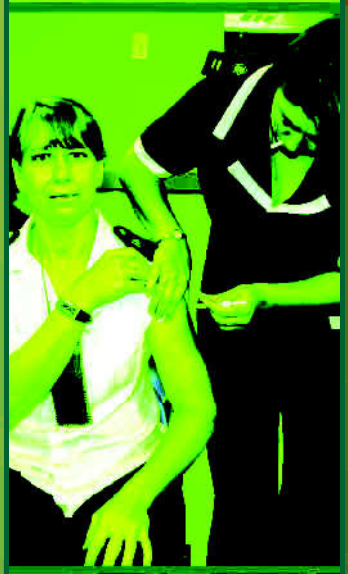
PART B: PERFORMANCE INFORMATION



2.1 Auditor-General's Report: Predetermined Objectives

The Auditor-General of South Africa (AGSA) currently performs certain audit procedures on the performance information. Material findings are reported under the Predetermined Objectives heading on the section of the auditor's report on other legal and regulatory requirements.

Refer to page 96 for the Report of the AGSA, published in Part E: Financial Information.

2.2 Overview of Departmental Performance

Service Delivery Improvement Plan

The Department has an approved Service Delivery Improvement Plan (SDIP). The following tables highlight the SDIP and the achievements to date.

Main services	Actual customers	Potential customers	Standard of service	Actual achievement against standards
Support and provide policy guidance and technical guidelines to provinces	All provincial Departments of Health	Patients and the public	Care, management and treatment protocols and guidelines are evidenced-based and used	Care, management and treatment protocols/guidelines issued
Assess and monitor compliance with standards of care	All health facilities	Patients and the public	Eight core standards of care	Unannounced assessment visits to public health facilities.
Registration of medicines by the Medicines Control Council.	Pharmaceutical industry ,distributors and whole-salers, retail pharmacies, research institutions and health professionals	Patients and the public	Processing of applications for registration of medicines and medical devices in South Africa	Safe, effective and efficacious medicines registered
Provision of diagnostic pathology services	Public health facilities	Patients and clinicians	High quality services by benchmarking against international standards through accreditations of laboratories and conducting external quality assessment and internal quality control	Diagnostic laboratory results provided
Provision of forensic laboratory services	South African Police Services, National Prosecuting Authority, Forensic Pathology Services Mortuaries, Municipalities (forensic food services)	Families of deceased, the public	High quality services by benchmarking against international standards through accreditations of laboratories and conducting external quality assessment and internal quality control	Analytical test results provided for legal purposes
Compensations for occupational lung disease in miners and ex-miners	Miners and ex-miners	Families of miners and ex-miners, the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	Claims for medical benefits processed and finalised
Providing HR advice and directives	Employees of the National Department of Health	Department of Public Service and Administration (DPSA), other government departments	Sound HR advice and directives	HR advice and directives are continuously provided in line with the regulatory framework
Ensuring on-going consultation with stakeholders on matters of mutual interest	Organised labour organisations	PHSDSBC	Functioning bargaining structures in place.	Regular engagement with stakeholders takes place in the Bargaining Chamber
Facilitate the improvement of the administration of the performance management and development system	Employees of the National Department of Health	DPSA, Cabinet	A functional performance management and development system	A performance management and development system has been reviewed in line with the strategic direction of the Department

Consultation arrangements with customers

Type of arrangement	Actual Customers	Potential Customers	Actual achievements
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	Patients and public	Regular consultations of key stakeholders on national health and policy issues
Accessibility to all HR services and information	All employees in the National Department of Health	Other state departments and organs of state	Information is accessible on request, and on a regularly updated Departmental intranet site and circulars
Active engagement with affected employ-ees and organised labour in the PHSDS-BC on matters of mutual interest	Organised labour organisations	PHSDSBC	Regular engagement with stakeholders takes place in the Bargaining Chamber. These consultations have, for example, contributed to the successful transfer of Port Health Services from provincial to national structures

Service delivery access strategy

Access Strategy	Actual achievements
Personal interaction, circulars, briefings to Management, induction sessions and workshops	Information is available and accessible based on the requirements from clients

Service information tool

Types of information tool	Actual achievements
Quarterly reporting against the Government Programme of Action Outcome Two, Annual Performance Plan and Operational Plans	Quarterly reporting against set targets
Publishing of the Human Resources Plan	Annual reporting against a HR Action Plan
Placement of Circulars on the intranet	Regular updates on directives done

Complaints mechanism

Complaints Mechanism	Actual achievements
Grievance and complaints procedure	HR related grievances are addressed in collaboration with Employment Relations and the relevant line managers.

Organisational environment

The organisational structure has been reviewed to maximise achievement on the Department's strategic priorities. The success of the implementation thereof is highly dependent on alignment with the allocated available budget. The current approved organisational structure takes into consideration the change of organisational culture, improvement of productivity, development of leadership capability and repositioning of the National Department of Health (NDoH) as an employer of choice, whereby only candidates who meet the profile of the desired NDoH cadre of employees will be considered for appointment.

Key policy developments and legislative changes

In its focus on health, the NDP states:

> We envisage that in 2030, South Africa will have a life expectancy rate of at least 70 years for men and women. The generation of under-20s will be largely free of HIV. The quadruple burden of disease has been radically reduced compared to the two previous decades, with an infant mortality rate of less than 20 deaths per thousand live births and an under-five mortality rate of less than 30 deaths per thousand live births. There has been a significant shift in equity, efficiency, effectiveness and quality of health care provision. Universal coverage is available. The risks by the social determinants of disease and adverse ecological factors have been reduced significantly.

Three issues will determine the country's progress towards attaining universal health coverage and the realisation of the NDP vision, goals and targets for 2030, namely:

- the successful implementation of the NHI;
- the outcomes of the Competition Commission's Public Market Inquiry into the cost of private health care; and
- issues pertaining to the explosion of medico-legal litigation.

During the 2014/15 financial year, the Department of Health continued to implement plans to strengthen the public health system. Strengthening health care systems is key in achieving service delivery outputs and for programmatic performance. Health programmes contribute significantly towards improved life expectancy rate and decreasing mortality figures.

In preparation for National Health Insurance, President Zuma launched Operation Phakisa Ideal Clinic on 18 November 2014. Operation Phakisa culminated in a detailed plan for turning all clinics and community health centres into Ideal Clinics. The plan aims to ensure provision of good clinical care and improve the experience of patients who visit health facilities. Teams dedicated to ensuring that all elements required for fully functional clinics are being established, especially in the NHI pilot districts. Similar teams will be established in the rest of the 52 districts in the country. A similar approach will also be extended to hospitals in the near future.

The Medicines and Related Substances Amendment Bill to create South African health products is currently being deliberated by the National Portfolio Committee on Health. The proposal is to bring the medical devices industry, as well as pharmaceuticals, under the jurisdiction of South African Health Products Regulatory Authority (SAHPRA). SAHPRA will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be utilised to employ experts to evaluate applications on a full-time basis.

2.3 Strategic Outcome Oriented Goals

Strategic Approach

The National Development Plan (NDP) 2030 and the World Health Organization (WHO) recognise that a well-functioning and effective health system is the bedrock for attaining the health outcomes envisaged in the NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system to ensure that it is efficient and responsive, and offers financial risk protection.

In 2014/15, the National Health Council (NHC) – the Implementation Forum for Outcome 2 "A long and healthy life for all South Africans" – directed and managed the implementation of the strategic priorities for steering the health sector towards Vision 2030. This Implementation Forum consists of the Minister of Health and the nine Provincial Members of the Executive Council (MECs) for Health. The Technical Advisory Committee of the NHC (Tech-NHC) functions as the Technical Implementation Forum. The Tech-NHC consists of the Director-General of the National Department of Health (DoH) and the Provincial Heads of Department (HoDs) of Health in the nine provinces.

The National Development Plan ('Vision 2030')

The Annual Performance Plan 2014/15 was the vehicle through which the nine long-term health goals for South Africa set out by the National Development Plan (NDP) were implemented during the year under review. Five of these goals relate to improving the health and well-being of the population, and the other four deal with aspects of health systems strengthening.

Priorities to achieve Vision 2030

The NDP 2030 states explicitly that there are no 'quick fixes' for achieving its nine goals . The NDP also identifies a set of nine priorities that highlight the key interventions required to achieve a more effective health system, and thus the desired outcomes. The priorities are as follows:

- Address the social determinants that affect health and diseases;
- Strengthen the health system;
- Improve health information systems;
- Prevent and reduce the disease burden and promote health;
- Financing universal healthcare coverage;
- Improve human resources in the health sector;
- Review management positions and appointments and strengthen accountability mechanisms;
- Improve quality by using evidence; and
- Establish meaningful public-private partnerships.

Progress Made with Strategic Goals

The Rapid Mortality Surveillance Report 2013 of the South African Medical Research Council (MRC) showed that total life expectancy in South Africa has increased from an estimate of 61.2 years in 2012 to 62.2 in 2013. Infant mortality rate estimates showed an increase from 27 deaths per 1 000 live births in 2012 to 28 deaths per 1 000 live births in 2013. Both the under-five mortality and the neonatal mortality rates remained stable at 41 deaths per 1 000 live births and 11 deaths per 1 000 live births respectively between 2012 and 2013.The MRC's recent Second Burden of Disease Study for the period 1997 to 2010 reveals that major gains were made in the total life expectancy at birth, the infant mortality and the under-five mortality rates from 2005 onwards. Life expectancy started increasing in 2006 from 54 years to 58.5 in 2010, and further to 62.2 years in 2013.The infant mortality rate has been declining since 2005 from 51.4 per 1 000 to 35.2

per 1 000 in 2010 and 27.4 per 1 000 in 2011. The under-five mortality rate peaked at 80.8 per 1 000 in 2003, then declined to 52.1 per 1 000 in 2010 and to 40 per 1 000 in 2013. The maternal mortality ratio (MMR) has been reduced from 302 per 100 000 live births in 2009 to 197 per 100 000 live births in 2011.

During this period, the mortality patterns changed markedly due to substantial decreases in mortality from HIV and AIDS and tuberculosis as a result of effective health interventions. The Second Burden of Disease Study singled out the antiretroviral therapy and prevention of mother-to-child transmission of HIV programmes as having significantly reduced the profile of HIV as a cause of death. Injury mortality rates have also declined, whilst the level of homicides remains relatively high.

In 2014/15, the Department continued to implement plans, strategies and actions geared towards attainment of its five-year strategic goals. Progress was monitored and reported on a quarterly basis. As part of the TB screening programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, we have prioritised TB screening in prisons, mines and six peri-mining communities. By the end of the financial year, the number of inmates tested using GeneXpert™ was 70 425. In addition, 252 843 community members in the six targeted peri-mining communities were screened for TB, and 222 113 were counselled and tested for HIV. We have also monitored the percentage of mines that are conducting routine screening of miners for TB, and found that 88% of mines are routinely screening miners.

