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Health
NORTHERN CAPE PROVINCE

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1. FOREWORD BY THE EXECUTIVE COUNCIL

I hereby present the Department of Health's Annual Performance Plan (APP) 2018/19 for the Medium-Term Expenditure Framework (MTEF) period. As part of the Department's medium-term planning process, the Department has ensured that as we introduce, revise and finalize our policies, regulations and plans, we incorporate the NDP provisions on health.

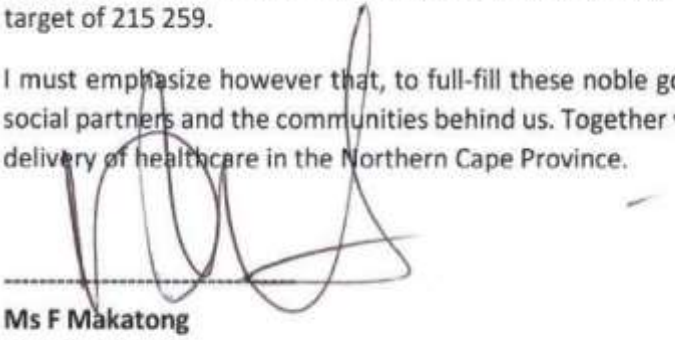
The management of health system restructuring to leave no patient behind the services they need, clients demand for good quality healthcare services, a growing population, burden of diseases, increasing costs of medication and medical equipment, health professionals and infrastructure go beyond the limited budget envelope, hence the Department experiences the impact of accruals. We have started a process to forge inter-sectoral relationships in an attempt to increase our resource envelope to strengthen the delivery of healthcare in our province.

During this critical phase of our country's democratic transformation, we are still confronted with the triple challenges of inequality, unemployment and poverty, as highlighted in the National Development Plan. We continue to embark on radical socio-economic transformation to push back the triple challenges through the NDP, which seeks to eradicate poverty in our country by 2030.

This overarching development goal creates the opportunity for an intensive programme for job creation, thus the department took heed to a call of the national health council to explore options towards insourcing of security, cleaning and food services in a phased approach towards full implantation by the end of the current financial year. The appointment of 500 EPWP workers will assist to mitigate the risk of poor quality and unclean facilities to ensure the minister's commitment on the non-negotiables.

Notable progress has been registered through the HIV, TB and STI campaign, wherein a total of 1 071 652 patients were screened for TB in the previous financial year and 285 857 people tested for HIV against a target of 215 259.

I must emphasize however that, to full-fill these noble goals, we need to marshal the support of all our social partners and the communities behind us. Together we can overcome any challenge confronting the delivery of healthcare in the Northern Cape Province.



Ms F Makatong
MEC for Health
Date:

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2. STATEMEMENT BY THE HEAD OF DEPARTMENT (HOD)

Working towards the realization of the Vision

The Northern Cape Department of Health has made important progress in ensuring that the vision ***"Health excellence for all"*** is achieved. In keeping with this vision, the department presents the Annual Performance Plan 2018/19, which focuses more on the communities we serve and aligned to health care needs, particularly in districts.

This Plan is guided by the National Development Plan (NDP) vision 2030 as well as the Sustainable Goals 2030. Underpinning the health system philosophy are two interlinked ideas forming the bedrock of the 2018/19 Annual Performance Plan: the equalizing principles of primary health care and the decentralized, area-based, people centres approach of the district health system. Henceforth, an efficient and effective health system in a vast and sparsely populated province like the Northern Cape is key to ensuring access to quality health services for people in rural areas.

Management and Leadership

We have made changes in the administration which we believe will bring stability and improve health outcomes. Additionally, the implementation of key strategies by Programmes of the Department towards the realization of ***"A long and Healthy Life for all South Africans",*** which is a key priority outcome of the Medium Term Strategic Framework 2014 – 2019, remains at the helm of our priority list. It is with this context that the National Health Insurance as well as Operation Phakisa's Ideal Clinic Project will be pursued with renewed commitment and focus.

Strengthening Information Management

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

Progress on some key priorities

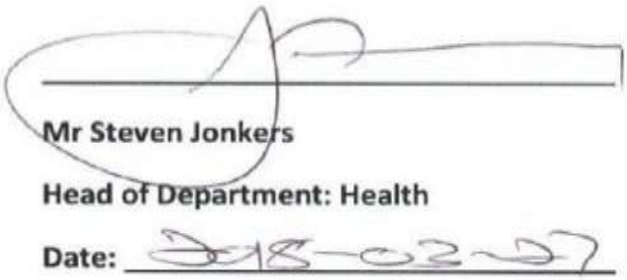
Evidence points to a decline in maternal and child mortality, resulting from the implementation of recommendations of the "Maternal and Child Healthcare Programme Effectiveness Evaluation" conducted during the 2014/15 financial year. In 2014/15 financial year maternal mortality was reported as 124/100 000 live births and in 2015/16 it reduced to 99.7/100 000 live births. TB client success rate and TB MDR success rate has also improved, this is due to the partnership the department has with mines as well as the decentralization of MDR-TB services.

Reprioritization

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

Conclusion

The objective of the 2018/19 Annual Performance Plan is to design effective process to improve the health outcomes of all the people in the Northern Cape utilizing our services. Thus, this plan includes measurable targets and strategies aimed at ensuring that the strategic goals of Department are achieved and residents are given quality health care.



Mr Steven Jonkers

Head of Department: Health

Date: 2018-02-27

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 Fufe Makatong, MEC for Health Accurately reflects the performance targets which the Provincial Department of Health in the Northern Cape Province will endeavor to achieve given the resources made available in the budget for 2018/19.

Director: Policy and Planning Mr M Mlatha	Date: 2018/03/27
Chief Financial Officer Mr D Gaborone	Date: 2018/03/27
Head of Department Mr S Jonkers	Date: 2018-03-27
Approved by: Executive Authority Ms. Fufe Makatong	Date: 2018-03-27

Part A

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4. STRATEGIC OVERVIEW

4.1. VISION

Health Service Excellence for All

4.2. MISSION

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

4.3. VALUES

Respect (towards colleagues and clients, rule of law and cultural diversity)

Integrity (Honesty, Discipline and Ethics)

Excellence through effectiveness, efficiency, innovation and quality health care

Ubuntu (Caring Institution, Facility and Community)

4.4. STRATEGIC GOALS

NATIONAL DEVELOPMENT PLAN 2030

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

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

SUSTAINABLE DEVELOPMENT GOALS 2030

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

There are 13 targets in Goal 3 "Ensure healthy lives and promote well-being for all at all ages". They 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 mortalities to at least as low as 25 per 1,000 live births.
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being; strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
5. By 2020, halve the number of global deaths and injuries from road traffic accidents.
6. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
7. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
8. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
10. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries. Provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
11. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risk.

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

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

4.4 STRATEGIC GOALS 2020

Table A2: Strategic Goals and Strategic Objectives

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)	Linkage with MTSF 2014-2019
1. Universal health coverage achieved through implementation of National Health Insurance	Achieve the full implementation of NHI through the establishment of NHI fora and strengthen inputs from patients on their experience of health care services	Expanded NHI implementation	Universal health coverage achieved through implementation of National Health Insurance
1. Improved quality of health care	Ensure that all necessary resources are in place to render the mental health care services	Full package of psychiatric hospital services by providing 143 hospital beds	Improved quality of health care
	Introduce a patient centered approach in a regional hospital	Quality health care services at regional hospital	
	Ensure that all necessary resources are in place to render tertiary hospital services	Quality health care services at tertiary hospital	
	Ensure that there is an improvement on pathological and clinical services in all facilities	Efficient forensic pathological services and expanded proportion of facilities offering PEP services	
	Improve patient waiting times in all facilities	Improved availability and rational use of medicine	
	Improving availability and management of emergency care services in all facilities	Quality ambulance services, special operations, air ambulance services, planned patient transport, obstetric ambulance services and disaster management	
3. Implement the re-engineering of Primary Health Care	To expand coverage of ward based outreach teams, strengthen school health programmes and accelerate appointment of District Clinical Specialist teams within all districts	Quality primary health care services	Implement the re-engineering of Primary Health Care
	Improve compliance with the national core standards	Increased patient satisfaction and functional governance structures	
	Introduce a patient centered approach in all district hospitals	Quality health care services in District hospitals	
4. Reduced health care costs	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General	Reduced health care costs
5. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures	Approved human resource for health plan that will address shortage and retention of health professionals	Improved human resources for health

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)	Linkage with MTSF 2014-2019
6. Improved health management and leadership	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Have an efficient and effective planning, good governance, stable health management and leadership across the province	Improved health management and leadership
7. Improved health facility planning and infrastructure delivery	Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery	Health facilities that are in accordance with national norms and standards Adequate health technology according to different levels of care	Improved health facility planning and infrastructure delivery
8. HIV & AIDS and Tuberculosis prevented and successfully managed	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential interventions to reduce HIV, TB and NCD mortality	Strengthened integration of health programmes e.g. HIV, TB, PMTCT, MCWH/N and NCD Reduced burden of diseases	HIV & AIDS and Tuberculosis prevented and successfully managed
9. Maternal, infant and child mortality reduced	To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life	Reduced maternal, child and youth mortality and morbidity	Maternal, infant and child mortality reduced
10. Efficient health management information system developed and implemented for improved decision making	To develop a complete departmental integrated patient based information system	A web based information system for the department	Efficient health management information system developed and implemented for improved decision making

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

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

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4.5. SITUATIONAL ANALYSIS

4.5.1. DEMOGRAPHIC PROFILE Geography

The Northern Cape Province is divided into five district municipalities and further sub-divided into 26 local municipalities. It is a vast and arid province covering an area of 372 889 km2, taking up nearly a third of the county's land area. According to the Statistics South Africa Community Survey (2016), comprehensively the population of the province is 1 213 995 (602 947 Males and 611 048 Females).

People

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

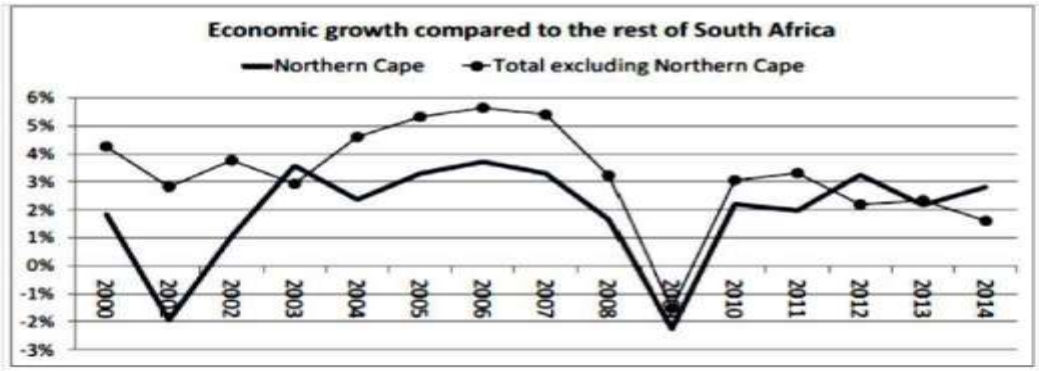
A few San people still live in the Northern Cape in a community known as Platfontein located in an arid region of the Northern Cape, 15 kilometers outside Kimberley.

Language

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

Economy

The economy of the Northern Cape is dominated by iron ore and ferro alloys, with the mines linked to the coast by significant investments in rail transport. As a result, its economy has been closely linked to the price of iron ore, with rapid growth during the commodity boom and a significant slowdown since then. The largest real-economy sector was mining, at 22% of the provincial economy, followed by agriculture at 7%, manufacturing at 3%, and construction at 2% (Provincial Review, 2016)



Source: StatsSA, GDP Annual and Regional Tables 2016. Excel spreadsheet downloaded in June 2016

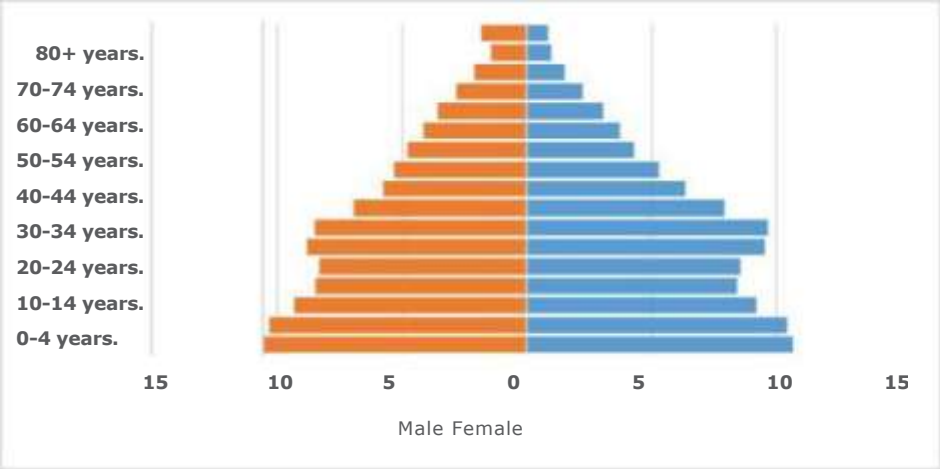


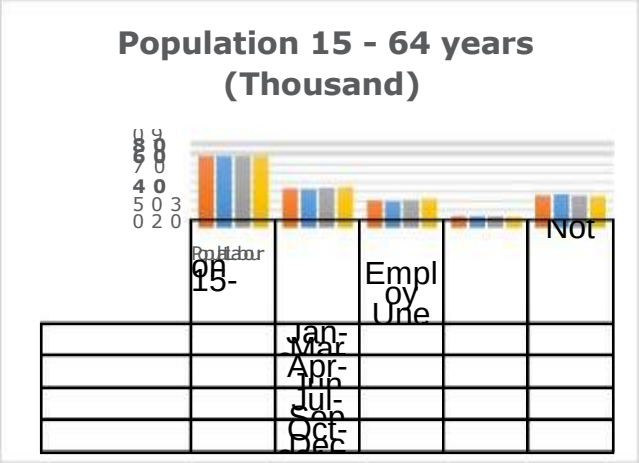
Figure 1: Total population by age group and sex (Northern Cape)

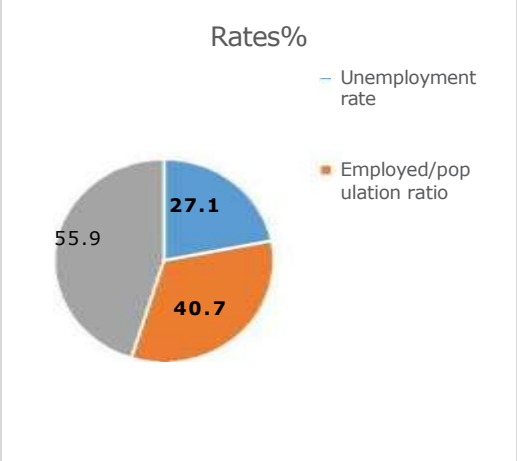
Source: Mid-Year Population Estimates, 2017 (Statistics SA)

According to the Mid-Year Population Estimates 2017 (Statistics SA), Northern Cape has the smallest share of the South African Population constituting just over 2.1% of the population. The province has 27.9% of its population aged younger than 15 years and more than a tenth of the population aged 60 years and older. As a result, the department should focus on ensuring that health care services are accessible to the younger generation.

4.5.2 SOCIO-ECONOMIC PROFILE

Figure 2: Labour Force characteristics (15-64 years), Q4 2017



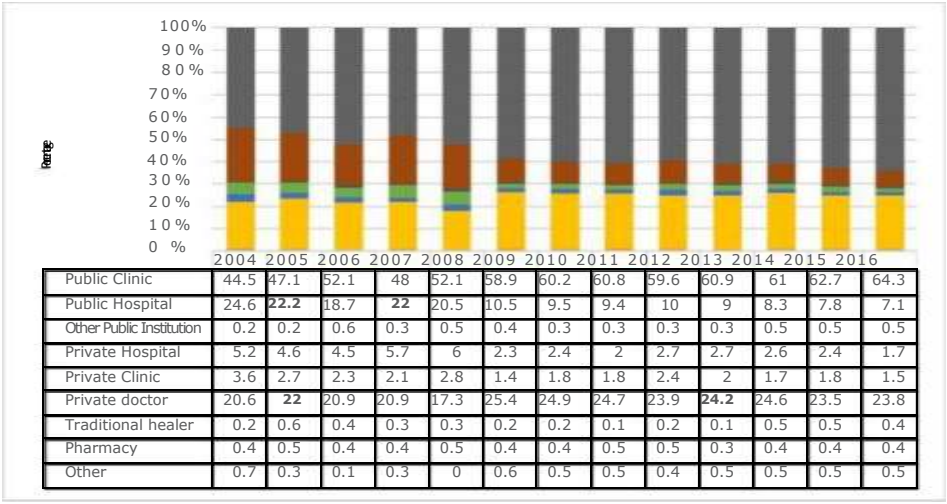


Source: Quarterly Labour Force Survey- Q4 2017 (StatsSA)

The working age population grew by 3 000 or 0.3 per cent while the labour force grew by 3 000 persons in the fourth quarter of 2017 compared to the third quarter of 2017. In the fourth quarter of 2017, employment increased while unemployment decreased, resulting in a decrease in unemployment rate to 27.1%, absorption (employed) rate of 40.7% and labour force participation increased to 55.9%. The not economically active population decreased by 1 000, of which 65 000 were discourage work seekers.

Compared to the period last year, employment increased by 24 000 or 7.9 percent while unemployment decreased by 21 000 or 14.8 percent. As a result, the unemployment and employment trend throughout the quarters is alarming, with the unemployed population reported as 120 000 (Q4 2017) and the employed population reported as 321 000 (Q4 2017). The department should direct its focus on ensuring that quality health care services are available to the unemployed population between 15 and 64 years.

Figure 3: Percentage distribution of the type of health-care facility consulted first by the households when members fall Ill or get Injured, 2004-2016



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Public Clinic	44.5	47.1	52.1	48	52.1	58.9	60.2	60.8	59.6	60.9	61	62.7	64.3
Public Hospital	24.6	**22.2**	18.7	**22**	20.5	10.5	9.5	9.4	10	9	8.3	7.8	7.1
Other Public Institution	0.2	0.2	0.6	0.3	0.5	0.4	0.3	0.3	0.3	0.3	0.5	0.5	0.5
Private Hospital	5.2	4.6	4.5	5.7	6	2.3	2.4	2	2.7	2.7	2.6	2.4	1.7
Private Clinic	3.6	2.7	2.3	2.1	2.8	1.4	1.8	1.8	2.4	2	1.7	1.8	1.5
Private doctor	20.6	**22**	20.9	20.9	17.3	25.4	24.9	24.7	23.9	**24.2**	24.6	23.5	23.8
Traditional healer	0.2	0.6	0.4	0.3	0.3	0.2	0.2	0.1	0.2	0.1	0.5	0.5	0.4
Pharmacy	0.4	0.5	0.4	0.4	0.5	0.4	0.4	0.5	0.5	0.3	0.4	0.4	0.4
Other	0.7	0.3	0.1	0.3	0	0.6	0.5	0.5	0.4	0.5	0.5	0.5	0.5

Source: General Household Survey 2016 (Statistics SA)

The figure above presents the type of health-care facility consulted first by households when household members fall ill or have accidents. The figure shows that about 71,4% of households said that they would first go to public clinics or hospitals compared to 27,0% of households that said that they would first consult a private doctor, private clinic or hospital. Only 0,4% of respondents said that they would first go to a traditional healer. It is noticeable that the percentage of households that would go to public or private facilities have remained relatively constant since 2004 when the question was first asked in the GHS. The percentage of households that would first go to public clinics increased noticeably while those that indicated that they would first go to public hospitals decreased.

More than nine-tenths (92,6%) of all households used the nearest health facility. Those who did not use the nearest facility generally travelled elsewhere because:

They preferred to use a private health institution

(41,1%); The waiting period was too long (19,6%);

Drugs that were needed were not available at their nearest facility (6,9%);

or Staff was rude/uncaring or turned patients away (3,2%)

Table A4: Level of satisfaction with public healthcare facilities, 2016

Level of satisfaction with health care institution	Statistic (Numbers in thousands)	Northern Cape (2015)	Northern Cape (2016)
Public Healthcare			
Very satisfied	**Number**	**133**	117
	Per cent	60.2	**49.3**
Somewhat satisfied	**Number**	45	47
	Per cent	20.4	19.7
Neither satisfied or dissatisfied	**Number**	16	32
	Per cent	7.5	**13.5**
Somewhat dissatisfied	**Number**	12	15
	Per cent	5.4	6.1
Very dissatisfied	**Number**	14	27
	Per cent	6.6	11.4

Source: General Household Survey 2016 (Statistics SA)

The table above illustrates that 49.3% (2016) of individuals who utilizes the public health care facilities are very satisfied, a decline from the 60.2% reported in the 2015 General Household Survey. Moreover, the percentage of individuals who are very dissatisfied increased by 4.8 percent (6.6 %2015 and 11.4%-2016). Nevertheless, through the Ideal Clinic Initiative and improvement in quality assurance indicators the department aims to advance the satisfaction of individuals using public healthcare facilities in the province.

4.5.3 EPIDEMIOLOGICAL PROFILE / BURDEN OF DISEASE

THE 10 LEADING CAUSES OF DEATHS IN THE NORTHERN CAPE PROVINCE

Table 1: Ten underlying natural causes of deaths, Northern Cape, 2014

Causes of death (based on ICD10)	2014		
	Rank	No. of deaths	%
Human Immunodeficiency Virus(HIV) Disease	1	1 **188**	8.5
Turberculosis	2	1 046	7.4
Cerebrovascular Diseases	3	721	5.1
Hypertensive Diseases	4	**698**	5.0
Influenza and Pneumonia	5	630	4.5
Chronic Lower Respiratory Diseases	6	595	4.2
Diabetes Mellitus	7	582	4.1
Ischaemic heart diseases	8	490	3.5
Other forms of Heart Disease	9	453	3.2
Intestinal Infectious diseases	10	422	3.0
Other Natural Causes		5 **669**	40.3
Non-Natural Causes		1 562	11.1
Total All **Causes**		**14 056**	**100**

Source: Mortality & Causes of death in South Africa, 2014; Statistic South Africa
****Including deaths due to MDR-TB and XDR-TB**

Table 2: Ten underlying natural causes of deaths, Northern Cape, 2015

Causes of death (based on ICD10)	2015		
	Rank	No. of deaths	%
Turberculosis	1	1 065	7.7
Human Immunodeficiency Virus(HIV) Disease	2	**879**	6.4
Diabetes Mellitus	3	**695**	5.1
Hypertensive Diseases	4	**690**	5.0
Chronic Lower Respiratory Diseases	5	653	4.7
Cerebrovascular Diseases	6	642	4.7
Influenza and Pneumonia	7	567	4.1
Ischaemic heart diseases	8	**488**	3.5
Certain Disorders involving the immune mechanism	9	477	3.5
Other forms of Heart Disease	10	403	2.9
Other Natural Causes		5 712	41.5
Non-Natural Causes		1 487	10.8
Total All **Causes**		**13 758**	**100**

Source: Mortality & Causes of death in South Africa, 2015; Statistic South Africa

In the province, Human Immunodeficiency Virus(HIV) Disease was the leading cause of death during the two year period (8.7 %-2013 and 8.5%-2014). This indicated a trivial decrease over the two year period (2013 and 2014), which ultimately resulted in Turberculosis becoming the leading cause of death in 2015 (7.7 %) and Human Immunodeficiency Virus(HIV) Disease the second leading cause of death (6.4%). Diabetes Mellitus and cerebrovascular diseases exchanged their rankings between 2014 and 2015, with diabetes mellitus assuming a higher rank (3) in 2015. Resultantly, the province's objective is to allocate resources and implement strategies to improve TB treatment outcomes in the 2018/19 financial year.

THE 10 LEADING CAUSES OF DEATHS PER DISTRICT MUNICIPALITY

Table 2 : Ten underlying natural causes of deaths, Francis Baard District, 2015

Causes of death (based on ICD10)	Frances Baard		
	Rank	No. of deaths	%
Tuberculosis	1	233	7.1
Human immunodeficiency virus [HIV] disease	2	227	6.9
Diabetes mellitus	3	164	5
Cerebrovascular diseases	4	153	4.7
Certain disorders involving the immune mechanism	5	148	4.5
Hypertensive diseases	6	140	4.3
Other viral diseases	7	132	4
Chronic lower respiratory diseases	8	128	3.9
Influenza and pneumonia	9	106	3.2
Ischaemic heart diseases	10	105	3.2
Other natural causes		1405	42.7
Non-natural causes		348	10.6
Total All causes		**3289**	100

Table 2 : Ten underlying natural causes of deaths, John Taolo Gaetsewe District, 2015

Causes of death (based on ICD10)	John Taolo Gaetsewe		
	Rank	No. of deaths	%
Human immunodeficiency virus [HIV] disease	1	217	8.7
Hypertensive diseases	2	200	8.1
Tuberculosis	3	185	7.5
Influenza and pneumonia	4	181	7.3
Other viral diseases	5	116	4.7
Intestinal Infectious diseases	6	113	4.6
Diabetes mellitus	7	111	4.5
Other acute lower respiratory infections	8	97	3.9
Other forms of heart disease	9	57	2.3
Cerebrovascular diseases	10	56	2.3
Other natural causes		**918**	37
Non-natural causes		232	9.3
Total All causes		2483	100

Table 2 : Ten underlying natural causes of deaths, Namakwa District , 2015

Causes of death (based on ICD10)	Namakwa		
	Rank	No. of deaths	%
Chronic lower respiratory diseases	1	101	9.1
Ischaemic heart diseases	2	**98**	**8.8**
Diabetes mellitus	3	85	7.6
Tuberculosis	4	**69**	6.2
Hypertensive diseases	5	62	5.6
Cerebrovascular diseases	6	57	5.1
Malignant neoplasms	7	51	4.6
Malignant neoplasms of respiratory and intrathoracic organs	8	51	4.6
Other forms of heart disease	9	28	2.5
Malignant neoplasms of ill-defined, secondary and unspecified sites	10	26	2.3
Other natural causes		358	32.1
Non-natural causes		129	11.6
Total All causes		1115	100

Table 2 : Ten underlying natural causes of deaths, Pixley Ka Seme District , 2015

Causes of death (based on ICD10)	Pixley Ka Seme		
	Rank	No. of deaths	%
Tuberculosis	1	320	8.3
Human immunodeficiency virus [HIV] disease	2	277	7.2
Cerebrovascular diseases	3	245	6.4
Chronic lower respiratory diseases	4	210	5.5
Diabetes mellitus	5	**186**	4.8
Influenza and pneumonia	6	153	4
Ischaemic heart diseases	7	151	3.9
Hypertensive diseases	8	140	3.6
Other forms of heart disease	9	119	3.1
Certain disorders involving the immune mechanism	10	116	3
Other natural causes		1561	4.05
Non-natural causes		375	9.7
Total All causes		**3853**	**100**

Table 2: Ten underlying natural causes of deaths, ZF Mgcawu District ,2015

Causes of death (based on ICD10)	ZF Mgcawu		
	Rank	No. of deaths	%
Tuberculosis	1	245	**8.5**
Chronic lower respiratory diseases	2	**165**	**5.5**
Hypertensive diseases	3	147	4.9
Diabetes mellitus	4	146	4.9
Certain disorders involving the immune mechanism	5	143	4.8
Human immunodeficiency virus [HIV] disease	6	**136**	4.6
Cerebrovascular diseases	7	130	4.4
Influenza and pneumonia	8	111	3.7
Other forms of heart disease	9	107	**3.6**
Ischaemic heart diseases	10	**85**	2.8
Other natural causes		1167	**39.1**
Non-natural causes		**394**	13.2
Total All causes		**2985**	100

***Excluding cases with unspecified district Municipality**
** **Including deaths due to MDR-TB and XDR-TB**

Source: Mortality & Causes of death in South Africa, 2015; Statistic South Africa

The tables above represent the ten underlying natural causes of death by district municipality of death occurrence in the Northern Cape. For the period of 2015, three districts (Francis Baard, Pixley Ka Seme and ZF Mgcawu) had tuberculosis as the number one leading underlying cause of death. John Taolo Gaetsewe and Namakwa District reported HIV and Chronic lower respiratory diseases as the leading underlying cause of death, respectively.

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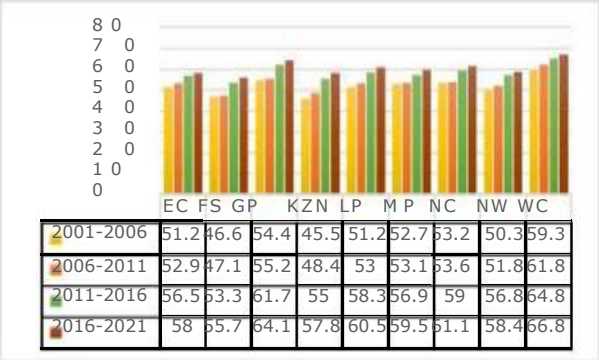
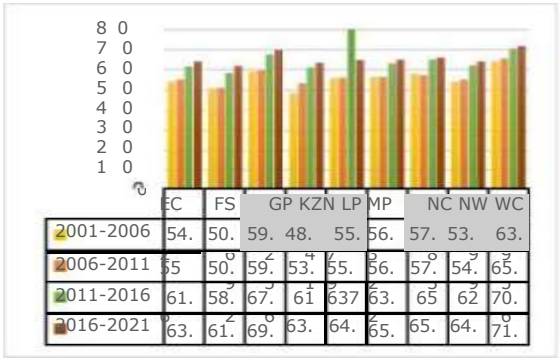
Figure 5: Provincial Average Life Expectancy at Birth, 2001-2006, 2006-2011, 2011-2016 and 2016-2021

Males



Females



Source: Mid-year population estimates, 2017(Statistics SA)

According to the mid-year population estimates 2017, the average provincial life expectancy at birth increased for both males and females in the Northern Cape. The Life Expectancy increased incrementally for each period across the country, but more significantly in the period 2011-2016 due to the uptake of Antiretroviral therapy over time in South Africa. Additionally, this increased to 61.1 years and 65.9 years for males and females respectively for the period 2016-2021. 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.

Improving quality of health in Primary Health Care

The target for the Province was 65 and the province had 71 Ideal clinics at the end of 201617 and thus exceeded the number of Ideal clinics reached.

Maternal, Child, Youth and Women Health & Nutrition

The Northern Cape Department of Health is committed to ensure an effective and quality implementation of strategic interventions that will ensure the achievement of targets set in the Sustainable Development Goals 2030. In South Africa, the goals for the protection and promotion of the health of mothers, children, youth and women, are as follows:

For Mothers:

To ensure access to high quality antenatal care, and quality care during after delivery to mothers and their babies

To implement a population-based system of service delivery for mothers and their babies which strives to achieve the agreed objectives

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For Children:

To enable each child to reach his/her maximum potential within the resources available and to enable as many children as possible to reach adulthood with their potential uncompromised by illness, disability, environmental hazard or unhealthy lifestyle

To reduce neonatal, infant and under 5 mortality rates, primarily through decreasing deaths and sickness from preventable disorders such as acute respiratory infections, diarrhoea, malnutrition, measles, tuberculosis, malaria, hepatitis B and HIV.

For Youth:

To ensure access to relevant and appropriate information, community support and health services, which enable the youth to cope with the rapid physical and psychological changes that occur during this period, and which expose them to the dangers of aberrant psychological behaviour and disorders.

For all women:

To achieve optimal reproductive and sexual health (mental, physical and social) for all women and men across the life-span of individuals

To raise the status of women, their safety, health and quality of life.

Based on the above, the department aims to reinforce the health system by ensuring equitable access to quality care that is comprehensive, family centered and community based. Furthermore, to improve the health status and equity of the population of the Northern Cape, the programme will effectively implement the evidence based monitoring and evaluation, and planning system.

Maternal and Neonatal **Health**

There has been a significant reduction in maternal death from 112.5/100 000 live births (2015/16) to 95.7/100 000 in 2016/17, due to the implementation of Essential Steps on Managing Obstetric Emergencies (ESMOE), Perinatal Mortality Meetings and MomConnect at facilities. Despite the reduction in maternal deaths, there are still challenges such the performance of safe Caesarean Section where all high risk and complicated labour should be managed in a district hospitals. The implementation of effective interventions as recommended in the Saving Mothers 2011-2013 report also remains a challenge within the districts.

