

Province of the
EASTERN CAPE
HEALTH

OPERATIONAL PLAN 2019/20



Together, moving the health system forward





Province of the
EASTERN CAPE
HEALTH

**OPERATIONAL
PLAN 2019/20
FINANCIAL YEAR**

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ABBREVIATIONS & ACRONYMS

ACRONYMS

AGSA	Auditor-General SA		Virus/ Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan		
AIP	Audit Intervention Plan	HPTD	Health Professionals Training and Development (Grant)
ANC	Antenatal Care	HRM	Human Resource Management
ART	Antiretroviral Therapy	HRD	Human Resource Development
ARV	Antiretroviral	HRH	Human Resources for Health
BAC	Basic Accounting System	ICT	Information and Communications Technology
BANC	Basic Antenatal Care		
CCMDD	Central Chronic Medicine Dispensing and Distribution	IMR	Infant mortality rate
CFO	Chief Financial Officer	ISHP	Integrated School Health Programme
CoE	Compensation of Employees	IT	Information Technology
CSSD	Central Sterile Supply Department	MDGs	Millennium Developmental Goals
CIBD	Construction Industry Development Board	MDR-TB	Multi-drug resistant TB
CHCs	Community Health Centres	MEC	Member of the Executive Council
CHCWs	Community Health Care Workers	METROs	Medical Emergency Transport and Rescue Organizations
DCSTs	District Clinic Specialist Teams	MMC	Medical Male Circumcision
DDG	Deputy Director General	MMR	Maternal mortality ratio
DHIS	District Health Information System	MTCT	Mother-To-Child-Transmission
DHS	Demographic Health Survey	MOU	Maternal Obstetric Unit
DOTS	Directly Observed Treatment Short-Course	MTSF	Medium Term Strategic Framework
DPC	Disease Prevention and Control	NCDs	Non-Communicable Diseases
DPSA	Department of Public Service and Administration	NCS	National Core Standards
DM	District Municipality	NDoH	National Department of Health
EC	Eastern Cape	NDP	National Development Plan
ECDoH	Eastern Cape Department of Health	NHI	National Health Insurance
ECSECC	Eastern Cape Socio-Economic Consultative Status	NHLS	National Health Laboratory Services
ELHC	East London Hospital Complex	NNMR	Neonatal Mortality Rate
EMS	Emergency Medical Services	NSDA	Negotiated Service Delivery Agreement
GHS	General Household Survey	NTSG	National Tertiary Services Grant
HST	Health Sciences and training	O&P	Orthotic and Prosthetic
HAST	HIV & AIDS, STI and TB control	OHH	Outreach Households
HCT	HIV Counseling and Testing	OPD	Outpatient Department
HCSS	Health Care Support Services	OSD	Occupational Specific Dispensation
HFM	Health Facilities Management	PCV	Pneumococcal Vaccine
HIV/ AIDS	Human Immunodeficiency	PDE	Patient Day Equivalent
		PERSAL	Personnel and Salaries
		PGDP	Provincial Growth and Development

	Plan		Survey
PHC	Primary Health Care	SCM	Supply Chain Management
PMR	Perinatal Mortality Rate	SDIP	Service Delivery Improvement Plan
PMTCT	Prevention of Mother-To-Child Transmission	SOP	Standard Operating Procedure
PSS	Patient Satisfaction Surveys	Stats SA	Statistics South Africa
PPPs	Public-Private Partnerships	STI	Sexually Transmitted Infection
RPHC	Revitalization of PHC	TB	Tuberculosis
RPHC	Re-engineering the Primary Health Care System	THS	Traditional Health Services
SADHS	South Africa Demographic and Health	TROA	Total clients Remaining On ART
		WBOTs	Ward-Based Outreach Teams
		XDR-TB	Extreme Drug Resistance Tuberculosis

Foreword by the Executive Authority



It is my great pleasure to submit the Operational Plan (OP) for the final year of the Medium Term Strategic Framework (MTSF) 2015/16 – 2019/20 which is the fifth term of government. The Eastern Cape Provincial government declared

this period as a period for accelerated delivery of services to the people of the Province in recognition of an obligation to achieve the health targets outlined in the Eastern Cape Department of Health (ECDoH) five-year Strategic Plan 2015/16 – 2019/20. The ECDoH has set very ambitious goals to achieve the targets that are articulated in both the Provincial and the National Development Plans.

This plan hence provides a clear outline on how the department aims to carry through its mandate during the financial year 2019/20 to make certain our people access to quality health care and consequently a better life for all. In doing so, the department will ensure that an efficient health service is provided to all our clients, regardless of their economic classification in society to reduce the burden of disease.

As the department, we remain committed to implementing the key priorities of the health chapter of the NDP 2030, which envisage an increase in life expectancy rate to 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 deaths per thousand; as well as availability of universal health coverage. The Department recognises the importance of disease prevention, prioritises community engagement and involvement through PHC re-engineering, a component of the National Health Insurance (NHI) as a national strategy. During this last year of the MTEF, the DOH having achieved the target to pilot NHI in two Districts of the EC Province, will start

ensuring that this programme is rolled-out to all other districts of the EC Province. These efforts get complimented with the ***Thuma-mina Health Outreach*** program which re-enforces the community engagement, increase health awareness and access to health services.

This Operational Plan contains the department's detailed targets for the 2019/20 financial year to fulfil its objectives and mandate. We are proud that some of the targets in the five-year strategic plan had been achieved as articulated in the five-year progress report 2014/15 – 2018/19 of the ECDoH. During this last lag, every effort will be put towards meeting those targets not yet achieved whilst sustaining the gains achieved thus far.

This Operational Plan hence carries the department's pledge for delivery of a quality healthcare service which has far reaching impact on our people and communities, highlighting health's importance as a priority of the governing organisation.

We are continuing to strengthen with great appreciation our collaboration and partnerships with the community structures, non-profit organisations, the NDoH and the sector departments in realising the social determinants of health. As we move forward with our plans, special emphasis will focus on addressing the upstream factors of these social determinants of health in an integrated manner.

And finally, I would like to express my sincere appreciation to the ECDoH employees and service providers who tirelessly soldier on even during difficult moments, doing more with less within a shrinking economic space.

Hon S. Gomba MPL
MEC for Health

Statement by the Head and Accounting Officer of the Department



As we come to the end of the 5-year strategy 2015/16-2019/20 implementation, we have taken stock of progress made over the last 4 years and ensured that our plans for the 2019/20 are aligned with our promise to deliver quality health services to people of the Province. The

plans, as captured in this 2019/20 Operational Plan are premised on the National Development Plan's "Vision 2030", the State of the Nation Address, the State of the Province Address and the Provincial Medium Term Strategic Framework.

The department continues to be confronted with challenges of a shrinking fiscal envelope, the increasing demand for services, and the scourge of medico legal claims. The department has developed its medico legal strategy to deal with the medico legal challenges using an approach of doing much more with less resources, strengthen our clinical practices to improve quality of care especially on maternal and child health services, and intensify efforts to implement the departmental multi-pronged medico legal strategy. We are confident that the priorities we will pursue in the year under review, will yield positive results. For the 2019/20 year, we will therefore be focusing on the following key focus areas as the department:

- Expansion of the primary health care system with a focus on community health worker programme;
- Roll out of quality health improvement plan in public health facilities to ensure that they meet the quality standards required for the certification and accreditation for NHI
- Strengthening the public health system to deliver services covered by NHI; Delegating responsibility to district and frontline health service managers in hospitals and clinics that will significantly reduce patient waiting times;
- Development and implementation of a comprehensive strategy and operational plan to address human resources requirements, including filling of critical vacant posts;
- Strengthening the Mandela-Fidel Castro programme to supplement the production of much needed medical practitioners and collaboration with local universities;

- Enhance management and leadership of the entire health sector to ensure improved service delivery;
- Development and implementation of comprehensive policy and legislative framework to mitigate the risks to medico legal litigation.
- Development of a streamlined, integrated information system for decision-making in support of implementation that will remove duplication at all levels.
- Implement and drive national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health including testing people for TB and initiating treatment for those with the disease, as part of ensuring that by 2020, 90% of all people with HIV know their status, 90% of those who know their status and are HIV positive are put on treatment and 90% of those on anti-retroviral are virally suppressed.

As the department, we will implement the following plans that give effect to these priorities:

- Strengthen the provision of universal access to public health services within a district which will be based on lessons learnt from the national OR Tambo pilot site as well as the Alfred Nzo pilot site districts. The lessons learnt will be incorporated into the NHI streams of Ward Based Outreach Teams, Integrated School Health Program (ISHP), Ideal Clinic Realisation and Maintenance, District Clinical Specialist Team, GP based contracting at CHC and PHC level, and the implementation of Thuma Mina outreach community services.
- The hospital services will include major revitalization of provincial and regional hospital to meet the requirements of the Office of Health Standards Compliance. The hospital will be accredited by the NHI to be providers of choice for personal health care and hospital based universal access services.
- The department of health will fast track the implementation of the new organogram micro structures as of April 2019. The health reform agenda will reposition the department of health as a provider of choice through a radical change in the strategy, function and structure of the health department into a lean head office, strong NHI districts, decentralized support services, priority

investment in frontline services, strong outreach and down referral service delivery platform.

- The HR reform will include opportunities for task shifting by investing in speciality training for 2000 professional nurses in psychiatry, orthopaedic, theatre, neonatal, PHC and advanced midwives to complement scarce specialist services.
- The EMS will be strengthened by incorporating the services in the NHI district to ensure EMS that respond to the needs of district. The strategy for EMS maintenance and operation will be strengthened by introducing strong ICT based logistics support and achieve quick turnaround times for emergency vehicle repairs.
- The program to strengthen 26 district hospitals as centres of excellence for maternal and neonatal health services will be strengthened as part of rigorous drive to eliminate avoidable maternity related adverse events and reduce exposure of the department to medico legal litigation.
- The infrastructure program will shift focus from building new facilities or major rehabilitation of health infrastructure portfolio to meet the Ideal clinic and Office of Health standards accreditation requirements in readiness for the NHI accreditation. The focus will be planned maintenance and use of maintenance contracts for all health technology equipment.
- The department will focus on reducing the cost of doing business and explore opportunities within the SCM preferential regime to promote SMMEs and will enforce the 30% sub-contractors' provisions and set up a dedicated unit for SMMEs support including the payment within 30 days.

All health programs will be realigned to the priorities of the social cluster strategy to improve key social determinants of health including an integrated program to improve educational attainment, build social compact with local communities for services, promote social cohesion and contribute to economic development and elimination of poverty in particular to the five quintile one districts.

Lastly, I wish to thank MEC Gomba for her support and leadership, our health partners and stakeholders who continue to support us in achieving our objectives. A final word of appreciation goes to the departmental staff, who make it possible for us to provide health services to our people.



Dr T. D. Mbengashe:
Superintendent General

Official Sign-Off of the 2019/20 Operational Plan

It is hereby certified that this Operational Plan:

- Was developed by the Provincial Department of Health in the Eastern Cape Province;
- Was prepared in line with the current Strategic Plan and APP of the Eastern Cape Department of Health under the guidance of the Hon MEC for Health, Hon Ms S. Gomba,
- Accurately reflects the activities and quarterly 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 2019/ 20.



Dr S.T. Moko

Chief Director: Strategy and Organizational Performance

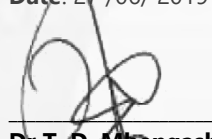
Date: 27 /06/ 2019



Mr S. Frachet

Acting Chief Financial Officer

Date: 27 /06/ 2019



Dr T. D. Mbengashe:

Accounting Officer

Date: 27 /06/ 2019

APPROVED BY:



Hon S. Gomba, MPL

Executive Authority

Date: 27 /06/ 2019

PART A

STRATEGIC OVERVIEW



Part A: Strategic Overview

1. Introduction and Overview

To be appropriated by Vote

Responsible MEC	MEC for Health
Administration Department	Provincial Department of Health
Accounting Officer	Head of Department

2. Core Functions of the Department

The core competency of the Provincial Department of Health is the provision of health services, in other words, promotive, preventative, curative and rehabilitative health services

3. Vision

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

4. 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.

5. 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

6. Overview of the Main Services

The Department operates through 8 programmes whose activities are spread out within 4 main branches i.e. Corporate Service; District health services management; Hospital and clinical support management and Finance Branch. The core business of the Department is driven through Programme 2 (District Health Services), Programme 4 (Provincial Hospital Services) with the remainder of the programmes offering the necessary support. This Operational Plan is based on the 2019/20 Annual Performance Plan of the Department and reflects the activities that the Department will engage during

2019/20 financial year. Monitoring and evaluation to determine if the targets outlined in the plan have been attained, will be made through quarterly and annual reports including the In- Year monitoring system.

7. Strategic Goals

The Eastern Cape Department of Health, in the final year of the 2015-2020 strategic plan implementation, continues to contribute to its obligations of the National Development Plan (NDP) 2030 through the identified three strategic goals. These goals are:

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

This plan outlines the operations and activities to be undertaken to achieve the 2019/20 Annual Performance Plan (APP) and is aligned to the Medium Term Strategic Framework, the Five-year Strategic Plan, the Provincial Development Plan, the National Development Plan and the Sustainable Development Goals (SDGs).

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 2019/20. The strategic objectives are linked to the Medium Term Strategic Framework (MTSF) and the National Health Council Priorities.

