850	4,093	-	-	841	-	-	-	(100.0)
Transfers and subsidies to:	33,623	58,519	194,337	22,675	22,050	164,246	11,149	11,796	12,456	(93.2)
Households	33,623	58,519	194,337	22,675	22,050	164,246	11,149	11,796	12,456	(93.2)
Payments for capital assets	24,051	21,256	23,809	13,419	18,105	20,231	14,489	15,330	16,187	(28.4)
Machinery and equipment	23,891	21,256	23,809	13,419	18,105	20,231	14,489	15,330	16,187	(28.4)
Software and other intangible assets	160	-	-	-	-	-	-	-	-	
Payments for financial assets	13,707	-	-	-	-	-	-	-	-	
Total economic classification	2,666,158	2,818,809	4,927,742	3,320,325	3,291,226	3,087,454	3,322,570	3,497,659	3,748,404	7.6

4.4 RISK MANAGEMENT

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

Table 58: Risk and Mitigating factors for programme 4

RISK IDENTIFIED	RISK MITIGATION
Inadequate Secondary and Tertiary services	<ul style="list-style-type: none"> • Appointment of specialists and clinical governance directors • Development of a lab at Nelson Mandela Academic hospital • Commissioning of Cecilia Makiwane regional hospital • Development of pediatric OPD and ICU services including orthopedics at Frontier

PROGRAMME 5

CENTRAL & TERTIARY HOSPITALS



5. PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS

5.1 PROGRAMME PURPOSE FOR CENTRAL HOSPITALS

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

SUB-PROGRAMMES

Central Hospital

- Nelson Mandela Academic Hospital

4.2 PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen oncology services
- To strengthen institutional capacity to deliver relevant and quality services at appropriate levels
- To improve institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved
- Name of central Hospital: Nelson Mandela Academic Hospital

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS, ANNUAL AND QUARTERLY TARGETS FOR CENTRAL HOSPITALS

Table 59: Indicators and Annual Targets for Central Hospital sub – programme 5.1 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure all central Hospitals are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.5 Hospital achieved 75% and more on National Core Standards self-assessment rate	% Quarterly	New indicator	New Indicator	100%	100%	100%	-	-	100%	-	100%	100%
Improve management of patients to optimize average length of stay by 2019	Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019												
	1.10.4 Average length of stay	Days Quarterly	6.4days	6.7days	8.2days	10.8 days	5.5days	5.5 days	5.5 days	5.5 days	5.5 days	5.5days	5.5days
Ensure total population is utilizing Hospitals through referral system by 2019	1.10.10 Inpatient bed utilisation rate	% Quarterly	75.5%	91%	89.7%	84.3%	75%	75%	75%	75%	75%	75%	75%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure the 80% Hospital expenditure increase to cover the uninsured population by 2019	1.10.16 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,971	R3,322	R3,737	R3,965	R4,247	R4,247	R4,247	R4,247	R4,247	R4,586	R4,953
Ensure all central Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.24 Complaints resolution rate	% Quarterly	New Indicator	New Indicator	97.5%	100%	90%	90%	90%	90%	90%	90%	90%
	2.4.32 Complaint resolution within 25 working days rate	% Quarterly	79.2%	100%	100%	100%	98%	98%	98%	98%	98%	98%	98%

QUARTERLY TARGETS FOR CENTRAL HOSPITAL

Table 60: Budget allocation for sub- programme 5.1

Budget	R'000
Compensation of Employees	672,623
Goods and Services	256,325
Transfers	25,109
Capital Assets	6,820
TOTAL BUDGET	960,877

5.2 PROGRAMME PURPOSE FOR TERTIARY HOSPITAL SERVICES

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

5.2.1 SUB-PROGRAMMES

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital

5.2.2 PRIORITIES FOR THE NEXT THREE YEARS

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

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

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

Table 61: Indicators and Annual Targets for Tertiary Hospital Services sub – programme 5.2 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure all tertiary Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.6 Hospital achieved 75% and more on National Core Standards self - assessment rate	% Annual	New indicator	New Indicator	100%	100%	100%	-	100%	-	-	100%	100%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Num: Number of Hospitals that conducted National				2	2	2	-	2	-	-	2	2
	Den: Total number of public Hospitals				2	2	2	-	2	-	-	2	2
Improve management of patients to optimize average length of stay by 2019	Strategic Objective 1.10: 80% of Hospitals meeting national efficiency targets by 2019												
	I.10.5 Average length of stay	Days Quarterly	6.4 days	5.7 days	5.8 days	5.7 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days
Ensure total population is utilizing Hospitals through referral system by 2019	I.10.11 Inpatient bed utilisation rate	% Quarterly	75.6%	79.3%	75.6%	75.6%	75%	75%	75%	75%	75%	75%	75%
	Num: Inpatient days total x I)]+([Day patient total x 0.5])			467,127	456 638	76 212.5	725 699	725 699	725 699	725 699	725 699	725 699	725 699
	Den: Inpatient bed days (Inpatient beds * 30.42) available			589,357	604 202	100 873	967599	967599	967599	967599	967599	967599	967599

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure the 80% Hospital expenditure increase to cover the	1.10.17 Expenditure per patient day equivalent (PDE)	R Quarterly	R1,971	R2,330	R3,412	R3,683.4	R3,878	R3,878	R3,878	R3,878	R3,878	R4,188	R4,523
Ensure all tertiary Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019												
	2.4.25 Complaints resolution rate	% Quarterly	New Indicator	New Indicator	97.5%	100%	90%	90%	90%	90%	90%	90%	90%
	2.4.33 Complaint resolution within 25 working days rate	% Quarterly	79.2 %	100%	100%	100%	90%	90%	90%	90%	90%	90%	90%

QUARTERLY TARGETS FOR TERTIARY HOSPITAL

Table 62: Budget allocation for sub- programme 5.2

Budget	R'000
Compensation of Employees	1,429,140
Goods and Services	624,019
Transfers	-
Capital Assets	94,927
TOTAL BUDGET	2,148,086

5.3 PROGRAMME PURPOSE FOR SPECIALISED TERTIARY HOSPITAL

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

5.3.1 SUB-PROGRAMMES

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

5.3.2 PRIORITIES FOR THE NEXT THREE YEARS

- To strengthen institutional capacity to deliver relevant and quality services at appropriate levels
- To improve institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved
- Name of Tertiary Hospital: Fort England

Strategic goals being addressed

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

Strategic goal 2: Improved quality of care

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

Table 63: Indicators and Annual Targets for Specialised Tertiary Hospital sub – programme 5.3 for 2017/18

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019												
	2.3.7 Hospital achieved 75% and more on National Core Standards self - assessment rate	% Annual	New indicator	New Indicator	New Indicator	100%	100%	-	100%	-	-	100%	100%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets							
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20	
								Q1	Q2	Q3	Q4			
Ensure all psychiatric Hospitals are conditionally compliant by 2017 and fully compliant (75%-100%) to National Core Standards by 2019	Strategic Objective 2.4: Patient satisfaction rate increased to more than 75% in health services by 2019													
	2.4.26 Complaints resolution rate	% Quarterly	New Indicator	New Indicator	New Indicator	50 %	80%	80%	80%	80%	80%	80%	80%	
	2.4.34 Complaint resolution within 25 working days rate	% Quarterly	New Indicator	New Indicator	New Indicator	100%	95%	95%	95%	95%	95%	95%	98%	

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 64: Summary of payments and estimates by sub-programme: Central & Tertiary Hospitals

	Outcome			Main appro- priation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Central Hospital Services	774,264	758,650	262,945	910,426	938,263	994,837	960,877	1,014,472	1,067,277	(3.4)
2. Provincial Tertiary Services	1,637,928	1,685,376	560,276	1,928,364	1,987,325	2,107,154	2,148,086	2,256,028	2,462,187	1.9
Total payments and estimates	2,412,192	2,444,026	823,221	2,838,790	2,925,588	3,101,991	3,108,963	3,270,499	3,529,464	0.2

Table 65: Summary of payments and estimates by economic classification: Central & Tertiary Hospitals

