2017/18-2019/20

ANNUAL PERFORMANCE PLAN

Health

DEPARTMENT:
Health
NORTHERN CAPE

Health Service Excellence for All

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1. FOREWORD BY THE EXECUTIVE COUNCIL

As we present our annual performance plan; we also reiterate the unequivocal message that the work of government in partnership with all stakeholders can never be complete until the remotest villages have access to quality healthcare services. We are mindful of the fact that the development of leadership, as well as management systems and processes to enhance organizational performance remains vital to achieving this mandate.

In developing the plan, we were conversant with the Outcome based approach in particular; Outcome 2 which clearly states that by 2030; South Africa's health system works for everyone and provides quality care to all. It has raised life expectancy to at least 70 years, produced a young generation largely free of HIV infection, and has dramatically reduced infant mortality.

This annual performance plan responds to what the National Development Plan vision 2030 seeks to achieve on health and will rapidly bring change which our people are longing for. We are moving away from the narrow approach and planning for the integrated service delivery, which will be demonstrated as we implement this plan.

The fact that we had an over expenditure in the previous financial year is a major reason for us to intensify our efforts and to be vigilant; and be responsive to our current challenges in the management of accruals. This time around, we are putting systems in place that will demand absolute performance from all directorates in the Department as a drastic step to respond meticulously to our objectives.

This will ensure that at the end of the current financial year and going forward, our expenditure patterns must be in line with our deliverables; all our targets must be met, and in time, as demanded by our people.

It is public knowledge that the 2015/16 financial year has seen the Department experiencing losses through flawed lease management processes, collusion with vendors, undeclared employee's interests, deviations on construction projects, fraudulent procurement of equipment, drugs and supplies, theft of clinical equipment and supplies, abuse and misuse of vehicles, telephone abuse, under-performance, abuse of leave, ghost employees and manipulation of BAS and PERSAL.

The period 2017/18 – 2019/20 will be marked by consolidation of good work that has been done while accelerating new strategies that are meant to take our department to greater heights.

As we start this journey together, I want to thank team Health as well as its Stakeholders including communities for their meaningful role and contribution made over the years. As we present this plan, we believe is our agreement to improve the health services aimed at our communities.

This plan will not only be good on paper and left to gather dust in our cupboards, the strategy will be turned into a living, implementable document for the Department.

Let us roll our sleeves and be leaders in health service excellence for all.

MR LEBOGANG MOTLHAPING
MEC FOR HEALTH
DATE: 01 MARCH 2017

2. STATEMENT BY THE HEAD OF DEPARTMENT

Working towards the realisation of the Vision

The Northern Cape Department of Health has made significant progress in ensuring the vision ***"Health excellence for all"*** is achieved. In keeping with this vision, the department presents the Annual Performance Plan 2017/18, which focuses more on the communities we serve and aligned to health care needs, particularly in districts.

This Plan is guided by the National Development Plan (NDP) vision 2030 as well as the Sustainable Development Goals 2030. Underpinning the health system philosophy are two interlinked ideas forming the bedrock of the 2017/18 Annual Performance Plan: the equalising principles of primary health care and the decentralized, area-based, people centres approach of the district health system. Henceforth, an efficient and effective health system in a vast and sparsely populated province like the Northern Cape is key to ensuring access to quality health services for people in rural areas.

Management and Leadership

The implementation of key strategies by Programmes of the Department towards the realisation of ***"A long and Healthy Life for all South Africans"***, which is a key priority outcome of the Medium Term Strategic Framework 2014 – 2019, remains at the helm of our priority list. It is with this context that the National Health Insurance as well as Operation Phakisa's Ideal Clinic Project will be pursued with renewed commitment and focus.

Ideal Clinic Initiative

The department had planned for 104 fixed PHC facilities in the financial year 2016/17 to score above 70% on the Ideal Clinic Dashboard. In realizing this target, the Province took second position Nationally in the third quarter of 2016/17, where thirty-eight (38) facilities scored above 70% against the Provincial target of twenty-seven (27) facilities.

Strengthening Information Management

Despite widespread consensus regarding the importance of results-based management and monitoring approach, the use of quality data to improve health systems, response to emergent threats and improvement of health outcomes has been a persistent challenge. This challenge will be resolved by ensuring that there is connectivity in facilities, appointment of skilled personnel and improvement of infrastructure across the province.

Progress on key priorities

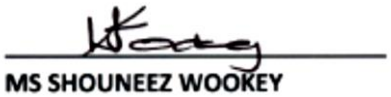
Evidence points to a decline in maternal and child mortality, resulting from the implementation of recommendations of the ***"Maternal and Child Healthcare Programme Effectiveness Evaluation"*** conducted during the 2014/15 financial year. In 2014/15 financial year maternal mortality was reported as 124/100 000 live births and in 2015/16 it reduced to 112.5/100 000 live births. TB client success rate and TB MDR success rate has also improved, this is due to the partnership the department has with mines as well as the decentralization of MDR-TB services.

Reprioritisation

Much has been achieved by the department over the years, however more needs to be done to address the challenges of service delivery. The department has embarked on an exercise of reprioritisation and change management, aimed at improving service delivery at facilities as part of the Primary Health Care Re-Engineering process.

Conclusion

The objective of the 2017/18 Annual Performance Plan is to design effective processes to improve the health outcome of all the people in the Northern Cape utilizing our services. Thus, this plan includes measurable targets and strategies aimed at ensuring that the strategic goals of the Department are achieved and residents are given quality health care.



MS SHOUNEEZ WOOKEY
ACTING HEAD OF DEPARTMENT OF HEALTH
DATE: 01 MARCH 2017

3. OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE PLAN

It is hereby certified that this Annual Performance Plan:

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

PP

Mr. Mxolisi Mlatha
Director: Policy and Planning

01 MARCH 2017
Date

Mr. Gerald Mentoor
Acting Chief Finance Officer

01 MARCH 2017
Date

Ms Shouneez Wookey
Acting Head of Department

01 MARCH 2017
Date

Mr. Lebogang Motlhaping
Executive Authority

PART A

4. STRATEGIC OVERVIEW

4.1. VISION

Health Service Excellence for All

4.2. MISSION

Working together, we are committed to provide quality health care services and promote a healthy society. Our caring, multi-skilled professionals will integrate comprehensive services using evidence-based care-strategies and partnerships to maximize efficiencies for the benefit of all.

4.3. VALUES

- **Respect** (towards colleagues and clients, rule of law and cultural diversity)
- **Integrity** (Honesty, Discipline and Ethics)
- **Excellence** through effectiveness, efficiency, innovation and quality health care
- **Ubuntu** (Caring Institution, Facility and Community)

4.4. STRATEGIC GOALS

NATIONAL DEVELOPMENT PLAN 2030

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.
By 2030, South Africa should have:

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

SUSTAINABLE DEVELOPMENT GOALS 2030

The Sustainable Development Goals 2030 built on Millennium Development Goals 2015 were adopted as Global Goals by the world leaders on 25 September 2015. There are 17 Sustainable Development Goals (SDGs) to end poverty, fight in equality and tackle climate change by 2030.

There are 13 targets in Goal 3 “Ensure healthy lives and promote well-being for all at all ages”. There are:

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
5. By 2020, halve the number of global deaths and injuries from road traffic accidents
6. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
7. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
8. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
10. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
11. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risk

Table A1: Alignment of the NDP Goals 2030 to the SDG Goals 2030

NDP Goals 2030	SDG Goals 2030
Average male and female life expectancy at birth increased to 70 years	
Tuberculosis (TB) prevention and cure progressively improved;	• End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Maternal, infant and child mortality reduced	• Reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
Prevalence of Non-Communicable Diseases reduced	• Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol • Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
Injury, accidents and violence reduced by 50% from 2010 levels	• By 2020, halve the number of global deaths and injuries from road traffic accidents
Health systems reforms completed	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Primary health care teams deployed to provide care to families and communities	• ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Universal health coverage achieved	• Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

NDP Goals 2030	SDG Goals 2030
Posts filled with skilled, committed and competent individuals	• Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

STRATEGIC GOALS 2020

Table A2: Strategic Goals and Strategic Objectives

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)	Linkage with MTSF 2014-2019
1. Universal health coverage achieved through implementation of National Health Insurance	Achieve the full implementation of NHI through the establishment of NHI fora and strengthen inputs from patients on their experience of health care services	Expanded NHI implementation	Universal health coverage achieved through implementation of National Health Insurance
2. Improved quality of health care	Ensure that all necessary resources are in place to render the mental health care services	Full package of psychiatric hospital services by providing 143 hospital beds	Improved quality of health care
	Introduce a patient centred approach in a regional hospital	Quality health care services at regional hospital	
	Ensure that all necessary resources are in place to render tertiary hospital services	Quality health care services at tertiary hospital	
	Ensure that there is an improvement on pathological and clinical services in all facilities	Efficient forensic pathological services and expanded proportion of facilities offering PEP services	
	Improve patient waiting times in all facilities	Improved availability and rational use of medicine	
	Improving availability and management of emergency care services In all facilities	Quality ambulance services, special operations, air ambulance services, planned patient transport, obstetric ambulance services and disaster management	
3. Implement the re-engineering of Primary Health Care	To expand coverage of ward based outreach teams, strengthen school health programmes and accelerate appointment of District Clinical Specialist teams within all districts	Quality primary health care services	Implement the re-engineering of Primary Health Care

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)	Linkage with MTSF 2014-2019
	Improve compliance with the national core standards	Increased patient satisfaction and functional governance structures	
	Introduce a patient centred approach in all district hospitals	Quality health care services in District hospitals	
4. Reduced health care costs	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General	Reduced health care costs
5. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures	Approved human resource for health plan that will address shortage and retention of health professionals	Improved human resources for health
6. Improved health management and leadership	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Have an efficient and effective planning, good governance, stable health management and leadership across the province	Improved health management and leadership
7. Improved health facility planning and infrastructure delivery	Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery	Health facilities that are in accordance with national norms and standards Adequate health technology according to different levels of care	Improved health facility planning and infrastructure delivery
8. HIV & AIDS and Tuberculosis prevented and successfully managed	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential interventions to reduce HIV,TB and NCD mortality	Strengthened integration of health programmes e.g. HIV, TB, PMTCT, MCWH/N and NCD Reduced burden of diseases	HIV & AIDS and Tuberculosis prevented and successfully managed
9. Maternal, infant and child mortality reduced	To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life	Reduced maternal, child and youth mortality and morbidity	Maternal, infant and child mortality reduced
10. Efficient health management information system developed and implemented for improved decision making	To develop a complete departmental integrated patient based information system	A web based information system for the department	Efficient health management information system developed and implemented for improved decision making

Table A3: Impact indicators and targets: estimated life expectancy and estimated U5MR, IMR and NMR

Impact Indicator	South Africa Baseline (2009)	South Africa Baseline (2014)	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Strategic Plan Target (Province)
Life expectancy at birth: Total	57.1 years	62.9 years (increase of 3.5years)	Life expectancy of at least 65 years by March 2019	60 years	60 years
Life expectancy at birth: Male	54.6 years	60.0 years	Life expectancy of at least 61.5 years amongst males by March 2019 (increase in 3 years)	58 years	58 years
Life expectancy at birth: Female	59.7 years	65.8	Life expectancy of at least 67 years amongst females by March 2019 (increase in 3 years)	60 years	60 years
Under-5 Mortality Rate **(U5MR)**	56 per 1000 live-births	35 under 5 deaths per 1000 live-births (25% decrease)	33 under 5 years deaths per 1000 live-births by March 2019	5.2 per 1000 live-births	4.5 per 1000 live-births
Neonatal Mortality Rate **(NMR)**	-	14 neonatal deaths per 1000 live births	8 neonates deaths per 1000 live births	14.8 per 1000 live-births	12 per 1000 live-births
Infant Mortality Rate **(IMR)**	39 per 1000 live-births	28 infant deaths per 1000 live-births (25% decrease)	23 infant deaths per 1000 live births (15% decrease)	9.9 per 1000 live-births	7.3 per 1000 live-births
Maternal Mortality Ratio	280 per 100 000 live births (2008 data)	269 maternal deaths per 100 000 live births (2010 data)	<100 maternal deaths per 100 000 live births by March 2019		115 per 100 000 live births

4.5. SITUATIONAL ANALYSIS

4.5.1. DEMOGRAPHIC PROFILE

Geography

The province covers 361 830 square kilometres, which is 29.7% of the country 's total landscape (Cadman M, 2007). According to Statistics South Africa (Mid-year Population Estimates, 2016), Northern Cape contributes 2.1% to the total population of South African. Additionally, Northern Cape is made up of five districts namely: John Taolo Gaetsewe (population size estimated at 242 300); Namakwa (population size estimated at 115 485); Pixley Ka Seme (population size estimated at 195 590); ZF Mgcawu (population size estimated at 252 719) and Francis Baard (population size estimated at 387 686) (Stats SA, Community Survey 2016).

Source: Exploring our Provinces Northern Cape (Cadman M,2007)

People

People have lived in the Northern Cape for thousands of years, and this is ascertained by the rock engravings at the Wonderwerk caves. In addition, the Koranna, Griqua and Tswana people have lived in the province for 15 000 to 20 000 years.

A few San people still live in the Northern Cape in a community known as Platfontein located in an arid region of the Northern Cape, 15 kilometres outside Kimberley.

Language

About 53.8% of the population speaks Afrikaans followed by 33.1% Setswana speaking, 5.3% Xhosa speaking, 3.4% English speaking and only 1.3% Sotho speaking (StatsSA, Census 2011).

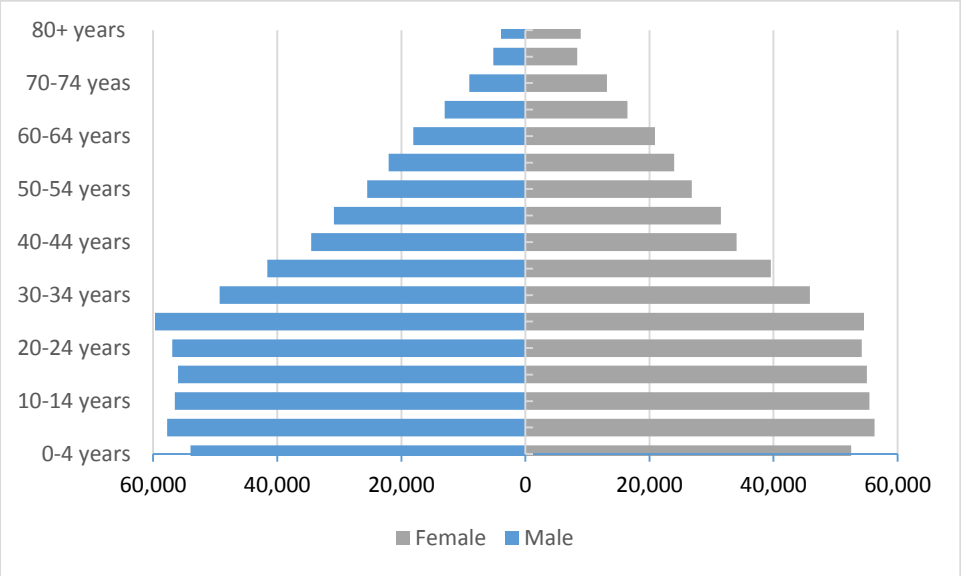
Economy

The economic growth of the province is attributed to the net growth in the primary industries- Agriculture, Forestry & Fishing and Mining & Quarrying industries (Northern Cape Department of Economic Development and Tourism, 2012).

With reference to the Mining and Quarrying industry, the Northern Cape has an abundance of mineral resources primarily diamonds, iron ore, manganese, copper, granite and semi-precious stones. The Gamagara and Tsantsabane regions are home to some of the world's biggest exporters of iron ore. Mining giants such as Mittal Steel, Samancor, Gold Fields, PPC Lime, Alpha and Assmang operate in the Northern Cape.

Furthermore, some of the high-quality agriculture products in South Africa are produced in the Northern Cape. According to a publication by Statistics South Africa (Census of commercial Agriculture, 2007) livestock sales were the most significant contributor to the province 's agriculture sector (40.1%).

Figure 1: Total population by age group and sex (Northern Cape)

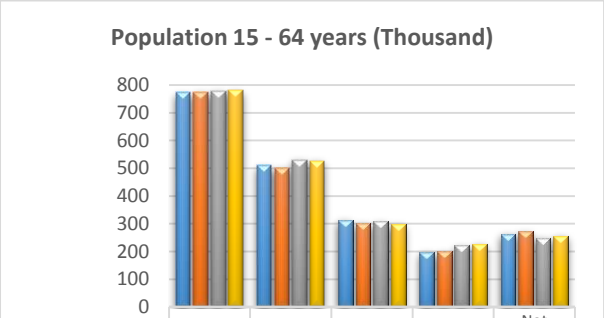


Source: Mid-Year Population Estimates, 2016 (Statistics SA)

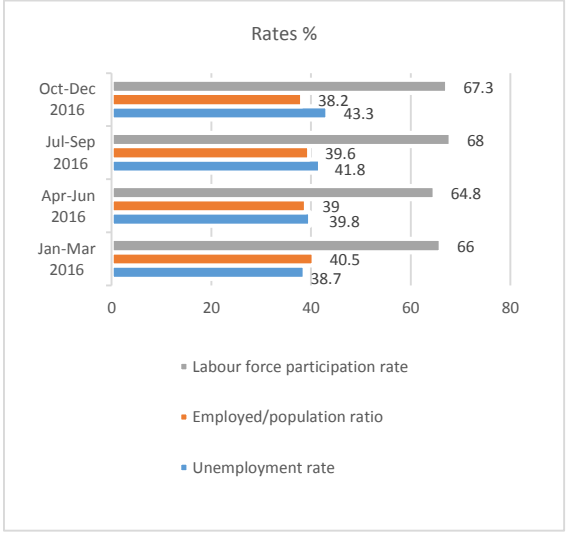
According to the Mid-Year Population Estimates 2016 (Statistics SA), Northern Cape has the smallest share of the South African Population constituting just over 2.1% of the population. The province has 27.9% of its population aged younger than 15 years and more than a tenth of the population aged 60 years and older. As a result, the department should focus on ensuring that health care services are accessible to the younger generation.

4.5.2 SOCIO-ECONOMIC PROFILE

Figure 2: Labour Force characteristics (15-64 years), Q4 2016



	Population 15-64 years	Labour Force	Employed	Unemployed	Not economically Active
Jan-Mar 2016	773	510	313	198	263
Apr-Jun 2016	775	502	303	200	273
Jul-Sep 2016	778	529	308	221	249
Oct-Dec 2016	780	525	298	227	255

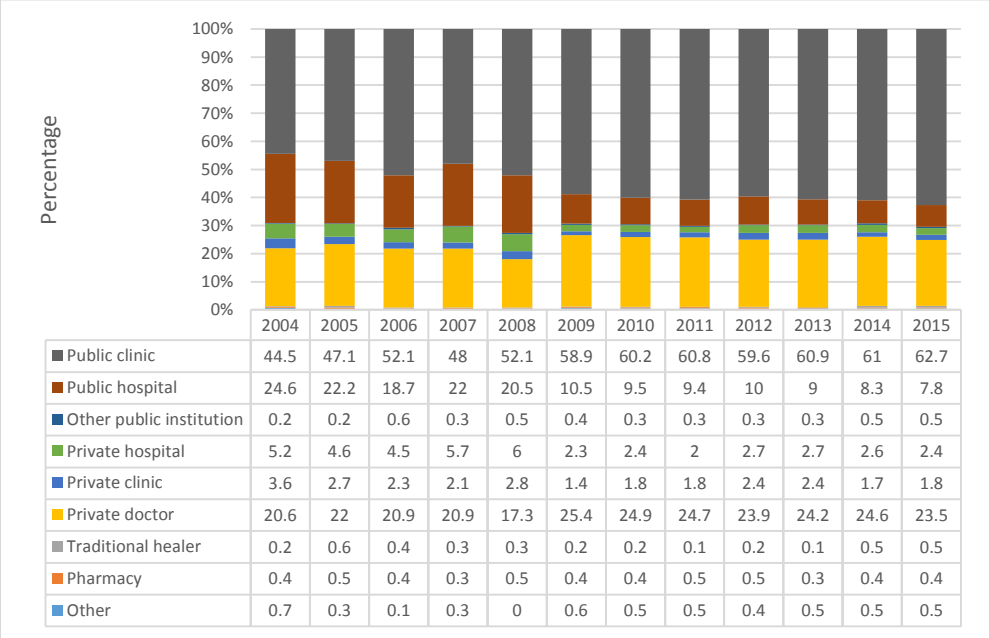


Source: Quarterly Labour Force Survey- Quarter 4 2016 (StatsSA)

The working age population grew by 2 000 or 0.3% and the labour force grew by 1 000 persons in quarter 4 2016 compared to quarter 3 2016. The number of unemployed persons increased by 11 000 during the same period which, combined with a decrease of 10 000 In the number of employed, resulted in a quarterly Increase of 2.4 of a percentage point in the unemployment rate to 32.0%, a decrease in the absorption rate (1.4 of percentage point). Compared to quarter 4 2015 (312 000), employment has decreased by 14 000 (Q4 2016-298 000). In

consequence, decrease in employment and increase in unemployment in the province is alarming, as a result focus should be geared towards ensuring that the unemployed population 15-64 years receive quality health care service.

Figure 3: Percentage distribution of the type of health-care facility consulted first by the households when members fall Ill or get Injured, 2004-2015



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Public clinic	44.5	47.1	52.1	48	52.1	58.9	60.2	60.8	59.6	60.9	61	62.7
Public hospital	24.6	22.2	18.7	22	20.5	10.5	9.5	9.4	10	9	8.3	7.8
Other public institution	0.2	0.2	0.6	0.3	0.5	0.4	0.3	0.3	0.3	0.3	0.5	0.5
Private hospital	5.2	4.6	4.5	5.7	6	2.3	2.4	2	2.7	2.7	2.6	2.4
Private clinic	3.6	2.7	2.3	2.1	2.8	1.4	1.8	1.8	2.4	2.4	1.7	1.8
Private doctor	20.6	22	20.9	20.9	17.3	25.4	24.9	24.7	23.9	24.2	24.6	23.5
Traditional healer	0.2	0.6	0.4	0.3	0.3	0.2	0.2	0.1	0.2	0.1	0.5	0.5
Pharmacy	0.4	0.5	0.4	0.3	0.5	0.4	0.4	0.5	0.5	0.3	0.4	0.4
Other	0.7	0.3	0.1	0.3	0	0.6	0.5	0.5	0.4	0.5	0.5	0.5

Source: General Household Survey 2015 (Statistics SA)

The type of health-care facility consulted first by households when household members fall ill or have accidents is presented in the figure above. The figure shows that about 70.5% of households said that they would first go to public clinics or hospitals compared to 25.3% of households that said that they would first consult a private doctor, or go to a private clinic or hospital. It Is noticeable that the percentage of households that would go to public or private facilities have remained relatively constant since 2004. The percentage of households that would first go to public clinics increased noticeably while those that Indicated that they would first go to public hospitals decreased.

Table A4: Level of satisfaction with public healthcare facilities, 2015

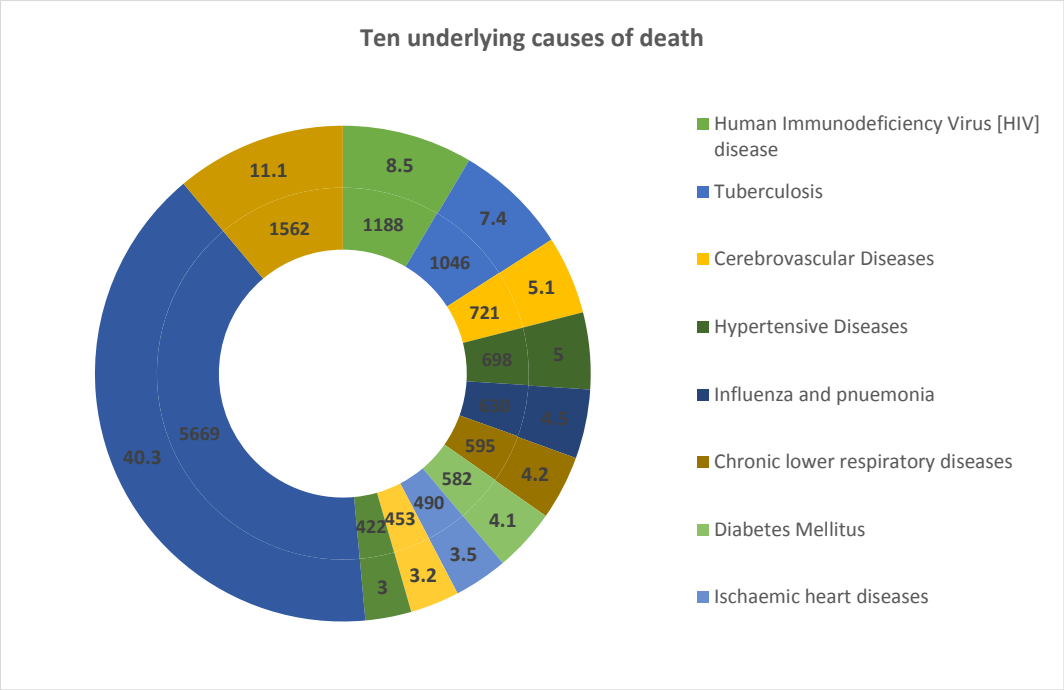
Level of satisfaction with health care institution	Statistic (Numbers in thousands)	Northern Cape
Public Healthcare		
Very satisfied	Number	133
	Per cent	60,2
Somewhat satisfied	Number	45
	Per cent	20,4
Neither satisfied or dissatisfied	Number	16
	Per cent	7,5
Somewhat dissatisfied	Number	12
	Per cent	5,4
Very dissatisfied	Number	14
	Per cent	6,6

Source: General Household Survey 2015 (Statistics SA)

In the Northern Cape 60.2% of Individuals who use public healthcare facilities are very satisfied as compared to the 6.6% Individuals who are very dissatisfied. The Ideal Clinic initiative which aims at ensuring universally available high quality PHC services, will assist in improving the satisfaction of individuals using public healthcare facilities in the province.

4.5.3 EPIDEMIOLOGICAL PROFILE / BURDEN OF DISEASE

Figure 4: Ten leading underlying natural causes of death in Northern Cape

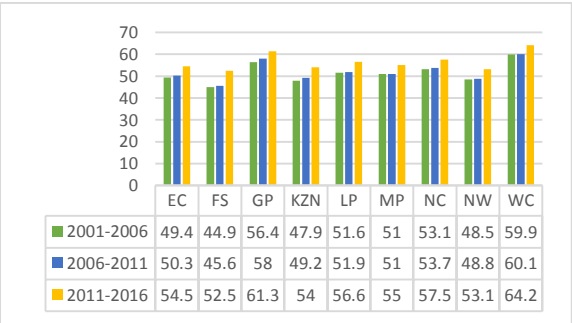


Source: Mortality and causes of death in South Africa 2014: Findings from death notification (StatsSA)

The data on causes on mortality was based on registered deaths as captured by the Department of Home Affairs. In the Province, HIV accounts for the highest proportion of deaths registered followed by Tuberculosis and Cerebrovascular diseases. This does not portray an increase of HIV, but rather the change in recording the causes of death. Doctors are much more at liberty to record HIV as a cause of death even if death was due to opportunistic infections (e.g. pneumonia, organ failure and TB).

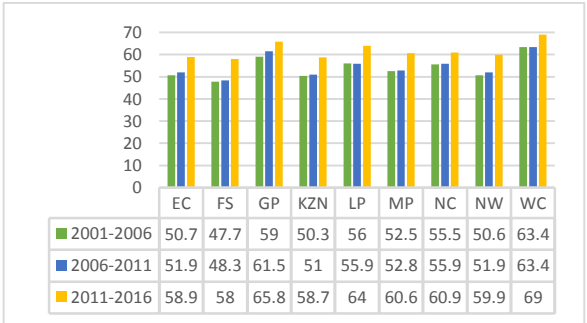
Figure 5: Provincial Average Life Expectancy at Birth, 2001-2006, 2006-2011 and 2011-2016

Males



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	49.4	44.9	56.4	47.9	51.6	51	53.1	48.5	59.9
2006-2011	50.3	45.6	58	49.2	51.9	51	53.7	48.8	60.1
2011-2016	54.5	52.5	61.3	54	56.6	55	57.5	53.1	64.2

Females



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	50.7	47.7	59	50.3	56	52.5	55.5	50.6	63.4
2006-2011	51.9	48.3	61.5	51	55.9	52.8	55.9	51.9	63.4
2011-2016	58.9	58	65.8	58.7	64	60.6	60.9	59.9	69

Source: Mid-year population estimates, 2016(Statistics SA)

According to the mid-year population estimates 2016, the average provincial life expectancy at birth increased for both males and females in the Northern Cape. This further increased to 57.5 years and 60.9 years for males and females respectively for the period 2011-2016. Consequently, more emphasis should be put on the promotion of healthy living in communities through health campaigns. Of much more importance is a cross sectoral approach to address the social determinants of health.

Re-engineering of Primary Health Care

National Health Council gave directive on the 24th of April 2015 that all PHC facilities must reach Ideal status within the next three years beginning in the 2015/16 financial year. By the 31st of March 2017 the province plans to achieve 65 PHC facilities, 36 facilities in Pixley Ka Seme, being an NHI Pilot District and remaining 29 facilities from other districts. The province has conducted the Status Determination (SD) for all 65 (100%) facilities. From the 65 facilities that conducted the SD data capturing, 21 facilities have obtained ideal clinic status. These facilities are from Frances Baard, Namakwa and Pixley Ka Seme districts. From those 21, 7 obtained gold, 6 platinum and 8 silver. The province performed the best in the Health Information Management component (89.5 %) followed by the Implementing of Partners and Stakeholders component (84%). The component that scored the lowest was the Infrastructure component that scored only 57%. Furthermore, in quarter 3 2016/17 the Province took second position Nationally, where 38 facilities scored above 70% against a target of 27 facilities.

Maternal, Child, Youth and Women Health & Nutrition

The Northern Cape Department of Health is committed to ensure an effective and quality implementation of strategic interventions that will ensure the achievement of the targets set in the Sustainable Development Goals (SDGs) 2030. The key specific targets for maternal and child healthcare are as follows:

- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Furthermore, the *Global Strategy for Women's, Children's and Adolescents' Health 2016-2030,* launched to support the achievement of the SDGs, developed 3 over-arching goals: Survive, Thrive and Transform. The strategy aims to achieve the highest attainable standard of health for all women, children and adolescents, transform the future and ensure that every new-born, mother and child not only survives, but thrives.

As a result, the programme aims to strengthen the health system by ensuring equitable access to quality care that is comprehensive, family centred and community based. Furthermore, emphasis will be on the continuous monitoring of processes in order to identify priority issues and implement interventions such as:

- Evidence based national guidelines on maternal health
- Routine care of the Newborn, Small babies and Sick Newborns
- Primary level Integrated Management of Childhood Illnesses (IMCI) and the Hospital Care for Children.

In addition, the fundamental component was to strengthen capacity building of health care workers through structured skills training, mentoring, proper placement and retention of competent staff.

Maternal and Neonatal Health

There has been a significant reduction in maternal death from 167/100 000 live births (2011/12) to 112.5/100 000 live births (2015/16). The reduction was due to the implementation of the Essential Steps on Managing Obstetric Emergencies (ESMOE), Perinatal Mortality Meetings and MomConnect at facilities. Despite the reduction in maternal deaths, there are still challenges such as the performance of safe Caesarean Sections where all high risk and complicated labour cases should be managed appropriately in some district hospitals.

In November 2016, the National Health Council agreed that the Antenatal care package will be changed to incorporate the new WHO Antenatal care guideline of 2016, which aims to improve the quality of antenatal care by increasing the standard visits from 5 to 8 visits (BANC plus). This new guideline will be implemented as from the 01 April 2017.

The Perinatal Problem Identification Programme (PIPP) strategy for the assessment of perinatal morbidity and mortality is implemented in all delivery facilities. The strategy will assist with the understanding of the vulnerability and special needs of the neonatal population in order to improve the quality of care for Neonates. There is a challenge around basic care of neonates due to the lack of neonatal nurseries in our district hospitals resulting in overburdening at Regional and Tertiary hospitals.

Child Health

The World Health Organization and UNICEF recommend that breastfeeding should be started within the first hour after birth, and that all babies – regardless of the mother's HIV status – should be exclusively breastfed for the first six months of life (UNICEF South Africa). That introduction of nutritious complementary feeding should be initiated in the sixth month and breastfeeding continued for up to two years.

Furthermore, in accordance with the Tshwane declaration endorsed by the Department of Health in 2011, mothers will no longer be offered replacement feeding in health facilities and will be encouraged and supported to breastfeed their infants.

In the province exclusive breastfeeding rates improved over a period of two years, reported at 60.5 % in 2013/14 and 62.9% in 2014/15. The improvement was due to the effective interventions put in place by the programme namely: leadership and advocacy; infant and young child feeding messages; constant training and the resilient referral systems at the facilities.

Breastfeeding saves lives by protecting babies from diarrhoea and pneumonia – the biggest killers of infants and children in South Africa – and is strongly associated with improved development and educational achievement. The Northern Cape managed to reduce the number of deaths due to diarrhoea and pneumonia in children under 5 years. In 2015/16 death due to diarrhoea and pneumonia was reported as 1.8 % and 1.3 %, respectively. In comparison to the 3.4/1000 and 2.8/1000 deaths reported in 2014/15 for diarrhoea and pneumonia.

The Integrated Management of Childhood Illness (IMCI) programme has been extended to distance-IMCI (that is correspondence IMCI learning) in Namakwa, Frances Baard and Pixley Ka Seme districts in 2016/17 to improve the coverage of nurses trained in facilities. Furthermore, the department has an MOU with the private sector whereby the department provides them with vaccines as a way of ensuring that children previously missed are covered. The data from the private sector is submitted to the department on a monthly basis.

PMTCT

The PMTCT programme is gearing towards eliminating mother to child HIV transmission through the implementation of option B+ of the revised PMTCT guidelines. Option B+ states that all HIV positive pregnant and breastfeeding women should be initiated on treatment irrespective of their CD4 count. In addition, the programmes aim at retesting all HIV negative pregnant women at every ANC visit and considering a 6 weeks' window period, retesting during labour and delivery as well as postnatally. In quarter 1 2014/15, 3 072 antenatal clients were re-tested, in comparison to the 3 906 re-tested in quarter 1 2016/17. In addition, the number of antenatal clients initiated on ART in quarter 3 2015/16 were 594 and in quarter 3 2016/17 (495).

The early infant diagnosis of HIV exposed infants changed from 6 weeks first PCR testing to 10 weeks and 18 weeks (on certain cases where the mother is HIV positive). This had a negative impact on the first quarter 2016/17 performance, as re-testing was done for all HIV exposed babies. Infant 1st PCR test positive at 10 weeks' rate in quarter 1 2016/17 was 2.2 against a target of 1.7. In order to effectively monitor the implementation of the revised guidelines, the programme conducted continuous trainings for health care providers, community awareness campaigns and support visits. The initiative resulted in the reduction of Infant 1st PCR test positive at 10 weeks' rate, reported as 0.96% against a target of 1.7% in quarter 3 2016/17.

Integrated School Health

The programme aims to build on and strengthen the existing school health services. In order to improve on the provision of services to learners in all educational phases, School Health Services are delivered by designated School Health Nurses who form part of the PHC staff component. The plan is that one professional nurse per health care facility takes on the responsibility of all the schools in their vicinity. Dental Health Services, dieticians and allied health workers visit schools on a regular basis. School health trucks are also being utilized for health promotion activities in the community. The screening coverage has improved, in 2015/16 school grade 1 and grade 8 screening coverage was reported as 12.9% and 7.5%, respectively. In the quarter of 2016/17, the school grade 1 and grade 8 screening coverage was 6.6% and 0%.