Furthermore, integrated action and accountability between management, programmes and clinical teams (doctors, nurses, DCSTs) at all levels and along referral chain, including EMS, is currently weak. The strengthening of mechanisms able to monitor, coordinate, track and ensure action happens at district, sub-district and facility levels to enable improved clinical care is essential. Those hospitals and clinics with or contributing to the highest numbers of deaths (or adverse events) shall receive additional support in order to bring these numbers down. Improving and maintaining effective clinical skills levels, through structured skills training and mentoring and proper placement and retention of competent

clinical staff shall be linked to strong clinical accountability and governance,

through the District Clinical Specialist teams as well as the entire clinical management and staff complement.

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

The PIPP strategy for the assessment of perinatal morbidity and mortality is implemented in all delivery facilities to assist with the understanding, vulnerability and special needs of the neonatal population in order to improve the quality of care for Neonates. There is a challenge around the basic care of neonates due to the lack of neonatal nurseries in our district hospitals resulting in overburdening the regional and tertiary hospitals.

PMTCT

The PMTCT programme is gearing towards implementing the "Last Mile" Plan for elimination of Mother to Child Transmission (MTCT) (2016-2021). The "Last Mile" Plan outlines key targets and strategic approach and key interventions for the next five years for the country. The plan focuses on addressing the key bottlenecks and challenges with key principles of equity, integration, innovation, participation and evidence. Additionally, focus should be geared towards reaching the most disadvantaged and most vulnerable communities including those with the highest burden of HIV**.**

In quarter 1 2014/15, 3 072 antenatal clients were re-tested, in comparison to the 3 906 re-tested in quarter 1 2016/17. Additionally, the number of antenatal clients initiated on ART in quarter 1 2015/16 were 573 and in quarter 1 2016/17 increased to 713. The increase in both re-tested and initiated illustrates the effectiveness of health promotion at health facilities.

South Africa has implemented infant PCR testing at birth for all HIV exposed babies in order to identify HIV infected babies for early initiation on treatment. The early infant diagnosis of HIV exposed infants changed from 6 weeks first PCR testing to 10 weeks and 18 weeks (on certain cases where the mother is HIV positive). Infant 1st PCR test positive at 10 weeks improved from 2.7 in 2015/16 to 1.7 in the 2016/17 financial year. In order to effectively monitor the implementation of the revised guidelines, the programme will strengthen missed interventions, diagnostic opportunities,

linkages for treatment and care for all HIV exposed babies.

Child health

According to SDG's the target by 2030 aims to end preventable deaths in children under 5 years of age, with the goal of all countries to reduce under-5 mortalities to at least as low as 25 per 1,000 live births.

A High proportion of Child PIP system continues to reveal many modifiable and avoidable factors at home and at all levels of the health systems.

The CoMMic committee has identified some key themes that continue to contribute to morbidity and mortality among South Africa's children, either by leading to disease, or through failure to address its prevention or provide timeous, effective intervention. There are also themes (and continuous threats) that, drawn together, can synergistically contribute to the mitigation of childhood preventable diseases:

Households- Child poverty, child under-nutrition, inappropriate nutrition, unsafe environment, vulnerable homes

Health workers- Disempowered health workers, inadequate implementation of flagship programmes in child health, insufficient accountability to communities

Health systems- inequitable provision of health services for children, poor access to for many children with long term health conditions, too much centralization of power, insufficient accountability to communities.

Priority Interventions: - ACCESS

Accountability for an adequate standard of living and a safe environment for all children

Connected easily between household and health system

Capacitated front line health care workers

Essential package of care (EPOC)

Support: Early child development and the first 1000 days

Standard data set and tools

Integrated Management of Childhood Illness (IMCI)

The implementation of the IMCI strategy is vital to improving child health in South Africa, contributing to the reduction in child mortality.

The Northern Cape managed to reduce the number of deaths due to diarrhoea and pneumonia in

children under 5 years. In 2015/16 death due to diarrhoea and pneumonia was reported as 1.8 % and 1.3 %, respectively, in comparison to the 3.4/1000 and 2.8/1000 deaths reported in 2014/15 for diarrhoea and pneumonia. The severe acute malnutrition case fatality rate also decreased from 10.7% in 2014/15 to 5.2% in 2016/17

One component of the IMCI strategy is the improvement of clinical skills. The IMCI programme has been extended to distance-IMCI (that is correspondence IMCI learning) in Namakwa, Frances Baard and Pixley Ka Seme districts in 2016/17, to improve the coverage of nurses trained in facilities.

This strategy has also been incorporated into the curriculum of the Nursing College to extend training to nursing education institutions for the purpose of improving IMCI training in undergraduate curricula.

EPI

The purpose of the expanded programme of Immunization (EPI) in South Africa is to prevent and reduce child morbidity and mortality. During the 2016/17 financial year the programme experienced challenges such as: the national supplier vaccine stock outs, the change in the EPI schedule and the limited cold chain capacity of fridges at facilities compromising the correct stock and vaccine management resulting in decreased immunization coverages and potential outbreaks.

However, the National Integrated Polio, Vitamin A and Deworming campaign was conducted in all districts to prevent childhood illnesses. Furthermore, the department has an MOU with the private sector whereby the department provides them with vaccines as a way of ensuring that children previously missed are covered. The data from the private sector is submitted to the department on a monthly basis.

Integrated Nutrition Programme

The World Health Organization and UNICEF recommend that breastfeeding should be started within the first hour after birth, and that all babies – regardless of the mother's HIV status – should be exclusively breastfed for the first six months of life.

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

In the province exclusive breastfeeding rates improved tremendously and were the best in the country according to the SAPTCT report of 2012 (75%). The improvement was due to the effective interventions put in place by the programme namely: leadership and advocacy; infant and young child feeding messages; constant training and the resilient referral systems at the facilities.

Integrated School Health

The programme aims to build on and strengthen the existing school health services, through the inter-sectoral collaborations that exists between the department of health, department of basic education and the department of social development. On a bi-monthly basis provincial support team meetings are held to discuss the progress and reporting of HPV, deworming and screening of learners. Other stakeholders namely; ChildLine, Department of Sports, Arts and Culture and Love Life form part of the bi-monthly meetings.

In the Pixley Ka Seme District school health trucks are also being utilized for health promotion activities in the community. Furthermore, in the 2016/17 financial year grade 1 learners screened was reported as 14.5% (4085/28248) against the target of 10% and grade 8 learners screened was reported as 8.5% (1841/21628) against the target of 10%.

Human Papillomavirus (HPV) vaccination Campaign

The National HPV vaccination campaign targets grade 4 female learners in public schools as well as girls born in 2005 in special schools. The main objective of the campaign is to ensure that girls are adequately protected against cervical cancer in the later years of their lives.

The first round of the 2016 campaign reached a school coverage of 85% and 76.6% (10408/13588) grade 4 female learners were vaccinated. The second round of the 2016 campaign reached a school coverage of 72.8% and 58.6% (7960/13588) of grade 4 female learners were vaccinated.

In addition, the first round of the 2017 campaign reached a school coverage of 64.7% and 71.1% (7258/ 10204) of grade 4 female learners were screened.

Youth and adolescent Health

Youth and adolescent Health is guided by National Policy Guidelines for Youth and Adolescent Health, which outline five intervention strategies, namely:

Promoting a safe and supportive environment

Providing information

Building skills

Counselling and access to Health services

The AYHP identifies six principal objectives:

1. Use innovative, youth-oriented programmes and technologies to promote the health and wellbeing of adolescents and youth
2. Provide comprehensive, integrated sexual and reproductive health services
3. Prevent, test and treat for HIV/AIDS, TB and NCDs
4. Reduce substance abuse and violence
5. Promote healthy nutrition and reduce obesity.
6. Empower adolescents and youth to engage with policy and programming on youth health and be responsible for their health and wellbeing - Leave no one behind including youth with Disability.

Five PHC facilities are accredited within Frances Baard and Pixley Ka Seme districts to be Adolescent and Youth – Friendly and plans are in progress to expand to rest of the province. Provision of Reproductive Health services is also a key aim of the ISHP. In addition, access to contraceptives should be provided at all PCH facilities in a Youth Friendly manner and ensure that all users (and their sexual partners) are empowered with information on sexual and reproductive health and contraceptive use.

South Africa and the 90-90-90 targets

The scourge of HIV and TB remains to be the most important public health challenge in the Northern Cape. This is emphasized in the 2015 Statistics South Africa's Report on Causes of Mortality which indicates Tuberculosis as the leading cause of mortality followed by HIV & AIDS for the Province (refer to tables on 10 leading underlying causes of death). The trend is similar to all four districts with exception of Namakwa where the leading cause of mortality is related mainly to non – communicable diseases.

The South African Department of Health adopted the World Health Organization (WHO) 90 90 90 TB/HIV Strategy with specific targets to be reached by 2020. This was cascaded in 2015 with implementation at district and facility level. All five (5) districts therefore developed their implementation plans (DIPs) with close monitoring on a quarterly basis.

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Analysis on progress shows that in general performance was poor on the following indicators across all five districts:

Retention of clients/patients into treatment for both TB treatment and Antiretroviral Treatment Program;

TB screening poorly implemented but also affected by poor recording of work done;

Access to Voluntary Male Medical Circumcision (VMMC) remains a challenge as implementation was hampered by shortages of medical personnel. This programme was largely dependent on support from the South African Clothing & Textile Workers Union (SACTWU) which has since terminated its partnership with the Northern Cape Province.

Despite these challenges, access to HIV Testing Services (HTS) improved significantly in both health care and community settings. The 2016/17 HTS reports indicated that the annual target (215 259) was exceeded with 282 880 people tested for HIV.

Key Achievements:

Strengthening of partnerships with the department entering into collaborations with the Health Systems Trust through their HTS Private Franchise model. Since the start of this partnership, a total of 78 private health care providers were contracted to provide HTS with 59 886 people tested through this model.

The Development Bank of South Africa (DBSA) has continued with its commitment to increases access to health care with public facilities being refurbished to create more space in facilities. In two districts (JT Gaetsewe and ZF Mgcawu), the MEC for Health together with DBSA launched these facilities in 2016.

A Provincial TB Symposium was held in March 2017 in collaboration with the Provincial AIDS Council to identify challenges and develop a provincial action plan to address the crisis of tuberculosis in the province.

The Transmission of HIV from mother to child (EMTC) has stabilized between 1.2 – 2% in the past three years.

HIV Epidemiology

Different studies and surveys (e.g. National HIV prevalence Survey Report, 2013) indicates a stabilizing HIV prevalence for the Northern Cape despite some slight fluctuations. In the period, 2009 and 2013, the prevalence of HIV in the Province hasn't showed any statistically significant difference. The HIV prevalence amongst antenatal attendees remained around 17% (National HIV Prevalence Survey Report, 2013).

HIV counselling and Testing (HCT)

Between April 2016 and March 2017, a total of 14 566 people tested HIV positive and only above 10 000 were enrolled into ART program. However, the number of HIV positive people enrolled into treatment also included those who were diagnosed prior to the 2016/17. The 2016/17 provincial target for client tested for HIV (inl ANC) was 215 259 and the actual achieved was 278 755, in comparison to the actual of 2015/16 (234 811) an increase of 43 944 was realized.

Figure 6: Total number of clients tested for HIV (INCL ANC) between 2013/14-2016/17, Northern Cape

The figure above clearly depicts that from the period 2013/14 to 2016/17 the province has experienced an upward trend in terms of the number of clients tested for HIV. Between 2013/14 and 2016/17, the number of people tested for HIV increased by 76%. The improvement was due to: District awareness campaigns conducted,

Health Systems Trust franchise model contracting private nurses, counsellors and general practitioners to provide HTS services contributed to the increased testing rate

No stock interruptions with rapid test kits

Development of South Africa (DBSA) VCTII PROJECT

The Provincial Department of Health entered into partnership with the DBSA to strengthen access on HIV Testing Services (HTS) in both public and private health sector. The participation of private health care providers is coordinated by the Health Systems Trust (HST) through their HTS franchise model on which private health care providers and NGOs are contracted to provide HTS. The VCT II Project for the implementation of HCT services by private service providers in the Northern Cape Province (VCT Phase II) is funded by KFW on behalf of the German Government through the Development Bank of Southern Africa (DBSA). Health care providers are paid for each service performed, which is covered by the project budget.

Since the start of the partnerships in November 2015, a total 78 private health care providers were contracted. By the end of March 2017 through this franchise model 59 886 people were tested for HIV.

The table below illustrates contribution of various partnerships per category toward the implementation of HTS in the province. Their support also includes referral and at a certain extent enrolment of HIV positive clients into ART, particularly in the mine facilities.

District	People HIV tested per Category			
	NGOs	Private Health Care Providers	Mines	Total
Frances Baard	19 404	5 130		21 534
John Taolo	5 851	4 012	8 251	18 114
Namakwa	1 061			1 061
Pixley Ka Seme	1 072			1 072
ZF Mgcawu	10 180	414	177	10 771
NC Total	**37 568**	**9 556**	**8 428**	**55 552**

Source: Northern Cape HIV and AIDS Evaluation Report, 2016/17

Antiretroviral Treatment (ART)

Table A5: Performance of the ART Programme, 2014/15-2016/17, Northern Cape

Performance Indicators	2014/15	2015/16	Target 2016/17	Actual 2016/17	Variance	% Achieved
Number of Facilities offering ART	179	179	179	179	0	100%
Number of new patients started on treatment	9 **838**	10 056	9 854	10 **878**	1 024	110%
Adult remaining on ART at end of the Month-Total	40 107	50 349	55 575	51 419	-4 156	93%
Child under 15 years remaining on ART at the end of the Month-Total	2 915	2 650	3 570	3 744	+174	105%
Number of patients on ART remaining in care	43 022	52 **999**	59 145	55 163	-3 **982**	93%

Source: Northern Cape HIV and AIDS Evaluation Report, 2016/17

Condom Distribution

In the Province, condom distribution and promotion has been difficult to adequately implement given systemic challenges such as lack of satisfactory storage capacity and transportation. These are the two important factors that are critical to the procurement, appropriate storage and most critically improved community access to condoms.

Comparing to previous financial years (20: 2014/15, 20.5: 2015/16 and 21.5: 2016/17) the number of male condoms distributed year-on-year has been increasing slightly despite remaining below the annual target (37). The number of female condoms distributed performed poorly, for the first time in 3 years the annual target was not achieved. This performance is indicative of the need to urgently address structural issues that affect condom procurement and delivery to the end users.

In order to strengthen condom distribution and promotion, at the end of the 2016/17 financial year, the Province managed to appoint four (4) of five (5) district condom logistic officers. These appointments are expected to greatly improve implementation of activities at district and community level on condom distribution and programme coordination. Furthermore, issues of under-reporting from non-medical sites is envisaged to be resolved as data on condom distribution will be reported directly from the Primary Distribution Sites not from the facilities as stipulated in the new National Indicator Dataset (NIDS).

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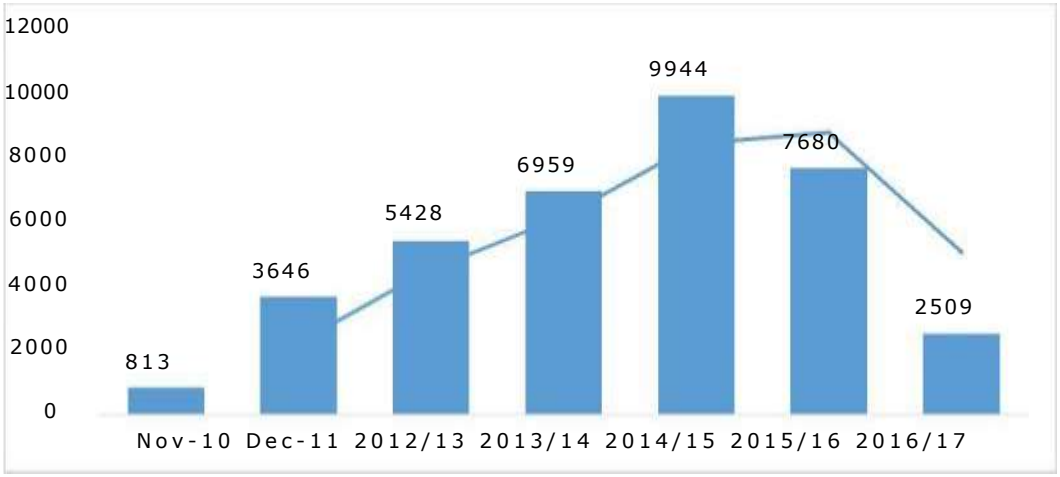
Voluntary Medical Male Circumcision (VMMC)

The VMMC programme is driven by medical doctors unlike many health programmes where services are rendered mostly by professional nurses with support from medical doctors. This clearly shows the challenges that the VMMC programme is faced with in light of the widespread shortages of medical doctors within the public health sector. It is particularly challenging for the Northern Cape Province to attract medical personnel hence the difficulty on institutionalizing VMMC into many of our hospitals.

The performance of VMMC programme was further exacerbated by the implementation of cost containment measures in the department which led to most of outreach camps being cancelled. Given gross shortages of medical personnel in the Province, the VMMC programme relies heavily on these outreach camps and the cancelations had a negative impact.

Since the roll-out of VMMC programme in 2010/11, the 2016/17 financial year had the worst performance which halted all gains that were made previously which indicated increasing annual trends. This poor performance was directly attributed to the effects of implementing cost containment measures without proper planning, to ensure service delivery to communities was not affected.

Figure 7: Total number of medical male circumcisions performed in the Northern Cape, November 20102016/17 financial year



Over the six-year period (2010/11 and 2015/16), a total number of 34 055 medical male circumcisions were completed. However, in the 2016/17 financial year a substantial drop in the number of MMC performed from 7 680 in 2015/16 to 2 495 in 2016/'17 was prominent. This was despite an increase on the number of facilities offering MMC, however, operations around VMMC in most of these facilities was not consistent due to cancelation of

outreach camps.

Additionally, the underperformance was due to the following:

Cancellation of MMC outreach camps due to cost containment;

MMC not institutionalized into routine health care services at designated hospitals despite training provided;

Lack of coordination at district level

In the 2016/17 financial year a contract was awarded to AURUM INSTITUTE by the National Department of Health through the RT Tender. A delay in signing the contract by the Provincial Department delayed the implementation of the programme. The contracted partner was going to alleviate the pressure put on the roving teams and close the void left by the SACTWU.

TB Control

Drug Susceptible TB treatment Outcomes

TB treatment outcomes remain lower than the projected provincial targets for both the susceptible and drug resistant TB across all districts. The treatment success improved from 79.8% in 2015/16 to 81.3% in 2016/17 despite being lower than the annual target of 95%. The MDR - TB treatment success rate output was 40.5% which is below target of 45%. This poor performance for both susceptible and drug resistant TB outcomes was largely attributed to unfavorable outcomes such as high defaulter and death rate. However, the underlying root cause for most of the patients defaulting from is linked to poor socio – economic conditions affecting our society in the province e.g. *high unemployment rate leading to some TB clients to be mobile as they seek employment without any proper referral system.*

TB/HIV Collaboration

The association of TB and HIV is well documented especially in South Africa as the country is having one of the highest HIV prevalence. The Multi Drug Resistant TB/HIV co-infection rate among people infected with Multi Drug Resistant TB was reported at 56% in 2015 and slightly increased to 58% in 2016. The ART initiation of these cadre of patients stood at 91% and 94%, respectively in 2015 and 2016. Similarly, the susceptible TB/HIV co-infection rate has remained steady at 41.5% in 2015 to 41.6 % in 2016; and the ART initiation rate of 95.1% in 2016 against the target of 100%.

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Drug Resistant TB treatment Outcomes

One of the national interventions of improving treatment outcomes of drug resistant TB is the implementation of Bedaquiline as one of the drug regimens used as well in the Province. Since the inception of Bedaquiline program for patients with drug resistant TB, the Provincial TB Control Programme has made positive strides with the implementation. This program is implemented in the only two MDR-TB sites in the province, namely; West End Hospital and Dr. Harry Surtie Hospital. In the 2016/17 financial year, a total of 103 MDR-TB patients were enrolled into the bedaquiline program in the DR - TB sites.

Overview of the performance of the Provincial Communicable Diseases Control 2016/17

Meningococcal Meningitis

The overall incidence of meningococcal disease has decreased in the 2016/17 financial year to 1 case with no fatalities as compared to the preceding last year (2015/16) where we had 2 cases with no (0) fatalities. It is important to note that in the first quarter of 2017/18 there were no Case Fatalities, thus the Case Fatality Rate (CFR) remained at 0 %.

The CFR represents the measure of outcomes of management of the case, it may reflect the health seeking behaviour of the patient (time patient presented to health facility since onset of symptoms), quality of care, public health response and good clinical practice.

Seasonal Influenza

Seasonal and pandemic influenza is a major public health threat throughout the world. Seasonal influenza is a highly communicable respiratory tract infection causing an estimated 250 000 to 500 000 deaths in persons of all ages annually. In South Africa, it is estimated that about 5 000 to 10 000 deaths occurring during hospitalization are due to influenza each year. The primary effective prevention strategy is vaccination before the influenza season sets in. The programme has been vaccinating high risk individuals to mitigate the impact of the disease. For the year 2017, 14 000 Influenza vaccines were procured and the number was reduced as compared to Last year's 25 000, due to the non-performance of districts in the last campaign. John Taole Gaetsewe and Pixley Ka Seme Districts are the worst performing Districts in the campaign as can be seen in the table below, this is affecting the overall performance of the province in the campaign as compared to our counterparts in other provinces. This the final report for the vaccination of all categories of patients in all Districts for the 2017 campaign.

Table A6: Influenza vaccine progress report for 2016/17 Campaign

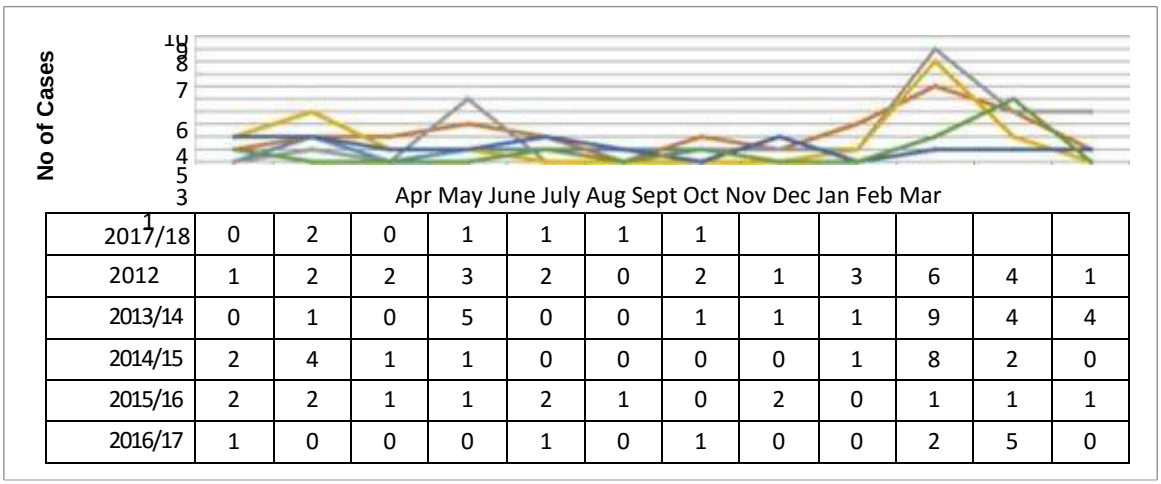
District	Amount received	Target groups						
		Pregnant women	HIV/AIDS Patients	All those with Chronic Medical Conditions (Cardiac, pulmonary, Chronic renal, Diabetes mellitus, & others) Rehabilitation centers	All people over 65 years of age (Not in other risk Groups) And Residents of Old Age Homes	Total vaccines used	%	Vaccines remaining
Frances Baard	3'900	749	1'281	1'432	438	3'900	100%	0
ZF Mgcawu	2'800	582	695	1'173	252	2'702	97%	98
Pixley Ka Seme	2'000	295	365	337	132	1'129	56%	871
Namakwa	3'300	335	661	1'481	599	3'076	93%	224
John Taolo Gaetsewe	2'000	332	220	489	94	1'135	57%	865
TOTALS	14'000	2'293	3'222	4'912	1'515	11'942	85%	2'058

Source: NCDoH Communicable Disease Report, 2017

Malaria

By the end of September 2017 three malaria cases was reported with no deaths. All three case infections were travel related, as patients had travelled out of the province and country.

Figure 8: Malaria cases in the Northern Cape April 2012 – September 2017 Source: Northern Cape Communicable Disease Control unit line lists, 2017/18



2017/18	0	2	0	1	1	1	1					
2012	1	2	2	3	2	0	2	1	3	6	4	1
2013/14	0	1	0	5	0	0	1	1	1	9	4	4
2014/15	2	4	1	1	0	0	0	0	1	8	2	0
2015/16	2	2	1	1	2	1	0	2	0	1	1	1
2016/17	1	0	0	0	1	0	1	0	0	2	5	0

Endemic Conditions

The figure below depicts priority conditions reported during the period April 2017 – September 2017. Nosocomial Infections which are hospital acquired infections, at Kimberley Hospital have decreased due to new infection control measures and laboratory surveillance that has been heightened in the hospital. Animal bite cases reported for the past 2 quarters were also managed according to protocol inhibiting any deaths or Rabies infections. A Rabies death is seen as a health system failure because Rabies is 100% preventable, but also 100% fatal as there is no cure once Rabies symptoms occur from mismanagement of a patient at a health facility.

Diarrhoeal diseases rank as the highest occurring condition (786 cases from Q1 – Q2) in the Northern Cape Province, the number of diarrhoea cases amongst our under 5 year olds have decreased. The reason for the decrease can be attributed to the introduction of the Rotavirus vaccine in the childhood immunization schedule as less children under 5 years are treated with diarrhoea and the emphasis placed on the case definition of all diarrhoea cases at facility level, has also helped decrease the number of cases that present with diarrhoea at the clinics and hospitals. The data presented below serves as a risk indicator and early warning system as it reflects the extent and effectiveness of interventions e.g. health promotion, vaccination programs and outbreak prevention and control measures.

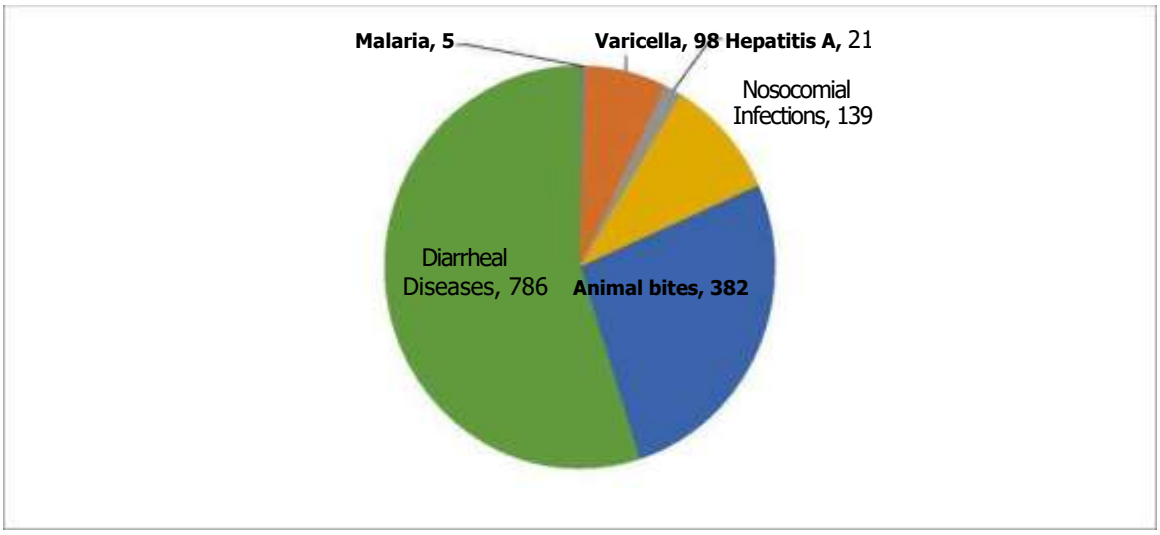


Figure 9: Number of endemic conditions April 2017- September 2017, Northern Cape Source: Communicable Disease Weekly reports of Surveillance data

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Emerging and Re-emerging Infectious Disease

In the last quarter, the province experience 2 cases of a Viral Haemorrhagic Fever known as Crimean Congo Haemorrhagic Fever (CCHF) or commonly called Congo Fever, this condition is endemic in the Northern Cape and occurs commonly amongst members of our farming community, Veterinarian Health Workers and those working in abattoirs or on game farms. The fatality rate for the condition is very high. In this quarter we had 2 cases of CCHF and both cases were treated successfully and discharged after being treated for 2 weeks at Kimberley Hospital.

Patient **A:** A 58-year-old male from Jeffreysbaai, a farmer and professional hunter was admitted on the 18th September at Upington Mediclinic with history of diarrhoea, general body weakness, tiredness and general body pains the onset of symptoms was on the 14th September 2017. Patient did not remember being bitten but there was a tick on his lower leg which he just brushed off. Patient was transferred to Kimberley hospital with severe diarrhoea appearing sick with body temperature of 39 dehydrated++. After some rehydration fluids patient responded positively to treatment. Blood studies confirmed Crimean Congo hemorrhagic fever. Patient was treated successfully and discharged.

Patient B: A 32-year-old female working in the mines at Kathu and also a livestock farmer at home in Kuruman, presented to the health facility with history of epistaxis and fever, was first seen at Kathu Lenmed Hospital before being transferred to Lenmed hospital in Kimberley on admission she was Isolated and treated, bloods were taken and patient was transferred to Kimberley hospital Ward J1 and results confirmed she was also positive for CCHF. Patient treated successfully than discharged.

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	5
	Total	**12**
Heart Attack/Myocardial Infarction	Male	4
	Female	7
	Total	**10**
Stroke	Male	3
	Female	3
	Total	5
Asthma	Male	12
	Female	17
	Total	**29**
Diabetes	Male	17
	Female	22
	Total	**39**
Cancer	Male	*
	Female	3
	Total	4
HIV and AIDS	Male	12
	Female	18
	Total	**30**
Hypertension / High Blood Pressure	Male	56
	Female	101

	Total	157
Arthritis	Male	6
	Female	21
	Total	27
Other	Male	5
	Female	12
	Total	17
Total Population	Male	583
	Female	609
	Total	1192

Source: General Household Survey, 2016 (Statistics SA). Values based on three or less unweighted cases are considered too small to provide accurate estimates, and values are therefore replaced by asterisks.

