

# ANNUAL PERFORMANCE PLAN

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# ANNUAL PERFORMANCE PLAN

## 1. FORWARD BY THE MEMBER OF THE EXECUTIVE COUNCIL



The 2016/17 Annual Performance Plan for the Northern Cape Department of Health maps out our service delivery commitments to the Province and how we will execute our mandate of providing quality health care to our people as prescribed by legislation, policies and other governments priorities. These include, among others, the National Development Plan vision 2030 and Medium Term Strategic Framework 2014-2019.

The National Development Plan talks about **‘A health system that works for everyone, produces positive health outcomes, and is not out of reach’**. Operation Phakisa provides a key part of that ideal vision of health care system. This philosophy therefore continues to influence and guide us as we prepare for the realisation of universal health coverage for our communities.

We re-affirm our commitment on improving the quality of primary health care clinic infrastructure and the Hospital Revitalisation Program by ensuring that they are compliant with the National Core Standards. Raising the standards of clinical services is central and key to achieving our mandate of providing quality health care to our people.

As the ANC-led government, our core concept this year’s is to leverage the momentum and energy of local responses to HIV & TB and to celebrate and acknowledge the vital role that communities have played towards achieving the long term vision of the Provincial Strategic Plan on HIV, STIs and TB; 2012 – 2016.

In our quest to achieve the **“90-90-90 targets”**, all children 5 years and older, adolescents and adults with CD4 count of 500 or less, and pregnant women irrespective of their CD4 count, are now eligible for antiretroviral treatment as it can significantly reduce mortality, morbidity and opportunistic infections.

We are proud to announce that our EMS College has moved into its new premises at the new mental hospital grounds and the college was completed to the satisfaction of the licensing authorities of the Health Professions Council of South Africa.

Although a lot needs to be done, I remain steadfast in providing the necessary leadership and support to the Northern Cape Department of Health Administration, so as to ensure that we continue to strive for Health Excellence in Service Delivery for all communities across the Province.

A handwritten signature in blue ink, appearing to read 'N.M. Jack', written over a horizontal line.

MR. N.M. JACK

MEC FOR HEALTH

DATE: 29 FEBRUARY 2016

# ANNUAL PERFORMANCE PLAN

## 2. STATEMENT BY THE HEAD OF DEPARTMENT



### **Let's maintain a distinct Vision**

The vision of the Department of Health has always been renowned to be sustainable. The heightening of health care through the preclusion of illnesses and advancement of health living remains our strategy to achieve the vision of the Northern Cape Department of Health which is

**“Health Care Service Excellence for All”.**

### **Strategic Management and Leadership**

We have improved our corporate governance through strengthening leadership in the NHI Programme, ensuring that all Health Area Managers are appointed in Districts. Our systems and internal controls are maturing as well as enabling those responsible and accountable to deal with obvious inefficiencies, fraud, corruption and other challenges that continue to be our Achilles heels.

### **Developments towards 90-90-90 targets**

The Northern Cape Department of health has welcomed the initiation of the Minister of Health Dr. Aaron Motsoaledi who officially launched the UNAIDS 90-90-90 targets for TB and HIV on World TB Day on the 24 March 2015 with great enthusiasm, and plans are afoot to implement these planned targets.

This development of 90-90-90 targets will encourage districts to revisit and revise existing targets, strategies and work-plans and ascertain the coverage of services for prevention, treatment, care and support required, identify strategies to overcome obstacles, indicate financial and human resource challenges and postulate the additional resources that will be required.

### **Initiatives from Private - Public Partnership**

The Department of health in the province has entered into partnership with the mines in order to reinforce the provision of TB, HIV and STI services. The partnership has grown to include nine mines which have signed Memorandum of Understanding (MOUs) with the provincial department.

Furthermore, a process is underway for additional mines to also sign these MOUs. To date seven mines viz. Khumani, Afrisam, Afrisam, Kolomela, Beeshoek, Black Rock and Petra Finch Diamond Mine are rendering TB, HIV and STI services and reporting to the province. Monthly meetings are being conducted to assess progress and support mines in this initiative.

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## Maternal and Child Healthcare Programme Effectiveness Evaluation

(MCHPE): John Taolo Gaetsewe (JTG) District

In 2014/15 financial year the Northern Cape Provincial Department of Health together with stakeholders conducted a cross-sectional study on **“Maternal and child Health Programme Effectiveness Evaluation”** in JTG district. The overall aim of the study was to identify the root causes of challenges in achieving low maternal mortality ratios despite the efforts exerted by government in implementing priority maternal and child health programme interventions.

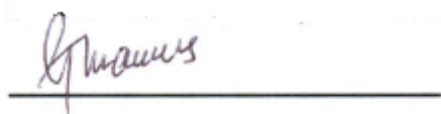
The result from the study for the period 01 January 2014 to 30 September 2014, indicated that MMR had 123.18 per 100,000 live births. Furthermore, in facility maternal mortality rate previously reported a decline of 93.2 per 100,000 live births for 2013/14 financial year, however adherence to the standards and good clinical practices based on the PHC Reengineering approach are still a challenge. The Department has a plan underway to conduct additional evaluation on the TB programme which will be reported on quarterly basis to track progress.

### Ideal Clinic Initiative

The department has planned for 104 clinics to be converted into ideal clinics. This will ensure that we have clinics with good infrastructure, adequate staffing, sufficient medicine supplies, and the use of applicable policies, protocols and guidelines to improve the lives of our people.

### Conclusion

Through measurable targets, intentional and thoughtful planning, the department will always be able to ensure that integration and proper coordination is in place to enhance effective health systems and quality health care.



**MS. G. E. MATLAOPANE**

**HOD FOR HEALTH**

**DATE: 29 FEBRUARY 2016**

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## 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 Ntsikelelo McCollen Jack, 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 2016/17

  
Mr. Mxolisi Mlatha  
Director: Policy and Planning

29 FEBRUARY 2016

Date

  
Mr. Daniel Gaborone  
Chief Finance Officer

29 FEBRUARY 2016

Date

  
Ms. Gugulethu Matlaopane  
Head of Department

29 FEBRUARY 2016

Date

  
Mr. Ntsikelelo MacCollen Jack  
Executive Authority

29 FEBRUARY 2016

Date

# ANNUAL PERFORMANCE PLAN

## 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)

# ANNUAL PERFORMANCE PLAN

## 4.4. STRATEGIC GOALS

### 4.4.1. 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

### 4.4.2. 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



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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 risks

**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;	<ul style="list-style-type: none"> <li>End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</li> </ul>
Maternal, infant and child mortality reduced	<ul style="list-style-type: none"> <li>Reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</li> <li>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</li> </ul>
Prevalence of Non-Communicable Diseases reduced	<ul style="list-style-type: none"> <li>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</li> <li>Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</li> </ul>
Injury, accidents and violence reduced by 50% from 2010 levels	<ul style="list-style-type: none"> <li>By 2020, halve the number of global deaths and injuries from road traffic accidents</li> </ul>
Health systems reforms completed	<ul style="list-style-type: none"> <li>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</li> </ul>

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NDP Goals 2030	SDG Goals 2030
Primary health care teams deployed to provide care to families and communities	<ul style="list-style-type: none"> <li>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</li> </ul>
Universal health coverage achieved	<ul style="list-style-type: none"> <li>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</li> </ul>
Posts filled with skilled, committed and competent individuals	<ul style="list-style-type: none"> <li>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</li> </ul>

**Table A2: Strategic Goals and Strategic Objectives**

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
<b>1. Universal health coverage achieved through implementation of National Health Insurance</b>	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
<b>2. Improved quality of health care</b>	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
	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
<b>3. Implement the re-engineering of Primary Health Care</b>	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
	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

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Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
<b>4. Reduced health care costs</b>	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General
<b>5. Improved human resources for health</b>	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
<b>6. Improved health management and leadership</b>	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
<b>7. Improved health facility planning and infrastructure delivery</b>	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
<b>8. HIV &amp; AIDS and Tuberculosis prevented and successfully managed</b>	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
<b>9. Maternal, infant and child mortality reduced</b>	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
<b>10. Efficient health management information system developed and implemented for improved decision making</b>	To develop a complete departmental integrated patient based information system	A web based information system for the department

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

Impact Indicator	Baseline (2009 <sup>1</sup> )	Baseline (2012 <sup>2</sup> )	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province)
Life expectancy at birth: Total	57.1 years	61.3 years (increase of 3.5years)	63 years by March 2019 (increase of 3 years)	60 years	60 years
Life expectancy at birth: Male	54.6 years	58.5 years (increase of 3.2 years)	60.2 years by March 2019 (increase of 3 years)	58 years	58 years
Life expectancy at birth: Female	59.7 years	64.0 years (increase of 3.8years)	65.8 years by March 2019 (increase of 3years)	60 years	60 years
Under-5 Mortality Rate (U5MR)	56 per 1000 live-births	41 per 1000 live-births (25% decrease)	23 per 1000 live-birthsby March 2019 (20% decrease)	5.2 per 1000 live-births	4.5 per 1000 live-births

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Neonatal Mortality Rate ( <b>NMR</b> )	-	11 per 1000 live births	6 per 1000 live births	14.8 per 1000 live-births	12 per 1000 live-births
Infant Mortality Rate ( <b>IMR</b> )	39 per 1000 live-births	27 per 1000 live-births (25% decrease)	18 per 1000 live births	9.9 per 1000 live-births	7.3 per 1000 live-births

Source: Medical Research Council (2015): Rapid Mortality Surveillance Report 2014

## 4.5. SITUATIONAL ANALYSIS

### 4.5.1 DEMOGRAPHIC PROFILE

The Northern Cape is South Africa's largest province and distances between towns are enormous due to its sparse population. According to the Mid-Year Population Estimates, 2015 (Statistics SA) the province had a population of approximately 1,19 million people, and it remained the province with the smallest share of the South African population. Despite the increase in population size between 2013 and 2014 in all provinces, Northern Cape registered the smallest growth rate (2.2 %) and the population was mostly youthful.

#### **The land and its people**

The province has a total area of 372 889 square kilometres, which takes up 30.5 % of the South Africa's land area. About 53.8 % of the population are first-language Afrikaans speakers, other primary languages being Setswana (33.1 %), Xhosa (5.3 %) and English (3.4 %)(Census 2011). Northern Cape is also the home of the Khoisan, who are the descendants of two peoples – the San hunter-gatherers and the Khoikhoi. They reside in the Kalahari area which is rich in San rock engravings which can be seen at the McGregor Museum in Kimberley.

It is mostly an arid to semi-arid province, with few areas receiving more than 400 mm (16 inch) of rainfall per annum and the average annual rainfall over the province is 202 mm (8.0 inch). The weather conditions are extremely cold in winter, with extremely high temperatures in summer. The Nama Karoo is a large landlocked region in the province, making up 25% of the land surface of South Africa. Furthermore, the province has a wealth of national parks and conservation areas. The Kgalagadi Transfrontier Park, Africa's first cross-border game park, joins South Africa's Kalahari Gemsbok National Park to the Gemsbok National Park in Botswana. It is one of the largest conservation areas in southern Africa, and one of the largest remaining protected natural ecosystems in the world.

#### **Industry**

The Northern Cape is rich in minerals, with the country's major diamond pipes found in Kimberley. The province accounts for 7% of global diamond exports, 13% of all zinc and lead exports, and more than 25% of the world's manganese exports.

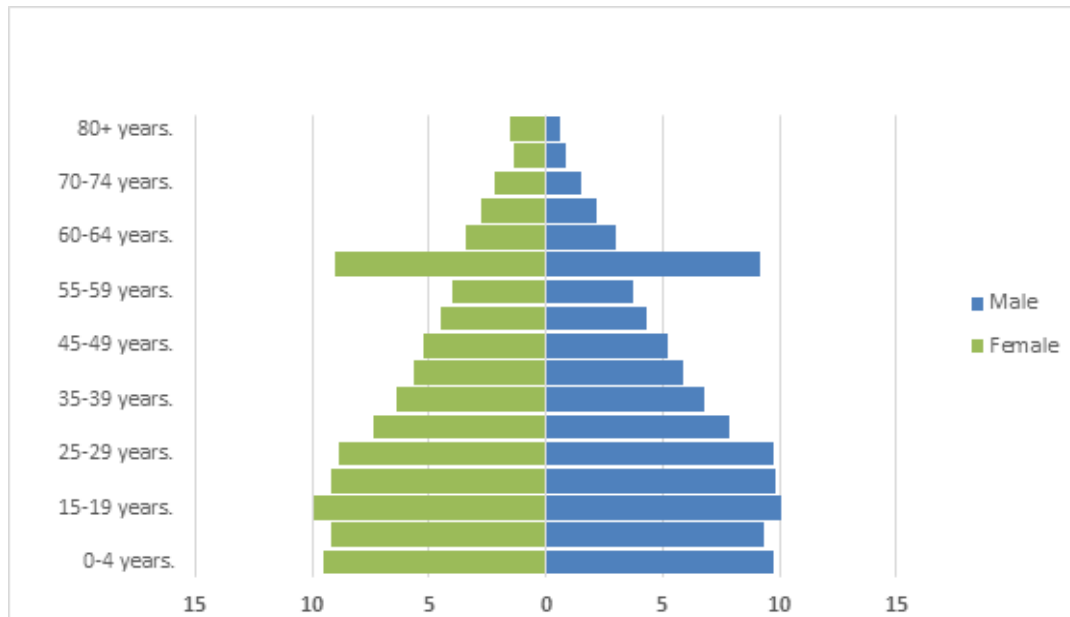
#### **Agriculture**

The Northern Cape produces some of the highest-quality agricultural products in South Africa. Produce ranges from grapes, lucerne, cotton, wheat, corn, carrots, potatoes, ground nuts and soya beans. The province is fast becoming a significant exporter of table grapes, raisins and meat. The establishment of fruit and vegetable processing operations would add value to the province's agricultural products.

Furthermore, growth in agriculture-related industries would also create a market for related businesses such as fibre sack and cardboard carton manufacturing. The province is also a large producer of sheep and goats, with specialist products such as ostrich meat on the rise.

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

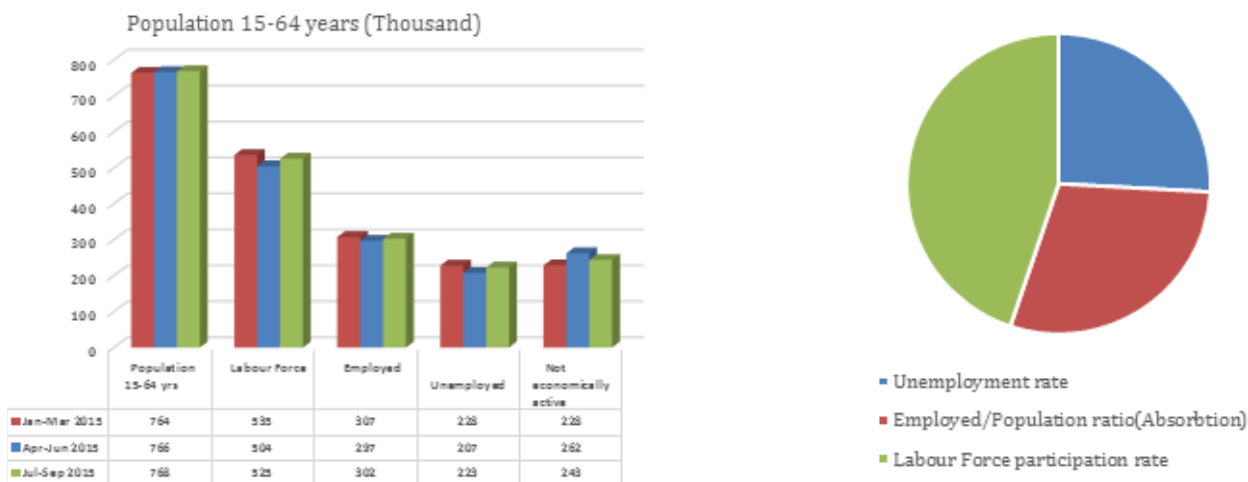


Source: Mid-Year Population Estimates, 2015 (Statistics SA) Due to rounding numbers do not necessarily add up to totals.

The figure above clearly illustrates that the highest population size was in the age cohorts 15-19 and the lowest was in the age cohort 75- 80+ years . It is evident that there were more females (594 577) as compared to males (591 052) in the province in 2015. Thus, focus should be more on younger generations and the female population on the provision of health care services.

## 4.5.2 SOCIO-ECONOMIC PROFILE

**Figure 2: Labour force characteristics (15-64 years), Q3-2015**

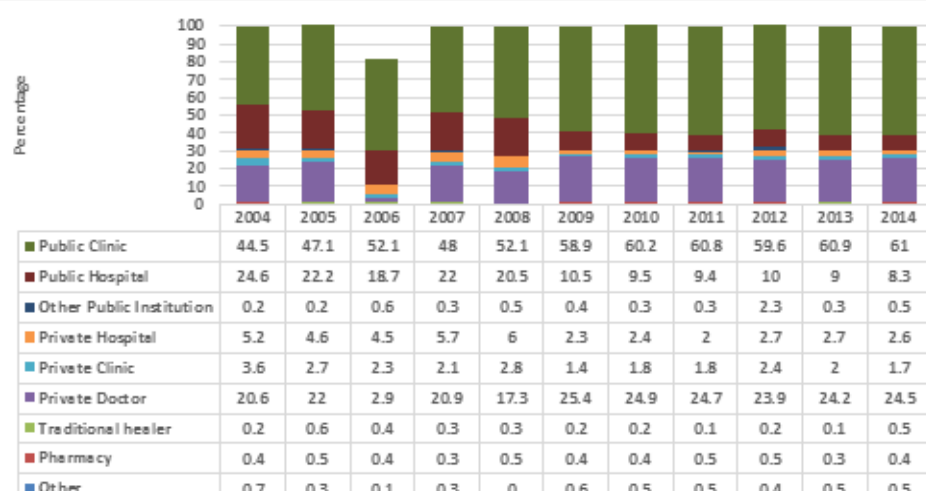


Source: Quarterly Labour Force Survey – Quarter 3 (2015) (Statistics SA)

The results for quarter 3-2015 show that the number of employed people in the Province has increased by 5000 from the 297 000 recorded in quarter 2-2015. For the year ended September 2015, the unemployment rate also increased by 2.1 percent. Consequently about 34.8% (223 000 people) of the population is unemployed. The implication thereof is that our public health services should be geared towards the unemployed and the youth population.

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**Figure 3: Percentage distribution of the type of health-care facility consulted first by the households when members fall ill or get injured, 2004-2014**



Source: General Household Survey, 2014 (Statistics SA)

The figure above indicates that, approximately 69.9% of households indicated that they would first visit public clinics and hospitals, whilst 28.9% of households said that they would first consult a private doctor, or private clinic or hospital with the rest first consulting traditional healers. The variances shows that the department needs to capacitate primary health care facilities in order to respond to the volumes of people accessing the public clinics and hospitals in the province. This statistic is also constant with the percentage of uninsured population in the Northern Cape which is currently standing at 946 131.

## 4.5.3 EPIDEMIOLOGICAL PROFILE / BURDEN OF DISEASE

### Mortality and Causes of death

**Table A4: Ten leading underlying natural causes of death**

Causes of death	Number	%
Human Immunodeficiency Virus [HIV] disease	1 188	8.5
Tuberculosis	1 046	7.4
Cerebrovascular Diseases	721	5.1
Hypertensive diseases	698	5.0
Influenza and pneumonia	630	4.5
Chronic lower respiratory diseases	595	4.2
Diabetes mellitus	582	4.1
Ischaemic heart diseases	490	3.5
Other forms of heart diseases	453	3.2
Intestinal infectious diseases	422	3.0
Other natural causes	5 669	40.3
Non-natural causes	1 562	11.1
Total	14 056	100

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

In the 2014 Report on Causes of Death by Statistics South Africa, Tuberculosis and Cerebrovascular diseases were the leading causes of death in the country with 37 878 and 23 088 deaths, respectively. The data on causes of mortality was based on registered deaths as captured by the Department of Home Affairs.



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In the Province, HIV accounts for the highest proportion of deaths registered and Northern Cape was the only Province where HIV was the leading cause of mortality in the country. This has a serious implication in terms of resources and therefore planning for these diseases profile should be intensified.

**Figure 4: Provincial Average Life Expectancy at Birth, 2001-2006, 2006-2011 and 2011-2016**

## Males



## Females



Source: Mid-year population estimates, 2015(Statistics SA)

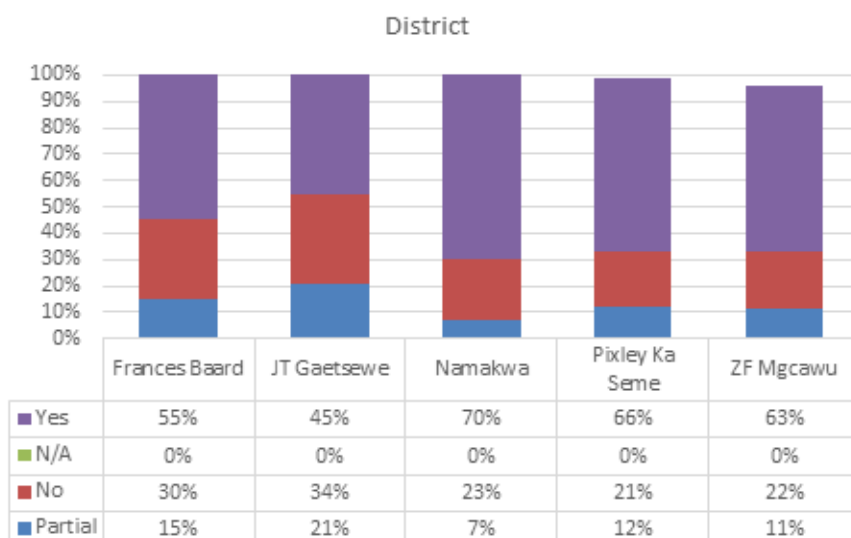
According to the Mid-year population estimates 2015, the average provincial life expectancy at birth has increased for both males and females in the Northern Cape. This will further increase to 57.9 years and 57.8 years for males and females respectively for the period 2011-2016 which is measured against the National Development Plan target of 70 years for the country. 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.

## Ideal Clinic Realization and Maintenance

In the Province, thirty- one fixed Primary Health Care facilities were identified to be Ideal within the 2015/16 financial year and the rest of the fixed Primary Health Care facilities will be spread over the next two years (2016/17 and 2017/18).

Baseline assessments have been conducted in all fixed primary health care facilities. Thirty –one of these fixed facilities went through a peer review process during february 2016, where a team from another province did the reviews. Challenges are still experienced to get facilities to Ideal status; however district and Provincial teams are assisting facilities to address the issues lacking and get them to Ideal clinic status.

**Figure 5 : Current Status of facilities assessed through interprovincial peer reviews (February 2016)**

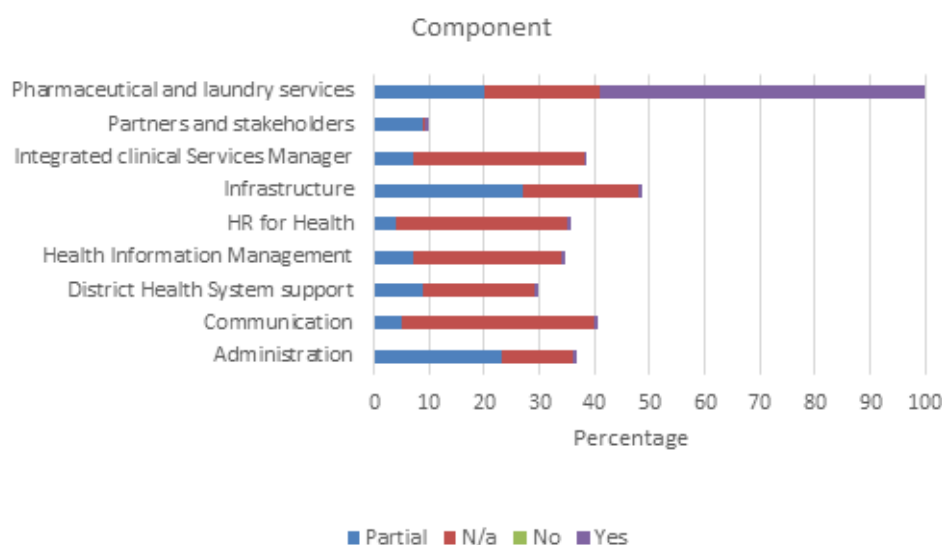


Source: Northern Cape Department of Health Ideal Clinic Dashboard, 2016



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Figure 6: Scores per component during the interprovincial peer reviews (February 2016)



Source: Northern Cape Department of Health Ideal Clinic Dashboard, 2016

## Maternal and Child Mortality

Northern Cape is committed to reduce morbidity and mortality amongst mothers and children. This commitment is reflected in the Ministerial Negotiated Service Delivery Agreement. In an effort to reduce maternal and child morbidity and mortality District Clinical Specialist Teams are expected:

- To strengthen the clinical governance of maternal child and neonatal services at all levels;
- To mentor doctors and nurses working in district facilities to improve clinical outcomes;
- To ensure that the correct treatment guidelines and protocols are adhered to and
- Essential equipment is available and properly used

There has been a steady decline in maternal deaths over the past years from 167/100 000 live births (2011/12) to 124/100 000 live births (2014/15). This is mainly due, to a decrease in deaths from non-pregnancy related infections, and there are indications that there will be a further decrease in deaths related to HIV as the underlying cause. The decrease in these HIV-related deaths is mainly due to increasing numbers of women accepting the offer of HIV testing and treatment.

The conditions that contribute to neonatal deaths are mainly prematurity, asphyxia and infections. In support of the neonatal survival strategy, the National Department of Health has developed a national plan called “HAPPI-NeSS road map for healthy babies in South Africa”, to operationalize recommendations from the National Perinatal Morbidity and Mortality Committee.

The Help Babies Breathe (HBB) which is an evidence based program to teach neonatal resuscitation techniques in resource limited areas is implemented throughout the province. Provincial and district MNCWH&N programmes are continuously reviewing data and supporting facilities in order to improve maternal and child care outcomes.

The promotion and protection of breastfeeding is one of the proven cost effective nutrition intervention strategies to combat malnutrition. And all maternity wards in facilities are supporting the Mother and Baby Friendly Initiative (MBFI). The initiative focuses on the first 1 000 days, being from conception until 24 months, where the biggest impact can be made.

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The common causes contributing to the high under 5 child mortality rates in the province are diarrhoea (3.4 % 2014/15), pneumonia (2.9 % 2014/15) and malnutrition (10.9 % 2014/15) with HIV and AIDS as an underlying factor. Integrated Management of Childhood Illnesses (IMCI) remains the priority programme for children at PHC level, identification and management of children who are nutritionally compromised must be improved by implementing the WHO ten steps for the inpatient management of severe malnutrition.

Early Childhood Centre Personnel and the Ward Based Outreach Teams are also being trained in Community IMCI to strengthen positive household practises.

## **Maternal and Child Healthcare Programme Effectiveness Evaluation (MCHPE): John Taolo Gaetsewe (JTG) District**

In 2014/15 financial year the Northern Cape Provincial Department of Health together with stakeholders conducted a cross-sectional study on “**Maternal and child Health Programme Effectiveness Evaluation**” in JTG district. The overall aim of the study was to identify the root causes of challenges in achieving low maternal mortality ratios despite the efforts exerted by government in implementing priority maternal and child health programme interventions.

It was established from the study that Maternal and child health outcomes are influenced by a multitude of factors which include individual, supply side, socioeconomic and physical. In JTG district, the fluctuation in facility Maternal Mortality Rate (MMR) is a concern. The result from the study for the period 01 January 2014 to 30 September 2014, indicated that MMR had 123.18 per 100,000 live births. Furthermore, in facility maternal mortality rate previously reported a decline of 93.2 per 100,000 live births for 2013/14 financial year, however adherence to the standards and good clinical practices based on the PHC Reengineering approach are still a challenge.

The recommendations from the study highlighted areas where the department needs to put in efforts to improve the maternal and child health outcomes in the district. The study recommended:

1. **Pro-poor resource allocation.** Government health resource allocation and expenditure should significantly be pro-poor
2. **Evidence based practice.** To bring the desired health improvement, planning must be evidence based
3. **Collaboration.** More integration and collaborative work between health facilities and communities
4. **Maternal and child health.** Government policies, guidelines and recommendations on maternal and child health should be implemented effectively
5. **Disparities in access to good quality health care.** There should be an effort to promote equity in maternal and child health services
6. **Increasing health facilities.**
7. **Transport and quality of services for attending Antenatal Care (ANC).**
8. **Effective collaboration with other sectors:**
9. **Early ANC.**
10. **Effort should be made to reduce teenage pregnancies.**
11. **Health data management and reporting systems.**
12. **Evidence-based resources allocation.**
13. **Integration and referral systems.**
14. **MCH Coordinator Appointment.**
15. **Human Resources for Health.**
16. **Improving WBOT working conditions.**
17. **Improvement in the health system building block.**

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## Prevention of Mother to Child Transmission (PMTCT)

The main aim of the programme is to prevent transmission of HIV to unborn babies during pregnancy, labour and delivery, and post-delivery by providing to all pregnant and breastfeeding women HIV counselling and testing. If mothers test HIV positive they are initiated on treatment immediately, counselled on treatment adherence, healthy living lifestyle, and prophylaxis given to HIV exposed infants which will result in fewer babies being born with HIV. The Minister of Health Dr Aaron Motsoaledi announced the revised PMTCT guideline for implementation of option B+ with effect from 1<sup>st</sup> of January 2015. All HIV positive pregnant women and breastfeeding mothers will be initiated on ARVs irrespective of their CD4 count, retesting of all patients who initially tested negative, babies testing for PCR at birth, 10 weeks and at 18 weeks (babies given Nevirapine for 12 weeks). The rate of mother to child transmission of HIV (MTCT) in the Province continues to decrease from 3.0 (2013/14) to 2.1 (2014/15).

## Integrated School Health Program

The programme aims to build on and strengthen the existing school health services. 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 are also expected to visit schools on a regular basis. In addition dietitians and allied health workers have started to visit the schools. School health trucks are also being utilized for health promotion activities in the community.

## HPV Campaign

The HPV Campaign has been progressing well despite numerous challenges especially related to Data management. The first round of the 2014 Campaign saw 80% of 6331 girls Vaccinated and the first round of the 2015 Campaign saw 8153 Girls Vaccinated against the Human Papilloma 16 and 18 Cervical Cancer Causing viruses. The vaccination will ensure that the girls are adequately protected against Cervical Cancer in their lifetime.

The data management challenges experienced during the HPV Campaign has seen the National Department of Health introduce the use of electronic gadgets (Tablets) through the National HPV Grant. This will greatly improve data management and the achievement of targets for the Campaign.

The first round of the 2016 Campaign will also see all children in Grades 1 to 7 in Quintile 1 to 3 schools receive deworming syrup which will go a long way in curbing Malnutrition in children.

## HIV Epidemiology

The provincial HIV prevalence among women presenting for first antenatal care visits continued to remain stable around 17% (National Antenatal Sentinel HIV Prevalence Survey, SA, 2013). In almost a decade (2004 – 2013), there were no statistical differences recorded on the HIV prevalence in the province.

However, a notable decrease was shown in Frances Baard from 25.2% in 2009 to 18.2% in 2013. The report showed a worrying observation with significant increase in ZF Mgawu by 7.7% and JT Gaetsewe recording an increase of 6% within the same period (2009 and 2013). The changes in HIV prevalence are shown in figure 7 below.

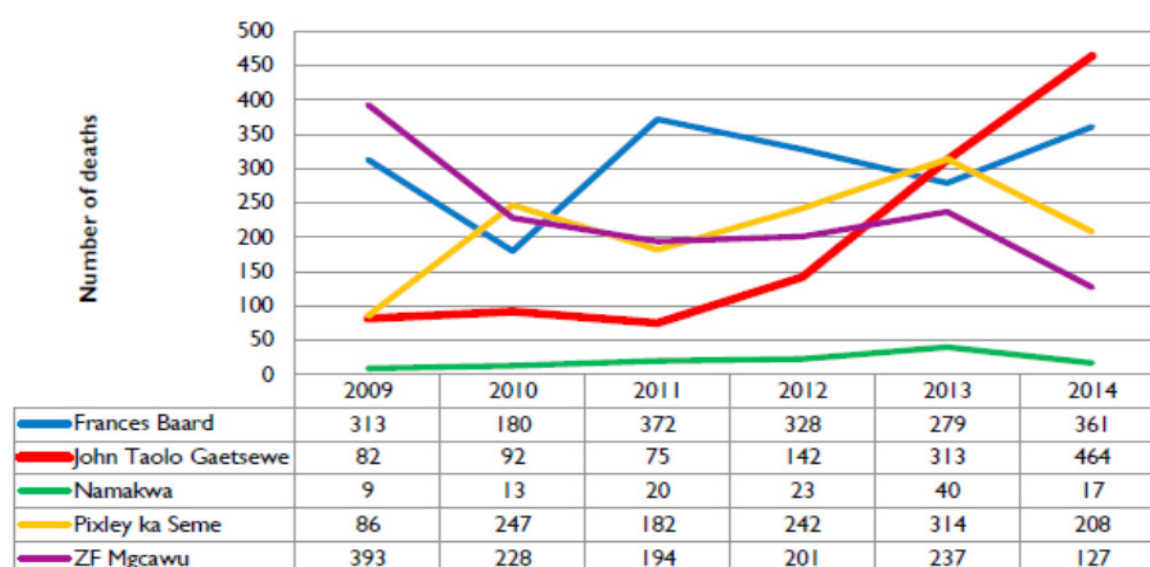
# ANNUAL PERFORMANCE PLAN

**Figure 7: Change in HIV prevalence by district in 2009 and 2013, Northern Cape**

	2009			2013			% Change in PREV
	%HIV+	95% (CI)	N	%HIV+	95% (CI)	N	
F. Baard	25.2	20.1 - 31.1	385	18.2	14.7 - 22.3	396	-7.0
J.T. Gaetsewe	17.2	12.3 - 23.6	157	23.2	17.0 - 30.8	181	6.0
Namaqua	0.0	0.0 - 7.1	68	2.3	0.5 - 9.1	88	2.3
Pixley Ka Seme	12.1	7.2 - 19.7	206	15.1	9.4 - 23.4	251	3.0
ZF Ngcawu	12.4	8.9 - 17.0	186	20.1	14.3 - 27.5	224	7.7
<b>Northern Cape</b>	<b>17.2</b>	<b>14.3 - 20.4</b>	<b>1002</b>	<b>17.5</b>	<b>14.9 - 20.4</b>	<b>1140</b>	<b>0.3</b>

Source: 2013 National Antenatal Sentinel HIV Prevalence Survey, SA

**Figure 8: Number of deaths due to HIV in the Northern Cape by district municipality, 2009-2014**



Source: Northern Cape Fact Sheet –Quarter 3 (2015) (Statistics SA)

The figure above indicates that in the Province the two districts with the highest recorded deaths due to the HIV disease are John Taolo Gaetsewe and Francis Baard, with a total of 464 and 361 deaths recorded in 2014. This is in accordance with what was reported under HIV Epidemiology, where it was stated that John Taolo Gaetsewe and Francis Baard have the highest HIV prevalence rate.

In consequence more emphasis should be on strengthening client care and management in these two districts to improve the quality of life amongst people living with HIV & AIDS.

## HIV Counselling and Testing (HCT)

HCT has been integrated into Non – Governmental Organizations (NGOs) services by ensuring specific targets are set for lay counsellors placed in facilities. This also included HCT taking a community based approach with regular door – to – door campaigns conducted at household level and increasing access in hard – to – reach areas such as farms, informal settlements, etc. The effect community based approach through HCT revitalisation campaigns had was evident in 2014/15 financial year where the HCT services improved greatly in access and quality. The number of people tested for HIV between 2013/14 and 2014/15 increased by 24% from 158 469 to 196 524.

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The Premier of the Northern Cape, together with members of the Legislature re-launched the HIV Counselling & Testing (HCT) Revitalisation campaign on the 21st November 2014 in Frances Baard and were followed by equally successful campaigns in all districts. This has again firmly put the HCT in the priority list as one of the important interventions to combat HIV & AIDS by mobilising communities through political will.

The Provider Initiated Counselling and Testing (PICT) was recommended as a strategy to be implemented in all health care facilities, as an entry point to prevention, care, support and treatment. Shortage of nurses at facilities continue to hamper the full implementation of PICT. This highlights the critical role of lay counsellors as the firm foundation upon which HCT rests in the Province.

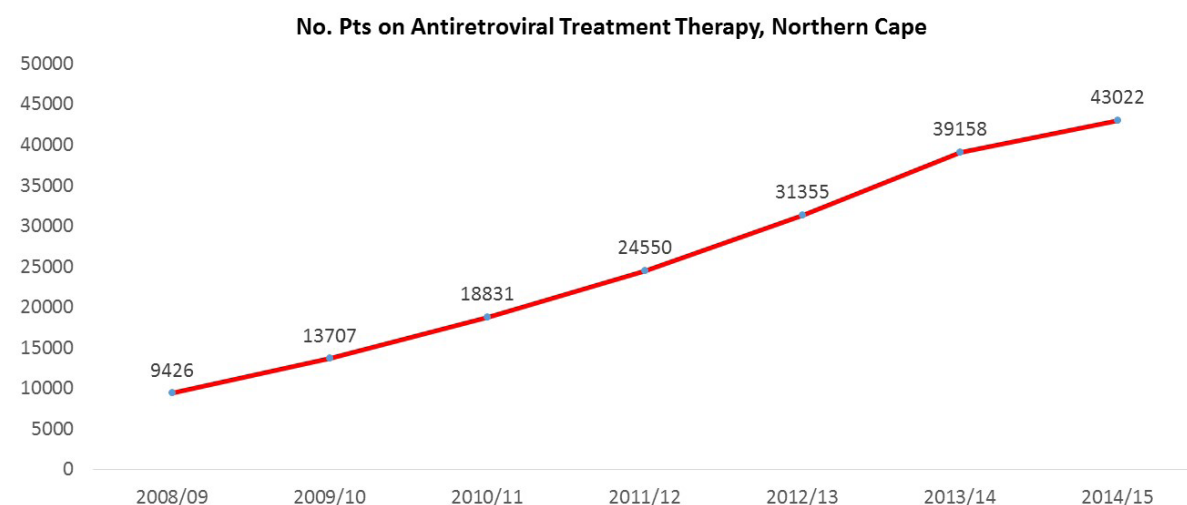
The Province has been successful in accomplishing its five – year target of the Provincial Strategic Plan on HIV, TB & STIs (2012 – 2016) before the end-term of the PSP. Between 2012/13 and 2014/15, a total of 710 401 people were tested for HIV against a 2016 target of 605 000.

## Antiretroviral Treatment (ART)

In January 2015, the National Department of Health implemented revised Guidelines for initiation of eligible HIV positive people into Antiretroviral Treatment Therapy (ART). The changes are specific to pregnant/breastfeeding women who should be immediately initiated on ART regardless of CD4 cell count. The Province has also implemented these guidelines in all facilities, however, the uptake has been slow with monthly ART initiation averages picking up slightly between February and March 2015. Facilities have been requested to identify qualifying patients who need to be followed up for treatment initiation.