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

MTSF 2014-2019 (Expected Outcomes)	Strategic Goal	Strategic Objectives	ECDOH Strategic Plan Expected Outcomes
• HIV & AIDS and Tuberculosis prevented and successfully managed; • Maternal, infant and child mortality reduced.	• Prevent and reduce the disease burden and promote health	• 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	• 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 < 100 per 100 000 live births; • Reduce hypertension and diabetes incidence; • Ensure 100% of quintile 1&2 schools are providing school health services
• Improved quality of health care	• Improved quality of care	• Patient/Client satisfaction rate increased to more than 75% in health	• Improved quality of health care • Ensure all facilities are conditionally

MTSF 2014-2019 (Expected Outcomes)	Strategic Goal	Strategic Objectives	ECDOH Strategic Plan Expected Outcomes
		services by 2019; • Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019;	compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards •
• Efficient Health Management Information System for improved decision making	• Improved quality of care	• 100% of health facilities connected to web-based DHIS through broadband by 2019	• Efficient Health Management • Information System for improved decision making • Implement web based district health information system at 90% of all facilities
• Improved human resources for health	• Improved quality of care	• First year Health professional students receiving bursaries by 2019	• Improved human resources for Health • Increase enrolment of Medicine, Nursing and Pharmacy students annually by 10% per annum.
• Improved health management and leadership	• Improved quality of care	• Unqualified audit opinion achieved by 2019	• Improved health management and Leadership • Unqualified audit opinion from the Auditor General
• Improve health facility planning and infrastructure delivery	• Improved quality of care	• Health facilities refurbished to comply with the National norms and standards by 2019	• Improved health facility planning and infrastructure delivery • Compliance with Norms & Standards for all new Infrastructure Projects
• Universal Health coverage achieved • through implementation of National Health Insurance; • Re-engineering of Primary Health Care	• Universal health coverage Improved quality of care	• 100% Ward Based Outreach Teams (WBOT) coverage by 2019	• 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)

Expenditure Estimates

Table 2: Summary of Provincial payments and estimates by programme: Health

R thousand	Outcome		Main appropriation	Adjusted appropriation 2018/19	Revised estimate	Medium-term estimates		% change from 2018/19
	2015/16	2016/17				2019/20	2020/21	
1. Administration	668,261	706,937	695,199	774,203	776,315	714,361	738,913	(8.0)
2. District Health Services	9,516,426	10,420,604	12,031,947	12,171,900	12,683,602	12,862,682	13,788,802	1.4
3. Emergency Medical Services	946,270	1,067,653	1,284,612	1,349,735	1,296,903	1,393,057	1,484,970	7.4
4. Provincial Hospital Services	4,927,742	3,250,197	3,857,135	3,967,355	3,571,408	4,090,782	4,325,104	14.5
5. Central Hospital Services	823,221	2,913,621	3,447,737	3,510,699	4,044,185	3,626,551	3,856,235	(10.3)
6. Health Sciences and Training	769,372	749,372	885,346	880,512	762,491	929,809	965,335	21.9
7. Health Care Support Services	93,129	101,861	125,512	126,552	108,118	125,835	133,162	16.4
8. Health Facilities Management	1,199,522	1,295,934	1,372,071	1,244,570	1,310,632	1,446,555	1,296,016	10.4
Total payments and estimates	18,943,943	20,506,179	23,699,560	24,025,525	24,553,654	25,189,632	26,588,537	2.6
							27,953,147	

Table 3: Summary of Provincial payments and estimates by economic classification: Health

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
Current payments	17,091,967	18,669,958	20,347,078	21,982,246	22,336,821	22,303,125	23,255,076	24,805,044	26,186,602	4.3
Compensation of employees	12,562,282	13,454,333	14,558,949	15,860,413	16,140,454	16,181,178	16,962,268	18,282,295	19,402,920	4.8
Goods and services	4,522,995	5,206,207	5,784,042	6,121,833	6,196,367	6,113,821	6,292,808	6,522,749	6,783,682	2.9
Interest and rent on land	6,690	9,418	4,087	—	—	8,126	—	—	—	(100.0)
Transfers and subsidies to:	571,824	558,634	689,345	287,404	288,928	877,738	296,705	315,455	332,805	(66.2)
Provinces and municipalities	13,229	8,451	313	1,200	1,200	1,200	—	—	—	(100.0)
Departmental agencies and accounts	35,417	18,877	11,013	12,479	11,856	11,856	13,733	17,060	17,998	15.8
Non-profit institutions	—	—	7,278	18,145	19,570	18,423	15,000	13,589	14,336	(18.6)
Households	523,178	531,306	670,741	255,580	256,302	846,259	267,972	284,806	300,471	(68.3)
Payments for capital assets	1,280,152	1,277,587	1,236,256	1,429,910	1,399,776	1,372,791	1,637,851	1,468,038	1,433,740	19.3
Buildings and other fixed structures	881,906	654,895	637,152	810,500	875,234	924,483	980,582	800,719	749,928	6.1
Machinery and equipment	397,400	622,692	599,104	619,410	524,542	448,308	657,269	667,319	683,812	46.6
Software and other intangible assets	846	—	—	—	—	—	—	—	—	—
Total economic classification	18,943,943	20,506,179	22,272,679	23,699,560	24,025,525	24,553,654	25,189,632	26,588,537	27,953,147	2.6

Table 2 and 3 above show the summary of payments and estimates per programme and economic classification. The total payments grew from R18,943 billion in 2015/16 to a revised estimate of R24,553 billion in 2018/19. In 2019/20, the budget is projected to grow by 2.6 per cent from R24,553 billion to R25,189 billion when compared to the 2018/19 revised estimate as a result of increase in conditional grants.

Compensation of employees shows a growth of 4.8 per cent from R16.181 billion to R16.962 billion when compared to the 2018/19 revised estimate as a result of the payment of backlog overtime for EMS officials, pay progression, Improvement of Condition of Service (ICS), and the introduction of the Human Resource Capacitation Grant.

Goods and services show a positive growth of 2.9 per cent from R6.113 billion to R6.292 billion when compared to the 2018/19 revised estimate due to the national adjustments on Provincial Equitable Share (PES) formula.

Transfers and subsidies show a negative growth of 66.2 per cent from R877.738 million to R296.705 million when compared to the 2018/19 revised estimate due to payment of medico legal claims.

Payments for capital assets show a positive growth of 19.3 per cent from R1.372 billion to R1.637 billion when compared to the 2018/19 revised estimate due to additional funding on infrastructure.

PART B

PROGRAMME AND SUB-PROGRAMME PLANS



PROGRAMME I

Health Administration & Management



Programme and Sub-Programme Plans

Programme 1: Health Administration and Management

The Health Administration and Management programme comprises of two main components: the Administration component, which refers to the Executive Authority and lies with the Office of the Member of Executive Council (MEC); and the second component, which is the Management of the organisation and is primarily the function of the Office of the Superintendent General.

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

Sub - Programme Purpose

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

Priorities for the Next Three Years

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

Strategic Goal being addressed:

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

Table 4: Provincial strategic objectives, annual and quarterly targets for office of the MEC

Table MEC 1: Quarterly Activities for management 2019/20											
Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets			
								Q1	Q2	Q3	Q4
Provide political and strategic direction to the Department by focusing on transformation on and change management	Development and Submission of Statutory documents	Number of statutory documents tabled at Legislature	AGSA Audit report Submission letters	Quarterly	6 statutory documents	6	8	-	1	2	5

1.2 Sub-programme: Health Management

Sub-programme purpose

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

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

Finance Branch

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

Corporate Services Branch

- Information, Communication and Technology (ICT)
- Human Resource Management (HRM)
- Human Resource Development (HRD)
- Corporate Services
- Infrastructure
- Internal Audit
- Strategy & Organisational Performance

Hospital and Clinical Support Management Branch

- Hospital Services
- Clinical Support Services
- Quality Assurance

District Health Services Management Branch

- District Health Services
- Health Programmes
- Communicable Diseases

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 a clean regulatory audit opinion
- To review and develop of the three-year Annual Performance Plan (APP) and one-year Operational Plan of the Department and to ensure alignment to national and provincial priorities
- To review and assist the Central, Regional and Tertiary hospitals develop of their plans in line with the indicative MTSF
- To communicate the strategic imperatives of the department all employees of the department, especially at sub-district & facility levels
- To monitor the performance of health programs through the development and production of quarterly, mid-year and annual report
- To coordinate the auditing of Pre-Determined Objectives and Sector Audit
- To support the improvement of management systems through the implementation of the MPAT process

Strategic Goal being addressed:

Strategic Goal 2: Improved quality of care

Table 5: Quarterly Activities for Management 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
FINANCE												
Responsibility Manager: Acting CFO, Mr S. Frachet												
Unqualified audit opinion achieved by 2019	Monitor the Integrated Audit Improvement Strategy (IAS)	Audit opinion from Auditor-General	AGSA Audit report	Annually	Unqualified audit report Level 3	Unqualified audit report Level 3	Unqualified audit report Level 3	-	-	-	Unqualified audit report Level 3	
	Ensure that all policies are in place and enforce the implementation thereof	2.1.7 Level 3 MPAT	Department of Performance Monitoring and Evaluation (MPAT) Performance Report	Quarterly				-	-	-		
	Minimise unauthorised expenditure	Over expenditure (percentage)	BAS + NYM reports	Quarterly	1%	1%	1%	1%	1%	1%	1%	
	Improved revenue generation	Amount of revenue generated (rand value)	BAS and DELTA9	Quarterly	R165,5mil	242.4mil	52mil	60mil	55mil	75.4mil		
	Facilitate payment of creditors within 30 days	% of valid invoices paid within 30 days	BAS + NYM reports	Quarterly	80%	100%	100%	100%	100%	100%	100%	
ICT												
Responsibility Manager: Chief Information Officer, Ms N. Gumede												
2.2 100% of Health facilities connected to Web based DHIS by 2019.	Identification of sites per district	Percentage of Hospitals with broadband access	Internet rollout report	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Submission of prescribed forms											
	Implementation, commissioning and monitoring	Numerator	89(6New)		89	89	89	89	89	89	89	
	Identification of sites per district	Denominator			89	89	89	89	89	89	89	
	Submission of prescribed forms	Percentage of PHC with broadband access	71%	Internet rollout report	Quarterly	56%	100%	65%	80%	97.5%	100%	
	Implementation, commissioning and monitoring											
	Develop provincial project team	Numerator			551	428	768	499	614	756	768	
	Assessment of the institutions for readiness	Denominator			772	768	768	768	768	768	768	
	Implement and recommend	Number of hospitals with HMS2(Hospital Management System Version 2)	Systems Report	Quarterly	New Indicator	1	2	-	-	1	1	
	Develop bid specifications	Number of hospitals with digitised medical records	Systems Report	Quarterly	New Indicator	New Indicator	3	-	-	-	3	
	Procuring of the digital system/ solution											
	Implement and recommend											

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
IHRM												
Responsibility Manager: DDG HR&CS, Mrs N. Mavuso												
To facilitate effective human resources planning, development and management in order to improve provision of health services	Conduct Provincial Employee Satisfaction Survey	Employee satisfaction rate	Employee satisfaction survey report	Annual	75%	75%	75%	-	-	-	75%	
	Attend to Employee Relations Cases	Employee wellness utilization rate	Statistics and Case Database	Quarterly	3%	3%	3%	3%	3%	3%	3%	
	Finalize Employee Relations cases within 90 days	Percentage of employee relations cases finalized within 90 days.	Employee relations report	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Process the exit benefits of employees exiting the service within 3 months of termination	Percentage of employees whose exit benefits are paid within 3 months.	Persal reports	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Conduct Health Risk Assessments for employees	No. of Health Risk Assessments sessions done	Health Risk Assessment report and attendance registers	Quarterly	90	90	90	20	20	20	30	
	Conduct diagnostic review of Employee Relations cases and write plan for corrective action and support	Employee relations utilization rate	Statistics and Case Database	Quarterly	5%	5%	5%	5%	5%	5%	5%	
	Conduct Job Evaluation	% of Job Evaluation conducted	Job evaluation report	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Design organogram implementation roll out and schedule	Approved Roll-Out Plan	Approved organogram roll out Plan	Quarterly	New Indicator	New Indicator	Approved Plan	Approved Plan	-	-		
	Conduct organogram roll out by visiting districts	Number of district visits on organogram roll-out done	Sessions Reports and Registers	Quarterly	New Indicator	New Indicator	8	2	2	2	2	
CORPORATE SERVICES												
To facilitate effective management in order to improve provision of health services	Receive requests for information Respond to requests Notice Of Motion or Application To Compel Provide medical records to attorneys Report statistics to SAHRC / OTP	Compliance with PAIA	Proof of compliance and requests file	Quarterly	60%	60%	100%	100%	100%	100%	100%	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Design of statutory documents Uploading Stat documents on the departmental website.	Number of statutory documents designed	Approved Designed statutory documents	Quarterly	6	2	8	-	1	2	5	
	Advise labour on legal matters Sourcing of legal support	% of cases completed within 90 days from initiation	Case Files	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Analysis of medico legal trends Advise management on trends and recommend solutions	% implementation of trend analysis recommendations	Opinions on legal claims	Quarterly	70%	70%	90%	90%	90%	90%	90%	
	Report on statistics Outreach Legal Training	Submission of work plans and performance agreements on time and loading on persal	PMDS File	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Screening of shortlisted candidates and service providers Vetting of employees Implementation of the MISS outputs as reflected in the SMS handbook	% of compliance to MISS outputs	Screening and Z204 forms & Registers.	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Developing provincial policy linked to the National policy Submission of the policy for approval.	Approved Financial disclosure policy	Approved Policy	Quarterly	New Indicator	New indicator	Approved Plan	1 st Draft	2 nd Draft	Final Draft	Approved Plan	
	Procure clinical records for all PHC facilities Conduct visits to facilities to check the availability of cards Facilitate training on using the cards	Availability of patient clinical records at all PHC facilities	Orders file Attendance register file	Quarterly	New indicator	New Indicator	100%	100%	100%	100%	100%	
	Developing departmental filing plan Submission of departmental filing plan for approval.	Approved Filing plan	Approved departmental filing plan	Quarterly	New Indicator	New indicator	Approved Plan	1 st Draft	2 nd Draft	Final Draft	Approved Plan	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Ensure availability of the RMP in all facilities	Availability of copies of reviewed RMP in all facility	Approved Records Management Policy	Quarterly	30%	50%	100%	100%	100%	100%	100%	
	Printing and distribution of the policy to facilities.											
	Decanting Archiving Digitization	Number of facilities compliant to records management policy	Digitized records report	Quarterly	0	0	26	6	10	5	5	
	Developing provincial policy linked to GCIS	Approved communication policy	Approved Policy	Quarterly	New Indicator	New indicator	Approved Plan	1 st Draft	2 nd Draft	Final Draft	Approved Plan	
	Submission of the policy for approval.											
	Developing provincial policy linked to National	Approved Legal Services Strategy	Approved Policy	Quarterly	New Indicator	New indicator	Approved Plan	1 st Draft	2 nd Draft	Final Draft	Approved Plan	
	Submission of the policy for approval											
	Professional Handling of Inbound & Outbound Calls	Number of queries/ calls received by Contact Centre	CRM, CCM & TrueLog SOP	Quarterly	600 000	800 000	1 000 000	250 000	250 000	250 000	250 000	
	Quality Monitoring of Agents Performance and SLA											
	Effective Recording and logging, tracing of customer cases											
SPECIAL PROGRAMMES	Measurement of Customer Satisfaction Index	% of queries referred	CRM, CCM & TrueLog	Quarterly	50%	50%	100%	100%	100%	100%	100%	
	Track the report of all cases referred for Legal opinion & Ombudsman											
Provide oversight for the department through advocating for an	Develop the document on guidelines for SPU	Approved SPU guidelines	Approved SPU guidelines	Quarterly	New Indicator	New Indicator	Approved SPU guidelines	1 st Draft	2 nd Draft	Final Draft	Approved SPU guidelines	
	Consult with relevant internal and external stakeholders											