Disabilities

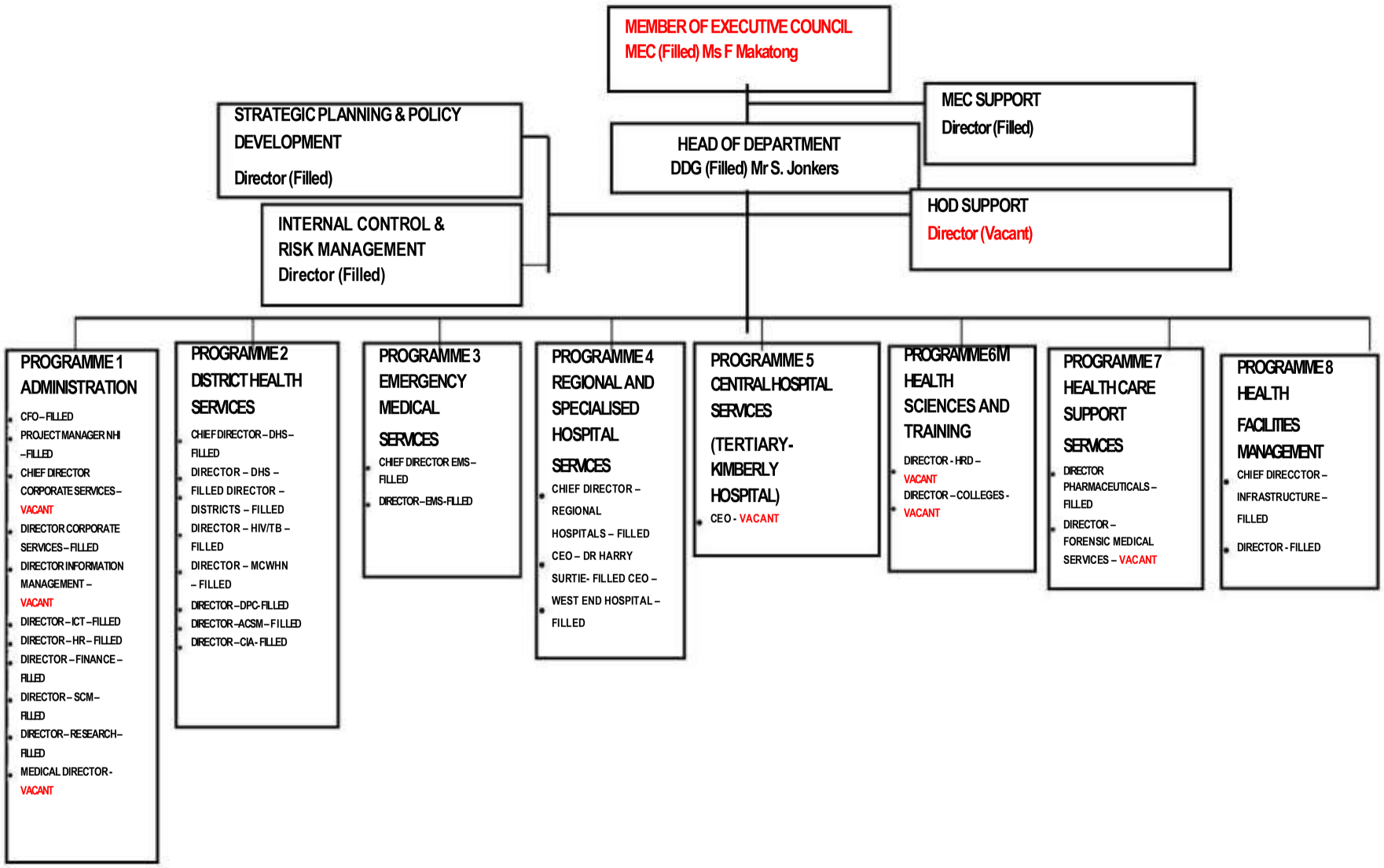
Table A8: Population aged 5 years and older that have some difficulty or unable to do basic activities, by province, 2016

Degree of difficulty with which basic activities are carried out		Thousands
Seeing	Some difficulty	86
	A lot of difficulty	15
	Unable to do	3
	Total	104
Hearing	Some difficulty	21
	A lot of difficulty	5
	Unable to do	*
	Total	26
Walking	Some difficulty	21
	A lot of difficulty	13
	Unable to do	7
	Total	40
Remembering and concentrating	Some difficulty	20
	A lot of difficulty	5
	Unable to do	3
	Total	28
Self-Care	Some difficulty	29
	A lot of difficulty	13
	Unable to do	11
	Total	53
Communication	Some difficulty	4
	A lot of difficulty	4
	Unable to do	3
	Total	10
Total aged 5 years and older		1080

Source: General Household Survey, 2016 (Statistics SA)

4.6 ORGANISATIONAL ENVIRONMENT

4.6.1 CURRENT ORGANISATIONAL STRUCTURE



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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. Furthermore, there has been a notable frequent change and rotation of leadership in some components such as Head of Department, Finance, Human Resource and Supply Chain Management. This instability does not bode well for the change management process that the organization is undertaking. Therefore, the programme must strive for greater certainty in this regard.

Programme 1: Administration (Provision of Strategic Management and Leadershi p)

Information and knowledge management is one of t important assets of a learning organization that undergoing a process of change. The area the programme is concerned, including t management of institutional information in so far organization as a whole, needs to receive attenti enforcement of compliance and availability both in terms of systems and human resources. T resources are critical factors that have hither impacted negatively on the organization.

PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

The department has planned to perform the following activities:

Ensure connectivity in all Primary Health Care facilities (Including district hospitals)

Appoint Health professionals in all districts

Decentralise Supply Chain and delegations to districts

Strengthen the administration of Districts through appointment of middle management in Human Resource, Finance and Infrastructure

to ensure accountability

Training for all health professionals especially in districts to improve capacity

Redistribute security personnel in districts to ensure safety of health professionals

Improve turnaround time for approval of submissions

Finalize the organizational structure and Human Resource plan

Pay rural allowance to deserving officials in rural districts

Permanent appointment in vacant and funded positions

Programme two (2) includes cross functional programmes and facilities (District Hospitals, CHC's, Clinics and programmes). It is the l argest programme both in scope and size, it thus as a subsystem reflects as a microcosm that best exemplify the performance of the larger containing system. The challenges of appropriate staffing have multiple sources, including the continuously evolving diseases profile as enumerated in th i s Annual Performance Plan of the Department

have a potential impact to positively influence operations of the facilities. Registration of Health Promotions may however, put additional pressure on the already limited budget.

Programme 2:

District Health

Services

The effects of infrastructural, financial and human resource challenges are laconically 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, and CCMDD which is depending on their uptake and

PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

The department has planned to perform the following activities: District Health Services

Improve the administration of Primary Health Care and District Hospital Services,

Improve the security at health facilities;

Ensure Ideal Clinic Realization and Maintenance of facilities

Implement Primary Health Care re-engineering

Quality Assurance:

Improve patient complaints resolution rate within the province

Improve the percentage of facilities that have conducted self-assessments

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PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

The department has planned to perform the following activities:

Appointment of staff for critical post p

Resuscitation of Flying Outreach p rog ra m

Aeromed ical contract to be finalised and i m

Control room digitalization and i mpr

Staff wellness programme to be fundd

Implement a replacement programme fo

Improve the awareness and understanding of emerging and re-emerging infectious diseases (CDC) Implement an effective and efficient health promotion strategy

o p

i

Fleet

Rural Allowance for EMS

TB, HIV,MCWYH,DPC

Accelerate prevention in order to reduce new HIV and TB infections and new STIs (break the cycle of transmission).

Reduce illness and death by providing treatment, care and adherence support for all (90-90-90 in every district).

Strengthen access to comprehensive sexual and reproductive health services

Reduce maternal, child morbidity and mortality

Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's

Publi c and Priva te Healt h Sect or's

n

t

Programme 3: Emergency Medical Services

The program started the 2016/17 financial year with a staff establishment of eight hundred and thirty (830) personnel including the management. About 90% of the eight hundred and thirty (830) staff was operational staff. The target population served was about 1.2m who are scattered all over the province. The requirement to serve the population based on demand is one thousand eight hundred (1800) staff mem bers operating with one hundred and eight four (184) vehicles at any given time across the province. For the period of 2016/17 the program was operating with a total of seventy to one hundred and ten (70-110) ambulances. The number of operational vehicles has declined over time to almost seventy (70) in a day due to breakdowns. In-terms of performance the program managed to achieve an average of 50% of the planned performance indicator targets for the financial year 2016/17.

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Programme 4: Regional Hospitals

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Dr Harry Surtie Hospital is the only Regional Hospital providing regional health care service package to the Western part of the Northern Cape Province . The hospital also serves as a district hospital to the residents living within the Dawid Kruiper municipality area, as the hospital functions as an entry level to health care services. Additionally, there are no after-hours PHC services rendered within the municipality thus inundating the Accident and Emergency unit with non-acute cases. The latter not only increase the number of patients to be attended too, but results in longer waiting times and an increase of complaints from clients.

In the **Mortality** & **Causes of death in South Africa, 2015 (Statistic South Africa) publication,** tuberculosis was reported as the number one underlying cause of death in the province. Consequently, resources must be geared towards ensuring that the Specialized Hospital (West- End Hospital) is adequately staffed and supported to reduce the number of deaths caused by TB. Furthermore, the newly refurbished thirty-six (36) bed ward to accommodate acute involuntary mental health users was opened on 29th April 2017.On the 2nd May 2017 state patients from Kimbe rly Correctional Centre and four (4) from the Upington Correctional centre were admitted to this ward. The institution currently has zero population of state patients at Correctional Centres. Future admissions of state patients will be done at Correctional Centres and transferred to the West End Specialized Hospital in accordance with legislative prescripts.

PRIORITIES FOR THE COMING FINANCIAL

YEAR (2018/19)

The department has planned to perform the following activities:

Refurbishment of the Mental and TB section at Dr Harry Surtie hospital

Operationalise new Mental health hospital in a phased approached

Appoint middle management staff especially in Human Resource, Finance and infrastructure

Programme 5: Tertiary Hospital

The Hospital continued to execute its mandate of providing Secondary and Tertiary services under extreme pressure due to cost containment measures. Moreover, the vacant ICT posts with medical IT experience especially in the areas of Picture Archiving and Communication Systems (PACS) and Radiology Information Systems (RIS). Most of the senior posts are vacant and there are very limited skills in the province in this area, resulting in compromised respond to system problems in terms of PACS and RIS.

of Health Intensive Care Cuba

A total of two hundred and twenty-seven (227) categories of staff which are all direct replacement posts were appointed in the 2016/17 financial year, thus gradually stabilizing service delivery in most of the units.

PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

The department has planned to perform the following activities:
PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

Develop fencing , gates and guard houses – new project needed

The department has planned to perform the following activities:

Procure ward doors – especially paeds, maternity, ICU
Prioritise intake of Nursing at Henrietta stockdale college
Ensure availability of Bulk water storage and pumps – replacement project needed
Training of EMS personnel
Replacement of High & low Tension Electricals
In service training of health professionals at facilities
Kitchen equipment – end of life replacements
Finalisation of nursing and EMS satellites in districts
Laundry equipment – end of life replacements
Finalisation of construction of nursing student's accommodation next to mental health hospital
Oxygen and medical gas bottle stores – new project
Incorporation of Doctors from Cuba to South African Universities
Medical records building extension (inadequate space for records)

through

Programme 6: Health Sciences and Training

The essential services delivered by the nurses in the Northern Cape Province are currently not meeting the demand for health care due to the attrition rate of nurses and minimal training output. Radical overhaul of Nursing Education and training needs to be conducted to meet the backlog of 1556 professional nurses currently in the Province. Funding for the nursing college needs to be brought in par with training needs and resources in order to carry out its mandate of

Department has been recruiting students from poor communities across the five districts since 2000 the Mandela-Castro Medical Collaboration programme. This approach has yielded tangible results particularly as a response to alleviating the shortage of doctors in the rural areas. Out of 35 doctors produced thus far, 71% are serving in various health care facilities within the Province whereas the others are placed by National Department to undertake their internship in other Provinces and are expected to return to the Province upon the completion of their internship. Conversely, the past two years has, however, seen a negative response to this as there has not been any intake for the Mandela-Castro Medical Collaboration programme (MCMCP) and the external local bursary programme due to austerity measures.

producing competent nursing needs of the cadres who meet the health care population.

Programme 7: Health Care Support

Services

The availability and accessibility of medicines remained a key priority with an overall achievement of 95% availability against a target of 100% (2016/17 financial year) in the province. The deviation was due to varibus challenges experienced under the cost containment measures within the department. The late payment of certain supplier accounts resulted in certain essential medicines being out of stock. Pharmacists within the district health facilities redistributed pharmaceuticals to ensure available supplies under the current constraints. It should however be emphasised that non-negotiable supplies and payments should not be restricted to meet service delivery demands at operational level. The ava i l a bi l ity and accessibility of surgical supplies and consumables remained a challenge although the Pharmacy staff assisted to red istri bute stocks to facilities where it was possible.

The department has planned to perform the following activities:

Accelerate prevention in order to reduce new HIV and TB infections and new STIs (break the cycle o

Reduce illness and death by providing treatment, care and adherence support for all (90-90-90 in very district).

Strengthen access to comprehensive sexual and reproductive health services

of funds by th e ng agents.

department has put on hold construction of new facilities in areas that have not had any facilities. Mobile facilities are provided in su ch certain areas the department provides parkhomes to render health care services as this approach is less costly than brick and mortar. I n

financial year, the Health Facility Management unit achieved 73% expenditure over the budget, the 17% under-expenditure on the allocated. In 2016/17 enti budget was due to late confirmation of the project lists to the implementing agents which resulted in late commitment

for refurbishment of Namabeep CHC and Clinic

Upgrading of OPD unit at Galeshewe Day Hospital (unit damaged by fire)

Conditions based maintenance (completion of Phase 1 & commencement of Phase 2)

Mental Health Hospital staff accommodation (2019/20)

Programme 8: Health

Kimberley Hospital upgrade projects scheduled as per expenditure projection for the 2018/19 fin year

All continuing maintenance, upgrades and new facilities projects to be carried over into 2019/20 financial year as per the

im plementati on programmes

Facilities Management

PRIORITIES FOR THE COMING FINANCIAL YEAR (2018/19)

The department has planned to perform the following activities:

Seven facilities prioritised for 72hrs mental health observations

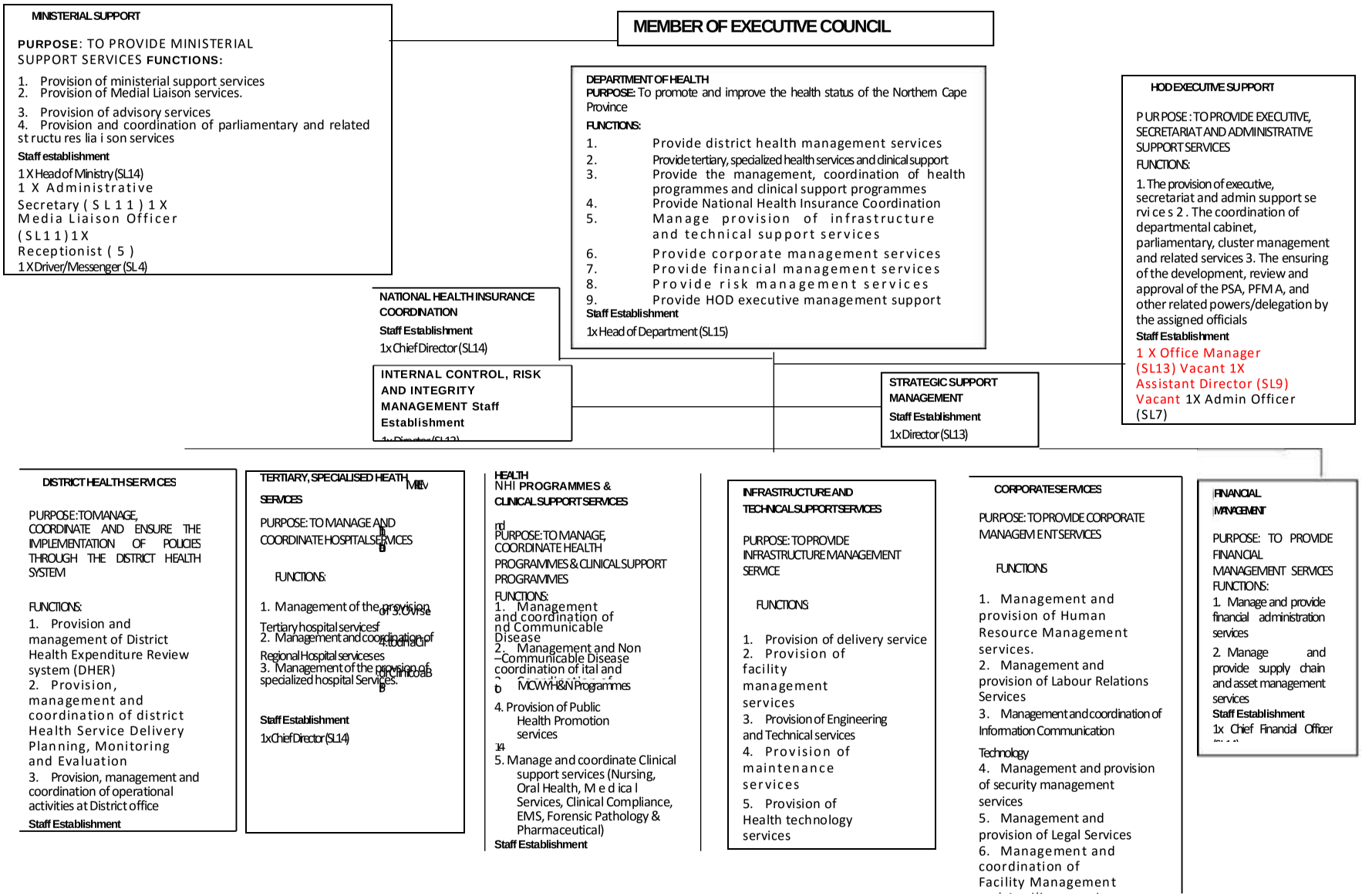
Refurbishment of 3 houses along Memorial Road (awaiting appointment of service providers by office of Supply Chain Management)

Completion of Kuruman Hospital forensic mortuary (awaiting appointment of service provider by the office of Supply Chain

Manageme nt)

Appointment of service provider

4.6.2 PROPOSED ORGANISATIONAL STRUCTURE



PROPOSED ORGANISATIONAL STRUCTURE

The implementation of the National Development Plan 2030, the Medium Strategic Goal and the implementation of the National Health Insurance are key factors that influenced the review of the Organizational structure. Department has been operating with an obsolete organizational structure, that was not assisting the full implementation of the strategic plan. A number of challenges has been observed, were we have experienced instability in many management positions. Key position for decision making was filled through acting that also took a long time in having the posts filled.

An Organizational Capacity Assessment was done under the leadership of the DPSA and the Office of the Premier (Efficiency Services), the outcomes of the assessment revealed key findings that impacted on service delivery. With the review of the organizational structure all the key findings have been taken into consideration in order to improve the departments performance. A lot of attention was focused on the top structure, as were key decision are to be taken. The National Department of Health developed a generic top structure to serve as a guide to provincial Health departments. This generic structure focusses on the core business of the department and mostly given consideration to the Service Delivery Model (SDM) the department is utilizing to render services to the broader community.

The model focusses on the hierarchy of services, giving attention to the element of strategic leadership within the department. The propose structure allows for the Core business to be directed from executive level, where we see District Health Services as the service delivery vehicle, tertiary and specialized hospitals and Health Programmes are put at a strategic level. This will improve decision making and better advice the Accounting Officer. Not under-looking the role of line functions that are key as support to the core. Having this proposed structure approved will have a direct impact on departmental performance. The span of control of control for Executive managers have been standardized, in order for them to focus on strategic matters and be able to keep control of operations at a lower level. Middle management given responsibility to oversee operations and unit and senior managers tasked with decision making responsibilities.

In short, this proposed structure focus on decision making, accountability and responsibility.

Table A9: Public Health Personnel in 2018/19

Categories	**Number employed**	% **of** total employed	Number per **100, 000 people** [1]	Number per **100,000** uninsured people[2]	Vacancy [5]	**ratepersonnel** % **of total**	Annual cost per staff member
Medical officers	405	6.1%	33	39	0.05		736 425
Medical specialists	15	0.2%	1	1			**991 857**
Dentists	34	0.5%	3	3	0.01		714 857
Dental specialists		0.0%	0	0			**991 857**
Professional nurses	1463	22.2%	121	143	0.05		274 314.04
Enrolled Nurses[2]	234	3.5%	19	23			182 993.72
Enrolled Nursing Auxiliaries[2]	870	13.2%	72	85	0.1		141505
Pharmacists	139	2.1%	11	14	0.04		615 945
Physiotherapists	42	0.6%	3	4	0.05		341 126.24
Occupational therapists[3]	36	0.5%	3	4	0.08		341126.24
Radiographers	84	1.3%	7	8	0.01		426 506.08
Emergency medical staff	60	0.9%	5	6			243293.96
Nutritionists							341126.24
Dieticians							
Community Health Workers							
All Other Personnel	3219	**48.8%**	265	314	0.92		341 453.84
Medical officers	405	6.1%	33	39	0.05		736 425
Medical specialists	15	0.2%	1	1			**991 857**

Source: Persal and Vulindlela- February 2018

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4.7 REVISIONS TO LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

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.

Legal Mandates

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

Chapter 4

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

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

Section 27 provides for Functions of Provincial Health Council and

Section 28 provides for Provincial consultative bodies.

Chapter 5

Section 29 provides for the Establishment of district health system;

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

Section 31 provides for establishment of district health councils;

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

Section 33 provides for preparation of district health plans.

Policy Mandates

1. Basic Conditions of Employment (Act 75 0f 1975)
2. Broad Based Black Economic Empowerment (Act 53 of 2003)
3. Child Care Amendment (Act 96 of 1996)
4. Choice on Termination of Pregnancy (Act 92 of 1996)
5. Constitution of the Republic of South Africa (Act 106 of 1996)
6. Control of Access to Public Premise and Vehicles (Act 53 of 1985)
7. Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
8. Division of Revenue (Act 7 of 2007)
9. Electronic Communication and Transaction (Act 25 of 2002)
10. Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
11. Employment Equity (Act 55 of 1998)
12. Environment Conservation (Act 73 of 1989)
13. Fire-arms Control (Act 60 of 2000)
14. Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
15. Hazardous Substances Control (Act 15 of 1973)
16. Health Professions (Act 56 of 1974)
17. Higher Education (Act 101 of 1997)
18. Income Tax Act, 1962

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

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4.8 OVERVIEW OF THE 2018/19 BUDGET AND MTEF ESTIMATES

4.8.1 MTEF BASELINE PRELIMINARY ALLOCATIONS FOR THE PERIOD 2018/19 TO 2020/21 Financial year 2018/19: 4.735 billion

Financial year 2019/20: 5.132 billion

Financial year 2020/21: 5.504 billion

Key assumptions

The following broad key assumptions were made while preparing the budget of the Department of Health for the 2018 MTEF:

The assumption for the general CPIX used for the current budget is based on the inflationary projections estimated at 5.4 per cent for 2018/19, 5.6 per cent for 2019/20 and 5.5 per cent for 2020/21.

The assumptions for the provision of Improvement on Conditions of Service (ICS) in the baseline for the 2018 MTEF is estimated at 6.4 per cent in 2018/19, 6.5 per cent for 2019/20 and 6.5 per cent for 2020/21.

The Human Papillomavirus Vaccine Grant is introduced as a direct grant allocation commencing in the 2018/19 financial year. This is in anticipation of strengthening school health programme and building capacity for the eradication of human papilloma virus.

An amount of R370 million was allocated as an adjustment to the baseline over the MTEF, of which R100 million of 2018/19 was allocated to cover the budget pressures on compensation of employees. A further R47.416 million was allocated for the improvement on conditions of service specifically for the 1st year of the MTEF.

4.8.2 Aligning departmental budgets to achieve government's prescribed outcomes

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

Universal health coverage achieved through implementation of National Health Insurance (NHI) Pixley Ka Seme has been an NHI pilot district since 2012 and thus far have shown improvement on chronic medication dispensing by initiating the Central Chronic Medication Dispensing and Distribution (CCMDD). To date the planned target was meet through the enrolment of 9164 patients on the CCMDD programme to improve the efficiency of our health facilities. 35/36 Facilities in Pixley Ka Seme reached Ideal clinic status in 2016-17. The Health Patient Registration system were

implemented in all Primary Health Care facilities in Pixley Ka Seme and ward base services implemented throughout the district. All these initiatives started in Pixley Ka Seme , but later rolled out to all other districts in the Province; although at a later stage and without some of the resources that was only provided to the pilot districts

Improved quality of health care

The department continues to improve the quality of health care through the evaluation of the NHI Phase 1 Health Systems. Strengthening initiatives and the integrated healthcare Top-Down and Bottom-Up planning towards the Sustainable Development Goals (SDG) and National Development Plan (NDP) Vision 2030 goals were completed and submitted for publication. These research proposals were received and approved by Provincial Health Research and Ethics Committee as importance to evaluate the operational efficiencies of planning and gaps to recommend improvement strategies towards the NDP 2030.

100/163 Primary Health Care facilities scored above 70% during 2016-17; while the Province exceeded the targeted 65 facilities for Ideal clinic status. Seventy-one facilities reached Ideal clinic status at the end of 2016-17. The Stock Visibility System tool was used well and stock availability commendable by national.

Nine (9) new ambulances were distributed late last year to ZF Mgcawu and Namakwa districts to improve the emergency medical services response time. There are three (3) out of the five (5) districts that have over 80 per cent of their facilities reporting and recorded the stock availability on the tracer items that is in excess of 90 per cent.

The National Core Standard Self-Assessment was done at the West End Specialised Hospital in May 2017 and the overall recorded score was 56 per cent compared to the previous year's 49 per cent which is an improvement. The department hosted cataract marathon whereby one hundred and twenty-eight (128) cataract procedures were performed which will assist in an attempt to reduce waiting time for operative procedures.

Implement the re-engineering of primary health care

The Deputy Minister of the Department of Minerals and Energy, Mr Godfrey Oliphant officially opened the One Stop Clinic for ex-miners in Kuruman Hospital on 5th December 2017. This fully functional clinic was mainly funded by European Union in partnership with the mining sector. All ten (10) staff members are employees of the department. More than six thousand (6000) ex-miners are beneficiaries to access this clinic for health services as well as medical examinations in order to claim for compensation of occupational diseases and injuries.

A task team has been established by Mental Health Review Board to look into the issue of mental health care users who are violated in the short-stay at hospitals and a facility was identified as the

area where patients who need minimal care can be accommodated to alleviate the pressure at West End Hospital.

Ward base services are well established in Pixley Ka Seme and many of the ward base workers already trained to phase 2. In other districts the transition from community based services to ward base services has started although at a slower pace. In the other 4 districts; only level 1 training has been provided. Currently the curricula for their training is being revised at a National level and will proceed in 2018-19.

In the Pixley Ka seme District sessional doctors are being contracted by the National Department of health to provide services at Primary Health Care facilities. Eight pharmacy assistance has also been contracted to assist with the Central Chronic Dispensing and Distribution programme as well as with other pharmaceutical activities in the clinics.

Reduction on health care costs

The department facilitated the implementation of the Audit Action Plan and the Project Implementation Plans to assist with the turnaround of financial management within the department and ensure that the non-negotiables and core services line items are adequately budgeted.

Improved human resource for health

To ensure that there is sufficient workforce in our facilities, as part of realizing this desired vision the department had gazetted three hundred and eighty-eight (388) health professional posts for community services and medical interns who had to start in January 2018 of which only two hundred and fifty (250) were placed across the province. The department also managed to retained community health professionals who completed their community service work in December 2017 into vacant funded permanent posts.

To improve the capacity of the department in order to deal with complex cases of emergency, two (2) Emergency Medical officers were sent to further their studies as driver instructors while twelve (12) Emergency Care Officers from the province has passed the intermediate life support course. The department coordinated the management of one hundred and twenty-three (123) trainees in Cuba and one hundred and three (103) recurring bursary holders studying medicine and Health Science in South African Universities.

The Emergency Medical Services (EMS) College is accredited by the Health Profession Council of South Africa (HPCSA) to train thirty-six (36) staff per annum. Since inception the college has involved itself with the development of one hundred and twenty-three (123) Intermediate Life **Support (ILS)** employees also awarded the first posthumous diplomas. Twenty-one (21) final year medical students from Cuban Doctors programme will be placed in various facilities in the province with an aim to alleviate the shortage of health professionals.

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Improved health management and leadership

The Head of the Department has been appointed on permanent basis to ensure stability and progress in the achievement of quality health care services within the province. The department further worked on the management capabilities by hosting Health Leadership Forum meeting on the 8th of December 2017. Various committees where established within the department including members of senior management team to ensure that standard operating procedures are adhered too as well as the moratorium for the filling of vacant funded posts.

Improved health facility planning and infrastructure delivery

In order to improve infrastructure delivery in various health facilities the site handover took place during September 2017 at Boegoeberg and Bankhara Bodulong Clinics and the construction of a satellite clinic in Pampierstad (Sakhile) will be completed and handed over before the end of the current financial year. The Galeshewe Day Hospital has been prioritised for the refurbishment as a result of a fire that took place in October 2017.

Construction work at the Nursing College Student Accommodation has resumed with a completion period targeted at the third quarter of 2018/19 financial year. Site handover for the construction of a new pharmacy at Springbok Hospital that will comply with the requirements of the pharmacy council took place in December 2017 and construction work expected to commence in February 2018. In addition, a new mortuary at Springbok Hospital that accommodates forensic pathology services will also be constructed.

Six (6) health care facilities were prioritised for laundry upgrades in 2017/18 financial year, however due to delays as results of appointment of contractors the upgrading of the laundries will continue in the 2018/19 financial year. The Health Facility Management Unit has established preventative maintenance contracts for fire-fighting equipment, heating, ventilation and air conditioners and standby generators. John Taole Gaetsewe, Frances Baard and Pixley Ka Seme Districts have service providers appointed on this preventative maintenance. The contract of a service provider at Z.F Mgcawu and Namakwa was terminated due to non-performance and a new service provider will be appointed before end of April 2018.

The casualty unit, maternity unit, fencing and security guardhouse at Olifantshoek CHC are being upgraded through donor funding from Gamagara Development Trust. The upgrades will be handed over to the department in February 2018 whilst the upgrading of theatre at the Postmansburg Hospital being funded by Kumba mining.

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

The department participated in the Provincial commemoration of the 2017 World AIDS Day held on 1st December 2017 in Upington, led by the Provincial AIDS Council. This year, World AIDS Day was commemorated under the theme, "It is my right to know my status. Prevention is my responsibility". The HIV Prevention Programme embarked on a roadshow for preparation of the roll-out of the new HIV Rapid Test Kits as per national directive. The department plans to institutionalize the Medical Male Circumcision programme into hospitals to be offered regularly. This initiative will greatly improve access in all areas.

The department hosted the Provincial Sex Worker event where by one hundred and thirty-one (131) sex workers attended as part of the province to strengthening programs on key and vulnerable populations which have shown to be the key drivers of HIV infection. The National Department of Health Communication Unit also participated and did media profiling in this event.

The department conducted Ancillary Training for twenty-one (21) PHC based Professional Nurses on Nurse Initiated Management of Multi Drug Resistant TB (NIMDR) and to date this cadre of nurses started initiating fifteen (15) patients on short-term (9-12 months) MDR TB regimen. This has resulted in reduced waiting time during treatment initiation phase with possible positive treatment outcomes associated with early treatment initiation.

Maternal, infant and child mortality reduced

Medical Research Council health system workshops were conducted for the province to improve maternal, foetal and neonatal outcomes. This was aimed to facilitate a process whereby the districts or the referral system starts a review of the current situation with aspect to management as well as referral of patients with high obstetric or perinatal risk. This is part of the implementation of the provincial integrated plan for reducing mortality in mothers, new-borns and under five years.

The National Nutrition Week was celebrated in all five districts with the theme of *"Rethink your drink... choose water",* with the aim on reducing intake of sugary snacks and drinks. The Octopus project was launched in Dr Harry Surtie Hospital one of the first in South Africa and the initiative was started in the Netherlands to assist with the growth of premature babies.

Efficient health management information system and implementation for improved decision making

Efforts are made in progress to provide connectivity to Primary Health Care facilities and Community Health Care facilities through the provision of connectivity through a 3G Vodacom router connecting all computers and installation of physical Local Area Network Infrastructure.

The request to upgrade all the WAN links at the hospitals has been approved and the request is

with SITA. Telkom has started visiting the Hospitals to determine the availability of Infrastructure to upgrade the WAN links to the required 5Mbps (Mega Bytes per second). Once the visits are completed a full list will be provided to the department to outline the availability of 5Mbps for the Hospitals. Currently, the department have upgraded five (5) datalines with the required speed (5Mbps) namely Kimberley Hospital, New De Aar Hospital, Dr Harry Surtie Hospital, Dr Arthur Letele Medical Depot and the New Mental Health Hospital.

4.8.3 REVIEW OF THE CURRENT FINANCIAL YEAR (2017/18)

The Department will continuously focus on improving health outcomes through improving and maintaining service delivery in line with the Ideal clinic programme. The re-engineering of primary health care has become critical to ensure that the implementation of an efficient and effective District Health System is in place within all districts. Furthermore, the department continues to roll out the Central Chronic Medicine Distribution and Dispensing, 24-hour operationalisation at primary health care facilities, school health programme, ward-based outreach teams and district clinical specialist teams.