2.4 Performance Information by Programme

Programme 1: Administration

Purpose: Provide overall management of the Department and centralised support services.

This programme consists of the following sub-programmes:

- Ministry
- Management
- Financial Management
- Corporate Services

Key **Corporate Services** Functions are as follows:

The Human Resources Management successfully completed the PERSAL Clean-up Process. The Departmental vacancy rate is at 6.6%, which is below the Department of Public Service and Administration's (DPSA) prescribed 10%. The percentage of submission of Performance Agreements to the DPSA and/or the Public Service Commission (PSC) by Senior Management Service (SMS) members has increased to 98% in 2014/15, compared to 94% in 2013/14. The average turnaround time for recruitment processes was within five months as against the target of four months; this was attributed to the shortage of suitable applicants for certain posts resulting in posts being advertised more than once, and in certain instances, a need for headhunting.

The Legal Services among others, is responsible for reviewing legislation and preparation of Service Level Agreements. During 2014/15, a total of six legislative instruments were reviewed. These included the National Health Laboratory Service Act (37 of 2000), the Nursing Act (33 of 2005), the Council for Medical Schemes Act (131 of 1998, the Tobacco Products Control Act (83 of 1993), the Occupational Diseases in Mines and Works Act (78 of 1973) and the National Health Act (61 of 2003). The purposes of the review were to align the legislation with the Constitution, to identify obsolete and discriminatory provisions, and to strengthen the governance of the statutory councils and public entities.

The Legal Services also drafted, amended or vetted 132 Service Level Agreements. These included 102 Service Level Agreements for infrastructure projects which are critical for the revitalisation of the health infrastructure (hospitals, clinics and community health centres). Furthermore, 30 Service Level Agreements were drawn up for the chronic medicines pick-up points to alleviate the problem of queues in hospitals. This will enable patients to collect prescribed medicines at their nearest or most convenient pick-up points.

The Communications Cluster implemented the Department's broad Communication Strategy by supporting all Ministerial and Departmental activities. A five-year Communication Strategy was developed in line with Government Communications and Information Services (GCIS) guidelines. The Department also procured a media monitoring tool which is used in gathering media reports from various platforms nationally and internationally and producing internal monthly and quarterly media analysis reports. A national Communicators' Forum was held. Communication-related operational plans were also developed in support of priority projects.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	None	None
	Audit opinion from Auditor General for Provincial Departments of Health	2 unqualified audit opinions	3 unqualified audit opinions	3 unqualified audit opinions	None	None
	Number of provinces that submit reports against defined set of non-negotiable items on a monthly basis	9	9	All nine provinces submitted signed-off reports	None	None
Develop and implement the ICT Governance framework by focusing on the ICT continuity plan inclusive of an ICT disaster recovery plan	Develop and implement ICT Continuity Plan inclusive of a ICT disaster recovery plan	A draft IT Service Continuity Plan developed.	ICT continuity plan inclusive of an ICT Disaster Recovery Plan (DRP) finalised and approved	The ICT Service Continuity plan was finalised and approved	None	None
Provide support for effective communication by developing an integrated communication strategy and implementation plan	Develop an integrated communication strategy and implementation plan	New Indicator	Communication Strategy finalised and approved	Communication Strategy in line with GCIS was finalised and approved	None	None
Ensure efficient and responsive Human Resource services through the implementation of efficient recruitment processes and responsive Human Resources support programme	Average turnaround time for recruitment processes	New indicator	Average turnaround time for recruitment processes will be four months	Average turnaround time for recruitment processes was within five months	There are instances of posts at SMS level being filled after the five-month period	Shortage of suitable applicants for posts results in posts being re-adver-tised; sometimes headhunting is also required
	Develop and implement Employee Wellness Programme that complies with Public Service Regulations and Employee Health and Wellness Strategic Framework	New Indicator	All 4 EHW Pillars for improved employee well being and productivity implemented.	All 4 EHW Pillars were integrated and implemented as per EHW Strategic Framework.	None	None
Provide leadership in the health sector by integrating all health sector plans and providing support for developing identified plans	Develop and implement a framework for Integrated Health Service Plans at all levels of the health sector	New indicator	Draft Framework for integrated health service plans developed	The Framework for integrated Health Service Plans was developed and implemented at National and Provincial DoH	None	None
	Review Provincial Annual Performance Plans (APP)	9 Provincial APPs analysed and feedback provided.	9 Provincial APPs reviewed and feedback provided.	9 Provincial APPs were reviewed and feedback was provided	None	None
Establishment of fora for consultation of stakeholders on identified legislation, regulations and policy processes	Number of fora for consultation established	New Indicator	1 National and 9 Provincial fora established	1 national and 4 provincial health consultative fora. Six subcommittees of the Technical Committee of the National Health Council met regularly to consult with provinces and districts and make recommendation to the Technical Advisory Committee. Consultative meetings were convened with various groups including traditional healers. A national task team on obesity was appointed	-5 provincial consultative fora	Consultations were conducted on topical issues,this negated the requirement for the establishment of provincial fora

Strategy to overcome arears of under perfomance

None.

Changes to the planned targets

None.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Ministry	29 083	28 851	232	31 657	27 595	4 062
Management	21 518	20 885	633	25 539	19 453	6 086
Corporate Services	182 471	178 331	4 140	182 449	157 816	24 633
Office Accommodation	110 525	110 449	76	97 514	93 531	3 983
Financial Management	54 134	47 960	6 174	55 903	54 521	1 382
Total	**397 731**	**386 476**	**11 255**	**393 062**	**352 916**	**40 146**

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 2: National Health Insurance, Health Planning and Systems Enablement

Purpose: Improve access to quality health services through the development and implementation of policies to achieve universal coverage, health financing reform, integrated health systems planning, research, reporting, as well as monitoring and evaluation.

This programme consists of the following five sub-programmes:

- Technical Policy and Planning
- Health Information Management, Monitoring and Evaluation
- Sector-wide Procurement
- Health Financing and National Health Insurance
- International Health and Development

The Technical Policy and Planning Sub-programme provides advisory and strategic technical assistance on policy and planning, and supports policy implementation.

The Department provided leadership for the integration of national health system planning. During the financial year, the Department facilitated the identification of Health System Priorities for the period 2014–2019 through the Medium-term Strategic Framework 2014–2019 consultative process. The Department produced frameworks and guidelines to co-ordinate planning in the health system. This co-ordinated approach to planning ensured that nine provincial Departments of Health and the National Department of Health respond to the identified Health System Priorities.

The Health Information Management, Monitoring and Evaluation Sub-programme develops and maintains a national health information system, commissions and coordinates research, develops and implements disease surveillance programmes, and monitors and evaluates strategic health programmes.

The eHealth Strategy South Africa provides a road-map for achieving a well-functioning national health information system with the patient at its centre. This system will generate comprehensive, reliable, good quality data for patient care, health planning, resource allocation and enhancing management capabilities.

Early in the 2014/15 financial year, the Department gazetted the National Health Normative Standards Framework for Interoperability in eHealth in South Africa, and soon thereafter commissioned the Council for Scientific and Industrial Research (CSIR) to assess the level of Primary Health Care Patient Information Systems (PHC-PIS) implementation across the country against the published National Health Normative Standards Framework. Following the completion of the assessment, the CSIR also conducted an analysis of the costs entailed in implementing each of these systems. The Department will conduct a similar assessment for all Hospital Information Systems in the next financial year.

The project to implement the eHealth strategy and interoperability standards at 700 PHC facilities in the NHI pilot districts offers a unique opportunity to deploy information communication technology for strengthening the national health system and thereby measure NHI district performance against key indicators. The Department integrated eight information system initiatives targeting primary health care facilities into this project, one of which aims to develop and implement a Health Information Exchange in a phased manner and is thus a significant component of the business architecture that is being developed. The Department conducted a pilot study to determine the status of routine paper-based data collection tools in primary health care facilities. The study determined that up to 65 different paper-based routine data collection tools are being used at facility level. During 2014/15, routine data collection tools were integrated and rationalised to only six data registers which were implemented in the 3 641 primary health care facilities.

The National Health Act (61 of 2003) mandates the Minister of Health to establish the National Health Research Committee (NHRC) in terms of Section 69. In 2014/15, the NHRC led the development of the draft National Research Strategic Plan for 2015–2030. This draft document will be reviewed by various stakeholders and experts, and will be finalised in 2015/16. The National Research Strategic Plan for 2015–2030 addresses four key functions of a National Health Research System, including sustainable financing of health research, strengthening human resources capacity, the development of infrastructure to conduct health research at all levels of the national health system, and effective translation of research findings into policy, programmes and practice.

A concept paper and business plan for the establishment of the National Health Research Observatory (NHRO) was developed. The NHRO is a structure and a platform that provides knowledge and intelligence on health research conducted in South Africa. It maps out health research trends by disease and geography, monitors funding and impact, and assists in identifying gaps, inequities and priorities. The National Health Research Committee (NHRC) has embarked on an extensive consultative process for the NHRO establishment. As part of the NHRO development, the National Health Research Database (NHRD) was launched on 29 October 2014. The NHRD is a single-source database for all health research conducted in South Africa. It generates knowledge and understanding of health and disease-related research in South Africa in terms of researchers' details, where the research is conducted, the allocated budget, and alignment with national health priorities. The information is used to monitor national research trends, map health research types, expenditures and funding, as well as identify research gaps and inefficiencies in research. This is the initial phase of the establishment of the Observatory.

The National Department of Health participated in the Third Global Symposium on Health Systems Research held in Cape Town between 30 September and 3 October 2014, the theme of which was the "Science and Practice of People-centred Health System". The Symposium was attended by over 2 000 participants from approximately 125 countries, and included policy-makers, activists, community representatives, managers, researchers and educators. The NDoH made key contributions to the Symposium, including presentations on experiences in primary health care engineering, health systems reforms and universal health coverage.

The National Health Scholars Programme (NHSP) aims to provide Master's and Doctoral scholarships in order to develop a new cadre of young health researchers in South Africa. The NHSP is a collaborative initiative of the National Department of Health and Chief Executive Officers of 40 companies funded through the Public Health Enhancement Fund. In 2014/15, 18 new students were enrolled in the NHSP. Since the launch in 2013 by the Health Minister, Dr Motsaoledi, a total of 55 students have been enrolled. Six NHSP students graduated in 2014/15, four with PhDs and two with Master's degrees.

The National Health Research Ethics Council (NHREC) released its 2014/15 Annual Report in which the following achievements are highlighted: a) revision and release of National Health Ethics Guidelines; b) registration and assessment of 12 Human Research Ethics Committees (RECs); c) publication of Regulations on Human Subjects;

d) facilitation of the process to delegate ministerial powers to consent for non-therapeutic research on minors to 33 audited RECs; e) an audit of 18 animal RECs; and f) a review of the 2006 National Good Clinical Guidelines for Clinical Trials.