	Outcome			Main appro- priation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	2,246,198	2,365,937	721,876	2,716,119	2,781,238	2,956,585	2,982,108	3,136,285	3,387,734	0.9
Compensation of employees	1,427,840	1,555,938	242,355	1,954,725	1,954,725	2,200,342	2,101,763	2,241,195	2,338,308	(4.5)
Goods and services	818,358	809,970	479,521	761,394	826,513	755,861	880,345	895,091	1,049,426	16.5
Interest and rent on land	-	29	-	-	-	382	-	-	-	(100.0)
Transfers and subsidies to:	43,107	874	9	24,285	29,013	57,226	25,109	26,565	28,053	(56.1)
Households	43,107	874	9	24,285	29,013	57,226	25,109	26,565	28,053	(56.1)
Payments for capital assets	122,887	77,215	101,336	98,386	115,337	88,180	101,747	107,649	113,677	15.4
Buildings and other fixed structures	858	3,180	2,461	-	-	-	-	-	-	
Machinery and equipment	122,029	74,035	98,875	98,386	115,337	88,180	101,747	107,649	113,677	15.4
Total economic classification	2,412,192	2,444,026	823,221	2,838,790	2,925,588	3,101,991	3,108,963	3,270,499	3,529,464	

5.4 RISK MANAGEMENT

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

Table 66: Risk and Mitigating factors for programme 5

RISK IDENTIFIED	RISK MITIGATION
Inadequate Secondary and Tertiary services	<ul style="list-style-type: none"> • Appointment of specialists and clinical governance directors • Development of a lab at Nelson Mandela Academic hospital • Commissioning of Cecilia Makiwane regional hospital • Development of pediatric OPD and ICU services including orthopedics at Frontier

PROGRAMME 6

HEALTH SCIENCE & TRAINING



6 PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 PROGRAMME PURPOSE

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

6.2 PRIORITIES FOR THE NEXT THREE YEARS

- Manage the bursary scheme effectively to ensure a flow of health professionals in to the department

Strategic goals being addressed

Strategic goal 2: Improved quality of care

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

Table 67 : Provincial Strategic Objectives, Indicators and Annual Targets for Health Sciences and Training

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Increase enrollment of Medicine, Nursing and Pharmacy students annually by 10% per annum.	Strategic objective 2.6 First year Health professional students receiving bursaries by 2019												
	2.6.1 Number of Bursaries awarded for first year medicine students	No Annual	52	-	20	10	10	-	-	-	10	10	50
	2.6.2 Number of Bursaries awarded for first year nursing students	No Annual	New Indicator	New Indicator	894	550	350		-	-	350	310	406

Table 68: Budget allocation for programme 6

Budget	R'000
Compensation of Employees	497,484
Goods and Services	139,306
Transfers	195,230
Capital Assets	21,125
TOTAL BUDGET	853,145

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS**Table 69: Summary of payments and estimates by sub-programme: Health Sciences & Training**

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Nursing Training Colleges	293,489	277,510	290,679	336,342	294,223	289,825	317,558	334,049	359,845	9.6
2. Ems Training College	4,872	9,910	13,574	15,611	12,608	12,368	15,018	17,364	18,493	21.4
3. Bursaries	86,631	170,799	198,856	152,901	191,101	180,016	177,594	175,700	185,540	(1.3)
4. Other Training	265,160	268,033	266,263	294,613	294,054	287,233	342,975	364,512	390,463	19.4
Total payments and estimates	650,152	726,252	769,372	799,467	791,986	769,442	853,145	891,625	954,341	10.9

Table 70: Summary of payments and estimates by economic classification: Health Science & Training

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	506,834	551,940	550,018	621,174	570,013	562,610	636,790	662,721	712,617	13.2
Compensation of employees	388,111	413,547	418,577	508,976	461,815	474,518	497,484	530,282	572,762	4.8
Goods and services	118,722	138,392	131,441	112,198	108,198	88,092	139,306	132,439	139,855	58.1
Interest and rent on land	1	1	-	-	-	-	-	-	-	
Transfers and subsidies to:	123,173	165,118	211,519	154,583	198,263	186,933	195,230	206,553	218,121	4.4
Departmental agencies and accounts	6,331	-	18,115	8,145	8,145	8,145	37,950	40,151	42,400	365.9
Households	116,842	165,118	193,404	146,438	190,118	178,788	157,280	166,402	175,721	(12.0)
Payments for capital assets	10,019	9,194	7,835	23,710	23,710	19,899	21,125	22,350	23,603	6.2
Machinery and equipment	10,019	9,194	7,835	23,710	23,710	19,899	21,125	22,350	23,603	6.2
Payments for financial assets	10,126	-	-	-	-		-	-	-	
Total economic classification	650,152	726,252	769,372	799,467	791,986	769,442	853,145	891,625	954,341	

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.

Table 71 Risk and Mitigating factors for programme 6

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

PROGRAMME 7

HEALTH CARE SUPPORT SERVICES



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

7.1 PROGRAMME PURPOSE

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

Transversal Health Services consists of:

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

Pharmaceutical Services is responsible for

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

7.2 PRIORITIES FOR THE NEXT THREE YEARS

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

Strategic goals being addressed

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

Strategic goal 2: Improve Quality of Care

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

Table 72: Additional Provincial Performance Indicators for Health Care Support Services

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
Ensure that eligible applicants that require rehabilitation services are supplied	Strategic objective 1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019												
	1.11.1 Percentage of eligible applicants supplied with wheelchairs	% Quarterly	21.5%	72%	92.5%	23.6%	85%	25%	50%	60%	85%	85%	85%
	Num: Number of clients supplied with wheelchairs during a reporting period		1 801	6 133	8 061	498	1796	528	1057	1268	1796	1796	1796
	Den: Total clients applied and on waiting list to receive wheelchairs during the same period		8 378	8 546	8 715	2 108	2113	2113	2113	2113	2113	2113	2113
	1.11.2 Percentage of eligible clients supplied with hearing aids	% Quarterly	47.2%	108%	173%	119.6%	95%	25%	50%	75%	95%	95%	95%

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
	Num: Number of clients supplied with hearing aids during a reporting period		1 420	3 301	5 405	518	267	70	141	211	267	267	267
	Den: Total clients applied and on waiting list to receive hearing aids during the same period		3 009	3 069	3 130	433	281	281	281	281	281	281	281
	I.11.3 Percentage of eligible applicants supplied with prostheses	% Quarterly	34%	56%	73.3%	20.8%	70%	20%	40%	60%	70%	70%	70%
	Num: Number of clients supplied with prosthesis during a reporting period		4 161	6961	9 331	242	787	225	450	674	787	787	787

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	Den: Total clients applied and on waiting list to receive prosthesis during the same period		12 240	12 484	12 733	1 164	1 124	1 124	1 124	1 124	1 124	1 124	1124
	I.11.4 Percentage of eligible applicants supplied with orthoses	% Quarterly	86.9%	203%	168%	150.3%	95%	60%	80%	95%	95%	95%	95%
	Num: Number of clients supplied with orthosis during a reporting period		9 750	23 274	28 028	6 060	16 625	10 500	14 000	16 625	16 625	16 658	16658
	Den: Total clients applied and on waiting list to receive orthosis during the same period		11 220	11 444	16 672	4 030	17 500	17 500	17 500	17 500	17 500	17 535	17535

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Ensure that all essential drugs are available at all times in the depots and supply turnaround time is achieved	Strategic objective 1.12 90% availability of essential drugs in all health facilities by 2019												
	1.12.1 Percentage of order fulfillment of essential drugs at the depots.	% Quarterly	86%	78%	84%	90%	85%	85%	85%	85%	85%	85%	90%
	Num: Number of order fulfilled completely		407 558	388 128	366 124	35	489 629	489 629	489 629	489 629	489 629	490 608	500 000
	Den: Number of orders received x100		473 905	497 600	435 864	39	576 034	576 034	576 034	576 034	576 034	577 186	577186

7.4 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

Table 73: Budget allocation for programme 7

Budget	R'000
Compensation of Employees	59,207
Goods and Services	71,007
Transfers	-
Capital Assets	545
TOTAL BUDGET	130,759