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
accessible health and work environment that is responsive to the needs and concerns of the designated groups.	Develop and Submit the following reports Progress report on job access strategy to DPSA x2 Gender strategic framework plan and report X1 Submit quarterly reports to OTP on SPU x 4 Gender equality report to DPSA x2 Youth Accord report to OTP x2 PSWMW report to DPSA x1	Number of mandated SPU reports submitted	Signed Submission letters	Quarterly	11	11	12	5	1	3	3	
	Visit districts and educate on disability disclosures Workshops Distribution of material on disability disclosures.	Number of campaigns conducted on disability disclosure	Disclosure Forms database Registers and Reports	Quarterly	New Indicator	New Indicator	4	1 (H/O)	1 (Chris Hani)	1 (BCM)	1 (Amathole)	
	Visit tertiary institutions for career exposure on disability Develop database on students with disability	Number of disability campaigns conducted	Registers Reports	Quarterly	New Indicator	New Indicator	4	1	1	1	1	
	- Conduct Imbizos/ Dialogues - Distribute material on all SPU desks - Facilitate services on wheels events	Number of health awareness campaigns conducted	Registers Reports	Quarterly	4	4	4	1	1	1	1	
	Identify the youth in need of skills training and recommend to relevant stakeholders	Number of sessions conducted on youth skills development	Sessions Reports Registers	Quarterly	1	1	1	1	-	-	-	
	Conduct sessions on the policy through district visits. Distribute copies of the policy to all employees	Number Sexual Harassment policy roll out sessions	Reports and Attendance registers	Quarterly	New Indicator	1	4	1	1	1	1	
	Creating platforms for men to debate issues of gender based violence in each district.	Number of men's forum launched	Reports from fully functional structure	Quarterly	2	0	3	-	1	1	1	
	Conduct sessions on the HOD's 8 point principle plan for women empowerment around the province	Number of sessions conducted	Report and Registers	Annually	New Indicator	1	1	-	1	-	-	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
QUALITY ASSURANCE & QUALITY ASSURANCE												
Responsibility Manager: DDG, Clinical Services, Dr. R. Wagner												
To promote Customer Care Culture in line with Batho Pele and Patients Charter	Development of SOP's for functional areas, Namely: Service waiting time, Patient Experience of Care (PEC) ,	Approved SOP's	Availability of Signed SOP's	Quarterly	New indicator	New indicator	3 Approved SOP's	3 first drafts	3 second drafts	3 third drafts	3 Approved SOP's	
	Application of Batho Pele (BP) principles											
	Conduct Batho Pele Change Management and Engagement Program.	Number of Batho Pele Change Management Training Sessions.	Report Attendance registers	Quarterly	New indicator	7	10	-	5	3	2	
	Prepare information to be distributed.											
	Support facilities BathoPele tools for baseline and development of QIPs	Number of facilities compliant with BathoPele	Report QIPs	Quarterly	New Indicator	New Indicator	99	20	28	32	19	
Provide support to institutions in terms of complaints management framework	Conduct Public awareness campaigns on Patients' Rights & Service Charter through Thuma -Mina Programme.	Number of Campaigns conducted	Report	Quarterly	New indicator	New Indicator	3	-	1	1	1	
	Put together package of tools to support of Complaint Resolution as per complaints management framework	Number of health facilities complying with Complaints Management Framework	Complaints register, redress report Web-based Reports	Quarterly	New indicator	New Indicator	96	20	28	32	16	
	Ensure Facilities are complying with Web based complaints management reporting system through conducting onsite support visits on selected high burdened facilities to give support											
100% Patient Satisfaction Survey Rate prioritized facilities	Support Facilities conduct survey and Generate reports	Number of facilities that conducted PEC survey	Reports from facilities. PEC survey rate	Annually	New Indicator	New Indicator	96	-	96	-	-	
	Support facilities develop quality improvement plans.											

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Facilitate the Implementation of Norms & Standards framework for attainment of Quality Health Care Services	Facilitate trainings to empower officials for purposes of maintaining professional standards	Number of trainings conducted on professional standards	List of officials trained, attendance registers and course content outline.	Quarterly	1	1	8	1	2	3	2	
	Conduct ESMO, Caesarean Sections operations, Anesthesia, Correct administration of drugs, Guidelines on management of non-communicable diseases, Infection prevention and control											
	DHIS data analysis											
	Facilitate identification, monitoring and mitigation of the clinical risks.	No of facilities with clinical risk management strategy.	Copy of the clinical risk management strategy	Quarterly	-	-	96	20	28	32	16	
	Initiate trainings roadshow on PSI identification and reporting by health professionals.	No of facilities trained on PSI identification and reporting	Attendance register and training content.	Quarterly	-	-	96	20	28	32	16	
	Facilitate training on conducting of Quality Improvement Initiatives.	No of facilities trained on conducting Quality Improvement Initiatives.	Attendance register and training content.	Quarterly	-	-	96	20	28	32	16	
SOP												
Responsibility Manager: Chief Director, Dr S.T. Moko												
Provide strategic direction to the Department by focusing on transformation and change management	Conduct environmental and Organisational scanning Facilitate sessions to develop departmental statutory and turn around plans Customize & Distribute the plan's templates. Consolidate the inputs into the plans. Conduct consultation sessions. Prepare tender for final printing. Submit to the Top management for vetting Submit to the Office of the MEC for approval. Print the approved plans and submit to the legislature.	Number of statutory documents developed	Submission letters Tabling letter	Quarterly	2 App OP	3 App OP	3 APP OP Strat Plan	- 1 st Draft (APP + Strat Plan)	2nd Draft (APP + Strat Plan)	3 Approved (APP OP Strat Plan)		

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Support visits to districts & capacity building to communicate share government priorities and assist districts in the development of institutional plans.	Number of sessions hosted to communicate the strategic imperatives	Reports	Quarterly		8 consolidated reports submitted	8	2	2	2	2	
	Build district capacity on DHER development for 8 districts. Develop Provincial DHER Report.	Number of districts DHER reports generated	Web based DHER report	Annually	8 District 2016/ 17 DHER reports.	8 District 2017/ 18 DHER reports generated	8	-	8	-	-	
	Host Provincial Planners, Monitoring, & Evaluation Forum.	No of provincial planners, monitoring and evaluation forum hosted.	Planners and Monitoring & Evaluation forum Report	Bi annual	1 planner's forum hosted	2 planner's forum hosted.	2	-	1	-	1	
	Offer technical support to district health planning 8 capacity building sessions on revised DHP framework for 8 districts. Circulate 2020/ 21 Standardized DHP template to all districts. Assessment of 8 DHPs and feedback to the districts Support the review of development of Service delivery improvement plan. Process mapping of key services.	Number of 2020/ 21 DHPs submitted Revised 2018/ 19 – 2021 SDIP submitted	Submission letter to NDOH. 2018/ 19 Service delivery improvement plan	Quarterly Annually	2018/ 19 DHP s for eight districts submitted to NDOH Draft 2018/ 19- 20/ 21 SDIP	2019/ 20 DHP s submitted to NDOH 2018/ 19 - 20/ 21 Reviewed SDIP	8	-	Eight 1 st Drafts DHPs submitted Eight 2 nd Drafts DHPs submitted	Eight final DHPs submitted		
HIMS To implement systems for effective planning, Monitoring and Evaluation process in order	Measure Health facilities that submitted DHIS, ETR, Tier-Net data & ART Cohort data in compliance with Routine Data Flow Policy timelines. (Timeliness and Submission)	% Health Districts that submitted DHIS data in compliance with Routine Data Flow Policy target dates (Timeliness and Submission)	Monthly data quality index reports	Quarterly	87%	95%	95%	95%	95%	95%	95%	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
to improve the provision of health services. (DQI)	Measure Health facilities that submitted complete DHIS data elements on PHC, Hospital, EHS, WBOT, ISHP, EMS, Monthly ART and ART Cohort (Completeness 2017 NIDS document & data sets)	% Health Districts that submitted complete DHIS data elements in compliance with revised facility SOP timelines.	Monthly data quality index reports	Quarterly	93%	90%	90%	90%	90%	90%	90%	
	Measure Health facilities that complied with absolute validation rules & ETR data clean up per District.	% Health Facilities that complied with absolute validation rules	Monthly data quality index reports	Quarterly	71%	75%	72%	72%	72%	72%	72%	
To implement systems for effective planning, Monitoring and Evaluation process in order to improve the provision of health services. (DQI)	Compile Pre-submission data verification report.	Number of Pre-submission data verification report compiled	Pre-submission data verification report compiled reports	Quarterly	12 reports	12 reports	12 reports	3 reports	3 reports	3 reports	3 reports	
	Convene NIDS training workshops	Number of Districts trained on NIDS	Training reports and attendance registers	Quarterly	New Indicator	New Indicator	8 Districts Trained	1	3	3	1	
Institutionalize DHIMS Policy and SOP's by capacitating Programme Managers Facilitate and prepare logistics for the workshop	Requests for slots in Programmes, PHC and Hospitals Services planned meetings for the discussion on DHIMS and SOP's	Number of DHIMS and SOP's workshops conducted for Programme Managers	Workshop Reports Attendance Registers	Quarterly	New Indicator	New Indicator	4	1	1	1	1	
	Facilitate and prepare logistics for the workshop	Number of DHIMS and SOP's workshops conducted for Operational Managers and CEO's	Workshop Reports Attendance Registers	Quarterly	New Indicator	New Indicator	6	1	2	2	1	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
To implement, maintain and support systems and programmes	- Orientation on new developments in DHIS, ETR and Tier .Net - Communication on new developments in DHIS, ETR and Tier .Net - Ensure distribution of updated builds, data files, fixes and system upgraded versions for functionality to 6 Districts and 2 Metro's. - Ensure timely and appropriate Response to data request - Give regular feedback to districts and Programmes	Information systems support provided to 6 districts and 2 metros	Attendance Register System support report	Quarterly	8	8	8	8	8	8	8	
To facilitate migration of all health facilities from DHIS 1.4 to e Register and DHIS 2	- Support health facilities transitioned to Web DHIS. - Registration of data capturers on the Web Instance and completion of the online signatures. - Creation of users on the web - On site training on data capturing and importance of submitting complete data - Validation of data after capturing - Training of data capturers on the eSummary for those not connected. - Training of clinicians on eRegister. - Training of Data Capturers on DHIS WEB Instance - Trainer Of Trainee Coordination.	Number of health facilities transitioned to Web DHIS	Reports attendance registers	Quarterly	5	50	120	30	60	90	120	
To strengthen THS and ETR.NET Implementation	Identify eligible facilities for integration of Tier and ETR .Net	Number of facilities with Tier.Net & ETR module captured at facility level increased	List of the facilities capturing on Tier.Net & ETR module	Quarterly	402	402	470	118	118	118	116	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
EPIDEMIOLOGY & RESEARCH												
Prevent disease and reduce its burden	Coordinate influenza vaccination through - Training the nurses Monitor if the vaccination is being implemented Produce a report	No. of district trained on influenza vaccination. Influenza vaccine utilization rate	Attendance Registers Report	Annually Annually	8 93%	8 99%	8 ≥ 90%	- ≥ 90%	8 -	- -	- -	- -
	Post-influenza vaccination evaluation through – check if the correct vaccination has been used and properly recorded	No of Post influenza vaccination evaluation conducted	Report	Quarterly		8 districts	4	4	-	-	-	-
	Training the outbreak response teams for districts Develop an Epidemic Preparedness & Response plan Monitor the provincial outbreaks	No. of outbreak Response Team meetings held % of outbreaks investigated within 24 hours of detection	Minutes Attendance Registers Report	Quarterly Quarterly	2 80%	2 90%	4 ≥ 90%	1 ≥ 90%	1 ≥ 90%	1 ≥ 90%	1 ≥ 90%	1 ≥ 90%
	Develop reports on outbreaks investigated and responded to in the province.	Approved Epidemic Preparedness and Response plan	Approved plan	Quarterly	Approved plan	Approved plan	Approved plan	1 st Draft	2 nd Draft	Final Draft	Approved plan	
	Coordinate and conduct disease surveillance	Acute Flaccid Paralysis (AFP) Detection rate (per 100 000 pop < 15years) AFP Stool adequacy rate Measles detection rate (non-febrile rash measles) – per 100 000	Report	Quarterly Quarterly Quarterly	2.7 51% 2	2.1. 50% 2.6	4 80% 2	4 80% 2	4 80% 2	4 80% 2	4 80% 2	4 80% 2
	Training of health care workers on the NMC database Monitor the implementation of the NMC database	No. of hospital implementing Notifiable Medical Conditions (NMC) database	Report Attendance Register	Quarterly	New Indicator	5	20	2	5	10	3	3
	Coordinate research through - Review and approve research protocols Develop research agenda	No. of Research Committee meetings held Approved Research agenda for the department	Minutes; Attendance Register Approved Research Agenda (document)	Quarterly Quarterly	1 New indicator	4 meetings Approved Research agenda for the department	1 I st Draft	1 Final Draft	1 Approved Research agenda for the department	1 -	1 -	1 -
		% of research protocols approved	Line-list of research being conducted	Quarterly	99%	96%	≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%	≥ 95%
Provide information needed for decision making and planning												

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Antenatal HIV survey through - Training of nurses - Distribution of equipment - Monitor the survey Conduct Research seminars	No. of antenatal research survey conducted	Report	Annually	1	1	1	-	1	-	-	-
		No. of research seminars	Reports Attendance registers	Bi-annually		0	2	1	-	1	-	-
	PHC supervision and WBOTs evaluation conducted	Evaluation conducted	Reports	Annually	1		2	2	-	-	-	-
M+E												
To conduct Performance review of the districts through Quarterly meetings	- Send Communication to relevant stakeholders - Prepare and present Programme performance reports per target set. - Assist with logistics for the meeting - Compile Minutes of all the events before, during and after the Quarterly meeting.	Number of performance review meetings held	Attendance Register Performance review report	Quarterly	3	4	4	1	1	1	1	
	Coordinate, compile and submit compliance Performance Reports to relevant authorities.	No. of Reports submitted	Reports	Quarterly	15	15	15	Quarterly Performance Reporting System (QPRS)	QPRS	QPRS	QPRS	
Monitoring and reporting on performance at provincial level								Fin and Non-fin quarterly report	Fin and Non-fin quarterly report	Fin and Non-fin quarterly report	Fin and Non-fin quarterly report	
								Program of action (POA)	POA	POA	POA	
									Half-year over-sight report			
								1 st Draft Annual Report (AR)	Final AR			

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Ensure collection of Portfolio of Evidence (POE).	No. of Portfolio of Evidence (POE).	Documents	Quarterly	15	15	15	Collection of POE (4)	Collection of POE (5)	Collection of POE (3)	Collection of POE (3)	
	Support Program managers to develop performance plans (PIP)	No. of Performance program improvement plans (PIP) developed.	Program improvement plans	Quarterly		4	4	1	1	1	1	
	Coordinate and produce ADHOC reports	No. of ADHOC reports	Reports	Quarterly		5	5	ADHOC report (1)	ADHOC report (1)	ADHOC report (1)	ADHOC report (2)	
	Facilitate the Management Performance Improvement Tool (MPAT)	MPAT level 3	MPAT results	Annually	2	2	2	-	-	MPAT self-assessment done and submitted	MPAT Final assessment done	
Support improvement of administrative and Management Systems	Facilitate development and implementation of MPAT improvement plan	No. of improvement plans developed	Improvement plan document	Annually	1	1	1	-	-	-	Develop MPAT Improvement plan	
District Support for Performance Improvement at District and Facility levels	Attend and participate during district performance review meetings Mentor facility managers and staff on M&E systems	No. of district review meetings attended No. of Mentorship meetings	Attendance Register Attendance Registers	Quarterly Bi-Annually	4 2	4 2	8 2	2 1	2 Mentorship meeting organized	2	2 Mentorship meeting organized	2
RISK , FRUAD AND ETHICS												
Responsibility Manager: Chief Director, Ms T. Kakaza												
To ensure compliance to Risk Management Strategy by 2019.	Review the existing risk strategy. Update the strategy with new requirements as required by policies and legislation. Communicate the approved risk management strategy	Approved risk management strategy	Approved risk management strategy	Annually	2017/ 18 risk management strategy	2018/ 19 risk management strategy	2019/20 Approved risk management strategy	Approved risk management strategy	-	-	-	-
	Update risk register with existing controls, control improvements and risk rating. Map strategic risk and conduct workshops on the development of risk register. Submit all quarterly reports done on assessments	Approved risk register	Approved risk register	Annually	2017/ 18 risk register	2018/ 19 risk register	2019/20 Approved risk register	Approved risk register	-	-	-	-