HPV vaccination Campaign

The HPV vaccination Campaign has been progressing well despite a number of challenges. The positive improvement was as a result of the school-based vaccination programme and parental consent provided for eligible grade 4 girls to be immunised. In addition, the involvement of the grade 4 Educators assisted in identifying girls absent from school.

The first round of the 2016 campaign resulted in 69.6% grade 4 learners (girls) being vaccinated out of a total of 8351. The vaccination will ensure that the girls are adequately protected against cervical cancer. Furthermore, a grade-based approach instead of an age-based eligibility criteria simplified the implementation of the HPV vaccination campaign in schools.

The target set for 2017/18 is to reach 80% of public schools with grade 4 classes and to vaccinate 24390 of the eligible girls.

Deworming

The Deworming was introduced during the first round of the 2016 HPV vaccination Campaign. The target group was Grade R to 7 learners in quintile 1-3 schools. Deworming tablets are given to eliminate worms that interfere with digestion of nutrients especially in vulnerable children. The total number of targeted schools and leaners in the province was 353 and 119 546, respectively. And from the 353 schools targeted, 273 (77%) schools were reached and a total of 84 906 learners were dewormed. Deworming did not materialise at some schools due to the consent forms being filled in with pencil (NOT OFFICIAL). Additionally, the lack of transport and late arrival of nurses at schools.

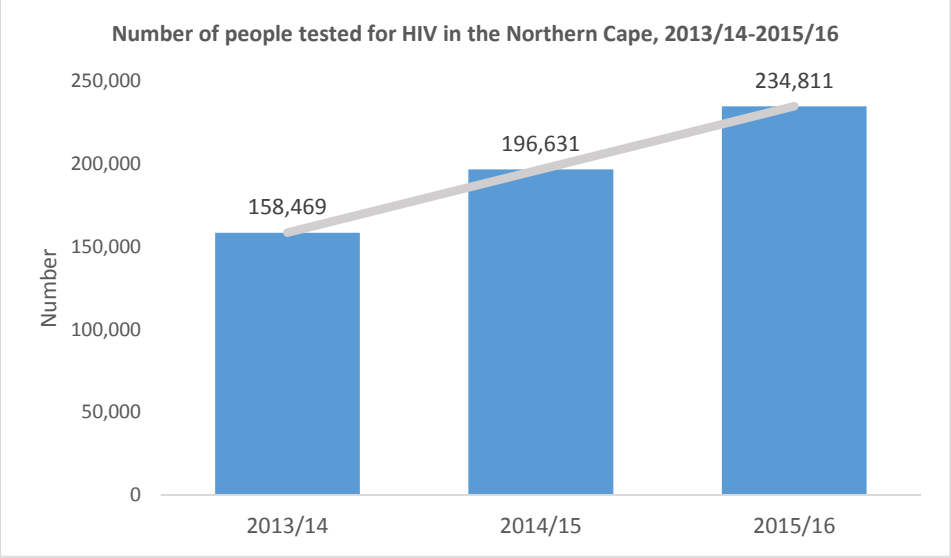
HIV Epidemiology

The provincial HIV prevalence among antenatal attendees has been stable in the past five years (2009-2013), reported around 17% without any significant year-on-year variation. However, geographical spread between districts still shows extreme variations with the lowest prevalence recorded in Namakwa at approximately 2.3% whilst the highest reported in John Taolo Gaetsewe at 23.2% (National Antenatal Sentinel HIV Prevalence Survey, SA, 2013).

HIV Counselling and Testing (HCT)

The provincial target for HIV testing was 221 764 in the 2014/15 financial year and out of that target only 196 631 people were tested. In the financial year 2015/16 the target was increased to 241 037 and the actual number of people tested was 234 811 (97% of the targeted 241 037). It is evident that there was an increase of about 8.8% (38 287) from 2014/15 as compared to 2015/16.

Figure 6: Total number of people HIV tested between 2013/14 - 2015/16, Northern Cape



Source: District Health Information System (DHIS), NC Department of Health, June 2016

The figure above depicts that between 2013/14 (n = 158 469) and 2015/16 (n = 234 811), the number of people tested for HIV increased by 48%. This indicates positive strides by the department to promote HCT services in facilities and at community level. Many factors have contributed to this improved performance, namely:

- Health education and awareness campaigns;
- Improved access through the contribution of the Development Bank of South Africa (DBSA), by renovating selected facilities for HCT provision;
- The franchise model implemented by Health Systems Trust (HST) in contracting private health care providers and Non – Governmental Organizations (NGOs) to provide HCT services to private and public health care users;
- Ensuring that there's adequate stock of rapid HIV test kits in facilities; and
- Improved data collection by ensuring that HCT data from external partners whom the department has entered into partnership is incorporated into DHIS.

Antiretroviral Treatment (ART)

The implementation of the revised National ART Guidelines in January 2015 has been rolled out throughout the province. The changes are specific to pregnant/breastfeeding women who should be immediately initiated on ART regardless of CD4 cell count. During the implementation the department experienced challenges in tracing back HIV positive clients who were previously not eligible in the old guidelines (CD4 count 300 – 499 cells/ µl). This resulted in the minor increase of 2% in the number of eligible clients started on ART between 2014/15 (9 854) and 2015/16 (10 056). The increase was much lower than projected, despite efforts at facilities to identify qualifying patients who needed to be followed up for treatment initiation and the tracing of clients at community level by community health care workers. Furthermore, the promotion of the revised National ART Guidelines has not been at a level that was initially planned due to the cost containment measures implemented by the department.

The 2015 cohort analysis report from the Provincial Tier.net showed that the retention of patients in the ART programme was still a serious challenge. This was evident in the increase number of clients lost to follow-up from 3 254 in 2014 and 3 946 in 2015 among ART clients in the age cohort 0 – 6 months. This represented an increase of approximately 21% in this cohort.

The target for children remaining in care was not achieved due to a slight increase in the HIV transmission rate between mothers and babies from 2.1% in 2014/15 to 2.7% in 2015/16. The increase is a concern as the provincial goal is to reduce mother to child transmission to 1.5% or less by the end of term of the Provincial Strategic Plan on HIV, TB and STIs (2012 -2016).

Condom Distribution

Access to condoms has been mainly affected by the inadequate storage space in our districts as well as the lack of transportation of condoms from districts to facilities. The male condom distribution coverage was reported as 20 for 2014/15 and 20.5 for 2015/16 both of which were below the set target of 37 condoms per male in the 15 years and older male population.

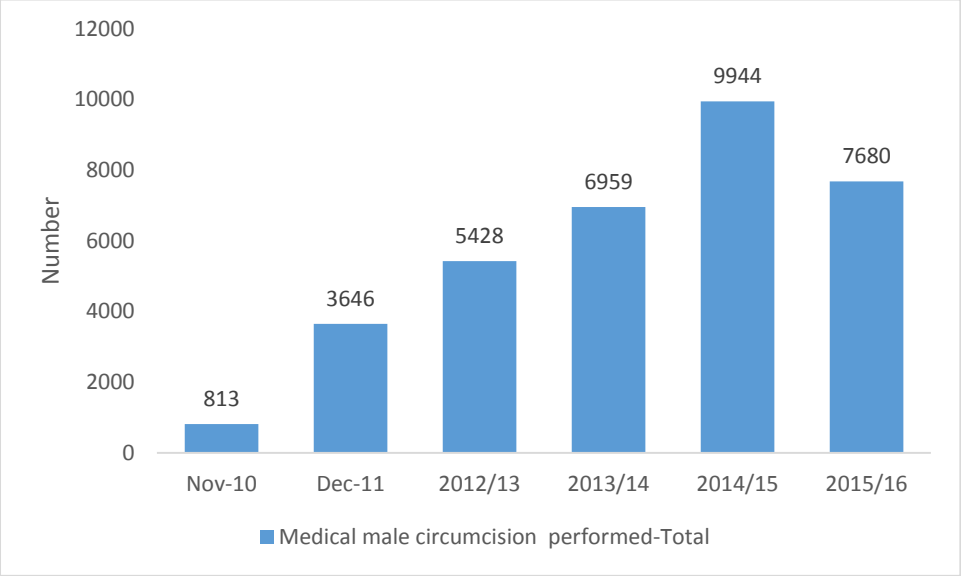
In order to improve condom distribution, the province has identified storage sites which it will occupy in the 2017/18 financial year and funds have been allocated for renovations of these sites. Furthermore, three districts (Namakwa, Pixley Ka Seme and ZF Mgcawu Districts) have a dedicated district condom logistics officer appointed in order to ensure effective stock management. The appointment of the personnel will directly improve distribution of condoms and will ensure the recording and reporting on condoms at district level is well attended

Voluntary Medical Male Circumcision (VMMC)

Since the roll-out of VMMC programme in 2010/11, the Northern Cape has made great strides in increasing access and demand creation towards VMMC services in all districts. Roving teams, comprising of doctors, nurses and data capturers, have been established in three districts- ZF Mgcawu, Pixley Ka Seme and Francis Baard.

To overcome shortage of medical doctors, the department has engaged National Department of Health to intervene in recruiting a credible service provider for outsourcing of the MMC services. In the third quarter of 2016/17 Aurum Institute was appointed as a service provider. The Service Level Agreement is currently with the legal department and work will commence as soon as it is finalized and signed. The Service Level Agreement between Aurum Institute and the Northern Cape Department of Health will run until 31st October 2019.

Figure 7: Total number of medical male circumcisions performed in the Northern Cape, 2012/13 - 2015/16



Source: District Health Information System (DHIS), NC Department of Health, June 2016

Over the six-year period (2010/11 and 2015/16), a total number of 34 055 medical male circumcisions were completed. In 2015/16 financial year, a high number of medical male circumcisions were performed at Frances Baard district 3 692 (48%) and John Taolo Gaetsewe 2 295 (30%). This was a result of the support by the South African Clothing and Textile Union (SACTWU) through their contracted medical doctors (one in each district).

Furthermore, due to the yearly trends observed the provincial annual target for 2016/17 was decreased to 14 000 from 24 279 in 2015/16 financial year. Health promotions will provide communities with information and conduct road shows.

TB Control

Drug susceptible TB

Overall, the TB treatment outcome indicators performed better compared to the previous reporting period, with a slight improvement in the TB treatment success rate from 77% in 2013 to 81% in 2014. Furthermore, the average TB cure rate increased slightly from 68% in 2013 to 71.5% in 2014, attributable to improved patient management and intensive support visits to facilities to ensure sustained good clinical care. Conversely, in 2015 treatment success and cure rate dropped to 76,2% and 67% respectively. The drop was attributed to high defaulter rate and some patients not evaluated. TB death rate depicts improvement from 6% to 5.3% which is a result of on-going patient education and adherence counselling.

TB/HIV collaboration

TB/HIV co-infection rate for drug - susceptible and drug - resistant TB (MDR – TB) was at 40.6% (2014) and 56.7% (2015), respectively. This was a result of the intensified PICT (Provider Initiated Counselling and Testing) and HCT services to TB clients. Noticeable gains were observed in the TB/HIV collaboration for susceptible TB with Cotrimoxazole Preventative Therapy (CPT) at 95% and ART initiation rate at 90.7% in 2015. The performance was ascribed to NIMART and NIMDR trained professional nurses providing comprehensive PHC services and a sustained improvement of ART initiation in the Drug resistant TB programme. Additionally, the onsite ART initiation by medical officers at the two MDR - TB sites, West End Hospital and Dr. Harry Surtie Hospital, as well the outreach services conducted at districts contributed to the increased initiation rate.

Drug Resistant TB

The province implemented the Bedaquiline and Linezolid (BDQ and LNZ) access program (TB drug resistant treatment regimens) in the 2015/16 financial year successfully. Primarily, the target for the Northern Cape Province was to enrol 126 patients in the programme by the end of 2015/16 financial year. However, during the course of the year the target was revised to 63 patients, and by the end of March 2016 88 patients were enrolled into these regimens. Resulting in a positive deviation of 25. The treatment initiation rate has also been sustained at 100% for the past three years (2014-2016).

Decentralization of MDR-TB services

In an effort to curb the rise of Multi-Drug Resistant TB (MDR-TB), the department decided to reduce the period of stay for MDR-TB patients in centralized MDR-TB units by formally centralizing the MDR-TB services. The centralized MDR-TB units will be responsible for initiating and monitoring treatment of all extensively drug-resistant TB (XDR-TB) and paediatric patients, and some MDR-TB patients (National Department of Health, SA-MDR-TB Policy, 2011). The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) in an effort to assist the province centralize MDR-TB units, conducted a readiness assessment at West End Hospital (TB unit) in an effort to assist the province centralize MDR-TB units. The assessment aimed at reviewing the decentralization process, the quality of service delivery provided, infrastructural gaps on infection control, the use of audiology services and the appointment of linkage officers in an attempt to support MDR TB treatment initiation to be within 5 days as per the policy guideline for all newly diagnosed patients.

To date, the province has managed to roll-out 8 MDR TB initiation sites in three districts namely Francis Baard, John Taolo Gaetsewe and ZF Mgcawu. In the Francis Baard district the facilities initiating are Richie and Mataleng PHC; in John Taolo Gaetsewe the facilities are Logobate and Kathu PHC; and in the ZF Mgcawu district the facilities are Kamoes and Sarah Strauss PHC. There are also 2 JHPIEGO clinical practitioners assisting the province, one is based in John Taolo Gaetsewe and one in Francis Baard.

Partnership with the Mines

The partnership with the mines is ongoing and has been sustained through monthly meetings conducted where progress on service rendition is assessed. During the fourth quarter of 2015/16 discussions were finalised for the services rendered in the mines to be expanded to include Chronic Disease services specifically diabetes mellitus and hypertension. This agreement was included in the new MOU's reviewed and renewed for another 5-years. Data from these mines is being reported in the District Health Information System (DHIS) to ensure routine monitoring of the TB programme.

Overview of the performance of the Provincial Communicable Diseases Control

Meningococcal Meningitis

The overall incidence of meningococcal disease increased in the third quarter 2016/17 were two cases were reported as compared to the previous 2 quarters (Q1 and Q2) were zero (0) cases were reported. The pattern remains the same for quarter 3 2016/17 and quarter 3 2015/16 were 2 cases with no deaths were reported. Furthermore, the Case Fatality Rate (CFR) remains at 0 %. The CFR represents the measure of outcomes of management of the case, it may reflect the health seeking behaviour of the patient (time patient presented to health facility since onset of symptoms), quality of care, public health response and good clinical practice.

Seasonal Influenza

Seasonal and pandemic influenza is a major public health threat throughout the world. Seasonal influenza is a highly communicable respiratory tract infection causing an estimated 250 000 to 500 000 deaths in persons of all ages annually. In South Africa, it is estimated that about 5 000 to 10 000 deaths occurring during hospitalization are due to influenza each year. The primary effective prevention strategy is vaccination before the influenza season sets in. The programme has been vaccinating high risk individuals to mitigate the impact of the disease. For the year 2016 25 000 Influenza vaccines were procured but due to delays from the manufacturers the vaccines only arrived in the country in April instead of in January before the start of the Flu season. Below is a progress report for the vaccination of all categories of patients in all Districts.

A5: Influenza vaccine progress report for Quarter 3 2016/17

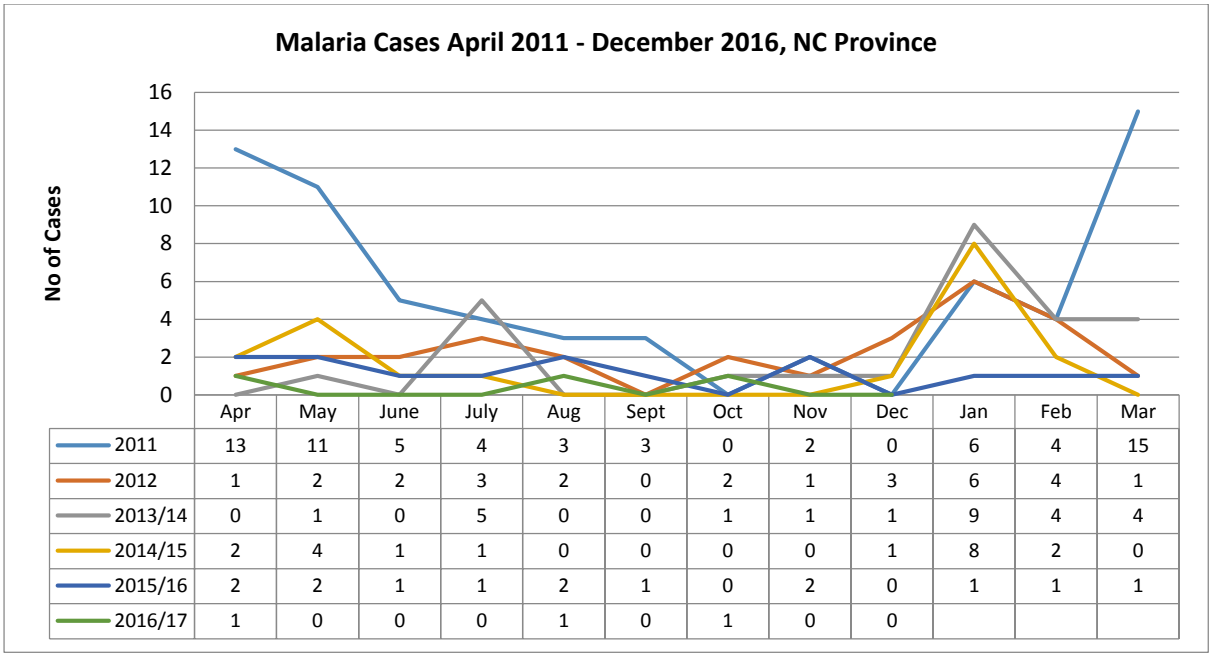
District	Amount of vaccines received	Target groups					Total vaccines used	%	Vaccines remaining
		Children 6 months to under 5 years	All those > 5 years with Chronic Medical Conditions (Cardiac, pulmonary, Chronic renal, Diabetes mellitus, HIV/AIDS & others	Pregnant women	All people over 65 years of age not in any other risk group	Residents of Old Age Homes, Chronic Care and Rehabilitation Institutes			
Frances Baard	6'000	215	2'057	733	319	41	3'365	56%	2'635
KHC	1'000	170	686	79	65	0	1'000	100%	0
Harry Surtie Hospital	100	20	80	0	0	0	100	100%	0
ZF Mgcawu	3'900	171	1'557	658	126	18	2'530	65%	1'331
Pixley Ka Seme	4'000	87	1592	554	286	107	2'626	66%	1'374
Namakwa	5'000	143	2'492	228	418	184	3'465	69%	1'535
John Taolo Gaetsewe	5'000	348	1'205	360	107	0	2'020	40%	2'980
TOTALS	25'000	1'154	9'669	2'612	1'321	350	15'145	60%	9'855

Source: NCDoH Communicable Disease Report, April -December 2016

Malaria

By the end of December 2016 only one malaria case was reported with no death as compared to the same period last year were 3 cases of malaria were reported with no deaths. The one (1) case reported in November 2016 was travel related, the patient was a South African citizen working in a mine in Angola.

Figure 8: Malaria cases in the Northern Cape April 2011 – December 2016



	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2011	13	11	5	4	3	3	0	2	0	6	4	15
2012	1	2	2	3	2	0	2	1	3	6	4	1
2013/14	0	1	0	5	0	0	1	1	1	9	4	4
2014/15	2	4	1	1	0	0	0	0	1	8	2	0
2015/16	2	2	1	1	2	1	0	2	0	1	1	1
2016/17	1	0	0	0	1	0	1	0	0			

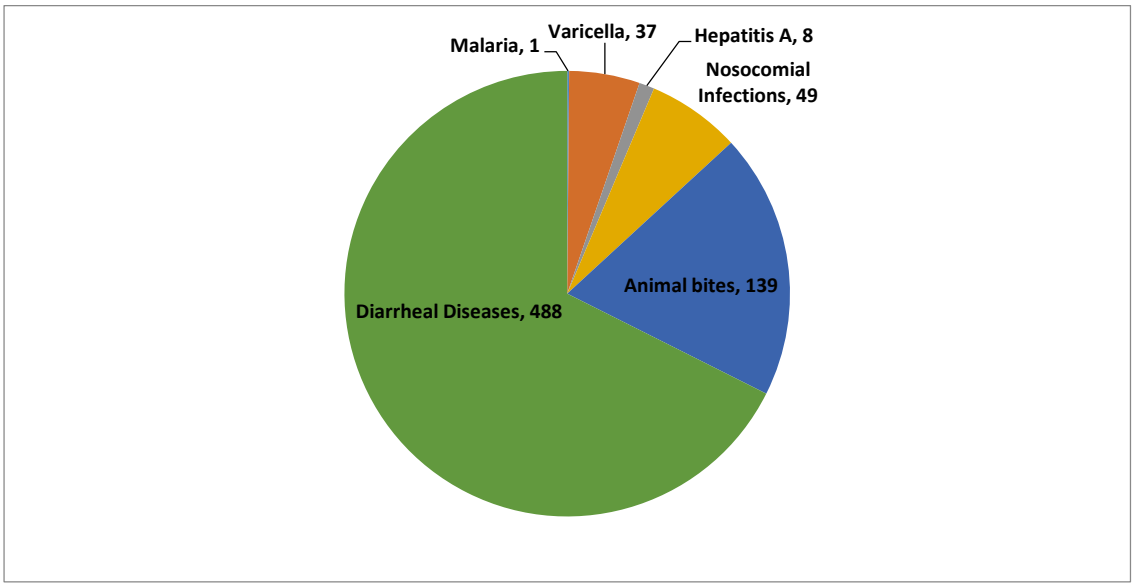
Source: Northern Cape Communicable Disease Control unit line lists, 2016/17

Endemic Conditions

The figure below depicts priority conditions reported during the period September 2016 – December 2016. Nosocomial Infections which are hospital acquired infections, at Kimberley Hospital have decreased due to new infection control measures put in place at the hospital. Animal bite cases reported for quarter 3 2016/17 were also managed according to protocol inhibiting any deaths. A Rabies death is seen as a health system failure because Rabies is 100% preventable, but also 100% fatal as there is no cure once Rabies symptoms occur from mismanagement of a patient at a health facility.

Diarrhoeal diseases rank as the highest condition (488 cases, Quarter 3 2016/17) in the Northern Cape Province, the number of diarrhoea cases have decreased as compared to the same period 2015/16 (859 cases with 1 death). The reason for the decrease can be attributed to the introduction of the Rotavirus vaccine in the childhood immunization schedule as less children under 5 years are treated with diarrhoea and the emphasis placed on the case definition of all diarrhoea cases at facility level. The data presented below serves as a risk indicator and early warning system as it reflects the extent and effectiveness of interventions e.g. health promotion, vaccination programs and outbreak prevention and control measures.

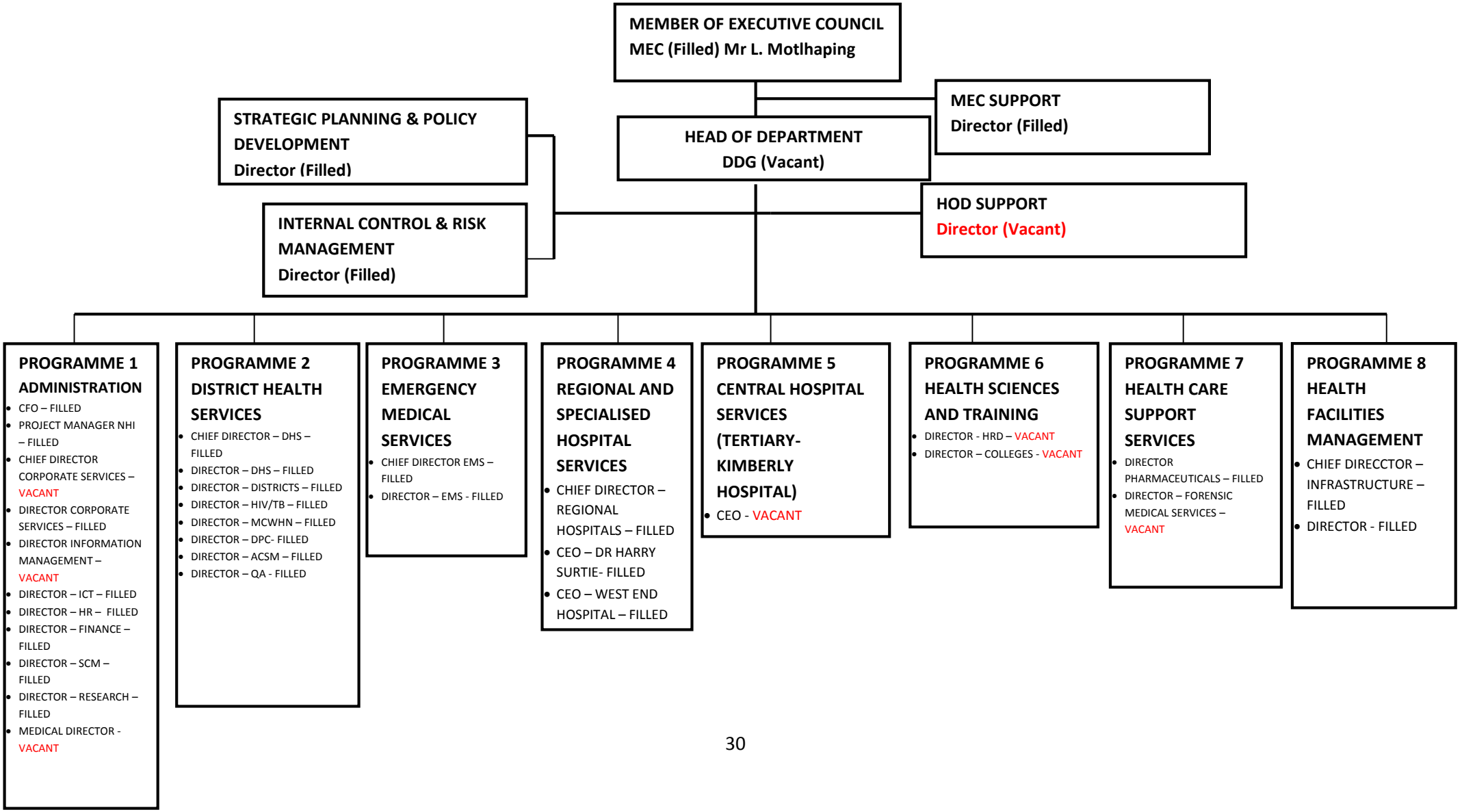
Figure 9: Number of endemic conditions September 2016- December 2016, Northern Cape



Source: Communicable Disease Weekly reports of Surveillance data

4.6. ORGANISATIONAL ENVIRONMENT

4.6.1. CURRENT ORGANISATIONAL STRUCTURE



Programme 1: Administration (Provision of Strategic Management and Leadership)

Programme one (1) is largely responsible for the provision of strategic leadership and direction in the institution, it is where the Office of the MEC and that of the HOD reside. It also contains some of the strategic components such as HRM and Finance. There has been a continuous effort to capacitate and strengthen all the components especially at leadership level or capacity. Despite extant challenges relative progress to varying degrees is being made by respective components in the programme. There has been notable frequent change and rotation of leadership in some components such as Finance, this instability does not bode well for the change management process that the organization is undertaking. The programme must strive for greater certainty in this regard.

Information and knowledge management is one of the important assets of a learning organization that is undergoing a process of change. The area of management of institutional knowledge and memory in so far as the programme is concerned, including the organization as a whole, needs to receive attention both in terms of systems and human resources. The enforcement of compliance is one of the critical factors that have hitherto impacted negatively on the organization, processes to strengthen Risk and Security Management Components are thus pivotal.

The Annual Performance Plan 2016/17 was tabled at Legislature on the 3rd of May 2016. Thereafter, communication (dated 13 May 2016) was received from Legislature requesting that the Department re-table the APP and include Gender indicators. In response to the communication, Office of the Premier proposed that the Department include Gender indicators in the Annual Performance Plan (APP)2017/18. Therefore, the department has included the Gender mainstreaming indicators in the APP 2017/18 under the sub-programme: Employment Equity and Gender.

Programme 2: District Health Services

Programme two (2) includes cross functional programmes and facilities (District Hospitals, CHC's, Clinics and programmes). It is the largest programme both in scope and size, it thus as a subsystem reflect as a microcosm that best exemplify the performance of the larger containing system. The Work Load Indicator for Staffing Need (WISN) depicts this reality succinctly, it also shows the uneven distribution of skills in terms of the urban and rural divide. The challenges of appropriate staffing have multiple sources, including the continuously evolving diseases profile as enumerated in this Annual Performance Plan of the Department

The effects of infrastructural, financial and human resource challenges are succinctly self-defined as they impact directly on service delivery. Nurses are perhaps the most important resource of this programme, this is so given the fact that the health system in the province is largely nurse driven. The shortage of Medical Doctors naturally places reliance on nurses, especially in Primary Health Care. This does not detract from the fact that an appropriate mix of clinical and non-clinical skills are required to deliver health care services. There are also significant developments in the sector that needs to be taken into account, such as attempts to get Health Promoters registered with the HPCSA.

This means that consideration should be given to development of the current personnel and increase the number of health promoters as a proportion of the population. Notably the programme is also reliant on a variety of community based workers and NGO's that offer vital services such as counselling for HCT campaign.

The bulk of the staff complement of the department are under programme two, with varying but significant shortages in the different fields of specialization. The clinics in particular are most affected by the shortage of staff both clinical and administrative. A quantification of the amounts (value) associated with training and recruitment of the required personnel are astronomical. It is thus important to plan systematically and incrementally to meet this systemic demand.

Programme 3: Emergency Medical Services

The department has been having challenges regarding the appointment of personnel to realise the two persons' crew and increase on the number of fleet to ensure full coverage of Emergency Medical Services. The department is envisaging to have 184 operational ambulances and currently standing at 111. There are currently 806 EMS personnel in the establishment with 906 outstanding to arrive at a total of 1830 to realise the target. There are only two control centres situated in Kimberley and Upington respectively.

Programme 4: Regional and Specialised Hospitals

There is currently only a single regional hospital in the Northern Cape, namely Harry Surtie Hospital which is located in Upington. The Mental Hospital will soon move into a new mental facility which will increase the current staff challenges whilst further emasculating the capacity of staff to fulfil increased obligations. One of the ancillary but vital aspects to take into account is the huge size of the facility, the philosophy underpinning mental health has changed from a centralized to a decentralized approach meaning that the new facility may be too big. What is required is a transition plan from the current dispensation to the new that includes the new facility.

The same holds for the Tuberculosis Hospital there has been a process of increasing decentralization of TB services. However, it is important to note that TB is currently the second highest cause of mortalities in the province and thus any health planning whether human or infrastructural focused must elevate TB as a priority. It goes without saying that in conjunction with TB is the attention to HIV which is in most instances an underlying cause of the former.

Programme 5: Tertiary Hospital Services

Kimberley Hospital is the only tertiary facility in the Northern Cape, all the cases requiring T1 services are referred to it. Due to the fact that there is also no District Hospital in the Sol Plaatjie Municipality where it is located it is a referral facility for all clinics and CHS's in Sol Platjie municipality after 16h00.. It is pivotal to address such systemic

and structural factors to alleviate the pressure on this programme; the implementation of 24 hour services in CHC's is one of the solutions that have been identified. The introduction of new services, given the demand, has also contributed to the resource pressures that are experienced by this programme.
In as much as this is a challenge the introduction of new services and training that Kimberley is accredited for is a positive development. Tertiary services are a necessity for the Northern Cape, computing a great responsibility and costs for the
department to discharge its constitutional obligation in this regard.

Programme 6: Health Sciences and Training

The Department has been focusing on training both its employees and potential employees in various institutions across the country. Recently, previously neglected specialties' such as EMS professionals and others has received attention in so far as training is concerned. Through working with the University of Free State there has also been a notable focus on developing Junior, Middle and Senior Managers.

There are 150 students who access medical training in Cuba through a Castro -Mandela programme with a budget of R28 790 931.00. The current output by the nursing college is seriously outstripped by the demand; some of the demand is driven by the improvements that are being made as part of the Re-engineering of Primary Health Care, introduction of new services such as school health across all districts and building of new and improved facilities. Given the fact that our services are nurse base or driven it is an area that needs special attention.

Programme 7: Health Care Support Services

Amongst others the issues of the organogram have really led to the mal-alignment of services such as Laundry, Engineering and Orthotic and Prosthetic services. The process of decentralization accompanied by proper delegations is required. Where there has been decentralization there is a need for role clarification and proper alignment from the Province to the facilities. Pharmaceutical services are one of the areas in which there has been chronic shortages of skilled and qualified personnel. The competition with the private sector has heightened in the past few years, with many Pharmacists and Pharmacy Assistance opting to go and work in the private sector. Facilities in the province are struggling to meet the strict requirements of the pharmacy council in terms of personnel, infrastructure and dispensing requirement.
Despite the challenges a slight improvement in the drug stock outs has been noted in the recent past. However, given the challenge's including resource constraints this is not sustainable.

Programme 8: Health Facilities Management

It is envisaged that with the planned implementation of the generic structure for the programme the budget of the programme will significantly increase. The budget of this programme consists mainly of the Hospital Revitalization Grant; it is pivotal that there be proper planning for the envisaged increase in the personnel so as to avoid placing

more demand on the equitable share for non-clinical but obviously critical services. A balance has to be reached that recognizes the constricted financial environment that is projected throughout the Medium Term Expenditure period. One of the greater risk pertaining to this programme is the lack of preventative maintenance and the sometimes slow progress on projects resulting in the escalation of costs. This invariably impact on the effective and efficient use of the available human resources. Notably it is also exacerbating the current constricted financial environment. The continued delay of some of the major projects impacts on infrastructure improvement which is itself a major point of leverage for the Departments attempt to attract and retain staff. The slow progress in infrastructure projects has had a cumulative effect of eroding the Provincial proportion of the Health Facilities Revitalization Grant.

4.6.2 PROPOSED ORGANISATIONAL STRUCTURE

INTERNAL CONTROL, RISK AND INTEGRITY MANAGEMENT

PURPOSE: TO PROVIDE RISK MANAGEMENT SERVICES

FUNCTIONS:

1. Develop and implement the enterprise risk management strategy
2. Identify, develop, and ensure compliance and implementation of risk mitigation strategy
3. Oversee the establishment and facilitation of governance structures
4. Manage, maintain and financial control systems
5. Develop, manage, coordinate and implement fraud prevention policies and systems

Staff Establishment

1x Director (SL13)
1x Deputy Director (SL 11)
1x Assistant Director (SL9)
1x Senior Administrative Officer (SL8)
1x Administrative Clerk Production Level (SL5)

SUPERINTENDENT GENERAL/HOD

PURPOSE: TO MANAGE HEALTH SERVICES

FUNCTIONS:

1. The management of Clinical Health services
2. The management of corporate services
3. The management of financial services

Staff Establishment

1 X SG (SL16) Vacant
1 X Personal Assistant (SL7)

SUPERINTENDENT GENERAL/HOD

PURPOSE: TO MANAGE HEALTH SERVICES

FUNCTIONS:

1. The management of Clinical Health services
2. The management of corporate services
3. The management of financial services

Staff Establishment

1 X SG (SL16) Vacant
1 X Personal Assistant (SL7)

CLINICAL MANAGEMENT SERVICES

PURPOSE: TO PROVIDE CLINICAL MANAGEMENT SERVICES

FUNCTIONS:

1. The management and coordination of hospital & EMS services
2. The management and coordination of the provision of district health services
3. The management and coordination of the provision of Health Support programmes

CORPORATE SERVICES

PURPOSE: TO PROVIDE CORPORATE MANAGEMENT SERVICES

FUNCTIONS:

1. The management and coordination of the provision of Human Resource Management services.
2. The management and coordination of the provision of corporate support services
3. The management and the coordination of Infrastructure management services

FINANCIAL MANAGEMENT SERVICES

PURPOSE: TO PROVIDE FINANCIAL MANAGEMENT SERVICES

FUNCTIONS:

1. To provide financial management services
2. To provide Supply Chain Management and Asset management services

STRATEGIC SUPPORT MANAGEMENT

PURPOSE: TO MANAGE AND COORDINATE THE IMPLEMENTATION OF STRATEGIC SUPPORT SERVICES

FUNCTIONS:

1. The management, coordination and the provision of integrated planning services
2. The management, facilitating and conducting of integrated M& E services
3. The management, coordination and implementation of service delivery and Organizational transformation services
4. The management, research, Coordination, development and review of all health service policies
5. The management of communication and services

PROPOSED ORGANISATIONAL STRUCTURE

The department is operating with an obsolete organisational structure, that was last approved in the year 2002. Subsequent to that a lot of changes took place in terms of legislation requirements and mandates that needed to be implemented. Some of those key service mandates are;

- Achievement of the 90-90-90 targets on HIV and TB
- Voluntary Medical Male Circumcision (VMMC)
- Ideal Clinic Realization and Maintenance
- National Health Insurance (Pixley Ka Seme District as a pilot district)
- Primary Health Care re-engineering

In order to achieve these outcomes, the office of the MEC and Executive Management commissioned for the re-design of the departmental organisational structure. Broad consultation took place both internally and externally, moreover provincial protocol was also observed through consultation with the Office of the Premier.

