health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DISTRICT HEALTH PLAN 2015/2016

ZULULAND HEALTH DISTRICT

KWAZULU-NATAL

1. ACKNOWLEDGEMENTS

The District Manager acknowledges the team members from all the institutions who contributed to the development of the District Health Plan.

I would like to acknowledge in particular, the District Health Service Delivery, Planning, Monitoring and evaluation component for coordinating the whole planning process to the finish.

The District Core Team is also acknowledged for their commitment and dedication in analysing, interpreting data and consolidating narratives from different sections.
District Office team, Clinical Programme Coordinators, District Finance, District Engineer, District EMS Manager, District Human Resource Manager, and Quality & Infection Control coordinator made an informed contribution to the planning process.
All Hospital & CHC Managements and their information teams played a significant role in inputting to the District Health Plan.

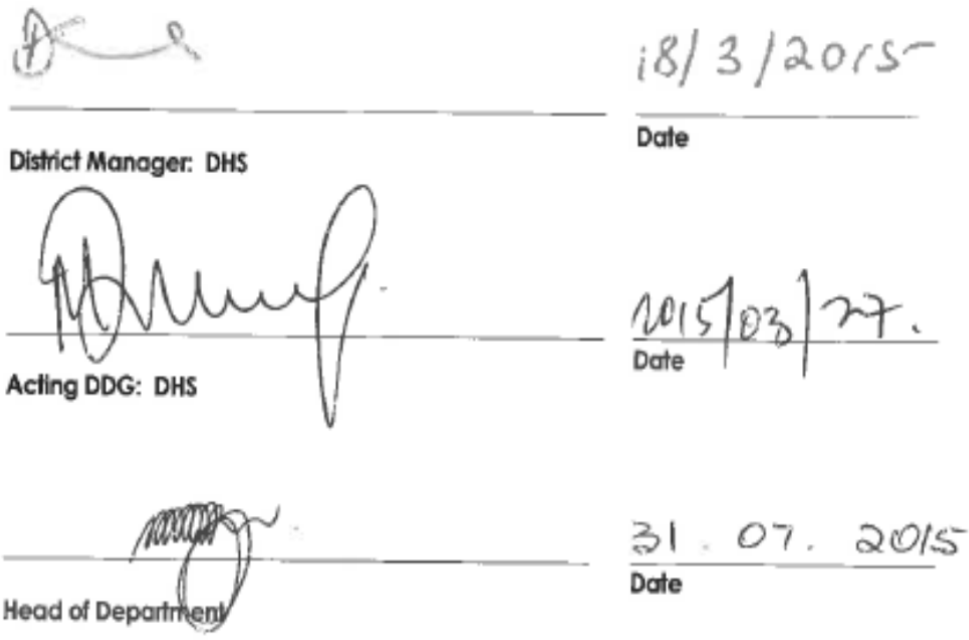
Special thanks go to our partners i.e. SHIPP for their support in making the DHP effective through their continuous support, HST,URC, Humana People to People for their support.

A special thanks to Provincial DOH Planning, Monitoring and Evaluation Component team, who have always been supportive and patient in ensuring that quality work, is achieved, through their guidance and inputs in the District strategic planning process.

2. OFFICIAL SIGN OFF

It is hereby certified that this District Health Plan:

- Was developed by the district management team of **ZULULAND HEALTH DISTRICT** with the technical support from the provincial district development directorate and the strategic planning unit.
- Was prepared in line with the current Strategic Plan and Annual Performance Plan of the Department of Health of KZN



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4. LIST OF ACRONYMS

Abbreviations	Description
A	
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
B	
BAS	Basic Accounting System
BLS	Basic Life Support
BUR	Bed Utilisation Rate
C	
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CCG's	Community Care Givers
CEO(s)	Chief Executive Officer(s)
CHC(s)	Community Health Centre(s)
COE	Compensation of Employees
D	
DCST(s)	District Clinical Specialist Team(s)
DHER(s)	District Health Expenditure Review(s)
DHIS	District Health Information System
DHP(s)	District Health Plan(s)
DHS	District Health System
DOH	Department of Health
DQPR	District Quarterly Progress Report
E	
EMS	Emergency Medical Services
ETB.R	Electronic Tuberculosis Register
ETR.net	Electronic Register for TB
F	
G	
G&S	Goods and Services
H	
HAST	HIV, AIDS, STI and TB
HCT	HIV Counselling and Testing
HIV	Human Immuno Virus
HOD	Head of Department
HPS	Health Promoting Schools
HPV	Human papillo virus
HR	Human Resources
HTA	High Transmission Area

Abbreviations	Description
I	
IDP(s)	Integrated Development Plan(s)
IPT	Ionized Preventive Therapy
J	
K	
KZN	KwaZulu-Natal
L	
LG	Local Government
M	
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MNC&WH	Maternal, Neonatal, Child & Women's Health
MO	Medical Officers
MOU	Maternity Obstetric Unit
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUAC	Mid-Upper Arm Circumference
N	
NDOH	National Department of Health
NCS	National Core Standards
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
O	
OSD	Occupation Specific Dispensation
OSS	Operation Sukuma Sakhe
P	
P1 Calls	Priority 1 calls
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
Persal	Personnel and Salaries System
PHC	Primary Health Care
PN	Professional Nurse
R	
RV	Rota Virus Vaccine
S	
SCM	Supply Chain Management
SHS	School Health Services

Abbreviations	Description
SLA	Service Level Agreement
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
U	
V	
VCT	Voluntary Counselling and Testing
W	
X	
XDR-TB	Extreme Drug Resistant Tuberculosis
Y and Z	

5. EXECUTIVE SUMMARY BY DISTRICT MANAGER

Introduction

2015/2016 is a special financial year in the government business. It is the first full Financial Year of the current administration. It comes at a time when new decisions have been taken to move South Africa forward. It is built on the past years achievements and challenges. The marching orders this time around are that "we must speak less and do more"

Service Delivery

There has been a change in the demographic characteristics of Zululand Health District, following Census 2011 population figures from Statistics South Africa. The total catchment population of the district decreased from 862 110 to 824 091. A huge population shift is noted amongst sub-districts. Ulundi sub- district had the highest population and Abaqulusi and Nongoma had equal population figures. Currently Abaqulusi has the highest population of 217 774 followed by Nongoma municipality with 198 462 then Ulundi municipality with 192 475.

The information on social determinants of Health from the community survey of 2007 suggests that Nongoma Municipality had the highest poverty rate, where 81% of the population lives below the poverty line of R283 per month. Access to portable water in the district is 79.8%, the literacy rate is 60.9% and only 21% of households have access to electricity.

The top 5 causes of mortality for adults are PTB, HIV, Lower Respiratory Tract Infections, diarrhoea and cerebro -vascular accidents. These causes of death still need to be refined by ensuring that the final diagnosis and causes of death are in line with DOH classification.

The PHC utilization rate in the district has increased by 0.2%. Stagnation in the PHC utilization rate at 2.7 visits per year is noted at Abaqulusi, Dumbe and Pongola. PHC facilities of Nongoma municipality are not adequately accessible to the public, which results in the over utilization of the hospital for PHC services. Human Resources and Infrastructural challenges have impact on the accessibility of these facilities.

Zululand Health District has five district hospitals, 2 specialized hospitals, 68 clinics, 1 CHC and 17 Mobile clinic teams. There is one new clinic under construction in Ulundi, Mashona, which is 90% completed. Ulundi municipality has the largest number of clinics compared to Abaqulusi municipality, which is the largest population in terms of Census 2011.

Health facilities under Ulundi municipality produces less headcount compared to the resources allocated. There are arears such as Babanango which is still under served with clinics.

The district topography, communication and transport infrastructure contribute to lack of access to services for pockets of the community, hence the need for mobile services.

MDGs targets

Challenge: 94% of the district population is uninsured, about 70% of the population is living below the poverty line of R 283 per month (community survey 2007). The district is therefore struggling to achieve targets in terms of reduction of malnutrition. The district performance is 4.4 children are underweight for age which is higher than the target of 2.3.

The under-five child mortality is high, at 7.3/1000 against the target of 5.3/1000. Immunization coverage is 80% instead of 90%, while the MMR seems to be gradually dropping, as it was 124.2/100 000 in 2013/14 against the target of 144/100 000, there are still too many preventable deaths.

Contraceptive prevalence is very low at 37% instead of at least 40%. TB cure rate has improved dramatically to reach the target of 85%, but there is still a need to improve case finding, reduce deaths of patients on TB treatment and prevent MDR.

District plan is to intensify prevention of diseases at community level by implementing PHC re-engineering, improve the quality of health care given at clinic level and strengthen PHC support by all health care providers.

District is lucky to have 4/7 DCST members who are providing an excellent contribution to service delivery in support of frontline staff. Even though there is staff turnover, the district is able to keep a stable force that provides management and administrative support.

The district has 6 Family Health Teams; they cover six wards out of a total of 89 wards. Management in the district have displayed commitment to deploy staff from facilities to work in the community, the main challenge is lack of transport.

There is a need to increase mobile teams at Abaqulusi and Nongoma municipalities, as well as build at least one new clinic in Nongoma.

The District is experiencing a challenge in the implementation of PHC re-engineering due to lack of transport. Only 8 out of 14 School Health Teams. TB injection teams and FHTs also do suffer from shortage of transport.

The district has come up with an idea to request Head Office to support with implementation of subsidized vehicles in order to improve PHC support.

District hospitals are working hard to improve their status on compliance with National Core Standards (NCS). PHC facilities are lagging behind in terms of NCS compliance. Management in the district has made a commitment to work towards improving the situation.

Implementation of complaints management at clinics is a challenge. District hospitals have a well-established system. Clinics have to be supported to improve their performance in this area.

Support services

Monitoring and support of pharmaceutical services suffered a knock due to the district pharmacy manager being on long sick leave before he retired on 30/09/2014. The district has recently appointed a new deputy manager to coordinate and support institutional pharmacists.

Infrastructure

District PHC facilities are not equitably distributed. The road infrastructure and topography influences access to health facilities in the district. Nongoma municipality is the second largest sub district with 13 clinics and 3 mobile teams while Ulundi has 24 clinics and 6 mobile teams. Abaqulusi has 15 clinics and 3 mobile teams. The district plans to increase the number of mobile teams at Abaqulusi- sub district and both residential clinics and mobile teams under Nongoma municipality to improve equity in distribution of health facilities. IDP planning between the Department of Health and Municipality should address social determinants of Health, mainly road infrastructure to improve access to health services by the people of Nongoma. The district will prioritize upscaling PHC reengineering teams to bring services to the people and to bridge gaps in areas under served with clinics.

PHC facilities do not have access to networks such as emails and internet and sometimes cell phone network. The DOH is working on the project to get clinics connected.

Finance

The District spends 45% of its budget on district hospital and 26% on Primary Health Care. A shift in the budget is anticipated to support the PHC re- engineering contrary to the current hospicentric services. Inefficiencies are noted when comparing resources allocation and outputs at Ulundi municipality. A clear picture would be painted if Ceza service area could be viewed separately from the Ulundi municipality. A recommendation was made to separate Ceza and Nkonjeni areas into two sub-districts.

The cost per head count is high at R211 in Edumbe and at Ulundi R 126. The situation at eDumbe could be attributed in part to the CHC package of care and the necessary resources at that level. The high cost for Ulundi can be as a result of low head count generated compared to the number of clinics and clinical staff allocated. Rationalization of HR is planned for 2015/16. The sub district has developed a clear plan to increase supervision and support PHC. The expenditure on goods and services seem to be shrinking compared to the cost of compensation of employees affecting the capacity of institution to purchase consumables necessary for service delivery. This is a districtwide occurrence which requires attention.

The cost per PDE at Ceza hospital and Benedictine hospital is high compared with other district hospital. Shortage of medical officers results in low output which does not match the input due to overhead costs. The district hospitals are looking at ensuring that the number of sessional doctors is reduced proportionally to the increase in the recruitment of permanent doctors. The other factor that has influence on the cost per PDE is the long average length of stay, above the norm of five days. This situation is attributable to the prevalence of chronic illness fuelled by TB and HIV. Human Resources

Total number of staff in the district is 4 854. District struggles to attract highly skilled professionals. However, the contract signed between the DOH and bursary holders is making a significant contribution in reducing vacancy rates.

The District seems to have an inequitable distribution of PNs among sub districts. This is most noticeable at Ulundi and Dumbe municipalities. The service deprivation in professional nurses is noticeable under Nongoma municipality, compromising quality of care at primary health care level, leading to a low PHC utilization rate and an over utilization of hospital services. Audit of professional nurses at PHC will be conducted in the entire district to address inequities. The improvement in Human resource and the rationalization of human capital would translate to improved utilization rates and service delivery in general.

The nurse clinical workload at both UPhongolo and Nongoma, municipalities is at 36 patients per professional nurse, while the PHC utilization rate for Pongola is 2.7 and Nongoma is 2.2 visits per year. PHC services at Nongoma appear to be less accessible to the population they serve. The team from Nongoma sub-district is developing a plan to improve the staff compliments of the professional nurses at PHC level and increase access to health facilities in the financial year 2015/16. The whole district has

resolved to conduct the human resource audit to identify challenges in clinical workload impacting on service delivery and consider re-allocation of existing staff to where they are most needed.

PART A – STRATEGIC OVERVIEW

6. SITUATIONAL ANALYSIS

Zululand district is located in the northern part of KwaZulu Natal and it covers an area of approximately 14 810 km. It is nestled between four districts; uMkhanyakude in the east, uThungulu in the South, UMzinyathi South West & Amajuba in the North West, Mpumalanga province and Swaziland in the north. The district is deep rural, one of the presidential rural nodes with a high unemployment and poverty rate. It is mountainous with poo r road infrastructure; poor transport making accessibility a challenge for the district as a result there is more access in urban facilities compared to rural facilities. Zululand is divided into five sub districts, namely: Abaqulusi, eDumbe, Nongoma, Pongola and Ulundi. The district has 5 district hospitals, 3 state aided hospitals, 2 specialist hospitals 1 CHC and 68 clinics. There is currently 1 clinic under construction (Mashona clinic) in Ulundi sub district which is 98% complete.

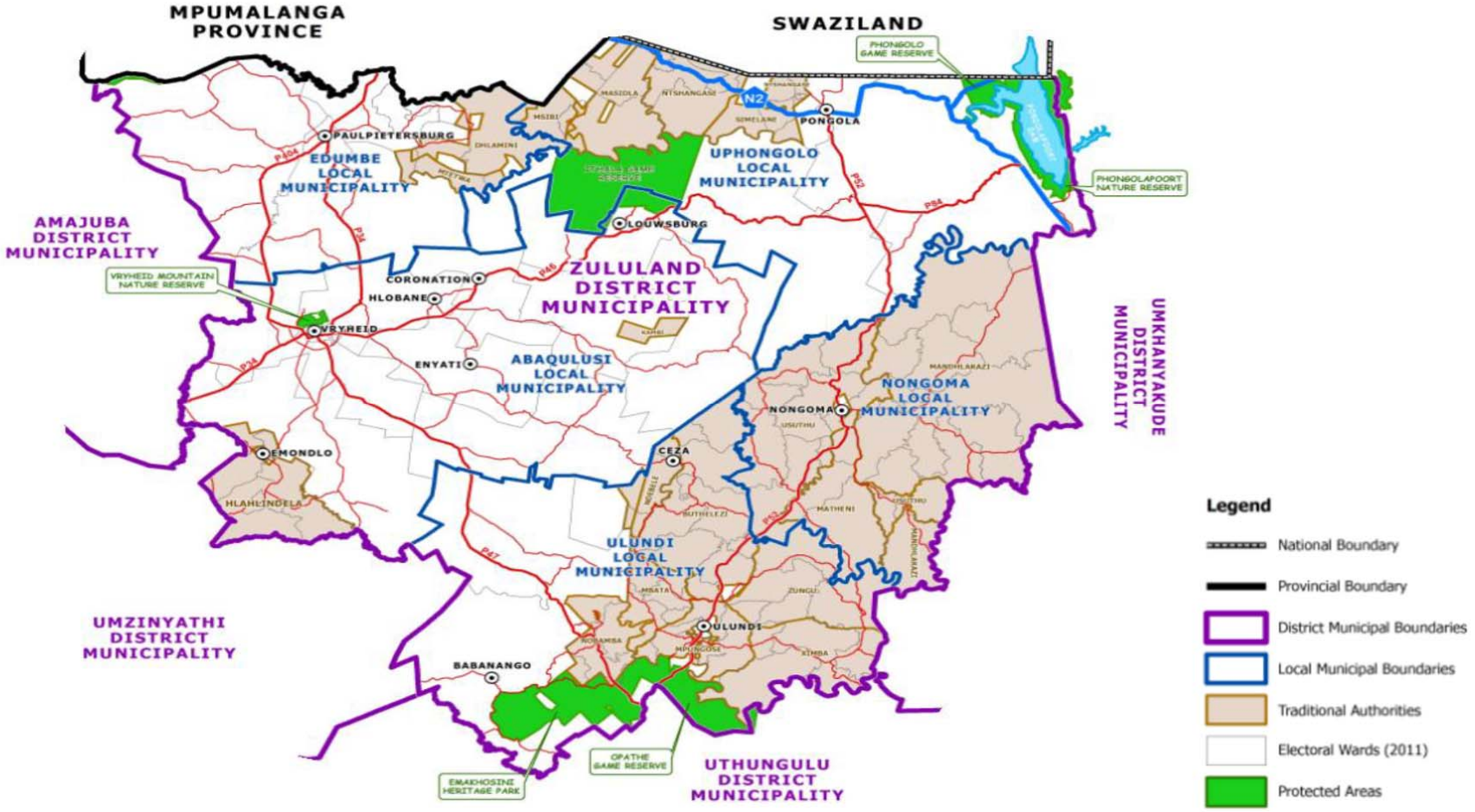
Abaqulusi local municipality has the largest population in the whole district. Abaqulusi Municipality comprises of both rural and urban areas, and it also comprises of areas that are densely populated e.g. Mondlo and has Vryheid being its main urban town. It has 1 district hospital, 2 state aided hospitals, 15 clinics, 3 mobiles, 50 mobile points and only 44 points are being serviced.

Edumbe local municipality has the least population and is predominantly rural in nature comprising of 1 CHC, 6 clinics, 2 mobiles, 62 mobile points and 56 points are being serviced.

Nongoma local municipality has the second largest population in the district. It is grossly rural with scattered communities in mountainous areas in tribal authorities. It is has very poor gravel road infrastructure which are not accessible during rainy season, poor road infrastructure contributing to early wear and tear of mobile vehicles. It has 1 district hospital, 14 clinics, 3 mobiles & 90 mobile points and only 68 are being serviced. 25 grey areas that are not reachable through mobiles, where clients have to walk long distances to access services.

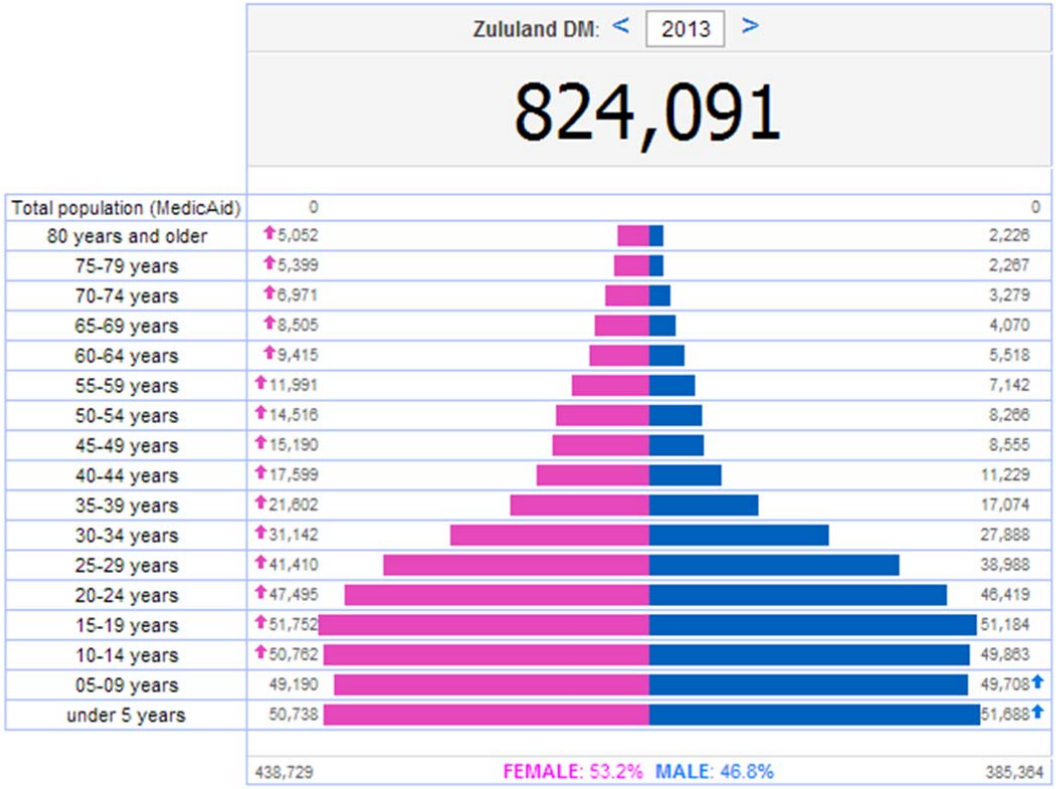
Ulundi local municipality has the third largest population after Nongoma. It is rural and underdeveloped with Ulundi as the only urban center which is highly populated and has densely populated peri urban areas surrounding Ulundi and along the main routes (R66 & R34). This sub district has 2 district hospitals, 24 clinics, 6 mobiles, 122 mobile points and only 117 are serviced.

UPhongolo local municipality is in the northern part of Zululand and has the fourth largest population in the district. Pongola is the main urban area. It has the route N2 connecting Durban Richards bay Swaziland and Gauteng passing through. There is 1 district hospital, 1 private state subsidized hospital, 10 clinics, 3 mobiles, 88 mobile stopping points of which only 75 are being serviced. This sub district provides service to clients from neighboring Swaziland which has cost implications.