The number of registered ART patients in the Province, increased from 39 158 at the end of the financial year 2013/14 to 43 022 by the end of the 2014/15 financial year and to date (end of September 2015) the total number of clients remaining on the ART programme is 45 172. This represents a 9.9% year-on-year increase which is very low compared to the 20% increase between 2012/13 and 2013/14. This can be attributed to the decrease in number of people tested HIV positive in 2014/15 ( $n = 12\,437$ ) compared to 17 741 in 2013/14 financial year. There was a low initiation rate in the Frances Baard district, which holds the largest burden of HIV infections in the Province. However, the impact of revised ART guidelines will be visible as more strategies were put into place to ensure successful implementation.

**Figure 9: Total clients remaining on Antiretroviral Treatment Program per financial year, Northern Cape 2008/09 - 2014/15**



Source: District Health Information System (DHIS), NC Department of Health, 2015

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The figure above reflects the total number of clients remaining on the Antiretroviral Treatment (ART) Programme at the end of each financial year (2008/09 – 2014/15). In comparison to the 9 426 clients reported in 2008/09, the total number of clients remaining on the ART programme has increased by 33 596 in line with the departmental goal of ensuring 80% of eligible HIV positive people receive treatment. The ascending trend over the years clearly show an improvement in the management of ART patients with most people living longer.

## Condom Distribution

The Northern Cape Province has been experiencing a challenge of under-supply of condoms, particularly male condoms as opposed to the planned targets resulting in low condom coverage. The vastness of the provincial geographic area has been cited as the main reason by condom suppliers thus resulting in fewer of them registering on the departmental Supply Chain Management (SCM) database.

In the 2014/15 financial year the HIV & AIDS unit identified sites at sub – district level for storage and supply of condoms to health facilities and other strategic points such as night clubs, NGOS. Additionally, a series of community awareness campaigns were held across the province to educate the community on the importance of condoms in reducing sexually transmitted infections including HIV.

Female condom demand has increased mainly due to new brands in circulation (Cupid and FC2) which resulted in the target being exceeded. In the past five years (2012/13 – 2014/15), the province distributed a total of 27.8 million male condoms towards the 30 million PSP target of 2016/17.

In order to improve condom distribution, all five districts have developed condom distribution plans. These plans include targeted interventions e.g. procurement of transport services to address lack of transportation; appointment of dedicated district condom logistic officers to improve demand and ensure effective stock management.

## Voluntary Medical Male Circumcision (VMMC)

South Africa has set an ambitious target of 4.3 million VMMCs by 2016 to achieve an impact on the HIV epidemic. Northern Cape (20.3%) and Kwa – Zulu Natal (23.2%) had the lowest proportion of circumcision (HSRC HIV Survey, 2012).

The introduction of Medical Male Circumcision in the Province started at a slow pace, attributable to gross shortages of medical doctors in the public health sector and inadequate demand creation strategies. Furthermore, the low acceptance levels by the community in the early phases of the programme, particularly amongst the coloured community which constitute the second highest race group in the province, was also a contributing factor (Thaele D., 2012). This was compounded by the lack of trained medical staff and shortage of clinical equipment. Between 2010 and March 2015, a total of 25 938 males (15 years and older) were medically circumcised against a target of more than 65 000 (in five year period). Despite the target not being met, the uptake has significantly improved compared to the 813 VMMC reported in 2010/11 and 9 944 in 2014/15.

## SOUTH AFRICA AND 90-90-90 TARGETS

The Minister of Health Dr. Aaron Motsoaledi officially launched the UNAIDS 90-90-90 targets for TB and HIV on World TB Day on the 24 March 2015.

The 90 90 90 targets of 2020 are:

- 90 % - all vulnerable people to be screened
- 90% - tested and found positive – to be put on treatment
- 90% - to be on treatment and cured





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The development of 90-90-90 targets encourages districts to revisit and revise existing targets, strategies and work-plans in order to ascertain:

1. What coverage of services for prevention, treatment, care and support has already been achieved?
2. Which affected populations are not being sufficiently reached?
3. What are the major obstacles to reaching these populations?
4. What are the strategies to overcome these obstacles?
5. What financial, technical and human resources are currently available?
6. How can budgets and programmes be adjusted to address these obstacles?
7. What process and outcome targets will help move the response forward and help measure success?
8. What additional resources will be required to move significantly towards the 90-90-90 targets by 2019/20?

## **Tuberculosis (TB)**

The Tuberculosis epidemic within the Northern Cape contributes the third highest incidence in South Africa. The Province has experienced an improvement in the performance of the TB Control programme in the 2015/16 financial year due to the merger with the HIV programme.

One of the goals of the Provincial Strategic Plan (PSP) for TB and HIV is to reduce new infections of HIV and TB by 50% in 2016. Presently there has been a significant decline in the TB incidence rate and TB death rate.

## **TB Infection Control**

Infection Control is an important aspect within the Control and Management of TB as it seeks to reduce the risk of transmitting the disease even amongst Health Care Workers. Infection Control in Inpatient care settings is somewhat a challenge, as the clinical management of TB patients requires that strict infection control precautions be adhered to in order to minimise the risk of transmission. Technical support was sought from the Council for Scientific Industrial Research (CSIR) to assist with Infection Control Risk Assessment at the Kimberley Hospital Complex, as a starting point with the intention of rolling out to other District hospitals.

## **TB Case Finding**

Intensified Case Finding (ICF) campaigns is one of the key strategies in improving TB Case Detection in realising targets as set out in the joint TB, HIV and STIs strategic plan (2012-2016) to fight the scourge of TB/HIV through community awareness programs.

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**Table A5: Northern Cape TB Incidence per 100 000 Population 2012 – 2014**

Northern Cape	2012		2013		2014	
	All TB cases	New sm+ve PTB cases	All TB cases	New sm+ve PTB cases	All TB cases	New sm+ve PTB cases
Frances Baard	2 510	1 001	2 223	1 286	2 268	520
ZF Mgcawu	2 199	723	2 173	588	2 099	485
Pixley ka Seme	1 871	713	1 327	981	1 988	1 003
JT Gaetsewe	1 539	854	1 275	764	1 488	740
Namaqua	632	333	670	496	677	263
Northern Cape	8 751	3 624 (41%)	7 668	4 115 (53.7%)	8 520	3 111 (37.6%)

Source: ETR.Net, Northern Cape Department of Health, 2014

In the last three years, the total number of people diagnosed with TB has remained stable throughout all districts. New infections also seem to be stabilising as evident in the table above at 37.6% of Total TB cases (2014). While a marked reduction in TB cases is observed, poor socio economic conditions (e.g. overcrowding, unemployment) continue to pose infection control risks as the poor living conditions predisposes people to the disease.

## Partnership with the Mines

As part of the strategy to intensify TB case finding and management, the Provincial Health Department has entered into partnership with the mines in order to strengthen the provision of TB, HIV and STI services.

The partnership has grown with nine (9) mines already having signed Memorandum of Understanding (MOUs) with the provincial department. Furthermore, a process is underway for additional mines to also sign these MOU's. To date seven mines viz. Khumani, Afrisam, Kolomela, Beeshoek, Black Rock and Petra Finch Diamond Mine are rendering TB, HIV and STI services and reporting to the province. Monthly meetings are being conducted to assess progress and support mines in this initiative.

The nine mines in partnership with the department are:

- Kolomela
- BHP Billiton
- Khumani
- Kumba iron ore
- Petra Finch diamond mine
- AfriSAM
- Blackrock
- Beeshoek
- Kgalagadi mine



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## Drug Resistant TB Drugs

Two Drug Resistant TB Drugs viz. Bedaquiline and Linezolid have been registered for use in the country for eligible patients. This will have a positive impact on case management and improving the outcomes due to the documented efficacy of these drugs. A total of seventy-four (74) patients against the target of 126 patients have been initiated on the drugs, post registration. The Province is planning to scale up the use of these drugs and have thus projected to initiate a total of 168 patients in the 2016/17 financial year.

## TB Screening Campaign

Traditionally, TB services have relied on passive, self - presentation of persons with TB symptoms to the health care facilities. The National Department of Health (NDoH) has thus embarked on strengthening community awareness programs including TB screening in health facilities and at household level. In response to this initiative, clients presenting at PHC facilities should be screened for TB. Additionally, the Northern Cape, has implemented mass TB screening campaigns in two districts namely viz. Frances Baard and ZF Mgcawu districts due to the high TB incidence rate in these districts. The activities of the campaign were as follows:

- Branding and Marketing of the campaign
- Advocacy activities
- Mass Media communications
- Community Mobilization.

All stakeholders, partners, ministers, NGO's, CBO's, ambassadors and leaders were part of this TB screening campaign.

## Overview of the performance of the Provincial Communicable Diseases Control

### Meningococcal Meningitis

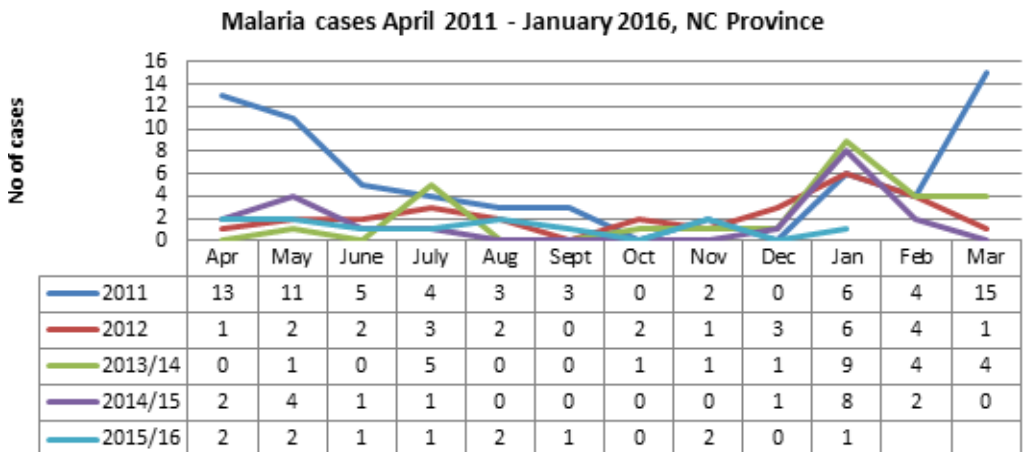
Meningococcal disease is a serious and even life-threatening disease and most of the cases are reported in winter and spring. The disease has a rapid progression and is managed as a medical emergency in order to reduce morbidity and mortality. The overall incidences of meningococcal disease are decreasing and in 2015/16 we noted a decrease in the case fatality rate (CFR from 100% to 0%) as one (1) case was reported for the 2015/16 financial year. The CFR represents the measure of the outcome 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.

### Malaria

Malaria in the Northern Cape is prevalent in a population with a travel history to Malaria endemic areas. Although the province is not endemic to local transmission it should be noted that at end of January 2016 12 malaria cases were reported with no deaths compared to 21 patients at the same period in 2015 with 2 deaths. All 12 cases were travel related. Communicable diseases often spread throughout districts, provinces and country borders.

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**Figure 10: Malaria cases in the Northern Cape**



Source: NCDoh Communicable Disease Control unit line lists: April 2011 – January 2016

## Endemic Conditions

The table below depicts priority conditions reported from the period April 2015 – January 2016. Diarrhoeal diseases rank as the highest condition (2184 cases) in the Northern Cape Province, the number of diarrhoea cases have decreased as compared to the same period 2014 - 15 which was 2916. Reason for the decrease is suspected to be the introduction of the Rotavirus vaccine in the childhood immunization schedule and the emphasis placed on the case definition of a diarrhoea case at facility level. The data presented serves as a risk indicator and early warning system as it reflects the extent and effectiveness of interventions such as health promotion, vaccination programs and outbreak prevention and control measures.

**Table A6: Number of endemic conditions April 2015 – January 2016 (Northern Cape)**

Condition	Cases	Deaths	CFR
Meningococcal Meningitis	1	0	0%
Food Poisoning	27	0	0%
Rubella	56	0	0%
Acute Flaccid Paralysis (AFP)	0	0	0%
Malaria	12	0	0%
Varicella	250	1	0%
Hepatitis	Hep A =21	0	0%
	Hep B = 0	0	0%
Nosocomial or Hospital Acquired Infections (HAI)	46	0	0%
Animal Bites	998	0	0%
Diarrheal disease	2184	1	0%

Source: NCDoh Communicable Disease Control Weekly reports of Surveillance data (April 2015 - Jan 2016)

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**Table A7: Population suffering from chronic health conditions as diagnosed by a medical practitioner or nurse, by sex**

Chronic health conditions		Thousands
Tuberculosis	Male	6
	Female	7
	<b>Total</b>	<b>12</b>
Heart attack / Myocardial infarction	Male	5
	Female	7
	<b>Total</b>	<b>12</b>
Stroke	Male	3
	Female	3
	<b>Total</b>	<b>6</b>
Asthma	Male	9
	Female	19
	<b>Total</b>	<b>28</b>
Diabetes	Male	11
	Female	22
	<b>Total</b>	<b>33</b>
Cancer	Male	4
	Female	2
	<b>Total</b>	<b>6</b>
HIV and AIDS	Male	10
	Female	15
	<b>Total</b>	<b>25</b>
Hypertension / High blood pressure	Male	49
	Female	85
	<b>Total</b>	<b>134</b>
Arthritis	Male	7
	Female	23
	<b>Total</b>	<b>30</b>
Other	Male	6
	Female	6
	<b>Total</b>	<b>13</b>
Total Population	Male	580
	Female	593
	<b>Total</b>	<b>1173</b>

Source: General Household Survey, 2014 (Statistics SA) Due to rounding numbers do not necessarily add up to totals.

Values based on three or less unweighted cases are considered too small to provide accurate estimates, and values are therefore replaced by asterisks.

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## Disabilities

**Table A8: Population aged 5 years and older that have some difficulty or unable to do basic activities, by province, 2014**

Degree of difficulty with which basic activities are carried out		Thousands
Seeing	Some difficulty	89
	A lot of difficulty	8
	Unable to do	3
	<b>Total</b>	<b>100</b>
Hearing	Some difficulty	20
	A lot of difficulty	5
	Unable to do	2
	<b>Total</b>	<b>27</b>
Walking	Some difficulty	18
	A lot of difficulty	7
	Unable to do	5
	<b>Total</b>	<b>30</b>
Remembering and concentrating	Some difficulty	21
	A lot of difficulty	8
	Unable to do	3
	<b>Total</b>	<b>32</b>
Self-Care	Some difficulty	29
	A lot of difficulty	12
	Unable to do	19
	<b>Total</b>	<b>60</b>
Communication	Some difficulty	3
	A lot of difficulty	2
	Unable to do	2
	<b>Total</b>	<b>7</b>
<b>Total aged 5 years and older</b>		<b>1058</b>

Source: General Household Survey, 2014 (Statistics SA) Due to rounding numbers do not necessarily add up to totals.

Totals exclude the 'don't know' and 'no difficulty' options as well as unspecified.

According to General Household Survey (2014), Northern Cape has the highest prevalence of disability in the country, with a prevalence of 7.5%. Furthermore, Table A7 and Table A8 above evidently confirms that provision needs to be made within the budget to accommodate the poorest of the poor to attain medication for their chronic illness and people living with disability to get assistive devices.

## Reviewed Strategic Plan 2015/16-2019/20

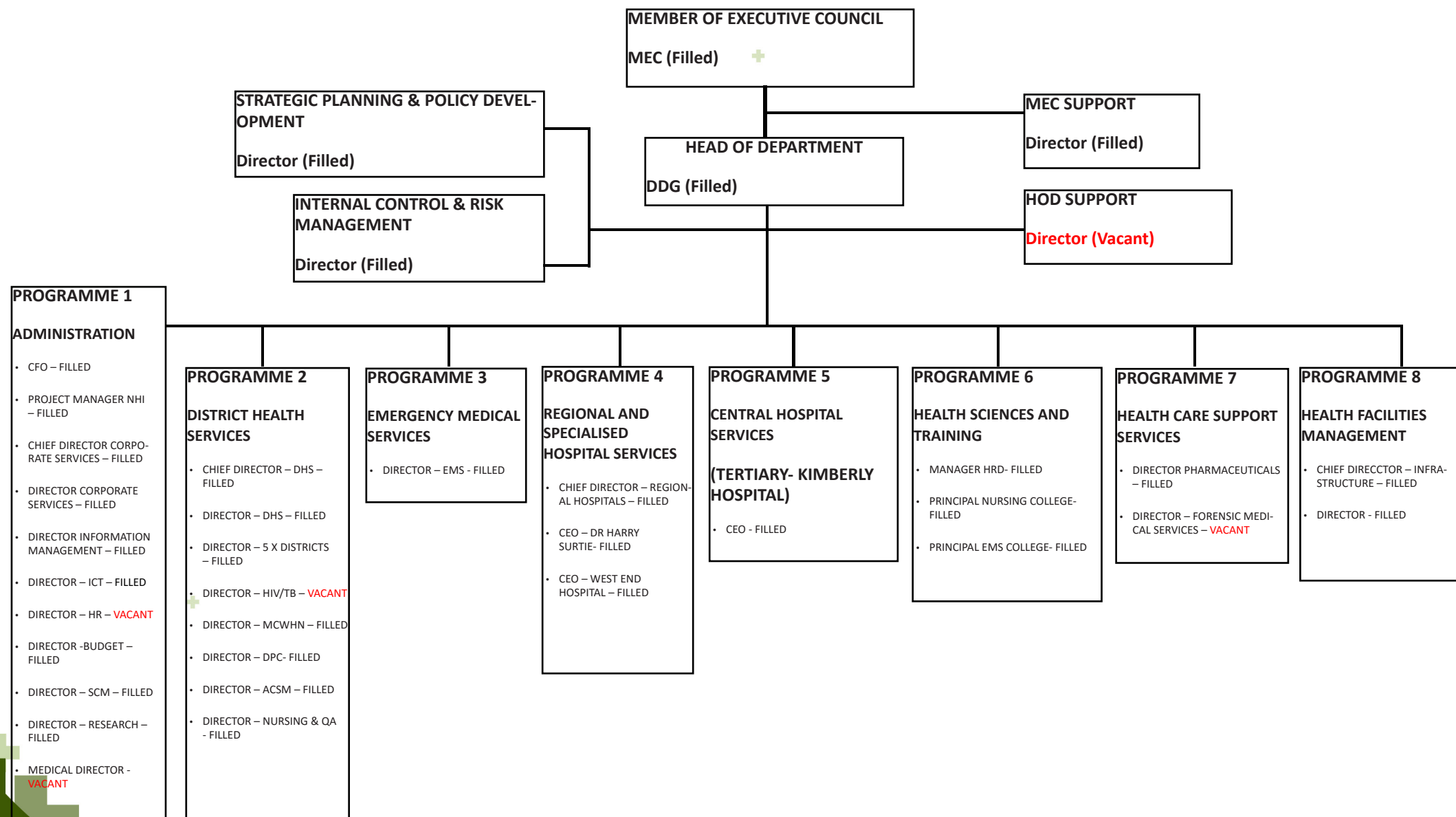
The Strategic Plan 2015/16-2019/20 was tabled at the Legislature in March 2015 and submitted to the Office of the Premier and National Department of Health. After the submission of the Strategic Plan, the department identified areas that needed improvement between the Strategic Plan 2015/16- 2019/20, Annual Performance Plan 2015/16 and Annual Performance Plan 2016/17.

Based on the above, the department has reviewed the Strategic Plan 2015/16-2019/20 and effected the necessary corrections. The reviewed strategic plan has been attached as an annexure in the APP (see page 166 –Annexure A)

# ANNUAL PERFORMANCE PLAN

## 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.

## **Programme 2: District Health Services**

Programme two (2) largely 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 person 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. The target of 35 operational ambulances is planned for 2016/17 financial year to reach the overall target. 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, both the centres are not fully equipped and plans are afoot to ensure full operation of the control centres in 2016/17 financial year.

### **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. This facility has been functioning for about a year as a regional Hospital, when it was opened; a decision was taken to introduce all required regional services on an incremental visage basis whilst up scaling the current services. The new facility has introduced some critical services that people had to long travel distances to access.

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 Plaatje Municipality where it is located it is all a referral facility for all clinics and CHS's after 16h00. This results in over flooding of patients and poses a great demands on the available personnel and capacity. 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. Recently the high care unit was introduced allowing for down referral in the facility from the ICU. 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.

As at February 2016, the total number of bursary provided by the department on both administrative and clinical training with the expenditure standing at R16 076 919.80. 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.

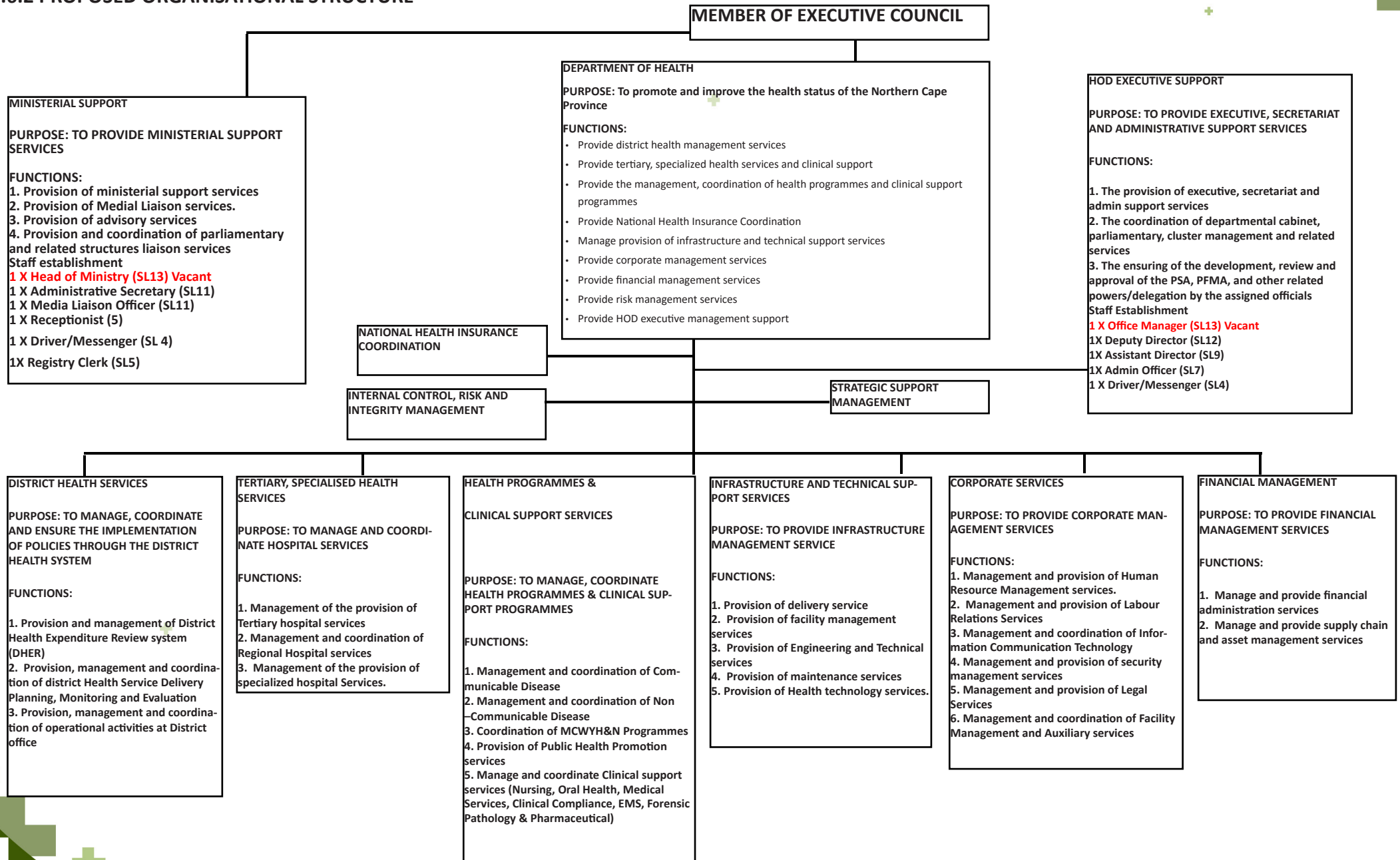
## **Programme 8: Health Facilities Management**

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 exacerbate 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.

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## 4.6.2 PROPOSED ORGANISATIONAL STRUCTURE



## 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. Presently the proposed structure is still to be submitted for consultation with EXCO. After provincial consultation is concluded, the proposed structure will be submitted to the Department of Public Service and Administration (DPSA) for the concurrence of the Minister of Public Service and Administration (MPSA).

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

The implementation will be done in phases due to financial constraints, however, clinical posts will be prioritised.

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**Table A9: Public Health Personnel in 2016/17**

Categories	Number employed	Percentage of total employed	Number per 100,000 people	Number per 100,000 uninsured people <sup>3</sup>	Vacancy rate	Percentage of total personnel budget	Annual cost per staff member
Medical officers	401	5.88	1 182 276	1 039 221	28.9	20,77	846 390
Medical specialists	34	0.53	1 182 276	1 039 221	39.3	27,97	1 139 958
Dentists	43	0.63	1 182 276	1 039 221	23.2	20,77	846 390
Dental specialists	1	0.01	1 182 276	1 039 221	0	27,97	1 139 958
Professional nurses	1358	19.90	1 182 276	1 039 221	22.4	7,23	294 861
Enrolled Nurses	214	3.14	1 182 276	1 039 221	19.25	4,53	184 581
Enrolled Nursing Auxiliaries <sup>3</sup>	272	3.99	1 182 276	1 039 221	33.33	3,5	142 737
Student nurses	232	3.40	1 182 276	1 039 221	17.4	N/A	N/A
Pharmacists	151	2.21	1 182 276	1 039 221	26	15,65	637 845
Physiotherapists	63	0.92	1 182 276	1 039 221	30	8,29	337 902
Occupational therapists <sup>3</sup>	66	0.97	1 182 276	1 039 221	24.1	8,29	337 902
Radiographers	106	1.55	1 182 276	1 039 221	19.1	8,29	337 902
Emergency medical staff	783	11.47	1 182 276	1 039 221	28	4,97	202 749
Nutritionists	1	0.01	1 182 276	1 039 221	0	8,29	337 902
Dieticians	55	0.80	1 182 276	1 039 221	32.1	8,29	337 902
Community Health Workers	0	0	1 182 276	1 039 221	0	N/A	N/A
All Other Personnel	3046	44.6	1 182 276	1 039 221	23.47	N/A	N/A
<b>Total</b>	<b>6824</b>	<b>100</b>	<b>20 098 692</b>	<b>17 666 757</b>	<b>24.1</b>		

Source: PERSAL and Vulindlela – August (2015)

Student nurses are not paid a salary therefore they do not occupy posts on the establishment

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## 4.7. 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 Of 1975)
2. Broad Based Black Economic Empowerment (Act 53 of 2003)
3. Child Care Act, 1983
4. Child Care Amendment (Act 96 of 1996)
5. Choice on Termination of Pregnancy (Act 92 of 1996)
6. Constitution of the Republic of South Africa (Act 106 of 1996)
7. Control of Access to Public Premise and Vehicles (Act 53 of 1985)
8. Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
9. Division of Revenue (Act 7 of 2007)
10. Electronic Communication and Transaction (Act 25 of 2002)
11. Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
12. Employment Equity (Act 55 of 1998)
13. Environment Conservation (Act 73 of 1989)

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14. Fire-arms Control (Act 60 of 2000)
15. Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
16. Hazardous Substances Control (Act 15 of 1973)
17. Health Professions (Act 56 of 1974)
18. Higher Education (Act 101 of 1997)
19. Income Tax Act, 1962
20. Inquest (Act 58 of 1959)
21. Intimidation (Act 72 of 1982)
22. Labour Relations (Act 66 of 1995)
23. Maternal Death (Act 63 of 1977)
24. Medicine and Related Substance Control (Act 101 of 1965)
25. Mental Health Care (Act 17 of 2002)
26. National Building Regulations and Building Standards (Act 103 of 1997)
27. National Environmental Management (Act 107 of 1998)
28. National Health (Act 63 of 1977)
29. National Health (Act 61 of 2003)
30. National Youth Commission Amendment (Act 19 of 2001)
31. Nursing (Act 50 of 1978 and Related Regulations)
32. Nursing (Act 33 of 2005)
33. Occupational Health and Safety (Act 85 of 1993)
34. Preferential Procurement Policy Framework (Act 5 of 2000)
35. Prevention and Combating of Corrupt Activities (Act 12 of 2004)
36. Prevention and Treatment of Drug Dependency (Act 20 of 1992)
37. Promotion of Access to Information (Act 2 of 2000)
38. Promotion of Administrative Justice (Act 3 of 2000)
39. Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)
40. Protected Disclosures (Act 26 of 2000)
41. Protection of Information (Act 84 of 1982)
42. Public Finance Management (Act 1 of 1999 and Treasury Regulations)
43. Public Service (Act 103 of 1994 and regulations)
44. South African Qualifications Authority (Act 58 of 1995)
45. Sexual Offences (Act 32 of 2007)
46. Skills Development (Act 97 of 1998)
47. South African Schools Act, 1996
48. State Information Technology (Act 88 of 1998)
49. Sterilization (Act 44 of 2005)
50. The International Health Regulations (Act 28 of 1974)
51. Tobacco Control Amendment (Act 23 of 2007)
52. The National Health, Promotion Policy & Strategy (2015-2019)

## 4.8. OVERVIEW OF THE 2016/17 BUDGET AND MTEF ESTIMATES

### 4.8.1 MTEF baseline preliminary allocations for the period 2016/2017 to 2018/19 are:

Financial year 2016/17:	R4 197 505 000
Financial year 2017/18:	R4 320 229 000
Financial year 2018/19:	R4 601 243 000

### Key Assumptions

The following broad, key assumptions were made while preparing the budget of the Department of Health, for the 2016 MTEF:

- The assumptions for the provision of salary increases in the baseline for the 3 years of the MTEF cycle commencing in 2016/17 are 7.2 percent, 6.8 percent for 2017/18 and 6.8 percent for 2018/19. The 2015 wage settlement agreement was higher than what was budgeted for and additional funds have been allocated to the province to compensate for this shortfall. However, with the current prevailing fiscal constraints, it was impossible for national government to fully cover the shortfall in the current financial year and over the 2016 Medium Term Expenditure Framework.
- The assumption for the general Consumer Price Index (CPIX) used for the current budget of the Department is 6.2 percent in 2016/17, 5.8 percent in 2017/18 and 5.8 percent in 2018/19.
- Additional funding allocated to assist in the appointment of 162 administrative support officials in all clinics and community health centres in the province, this is to improve the general administration in our health facilities.
- The R15.9 million over the MTEF in respect of the Human Papillomavirus (HPV) Vaccine Grant has been shifted as this priority will now be implemented at a national level. This will result into reduction on the budget baseline.

## 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 2014-2019. The department will flag key achievements and plans to ensure that the outcomes as reflected in the MTSF 2014-2019 are realised.

Universal health coverage achieved through implementation of National Health Insurance

There is a functional NHI consultative forum at Pixley Ka Seme Pilot District. White Paper on NHI has been published by the Minister and the Department is currently reviewing the implementation of NHI in the Pilot District.

Full Implementation of NHI in line with the White Paper and roll out of the interventions from the Pilot Site to other Districts

### Improved quality of health care

There is a great improvement on the performance of Emergency Medical Services. Despite an improvement, there is still a problem of implementing two men crew system due to shortage of personnel.

The Department will further improve performance through the replacement of fleet with mileage exceeding 250 000 kilometres. Implement the re-engineering of primary health care

The Clinical District Specialist teams appointed in all district, however, the teams are not fully fledged. An improved performance on the clients screened for hypertension and Malaria fatality rate remains zero (0) in the province.

The province completed, costed and submitted the scale plan for the ideal clinic strategy. The Provincial Ideal Clinic Delivery Unit is established and the strategy is currently rolled out to sub-districts. Sixty one facilities (61) have been identified as ideal clinics and condition assessment has been conducted.



## **Reduction on health care costs**

The department implemented cost containment measures to ensure that the spending focus on the core services in line with the Ministerial Non-negotiable items and National Core Standards. The department further introduced other extraordinary interventions and strategic budget reforms.

The impact will be assessed and monitored regularly.

## **Improved human resource for health**

Two Hundred and fifty (250) nursing students for four (4) year nursing course and twenty (20) Auxiliary nurse were enrolled at the Nursing College. Fifteen (15) managers are accessing the management development skills. Thirty (30) new students recruited on the Cuban Programme. Tshwaragano Hospital in John Taolo Gaetsewe district has been accredited as a satellite nursing college. The RSA-Cuba trained student graduated with a degree in medicine and surgery.

## **Improved health management and leadership**

The department has reviewed the alignment of its strategic plan, operational plan and financial resources. This process will assist to ensure relevance of certain key performance indicators and inform reprioritisation of the budget.

## **Improved health facility planning and infrastructure delivery**

Construction at De Aar Hospital has improved from 85% to 94% whilst the Mental Health Hospital is standing at 88% completion. The projects will be finalised and handed over in the 2016/17 financial year.

The Department of health has initiated service level agreements with the infrastructure implementing agents to enforce adherence to the contracts and consequences for non-compliance.

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 48 207 to 52 484. A total number of twenty-five (25) health professionals trained on the medical male circumcision package. The department improved on antenatal clients that are initiated on antiretroviral treatment (ART).

## **Maternal, infant and child mortality reduced**

There is a gradual improvement on couple year protection rate and an increase on maternal deaths reported which is a concern. The recommendations for the evaluation on maternal and child health should be implemented. The department is not performing well in Integrated School Health Programme due to shortage of health professionals, thus there is a need to strengthen the retention strategy for health professionals.

## **Efficient health management information system and implemented for improved decision making**

Thirteen (13) out of fourteen (14) hospitals are connected to the SITA network. Information, Communication Technology helpdesk fully operational with and more than 90% faults resolved within a day. The cost associated with the upgrading of facilities with broadband access is very high. There is a need Connectivity in all facilities to enhance good communication and improve information management

### **4.8.3 Review of the current financial year (2015/16)**

The department maintained the qualified audit opinion with emphasis paragraphs showing mainly on supply chain management and asset management related issues. The management of accruals remain the challenge for the department, of which contributes to cash flow constraints over the MTEF.

The cost containment measures were introduced to ensure that departmental spending focus on the core services in line with the Ministerial Non-negotiable items and National Core Standards. The department further introduced other extraordinary interventions and strategic budget reforms.

The Provincial Treasury supports the department to deal with factors affecting financial management including supply chain management as well as management of accruals. The department has strengthened internal controls, starting to investigate irregular expenditure through compliance unit and implementing the integrated planning through regular finance and supply chain management forums.

The department continues to ensure that the provision of health services is sustainable and specific objectives were achieved, namely:

The recommended infrastructure generic structure by National Treasury was implemented, although the department is faced with the challenge to attract and retain professionals.

The department conducted an assessment on the implementation of Ideal Clinic initiative and the needs analysis on medical equipment. A number of stakeholders are consulted to assist with implementation plan.

A new facility of emergency care college in Kimberley was opened and operationalized during the current year, despite the challenges of insufficient operational budget. The accreditation of nursing college was improved by increasing the student intake capacity.

The utilization of Health Professions Training & Development Grant was significantly aligned to the grant framework, such that the department will be fully compliant in next financial year.

The current financial year was the last of multi-year funding for operationalization of the hospital. The funding improved patient satisfactory rate for the regional hospital services, although there still challenges to fully operationalize to the hospital to its full capacity. Currently, the hospital is utilizing 218 beds against the total of 327 beds capacity.

The floor space capacity of Kimberley Hospital was improved by utilizing the old Curomed Hospital building, which is owned by government.

Emergency Medical Services procured 50 new fleet which consists of 35 Ambulances, 5 Obstetric Ambulances and 10 Patient Transport Vehicles and were allocated throughout the province.

#### **4.8.4 Outlook for the coming financial year (2016/17)**

However, the department is committed to ensure that service delivery is not compromised, thus non-negotiable items remains critical to service delivery. The department will:

- Complete the construction of two new health facilities, namely, De Aar Hospital and Kimberley Mental Health Hospital;
- improve the administration of primary health care services;
- improve service delivery by rolling out ideal clinic strategy in sixty one facilities that have been identified;
- improve the security at health facilities;
- monitor the impact of austerity measures and extraordinary interventions; and
- intensify the retention strategy for health professionals.

#### **4.8.5 Reprioritisation**

A significant portion of the budget was reprioritized to streamline the spending to core business in line with the Cost Containment measures. The priority is to scale up existing priorities and to provide sufficiently for Ministerial Non-negotiable items, contractual obligations and key cost drivers.

## 4.8.6 Procurement

The department is planning to procure approximately 60 vehicles for emergency services to replace the old vehicles which has recorded over 250 thousand kilometres thus becoming too expensive to maintain. The construction of new De Aar District Hospital and Kimberley Mental Hospital are scheduled to be completed during the financial year, thus the department will spent significantly on procurement of medical equipment. The department will further procure maintenance services for various health facilities.

**Table A10: Summary of payments and estimates by programmes: Health**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Administration	152 902	171 648	192 331	177 141	178 684	202 488	180 368	191 516	203 123
2. District Health Services	1 280 366	1 465 610	1 633 011	1 675 928	1 701 174	1 701 759	1 833 316	1 955 103	2 103 527
3. Emergency Medical Services	207 226	197 867	242 847	268 066	305 754	305 483	280 928	296 295	313 761
4. Provincial Hospital Services	164 696	201 082	292 594	301 753	304 577	335 720	322 190	339 703	359 455
5. Central Hospital Services	729 538	739 655	767 519	831 184	858 244	890 343	881 574	929 138	983 434
6. Health Sciences And Training	86 784	88 055	104 251	124 092	124 514	119 906	126 300	129 856	137 514
7. Health Care Support Services	64 441	84 524	85 263	95 105	96 026	119 902	98 562	104 057	110 267
8. Health Facilities Management	479 545	453 360	396 164	601 119	659 760	635 994	474 267	374 561	390 161
<b>Total payments and estimates</b>	<b>3 165 498</b>	<b>3 401 801</b>	<b>3 713 980</b>	<b>4 074 388</b>	<b>4 228 733</b>	<b>4 311 595</b>	<b>4 197 505</b>	<b>4 320 229</b>	<b>4 601 243</b>

The Department's budget baseline has increased by 0.7 percent from the adjusted budget of 2015/16, while the growth 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 is 3.0 percent. There is positive growth of 2.5 percent in 2017/18 and 6.4 percent in 2018/19 financial years.

