

FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN

2013/14—2015/16

FOREWORD BY THE MEC FOR HEALTH



Mr M.J Zwane: Acting MEC

The Government's Plan of Action (POA) for 2010-2014, as part of the election manifesto of the governing party, is the driving force behind service delivery of this country. The Health 10 Point Plan provides the strategy in making this a reality. Amongst others, these include:

- Provision of strategic leadership and creation of social compact for better health outcomes.
- Implement the National Health Insurance Plan
- Improve Quality of Health Services;
- Overhaul the Health Care System and Management;

The Negotiated Service Delivery Agreement (NSDA) documents the key deliverables expected of Health MECs in the country.

The Outcome-based approach of the Government has been outlined in the 12 key outcomes as success indicators for its Program of Action (PoA).

Health takes the lead in implementing Outcome 2 as contained in the NSDA. Therefore the FSDOH has adopted its vision as: **"A Long and Healthy Life for the Free State Community"** as derived from Outcome 2. This represents the core business of the Department.

Outcome 2 (Health), has four (4) outputs which focus on the following:

- Output 1: Increasing Life Expectancy;
- Output 2: Decreasing Maternal and Child Mortality;
- Output 3: Combating HIV/AIDS and decreasing the burden of disease from TB;
- Output 4: Strengthening Health System Effectiveness.

Output 4 focus on: *Re-engineering of Primary Health Care (PHC), Health Care financing and management of Human Resources for Health, Quality of Health and Accreditation of Health Establishments; Health Infrastructure, Information, Communication and Technology and Health Information Systems.*

A series of specific sub-outputs have been developed in relation to each of the outputs listed above.

The Strategic documents of the FSDOH provide clear direction as to how Outcome 2 will be achieved in the Free State. The Strategic Plan 2010-2015 is aligned to the National Strategies whilst the FSDOH Annual Performance Plan (APP) 2013/2014 outlines how resources will be managed to implement and improve on health service delivery. The key deliverables in Outcome 2 forms the driving force behind these documents

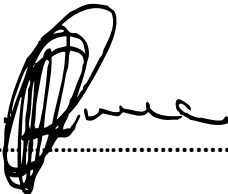
The above mentioned will be emphasized as key issues for the Free State Department of Health as contained in this APP and also confirmed by the State President in the State of the Nation Address on 14th February 2013. Amongst others, the programs to enhance Healthy Lifestyles and increase Life Expectancy, accelerate and intensify the readiness to implement NHI in the identified pilot district as well as to continue with strategies towards PHC Re-engineering.

All the strategies in this FSDOH APP 2013/2014 derive from the political and strategic direction of government as outlined in, amongst others;

- Government Programme of Action (Election Manifesto 2009);
- State of the Nation Address;
- State of the Province Address;
- National Development Plan

Under my leadership, the Free State Department of Health pledges to appropriately employ the Government resources in the continuous quest to deliver the identified health outputs to the people of the Free State Province in 2013/2014 and the remainder of the MTEF period.

Mr. Mosebenzi Zwane
Acting MEC: Health
Free State Provincial Government

Signed:

Date: 1 March 2013

STATEMENT BY THE HEAD OF DEPARTMENT (HOD): HEALTH

Dr T.D Moji: Acting HOD

The Annual Performance Plan (APP) of the Free State Department of Health for 2013/14 financial year outlines the strategies and targets of the Department for the first year of the 2013/14 – 2015/16 MTEF period, as well as the last two years of our 5-year strategic plan. It focuses on the key challenges facing the health sector and it is derived from the key strategic imperatives for the sector, which include:

- The Negotiated Service Delivery Agreement (NSDA) for the Health Sector
- The directives of the National and Provincial Makgotla
- The Government Plan of Action
- The Free State Growth and Development Strategy
- Implementation of the National Health Insurance in the pilot site, Thabo Mofutsanyana District
- Re-engineering of Primary Health Care
- The National Development Plan.

The five strategic goals of the Department, as listed below, are the main pillars of the plan that will help us achieve our vision and mission. They are based on the Health 10

Point Plan and the outputs of Outcome 2 of the NSDA, i.e. Long and Healthy Life for all South Africans.

The Strategic Goals:

- Goal 1: Provision of Strategic Leadership and Creation of Social Compact for better Health Outcomes
- Goal 2: Increasing life expectancy
- Goal 3: Decreasing Maternal and Child Mortality
- Goal 4: Combating HIV and AIDS and decreasing the burden of disease from TB; and
- Goal 5: Strengthening Health System Effectiveness.

PHC re-engineering remains a key deliverable in the Department's endeavours to improve the quality of health services and to achieve better health outcomes for the community of the Free State Province. The Department will therefore continue to implement the pillars of the re-engineering process as outlined hereunder:

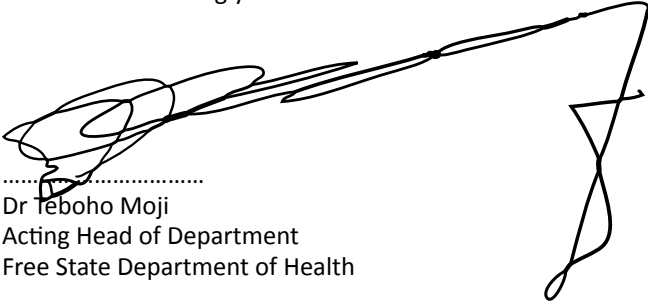
- Increasing the number of Family Health Teams to 70 in the Province
- Increasing the school health services coverage to 95%
- Continuing with the establishment of the full complement of the District Specialist Teams in the 4 Districts and the Metro.

Other critical priorities that the Department will focus on include:

- Effective implementation of clinical governance programmes in the different health facilities.
- Maintaining immunization coverage for children less than 1 year old, including vaccination against diarrhoeal diseases and pneumonia, at 95%.
- Implementation and monitoring of the CARMMA programme in the different health facilities in the order to realize a decrease in maternal and child deaths.
- Initiating 37 000 new adults and children on the antiretroviral programme.
- Monitoring and assessing the implementation of the core standards for health services in all the different health facilities
- Strengthening the Emergency Medical Services with a view to improving the response times for emergency calls, both in the urban and rural parts of the Province.
- Continuous strife towards the achievement of clean audit outcomes, through consistent monitoring of the departmental processes and procedures and adherence to applicable regulations.

The Department faces significant resource challenges and this calls for the need to implement different efficiency measures in the different parts of the Department. To this end, the Department will continue to exercise financial prudence and implement the APP in line with the available resources.

I, **Dr T. Moji**, hereby commit myself to provide appropriate leadership in ensuring that this APP is funded, implemented and monitored accordingly.



.....
Dr Teboho Moji
Acting Head of Department
Free State Department of Health

Date: **1 March 2013**

OFFICIAL SIGN OFF OF THE PROVINCIAL ANNUAL PERFORMANCE PLAN BY THE CHIEF FINANCIAL OFFICER, HEAD OF STRATEGIC PLANNING, HEAD HEALTH AND MEC FOR HEALTH

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in the Free State.
- Was prepared in line with the current Strategic Plan of the Department of Health of the Free State under the guidance of Mr M Zwane, Acting MEC for Health.
- Accurately reflects the performance targets which the Provincial Department of Health in the Free State will endeavour to achieve given the resources made available in the budget for 2013/14.



Mr T. Kometsi

Acting Chief Financial Officer

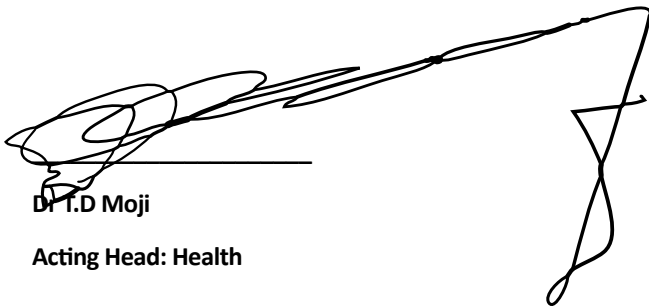
Date: 1 March 2013



Mr B.J. Oliphant

Director: Strategic Planning

Date: 1 March 2013



Dr T.D. Moji

Acting Head: Health

Date: 1 March 2013

APPROVED BY:



Mr M. Zwane

Acting MEC for Health

Date: 1 March 2013

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PART

A

1 STRATEGIC OVERVIEW

1.1. VISION

The Vision of the Free State Department of Health is: *"A Long and Healthy Life for the Free State Community"*.

1.2. MISSION

The Free State Department of Health will achieve its vision by:

- Providing quality, accessible and comprehensive health services through a family and community -based Primary Health Care (PHC) Approach to the Free State community;
- Optimally utilizing all its resources to provide the caring and compassionate services;
- Empowering and developing all its personnel and stakeholders; and
- Adopting an evidence-based and Information centred approach to planning and decision making for the achievement of better health outcomes.

1.3. VALUES

The key determinants of relationships within the Free State Department of Health are:

- Accountability;
- Responsiveness;
- Batho Pele Principles
- Commitment; and
- Integrity.

1.4. STRATEGIC GOALS

Goal 1: Provision of Strategic Leadership and Creation of Social Compact for Better Health Outcomes;

Goal 2: Increasing Life Expectancy.

Goal 3: Decreasing Maternal and Child Mortality.

Goal 4: Combating HIV and AIDS and Decreasing the Burden of Diseases from Tuberculosis.

Goal 5: Strengthening Health System Effectiveness by means of:

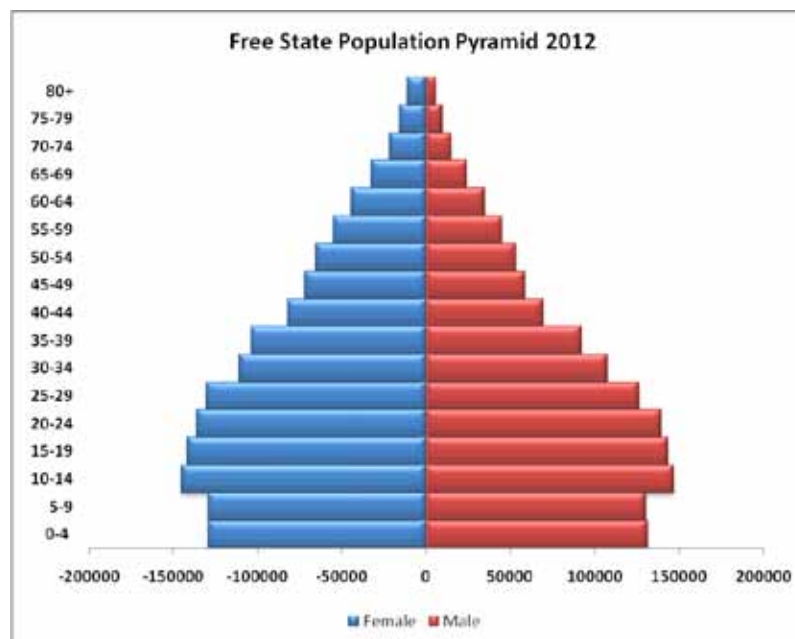
- 5.1 Re-engineering the Primary Health Care (PHC) System;
- 5.2 Improving Patient Care and Satisfaction;
- 5.3 Accreditation of Health Facilities for Compliance;
- 5.4 Improved Health Infrastructure Availability;
- 5.5 Improved Human Resources for Health;
- 5.6 Strengthening Financial Management focused on M&E;
- 5.7 Improving Health Care Financing through the Implementation of the NHI; and
- 5.8 Strengthening the Health Information Management System

1.5. SITUATIONAL ANALYSIS

The population of the Free State province is 2 745 590, based on 2011 census, 5.7% of national population, living in and around eighty widely-dispersed towns. Its land area is 129 824 km² (10.6% of South Africa) and consists predominantly of flat rolling savanna situated between the Vaal River and Bloemhof dam in the north, Oranje River and Xhariep dam in the south and foothills of southern Drakensburg in the east. The three large settlements, the provincial capital of Mangaung, gold mining area of Matjhabeng and Phuthaditjaba in the former homeland of Qwaqwa account for almost half of its population. The population density of this sparsely populated province is 22 per km² and around 29% of the residents of the Province live

in the rural farming areas between its towns. The province is divided into 4 districts and has demarcated a Metro since 2011, (Xhariep, Lejweleputswa, Fezile Dabi, Thabo Mofutsanyana and Mangaung Metro) and 20 Local Municipalities within these districts for administrative purpose and health services are organized around this geopolitical demarcation.

According to the Census report 2011, the provincial share of South African population decreased from 6.0 in 2001 to 5.3 by 2011. The population pyramid below presents a broad base with more young people and predominantly male population. It reflects a narrow trend of the male population from the age of 40.



STATSSA: Census 2011

The life expectancy at birth of Free State population is estimated at 44.6 years and 47.9 years for males and females respectively and the average total fertility rate estimate is 2.32 (Mid-year estimates 2011, STATSSA). The infant mortality and Under-five mortality is 57 and 77 per 1000 live births respectively.

In spite of the availability of natural resources, the people in general are poor as a result of socio-economic inequities. Only 24 % of the people are employed and 64% of the people have some secondary and/or Grade 12 education (Census, 2011 STATSSA). The province has a total of 839 869 households, 3.6% of which have 8 or more members, and this can adversely affect the health of the population due to problems such as overcrowding and the resultant exposure to airborne diseases.

The living standard of the people in the province is relatively better than some other provinces but needs much more improvement. It compares well with national figures, specifically in access to piped water, sanitation and means of communication. More than 745 000 households in the Province have piped water within the house or in the yard. The households in Fezile Dabi district and Mangaung Metro is better than other districts in access to water, electricity, sanitation, waste removal and access to phones.

Health insurance coverage in the province is estimated around 17% of the population. This leaves 2 278 840 uninsured population that is fully or partially dependent on the public health service. The Province has experienced growth in the patient headcounts at both the Primary Health Care facilities and hospital OPDs in the recent years. From the 2010/11 period to 2011/12 the PHC headcount grew from 6.5 million to 7.2 million and the OPD headcounts for district hospitals increased from 445K to 521K in the same period. Several categories of people in this group can be identified and targeted for service delivery. They are:

- The growing population of the peri-urban informal settlement is 15.4 % of the households in Free State according

to 2011 census, which is living under conditions of poverty, unemployment, insecurity and generally poor living conditions. They are at high risk of communicable diseases including HIV and AIDS, as well as violence and injury and pregnancy and childbirth related health problems.

- Forty-four percent (57 047) of Informal households are located in Mangaung Metro and the Matjhabeng Municipalities.
- 30% of the households in the province have no flushing toilets, 10.4% with no electricity and 27% do not receive refuse removal services from the local authority.
- The emerging middle class, which can be differentiated from the above groups, at least partially depends on public health care services for their health needs.

DISEASE PROFILE

Beyond the demographic and epidemiologic transition, the disease profile of the province can be considered as 'HIV modified triple burden. Currently, it consists of persisting communicable diseases of the demographic transition and increasing chronic diseases, mental disease, cancer and violence and injury of the epidemiologic transition combined with HIV and AIDS related mortality and morbidity.

The HIV epidemic is at its peak and is expected to continue to affect the population very significantly for some time before it begins to taper down. The prominence of HIV and AIDS has, in a way, submerged all other health problems in its enormity with regard to the health needs of the community and the strategic response of the department. The HIV prevalence in Free State was estimated at 14.9% in 2002 and 12.6% in both 2005 and 2008 according to national household surveys conducted by the Human Sciences Research Council. Based on 2008 estimate (Confidence interval 10.5 to 15.1) number of people living with HIV and AIDS in Free State is between 296 500 and 426 500. The HIV prevalence estimates of the antenatal sentinel surveys are around 30% for the last 5 years. In response to the high burden of HIV, the province has managed to test 749 636 on HCT and have increased the number of people both adults and children initiated on ARVs from 53 152 in 2010 to 144 995 in 2011. The province has embarked on the medical male circumcision programme from the baseline of 5 285 to 30 707 in 2011 in order to reduce the burden of HIV. The effect of HIV modified triple burden of disease is evident in the mortality pattern as well in Free State. Most common cause of death is HIV AIDS (32%), followed by Cardio-vascular disease (18%), infections excluding HIV (11%), respiratory infection (6%), malignant neoplasm (6%) and intentional injuries (4%).

Free State experienced the resurgence of Tuberculosis with the HIV pandemic and more than 20 000 patients were registered for its treatment during last 5 years with the mining area of Matjhabeng is worst affected. The morbidity of Tuberculosis is reflected in the mortality pattern and the prevalence of multi-drug resistant Tuberculosis is on the increase. The health needs of the Free State population are similar to any other developing community, which is worsened by the impact of HIV and AIDS epidemic.

Most common conditions treated in secondary care facilities include HIV and HIV-related diseases, hypertension, respiratory infections, Diabetes Mellitus, strokes and Myocardial Infarction in Internal Medicine department; Neoplasm, trauma and peritonitis in Surgery department; Respiratory infections and malnutrition among children; and schizophrenia, substance abuse and mood disorders in Psychiatry department. Hypertension, diabetes mellitus, respiratory infection and minor trauma are the common ailments seen at primary care facilities. Violence and injury, maternal and neonatal conditions and HIV are seen all across the health care facilities.

Vaccine-preventable diseases are well controlled in the province but the diarrhoea has re-emerged especially among the older age groups, probably an HIV related phenomenon. It appears that most of the health gains of preventive care, Extended Program of Immunization and other personal health initiatives are undone by the HIV and AIDS epidemic and bronchopneumonia still remains an important cause of under-five mortality and morbidity.

HEALTH CARE INFRA-STRUCTURE

The department provides comprehensive health care based on Primary Health Care principles built around District Health System framework. The provincial office and five district offices manage the health care in widely distributed health facilities through an effective referral system, which is facilitated through a free patient transport network to transport patients between primary, secondary and tertiary care facilities.

Most facilities are in fair to satisfactory physical condition and are upgraded and maintained within the limited budget allocation and few new facilities are commissioned based on community needs. The existing hospitals are regularly reviewed and upgraded under the hospital revitalization plan to meet the changing needs of the community. All facilities, some more than the others, need further improvement in their physical structure and equipment to achieve the goal of accessible, comprehensive and quality health care for all.

The primary health care facilities are 'nurse-driven' with limited support of medical professionals and focus mainly on promotive and preventative care and treatment of minor ailments. The availability of consumables and medications are reasonably good but medical and other equipment are in short supply. The district hospitals which form part of the primary health care are 'doctor driven' with more skill and resources and play an important role in the provision of this important component of health care. These first contact facilities along with the pre-hospital care component of the emergency care strive to meet the health care needs of the whole population, specifically the uninsured. Absence of medical professionals at Clinic level forces the patients to use district and regional hospitals directly and increases the workload in these hospitals.

The quality, quantity and skill-mix of the human resource in the province are critical in service delivery. The staff establishment of the department consists of the health professionals and support staff of the public health facilities and it is regularly reviewed to match service needs of the province. In addition to the skill-mix, department is also concerned with the representivity, service needs based on the burden of disease, ability of the province to attract and retain scarce skill and development of the province as a whole. Shortage of skilled professionals is a national challenge and is reflected in the provincial work force and the department is working towards the provision of health care by appropriately trained professionals in all its facilities.

The private sector contributes substantially towards the health care in the province, especially the insured population. The General Practitioners and Dentists are critical in this context providing valuable service in both urban and rural settings. Many people consult traditional practitioners and the department has initiated plans to regulate this important service sector. The private hospitals, which is regulated by the provincial department is able to attract much needed expertise and provide curative care for the people of the Free State and neighbouring provinces.

THE SERVICE DELIVERY

The department is committed to provide high quality care to its targeted populations. Some of the priority areas include comprehensive HIV and AIDS program, quality of care and prevention of clinical errors, implementation of Tuberculosis control and other national programs, and disease prevention and health promotion interventions including school health services. Important support structures such as Finance, Human Resource, Information Technology and facility management are situated in the provincial office. Five district offices are extensions of the provincial office for the coordination of service delivery in five districts of the province. The district offices ensure that the Primary Health Care approach for health service is constantly improved with the implementation of the PHC re-engineering and the District Health system is functional.

More PHC visits are registered in rural districts than in urban areas, which indicate relatively less access to private health care in these areas. Improving the access to health care in sparsely populated areas is difficult and always inefficient economically, it is usually very costly and it is difficult to attract professionals to such areas. It is one of the major challenges facing the Free State province, especially the farming communities and small settlements in remote areas.

Hospital services, which include Level 1-3 facilities, are the backbone of curative care. The bed occupancy of these hospitals ranges between 50% and 90% with a length of stay around 3, 5 and 7 days for primary, secondary and tertiary hospitals respectively. The hospital services are configured into 24 district hospitals, 4 regional hospitals, 1 specialised psychiatric hospital, 1 tertiary hospital and 1 central hospital. Following the publishing of the NHI regulations in 2011, Pelonomi Hospital was re-designated as a tertiary hospital.

The improvement in outcome indicators used to measure the performance of health service delivery such as increasing life expectancy, decreasing infant, under-five and maternal mortality very much depends on literacy, employment and other socio-economic improvement in the community.

1.6. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

TABLE A2: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator	2009/10 (actual)	2010/11 (actual)	2011/12 (actual)	2012/13 (estimate)
PHC headcount - Total	6 538 035	6 522 688	7 190 425	7 549 946
OPD Headcount - new case not referred	N/A	144 635	253 273	291 264
Separations District Hospitals	122 608	115 514	116 890	122 734
Separations Regional Hospitals	94 745	93 755	94 371	62 761
Separations Tertiary & Central Hospitals ¹	26 271	27 513	29 097	65 453

TABLE A3: ILLUSTRATION OF THE REVIEW OF PROGRESS TOWARDS THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) AND PROGRESS REQUIRED BY THE UNITED NATIONS IN 2015

MDG GOAL	TARGET	INDICATOR	BASELINE (PROVINCIAL PROGRESS IN 2004-2009)	SOURCE OF DATA	TARGET (PROVINCIAL REQUIRED PROGRESS BY 2015) ²
Goal 1: Eradicate Extreme Poverty And Hunger	• Halve, between 1990 and 2015, the proportion of people who suffer from hunger	• Child under 2 years underweight for age incidence (annualised)	• 1%	• DHIS 2011	• <1%
		• Child under 5 years severe acute malnutrition incidence (annualised)	• 5.4%	• DHIS 2007	• 5% reduction
Goal 4: Reduce Child Mortality	• Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	• Under-five mortality rate	• 68.2/1 000 live births in facility (DHIS 2011)	• South Africa Demographic and Health Survey (SADHS) 2003	• 20/1 000 live births
		• Infant mortality rate	• 48.1/1 000 live births in facility (DHIS 2011)	• SADHS 2003	• 15/1 000 live births
Goal 4: Reduce Child Mortality	• Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	• Measles 1 st dose under 1 year coverage (annualised)	• 87.4%	• DHIS 2007	• 95%

¹ Pelonomi Hospital was designated as Tertiary facility during 2012/13 Financial Year

² The targets will be affected by the changes in the population figures on the DHIS to the Census 2011.

MDG GOAL	TARGET	INDICATOR	BASELINE (PROVINCIAL PROGRESS IN 2004-2009)	SOURCE OF DATA	TARGET (PROVINCIAL REQUIRED PROGRESS BY 2015) ²
Goal 5: Improve Maternal Health	<ul style="list-style-type: none"> Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate 	<ul style="list-style-type: none"> Maternal mortality ratio 	<ul style="list-style-type: none"> 288 / 100 000 live births 	<ul style="list-style-type: none"> National Confidential Enquiries into Maternal Deaths, 2002-2004 	<ul style="list-style-type: none"> 200 / 100 000
		<ul style="list-style-type: none"> Proportion of births attended by skilled health personnel 	<ul style="list-style-type: none"> 92% 	<ul style="list-style-type: none"> SADHS 2003 	<ul style="list-style-type: none"> 95% of births attended by skilled health personnel
Goal 6: Combat HIV and AIDS, malaria and other diseases	<ul style="list-style-type: none"> Have halted by 2015, and begin to reverse the spread of HIV and AIDS 	<ul style="list-style-type: none"> HIV prevalence among 15 – 19 year old pregnant women 	<ul style="list-style-type: none"> 12.9% 	<ul style="list-style-type: none"> National HIV and Syphilis prevalence survey of South Africa 2009 	<ul style="list-style-type: none"> 5% reduction
		<ul style="list-style-type: none"> HIV prevalence among 20 – 24 year old pregnant women 	<ul style="list-style-type: none"> 28.1% 		<ul style="list-style-type: none"> 5% reduction
	<ul style="list-style-type: none"> Have halted by 2015, and begin to reverse the spread of HIV and AIDS 	<ul style="list-style-type: none"> Contraceptive prevalence rate 	<ul style="list-style-type: none"> 34.73% DHIS 2011/12 	<ul style="list-style-type: none"> SADHS 2003 	<ul style="list-style-type: none"> 50%
	<ul style="list-style-type: none"> Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases 	<ul style="list-style-type: none"> TB (new pulmonary) cure rate 	<ul style="list-style-type: none"> 73.4% 	<ul style="list-style-type: none"> DHIS, 2009 	<ul style="list-style-type: none"> 80%

1.6.1 NATIONAL HEALTH SYSTEMS (NHS) PRIORITIES FOR 2009-2014: THE 10 POINT PLAN

TABLE A4: NATIONAL HEALTH SYSTEMS PRIORITIES FOR 2009-2014 (THE 10 POINT PLAN)

PRIORITY	KEY ACTIVITIES
1. Provision of Strategic leadership and creation of Social compact for better health outcomes	<ul style="list-style-type: none"> • Ensure unified action across the health sector in pursuit of common goals • Mobilize leadership structures of society and communities • Communicate to promote policy and buy in to support government programs • Review of policies to achieve goals • Impact assessment and program evaluation • Development of a social compact • Grassroots mobilization campaign
2. Implementation of National Health Insurance (NHI)	<ul style="list-style-type: none"> • Finalisation of NHI policies and implementation plan • Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation
3. Improving the Quality of Health Services	<ul style="list-style-type: none"> • Focus on 18 Health districts • Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation • Consolidate and expand the implementation of the Health Facilities Improvement Plans • Establish a National Quality Management and Accreditation Body
4. Overhauling the health care system and improving its management	<ul style="list-style-type: none"> • Identify existing constitutional and legal provisions to unify the public health service; • Draft proposals for legal and constitutional reform • Development of a decentralised operational model, including new governance arrangements • Training managers in leadership, management and governance • Decentralization of management • Development of an accountability framework for the public and private sectors
5. Improved Human Resources Planning Development and Management	<ul style="list-style-type: none"> • Refinement of the HR plan for health • Re-opening of nursing schools and colleges • Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals • Specify staff shortages and training targets for the next 5 years • Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG) • Manage the coherent integration and standardisation of all categories of Community Health Workers
6. Revitalization of infrastructure	<ul style="list-style-type: none"> • Urgent implementation of refurbishment and preventative maintenance of all health facilities • Submit a progress report on Revitalization • Assess progress on revitalization • Review the funding of the Revitalization program and submit proposals to get the participation of the private sector to speed up this program
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	<ul style="list-style-type: none"> • Implementation of PMTCT, Paediatric Treatment guidelines • Implementation of Adult Treatment Guidelines • Urgently strengthen programs against TB, MDR-TB and XDR-TB

PRIORITY	KEY ACTIVITIES
8. Mass mobilisation for the better health for the population	• Intensify health promotion programs
	• Strengthen programmes focusing on Maternal, Child and Women's Health
	• Place more focus on the programs to attain the Millennium Development Goals (MDGs)
	• Place more focus on non-communicable diseases and patients' rights, quality and provide accountability
9. Review of drug policy:	• Complete and submit proposals and a strategy, with the involvement of various stakeholders
	• Draft plans for the establishment of a State-owned drug manufacturing entity
10. Strengthening Research and Development	• Commission research to accurately quantify Infant mortality
	• Commission research into the impact of social determinants of health and nutrition
	• Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines

1.6.2. PROVINCIAL CONTRIBUTION TOWARDS THE HEALTH SECTOR NEGOTIATED SERVICE DELIVERY AGREEMENT (NSDA)

The government has agreed on 12 key outcomes as the key indicators for its program of action for the period 2010 to 2014. Relevant to the Health Sector in Outcome 2 which prioritise the improvement of the health status of the entire population and therefore contribute to the Government's vision of "A Long and Healthy life for All South Africans" To realise this vision government has identified four strategic outputs which the Health Sector must achieve and these are

- Output 1: Increasing life expectancy
- Output 2: Decreasing Maternal and Child mortality
- Output3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis
- Output4: Strengthening Health System Effectiveness – with a focus on
 - Revitalisation of Primary Health care
 - Health Care financing and Management
 - Human Resources for Health
 - Quality of Health and the Accreditation of Health Establishments
 - Health Infrastructure
 - Information, Communication and Technology and Health Information Systems