The security contract was awarded on a three (3) year contract to improve security at health facilities, while the plan of installing surveillance cameras from Health Facility Revitalisation Grant did not unfold successfully. The maintenance of facilities and plan to refurbish or constriction of mortuaries, pharmacies and medical depot, did not go as planned as the result of capacity constraints by the department.

The implementation of a financial Management turnaround strategy led by Provincial Treasury including Office of the Premier and Department of Health is an ongoing process as fifty temporary workers where appointed in all districts to assist on maximising revenue collection and accruals. A number of work streams have been established to deal with different aspects of the turn-around strategy.

4.8.4 OUTLOOK FOR THE COMING FINANCIAL YEAR (2018/19) Reprioritisation

The spending to core business is in line with the national and provincial priorities of which the Ministerial non-negotiable items, contractual obligations and key cost drivers are adequately budgeted. The reprioritization of the baseline adjustment funding to cater for the ICS shortfall over the 2018 MTEF as well as the reduction on conditional grants funding. The plans of programme funded from conditional grants were align to the allocation and reform as per grants framework.

Procurement

The department plans to procure machinery including emergency vehicles, medical equipment as well as major maintenance services for various health facilities over the 2018 MTEF. The LOGIS procurement system has been fully implemented in the department of which assist on the management of accruals and commitments. below is the list of procurement for 2018/19 financial year.

Table A10: PROCUREMENT PLAN 2018/19

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
1	Procure male scented condoms for 5 districts	4,620,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
2	Procure female scented condoms for 5 districts	2,158,800.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
3	Procurement of Syphilis Rapid Test Kits	660,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
4	HTS Rapid Diagnostic kit screening- including IQC and Proficiency testing	2,172,441.70	2018 April	2018 April	2018 May	M. Faas	HIV Grant
5	Enroll PT for facility	660,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
6	Medical Male Circumcision Kit	2,164,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
7	National MMC RT35 Tender	13,278,300.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
8	Procure 1000 comfort packs for victims of genderbased violence, including sexual violence @R300 each	900,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
9	CCMDD - Dispensing and delivery	1,100,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
10	CCMDD - Pick up point service	500,000.00	2018 April	2018 April	2018 May	M. Faas	HIV Grant
11	Uniform - Community Health Worker	915,800.00	2018 June	2018 June	2018 July		HIV Grant
12	Home-based care kits	728,784.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
13	Training on PHC Re-engineering	3,931,912.80	2018 June	2018 June	2018 July	M. Faas	HIV Grant
14	10 Days Basic HIV Counselling and Testing skills for CHW's	968,538.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
15	Training for Professional Nurses and Doctors on PAEDS NIMART/IMCI	559,534.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
16	Adherence Disclosure training for CHW's	710,276.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
17	Radio slot	671,700.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
18	Billlboards	889,560.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
19	World AIDS Day Event	500,000.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant
20	World TB Day Event	500,000.00	2018 June	2018 June	2018 July	M. Faas	HIV Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
21	Provincial quarterly awareness campaign (All Programmes)	1,000,000.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
22	Intergrated M & E review and data cleaning sessions	538,852.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
23	Procure stationery for Health Programme Directorate	855,000.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
24	Procurement of clinical stationery	1,629,000.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
25	Procurement of IT Equipment	1,916,500.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
26	Procurement of influenza vaccine	719,336.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
27	GeneXpert test	12,701,720.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
28	TB Drugs	3,875,945.20	2018 July	2018 July	2018 August	M. Faas	HIV Grant
29	TB Consumables	544,680.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
30	DR TB Reflex Test	720,000.00	2018 July	2018 July	2018 August	M. Faas	HIV Grant
31	Clofazimine 100 mg	1,190,196.00	2018 August	2018 August	2018 September	M. Faas	HIV Grant
32	Bedaqualine 600mg	5,382,950.00	2018 August	2018 August	2018 September	M. Faas	HIV Grant
33	Linezolid 600mg	8,048,455.00	2018 August	2018 August	2018 September	M. Faas	HIV Grant
34	Establishment of Radiation oncology unit	25,000,000.00	2018 August	2018 August	2018 September	M. Faas	NTSG Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
35	Medical equipment for ICU, Urology, Cardiology wards at KH	10,975,000.00	2018 August	2018 August	2018 September	M. Faas	NTSG Grant
36	Maintenance and repairs of medical equipment	11,070,000.00	2018 August	2018 August	2018 September	M. Faas	NTSG Grant
37	Procure medical services for tertiary health services	3,706,000.00	2018 August	2018 August	2018 September	M. Faas	NTSG Grant
38	Procure ultra sound machine	1,000,000.00	2018 August	2018 August	2018 September	M. Faas	HPTD Grant
39	Procure endoscopy camera	3,000,000.00	2018 August	2018 August	2018 September	M. Faas	HPTD Grant
40	ICT line rental and training equipment	1,500,000.00	2018 August	2018 August	2018 September	M. Faas	HPTD Grant
41	Simulation equipment at KH	1,000,000.00	2018 Septembe	2018 Septembe	2018 Octobe	M. Faas	HPTD Grant
42	Surgical instruments at KH	1,000,000.00	2018 Septembe	2018 Septembe	2018 Octobe	M. Faas	HPTD Grant
43	Training/ Boardroom furniture	1,000,000.00	2018 Septembe	2018 Septembe	2018 Octobe	M. Faas	HPTD Grant
44	Procure medical journals	500,000.00	2018 Septembe	2018 Septembe	2018 Octobe	M. Faas	HPTD Grant
45	Procuring of vaccines	2,011,335.00	2018 Septembe	2018 Septembe	2018 Octobe	M. Faas	HPV Grant
46	Acquisition of clinical equipment for New Mental Health Hospital	8,000,000.00	2018 Septembe r	2018 Septembe r	2018 Octobe r	M. Faas	HFRG Grant
47	Aqcusition of Clinical Equipment for De Aar Hospital	5,200,000.00	2018 Septembe r	2018 Septembe r	2018 Octobe r	M. Faas	HFRG Grant
48	Construction of Kuruman Hospital Forensic Mortuary (completion)	7,000,000.00	2018 Septembe r	2018 Septembe r	2018 Octobe r	M. Faas	HFRG Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
49	Procurement of Health Technology Equipment for Dr Harry Surtie Hospital	1,000,000.00	2018 Septembe r	2018 September	2018 Octobe r	M. Faas	HFRG Grant
50	Procurement of Medical Equipment for Ideal Clinics	5,000,000.00	2018 Septembe r	2018 September	2018 Octobe r	M. Faas	HFRG Grant
51	Construction of Medical waste storage rooms for Clinics	3,000,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
52	Installation of CCTV Security Systems in Pharmacies of all Hospitals and CHCs	0.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
53	Installation of water storage tanks and piping for Clinics	1,000,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
54	Drilling of Boreholes at Clinics,CHCs and Hospitals	2,000,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
55	Upgrading of gas banks/ oxygen supply	500,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
56	Upgrading of House no. 31, 5, 6 Memorial Road	5,000,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant
57	Upgrading of Local Area Network and Connectivity at facilities	5,000,000.00	2018 October	2018 October	2018 November	M. Faas	HFRG Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant ! equitable share
58	Upgrading of Water Reticulation System at Kimberley Hospital	5,000,000.00			2018	M. Faas	HFRG Grant
59	Upgrading of Kuruman Hospital Casualty	2,000,000.00			2018	M. Faas	HFRG Grant
60	Refurblishment of Connie Voster Hospital Laundry	500,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
61	Refurblishment of Carnovon Hospital Laundry	500,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
62	Refurblishment of Rietfontein CHC Laundry	500,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
63	Refurblishment of Nababeeb CHC	3,000,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
64	Maintenance of Mental Health Hospital	3,000,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
65	Maintenanace of Kimberley Hospital boiler	500,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
66	Building & Roof Structures Maintenance	2,000,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
67	Maintenance of refrigerators and cold rooms	500,000.00	2018 Novembe r	2018 Novembe r	2018 December	M. Faas	HFRG Grant
68	Maintenance of Medical Gas! LP Gas	500,000.00	2018 Novembe	2018 Novembe	2018 December	M. Faas	HFRG Grant

Description Goods or Services		Estimated value (including all applicable taxes) R'000	Envisaged date of advertisement	Envisaged closing date of advertisement	Envisaged date of award	Responsible Office	Conditional Grant / equitable share
69	Medical Equipment maintenance	1,000,000.00	2018 November	2018 Novembe	2018 December	M. Faas	HFRG Grant
70	Maintenance of plumbing and sanitation	1,500,000.00	2018 November	2018 Novembe r	2018 December	M. Faas	HFRG Grant
71	Procurement of medical ambulance services		2019 January	2019 January	2019 February	M. Faas	Equitabl e share
72	Procurement of Aero-medical services	13,000,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
73	Procurement of transportation of nursing students	3,200,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
74	Procurement of travel agency services	2,000,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
75	Procurement of EMS training equipment	1,900,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
76	Procurement of EMS communication system	13,000,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
77	Conversion of emergency vehicles	14,000,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
78	Surgical supplies at districts	50,000,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
79	Procurement of patient food at district hospitals	25,000,000.00	2019 January	2019 January	2019 February		Equitabl e share
80	Procurement of textbooks for the nursing college	600,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
81	Procurement of coal for KH	1,200,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share
82	Procurement of patient food at KH	25,200,000.00	2019 January	2019 January	2019 February	M. Faas	Equitabl e share

Summary of payments and estimates by programmes: Health

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2014/15	2015/16	2016/17		2017/18		2018/19	2019/20	2020/21
1. Administration	192,331	211,203	219,343	192,418	194,357	229,329	207,639	219,255	231,354
2. District Health Services	1,633,011	1,696,409	1,915,040	1,986,793	1,997,360	2,012,944	2,169,979	2,347,897	2,518,203
3. Emergency Medical Services	242,847	271,386	291,112	297,695	324,714	330,635	323,757	362,085	386,634
4. Provincial Hospital Services	292,594	340,432	390,460	341,464	344,574	348,750	369,126	397,335	439,419
5. Central Hospital Services	767,519	879,335	945,261	934,723	967,721	1,021,272	1,029,598	1,145,240	1,232,133
6. Health Sciences And Training	104,251	91,114	123,985	130,073	130,073	116,128	137,809	145,529	153,535
7. Health Care Support Services	85,263	119,767	108,599	104,591	108,850	100,456	119,223	124,815	131,751
8. Health Facilities Management	396,164	558,619	375,338	446,136	562,643	562,643	378,065	390,092	411,547
Total payments and estimates	**3,713,980**	**4,168,265**	**4,369,138**	**4,433,893**	**4,630,292**	**4,722,157**	**4,735,195**	**5,132,248**	**5,504,576**

The department's budget baseline for 2018/19 shows a significant growth of 22.6 per cent from the adjusted budget of 2017/18 and 8.3 per cent growth on average over the 2018 MTEF. The positive growth is attributable to the additional funds amounts of R370 million as baseline adjustment to ensure that non-negotiable and contractual obligations are adequately budgeted over the 2018 MTEF. Further an amount of R394 million allocated over the 2018 MTEF to ease the budget pressure on the historical shortfall of ICS.

The key objectives of the department to be achieved include among others: the acceleration of ideal clinic initiative; re-engineering of primary health care; rolling out of the CCMDD in all districts, national health insurance, emergency medical services, medical equipment, the prevention and successful management of HIV/AIDS and TB; maintenance of infrastructure and rendering of tertiary health services.

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

R thousand	Outcome 2014/15	Outcome 2015/16	Outcome 2016/17	Main appropriation	Adjusted appropriation 2017/18	Revised estimate	Medium - term estimates 2018/19	Medium - term estimates 2019/20	Medium - term estimates 2020/21
Current payment	3,089,133	3,470,721	3,886,289	3,808,170	3,822,899	4,031,192	4,231,148	4,585,104	5,030,566
Compensation of employees	1,936,740	2,158,712	2,322,039	2,430,992	2,500,141	2,564,791	2,835,282	3,060,293	3,264,166
Goods and services	1,150,049	1,311,306	1,479,782	1,377,178	1,322,749	1,463,550	1,395,867	1,524,811	1,826,406
Interest and rent on land	2,344	2,703	4,468	–	–	2,851	–	–	–
Transfers and subsidies to:	138,763	114,288	167,559	152,704	147,233	169,086	144,567	135,816	143,618
Provinces and municipalities	2,218	5,341	1,532	10,226	9,525	7,373	12,578	13,290	14,033
Departmental agencies and acc	–	–	6	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and intern	–	–	–	–	–	–	–	–	–
Public corporations and private	–	–	–	–	–	3	–	–	–
Non-profit institutions	80,506	85,948	106,738	119,971	115,201	114,445	106,797	98,035	103,746
Households	56,039	22,999	59,283	22,507	22,507	47,265	25,192	24,491	25,839
Payments for capital assets	486,084	583,256	395,290	473,019	660,169	521,879	359,480	411,328	330,392
Buildings and other fixed structu	356,283	487,723	318,208	322,483	438,990	324,941	184,978	230,940	138,410
Machinery and equipment	128,855	94,767	77,082	150,536	221,179	196,938	174,502	180,388	191,982
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible as	946	786	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification	3,713,980	4,168,265	4,369,138	4,433,893	4,630,292	4,722,157	4,735,195	5,132,248	5,504,576

Compensation of employees grows by 13.3 per cent when compared with the adjusted budget of R2.5 billion in 2017/18. Personnel costs are the main cost drivers of the department, hence constitutes 60 per cent of the budget allocated for 2018/19 financial year. This significant growth is to cater for the shortfall on the ICS including the danger allowance over the 2018 MTEF as well as the correction of conditional grants business plans to budget adequately as well as for appointment of health professionals, medical allied workers. The compensation of employee's budget shows an increase by 5.8 per cent and 6.8 per cent in 2019/20 and 2020/21 respectively. Goods and services represent 29.5 per cent of R4.735 billion allocated for the 2018/19 MTEF year. The goods and services show a growth of 5.5 per cent when compared to the R1.322 billion adjusted budget of 2017/18. 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. The budget shows an increase by 13.5 per cent and 15.2 per cent in 2019/20 and 2020/21 respectively.

Transfers and subsidies mainly consist of transfers to non-profit organisations for home based care services. The budget for transfers is decreased by 1.8 per cent from the adjusted budget of 2017/18 financial year. This significant decline is mainly due to reprioritisation within the Comprehensive HIV/AIDS and TB grant.

The budget for payments of capital assets shows a decline of 45.5 per cent compared to the R660 million adjusted budget of 2017/18. This negative growth is due to roll overs approved during the 2017 adjustment budget as well as the once off allocation of performance-based incentive within the Health Facility Revitalisation Grant received in the 2017/18 financial year.

EXPENDITURE ESTIMATES

Table A12: Trends in Provincial Public Health Expenditure

Expenditure	Audited/ Actual			Estimate	Medium term projection		
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Current prices1	3,713,980,000	4,168,265,000	4,369,138,000	4,722,157,000	4,735,195,000	5,132,248,000	5,504,576,000
Total[2]	1,162,914	1,166,000	1,190,000	1,216,306	1,202,000	1,211,000	1,214,000
Total per person	3,194	3,575	3,919	3,717	3,939	4,238	4,534
Total per uninsured person	2,715	3,039	3,331	3,159	3,348	3602	3,854
% of Total spent on: -							
DHS	44%	41%	42%	45%	46%	45%	45%
PHS	8%	8%	8%	8%	8%	8%	8%
CHS	21%	21%	21%	21%	22%	23%	23%
All personnel	52%	52%	50%	55%	60%	59%	58%
Capital	13%	14%	12%	11%	9%	8%	8%
Health as % of total public expenditure	27.9%	27.6%	27.6%	27.0%	27.0%	27.0%	27.0%

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The individuals are:

1. Dr E Worku
2. Mr M Mlatha
3. Ms K Gaeganenwe
4. Ms M Manyetsa
5. All the eight departmental budget programmes

Part B

PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE AND STRUCTURE

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

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

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

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

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

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

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

SUB-PROGRAMME: POLICY AND PLANNING

PRIORITY:

- Monitor the implementation of Departmental performance plans To
- assist in the development and implementation of **policies**

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSHIP

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Reviewed 5-year Strategic Plan	Categorical	Tabled 5-year Strategic Plan 2015/16-2019/20 to the Provincial Legislature	Reviewed and tabled 5-year 2015/16-2019/20 Strategic Plan to the Provincial	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Tabled 5-year Strategic Plan 2015/16-2019/20 to the Provincial Legislature
3		Number of approved policies	No	-	e	5 approved policies	16 approved policies	16 approved policies	16 approved policies	16 approved policies

QUARTERLY TARGETS FOR 2018/19

Table Admin 2: Quarterly targets for Policy and Planning

No	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Reviewed 5-year Strategic Plan	Annualy	Categorical	Reviewed 5-year Strategic Plan				Reviewed 5-year Strategic Plan
3	Number of approved policies	Quarterly	N	16 approved policies	4 approved policies	4 approved policies	4 approved policies	4 approved policies

SUB-PROGRAMME: RESEARCH AND DEVELOPMENT

PRIORITY:

Strengthening the health system by conducting research on ways that potentially improve efficiencies, evidence-based planning and generating credible evidence for rational decision-making

SUB-OUTCOME 3: IMPROVED HEALTH MANAGEMENT AND LEADERSH

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performanc	Medium Term Targets		
				2014/15	2015/16					
		Provincial Indicators								
1	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations	No	1	On-going evaluation assessment and report in final	1	2	2	2	6
2		Number of Publications on research outputs in peer reviewed journals	No	-	5	4	3	3	3	-
3		Number of ethically approved research protocols to be conducted in the Northern Cape Province	No	-	43	28	60	60	60	-

QUARTERLY TARGET FOR 2 0 1 8/19

Table Admin 4: Quarterly targets for Research and Development

	Indicator	oFrequency of Reporting		Annual Targets 2018/19	Quarterly Targets			
					Q			
	Number of Programme performance evaluations conducted	Annually	No	2				
	Number of Publications on research outputs in peer reviewed journals	Annually	No	3				3
4	Number of ethically approved research protocols to be conducted in the Northern Cape Province	Annually	No	6				6

SUB-PROGRAMME: INFORMATION, COMMUNICATION AND TECHNOLOGY PRIORITY:

Provide connectivity and upgrade physical network infrastructure in all facilities

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

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

No	Strategic Objectives	Indicator	Indicator Type	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Develop a complete system design for a national integrated patient based information system	Percentage of PHC facilities with network access	%	-		9% (15/179 clinics)	12% (21/179 clinics)	14% (22/159 clinics)	24% (42/179 clinics)	24% (42/179 clinics)
		Customized Indicators (Sector indicators)								
2		Percentage of hospitals with broadband access		-	7%	21% (3/14 hospitals) 0%	43% (6/14 hospitals)	64% (9/14 hospitals)	86% (12/14 facilities)	86% (12/14 facilities)
4		Percentage of fixed PHC facilities with broadband	%	-	0%		6% (11/179 health facilities)	14% (22/159 health facilities)	20% (36/179 health facilities)	20% (36/179 health facilities)

QUARTERLY TARGET FOR 2018/19

Table Admin 6: Quarterly targets for Information Communication and Tech n o logy

	Indicator	reporting frequency		Annual target 2018/19	Quarterly Targets			
1	Percentage of PHC facilities with network access	Quarterly	%	14% (22/159 clinics) 64%		9% (14/159)	11% (17/159)	14% (22/159)
3	Percentage of hospitals with broadband access	Quarterly	%	(9/14 hospitals)		57% (8/14)	64% (9/14)	64% (9/14)
5	Percentage of fixed PHC facilities with broadband access	Quarterly	%	14% (22/159 health facilities)		1% (1/159)	2% (3/159)	14% (22/159)

SUB-PROGRAMME: HUMAN RESOURCES MANAGEM E NT

PRIORITY:

- **Review and align** the Provincial **Human Resources Plan with the service delivery p latform**
- **Develo p an efficient and effective system to improve Performance Management**

SUB-OUTCOME 5: IMPROVED HUMAN RESOURCES FOR HEALTH

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Produce, cost and implement human resources for health plans	Developed Hu man Resources Plan	Categorical	0	1 Human Resource Health Plan reviewed and implemente d	0	Reviewed Human Resources Plan	Reviewed Human Resource s Plan	Develope d Human Resource s Plan	1
3	To improve q u ali ty of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	%	-		4%	10%	10%	10%	-

QUARTERLY TARGET FOR 2 01 8 / 19

Table Admin 8: Quarterly targets for Human Resource Management

		reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
N	Developed Human Resources Plan	Annually	N	Reviewed Human Resources Plan				Reviewed Human Resources Plan
3	Percentage of Performance Agreements signed by SMS officials	Annually	%	0%	0%			

SUB-PROGRAMME: FINANCIAL MANAGEM ENT
PRIORITY:

- Attain an unqualified audit report through **developing financial control syste ms**

SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSH I P

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

No	Strategic Objective	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Ta rgets		
				2014/15	2015/16	2016/17	2017/18	2018/2019	2019/20	2020/21
		Customized Indicators (Sectors)								
1	To ensure effective financial management in line with the Public Fin a n cia l Management Act	Audit opinion from Auditor General	Categorical	Qualified Audit opinion	Qualified Audit opinion	Qualifie d Audit Opinion	Unqualified Audit Report	Unqualified Audit Report	5 Unqualified Audit Opinions	

QUARTERLY TARGET FOR 20 18/1 9

Table Admin 9: Quarterly targets for Finance

No	Indicator	Frequency of reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Audit opinion from Auditor General	Annualy	Categorical	Unqualified Audit Report				Unqualified Audit Report

SUB-PROGRAMME: EMPLOYMENT EQUITY AND GENDER

PRIORITY:

- Ensure gender equality, women empowerment at all levels and the promotion of diversity.

SUB- OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADERSH IP

Table Admin 10: Strategic Objectives, Performance Indicators and Annual Targets for Diversity management and Gender equality.

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performanc	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Empowerment of women	Percentage of women in Senior Management positions in the department.	%	-	-	-	1% (2/27)	(2/27)	4% (1/27)	5% (1/27)
3	Promote Diversity and Equity awareness in the Department.	Number of diversity and equity awareness programmes conducted.	No	-	-	-	8	8	8	8

QUARTERLY TARGET FOR 2018/19

Table Admin 11: Quarterly Employment Equity and Gender

		Frequency of reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
1	Percentage of women in Sen io r Ma nage m e nt positions in the department	Annually	%	25% (7/27)				25% (7/27)
3	Number of diversity and equity awareness programmes con ducte d .	Quarterly	No	8	1	2	3	2

Summary of payments and estimates by sub-programme: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				06971	381		2491	1359	
							207639	1925	

The budget for administration has increased by 6.8 per cent from the adjusted budget of 2017/18, the growth rate is above the Consumer Pr ice Index (CPI) projected at 5.4 for the 2018/19 MTEF year. This is attributable to additional funding received to re lieve budget pressure on compensation of employees. Th e bud g et of the programme shows an increase by 5.8 per cent and 5.5 per cent in 2019/20 and 2020/21 respectively.

Summary of payments and estimates by economic classification: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18					
				1 2 4 7 3	1 6 3 2 1	2 6 7 3 8			
Compensation of employees	80657	749		65871	871 65		7091	7853	
Goods and services	328	248		–	–		–	–	
Interest and rent on land				29	29		42	25	
				–	–		–	–	
Provinces and municipalities	–	–		–	–		–	–	
Departmental agencies and accounts	–	–		–	–		–	–	
Higher education institutions	–	–		–	–		–	–	
Foreign governments and international organisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–		21	21		291	361	
Non-profit institutions				071	071		31	91	
Households				4951	4951				
		–		–	–		–	–	
Buildings and other fixed structures				9451	945 1				
Machinery and equipment	–	–		–	–		–	–	
Heritage Assets	–	–		–	–		–	–	
Specialised military assets	–	–		–	–		–	–	
Biological assets	–	–		–	–		–	–	
Land and sub-soil assets		6		–	–		–	–	
Software and other intangible assets	–			–	–	–	–	–	
							207639	5 219	

The baseline of the compensation of employee's budget has increased by 7.1 per cent from adjusted budget of R126 million in 2017/18, since a dditional funds were given to augment the budget pressure on ICS. The budget shows an increase by 5.8 per cent and 5.5 per cent in 2019/20 and 2020/21 respectively. Goods and services budget indicate an increased by 6.5 per cent from adjusted budget. The budget shows an increase by 5.2 per cent and 5.5 per cent i n 20 19/ 2 0 and 2020/21 respectively. The budget allocations for transfers and payments for capital assets grows in line with the inflation increases.

health
Department:
Health
NORTHERN CAPE PROVINCE

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Policy and Planning	
Inadequate management of performance information to inform decision making	Recommendation to HOD for the inclusion of Management of Performance Information into the Performance Agreements of managers; Recommendation to the HOD for inclusion of Performance information management as a standing item on the agenda of all senior management & programme meetings; Motivate for the establishment of planning units within the districts
Information, Communication and Technology	
Inability to render efficient & effective ICT services throughout the province	Perform a staff requirement analysis that will identify the capacity requirement for IT organogram Continuous engagement with HR on filling of posts Review the job descriptions; Incorporate transfer of skills in SLA with service providers Motivate for adequate funding for the training on WSP or ICT budget
No Disaster Recovery & Business continuity plans and sites	Develop and Implement disaster recovery and business continuity plan and test annually.
Human Resources Management	
Inability to manage leave	Leave applications should not be captured until the errors on the forms are corrected Managers to submit leave forms at beginning of each quarter A thorough review of leave application should be performed by management to ascertain that the correct classification of leave is taken. Management should not approve leave applications on incorrect leave application forms. Management should implement consequence management for employees and line supervisors who do not comply to timeframes. Training for managers on leave policy
Inability to fill critical posts	Head hunting for existing critical vacancies Implement contracted appointments of critical posts

Ineffective utilization of vetting system	Monthly follow-up with Security Services on MIE results Provide shortlisted candidates with "SAPS Form Provide Security Services with list of Health Professional for verification of professional registration
Inability to meet bursary management objectives	Do proper billing of HRD accounts. Review & Implement Bursary Management Policy Develop & Implement comprehensive bursary strategy Strengthen monitoring of bursary programme
Non-alignment between departmental establishment & organogram	Finalisation & approval of departmental organogram Align organogram to PERSAL Align organisational structure to functional structure Finance must provide correct objectives Recruitment and Selection needs to liaise with Establishment, before making an appointment on PERSAL
Lack of an approved organizational structure	Finalize organizational structure and implement Filling of vacant funded posts within the OD & Establishment unit

health
Department:
Health
NORTHERN CAPE PROVINCE

Financial Management	
Misappropriation of Assets	Ensure that input is given at submission level of acquisition of assets; Include asset management as part of Managers Performance Agreements; Establish a theft/losses committee; Strengthen implementation of Departmental Asset Management Policy; Conduct annual asset counts; Develop & implement a register for the borrowing of assets;
Non achievement of revenue target	Develop & follow a strategic plan of visiting facilities to support & monitor revenue generating facilities; Strengthening capacity at district & facility level. Review existing debt & revenue management policy;
Loss of valuable information	Ensure a safe and secure environment for cash offices at hospitals. Strengthen monthly reconciliation of registers by the provincial office.
Loss of income	Review approved patient debt management policy. Monthly analysis and reporting of outstanding debt by facilities and the provincial office. Develop & implement a revenue enhancement strategy.
Inaccurate financial reporting	Develop & Implement Payment Procedure Manual; Conduct quarterly district oversite visits
Discontinued services & financial loss due to failure to pay suppliers/ service providers within 30 days	Regular monitoring & feedback to management on provincial accruals;
Inability to account for Financial resources	Accountability to be enforced at management level;
Non-compliance with SCM prescripts and procedure	Develop a project plan for implementation of Logis system. Filling of vacant funded post
Loss of information	Acquire adequate office space for SCM staff. Acquire adequate storage space for confidential documents. Implement effective access control.
Overpayment or under payment of allowances.	Review (amend) & approve current S&T Policy; Strengthen Implementation of S&T Policy throughout the department; Develop & Implement Procedure manual at

	district & facility level; Conduct training on pre-auditing of S&T claims at district & facility level; Motivate to capacitate the districts & facilities with personnel; Bi-annual support visits to the districts
Employment Equity and Gender	
Non achievement of percentage of women in senior management positions (National Target of 50%)	Recruit women in senior management positions with required experience, skills and/or **qualifications**
Discrimination against people with disabilities	Recruitment of persons with disabilities through headhunting - CV's dropped at centres representing the disabled in service training and provision of reasonable accommodation in the workplace.
Hefty fines for non-compliance to EE targets	Representation of Employment Equity unit during the Recruitment and Selection process to ensure appointment based on set Employment Equity targets to employ a diverse workforce. Development and implementation of an affirmative action strategy for the department as required by the Employment Equity Act. Revival and strengthening of the EE consultative forum - meeting on a quarterly basis and reporting on progress made. Raising awareness amongst staff about the implementation of EE- through group discussion and presentations on EE and affirmative action.

health
Department:
Health
NORTHERN CAPE PROVINCE

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

2.1 PRIORITIES

Frances Baard District

Aspiration: PHC

Primary Health Care:

To increase the viral load suppression rate in children and adults

Interventions: Primary Health Care

Training of staff on new guidelines
Conduct early warning indicators for patient management, recording and monitor indicators for HIV drug resistance

Aspirations: District Hospitals

To reduce maternal mortality rate
To reduce early neonatal deaths
To reduce TB & DR mortality
To improve the efficiencies and quality of care at district hospitals
To decrease the morbidity and mortality of non-communicable diseases
To decrease child under 5years mortality rate

Interventions: District Hospitals

Strengthen and educate antenatal early bookings. Train nurses on BANC and ESMOE Provide TB screening and conduct intensified case finding campaigns

Implement quality improvement plans on the National Core Standards

2.Namakwa

Aspiration: PHC

Primary Health Care:

Increase Viral load suppression for patients remaining in care to 90% for Adults and 90% for children by 2020

Reduce Lost to Follow-up for patients remaining in care to less than 5% by 2020

Obtain ICRM status at 100% of PHC facilities by 2020

Decrease non-communicable disease (Hypertension 12 per 1000, Diabetes 1.5 per 1000) incidence

Intervention: Primary Health Care

Conduct early warning indicators for patient management, recording and monitor indicators for HIV drug resistance

Strengthen of the WBOT to do missed appointment follow ups

Aspiration: District Hospitals

Reduce still births to 15 per 1000 live births by 2020

Interventions: District hospitals

Ring fencing budget for purchasing of medical equipment

Interventions: District Level

Provision of updated maternity care policies, guidelines to all facilities Monthly clinical audits by relevant program unit
Monthly radio talks on Basic Antenatal Care
Procurement/Development and distribution of IEC materials for all facilities Development of adequate referral pathway/policy
Do yearly community dialogues, awareness events and campaigns on BANC.

3. Zf Mgcawu

Aspiration: Primary Health Care

Increase access to health care services

Reduce the incidence of HIV and Tuberculosis and strengthen the management thereof Reduce the incidence of Non Communicable Diseases (NCD)

Improve quality of Health care services(ICRM)

Interventions: Primary Health Care

Operationalize District Hospital theatres through infrastructure upgrades, appointment of staff and procurement of equipment

Detach mobile services from Satellite clinics through appointment of dedicated mobile personnel.

Rationalize staffing for facilities within available resources

Increase District involvement in planning/ building/ upgrading of health facilities.

Improve WBOT performance through concentrated project management approach.

Improve ISHP performance through targeted strengthening of integration at facility level.

Improve stakeholder relations in order to increase raising of awareness through coordinated efforts.

Improve patient tracing through concentrated project management approach
Strengthen patient counselling
Ensure proper and complete records
Improve retention in care and patient management through strengthening differentiated care strategies.
Intensify prevention strategies for different high risk groups including HIV testing and TB screening, VMMC activities, Condom distribution, and Advocacy.