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 74: Summary of payments and estimates by sub - programme: Health Care Support Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Orthotic & Prosthetic Services	36,789	42,480	33,744	51,324	54,908	44,562	47,363	54,493	57,432	6.3
2. Medicine Trading Account	60,990	49,919	59,385	67,285	63,878	62,634	83,396	71,180	75,112	33.1
Total payments and estimates	97,779	92,399	93,129	118,609	118,786	107,196	130,759	125,672	132,544	22.0

Table 75: Summary of payments and estimates by economic classification: Health Care Support Services

	Outcome			Main appro- piation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	92,053	82,421	90,664	117,290	112,144	105,470	130,214	125,096	131,935	23.5
Compensation of employees	39,358	40,703	50,586	59,427	55,081	56,574	59,207	64,762	68,218	4.7
Goods and services	52,694	41,718	40,078	57,863	57,063	48,896	71,007	60,334	63,717	45.2
Interest and rent on land	1	-	-	-	-	-	-	-	-	
Transfers and subsidies to:	-	8	91	400	4,923	101	-	-	-	(100.0)
Households	-	8	91	400	4,923	101	-	-	-	(100.0)
Payments for capital assets	2,180	9,970	2,374	919	1,719	1,625	545	577	609	(66.5)
Machinery and equipment	2,180	9,970	2,374	919	1,719	1,625	545	577	609	(66.5)
Payments for financial assets	3,546	-	-	-	-	-	-	-	-	
Total economic classification	97,779	92,399	93,129	118,609	118,786	107,196	130,759	125,672	132,544	22.0

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.

Table 76: Risk and Mitigating factors for programme 7

RISK IDENTIFIED	RISK MITIGATION
Inconsistent medicine supply and availability	<ul style="list-style-type: none"> • Roll out Remote Demander Module for electronic medicines and consumables ordering. • Roll out Rx Solution for electronic medicine stock management • Capacity building and recruitment of pharmacist assistant

PROGRAMME 8

HEALTH FACILITIES MANAGEMENT



8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

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

The programme consists of four sub-programmes and other facilities:

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

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

Strategic goals being addressed

Strategic goal 2: Improve Quality of Care

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

Table 77: Provincial performance indicators for Health Facilities Management

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16	2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19	2019/20
								Q1	Q2	Q3	Q4		
Compliance with Norms & Standards for all new Infrastructure Projects by 2019	Strategic objective 2.7 Health facilities refurbished to comply with the National norms and standards by 2019												
	2.7.1 Number of health facilities that have undergone major refurbishment in NHI pilot district	Num. Annual	New Indicator	New Indicator	9 major	8 major	7 major	-	-	-	7	4 major	24 major

Strategic Objective Statement	Programme Performance Indicator	Indicator Type & Reporting Frequency	Audited/ Actual Performance			Estimated Performance	Medium Term Targets						
			2013/14	2014/15	2015/16		2016/17	2017/18	2017/18 QUARTERLY TARGETS				2018/19
						Q1			Q2	Q3	Q4		
	2.7.2 Number of health facilities that have undergone minor refurbishment in NHI pilot district	Num Annual	New Indicator	New Indicator	320 minor	17 minor	4	-	-	-	4	90 minor	287 minor
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Num Annual	New Indicator	New indicator	New indicator	9 major	3	-	-	-	3	3 major	18 major
	2.7.4 Number of health facilities that have undergone minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Num Annual	New Indicator	New indicator	New indicator	22 minor	62				62	17 minor	73 major

8.4 QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT

Table 78: Budget allocation for programme 8

Budget	R'000
Compensation of Employees	35,000
Goods and Services	438,806
Transfers	
Capital Assets	971,011
TOTAL BUDGET	1,444,817

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 79: Summary of payments and estimates by sub-programme: Health Facilities Management

	Outcome			Main appro- piation	Adjusted appro-piation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
1. Community Health Facilities	426,142	397,120	404,918	261,154	311,019	294,423	218,027	207,454	314,833	(25.9)
2. Emergency Medical Rescue Services	458	15	7	-	-	-	-	-	-	
3. District Hospital Services	339,461	149,633	310,025	433,372	458,414	390,923	750,465	907,984	990,525	92.0
4. Provincial Hospital Services	254,077	507,015	449,514	580,000	506,027	502,522	329,421	294,194	258,805	(34.4)
5. Other Facilities	110,019	48,032	35,058	128,250	127,316	158,642	146,904	95,963	9,135	(7.4)
Total payments and estimates	1,130,157	1,101,815	1,199,522	1,402,776	1,402,776	1,346,510	1,444,817	1,505,595	1,573,298	7.3

Table 80: Summary of payments and estimates by economic classification: Health Facilities Management

	Outcome			Main appro- piation	Adjusted appro-priation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Current payments	502,412	405,881	301,392	372,304	386,948	351,038	473,806	532,149	505,668	35.0
Compensation of employees	7,628	6,176	10,391	25,000	19,000	15,230	35,000	30,000	31,000	129.8
Goods and services	492,678	399,394	290,528	347,304	367,948	335,769	438,806	502,149	474,668	
Interest and rent on land	2,106	311	473			39				
Transfers and subsidies to:	10,502	-2	-	-	-	-	-	-	-	
Households	10,502	-2	-	-	-	-	-	-	-	
Payments for capital assets	617,243	695,936	898,130	1,030,472	1,015,828	995,472	971,011	973,446	1,067,630	
Buildings and other fixed structures	553,239	669,516	879,445	744,096	751,161	720,321	727,420	724,394	846,803	
Machinery and equipment	64,004	26,420	18,685	286,376	264,667	275,151	243,591	249,052	220,827	
Total economic classification	1,130,157	1,101,815	1,199,522	1,402,776	1,402,776	1,346,510	1,444,817	1,505,595	1,573,298	

8.6 RISK MANAGEMENT

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

Table 81: Risk and Mitigating factors for programme 8

RISK IDENTIFIED	RISK MITIGATION
Inadequate provision of Infrastructure	<ul style="list-style-type: none"> • Engagement of infrastructure team in the procurement processes (Bid spec etc.) • Compliance to IDMS/PIDF standards(SOP's) • Improved scoping of projects at the planning stage • Consultation with various stakeholders prior commencement of the project and signing-off of the project briefs • Active involvement in the variation committee by infrastructure team • Strengthen the compliance to contracts with respect to variation orders • Revised inputs on the National organogram • Formulation of work and implementation plans • Adoption of best practices from other provinces • Formulation of service providers data base

PART C

LINKS TO OTHER PLANS



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

Summary of provincial infrastructure payments and estimates by category

	Outcome			Main appro- piation	Adjusted appro- piation	Revised estimate	Medium-term estimates			% change from 2016/17
R thousand	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20	
Existing infrastructure assets	933,639	899,049	1,092,345	1,048,999	959,869	948,661	892,514	1,004,295	1,186,386	(5.9)
Maintenance and repair	423,095	415,711	301,397	326,906	353,880	353,880	435,585	497,349	472,667	23.1
Upgrades and additions	502,696	467,403	773,265	704,567	578,773	574,398	122,032	180,846	228,737	(78.8)
Refurbishment and rehabilitation	7,848	15,935	17,683	17,526	27,216	20,383	334,897	326,100	484,982	1543.0
New infrastructure assets	186,017	202,766	107,177	353,777	442,907	397,849	552,303	501,300	400,575	38.8
Infrastructure transfers	10,501	-	-	-	-	-	-	-	-	
Current	-10,501	-	-	-	-	-	-	-	-	
Total department	1,130,157	1,101,815	1,199,522	1,402,776	1,402,776	1,346,510	1,444,817	1,505,595	1,586,961	7.3

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

10. CONDITIONAL GRANTS

10.1 HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
Health Professional Training and Development	Support provinces to fund services costs associated with the training of health science trainees on the public service platform	Availability of Business Plans. Available for 2016/17	1 Provincial Consolidated business plans and 4 Facility Business Plans	Approved business plan submitted
		Number of site visits.	Number facility site visits will be confirmed after 28 February 2016	10 <ul style="list-style-type: none"> • Nelson Mandela Central Hospital • Mthatha General Hospital • Livingston & PE Provincial Hospitals • Health resource Centres x 5 • Frere Hospital • Fort England • St. Elizabeth • Dora Nginza Hospital • Frontier Hospital • Cecilia Makiwane Hospital
		Availability of quarterly & annual performance report.	1 Annual performance reports Number of quarterly reports will be confirmed after 28 February 2016.	4 quarterly reports & 1 annual report submitted
		Number of audit findings	Minimum 5 to 10	0