TABLE A5: PROVINCIAL CONTRIBUTION TOWARDS THE ACHIEVEMENT OF THE FOUR NSDA OUTPUTS³

OUTPUT 1: INCREASING LIFE EXPECTANCY				
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)		
Life Expectancy at Birth	<ul style="list-style-type: none">• Rapidly upscale access to ART.• Increase the immunization coverage• Improved collaboration, including effective inputs of sister departments, e.g. Social Development, COGTA, etc.• Increase health outreach services to households in identified wards as part of PHC Re-engineering process. This would increase accessibility of health services.• The effective management of communicable diseases, and non-communicable diseases.• Chronic Dispensing Unit registered as PPP with National Treasury.• Training of key personnel The process of PHC Re-engineering has started• Strengthening the implementation of the five elements of the Healthy Lifestyle Program	58 Years for Males		
Adult Mortality rate		60 Years for Females		
		Males: 53%		
		Females: 39%		
OUTPUT 2: DECREASING MATERNAL AND CHILD MORTALITY				
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)		
Neonatal (< 28 days) Mortality rate [per 1000 live births	<ul style="list-style-type: none">• The 10 recommendations of the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) implemented.• Pregnant Mothers testing positive for HIV to be put on HAART.• Procurement of Key Equipment for facilities• Training of Key Personnel (e.g. ESMOE)• District Specialist Teams being appointed in the financial years 2012/13 and 2013/14.• Implement the Exclusive Breast Feeding Policy, as well as to continue with the baby Friendly Hospital Initiative.• Encourage regular weighing of children <59 months on contact.• Implement PHC re-engineering in Districts. Family Health Teams (FHT) operational.• Advance antenatal care revisited to improve outcomes.• Implement the CARMMA program in the Province• Monitor and enforce the use of clinical Guidelines	10/1 000 (Neonatal)		
Infant Mortality Rate		Infant Mortality rate: 17 per 1 000	Source: HDACC Report & ADHS	
Child (<5 years) Mortality rate [per 1000 live births		Facility Infant Mortality rate: 15 per 1 000	Source: (DHIS)	
Maternal Mortality Ratio [per 100 000 live births		20 per 1 000 (Under 5)	Source: HDACC Report & DHIS	
		200 / 100 000 (facility based)	Source: HDACC Report & DHIS	
Proportion of births attended by skilled health personnel	<ul style="list-style-type: none">• Identify and implement maternity waiting home• Improve EMS services	95% of births attended by skilled health personnel		
Immunization Coverage	Increase Immunization coverage	95%		
Prevalence of underweight children < 59 months	<ul style="list-style-type: none">• Implement the Exclusive Breast Feeding Policy, as well as to continue with the baby Friendly Hospital Initiative.• Encourage regular weighing of children <59 months on contact.• Accelerated Nutrition Programs.• Effective collaboration with the Departments of Agriculture and Social Development.	1%		
Prevalence of stunting among children <59 months		To be established		

³ The targets will be affected by the updating of the population figures on the DHIS to the Census 2011

OUTPUT 1: INCREASING LIFE EXPECTANCY		
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)
Rotavirus 2 nd Dose coverage	Protect children under the age of five against preventable vaccine diseases by increasing coverage.	95%
Pneumococcal PCV 3 rd Dose coverage		95%
OUTPUT 3: COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASE FROM TUBERCULOSIS		
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)
Provincial HIV prevalence (Antenatal Survey)	<ul style="list-style-type: none">HCT Campaign consolidationHCT roll out to schools, farms, mines and rural communitiesINH prophylactic TreatmentIncreased ARV uptakeIncreased ARV sitesSocial Mobilisation through Provincial Council on AIDS.Continue the implementation of PMTCT.Rapidly scale up condom distributionIncrease the number of Male Medical Circumcisions	29%
Provincial-wide HIV Prevalence		12%
The PCR testing rate		100%
Baby Nevirapine Uptake		100%
Infant PCR test positive around 6 weeks rate		<3%
Proportion of eligible HIV positive pregnant women initiated on ART	Increase access and treatment on babies tested PCR positive after 6 weeks	100%
Number of funded NPOs delivering HIV&AIDS prevention programmes on social behaviour change	Increase the number of NPO's delivering HIV/AIDS prevention programs on social behaviour.	40
Total clients remaining on ART (TROA) at the end of the month	<ul style="list-style-type: none">The target has been overachieved due to the increased numbers of people tested during the HCT campaign.Continue the implementation of Adult and Paediatric Treatment Guidelines	213 590
Number of new patients started on ART (15 years and older)		32 930
Number of new patients started on ART (15 years and older)		4 070

OUTPUT 1: INCREASING LIFE EXPECTANCY		
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)
TB (new Pulmonary) Cure rate	<ul style="list-style-type: none">Patients will be encouraged to report to facilities when they intend to move to another district or Province so that proper transfer is done.Educate patients on the importance of adherence and treatment completion. Involve family members in the care to encourage supportStrengthen community involvement in the TB/DOTS programmeRoll out of the FHT's in communitiesRoll out the Gene-Expert to designated facilities. There is a need to strengthen community based MDR care until treatment completion and culture is negative.Improve referral system to ensure prompt diagnosis of cases that are not responding to the treatment regimen.Strengthen programs against TB, MDR/XDR-TB.	80%
TB (new Pulmonary) defaulter rate		<3.5%
Percentage of eligible HIV-TB co-infected patients placed on ART		90%
Proportion of MDR-TB amongst TB patients		<4%
OUTPUT 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS Revitalisation/Re-engineering of Primary Health care		
PHC Service Delivery Strategy developed for the FSDOH	Implement the FSDOH PHC Service Delivery Strategy	
PHC utilization rate	Increase accessibility.	3.2
OPD new patient not referred rate		30%
School Health Program coverage (Quintile 1 and 2 schools)	Intensify School Health services. Training of newly appointed nurses. Continue procurement of equipment and vehicles for teams Marketing of School Health services to parents, learners and educators.	100%
PHC outreach team coverage	Increasing the number of Family Health Teams to conduct PHC outreach	15.7% (80/509)
Number of CHW's	Continue to train and appoint CHW's	2 100 formally trained and placed
Specialist Clinical Team coverage (Districts)	Continuing to recruit and appoint members for District Specialist Teams, with emphasis on the availability of a Gynaecologist per Team.	100%
Number of new ambulances procured annually	Procure more ambulances to increase the response time	10
Number of EMS practitioners appointed	Continue to recruit and appoint EMS practitioners	60
EMS operational ambulance coverage (1 per 10 000 population)	Monitor tracking devices of ambulances, monitor utilisation of vehicles in order to improve response times Procure more ambulances Appoint more EMS personnel	0.59/10 000 (160)

OUTPUT 1: INCREASING LIFE EXPECTANCY		
Provincial Priorities	Planned Provincial Strategies and activities 2013/14	Target (Required provincial performance by 2014/15)
P1 calls with response time of <15minutes in urban areas		46.9%
P1calls with response time <40 minutes in rural areas		67.4%
OUTPUT 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS Human Resources for Health		
Provincial Priorities		
Number of new Nursing Colleges opened	Have 1 Nursing College Opened	1 Nursing school
Intake of nursing students: Professional Nurses	Continue to enrol students for Professional Nursing	250
Intake of nursing students: Staff nurse	Continue to enrol students for Staff Nursing	180
Intake of nursing students: Nursing Assistants	Continue to enrol students for Auxiliary Nursing	180
Number of Hospitals accredited for Quality Standards	Increase programs to improve patient safety Implement plans to address shortcomings identified during assessments	31/31 hospitals
Number of institutions assess for compliance of National Core Standards	Continue to do assessments of all institutions	264
Percentage of Drug Availability	Maintain Drug Availability	95%

1.7 PROVINCIAL ORGANISATIONAL ENVIRONMENT

1.7.1 Organisational Environment

The Department has conducted a review of its macro-structure and the senior managers are in the process of being allocated and deployed in line with the new structure. In terms of the new structure, the senior management and directorates have been reconfigured, resulting in the need for re-alignment of some key functions of the Department. There will be a need for the review of the micro-structure of the Department in order to align it with the senior management level.

1.7.2 Organisational Factors Impacting on Service Delivery

Some of the major factors in the department which have a current or potential impact on service delivery particularly for the implementation of the Annual Performance Plan 2013/14 and 2015/16, include as follows:

- The Department faces a quadruple burden of diseases consisting of a maturing and generalised HIV and AIDS epidemic and high levels of tuberculosis; high maternal and child mortality; non-communicable diseases; violence and injuries. Due to the increasing burden of disease, there is more pressure on the Department to provide adequate requisite human, financial and material resources for service rendering.
- The Department still has to train and appoint Community Health Workers (CHWs) for the PHC outreach teams. This is mainly due to the training that needs to unfold at national level and the need to ensure coordinated approach with other departments at provincial level. This will have the bearing on the Department's ability to achieve the targets on PHC outreach team coverage.
- The Thabo Mofutsanyana District is one of the 11 pilot districts for the implementation of the National Health Insurance in the country. The pilot implementation, with its conditional grant funding, will enhance the capacity of the Department for the improvement of the quality of services, initially within the said district and later in the rest of the Province through a roll-out process.
- The inadequate inter-governmental planning and collaboration impacts negatively on the ability of the Department, as the lead organisation, to achieve the key priority outcome 2 of government, i.e. long and healthy life for all South Africans. In particular effective collaboration is critical for the realisation of the outputs 1, 2 and 3 of the NSDA as they are affected by multiple social and other factors.
- The plans of the Department are aligned to the NSDA in the endeavour to achieve the NSDA ideals. With the focus being on achieving the NSDA targets, some of the APP targets are set at levels that will be difficult for the Department to achieve due to the current resource constraints.
- The resources do not match the demand for services in terms of filling key clinical, clinical support and general support vacancies, the procurement of medicines and medical consumables, essential equipment and resources for rural health services.
- The limited availability and/or functionality of the data management systems, e.g. electronic health information systems and inadequate inter-operability of the transversal systems and databases affect the accuracy and availability of data, which in turn affects effectiveness of the planning. The use paper-based data collection and collation tools, as well as inadequate attention paid to the efficiency and effectiveness of data collection also affects the Department's reporting against the set goals and objectives.
- The lack of accountability throughout the system for meeting basic standards of good clinical care and health service management, especially given that health is a complex area of work where many different factors can result in poor outcomes and negatively affect patient experience.
- The resource constraints necessitate the rationalisation of services into appropriate service platform, which requires effective EMS, patient transport and inter-hospital transport systems.

The focus of the Department during the planning cycle 2013/14-2015/16 will be on results-based management, '*a management strategy focusing on performance and the achievement of outputs, outcomes and impacts*'. Every single intervention listed in this Annual Performance Plan (APP) must contribute logically, systematically and sequentially to the attainment of the objectives outlined in the NSDA 2010-2014, and eventually to the desired impact on the lives of the people of the Free State Province.

1.7.3 Human Resources

Current deployment of human resources in relation to service delivery requirements

As at 31 March 2012 the Department had 18 779 of 22 362 posts filled. The Department continues to experience shortage of key personnel, such as the nursing staff, pharmacists, medical doctors and medical specialists.

With the increase of PHC headcounts from 6.52m to 7.19 million during the 2011/12 period, the professional nurse and doctor clinical workloads increased from 34.2 to 36.9 and 33 to 38.3 respectively. This is however a reflection of an inappropriate skills mix and/or triaging systems.

The inability to recruit and retain specialists remains a particularly key challenge in the rendering of appropriate level 2 hospital

services in the regional hospital. This also impacts on the ability to appoint the District Specialist Teams that are required for implementation of Primary Health Care re-engineering.

The ability to fill the EMS practitioner posts is critical to the Department's endeavour to have 180 rostered ambulances as there must be adequate number crews to run the ambulances every 24 hours.

Accuracy of the staff establishment at all levels of the system compared to service requirements

A consulting firm has conducted a review of the macro structure of the Department, which was subsequently approved by the Executive Council. The micro structure will be reviewed in line with the macro level. The organisational structure of the Department will therefore be significantly transformed during the next MTEF period.

Staff recruitment and retention systems and challenges

Some key general and clinical management positions, such as the Health District Managers and District Specialists have been advertised and the necessary recruitment processes are underway to have the posts filled.

The shortage of PHC nurses and current unavailability of trained CHWs affects the Department's ability to set up the required PHC outreach teams. The Department currently uses retired professional nurses and 3 388 community care givers and volunteers are retained on stipends.

The lack of residential accommodation for health professionals poses a challenge and contributes to failure to recruit and retain staff in rural areas.

Absenteeism and staff turnover rates

Absenteeism rate due to sick leave has dropped from average of 8 days in 2011/12 to 7 days in 2012/13 to date. The staff turn over rate decreased from 11% to 4.9% during the same period. This can be attributed to the implementation of the OSD and the resultant improved staff retention.

Improving the work conditions of health workers

The health sector has continued to implement efforts to improve the conditions of service for health care workers. The Occupation Specific Dispensation (OSD) was introduced as an integrated career development framework comprising remuneration, career progression and patching, and performance management of the professional or clinical workforce based on roles and function. The main focus of the system so far has been on remuneration.

The settlement reached with the labour organisations in August 2012 for the improvement in the conditions of services includes 6% salary increase, improved leave benefits and housing allowance

TABLE A6 PUBLIC HEALTH PERSONNEL IN 2012/13

Categories	Number approved posts	Number employed	% of total employed	Number per 100,000 people	Number per 100,000 uninsured people ²	Vacancy rate	% of total personnel budget	Annual cost per staff member	National average	
									% of total employed	Number per 100,000 uninsured people ²
Medical officers	1 094	623	3.30%	22.69	27.34	43.05%	9.16%	R 733 716.00	n/a	n/a
Medical specialists	287	205	1.09%	7.47	9.00	28.57%	3.88%	R 945 030.00	n/a	n/a
Dentists	88	79	0.42%	2.88	3.47	10.23%	0.87%	R 550 792.00	n/a	n/a
Professional nurses	5 823	4 624	24.52%	168.42	202.91	20.59%	24.73%	R 266 826.00	n/a	n/a
Enrolled Nurses	931	830	4.40%	30.23	36.42	10.85%	2.16%	R 130 132.00	n/a	n/a
Enrolled Nursing Auxiliaries	2 367	2 089	11.08%	76.09	91.67	11.74%	1.56%	R 37 243.00	n/a	n/a
Pharmacists	175	107	0.57%	3.90	4.70	38.86%	1.04%	R 483 594.00	n/a	n/a
Physiotherapists	128	96	0.51%	3.50	4.21	25.00%	0.45%	R 234 948.00	n/a	n/a
Occupational therapists	125	94	0.50%	3.42	4.12	24.80%	0.47%	R 249 900.00	n/a	n/a
Radiographers	268	234	1.24%	8.52	10.27	12.69%	1.30%	R 276 567.00	n/a	n/a
Emergency medical staff	2 097	1 748	9.27%	63.67	76.71	16.64%	6.42%	R 183 158.00	n/a	n/a
Nutritionists	3	2	0.01%	0.07	0.09	33.33%	0.01%	R 248 967.00	n/a	n/a
Dieticians	97	59	0.31%	2.15	2.59	39.18%	0.29%	R 246 491.00	n/a	n/a
TOTAL	22 777	18 861	82.81%	686.96	827.66	17.19%				

Data Source: Persal February 2013

1.8. LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

1.8.1 Legislative Mandates

- The Free State Department of Health derives its mandate from the following legislation:
 - Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
 - National Health Act, 1977 (Act No. 63 of 1977)
 - National Health Act, 2003 (Act No. 61 of 2003)
 - Provincial Health Act, (Act 3 of 2009)
 - Free State Hospitals Act, 1996 (Act No.13 of 1996)
 - Free State Nursing Education Act, 1998 (Act No. 15 of 1998)
- The Department functions within the provisions of all applicable legislation including:
 - Public Finance Management Act, 1999 (Act No. 1 of 1999)
 - Public Service Act, 1994, (Proclamation 103 of 1994)
 - Promotion of Administrative Justice Act (Act 3 of 2000)
 - Promotion of Access to information Act (Act 2 of 2000)
 - Children's Act, 2005(Act 38 of 2005)
 - Labour Relations Act, 1995 (Act No. 66 of 1995)
 - Basic Conditions of Employment Act, 1997 (Act No 75 of 1997)
 - Treasury Regulations issued in terms of the PFMA
 - Free State Provincial Revenue Act, 1998 (Act 12 of 1998)
 - Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)
 - Division of Revenue Act, 2007 (Act 1 of 2007) as amended by Act 6 of 2011.
 - Free State Appropriation Act, 2012 (Act 1 of 2005) as amended.
 - Free State Adjustment Appropriation Act, 2005 (Act 9 of 2005) as amended.
 - Appropriation Act, 2008 (Act 1 of 2008) as amended.
 - Adjustment of Appropriation, 2008 (Act 4 of 2008) as amended.
- Health Sector Legislation:
 - Mental Health Care Act, 2002 (Act No. 17 of 2002)
 - Medicine and Related Substance Act, 1965 (Act No. 101 of 1965)
 - Human Tissue Act, 1983 (Act No. 65 of 1983)
 - Pharmacy Act, 1974 (Act No. 53 of 1974)
 - Health Professions Act, 1974 (Act No. 56 of 1974)
 - Nursing Act, 2005 (Act 33 of 2005)
 - Dental Technicians Act, 1979 (Act No. 19 of 1979)
 - Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992)
 - Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
 - Sterilisation Act, 1998 (Act No. 44 of 1998)
 - National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)
 - Traditional Health Practitioners Act, 2004 (Act No. 35 of 2004)
 - Free State Initiation School Health Act, 2004 (Act 1 of 2004)
 - Atmospheric Pollution Prevention Act, 1965 (Act No. 45 of 1965)
 - Hazardous Substance Act, 1973 (Act No. 15 of 1973)
 - Health and Welfare Matters Second Amendment Act, 1993 (Act No.180 of 1993)

1.8.2 New Policy Initiatives

The Bill has passed on the re-designation of hospitals and the setting of requirements for hospital management.

- National Health Act became fully operational effective from 1st March 2012.
- The Mangaung Municipal area was declared a metropolitan municipality and Mantsopa and Naledi sub-districts became parts of Thabo Mofutsanyana and Xhariep Districts respectively.

1.9. OVERVIEW OF THE 2013/14 BUDGET AND MTEF ESTIMATES

- There has been a steady growth in the budget allocation for the Department over the past MTEF period. The revised estimate for 2012/13 allocation represents a 12.9% growth on the expenditure for the 2011/12 financial year. However the year-on-year growth

for the 2013/14 year is only 2.6% on the 2012/13 budget. The low increase in the budget allocation will impact on the Department's ability to effectively deal with the health sector challenges and priorities, which include the filling of critical vacancies, procurement of appropriate resources and effective management of infrastructure.

- The budget for compensation of employees increases by 4.2%, 7.8% and then 5.6% over the respective years of the MTEF period, while goods and services increase by 15.8%, 1.3% and 7.5% over the same period.
- The budget allocation for District Health Services increases by 9% in 2013/14, 9.1% in 2014/15 and 4.8% in 2015/16. The key priority areas covered will include, *inter alia*, the interventions to reduce maternal and child mortalities, management of HIV/AIDS and TB and the re-engineering of Primary Health Care.
- Due to the re-designation of Pelonomi Hospital as a tertiary hospital, the budget allocation for Provincial Hospital Services reduces by 33.6% and that for Central and Tertiary hospitals increases by 54.4% in 2013/14.
- The budget allocation for Health Facility Management reduces by 22.6% in year 1 of the MTEF and subsequently increases by 3.1% and 5.9% in years 2 and 3 respectively. The allocation for capital assets also decreases by 25.5% in year 1.

1.9.1. EXPENDITURE ESTIMATES

Table A7: Expenditure estimates

Summary of payments and estimates: Department of Health									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
1: Administration	194 212	215 546	273 092	253 676	257 326	246 951	268 533	277 047	291 417
2 :District Health Services	2030 397	2368 793	2640 287	2844 112	2908 502	2925 986	3191 116	3481 620	3651 901
3: Emergency Medical Services	264 972	331 704	433 868	427 097	430 416	456 224	465 308	473 425	498 432
4: Provincial Hospital Services	1331 718	1485 347	1630 938	1726 755	1776 653	1755 304	1157 767	1202 462	1292 659
5: Central Hospital Services	963 367	1075 995	1112 561	1207 989	1228 989	1269 480	1968 103	2065 889	2192 677
6: Health Science & Training	115 859	137 718	150 233	169 951	190 251	200 957	172 869	177 226	188 647
7: Health Care Support	45 856	53 834	97 355	104 186	106 486	111 830	109 071	112 893	118 027
8: Health Facilities Management	261 757	350 242	472 905	649 489	860 693	726 857	562 011	579 450	614 090
Total payments and estimates	5208 138	6019 179	6811 239	7383 255	7759 316	7693 589	7894 778	8370 012	8847 850

Table A8: Summary of Provincial Expenditure Estimates by Economic Classification[illegible]

Summary of provincial payments and estimates by economic classification: Department of Health

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Public corporations and private enterprises		1 747	4 974			3 685			
Foreign governments and international organisations									
Non-profit institutions	49 414	50 087	53 243	80 343	80 343	73 289	72 320	77 320	76 787
Households	35 721	34 232	32 561	37 382	55 582	71 012	38 009	39 694	41 516
Payments for capital assets	335 380	432 197	545 946	759 157	992 638	859 446	640 002	676 729	691 777
Buildings and other fixed structures	202 046	237 655	403 525	611 299	848 403	733 049	410 183	598 205	579 238
Machinery and equipment	133 334	194 542	142 421	147 858	144 050	126 397	229 819	78 524	112 539
Cultivated assets									
Software and other intangible assets					185				
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities	21 579	19 384	31 822			4 079			
Total economic classification	5 208 138	6 019 179	6 811 239	7 383 255	7 759 316	7 693 589	7 894 778	8 370 012	8 847 850

1.9.2. RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

- The total provincial expenditure has increased slightly from R5.208m (2009/10) to R6.812m (2011/12). This has resulted from a 14% increase from 2009/10 to 2010/11 and 12% in 2010/11 to 2011/12.
- The expenditure for District Health Services, as a percentage of the total budget, has remained fairly constant at 39% over the last three financial years.
- The expenditure for Central Hospital Services has declined from 18.5% in 2009/10 to 16.3% in 2011/12. This has mainly been due to the prioritization of Primary Health Care.
- The cost of service rendering has continued to escalate for some of the key cost drivers, such as medication and laboratory tests. This impacts on the Department's ability to realize the set targets due to the need to prioritise such key services and resources.
- The increasing burden of disease, particularly due to HIV and AIDS and TB, has resulted in higher expenditure levels for health services, e.g. higher cost / PDE due to longer admissions in hospitals.



PART B

1. **BUDGET PROGRAMME 1: ADMINISTRATION**

1.1. **PROGRAMME PURPOSE**

The aim of the Programme is to render the overall management and administration support of the Department.

Budget Programme 1 has the following sub programmes:

- **Office of the MEC**
- **Management**

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged.

1.2 **PRIORITIES**

- Monitoring the implementation of the internal control measures and the audit action plans to achieve unqualified audit.
- Implement the re-engineering of Primary Health Care in the Free State Province and focusing on the priority programmes to address the burden of disease.
- Improving the management and governance of health information and ICT.
- Ensure continuous supply of medicals and consumables from Medical Depot.
- On-going filling of funded vacancies and prioritised posts.

1.3. PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

TABLE ADMIN 1A: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION: OFFICE OF THE MEC

BUDGET SUB PROGRAM 1		OFFICE OF THE MEC								
STRATEGIC GOAL 1		PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ Actual performance		Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12	2012/13	2013 /14	2014/15	2015/16
1.1 Effective Provincial Governance Structures (GS) chaired by the MEC: Health	1.1.1 Number of functional Provincial Governance Structures chaired by the MEC	New Indicator	Minutes of meetings & attendance registers	1 Provincial Health Council	1 Provincial Health Council	1Provincial Health Council launched.	1 Provincial Health Council ³	1 Provincial Health Council	1 Provincial Health Council	1 Provincial Health Council
						No Provincial Consultative Forum held	1 Provincial Consultative Forum	1 Provincial Consultative Forum	1 Provincial Consultative Forum	1 Provincial Consultative Forum
1.2 Ensure functional governance structures at all level 1 facilities	1.2.1 Number of functional ⁴ governance structures	Fully Functional governance structures (196 Clinic Committees, 5 District Health Councils and 13 Hospital Boards [+ 6 Provincial, and 1 Central])	Appointment letters, Minutes of meetings and attendance registers	5 District Health Councils and 24 District Hospitals	183 Clinic committees	196 Clinic Committees	183 Committees	183 Committees	183 Committees	183 Committees
					5 District Health Councils	5 District Health Councils	5 District Health Councils	5 District Health Councils	5 District Health Councils	5 District Health Councils
					20 Hospital Boards	20 Hospital Boards	20 Hospital Boards	20 Hospital Boards	20 Hospital Boards	20 Hospital Boards

⁴ Provincial Health Council holding 4 meetings per year in terms of the NHA⁵ Having at least 6 meetings per year

TABLE ADMIN 1B: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION: MANAGEMENT⁶

BUDGET SUB PROGRAM 2		MANAGEMENT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator ⁷	Strategic Plan target	Means of verification/ Data Source	Audited/ Actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15	2015/16
1.2. Improved Human Resources for Health	1.2.1. Medical officers ⁸ per 100,000 people	New Indicator	Persal reports	28.9	32.39	14.99	22.69	23.13	23.57	24.0	
	1.2.2. Medical officers per 100,000 people in rural districts	New Indicator	Persal reports	19.79	23.82	8.7	15.23	15.96	16.76	17.61	
	1.2.3. Professional nurses per 100,000 people	New Indicator	Persal reports	148.46	165.55	134.93	168.42	175.88	181.35	186.44	
	1.2.4. Professional nurses per 100,000 people in rural districts	New Indicator	Persal reports	147.73	164.82	94.13	97.10	101.85	106.94	112.28	
	1.2.5. Pharmacists per 100,000 people	New Indicator	Persal reports	14.51	16.81	3.03	3.90	4.26	4.55	4.73	
	1.2.6. Pharmacists per 100,000 people in rural districts	New Indicator	Persal reports	7.3	9.6	2.72	1.91	1.99	2.08	2.19	
	1.2.7. Vacancy rate for professional nurses	New Indicator	Persal reports	37%	30%	13.11%	20.59%	17.07%	14.49%	12.09%	
	1.2.8. Vacancy rate for doctors	New Indicator	Persal reports	40%	30%	26.38%	43.05%	41.96%	40.86%	39.76%	
	1.2.9. Vacancy rate for medical specialists	New Indicator	Persal reports	39%	30%	13.16%	28.57%	24.74%	22.30%	19.86%	
	1.2.10. Vacancy rate for pharmacists	New Indicator	Persal reports	40%	30%	28.8%	38.86%	33.14%	28.57%	25.79%	

Source: PERSAL, January 2013

⁶ Set targets based on the Census 2011

⁷ The figures do not include any Local Government as all PHC services are provincialised.