MPUMALANGA PROVINCE
SWAZILAND
PHONGOLO GAME RESERVE
PONGOLA
N2
PAULPIETERSBURG
EDUMBE LOCAL MUNICIPALITY
UPHONGOLO LOCAL MUNICIPALITY
PHONGOLAPOORT NATURE RESERVE
AMAJUBA DISTRICT MUNICIPALITY
LOUWSBURG
VRYHEID MOUNTAIN NATURE RESERVE
CORONATION
HLOBANE
VRYHEID
ZULULAND DISTRICT MUNICIPALITY
ENYATI
ABAQULUSI LOCAL MUNICIPALITY
NONGOMA
NONGOMA LOCAL MUNICIPALITY
UMKHANYAKUDE DISTRICT MUNICIPALITY
EMONDLO
HLAHLINDELA
CEZA
ULUNDI LOCAL MUNICIPALITY
ULUNDI
UMZINYATHI DISTRICT MUNICIPALITY
BABANANGO
OPATHE GAME RESERVE
EMAKHOSINI HERITAGE PARK
UTHUNGULU DISTRICT MUNICIPALITY
Legend
National Boundary
Provincial Boundary
District Municipal Boundaries
Local Municipal Boundaries
Traditional Authorities
Electoral Wards (2011)
Protected Areas

6.1 MAJOR DEMOGRAPHIC CHARACTERISTICS

Figure 1: Population Pyramid Zululand District 2013 Stats SA



The Total population for the district has decreased from 862 110 to 824 091 when compared to the 2012/13 population figures. Gender proportions indicate that there is a higher proportion of females compared to males, and females have increased from 50.9% to 53.2% and

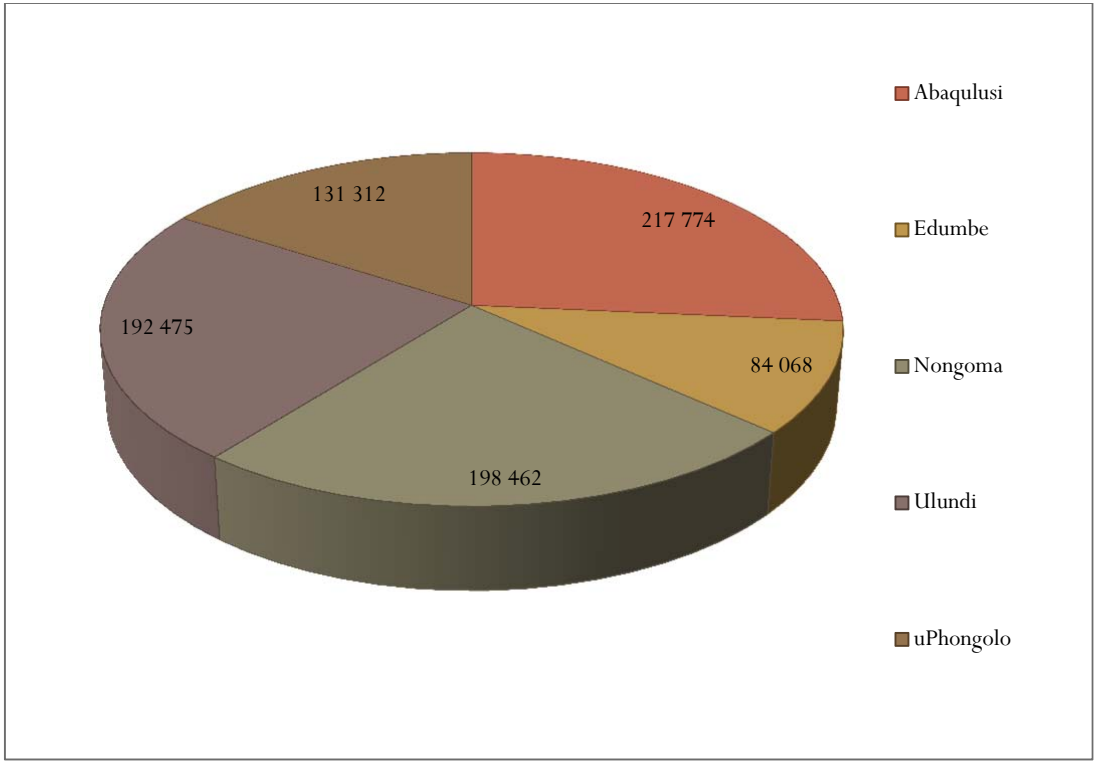
males have decreased from 49.1% to 46.7%, most probably due to HIV/AIDS, TB related infections or due to migration to seek employment in the cities. This pyramid also shows that the age groups 15-19 have the highest population in the district followed by 10-14, showing that the district has a relatively young population. This means the district has to focus on strategies that will focus on strengthening services such as sexual and reproductive health, youth friendly services, school health and interventions to reduce new HIV infections and strengthen child health services, IMCI, initiation of ART to children under 5.

Table 1: District Population 2013/14

Sub-District	Total Population	% pop uninsured	Uninsured Population
kz Ulundi Local Municipality	192 475	93.50	179 964.1
kz uPhongolo Local Municipality	131 312	93.50	122 776.7
kz eDumbe Local Municipality	84 068	93.50	78 603.6
kz Abaqulusi Local Municipality	217 774	93.50	203 618.7
kz Nongoma Local Municipality	198 462	93.50	185 562
DISTRICT TOTAL	**824 091**	**93.50**	**770 525.1**

Source: DHER 2012/13

Graph 1: Population distribution per Municipality



Source: DHIS

There has been a huge population shift. In 2013/14 Ulundi sub district had the highest population and Abaqulusi & Nongoma were equal. Currently Abaqulusi sub district has the largest population followed by Nongoma

6.2 SOCIAL DETERMINANTS OF HEALTH

Table 2 (A1): Social Determinants of Health

Sub-Districts	Data Source	Total number of households	Unemployment rate	Percentage of population living below poverty line of R283 per month	Number of households in Informal dwelling	Number of households in formal dwelling	Percentage of Households with access to sanitation	Households with access to potable water	Percentage of Households with access to electricity	Adult literacy rate
Abaqulusi	Census 2001	37 064	59.5%		1261	20 043	36.4%	63.5%	43.2%	69.8%
	Community Survey 2007	39 866	40%	68%	2 153	26 070	79%	2%	41%	
	Census 2011	43 299	35.3%		1 743	33 417	40.9%	38.8%	72.1%	83.1%
Edumbe	Census 2001	15 824	57.5%		310	8 696	5.2%	62.9%	31.3%	62.3%
	Community Survey 2007	15 147	39%	72%	339	7 596	95%	15%	26%	
	Census 2011	16 138	37.7%		570	11 529	5.5%	13.8%	62.8%	81.7%
Nongoma	Census 2001	32 473	71.7%		374	11 250	6.0%	30.5%	24.6%	54.7%
	Community Survey 2007	35 293	63%	81%	507	7 995	54%	7%	30%	
	Census 2011	34 341	49.3%		2127	20 307	4.5%	9.6%	63.6%	79.5%
Ulundi	Census 2001	34 856	66.7%		1383	13 916	20.2%	45.8%	40.2%	55%
	Community Survey 2007	38 513	54%	68%	188	14 341	71%	2%	54%	
	Census 2011	35 196	49.4%		1038	22 263	19.1%	22.2%	73.4%	79.4%

uPhongolo	Census 2001	26 954	48.7%		398	15 605	9.1%	60.6%	53.5%	62.9%
	Community Survey 2007	25 740	51%	72%	1 614	18 481	83%	1%	50%	
	Census 2011	28 772	35.5%		651	23 790	11.4%	17.4%	73.0%	80.1%
District Total	**Census 2001**	**147 172**	**39%**		**8 885**	**69 510**	**79.8%**	**52.2%**	**21%**	**60.9%**
	Community Survey 2007	**154 559**	**50%**		**4 801**	**74 483**	**88.8%**	**54.5%**	**33.9%**	
	Census 2011	**157 749**	41%		**6 126**	**111 306**	**86.7%**	**69.3%**	**38.2%**	**80.8%**

The unemployment rate is at 41% for the whole district according to census 2011, and a marked improvement is noted in Pongola & Nongoma sub district, however the district is generally underdeveloped and has a lack of economical investments to boost the local economy. Nongoma sub district has the highest percentage (81%) of population living below poverty line or R283per month, followed by eDumbe & Phongolo sub districts. The percentage of Adult literacy rate has improved overall for the district 80.8% according to census 2011and has improved very well in the sub districts as well. Number of households with access to portable water & electricity has also increased. Informal dwellings have increased which will contribute to increase in communicable diseases. The district will identify these so through OSS the different problems can be addressed. There is also a decrease to households with access sanitation possibly due to the increase to informal dwellings which will also be addressed through OSS.

6.3 EPIDEMIOLOGICAL (DISEASE) PROFILE OF THE DISTRICT

- **10 Major causes of death**

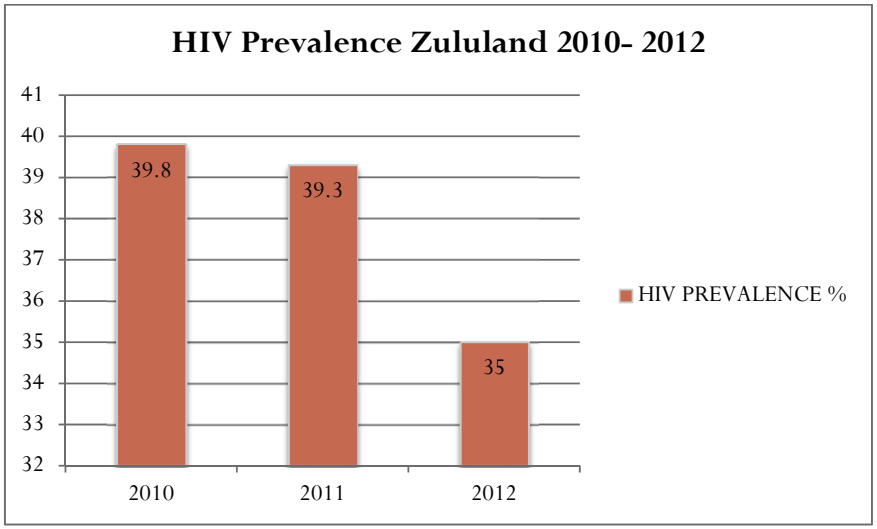
	Adults 2011/12		Adults 2012/13		Adults 2013/14	
1.	PTB	701	HIV	431	PTB	407
2.	HIV	439	PTB	424	HIV	184
3.	Diarrhoeal Disease	292	Diarrhoeal Disease	189	LRTI	147
4.	Meningitis	198	LRTI	161	Diarrhoeal Disease	137
5.	LRTI	130	PTB+RVD	136	Cerebrovascular Disease	112
6.	Diabetes mellitus	117	Meningitis	133	Pneumonia	64
7.	Pneumonia	95	Diabetes mellitus	104	Meningitis	58
8.	Cerebrovascular Disease	82	Pneumonia	95	Diabetes Mellitus	51
9.	Hypertension	78	Cardiac Disease	77	Hypertension	39
10.	Cardiac Disease	77	Hypertension	69	Cardiac Disease	26

Source: Hospital Mortality Data

- **Maternal Mortality & Child Mortality**

Indicators	2011/12	2012/13	2013/14
Maternal Mortality rate	154.4	108.5	123.3/100 000(20/16 223)
Neonatal mortality rate	13.6/1000	6.7/1000	**5.6/1000 (10/16 223)**
Facility child mortality rate	8/1000	12.1/1000	**12.3/1000 (267/16 223)**

- **District HIV & Aids Profile**

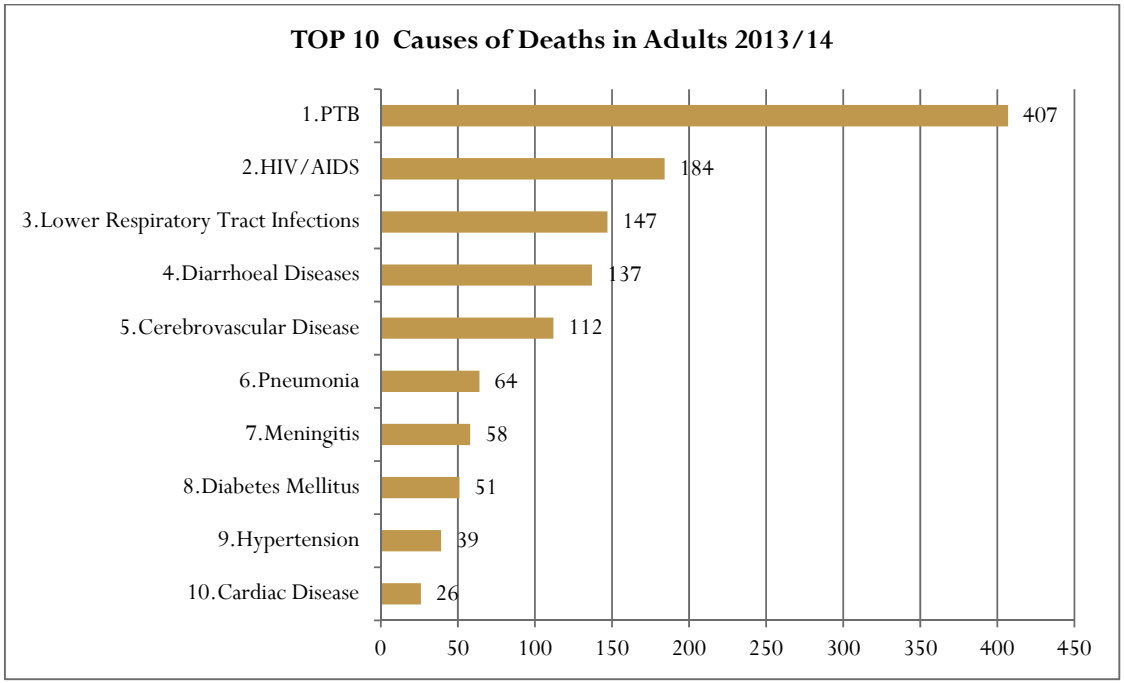


Source: District Health Barometer 2013/14

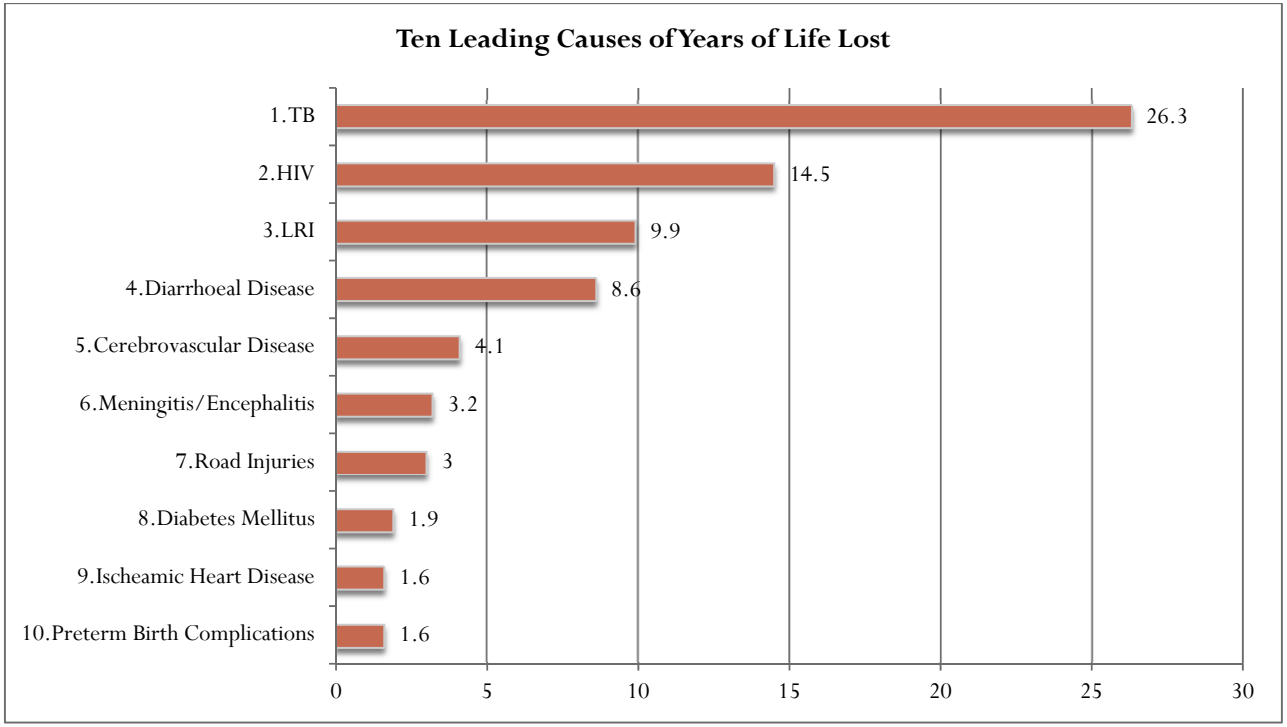
- **District TB Profile**

	2011/12	2012/13	2013/14
TB Cure Rate	76%	84.4%(1434/1694)	84.3%(1260/15000
TB Death Rate	10%	4.8%(99/1694)	5.8%(103/1500)

Figure 2: Disease Profile



Source: Hospital Mortality Data



Source: District Health Barometer 2013/14

7. DISTRICT SERVICE DELIVERY ENVIRONMENT

7.1 DISTRICT HEALTH FACILITIES

7.1.1 PRIMARY HEALTH CARE FACILITIES

Table 3 (NDoH 1): PHC facilities (Provincial and LG combined) per Sub-District as at 31 March 2014

Sub-Districts	Health Posts		Mobiles		Satellites		Clinics		Community Day Centre[1]		Community Health Centres (24 x 7)[2]		Standalone MOU[3]		District Hospitals
	LG	P	LG	P	LG	P	LG	P	LG	P	LG	P	LG	P	
Abaqulusi				3				15							1
Edumbe				2				6				1			
Nongoma				3				13							1
Ulundi				6				24							2
uPhongolo				3				10							1
District				**17**				**68**				**1**			**5**

Source: DHIS

The Health facilities are distributed inequitably. Ulundi sub district is adequately resourced with 24 clinics and 6 mobiles, another clinic Mashona to be opened soon, although some areas (Babanango) is still being serviced by a mobile and is in dire need of a clinic. Nongoma sub district opened 2 clinics, but there are areas that still need clinics, bearing in mind the topography of their area which is grossly rural with mountainous areas very poor road infrastructure and grey areas that are not accessible even through mobiles. Nongoma has to increase their mobile teams so as to improve their access which will improve their utilization rate which is currently 2.2.

1 There are no Commlunity Day Centres in KwaZulu-Natal
2 All Community Health Centres (CHC's) in KwaZulu-Natal do not have MOU's according to the definitions used in the DHER 2011/12. All KZN CHC's operate on a 24 hour, 7 day a week basis.
3 Accordingly to the DHER 2011/12 definitions for Stand Alone MOU's, there are no Stand Alone MOU's operational within KwaZulu-Natal

There is a need for additional mobile team for UPhongolo, and Abaqulusi municipalities whilst waiting for the building of new clinics. At present there is a shortage of mobile vehicles and the ones that are being used are old, not user –friendly for the service. Needs analysis has been done and submitted to Head Office. There is only one CHC in the district – STP has not been implemented yet especially with regard to proposed CHCs and MOUs.

Table 4: Provincial Clinic Facility to Population – 2013/14

Sub-Districts/ District	PHC facility per pop ratio - Health Post	PHC facilities per pop - Mob provincial	PHC facilities per pop ratio - Clinical provincial	PHC facilities per pop ratio - CHC provincial
Abaqulusi		72 591.30	14 518.30	
Edumbe		42 034.00	14 011.30	84 068.00
Nongoma		66 154.00	15 266.30	
Ulundi		32 079.20	8 019.80	
uPhongolo		43 770.70	13 131.20	

Source: DHER 2013/14 Customised District Report

The number of facilities in relation to the population is at 78% a 6% improvement from 72% in 2012/13. Nongoma opened two clinics but still showing that it is under serviced; this sub district has 14 clinics, 3 mobiles and 68 stopping points. There is a need to increase their mobile teams which will help to improve access.

Table 5 (NDoH 2): District Hospital Catchment Populations 2013/14

Name of District Hospital	2012/13					2013/14				
	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital
Catchment Population of District Hospital	**56 004**	**33 836**	**65 836**	**65 552**	**64 092**	**65323**	**39466**	**76460**	**76791**	**74757**

Source: DHER 2013/14 (GIS)

Note: District Hospital Catchment Populations are calculated according to the catchment population of referring clinics.

The district does not have Regional and Tertiary institutions. There are 5 district hospitals, 2 specialized hospitals and 3 state aided hospitals. The catchment population has increased for all the district hospitals when compared to 2012/13, which places a huge burden on district hospital services that were already functioning under strain due to shortage of medical doctors' especially Benedictine, Ceza & Nkonjeni hospitals. Clients needing care not rendered at the district hospital level are referred to the next level of care.

7.1 TRENDS IN KEY DISTRICT HEALTH SERVICE VOLUMES

7.1.1 PRIMARY HEALTH CARE SERVICE VOLUMES AND UTILISATION

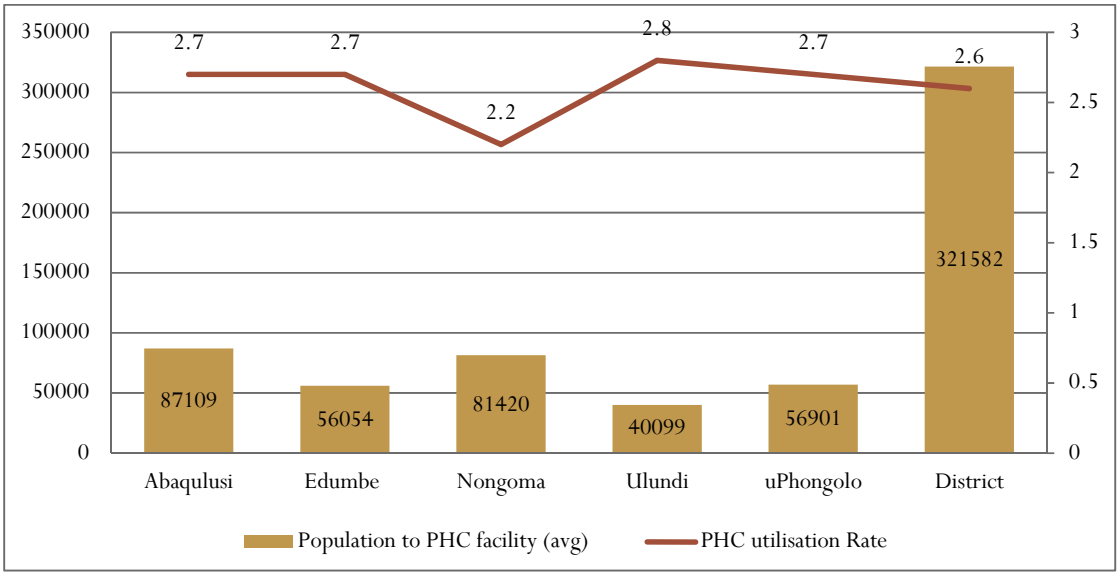
Table 6 (NDoH 3): PHC Headcount Trend

Sub-District	2012/13			2013/14			Variation		
	PHC Headcount – Provincial	PHC Total Headcount	PHC Total Utilisation Rate	PHC Headcount – Provincial	PHC Total Headcount	PHC Total Utilisation Rate	PHC Headcount – Provincial	PHC Total Headcount	PHC Total Utilisation Rate
Abaqulusi	557 171	557 171	2.7	569 785	569 785	2.7	12 614	12 614	0
Edumbe	244 037	244 037	2.7	231 106	231 106	2.7	-12 931	-12 931	0
Nongoma	395 304	395 304	1.9	444 730	444 730	2.2	49 426	49 426	0.3
Ulundi	481 370	481 370	2.1	529 450	529 450	2.8	48 080	48 080	0.7
uPhongolo	355 858	355 858	2.7	351 567	351 567	2.7	- 4 291	- 4 291	0
District	**2 033 740**	**2 033 740**	**2.4**	**2 126 638**	**2 126 638**	**2.6**	**92 898**	**92 898**	**0.2**

Source: DHIS downloads

There has been a remarkable increase in PHC headcount in the district of 92 898 due to a noted increase in Nongoma, Ulundi and Abaqulusi sub districts. Nongoma sub district opened 2 clinics and 6 new mobile points thus increasing accessibility especially in hard to reach areas. Ulundi sub district also opened 2 clinics. Although there was an increase in the headcount for Abaqulusi but the utilisation rate remains the same for the past 2 years at 2.7. a decrease in headcount is seen at eDumbe and Pongola sub districts but their utilisation rates have remained the same at 2.7 for both years. The decrease in headcount needs to be investigated.