10.2 COMPREHENSIVE HIV/AIDS GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2017/18	Provincial Indicator targets for 2017/18
Comprehensive HIV Aids Conditional Grant	To enable the health sector to develop an effective response to HIV/AIDS and TB To support the Department with the PEPFAR transition process.	Number of patients on ART remaining in care	4 943 618	560 531
		Number of Antenatal Care (ANC) clients initiated on life-long ART	172 164	19 759
		Number of babies Polymerase Chain Reaction (PCR) tested at 6	160,000	27 760
		Number of HIV positive clients screened for TB	869 991	81 672
		Number of HIV positive patients that started on IPT	695 993	65 337
		Number of HIV tests done	10 000 000	1 204 118
		Number of Medical Male Circumcisions performed	650 000	31 822

10.3 NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
National Tertiary services	To ensure provision of tertiary health services for all South African citizens	<ul style="list-style-type: none"> • 9 Service Level Agreements (SLA) • Availability of Business Plans. • Number of site visits. • Availability of quarterly & annual performance report. • Number of audit findings 	<ul style="list-style-type: none"> • 9 SLA • 39 Business Plans • 9 (Provincial office visits combined with facilities) + 37(facilities + provincial office) = 46 annual site visits • 9 Annual performance reports and 39 quarterly reports (provincial consolidation + provincial office + facility reports) • Minimum of 3 audits 	<ul style="list-style-type: none"> • 1 SLA • 1 Approved Business Plan • 4 Quarterly Reports • 1 Annual Report Submitted • 1 Provincial Combined Facility Visit • 1 Quarterly Visit to each of the 4 Benefiting Facilities • Minimum 1 Audit
	To compensate tertiary facilities for the costs associated with the provision of these services	100% Expenditure at the end of financial year.	<ul style="list-style-type: none"> • First Quarter 25% • Second Quarter 50% • Third quarter 75% • Fourth quarter 100% Expenditure. 	• 100% Expenditure at the end of 15/16

10.4 HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	National Indicator targets for 2016/17	Provincial Indicator targets for 2016/17
Health Facility Revitalisation Grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology (HT), organisational design (OD) systems and quality assurance (QA) To enhance capacity to deliver health infrastructure 	Approved Annual Implementation plans for both Health Facility Revitalisation Grant and National Health Grant	Availability of approved Annual Implementation Plans (AIP) for all projects funded from National Health grant and Health facility Revitalisation Grant	<ul style="list-style-type: none"> A signed and approved AIP 2017/18 submitted to NDOH.
		Monitoring number of projects receive funding from Health Facility Revitalisation Grant and National Health Grant	Monitor implementation of all conditional grant funded projects	<ul style="list-style-type: none"> 41 Projects funded by HFRG to be implemented on 2017/18 B4. Monthly Infrastructure Reporting Model (IRM) and Quarterly Progress Report is submitted to NDOH, NT and PT.

11. PUBLIC ENTITIES

The department of Health does not have any Public Entities

12. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

Public-private partnerships

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

ANNEXURES



ANNEXURE A

HUMAN RESOURCE DEVELOPMENT

TABLE 83: Community Service Health Professionals – Annual Intake 2017

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
Alfred Nzo	Dentist Community Service	1	1	0	0
	Medical Officer Community Service	5	4		1
	Pharmacist Community Service	7	4	3	0
	Physiotherapist Community Service	2	2		0
	Radiographer Community Service	3	3		0
Amathole	Dentist Community Service	2	1		1
	Dietician Community Service	1	0		1
	Environmental Health Practitioner Community Service	1	0		1
	Medical Officer Community Service	13	4	2	7
	Occupational Therapist Community Service	4	0		4
	Pharmacist Community Service	11	4	2	5
	Physiotherapist Community Service	6	4		2
	Radiographer Community Service	5	4		1
	Speech and Audiologist Community Service	3	1		2
Buffalo City	Medical Officer Community Service	8	7		1
	Pharmacist Community Service	4		1	3
	Radiographer Community Service	1	1		0

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
	Pyhsiotherapist Comm Serve	2			
	Occupational Therapist Community Service	1	1		
	Speech and Audiologist Community Service	1	1		0
Chris Hani	Dentist Community Service	3	3		0
	Dietician Community Service	2	1	1	0
	Medical Officer Community Service	8	3		5
	Occupational Therapist Community Service	8	4		4
	Pharmacist Community Service	6	5	1	0
	Physiotherapist Community Service	4	4		0
	Radiographer Community Service	6	1		5
East London	Dentist Community Service	1	0		1
	Dietician Community Service	1	1		0
	Occupational Therapist Community Service	4	1		3
	Physiotherapist Community Service	4	1		3
	Radiographer Community Service	1			1
	Speech and Audiologist Community Service	2			2
Frere Hospital	Dentist Community Service	1	1		0
	Dietician Community Service	1	1		0
	Occupational Therapist Community Service	2	2		0
	Medical Officer Community Service	2			

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
	Medical Officer Intern	43	38		5
	Pharmacist Community Service	2			
	Pharmacist Intern	8	8		0
	Physiotherapist Community Service	3	3		0
	Radiographer Community Service	3	3		0
	Ultrasonographer	2	2		0
	Speech and Audiologist Community Service	1	1		0
Joe Gqabi	Dietician Community Service	1	1		0
	Medical Officer Community Service	2	2		0
	Pharmacist Community Service	3	2		1
	Physiotherapist Community Service	1	1		0
	Radiographer Community Service	4	2		2
	Clinical Associate	5	3		2
	Speech and Audiologist Community Service	1	1		0
Mdantsane	Dentist Community Service	1	1		0
	Medical Officer Community Service	5	3		2
	Occupational Therapist Community Service	2	1		1
Nelson Mandela Metro	Clinical Psychologist Intern	6	6		0
	Clinical Psychologist Community Service	3	3		0
	Dentist Community Service	2	2		0

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
	Dietician Community Service	2	2		0
	Medical Officer Intern	10	9		1
	Medical Officer Community Service	7	4		3
	Occupational Therapist Community Service	6	6		0
	Pharmacist Community Service	5	5		0
	Physiotherapist Community Service	3	3		0
	Radiographer Community Service	5	3		2
	Speech and Audiologist Community Service	2	2		0
O.R Tambo	Dentist Community Service	1	1		0
	Dietician Community Service	1	1		0
	Medical Officer Community Service	10	5	2	3
	Occupational Therapist Community Service	1	1		0
	Pharmacist Community Service	5	3		2
	Physiotherapist Community Service	5	3		2
	Clinical Associate	1	1		0
	Radiographer Community Service	10	5		5
	Speech and Audiologist Community Service	1	1		0
Port Elizabeth	Medical Officer Community Service	5	5		0
	Radiographer Community Service	1	1		0

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
Dora Nginza	Medical Interns		21		
	Medical Officer Community Service		2	1	-3
	Pharmacy Intern	5	2		
	Radiographer		1		
PE Provincial and livingstone	Medical Interns	47	47		
	Pharmacy Interns	13	12		
	Clinical Psychologist Community Service	1	0		1
	Dietician Community Service	3	3		0
	Medical Officer Community Service	2	2		0
	Occupational Therapist Community Service	8	6		2
	Physiotherapist Community Service	5	5		0
	Radiographer Community Service	2	2		0
	Speech and Audiologist Community Service	4	4		0
Sarah Baartman	Clinical Psychologist Community Service	1	0		1
	Psychologist Interns	6	5		1
	Dentist Community Service	3	1		2
	Dietician Community Service	4	4		0
	Environmental Health Practitioner Community Service	1	1		0
	Medical Officer Community Service	12	12		0
	Occupational Therapist Community Service	12	7	1	4