Aspiration: District Hospitals

a. Reduce maternal, neonatal and child mortality
b. Improve quality of Health care services (NCS)

Interventions: District Hospitals

Reduce maternal deaths and improve women's health through

Intensified education (ACSM) to encourage early booking.

Implementation of policies/guidelines.

Early detection and treatment of NCD's i.e. Hypertension, diabetic and Communicable diseases, e.g. TB and HIV.

Integrated services with other stakeholders (PPP).

- Reducing the incidence of teenage pregnancies

4. John Taolo Gaetsewe

Aspiration: Primary Health Care

Improve the management of the MDRTB
Improve child health and detection of through early screening childhood conditions
Reduction of new HIV infections from 2.1 to 1 by 2020
Increase distribution of male and female condom

Interventions: Primary Health Care

Conduct Mass Campaigns and community Mobilization

Aspiration: District Hospitals

Reduce Maternal Mortality from 3 to 1 by 2020
Reduce child mortality under 5years from 140 to 110 by 2020
Reduce diarrhoea cases from 32 to 4 by 2020
Reduction of inpatient early neonatal to 14.5

Interventions: District Hospitals

Appointment of WBOT team leaders
Catch up blitz EPI
Provide health awareness
Inter-sectoral collaboration
Develop IEC material
Appoint 1 school health Nurse per Health Area
Motivate for allocation of the dedicated vehicle for school health programme

5. Pixley Ka Seme

Aspiration: Primary Health Care

Increase Viral load suppression for HIV and Smear conversion for TB patients remaining in care
Reduce lost to follow up for patients remaining in care (TB & ART)
Increase Immunisation coverage under 5year
Improve implementation of School Health Programme
Improve NCD management

Interventions: Primary Health Care

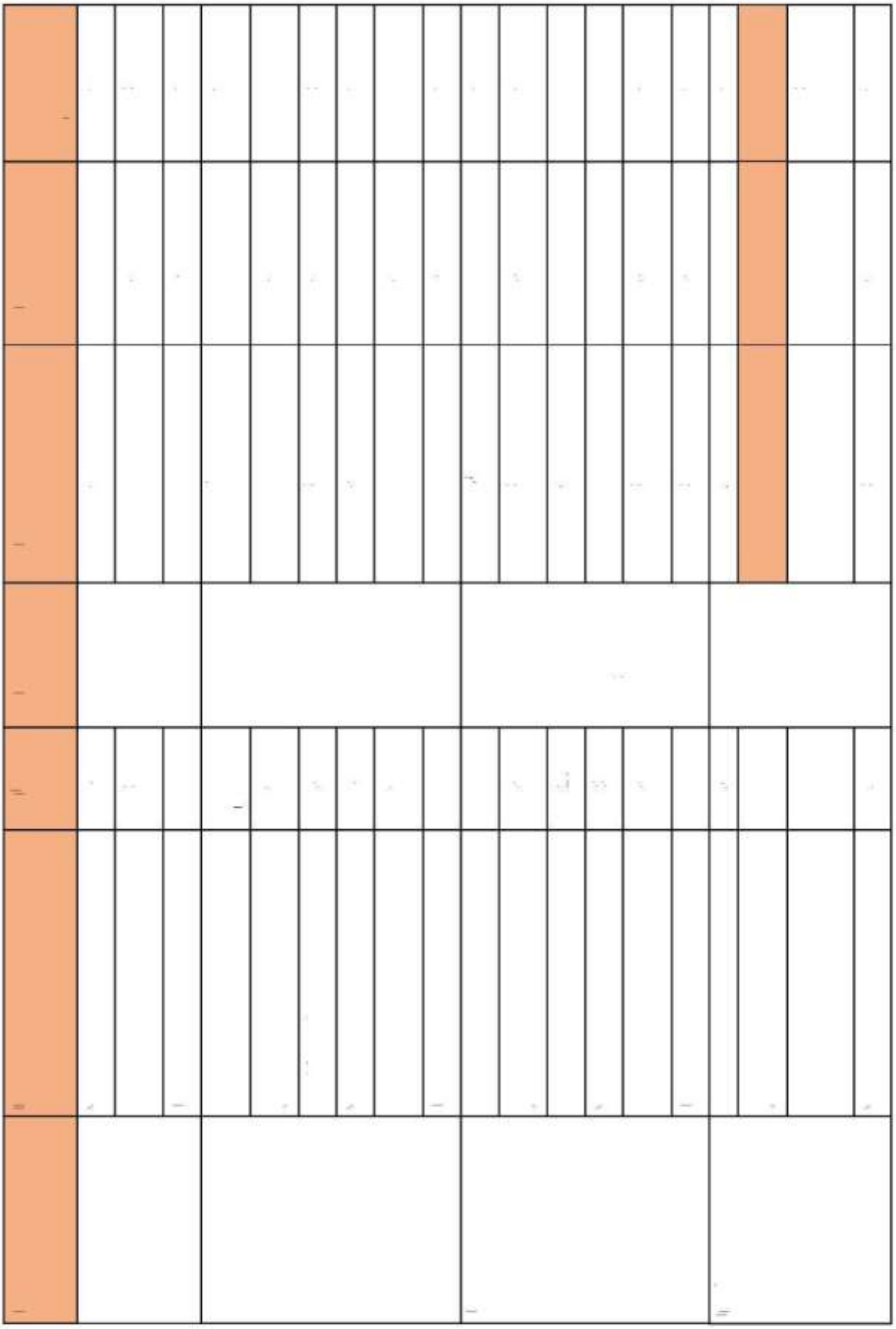
Health education
Finalize organogram as per WISN guidelines and fill positions
Improve clinical management through conducting of Clinical audits and enforcing of implementation of guidelines through SOP's
Improve NCD screening

Aspiration: District Hospitals

Reduce maternal and neonatal mortality

SERVICE DELIVCERY PLATFORM FOR DHS
Table DHS 1: District Health Service Facilities by Health District in 20 18/ 1 9

Health district	Facility type	No	Population	Population per facility[3] or per hospital bed	PHC Headcount Or Inpatient Separations[3]	Per capita utilisation[3]
Frances Baard	Non fixed clinics[1]	10(5 mobiles+5 satellite)	384836	1486	2928	0.1
	Fixed Clinics operated by Provincial Government[2]	9		38998	85427	2.2
	Total fixed Clinics	9		31598	72514	1.9
	CHCs	4		5400	13713	0.4
	Sub-total clinics + CHCs	9		38998	85427	2.2
	District hospitals[4]	2		384836	3516	0.1
Pixley-Ka-Seme	Non fixed clinics[1]	5(1 mobile +4 satellites)	194510	408	892	0.0
	Fixed Clinics operated by Provincial Government[2]	6		18994	53072	2.7
	Total fixed Clinics	9		16702	47304	2.4
	CHCs	8		1892	5568	0.3
	Sub-total clinics + CHCs	6		18994	53072	2.7
	District hospitals[4]	3		19510	5602	0.3
Zwelentlanga Fatman Mgcawu	Non fixed clinics[1]	28 (13 mobiles + 15 satellites)	262123	4732	12131	0.5
	Fixed Clinics operated by Provincial Government[2]			20674	44096	1.7
	Total fixed Clinics	15		16210	34153	1.3



Health district	Facility type	No[5]	Population	Population per facility[3] or per hospital bed	PHC Headcount Or Inpatient Separations[3]	Per capita utilisation[3]
	Sub-total clinics+CHCs	18		1092524	2752492	2.5
	District hospitals[4]	1		1202801	204233	0.2

Source: DHIS Population estimates

PRIORITIES: DISTRICT MANAGEMENT

- Improve managerial leadership at all district health facilities
- Improve the quality of health care services in all district health facilities (ICRM, NCS)
- Ensure adequate and appropriately skilled health workforce in all district health facilities
- Improve allocative and technical financial management in district health services
- Ensure adequate supply and management of all medical products and technologies including infrastructure in all district health facilities
- Improve information management systems for enhancement of planning, monitoring, response and accountability

PRIORITIES: QUALITY ASSURANCE

- Improve patient complaints resolution rate within the province

Table DHS 2: Situational Analysis Indicators for District Health Services

			Frances Baard District 2016/17	John Taolo Gaetsewe	Namakwa District 2016/17	Pixley Ka Seme District 2016/17	ZF Mgcawu District 2016/17
Percentage of fixed PHC facilities scoring above 70 % on the ideal clinic dash board	%	9%	83%	82%	78%	85%	82%
Client Satisfaction survey rate (PHC)	%	94%	9%	2%	0%	9%	8%
Client Satisfaction rate (PHC)	%	8%	2%	8%	9%	6%	7%
OHH registration visit cove rage (Ann u ali ze d)	%	3%	4%	5%	9%	8%	4%
Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	No	5	1	1	1	1	1
PHC Utilization rate	No	25 visits	3	4	3	8	2
Complaints resolution rate (PHC)	%	5%	5%			7%	4%
Complaint resolution within 25 working days' rate (PHC)	%						

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
1	Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ideal Clinic status rate	%		-	-	-	72% (114/159)	85% (139/163)	90% (147/163)
2	Improve efficiencies and quality of care at PHC facilities	PHC Utilization Rate-Total	No	2.8 Visits	2.5 Visits	2.5 Visits	2.3 Visits	2.0 Visits	2.0 Visits	2.0 Visits
3		Complaints resolution within 25 working days' rate (PHC)	%	0%	0% (188/209)	0%	0%	0%	0%	0%

- Garies clinic has been reclassified to Garies satellite.
- Alexandra Bay CHC and clinic have been merged into one.
- Wrenchville & Olifantshoek clinics have been closed for upgrading.

QUARTERLY TARGETS FOR 2018/19

Table DHS 4: Quarterly Targets for District Health Services

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Ideal clinic status rate	Annually	%	72% (114/159)				72% (114/159)
3	PHC Utilization rate- Total	Quarterly	No	2.0 Visits 90%	2.0 Visits 90%	2.0 Visits 90%	2.0 Visits 90%	2.0 Visits 90%
5	Complaint resolution within 25 working days' rate (PHC)	Quarterly	%					

PRIORITY:

- To render hospital services with support from outreach specialists.

Ta ble DHS 5: Situational Analysis Indicators for District Hospitals

Programme Performance Indicators	Indicator Type	Province wide value 2016/17
Nationa l core standards self- assessment rate (District Hospitals)	%	2%
SUB- PROGRAMME: DISTRICT HOSPITALS Quality improvement plan after self-assessment rate (District Hospitals)	%	2%
Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	%	0%
Patient Satisfaction survey rate (District Hospitals)	%	9%
Patient Satisfaction rate (District Hospita ls)	%	8%
Average length of stay (District Hospita ls)	No	3.4days
Inpatient Bed Utilization rate (District Hospital s)	%	6%
Expenditure per PDE (District Hospitals)	No(Rand)	R247
Complaints Resolution rate (District Hospitals)	%	8%
Complaint Resolution within 25 working days' rate (District Hospitals)	%	9%

SUB-OUTCOME 2: IMPROVED QUALITY HEALTH CARE
SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEAD ERSHI P

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
1	Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)		-	-	-	[illegible]% ([illegible])	[illegible]% ([illegible])	[illegible]% ([illegible])	[illegible]% ([illegible])
	Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	No	[illegible] days	[illegible] days	[illegible] days	[illegible] days	[illegible] days	[illegible] days	[illegible] days
		Inpatient Bed Utilization Rate (District Hospitals)	%	[illegible]%	[illegible]%	[illegible]%	[illegible]%	[illegible]%	[illegible]%	[illegible]%
		Expenditure per P DE (District Hospitals)	R	R[illegible]	R[illegible]	R[illegible]	R[illegible]	R[illegible]	R[illegible]	R[illegible]
6		Complaint Resolution within 25 working days' rate (District Hospitals)	%	[illegible]% ([illegible])	[illegible]%	[illegible]%	[illegible]%	[illegible]%	[illegible]%	-

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QUARTERLY TARGET FOR 2018/19

Table DHS 7: Quarterly targets for District Hospitals

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitas) (District Hospitals)	Quarterly	%	2% (61)	8% (21)	5% (41)	5% (61)	2% (61)
2	Average length of stay (District Hospitals)	Quarterly	No	3.4days	3.4days	3.4days	3.4days	3.4days
3	Inpatient Bed Utilisation Rate (District Hospitals)	Quarterly	%	6%	6%	6%	6%	6%
5	Expenditure per PDE (District Hospitals)	Quarterly	R	R800	R800	R800	R800	R800
7	Complaint Resolution within 25 working days' rate (District Hospitals)	Quarterly	%	8%	8%	8%	8%	8%

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
    - o Reduce mortality, sustain wellness and improve quality of life of at least 80 % of those infected and affected by HIV and TB
- Increase protection of human rights and improve access to justice by ensuring an enabling and accessible legal framework that protects a n d promotes human rights and gender sensitivity

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

Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe District 2016/17	Namakwa District 2016/17	Zwelentlanga Fatman Mgcawu District 2016/17
Adults remaining on ART- Total	No	59	18	12	14	7	8
Total Children (under 15 years) remaining on ART- Total	No	1	2	0	0	1	0
Client tested for HIV (incl ANC)	No	23	9	4	5	2	6
Male condom distributed	No	2	0	1	0	0	1
Medical male circumcision performed – Total	No	1	0	1	0	0	0

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

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
1	Increase HIV testing coverage, treatment and retain clients on ART	ART client remain on ART end of month -total	No	-	-	-	6256	6627	7366	8189
2		HIV test done - total	No	196531	238111	282880	220259	308338	243940	257610
4	Increase access to a preventative package of	Male condom distributed	No	-	-	-	15154881	15492381	15492381	15492381

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
4	sexual and reproductive health (SRH) services including medical male circumcision	Medical male circumcision - Total	No	994	783	29	1330	1000	1300	1300

QUARTERLY TARGET FOR 2018/19

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

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	ART client remain on ART end of month - total	Quarterly	No	6627	5630	6088	6389	6627
3	HIV test done - total	Quarterly	No	30888	8075	8813	6816	6884
5	Male condom distributed	Quarterly	No	15492381	4337867	4492790	3253400	3408324
4	Medical male circumcision - Total	Quarterly	No	1000	220	360	240	180

Table DHS 11: Situation Analysis Indicators for TB Control

SUB-OUTCOME 8: HIV & AIDS AND TUBERCULOSIS PREVENTED AND SUCCESSFULLY MANAGED							
Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe District 2016/17	Namakwa District 2016/17	Zwelentlanga Fatman Mgcawu District 2016/17
	%						52%
	%	42%	43%	36%	36%	47%	68%
	%						
	%	8%	10%	6%	12%	6%	
	%						
	%						
	%						

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
	Reduce TB and MDR-TB mortality through			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
		TB/ older start on treatment rate	%	-	95%	99.9%	100%	95%	95%	95%
	ensuring adherence to treatment		%	-	-	-				

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2015/16	2016/17	2017/18	2017/18	2018/19	2019/20	2020/21
3		TB client treatment success rate	%				75%	85%	85%	
5		TB client lost to follow up rate	%	8%	11%	8%	7%	5%	5%	5%
8		TB Client Death Rate	%	2%	6%	2%	5%	2%	3%	3%
6		TB MDR treatment success rate	%	75%	75%	47%	75%	75%	85%	85%

****Targets for the following indicators viz. TB screening, TB treatment success, lost to follow up rate and MDR TB success were revised for 2018/19 due to poor performance output in 2016/17.**

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	TB/HIV co-infected client on ART rate	Quarterly	%	95%	92%	93%	93%	95%
2	TB symptom 5 years and older start on treatment rate	Quarterly	%	90%	85%	88%	89%	90%
4	TB client treatment success	Quarterly	%	85%	80%	82%	83%	85%
4	TB [illegible]	Quarterly	%	5%	5%	5%	5%	5%
5	TB Client Death Rate	Annualy	%	2%				2%
6	TB MDR treatment success rate	Annualy	%	75%				75%

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
- th h th i **P K M**
  - Facilitate establishment of Kangaroo Mother Care units in all delivering facilities
  - Monitoring implementation of K M C guidelines and
- protocols at all delivering facilities **Implement Integrated**
- **School Health Programme in Quintile 1 - 4 schools and**

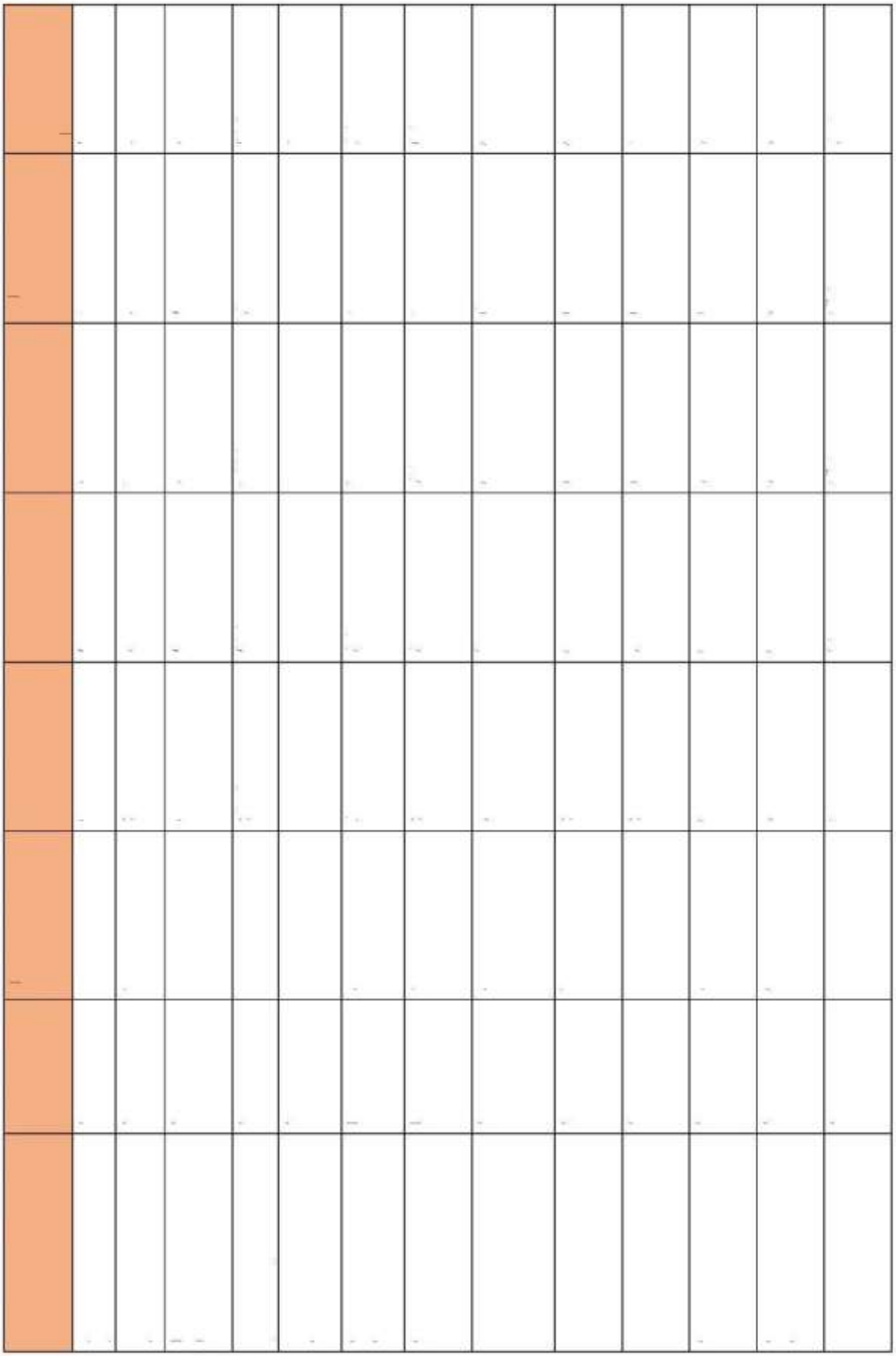
  Special Schools Decrease child and

  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

Table DHS 14: Situation Analysis Indicators for MCWH & NUTRITION

Implementation of 10 steps to treat severe

Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe District 2016/17	Namakwa District 2016/17	Zwelentanga Fatman Mgcawu District 2016/17
Antenatal 1st visit before 20 weeks' rate	%	63					
Mother postnatal visit within 6 days' rate	%						



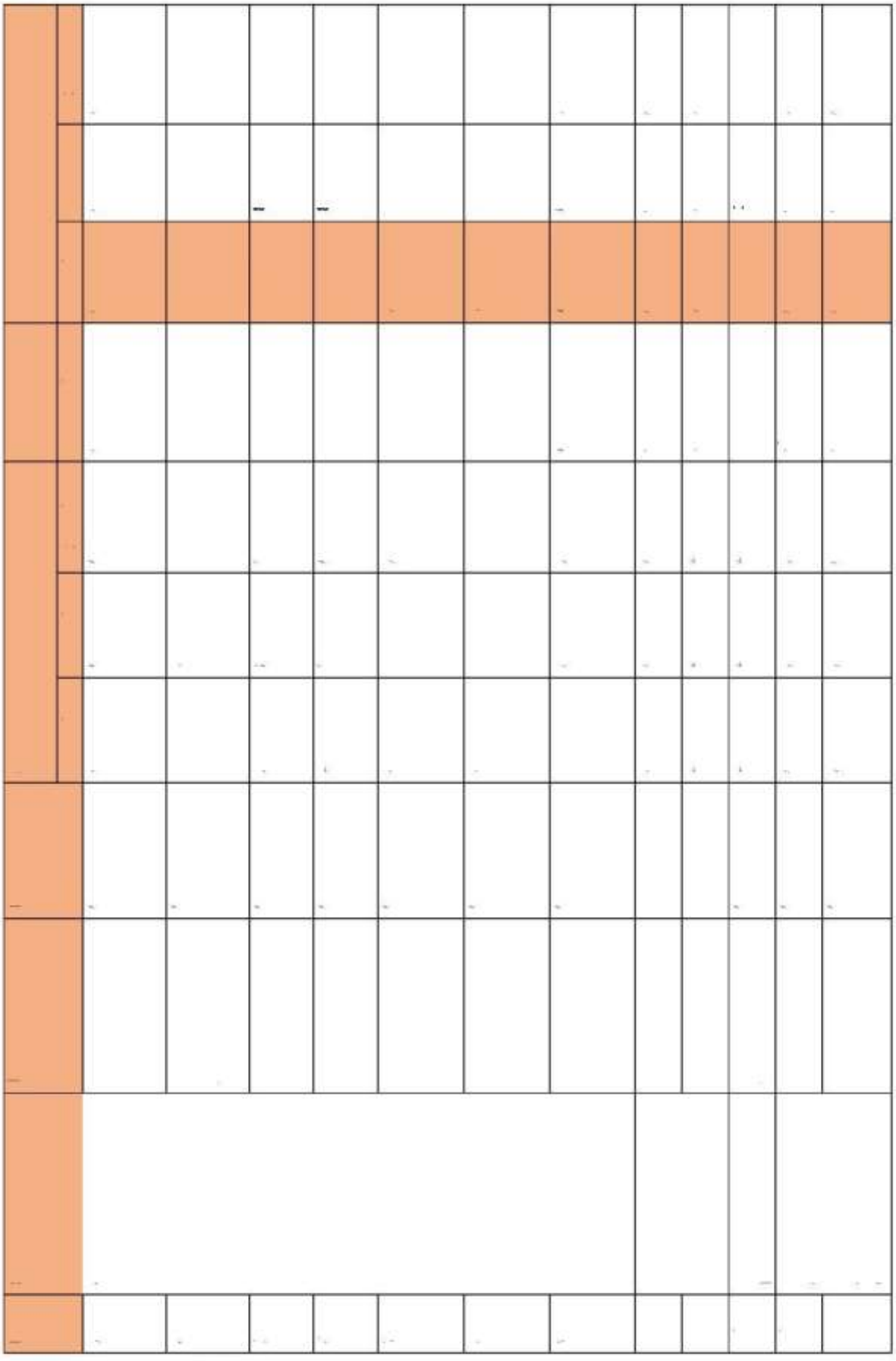
Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe District 2016/17	Namakwa District 2016/17	Zwelentlanga Fatman Mgcawu District 2016/17
Human Papilloma Virus Vaccine 2nd dose coverage	%	78	66	72	75	84	75
Vitamin A 12 –59 months' coverage (annualized)	%	19%	59	37	52	43	48
Infant exclusively breastfed at HepB (DTaP- IPV- Hib - HBV) 3rd dose rate	%	5%	64	56	4	52	69
Maternal Mortality in facility ratio (annualized)	Ratio (Per 100 000 live births)	96.6/100 000 (87.5/100000)	140.5/100 000	66.6/100 000	58.98/100 000	66.8/100 000	46.6/100 000
Inpatient early neonatal death rate	Ratio (Per 1000 live	13.4/1000	13.8/1000	10.9/1000	17.4/1000	15/1000	9.4/1000

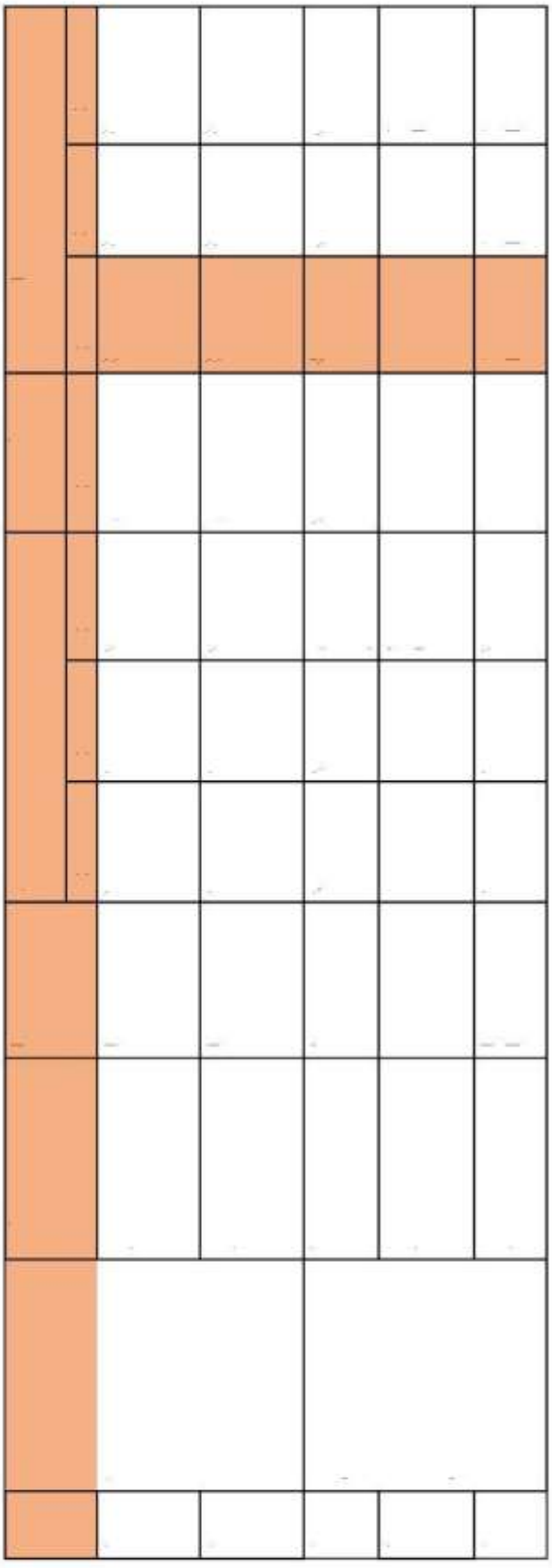
SUB-OUTCOME 9: MATERNAL, INFANT AND CHILD MORTALITY REDUCED

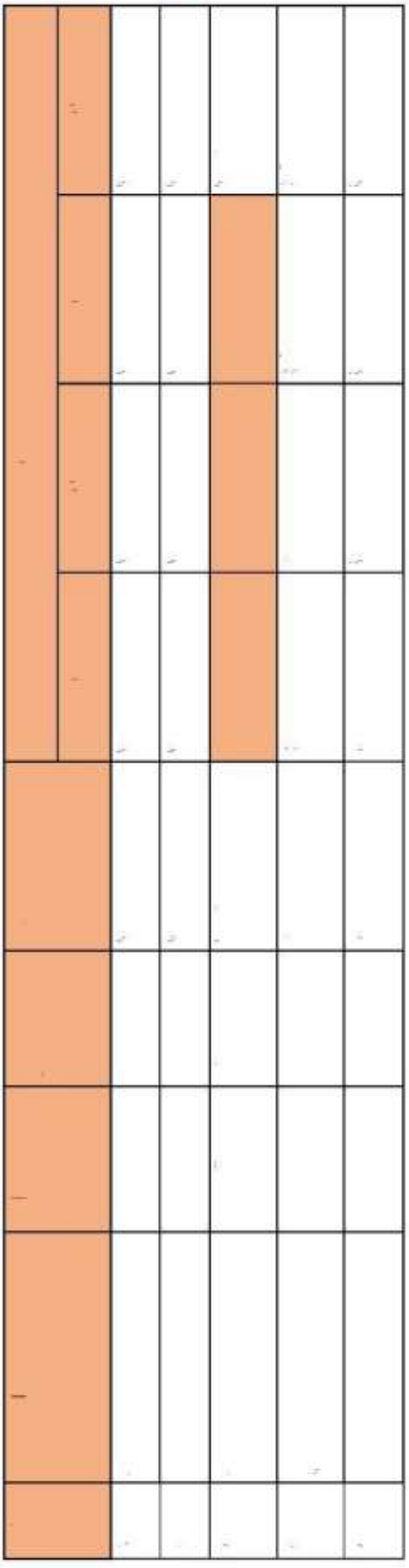
SUB-OUTCOME 3: IMPLEMENT THE RE-ENGINEERING OF PRIMARY HEALTH CARE

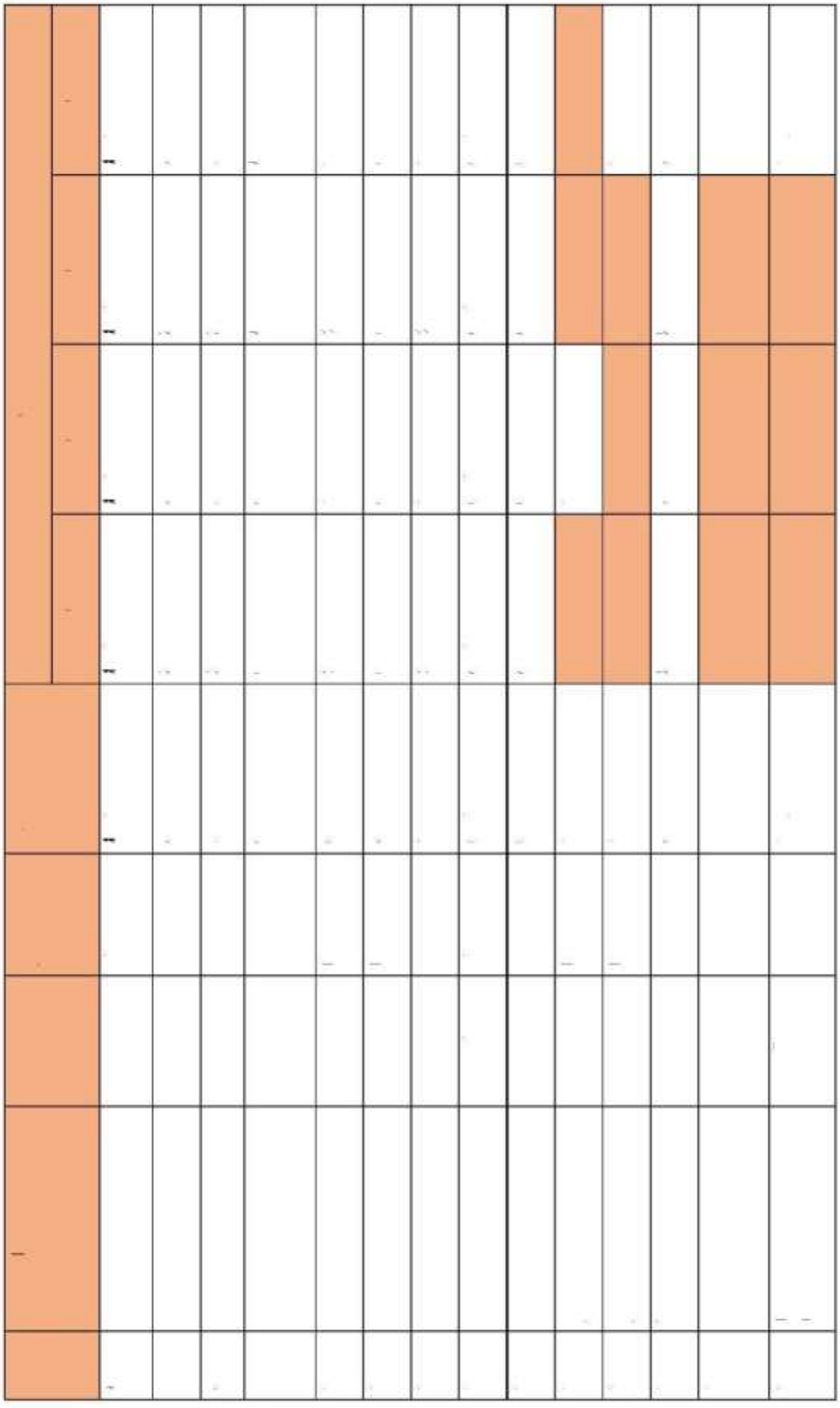
Table DHS 15: Strategic Objectives, Performance Indicators and Annual Targets for MCWH & N utrition

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
	Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional	Antenatal 1st visit before 20 weeks' rate	%	58%	62%	64%	6%	6%	66%	6%
		Mother postnatal visit within 6 days' rate	%	-	52%	58%	6%	6%	6%	6%









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
- Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's and manage CDC
- Improve the Public and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases (CDC)
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes

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

Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe District 2016/17	Namakwa District 2016/17	Zwelentlanga Fatman Mgcawu District 2016/17
Clients screened for hypertension	No	41242	8529	8617	11252	6952	5574
Clients screened for diabetes	No	21632	5889	4998	3968	4252	1825
Clients screened for mental health	No	9668	2951	4658	892	1029	442
Cataract Surgery Rate	Rate (per 1 Million uninsured population	1126/1000 000	2 352.9/1000 000	263.5/1000 000	304.8/1000 000	218.0/1000 000	282.0/1000 000
Malaria case fatality rate	%	0%	0%	0%	0%	0%	0%

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

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
1	Prevent blindness through increased cataract surgery	Cataract Surgery Rate	Rate (per 1 Million uninsured population)	1029/1000000	829.7/100000	942.5/1000000	1517/1000000	1500/1000000	1555/1000000	1555/1000000
	Strengthen disease surveillance system	Malaria case fatality rate		1%	0%	0%	0%	0%	0%	0%

QUARTERLY TARGETS FOR 2018/19

Table DHS 19: Quarterly targets for Disease Prevention and Control

No	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Cataract Surgery Rate	Quarterly	Rate (per 1 Million uninsured population)	1500/1000000	375/1000000	375/1000000	375/1000000	375/1000000
3	Malaria case fatality rate	Quarterly	%	0%	0%	0%	0%	0%

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18					
				23684	23684				
				78232975		67289			
				–	–		–	–	
				60942137					
							51649	5837	
				470	407		045	2485	
				–	–		–	–	

The budget for district health services has increased by 8.6 per cent from the adjusted budget. The programme was allocated additional funds over the MTEF in order to cushion the current shortfall of Improvement on Conditions of Service and a further allocation was as a result of baseline adjustment on goods a nd services beginning from 2019/20, to reduce the impact of accruals on the non-negotiable items. The estimates of 2019/20 and 2020/21 shows an increase of 8.2 per cent and 7.2 per cent respectively.