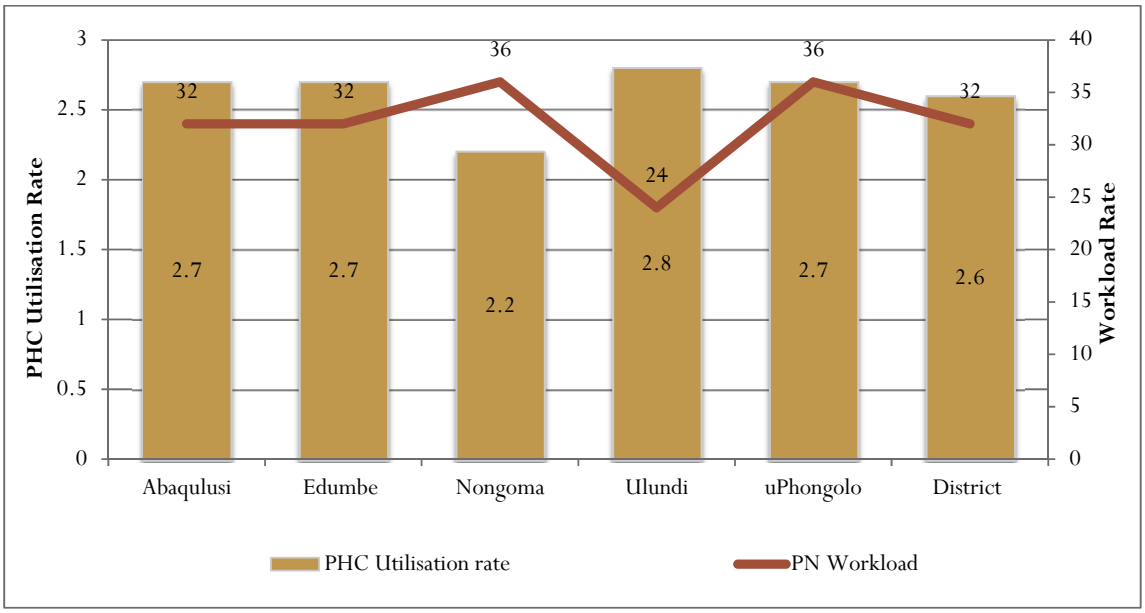
Graph 2: PHC Utilisation (Provincial Clinics) vs. Population to PHC facility (Provincial clinics) – 2013/14



Source: DHIS & DHER 2013/14 Customised District Report

Abaqulusi and Nongoma sub districts have a higher population to PHC facilities when compared to other sub districts. Ulundi sub district is adequately resourced in terms of health care facilities, seen also in their utilisation rate which has increased from 2.1 to 2.8, but they are the sub district that has reached the lowest population in spite of the resources they have.

Graph 3: PHC Utilisation rate in relation to PN Workload Provincial Clinics



Source: DHIS, DHER

Ulundi sub district has the highest utilization rate 2.8, but still below the target of 3 and lowest PN workload. This indicates that the LM is well resourced in PNs & clinics and can still perform much better to increase their utilization with the resources they have. Abaqulusi and Edumbe have slightly improved their PN workload, though it is still below the norm and their utilization rate remains the same. Both these LM are also adequately resourced with PN and clinics as indicated in graph 5 below.

This indicates that the PNs in these areas are not utilized to their full capacity to cover the entire population, if this can turnaround there is possibility for the increase in utilization rate if the nurses can start to see more clients to a normal ratio of 1:40 through marketing of health services, increasing health facilities access, intersectoral collaborative efforts (Operation MBO) and through the implementation of recommendations from Client Satisfaction surveys. Edumbe sub district has a CHC.

The utilization rate at Nongoma has increased from 1.9 to 2.2, is still below the norm but they have a high workload, which indicates that the existing facilities and the staff are not coping with the workload. Another challenge for low utilization is that the entire population is not covered by the existing facilities and the mobile services are also not adequate. UPhongolo shows the correlation between workload and the utilization rate. The district needs to consider the equity in allocation and distribution of resources

Table 7 (NDoH 4): District Hospital activities

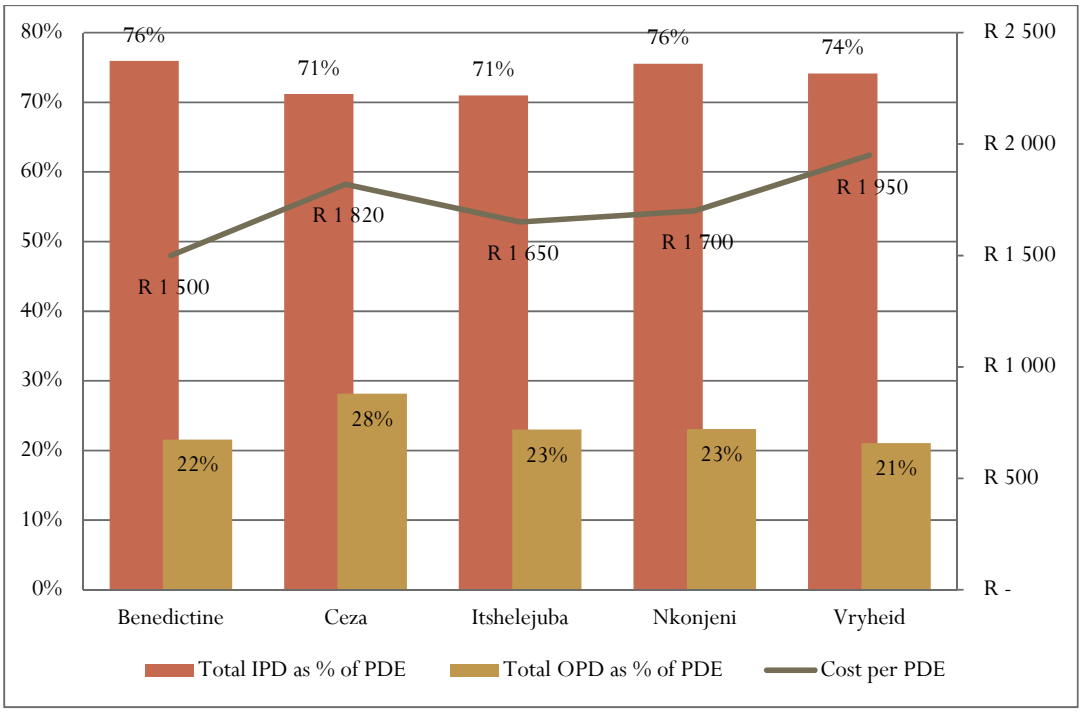
District Hospitals	Year	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	District Totals
1. Inpatient Days – total	2012/13	86 208	29 503	40 883	66 770	81 018	304 382
	2013/14	89 080	30 083	45 467	68 077	83 818	316 525
	Variation	2872	580	4584	1307	2800	12143
2. Day patient – total	2012/13	5	0	151	1	38	195
	2013/14	70	5	549	15	123	762
	Variation	65	5	398	14	85	567
3. OPD Headcount not referred new	2012/13	20 539	7 172	31 332	8 849	2 174	70 066
	2013/14	37 357	4 232	29 504	26 976	2 078	100 147
	Variation	16818	-2940	-1828	18127	-96	30081
4. Inpatient Separations	2012/13	12 887	4 075	6 956	8 817	17 375	50 111
	2013/14	12 182	4 050	7 607	9 078	17 438	50 355

District Hospitals		Year	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	District Totals
		Variation	-705	-25	651	261	63	244
5.	Inpatient Deaths	2012/13	855	325	479	269	941	3229
		2013/14	775	281	439	613	988	3 096
		Variation	-80	44	-40	344	47	-133
6.	OPD Headcount – total	2012/13	104 322	36 827	44 848	68 002	68 125	322 124
		2013/14	75 912	35 706	44 199	62 417	71 421	289 655
		Variation	-28 410	- 1 121	-649	-5585	3296	-32 469
7.	Emergency headcount total	2012/13	17 750	877	2 627	3 649	4 708	29 611
		2013/14	8 580	802	3 286	3 697	16 065	32 430
		Variation	-9170	-75	659	48	11 357	2819
8.	Patient Day Equivalent	2012/13	24 538	83 850	112 691	180 092	213 407	833 579
		2013/14	117 279	42 255	64 039	90 122	113 041	424 268
		Variation	92 741	- 41 595	- 48 652	- 89 970	- 100 366	- 409 311
93	Cost per PDE	2012/13	R1 631	R2 035	R1 511	R1 369	R1 424	R1 548
		2013/14	R1 500	R1 820	R1 650	R1 700	R1 950	R1 724
		Variation	-R 131	-R215	-R 139	R 331	R 526	R 176
94	Delivery by caesarean section rate	2012/13	23.9%	20.6%	20.4%	22.5%	30.3%	24.2%
		2013/14	23.4%	23.7%	19.8%	26%	27.5%	22.9%
		Variation	-0.5%	3.1%	-0.6%	3.5%	-2.8%	-1.3%
95	Average length of stay - total	2012/13	6.7	7.3	6.6	7.7	4.7	6.5
		2013/14	7.3	7.4	6.0	7.5	4.8	6.6
		Variation	0.6	0.1	-0.6	-0.2	0.1	0.1
96	Inpatient bed utilisation rate – total	2012/13	61.3%	50.5%	73%	79%	66.0%	66.1%
		2013/14	63.6%	51.5%	81.4%	81.1%	68.0%	69.12%
		Variation	2.3%	1%	8.4%	2.1%	2%	3.02%
97	Total Ambulatory (OPD Headcount Total + Emergency Headcount total)	2012/13	122072	37704	47475	71651	72833	351735
		2013/14	84492	36508	77005	66114	87486	322085
		Variation	-37580	-1196	29530	-5537	14653	-29650
98	Ratio of Ambulatory to Inpatient Days Total	2012/13	1.0	1.3	1.1	1.1	1.1	5.6
		2013/14	0.9	1.2	1.6	1.0	1..0	1.0
		Variation	0.1	0.1	-0.5	0.1	0.1	4.6

Source: DHIS Downloads 2012/13 & 2013/14

The OPD headcount not referred is very high at Benedictine and Nkonjeni hospitals as these hospitals are experiencing a shortage of Drs and they are both nearer town which makes them more accessible. Vryheid Hospital has a very high number of emergency headcounts which needs to be investigated when looking at the variance between the two financial years. Average length of stay is high at Benedictine, Ceza and Nkonjeni hospitals which are above 7. This can be attributed to the shortage of doctors in these hospitals; patients stay long because when they are admitted they are very sick as they delay in seeking medical help.

Graph 4: District Hospitals Cost per PDE vs. IPD and OPD



Source: DHER 2013/14 Customised District Report

Benedictine hospital has spent within the norm, lowest cost per PDE which is expected due to the highest OPD headcount. Ceza Hospital has the highest cost per PDE after Vryheid hospital because they are seeing the least clients in OPD. Vryheid hospital has the highest cost per PDE due to the fact that they are having the highest number of emergency headcount, which is almost twice that of Benedictine.

8. DISTRICT PROGRESS TOWARDS THE ACHIEVEMENT OF THE MDG'S

Table 8 (NDoH 5): Review of Progress towards the Health-Related Millennium Development Goals (MDG's) and required progress by 2015

MDG	Target	Indicator	Provincial progress 2013/14	Source of data	District progress 2013/14	District targeted progress 2014/15
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the proportion of people who suffer from hunger • 2.3/1000 • 6.5/1000	Prevalence of underweight children under 5 years of age		DHIS	4.4	
		Severe malnutrition under 5 years incidence)		DHIS	3.7/1000	
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate • 5.3/1000 • 12/1000	Under-five mortality rate – use proxy "Inpatient death under 5 years rate"		DHIS	7.3/1000	
		Infant mortality rate – use proxy "Child under 1 year mortality in facility rate"		DHIS	12.3/1000	
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate • 80% • 90%	Measles 2nd Dose coverage		DHIS	70.3%	
		Immunisation coverage under 1 year		DHIS	80.6%	
Goal 5: Improve Maternal Health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate • 144/100 000	Maternal mortality ratio (only facility mortality ratio)		DHIS	124.2/100 000	
		Proportion of births attended by skilled health personnel (Use delivery in facility as proxy		DHIS	72.8	

MDG	Target	Indicator	Provincial progress 2013/14	Source of data	District progress 2013/14	District targeted progress 2014/15
	• 95%	indicator)				
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS • • • 40% • 85%	HIV prevalence among 15- 19-year-old pregnant women		National HIV Syphilis Prevalence Survey of SA		
		HIV prevalence among 20- 24-year-old pregnant women		National HIV Syphilis Prevalence Survey of SA		
		Contraceptive prevalence rate (use Couple year protection rate as proxy)		DHIS	37%	
		TB Cure Rate		ETR.Net	84.9%	

9. PROVINCIAL AND DISTRICT CONTRIBUTION TOWARDS THE HEALTH SECTOR NEGOTIATED SERVICE DELIVERY AGREEMENT (NSDA)

The National Development Plan 2030 was adopted by government as its vision for the health sector. It will be implemented over three electoral cycles of government. The MTSF 2014-2019 therefore finds its mandate from National Development Plan 2030.

Table 9: (NDoH): Alignment between NDP Goals 2030, Priority interventions proposed by NDP 2030 and Sub-outcomes of MTSF 2014-2019

NDP Goals 2030	NDP Priorities 2030	Sub-Outcomes 2014-2019 (MTSF)
Average male and female life expectancy at birth increased to 70 years	a. Address the social determinants that affect health and diseases	HIV & AIDS and Tuberculosis prevented and successfully Managed
Tuberculosis (TB) prevention and cure progressively improved;	d. Prevent and reduce the disease burden and promote health	
Maternal, infant and child mortality reduced		
Prevalence of Non-Communicable Diseases reduced by 28%		Maternal, infant and child mortality reduced
Injury, accidents and violence reduced by 50% from 2010 levels		
Health systems reforms completed	b. Strengthen the health system	Improved health facility planning and infrastructure delivery
		Health care costs reduced
	c. Improve health information systems	Efficient Health Management Information System for improved decision making
	h. Improve quality by using evidence	Improved quality of health care
Primary health care teams deployed to provide care to families and communities		Re-engineering of Primary Health Care
Universal health coverage achieved	e. Financing universal healthcare coverage	Universal Health coverage achieved through implementation of National Health Insurance

NDP Goals 2030	NDP Priorities 2030	Sub-Outcomes 2014-2019 (MTSF)
Posts filled with skilled, committed and competent individuals	f. Improve human resources in the health sector	Improved human resources for health
	g. Review management positions and appointments and strengthen accountability mechanisms	Improved health management and leadership

10. SUMMARY OF MAJOR HEALTH SERVICE CHALLENGES AND PROGRESS MADE FOR THE PREVIOUS THREE FINANCIAL YEARS

10.1. INTRA DISTRICT EQUITY IN THE PROVISION OF SERVICES

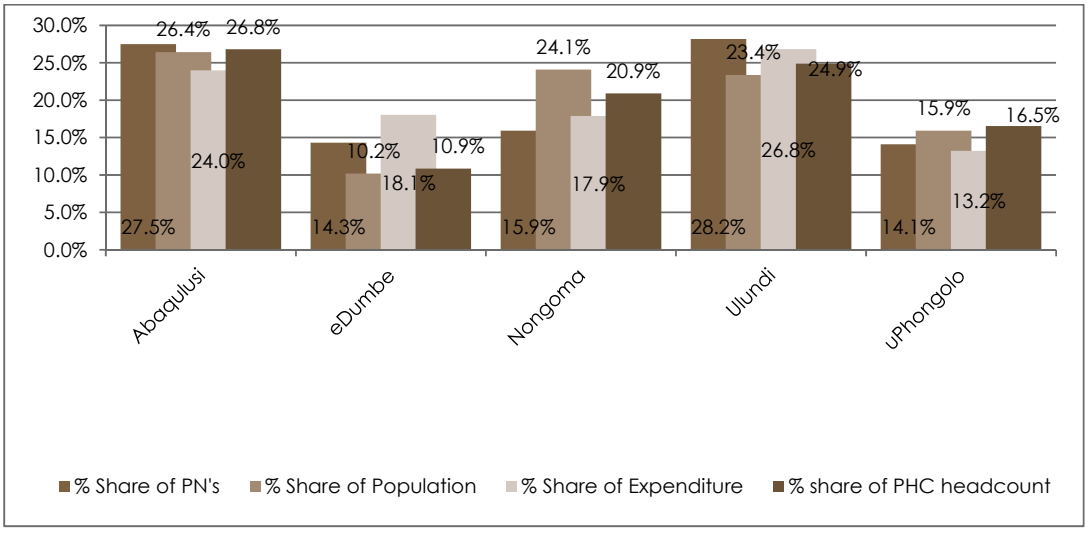
Table 10 (NDoH 6): PHC Expenditure

Sub-District	PHC Expenditure / Uninsured Capita	PHC Utilisation Rate	Patient to PN Provincial clinics	% Share of District Population
Abaqulusi	R405.3	2.7	4160.7	27%
Edumbe	R790.4	2.7	5247.0	10%
Nongoma	R331.7	2.2	5389.7	24%
Ulundi	R513.3	2.8	3754.0	23%
uPhongolo	R371	2.7	4893.4	16%

Source: DHER 2013/14 Customised District Report, DHIS

Ulundi sub district has the second highest PHC expenditure per uninsured after edumbe who has a CHC and it is expected, and the lowest patient to PN ratio and the highest utilisation rate. This shows that Ulundi has more professional nurses which are underutilised workload is 1:24. The patient to PN ratio for Nongoma is the highest in all the sub districts and expenditure is the lowest showing that Nongoma is not yet adequately resourced with PNs; though the utilisation rate has improved from 1.9 to 2.2 with more PNs they could improve.

Graph 5: Equity of resources vs population and headcount – 2013/14



Source: DHER 2013/14 Customised District Report

Abaqulusi sub district is adequately resourced and is able to reach their population, evidenced by the headcount which is equal to their percentage of the population. Edumbe is also able to reach their target population but at a high cost due to the CHC. Nongoma sub district is reaching most of their target population but they have a shortage of PNs and the second largest share of the population, they are overworked. Ulundi sub district is more than adequately resourced with PNs and is reaching their target population but because of high percentage share of PNs, it is costly, they have the highest expenditure. UPhongolo sub district has the lowest percentage share of PNs but is able to reach their target population seen in their headcount. Overall the PNs are not equitably distributed within the sub districts. There is a need for the district to consider redistribution of PNs especially to Nongoma and uPhongolo.

Table 11 (NDoH 7 (a)): Number of patients to staff type (Sub-District) – PDoH PHC Clinics

Sub-District	Administrator	Clinical Staff Other	Counsellor	Data Capturer	General Worker / Cleaner	Medical Officer	Nurse Assistant	Pharmacist Assistant Basic	Pharmacist Assistant Post Basic	Pharmacist	Professional Nurse	Staff Nurse	Specialist
Abaqulusi	38726.5		20137.8	251722.5	12908.8		125861.3	167815.0			4160.7	7628.0	
Edumbe	30170.0		17240.0	40226.7	15085.0			30170.0			5247.0	4161.4	
Nongoma	23579.9		10779.4	377278.0	29021.4		17965.6				5389.7	7397.6	
Ulundi	20238.7		8312.3	77581.8	17903.5		155163.7				3754.0	5350.5	
uPhongolo	37924.1		11669.0	33710.3	20226.2		15968.1				4893.4	6595.5	

Source: DHER 2013/14 Customised District Report, DHIS

Table 12 (NDoH 7 (b)): Number of patients to staff type (Sub-District) – CHC's

Sub-District	Administrator	Clinical Staff Other	Counsellor	Data Capturer	General Worker / Cleaner	Medical Officer	Nurse Assistant	Pharmacist Assistant Basic	Pharmacist Assistant Post Basic	Pharmacist	Professional Nurse	Staff Nurse	Specialist
Abaqulusi													
Edumbe	**3582.0**	**15521.8**	**9313.1**		**11641.4**	**31043.7**	**8466.5**	**31043.7**		**23282.8**	**2328.3**	**4049.2**	
Nongoma													
Ulundi													
uPhongolo													

Source: DHER 2013/14 Customised District Report, DHIS

There has been an overall improvement with most staff categories when comparing with last year. The patient load on the medical officers remains high followed by pharmacists.

Note: There are no CDC's operational in KwaZulu-Natal.
Note: There are no Stand-Alone MOU's in KwaZulu-Natal.

Table 13 (NDoH 8): Population to Staff per sub-district – 2013/14[4]

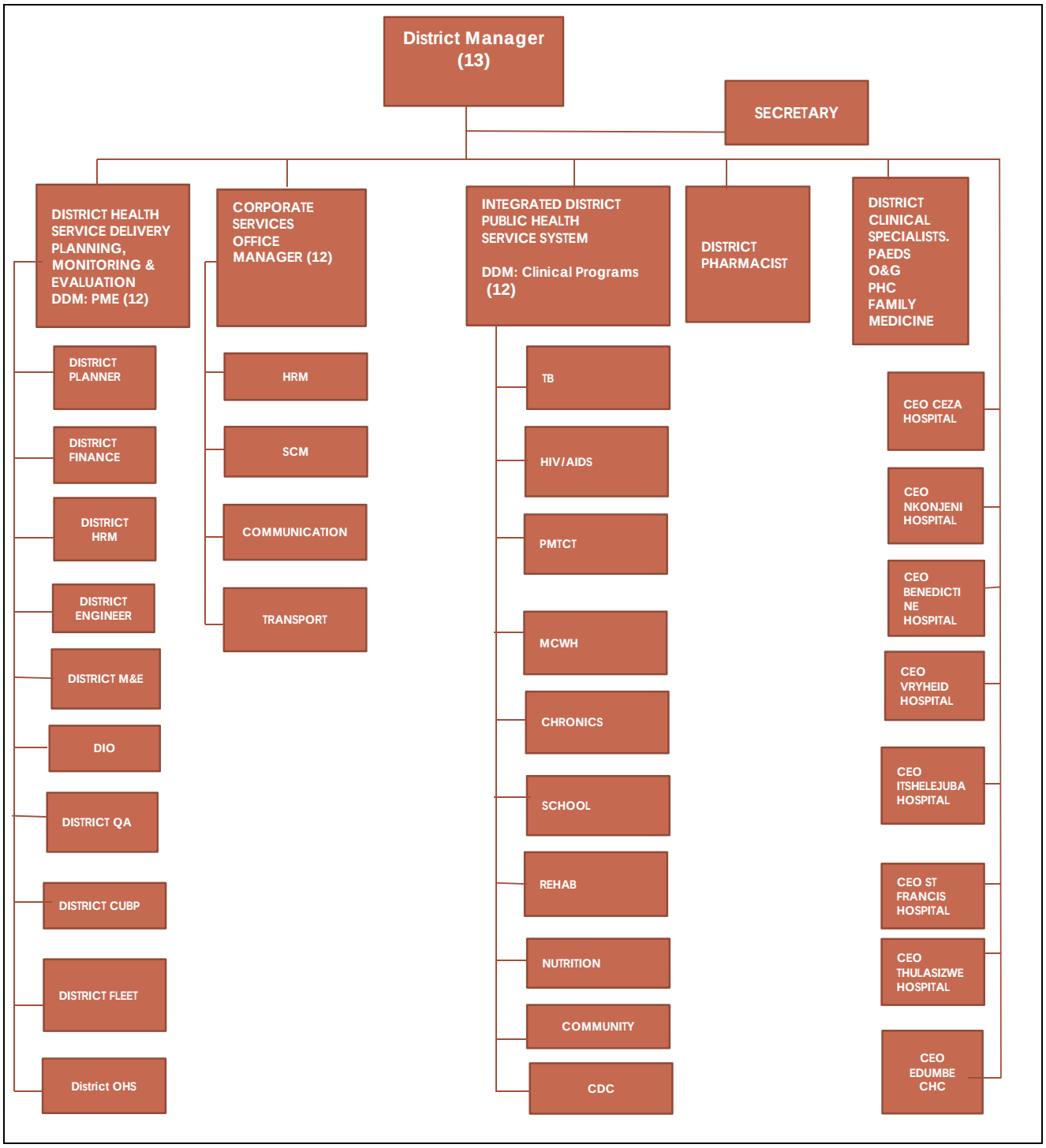
Sub-District	Population to Medical Officers		Population to Professional Nurses	
	Total Population	Uninsured Population	Total Population	Uninsured Population
Abaqulusi	217 774	203 618.7	217 774	203 618.7
Edumbe	84 068	78 603	84 068	78 603
Nongoma	198 462	185 562	198 462	185 562
Ulundi	192 475	179 964.1	192 475	179 964.1
uPhongolo	131 312	122 776.7	131 312	122 776.7

Source: DHER 2013/14 Customised District Report, DHIS

[4] District hospital plus PHC

11. ORGANISATIONAL ENVIRONMENT

11.1 ORGANISATIONAL Structure of the District Management Team



11.2 HUMAN Resources

Current Deployment:

Deployment of bursary holders was done at District Office in consultation with Hospital Managers to service delivery requirements.