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
	Pharmacist Community Service	7	3	2	2
	Physiotherapist Community Service	6	6		0
	Radiographer Community Service	4	4		0
	Speech and Audiologist Community Service	1	1		0
OR Tambo	Medical Officer Community Service	10	4	1	5
	Dentist Community Service	1	1		0
	Dietician Community Service	1	1		0
	Physiotherapist Community Service		2		-2
	Occupational Therapist Community Service				0
	Medical Interns	23	22		1
	Clinical Associate		1		-1
Dora Nginza	Medical Intern		21		
	Medical Officer Community Service	5	3	2	0
	Pharmacist Intern	5	4		1
	Radiographer Community Service	1	1		0
	Grand Total	475	390	17	94

Table A7: Post-Community Service Health Professionals – Annual Intake 2017

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
Alfred Nzo	Dentist Post Community Service	1			1
	Medical Officer Post Comm Serve	4	1		3
	Pharmacist Post Community Service	2			2
	Radiographer Post Comm Serve	2			2
	Clinical Associates	2			2
Amathole	Medical Officer Post Comm Serve	19	2	2	15
	Dentist Post Community Service	1	0		1
	Dietician Post Community Service	1	0	1	0
	Occupational Therapist Post Community Service	1	1		0
	Clinical Associates	5	4		1
	Pharmacist Post Community Service	6	3	1	2
	Physiotherapist Post Community Service	2	1		1
	Radiographer Post Comm Serve	8	5	1	2
	Speech and Audiologist Post Community Service	2	1		1
Buffalo City	Medical Officer Post Comm Serve	12	4	4	4
	Pharmacist Post Community Service	3	1	2	0
	Radiographer Post Comm Serve	6	4		2
	Physiotherapist Post Community Service	3			3
	Occupational Therapist Post Community Service	1			1
	Speech and Audiologist Post Community Service	2	1		1

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
	Dentist Post Community Service	1	1		0
Chris Hani	Physiotherapist Post Community Service	1	1		0
	Dentist Post Community Service	1	1		0
	Medical Officer Post Comm Serve	14	1	8	5
	Dietician Post Community Service	1	1		0
	Occupational Therapist Post Community Service	1	1		0
	Pharmacist Post Community Service	1			1
	Radiographer Post Comm Serve	3	3		0
	Clinical Associates	9	9		0
Joe Gqabi	Medical Officer Post Comm Serve	8			8
	Pharmacist Post Community Service	2			2
	Physiotherapist Post Community Service	1			1
	Radiographer Post Comm Serve	3			3
	Occupational Therapist Post Community Service	1			1
Nelson Mandela Metro	Medical Officer Post Comm Serve	7	2		5
	Clinical Psychologist Post Community Service	2	0		2
	Dentist Post Community Service	4	3		1
	Occupational Therapist Post Community Service	2	1		1
	Pharmacist Post Community Service	2	0	1	1
	Physiotherapist Post Community Service	1	0		1
	Radiographer Post Comm Serve	3	0		3

District	Health District and Designations	Number allocated	Number assumed	Late starters	Remainders
O.R Tambo	Medical Officer Post Comm Serve	19			19
	Dentist Post Community Service	2			2
	Pharmacist Post Community Service	3	1		2
	Radiographer Post Comm Serve	3	3		0
	Clinical Associates	4	1		3
	Speech and Audiologist Post Community Service	2			2
Port Elizabeth	Clinical Associates	4			4
Sarah Baartman	Medical Officer Post Comm Serve	12	2		10
	Pharmacist Post Community Service	2			2
	Physiotherapist Post Community Service	1			1
	Radiographer Post Comm Serve	7			7
	Clinical Associates	3			3
NMAH	Medical Officer Post Comm Serve	3	2	1	0
Livingstone & PEPH	Radiographer Post Comm Serve	1	1		0
	Dietician Post Community Service	1	1		0
	Speech and Audiologist Post Community Service	1	1		0
Dora Nginza	Radiographer Post Comm Serve	1	1		0
	Occupational Therapist Post Community Service	1	1		0
	Clinical Psychologist Post Community Service	1			1
	Speech and Audiologist Post Community Service	1			1
	Grand Total	219	59	20	134

ANNEXURE D: TECHNICAL INDICATOR DESCRIPTIONS

PROVINCIAL APPs 2017/18

PROGRAMME I: HEALTH ADMINISTRATION & MANAGEMENT

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	Number of statutory documents tabled at Legislature	Statutory documents submitted and tabled at the Provincial Legislature	Tracks the number of statutory documents submitted and tabled at the Provincial Legislature	Copies of the document	Not applicable	Unavailability of statutory documents	Output	Categorical	Annual	No	Compliance with legislative requirements	Office of the MEC
2.1 Clean audit opinion achieved by 2019	2.1.1 Audit opinion from Auditor General	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	N/A	Outcome	N/A	Annual	No	Unqualified Audit Opinion from the Auditor General	Chief Financial Officers of Provincial Departments of Health
	2.1.2 Level 4 MPAT	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	MPAT report	The tool has Structure Questionnaires	Minimal as there are controls	Output	Categorical	Annual	No	Level 4	GM: SOP

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.1.3 Audit Improvement Plan for Financial Performance Review	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance	Not	Not applicable	Output	Categorical	Quarterly	Yes	Level 3	Chief Financial Officer
	2.1.4 Audit Improvement Plan for Performance Information Review	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	report	applicable	Not applicable	Output	Categorical	Quarterly	Yes		DDG: Clinical Services
	2.1.5 Strategic Management improvement plan (MPAT_IP improvement plan performance review	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: SOP

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.1.6 Governance & accountability MPAT improvement plan (MPAT_IP)	The level of compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: SOP
	2.1.7 Human resources management MPAT improvement plan (MPAT_IP)	The level of compliance (out of 4 levels in the tool) that the Department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: HR
	2.1.8 Financial Management MPAT improvement plan (MPAT_IP)	The level of Compliance (out of 4 levels in the tool) that the department of health has to achieve.	The tool is used by the Presidency to monitor compliance by departments with the 4 management practice domains.	Performance report	Not applicable	Minimal as there are controls	Output	Categorical	Quarterly	Yes	Level 3	GM: Finance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.2 100% of health facilities connected to web-based DHIS through broadband by 2019	2.2.1 Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access	To track broadband access to hospitals	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	Numerator: Total Number of hospitals with minimum 2 Mbps connectivity Denominator: Total Number of Hospitals	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity to ensure that South African health system can implement the eHealth Programme	ICT Directorate / Chief Directorate
	2.2.2 Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	To ensure broadband access to PHC facilities	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	Numerator: Total Number of fixed PHC facilities with minimum 1Mbps connectivity Denominator: Total Number of fixed PHC Facilities	NA	Output	Percentage	Quarterly	No	Higher Proportion of broadband access is more favorable for connectivity	ICT Directorate / Chief Directorate

2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

SUB PROGRAMME 2.1,2.2 & 2.3: DISTRICT DEVELOPMENT

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/ CDC).	Fixed clinics, CHCs and CDCs where Ideal clinic status determinations are conducted by PPTICRM as a proportion Fixed clinics plus fixed CHCs/ CDCs	Monitors whether PHC health establishments are measuring their level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	Ideal Clinic review tools	Numerator: SUM([Ideal clinic status determinations conducted by PPTICRM]) Denominator: SUM([Fixed PHC clinics/fixed CHCs/ CDCs]) Identified to be ideal	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements	Cumulative	Percentage	Quarterly	Yes	Higher percentage indicates greater level of ideal clinic principles	District Health Services and Quality Assurance Directorates
3.2 100% Ward Based Outreach Teams (WBOT) coverage by 2019	3.2.1 OHH registration visit coverage	Outreach households registered by Ward Based Outreach Teams as a proportion of OHH in population	Monitors implementation of the PHC re-engineering strategy	DHIS, household registration visits registers, patient records	Numerator: SUM([OHH registration visit]) Denominator: Household mid-year estimate	Dependant on accuracy of OHH in population	Output	Percentage	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.	CBS / Outreach Services programme manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.1 PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	1.1.1 PHC utilisation rate	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	facility register, DHIS Denominator : Stats SA,	Numerator: PHC headcount total Denominator: Population total	Dependant on the accuracy of estimated total population from Stats SA	Output	Number	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system. A lower uptake may indicate underutilization of facility	DHS Manager
2.4 Patient/ Client satisfaction rate increased to more than 75% in health services by 2019	2.4.19 Complaints Resolution Rate	Complaints resolved as	Monitors public health system response to customer concerns	DHIS, complaints register;	Numerator: SUM([Complaint resolved]) Denominator: SUM([Complaint received])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC facilities	Quality Assurance
	2.4.27 Complaint resolution within 25 working days rate	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	DHIS, complaints register;	Numerator: SUM([Complaint resolved within 25 working days]) Denominator: SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in PHC Facilities	Quality Assurance