The key objectives of the department to be achieved from the allocated budget, include:

- Full Implementation of NHI in line with the White Paper and roll out of the interventions from the Pilot Site to other Districts;
- Improved quality of health care by implementing National Core Standards;
- Implement the strategy to roll out ideal clinic Sixty one facilities (61) have been identified as ideal clinics and condition assessment has been conducted;



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- Reduce the cost of health services by continue to implemented austerity measures to ensure that the spending focus on the core services in line with the Ministerial Non-negotiable items and National Core Standards;
- Improved human resource capacity;
- Improved health management and leadership; and
- Improved health facility planning and infrastructure delivery.
- Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) and Tuberculosis (TB) prevented and successfully managed;
- Reduce maternal, infant and child mortality implementing the recommendations for the evaluation on maternal and child health.
- Strengthen the retention strategy for health professionals.
- Improve the health management information systems by resolving connectivity problems.

The Health Facilities Management has negative growth due to reduction in incentive grant allocation which has not been confirmed received from national government in respect of the Health Facility Revitalisation Grant. This directly 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 and Provincial Hospital Services show a reasonable increase of 8.4 percent and 6.1 percent; respectively, while the growth of Central Hospital Services is 6.9 percent after discounting the once off increases such as roll overs.

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**Table A11: Summary of provincial payments and estimates by economic classification: Health**

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>2 555 386</b>	<b>2 814 100</b>	<b>3 089 133</b>	<b>3 333 386</b>	<b>3 408 810</b>	<b>3 510 952</b>	<b>3 552 257</b>	<b>3 782 230</b>	<b>4 003 121</b>
Compensation of employees	1 577 734	1 786 195	1 936 740	2 111 611	2 151 775	2 153 954	2 273 017	2 412 083	2 533 885
Goods and services	977 272	1 026 321	1 150 049	1 221 775	1 257 035	1 355 184	1 279 240	1 370 147	1 469 236
Interest and rent on land	380	1 584	2 344	-	-	1 814	-	-	-
<b>Transfers and subsidies to:</b>	<b>57 974</b>	<b>84 440</b>	<b>138 763</b>	<b>110 637</b>	<b>110 637</b>	<b>114 138</b>	<b>131 872</b>	<b>122 475</b>	<b>129 579</b>
Provinces and municipalities	4 875	5 310	2 218	9 247	9 247	7 544	9 739	10 226	10 819
Departmental agencies and acco	4	-	-	-	-	40	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and intern	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	48 517	41 626	80 506	81 077	81 077	85 476	100 698	89 742	94 947
Households	4 578	37 504	56 039	20 313	20 313	21 078	21 435	22 507	23 812
<b>Payments for capital assets</b>	<b>552 139</b>	<b>503 261</b>	<b>486 084</b>	<b>630 365</b>	<b>709 286</b>	<b>686 505</b>	<b>513 376</b>	<b>415 524</b>	<b>468 543</b>
Buildings and other fixed structu	473 603	396 446	356 283	482 778	516 397	528 843	356 455	264 988	273 895
Machinery and equipment	78 476	106 306	128 855	147 587	192 889	156 905	156 921	150 536	194 648
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	60	509	946	-	-	757	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>3 165 498</b>	<b>3 401 801</b>	<b>3 713 980</b>	<b>4 074 388</b>	<b>4 228 733</b>	<b>4 311 595</b>	<b>4 197 505</b>	<b>4 320 229</b>	<b>4 601 243</b>

Compensation of employees grows by 5.6 percent when compared with the 2015 adjusted budget. The personnel costs are the main cost driver of spending as it constitutes 54.2 percent of the budget allocated for 2016/17.



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The real growth is mainly attributable to the funding to cover shortfall on the improvement on conditions of services and a further additional funding allocated to assist in the appointment of administrative support officials in all clinics and community health centres in the province in ensuring the improved general administration.

The goods and services represent 30.5 percent of R4.195 billion. The goods & services budget shows an increase of 1.7 percent when compared to the 2015/16 adjusted budget. This growth is below the estimated CPI inflation. This is attributable to once off amount allocated during the 2015 adjustments, adjustments to condition grants and reductions on equitable share to cover the unauthorised expenditure of the previous financial years. 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 municipality for the rendering of primary health care services on behalf of the department, transfers to Non-Profit Institutions, transfers to universities and ex-employees. The budget for transfers is increased by 16 percent from the adjusted budget of 2015/16. This significant growth is mainly due to reprioritisation for NPIs and increase allocation for the Social Sector EPWP Grant.

Payment of capital assets is mainly funded through the Health Facility Revitalisation Grant. The capital budget for 2016/17 has been decreased by 27.6 percent per cent from the adjusted budget of 2015/16 financial year.



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## EXPENDITURE ESTIMATES

**Table A12:Trends in Provincial Public Health Expenditure**

Expenditure	Audited/ Actual			Estimate	Medium Term Projection		
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
<b>Current prices</b>	3 165 498 000	3 476 988 000	3 757 988 000	4 311 595 000	4 197 505 000	4 320 229 000	4 601 243 000
<b>Total</b>	1153287	1145861	1162914	1166000	1182000	1191000	1202000
<b>Total per person</b>	2745	3034	3231	3698	3551	3 627	3 828
<b>Total per uninsured person</b>	2333	2579	2578	3143	3018	3083	3254
<b>DHS</b>	40%	43%	43%	39%	44%	45%	46%
<b>PHS</b>	5%	7%	7%	8%	8%	8%	8%
<b>CHS</b>	23%	20%	21%	21%	21%	22%	21%
<b>All personnel</b>	50%	52%	52%	50%	54%	56%	55%
<b>Capital</b>	17%	17%	15%	16%	12%	10%	10%
<b>Health as % of total public expenditure</b>	27.50%	27.20%	27.90%	27.60%	27.60%	27%	27%

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 confirmed received from national government in respect of the Health Facility Revitalisation Grant. This directly 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 of 8.4 percent, 6.1 percent and 6.9 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 for contain administrative costs between programme units to ensure availability of resources to priority and efficient areas based on what the department intends to achieve. This consequently, helps 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.

# ANNUAL PERFORMANCE PLAN

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# ANNUAL PERFORMANCE PLAN

## 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.**

# ANNUAL PERFORMANCE PLAN

## 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: Performance Indicators for Policy and Planning**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Developed Provincial Long Term Health Plan	Annually	Categorical
2.	Reviewed 5 year Strategic Plan	Annually	Categorical
3.	Number of approved policies	Annually	No.

# ANNUAL PERFORMANCE PLAN

**Table Admin 2: Provincial Strategic Objectives and Annual Targets for Policy and Planning**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2016/17	2017/18	2018/19	
1.	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Developed Provincial Long Term Health Plan	Categorical	-	-	-	1	Developed draft Provincial Long Term Health Plan	Reviewed Provincial Long Term Health Plan	Reviewed Provincial Long Term Health Plan	Developed Provincial Long Term Health Plan
2.		Reviewed 5 year Strategic Plan	Categorical	-	-	Tabled 5 year Strategic Plan 2015/16-2019/20 to the Provincial Legislature	1	Reviewed 5 year Strategic Plan	Reviewed 5 year Strategic Plan	Reviewed 5 year Strategic Plan	-
3.		Number of approved policies	No.	-	-	Policies are circulated to all employees upon approval through the GroupWise	1	12 approved policies	15 approved policies	18 approved policies	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

**Table Admin 3 : Quarterly targets for Policy and Planning**

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Developed Provincial Long Term Health Plan	Annually	Categorical	Developed draft Provincial Long Term Health Plan				Developed draft Provincial Long Term Health Plan
2.	Reviewed 5 year Strategic Plan	Annually	Categorical	Reviewed 5-Year Strategic Plan				Reviewed 5-Year Strategic Plan
3.	Number of approved policies	Annually	No.	12 approved policies				12 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
  - Condom programme effectiveness evaluations
  - Factors contributing to non-adherence of Tuberculosis (TB) treatment and cure rates in the Northern Cape Province

## SUB OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

**Table Admin 4: Performance Indicators for Research and Development**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Number of Programme performance evaluations conducted	Annually	No.
2.	Number of Publications on research outputs in peer reviewed journals	Annually	No.
3.	Number of ethically approved research protocols to be conducted in the Northern Cape Province	Annually	No.

# ANNUAL PERFORMANCE PLAN

**Table Admin 5: Provincial Strategic Objectives and Annual Targets for Research and Development**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
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	1	2	2	2	6
2.		Number of Publications on research outputs in peer reviewed journals	No.	-	-	-	-	3	4	5	-
3.		Number of ethically approved research protocols to be conducted in the Northern Cape Province	No.	-	-	-	-	25	30	30	-



# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGET FOR 2016/17

**Table Admin 6: Quarterly targets for Research and Development**

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2016/17	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.	25				25

## 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 7: Performance Indicators for Information Communication and Technology**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Percentage of hospitals with broadband access	Quarterly	% (QPR)
2.	Percentage of PHC facilities with network access	Quarterly	%
3.	Percentage of fixed PHC facilities with broadband access	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table Admin 8: Provincial Strategic Objectives 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
				2012/13	2013 /14	2014/15		2015/16	2016/17	2017/18	
1.	Develop a complete system design for a national integrated patient based information system	Percentage of hospitals with broadband access	% (QPR)	-	-	-	30%	21% (3/14 hospitals)	50% (7/14 hospitals)	79% (11/14 hospitals)	80% (12/14 hospitals)
2.		Percentage of PHC facilities with network access	%	-	-	-	-	6% (11/179 clinics)	12% (21/179 clinics)	23 % (42/179 clinics)	-
3.		Percentage of fixed PHC facilities with broadband access	% (QPR)	-	-	-	26% (47/179 health facilities)	6% (11/179 health facilities)	12% (21/179 health facilities)	23 % (42/179 health facilities)	50% (90/179 health facilities)

## QUARTERLY TARGET FOR 2016/17

**Table Admin 9: Quarterly targets for Information Communication and Technology**

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage of hospitals with broadband access	Quarterly	% (QPR)	21% (3/14 hospitals)		7% (1/14 hospitals)	14% (2/14 hospitals)	21% (3/14 hospitals)
2.	Percentage of PHC facilities with network access	Quarterly	%	6% (11/179 clinics)		2% (4/179 clinics)	4% (7/179 clinics)	6 % (11/179 clinics)
3.	Percentage of fixed PHC facilities with broadband access	Quarterly	% (QPR)	6% (11/179 health facilities)		2% (4/179 health facilities)	4% (7/179 health facilities)	6% (11/179 health facilities)

# ANNUAL PERFORMANCE PLAN

## 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 10: Performance Indicators for Human Resources Management**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Developed Human Resources Plan	Annually	Categorical
2.	Percentage of Performance Agreements signed by SMS officials	Annually	%

**Table Admin 11: Provincial Strategic Objectives and Annual Targets for Human Resources Management**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013 /14	2014/15	2015/16	2016/17	2017/18	2018/19	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 Resources Health Plan submitted	Reviewed Human Resources Plan	Reviewed Human Resources Plan	Reviewed Human Resources Plan	Developed Human Resources Plan
2.	To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	%	-	-	-	-	100%	100%	100%	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGET FOR 2016/17

**Table Admin 12: Quarterly targets for Human Resource Management**

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2016/17	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
- Improve the revenue collection by increasing human resource capacity

## SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

**Table Admin 13: Performance Indicators for Financial Management**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Audit opinion from Auditor General	Annually	Categorical (QPR)

# ANNUAL PERFORMANCE PLAN

**Table Admin 14: Provincial Strategic Objectives and Annual Targets for Financial Management**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013 /14	2014/15		2016/17	2017/18	2018/2019	
1.	To ensure effective financial management in line with the Public Financial Management Act.	Audit opinion from Auditor General	Categorical (QPR)	Qualified Audit Opinion	Qualified Audit Opinion	Qualified Audit opinion	Unqualified Audit Report	Unqualified Audit Report	Unqualified Audit Report	Unqualified Audit Report	5 Unqualified Audit Opinions

## QUARTERLY TARGET FOR 2016/17

**Table Admin 15: Quarterly targets for Finance**

No.	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Audit opinion from Auditor General	Annually	Categorical (QPR)	Unqualified Audit Report				Unqualified Audit Report

# ANNUAL PERFORMANCE PLAN

## Summary of payments and estimates by sub-programme: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
1. Office Of The Mec	8 460	5 797	9 713	9 515	9 582	11 800	10 133	10 656	11 274
2. Management	144 442	165 851	182 618	167 626	169 102	190 688	170 235	180 860	191 848
<b>Total payments and estimates</b>	<b>152 902</b>	<b>171 648</b>	<b>192 331</b>	<b>177 141</b>	<b>178 684</b>	<b>202 488</b>	<b>180 368</b>	<b>191 516</b>	<b>203 123</b>

The budget for administration has increased by 0.9 percent from adjusted budget. The growth on this programme is below the CPI inflation of 6.2 percent due to reprioritisation towards core business activities such as district health services, provincial hospital and central hospital services. The budget shows an increase by 6.2 percent and 6.1 percent in 2017/18 and 2018/19.

# ANNUAL PERFORMANCE PLAN

## Summary of payments and estimates by economic classification: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>147 844</b>	<b>161 108</b>	<b>178 637</b>	<b>175 177</b>	<b>176 720</b>	<b>199 690</b>	<b>178 298</b>	<b>189 342</b>	<b>200 823</b>
Compensation of employees	66 614	88 921	97 652	106 801	108 344	109 001	115 978	123 471	130 632
Goods and services	81 113	72 014	80 657	68 376	68 376	90 377	62 320	65 871	70 190
Interest and rent on land	117	173	328	–	–	312	–	–	–
<b>Transfers and subsidies to:</b>	<b>1 582</b>	<b>3 824</b>	<b>4 090</b>	<b>207</b>	<b>207</b>	<b>1 146</b>	<b>218</b>	<b>229</b>	<b>242</b>
Provinces and municipalities	219	–	17	–	–	7	–	–	–
Departmental agencies and acc	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and intern	–	–	–	–	–	–	–	–	–
Public corporations and private	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	110	110	11	116	122	129
Households	1 363	3 824	4 073	97	97	1 128	102	107	113
<b>Payments for capital assets</b>	<b>3 477</b>	<b>6 716</b>	<b>9 604</b>	<b>1 757</b>	<b>1 757</b>	<b>1 652</b>	<b>1 852</b>	<b>1 945</b>	<b>2 058</b>
Buildings and other fixed structu	–	1 211	813	–	–	6	–	–	–
Machinery and equipment	3 477	5 368	8 371	1 757	1 757	1 640	1 852	1 945	2 058
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible as	–	137	420	–	–	6	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>152 902</b>	<b>171 648</b>	<b>192 331</b>	<b>177 141</b>	<b>178 684</b>	<b>202 488</b>	<b>180 368</b>	<b>191 516</b>	<b>203 123</b>

The compensation of employee's budget has increase by 7.0 percent from adjusted budget in line with the inflationary increases and there were vacant funded posts not filled during 2015 financial year. Goods and services decreased by 8.8 percent from adjusted budget. This significant decrease resulted from interventions to rationalise the expenditure trends towards core service delivery demands and non-negotiable items over the 2016 MTEF.



# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
<b>Policy and Planning</b>	
Inadequate compliance in submission of reports by programme managers	<ul style="list-style-type: none"> <li>• Management of Performance Information must be part of Performance Agreements of managers</li> </ul>
<b>Research and Development</b>	
Inefficient research method and output	<ul style="list-style-type: none"> <li>• Improved data gathering system, training, ensure data quality and adequate funding</li> </ul>
In adequate funding	<ul style="list-style-type: none"> <li>• Provincial Health Research priority setting and adequate funding</li> </ul>
<b>Information, Communication and Technology</b>	
Insufficient budget allocation for ICT	<ul style="list-style-type: none"> <li>• Timeous submission of budget bids to Finance and follow up discussions</li> <li>• All 5 Districts to each do the necessary budgeting specifically for ICT needs</li> </ul>
Lack of connectivity at PHC's	<ul style="list-style-type: none"> <li>• Submission of Budget proposals for the funding of connectivity at PHC's or the implementation of a Virtual Private Network for the Department of Health</li> </ul>
Lack of ICT support personnel at districts and facilities	<ul style="list-style-type: none"> <li>• Ensure appointment of ICT support personnel at District Office Level as per new organogram</li> </ul>
Loss of critical information	<ul style="list-style-type: none"> <li>• Implementation of Backup Solution at Hospitals and District Offices.</li> </ul>
<b>Human Resources Management</b>	
Delay in filling vacant funded post	<ul style="list-style-type: none"> <li>• Review of the HR delegations</li> </ul>
The risk of increased irregular and unauthorised expenditure (due to overtime)	<ul style="list-style-type: none"> <li>• Facility managers to monitor the controls around overtime</li> </ul>
<b>Financial Management</b>	
Non achievement of revenue target	<ul style="list-style-type: none"> <li>• Strengthening of the staff component of revenue management and debt collection at facility level</li> </ul>
Misappropriation of Assets	<ul style="list-style-type: none"> <li>• Implementation of LOGIS</li> <li>• Appointment of personnel in the assets management division.</li> <li>• Regular asset counts</li> </ul>



# ANNUAL PERFORMANCE PLAN

## 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.**

# ANNUAL PERFORMANCE PLAN

**Table DHS 1: District Health Facilities by 2016/17**

Health District	Facility Type	No.	Population	Population per PHC <sup>4</sup> facility or per hospital bed	Per capita utilisation
Frances Baard	Non fixed clinics	10 (5 mobiles +5 satellites)	383 428	28 188	0,1
	Fixed clinics	25		535 282	1,4
	CHCs	4		85 281	0,2
	Sub-total	29		620 563	1,6
	Clinic and CHCs				
	District Hospitals	2		2 604	0,01
Zwelentlanga Fatman Mgcawu	Non fixed clinics	29 (14 mobiles +15 satellites)	254 349	82 294	0,3
	Fixed clinics	15		269 864	1,1
	CHCs	6		76 379	0,3
	Sub-total	21		346 244	1,4
	Clinic and CHCs				
	District Hospitals	2		3 334	0,01
Pixley-Ka-Seme	Non fixed clinics	5 (1 mobile + 4 satellites)	193 196	7 180	0,04
	Fixed clinics	28		346 615	1,8
	CHCs	8		32 192	0,2
	Sub-total	36		378 807	2,0
	Clinic and CHCs				
	District Hospitals	3		4 770	0,02
John Taolo Gaetsewe	Non fixed clinics	5 ( 5 mobiles +0 satellites)	241 836	18 412	0,1
	Fixed clinics	39		292 440	1,2
	CHCs	5		55 317	0,2
	Sub-total	42		347 757	1,4
	Clinic and CHCs				
	District Hospitals	2		7 303	0,03

<sup>5</sup>PHC facility headcounts and hospitals separations should be used for per capita utilisation

# ANNUAL PERFORMANCE PLAN

Health District	Facility Type	No.	Population	Population per PHC <sup>4</sup> facility or per hospital bed	Per capita utilisation
Namakwa	Non fixed clinics	25 (3 mobiles + 22satellites)	119 188	19 903	0,2
	Fixed clinics	26		184 946	1,6
	CHCs	10		48 694	0,4
	Sub-total	36		233 640	2,0
	Clinic and CHCs				
	District Hospitals	2		4 479	0,04
Province	Non fixed clinics	74 (28 mobiles + 46 satellites)	1 191 997	155 977	0,1
	Fixed clinics	133		1 629 147	1,4
	CHCs	33		297 864	0,2
	Sub-total	166		1 927 011	1,6
	Clinic and CHCs				
	District Hospitals	11		22 490	0,02

Source: Mid-Year Population Estimates, 2015 (Statistics SA) Due to rounding numbers do not necessary add up to provincial total.

# ANNUAL PERFORMANCE PLAN

## PRIORITIES: DISTRICT MANAGEMENT

- Expand Ward Based Outreach Teams (wall-to-wall provincial coverage) by establishing teams throughout the province
- Fully functional District Clinical Specialist Teams in all districts
- Ensure accessibility to health care services through the implementation of the Primary Health Care and District Hospital packages
- Ideal Clinic Realization and Maintenance of facilities
- Coordinate functionality of governance structures

## 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**

Quarterly Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
PHC Utilisation rate	No.	2.8 visits	2.7 visits	3.2 visits	2.5 visits	3.4 visits	2.7 visits
PHC supervisor visit rate (Fixed clinic/ CHC/CDC)	%	61.3%	90.3 %	44.0 %	79.1%	43.8 %	28.6%
Complaint resolution within 25 working days rate	%	105%	96.0 %	103.4%	101.7%	113.3%	100%

# ANNUAL PERFORMANCE PLAN

**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 : Performance Indicators for District Health services**

No.	Programme Performance Indicator	Frequency of reporting	Indicator Type
1.	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dash board	Quarterly	% (QPR)
2.	Client Satisfaction survey rate (PHC)	Quarterly	% (QPR)
3.	Client Satisfaction rate (PHC)	Annually	% (QPR)
4.	OHH registration visit coverage (Annualised)	Quarterly	% (QPR)
5.	Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	No. (QPR)
6.	PHC Utilisation rate	Quarterly	No. (QPR)
7.	Complaints resolution rate (PHC)	Quarterly	% (QPR)
8.	Complaint resolution within 25 working days rate (PHC)	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table DHS 4: Provincial Strategic Objectives and Annual Targets for District Health services**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dash board	% (QPR)	-	-	-	-	100% (104/104)	100% (166/166)	-	100% (166/166)
2.	Introduce a patient centred approach in the delivery of health service	Client Satisfaction survey rate (PHC)	% (QPR)	-	-	-	-	100% (166/166)	100% (166/166)	100% (166/166)	100% (166/166)
3.		Client Satisfaction rate (PHC )	% (QPR)	-	-	-	-	80%	80%	80%	82%
4.	Improve efficiencies and quality of care at PHC facilities	OHH registration visit coverage (Annualised)	% (QPR)	-	-	31.3%	70%	80%	80%	80%	80%
5.	Accelerate appointment of district clinical specialist teams	Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No. (QPR)	-	-	5 teams 20/35 (57.1%)	1	5	5	5	5
6.	Improve efficiencies and quality of care at PHC facilities	PHC Utilisation rate	No. (QPR)	3 Visits	2.9 Visits	2.8 Visits	3 Visits	2.5 Visits	2.5 Visits	2.5 Visits	2.5 Visits
7.		Complaints resolution rate (PHC)	% (QPR)	-	-	-	80%	100%	100%	100%	-
8.		Complaints resolution within 25 working days rate (PHC)	% (QPR)	49%	53.3% (363/681)	100%	80%	80%	80%	80%	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

**Table DHS 5: Quarterly Targets for District Health Services**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dash board	Quarterly	% (QPR)	100% (104/104)	19 % (20/104)	25% (26/104)	27 % (28/104)	29% (30/104)
2.	Client Satisfaction survey rate (PHC)	Quarterly	% (QPR)	100% (166/166)	100% (166/166)	100% (166/166)	100% (166/166)	100% (166/166)
3.	Client Satisfaction rate (PHC)	Annually	% (QPR)	80%				80%
4	OHH registration visit coverage (annualised)	Quarterly	% (QPR)	80%	80%	80%	80%	80%
5.	Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	Quarterly	No. (QPR)	5	5	5	5	5
6.	PHC Utilisation rate	Quarterly	No. (QPR)	2.5Visits	2.5 Visits	2.5Visits	2.5Visits	2.5Visits
7.	Complaints resolution rate (PHC)	Quarterly	% (QPR)	100%	100%	100%	100%	100%
8.	Complaint resolution within 25 working days rate (PHC)	Quarterly	% (QPR)	80%	80%	80%	80%	80%



# ANNUAL PERFORMANCE PLAN

## SUB-PROGRAMME: DISTRICT HOSPITALS

### PRIORITY:

- To render hospital services with support from outreach specialists.

**Table DHS 6: Situation Analysis Indicators for District Hospitals**

Quarterly Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
Average length of stay	Days	3.5 days	2.9 days	3.3 days	4.3 days	3.4 days	3.0 days
Complaint resolution within 25 working days rate	%	93.%	91.3%	100.0%	86.2%	100.0%	100.0%
Expenditure per patient day equivalent (PDE)	R	R2 054.17					
Inpatient Bed Utilisation rate	%	62%	37.6%	63.3%	58.7%	97.4%	74.1%

**SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE**  
**SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP**

**Table DHS 7: Performance Indicators for District Hospitals**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	National core standards self- assessment rate (District Hospitals)	Quarterly	% (QPR)
2.	Quality improvement plan after self-assessment rate (District Hospitals)	Quarterly	% (QPR)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	Quarterly	% (QPR)
4.	Patient Satisfaction survey rate (District Hospitals)	Quarterly	% (QPR)
5.	Patient Satisfaction rate (District Hospitals)	Annually	% (QPR)
6.	Average length of stay (District Hospitals)	Quarterly	No. (QPR)
7.	Inpatient Bed Utilisation rate (District Hospitals)	Quarterly	% (QPR)
8.	Expenditure per PDE (District Hospitals)	Quarterly	No (Rand). (QPR)
9.	Complaints Resolution rate (District Hospitals)	Quarterly	% (QPR)
10.	Complaint Resolution within 25 working days rate (District Hospitals)	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table DHS 8: Provincial Strategic Objectives and Annual Targets for District Hospitals**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/ 14	2014/15		2016/17	2017/18	2018/19	
1.	Improve compliance with national core standards	National core standards self- assessment rate (District Hospitals)	% (QPR)	-	-	-	100%	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
2.		Quality improvement plan after self-assessment rate (District Hospitals)	% (QPR)	-	-	-	100%	100% (11/11)	100% (11/11)	100% (11/11)	-
3.		Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	% (QPR)	-	-	-	27% (3/11)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
4.	Introduce a patient-centred approach in the delivery of health services	Patient Satisfaction survey rate (District Hospitals)	% (QPR)	-	-	-	80%	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
5.		Patient Satisfaction rate (District Hospitals)	% (QPR)	27%	80.3%	79%	80%	80%	80%	80%	82%

# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/ 14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
6.	Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	No. (QPR)	2.4 days	3.2 days	3.5 days	3.5 days	3.5 days	3.5 days	3.5 days	-
7.		Inpatient Bed Utilisation rate (District Hospitals)	% (QPR)	62.5%	64%	62%	63%	60%	65%	68%	-
8.		Expenditure per PDE (District Hospitals)	No (Rand). (QPR)	R1500	R2553	R2 054.17	R1720. 28	R1814.90	R1914.72	R2014.54	-
9.		Complaints Resolution rate (District Hospitals)	% (QPR)	-	-	-	80%	100%	100%	100%	-
10.		Complaint Resolution within 25 working days rate (District Hospitals)	% (QPR)	61%	64.4%	93.%	80%	80%	80%	80%	-
				(121/ 199)	(156/242)						

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGET FOR 2016/17

**Table DHS 9: Quarterly targets for District Hospitals**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	National core standards self-assessment rate (District Hospitals)	Quarterly	% (QPR)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
2.	Quality improvement plan after self-assessment rate (District Hospitals)	Quarterly	% (QPR)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	Quarterly	% (QPR)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
4.	Patient Satisfaction survey rate (District Hospitals)	Quarterly	% (QPR)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)	100% (11/11)
5.	Patient Satisfaction rate (District Hospitals)	Annually	% (QPR)	80%				80%
6.	Average length of stay (District Hospitals)	Quarterly	No. (QPR)	3.5days	3.5days	3.5days	3.5days	3.5days
7.	Inpatient Bed Utilisation rate (District Hospitals)	Quarterly	% (QPR)	60%	60%	60%	60%	60%
8.	Expenditure per PDE (District Hospitals)	Quarterly	No (Rand). (QPR)	R1814.90	R1814.90	R1814.90	R1814.90	R1814.90
9.	Complaints Resolution rate (District Hospitals)	Quarterly	% (QPR)	100%	100%	100%	100%	100%
10.	Complaint Resolution within 25 working days rate (District Hospitals)	Quarterly	% (QPR)	80%	80%	80%	80%	80%

# ANNUAL PERFORMANCE PLAN

## 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 atleast 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 10: Situation Analysis Indicators for HIV & AIDS, STI**

Quarterly Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
Total clients remaining on ART	No.	43 022	17 398	6 150	11 324	1 841	6 309
Client tested for HIV (incl ANC)	No.	196 531	65 703	28 456	48 019	16 122	38 321
Male condom distribution coverage (annualised)	%	20	20	11	48	10	11
Female condom distribution coverage (annualised)	%	0.6	0.7	0.5	0.7	0.7	0.6
Medical male circumcision performed - Total	No	9 944	4 441	839	3 260	136	1 268

# ANNUAL PERFORMANCE PLAN

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

**Table DHS 11: Performance Indicators for HIV & AIDS, STI**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	Adults remaining on ART- Total	Quarterly	No. (QPR)
2.	Total Children (under 15 years) remaining on ART-Total	Quarterly	No. (QPR)
3.	Client tested for HIV (incl ANC)	Quarterly	No. (QPR)
4.	Male condom distribution coverage (annualised)	Quarterly	Rate (QPR)
5.	Medical male circumcision performed - Total	Quarterly	No. (QPR)

**Table DHS 12: Provincial Strategic Objectives and Annual Targets for HIV & AIDS, STI**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Sustain Health and Wellness	Adults remaining on ART-Total	No.(QPR)	-	-	-	-	55 575	65 579	77 383	-
2.		Total Children (under 15 years) remaining on ART-Total	No.(QPR)	-	-	-	-	3 570	3 677	3 769	-
3.		Client tested for HIV (incl ANC)	No.(QPR)	133 402	158 469	196 531	241 037	215 259	220 259	230 259	243 940
4.	Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision	Male condom distribution coverage (annualised)	Rate (QPR)	8	11.5	20	37	37	37	37	37
5.		Medical male circumcision performed -Total	No. (QPR)	5 428	6 959	9 944	24 279	14 000	18 300	24 279	32 186

# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
6.	Improve efficiencies and quality of care at PHC facilities	PHC Utilisation rate	No. (QPR)	3 Visits	2.9 Visits	2.8 Visits	3 Visits	2.5 Visits	2.5 Visits	2.5 Visits	2.5 Visits
7.		Complaints resolution rate (PHC)	% (QPR)	-	-	-	80%	100%	100%	100%	-
8.		Complaints resolution within 25 working days rate (PHC)	% (QPR)	49%	53.3% (363/681)	100%	80%	80%	80%	80%	-

\*\*\*NB: The 2016/17 target for male condom distribution simply means that for every male in the population 15 years and older 37 condoms are given annually



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## QUARTERLY TARGET FOR 2016/17

**Table DHS 13: Quarterly targets for HIV & AIDS, STI**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Adults remaining on ART-Total	Quarterly	No. (QPR)	55 575	46 127	49 461	52 240	55 575
2.	Total Children (under 15 years) remaining on ART-Total	Quarterly	No. (QPR)	3 570	2 963	3 177	3 356	3 570
3.	Client tested for HIV (incl ANC)	Quarterly	No. (QPR)	215 259	60 273	62 425	45 204	47 357
4.	Male condom distribution coverage (annualised)	Quarterly	Rate (QPR)	37	15	26	30	37
5.	Medical male circumcision performed - Total	Quarterly	No. (QPR)	14 000	3 080	5 040	3 360	2 520

# ANNUAL PERFORMANCE PLAN

**Table DHS14: Situation Analysis Indicators for TB Control**

Quarterly Indicators	Type	Province wide value 2013/14	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
TB client lost to follow up rate	%	7%	8.1%	7.6%	7.2%	2.7%	9.5%
Annual Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
TB MDR confirmed treatment initiation rate	%	95.8%	74%				92%

**\*\* There are two Drug Resistant (DR)TB sites in the province namely Dr Harry Surtie which registers patients from Namakwa and Zwelentlanga Fatman Mgcawu, and West End Hospital which register patients from Pixley ka Seme, John Taolo Gaetsewe and Frances Baard.**

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

**Table DHS 15: Performance Indicators TB**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	TB/HIV co-infected client on ART rate	Quarterly	% (QPR)
2.	TB symptom 5 years and older screened rate	Quarterly	% (QPR)
3.	TB client treatment success rate	Quarterly	% (QPR)
4.	TB client lost to follow up rate	Quarterly	% (QPR)
5.	TB Client death Rate	Annually	% (QPR)

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No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
6.	TB MDR confirmed treatment initiation rate	Annually +	% (QPR)
7.	TB MDR treatment success rate	Annually	% (QPR)

**Table DHS 16: Provincial Strategic Objectives and Annual Targets for TB**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Improve TB outcomes by maximising opportunities for TB screening and linkages to diagnosis	TB/HIV co-infected client on ART rate	% (QPR)	-	-	-	-	100%	100%	100%	-
2.		TB symptom 5 years and older screened rate	% (QPR)	-	-	-	30%	60%	70%	80%	-
3.	Improve TB treatment outcomes	TB client treatment success rate	% (QPR)	74.8%	77.8%	76.7%	95%	95%	95%	95%	95%
4.		TB client lost to follow up rate	% (QPR)	6.9%	7%	8%	6%	5.5%	5%	4.5%	3%
5.	Implement interventions to reduce TB mortality	TB Client Death Rate	% (QPR)	-	-	-	6.5%	6%	5.5%	5.5%	5.5%
6.	Combat MDR TB by ensuring access and strengthening adherence to treatment	TB MDR confirmed treatment initiation rate	% (QPR)	90.5%	93.7%	92.8%	100%	100%	100%	100%	100%
7.		TB MDR treatment success rate	% (QPR)	33%	31%	33%	27%	45%	50%	50%	50%

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

**Table DHS 17: Quarterly Targets for TB**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	TB/HIV co-infected client on ART rate	Quarterly	% (QPR)	100%	100%	100%	100%	100%
2.	TB symptom 5 years and older screened rate	Quarterly	% (QPR)	60%	60%	60%	60%	60%
3.	TB client treatment success rate	Quarterly	% (QPR)	95%	95%	95%	95%	95%
4.	TB client lost to follow up rate	Quarterly	% (QPR)	5.5%	5.5%	5.5%	5.5%	5.5%
5.	TB client death Rate	Annually	% (QPR)	6%				6%
6.	TB MDR confirmed treatment initiation rate	Annually	% (QPR)	100%				100%
7.	TB MDR treatment success rate	Annually	% (QPR)	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
  - Facilitate establishment of high risk antenatal clinic in each district 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 18: Situation Analysis Indicators for MCWH & NUTRITION**

Quarterly Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
Antenatal 1 <sup>st</sup> visit before 20 weeks rate	% (QPR)	57.6%	59.1	61.3	50.9	69.1	57.3

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Quarterly Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
Infant 1 <sup>st</sup> PCR test positive around 10 weeks	% (QPR)	2.1	1.4	2.7	2.6	4.1	1.9
Immunisation coverage under 1 year	% (QPR)	85.4	93.6	80	93.1	62.3	77.7
Vitamin A 12-59 months coverage	% (QPR)	45.3	54.1	30.9	43.4	53	41.7
Pneumococcal 3 <sup>rd</sup> dose coverage	% (QPR)	87.6	93.1	82.6	96.9	66.3	83.9
Rota Virus 2 <sup>nd</sup> dose coverage	% (QPR)	91.5	100	87	98.7	62.1	89.4
Cervical Cancer screening coverage	% (QPR)	30	34.1	26.8	31.3	24.2	28
Measles 1st dose under 1 year coverage	% (QPR)	86.5	91.5	83.4	95.8	65.4	81.8
Delivery in facility under 18 years rate	%	9.6	8.4	9.6	11	8	10.7
Annual Indicators	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15
Couple year protection rate	% (QPR)	50.8	61	36.5	58.3	53.1	39.3

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## SUB-OUTCOME 9: MATERNAL, INFANT AND CHILD MORTALITY REDUCED SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE

**Table DHS 19: Performance Indicators for MCWH & Nutrition**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	Antenatal 1 <sup>st</sup> visit before 20 weeks rate	Quarterly	% (QPR)
2.	Mother postnatal visit within 6 days rate	Quarterly	% (QPR)
3.	Antenatal client initiated on ART rate	Annually	% (QPR)
4.	Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	Quarterly	% (QPR)
5.	Immunisation coverage under 1 year (annualised)	Quarterly	% (QPR)
6.	Measles 2 <sup>nd</sup> dose coverage (annualised)	Quarterly	% (QPR)
7.	DTaP-IPV/ Hib 3-Measles 1 <sup>st</sup> dose drop-out rate	Quarterly	% (QPR)
8.	Child under 5 years diarrhoea case fatality rate	Quarterly	% (QPR)
9.	Child under 5 years Pneumonia case fatality rate	Quarterly	% (QPR)
10.	Child under 5 years severe acute malnutrition case fatality rate	Quarterly	% (QPR)
11.	Schools Grade 1 screening coverage (annualised)	Quarterly	% (QPR)
12.	Schools Grade 8 screening coverage (annualised)	Quarterly	% (QPR)
13.	Couple year protection rate (annualised)	Quarterly	% (QPR)
14.	Cervical Cancer Screening coverage (annualised)	Quarterly	% (QPR)
15.	Human Papilloma Virus Vaccine 1 <sup>st</sup> dose coverage	Annually	% (QPR)
16.	Human Papilloma Virus Vaccine 2 <sup>nd</sup> dose coverage	Annually	% (QPR)
17.	Vitamin A 12 – 59 months coverage (annualised)	Quarterly	% (QPR)
18.	Infant exclusively breastfed at HepB (DTaP- IPV- Hib - HBV) 3 <sup>rd</sup> dose rate	Quarterly	% (QPR)
19.	Maternal Mortality in facility ratio (annualised)	Annually	Ratio (Per 100 000 live births) (QPR)
20.	Inpatient early neonatal death rate	Annually	Ratio (Per 1000 live births) (QPR)

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**Table DHS 20: Provincial Strategic Objectives and Annual Targets for MCWH & Nutrition**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
1.	Improve the implementation of Basic Antenatal Care	Antenatal 1 <sup>st</sup> visit before 20 weeks rate	% (QPR)	52.9%	54%	57.6%	62%	64%	65%	66%	70%
2.		Mother postnatal visit within 6 days rate	% (QPR)	-	-	-	55%	60%	65%	65%	65%
3.		Antenatal client initiated on ART rate	% (QPR)	82%	91.9%	90.2%	95%	96%	98%	98%	98%
4.	Provision of PMTCT	Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	% (QPR)	2.7%	3%	2.1%	1.9%	1.7%	1.5%	1.5%	1.5%
5.	Protection of children against vaccine preventable diseases	Immunisation coverage under 1 year (annualised)	% (QPR)	98.8%	97%	85.3%	98%	85% (38264/45016)	87%	90%	90%
6.		Measles 2 <sup>nd</sup> dose coverage (annualised)	% (QPR)	-	-	-	85%	85% (38264/45016)	86%	87%	90%
7.		DTaP-IPV/ HIB 3-Measles 1 <sup>st</sup> dose drop-out rate	% (QPR)	-	-	-	<20%	<13%	<12%	<11%	<10%
8.	Reduce child morbidity and mortality	Child under 5 years diarrhoea case fatality rate	% (QPR)	-	-	-	-	2.5%	2%	1.8%	1.5%
9.		Child under 5 years Pneumonia case fatality rate	% (QPR)	-	-	-	-	2.5%	1.9%	1.7%	1.5%
10.		Child under 5 years severe acute malnutrition case fatality rate	% (QPR)	-	-	10.7%	10%	8.5%	6%	5%	5%



# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
11.	Expansion and strengthening of integrated school health services	Schools Grade 1 screening coverage (annualised)	% (QPR)	-	-	7.3%	30%	10%	15%	20%	25%
12.		Schools Grade 8 screening coverage (annualised)	% (QPR)	-	-	8.1%	25%	10%	15%	20%	25%
13.	Increase access to sexual and reproductive health by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Couple year protection rate (annualised)	% (QPR)	36.6%	32.7%	45.2%	45%	45% (280831/624069)	46%	48%	50%
14.		Cervical Cancer Screening coverage (annualised)	% (QPR)	42.2%	34%	30%	55%	40% (22302/ [557560/10])	45%	50%	55%
15.		Human Papilloma Virus Vaccine 1 <sup>st</sup> dose coverage	% (QPR)	-	-	87%	83%	86%	87%	88%	90%
16.		Human Papilloma Virus Vaccine 2 <sup>nd</sup> dose coverage	% (QPR)	-	-	-	-	86%	87%	88%	90%
17.	Improve nutritional status of children and mothers	Vitamin A 12 – 59 months coverage (annualised)	% (QPR)	36.4%	41%	45.3%	42%	45% (162287/360638)	47%	50%	-
18.		Infant exclusively breastfed at HepB (DTaP- IPV- Hib - HBV) 3 <sup>rd</sup> dose rate	% (QPR)	-	-	-	-	65%	70%	75%	80%
19.	Reduce maternal and child morbidity and mortality	Maternal Mortality in facility ratio (annualised)	Ratio (Per 100 000 live births) (QPR)	151/100 000 live births	127/100 000 live births	124/100 000	135/100 000 live births	125/100 000 live births	120/100 000 live births	115/100 000 live births	115/100 000
20.		Inpatient early neonatal death rate	% (QPR)	-	-	-	12.4/1000 live births	11/1000 live births	10.5/1000 live births	10.2/1000 live births	10/1000 live births

\*\*\*NB: School grade 1 and grade 8 screening – Population for the denominator is depended on the information provided by DoE after the first quarter of 2016/17

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

Table DHS 21: Quarterly targets for MCWH & Nutrition

No.	Indicator	Reporting Period	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Antenatal 1 <sup>st</sup> visit before 20 weeks rate	Quarterly	% (QPR)	64%	64%	64%	64%	64%
2.	Mother postnatal visit within 6 days rate	Quarterly	% (QPR)	60%	60%	60%	60%	60%
3.	Antenatal client initiated on ART rate	Quarterly	% (QPR)	96%	96%	96%	96%	96%
4.	Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	Quarterly	% (QPR)	1.7%	1.7%	1.7%	1.7%	1.7%
5.	Immunisation coverage under 1 year (annualised)	Quarterly	% (QPR)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)
6.	Measles 2 <sup>nd</sup> dose coverage (annualised)	Quarterly	% (QPR)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)	85% (38264/45016)
7.	DTaP-IPV/ HIB 3-Measles 1 <sup>st</sup> dose drop-out rate	Quarterly	% (QPR)	<13%	<13%	<13%	<13%	<13%
8.	Child under 5 years diarrhoea case fatality rate	Quarterly	% (QPR)	2.5%	2.5%	2.5%	2.5%	2.5%
9.	Child under 5 years Pneumonia case fatality rate	Quarterly	% (QPR)	2.5%	2.5%	2.5%	2.5%	2.5%
10.	Child under 5 years severe acute malnutrition case fatality rate	Quarterly	% (QPR)	8.5%	8.5%	8.5%	8.5%	8.5%
11.	Schools Grade 1 screening coverage (annualised)	Quarterly	% (QPR)	10%	10%	10%	10%	10%
12.	Schools Grade 8 screening coverage (annualised)	Quarterly	% (QPR)	10%	10%	10%	10%	10%
13.	Couple year protection rate (annualised)	Quarterly	% (QPR)	45% (280831/624069)	45% (280831/624069)	45% (280831/624069)	45% (280831/624069)	45% (280831/624069)

# ANNUAL PERFORMANCE PLAN

No.	Indicator	Reporting Period	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
14.	Cervical Cancer Screening coverage (annualised)	Quarterly	% (QPR)	40% (22302/[557560/10])	40% (22302/[557560/10])	40% (22302/[557560/10])	40% (22302/[557560/10])	40% (22302/[557560/10])
15.	Human Papilloma Virus Vaccine 1 <sup>st</sup> dose coverage	Annually	% (QPR)	86%				86%
16.	Human Papilloma Virus Vaccine 2 <sup>nd</sup> dose coverage	Annually	% (QPR)	86%		86%		
17.	Vitamin A 12 – 59 months coverage (annualised)	Quarterly	% (QPR)	45% (162287/360638)	45%	45%	45%	45%
18.	Infant exclusively breastfed at HepB (DTaP- IPV- Hib - HBV) 3 <sup>rd</sup> dose rate	Quarterly	% (QPR)	65%	65%	65%	65%	65%
19.	Maternal Mortality in facility ratio (annualised)	Annually	Ratio (Per 100 000 live births) (QPR)	125/100 000 live births				125/100 000 live births
20.	Inpatient early neonatal death rate	Annually	Ratio (Per 1000 live births) (QPR)	11 /1000 live births				11 /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

# ANNUAL PERFORMANCE PLAN

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

**Table DHS 22: Performance Indicators for Disease Prevention and Control**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	Clients screened for hypertension	Quarterly	No. (QPR)
2.	Clients screened for diabetes	Quarterly	No. (QPR)
3.	Clients screened for mental health	Quarterly	No. (QPR)
4.	Cataract Surgery Rate (annualised)	Quarterly	Rate (per 1 Million uninsured population) (QPR)
5.	Malaria case fatality rate	Quarterly	% (QPR)

**Table DHS 23: Provincial Strategic Objectives 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
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Improved awareness and management of prevalence of NCDs through screening and counselling for high blood pressure and raised blood glucose levels	Clients screened for hypertension	No. (QPR)	-	-	-	108 759	111 162	113 522	175 959	333 443
2.		Clients screened for diabetes	No. (QPR)	-	-	-	108 759	98 071	128 473	147 744	162 906
3.		Clients screened for mental health	No. (QPR)	-	-	-	-	27 568	38 595	58 345	-
4.	Prevent blindness through increased cataract surgery	Cataract Surgery Rate (annualised)	Rate (per 1 Million uninsured population) (QPR)	1283/1000 000	1346/1000 000	1029/1000 000	1395/1000 000	1395/1000 000	1500/1000 000	1500/1000 000	1500/1000 000
5.	Strengthen disease surveillance system	Malaria case fatality rate	% (QPR)	0%	0%	11%	0%	0%	0%	0%	0 %

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

Table DHS 24: Quarterly targets for Disease Prevention and Control

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Clients screened for hypertension	Quarterly	No. (QPR)	111 162	27 791	27 791	27 790	27 790
2.	Clients screened for diabetes	Quarterly	No. (QPR)	98 071	20 595	25 126	21 948	30 402
3.	Clients screened for mental health	Quarterly	No. (QPR)	27 568	4 675	7 889	6 385	8 619
4.	Cataract Surgery Rate (annualised)	Quarterly	Rate (per 1 Million uninsured population) (QPR)	1395/1000 000	349/1000 000	349/1000 000	349/1000 000	348/1000 000
5.	Malaria case fatality rate	Quarterly	% (QPR)	0%	0%	0%	0%	0%

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. District Management	102 450	101 128	150 478	107 100	128 519	141 897	135 623	143 195	151 530
2. Community Health Clinics	341 657	326 983	352 338	355 546	366 261	374 088	402 741	421 618	439 813
3. Community Health Centres	185 345	213 520	234 967	263 108	245 082	239 628	263 918	276 967	292 013
4. Community Based Services	–	–	–	–	–	–	–	–	–
5. Other Community Services	52 265	94 205	73 574	76 870	62 171	58 794	65 244	68 746	72 758
6. Hiv/Aids	230 612	331 546	357 894	408 776	411 086	394 359	456 570	515 256	587 364
7. Nutrition	3 030	3 467	3 918	4 646	4 662	3 473	4 430	4 685	4 984
8. Coroner Services	–	–	4 386	–	–	–	–	–	–
9. District Hospitals	365 007	394 761	455 456	459 882	483 393	489 520	504 790	524 636	555 065
<b>Total payments and estimates</b>	<b>1 280 366</b>	<b>1 465 610</b>	<b>1 633 011</b>	<b>1 675 928</b>	<b>1 701 174</b>	<b>1 701 759</b>	<b>1 833 316</b>	<b>1 955 103</b>	<b>2 103 527</b>

The budget for district health services has increased by 7.7 percent from adjusted budget, due to additional funding provided to assist in the appointment of 162 administrative clerks to render support services to all clinics and community health centres in the province. The funding is allocated to improve the general administration in our health facilities. The estimates of 2017/18 and 2018/19 show an increase of 6.6 percent and 7.6 percent respectively.

- The following policy priorities have been funded in this programme:
- Improvement of District Hospital Norms and Standards;
- Improvement of administration of primary health care services;
- Implementation of National Health Insurance at the Pixley ka Seme District;
- Implementation of priority health programmes;
- Improvement of HIV/AIDS awareness, prevention and treatment activities; and
- Implementation of Human Papilloma Virus vaccine, which is funded from National Department of Health. The funding for this priority was been reduced from the provincial allocations of 2016/17 and will be allocated only in 2018/19.

# ANNUAL PERFORMANCE PLAN

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

Interest and rent on land	50	1 014	1 115	-	-	267	-	-	-
<b>Transfers and subsidies to:</b>	<b>53 640</b>	<b>49 781</b>	<b>86 719</b>	<b>94 306</b>	<b>94 306</b>	<b>97 919</b>	<b>114 651</b>	<b>104 393</b>	<b>110 448</b>
Provinces and municipalities	4 439	5 133	1 697	8 881	8 881	7 345	9 353	9 821	10 391
Departmental agencies and acco	-	-	-	-	-	2	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and intern	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	47 478	41 004	79 450	80 288	80 288	84 269	99 867	88 869	94 023
Households	1 723	3 644	5 572	5 137	5 137	6 303	5 431	5 703	6 034
<b>Payments for capital assets</b>	<b>7 882</b>	<b>29 457</b>	<b>55 199</b>	<b>18 993</b>	<b>20 143</b>	<b>25 684</b>	<b>17 729</b>	<b>18 617</b>	<b>55 020</b>
Buildings and other fixed structu	175	-556	648	-	-	7 768	-	-	-
Machinery and equipment	7 707	29 706	54 162	18 993	20 143	17 916	17 729	18 617	55 020
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	307	389	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>1 280 366</b>	<b>1 465 610</b>	<b>1 633 011</b>	<b>1 675 928</b>	<b>1 701 174</b>	<b>1 701 759</b>	<b>1 833 316</b>	<b>1 955 103</b>	<b>2 103 527</b>

The compensation of employees has increased by 6.3 percent from the adjusted budget. This is in line with the estimated CPI on inflation. The growth for 2017/18 will be 6.6 percent, while 2018/19 reflects the growth of 4.1 percent due to that additional funding for administration clerks is allocated for the 1st two years of the 2016 MTEF.

Goods and services have increased by 8.5 percent from adjusted budget. This is due to reprioritisation by the department to ensure adequate budgeting for Ministerial Non-negotiable items and compliance to National Core Standards.

The transfers and subsidies grow by 21.5 percent due to significant increase in Social Sector EPWP which is used to sustain non-profit organisations rendering home based care services. However, the payments for capital assets decreased by 11.9 percent due to once-off funding of R1.150 million allocated during the 2015 adjustment as the results of roll over on the Comprehensive HIV/AIDS Grant.



# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
Failure to abide by legal prescripts, protocols, guidelines SOPs and procedures	<ul style="list-style-type: none"> <li>• Ensure that all facilities have guidelines and protocols, SOP's and procedure manuals</li> <li>• Regular support and supervision to districts</li> <li>• Training of personnel on guidelines, protocols, procedures and SOP's</li> </ul>
Exposure to personnel and patients to nosocomial infections	<ul style="list-style-type: none"> <li>• Strengthen infection control measures</li> <li>• Train health care personnel on infection control</li> <li>• Refurbish health facilities</li> <li>• Provide protective clothing</li> <li>• Strengthen community education</li> </ul>
Poor drug management and stock out	<ul style="list-style-type: none"> <li>• Put in measures for proper drug ordering, quantification and drug supply at facility level</li> <li>• Review SLA's and timeous payment of services</li> <li>• Monitoring of drug stock at provincial level depot and district and facility levels.</li> </ul>
Lack of backup generators in facilities	<ul style="list-style-type: none"> <li>• Procure backup generators and ensure correct installation of it, scheduled service and maintenance plans</li> </ul>
Poor integration of planning & delivery	<ul style="list-style-type: none"> <li>• Correct budget systems at all levels</li> <li>• Proper monitoring and evaluation of budget and expenditure</li> <li>• Strengthening integrated planning</li> <li>• Improve good governance &amp; accountability</li> <li>• Equitable distribution of resources</li> </ul>
Poor laboratory services	<ul style="list-style-type: none"> <li>• Provision of adequate budget for lab services</li> <li>• Monthly expenditure monitoring</li> <li>• Monthly meetings between HIV and AIDS Directorate and NHLS convened</li> </ul>

# ANNUAL PERFORMANCE PLAN

Potential Risk	Mitigating Factors
Increase in HIV incidences	<ul style="list-style-type: none"> <li>• Strengthen of ACSM</li> <li>• Strengthen combination preventative approach (see operational plan)</li> <li>• Provision for extra resources (e.g. drug supply, training, etc)</li> </ul>
Slow initiation on ART	<ul style="list-style-type: none"> <li>• Roll-out on PIMA CD4 analyser</li> <li>• Strengthen patient management &amp; clinical outcomes by appointing relevant personnel</li> <li>• Sustainable transport at district and facility levels</li> </ul>
Increase in mother to child transmission (MTCT) in HIV and AIDS	<ul style="list-style-type: none"> <li>• Continuous training of nurses on PMTCT &amp; Nurse Initiated Management of Anti Retroviral Treatment</li> <li>• Continuous training &amp; mentoring of healthcare practitioners on Integrated Management of Childhood Illnesses</li> <li>• Strengthen outreach by specialist teams; Involvement of Ward Based Outreach Team(WBOT) on social mobilisation and tracing of patient</li> <li>• Train healthcare practitioners on CFP (Contraceptive Fertility Planning)</li> </ul>
Exposure of personnel and patients to DR-TB and other infectious diseases	<ul style="list-style-type: none"> <li>• Strengthen infection control and train health personnel on infection control</li> <li>• Refurbish health facilities</li> <li>• Strengthen supervision by district coordinators &amp; health area managers</li> </ul>

# ANNUAL PERFORMANCE PLAN

## 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 by gradually increasing employment of staff and the number of operational ambulance

# ANNUAL PERFORMANCE PLAN

**Table EMS 1: Situation Analysis Indicators for EMS**

Quarterly Indicators	Frequency of reporting	Type	Province wide value 2014/15	Frances Baard District 2014/15	Pixley-Ka-Seme District 2014/15	John Taolo Gaetsewe District 2014/15	Namakwa District 2014/15	Zwelentlanga Fatman Mgcawu District 2014/15	National Performance 2014/15
EMS P1 urban response under 15 minutes rate	Quarterly	%	57%	38%	68%	42%	35%	76%	57%
EMS P1 rural response under 40 minutes rate	Quarterly	%	57%	88%	69%	42%	27%	61%	57%

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

**Table EMS 2: Performance Indicators for Emergency Medical Services**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	EMS P1 urban response under 15 minutes rate	Quarterly	% (QPR)
2.	EMS P1 rural response under 40 minutes rate	Quarterly	% (QPR)
3.	EMS inter-facility transfer rate	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table EMS 3: Provincial Strategic Objectives and Annual Targets for Emergency Medical Services**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012/13	2013/14	2014/15		2016/17	2017/18	2018/19	
1.	Render an effective and efficient Emergency Medical Service	EMS P1 urban response under 15 minutes rate	% (QPR)	51.5%	63%	57%	60%	60%	60%	60%	70%
2.		EMS P1 rural response under 40 minutes rate	% (QPR)	40.7%	47%	56%	40%	50%	50%	50%	50%
3.		EMS inter-facility transfer rate	% (QPR)	-	-	-	10%	10%	10%	10%	10%

## QUARTERLY TARGETS FOR 2016/17

**Table EMS 4: Quarterly targets for Emergency Medical Services**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	EMS P1 urban response under 15 minutes rate	Quarterly	% (QPR)	60%	60%	60%	60%	60%
2.	EMS P1 rural response under 40 minutes rate	Quarterly	% (QPR)	50%	50%	50%	50%	50%
3.	EMS inter-facility transfer rate	Quarterly	% (QPR)	10%	10%	10%	10%	10%

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Emergency Transport	207 226	197 867	242 847	265 563	303 251	304 885	278 289	293 521	310 827
2. Planned Patient Transport	–	–	–	2 503	2 503	598	2 639	2 774	2 935
<b>Total payments and estimates</b>	<b>207 226</b>	<b>197 867</b>	<b>242 847</b>	<b>268 066</b>	<b>305 754</b>	<b>305 483</b>	<b>280 928</b>	<b>296 295</b>	<b>313 761</b>

The budget for this programme has increased by 3.9 percent from the adjusted budget when factoring out the once off amount of R35.343 million. This once off amounts results from roll overs and additional allocation for contractual obligations particularly fuel, oil and gas for Emergency Medical Services vehicles. The 2017/18 and 2018/19 financial years' budget increases by 5.4 percent and 5.8 percent respectively.

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>180 407</b>	<b>189 193</b>	<b>207 459</b>	<b>236 626</b>	<b>257 360</b>	<b>256 307</b>	<b>250 177</b>	<b>264 007</b>	<b>279 601</b>
Compensation of employees	112 681	131 734	148 403	160 456	162 801	165 943	172 468	182 169	192 735
Goods and services	67 513	57 249	58 518	76 170	94 559	89 629	77 709	81 838	86 866
Interest and rent on land	213	210	538	-	-	735	-	-	-
<b>Transfers and subsidies to:</b>	<b>258</b>	<b>306</b>	<b>229</b>	<b>366</b>	<b>366</b>	<b>1 148</b>	<b>386</b>	<b>405</b>	<b>428</b>
Provinces and municipalities	202	163	132	366	366	181	386	405	428
Departmental agencies and acc	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and intern	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	56	143	97	-	-	967	-	-	-
<b>Payments for capital assets</b>	<b>26 561</b>	<b>8 368</b>	<b>35 159</b>	<b>31 074</b>	<b>48 028</b>	<b>48 028</b>	<b>30 365</b>	<b>31 883</b>	<b>33 732</b>
Buildings and other fixed structu	-	5 386	1 860	-	-	-	-	-	-
Machinery and equipment	26 561	2 917	33 248	31 074	48 028	48 028	30 365	31 883	33 732
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	65	51	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>207 226</b>	<b>197 867</b>	<b>242 847</b>	<b>268 066</b>	<b>305 754</b>	<b>305 483</b>	<b>280 928</b>	<b>296 295</b>	<b>313 761</b>

Compensation of employee's allocation has increased by 5.9 percent from adjusted budget. The growth rate for the 2017/18 will be 5.6 percent and 2018/19 will be 5.8 percent. The budget for goods and services and capital payments reflects the negative growth due to once off amounts received during the adjustment period of 2015.

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
Transgression of EMS norms & standards	<ul style="list-style-type: none"><li>• Increase budget</li><li>• Appoint more staff to fully comply with two crew legislation</li></ul>
Poor cleanliness and infection prevention and control systems and processes in ambulances	<ul style="list-style-type: none"><li>• Implement infection prevention and control policy</li><li>• Integration of the quality management staff education</li><li>• Strengthen Monitor and regular inspections of facilities &amp; ambulances</li></ul>
Misuse of ambulances (e.g. used as taxi, fuel theft)	<ul style="list-style-type: none"><li>• Implementation of disciplinary measures</li></ul>
Incorrect personnel screening	<ul style="list-style-type: none"><li>• Driver trainer program and recruitment pre requisites</li></ul>



## 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: Performance Indicators for Regional Hospital**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	National Core standards self assessment rate (Regional Hospital)	Quarterly	% (QPR)
2.	Quality improvement plan after self assessment rate (Regional Hospital)	Quarterly	% (QPR)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	Quarterly	% (QPR)
4.	Patient Satisfaction survey rate (Regional Hospital)	Quarterly	% (QPR)
5.	Patient Satisfaction rate (Regional Hospital)	Annually	% (QPR)
6.	Average length of stay (Regional Hospital)	Quarterly	No.
7.	Inpatient Bed Utilisation Rate (Regional Hospital)	Quarterly	% (QPR)
8.	Expenditure per PDE (Regional Hospital)	Quarterly	No (Rand). (QPR)
9.	Complaints resolution rate (Regional Hospital)	Quarterly	% (QPR)
10.	Complaints resolution within 25 working days rate (Regional Hospital)	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table PHS 2: Provincial Strategic Objectives and Annual Targets for Regional Hospital**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Improve compliance with national core standards	National Core standards self assessment rate (Regional Hospital)	% (QPR)	-	-	-	100%	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100%
2.		Quality improvement plan after self assessment rate (Regional Hospital)	% (QPR)	-	-	-	100%	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	-
3.		Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	% (QPR)	-	-	-	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100%
4.	Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate (Regional Hospital)	% (QPR)	-	-	-	80%	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100%
5.		Patient Satisfaction rate (Regional Hospital)	% (QPR)	15%	100%	96%	80%	80%	80%	80%	82%

# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
6.	Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	No. (QPR)	3.6 days	4 days	4.1 days	4.8 days	4.8 days	4.8 days	4.8 days	-
7.		Inpatient Bed Utilisation Rate (Regional Hospital)	% (QPR)	71.4%	81%	104%	72%	72%	72%	72%	-
8.		Expenditure per PDE (Regional Hospital)	No (Rand). QPR	R1414.72	R1705	R3 316.69	R2 570.13	R3 400.00	R3 740.00	R4 114.00	-
9.		Complaints resolution rate (Regional Hospital)	% (QPR)	-	-	-	80%	100%	100%	100%	-
10.		Complaints resolution within 25 working days rate (Regional Hospital)	% (QPR)	38%	36%	25%	80%	80%	80%	80%	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

Table PHS 3: Quarterly targets for Regional Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	National Core standards self assessment rate (Regional Hospital)	Quarterly	% (QPR)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
2.	Quality improvement plan after self assessment rate (Regional Hospital)	Quarterly	% (QPR)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	Quarterly	% (QPR)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
4.	Patient Satisfaction survey rate (Regional Hospital)	Quarterly	% (QPR)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)	100% (1 Regional Hospital)
5.	Patient Satisfaction rate (Regional Hospital)	Annually	% (QPR)	80%				80%
6.	Average length of stay (Regional Hospital)	Quarterly	No. (QPR)	4.8 days	4.8 days	4.8 days	4.8 days	4.8 days
7.	Inpatient Bed Utilisation Rate (Regional Hospital)	Quarterly	% (QPR)	72%	72%	72%	72%	72%
8.	Expenditure per PDE (Regional Hospital)	Quarterly	No (Rand). QPR	R 3400.00	R 3400.00	R 3400.00	R 3400.00	R 3400.00
9.	Complaints resolution rate (Regional Hospital)	Quarterly	% (QPR)	100%	100%	100%	100%	100%
10.	Complaints resolution within 25 working days rate (Regional Hospital)	Quarterly	% (QPR)	80%	80%	80%	80%	80%

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

### PRIORITY:

- Improve specialised hospital services
- Improve accessibility to mental health service in the specialised hospital

### SUB OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

**Table PHS 4: Performance Indicators for West End Hospital**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	National Core standards self assessment rate (Specialised Hospital)	Quarterly	% (QPR)
2.	Quality improvement plan after self assessment rate (Specialised Hospital)	Quarterly	% (QPR)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	Quarterly	% (QPR)
4.	Patient Satisfaction survey rate (Specialised Hospital)	Quarterly	% (QPR)
5.	Patient Satisfaction rate (Specialised Hospital)	Annually	% (QPR)
6.	Complaints resolution rate (Specialised Hospital)	Quarterly	% (QPR)
7.	Complaints resolution within 25 working days rate (Specialised Hospital)	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table PHS 5: Provincial Strategic Objectives and Annual Targets for West End Hospital**

No.	Strategic Objectives	Indicator	Indicator type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Improve compliance with national core standards	National Core standards self assessment rate (Specialised Hospital)	% (QPR)	-	-	-	100%	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100%
2.		Quality improvement plan after self assessment rate (Specialised Hospital)	% (QPR)	-	-	-	100%	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	-
3.		Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	% (QPR)	-	-	-	25%	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100%
4.	Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate (Specialised Hospital)	% (QPR)	-	-	-	80%	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100%
5.		Patient Satisfaction rate (Specialised Hospital)	% (QPR)	-	-	-	80%	80%	80%	80%	82%

# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
6.	Improve efficiencies and quality of care at specialised hospital	Complaints resolution rate (Specialised Hospital)	% (QPR)	-	-	-	80%	100%	100%	100%	-
7.		Complaints resolution within 25 working days rate (Specialised Hospital)	% (QPR)	75%	50%	-	80%	80%	80%	80%	-

## QUARTERLY TARGETS FOR 2016/17

Table PHS 6: Quarterly targets for West End Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	National Core standards self assessment rate (Specialised Hospital)	Quarterly	% (QPR)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)
2.	Quality improvement plan after self assessment rate (Specialised Hospital)	Quarterly	% (QPR)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)
3.	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	Quarterly	% (QPR)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)



# ANNUAL PERFORMANCE PLAN

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
4.	Patient Satisfaction survey rate (Specialised Hospital)	Quarterly	% (QPR)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)
5.	Patient Satisfaction rate (Specialised Hospital)	Annually	% (QPR)	80%				80%
6.	Complaints resolution rate (Specialised Hospital)	Quarterly	% (QPR)	100%	100%	100%	100%	100%
7.	Complaints resolution within 25 working days rate (Specialised Hospital)	Quarterly	% (QPR)	80%	80%	80%	80%	80%

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. General (Regional) Hospitals	125 533	149 624	223 307	239 738	241 863	266 557	255 042	268 877	284 521
2. Tuberculosis Hospitals	12 043	6 294	14 661	13 639	13 813	13 391	16 933	16 250	17 193
3. Psychiatric/Mental Hospitals	27 120	45 164	54 626	48 376	48 901	55 772	50 215	54 576	57 741
<b>Total payments and estimates</b>	<b>164 696</b>	<b>201 082</b>	<b>292 594</b>	<b>301 753</b>	<b>304 577</b>	<b>335 720</b>	<b>322 190</b>	<b>339 703</b>	<b>359 455</b>

The budget of Provincial Hospital Services has increased by 5.8 percent from the adjusted budget. The growth rate for the 2017/18 will be 5.4 percent, while 2018/19 will be 5.8 percent.

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate +	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>163 063</b>	<b>197 048</b>	<b>285 800</b>	<b>300 559</b>	<b>303 383</b>	<b>334 033</b>	<b>320 933</b>	<b>338 383</b>	<b>358 059</b>
Compensation of employees	110 713	140 251	180 044	215 848	218 672	209 579	232 490	245 478	259 716
Goods and services	52 350	56 782	105 731	84 711	84 711	124 376	88 443	92 905	98 343
Interest and rent on land	-	15	25	-	-	78	-	-	-
<b>Transfers and subsidies to:</b>	<b>-</b>	<b>144</b>	<b>1 634</b>	<b>1 028</b>	<b>1 028</b>	<b>859</b>	<b>1 082</b>	<b>1 136</b>	<b>1 202</b>
Provinces and municipalities	-	-	365	-	-	-	-	-	-
Departmental agencies and acco	-	-	-	-	-	38	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and inter	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	234	-	-	-
Households	-	144	1 269	1 028	1 028	587	1 082	1 136	1 202
<b>Payments for capital assets</b>	<b>1 633</b>	<b>3 890</b>	<b>5 160</b>	<b>166</b>	<b>166</b>	<b>828</b>	<b>175</b>	<b>184</b>	<b>195</b>
Buildings and other fixed structu	-	2 826	2 422	-	-	318	-	-	-
Machinery and equipment	1 633	1 064	2 667	166	166	456	175	184	195
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	-	71	-	-	54	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>164 696</b>	<b>201 082</b>	<b>292 594</b>	<b>301 753</b>	<b>304 577</b>	<b>335 720</b>	<b>322 190</b>	<b>339 703</b>	<b>359 455</b>

Compensation of employees has increased by 6.3 percent from the adjusted budget in line with the CPI inflation estimates of 6.2 percent, while the goods and services have increased by 4.4 percent from the adjusted budget.

# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
<b>DR HARRY SURTIE AND WEST END</b>	
Possible reduction of certain services due to workforce	<ul style="list-style-type: none"> <li>• Strengthen Employee Wellness program;</li> <li>• Staff appointment as per organogram;</li> <li>• Establishment and adherence to referral protocol;</li> <li>• Intervention and support from Provincial Programmes;</li> <li>• Conduct in-service training on use of equipment;</li> </ul>
Possible reduction of certain services due to technical and equipment	<ul style="list-style-type: none"> <li>• Appointment of maintenance and technical staff;</li> <li>• Allocate Budget for maintenance;</li> <li>• Develop SOPs for use of equipment &amp; budget;</li> <li>• Training of staff on certain equipment;</li> <li>• Installation of burglar bars at the back of the wards (2nd floor)</li> </ul>
Loss of patient records	<ul style="list-style-type: none"> <li>• Appointment and training of staff;</li> <li>• Implementation of Proper filing system;</li> <li>• Develop SOP's for records management system;</li> <li>• Conduct training for staff on Nootroclin</li> </ul>
Compromised clinical management	<ul style="list-style-type: none"> <li>• Strengthen Public awareness and education;</li> <li>• Staging 2 monthly meetings between hospital and district health;</li> </ul>
High treatment interruption rate	<ul style="list-style-type: none"> <li>• Improved intersectoral collaboration;</li> <li>• Continuous training of the various stakeholders;</li> <li>• Continuous Improvement of communication between health facilities;</li> <li>• Establishment of multi-sectoral committee;</li> <li>• Request for additional funding;"</li> </ul>

# ANNUAL PERFORMANCE PLAN

Potential Risk	Mitigating Factors
<b>DR HARRY SURTIE AND WEST END</b>	
Resistance by patients to take treatment	<ul style="list-style-type: none"><li>• Improved intersectoral collaboration;</li><li>• Continuous training of the various stakeholders;</li><li>• Continuous Improvement of communication between health facilities;</li><li>• Establishment of multi-sectoral committee;</li><li>• Request for additional funding;"</li></ul>
High communicable rate	<ul style="list-style-type: none"><li>• Strengthen infection control measures amongst staff &amp; families;</li><li>• Intensify training for all staff members;</li><li>• Upgrading of protective clothing &amp; equipment;</li><li>• Pre-employment &amp; periodical screening of employees;</li></ul>
Compromised safety & security of patients & staff	<ul style="list-style-type: none"><li>• Develop a checklist for issues of understanding for security personnel;</li><li>• Motivate for additional security staff;</li><li>• Motivate for installation of surveillance cameras &amp; access control system;</li><li>• Motivate for improvement of lighting on premises;</li><li>• Motivate for installation of additional burglar proofing;</li><li>• Liaise with Provincial Office to conduct security &amp; safety audits;"</li></ul>

## PROGRAMME 5: TERTIARY HOSPITAL 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

- Compliance with the national core standards for effective health service delivery
- Improve efficiencies and quality of care at Tertiary Hospital

## SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

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

**Table THS 1: Performance Indicators for Tertiary Hospital**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	National Core Standards self assessment rate (Tertiary hospital)	Quarterly	% (QPR)
2.	Quality improvement plan after self assessment rate (Tertiary hospital)	Quarterly	% (QPR)
3.	Percentage of hospitals compliant with all extreme and vital measures of the National Core Standards (Tertiary hospital)	Quarterly	% (QPR)
4.	Patient Satisfaction survey rate (Tertiary hospital)	Quarterly	% (QPR)
5.	Patient Satisfaction rate (Tertiary hospital)	Annually	% (QPR)
6.	Average length of stay (Tertiary hospital)	Quarterly	No. (QPR)
7.	Inpatient Bed Utilisation Rate (Tertiary hospital)	Quarterly	% (QPR)
8.	Expenditure per PDE (Tertiary hospital)	Quarterly	No (Rand). (QPR)
9.	Complaints Resolution rate (Tertiary hospital)	Quarterly	% (QPR)
10.	Complaint Resolution within 25 working days rate (Tertiary hospital)	Quarterly	% (QPR)

# ANNUAL PERFORMANCE PLAN

**Table THS 2: Provincial Strategic Objectives and Annual Targets for Tertiary Hospital**

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
1.	Improve compliance with the National Core Standards	National Core Standards self assessment rate (Tertiary hospital)	% (QPR)	-	-	-	100%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100%
2.		Quality improvement plan after self assessment rate (Tertiary hospital)	% (QPR)	-	-	-	100%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	-
3.		Percentage of hospitals compliant with all extreme and vital measures of the National Core Standards (Tertiary hospital)	% (QPR)	-	-	0%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
4.	Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate (Tertiary hospital)	% (QPR)	-	-	-	100%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100%
5.		Patient Satisfaction rate (Tertiary hospital)	% (QPR)	77%	76%	84%	80%	80%	80%	80%	82%



# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
6.	Improve efficiencies and quality of care at Tertiary hospital	Average length of stay (Tertiary hospital)	No. (QPR)	5.1 days	6.5 days	6.8 days	5.5 days	6.2 days	6.2 days	6.2 days	-
7.		Inpatient Bed Utilisation Rate (Tertiary hospital)	% (QPR)	71 %	71%	73%	74%	72% (498/691)	72% (498/691)	72% (498/691)	-
8.		Expenditure per PDE (Tertiary hospital)	No (Rand). QPR	R3 475	R3 487	R3 446	R3 736	R3 923	R4 119	R4 325	-
9.		Complaints Resolution rate (Tertiary hospital)	% (QPR)	-	-	-	80%	100%	100%	100%	-
10.		Complaint Resolution within 25 working days rate (Tertiary hospital)	% (QPR)	53%	66%	86%	80%	80%	80%	80%	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS 2016/17

Table THS 3: Quarterly targets for Tertiary Hospital

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	National Core Standards self assessment rate (Tertiary hospital)	Quarterly	% (QPR)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
2.	Quality improvement plan after self assessment rate (Tertiary hospital)	Quarterly	% (QPR)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
3.	Percentage of hospitals compliant with all extreme and vital measures of the National Core Standards (Tertiary hospital)	Quarterly	% (QPR)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
4.	Patient Satisfaction survey rate (Tertiary hospital)	Quarterly	% (QPR)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
5.	Patient Satisfaction rate (Tertiary hospital)	Annually	% (QPR)	80%				80%
6.	Average length of stay (Tertiary hospital)	Quarterly	No. (QPR)	6.2 days	6.2 days	6.2 days	6.2 days	6.2 days
7.	Inpatient Bed Utilisation Rate (Tertiary hospital)	Quarterly	% (QPR)	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)
8.	Expenditure per PDE (Tertiary hospital)	Quarterly	No (Rand). QPR	R3 923	R3 923	R3 923	R3 923	R3 923
9.	Complaints Resolution rate (Tertiary hospital)	Quarterly	% (QPR)	100%	100%	100%	100%	100%
10.	Complaint Resolution within 25 working days rate (Tertiary hospital)	Quarterly	% (QPR)	80%	80%	80%	80%	80%

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
1. Provincial Tertiary Hospital Serv	729 538	739 655	767 519	831 184	858 244	890 343	881 574	929 138	983 434
<b>Total payments and estimates</b>	<b>729 538</b>	<b>739 655</b>	<b>767 519</b>	<b>831 184</b>	<b>858 244</b>	<b>890 343</b>	<b>881 574</b>	<b>929 138</b>	<b>983 434</b>

The budget for this programme has increased by 2.7 percent from the adjusted budget. When factoring out the once off amount of R18.716 million the budget grows by 5.0 percent. This is slightly below the CPI inflation rate of 6.2 percent due to minimal growth on National Tertiary Services Grant and Health Professions Training & Development Grant. The growth rate for the 2017/18 will be 5.4 percent and 5.8 percent for 2018/19.

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
<b>Current payments</b>	<b>695 766</b>	<b>701 498</b>	<b>749 252</b>	<b>812 880</b>	<b>837 764</b>	<b>868 198</b>	<b>853 188</b>	<b>899 123</b>	<b>951 678</b>
Compensation of employees	443 536	475 616	528 101	555 315	563 659	581 925	596 247	629 232	665 727
Goods and services	252 230	225 882	221 151	257 565	274 105	285 982	256 941	269 891	285 951
Interest and rent on land	-	-	-	-	-	291	-	-	-
<b>Transfers and subsidies to:</b>	<b>2 457</b>	<b>9 163</b>	<b>3 596</b>	<b>1 989</b>	<b>1 989</b>	<b>2 645</b>	<b>2 094</b>	<b>2 199</b>	<b>2 327</b>
Provinces and municipalities	-	-	-	-	-	2	-	-	-
Departmental agencies and acco	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and inter	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	1 039	622	1 056	679	679	962	715	751	795
Households	1 418	8 541	2 540	1 310	1 310	1 681	1 379	1 448	1 532
<b>Payments for capital assets</b>	<b>31 315</b>	<b>28 994</b>	<b>14 671</b>	<b>16 315</b>	<b>18 491</b>	<b>19 500</b>	<b>26 292</b>	<b>27 816</b>	<b>29 429</b>
Buildings and other fixed struct	-	6 070	10 595	-	-	6 245	-	-	-
Machinery and equipment	31 255	22 924	4 076	16 315	18 491	13 255	26 292	27 816	29 429
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	60	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>729 538</b>	<b>739 655</b>	<b>767 519</b>	<b>831 184</b>	<b>858 244</b>	<b>890 343</b>	<b>881 574</b>	<b>929 138</b>	<b>983 434</b>

Compensation of employees has increased by 5.8 percent compared to the adjusted budget, which is below the CPI inflation rate.

The allocation for goods and services shows the decline by 6.2 percent from the adjusted budget. This is attributable to once off funding resulting from roll over. The transfers and subsidies increased by 5.2 percent from the adjusted budget to cater for unexpected personnel exit.

The payment for capital assets has been increased by 42.1 percent from the adjusted budget. The significant increase on budget is due to the plans by the department to resource the medical training facility unit that deals with knowledge sharing between health professionals and also replace old medical equipment.

# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
Non-compliance to T1(Tertiary hospitals) service package	<ul style="list-style-type: none"> <li>• Consultative budgeting process.</li> <li>• Integrated planning</li> <li>• Costing interventions.</li> <li>• Cutting on certain services.</li> <li>• Educate public on health referral protocols</li> <li>• Advise head office on extending operational hours of PHC,</li> <li>• Establishment of district hospital in Sol Plaatje municipal area.</li> <li>• Shortened recruitment processes by granting limited HR delegations Recruitment and retention strategy</li> <li>• Strengthen academic support with Universities in neighbouring provinces,</li> <li>• Empowerment at management level</li> </ul>
Possible discontinuation of certain services	<ul style="list-style-type: none"> <li>• Develop, fund and implement a maintenance plan</li> </ul>
Compromised clinical management - Referral	<ul style="list-style-type: none"> <li>• Adherence to protocol and guidelines</li> <li>• Adequate resources of district hospitals</li> <li>• Support to clinical staff</li> </ul>
Compromised clinical management - KHC	<ul style="list-style-type: none"> <li>• Adherence to protocol and guidelines</li> <li>• Support to clinical staff</li> </ul>

## 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
- Training of EMS Personnel
- Strengthen research and development

**SUB-OUTCOME 5: IMPROVED HUMAN RESOURCES FOR HEALTH**  
**SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP**

**Table HST 1: Performance Indicators for Health Sciences and Training**

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	Basic nurse students graduating	Annually	No.
2.	Number of bursaries awarded for first year medicine students	Annually	No. (QPR)
3.	Number of bursaries awarded for first year nursing students	Annually	No. (QPR)
4.	Number of PHC nurses graduating	Annually	No.
5.	Number of Paediatric Nurses graduating	Annually	No.
6.	Number of Advanced Midwives graduating	Annually	No.
7.	Number of Managers accessing the Management Skills Programmes	Annually	No.
8.	Proportion of bursary holders permanently appointed	Annually	%
9.	Number of employees enrolled for training on Intermediate Life Support	Quarterly	No.
10.	Number of bursaries awarded to administrative staff	Annually	No.

# ANNUAL PERFORMANCE PLAN

**Table HST 2: Provincial Strategic Objectives 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
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
1.	Increase production of human resources of health	Basic nurse students graduating	No.	12	45	94	40 <sup>5</sup>	131	132	132	-
2.		Number of bursaries awarded for first year medicine students	No. (QPR)	-	-	-	50	50	50	50	250
3.		Number of bursaries awarded for first year nursing students	No. (QPR)	-	-	-	105 <sup>6</sup>	120	150	170	-

Number of students graduating from 4 year programme (R425)

Number of students on the 4th year programme (R425) is 25

Number of students on the 2nd year programme (R683) is 26

Number of students on the 1 year programme (R2176) is 41



# ANNUAL PERFORMANCE PLAN

No.	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012 /13	2013/14	2014/15		2016/17	2017/18	2018/19	
4.	To implement a Training Strategy aligned to the core functions of the Department	Number of PHC nurses graduating	No.	-	20	0	20	20	20	20	-
5.		Number of Paediatric Nurses graduating	No.	-	2	0	5	5	5	5	-
6.		Number of Advanced Midwives graduating	No.	-	4	0	5	5	10	10	-
7.		Number of Managers accessing the Management Skills Programmes	No.	-	20	20	15	20	25	25	-
8.	Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	%	-	-	14%	23% (15)	100% (65/65)	100% (65/65)	100% (65/65)	100%
9.	Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	No.	-	-	12	36	36	36	36	180
10.	Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	No.	-	-	20	40	40	40	40	-

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

**Table HST 3: Quarterly targets for Health Sciences and Training**

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Basic nurse students graduating	Annually	No.	131				131
2.	Number of bursaries awarded for first year medicine students	Annually	No. (QPR)	50				50
3.	Number of bursaries awarded for first year nursing students	Annually	No. (QPR)	120				120
4.	Number of PHC nurses graduating	Annually	No.	20				20
5.	Number of Paediatric Nurses graduating	Annually	No.	5				5
6.	Number of Advanced Midwives graduating	Annually	No.	5				5
7.	Number of Managers accessing the Management Skills Programmes	Annually	No.	20				20
8.	Proportion of bursary holders permanently appointed	Annually	%	100% (65/65)				100% (65/65)
9.	Number of employees enrolled for training on Intermediate Life Support	Quarterly	No.	36		12	12	12
10.	Number of bursaries awarded to administrative staff	Annually	No.	40				40

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
1. Nurse Training College	15 380	45 098	51 769	56 269	59 840	60 653	58 055	62 180	65 863
2. Ems Training College	–	2 043	–	4 031	4 031	2 493	4 256	4 469	4 728
3. Bursaries	31 974	34 861	45 413	22 619	22 619	27 643	24 942	26 217	27 765
4. Primary Health Care Training	36	297	27	1 429	1 429	342	1 505	1 580	1 672
5. Training Other	39 394	5 756	7 042	39 744	36 595	28 775	37 542	35 410	37 487
<b>Total payments and estimates</b>	<b>86 784</b>	<b>88 055</b>	<b>104 251</b>	<b>124 092</b>	<b>124 514</b>	<b>119 906</b>	<b>126 300</b>	<b>129 856</b>	<b>137 514</b>

The budget for this programme has increased by 1.4 percent compared to adjusted budget, which is attributed to the skills development levy which is based on the per cent increase in the total wage bill. The department is reprioritising its expenditure towards training & development initiatives. The overall growth rate for the 2017/18 will be 2.8 percent, while 2018/19 will be 5.8 percent.

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>85 141</b>	<b>65 413</b>	<b>61 059</b>	<b>108 868</b>	<b>109 290</b>	<b>106 710</b>	<b>111 347</b>	<b>114 105</b>	<b>120 791</b>
Compensation of employees	32 901	27 296	26 725	50 248	50 670	31 174	42 191	44 937	47 543
Goods and services	52 240	38 113	34 334	58 620	58 620	75 536	69 156	69 168	73 248
Interest and rent on land	-	4	-	-	-	-	-	-	-
<b>Transfers and subsidies to:</b>	<b>18</b>	<b>21 075</b>	<b>42 234</b>	<b>12 741</b>	<b>12 741</b>	<b>10 258</b>	<b>13 441</b>	<b>14 113</b>	<b>14 932</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and acco	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and intern	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	18	21 075	42 234	12 741	12 741	10 258	13 441	14 113	14 932
<b>Payments for capital assets</b>	<b>1 625</b>	<b>1 567</b>	<b>958</b>	<b>2 483</b>	<b>2 483</b>	<b>2 938</b>	<b>1 512</b>	<b>1 638</b>	<b>1 791</b>
Buildings and other fixed structu	912	-	74	-	-	-	-	-	-
Machinery and equipment	713	1 567	869	2 483	2 483	2 850	1 512	1 638	1 791
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	-	15	-	-	88	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>86 784</b>	<b>88 055</b>	<b>104 251</b>	<b>124 092</b>	<b>124 514</b>	<b>119 906</b>	<b>126 300</b>	<b>129 856</b>	<b>137 514</b>

The compensation of employee's budget was decreased by 16.7 percent of the adjusted budget. This is attributable to that the programme at most was previously funded from Health Professions Training & Development (HPTD) that has been moved to Programme 5: Central Hospital Services effectively from financial year 2016/17. The outputs of the grants was planned to provide training of officials on the service platform as per grant framework.

The goods and services grow by 17.9 percent when compared to the adjusted budget. This significant increase will cater for budget pressures experienced by the nursing college, and further improve the training of nursing students.

The payment for capital assets decreased by 39.1 percent compared to adjusted budget, since the student bus was only planned to be procured during the 2015/16 financial year.

# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
The risk of not finalizing the curriculum.	<ul style="list-style-type: none"><li>• Schedule monthly curriculum development meetings.</li><li>• Continue doing weekly follow ups of submissions at HR and finance.</li></ul>
The risk of not producing sufficient number of nurses.	<ul style="list-style-type: none"><li>• Motivate for more funding. Strengthen the selection criteria.</li><li>• Develop the college retention strategy.</li><li>• Improve on planning and distribution of resources among departmental programmes.</li><li>• Convene a meeting between the college and the relevant Chief Director.</li></ul>
Loss of accreditation	<ul style="list-style-type: none"><li>• Increase budget;</li><li>• Appoint more staff to fully comply with two crew legislation</li></ul>
Poor Quality of care (core knowledge)	<ul style="list-style-type: none"><li>• Implementation of MOU with other HEI Implementation of national training programme curriculum</li><li>• Rolling out of the CPD programme</li></ul>



# ANNUAL PERFORMANCE PLAN



## 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: Performance Indicators for Forensic Medical Services**

No.	Performance Indicators	Frequency of Reporting	Indicator Type
1.	Percentage of autopsies completed within 4 working days	Quarterly	%
2.	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%

# ANNUAL PERFORMANCE PLAN

**Table HCSS 2: Provincial Strategic Objectives 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
					2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Render health care support service through specialised forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days <sup>2</sup>	Quarterly	%	48%	54%	93%	80%	90 %	90 %	90%	90%
2.		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%	-	-	-	-	80%	80%	80%	80%

## QUARTERLY TARGETS 2016/17

**Table HCSS 3: Quarterly targets for Forensic Medical Services**

No.	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	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: PHARMACEUTICAL SERVICES

### PRIORITY:

- Improve availability and accessibility of medicine
- Improve quality of service including clinical governance and patient safety
- Improved and efficient medicine stock management

## SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

Table HCSS 4: Performance Indicators for Pharmaceutical Services

No.	Programme Performance Indicator	Frequency of Reporting	Indicator Type
1.	Percentage availability of tracer medication (EML and STG) in the health facilities and institutions	Quarterly	%
2.	Number of functional Pharmaceutical and Therapeutic Committee	Bi-Annually	No.
3.	Number of facilities implementing the Electronic stock management system	Quarterly	No.

# ANNUAL PERFORMANCE PLAN

**Table HCSS 5: Provincial Strategic Objectives and Annual Targets for Pharmaceutical Services**

No.	Strategic Objectives	Indicators	Frequency of Reporting	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
					2012 /13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/2019	2019/20
1.	Improve availability and access of medicine	Percentage availability of tracer medication (EML and STG) in the health facilities and institutions	Quarterly	%	91.3%	97%	97%	100%	100%	100%	100%	100%
2.	Improve quality of service including clinical governance and patient safety.	Number of functional Pharmaceutical and Therapeutic Committee	Bi-Annually	No.	-	-	-	-	6	8	9	9
3.	Improved and efficient medicine stock management	Number of facilities implementing the Electronic stock management system	Quarterly	No.	-	-	-	-	51	119	187	204

# ANNUAL PERFORMANCE PLAN

## QUARTERLY TARGETS FOR 2016/17

Table HCSS 6: Quarterly targets for Pharmaceutical Services

No.	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Percentage availability of tracer medication (EML and STG) in the health facilities and institutions	Quarterly	%	100%	100%	100%	100%	100%
2.	Number of functional Pharmaceutical and Therapeutic Committee	Bi-Annually	No.	6		3	3	
3.	Number of facilities implementing the Electronic stock management system	Quarterly	No.	51	13	13	13	12

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Laundry Services	7 077	10 483	10 263	6 639	6 730	8 862	7 127	7 524	7 960
2. Engineering	11 240	18 519	19 649	19 810	19 961	43 727	18 113	19 238	20 528
3. Forensic Services	25 615	27 179	18 297	31 547	31 779	24 094	33 584	35 391	37 445
4. Orthotic And Prosthetic Services	5 802	4 850	6 603	8 815	8 860	7 127	9 350	9 838	10 409
5. Medicine Trading Account	14 707	23 493	30 451	28 294	28 696	36 092	30 388	32 066	33 926
<b>Total payments and estimates</b>	<b>64 441</b>	<b>84 524</b>	<b>85 263</b>	<b>95 105</b>	<b>96 026</b>	<b>119 902</b>	<b>98 562</b>	<b>104 057</b>	<b>110 267</b>

The budget for this programme has increased by 2.6 percent compared to the adjusted budget. The budget of engineering sub-programme was reprioritised to reduce budget pressure on other sub programmes. The funding for Health Facility Revitalisation Grant will be utilised to maintain existing health facilities instead of building new facilities. The growth rate for the 2017/18 will be 5.6 percent, while 2018/19 will be 5.9 percent.

# ANNUAL PERFORMANCE PLAN

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>55 970</b>	<b>83 758</b>	<b>83 204</b>	<b>91 979</b>	<b>92 900</b>	<b>119 003</b>	<b>95 268</b>	<b>100 599</b>	<b>106 609</b>
Compensation of employees	34 029	52 879	56 721	60 166	61 087	63 768	64 764	68 414	72 382
Goods and services	21 941	30 816	26 477	31 813	31 813	55 111	30 504	32 185	34 227
Interest and rent on land	-	63	6	-	-	124	-	-	-
<b>Transfers and subsidies to:</b>	<b>19</b>	<b>147</b>	<b>261</b>	<b>-</b>	<b>-</b>	<b>163</b>	<b>-</b>	<b>-</b>	<b>-</b>
Provinces and municipalities	15	14	7	-	-	9	-	-	-
Departmental agencies and acco	4	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and inter	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	133	254	-	-	154	-	-	-
<b>Payments for capital assets</b>	<b>8 452</b>	<b>619</b>	<b>1 798</b>	<b>3 126</b>	<b>3 126</b>	<b>736</b>	<b>3 294</b>	<b>3 458</b>	<b>3 659</b>
Buildings and other fixed structu	6 776	117	348	-	-	-	-	-	-
Machinery and equipment	1 676	502	1 450	3 126	3 126	736	3 294	3 458	3 659
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>64 441</b>	<b>84 524</b>	<b>85 263</b>	<b>95 105</b>	<b>96 026</b>	<b>119 902</b>	<b>98 562</b>	<b>104 057</b>	<b>110 267</b>

The compensation of employees increased by 6.0 percent compared to adjusted budget to improve the conditions of service, while the goods & services decreased by 4.1 percent as the result of reprioritisation from administrative expenses towards core business activities. The payments for capital assets shows an increased by 5.4 percent.

# ANNUAL PERFORMANCE PLAN

## RISK MANAGEMENT

Potential Risk	Mitigating Factors
<b>Forensic Medical Services</b>	
Excessive breakdowns of FMS vehicles	<ul style="list-style-type: none"><li>• Shifting of funds for acquiring of vehicles, replacement of old vehicles with requisite specifications.</li><li>• Implementing maintenance plan &amp; rotation and placement of vehicles.</li><li>• Installing tracking devices &amp; establish a line to report bad driving, misuse &amp; abuse of vehicles;</li><li>• Develop &amp; implementation of a standard fleet management procedures &amp; protocols.</li><li>• Continuous advance driving skills to be conducted.</li></ul>

# ANNUAL PERFORMANCE PLAN

Possible discontinuation of FMS services	<ul style="list-style-type: none"> <li>• Implementation of Forensic Pathology Service guidelines at mortuaries</li> <li>• Provide protective clothing and cleaning chemicals at facilities</li> <li>• Sourcing funeral undertaker facilities for storage of bodies</li> <li>• Continuous maintenance of building &amp; equipment</li> <li>• Installation of water tanks, generators &amp; fridges at facilities</li> <li>• Ongoing personnel occupational, health and wellness assessments &amp; train personnel in health and safety aspects.</li> <li>• Building of new and completion of existing mortuaries in line with regulations</li> <li>• Request appointment of dedicated additional cleaners at mortuaries &amp; Ongoing replacement of cleaning machinery</li> <li>• Conduct quarterly assessments with assistance of infrastructure, health and safety and environmental health units</li> <li>• Update and strengthen the implementation of the SOP's in line with regulations.</li> </ul>
<b>Pharmaceutical Services</b>	
Expiration of inventory.	• Appoint sufficient numbers of staff at legislated levels.
Non-availability of medication to patients.	• Implement stock management systems down to facility level.
Theft of medication.	• Implement an effective surveillance monitoring system at all facilities.
De-registration of Pharmaceutical Services by monitoring and regulatory institutions e.g. SAPC, MCC.	• Appoint pharmacists throughout the province to review compliance.



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## 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 2015-2016/20 Strategic Plan.

### PRIORITIES

- Implementation of 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: Performance Indicators for Health Facilities Management**

No.	Performance Indicators	Frequency of Reporting	Indicator Type
1.	Number of facilities that comply with gazetted infrastructure Norms and Standards	Quarterly	No.
2.	Number of additional clinics, community health centres and office facilities constructed	Quarterly	No.
3.	Number of additional hospitals and mortuaries constructed or revitalised	Quarterly	No.
4.	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annually	No. (QPR)
5.	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	Annually	No. (QPR)
6.	Established Service Level Agreement (SLA) with the Department of Public Works	Annually	Yes-No (QPR)



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**Table HFM 2: Provincial Strategic Objectives 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
				2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
1.	Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with facility norms and standards	Number of facilities that comply with gazetted infrastructure Norms and Standards	No.	-	-	1.Tshwaragano OPD	1. Kakamas Clinic 2. Alheit Satellite Clinic 3. Cillie Clinic 4. Vredesvallei Satellite 5. Breipaal Clinic 6. Logobate Clinic 7. Garies Clinic 8. Okiep Clinic 9. EMS Stations (Bathlaros, Calvinia)	(59)  1. Upgrading of 33 CHCs 2. Upgrading of 25 Clinics 3. Upgrading of Tshwaragano Nursing College	(1)  1. Upgrade of West End Hospital for hospital space	(1)  1. Upgrade of West End Hospital for hospital space	-
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	(9)  1. Port Nolloth CHC practical completion 2. Boegoeberg Clinic complete 3. Bankhara Bodulong Clinic complete 4. Vioolsdrift Clinic under construction 5. Caroulesburg Clinic under construction 6. Kuboes clinic practical completion 7. Welkon Clinic practical completion 8. Construction of Provincial Office 9. Construction of New Nursing and EMS College	(9)	-

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No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2016/17	2017/18	2018/19	
3.	Implementation of Hospital 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 completed	(1)  1. Namakwa Forensic Mortuary practical completion	(1)  1. Kuruman hospital Regional hospital in JTG platform completed	-
4.	Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	No. (QPR)	-	-	-	-	(8)  (Kuyasa clinic, Hester Malan, Britstown, Noupoot, Griekwastad Carnavon, Prieska CHCs and BJ Kempen Hospital)	(8)  (Kuyasa clinic, Hester Malan, Britstown, Noupoot, Griekwastad Carnavon, Prieska CHCs and BJ Kempen Hospital)	(8)  (Kuyasa clinic, Hester Malan, Britstown, Noupoot, Griekwastad Carnavon, Prieska CHCs and BJ Kempen Hospital)	(8)  (Kuyasa clinic, Hester Malan, Britstown, Noupoot, Griekwastad Carnavon, Prieska CHCs and BJ Kempen Hospital)

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No.	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan Target
				2012/13	2013/14	2014/15		2016/17	2017/18	2018/19	
5.		Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	No. (QPR)			+		(19)	(19)	(19)	(19)
6.	Strengthen partnership with the Department of Public Works to accelerate infrastructure delivery	Established Service Level Agreement (SLA) with the Department of Public Works	Yes-No (QPR)	1	1	-	1	1	1	1	1

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## QUARTERLY TARGETS FOR 2016/17

Table HFM 3: Quarterly targets for Health Facilities Management

No.	Performance Indicator	Reporting Period	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
1.	Number of facilities that comply with gazetted infrastructure Norms and Standards	Quarterly	No.	59	6	11	27	15
2.	Number of additional clinics, community health centres and office facilities constructed	Quarterly	No.	8		2	2	4
3.	Number of additional hospitals and mortuaries constructed or revitalised	Quarterly	No.	3	1	1		1
4.	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annually	No. (QPR)	8				8
5.	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	Annually	No. (QPR)	19				19

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No.	Performance Indicator	Reporting Period	Indicator Type	Annual Targets 2016/17	Quarterly Targets			
					Q1	Q2	Q3	Q4
6.	Established Service Level Agreement (SLA) with the Department of Public Works	Annually	Yes-No (QPR)	1	1			

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. District Hospital Services	378 130	286 816	195 588	337 792	362 814	286 634	351 404	356 775	371 005
2. Provincial Hospital Services	101 415	166 544	200 576	263 327	296 946	349 360	122 863	17 786	19 156
<b>Total payments and estimates</b>	<b>479 545</b>	<b>453 360</b>	<b>396 164</b>	<b>601 119</b>	<b>659 760</b>	<b>635 994</b>	<b>474 267</b>	<b>374 561</b>	<b>390 161</b>

The Health Facilities Management programme is mainly funded by Health Facility Revitalisation Grant. The budget for this programme show the decrease by 28.1 percent compared to adjusted budget for 2015/16. This negative growth is due to reduction in incentive performance allocation received from national government in respect of the Health Facility Revitalisation Grant, however the budget baseline is not affected since this was once off allocation.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
<b>Current payments</b>	<b>8 351</b>	<b>29 710</b>	<b>32 629</b>	<b>44 668</b>	<b>44 668</b>	<b>48 855</b>	<b>42 110</b>	<b>44 578</b>	<b>47 502</b>
Compensation of employees	3 770	3 343	6 959	9 207	9 207	8 934	9 714	10 229	10 822
Goods and services	4 581	26 262	25 338	35 461	35 461	39 914	32 396	34 349	36 679
Interest and rent on land	-	105	332	-	-	7	-	-	-
<b>Transfers and subsidies to:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and acco	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and intern	-	-	-	-	-	-	-	-	-
Public corporations and private	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>471 194</b>	<b>423 650</b>	<b>363 535</b>	<b>556 451</b>	<b>615 092</b>	<b>587 139</b>	<b>432 157</b>	<b>329 983</b>	<b>342 659</b>
Buildings and other fixed struct	465 740	381 392	339 523	482 778	516 397	514 506	356 455	264 988	273 895
Machinery and equipment	5 454	42 258	24 012	73 673	98 695	72 024	75 702	64 995	68 765
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible as	-	-	-	-	-	609	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>479 545</b>	<b>453 360</b>	<b>396 164</b>	<b>601 119</b>	<b>659 760</b>	<b>635 994</b>	<b>474 267</b>	<b>374 561</b>	<b>390 161</b>

The compensation of employees increased by 5.5 percent compared to the adjusted budget, while the goods and services decreases by 8.6 percent due to reprioritisation from administrative towards core business activities.

The budget for payments of capital assets will decrease by 42.3 percent compared to adjusted budget for 2015/16. When factoring out the roll overs amount of R58.641 million allocated during the 2015 adjustment, the negative growth is 22.3 percent due to the reductions on the Health Facility Revitalisation Grant received from national.

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## PERFORMANCE AND EXPENDITURE TRENDS

Treasury Guidelines require Departments to indicate in point form, how the above budget and MTEF allocation impact on performance targets and measures that will be put in place to ensure that the strategic objectives continue to be realized

New Replacement Hospitals	New Clinics & CHC's	Upgraded & Refurbished Facilities	Preventative Maintenance	Repaired & Replaced Clinical Equipment
New Mental Health Hospital cost exceeds budget	1. Heuningsvlei 2. Lerato Park clinic 3. Kuboes clinic 4. Welkom Operational budget to be established	1. Tshwaragano hospital	Maintenance Professional Service Provider cost Call Centre operational cost	Cost of Clinical Maintenance programme
De Aar Hospital operationalisation to be budgeted	Port Nolloth CHC expenditure	2. Refurbishment of Alexander Bay CHC	Conditions Assessments of Health Facilities	Medical Equipment service contracts
Kuruman Hospital budget to be finalised			Standby Generators	
			Fire Fighting Equipment	
			Solar & Plumbing	
			Heating, Ventilation, Air-conditioning and Cooling (HVAC)	
			Building & Rood Structures	
			Auto Claves	
			Laundry Equipment	

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## RISK MANAGEMENT

Potential Risk	Mitigating Action
Lack of skilled staff to implement maintenance policy	<ul style="list-style-type: none"> <li>• Allocate a health technologist to each clinical equipment</li> <li>• Each facility to identify clinical equipment that needs to be maintained from the movable asset register</li> <li>• Service frequency needs to be determined for each unit</li> </ul>
Inability to fully implement Infrastructure Grant	<ul style="list-style-type: none"> <li>• Appoint a new implementing agent</li> <li>• Establish a technical &amp; capital SCM function</li> <li>• Implement generic DORA structure</li> </ul>
Facilities not properly maintained	<ul style="list-style-type: none"> <li>• Appointment of Director Technical Services, mechanical &amp; electrical engineers</li> <li>• Appointment &amp; training of handy men at facilities</li> <li>• Equipping handy men with right tools</li> <li>• Operationalise maintenance PSP's in the districts</li> </ul>
Non compliance with GIAMA	<ul style="list-style-type: none"> <li>• Appointment of PSPs</li> <li>• Ensure timely submission of UAMP</li> <li>• Notify Finance to do section 42 transfer of completed facilities</li> <li>• Full participation in GIAMA forums</li> </ul>



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## PART C: LINKS TO OTHER 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.

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available 2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands					Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc								
1. New and replacement assets													
1	Construction of New Mental Health	Construction	Frances Baard	Buildings & Other fixed structures	Specialized Hospital	Dec-11	Mar-17	HFRG	400 570	522 711	145 000	25 000	0
2	Construction of New De Aar Hospital (Phase 3)	Construction	Pixley Ka Seme	Buildings & Other fixed structures	District Hospital	Nov-11	Mar-16	HFRG	424 297	574 953	65 727	10 000	5 000
3	Construction of New Kuruman hospital	Planning	JTG	Buildings & Other fixed structures	Regional Hospital	Apr-18	Apr-21	HFRG		1 584	1 000	0	0

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
4	Replacement of Heuningvlei Clinic	Construction	JTG	Buildings & Other fixed structures	Clinic	Sep-15	Dec-16	HFRG	22 601	4 592	18 000	9 000	0
5	Construction of New Ka Gung Clinic	Construction	JTG	Buildings & Other fixed structures	Clinic	Jan-13	Mar-17	HFRG	19 666	1 920	14 000	4 000	0
6	Replacement of Williston CHC (Phase 2)	Planning	Namakwa	Buildings & Other fixed structures	CHC	Feb-13	Dec-18	HFRG		2 356	0	0	63 502
7	Construction of New Port Nolloth CHC	Construction	Namakwa	Buildings & Other fixed structures	CHC	Aug-14	Mar-18	HFRG		2 881	28 000	80 000	10 000
8	Construction of New Springbok Hospital Pharmacy	Detailed Design	Namakwa	Buildings & Other fixed structures	Pharmaceutical Depot	Apr-15	Mar-18	HFRG		790	0	10 000	0
	Facility Replacements:												
9	Boegoeberg Clinic	Tender	ZF Mgcawu	Buildings & Other fixed structures	Clinic	Apr-15	Mar-17	HFRG			8 000	10 000	0
10	Bankhara Bodulong Clinic	Tender	JTG	Buildings & Other fixed structures	Clinic	Apr-15	Mar-17	HFRG			8 000	10 000	0

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish				2016/17	MTEF 2017/18	MTEF 2018/19
R thousands													
11	Violsdrift Clinic	Business Case	Namakwa	Buildings & Other fixed structures	Clinic	Apr-17	Mar-19	HFRG			150	10 000	15 000
12	Caroulesburg Clinic	Business Case	Namakwa	Buildings & Other fixed structures	Clinic	Apr-17	Mar-19	HFRG			149	15 000	10 000
13	Kuboes Clinic	Business Case	Namakwa	Buildings & Other fixed structures	Clinic	Apr-16	Mar-18	HFRG			250	10 000	10 000
14	Welkom Clinic	Business Case	ZF Mgcawu	Buildings & Other fixed structures	Clinic	Apr-16	Mar-18	HFRG			250	10 000	10 000
15	Construction of New Lerato Park Clinic	Tender	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-16	Mar-18	HFRG			5 000	10 000	10 000
16	Construction of Kuruman Hospital Forensic Mortuary (completion)	Construction	JTG	Buildings & Other fixed structures	Mortuary	Apr-15	Mar-16	HFRG			5 000	3 000	0
18	Construction of New EMS and Nursing College	Detailed Design	Frances Baard	Buildings & Other fixed structures	College	Apr-15	Mar-19	HFRG			5 000	48 000	40 000

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish				2016/17	MTEF 2017/18	MTEF 2018/19
R thousands													
19	Construction of Gordonia hospital nursing college	Detailed Design	ZF Mgcawu	Buildings & Other fixed structures	Nursing College	Apr-15	Mar-16	HFRG		568	0	10 000	30 000
20	Construction of New Namakwa Forensic Mortuary	Business Case	Namakwa	Buildings & Other fixed structures	Mortuary	Apr-17	Mar-19	HFRG			0	16 000	10 000
22	Procurement of Health Technology Equipment for Dr Harry Surtie Hospital	Planning	ZF Mgcawu	Buildings & Other fixed structures	Regional Hospital	Apr-16	Mar-17	HFRG			8 250	0	0
23	Construction of Frances Baard Forensic Mortuary	Detailed design/ construction	Frances Baard	Buildings & Other fixed structures	Mortuary	Apr-18	Mar-19	HFRG			0	0	20 000
24	Grant Management	DoRA Capacitation	Frances Baard	COE	DoRA Grant	Apr-16	Mar-17	HFRG		30 613	11 086	24 531	29 000

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant,machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish				2016/17	MTEF 2017/18	MTEF 2018/19
R thousands													
Total New infrastructure assets											322 862	314 531	262 502
2. Upgrades and additions													
	Construction of (guard-house) and installation of perimeter fencing and lighting:												
1	Kenhardt CHC	Detailed Design	ZF Mgcawu	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			1 500	0	0
2	Upgrading of Tshwaragano Satellite Nursing College	Assessment & specifications	JTG	Buildings & Other fixed structures	Nursing College	Apr-16	Mar-17	HFRG			2 000	0	0

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish				2016/17	MTEF 2017/18	MTEF 2018/19
R thousands													
3	Construction of Medical waste storage rooms for 25 Clinics	Assessment & specifications	All	Buildings & Other fixed structures	Clinics	Apr-16	Mar-17	HFRG			2 000	0	0
4	Installation of CCTV Security Systems in Pharmacies of all Hospitals and CHCs	Assessment & specifications	All	Machinery & Equipment	Hospital/ CHCs	Apr-16	Mar-17	HFRG			4 000	0	0
5	Installation of water storage tanks and piping for 25 Clinics	Assessment & specifications	All	Buildings & Other fixed structures	Clinics	Apr-16	Mar-17	HFRG			3 830	0	0
6	Drilling of Boreholes at 15 Clinics and CHCs	Assessment & specifications	All	Buildings & Other fixed structures	Clinics	Apr-16	Mar-17	HFRG			2 400	0	0
7	Upgrading of Mortuaries	Assessment & specifications	All	Buildings & Other fixed structures	Mortuaries	Apr-16	Mar-17	HFRG			6 000	0	10 000
8	Upgrading of gas banks/ oxygen supply	Assessment & specifications	All	Machinery & Equipment	Oxygen	Apr-16	Mar-17	HFRG			15 000	0	0

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Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
9	Fencing off of Satellite Clinics in ZF Mgcawu District	Assessment & specifications	ZF Mgcawu	Buildings & Other fixed structures	Satellite clinics	Apr-16	Mar-17	HFRG			1 000	0	0
10	Installation of 25 standby generators for Clinics and CHCs	Assessment & specifications	All	Machinery & Equipment	Clinics/ CHCs	Apr-16	Mar-17	HFRG			5 000	0	0
11	Installation of solar high mast perimeter lighting:	Assessment & specifications				Apr-16	Mar-17	HFRG					
12	Tshwaragano Hospital	Assessment & specifications	JTG	Buildings & Other fixed structures	Hospital	Apr-16	Mar-17	HFRG			160	0	0
13	All clinics and CHCs	Assessment & specifications	All	Buildings & Other fixed structures	Clinics/ CHCs	Apr-16	Mar-17	HFRG			640	0	0
14	Upgrading of West End Hospital for office space	Detailed Design	Frances Baard	Buildings & Other fixed structures	Office	Apr-16	Mar-17	HFRG			15 000	15 000	15 000
15	Upgrading of House no. 31 Monument Road	Detailed Design	Frances Baard	Buildings & Other fixed structures	Office	Apr-16	Mar-17	HFRG			2 000	0	0

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Project No.  R thousands	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish				2016/17	MTEF 2017/18	MTEF 2018/19
16	Upgrading of Local Area Network and Connectivity at facilities	Assessment & specifications	All	Buildings & Other fixed structures	Connectivity	Apr-16	Mar-17	HFRG			6 000	10 000	0
17	Upgrading of electrical supply for 5 clinics	Assessment & specifications	All	Plant	Clinics	Apr-16	Mar-17	HFRG			1 500	0	0
18	Upgrading of Tshwaragano District Hospital electrical supply	Assessment & specifications	JTG	Plant	Hospital	Apr-16	Mar-17	HFRG			1 500	0	0
19	Upgrading of Kuruman Hospital	Detailed Design & upgrade	JTG	Buildings & Other fixed structures	Hospital	Apr-18	Mar-19	HFRG			0	0	50 000
Total Upgrades and additions											69 530	25 000	75 000
3. Rehabilitation, renovations and refurbish-ments													
	Refurbish-ment of Laundry Facilities:												
1	Connie Vorster Hospital	Assessment & specifications	Frances Baard	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			500	0	0



# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant,machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available	MTEF Forward estimates	
						Date: Start	Date: Finish					2016/17	MTEF 2017/18
R thousands													
2	Postmasburg Hospital	Assessment & specifications	ZF Mgcawu	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			625	0	0
3	Kuruman Hospital	Assessment & specifications	JTG	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			500	0	0
4	Kakamas Hospital	Assessment & specifications	ZF Mgcawu	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			500	0	0
5	Pofadder CHC	Assessment & specifications	Namakwa	Machinery & Equipment	CHC	Apr-16	Mar-17	HFRG			500	0	0
6	Springbok Hospital	Assessment & specifications	Namakwa	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			1 000	0	0
7	Victoria West Hospital	Assessment & specifications	Pixley ka Seme	Machinery & Equipment	Hospital	Apr-16	Mar-17	HFRG			500	0	0
8	Carnavon CHC	Assessment & specifications	Pixley Ka Seme	Machinery & Equipment	CHC	Apr-16	Mar-17	HFRG			1 250	0	0
9	Rietfontein CHC	Assessment & specifications	ZF Mgcawu	Machinery & Equipment	CHC	Apr-16	Mar-17	HFRG			1 000	0	0
	Refurbish-ment of health facilities:												

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
10	Joe Slovo CHC	Assessment & specifications	Namakwa	Buildings & Other fixed structures	CHC	Apr-17	Mar-18	HFRG			0	3 000	0
11	Sutherland Nurses' Home	Assessment & specifications	Namakwa	Buildings & Other fixed structures	Nurses' Home	Apr-17	Mar-18	HFRG			0	500	0
12	Garies Nurses' Home	Assessment & specifications	Namakwa	Buildings & Other fixed structures	Nurses' Home	Apr-17	Mar-18	HFRG			0	500	0
13	Calvinia Hospital Surgical Store	Assessment & specifications	Namakwa	Buildings & Other fixed structures	Hospital	Apr-17	Mar-18	HFRG			0	500	0
14	Kharkams Clinic	Assessment & specifications	Namakwa	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			500	0	0
15	Logobate Clinic	Assessment & specifications	JTG	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			800	0	0
16	Glenred Clinic	Assessment & specifications	JTG	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			3 000	0	0
17	Jan Kemp-dorp CHC	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			3 000	0	0
18	Mataleng Clinic	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			900	0	0

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
19	Ma Doyle Clinic	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			1 200	0	0
20	Floorianvale Clinic	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			2 000	0	0
21	Kuyasa Clinic	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	Clinic	Apr-17	Mar-18	HFRG			0	1 500	0
22	Hester Malan CHC	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			3 500	0	0
23	Britstown CHC	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			1 500	0	0
24	Noupoort CHC	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			1 500	0	0
25	Griekwastad CHC	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			3 000	0	0
26	Prieska CHC	Assessment & specifications	Pixley Ka Seme	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			2 500	0	0
27	Warrenton CHC	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			3 000	0	0

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
28	Dr Winston Torres Clinic	Assessment & specifications	Frances Baard	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			1 000	0	0
29	Jan Witbooi Clinic	Assessment & specifications	JTG	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			1 200	0	0
30	Seoding Clinic	Assessment & specifications	JTG	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			1 200	0	0
31	Kagisho Health Centre	Assessment & specifications	JTG	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			3 000	0	0
32	Mecwet-saneng Clinic	Assessment & specifications	JTG	Buildings & Other fixed structures	Clinic	Apr-16	Mar-17	HFRG			1 200	0	0
Total Rehabilitation, renovations and refurbishments											40 375	6 000	0
4. Maintenance and repairs													

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available  2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
1	Maintenance of Dr Harry Surtie Hospital	Maintenance	ZF Mgcawu	Buildings and Plant	Regional Hospital	Apr-16	Mar-17	HFRG		9 702	3 000	1 727	1 500
2	Maintenance of Mental Health Hospital	Maintenance	Frances Baard	Buildings and Plant	Specialised Hospital	Apr-18	Mar-19	HFRG			0	0	5 000
3	Maintenance of De Aar Hospital	Maintenance	Frances Baard	Buildings and Plant	District Hospital	Apr-18	Mar-19	HFRG			0	0	4 500
4	Maintenance of Standby Generators and HVACs	Maintenance	All	Plant	Standby Generators	Apr-16	Mar-17	HFRG			10 000	10 000	10 000
	Maintenance of Internal Roads: +												
5	Kenhardt CHC	Detailed Design	ZF Mgcawu	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			1 000	0	0
6	Jan Kempdorp CHC	Detailed Design	Frances Baard	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			2 500	0	0
7	Hester Malan CHC	Detailed Design	ZF Mgcawu	Buildings & Other fixed structures	CHC	Apr-16	Mar-17	HFRG			1 000	0	0

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available 2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
8	Conditions Assessment	Assessment	All	Buildings & Other fixed structures	Facilities Management	Apr-16	Mar-17	HFRG			7 000	5 000	0
9	Building & Roof Structures Maintenance	Maintenance	All	Buildings & Other fixed structures	Maintenance	Apr-16	Mar-17	HFRG		54	5 000	4 000	10 000
10	Maintenance of Medical Gas/ LP Gas	Maintenance	All	Machinery & Equipment	Maintenance	Apr-16	Mar-17	HFRG			2 000	3 000	3 000
11	Medical Equipment maintenance	Maintenance	All	Machinery & Equipment	Maintenance	Apr-16	Mar-17	HFRG			3 000	2 000	8 000
12	Maintenance of plumbing and sanitation	Maintenance	All	Plant	Maintenance	Apr-16	Mar-17	HFRG			5 000	3 000	10 000
Total Maintenance and repairs											39 500	28 727	52 000
Total HFRG											472 267	374 258	389 502
5. Equitable Share Projects													
1	Compensation of employees	Salaries	Frances Baard	COE	Salaries	Apr-16	Mar-17	EqS		8 014	1 735	1 822	1 822

# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure  Regional/District/ Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available 2016/17	MTEF Forward estimates	
						Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
2	Maintenance of fire fighting equipment	Maintenance	All	Plant	Maintenance	Apr-16	Mar-17	EqS		2 007	5 000	5 000	5 000
3	Solar & plumbing upgrade	Maintenance	All	Plant	Maintenance	Apr-16	Mar-17	EqS			10 000	10 000	10 000
4	Maintenance of Boilers and Transformers	Maintenance	All	Plant	Maintenance	Apr-16	Mar-17	EqS			7 000	7 000	7 000
5	Laundry and kitchen equipment maintenance	Maintenance	All	Plant	Maintenance	Apr-16	Mar-17	EqS		161	1 000	1 000	1 000
6	Plant engineering equipment	Maintenance	Frances Baard	Plant	Maintenance	Apr-16	Mar-17	EqS		6 035	5 000	5 000	5 000
Total Equitable Share Projects											29 735	29 822	29 822
6. Infrastructure transfers - current													
1													
...													
n													

## **Public Entities**

The Department does not have Public Entities

## **Public-Private Partnerships**

The Department does not have Public-Private partnerships.