The proposed structure aims to manage a number of issues, such as;

- Functional relevance, to ensure that purpose and functions are directly linked to the jobs to be performed, objectives and goals of the department to be
- achieved.
- Appropriate location of the functions- based on functional relationship between service delivery levels and units
- Strengthening of leadership and management, most importantly on the core business of the department (clinical services)
- Ensuring effective utilization of resources and easier access to services
- Strengthening of institutional support functions and service delivery institutions

Table A6: Public Health Personnel in 2017/18

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people	Vacancy rate	% of total personnel budget	Annual cost per staff member
Medical officers	443	6,34	37.11	46.85	2.93%	20.77	910 716
Medical specialists	37	0,53	3.1	3.19	0%	27.97	1 226 595
Dentists	45	0,64	3.8	4.76	0%	20.77	910 716
Dental specialists	0	0,00	0	0	0	27.97	1 226 595
Professional nurses	1417	20,28	118.70	149.87	2.61%	7.23	371 271
Enrolled Nurses	192	2,75	16.10	20.31	1.56%	4.53	198 609
Enrolled Nursing Auxiliaries	876	12,54	73.38	92.65	1.48%	3.5	153 585
Student nurses	251	3,59	21.03	26.55	-	-	-
Pharmacists	113	1,62	9.47	11.95	6.19%	15.65	686 322
Physiotherapists	57	0,82	4.8	6.03	3.84%	8.29	363 582
Occupational therapists	56	0,80	4.69	5.92	10.71%	8.29	363 582
Radiographers	96	1,37	8.04	10.15	3.12%	8.29	363 582
Emergency medical staff	725	10,38	60.73	76.68	0.41%	4.97	245 766
Nutritionists	53	0,76	4.4	5.61	1.88%	8.29	363 582
Dieticians	0	0,00	0	0	0	8.29	363 582
Community Health Workers	0	0,00	0	0	-	-	-
All Other Personnel	2625	37,58	219.89	277.64	3.39%	-	-
Total	**6986**	**100 %**	**585.24**	**738.16**	**38.12%**		**5 294 895**

Source: PERSAL and Vulindlela – August (2016)

4.7. REVISIONS TO LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

4.7.1 Constitutional Mandates

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for right of access to health care services, including reproductive health care.

The Department provides access to health care services, including reproductive health care by making sure that hospitals and clinics are built closer to communities and emergency vehicle are provided, promotion of primary health care, etc.

4.7.2 Legal Mandates

The legislative mandates are derived from the National Health Act, 61 of 2003.

Chapter 4

Section 25 provides for Provincial health services and general functions of provincial departments;

Section 26 provides for Establishment and composition of Provincial Health Council;

Section 27 provides for Functions of Provincial Health Council and

Section 28 provides for Provincial consultative bodies.

Chapter 5

Section 29 provides for the Establishment of district health system;

Section 30 provides for division of health districts into sub-districts;

Section 31 provides for establishment of district health councils;

Section 32 provides for health services to be provided by municipalities and

Section 33 provides for preparation of district health plans.

Policy Mandates

1. Basic Conditions of Employment (Act 75 0f 1975)
2. Broad Based Black Economic Empowerment (Act 53 of 2003)
3. Child Care Amendment (Act 96 of 1996)
4. Choice on Termination of Pregnancy (Act 92 of 1996)
5. Constitution of the Republic of South Africa (Act 106 of 1996)
6. Control of Access to Public Premise and Vehicles (Act 53 of 1985)
7. Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
8. Division of Revenue (Act 7 of 2007)
9. Electronic Communication and Transaction (Act 25 of 2002)
10. Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
11. Employment Equity (Act 55 of 1998)
12. Environment Conservation (Act 73 of 1989)
13. Fire-arms Control (Act 60 of 2000)
14. Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)

15. Hazardous Substances Control (Act 15 of 1973)

16. Health Professions (Act 56 of 1974)

17. Higher Education (Act 101 of 1997)

18. Income Tax Act, 1962

19. Inquest (Act 58 of 1959)

20. Intimidation (Act 72 of 1982)

21. Labour Relations (Act 66 of 1995)

22. Maternal Death (Act 63 of 1977)

23. Medicine and Related Substance Control (Act 101 of 1965)

24. Mental Health Care (Act 17 of 2002)

25. National Building Regulations and Building Standards (Act 103 of 1997)

26. National Environmental Management (Act 107 of 1998)

27. National Health (Act 61 of 2003)

28. National Youth Commission Amendment (Act 19 of 2001)

29. Nursing (Act 33 of 2005)

30. Occupational Health and Safety (Act 85 of 1993)

31. Preferential Procurement Policy Framework (Act 5 of 2000)

32. Prevention and Combating of Corrupt Activities (Act 12 of 2004)

33. Prevention and Treatment of Drug Dependency (Act 20 of 1992)

34. Promotion of Access to Information (Act 2 of 2000)

35. Promotion of Administrative Justice (Act 3 of 2000)

36. Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)

37. Protected Disclosures (Act 26 of 2000)

38. Protection of Information (Act 84 of 1982)

39. Public Finance Management (Act 1 of 1999 and Treasury Regulations)

40. Public Service (Act 103 of 1994 and regulations)

41. South African Qualifications Authority (Act 58 of 1995)

42. Sexual Offences (Act 32 of 2007)

43. Skills Development (Act 97 of 1998)

44. South African Schools Act, 1996

45. State Information Technology (Act 88 of 1998)

46. Sterilization (Act 44 of 2005)

47. The International Health Regulations (Act 28 of 1974)

4.8. OVERVIEW OF THE 2017/18 BUDGET AND MTEF ESTIMATES

4.8.1 MTEF BASELINE PRELIMINARY ALLOCATIONS FOR THE PERIOD 2017/2018 TO 2019/20 ARE:

Financial year 2017/18:	R4 485 843 000
Financial year 2018/19:	R4 670 009 000
Financial year 2019/20:	R4 991 411 000

Key Assumptions

The following broad key assumptions were made while preparing the budget of the Department of Health for the 2017 MTEF:

- The assumption for the general CPIX used for the current budget is based on the inflationary projections estimated at 6.1 per cent for 2017/18, 5.9 per cent for 2018/19 and 5.8 per cent for 2019/20.
- The assumptions for the provision of Improvement on Conditions of Service (ICS) in the baseline for the 2017 MTEF is estimated at 7.1 per cent in 2017/18, 6.9 per cent for 2018/19 and 6.8 per cent for 2019/20.
- The health budget made provision for the Human Pappilomavirus Vaccine Grant commencing in the 2018/19 financial year.

4.8.2 ALIGNING DEPARTMENTAL BUDGETS TO ACHIEVE GOVERNMENT'S PRESCRIBED OUTCOMES

In line with the National Development Plan 2030 and the Medium Term Strategic Framework (MTSF) 2014-2019, the department will flag key achievements. Furthermore, to support the realisation of the MTSF health plan each action plan will be estimated on annual basis using evidence-based Annual Performance Planning and priority areas resources allocation methods.

Universal health coverage achieved through implementation of National Health Insurance (NHI)

Pixley Ka Seme has been an NHI pilot district since 2012 and thus far have shown improvement on chronic medication dispensing by initiating the Central Chronic Medication Dispensing and Distribution (CCMDD). To date the planned target was meet through the enrolment of 9164 patients on the CCMDD programme to improve the efficiency of our health facilities.

Improved quality of health care

The national peer review assessments were done during October 2016 and the department performed remarkably well, which show improvement from twenty-seven to thirty-eight facilities scoring above 70%, thus taking the second position (proportionally). The Stock Visibility System tool was used well and stock availability commendable by national.

Implement the re-engineering of primary health care

The Provincial Ideal Clinic Delivery Unit is established and the Clinical District Specialist teams were appointed although not fully fledged. The province has conducted the Status Determination (SD) data capturing for all sixty-five facilities identified of which 21 facilities have obtained ideal clinic status.

Reduction on health care costs

The department focused mainly on the core services in line with the Ministerial Non-negotiable items and National Core Standards. A study on the factors contributing to the rise of Drug Resistance Tuberculosis (DR TB) in the Northern Cape Province and the cost of treatment is completed and the recommendations will significantly assist our efforts in tacking the TB challenge in the Province.

Improved human resource for health

The recruitment process was finalised for the gazetted three hundred and sixty-six health professional posts for community service workers in the province of which only two hundred and sixty-eight placements could be successfully placed by January 2017. There are two South African students who successfully completed the medical studies on the Cuban programme, Five Intern Pharmacists successfully completed their pre-registration year and are eligible for Community Service. Thirty-seven clinical students who were funded by the department completed their studies at different tertiary institutions.

Improved health management and leadership

The development of leadership, as well as management systems and processes to enhance organizational performance remains vital to achieving health outcomes. The department has made changes on the management which will bring stability and improve health outcomes. Furthermore, the Office of the Premier and Provincial Treasury are continuously on directives to curb spending to non-essentials items to improve the financial management.

Improved health facility planning and infrastructure delivery

A number of service providers have been appointed for the servicing and installation of heating and ventilation equipment, stand-by generators and fire-fighting equipment. The maintenance contracts in that regard are commissioned for a maximum period of 36 months, of which the first 12 months has been completed. Thirty facilities were identified for the installation of new standby generators.

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and Tuberculosis (TB) prevented and successfully managed

The number of clients tested for HIV/AIDS has increased from 52 484 to 54 447. The Universal Testing and Treatment (UTT) campaign was launched in September 2016 by the Minister of Health although the Northern Cape has not been able to mobilise communities and enrol HIV infected people on Anti-Retroviral Treatment (ART). The Implementation of UTT in the province has been largely affected by lack of marketing activities to organise HIV infected and affected people. The department will embark on aggressive marketing activities to mobilise communities as well as to conduct technical support visits and provide clinical mentoring to facilities.

Maternal, infant and child mortality reduced

Integrated Child Health Campaign as well as Human Papilloma Virus (HPV) campaigns were conducted in all districts. There has been a significant reduction in maternal death due to the appropriate implementation of Integrated Management of Childhood Illness guideline, Essential Steps on Managing Obstetric Emergencies (ESMOE), Perinatal Mortality Meetings and MomConnect at the facilities. Despite the reduction on maternal deaths, the challenge exists on performing of safe Caesarean Sections where all high risk and complicated labour cases are managed appropriately in some district hospitals.

Efficient health management information system and implementation for improved decision making

Most of our facilities in the province, especially clinics and Community Health Centres (CHC) do not have connectivity and this negatively affects administrative operations with regard to correspondences and reporting. National Department of Health is in the process of providing a temporary solution to Primary Health Centres facilities for connectivity of WebDHIS (Electronic District Health Information System), HPRS (Health Patient Registration System) and e-tick (Electronic tick Register).

4.8.3 REVIEW OF THE CURRENT FINANCIAL YEAR (2016/17)

The construction of new De Aar Hospital was completed and handed over for operationalisation during the 2016/17 financial year, while the construction of Kimberley Mental Health Hospital could not be completed due to slow progress on the project. The department appointed one hundred and sixty-two administrative clerks during the second quarter of 2016/17 financial year to improve the general administration and render support services at all clinics and community health centres in the province.

The ideal clinic strategy was implemented in a number of facilities, however only 53 per cent of 61 health facilities could reach the status due to infrastructural problems and administrative delays between the implementing agents and the department. The department couldn't improve security at health facilities as no assessment was concluded by the province due to capacity constraints, although plans are afoot for the coming financial year.

A number of initiatives were implemented as part of austerity measures and extraordinary interventions although the unprotected industrial strike. The department received support from the Office of the Premier on leadership issues and also financial support from the Provincial Treasury to deal the impact of accruals.

The retention strategy was reviewed and the management is still considering the options of offering housing allowance for accommodation of medical officers and community service workers.

4.8.4 OUTLOOK FOR THE COMING FINANCIAL YEAR (2017/18)

Efforts to improve health outcomes will focus on continuing with the roll out of the ideal clinic strategy in sixty-one facilities that have been identified through Operation Phakisa. The re-engineering of primary health care has become critical to ensure the implementation of an efficient and effective District Health System.

The improvement of security at health facilities and development of a financial turnaround strategy remains as priority. To build capacity in all district hospitals to maximise revenue collection over the 2017 MTEF.

The department also envisages that cleanliness in all primary health care facilities is improved through recruitment of health facility assistants and the rolling out of the plan to address infrastructure needs at mortuaries, pharmacies and medical depot.

4.8.5 REPRIORITISATION

The spending to core business is in line with the national and provincial priorities of which the Ministerial non-negotiable items, contractual obligations and key cost drivers are adequately budgeted for through reprioritization by the department and adjustments to conditional grants.

4.8.6 PROCUREMENT

The department plans to procure machinery including emergency vehicles, medical equipment as well as major maintenance services for various health facilities over the MTEF. The LOGIS procurement system has been fully implemented in the department of which will assist on management of accruals.

Table A7: Summary of payments and estimates by programmes: Health

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Administration	171 648	192 331	211 203	180 368	183 368	219 732	192 418	204 347	215 791
2. District Health Services	1 465 610	1 633 011	1 696 409	1 833 316	1 933 614	1 962 611	1 986 793	2 111 964	2 271 097
3. Emergency Medical Services	197 867	242 847	271 386	280 928	320 419	330 549	297 695	315 661	333 727
4. Provincial Hospital Services	201 082	292 594	340 432	322 190	352 059	392 021	341 464	361 845	382 109
5. Central Hospital Services	739 655	767 519	879 335	881 574	953 627	974 047	934 723	990 780	1 064 779
6. Health Sciences And Training	88 055	104 251	91 114	126 300	132 560	147 387	130 073	137 809	145 529
7. Health Care Support Services	84 524	85 263	119 767	98 562	100 667	118 809	104 591	110 992	117 206
8. Health Facilities Management	453 360	396 164	558 619	474 267	517 871	517 871	446 136	381 597	402 967
Total payments and estimates	**3 401 801**	**3 713 980**	**4 168 265**	**4 197 505**	**4 494 185**	**4 663 027**	**4 433 893**	**4 614 994**	**4 933 205**

The department's budget baseline for 2017/18 shows a negative growth of 3.4 per cent from the adjusted budget of 2016/17, this is due to the once-off increase of R239.380 million for the payment of contractual obligations and to easy the budget pressures on non-negotiable items. However, the budget shows the improved growth of 6.6 per cent in 2018/19 and 6.3 per cent in 2019/20 financial years.

The key objectives of the department to be achieved include among others the acceleration of Operation Phakisa: Ideal Clinic implementation, NHI in line with the white paper and roll out of the interventions from the pilot site to other districts and the improved quality of health care by implementing National Core Standards; Implementation of the to improve primary health care; the prevention and successful management of HIV/AIDS and TB through the national.

Table A8: Summary of provincial payments and estimates by economic classification: Health

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**2 814 100**	**3 089 133**	**3 470 721**	**3 552 257**	**3 784 383**	**3 938 374**	**3 808 170**	**4 044 689**	**4 313 377**
Compensation of employees	1 786 195	1 936 740	2 150 712	2 273 017	2 273 017	2 324 480	2 430 992	2 559 313	2 708 871
Goods and services	1 026 321	1 150 049	1 317 306	1 279 240	1 511 366	1 611 313	1 377 178	1 485 376	1 604 506
Interest and rent on land	1 584	2 344	2 703	–	–	2 581	–	–	–
Transfers and subsidies to:	**84 440**	**138 763**	**114 288**	**131 872**	**131 872**	**164 574**	**152 704**	**129 579**	**136 838**
Provinces and municipalities	5 310	2 218	5 341	9 739	9 739	7 082	10 226	10 820	11 427
Departmental agencies and accounts	–	–	–	–	–	29	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	41 626	80 506	85 948	100 698	100 698	101 949	119 971	94 947	100 265
Households	37 504	56 039	22 999	21 435	21 435	55 514	22 507	23 812	25 146
Payments for capital assets	**503 261**	**486 084**	**583 256**	**513 376**	**577 930**	**560 079**	**473 019**	**440 726**	**482 990**
Buildings and other fixed structures	396 446	356 283	487 723	356 455	400 059	396 534	322 483	248 222	253 146
Machinery and equipment	106 306	128 855	94 767	156 921	177 871	163 531	150 536	192 504	229 844
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	509	946	766	–	–	14	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**3 401 801**	**3 713 980**	**4 168 265**	**4 197 505**	**4 494 185**	**4 663 027**	**4 433 893**	**4 614 994**	**4 933 205**

Compensation of employees grows by 6.9 per cent when compared with the 2016 adjusted budget of R2.273 billion. Personnel costs are the main cost drivers of the department, hence constitutes 54 per cent of the budget allocated for 2017/18 financial year.

Goods and services represent 31.5 per cent of R4.338 billion, with the negative growth of 9.3 per cent when compared to the 2016/17 adjusted budget. This is due to the once-off increase of R239.380 million for the payment of contractual obligations and budget pressures mainly on non-negotiable items. The Ministerial non-negotiable items such as medicine, laboratory services, medical supplies maintenance and repairs, municipal services and patient catering remains the main cost drivers in the goods and services allocation.

Transfers and subsidies mainly consist of transfers to municipalities for the rendering of primary health care services on behalf of the department. The budget for transfers is decreased by 7.1 per cent from the adjusted budget of 2016/17. This significant decline is mainly due to once off allocation of Social Sector EPWP Grant in 2016/17, which is not carried through the 2017 MTEF.

Payment of capital assets is mainly funded through the Health Facility Revitalisation Grant. The capital budget for 2016/17 has been decreased by 28.1 per cent from the adjusted budget of 2016/17 financial year. This is due to once off allocations of Health Facility Revitalisation Performance-based Incentive grant of R91.540 million and roll overs amounting to R54.354 million

EXPENDITURE ESTIMATES

Table A9: Trends in Provincial Public Health Expenditure

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Current prices[1]	**3,401,801,000**	**3,713,980,000**	**4,168,265,000**	**4,663,027,000**	**4,433,893,000**	**4,614,993,000**	**4,933,205,000**
Total[2]	1,145,861	1,162,914	1,166,000	1,190,000	1,193,000	1,202,000	1,211,000
Total per person	2,969	3,194	3,575	3,919	3,717	3,839	4,074
Total per uninsured person	2,524	2,715	3,039	3,331	3,159	3,263	3,463
% of Total spent on:-							
DHS[4]	43%	44%	41%	42%	45%	46%	46%
PHS[5]	6%	8%	8%	8%	8%	8%	8%
CHS[6]	22%	21%	21%	21%	21%	21%	22%
All personnel	53%	52%	52%	50%	55%	55%	55%
Capital[2]	15%	13%	14%	12%	11%	10%	10%
Health as % of total public expenditure	27.2%	27.9%	27.6%	27.6%	27.0%	27.0%	27.0%

The Department's budget baseline has increased by 0.4 percent from the adjusted budget of 2015/16 after discounting once off budget allocations such as roll overs and an additional funding which has been provided to deal with contractual obligations particularly fuel for Emergency Medical Services vehicles. There is positive growth of 5.5 percent in 2017/18 and 2018/19 financial years.

The Health Facilities Management has negative growth due to reduction in incentive grant allocation which has not been received from national government in respect of the Health Facility Revitalisation Grant. This incentive grant allocation does not affect the budget baseline for Programme 8: Health Facilities Management, as it is additional funding based performance assessment on the key deliverables on infrastructure delivery.

The core service delivery programmes such as District Health Services, Provincial Hospital Services and Central Hospital Services show a reasonable increase in 2017/18 of 6.6 percent, 5.4 percent and 5.4 percent; respectively. The department is further committed to achieve its targets and objectives through utilizing the following strategies and control measures in place:

- Sound planning, budgeting and effective monitoring of expenditure to ensure that more is achieved with the limited resources available;
- Design strategy to contain administrative costs between programme units to ensure availability of resources and prioritize areas based on what the department intends to achieve. This will consequently, help the department to achieve goals and objectives that are of high priority in the MTEF period;
- Align the performance agreement to the achievement of the Strategic Plan and the implementation of the Annual Performance Plan;
- Build support capacity that motivates frontline personnel, in areas such as human resources, finances, supply chain management, information systems. These should be considered strategic priorities that have to be addressed to facilitate improved performance; and
- Effective and efficient financial management system and relevant policies and regulations on spending of financial resource.

BIBLIOGRAPHY

1. Cadman, M. (2007) Exploring our provinces Northern Cape, Johannesburg: Jacana
2. Dorrington RE., Bradshaw D., Laubscher R., Nannan N. (2015). Rapid mortality surveillance report 2014. Cape Town: South Africa Medical Research Council. ISBN: 978-1-928340-02-7
3. Investing in the Northern Cape, 2016. Available from: http://www.southafrica.info/business/investing/opportunities/ncape. [13 July 2016]
4. Northern Cape Department of Health, (2015) 5 year Strategic Plan 2015/16-2019/20
5. Northern Cape Department of Health, (2015) Human Resource Plan 2015/6
6. Northern Cape Department of Health, (2015) The Electronic Tuberculosis Register
7. Northern Cape Department of Health, (2016) District Health Information System
8. Northern Cape Department of Health, (2016) Communicable Disease Control unit line lists
9. Northern Cape Department of Health, (2016) PERSAL
10. Northern Cape Department of Health, (2016) Vulindlela
11. Northern Cape Department of Health, (2016) Annual Performance Report 2015/16
12. Statistics South Africa, (2016) Community Survey
13. Statistics South Africa, (2016) Quarterly Labour Force Survey- Quarter 3
14. Statistics South Africa, (2015) General Household Survey
15. Statistics South Africa, (2015) Mortality and causes of death South Africa, 2014: Findings from death notification
16. Statistics South Africa, (2016) Mid-year population estimates

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2. Mr M Mocumi
3. Ms K Gaeganenwe
4. Ms M Manyetsa
5. Mr M Khumalo
6. Ms L Mokotso
7. Mr E Brown
8. Mr P Ngcoboti
9. Ms T Magabane
10. Mr A Tsholo
11. Mr T Marumo

PART B

PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE AND STRUCTURE

To conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health, in Northern Cape Province.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

The rendering of advisory, secretarial and office support services to the political office bearers.

Sub-Programme 1.2: Office of the Head of Department (All Head Office Components)

To conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province

There are no changes in the purpose of the Budget Programme (1) from information presented in the 2015-2020 Strategic Plan

The performance of all support services (Legal Services, Labour Relations, Communications and Gender) not specifically included in the Annual Performance Plan will be in the Operational Plans and monitored quarterly to ensure effective performance and outcomes-based monitoring and reporting.

SUB-PROGRAMME: POLICY AND PLANNING

PRIORITY:

- Monitor the implementation of Departmental performance plans
- Development of policies

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table Admin 1: Strategic Objectives, Performance Indicators and Annual Targets for Policy and Planning

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/120	2019/20
		Provincial Indicators									
1.	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Reviewed 5-year Strategic Plan	Categorical	-	Tabled 5-year Strategic Plan 2015/16-2019/20 to the Provincial Legislature	Reviewed and tabled 5-year 2015/16-2019/20 Strategic Plan to the Provincial Legislature	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	-
2.		Number of approved policies	No.	-	-	-	12 approved policies	16 approved policies	16 approved policies	16 approved policies	-

QUARTERLY TARGETS FOR 2017/18

Table Admin 2: Quarterly targets for Policy and Planning

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Reviewed 5-year Strategic Plan	Annually	Categorical	Reviewed 5-year Strategic Plan				Reviewed 5-year Strategic Plan
2.	Number of approved policies	Quarterly	No.	16 approved policies	4 approved policies	4 approved policies	4 approved policies	4 approved policies

SUB-PROGRAMME: RESEARCH AND DEVELOPMENT

PRIORITY:

- Strengthening the health system by conducting research on ways that potentially improve efficiencies, evidence-based planning and generating credible evidence for rational decision-making
- Evaluation of programme performance against the budget.
    - This is important for the development of evidence - based resources allocation; assisting with priority setting and financial planning; as well as quantifying resource implications of programme plans.

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table Admin 3: Strategic Objectives, Performance Indicators and Annual Targets for Research and Development

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
1.	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations conducted	No.	-	1	On-going evaluation assessment and report in final stages	2	2	2	2	6
2.		Number of Publications on research outputs in peer reviewed journals	No.	-	-	3	3	3	5	5	-
3.		Number of ethically approved research protocols to be conducted in the Northern Cape Province	No.	-	-	43	25	50	50	60	-

QUARTERLY TARGET FOR 2017/18

Table Admin 4: Quarterly targets for Research and Development

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Number of Programme performance evaluations conducted	Annually	No.	2				2
2.	Number of Publications on research outputs in peer reviewed journals	Annually	No	3				3
3.	Number of ethically approved research protocols to be conducted in the Northern Cape Province	Annually	No.	50				50

SUB-PROGRAMME: INFORMATION, COMMUNICATION AND TECHNOLOGY

PRIORITY:

- Provide connectivity and upgrade physical network infrastructure in all facilities

SUB-OUTCOME 10: EFFICIENT HEALTH MANAGEMENT INFORMATION SYSTEM DEVELOPED AND IMPLEMENTED FOR IMPROVED DECISION MAKING

Table Admin 5: Strategic Objectives, Performance Indicators and Annual Targets for Information Communication and Technology

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									
1.	Develop a complete system design for a national integrated patient based information system	Percentage of PHC facilities with network access	%	-	-	-	6% (11/179 clinics)	12% (21/179 clinics)	23 % (42/179 clinics)	23 % (42/179 clinics)	-
		Customized Indicators (Sector indicators)									
2.		Percentage of hospitals with broadband access	%	-	-	7%	21% (3/14 hospitals)	43% (6/14 hospitals)	64%% (9/14 hospitals)	86% (12/14 facilities)	86% (12/14 facilities)
3.		Percentage of fixed PHC facilities with broadband access	%	-	-	0%	6% (11/179 health facilities)	6% (11/179 health facilities)	12 % (22/179 health facilities)	20% (36/179 health facilities)	20% (36/179 health facilities)

QUARTERLY TARGET FOR 2017/18

Table Admin 6: Quarterly targets for Information Communication and Technology

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage of PHC facilities with network access	Quarterly	%	12% (21/179 clinics)	7% (13/179 clinics)	8% (15/179 clinics)	10% (17/179 clinics)	12% (21/179 clinics)

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
2.	Percentage of hospitals with broadband access	Quarterly	%	43% (6/14 hospitals)	29% (4/14 Hospitals)	36% (5/14 Hospitals)	43% (6/14 Hospitals)	43% (6/14 Hospitals)
3.	Percentage of fixed PHC facilities with broadband access	Quarterly	%	6% (11/179 health facilities)		2% (4/179 health Facilities)	4% (8/179 health Facilities)	6% (11/179 health Facilities)

SUB-PROGRAMME: HUMAN RESOURCES MANAGEMENT

PRIORITY:

- Review and align the Provincial Human Resources Plan with the service delivery platform
- Develop an efficient and effective system to improve Performance Management

SUB-OUTCOME 5: IMPROVED HUMAN RESOURCES FOR HEALTH

Table Admin 7: Strategic Objectives, Performance Indicators and Annual Targets for Human Resource Management

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
1.	Produce, cost and implement human resources for health plans	Developed Human Resources Plan	Categorical	Human Resource Plan under review	0	1 Human Resource Health Plan reviewed and implemented	Reviewed Human Resources Plan	Reviewed Human Resources Plan	Reviewed Human Resources Plan	Developed Human Resources Plan	1
2.	To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	%	-	-	-	100%	100%	100%	100%	-

QUARTERLY TARGET FOR 2017/18

Table Admin 8: Quarterly targets for Human Resource Management

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Developed Human Resources Plan	Annually	No.	Reviewed Human Resources Plan				Reviewed Human Resources Plan
2.	Percentage of Performance Agreements signed by SMS officials	Annually	%	100%	100%			

SUB-PROGRAMME: FINANCIAL MANAGEMENT

PRIORITY:

- Attain an unqualified audit report through developing financial control systems

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table Admin 8: Strategic Objectives, Performance Indicators and Annual Targets for Financial Management

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/2019	2019/20	2019/20
		Customized Indicators (Sectors)									
1.	To ensure effective financial management in line with the Public Financial Management Act	Audit opinion from Auditor General	Categorical	Qualified Audit Opinion	Qualified Audit opinion	Qualified Audit opinion	Unqualified Audit Report	Unqualified Audit Report	Unqualified Audit Report	5 Unqualified Audit Opinions	5 Unqualified Audit Opinions

QUARTERLY TARGET FOR 2017/18

Table Admin 9: Quarterly targets for Finance

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Audit opinion from Auditor General	Annually	Categorical	Unqualified Audit Report				Unqualified Audit Report

SUB-PROGRAMME: EMPLOYMENT EQUITY AND GENDER

PRIORITY:

- Ensure gender equality and women empowerment at all levels

SUB- OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table Admin 10: Strategic Objectives, Performance Indicators and Annual Targets for Employment Equity and Gender

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									
1.	Empowerment of women	Percentage of women in Senior Management positions in the department	%	-	-	-	-	31 % (11/36)	31 % (11/36)	31 % (11/36)	-
2.	Promote Diversity & Equity awareness in the department	Number of diversity and equity awareness programmes conducted	No.	-	-	-	-	4	4	4	-

QUARTERLY TARGET FOR 2017/18

Table Admin 11: Quarterly Employment Equity and Gender

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage of women in Senior Management positions in the department	Annually	%	31 % (11/36)				31 % (11/36)
2.	Number of diversity and equity awareness programmes conducted	Quarterly	No.	4	1	1	1	1

Summary of payments and estimates by sub-programme: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Office Of The Mec	5 797	9 713	11 467	10 133	10 133	10 384	10 697	11 330	11 965
2. Management	165 851	182 618	199 736	170 235	173 235	209 348	181 721	193 017	203 826
Total payments and estimates	**171 648**	**192 331**	**211 203**	**180 368**	**183 368**	**219 732**	**192 418**	**204 347**	**215 791**

The budget for administration has increased by 4.9 per cent from the adjusted budget of R183.368 million, this minimal growth is due to the once off allocation to relieve budget pressure on contractual obligations including accruals. The budget shows an increase by 6.2 per cent and 5.6 per cent in 2018/19 and 2019/20 respectively.

Summary of payments and estimates by economic classification: Administration

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**161 108**	**178 637**	**207 938**	**178 298**	**181 298**	**218 125**	**190 244**	**202 047**	**213 363**
Compensation of employees	88 921	97 652	107 365	115 978	115 978	116 248	124 373	131 856	139 510
Goods and services	72 014	80 657	99 749	62 320	65 320	101 369	65 871	70 191	73 853
Interest and rent on land	173	328	824	–	–	508	–	–	–
Transfers and subsidies to:	**3 824**	**4 090**	**1 613**	**218**	**218**	**144**	**229**	**242**	**255**
Provinces and municipalities	–	17	83	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	116	116	29	122	129	136
Households	3 824	4 073	1 530	102	102	115	107	113	119
Payments for capital assets	**6 716**	**9 604**	**1 652**	**1 852**	**1 852**	**1 463**	**1 945**	**2 058**	**2 173**
Buildings and other fixed structures	1 211	813	–	–	–	–	–	–	–
Machinery and equipment	5 368	8 371	1 646	1 852	1 852	1 463	1 945	2 058	2 173
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	137	420	6	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**171 648**	**192 331**	**211 203**	**180 368**	**183 368**	**219 732**	**192 418**	**204 347**	**215 791**

The baseline of the compensation of employee's budget has increased by 7.2 per cent from adjusted budget in line with the estimated inflationary projections. The average growth of the budget over the MTEF is to cater for the Improvement on Conditions of Service.

Goods and services increased by 0.8 per cent from adjusted budget. This is due to once off allocation to relieve budget pressure on contractual obligations including agency services during the 2016/17 financial year.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Policy and Planning	
The risk of inadequate management of performance information to inform decision making	• Recommendation to HOD for the inclusion of Management of Performance Information into the Performance Agreements of managers; • Recommendation to the HOD for inclusion of Performance information management as a standing item on the agenda of all senior management & programme meetings; • Motivate for the establishment of planning units within the districts
Research and Development	
Inefficient research method and output	• Improved data gathering system, training, ensure data quality • Provincial Health Research priority setting and adequate funding
Information, Communication and Technology	
Unauthorised access to the network	• Develop and implement IT Security Policy, procedures and standards • Install Firewalls at major facilities
Loss of critical and sensitive information	• Develop and implement a ICT security policy. • Implement backup strategy • Implementation of enterprise agreement with Microsoft
No Disaster Recovery & Business continuity plans and sites	• Develop and Implement disaster recovery and business continuity plan and test annually.
Human Resources Management	
Filling of unfunded posts	• Finalisation & approval of departmental organogram; • Align organogram to PERSAL; • Align organisational structure to functional structure; • Prioritisation of posts
Delay in filling vacant funded posts	• Centralise the compilation of the submission for advertising & filling & replacement posts; • Enforce the use of tracking template;
Appointment of unsuitable candidate's	• Procure a security software for vetting; • Conduct previous employment referencing
The risk of increased irregular and unauthorised expenditure	• Develop relevant policies; • Provide capacity and support to facilities and districts; • Compile an audit action plan • Creating a platform to redefine the core essence of HRD.

The risk of losing confidential and/or valuable information	• Storage of HRD information at registry
Financial Management	
Misappropriation of Assets	• Ensure that input is given at submission level of acquisition of assets; • Include asset management as part of Managers Performance Agreements; • Establish a theft/losses committee; • Strengthen implementation of Departmental Asset Management Policy; • Conduct annual asset counts; • Develop & implement a register for the borrowing of assets;
The risk of unnecessary replacement of assets	• Implement & enforce the procedure for the replacement of assets and Establish a theft/losses committee;
Overstatement of asset register due to unrecorded disposals	• Implement & enforce the procedure for the disposal of assets;
Non achievement of revenue target	• Develop & follow a strategic plan of visiting facilities to support & monitor revenue generating facilities; • Strengthening capacity at district & facility level. • Review existing debt & revenue management policy;
Loss of valuable information	• Ensure a safe and secure environment for cash offices at hospitals. • Strengthen monthly reconciliation of registers by the provincial office.
Loss of income due to debt not properly managed	• Reviewing approved patient debt management policy. • Monthly analysis and reporting of outstanding debt by facilities and the provincial office. • Develop & implement a revenue enhancement strategy.
Inaccurate financial reporting	• Develop & Implement Payment Procedure Manual; • Conduct quarterly district oversite visits
Discontinued services & financial loss due to failure to pay suppliers/ service providers within 30 days	• Regular monitoring & feedback to management on provincial accruals;
Inability to account for Financial resources	• Accountability to be enforced at management level;
Financial loss due to receivables (staff debt)	• Finalise & Implement Debt Management Policy • Centralisation of staff termination function to Provincial Office; • Z102 (Debt Route Form) to be signed off by the CFO or a delegated official at the Provincial Office & forwarded to the Pension Fund Office;
Non-compliance with SCM prescripts and procedure	• Develop a project plan for implementation of Logis system. • Filling of vacant funded post

Loss of information	• To acquire adequate office space for SCM staff. • To acquire adequate storage space for confidential documents. • Implement effective access control.
Overpayment or under payment of allowances.	• Review (amend) & approve current S&T Policy; • Strengthen Implementation of S&T Policy throughout the department; • Develop & Implement Procedure manual at district & facility level; • Conduct training on pre-auditing of S&T claims at district & facility level; • Motivate to capacitate the districts & facilities with personnel; • Bi-annual support visits to the districts
Employment Equity and Gender	
Non achievement of percentage of women in senior management positions (National Target of 50%)	• Recruit women in senior management positions with required experience, skills and/or qualifications

PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE AND STRUCTURE

Comprehensive, integrated and sustainable health care services (preventive, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health System (DHS).