Ceza Hospital was one of most hospital in need of doctors.

Previous Ceza Hospital was having three (3) doctors and one (1) clinical Associate, but with the recent January deployment, Ceza was given 4 additional doctors and two (2) clinical Associates, and they have also recruited another two (2) doctors more.

Therefore the stats stand at nine doctors (9) and three (3) clinical Associates.

The District office, together with Hospital Managers and Line Managers will continue to ensure that, service delivery is not compromised despite shortage of resources**.**

See the table below which reflect on **Scarce Skills deployment** for January 2015

No	SURNAME	INITIALS	FIELD OF STUDY	DISTRICT	PLACED
1	MADONDO	MS	CLINICAL ASSO	ZULULAND	CEZA HOSP
2	SHABALALA	NS	CLINICAL ASSO	ZULULAND	CEZA HOSP
3	MTHETHWA	SG	DENTAL THERAPY	ZULULAND	BENEDICTINE HOSP
4	CELE	SL	MEDICINE	ZULULAND	CEZA HOSP
5	BUTHELEZI	PF	MEDICINE	ZULULAND	CEZA HOSP
6	NTSHANGASE	SS	MEDICINE	ZULULAND	CEZA HOSP
7	MVUYANA	ZH	MEDICINE	ZULULAND	CEZA HOSP
8	DLAMINI	BG	DENTISTRY	ZULULAND	VRYHEID HOSP
9	MNTUNGWA	N	MEDICINE	ZULULAND	ITSHELEJUBA
10	ZUNGU	NS	OCC THERAPY	ZULULAND	CEZA HOSP
11	XULU	NK	RADIOGRAPHY	ZULULAND	CEZA HOSP
12	MAGWAZA	PS	OCC THERAPY	ZULULAND	NKONJENI
13	SHELEMBE	TN	PHARMACY	ZULULAND	BENEDICTINE HOSP
14	MWANDLA	A	PHARMACY	ZULULAND	ST FRANCIS
15	DLAMINI	DP	PHARMACY	ZULULAND	CEZA HOSP
16	HLABISA	T	NURSING	ZULULAND	ITSHELEJUBA
17	DLAMINI	NN	NURSING	ZULULAND	BENEDICTINE HOSP
18	Zulu	GP	PHARMACY	ZULULAND	CURRENTLY DOING INTERNSHIP AT GAUTENG PROVINCE
19	MBULI	S	RADIOGRAPHY	ZULULAND	ST FRANCIS
20	NDLOVU	N.C	RADIOGRAPHY	ZULULAND	BENEDICTINE HOSP
21	ZWANE	NC	RADIOGRAPHY	ZULULAND	THULASIZWE
22	NTSHAYINTSHAYI	S	BCUR	ZULULAND	BENEDICTINE HOSP
23	MADONDO	S.Z.	AUDIOLOGY	ZULULAND	ITSHELEJUBA
24	MSIMANGO	L.N.	PHARMACY	ZULULAND	ITSHELEJUBA
25	GUMEDE	TN	PHYSIOTHERAPY	MKHANYAKUDE	ITSHELEJUBA
26	VILANA	ZB	PHYSIOTHERAPY	ZULULAND	VRYHEID HOSP
27	MTSHALI	NW	SPEECH THERAPY	ZULULAND	BENEDICTINE HOSP

Staff recruitment and retention system and challenges

Recruitment of staff particularly doctors remain a challenge in the District although it has slightly improved, compared to the previous years. We also recognized the effort from our Partners on recruitment of scarce skills category, Africa Health Placement (AHP)

Current Status of doctors at various Zululand Health Districts

Institution	2014	2015
Ceza Hospital	3	9
Benedictine Hospital	9	22
Vryheid Hospital	12	20
Nkonjeni Hospital	17	17
Itshelejuba Hospital	9	9
Edumbe CHC	3	5
ST Francis Hospital	1	1

Retention of Staff

Zululand Health District is always committed to ensure that we recruit and retain our staff by providing the following:

- Accommodation
- Capacitate staff, by providing training to improve their working skills
- Provide bursaries to our employees to further their studies to enhance working knowledge
- Create a healthy relation between Management and all levels of staff.
- Treat all employees equally without any discrimination.

Challenges

- Poor and shortage of Staff accommodation
- Centralization of Skills Development budget
- Lack of communication at all levels.
- Improve quality of leadership
- Poor road infrastructure

ABSENTISM

Absenteeism is strictly monitored by HRM Circulars; this includes Leave Management project which was initiated by our Province.

- The following measures are in place to monitor absenteeism.
- Leave Management policies.
- Implementation and checking of attendance registers.
- Capturing of leave on Persal.
- Signing of leave Certificate

STAFF TURN OVER

Staff turnover has slightly increased recently following the rumours on pay out pension benefits, other employees opted to resigned and jobs elsewhere, but the situation has return to normally following seminars and workshops conducted by GEPRF.

The other contributing factors that lead to increase staff turnover is the location of the District, because is deep rural, poor road infrastructure and shortage of staff accommodation.

Table 14: Staff type to Patient Ratio in Facilities [per 10 000] – Provincial Clinics

Sub-Districts	MO to Patient Provincial Clinics	PN to Patient Provincial Clinics	EN to Patient Provincial Clinics	ENA to Patient Provincial Clinics	Data Capturer to Patient Provincial Clinics	General Worker to Patient Provincial Clinics
Abaqulusi	-	4160.7	7628.0	125861.3	251722.5	12908.8
Edumbe	-	5247.0	4161.4	-	40226.7	15085.0
Nongoma	-	5389.7	7397.6	17965.6	377278.0	29021.4
Ulundi	-	3754.0	5350.5	155163.7	77581.8	17903.5
uPhongolo	-	4893.4	6595.5	15968.1	33710.3	20226.2

Source: DHER 2013/14 Customised District Report

Table 15: Cost per Headcount in relation to Workload

Sub-Districts and District	Total Staff Cost per PHC Headcount	PN Workload	Staff to Patient ratio at Provincial Clinics - PN
Abaqulusi	R 100	32	4160.7
Edumbe	R 211	31.9	5247.0
Nongoma	R 87	36	5389.7
Ulundi	R 126	24.4	3754.0
uPhongolo	R 90	35.8	4893.4

Source: DHER 2013/14 Customised District Report, DHIS

The PN workload for the district is 31.4 which is within the norm and has improved from 30.7 when compared to 2012/13. Apart from the CHC that has the highest cost per headcount, which is expected. Ulundi sub district has the highest cost per headcount after eDumbe and the lowest workload

Table 16: PDE to District Hospital Staff Ratio

District Hospital	PDE to Total Medical Staff ratio	PDE to Total Nursing Staff ratio	PDE to Total Pharmacy Staff ratio	PDE to Total Clinical Staff ratio	PDE to Total Support Staff ratio
Benedictine Hospital	10661.7	274.0	5330.9	6172.6	509.9
Ceza Hospital	14084.9	276.2	5281.9	4695.0	435.6
Itshelejuba Hospital	7696.2	306.3	5130.8	5597.3	306.3
Nkonjeni Hospital	10013.6	354.8	6932.5	6437.3	969.1
Vryheid Hospital	7536.1	368.2	5138.2	10276.5	942

Source: DHER 2013/14 Customised District Report

The staff to PDE ratio for the medical staff is high for Ceza, Benedictine and Nkonjeni hospitals and is the highest among the other categories of staff, showing that there is need for medical staff.

12. DISTRICT HEALTH EXPENDITURE

Table 17 (NDoH 9): Summary of District Expenditure

Data element	(Budget, Province)	(Budget, Transfer to LG)	(Budget, LG Own)	(Expenditure, Province)	(Expenditure, Transfer to LG)	(Expenditure, LG Own)
DF - 2.1: District Management	11 006 000.00	0.00	0.00	11 179 658.00	0.00	0.00
DF - 2.2: Clinics	304 699 000.00	0.00	0.00	304 990 447.00	0.00	0.00
DF - 2.3: Community Health Centres	42 416 000.00	0.00	0.00	43 163 646.00	0.00	0.00
DF - 2.4: Community Services	0.00	0.00	0.00	0.00	0.00	0.00
DF - 2.5: Other Community Services	67 617 000.00	0.00	0.00	69 170 371.00	0.00	0.00
DF - 2.6: HIV/AIDS	198 255 000.00	0.00	0.00	197 229 251.00	0.00	0.00
DF - 2.7: Nutrition	3 909 000.00	0.00	0.00	3 909 047.00	0.00	0.00
DF - 2.9: District Hospitals	703 016 000.00	0.00	0.00	718 039 650.00	0.00	0.00
DF – 2.12: Donor Funding						

Source: DHER 13/14 District Customised Template

The expenditure on clinics has increased form R 277 284 616 in 2012 / 13 Financial Year to R 304 990 447 2013/14 by 9.8%. The expenditure on District Hospitals has increased from R 675 194 034 in 2012/13 Financial Year to R 718 039 650 in 2013/14 Financial Year by 6%. The above- mentioned expenditure trend did not show and movement of expenditure from District Hospitals to PHC. The expenditure was only to sustain the services rather than additional services. HIV AND AIDS expenditure has increased form R164 480 649 in 2012/13 Financial Year to R 197 229 251 in 2013/14 by 16%

Table 18 (NDoH 10): Capita PHC expenditure per sub-district – 2013/14

Sub-Districts and District	Total Expenditure	Population		District		Service Delivery	
		PHC Expenditure / Capita (Total Population)	PHC Expenditure / Uninsured Capita	% Uninsured population compared to District	% Expenditure compared to District	Cost per Uninsured Capita 2012/13	Cost per Uninsured Capita 2013/4
Abaqulusi	82 521 114	R379	R405.3	93.50%	7.2%	R674.1	R405.3
Edumbe	62 131 817	R739	R790.4	93.50%	1.7%	R950.1	R790.4
Nongoma	61 556 592	R310	R331.7	93.50%	5.4%	R513.7	R331.7
Ulundi	92 368 457	R480	R513.3	93.50%	7%	R649	R513.3
uPhongolo	45 554 908	R347	R371	93.50%	4.2%	R685	R371

Source: DHER 2013/14 Customised District Report, DHER 2011/12 and 2012/13

Table 19 (NDoH 11): PHC Budget and Expenditure (%) excluding "Other Donor Funding" – 2013/14

	Budget Amount	Budget	Expenditure Amount	Expenditure
District Management (2.1)	11 006 000.00	0.7%	11 179 658.00	0.83%
PHC (2.2 – 2.7)	616896000.00	26%	618462762.00	45.9%
District Hospitals (2.9)	703 016 000.00	45%	718 039 650.00	53.3%

Source: DHER 2013/14 Customised District Report

Table 20 (NDoH 12): PHC Cost per Headcount– 2013/14

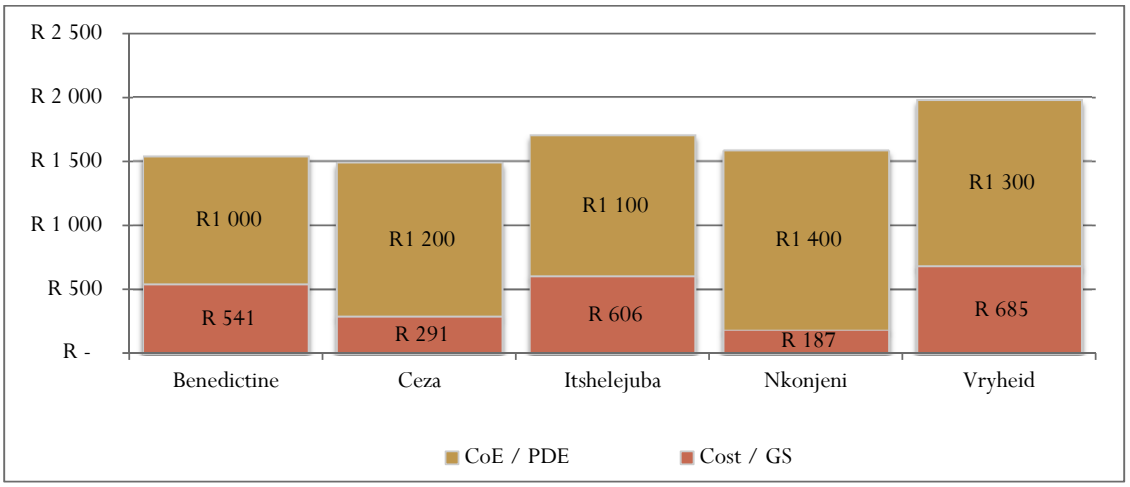
	LG PHC Facilities	Provincial PHC Facilities	Total Staff Cost per PHC Headcount
District	**N/A**	**68**	**R 114.6**

Table 21: District Hospital Expenditure

District Hospital	Expenditure per PDE	ALOS	BUR	Proportion (%) of expenditure spent on staff (CoE)
Benedictine Hospital	R1715	7.3	63.6	81.9%
Ceza Hospital	R1962	7.4	51.5	81%
Itshelejuba Hospital	R1596	6.0	81.4	78%
Nkonjeni Hospital	R1480	7.5	81.1	80.6%
Vryheid Hospital	R1467	4.8	68	79.7%
District	**R1644**	**6.6**	**69.12**	**78.1%**

Source: DHER 2013/14 Customised District Report

Graph 6: District Hospital Expenditure in relation to Service Delivery – 2013/14



Source: DHER 2013/14 Customised District Report

Generally, the District has spent more on Compensation of Employees compared to the total amount spent on Goods and Services. Noted though, Nkonjeni Hospital showed high expenditure on Compensation of Employees and very low on Good and Services compared to the entire District Hospitals. Vryheid showed high expenditure both on Compensation of Employees and Goods and Services.

Table 22: Non-Negotiable Expenditure per PDE

Non-Negotiable [Rands per PDE]	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital
Infrastructure Maintenance	1.5	0.0	0.0	0.0	0.0
Food Services	37.3	62.8	23.0	19.5	25.9
Medicine Expenditure	57.0	61.7	65.4	37.7	52.7
Medical Sundries (Supplies) Expenditure	50.0	44.7	39.1	45.2	59.7
Essential Equipment	4.4	5.3	14.3	13.9	5.1
Laundry Expenditure	0.0	0.0	4.0	0.0	4.2
Vaccination Expenditure	2.9	2.6	1.0	1.8	3.0
Blood Support Expenditure	27.4	13.8	19.3	14.0	27.1
Infection Control Expenditure	24.7	19.9	50.7	40.7	21.8
Medical Waste Expenditure	9.0	8.9	7.4	10.1	11.9
Laboratory Services Expenditure	0.0	0.0	0.0	0.0	0.0
Security Services	10.5	33.5	47.6	33.7	16.6

Source: DHER 2013/14 Customised District Report

PART B - COMPONENT PLANS

13. SERVICE DELIVERY PLANS FOR DISTRICT HEALTH SERVICES

13.1 SUB-PROGRAMME: District Health Services

13.1.1 PHC SUB-PROGRAMME OVERVIEW

The PHC Facilities offer a comprehensive PHC service Package for i.e. preventive, promotive, curative and rehabilitative services at PHC. These services are provided at the fixed and mobile clinics and these are nurse driven but they also refer clients to the next level of care (CHC and district hospitals). At the community level there are Peer Educators (NGO) and Community Care Givers to render preventive, promotive services and home based care. These care givers receive referred clients from clinics and hospitals and they also refer to these facilities.

The district has 87 PHC facilities including 65 residential clinics, 3 gateway clinics, 19 mobile clinics (17
DOH& 2 State-subsidized), 1 State-subsidized clinic. Access to the health services is poor because there are still communities that are hard to reach and disadvantaged. The norm is 1PHC clinic per 10,000 populations, the district has an estimated population of 824 091, based on this, there is a deficit of 24 clinics, and Nongoma is the most underserviced sub-district, has a shortfall of 6 clinics, Abaqulusi 6, Edumbe 3, uPhongolo 4 and uLundi 1.

School health services provide preventive and promotive services that address health needs of school going children and youth with regard to both their immediate and future health. The programme support and facilitate learning through identifying and addressing health barriers to learning. It also supports the school community in creating a safe and secure environment for teaching and learning, (Health Promoting School). Zululand District has 14 school health teams (3 –Abaqulusi sub-district, 3 –Pongola sub-district, 2-Nongoma sub-district, 2-EDumbe sub-district and 4-Ulundi L/M.) Of 14 teams, only 8 are having dedicated school health vehicles. The district is having 741 schools to be attended to by the teams. Of 741, only 31 schools are accredited as health promoting schools
The district has 6 Family Health Teams placed in Abaqulusi, Pongola, eDumbe and Ceza. Nongoma and Nkonjeni Hospital under Ulundi sub district are the only ones that do not have a Family health team.

PHC Utilization Rate

This remains below the National and Provincial target, the District is at 2.6% a slight improvement when compared to last year. There were 4 clinics that were opened: 1 in

Nongoma, 1 in Abaqulusi and 2 in uLundi sub district, though Nongoma still has the lowest utilization rate of 2.2 which has improved from 1.9.

PHC Supervisor visit rate

PHC supervisor visit remains low but has improved from 72.3% to 84.2%. Ulundi and Edumbe sub districts were the lowest at 77.4% and 79.8% respectively, meanwhile Nongoma and Phongolo were above 90% transport remains a challenge. Mentoring and coaching was done aggressively to address the lack of competence in doing supervision due to lack of coaching & mentoring. The supervisors continue to fail to prioritize supervision above meetings.

Complaints

Complaints have not been attended to in PHC. There has been no communication between the PROs and clinics, resulting in suggestion boxes not being opened.

Quality Assurance

Quality Assurance Programme has been rolled out to all PHC facilities, assessed for compliance against the 6 priorities of the core standards, 100% of PHC Facilities with Quality Improvement Plans focusing on the 6 key focus areas. Percentage of PHC Facilities that conduct an Annual Satisfaction Survey once per annum is poor at 33.5% as a district. The major challenge is on analysis of data. There is inadequate support for Quality Programmes for PHC Facilities whereas hospitals get greater attention. Transport availability and long distances between PHC facilities is also a cause for concern.

STRATEGIC CHALLENGES:

- Low PHC utilisation rate
- Low PHC supervisor visit rate
- Poor complaints management at PHC
- Low coverage of PHC outreach teams (Family Health Teams and School Health Teams)

Table 23 (NDoH 13): Situation Analysis: Indicators for District Health Services 2013/14 Financial Year

Indicators	Type	Abaqulusi 13/14	eDumbe 13/14	Nongoma 13/14	uLundi 13/14	uPhongolo 13/14	District Average 13/14
1. District PHC expenditure per uninsured person	R	R 405.30	R 790. 40	R 331.70	R 513. 30	R 371	R 482.34
Total expenditure on PHC services	*R'000*	82 521 114	62 131 817	61 556 592	92 368 457	45 554 908	344 132 888
Number of uninsured people in the Province (Stats SA)	*No*	203 618.7	78 603.6	185 562	179 964.1	122 776.7	770 525.1
2. PHC utilisation rate (annualised)	%	2.7	2.7	2.2	2.8	2.7	2.6
PHC headcount total	*No*	569 785	231 106	444 730	529 450	351 567	2 126 638
Population Total	*No*	217 774	84 068	198 462	192 475	131 312	824 091
3. OHH registration visit rate	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
4. PHC supervisor visit rate (fixed clinic/ CHC/ CDC)	%	87%	79.8%	92.1%	77.4%	90%	84.2%
PHC supervisor visit (fixed clinic/ CHC/ CDC)	*No*	160	57	139	226	108	690
Fixed clinics plus fixed CHCs/CDCs	*No*	15	6	13	24	10	68
5. Complaint resolution within 25 working days rate[5]	%	0%	0%	0%	0%	0%	0%
Complaint resolved within 25 working days	*No.*	*0*	*0*	*0*	*0*	*0*	*0*
Complaint resolved	*No.*	*0*	*0*	*0*	*0*	*0*	*0*
6. Patient experience of Care Survey rate	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
7. PHC Patient experience of Care rate	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
8. Number of fully fledged District Clinical Specialist Teams appointed	No	0	0	0	0	0	0

5 In 2012/13 the indicator for Complaints resolved was monitored at PHC with no time limit therefore the data reflected is for Complaints resolved

Indicators	Type	Abaqulusi 13/14	eDumbe 13/14	Nongoma 13/14	uLundi 13/14	uPhongolo 13/14	District Average 13/14
9. Number of functional Ward Based Outreach Teams (Family Health Teams) (cumulative)	No	2	1	0	1	2	6
10. School ISHP coverage (annualised)	%	515	645	33.45%	63%	55%	56%
Schools with any learner screened	*No*	*83*	*38*	*71*	*112*	*64*	*419*
Schools - total	*No*	*164*	*90*	*212*	*160*	*116*	*741*
11. School Grade 1 screening coverage (annualised)	%	29%	47%	34%	38%	14%	32%
School Grade 1 learners screened	*No.*	*1973*	*1325*	*2352*	*2042*	*566*	*8258*
School Grade 1 learners - total	*No.*	*6851*	*2800*	*6889*	*5425*	*4070*	*26035*
12. School Grade 4 screening coverage (annualised)	%	35%	34%	32%	31%	26%	32%
School Grade 4 learners screened	*No.*	*1935*	*764*	*1719*	*1248*	*893*	*6559*
School Grade 4 learners - total	*No.*	*5556*	*2270*	*5389*	*4021*	*3411*	*20647*
13. School Grade 8 screening coverage (annualised)	%	13,5%	0,1%	5%	23,4%	10,2%	11%
School Grade 8 learners screened	*No.*	*768*	*4*	*304*	*990*	*454*	*2520*
School Grade 8 learners - total	*No.*	*5682*	*2279*	*6488*	*4229*	*4430*	*23108*
14. Proportion of PHC facilities compliant with the extreme and vital measures of the National Core Standards for health facilities	%	0	0	0	0	0	0
PHC facilities compliant		*0*	*0*	*0*	*0*	*0*	*0*
Total PHC facilities		*15*	*6*	*13*	*24*	*10*	*68*
15. Number of Primary Health Care Clinics that qualify as Ideal Clinics		New indicator	New indicator	New indicator	New indicator	New indicator	New indicator

Indicators	Type	Abaqulusi 13/14	eDumbe 13/14	Nongoma 13/14	uLundi 13/14	uPhongolo 13/14	District Average 13/14
16. Number of Primary Health Care Clinics with functional Clinic Committees		14	6	13	24	10	67

- 1 clinic in Abaqulusi did not have a functional clinic committee.