⁸ Medical Officers include Drs on community service and medical interns

BUDGET SUB PROGRAM 2		MANAGEMENT									
STRATEGIC GOAL 1		PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.4 Ensure Compliance with PFMA, Treasury Regulations and other Legislation in order to achieve clean audit	1.4.1 Percentage of compliance with KCM requirements	Full Implementation and Compliance to PFMA and Treasury Regulations to achieve a lean Audit	KCM reports from provincial Treasury	New Indicator	New Indicator	30%	80%	90%	100%	100%	
	1.4.2 Audit opinion issued by the Auditor General on Financial statements		Audit report of the Auditor General	The following Audit issues were cleared: Accruals, Commitments, Misstatements, PPP, Assets, Finance Leases, Joint Establishment, Compensation of Employees, Contingent and Assets Liabilities	Complied in monitoring the audit plan	All the targeted audit issues were cleared.	Unqualified audit opinion ⁹	Unqualified audit opinion	Clean audit	Clean audit	
1.5 Improved Service Level for the Medical Depot	1.5.1 Percentage of Institutional Demand met within standard delivery time (Emergency medicine orders: 48 hours, others: 4-6 weeks)	New Indicator	Medpas Reports	50% of 581 items supplied by the depot within standard delivery time.	53.98% of demand met	64.93%	Emergency: 80%	Emergency: 80%	Emergency: 80%	Emergency: 80%	
							Non-emergency: 90%	Non-emergency: 90%	Non-emergency: 90%	Non-emergency: 90%	

BUDGET SUB PROGRAM 2		MANAGEMENT								
STRATEGIC GOAL 1		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
1.6 Improve Information Communication Technology systems	1.6.1 Percentage of uptime of networking connectivity in Corporate Office and 31 Hospitals	Improved accessibility to healthcare technology for patient care	IT reports on network connectivity	New indicator	New Indicator	80%	95%	98%	98%	98%
1.7 Improve Provincial Health Management Information System	1.7.1 Number of health facilities submitting Quality data ¹⁰ monthly	New Indicator	Completed data quality assessment summaries	New Indicator	New Indicator	New Indicator	New Indicator	251	251	251
1.8 Conduct and monitor health research in the province	1.8.1 Number of Research proposals prepared for commissioning	New Indicator	Copies of research proposals	New Indicator	New Indicator	New Indicator	2	3	3	3

1.4. QUARTERLY TARGETS FOR 2013/14

TABLE ADMIN 3: QUARTERLY TARGETS FOR 2013/14

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of functional Provincial Governance Structures chaired by the MEC	ANNUAL	1 Provincial Health Council	-	-	-	-
	ANNUAL	1 Provincial Consultative Forum	-	-	-	-
Number of functional ¹¹ governance structures	QUARTERLY	183 Committees	183 Committees	183 Committees	183 Committees	183 Committees
		5 District Health Councils	5 District Health Councils	5 District Health Councils	5 District Health Councils	5 District Health Councils
		20 Hospital Boards	20 Hospital Boards	20 Hospital Boards	20 Hospital Boards	20 Hospital Boards
Medical officers per 100,000 people	ANNUAL	21.82	-	-	-	-
Medical officers per 100,000 people in rural districts	ANNUAL	15.96	-	-	-	-
Professional nurses per 100,000 people	ANNUAL	157.49	-	-	-	-
Professional nurses per 100,000 people in rural districts	ANNUAL	101.85	-	-	-	-
Pharmacists per 100,000 people	ANNUAL	3.17	-	-	-	-
Pharmacists per 100,000 people in rural districts	ANNUAL	1.99	-	-	-	-
Vacancy rate for professional nurses	ANNUAL	11.18%	-	-	-	-
Vacancy rate for doctors	ANNUAL	29.20%	-	-	-	-
Vacancy rate for medical specialists	ANNUAL	26.13%	-	-	-	-
Vacancy rate for pharmacists	ANNUAL	45.28%	-	-	-	-
Percentage of compliance with KCM requirements	QUARTERLY	90%	90%	90%	90%	90%
Audit opinion issued by the Auditor General on Financial statements	ANNUAL	Unqualified audit opinion	-	-	-	-
Percentage of Institutional Demand met within standard delivery time (<i>Emergency medicines: 48 hours; others: 4-6 weeks</i>)	QUARTERLY	Emergency: 80%	Emergency: 80%	Emergency: 80%	Emergency: 80%	Emergency: 80%
		Non-emergency: 90%	Non-emergency: 90%	Non-emergency: 90%	Non-emergency: 90%	Non-emergency: 90%
Percentage of uptime of networking connectivity in Corporate Office and 31 Hospitals	QUARTERLY	98%	98%	98%	98%	98%
Number of health facilities submitting Quality data ¹² monthly	QUARTERLY	251	251	251	251	251
Number of Research proposals prepared for commissioning	ANNUAL	3	-	-	-	-

11 Having at least 6 meetings per year

12 Quality data as the defined in the DHNIS policy 2011

1.5. RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE ADMIN4: EXPENDITURE ESTIMATES: ADMINISTRATION

Summary of payments and estimates: Programme 1: Administration									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Office of the MEC	5 467	5 714	6 853	8 963	8 850	8 164	10 235	10 579	11 441
Management	188 745	209 832	266 239	244 713	248 476	238 787	258 298	266 468	279 976
Total payments and estimates: Programme 1: Administration	194 212	215 546	273 092	253 676	257 326	246 951	268 533	277 047	291 417

Summary of provincial payments and estimates by economic classification: Programme 1: Administration									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Current payments	163 604	194 353	262 102	250 171	252 778	240 453	263 708	271 940	286 310
Compensation of employees	125 752	144 744	163 581	178 033	181 683	184 879	205 908	221 558	235 738
Goods and services	36 627	48 823	98 510	72 061	70 745	55 491	57 712	50 291	50 481
Interest and rent on land	1 225	786	11	77	350	83	88	91	91
Unauthorised expenditure									
Transfers and subsidies to:	2 831	2 575	1 126	385	625	2 599	414	438	438
Provinces and municipalities	1 624		631			80			
Departmental agencies and accounts					240				
Universities and technikons									
Public corporations and private enterprises		1 747	70			253			
Foreign governments and international organisations									
Non-profit institutions		23	17			1			
Households	1 207	805	408	385	385	2 265	414	438	438
Payments for capital assets	6 198	10 108	3 565	3 120	3 923	3 820	4 411	4 669	4 669
Buildings and other fixed structures									
Machinery and equipment	6 198	10 108	3 565	3 120	3 738	3 820	4 411	4 669	4 669
Cultivated assets									
Software and other intangible assets					185				
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities	21 579	8 510	6 299			79			
Total economic classification	194 212	215 546	273 092	253 676	257 326	246 951	268 533	277 047	291 417

1.6. RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Non-compliance with Asset Management Guidelines.	<ul style="list-style-type: none"> • Conduct asset verification annually. • Perform LOGIS/BAS asset reconciliation. • Conduct workshops to ensure adherence to policies and procedures.
2. Inadequate internal controls to ensure compliance to PFMA.	<ul style="list-style-type: none"> • Conduct workshops to ensure adherence to policies and procedures. • Perform monthly analyses and monitoring of reports. • Monthly update of all financial registers.
3. Insufficient supply of medication and medical consumables.	<ul style="list-style-type: none"> • Timeous replenishment of stock. • Timeous and complete satisfaction of orders. • Adhere to delivery schedule.
4. Adverse audit outcome due to inadequate performance information management.	<ul style="list-style-type: none"> • Monitoring controls, i.e. audit action plans • Identification of and intervention on problem areas. • Regular monitoring and evaluations conducted at health facilities.
5. Insufficient data systems that do not support proper financial systems.	<ul style="list-style-type: none"> • Manual controls and data collection for use i.r.o. monitoring.
6. Inadequate human resource capacity and skilled work force	<ul style="list-style-type: none"> • Develop and implement comprehensive HR Plan • Recruit and retain staff with scarce skills • Training and development of current workforce

2 BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

2.1 PROGRAMME PURPOSE

This Programme is responsible for the rendering and the establishment of District Health Services. The Programme provides District Management, Community Health Clinics, Community Health Centres, Community Based Services, HIV/AIDS, Nutrition and District Hospitals

Programme 2 has the following sub-programmes:

- District Management
- Community Health Clinics
- Community Health Centres
- Community Based Services
- HIV/AIDS
- Nutrition
- Coroner Services
- District Hospitals

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged.

2.2 PRIORITIES

The key priorities for the MTEF are as follows:

- Increasing Life Expectancy.
 - Strengthening the implementation of the five elements of the Healthy Lifestyle Program.
- Decreasing Maternal and Child Mortality.
 - Implementation of the CARMMA programme
 - Family Planning Services
- Combating HIV and AIDS and Decreasing the Burden of Disease from TB.
 - Increase access to ART and TB Treatment
 - Interventions for prevention of new HIV infections
 - Improve TB cure rate
- Strengthening of Health System Effectiveness.
 - Re – engineering of Primary Health Care.
 - School Health Services
 - Appointment of District Specialists
 - Increasing the number of Family Health Teams
 - Improved access to Rural Health Services.
 - Improved Quality of Care.

2.3 SPECIFIC INFORMATION FOR DHS

TABLE DHS1: DISTRICT HEALTH SERVICE FACILITIES BY HEALTH DISTRICT IN 2011/12

Health district	Facility type	No.	Population	Uninsured Population	Population per PHC facility or per hospital bed	Per capita utilization
Xhariep	Non fixed clinics	13	146,259	121,395	11,250.69	0.00009
	Fixed Clinics	19			7,697.84	0.00013
	CHCs	1			146,259.00	0.00001
	Sub-total clinics + CHCs	33			4,432.09	0.00023
	District hospitals (76 beds)	3			1,924.46	0.00051
Mangaung	Non fixed clinics	10	747,431	620,368	74,743.10	0.00001
	Fixed Clinics	42			17,795.98	0.00006
	CHCs	2			373,715.50	0.00000
	Sub-total clinics + CHCs	54			13,841.31	0.00007
	District hospitals (492 beds)	3			1,519.17	0.00076
Fezile Dabi	Non fixed clinics	15	488,036	405,070	32,535.73	0.00003
	Fixed Clinics	33			14,788.97	0.00007
	CHCs	5			97,607.20	0.00001
	Sub-total clinics + CHCs	53			144,931.90	0.00011
	District hospitals (201 beds)	4			2,428.04	0.00041
Lejweleputswa	Non fixed clinics	13	627,626	520,930	48,278.92	0.00002
	Fixed Clinics	43			14,595.95	0.00007
	CHCs	1			627,626.00	0.00000
	Sub-total clinics + CHCs	57			690,500.88	0.00009
	District hospitals (285 beds)	5			2,202.20	0.00045
Thabo	Non fixed clinics	24	736,237	611,077	30,676.54	0.00003
	Fixed Clinics	73			10,085.44	0.00010
	CHCs	1			736,237.00	0.00000
	Sub-total clinics + CHCs	98			7,512.62	0.00013
	District hospitals (492 beds)	9			1,496.42	0.00064
DHS Province	Non fixed clinics	75	2,745,589	2,278,839	36,607.85	0.00003
	Fixed Clinics	210			13,074.23	0.00008
	CHCs	10			274,558.90	0.00000
	Sub-total clinics + CHCs	295			9,307.08	0.00011
	District hospitals (1 546 beds)	24			1,775.93	0.00055

Source: DHIS 2012

TABLE DHS 2: SITUATION ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National Average 2011/12
1. Provincial PHC expenditure per uninsured person	DHIS	R	388.22	344.85	311.77	464.39	340.36	529.69	N/A
2. PHC headcount total	DHIS	No	7 190 425	1 098 162	1 521 525	1 798 686	2 269 203	5 028 49	N/A
3. PHC headcount under 5 years	DHIS	No	1 090 776	1 720 08	211 901	255 035	366 036	85 796	N/A
4. PHC utilisation rate (annualised)	DHIS	No	2.5	2.18	2.19	2.49	2.72	2.88	2.5
5. PHC utilisation rate under 5 years (annualised)	DHIS	No	3.7	3.5	3.2	3.6	4.1	4.9	4.7
6. PHC supervisor visit rate (fixed clinic/CHC/GDC)	DHIS	%	75.36	46.27	70.54	80.11	90.31	77.35	66.6%
7. Expenditure per PHC Headcount	DHIS	R	133.72	133.59	119.57	158.14	105.56	155.36	N/A
8. Complaint resolution within 25 working days rate	DHIS	%	75.32	70.63	68.16	76.74	81.98	62.61	N/A

Source: DHIS 2012

Annual Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National Average 2011/12
9. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No	222	38	45	44	74	20	N/A

Source: DHIS 2012

2.5 PROVINCIAL STRATEGIC OBJECTIVES INDICATORS AND ANNUAL TARGETS FOR DHS
TABLE DHS3: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR DISTRICT MANAGEMENT¹³

BUDGET SUB PROGRAM 1		DISTRICT MANAGEMENT							
STRATEGIC GOAL 5		INCREASING LIFE EXPECTANCY							
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets	
				2009/10	2010/11	2011/12		2013/14	2015/16
1.1 Implement Health Promotion programs Improved Health Promotion and Prevention strategies at community level	1.1.1 Number of provincial health promotion campaigns conducted	Improved Health Promotion and Prevention strategies at community level	Health promotion programmes and attendance registers	New Indicator	New Indicator	New Indicator	2	5	5
BUDGET SUB PROGRAM 1		DISTRICT MANAGEMENT							
STRATEGIC GOAL 2		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS							
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets	
				2009/10	2010/11	2011/12		2013/14	2015/16
1.2 Implement PHC re-engineering programme	1.2.1 Number of Family Health Teams (FHT) established	N/A	District PHC reports	New Indicator	New Indicator	47	42	70	90
	1.2.2 PHC outreach team coverage	N/A	District PHC reports	New Indicator	New Indicator	9.2% (47/509)	11.8% (60/509)	13.7% (70/509)	17.6% (90/509)
	1.2.3 Specialist clinical team coverage	N/A	District PHC reports	New Indicator	New Indicator	New Indicator	New Indicator	80% (4/5) of total districts with gynaecologist in specialist team	100% (5/5) of total districts with gynaecologist in specialist team
	1.2.4 Percentage of quintile 1 & 2 schools visited by School Health Teams to provide Integrated School Health programme	N/A	School Health services report	New Indicator	43%	60% (542/903)	80% (722/903)	95% (912/961)	100% (961)

13 The targets will be affected by the changes in the population figures on the DHIS to the Census 2011

TABLE DHS3: PROVINCIAL STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS AND ANNUAL TARGETS FOR PRIMARY HEALTH CLINICS AND COMMUNITY HEALTH CENTRES¹⁴

BUDGET SUB PROGRAMS 2 & 3		PRIMARY HEALTH CLINICS AND COMMUNITY HEALTH CENTRES									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
2.1 Provide appropriate and accessible Hospital service to the Free State community	2.1.1 Provincial PHC expenditure per uninsured person	Effective and improved access-ibility to PHC services	DHIS & BAS	R 274.03	R 304.00	R 388.22	R 482.00	R 514.00	R 552.00	R 573.00	
	2.1.2 PHC headcount total		DHIS	6 538 035	6 522 688	7 190 425	7 549 946	7 694 507	7 851 537	8 011 773	
	2.1.3 PHC headcount under 5 years		DHIS	1 131 033	1 054 644	1 090 776	1 118 046	1 124 404	1 129 255	1 134 901	
	2.1.4 PHC utilisation rate (annualised)		DHIS	2.4	2.2	2.5	2.6	3.0	3.2	3.4	
	2.1.5 PHC utilisation rate under 5 years (annualised)		DHIS	3.7	3.5	3.7	3.8	3.8	3.8	3.8	
	2.1.6 PHC supervisor visit rate (fixed clinic/CHC/CDC)		DHIS	73%	79%	75.4 %	100%	100%	100%	100%	
	2.1.7 Expenditure per PHC Headcount		DHIS & BAS	R 102.04	R115.00	R 133.72	R 145.60	R152.40	R 160.40	R 163.00	
	2.1.8 Complaint resolution within 25 working days rate		Reports	55.2%	70.5%	75.3 %	85%	85%	85%	85%	

BUDGET SUB PROGRAM 2 & 3		PRIMARY HEALTH CLINICS AND COMMUNITY HEALTH CENTRES								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
3.1 Measure public health establishments' performance against national core standards	3.1.1 Percentage of PHC facilities that attained certification out of the total number assessed by the Office of Health Standard Compliance	262 public health and 24 private establishments with performance assessment reports	Assessment Reports by OHSC	New Indicator	New Indicator	New Indicator	New Indicator	20% clinics 20% CHCs	50% clinics 60% CHCs	60% clinics 80% CHCs
	3.1.2 Number of PHC facilities assessed for compliance against the 6 priorities of the core standards		Assessment reports on 6 priorities	New Indicator	New Indicator	New Indicator	100	220	220	220

2.5.1 QUARTERLY TARGETS FOR DHS

TABLE DHS 4: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES FOR 2013/14

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of provincial health promotion campaigns conducted	ANNUAL	5	-	-	-	-
Number of Family Health Teams (FHT) established	ANNUAL	70	-	-	-	-
PHC outreach team coverage	QUARTERLY	13.7% (70/509)	11.7% (60/509)	12.3% (63/509)	13.1% (67/509)	13.7% (70/509)
Specialist clinical team coverage	QUARTERLY	80% (4/5) of total districts with gynaecologist in specialist team	20% (1/5) of total districts with gynaecologist in specialist team	40% (2/5) of total districts with gynaecologist in specialist team	60% (3/5) of total districts with gynaecologist in specialist team	80% (4/5) of total districts with gynaecologist in specialist team
Percentage of quintile 1 & 2 schools visited by School Health Teams to provide Integrated School Health programme	QUARTERLY	95% (912/961)	45% (432/961)	60% (576/961)	70% (672/961)	95% (912/961)
Provincial PHC expenditure per uninsured person	QUARTERLY	R 514.00	R 514.00	R 514.00	R 514.00	R 514.00
PHC headcount total	QUARTERLY	7 694 507	1 923 627	1 923 627	1 923 627	1 923 626
PHC headcount under 5 years	QUARTERLY	1 124 404	281 101	281 101	281 101	281 101

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
PHC utilisation rate (annualised)	QUARTERLY	3.0	3.0	3.0	3.0	3.0
PHC utilisation rate under 5 years (annualised)	QUARTERLY	3.8	3.8	3.8	3.8	3.8
PHC supervisor visit rate (fixed clinic/CHC/CDC)	QUARTERLY	100%	100%	100%	100%	100%
Expenditure per PHC Headcount	QUARTERLY	R152.40	R152.40	R152.40	R152.40	R152.40
Complaint resolution within 25 working days rate	QUARTERLY	85%	85%	85%	85%	85%
Percentage PHC facilities that attained certification out of the total number assessed by the Office of Health Standard Compliance	ANNUAL	20% Clinics 20% CHCs	-	-	-	-
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	ANNUAL	220	-	-	-	-

2.6 SUB – PROGRAMME DISTRICT HOSPITALS

TABLE DHS 5: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
1. Delivery by caesarean section rate	DHIS	%	13.8	20.93	10.05	25.52	8.43	0	N/A
2. Inpatient separations - Total	DHIS	No	116 890	17 659	23 056	30 271	39 067	6837	N/A
3. Patient day equivalent	DHIS	No	583 233	84 423	92 139	201 788	180 791	24 093	N/A
4. OPD Headcount – Total	DHIS	No	520 377	63 722	68 573	147 114	228 416	12 552	N/A
5. Average length of stay	DHIS	Days	3.17	3.32	2.79	4.37	2.55	2.64	4.3
6. Inpatient bed utilisation rate	DHIS	%	66.32	80.01	61.66	74.70	55.67	65.13	67.1
7. Expenditure per patient day equivalent (PDE)	DHIS	R	1,582	1,861	1,807	1,491	1,447	1,645	N/A
8. Complaint resolution within 25 working days rate	DHIS	%	75.32	90.42	30.98	54.03	63	40	N/A
9. Mortality and Morbidity review rate	Clinical Governance Reports	%	42.6%	N/A	N/A	N/A	N/A	N/A	N/A

Annual Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
10. Hospital Patient Satisfaction Rate	DHIS: Patient Satisfaction Module	%	85%	85%	85%	85%	85%	85%	N/A
11. Number of Hospitals assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No	24	4	5	3	9	3	N/A

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

TABLE DHS 6: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HOSPITALS¹⁵

BUDGET SUB PROGRAM 8		DISTRICT HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.1 Provide appropriate and accessible Hospital service to the Free State community	1.1.1 Delivery by caesarean section rate	N/A	DHIS	11.8%	12.4%	13.8 %	15%	15.5% ¹⁶	15%	15%	
	1.1.2 Inpatient separations - Total		DHIS	122 608	115 514	116 890	122 734	128 871	132 737	136 719	
	1.1.3 Patient Day Equivalent		DHIS	533 970	536 943	583 223	606 563	636 891	643 260	656 125	
	1.1.4 OPD Headcount – Total		DHIS	367 903	445 748	520 377	546 395	573 715	579 452	585 247	
	1.1.5 Average Length of Stay		DHIS	3 days	3 days	3.2 days	3.0 days	3.0 days	3.0 days	3.0 days	
	1.1.6 Inpatient bed utilisation rate		DHIS	70.7%	63%	66.3 %	75%	75%	75%	75%	
	1.1.7 Expenditure per patient day equivalent (PDE)		BAS and DHIS	R 1 408.00	R 1 586.00	R 1 582.00	R 1 722	R 1 678.00	R 1 764.00	R 1 722.00	
1.2 Improve patient care and satisfaction	1.2.1 Complaint resolution within 25 working days rate	Patient satisfaction rate >85%	DHIS	No data	100% (Based on 60 days)	56.4%	85%	85%	85%	85%	
	1.2.2 Hospital Patient Satisfaction Rate		Independent Survey	75%	83%	84%	85%	85%	85%	85%	

¹⁵ The targets will be affected by the changes in the population figures on the DHIS to the Census 2011¹⁶ The desired range for Caesarean Section Rate = 15-18%

BUDGET SUB PROGRAM 8		DISTRICT HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.3 Improve quality of health services	1.3.1 Availability of medication	90%	Medicine availability reports	80%	92%	96%	95%	95%	95%	95%	
	1.3.2 Patient waiting times	New Indicator	Completed audit tools	New Indicator	New Indicator	OPD 3 Hrs. 16 min. (Average)	OPD: 120 min	OPD: 120 min	OPD: 120 min		
			Med. Casualty 3 Hrs. 01 Min. (Average)			Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min			
	1.3.3 Mortality and Morbidity review rate	New Indicator	Reports	New Indicator		New Indicator	Pharmacy: 1 Hr. 1 min. (Average)	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	
1.4 Measure public health establishments' performance against national core standards	1.3.3 Mortality and Morbidity review rate	New Indicator	Reports	New Indicator	New Indicator	42.6%	100%	100%	100%		
	1.4.1 Percentage of Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance	262 public and 24 private health establishments with performance assessment reports	Compliance Certificate	New Indicator	New Indicator	New Indicator	New Indicator	50%	60%	75%	
	1.4.2 Number of Hospitals assessed for compliance against the 6 priorities of the core standards		Assessment Reports	New Indicator	New Indicator	24	24	24	24		

BUDGET SUB PROGRAM 8		DISTRICT HOSPITALS								
STRATEGIC GOAL 3		Decreasing Maternal and Child Mortality								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
1.5 Reduce maternal and child mortality	1.5.1 Number of District Hospitals CARMMA compliant ¹⁷	N/A	CARMMA Certificates	New Indicator	New Indicator	New Indicator	New Indicator	13 (of 24)	18 (of 24)	24 (of 24)

2.6.2 QUARTERLY TARGETS FOR DISTRICT HOSPITALS

TABLE DHS 9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Delivery by caesarean section rate	QUARTERLY	15.5%	15.5%	15.5%	15.5%	15.5%
Inpatient separations - Total	QUARTERLY	128 871	32 217	32 220	32 217	32 217
Patient Day Equivalent (PDE)	QUARTERLY	636 891	159 222	159 225	159 222	159 222
OPD Headcount – Total	QUARTERLY	573 715	143 428	143 431	143 428	143 428
Average Length of Stay	QUARTERLY	3.0 days	3.0 days	3.0 days	3.0 days	3.0 days
Inpatient bed utilisation rate	QUARTERLY	75%	75%	75%	75%	75%
Expenditure per patient day equivalent (PDE)	QUARTERLY	R 1 678.00	R 1 678.00	R 1 678.00	R 1 678.00	R 1 678.00
Complaint resolution within 25 working days rate	QUARTERLY	85%	85%	85%	85%	85%
Hospital Patient Satisfaction Rate	ANNUAL	85%	-	-	-	-
Availability of medication	QUARTERLY	95%	95%	95%	95%	95%
Patient waiting times	QUARTERLY	OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min
		Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min
		Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min
Mortality and Morbidity review rate	QUARTERLY	100%	100%	100%	100%	100%

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Percentage of Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance	ANNUAL	50%	-	-	-	-
Number of Hospitals assessed for compliance against the 6 priorities of the core standards	ANNUAL	24	-	-	-	-
Number of District Hospitals CARMMA compliant	ANNUAL	13 (of 24)	-	-	-	-

2.7 SUB-PROGRAM: HIV & AIDS, STI & TB CONTROL (HAST)

TABLE HIV1: SITUATION ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
1. Total number of patients (Children and Adults) on ART	DHIS	No	144 995	19 556	35065	35017	36934	6922	N/A
2. Male condom distribution rate - (annualised)	DHIS	No	12.2	14.11	14.07	5.50	14.69		N/A
3. New smear positive PTB defaulter rate	ETR. Net	%	4.7	3.9%	4.0%	7.6%	3.3%	4.9%	N/A
4. PTB two month smear conversion rate	ETR. Net	%	73.5%	69.8%	71.7%	72.6%	77.4%	78.9%	N/A
5. HIV/TB co-infected patient placed on ART rate	ETR. Net	%	85.3%	92.0%	81.0%	83.0%	100%	85.3%	N/A
6. HCT testing rate	DHIS	%	85.1%	89.5	87.2	73.5	94.2	87.1	91

Annual Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
7. New smear positive PTB cure rate	ETR	%	73.4%	74.6%	73.4%	69.0%	76.4%	76.1%	73.1%

2.7.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HAST

TABLE HIV2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HAST¹⁸

BUDGET SUB PROGRAM 5		HIV & AIDS (STI & TB CONTROL) (HAST)								
STRATEGIC GOAL 3		COMBATING HIV AND AIDS and DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15
1.1 Increase the number of new patients initiated on Antiretroviral Therapy (ART)	1.1.1 Total clients remaining on ART (TROA) at the end of the month	N/A	Tier.Net	50 196	73 874	109 423	150 692	182 140	213 590	245 040
	1.1.2 Number of new patients started on ART (15 years & older)	N/A	Tier.Net	17 921	34 003	35 322	38 413	32 930	32 930	32 930
	1.1.3 Number of new patients started on ART (<15 years)	N/A	Tier.Net	2 215	3 258	2 659	2 370	4 070	4 070	4 070
	1.1.4 Percentage of HIV-TB Co-infected patients placed on ART	≥ 85%	ETR.Net	New Indicator	54%	85.3%	90%	90%	90%	90%
1.2 Strengthening community involvement in the TB DOTS Programme.	1.2.1 TB (new pulmonary) defaulter rate	≤ 4%	ETR.Net	4.6%	4.6%	4.7	<4%	<4%	<3.5%	<3%
	1.2.2 TB AFB sputum result turn-around time under 48 hours rate	N/A	ETR.Net	66.5%	74.2%	78.0%	76.4%	80%	80%	80%
	1.2.3 TB (new pulmonary) cure rate	≥ 80%	ETR.Net	71.7%	71.5%	73.4%	75%	77%	80%	85%
	1.2.4 TB new client treatment success rate	N/A	ETR.Net	76.9%	77.7%	77.6%	79.0%	85%	85%	85%
1.3 Reduce Mother to child Transmission rate of HIV	1.2.5 Proportion of TB treatment success among all TB cases	N/A	ETR.Net	New Indicator	New Indicator	New Indicator	New Indicator	75%	78%	82%
	1.3.1 Antenatal client HIV 1 st test rate.	N/A	DHIS	93%	89%	97.2%	100%	98%	98%	98%
1.4. Implement health care provider-initiated HIV Counselling and Testing (HCT) in all health facilities	1.4.1 HIV Testing coverage (annualised)	N/A	DHIS	No data	84%	85.1%	100%	95%	95%	95%

BUDGET SUB PROGRAM 5		HIV & AIDS (STI & TB CONTROL) (HAST)									
STRATEGIC GOAL 3		COMBATING HIV AND AIDS and DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance				Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12	2012/13		2013 /14	2014/15	2015/16
1.5 Scale up prevention measures to reduce new HIV infections	1.5.1 Male condom distribution rate ¹⁹	N/A	DHIS	7.3	9	12.2	13		14	15	15
	1.5.2 Medical male circumcision	N/A	DHIS	New Indicator	New Indicator	30 707	40 361		40 361	64 000	65 000
	1.5.3 Number of female condoms distributed	500 000	DHIS	292 080	324 600	161 000	354 000		354 000	354 000	354 000
1.6 Increase the percentage of HIV patients started on Cotrimoxazole Prophylaxis and the percentage of HIV patients started on Isoniazid Preventive Therapy (IPT)	1.6.1 Percentage of eligible HIV patients started on Cotrimoxazole Prophylaxis	N/A	DHIS	24.8%	25%	38.7%	60%		85%	90%	90%
	1.6.2 HIV positive new patient initiated on IPT rate	N/A	Tier.Net	New Indicator	28%	52.2%	65%		70%	75%	80%
1.7 Reduce the incidence of drug resistant TB	1.7.1 Percentage of diagnosed MDR-TB patients initiated on treatment	N/A	ETR.net	New Indicator	New Indicator	New Indicator	New Indicator		100%	100%	100%
	1.7.2. Proportion of XDR-TB patients amongst MDR-TB patients	< 0.5%	ETR.net	3.1%	0.7%	4.70%	<4%		<4%	<4%	<4%

2.7.2 QUARTERLY TARGETS FOR HAST

TABLE HIV4: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Total clients remaining on ART (TROA) at the end of the month	QUARTERLY	182 140 (cumulative)	158 553	166 414	174 277	182 140
Number of new patients started on ART (15 years & older)	QUARTERLY	32 930	8 232	8 232	8 233	8 233
Number of new patients started on ART (<15 years)	QUARTERLY	4 070	1 017	1 017	1 018	1 018
TB (new pulmonary) defaulter rate	QUARTERLY	<4%	<4%	<4%	<4%	<4%

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Percentage of HIV-TB Co-infected patients placed on ART	QUARTERLY	100%	100%	100%	100%	100%
TB AFB sputum result turn-around time under 48 hours rate	QUARTERLY	80%	80%	80%	80%	80%
TB (new pulmonary) cure rate	ANNUAL	77%	-	-	-	-
TB new client treatment success rate	ANNUAL	85%	-	-	-	-
Proportion of TB treatment success among all TB cases	ANNUAL	75%	-	-	-	-
Antenatal client HIV 1 st test rate.	QUARTERLY	98%	98%	98%	98%	98%
HIV testing coverage (annualised)	QUARTERLY	95%	95%	95%	95%	95%
Male condom distribution rate ²⁰	QUARTERLY	14	14	14	14	14
Medical male circumcision	QUARTERLY	40 361	10 090	10 091	10 090	10 090
Number of female condoms distributed	QUARTERLY	354 000	69 000	95 000	95 000	95 000
Percentage of eligible HIV patients started on Cotrimoxazole Prophylaxis	QUARTERLY	85%	85%	85%	85%	85%
HIV positive new patient initiated on IPT rate	QUARTERLY	70%	70%	70%	70%	70%
Percentage of diagnosed MDR-TB patients initiated on treatment	QUARTERLY	100%	100%	100%	100%	100%
Proportion of XDR-TB patients amongst MDR-TB patients	QUARTERLY	<4%	<4%	<4%	<4%	<4%

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

TABLE MCWH1: SITUATION ANALYSIS INDICATORS FOR MCWH&N

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
1. Immunisation coverage under 1 year	DHIS	%	91.86	88.16	86.74	91.20	99.05	89.85	95.2
2. Vitamin A 12-59 months	DHIS	%	47.86	54.79	51.33	40.60	46.21	53.87	43

Quarterly Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
3. Measles 1st dose under 1 year coverage	DHIS	%	94.68	90.63	88.89	96.36	100.50	93.28	85.3
4. Pneumococcal Vaccine (PCV) 3 rd Dose Coverage	DHIS	%	90.85	89.70	84.45	91.74	96.07	89.81	N/A
5. Rota Virus (RV) 2nd Dose Coverage	DHIS	%	97.59	94.20	90.93	90.24	105.32	88.65	
6. Cervical cancer screening coverage	DHIS	%	44.20	49.94	47.87	31.69	47.78	49.37	55
7. Antenatal 1st visit before 20 weeks rate	DHIS	%	47.1	45.45	49.29	43.15	47.81	56.66	40.2
8. Infant PCR test positive around 6 weeks rate	DHIS	%	2.96	3.07	3.19	3.38	2.17	4.26	4.0

Annual Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
9. Couple year protection rate annualised	DHIS	%	34.73	36.87	36.03	27.99	38.56	33.79	32.5
10. Maternal mortality in facility ratio (annualised)	DHIS	No per 100 000	273/100 000	241	199	239	315	327	N/A
11. Delivery in facility under 18 years rate	DHIS	%	8	8	7	7	9	9	N/A
12. Child under 1 mortality in facility rate (annualised)	DHIS	No per 1000	9.92	7.5	17.2	6.0	10.7	5.6	N/A
13. Facility Child mortality (under 5) rate Child under 5 mortality in facility rate (annualised)	DHIS	No per 1000	7.94	6.9	11.3	7.2	7.8	6.3	N/A