## **CONCLUSION**

It remains the vision of the Department of Health to render excellent health care services to the people of the Northern Cape. This was made possible through the intersectoral collaboration and support from the communities to address the social determinants of health. We acknowledge the contribution of our stakeholders and we will strive towards the provision of quality health care.



# ANNUAL PERFORMANCE PLAN

Project No.	Project name	Project Status	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Total project cost	Total Expenditure to date from previous years	Total available 2016/17	MTEF Forward estimates	
					Regional/District/Central Hospital; Clinic; Community Health Centre; Pharmaceutical Depots, Mortuary etc	Date: Start	Date: Finish					MTEF 2017/18	MTEF 2018/19
R thousands													
Total Infrastructure transfers - current													
7. Infrastructure transfers - capital													
1													
...													
n													
Total Infrastructure transfers - capital													
Total Health Infrastructure											502 002	404 080	419 324

## ANNEXURE A: Strategic Plan 2015/16-2019/20 Review

### REVIEW OF STRATEGIC PLAN

#### Background

The Strategic Plan 2015/16- 2019/20 was tabled on the 17<sup>th</sup> of March 2015. After tabling the department identified areas that needed improvement between the Strategic Plan 2015/16- 2019/20, Annual Performance Plan 2015/16 and Annual Performance Plan 2016/17.

Currently the Strategic Plan 2015/16- 2019/20 has seventy five (75) performance indicators aligned to forty (40) strategic objectives. The strategic objectives, performance indicators and targets are expected to be concise, reliable and verifiable, and meet the “SMART” criteria.

#### 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, the department would like to make corrections to the existing Strategic Plan 2015/16-2019/20.


# ANNUAL PERFORMANCE PLAN

## OFFICIAL SIGN-OFF OF THE STRATEGIC PLAN REVIEW

It is hereby certified that this Strategic Plan Review:

- Was developed by the Provincial Department of Health in the Northern Cape Province
- Was prepared in line with section 4.1 of the Framework for Strategic Plan and Annual Performance Plans by National Treasury
- Accurately reflects the improvement to be made to the existing Strategic Plan 2015/16-2019/20

  
Mr. Mxolisi Mlatha  
Director: Policy and Planning  
Date 25/02/2016

  
Ms. Gugulethu E. Matlaopane  
Head of Department  
Date 29/02/2016

Approved by   
Mr. Ntsikelelo McCollen Jack  
Executive Authority  
Date 29.02.2016

# ANNUAL PERFORMANCE PLAN

## PART A

### Strategic Plan 2015/16-2019/20: Strategic Objectives

The table below reflects the strategic objectives currently outlined in the Strategic Plan 2015/16-2019/20 in comparison to those outlined in the Annual Performance Plan 2015/16 and Annual Performance Plan 2016/17. Linkages of the Annual Performance Plan with the Strategic Plan in terms of the Strategic Objectives are clearly illustrated.

As Department of Health in the Northern Cape, we submit that, the amended and additional strategic objectives be attached as annexure to the Annual Performance Plan 2016/17 before tabling to the Provincial Legislature.

**Table 1: Alignment of Strategic Objectives**

Budget Programmes	Sub-Programmes	Strategic Objectives: Strategic Plan 2015-2020	Strategic Objectives :Annual Performance Plan 2015/16	Strategic Objectives: Annual Performance Plan 2016/17	Strategic Objectives: Amendments to the Strategic Plan 2015-2020
Programme 1	Financial Management	Improve Financial Management Skills and outcomes for the health sector	Improve Financial Management Skills and outcomes for the health sector	To ensure effective financial management in line with the Public Financial Management Act.	To ensure effective financial management in line with the Public Financial Management Act.

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Programme 2	District Health Services	Establishment of NHI fora for engagement of non-state actors	Establishment of NHI Forum for engagement of non-state actors	-	Indicator discontinued for 2016/17
		Phased implementation of the building blocks of National Health Insurance	Phased implementation of the building blocks of National Health Insurance	-	Indicator discontinued for 2016/17
		Expand coverage of ward-based primary health care outreach teams (WBPHCOTs)	Expand coverage of ward-based primary health care outreach teams (WBPHCOTs)	-	Indicator discontinued for 2016/17
	HIV & AIDS, STI	Intensify testing and screening to ensure that everyone in South Africa is tested for HIV and screened for TB at least annually	Sustain health, wellness and productive life	-	Sustain health and wellness

# ANNUAL PERFORMANCE PLAN

	TB	Intensify testing and screening to ensure that everyone in South Africa is tested for HIV and screened for TB at least annually	Maximising opportunities for testing and screening to ensure that everyone in South Africa is tested for HIV and screened for TB at least annually	Improve TB outcomes by maximising opportunities for TB screening and linkages to diagnosis	Improve TB outcomes by maximising opportunities for TB screening and linkages to diagnosis
		Implement interventions to reduce TB mortality	Combat MDR by ensuring access to treatment	Combat MDR TB by ensuring access and strengthening adherence to treatment.	Combat MDR TB by ensuring access and strengthening adherence to treatment.
		Combat MDR by ensuring access to treatment			
	Mother, Child and Women's Health and Nutrition	Improve the implementation of Basic Antenatal Care and Provision of PMTCT	Improve the implementation of Basic Antenatal Care	Improve the implementation of Basic Antenatal Care	Improve the implementation of Basic Antenatal Care
			Provision of PMTCT	Provision of PMTCT	Provision of PMTCT
		Protection of children against vaccine preventable diseases	Protection of children against vaccine preventable diseases	Protection of children against vaccine preventable diseases	Protection of children against vaccine preventable diseases
				Reduce child morbidity and mortality	Reduce child morbidity and mortality
		Ensuring effectiveness and efficiencies in health care facilities through implementing intervention strategies	Expansion and strengthening of integrated school health services	Expansion and strengthening of integrated school health services	Expansion and strengthening of integrated school health services
		Expand access to sexual and reproductive health by expanding availability of contraceptives and access to cervical and HPV cancer screening services	Expansion of access to sexual and reproductive health by ensuring the availability of contraceptive and access to cervical and HPV screening services	Reduce child morbidity and mortality	Expansion and strengthening of integrated school health services
		Reduce child and youth morbidity and mortality	Reduce child and youth morbidity and mortality	Increase access to sexual and reproductive health by ensuring the availability of contraceptive and access to cervical and HPV screening services	Increase access to sexual and reproductive health by ensuring the availability of contraceptive and access to cervical and HPV screening services
	Programme 3	EMS	Render an effective and efficient Emergency Medical Services	Render an effective and efficient Emergency Medical Service	Render an effective and efficient Emergency Medical Service

# ANNUAL PERFORMANCE PLAN

Programme 7	Forensic Medical Services	Render health care support service through specialised forensic medical services	Render health care support service through specialised forensic medical services	Render health care support service through specialised forensic medical and medico-legal services	Render health care support service through specialised forensic medical and medico-legal services
	Pharmaceutical services	Render health care support services through supply of medicine to all facilities	Render health care support service through supply of medicine for all facilities	Improve availability and access of medicine	Improve availability and access to medication
		-	-	Improve quality of service including clinical governance and patient safety	Improve quality of service including clinical governance and patient safety
		-	-	Improved and efficient medicine stock management	Improved and efficient medicine stock management

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## PART B

The tables below show the areas that need improvement between the Strategic Plan 2015/16-2019/20 and Annual Performance Plan 2016/17. Certain programme performance indicators and targets were reviewed to ensure that they are concise and verifiable.

Consequently, as Department of Health in the Northern Cape, we submit that, these improvements be attached as annexure to the Annual Performance Plan 2016/17 before tabling to the Provincial Legislature.

Key:		
	One element amended	Two or more elements amended

## PROGRAMME 1:

### SUB-PROGRAMME: Human Resources Management and Information, Communication and Technology

**Table 1: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator:  Number of Provincial Human Resources for Health Plans Produced	Performance indicator: Developed Human Resources Plan	Performance indicator: Number of Provincial Human Resources for Health Plans Produced	Performance indicator: Developed Human Resources Plan	51,53	35	



# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
2.	Performance indicator: Percentage of PHC facilities with network access  Expected Outcome target(2019): 75 %	Expected Outcome target(2019): 50 %	Strategic plan target: 75 %	Strategic plan target: 50 %	49	35	

## PROGRAMME 2: DISTRICT HEALTH SERVICES

### SUB-PROGRAMME: District Health Services and District Hospitals

**Table 2: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator: Number of districts piloting NHI interventions	Indicator to be removed	Performance indicator: Number of districts piloting NHI interventions	Performance indicator: Number of districts piloting NHI interventions	63	39	
2.	Performance indicator: Established NHI Forum	Indicator to be removed	Performance indicator: Established NHI consultation forum	Indicator not monitored in APP 2016/17	64	39	
3.	Performance indicator: Proportion of PHC facilities complaint with all extreme and vital measures of the national core standards for health facilities	Indicator to be removed	Performance indicator: Percentage of PHC facilities complaint with all extreme and vital measures of the national core standards for health facilities	Indicator not monitored in APP 2016/17	64	39	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
4.	<p>Performance indicator:</p> <p>Percentage of fixed PHC facilities scoring above 80 % on the ideal clinic dashboard</p> <p>Expected Outcome target(2019): 89 %</p>	<p><b>Performance indicator:</b></p> <p><b>Percentage of fixed PHC facilities scoring above 70 % on the ideal clinic dashboard</b></p> <p><b>Expected Outcome target(2019): 100 %</b></p>	<p>Performance indicator:</p> <p>Percentage of fixed PHC facilities scoring above 80 % on the ideal clinic dashboard</p> <p>Strategic plan target: 89 %</p>	<p>Performance indicator:</p> <p>Percentage of fixed PHC facilities scoring above 70 % on the ideal clinic dashboard</p> <p>Strategic plan target: 100 %</p>	65	39	
5.	<p>Performance indicator:</p> <p>Patient <b>Satisfaction</b> rate at PHC facilities</p>	<p><b>Performance indicator:</b></p> <p><b>Client Satisfaction rate (PHC)</b></p>	<p>Performance indicator:</p> <p>Patient <b>experience</b> of care at PHC facilities</p>	<p>Performance indicator: Client Satisfaction rate (PHC)</p>	65	39	
6.	<p>Performance indicator:</p> <p>Proportion of health facilities that conduct patient satisfaction surveys at least once a year</p>	<p><b>Performance indicator: Client Satisfaction Survey rate (PHC)</b></p>	<p>Performance indicator:</p> <p>Patient experience of care survey rate</p>	<p>Performance indicator: Client Satisfaction Survey rate (PHC)</p>	65	39	
7.	<p>Performance indicator: PHC utilisation rate</p> <p>Expected Outcome target(2019): 3.5</p>	<p><b>Expected Outcome target(2019): 2.5 Visits</b></p>	<p>Strategic plan target: 3.5</p>	<p>Strategic plan target: 2.5 Visits</p>	65	39	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
8.	Performance indicator:  Proportion of District hospitals compliant with all extreme and vital measures of the national core standards for health facilities	Performance indicator:  Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	Performance indicator:  Percentage of District Hospitals compliant with all extreme and vital measures of the national core standards for health facilities	Performance indicator:  Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	70	39	
9.	Performance indicator:  Percentage of Hospitals that have conducted gap assessments for compliance against the National Core Standards	Performance indicator:  National core standards self- assessment rate (District Hospitals)	Performance indicator:  National core standards self- assessment rate	Performance indicator:  National core standards self- assessment rate (District Hospitals)	70	39	
10.	Performance indicator:  Patient Satisfaction rate at District Hospitals	Performance indicator:  Patient Satisfaction rate (District Hospitals)	Performance indicator:  Patient Satisfaction rate at District Hospitals	Performance indicator:  Patient Satisfaction rate (District Hospitals)	71	39	
11.	Performance indicator:  Patient Satisfaction survey rate at District Hospitals	Performance indicator:  Patient Satisfaction survey rate (District Hospitals)	Performance indicator:  Patient Satisfaction survey rate at District Hospitals	Performance indicator:  Patient Satisfaction survey rate (District Hospitals)	71	39	

## SUB-PROGRAMME: HIV & AIDS, STI and TB CONTROL

**Table 3: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator:  Number of male condoms distributed  Expected Outcome target(2019): 23 000 000	Performance indicator:  Male condom distribution coverage  Expected Outcome target(2019): 37	Performance indicator:  Male condom distribution rate  Strategic Plan target: 37.0	Performance indicator:  Male condom distribution coverage  Strategic Plan target: 37	75	40	
2.	Performance indicator:  Number of female condoms distributed	Indicator to be removed	Performance indicator: Female condom distribution	Indicator not monitored in APP 2016/17	75	40	
3.	Performance indicator:  Number of men medically circumcised  Target: 52 186	Performance indicator:  Medical male circumcisions performed –Total  Expected Outcome target(2019): 32 186	Performance indicator:  Medical male circumcision performed –Total  Strategic Plan Target: 52 186	Performance indicator:  Medical male circumcision performed –Total  Strategic Plan Target: 32 186	76	40	
4.	Performance indicator:  Number of men and women  15 – 49 years tested for HIV	Performance indicator:  Client tested for HIV (including ANC)	Performance indicator: Clients tested for HIV (including ANC)	Performance indicator:  Client tested for HIV (including ANC)	76	40	

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No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
5.	Performance indicator:  Number of people screened for TB  <b>Expected Outcome Target(2019): 1 000 000</b>	<b>Performance indicator:</b>  <b>TB symptom 5 years and older screened rate</b>  <b>Expected Outcome Target(2019): 90 %</b>	Performance indicator:  TB symptom 5years and older screened rate   Strategic Plan Target: 90 %	Performance indicator: TB symptom 5 years and older screened rate   Strategic Plan Target: 90%	79	40	
6.	Performance indicator:  TB (new pulmonary) defaulter rate	<b>Performance indicator:</b>  <b>TB client lost to follow up rate</b>	Performance indicator:  TB client lost to follow up rate	Performance indicator: TB client lost to follow up rate	79	40	
7.	Performance indicator: TB client Death Rate  Expected Outcome Target(2019): 7%	<b>Expected Outcome Target(2019): 5.5%</b>	Strategic Plan target: 5.5%	Strategic Plan target: 5.5%	79	40	

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

**Table 4: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator:  Proportion of mothers visited within 6 days of delivery of their babies	<b>Performance indicator:</b>  <b>Mother postnatal visit within 6 days rate</b>	Performance indicator:  Mothers postnatal visit within 6 days rate	Performance indicator:  Mother postnatal visit within 6 days rate	83	41	
2.	Performance Indicator:  Antenatal visits before 20 weeks rate	<b>Performance Indicator:</b>  <b>Antenatal 1<sup>st</sup> Visit before 20 weeks rate</b>	Performance Indicator:  Antenatal 1 <sup>st</sup> Visit before 20 weeks rate	Performance Indicator:  Antenatal 1 <sup>st</sup> Visit before 20 weeks rate	83	41	
3.	Performance Indicator:  Infant 1 <sup>st</sup> PCR test positive around 6 weeks rate	<b>Performance Indicator:</b>  <b>Infant 1<sup>st</sup> PCR test positive around 10 weeks rate</b>	Performance Indicator:  Infant 1 <sup>st</sup> PCR test positive around 6 weeks rate	Performance Indicator:  Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	83	41	
4.	Performance indicator:  Human Papilloma Virus coverage 1st dose (HPV vaccine coverage amongst Grade 4 girls)	<b>Performance indicator: HPV Vaccine 1<sup>st</sup> dose coverage</b>	Performance indicator: HPV Vaccine 1 <sup>st</sup> dose coverage	Performance indicator: HPV Vaccine 1 <sup>st</sup> dose coverage	86	41	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
5.	-	Performance indicator: HPV Vaccine 2nd dose coverage  Expected outcome target (2019): 90 %	-	Performance indicator: HPV Vaccine 2nd dose coverage  Strategic Plan target: 90 %	-	41	
6.	Performance Indicator: Maternal Mortality in facility ratio (annualized)  Expected outcome target (2019): 120/100 000 live births	Expected outcome target (2019): 115/100 000	Strategic Plan target(APP): 115/100 000	Strategic Plan target(APP): 115/100 000	86	41	
7.	Performance indicator: Infant Mortality Rate  Expected Outcome Target(2019): 12/1000	Performance indicator: Inpatient early neonatal death  Expected Outcome Target(2019): 10/1000	Performance indicator: Inpatient early neonatal death rate  Strategic Plan target: 10.0/1000	Performance indicator: Inpatient early neonatal death  Strategic Plan target: 10/1000	86	41	
8.	Performance indicator: Immunisation coverage under 1 year (annualised)  Expected Outcome Target(2019): 100 %	Expected Outcome Target(2019): 90 %	Strategic Plan target: 100 %	Strategic Plan target: 90 %	83-89	41	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
9.	Performance indicator: Measles 2 <sup>nd</sup> dose coverage (annualised)  Expected Outcome Target(2019):  95 %	Expected Outcome Target(2019):  90 %	Strategic Plan target: 95%	Strategic Plan target: 90 %	83-89	41	
10.	Performance indicator: Child under 5 years diarrhoea case fatality rate  Expected Outcome Target (2019): 1.5/1000	Expected Outcome Target (2019): 1.5%	Strategic Plan target: 1.5/1000	Strategic Plan target: 1.5%	84-89	41	
11.	Performance indicator: Child under 5 years severe acute malnutrition case fatality rate  Expected Outcome Target(2019):  11.2%	Expected Outcome Target(2019):  5%	Strategic Plan target: 11.2%	Strategic Plan target: 5%	84-89	41	



# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
12.	Performance indicator: Schools Grade 1 screening coverage (annualised)  Expected Outcome Target(2019):  60 %	Expected Outcome Target(2019):  25 %	Strategic Plan target: 60 %	Strategic Plan target: 25 %	83-89	41	
13.	Performance indicator: Schools Grade 8 screening coverage (annualised)  Expected Outcome Target(2019):  50 %	Expected Outcome Target(2019):  25 %	Strategic Plan target: 50 %	Strategic Plan target: 25 %	83-89	41	
14.	Performance indicator: Couple year protection rate (annualised)  Expected Outcome Target(2019):  60 %	Expected Outcome Target(2019):  50 %	Strategic Plan target: 60 %	Strategic Plan target: 50 %	83-89	41	
15.	Performance indicator: Cervical Cancer Screening coverage (annualised)  Expected Outcome Target(2019): 70 %	Expected Outcome Target(2019): 55 %	Strategic Plan target: 55 %	Strategic Plan target: 55 %	83-89	41	

# ANNUAL PERFORMANCE PLAN

## SUB-PROGRAMME: DISEASE AND PREVENTION CONTROL

**Table 5: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator: Percentage of people screened for mental disorders	Performance indicator: Clients screened for mental health	Performance indicator: Clients screened for mental disorders	Performance indicator: Clients screened for mental health	90	40	
2.	Performance indicator: Cataract Surgery Rate	Performance indicator Cataract Surgery Rate (annualised)	Performance indicator: Cataract Surgery Rate (Uninsured population)	Performance indicator Cataract Surgery Rate (annualised)	90	40	
3.	Performance indicator: Number of people counselled and screened for high blood pressure	Performance indicator: Clients screened for hypertension	Performance indicator: Clients screened for hypertension- 25 years and older	Performance indicator: Clients screened for hypertension	91	40	
4.	Performance indicator: Number of people counselled and screened for raised blood glucose levels  Expected Outcome Target(2019): 333 443	Performance indicator: Clients screened for diabetes  Expected Outcome Target(2019): 162 906	Performance indicator: Clients screened for diabetes – 5 years and older  Strategic Plan target: 162 906	Performance indicator: Clients screened for diabetes  Strategic Plan target: 162 906	91	40	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
5.	Performance indicator: Percentage of people treated for mental disorders	Indicator to be removed	Performance indicator: Percentage of people treated for mental disorders-new	Indicator not monitored in APP 2016/17			

## PROGRAMME 4

**Table 6: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

# ANNUAL PERFORMANCE PLAN

No.		Finding/Comment				Page Reference		Dashboard
		Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Regional Hospital: Dr Harry Surtie	Performance indicator: Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards (regional hospital)	Performance indicator: National Core standards self-assessment rate (Regional Hospital)	Performance indicator: National Core standards self-assessment rate	Performance indicator: National Core standards self-assessment rate (Regional Hospital)	102	47	
2.		Performance indicator: Proportion of Regional Hospitals compliant with all extreme and vital measures of the national core standards for health facilities	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	Performance indicator: Percentage of Regional Hospitals compliant with all extreme and vital measures of the national core standards	Performance indicator: of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	102	47	
3.		Performance indicator: Proportion of Regional Hospitals that conduct patient satisfaction surveys at least once a year	Performance indicator: Patient Satisfaction survey rate (Regional hospital)	Performance indicator: Patient experience of care survey rate at Regional Hospitals	Performance indicator: Patient Satisfaction survey rate (Regional hospital)	103	47	
4.		Performance indicators: Patient Satisfaction rate at Regional Hospitals	Performance indicator: Patient Satisfaction rate (Regional hospital)	Performance indicator: Patient experience of care at Regional hospitals	Performance indicator: Patient Satisfaction rate (Regional hospital)	103	47	

# ANNUAL PERFORMANCE PLAN

No.		Finding/Comment				Page Reference		Dashboard
		Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
5.	Specialised Hospital: West End Hospital	Performance indicator:  Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards (specialised hospital)	Performance indicator: National Core standards self-assessment rate (Specialised Hospital)	Performance indicator: National Core standards self-assessment rate	Performance indicator: National Core standards self-assessment rate (Specialised Hospital)	105	47	
6		Performance indicator: Proportion of Specialist Hospitals compliant with all extreme and vital measures of the national core standards for health facilities	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	Performance indicator: Percentage of Specialist Hospitals compliant with all extreme and vital measures of the national core standards	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)	106	47	
7.		Performance indicator:  Proportion of Specialised Hospitals that conduct patient satisfaction surveys at least once a year	Performance indicator: Patient satisfaction survey rate (Specialised Hospital)	Performance indicator: Patient Satisfaction survey rate at Specialised Hospitals	Performance indicator: Patient satisfaction survey rate (Specialised Hospital)	106	47	
8.		Performance indicators: Patient Satisfaction rate at Specialised Hospitals	Performance indicator: Patient satisfaction rate (Specialised Hospital)	Performance indicator: Patient Satisfaction rate at Specialised Hospitals	Performance indicator: Patient satisfaction rate (Specialised Hospital)	106	47	

# ANNUAL PERFORMANCE PLAN

## PROGRAMME 5

**Table 7: Review of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator:  Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards (Tertiary hospital)	Performance indicator: National Core Standards self-assessment rate (Tertiary Hospital)	Performance indicator: National Core Standards self-assessment rate	Performance indicator: National Core Standards self-assessment rate (Tertiary Hospital)	114	50	
2.	Performance indicator:  Proportion of Tertiary Hospitals compliant with all extreme and vital measures of the national core standards for health facilities	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospital)	Performance indicator: Percentage of Tertiary Hospitals compliant with all extreme and vital measures of the national core standards	Performance indicator: Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospital)	114	50	
3.	Performance indicator:  Proportion of Tertiary Hospitals that conduct patient satisfaction surveys at least once a year	Performance indicator: Patient satisfaction survey rate (Tertiary Hospital)	Performance indicator: Patient experience of care survey rate at Tertiary Hospitals	Performance indicator: Patient satisfaction survey rate (Tertiary Hospital)	115	50	

# ANNUAL PERFORMANCE PLAN

4.	Performance indicator: Patient Satisfaction rate at Tertiary Hospitals	Performance indicator: Patient satisfaction rate (Tertiary Hospital)	Performance indicator: Patient experience of care at Tertiary Hospitals	Performance indicator: Patient satisfaction rate (Tertiary Hospital)	115	50	
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## PROGRAMME 6

**Table 8: Analysis of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator: Intake of Medicine Students increased	Performance indicator: Number of bursaries awarded for first year medicine students	Performance indicator: Number of bursaries awarded for first year medicine students	Performance indicator: Number of bursaries awarded for first year medicine students	124	53	

## PROGRAMME 7

**Table 9: Analysis of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**

No.	Finding/Comment				Page Reference		Dashboard
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	APP 2015/16	Strategic Plan	
1.	Performance indicator: Percentage of medication written off vs medication on hand	Performance indicator: Number of functional pharmaceutical and Therapeutic Committee  Expected outcome (2019): 9	Performance indicator: Ratio of medication written off vs medication on hand	Performance indicator: Number of functional pharmaceutical and Therapeutic Committee  Strategic Plan Target: 9	134-136	56	

# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment				Page
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17	
2.	Performance indicator: Number of districts implementing an alternative dispensing and distribution system for chronic medicines	Performance indicator: Number of facilities implementing the Electronic stock management system Expected outcome (2019): 204	Performance indicator: Number of districts implementing an alternative dispensing and distribution system for chronic medicines	Performance indicator: Number of facilities implementing the Electronic stock management system Strategic Plan Target: 204	134
3.	Performance indicator: Average out-patient waiting time at hospital pharmacies	Indicator to be removed	Performance indicator: Average out-patient waiting time at hospital pharmacies	Indicator not monitored in APP 2016/17	134
4.	Performance indicator: Percentage of autopsy reports submitted in 14 days to stakeholders (SAPS)	Performance indicator: Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Performance indicator: Percentage of autopsy reports submitted in 14 days to stakeholders (SAPS)	Performance indicator: Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	134

## PROGRAMME 8

**Table 9: Analysis of the Strategic Plan 2015/16-2019/20, APP 2015/16 and APP 2016/17 performance indicators and targets**



# ANNUAL PERFORMANCE PLAN

No.	Finding/Comment			
	Strategic Plan 2015/16-2019/20	Corrections to be made in the Strategic Plan	APP 2015/16	APP 2016/17
1.	Performance indicator: Number of health facilities that have undergone major and minor refurbishment	Performance indicator: Number of health facilities that have undergone major and minor refurbishment in NHI pilot district  Expected Outcome 2019: 8	Performance indicator: Number of health facilities that have undergone major and minor refurbishment	Performance indicator: Number of health facilities that have undergone major and minor refurbishment in NHI pilot district  Strategic Plan Target: 8
2.		Performance indicator: Number of health facilities that have undergone major and minor refurbishment outside NHI pilot district (excluding facilities in NHI pilot district)  Expected Outcome 2019: 19		Performance indicator: Number of health facilities that have undergone major and minor refurbishment outside NHI pilot district (excluding facilities in NHI pilot district)  Strategic Plan Target: 19
3.	Performance indicator:  Number of provincial health departments that have established Service Level Agreements with the Departments of Public Works	Performance indicator: Established Service Level Agreement (SLA) with the Department of Public Works	Performance indicator: Established Service Level Agreements (SLAs) with the Departments of Public Works (and any other implementing agent)	Performance indicator: Established Service Level Agreement (SLA) with the Department of Public Works

## Strategic Plan: ANNEXURE A

**Table 3: Summary of the Strategic Plan Review**

	Total number of performance indicators in Strategic Plan 2015/16	Total number of improvements made in the Strategic Plan
Programme 1	6	
Programme 2	43	
Programme 3	3	
Programme 4	8	
Programme 5	4	
Programme 6	3	
Programme 7	6	
Programme 8	2	
Total	75	

Out of **75** indicators in the 5 Year Strategic Plan 2015/16-2019/20, **60** have been improved.  
Overview of the review

- Targets in the Strategic plan have been modified
- Strategic Objectives have been improved to be more specific

# ANNUAL PERFORMANCE PLAN

- Performance indicators in the Strategic Plan have been improved
- As per the sector format, strategic objectives agreed to between National Department of Health and DPME, it was noted that some strategic objectives cannot be altered to be more specific.

## Strategic Plan: ANNEXURE B

### Strategic Plan Reviewed indicator definitions as per APP 2016/17

#### DEFINITIONS OF INDICATORS

##### PROGRAMME 1

##### Policy and Planning

1.	Indicator title	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

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

# ANNUAL PERFORMANCE PLAN

## Information, Communication and Technology

1.	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	ICT database
	Method of calculation	Total number of hospitals with a minimum of 2 Mbps connectivity/ Total number of hospitals
	Data limitations	None
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To have connectivity in all hospital for the implementation of the eHealth programme
	Indicator responsibility	Senior Manager Information Communication and Technology

2.	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	ICT database
	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
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To have connectivity in all fixed PHC facilities for the implementation of the eHealth programme
	Indicator responsibility	Senior Manager Information Communication and Technology

## Human Resource Management

1.	Indicator title	Developed Human Resources Plan
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# ANNUAL PERFORMANCE PLAN

Short definition	Developed Provincial Human Resources for Health (HRH) Plan
Purpose/importance	To encourage DoH to plan efficiently
Source/collection of data	PERSAL and Vulindlela
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	Human Resources Plan developed
Indicator responsibility	Senior Manager Human Resources Management

## Financial Management

1.	Indicator title	Audit opinion from Auditor General
	Short definition	Outcome of the audit conducted by Office of the Auditor General
	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	Categorical
	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

1.	Indicator title	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard
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# ANNUAL PERFORMANCE PLAN

Short definition	Facilities that have implemented the ideal clinic and adhering to more than 70% of the elements as defined in the ideal clinic dashboard (To be published in March 2016)
Purpose/importance	To track implementation of the ideal clinic standards
Source/collection of data	Ideal clinic assessment Tool
Method of calculation	Number of fixed PHC facilities scoring above 70% on the ideal clinic dashboard/ Number of fixed PHC facilities that conducted an assessment in the current financial year
Data limitations	Accuracy of interpretation of ideal clinic data elements
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	All fixed PHC facilities achieved above 70% on the ideal clinic dashboard
Indicator Responsibility	Senior Manager District Health Services

2.	Indicator title	Client Satisfaction Survey rate (PHC)
	Short definition	The percentage of fixed PHC facilities that conducted a client satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Primary Health Care users
	Source/collection of data	Client Satisfaction Survey forms from clinics
	Method of calculation	Total number of fixed PHC facilities that conducted a Client Satisfaction Survey to date in the current financial year/Total number of fixed PHC facilities
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of fixed PHC facilities to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

3.	Indicator title	Client Satisfaction rate (PHC)
	Short definition	The percentage of patients whom participated in the client satisfaction survey that were satisfied with the service
	Purpose/importance	To monitor the satisfaction of patients using PHC facilities
	Source/collection of data	DHIS – Patient satisfaction module
	Method of calculation	Total number of patients satisfied with the service at PHC facilities / Total number of patients that took part in a client satisfaction survey at PHC facilities
	Data limitations	Generalisability depends on the number of patients participating in the survey
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

4.	Indicator title	Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)
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# ANNUAL PERFORMANCE PLAN

Short definition	Number of Districts who have DCSTs functioning with all required members, as per the ministerial task team (MTT) report
Purpose/importance	Monitors the availability of clinical specialists in the Districts
Source/collection of data	Appointment letters per district, Reports outlining activities of DCSTs
Method of calculation	Sum of Districts with fully fledged District Clinical Specialist Teams
Data limitations	There are multiple combinations of team members that qualifies to be a functional team. These combinations can change in year of reporting.
Type of indicator	Input
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	An increased number of DCSTs indicates improved services.
Indicator Responsibility	Senior Manager District Health Services

## District Hospital Services

1.	Indicator title	National Core Standards self-assessment rate (District Hospitals)
	Short definition	District hospitals that have conducted annual National Core Standards self-assessment as a proportion of District Hospitals
	Purpose/importance	Monitors whether District 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	Number of District hospitals that conducted National Core Standards self-assessment in the current financial year / Total number of district hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by district hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)
	Short definition	Percentage of district hospitals compliant with all extreme and vital measures of the national core standards
	Purpose/importance	Monitors quality in health in district hospitals
	Source/collection of data	NCS Self-Assessment tool
	Method of calculation	Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of District Hospitals that conducted National Core Standards self-assessment in the current financial year
	Data limitations	None
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	District hospitals compliant to all extreme and vital measures of National Core Standards.
	Indicator Responsibility	Senior Manager Quality Assurance

# ANNUAL PERFORMANCE PLAN

3.	Indicator title	Patient Satisfaction Survey rate (District Hospitals)
	Short definition	The percentage of District Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the District Hospital users
	Source/collection of data	Patient Satisfaction Survey forms from District Hospitals
	Method of calculation	Total number of District Hospitals that conducted a patient Satisfaction Survey to date in the current financial year/Total number of District Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of District Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

4.	Indicator title	Patient Satisfaction rate (District Hospitals)
	Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
	Purpose/importance	To monitor the satisfaction of patients using District Hospitals
	Source/collection of data	DHIS – Patient satisfaction module
	Method of calculation	Total number of patients satisfied with the service at District Hospitals / Total number of patients that took part in a patient satisfaction survey at District Hospitals
	Data limitations	Generalisability depends on the number of patients participating in the survey
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

## HIV and AIDS, STI and TB CONTROL

1.	Indicator title	Client tested for HIV (incl ANC)
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# ANNUAL PERFORMANCE PLAN

Short definition	Number of all clients tested for HIV (all age groups), including children under 15 years and antenatal clients
Purpose/importance	Strengthen the HIV Counselling and Testing (HCT) Programme
Source/collection of data	HCT Register, DHIS
Method of calculation	Sum of: HIV test child 19 – 59 months, HIV test 5 – 14 years, HIV test 15 – 49 years (Excluding ANC), HIV test client 50 years and older (Excluding ANC), Antenatal client HIV 1 <sup>st</sup> test, Antenatal client HIV re-test.
Data limitations	Excludes data from private health providers which may results in underestimation in the actual reporting of HCT data
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved HIV Counselling and Testing (HCT) Programme and high HCT uptake/coverage
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>2.</b>	<b>Indicator title</b>	<b>Male condom distribution coverage</b>
	Short definition	Number of male condoms distributed to clients via the public health facility or via other strategic distributing points attached to either a facility or Condom Distribution Storage Site (PDS), e.g. offices, restaurants, NGOs, taverns or other outlets - per male 15 years and older
	Purpose/importance	To monitor distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes.
	Source/collection of data	Facility Condom Bin Card, Facility Monthly input form, DHIS
	Method of calculation	Number of male condoms distributed /Population 15 years and older male (mid-year estimates from DHIS)
	Data limitations	Poor reporting and recording of condoms distributed
	Type of indicator	Output
	Calculation type	Rate (per 15 & older male population)
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Reduced transmission of HIV, STIs and promote family planning
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>3.</b>	<b>Indicator title</b>	<b>Medical male circumcision performed -total</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Total medical male circumcisions (MMCs) performed for males of all ages (including neonatal) - Records all males who are circumcised under medical supervision
Purpose/importance	To monitor the number of MMCs performed
Source/collection of data	Facility register, DHIS
Method of calculation	Sum of Males 10 to 14 years and Males 15 years and older who are circumcised under medical supervision
Data limitations	Does not integrate MMCs performed at private medical providers or institutions and circumcisions at traditional initiation settings
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Reduced transmission of HIV through increased uptake of MMC
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

## TB

1.	Indicator title	TB symptom 5 years and older screened rate
	Short definition	PHC clients 5 years and older screened for TB symptoms
	Purpose/importance	To strengthen active case identification by screening people attending public health facilities in order to improve prevention and management of TB in communities
	Source/collection of data	TB Screening Tool; PHC Register; DHIS; ETR.Net
	Method of calculation	Patients 5 years and older screened for TB/ PHC headcount 5 years and older
	Data limitations	Accuracy dependant on quality of data from reporting facility
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved screening of TB symptoms of 5 years and older clients
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

2.	Indicator title	TB client treatment success rate
	Short definition	Proportion of TB clients (new pulmonary) cured and those who completed treatment
	Purpose/importance	Monitors success and effectiveness of TB treatment program.
	Source/collection of data	TB register, ETR.Net
	Method of calculation	Numerator: Number of registered TB client successfully treated (cured + treatment completion)  Denominator: Total number of TB client (new pulmonary) registered on treatment
	Data limitations	Patients transferred out to other facility makes it difficult to track patient outcome thus affecting calculation with patient counted as "not evaluated"
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved TB new client treatment success rate
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

3.	Indicator title	TB client lost to follow up rate
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# ANNUAL PERFORMANCE PLAN

Short definition	TB clients who were lost to follow up or defaulted from treatment for 2 consecutive months
Purpose/importance	Monitors TB retention in care and adherence to treatment
Source/collection of data	TB register, ETR.Net
Method of calculation	Numerator: Number of TB clients (new pulmonary) who defaulted on their treatment schedule for 2 consecutive months  Denominator: Total number of TB clients registered on treatment
Data limitations	Accuracy dependant on quality of data from reporting facility
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved strategies on retention and adherence of TB registered clients in facilities
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>4.</b>	<b>Indicator title</b>	<b>TB client death rate</b>
	Short definition	Estimated TB deaths (new pulmonary) who died during treatment as a proportion of TB clients started on treatment
	Purpose/importance	Monitors the impact of the TB control programme (access and quality) in reducing the burden of TB disease in communities.
	Source/collection of data	TB register; ETR.Net (Susceptible TB)
	Method of calculation	Numerator: Number of TB deaths amongst during treatment (new pulmonary)  Denominator: Total number of TB patients (new pulmonary) registered on TB treatment
	Data limitations	Other TB patients may have died of other causes but still be categorized as TB death
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduced TB mortality
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>5.</b>	<b>Indicator title</b>	<b>TB MDR confirmed treatment initiation rate</b>
	Short definition	MDR - TB confirmed clients started on treatment as a proportion of total clients with confirmed MDR - TB
	Purpose/importance	Monitor treatment initiation of MDR - TB clients and effectiveness of linkage to TB care strategies.
	Source/collection of data	MDR-TB register, EDRWeb.Net
	Method of calculation	TB MDR confirmed client start on treatment / TB MDR confirmed client  TB MDR confirmed client is the sum of: RR + MDR-TB confirmed + MDR-not confirmed (in the MDR-TB register)
	Data limitations	Inaccurate reporting from facilities
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduced deaths among MDR TB clients
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

# ANNUAL PERFORMANCE PLAN

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 outcomes
	Source/collection of data	MDR-TB register, EDRWeb.Net
	Method of calculation	Sum [TB MDR client successfully completed treatment + TB MDR client successfully cured]/ Sum [TB MDR confirmed client initiated on treatment]
	Data limitations	Inaccurate reporting from facilities
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved initiation of MDR - TB confirmed clients (100% initiation rate)
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