Table 24 (NDoH 14): District Performance Indicators – District Health Services

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. District PHC expenditure per uninsured person	BAS/Stats SA	Annual R	R 479.63	R658.80	R482.34	R511.12	R536.95	R564.09	R592.65	
Total expenditure on PHC services	*BAS*	*R'000*	*410416160.00*	*492349442.00*	344 132 888	*375 691 000*	398 233 000	422 127 000	447 454 000	
Uninsured population in KZN	*DHIS/Stats SA*	*No*	*606 451*	*728483*	*770525*	*735 039*	*741 655*	*748 330*	*755 005*	
2. PHC utilisation rate (annualised)	DHIS calculates	Quarterly Rate per person	2.3%	2.4%	2.6%	2.8%	2.7	2.9	3.1	3
PHC headcount total	*DHIS/PHC tick register*	*No*	19 471 58	20 337 40	21 266 38	1 162 912	2 169 17 1	2 212 554	2 256 805	*32 234 839*
Population total	*DHIS/Stats SA*	*Population*	*849 628*	*862 110*	*824 091*	*834 251*	*844 531*	*854 893*	*866 095*	*10 688 165*
3. OHH registration visit rate	DHIS calculates	Quarterly %	-	-	-	14,1%	14,5%	15%	20%	51.7%
OHH registration visit	*DHIS/Tick register WBOT*	*No*	-	-	-	*2091*	*2500*	*2600*	*3000*	*62 422*
OHH allocated to team	*District Records*	*No*	-	-	-	*21600*	*21600*	*28800*	*36000*	*113 495*

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
4. PHC supervisor visit rate (fixed clinic/ CHC/ CDC)	DHIS calculates	Quarterly %	55%	72.3%	84.2%	73.7%	87.5%	96.2%	100%	
PHC supervisor visit (fixed clinic/CHC/CDC)	*Supervisor checklists*	*No*	*399*	*573*	*690*	*320*	*725*	*820*	*840*	
Fixed clinics plus fixed CHCs/CDCs	*DHIS calculates*	*No*	*756*	*756*	*828*	*828*	828	840	840	
5. Complaint resolution within 25 working days rate	DHIS calculates	Quarterly %	76.1%	64.9%	0%	85.5%	78.5%	86.4%	95%	90%
Complaint resolved within 25 working days	*Complaint records*	*No*	*57*	*56*	*0*	*109*				*3 168*
Complaint received[6]		*No*	*73*	*74*	*0*	*193*				*3 520*
6. Patient experience of Care Survey rate	DHIS calculates	Annual %	Not Reported	Not Reported	New indicator	New indicator				
7. PHC Patient experience of Care rate	DHIS calculates	Annual %	Not Reported	Not Reported	New indicator	New indicator	80%	90%	95%	
Patients satisfied with health service	*PSS results*	*No*					*1010*	*1135*	*1200*	
Patients participating in PSS	*PSS records*	*No*					*1260*	*1260*	*1260*	
8. PHC Total Headcount under 5 years	DHIS/Tick register SHS	No	367677	376775	312 042	205 912	337 005	363 966	393 083	

[6] Changed from "resolved" to "received"

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
9. Number of fully fledged District Clinical Specialist Teams	Persal/ District Records	Quarterly No	-	1	1	1	1	1	1	2 Complete Teams and the remaining 9 teams with all nursing posts filled
10. Number of functional Ward Based Outreach Teams appointed (Family Health Teams)(cumulative)	District Management/ Persal	Quarterly No	3	5	6	6	7	8	9	20
11. School ISHP coverage (annualised)	DHIS calculates	Quarterly %	53%	55%	56%	22%	57.9%	59.4%	60.9%	
Schools with any learner screened	*DHIS/Tick register SHS*	*No*	*350*	*477*	*419*	*160*	*450*	*500*	*550*	
Schools - total	*DHIS/DOE database*	*No*	*525*	*525*	*741*	*741*	*741*	*756*	*756*	
12. School Grade 1 screening coverage (annualised)	DHIS calculates	Quarterly %	26%	23%	32%	19%	34.5%	51.8%	77.6%	55%
School Grade 1 learners screened	DHIS/Tick register SHS	No	11 352	13 199	*8258*	5031				-
School Grade 1 learners - total	*DHIS/DOE database*	*No*	*12 634*	*13 199*	*26035*	*26105*	*26105*	*26205*	*29335*	-
13. School Grade 4 screening coverage (annualised)	DHIS calculates	Quarterly %	-	-	32%	17%	*40%*	45%	50%	
School Grade 4 learners screened	*DHIS/Tick register SHS*	*No*	-	-	*6559*	*3718*				
School Grade 4 learners - total	*DOE database*	*No*	-	-	*20647*	*22346*	*22446*	*22556*	*22600*	

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
14. School Grade 8 screening coverage (annualised)	DHIS calculates	Quarterly %	-	-	11%	5.1%	15%	20%	25%	40%
School Grade 8 learners screened	*DHIS/Tick register SHS*	*No*	*-*	*-*	*2520*	*1169*				*-*
School Grade 8 learners - total	*DOE database*	*No*			*23108*	*22908*	*23000*	*23105*	*23200*	*-*
15. Proportion of clinics compliant with extreme and vital measures of the National Core Standards for health facilities	QA assessment records	Quarterly %	-	-	0	0	7.2%	14.5%	22%	
PHC facilities compliant	*QA assessment records*	*No*	*0*	*0*	*0*	*0*	*5*	*10*	*15*	
Total PHC facilities	*DHIS calculates*	*No*	*63*	*63*	*68*	*68*	*69*	*69*	*69*	
16. Number of Primary Health Care clinics that qualify as Ideal Clinics			-	-	-	New indicator To establish baseline	10	15	20	119
17. Number of Primary Health Care clinics with functional clinic committees			63	62	68	68	69	69	69	

- *Indicator 3 [Outreach households]: The prov*ince is not yet reporting on the indicator and information system not yet activated.
- *Indicator 8 [DCST]: Due to* numerous challenges with recruitment and retention of team members, it was proposed that teams will be appointed per Region to ensure improved support and governance. This is therefore not in line with the national target of full teams per district by 2019.

- *Indicator 10 [School ISHP Coverage]: The number of schools will be reviewed annually depended on Educations data based.*
- *Indicators 11, 12 &13 [Screening of Grade 1, 4 & 8 learners]: There is no data to inform projections.*
- *This will be reviewed once the baseline has been established.*
- *Indicator 4 [Supervision*]: Projections (denominator) based on commissioning of new clinics and therefore dependent on project completion.

Table 25 (Table 15): District Specific Objectives and Performance Indicators – District Health Services

Strategic Objective	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Increase the PHC utilisation rate under 5 years to 5 visits per child by March 2020	1. PHC utilisation rate under 5 years (annualised)	DHIS calculates	Quarterly %	3.5	3.6	3.7	4.0	3.8	3.9	4.0
	PHC headcount under 5	*DHIS/PHC tick register*	*No*	367677	376775	312 042	205 912	337 005	363 966	393 083
	Population under 5 years	*DHIS/Stats SA*	*No*	*804 392*	*814 129*	*102 426*	*102 440*	*102 145*	*101 781*	*101 628*
Increase the expenditure per PHC headcount to R 330 by March 2020	2. Expenditure per PHC headcount	DHIS/BAS	Quarterly R	R128	R154.7	R185	R323	R183.59	R190.87	R198.27
	Total expenditure PHC	BAS (R'000)	R'000	*4 104 161 60*	*4 923 494 42*	618462762.0 0	375 691 000	398 233 000	422 127 000	447 454 000
	PHC headcount total	DHIS calculates	No	1 954 753	2 033 740	2 126 638	1 162 912	2 169 17 1	2 212 554	2 256 805
Increase School Health Teams to at least 246 by March 2020	3. Number of School Health Teams (cumulative)	District Records/ Persal	Quarterly No	12	13	14	14	14	15	15
Increase the accredited Health Promoting Schools to 380 by March 2020 as part of PHC re-engineering	4. Number of accredited Health Promoting Schools (cumulative)	Health Promotion database	Quarterly No	20	28	31	31	37	43	49

Strategic Objective	Performance Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Improve efficiencies in dental health by reducing the dental extraction to restoration ratio to less than 13:1 by March 2020	5. Dental extraction to restoration ratio	DHIS calculates	Quarterly Ratio	1004:1	447:1	26.7	26.9			
	Tooth extraction	*DHIS/Tick register*	*No*	*31087*	*37286*	*36636*	*14 368*	-	-	-
	Tooth restoration	*DHIS/Tick register*	*No*	*5663*	*6801*	*11793*	*535*	-	-	-
To implement the National Core Standards for Quality in 100% of facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2015/16	6. Percentage of PHC facilities conditionally compliant to the National Core Standards	QA assessment records	Annual %	-	-	52%		60%	80%	100%
	Clinics conditionally compliant (50%-75%)to National Core Standards	*QA assessment records*	*No*	*0*	*0*	*36*		*42*	*55*	*69*
	CHC's and clinics total	*DHIS calculates*	*No*	*67*	*69*	*69*	*69*	*70*	*70*	*70*

13.1.2 District Health Services: Strategies /Activities to be implemented 2015/16

Strategies	*Activities*
1. PROs, IPC and Quality Clinical Programme Managers to prioritise PHC facilities for support.	Each PHC Facility to have at least 1 visit per quarter. Monthly support visit plans and reports to be submitted to PHC Managers and District Quality Coordinator
2. Increase PHC utilisation rate	Extend hours of service in some clinics from 8hours to 10hours; have some clinics operating for 24hrs. Awareness of availability of clinics offering extended hours Ensure that each clinic has allocated medical officer visiting regularly Intensify functionality of Phila mntwana Centres where screening and referral to be done Increase WBOT that will screen and identify children for referral at household level. Increase number of war-room visit for health service marketing and health needs identification
3. Increase PHC Supervisor visit	Ensure the availability of transport for PHC Supervision (encourage staff to use their own vehicles if suitable and be paid according to policies) Ensure that all post are filled under the PHC services and proper allocation / distribution of staff within the district
4. Improve access of outreach teams	Motivate for transport for Family and School Health Teams
5. Ensure that clinics qualify as Ideal clinic	Intensify implementation of QIPs Do quarterly assessments of progress on QIPs
6. Improve Information Management	Include Data Management in Performance Agreements of all Managers at all levels Training and mentorship of Facility staff on Indicators and data elements Distribution and use of relevant data collection tools Monthly sub-district performance review. Monthly District performance reviews.

13.2 Sub-Program: District Hospitals

13.2.1 Sub-Programme Overview

To provide quality district hospital services, which include: Emergency medical services, adult and child in- and out-patients, obstetric care as well as effectively run pharmaceutical service, to conduct quality surveys to improve service delivery?

Strategic Challenges:

- Inadequate human resource distribution, recruitment and retention.
- Poor hospital efficiencies, e.g. high ALOS.
- Inadequate management capacity and development and mentoring programs.
- Poor utilization of PHC services leading to increase in outpatient head count not referred new.
- Inadequate monitoring and evaluation of all programs.
- Poor infrastructure that does not cater for increasing programs.
- Poor integration of services

Table 26 (NDoH 16): Situational Analysis Indicators for District Hospitals – 2013/14 Financial Year

Indicators	Type	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	District Average
1. Average length of stay - total	Days	7.3	7.4	6.0	7.5	4.8	6.6
In-patient days	*No*	*89 080*	*30 083*	*45 467*	*68 077*	*83 818*	*316 525*
Day patients	*No*	*70*	*5*	*549*	*15*	*123*	*762*
Inpatient separations	*No*	*12 182*	*4 050*	*7 607*	*9 078*	*17 438*	*50 355*
2. Inpatient bed utilisation rate - total	%	63.6%	51.5%	81.4%	81.1%	68%	66.2%
In-patient days	*No*	*89 080*	*30 083*	*45 467*	*68 077*	*83 818*	*316 525*
Day patients	*No*	*70*	*5*	*549*	*15*	*123*	*762*
Inpatient bed days available	*No*	*117 530*		*56 210*	*86 140*	*123 370*	

Indicators	Type	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	District Average
3. Expenditure per PDE	R	R1715	R1962	R1596	R1480	R1467	R1644
Expenditure total	*R'000*	*R203 694 402*	*R85 120 590*	*R99 828 753*	*R135 517 389*	*R170 034 669*	*R694 195 803*
Patient day equivalent	*No*	*117 279*	*42 255*	*64 039*	*90 122*	*113 041*	*424 268*
4. Complaints resolution within 25 working days rate	%	30.8%	74%	0.0%	100%	100%	40%
Complaints resolved within 25 days	*No*	*16*	*26*	*02*	*1*	*5*	*30*
Total number complaints received	*No*	*24*	*35*	*05*	*1*	*10*	*75*
5. Number of District Mental Health Teams established	*No*	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
6. Patient experience of Care rate	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
	No						
	No						
7. Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	No	100%	100%	100%	100%	100%	100%
District Hospitals that conducted self-assessments	*No*	1	1	1	1	1	4
Number of District Hospitals	*No*	*1*	*1*	*1*	*1*	*1*	*5*
8. Proportion of District Hospitals compliant to all extreme measures of National Core Standards	%	0	0	0	0	0	0
District Hospitals compliant	*No*	*0*	*0*	*0*	*0*	*0*	*0*
District Hospitals total	*No*	*1*	*1*	*1*	*1*	*1*	*5*
9. Compliance Rate of National Core Standards	%	0	0	0	0	0	0

Indicators	Type	Benedictine Hospital	Ceza Hospital	Itshelejuba Hospital	Nkonjeni Hospital	Vryheid Hospital	District Average
10. Number of district hospitals with functional boards	No	1	1	1	1	1	5

Table 27 (NDoH 17): Performance Indicators for District Hospitals

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1 Average length of stay- total	DHIS calculates	Quarterly Days	6.4	6.1	6.6	6.5	6	5.9	5.9	5.8 Days
In-patient days	*Midnight census*	*No*	*310 143*	*304 382*	*316 525*	*182 101*	*326 021*	*335 801*	*345 875*	*2 049 076*
Day patients	*Midnight census*	*No*	*139*	*195*	*762*	*757*	*800*	*842*	*880*	*11 865*
Inpatient separations	*DHIS calculates*	*No*	*48 304*	*50 111*	*50 355*	*27 977*	*52 520*	*54 779*	*57 134*	*348 922*
2 Inpatient bed utilization rate – total	DHIS calculates	Quarterly %	68.9%	66.1%	66.2%	65.3%	67.8%	69.4%	71.2%	64.7%
In-patient days	*Midnight census*	*No*	*310 143*	*304 382*	*316 525*	*182 101*	*326 021*	*335 801*	*345 875*	*2 049 076*
Day patients	*Midnight census*	*No*	*139*	*195*	*762*	*757*	*800*	*842*	*880*	*11 865*
Inpatient bed days available	*Management*	*No*	*20 610*	*21 107*		*441 650*	*441 650*	*441 650*	*441 650*	*3 173 310*
3 Expenditure per patient PDE	BAS/DHIS	Quarterly R	R1 370	R1 549	R1 644	R3 272	R1 425	R1 259	R1 112	R 1 808
Expenditure total	*BAS*	*R'000*	R1 317 291 036	R1 451 971 251	R694 195 803	R801 383 000	R849 467 000	R900 435 000	R954 461 000	*5 309 057*
Patient day equivalent	*DHIS calculates*	*No*	*774 263*	833 579	*496 803*	244 941	*596 164*	715 396	858 476	*2 935 044*
4 Complaint resolution within 25 working days rate	DHIS	Quarterly %	-	78%	40%	85.5%	80%	90%	100%	85%
Complaint resolved within 25 days	*PSS*	*No*	*-*	*57*	*30*	*109*				*1 785*
Complaint received	*PSS*	*No*	*-*	*73*	*75*	*193*				*2 100*

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
5 Number of District Mental Health Teams established	DHIS calculates	Quarterly *No*	New indicator	New indicator	New indicator	New indicator	1	1	1	
6 Patient experience of Care rate	DHIS calculates	Annual %	New indicator	New indicator	New indicator	New indicator	85%	90%	95%	
7 Proportion of hospitals that have conducted gap assessments for compliance against the National Core Standards	QA/DHIS calculates	Quarterly %	-	100%	80%	60%	100%	100%	100%	
District Hospitals self-assessed for compliance	*QA assessment records*	*No*	-	*5*	*4*	*3*	*5*	*5*	*5*	
District Hospitals total	*DHIS calculates*	*No*	-	*5*	*5*	*5*	*5*	*5*	*5*	
8 Proportion of District Hospitals compliant to all extreme measures of National Core Standards	QA/DHIS calculates	Quarterly %	-	0	0	0	40%	60%	80%	14%
District Hospitals fully compliant (75%-100%) to all extreme measures of National Core Standards	*QA assessment records*	*No*	-	0	0	0	2	3	4	*5*
District Hospitals total	*DHIS calculates*	*No*	-	*5*	*5*	*5*	*5*	*5*	*5*	*37*

Indicator		Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
9	*Compliance Rate of National Core Standards*	*QA/DHIS calculates*	*Quarterly %*	-	0	0	0	*40%*	*60%*	*80%*	
	District Hospitals compliant to National Core Standards	*QA assessment records*	*No*	-	0	0	0	*2*	*3*	*4*	
	District Hospitals total	*DHIS calculates*	*No*	-	*5*	*5*	*5*	*5*	*5*	*5*	
10	Compliance Rate of National Core Standards			0	0	0	0	80%	90%	95%	
11	Number of District Hospitals with functional boards			5	5	5	5	5	5	5	

Table 28 (NDoH 18): District Strategic Objectives and Annual Targets for District Hospitals

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Reduce the caesarean section rate to 25% (or less) by March 2020	1. Delivery by caesarean section rate	DHIS calculates	Quarterly %	21.5%	24.2%	22.9%	21.9%	22.2%	21.5%	20.9%
	Delivery by caesarean section	*Delivery register*	*No*	*3 107*	*3 525*	*3 735*	*1902*	*3 650*	*3 600*	*3 550*
	Delivery in facility total	*Delivery register*	*No*	*16 614*	*16 276*	*16 343*	*8 700*	*16 450*	*16 500*	*16 650*
Reduce un referred OPD headcounts	2. OPD headcount- total	DHIS/OPD tick register	Quarterly No	221032	322124	290 953	175 264	282 224	273 758	265 545

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
with at least 7% per annum	3. OPD headcount not referred new	DHIS/OPD tick register	Quarterly No	71 205	72 483	10 0891	36 187	94 838	89 147	83 798
To implement the National Core Standards in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15	4. Proportion of District Hospitals conditionally compliant to National Core Standards	QA / DHIS calculates	Quarterly %	0	0	0	0	40%	60%	80%
	District Hospitals conditionally compliant	*QA assessment records*	*No*	*0*	*0*	*0*	*0*	*2*	*3*	*4*
	District Hospitals Total	*DHIS calculates*	*No*	*5*	*5*	*5*	*5*	*5*	*5*	*5*

13.1.3 District Hospitals: Strategies /Activities to be implemented 2015/16

Strategies	*Activities*
1. Inadequate human resource distribution, recruitment and retention:	Revamp structures making them attractive Re- visit staff retention strategies Strengthen working relations with private sectors to assist with recruitment processes Equitable distribution of community service professionals Proper distribution of skills within the district
2. Improve Poor hospital efficiencies	Motivate and recruit more doctors Strengthen and review referral system Identify dedicated high care beds in all district hospitals Identify step-down beds.
3. Improve performance on National Core Standards	Motivate staff Do self-assessment audits Monitor the progress, identify gaps and have action plans

14. HIV & AIDS & TB CONTROL (HAST)

14.1 Programme Overview

HAST is a communicable disease programme looking at HIV, AIDS, STI and TB. It comprises of the following sub programmes.

Prevention strategies

- HCT
- Male medical circumcision
- Condom distribution
- TB screening and testing
- IPT
- CPT

Treatment and support

- ART
- TB management and support
- STI treatment

Strategic challenges

- Low condom distribution coverage
- Low MMC coverage
- Low paediatric HIV testing and HAART initiation.
- High number of clients on ART who are lost to follow up
- Reduced number of facilities using TIER as a monitoring system

Table 29 (NDoH 19): Situational Analysis Indicators for HIV & AIDS, STI's and TB Control - 2013/14 Financial Year

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
1. Total clients remaining on ART at end of the month	No	19 255	6 482	13 879	14 716	12 096	66 428
2. Number of men and women 15 – 49 years tested for HIV	No	41 373	11 739	36 639	46 866	18 855	155 472
3. Number of men medically circumcised	No	1 668	1 366	2 000	2 014	887	7 935
4. Number of male condoms distributed	No.	1 613 364	406 968	1 750 267	3 252 431	876 573	7 899 603
5. Number of female condoms distributed	No.	107 019	27 606	62 940	99 820	20 494	317 879
6. Number of people screened for TB		9960	3876	8785	23 225	4631	50 477
7. TB new client treatment success rate	%	81.3%	86.2%	81.5%	75.9%	82.5%	81.4%
TB client cured OR completed treatment	*No*	*90*	*50*	*54*	*83*	*70*	*359*
TB (new pulmonary) client initiated on treatment	*No*	*467*	*165*	*255*	*460*	*258*	*1605*
8. TB (new pulmonary) defaulter rate	%	3.6%	2.1%	4.8%	2.0%	6.9%	3.8%
TB(new pulmonary)treatment defaulter	*No*	*7*	*0*	*0*	*1*	*5*	*13*
TB(new pulmonary)client initiated on treatment	*No*	*467*	*165*	*255*	*460*	*258*	*1605*
9. TB AFB sputum result turn-around time under 48 hours rate	%	71.1%	*49%*	*82.6%*	*74.7%*	*60.4%*	71.3%
TB AFB sputum result received within 48 hours	*No*	15 493	1 891	7 625	20 639	5 864	51 512
TB AFB sputum sample sent	*No*	21 790	3 860	9 230	27 634	9 703	72 217

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
10. TB treatment initiation rate (annualized)	%	96.%	99%	82%	98%	87%	93%
TB client initiated on treatment	*No.*	*467*	*165*	*255*	*460*	*258*	*1605*
TB confirmed new client	*No.*	*485*	*167*	*310*	*469*	*296*	*1727*
11. HIV testing coverage (15 – 49 years) (annualised)	%	34.9%	27.2%	37.1%	47.3%	26.8%	36.2%
HIV test client 15-49 years	*No*	*41 373*	*11 739*	*36 639*	*46 866*	*18 855*	*155 472*
Population 15-49 years	*No*	*117 856*	*42 881*	*98 304*	*98 514*	*69 970*	*427 525*
12. TB (new pulmonary) cure rate	%	81.3%	86.2%	81.5%	75.9%	82.5%	81.4%
TB (new pulmonary) client cured	*No*	*90*	*50*	*54*	*83*	*69*	*358*
TB (new pulmonary) client initiated on treatment	*No*	*467*	*165*	*255*	*460*	*258*	*1605*
13. TB MDR confirmed treatment initiation rate	%	100%	100%	100%	100%	100%	100%
TB MDR confirmed client initiated on treatment	*No.*	*44*	*4*	*45*	*59*	*26*	*178*
TB MDR confirmed new client	*No.*	*44*	*4*	*45*	*59*	*26*	*178*
14. Number of professional nurses trained to initiate MDR TB.	No.	02	0	0	0	0	02
15. MDR Treatment success rate	%	72%	67%	60%	53%	58%	62%
MDR TB client cured or completed treatment	*No*	*54*	*4*	*16*	*41*	*22*	*137*
MDT TB client initiated on treatment	*No*	*101*	*9*	*52*	*81*	*37*	*280*
16. TB Death Rate	%	9%	4.6%	8.0%	11%	4.8%	7.4%
TB client death during treatment	*No*	*20*	*1*	*8*	*12*	*5*	*46*
TB(new pulmonary) client initiated on treatment	*No*	*98*	*9*	*39*	*91*	*35*	*272*

Table 30 (NDoH 20): Performance Indicators for HIV & AIDS and TB Control

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. Total clients remaining on ART at end of the month	TIER	Quarterly No	42 592	54 454	66 428	71 122	72 015	82 818	95 240	1 276 200
2. Number of men and women 15 – 49 years tested for HIV	DHIS	Quarterly No	199 408	190 122	155 472	79 055	164 800	174 688	185 170	
3. Number of men medically circumcised	DHIS	Quarterly No	5 213	6 584	7 935	5 213	9601	10 562	11 618	631 374
4. Number of male condoms distributed	DHIS	Quarterly No	*4,398,518*	*6,128,634*	7 899 603	*4 930 335*	8 689 563	9 558 520	10 514 372	*212 mil*
5. Number of female condoms distributed	DHIS	Quarterly No	*Not reported*	*Not reported*	317 879	*134 545*	*340 660*	*374726*	*408792*	*3 500 000*
6. Number of people screened for TB	ETR.	Quarterly No	*Not reported*	*Not reported*	50 477		14 710	15 000	16 000	
7. TB new client treatment success rate	ETR	Quarterly %	79.8%	78.3%	81.4%		*84.7%*	*88.1%*	*91.6%*	85%
TB client cured OR completed treatment	*TB register*		*1 678*	*1 203*	*359*					*32 257*
TB (new pulmonary) client initiated on treatment	*TB Register*		*2 142*	*2 096*	*1605*					*37 949*
8. TB (new pulmonary) defaulter rate	ETR	*Quarterly %*	*5.1%*	*2.9%*	*3.8%*	*3.5%*	*2.7%*	*2.6%*	*2.6%*	3.9%
TB(new pulmonary)treatment defaulter	*TB register*	*No*	*111*	*61*	*66*	*50*				*1 530*
TB(new pulmonary)client initiated on treatment	*TB Register*	No	2142	2096	*1605*	1400				*38 255*