There are no changes in the purpose of the Budget Programme (2) from information presented in the 2015-2020 Strategic Plan.

The performance of all support services not specifically identified as a priority in the Annual Performance Plan will be included in Operational Plans and monitored quarterly to ensure effective performance and outcomes-based monitoring and reporting

SERVICE DELIVCERY PLATFORM FOR DHS

Table DHS 1: District Health Service Facilities by Health District in 2017/18

Health District	Facility Type	No.	Population	Population per PHC facility or per hospital bed	Per capita utilisation
Frances Baard	Non fixed clinics	10	**384 837**	34097	0.1
	Fixed clinics	25		744191	1.9
	CHCs	4		124914	0.3
	Sub-total Clinic and CHCs	29		869105	2.3
	District Hospitals	2		4732	0.01
Zwelentlanga Fatman Mgcawu	Non fixed clinics	29	**258 215**	128716	0.5
	Fixed clinics	15		343991	1.3
	CHCs	6		105451	0.4
	Sub-total Clinic and CHCs	21		449442	1.7
	District Hospitals	2		5769	0.02
Pixley-Ka-Seme	Non fixed clinics	5	**194 510**	9883	0.1
	Fixed clinics	28		516283	2.7
	CHCs	8		44854	0.2
	Sub-total Clinic and CHCs	36		561137	2.9
	District Hospitals	3		8121	0.04
John Taolo Gaetsewe	Non fixed clinics	5	**245 734**	22557	0.1
	Fixed clinics	38		457699	1.9
	CHCs	5		87673	0.4
	Sub-total Clinic and CHCs	43		545372	2.2

Health District	Facility Type	No.	Population	Population per PHC facility or per hospital bed	Per capita utilisation
	District Hospitals	2		12444	0.05
Namakwa	Non fixed clinics	25		25670	0.2
	Fixed clinics	25		269497	2.3
	CHCs	10	**119 506**	79167	0.7
	Sub-total Clinic and CHCs	35		348664	2.9
	District Hospitals	2		8260	0.06
Province	Non fixed clinics	74		220923	0.2
	Fixed clinics	131		2 331 661	1.9
	CHCs	33	**1 202 802**	442 059	0.4
	Sub-total Clinic and CHCs	205		2 773 720	2.3
	District Hospitals	11		39 326	0.03

Source: NCDoH DHIS, 2016

PRIORITIES: DISTRICT MANAGEMENT

- Ensure accessibility to health care services by;
    - Improving the administration of Primary Health Care and District Hospital Services,
    - Improving the security at health facilities;
- Ideal Clinic Realization and Maintenance of facilities
- Primary Health Care re-engineering

PRIORITIES: QUALITY ASSURANCE

- Improve patient complaints resolution rate within the province
- Improve the percentage of facilities that have conducted self-assessments

Table DHS 2: Situation Analysis Indicators for District Health Services

Programme Performance Indicators	Indicator Type	Province wide value 2015/16
Percentage of fixed PHC facilities scoring above 80 % on the ideal clinic dash board	%	23%
Patient experience of care survey rate	%	91%
Patient experience of care rate	%	91%
OHH registration visit coverage (Annualised)	%	53%
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No.	5
PHC Utilisation rate	No.	2.5
Complaints resolution rate (PHC)	%	65.3%
Complaint resolution within 25 working days rate (PHC)	%	90%

SUB-OUTCOME 1: UNIVERSAL HEALTH COVERAGE ACHIEVED THROUGH IMPLEMENTATION OF NATIONAL HEALTH INSURANCE
SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE
SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE
SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table DHS 3: Strategic Objectives, Performance Indicators and Annual Targets for District Health services

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ideal clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	%	-	-	-	-	100% (163/163)	100% (163/163)	100% (163/163)	100% (163/163)
2.	Improve efficiencies and quality of care at PHC facilities	OHH registration visit coverage	%	-	31.3%	53%	80%	50%	60%	70%	-
3.		PHC Utilisation rate-Total	No.	2.9 Visits	2.8 Visits	2.5 Visits	2.5 Visits	2.3 Visits	2.3 Visits	2.0 Visits	-
4.		Complaints resolution rate (PHC)	%	-	-	65.3%	100%	90%	90%	90%	-

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
5.		Complaints resolution within 25 working days rate (PHC)	%	53.3% (363/ 681)	100%	90% (188/209)	80%	90%	90%	90%	-

QUARTERLY TARGETS FOR 2017/18

Table DHS 4: Quarterly Targets for District Health Services

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Ideal clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	Quarterly	%	100% (163/163)	49.7% (81/163)	50.3 % (82/163)		
2.	OHH registration visit coverage	Quarterly	%	50%	15%	20%	30%	50%
3.	PHC Utilisation rate- Total	Quarterly	No.	2.3 Visits	2.3 Visits	2.3 Visits	2.3 Visits	2.3 Visits
4.	Complaints resolution rate (PHC)	Quarterly	%	90%	90%	90%	90%	90%
5.	Complaint resolution within 25 working days rate (PHC)	Quarterly	%	90%	90%	90%	90%	90%

SUB-PROGRAMME: DISTRICT HOSPITALS

PRIORITY:

- To render hospital services with support from outreach specialists.

Table DHS 5: Situation Analysis Indicators for District Hospitals

Programme Performance Indicators	Indicator Type	Province wide value 2015/16
National core standards self- assessment rate (District Hospitals)	%	82%
Quality improvement plan after self-assessment rate (District Hospitals)	%	82%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	%	0%
Patient Satisfaction survey rate (District Hospitals)	%	0%
Patient Satisfaction rate (District Hospitals)	%	52%
Average length of stay (District Hospitals)	No.	3 days
Inpatient Bed Utilisation rate (District Hospitals)	%	52.7%
Expenditure per PDE (District Hospitals)	No (Rand)	R1635.3
Complaints Resolution rate (District Hospitals)	%	65.4%
Complaint Resolution within 25 working days rate (District Hospitals)	%	94.6%

SUB-OUTCOME 2: IMPROVED QUALITY HEALTH CARE

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table DHS 6: Strategic Objectives, Performance Indicators and Annual Targets for District Hospitals

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/ 14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	%	-	-	-	-	72% (8/11)	82% (9/11)	82% (9/11)	82% (9/11)
2.	Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	No.	3.2 days	3.5 days	3 days	3.5 days	3.5 days	3.5 days	3.5 days	-
3.		Inpatient Bed Utilisation rate (District Hospitals)	%	64%	62%	52.7%	60%	63%	63%	63%	-
4.		Expenditure per PDE (District Hospitals)	No (Rand)	R2553	R2 054.17	R1635.30	R1814.90	R1820.00	R1850.00	R1850.00	-
5.		Complaints Resolution rate (District Hospitals)	%	-	-	65.4%	100%	80%	80%	80%	-
6.		Complaint Resolution within 25 working days rate (District Hospitals)	%	64.4% (156/242)	93.%	94.6%	80%	85%	85%	85%	-

QUARTERLY TARGET FOR 2017/18

Table DHS 7: Quarterly targets for District Hospitals

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	Quarterly	%	72% (8/11)	72% (8/11)	72% (8/11)	72% (8/11)	72% (8/11)
2.	Average length of stay (District Hospitals)	Quarterly	No.	3.5 days	3.5 days	3.5 days	3.5 days	3.5 days
3.	Inpatient Bed Utilisation rate (District Hospitals)	Quarterly	%	63%	63%	63%	63%	63%
4.	Expenditure per PDE (District Hospitals)	Quarterly	No (Rand)	R1820.00	R1820.00	R1820.00	R1820.00	R1820.00
5.	Complaints Resolution rate (District Hospitals)	Quarterly	%	80%	80%	80%	80%	80%
6.	Complaint Resolution within 25 working days rate (District Hospitals)	Quarterly	%	85%	85%	85%	85%	85%

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

PRIORITY:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact
- Prevent new HIV, STI's and TB infections by at least 50 % using combination prevention approaches
- Sustain health and wellness
    - Reduce mortality, sustain wellness and improve quality of life of at least 80 % of those infected and affected by HIV and TB
- Increase protection of human rights and improve access to justice by ensuring an enabling and accessible legal framework that protects and promotes human rights and gender sensitivity

Table DHS 8: Situation Analysis Indicators for HIV & AIDS, STI

Programme Performance Indicators	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
Adults remaining on ART-Total	No.	45 017	17 118	6 154	13 045	2 005	6 695
Total Children (under 15 years) remaining on ART-Total	No.	3 281	1 913	446	505	118	299
Client tested for HIV (incl ANC)	No.	234 811	77 402	34 774	49 823	25 614	47 198
Male condom distributed	No.	8 488 284	3 193 923	1 556 398	1 744 572	889 659	1 103 732
Medical male circumcision performed - Total	No.	7 680	3 692	980	2 295	115	598

SUB-OUTCOME 8: HIV & AIDS AND TUBERCULOSIS PREVENTED AND SUCCESSFULLY MANAGED

Table DHS 9: Strategic Objectives, Performance Indicators and Annual Targets for HIV & AIDS, STI

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Increase HIV testing coverage, treatment	ART client remain on ART end of month -total	No.	-	-	-	-	69 256	81 154	93 327	93 327

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
2.	and retain clients on ART	HIV test done - total	No.	158 469	196 531	234 811	215 259	220 259	230 259	243 940	243 940
3.	Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision	Male condom distributed	No	-	-	-	-	15 154 881	15 154 881	15 154 881	15 154 881
4.		Medical male circumcision - Total	No.	6 959	9 944	7 680	14 000	18 300	24 279	32 186	32 186

QUARTERLY TARGET FOR 2017/18

Table DHS 10: Quarterly targets for HIV & AIDS, STI

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	ART client remain on ART end of month - total	Quarterly	No.	69 256	57 482	61 637	65 100	69 256
2.	HIV test done - total	Quarterly	No.	220 259	61 673	63 874	46 255	48 457
3.	Male condom distributed	Quarterly	No.	15 154 881	4 337 867	4 492 790	3 253 400	3 070 824
4.	Medical male circumcision - Total	Quarterly	No.	18 300	4 026	6 588	4 392	3 294

Table DHS 11: Situation Analysis Indicators for TB Control

Programme Performance Indicators	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
TB/HIV co-infected client on ART rate	%	93%	99.7%	88.1%	88.7%	87.9%	94%
TB symptom 5 years and older screened rate	%	40.6%	42.5%	27%	28.7%	37.6%	68%
TB client treatment success rate	%	81.4%	88.4%	79.9%	80.5%	86%	71%
TB client lost to follow up rate	%	7.4%	4.4%	7.6%	10.2%	5.9%	9.3%
TB Client death Rate	%	6%	5.2%	8%	5.4%	2.7%	5.7%
TB MDR confirmed treatment initiation rate	%	98%					
TB MDR treatment success rate	% (QPR)	38%(146/375)	12.8%(48/115)	42.7%(35/82)	45.5%(15/33)	38.1%(8/21))	32.5%(40/123)

SUB-OUTCOME 8: HIV & AIDS AND TUBERCULOSIS PREVENTED AND SUCCESSFULLY MANAGED

Table DHS 12: Strategic Objectives, Performance Indicators and Annual Targets for TB

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Reduce TB and MDR-TB mortality through	TB/HIV co-infected client on ART rate	%	-	-	93%	100%	100%	100%	100%	100%

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
2	increased access to screening, initiation and ensuring adherence to treatment	TB symptom 5 years and older start on treatment rate	%	-	-	-	-	65%	75%	85%	85%
3.		TB client treatment success rate	%	77.8%	76.7%	81%	95%	90%	90%	90%	90%
4.		TB client lost to follow up rate	%	7%	8%	7.4%	≤ 5.5%	≤ 5%	≤ 4.5%	≤ 5%	≤ 4%
5.		TB Client Death Rate	%	6.4%	6.2%	6%	6%	5.5%	5.0%	4.5%	4.5%
6.		TB MDR treatment success rate	%	31%	33%	39%	45%	45%	50%	60%	60%

QUARTERLY TARGETS FOR 2017/18

Table DHS 13: Quarterly Targets for TB

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	TB/HIV co-infected client on ART rate	Quarterly	%	100%	95%	98%	100%	100%
2.	TB symptom 5yrs and older start on treatment rate	Quarterly	No	65%	50%	55%	60%	65%
3.	TB client treatment success rate	Quarterly	%	90%	90%	90%	90%	90%
4.	TB client lost to follow up rate	Quarterly	%	≤ 5%	≤ 6,5%	≤ 6%	≤ 5,5%	≤ 5%
5.	TB client death Rate	Annually	%	5.5%				5.5%

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
6.	TB MDR treatment success rate	Annually	%	45%				45%

SUB-PROGRAMME: MOTHER, CHILD AND WOMEN'S HEALTH AND NUTRITION

PRIORITY:

- **Strengthen access to comprehensive sexual and reproductive health services**
  - Provision of quality sexual and reproductive health services by health care providers on wide range of contraceptive methods
  - Integration of sexual reproductive health to other health services
- **Promote Kangaroo Mother Care (KMC) for low birth weight babies**
  - Facilitate establishment of Kangaroo Mother Care units in all delivering facilities
  - Monitoring implementation of KMC guidelines and protocols at all delivering facilities
- **Implement Integrated School Health Programme in Quintile 1 - 4 schools and Special Schools**
- **Decrease child and maternal mortality**
  - Monitor implementation of protocols and guidelines on management of conditions leading to maternal deaths quarterly.
  - Monitor implementation of basic and comprehensive emergency obstetric signal functions in all delivering sites quarterly
  - Improve community awareness on maternal health issues and MomConnect registration of all pregnant women
  - Improve Integrated Management of Childhood Illnesses coverage through distance training
  - Implementation of 10 steps to treat Severe Acute malnutrition (SAM) in PHC clinics and Hospitals

Table DHS 14: Situation Analysis Indicators for MCWH & NUTRITION

Programme Performance Indicators	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
Antenatal 1st visit before 20 weeks rate	%	62.3% **(13180/21146)**	62.3%	67.0%	57.3%	73.9%	61.0%

Programme Performance Indicators	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
Mother postnatal visit within 6 days rate	%	52.8% **(11368/21529)**	48.2%	60.3%	67.5%	45.2%	42.0%
Antenatal client initiated on ART rate	%	92.2% **(2360/2560)**	91.4%	88.8%	95.2%	96.6%	90.7%
Infant 1st PCR test positive around 6 weeks rate	%	2.7% **(58/2153)**	1.1%	3.6%	3.0%	8.9%	3.4%
Immunisation coverage under 1 year (annualised)	%	83.1%	83.4%	77.8%	96.7%	61.1%	82.1%
Measles 2nd dose coverage (annualised)	%	76.7%	74.2%	76.8%	89.9%	70.6%	67.9%
DTaP-IPV/ HIB 3-Measles 1st dose drop-out rate	%	-57.7%	-49.6	-62.4	-62.2	-101.0	-48.6
Child under 5 years diarrhoea case fatality rate	Rate	1.8/1000 **[(39/21740)]**	3.1/1000	0.3/1000	4.7/1000	0.0/1000	0.5/1000
Child under 5 years Pneumonia case fatality rate	Rate	1.3/1000 **(20/1535)**	2.2/1000	0.5/1000	4.5/1000	0.0/1000	0.0/1000
Child under 5 years severe acute malnutrition case fatality rate	%	8.3% **(49/589)**	7.7%	10.5%	8.9%	4.8%	8.6%
Schools Grade 1 screening coverage (annualised)	%	12.9%	8.7	26.9	7.8	0.0	18.2
Schools Grade 8 screening coverage (annualised)	%	7.5%	8.7	0.9	8.3	0.0	13.2
Couple year protection rate (annualised)	%	38.2%	45.4%	36.5%	39.2%	43.2%	26.9%

Programme Performance Indicators	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
Cervical Cancer Screening coverage (annualised)	%	34.7%	39.3%	25.4%	32.2%	23.1%	43.0%
Vitamin A 12 – 59 months coverage (annualised)	%	46.8%	52.3%	37.4%	50.9%	45.4%	41.8%
Maternal Mortality in facility ratio (annualised)	Ratio (Per 100 000 live births)	112.5/100000	124.5/100000	138.5/100000	62.4/100000	0.0/100000	172.6/100000
Inpatient early neonatal death rate	Ratio (Per 1000 live births)	14.3/1000	15.8/100000	6.9/100000	15.6/100000	9.6/100000	17.0/100000

SUB-OUTCOME 9: MATERNAL, INFANT AND CHILD MORTALITY REDUCED

SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE

Table DHS 15: Strategic Objectives, Performance Indicators and Annual Targets for MCWH & Nutrition

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Antenatal 1st visit before 20 weeks rate	%	54%	57.6%	62.3%	64%	65%	66%	70%	70%
2.		Mother postnatal visit within 6 days rate	%	-	-	52.8%	60%	60%	62%	65%	65%
3.		Antenatal client start on ART rate	%	91.9%	90.2%	92.2%	96%	98%	98%	98%	98%

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
4.		Infant 1st PCR test positive around 10 weeks rate	%	3%	2.1%	2.7%	1.7%	1.5%	1.5%	1.5%	1.5%
5.		Immunisation under 1 year coverage	%	97%	85.3%	83.1%	85% (38264 /45016)	87%	90%	90%	90%
6.		Measles 2nd dose coverage	%	-	-	76.7%	85% (38264/45016)	86%	87%	90%	90%
7.		DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	%	-	-	<57.7%	<13%	<12%	<11%	<10%	<10%
8.		Diarrhoea case fatality under 5 years rate	%	-	-	1.8/1000 **(Indicator measured as a rate)**	2.5 %	2 %	1.8%	1.5 %	1.5 %
9.		Pneumonia case fatality under 5 years rate	%	-	-	1.3/1000 **(Indicator measured as a rate)**	2.5 %	1.9%	1.7%	1.5%	1.5%
10.		Severe acute malnutrition case fatality under 5 years rate	%	-	10.7%	8.3%	8.5%	6%	5%	5%	5%
11.	Expansion and strengthening of integrated school health services	School Grade 1 - learners screened	No	-	-	-	-	4247	5663	7079	7079
12.		School Grade 8 - learners screened	No	-	-	-	-	3242	4323	5403	5403
13.	Reduce teenage pregnancy	Delivery in 10 to 19 years in facility rate	%	-	-	-	-	12%	11.5%	11%	-
14.	Increase access to sexual and reproductive health	Couple year protection rate	%	32.7%	45.2%	38.2%	45% (280831/624069)	46%	48%	50%	50%

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
15.	by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Cervical Cancer Screening coverage 30 years and older	%	34%	30%	34.7%	40%	45%	50%	55%	55%
16.		Human Papilloma Virus Vaccine 1st dose	No.	-	-	-	-	24390	25609	26889	26889
17.		Human Papilloma Virus Vaccine 2nd dose	No.	-	-	-	-	24390	25609	26889	26889
18.	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Vitamin A 12 – 59 months coverage	%	41%	45.3%	46.8%	45% (162287/360638)	47%	50%	50%	-
19.		Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate	%	-	-	-	65%	70%	75%	80%	80%
20.		Maternal Mortality in facility ratio	Ratio (Per 100 000 live births)	127/100 000 live births	124/100 000	112.5/100000	125/100 000 live births	120/100 000 live births	115/100 000 live births	115/100 000	115/100 000 live births
21.		Neonatal death in facility rate	Ratio (Per 1000 live births)	-	-	-	-	15/ 1000 live births	14.5/1000 live births	14/1000 live births	14/ 1000 live births

QUARTERLY TARGETS FOR 2017/18

Table DHS 16: Quarterly targets for MCWH & Nutrition

No.	Indicator	Reporting Period	Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Antenatal 1st visit before 20 weeks rate	Quarterly	%	65%	65%	65%	65%	65%
2.	Mother postnatal visit within 6 days rate	Quarterly	%	60%	60%	60%	60%	60%
3.	Antenatal client start on ART rate	Annually	%	98%				98%
4.	Infant 1st PCR test positive around 10 weeks rate	Quarterly	%	1.5%	1.5%	1.5%	1.5%	1.5%
5.	Immunisation under 1-year coverage	Quarterly	%	87%	87%	87%	87%	87%
6.	Measles 2nd dose coverage (annualised)	Quarterly	%	86%	86%	86%	86%	86%
7.	DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	Quarterly	%	<12%	<12%	<12%	<12%	<12%
8.	Diarrhoea case fatality under 5 years rate	Quarterly	%	2 %	2 %	2 %	2 %	2 %
9.	Pneumonia case fatality under 5 years rate	Quarterly	%	1.9%	1.9%	1.9%	1.9%	1.9%
10.	Severe acute malnutrition case fatality under 5 years rate	Quarterly	%	6%	6%	6%	6%	6%
11.	School Grade 1 -learners screened	Quarterly	No.	4247	1062	1062	1062	1061
12.	School Grade 8 - learners screened	Quarterly	No.	3242	810	810	811	811
13.	Delivery in 10 to 19 years in facility rate	Quarterly	%	12%	3%	3%	3%	3%

No.	Indicator	Reporting Period	Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
14.	Couple year protection rate (annualised)	Quarterly	%	46%	46%	46%	46%	46%
15.	Cervical Cancer Screening coverage 30 years and older	Quarterly	%	45%	45%	45%	45%	45%
16.	Human Papilloma Virus Vaccine 1st dose	Annually	No.	24390				24390
17.	Human Papilloma Virus Vaccine 2nd dose	Annually	No.	24390		24390		
18.	Vitamin A 12 – 59 months coverage (annualised)	Quarterly	%	47%	47%	47%	47%	47%
19	Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate	Quarterly	%	70%	70%	70%	70%	70%
20.	Maternal Mortality in facility ratio	Annually	Ratio (Per 100 000 live births)	120/100 000 live births				120/100 000 live births
21.	Neonatal death in facility rate	Annually	Ratio (Per 1000 live births)	15/ 1000 live births				15/ 1000 live births

SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

Purpose

To provide strategic leadership and support the implementation of the Non-Communicable Diseases policies and guidelines and coordinate the monitoring and evaluation of Communicable Disease Control (CDC) activities within the districts

PRIORITY:

- Service delivery platform that prevents, promotes healthy lifestyles and reduce the burden of diseases
- Reduce morbidity and mortality caused by Non- Communicable diseases
- Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's and manage CDC
- Improve the Public and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases (CDC)
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes

Table DHS 17: Situation Analysis Indicators for Disease Prevention and Control

Programme Performance Indicators	Frequency of reporting	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
Clients screened for hypertension	Quarterly	No.	217 429	49 033	44 248	48 025	52 019	24 104
Clients screened for diabetes	Quarterly	No.	88 475	25 710	5 973	12 353	36 591	7 848
Clients screened for mental health	Quarterly	No.	24 362	17 997	2 003	853	1 520	1 989
Cataract Surgery Rate	Quarterly	Rate (per 1 Million uninsured population)	716.6/1000 000	1461.5/1000 000	285/1000 000	92.0/1000 000	353.0/1000 000	679.1/1000 000
Malaria case fatality rate	Quarterly	%	0	0	0	0	0	0

SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE

Table DHS 18: Strategic Objectives, Performance Indicators and Annual Targets for Disease Prevention and Control

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Prevent blindness through increased cataract surgery	Cataract Surgery Rate	Rate (per 1 Million uninsured population)	1346/1000 000	1029/100 0 000	829.7/ 1000 000	1395/1000 000	1517/1000 000	1650/1000 000	1650/1000 000	1650/1000 000
2.	Strengthen disease surveillance system	Malaria case fatality rate	%	0%	11%	0%	0%	0%	0%	0%	0 %

QUARTERLY TARGETS FOR 2017/18

Table DHS 19: Quarterly targets for Disease Prevention and Control

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Cataract Surgery Rate	Quarterly	Rate (per 1 Million uninsured population)	1517/1000 000	1396/1000 000	1450/1000 000	1504/1000 000	1517/1000 000
2.	Malaria case fatality rate	Quarterly	%	0%	0%	0%	0%	0%

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

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
1. District Management	101 128	150 478	172 539	135 623	135 623	153 436	144 048	152 687	161 238
2. Community Health Clinics	326 983	352 338	383 490	402 741	427 648	415 171	423 684	442 616	467 403
3. Community Health Centres	213 520	234 967	236 047	263 918	276 373	275 813	278 323	293 853	310 308
4. Community Based Services	–	–	–	–	–	–	–	–	–
5. Other Community Services	94 205	73 574	55 501	65 244	65 244	64 404	69 094	73 230	77 331
6. Hiv/Aids	331 546	357 894	360 957	456 570	456 570	442 903	539 229	585 332	644 797
7. Nutrition	3 467	3 918	3 382	4 430	4 430	3 603	4 700	5 004	5 284
8. Coroner Services	–	4 386	–	–	–	–	–	–	–
9. District Hospitals	394 761	455 456	484 493	504 790	567 726	607 281	527 715	559 242	604 736
Total payments and estimates	**1 465 610**	**1 633 011**	**1 696 409**	**1 833 316**	**1 933 614**	**1 962 611**	**1 986 793**	**2 111 964**	**2 271 097**

The budget for district health services has increased by 2.8 per cent from the adjusted budget; this minimal growth is due the once off allocation during the 2016 adjustment budget to relieve budget pressure on contractual obligations under goods and services. The estimates of 2018/19 and 2019/20 shows an increase of 7.6 per cent and 6.3 per cent respectively.

The budget growth allocated made provision for the improved primary health care including operation of 24 hours' community health centres, compliance with the District Hospital Norms and Standards and HIV/AIDS awareness, prevention and treatment activities mainly funded by the Comprehensive HIV, AIDS and TB grant.

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

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**1 386 372**	**1 491 093**	**1 571 910**	**1 700 936**	**1 801 234**	**1 835 107**	**1 833 554**	**1 949 457**	**2 072 925**
Compensation of employees	866 155	892 135	984 025	1 039 165	1 039 165	1 081 333	1 116 556	1 165 728	1 232 809
Goods and services	519 203	597 843	587 440	661 771	762 069	752 954	716 998	783 729	840 116
Interest and rent on land	1 014	1 115	445	–	–	820	–	–	–
Transfers and subsidies to:	**49 781**	**86 719**	**97 045**	**114 651**	**114 651**	**111 998**	**134 622**	**110 450**	**116 638**
Provinces and municipalities	5 133	1 697	5 127	9 353	9 353	6 885	9 821	10 392	10 975
Departmental agencies and accounts	–	–	–	–	–	18	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	41 004	79 450	84 658	99 867	99 867	101 205	119 098	94 023	99 289
Households	3 644	5 572	7 260	5 431	5 431	3 890	5 703	6 035	6 374
Payments for capital assets	**29 457**	**55 199**	**27 454**	**17 729**	**17 729**	**15 506**	**18 617**	**52 057**	**81 534**
Buildings and other fixed structures	-556	648	2 996	–	–	16	–	–	–
Machinery and equipment	29 706	54 162	24 458	17 729	17 729	15 490	18 617	52 057	81 534
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	307	389	–	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**1 465 610**	**1 633 011**	**1 696 409**	**1 833 316**	**1 933 614**	**1 962 611**	**1 986 793**	**2 111 964**	**2 271 097**

The compensation of employees has increased by 7.4 per cent from the adjusted budget. This is in line with the estimated CPI on inflation to cater for the ICS and additional funding for health administration support from the 2016 MTEF.

Goods and services shows a reduction of 5.9 per cent from the adjusted budget as a results of an additional once off amount of R97.352 million which was allocated to relieve budget pressure on goods and services. The growth on the outer year of the MTEF is attributable to the allocation on the inflationary exchange depreciation on medicine prices. The transfers and subsidies are showing a significant growth from the 2016/17 financial year as a result of adjustments on the EPWP for Social Sector conditional grant.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Increase in HIV incidences	• Strengthen of ACSM; • Strengthen combination preventative approach; • Submission for requesting funding for planned activities;
Decrease in patients remaining on ART	• Roll-out and implement adherence strategy; • Intensify quarterly support visits by province;
Increased incidence rate of new drug susceptible TB and DR-TB patients	• Improve collaboration with other stakeholders DCS, mines, ECD centres & WBOT; • Ensure uninterrupted supply of quality drugs to all districts; • Implementation of the adherence strategy; • Strengthen infection control by training health personnel on infection control; • Strengthen supervision by district coordinators, facility managers & health area managers;
Poor clinical care & patient outcomes	• Strengthen clinical governance committees at all levels by Monitoring the functionality of governance structures
Potential closure of clinics & facilities	• Support visits by QA unit to districts on strengthening systems; • Support of PPTICRM's; • Support ideal clinic facilities towards compliance; • Conduct annually inspections to all facilities on NCS (National Core Standards);
Unreliable performance information for decision making	• Procurement and delivery of computers; • Roll out of WEB based (WebDHIS) information management system; • Appointment of data capturers & clerks through conditional grant; • Roll-out of HPRS to other 4 districts;
Non-responsive PHC services to community needs	• Improve good governance & accountability; • Equitable distribution of resources; • Strengthening of intra-departmental collaborative mechanisms (joint planning sessions, joint meetings, SLAs between programmes);
Inaccessible PHC service package (Level 1, 2 & 3)	• Improvement & effective implementation of Referral Policy; • Recruitment of scarce skills; • Equitable distribution of resources;
Transgression of constitutional rights of communities, healthcare workers & the population in general to an environment that is not harmful to their health & wellbeing	• Training of healthcare personnel in health care waste management at facility level; • Motivate for the Appoint or designate waste management officers at facility level • Strengthen cradle to grave management of healthcare risk waste (HCRW)
Morbidity & mortality due to non-travel Malaria	• Review the EHMC Plan & strengthen the implementation of the EHMC Plan in JTG & ZFM; • Training of EHPs in vector surveillance

Potential Risk	Mitigating Factors
High number of maternal deaths reported	• Strengthening of referral through the use of SBAR (Situation Background Assessment & Recommendation) chart & use of early warning charts; • Improve on interfacilties transport; • Recommend the extension of service hours especially at CHCs-24hrs service; • Recommend the recruitment & appointment of MCWH coordinators; • Monitor the adequate supply of pharmaceutical & surgical supplies; • Establish maternity waiting homes; • Establish Adolescence & Youth Friendly Services; • Upscale Reproductive Health Services; • Integration of services into the Ideal Clinic approach; • Train healthcare practitioners on CFP (Contraceptive Fertility Planning);
Increase in mother to child tranmission (MTCT) in HIV and AIDS	• Continuous training of nurses on PMTCT; • Continuous training & mentoring of healthcare practitioners on Integrated Management of Childhood Illnesses, • Train healthcare practitioners on CFP (Contraceptive Fertility Planning);
Increase in Neo-natal & infant morbidity & mortality	• Continuous training of healthcare practitioners on neonatal & infant care; • Continuous quarterly support visits to facilities; • Continuous upscale reporting of Perinatal & Child Problem Identification Programme;
The risk of under developed children	• Frequent trainings to capacitate professional & community healthcare workers; • Strengthen awareness & social mobilisation to the communities; • Quarterly support visits to districts;
Risk of vaccine preventable disease outbreaks e.g. polio, measles, pneumonia etc	• Improve working relations with DCST & WBOTs; • Conduct catch-up immunisation drives, • Active surveillance activities & defaulter tracing through the WBOTs; • Upscale training of healthcare practitioners in immunisation programmes;

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE AND STRUCTURE

To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well providing disaster management services in the province.

There are no changes in the purpose of the Budget Programme (3) from information presented in the 2015-2020 Strategic Plan.

PRIORITY:

- Improve on response times
- Gradually increase employment of staff to realise the two persons' crew
- Increase the number of operational ambulance to ensure full coverage of EMS services

Table EMS 1: Situation Analysis Indicators for EMS

Programme Performance Indicators	Frequency of reporting	Indicator Type	Province wide value 2015/16	Frances Baard District 2015/16	Pixley-Ka-Seme District 2015/16	John Taolo Gaetsewe District 2015/16	Namakwa District 2015/16	Zwelentlanga Fatman Mgcawu District 2015/16
EMS P1 urban response under 15 minutes rate	Quarterly	%	64.2% **(5373/8369)**	44.3%	42.4%	92.3%	77.3%	83.7%
EMS P1 rural response under 40 minutes rate	Quarterly	%	45.2% **(3098/6855)**	63.9%	43.2%	20.4%	68.0%	80.7%
EMS inter-facility transfer rate	Quarterly	%	13.3% **(15726/118672)**	21.9%	22.6%	7.2%	8.2%	14.3%

SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE

Table EMS 3: Strategic Objectives, Performance Indicators and Annual Targets for Emergency Medical Services

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Render an effective and efficient Emergency Medical Service	EMS P1 urban response under 15 minutes rate	%	63%	57%	64.2%	60%	60%	60%	70%	70%
2.		EMS P1 rural response under 40 minutes rate	%	47%	56%	45.2%	50%	50%	50%	50%	50%
3.		EMS inter-facility transfer rate	%	-	-	13.3%	10%	10%	10%	10%	10%

QUARTERLY TARGETS FOR 2017/18

Table EMS 4: Quarterly targets for Emergency Medical Services

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	EMS P1 urban response under 15 minutes rate	Quarterly	%	60%	60%	60%	60%	60%
2.	EMS P1 rural response under 40 minutes rate	Quarterly	%	50%	50%	50%	50%	50%
3.	EMS inter-facility transfer rate	Quarterly	%	10%	10%	10%	10%	10%

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Emergency Transport	197 867	242 847	271 386	278 289	317 780	329 908	294 915	312 718	330 620
2. Planned Patient Transport	–	–	–	2 639	2 639	641	2 780	2 943	3 107
Total payments and estimates	**197 867**	**242 847**	**271 386**	**280 928**	**320 419**	**330 549**	**297 695**	**315 661**	**333 727**

The budget for this programme shows a decline of 7.0 per cent from the adjusted budget, this is attributable to the once off allocation during the 2016 adjustments budget to relieve budget pressure on goods and services and committed capitals assets. The growth over the two outer years of the MTEF is linked to the inflationary projections estimated for the 2017 MTEF including the ICS shortfall allocated.

Summary of payments and estimates by economic classification: Emergency Medical Services

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**189 193**	**207 459**	**245 056**	**250 177**	**272 329**	**282 516**	**265 407**	**281 501**	**297 656**
Compensation of employees	131 734	148 403	168 607	172 468	172 468	182 774	183 569	194 634	205 914
Goods and services	57 249	58 518	75 654	77 709	99 861	99 051	81 838	86 867	91 742
Interest and rent on land	210	538	795	–	–	691	–	–	–
Transfers and subsidies to:	**306**	**229**	**1 098**	**386**	**386**	**329**	**405**	**428**	**452**
Provinces and municipalities	163	132	118	386	386	162	405	428	452
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	143	97	980	–	–	167	–	–	–
Payments for capital assets	**8 368**	**35 159**	**25 232**	**30 365**	**47 704**	**47 704**	**31 883**	**33 732**	**35 619**
Buildings and other fixed structures	5 386	1 860	–	–	–	–	–	–	–
Machinery and equipment	2 917	33 248	25 232	30 365	47 704	47 704	31 883	33 732	35 619
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	65	51	–	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**197 867**	**242 847**	**271 386**	**280 928**	**320 419**	**330 549**	**297 695**	**315 661**	**333 727**

The baseline for compensation of employee's budget has increased by 6.4 per cent from adjusted budget and over the MTEF within the inflationary projections to cater for the provision of salaries increases.