The budget growth allocated made provision for the targeted ideal clinic status rate, improved primary health care, rolling out of the CCMDD, including the 24 hours' operations at the community health centres, compliance with the District Hospital Norms and Standards and rendering of HIV/AIDS and TB commun ity outreach services, prevention and treatment thereof.

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R									
Current payments			888	85134	814925				
Compensation of employees			731	561	26791		1237851	1478	39
Goods and services			715				420379	82419	
Interest and rent on land	51	45		–	–		–	–	
Transfers and subsidies to:			425	34261		5 12926			
Provinces and municipalities	1 6971 275			2981912 0			2501	2381	
Departmental agencies and accounts	–	–	2	–	–		–	–	
Higher education institutions				–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–		–	–		–	–	
Non-profit institutions			474				08731	059 7	
Households				5703	5703		415	5719	
							92371	981	
Buildings and other fixed structures				–	–		–	–	
Machinery and equipment				8671	8671		29371	981	
Heritage Assets	–	–		–	–		–	–	
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets		–		–	–		–	–	–
	–			–	–	–	–	–	–
Total economic classification			040			94	21679	289 347	

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The compensation of employees budget has increased by 13.2 per cent from the adjusted budget of R1.166 billion in 2017/18 financial year. This is attributed to additional funds that were allocated to cater for the shortfall on the ICS as well as the reprioritisation done within the Comprehensive HIV/ AIDS and TB grant towards compensation of employees in compliance with the grant business plan. The budget of personnel estimates of 2019/20 and 2020/21 shows an increase of 5.9 per cent and 5.6 per cent respectively. Goods and services shows a growth of 3 per cent from the adjusted budget of R682 million, as a results of reprioritisation on activities funded from Comprehensive HIV/ AIDS Grant. The estimates of 2019/20 and 2020/21

shows an increase of 15.5 per cent and 10.2 per cent respectively. This is attributable to the allocation for the two outer years of the MTEF earmarked for the inflationary exchange depreciation on medicine prices amounting to R9.614 million for 2019/20.

The transfers and subsidies are showing a significant decline of 2.9 per cent from the adjusted budget as a result of reduction on the EPWP for Social Sector conditional grant when compared to the 2017/18 financial year.

RISK MANAGEMENT

Potential Risk	**Mitigating Factors**
Increase in HIV incidences	Strengthen of ACSM; Strengthen combination preventative approach; Submission for requesting funding for planned activities;
Decrease in patients remaining on ART	Roll-out and implement adherence strategy; Intensify quarterly support visits by province;
Increased incidence rate of new drug susceptible TB and DR-TB patients	Improve collaboration with other stakeholders DCS, mines, ECD centres & WBOT; Ensure uninterrupted supply of quality drugs to all districts; Implementation of the adherence strategy; Strengthen infection control by training health personnel on infection control; Strengthen supervision by district coordinators, facility managers & health area managers;
Poor clinical care & patient outcomes	Strengthen clinical governance committees at all levels by Monitoring the functionality of governance structures

Potential discontinuation of clinics & facilities	Support visits by GA unit to districts on strengthening systems; Support of PPTICRM's; Support ideal clinic facilities towards compliance; Conduct annually inspections to all facilities on NCS (National Core Standards);
Unreliable performance information for decision making	Procurement and delivery of computers; Roll out of WEB based (WebDHIS) information management system; Appointment of data capturers & clerks through conditional grant; Roll-out of HPRS to other 4 districts;

Potential Risk	Mitigating Factors
Inadequate resource allocation	Operationalize 3 remaining theaters of district hospitals Implement a full 24-hour service for all CHCs Procure mobile clinics for hard-to-reach communities Rationalize PHC facilities (e.g. combine clinics servicing the catchment area)
Ineffective Health Service Delivery	Improve good governance & accountability Prioritization for meaningful distribution of resources Strengthening of intra-departmental collaborative mechanisms Collaboration with other role players such as SAICA & internal auditors Establishment of internal controls pertaining to financial governance matters
Transgression of constitutional rights of communities, healthcare workers & the population in general to an environment that is not harmful to their health & wellbeing	Training of healthcare personnel in health care waste management at facility level; Motivate for the Appoint or designate waste management officers at facility level Strengthen cradle to grave management of healthcare risk waste (HCRW)
Morbidity & mortality due to non-travel Malaria	Review the EHMC Plan & strengthen the implementation of the EHMC Plan in JTG & ZFM; Training of EHPs in vector surveillance

Potential Risk	Mitigating Factors
High number of maternal deaths reported	Strengthening of referral through the use of SBAR (Situation Background Assessment & Recommendation) chart & use of early warning charts; Improve on inter facilities transport; Recommend the extension of service hours especially at CHCs-24hrs service; Recommend the recruitment & appointment of MCWH coordinators; Monitor the adequate supply of pharmaceutical & surgical supplies; Establish maternity waiting homes; Establish Adolescence & Youth Friendly Services; Upscale Reproductive Health Services; Integration of services into the Ideal Clinic approach; Train healthcare practitioners on CFP (Contraceptive Fertility Planning);
Increase in mother to child transmission (MTCT) in HIV and AIDS	Continuous training of nurses on PMTCT; Continuous training & mentoring of healthcare practitioners on Integrated Management of Childhood Illnesses, Train healthcare practitioners on CFP (Contraceptive Fertility Planning);
Increase in Neo-natal & infant morbidity & mortality	Continuous training of healthcare practitioners on neonatal & infant care; Continuous quarterly support visits to facilities; Continuous upscale reporting of Perinatal & Child Problem Identification Programme;
Increase in child morbidity and mortality	Strengthen awareness & social mobilisation to the communities Quarterly support visits to districts Quarterly audits Continuous upscale of reporting of Perinatal & Child Problem Identification Programme Continuous training on IMCI

Potential Risk	Mitigating Factors
	Recommend the recruitment & appointment of Professional nurses, MCWH coordinator, DCST Paeds Nurse (JTG district) & Paeds Specialist for the province
Risk of vaccine preventable disease outbreaks e.g. polio, measles, pneumonia etc.	Improve working relations with DCST & WBOTs; Conduct catch-up immunisation drives, Active surveillance activities & defaulter tracing through the WBOTs; Upscale training of healthcare practitioners in immunisation programmes;

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE AND STRUCTURE

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

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

PRIORITY:

Improve on response times

Gradually increase employment of staff to realise the two persons' crew

Increase the number of operational ambulance to ensure full coverage of EMS services

Table 1: Situational Analysis Indicators for EMS

Programme Performance Indicators	Indicator Type	Province wide value 2016/17	Frances Baard District 2016/17	Pixley-Ka-Seme District 2016/17	John Taolo Gaetsewe	Namakwa District 2016/17	Zwelentlanga Fatman Mgcawu District 2016/17
EMS P1 urban response under 15 minutes' rate	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EMS P1 rural response under 40 minutes' rate	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
EMS inter-facility transfer rate	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

Table 2: Strategic Objectives, Performance Indicators and Annual Targets for Emergency Medical Services

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17		2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
	Render an effective and efficient Emergency Medical Service	EMS P1 urban response under 15 minutes' rate	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		EMS P1 rural response under 40 minutes' rate	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4		EMS inter-facility transfer rate	%	-	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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QUARTERLY TARGETS FOR 2018/19

Table 3: Quarterly targets for Emergency Medical Services

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	EMS P1 rural respons e EMS P1 urban	Quarterly	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3	und er 40 minutes' rate	Quarterly	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5	EMS inter-facility transfer rate	Quarterly	%	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
[illegible]	[illegible]				2017/18		[illegible]	[illegible]	[illegible]
[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3. TsportaeldniP–		–		20	20		2943	1 073	
[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

The budget for this programme shows a growth of 8.7 per cent when compared to the main budget of R298 million of 2017/18 fina ncial year. The growth on the 2018/19 MTEF is recording a decline of 2.9 per cent when compared with the adjusted budget R324 milli on due to the roll overs approved during 2 01 7 adju stment budget period. The estimates of 2019/20 and 2020/21 shows an increase of 11.8 per cent and 6.8 per cent respectively. The budget of the prog ram me will cover among others the rendering of emergency medical services in urban and rural areas within the province over the MTEF.

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

	Outcome			Main appropriation	Adjusted 2017/18 appropriation	Revised estimate	Medium-term estimates		
							28597		401 32657348
Compensation of employees									
Goods and services	518	7654							
Interest and rent on land	538	795			9 5 2		–	–	–
Provinces and municipalities	321	81							
Departmental agencies and accounts	–	–		–	–		–	–	
Higher education institutions	–	–		–	–		–	–	
Foreign governments and international organisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–		–	–		–	–	
Non-profit institutions	–	–	–	–	–		–	–	
Households	97	980		–	–		–	–	
				1	2 3				
					9015	9015			
Buildings and other fixed structures	8601	–		–	–	–	–	–	
Machinery and equipment	3248	532							
Heritage Assets	–	–	–	–	–		–	–	
Specialised military assets	–	–		–	–		–	–	
Biological assets	–	–	–	–	–		–	–	
Land and sub-soil assets	–	–	–	–	–		–	–	
Software and other intangible assets	5	–		–	–	–	–	–	–
	–			–	–	–	–	–	
							2357		085 3624386

The baseline for compensation of employee's budget has increased by 8.6 per cent from adjusted budget of R186 million for 2017/18 financial year. The fundi ng estimates for 2019/20 and 2020/21 shows an increase of 6 per cent and 5.9 per cent respectively. The programme is allocated additional funds over the MTEF in order to cater for the shortfall of ICS including danger allowance, overtime as well as baseline adjustment on goods and services to reduce the impa ct of accruals on the non-negotiable items. Hence, the budget for goods and services shows a growth of 6.1 per cent in 2018/19 MTEF year. The estimates of 2019/20 and 2020/21 shows an increase of 27.7 per cent and 8.8 per cent respectively. The budget for payment for capital assets shows a significant decline from the adjusted budget of R55 million due to the once allocation that was received as the rollover during the 2017 adjustment budget

p

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Transgression of EMS norms & standards	Increased budget to address the following: o Procurement of additional vehicles Staffing o Appoint more staff to fully comply with two crew legislation;
Poor quality assurance	Strengthen the monitoring and regular inspections of facilities & ambulances by EMS inspectors Motivate for the appointment of EMS inspectors Fully operational quality assurance committees within the districts Motivate for funding- infrastructural development (proper wash bays & parking bays etc.) Ensure proper wash bays & parking bays
Misuse & abuse of ambulances (e.g. used as taxi, fuel theft)	Implementation of disciplinary measures; Improve communication processes between control centre & EMS crews; Implement 24/7 tracking system;

PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

PROGRAMME PURPOSE AND STRUCTURE

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

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

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

PRIORITY:

- To improve accountability to regional hospital services by addressing resource cha l lenges **To im**
- **p rove clinical governance in the hospital to safeguard high standards of care**

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Strategic Plan target
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2019/20	2019/20
		Customized Indicators (Sector Indicators)									
	Improve co mpliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	%	-	-	-	0% (1 Regional Hospital)	0% (1 Regional Hospital)	0% (1 Regional Hospital)	0% (1 Regional Hospital)	0% (1 Regional Hospital)
	Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	%	4 days	4 days	5 days	4 days	4 days	4 days	4 days	4 days
		Inpatient Bed Utilization Rate (Regional Hospital)	%	0%	2%	2%	2%	2%	2%	2%	2%
		Expenditure per PDE (Regional Hospital)	Number	R3 369	R2 920	R2 013	R3 400	R4 140	R4 140	R4 140	R4 140
5		Complaints resolution within 25 working days' rate (Regional Hospital)	%	2%	0%	8%	8%	8%	8%	8%	8%

QUARTERLY TARGETS FOR 2018/19
Table PHS 2: Quarterly targets for Regional Hospital

No	Indicator	Frequency of Reporting	Indicator Type	Annual Targets 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	Quarterly	%	100%	100%	100%	100%	100%
2	Average length of stay (Regional Hospital)	Quarterly	%	48days	48days	48days	48days	48days
4	Inpatient Bed Utilization Rate (Regional Hospital)	Quarterly	%	72%	72%	72%	72%	72%
	Expenditure per PDE (Regional Hospital)	Quarterly	No(Rand)	R411400	R411400	R411400	R411400	R411400
	Complaints resolution within 25 working days' rate (Regional	Quarterly	%	80%	80%	80%	80%	80%

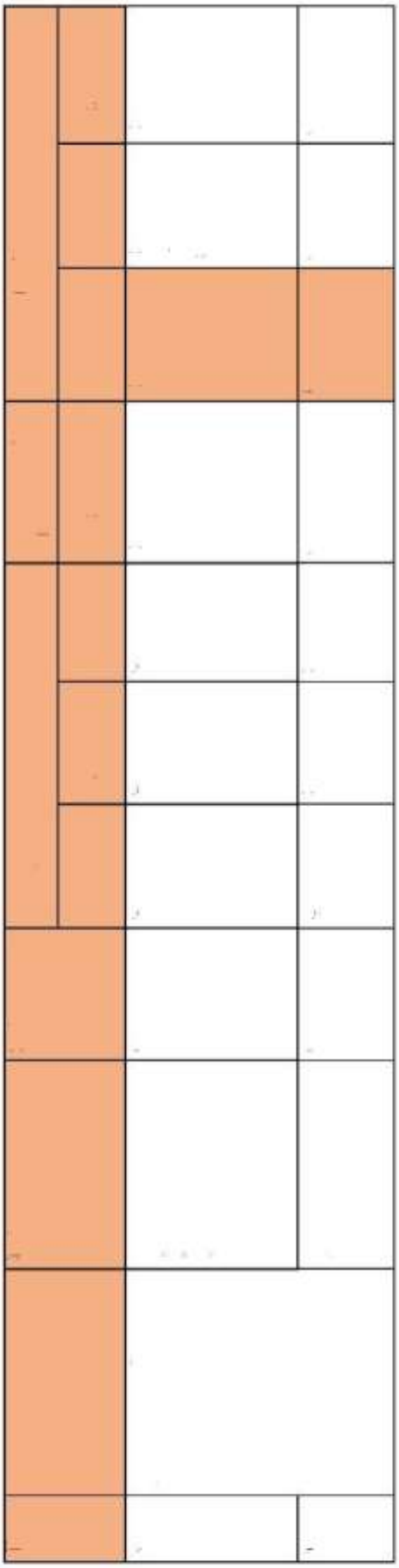
PRIORITY:

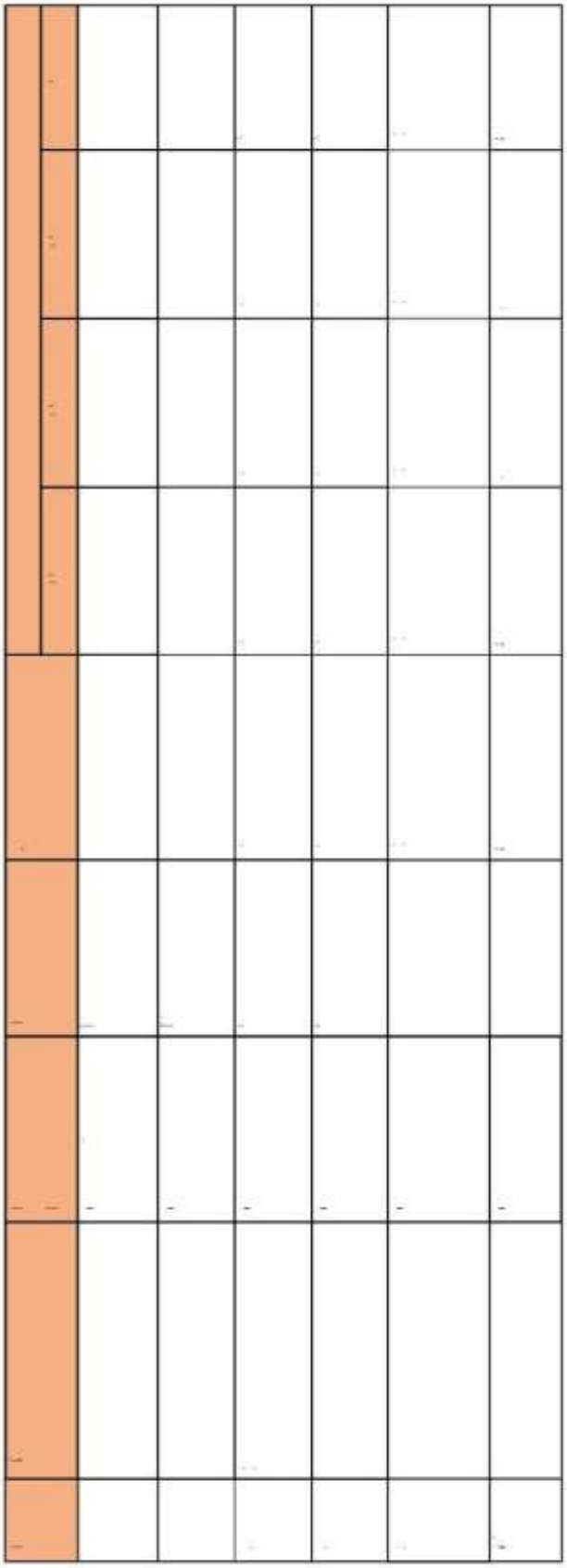
- **I mp rove specialised** hospital **services** by **gradually increasing employment of staff**
- **Improve accessibility to mental health service in the** specialised **hospital**

SUB-OUTCOME 2: IMPROVED QUALITY OF HEALTH CARE

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

No	Strategic Objectives	Indicator	Indicator type	Audited / Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Improve efficiencies and quality of care at specialized hospital	Average length of stay- Mental Health (Specialized Hospital)	No	-	-	-	-	35days	35days	35days
3	**SUB-PROGRAMME: SPECIALISED HOSPITAL (WEST-END HOSPITAL)**		No	-	-	-	-	120days	120days	120days
5		Inpatient Bed Utilization- Mental Health (Specialized Hospital)	%	-	-	-	-	0%	0%	0%
7		Inpatient Bed Utilization- DR-TB (Specialized Hospital)	%	-	-	-	-	0%	0%	0%
		Customized Indicators (Sector Indicators)								





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

	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18				
2. HptaTberculois		614156						

The budget of this programme shows growth of 7.1 per cent from the adjusted budget. The programme was allocated additional funds over the MTEF in order to cushion the historical impact of ICS as well as the impact of accruals on the non-negotiable items from the 2019/20 MTEF year. The estimates of 2 0 19 / 20 and 2020/21 shows an increase of 7.6 per cent and 10.6 per cent respectively.

Summary of payments and estimates economic classification: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18					
	285	796 38		4031	2543		6730	861 395	
Compensation of employees				47239	250 349		29386	01 285	
Goods and services				2905	29 05				
Interest and rent on land	25	49		–		–3	–	–	–
				361	361		201	2681	
Provinces and municipalities	365	–		–	–		–	–	
Departmental agencies and accounts	–		–4	–	3 2 6		–	–	
Higher education institutions	–	–		–	–		–	–	
Foreign governments and international organisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–		–	–		–	–	
Non-profit institutions	–	234	–	–	–		–	–	
Households	2691	405		361	361		201	268 1	
							9 5 1 2 0 6		
Buildings and other fixed structures				–	–		–	–	
Machinery and equipment	26712		786	841	841		951	206	
Heritage Assets	–	–		–	–		–	–	
Specialised military assets	–	–		–	–		–	–	
Biological assets	–	–		–	–		–	–	
Land and sub-soil assets	–	–		–	–		–	–	
Software and other intangible assets				–	–		–	–	
	–			–	–	–	–	–	
				4361	43 75		39126	5 397	

The compensation of employee's budget for 2018/19 shows growth of 7.6 per cent from the adjusted budget of R250 million in 2017/18 financial year as the results of additional funds allocated over the MTEF in order to ease the budget pressure on personnel costs. The outer years of the MTEF are estimated to grow by 5.9 per cent and 12 per cent in 2019/20 and 2020/21 respectively.

The goods and services show growth of 5.8 per cent compared to the adjusted budget. The estimates of 2019/20 and 2020/21 shows an increase of 12.7 per cent and 6.9 per cent respectively.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
DR HARRY SURTIE AND WEST END	
Increased risk of acquiring occupational diseases and injuries	Follow-up on the appointment of a dedicated infection control coordinator Develop & implement SOPs on occupational diseases & injuries
Possible increase in adverse events	Develop and implement route slips for monitoring patients Revival of Clinical Governance Committee Identify units with high risk areas and hold them accountable at Clinical Governance Committee level Conduct in-service training on infection control practices
Compromised Safety and Security of personnel, patients & visitors	Enforce compliance to visiting times Motivate for the renewal of maintenance contracts for surveillance and biometrics systems Compile and implement security protocols for hospital staff Engage with service provider on the improvement of security protocols & procedures at the hospital
Utilization of same suppliers	• Develop & implement a supplier database; • Monitor performance of suppliers on monthly basis; • Develop & implement supplier rotation register;
High treatment interruption rate	• Improved intersectoral collaboration; • Continuous training of the various stakeholders; • Continuous Improvement of communication between health facilities; • Establishment of multi-sectoral committee; • Request for additional funding;
Increased communicable rate	• Strengthen infection control measures amongst staff & families; • Intensify training for all staff members; • Upgrading of protective clothing & equipment; • Pre-employment & periodical screening of employees;
Compromised safety & security of patients & staff	• Develop a checklist for issues of understanding for security personnel; • Motivate for additional security staff; • Motivate for installation of surveillance cameras & access control system; • Motivate for improvement of lighting on premises; • Motivate for installation of additional burglar proofing; • Liaise with Provincial Office to conduct security & safety audits;

PROGRAMME 5: TERTIARY HOSPITALS SERVICES

PROGRAMME PURPOSE AND STRUCTURE

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

PRIORITIES:

Ensure compliance with the **national core** standards for effective health **service delivery**

Improve efficiencies and quality of care at Tertiary **Hospital**

Implement effective referral **systems by ensuring a close** relationship **between all levels of** the health **system (e.g. Regional and Specialised Hospitals;** District Hospitals **and PHC facilities)**

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

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

No	Strategic Objectives	Indicator	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Customized Indicators (Sector Indicators)								
1	Improve compliance with the National Core Standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	%	-	-	-	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
3	Improve efficiencies and quality of care at Tertiary hospital	Average length of stay (Tertiary hospital)	No	6.8 days	6.2 days	6.7 days	6.2 days	6.2 days	6.2 days	6.2 days
5		Inpatient Bed Utilization Rate (Tertiary hospital)	%	79%	73%	75% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)	72% (498/691)
7		Expenditure per PDE (Tertiary hospital)	No (Rand)	R3 456	R3 751	R3 923	R4 168	R4 418	R4 683	R4 964
5		Complaint Resolution within 25 working days rate (Tertiary hospital)	%	86%	87%	74%	80%	80%	80%	80%

QUARTERLY TARGETS 2018/19

Table THS 2: Quarterly targets for Tertiary Hospital

		Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
1	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	Quarterly	%	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital) Q1	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)	100% (1 Tertiary Hospital)
	Average length of stay (Tertiary hospital)	Quarterly	No	6.2days	6.2days	6.2days	6.2days	6.2days
3	Inpatient Bed Utilizatio n Rate (Tertiary hospital)	Quarterly	%	72% (418/691)	72% (418/691)	72% (418/691)	72% (418/691)	72% (418/691)
	Expenditure per P DE (Tertiary hospital)	Quarterly	No.(Rand)	R4118	R4118	R4118	R4118	R4118
	Complaint Resolution within 25 working days rate (Tertiary hospital)	Quarterly	%	80%	80%	80%	80%	80%

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

Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
						2018/19	2019/20	2020/21
1. Provincial Tertiary Hospital Services								
						510298	20145	

The budget for this programme shows growth of 6.4 per cent from the adjusted budget R967 million in 2017/18. The programme is allocated add itio nal funds over the MTEF as baseline adjustments to ensure that the minimal tertiary services are rendered efficiently and effectively. The outer years of the MTEF are estimated to grow by 11.2 per cent and 7.6 per cent in 2019/20 and 2020/21 respectively.

thousand R204/15	Outcome 205/16			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current payments									
Compensation of employees				6304	71 640				
Goods and services				27064	25370				
Interest and rent on land	–	408		–	–		–	–	
Transfers and subsidies				219	219		327	2458	
Provinces and municipalities	–2		–	–	–		–	–	
Departmental agencies and accounts	–	–		–	–		–	–	
Higher education institutions	–	–		–	–		–	–	
Foreign governments and international organisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–		–	–		–	–	
Non-profit institutions	1 056	1056		751	751		7 9 5 8 4 0		
Households	2 5 4 0 9 2 1			481	481		5321	681	
Payments for capital assets	67 14	16790		27816	1 47		4975	430	
Buildings and other fixed structures	0951	7406		–	–		–	–	
Machinery and equipment	4076	041		27816	1 74		4975	430	
Heritage Assets	–	–		–	–		–	–	
Specialised military assets	–	–		–	–		–	–	
Biological assets	–	–		–	–		–	–	
Land and sub-soil assets	–	–		–	–		–	–	
Software and other intangible assets	–	–	–	–	–		–	–	
Payments for financial assets	–	–		–	–		–	–	
Total				94723	96721		1 20598	15240	

Summary of payments and estimates by economic classification Central Hospital Services

The compensation of employees shows growth of 19.7 per cent from the adjusted budget. This is attributed to additional funds that was al located to cush ion the ICS shortfall as well as the reprioritisation done within the National Tertiary Services Grant and Health Professions Training & Development Gra nt towards compensation of employees aimed at scaling up on the existing priority of the programme. The estimates of 2019/20 and 2020/21 shows a n inc rease of 5.8 per cent and 6.7 per cent respectively. Goods and services budget shows a decline of 14 per cent from the adjusted budget of R250 million as a results of reprioritisation on activities funded from National Tertiary Services Grant and Health Professions Training & Development Grant to

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Compromised clinical management	Consultative budgeting process; Integrated planning with DHS; Effective cost centre management; Institute control measures to ensure efficient health service delivery; Educate public on health referral protocols; Establishment of district hospital in Sol Plaatje municipal area. Reduction of services e.g. not rendering PHC services; Shortened recruitment processes by granting limited HR delegations; Recruitment and retention strategy; Strengthen academic support with Universities in neighboring provinces, Empowerment at management level; Recommend to EMC & MEC for the activation of level 2 Orthopedic Services at Dr Harry Surtie Hospital to alleviate the pressure; Resuscitation & strengthen clinical outreach programme for orthopedics;
Possible closure of certain services by external regulatory bodies	Recruitment & retention of specialists; Procurement of all relevant clinical equipment including maintenance plans; Up-skilling of existing staff in relevant areas; Strengthen the implementation of QIP;
Inability of CEO to recruit & appoint personnel	Implement the recommendation of the Ministerial Task Team on hospitals

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROGRAMME PURPOSE AND STRUCTURE

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

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

PRIORITIES

Training of undergraduate nurses

To identify and address scarce and critical skills in the public Health Sector through the Bursary Programme

Increase EMS employment staff through training of EMS Personnel

SUB-OUTCOME 5: IMPROVED HUMAN RESOURCES FOR HEALTH
SUB-OUTCOME 6: IMPROVED HEALTH MANAGEMENT AND LEADE RSHI P

Table HST 1: Strategic Objectives, Performance Indicators and Annual Targets for Health Sciences and Tra in i ng

No	Strategic Objectives	Indicator	Indicator Type	Audited/Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
1	Increase p roduction of human resources of health	Basic nurse students grad uating	No	94	9	14	13	9	92	-
2		Number of bursaries awarded for health science students	No	-	-	-	19	19	19	-
3	Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	%	4%	7%	0% (5/5)	0% (12/12)	0% (13/13)	0% (13/13)	10%
4	Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	No	2	2	3	6	6	6	8
5	Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	No	0	4	2	0	0	0	-
		Customized Indicators (Sector Indicators)								
6	Increase p roduction of human resources of health	Number of bursaries awarded for first year medicine students	No	-	3	0	0	0	0	20
7		Number of bursaries awarded for first year nursing students	No	-	8	9	0	2	2	-

Table HST 2: Quarterly **targets for Health Sciences and Training**

No	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Basic nurse students graduating	Annually	No	9				9
3	Number of bursaries awarded for health science students	Annually	No	19				19
5	Proportion of bursary holders permanently appointed	Annually	%	100% (13/13)				100% (13/13)
7	Number of employees enrolled for training on Intermediate Life Support	Annually	No	6			6	
9	Number of bursaries awarded to administrative staff	Annually	No	2				2
11	Number of bursaries awarded for first year medicine students	Annually	No	0				0
13	Number of bursaries awarded for first year nursing students	Annually	No	12				12

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
					2017/18				
				479	479				
							3487	39586	

The budget for this programme shows growth of 5.9 per cent against the adjusted budget. The estimates of 2019/20 and 2020/21 shows an increase of 5.6 per cent and 5.5 per cent respectively. The outer years of the MTEF shows a growth linked to inflation to cater for price increases in respect of training needs provided by the department to improve health care services.