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
9. TB AFB sputum result turn-around time under 48 hours rate	ETR.Net calculates	Quarterly %	81.6%	78.7%	*71.3%*	*76.3%*	83.3%	85.5%	87.9%	85%
TB AFB sputum result received within 48 hours	*TB register*	*No*	*73 643*	*70 839*	*51 512*	13 763	60 000			*909 281*
TB AFB sputum sample sent	*TB Register*	*No*	90 195	89 990	72 217	18 043	75 000			*1 069 742*
10. TB treatment initiation rate (annualized)	ETR.Net calculates	Quarterly %	*Not reported*	*Not reported*	*97%*	*98%*	*99%*	*100%*	*100%*	
TB client initiated on treatment	*TB register*	*No*			*1605*	*1570*	*1480*	*1300*	*1200*	
TB confirmed new client	*TB Register*	*No*			*1727*	*1600*	*1500*	*1300*	*1200*	
11. HIV testing coverage (15 – 49 years) (annualised)	DHIS calculates	Quarterly %	*95.6%*	*96.2%*	36.2%	*36.2%*	36.7%	37.1%	37.6%	*59.4%*
HIV test client 15-49 years	*DHIS/Tick register PHC & Counsellor*	*No*	199 408	190 122	155 472	79 055	*169 056*	*185 962*	216 927	*3 384 862*
Population 15-49 years	*DHIS/Stats SA*	*Population*	104 645	104 012	427 525	436 783	446 076	455 674	466 035	*5 697 177*
12. TB (new pulmonary) cure rate	ETR.Net calculates	Quarterly %	*78.3%*	*82.4%*	81.4%	*85%*	*89.1%*	*92.7%*	*96.4%*	85%
TB (new pulmonary) client cured	*TB register*	*No*	*1 678*	*1 203*	*358*	*1175*	*1415*	*1475*	*1528*	*31 310*
TB (new pulmonary) client initiated on treatment	*TB Register*	*No*	*2 142*	*2 096*	*1605*	*1400*	*1600*	*1590*	*1580*	*36 835*
13. TB MDR confirmed treatment initiation rate	ETR.Net calculates	Quarterly %	*75.1%*	*91.6%*	*100%*	*100%*	*100%*	*100%*	*100%*	60%
TB MDR confirmed client initiated on treatment	*TB register*	*No*	*187*	*263*	*178*	*160*	*150*	*140*	*130*	-
TB MDR confirmed new client	*TB Register*	*No*	*249*	*287*	*178*	*160*	*150*	*140*	*130*	-

Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
14. Number of professional nurses trained to initiate MDR TB.		No.	-	-	*02*	*06*	*10*	*20*	*30*	
15. MDR Treatment success rate	ETR.Net calculates	Quarterly %	*34%*	*56%*	*62%*	*63%*	*65%*	*70%*	*75%*	60.9%
MDR TB client cured or completed treatment	*TB register*	*No*			*137*	*171*	*189*	*205*	*219*	-
MDT TB client initiated on treatment	*TB Register*	*No*	-	-	*280*	*270*	*290*	*290*	*290*	-
16. TB Death Rate	ETR.Net calculates	Annual %	*8.0%*	*6.6%*	*7.4%*	*7.1%*	*7.0%*	*6%*	*3%*	4%
TB client death during treatment	*TB Register*	*No*	*171*	*97*	*107*	*115*	*20*	*17*	*9*	*1 140*
TB(new pulmonary)client initiated on treatment		*No*	*2142*	*2096*	*1605*	*1600*	*290*	*290*	*290*	*28 500*

Table 31 (NDoH 21): District Strategic Objectives and Annual Targets for HIV & AIDS

Strategic Objective	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	1. Number of patients that started regimen iv treatment (MDR-TB)	ETR.Net calculates	Annual No	298	254	383	320	290	290	290
Maintain the MDR-TB six month interim outcome at 85% (or more) from March 2018 onwards	2. MDR-TB Six month interim outcome	ETR.Net calculates	Annual %	63%	75%	70%	70%	*72%*	75%	78%
	Number of patients with a negative culture at 6 months who started treatment for 9 months		*No*	130	190	*204*	*133*	*208*	*219*	*227*
	Total patients who started treatment in the same period		*No*	202	254	*383*	*190*	*290*	*290*	*290*
Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020	3. Number of patients that started XDR-TB treatment	ETR.Net calculates	Annual No	Not available	Not available	Not available	Not available	Not available	Not available	Not available
Increase the XDR-TB six month outcome to 80% by March 2020	4. XDR-TB Six month interim outcome	ETR.Net calculates	Annual %	Not available	Not available	Not available	Not available	Not available	Not available	Not available
	Number of clients with a negative culture at six months who has had started treatment for 9 months		*No*	-	-	-	-	-	-	-
	Total of patients who started treatment in the same period		*No*	-	-	-	-	-	-	-

Strategic Objective	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Reduce the TB incidence to 400 per 100 000 (or less) by March 2020	5. TB incidence (per 100 000 population)	ETR.Net	Annual No per 100,000	123	98	92	90	90	88	86
	New confirmed TB cases	*ETR.Net*	*No*	*10 527*	*8 461*	*7 514*	*7 514*			
	Total population in KZN	*DHIS/Stats SA*	*Population*	*855 674*	*862 110*	*824 091*	*834 251*	*844 531*	*854 893*	*866 095*
Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates)	6. HIV incidence (annual)	ASSA2008	Annual %	-	2.5	2.5	-	2.3	1.9	1.6
Decrease the STI incidence to 9/ 1000 by March 2020	7. STI treated new episode incidence (annualised)	DHIS calculates	Quarterly No per 1000	6.2	6.8	65.1	59.3	63.4	67.8	72.4
	STI treated new episode	*DHIS/Tick register PHC/ casualty*	*No*	*33 050*	*36 222*	*34 173*	*15 794*	*34 443*	*37 546*	*40 909*
	Population 15 years and older	*DHIS/Stats SA*	*Population*	*393 301*	*504 314*	*522 144*	*532 792*	*543 272*	*553 785*	*565 046*
Increase the male condom distribution rate to 150 condoms per male per year by March 2020	8. Male condom distribution coverage(annualised)	DHIS calculates	Quarterly Rate per male	16.9	23.1	33.6	41.2	40.3	48.4	58.1
	Male condoms distributed	*DHIS/Stock cards*	*No*	*4,398,518*	*6,128,634*	7 899 603	*4 930 335*	8 689 563	9 558 520	10 514 372
	Population 15 years and older male	*DHIS/Stats SA*	*Population*	*223 029*	*228 700*	*234 105*	*239 394*	*244 623*	*249 903*	*255 422*

14.2 HIV & AIDS, STI & TB CONTROL (HAST): Strategies/ Activities to be implemented 2015/16

	Strategies	*Activities*
1.	Low MMC coverage	Increase the number of roving MMC teams to reach all areas within the district Strengthen the awareness campaigns and utilize all relevant stakeholders Proper allocation of budget and all other relevant resources for the program Strengthen and maintain relationships with private partners
2.	Low condom distribution rate	Ensure a systematic flow of distribution (obtain from central point and distribute) Identify areas that will be used as storage sites and ensure that there is efficient monitoring of stock Ensure availability of male and female condom at all times. Motivate for additional contracted condom provider. Distribute condoms in all sites e.g. Taverns, Taxi ranks, public toilets in shopping malls. Conduct education campaigns on effective use of male and female condoms. Provide dildos at all facilities to ensure proper demonstration and usage. Address social and cultural norms that are barriers to condom use.
3.	Low paediatric HIV testing and HAART initiation.	Scale up HCT and PICT for children Improve systematic clinical management of Paediatric and Adolescent ART patients to strengthen follow-up and retention in care- Implement approved new Paediatric and Adolescent ART clinical stationery. Scale up both HIV testing in children and ART initiation through already trained clinicians. Set target for **Paediatric NIMART trained** nurses and monitor implementation: • HIV testing in children <15 years. • ART initiation in children <15 years.
4.	Reduced number of facilities using TIER as a monitoring system	Intensify signing off of facilities Strengthen audits of clinical charts
5.	Increased number of new MDR cases diagnosed within the district.	Train PHC nurses on NIMDR (nurse initiated MDR treatment Train mentor doctors on MDR management Train sub districts TB coordinators on MDR management Train CCGs on MDR management Procure 6 Kudu waves for audio monitoring of MDR patients Procure 4 park homes for 4 established satellites sites namely Itshelejuba, Nkonjeni, Edumbe CHC and Benedictine hospitals Procure 6 , 4x4 double caps vehicles for injection teams

Strategies	Activities
	Appoint 4 additional enrolled nurses for MDR injection teams
	Appoint 4 PHC nurses for NIMDR as operational managers
	Procure 4 dinamaps, 4 HGT machines, 4 patella harmers, 4 examination sets, 4 foot scales, 4 examination couches to examine MDR patients
	ensure screening of TB patients in all service points
6. Improve case finding	Conduct TB investigation from all TB suspects identified using Gene expert
	Ensure all TB cases are initiated on TB treatment within 5 days following diagnosis.
	Ensure TB screening is done in correctional services, ,hostels, FETs and schools
7. Improve TB cure rate to 85% and above	Manage all TB cases according to National TB guidelines
	Train all nurses on management of TB
	Train CCGs on DOT
	Ensure defaulters are traced

15. MATERNAL, NEONATAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

15.1 PROGRAMME Overview

Purpose of MCWH PMTCT and Nutrition Programme is to reduce maternal and child mortality. It also aims at improving women and adolescent health. The MCWH plan is informed by DERE, NSP, PAP and 16+2 interventions. Primary health approach to promote healthy life style, prevention of diseases, early, quality antenatal and post natal care services infant and child services implementation of CARMMA strategies in all institutions, implementation of KZN5 point contraceptive strategies and establishment of CTOP services.

STRATEGIC CHALLENGES:

- High Maternal mortality
- High child under five mortality
- HIV Retesting uptake of pregnant mothers low
- low Immunisation coverage
- Inadequate access to ART due to insufficient health service coverage
- Low ANC Clients initiated on ART rate
- Late booking of pregnant women
- ART Default/poor adherence for Pregnant women
- Mixed feeding
- Inadequate adherence to ART /PMTCT Guidelines
- Inadequate access to ART due to insufficient health service coverage
- Insufficient knowledge to the community

Table 32 (NDoH 22): Situational Analysis Indicators for MCNWH & N – 2013/14 Financial Year

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
1. Immunisation coverage under 1 year (annualized)	%	94.7%	78.7%	63.8%	86.5%	81.3%	80.6%
Immunised fully under 1 year new	*No*	4 632	1 648	3 710	4 309	2 731	17 030
Population under 1 year	*Pop*	*4 900*	*2 099*	*5 821*	*4 993*	*3 364*	*21 177*
2. Vitamin A dose12 – 59 months coverage (annualized)	%	67.4%	37%	47.6%	44.5%	33.7%	48.3%
Vitamin A dose 12 - 59 months	*No*	26 407	6 215	20 067	17 209	8 683	78 591
Population 12-59 months (multiplied by 2)	*No*	9796	4 196	11 090	9826	6584	41 492
3. Deworming dose 12-59 months coverage (annualised)	%	44.5%	35.6%	32.2%	34.3%	30.4%	35.7%
Deworming dose 12-59 months	*No.*	*17 436*	*5 982*	*13 592*	*13 259*	*7 829*	*58 098*
Population 12-59 months (multiplied by 2)	*Pop*	9796	4 196	11 090	9826	6584	41 492
4. Child under 2 years underweight for age incidence (annualised)	No per 1000	8.4	3.8	6.3	5.9	5.9	6.4
Child under 2 years underweight - new (weight between - 2SD and - 3SD new)	*No*	*82*	*16*	*71*	*58*	*39*	*266*
Population under 2 years	*No*	*9 798*	*4 197*	*11 366*	*9 906*	*6 656*	*41 923*
5. Measles 1st dose under 1 year coverage (annualised0	%	92.1%	*84.7%*	*65.5%*	*87.7%*	*81.6%*	81.4%
Measles 1st dose under 1 year	*No*	*4 900*	*2 099*	*5 821*	*4 993*	*3 364*	17 201
Population under 1 year	*Pop*	*4 900*	*2 099*	*5 821*	*4 993*	*3 364*	21 177
6. DTaP-IPV/Hib 3 to Measles 1st Dose drop-out rate	%	0.5%	5.5%	13.5%	2.6%	7.9%	5.9%
DTaP-IPV/Hib3 to Measles 1st Dose drop-out	*No*	*24*	*103*	*594*	*118*	*234*	*1073*

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
DTaP-IPV/Hib 3rd dose	*No*	*4 531*	*1 878*	*4 402*	*4 489*	*2 974*	*18 274*
7. Measles 2nd dose coverage	%	74.3%	75.5%	61.4%	74.4%	70%	70.3%
Measles 2nd dose	*No*	*3 637*	*1 584*	*3400*	*3 654*	*2 301*	*14 576*
Population under 2years	*Pop*	*9 798*	*4 197*	*11 366*	*9 906*	*6 656*	*41 923*
8. PCV 3rd dose coverage (annualized)	%	91.6%	83.4%	67.5%	88.7%	81.5%	81.9%
PCV 3rd dose	*No*	*4 484*	*1748*	*3926*	*4 418*	*2 735*	*17 311*
Population under 1 year	*Pop*	*4 900*	*2 099*	*5 821*	*4 993*	*3 364*	*21 177*
9. RV 2nd dose coverage (annualised)	%	92.8%	90.7%	75.3%	90.1%	87.6%	86.3%
RV 2nd dose	*No*	*4 540*	*1900*	*4 379*	*4 490*	*2 942*	*18 251*
Population under 1 year	*Pop*	*4 900*	*2 099*	*5 821*	*4 993*	*3 364*	*21 177*
10. Cervical cancer screening coverage (annualised)	%	62.7%	116.5%	47.8%	119.9%	62.1%	78.5%
Cervical cancer screening in women 30 years and older	*No*	2535	1769	1649	4244	1395	11 592
Population 30 years and older female/10	*Pop*	*40 631*	*15 073*	*34 267*	*35 119*	*22 293*	*147 383*
11. HPV 1st Dose (HPV vaccine coverage amongst Grade 4 girls)	%	85.5%	88.4%	96.3%	92.1%	76.9%	87.8%
HPV vaccine Grade 4 girls	No	2204	855	2057	2290	1418	8824
Total number of girls reached	No	*2577*	*967*	*2135*	*2483*	*1843*	*10005*
12. Antenatal 1st visits before 20 weeks rate	%	*62.2%*	*56.7%*	*60.4%*	56.9%	*52.2%*	58.3%
Antenatal 1st visit before 14[7] weeks	*No*	*3 169*	*1136*	*2991*	*2932*	*1714*	*11 942*
Antenatal 1st visit total	*No*	*5 148*	*2 003*	*4 951*	*5 151*	*3 284*	*20 537*

[7] "Before 20 weeks"

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
13. ANC Clients initiated on ART rate	%	97.5%	85%	92.2%	74.1%	78.2%	85.8%
Antenatal client initiated on ART	*No*	*1371*	*469*	*992*	*922*	*836*	*4590*
Antenatal client eligible for ART	*No*	*1 423*	*552*	*1 076*	*1 244*	*1 069*	*5 364*
14. Infant given NVP within 72 hours after birth uptake rate [8]	%	99%	99.7%	99.9%	71.5%	97.8%	93%
Infant given NVP within 72 hours after birth	*No*	*1503*	*318*	*1492*	*825*	*452*	*4590*
Live birth to HIV positive woman	*No*	*1518*	*319*	*1493*	*1144*	*462*	*4936*
15. Proportion of mothers visited within 6 days of delivering their babies		New indicator	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*New indicator*
Numerator	*No*	-	-	-	-	-	-
Denominator	*No*	-	-	-	-	-	-
16. Infant 1st PCR test positive around 6 weeks rate	%	2.1%	0.9%	1.8%	1.6%	3.2%	2%
Infant 1st PCR test positive around 6 weeks	*No*	*37*	*5*	*29*	*24*	*39*	*134*
Infant 1st PCR test around 6 weeks	*No*	*1731*	*573*	*1609*	*1576*	*1205*	*6694*
17. Couple year protection rate (annualized)	%	36.5%	30.3%	33.7%	48.3%	30.1%	37%
Contraceptive years dispensed[9]	*No*	*21 311*	*6806*	*18 408*	*26 530*	*10 925*	*83 980*
Population 15-44 years female	*Pop*	*55 269*	*20 821*	*50 729*	*50 199*	*33 982*	*211 000*
18. Maternal mortality in facility ratio (annualized)	No per 100K	65.4	0	100.1	265.3	101.2	124.2
Maternal death in facility	*No*	*3*	*0*	*4*	*10*	*3*	*20*
Live birth in facility	*No*	*4588*	*789*	*3995*	*3887*	*2964*	*16 223*

[8] Baby Nevirapine uptake rate
[9] This data is from DHIS and not from the closed-off DHIS data file, as this data element was only introduced in 2013/14

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
19. Delivery in facility under 18 years rate	%	11.8%	5.6%	10.8%	9.4%	9.6%	10.3
Delivery in facility to woman under 18 years	*No*	*542*	*44*	*434*	*377*	*280*	*1682*
Delivery in facility total	*No*	*4595*	*791*	*4021*	*4142*	*2910*	*16 459*
20. Child under 1 year mortality in facility rate (annualized)	No Per 1 K	13.9	-	12.9	19.1	6.7	12.3
Inpatient death under 1 year	*No*	*69*	*-*	*77*	*98*	*23*	*267*
Population estimated live births	*No*	*4588*	*789*	*3995*	*3770*	*2964*	*16 223*
21. Inpatient death under 5 years rate	No Per 1 K	5.2	-	12.9	7.1	6.5	7.3
Inpatient death under 5 years	*No*	*77*	*-*	*102*	*109*	*43*	*331*
Inpatient separations under 5 years	*No*	*1490*	*66*	*781*	*1531*	*656*	*4 524*
22. Child under 5 years severe acute malnutrition case fatality rate	%	34.8%	-	30.8%	26.8%	11.1%	26.9%
Child under 5 years severe acute malnutrition death	*No*	*8*	*-*	*20*	*11*	*3*	*42*
Child under 5 years severe acute malnutrition admitted	*No*	*23*	*-*	*65*	*41*	*27*	*156*
23. Child under 5 years diarrhoea case fatality rate	%	4.9%	-	3.5%	7.1%	4.7%	5.1%
Child under 5 years with diarrhoea death	*No*	*16*	*-*	*8*	*19*	*9*	*52*
Child under 5 years with diarrhoea admitted	*No*	*324*	*-*	*231*	*266*	*191*	*1 012*
24. Child under 5 years pneumonia case fatality rate	%	3.7%	-	5.0%	7.1%	8.7%	6.5%
Child under 5 years pneumonia death	*No*	*5*	*-*	*2*	*8*	*15*	*30*
Child under 5 years pneumonia admitted	*No*	*134*	*-*	*40*	*113*	*173*	*460*

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Average
25. Delivery in facility rate	%	88.9%	35.3%	64.7%	75.5%	81.0%	72.5%
Delivery in facility total	*No*	*4595*	*791*	*4021*	*4142*	*2910*	*16 459*
Population estimated deliveries	*Pop*	*5 243*	*2246*	*6 228*	*5 343*	*3 599*	*22 659*
26. Infants exclusively breastfed at Hepatitis B 3rd dose	%	39.7%	34.4%	28.2%	37.6%	40.6%	36%
Infant exclusively breastfed at HepB 3rd dose	*No*	*1 800*	*649*	*1 232*	*1 680*	*1 209*	*6 570*
HepB 3rd dose	*No*	*4 530*	*1 885*	*4 374*	*4 469*	*2 981*	*18 239*

Table 33 (NDoH 23): Performance Indicators for MCWH&N

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. Immunisation coverage under 1 year (annualized)	DHIS	Quarterly %	77.0%	77.0%	80.6%	88.6%	90%	94.1%	96.7%	90%
Immunised fully under 1 year new	*DHIS/Tick register PHC*	*No*	*16 792*	*16 474*	17 030	*9321*	*18 640*	*19 151*	*19 460*	*193 933*
Population under 1 year	*DHIS/Stats SA*	*Population*	*20 999*	*21 069*	*21 177*	*21 041*	*20 712*	*20 374*	*20 125*	*215 481*
2. Vitamin A dose12 – 59 months coverage (annualized)	DHIS	Quarterly %	29.5%	28.9%	48.3%	63.2%	65.6%	69.9%	70.9%	60%
Vitamin A dose 12 - 59 months	*DHIS/Tick register PHC*	*No*	*51 761*	*52 502*	78 591	*51 477*	*80 949*	*81 501*	*83 377*	*1 072 060*
Population 12-59 months (multiplied by 2)	*DHIS/Stats SA*	*Population*	*41146*	*41 322*	*41 492*	*41 416*	*411 10*	*40 780*	*40 564*	*1 786 768*
3. Deworming dose 12-59 months coverage (annualised)	DHIS	Quarterly %	Not Reported	Not Reported	35.7%	50.6%	51%	53%	55%	

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Deworming dose 12-59 months	*DHIS/Tick register PHC*	*No*	-	-	*58 098*	*41 183*	*20 966*	*21 613*	*22 310*	
Population 12-59 months (multiplied by 2)	*DHIS/Stats SA*	*Population*	*41146*	*41322*	*41192*	*41416*	*41110*	*40 780*	*40 564*	
4. Child under 2 years underweight for age incidence (annualised)	DHIS	Annual PER 1K	Not Reported	Not Reported	6.4	12.5	6.1	5.7	5.2	
Child under 2 years underweight - new (weight between - 2SD and - 3SD new)	*DHIS/Tick register PHC*	*No*	-	-	*266*	*261*	2517	2 324	2 101	
Population under 2 years	*DHIS/Stats SA*	*Population*	*41 572*	*41 732*	*41 923*	*41 749*	*41 267*	*40 764*	*40 407*	
5. Measels 1st dose under 1 year coverage (annualised0	DHIS	Quarterly %	63.5%	63.2%	81.4%	94.9%	85.6%	89.4%	94.3%	
Measles 1st dose under 1 year	*DHIS/Tick register PHC*	*No*	*17 527*	*16 963*	17 201	*9 988*	*17 476*	*17 756*	*18 040*	
Population under 1 year	*DHIS/Stats SA*	*Population*	*20999*	*21069*	*21177*	*21041*	*20712*	*20374*	*20 125*	
6. DTaP-IPV/HIV 3 Measles 1st Dose drop-out rate	DHIS	Quarterly %	Not Reported	Not Reported	5.9%	-1%	5.5%	4.8%	4.2%	7%
DTaP-IPV/Hib3 to Measles 1st Dose drop-out	*DHIS/Tick register PHC*	*No*			*1 073*	*-100*	*1009*	*883*	*775*	-
DTaP-IPV/Hib 3rd dose	*DHIS/Tick register PHC*	*No*			*18 274*	*9 888*	*18 350*	*18 400*	*18 450*	-
7. Measles 2nd dose coverage	DHIS	Quarterly %	Not Reported	Not Reported	70.3%	99.3%	76%	84%	92%	85%
Measles 2nd dose	*DHIS/Tick register PHC*	*No*			*14 567*	*10 287*	*31 362*	*34 241*	*37 174*	183 159
Population under 2years	*DHIS/Stats SA*	*No*	*41 572*	*41 732*	*41 923*	*41 749*	*41 267*	*40 764*	*40 407*	215 481
8. PCV 3rd dose coverage (annualized)	DHIS	Quarterly %	75.7%	76%	81.9%	92.7%	83%	85.5%	88%	
PCV 3rd dose	*DHIS/Tick register PHC*	*No*	*16 869*	*16 923*	*17 311*	*9 754*	*17 190*	*17 317*	*17 710*	