2.8.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR MCWH & N

TABLE MCWH2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MCWH&N²¹

BUDGET SUB PROGRAM 6		NUTRITION (MATERNAL, CHILD & WOMEN'S HEALTH)									
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16	
1.1 Increase the provincial immunisation coverage	1.1.1 Immunisation coverage under 1 year	95% of children < 1yr fully immunised	DHIS	86.6%	81.5%	91.86%	95%	95%	95%	95%	
	1.1.2 Vitamin A coverage 12 – 59 months		DHIS	40.8%	40	47.86%	40%	55%	55%		
	1.1.3 Measles 1st dose under 1 year coverage		DHIS	88.6%	85.9%	94.68%	95%	95%	95%		
	1.1.4 Pneumococcal Vaccine (PCV) 3 rd Dose Coverage		DHIS	68.6%	70%	90.85%	90%	95%	95%		
	1.1.5 Rota Virus (RV) 2nd Dose Coverage		DHIS	75.6%	70%	97.59%	90%	95%	95%		
1.2 Reduce maternal and child mortality	11.6 Child under 5 years diarrhoea with dehydration incidence	N/A	DHIS	N/A	7.4 per 1 000	7.5 per 1 000	6.7 per 1 000	6.4 per 1 000	6.1 per 1 000	5.7 per 1 000	
	1.1.7 Pneumonia incidence under 5 years	N/A	DHIS	110 per 1 000	96 per 1 000	89 per 1 000	80 per 1 000	75 per 1 000	70 per 1 000	65 per 1 000	
	1.2.1 Cervical cancer screening coverage	Reduce maternal mortality ratio from 327 to 200 per 100 000 live births	DHIS	40.4%	38%	44.20%	50%	56%	58%	60%	
1.3 Reduce Mother to child Transmission rate of HIV	1.2.2 Antenatal 1st visit before 20 weeks rate		DHIS	43.7%	47.6%	47.1%	70%	70%	70%	70%	
	1.3.1 Infant PCR test positive around 6 weeks rate	MTCT rate <5%	DHIS	7.4%	4%	2.96%	<3%	<3%	<2.5%	<1%	

NUTRITION (MATERNAL, CHILD & WOMEN'S HEALTH)										
DECREASING MATERNAL AND CHILD MORTALITY										
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
1.4 Reduce maternal mortality ratio	1.4.1 Couple year protection rate annualised	100% of facilities that provide contraception	DHIS	31.9%	32%	34.73%	50%	50%	55%	60%
1.5 Reduce maternal and child mortality	1.5.1 Maternal mortality in facility ratio (annualised)	Reduce maternal mortality ratio from 327 to 200 per 100 000 live births	DHIS	327/ 100 000	243/ 100 000	273/ 100 000	220/100 000	210/100 000	200/100 000	150/100 000
	1.5.2 Delivery in facility under 18 years rate		DHIS	10%	10%	9%	<10%	<10%	<10%	<10%
1.6 Reduce infant and child mortality	1.6.1 Child under 1 mortality in facility rate (annualised)	20 / 1 000	DHIS	45 / 1 000	23 / 1 000	24.6 / 1 000	20 / 1 000	18 / 1 000	15 / 1 000	15 / 1 000
	1.6.2 Inpatient death under 5 years rate	N/A	DHIS	N/A	8.5%	8.0%	5.8%	5.3%	4.8%	4.3%
1.7 Increased access to Highly Active Antiretroviral Therapy for eligible HIV positive pregnant women	1.7.1 Antenatal client initiated on HAART rate	MTCT rate <5%	DHIS	New Indicator	48%	68.5%	100%	90%	95%	98%

2.8.2 QUARTERLY TARGETS FOR MCWH&N

TABLE MCWH 4: QUARTERLY TARGETS FOR MCWH&N FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Immunisation coverage under 1 year	QUARTERLY	95%	95%	95%	95%	95%
Vitamin A coverage 12 – 59 months	QUARTERLY	55%	55%	55%	55%	55%
Measles 1st dose under 1 year coverage	QUARTERLY	95%	95%	95%	95%	95%
Pneumococcal Vaccine (PCV) 3 rd Dose Coverage	QUARTERLY	95%	95%	95%	95%	95%
Rota Virus (RV) 2nd Dose Coverage	QUARTERLY	95%	95%	95%	95%	95%
Child under 5 years diarrhoea with dehydration incidence	ANNUAL	6.4 per 1 000	-	-	-	-

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Pneumonia incidence under 5 years	ANNUAL	75 per 1 000	-	-	-	-
Cervical cancer screening coverage	QUARTERLY	56%	56%	56%	56%	56%
Antenatal 1st visit before 20 weeks rate	QUARTERLY	70%	70%	70%	70%	70%
Infant PCR test positive around 6 weeks rate	QUARTERLY	<3%	<3%	<3%	<3%	<3%
Couple year protection rate (annualised)	ANNUAL	50%	-	-	-	-
Maternal mortality in facility ratio (annualised)	ANNUAL	210/100 000	-	-	-	-
Delivery in facility under 18 years rate	QUARTERLY	<10%	<10%	<10%	<10%	<10%
Child under 1 mortality in facility rate (annualised)	ANNUAL	18 / 1 000	-	-	-	-
Inpatient death under 5 years rate	ANNUAL	5.3%	-	-	-	-
Antenatal client initiated on HAART rate	QUARTERLY	90%	90%	90%	90%	90%

2.9 DISEASE PREVENTION AND CONTROL (DPC)

TABLE DPC 1: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Annual Indicators	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
1. Malaria case fatality rate	Malaria Surveillance Program	%	0%	0%	0%	0%	0%	0%	N/A
2. Cholera fatality rate	Cholera Surveillance Program	%	0%	0%	0%	0%	0%	0%	N/A
3. Cataract surgery rate (annualised)	Eye Care Services Reports	No per million un-insured population	1 636 / 1 000 000	249 / 1 000 000	227 / 1 000 000	622 / 1 000 000	276 / 1 000 000	9 / 1 000 000	N/A

2.9.1 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR DPC

TABLE DPC2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL²²

BUDGET SUB PROGRAM 5		DISEASE PREVENTION AND CONTROL									
STRATEGIC GOAL 2		INCREASING LIFE EXPECTANCY									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.1 Early detection and rapid response to disease outbreaks to reduce morbidity and mortality	1.1.1 Malaria case fatality rate	0% Malaria fatality rate	Malaria Surveillance Program	0%	0%	0%	0%	0%	0%	0%	
	1.1.2 Cholera fatality rate	0% Cholera fatality rate	Cholera Surveillance Program	0%	0%	0%	0%	0%	0%	0%	
1.2. Reduction of avoidable blindness	1.2.1 Cataract surgery rate ²³ annualised	N/A	Eye Care Services Reports	1 007 / 1 000 000	1 435 / 1 000 000	1 636 / 1 000 000	1 133 / 1 000 000	1 453 / 1 000 000	1 491 / 1 000 000	1 535 / 1 000 000	

2.9.2 QUARTERLY TARGETS FOR DPC

TABLE DCP4: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Malaria case fatality rate	ANNUAL	0%	-	-	-	-
Cholera fatality rate	ANNUAL	0%	-	-	-	-
Cataract surgery rate (annualised)	ANNUAL	1 453 / 1 000 000	-	-	-	-

²² The targets will be affected by the changes in the population figures on the DHIS to the Census 2011

²³ Cataract surgery rate based on indigent population up to 2011/12 and the uninsured population from 2012/13.

2.10 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS11: DISTRICT HEALTH SERVICES

Summary of payments and estimates: Programme 2: District Health Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
District Management	56 843	70 099	75 558	110 425	121 582	96 588	114 416	120 472	123 380
Community Health Clinics	452 243	541 352	674 218	646 382	718 274	688 404	791 110	758 179	774 791
Community Health Centre	48 966	55 310	63 406	113 248	132 699	69 233	119 386	119 386	126 338
Community Based Services	319 603	370 062	345 865	314 089	228 576	341 333	262 491	382 098	404 861
HIV/AIDS	325 600	424 912	502 592	656 647	673 187	641 335	788 121	919 031	1 031 928
Nutrition	11 343	10 062	9 830	11 101	13 688	8 834	12 014	12 136	14 071
Coroner Services	32 624	31 057	38 689	39 805	34 274	35 396	34 685	35 118	46 455
District Hospitals	783 175	865 939	930 129	952 415	986 222	1 044 863	1 068 893	1 135 200	1 130 077
Total payments and estimates: Programme 2: District Health Services	2 030 397	2 368 793	2 640 287	2 844 112	2 908 502	2 925 986	3 191 116	3 481 620	3 651 901

Summary of provincial payments and estimates by economic classification: Programme 2: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
Current payments	1 952 729	2 285 310	2 531 351	2 697 776	2 728 311	2 761 727	3 044 156	3 329 937	3 506 101
Compensation of employees	1 271 459	1 516 160	1 741 019	1 799 380	1 842 482	2 016 744	2 153 343	2 362 113	2 415 267
Goods and services	681 002	769 081	790 294	898 231	885 471	744 882	890 631	967 642	1 090 540
Interest and rent on land	268	69	38	165	358	101	182	182	294
Transfers and subsidies to:	53 728	53 844	58 671	81 453	81 453	79 703	73 212	78 057	78 048
Provinces and municipalities	1 498		122						
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises			2 528			3 224			
Foreign governments and international organisations									
Non-profit institutions	48 254	48 901	51 630	78 743	78 743	71 479	70 000	75 000	75 000
Households	3 976	4 943	4 391	2 710	2 710	5 000	3 212	3 057	3 048
Payments for capital assets	23 940	26 361	39 835	64 883	98 738	84 091	73 748	73 626	67 752
Buildings and other fixed structures	5 895	4 343	11 787	30 000	57 481	52 875	21 000	41 694	35 398
Machinery and equipment	18 045	22 018	28 048	34 883	41 257	31 216	52 748	31 932	32 354
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities		3 278	10 430			465			
Total economic classification	2 030 397	2 368 793	2 640 287	2 844 112	2 908 502	2 925 986	3 191 116	3 481 620	3 651 901

2.11 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Inability to implement the full package of health care services	<ul style="list-style-type: none"> Revision of the referral system to optimise access to services
2. Inadequate patient safety	<ul style="list-style-type: none"> Develop policies around patient safety, infection control, implementation of clinical governance programmes and National Core Standards
3. High workloads due to increase in the burden of disease	<ul style="list-style-type: none"> Critical vacant posts list Policy on recruitment of scarce skills Packages for different levels of health care Policy on OSD
4. Compromised quality of care due to inadequate resources	<ul style="list-style-type: none"> Introduction of quality standards through the office of Clinical Quality and Standards Compliance Effective and efficient management of resources.
5. Dysfunctional management and governance structures	<ul style="list-style-type: none"> Continuous development and training plan for management and governance structures

3. BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)**3.1. PROGRAMME PURPOSE**

The aim of Programme 3 is to provide Medical Rescue, Clinical and Transport support to ensure that the patients are rapidly stabilised and transported to get the care they need within the shortest possible time.

This programme has the following sub programmes:

- Emergency Transport
- Planned Patient Transport

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged.

3.2. PRIORITIES

- Procurement of additional vehicles to improve the number of rostered ambulances.
 - Recruitment of additional staff to improve the number of rostered ambulances.
 - Improvement of response times to all calls.
 - Improve Inter-Hospital Transfer Service

TABLE EMS1: SITUATION ANALYSIS INDICATORS FOR EMS

Quarterly Indicator	Data Source	Type	Province wide value 2011/12	Fezile Dabi 2011/12	Lejweleputswa 2011/12	Mangaung Metro 2011/12	Thabo Mofutsanyana 2011/12	Xhariep 2011/12	National 2011/12
1. EMS operational ambulance coverage	DHIS	No	0.44 / 10 000 (130)	(25)	(34)	(26)	(32)	(13)	N/A
2. EMS P1 urban response under 15 minutes rate	DHIS	%	49.4%	47.3%	50.4%	52.3%	52.6%	44.2%	N/A
3. EMS P1 rural response under 40 minutes rate	DHIS	%	28.1%	26.2%	28.3%	30.2%	31.4%	25.3%	N/A
4. EMS P1 call response under 60 minutes rate	DHIS	%	42.4%	42.4%	43.7%	42.5%	44.2%	39.3%	N/A

Source: DHIS 2012

3.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGET FOR EMS

TABLE EMS2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR EMERGENCY MEDICAL HEALTH SERVICES²⁴

BUDGET SUB PROGRAM 1		EMERGENCY TRANSPORT							
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance		Estimated performance	Medium term targets		
				2009/10	2010/11		2011/12	2013 /14	2014/15
1.1 Provide an efficient pre-hospital and inter-hospital patient transport service	1.1.1 EMS operational ambulance coverage	180 of required 290 Ambulances	EMS Call centre report	0.29/ 10 000 (77 ambulances)	0.35/ 10 000 (96 ambulances)	0.44/ 10 000 (130 ambulances)	0.55/10 000 (150 ambulances)	0.62/10 000 (170 ambulances)	
	1.1.2 EMS P1 urban response under 15 minutes rate	80%		45%	29.3%	49.4%	44%	49.9%	53.0%
	1.1.3 EMS P1 rural response under 40 minutes rate			35%	22.6%	28.1%	63.2%	71.6%	76.1%
	1.1.4 EMS P1 call response under 60 minutes rate	85%		85%	58.3%	42.4%	69%	73.6%	83.1%
PLANNED PATIENT TRANSPORT									
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance		Estimated performance	Medium term targets		
				2009/10	2010/11		2011/12	2013 /14	2014/15
1.2 Provide and efficient planned patient transport	1.2.1Number of rostered planned patient transport vehicles in the province	50	Log Sheets	New Indicator	New Indicator	63	70	75	80

24 The targets will be affected by the changes in the population figures on the DHIS to the Census 2011

3.4 QUARTERLY TARGETS FOR EMS

TABLE EMS4: QUARTERLY TARGETS FOR EMS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
EMS operational ambulance coverage	QUARTERLY	0.55/10 000 (150 ambulances)	0.55/10 000 (150 ambulances)	0.55/10 000 (150 ambulances)	0.55/10 000 (150 ambulances)	0.55/10 000 (150 ambulances)
EMS P1 urban response under 15 minutes rate	QUARTERLY	46.9%	46.9%	46.9%	46.9%	46.9%
EMS P1 rural response under 40 minutes rate	QUARTERLY	67.4%	67.4%	67.4%	67.4%	67.4%
EMS P1 call response under 60 minutes rate	QUARTERLY	73.6%	73.6%	73.6%	73.6%	73.6%
Number of rostered planned patient transport vehicles in the province	QUARTERLY	70	63	63	70	70

3.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE EMS5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Summary of payments and estimates: Programme 3: Emergency Medical Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Emergency Transport	259 513	326 187	425 575	417 097	419 966	442 941	453 677	462 340	485 709
Planned Patient Transport	5 459	5 517	8 293	10 000	10 450	13 283	11 631	11 085	12 723
Total payments and estimates: Programme 3	264 972	331 704	433 868	427 097	430 416	456 224	465 308	473 425	498 432

Summary of provincial payments and estimates by economic classification: Programme 3: Emergency Medical Services

R thousand	Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12			2012/13		2013/14	2014/15	2015/16
Current payments	232 468	303 366	391 543		414 074	430 274	450 278	462 176	469 251	490 258
Compensation of employees	139 135	198 095	270 199		290 655	296 855	336 353	343 903	352 852	365 859
Goods and services	91 814	103 620	121 059		123 069	132 965	113 747	117 923	116 049	124 049
Interest and rent on land	1 519	1 651	285		350	454	178	350	350	350
Transfers and subsidies to:	77	31	1 074		23	23	307	32	32	32
Provinces and municipalities			912							
Departmental agencies and accounts										
Universities and technikons										
Public corporations and private enterprises			119				187			
Foreign governments and international organisations										
Non-profit institutions										
Households	77	31	43		23	23	120	32	32	32
Payments for capital assets	32 427	22 587	31 735		13 000	119	2 559	3 100	4 142	8 142
Buildings and other fixed structures	631		635							
Machinery and equipment	31 796	22 587	31 100		13 000	119	2 559	3 100	4 142	8 142
Cultivated assets										
Software and other intangible assets										
Land and subsoil assets										
Heritage assets										
Specialised military assets										
Financial transactions in assets and liabilities		5 720	9 516				3 080			
Total economic classification	264 972	331 704	433 868		427 097	430 416	456 224	465 308	473 425	498 432

3.6 RISK MANAGEMENT

RISK		MITIGATING FACTORS	
1. Inability to provide an efficient EMS Service in line with the needs and referral system		<ul style="list-style-type: none"> EMS personnel appointed Ambulances procured 	
2. Poor preparedness to disasters in the Province		Disaster drills are held twice in the year	
3. Failures of effective communication in emergency situations		<ul style="list-style-type: none"> Procurement of cell phones Tender for communication Centres in the districts 	
4. Increase in the demand for services		<ul style="list-style-type: none"> Effective triaging and dispatching of ambulances Dedicated ambulances for inter-hospital transfers. 	

4. BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS (REGIONAL AND SPECIALISED)

4.1 PROGRAMME PURPOSE

The aim of the Programme is the overall management, monitoring and rendering of Level 2 and Psychiatric services in the Free State, based on district health system.

Programme 4 has the following sub-programmes

- General Hospitals
- Public-Private Partnerships
- Psychiatric/Mental Hospitals

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged.

4.2 PRIORITIES

- Improved hospital efficiency.
- Implementation of National Core Standards.
- Implementation of the CARMMA program
- Availability of medication and consumables

4.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR GENERAL (REGIONAL) HOSPITALS

TABLE PH51: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR GENERAL (REGIONAL) HOSPITALS²⁵

BUDGET SUB PROGRAM 1		GENERAL (REGIONAL) HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16	
1.1 Provide appropriate and accessible Regional Hospital services within the Free State Province to the community.	1.1.1 Delivery by caesarean section rate	Effective and improved accessibility to Regional Hospital services	DHIS	43.8%	45.4%	43.7%	43%	43%	43%	43%	
	1.1.2 Inpatient Separations - Total		DHIS	56 633	57 706	62 722	62 761	64 041	65 017	66 007	
	1.1.3 Patient Day Equivalent		DHIS	360 747	368 412	383 863	403 720	416 206	424 700	433 367	
	1.1.4 OPD Headcount – Total		DHIS	157 199	193 240	207 199	214 506	221 140	225 653	230 258	
	1.1.5 Average length of stay		DHIS	4.8 days	5 days	4.8 days	4 days	5 days	5 days	5 days	
	1.1.6 Inpatient bed utilisation rate		DHIS	70.7%	65.8%	69.7%	75.6%	75%	75%	75%	
	1.1.7 Expenditure per patient day equivalent (PDE)		BAS and DHIS	R 1 920.00	R 1 867.00	R 2 231.00	R 2 252.00	R 2 137.00	R 2 194.00	R 2 328.00	
1.2 Improve quality of services	1.2.1 Mortality & Morbidity Review rate	Effective and improved accessibility to Regional Hospital services	Hospital M&M reports / minutes	75%	75%	75.4%	100%	100%	100%	100%	
	1.2.2 Complaint resolution within 25 working days rate		DHIS	100%	100%	100%	85%	85%	85%	85%	
	1.2.3 Hospital Patient Satisfaction rate		Independent patient satisfaction survey reports	75%	83.7%	88%	85%	85%	85%	85%	
	1.2.4 Number of Hospitals assessed for compliance against the 6 priorities of the Core Standards		Assessment reports on 6 priorities	New Indicator	New Indicator	New Indicator	4	4	4	4	

GENERAL (REGIONAL) HOSPITALS										
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
1.3. Improve quality of health services	1.3.1 Patient Waiting times	Waiting times as indicated in core standards	Patient waiting time reports per hospital	New Indicator	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min
				New Indicator	OPD : 120 min	OPD : 120 min	OPD : 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min
				New Indicator	Medical Casualty : 60 min	Medical Casualty : 60 min	Medical Casualty : 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min
				New Indicator	Pharmacy : 60 min	Pharmacy : 60 min	Pharmacy : 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min
1.4 Ensure compliance with National core Standards and requirements so as to qualify for NHI accreditation	1.4.1 Percentage of Regional Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance.	262 Public and 24 Private health establishments with performance assessment reports	Assessment reports issued by the OHSC	New Indicator	New Indicator	New Indicator	New Indicator	50%	80%	100%
	1.4.2 Availability of medication	90% availability of tracer drugs	Medicine availability reports (Pharmaceutical Services)	80%	92.9%	94.78%	95%	95%	95%	95%

BUDGET SUB PROGRAM 1		GENERAL (REGIONAL) HOSPITALS							
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY							
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets	
				2009/10	2010/11	2011/12		2013 /14	2015/16
2.1 Reduce maternal and child mortality	2.1.1 Number of Regional Hospitals CARMMA compliant	5 Regional Hospitals	Completed CARMMA Checklists	New Indicator	New Indicator	New Indicator	New Indicator	4	4

4.3.1 QUARTERLY TARGETS FOR GENERAL (REGIONAL) HOSPITALS

TABLE PH52: QUARTERLY TARGETS FOR GENERAL (REGIONAL) HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Delivery by caesarean section rate	QUARTERLY	43%	43%	43%	43%	43%
Inpatient separations - total	QUARTERLY	64 041	16 010	16 011	16 010	16 010
Patient day equivalent - total	QUARTERLY	416 206	104 052	104 052	104 051	104 051
OPD headcount - total	QUARTERLY	221 140	55 285	55 285	55 285	55 285
Average length of stay	QUARTERLY	5 days	5 days	5 days	5 days	5 days
Inpatient bed utilisation rate	QUARTERLY	75%	75%	75%	75%	75%
Expenditure per patient day equivalent (PDE)	QUARTERLY	R 2 137.00	R 2 137.00	R 2 137.00	R 2 137.00	R 2 137.00
Complaint resolved within 25 working days	QUARTERLY	85%	85%	85%	85%	85%
Mortality & Morbidity Review rate	QUARTERLY	100%	100%	100%	100%	100%
Hospital Patient Satisfaction rate	ANNUAL	85%	-	-	-	-
Number of Hospitals assessed for compliance against the 6 priorities of the Core Standards	ANNUAL	4	-	-	-	-

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Patient Waiting times	QUARTERLY	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min	Emergency and Trauma: 15 min
		OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min
		Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min
		Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min
Percentage of Regional Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance.	ANNUAL	50%	-	-	-	-
Availability of medication	QUARTERLY	95%	95%	95%	95%	95%
Number of Regional Hospitals CARMMA compliant	ANNUAL	4	-	-	-	-

4.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS

TABLE PH33: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SPECIALISED HOSPITALS²⁶

BUDGET SUB PROGRAM 3		SPECIALISED HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2012/13	2013/14	2014/15	2015/16
1.1 Provide appropriate and accessible services to the Free State Community	1.1.1 Number of Patients seen on Child Psychiatry Outreach	New Indicator	Outreach patient register	1 150	1 382	1 460	1 533	1 564	1 595	1 595	
	1.1.2 OPD headcount - total	New Indicator	DHIS	12 720	12 717	11 500	11 500	11 500	11 500	11 500	
	1.1.3 Average length of stay	New Indicator	DHIS	41 days	42 days Observation: 30 days Acute: 18 days	FSPC Observation Unit: =25 days Unit: =25 days Acute Wards = 18 days	(42 days) Observation: 20 days Acute: 22 days	Observation: 30 days Acute: 20 days	Observation: 30 days Acute: 20 days	Observation: 30 days Acute: 20 days	
	1.1.4 Inpatient bed utilisation rate	New Indicator	DHIS	81%	79%	80%	85%	85%	85%	85%	
1.2 Improve quality of health services	1.1.5 Expenditure per Patient day Equivalent at FSPC	New Indicator	DHIS & BAS Report	R 1 920.00 (Provincial Hospitals)	R 1 867.00 (Provincial Hospitals)	R 938.00	R 1 153.00	R 1 222.00	R 1 202.00	R 1 223.00	
	1.1.6 Patient Day Equivalent	New Indicator	DHIS	New Indicator	New Indicator	212 427	219 861	224 259	229 865	236 761	
	1.2.1 Hospital patient satisfaction rate	≥85 %	Independent patient satisfaction survey reports	75%	75%	75%	85%	85%	85%	85%	
	1.2.2 Complaint resolution within 25 working days rate	90% availability of medication	DHIS	75% (60 days)	75% (60 days)	75%	85%	85%	85%	85%	
	1.2.3 Availability of medication	90% availability of tracer drugs	Medicine availability reports (Pharmaceutical Services)	80%	92.9%	95%	95%	95%	95%	95%	
	1.2.4 Mortality & Morbidity Review rate	New Indicator	Hospital M&M reports / minutes	New Indicator	100%	100%	100%	100%	100%	100%	

4.4.1 QUARTERLY TARGETS FOR SPECIALISED HOSPITALS FOR 2013/14

TABLE PH54: QUARTERLY TARGETS FOR SPECIALISED HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of Patients seen on Child Psychiatry Outreach	QUARTERLY	1 564	391	391	391	391
OPD headcount - total	QUARTERLY	11 500	2 875	2 875	2 875	2 875
Average length of stay	QUARTERLY	Observation:30 days	Observation:30 days	Observation:30 days	Observation:30 days	Observation:30 days
			Acute: 20 days	Acute: 20 days	Acute: 20 days	Acute: 20 days
Inpatient bed utilisation rate	QUARTERLY	80%	80%	80%	80%	80%
Expenditure per Patient day Equivalent at FSPC	QUARTERLY	R1 153.00	R1 153.00	R1 153.00	R1 153.00	R1 153.00
Patient Day Equivalent	QUARTERLY	224 259	56 065	56 065	56 065	56 064
Hospital patient satisfaction rate	ANNUAL	85%	-	-	-	-
Complaint resolution within 25 working days rate	QUARTERLY	85%	85%	85%	85%	85%
Availability of medication	QUARTERLY	95%	95%	95%	95%	95%
Mortality & Morbidity Review rate	QUARTERLY	100%	100%	100%	100%	100%

4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PH54: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

Summary of payments and estimates: Programme 4: Provincial Hospital Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
General Hospital	1 135 151	1 259 175	1 394 596	1 482 385	1 522 283	1 500 024	883 681	926 098	1 003 104
Public-Private Partnerships	395	3 925	1 390	1 500	1 500	1 667			
Psychiatric/Mental Hospital	196 172	222 247	234 952	242 870	252 870	253 613	274 086	276 364	289 555
Total payments and estimates: Programme 4; Provincial Hospital Services	1 331 718	1 485 347	1 630 938	1 726 755	1 776 653	1 755 304	1 157 767	1 202 462	1 292 659

Summary of provincial payments and estimates by economic classification: Programme 4: Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
Current payments	1 313 126	1 458 145	1 598 288	1 694 878	1 747 327	1 724 826	1 140 641	1 192 476	1 265 665
Compensation of employees	912 759	1 089 046	1 248 152	1 328 986	1 376 691	1 395 148	894 677	966 134	1 039 834
Goods and services	400 242	369 070	350 135	365 851	370 527	329 623	245 924	226 302	225 785
Interest and rent on land	125	29	1	41	109	55	40	40	46
Transfers and subsidies to:	5 290	5 113	8 323	4 568	4 568	6 576	7 110	7 073	4 493
Provinces and municipalities			7						
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises			2 257			16			
Foreign governments and international organisations									
Non-profit institutions	1 160	1 163	1 588	1 600	1 600	1 809	2 320	2 320	1 787
Households	4 130	3 950	4 471	2 968	2 968	4 751	4 790	4 753	2 706
Payments for capital assets	13 302	20 583	19 628	27 309	24 758	23 609	10 016	2 913	22 501
Buildings and other fixed structures	0	395	351		54	88			
Machinery and equipment	13 302	20 188	19 277	27 309	24 704	23 521	10 016	2 913	22 501
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities		1 506	4 699			293			
Total economic classification	1 331 718	1 485 347	1 630 938	1 726 755	1 776 653	1 755 304	1 157 767	1 202 462	1 292 659

4.6 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Inability to cope with the increasing demand for services, which could be exacerbated by the increasing burden of disease and resource constraints.	<ul style="list-style-type: none"> Judicious priority setting processes National Health Act implementation.
2. Inability to implement the package of health care services in Provincial Hospitals.	<ul style="list-style-type: none"> Recruitment strategy for scarce skills Implementation of OSD for Health Professionals
3. Inadequate Clinical skills for Health professionals to be able to decrease Maternal & Child mortality.	<ul style="list-style-type: none"> CARMMA training and implementation
4. Patients dissatisfied about Hospital Services	<ul style="list-style-type: none"> Fast resolution of complaints Annual patient satisfaction surveys
5. Non – compliance with the Core Standards for health services.	<ul style="list-style-type: none"> Appointment of Quality and infection control coordinators.

5 BUDGET PROGRAMME 5: CENTRAL & TERTIARY HOSPITALS (CHS)

5.1 PROGRAMME PURPOSE

The aim of Programme 5 is to manage, monitor, organise and render Level III and IV tertiary services in the Free State Province and also training, education, research service and service delivery of the medical school and other schools in the faculty.

Programme 5 has the following sub-programmes:

- a) Central Hospital Services (Universitas Academic Hospital)
- b) Public Private Partnership
- c) Provincial Tertiary Services.

Updates to Information and Changes to the Budget Structure

The budget structure for the programme has changed in line with the re-designation of Pelonomi Hospital as a Tertiary Hospital. This is in line with the NHI regulations published during 2011/12 financial year.

5.2 PRIORITIES

- Implementation of measures to improve the efficiency of tertiary and central hospitals.
- Supporting the establishment of tertiary services at Pelonomi Hospital
- Effective implementation of clinical governance programmes.
- Effective Outreach Program to Regional Hospitals.