## Maternal, Child and Woman's Health and Nutrition

1.	Indicator title	Antenatal 1 <sup>st</sup> 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 proportion of pregnant women that presented at a health facility within the first 20 weeks
	Source/collection of data	Facility register, DHIS
	Method of calculation	Antenatal 1st visits before 20 weeks / Antenatal 1st visit total
	Data limitations	Inaccurate recording and reporting
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ANC early bookings
	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 proportion of mothers that received postnatal care with 6 days after giving birth.
	Source/collection of data	Facility register, DHIS
	Method of calculation	Mother postnatal visit within 6 days after delivery/Delivery in facility total
	Data limitations	Inaccurate recording and reporting
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensure mothers receive postnatal care within 6 days
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

3.	Indicator title	Antenatal clients initiated on ART rate
	Short definition	HIV positive Antenatal clients initiated on antiretroviral treatment program as a proportion of HIV positive antenatal clients
	Purpose/importance	Monitors implementation of PMTCT guidelines in terms of ART initiation of HIV positive pregnant women.
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of HIV positive antenatal clients started on ART [Sum – 1 <sup>st</sup> antenatal client HIV pos initiated on ART + antenatal clients re-tested HIV pos initiated on ART + antenatal clients with known HIV pos but not ART]  Denominator: Total antenatal clients eligible for ART initiation [Sum – 1 <sup>st</sup> antenatal client HIV pos + antenatal clients re-tested HIV pos + antenatal clients with known HIV pos but not ART]
	Data limitations	Inaccurate inclusion of all eligible clients can results in under- or over - estimation
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Ensure all pregnant HIV-positive women are initiated on ART
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

4.	Indicator title	Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate
	Short definition	Infants PCR tested positive for the first time around 10 weeks after birth as proportion of infants PCR tested around 10 weeks
	Purpose/importance	Monitors the rate of mother to child HIV transmission at 10 weeks
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of infant 1 <sup>st</sup> PCR test positive around 10 weeks /Infant 1st PCR test around 10 weeks
	Data limitations	Late submission of test results from NHLS can result in inaccurate capturing
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Ensure that all infants born to HIV positive mothers are tested around 10 weeks and reduced transmission rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

5.	Indicator title	Immunisation coverage under 1 year (annualised)
	Short definition	Percentage of children under 1 year who completed their primary course of immunisation. The child should only be counted once as fully immunised when receiving the last vaccine in the course.
	Purpose/importance	Monitor the implementation of Extended Programme in immunization (EPI)
	Source/collection of data	Facility register, DHIS, StatsSA (Population for under 1 year)
	Method of calculation	Numerator: Sum of immunised fully under 1 year new  Denominator: Estimated. mid-year population under 1-year (DHIS)
	Data limitations	Inaccuracies of under 1 year population estimates between DHIS and Stats-SA estimates
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improve immunisation coverage among under 1 year for control and prevention of vaccine preventable diseases
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

6.	Indicator title	Measles 2nd dose coverage (annualised)
	Short definition	Proportion of children 1 year (12-23 months) who received measles 2nd dose, normally at 18 months
	Purpose/importance	Monitors measles 2nd dose coverage around or at 18 months
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of children 1 year given measles 2 <sup>nd</sup> dose dose Denominator: Population 1 year (mid-year estimates from DHIS)
	Data limitations	Inaccuracies of under 1 year population estimates between DHIS and Stats-SA estimates
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved measles 2nd dose immunisation coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

7.	Indicator title	DTaP-IPV/HIB3-measles 1 <sup>st</sup> dose drop-out rate
	Short definition	Proportion of children who dropped out of the immunisation schedule between DTaP-IPV-HepB-Hib 3rd dose (around or at 14 weeks) and measles 1st dose (around or at 9 months)
	Purpose/importance	Monitors children who drops out of the vaccination program after 14 weeks to inform programme in putting interventions e.g. catch-up immunisation plans
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of children drop-out between DTaP-IPV-HepB-Hib 3rd dose [Sum (DTaP-IPV / HIB 3rd dose) - sum (measles 1 <sup>st</sup> dose under 1)] Denominator: Sum (DTaP-IPV/HIB 3rd dose)
	Data limitations	Accuracy dependent on quality of data
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensure low levels of drop-out rate and that all children who dropped out in 14 weeks are vaccinated.
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

8.	Indicator title	Child under 5 years diarrhoea case fatality 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 admitted with diarrhoea. Include under 1 year diarrhoea deaths
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Sum of children under 5 years (admitted) died due to diarrhoea Denominator: Sum of children under 5 years admitted with diarrhoea
	Data limitations	Inaccuracy in the diagnosis of child under 5 years with diarrhoea
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Reduced children under 5 mortality rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

9.	Indicator title	Child under 5 years severe acute malnutrition case fatality rate
	Short definition	Proportion of children under 5 years admitted with severe acute malnutrition who died
	Purpose/importance	Monitors treatment outcome for children under 5 years who were admitted with severe acute malnutrition. Includes under 1 year severe acute malnutrition deaths
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of children under 5 years severe acute malnutrition death / Sum of children under 5 years severe acute malnutrition admitted
	Data limitations	Inaccuracy in the diagnosis of child under 5 years with severe acute malnutrition
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Reduced children under 5 mortality rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

10.	Indicator title	Schools Grade 1 screening coverage (annualised)
	Short definition	Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors the implementation of the Integrated School Health Programme (ISHP)
	Source/collection of data	School health report (ISHP team), Facility register ,DHIS
	Method of calculation	Sum of school Grade 1 - learners screened / Sum of school Grade 1 - learners total
	Data limitations	Coverage dependent data provided by Department of Basic Education(DBE) on Grade 1 learners total
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ISHP
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

11.	Indicator title	Schools Grade 8 screening coverage (annualised)
	Short definition	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors the implementation of the Integrated School Health Programme (ISHP)
	Source/collection of data	School health (ISHP team), Facility register, DHIS
	Method of calculation	Sum of school Grade 8 - learners screened / Sum of school Grade 8 - learners total
	Data limitations	Coverage dependent data provided by Department of Basic Education(DBE) on Grade 8 learners total
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ISHP
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

12.	Indicator title	Couple year protection rate (annualised)
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# ANNUAL PERFORMANCE PLAN

Short definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years.
Purpose/importance	Monitors access and utilisation of modern contraceptives to prevent unplanned pregnancies.
Source/collection of data	Facility register, DHIS
Method of calculation	Contraceptive years are a total of $[\text{SUM}(\text{Oral pill cycle}) / 13] + [\text{SUM}(\text{Medroxyprogesterone injection}) / 4] + [\text{SUM}(\text{Norethisterone enanthate injection}) / 6] + [\text{SUM}(\text{IUCD inserted}) * 4] + [\text{SUM}(\text{Male condoms distributed}) / 200] + [\text{SUM}(\text{Sterilisation - male}) * 20] + [\text{SUM}(\text{Sterilisation - female}) * 10] + \text{Sub-dermal implants X3} + \text{SUM}(\text{Female condoms distributed}) / \text{SUM}[\{\text{Female 15-44 years}\} + \text{SUM}[\{\text{Female 45-49 years}\}]]$
Data limitations	Inaccurate data collection and reporting
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved couple year protection
Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

<b>13.</b>	<b>Indicator title</b>	<b>Cervical Cancer Screening coverage (annualised)</b>
	Short definition	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.
	Purpose/importance	Monitors implementation of cervical screening
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of cervical cancer screening in woman 30-years and older / Sum (Population 30 years and older female/10)
	Data limitations	Inaccuracies of 30 years and older population estimates between DHIS and Stats-SA estimates
	Type of indicator	Process
	Calculation type	Percentage Annualised
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased cervical Cancer Screening coverage amongst women
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

<b>14.</b>	<b>Indicator title</b>	<b>Human Papilloma Virus Vaccine 1<sup>st</sup> dose coverage</b>
	Short definition	Proportion of grade 4 girl learners 9 years and older vaccinated per year with the 1 <sup>st</sup> dose of the HPV Vaccine during 2016 calendar year
	Purpose/importance	Monitors the HPV Vaccine coverage
	Source/collection of data	HPV Campaign register, DHIS
	Method of calculation	Girls 9 years and older that received HPV 1 <sup>st</sup> dose / Grade 4 girl learners $\geq$ 9 years
	Data limitations	Inaccurate number of Grade 4 girls estimated by Department of Basic Education(DBE)
	Type of indicator	Output
	Calculation type	Percentage Annualised
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased HPV 1 <sup>st</sup> dose coverage amongst girls 9 years and older
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>15.</b>	<b>Indicator title</b>	<b>Human Papilloma Virus Vaccine 2<sup>nd</sup> dose coverage</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Proportion of grade 4 girls 9 years and older vaccinated per year with the 2 <sup>nd</sup> dose of the HPV Vaccine during 2016, and first round 2017
Purpose/importance	Monitors the HPV Vaccine coverage
Source/collection of data	HPV Campaign register, DHIS
Method of calculation	Girls 9 years and older that received HPV 2 <sup>nd</sup> dose / Grade 4 girl learners ≥ 9 years
Data limitations	Inaccurate number of Grade 4 girls estimated by Department of Basic Education (DBE)
Type of indicator	Output
Calculation type	Percentage Annualised
Reporting cycle	Annually
New indicator	Yes
Desired performance	Increased HPV 2 <sup>nd</sup> dose coverage amongst girls 9 years and older
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

16.	Indicator title	Maternal Mortality in Facility Ratio (MMR)
	Short definition	Women who died in hospital as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy, per 100,000 live births in facility.
	Purpose/importance	Monitors impact of maternal health interventions in reducing maternal deaths in facilities.
	Source/collection of data	Facility register, DHIS
	Method of calculation	Maternal death in facility / Live births in facility per 100 000
	Data limitations	Inaccurate recording and reporting
	Type of indicator	Impact
	Calculation type	Ratio per 100 000 live births
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduction of maternal deaths
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

17.	Indicator title	Inpatient early neonatal death rate
	Short definition	Proportion of children 0-7 days admitted or separated who died during their stay in the facility as a proportion of live birth in facility
	Purpose/importance	Monitors treatment outcome for admitted children under 7 days
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum [Inpatient death 0- 7 days] /Live birth in facility per 1000
	Data limitations	Inaccurate reporting
	Type of indicator	Impact
	Calculation type	Ratio (per 1000 live births)
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduction of early neonatal deaths
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes



# ANNUAL PERFORMANCE PLAN

## Disease Control and Prevention

1.	Indicator title	Clients screened for hypertension
	Short definition	Number of clients not on treatment for hypertension, screened for hypertension in PHC clinics and OPD
	Purpose/importance	Monitors the screening of clients for hypertension
	Source/collection of data	Facility register, DHIS
	Method of calculation	Number of PHC client total, not on treatment screened for hypertension
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased screening of clients for hypertension
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

2.	Indicator title	Clients screened for diabetes
	Short definition	Number of clients not on treatment for diabetes, screened for diabetes in PHC clinics and OPD
	Purpose/importance	Monitors the screening of clients for diabetes
	Source/collection of data	Chronic disease register, DHIS
	Method of calculation	Number of PHC client (total) not on treatment screened for diabetes
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased screening of clients for diabetes
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

3.	Indicator title	Client screened for mental health
	Short definition	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders at PHC facilities
	Purpose/importance	Monitors access and quality of mental health services in PHC facilities
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of PHC Client not on treatment screened for mental disorders
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved screening of clients for mental disorders in PHC facilities
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

# ANNUAL PERFORMANCE PLAN

4.	Indicator title	Cataract surgery rate (annualised)
	Short definition	Clients who had cataract surgery per 1 million uninsured population.
	Purpose/importance	Monitors uninsured population access to cataract surgery
	Source/collection of data	Facility register, DHIS
	Method of calculation	Cataract surgeries total /Uninsured population (mid-year estimates from DHIS)
	Data limitations	Inaccuracy on population estimates between DHIS and StatsSA mid - years estimates
	Type of indicator	Output
	Calculation type	Rate per 1million population
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved access to cataract surgery by the uninsured population
	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 of the first dispatched medical resource arrives on scene.
	Purpose/importance	Monitors EMS P1 under 15 minutes response rate in urban areas
	Source/collection of data	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS P1 urban response under 15 minutes / EMS P1 urban calls
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved 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 EMS P1 under 40 minutes response rate in rural areas
	Source/collection of data	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS P1 rural response under 40 minutes / EMS P1 rural calls
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved response times in the urban areas
	Indicator responsibility	Senior Manager Emergency Medical Services

# ANNUAL PERFORMANCE PLAN

3.	Indicator title	EMS Inter-facility transfer rate
	Short definition	Inter-facility (From 1 inpatient facility to another inpatient facility) transfers as a 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	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS inter-facility transfer/ EMS clients total
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To improve quality patient care
	Indicator responsibility	Senior Manager Emergency Medical Services

## Programme 4

### Regional Hospital

1.	Indicator title	National Core Standards self-assessment rate (Regional Hospital)
	Short definition	Regional hospitals that have conducted annual National Core Standards self-assessment as a proportion of Regional Hospitals
	Purpose/importance	Monitors whether Regional 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	Number of Regional Hospitals that conducted National Core Standards self-assessment in the current financial year / Total number of Regional Hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of Regional Hospitals compliant with all extreme and vital measures of the national core standards
Purpose/importance	Monitors quality in health in Regional Hospitals
Source/collection of data	NCS Self-Assessment tool
Method of calculation	Total number of Regional Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Regional Hospitals that conducted National Core Standards self-assessment in the current financial year
Data limitations	None
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Regional Hospitals compliant to all extreme and vital measures of National Core Standards.
Indicator Responsibility	Senior Manager Quality Assurance

<b>3.</b>	<b>Indicator title</b>	<b>Patient Satisfaction Survey rate (Regional Hospital)</b>
	Short definition	The percentage of Regional Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Regional Hospitals users
	Source/collection of data	Patient Satisfaction Survey forms from Regional Hospitals
	Method of calculation	Total number of Regional Hospitals that conducted a patient Satisfaction Survey to date in the current financial year/Total number of Regional Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of Regional Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance

<b>4.</b>	<b>Indicator title</b>	<b>Patient Satisfaction rate (Regional Hospital)</b>
	Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
	Purpose/importance	To monitor the satisfaction of patients using Regional Hospitals
	Source/collection of data	DHIS – Patient satisfaction module
	Method of calculation	Total number of patients satisfied with the service at Regional Hospitals / Total number of patients that took part in a patient satisfaction survey at Regional Hospitals
	Data limitations	Generalisability depends on the number of patients participating in the survey
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
	Indicator Responsibility	Senior Manager Quality Assurance

## Specialised Hospital

<b>1.</b>	<b>Indicator title</b>	<b>National Core Standards self-assessment rate (Specialised Hospital)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Specialised Hospitals that have conducted annual National Core Standards self-assessment as a proportion of Specialised Hospitals
Purpose/importance	Monitors whether Specialised 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	Number of Specialised Hospitals that conducted National Core Standards self-assessment in the current financial year / Total number of Specialised Hospitals
Data limitations	Reliability of data provided
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved monitoring of the National Core Standards by Specialised Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)
	Short definition	Percentage of Specialised Hospitals compliant with all extreme and vital measures of the national core standards
	Purpose/importance	Monitors quality in health in Specialised Hospitals
	Source/collection of data	NCS Self-Assessment tool
	Method of calculation	Total number of Specialised Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Specialised Hospitals that conducted National Core Standards self-assessment in the current financial year
	Data limitations	None
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Specialised Hospitals compliant to all extreme and vital measures of National Core Standards.
	Indicator Responsibility	Senior Manager Quality Assurance

3.	Indicator title	Patient Satisfaction Survey rate (Specialised Hospital)
	Short definition	The percentage of Specialised Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Specialised Hospitals users
	Source/collection of data	Patient Satisfaction Survey forms from Specialised Hospitals
	Method of calculation	Total number of Specialised Hospitals that conducted a patient Satisfaction Survey to date in the current financial year/Total number of Specialised Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of Specialised Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance

# ANNUAL PERFORMANCE PLAN

4.	Indicator title	Patient Satisfaction rate (Specialised Hospital)
	Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
	Purpose/importance	To monitor the satisfaction of patients using Specialised Hospitals
	Source/collection of data	DHIS – Patient satisfaction module
	Method of calculation	Total number of patients satisfied with the service at Specialised Hospitals / Total number of patients that took part in a patient satisfaction survey at Specialised Hospitals
	Data limitations	Generalisability depends on the number of patients participating in the survey
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
	Indicator Responsibility	Senior Manager Quality Assurance

## Programme 5

### Tertiary Hospitals

1.	Indicator title	National Core Standards self-assessment rate (Tertiary Hospital)
	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	Number of Tertiary Hospitals that conducted National Core Standards self-assessment in the current financial year / Total number of Tertiary Hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	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	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of Tertiary Hospitals compliant with all extreme and vital measures of the national core standards
Purpose/importance	Monitors quality in health in Tertiary Hospitals
Source/collection of data	NCS Self-Assessment tool
Method of calculation	Total number of Tertiary Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Tertiary Hospitals that conducted National Core Standards self-assessment in the current financial year
Data limitations	None
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Tertiary Hospitals compliant to all extreme and vital measures of National Core Standards.
Indicator Responsibility	Senior Manager Quality Assurance

<b>3.</b>	<b>Indicator title</b>	<b>Patient Satisfaction Survey rate (Tertiary Hospital)</b>
	Short definition	The percentage of Tertiary Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Tertiary Hospitals users
	Source/collection of data	Patient Satisfaction Survey forms from Tertiary Hospitals
	Method of calculation	Total number of Tertiary Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year/Total number of Tertiary Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of Tertiary Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance

<b>5.</b>	<b>Indicator title</b>	<b>Patient Satisfaction rate (Tertiary Hospital)</b>
	Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
	Purpose/importance	To monitor the satisfaction of patients using Tertiary Hospitals
	Source/collection of data	DHIS – Patient satisfaction module
	Method of calculation	Total number of patients satisfied with the service at Tertiary Hospitals / Total number of patients that took part in a patient satisfaction survey at Tertiary Hospitals
	Data limitations	Generalisability depends on the number of patients participating in the survey
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
	Indicator Responsibility	Senior Manager Quality Assurance

## Programme 6

### Health Sciences and Training

<b>1.</b>	<b>Indicator title</b>	<b>Basic nurse students graduating</b>
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# ANNUAL PERFORMANCE PLAN

	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	Nursing student database, List of registered students from SANC
	Method of calculation	Number 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

<b>2.</b>	<b>Indicator title</b>	<b>Proportion of bursary holders permanently appointed</b>
	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
	Method of calculation	Bursary holders permanently appointed / Total number of bursary holders
	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

<b>3.</b>	<b>Indicator title</b>	<b>Number of employees enrolled for training on Intermediate Life Support</b>
	Short definition	The total number of EMS employees enrolled for training on Intermediate Life Support
	Purpose/importance	Monitors the number of EMS employees enrolled for training on Intermediate Life Support
	Source/collection of data	PERSAL EMS training database
	Method of calculation	Total number 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	Impact
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased EMS employees with higher levels of skills
	Indicator responsibility	Senior Manager Emergency Medical Services College



# ANNUAL PERFORMANCE PLAN

1.	Indicator title	Percentage of autopsies completed within four 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	Total number of post-mortems conducted in four days per quarter / Total number of post-mortems conducted in the quarter
	Data limitations	Poor record keeping
	Type of indicator	Output
	Calculation type	Percentage
	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	Total number of post-mortem reports submitted in 10 days per quarter / Total number of unnatural post-mortems done in quarter
	Data limitations	Timeous completion and submission of report
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	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 tracer medication (EML and STG) in the health facilities and institutions.
	Short definition	Percentage of tracer medications that were requested versus medication that were replaced.
	Purpose/importance	Monitors the provision of medication to all facilities as per the orders requested.
	Source/collection of data	Stock management reports.
	Method of calculation	Number of medication replaced/Number of medicine requested by facilities.
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Output.
	Calculation type	Percentage.
	Reporting cycle	Quarterly.
	New indicator	No
	Desired performance	Improved stock management
	Indicator responsibility	Senior Manager: Pharmaceutical Services.

2.	Indicator title	Number of functional Pharmaceutical and Therapeutic Committees
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# ANNUAL PERFORMANCE PLAN

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	Number of functional Pharmaceutical and Therapeutic Committees.
Data limitations	None
Type of indicator	Output
Calculation type	Number
Reporting cycle	Bi-Annually
New indicator	Yes
Desired performance	Functional Pharmaceutical and Therapeutic Committees
Indicator responsibility	Senior Manager: Pharmaceutical Services

<b>3.</b>	<b>Indicator title</b>	<b>Number of facilities implementing the Electronic stock management system</b>
	Short definition	Number of facilities implementing the Electronic stock management system.
	Purpose/importance	Monitors the implementation of the Electronic stock management system by facilities
	Source/collection of data	Stock management reports.
	Method of calculation	Number of facilities that implemented the electronic stock management system.
	Data limitations	Connectivity and incorrect capturing
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Effective electronic stock management system at facilities.
	Indicator responsibility	Senior Manager: Pharmaceutical Services.

## Programme 8

### Health Facilities Management

<b>1.</b>	<b>Indicator title</b>	<b>Number of health facilities that have undergone major and minor refurbishment in NHI Pilot Districts</b>
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# ANNUAL PERFORMANCE PLAN

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	Monitors 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	Number 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	Yes
Desired performance	Improved standards in facilities
Indicator responsibility	Director Infrastructure Delivery

<b>2.</b>	<b>Indicator title</b>	<b>Number of health facilities that have undergone major and minor refurbishment outside NHI pilot district (Excluding facilities in NHI pilot districts)</b>
	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	Monitors 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	Number 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	Yes
	Desired performance	Improved standards in facilities
	Indicator responsibility	Director Infrastructure Planning

# ANNUAL PERFORMANCE PLAN

3.	Indicator title	Established Service Level Agreement (SLA) with the Department of Public Works
	Short definition	Total number of provincial health departments that have signed Service Level Agreements with Department of Public Works and other implementing agencies
	Purpose/importance	Monitors the establishment of Service Level Agreements (SLAs) with Departments of Public Works
	Source/collection of data	Signed SLA's
	Method of calculation	Number of SLA's signed
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved standards in facilities
	Indicator responsibility	Director Infrastructure Planning

# ANNUAL PERFORMANCE PLAN

## ANNEXURE B: CONDITIONAL GRANTS

### NATIONAL HEALTH INSURANCE GRANT

### HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
Health Professional Training and Development	Support provinces to fund services costs associated with the training of health science trainees on the public platform	<ul style="list-style-type: none"> <li>• Availability of Business Plans</li> <li>• Number of site visits</li> <li>• Availability of quarterly and annual performance report</li> <li>• Number of audit findings</li> </ul>	<ul style="list-style-type: none"> <li>• Approved Business Plan</li> <li>• 30 site visits</li> <li>• 4 quarterly reports, 1 annual performance report</li> <li>• 27 Audits</li> </ul>

### NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
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 2016/17
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# ANNUAL PERFORMANCE PLAN

Comprehensive HIV AIDS Conditional Grant	<ul style="list-style-type: none"> <li>To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing</li> <li>To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care</li> <li>To subsidise in-part funding for the antiretroviral treatment plan</li> </ul>	1. Number of new patients that started on ART	18 995
		2. Number of Antenatal Care (ANC) clients initiated on ART	2 381
		3. Number of babies Polymerase Chain Reaction (PCR) tested at 10 weeks	2 380
		4. Number of HIV positive clients screened for TB	14 946
		5. Number of HIV positive patients that started on IPT	13 448
		6. Number of HIV tests done	215 259
		7. Number of Medical Male Circumcisions performed	14 000

## HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2016/17
Health Facility Revitalisation Grant	<ul style="list-style-type: none"> <li>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)</li> <li>Supplement expenditure on health infrastructure delivered through public-private partnerships</li> <li>To enhance capacity to deliver health infrastructure</li> </ul>	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	<ul style="list-style-type: none"> <li>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</li> <li>Supplement expenditure on health infrastructure delivered through public-private partnerships</li> <li>To enhance capacity to deliver infrastructure in health</li> </ul>	Approved Annual Implementation plans for both Health Facility Revitalisation Grant and National Health Grant	

# ANNUAL PERFORMANCE PLAN

## ANNEXURE C: DEFINITIONS OF INDICATORS

### PROGRAMME 1

#### Policy and Planning

1.	Indicator title	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

2.	Indicator title	Reviewed 5-Year Strategic Plan
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# ANNUAL PERFORMANCE 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

<b>3.</b>	<b>Indicator title</b>	<b>Number of approved policies</b>
	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	None
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	Yes
	Desired performance	To ensure that policies are developed
	Indicator responsibility	Senior Manager Policy and Planning

## Research and Development

<b>1.</b>	<b>Indicator title</b>	<b>Number of Programme Performance Evaluations Conducted</b>
	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

<b>2.</b>	<b>Indicator title</b>	<b>Number of publications on research outputs in peer reviewed journals</b>
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# ANNUAL PERFORMANCE PLAN

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	Yes
Desired performance	All original research outputs or achievements published
Indicator responsibility	Senior Manager Research and Development

<b>3.</b>	<b>Indicator title</b>	<b>Number of ethically approved research protocols to be conducted in the Northern Cape Province</b>
	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	yes
	Desired performance	More research participants protection in accordance with the National Health Research ethics guidelines
	Indicator responsibility	Senior Manager Research and Development

## Information, Communication and Technology

<b>1.</b>	<b>Indicator title</b>	<b>Percentage of hospitals with broadband access</b>
	Short definition	Percentage of hospitals with broadband access
	Purpose/importance	To track broadband access to hospitals
	Source/collection of data	ICT database
	Method of calculation	Total number of hospitals with a minimum of 2 Mbps connectivity/ Total number of hospitals
	Data limitations	None
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To have connectivity in all hospital for the implementation of the eHealth programme
	Indicator responsibility	Senior Manager Information Communication and Technology

<b>2.</b>	<b>Indicator title</b>	<b>Percentage of PHC facilities with network access</b>
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# ANNUAL PERFORMANCE PLAN

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	Total number of PHC facilities with minimum 2 Mbps connectivity / Total number of PHC facilities
Data limitations	None
Type of indicator	Input
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	To have connectivity in all facilities
Indicator responsibility	Senior Manager Information Communication and Technology

<b>3. Indicator title</b>	<b>Percentage of fixed PHC facilities with broadband access</b>
Short definition	Percentage of fixed PHC facilities with broadband access
Purpose/importance	To ensure broadband access to all PHC facilities
Source/collection of data	ICT database
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
Reporting cycle	Quarterly
New indicator	No
Desired performance	To have connectivity in all fixed PHC facilities for the implementation of the eHealth programme
Indicator responsibility	Senior Manager Information Communication and Technology

## Human Resources Management

<b>1. Indicator title</b>	<b>Developed Human Resources Plan</b>
Short definition	Developed Provincial Human Resources for Health (HRH) Plan
Purpose/importance	To encourage DoH to plan efficiently
Source/collection of data	PERSAL and Vulindlela
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	Human Resources Plan developed
Indicator responsibility	Senior Manager Human Resources Management

<b>2. Indicator title</b>	<b>Percentage performance agreements signed by SMS officials</b>
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# ANNUAL PERFORMANCE PLAN

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	Outcome of the audit conducted by Office of the Auditor General
	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	Categorical
	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

1.	Indicator title	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dashboard
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# ANNUAL PERFORMANCE PLAN

Short definition	Facilities that have implemented the ideal clinic and adhering to more than 70% of the elements as defined in the ideal clinic dashboard (To be published in March 2016)
Purpose/importance	To track implementation of the ideal clinic standards
Source/collection of data	Ideal clinic assessment Tool
Method of calculation	Number of fixed PHC facilities scoring above 70% on the ideal clinic dashboard/ Number of fixed PHC facilities that conducted an assessment in the current financial year
Data limitations	Accuracy of interpretation of ideal clinic data elements
Type of indicator	Cumulative
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	All fixed PHC facilities achieved above 70% on the ideal clinic dashboard
Indicator Responsibility	Senior Manager District Health Services

<b>2.</b>	<b>Indicator title</b>	<b>Client Satisfaction Survey rate (PHC)</b>
	Short definition	The percentage of fixed PHC facilities that conducted a client satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Primary Health Care users
	Source/collection of data	Client Satisfaction Survey forms from clinics
	Method of calculation	Total number of fixed PHC facilities that conducted a Client Satisfaction Survey to date in the current financial year/Total number of fixed PHC facilities
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher percentage that indicates commitment of fixed PHC facilities to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

<b>3.</b>	<b>Indicator title</b>	<b>Client Satisfaction rate (PHC)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	The percentage of patients whom participated in the client satisfaction survey that were satisfied with the service
Purpose/importance	To monitor the satisfaction of patients using PHC Facilities
Source/collection of data	DHIS – Patient satisfaction module
Method of calculation	Total number of patients satisfied with the service at PHC Facilities / Total number of patients that took part in a client satisfaction survey at PHC facilities
Data limitations	Generalisability depends on the number of patients participating in the survey
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Annually
New indicator	Yes
Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

<b>4.</b>	<b>Indicator title</b>	<b>OHH registration visit coverage (Annualised)</b>
	Short definition	Proportion of households in the target wards covered by Ward-based Outreach Teams
	Purpose/importance	Monitors implementation of the PHC re-engineering strategy
	Source/collection of data	Facility register, house hold registration visits register, DHIS
	Method of calculation	OHH registration visit / OHH in population
	Data limitations	Dependant on accuracy of OHH in population
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved OHH registration visits by WBOT
	Indicator Responsibility	Senior Manager District Health Services

<b>5.</b>	<b>Indicator title</b>	<b>Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)</b>
	Short definition	Number of Districts who have DCSTs functioning with all required members, as per the ministerial task team (MTT) report
	Purpose/importance	Monitors the availability of clinical specialists in the Districts
	Source/collection of data	Appointment letters per district, Reports outlining activities of DCSTs
	Method of calculation	Sum of Districts with Fully fledged District Clinical Specialist Teams
	Data limitations	There are multiple combinations of team members that qualifies to be a functional team. These combinations can change in year of reporting.
	Type of indicator	Input
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	An increased number of DCSTs indicates improved services.
	Indicator Responsibility	Senior Manager District Health Services

<b>6.</b>	<b>Indicator title</b>	<b>PHC utilisation rate</b>
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# ANNUAL PERFORMANCE PLAN

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	Facility register, Patient records, DHIS (PHC Total Headcount), Stats SA (Total Population)
Method of calculation	PHC headcount total / Total Population
Data limitations	Dependant on the accuracy of estimated total population from Stats SA
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved PHC utilisation
Indicator Responsibility	Senior Manager District Health Services

7.	Indicator title	Complaints Resolution rate (PHC)
	Short definition	Proportion of all complaints received that are resolved.
	Purpose/importance	To monitor the response to complaints in PHC facilities
	Source/collection of data	Complaints Register, DHIS
	Method of calculation	Complaints resolved / Complaints received
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in PHC facilities
	Indicator Responsibility	Senior Manager Quality Assurance

8.	Indicator title	Complaint Resolution within 25 working days rate (PHC)
	Short definition	Percentage of complaints resolved within 25 working days as a proportion of all complaints resolved.
	Purpose/importance	To monitors the management of the complaints in PHC facilities
	Source/collection of data	Complaints Register, DHIS
	Method of calculation	Total number of complaints resolved within 25 working days / Total number of 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
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in PHC facilities
	Indicator Responsibility	Senior Manager Quality Assurance



# ANNUAL PERFORMANCE PLAN

## District Hospital Services

1.	Indicator title	National Core Standards self-assessment rate (District Hospitals)
	Short definition	District hospitals that have conducted annual National Core Standards self-assessment as a proportion of District Hospitals
	Purpose/importance	Monitors whether District 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	Number of District hospitals that conducted National Core Standards self assessment in the current financial year / Total number of district hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by district hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Quality Improvement plan after self-assessment rate (District Hospitals)
	Short definition	District hospitals that have developed a quality improvement plan after self-assessment as a fixed proportion of district hospitals.
	Purpose/importance	Monitors whether district hospitals are developing a plan to close gaps identified after self-assessments
	Source/collection of data	Quality Improvement Plans, NCS Assessment tool, DHIS
	Method of calculation	Number of district hospitals that developed a Quality improvement plan in the current financial year / Number of district hospitals that conducted National Core Standards self assessment in the current financial year
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by district hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

3.	Indicator title	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of district hospitals compliant with all extreme and vital measures of the national core standards
Purpose/importance	Monitors quality in health in district hospitals
Source/collection of data	NCS Self-Assessment tool
Method of calculation	Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of District Hospitals that conducted National Core Standards self-assessment in the current financial year
Data limitations	None
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	District hospitals compliant to all extreme and vital measures of National Core Standards.
Indicator Responsibility	Senior Manager Quality Assurance

4.	Indicator title	Patient Satisfaction Survey rate (District Hospitals)
	Short definition	The percentage of District Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the District Hospital users
	Source/collection of data	Patient Satisfaction Survey forms from District Hospitals
	Method of calculation	Total number of District Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year/Total number of District Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of District Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

5.	Indicator title	Patient Satisfaction rate (District Hospitals)
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# ANNUAL PERFORMANCE PLAN

Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
Purpose/importance	To monitor the satisfaction of patients using District Hospitals
Source/collection of data	DHIS – Patient satisfaction module
Method of calculation	Total number of patients satisfied with the service at District Hospitals / Total number of patients that took part in a patient satisfaction survey at District Hospitals
Data limitations	Generalisability depends on the number of patients participating in the survey
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
Indicator Responsibility	Senior Manager Quality Assurance and District Health Services

6.	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 efficiency of the District Hospitals
	Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
	Method of calculation	Inpatient days + ½ day patients / Inpatient separations (Inpatient discharges, Inpatient deaths and Inpatient transfer outs)
	Data limitations	Poor record keeping
	Type of indicator	Efficiency
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved effectiveness and efficiency of Inpatient management in District Hospitals
	Indicator Responsibility	Senior Manager District Health Services

7.	Indicator title	Inpatient Bed Utilisation rate (District Hospitals)
	Short definition	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.
	Purpose/importance	Monitors the over and under utilisation of district hospital beds
	Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
	Method of calculation	Inpatient days + ½ day patients / Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Inaccurate reporting of sum of daily usable beds
	Type of indicator	Efficiency
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved effectiveness and efficiency of Inpatient management in District Hospitals
	Indicator Responsibility	Senior Manager District Health Services

# ANNUAL PERFORMANCE PLAN

8.	Indicator title	Expenditure per PDE (District Hospitals)
	Short definition	Expenditure per patient day which is a waited combination of inpatient days * 1, day patient *0.5, and OPD/emergency headcount * 0.33. All hospital activity expressed as an equivalent to 1 inpatient day.
	Purpose/importance	To monitor the expenditure per PDE in district hospitals
	Source/collection of data	Facility register, patient records, BAS and LOGIS reports, Weekly and monthly statistics, DHIS
	Method of calculation	Expenditure total in District Hospitals/ Patient day equivalent
	Data limitations	Inaccurate reporting of sum of daily patients
	Type of indicator	Outcome
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Efficient and effective use of financial resources
	Indicator Responsibility	Senior Manager District Health Services

9.	Indicator title	Complaints Resolution rate (District Hospitals)
	Short definition	Proportion of all complaints received that are resolved.
	Purpose/importance	To monitor the response to complaints in District Hospitals
	Source/collection of data	Complaints Register, redress report, DHIS
	Method of calculation	Complaints resolved / Complaints received
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in District Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

10.	Indicator title	Complaint Resolution within 25 working days rate (District Hospitals)
	Short definition	Percentage of complaints resolved within 25 working days as a proportion of all complaints resolved.
	Purpose/importance	To monitors the management of the complaints in PHC facilities
	Source/collection of data	Complaints Register, Redress report, DHIS
	Method of calculation	Total number of complaints resolved within 25 working days / Total number of 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
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in District Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

# ANNUAL PERFORMANCE PLAN

1.	Indicator title	Adults remaining on ART (15 years & Older) - Total
	Short definition	Total number of adults remaining on ART (Adult TROA) at the end of the reporting month. Age group definition based on the National ART Guidelines
	Purpose/importance	Monitors access and quality of antiretroviral treatment program amongst people living with HIV & AIDS (PLWH)
	Source/collection of data	ART Register, TIER.net System, DHIS
	Method of calculation	Adult remaining on ART equals [Sum of: Naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]
	Data limitations	Data fluctuations may arise due to complexity of the data inputs
	Type of indicator	Outcome
	Calculation type	Number (Cumulative)
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Improved management of ART patients with high level of retention of patients into treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

2.	Indicator title	Total Children (under 15 years) remaining on ART-Total
	Short definition	Total children under 15 years remaining on ART (Child TROA) at the end of the reporting month. Age group definition based on the National ART Guidelines
	Purpose/importance	Monitors the number of children on ARV Treatment
	Source/collection of data	ART Register, TIER.net System, DHIS
	Method of calculation	Children remaining on ART equals [Sum of: Naive (including PEP and PMTCT) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + Lost to follow-up (LTF) + Transfer out (TFO)]
	Data limitations	Data fluctuations may arise due to complexity of the data inputs
	Type of indicator	Output
	Calculation type	Number (Cumulative)
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Improved management of ART patients with high level of retention of patients into treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

3.	Indicator title	Client tested for HIV (incl ANC)
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# ANNUAL PERFORMANCE PLAN

Short definition	Number of all clients tested for HIV (all age groups), including children under 15 years and antenatal clients
Purpose/importance	Strengthen the HIV Counselling and Testing (HCT) Programme
Source/collection of data	HCT Register, DHIS
Method of calculation	Sum of:  HIV test child 19 – 59 months,  HIV test 5 – 14 years,  HIV test 15 – 49 years (Excluding ANC),  HIV test client 50 years and older (Excluding ANC),  Antenatal client HIV 1 <sup>st</sup> test,  Antenatal client HIV re-test.
Data limitations	Excludes data from private health providers which may results in underestimation in the actual reporting of HCT data
Type of indicator	Output
Calculation type	Number
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved HIV Counselling and Testing (HCT) Programme and high HCT uptake/coverage
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>4. Indicator title</b>	<b>Male condoms distribution coverage</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Number of male condoms distributed to clients via the public health facility or via other strategic distributing points attached to either a facility or Condom Distribution Storage Site (PDS), e.g. offices, restaurants, NGOs, taverns or other outlets - per male 15 years and older
Purpose/importance	To monitor distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes.
Source/collection of data	Facility Condom Bin Card, Facility Monthly input form, DHIS
Method of calculation	Number of male condoms distributed /Population 15 years and older male (mid-year estimates from DHIS)
Data limitations	Poor reporting and recording of condoms distributed
Type of indicator	Output
Calculation type	Rate (per 15 & older male population)
Reporting cycle	Quarterly
New indicator	No
Desired performance	Reduced transmission of HIV, STIs and promote family planning
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>5.</b>	<b>Indicator title</b>	<b>Medical male circumcision performed -total</b>
	Short definition	Total medical male circumcisions (MMCs) performed for males of all ages (including neonatal) - Records all males who are circumcised under medical supervision
	Purpose/importance	To monitor the number of MMCs performed
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of Males 10 to 14 years and Males 15 years and older who are circumcised under medical supervision
	Data limitations	Does not integrate MMCs performed at private medical providers or institutions and circumcisions at traditional initiation settings
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Reduced transmission of HIV through increased uptake of MMC
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