The Integrated Monitoring and Evaluation Plan for the Five-year Strategic Plan (2014–2019) was prepared. The overall rationale of the integrated Health M&E Strategy is to generate information and evidence for health planning, programme designs and implementation. It integrates monitoring of and quarterly reporting for Annual Performance Plans and the Government Programme of Action, as well as monitoring and reporting of Conditional Grants. The strategy also proposes the development of M&E Frameworks and a comprehensive set of indicators covering varied and multiple health information needs and evidence.

The Framework for the Development and Quarterly Monitoring of the Annual Performance Plans and the Operational Plans of the National Department of Health was also revised, in preparation for use in quarterly performance reporting and monitoring of the Annual Performance Plan 2015/16. The Department improved performance on monitoring and evaluation from a rating of two to a rating of four on the Management Performance Assessment Tool (MPAT) administered by the Department of Performance Monitoring and Evaluation.

The Sector-wide Procurement Sub-programme is responsible for the selection of essential medicines, development of standard treatment guidelines, administration of pharmaceutical tenders, procurement, and the licensing of persons and premises that deliver pharmaceutical services.

Three service providers were appointed to implement the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme on an ongoing basis, covering chronic prescriptions for 183 989 patients. In 2014/15 a total of 14 tenders were awarded for medicines and medically related items. Systems for improved contract management were strengthened in order to identify and address poor supplier performance. In addition, surveillance systems have been developed and successfully piloted to monitor medicine availability at clinics and will be rolled out to other provinces. Electronic stock management systems were implemented in 39 hospitals in order to strengthen demand planning and governance. Access to medicines was enhanced with the approval of 306 pharmacy licences and 2 391 dispensing licences.

The Essential Medicines Review outcomes were achieved by means of the National Essential Medicines List Committee supported by its expert technical committees.

The Health Financing and National Health Insurance Sub-programme develops and implements policies and legislation for National Health Insurance; undertakes health financing and health economics research; develops policy and legislation for the medical schemes industry; oversees the co-ordination of research into alternative healthcare financing mechanisms for achieving universal health coverage; and oversees the NHI Conditional Grants, i.e. the NHI Direct Grant allocated for the NHI pilot districts, and the NHI In-kind component directed at developing the Diagnosis-related Groups as an alternative reimbursement and budgeting tool for hospitals. The sub-programme is also responsible for the implementation of the Regulations relating to the transparent pricing system, which includes annual review of the single exit price and dispensing fee, and implementation of international benchmarking and logistic fees.

The health sector continued with the implementation of key strategies linked to the NHI Pilot Sites. The country is still within the first phase of implementation of NHI, which is planned to take five years. In 2014/15, all NHI districts reported full integration, co-ordination and alignment between District Health planning and implementation with that of NHI pilot activities. This is a significant improvement over the previous financial year, when only six out of 10 districts reported integration of NHI pilot activities into routine district management planning and implementation. All pilot districts have appointed, or have proxy for, NHI co-ordinators, at both the provincial and the district level.

The National Department of Health has initiated a process of developing and testing a Diagnosis-related Groups (DRG) as an alternative reimbursement tool for hospitals. Phase 1 of this programme involves developing a base DRG tool for the 10 central hospitals across the country. As at March 2015, the Department had extracted clinical and financial data from central hospitals in Gauteng (Steve Biko Academic, Chris Hani Baragwanath, Charlotte MaXeke and Dr George Mukhari), in KwaZulu-Natal (Inkosi Albert Luthuli and King Edward VIII), in Eastern Cape (Nelson Mandela Academic) and in the Free State (Universitas Academic Hospital). The data from the Western Cape hospitals (i.e. Groote Schuur and Tygerberg) are still to be collected and analysed.

A total of 22 500 clinical files (i.e. 108% of the set target) have been analysed and data extracted. The data have been categorised into 25 Major Disease Categories as part of the preliminary technical work to develop and apply a disease algorithm. Technical work on case-mix and actuarial analyses has been undertaken on the data that have been aggregated, and a triangulation process has been undertaken with regard to data from third party sources. The next phases of work involve further in-depth case-mix analyses, followed by the modelling and fitting of the algorithm. These phases will also involve independent review of the work done to ensure technical robustness and applicability within the South African context.

During the past three financial years (2012/13 to 2014/15), revenue amounting to R1.3 billion was collected by 13 hospitals. During the 2014/15 financial year, the total revenue collected was R450 million. The average per year is R433 million, of which the greater proportion was collected by five central hospitals, namely: Charlotte MaXeke Johannesburg Academic, Chris Hani Baragwanath, Steve Biko, Dr George Mukhari and Universitas Academic hospitals. The Revenue Retention Model (RRM) was discussed by the Chief Financial Officers Forum (CFOF) and the National Hospital Co-ordinating Council (NHCC) respectively. Further consultations are required with the Financial and Fiscal Committee (FFC) and MECs, as the retention model impacts on the Equitable Share (ES).

The **International Health and Development** develops and implements bilateral and multilateral agreements with strategic partners such as the Southern African Development Community(SADC), the African Union (AU), United Nations (UN) agencies as well as other developing countries and economic groupings of countries such as India-Brazil-South Africa (IBSA) and Brazil-Russia-India-China-South Africa (BRICS) to strengthen the health system. It manages processes of technical capacity and financial assistance to South Africa; strengthens co-operation in areas of mutual interest globally; co-ordinates international development support; and profiles and lobbies for South Africa's policy position internationally.

South Africa is signatory to a number of international treaties and instruments such as International Health Regulations (2005), the Framework Convention on Tobacco Control (FCTC), and other human rights conventions such as the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms

of Racial Discrimination, the African Charter on Human and Peoples' Rights, and the SADC Protocol on Health. Furthermore, South Africa has supported the adoption of important international reports and World Health Organization (WHO) resolutions such as the Action Plan for the prevention of avoidable blindness and visual impairment; follow-up actions to recommendations of high-level commissions convened to advance women's and children's health; the Follow-up of the Report of the Consultative Expert Working Group on Research and Development: Financing and Co-ordination; Patient Safety and the Global strategy to reduce the harmful use of alcohol; as well as the Abuja Call for Action and the Maseru Declaration on HIV and AIDS. As such, the cluster has accelerated the domestication and implementation of these treaties and resolutions.

The promotion of the Development Agenda remains an important foreign policy priority for South Africa. During 2014/2015, this sub-programme co-ordinated South Africa's active participation in the Stop TB Partnership Co-ordinating Board, through South Africa's Minister of Health serving as the current Chair of the Board. South Africa continues to provide leadership and direction, monitors the implementation of agreed policies, plans and activities of the partnership, and ensures that the Board adopts a developmental approach.

Moreover, South Africa continues to play an active role in international efforts to seek global responses to global health challenges and global economic and financial crises. South Africa participates as an executive member of the Board of the World Health Organization represented by the Director-General. As a Board member, South Africa provides support to and supervises the WHO's work and contributes to interventions that address global health challenges. In an effort to influence the global health agenda, South Africa participated in the following multilateral health fora: the World Health Assembly (WHA) in Geneva; the World Health Organization-Africa Region (WHO-AFRO); the World Economic Forum in Switzerland; the 136th Executive Board Meeting of WHO in Geneva; the 2015 World Innovation Summit for Health in Doha, Qatar; the Economist's Pharma 2015 Conference in the United Kingdom; the Sixteenth World Conference on Tobacco in Abu Dhabi; the African Union (AU) and the Southern African Development Community (SADC) in Zimbabwe. Through participating in international fora and multilateral organisations, one of South Africa's objectives is to follow-up on the implementation of the outcomes of these major summits and conferences, particularly in the areas of health systems strengthening, financing for development through universal health coverage and poverty eradication, in line with South Africa's health policies and programmes.

The Memorandum of Understanding (MoU) on improving access to paediatric HIV treatment in South Africa between the NDoH and the Drugs for Neglected Diseases initiative (DNDI) was developed. This partnership will ensure improved access to paediatric HIV treatment in South Africa, Africa and the world. An Action Plan for the implementation of the Project on Improving Access to Paediatric HIV Treatment in South Africa was approved.

Four cross-border projects of the SADC HIV and AIDS Fund continued to be implemented under Phase 1. These are:

- Research on health vulnerabilities of mobile populations and affected communities in selected ports.
- Towards a common destination: Developing best practices through shared experience of institutional response to HIV and AIDS in selected universities in southern Africa.
- Food security and nutrition as effective and sustainable prevention, treatment and impact mitigation responses to the HIV and AIDS epidemic in Southern Africa.
- Building the Capacity of Traditional Health Practitioners in HIV/AIDS Prevention and Care under the SADC HIV Trust Fund. This project has resulted in the training of Traditional Health Practitioners in North West, Limpopo and Mpumalanga provinces.

Through various humanitarian programmes, South Africa provided assistance in response to the recent Ebola virus outbreak in Guinea, Sierra Leone and Liberia. A total of 33 South African volunteers were placed in Sierra Leone to combat the Ebola disease outbreak. South Africa also donated items such as food, medicines, motorcycles and ambulances to Guinea, Sierra Leone and Liberia.

The first Extraordinary Meeting of SADC Health Ministers' Emergency on Ebola virus disease (EVD) Outbreak Preparedness and Response was convened in Johannesburg on 6 August 2014, and was attended by a ministerial delegation. The meeting resulted in the development of a Regional Roadmap for EVD Outbreak Preparedness and Response and a related SADC Communiqué, which disseminated information about the adoption of a Common Regional Position on Travel of Persons and Trucks/Commercial Vehicles from Ebola-affected countries and the standardisation of public health interventions to prevent the spread of EVD into their respective countries. The report was presented and approved by SADC Health Ministers during their meeting in Zimbabwe in January 2015. .

In the area of bilateral relations, the Department continues to share knowledge and information on various areas of collaboration with strategic countries such as Cuba, Botswana, Uganda, Namibia and Ghana.

Various resource mobilisation projects with development partners were also accomplished, including the EU Primary Care grant, and a contractual agreement between the United Nations Industrial Development Organisation and the North-West University, Potchefstroom Campus. The NDoH also facilitated the signing of an MoU with the Federal Department of Home Affairs (Swissmedic); a ceremony for the handover of an obstetric ambulance by the Government of the Republic of Turkey; as well as the release of the additional variable tranches for the Primary Health Care Sector Policy Support Programme (PrimeCare SPSP).