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

TABLE CHS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR CENTRAL HOSPITALS²⁷

SUB PROGRAMME 1		CENTRAL HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.1 Provide appropriate and accessible services to the Free State Community	1.1.1 Delivery by caesarean section rate	Effective and improved accessibility to Central Hospital services	DHIS	65.67%	72.7%	67.7%	65%	67%	67%	67%	
	1.1.2 Inpatient separations- total		DHIS	26 271	27 513	29 097	29 969	31 168	32 103	33 389	
	1.1.3 Patient Day Equivalent - total		DHIS	242 655	259 816	282 353	290 823	302 456	311 530	323 991	
	1.1.4 OPD Headcount – Total		DHIS	244 422	289 005	363 823	376 556	393 501	403 339	419 472	
	1.1.5 Average length of stay		DHIS	7.41 days	5.9 days	5.6 days	6 days	6 days	6 days	5 days	
	1.1.6 Inpatient bed utilisation rate		DHIS	67.64%	72.7%	72.2%	75%	75%	75%	75%	
	1.1.7 Expenditure per patient day equivalent (PDE)		DHIS	R 3 973.52	R 4 133.00	R 3 938.00	R 4 345.00	R 4 236.00	R 4 320.00	R 4 460.00	
1.2 Improve quality of health services	1.2.1 Mortality and Morbidity review rate	Improved clinical governance programmes with evidence for all aspects in all 30 clinical departments	Attendance Registers and Minutes submitted to Standard Compliance	New Indicator	New Indicator	100%	100%	100%	100%	100%	
	1.2.2 Hospital patient satisfaction rate	>85% satisfaction rate	Independent patient satisfaction survey reports	73%	84%	89%	85%	85%	85%	85%	
	1.2.3 Complaint resolution within 25 working days rate		DHIS	100% (60 days)	100% (60 days)	100%	85%	85%	85%		

²⁷ The targets will be affected by the changes in the population figures on the DHIS to the Census 2011

SUB PROGRAMME 1		CENTRAL HOSPITALS								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16
1.3. Improve quality of health services	1.3.1 Patient Waiting times	Waiting times as indicated in core standards	Patient waiting time reports per hospital	New Indicator	OPD Admissions: 1 Hour	OPD Admissions: 1 Hour	OPD Admissions: 1 Hour	OPD Admissions: 1 Hour	OPD Admissions: 1 Hour	OPD Admissions: 1 Hour
				New Indicator	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	
				New Indicator	Referral Unit: 5 minutes	Referral Unit: 5 minutes	Referral Unit: 5 minutes	Referral Unit: 5 minutes	Referral Unit: 5 minutes	
				New Indicator	Pharmacy: 1 Hour	Pharmacy: 1 Hour	Pharmacy: 1 Hour	Pharmacy: 1 Hour	Pharmacy: 1 Hour	
1.4 Measure public health establishments' performance against national core standards	1.4.1 Number of Hospitals assessed for compliance against the 6 priorities of the core standards	262 Public and 24 Private health establishments with performance assessment reports	Assessment reports on 6 priorities	New Indicator	1	1	1	1	1	1
	1.4.2 Central Hospital attaining certification issued by the Office of Health Standard Compliance.		Assessment reports issued by the OHSC	42 (of 262) public health establishments with performance assessments reports	112 (of 262) public health establishments with performance assessments reports	1	1	1	1	

SUB PROGRAMME 1		CENTRAL HOSPITALS								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15
1.5 Strengthen outreach to regional hospitals	1.5.1 Number of basic departments with effective clinical services outreach programme to regional hospitals	Bongani: 34% Dihlabeng: 34% MMM: 34% Boitumelo: 34%	Outreach registers signed by outreached facilities	Bongani: 18 Dihlabeng: 80 MMM: 14 Boitumelo: 100 (number of visits)	Bongani: 18 Dihlabeng: 80 MMM: 14 Boitumelo: 100 Kimberley: 5	Bongani: 88 Dihlabeng: 82, MMM :67 Boitumelo: 96 (Cumulative)	6 Departments (Anaesthetics, Orthopaedics, O&G, Paediatrics, Family Medicine & Gen surgery)	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine

SUB PROGRAMME 1		CENTRAL HOSPITALS								
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15
2.1 Reduce maternal and child mortality.	2.1.1 Number of Central Hospitals CARMMA compliant	Full compliance to CARMMA	Completed CARMMA Checklist	New Indicator	New Indicator	New Indicator	New Indicator	1	1	1

QUARTERLY TARGETS FOR CENTRAL HOSPITALS

5.3.1 TABLE CHS 2: QUARTERLY TARGETS FOR CENTRAL HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Delivery by caesarean section rate	QUARTERLY	67%	67%	67%	67%	67%
Inpatient separations- total	QUARTERLY	31 168	8 092	8 092	6 692	8 092
Patient Day Equivalent- total	QUARTERLY	302 456	76 614	76 614	72 614	76 614
OPD Headcount – Total	QUARTERLY	393 501	101 1042	101 1042	90 375	101 1042
Average length of stay	QUARTERLY	6 days	6 days	6 days	6 days	6 days
Inpatient bed utilisation rate	QUARTERLY	75%	75%	75%	75%	75%
Expenditure per patient day equivalent (PDE)	QUARTERLY	R 4 345.00	R 4 345.00	R 4 345.00	R 4 345.00	R 4 345.00
Mortality and Morbidity review rate	QUARTERLY	100%	100%	100%	100%	100%
Hospital patient satisfaction rate	ANNUAL	85%	-	-	-	-
Complaint resolution within 25 working days rate	QUARTERLY	85%	85%	85%	85%	85%

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Patient Waiting times	QUARTERLY	OPD Admissions : 1 Hour	OPD Admissions : 1 Hour	OPD Admissions : 1 Hour	OPD Admissions : 1 Hour	OPD Admissions : 1 Hour
	QUARTERLY	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes	Specialist Clinics: 20 minutes
	QUARTERLY	Referral Unit : 5 minutes	Referral Unit : 5 minutes	Referral Unit : 5 minutes	Referral Unit : 5 minutes	Referral Unit : 5 minutes
	QUARTERLY	Pharmacy : 1 Hour	Pharmacy : 1 Hour	Pharmacy : 1 Hour	Pharmacy : 1 Hour	Pharmacy : 1 Hour
Number of Hospitals assessed for compliance against the 6 priorities of the core standards	ANNUAL	1	-	-	-	-
Number of basic departments with effective clinical services outreach programme to regional hospitals	QUARTERLY	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine	10 Basic clinical disciplines with effective ORP to all Regional Hospitals: Anaest., Ortho., O&G, Paeds, Psych, & Gen. Sur, Radiology, Internal medicine
Central Hospital attaining certification issued by the Office of Health Standard Compliance	ANNUAL	1	-	-	-	-
Number of Central Hospitals CARMMA compliant	ANNUAL	1	-	-	-	-

5.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITALS

TABLE THS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS²⁸ FOR TERTIARY HOSPITALS²⁹

BUDGET SUB PROGRAM 1		TERTIARY HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.1 Provide appropriate and accessible Tertiary Hospital services within the Free State Province to the community.	1.1.1 Delivery by caesarean section rate	Effective and improved accessibility to Tertiary Hospital services	DHIS	48.3%	58.5%	61.4%	59.4%	59%	59%	59%	
	1.1.2 Inpatient separations		DHIS	37 942	33 424	31 950	35 453	36 549	37 295	38 056	
	1.1.3 Patient Day Equivalent - total		DHIS	229 417	212 844	237 627	265 888	282 859	291 607	294 553	
	1.1.4 OPD Headcount – Total		DHIS	174 500	169 728	222 062	274 396	282 882	288 655	294 546	
	1.1.5 Average length of stay		DHIS	4.8 days	5 days	4.8 days	5 days	5.3 days	5.3 days	5.3 days	
	1.1.6 Inpatient bed utilisation rate		DHIS	70%	71.7%	75%	74.2%	75%	75%	75%	
	1.1.7 Expenditure per patient day equivalent (PDE)		BAS and DHIS	R 2 833.00	R 2 424.00	R 2 309.00	R 2 318.00	R 2 394.00	R 2 435.00	R 2 505.00	
1.2 Improve quality of services	1.2.1 Mortality and Morbidity review rate		Hospital M&M reports / minutes	100%	100%	100%	100%	100%	100%	100%	
	1.2.2 Complaint resolution within 25 working days rate		DHIS	55%	70%	80%	85%	85%	85%	85%	
	1.2.3 Hospital patient satisfaction rate		Independent patient satisfaction survey reports	75%	83.7%	88%	85%	85%	85%	85%	
	1.2.4 Number of Hospitals assessed for compliance against the 6 priorities of the Core Standards		Assessment reports on 6 priorities	New Indicator	New Indicator	New Indicator	1	1	1	1	

²⁸ The targets will be affected by the changes in the population figures on the DHIS to the Census 2011

²⁹ Pelonomi Hospital was classified as Regional Hospital up to 2012/13. It is now re-designated as Tertiary Hospital.

BUDGET SUB PROGRAM 1		TERTIARY HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15	2015/16
1.3. Improve quality of health services	1.3.1 Patient Waiting times	Waiting times as indicated in core standards	Patient waiting time report for Tertiary hospital	New Indicator	Emergency and Trauma: 15 minute	Emergency and Trauma: 15 min	Emergency: 15 min	Emergency: 15 min	Emergency: 15 min	Emergency: 15 min	
				New Indicator	OPD : 2 Hours	OPD : 2 Hours	OPD : 2 Hours	OPD: 120 min	OPD: 120 min	OPD: 120 min	
				New Indicator	Medical Casualty : 1 Hour	Medical Casualty : 1 Hour	Medical Casualty : 1 Hour	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	
				New Indicator	Pharmacy : 1 Hour	Pharmacy : 1 Hour	Pharmacy : 1 Hour	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	
1.4 Ensure compliance with National core Standards and requirements so as to qualify for NHI accreditation	1.4.1 Tertiary Hospital attaining certification issued by the Office of Health Standard Compliance.	262 Public and 24 Private health establishments with performance assessment reports	Assessment reports issued by the OHSC	New Indicator	New Indicator	New Indicator	New Indicator	1	1	1	
	1.4.2 Availability of medication	90% availability of tracer drugs	Medicine availability reports (Pharmaceutical Services)	80%	92.9%	94.78%	95%	95%	95%	95%	

BUDGET SUB PROGRAM 1		TERTIARY HOSPITALS								
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification / Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
2.1 Reduce maternal and child mortality	2.1.1 Number of Tertiary Hospitals CARMMA compliant	1 Tertiary Hospital	Completed CARMMA Checklist	New Indicator	New Indicator	New Indicator	1	1	1	1

5.4.1 QUARTERLY TARGETS FOR TERTIARY HOSPITALS

TABLE THS2: QUARTERLY TARGETS FOR TERTIARY HOSPITALS FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Delivery by caesarean section rate	QUARTERLY	59%	59%	59%	59%	59%
Inpatient separations - total	QUARTERLY	36 549	9 138	9 137	9 137	9 137
Patient day equivalent - total	QUARTERLY	282 859	70 714	70 716	70 715	70 714
OPD headcount - total	QUARTERLY	282 882	70 721	70 721	70 720	70 720
Average length of stay	QUARTERLY	5.3 days	5.3 days	5.3 days	5.3 days	5.3 days
Inpatient bed utilisation rate	QUARTERLY	75%	75%	75%	75%	75%
Expenditure per patient day equivalent (PDE)	QUARTERLY	R 2 318.00	R 2 318.00	R 2 318.00	R 2 318.00	R 2 318.00
Complaint resolution within 25 working days rate	QUARTERLY	85%	85%	85%	85%	85%
Mortality and Morbidity review rate	QUARTERLY	100%	100%	100%	100%	100%
Hospital patient satisfaction rate	ANNUAL	85%	-	-	-	-
Number of Hospitals assessed for compliance against the 6 priorities of the Core Standards	ANNUAL	1	-	-	-	-

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Patient Waiting times	QUARTERLY	Emergency: 15 min	Emergency: 15 min	Emergency: 15 min	Emergency: 15 min	Emergency: 15 min
		Trauma Unit: 15 min	Trauma Unit: 15 min	Trauma Unit: 15 min	Trauma Unit: 15 min	Trauma Unit: 15 min
		OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min	OPD: 120 min
		Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min	Medical Casualty: 60 min
		Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min	Pharmacy: 60 min
Tertiary Hospital attaining certification issued by the Office of Health Standard Compliance	ANNUAL	1	-	-	-	-
Availability of medication	QUARTERLY	95%	95%	95%	95%	95%
Number of Tertiary Hospitals CARMMA compliant	ANNUAL	1	-	-	-	-

5.4.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

TABLE CH7: EXPENDITURE ESTIMATES: CENTRAL AND TERTIARY SERVICES

Summary of payments and estimates: Programme 5: Central Hospital Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
Central Hospital Services	961 171	1 061 346	1 105 519	1 204 489	1 225 489	1 263 799	1 287 277	1 352 026	1 451 087
Public-Private Partnership	2 196	14 649	7 042	3 500	3 500	5 681	3 456	3 556	3 739
Provincial Tertiary Hospital Services							677 370	710 307	737 851
Total payments and estimates	963 367	1 075 995	1 112 561	1 207 989	1 228 989	1 269 480	1 968 103	2 065 889	2 192 677

Summary of provincial payments and estimates by economic classification: Programme 5: Central Hospital Services

R thousand	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12			2013/14	2014/15	2015/16
Current payments	932 768	999 665	1 096 087	1 183 989	1 229 213	1 940 133	2 036 389	2 163 024
Compensation of employees	585 874	698 654	810 559	855 415	889 569	1403 935	1502 486	1 638 371
Goods and services	346 635	300 986	285 528	328 574	329 511	536 148	533 851	524 599
Interest and rent on land	259	25	-		10 133	50	52	54
Transfers and subsidies to:	653	3 933	1 902	3 000	7 601	3 969	4 169	4 190
Provinces and municipalities								
Departmental agencies and accounts								
Universities and technikons								
Public corporations and private enterprises								
Foreign governments and international organisations								
Non-profit institutions								
Households	653	3 933	1 902	3 000	7 601	3 969	4 169	4 190
Payments for capital assets	29 946	72 241	14 018	21 000	32 590	24 001	25 331	25 463
Buildings and other fixed structures		12 207	-					
Machinery and equipment	29 946	60 034	14 018	21 000	32 590	24 001	25 331	25 463
Cultivated assets								
Software and other intangible assets								
Land and subsoil assets								
Heritage assets								
Specialised military assets								
		156	554		76			
Total economic classification	963 367	1 075 995	1 112 561	1 207 989	1 269 480	1 968 103	2 065 889	2 192 677

5.6 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Referral of high numbers of patients due to inappropriate levels of care at regional hospitals.	<ul style="list-style-type: none">• Effective outreach programme strengthened and maintained.
2. Burden of disease increasing, resulting in more complex referrals.	<ul style="list-style-type: none">• All other programmes to fight burden of disease to reduce complicated and late referrals.
3. Increasing cost spiral for tertiary care due to above two risks.	<ul style="list-style-type: none">• As above and implementation of cost-effectiveness and cost-containment strategies.
4. Lack of sufficient funding to enable level and quality of services.	<ul style="list-style-type: none">• Budget allocations to be appropriate.
5. Lack of sufficient critical professional and support staff to maintain level and quality of services.	<ul style="list-style-type: none">• Recruitment and training strategies to be maintained.

6. BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1. PROGRAMME PURPOSE

The Programme is primarily responsible to provide training to Emergency Medical and Nursing personnel (Primary Health Care training included), as well as promoting research and development of health systems.

Programme 6 consists of 5 sub-programmes:

- Nurse Training Colleges
- EMS Training College
- Bursaries
- Primary Health Care Training
- Training, Other.

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged

6.2 PRIORITIES

- Maintain optimally functional accredited FS Emergency Care College to improve throughput of qualified EMS practitioners
- Coordinate training of lower categories of employees including ABET
- Implement learnerships and skills programmes
- Training of different categories of employees
- Optimal utilization of the 1% skills development levy fund

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

TABLE HST1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HST

BUDGET SUB PROGRAMME		NURSE TRAINING COLLEGES									
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS											
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15	2015/16
1.1 Increase the supply of nurses in the Free State	1.1.1 Intake of nurse students	500 per annum	Letter to South African Nursing Council (SANC) registering new trainees	428 (Combined)	585 (Combined)	856 (Com-bined)	Professional Nurse: 250	250	250	250	
							Bridging Course: 90	90	0 (Zero) Phasing out	0 (Zero) Phasing out	
							Enrolled Nurses: 120	150	180	180	
							Nursing Assistant: 120	150	180	180	
	1.1.2 Basic nurse students graduating	400 per annum	Letter to South African Nursing Council (SANC) registering qualified nurses	New Indicator	New Indicator	336	Professional Nurse: 122	173	225	225	
							Bridging Course: 65	65	72	72	
						Enrolled Nurses:40	105	126	126		
						Nursing Assistant:36	120	144	144		

BUDGET SUB PROGRAMME		EMS TRAINING COLLEGES									
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS											
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.2 Train different categories of EMS Practitioners	1.2.1 Number of trained Emergency Care Practitioners	60 EMS personnel to be trained	Certificate issued, proof of Registration with Professional Body	New Indicator	New Indicator	54	60	60	60	60	

BUDGET SUB PROGRAMME		BURSARIES									
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS											
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16	
1.3 Intake of new bursary holder	1.3.1 Number of new part-time bursaries awarded	200 per annum	Approved Bursary list	New Indicator	New Indicator	200	114 Clinical 86 Non-clinical	150 Clinical 50 Non-clinical	150 Clinical 50 Non-clinical	150 Clinical 50 Non-clinical	

BUDGET SUB PROGRAMME		TRAINING OTHER								
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS										
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
1.4 Train different categories of employees	1.4.1 Number of personnel (Professional nurses) trained on Nurse Initiated Management of ART (NIMART)	600 Personnel (Professional Nurses) trained on NIMART	Training Registers	New Indicator	New Indicator	1355	600	600	600	600
	1.4.2 Number of 18.1 Learnerships implemented	50	Training Registers	147	45	79	50	50	50	50
1.5 Increase educational level of lower categories Level 1-3	1.5.1 Number of Learners enrolled in ABET programme	Train at least 300 employees on ABET annually	List of ABET learners with results	339	316	314	300	150	150	150
1.6 Promote employability and sustainable livelihood through skills development	1.6.1 Number of 18.2 Learnerships implemented	100 per annum	Training Registers	101	483	343	100	100	100	100

BUDGET SUB PROGRAMME		PRIMARY HEALTH CARE TRAINING									
STRENGTHENING HEALTH SYSTEM EFFECTIVENESS											
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15	2015/16
1.7 Improve competencies of employees	1.7.1 Number of professional nurses trained in Primary Health care	N/A	Registration with South African Nursing council	53	0	38	30	35	40	40	

6.3.1 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING

TABLE HST3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Intake of nurse students	QUARTERLY	Professional nurses:250	-	-	-	250
		Bridging Course: 90	-	90	-	-
		Enrolled Nurses:150	-	-	150	-
		Nursing Assistants:150	-	150	-	-
Basic nurse students graduating	QUARTERLY	Professional nurses:173	-	-	173	-
		Bridging Course: 65	-	-	65	-
		Enrolled Nurses:105	-	-	105	-
		Nursing Assistants:120	-	120	-	-
Number of trained Emergency Care Practitioners	QUARTERLY	60	-	-	30	30
Number of new part-time bursaries awarded	ANNUAL	150 Clinical 50 Non-clinical	-	-	-	-
Number of personnel (Professional nurses) trained on Nurse Initiated Management of ART (NIMART)	QUARTERLY	600	150	150	150	150
Number of 18.1 Learnerships implemented	QUARTERLY	50	-	25	25	-
Number of Learners enrolled in ABET programme	ANNUAL	150	-	-	-	-
Number of 18.2 Learnerships implemented	QUARTERLY	100	-	50	50	-
Number of professional nurses trained in Primary Health care	ANNUAL	35	-	-	-	-

6.3.2 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Summary of payments and estimates: Programme 6: Health Science Training									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Nurse Training College	30 434	58 000	70 092	66 843	69 133	79 502	83 688	82 388	85 847
EMS Training College	8 136	13 272	17 166	19 827	19 827	20 154	20 818	21 084	23 099
Bursaries	0	0	0			0			
Primary Health Care Training	61 309	49 598	49 800	68 030	86 030	55 810	53 558	56 865	62 036
Training Other	15 980	16 848	13 175	15 251	15 261	45 491	14 805	16 889	17 665
Total payments and estimates: Programme 6: Health science Training	115 859	137 718	150 233	169 951	190 251	200 957	172 869	177 226	188 647

[illegible]

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Payments for capital assets	3 992	8 131	3 771	13 759	16 399	11 036	5 218	2 877	2 947
Buildings and other fixed structures	0	0		9 160	9 160	5 400	0	0	0
Machinery and equipment	3 992	8 131	3 771	4 599	7 239	5 636	5 218	2 877	2 947
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities		194	134			45			
Total economic classification	115 859	137 718	150 233	169 951	190 251	200 957	172 869	177 226	188 647

6.4 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1. Low trainee intake due to lack of or inadequate funding by (SETA)	<ul style="list-style-type: none"> Timeous application for funding and compliance with SETA requirements
2. Low trainee intake due to inadequate infrastructure and class accommodation	<ul style="list-style-type: none"> Revitalisation of old closed nursing colleges. Opening of nursing schools.
3. High failure rate of nursing and EMS students	<ul style="list-style-type: none"> Appropriate student selection
4. Delays in the opening of nursing schools due to lengthy accreditation processes	<ul style="list-style-type: none"> Timeous application for accreditation. Compliance with accreditation requirements of statutory bodies.
5. Inadequate CHW throughput to cater for the implementation of PHC re-engineering	<ul style="list-style-type: none"> Proper prioritisation of training programmes.
6. Inadequate Staff and Auxiliary Nurses throughput to ensure appropriate nursing skills mix	<ul style="list-style-type: none"> Prioritising the training of lower categories of Nursing.

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

7.1 PROGRAMME PURPOSE

- The aim of the programme is to render support services required by the Department to fulfil its aims.

Programme 7 consists of the following programmes:

- Laundries
- Orthotic and Prosthetic
- Medicine Trading Account

The services rendered by Orthotic and Prosthetic and Laundry Services are important operational support to health services rendering. However the plans for those services are reflected in the annual operational plans of the relevant units

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged

7.2 PRIORITIES

Orthotic & Prosthetic Services

- Improve access to prosthetic and orthotic devices
- Improve the turnaround time for prosthetic and orthotic devices

Laundries

- Ensure availability of linen for health facilities
- Improve the turnaround time for linen between the health facilities and the laundry

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

TABLE HCSS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ORTHOTIC & PROSTHETIC SERVICES

BUDGET SUB PROGRAMME		ORTHOTIC & PROSTHETIC SERVICES								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2013 /14	2014/15	2015/16
1.1. Increase the number of patients/users accessing O&P services	1.1.1 The number of patients/users accessing O&P services per year	Accessible Orthotic and Prosthetic Services	Patient admission Register	9 100	10 100	10 150	10 150	10 150	10 150	10 200

7.3.1 QUARTERLY TARGETS FOR ORTHOTIC & PROSTHETIC SERVICES

TABLE HCSS 2: QUARTERLY TARGETS FOR ORTHOTIC & PROSTHETIC SERVICES FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
The number of patients/users accessing O&P services per year	QUARTERLY	10 150	2 537	2 538	2 538	2 537

7.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR LAUNDRY SERVICES

TABLE HCSS 3: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR LAUNDRY SERVICES

BUDGET SUB PROGRAMME		LAUNDRIES								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
Strategic objective	Performance indicator	Strategic Plan target	Means of verification	Audited/ actual performance			Estimated performance	Medium term targets		
				2009/10	2010/11	2011/12		2012/13	2013 /14	2014/15
1.1. Improve the management of laundry services	1.1.1. Linen stock availability in hospitals	80% linen replaced	Linen stock registers	New Indicator	New Indicator	New Indicator	New Indicator	60%	75%	80%

7.4.1 QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE HCSS 4: QUARTERLY TARGETS FOR LAUNDRY SERVICES FOR 2013/14

PROGRAMME PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2013/14	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Linen stock availability in hospitals	QUARTERLY	60%	60%	60%	60%	60%

7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HCSS 5: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Summary of payments and estimates: Programme 7: Health Care Support Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Laundries	33 951	40 478	79 224	86 069	88 069	94 068	89 572	93 225	97 110
Orthotic and Prosthetic Services	9 905	11 356	16 131	16 117	16 417	15 762	17 499	17 668	18 917
Medicine (Medpas) Trading Account	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000
Total payments and estimates:	45 856	53 834	97 355	104 186	106 486	111 830	109 071	112 893	118 027

Summary of provincial payments and estimates by economic classification: Programme 7: Health Care Support Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Current payments	41 025	51 227	91 946	93 950	95 839	100 495	100 472	103 917	109 248
Compensation of employees	46 080	51 912	62 557	66 155	68 455	74 538	80 297	86 400	91 929
Goods and services	-5 069	- 689	29 388	27 795	27 373	25 954	20 173	17 512	17 317
Interest and rent on land	14	4	1		11	3	2	5	2
Transfers and subsidies to:	2 440	2 258	2 265	2 289	2 289	2 124	2 302	2 316	2 316
Provinces and municipalities									
Departmental agencies and accounts	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000
Universities and technikons									
Public corporations and private enterprises						5			

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Foreign governments and international organisations									
Non-profit institutions			8						
Households	440	258	257	289	289	119	302	316	316
Payments for capital assets	2 391	329	2 954	7 947	8 358	9 170	6 297	6 660	6 463
Buildings and other fixed structures									
Machinery and equipment	2 391	329	2 954	7 947	8 358	9 170	6 297	6 660	6 463
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities		20	190			41			
Total economic classification	45 856	53 834	97 355	104 186	106 486	111 830	109 071	112 893	118 027

7.6 RISK MANAGEMENT

Risk	Mitigating factors
1. Failure to appoint skilled personnel for orthotic and prosthetic services due to poor supply of prospective appointees.	<ul style="list-style-type: none"> Headhunting of appropriately qualified candidates.
2. Failure to provide adequate linen to hospitals due to inadequate linen stock.	<ul style="list-style-type: none"> Timely procurement Improved supplier management.
3. Laundry equipment failure	<ul style="list-style-type: none"> Improved equipment maintenance. Procurement of equipment according to the approved asset acquisition plan.
4. Failure to provide adequate linen to hospitals due to inadequate linen stock.	<ul style="list-style-type: none"> Improved operational efficiency and turnaround time.
5. In advertent transmission of infection between hospitals due to failure to disinfect linen adequately.	<ul style="list-style-type: none"> Maintaining safe washing processes.

8. BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

- The programme is responsible for the provision of adequate health facilities and infrastructure.

Programme 8 consists of 3 sub-programmes:

- Community Health Facilities
- District Hospital Services
- Provincial Hospital Services

Updates to Information and Changes to the Budget Structure

The budget structure for the programme remains unchanged

8.2 PRIORITIES

- To complete current projects
- Implementation of Monitoring and evaluation system for all projects and implementing agents
- Improve quality of monitoring, evaluation and reporting on infrastructure projects
- Improve management of consultants and implementing agents
- Eradicate maintenance backlog of health facilities
- Appropriate allocation and management of the budget for maintenance
- Strengthening infrastructure management expertise.