The budget for goods and services shows a reduction of 18.0 per cent; this is due to the once off allocation to relieve budget pressure on petrol cards for ambulances. However, there is positive growth of 6.1 per cent for both outer years of the 2017 MTEF.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Transgression of EMS norms & standards	• Request for increased budget to address the following: o Procurement of additional vehicles Staffing o Appoint more staff to fully comply with two crew legislation;
Poor cleanliness and infection prevention and control systems and processes in ambulances	• Strengthen monitoring and regular inspections of facilities & ambulances; • Ensure proper wash bays & parking bays;
Misuse & abuse of ambulances (e.g. used as taxi, fuel theft)	• Implementation of disciplinary measures; • Improve communication processes between control centre & EMS crews; • Implement 24/7 tracking system;

PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

PROGRAMME PURPOSE AND STRUCTURE

Rendering of hospital services at a general and specialist level, and provide a platform for the training of health workers and research.

There are no changes in the purpose of the Budget Programme (4) from information presented in the 2015-2020 Strategic Plan.

SUB-PROGRAMME: REGIONAL HOSPITAL (DR HARRY SURTIE HOSPITAL)

PRIORITY:

- To render regional hospital services
- Improve efficiency and quality of care by rendering multiple disciplinary health services

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

Table PHS 1: Strategic Objectives, Performance Indicators and Annual Targets for Regional Hospital

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	%	-	-	-	-	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
2.	Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	%	4 days	4.1 days	4.8 days	4.8 days	4.8 days	4.8 days	4.8 days	-
3.		Inpatient Bed Utilisation Rate (Regional Hospital)	%	81%	104%	78.3%	72%	72%	72%	72%	-
4.		Expenditure per PDE (Regional Hospital)	No (Rand)	R1 705	R3 316.69	R2 192.00	R3 400.00	R3 740.00	R4 114.00	R4 114.00	-

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
5.		Complaints resolution rate (Regional Hospital)	%	-	-	21.2%	100%	100%	100%	100%	-
6.		Complaints resolution within 25 working days rate (Regional Hospital)	%	36%	25%	100%	80%	80%	80%	80%	-

QUARTERLY TARGETS FOR 2017/18

Table PHS 2: Quarterly targets for Regional Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	Quarterly	%	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
2.	Average length of stay (Regional Hospital)	Quarterly	%	4.8 days	4.8 days	4.8 days	4.8 days	4.8 days
3.	Inpatient Bed Utilisation Rate (Regional Hospital)	Quarterly	%	72%	72%	72%	72%	72%
4.	Expenditure per PDE (Regional Hospital)	Quarterly	No (Rand)	R3 740.00	R3 740.00	R3 740.00	R3 740.00	R3 740.00
5.	Complaints resolution rate (Regional Hospital)	Quarterly	%	100%	100%	100%	100%	100%

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
6.	Complaints resolution within 25 working days rate (Regional Hospital)	Quarterly	%	80%	80%	80%	80%	80%

SUB-PROGRAMME: SPECIALISED HOSPITAL (WEST-END HOSPITAL)

PRIORITY:

- Improve specialised hospital services by gradually increasing employment of staff
- Improve accessibility to mental health service in the specialised hospital

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

Table PHS 3: Strategic Objectives, Performance Indicators and Annual Targets for West End Hospital

No	Strategic Objectives	Indicator	Indicator type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									

No	Strategic Objectives	Indicator	Indicator type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
1.	Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Specialised Hospital)	%	-	-	-	-	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)
2.	Improve efficiencies and quality of care at specialised hospital	Complaints resolution rate (Specialised Hospital)	%	-	-	100%	100%	100%	100%	100%	-
3.		Complaints resolution within 25 working days rate (Specialised Hospital)	%	50%	-	100%	80%	80%	80%	80%	-

QUARTERLY TARGETS FOR 2017/18

Table PHS 6: Quarterly targets for West End Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Specialised Hospital)	Quarterly	%	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
2.	Complaints resolution rate (Specialised Hospital)	Quarterly	%	100%	100%	100%	100%	100%
3.	Complaints resolution within 25 working days rate (Specialised Hospital)	Quarterly	%	80%	80%	80%	80%	80%

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

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
1. General (Regional) Hospitals	149 624	223 307	272 105	255 042	280 211	316 828	270 252	286 387	302 425
2. Tuberculosis Hospitals	6 294	14 661	11 566	16 933	19 933	18 823	16 342	17 318	18 288
3. Psychiatric/Mental Hospitals	45 164	54 626	56 761	50 215	51 915	56 370	54 870	58 140	61 396
Total payments and estimates	**201 082**	**292 594**	**340 432**	**322 190**	**352 059**	**392 021**	**341 464**	**361 845**	**382 109**

The budget of this programme shows negative growth of 3.0 per cent from the adjusted budget as a result of the once off allocation received during the 2016 adjustment budget period. The growth over the MTEF estimates is attributable to cater for the inflationary projections at 5.9 per cent for 2018/19 and 5.6 per cent in 2019/20.

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

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**197 048**	**285 800**	**338 796**	**320 933**	**350 802**	**390 793**	**340 144**	**360 449**	**380 635**
Compensation of employees	140 251	180 044	207 834	232 490	232 490	223 871	247 239	262 105	278 185
Goods and services	56 782	105 731	130 868	88 443	118 312	166 747	92 905	98 344	102 450
Interest and rent on land	15	25	94	–	–	175	–	–	–
Transfers and subsidies to:	**144**	**1 634**	**639**	**1 082**	**1 082**	**669**	**1 136**	**1 201**	**1 268**
Provinces and municipalities	–	365	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	11	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	234	–	–	–	–	–	–
Households	144	1 269	405	1 082	1 082	658	1 136	1 201	1 268
Payments for capital assets	**3 890**	**5 160**	**997**	**175**	**175**	**559**	**184**	**195**	**206**
Buildings and other fixed structures	2 826	2 422	731	–	–	–	–	–	–
Machinery and equipment	1 064	2 667	212	175	175	559	184	195	206
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	71	54	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**201 082**	**292 594**	**340 432**	**322 190**	**352 059**	**392 021**	**341 464**	**361 845**	**382 109**

The table overleaf depicts that Compensation of employees is estimated to grow by an average of 6.3 per cent from the adjusted budget, to make provision for the ICS over the MTEF. The goods and services show reduction of 21.5 per cent compared to the adjusted budget as result of the once off allocation received during adjustment whilst the outer years of the MTEF are estimated to grow by 5.8 per cent and 5.5 per cent in the 2018/19 and 2019/20 financial years, respectively.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
DR HARRY SURTIE AND WEST END	
Possible reduction of certain services due to workforce	• Strengthen Employee Wellness program; • Staff appointment as per organogram; • Establishment and adherence to referral protocol; • Intervention and support from Provincial Programmes; • Conduct in-service training on use of equipment;
Possible reduction of certain services due to the lack of technical equipment	• Appointment of maintenance and technical staff; • Allocate Budget for maintenance; • Develop SOPs for use of equipment & budget; • Training of staff on certain equipment; • Installation of burglar bars at the back of the wards (2nd floor)
Loss of patient records	• Appointment and training of staff; • Implemetation of Proper filing system; • Develop SOP's for records management system; • Conduct training for staff on Nootroclin;
Compromised clinical management	• Strengthen Public awareness and education; • Conduct 2 monthly meetings between hospital and district health;
Utilisation of same suppliers	• Develop & implement a supplier database; • Monitor performance of suppliers on monthly basis; • Develop & implement supplier rotation register;
High treatment interruption rate	• Improved intersectoral collaboration; • Continuous training of the various stakeholders; • Continuous Improvement of communication between health facilities; • Establishment of multi-sectoral committee; • Request for additional funding;
High communicable rate	• Strengthen infection control measures amongst staff & families; • Intensify training for all staff members; • Upgrading of protective clothing & equipment; • Pre-employment & periodical screening of employees;
Compromised safety & security of patients & staff	• Develop a checklist for issues of understanding for security personnel; • Motivate for additional security staff; • Motivate for installation of surveillance cameras & access control system; • Motivate for improvement of lighting on premises; • Motivate for installation of additional burglar proofing; • Liaise with Provincial Office to conduct security & safety audits;

PROGRAMME 5: TERTIARY HOSPITALS SERVICES

PROGRAMME PURPOSE AND STRUCTURE

To deliver Tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

There are no changes in the purpose of the Budget Programme (5) from information presented in the 2015-2020 Strategic Plan.

PRIORITIES

- Ensure compliance with the national core standards for effective health service delivery
- Improve efficiencies and quality of care at Tertiary Hospital
- Implement effective referral systems by ensuring a close relationship between all levels of the health system (e.g. Regional and Specialised Hospitals; District Hospitals and PHC facilities)

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE
SUB-OUTCOME 7: IMPROVED HEALTH FACILITY PLANNING AND INFRASTRUCTURE DELIVERY

Table THS 1: Strategic Objectives, Performance Indicators and Annual Targets for Tertiary Hospital

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
1.	Improve compliance with the National Core Standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	%	-	-	-	-	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
2.	Improve efficiencies and quality of care at Tertiary hospital	Average length of stay (Tertiary hospital)	No.	6.5 days	6.8 days	6.2 days	6.2 days	6.2 days	6.2 days	6.2 days	-
3.		Inpatient Bed Utilisation Rate (Tertiary hospital)	%	71%	73%	71.3%	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)	-
4.		Expenditure per PDE (Tertiary hospital)	No. (Rand)	R3 487	R3 446	R3 785.1	R3 923	R4 168	R4 418	R4 683	-
5.		Complaints Resolution rate (Tertiary hospital)	%	-	-	85.4%	100%	100%	100%	100%	-
6.		Complaint Resolution within 25 working days rate (Tertiary hospital)	%	66%	86%	85.7%	80%	80%	80%	80%	-

QUARTERLY TARGETS 2017/18

Table THS 2: Quarterly targets for Tertiary Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	Quarterly	%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
2.	Average length of stay (Tertiary hospital)	Quarterly	No.	6.2 days	6.2 days	6.2 days	6.2 days	6.2 days
3.	Inpatient Bed Utilisation Rate (Tertiary hospital)	Quarterly	%	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)
4.	Expenditure per PDE (Tertiary hospital)	Quarterly	No. (Rand)	R4 168	R4 168	R4 168	R4 168	R4 168
5.	Complaints Resolution rate (Tertiary hospital)	Quarterly	%	100%	100%	100%	100%	100%
6.	Complaint Resolution within 25 working days rate (Tertiary hospital)	Quarterly	%	80%	80%	80%	80%	80%

Summary of payments and estimates by sub-programme: Central Hospital Services

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
1. Provincial Tertiary Hospital Services	739 655	767 519	879 335	881 574	953 627	974 047	934 723	990 780	1 064 779
Total payments and estimates	**739 655**	**767 519**	**879 335**	**881 574**	**953 627**	**974 047**	**934 723**	**990 780**	**1 064 779**

The budget for this programme shows a reduction of 2 per cent from the adjusted budget as a result of the once off amount received during the adjustment budget. However, the growth rate is estimated at 5.9 per cent for 2018/19 and 5.8 per cent for 2019/20 to cater for the inflationary projections.

Summary of payments and estimates by economic classification: Central Hospital Services

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**701 498**	**749 252**	**859 566**	**853 188**	**921 630**	**953 050**	**904 708**	**958 206**	**1 030 381**
Compensation of employees	475 616	528 101	581 957	596 247	596 247	611 744	634 044	672 256	710 990
Goods and services	225 882	221 151	277 201	256 941	325 383	341 004	270 664	285 950	319 391
Interest and rent on land	–	–	408	–	–	302	–	–	–
Transfers and subsidies to:	**9 163**	**3 596**	**2 979**	**2 094**	**2 094**	**1 986**	**2 199**	**2 327**	**2 458**
Provinces and municipalities	–	–	2	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	622	1 056	1 056	715	715	715	751	795	840
Households	8 541	2 540	1 921	1 379	1 379	1 271	1 448	1 532	1 618
Payments for capital assets	**28 994**	**14 671**	**16 790**	**26 292**	**29 903**	**19 011**	**27 816**	**30 247**	**31 940**
Buildings and other fixed structures	6 070	10 595	6 740	–	–	–	–	–	–
Machinery and equipment	22 924	4 076	10 041	26 292	29 903	18 997	27 816	30 247	31 940
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	9	–	–	14	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**739 655**	**767 519**	**879 335**	**881 574**	**953 627**	**974 047**	**934 723**	**990 780**	**1 064 779**

Compensation of employees is showing a growth over the MTEF which is linked with estimated inflation to make provision for the ICS. Goods and Services budget shows a decline of 16.8 per cent from the adjusted budget, this is due to the once off allocation during the provincial adjustment period. However, the two outer years of the MTEF shows a growth linked to the inflation and to make provision for exchange depreciation on medicine prices amounting to R16.889 million for 2018/19.

The transfers and subsidies increased by 5.0 per cent from the adjusted budget, linked to the inflation to cater for unexpected exit of personnel over the MTEF. The payment for capital assets shows a growth over the MTEF to cater for the procurement of medical equipment.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Compromised clinical management	• Consultative budgeting process; • Integrated planning with DHS; • Effective cost centre management; • Institute control measures to ensure efficient health service delivery; • Educate public on health referral protocols; advise head office on extending operational hours of PHC; • Advise for the establishment of district hospital in Sol Plaatje municipal area. • Recommend the reduction of services eg not rendering PHC services; • Shortened recruitment processes by granting limited HR delegations; • Recruitment and retention strategy; • Strengthen academic support with Universities in neighbouring provinces, • Empowerment at management level; • Recommend to EMC & MEC for the activation of level 2 Orthopaedic Services at Dr Harry Surtie Hospital to alleviate the pressure; • Resuscitation & strengthen clinical outreach programme for orthopaedics;
Possible closure of certain services by external regulatory bodies e.g. radiology services	• Recommend for recruitment & retention of specialists; • Procurement of all relevant clinical equipment including maintenance plans; • Recommend for up-skilling of existing staff in relevant areas; • Strengthen the implementation of QIP;

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROGRAMME PURPOSE AND STRUCTURE

Deliver graduates who acquired basic knowledge and principles in the provisioning of nursing, emergency, medical care and other health professions to enable them to have the ability to perform basic and comprehensive health care.

There are no changes in the purpose of the Budget Programme (6) from information presented in the 2015-2020 Strategic Plan.

PRIORITIES

- Training of undergraduate nurses
- To identify and address scarce and critical skills in the public Health Sector through the Bursary Programme
- Increase EMS employment staff through training of EMS Personnel

SUB-OUTCOME 5: IMPROVED HUMAN RESOURCES FOR HEALTH

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

Table HST 1: Strategic Objectives, Performance Indicators and Annual Targets for Health Sciences and Training

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									
1.	Increase production of human resources of health	Basic nurse students graduating	No.	45	94	39	96	133	64	64	-
2.		Number of bursaries awarded for health science students	No.	-	-	-	-	139	139	139	-
3.	Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	%	-	14%	17%	100% (65/65)	100% (120/120)	100% (133/133)	100%	100%
4.	Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	No.	-	12	12	36	36	36	36	180
5.	Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	No.	-	20	40	20	20	20	20	-
		Customized Indicators (Sector Indicators)									

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
6	Increase production of human resources of health	Number of bursaries awarded for first year medicine students	No.	-	-	30	50	0	0	0	250
7.		Number of bursaries awarded for first year nursing students	No.	-	-	108	120	100	60	60	-

QUARTERLY TARGETS FOR 2017/18

Table HST 2: Quarterly targets for Health Sciences and Training

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Basic nurse students graduating	Annually	No.	133				133
2.	Number of bursaries awarded for health science students	Annually	No.	139				139
3.	Proportion of bursary holders permanently appointed	Annually	%	100% (120/120)				100% (120/120)
4.	Number of employees enrolled for training on Intermediate Life Support	Annually	No.	36			36	
5.	Number of bursaries awarded to administrative staff	Annually	No.	20				20
6.	Number of bursaries awarded for first year medicine students	Annually	No.	0				0

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
7.	Number of bursaries awarded for first year nursing students	Annually	No.	100				100

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Nurse Training College	45 098	51 769	53 085	58 055	64 315	59 928	62 387	66 144	69 849
2. Ems Training College	2 043	–	888	4 256	4 256	2 068	4 479	4 742	5 008
3. Bursaries	34 861	45 413	26 196	24 942	24 942	58 652	26 217	27 765	29 320
4. Primary Health Care Training	297	27	–	1 505	1 505	340	1 580	1 672	1 766
5. Training Other	5 756	7 042	10 945	37 542	37 542	26 399	35 410	37 487	39 586
Total payments and estimates	**88 055**	**104 251**	**91 114**	**126 300**	**132 560**	**147 387**	**130 073**	**137 809**	**145 529**

The budget for this programme shows a reduction of 1.9 per cent against the adjusted budget, which is attributed to the once off allocation to the nursing college during the adjustment budget. The outer years of the MTEF shows a growth linked to inflation to cater for price increases in respect of training needs provided by the department to improve health care services.

Summary of payments and estimates by economic classification: Health Sciences and Training

R thousand	Outcome 2013/14	Outcome 2014/15	Outcome 2015/16	Main appropriation 2016/17	Adjusted appropriation 2016/17	Revised estimate 2016/17	Medium-term estimates 2017/18	Medium-term estimates 2018/19	Medium-term estimates 2019/20
Current payments	**65 413**	**61 059**	**79 665**	**111 347**	**117 607**	**97 731**	**114 322**	**121 087**	**127 871**
Compensation of employees	27 296	26 725	27 888	42 191	42 191	29 349	45 154	47 838	50 612
Goods and services	38 113	34 334	51 777	69 156	75 416	68 382	69 168	73 250	77 259
Interest and rent on land	4	–	–	–	–	–	–	–	–
Transfers and subsidies to:	**21 075**	**42 234**	**10 590**	**13 441**	**13 441**	**49 252**	**14 113**	**14 931**	**15 767**
Provinces and municipalities	–	–	–	–	–	8	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	21 075	42 234	10 590	13 441	13 441	49 244	14 113	14 931	15 767
Payments for capital assets	**1 567**	**958**	**859**	**1 512**	**1 512**	**404**	**1 638**	**1 791**	**1 891**
Buildings and other fixed structures	–	74	–	–	–	252	–	–	–
Machinery and equipment	1 567	869	771	1 512	1 512	152	1 638	1 791	1 891
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	15	88	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**88 055**	**104 251**	**91 114**	**126 300**	**132 560**	**147 387**	**130 073**	**137 809**	**145 529**

The compensation of employee's estimates shows the growth, linked to the projected inflationary adjustments to cater for ICS including the pay progression of 1.5 per cent over the 2017 MTEF. The goods and services show a reduction of 8.2 per cent when compared to the adjusted budget. This reduction is attributable to the once off allocation received during the budget adjustment of 2016.

The other economic classification items show a steady growth linked to the inflation over the 2017 MTEF, to cater for price increases, including training and procurement of capital assets when the need arise.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
The risk of not being accredited by SANC and CHE	• Finalisation & submission of curricula; • College management to present issues at a meeting with SANC and CNO; • Develop & implement an action plan for accreditation;
The risk of not producing sufficient number of nurses.	• Motivate for more funding (staff development & operational costs). • Develop the college retention strategy. • Convene a meeting between the college and the department to facilitate communication; • Conduct analysis of throughput of students in relation to M-scoring; • Improved coordination between training, health development and clinical integration • Motivate for a college student counsellor for the 2017/18 financial year;
Loss of accreditation	• Provide adequate administrative & academic staff; • Learner-equipment ratios must be met;

	• Establish partnerships with HEIs & TVETs to meet academic requirements; • Develop academic programmes that are in line with NECET policy & HEI; • Provide workplace integrated learning platforms that meets the accreditation requirements;
Poor Quality of care (core knowledge)	• Implementation of MOU for partnering with higher learning institution to establish bridging courses and new programmes with other HEI; • Implementation of national training programme curriculum; • Rolling out of the CPD programme; • Introduction of System of 360-degree peer review; • Post course debrief

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE AND STRUCTURE

To render health care support services and specialized forensic medical and medico-legal services to meet the objectives of the department.

There are no changes in the purpose of the Budget Programme (7) from information presented in the 2015-2020 Strategic Plan.

SUB-PROGRAMME: FORENSIC MEDICAL SERVICES

PRIORITY:

- Reduced turn-around time on completion of autopsies
- Improve turnaround time of submission of autopsy reports to stakeholders (SAPS)

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

Table HCSS 1: Strategic Objectives, Performance Indicators and Annual Targets for Forensic Medical Services

No.	Strategic Objectives	Performance Indicators	Frequency	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
					2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators										
1.	Render health care support service through specialised forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days	Quarterly	%	54%	93%	92%	90 %	90 %	90%	90%	90%
2.		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%	-	84 %	91%	80%	80%	80%	80%	80%

QUARTERLY TARGETS 2017/18

Table HCSS 2: Quarterly targets for Forensic Medical Services

No.	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage of autopsies completed within 4 working days	Quarterly	%	90%	90%	90%	90%	90%
2.	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%	80%	80%	80%	80%	80%

SUB-PROGRAMME: PHARMACEUTICALS

PRIORITY:

- Improve availability and accessibility of medicine
- Improve quality of service including clinical governance and patient safety

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

Table HCSS 3: Strategic Objectives, Performance Indicators and Annual Targets for Pharmaceuticals

No.	Strategic Objectives	Indicators	Frequency of Reporting	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
					2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators										

No.	Strategic Objectives	Indicators	Frequency of Reporting	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
					2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
1.	Improve availability and access of medicine	Percentage availability of medication (EML and STG) in the health facilities and institutions	Quarterly	%	97%	97%	96%	100%	100%	100%	100%	100%
2.		Percentage availability of medication (non-EML) in the health facilities and institutions	Quarterly	%	-	-	-	-	<10%	<10%	<10%	-
3.	Improve quality of service including clinical governance and patient safety.	Number of functional Pharmaceutical and Therapeutic Committee	Quarterly	No.	-	-	-	6	9	9	9	9

QUARTERLY TARGETS FOR 2017/18

Table HCSS 4: Quarterly targets for Pharmaceuticals

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage availability of medication (EML and STG) in the health facilities and institutions	Quarterly	%	100%	100%	100%	100%	100%
2.	Percentage availability of medication (non-EML) in the health facilities and institutions	Quarterly	%	<10%	<10%	<10%	<10%	<10%
3.	Number of functional Pharmaceutical and Therapeutic Committee	Bi-Annually	No.	9	9	9	9	9

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

R thousand	Outcome 2013/14	2014/15	2015/16	Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates 2017/18	2018/19	2019/20
1. Laundry Services	10 483	10 263	9 291	7 127	7 127	9 399	7 573	8 026	8 475
2. Engineering	18 519	19 649	46 348	18 113	18 113	28 268	19 319	20 638	21 794
3. Forensic Services	27 179	18 297	23 177	33 584	34 639	33 181	35 607	37 738	39 850
4. Orthotic And Prostetic Services	4 850	6 603	5 748	9 350	9 350	9 350	9 865	10 446	11 031
5. Medicine Trading Account	23 493	30 451	35 203	30 388	31 438	38 611	32 227	34 144	36 056
Total payments and estimates	**84 524**	**85 263**	**119 767**	**98 562**	**100 667**	**118 809**	**104 591**	**110 992**	**117 206**

The budget for this programme has increased by 3.8 per cent compared to the adjusted budget. This limited growth is due to the once off allocation to relieve budget pressure on goods and services. However, the growth rate for the 2018/19 financial year will be 6.1 per cent, while 2019/20 financial year will be 5.6 per cent. The growth over the 2017 MTEF makes provision for inflationary projections and ICS.

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

R thousand	Outcome 2013/14	2014/15	2015/16	Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates 2017/18	2018/19	2019/20
Current payments	**83 758**	**83 204**	**118 822**	**95 268**	**97 373**	**115 149**	**101 133**	**107 333**	**113 341**
Compensation of employees	52 879	56 721	64 131	64 764	64 764	69 100	68 948	73 106	77 350
Goods and services	30 816	26 477	54 564	30 504	32 609	46 032	32 185	34 227	35 991
Interest and rent on land	63	6	127	–	–	17	–	–	–
Transfers and subsidies to:	**147**	**261**	**182**	**–**	**–**	**196**	**–**	**–**	**–**
Provinces and municipalities	14	7	11	–	–	27	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	133	254	171	–	–	169	–	–	–
Payments for capital assets	**619**	**1 798**	**763**	**3 294**	**3 294**	**3 464**	**3 458**	**3 659**	**3 865**
Buildings and other fixed structures	117	348	448	–	–	–	–	–	–
Machinery and equipment	502	1 450	315	3 294	3 294	3 464	3 458	3 659	3 865
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**84 524**	**85 263**	**119 767**	**98 562**	**100 667**	**118 809**	**104 591**	**110 992**	**117 206**

The compensation of employees increased by 6.4 per cent compared to adjusted budget. The growth rate for the 2018/19 will be 6.0 per cent and 2019/20 will be 5.6 per cent to cover for the shortfall of salary adjustments.

The goods and services show the reduction of 1.3 per cent against the adjusted budget. This reduction is due to the once off allocation received from the adjustment budget. However, the growth rate for the 2018/19 will be 6.3 per cent and 2019/20 will be 5.6 per cent to cater for inflationary increases. The budget for capital assets shows a steady growth over the 2017 MTEF mainly for the procurement machinery and equipment.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Forensic Medical Services	
Excessive breakdowns of FMS vehicles	• Lobby for funds for the replacement of FMS vehicles with required specifications with installation of tracking devices in all vehicles; • Continuous advance driving skills training to be conducted; • Advocate for the establishment of a line to report bad driving, misuse & abuse of vehicle;
Possible discontinuation of FMS services throughout the province	• Lobby for building of new and completion of existing mortuaries as required by legislation; • Lobby for the appointment of additional dedicated cleaners at mortuaries; • Ongoing replacement of cleaning machinery; • Conduct quarterly inspections with the assistance of infrastructure management Personnel at facilities; • Formal training of personnel on OHSA; • Update & strengthen the implementation of the SOP's in line with regulations; • Motivate for the appointment of additional specialist to cater for ZFM & Namakwa; • Lobby for funds to implement corrective actions as per security assessment;
Pharmaceuticals	
Expiration of medicines	• Appointment of sufficient number of Pharmaceutical staff at legislated levels; • Implement stock management system down to facility level; Storage adhering to legislative requirements;
Non-availability of medicines to patients	• Appointment of sufficient number of Pharmaceutical staff at legislated levels; • Penalise non performing suppliers; • Implement stock management system down to facility level;
Theft/Loss of medicines	• Implementation of effective access control as required by legislation; • Implementation of effective surveillance monitoring system;
Discontinuation of pharmaceutical services	• Appointment of pharmacists at provincial level to review compliance;

Potential accidents	• Liaise with ward councillor in which depot resides under; • Official letter to Sol Plaatje municipality requesting assistance to put measures in place;

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

Effective and efficient delivery of Infrastructure and provision of technical support services to the Department.

There are no changes in the purpose of the Budget Programme (8) from information presented in the 2015-2016 – 2019/20 Strategic Plan.

PRIORITIES

- Improve the quality of health service by implementing the Hospital Revitalization Programme
- Implementation of Infrastructure Grants for Provinces
- Implementation of Capital Maintenance Programme
- Implementation of Clinical Engineering (Health Technology) Maintenance Programme

SUB-OUTCOME 7: IMPROVED HEALTH FACILITY PLANNING AND INFRASTRUCTURE DELIVERY

Table HFM 1: Strategic Objectives, Performance Indicators and Annual Targets for Health Facilities Management

No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
		Provincial Indicators									
1.	Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with the facility norms and standards	Number of facilities that comply with gazetted infrastructure Norms and Standards	No.	-	Tshwaraga no OPD	-	59 1. Upgrading of 33 CHCs 2. Upgrading of 25 clinics 3. Upgrading of Tshwaragano nursing college	(2) 1. Centralised patient registry at West End hospital 2. Upgrading of Local Area Network and Connectivity of facilities	1 Centralised patient registry at West End hospital	1 Centralised patient registry at West End hospital	-

No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
2	Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed	No.	-	-	-	(8) 1. Heuningsvlei practical completion 2. Lerato Park clinic practical completion 3. Kuboes clinic practical completion 4. Welkom Clinic under construction 5. Kagung Clinic practical completion 6. De Aar Hospital operational 7. New Mental Health Hospital practical completion 8. New provincial archives complete	(11) 1. Construction of Port Nolloth CHC 2. Heuningvlei Final completion 3. Kagung Clinic final completion 4. Construction of new Springbok Hospital Pharmacy 5. Boegoeberg Clinic practical completion 6. Bankhara Bodulong Clinic Practical completion 7. Vioolsdrift Clinic under construction 8. Caroulesburg Clinic under construction 9. Kuboes clinic practical completion 10. Welkon Clinic practical completion 11. Construction of New Nursing and EMS College	(9)	(9)	-

No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
3.	Implementation of Health Facilities Revitalization Programme	Number of additional hospitals and mortuaries constructed or revitalised	No.	-	-	-	(3) 1. New Mental Health hospital (Provision of clinical equipment and commissioning of Mental Health) Hospital completed 2.De Aar Hospital Completed and Operational 3.Kuruman forensic mortuary	(3) 1. New Mental Health hospital 2. De Aar Hospital Completed and Operational 3. Kuruman Hospital Forensic Mortuary practical completion	(1) 1. Kuruman hospital Regional hospital in JTG platform completed	1) 1. Kuruman hospital Regional hospital in JTG platform completed	-
		Customized Indicators (Sector Indicators)									
4.	Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	No.	-	-	-	8	12	8	8	8

No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20
5.		Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	No.	-	-	-	19	(4) Joe Slovo CHC, Sutherland Nurses' Home, Garies Nurses' Home, Calvinia Hospital Surgical Store and other facilities as per incentive grant allocation	19	19	19

QUARTERLY TARGETS 2017/18

Table HFM 2: Quarterly targets for Health Facilities Management

No.	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Number of facilities that comply with gazetted infrastructure Norms and Standards	Quarterly	No.	2			1	1
2.	Number of additional clinics, community health centres and office facilities constructed	Quarterly	No.	11	2	3	3	3
3.	Number of additional hospitals and mortuaries constructed or revitalised	Quarterly	No.	3		1	1	1

No.	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2017/18	Quarterly Targets			
					Q1	Q2	Q3	Q4
4.	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annually	No.	12				12
5.	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	Annually	No.	4				4

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

R thousand	Outcome 2013/14	2014/15	2015/16	Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates 2017/18	2018/19	2019/20
1. District Hospital Services	286 816	195 588	228 097	351 404	395 008	395 008	426 270	362 332	382 623
2. Provincial Hospital Services	166 544	200 576	330 522	122 863	122 863	122 863	19 866	19 265	20 344
Total payments and estimates	**453 360**	**396 164**	**558 619**	**474 267**	**517 871**	**517 871**	**446 136**	**381 597**	**402 967**

The Health Facilities Management programme is mainly funded by Health Facility Revitalisation Grant. The estimates of this programme show a decrease by 13.8 per cent when compared to the adjusted budget of R517.871 million in 2016/17. This negative growth is due to the once off incentive performance allocation and rollovers approved by national as well as adjustments done annually to conditional grants over the 2017 MTEF.

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

R thousand	Outcome 2013/14	2014/15	2015/16	Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates 2017/18	2018/19	2019/20
Current payments	**29 710**	**32 629**	**48 968**	**42 110**	**42 110**	**45 903**	**58 658**	**64 610**	**77 205**
Compensation of employees	3 343	6 959	8 905	9 714	9 714	10 061	11 109	11 791	13 501
Goods and services	26 262	25 338	40 053	32 396	32 396	35 774	47 549	52 818	63 704
Interest and rent on land	105	332	10	–	–	68	–	–	–
Transfers and subsidies to:	**–**	**–**	**142**	**–**	**–**	**–**	**–**	**–**	**–**
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	–	–	142	–	–	–	–	–	–
Payments for capital assets	**423 650**	**363 535**	**509 509**	**432 157**	**475 761**	**471 968**	**387 478**	**316 987**	**325 762**
Buildings and other fixed structures	381 392	339 523	476 808	356 455	400 059	396 266	322 483	248 222	253 146
Machinery and equipment	42 258	24 012	32 092	75 702	75 702	75 702	64 995	68 765	72 616
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	609	–	–	–	–	–	–
Payments for financial assets	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification	**453 360**	**396 164**	**558 619**	**474 267**	**517 871**	**517 871**	**446 136**	**381 597**	**402 967**

PERFORMANCE AND EXPENDITURE TRENDS

The table below outlines in point form how the above budget and MTEF allocations impact on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realized.