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.1 Clients 40 years and older screened for hypertension	Number of clients not on treatment for hypertension screened for hypertension in PHC clinics and OPD	This should assist with increasing the number of clients detected and referred for treatment	PHC Comprehensive Tick Register	SUM([Client 40 years and older screened for hypertension])	The new data collection tools may not exist all facilities	Process/Activity	Sum of Number	Quarterly	No	Greater number of people screened for high blood pressure	CD: health Programmes
	1.2.2 Clients 40 years and older screened for diabetes	Number of clients not diagnosed and not on treatment for diabetes screened for diabetes in PHC clinics and OPD	This should assist with increasing the number of clients with diabetes detected and referred for treatment	PHC Comprehensive Tick Register	SUM([Client 40 years and older screened for diabetes])	The new data collection tools may not exist all facilities	Process/Activity	Sum of Number	Quarterly	No	Greater number of people screened for raised blood glucose levels	NCD Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.2.3 Mental disorders screening rate	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioral disorders and substance use disorders at PHC facilities	Monitors access to and quality of mental health services in PHC facilities	PHC Comprehensive Tick Register	Numerator: SUM([PHC client screened for mental disorders]) Denominator SUM([PHC headcount under 5 years]) + SUM([PHC headcount 5 years and older])	The new data collection tools may not exist all facilities	Process/ Activity	Percentage	Quarterly	No	Higher percentage of for mental disorders screening	NCD Programme Manager

2.5 SUB-PROGRAMME: PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.5 100% Compliance with the Waste Management Act by 2019	2.5.1 Percentage of health facilities complying with SANS waste disposal requirements	This measure health facilities that dispose waste in line with SANS 10248 regulation as a proportion of the total health facilities.	To track compliance of health facilities with SANS 10248 regulation on waste management .	Waste disposal management .	Numerator: Number of health facilities (Hospitals) that dispose waste in line with SANS 10248 regulation at a given reporting period. Denominator Number of facilities (Hospitals) during same time period.	No specific limitations anticipated	Output	%	Quarterly	No	Compliance with waste management for purposes of infection control and sustaining a healthy environment .	GM: PHP

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.5 HIV infection rate reduced by 15% by 2019	I.5.1 ART client remain on ART end of month - total	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month- Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]	Monitors the total clients remaining on life-long ART at the month	ART Register; TIER.Net; DHIS	Numerator: SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])	None	Output	Cumulative total	Quarterly	no	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.5.2 TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	All eligible co-infected clients must be on ART to reduce mortality. Monitors ART initiation for TB clients	TB register; ETR.Net;	Numerator: Total number of registered HIV+TB co-infected patients on ART Denominator Total number of registered HIV positive	Availability of data in ETR.net, TB register, patient records	Outcome	Percentage	Quarterly	No	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates	TB/HIV manager
I.5 HIV infection rate reduced by 15% by 2019	I.5.3 HIV test done	Total number of HIV Tests done	Monitors HIV testing	Facility Register; DHIS	SUM ([Antenatal client HIV 1st test]) + SUM ([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])	Dependent on the accuracy of facility register	Process	Number	Quarterly	No	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.5.4 Male Condoms Distributed	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution sites (PDS) report to sub-districts on a monthly basis	Numerator: Stock/Bin card	SUM([Male condoms distributed])	None	Process	Percentage	Quarterly	No	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province	HIV/AIDS Cluster
	I.5.6 Medical male circumcision - total	Medical male circumcisions performed 15 years and older as a proportion of total medical male circumcisions performed	Monitors medical male circumcisions performed under supervision	Theatre Register/ PHC tick register; DHIS	SUM([Males 10 to 14 years who are circumcised under medical supervision]) + ([Males 15 years and older who are circumcised under medical supervision])	Assumed that all MMCs reported on DHIS are conducted under supervision	Output	Rate	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service	HIV/AIDS Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.6 TB death rate reduced by 30% in 2019	I.6.1 TB client 5 years and older start on treatment rate	TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive	Monitors trends in early identification of children with TB symptoms in health care facilities	PHC Comprehensive Tick Register	Numerator: SUM([TB client 5 years and older start on treatment]) Denominator: SUM([TB symptomatic client 5 years and older tested positive])	- Accuracy dependent on quality of data from reporting facility	Process/ Activity	Rate	Quarterly	No	Screening will enable early identification of TB suspect in health facilities	TB Programme Manager
	I.6.2 TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	Numerator: SUM([TB client successfully completed treatment]) Denominator: TB client start on treatment])	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage suggests better treatment success rate.	TB Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.6.3 TB Client loss to follow up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	Numerator: SUM [TB () client lost to follow up] Denominator SUM [TB client initiated on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	TB Programme Manager
	I.6.4 TB Client death rate	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other,	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore	TB Register; ETR.Net	Numerator: SUM([TB client death during treatment]) Denominator SUM([TB client start on treatment])	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Annually	Yes	Lower levels of death desired	TB Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		pulmonary and extra pulmonary)	the clients would have been started on treatment at least 6 months prior									
	I.6.6 TB MDR treatment success rate	TB MDR client successfully completing treatment as	Monitors success of MDR TB treatment	TB Register; EDR Web	Numerator: TB MDR client successfully complete treatment Denominator SUM([TB MDR confirmed client initiated on treatment])	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Annually	Yes	Higher percentage indicates a better treatment rate	TB Programme Manager

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.1 Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	Tracks proportion of pregnant women that presented at a health facility within the first 20 weeks of pregnancy	Facility Register	Numerator: Antenatal 1st visit before 20 weeks Denominator Antenatal 1st visit total	Accuracy dependent on quality of data submitted health facilities	Process	Percentage	Quarterly	No	Higher percentage indicates better uptake of ANC services	MNCWH programme manager
	1.7.2 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Tracks proportion of mothers that received postnatal care within 6 days from giving birth	Facility Register	Numerator: Mother postnatal visit within 6 days after delivery Denominator Delivery in facility total	Accuracy dependent on quality of data submitted health facilities	Process	Percentage	Quarterly	No	Higher percentage indicates better uptake of postnatal services	MNCWH programme manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	1.7.3 Antenatal client initiated on ART rate	Percentage of HIV positive Antenatal clients placed on ART.	Tracks the HIV Treatment policy	Facility Register	Numerator: Antenatal client start on ART Denominator: Antenatal client eligible (Antenatal client known HIV positive but NOT on ART at 1st visit) for ART initiation	Accuracy dependent on quality of data Reported by health facilities	Output	Percentage	Annually	No	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment	MNCWH programme manager
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.1 Infant 1st PCR test positive around 10 weeks rate	Infants PCR tested positive for the first time around 10 weeks after birth as proportion of Infants PCR tested around 10 weeks	This indicator monitors PCR positivity rate in HIV exposed infants around 10 weeks	Facility Register	Numerator: SUM [Infant 1st PCR test positive around 10 weeks] Denominator: Infant PCR test around 10 weeks	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Lower percentage indicate fewer HIV transmissions from mother to child	PMTCT Programme

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.8.2 Immunisation coverage under 1 year	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Track the coverage of immunization services	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Numerator: SUM([Immunised fully under 1 year new]) Denominator: SUM([Female under 1 year]) + SUM([Male under 1 year])	Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered.)	Output	Percentage	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	1.8.3 Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population..	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here	PHC Comprehensive Tick Register Denominator StatsSA	Numerator: SUM([Measles 2nd dose]) Denominator SUM([Female 1 year]) + SUM([Male 1 year])	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Higher coverage rate indicate greater protection against measles	EPI