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Population under 1 year	*DHIS/Stats SA*	*Population*	*20 999*	*21 069*	*21 177*	*21 041*	*20 712*	*20 374*	*20 125*	
9. RV 2nd dose coverage (annualised)	DHIS	Quarterly %	77.9%	79.1%	86.3%	90.9%	86.4%	87%	89%	
RV 2nd dose	*DHIS/Tick register PHC*	*No*	*18 026*	*17 907*	*18 251*	*9 559*	*17 895*	*17 725*	*17 911*	
Population under 1 year	*DHIS/Stats SA*	*Population*	*20 999*	*21 069*	*21 177*	*21 041*	*20 712*	*20 374*	*20 125*	
10. Cervical cancer screening coverage (annualised)	DHIS	Quarterly %	73.9%	76%	78.5%	65.7%	79.7%	81.6%	83.6%	75%
Cervical cancer screening in women 30 years and older	*DHIS/Tick register PHC*	*No*	*10 879*	*10 654*	*11 592*	*4 988*	*12 056*	*12 538*	*13 039*	*175 671*
Population 30 years and older female/10	*DHIS/Stats SA*	*Population*	*129 689*	*132 677*	*147 382*	*151 958*	*156 680*	*161 095*	*166 096*	*234 228*
11. HPV 1st Dose (HPV vaccine coverage amongst Grade 4 girls)	DHIS	Quarterly %	*New indicator*	New indicator	88.1%		90%	93.4%	95%	85%
HPV vaccine Grade 4 girls	*DHIS/Tick register PHC*	*No*			*8824*		*9090*	*9527*	*9737*	-
Total number of girls reached	*DHIS/Tick register PHC*	*No*			*10005*		*10100*	*10200*	*10 250*	-
12. Antenatal 1st visits before 20 weeks rate	DHIS	Quarterly %	37.7%	37.7%	58.3%	59.8%	60.2%	63.5%	65.1%	60%
Antenatal 1st visit before 20 weeks	*DHIS/Tick register PHC*	*No*	*3 414*	*4 565*	*11 942*	*5 959*	*12 610*	*13568*	*14 187*	*139 012*
Antenatal 1st visit total	*DHIS/Tick register PHC*	*No*	*19151*	*19410*	*20537*	*9962*	*20948*	*21367*	*21794*	*231 686*
13. ANC Clients initiated on ART rate	DHIS	Quarterly %	Not reported	Not reported	85.8%	97.2%	90%	100%	100%	95%
Antenatal client initiated on ART	*DHIS/Tick register PHC*	*No*			*4590*	2 385	4500	*5500*	*5700*	-
Antenatal client eligible for ART	*DHIS/Tick register PHC*	*No*			*5 364*	2 453	5000	5500	5700	-

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
14. Infant given NVP within 72 hours after birth uptake rate [10]	DHIS	Quarterly %	98.2%	89.8%	93%	93.7%	95.3%	97.7%	100%	
Infant given NVP within 72 hours after birth	*DHIS/Tick register OPD/ PHC, delivery register*	*No*	*5 562*	*5 024*	*4590*	*2 516*	*5 003*	*5 453*	*5 944*	
Live birth to HIV positive woman	*DHIS/Delivery register*	*No*	*5 786*	*5 646*	*4936*	*2 685*	*5 150*	*5400*	*5944*	
15. Proportion of mothers visited within 6 days of delivering their babies	DHIS	Quarterly %	*New indicator*	*New indicator*	*New indicator*	New indicator Establish baseline	56.7%	62.3%	68.5%	
Numerator		*No*	-	-	-					
Denominator		*No*	-	-	-					
16. Infant 1st PCR test positive around 6 weeks rate	DHIS	Quarterly %	4.6%	4.8%	2%	2.1%	1.7%	1.4%	1.2%	<1%
Infant 1st PCR test positive around 6 weeks	*DHIS/Tick register PHC*	*No*	*239*	*165*	*134*	*76*	*113*	*92*	*79*	*905*
Infant 1st PCR test around 6 weeks	*DHIS/Tick register PHC*	*No*	*6 497*	*6 650*	*6 694*	*3 641*	*6 650*	*6600*	*6590*	*90 535*
17. Couple year protection rate (annualized)	DHIS	Quarterly %	24.6%	24.6%	37%	38.9%	38%	42.7%	47.8%	*55%*
Contraceptive years dispensed[11]	*DHIS calculates*	*No*	*56 438*	*68 992*	*83 980*	*44 806*	*83 395*	*95 438*	*108 909*	*1 611 360*
Population 15-44 years female	*DHIS/Stats SA*	*Population*	*202 078*	*206 601*	*211 000*	*215 322*	*219 461*	*223 510*	*227 844*	*2 929 745*

[10] Baby Nevirapine uptake rate
[11] This data is from DHIS and not from the closed-off DHIS data file, as this data element was only introduced in 2013/14

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
18. Maternal mortality in facility ratio (annualized)	DHIS	Annual	93.0/100 000	88.2/100 000	124.2/100 000	92/100 000	92/100 000	90/100 000	85/100 000	120/100 000
Maternal death in facility	*DHIS/Midnight census*	*No*	*25*	*18*	*20*	*8*	*15*	*14*	*10*	*242*
Live birth in facility	*DHIS/Delivery register*	*No*	*16 596*	*16 130*	*16 223*	*8700*	*16 324*	*16 519*	*16 769*	*202 473*
19. Delivery in facility under 18 years rate	DHIS	Quarterly %	8.9%	8.9%	10.3%	10.7%	9.8%	9.5%	9.0%	
Delivery in facility to woman under 18 years	*DHIS/Delivery register*	*No*	*1 791*	*1 758*	*1682*	*930*	*1627*	*1593*	*1524*	
Delivery in facility total		*No*	*16 614*	*16 276*	*16 459*	*8700*	*16 603*	*16 769*	*16 937*	
20. Child under 1 year mortality in facility rate (annualized)	DHIS	Annual Per 1k	12.8	12.7	12.3	*18.2*	12.0	11.8	11.5	
Inpatient death under 1 year	*DHIS calculates*	*No*	*183*	*262*	*267*	*197*	*195*	*194*	*184*	
Population estimated live births	*DHIS calculates*	*No*	*16 596*	*16 130*	*16 223*	*8700*	*16 324*	*16 519*	*16 718*	
21. Inpatient death under 5 years rate	DHIS calculates	Quarterly %	*7.7%*	*7.6%*	7.5%	*8.4%*	7.3%	7.2%	7.0%	
Inpatient death under 5 years	*DHIS calculates*	*No*	*300*	*419*	*331*	*257*	*309*	*297*	*285*	
Inpatient separations under 5 years	*DHIS calculates*	*No*	*3 973*	*4 284*	*4524*	*3069*	*4233*	*4132*	*4082*	
22. Child under 5 years severe acute malnutrition case fatality rate	DHIS calculates	Quarterly %	21.3%	19.2%	26.9%	19.0%	26%	24.3%	21.3%	8%
Child under 5 years severe acute malnutrition death	*DHIS/Tick Register*	*No*	*44*	*27*	*42*	*19*	*26*	*24*	*21*	*256*

Indicators	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Target
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Child under 5 years severe acute malnutrition admitted	*Admission records*	*No*	*237*	*140*	*156*	*100*	*100*	*100*	*100*	*3 200*
23. Child under 5 years diarrhoea case fatality rate	DHIS calculates	Quarterly %	8.5%	5.0%	5.1%	5.5%	4.8%	4.7%	4.6%	3.2%
Child under 5 years with diarrhoea death	*DHIS/Tick Register*	*No*	*50*	*43*	*52*	*30*	*39*	*37*	*36*	*329*
Child under 5 years with diarrhoea admitted	*Admission records*	*No*	*622*	*901*	*1 012*	*541*	*807*	*798*	*788*	*10 224*
24. Child under 5 years pneumonia case fatality rate	DHIS	Quarterly %	6.3%	6.1%	6.5%	5.1%	6.1%	6.0%	5.9%	2.4%
Child under 5 years pneumonia death	*DHIS/Tick Register*	*No*	*40*	*29*	*30*	*15*	*25*	*23*	*18*	*227*
Child under 5 years pneumonia admitted	*Admission records*	*No*	*670*	*511*	*460*	*292*	*426*	*387*	*313*	*9 199*
25. Delivery in facility rate	DHIS	Quarterly %	Not reported	Not reported	72.5%	77.3%	77.5%	80.2%	82.6%	
Delivery in facility total		*No*			*16 459*	*8 700*	*17 175*	*17 483*	*17 787*	
Population estimated deliveries		*No*	*22 469*	*22 544*	*22 659*	*22 513*	*22 162*	*21 800*	*21 534*	
26. Infants exclusively breastfed at Hepatitis B 3rd dose	DHIS	Quarterly %	17.2%	58.9%	36%	39.1%	61.3%	62.5%	63.8%	
Infant exclusively breastfed at HepB 3rd dose	*Tick Register PHC*	*No*	*3 115*	*10 177*	*6 570*	*3 844*	*11 515*	*12 093*	*12 715*	
HepB 3rd dose		*No*	*18 141*	*18 185*	*18 239*	*9 840*	*18 786*	*19 350*	*19 930*	

Table 34 (NDoH 24): District Objectives and Annual Targets for MCWH & N

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Reduce the infant mortality rate to 29 per 1000 live births by March 2020	1. Infant mortality rate	ASSA2008	Annual Rate per 1000	-	-	-	-	-	-	30.5/1000
Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020	2. Under 5 mortality rate	ASSA2008	Annual Rate per 1000	-	-	--	-	-	-	42/1000
Reduce under-5 diarrhoea with dehydration incidence to less than 9.5 per 1000 by March 2020	3. Child under 5 years diarrhoea with dehydration incidence (annualised)	DHIS calculates	Annual Rate per 1000	18.2	13.7	12.6	6.0	12.0	11.7	10.8
	Child under 5 years diarrhoea with dehydration new	*PHC Tick Register*	*No*	1 775	1 327	*1 290*	*305*	*1 226*	*1 191*	*1 098*
	Population under 5 years	*DHIS/Stats SA*	*Population*	*101 768*	*102 100*	*102 426*	*102 440*	*102 145*	*101 781*	*101 628*
Reduce the under-5 pneumonia incidence to less than 80 per 1000 by March 2020	4. Child under 5 years pneumonia incidence (annualised)	DHIS calculates	Annual Rate per 1000	99	72.7	51.7	51.3	50.1	45.7	37
	Child under 5 years with pneumonia new	*PHC Tick Register*	*No*	*9 614*	*7 072*	*5 296*	*2 626*	*5 117*	*4 651*	*3 760*
	Population under 5 years	*DHIS/Stats SA*	*Population*	*101 768*	*102 100*	*102 426*	*102 440*	*102 145*	*101 781*	*101 628*

Strategic Objective Statement	Performance Indicators	Data Source	Frequency Type	Audited/actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020	5. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS calculates	Annual Rate per 1000	4.6	5.8	3.7	4.0	3.5	3.3	3.0
	Child under 5 years with severe acute malnutrition new	*DHIS/Tick register PHC*	*No*	*452*	*594*	*374*	*203*	*357*	*335*	*305*
	Population under 5 years	*DHIS/Stats SA*	*Population*	*101 768*	*102 100*	*102 426*	*102 440*	*102 145*	*101 781*	*101 628*
Reduce the child under 1 year mortality in facility rate to less than 4% by March 2020	6. Child under 1 year mortality in facility rate (annualised)	DHIS	Annual/ Per 1k	12.8	12.7	12.3	*18.2*	12.0	11.8	11.5
	Inpatient death under 1 year	*DHIS calculates*	*No*	*183*	*262*	*267*	*197*	*195*	*194*	*184*
	Inpatient separations under 1 year	*DHIS calculates*	*No*	*16 596*	*16 130*	*16 223*	*2120*	*16 324*	*16 519*	*16 718*
Reduce the inpatient death under-5 rate to less than 4% by March 2020	~~7.~~ Inpatient death under 5 year rate	DHIS	Annual/ %	7.7	7.6	*7.5*	*8.4%*	7.3%	7.2%	7.0%
	Inpatient death under 5 years	*DHIS calculates*	*No*	*300*	*419*	*331*	*257*	*309*	*297*	*285*
	Inpatient separations under 5 years	*DHIS calculates*	*No*	*3973*	*4 284*	*4524*	*3069*	*4233*	*4132*	*4082*

15.2 STRATEGIES/ Activities to be implemented 2015/16

Strategies	*Activities*
1.Reduction of maternal mortality	Ensure clear protocols and skills training on the management of PROM(Pre-term rupture of membranes) and relevant drugs (e.g. tocolytics, steroids, antibiotics
	Further scale up of ESMOE training and ensure fire drills are conducted
	Improve case management in MOUs and hospitals through ensuring availability of SOPs, training and mentoring and regular maternal mortality review meetings
	Strengthen PICT by ensuring that midwives counsel and test all pregnant women in labour whose HIV status is unknown or who tested negative more than 12 weeks previously
	Access to reproductive health
	Family planning campaigns
	Intensify 16+2 intervention e.g. clean birth practices
	Improve management of labour and delivery
	Improve basic antenatal care –ANC booking before 20 weeks
	Improve management of obstetric emergencies(ESMOE)
	Community linkages(Siyanqoba)
	Promote HIV Retesting uptake of pregnant mothers
	Integration of MCWH with HIV Aids and TB
	Regular auditing of patient folders, to improve the quality of care of women during labour and delivery, especially with regards to the justification of caesarean sections performed
2. Reduction of under-five child mortality	Improve rotavirus vaccine coverage Improve case management of children with dehydration at PHC using IMCI (including zinc)
	Improve case management in hospitals though availability of guidelines, training and supervision and mortality review IMCI management and training
	Training health workers for HBB
	Improve immunisation coverage e.g. RED Strategies and Campaigns
	Improve skills on resuscitation of a neonate
	Ensure that health systems supports are in place
3. Increase access to ART	Facilitate Scale up of FDC roll-out to HIV positive pregnant women Strengthen data management for PMTCT/FDC Ensure dissemination of the revised PMTCT guidelines and SOPs to all facilities, and strengthen training, mentorship and supervision of NIMART trained nurses to ensure effective implementation of these guidelines and SOPs

Strategies	Activities
4.Monitor adherence to ART	Strengthen counselling to ensure improvement of patient adherence and reduction of loss to follow-up, to eliminate transmission especially via breastfeeding, and to keep mothers alive (HCW, Health promotion, WBOTS functions) Improve on tracing system to prevent loss to follow up
3. Improve immunisation coverage	district to identify all sub-districts below 80% fully Immunised and target them with: – Give Catch Up doses: Use WBOTs, Facility Committee & HP messages – Use Immunisation Coverage Monitoring & Response – Defaulter Tracing – Use WBOT & HP. To assign the District EPI Coordinator and the DIO verify and sign off data at per facility in accordance with DQSA.
4. Counsel on feeding methods	Give health education on feeding option each time they visit a health facility
5. Create community awareness on on ART/PMTCT Programme	Mobilise community through OSS and CCG, Community dialogues Involvement of NGOS Introduce revised ART/PMTCT Guidelines to the community at large to get buy in IEC material to be updated to include Family Planning, and to be made accessible to communities, especially pregnant mothers Draft main community radio messages. Involve Primary Health Care and WBOTs Involve Health Promotion and Communication Draft flyers for WBOTs, Health Promotion, Community leaders, clinic committees to distribute
6. Capacitate health care workers on ART/PMTCT Guidelines	Train HCW on revised ART/PMTCT guidelines Monitor and mentor HCW on implementation of revised ART/PMTCT guidelines

16. DISEASE PREVENTION AND CONTROL (ENVIRONMENTAL HEALTH INDICATORS)

16.1 PROGRAMME Overview

Environmental Health (EH) is the branch of public health that is concerned with all aspects of the natural and built environment that may affect human health.

It is a field of science that studies how the environment influences human health and diseases. Environment in this context means identifying and addressing how the environment impacts human health.

EH addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours.

Strategic challenges

- High incidence of diabetic and hypertension rate
- Increasing number of people with mental illness – due to high unemployment rate leading to substance abuse

Table 35 (NDoH 25): Situational Analysis for Disease Prevention and Control - 2013/14 Financial Year

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Avg
1. Hypertension incidence (annualised)[12]	No per 1000	16.1	12.5	8.0	9.9	11.9	11.7
Hypertension client treatment new	*No*	*647*	*195*	*271*	*340*	*262*	*1715*
Population 40 years and older	*No*	*41 706*	*15 548*	*33814*	*34 285*	*21 839*	*147 192*
2. Number of people counselled and screened for high blood pressure	No.	New indicator data not collected	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*New indicator*
3. Diabetes incidence (annualised)	No per 1000	1.0	1.4	0.2	0.5	0.6	0.7
Diabetes client treatment new	*No*	*209*	*122*	*49*	*94*	*73*	*547*
Population 40 years and older	*No*	*41 706*	*15 548*	*33814*	*34 285*	*21 839*	*147 192*
4. Number of people counselled and screened for raised blood glucose levels		New indicator	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*New indicator*
Numerator	*No*						
Denominator	*No*						
5. Percentage of people screened for mental disorders	%	New indicator	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*New indicator*
Numerator	*No*						
Denominator	*N0*						
6. Percentage of people treated for mental disorders	%	New indicator	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*New indicator*
Numerator	*N0*						
Denominator	*No*						
7. Proportion of health facilities accessible to people with disabilities	%	100%	100%	100%	100%	100%	100%
Numerator	*No*	*16*	*7*	*14*	*28*	*11*	*76*
Denominator	*No*	*16*	*7*	*14*	*28*	*11*	*76*

[12] This calculation was done manually and was not automatically calculated by DHIS

Indicator	Type	Abaqulusi	Edumbe	Nongoma	uLundi	uPhongolo	District Avg
8. Proportion of health facilities providing rehabilitation services	%	31%	14%	42%	50%	36%	40%
Numerator	*No*	*5*	*1*	*6*	*14*	*4*	*30*
Denominator	*No*	*16*	*7*	*14*	*28*	*11*	*76*
9. Number of Health Districts providing community based rehabilitation	No						
10. Malaria case fatality rate	%	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
Number of deaths due to malaria (new)	*No*	*0*	*0*	*0*	*0*	*0*	*0*
Number of malaria cases (new)	*No*	*0*	*0*	*0*	*0*	*0*	*0*
11. Cataract surgery rate	No per million uninsured population	0.0	0.0	0.0	0.0	0.0	0.0
Cataract surgery total	*No*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*
Population uninsured total	*No*	*303 618*	*78 603*	*185 562*	*179 964*	*122 776*	*772 525*

Table 36 (NDoH 26): Performance Indicators for Environmental Health Services

	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Targets
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. Hypertension incidence (annualised)[13]	DHIS calculates	Quarterly Per 1000	22.7	17.6	13.5	13.7	13.0	12.8	11.5	18.9/ 1000
Hypertension client treatment new	*DHIS/PHC & OPD tick registers*	*No*	*3307*	*2579*	*1715*	*1 066*	*1975*	*1977*	*1812*	*48 140*
Population 40 years and older	*DHIS/Stats SA*	*Population*	*142 799*	*144 917*	*147 192*	*149 551*	*151 990*	*154 530*	*157 605*	*2 547 127*

[13] This calculation was done manually and was not automatically calculated by DHIS

	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Targets
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
2. Number of people counselled and screened for high blood pressure			*New indicator*	*New indicator*	*New indicator*	*New indicator*	*Establish baseline*	-	-	-
3. Diabetes incidence (annualised)	DHIS calculates	Quarterly Per 1000	0		0.7	1.6				1.5/1000
Diabetes client treatment new	*DHIS/PHC & OPD tick registers*	*No*	*1114*	*808*	*1020*	*628*	*1 000*	*1 183*	*1 373*	*16 032*
Population 40 years and older	*DHIS/Stats SA*	*Population*	*142 799*	*144 917*	*147 175*	*149 551*	*151 990*	*154 530*	*157 605*	*10 688 165*
4. Number of people counselled and screened for raised blood glucose levels	*DHIS*	*QUARTELY* *%*	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*Establish baseline*	-	-	-
Numerator	*DHIS/PHC & OPD tick registers*	*No*	-	-	-	-	-	-	-	-
Denominator		*No*	-	-	-	-	-	-	-	-
5. Percentage of people screened for mental disorders	*DHIS*	*QUARTELY* *%*	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*Establish baseline*	-	-	-
Numerator	*DHIS/PHC & OPD tick registers*	*No*	-	-	-	-	-	-	-	-
Denominator		*No*	-	-	-	-	-	-	-	-
6. Percentage of people treated for mental disorders	*DHIS*	*QUARTELY* *%*	*New indicator*	*New indicator*	*New indicator*	*New indicator*	*Establish baseline*	-	-	-
Numerator	*DHIS/PHC & OPD tick registers*	*No*	-	-	-	-		-	-	-

	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets			Provincial Targets
			2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Denominator		*No*	-	-	-	-		-	-	-
7. Proportion of health facilities accessible to people with disabilities		*QUARTELY* %			*100%*	*100%*	*100%*	*100%*	*100%*	-
Numerator		*No*			*76*	*76*	*77*	*77*	*77*	-
Denominator		*No*			*76*	*76*	*77*	*77*	*77*	-
8. Proportion of health facilities providing rehabilitation services		*QUARTELY* %			40%		*60%*	*80%*	*100%*	-
Numerator		*No*			*30*		*46*	*62*	*77*	
Denominator		*No*			*76*		*77*	*77*	*77*	
9. Number of Health Districts providing community based rehabilitation			-	-	-	-	*1*	*1*	*1*	
10. Malaria case fatality rate	Malaria register	Annual Rate	*0*	*0*	*0*	*0*	*0*	*0*	*0*	<0.5%
Number of deaths due to malaria (new)	*Malaria register/Tick sheets PHC*	*No*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	-
Number of malaria cases (new)	*Malaria register/Tick sheets PHC*	*No*	*17*	*6*	*0*	*0*	*0*	*0*	*0*	-
11. Cataract surgery rate	DHIS calculates	Quarterly No per 1mil uninsured population	*0*	*0*	*0*	*184.6*				930/ 1mil
Cataract surgery total	*DHIS/Theatre register*	*No*	*0*	*0*	*0*	*47*	*150*	*250*	*300*	*8 895*
Population uninsured total	*DHIS/Stats SA*	*Population*	*606 451*	*728 483*	*724 172*	*735 039*	*741 655*	*748 330*	*755 005*	*9 566 487*

Table 37 (NDoH 27): District Objectives and Annual Targets for Environmental Health Services

Strategic Objective Statement	Performance Indicator	Data Source	Frequency Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Zero new local malaria cases by March 2020	1. Malaria incidence per 1000 population at risk	Malaria register	Annual Per 1000 population at risk	0	0	0	0	0	0	0
	Number of malaria cases (new)	*Malaria register/Tick register PHC*	*No*	*17*	*03*	*0*	***0***	*0*	*0*	*0*
	Population Zululand	*DHIS/Stats SA*	*Population*	*855 674*	*862 110*	*824 091*	*834 251*	*844 531*	*854 893*	*866 095*

16.2 STRATEGIES/ Activities to be implemented 2015/16

Strategies	Activities
1. Reduce incidence of Diabetes	Promote healthy lifestyle through physical activities on Mpilonde Clubs and support groups Conduct diabetic workshops to all sub districts
2. Reduce incidence of Hypertension	Health education on importance of taking treatment as prescribed Reduction of salt in diet through awareness
3. Counselled & screened people for Diabetes & hypertension	Strengthen counselling & screening of people Education session on obesity and overweight
4. Reduce Mental health disorders	Strengthen community awareness on effects of alcohol and drug abuse Strengthen health education on how to deal with problems

17. INFRASTRUCTURE, EQUIPMENT AND OTHER SUPPORT SERVICES

Table 38 (NDoH 38): Performance Indicators for Health Facilities Management

Indicator	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. Expenditure on facility maintenance as % of total district health expenditure	%	1.3%	3%	3%	3%	3%	3%	3%	1.3%
Numerator		*13 813 937*	*17 341 718*	*15 716 192*	*22 051 000*	*25 000 000*	*28 000 000*	*31 000 000*	*13 813 937*
Denominator		*17 936 000*	*17 407 000*	*15 594 000*	*22 051 000*	*25 000 000*	*28 000 000*	*31 000 000*	*17 936 000*
2. Number of facilities that have undergone major and minor refurbishment		4	11	6	1	8	7	7	
3. Fixed PHC facilities with access to continuous supply of clean portable water	%	83%	100%	100%	100%	100%	100%	100%	
Numerator		*63*	*64*	*68*	*68*	*69*	*69*	*69*	
Denominator		*64*	*64*	*68*	*68*	*69*	*69*	*69*	
4. Fixed PHC facilities with access to continuous supply of electricity	%	100%	100%	100%	100%	100%	100%	100%	
Numerator		*63*	*63*	*68*	*68*	*69*	*69*	*69*	
Denominator		*63*	*63*	*68*	*68*	*69*	*69*	*69*	
5. Fixed PHC facilities with access to sanitation		100%	100%	100%	100%	100%	100%	100%	
Numerator		*64*	*64*	*68*	*68*	*69*	*69*	*69*	
Denominator		*64*	*64*	*68*	*68*	*69*	*69*	*69*	
6. Fixed PHC facilities with access to fixed telephone line	%	60%	66%	70%	70%	80%	90%	100%	
Numerator		*38*	*42*	*48*	*48*	*55*	*62*	*69*	
Denominator		*63*	*63*	*68*	*69*	*69*	*69*	*69*	
7. Percentage of PHC facilities with network access		0	0	0	0	25%	50%	75%	
Numerator		*0*	*0*	*0*	*0*	*17*	*35*	*52*	

Indicator	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Denominator		*63*	*63*	*68*	*68*	*69*	*69*	*69*	
8. Number of additional clinics and community health centres constructed		2	5	3	0	0	0	0	

- *Maintenance expenditure is not spent as per planned due to poor performance from contractors and lack of capacity on the deriving the specifications from the institutions.*
- *Most of our facility do not comply to National Core Standard hence they need to be upgraded for them to be accredited for implanting the NHI*
- *All facility have access to water however those that are getting water from Municipality scheme had the challenge of water cut and the reservoir are not enough to sustain 48hrs back up supply.*
- *Sanitation has improved to all facilities however at Njoko clinic the toilets are being replaced since the Municipality toilets do not meet DOH standard.*
- *Most facilities in the rural areas do not have telephones since lines and poles had been stolen however the recent build clinic are using the satellite lines*

18. SUPPORT SERVICES

This section of the DHP addresses the support services, which enable health workers to operate and provide the actual health services, namely:

- Pharmaceutical services;
- Equipment and Maintenance; and
- Transport and EMRS.