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance(NHI)	Legislation for NHI	Draft White Paper on NHI revised and tabled to the Social Cluster in November 2013	Draft NHI Bill gazetted for public consultation	The Draft White Paper for the NHI Bill has been revised and prepared for submission to Cabinet	The White Paper was not presented to Cabinet for consideration	The White Paper requires agreement with National Treasury before submission to Cabinet
	Piloting of NHI in selected districts across the country	New Indicator	10 NHI pilot districts across the country.	NHI interventions piloted in the 10 NHI districts.	None	None
	Establishment of the National Health Insurance Fund	Draft document outlining the proposed structure of the NHI Fund prepared	Funding modality for the National Health Insurance Fund including budget reallocation for the district primary health care (PHC) personal health services developed	The draft funding modality for the NHI Fund has been developed	The final document outlining the funding modality for the NHI Fund has not been finalised	The finalisation of the document is dependent on approval of the NHI White Paper. The joint Health Treasury technical working group has been established to finalise the NHI policy proposals including the establishment of the NHI fund
Regulate health care in the private sector by establishing National Pricing Commission and legislating methodologies for calculating fees	Revise and legislate methodology for the determination of the dispensing fee	New Indicator	Systematic survey for the dispensing fee completed for 2015/16 cycle	The revised dispensing fee regulation was published on 13th March 2015	None	None
	Revise and legislate methodology for the determination of the logistics fee	New Indicator	Revise the instruction document on how to calculate the Logistics Fee for 2015/16	The revised logistics fee regulation calculation was published.	None	None
	Publish revised Single Exit Price adjustment methodology.	New Indicator	Implementation of the gazette 2014/15 Annual Price Adjustment	The 2014/2015 Annual Single Exit Price Adjustment was implemented	None	None
Improve management and control of pharmaceutical services	Percentage of the PHC Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) reviewed	New Indicator	Review 100% Primary Health-care EML/STG & publish 2014 edition	100% of the Primary Healthcare EML/STG was reviewed and published	None	None
	Percentage of the Hospital Level Paediatric Essential Medicines List (EML) and Standard Treatment Guidelines (STGs) reviewed	New Indicator	Review 20% Hospital Level Paediatric EML/ STG.	24% of the Hospital Level Paediatric EML/STG was reviewed	+ 4%	The project plan was flexible enough to accomodate activities and meetings that have not been scheduled for December to January where the perfomance is likely to decline
	Percentage of the Hospital Level Adult Essential Medicines List (EML) and Standard treatment Guidelines (STGs) reviewed	New Indicator	Review 50% of Hospital Level Adult EML/STG.	36% of the hospital level adult EML was reviewed	-14%	The Review of the STG and EML includes peer review from various stakeholders. Each comment is then reviewed by the Expert Review Committee. As the volume of comments received cannot be predicted, the time needed to review all comments is an estimated time. An increased volume of comments were received as a result of increased participation from stakeholders, thus requiring more time to review the comments and evidence submitted prior to finalisation of the STGs
	Number of medicines review reports approved by the NELMC for inclusion in the tertiary EML	New Indicator	Complete 12 medicine reviews for Tertiary level and update list	12 medicine reviews for Tertiary level were completed and the list was updated	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Central chronic medicine dispensing and distribution	Number of districts implementing centralised chronic medicine dispensing and distribution	New Indicator	Implemented in all 10 NHI pilot districts	Ten NHI districts have implemented the centralised chronic medicine dispensing and distribution system	None	None
Strengthen revenue collection by incentivising central hospitals to increase their revenue collection	Develop and implement a Revenue Retention model	6 central hospitals improved their annual revenue collection	Draft hybrid revenue retention model developed.	Hybrid revenue retention model developed	None	None
Develop Business and Enterprise architecture for eHealth	Develop a complete system design for a National Integrated Patient based information system	Normative Standards Framework for eHealth developed	Business architecture for a National Integrated Patient Based Information System developed	Draft architecture for a National Integrated Patient Based Information Systems was developed	Not yet fully established	Partial definition of Business Architecture for a National Patient Based Information System
Establish a National Health Research Observatory	Functional Health Research Observatory	New indicator	Concept paper for the establishment of the National Health Observatory approved	A concept paper and business plan for the establishment of the National Health Observatory was developed	The National Health Observatory concept paper has not been approved, pending the outcome of an extensive stakeholder consultation process	The National Health Observatory began in 2014/15 with the launch of National Health Research Database in October 2014 , and continued provincial capacity building for provinces to run this database
Develop and implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	Develop and implement Integrated monitoring and evaluation plan	Monitoring and evaluation plan for health reviewed and revised	Monitoring and evaluation plan for health developed	The Monitoring and Evaluation Plan for health was developed and revised	None	None
Establish a coordinated disease surveillance system for Notifiable Medical Conditions (NMC)	Develop and implement a strategy and plan for the integration of disease surveillance systems for NMC	New Indicator	Draft strategy for the integration of disease surveillance systems for NMC developed.	Draft strategy was developed. As part of strategy implementation,the Emergency Operations Centre for disease surveillance has been established at the NICD	None	None
Monitor HIV prevalence	Annual National HIV Antenatal Prevalence Survey	2012 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence published	2013 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence in South Africa	2013 National Antenatal Sentinel HIV and Herpes Simplex Type 2 prevalence in South Africa report	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Domestication of international treaties and implementation of multilateral cooperation on areas of mutual and measurable benefit	Implement International treaties and multilateral frameworks	New Indicator	International treaties and multilateral frameworks implemented	Implementation of provisions of IHR (2005) and the WHO Framework Convention on Tobacco Control (WHO-FCTC). Monitored the implementation of four cross-border projects of the SADC HIV and AIDS Fund. Participated in multilateral health fora: World Health Assembly, World Health Organization–Africa Region, World Economic Forum, 136th Executive Board Meeting of WHO, World Innovation Summit for Health – Doha, Qatar; Economist's Pharma 2015 Conference – UK, Sixteenth World Conference on Tobacco in Abu Dhabi, African Union and SADC Ministerial meetings	None	Attributed to increased participation of SA in multilateral fora
Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	New Indicator	Two strategic bilateral projects implemented	Provided humanitarian assistance in response to Ebola virus disease outbreak in Guinea, Sierra Leone & Liberia, Provided financial assistance for the recruitment of Cuban doctors to provide health services in Sierra Leone. Established a knowledge and information sharing platform on various areas of collaboration with Botswana, Uganda, Namibia and Ghana. Continue to provide scholarship assistance for South African students to Cuba for medical training. Mobilized resources for SA health system with United Nations Industrial Development Organization. Handover Ceremony of an Obstetric Ambulance by Turkey. Release of the additional variable tranches for the Primary Health Care Sector Policy Support Programme	None	None

Note: "+" means over achievement, and "-" means under achievement of the target.

Strategy to overcome areas of under performance

For the establishment of the National Health Observatory, consultations are underway with key stakeholders to finalise the concept document and the plan. Provincial capacity building on the National Health Research Database is continuing as part of this process.

Changes to planned targets

During the period under review the indicator for the establishment of the National Pricing Commission was reviewed. This was as a result of the Competition Commission which has embarked on a process to conduct a market inquiry into private health care prices. The Department will await the outcome of this market enquiry to determine the regulatory and structural form of this Commission.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	437	331	106	919	353	566
Technical Policy and Planning	1 448	1 314	134	3 657	2 658	999
Health Information Management, Monitoring and Evaluation	69 499	38 933	30 566	41 205	34 106	7 099
Sector-wide Procurement	24 532	24 347	185	22 202	20 817	1 385
Health Financing and National Health Insurance	483 460	177 446	306 014	366 499	76 030	290 469
International Health and Development	74 751	74 296	455	59 431	64 297	(4 866)
Total	**654 127**	**316 667**	**337 460**	**493 913**	**198 261**	**295 652**

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 3: HIV / AIDS, TB and Maternal and Child Health

Purpose: Develops national policy, coordinates and fund HIV and AIDS and STI, Tuberculosis, Maternal and Child Health, and Women's Health programmes. Develops and oversee implementation of policies, strengthen systems and set norms and standards and monitors programme implementation.

This programme consists of the following four sub-programmes:

- HIV and AIDS
- Tuberculosis
- Women's, Maternal and Reproductive Health
- Child, Youth and School Health

The HIV and AIDS Sub-programme: is responsible for policy formulation for, and co-ordination, and monitoring and evaluation of HIV and sexually transmitted diseases services. This entails co-ordinating the implementation of the National Strategic Plan on HIV, STIs and TB 2012–2016 (NSP). Management and oversight of the HIV Conditional Grant from National Treasury for implementation by the provinces is an important function of the sub-programme. Another purpose is the co-ordination and direction of donor funding for HIV, especially the US President's Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), in the health sector.

The Department's strategic objectives of scaling up combination prevention interventions to reduce the rate of new infections, and improving the quality of life of people living with HIV by providing a comprehensive package of care, treatment and support services to at least 80% of people living with HIV and AIDS, are informed by the NSP.

Universal access to HIV counselling and testing (HCT) as an entry point for diagnosis is essential for treatment, care and support. Since the HCT campaign was introduced in 2010, over 35 million people have been tested. During the 2014/15 financial year, 9 566 097 people between the ages of 15 and 49 years were tested.

Medical male circumcision (MMC) is one of the combination prevention interventions geared towards achieving zero new HIV infections. The MMC programme has achieved over 1 million medical male circumcisions (15–49 years) since it started in 2010. This was attributable to partnerships between government and donors such as PEPFAR and the Global Fund. The 2012/13 financial cycle yielded 422 262 MMCs and in 2013/14, 331 668 circumcisions were performed. During 2014/15, 508 404 MMCs were conducted. The performance of MMC procedures is reliant on medical doctors, which was a limiting factor in achieving the ambitious target of 1 000 000 circumcisions during the financial year under review.

South Africa's ARV treatment programme is the largest in the world, which is commensurate with the burden of disease. At the end of March 2015, there were 3 103 902 clients remaining on ART (TROA). The Department revised the HIV guidelines to align with World Health Organisation (WHO) HIV Guidelines. The revisions included:

- enrolling all HIV-positive people with CD4 counts of 500 cells/mm^3 and lower on ART; and
- starting all HIV-positive pregnant women on life-long antiretroviral treatment (the so-called B+ option), irrespective of CD4 count.

The Tuberculosis Sub-programme: develops national policies and guidelines, and sets norms and standards for tuberculosis (TB) in line with the vision outlined in the NSP 2012-2016. The treatment success rate among new smear-positive TB patients improved during the 2014/15 financial year. As part of Global Fund-funded TB screening programme, we have prioritised TB screening in prisons, mines and six peri-mining communities. By the end of the financial year, the number of inmates tested using GeneXpert™ was 70 425. In addition, 252 843 community members in the six targeted peri-mining communities were screened for TB, and 222 113 were counselled and tested for HIV. We also monitored the percentage of mines that are conducting routine screening of miners for TB and found that 88% of mines are routinely screening miners.

The TB Control and Management Sub-programme has implemented a co-ordinated national response that incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB). A grant exceeding R500 million from the Global Fund has strengthened interventions, especially among key populations, including inmates, miners and members of peri-mining communities.

The Women's, Maternal and Reproductive Health Sub-programme: develops and monitors policies and guidelines, and sets norms and standards for maternal and women's health, including contraception and family planning services.