8.3 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HFM

TABLE HFM 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HFM

BUDGET SUB PROGRAMME		HEALTH FACILITIES MANAGEMENT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
Strategic objective	Performance indicator	Strategic Plan target	Means of verification/ Data Source	Audited/ actual performance			Estimated performance	Medium term targets			
				2009/10	2010/11	2011/12		2013/14	2014/15	2015/16	
1.1 Implement Hospital Revitalization Projects	1.1.1. Number of projects completed, funded through revitalisation programme	New Indicator	Quarterly progress reports	New Indicator	New Indicator	0	5 (Lady Brand Hospital, Boitumelo Contract 4 Pelonomi New entrance & Fence, Lifts, Radiology)	2 (Trompsburg, Boitumelo Contract 10)	2 Pelonomi ICU, Boitumelo Contract 12)	1 (Pelonomi CHC.)	
1.2 Improve maintenance and upgrading of health facilities	1.2.1 Percentage of preventative (repairs & routine) maintenance budget spent	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	100% (R206K)	100% (R3.249m)	100% (R30.0m)	100% (R30.0m)	
	1.2.2 Percentage of scheduled (rehabilitation, refurbishment & renovation) maintenance budget spent	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	77% (R28.3m / R36.7m)	100% (R30.5m)	100% (R47.1m)	100% (R65.7m)	
	1.2.3 Percentage of capital (new, upgrade & additions) projects budget spent	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	92% (R725.3m / R790.3m)	100% (R496.8m)	100% (R479.4m)	100% (R482.4m)	

8.3.1 QUARTERLY TARGETS FOR HFM

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12	2012/13			2013/14	2014/15	2015/16
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households					200				
Payments for capital assets	223 185	271 857	430 440	608 139	819 343	692 571	513 211	556 511	553 840
Buildings and other fixed structures	195 520	220 710	390 752	572 139	781 708	674 686	389 183	556 511	543 840
Machinery and equipment	27 665	51 147	39 688	36 000	37 635	17 885	124 028	0	10 000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Financial transactions in assets and liabilities									
Total economic classification	261 757	350 242	472 905	649 489	860 693	726 857	562 011	579 450	614 090

8.5 RISK MANAGEMENT

RISK	MITIGATING FACTORS
1 Current MTEF allocations do not meet existing commitments.	<ul style="list-style-type: none"> Do fund shifts between projects where possible Reschedule start dates of new projects Engage NDOH and NT to secure additional budget for 2012/13 and increased baseline for 2013/14 MTEF
2 Financial loss may be incurred due to the selection of inexperienced contractors and poor workmanship that may result in projects not being completed.	<ul style="list-style-type: none"> Facilitate implementation and institutionalisation of Treasury regulation 16 (a) 6.3 Facilitate implementation and institutionalisation of CIDB procurement best practices for procurement of construction service providers
3 Lengthy procurement processes may result in delayed implementation of projects leading to under expenditure of budgets.	<ul style="list-style-type: none"> Facilitate implementation of dedicated Infrastructure procurement unit in Departmental SCM
4 Failure to provide co-funding from equitable share may lead to the withholding of grant funding.	<ul style="list-style-type: none"> Request co-funding from equitable share from Departmental EXCO
5 Deviation from the approved annual UAMP may result in the implementation of unplanned and unbudgeted projects.	<ul style="list-style-type: none"> Facilitate stakeholder consultation with all Departmental and Provincial stakeholders during planning and approval processes



PART

C

PART C: LINKS TO OTHER PLANS

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

Infrastructure expenditure – Health Infrastructure Grant

HOSPITAL REVITALISATION												
Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2014/15	2015/16
Mangaung Hospital	HRG	8	Mangaung metro	1	1 406	19 120	13 000	26 857			206 381	302 605
Mantsopa Hospital Phase 1&2	HRG	8	Mantsopa	1	45 646	124 147	183 674	2 616			0	0
Trompsburg Hospital Phase 1&2	HRG	8	Kopanong	1	29 961	65 824	197 047	125 287			0	0
Manapo Hospital	HRG	8	Maluti A Phofung	1	0	0	1 154	0			0	0
Mangaung Hospital Health Technology	HRG	8	Mangaung metro	1	0	0	0	0			0	0
Trompsburg Hospital Health Technology	HRG	8	Kopanong	1	0	0	0	42 492			0	0
Mantsopa Hospital Health Technology	HRG	8	Mantsopa	1	0	0	31 523	20 757			0	0
Total New Infrastructure Assets					78 977	209 091	426 398	218 009	0	0	206 381	302 605
2. Upgrades and additions	-	-	-	-	-	-	-	-	-	-	-	-
Pelononi Perimeter Fence and New Entrance	HRG	8	Mangaung metro	1	2 931	1 067	4 403	305			0	0
Pelononi Lifts	HRG	8	Mangaung metro	23	0	3 414	4 669	0			0	0
Pelononi ICU	HRG	8	Mangaung metro	1	24 208	26 994	4 805	31 340			5 105	0
Pelononi Radiology	HRG	8	Mangaung metro	1	8 151	9 070	4 191	0			0	0
Pelononi CHC	HRG	8	Mangaung metro	1	0	11 051	2 164	4 500			0	39 895

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2014/15	2015/16
Pelononi Maternity Phase 1 - Theatres	HRG	8	Mangaung metro	1	0	0	0	7 717			0	0
Pelononi Maternity Phase 2: Admissions & Delivery	HRG	8	Mangaung metro	1	0	0	0	3 484			32 374	0
Pelononi Maternity Phase 3: New Obstetrics Clinic	HRG	8	Mangaung metro	1	0	0	0	2 608			21 396	0
Pelononi Maternity Phase4: High Risk, Obstetrics, Neonatal	HRG	8	Mangaung metro	1	0	0	0	0			0	16 099
Pelononi Maternity Phase5.1: Block M-Antenatal, Postnatal, Gynaecology	HRG	8	Mangaung metro	1	0	0	0	0			31 724	9 731
Pelononi Maternity Phase5.2: Block M-Antenatal, Postnatal, Gynaecology	HRG	8	Mangaung metro	1	0	0	0	0			976	42 680
Pelononi Maternity Phase6: Renovate Block J-Level one Maternity incl Parking	HRG	8	Mangaung metro	1	0	0	0	0			0	0
Upgrade Block H East and West for Internal Medicine. Phase 1	HRG	8	Mangaung metro	1	0	0	0	20 024			16 321	4 500
Upgrade Block H East and West for Internal Medicine. Phase 2	HRG	8	Mangaung metro	1	0	0	0	0			17 016	11 649
New Medical Emergencies Block to replace existing Pelonomi Casualty	HRG	8	Mangaung metro	1	0	0	0	10 714			59 845	7 922
Relocate existing Stores to Basement of Block K	HRG	8	Mangaung metro	1	0	0	0	0			17 635	17 491
Upgrade Block S : CSSD and Linen Bank	HRG	8	Mangaung metro	1	0	0	0	0			0	8 419
Pelononi Hospital Health Technology	HRG	8	Mangaung metro	N/A	25 995	14 927	23 185	42 979			0	0
Pelononi Hospital IT infrastructure	HRG	8	Mangaung metro	N/A	3 607	0	2 500	0			0	0
Sub Total Pelonomi Hospital					64 892	66 523	45 917	123 671	0	0	202 392	158 386
Boitumelo Contract 10	HRG	8	Moghaka	1	16 905	61 218	88 716	10 691			0	0
Boitumelo Contract 11	HRG	8	Moghaka	1	16 261	3 381	3 999	0			0	0

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2014/15	2015/16
Boitumelo Contract 12	HRG	8	Moqhaka	1	8 970	17 541	36 803	76 517			44 950	2 057
Boitumelo Contract 13	HRG	8	Moqhaka	1	4 317	0	0	0			0	0
Boitumelo Contract 4	HRG	8	Moqhaka	1	795	0	154	82			0	0
Boitumelo Hospital Health Technology	HRG	8	Moqhaka	N/A	9 742	10 089	28 660	16 000			0	10 000
Boitumelo Hospital IT infrastructure	HRG	8	Moqhaka	N/A	0	3166	1 000	1 000			0	0
Sub Total Boitumelo Hospital					56 990	95 395	159 332	104 290	0	0	44 950	12 057
Upgrade 23 O&P facilities	HRG	8		23	0	0	0	0			0	0
Free State Psychiatric Complex	HRG	8		1	32 536	24 020	1 081	2 000			0	0
Total Upgrades and Additions					154 418	185 938	206 330	229 961	0	0	247 342	170 443
3. Rehabilitation, Renovations and Refurbishments				-	-	-	-	-	-	-	-	-
					0	0		0	0	0	0	0
Total Rehabilitation, Renovations and Refurbishments					0	0	0	0	0	0	0	0
4. Maintenance and Repairs				-	-	-	-	-	-	-	-	-
					0	0		0	0	0	0	0
Total Maintenance and Repairs					0	0	0	0	0	0	0	0
5. Infrastructure Transfers - Current				-	-	-	-	-	-	-	-	-
Compensation	HRG	8	Mangaung metro		0	0	0	6 000			16 000	6 000
1. QA and OD	HRG	4 & 8	All Municipalities		0	9 603	9 850	10 000			1 439	14 500

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2014/15	2015/16
2. Grant Management	HRG	8	Mangaung metro		0	3 103	5 500	5 500			5 500	5 500
Total Infrastructure Transfers - Current					0	12 706	15 350	21 500	0	0	22 939	26 000
Total Infrastructure					233 395	407 735	648 078	469 470	0	0	476 662	499 048
Annual Budget Baseline							654 944	469 470	0	0	476 662	499 048
Balance check							6 866	0	0	0	0	0

HEALTH INFRASTRUCTURE

1. New and Replacement Assets

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
Sasolburg CHC (Harry Gwala)	HIG	8	Metsimaholo	1	0	0	0	0	0		0	0
De Wetsdorp CHC	HIG	8	Naledi	1	0	0	0	0			0	0
Matlakeng CHC	HIG	8	Mohokare	1	0	0	0	0			0	0
Maletsatsi Mabaso CHC	HIG	8	Mangaung metro	1	0	0	0	0			0	6 951
Freedom Square CHC Phase 6	HIG	8	Mangaung metro	1	0	0	7 279	0			0	0
Hertzogville CHC	HIG	8	Tokologo	1	0	0	0	0			0	0

Bultfontein CHC	HIG	8	Tswelopele	1	3 714	2 209	1 106	0			0	0
Amelia CHC	HIG	8	Metsimaholo	1	0	0	1 000	6 559			0	0
Pays CHC	HIG	8	Ngwathe	1	0	0	4 699	1 000			0	0
Schonkenville Clinic	HIG	8	Ngwathe	1	0	0	355	8 000			0	0
Phekolong Clinic / Comelia	HIG	8	Mafube	1	0	0	2 230	0			0	2 393
Rearabetswe Clinic	HIG	8	Matjhabeng	1	0	0	0	0			0	0
Paul Roux Clinic	HIG	8	Dihlabeng	1	0	0	0	0			0	0
Bolata Clinic	HIG	8	Maluti A Phofung	1	0	13 224	114	16 462			1 154	0
Tina Moloi Clinic	HIG	8	Maluti A Phofung	1	0	0	0	0			0	0
Luckhoff Clinic	HIG	8	Letsemeng	1	0	0	0	0			0	0
Petsana Clinic	HIG	8	Maluti A Phofung	1	0	0	0	0			0	0
Riebeeck Stad Clinic	HIG	8	Matjhabeng	1	0	0	0	0			0	0
Rouxville Clinic	HIG	8	Mohokare	1	0	13 224	0	0			0	0
Jacobsdal Clinic	HIG	8	Letsemeng	1	0	0	0	0			0	0
Dinaane Clinic	HIG	8	Mangaung metro	1	0	13 224	0	0			0	0
Memel	HIG	8	Phumelela	1	0	0	4 130	1 000			0	0
Senekal Clinic	HIG	8	Setso	1	0	0	4 594	1 000			0	0

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
Viljoenskroon Clinic	HIG	8	Moghaka	1	0	0	4 848	1 000			0	0
Makhalaneng Clinic	HIG	8	Maluti A Phofung	1	0	0	5 054	1 000			0	0
Medical equipment for all new completed Clinics and CHC's	HIG	8	All Municipalities	N/A	0	1 393	2 500	0			0	0
Total New Infrastructure Assets					3 714	43 274	37 909	36 021	0	0	1 154	9 344
2. Upgrades and additions												
Admin facilities	HIG	8	All Municipalities	1	0	0	0	2 000			0	0
EMS PPT and station facilities at Clinics, CHC & Hospitals	HIG	8	All Municipalities	1	0	0	0	0			0	0
EMS Station at Villiers Clinic	HIG	8	Matube	1	0	0	1 000	0			0	0
Metsimahollo Hospital wards and mortuary	HIG	8	Metsimahollo	1	0	7 660	19 772	0			0	0
Metsimahollo HT	HIG	8	Metsimahollo	1	0	0	800	300			0	0
Thebe Hospital	HIG	8	Maluti A Phofung	1	2 233	1 232	1 758	0			0	0
Elizabeth Ross Hospital Phase 1	HIG	8	Maluti A Phofung	1	4 458	4 000	1 845	0			0	0
Elizabeth Ross Hospital Phase 2	HIG	8	Maluti A Phofung	1	0	0	2 587	5 702			0	0
National Hospital upgrade	HIG	8	Mangaung metro	1	0	0	0	0			0	0
Thusanong Hospital upgrade	HIG	8	Matjhabeng	1	1 753	2 747	6	0			0	0

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
Katlehong Hospital upgrade	HIG	8	Matjhabeng	1	0	0	0	0			0	0
Bongani Hospital	HIG	8	Matjhabeng	1	0	0	857	618			0	0
Diamant Hospital	HIG	8	Kopanong	1	1 016	0	213	0			0	0
Dihlabeng Hospital (Floors and OPD)	HIG	8	Dihlabeng	1	4 224	1 065	9 776	1 650			0	0
Kopano MDR	HIG	8	Matjhabeng	1	0	0	7 402	0			0	0
Renew Elevators Manapo Hospital	HIG	8	Maluti A Phofung	1	0	917	403	0			0	0
Mankovs Accommodation	HIG	8	Mangaung metro	1	1 370	0	1 324	0			0	0
Tokollo Hospital	HIG	8	Ngwathe	2	2 210	1 621	539	0			0	0
Medical equipment for all Upgraded Hospitals	HIG	8	All Municipalities	N/A	3 499	4 493	0	0			0	0
Total Upgrades and Additions					20 763	23 735	48 282	10 270	0	0	0	0
3. Rehabilitation, Renovations and Refurbishments												
Mortuaries	HIG	8	All Municipalities	Province wide	0	0	0	0			0	4 498
District Hospitals, CHC, Clinics	HIG	8	All Municipalities	Province wide	0	0	1 470	0			40 539	34 035
National Hospital Doctors' Quarters	HIG	8	Mangaung	1	0	4 353	6 461	5			0	0
Dihlabeng Hospital Boilers	HIG	8	Dihlabeng	1	0	0	3 359	0			0	0

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcome		Revised Estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
EMS Offices Phase 1	HIG	8	Mangaung	1	0	0	1 206	0			0	0
EMS Offices Phase 2	HIG	8	Mangaung	1	0	0	0	0			0	0
National Hospital Lifts	HIG	8	Mangaung	1	0	0	1 400	93			0	0
MUCPP Phase 1	HIG	8	Mangaung	1	0	0	4 000	0			0	0
FSPC Neuro Ward	HIG	8	Mangaung	1	0	0	520	4 680			0	0
FSPC Doctors' Quarters	HIG	8	Mangaung	1	0	0	500	50			0	0
E Ross Doctors' Quarters	HIG	8	Maluti a Phofung	1	0	0	1 500	1 600			1 600	0
Botshabelo Neo Natal Ward	HIG	8	Mangaung	1	0	0	1 000	615			0	0
Manapo Domestic Equipment	HIG	8	Maluti a Phofung	1	0	0	800	800			0	0
Thabo Mofutsanyane Clinics - Electricity Supply upgrade	HIG	8	Maluti a Phofung	0	0	0	0	0			0	0
Bloemfontein EMS College	HIG	8	Mangaung	1	1 901	900	3 327	3 116			0	0
Total Rehabilitation, Renovations and Refurbishments					1 901	5 253	25 543	10 959	0	0	42 139	38 533
4. Maintenance and Repairs	-	-	-	-								
All Towns	HIG	8	All Municipalities	Province wide	17 430	2 266	0	0			30 000	30 000
Total Maintenance and Repairs					17 430	2 266	0	0	0	0	30 000	30 000

<u>5. Infrastructure Transfers - Current</u>												
Compensation	HIG	8	Mangaung	-	-	0	0	0	0	10 000		
All Towns	HIG	8	All Municipalities	Province wide	0	0	0	0	0	0		0
All Towns	HIG	8	All Municipalities	Province wide	0	0	0	0	0	0		0
Total Infrastructure Transfers - Current						0	0	0	0	10 000	0	0
Total Infrastructure									111 734	67 250	0	73 293
Total Budget Baseline									181 717	67 250	0	73 293
Balance Check									69 983	0	0	0

NURSING COLLEGES												
Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcomes		Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2012/13	2013/14
-	-	-	-		0	0	0	0			0	0
					0	0	0	0			0	0
Total New Infrastructure Assets					0	0	0	0			0	0
2. Upgrades and additions												
-	-	-	-		0	0	0	0			0	0
					0	0	0	0			0	0
Total Upgrades and Additions					0	0	0	0			0	0
3. Rehabilitation, Renovations and Refurbishments												
House Idahlia	NCG	6	Mangaung metro		0	0	5 000	0			0	0
Manapo Nursing College	NCG	6	Maluti A Phofung		0	0	3 231	2 242			4 995	2 915
Planning for all Schools and Colleges	NCG	6	All Municipalities		0	0	0	0			0	

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcomes		Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term estimates	
					2010/11	2011/12					2014/15	2015/16
Purchase Equipment for Schools and colleges	NCG	6	All Municipalities		0	0	0	0			0	
Nurses training and accommodation facilities	NCG	6	All Municipalities		0	0	0	0			0	0
Total Rehabilitation, Renovations and Refurbishments					0	0	8 231	2 242			4 995	2 915
4. Maintenance and Repairs												
-	-	-	-		0	0	0	0			0	0
					0	0	0	0			0	0
Total Maintenance and Repairs					0	0	0	0			0	0
5. Infrastructure Transfers - Current												
					0	0	0	0			0	0
					0	0	0	0			0	0
Total Infrastructure Transfers - Current					0	0	0	0			0	0
Total Infrastructure							8 231	2 242			4 995	2 915
Total Budget Baseline							9 160	2 242			4 995	2 915
Balance Check					0	0	929	0	0	0	0	0

Infrastructure expenditure - Enhancement Allocation

Infrastructure expenditure - Enhancement Allocation												
1. New and Replacement Assets												
Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcomes		Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
New Qwa Qwa laundry	IEA	8	Maluti a Phofong	1	0	0		1 000			24 500	0
Total New Infrastructure Assets					0	0	0	1 000	0	0	24 500	0

2. Upgrades and additions

Bophelo House			Mangaung	1							1 500				0	
Total Upgrades and Additions																
											1 500	0	0	0	0	0

3. Rehabilitation, Renovations and Refurbishments

Renovate Mafube Hospital	IEA	8	Mafube	1	0	0	0	0	0	0	500					
Parys Hospital	IEA	8	Ngwathe	1	0	0	0	0	0	0	500					
Tokollo Hospital	IEA	8	Ngwathe	1	0	0	0	0	0	0	500					
Phumelela Hospital	IEA	8	Phumelela	1	0	0	0	0	0	0	500					
Putholoha Hospital	IEA	8	Setso	1	0	0	0	0	0	0	500					
JD Newberry Hospital	IEA	8	Setso	1	0	0	0	0	0	0	600					
Nketoane	IEA	8	Nketoane	1	0	0	0	0	0	0	500					
Phekolong	IEA	8	Dihlabeng	1	0	0	0	0	0	0	500					
Dr JS Moroka	IEA	8	Mangaung	1	0	0	0	0	0	0	500					
Diamant Hospital	IEA	8	Letsemeng	1	0	0	0	0	0	0	500					
Embekweni Hospital	IEA	8	Mohokare	1	0	0	0	0	0	0	500					
Stoffel Coetzee Hospital	IEA	8	Mohokare	1	0	0	0	0	0	0	500					
Nala Hospital	IEA	8	Nala	1	0	0	0	0	0	0	500					
Katlheho Hospital	IEA	8	Matjhabeng	1	0	0	0	0	0	0	500					
Thusanong Hospital	IEA	8	Matjhabeng	1	0	0	0	0	0	0	500					
Mohau Hospital	IEA	8	Nala	1	0	0	0	0	0	0	500					
Winburg Hospital	IEA	8	Tswelopele	1	0	0	0	0	0	0	500					
Rouxville Clinic	IEA	8	Mohokare	1	0	0	0	0	0	0	200					

Name of Project / Programme	Source of funding	Programme	Municipality	Total output	Outcomes		Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	Medium-term expenditure estimates	
					2010/11	2011/12					2014/15	2015/16
Dinaane Clinic	IEA	8	Mangaung metro	1	0	0	0	500				
Relebohile Clinic	IEA	8	Ngwathe	1	0	0	0	400				
Mphohadi (Bethlehem)	IEA	8	Ditlabeng	1	0	0	0	500				
Tina Moloi Clinic	IEA	8	Maluti a Phofung	1	0	0	0	500				
Excelsior Clinic	IEA	8	Mantsopa	1	0	0	0	400				
Tebang Clinic	IEA	8	Maluti a Phofung	1	0	0	0	250				
Marakong	IEA	8	Maluti a Phofung	1	0	0	0	250				
Mauersnek Clinic	IEA	8	Mantsopa	1	0	0	0	250				
Boroo Clinic	IEA	8	Mantsopa	1	0	0	0	250				
Fauna	IEA	8	Mangaung Metro	1	0	0	0	500				
Renovate Heidedal CHC	IEA	8	Mangaung	1	0	0	0	500				
Jacobsdal Clinic	IEA	8	Letsemeng	1	0	0	0	400				
Oppermansgrond Clinic	IEA	8	Letsemeng	1	0	0	0	400				
Mammello Clinic	IEA	8	Kopanong	1	0	0	0	400				
Flora park Clinic	IEA	8	Kopanong	1	0	0	0	500				
Matlakeng CHC	IEA	8	Mohokare	1	0	0	0	500				
Malitsatsi Mabaso	IEA	8	Mangaung Metro	1	0	0	0	500				

Mangaung Laundry	IEA	8	Mangaung Metro	1	0	0	0	500	500	0	0	0	0
Petrusburg Laundry	IEA	8	Letsemeng	1	0	0	0	500	500	0	0	0	0
Kroonstad Laundry	IEA	8	Mochaka	1	0	0	0	500	500	0	0	0	0
Refurbish supporting Infrastructure	IEA	8	All Municipalities	Province wide	0	0	0	0	0	0	0	0	24 250
Total Rehabilitation, Renovations and Refurbishments													
4. Maintenance and Repairs													
				-				0	0	0	0	0	0
Total Maintenance and Repairs													
5. Infrastructure Transfers - Current													
Total Infrastructure Transfers - Current					0	0	0	0	0	0	0	0	0
Total Infrastructure								19 800	0	0	24 500	24 250	24 250
Total Budget Baseline								19 800	0	0	24 500	24 250	24 250
Balance Check								0	0	0	0	0	0

Infrastructure expenditure – EPWP

Infrastructure expenditure - EPWP													
1. New and Replacement Assets													
Name of Project	Source of funding	Programme	Municipality	Total output	Outcomes			Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	MTEF Forward estimates	
					2010/11	2011/12	2012/13					2014/15	2015/16
Total New Infrastructure Assets							0	0	0	0	0	0	0
2. Upgrades and additions													
Total Upgrades and Additions							0	0	0	0	0	0	0

Name of Project	Source of funding	Programme	Municipality	Total output	Outcomes		Revised estimate	Main appropriation	Adjusted appropriation	Revised Estimate	MTEF Forward estimates	
					2010/11	2011/12					2012/13	2013/14
3. Rehabilitation, Renovations and Refurbishments												
				-								
Total Rehabilitation, Renovations and Refurbishments												
							0	0			0	0
4. Maintenance and Repairs												
Petrusburg Clinic maintenance	EPWP	8	Mohokare	1	0	0	0	1 000				
National hospital maintenance	EPWP	8	Mangaung metro	1	0	0	0	1 500				
Maintain Clinics in Thabo Mofutsanyane	EPWP	8	All Municipalities	1	0	0	0	749				
Total Maintenance and Repairs												
							0	3 249			0	0
5. Infrastructure Transfers - Current												
Total Infrastructure Transfers - Current												
							0	0			0	0
Total Infrastructure												
							0	3 249			0	0
Total Budget Baseline												
							2 032	3 249			0	0

10. CONDITIONAL GRANTS

TABLE CG 1: DEPARTMENTAL CONDITIONAL GRANT PAYMENTS BY ECONOMIC CLASSIFICATION

Conditional grant payments and estimates by economic classification									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
Current payments									
Compensation of employees	555 359	663 287	789 461	778 543	794 964	800 876	888 874	947 538	977 272
Salaries and wages	488 406	591 459	701 235	672 611	701 126	709 852	769 260	814 231	843 965
Social contributions	66 953	71 828	88 226	105 932	93 838	91 024	119 614	133 307	133 307
Goods and services	460 923	480 167	495 575	703 618	649 070	642 191	766 332	865 222	987 183
<i>of which</i>	-								
Administrative fees	26	16	2 948	309	680	589	724	724	724
Advertising	395	1 931	7 793	1 650	5 988	4 488	9 090	9 690	9 690
Assets < than the threshold (currently R5000)	388	2 041	2 859	4 499	4 047	4 025	6 668	7 818	7 818
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	1 406	3 280	5 087	4 215	8 618	4 854	7 005	7 005	8 500
Communication	316	343	2 452	6 609	2 330	2 368	1 767	1 767	2 511
Computer services	11 915	20 290	6 076	4 100	5 163	5 183	1 300	1 300	1 300
Consultants and professional service: Business and advisory service	-	-	300	-	-	3 971	1 000	1 500	1 500

Conditional grant payments and estimates by economic classification										
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
	2009/10	2010/11	2011/12				2012/13	2013/14	2014/15	2015/16
Consultants and professional service: Infrastructure and planning	9 610	2 625	-	3 500	1 083	-	-	-	-	-
Consultants and professional service: Laboratory service	11 522	142 947	147 007	97 400	103 376	89 763	-	118 374	148 227	168 575
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-	-
Contractors	20 196	23 259	26 633	35 821	38 184	37 643	-	23 722	25 546	26 824
Agency and support / outsourced services	13 723	4 648	3 815	15 647	35 336	19 672	-	19 012	19 585	19 585
Entertainment	-	-	-	-	171	171	-	183	183	183
Fleet services (including government motor transport)	-	1 354	1 239	-	1 015	1 015	-	1 172	1 172	1 172
Housing	-	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	11 792	13 990	8 822	20 348	5 124	6 534	-	8 977	8 977	8 977
Inventory: Fuel, oil and gas	-	19	33	1 500	1 518	1 291	-	541	627	627
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	1	10	20	21	21	-	24	24	24
Inventory: Medical supplies	314 614	88 276	110 900	97 377	137 771	153 125	-	180 172	207 913	248 648
Inventory: Medicine	-	159 925	141 373	321 438	246 474	256 908	-	336 199	371 683	422 995
Medsas inventory interface	-	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	58 035	1 142	1 981	8 388	4 318	4 713	-	8 521	8 624	8 624
Inventory: Stationery and printing	2 176	3 652	5 262	6 300	4 808	5 717	-	5 599	5 656	5 656
Lease payments (incl. operating leases, excl. finance leases)	117	124	529	10 080	543	639	-	582	582	582

[illegible]

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Conditional grant payments and estimates by economic classification									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2009/10	2010/11	2011/12				2013/14	2014/15	2015/16
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
							-	-	-
Payments for financial assets	-	208	-	-	-	-	-	-	-
							-	-	-
Total economic classification: Programme (number and name)	1 311 803	1 503 070	1 830 248	2 179 433	2 432 118	2 262 051	2 277 837	2 475 230	2 674 697

TABLE CG 2: CONDITIONAL GRANTS³⁰ - PERFORMANCE INDICATORS AND ANNUAL TARGETS

Name of conditional grant	Purpose of the grant	Performance indicators 2013/14	Indicator targets for 2013/14
COMPREHENSIVE HIV AIDS CONDITIONAL GRANT	<ul style="list-style-type: none"> 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. Total Number of fixed public health facilities offering ART Services	253
		2. Number of new patients that started on ART	37 000
		3. Total number of patients on ART remaining in care.	166 562
		4. Number of beneficiaries served by home-based categories	400 680
		5. Number of active home-based carers receiving stipends	3 150
		6. Number of male and female condoms distributed	354 000
		7. Number of High Transmission Areas (HTA) intervention sites	100
		8. Number of Antenatal Care (ANC) clients initiated on life- long ART	4 000
		9. Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks	13 500
		10. Number of HIV positive clients screened for TB	1 410 997
		11. Number of HIV positive patients that started on IPT	80 000
		12. Number of active lay counsellors on stipends	800
		13. Number of clients pre-test counselled on HIV testing (including Antenatal)	1 410 997
		14. Number of HIV tests done	1 282 725
		15. Number of health facilities offering MMC services	56
		16. Number of Medical Male Circumcisions performed	40 361
		17. Sexual assault cases offered ARV prophylaxis	2 800
		18. Step down care (SDC) facilities/units	9
		19. Doctors and professional nurses training on HIV/AIDS, STIs, TB and chronic diseases	2 503

Name of conditional grant	Purpose of the grant	Performance indicators 2013/14	Indicator targets for 2013/14
NATIONAL TERTIARY SERVICES GRANT	<ul style="list-style-type: none"> To ensure provision of tertiary health services for all south African citizens To compensate tertiary facilities for the costs associated with provision of these services including cross border patients 	1. Number of National Central and Tertiary hospitals providing components of Tertiary services	2
	<ul style="list-style-type: none"> Support provinces to fund service costs associated with training of health science trainees on the public service platform Co-funding of the National Human Resources Plan for Health in expanding undergraduate medical education for 2012 and beyond (2025) 	1. Number of undergraduate health sciences trainees supervised 2. Number of postgraduate health sciences trainees (excluding registrars) supervised 3. Number of registrars supervised 4. Number of community services health professionals and other health sciences trainees supervised	0 0 122 0
NATIONAL HEALTH GRANT	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading, and rehabilitation of new and existing infrastructure in health including, inter alia, medical equipment, organisational systems (OD), quality assurance (QA) and health technology (HT) Supplement expenditure on health infrastructure delivered through Public-Private partnerships. 	1. Number of health facilities planned	10
		2. Number of health facilities designed	15
		3. Number of health facilities constructed	35
		4. Number of health facilities operationalised	13
		5. Number of health facilities equipped	12
NATIONAL HEALTH INSURANCE GRANT	To be determined	Central hospitals: 1. Strengthening revenue collection and development of alternative hospital reimbursement tools. NHI Pilot Districts: 1. Strengthening M&E capacity; 2. Improved supply chain processes to enhance district health system performance (ordering systems, etc.); 3. Strengthening referral systems with linkages to PHC streams	Outputs as per the NHI Business Plan Outputs as per the NHI Business Plan

11. PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	BUDGET	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
1.FSDH/ CHM/ Netcare	To combine both the Free State Department of Health and private sector for more efficient utilization of the FSDOH resources at Universitas and Pelonomi Hospitals	<p>Appointment of Project Officer for FSDOH effected as from: Contracted KPMG Consultant appointed as from the 1st February 2012 as Project Officer. Identification of key personnel to be appointed to the PPP: Process of identifying key PPP personnel within the approved structure was done during July 2012 and short listing has been done. Interviews were scheduled for end July 2012, however were cancelled due to moratorium placed on appointment of personnel in the FSDH. Currently awaiting authority to proceed with interviews and appointments.</p> <p>Re-negotiation process completed: Both the parties agreed upon the amendment of the contract. Appointed FSDH legal advisors finalized the amendment. CHM agreed upon the amendment and will be officially be signed off by CHM on 19 February 2013: Thereafter to be presented to the A/HoD and the implementation of the Treasury process for Treasury approval for implementation. Restructuring of current agreement to endure service delivery and deliverables: Amendment to be implemented after Treasury Approval through the Strategic management plan Implementation of project management to rectify current identified risks Implementation of rectification plan for the Free State Department of Health to adhere to Treasury regulations as: The rectification plan and implementation thereof is currently in process : expected to be implemented after Treasury Approval</p>	<p>Concession fees: Concession fees as being agreed upon during negotiations: R 7.3 million less 5% admin fee: Totals R6.833 million. Variable concession fees:</p> <p>New revenue services required by CHM are under discussion as further income for the FSDH. This however do not have any impact on the agreed amendment by the parties though is new value added for the FSDH.</p>	Date of termination stays the same, All legal parties agreed upon the termination date not to be changed as per original contract.	<p>Training and skills transfer can only take place upon the successful appointment of key personnel as soon as the moratorium has been lifted on appointments. PPP training through Treasury has been scheduled in this regard.</p> <p>This matter has been stressed with the A/HOD to address on higher level to lift the moratorium on appointments. The delay in appointments is a serious risk to the Department due to the skills and training to be transferred to the Personnel.</p> <p>The Strategic Project management Plan has been drafted and will be amended accordingly upon finalization of the amendments to the agreement. Strategic measures through the management structure (Liaison and operational Committees) will be instituted once the key personnel has been appointed and the finalization of the amendments to the current agreement and final signature of both parties to the new / amended agreement. An ECC (Expenditure Control Committee will manage all on financial matters on the amended agreement.</p>

12. CONCLUSIONS

This APP of the Free State Department of Health outlines the objectives and targets to be achieved during the 4th year of the current 5-year planning cycle. It is thus aligned to the 5-year plan and it also incorporates the relevant priorities for the health sector. The alignment of the plan to the Negotiated Service Delivery Agreement (NSDA) for the Health sector will enhance the Department's contribution towards the realisation of the 12 outcomes for the Government.