Table: Performance and Expenditure trends for Health Facilities Management

New and replacement Hospitals	New and replacement Clinics & CHCs	New and replaced (Other) Health Facilities	Upgraded & Refurbished Facilities	Preventative Maintenance	Repaired & Replaced Clinical Equipment
Construction of New Mental Health Hospital	Replacement of Heuningvlei Clinic	Construction of New Springbok Hospital Pharmacy	Upgrading of West End Hospital for mental health patients	Maintenance of Dr Harry Surtie Hospital	Medical Equipment maintenance
Construction of New De Aar Hospital (Phase 3)	Construction of New Ka Gung Clinic	Construction of Kuruman Hospital Forensic Mortuary (completion)	Upgrading of Local Area Network and Connectivity at facilities	Maintenance of Mental Health Hospital	
	Replacement of Williston CHC (Phase 2)	Construction of New EMS and Nursing College	Refurbishment of Joe Slovo CHC	Maintenance of De Aar Hospital	
	Construction of New Port Nolloth CHC	Construction of Gordonia hospital nursing college	Refurbishment of Sutherland Nurses' Home	Maintenance of Standby Generators and HVACs	
	Construction of New Springbok Hospital Pharmacy	Construction of New Namakwa Forensic Mortuary	Refurbishment of Garies Nurses' Home	Maintenance of Internal Roads: Kenhardt CHC	
	Facility Replacements: Boegoeberg Clinic	Construction of Frances Baard Forensic Mortuary	Refurbishment of Calvinia Hospital Surgical Store	Maintenance of Internal Roads: Jan Kempdorp CHC	
	Facility Replacements: Bankhara Bodulong Clinic		Refurbishment of Kuyasa Clinic	Maintenance of Internal Roads: Hester Malan CHC	
	Facility Replacements: Vioolsdrift Clinic			Building & Roof Structures Maintenance	
				Conditions Assessment	
				Maintenance of refrigerators and cold rooms	
				Maintenance of Medical Gas/ LP Gas	

RISK MANAGEMENT

Potential Risk	Mitigating Action
Possible dilapidating buildings due to non-maintenance	• Allocate a clinical engineering technician to each district; • Each facility to identify equipment that needs to be maintained from the movable asset register; • Service frequency needs to be determined by each district; • Sourcing of additional PSP's in process; • Appointment of Director Technical Services, mechanical & electrical engineers; • Appointment & training of handy men at facilities and equipping them with right tools
Inability to fully implement Infrastructure Grant	• Appoint a new implementing agent; • Establish a technical & capital SCM function; • Implement generic DORA structure
Loss of funding due to non-compliance with GIAMA	• Ensure timely submission of UAMP; • Full participation in GIAMA forums; • Sourcing of additional PSPs in process

PART C: LINKS TO OTHER PLANS

1. Link to the Long Term Infrastructure and other capital plans

The table below indicates the budget requirements for new and replacement, upgrades and refurbishments as well as maintenance and repair projects over the next 5 years as extracted from the User Asset Management Plan (U-AMP) document of 2016/17

Table B5

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
1. New and replacement assets							
1	Construction of New Mental Health	Dec-11	Mar-17	HFRG	1 000	0	0
2	Construction of New De Aar Hospital (Phase 3)	Nov-11	Mar-16	HFRG	38 000	5 000	0
3	Construction of New John Taolo Gaetsewe Hospital	Apr-18	Apr-21	HFRG	0	0	0
4	Replacement of Heuningvlei Clinic	Sep-15	Dec-16	HFRG	7 000	0	0
5	Construction of New Ka Gung Clinic	Jan-13	Mar-17	HFRG	10 000	0	0
6	Replacement of Williston CHC (Phase 2)	Feb-13	Dec-18	HFRG	0	63 502	90 000
7	Construction of New Port Nolloth CHC	Aug-14	Mar-18	HFRG	65 027	10 000	10 000
8	Construction of New Springbok Hospital Pharmacy	Apr-15	Mar-18	HFRG	4 000	0	0
	Facility Replacements:						
9	Boegoeberg Clinic	Apr-15	Mar-17	HFRG	7 000	5 000	0
10	Bankhara Bodulong Clinic	Apr-15	Mar-17	HFRG	7 000	5 000	0
11	Vioolsdrift Clinic	Apr-17	Mar-19	HFRG	300	15 000	0
12	Caroulesburg Clinic	Apr-17	Mar-19	HFRG	300	10 000	0
13	Kuboes Clinic	Apr-16	Mar-18	HFRG	300	10 000	0
14	Welkom Clinic	Apr-16	Mar-18	HFRG	300	10 000	0
15	Construction of New Pampierstad Clinic	Apr-16	Mar-18	HFRG	4 000	13 000	0
16	Construction of Kuruman Hospital Forensic Mortuary (completion)	Apr-15	Mar-16	HFRG	3 000	0	0
18	Construction of New EMS and Nursing College (Phase 1 Student Accommodation)	Apr-15	Mar-19	HFRG	70 000	40 000	0
19	Construction of Gordonia hospital nursing college	Apr-15	Mar-16	HFRG	0	30 000	0

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
20	Construction of New Namakwa Forensic Mortuary	Apr-17	Mar-19	HFRG	4 000	10 000	0
22	Procurement of Health Technology Equipment for Dr Harry Surtie Hospital	Apr-16	Mar-17	HFRG	4 000	0	5 000
23	Construction of Frances Baard Forensic Mortuary	Apr-18	Mar-19	HFRG	0	20 000	20 000
24	Procurement of Medical Equipment for Ideal Clinics	Apr-16	Mar-17	HFRG	4 000	0	30 000
25	Grant Management	Apr-16	Mar-17	HFRG	15 000	29 000	0
Total New infrastructure assets					**244 227**	**275 502**	**155 000**
2. Upgrades and additions							
1	Construction of (guardhouse) and installation of perimeter fencing and lighting:						8 000
1.1	Kenhardt CHC	Apr-16	Mar-17	HFRG	0	0	0
1.2	Noupoort CHC	Apr-16	Mar-17	HFRG	0	0	0
1.3	Britstown CHC	Apr-16	Mar-17	HFRG	0	0	0
1.4	Hester Malan CHC	Apr-16	Mar-17	HFRG	0	0	0
1.5	Prieska CHC	Apr-16	Mar-17	HFRG	0	0	0
1.6	Kuruman Hospital	Apr-16	Mar-17	HFRG	0	0	0
1.7	Victoria West CHC	Apr-16	Mar-17	HFRG	0	0	0
1.8	Calvinia Hospital	Apr-16	Mar-17	HFRG	0	0	0
1.9	Gordonia Hospital	Apr-16	Mar-17	HFRG	0	0	0
1.10	Replacement of standby generators	Apr-16	Mar-17	HFRG	5 000	0	0
1.11	Upgrading of Bathlaros EMS Station	Apr-16	Mar-17	HFRG	1 500	0	0
2	Upgrading of Tshwaragano Satellite Nursing College	Apr-16	Mar-17	HFRG	2 000	0	0
3	Construction of Medical waste storage rooms for 25 Clinics	Apr-16	Mar-17	HFRG	3 000	0	8 000
4	Installation of CCTV Security Systems in Pharmacies of all Hospitals and CHCs	Apr-16	Mar-17	HFRG	2 000	0	0
5	Installation of water storage tanks and piping for Clinics	Apr-16	Mar-17	HFRG	3 000	0	5 000
6	Drilling of Boreholes at Clinics,CHCs and Hospitals	Apr-16	Mar-17	HFRG	4 000	0	5 000
7	Upgrading of Mortuaries	Apr-16	Mar-17	HFRG	4 000	10 000	10 000
8	Upgrading of gas banks/ oxygen supply	Apr-16	Mar-17	HFRG	5 000	0	30 000
9	Fencing off of Satellite Clinics in ZF Mgcawu District	Apr-16	Mar-17	HFRG	1 000	0	0
10	Installation of 25 standby generators for Clinics and CHCs	Apr-16	Mar-17	HFRG	5 000	0	10 000
11	Installation of solar high mast perimeter lighting:	Apr-16	Mar-17	HFRG			
12	Tshwaragano Hospital	Apr-16	Mar-17	HFRG	160	0	0
13	All clinics and CHCs	Apr-16	Mar-17	HFRG	5 000	0	6 000

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
14	Upgrading of West End Hospital	Apr-16	Mar-17	HFRG	5 000	15 000	0
15	Upgrading of House no. 31 Memorial Road	Apr-16	Mar-17	HFRG	2 679	1 000	0
16	Upgrading of Local Area Network and Connectivity at facilities	Apr-16	Mar-17	HFRG	6 000	0	0
17	Upgrading of electrical supply for 5 clinics	Apr-16	Mar-17	HFRG	1 500	0	12 000
18	Upgrading of Tshwaragano District Hospital electrical supply	Apr-16	Mar-17	HFRG	0	0	0
	Upgrading of KH Renal and Oncology Units			NTSG	0	0	
	Upgrading of KH S1 Psychatric Unit			NTSG	0	0	
	Upgrading of KH A3 Ward			HFRG	3 000	2 000	
19	Upgrading of Kuruman Hospital	Apr-18	Mar-19	HFRG	0	50 000	15 000
Total Upgrades and additions					**58 839**	**78 000**	**109 000**
3. Rehabilitation, renovations and refurbishments							
	Refurbishment of Laundry Facilities:						3 214
1	Postmasburg Hospital	Apr-16	Mar-17	HFRG	2 157	0	0
2	Kuruman Hospital	Apr-16	Mar-17	HFRG	2 234	0	0
3	Kakamas Hospital	Apr-16	Mar-17	HFRG	1 868	0	0
4	Pofadder CHC	Apr-16	Mar-17	HFRG	2 157	0	0
5	Springbok Hospital	Apr-16	Mar-17	HFRG	2 213	0	0
6	Victoria West Hospital	Apr-16	Mar-17	HFRG	1 966	0	0
	Connie Voster Hospital			HFRG	2 000	1 000	
	Carnovon Hospital				1 500	1 000	
7	Refurbishment of Wegdraai Clinic	Apr-16	Mar-17	HFRG	2 000	0	0
	Refurbishment of health facilities:						87 000
8	Joe Slovo CHC	Apr-17	Mar-18	HFRG	2 000	0	0
9	Sutherland Nurses' Home	Apr-17	Mar-18	HFRG	500	0	0
10	Garies Nurses' Home	Apr-17	Mar-18	HFRG	500	0	0
11	Calvinia Hospital Surgical Store	Apr-17	Mar-18	HFRG	500	0	0
12	Kharkams Clinic	Apr-16	Mar-17	HFRG	500	0	0
13	Logobate Clinic	Apr-16	Mar-17	HFRG	800	0	0
14	Glenred Clinic	Apr-16	Mar-17	HFRG	2 000	0	0

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
15	Jan Kempdorp CHC	Apr-16	Mar-17	HFRG	2 000	0	0
16	Mataleng Clinic	Apr-16	Mar-17	HFRG	900	0	0
17	Ma Doyle Clinic	Apr-16	Mar-17	HFRG	1 200	0	0
18	Floorianvale Clinic	Apr-16	Mar-17	HFRG	2 000	0	0
19	Kuyasa Clinic	Apr-17	Mar-18	HFRG	1 500	0	0
20	Hester Malan CHC	Apr-16	Mar-17	HFRG	2 000	0	0
21	Britstown CHC	Apr-16	Mar-17	HFRG	1 500	0	0
22	Noupoort CHC	Apr-16	Mar-17	HFRG	1 500	0	0
23	Griekwastad CHC	Apr-16	Mar-17	HFRG	2 000	0	0
24	Prieska CHC	Apr-16	Mar-17	HFRG	2 500	0	0
25	Warrenton CHC	Apr-16	Mar-17	HFRG	3 000	0	0
26	Dr Winston Torres Clinic	Apr-16	Mar-17	HFRG	1 000	0	0
27	Jan Witbooi Clinic	Apr-16	Mar-17	HFRG	1 200	0	0
28	Seoding Clinic	Apr-16	Mar-17	HFRG	1 200	0	0
29	Kagisho Health Centre	Apr-16	Mar-17	HFRG	1 500	0	0
30	Mecwetsaneng Clinic	Apr-16	Mar-17	HFRG	1 200	0	0
	Loopeng Clinic						
	Cassel Clinic				2 000	3 000	
31	Refurbishment of Arthur Letele Pharmaceutical Depot	Apr-16	Mar-17	HFRG	2 029	0	0
Total Rehabilitation, renovations and refurbishments					**55 124**	**5 000**	**90 214**
4. Maintenance and repairs							
	Refurblishment of Carnovon CHC				10 000		
	Refurblishment of Tshwaragano Pyschiatric Ward				2 000		
	Refurblishment of Nababeeb CHC				2 000		
	Refurblishment of Griekwastad CHC				2 000		
	Refurblishment of Lorriesfontein CHC				1 500		
	Refurblishment of Upington Mental Ward				1 000		
1	Maintenance of Dr Harry Surtie Hospital	Apr-16	Mar-17	HFRG	4 000	1 500	0
2	Maintenance of Mental Health Hospital	Apr-18	Mar-19	HFRG	0	5 000	5 000
3	Maintenance of De Aar Hospital	Apr-18	Mar-19	HFRG	6 000	4 500	4 500

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
4	Maintenance of Standby Generators and HVACs	Apr-16	Mar-17	HFRG	10 000	10 000	10 000
	Maintenance of Internal Roads:						10 000
5	Kenhardt CHC	Apr-16	Mar-17	HFRG	500	0	0
6	Jan Kempdorp CHC	Apr-16	Mar-17	HFRG	500	0	0
7	Hester Malan CHC	Apr-16	Mar-17	HFRG	500	0	0
8	Conditions Assessment	Apr-16	Mar-17	HFRG	6 000	3 000	0
9	Building & Roof Structures Maintenance	Apr-16	Mar-17	HFRG	8 000	10 000	30 000
	Maintenance of refrigerators and cold rooms	Apr-16	Mar-17	HFRG	4 000	0	0
10	Maintenance of Medical Gas/ LP Gas	Apr-16	Mar-17	HFRG	0	3 000	25 000
11	Medical Equipment maintenance	Apr-16	Mar-17	HFRG	2 000	8 000	30 000
12	Maintenance of fire fighting equipment	Apr-16	Mar-17	HFRG	13 000	10 000	5 000
12	Maintenance of plumbing and sanitation	Apr-16	Mar-17	HFRG	2 000	10 000	25 000
Total Maintenance and repairs					**75 000**	**65 000**	**144 500**
Total HFRG					**433 190**	**423 502**	**498 714**
5. Equittable Share Projects							
1	Compensation of employees	Apr-16	Mar-17	Eqs	1 822	1 822	1 822
2	Maintenance Laundry equipment	Apr-16	Mar-17	HFRG	3 000	5 000	5 000
3	Solar & plumbing upgrade	Apr-16	Mar-17	HFRG	2 000	10 000	10 000
4	Maintenance of Boilers and Transformers	Apr-16	Mar-17	HFRG	3 500	7 000	7 000
5	kitchen equipment maintenance	Apr-16	Mar-17	HFRG	1 000	1 000	1 000
6	Plant engineering equipment	Apr-16	Mar-17	HFRG	500	5 000	5 000
Total Equittable Share Projects					**10 000**	**29 822**	**29 822**
6. Infrastructure transfers - current							
1							
…							
n							
Total Infrastructure transfers - current							
7. Infrastructure transfers - capital							
1							

Project No.	Project name	Project duration		Source of funding	MTEF Forward estimates		
R thousands		Date: Start	Date: Finish		MTEF 2017/18	MTEF 2018/19	MTEF 2019/20
…							
n							
Total Infrastructure transfers - capital							
Total Health Infrastructure					**443 190**	**453 324**	

CONDITIONAL GRANTS

NATIONAL HEALTH INSURANCE GRANT

Name of conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2017/18
National Health Insurance	**PART A: Direct (NHI Pilot Districts)** To improve the performance of the District Health System through testing service delivery and provision innovations in readiness for the implementation of National Health Insurance (NHI); Test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context in line with the vision for realising universal health coverage for all; To undertake health system strengthening activities in identified focus areas; To assess the effectiveness of interventions/activities undertaken in the district funded through this grant.	1. 10 pilot districts across the country 2. Strengthened district health system 3. Approved business plans for all 10 pilot districts 4. Quarterly and annual performance reports 5. Consolidated annual performance evaluation report	**1 piloting district** **(Pixley Ka Seme District)**

HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2017/18
Health Professional Training and Development	Support provinces to fund services costs associated with the training of health science trainees on the public platform	• Availability of Business Plans • Number of site visits • Availability of quarterly and annual performance report	• Approved Business Plan • 30 site visits • 4 quarterly reports, 1 annual performance report

NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2017/18
National Tertiary services	To ensure provision of tertiary services for all South African citizens	9 Service Level Agreements (SLA)	100%
	To compensate tertiary facilities for the costs associated with the provision of these services including cross border patients	100% Expenditure at the end of financial year	100%

COMPREHENSIVE HIV/AIDS GRANT

Name of conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2017/18
Comprehensive HIV AIDS Conditional Grant	To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care To subsidise in-part funding for the antiretroviral treatment plan	1. Number of new patients that started on ART	66 240
		2. Number of Antenatal Care (ANC) clients initiated on ART	2 565
		3. Number of babies Polymerase Chain Reaction (PCR) tested at 10 weeks	2 156
		4. Number of HIV positive clients screened for TB	14 462
		5. Number of HIV positive patients that started on IPT	13 449
		6. Number of HIV tests done	220 259
		7. Number of Medical Male Circumcisions performed	18 300

HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2017/18
Health Facility Revitalisation Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA) Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver health infrastructure	Approved Annual Implementation plans for both Health Facility Revitalisation Grant and National Health Grant	Approved Annual Implementation Plan
		Monitoring number of projects receive funding from Health Facility Revitalisation Grant and National Health Grant	All facilities monitored
National Health Grant: Health Facility Revitalisation Component	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational systems and quality assurance (QA) in National Health Insurance (NHI) pilot districts Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver infrastructure in health	Approved Annual Implementation plans for both Health Facility Revitalisation Grant and National Health Grant	

PUBLIC ENTITIES

The department does not have Public Entities

PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

The department does not have Public-Private Partnerships

CONCLUSIONS

The focus of the department is to improve service delivery, with the ultimate aim of improving the quality of life of our poor communities and the highest population group (15-19 years).

ANNEXURE C: REVIEW OF THE STRATEGIC PLAN 2015/16- 2019/2020

Background

The Northern Cape Department of Health Strategic Plan 2015/16 - 2019/20 was reviewed and tabled in February 2016. Subsequently, an annexure of the reviewed strategic plan was incorporated in the Annual Performance Plan (APP) 2016/17. In the course of the 2016/17 financial year, the National Department of Health (NDoH) finalized the National Indicator Data Set (NIDS) 2017-2019, and the Customized Indicators for Provincial APPs 2017/18-2019/20. Extensive amendments were made in the NIDS 2017-2019 which subsequently affected the final list of customized indicators for Provincial APPs 2017/18-2019/20. For instance, introduction of new indicators; rephrasing and removal of some indicators. Furthermore, the National Department of Health conducted an exercise whereby Provincial Departments were requested to review their targets for the period 2017/18 to 2019/20 to ensure alignment between the NDoH APP and the Provincial APPs.

Purpose

According to section 4.1 of the Framework for Strategic Plans and Annual Performance Plans by National Treasury,

"A Strategic Plan may be changed during the five-year period that it covers. However, such changes should be limited to revisions related to significant policy shifts or changes in the service-delivery environment. The relevant institution does this by issuing an amendment to the existing plan, which may be published as an annexure to the Annual Performance Plan, or by issuing a revised Strategic Plan."

Based on the above statement and the background given, the department reviewed the Strategic Plan 2015/16-2019/20. This section highlights areas of the changes that have been made in the Strategic Plan 2015/16- 2019/2020 to align it with the APP 2017/18, and in line with the new NIDS 2017-2019

Introduction

The tables below reflect what is currently outlined in the Strategic Plan 2015/16 – 2017/18 and the amendments made to ensure alignment between the Annual Performance Plan and Strategic Plan.

PROGRAMME 1

Sub-Programme	**Currently in the Strategic Plan**	**Amendments**				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
Information Technology and Communications	**Performance indicator:** Percentage of hospitals with broadband access	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	86% (12/14 facilities)

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Percentage of fixed PHC facilities with broadband access	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	20% (36/179 health facilities)

PROGRAMME 2

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
District Health Services	**Performance indicator:** Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard	Removed	Removed	Removed	Removed	Removed
	-	Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ensure that Primary Health Care facilities are developed into ideal clinic	Ideal clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	New indicator	100% (163/163)
	Performance indicator: Client Satisfaction rate(PHC)	Removed	Removed	Removed	Removed	Removed
	Performance indicator: Client Satisfaction Survey rate(PHC)	Removed	Removed	Removed	Removed	Removed

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Number of Districts with fully fledged District Clinical Specialist Team (DCSTs)	Removed	Removed	Removed	Removed	Removed
District Hospitals	**Performance indicator:** National core standards self-assessment rate (District Hospitals)	Removed	Removed	Removed	Removed	Removed
	-	Improve compliance with national core standards	Improve effectiveness and efficiencies in health care facilities	**Performance indicator:** Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	New indicator	82% (9/11)
	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	Removed	Removed	Removed	Removed	Removed
	Performance indicator: Patient Satisfaction survey rate (District Hospitals)	Removed	Removed	Removed	Removed	Removed

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Patient Satisfaction rate (District Hospitals)	Removed	Removed	Removed	Removed	Removed
HAST	-	Increase HIV testing coverage, treatment and retain clients on ART	Increase access to a preventive package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality	**Performance indicator:** ART client remain on ART end of month -total	New indicator	93 327
	Performance indicator: Client tested for HIV (INL ANC)			**Performance indicator:** HIV test done - total	158 459	243 940
	Performance indicator: Male condom distribution coverage	Remains unchanged	Remains unchanged	Male condom distributed	7 964 800	15 154 881
	Performance Indicator: Medical male circumcision performed - Total	Remains unchanged	Remains unchanged	Medical male circumcision - Total	6 544	32 186
	-	Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential	TB/HIV co-infected client on ART rate	New indicator	100%
	-			TB symptom 5 years and older start on treatment rate	New Indicator	85%

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
		adherence to treatment	intervention to reduce HIV, TB and NCD mortality			
	Performance indicator: TB client treatment success rate		Remains unchanged	Remains unchanged	Remains unchanged	90%
	Performance indicator: TB client lost to follow up rate			Remains unchanged	Remains unchanged	≤ 4%
	Performance indicator: TB Client Death Rate		Remains unchanged	Remains unchanged	Remains unchanged	4.5%
	Performance indicator: TB MDR treatment success rate		Remains unchanged	Remains unchanged	21.7% (59/271)	60%
	Performance indicator: TB MDR confirmed treatment initiation rate	Removed	Removed	Removed	Removed	Removed
MCWH & NUTRITION	**Performance Indicator:** Antenatal 1st visit before 20 weeks rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
		status of children				
	Performance Indicator: Antenatal client initiated on ART rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Antenatal client start on ART rate	Remains unchanged	Remains unchanged
	Performance Indicator: Mother postnatal visit within 6 days rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged
	Performance Indicator: Infant 1st PCR test positive around 10 weeks rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged
	Performance Indicator: Immunisation under 1 year coverage	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance Indicator: Measles 2nd dose coverage	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged
	Performance Indicator: DTaP-IPV-HIB 3 - Measles 1st dose drop-out rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	9.5%	<10%
	Performance Indicator: Child under 5 years diarrhoea case fatality rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Diarrhoea case fatality under 5 years rate	3.4/1000	1.5 %
	Performance Indicator: Child under 5 years pneumonia case fatality rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting quality life	Pneumonia case fatality under 5 years rate	New Indicator	1.5%
	Performance Indicator: Child under 5 years Severe acute	Reduce maternal and child morbidity and	Remains unchanged	Severe acute malnutrition case fatality under 5 years rate	11.8%	5%

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	malnutrition case fatality rate	mortality, through BAC, PMTCT and improving nutritional				
	-	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	To improve the health of mothers, babies, women, and youth by reducing morbidity and mortality and promoting the quality of life	Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate	New indicator	80%
	Performance Indicator: Maternal Mortality in facility ratio	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged
	Performance Indicator: Inpatient early neonatal death rate	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Remains unchanged	Neonatal death in facility rate	Remains unchanged	14/ 1000 live births
	Performance Indicator: School Grade 1 Screening coverage (annualized)	Remains unchanged	Remains unchanged	School Grade 1 - learners screened	New Indicator (monitored as number not percentage)	7079

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance Indicator: School Grade 8 Screening coverage (annualized)	Remains unchanged	Remains unchanged	School Grade 8 - learners screened	New Indicator (monitored as number not percentage)	5403
	Performance Indicator: Cervical Cancer Screening coverage	Remains unchanged	Remains unchanged	Cervical Cancer Screening coverage 30 years and older	New indicator	55%
	Performance Indicator: Human Papilloma Virus Vaccine 1st dose coverage	Remains unchanged	Remains unchanged	Human Papilloma Virus Vaccine 1st dose	New Indicator (monitored as number not percentage)	26889
	Performance Indicator: Human Papilloma Virus Vaccine 2nd dose coverage	Remains unchanged	Remains unchanged	Human Papilloma Virus Vaccine 2nd dose	New Indicator (monitored as number not percentage)	26889
Disease Prevention and Control	**Performance Indicator:** Clients screened for hypertension	Removed	Removed	Removed	Removed	Removed
	Performance Indicator: Clients screened for diabetes	Removed	Removed	Removed	Removed	Removed
	Performance Indicator: Cataract Surgery Rate (annualised)	Remains unchanged	Remains unchanged	Cataract Surgery Rate	Remains unchanged	1650/1000 000
	-	Strengthen disease	Increase access to a preventive	Malaria case fatality rate	New indicator	0%

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
		surveillance system	package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality			

PROGRAMME 4

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
Regional Hospital **(Dr Harry Surtie Hospital)**	**Performance indicator:** National core standards self-assessment rate (Regional Hospital)	Removed	Removed	Removed	Removed	Removed
	-	Improve compliance with national core standards	Improve effectiveness and efficiencies in health care facilities	**Performance indicator:** Hospital achieved 75% and more on National Core Standards self assessment rate (Regional Hospital)	New indicator	100% (1 Regional Hospital)

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	Removed	Removed	Removed	Removed	Removed
	Performance indicator: Patient Satisfaction survey rate (Regional Hospital)	Removed	Removed	Removed	Removed	Removed
Specialised Hospital	**Performance indicator:** National core standards self-assessment rate (Specialised Hospital)	Removed	Removed	Removed	Removed	Removed
	-	Improve compliance with national core standards	Improve effectiveness and efficiencies in health care facilities	**Performance indicator:** Hospital achieved 75% and more on National Core Standards self assessment rate (Specialised Hospital)	New indicator	100% (1 Specialised Hospital)

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	Removed	Removed	Removed	Removed	Removed
	Performance indicator: Patient Satisfaction survey rate (Specialised Hospital)	Removed	Removed	Removed	Removed	Removed

PROGRAMME 5

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
Tertiary Hospital	**Performance indicator:** National core standards self-assessment rate (Tertiary Hospital)	Removed	Removed	Removed	Removed	Removed
	-	Improve compliance with national core standards	Improve effectiveness and efficiencies in health care facilities	**Performance indicator:** Hospital achieved 75% and more on National Core Standards self assessment rate (Tertiary Hospital)	New indicator	100% (1 Tertiary Hospital)

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospital)	Removed	Removed	Removed	Removed	Removed
	Performance indicator: Patient Satisfaction survey rate (Tertiary Hospital)	Removed	Removed	Removed	Removed	Removed

PROGRAMME 7

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
Pharmaceutical Services	**Performance Indicator:** Percentage availability of tracer medication (EML and STG) in the health facilities and institutions	Remains unchanged	Remains unchanged	Percentage availability of medication (EML and STG) in the health facilities and institutions	Remains unchanged	Remains unchanged
Pharmaceutical Services	**Performance Indicator:** Number of facilities implementing the Electronic Stock Management System	Removed	Removed	Removed	Removed	Removed

PROGRAMME 8

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	Objective Statement	Performance Indicator	Baseline (2013/14)	Expected Outcome target (2019)
Health Facilities Management	**Performance Indicator:** Established Service Level Agreement (SLA) with the Department of Public Works	Removed	Removed	Removed	Removed	Removed

REVIEWED STRATEGIC PLAN PROVINCIAL INDICATOR DEFINITIONS

PROGRAMME 1

Policy and Planning

Strategic Objective	**Strengthen leadership and governance in the department ensuring that there is collaborative planning at all levels**
Objective Statement	**Creation of conducive environment for effective decision making an accountability**
Strategic Provincial Indicator	**Developed Provincial Long Term Health Plan**
Short definition	Developed draft Provincial Long Term Health Plans aligned to NDP 2030
Purpose/importance	Develop a platform for health services in the province
Source/collection of data	NDP; MTSF; ETR.net; DHIS; StatsSA; Tier.net; APP and Strategic Plan; Annual Performance Report; Annual National Health Plan; Sustainable Development goals 2030
Method of calculation	None
Data limitations	None
Type of indicator	Output
Calculation type	Categorical
Reporting cycle	Annually
New indicator	No
Desired performance	Developed draft Provincial Long Term Health Plan
Indicator responsibility	Senior Manager Policy and Planning

Research and Development

Strategic Objective	**Strengthen leadership and governance in the department ensuring that there is collaborative planning at all levels**
Objective Statement	**Creation of conducive environment for effective decision making an accountability**
Strategic Provincial Indicator	**Number of Programme Performance Evaluations Conducted**
Short definition	Evaluate the impact of interventions by a specific programme
Purpose/importance	Establish the effectiveness and efficiency of programme performance

Source/collection of data	Programme Evaluation Report
Method of calculation	**Numerator:** Total number of programme performance evaluations conducted
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	Establish the outcomes and impact of individual programmes or intervention
Indicator responsibility	Senior Manager Research and Epidemiology

Information, Communication and Technology

Strategic Objective	**Develop a complete system design for a national integrated patient based information system**
Objective Statement	**Overhaul the health information system in order to improve communication, integration and data usage for planning and service delivery**
Strategic Provincial Indicator	**Percentage of hospitals with broadband access**
Short definition	Percentage of hospitals with broadband access
Purpose/importance	To track broadband access to hospitals
Source/collection of data	Network reports that confirm availability of broadband
Method of calculation	**Numerator:** Total number of hospitals with a minimum of 2 Mbps connectivity **Denominator:** Total number of hospitals
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher Proportion of broadband access is more favourable for connectivity to ensure that South African health system can implement the eHealth Programme
Indicator responsibility	Senior Manager Information Communication and Technology

Strategic Objective	**Develop a complete system design for a national integrated patient based information system**
Objective Statement	**Overhaul the health information system in order to improve communication, integration and data usage for planning and service delivery**
Strategic Provincial Indicator	**Percentage of fixed PHC facilities with broadband access**
Short definition	Percentage of fixed PHC facilities with broadband access
Purpose/importance	To ensure broadband access to all PHC facilities
Source/collection of data	Network reports that confirm availability of broadband
Method of calculation	**Numerator:** Total number of fixed PHC facilities with minimum of 1 Mbps connectivity **Denominator:** Total number of fixed PHC facilities
Data limitations	None
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher Proportion of broadband access is more favourable for connectivity to ensure that South African health system can implement the eHealth Programme

Indicator responsibility	Senior Manager Information Communication and Technology

Human Resource Management

Strategic Objective	**Produce, cost and implement human resources for health plans**
Objective Statement	**Implement an effective and efficient recruitment and retention strategy for health workforce**
Strategic Provincial Indicator	**Developed Human Resources Plan**
Short definition	Developed Provincial Human Resources for Health (HRH) Plan
Purpose/importance	To encourage DoH to plan efficiently
Source/collection of data	Signed off Human Resources Plan
Method of calculation	**Numerator:** Number of Provincial Human Resources for Health Plans developed
Data limitations	None
Type of indicator	Input
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	An Adjusted Human Resources Plan
Indicator responsibility	Senior Manager Human Resources Management

Financial Management

Strategic Objective	**To ensure effective financial management in line with the Public Financial Management Act**
Objective Statement	**Ensure effective financial management and accountability by improving audit outcomes**
Strategic Provincial Indicator	**Audit opinion from Auditor General**
Short definition	Audit opinion for Provincial Departments of Health for financial performance
Purpose/importance	To strengthen financial management monitoring and evaluation
Source/collection of data	Auditor General's report, Annual Report
Method of calculation	None
Data limitations	None
Type of indicator	Outcome
Calculation type	None
Reporting cycle	Annually
New indicator	No
Desired performance	Unqualified Audit Opinion from the Auditor General
Indicator responsibility	Senior Manager Finance

PROGRAMME 2

District Health Services

Strategic Objective	**Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics**
Objective Statement	**All fixed PHC facilities should be fully functional as ideal clinics by 2019**
Indicator title	**Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)**

Short definition	Fixed clinics, CHCs and CDCs where Ideal clinic status determinations are conducted by PPTICRM as a proportion Fixed clinics plus fixed CHCs/CDCs
Purpose/importance	Monitors whether PHC health establishments are measuring their level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
Source/collection of data	Ideal Clinic review tools
Method of calculation	**Numerator:** SUM([Ideal clinic status determinations conducted by PPTICRM]) **Denominator:** SUM([Fixed PHC clinics/fixed CHCs/CDCs])
Data limitations	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher percentage indicates greater level of ideal clinic principles
Indicator Responsibility	District Health Services and Quality Assurance Directorates

District Hospital Services

Strategic Objective	**Improve compliance with national core standards**
Objective Statement	**Ensure that all necessary resources are in place to render tertiary health care services**
Indicator title	**Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (District Hospitals)**
Short definition	Fixed health facilities that have conducted annual National Core Standards self-assessment as a proportion of fixed health facilities.
Purpose/importance	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
Source/collection of data	DHIS - NCS Reports
Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
Data limitations	Reliability of data provided
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
Indicator Responsibility	Senior Manager Quality Assurance

HIV and AIDS, STI and TB CONTROL

Strategic Objective	**Increase HIV testing coverage, treatment and retain clients on ART**
Objective Statement	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality
Indicator title	**ART client remain on ART end of month - total**
Short definition	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]
Purpose/importance	Monitors the total clients remaining on life-long ART at the month
Source/collection of data	ART Register; TIER.Net; DHIS
Method of calculation	**Numerator:** SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher total indicates a larger population on ART treatment
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Increase HIV testing coverage, treatment and retain clients on ART**
Objective Statement	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality
Indicator title	**HIV test done - total**
Short definition	The total number of HIV tests done in all age groups
Purpose/importance	Monitors the impact of the pandemic and assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB
Source/collection of data	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS
Method of calculation	**Numerator:** SUM([Antenatal client HIV 1st test]) + SUM([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])
Data limitations	Dependant on the accurate completion of the HCT register
Type of indicator	Process
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicate increased population knowing their HIV status.
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**Male Condom Distributed**

Short definition	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
Purpose/importance	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution sites (PDS) report to sub-districts on a monthly basis
Source/collection of data	Stock/ Bin card
Method of calculation	**Numerator:** SUM([Male condoms distributed])
Data limitations	None
Type of indicator	Process
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**Medical male circumcision - Total**
Short definition	Medical male circumcisions performed 15 years and older
Purpose/importance	Monitors medical male circumcisions performed under supervision
Source/collection of data	Theatre Register/ PHC tick register, DHIS
Method of calculation	**Numerator:** SUM([Males 10 to 14 years who are circumcised under medical supervision])+([Males 15 years and older who are circumcised under medical supervision])
Data limitations	Assumed that all MMCs reported on DHIS are conducted under supervision
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher number indicates greater availability of the service or greater uptake of the service
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

TB

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB/HIV co-infected client on ART rate**
Short definition	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients
Purpose/importance	Monitors ART coverage for TB clients
Source/collection of data	TB register; ETR.Net; Tier.Net
Method of calculation	**Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive])
Data limitations	Availability of data in ETR.net, TB register, patient records
Type of indicator	Outcome

Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB symptom 5yrs and older start on treatment rate**
Short definition	TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive
Purpose/importance	Monitors trends in early identification of children with TB symptoms in health care facilities
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** SUM([TB client 5 years and older start on treatment]) **Denominator:** SUM([TB symptomatic client 5 years and older tested positive])
Data limitations	Accuracy dependent on quality of data from reporting facility
Type of indicator	Process/Activity
Calculation type	Rate
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	To ensure all clients 5 years and older who screened positive for TB are initiated on treatment
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Strategic Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB client treatment success rate**
Short definition	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
Purpose/importance	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
Source/collection of data	TB register, ETR.Net
Method of calculation	**Numerator:** SUM([TB client successfully completed treatment]) **Denominator:** SUM([New smear positive pulmonary TB client start on treatment])
Data limitations	Accuracy dependent on quality of data from reporting facility
Type of indicator	Outcome

Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage suggests better treatment success rate.
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB client lost to follow up rate**
Short definition	**TB client lost to follow up rate**
Purpose/importance	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).
Source/collection of data	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
Method of calculation	TB register, ETR.Net
Data limitations	**Numerator:** SUM [TB client lost to follow up] **Denominator:** SUM [TB client start on treatment]
Type of indicator	Accuracy dependent on quality of data from reporting facility
Calculation type	Outcome
Reporting cycle	Percentage
New indicator	Quarterly
Desired performance	No
Indicator Responsibility	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB client death rate**
Short definition	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
Purpose/importance	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
Source/collection of data	TB register, ETR.Net (Susceptible TB)
Method of calculation	**Numerator:** SUM([TB client died during treatment]) **Denominator:** SUM([New smear positive pulmonary TB client start on treatment])
Data limitations	Accuracy dependant on quality of data from reporting facility
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No

Desired performance	Lower levels of death desired
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

Strategic Objective	**Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment**
Objective Statement	**Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality**
Strategic Provincial Indicator	**TB MDR Treatment success rate**
Short definition	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment
Purpose/importance	Monitors success of MDR TB treatment
Source/collection of data	MDR-TB register, EDRWeb.Net
Method of calculation	**Numerator:** SUM([TB MDR client successfully complete treatment]) **Denominator:** SUM([TB MDR confirmed client start on treatment])
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage indicates a better treatment rated
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

Maternal, Child and Woman's Health and Nutrition

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Antenatal 1st visit before 20 weeks rate**
Short definition	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits.
Purpose/importance	Monitors early utilisation of antenatal services
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** SUM([Antenatal 1st visit before 20 weeks]) **Denominator:** SUM([Antenatal 1st visit 20 weeks or later]) + SUM([Antenatal 1st visit before 20 weeks])
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Process
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicates better uptake of ANC services
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**

Objective Statement	To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life
Strategic Provincial Indicator	**Mother postnatal visit within 6 days' rate**
Short definition	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities
Purpose/importance	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** SUM([Mother postnatal visit within 6 days after delivery]) **Denominator:** SUM([Delivery in facility total])
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Process
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicates better uptake of postnatal services
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Antenatal client start on ART rate**
Short definition	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART
Purpose/importance	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.
Source/collection of data	ART Register, Tier.Net
Method of calculation	**Numerator:** SUM([Antenatal client start on ART]) **Denominator:** Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])
Data limitations	Accuracy dependent on quality of data Reported by health facilities
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children

Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Infant 1st PCR test positive around 10 weeks rate**
Short definition	Infants PCR tested positive for the first time around 10 weeks after birth as a proportion of infant's PCR tested around 10 weeks
Purpose/importance	Monitors mother to child HIV transmission rate
Source/collection of data	Facility register, DHIS
Method of calculation	**Numerator:** Sum of infant 1st PCR test positive around 10 weeks **Denominator:** Infant 1st PCR test around 10 weeks
Data limitations	Late submission of test results from NHLS, inaccurate capturing
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower percentage indicate fewer HIV transmissions from mother to child
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Immunisation coverage under 1 year (annualised)**
Short definition	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.
Purpose/importance	Track the coverage of immunization services
Source/collection of data	PHC Comprehensive Tick Register; StatsSA
Method of calculation	**Numerator:** SUM ([Immunised fully under 1 year new]) **Denominator:** SUM ([Female under 1 year]) + SUM([Male under 1 year])
Data limitations	Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered.)
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicate better immunisation coverage
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Measles 2nd dose coverage (annualised)**
Short definition	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1-year population.