Adequate antenatal care is essential for monitoring the health of both mother and baby. Over the past three years, the antenatal 1st visit before 20 weeks rate trends showed an increase of 5% annually. Early antenatal care booking is, however, still a challenge, with 53.9% of pregnant women booking for antenatal care before 20 weeks in

the 2014/15 financial year. MomConnect was launched in August 2014 as an intervention to improve early antenatal care. To date, more than 420 000 women have been registered to receive tailored health promotion messages via SMS technology based on the gestational age at the time of their first antenatal care visit.

Adequate intrapartum care to ensure prevention of maternal deaths is essential to reduce maternal mortality in our facilities. Currently, interventions to improve maternal health outcomes are being implemented, including the Maternal, Newborn, Child, and Women's Health and Nutrition Strategy (2012–2016); the South African Campaign On Accelerated Reduction of Maternal And Child Mortality (CARMMA) strategy and recommendations from the two ministerial committees – the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) and the National Perinatal Mortality and Morbidity Committee (NaPeMMCo). In addition, there is ongoing strengthening of clinical governance through the District Clinical Specialist Teams. In districts with high maternal mortality, a project that retrains doctors and midwives on the Essential Steps in the Management of Obstetric Emergencies (ESMOE) has resulted in a 32.5% reduction in maternal mortality.

To improve neonatal health, a national Newborn Care Strategy has been developed and the national team is supporting provinces to finalise implementation and monitoring plans. Training on Management of Sick and Small Neonates is underway to improve healthcare workers' skills in managing the care and treatment of newborns that are sick and small (preterm and low birth weight). The NDoH is also in the process of procuring Continuous Positive Airway Pressure (CPAP) machines to ensure that district hospitals have essential equipment to care for neonates. Implementation of the strategy for newborns has resulted in a 35% reduction in neonatal mortality in the districts in which the strategy has been implemented.

To improve postnatal care within six days, the Ward-based PHC Outreach Teams have been tasked with following up new mothers within six days of giving birth and this has shown a significant improvement in provinces where roving teams are actively linking mothers to facilities within the specified period.

Improvements in the prevention of mother-to child transmission of HIV (PMTCT) is also key to improving maternal and neonatal health, through providing HIV-positive pregnant and breastfeeding women with access to ART to prevent vertical transmission to their infants and improving their health. This has been strengthened with the revised HIV policy, which has been implemented since January 2015, stipulating that all pregnant women be initiated on lifelong ART, regardless of CD4 count (PMTCT Option B+). Programme data are also showing that fewer infants are infected with HIV, with Polymerase Chain Reaction (PCR) positivity rates of less than 2% of all babies born to HIV-positive women around six weeks.

However, the HIV infant guidelines have also recently been changed. HIV-exposed Infants will now be tested at birth and at 10 weeks, instead of at six weeks, effective from June 2015. For a smooth transition, the Infant 1st PCR test positive around 6 weeks rate will be kept, as it is envisaged that new indicator (Infant PCR test around 10 weeks) will be under-reported at the start of the new guidelines implementation. This will ensure that the PMTCT programme is able to track variations with implementation of the new changes.

The Couple-Year Protection rate (CYPR) is generally improving. When the new Contraceptive Policy was launched in 2014, a new long-acting reversible contraceptive – the sub-dermal implant – was made available in facilities to increase the number of contraceptive methods available to prevent unwanted or unplanned pregnancies. The inclusion of the sub-dermal implant has resulted in an increase in the couple-year protection rate, which for the 2014/15 financial year was 52.7% compared to 42.5% in the 2013/14 financial year.

The Child, Youth and School Health Sub-programme: develops and monitors policies and guidelines, and sets norms and standards for child health. Immunisation remains the most cost-effective public health intervention available in reducing vaccine-preventable diseases. The reduction in the diarrhoea case fatality rate in children under five years of age is attributable to the introduction of the rotavirus vaccine, and achievement in reducing the confirmed measles case incidence per million total population contributes positively to the Department's and National Development Plan's goal of preventing disease, reducing its burden, and promoting health.

The Department introduced the pneumococcal vaccine and rotavirus vaccine in 2009. These vaccines have had a significant impact on pneumonia and diarrhoea. The National Institute for Communicable Diseases (NICD) found a 70% decline in invasive pneumococcal disease in children who were vaccinated, which demonstrates the direct protection conferred to children who previously experienced the highest disease burden in South Africa from this leading cause of under-five mortality globally. The NICD also documented a 66% reduction in rotavirus diarrhoea hospitalisations in the first two years after the introduction of the rotavirus vaccine in 2009.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To reduce the maternal mortality ratio to under 100 per 100 000 live births	Antenatal 1st visit before 20 weeks rate	50%	65% (716 825 of 1 102 808)	53.9%	-11.1%	The early antenatal care visit is influenced by multiple factors, including cultural beliefs which are slow to change. This indicator has improved by 20% over the past three years
	Mother postnatal visit within 6 days rate	73%	80% (755 078 of 943 848)	74.3%	-5.7%	Mothers in rural areas have challenges in returning to facilities for postnatal care within six days, especially traditional customs dictating that a new mother has to stay indoors for a specified period. The Ward-based Outreach Teams are assisting with actively following up new mothers and linking them to facilities for postnatal care within six days
	Maternal mortality in facility ratio (annualised)	New indicator	100 per 100 000 live births (937 of 937 082)	132.5 per 100 000 live births	-32.5 per 100 000 live births	This indicator has steadily improved over the past three years. However, maternity care to ensure that maternal deaths are prevented in our public health facilities still requires further improvement. Recommendations from the NCCEMD are being implemented to further strengthen maternal health care
To reduce the neonatal mortality rate to under 6 per 1000 live births	Inpatient Neo-natal death rate (annualised)	New indicator	10 per 1000 live births	12.8 per 1000 live births	-2.8 per 1000 live births	Many of the same factors that influence maternal mortality also influence neonatal mortality. A range of interventions is being implemented (including CPAP machines, Kangaroo Baby Care) to reduce neonatal mortality
To improve access to sexual and reproductive health services by expanding the availability of contraceptives	Couple year protection rate	42.5%	55% (8 096 666 of 14 721 211)	52.7%	-2.3%	Performance in 2014/15 increased compared to the previous financial year due to the introduction of a long acting reversible contraceptive,the sub-dermal implant. Note that this data element was not included in the DHIS and data on the use of the implant are added to the data from the DHIS
	Cervical cancer screening coverage	58.3%	60% (8 716 794 of 14 527 991)	54.5%	-5.5%	The policy guidelines are under review with the aim of providing clearer guidance on what constitutes the “gold standard” for CaCx (carcinoma of the cervix) screening, and to make the form of test more accessible nationally, including remote/ hard-to-reach sections of our communities. Women are often reluctant to have a Pap smear done, when offered the test by healthcare providers. The revised policy will also address and ensure improved efforts around heightening awareness and education among women of the importance of CaCx screening as a preventative measure
	HPV 1st dose coverage	New indicator	70%	91.8%	+21.2%	The high coverage is attributed to vaccination of learners with the first dose during the second round

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Expand the PMTCT coverage to pregnant women by ensuring all HIV positive Antenatal clients are placed on ARVs and reducing the positivity rate to below 1%	Antenatal client initiated on ART rate	77.5%	93% (217 078 of 233 417)	91.2%	-1.8%	Improvements are largely due to increased testing of pregnant women at all ANC visits and initiation of HIV+ on treatment irrespective of CD4 count
	Infant 1st PCR test positive around 6 weeks rate	2%	1.8% (4 456 of 247 533)	1.5%	+0.3%	The revised 2013 PMTCT guidelines, which made ART accessible to all pregnant women regardless of CD4 count, further improved access to treatment and has led to a further reduction in transmission of HIV from mother to child
To reduce under-five mortality rate to less than 23 per 1,000 live births by promoting early childhood development	Child under 5 years diarrhoea case fatality rate	New indicator	3.5% (1 775/45 880)	3.3%	+0.2%	Achievement on this indicator can be attributed to the inclusion of Rota antigen in the EPI schedule
	Child under 5 years severe acute malnutrition case fatality rate	New indicator	8%	11.6%	-3.6%	Process of assessment, reporting and classification of SAM cases is a challenge. There is also inconsistent management of SAM children with the 10 steps recommended by the WHO
	Confirmed measles case incidence per million total population	New indicator	<5/1,000,000	1.19/1,000,000	+3.81	Although the indicator has been achieved Gauteng and Northern Cape Provinces experienced measles outbreak in 3 districts with 49 confirmed measles cases reported during 2014/15
	Immunisation coverage under 1 year (annualised)	91.8%	90% (970 919 / 1 078 799)	90%	None	None
	DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	New indicator	7% (70 176/ 1 002 514)	2.1%	+4.9%	Catch up drive workshops were conducted in the provinces of Limpopo, Eastern Cape, KwaZulu-Natal and Mpumalanga to address low coverage (including high dropout rates). In addition, an EPI refresher course was conducted
	Measles 2nd dose coverage (annualised)	80.2%	82% (874 562/ 1 066 540)	82.8%	+0.8%	Catch-up drive workshops were conducted in the provinces of Limpopo, Eastern Cape KwaZulu-Natal and Mpumalanga to address low coverage (including high dropout rates). In addition, an EPI refresher course was conducted for all provinces

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To contribute to health and wellbeing of learners by screening for health barriers to learning	School Grade 1 screening coverage (annualised)	New indicator	28%	23.2%	-4.8%	The deviation can be attributed to competing priorities (HPV vaccination campaigns) and resource constraints
	School Grade 8 screening coverage (annualised)	New indicator	12%	8.6%	-3.4%	In addition to the abovementioned reasons, Western Cape Province is only focusing on Grade1 learners except for referred learners in Grade 8 because of resource constraints
Improve the effectiveness and efficiency of the routine TB control programme to increase the identification of TB patients; to ensure that these take and complete their treatment of Tuberculosis	TB new client treatment success rate	75.9%	82%	82.5%	+0.5%	Increased efforts by provinces to retain patients in treatment and care, strengthen treatment adherence and tracing of patients that are lost to follow-up has resulted in better treatment outcomes
	TB (new pulmonary) defaulter rate	6.2%	6%	5.7%	+0.3%	Increased efforts by provinces to retain patients in treatment and care, strengthen treatment adherence and trace patients who are lost to follow up has resulted in better treatment outcomes
	Number of trained TB tracing coordinator available	New indicator	25	5	-18	The programme plan was to recruit and train co-ordinators which took much longer than planned due to long recruitment processes for newly created posts
	TB Death Rate	New indicator	6%	4.8%	+1.2%	The scale-up of the TB screening, testing and early initiation of treatment for those diagnosed with TB has resulted in the reduction of TB related deaths
To improve the functioning of the MDR-TB control programme including earlier initiation and decentralised treatment	Number of professional nurses trained to initiate MDR-TB treatment	New indicator	25	72	+47	Provinces were able to identify and second a large number of nurses for training; these are not new recruits
	Number of hospitals assessed according to the MDR Treatment Criteria	New indicator	50	43	-7	Seven hospitals were previously assessed and erroneously included in the tally, leading to double counting
	TB MDR confirmed treatment initiation rate	New indicator	60%	65.7%	+5.7%	More sites were decentralised than planned leading to better treatment initiation rates for MDR TB treatment
	TB MDR treatment success rate	New indicator	50%	48.0%	-2%	Challenges with incomplete data
Ensure that all correctional services facilities have appropriate services and that inmates all have access to TB and HIV diagnosis and treatment services and care	Number of Correctional Services Management areas with risk assessments undertaken	New indicator	20	4	-16	There were delays in grant implementation with funds only moving to NGOS 10 months after the official commencement of the grant
	Percentage of correctional services centres conducting routine TB screening	New indicator	50%	78.0%	+28%	The indicator refers to centres implementing a TB screening programme but this does not necessarily imply that every inmate in all facilities is screened. In future, reporting will indicate the number of inmates being screened