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

R	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				4321	1324		21 087	8127	
Compensation of employees	526 7	278		154	1 45				
Goods and services				9168	1 869				
Interest and rent on land									
							4931	1 67 5	
Provinces and municipalities									
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises									
Non-profit institutions									
Households	234	159 0		1 43	1 43		4 9 3 1	1 6 7 5	
							971	891	
Buildings and other fixed structures	74								
Machinery and equipment				1 6381638		821	791	891	
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets	51	8							
Total economic classification				3071	1370	128	1 37908	1 4529	

RISK MANAGEMENT

Potential Risk	Mitigating Factors
The risk of not being accredited	Finalisation & submission of curricula; College management to present issues at a meeting with SANC and CNO; Develop & implement an action plan for accreditation;
The risk of not producing expected number of nurses.	Funding (staff development & operational costs). Develop the college retention strategy. Convene a meeting between the college and the department to facilitate communication; Conduct analysis of throughput of students in relation to M-scoring; Improved coordination between training, health development and clinical integration Appoint college student counsellor for the 2017/18 financial year;
Loss of accreditation	Provide adequate administrative & academic staff; Learner-equipment ratios must be met; Establish partnerships with HEIs & TVETs to meet academic requirements; Develop academic programmes that are in line with NECET policy & HEI; Provide workplace integrated learning platforms that meets the accreditation requirements;
Poor Quality of care (core knowledge)	Implementation of MOU for partnering with higher learning institution to establish bridging courses and new programmes with other HEI; Implementation of national training programme curriculum; Rolling out of the CPD programme; Introduction of System of 360-degree peer review; Post course debrief

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE AND STRUCTURE

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

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

SUB-PROGRAMME: FORENSIC MEDICAL SERVICES

PRORITY:

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

SUB-O UTCOME 2: IMPROVED QUALITY OF HEALTH CARE

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

No	Strategic Objective	Performance Indicators	Frequency	Indicator Type	Audited/ Actual Performance			Estimated Performan	Medium Term Targets		
					2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators									
	Render health care support service through speciali zed forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days	Quarterly	%	9%	92%	9%	9%	9%	9%	9%
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%	8%	9%	8%	8%	8%	8%	8%

QUARTERLY TARGETS 2018/19

Table HCSS 2: Quarterly targets for Forensic Medical Services

No	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
	Percentage of autopsies completed within 4 working days	Quarterly	%	95%	95%	95%	95%	95%
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	Quarterly	%	85%	85%	85%	85%	85%

PRIORITY:

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

SUB-OUTCOM E 2: IMPROVED QUALITY OF HEALTH CARE

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

No	Strategic Objective	Indicators	Frequency of Reporting	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
					2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators									
1	SUBPROGRAMME PHARMACEUTICALS	Percentage availability of medication (EML and STG) in the health facilities and intittio	Quarterly	%	9%	9%	9%	10%	10%	10%	10%
3	Improve availability and access of medicine	Percentage availability of medication (non-EML) in the health facilities	Quarterly	%	-	-	-	<10%	<10%	<10%	<10%
5	Improve quality of *service* including clinical gove rnance and patient safety	functional and Pharmaceutical and *Therapeutic* Committees	Quarterly	No	-	-	6	9	9	9	9

QUARTERLY TARGETS FOR 2018/19

Table HCSS 4: Quarterly targets for Pharmaceuticals

No	Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
	Percentage availability of medication (EML and STG) in the health facilities and institutions	Quarterly	%	100%	100%	100%	100%	100%
	Percentage availability of medication (non-EML) in the health facilities and institutions	Quarterly	%	80%	80%	80%	80%	80%
3	Number of functional Pharmaceutical and Therapeutic Committees	Bi-Annualy	No	9	9	9	9	9

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R				2018			2019	2020	2021
dSLricn1u.		ayves10263219		573	7 35		8026	475 8	
5	0	(		9	9		20638	21497	
3.FonSrvices		829717123		3 5 6 0 7 3 4 7 5			4	6	4
0	6	5		9865	10725		0461	031	
9	6			327	386		379	048	
7	8			0	1		2	5	1

The budget for Health Care Support Services programme has increases by 9.5 per cent compared to the adjusted budget. The programme was allocated additional funds over the MTEF as baseline adjustment to cater for ICS and reduce the impact of accruals on the non-negotiable items. The estimates of 2019/20 and 2020/21 are expected to grow by 4.7 per cent and 5.5 per cent respectively.

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
							561 4	12950	
Compensation of employees	6 7 2 5 1 3 1 6 4						8137	59 84	
Goods and services	2647	64 5					3427	91 35	
Interest and rent on land	6	271		–		–55	–	–	
				26	3		–	–	–
Provinces and municipalities	7	1		1	0		–	–	–
Departmental agencies and accounts	–	–		–	–		–	–	
Higher education institutions	–	–		–	–		–	–	
Foreign governments and international org anisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–		3		–	–	–	–
Non-profit institutions	–	–		–	–		–	–	
Households	254	71		2	5 0		–	–	
Buildings and other fixed structures				–		–86	–	–	
Machinery and equipment	4 0 5 1 3 1 5						3659	3865	
Heritage Assets	–	–		–	–		–	–	
Specialised military assets	–	–		–	–		–	–	
Biological assets	–	–		–	–		–	–	
Land and sub-soil assets	–	–		–	–		–	–	
Software and other intangible assets	–	–		–	–		–	–	–
	–			–			–	–	
				04591	1850				

The compensation of employees increased by 11.1 per cent compared to adjusted budget. The programme was allocated additional funds over the MTEF in order to cushion the historical impact of improvement of conditions of service. The estimates of 2019/20 and 2020/21 shows an increase of 4.4 per cent and 5.6 per cent respectively. The goods and services show growth of 6.3 per cent against the adjusted budget. However, the growth rate for the 2019/20 will be 5.2 per cent and 2020/21 will be 5.5 per cent to cater for inflationary increases. The budget for capital assets shows a steady growth over the 2018/19 MTEF mainly for the procurement machinery and equipment.

RISK MANAGEMENT

Potential Risk	Mitigating Factors
Forensic Medical Services	
Excessive breakdowns of FMS vehicles	Lobby for funds for the replacement of FMS vehicles with required specifications with installation of tracking devices in all vehicles; Continuous advance driving skills training to be conducted; Establishment of a line to report bad driving, misuse & abuse of vehicle;
Possible discontinuation of FMS services throughout the province	Building of new and completion of existing mortuaries as required by legislation; Appointment of additional dedicated cleaners at mortuaries; Ongoing replacement of cleaning machinery; Conduct quarterly inspections with the assistance of infrastructure management Personnel at facilities; Formal training of personnel on OHSA; Update & strengthen the implementation of the SOP's in line with regulations; Appointment of additional specialist to cater for ZFM & Namakwa; Funds to implement corrective actions as per security assessment;
Delays in turnaround time for post-mortems and reporting	Appointment of additional specialist to cater for ZFM & Namakwa Enter into an agreement with districts for the utilisation of full-time doctors to share the service Restructuring of FPS at Postmasburg, Hartswater, Douglas & Kimberley mortuaries Liaise with SCM on fast-tracking procurement processes(deliveries) Finalise the two vehicles for 2017/18 fin year

RISK MANAGEMENT

Pharmaceuticals	
Theft/Loss of medicines	Implementation of effective access control as required by legislation; Implementation of effective surveillance monitoring system;
Discontinuation of pharmaceutical services	Appointment of pharmacists at provincial level to review compliance;
Potential accidents	Liaise with ward councilor in which depot resides under; Official letter to Sol Plaatje municipality requesting assistance to put measures in place;
Ineffectiveness & inefficiency of warehouse management system(WMS)	Regular meetings with relevant stakeholders Weekly progress reports on system challenges Manual issuing of stock to facilities Introduced manual interventions for payment of suppliers
Inefficient stock management at facility level	Roll-out & implementation of stock management system at facilities Supply of equipment to facilities Strengthen the use of bin cards

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

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

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

PRIORITIES

Improve the quality of health service by implementing the Hospital Revitalization Programme

Implementation of Infrastructure Grants for Provinces

Implementation of Capital Maintenance Programme

Implementation of Clinical Engineering (Health Technology) Maintenance Programme

Facilitate the implementation of 8 facility upgrades and 21 water tanks projects through

National Health In-Kind Grant projects

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

Table HFM 1: Strategic Objectives, Performance Indicators and Annual Targets for Health Facilities Man ag ement

No	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
		Provincial Indicators								
	Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with the facility norms and	Number of facilities that comply with gazetted infrastructure Norms and Standards	No	Tshwaraga no OPD	-	1	2 1. Centralised patient registry at West End hospital 2 . Upgrading of Local Area Network and Connectivity of facilities	2 1. Bankhara Bodulong Clinic 2. Boegoebe r g Clinic	1 Centralized patient registry at West End hospital	1 Centralized patient registry at West End hospital

Indicator Type	Audited/ Actual Performance			Estimated performance			
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
				(9)	(5) 1. Construction of Port Nolloth CHC 2. Construction of new Springbok Hospital Pharmacy 3. Boegoeberg Clinic practical completion 4. Bankharra Bodulong Clinic Practical completion 5. Construction of	(9)	

					(11)
					1. Construction of Port Nolloth CHC 2. Heuningvlei Final completion 3. Kagung Clinic final completion 4. Construction of new Springbok Hospital Pharmacy 5. Boegoeberg Clinic practical completion 6. Bankhara Bodulong Clinic Practical completion 7. Vioolsdrift Clinic under construction 8. Carouleesburg Clinic under construct

Strategic Objectives	Performance Indicators
Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed

	Strategic Objectives	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performanc	Medium Term Targets		
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
									1. Kuruman hospital Regional hospital in JTG platform completed	1. Kuruman hospital Regional hospital in JTG platform completed

Customized Indicators (Sector Indicators)

1. Hester Malan CHC
2. Carnavon CHC
3. Noupoort C H C
4. Griekwa sta d CHC
5. Bi

No

1

(3)

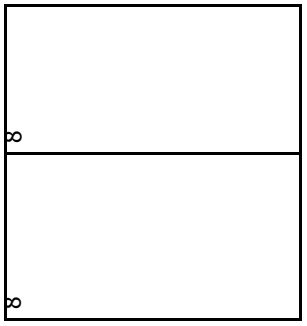
1. New Mental Health hospital
2. De Aar Hospital Completed and Operational
3. Kuruman

1. Kuruman Hospital Forensic Mortuary practical completion
2. Connie Vorster Hospital
3. Prieska Hospital Forensic Mortuary
4. New Mental Health Hospital-Final Completion

-

4	Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	No	-	-	4	12

		Number of additional hospitals and mortuaries constructed or revitalized	
Implementation of Health Facilities Revitalization Programme			
3			



No	Performance Indicators	Indicator Type	Audited/ Actual Performance			Estimated Performance			
			2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
5	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	No	-	-	19	(4) Joe Slovo CHC, Sutherland Nurses' Home, Garies Nurses' Home, Calvinia Hospital Surgical Store and other facilities as per incentive grant allocation	(13) 1. Kharkams Clinic 2. Logobate Clinic 3. Glenred Clinic 4. Jan Kempdorp Clinic 5. Mataleng Clinic 6. Ma Doyle Clinic 7. Florianville Clinic 8. Warrenton CHC 9. Dr Winston 10. Jan Witbooi Clinic 11. Seoding Clinic 12. Kagisho CHC 13 Metswetsaneng Clinic	Medium Term Targets 9	9

Strategic Objectives

QUARTERLY TARGETS 2018/ 19

Table HFM 2: Quarterly targets for Health Facilities Management

No	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
	with gazetted infrastructure Norms and Standards							
	community health centres and office facilities constructed							
	mo rtu a ries constructed or revitalized							
	undergone major and minor refurbishment in NHI Pilot District							
	undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in N HI Pilot District)							

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18			2018/19	2019/20	2020/21

The Health Facilities Management programme is mainly funded by Health Facility Revitalisation Grant. The estimates of this programme show a decrease by 32.8 per cent when compared to the adjusted budget of R562.6 million in 2017/18 financial year. This negative growth is due to the once off incentive perfo rma nce-based allocation and rollovers approved by the National Department of Health during the 2017/18 financial year.

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
				2017/18					
Compensation of employees	659	9058							
Goods and services				7549	5947		2501	63704	
Interest and rent on land				–	–		–	–	
	–			–			–	–	–
Provinces and municipalities	–	–	–	–	–		–	–	
Departmental agencies and accounts	–	–	–	–	–		–	–	
Higher education institutions	–	–	–	–	–		–	–	
Foreign governments and international organisations	–	–		–	–		–	–	
Public corporations and private enterprises	–	–	–	–	–		–	–	–
Non-profit institutions	–	–	–	–	–		–	–	
Households	–	142	34	–	–		–	–	
							25743		56030215
Buildings and other fixed structures				2483		90 43867324	49781	94 230	
Machinery and equipment				6495	9564				
Heritage Assets	–	–	–	–	–		–	–	
Specialised military assets	–	–	–	–	–		–	–	
Biological assets	–	–	–	–	–		–	–	
Land and sub-soil assets	–	–	–	–	–		–	–	
Software and other intangible assets	–	609	–	–			–	–	–
	–	–		–	–	–	–	–	
							378065		23901547

The compensation of employee's budget is adequate in order to fill vacant DoRA posts as per approved structure funded from Health Facility Revitalisation Grant as recommended by National Treasury.

The budget for payments of capital assets shows a negative growth of 49.6 per cent compared to the adjusted budget of R503.9 million in 2017/18. There was once off allocation of performance-based incentive portion from the Health Facility Revitalisation Grant and roll overs received in the 2017/18 fi nanci al year.

PERFORMANCE AND EXPENDITURE TRENDS

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

Table HFM 3: Performance and Expenditure trends for Health Facilities Management

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

RISK MANAGEMENT

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

Part C

1. Link to the Long Term Infrastructure and other capital plans ye The a rs table as extracted

Table B5

ANNUAL IMPLEMENTATION PLAN: 2018/19 FINANCIAL YEAR
GRANT: HEALTH FACILITY REVITALISATION (HFRG)
PROVINCE: NORTHERN CAPE

CT SUMMARY SPLIT

	R'000
HFRG	[illegible]
IDI	[illegible]
OFFICE EPWP	[illegible]
TOTAL	[illegible]

Province	Facility Name	Project Name	Delivery Mechanism (Procurement Strategy: Individual or Packaged Project)	Projects Activities	No. of Beds	Funding Source	Project Classification	Name of the Implementing Agent (IA)	Name of the Principal Agent	Name of the Contractor	Project Start Date	Construction Start Date	Construction End Date	Project End Date	Current Project Status	Total Project Cost (R000')	Total amount for the Approved Variation Orders (R000) since start of the project	Revised Approved Project Cost (R000') (Original Total Project Cost + VOs)	Total Accumulated Expenditure up to 31 Mar'18 (R000')	Budget Allocation 2018/19	Projected expenditure for 2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NC	[illegible]	[illegible]	[illegible]	[illegible]		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]			[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	DRPW	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	100%	[illegible]				[illegible]	[illegible]	[illegible]			
NC	[illegible]	[illegible]	[illegible]	[illegible]		HFRG	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	100%					[illegible]	[illegible]	[illegible]			
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	DRPW	N/A	N/A										[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	DRPW		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	DRPW	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	DRPW	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
NC	[illegible]	[illegible]	Individual	Planning		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]		Planning	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
NC	[illegible]	[illegible]	Individual	Construction		HFRG	[illegible]	DRPW	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]		
NC	[illegible]	[illegible]	Packaged Project	[illegible]		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
NC	[illegible]	[illegible]				HFRG		[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]				HFRG		[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]				HFRG		[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	
NC	[illegible]	[illegible]	Packaged Project	[illegible]		HFRG	[illegible]	[illegible]	[illegible]	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
NC	[illegible]	[illegible]	Individual	[illegible]		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	
NC	[illegible]	[illegible]	Packaged Project	Construction		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	Planning	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
NC	[illegible]	[illegible]	Individual	Planning		HFRG	[illegible]	[illegible]	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	Planning	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]

Province	Facility Name	Project Name	Delivery Mechanism (Procurement Strategy: individual or Packaged Project)	Projects Activities	No. of Beds	Funding Source	Project Component	Name of the Implementing Agent (IA)	Name of the Principal Agent	Name of the Contractor	Project Start Date	Construction Start Date	Construction End Date	Project End Date	Current Project Status	Total Project Cost (R000)	Total amount for the Approved Variance Orders (R000) since start of the project	Revised Approved Project Cost (R000) (Original Total Project Cost + V.O.s)	Total Accumulated Expenditure up to 31 Mar'18 (R000)	Budget Allocation in 2018/19	Proposed expenditure for 2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NC	As per needs	Installation of water storage tanks and piping for Clinics	Packaged Project	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	28-Mar-19	28-Mar-19	Planning	R1 000.00	R0.00	R1 000.00	R0.00	R 1 000	R 1 000		1 000		
NC	As per needs	Drilling of Boreholes at Clinics CHCs and Hospitals	Packaged Project	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	28-Mar-19	28-Mar-19	Planning	R3 000.00	R0.00	R3 000.00	R0.00	R 2 000	R 2 000	1 000	1 000		
NC	Dr Bill Pickard Hospital	Upgrading of Dr Bill Pickard Hospital Mortuary	Packaged Project	Design Development		HFRG	ID	NCDOH	Naga Architecture	N/A	01-Apr-17	01-Apr-18	28-Mar-19	28-Mar-19	Planning	R0.00	R0.00	R0.00	R0.00	R 0	R 0	0	0	0	0
NC	Hendrik Moller CHC	Upgrading of Hendrik Moller CHC Mortuary	Packaged Project	Design Development		HFRG	ID	IDT	Naga Architecture	N/A	01-Apr-17	01-Apr-18	28-Mar-19	28-Mar-19	Planning 80%	R3 000.00	R0.00	R3 000.00	R0.00	R 1 000	R 1 000		0	0	1 000
NC	4 Facilities. See attached annexure 1	Upgrading of gas (bulk) oxygen supply	Packaged Project	Procurement and Installation		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Jun-18	28-Feb-19	28-Feb-19	Planning	R3 000.00	R0.00	R3 000.00	R0.00	R 500	R 500				500
NC	7 Facilities. See attached annexure	Fencing of [illegible] Clinics	Packaged Project	Procurement and Installation		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Jun-18	28-Feb-19	28-Feb-19	Planning	R1 000.00	R0.00	R1 000.00	R0.00	R 500	R 500		500		
NC	West End Hospital	Upgrading of West End Hospital Patients file storage	Individual	Design and Documentation		HFRG	ID	NCDOH	N/A	N/A	01-Apr-17	01-Apr-19	31-Mar-21	31-Mar-21	Planning	R5 000.00	R0.00	R5 000.00	R0.00	R 5 000	R 20 000		2 000	2 000	1 000
NC	House no. 5,6 and 21 Memorial Road	Upgrading of House no 21, 5, 6 Memorial Road	Individual	Upgrading of houses		HFRG	ID	NCDOH	N/A	N/A	01-Apr-17	01-Jun-18	30-Nov-18	30-Nov-18	Planning	R5 000.00	R0.00	R5 000.00	R0.00	R 5 000	R 5 000			2 500	2 500
NC	See attachment	Upgrading of Local Area Network and Connectivity at facilities	Packaged Project	Design and Documentation Construction		HFRG	ID	NCDOH	N/A	N/A	02-Apr-17	02-Apr-17	28-Mar-19	31-Mar-21	Planning	R5 000.00	R0.00	R5 000.00	R0.00	R 5 000	R 5 000	1 250	1 250	1 250	1 250
NC	Joe Slovo CHC	Upgrading of Joe Slovo CHC Electricity	Packaged Project	Construction		HFRG	ID	NCDOH	N/A	N/A	01-Apr-17	03-Mar-18	31-Aug-18		Planning	R1 000.00	R0.00	R1 000.00	R0.00	R 500	R 900			900	0
NC	Kimberley Hospital	Upgrading of Wr 81 Psychiatric Unit (A 81 Ward)	Individual	Construction		HFRG	ID	DRPW	N/A	N/A	01-Apr-17	01-Apr-18	30-Nov-18	29-Mar-19	Planning	R1 000.00	R0.00	R1 000.00	R0.00	R 2 000	R 7 000	1 800	1 800	1 800	
NC	Kimberley Hospital	Upgrading of Water Reticulation System in Kimberley Hospital	Individual	Design and Documentation Construction		HFRG	ID	DRPW	N/A	N/A	03-Apr-17	03-Apr-18	30-Nov-18	30-Mar-19	Planning	R20 000.00	R0.00	R20 000.00	R0.00	R 5 000	R 20 000	1 000	1 000	1 000	1 000
NC	Kimberley Hospital	Electrical upgrades	Individual	Construction		HFRG	DRMP	DRPW	N/A	N/A	01-Apr-18	01-Apr-18	30-Nov-18	01-Apr-19	Design and Documentation	R18 000.00	R0.00	R18 000.00	R18 000.00	R 5 000	R 10 000		2 500	2 500	
NC	Kuruman Hospital	Upgrading of Kuruman Hospital Casualty	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	04-Feb-19	27-Mar-20	01-Jul-20	Planning	R3 000.00	R0.00	R3 000.00	R3 000.00	R 2 000	R 3 000			1 000	1 000
NC	Galeshewe Day Hospital	Upgrading of Galeshewe Day Hospital	Individual	Design and Documentation		HFRG	ID	NCDOH	N/A	N/A	01-Jun-18	01-Sep-18	27-Mar-20	30-Mar-19	Planning	R10 000.00	R0.00	R10 000.00	R0.00	R 6 000	R 16 000		2 000	1 500	1 500
NC	mention number of facilities	Upgrading of Staff Accommodation at Health facilities	Packaged Project	Design and Documentation		HFRG	ID	DRPW	N/A	N/A	01-Apr-17	04-Feb-19	27-Mar-20	30-Mar-19	Planning	R20 000.00	R0.00	R6 000.00	R0.00	R 4 000	R 20 000		2 000	2 000	
NC	Kharkams Clinic	Upgrading of Kharkams Clinic	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R14 789.00	R0.00	R14 789.00	R0.00	R 1 100	R 1 500		1 500		
NC	[illegible] Clinic	Upgrading of [illegible] Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R6 043.00	R0.00	R6 043.30	R0.00	R 1 000	R 1 000	1 000			
NC	[illegible] Clinic	Upgrading of [illegible] Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R7 308.00	R0.00	R7 308.30	R0.00	R 1 000	R 1 000	1 000			
NC	Jan Kempdorp CHC	Upgrading Jan Kempdorp CHC	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R13 928.00	R0.00	R13 928.30	R0.00	R 1 000	R 1 000	1 000			
NC	Mataleng Clinic	Upgrading of Mataleng Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R7 881.00	R0.00	R7 881.30	R0.00	R 1 000	R 1 000	1 000			
NC	Ma Doyle Clinic	Upgrading of Ma Doyle Clinic	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R6 897.00	R0.00	R6 897.30	R0.00	R 1 000	R 1 000	1 000			
NC	[illegible] CHC	Upgrading of [illegible] CHC	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R19 730.00	R0.00	R19 760.30	R0.00	R 1 000	R 1 000	1 000			
NC	Griekwastad CHC	Upgrading of Griekwastad CHC	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R16 486.00	R0.00	R16 486.30	R0.00	R 1 000	R 1 000	1 000			
NC	Dr Bill Pickard	Upgrading of Dr Bill Pickard Hospital Mortuary	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R22 321.00	R0.00	R22 321.30	R0.00	R 1 000	R 1 000	1 500			
NC	Warrenton CHC	Upgrading of Warrenton CHC	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R13 792.00	R0.00	R13 792.30	R0.00	R 1 000	R 1 000	1 000			
NC	Dr Winston Torres	Upgrading of Dr Winston Torres Clinic	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R7 993.00	R0.00	R7 993.30	R0.00	R 500	R 500	500			
NC	Jan Witbooi Clinic	Upgrading of Jan Witbooi Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R6 253.00	R0.00	R6 253.30	R0.00	R 500	R 500	500			
NC	[illegible] Clinic	Upgrading of [illegible] Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R5 408.00	R0.00	R5 408.30	R0.00	R 500	R 500	500			
NC	Kagisho Health Centre	Upgrading of Kagisho Health Centre	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R12 641.00	R0.00	R12 641.30	R0.00	R 3 000	R 30 000	2 000	1 000		
NC	Keimoes CHC	Upgrading of Keimoes CHC	Individual	Planning		HFRG	ID	NCDOH	Cecacive Arch	N/A	01-Apr-17	01-Apr-18	28-Feb-19	30-Mar-19	Design and Documentation	R30 037.00	R0.00	R30 037.30	R0.00	R 300	R 500	500			
NC	[illegible] CHC	Upgrading of [illegible] CHC	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-17	01-Apr-18	28-Feb-19	31-Mar-19	Procurement stage	R536.00	R0.00	R500.30	R0.00	R 500	R 500	500			
NC	[illegible] Clinic	Upgrading of [illegible] Clinic	Individual	Planning		HFRG	ID	NCDOH	Deslude Architects	N/A	01-Apr-17	01-Apr-18	28-Feb-19		Design and Documentation	R5 579.00	R0.00	R5 579.30	R1 460.00	R 1 000	R 1 000	1 000			
NC	Tshwaragano Hospital	Refurbishment of Tshwaragano Hospital	Individual	Planning		HFRG	DRMP	DRPW	N/A	N/A	01-Apr-18	01-Apr-18	28-Feb-19	31-Mar-19	Design and Documentation	R3 000.00	R0.00	R3 020.30	R3 000.00	R 3 000	R 3 000		1 500	1 500	
NC	Economic based maintenance	Various facilities	Packaged Project	Planning		HFRG	DRMP	DRPW		N/A	01-Apr-18	01-Apr-18	28-Feb-19	31-Mar-19	Design and Documentation	R15 000.00	R0.00	R15 030.00	R15 000.00	R 45 000	R 45 000	45 000			
NC	Arthur Letele Pharmaceutical Depot	Refurbishment of Arthur Letele Pharmaceutical Depot	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Apr-18	01-Apr-18	28-Feb-19	31-Mar-19	Construction 80%	R 1 641	R0.00	R 1 641	R 1 641	R 1 000	R 1 000	1 000			
NC	Postmasburg Hospital	Refurbishment of Postmasburg Hospital Laundry	Individual	Planning		HFRG	ID	NCDOH	DRPW	N/A	01-Aug-16	01-Apr-18	28-Feb-19	31-Mar-19	Construction	R1 000.00	R0.00	R1 000.00	R1 000.00	R 1 000	R 1 000	1 000			
NC	Kuruman Hospital	Refurbishment of Kuruman Hospital Laundry	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Aug-16	01-Apr-18	28-Feb-19	31-Mar-19	Construction	R2 500.00	R0.00	R2 500.00	R2 500.00	R 2 500	R 12 500		500	1 000	1 000
NC	Kakamas Hospital	Refurbishment of Kakamas Hospital Laundry	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Aug-16	01-Apr-17	31-May-18	01-May-18	Construction	R500.00	R0.00	R500.00	R500.00	R 500	R 500	500			
NC	Pofadder CHC	Refurbishment of Pofadder CHC Laundry	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Aug-16	01-Aug-17	31-May-18	01-May-18	Construction	R1 500.00	R0.00	R1 500.00	R1 500.00	R 1 000	R 1 000	1 000			
NC	Springbok Hospital	Refurbishment of Springbok Hospital Laundry	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Aug-16	01-Aug-17	31-May-18	01-May-18	Construction	R500.00	R0.00	R500.00	R500.00	R 500	R 500	500			

Province	Facility Name	Project Name	Delivery Mechanism (Procurement Strategy: Individual or Packaged Project)	Projects Activities	No. of Beds	Funding Source	Project Component	Name of the Implementing Agent (IA)	Name of the Principal Agent	Name of the Contractor	Project Start Date	Construction Start Date	Construction End date	Project End Date	Current Project Status	Total Project Cost (R000')	Total amount for Approved Variation Orders (R000') since start of the project	Revised Approved Project Cost (R000') (Original Total Project Cost + V.Os)	Total Accumulated Expenditure up to 31 Mar'18 (R000')	Budget Allocation 2018/19	Projected Expenditure for 2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NC	Victoria West Hospital	Refurbishment of Victoria West Hospital Laundry	Individual	Planning		HFRG	ID	DRPW	DRPW	N/A	01-Aug-16	01-Apr-18	28-Feb-19	31-Mar-19	Construction	R500 00	R0 00	R500 00	R500 00	R 500	R 500	500			
NC	Connie Vorster Hospital	Refurbishment of Connie Vorster Hospital Laundry	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Aug-16	01-Apr-18	28-Feb-19	31-Mar-19	Construction	R1 000 00	R0 00	R1 000 00	R1 000 00	R 500	R 500	500			
NC	Carnarvon Hospital	Refurbishment of Carnarvon Hospital Laundry	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	28-Feb-19	31-Mar-19	Planning	R500 00	R0 00	R500 00	R500 00	R 500	R 500	500			
NC	Rietfontein CHC	Refurbishment of Rietfontein CHC Laundry	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	28-Feb-19	31-Mar-19	Planning	R500 00	R0 00	R500 00	R500 00	R 500	R 500	500			
NC	Tshwaragano Hospital	Refurbishment of Tshwaragano Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500	R 1 500		1 500		
NC	Gordonia Hospital	Refurbishment of Gordonia Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R2 000 00	R0 00	R2 000 00	R2 000 00	R 1 000	R 1 000		1 000		
NC	Kuruman Hospital	Refurbishment of Kuruman Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
NC	Postmasburg Hospital Psychiatric	Refurbishment of Postmasburg Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
NC	Connie Vorster Hospital Psychiatric	Refurbishment of Connie Vorster Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
NC	De Aar Hospital	Refurbishment of De Aar Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
NC	Calvinia Hospital	Refurbishment of Calvinia Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	28-Mar-19	01-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
	Springbok Hospital	Refurbishment of Springbok Hospital Psychiatric Ward	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Aug-18	29-Mar-19	02-Jul-19	Planning	R1 500 00	R0 00	R1 500 00	R1 500 00	R 1 500		1 500			
NC	Nababeep CHC	Refurbishment of Nababeep CHC	Individual	Planning		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-19	28-Mar-20	28-Mar-20	Planning	R3 000 00	R0 00	R3 000 00	R3 000 00	R 3 000			1 500	1 500	
	Sutherland Nurses Home	Refurbishment of Sutherland Nurses Home	Individual	Planning		HFRG	ID	DRPW	N/A	N/A	05-Apr-18	01-Apr-19	28-Mar-20	31-Mar-19	Planning	R1 000 00	R0 00	R1 000 00	R1 000 00	R 500	R 500		500		
	Garies Nurses Home	Refurbishment of Garies Nurses Home	Individual	Planning		HFRG	ID	DRPW	N/A	N/A	05-Apr-18	01-Apr-19	29-Mar-20	31-Mar-19	Planning	R1 000 00	R0 00	R1 000 00	R1 000 00	R 500	R 500		500		
NC	Dr Harry Surtie Hospital	Maintenance of Dr Harry Surtie Hospital	Individual	Maintenance		HFRG	ID	DRPW	V3 Consulting	N/A	04-Apr-18	01-Apr-18	29-Mar-20	31-Mar-19	Planning	R7 000 00	R0 00	R7 000 00	R7 000 00	R 7 000	R 7 000	2 000	3 000	1 000	1 000
NC	Mental Health Hospital	Maintenance of Mental Health Hospital	Individual	Maintenance		HFRG	ID	NCDOH	N/A	N/A	05-Apr-18	01-Apr-18	29-Mar-20	31-Mar-19	Planning	R3 000 00	R0 00	R3 000 00	R3 000 00	R 3 000	R 3 000		1 500	500	500
NC	De Aar Hospital	Maintenance of De Aar Hospital	Individual	Maintenance		HFRG	ID	NCDOH	V3 Consulting	N/A	06-Apr-18	01-Apr-18	29-Mar-20	31-Mar-19	Planning	R7 000 00	R0 00	R7 000 00	R7 000 00	R 7 000	R 7 000	2 000	3 000	1 000	1 000
NC	Kimberley Hospital	Maintenance of Kimberley Hospital boiler	Individual	Maintenance		HFRG	NCDOH	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-20	31-Mar-19	Planning	R1 000 00	R0 00	R1 000 00	R1 000 00	R 500	R 500	200	150	100	50
NC	As per needs	Maintenance of Standby Generators and HVACs	Packaged Project	Maintenance		HFRG	ID	DRPW	Motlan Consulting	Motlan Consulting	01-Apr-18	01-Apr-18	29-Mar-20	01-Apr-19	Planning	R16 000 00	R0 00	R16 000 00	R16 000 00	R 8 000	R 8 000	2 000	2 000	2 000	2 000
NC	As per needs	Building & Roof Structures Maintenance	Individual	Maintenance		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-19	29-Mar-19	Planning	R2 000 00	R0 00	R2 000 00	R2 000 00	R 2 000	R 2 000	500	500	500	500
NC	As per needs	Maintenance of refrigerators and cold rooms	Packaged Project	Maintenance		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-19	29-Mar-19	Planning	R3 000 00	R0 00	R1 000 00	R1 000 00	R 500	R 500	100	150	150	100
NC	28 Facilities, See attached annexure	Maintenance of Medical Gas/ LP Gas	Packaged Project	Maintenance		HFRG	ID & HT	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	28-Mar-19	28-Mar-19	Planning	R3 000 00	R0 00	R3 000 00	R3 000 00	R 500	R 500	100	150	150	100
NC	As per needs	Medical Equipment maintenance	Packaged Project	Maintenance		HFRG	ID & HT	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-19	29-Mar-19	Planning	R2 000 00	R0 00	R2 000 00	R2 000 00	R 1 000	R 1 000	250	250	250	250
NC	As per needs	Maintenance of fire fighting equipment	Packaged Project	Maintenance		HFRG	ID	DRPW	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-19	29-Mar-19	Planning	R11 000 00	R0 00	R11 000 00	R11 000 00	R 8 000	R 8 000	2 000	2 000	2 000	2 000
NC	As per needs	Maintenance of plumbing and sanitation	Individual	Maintenance		HFRG	ID	NCDOH	N/A	N/A	01-Apr-18	01-Apr-18	29-Mar-19	29-Mar-19	Planning	R3 000 00	R0 00	R3 000 00	R3 000 00	R 1 500	R 1 500	375	375	375	375
NC	Kimberley Hospital		Individual	Maintenance		HFRG	ID	DRPW	Aurecon	N/A	03-Apr-18	03-Apr-18	30-Mar-19	30-Mar-19	Planning	R27 000 00	R0 00	R27 000 00	R27 000 00	R 10 000	R 10 000				10 000
NC	Salaries of employees on	Compensation of employees	Individual	1. Documentation 2. Maintenance		HFRG	OD	NCDOH	N/A	N/A	01-Apr-18	02-Apr-18	30-Mar-19	29-Mar-19	Ongoing	R 1 822	R0 00	R 1 822	R 1 822	R 1 822	R 1 822	456	456	456	456
GRAND TOTAL																				R 104 391	R 847 522	185 001	55 843	57 268	48 831