ANNEXURE A: NON NEGOTIABLES FOR HEALTH SERVICES

NON NEGOTIABLE ITEM	ESTIMATED EXPEN- DITURE 2012/13	ESTIMATED BUDGET 2013/14	NON FINANCIAL MEASURES/ INDICATORS
INFECTION CONTROL AND CLEANING	R91,745,000	R113,327,000	1. Nosocomial infection Rate
			2. Neonatal Nosocomial infection rate
			3. Proportion of clients not satisfied with cleanliness as per the client satisfaction survey
			4. Proportion of facilities that score at least 80% compliance with cleanliness as per the core standards
MEDICINES , MEDICAL SUPPLIES INCLUDING DRY DISPENSARY	R626,424,000	R558,371,000	5. Proportion of health facilities with Tracer Drugs out of stock
			6. Drug Stock-out rate at drug depots
			7. Total Rand value of disposed/ expired drugs
			8. Total Rand value of drugs that had to be bought out of contract
MEDICAL WASTE	R9,623,000	R14,641,000	9. Proportion of SLAs for waste management contracts that were monitored for compliance regulations
LABORATORY SERVICES: NATIONAL HEALTH LABORATORY SERVICES (NHLS)	R222,214,000	R222,023,000	10. Proportion of hospitals (district, regional, tertiary, central) implementing Electronic Gate Keeping system within the Province.
			11. Percentage of selected tests (CD4, HIV PCR, HIV VL, TB Directs and cervical smears) performed and results available within the agreed turnaround times.
BLOOD SUPPLY SERVICES	R57,492,000	R56,949,000	12. Percentage of Hospitals (District, Regional, Tertiary, Central) having emergency fridges with emergency blood stock available on site.
			13. Proportion of blood units (RBC) ordered that was not transfused and discarded.
FOOD SERVICES AND RELEVANT SUPPLIES	R92,620,000	R98,044,000	14. Proportion of facilities with food service units that were monitored (using the Food Service Management Monitoring Tool).
			15. Proportion of facilities that scored >75% on the Food Service Monitoring Standards Grading System
LAUNDRY SERVICES	R16,257,000	R18,744,000	16. Average cost per piece laundered: In-house
			17. Average cost per piece laundered: Outsourced
			18. Value of linen procured
SECURITY SERVICES	R9,295,000	R7,942,000	19. Number of districts with operational security committees
			20. Proportion of health facilities fenced with access control at the gate
			21. Number of safety and security audits conducted annually
ESSENTIAL EQUIPMENT AND MAINTENANCE OF EQUIPMENT	R68,530,000	R86,326,000	22. Proportion of facilities operating with 100% of essential equipment (as per checklist on Essential Equipment)
			23. Proportion of facilities with an essential equipment maintenance plan
			24. Number of facilities monitoring Service Level Agreement (SLA) with service providers appointed to maintain all fixed equipment

NON NEGOTIABLE ITEM	ESTIMATED EXPEN- DITURE 2012/13	ESTIMATED BUDGET 2013/14	NON FINANCIAL MEASURES/ INDICATORS
MAINTENANCE OF INFRASTRUCTURE	R86,509,000	R89,501,000	25. Number of districts spending more than 90% of maintenance budget
			26. Proportion of infrastructure budget allocated to maintenance
			27. Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)
CHILDREN'S VACCINES	R6,158,000	R14,193,000	28. Immunization coverage
			29. Vitamin A coverage 12 – 59 months
			30. Measles 1st dose under 1 year coverage
			31. Pneumococcal Vaccine (PCV) 3 rd Dose Coverage
			32. Rota Virus (RV) 2nd Dose Coverage

ANNEXURE B: LIST OF ACRONYMS

ACRONYMS	FULL DETAILS
ABET	Adult Basic Education and Training
AFP	Acute Flaccid Paralysis
ALOS	Average Length of Stay
ALS	Advanced Life Support
ANC	Ante – natal care
APP	Annual Performance Plan
ART	Anti – Retroviral Treatment
ARV	Anti-Retroviral
AZT	Zidovudine
BANC	Basic Antenatal Care
BAS	Basic Accounting System
BFHI	Baby Friendly Hospital Initiative
BOR	Bed Occupancy Rate
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CCMT	Comprehensive Care, Management & Treatment of HIV and AIDS
CDC	Community Day Centres
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHBC	Community Home Based Care
CHC	Community Health Centre
CHCW	Community Health Care Worker
ChPIP	Child Health Problem Identification Program
CHS	Central & Tertiary Hospitals
CPD	Continuous Professional Development
CPI	Consumer Price Indicator
DHIS	District Health Information System
DHS	District Health Services
DM	District Municipality
DOT	Directly Observed Treatment
DOTS	Directly Observed Treatment Support
DPC	Disease Prevention and Control
DPSA	Department of Public Service and Administration
EDR	Electronic Drug Resistant Register
EGPAF	Elizabeth Glacier Paediatric AIDS Foundation
EHP	Environmental Health Practitioner
EMS	Emergency Medical Services
ENE	Estimates of National Expenditure

ACRONYMS	FULL DETAILS
EPE	Estimates of Province Expenditure
EPI	Expanded Program on Immunization
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in the Management of Obstetric Emergencies
EU: PDPHCP	European Union- Program of Partnerships for the Delivery of Primary Health Care Programs
FET	Further Education and Training
FHS:CUT	Faculty of Health Sciences: Central University of Technology
FHS:UFS	Faculty of Health Sciences: University of Free State
FHT	Family Health Team
FSDoH	Free State Department of Health
FSSON	Free State School of Nursing
GMT	Government Motor Transport
GP	General Practitioners
GS	Governance Structures
HAART	Highly Active Antiretroviral Treatment
HAST	HIV&AIDS/STI and TB
HCSS	Health Care Support Services
HCT	HIV Counselling and Testing
HFM	Health Facilities Management
HIMS	Health Management Information System
HPTDG	Health Professional Training and Development Grant
HSRC	Human Sciences Research Council
HST	Health Sciences Training
HTA	High Transmission Areas
ICAM	Interactive Communication and Management System
ICAP	International Centre for AIDS Care and Treatment Programs
ICT	Information Communication Technology
ICU	Intensive Care Unit
IDP	Integrated Development Plan
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPT	Isoniazid Preventive Therapy
IT	Information Technology
MCWH&N	Maternal, Child and Women's Health and Nutrition
MDGs	Millennium Development Goals
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of Executive Council
MHRB	Mental Health Review Boards
MHS	Municipal Health Services

ACRONYMS	FULL DETAILS
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NDoH	National Department of Health
NGO	Non-Governmental Organizations
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMART	Nurse Initiated Management of Anti- Retroviral Treatment
NPO	Non-Profit Organisation
NTSG	National Tertiary Services Grant
O&G	Obstetrics & Gyneaeology
OHSC	Office of Health Standards Compliance
OPD	Out Patient Department
OSD	Occupation Specific Dispensation
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Conjugate Vaccine
PDE	Patient Day Equivalent
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PICT	Provider-initiated HIV Counselling and Testing
PMTCT	Prevention of Mother to Child Transmission
PIIP	Perinatal Problem Identification Program
PPP	Public Private Partnership
PPPs	Public Private Partnerships
PPT	Planned Patient Transport
QIPs	Quality Improvement Plans
RV	Rotavirus
SADHS	South Africa Demographic and Health Survey
SANAC	South African National AIDS Council
SANC	South African Nursing Council
SCM	Supply Chain Management
SDF	Step Down Facility
SDIP	Service Delivery Improvement Plan
SETA	Sector Education and Training Authority
SLA	Service Level Agreement
SMME	Small Medium Micro Enterprise
SOP	Standard Operating Procedures

ACRONYMS	FULL DETAILS
STATSSA	Statistics South Africa
STI	Sexually Transmitted Infection
STP	Service Transformation Plan
TROA	Total Clients remaining on ART
UAH	Universitas Academic Hospital
VCCT	Voluntary Confidential Counselling and Testing
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant TB

ANNEXURE C – INDICATOR DEFINITIONS AND DATA ELEMENTS IN 2013/14 APP

NSDA TABLE

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total PHC Headcount in PHC facilities	Number of PHC patients seen during the reporting period in PHC facilities (Clinics and CHCs) Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC facility for the purposes of allocating staff and other resources.	DHIS	PHC total headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
OPD General clinic new case not referred rate	Number of General OPD clinic new cases (seeking medical attention for a condition for the first time) that report to the General OPD department without being referred from a PHC facility or doctor during the reporting period in all Hospitals (district, regional, tertiary and central) as a percentage of the OPD General headcount new visits total. Patients with General OPD follow-up visits, visiting specialised OPD clinics and Emergency patients are not counted in denominator, because this is not regarded as PHC level of care.	Tracks the utilisation of Hospitals by patients to access PHC services, which in fact should be accessed at PHC services. This could also points to the needs for PHC services or gaps in PHC service delivery	DHIS	<p>Numerator: OPD General clinic headcount -new case not referred.</p> <p>Denominator = $\frac{\text{OPD General clinic headcount} - \text{new case not referred}}{\text{total}}$</p> <p>Sum of:</p> <ul style="list-style-type: none"> OPD General clinic headcount -new case not referred OPD General clinic headcount -new case not referred 	Accuracy of headcount depends on the reliability of district hospital record management at facility level	Output	Percentage	Quarterly	Yes	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
Total Hospital Separations	Recorded completion of treatment and/or the accommodation of a patient in all hospitals (district, regional, tertiary and central) Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	<p>Sum of:</p> <ul style="list-style-type: none"> Inpatient deaths Inpatient discharges Inpatient transfer out Day patient 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	All Hospital Programmes

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Prevalence of underweight (children under 5)	A child under 5 years identified as being BELOW the third centile but EQUAL TO or OVER 60% of Estimated Weight for Age (EWA) on the Road-to-Health chart. Include any such child irrespective of the reason for the underweight - malnourishment, premature birth, genetic disorders etc.	Essential for growth monitoring in children	DHIS	<u>Numerator</u> Number of children underweight for age during the reporting period <u>Denominator</u> Number of children weighed during the reporting period	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Incidence of severe malnutrition in children (under 5 years of age)	The number of children who weigh below 60% Expected Weight for Age (new cases per month) per 1000 children in the target population	Essential for growth monitoring in children	DHIS	<u>Numerator</u> The number of children who weigh below 60% Expected Weight for Age during the reporting period <u>Denominator</u> Children under 5 years x 1000	Accuracy dependent on quality of data from reporting facility	Outcome	Number per 1000	Quarterly (Indicator must be annualised)	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Infant mortality rate	Number of children less than one year old who die in one year, per 1000 live births during that year	Monitors trends in infant mortality	South African Demographic And Health Surveys (SADHS)	<u>Numerator</u> Number of children less than one year old who die in one year <u>Denominator</u> Total number of live births during that year x 1000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 1000 (rate)	Empirical data are provided by the SADHS every 5 years	No	Lower Infant Mortality Rates are desired	Maternal, Child and Women's Health Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Measles coverage under 1	Percentage of children under 1 year who received their first measles dose	Monitors measles coverage	DHIS	<u>Numerator:</u> Measles 1st dose before 1 year <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher proportions of children immunised against measles are desired.	Expanded Programme on Immunisation (EPI) Manager
Maternal mortality ratio	Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year	Monitors trends in maternal mortality	SADHS	<u>Numerator</u> Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year <u>Denominator</u> Total number of live births during that year x 100,000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 100,000	Empirical data are provided by the SADHS every 5 years	No	Lower Maternal Mortality Ratios are desired Lower	Health Information, Epidemiology and Research Programme MCWH Programme
Proportion of births attended by skilled health personnel	Percentage of women who gave birth in the 5 years preceding the South African Demographic Survey (SADHS) who reported that medical assistance at delivery from either a doctor, nurse or midwife	Monitors trends in maternal mortality	SADHS	<u>Numerator</u> Number of women who gave birth in the 5 years preceding the survey who reported that medical assistance at delivery from either a doctor, nurse or midwife <u>Denominator</u> Total number of women who gave birth in the 5 years preceding the survey	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output		Empirical data are provided by the SADHS every 5 years	No	Higher levels of skilled births attended by skilled health personnel are desired	Health Information, Epidemiology and Research Programme MCWH Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
HIV and AIDS prevalence among 15-19 year old group (antenatal)	Percentage of women aged 15-19 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDS in younger women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	<u>Numerator:</u> Women aged 15 – 19 years who tested HIV positive during the survey; <u>Denominator:</u> Women aged 15 – 19 years who were tested for HIV during the survey	Reflects prevalence in surveyed women, not entire population.	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
HIV and AIDS prevalence among 20-24 year old group (antenatal)	Percentage of women aged 20-24 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDS in young adult women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	<u>Numerator:</u> Women aged 20 – 24 years who tested HIV positive during the survey; <u>Denominator:</u> Women aged 20 – 24 years who were tested for HIV during the survey	Reflects prevalence in surveyed women, not entire population	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
Contraceptive Prevalence Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation, injectable and oral hormones, intrauterine devices, diaphragms, spermicides and condoms, natural family planning, lactational amenorrhoea.	Track the extent of the use of contraception (any method) amongst women of child bearing age	SADHS	<u>Numerator:</u> Number of women (or whose partner) using modern contraceptive methods. <u>Denominator:</u> Woman population age 50 - 44	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output	Percentage	Empirical data are provided by the SADHS every 5 years	No	Higher Contraceptive prevalence levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
New smear positive PTB cure rate	Percentage of patients who are proved to be cured using smear microscopy at the end of the treatment (bacteriological proof)	Tracks the success of efforts to combat Tuberculosis in South Africa	ETR.net (TB information system)	Numerator: New smear positive cured Denominator: New smear positive newly registered	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

ADMINISTRATION

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of functional Provincial Governance Structures chaired by the MEC	Provincial Governance structures that are functional and chaired by the MEC	Monitor the functionality of the Provincial Governance Structures chaired by the MEC- Health	Minutes of the Meetings & attendance registers	Number of meetings held	Dependant on availability of MEC	Input	Number	Annually	No	To improve cooperative governance	Government structures
Number of functional^{g1} governance structures	Governance structures that are functional such as district health councils, hospital boards and clinic committees	Monitor the functionality of the councils, hospital boards and clinic committees	Minutes of the Meetings & attendance registers	Number of meetings held	Dependant of availability of Health councilors	Input	Number	Quarterly	No	Improvement on community involvement and participation in governance on Health care	Government structures
Medical officers per 100,000 people	Medical officers in posts on last day of March per 100 000 people.	Tracks the number of filled Medical officer's posts as part of monitoring availability of Human Resources for Health	Persal	Medical Officers in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers contributes to improving access to and quality of clinical care	HRM
Medical officers per 100,000 people in rural districts	Medical officers in posts employed in the Rural districts on last day of March per 100 000 people.	Tracks the number of filled Medical officer employed in the rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Medical Officers in posts- Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts contributes to improving access to and quality of clinical care in rural district.	HRM

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Professional nurses per 100,000 people	Professional Nurses in posts on last day of March per 100 000 people.	Tracks the number of filled Professional Nurses posts , as part of monitoring availability of Human Resources for Health	Persal	Professional Nurses in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving access to and quality of health services	HRM
Professional nurses per 100,000 people in rural districts	Professional in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Professional Nurses posts filled in rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Professional Nurses in posts- Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts contributes to improving access to and quality of health services rural districts	HRD
Pharmacists per 100,000 people	Pharmacists in posts on last day of March per 100 000 people.	Tracks the number of filled Pharmacists posts to monitor availability of Human Resources	Persal	Pharmacists in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists lead to better quality of care	HRD
Pharmacists per 100,000 people in rural districts	Pharmacists in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Pharmacists posts filled in rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity	Persal	Pharmacists in posts - Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists in rural districts lead to better quality of care in these rural districts	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for professional nurses	Percentage of funded vacant professional Nurses posts on the last day of the reporting period	Tracks the number of funded vacant Professional Nurses posts to monitor availability of Human Resources	Persal	Total Number of funded vacant Professional Nurses posts Total number of funded professional nurse posts in the province	Dependant on accuracy of Persal data	Process	Ratio per 100 000 population	Quarterly	No	Increase in the number of professional nurses lead to better quality of care	HRD
Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for doctors	Percentage of funded vacant doctors posts on the last day of the reporting period	Tracks the number of funded vacant Doctors posts to monitor availability of Human Resources	Persal	Total Number of funded vacant Doctors posts on the last day of the reporting period Total number of doctors funded posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
Vacancy rate for medical specialists	Percentage of funded vacant medical specialists posts on the last day of the reporting period	Tracks the number of funded medical specialists posts to monitor availability of Human Resources	Persal	Total Number of funded vacant medical specialists posts on the last day of the reporting period Total number of medical specialists funded posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
Vacancy rate for pharmacists	Percentage of funded vacant pharmacists posts on the last day of the reporting period	Tracks the number of funded vacant pharmacists posts to monitor availability of Human Resources	Persal	Total Number of funded vacant Pharmacists posts on the last day of the reporting period Total number of funded pharmacists posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Percentage of compliance with KCM requirements	Compliance to the Key Control Matrix	To improve service delivery, enhance sound financial management and improve on future audit outcomes	KCM reports from Treasury	<u>Numerator:</u> Submitted financial reports <u>Denominator:</u> The number of planned reports	Dependant on reports submitted	Output	Percentage	Quarterly	Yes	Enhanced sound financial management and better future audit outcomes	Financial Manager
Audit opinion issued by the Auditor General on Financial statements	Audit Outcome Qualification Issues	Indicates whether the department/ organization's financial administration is in order	Audit report of the auditor general	The Auditors report to the department	Dependant on the Auditor General opinion	Output	Audit opinion	Annually	No	Clean Audit	Financial Manager
Percentage of Institutional Demand met within standard delivery time: - Emergency medicine orders: 48 hours - Others: 4-6 weeks	Satisfying orders placed by the institutions within set timeframes	Contributes to the availability of medicines and medical consumables at institutions to render services to the community	Service Level report	Number of orders satisfied out of the total orders placed	Accuracy of data depends on the input of information in the system	Output		Monthly	No	Satisfy all orders placed within set timeframes	Head SCM
Percentage of uptime of networking connectivity in Corporate Office and 31 Hospitals	The extent of uptime of networking connectivity per reporting period	To monitor and manage uptime to ensure available network communication at specified institutions.	Service Desk Reports	<u>Numerator:</u> No. of hours of uptime for servers and services <u>Denominator:</u> Total number of hours available in the reporting period	Automated Data Collection System	Output	Percentage	Quarterly	Yes	Continuous improvement of uptime and availability of networking services.	Senior Manager ICT
Number of health facilities submitting Quality data ³² monthly	Number of health facilities submitting quality data monthly	To monitor the quality of data submitted by facilities	Completed data assessment summaries	Summary of all the health facilities submitting data	Accuracy of data depends on the input of information in the system	Report	Sum	Quarterly	Yes	Comply to the DHMIS policy and improve quality of data	Information management
Number of Research proposals prepared for commissioning	Count of research proposals commissioned during the financial year	Research needed for policy, and new knowledge	Research Unit	none	none	Number	Sum total	quarterly	yes	Initiation of research	Research Unit

DISTRICT HEALTH SERVICES

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Provincial PHC expenditure per uninsured person	Total expenditure by the Provincial DoH on PHC services	To monitor adequacy of funding levels for PHC services	BAS	$\frac{\text{Numerator}}{\text{Denominator}}$ Total expenditure of the Province on PHC services (Programme 2) Number of uninsured people in the Provinces as indicated in STATSSA or Council for Medical Scheme data	None	Input	Annual	Annual	No	Higher levels of expenditure reflect prioritisation of PHC services	DHS Programme Manager Financial Management Officials
PHC headcount-total	Number of PHC patients seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS	Sum total of PHC headcounts during the reporting period	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	DHS Programme Manager
PHC headcount under 5 years	Number of PHC patients under the age of 5 years seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the children under 5 uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS	Sum of PHC headcount under 5 years during the reporting period	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children, or greater reliance on public health system	DHS Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
PHC utilisation rate (annualised)	Rate at which services are utilised by the target population, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC Total Headcount StatsSA - Total Population	<u>Numerator:</u> PHC total headcount <u>Denominator:</u> Total Population	Dependant on the accuracy of estimated total population from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
PHC utilisation rate under 5 years (annualised)	Rate at which services are utilised by the target population under 5 years, represented as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC headcount under 5 years StatsSA - Population under 5 years	<u>Numerator:</u> PHC headcount under 5 years <u>Denominator:</u> Population under 5 years	Dependant on the accuracy of estimated population 5 years an under from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
PHC supervisor visit rate (fixed clinic/CHC/CDC)	Percentage of fixed PHC facilities that were visited by a supervisor at least once every month (official supervisor report completed)	Monitors supervision according to the PHC Supervision manual (once a month) in clinics, CHCs and CDCs.	DHIS	<u>Numerator:</u> PHC supervisor visit (fixed clinic/ CHC/CDC) <u>Denominator:</u> Fixed clinics, CHCs, CDCs - total	Dependant on the reporting the purpose of the visit by the supervisor to the PHC facility.	Quality	Percentage	Quarterly	No	Higher levels indicate better support to the PHC facility	QA Programme Manager
Expenditure per PHC Headcount	Expenditure per PHC headcount by provincial DoH at provincial PHC facilities.	Tracks the cost to provincial DoH for every visit to provincial PHC facility.	DHIS – PHC Total Headcount BAS – Expenditure on PHC by provincial DoH	<u>Numerator:</u> Expenditure on PHC by provincial DoH <u>Denominator:</u> PHC Total Headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level and accuracy of expenditure depends on the accuracy of correct expenditure allocation	Efficiency	Rate	Quarterly	No	Lower expenditure could indicate efficient use of financial resources, or incomplete provision of the comprehensive PHC package	DHS Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Number of provincial health promotion campaigns conducted	A health related campaign targeting communities including the different stakeholders including schools ,workplaces , villages and health facilities	Important for increasing life expectancy	Provincial report	Number of the campaign	Difficult to keep Attendance registers for mass campaigns	Numbers	Numbers	Semester	No	2 Campaigns per annum	Manager Service Marketing
Percentage of PHC facilities that attained certification out of the total number assessed by the Office of the Health Standard Compliance	PHC facilities assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	Compliance certificate	<u>Numerator:</u> District Hospitals attained certification <u>Denominator:</u> Total number of District hospitals assessed by the OHSC	None	Percentage	Percentage	Annual	Yes	20% Clinic 20% CHC	PHC Facility Manager
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Total number of PHC facilities assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of PHC facilities assessed against the core standards.	None	Process	Sum	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance
Number of Family Health Teams (FHT) established	The number of family health teams available for PHC outreach	Ensuring adequate number of teams to conduct PHC outreach	PHC Report per District	Sum of Family Health Teams	None	Output	Numbers	Quarterly	No	153 teams for 30% coverage	General Manager: DHS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
PHC outreach team coverage	The number of PHC outreach teams per household at the rate of 1 team per 1 619 households.	Ensuring adequate number of teams to conduct PHC outreach	PHC Report per District	<u>Numerator:</u> Number of FHTs <u>Denominator:</u> Total number of FHTs required in FS (509)	None	Output	Percentage	Quarterly	Yes	1 FHT per 1 619 households	General Manager: DHS
Specialist clinical team coverage	Of all the District Specialist Teams, how many have a Gynaecologist in the team	Ensuring availability of District Specialist Teams in all districts	PHC Report per District	<u>Numerator:</u> Number of DSTs having a Gynaecologist <u>Denominator:</u> Total number of Health Districts	Turnover of specialists	Output	Percentage	Quarterly	Yes	Each of the 5 DSTs with a Gynaecologist	General Manager: DHS
Percentage of quintile 1 & 2 schools visited by School Health Teams to provide Integrated School Health programme	Health services rendered to Quintile 1 and 2 learners in their schools	Important for increasing life expectancy	District Report	<u>Numerator:</u> Number of schools receiving the school health services <u>Denominator:</u> 903 schools falling under quintile 1 and 2	Report based	Numerical	Numbers	Quarterly	No	All 903 Quintiles 1 and 2 accessing the service	Manager Service Marketing
Number of Local Areas implementing Healthy lifestyles Program.	The programme is focused on promoting healthy living through 1Physical Activity , Nutrition , Tobacco Control Safe Sexual Behaviour , Prevention of Alcohol and Substance Abuse	Important for increasing life expectancy	District Reports	Number of local areas reporting activities on at least 3 of the 5 elements of health promotion programme	Report based	Number of Activities	Number	Quarterly	Yes	20 Local Areas to implement at least 3 of the 5 Elements	Manager Service Marketing

DISTRICT HOSPITALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care	DHIS	<u>Numerator:</u> Number of Caesarean sections performed <u>Denominator:</u> Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
Inpatient separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient deaths Inpatient discharges Inpatient transfer out Day patient 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a inpatient day	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient days -total 1/2 Day patients 1/3 OPD headcount -total 1/3 Emergency Headcount $\text{OPD Headcount total} = \frac{\text{sum of:}}{\text{OPD specialist clinic headcount} + \text{OPD general clinic headcount}}$	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Headcount – Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> OPD specialist clinic headcount OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services
Average Length of Stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Separations	High levels of efficiency y could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District, Provincial and Central Health Services
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District, Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals <u>Denominator:</u> Patient Day Equivalent (PDE)*	None	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Hospital patient satisfaction rate	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance
Availability of medication	The extent of availability of tracer and chronic medicines	effective clinical management of patients	Hospital Medication reports	Item of medication available/ the total tracer and chronic medication available	Report based	Numerical	Numerical	Quarterly	No	At 95 % medication availability	Manager Pharmaceutical

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient waiting times	Average time taken by the service users to receive care in a facility	Important for ensuring patient safety, satisfaction and measure access to health service	Monthly reports	Number of patient monitored during their visit to the facility against a set standard	Report based	Numerical	Numerical	Quarterly	No	At least 50 % of our facilities should be within the service standards	Manager Service Marketing
Mortality and Morbidity review rate	Frequency of holding mortality and morbidity reviews that should include, (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and (d) anaesthetic death	Demonstrates facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Quality Assurance (QA)	<u>Numerator:</u> Mortality and morbidity review conducted <u>Denominator:</u> Planned mortality and morbidity reviews multiplied by number of disciplines within the facility	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Percentage of District Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance	District Hospitals assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	Compliance Certificate	<u>Numerator:</u> District Hospitals attained certification <u>Denominator:</u> Total number of District hospitals assessed by the OHSC	None	Percentage	Percentage	Annual	Yes	80%	Quality Assurance
Number of District Hospitals assessed for compliance against the 6 priorities of the core standards	Total number of District Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of District Hospitals assessed against the core standards.		Process	Sum	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance
Number of District Hospitals CARMMA compliant⁸³	Total number of District Hospitals that are assessed with the approved CARMMA tool and found to be compliant	To monitor the implementation of programmes to reduce maternal and child mortality	Completed assessment tool	Sum of the District Hospitals that are CARMMA compliant	Inadequate capacity to assess all the hospitals	Process	Sum	Annual	Yes	80%	Provincial Maternal and Child Specialist Team