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To scale up combination of prevention interventions to reduce new infections including HCT, medical male circumcision and condom distribution	HIV testing coverage (15-49 years annualised)	6 688 950	10 000 000	9 566 097	-433 903	Community-based and home-based testing and testing in private health facilities are not always captured and reported
	Number of Medical Male circumcisions conducted	331 668	1 000 000	508 404	-491 596	Data from private sector are not being streamlined into DHIS; we need to strengthen demand creation in some districts to meet district targets
Increase the numbers of HIV positive people who are managed so that they do not contract opportunistic infections especially TB and who receive antiretroviral therapy when needed	Total clients remaining on ART (TROA) at the end of the month	New indicator	3 000 000	3 103 902	+103 902	The new HIV treatment guidelines were implemented since January 2015. The CD4 cell count for new eligibility criteria has been raised from <350 to <500; also the upgrading to B+ for HIV-positive pregnant and breastfeeding women was activated. The introduction of the Central Chronic Medicines Dispensing and Distribution Programme with involvement of the private sector, targeting clinically stable ART patients, would have also had a contributory effect
	TB/HIV co-infected client initiated on ART rate	31.2%	64% (585277 of 914 496)	73.7%	+9.7%	TB/HIV clients initiated on ART do not require CD4 cell count. Once TB is diagnosed, they are initiated on treatment. There is also ongoing training of clinicians on TB/HIV co-infection and the implementation of TB/HIV Guidelines

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

Some of the indicators in the DHIS have the total population data as the denominator (e.g., immunization coverage). However, as the DHIS only collects, for the most part, only public health sector data, the numerator excludes the children that are immunized in the private health sector. The Department is investigating ways to include all the relevant private sector data as well as getting more accurate total population data.

Part of addressing the TB epidemic is finding new drugs, especially those whose potency minimises resistance. Until recently, the world relied on treating TB using drugs that were developed more than 50 years ago. Since about 2 years ago, a new drug, bedaquiline, which is much more efficacious, and has little side effects (such as loss of hearing) was introduced globally. South Africa was the first in the world to use the drug programmatically (that is, formally within its TB programme, and beyond small scale research sites), initially on a limited compassionate basis. The drug will be rolled out to ensure wide-scale availability to eligible DR-TB patients.

The TB sub-programme will also mobilise resources to 17 districts that have been prioritised for enhanced support. These were identified on both drug sensitive (DS-TB) and drug resistant TB burden and poor treatment outcomes (treatment success, defaulter and mortality rates). The TB information systems (ETR.Net and EDRWeb) will be integrated to those in the HIV/AIDS programme (TIER.Net) and DHIS. A system for tracing initial treatment interrupters, defaulters and contacts will also be developed. A large grant received from the Global Fund will help implement most of the indicated interventions.

Strategy that will be implemented for financial year 2015/16 to overcome areas of underperformance will include:

- **HCT:** The processes are underway to include data from partners by creating organisational units so that data can streamline into DHIS. The indicator has been revised for the financial year 2015/16 to include all people 15 years of age and over.
- **MMC:** The directorate will fund NGOs providing MMC through the HIV conditional grant budget to improve performance towards national target. Processes also are underway to collect data from external MMC implementing partners (e.g. private sector, traditional initiation schools). The program is reviewing target age group of 15 – 49 years to include 10-14 years as this group is about to be sexually active and contribute to MMC uptake without additional resources for demand creation.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	4 278	4 225	53	3 840	3 905	(65)
HIV and AIDS	12 786 142	12 782 033	4 109	10 978 412	10 904 279	74 133
Tuberculosis	23 455	21 783	1 672	24 778	23 799	979
Women's Maternal & Reproductive Health	14 589	12 422	2 167	16 051	14 116	1 935
Child, Youth and School Health	218 195	207 447	10 748	17 264	16 602	662
Total	**13 046 659**	**13 027 910**	**18 749**	**11 040 345**	**10 962 701**	**77 644**

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 4: Primary Health Care (PHC) Services

Purpose: Develop and guide implementation of legislation, policies, systems, and norms and standards for a uniform district health system, environmental health, communicable and non-communicable diseases, health promotion, and nutrition. During the 2014/15 financial year, Programme 4 made significant achievements and progress against the planned strategic goals, indicators and targets.

This programme consisting of the following five budget sub-programmes:

- District Services and Environmental Health
- Communicable Diseases
- Non-Communicable Diseases
- Health Promotion and Nutrition
- Violence, Trauma and EMS

The District Services and Environmental Health Sub-programme: develops and guides implementation of policies, strategies, and norms and standards for a uniform district health system within which primary health care services are delivered. This includes the implementation of the third stream of primary health care re-engineering, namely Ward-based Primary Health Care Outreach Teams (WBPHCOTs). This sub-programme also guides the delivery of Environmental Health services at all levels of the healthcare system, including monitoring the delivery of municipal health services.

Towards improving district governance and strengthening management and leadership of the District Health System, the functionality of Clinic Committees will be monitored through the Ideal Clinic monitoring software. Resource manuals for governance structures have been developed which will be used to institutionalise uniformity in the establishments and improved functionality of these governance structures. Standardised job profiles for the different categories of staff at district level and district organograms have been developed. This necessitated a discussion with all provinces since conditions differ markedly in the country's 52 health districts.

A framework has been developed for inter-sectoral collaboration. This framework will contribute to the functioning of the National Health Commission which is yet to be established. The Department collaborates with other government departments such as those of Education, Social Development, Co-operative Governance and Traditional Affairs, Sports and Recreation, Arts and Culture, as well as Agriculture, Fisheries and Forestry to address the social determinants of health. Collaborative health promotion activities were implemented with the Department of Social Development to promote physical activity with the elderly at the Golden Games event; with the Department of Sports and Recreation to encourage physical activity through the Big Walk; with the Department of Agriculture, Fisheries and Forestry in the development of an integrated Food and Nutrition Security policy implementation plan, and with the Department of Trade and Industry (DTI) on their Eat Well, Eat Safe, Eat Local campaign. This campaign with the DTI is aimed at encouraging local food manufacturers to produce safe foods that are low in salt and sugar and that promote health. These campaigns provide an opportunity to educate and inspire consumers to make healthy food choices.

To improve access to community-based PHC services, Programme 4 guides the establishment and improved functioning of municipal Ward-based Primary Health Care Outreach Teams (WBPHCOTs). In the 2014/15 financial year, 2 912 WBPHCOTs were established. This is an increase from 1 595 teams formed in 2013/14. Teams report their activities into the DHIS to enable managers at national, provincial and district levels to monitor their functionality. In the financial year under review, 1 748 teams reported in the DHIS. This is an improvement on 1 063 teams that reported in 2013/14. Eight-hundred community health workers have been allocated mobile phones and trained on the use of the technology for data-capturing and reporting. This initiative has been launched to improve the reporting rate of community health workers and to obtain a faster turnaround time for care of individuals and families in the community.

The 'Ideal Clinic' (IC) initiative was launched in July 2013 as a way of systematically improving the deficiencies in PHC facilities in the public sector. The goal is to make high-quality PHC services universally available in a standardised manner. The work done since July 2013, and the methods used for its application, culminated in an Operation Phakisa Ideal Clinic laboratory that took place from 12 October to 21 November 2014. This laboratory's output is a detailed plan for turning all clinics in South Africa into ideal health establishments.

Since the General Practitioners (GPs) contracting programme started in 2013, there has been a steady increase in the number of GPs who are rendering services in public health facilities in nine of the 10 NHI pilot districts. The tenth district is OR Tambo District in the Eastern Cape where negotiations with the doctors are ongoing to secure their assistance for the public service to achieve its vision of a long and healthy life for all South Africans. The GPs were slow in signing up for the GP contracting initiative because of concerns that the state of public health facilities would hamper their quality of work. While adverse conditions in the working environment of many of our clinics are still being addressed, the GPs who have signed on have reported that they have been pleasantly surprised by the standards upheld in some of the public sector clinics. As a result, many have since increased the working hours they spend working in public health facilities. This feedback is gathered through interactions with the GPs during orientation sessions and during support visits to the health facilities where they are providing services. This positive trend has also been demonstrated by the growing number of GPs who have signed on.

The introduction of an independent service provider for the recruitment and placement of GPs in November 2014 has significantly increased the number of GPs contracted. Prior to the introduction of the independent service provider, just over 150 doctors were recruited during the 21 months of the project. Since November 2014, a further 150 doctors have been recruited and placed at PHC facilities, elevating the number of doctors appointed to just over 300.

In ensuring that Port Health Services are rendered in line with International Health Regulations, the National Health Amendment Act (12 of 2013) has allocated the responsibility of facilitating the provision of Port Health services to the National Department of Health with effect from 1 September 2014. The transfer process was finalised in March 2015. Points of Entry (POE) were supported to improve their operations during 2014/15 and 44 POE are now compliant with International Health Regulations.

Following the outbreak of Ebola Virus Disease (EVD) in West Africa, the World Health Organization called on countries to strengthen their surveillance systems in Points of Entry (POE) to prevent the spread of the disease to other countries. Human resource capacity was strengthened at POE with the appointment of 25 additional Port Health officials. Staff at POE were orientated on the standard operating procedures and capacitated to manage the Ebola threat. Additional thermal scanners were installed at priority POE to assist in identifying individuals at risk.

The Department played a key role in the committee that co-ordinated the repatriation of mortal remains of South Africans, Zimbabweans and a citizen from the Democratic Republic of the Congo who passed away during the collapse of a guest house in Nigeria. This was done in compliance with the provisions of the Regulations Relating to the Management of Human Remains. This was an inter-sectoral committee initiative co-ordinated at the level of the Presidency.

To improve environmental health services in all 52 districts and metropolitan municipalities in the country, an Environmental Health Strategy has been developed and the Health Care Waste Management Regulations have been finalised.

The Communicable Diseases Sub-programme: develops policies and supports provinces to ensure management and control of infectious diseases. This sub-programme supports the National Institute of Communicable Diseases, a division of the National Health Laboratory Service.