Compiled by: Dr LG Mabona
Director: Health Facilities Management
Date: 27/3/2018
Signature: [signature]

Recommended by: Mr D Gaborone
Chief Financial Officer
Date: 27/03/2018
Signature: [signature]

Approved by: Mr S Jonkers
Head of Department
Date: 2018-03-27
Signature: [signature]

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT ANNUAL PERFORMANCE INDICATORS BREAKDOWN

The table below depicts a break-down of annual performance indicators which will be monitored on a quarterly basis

No	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
1	Number of additional clinics, community health centres and office facilities constructed	Annualy	No	5	1.Construction of Port Nolloth CHC=50% 2. Construction of new Springbok Hospital Pharmacy=15% 3. Boegoeberg Clinic=15% 4.Bankhaa Bodulong Clinic=15% 5. Construction of New Nursing and EMS College=20%	1.Construction of Port Nolloth CHC=65% 2. Construction of new Springbok Hospital Pharmacy=20% 3. Boegoeberg Clinic=75% 4. Bankha Bodulong Clinic=75% 6. Construction f New Nursing and EMS College=30%	1.Construction of Port Nolloth CHC=80% 2. Construction of new Springbok Hospital Pharmacy=25% 3. Boegoeberg Clinic practical completion 4. Bankhar a Bodulong Clinic Practical completion 6. Construction of New Nursing and EMS College=45%	5
2	Number of additional hospitals and mortuaries constructed or revitalized	Annualy	No	4	1. Kuruman Hospital Forensic Mortuary practical comp letion = Design Stage 2.Connie Vorster Hospital= Design Stage 3.Prieska Hospital Forensic Mortuary=Design	1. Kuruman Hospital Fo rensic Mortuary practical comp letion = Design Stage 2.Connie Vorster Hospital= Design Stage 3.Prieska Hospital Forensic Mortuary=Design	1. Kuruman Hospital Forensic Mortuary practical comp letion = Design Stage 2.Connie Vorster Hospital=Design Stage 3.Prieska Hospital Forensic Mort uary = Design Stage	4

No	Performance Indicator	Frequency of Reporting	Indicator Type	Annual Target 2018/19	Quarterly Targets			
					Q1	Q2	Q3	Q4
					Stage 4.New Mental Health Hospital-**works Completion**	Stage 4.New Mental Health Hospital-**Final Completion**	4.New Mental Health Hospital-**Completed**	
3	Number of health facilities that h ave undergo ne major and minor refurbishment in NHI Pilot District	Annually	No	5	1.Hester Malan CH C 2.Carnavon CHC 3.Noupoort CHC 4.Griekwastad CHC 5. Bill Pickard Hospital	1.Hester Malan CH C 2.Carnavon CHC 3.Noupoort CHC 4.Griekwastad CHC 5. Bill Pickard Hospital	1.Hester Malan CH C 2.Carnavon CHC 3.Noupoort CHC 5.Griekwastad CHC 7. Bill Pickard Hospital	5
4	Number of health facilities that h ave undergo ne major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	Annually	No	3	1.Kharkams Clinic 2.Logobate Clinic 3.Glenred Clinic 4.Jan Kempdorp Clinic 5. Mataleng Clinic 6. Ma Doyle Clinic 7. Florianville Clinic 8.Warrenton CHC 9. Dr Winston Torres Clinic 10. Jan Witbooi Clinic 11.Seoding Clinic 12 . Kagisho CHC 13. Metswetsaneng Clinic	1.Kharkams Clinic 2.Logobate Clinic 3.Glenred Clinic 4.Jan Kempdorp Clinic 5. Mataleng Clinic 6. Ma Doyle Clinic 7. Florianville Clinic 8.Warrenton CHC 9. Dr Winston Torres Clinic 10. Jan Witbooi Clinic 11.Seoding Clinic 12 . Kagisho CHC 13. Metswetsaneng Clinic	1.Kharkams Clinic 2.Logobate Clinic 3.Glenred Clinic 4.Jan Kempdorp Clinic 5.Mataleng Clinic 6.Ma Doyle Clinic 7. Florianville Clinic 8.Warrenton CHC 9. Dr Winston Torres Clinic 10. Jan Witbooi Clinic 11.Seoding Clinic 12 . Kagisho CHC 13. Metswetsaneng Clinic	3

CONDITIONAL GRANTS

HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2018/19
Health Professional Training and Development	Support provinces to fund services costs associated with the training of health science trainees on the public platform	Availability of Business Plans	Approved Business Plan
		Number of site visits	30 site visits
		Availability of quarterly and annual performance report	4 quarterly reports, 1 annual performance report

NATIONAL TERTIARY SERVICES GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2018/19
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 2018/19
Comprehensive HIV AIDS Conditional Grant	To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing To support the implements of the National operational plan for comprehensive HIV and AIDS treatment and care To subsidise in-part funding for the antiretroviral treatment plan	1. Number of new patients that started on ART	8 039
		2. Number of Antenatal Care (ANC) clients initiated on ART	2 381
		3. Number of babies Polymerase Chain Reaction (PCR) tested at 10 weeks	2380
		4. Number of HIV positive clients screened for TB	14 462
		5. Number of HIV positive patients that started on IPT	13 349
		6. Clients tested for HIV (Incl ANC)	230 259
		7. Medical Male Circumcisions performed- Total	24 279

HEALTH FACILITY REVITALISATION GRANT

Name conditional grant	Purpose of the grant	Performance indicators	Indicator targets for 2018/19
Health Facility Revitalization Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA) Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver health infrastructure	Approved Annual Implementation plans for both Health Facility Revitalization Grant and National Health Grant	Approved Annual Implementation Plan
		Monitoring number of projects receive funding from Health Facility Revitalization Grant and National Health Grant	All facilities monitored
National Health Grant: Health Facility Revitalization Component	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational systems and quality assurance (QA) in National Health Insurance (NHI) pilot districts Supplement expenditure on health infrastructure delivered through public-private partnerships To enhance capacity to deliver infrastructure in health	Approved Annual Implementation plans for both Health Facility Revitalization Grant and National Health Grant	

PUBLIC ENTITIES

The department does not have Public Entities

PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

The department does not have Public-Private Partnerships

CONCLUSIONS

The focus of the department is to improve service delivery, with the ultimate aim of improving the quality of life of our poor and unemployed communities.

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

****The Strategic Plan 2015/16-2019/20 has been reviewed**

Introduction

The tables below reflect the amendments made to ensure alignment between the Annual Performance Plan and Strategic Plan.

PROGRAMME 2

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	Objective Statement	Performance Indicator	Baseline (2013/14)	Expected Outcome target (2019)
District Health Services	**Performance indicator: Ideal** clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	Removed	Removed	Removed	Removed	Removed
HAST	**Performance indicator:** Male condom distributed	Remains unchanged	Remains unchanged	Remains unchanged	7 964 800	15 492 381

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Performance Indicator: Medical male circumcision - Total	Remains unchanged	Remains unchanged	Remains unchanged	6 544	18 300
	TB/HIV co-infected client on ART rate	Remains unchanged	Remains unchanged	Remains unchanged	New indicator	95%
	TB symptom 5 years and older start on treatment rate			Remains unchanged	New Indicator	83%
	Performance indicator: TB client treatment success rate		Remains unchanged	Remains unchanged	Remains unchanged	85%
	Performance indicator: TB client lost to follow up rate			Remains unchanged	Remains unchanged	6%
	Performance indicator: TB Client Death Rate		Remains unchanged	Remains unchanged	Remains unchanged	6.5%
	Performance indicator: TB MDR treatment success rate		Remains unchanged	Remains unchanged	Remains unchanged	50%
MCWH & NUTRITION	**Performance Indicator:** Antenatal 1st visit before 20 weeks rate	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	64.5%
	Performance	Removed	Removed	Removed	Removed	Removed

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	Objective Statement	Performance Indicator	Baseline (2013/14)	Expected Outcome target (2019)
	Indicator: DTaP-IPV-Hib-HBV **3** - Measles 1st dose drop-out rate					
	Performance Indicator: Diarrhoea case fatality under 5 years rate	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	2.8%
	Performance Indicator: Pneumonia case fatality under 5 years rate	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	2.4%
	Performance Indicator: Severe acute malnutrition case fatality under 5 years rate	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	6%
	Performance Indicator: Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate	Removed	Removed	Removed	Removed	Removed
	Performance Indicator: School Grade 1 - learners screened	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	4700
	Performance Indicator: School Grade **8** - learners screened	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	3600
	Performance Indicator: Cervical Cancer	Remains unchanged	Remains unchanged	Cervical Cancer Screening coverage 30 years	New indicator	55% 47%

Sub-Programme	Currently in the Strategic Plan	Amendments				
		Strategic Objective	**Objective Statement**	**Performance Indicator**	**Baseline (2013/14)**	**Expected Outcome target (2019)**
	Screening coverage			and older		
	Performance Indicator: Human Papilloma Virus Vaccine 1st dose	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	13000
	Performance Indicator: Human Papilloma Virus Vaccine 2nd dose	Remains unchanged	Remains unchanged	Remains unchanged	Remains unchanged	13000

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ANNEXURE D: CUSTOMIZED INDICATORS FOR HEALTH SECTOR
PROGRAMME 1: HEALTH ADMINISTRATION & MANAGEMENT

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

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

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

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

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly, Bi-annual, Annual)	Indicator Type
Ideal Clinic Status Rate	Annually	%
PHC utilisation rate	Quarterly	No
Complaint resolution within 25 working days rate (PHC)	Quarterly	%

SUB – PROGRAMME DISTRICT HOSPITALS

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

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

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

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

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

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

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

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

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

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

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

BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

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

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

BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

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

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

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

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

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

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

BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

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

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

BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

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

BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

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

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

ANNEXURE E: TECHNICAL INDICATOR DESCRIPTIONS

PROGRAMME 1

Policy and Planning

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

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

Research and Development

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

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

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

Information, Communication and Technology

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

2	**Indicator title**	**Percentage of hospitals with broadband access**
	Short definition	Percentage of hospitals with broadband access
	Purpose/importance	To track broadband access to hospitals
	Source/collection of data	Network reports that confirm availability of broadband
	Method of calculation	**Numerator:** Total number of hospitals with a minimum of 2 Mbps connectivity **Denominator:** Total number of hospitals
	Data limitations	None
	Type of indicator	Output
	Calculation type	Percentage **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No

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	Desired performance	Higher Proportion of broadband **access is** more favourable for connectivity to ensure that South African health system can **implement** the eHealth **Programme**
	Indicator responsibility	**Senior** Manager Information Communication and Technology

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

Human Resource Management

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

2.	**Indicator title**	**Percentage performance agreements signed by SMS officials**
	Short definition	The percentage of **performance agreements signed** by **SMS** officials
	Purpose/importance	Monitors the **signing** of performance **agreements** by **SMS** officials
	Source/collection of data	**PMDS** Database
	Method of calculation	Number of performance **agreements signed** by **SMS** officials/ Total number of **employees** qualifying to **sign** PA'S
	Data limitations	Delayed **submission** of required information to the **PMDS** office
	Type of indicator	**Outcome**
	Calculation type	Percentage
	Reporting cycle	Annually
	New indicator	**No**
	Desired performance	**Improved compliance** to the **PMDS policies**
	Indicator responsibility	**Senior** Manager Human **Resources** Management

Financial Management

1.	**Indicator title**	**Audit opinion from Auditor General**

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

Employment Equity and Gender

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

2.	**Indicator title**	**Number of diversity and equity awareness programmes conducted**
	Short definition	**Gender of** diversity **and** equity **awareness programmes conducted**
	Purpose/importance	**To ensure** that diversity **and gender programmes are conducted**
	Source/collection of data	**Minutes, attendance** register
	Method of calculation	**Number of** diversity **and gender programmes conducted** regularly
	Data limitations	**Limited funds available, cost** containment **measures**
	Type of indicator	Output
	Calculation type	**Number**
	Reporting cycle	Quarterly
	New indicator	**Yes**
	Desired performance	**Increased number** diversity **and** equity **awareness programmes**
	Indicator responsibility	**Manager Gender; Manager Employment** Equity

PROGRAMME 2

District Health Services

1.	Indicator title	Ideal clinic status rate
	Short definition	Ideal clinic outcome for fixed clinics, CHCs and CDCs where ideal clinic status determinations are conducted by PPTICRM as a proportion of fixed clinics plus fixed CHCs/CDCs
	Purpose/importance	Monitors outcomes of self (ideal clinic) assessments to ensure they are ready for inspections conducted by Office of the Health Standards Compliance
	Source/collection of data	Ideal Clinic review tools
	Method of calculation	Numerator: SUM([Ideal clinic status]) Denominator: Fixed PHC clinics/fixed CHCs/CDCs
	Data limitations	None
	Type of indicator	Process
	Calculation type	Percentage
	Reporting cycle	Annual
	New indicator	Yes
	Desired performance	Higher level clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by Office of the Health Standards Compliance
	Indicator Responsibility	DHS Manager

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

3.	Indicator title	Complaints Resolution within 25 working days rate (PHC)
	Short definition	Complaints resolved within 25 working days as a proportion of complaints resolved
	Purpose/importance	Monitors the time frame in which public health system responds to complaints
	Source/collection of data	DHIS, complaints register
	Method of calculation	Numerator: SUM ([Complaint resolved within 25 working days]) Denominator: SUM([Complaint resolved])
	Data limitations	Accuracy of information is dependent on the accuracy of time stamp for each complaint
	Type of indicator	Quality
	Calculation type	Percentage (Non- Cumulative)
	Reporting cycle	Quarterly

	New indicator	**No**
	Desired performance	**Higher percentage suggest better management of complaints in** PHC facilities
	Indicator Responsibility	**Senior Manager** Quality **Assurance**

District Hospital Services

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

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

ב	**Indicator title**	**Inpatient Bed Utilisation** rate **(District Hospitals)**

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

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

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

	New indicator	No
	Desired performance	Higher percentage suggest better management of complaints in District Hospitals Facilities
	Indicator Responsibility	Senior Manager Quality Assurance

HIV and AIDS, STI

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

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

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

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

T B

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

2	Indicator title	TB symptom 5 years and older start on treatment rate
	Short definition	**TB** client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive
	Purpose/importance	Monitors trends in early identification of children with TB symptoms in health care facilities

	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([TB client 5 years and older start on treatment]) **Denominator:** SUM([TB symptomatic client 5 years and older tested positive])
	Data limitations	Accuracy dependent on quality of data from reporting facility
	Type of indicator	Process/Activity
	Calculation type	Percentage vita **(Incremental)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	To ensure all clients 5 years and older who screened positive for TB are initiated on treatment
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

3.	**Indicator title**	**TB client treatment success rate**
	Short definition	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)
	Purpose/importance	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior
	Source/collection of data	TB register, ETR.Net
	Method of calculation	**Numerator:** S UM ([T B client successfully completed treatment]) **Denominator:** S UM [A LL TB clients started on treatment]
	Data limitations	Accuracy dependent on quality of data from reporting facility
	Type of indicator	Outcome
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher percentage suggests better treatment success
	Indicator Responsibility	Senior Manager-HAST; Chief Director- Health Programmes

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

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

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

Maternal, Child and Woman's Health

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

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

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

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

	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

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

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

7	**Indicator title**	**Diarrhoea case fatality under 5 years rate**
	Short definition	Proportion of children under 5 years admitted with diarrhoea who died
	Purpose/importance	Monitors treatment outcome for children under 5 years who were separated with diarrhoea
	Source/collection of data	Ward register
	Method of calculation	**Numerator:** SUM([Diarrhoea death under 5 years]) **Denominator:** SUM([Diarrhoea separation under 5

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

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

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

10	**Indicator title**	**School Grade 1 - learners screened**
	Short definition	Total number of Grade 1 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
	Source/collection of data	School health report (ISHP team), Facility register, DHIS
	Method of calculation	**Numerator:** Sum of school Grade 1 - learners screened
	Data limitations	Inaccurate capturing and reporting
	Type of indicator	Process
	Calculation type	Number **(Non-cumulative)**
	Reporting cycle	Quarterly

	New indicator	**No**
	Desired performance	Higher number indicates greater proportion of school children received health services at their school
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

11.	**Indicator title**	**School Grade 8 – learners screened**
	Short definition	Total number of Grade 8 learners screened by a nurse in line with the ISHP service package
	Purpose/importance	Monitors implementation of the Integrated School Health Program (ISHP)
	Source/collection of data	School Health data collection forms
	Method of calculation	**Numerator:** SUM [School Grade **8** - learners screened]
	Data limitations	None
	Type of indicator	Process
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Quarterly
	New indicator	**No**
	Desired performance	Higher number indicates greater proportion of school children received health services at their school
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

12.	**Indicator title**	**Delivery in 10 to 19 years in facility rate**
	Short definition	Deliveries to women between the ages of 10 to 19 years as a proportion of total deliveries in health facilities
	Purpose/importance	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).
	Source/collection of data	Health Facility Register, DHIS
	Method of calculation	**Numerator:** SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] **Denominator:** SUM([Delivery in facility total])
	Data limitations	None
	Type of indicator	Process
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	**No**
	Desired performance	Lower percentage indicates better family planning
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

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

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

15.	Indicator title	Human Papilloma Virus Vaccine 1st dose
	Short definition	Girls 9 years and older that received HPV 1st dose
	Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
	Source/collection of data	HPV Campaign Register – captured electronically on HPV system
	Method of calculation	**Numerator: SUM([Agg_Girl 09 yrs HPV 1st dose])** + SUM([Agg Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose])
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher number indicate better coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

16.	Indicator title	Human Papilloma Virus Vaccine 2nd dose
	Short definition	Girls 9yrs and older that received HPV 2nd dose
	Purpose/importance	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far
	Source/collection of data	HPV Campaign Register – captured electronically on HPV system
	Method of calculation	**Numerator: SUM([Agg_Girl 09 yrs HPV 2nd dose])** + SUM([Agg Girl 10 yrs HPV 2nd dose]) + SUM([Agg Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and older HPV 2nd dose])
	Data limitations	None
	Type of indicator	Output
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Higher number indicate better coverage
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

17.	Indicator title	Vitamin A 12-59 months coverage
	Short definition	Children 12-59 months who received Vitamin A **200,000** units, every six months as a proportion of population 1259 months.
	Purpose/importance	Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year
	Source/collection of data	PHC Comprehensive Tick Register
	Method of calculation	**Numerator:** SUM([Vitamin A dose 12-59 months]) **Denominator:** Population male and female 12-59 months x 2
	Data limitations	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation
	Type of indicator	Output
	Calculation type	Percentage **(Non-Cumulative)**

	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Higher proportion of children 12-29 months who received Vit A will increase health
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

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

19.	**Indicator title**	**Neonatal death in facility rate**
	Short definition	Neonatal **0-28** days who died during their stay in the facility as a proportion of live births in facility
	Purpose/importance	Monitors treatment outcome for admitted children under 28 days
	Source/collection of data	Delivery register, Midnight report
	Method of calculation	**Numerator:** SUM([Inpatient death 0-7 days]) + SUM([Inpatient death **8-28** days]) **Denominator:** SUM([Live birth in facility])
	Data **limitations**	Quality of reporting
	Type of **indicator**	Impact
	Calculation type	Rate **per 1000** live births **(Non-Cumulative)**
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Lower death rate in facilities indicate better obstetric management practices and antenatal and care.
	Indicator Responsibility	Senior Manager-MCYWH & Nutrition; Chief Director-Health Programmes

Disease Control and Prevention

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

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

Programme 3: Emergency Medical Services

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

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

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

Programme 4:
Regional Hospital

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

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

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

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

4	**Indicator title**	**Expenditure per PDE (Regional Hospital)**
	Short definition	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333
	Purpose/importance	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division

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

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

Specialised Hospital

1.	**Indicator title**	**Average length of stay- Mental Health (Specialized Hospital)**
	Short definition	The average number of patient days an admitted patient spends in the mental health unit at the specialised hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month.
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator: Sum ([Inpatient days** total x 1])+([Day patient total x 0.5]) **Denominator:** SUM ([inpatient deaths-total])+([inpatient discharges-total])+([inpatient **transfers** out-total])
	Data limitations	High levels of efficiency could hide poor quality
	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also

		compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager Specialised Hospital

2.	**Indicator title**	**Average length of stay- DR-TB (Specialized Hospital)**
	Short definition	The average number of patient days an admitted patient spends in the DR-TB unit at the specialised hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month.
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])
	Data limitations	High levels of efficiency could hide poor quality
	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager Specialised Hospital

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3.	**Indicator title**	**Inpatient Bed Utilization- Mental Health (Specialized Hospital)**
	Short definition	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities
	Purpose/importance	Monitors effectiveness and efficiency of inpatient management
	Source/collection of data	DHIS, midnight census
	Method of calculation	**Numerator:** Sum ([Inpatient days' total x 1]) +([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Efficiency
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility
	Indicator **Responsibility**	Senior Manager Specialised Hospital

4	**Indicator title**	**Inpatient Bed Utilization- DR-TB (Specialized Hospital)**
	Short definition	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities
	Purpose/importance	Monitors effectiveness and efficiency of inpatient management
	Source/collection of data	DHIS, midnight census
	Method of calculation	**Numerator:** Sum ([Inpatient days' total x 1]) +([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Efficiency
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	Yes
	Desired performance	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility
	Indicator **Responsibility**	Senior Manager Specialised Hospital

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

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

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

Programme 5: Tertiary Hospital

1.	**Indicator title**	**Hospital achieved 75% and more on National Core Standards self - assessment rate (Regional Hospitals)**
	Short definition	Tertiary Hospitals that have conducted annual National Core Standards self-assessment as a proportion of Tertiary Hospitals
	Purpose/importance	Monitors whether Tertiary Hospitals are measuring their own level of compliance with standards in order to close gaps in preparation for an internal assessment.
	Source/collection of data	NCS Assessment tool, facility Quality Assurance Reports and DHIS
	Method of calculation	**Numerator:** SUM([Hospital achieved 75% and more on National Core Standards self-assessment]) **Denominator:** SUM([Hospitals conducted National Core Standards self-assessment])
	Data limitations	Reliability of data provided
	Type of indicator	Quality
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly
	New indicator	**No**
	Desired performance	Improved monitoring of the National Core Standards by Tertiary Hospitals
	Indicator Responsibility	Senior Manager Quality Assurance

2	**Indicator title**	**Average length of stay (Tertiary Hospital)**
	Short definition	The average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, Inpatient discharges, Inpatient deaths and Inpatient transfer outs
	Purpose/importance	Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only

		include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds
	Source/collection of data	DHIS, midnight census register
	Method of calculation	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])
	Data limitations	High levels of efficiency y could hide poor quality
	Type of indicator	Efficiency
	Calculation type	Number **(Non- Cumulative)**
	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care
	Indicator Responsibility	Senior Manager District Health Services

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

4.	**Indicator title**	**Expenditure per PDE (Tertiary Hospital)**
	Short definition	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333
	Purpose/importance	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3
	Source/collection of data	BAS, Stats SA, Council for Medical Scheme data, DHIS, midnight census
	Method of calculation	**Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1]) +([Day patient total x 0.5]) +([OPD headcount not referred new x **0.3333333])+** SUM([OPD headcount referred new x **0.3333333])+([OPD** headcount follow-up x **0.3333333])+([Emergency** headcount - total x **0.3333333])**
	Data limitations	Accurate reporting sum of daily usable beds
	Type of indicator	Outcome
	Calculation type	Number **(Non-Cumulative)**

	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Lower rate indicating efficient use of financial resources.
	Indicator Responsibility	Senior Manager District Health Services

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

Programme 6: Health Sciences and Training

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

2.	**Indicator title**	**Number of bursaries awarded for health science students**
	Short definition	Number of bursaries awarded for health sciences students
	Purpose/importance	Monitors the number of bursaries awarded for health sciences students (first years and recurring students)
	Source/collection of data	Registrar database and bursary contracts
	Method of calculation	**Numerator:** Sum of recipients (first year and existing students) of bursaries for health sciences
	Data limitations	Inaccurate capturing of bursaries awarded for first year and recurring students by the department and health science training institutions
	Type of indicator	Input
	Calculation type	Number **(Non-Cumulative)**
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Increased number of future health care providers
	Indicator responsibility	Senior Manager Human Resources Management

3	**Indicator title**	**Proportion of bursary holders permanently appointed**

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

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

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

6	**Indicator title**	**Number of Bursaries awarded to first year medicine students**
	Short definition	Number of new medicine students provided with bursaries by the provincial department of health
	Purpose/importance	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers
	Source/collection of data	Bursary contracts
	Method of calculation	**Numerator:** Sum of bursaries awarded to first year medicine students
	Data limitations	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions
	Type of	Input
	Calculation type	Number **(Non-**
	Reporting cycle	Annually

New indicator	No
Desired performance	Increased number of future health care providers
Indicator responsibility	Senior Manager Human Resources Management

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

Programme 7: Health Care Support Services
Forensic Medical Services

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

2.	**Indicator title**	**Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)**
	Short definition	Percentage of post-mortem reports submitted to stakeholders (SAPS) 10 days after actual post-mortem performance
	Purpose/importance	Monitors autopsy reports submitted in 10 days to stakeholders (SAPS)
	Source/collection of data	Acknowledgement of receipt registers, Weekly and Monthly reports
	Method of calculation	**Numerator:** Total number of post-mortem reports submitted in 10 days per quarter **Denominator:** Total number of post-mortems done in a quarter
	Data limitations	Timeous completion and submission of report
	Type of indicator	Output

Calculation type	Percentage (Non**-cumulative)**

	Reporting cycle	Quarterly
	New indicator	No
	Desired performance	Improved turn-around time for submission of autopsy reports
	Indicator responsibility	Senior Manager Forensic Medical Services

Pharmaceutical Services

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

2.	Indicator title	**Percentage availability of medication (non-EML) in the health facilities and institutions.**
	Short definition	Percentage of medication (non-EML) that were requested versus expenditure of medication (EML and STG).
	Purpose/importance	Monitors expenditure of non-EML medication in the quarter not exceeding 10% of the overall pharmaceutical expenditure.
	Source/collection of data	Stock management reports.
	Method of calculation	**Numerator:** Expenditure of non-EML medication at the end of the quarter **Denominator:** Overall expenditure of all medication at the end of the quarter
	Data limitations	Inaccurate capturing and reporting.
	Type of indicator	Output.
	Calculation type	Percentage **(Non-cumulative)**
	Reporting cycle	Quarterly.
	New indicator	No
	Desired performance	Improved stock management
	Indicator responsibility	Senior Manager: Pharmaceutical Services

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

Programme 8: Health Facilities Management

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

2.	**Indicator title**	**Number of additional clinics, community health centres and office facilities constructed**
	Short definition	Number of additional clinics and community health centres and office facilities constructed
	Purpose/importance	Monitors the construction of additional clinics and community health centres and office facilities
	Source/collection of data	U-AMP, IRM, National Health Reports, Quarterly Reports, Monthly Reports
	Method of **calculation**	**Numerator:** Sum of clinics and CHC's constructed
	Data limitations	None
	Type of **indicator**	Output
	Calculation type	Number (Non-**Cumulative)**
	Reporting cycle	Annually
	New indicator	No
	Desired performance	Improved access to health care services
	Indicator responsibility	Director Infrastructure Delivery

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

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

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

health
Department:
Health
NORTHERN CAPE PROVINCE

ACRONYMS

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

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

health
Department:
Health
NORTHERN CAPE PROVINCE

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

NIHE	National Institute of Higher Education
No.	Number
OHH	Outreach Household
OHS	Occupational Health and Safety
OPD	Out Patients Department
OSD	Occupational Special Dispensation
P1	Priority One
PCA	Provincial Council on AIDS
PCR	Polymerase chain reaction
PDE	Patient Day Equivalent
PDP	Personal Development Plan
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PHC	Primary Health Care
PHS	Primary Healthcare Services
PHS	Provincial Hospital Services
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PSP	Provincial Strategic Plan
PSS	Patient Satisfaction Survey
PT	Provincial Treasury
PTB	Pulmonary Tuberculosis
QA	Quality Assurance
R254	One Year Nursing Programme
R425	Two Year Nursing Programme
R683	Four Year Nursing Programme
R	Rand
R	Rate
RV	Rota Virus
SA	South Africa
SACTWU	Southern African Clothing and Textile Workers' Union

SAPS	South African Police Service
SLA	Service Level Agreements
SMS	Senior Management Structure
SONA	State of the Nation Address
SOP	Service Operating Procedures
SRH	Sexual and Reproductive Health
STATS SA	Statistics South Africa
STG	Standard Treatment Guidelines
STI	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
TFI	Transfer in
TFO	Transfer out
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TROA	Total Client Remaining on ART
U5MR	Under Five Mortality Rate
U-AMP	User Asset Management Plan
UNAIDS	United Nations Programme on HIV and AIDS
VIZ	Videlicet
VS	Versus
VMMC	Voluntary Medical Male Circumcision
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WEH	West End Hospital
WHO	World Health Organisation
XDR	Extensive Drug Resistant