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Conduct workshops on anticorruption on policies and procedures. Train staff members on whistle blowing policy. Roll out of fraud prevention plan	Number of district awareness campaigns on fraud	Report and attendance registers	Quarterly	New indicator	New indicator	8	2	2	2	2	2
	Policies and tools on ethics reviewed. Appoint DMs and CEOs as ethics officers. Capacity building on ethics. Distribution of ethics material	Number of ethics workshop conducted	Report Attendance register	Quarterly	New indicator	New indicator	4	1	1	1	1	1

I.3 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 6: Summary of payments and estimates by sub programme I: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2018/19	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
1. Office Of The MEC	6,947	6,502	6,056	9,870	12,713	12,785	8,917	9,536	8,259	(30.3)
2. Management	661,314	700,435	583,402	685,329	761,490	763,530	705,444	729,377	723,155	(7.6)
Total payments and estimates	668,261	706,937	589,458	695,199	774,203	776,315	714,361	738,913	731,414	(8.0)

Table 7: Summary of payments and estimates by economic classification: Programme I: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2018/19	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
Current payments	651,792	689,969	580,128	687,185	723,628	723,508	706,007	730,325	722,854	(2.4)
Compensation of employees	429,886	386,413	390,869	440,856	444,906	438,406	474,224	510,412	536,683	8.2
Goods and services	221,375	302,924	188,964	246,329	278,722	284,795	231,783	219,913	186,171	(18.6)
Interest and rent on land	531	632	295	—	—	307	—	—	—	(100.0)
Transfers and subsidies to:	2,838	6,768	3,226	1,613	1,878	3,022	1,703	1,797	1,896	(43.6)
Households	2,838	6,768	3,226	1,613	1,878	3,022	1,703	1,797	1,896	(43.6)
Payments for capital assets	13,631	10,200	6,104	6,401	48,697	49,785	6,651	6,791	6,664	(86.6)
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	12,785	10,200	6,104	6,401	48,697	49,785	6,651	6,791	6,664	(86.6)
Software and other intangible assets	846	—	—	—	—	—	—	—	—	—
Total economic classification	668,261	706,937	589,458	695,199	774,203	776,315	714,361	738,913	731,414	(8.0)

Tables 6 and 7 above show the summary of payments and estimates from 2015/16 to 2018/19 and over the 2019 MTEF period per sub-programme and economic classification. The programme's total expenditure increased from R668.261 million in 2015/16 to a revised estimate of R776.315 million in 2018/19. In 2019/20, the budget decreases by 8 per cent from R776.315 million to R714.361 million when compared to the 2018/19 revised estimate. Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 8.2 per cent from R438.406 million to R474.224 million when compared to the 2018/19 revised estimate due to provision of ICS, pay progression and critical vacant funded posts.

Goods and services show a negative growth 18.6 per cent from R284.795 million to R231.783 million when compared to the 2018/19 revised estimate due to reprioritisation efforts for cost containment measures and national adjustments as a result of revision of PES formula.

Transfers and subsidies show a negative growth of 43.6 per cent from R3.022 million to R1.703 million when compared to the 2018/19 revised estimate due to reduction in the payment of leave gratuities. Payments for capital assets show a negative growth of 86.6 per cent from R49.785 million to R6.651 million when compared to the 2018/19 revised estimate due to payment of ICT accounts in relation to maintenance of computer equipment, SITA data lines, desktops and computers, network for BAS, LOGIS and PERSAL

PROGRAMME 2

District Health Services



Programme 2: District Health Services (DHS)

Programme Purpose

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

Programme Description

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

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

Priorities for the Next Three Years

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

Sub – Programmes 2.1 – 2.3 District Management, Clinics and Community Health Centres

2.1 Sub-Programme 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.

2.2 Sub- Programme 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.

2.3 Sub – Programme 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

2.1 Sub-Programme: District Management

Sub programme purpose

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

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

- Proper implementation of HPRS to address long waiting times
- Establish fast lanes to address long waiting times
- Strengthen implementation of CCMDD
- Strengthen implementation of Community Based Services
- Institutionalize integrated clinical services management (ICSM) across the PHC platform

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

Governance, Leadership & Management

- Strengthening of leadership and management of Primary Health Care facilities and district hospitals in the implementation of Ideal Health Facilities Realisation and Maintenance (IHRM) initiative by developing guidelines on integrated approach in PHC supervision and programme management through the District Perfect Permanent Team;

- Appointment of Operational Managers and development of an induction program on facility management;
- Allocation of Infrastructure and medical equipment budget dedicated to prioritised gaps as identified by the district to enhance the quality of care.
- Facilitate community participation in health planning, provisioning and monitoring by appointment and training of health governance structures, clinic committees and District Health Council.

Quality Care

- Allocate budget for six priority areas for quality standard.

Health Information Management

- Institutionalise District Health Information Management System (DHIMS) Policy and Standard Operating Procedures (SOP's)
- Strengthen effective implementation of Health Patient Registration System (HPRS).
- Implement TBHIV integration system in all the districts

Table 8: Quarterly Targets for District Management for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsibility Manager: DDG, Clinical Services, Dr L. Matiwane												
PHC utilisation rate increased to 3 visits per person per year in all facilities by 2019	Facilitate procurement of essential medical equipment	PHC utilisation rate ¹	Stats SA, facility register, patient records	Quarterly	2.3	2.3	2.5	2.5	2.5	2.5	2.5	2.5
	Facilitate recruitment of Operational Managers	Numerator			16 418 041	17 587 424	17 918 165	24 479 541	4 479 541	4 479 541	4 479 541	
		Denominator			7 167 266	7 216 334	7 167 266	7 167 266	7 167 266	7 167 266	7 167 266	
	Supervision of Data management in health facilities											
100% Ward Based Outreach Teams (WBOT) coverage by 2019	Visit households and provide health care services and refer cases that needs special care	OHH head count 5years and older coverage	WBOTs Registers	Quarterly	New indicator	New indicator	70%	70%	70%	70%	70%	70%
	Register new visited households and update new information on old households	OHH registration rate	WBOTs Registers	Quarterly	New indicator	4.6%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%
100% Ward Based Outreach Teams (WBOT) coverage by 2019	Provide basic health care to children under 5 years: Check availability of road to health cards. Conduct education on use and importance of road to health cards. Provide handouts. Access growth and development. Educate mothers on feeding practices	OHH with Child under 5 years care rate	WBOTs Registers	Quarterly	New indicator	34.1%	35%	35%	35%	35%	35%	35%

¹ Utilisation rate: annualized indicator, you multiply numerator by 4 to get the actual number of visits

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Collect stats on deliveries and conduct outreach visits. Educate women on post-natal care.	OHH with postnatal care rate	WBOTs Registers	Quarterly	New indicator	1.9%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%
	Conduct postnatal examination, identify and refer if necessary											
	Conduct interviews on women at child bearing age and check menstrual cycles	OHH with Pregnancy care rate	WBOTs Registers	Quarterly	New indicator	2.9%	3.2%	3.2%	3.2%	3.2%	3.2%	3.2%
	Test and refer those with abnormal cycles to the clinic.											

2.2 Sub Programme Clinics

Sub- Programme Purpose

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

Table 9: Quarterly Targets for Clinics Sub-programme for 2019/ 20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Review functioning of PPTICRM's per district.	Ideal clinic status rate	ICRM system	Quarterly	New indicator	10.8%	19.9%	-	-	-	19.9%	
	Conduct district ICRM reviews. Conduct provincial ICRM quarterly meetings. Facilitate procurement of essential medical equipment in districts.	Numerator				79	145				145	
	Coordinate health technology and infrastructure meetings for Ideal Clinic program. Monitor implementation of key NHI interventions in the 2 Sub districts (Phase Pilot 6 facilities)	Denominator				731	727				727	
Patient experience of care rate increased to more than 75% in health services by 2019	Strengthening implementation of complaints management policy	Complaints Resolution Rate	Complaints register, redress report	Quarterly	New indicator	80%	85%	85%	85%	85%	85%	
		Complaint resolution within 25 working days rate	Complaints register, redress report	Quarterly	New indicator	96.3%	85%	85%	85%	85%	85%	

2.3 Sub - Programme 2.3 Community Health Centres (CHCS)

Sub – Programme Purpose

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

Table 10: Quarterly Targets for CHCs Sub-Programme for 2019/ 20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Implementation of ICRM according to the approved business plan	Ideal CHC status rate	ICRM system	Quarterly	New indicator	New indicator	39%	9.7%	19.5%	29.2%	39%	
		Numerator					16	4	8	12	16	
		Denominator					41	41	41	41	41	
Patient experience of care rate increased to more than 75% in health services by 2019	Implementation of complaints management policy	Complaints Resolution Rate	Complaints register, redress report	Quarterly	New indicator	80%	85%	85%	85%	85%	85%	
		Complaint resolution within 25 working days rate	Complaints register, redress report	Quarterly	New indicator	100%	85%	85%	85%	85%	85%	

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

Sub Programme Purpose

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

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

Table 10: Quarterly targets for Disease Prevention and Control Sub-programme for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Screening coverage of chronic illnesses increased to more than a million by 2019	NCD quarterly reviews	Clients 40 years and older screened for hypertension	Facility registers	Quarterly	1 915 398	1 472 060	1 500 000	375 000	375 000	375 000	375 000	375 000
	Avail chronic diseases guidelines and IEC material and basic equipment in local clinics	Clients 40 years and older screened for diabetes	Facility registers	Quarterly	2 140 599	1 824 893	1 542 304	385 575	385 575	385 575	385 575	
	Support training of chronic conditions hypertension and mental health)	Mental disorders screening rate	Facility registers	Quarterly	15%	25%	20%	20%	20%	20%	20%	
		Numerator			2 518 835	2 893 559	3 283 608	820 902	820 902	820 902	820 902	
		Denominator			16 418 041	4 396 856	16 418 041	4 104 510	4 104 510	4 104 510	4 104 510	
Strengthen and improve basic	Support district in diabetes awareness (November), hypertension (May) and mental health (July)											48
	Support district in mental illness awareness (July)											
	Development of Provincial cancer strategy											
	Conduct a survey through DHIS & Epidemiology	Dental utilization rate	Facility registers	Quarterly	45	45.7	48	48	48	48	48	48

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Oral Health Service delivery	regarding Headcount, Tooth extractions, Tooth restorations and Dental Health Education. Facilitate speedily procurement of dental restorative material through respective supply chain processes and encourage an increase tooth restorations and Fissure Sealant Applications.	Dental extraction to restoration ratio	Facility registers	Quarterly	26.5	30.5	30.1	30.1	30.1	30.1	30.1	30.1
	Advocate and monitor clinical operational processes in relation for a turn-over in tooth restorations. Conduct support visits using the functional assessment tool for service delivery and decentralized oral health management at district level. Visits that may include review and training on implementation of Oral Health Policy Guidelines in two districts and monitor the progress & compile a report.	Number of districts visited for support on oral health services	Reports Attendance Registers	Quarterly	New indicator	New indicator	8	-	2	3	3	

Note: Malaria is not endemic in the Eastern Cape

2.5 Sub-Programme: Other Community Services

Sub-Programme Purpose

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

Table 11: Quarterly targets for Other Community Services sub – programme for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
100% Compliance with the Waste Management Act by 2019	Delegation of waste officers per hospital	Percentage of health facilities complying with SANS waste disposal requirements	Waste segregation audit tool, audit report	Quarterly	85%	85.4%	100%	100%	100%	100%	100%	
	Conduct situational analysis on medical waste management in Hospitals											
								89	89	89	89	
		Numerator			76	76	89	89	89	89	89	
		Denominator			89	89	89	89	89	89	89	

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

Purpose

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

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

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

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

- **Prevention initiative** that work collaboratively with all sections, through coordination of the Eastern Cape AIDS Council (ECAC), targeting the high risk population, youth and young women to prevent both TB and HIV new infections. Focus on behaviour change initiative, and avail HIV prevention commodities such as condoms, HIV testing services (HTS). Implementation of (MPTCT) and safe male circumcision
- **Case Finding initiative** that entails, amongst others intensive screening of TB (Find Actively, Separate Temporarily (FAST) and Treat Effectively) lateral flow Lipoarabinomannan (LF-LAM) and HIV testing in build-up activities toward and during events such as First Things First Campaign. Rotary family health days, World Aids Day and TB Day in collaboration with other sectors
- **Treatment initiation initiatives** Universal Test and Treat (UTT) to scale up initiation of patients to treatment as well as the shortened regimen (nine months) for the management of multi-Drug resistant TB (MDR TB) patients
- **Differentiated Care initiative** that entails the implementation of the Adherence Clubs and Central Chronic Medication Dispensing Distribution (CCMDD)

Table 12: Quarterly targets for HIV & AIDS, STI AND TB Control sub – programme for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
HIV infection rate reduced by 15 % by 2019	Facilitate scaling up and implementation of the HAST District Implementation plans (DIP) to achieve 90-90-90 targets	Client remain on ART end of month –total	Tier.net ETR.Net and the Adult clinical record	Quarterly	452 072	483 806	635 706	521 567	559 328	597 090	635 706	
	Supports districts in conducting data verification	TB/HIV co-infected client on ART rate	Tier.net ETR.Net and the Adult clinical record	Quarterly	97%	92.7%	95%	95%	95%	95%	95%	
	- Conduct support visits in selected high burdened facilities.	Numerator			17 690	3 692	17 859	4 464	4 465	4 465	4 465	
	- Distribute TBHIV IEC material	Denominator			18 273	3 983	18 798	4 699	4 699	4 700	4 700	
TB death rate reduced by 30% in 2019	- Provide vehicles to assist districts in the community outreach programme for early identification of clients											
	Facilitate scaling up and implementation of the HAST District Implementation Plans (DIP) to achieve 90-90-90 targets	HIV test done - total	Tier.net and the Adult clinical record	Quarterly	1 726 702	1 361 600	1 748 488	437 122	437 122	437 122	437 122	
	Facilitate scaling up and implementation of the HAST District Implementation Plans (DIP) to achieve 90-90-90 targets	Male Condoms distributed	Patients records	Quarterly	61 256 400	62 052 116	108 675 419	27 168 854	27 168 855	27 168 855	27 168 855	
	Provision of medical supplies in all health facilities in the province in order to scale up Male Medical Circumcision	Medical male circumcision performed - Total ³	Tier.net and the Adult clinical record	Quarterly	60 835	7 478	30 841	2 891	11 360	2 891	13 699	
TB death rate reduced by 30% in 2019	Distribute Drug Sensitive Alerts to the districts weekly	TB client 5yrs and older start on treatment rate	TB Identification register	Quarterly	106%	103 %	95%	95%	95%	95%	95%	
	Review and analyze District	Numerator			29 956	24 387	28 500	7 125	7 125	7 125	7 125	