The Department has strengthened capacity for epidemic preparedness and response teams at national, provincial and district levels through training all provinces, 15 districts and more than 5 000 professionals in Ebola Virus Disease (EVD). Laboratory surveillance for EVD was also intensified through the National Institute for Communicable Disease (NICD) that was designated as a centre of excellence for testing samples and training on EVD in the SADC region. An Emergency Operations Centre (EOC) with a 24-hour, seven days per week medical hotline was established at the NICD. To date, no EVD cases have been reported in South Africa; however, a total of 38 cases were tested, 30 of whom were South Africans and eight were from other African countries (four from Namibia, two from Zimbabwe, one from Angola and one from Ethiopia).

The EVD outbreak in West Africa also reminded us of the importance of basic hand hygiene. Hands are the main source of the transmission and spread of pathogens (agents such as bacteria and viruses) that cause communicable diseases. To alert South Africans to this simple yet effective practice for preventing the spread of disease, the Minister of Health launched a hand-washing campaign on 24 November 2014, which aims to mobilise communities, households and individuals in schools and workplaces to wash hands with soap at appropriate times.

The Non-Communicable Diseases Sub-programme: develops and guides implementation of policy, legislation and guidelines for implementing and monitoring services for chronic diseases, disability, elderly people, eye care, oral health, mental health and substance abuse, and nutrition.

Reduction of risk factors for and improving the management of Non-Communicable Diseases (NCDs) is a key priority for the Department of Health. A directive was issued that all people receiving screening as part of the HIV counselling and testing programme should also be screened for hypertension and blood glucose. The system used to record the data for screening was inadequate, resulting in the under-reporting of actual performance. This has been addressed in the 2014/15 financial year. Reporting has thus not reached the set target of 500 000. Screening campaigns by the Department and its partners resulted in 169 418 and 147 562 people screened for hypertension and blood glucose respectively.

The Department successfully instituted a system for monitoring the screening for and treatment of mental disorders in primary health care facilities, in accordance with the target set in the Annual Performance Plan for 2014/15. Another achievement in the area of mental health is the passing of an amendment to the Mental Health Care Act (17 of 2002) in May 2014. This amendment aims to improve the administrative processes pertaining to the care, treatment and rehabilitation of State patients in order for services to be more responsive in this regard.

Persons with disability require the health service to be receptive to their needs in providing access to care and effective rehabilitation services. In keeping with the principle that services must be developed in collaboration with persons with disabilities, a draft Policy Framework and Strategy was developed in consultation with key stakeholders. The final draft will be further interrogated by all concerned in a work session in May 2015, before submitting it to the National Health Council for approval.
Cataracts are a major cause of avoidable blindness and successful surgery provides extensive improvement in quality of life for individuals and their families. In the 2014/15 financial year, the provincial Departments of Health performed an average of 985 surgeries per million population. This has resulted in sight being restored to about 43 742 older persons.

Kidney disease causes significant mortality and morbidity, and in response, the Minister of Health convened a summit of all major stakeholders in January 2015. A Declaration, including targets, was adopted, forming the basis for improving future kidney care from primary to tertiary health levels.

The Health Promotion and Nutrition Sub-programme: develops and guides implementation of policies, guidelines, and norms and standards for health promotion and nutrition. The sub-programme also plans and implements health campaigns to promote healthy lifestyles, and implements facility-based nutrition services.

Children are highly susceptible to dental decay. Oral health preventive services were provided to learners in schools as part of the Integrated School Health Programme. Oral health education is provided, tooth fissure sealants are applied and tooth-brushing with fluoridated toothpaste is practised in schools. The NDoH procured fissure sealants, toothbrushes and toothpaste to cover 12 000 children in Quintile 1 and 2 primary schools to supplement the stocks purchased by provinces. The Oral Health programme has also received fully equipped Mobile Dental Units all NHI pilot districts for oral health services at schools.

The sub-programme also developed a health promotion policy and strategy aimed at providing a broad framework for health promoters and other stakeholders to execute health-promoting initiatives. Numerous healthy lifestyle activities and health awareness campaigns were undertaken at various national commemorative events.
Various inter-sectoral activities were undertaken during 2014/15. The Department partnered with the Department of Social Development to promote physical activity with the elderly at the Golden Games event, and physical activity with government employees was encouraged with the Department of Sports and Recreation at the Big Walk. The Department also developed a strategy to prevent and control overweight and obesity in consultation with various government departments including those of Public Service and Administration, Basic Education,

Sports and Recreation, and Transport. The Department made contributions to the development of an integrated Food and Nutrition Security Policy Implementation Plan co-ordinated by the Department of Agriculture, Fisheries and Forestry. The Department also worked closely with the Department of Trade and Industry on their Eat Well, Eat Safe, Eat Local campaign.

During this financial year, the Department developed a strategy to prevent and control overweight and obesity. The strategy was developed in consultation with relevant stakeholders including the Departments of Public Service and Administration, Basic Education, Sports and Recreation, and Transport; the food industry; researchers studying obesity, and the World Health Organization. The strategy uses a multi-pronged approach, including education that empowers the public to make informed decisions. The creation of an enabling environment in homes, community sites, schools and workplaces is key. The Consumer Goods Council of South Africa facilitated sessions wherein the Department of Health could engage with various industry groups including the sugar-sweetened beverage sector, quick-service restaurants and the retail food sector.

The Violence, Trauma and EMS Sub-programme: formulates and monitors policies, guidelines, and norms and standards for the management of violence and trauma and Emergency Medical Services (EMS). In 2014/15, the draft Regulations governing the provision of emergency medical services were published for public comment and final Regulations were gazetted. These Regulations aim to enhance the improvement of EMS by setting norms and standards and standardising key service provision elements for EMS. The Regulations will also establish processes for inspection of ambulances throughout the country, including assessment of competencies among EMS personnel to improve the quality of care prior to hospitalisation. The sub-programme also finalised the National Policy on Emergency Care and Education that endeavours to improve the skills of EMS personnel so that they are competent to deal with all illnesses and injuries prior to hospitalisation of patients. The process of provincial migration plans for existing EMS personnel is at an advanced stage. In 2014/15, the sub-programme also reviewed and finalised the pre-hospitalisation EMS response time indicators to improve service provision. The National Health Strategy for Injury and Violence Prevention has also been finalised with action plans.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Improve district governance and strengthen management and leadership of the district health system	Number of primary health care facilities with functional clinic committees/ district hospital boards	DHS Strategy developed	Implementation plan approved and Monitoring and Evaluation system developed	The implementation plan forms part of the approved Ideal Clinic scale-up plan. The Ideal Clinic software was developed as the M & E system to measure functionality of clinic committees	None	None
	Number of districts with uniform management structures for primary health care facilities	DHS Strategy developed	Uniform management structures for PHC facilities approved and resources secured	The WISN process and normative guidelines for PHC facilities have been completed	The uniform structures for PHC facilities have not yet been completed and costed	The uniform structures for PHC facilities will be completed and costed in the next 12 months.
Establish an inter-sectoral forum that will plan and oversee the implementation of interventions across all sectors	Establish National Health Commission	National Health Commission not established	Key government departments, civil society and other key stakeholders consulted on the establishment of the inter-sectoral forum	The Department collaborates with other government departments on a range of matters affecting social determinants of health. The establishment of the formal forum will be guided by the National Health Commission	The National Health Commission has not yet been established	This objective will be pursued during the 2015/16 financial year
Improve access to community based PHC services and quality of services at primary health care facilities	Number of primary health care clinics in the 52 districts that qualify as Ideal Clinics.	New Indicator	Roll-out plan approved and resourced.	The roll-out plan has been approved and costed. The NHC pledged the resources required to scale-up all clinics to Ideal Clinics within the next three years	None	None
	Number of functional WBPHCOTs	1063 teams reporting on the DHIS	1500 functional WBPHCOTs	1748	+248	The target has been exceeded through providing rationalised reporting tools to WBPHCOTs and instituting training programmes in some districts with the assistance of PEPFAR funded implementation partners
Ensure that the Port Health services are rendered in line with the International Health Regulations	Number of Ports of Entry that are compliant with the International Health Regulations	0 Ports of Entry designated in terms of the International Health Regulations	20 Ports of Entry compliant with the International Health Regulations	44 Ports of Entry compliant with the International Health Regulations	+ 24	POE rapidly completed their pre-assessments. Staff at POE co-operated with the NDoH to correct weaknesses and on formal inspection with the World Health Organization, 44 POE were found to be compliant with International Health Regulations (IHR)
Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of municipalities that meet environmental health norms and standards in executing their environmental health functions	New indicator	Environmental Health Strategy developed	Environmental Health Strategy developed	None	None
	Ensure compliance with Health Waste management regulations	Regulations developed approved by the NHC for publishing in the Government gazette for public comments	Health Care waste management regulations finalised	Health Care waste management regulations finalised	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Reduce risk factors and improve management for Non-Communicable Diseases (NCDS) by implementing the Strategic Plan for NCDs 2012-2017	% reduction in obesity in men and women	New indicator	65% obese women and 31% obese men according to the 2012 SANHANES report	Indicators to be collected through a survey in 2015	None	None
	Number of people counselled and screened for high blood pressure.	New indicator	500 000 people screened for high blood pressure.	169 418 people counseled and screened	- 330 582	The systems used to record the data for screening were inadequate resulting in under-reporting of actual performance. This has been addressed for the 2015/16 financial year
	Number of people counselled and screened for raised blood glucose levels	New indicator	500 000 people screened for raised blood glucose levels	147 562 people counseled and screened	-352 438	The systems used to record the data for screening was inadequate resulting in the under-reporting of actual performance. This has been addressed for the 2015/16 financial year
Improve access to and quality of mental health services in South Africa	Percentage people screened for mental disorders	New indicator	Information system and baseline established.	Data elements for screening included in the DHIS for 2015/16 to establish baseline	None	None
	Percentage of people treated for mental disorders	New indicator	Information system and baseline established	Data elements for treatment included in the DHIS for 2015/16 to establish baseline	None	None
Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Number of Districts implementing the framework and model for rehabilitation services	A draft Integrated Rehabilitation Service Model	Model approved and costed	Model in final draft stage	Model not approved and costed	The process of consulting and incorporating relevant input from all relevant stakeholders proved to be complex and time consuming
	Cataract Surgery Rate	Cataract Surgery Rates of 1 500 operations per million population reached in one province	1 500 operations per million un-insured population	985 operations per million un-insured population	- 515 operations per million un-insured population.	Provinces were unable to meet targets due to under-developed systems for the delivery of comprehen-sive eye health services; lack of theatre time; inadequate human resources; and low availability of consumables
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Reduce the local transmission of malaria cases to 0 per 1000 population at risk	0.17(3 408) confirmed local cases 0.21 (4 247) aggregate of local cases and cases of unknown origin	0.3 malaria cases per 1000 population at risk	0.82 malaria cases per 1000 population at risk	+0.52 malaria cases per 1000 population at risk	Malaria incidence in Limpopo was 1.2 (6 811 local cases) contributing hugely to the deviation from the target. Classification of cases between local and imported is a challenge due to lack of case investigators, especially in the Limpopo Province. Some of the factors contributing to the increase in malaria could be the shortage of DDT for malaria vector control and in-migration patterns to Limpopo Province
	Number of malaria endemic districts reporting malaria cases within 24 hours of diagnosis	New indicator	3 malaria endemic districts reporting malaria cases within 24 hours of diagnosis	1	- 2	Limitations in the software licensing agreement hampered achievement in the two districts in KZN
Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are compliant with the EMS regulations	Regulations governing EMS including norms and standards published	Draft EMS Regulations developed	Regulations governing the provision of emergency medical services published for public comment	None	None
	Review EMS Response Time monitoring system	New Indicator	Review pre-hospital EMS response times indicators and finalise definitions	Pre-hospital EMS response times indicators reviewed and definitions finalised in September 2014	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
To improve Forensic Chemistry Laboratory turnaround times for blood, alcoholic, toxicology and food samples	Median waiting time for blood alcohol results.	New Indicator	Baseline established	Established baseline: 6 months.	None	None
	Turnaround times of toxicology tests and reports.	New Indicator	Baseline established	Established baseline: 12 months.	None	None
	Turnaround times of food products tests and reports.	New Indicator	Baseline established.	Established baseline for Perishable foods: 60 days and Non-Perishable food 120 day.	None	None
Improve South Africa's response with regard to Influenza prevention and control	Number of high risk population covered by the seasonal influenza vaccination.	New Indicator	750 000 high risk individuals covered with seasonal influenza vaccination.	837 845 individuals vaccinated against seasonal influenza.	+ 87 845 individuals vaccinated	None