18.1 PHARMACEUTICAL SERVICES

Table 39 (NDoH 39): Pharmaceutical Services Performance Indicators

Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
1. Percentage of institutions (District Hospitals and CHC's) with functional of Pharmaceutical and Therapeutics Committees (PTC's)	%	71%	83%	83%	100%	100%	100%	100%	100%
Number of CHC's and District Hospitals with functional Pharmaceutical and Therapeutic Committees		*4*	*5*	*5*	*6*	*6*	*6*	*6*	*6*
Number of District Hospitals and CHC's		*6*	*6*	*6*	*6*	*6*	*6*	*6*	*6*
2. Any ARV Drug Stock Out Rate	%	14%	10%	5%	<1%	<1%	<1%	<1%	
Number of ARV drug's out of stock		*2*	*3*	*2*	*0*	*0*	*0*	*0*	
Number of ARV's drugs		*28*	*30*	*30*	*30*	*30*	*30*	*30*	

Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
3. Any TB Stock Out Rate	%	13%	10%	<5%	<1%	<1%	<1%	<1%	
Number of TB drugs out of stock		*5*	*2*	*0*	*0*	*0*	*0*	*0*	
Number of TB drugs		*19*	*19*	*19*	*7*	*19*	*19*	*19*	
4. Percentage of Hospitals with Pharmacists	%	80%	80%	100%	100%	100%	100%	100%	
Number of District Hospitals with Pharmacists		*4*	*5*	*5*	*5*	*5*	*5*	*5*	
Number of District Hospitals		*5*	*5*	*5*	*5*	*5*	*5*	*5*	
5. Percentage of CHC's with Pharmacists	%	100%	100%	100%	100%	100%	100%	100%	
Number of CHC's with pharmacists		*1*	*1*	*1*	*1*	*1*	*1*	*1*	
Number of CHC's		*1*	*1*	*1*	*1*	*1*	*1*	*1*	

Table 40 (NDoH 30): Pharmaceutical Services

Strategic Objective	Performance Indicator	Data source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	1. Percentage of Pharmacies that obtained A and B grading on inspection	Pharmacy records	Annual %	50%	38%	38%	100%	88%	100%	100%
	Pharmacies with A or B Grading	*Pharmacy records*	*No*	*4*	*3*	*3*	***8***		*8*	*8*
	Number of pharmacies	*Pharmacy records*	*No*	*8*	*8*	*8*	***8***	*8*	*8*	*8*
	2. Tracer medicine stock-out rate (PPSD)	Pharmacy records	Quarterly %	16.10%	11%	21.70%	<5%	<1%	<1%	<1%
	Number of tracer medicine out of stock	*Pharmacy records*	No	*7*	*5*	*3*	***0***	*0*	*0*	*0*
	Total number of tracer medicine expected to be in stock	*Pharmacy records*	No	*43*	*43*	*43*	***43***	*43*	*43*	*43*
	3. Tracer medicine stock-out rate (Institutions)	Pharmacy records	Quarterly %	4.19%	<3%	9.3%	<5%	<1%	<1%	<1%
	Number of tracer medicines stock out in bulk store	*Pharmacy records*	No	*3*	*3*	*4*	***2***	*0*	*0*	*0*
	Number of tracer medicines expected to be stocked in the bulk store	*Pharmacy records*	No	*43*	*43*	*43*	***43***	*43*	*43*	*43*

Strategic Objective	Performance Indicator	Data source	Type	Audited/ Actual Performance			Estimated Performance	Medium Term Targets		
				2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	4. Number of mortuaries rationalised	Management	Annual No	Not Reported	Not Reported	01				

18.2 EQUIPMENT AND MAINTENANCE

Table 41: District Equipment and Maintenance

Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target 2015/16
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
1. Number of districts spending more than 90% of maintenance budget		0	0	0	0	1	1	1	
2. Proportion of infrastructure budget allocated to maintenance		1.4%	0.7%	2%	3%	3%	3%	3%	
Numerator		*17 936 000*	*17 341 718*	*15 716 192*	*22 051 000*	*25 000 000*	*28 000 000*	*31 000 000*	
Denominator		*1 318 316000*	*1 173 949 000*	*1 359 379 924*	*1 675 076000*	*1 975032000*	*2 123 042000*	*2 359 270 000*	
3. Proportion of Programme 8 (infrastructure budget) spent on all maintenance (preventative and scheduled)		77%	65%	52%	80%	100%	100%	100%	
Numerator		*13 813 937*	*17 341 718*	*15 716 192*	*22 051 000*	*25 000 000*	*28 000 000*	*31 000 000*	
Denominator		*17 936 000*	*17 407 000*	*15 594 000*	*22 051 000*	*25 000 000*	*28 000 000*	*31 000 000*	

18.3 EMERGENCY MEDICAL SERVICES (EMS)

Table 42 (NDoH 31 (a)): Operational Ambulances per 10,000 Population Coverage (inclusive of LG)

District	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Abaqulusi		0.24	0.29	0.29		0.43	0.48	0.50	
Edumbe		0.22	0.33	0.45		0.67	0.78	0.81	
Nongoma		0.14	0.19	0.39		0.43	0.48	0.50	
Ulundi		0.22	0.26	0.29		0.39	0.43	0.45	
Pongola		0.23	0.31	0.31		0.54	0.62	0.65	
District		0.21	0.27	0.32					

Table 43 (NDoH 31 (b)): Ambulance Response Time Rural under 40 minutes (Inclusive of LG)

	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target 2015/16
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
Abaqulusi	4559	5400	6300					33%
Edumbe	1793	1600	3000					
Nongoma	2838	2500	3400					
Ulundi	4111	3960	4300					
Pongola	2277	2100	3600					
District	15578	15560	19600					33%

Table 44 (NDoH 31(c)): Ambulance Response Times Urban under 15 minutes (Inclusive of LG)

Ambulance Response Time: Urban	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2015/16
Abaqulusi								
Edumbe								
Nongoma								
Ulundi								
Pongola								
District Average								

Table not applicable to Zululand

19. HUMAN RESOURCES

Table 45 (NDoH 32): Performance for Human Resources

	TOTAL POSTS FILLED	Audited/ Actual performance			Estimate	MTEF Projection		
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Health district	Personnel category1							
ABAQULUSI	**PHC facilities**							
	Medical officers	0	0	0				
	Professional nurses	93	91	128				
	Pharmacists	0	0	0				
	District hospitals							
	Medical officers	24	9	12				
	Professional nurses	135	134	144				
	Pharmacists	7	8	5				
	Radiographers	2	5	5				
EDUMBE	**PHC facilities**							
	Medical officers	7	2	3				
	Professional nurses	62	56	60				
	Pharmacists	1	2	4				
	District hospitals							
	Medical officers							
	Professional nurses							
	Pharmacists							
	Radiographers							
NONGOMA	**PHC facilities**							

	TOTAL POSTS FILLED	Audited/ Actual performance			Estimate	MTEF Projection		
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	Medical officers	0	0	0				
	Professional nurses	55	54	47				
	Pharmacists	0	0	0				
	District hospitals							
	Medical officers	6	7	9				
	Professional nurses	171	168	168				
	Pharmacists	2	3	2				
	Radiographers	2	3	3				
ULUNDI	**PHC facilities**							
	Medical officers	0	0	0				
	Professional nurses	97	78	162				
	Pharmacists	0	0	0				
	District hospitals							
	Medical officers	10	13	22				
	Professional nurses	179	220	243				
	Pharmacists	3	3	4				
	Radiographers	3	5	4				
UPHONGOLO	**PHC facilities**							
	Medical officers	0	0	0				
	Professional nurses	35	40	51				
	Pharmacists	0	0	0				
	District hospitals							
	Medical officers	5	6	9				

	TOTAL POSTS FILLED	Audited/ Actual performance			Estimate	MTEF Projection		
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
	Professional nurses	81	78	83				
	Pharmacists	1	2	6				
	Radiographers	4	2	3				
District	**PHC facilities**							
	Medical officers	**0**	**0**	**0**				
	Professional nurses	**342**	**319**	**448**				
	Pharmacists	**0**	**0**	**0**				
	District hospitals							
	Medical officers	**52**	**37**	**52**				
	Professional nurses	**566**	**600**	**638**				
	Pharmacists	**14**	**18**	**17**				
	Radiographers	**11**	**17**	**15**				

Table 46 (NDoH 33): Plans for Health Science and Training

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Adult education and training	To improve literacy of employees thereby consequently improve performance	98	35		
NIMART	To ensure health care providers will be equipped with the clinical knowledge, skills, and attitudes in the initiating and managing ART clients in the district	40	40		
Emergency triage assessment and Treatment	To improve management of coma, shock and convulsions in a child	24	24		
Integrated Management of Childhood illnesses (IMCI)	To monitor and evaluate the implementation of the strategy to see if it will produce positive results in decreasing the child mortality rate.	20	20		
Project management	To ensure that all services and products are delivered within time, budget and quality specifications to the satisfaction of the client.	10	10		
Disaster Management	To demonstrate procedures to deal with disaster situations and relief measures and will leave candidate with a set of tools to deal with most situations	15	15		
Effective construction contract management and administration	To analyse the entire life cycle of construction contracts so that the department understands the role and obligations in terms of contract planning	5	5		
Mentoring for growth	To ensure that employees understand the process of deploying experienced individuals to provide guidance and advice that will help to develop the careers protégées allocated to them	25	25		

[14] This would include formal and informal (short courses, refreshers, etc.) courses.

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Writing minutes of meetings	To expose employees on how to prepare effectively for meetings, the structure and format of minutes and offers suggestions for writing minutes which are accurate, brief and clear.	5	25		
Advanced paediatric life support	To reinforce the important concept of a systematic approach to paediatric assessment, basic life support, PALS treatment algorithms, effective resuscitation and team dynamics	1	1		
Advanced cardiac life support	To provide the skills in treating adult victims of cardiac arrest or other cardiopulmonary emergencies	3	3		
Basic life support	To teach the professionals with skills of CPR and choking for adults, children and infants	4	4		
Customer care: Batho Pele way	To assist employees in the department on how to treat a customer both internal and external	20	20		
Ultra sound	To improve service to the patients by means of ultrasonography	4	2		
Financial management	To enable the employees to demonstrate an understanding of the Public Finance Management Act and related Treasury Regulations	1	15		
First Aid training	To provide the comprehensive set of practical skills needed by first aiders in most workplaces to become a confident first aider at work.	6	6		
HIV & AIDS Counselling	To ensure that the employees understand about HIV/AIDS counselling since it is essentially about educating and counselling communities in the control, management and prevention of HIV/AIDS.	10	10		
Post basic pharmacy course	To develop the skills of the pharmacy assistant who were appointed with a matric certificate to be recognised as qualified pharmacy assistants.	4	4		

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Supervisory skills	To ensure that supervisors must learn to make good decisions, communicate well, assign work delegate and plan, train people, motivate people and deal with various specialists in the departments.	10	10		
Occupational Health and Safety Reps	To provide employees with a working knowledge of Occupational Health and Safety that can be applied to any departmental environments	21	21		
TB Management	To ensure that clinical staff have understanding regarding TB Management	6	6		
Supply chain management	To assist all public financial managers and Senior public officials to effectively comply with the legislation regarding SCM	9	9		
Advanced Medical Life Support for Doctors	To teach the professionals with skills of CPR and choking for adults, children and infants	3	3		
Sign Language	Clinical staff are unable to communicate with deaf patients	5	5		
Security Course	To maintain order at a set location and provide a visible prominent and reassuring presence to a company's employees and members of the department	10	10		
Fire Fighting	To equip employees with the knowledge and necessary skills to manage and extinguish a fire in the office environment	6	6		
Managing Poor Work Performance	To develop the skills of employees through performance		20		
Conduct management	To develop the skills of the employees on conduct management course		3		
Telephone etiquette	To develop the skills of the employees on Telephone adequate		25		

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Communication skills	To develop the skills of the employees in communication Skills		15		
Delivery Management	To upgrade the skills of the employees in service delivery		5		
Labour Relations Act	To improve the knowledge of supervisors labour relations line function		10		
Trauma Counselling	To develop the skills of the employees in Trauma counselling		10		
Public Service Induction	To ensure that new recruits understand the goals, structures and key policies of government		40		
Update and Diabetes	Update and Diabetes		5		
Control Stock	Control Stock		10		
Basic Nutrition	For efficiency and effectiveness of Basic nutrition in the department		4		
Advance Management And Development Programme	To emphasis on development of Middle Management to build their leadership and management capacity		15		
Persal Management	To develop the skills of the employees on Persal Management		25		
Advanced Cardiac Vascular Life Support	To improve quality care of ACVLS for Doctors		8		
MDR Management	For efficiency and effectiveness of clinical service delivery		5		
Electrical management	For efficiency and effectiveness of maintenance		5		
Plumbing course	For efficiency and effectiveness of maintenance		5		
Chairing meetings effectively	To develop employees through chairing meeting effectively		25		

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Intensive counselling	To improve skills and knowledge of counselling in the department		10		
Risk management	To be equipped with the necessary knowledge as to manage risks within the component		12		
Finance for none financial	To provide leadership and management competencies		5		
Investigating course	To improve the knowledge of supervisors labour relations line function		10		
Presiding Course	To improve the knowledge of supervisors labour relations line function		10		
Train the trainer	To develop the skills of the employees in the department		30		
SMS &MMS Course	To develop the skills of the SMS & MMS		20		
Assets management	To provide leadership and management competencies		10		
Logistics & warehouse	To provide leadership and management competencies		15		
Acquisition management	To provide leadership and management competencies		10		
Defensive driving	To develop skills of officials as required		10		
Bereaved counselling	For efficiency and effectiveness of forensic service personnel		5		
4x4 Advanced driving	To develop skills of officials as required		10		
Diploma in Primary Health Care	For efficiency and effectiveness of clinical service delivery		5		
DCST SA Child health priorities	For efficiency and effectiveness of clinical service delivery		5		

CONTINUOUS PROFESSIONAL CAPACITY BUILDING / TRAINING 14	INDICATORS	Estimated performance	Medium term targets		
		2014/15	2015/16	2016/17	2017/18
Time management	To provide core training programmes through time management		15		
Suspense account	To improve skills and knowledge of Basic Accounting System		10		
Breast feeding	For efficiency and effectiveness of clinical service delivery		15		
Infection control	To improve the assessment and treatment of STIs		15		
Data management	To enhance and improve behavioural patterns of managers		10		
Emerging management Development Programme	To provide leadership and management competencies		15		
Family planning	For efficiency and effectiveness of clinical service delivery		2		
FIDSSA Congress	For efficiency and effectiveness of clinical service delivery		1		
Prevention of Mother to child transmission	For efficiency and effectiveness of clinical service delivery		3		
Monitoring and Evaluation	To provide leadership and management competencies		25		

20. DISTRICT FINANCE PLAN

Table 47 (NDoH 34): District Health MTEF Projections

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
District Management	10 577 751	13 039 000	11 179 658	12 962 000	12 962 000	12 490 000	13 240 000	14 034 000	14 876 000
Clinics	247 823 865	274 185 000	304 990 447	329 373 000	329 793 000	324 209 000	343 662 000	364 282 000	386 138 000
Community Health Centers	40 177 813	39 916 000	43 163 646	38 864 000	42 294 000	51 482 000	54 571 000	57 845 000	61 316 000
Community Services	Nil	Nil	2 568 344						
Other Community	50 221 885	52 213 000	69 170 371	74 395 000	74 395 000	82 582 000	87 537 000	92 790 000	98 357 000
Coroner Services	8 782 646	8 764 000	9 129 510	9 457 000	9 457 000	8 862 000	9 394 000	9 957 000	10 555 000
HIV and AIDS	117 182 452	135 736 000	197 229 251	220 854 000	212 854 000	236 463 000	250 652 000	265 691 000	281 632 000
Nutrition	2 834 568	3 690 000	3 909 047	3 780 000	3 780 000	4 172 000	4 423 000	4 688 000	4 969 000
District Hospitals	557 473 543	642 639 000	718 039 650	742 113 000	752 413 000	801 383 000	849 467 000	900 435 000	954 461 000
Environmental Health Services	8 966 807	7 088 000	6 158 968	1 610 000	1 610 000	2 951 000			
TOTAL	**944 040 327**	**1 173 949 000**	**1 359 379 924**	**1 433 408 000**	**1 439 558 000**	**1 524 594 000**	**1 612 946 000**	**1 709 722 000**	**1 812 304 000**

Table 48 (NDoH 35): District Health MTEF Projections per Economic Classification

R' Thousands	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments			**1 523 719 535**	**1 623 017 000**	**1 631 167 000**	**1 693 324 000**	**1 794 924 000**	**1 902 620 000**	**2 016 777 000**
Compensation of employees	792 865 000	1 000 359 000	**1 123 255 751**	1 194 455 000	1 193 455 000	1 219 412 000	1 292 577 000	1 370 132 000	1 452 340 000
Goods and services	252 871 000	366 911 000	**400 463 784**	428 562 000	437 712 000	473 912 000	502 347 000	532 488 000	564 437 000
Transfers and subsidies to	1 216 000	87 000	**45 266 179**	37 878 000	37 878 000	68 720 000	72 845 000	77 215 000	81 849 000
Payments for capital assets	29 047 000	5 405 000	**12 409 920**	6 031 000	6 031 000	4 015 000	4 256 000	4 512 000	4 782 000
Total economic classification	1 075 999 000	1 372 792 000	**1 581 395 634**	1 666 926 000	1 675 076 000	1 766 059 000	1 872 025 000	1 984 347 000	2 103 408 000

PART C: LINKS TO OTHER PLANS

21. CONDITIONAL GRANTS (WHERE APPLICABLE)

Table 49 (NDoH 36): Outputs of a result of Conditional Grants

Name of conditional grant **COMPREHENSIVE HIV AIDS CONDITIONAL GRANT** (*Applicable to all Districts*)	Purpose of the grant	Performance indicators (extracted from the Business Case prepared for each Conditional Grant	Indicator targets for 2015/16
Antiretroviral treatment (ART) interventions	1.To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing 2. Provision of comprehensive care, treatment and support for people affected by HIV and AIDS through strengthening of the National Health System. 3. To subsidize in part funding for the antiretroviral treatment plan	Number of Public health facilities Offering ART Number of Adult ART patients remaining in care Number of ART patients remaining in care - Child (current active) Number of registered ART patient's total Number of deregistered ART patients due to loss to follow-up Number of deregistered ART patients due to death	78 6 259 91 996 10 10
High transmission area (HTA) interventions		Number of HTA intervention sites Number of male condoms distributed Number of female condoms distributed	8 150 000 15000 02
Post exposure prophylaxis (PEP) after sexual assault		Number of sexual assault cases – new Number. of sexual assault cases offered ARV prophylaxis Number of sexual assault cases offered comfort kits	
Prevention of mother to child transmission (PMTCT)		Number of ANC clients tested positive for HIV Number of ANC clients initiated on life-long ART Number of babies given Nevirapine within 72 hours after birth Number of babies PCR tested at 6 weeks	
Voluntary counselling and testing (VCT)		Proportion clients HIV pre-test counselled (excl. antenatal) Number of clients tested for HIV (excluding antenatal Any HIV rapid test kits stock out Number of non-medical sites offering VCT	

Name of conditional grant **COMPREHENSIVE HIV AIDS CONDITIONAL GRANT** (*Applicable to all Districts*)	Purpose of the grant	Performance indicators (extracted from the Business Case prepared for each Conditional Grant	Indicator targets for 2015/16
Tuberculosis (TB) and HIV combined management		The number of HIV positive clients who have been screened for TB immediately after being diagnosed with HIV for the first time The number of HIV positive clients started on INH prevention therapy for the first time during the reporting period. Number of confected TB/HIV positive patients registered at an ART service point that starts ART.	
Male medical circumcision (MMC		No. of fixed facilities offering MMC No. of medical male circumcision performed No. of circumcised males reporting adverse events	26 46 528 0
Home-based care		Number of active home-based carers Number of active home-based carers receiving stipends Number of beneficiaries served by home-based carers Number of home households visited by home-based carers Number of care kits purchased	1011 1011 1125 672 480 1898

22. PUBLIC-PRIVATE PARTNERSHIPS (PPPS) AND PUBLIC PRIVATE MIX (PPM)

Table 50 (NDoH 38): Outputs as a result of PPP and PPM

Name of PPP or PPM	Purpose	Outputs	Current Annual Budget (R'Thousand)	Date of Termination	Measures to ensure smooth transfer of responsibilities
1.					
2.					

PART E: INDICATOR DEFINITIONS

Indicator	Short Definition	Purpose of Indicator	Primary Source	APP Source	Method of Calculation	Calculation Type	Type of Indicator	Reporting Cycle	Data Limitations	Desired Performance	Indicator Responsibility