³ The 2019/20 target for MMC (12 000) indicator includes TMC targets (18 841) = 30 841

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
TB death rate reduced by 30% in 2019	performance monthly - Provide feedback to the districts monthly. - Conduct supports to the Districts, focusing on high volume facilities	Denominator			27 473	23 938	30 000	7 500	7 500	7 500	7 500	
	Assist districts to conduct Verification of data, especially in OR Tambo and Sarah Baartman.											
	- Supports districts in conducting data verification, focusing on Nelson Mandela, Sarah Baartman and Alfred Nzo. - Conduct support visits in selected high burdened facilities. - Support districts to conduct Advocacy and Social mobilization activities to strengthen adherence. - Support districts to conduct performance reviews quarterly, especially Sarah Baartman, Nelson Mandela Metro and	TB client treatment success rate Numerator Denominator	ETR.Net, Tier.Net, TB registers	Quarterly	86 % 12 027 14 009	78.4% 8 191 10 438	85% 37 912 44 488	85% 9 478 11 122	85% 9 478 11 122	85% 9 478 11 122	85% 9 478 11 122	
	- Review Quarterly and analyze performance of	TB client lost to follow up rate	ETR.Net, Tier.Net, TB registers	Quarterly	6.8 %	8.3% %	7%	7%	7%	7%	7%	
		Numerator			3 031	868	3 114	779	779	778	778	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
TB death rate reduced by 30% in 2019	the Districts and provide feedback. - Conduct support visits in the poorly performing selected facilities in Nelson Mandela, and Sarah Baartman as well as Chris Hani. - Provide vehicles to the districts for tracking of patients. - Rope in partners in tracing the missing cases - Engagement of community leaders to assist in finding the lost patients.	Denominator		annually	44 356	10 438	44 488	11 122	11 122	11 122	11 122	
	Review Quarterly and analyze performance of the Districts and provide feedback. - Identify hot spots and recommend outreach services by the Districts. - Monitor ART initiation in the high volume facilities monthly, focusing in Alfred Nzo, Amathole and Joe Gqabi. - Provide HIV guidelines to the districts - Assist districts to provide basic TB and DR TB training for the Midwives, prioritizing hospitals	TB death rate	ETR.Net, Tier.Net, TB registers	Annually	4.4 %	6.2%	6%	5%	5%	5%	5%	
	Distribute Drug Resistant TB Alerts to the districts weekly. - Rope in partners in tracing and linkage to care the RR TB cases.	Numerator Denominator TB MDR confirmed initiation rate.	EDR.net, MDR TB register, patient TB Identification register	Quarterly	614 14 009	647 10 438	2 669 44 488	667 11 122	667 11 122	668 11 122	667 11 122	
					77%	78%	80%	80%	80%	80%	80%	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
- Provide vehicles for the districts to assist with tracking of patients. Receive GeneXpert alerts weekly, distribute them to districts and follow up on initiated clients Review data submitted by district monthly and provide feedback. Monitor implementation of the shortened regimen. Support the de-centralized sights to conduct clinical audits	Numerator	Denominator			1444	723	1510	377	377	378	378	
					1874	927	1888	472	472	472	472	
	TB MDR treatment success rate		EDR.net, MDR TB register, patient	Quarterly	51 %	62.5 %	60%	60%	60%	60%	60%	
					930	158	1 382	345	346	346	345	
	Numerator	Denominator			1 826	253	2 304	576	576	576	576	

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

Sub Programme Purpose

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

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

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

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

- PHC Reengineering Strategy with special emphasis on District Clinical Specialist Team (DCSTs) that gives support to maternal.
 - Integrated School Health (ISH) policy implemented in collaboration with Department of Education.
 - Leaner behaviour change programme launched with the Departments of Education and Social Development to provide services and contraceptives.
 - Emergency Medical and Rescue Services (EMRS) for pregnant women
 - Clustering of district hospitals to perform 24hr caesarean sections
 - Building capacity of doctors on sexual reproductive health rights programme
 - Implementation of Reach Every District (RED) Strategy in all districts to increase immunisation coverage in communities.
- The RED strategy is an Immunisation strategy to Reach Every Child (REC)

Table 13: Quarterly targets for Maternal, Child and Women's Health and Nutrition sub – programme for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	Community mobilisation through campaigns and WBOT	Antenatal 1st visit before 20 weeks rate	Facility registers, patient records	Quarterly	65%	62%	70%	70%	70%	70%	70%	
		Numerator			70 962	54 333	76 612	19 153	19 153	19 153	19 153	
	Strengthening of Mom Connect so that mothers get informed during pregnancy.	Mother post-natal visit within 6 days rate	Facility registers, patient records	Quarterly	63%	66.6%	67%	67%	67%	67%	67%	
		Numerator			63 752	51 949	73 329	18 332	18 332	18 332	18 332	
	Facilitate increased access and initiation to life-long ART for HIV positive	Antenatal client initiated on ART rate	Facility registers, patient records	Quarterly	86.6%	93.7%	95%	95%	95%	95%	95%	
		Numerator			12 985	8 803	14 247	3 561	3 562	3 562	3 562	
1.8 Child Mortality reduced to less than 34 per 1000 population by 2019	Screening of infants at 10 weeks and educate mothers on prevention of mother to child transmission	Infant PCR test positive around 10 weeks rate	Facility registers, patient records	Quarterly	1.2%	1.3%	1%	1%	1%	1%	1%	
		Numerator			244	194	200	50	50	50	50	
		Denominator			20 084	15 883	20 084	5 021	5 021	5 021	5 021	
	Monthly tracing of defaulters to ensure that they receive all scheduled Vaccine before 1 year. Ensure data Verification at facilities by districts.	Immunisation coverage under 1 year	Facility registers, patient records	Quarterly	69%	70.3%	90%	90%	90%	90%	90%	
		Numerator			111 191	114 429	146 133	146 133	146 133	146 133	146 133	
		Denominator			162 370	162 773	162 370	162 370	162 370	162 370	162 370	
	Engage CBO, Community Leaders & WBOT to ensure that every eligible child receive their second dose within 2 year of life.	Measles 2nd dose coverage	Facility registers, patient records	Quarterly	66%	64.8%	90%	90%	90%	90%	90%	
		Numerator			109 211	108 505	149 877	149 877	149 877	149 877	149 877	
		Denominator			166 530	167 447	166 530	166 530	166 530	166 530	166 530	
	Intensify Community based IMCI trainings for WBOT, IYA, traditional healers and other community structures	Diarrhoea case fatality rate	Facility registers, patient records	Quarterly	3.6%	2.6%	2.8%	2.8%	2.8%	2.8%	2.8%	
		Numerator			125	80	98	25	24	24	24	
		Denominator			3 491	2 985	3 491	872	873	873	873	
To intensify community based interventions for early identification of	Training of new professional nurses on IMCI to ensure 60% saturation in each facility.	Pneumonia case fatality rate	Facility registers, patient records	Quarterly	3.7%	3.2%	3%	3%	3%	3%	3%	
		Numerator			144	109	117	29	29	29	29	
		Denominator			3 909	3 348	3 909	977	977	977	977	
		Severe acute malnutrition case fatality rate	Facility registers, patient records	Quarterly	12%	9.9%	9%	9%	9%	9%	9%	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	malnourished children.	Numerator			161	93	123	30	31	31	31	
	Revitalization Growth Monitoring and Promotion sites in all districts.	Denominator			1 363	939	1 363	340	341	341	341	
	Ensure continuous availability of nutritional supplements.											
40% of Quintile 1 & 2 school children screened by Integrated School Health (ISH) Teams in 2019	Establish monitoring and evaluation teams that is inclusive of ECDoE and Soc Dev.	School Grade 1 screening coverage	Learner profile form, Attendance register	Quarterly	46 744	24 380	48 178	9 310	14 934	14 934	9000	
	Increase the number of school nurses to improve performance	School Grade 8 screening coverage	Learner profile form, Attendance register	Quarterly	26 716	13 238	30 820	7 876	8 988	9 978	3 978	
	Implement health promoting schools strategy											
Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	Training of health professionals on new national Adolescent and Youth policies	Delivery in 10 to 19 years in facility rate	Facility registers, patient records	Quarterly	15 474	12 875	10 075	10 075	10 075	10 075	10 075	
	Prepare all facilities to be youth friendly	Numerator			100 759	78 031	100 759	100 759	100 759	100 759	100 759	
	Training of all health personnel on expanded methods of contraception and guidelines (this includes doctors).	Denominator										
Screening coverage of chronic illnesses increased to more than a million by 2019	Couple year protection rate	Couple year protection rate	Facility registers, patient records	Quarterly	49%	68.7%	65%	65%	65%	65%	65%	
	Orientation of professional nurses on the new policy on Cervical and Breast cancer.	Numerator			916 626	326 335	1 221 398	1 221 398	1 221 398	1 221 398	1 221 398	
	Training of professionals on the new method of Pap Smear taking (liquid base).	Denominator			1 879 074	1 897 817	1 879 074	1 879 074	1 879 074	1 879 074	1 879 074	
Reduced death rate by 10%	Cervical cancer screening coverage 30 years and older	Cervical cancer screening coverage 30 years and older	Facility registers, patient records	Quarterly	60.3%	80.7%	70%	70%	70%	70%	70%	
	Training of professionals on the new method of Pap Smear taking (liquid base).	Numerator			92 782	120 096	107 689	26 922	26 922	26 922	26 922	
	Contracting of nurses to increase the learner and	Denominator			153 842	148 844	153 842	153 842	153 842	153 842	153 842	
	Human Papilloma Virus Vaccine 1 st dose	Human Papilloma Virus Vaccine 1 st dose	Facility registers, patient records	Annually	57 286	50 972	58 158	-	-	-	-58 158	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
from NCDs by 2019	school coverage Strengthen the implementation of the e-health strategy through functionality mobile data capturing system	Human Papilloma Virus Vaccine 2nd dose	Facility registers, patient records	Annually	44 637	57 123	57 123	-	57 123	-	-	
Child Mortality reduced to less than 34 per 1000 population by 2019	Strengthen Community Based Interventions e.g. WBOT, ISHP Ensure that all WBOT and school health teams use standardized tick register for data collection.	Vitamin A dose 12-59 months coverage Numerator Denominator	Facility registers, patient records		53% 722 793 1 362 340	55.1% 742 290 1 347 170	60% 817 404 1 362 340	60% 817 404 1 362 340	60% 817 404 1 362 340	60% 817 404 1 362 340	60% 817 404 1 362 340	
	Increase number of MBFI facilities. Intensify community based awareness strategies e.g dialogues and campaigns	Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate Numerator Denominator	Facility registers, patient records Facility registers, patient records	Quarterly	32.8% 35 273 104 517	46.9% 25 232 53 757	45% 47 033 104 517	45% 47 033 104 517	45% 47 033 104 517	45% 47 033 104 517	45% 47 033 104 517	
Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	Training of All health professionals on ESMOE BANC	Maternal mortality in facility ratio Numerator Denominator	Facility registers, patient records	Quarterly	128/ 100 000 138 107 595	101/ 100 000 79 78 069	105/ 100 000 107 101 468	105/ 100 000 26 24 367	105/ 100 000 26 24 367	105/ 100 000 27/26 24 367	105/ 100 000 27/26 24 367	
Child Mortality reduced to less than 34 per 1000 population by 2019	Training of All health professionals on HBB MSSN Intra-partum care	Neonatal death in facility rate Numerator Denominator	Facility registers, patient records	Quarterly	14/ 1000 1 390 100 803	13/ 1000 315 21 861	11/ 1000 1 108 100 803	11/ 1000 277 25 200	11/ 1000 277 25 200	11/ 1000 277/277 25 200	11/ 1000 277/277 25 200	

2.8 Sub-Programme: Coroner Services

Sub Programme Purpose

To strengthen the capacity and functionality of forensic pathology institutions within the province and facilitate access to forensic pathology services at all material times.

The Coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths.

2.8.2 Provincial Strategic Objectives, Indicators and Annual Targets for Coroner Services

Table 14: Quarterly targets for Coroner Services sub - programme for 2019/ 20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Post-mortems conducted within 72hrs increased to 90% by 2019	Integration with EMS Procure new fridges, Refrigerated truck and a LODOX Improve staffing complement	Percentage of post-mortem performed within 72 hours	Death register, forensic pathology database	Quarterly	94%	96%	95%	95%	95%	95%	95%	
		Numerator			9732	2 908	9 805	2 451	2 451	2 452	2 451	
		Denominator			10 322	3 039	10 322	2 580	2 581	2 581	2 580	
		% of bodies removed from rural crime scene within 3 hours (Per quarter)		Quarterly	79%	85%	85%	85%	85%	85%	85%	
		Numerator			4741	5142	5144	1286	1286	1286	1286	
		Denominator			6037	6052	6052	1513	1513	1513	1513	
		% of bodies removed from urban crime scenes within 1 hour (Per quarter)		Quarterly	85%	90%	90%	87%	87%	87%	87%	
		Numerator			3944	4500	4500	1125	1125	1125	1125	
		Denominator			4664	5000	5000	1250	1250	1250	1250	
		No. of Paupers Burial Applications for unclaimed bodies (B21:j21)	Submission letters to municipality	Quarterly	New Indicator	100	100	25	25	25	25	
Installation of network points, procurement of digital equipment	Install intensive security equipment in forensic laboratory such as access control facility, CCTV cameras, alarm system and electric fencing.	No. of reports produced after facility visits	Inspection report	Quarterly	New Indicator	7	20	5	5	5	5	

2.9 Sub Programme: District Hospitals

Sub Programme Purpose

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

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

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

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

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

Table 15: Quarterly targets for District Hospital sub- programme for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Facilitate the implementation of National Core standard assessment	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard assessment tool	Quarterly	39.3%	28.7%	42%	9%	15%	18%	42%	
		Numerator			26	19	27	6	10	12	27	
	Strengthen clinical care best practices	Denominator			66	66	66	66	66	66	66	
		Average Length of Stay	Facility register	Quarterly	4.9 days	4.8 days	4.5 days	4.5 days	4.5 days	4.5 days	4.5 days	
		Inpatient Bed Utilisation Rate	Facility register	Quarterly	55%	54.8%	58%	58%	58%	58%	58%	
		Numerator			1 211 494	913 249	1 283 678	320 919	320 910	320 910	320 919	
Patient satisfaction rate increased to more than 75% in health services by 2019	Monitor cost drivers and ensure implementation of cost control measures where deviations are noted	Denominator			2 213 238	1 665 312	2 213 238	553 309	553 310	553 310	553 309	
		Expenditure per PDE (patient day equivalent)	BAS	Quarterly	R2,528	R2,924	3,039	3,039	3,039	3,039	3,039	
	Strengthen the implementation of complaints management policy	Complaint Resolution rate	Facility complaints registers, redress report	Quarterly	98%	99%	85%	85%	85%	85%	85%	
		Complaint Resolution within 25 working days rate	Facility complaints registers, redress report	Quarterly	90.5%	98%	85%	85%	85%	85%	85%	