Purpose/importance	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here
Source/collection of data	PHC Comprehensive Tick Register; StatsSA
Method of calculation	**Numerator:** SUM([Measles 2nd dose]) **Denominator:** SUM([Female 1 year]) + SUM([Male 1 year])
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher coverage rate indicates greater protection against measles
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**DTaP-IPV/HIB3-measles 1st dose drop-out rate**
Short definition	Children who dropped out of the immunisation schedule between DTaP-IPV-Hib-HBV 3rd dose, normally at 14 weeks and measles 1st dose, normally at 6 months as a proportion of population under 1 year
Purpose/importance	Monitors protection of children against diphtheria, tetanus, a-cellular pertussis, polio, Haemophilus influenza and Hepatitis B. DTaP-IPV-Hib-HBV (known as Hexavalent) was implemented in 2015 to replace DTaP-IPV/Hib (Pentaxim) and HepB.
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** (SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])) - SUM([Measles 1st dose under 1 year]) **Denominator:** SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) + SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose])
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower dropout rate indicates better vaccine coverage
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Diarrhoea case fatality under 5 years rate**
Short definition	Diarrhoea deaths in children under 5 years as a proportion of children under 5 years admitted with diarrhoea who died
Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with diarrhoea
Source/collection of data	Ward register

Method of calculation	**Numerator:** SUM([Diarrhoea death under 5 years]) **Denominator**: SUM([Diarrhoea separation under 5 years])
Data limitations	Reliant on accuracy of diagnosis /cause of death Accuracy dependent on quality of data
Type of indicator	Impact
Calculation type	Percentage **(Non-cumulative)**
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower children mortality rate is desired
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Pneumonia case fatality under 5 years rate**
Short definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities
Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with pneumonia
Source/collection of data	Ward register
Method of calculation	**Numerator:** SUM([Pneumonia death under 5 years]) **Denominator:** SUM([Pneumonia separation under 5 years])
Data limitations	Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted health facilities
Type of indicator	Impact
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower children mortality rate is desired
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Severe acute malnutrition case fatality under 5 years rate**
Short definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities
Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with Severe acute malnutrition (SAM)
Source/collection of data	Ward register
Method of calculation	**Numerator:** SUM([Severe acute malnutrition (SAM) death in facility under 5 years]) **Denominator:** SUM([Severe Acute Malnutrition separation
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Impact
Calculation type	Percentage

Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower children mortality rate is desired
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children**
Objective Statement	**To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life**
Strategic Provincial Indicator	**Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate**
Short definition	Infants exclusively breastfed at 14 weeks as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose
Purpose/importance	Monitors infant feeding practices at 14 weeks to identify where community interventions need to be strengthened
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** SUM([Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) **Denominator:** SUM([HepB 3rd dose under 1 year]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])
Data limitations	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted health facilities
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher percentage indicate better exclusive breastfeeding rate
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Ensuring effectiveness and efficiencies in health care facilities through implementing intervention strategies**
Strategic Statement	**Expansion and strengthening of integrated school health services**
Strategic Provincial Indicator	**School Grade 1 - learners screened**
Short definition	Total number of Grade 1 learners screened by a nurse in line with the ISHP service package
Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
Source/collection of data	School health report (ISHP team), Facility register, DHIS
Method of calculation	**Numerator:** Sum of school Grade 1 - learners screened
Data limitations	Inaccurate capturing and reporting
Type of indicator	Process
Calculation type	Number
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher percentage indicates greater proportion of school children received health services at their school
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Ensuring effectiveness and efficiencies in health care facilities through implementing intervention strategies**
Objective Statement	**Expansion and strengthening of integrated school health services**
Strategic Provincial Indicator	**School Grade 8 – learners screened**
Short definition	Total number of Grade 8 learners screened by a nurse in line with the ISHP service package
Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
Source/collection of data	School Health data collection forms
Method of calculation	**Numerator:** SUM [School Grade 8 - learners screened]
Data limitations	None
Type of indicator	Process
Calculation type	Number
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Higher percentage indicates greater proportion of school children received health services at their school
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services**
Objective Statement	**Improve awareness of sexual and reproductive health through mobilization campaigns**
Strategic Provincial Indicator	**Couple year protection rate**
Short definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) +) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).
Purpose/importance	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys
Source/collection of data	PHC Comprehensive Tick Register
Method of calculation	**Numerator:** SUM([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5) **Denominator:** SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]}
Data limitations	Accuracy dependent on quality of data submitted health facilities
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicates higher usage of contraceptive methods.
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services**

Objective Statement	**Improve awareness of sexual and reproductive health through mobilization campaigns**
Strategic Provincial Indicator	**Cervical cancer screening coverage 30 years and older**
Short definition	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and olderyears.
Purpose/importance	Monitors implementation on cervical screening and ART policies
Source/collection of data	PHC Comprehensive Tick Register OPD tick register
Method of calculation	**Numerator:** SUM([Cervical cancer screening 30 years and older]) **Denominator:** (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])) / 10
Data limitations	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted by health facilities
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicate better cervical cancer coverage
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services**
Objective Statement	**Improve awareness of sexual and reproductive health through mobilization campaigns**
Strategic Provincial Indicator	**Human Papilloma Virus Vaccine 1st dose**
Short definition	Girls 9 years and older that received HPV 1st dose
Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
Source/collection of data	HPV Campaign Register – captured electronically on HPV system
Method of calculation	**Numerator:** SUM([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	Yes
Desired performance	Higher percentage indicate better coverage
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	**Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services**
Objective Statement	**Improve awareness of sexual and reproductive health through mobilization campaigns**

Strategic Provincial Indicator	Human Papilloma Virus Vaccine 2nd dose
Short definition	Girls 9yrs and older that received HPV 2nd dose
Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
Source/collection of data	HPV Campaign Register – captured electronically on HPV system
Method of calculation	**Numerator:** SUM([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and older HPV 2nd dose])
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	Yes
Desired performance	Higher percentage indicate better coverage
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children
Objective Statement	**Improve awareness of sexual and reproductive health through mobilization campaigns**
Strategic Provincial Indicator	**Maternal Mortality in Facility Ratio**
Short definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility
Purpose/importance	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services
Source/collection of data	Maternal death register, Delivery Register
Method of calculation	**Numerator:** SUM([Maternal death in facility]) **Denominator:** SUM([Live birth in facility])+SUM([Born alive before arrival at facility])
Data limitations	Completeness of reporting
Type of indicator	Impact
Calculation type	Ratio per 100 000 live births
Reporting cycle	Annually
New indicator	No
Desired performance	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Strategic Objective	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children

Objective Statement	Improve awareness of sexual and reproductive health through mobilization campaigns
Strategic Provincial Indicator	**Neonatal death in facility rate**
Short definition	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility
Purpose/importance	Monitors treatment outcome for admitted children under 28 days
Source/collection of data	Delivery register, Midnight report
Method of calculation	**Numerator:** SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) **Denominator:** SUM([Live birth in facility])
Data limitations	Quality of reporting
Type of indicator	Impact
Calculation type	Ratio (per 1000 live births)
Reporting cycle	Annually
New indicator	Yes
Desired performance	Lower death rate in facilities indicate better obstetric management practices and antenatal and care.
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

Disease Control and Prevention

Strategic Objective	Prevent blindness through increased cataract surgery
Objective Statement	**Progressively implement programmes and systemic interventions that combat both Communicable Diseases and Non- Communicable Disease**
Strategic Provincial Indicator	**Cataract surgery rate**
Short definition	Clients who had cataract surgery per 1 million uninsured population
Purpose/importance	Accessibility of theatres. Availability of human resources and consumables
Source/collection of data	Theatre Register, DHIS
Method of calculation	**Numerator:** SUM([Cataract surgery total]) **Denominator:** SUM([Total population]) - SUM([Total population (MedicAid)])
Data limitations	Accuracy dependant on quality of data from health facilities
Type of indicator	Output
Calculation type	Rate per 1million population
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher number of cataract surgery rate indicated greater proportion of the population received cataract surgery
Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

Strategic Objective	Strengthen disease surveillance system
Objective Statement	Increase access to a preventive package of sexual and reproductive health including medical circumcision and implement essential intervention to reduce HIV, TB and NCD mortality
Strategic Provincial Indicator	**Malaria case fatality rate**
Short definition	Deaths from malaria as a percentage of the number of cases reported
Purpose/importance	Monitor the number deaths caused by Malaria
Source/collection of data	Malaria Information System
Method of calculation	**Numerator:** Deaths from malaria

	Denominator: Total number of malaria cases reported
Data limitations	Accuracy dependant on quality of data from health facilities
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Lower percentage indicates a decreasing burden of malaria
Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

Programme 3

Emergency Medical and Patient Transport Services

Strategic Objective	**Render an effective and efficient emergency medical services**
Objective Statement	**Improving availability of management of emergency care services in all facilities**
Strategic Provincial Indicator	**EMS P1 urban under 15 minutes rate**
Short definition	Emergency P1 calls in urban locations with response times under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene
Purpose/importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas
Source/collection of data	DHIS, institutional EMS registers OR patient and vehicle report.
Method of calculation	**Numerator:** SUM([EMS P1 urban response under 15 minutes]) **Denominator:** SUM([EMS P1 urban calls])
Data limitations	Accuracy dependant on quality of data from reporting EMS station
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicate better response times in the urban areas
Indicator responsibility	Senior Manager Emergency Medical Services

Strategic Objective	**Render an effective and efficient emergency medical services**
Objective Statement	**Improving availability of management of emergency care services in all facilities**
Strategic Provincial Indicator	**EMS P1 rural under 40 minutes rate**
Short definition	Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call
Purpose/importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas
Source/collection of data	DHIS, institutional EMS registers Patient and vehicle report.
Method of calculation	**Numerator:** SUM([EMS P1 rural response under 40 minutes]) **Denominator:** SUM([EMS P1 rural calls])
Data limitations	Accuracy dependant on quality of data from reporting EMS station
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage indicate better response times in the rural areas
Indicator responsibility	Senior Manager Emergency Medical Services

Strategic Objective	**Render an effective and efficient emergency medical services**
Objective Statement	**Improving availability of management of emergency care services in all facilities**
Strategic Provincial Indicator	**EMS Inter-facility transfer rate**
Short definition	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported
Purpose/importance	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses
Source/collection of data	DHIS, institutional EMS registers Patient and vehicle report.
Method of calculation	**Numerator:** SUM([EMS emergency urban inter-facility transfer under 30 minutes])+SUM([EMS emergency rural inter-facility transfer under 60 minutes] **Denominator:** SUM([EMS clients total])
Data limitations	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations and emergency headcount reported from hospitals.
Type of indicator	Output
Calculation type	Percentage **(Non-cumulative)**
Reporting cycle	Quarterly
New indicator	No
Desired performance	Lower percentage desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.
Indicator responsibility	Senior Manager Emergency Medical Services

Programme 4

Regional Hospital

Strategic Objective	Improve compliance with national core standards
Objective Statement	Improve effectiveness and efficiencies in health care facilities
Strategic Provincial Indicator	Hospital achieved 75% and more on National Core Standards self - assessment rate (Regional Hospital)
Short definition	Hospitals that achieved a performance of 75% or more on National Core Standards self-assessment
Purpose/importance	Monitors whether regional hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
Source/collection of data	DHIS - National Core Standard review tools
Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
Data limitations	Reliability of data provided
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
Indicator Responsibility	Senior Manager Quality Assurance

Specialised Hospital

Strategic Objective	**Improve compliance with national core standards**
Objective Statement	**Improve effectiveness and efficiencies in health care facilities**
Strategic Provincial Indicator	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Specialised Hospital)**
Short definition	Hospitals that achieved a performance of 75% or more on National Core Standards self-assessment
Purpose/importance	Monitors whether specialised hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
Source/collection of data	DHIS - National Core Standard review tools
Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
Data limitations	Reliability of data provided
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
Indicator Responsibility	Senior Manager Quality Assurance

Programme 5

Tertiary Hospital

Strategic Objective	**Improve compliance with national core standards**
Objective Statement	**Improve effectiveness and efficiencies in health care facilities**
Strategic Provincial Indicator	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Tertiary Hospital)**
Short definition	Hospitals that achieved a performance of 75% or more on National Core Standards self-assessment
Purpose/importance	Monitors whether Tertiary hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
Source/collection of data	DHIS - National Core Standard review tools
Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
Data limitations	Reliability of data provided
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
Indicator Responsibility	Senior Manager Quality Assurance

Programme 6

Health Sciences and Training

Strategic Objective	**Training learners to qualify as professional nurses**
Objective Statement	**To develop a responsive health workforce by ensuring adequate training and accountability measures**
Strategic Provincial Indicator	**Basic nurse students graduating**
Short definition	Number of students who graduate from the basic nursing course
Purpose/importance	Monitors the number of nurses produced through the basic nursing course
Source/collection of data	List of registered students from SANC, list of students graduating
Method of calculation	**Numerator:** Sum of students who graduate from the basic nursing course
Data limitations	Inaccurate capturing of nursing students by both the Provincial DoH and nursing colleges
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	Increased basic nurse students graduating
Indicator responsibility	Senior Manager Hendrietta Stockdale College

Strategic Objective	**Training learners to qualify as professional nurses**
Objective Statement	**To develop a responsive health workforce by ensuring adequate training and accountability measures**
Strategic Provincial Indicator	**Proportion of bursary holders permanently appointed**
Short definition	Proportion of bursary holders that go on to be permanently employed
Purpose/importance	Monitors the absorption of bursary holders into the system
Source/collection of data	Bursary database; list of community service practitioners who completed their studies
Method of calculation	**Numerator:** Bursary holders permanently appointed **Denominator:** Total number of bursary holder graduates
Data limitations	Poor record keeping by both the Human Resource Development and Health Science Training institutions
Type of indicator	Impact
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Increased proportion of bursary holders permanently appointed
Indicator responsibility	Senior Manager Human Resources Management

Strategic Objective	**Ensure optimum clinical competency levels of EMS staff**
Objective Statement	**To develop a responsive health workforce by ensuring adequate training and accountability measures**
Strategic Provincial Indicator	**Number of employees enrolled for training on Intermediate Life Support**
Short definition	The total number of EMS employees enrolled for training on Intermediate Life Support programme
Purpose/importance	Monitors the number of EMS employees enrolled for training on Intermediate Life Support programme
Source/collection of data	PERSAL EMS training database
Method of calculation	**Numerator:** Sum of EMS employees enrolled for training on Intermediate Life Support
Data limitations	Inaccurate capturing and reporting by both the Human Resource Development and EMS college
Type of indicator	Output
Calculation type	Number

Reporting cycle	Annually
New indicator	No
Desired performance	Increased EMS employees with higher levels of skills and service quality
Indicator responsibility	Senior Manager Emergency Medical Services College

Programme 7: Health Care Support Services

Forensic Medical Services

Strategic Objective	**Render health care support service through specialized forensic medical and medico-legal services**
Objective Statement	**Improve patient waiting times in all facilities**
Strategic Provincial Indicator	**Percentage of autopsies completed within 4 working days**
Short definition	Percentage of post-mortems done from time of arrival of body at the mortuary until the time of actual post-mortem performance
Purpose/importance	Monitors turn-around time of autopsies within four working days
Source/collection of data	Death registers and dockets, Post-mortem reports
Method of calculation	**Numerator:** Total number of post-mortems conducted in four days per quarter **Denominator:** Total number of post-mortems conducted in the quarter
Data limitations	Poor record keeping
Type of indicator	Output
Calculation type	Percentage **(Non-cumulative)**
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved turn-around time of autopsies
Indicator responsibility	Senior Manager Forensic Medical Services

Strategic Objective	**Render health care support service through specialized forensic medical services**
Objective Statement	**Improve Forensic Medical Services**
Strategic Provincial Indicator	**Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)**
Short definition	Percentage of post-mortem reports submitted to stakeholders (SAPS) 10 days after actual post-mortem performance
Purpose/importance	Monitors autopsy reports submitted in 10 days to stakeholders (SAPS)
Source/collection of data	Acknowledgement of receipt registers, Weekly and Monthly reports
Method of calculation	**Numerator:** Total number of post-mortem reports submitted in 10 days per quarter **Denominator:** Total number of post-mortems done in a quarter
Data limitations	Timeous completion and submission of report
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved turn-around time for submission of autopsy reports
Indicator responsibility	Senior Manager Forensic Medical Services

Pharmaceutical Services

Strategic Objective	**Improve availability and access to medication**
Objective Statement	**Improve patient waiting times in all facilities**
Strategic Provincial Indicator	**Percentage availability of medication (EML and STG) in the health facilities and institutions.**
Short definition	Percentage of medication that were requested *versus* medication that were replaced.
Purpose/importance	Monitors the provision of medication to all facilities and institutions as per the orders requested.

Source/collection of data	Stock management reports.
Method of calculation	**Numerator:** Number of medication replaced **Denominator:** Number of medication requested by facilities and institutions
Data limitations	Inaccurate capturing and reporting
Type of indicator	Output.
Calculation type	Percentage **(Non-cumulative)**
Reporting cycle	Quarterly.
New indicator	No
Desired performance	Improved stock management
Indicator responsibility	Senior Manager: Pharmaceutical Services.

Strategic Objective	**Improve availability and access to medication**
Objective Statement	**Improve patient waiting times in all facilities**
Strategic Provincial Indicator	**Number of functional Pharmaceutical and Therapeutic Committees**
Short definition	Functional Pharmaceutical and Therapeutic Committees.
Purpose/importance	Monitors the functionality of Pharmaceutical and Therapeutic Committees
Source/collection of data	Minutes of the meetings and appointment letters
Method of calculation	**Numerator:** Sum of functional Pharmaceutical and Therapeutic Committees.
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Functional Pharmaceutical and Therapeutic Committees
Indicator responsibility	Senior Manager: Pharmaceutical Services

Programme 8

Health Facilities Management

Strategic Objective	**Major and minor refurbishment of health facilities**
Objective Statement	**Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery**
Strategic Provincial Indicator	**Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts**
Short definition	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).
Purpose/importance	Tracks overall improvement and maintenance of existing facilities.
Source/collection of data	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).
Method of calculation	**Numerator:** Sum of health facilities in NHI Pilot District that have undergone major and minor refurbishment
Data limitations	Accuracy dependent on reliability of information captured on project lists.
Type of indicator	Input
Calculation type	Number
Reporting cycle	Annually

New indicator	No
Desired performance	A higher number will indicate that more facilities were refurbished.
Indicator responsibility	Chief Director: Infrastructure and Technical Management

Strategic Objective	**Major and minor refurbishment of health facilities**
Objective Statement	**Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery**
Strategic Provincial Indicator	**Number of health facilities that have undergone major and minor refurbishment outside NHI pilot district (Excluding facilities in NHI pilot districts)**
Short definition	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).
Purpose/importance	Tracks overall improvement and maintenance of existing facilities.
Source/collection of data	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).
Method of calculation	**Numerator:** Sum of health facilities outside NHI Pilot District that have undergone major and minor refurbishment
Data limitations	Accuracy dependent on reliability of information captured on project lists.
Type of indicator	Input
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	A higher number will indicate that more facilities were refurbished.
Indicator responsibility	Chief Director: Infrastructure and Technical Management

ANNEXURE D: CUSTOMIZED INDICATORS FOR HEALTH SECTOR

PROGRAMME 1: HEALTH ADMINISTRATION& MANAGEMENT

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Audit opinion from Auditor-General	Annual	Categorical
Percentage of Hospitals with broadband access	Quarterly	%
Percentage of fixed PHC facilities with broadband access	Quarterly	%

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	Quarterly	%
OHH registration visit coverage	Quarterly	%
PHC utilisation rate	Quarterly	No
Complaints resolution rate (PHC)	Quarterly	%
Complaint resolution within 25 working days rate (PHC)	Quarterly	%

SUB – PROGRAMME DISTRICT HOSPITALS

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Hospital achieved 75% and more on National Core Standards self assessment rate (District Hospitals)	Quarterly	%
Average Length of Stay (District Hospitals)	Quarterly	No
Inpatient Bed Utilisation Rate (District Hospitals)	Quarterly	%
Expenditure per PDE (District Hospitals)	Quarterly	R
Complaints resolution rate(District Hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (District Hospitals)	Quarterly	%

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

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
ART client remain on ART end of month -total	Quarterly	No
TB/HIV co-infected client on ART rate	Quarterly	%
HIV test done - total	Quarterly	No
Male condom distributed	Quarterly	No
Medical male circumcision – Total	Quarterly	No
TB symptom 5yrs and older start on treatment rate	Quarterly	%
TB client treatment success rate	Quarterly	%
TB client lost to follow up rate	Quarterly	%
TB client death rate	Annual	%
TB MDR treatment success rate	Annual	%

SUB-PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)
The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Antenatal 1st visit before 20 weeks rate	Quarterly	%
Mother postnatal visit within 6 days rate	Quarterly	%
Antenatal client start on ART rate	Annual	%
Infant 1st PCR test positive around 10 weeks rate	Quarterly	%
Immunisation under 1 year coverage	Quarterly	%
Measles 2nd dose coverage	Quarterly	%
DTaP-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	Quarterly	%
Diarrhoea case fatality under 5 years rate	Quarterly	%
Pneumonia case fatality under 5 years rate rate	Quarterly	%
Severe acute malnutrition case fatality under 5 years rate	Quarterly	%
School Grade 1 - learners screened	Quarterly	No
School Grade 8 - learners screened	Quarterly	No.
Delivery in 10 to 19 years in facility rate	Quarterly	%
Couple year protection rate	Quarterly	%
Cervical cancer screening coverage 30 years and older	Quarterly	%
HPV 1st dose	Annual	No
HPV 2nd dose	Annual	No
Vitamin A 12-59 months coverage	Quarterly	%
Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate	Quarterly	%
Maternal mortality in facility ratio	Annual	per 100 000 Live Births
Neonatal death in facility rate	Annual	per 1000

SUB-PROGRAMME**: DISEASE PREVENTION AND CONTROL (DPC)**

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Cataract Surgery Rate	Quarterly	Rate per 1 Million (uninsured population)
Malaria case fatality rate	Quarterly	%

BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
EMS P1 urban response under 15 minutes rate	Quarterly	%
EMS P1 rural response under 40 minutes rate	Quarterly	%
EMS inter-facility transfer rate	Quarterly	%

BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Hospital achieved 75% and more on National Core Standards self-assessment rate (Regional Hospitals)	Quarterly	%
Average Length of Stay (Regional Hospitals)	Quarterly	No
Inpatient Bed Utilisation Rate (Regional Hospitals)	Quarterly	%

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Expenditure per PDE (Regional Hospitals)	Quarterly	R
Complaints resolution rate (Regional Hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (Regional Hospitals)	Quarterly	%

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Hospital achieved 75% and more on National Core Standards self assessment rate (specialised hospitals)	Quarterly	%
Complaints resolution rate (specialised hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (specialised hospitals)	Quarterly	%

BUDGET PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS (C&THS)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Hospital achieved 75% and more on National Core Standards self-assessment rate (Tertiary Hospitals)	Quarterly	%
Average Length of Stay (Tertiary Hospitals)	Quarterly	No
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	Quarterly	%
Expenditure per PDE (Tertiary Hospitals)	Quarterly	R
Complaints resolution rate (Tertiary Hospitals)	Quarterly	%
Complaint Resolution within 25 working days rate (Tertiary Hospitals)	Quarterly	%

BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Number of Bursaries awarded to first year medicine students	Annual	No
Number of Bursaries awarded to first year nursing students	Annual	No

BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

There are no compulsory Programme Performance Indicators (or customised indicators) in this budget programme:

BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

The compulsory core set of priority indicators for this (sub)-programme are:

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annual	No
Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	Annual	No

ANNEXURE E: TECHNICAL INDICATOR DESCRIPTIONS

PROGRAMME 1

Policy and Planning

1.	Indicator title	Reviewed 5-Year Strategic Plan
	Short definition	Reviewed 5-Year Strategic Plan
	Purpose/importance	To ensure that the 5-year Strategic Plan is reviewed
	Source/collection of data	Approved annexure of the reviewed Strategic Plan
	Method of calculation	None
	Data limitations	None
	Type of indicator	Output
	Calculation type	Categorical
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reviewed 5-Year Strategic Plan
	Indicator responsibility	Senior Manager Policy and Planning

2.	Indicator title	Number of approved policies
	Short definition	Total number of signed policies by Head of Department
	Purpose/importance	Ensures that systems are in place to guide decisions and achieve rational outcomes
	Source/collection of data	Policy register; approved policies
	Method of calculation	Sum of the number of approved policies
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To ensure that policies are developed
	Indicator responsibility	Senior Manager Policy and Planning

Research and Development

1.	Indicator title	Number of Programme Performance Evaluations Conducted
	Short definition	Evaluate the impact of interventions by a specific programme
	Purpose/importance	Establish the effectiveness and efficiency of programme performance
	Source/collection of data	Programme Evaluation Report
	Method of calculation	Total number of programme performance evaluations conducted
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Establish the outcomes and impact of individual programmes or intervention
	Indicator responsibility	Senior Manager Research and Epidemiology

2.	Indicator title	Number of publications on research outputs in peer reviewed journals
	Short definition	Results of original research outputs published in peer reviewed journal
	Purpose/importance	Disseminating original research outputs and get funding
	Source/collection of data	Research and Epidemiology Database
	Method of calculation	Total number of published articles in peer reviewed journals
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	All original research outputs or achievements published
	Indicator responsibility	Senior Manager Research and Development

3.	Indicator title	Number of ethically approved research protocols to be conducted in the Northern Cape Province
	Short definition	Review of health on human participants to be scientifically and ethically sound
	Purpose/importance	To safeguard the dignity, rights, safety and well-being of research participants
	Source/collection of data	Research and Development Database
	Method of calculation	Number of reviewed protocols
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	More research participant's protection in accordance with the National Health Research ethics guidelines
	Indicator responsibility	Senior Manager Research and Development

Information, Communication and Technology

1.	Indicator title	Percentage of PHC facilities with network access
	Short definition	Percentage of PHC facilities provided with network infrastructure and access to the Governmental Central Core Network (GCCN)
	Purpose/importance	To ensure and improve connectivity at all PHC's
	Source/collection of data	ICT database
	Method of calculation	**Numerator:** Total number of PHC facilities with minimum 2 Mbps connectivity **Denominator**: Total number of PHC facilities
	Data limitations	None
	Type of indicator	Input
	Calculation type	Percentage **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To have connectivity in all facilities
	Indicator responsibility	Senior Manager Information Communication and Technology

2.	Indicator title	Percentage of hospitals with broadband access
	Short definition	Percentage of hospitals with broadband access
	Purpose/importance	To track broadband access to hospitals
	Source/collection of data	Network reports that confirm availability of broadband

	Method of calculation	**Numerator:** Total number of hospitals with a minimum of 2 Mbps connectivity **Denominator:** Total number of hospitals
	Data limitations	None
	Type of indicator	Output
	Calculation type	Percentage **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher Proportion of broadband access is more favourable for connectivity to ensure that South African health system can implement the eHealth Programme
	Indicator responsibility	Senior Manager Information Communication and Technology

3.	**Indicator title**	**Percentage of fixed PHC facilities with broadband access**
	Short definition	Percentage of fixed PHC facilities with broadband access
	Purpose/importance	To ensure broadband access to all PHC facilities
	Source/collection of data	Network reports that confirm availability of broadband
	Method of calculation	Total number of fixed PHC facilities with minimum of 1 Mbps connectivity/ Total number of fixed PHC facilities
	Data limitations	None
	Type of indicator	Output
	Calculation type	Percentage **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher Proportion of broadband access is more favourable for connectivity to ensure that South African health system can implement the eHealth Programme
	Indicator responsibility	Senior Manager Information Communication and Technology

Human Resource Management

1.	**Indicator title**	**Developed Human Resources Plan**
	Short definition	Developed Provincial Human Resources for Health (HRH) Plan
	Purpose/importance	To encourage DoH to plan efficiently
	Source/collection of data	Signed off Human Resources Plan
	Method of calculation	Number of Provincial Human Resources for Health Plans developed
	Data limitations	None
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	An Adjusted Human Resources Plan
	Indicator responsibility	Senior Manager Human Resources Management

2.	**Indicator title**	**Percentage performance agreements signed by SMS officials**
	Short definition	The percentage of performance agreements signed by SMS officials
	Purpose/importance	Monitors the signing of performance agreements by SMS officials
	Source/collection of data	PMDS Database
	Method of calculation	Number of performance agreements signed by SMS officials/ Total number of employees qualifying to sign PA's
	Data limitations	Delayed submission of required information to the PMDS office

	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved compliance to the PMDS policies
	Indicator responsibility	Senior Manager Human Resources Management

Financial Management

1.	**Indicator title**	**Audit opinion from Auditor General**
	Short definition	Audit opinion for Provincial Departments of Health for financial performance
	Purpose/importance	To strengthen financial management monitoring and evaluation
	Source/collection of data	Auditor General's report, Annual Report
	Method of calculation	None
	Data limitations	None
	Type of indicator	Outcome
	Calculation type	None
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Unqualified Audit Opinion from the Auditor General
	Indicator responsibility	Senior Manager Finance

Employment Equity and Gender

1.	**Indicator title**	**Percentage of women in Senior Management positions in the department**
	Short definition	The number of women in senior management positions in the department as a proportion of all senior managers
	Purpose/importance	To ensure that the department is in line with the EE guidelines
	Source/collection of data	Appointment letters; database
	Method of calculation	Number of women in Senior Management positions/Total number of Senior Managers employed
	Data limitations	Incorrect capturing of data and the absence of appointment letters
	Type of indicator	Output
	Calculation type	%
	Reporting cycle	Annual
	New indicator	Yes
	Desired performance	Ensure equity in the work place
	Indicator responsibility	Manager Gender; Manager Employment Equity and Manager Recruitment

2.	**Indicator title**	**Number of diversity and equity awareness programmes conducted**
	Short definition	Gender of diversity and equity awareness programmes conducted
	Purpose/importance	To ensure that diversity and gender programmes are conducted
	Source/collection of data	Minutes, attendance register
	Method of calculation	Number of diversity and gender programmes conducted regularly
	Data limitations	Limited funds available, cost containment measures
	Type of indicator	Output
	Calculation type	Number

	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Increased number diversity and equity awareness programmes
	Indicator responsibility	Manager Gender; Manager Employment Equity

PROGRAMME 2
District Health Services

1.	**Indicator title**	**Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)**
	Short definition	Fixed clinics, CHCs and CDCs where Ideal clinic status determinations are conducted by PPTICRM as a proportion Fixed clinics plus fixed CHCs/CDCs
	Purpose/importance	Monitors whether PHC health establishments are measuring their level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
	Source/collection of data	Ideal Clinic review tools
	Method of calculation	**Numerator:** SUM([Ideal clinic status determinations conducted by PPTICRM]) **Denominator:** SUM([Fixed PHC clinics/fixed CHCs/CDCs])
	Data limitations	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements
	Type of indicator	Cumulative
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher percentage indicates greater level of ideal clinic principles
	Indicator Responsibility	District Health Services and Quality Assurance Directorates

2.	**Indicator title**	**OHH registration visit coverage**
	Short definition	Outreach households registered by Ward Based Outreach Teams as a proportion of OHH in population
	Purpose/importance	Monitors implementation of the PHC re-engineering strategy
	Source/collection of data	DHIS, household registration visits registers, patient records
	Method of calculation	**Numerator:** SUM([OHH registration visit]) **Denominator:** Household mid-year estimate
	Data limitations	Dependant on accuracy of OHH in population
	Type of indicator	Output
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No

	Desired performance	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system.
	Indicator Responsibility	CBS / Outreach Services programme manager

3.	**Indicator title**	**PHC utilisation rate - total**
	Short definition	Average number of PHC visits per person per year in the population.
	Purpose/importance	Monitors PHC access and utilisation.
	Source/collection of data	Daily Reception Headcount register (or HPRS where available) and DHIS, Stats SA
	Method of calculation	**Numerator:** SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) **Denominator:** Sum([Population - Total)]
	Data limitations	Dependant on the accuracy of estimated total population from StatsSA
	Type of indicator	Output
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system. A lower uptake may indicate underutilization of facility
	Indicator Responsibility	DHS Manager

4.	**Indicator title**	**Complaints Resolution rate (PHC)**
	Short definition	Complaints resolved as a proportion of complaints received
	Purpose/importance	Monitors public health system response to customer concerns
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator**: SUM([Complaint resolved]) **Denominator:** SUM([Complaint received])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in PHC facilities
	Indicator Responsibility	Senior Manager Quality Assurance

5.	**Indicator title**	**Complaint Resolution within 25 working days rate (PHC)**
	Short definition	Complaints resolved within 25 working days as a proportion of all complaints resolved
	Purpose/importance	Monitors the time frame in which the public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaints resolved])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint

	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in PHC Facilities
	Indicator Responsibility	Senior Manager Quality Assurance

District Hospital Services

1.	**Indicator title**	**Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (District Hospitals)**
	Short definition	Fixed health facilities that have conducted annual National Core Standards self-assessment as a proportion of fixed health facilities.
	Purpose/importance	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
	Source/collection of data	DHIS - NCS Reports
	Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
	Indicator Responsibility	Senior Manager Quality Assurance

2.	**Indicator title**	**Average length of stay (District Hospitals)**
	Short definition	The average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator**: SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])
	Data limitations	High levels of efficiency y could hide poor quality
	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No

	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager District Health Services

5.	**Indicator title**	**Inpatient Bed Utilisation rate (District Hospitals)**
	Short definition	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities
	Purpose/importance	Track the over/under utilisation of district hospital beds
	Source/collection of data	DHIS, midnight census
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Efficiency
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility
	Indicator Responsibility	Senior Manager District Health Services