HIV AND AIDS, TB AND STI CONTROL

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total clients remaining on ART (TROA) at the end of the month	All clients remaining in ART at the end of reporting period	Track the number of patients on ARV Treatment	Tier.Net	All total remaining in care = all (New + TFI + restart)- all (RIP + LTF + TFO)	Dependant on correct reporting	Input	Current total	Quarterly	No	All clients initiated retained in care	HIV/AIDS Programme Manager
Number of new patients started on ART (15 years & older)	All adults commenced on ART for the reporting period	Track the number of adult patients commenced on ARV Treatment	Tier.Net	Sum of all adults initiated on ART in a given period	Dependant on correct reporting	Input	Current total	Quarterly	No	All eligible adult clients initiated on ART	HIV/AIDS Programme Manager
Number of new patients started on ART (<15 years)	All children commenced on ART for the reporting period	Track the number of child patients commenced on ARV Treatment	Tier.Net	Sum of all children initiated on ART in a given period	Dependant on correct reporting	Input	Current total	Quarterly	No	All eligible child clients initiated on ART	HIV/AIDS Programme Manager
Percentage of HIV-TB Co-infected patients placed on ART	Percentage of HIV and TB co-infected patients placed on Ante retrovirus Treatment (ART)	Monitors the coverage of ART among co-infected population	ETR. Net	<u>Numerator:</u> Total number of HIV and TB co-infected people placed on ART <u>Denominator:</u> Total number of co-infected people with a CD4 count of 350 or less.	Dependant on the accuracy of the Electronic TB Register.	Output	Percentage	Quarterly	Yes	Higher percentage indicate better coverage	TB Programme Manager
TB (new pulmonary) defaulter rate	Proportion new smear positive (pulmonary) TB patients who defaulted treatment	Monitors TB patients who do not take their treatment as prescribed	ETR.Net	<u>Numerator:</u> TB (new pulmonary) treatment defaulter <u>Denominator:</u> TB patient (new pulmonary) on treatment		Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating TB successful treatment	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
TB AFB sputum result turn-around time under 48 hours rate	Proportion TB Acid Fast Bacilli (AFB) results received within 48 hours	Monitors TB AFB sputum results received by facility (SMS or printed report) within 48 hours from when specimen was collected. Include pre-treatment and follow-up specimens. EXCLUDE samples sent for culture and sensitivity	ETR.Net	<u>Numerator:</u> TB AFB sputum result received within 48 hours <u>Denominator:</u> TB AFB sputum sample sent	Depend on correct reporting	Output	Percentage	Quarterly	No	All Sputum results should be received within 48 hours	TB Programme Manager
TB (new pulmonary) cure rate	Proportion new TB smear positive and culture positive (pulmonary TB) patients cured	Monitors cure of new pulmonary TB patients	ETR.Net	<u>Numerator:</u> TB (new pulmonary) patient cured <u>Denominator:</u> TB patient (new pulmonary) initiated on treatment	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Annual	No	Higher percentage indicate better cure rate for the province	TB Programme Manager
TB new client treatment success rate	Proportion TB patients (ALL types of TB) cured plus those who completed treatment	Monitors success of TB treatment for ALL types of TB	ETR.Net	<u>Numerator:</u> TB patient successfully treated (cured and completed treatment) <u>Denominator:</u> TB patient new initiated on treatment	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Annually	Yes	85%	TB Programme Manager
Proportion of TB treatment success among all TB cases	Percentage of cases who are cured and those completed treatment	Monitor the treatment success rate	ETR.Net	<u>Numerator:</u> New smear positive cured and those that completed treatment <u>Denominator:</u> All new TB cases started on treatment	Accuracy dependant on quality of data from reporting facilities	Outcome	Percentage	Annual	Yes	Higher percentage of TB cases successfully treated	TB Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Antenatal client HIV 1st test rate.	Antenatal clients HIV tested for 1st time during current pregnancy as a proportion of antenatal clients eligible for 1st HIV tests	Monitor the rate of testing for new antenatal clients	DHIS	<u>Numerator:</u> Antenatal client HIV 1st test <u>Denominator:</u> Antenatal client eligible for HIV 1st test CALC (All antenatal 1st visits MINUS 1st visit clients on HAART MINUS 1st visit clients known HIV positive but NOT on HAART, including clients who tested neg. in previous HIV tests)	Accuracy depend on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	High performance indicate high PMTCT uptake	PMTCT programme manager.
HIV testing coverage (annualised)	Percentage of clients tested to those counselled.	Monitors the number of people convinced for testing	DHIS	<u>Numerator:</u> Total number clients of HCT clients tested for HIV <u>Denominator:</u> Total number of HCT clients pre-test counselled	Dependant on the accuracy of tick and tally sheets	Process	Percentage	Quarterly	Yes	Higher percentage indicates increased population knowing their HIV status.	HIV/AIDS Programme Manager
Male condom distribution rate³⁴	Number of male condoms distributed within the province at public health facilities per male population 15 years and over	Track the contraceptive measures	LMIS (Logistics Management Information System)	<u>Numerator:</u> Male condoms distributed within province <u>Denominator:</u> Male population 15 and over	Indicator reliant on accuracy of population estimates from StatsSA	Process	rate	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV/AIDS incidence.	HIV/AIDS Programme manager
Medical male circumcision	Number of males 15 years and older who was circumcised	Monitors male circumcisions which reduce the chances of HIV and other STI infections.	DHIS	Number of males 15 years and older who was circumcised	Dependant on accurate data collection	Process	Number	Quarterly	No	Higher numbers indicate success on the programme and will contribute to decrease in HIV incidence	HIV/AIDS Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of female condoms distributed	Number of female condoms distributed from the primary condom distribution sites	Monitor the number of female condoms distributed from the primary distribution sites	DHIS	Total number of female condoms distributed	Dependant on accurate data collection	Input	Number	Quarterly	No	Increased number of distributed condoms, contributes to decrease in HIV incidence	HIV/AIDS Programme manager
Percentage of eligible HIV patients started on Cotrimoxazole Prophylaxis	Proportion of HIV positive clients newly eligible starting Co-trimoxazole prophylaxis this month	Monitors Co-trimoxazole Prophylaxis Treatment initiation on HIV positive patients with CD4 count below 200, stage 2,3 and 4 to prevent opportunistic infections	DHIS	<u>Numerator:</u> HIV positive new patients started on Co-trimoxazole Prophylaxis Treatment <u>Denominator:</u> HIV positive client eligible for Co-trimoxazole	Dependant on accurate data collection	Output	Percentage	Quarterly	No	To initiate all HIV positive patients with CD 4 below 200, stage 2,3 and 4 on Co-trimoxazole	HIV/AIDS Programme manager
HIV positive new patient initiated on IPT rate	Proportion of eligible clients initiated on IPT	Monitors initiation of IPT to prevent TB (in HIV positive clients who screen negative for TB)	DHIS	<u>Numerator:</u> HIV positive client initiated on IPT <u>Denominator:</u> HIV positive client eligible for IPT	Dependant on correct recording of eligible clients	Output	Percentage	Quarterly	No	All eligible HIV positive to be offered IPT	TB/HIV programme coordinator
Percentage of diagnosed MDR-TB patients initiated on treatment	Percentage of diagnosed MDR-TB cases started on treatment	Monitor number of newly diagnosed MDR TB cases started on treatment	EDR	<u>Numerator:</u> Number started on MDR TB treatment <u>Denominator:</u> Total number of MDR TB diagnosed	Accuracy dependant on quality data from reporting facilities	Output	Percentage	Quarterly	Yes	Higher percentage of MDR TB started on treatment	TB Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Immunisation coverage under 1 year	Proportion children under 1 year who completed their primary course of immunisation	The child should only be counted ONCE as fully immunised when receiving the last vaccine in the course (usually the 1st measles and PCV3 vaccines) AND if there is documented proof of all required vaccines (BCG, OPV1, DTaP-IPV/Hib 1, 2, 3, HepB 1, 2, 3, PCV 1, 2, 3, RV 1, 2 and measles 1) on the Road to Health Card/Booklet AND the child is under 1 year old	DHIS	<u>Numerator:</u> Immunised fully under 1 year <u>Denominator:</u> Population under 1-year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager
Vitamin A coverage under 12 – 59 months (OR 1-4 years)	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year. (The denominator is therefore the target population 1-4 years multiplied by 2.)	Monitor the Vitamin A coverage of children	DHIS	<u>Numerator:</u> Vitamin A supplement to 12-59 months child <u>Denominator:</u> Target population 1-4 years x 2	Reliant on Child population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager
Measles coverage under 1 year	Percentage of children under 1 year who received measles dose	Monitor the measles coverage	DHIS	<u>Numerator:</u> Measles 1st dose before 1 year <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Measles coverage	EPI Programme manager
Pneumococcal 3rd dose coverage under 1 year	Percentage of children under 1 year who received Pneumococcal 3 rd dose	Monitor the Pneumococcal coverage	DHIS	<u>Numerator:</u> Pneumococcal 3 rd doses before 1 year <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Pneumococcal coverage	EPI Programme manager
Rota Virus 2nd dose coverage under 1 year	Percentage of children under 1 year who received Rota Virus 2 nd dose	Monitor the Rota Virus coverage	DHIS	<u>Numerator:</u> Rota Virus 2 nd doses before 1 year <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Rota Virus coverage	EPI Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Child under 5 years diarrhoea with dehydration incidence	Children under 5 years newly diagnosed with diarrhoea with dehydration per 1,000 children under 5 years in the population	Monitors prevention of diarrhoea with dehydration (IMCI classification) in children under 5 years. Count only once when diagnosed. Follow-up visits for the same episode of diarrhoea should not be counted here	DHIS	<u>Numerator:</u> Child under 5 diarrhoea with dehydration new <u>Denominator:</u> Population under 5	Reliant on accurate diagnosis of diarrhoea with dehydration	Output	Per 1K	Quarterly (annualised)	No	Lower rates	EPI Programme manager
Pneumonia incidence under 5 years	Children under 5 years newly diagnosed with pneumonia per 1,000 children under 5 years in the population	Monitors prevention and diagnosis of pneumonia (IMCI definition) in children under 5 years. Count only once when diagnosed. Follow-up visits for the same episode of pneumonia should not be counted here.	DHIS	<u>Numerator:</u> Child under 5 pneumonia death/ <u>Denominator:</u> Population under 5 x1000 - annualised	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Lower rates	EPI Programme manager
Cervical cancer screening coverage	Percentage of women from 30 years and older who were screened for cervical cancer	Monitor cervical cancer screening coverage	DHIS	<u>Numerator:</u> Cervical smear in woman 30-years and older screened for cervical cancer <u>Denominator:</u> Female population 30-59 years	Reliant on population estimates from StatsSA for women in age category 30-59 years	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MNCWH Programme Manager
Antenatal 1st visits before 20 weeks rate	The percentage of women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy.	Utilisation of ANC services	DHIS	<u>Numerator:</u> Antenatal 1 st visits before 20 weeks <u>Denominator:</u> Antenatal 1 st visits	Reliant on accuracy of number of weeks the client is pregnant	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	MNCWH programme Manager
Infant PCR test positive around 6 weeks rate	Infants tested PCR positive under 2 months after birth as proportion of Infants PCR tested under 2 months	Monitors positivity in HIV exposed Infants under the age of 2 months	DHIS	<u>Numerator:</u> Infant PCR test positive under 2 months <u>Denominator:</u> Infant PCR test under 2 months	Reliant on accuracy of data at facilities	Process	Percentage	Quarterly	No	<2%	MNCWH programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Couple Year Protection Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation, injectable, and oral hormones, intrauterine devices, diaphragms, spermicides and condoms	Track the extent of the use of contraception (any method) amongst women of child bearing age	DHIS SADHS	Couple year protection rate: <u>Numerator</u> Contraceptive years equivalent = Sum: • Male sterilisations x 20 • Female sterilisations x10 • Medroxyprogesterone injection /4 • Norethisteroneanathate injection /6 • Oral pill cycles /13 • IUCD x 4 • Male condoms /500 <u>Denominator</u> : Female target population 15-44 years	Reliant on accuracy of data collection	Output	Percentage	Annual	No	Higher protection levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme
Maternal mortality in facility ratio (annualised)	Number of maternal deaths in facility expressed per 100 000 live births. . . A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	Confidential enquiry into maternal deaths report only released every 3-5 years, so monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target. Mortality and causes of death report does not give exact figures for maternal deaths.	DHIS	<u>Numerator</u> : Maternal death in facility <u>Denominator</u> : Live births in facility	Reliant on accuracy of classification of inpatient death	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable deaths.	MNCWH programme manager
Delivery in facility under 18 years rate	Percentage of deliveries where the mother is under 18 years on the day of delivery.	Monitor the percentage of deliveries among teenagers	DHIS	<u>Numerator</u> : Total number of Deliveries in province to woman under 18 years <u>Denominator</u> : Total Deliveries in province	Reliant on receiving of accurate age	Outcome	Percentage	Annual	No	Higher percentage indicates increase in the number deliveries among teenagers.	MCWH Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Child under 1 mortality in facility rate (annualised)	The number of children who have died in a health facility between birth and their first birthday, expressed per thousand live births in facility	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	<u>Numerator:</u> Total number of inpatient death under one year <u>Denominator:</u> Inpatients separations under 1 year (Sum of Inpatient discharge < 1 year and Inpatient transfer out < 1)	Reliant on accuracy of in facility live births reporting	Outcome	Rate	Annual	No	Lower infant mortality rate	Child Health Programme manager
Inpatient death under 5 rate	Proportion of children under 5 years who died during their stay in the facility	Monitors treatment outcome for admitted children under 5 years. Includes under 1 year deaths	DHIS	<u>Numerator:</u> Inpatient death under 5 years <u>Denominator:</u> Inpatient separations under 5 years	Reliant on accuracy of in facility live births reporting	Impact	Rate	Annual	No	Lower child mortality rate	Child Health Programme manager
Antenatal client initiated on HAART rate	HIV positive antenatal clients initiated on HAART as proportion of HIV positive antenatal clients with CD4 counts under the specified threshold and/or WHO staging of 4	Monitors implementation of PMTCT guidelines in terms of HAART initiation	DHIS	<u>Numerator:</u> Antenatal client initiated on HAART <u>Denominator:</u> Antenatal client eligible for HAART	Reliant on accurate data collection and correct eligibility criteria	Input	Percentage	Quarterly	No	Decrease in Mother to child transmission	MCWH Programme manager

DISEASE CONTROL AND PREVENTION

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Malaria fatality rate (annual)	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	Malaria surveillance reports	<u>Numerator:</u> Deaths from malaria <u>Denominator:</u> Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria	Communicable Diseases
Cholera fatality rate (annual)	Deaths from cholera as a percentage of the number of cases reported	Monitor the number deaths caused by Cholera	Malaria surveillance reports	<u>Numerator:</u> Deaths from Cholera <u>Denominator:</u> Total number of cholera cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of cholera	Communicable Diseases

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Cataract surgery rate (annual)	Cataract operations completed per 1,000,000 population	Monitor the number of cataract surgery	Eye care services reports	<u>Numerator:</u> Cataract operations completed <u>Denominator:</u> Total population	Accuracy dependant on quality of data from health facilities	Outcome	Rate per 1mil population	Annual	No	Higher levels reflects a good contribution to sight restoration, especially amongst the elderly population	Non communicable Diseases

EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
EMS operational ambulance coverage	Number of all rostered ambulances per 10 000 people in the province	Track the availability of rostered ambulances	EMS Information Systems	<u>Numerator:</u> Total number of rostered ambulances <u>Denominator:</u> Total population in the province (divided by 10 000)	Accuracy dependant on quality of data from reporting EMS station	Input	Sum	Quarterly	No	Higher number of rostered ambulances may lead to faster response time her	EMS Manager
EMS P1 urban response under 15 minutes rate	Percentage of P1 call outs to urban locations with response times within national urban target (15 min)	Monitor Response times within national urban target	EMS Information Systems	<u>Numerator:</u> No priority 1 urban calls where Response times within national urban target <u>Denominator:</u> All priority 1 urban Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times in the urban area	EMS Manager
EMS P1 rural response under 40 minutes rate	Percentage of P1 call outs to rural locations with response times within national rural target (40 min)	Monitor Response times within national rural target	EMS Information Systems	<u>Numerator:</u> No priority 1 rural calls where Response times within national rural target <u>Denominator:</u> All priority 1 rural Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
EMS P1 call response under 60 minutes rate	Percentage of all call outs with response times within 60min	Monitor Response times	EMS Information Systems	<u>Numerator:</u> No of calls where Response times within 60min <u>Denominator:</u> All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times	EMS Manager
Number of rostered planned patient transport vehicles in the province	Operational Planned Patient Transport Vehicles in the province	Monitors efficiency of transporting patients to the next level of care	DHIS	Number of rostered ambulances	Accuracy dependant on quality of data from reporting EMS stations	Input	Sum	Quarterly	No	Higher number of rostered ambulances may lead to faster response time	EMS Manager

REGIONAL (GENERAL) HOSPITAL

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care	DHIS	<u>Numerator:</u> Number of Caesarean sections performed <u>Denominator:</u> Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
Inpatient separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient deaths Inpatient discharges Inpatient transfer out Day patient 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: <ul style="list-style-type: none"> Inpatient days -total 1/2 Day patients 1/3 OPD 1/3 Emergency headcount -total $\text{OPD Headcount total} \\ = \text{sum of:}$ <ul style="list-style-type: none"> OPD specialist clinic headcount + OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services
OPD Headcount – Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: <ul style="list-style-type: none"> OPD specialist clinic headcount OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District, Provincial and Central Health Services
Average Length of Stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHIS	$\frac{\text{Numerator: Inpatient days} + 1/2 \text{ Day patients}}{\text{Denominator: Separations}}$	High levels of efficiency y could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District, Provincial and Central Health Services
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	$\frac{\text{Numerator: Inpatient days} + 1/2 \text{ Day patients}}{\text{Denominator: Number of usable bed days}}$	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District, Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/ Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals <u>Denominator:</u> Patient Day Equivalent (PDE)*	Inadequate interface between BAS and LOGIS systems	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services
Mortality and Morbidity review rate	Frequency of holding mortality and morbidity reviews that should include, but not limited to, (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and (d) anaesthetic death	Demonstrates facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Quality Assurance (QA)	<u>Numerator:</u> Mortality and morbidity review conducted <u>Denominator:</u> Planned mortality and morbidity reviews multiplied by number of disciplines within the facility	Accuracy dependent on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Hospital Patient Satisfaction rate	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalis-ability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance
Number of Regional Hospitals assessed for compliance against the 6 priorities of the core standards	Total number of District Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of District Hospitals assessed against the core standards.	None	Process	Sum	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance
Patient waiting times	Average time taken by the service users to receive care in a facility	Important for ensuring patient safety, satisfaction and measure access to health service	Monthly reports	Number of patient monitored during their visit to the facility against a set standard	Report based	Numerical	Numerical	Quarterly	No	At least 50 % of our facilities should be within the service standards	Manager Service Marketing
Percentage of Regional Hospitals that attained certification out of the total number assessed by the Office of Health Standard Compliance	Regional Hospitals assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	Compliance Certificate	<u>Numerator:</u> Regional Hospitals attained certification <u>Denominator:</u> Total number of Regional hospitals assessed by the OHSC	None	Percentage	Percentage	Annual	Yes	80%	Quality Assurance
Availability of medication	The extent of availability of tracer and chronic medicines	effective clinical management of patients	Hospital Medication reports	Item of medication available/ the total tracer and chronic medication available	Report based	Numerical	Numerical	Quarterly	No	At 95 % medication availability	Manager Pharmaceutical

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Regional Hospitals CARMMA compliant ^{es}	Total number of Regional Hospitals that are assessed with the approved CARMMA tool and found to be compliant	To monitor the implementation of programmes to reduce maternal and child mortality	Completed assessment tool	Sum of the Regional Hospitals that are CARMMA compliant	Inadequate capacity to assess all the hospitals	Process	Sum	Annual	Yes	80%	Provincial Maternal and Child Specialist Team

SPECIALIZED HOSPITAL

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Patients seen on Child Psychiatry Outreach	Patients seen on Child Psychiatry Outreach	Track the number of child patients seen on Psychiatry Outreach	Outreach patient register	Sum of all the child patients seen on psychiatry outreach	Dependant on accuracy of data	Input	Sum	Quarterly	yes	Treat all child patients than need the psychiatry assessment and treatment	FSPC CEO
OPD Headcount – Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist clinic headcount • OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Average Length of Stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Separations	High levels of efficiency y could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District , Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District , Provincial and Central Health Services
Expenditure per patient day equivalent (PDE) at FSPC	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/ Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals <u>Denominator:</u> Patient Day Equivalent (PDE)*	Inadequate interface between BAS and LOGIS systems	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient days -total 1/2 Day patients 1/3 OPD headcount -total 1/3 Emergency Headcount <u>OPD Headcount total = sum of:</u> <ul style="list-style-type: none"> OPD specialist clinic headcount + OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
Hospital patient satisfaction rate	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Availability of medication	The extent of availability of tracer and chronic medicines	effective clinical management of patients	Hospital Medication reports	Item of medication available/ the total tracer and chronic medication available	Report based	Numerical	Numerical	Quarterly	No	At 95 % medication availability	Manager Pharmaceutical
Mortality and Morbidity review rate	Frequency of holding mortality and morbidity reviews that should include, but not limited to, (a) maternal deaths, (b) neonatal deaths, (c) wrong site surgery and (d) anaesthetic death	Demonstrates facility's aim of ensuring quality healthcare service provision. Guideline to be developed to include among other things measures such as c/s infection rate, anaesthetic death rate, maternal and paediatric deaths and wrong site surgery.	Quality Assurance (QA)	<u>Numerator:</u> Mortality and morbidity review conducted <u>Denominator:</u> Planned mortality and morbidity reviews multiplied by number of disciplines within the facility	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)

CENTRAL HOSPITAL

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care	DHIS	<u>Numerator:</u> Number of Caesarean sections performed <u>Denominator:</u> Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHS	Sum of: • Inpatient days -total • 1/2 Day patients • 1/3 OPD headcount -total • 1/3 Emergency Headcount <u>OPD Headcount total = sum of:</u> • OPD specialist clinic headcount + • OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
OPD Headcount – Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHS	Sum of: • OPD specialist clinic headcount • OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Average Length of Stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Separations	High levels of efficiency could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District , Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District , Provincial and Central Health Services
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals <u>Denominator:</u> Patient Day Equivalent (PDE)*	Inadequate interface between BAS and LOGIS systems	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services
Hospital patient satisfaction rate	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Patient waiting times	Average time taken by the service users to receive care in a facility	Important for ensuring patient safety, satisfaction and measure access to health service	Monthly reports	Number of patient monitored during their visit to the facility against a set standard	Report based	Numerical	Numerical	Quarterly	No	At least 50 % of our facilities should be within the service standards	Manager Service Marketing
Number of Central Hospitals assessed for compliance against the 6 priorities of the core standards	Total number of District Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of District Hospitals assessed against the core standards.	None	Process	Sum	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance
Number of basic departments with effective clinical services outreach programme to regional hospitals	Total number of the basic departments at Central hospital with effective clinical services outreach programme to regional hospitals	Monitors the outreach programme done by the central hospital basic department to regional hospitals	Outreach patient registers	Total number of the basic departments with effective clinical services	Inadequate capacity to conduct the outreach	Process	Sum	Quarterly	No	Services that are available at central hospital to reach regional hospital patients	CEO
Central Hospital attaining certification issued by the Office of Health Standard Compliance	Central Hospitals assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	Compliance Certificate	Numerator: Central Hospitals attained certification Denominator: Total number of Central hospitals assessed by the OHSC	None	Percentage	Percentage	Annual	Yes	80%	Quality Assurance

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Central Hospitals CARMMA compliance	Total number of Central Hospitals that are assessed with the approved CARMMA tool and found to be compliant	To monitor the implementation of programmes to reduce maternal and child mortality	Completed assessment tool	Sum of the Central Hospitals that are CARMMA compliant	Inadequate capacity to assess all the hospitals	Process	Sum	Annual	Yes	80%	Provincial Maternal and Child Specialist Team

TERTIARY HOSPITAL

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery by caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care	DHIS	<u>Numerator:</u> Number of Caesarean sections performed <u>Denominator:</u> Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
Inpatient separations - Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient deaths Inpatient discharges Inpatient transfer out Day patient 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	<u>Sum of:</u> <ul style="list-style-type: none"> Inpatient days -total 1/2 Day patients 1/3 OPD headcount -total 1/3 Emergency Headcount $\frac{\text{OPD Headcount total}}{\text{sum of:}}$ <ul style="list-style-type: none"> OPD specialist clinic headcount + OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Headcount – Total	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	<ul style="list-style-type: none"> Sum of: • OPD specialist clinic headcount • OPD general clinic headcount 	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Average Length of Stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Separations	High levels of efficiency could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District , Provincial and Central Health Services
Inpatient bed utilisation rate	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients <u>Denominator:</u> Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District , Provincial and Central Health Services
Expenditure per patient day equivalent (PDE)	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals <u>Denominator:</u> Patient Day Equivalent (PDE)*	Inadequate interface between BAS and LOGIS systems	Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Hospital patient satisfaction rate	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	No	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance
Complaint resolution within 25 working days rate	Proportion of complaints resolved within 25 working days out of all complaints resolved	Monitors public health system response to customer concerns.	DHIS	<u>Numerator:</u> Complaint resolved within 25 working days <u>Denominator:</u> Complaint resolved	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	No	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Patient waiting times	Average time taken by the service users to receive care in a facility	Important for ensuring patient safety, satisfaction and measure access to health service	Monthly reports	Number of patient monitored during their visit to the facility against a set standard	Report based	Numerical	Numerical	Quarterly	No	At least 50 % of our facilities should be within the service standards	Manager Service Marketing
Number of Tertiary Hospitals assessed for compliance against the 6 priorities of the core standards	Total number of District Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of District Hospitals assessed against the core standards.	None	Process	Sum	Annual	No	Higher number indicates better compliance with the core standards	Quality Assurance
Tertiary Hospital attaining certification issued by the Office of Health Standard Compliance	Tertiary Hospitals assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	Compliance Certificate	<u>Numerator:</u> Tertiary Hospitals attained certification <u>Denominator:</u> Total number of Tertiary hospitals assessed by the OHSC	None	Percentage	Percentage	Annual	Yes	80%	Quality Assurance

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Tertiary Hospitals CARMMMA compliance	Total number of Tertiary Hospitals that are assessed with the approved CARMMMA tool and found to be compliant	To monitor the implementation of programmes to reduce maternal and child mortality	Completed as- sessment tool	Sum of the Tertiary Hospitals that are CARMMMA compliant	Inadequate capacity to assess all the hospitals	Process	Sum	Annual	Yes	80%	Provincial Maternal and Child Specialist Team

HEALTH SCIENCES AND TRAINING

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Intake of nurse students	Number of nurses entering the first year of nursing college	Tracks the training of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Input	Sum total	Annual	No	Higher levels of intake are desired, to increase the availability of nurses in future	Human Resources Development Programme
Basic nurse students graduating	Number of students who graduate from the basic nursing course	Tracks the production of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and nursing colleges	Output	Sum total	Annual	No	Desired performance level is that higher numbers of nursing students should be graduating	Programme
Number of trained Emergency Care Practitioners	Number of Emergency Care practitioners who received accredited training.	Track the training of Emergency Care practitioners.	HRD (proof of registration with professional body)	No denominator.	The accuracy of data depends on proper recording and proper record keeping.	Input indicator.	Sum total	Annually	No	Increase the availability of EMS practitioners and improve the quality of EMS services.	HRD
Number of new part-time bursaries awarded	Number of students provided with bursaries by the provincial department of health	Tracks the numbers of health science students sponsored by the Province to undergo training as future health care providers	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	Sum total	Annual	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development
Number of personnel (Professional nurses) trained on Nurse Initiated Management of ART (NIMART).	Number of professional nurses trained on NIMART	To enable the professionals nurses to treat and manage patients who are on ARV's, so as to cover the shortage of doctors.	HRD (training register)	No denominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	Yes	To increase access to ARV's.	HRD

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of 18.1 Learnerships implemented.	Number of employed personnel who are on learnerships.	Improve the skills of personnel.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	No	Effective and efficient service delivery.	HRD
Number of learners enrolled in ABET programme	Number of personnel enrolled for ABET program.	To improve the literacy of officials below NQF level 1.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Annually	No	Bridging the gap between General training certificate and FET.	HRD
Number of 18.2 Learnerships implemented.	Number of unemployed who are on learnerships.	Job creation	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	No	Increase the number of employable individuals.	HRD
Number of professional nurses trained in Primary Health Care	Number of professional nurses who have undergone Primary Health Care training.	Primary Health Care re-engineering.	HRD (database)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Annual	Yes	Effective and efficient service delivery.	HRD

HEALTH CARE SUPPORT SERVICES

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Linen stock availability in hospitals	The level of linen stock per hospital as percentage of linen required.	To monitor the availability of linen required for patient care.	Clean Consignment notes.	Numerator: Number of linen items delivered by the laundries to hospitals. Denominator: Total number of linen items required.	Accuracy of line audit depends on the reliability of reported data. From facilities	Output	Percentage	Quarterly	Yes	Optimum linen stock level at hospitals.	Manager Laundries services
The number of patients/users accessing O&P services per year	The number of Patients receiving Medical Orthotics & Prosthetics products or services	Provide indication of how many patients/clients attending the services	Patients Registration System	Total number of patients visiting the centres or Clinics	1. Computer/s shut down at service points 2. Reliability of data from Outreach Services – no computers available	process	number	Quarterly Reports	no	To increase the number of users(patients) Accessing Medical Orthotics & Prosthetics Services	Manager Rehab & Disabilities

HEALTH FACILITIES MANAGEMENT

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of projects completed, funded through revitalisation programme	Projects funded through revitalisation programme completed	Tracks the progress of the programme in order to complete the planned projects	Quarterly progress reports	Number of projects completed	Dependant on certification of completion	Process	Number	Quarterly	Yes	Completed projects, reflects improved infrastructure at the health facilities	Health Facility Maintenance Programme
Percentage of preventative maintenance budget spent	Expenditure on preventative maintenance for buildings	Tracks expenditure	BAS	Financial data	Dependant on the accuracy of BAS	Input	Percentage	Quarterly	Yes	Higher percentage reflects efficient use	Infrastructure
Percentage of scheduled maintenance budget spent	Expenditure on scheduled maintenance for buildings	Tracks expenditure	BAS	Financial data	Dependant on the accuracy of BAS	Input	Percentage	Quarterly	Yes	Higher percentage reflects efficient use	Infrastructure
Percentage of capital projects budget spent	Expenditure on capital projects completed	Tracks expenditure	BAS	Financial data	Dependant on the accuracy of BAS	Input	Percentage	Quarterly	Yes	Higher percentage reflects efficient use	Infrastructure

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