2.10 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 16: Summary of payments and estimates by sub programme: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
1. District Management	729,615	866,726	881,476	884,813	906,533	948,701	946,779	1,015,524	1,071,378	(0.2)
2. Community Health Clinics	1,874,174	2,163,846	2,420,417	2,344,722	2,348,727	2,596,116	2,451,659	2,606,121	2,770,297	(5.6)
3. Community Health Centres	904,933	1,019,053	948,991	1,246,933	1,257,622	1,149,443	1,307,341	1,395,895	1,473,070	13.7
4. Community Based Services	408,868	439,968	524,720	551,266	590,991	524,633	616,872	660,516	697,055	17.6
5. Other Community Services	39,613	46,494	81,360	68,040	65,765	64,107	82,898	74,493	78,604	29.3
6. HIV/ Aids	1,583,403	1,745,442	2,045,769	2,098,633	2,105,798	2,110,699	2,397,703	2,657,743	2,972,861	13.6
7. Nutrition	28,497	24,226	24,872	52,837	43,532	55,896	41,778	40,108	42,314	(25.3)
8. Coroner Services	80,783	94,818	100,885	106,090	106,377	108,970	112,078	118,545	125,096	2.9
9. District Hospitals	3,866,540	4,020,031	4,314,006	4,678,613	4,746,555	5,125,037	4,905,575	5,219,856	5,576,768	(4.3)
Total payments and estimates	9,516,426	10,420,604	11,342,496	12,031,947	12,171,900	12,683,602	12,862,682	13,788,802	14,807,443	1.4

Table 17: Summary of payments and estimates by economic classification: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
Current payments	9,245,513	10,103,932	11,038,627	11,824,746	12,001,371	12,139,581	12,641,221	13,594,106	14,602,039	4.1
Compensation of employees	6,859,019	7,454,008	7,809,396	8,600,082	8,757,110	8,701,517	9,255,147	9,866,456	10,491,365	6.4
Goods and services	2,384,924	2,649,499	3,227,910	3,224,664	3,244,261	3,433,103	3,386,074	3,727,650	4,110,674	(1.4)
Interest and rent on land	1,570	425	1,321	—	—	4,961	—	—	—	(100.0)
Transfers and subsidies to:	160,709	175,939	182,610	63,473	64,322	451,622	86,185	62,083	65,497	(80.9)
Provinces and municipalities	13,229	8,451	313	1,200	1,200	1,200	—	—	—	(100.0)
Departmental agencies and accounts	17,302	11,138	—	—	—	—	—	—	—	—
Non-profit institutions	—	—	7,278	18,145	19,570	18,423	15,000	13,589	14,336	(18.6)
Households	130,178	156,350	175,019	44,128	43,552	431,999	71,185	48,494	51,161	(83.5)
Payments for capital assets	110,204	140,733	121,259	143,728	106,207	92,399	135,276	132,613	139,907	46.4
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	110,204	140,733	121,259	143,728	106,207	92,399	135,276	132,613	139,907	46.4
Total economic classification	9,516,426	10,420,604	11,342,496	12,031,947	12,171,900	12,683,602	12,862,682	13,788,802	14,807,443	1.4

Tables 16 and 17 above show the summary of payments and estimates for District Health Services per sub-programme and economic classification. The programme's total expenditure increased from R9.516 billion in 2015/16 to a revised estimate of R12.683 billion in 2018/19. In 2019/20, the budget increases by 1.4 per cent from R12.683 billion to R12.862 billion when compared to the 2018/19 revised estimate.

Compensation of employees and goods and services, which make up current payments, are the major cost drivers of the programme. Compensation of employees shows a positive growth of 6.4 per cent from R8.701 billion to R9.255 billion when compared to the 2018/19 revised estimate due to the additional funds received for the Human Resource Capitation Grant (HRCG). Goods and services show a negative growth 1.4 per cent from R3.433 billion to R3.386 billion when compared to the 2018/19 revised estimate due to a high revised estimate resulting from the payment of accruals for Medicine and Property payments.

Transfers and subsidies show a negative growth of 80.9 per cent from R451.622 million to R86.185 million when compared to the 2018/19 revised estimate due to high revised estimates in 2018/19 as a result of payment of medico legal claims. Payments for capital assets show a positive growth of 46.4 per cent from R92.399 million to R135.276 million when compared to the 2018/19 revised estimate due to additional funding on infrastructure.

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 service 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 computerised call-taking and dispatching system to the Centres.
- Increase the EMS fleet to include dedicated fleet for inter hospital, XDR / MDR and Maternity transfers

Strategic Goals being addressed:

Strategic goal 3: Universal Health Coverage

Table 18: Quarterly targets for EMS in 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Proportion of EMS response time improved to 85% by 2019	Responsible Manager: DDG Clinical Services, Dr L. Mafuwane											
	Deploy human and material resources closer to communities platform	EMS PI urban response under 15 minutes rate	Institutional EMS registers	Quarterly	31.6%	34.1%	55%	55%	55%	55%	55%	
		Numerator			13 617	11 022	23 725	5 931	5 931	5 932	5 931	
	Measure response times utilizing live tracking	Denominator			43 138	32 334	43 138	10 784	10 785	10 785	10 784	
		EMS PI rural response under 40 minutes rate	Institutional EMS registers	Quarterly	56.2%	52%	65%	65%	65%	65%	65%	
	Measure response times utilizing live tracking	Numerator			50 118	36 488	57 920	14 480	14 480	14 480	14 480	
		Denominator			89 109	70 180	89 109	22 277	22 277	22 278	22 277	
	Establish a dedicated fleet for inter-facility transfers	EMS inter-facility transfer rate	Institutional EMS registers	Quarterly	30%	32.4%	30%	30%	30%	30%	30%	
		Numerator			188 316	111 759	185 522	46 380	46 381	46 381	46 380	
	Monitor dedicated fleet utilization	Denominator			618 409	345 150	618 409	154 602	154 602	154 603	154 602	
Replace all ambulances that have reached 300 000 kilometres per annum	Replacement rate of ambulances	Report Invoice	Annually	New indicator	New indicator	33%	-	-	-	33%		

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 19: Summary of payments and estimates by sub programme: Emergency Medical Services

R thousand	Outcome		Main appropriation		Revised estimate	Medium-term estimates		% change from 2018/19
	2015/16	2016/17	2017/18	2018/19		2019/20	2020/21	
1. Emergency Transport	880,349	884,039	1,041,871	1,223,820	1,073,828	1,171,128	1,357,301	1,356,164
2. Planned Patient Transport	65,921	183,614	237,216	125,915	223,075	221,929	127,669	124,762
Total payments and estimates	946,270	1,067,653	1,279,087	1,349,735	1,296,903	1,393,057	1,484,970	1,480,926

Table 20: Summary payments and estimates by economic classification: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	
Current payments	821,116	975,306	1,115,425	1,147,640	1,227,222	1,189,366	1,230,473	1,329,640	1,329,624
Compensation of employees	639,431	712,944	933,626	812,429	922,436	998,781	881,223	954,783	1,007,615
Goods and services	181,662	262,362	181,799	335,212	304,786	190,585	349,250	374,857	322,009
Interest and rent on land	23	—	—	—	—	—	—	—	—
Transfers and subsidies to:	2,321	2,562	2,100	3,226	4,079	3,759	3,407	3,594	3,792
Households	2,321	2,562	2,100	3,226	4,079	3,759	3,407	3,594	3,792
Payments for capital assets	122,833	89,785	161,562	133,746	118,434	103,778	159,177	151,736	147,510
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	122,833	89,785	161,562	133,746	118,434	103,778	159,177	151,736	147,510
Total economic classification	946,270	1,067,653	1,279,087	1,284,612	1,349,735	1,296,903	1,393,057	1,484,970	1,480,926

Tables 19 and 20 above show the summary of payments and estimates for Emergency Medical Services per sub-programme and economic classification. The programme's total expenditure increased from R946,270 million in 2015/16 to a revised estimate of R1,296 billion in 2018/19. In 2019/20, the budget increases by 7.4 per cent from R1,296 billion to R1,393 billion when compared to the 2018/19 revised estimate.

Compensation of employees shows a negative growth of 11.8 per cent from R998,781 million to R881,223 million when compared to the 2018/19 revised estimate due to the high revised estimate as a result of the once off backlog overtime payments.

Goods and services show a positive growth 83.3 per cent from R190,585 million to R349,250 million when compared to the 2018/19 revised estimate due to the reprioritisation of funds to fleet management from finance lease under payments of capital assets.

Transfers and subsidies show a negative growth of 9.4 per cent from R3,759 million to R3,407 million when compared to the 2018/19 revised estimate due to payment of leave gratuities.

Payments for capital assets show a positive growth of 53.4 per cent from R103,778 million to R159,177 million when compared to the 2018/19 revised estimate due to reprioritisation of funds to fleet management from finance lease under payments of capital assets.

PROGRAMME 4

Provincial Hospital Services



4. Programme 4: Provincial Hospital Services (Regional and Specialised)

4.1 Purpose

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

Sub-Programmes

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

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

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

4.1.1 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

4.2 Quarterly Targets for Regional Hospitals

Strategic Goals Being Addressed:

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

Strategic goal 2: Improved quality of care

Table 21: Quarterly targets for Regional Hospitals in 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG Clinical Services, Dr R. Wagner Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Facilitate the conducting of self-assessment at facility level	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard assessment tool	Quarterly	80%	100%	100%	-	20%	40%	40%	
		Numerator			4	5	5		1	2	2	
		Denominator			5	5	5		5	5	5	
	Facilitate development of quality improvement plan at facility level after self-assessments	Quality improvement plan after self-assessment rate	Quality Improvement Plans	Quarterly	100%	100%	100%	100%	-	-	-	
		Numerator			4	4	4	4				
Patient satisfaction rate increased to more than 75% in health services by 2019	Facilitate training of committees and field workers	Patient Satisfaction Survey Rate	PSS forms, PSS report	Quarterly	100%	100%	100%	100%	100%	100%	100%	
		Numerator			5	5	5	5	5	5	5	
		Denominator			5	5	5	5	5	5	5	
	Monitor implementation of the tools for CSS											
	Facilitate training of committees and field workers	Patient Experience of Care	PSS forms, PSS report	Quarterly	68%	71.3%	75%	75%	75%	75%	75%	
80% of hospitals meeting national efficiency targets by 2019	Facilitate recruitment of specialists and Health Professionals	Average length of stay	Facility registers, patient registers	Quarterly	5.8days	5.8days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	
	Facilitate conducting of outreach and in-reach											
	Monitor availability of policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient registers	Quarterly	68%	71.3%	75%	75%	75%	75%	75%	
		Numerator			528 803	405 654	581 371	154 342	145 343	145 343	145 343	
		Denominator			775 162	569 158	775 162	193 790	193 790	193 791	193 791	
NCD coverage increased to 1300/1000 through management of	Conduct formalized cataract outreach services	Cataract surgery rate (Uninsured Population) (Regional hospital)	Facility registers, patient registers	Quarterly	718/ 1 000 000	705/ 1 000 000	1300/ 1 000 000	200/ 1 000 000	600/ 1 000 000	900/ 1 000 000	1300/ 1 000 000	
					1 872	4576	8 443	1 298	3 896	5 845	8 443	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
chronic illnesses by 2019					6 307 194	6 494 701	6 494 701	6 494 701	6 494 701	6 494 701	6 494 701	
1.9 80% of hospitals meeting national efficiency targets by 2019	IYM and functionality of Cost Containment Committees	Expenditure per patient day equivalent (PDE)	BAS, facility registers	Quarterly	R3,349	R3,445	R3,500	R3,500	R3,500	R3,500	R3,500	
Patient satisfaction rate increased to more than 75% in health services by 2019	Monitor implementation of Complaint management system	Complaints resolution rate	Facility complaints registers, redress report	Quarterly	80%	80%	85%	85%	85%	85%	85%	
		Complaint resolution within 25 working days rate	Facility registers, redress report	Quarterly	98%	97.5%	85%	85%	85%	85%	85%	

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

Table 22: Quarterly Activities for Specialised TB Hospitals for 2019/ 20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG Clinical Services, Dr L. Matiwane Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Conduct in-service training of Quality Assurance managers and Nursing service Managers , on, 7 National Core Standards including the 6 priority areas, for all the 10 TB hospitals	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard review tool	Quarterly	80%	100%	60%	-	30%	30%	-	-
		Numerator			8	10	6	-	3	3	-	-
		Denominator			10	10	10	-	10	10	-	-
	Ensure provision of technical assistance by Quality Assurance unit, on the analysis of quality assurance assessment reports, for all the 10 TB hospitals											
Patient satisfaction rate increased to more than 75% in health services by 2019	Facilitate development of the Quality improvement plans by all the TB hospitals	Quality improvement plan after self-assessment rate	Quality Improvement Plans	Quarterly	100%	100%	100%	100%	100%	100%	100%	
	Facilitate implementation of the quality improvement plans by all the TB hospitals	Numerator			10	10	10	10	10	10	10	
		Denominator			10	10	10	10	10	10	10	
	Facilitate implementation of satisfaction surveys by all 11 hospitals.	Patient Experience of care Survey Rate	Patient experience of care survey report	Quarterly	50%	50%	60%	-	30%	30%	-	-
	Facilitate development of Quality improvement plans for client satisfaction	Numerator			5	5	6	-	3	3	-	-
		Denominator			10	10	10	-	10	10	-	-

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
80% of hospitals meeting national efficiency targets by 2019	Facilitate analysis of the quality Assessment reports. Facilitate development of Quality improvement plans	Patient Experience of care satisfaction Rate	Patient experience of care satisfaction report	Quarterly	77%	75%	75%	-	-	-	75%	
	Facilitate development of MDR technical review committees in all the Sub-districts	Average length of stay	Mid night sensors	Quarterly	77 days	73.4 days	80 days	80 days	80 days	80 days	80 days	
	Facilitate improvement of infection prevention and control by isolating patients according to drug resistance patterns.											
	Ensure admission of all MDR patients on Bed aquiline until culture conversion.	Inpatient Bed Utilisation Rate	Mid night sensors	Quarterly	50%	45.6%	60%	60%	60%	60%	60%	
Patient satisfaction rate increased to more than 75% in health services by 2019	Facilitate admission of all patients abusing drugs and alcohol, in order to give them counselling sessions on adherence to treatment	Numerator			262 129	177 526	313 678	78 419	78 420	78 420	78 419	
	Monitor implementation of Drug Resistance TB policy in prescribing drugs for all the patients with confirmed MDR-TB.	Denominator			522 798	389 345	522 798	130 699	130 699	130 700	130 700	
	Ensure availability and use of Complaints registers in all the 10 TB hospitals	Expenditure per patient day equivalent (PDE)	BAS, midnight sensors	Quarterly	R1,626	R 1,722	R1,758	R1,758	R1,758	R1,758	R1,758	
	Facilitate analysis of the Complaints register so as to resolve complaints within 25 days	Complaints resolution rate	Complaints registers at facilities	Quarterly	80%	80%	85%	85%	85%	85%	85%	
Patient satisfaction rate increased to more than 75% in health services by 2019	Ensure availability and use of Complaints registers in all the 10 TB hospitals	Complaints resolution within 25 working days rate	Complaints registers at facilities	Quarterly	95.9%	100%	85%	85%	85%	85%	85%	
	Facilitate analysis of the Complaints register so as to resolve complaints within 25 days											