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.8.4 DTaP-IPV-Hib-HBV 3 Measles 1st dose drop-out rate	Children who dropped out of the immunisation schedule between DTaP-IPV-Hib-HBV 3rd dose, normally at 14 weeks and measles 1st dose, normally at 6 months as a proportion of population under 1 year	Monitors protection of children against diphtheria, tetanus, acellular pertussis, polio, Haemophilus influenza and Hepatitis B. DTaP-IPV-Hib-HBV (known as Hexavalent) was implemented in 2015 to replace DTaP-IPV/Hib (Pentaxim) and HepB.	PHC Comprehensive Tick Register	Numerator: $(\text{SUM}([\text{DTaP-IPV/Hib (Pentavalent) 3rd dose}]) + \text{SUM}([\text{DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose}])) - \text{SUM}([\text{Measles 1st dose under 1 year}])$ Denominator $\text{SUM}([\text{DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose}]) + \text{SUM}([\text{DTaP-IPV/Hib (Pentavalent) 3rd dose}])$	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Quarterly	No	Lower dropout rate indicates better vaccine coverage	EPI

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.8.5 Diarrhea case fatality under 5 years rate	Diarrhea deaths in children under 5 years as a proportion of diarrhea separations under 5 years in health facilities	Monitors treatment outcome for children under 5 years who were separated with diarrhea	ART Register	Numerator: SUM [Child under 5 years with diarrhea death] Denominator SUM [Child under 5 years with Diarrhea admitted]	Reliant on accuracy of diagnosis / cause of death Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	No	Lower children mortality rate is desired	MNCWH Programme manager
	I.8.6 Pneumonia case fatality under 5 years rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Monitors treatment outcome for children under 5 years who were separated with pneumonia	Ward Register	Numerator: SUM [Child under 5 years with pneumonia death] Denominator SUM [Child under 5 years with pneumonia admitted]	Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	Yes	Lower children mortality rate is desired	MNCWH Programme manager

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	3.4.3 School Grade 8 learners screened	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator School Health data collection forms	SUM [School Grade 8 - learners screened]	None	Process	Number	Quarterly	Yes	Higher percentage indicates greater proportion of school children received health services at their school	School health services
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	Delivery in 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Health Facility Register, DHIS	Numerator: SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] Denominator SUM([Delivery in facility total])	None	Process	Percentage	Quarterly	Yes	Lower percentage indicates better family planning	HIV and Adolescent Health

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	1.7.4 Couple Year Protection Rate (Int)	Women protected against pregnancy by using modern contraceptive methods, including sterilizations, as proportion of female population 15-49 year. Contraceptive years are the total of (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4) + (SUM Female condoms distributed/200) + (SUM Male condoms distributed / 200) + (Male sterilization x 20) + (Female sterilization x 10)	Track the extent of the use of contraception (any method) amongst women of child bearing age	Facility Register	Numerator (SUM([Oral pill cycle]) / 15) + (SUM ([Medroxyprogesterone injection]) / 4) + (SUM ([Norethisterone enanthate injection]) / 6) + (SUM ([IUCD inserted]) * 4.5) + (SUM ([Male condoms distributed]) / 120) + (SUM ([Sterilisation - male]) * 10) + (SUM ([Sterilisation - female]) * 10) + (SUM ([Female condoms distributed]) / 120) + (SUM ([Subdermal implant inserted]) * 2.5) Denominator SUM {[Female 15-44 years]} + SUM {[Female 45-49 years]}	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Quarterly	No	Higher percentage indicates higher usage of contraceptive methods.	MCWH&N Programme

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.2.4 Cervical cancer screening coverage 30 years and older	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older years.	Monitors implementation on cervical screening and policy	PHC Comprehensive Tick Register OPD tick register Denominator StatsSA	Numerator: SUM([Cervical cancer screening 30 years and older]) Denominator (SUM ([Female 30-34 years]) + SUM ([Female 35-39 years]) + SUM ([Female 40-44 years]) + SUM ([Female 45 years and older])) / 10	Reliant on population estimates from Stats SA, and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.10 Human Papilloma Virus Vaccine 1st dose coverage	Girls 9 years and older that received HPV 1st dose	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system	SUM([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_	None	Output	Number	Annually	No	Higher percentage indicate better coverage	MNCWH Programme Manager

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	1.8.8 Vitamin A dose 12-59 months coverage (Annualised)	Children 12-59 months who received vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Monitors vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year	DHIS, facility registers, patient records	Numerator: Vitamin A dose 12-59 months Denominator: Population 12-59 months*2		Output	Percentage	Quarterly	No	Higher proportion of children 12-29 months who received Vit. A will increase health	MNCWH Programme Manager
	1.8.12 Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	Infants exclusively breastfed at 14 weeks as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose	Monitors infant feeding practices at 14 weeks to identify where community interventions need to be strengthened	PHC Comprehensive Tick Register	Numerator: SUM([Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) Denominator: SUM([HepB 3rd dose under 1 year]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	Yes	Higher percentage indicate better exclusive breastfeeding rate	Cluster: Child Health

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.5 Maternal mortality in facility ratio	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services	Maternal death register, Delivery Register	Numerator: SUM([Maternal death in facility]) Denominator SUM([Live birth in facility])+SUM([Born alive before arrival at facility])	Completeness of reporting	Impact	Ratio per 100 000 live births	Annually	No	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care	MNCWH Programme Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.9 Neonatal death in facility rate	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility	Monitors treatment outcome for admitted children under 28 days	Delivery register; Midnight report	Numerator: SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) Denominator SUM([Live birth in facility])	Quality of reporting		Percentage	Annually	No		MNCWH Programme Manager

2.8 SUB-PROGRAMME: CORONER SERVICES

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.9 Post – mortems conducted within 72hrs increased to 95% by 2019	I.9.1 Percentage of post-mortem performed within 72 hours	Measures number of post-mortems performed by Forensic Pathologists within a period of 3 days of receiving the body from the SAPS as a percentage of the total number of bodies received	Tracks the turn-around time for Post Mortems.	Death register	Numerator: Number of cold bodies with post-mortem performed within 72 hrs. of receipt of body Denominator Total number of cold bodies received from SAPS (expressed as percentage)	Depended on accuracy of Forensic Pathology services data base.	Output	%	Quarterly	No	Improved and short turn-around times for post mortems.	GM: PHP

2.9 SUB – PROGRAMME DISTRICT HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 Hospital achieved 75% and more on National Core Standards (NCS) self -assessment rate	Fixed health facilities that have conducted annual National Core Standards self-assessment as a proportion of fixed health facilities.	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - NCS Reports	Numerator: SUM([Hospital achieved 75% and more on National Core Standards self -assessment]) Denominator SUM([Hospitals conducted National Core Standards self -assessment])	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.1 Average Length of Stay	Average number of patient days that an admitted patient in the district Hospital before separation.	To monitor the efficiency of the district Hospital	DHIS, facility register & Admission	Numerator Inpatient days + 1/2 Day patients Denominator Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	High levels of efficiency could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of Hospital care. High ALOS might reflect inefficient quality of care	District Health Services
	I.10.6 Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district Hospital beds	DHIS, facility register Admission	Numerator: Inpatient days + 1/2 Day patients Denominator: Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	Hospital Services Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I10.12 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All Hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	Numerator Total Expenditure Denominator Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4 Patient satisfaction rate increased to more than 75% in health services by 2019	2.4.18 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register;	Numerator Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
	2.4.26 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator Total number of complaints resolved within 25 days Denominator Total number of complaints resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
3.6: Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS PI urban response under 15 minutes rate	Proportion PI calls in urban locations with response times under 15 minutes	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 15 minutes in urban areas	DHIS, institutional EMS registers OR DHIS, patient and vehicle report.	Numerator: EMS PI urban response under 15 minutes Denominator: EMS PI urban calls	Cumulative	Input	Rate per 10 000 population	Quarterly	No	Higher number of rostered ambulances may lead to faster response time.	EMS Manager
	3.6.2 EMS PI rural response under 40 minutes rate	Proportion PI calls in rural locations with response times under 40 minutes	Monitors compliance with the norm for critically ill or injured clients to receive EMS within 40 minutes in rural areas	DHIS, institutional EMS registers Patient and vehicle report.	Numerator: EMS PI rural response under 40 minutes Denominator: EMS PI rural calls	Accuracy dependent on quality of data from reporting EMS station	Output	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	3.6.3 EMS inter-facility transfer rate	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses	DHIS, institutional EMS registers Patient and vehicle report.	Numerator: EMS inter-facility transfer Denominator EMS clients total	Accuracy dependent on the reliability of data recorded on the Efficiency Report at EMS stations and emergency headcount reported from Hospitals.	Output	Percentage	Quarterly	No	Lower percentage desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.	EMS Manager