## TB

<b>1.</b>	<b>Indicator title</b>	<b>TB/HIV co-infected clients on ART rate</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients
Purpose/importance	Monitors ART initiation for TB/HIV co-infected to ensure that all co-infected clients are initiated on ART to mitigate impact of HIV & TB by reducing mortality and increasing life expectancy.
Source/collection of data	ART Register; Tier.Net; TB Register, ETR.net
Method of calculation	Numerator: Total number of registered HIV/TB co-infected clients initiated on ART Denominator: Total number of registered HIV/TB co-infected clients
Data limitations	Accuracy dependant on quality of data from reporting facility
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	Yes
Desired performance	Ensure that all (100%) of TB/HIV co-infected clients are initiated on ART
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>2.</b>	<b>Indicator title</b>	<b>TB symptom 5 years and older screened rate</b>
	Short definition	PHC clients 5 years and older screened for TB symptoms
	Purpose/importance	To strengthen active case identification by screening people attending public health facilities in order to improve prevention and management of TB in communities
	Source/collection of data	TB Screening Tool; PHC Register; DHIS; ETR.Net
	Method of calculation	Patients 5 years and older screened for TB/ PHC headcount 5 years and older
	Data limitations	Accuracy dependant on quality of data from reporting facility
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved screening of TB symptoms of 5 years and older clients
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

<b>3.</b>	<b>Indicator title</b>	<b>TB client treatment success rate</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Proportion of TB clients (new pulmonary) cured and those who completed treatment
Purpose/importance	Monitors success and effectiveness of TB treatment program.
Source/collection of data	TB register, ETR.Net
Method of calculation	Numerator: Number of registered TB client successfully treated (cured + treatment completion)  Denominator: Total number of TB client (new pulmonary) registered on treatment
Data limitations	Patients transferred out to other facility makes it difficult to track patient outcome thus affecting calculation with patient counted as "not evaluated"
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved TB new client 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 were lost to follow up or defaulted from treatment for 2 consecutive months
	Purpose/importance	Monitors TB retention in care and adherence to treatment
	Source/collection of data	TB register, ETR.Net
	Method of calculation	Numerator: Number of TB clients (new pulmonary) who defaulted on their treatment schedule for 2 consecutive months  Denominator: Total number of TB clients registered on treatment
	Data limitations	Accuracy dependant on quality of data from reporting facility
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved strategies on retention and adherence of TB registered clients in facilities
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

5.	Indicator title	TB client death rate
	Short definition	Estimated TB deaths (new pulmonary) who died during treatment as a proportion of TB clients started on treatment
	Purpose/importance	Monitors the impact of the TB control programme (access and quality) in reducing the burden of TB disease in communities.
	Source/collection of data	TB register; ETR.Net (Susceptible TB)
	Method of calculation	Numerator: Number of TB deaths amongst during treatment (new pulmonary)  Denominator: Total number of TB patients (new pulmonary) registered on TB treatment
	Data limitations	Other TB patients may have died of other causes but still be categorized as TB death
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduced TB mortality
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

6.	Indicator title	TB MDR confirmed treatment initiation rate
	Short definition	MDR - TB confirmed clients started on treatment as a proportion of total clients with confirmed MDR - TB
	Purpose/importance	Monitor treatment initiation of MDR - TB clients and effectiveness of linkage to TB care strategies.
	Source/collection of data	MDR-TB register, EDRWeb.Net
	Method of calculation	TB MDR confirmed client start on treatment / TB MDR confirmed client  TB MDR confirmed client is the sum of: RR + MDR-TB confirmed + MDR-not confirmed (in the MDR-TB register)
	Data limitations	Inaccurate reporting from facilities
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduced deaths among MDR TB clients
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

7.	Indicator title	TB MDR Treatment success rate
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# ANNUAL PERFORMANCE PLAN

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 outcomes
Source/collection of data	MDR-TB register, EDRWeb.Net
Method of calculation	Sum [TB MDR client successfully completed treatment + TB MDR client successfully cured]/ Sum [TB MDR confirmed client initiated on treatment]
Data limitations	Inaccurate reporting from facilities
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Improved initiation of MDR - TB confirmed clients (100% initiation rate)
Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes and Chief Director District Health services

## Maternal, Child and Woman's Health

<b>1.</b>	<b>Indicator title</b>	<b>Antenatal 1<sup>st</sup> visit before 20 weeks rate</b>
	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 proportion of pregnant women that presented at a health facility within the first twenty weeks
	Source/collection of data	Facility register, DHIS
	Method of calculation	Antenatal 1st visits before 20 weeks / Antenatal 1st visit total
	Data limitations	Inaccurate recording and reporting
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ANC early bookings
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>2.</b>	<b>Indicator title</b>	<b>Mother postnatal visit within 6 days rate</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities
Purpose/importance	Monitors proportion of mothers that received postnatal care with 6 days after giving birth.
Source/collection of data	Facility register, DHIS
Method of calculation	Mother postnatal visit within 6 days after delivery/Delivery in facility total
Data limitations	Inaccurate recording and reporting
Type of indicator	Process
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Ensure mothers receive postnatal care within 6 days
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

3.	Indicator title	Antenatal clients initiated on ART rate
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# ANNUAL PERFORMANCE PLAN

	Short definition	HIV positive Antenatal clients initiated on antiretroviral treatment program as a proportion of HIV positive antenatal clients
	Purpose/importance	Monitors implementation of PMTCT guidelines in terms of ART initiation of HIV positive pregnant women.
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of HIV positive antenatal clients started on ART [Sum – 1 <sup>st</sup> antenatal client HIV pos initiated on ART + antenatal clients re-tested HIV pos initiated on ART + antenatal clients with known HIV pos but not ART initiated on ART]  Denominator: Total antenatal clients eligible for ART initiation [Sum – 1 <sup>st</sup> antenatal client HIV pos + antenatal clients re-tested HIV pos + antenatal clients with known HIV pos but not ART]
	Data limitations	Inaccurate inclusion of all eligible clients can results in under- or over - estimation
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Ensure all pregnant HIV-positive women are initiated on ART
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes
<b>4.</b>	<b>Indicator title</b>	<b>Infant 1<sup>st</sup> PCR test positive around 10 weeks rate</b>
	Short definition	Infants PCR tested positive for the first time around 10 weeks after birth as proportion of infants PCR tested around 10 weeks
	Purpose/importance	Monitors the rate of mother to child HIV transmission at 10 weeks
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of infant 1 <sup>st</sup> PCR test positive around 10 weeks /Infant 1st PCR test around 10 weeks
	Data limitations	Late submission of test results from NHLS can result in inaccurate capturing
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Ensure that all infants born to HIV positive mothers are tested around 10 weeks and reduced transmission rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

<b>5.</b>	<b>Indicator title</b>	<b>Immunisation coverage under 1 year (annualised)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of children under 1 year who completed their primary course of immunisation. The child should only be counted once as fully immunised when receiving the last vaccine in the course.
Purpose/importance	Monitor the implementation of Extended Programme in immunization (EPI)
Source/collection of data	Facility register, DHIS, StatsSA (Population for under 1 year)
Method of calculation	Numerator: Sum of immunised fully under 1 year new Denominator: Estimated. mid-year population under 1-year (DHIS)
Data limitations	Inaccuracies of under 1 year population estimates between DHIS and Stats-SA estimates
Type of indicator	Output
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improve immunisation coverage among under 1 year for control and prevention of vaccine preventable diseases
Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

6.	Indicator title	Measles 2nd dose coverage (annualised)
	Short definition	Proportion of children 1 year (12-23 months) who received measles 2nd dose, normally at 18 months
	Purpose/importance	Monitors measles 2nd dose coverage around or at 18 months
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of children 1 year given measles 2 <sup>nd</sup> dose dose Denominator: Population 1 year (mid-year estimates from DHIS)
	Data limitations	Inaccuracies of under 1 year population estimates between DHIS and Stats-SA estimates
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved measles 2nd dose immunisation coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

7.	Indicator title	DTaP-IPV/HIB3-measles 1 <sup>st</sup> dose drop-out rate
	Short definition	Proportion of children who dropped out of the immunisation schedule between DTap-IPV-HepB-Hib 3rd dose (around or at 14 weeks) and measles 1st dose (around or at 9 months)
	Purpose/importance	Monitors children who drops out of the vaccination program after 14 weeks to inform programme in putting interventions e.g. catch-up immunisation plans
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Number of children drop-out between DTap-IPV-HepB-Hib 3rd dose [Sum (DTaP-IPV / HIB 3rd dose) - sum (measles 1 <sup>st</sup> dose under 1)]  Denominator: Sum (DTaP-IPV/HIB 3rd dose)
	Data limitations	Accuracy dependent on quality of data
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensure low levels of drop-out rate and that all children who dropped out in 14 weeks are vaccinated.
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

8.	Indicator title	Child under 5 years diarrhoea case fatality 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 admitted with diarrhoea. Include under 1 year diarrhoea deaths
	Source/collection of data	Facility register, DHIS
	Method of calculation	Numerator: Sum of children under 5 years (admitted) died due to diarrhoea  Denominator: Sum of children under 5 years admitted with diarrhoea
	Data limitations	Inaccuracy in the diagnosis of child under 5 years with diarrhoea
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Reduced children under 5 mortality rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

9.	Indicator title	Child under 5 years pneumonia case fatality rate
	Short definition	Proportion of children under 5 years admitted with pneumonia who died
	Purpose/importance	Monitors treatment outcome for children under 5 years who were admitted with pneumonia. Includes all children under 5 years who died of pneumonia
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of child under 5 years pneumonia death / Sum of children under 5 years pneumonia admitted
	Data limitations	Inaccuracy in the diagnosis of child under 5 years with pneumonia
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Reduced children under 5 mortality rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

10.	Indicator title	Child under 5 years severe acute malnutrition case fatality rate
	Short definition	Proportion of children under 5 years admitted with severe acute malnutrition who died
	Purpose/importance	Monitors treatment outcome for children under 5 years who were admitted with severe acute malnutrition. Includes under 1 year severe acute malnutrition deaths
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of children under 5 years severe acute malnutrition death / Sum of children under 5 years severe acute malnutrition admitted
	Data limitations	Inaccuracy in the diagnosis of child under 5 years with severe acute malnutrition
	Type of indicator	Impact
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Reduced children under 5 mortality rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

11.	Indicator title	Schools Grade 1 screening coverage (annualised)
	Short definition	Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors the implementation of the Integrated School Health Programme (ISHP)
	Source/collection of data	School health report (ISHP team), Facility register ,DHIS
	Method of calculation	Sum of school Grade 1 - learners screened / Sum of school Grade 1 - learners total
	Data limitations	Coverage dependent data provided by Department of Basic Education(DBE) on Grade 1 learners total
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ISHP
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

12.	Indicator title	Schools Grade 8 screening coverage (annualised)
	Short definition	Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors the implementation of the Integrated School Health Programme (ISHP)
	Source/collection of data	School health (ISHP team), Facility register, DHIS
	Method of calculation	Sum of school Grade 8 - learners screened / Sum of school Grade 8 - learners total
	Data limitations	Coverage dependent data provided by Department of Basic Education(DBE) on Grade 8 learners total
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved ISHP
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

13.	Indicator title	Couple year protection rate (annualised)
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# ANNUAL PERFORMANCE PLAN

Short definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years.
Purpose/importance	Monitors access and utilisation of modern contraceptives to prevent unplanned pregnancies.
Source/collection of data	Facility register, DHIS
Method of calculation	Contraceptive years are a total of $[\text{SUM}([\text{Oral pill cycle}]) / 13] + (\text{SUM}([\text{Medroxyprogesterone injection}]) / 4) + (\text{SUM}([\text{Norethisterone enanthate injection}]) / 6) + (\text{SUM}([\text{IUCD inserted}]) * 4) + (\text{SUM}([\text{Male condoms distributed}]) / 200) + (\text{SUM}([\text{Sterilisation - male}] * 20) + (\text{SUM}([\text{Sterilisation - female}]) * 10) + \text{Sub-dermal implants X3}) + \text{SUM}(\text{Female condoms distributed}) / \text{SUM}[\{\text{Female 15-44 years}\}] + \text{SUM}[\{\text{Female 45-49 years}\}]$
Data limitations	Inaccurate data collection and reporting
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved couple year protection
Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>14.</b>	<b>Indicator title</b>	<b>Cervical Cancer Screening coverage (annualised)</b>
	Short definition	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.
	Purpose/importance	Monitors implementation of cervical screening
	Source/collection of data	Facility register, DHIS
	Method of calculation	$\text{Sum of cervical cancer screening in woman 30-years and older} / \text{Sum}(\text{Population 30 years and older female}/10)$
	Data limitations	Inaccuracies of 30 years and older population estimates between DHIS and Stats-SA estimates
	Type of indicator	Process
	Calculation type	Percentage Annualised
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased cervical Cancer Screening coverage amongst women
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>15.</b>	<b>Indicator title</b>	<b>Human Papilloma Virus Vaccine 1<sup>st</sup> dose coverage</b>
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# ANNUAL PERFORMANCE PLAN

	Short definition	Proportion of grade 4 girl learners, 9 years and older vaccinated per year with the 1 <sup>st</sup> dose of the HPV Vaccine during 2016 calendar year
	Purpose/importance	Monitors the HPV Vaccine coverage
	Source/collection of data	HPV Campaign register, DHIS
	Method of calculation	Girls 9 years and older that received HPV 1 <sup>st</sup> dose / Grade 4 girl learners ≥ 9 years
	Data limitations	Inaccurate number of Grade 4 girls estimated by Department of Basic Education (DBE)
	Type of indicator	Output
	Calculation type	Percentage Annualised
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased HPV 1 <sup>st</sup> dose coverage amongst girls 9 years and older
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>16.</b>	<b>Indicator title</b>	<b>Human Papilloma Virus Vaccine 2<sup>nd</sup> dose coverage</b>
	Short definition	Proportion of grade 4 girl learners, 9 years and older vaccinated per year with the 2 <sup>nd</sup> dose of the HPV Vaccine during 2016, and first round 2017
	Purpose/importance	Monitors the HPV Vaccine coverage
	Source/collection of data	HPV Campaign register, DHIS
	Method of calculation	Girls 9 years and older that received HPV 2 <sup>nd</sup> dose / Grade 4 girl learners ≥ 9 years
	Data limitations	Inaccurate number of Grade 4 girls estimated by Department of Basic Education (DBE)
	Type of indicator	Output
	Calculation type	Percentage Annualised
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased HPV 2 <sup>nd</sup> dose coverage amongst girls 9 years and older
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director- Health Programmes

<b>17.</b>	<b>Indicator title</b>	<b>Vitamin A 12-59 months coverage (annualised)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Proportion of children 12-59 months who received vitamin A 200,000 units, preferably every six months
Purpose/importance	To monitor the Vitamin A supplementation to children aged 12 -59 months
Source/collection of data	Facility register, DHIS
Method of calculation	Vitamin A dose 12-59 months / Population 12 – 59 months (multiply by 2)
Data limitations	Inaccurate child population estimates from Stats SA
Type of indicator	Output
Calculation type	Percentage Annualised
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improve Vitamin A supplementation to children aged 12 -59 months
Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

18.	Indicator title	Infant exclusively breastfed at HepB (DTaP- IPV- Hib - HBV) 3 <sup>rd</sup> dose rate
	Short definition	Percentage of infants exclusively breastfed at HepB 3 <sup>rd</sup> dose rate
	Purpose/importance	Monitor exclusive breastfeeding
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of infants exclusively breastfed at HepB 3 <sup>rd</sup> dose / Sum of HepB 3 <sup>rd</sup> dose
	Data limitations	Inaccurate reporting
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Improved exclusive breastfeeding rate
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

19.	Indicator title	Maternal Mortality in Facility Ratio (MMR)
	Short definition	Women who died in hospital as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy, per 100,000 live births in facility.
	Purpose/importance	Monitors impact of maternal health interventions in reducing maternal deaths in facilities.
	Source/collection of data	Facility register, DHIS
	Method of calculation	Maternal death in facility / Live births in facility per 100 000
	Data limitations	Inaccurate recording and reporting
	Type of indicator	Impact
	Calculation type	Ratio per 100 000 live births
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduction of maternal deaths
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

# ANNUAL PERFORMANCE PLAN

20.	Indicator title	Inpatient early neonatal death rate
	Short definition	Proportion of children 0-7days admitted or separated who died during their stay in the facility as a proportion of live birth in facility
	Purpose/importance	Monitors treatment outcome for admitted children under 7 days
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum [Inpatient death (0-7days) ] /Live birth in facility per 1000
	Data limitations	Inaccurate reporting
	Type of indicator	Impact
	Calculation type	Ratio (per 1000 live births)
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Reduction of early neonatal deaths
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition;Chief Director- Health Programmes

## Disease Control and Prevention

1.	Indicator title	Clients screened for hypertension
	Short definition	Number of clients not on treatment for hypertension, screened for hypertension in PHC clinics and OPD
	Purpose/importance	Monitors the screening of clients for hypertension
	Source/collection of data	Facility register, DHIS
	Method of calculation	Number of PHC client total, not on treatment screened for hypertension
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased screening of clients for hypertension
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

2.	Indicator title	Clients screened for diabetes
	Short definition	Number of clients not on treatment for diabetes, screened for diabetes in PHC clinics and OPD
	Purpose/importance	Monitors the screening of clients for diabetes
	Source/collection of data	Chronic disease register,DHIS
	Method of calculation	Number of PHC client (total) not on treatment screened for diabetes
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased screening of clients for diabetes
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

# ANNUAL PERFORMANCE PLAN

3.	Indicator title	Clients screened for mental health
	Short definition	Clients screened for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide, developmental disorders, behavioural disorders and substance use disorders at PHC facilities
	Purpose/importance	Monitors access and quality of mental health services in PHC facilities
	Source/collection of data	Facility register, DHIS
	Method of calculation	Sum of PHC Client not on treatment screened for mental disorders
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved screening of clients for mental disorders in PHC facilities
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

4.	Indicator title	Cataract surgery rate (annualised)
	Short definition	Clients who had cataract surgery per 1 million uninsured population.
	Purpose/importance	Monitors uninsured population access to cataract surgery
	Source/collection of data	Facility register, DHIS
	Method of calculation	Cataract surgeries total /Uninsured population (mid-year estimates from DHIS)
	Data limitations	Inaccuracy on population estimates between DHIS and StatsSA mid - years estimates
	Type of indicator	Output
	Calculation type	Rate per 1million population
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved access to cataract surgery by the uninsured population
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

5.	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 of deaths caused by malaria
	Source/collection of data	Endemic diseases weekly reports (Notifiable medical conditions reporting form- GW 17/5), NHLS (laboratory surveillance), and malaria surveillance programme
	Method of calculation	Deaths from malaria / Total number of malaria cases reported
	Data limitations	Poor surveillance system may lead to under estimation
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Reduced Malaria fatality rate
	Indicator Responsibility	Senior Manager –NCD; Chief Director-Health Programmes

# ANNUAL PERFORMANCE PLAN

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 of the first dispatched medical resource arrives on scene.
	Purpose/importance	Monitors EMS P1 under 15 minutes response rate in urban areas
	Source/collection of data	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS P1 urban response under 15 minutes / EMS P1 urban calls
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved 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 EMS P1 under 40 minutes response rate in rural areas
	Source/collection of data	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS P1 rural response under 40 minutes / EMS P1 rural calls
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved response times in the urban areas
	Indicator responsibility	Senior Manager Emergency Medical Services

3.	Indicator title	EMS Inter-facility transfer rate
	Short definition	Inter-facility (from 1 inpatient facility to another inpatient facility) transfers as a 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	Call recording cards or tally sheets, DHIS
	Method of calculation	EMS inter-facility transfer/ EMS clients total
	Data limitations	Poor quality of data from reporting EMS station
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To improve quality patient care
	Indicator responsibility	Senior Manager Emergency Medical Services

# ANNUAL PERFORMANCE PLAN

1.	Indicator title	National Core Standards self-assessment rate (Regional Hospital)
	Short definition	Regional hospitals that have conducted annual National Core Standards self-assessment as a proportion of Regional Hospitals
	Purpose/importance	Monitors whether Regional 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	Number of Regional Hospitals that conducted National Core Standards self assessment in the current financial year / Total number of Regional Hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Quality Improvement plan after self-assessment rate (Regional Hospital)
	Short definition	Regional Hospital that have developed a quality improvement plan after self-assessment as a fixed proportion of Regional Hospital.
	Purpose/importance	Monitors whether Regional Hospitals are developing a plan to close gaps identified after self-assessments
	Source/collection of data	Quality Improvement Plans, NCS Assessment tool, DHIS
	Method of calculation	Number of Regional Hospitals that developed a Quality improvement plan in the current financial year / Number of Regional Hospitals that conducted National Core Standards self assessment in the current financial year
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

3.	Indicator title	Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of Regional Hospitals compliant with all extreme and vital measures of the national core standards
Purpose/importance	Monitors quality in health in Regional Hospitals
Source/collection of data	NCS Self-Assessment tool
Method of calculation	Total number of Regional Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Regional Hospitals that conducted National Core Standards self-assessment in the current financial year
Data limitations	None
Type of indicator	Outcome
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Regional Hospitals compliant to all extreme and vital measures of National Core Standards.
Indicator Responsibility	Senior Manager Quality Assurance

4.	Indicator title	Patient Satisfaction Survey rate (Regional Hospital)
	Short definition	The percentage of Regional Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Regional Hospitals users
	Source/collection of data	Patient Satisfaction Survey forms from Regional Hospitals
	Method of calculation	Total number of Regional Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year/Total number of Regional Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of Regional Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance

5.	Indicator title	Patient Satisfaction rate (Regional Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
Purpose/importance	To monitor the satisfaction of patients using Regional Hospitals
Source/collection of data	DHIS – Patient satisfaction module
Method of calculation	Total number of patients satisfied with the service at Regional Hospitals / Total number of patients that took part in a patient satisfaction survey at Regional Hospitals
Data limitations	Generalisability depends on the number of patients participating in the survey
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
Indicator Responsibility	Senior Manager Quality Assurance

<b>6.</b>	<b>Indicator title</b>	<b>Average length of stay (Regional Hospital)</b>
	Short definition	The average number of patient days an admitted patient spends in a Regional Hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors efficiency of the Regional Hospital
	Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
	Method of calculation	Inpatient days + ½ day patients / Inpatient separations (Inpatient discharges, Inpatient deaths and Inpatient transfer outs)
	Data limitations	Poor record keeping
	Type of indicator	Efficiency
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved effectiveness and efficiency of Inpatient management in Regional Hospital
	Indicator Responsibility	Senior Manager Regional Hospital

<b>7.</b>	<b>Indicator title</b>	<b>Inpatient Bed Utilisation rate (Regional Hospital)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.
Purpose/importance	Monitors the over and under utilisation of Regional Hospital beds
Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
Method of calculation	Inpatient days + ½ day patients / Inpatient bed days (Inpatient beds * 30.42) available
Data limitations	Inaccurate reporting of sum of daily usable beds
Type of indicator	Efficiency
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved effectiveness and efficiency of Inpatient management in Regional Hospitals
Indicator Responsibility	Senior Manager Regional Hospital

8.	Indicator title	Expenditure per PDE (Regional Hospital)
	Short definition	Expenditure per patient day which is a waited combination of inpatient days * 1, day patient *0.5, and OPD/emergency headcount * 0.33. All hospital activity expressed as an equivalent to 1 inpatient day.
	Purpose/importance	To monitor the expenditure per PDE in Regional Hospitals
	Source/collection of data	Facility register, patient records, BAS and LOGIS reports, Weekly and monthly statistics, DHIS
	Method of calculation	Expenditure total in Regional Hospitals/ Patient day equivalent
	Data limitations	Inaccurate reporting of sum of daily patients
	Type of indicator	Outcome
	Calculation type	Number (Rand)
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Efficient and effective use of financial resources
	Indicator Responsibility	Senior Manager Regional Hospital

9.	Indicator title	Complaints Resolution rate (Regional Hospital)
	Short definition	Proportion of all complaints received that are resolved.
	Purpose/importance	To monitor the response to complaints in Regional Hospitals
	Source/collection of data	Complaints Register, redress report, DHIS
	Method of calculation	Complaints resolved / Complaints received
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in Regional Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

10.	Indicator title	Complaint Resolution within 25 working days rate (Regional Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of complaints resolved within 25 working days as a proportion of all complaints resolved.
Purpose/importance	To monitors the management of the complaints in Regional Hospitals
Source/collection of data	Complaints Register, Redress report, DHIS
Method of calculation	Total number of complaints resolved within 25 working days / Total number of 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
Reporting cycle	Quarterly
New indicator	No
Desired performance	Ensured better management of complaints in Regional Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

## Specialised Hospital

1.	Indicator title	National Core Standards self-assessment rate (Specialised Hospital)
	Short definition	Specialised Hospitals that have conducted annual National Core Standards self-assessment as a proportion of Specialised Hospitals
	Purpose/importance	Monitors whether Specialised 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	Number of Specialised Hospitals that conducted National Core Standards self assessment in the current financial year / Total number of Specialised Hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved monitoring of the National Core Standards by Specialised Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2.	Indicator title	Quality Improvement plan after self-assessment rate (Specialised Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Specialised Hospitals that have developed a quality improvement plan after self-assessment as a fixed proportion of Specialised Hospitals.
Purpose/importance	Monitors whether Specialised Hospitals are developing a plan to close gaps identified after self-assessments
Source/collection of data	Quality Improvement Plans, NCS Assessment tool, DHIS
Method of calculation	Number of Specialised Hospitals that developed a Quality improvement plan in the current financial year / Number of Specialised Hospitals that conducted National Core Standards self assessment in the current financial year
Data limitations	Reliability of data provided
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved monitoring of the National Core Standards by Specialised Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

<b>3.</b>	<b>Indicator title</b>	<b>Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Specialised Hospital)</b>
	Short definition	Percentage of Specialised Hospitals compliant with all extreme and vital measures of the national core standards
	Purpose/importance	Monitors quality in health in Specialised Hospital
	Source/collection of data	NCS Self-Assessment tool
	Method of calculation	Total number of Specialised Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Specialised Hospitals that conducted National Core Standards self-assessment in the current financial year
	Data limitations	None
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Specialised Hospitals compliant to all extreme and vital measures of National Core Standards.
	Indicator Responsibility	Senior Manager Quality Assurance
<b>4.</b>	<b>Indicator title</b>	<b>Patient Satisfaction Survey rate (Specialised Hospital)</b>

# ANNUAL PERFORMANCE PLAN

Short definition	The percentage of Specialised Hospitals that conducted a patient satisfaction survey
Purpose/importance	Tracks the service satisfaction of the Specialised Hospitals users
Source/collection of data	Patient Satisfaction Survey forms from Specialised Hospitals
Method of calculation	Total number of Specialised Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year/Total number of Specialised Hospitals
Data limitations	Availability of the report
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Higher percentage that indicates commitment of Specialised Hospitals to conduct the survey
Indicator Responsibility	Senior Manager Quality Assurance

<b>5. Indicator title</b>	<b>Patient Satisfaction rate (Specialised Hospital)</b>
Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
Purpose/importance	To monitor the satisfaction of patients using Specialised Hospital
Source/collection of data	DHIS – Patient satisfaction module
Method of calculation	Total number of patients satisfied with the service at Specialised Hospital / Total number of patients that took part in a patient satisfaction survey at Specialised Hospital
Data limitations	Generalisability depends on the number of patients participating in the survey
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
Indicator Responsibility	Senior Manager Quality Assurance

<b>6. Indicator title</b>	<b>Complaints Resolution rate (Specialised Hospital)</b>
Short definition	Proportion of all complaints received that are resolved.
Purpose/importance	To monitor the response to complaints in Specialised Hospital
Source/collection of data	Complaints Register, redress report, DHIS
Method of calculation	Complaints resolved / Complaints received
Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Ensured better management of complaints in Specialised Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

# ANNUAL PERFORMANCE PLAN

7.	Indicator title	Complaint Resolution within 25 working days rate (Specialised Hospital)
	Short definition	Percentage of complaints resolved within 25 working days as a proportion of all complaints resolved.
	Purpose/importance	To monitors the management of the complaints in Specialised Hospitals
	Source/collection of data	Complaints Register, Redress report, DHIS
	Method of calculation	Total number of complaints resolved within 25 working days / Total number of 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
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in Specialised Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

## Programme 5: Tertiary Hospital

1.	Indicator title	National Core Standards self-assessment rate (Tertiary Hospital)
	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	Number of Tertiary Hospitals that conducted National Core Standards self assessment in the current financial year / Total number of Tertiary Hospitals
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage
	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	Quality Improvement plan after self-assessment rate (Tertiary Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Tertiary Hospitals that have developed a quality improvement plan after self-assessment as a fixed proportion of district hospitals.
Purpose/importance	Monitors whether Tertiary Hospitals are developing a plan to close gaps identified after self-assessments
Source/collection of data	Quality Improvement Plans, NCS Assessment tool, DHIS
Method of calculation	Number of Tertiary Hospitals that developed a Quality improvement plan in the current financial year / Number of Tertiary Hospitals that conducted National Core Standards self assessment in the current financial year
Data limitations	Reliability of data provided
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved monitoring of the National Core Standards by Tertiary Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

<b>3.</b>	<b>Indicator title</b>	<b>Percentage of hospitals compliant with all extreme and vital measures of the national core standards (Tertiary Hospital)</b>
	Short definition	Percentage of Tertiary Hospitals compliant with all extreme and vital measures of the national core standards
	Purpose/importance	Monitors quality in health in Tertiary Hospitals
	Source/collection of data	NCS Self-Assessment tool
	Method of calculation	Total number of Tertiary Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards / Number of Tertiary Hospitals that conducted National Core Standards self-assessment in the current financial year
	Data limitations	None
	Type of indicator	Outcome
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Tertiary Hospitals compliant to all extreme and vital measures of National Core Standards.
	Indicator Responsibility	Senior Manager Quality Assurance

<b>4.</b>	<b>Indicator title</b>	<b>Patient Satisfaction Survey rate (Tertiary Hospital)</b>
	Short definition	The percentage of Tertiary Hospitals that conducted a patient satisfaction survey
	Purpose/importance	Tracks the service satisfaction of the Tertiary Hospitals users
	Source/collection of data	Patient Satisfaction Survey forms from Tertiary Hospitals
	Method of calculation	Total number of Tertiary Hospitals that conducted a Patient Satisfaction Survey to date in the current financial year/Total number of Tertiary Hospitals
	Data limitations	Availability of the report
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage that indicates commitment of Tertiary Hospitals to conduct the survey
	Indicator Responsibility	Senior Manager Quality Assurance

<b>5.</b>	<b>Indicator title</b>	<b>Patient Satisfaction rate (Tertiary Hospital)</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	The percentage of patients whom participated in the patient satisfaction survey that were satisfied with the service
Purpose/importance	To monitor the satisfaction of patients using Tertiary Hospitals
Source/collection of data	DHIS – Patient satisfaction module
Method of calculation	Total number of patients satisfied with the service at Tertiary Hospitals / Total number of patients that took part in a patient satisfaction survey at Tertiary Hospitals
Data limitations	Generalisability depends on the number of patients participating in the survey
Type of indicator	Quality
Calculation type	Percentage
Reporting cycle	Annually
New indicator	No
Desired performance	Higher percentage that indicates better compliance to Batho Pele principles
Indicator Responsibility	Senior Manager Quality Assurance

<b>6.</b>	<b>Indicator title</b>	<b>Average length of stay (Tertiary Hospital)</b>
	Short definition	The average number of patient days an admitted patient spends in a Tertiary Hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors efficiency of the Tertiary Hospitals
	Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
	Method of calculation	Inpatient days + ½ day patients / Inpatient separations (Inpatient discharges, Inpatient deaths and Inpatient transfer outs)
	Data limitations	Poor record keeping
	Type of indicator	Efficiency
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved effectiveness and efficiency of Inpatient management in Tertiary Hospitals
	Indicator Responsibility	Senior Manager Tertiary Hospital

<b>7.</b>	<b>Indicator title</b>	<b>Inpatient Bed Utilisation rate (Tertiary Hospital)</b>
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Short definition	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.
Purpose/importance	Monitors the over and under utilisation of Tertiary Hospitals beds
Source/collection of data	Facility register, Weekly and monthly statistics, DHIS
Method of calculation	Inpatient days + ½ day patients / Inpatient bed days (Inpatient beds * 30.42) available
Data limitations	Inaccurate reporting of sum of daily usable beds
Type of indicator	Efficiency
Calculation type	Percentage
Reporting cycle	Quarterly
New indicator	No
Desired performance	Improved effectiveness and efficiency of Inpatient management in Tertiary Hospitals
Indicator Responsibility	Senior Manager Tertiary Hospital

8.	Indicator title	Expenditure per PDE (Tertiary Hospital)
	Short definition	Expenditure per patient day which is a waited combination of inpatient days * 1, day patient *0.5, and OPD/emergency headcount * 0.33. All hospital activity expressed as an equivalent to 1 inpatient day.
	Purpose/importance	To monitor the expenditure per PDE in Tertiary Hospitals
	Source/collection of data	Facility register, patient records, BAS and LOGIS reports, Weekly and monthly statistics, DHIS
	Method of calculation	Expenditure total in Tertiary Hospitals/ Patient day equivalent
	Data limitations	Inaccurate reporting of sum of daily patients
	Type of indicator	Outcome
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Efficient and effective use of financial resources
	Indicator Responsibility	Senior Manager Tertiary Hospital

9.	Indicator title	Complaints Resolution rate (Tertiary Hospital)
	Short definition	Proportion of all complaints received that are resolved.
	Purpose/importance	To monitor the response to complaints in Tertiary Hospitals
	Source/collection of data	Complaints Register, redress report, DHIS
	Method of calculation	Complaints resolved / Complaints received
	Data limitations	Accuracy of information is dependant on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Ensured better management of complaints in Tertiary Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

10.	Indicator title	Complaint Resolution within 25 working days rate (Tertiary Hospital)
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# ANNUAL PERFORMANCE PLAN

Short definition	Percentage of complaints resolved within 25 working days as a proportion of all complaints resolved.
Purpose/importance	To monitors the management of the complaints in Tertiary Hospitals
Source/collection of data	Complaints Register, Redress report, DHIS
Method of calculation	Total number of complaints resolved within 25 working days / Total number of 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
Reporting cycle	Quarterly
New indicator	No
Desired performance	Ensured better management of complaints in Tertiary Hospitals
Indicator Responsibility	Senior Manager Quality Assurance

## Programme 6:

### Health Sciences and Training

<b>1.</b>	<b>Indicator title</b>	<b>Basic nurse students graduating</b>
	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	Nursing student database, List of registered students from SANC
	Method of calculation	Number 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

<b>2.</b>	<b>Indicator title</b>	<b>Number of bursaries awarded for first year medicine students</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Number of new medicine students provided with bursaries
Purpose/importance	Monitors the number of bursaries awarded for first year medicine students
Source/collection of data	Registrar database and Bursary Contracts
Method of calculation	Total number of first year recipients of bursaries for medicine
Data limitations	Inaccurate capturing of bursaries awarded to first year medicine students 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 medicine students graduating
Indicator responsibility	Senior Manager Human Resources Management

<b>3. Indicator title</b>	<b>Number of bursaries awarded for first year nursing students</b>
Short definition	Number of bursaries awarded for first year nursing students
Purpose/importance	Monitors the number of bursaries awarded for first year nursing students
Source/collection of data	Registrar database and bursary contracts
Method of calculation	Total number of first year recipients of bursaries for nursing
Data limitations	Inaccurate capturing of bursaries awarded to first year nursing students by both the Provincial DoH and nursing college
Type of indicator	Input
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	Increased nursing students graduating
Indicator responsibility	Senior Manager Human Resources Management

<b>4. Indicator title</b>	<b>Number of PHC nurses graduating</b>
Short definition	Total number of PHC nurses graduating
Purpose/importance	Monitor the number of PHC nurses graduating
Source/collection of data	Post basic database
Method of calculation	Total number of PHC nurses graduated
Data limitations	Poor record keeping
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	Increased number of qualified PHC nurses
Indicator responsibility	Senior Manager Hendrietta Stockdale College

<b>5. Indicator title</b>	<b>Number of Paediatric Nurses graduating</b>
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# ANNUAL PERFORMANCE PLAN

Short definition	Total number of Paediatric nurses graduating
Purpose/importance	Monitors the numbers Paediatric nurses graduating
Source/collection of data	Post basic database
Method of calculation	Total number of Paediatric nurses graduating
Data limitations	Poor record keeping
Type of indicator	Output
Calculation type	Number
Reporting cycle	Annually
New indicator	No
Desired performance	Increased number of Paediatric nurses graduating
Indicator responsibility	Senior Manager Hendrietta Stockdale College

6.	Indicator title	Number of Advanced Midwives graduating
	Short definition	Total number of Advanced Midwives graduating
	Purpose/importance	Monitors number of advanced Midwives graduating
	Source/collection of data	Post basic database
	Method of calculation	Total number of Midwives graduating
	Data limitations	Inaccurate record keeping
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased number of advanced Midwives graduating
	Indicator responsibility	Senior Manager Hendrietta Stockdale College

7.	Indicator title	Number of Managers accessing the Management Skills Programmes
	Short definition	Total Number of managers registered for Management Skills Programme
	Purpose/importance	Monitors the number of Managers accessing the Management Skills Programmes
	Source/collection of data	Annual Training Report
	Method of calculation	Total number of managers trained / Total number of managers completed
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased number of Managers accessing the Management Skills Programmes
	Indicator responsibility	Senior Manager Human Resource Management

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8.	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
	Method of calculation	Bursary holders permanently appointed / Total number of bursary holders
	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

9.	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
	Purpose/importance	Monitors the number of EMS employees enrolled for training on Intermediate Life Support
	Source/collection of data	PERSAL EMS training database
	Method of calculation	Total number 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	Impact
	Calculation type	Number
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Increased EMS employees with higher levels of skills
	Indicator responsibility	Senior Manager Emergency Medical Services College

10.	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	Total number of bursaries awarded
	Data limitations	Poor recording of information
	Type of indicator	Output
	Calculation type	Number
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved employees skills
	Indicator responsibility	Senior Manager Human Resource Management

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## Programme 7: Health Care Support Services

### Forensic Medical Services

1.	Indicator title	Percentage of autopsies completed within four 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	Total number of post-mortems conducted in four days per quarter / Total number of post-mortems conducted in the quarter
	Data limitations	Poor record keeping
	Type of indicator	Output
	Calculation type	Percentage
	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	Total number of post-mortem reports submitted in 10 days per quarter / Total number of unnatural post-mortems done in quarter
	Data limitations	Timeous completion and submission of report
	Type of indicator	Output
	Calculation type	Percentage
	Reporting cycle	Quarterly
	New indicator	Yes
	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 tracer medication(EML and STG) in the health facilities and institutions.
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