4.3 Sub – Programme: Specialised Psychiatric Hospitals

Strategic goals being addressed:

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

Strategic goal 2: Improved quality of care

Table 23: Quarterly Activities for Specialized Psychiatric Hospitals for 2019/ 20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG Clinical Services, Dr R. Wagner												
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Conduct self-assessments	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard assessment tool	Quarterly	100%	66.7%	100%	-	100%	100%	-	
		Numerator										
		Denominator										
		Quality improvement plan after self-assessment rate	Quality Improvement Plans	Quarterly	100%	100%	100%	100%	100%			
Patient satisfaction rate increased to more than 75% in health services by 2019	Develop and implement Quality Improvement Plans (QIPs)	Numerator			3	3	3	3	3	3	3	
		Denominator										
		Patient Satisfaction Survey Rate	PSS forms, PSS report	Quarterly	75%	75%	75%	75%	75%	75%		
		Numerator										
80% of hospitals meeting national efficiency targets by 2019	Facilitate recruitment of Health Professionals Facilitate conducting of outreach and inreach Monitor availability of clinical policies, protocols, guidelines and procedure manuals	Denominator			3	3	3	3	3	3	3	
		Patient Experience of Care Satisfaction Rate	PSS forms, PSS report	Annually	70%	70%	-	-	-	-	70%	
		Inpatient bed utilisation rate	Facility registers, patient records	Quarterly	75%	75%	75%	75%	75%	75%	75%	
		Complaints resolution rate	Complaints registers at facilities	Quarterly	80%	85%	85%	85%	85%	85%	85%	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets			Budget R'000
								Q1	Q2	Q3	Q4
75% in health services by 2019	Monthly monitoring of Complaints Committee	Complaint resolution within 25 working days rate	Complaints registers at facilities	Quarterly	100%	100%	85%	85%	85%	85%	85%

4.4 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 24: Summary of payments and estimates by sub programme: Provincial Hospital Services

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17				2019/20	2020/21	2021/22	
1. General (Regional) Hospitals	4,002,196	2,382,538	2,685,261	2,781,425	2,867,183	2,965,892	3,111,138	3,292,655	12.9
2. Tb Hospitals	356,953	271,424	303,673	378,749	383,229	382,180	409,000	436,336	(1.1)
3. Psychiatric Mental Hospitals	568,593	596,235	499,427	696,961	716,943	742,710	804,966	835,472	32.9
Total payments and estimates	4,927,742	3,250,197	3,488,361	3,857,135	3,967,355	4,090,782	4,325,104	4,564,463	14.5

Table 25: Summary of payments and estimates by economic classification: Provincial Hospital Services

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17				2019/20	2020/21	2021/22	
Current payments	4,709,596	3,090,685	3,209,342	3,802,413	3,922,691	4,063,581	4,297,384	4,535,218	22.4
Compensation of employees	3,912,037	2,405,489	2,511,845	2,998,034	2,986,943	3,285,336	3,597,516	3,816,562	32.2
Goods and services	793,466	683,794	695,326	804,378	935,748	778,245	699,868	718,656	(6.5)
Interest and rent on land	4,093	1,402	2,171	—	—	—	—	—	(100.0)
Transfers and subsidies to:	194,337	135,561	266,501	18,013	18,013	11,817	13,141	13,864	(94.6)
Households	194,337	135,561	266,501	18,013	18,013	11,817	13,141	13,864	(94.6)
Payments for capital assets	23,809	23,951	12,518	36,710	26,651	15,384	14,579	15,381	(51.4)
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	23,809	23,951	12,518	36,710	26,651	15,384	14,579	15,381	(51.4)
Total economic classification	4,927,742	3,250,197	3,488,361	3,857,135	3,967,355	4,090,782	4,325,104	4,564,463	14.5

Tables 24 and 25 above shows the summary of payments and estimates for Provincial Hospital Services per sub-programme and economic classification. The programme's total expenditure decreased from R4.927 billion in 2015/16 to a revised estimate of R3.571 billion in 2018/19. In 2019/20, the budget increases by 14.5 per cent from R3.571 billion to R4.090 billion when compared to the 2018/19 revised estimate.

Compensation of employees shows a positive growth of 32.2 per cent from R2.484 billion to R3.285 billion when compared to the 2018/19 revised estimate due to the low revised estimates resulting from the process of de-complexing of facilities for employees that were paid under this programme and being allocated to the Programme 5: Central Hospital Services.

Goods and services show a negative growth of 6.5 per cent from R832.770 million to R778.245 million when compared to the 2018/19 revised estimate due to reprioritisation of non-core items for the implementation of cost containment measures.

Transfers and subsidies show a negative growth of 94.6 per cent from R219.811 million to R11.817 million when compared to the 2018/19 revised estimate due to a high revised estimate as a result of payment of Medico Legal Claims.

Payments for capital assets show a negative growth of 51.4 per cent from R31.622 million to R15.384 million when compared to the 2018/19 revised estimate, due to reprioritised budget to core items such as Inventory: Medical supplies and Property payments under Goods and services.

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 central and 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

5.1.2 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

Table 26: Quarterly Activities for Central Hospitals for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG Clinical Services, Dr R. Wagner	Health facilities assessed for compliance with National Core Standards	Facilitate conducting of self-assessment at facility level	National core Standard assessment tool	Quarterly	100%	86%	100%	-	100%	100%	-	-
	Core Standards increased to more than 60% by 2019	Facilitate development of quality improvement plan at facility level after self-assessments	Quality Improvement Plans	Quarterly	100%	100%	100%	-	100%	100%	-	-
	Patient satisfaction rate increased to more than 75% in health services by 2019	Facilitate Training of Quality Assurance Committees Monitor implementation of the development tool	PSS forms, PSS report, patient satisfaction module	Quarterly	100%	100%	100%	100%	100%	100%	100%	100%
		Analyse reports of the PSS	PSS forms, PSS report, patient satisfaction module	Annually	70%	70%	70%	-	-	-	-	70%
80% of hospitals meeting national efficiency targets by 2019	Facilitate recruitment of Health Professionals	Average length of stay	Facility registers, patient records	Quarterly	9 days	8.9days	8days	8days	8days	8days	8days	8days
	Facilitate conducting of outreach and in reach clinical policies, protocols, guidelines and procedure manuals	Inpatient bed utilisation rate	Facility registers, patient records	Quarterly	79%	83%	83%	83%	83%	83%	83%	83%
		Numerator			218 522	172 723	227 540	227 540	227 540	227 540	227 540	227 540
		Denominator			274 145	207 525	274 145	274 145	274 145	274 145	274 145	274 145

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Patient satisfaction rate increased to more than 75% in health services by 2019	IYM	Expenditure per patient day equivalent (PDE)	BAS, expenditure report	Quarterly	R 3,472	R4,147	R4,586	R4,586	R4,586	R4,586	R4,586	
	Monitor functionality of cost containment committees	Complaints resolution rate	Complaints registers at facility, redress report	Quarterly	80%	85%	85%	85%	85%	85%	85%	
	Facilitate training and implementation of Complaints Management Committee	Complaint resolution within 25 working days rate	Complaints registers at facility, redress report	Quarterly	98%	100%	85%	85%	85%	85%	85%	

5.2 Programme 5.2

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 three Tertiary Hospitals in the Eastern Cape Province:

5.2.1 Sub-Programmes

Tertiary Hospitals

- Livingstone Hospital
- Frere Hospital
- Fort England

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

Table 27: Quarterly Activities for Tertiary Hospitals for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Facilitate conducting of self-assessment at facility level	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard assessment tool	Quarterly	100%	50%	100%	-	50%	100%	-	-
		Numerator			2	1	2	-	1	2		
		Denominator			2	2	2	-	2	2		
	Facilitate development of quality improvement plan at facility level after self-assessments	Quality improvement plan after self-assessment rate	Quality Improvement Plans	Quarterly	100%	100%	100%	-	50%	100%	-	-
Patient satisfaction rate increased to more than 75% in health services by 2019		Numerator			2	2	2	-	1	2		
		Denominator			2	2	2	-	2	2		
	Conduct Patient Satisfaction Surveys (PSS)	Patient Satisfaction Survey Rate	PSS forms, PSS report, patient satisfaction module	Quarterly	100%	100%	100%	100%	100%	100%	100%	
		Numerator			2	2	2	2	2	2	2	
80% of hospitals meeting national efficiency targets by 2019		Denominator			2	2	2	2	2	2	2	
	Analyse reports of the PSS	Patient Experience of Care Satisfaction Rate	PSS forms, PSS report, patient satisfaction module	Annually	70%	70%	70%	-	-	-	70%	
	Facilitate recruitment of Health Professionals	Average length of stay	Facility registers, patient records	Quarterly	6 days	4.8 days	6 days	6 days	6 days	6 days	6 days	
	Facilitate conducting of outreach and in reach	Inpatient bed utilisation rate	Facility registers, patient records	Quarterly	75%	77.3%	75%	75%	75%	75%	75%	
	Monitor availability of clinical policies, protocols, guidelines and procedure manuals	Numerator			725 699	367235	725 699	181 424	181 425	181 425	181 425	
		Denominator			967 599	481579	967 599	241 899	241 900	241 900	241 900	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Patient satisfaction rate increased to more than 75% in health services by 2019	IYM	Expenditure per patient day equivalent (PDE)	BAS, expenditure report	Quarterly	R3,303	R3,733	R3,878	R3,878	R3,878	R3,878	R3,878	
	Monitor functionality of cost containment committees	Complaints resolution rate	Complaints registers at facility, redress report	Quarterly	80%	80%	85%	85%	85%	85%	85%	
	Facilitate training and implementation of Complaints Management Committee	Complaint resolution within 25 working days rate	Complaints registers at facility, redress report	Quarterly	95%	98.3%	85%	85%	85%	85%	85%	

5.3 Programme 5.3

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

Strategic goals being addressed:

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

Strategic goal 2: Improved quality of care

Table 28: Quarterly Targets for Specialised Psychiatric Hospitals for 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	Conduct self-assessments	Hospital achieved 75% and more on National Core Standards self-assessment rate	National core Standard assessment tool	Quarterly	100%	100%	100%	-	100%	100%	-	-
	Develop and implement Quality Improvement Plans (QIPs)	Quality improvement plan after self-assessment rate	Quality Improvement Plans	Quarterly	100%	100%	100%	-	100%	100%	-	-
	Conduct self-assessments Develop and implement Quality Improvement Plans (QIPs)	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards	National core standard assessment report	Quarterly	100%	100%	100%	100%	100%	100%	100%	-
Patient satisfaction rate increased to more than 75% in health services by 2019	Conduct Patient Satisfaction Surveys (PSS)	Patient Satisfaction Survey Rate	PSS forms, PSS report, patient satisfaction module	Quarterly	75%	75%	75%	75%	75%	75%	75%	-
	Analyse reports of the PSS	Patient Satisfaction rate	PSS forms, PSS report, patient satisfaction module	Annually	70%	70%	70%	-	-	-	70%	-
Patient satisfaction rate increased to more than 75% in health services by 2019	Monthly monitoring of Complaints Committee	Complaints resolution rate	Complaints registers at facility, redress report	Quarterly	80%	80%	85%	85%	85%	85%	85%	-
	Monthly monitoring of Complaints Committee	Complaint resolution within 25 working days rate	Complaints registers at facility, redress report	Quarterly	100%	100%	85%	85%	85%	85%	85%	-

5.4 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 29: Summary of payments and estimates by sub-programme: Central & Tertiary Hospitals¹

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2018/19
	2015/16	2016/17				2019/20	2020/21	
1. Central Hospital Services	262,945	997,233	1,124,285	1,134,949	1,238,634	1,202,539	1,210,087	(2.9)
2. Provincial Tertiary Services	560,276	1,916,388	2,323,452	2,375,750	2,805,551	2,424,012	2,646,148	(13.6)
Total payments and estimates	823,221	2,913,621	3,447,737	3,510,699	4,044,185	3,626,551	3,979,372	(10.3)

Table 30: Summary of payments and estimates by economic classification: Central & Tertiary Hospitals

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		% change from 2018/19
	2015/16	2016/17				2019/20	2020/21	
Current payments	721,876	2,769,476	3,323,084	3,384,174	3,909,737	3,515,798	3,707,567	(10.1)
Compensation of employees	242,355	1,954,815	2,349,996	2,381,774	2,957,670	2,386,505	2,605,306	(19.3)
Goods and services	479,521	812,194	973,088	1,002,400	951,797	1,129,293	1,102,261	18.6
Interest and rent on land	—	2,467	—	—	270	—	—	(100.0)
Transfers and subsidies to:	9	41,278	17,900	17,900	40,757	—	29,596	(100.0)
Households	9	41,278	17,900	17,900	40,757	—	29,596	(100.0)
Payments for capital assets	101,336	102,867	106,753	108,625	93,691	110,753	119,072	18.2
Buildings and other fixed structures	2,461	—	3,000	3,000	126	—	—	(100.0)
Machinery and equipment	98,875	102,867	103,753	105,625	93,565	110,753	119,072	18.4
Total economic classification	823,221	2,913,621	3,447,737	3,510,699	4,044,185	3,626,551	3,979,372	(10.3)

Tables 29 and 30 above show the summary of payments and estimates for Central Hospital Services per sub-programme and economic classification. The programme's total expenditure increased from R823,221 million in 2015/16 to a revised estimate of R4,044 billion in 2018/19. In 2019/20, the budget decreases by 10.3 per cent from R4,044 billion to R3,626 billion when compared to the 2018/19 revised estimate.

Compensation of employees shows a negative growth of 19.3 per cent from R2,957 billion to R2,386 billion when compared to the 2018/19 revised estimate due to the high revised estimates resulting from the process of de-complexing of facilities for employees that were paid under Programme 4: Provincial Hospital Services and being allocated to the Programme 5: Central Hospital Services.

Goods and services show a positive growth 18.6 per cent from R951,797 million to R1,129 billion when compared to the 2018/19 revised estimate due to re-prioritisation and national adjustments of PES formula. Transfers and subsidies show a negative growth of 100 per cent from R40,757 million to zero budget on households.