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

SUB-PROGRAMME 4.1: REGIONAL HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - National Core Standard review tools	Numerator: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator: Total number of public Hospitals	Reliability of data provided	Output	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.2 Average Length of Stay	Average number of patient days that an admitted patient in the district Hospital before separation.	To monitor the efficiency of the district Hospital	DHIS, facility register & Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	High levels of efficiency could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of Hospital care. High ALOS might reflect inefficient quality of care	District Health Services

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.10.7 Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district Hospital beds	DHIS, facility register Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	District Health Services

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.3 NCD coverage increased to 1300/1000 000 through management of chronic illness	I.3.1 Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured populations. The population will be divided by 12 in the formula to make provision for annualisation	Monitors access to cataract surgery.	Facility registers, patient registers	Numerator: Cataract surgery total Denominator Uninsured population	Accuracy dependent on quality of data from health facilities	Quality	Rate per 1 Million	Quarterly	No	Higher levels reflect a good contribution to sight restoration, especially amongst the elderly population.	GM: Hospital Services
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.13 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency	Track the expenditure per PDE in district Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	Numerator:: Total Expenditure in district Hospitals Denominator Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
		ency total headcount multiplied by a factor of 0.33.All Hospital activity expressed as a equivalent to one inpatient day										
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.21 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	Numerator: Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.4.29 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator: Total number of complaints resolved within 25 days Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 4.2: SPECIALISED TB HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - NCS Reports	Num: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator Total number of Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.3 Average length of stay	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialties	Monitors effectiveness and efficiency of Inpatient management . Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds	DHIS, facility register & Admission	Numerator Sum ([Inpatient days total x I])+([Day patient total x 0.5]) Denominator SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of Hospital care. High ALOS might reflect inefficient quality of care	GM:DHS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.10.8 Inpatient Bed Utilisation Rate	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialties	Monitors effectiveness and efficiency of inpatient management	DHIS, facility register Admission	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) Denominator Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	Hospital Services Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.10.14 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All Hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in TB Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	Numerator Total Expenditure Denominator Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	Hospital Services Manager

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.22 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	Numerator: Number complaints resolved Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
	2.4.30 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register,	Numerator: Total number of complaints resolved within 25 days Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 4.3: SPECIALISED PSYCHIATRIC HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - NCS Reports	Numerator: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator Total number of Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.3.18 Percentage of health facilities compliant with all extreme and vital measures of the national core standards	Percentage of s health facilities compliant to all Extreme and vital Measures of National Core Standards	Monitors quality in health facilities	NCS self-assessment report,	Numerator: Total number of Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards Denominator Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year	None	Outcome	Percentage	Quarterly	No	Higher number indicates greater number of facilities compliant to all extreme and vital measures of National Core Standards	Quality Assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.4.23 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register;	Numerator: Number complaints resolved Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
	2.4.31 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator: Total number of complaints resolved within 25 days Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITAL SERVICES

SUB-PROGRAMME 5.1: CENTRAL HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - National Core Standard review tools	Numerator: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator Total number of Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.4 Average Length of Stay	Average number of patient days that an admitted patient in the district Hospital before separation.	To monitor the efficiency of the central Hospital	DHIS, facility register & Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	High levels of efficiency could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of Hospital care. High ALOS might reflect inefficient quality of care	District Health Services
	I.10.10 Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of central Hospital beds	DHIS, facility register Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	District Health Services

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.10.16 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All Hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in district Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	Numerator: Total Expenditure in district Hospitals Denominator Patient Day Equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.24 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register;	Numerator: Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
	2.4.32 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator: Total number of complaints resolved within 25 days Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 5.2:TERTIARY HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - National Core Standard review tools	Numerator: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator Total number of public Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.10 80% of Hospitals meeting national efficiency targets by 2019	I.10.5 Average Length of Stay	Average number of patient days that an admitted patient in the district Hospital before separation.	To monitor the efficiency of the tertiary Hospital	DHIS, facility register & Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient Separations (Inpatient deaths + Inpatient discharges + Inpatient transfers out)	High levels of efficiency could hide poor quality	Efficiency	Days (number)	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of Hospital care. High ALOS might reflect inefficient quality of care	District Health Services
	I.10.11 Inpatient Bed Utilisation Rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of tertiary Hospital beds	DHIS, facility register Admission	Numerator: Inpatient days + 1/2 Day patients Denominator Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility	District Health Services

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	I.10.17 Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD /Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/ Emergency total headcount multiplied by a factor of 0.33. All Hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in tertiary v Hospitals in the province	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure	Numerator: Total Expenditure in district Hospitals Denominator Patient Day equivalent (PDE) as defined above	Accurate reporting sum of daily usable beds	Efficiency	Number (Rand)	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services.

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.4 Patient Experience of Care increased to more than 75% in health services by 2019	2.4.25 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register;	Numerator: Number complaints resolved Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
	2.4.33 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator: Total number of complaints resolved within 25 days Denominator: Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

SUB-PROGRAMME 5.3: PSCHIATRIC TERTIARY HOSPITALS

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.3 Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 Hospital achieved 75% and more on National Core Standards self - assessment rate	Hospitals that achieved a performance of 75% or more on National Core Standards self - assessment	Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance	DHIS - National Core Standard review tools	Numerator: Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year Denominator Total number of public Hospitals	Reliability of data provided	Quality	Percentage	Quarterly	No	Higher assessment indicates commitment of facilities to comply with NCS	Quality assurance
	2.4.26 Complaints Resolution Rate	Proportion of all complaints received that are resolved	To monitor the response to complaints in Hospitals	complaints register,	Numerator: Number complaints resolved Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.4.34 Complaint resolution within 25 working days rate	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	complaints register;	Numerator: Total number of complaints resolved within 25 days Denominator Total number of complaints received	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

PROGRAMME 6: PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.6 First year Health professional students receiving bursaries by 2019	2.6.1 Number of Bursaries awarded for first year medicine students	Number of new medicine students provided with bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	Bursary contracts	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	no	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager
	2.6.2 Number of Bursaries awarded for first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	SANC Registration form	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	Yes	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development Programme Manager

PROGRAMME 7: PERFORMANCE INDICATORS FOR HEALTH CARE AND SUPPORT

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

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

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
I.12 90% availability of essential drugs in all health facilities by 2019	I.12.1 Percentage of order fulfillment of essential drugs at the depots.	Drug orders fulfilled completely	Ensure availability of essential drugs in all facilities	MEDSAS	Numerator : Number of order fulfilled completely Denominator Number of orders received x 100	Poor maintenance of stock levels by the depot	Output	Percentage	Quarterly	No	Availability of essential drugs at all facilities	Pharmaceutical Services Manager

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
2.7 Health facilities refurbished to comply with the National norms and standards by 2019	2.7.1 Number of health facilities that have undergone major refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone major refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.7.2 Number of health facilities that have undergone minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Job card/invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities in NHI Pilot District that have undergone minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate Capital infrastructure project list, Scheduled Maintenance project list, and Contract projects).	Number of health facilities outside NHI Pilot District that have undergone major refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management

Strategic Objectives	Indicator name	Short Definition	Purpose / Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	2.7.4 Number of health facilities that have undergone minor refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Job card / invoice, Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities outside NHI Pilot District that have undergone minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	A higher number will indicate that more facilities were refurbished.	Chief Director: Infrastructure and Technical Management

12. CONCLUSION

This is the 2nd draft of the 2017/18 Annual Performance Plan of the Department, which stands as a proposal to accelerate service delivery towards the achievement of its vision and mission as set out in the 2015/16-2019/20 strategic plan.

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



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