7.	**Indicator title**	**Expenditure per PDE (District Hospitals)**
	Short definition	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333
	Purpose/importance	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3
	Source/collection of data	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records, Admission, expenditure, midnight census
	Method of calculation	**Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Outcome
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower rate indicating efficient use of financial resources.
	Indicator Responsibility	Senior Manager District Health Services

8.	**Indicator title**	**Complaints Resolution rate (District Hospitals)**
	Short definition	Complaints resolved as a proportion of complaints received

	Purpose/importance	Monitors public health system response to customer concerns
	Source/collection of data	Complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved]) **Denominator:** SUM([Complaint received])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

9.	**Indicator title**	**Complaint Resolution within 25 working days rate (District Hospitals)**
	Short definition	Complaints resolved within 25 working days as a proportion of all complaints resolved
	Purpose/importance	Monitors the time frame in which the public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaints resolved])
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in District Hospitals Facilities
	Indicator Responsibility	Senior Manager Quality Assurance

HIV and AIDS, STI

1.	**Indicator title**	**ART client remain on ART end of month - total**
	Short definition	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client without an outcome reported in the reporting month Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)]
	Purpose/importance	Monitors the total clients remaining on life-long ART at the month
	Source/collection of data	ART Register; TIER.Net; DHIS
	Method of calculation	**Numerator:** SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher total indicates a larger population on ART treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

2.	Indicator title	HIV test done - total
	Short definition	The total number of HIV tests done in all age groups
	Purpose/importance	Monitors the impact of the pandemic and assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB
	Source/collection of data	PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net,DHIS
	Method of calculation	**Numerator:** SUM([Antenatal client HIV 1st test]) + SUM([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])
	Data limitations	Dependant on the accurate completion of the HCT register
	Type of indicator	Process
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate increased population knowing their HIV status.
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

3.	Indicator title	Male Condom Distributed
	Short definition	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).
	Purpose/importance	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution sites (PDS) report to sub-districts on a monthly basis
	Source/collection of data	Stock/ Bin card
	Method of calculation	**Numerator:** SUM([Male condoms distributed])
	Data limitations	None
	Type of indicator	Process
	Calculation type	Number **(Non-Cummulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher number indicated better distribution (and indirectly better uptake) of condoms in the province
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

4.	Indicator title	Medical male circumcision - Total
	Short definition	Medical male circumcisions performed 15 years and older
	Purpose/importance	Monitors medical male circumcisions performed under supervision
	Source/collection of data	Theatre Register/ PHC tick register, DHIS
	Method of calculation	**Numerator:** SUM([Males 10 to 14 years who are circumcised under medical supervision])+([Males 15 years and older who are circumcised under medical supervision])
	Data limitations	Assumed that all MMCs reported on DHIS are conducted under supervision
	Type of indicator	Output
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher number indicates greater availability of the service or greater uptake of the service
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

TB

1.	Indicator title	TB/HIV co-infected client on ART rate
	Short definition	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients
	Purpose/importance	Monitors ART coverage for TB clients
	Source/collection of data	TB register; ETR.Net; Tier.Net
	Method of calculation	**Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive])
	Data limitations	Availability of data in ETR.net, TB register, patient records
	Type of indicator	Outcome
	Calculation type	Percentage **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

2.	Indicator title	**TB symptom 5yrs and older start on treatment rate**
	Short definition	TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive
	Purpose/importance	Monitors trends in early identification of children with TB symptoms in health care facilities
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([TB client 5 years and older start on treatment]) **Denominator:** SUM([TB symptomatic client 5 years and older tested positive])
	Data limitations	Accuracy dependent on quality of data from reporting facility
	Type of indicator	Process/Activity
	Calculation type	Rate **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To ensure all clients 5 years and older who screened positive for TB are initiated on treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

3.	Indicator title	**TB client treatment success rate**
	Short definition	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
	Purpose/importance	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
	Source/collection of data	TB register, ETR.Net
	Method of calculation	**Numerator:** SUM([TB client successfully completed treatment]) **Denominator:** SUM([New smear positive pulmonary TB client start on treatment])
	Data limitations	Accuracy dependent on quality of data from reporting facility
	Type of indicator	Outcome

	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggests better treatment success rate.
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

4.	**Indicator title**	**TB client lost to follow up rate**
	Short definition	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).
	Purpose/importance	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
	Source/collection of data	TB register, ETR.Net
	Method of calculation	**Numerator:** SUM [TB client lost to follow up] **Denominator:** SUM [TB client start on treatment]
	Data limitations	Accuracy dependent on quality of data from reporting facility
	Type of indicator	Outcome
	Calculation type	Percentage **(Reverse indicator)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

5.	**Indicator title**	**TB client death rate**
	Short definition	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
	Purpose/importance	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
	Source/collection of data	TB register, ETR.Net (Susceptible TB)
	Method of calculation	**Numerator:** SUM([TB client died during treatment]) **Denominator:** SUM([New smear positive pulmonary TB client start on treatment])
	Data limitations	Accuracy dependant on quality of data from reporting facility
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Lower levels of death desired
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

6.	Indicator title	TB MDR Treatment success rate
	Short definition	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment
	Purpose/importance	Monitors success of MDR TB treatment
	Source/collection of data	MDR-TB register, EDRWeb.Net
	Method of calculation	**Numerator:** SUM([TB MDR client successfully complete treatment]) **Denominator:** SUM([TB MDR confirmed client start on treatment])
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage indicates a better treatment rated
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

Maternal, Child and Woman's Health

1.	Indicator title	Antenatal 1st visit before 20 weeks rate
	Short definition	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits.
	Purpose/importance	Monitors early utilisation of antenatal services
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Antenatal 1st visit before 20 weeks]) **Denominator:** SUM([Antenatal 1st visit 20 weeks or later]) + SUM([Antenatal 1st visit before 20 weeks])
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Process
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicates better uptake of ANC services
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

2.	Indicator title	Mother postnatal visit within 6 days' rate
	Short definition	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities
	Purpose/importance	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Mother postnatal visit within 6 days after delivery]) **Denominator:** SUM([Delivery in facility total])

	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Process
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicates better uptake of postnatal services
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

3.	**Indicator title**	**Antenatal client start on ART rate**
	Short definition	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART
	Purpose/importance	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.
	Source/collection of data	ART Register, Tier.Net
	Method of calculation	**Numerator:** SUM([Antenatal client start on ART]) **Denominator:** Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])
	Data limitations	Accuracy dependent on quality of data Reported by health facilities
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage indicates greater coverage of HIV positive clients on HIV Treatment
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

4.	**Indicator title**	**Infant 1st PCR test positive around 10 weeks rate**
	Short definition	Infants PCR tested positive for the first time around 10 weeks after birth as a proportion of infant's PCR tested around 10 weeks
	Purpose/importance	Monitors mother to child HIV transmission rate
	Source/collection of data	Facility register, DHIS
	Method of calculation	**Numerator:** Sum of infant 1st PCR test positive around 10 weeks **Denominator:** Infant 1st PCR test around 10 weeks
	Data limitations	Late submission of test results from NHLS, inaccurate capturing
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly **(Non-cumulative)**
	New indicator	No
	Desired performance	Lower percentage indicate fewer HIV transmissions from mother to child
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

5.	Indicator title	Immunisation coverage under 1 year (annualised)
	Short definition	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.
	Purpose/importance	Track the coverage of immunization services
	Source/collection of data	PHC Comprehensive Tick Register; StatsSA
	Method of calculation	**Numerator:** SUM ([Immunised fully under 1 year new]) **Denominator:** SUM ([Female under 1 year]) + SUM([Male under 1 year])
	Data limitations	Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered.)
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate better immunisation coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

6.	Indicator title	Measles 2nd dose coverage (annualised)
	Short definition	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1-year population.
	Purpose/importance	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here
	Source/collection of data	PHC Comprehensive Tick Register; StatsSA
	Method of calculation	**Numerator:** SUM([Measles 2nd dose]) **Denominator:** SUM([Female 1 year]) + SUM([Male 1 year])
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher coverage rate indicates greater protection against measles
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

7.	Indicator title	DTaP-IPV/HIB3-measles 1st dose drop-out rate
	Short definition	Children who dropped out of the immunisation schedule between DTaP-IPV-Hib-HBV 3rd dose, normally at 14 weeks and measles 1st dose, normally at 6 months as a proportion of population under 1 year
	Purpose/importance	Monitors protection of children against diphtheria, tetanus, a-cellular pertussis, polio, Haemophilus influenza and Hepatitis B. DTaP-IPV-Hib-HBV (known as Hexavalent)

		was implemented in 2015 to replace DTaP-IPV/Hib (Pentaxim) and HepB.
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** (SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])) - SUM([Measles 1st dose under 1 year]) **Denominator:** SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) + SUM([DTaP-IPV/Hib (Pentavalent) 3rd dose])
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Outcome
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower dropout rate indicates better vaccine coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

8.	**Indicator title**	**Diarrhoea case fatality under 5 years rate**
	Short definition	Proportion of children under 5 years admitted with diarrhoea who died
	Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with diarrhoea
	Source/collection of data	Ward register
	Method of calculation	**Numerator:** SUM([Diarrhoea death under 5 years]) **Denominator**: SUM([Diarrhoea separation under 5 years])
	Data limitations	Reliant on accuracy of diagnosis /cause of death Accuracy dependent on quality of data
	Type of indicator	Impact
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower children mortality rate is desired
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

9.	**Indicator title**	**Pneumonia case fatality under 5 years rate**
	Short definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities
	Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with pneumonia
	Source/collection of data	Ward register
	Method of calculation	**Numerator:** SUM([Pneumonia death under 5 years]) **Denominator:** SUM([Pneumonia separation under 5 years])
	Data limitations	Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Impact
	Calculation type	Percentage **(Non-cumulative)**

	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower children mortality rate is desired
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

10.	**Indicator title**	**Severe acute malnutrition case fatality under 5 years rate**
	Short definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities
	Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with Severe acute malnutrition (SAM)
	Source/collection of data	Ward register
	Method of calculation	**Numerator:** SUM([Severe acute malnutrition (SAM) death in facility under 5 years]) **Denominator:** SUM([Severe Acute Malnutrition separation
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Impact
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower children mortality rate is desired
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

11.	**Indicator title**	**School Grade 1 - learners screened**
	Short definition	Total number of Grade 1 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
	Source/collection of data	School health report (ISHP team), Facility register, DHIS
	Method of calculation	**Numerator:** Sum of school Grade 1 - learners screened
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher percentage indicates greater proportion of school children received health services at their school
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

12.	**Indicator title**	**School Grade 8 – learners screened**
	Short definition	Total number of Grade 8 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
	Source/collection of data	School Health data collection forms
	Method of calculation	**Numerator:** SUM [School Grade 8 - learners screened]
	Data limitations	None
	Type of indicator	Process
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes

	Desired performance	Higher percentage indicates greater proportion of school children received health services at their school
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

13.	**Indicator title**	**Delivery in 10 to 19 years in facility rate**
	Short definition	Deliveries to women between the ages of 10 to 19 years as a proportion of total deliveries in health facilities
	Purpose/importance	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).
	Source/collection of data	Health Facility Register, DHIS
	Method of calculation	**Numerator:** SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] **Denominator:** SUM([Delivery in facility total])
	Data limitations	None
	Type of indicator	Process
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Lower percentage indicates better family planning
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

14.	**Indicator title**	**Couple year protection rate**
	Short definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) +) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).
	Purpose/importance	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5) **Denominator:** SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]}
	Data limitations	Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Outcome
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No

	Desired performance	Higher percentage indicates higher usage of contraceptive methods.
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

15.	**Indicator title**	**Cervical cancer screening coverage 30 years and older**
	Short definition	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and olderyears.
	Purpose/importance	Monitors implementation on cervical screening and ART policies
	Source/collection of data	PHC Comprehensive Tick Register OPD tick register
	Method of calculation	**Numerator:** SUM([Cervical cancer screening 30 years and older]) **Denominator:** (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])) / 10
	Data limitations	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted by health facilities
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate better cervical cancer coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

16.	**Indicator title**	**Human Papilloma Virus Vaccine 1st dose**
	Short definition	Girls 9 years and older that received HPV 1st dose
	Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
	Source/collection of data	HPV Campaign Register – captured electronically on HPV system
	Method of calculation	**Numerator:** SUM([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	Yes
	Desired performance	Higher percentage indicate better coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

17.	Indicator title	Human Papilloma Virus Vaccine 2nd dose
	Short definition	Girls 9yrs and older that received HPV 2nd dose
	Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
	Source/collection of data	HPV Campaign Register – captured electronically on HPV system
	Method of calculation	**Numerator:** SUM([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and older HPV 2nd dose])
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	Yes
	Desired performance	Higher percentage indicate better coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

18.	Indicator title	Vitamin A 12-59 months coverage
	Short definition	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.
	Purpose/importance	Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Vitamin A dose 12-59 months]) **Denominator:** (SUM([Female 1 year]) + SUM([Female 02-04 years]) + SUM([Male 1 year]) + SUM([Male 02-04 years])) * 2
	Data limitations	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher proportion of children 12-29 months who received Vit A will increase health
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

19.	Indicator title	Infant exclusively breastfed at DTaP-IPV-Hib-HBV 3rd dose rate
	Short definition	Infants exclusively breastfed at 14 weeks as a proportion of the DTaP-IPV-Hib-HBV 3rd dose vaccination. Take note that DTaP-IPV-Hib-HBV 3rd dose (Hexavalent) was implemented in 2015 to include the HepB dose
	Purpose/importance	Monitors infant feeding practices at 14 weeks to identify where community interventions need to be strengthened

	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Infant exclusively breastfed at DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose]) **Denominator:** SUM([HepB 3rd dose under 1 year]) + SUM([DTaP-IPV-Hib-HBV (Hexavalent) 3rd dose])
	Data limitations	Reliant on honest response from mother; and Accuracy dependent on quality of data submitted health facilities
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate better exclusive breastfeeding rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

20.	**Indicator title**	**Maternal Mortality in Facility Ratio**
	Short definition	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility
	Purpose/importance	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services
	Source/collection of data	Maternal death register, Delivery Register
	Method of calculation	**Numerator:** SUM([Maternal death in facility]) **Denominator:** SUM([Live birth in facility])+SUM([Born alive before arrival at facility])
	Data limitations	Completeness of reporting
	Type of indicator	Impact
	Calculation type	Ratio per 100 000 live births
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

21.	**Indicator title**	**Neonatal death in facility rate**
	Short definition	Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility
	Purpose/importance	Monitors treatment outcome for admitted children under 28 days
	Source/collection of data	Delivery register, Midnight report

	Method of calculation	**Numerator:** SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) **Denominator:** SUM([Live birth in facility])
	Data limitations	Quality of reporting
	Type of indicator	Impact
	Calculation type	Ratio (per 1000 live births)
	Reporting cycle	Annually
	New indicator	Yes
	Desired performance	Lower death rate in facilities indicate better obstetric management practices and antenatal and care.
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

Disease Control and Prevention

1.	**Indicator title**	**Cataract surgery rate**
	Short definition	Clients who had cataract surgery per 1 million uninsured population
	Purpose/importance	Accessibility of theatres. Availability of human resources and consumables
	Source/collection of data	Theatre Register, DHIS
	Method of calculation	**Numerator:** SUM([Cataract surgery total]) **Denominator:** SUM([Total population]) - SUM([Total population (MedicAid)])
	Data limitations	Accuracy dependant on quality of data from health facilities
	Type of indicator	Output
	Calculation type	Rate per 1million population **(Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher number of cataract surgery rate indicated greater proportion of the population received cataract surgery
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

2.	**Indicator title**	**Malaria case fatality rate**
	Short definition	Deaths from malaria as a percentage of the number of cases reported
	Purpose/importance	Monitor the number deaths caused by Malaria
	Source/collection of data	Malaria Information System
	Method of calculation	**Numerator:** Deaths from malaria **Denominator:** Total number of malaria cases reported
	Data limitations	Accuracy dependant on quality of data from health facilities
	Type of indicator	Outcome
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower percentage indicates a decreasing burden of malaria
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

Programme 3: Emergency Medical Services

1.	Indicator title	EMS P1 urban under 15 minutes rate
	Short definition	Emergency P1 calls in urban locations with response times under 15 minutes as a proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene
	Purpose/importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas
	Source/collection of data	DHIS, institutional EMS registers OR patient and vehicle report.
	Method of calculation	**Numerator:** SUM([EMS P1 urban response under 15 minutes]) **Denominator:** SUM([EMS P1 urban calls])
	Data limitations	Accuracy dependant on quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate better response times in the urban areas
	Indicator responsibility	Senior Manager Emergency Medical Services

2.	Indicator title	EMS P1 rural under 40 minutes rate
	Short definition	Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call
	Purpose/importance	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas
	Source/collection of data	DHIS, institutional EMS registers Patient and vehicle report.
	Method of calculation	**Numerator:** SUM([EMS P1 rural response under 40 minutes]) **Denominator:** SUM([EMS P1 rural calls])
	Data limitations	Accuracy dependant on quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage indicate better response times in the rural areas
	Indicator responsibility	Senior Manager Emergency Medical Services

3.	Indicator title	EMS Inter-facility transfer rate
	Short definition	Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported
	Purpose/importance	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses
	Source/collection of data	DHIS, institutional EMS registers Patient and vehicle report.
	Method of calculation	**Numerator:** SUM([EMS emergency urban inter-facility transfer under 30 minutes])+SUM([EMS

		emergency rural inter-facility transfer under 60 minutes] **Denominator:** SUM([EMS clients total])
	Data limitations	Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations and emergency headcount reported from hospitals.
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower percentage desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care.
	Indicator responsibility	Senior Manager Emergency Medical Services

Programme 4:

Regional Hospital

1.	**Indicator title**	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Regional Hospital)**
	Short definition	Hospitals that achieved a performance of 75% or more on National Core Standards self-assessment
	Purpose/importance	Monitors whether Regional hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
	Source/collection of data	DHIS - National Core Standard review tools
	Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
	Data limitations	Reliability of data provided
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
	Indicator Responsibility	Senior Manager Quality Assurance

2.	**Indicator title**	**Average length of stay (Regional Hospital)**
	Short definition	The average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])
	Data limitations	High levels of efficiency could hide poor quality

	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager District Health Services

3.	**Indicator title**	**Inpatient Bed Utilisation rate (Regional Hospital)**
	Short definition	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities
	Purpose/importance	Monitors effectiveness and efficiency of inpatient management
	Source/collection of data	DHIS, midnight census
	Method of calculation	**Numerator:** Sum ([Inpatient days' total x 1]) +([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Efficiency
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility
	Indicator Responsibility	Senior Manager District Health Services

4.	**Indicator title**	**Expenditure per PDE (Regional Hospital)**
	Short definition	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333
	Purpose/importance	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3
	Source/collection of data	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records, Admission, expenditure, midnight census
	Method of calculation	**Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Outcome
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower rate indicating efficient use of financial resources.
	Indicator Responsibility	Senior Manager District Health Services

5.	Indicator title	Complaints Resolution rate (Regional Hospital)
	Short definition	Complaints resolved as a proportion of complaints received
	Purpose/importance	Monitors public health system response to customer concerns
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved]) **Denominator:** SUM([Complaint received])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

6.	Indicator title	Complaint Resolution within 25 working days rate (Regional Hospital)
	Short definition	Complaints resolved within 25 working days as a proportion of all complaints resolved
	Purpose/importance	Monitors the time frame in which the public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaints resolved])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

Specialised Hospital

1.	Indicator title	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Specialised Hospitals)**
	Short definition	Fixed health facilities that have conducted annual National Core Standards self-assessment as a proportion of fixed health facilities.
	Purpose/importance	Monitors whether health establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance
	Source/collection of data	DHIS - NCS Reports
	Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
	Data limitations	Reliability of data provided

	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher assessment indicates commitment of facilities to comply with NCS
	Indicator Responsibility	Senior Manager Quality Assurance

2.	**Indicator title**	**Complaints Resolution rate (Specialised Hospital)**
	Short definition	Complaints resolved as a proportion of complaints received
	Purpose/importance	Monitors public health system response to customer concerns
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved]) **Denominator:** SUM([Complaint received])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in PHC facilities
	Indicator Responsibility	Senior Manager Quality Assurance

3.	**Indicator title**	**Complaint Resolution within 25 working days rate (Specialised Hospital)**
	Short definition	Complaints resolved within 25 working days as a proportion of all complaints resolved
	Purpose/importance	Monitors the time frame in which the public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	SUM([Complaint resolved within 25 working days])/ SUM([Complaints resolved])
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in Specialised Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

Programme 5: Tertiary Hospital

1.	**Indicator title**	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Regional Hospitals)**
	Short definition	Tertiary Hospitals that have conducted annual National Core Standards self-assessment as a proportion of Tertiary Hospitals
	Purpose/importance	Monitors whether Tertiary Hospitals are measuring their own level of compliance with standards in order to close gaps in preparation for an internal assessment.

	Source/collection of data	NCS Assessment tool, facility Quality Assurance Reports and DHIS
	Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by Tertiary Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	**Indicator title**	**Average length of stay (Tertiary Hospital)**
	Short definition	The average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])
	Data limitations	High levels of efficiency y could hide poor quality
	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager District Health Services

3.	**Indicator title**	**Inpatient Bed Utilisation rate (Tertiary Hospital)**
	Short definition	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities
	Purpose/importance	Monitors effectiveness and efficiency of inpatient management
	Source/collection of data	DHIS, midnight census
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1]) +([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Efficiency

	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility
	Indicator Responsibility	Senior Manager District Health Services

4.	**Indicator title**	**Expenditure per PDE (Tertiary Hospital)**
	Short definition	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333
	Purpose/importance	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3
	Source/collection of data	BAS, Stats SA, Council for Medical Scheme data, DHIS, midnight census
	Method of calculation	**Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1]) +([Day patient total x 0.5]) +([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Outcome
	Calculation type	Number **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower rate indicating efficient use of financial resources.
	Indicator Responsibility	Senior Manager District Health Services

5.	**Indicator title**	**Complaints Resolution rate (Tertiary Hospital)**
	Short definition	Complaints resolved as a proportion of complaints received
	Purpose/importance	Monitors public health system response to customer concerns
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved]) **Denominator:** SUM([Complaint received])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in PHC facilities
	Indicator Responsibility	Senior Manager Quality Assurance

6.	**Indicator title**	**Complaint Resolution within 25 working days rate (Tertiary Hospital)**
	Short definition	Complaints resolved within 25 working days as a proportion of all complaints resolved

	Purpose/importance	Monitors the time frame in which the public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	**Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaints resolved])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in Tertiary Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

Programme 6: Health Sciences and Training

1.	**Indicator title**	**Basic nurse students graduating**
	Short definition	Number of students who graduate from the basic nursing course
	Purpose/importance	Monitors the number of nurses produced through the basic nursing course
	Source/collection of data	List of registered students from SANC, list of students graduating
	Method of calculation	**Numerator:** Sum of students who graduate from the basic nursing course
	Data limitations	Inaccurate capturing of nursing students by both the Provincial DoH and nursing colleges
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased basic nurse students graduating
	Indicator responsibility	Senior Manager Hendrietta Stockdale College

2.	**Indicator title**	**Number of bursaries awarded for health science students**
	Short definition	Number of bursaries awarded for health sciences students
	Purpose/importance	Monitors the number of bursaries awarded for health sciences students (first years and recurring students)
	Source/collection of data	Registrar database and bursary contracts
	Method of calculation	**Numerator:** Sum of recipients (first year and existing students) of bursaries for health sciences
	Data limitations	Inaccurate capturing of bursaries awarded for first year and recurring students by the department and health science training institutions
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	Yes
	Desired performance	Increased number of future health care providers
	Indicator responsibility	Senior Manager Human Resources Management

3.	Indicator title	Proportion of bursary holders permanently appointed
	Short definition	Proportion of bursary holders that go on to be permanently employed
	Purpose/importance	Monitors the absorption of bursary holders into the system
	Source/collection of data	Bursary database; list of community service practitioners who completed their studies
	Method of calculation	**Numerator:** Bursary holders permanently appointed **Denominator:** Total number of bursary holder graduates
	Data limitations	Poor record keeping by both the Human Resource Development and Health Science Training institutions
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased proportion of bursary holders permanently appointed
	Indicator responsibility	Senior Manager Human Resources Management

4.	Indicator title	Number of employees enrolled for training on Intermediate Life Support
	Short definition	The total number of EMS employees enrolled for training on Intermediate Life Support programme
	Purpose/importance	Monitors the number of EMS employees enrolled for training on Intermediate Life Support programme
	Source/collection of data	PERSAL EMS training database
	Method of calculation	**Numerator:** Sum of EMS employees enrolled for training on Intermediate Life Support
	Data limitations	Inaccurate capturing and reporting by both the Human Resource Development and EMS college
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased EMS employees with higher levels of skills and service quality
	Indicator responsibility	Senior Manager Emergency Medical Services College

5.	Indicator title	Number of bursaries awarded to administrative staff
	Short definition	The number of bursaries awarded to the administrative staff
	Purpose/importance	Monitors number of bursaries awarded to the administrative staff
	Source/collection of data	PDP (Personal Development Plan)
	Method of calculation	**Numerator:** Sum of bursaries awarded to administrative staff
	Data limitations	Poor recording of information
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved employee's skills
	Indicator responsibility	Senior Manager Human Resource Management

6.	Indicator title	Number of Bursaries awarded to first year medicine students
	Short definition	Number of new medicine students provided with bursaries by the provincial department of health

	Purpose/importance	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers
	Source/collection of data	Bursary contracts
	Method of calculation	**Numerator:** Sum of bursaries awarded to first year medicine students
	Data limitations	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased number of future health care providers
	Indicator responsibility	Senior Manager Human Resources Management

7.	**Indicator title**	**Number of Bursaries awarded to first year nursing students**
	Short definition	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health
	Purpose/importance	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers
	Source/collection of data	Bursary contracts
	Method of calculation	**Numerator:** Sum of bursaries awarded to first year nursing students
	Data limitations	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers
	Indicator responsibility	Senior Manager Human Resources Management

Programme 7: Health Care Support Services

Forensic Medical Services

1.	**Indicator title**	**Percentage of autopsies completed within 4 working days**
	Short definition	Percentage of post-mortems done from time of arrival of body at the mortuary until the time of actual post-mortem performance
	Purpose/importance	Monitors turn-around time of autopsies within four working days
	Source/collection of data	Death registers and dockets, Post-mortem reports
	Method of calculation	**Numerator:** Total number of post-mortems conducted in four days per quarter **Denominator:** Total number of post-mortems conducted in the quarter
	Data limitations	Poor record keeping
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved turn-around time of autopsies

	Indicator responsibility	Senior Manager Forensic Medical Services

2.	**Indicator title**	**Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)**
	Short definition	Percentage of post-mortem reports submitted to stakeholders (SAPS) 10 days after actual post-mortem performance
	Purpose/importance	Monitors autopsy reports submitted in 10 days to stakeholders (SAPS)
	Source/collection of data	Acknowledgement of receipt registers, Weekly and Monthly reports
	Method of calculation	**Numerator:** Total number of post-mortem reports submitted in 10 days per quarter **Denominator:** Total number of post-mortems done in a quarter
	Data limitations	Timeous completion and submission of report
	Type of indicator	Output
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved turn-around time for submission of autopsy reports
	Indicator responsibility	Senior Manager Forensic Medical Services

Pharmaceutical Services

1.	**Indicator title**	**Percentage availability of medication (EML and STG) in the health facilities and institutions.**
	Short definition	Percentage of medication that were requested *versus* medication that were replaced.
	Purpose/importance	Monitors the provision of medication to all facilities and institutions as per the orders requested.
	Source/collection of data	Stock management reports.
	Method of calculation	**Numerator:** Number of medication replaced **Denominator:** Number of medication requested by facilities and institutions
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Output.
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly.
	New indicator	No
	Desired performance	Improved stock management
	Indicator responsibility	Senior Manager: Pharmaceutical Services.

2.	**Indicator title**	**Percentage availability of medication (non-EML) in the health facilities and institutions.**
	Short definition	Percentage of medication (non-EML) that were requested versus expenditure of medication (EML and STG).
	Purpose/importance	Monitors expenditure of non-EML medication in the quarter not exceeding 10% of the overall pharmaceutical expenditure.
	Source/collection of data	Stock management reports.
	Method of calculation	**Numerator:** Expenditure of non-EML medication at the end of the quarter **Denominator:** Overall expenditure of all medication at the end of the quarter
	Data limitations	Inaccurate capturing and reporting.

	Type of indicator	Output.
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly.
	New indicator	Yes
	Desired performance	Improved stock management
	Indicator responsibility	Senior Manager: Pharmaceutical Services

3.	**Indicator title**	**Number of functional Pharmaceutical and Therapeutic Committees**
	Short definition	Functional Pharmaceutical and Therapeutic Committees.
	Purpose/importance	Monitors the functionality of Pharmaceutical and Therapeutic Committees
	Source/collection of data	Minutes of the meetings and appointment letters
	Method of calculation	**Numerator:** Number of functional Pharmaceutical and Therapeutic Committees.
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Functional Pharmaceutical and Therapeutic Committees
	Indicator responsibility	Senior Manager: Pharmaceutical Services

Programme 8: Health Facilities Management

1.	**Indicator title**	**Number of facilities that comply with gazetted infrastructure Norms and Standards**
	Short definition	Facilities that are fully established and comply with Health Norms and standards.
	Purpose/importance	Monitors compliance of infrastructure in terms of the Health Norms and Standards
	Source/collection of data	Gazetted infrastructure Norms and Standards
	Method of calculation	**Numerator:** Sum of facilities for which funds were awarded in the MTEF budget period for upgrades and additions in order to be compliant with Norms and Standards
	Data limitations	None
	Type of indicator	Quality
	Calculation type	Number **(Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved facility compliance
	Indicator responsibility	Director Infrastructure Delivery

2.	**Indicator title**	**Number of additional clinics, community health centres and office facilities constructed**
	Short definition	Number of additional clinics and community health centres and office facilities constructed
	Purpose/importance	Monitors the construction of additional clinics and community health centres and office facilities
	Source/collection of data	U-AMP, IRM, National Health Reports, Quarterly Reports, Monthly Reports

	Method of calculation	**Numerator:** Sum of clinics and CHC's constructed
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved access to health care services
	Indicator responsibility	Director Infrastructure Delivery

3.	**Indicator title**	**Number of additional hospitals and mortuaries constructed or revitalised**
	Short definition	Number of additional hospitals and mortuaries constructed or revitalised
	Purpose/importance	Monitors the construction or revitalization of additional hospitals and mortuaries
	Source/collection of data	U-AMP, IRM, National Health Reports, Quarterly Reports, Monthly Reports
	Method of calculation	**Numerator:** Sum of hospitals and mortuaries constructed or revitalised
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved access to health care services
	Indicator responsibility	Director Infrastructure Delivery

4.	**Indicator title**	**Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts**
	Short definition	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).
	Purpose/importance	Tracks overall improvement and maintenance of existing facilities.
	Source/collection of data	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).
	Method of calculation	**Numerator:** Sum of health facilities in NHI Pilot District that have undergone major and minor refurbishment
	Data limitations	Accuracy dependent on reliability of information captured on project lists.
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	A higher number will indicate that more facilities were refurbished.
	Indicator responsibility	Chief Director: Infrastructure and Technical Management

5.	**Indicator title**	**Number of health facilities that have undergone major and minor refurbishment outside NHI pilot district (Excluding facilities in NHI pilot districts)**
	Short definition	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).
	Purpose/importance	Tracks overall improvement and maintenance of existing facilities.

	Source/collection of data	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).
	Method of calculation	**Numerator:** Sum of health facilities outside NHI Pilot District that have undergone major and minor refurbishment
	Data limitations	Accuracy dependent on reliability of information captured on project lists.
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	A higher number will indicate that more facilities were refurbished.
	Indicator responsibility	Chief Director: Infrastructure and Technical Management

ACRONYMS

ADMIN	Administration
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Client
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immuno Deficiency Syndrome
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Anti-Retrovirals
BAS	Basic Accounting System
CCMDD	Central Chronic Management Dispensing and Distribution
CCTV	Closed-Circuit Television
CDC	Communicable Disease Control
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CFR	Case Fatality Rate
CHC	Community Health Centres
CHS	Community Health Services
CHW	Community Health Workers
CPIX	Consumer Price Index
DBE	Department of Basic Education
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHS	District Health Services
DOH	Department of Health
DRG	Diagnosis Related Grouper
DRPW	Department of Roads and Public Works
DR-TB	Drug Resistant Tuberculosis
DSD	Department of Social Development

DTap IPV	Diphtheria, Tetanus, Pertussis and Polio Vaccine
EDR	Electronic Drug Resistance
EML	Essential Medicine List
EMS	Emergency Medical Services
EPI	Extended Programme Immunisation
EPMDS	Employee Performance Management Development System
ESMOE	Essential Steps in Obstetric Emergencies
ETR	Electronic TB Register
FDC	Fixed Dose Combination
GCCN	Government Central Core Network
GDP	Gross Domestic Product
GIAMA	Government Infrastructure Asset Management Act
HAI	Hospital Acquired Infections
HAST	HIV & AIDS, STI
HBB	Help Babies Breathe
HCSS	Health Care Support Services
HCT	HIV Counselling & Testing
HEP	Hepatitis
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPV	Human Papilloma Virus
HR	Human Resources
HRP	Hospital Revitalisation Programme
HRP	Human Resource Plan
HST	Health Science and Training

HVAC	Heating, Ventilation, Air-Conditioning and Cooling
ICT	Information Communication and Technology
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention Control
IPT	Isoniazid Preventative Therapy
IRM	Infrastructure Reporting Model
ISHP	Integrated School Health Programme
IYM	In-Year Financial Monitoring
JTG	John Taolo Gaetsewe
KbPS	Kilobits Per Second
LOGIS	Local Government Information System
LP	Liquid Petroleum (Domestic Gas)
LTF	Lost to Follow-up
MbPS	Megabits Per Second
MCWH / N	Maternal, Child, and Women's Health / Nutrition
MDG	Millennium Development Goals
MDR	Multi Drug Resistant TB
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTT	Ministerial Task Team
N	Number
N/A	Not Applicable
NCD	Non-Communicable Disease
NCDOH	Northern Cape Department of Health
NCS	National Core Standards

NDOH	National Department of Health
NDP	National Development Plan
NET	Network
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NICD	National Institute Communicable Disease
NIHE	National Institute of Higher Education
No.	Number
OHH	Outreach Household
OHS	Occupational Health and Safety
OPD	Out Patients Department
OSD	Occupational Special Dispensation
P1	Priority One
PCA	Provincial Council on AIDS
PCR	Polymerase chain reaction
PDE	Patient Day Equivalent
PDP	Personal Development Plan
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PHC	Primary Health Care
PHS	Primary Healthcare Services
PHS	Provincial Hospital Services
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PT	Provincial Treasury
PTB	Pulmonary Tuberculosis
QA	Quality Assurance

R254	One Year Nursing Programme
R425	Two Year Nursing Programme
R683	Four Year Nursing Programme
R	Rand
R	Rate
RV	Rota Virus
SA	South Africa
SACTWU	Southern African Clothing and Textile Workers' Union
SAPS	South African Police Service
SLA	Service Level Agreements
SMS	Senior Management Structure
SONA	State of the Nation Address
SOP	Service Operating Procedures
SRH	Sexual and Reproductive Health
STATS SA	Statistics South Africa
STG	Standard Treatment Guidelines
STI	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
TFI	Transfer in
TFO	Transfer out
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TROA	Total Client Remaining on ART
U5MR	Under Five Mortality Rate
U-AMP	User Asset Management Plan
UNAIDS	United Nations Programme on HIV and AIDS
VIZ	Videlicet
VS	Versus

WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WEH	West End Hospital
WHO	World Health Organisation
XDR	Extensive Drug Resistant

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