PROGRAMME 6

Health Sciences & 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
- In-service learning for primary services (clinical, human resources and finance) by providing effective knowledge to practice programmes, short learning programmes and related skills development interventions
- Implement a comprehensive management development and leadership programme
- Facilitate the implementation of the learnership and internship (workplace experience) programmes
- Implement career management strategies through succession planning that underpin recruitment and retention of critical skills
- Establishment of an academic platform to enhance the supply of the critical health professions skills in line with the human resources for health plan

Strategic goals being addressed:

Strategic goal 2: Improved quality of care

6.3 First Year Health Professional Students Receiving Bursaries by 2019

Table 31: Quarterly Targets for Health Sciences and Training 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG HR&CS, Mrs N. Mavuso												
First year Health professional students receiving bursaries by 2019	Recruitment and payment of fees	Number of Bursaries awarded for first year medicine students	DoH bursary database	Annual	97	10	10	-	-	-	10	
	Administering the signing of Bursary contracts and safe keeping thereof											
	Recruitment (advert), selection and registration if new nursing students across all nursing academic programmes	Number of Bursaries awarded for first year nursing students	DoH bursary database	Annual	351	350	350	-	-	-	350	
To manage and monitor the performance of the employees of the department through work contracts	PMDS register compiled	% of SMS members with signed Performance Agreements	Persal PMDS Reports	Annually	100%	100%	100%	100%	100%	100%	100%	
	Capturing on persal	% of all Employees with signed Performance Agreements			100%	100%	100%	100%	100%	100%	100%	
Manage the Health Services through completion of Performance contracts annually by all officials/ employees in the employ of the department	Captured PA/ Review	Percentage of performance contracts captured on persal.	Persal report	Annually	81%	53%	100%	-	100%	-	-	
	Validation of SMS Documents		Stats report									
	Collate PMDS Statistics		Approved memo									
Manage the Health Services through completion of Performance contracts annually by all officials/ employees in the employ of the department	Capturing of contracts & reviews	Number of semester reviews captured on persal.	Persal report	Quarterly	4	4	2	-	1	-	1	
			Stats report									
Manage the Health Services through completion of Performance contracts annually by all officials/ employees in the employ of the department	Moderation process	Number of officials/ employees paid Pay-Progression	Persal report	Annually	81%	52%	100%	100%	-	-	-	
	Pay progression process		Stats report									
			Approved memo									
					31 584	22 923	40 297	40 297	-	-	-	
					38 974	44 251	40 297	40 297				

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Identify officials to be trained Provide in-service training for officials on the PMDS policy Provide information/ material on PMDS Visit all districts including hospitals (tertiary and regional) and provincial offices	Percentage of trainings conducted according to the PMDS policy	Training reports and register	Quarterly	100%	100%	100%	100%	100%	100%		

6.4 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 32: Summary of payments and estimates by sub-programme: Health Sciences & Training

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
1. Nursing Training Colleges	290,679	285,627	276,980	326,371	326,389	288,436	344,888	365,089	375,461	19.6
2. Ems Training College	13,574	10,657	13,873	18,764	15,521	13,734	17,982	17,077	17,078	30.9
3. Bursaries	198,856	186,239	141,117	175,700	175,621	148,083	184,728	194,535	203,748	24.7
4. Other Training	266,263	266,849	295,722	364,512	362,981	312,238	382,211	388,634	395,159	22.4
Total payments and estimates	769,372	749,372	727,692	885,346	880,512	762,491	929,809	965,335	991,446	21.9

Table 33: Summary of payments and estimates by economic classification: Health Science & Training

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
Current payments	550,018	541,960	562,753	679,006	686,503	594,220	712,072	737,677	754,927	19.8
Compensation of employees	418,577	470,198	468,511	562,303	552,722	511,582	577,680	631,684	666,428	12.9
Goods and services	131,441	71,762	94,242	116,703	133,781	82,638	134,392	105,993	88,499	62.6
Interest and rent on land	—	—	—	—	—	—	—	—	—	—
Transfers and subsidies to:	211,519	196,341	153,526	183,179	182,636	158,743	193,393	205,244	216,532	21.8
Provinces and municipalities	—	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	18,115	7,739	11,013	12,479	11,856	11,856	13,733	17,060	17,998	15.8
Households	193,404	188,602	142,513	170,700	170,780	146,887	179,660	188,184	198,534	22.3
Payments for capital assets	7,835	11,071	11,413	23,161	11,373	9,528	24,344	22,414	19,987	155.5
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—	—
Machinery and equipment	7,835	11,071	11,413	23,161	11,373	9,528	24,344	22,414	19,987	155.5
Total economic classification	769,372	749,372	727,692	885,346	880,512	762,491	929,809	965,335	991,446	21.9

Tables 32 and 33 above show the summary of payments and estimates for Health Sciences and Training per sub-programme and economic classification. The programme's total expenditure decreased from R769,372 million in 2015/16 to a revised estimate of R762,491 million in 2018/19. In 2019/20, the budget increases by 21.9 per cent from R762,491 million to R929,809 billion when compared to the 2018/19 revised estimate.

Compensation of employees shows a positive growth of 12.9 per cent from R511,582 million to R577,680 million when compared to the 2018/19 revised estimate due to the ICS adjustment, pay progression and filling of critical vacant posts.

Goods and services show a positive growth 62.6 per cent from R82.638 million to R134.392 million when compared to the 2018/19 revised estimate due reprioritisation and national adjustment of PES formula.

Transfers and subsidies show a positive growth of 21.8 per cent from R158.743 million to R193.393 million when compared to the 2018/19 revised estimate due reprioritisation of funds to cater for Cuban Program.

Payments for capital assets show a positive growth of 155.5 per cent from R9.528 million to R24.344 million when compared to the 2018/19 revised estimate due to additional funding for medical equipment.

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

Strategic objectives being addressed:

Strategic objective 1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019

Strategic objective 1.12 90% availability of essential drugs in all health facilities by 2019

Table 34: Quarterly targets for Health Care Support Services in 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: DDG Clinical Services, Dr R. Wagner												
95% of clients eligible for assistive devices provided with wheelchair s, hearing aids, prostheses & orthoses by 2019	Procure wheelchairs Issue the wheelchairs to eligible applicants	Wheelchairs issued rate	Facility register	Quarterly	53%	34%	60%	10%	30%	50%	60%	
		Numerator			1 537	469	1500	250	750	1250	1500	
		Denominator			2 890	1 378	2 500	2 500	2 500	2 500	2 500	
	Order the hearing aid as per measurement Issue and Fit the hearing aid to eligible applicants	Hearing aids issued rate	Facility register	Quarterly	44%	100%	70%	10%	40%	60%	70%	
		Numerator			1 427	625	1 400	200	800	1200	1 400	
		Denominator			3211	625	2 000	2 000	2000	2000	2000	
	Design the Prosthesis	Percentage of eligible applicants supplied with prostheses	OP Centres reports	Quarterly	17.7%	30%	30%	5%	10%	25%	30%	
	Fit and Issue the prosthesis to eligible applicants	Numerator			260	639	600	100	200	500	600	
		Denominator			1 462	2131	2000	2000	2000	2000	2000	
		Percentage of eligible applicants supplied with orthoses	OP Centres reports	Quarterly	74%	60%	80%	20%	50%	70%	80%	
95% availability of essential drugs in all health facilities by 2020/19		Numerator			4 944	5568	7200	1800	4500	6300	7200	
		Denominator			6 698	9280	9000	9000	9000	9000	9000	
	Maintain 3-month buffer stock within the depots	Percentage of order fulfilment of essential drugs at the depots.	MEDSAS	Quarterly	84%	71.1%	90%	90%	90%	90%	90%	
		Numerator			649 999	126 792	598 787	149 696	149 697	149 697	149 697	
		Denominator			772 662	178 157	665 319	166 329	166 330	166 330	166 330	
	Monitor availability of essential drugs	Essential medicines stock-out rate at the depots	MEDSAS	Quarterly	<5%	35%	<5%	<5%	<5%	<5%	<5%	
		Numerator			<2	21	<3	<3	<3	<3	<3	
		Denominator			39	60	60	60	60	60	60	
	Monitor the availability of emergency blood in facilities conducting caesarean section without a blood bank on site	Emergency blood stock - out	Hospital reports	Quarterly	New Indicator	New Indicator	<1	<1	<1	<1	<1	

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
	Pre planning for the training of clinicians from all the districts Facilitate capacity building on clinicians in relation to the use of lab systems e.g. NHLS lab handbook, EGK and Lab collection material	Number of clinicians trained on laboratory systems	Training report and registers	Quarterly	New Indicator	New Indicator	2000	-	500	500	1000	

7.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 35: Summary of payments and estimates by sub - programme: Health Care Support Services

R thousand	2015/16	2016/17	2017/18	Main appropriation	Adjusted appropriation 2018/19	Revised estimate	2019/20	2020/21	2021/22	% change from 2018/19
1. Orthotic & Prosthetic Services	33,744	44,545	36,270	54,333	55,107	35,736	54,143	57,258	54,699	51.5
2. Medicine Trading Account	59,385	57,316	63,728	71,180	71,445	72,382	71,692	75,904	73,656	(1.0)
Total payments and estimates	93,129	101,861	99,998	125,512	126,552	108,118	125,835	133,162	128,355	16.4

Table 36: Summary of payments and estimates by economic classification: Health Care Support Services

R thousand	2015/16	2016/17	2017/18	Main appropriation	Adjusted appropriation 2018/19	Revised estimate	2019/20	2020/21	2021/22	% change from 2018/19
Current payments	90,664	100,608	99,397	124,936	125,550	107,619	124,456	132,534	127,960	15.6
Compensation of employees	50,586	55,972	52,707	64,602	64,767	59,212	68,045	73,731	77,787	14.9
Goods and services	40,078	44,636	46,690	60,334	60,783	48,407	56,411	58,803	50,173	16.5
Interest and rent on land	–	–	–	–	–	–	–	–	–	–
Transfers and subsidies to:	91	185	34	–	100	13	200	–	–	1438.5
Households	91	185	34	–	100	13	200	–	–	1438.5
Payments for capital assets	2,374	1,068	567	577	902	486	1,179	628	395	142.6
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–	–
Machinery and equipment	2,374	1,068	567	577	902	486	1,179	628	395	142.6
Software and other intangible assets	–	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–	–
Total economic classification	93,129	101,861	99,998	125,512	126,552	108,118	125,835	133,162	128,355	16.4

Tables 35 and 36 above show a summary of payments and estimates for Health Care Support Services per sub-programme and economic classification. The programme's total expenditure increased from R93,129 million in 2015/16 to a revised estimate of R108,118 million in 2018/19. In 2019/20, the budget increases by 16.4 per cent from R108,118 million to R125,835 million when compared to the 2018/19 revised estimate. Compensation of employees shows a positive growth of 14.9 per cent from R59,212 million to R68,045 million when compared to the 2018/19 revised estimate due to ICS adjustments, pay progression and filling of critical vacant post.

Goods and services show a positive growth 16.5 per cent from R48,407 million to R56,411 million when compared to the 2018/19 revised estimate due to the low revised estimate resulting from reprioritisation to fund critical core-items.

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: Improved quality of care

Strategic objectives being addressed:

Strategic objective 2.7 Health facilities refurbished to comply with the National norms and standards by 2019

Table 37: Quarterly targets for Health Facilities Management in 2019/20

Strategic objective	Planned Activities	Performance indicator	Means of verification	Frequency quarterly/ annually	Baseline 2017/18	Estimate 2018/19	Annual target 2019/20	Quarterly Targets				Budget R'000
								Q1	Q2	Q3	Q4	
Responsible Manager: Acting Chief Director, Mr J. Cronje Health facilities refurbished to comply with the National norms and standards by 2019	Projects Site visit and inspections and month monitoring meetings with Implementing Agents.	Number of health facilities that have undergone major refurbishment in NHI pilot district	Practical Completion Certificate, Invoice, Report Commissioning Certificate	Annually	5 major	3 major	2 major	-	-	-	2	-
	Projects Site visit and inspections and month monitoring meetings with Implementing Agents	Number of health facilities that have undergone minor refurbishment in NHI pilot district	Practical Completion Certificate, Invoice, Report Commissioning Certificate	Annually	0 minor	90 minor	7 minor	-	-	-	7	-
	Projects Site visit and inspections and month monitoring meetings with Implementing Agents	Number of health facilities that have undergone major refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Practical Completion Certificate, Invoice, Report Commissioning Certificate	Annually	4 major	7 major	3 major	-	-	-	3	3
	Projects Site visit and inspections and month monitoring meetings with Implementing Agents	Number of health facilities that have undergone minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Practical Completion Certificate, Invoice, Report Commissioning Certificate	Annually	1010 minor	17 minor	38 minor	10	10	10	8	
	Bilateral meetings to discuss contents of changes / amendments made on the SLA with both Implementing Agents.	Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)	Signed and approved SLA	Annually	Yes	Yes	2	2	-	-	-	-

8.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 38: Summary of payments and estimates by programme 8: Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2018/19	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
1. Community Health Facilities	404,918	246,170	155,394	193,283	181,252	154,200	234,824	226,441	182,942	52.3
2. Emergency Medical Rescue Services	7	–	281	–	–	136	–	–	–	(100.0)
3. District Hospital Services	310,025	429,957	752,511	641,624	630,953	680,610	639,617	565,739	680,376	(6.0)
4. Provincial Hospital Services	449,514	479,573	289,282	468,385	361,105	403,115	519,876	472,797	384,010	29.0
5. Other Facilities	35,058	140,234	77,046	68,779	71,260	72,571	52,238	31,039	22,400	(28.0)
Total payments and estimates	1,199,522	1,295,934	1,274,514	1,372,071	1,244,570	1,310,632	1,446,555	1,296,016	1,269,728	10.4

Table 39: Summary of payments and estimates by economic classification: Health Facilities Management

R thousand	Outcome			Main appropriation	Adjusted appropriation 2018/19	Revised estimate	Medium-term estimates			% change from 2018/19
	2015/16	2016/17	2017/18				2019/20	2020/21	2021/22	
Current payments	301,392	398,022	409,705	393,236	265,683	319,119	261,468	275,811	290,853	(18.1)
Compensation of employees	10,391	14,494	16,844	32,111	29,796	29,393	34,108	42,407	47,300	16.0
Goods and services	290,528	379,036	392,861	361,125	235,887	289,726	227,360	233,404	243,553	(21.5)
Interest and rent on land	473	4,492	–	–	–	–	–	–	–	–
Transfers and subsidies to:	–	–	67	–	–	11	–	–	–	(100.0)
Households	–	–	67	–	–	11	–	–	–	(100.0)
Payments for capital assets	898,130	897,912	864,742	978,835	978,887	991,502	1,185,087	1,020,205	978,875	19.5
Buildings and other fixed structures	879,445	654,895	637,152	807,500	872,234	924,357	980,582	800,719	749,928	6.1
Machinery and equipment	18,685	243,017	227,590	171,335	106,653	67,145	204,505	219,486	228,947	204.6
Total economic classification	1,199,522	1,295,934	1,274,514	1,372,071	1,244,570	1,310,632	1,446,555	1,296,016	1,269,728	10.4

Tables 38 and 39 above show the summary of payments and estimates for Health Facilities Management per sub-programme and economic classification. The programme's total expenditure increased from R1.199 billion in 2015/16 to a revised estimate of R1.310 billion in 2018/19. In 2019/20, the budget increases by 10.4 per cent from R1.310 billion to R1.446 billion when compared to the 2018/19 revised estimate.

Compensation of employees shows a positive growth of 16 per cent from R29,393 million to R34,108 million when compared to the 2018/19 revised estimate in order to improve capacitation within the programme. Goods and services show a negative growth 21.5 per cent from R289,786 million to R227,360 million when compared to the 2018/19 revised estimate due to the low revised estimate as a result of delays of payments to contracts relating to the maintenance of infrastructure and machinery and equipment.

Payments for capital assets show a positive growth of 19.5 per cent from R991,502 million to R1,185 billion when compared to the 2018/19 revised estimate due to the additional funding on Health Revitalisation Facilities Grant.

Conclusion

This is 2019/ 20 Operational 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 and the facilities to achieve the agreed targets.

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