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

The World Health Organization has been approached to assist with data verification for the incidence of malaria and mobilisation of human resource capacity is being addressed with the relevant provincial Departments of Health and relevant stakeholders.Finances for purchasing of chlorophenothane dicophane (known as DDT) will be mobilised through government sources. A 24 hour reporting system using cell phone technology, which has been developed, will be piloted in each of the malaria endemic provinces before rapid scale-up in the coming financial year.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	2 923	2 834	89	2 029	1 689	340
District Services and Environmental Health	26 827	25 790	1 037	22 620	14 070	8 550
Communicable Diseases	23 710	23 366	344	14 919	13 784	1 135
Non-communicable Diseases	25 720	25 282	438	25 620	25 441	179
Health Promotion and Nutrition	21 235	18 353	2 882	25 231	23 880	1 351
Violence, Trauma and EMS	6 740	6 730	10	12 570	11 024	1 546
Total	**107 155**	**102 355**	**4 800**	**102 989**	**89 888**	**13 101**

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 5: Hospital, Tertiary Health Services and Human Resource Development

Purpose: Develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes.

This programme consists of the following budget sub-programmes.

- Health Facilities Infrastructure Management
- Tertiary Health Care Planning and Policy
- Hospital Management
- Human Resources for Health
- Nursing Services
- Forensic Chemistry Laboratories

The Health Facilities Infrastructure Management sub-programme: focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and to improve the quality of care in line with national policy objectives. The sub-programme is also responsible for Conditional Grants for health infrastructure. At the end of 2014/15, of a total of 1761 infrastructure projects at 888 facilities, 32% are in construction stage, 34% are in pre-implementation stage and 6% are in final completion stage.

The Minister gazetted the Health Infrastructure Norms and Standards Guidelines work packages in Government Gazette No. 37790 R512, 30 June 2014. The latest Infrastructure Unit Support Systems documentation for all work packages are published online at www.iussonline.co.za

The Tertiary Health Care Planning and Policy sub-programme: focuses on developing an effective referral system to ensure clear delineation of responsibilities by level of care, providing clear guidelines for referral and improved communication, developing specific and detailed hospital plans, and facilitating quality improvement plans for hospitals.

The Hospital Management sub-programme: deals with national policy for hospital services by focusing on developing an effective referral system to ensure clear delineation of responsibilities by level of care, providing clear guidelines for referral and improved communication, developing specific and detailed hospital plans, and facilitating quality improvement plans for hospitals. Priority areas for hospital improvements include cleanliness, infection prevention and control, patient safety, drug management and availability of medicines, waiting times, and staff attitudes.

The Human Resources for Health sub-programme: is responsible for medium- to long-term health workforce planning, development and management in the national health system. This entails facilitating implementation of the national Human Resources for Health (HRH) Strategy, health workforce capacity development for sustainable service delivery, and development and co-ordination of transversal human resource management policies. The sub-programme also facilitates the process of increasing the number of health professionals in the health sector; the implementation of the HRH Strategy; the development of health workforce staffing norms and standards; and the development of Staffing Normative Implementation Guidelines for PHC facilities. The final Workload Indicator of Staffing Need (WISN) for primary health care will enable provincial Departments of Health to determine the appropriate staffing numbers and skill mix for clinics and community health centres.

The Nursing Services sub-programme: is newly established to develop, reconstruct and revitalise the nursing profession to ensure that South Africa's healthcare system has appropriately skilled nurses with the requisite competence and expertise to manage the country's burden of disease and meet South Africa's healthcare needs. In 2014/15 financial year, the legislative, regulatory and service requirements to ensure that public nursing colleges remain the primary training platform for nursing education and training were determined. In addition, a framework for a national policy for nursing education and training for South Africa was developed. The purpose of the national policy is to ensure uniformity in the administration, financing provisioning and management of nursing education across the country.

Progress was made towards the development of a model for strengthening clinical training for student nurses across service delivery platforms. A benchmarking visit was conducted in the Western Cape Province to learn about their clinical training model. An audit of the profile and capacity of nurse educators to offer service-oriented nursing education and training programmes within a re-engineered primary health care approach was determined. The Department embarked on the process of assisting public nursing colleges to be ready to offer NQF-aligned nursing qualifications. Three provinces are participating in the pilot project, namely Mpumalanga, Free State and KwaZulu-Natal. An assessment of the state of readiness of selected nursing colleges to offer NQF-aligned nursing qualifications (one per province) has been completed. Lessons generated from the pilot project will inform implementation of NQF-aligned nursing programmes across public sector colleges

The Forensic Chemistry Laboratories sub-programme: oversees the three forensic chemistry laboratories located in Johannesburg, Pretoria and Cape Town and managed by the Department. Since oversight by the Department was increased, the forensic pathology services are beginning to show significant improvement in turnaround times for the performance of autopsies (refer to Programme 3: PHC for Performance Indicators). A National Forensic Pathology Committee was appointed to ensure that forensic pathology services in the country are upholding acceptable standards. In 2014/15, the sub-programme developed norms and standards for the management of disasters. These resulted in the successful repatriation of the remains of all South Africans who perished in the collapse of a building in Lagos, Nigeria, including the facilitation of tissues for DNA analysis through authorisation of the required import and export permits in terms of Chapter 8 of the National Health Act (61 of 2003).

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of 10 central hospitals	No. of central hospital with reformed management and governance structures as per the prescripts	Concept document on the Draft regulatory Framework for central Hospitals developed	0	0	None	None
Ensure equitable access to tertiary service through implementation of the National Tertiary services plan	Number of gazetted hospitals providing the full package of Tertiary1 Services	New Indicator	2 gazetted tertiary hospitals providing the full package of Tertiary 1 services	3	+1	The two T1 hospitals that achieved their targets last year were the Red Cross War Memorial Hospital and Greys Hospital. Helen Joseph Hospital also achieved the target, despite this hospital not having been targeted at the time. Additional National Tertiary Services Grant (NTSG) support visits made
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised	% compliance with extreme and vital measures of the National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	46 activities and packages on Norms and Standards guideline developed of which three were presented to NHC	100% compliance with extreme and vital measures of the National Core Standards in 5 Central Hospitals	1 targeted Central hospital fully complied with the National Core Standards namely: Steve Biko at 96%	-4 targeted Centrals hospitals	The four targeted hospitals achieved compliance rates falling between 72% and 89%. The main shortcomings in the priority areas in these hospitals were Waiting times, positive and caring attitude of staff and cleanliness. These are amenable to management intervention
Develop health workforce staffing norms and standards	Develop guidelines for HRH norms and standards using the WISN methodology	Model for health workforce norms and standards was developed using Workload Indicators for Staffing Need	Determine norms for PHC. Orientate District Hospital managers	Staffing norms and standards for Clinics and CHCs developed. Implementation guideline developed	None	None
Ensure that the number, distribution, quality and standard of health facilities are in compliance with norms and standards	Number of Regional Training Centres (RTCs) established	New Indicator	3 RTC's established	4 RTC established and functional	+1 RTC	The department planned to support and strengthen 3 RTCs in provinces of Gauteng, Mpumalanga and Limpopo, to meet the minimum requirements for a functional RTCs. However. the North West province was also assessed during the reporting period and it met the set criteria hence it has been included as an additional functional RTC for 2014/15 reporting period
Improve quality of Nursing training and practice by ensuring that all Nursing colleges are accredited to offer the new Nursing qualification	Number of public nursing colleges accredited to offer the new nursing qualification	New Indicator	5 public nursing colleges accredited to offer the new nursing qualification	0	-5	A scope of requirements for the implementation of the nursing strategy needed to be developed first
Improve quality of health infrastructure in South Africa by ensuring all new health facilities are compliant with health facility norms and standards	Percentage of facilities that comply with gazetted infrastructure Norms & Standards	New Indicator	100% from date of gazetting	100%	0%	None

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

In terms of the National Nursing Strategy, public sector colleges of nursing should be positioned to offer nursing qualifications that fall within the higher education band. The goal is to improve the competency, skill, attitude and professionalism of nurses. To achieve this, the re-positioning of nursing training under the National Department of Health and capacitating of the nursing colleges will require reprogramming.

Changes to planned targets

None.

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	4 200	4 191	9	2 378	2 263	115
Health Facilities Infrastructure Management	6 124 260	5 807 614	316 646	5 791 166	5 546 054	245 112
Tertiary Health Care Planning and Policy	10 172 305	10 172 223	82	9 624 692	9 624 393	299
Hospital Management	4 672	4 583	89	5 499	5 663	(164)
Human Resources for Health	2 380 929	2 380 818	111	2 215 167	2 212 908	2 259
Nursing Services	2 656	2 563	93	1 738	1 092	646
Forensic Chemistry Laboratories	119 831	110 056	9 775	90 542	93 852	(3 310)
Total	**18 808 853**	**18 482 048**	**326 805**	**17 731 182**	**17 486 225**	**244 957**

*2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.

Programme 6: Health Regulation and Compliance Management

Purpose: Regulate the procurement of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. Promote accountability and compliance by regulatory bodies for effective governance and quality of health care.

This programme has the following five budget sub-programmes:

- Pharmaceutical Trade and Product Regulation
- Food Control
- Public Entities Management
- Office of Health Standards Compliance (Quality Assurance)
- Compensation Commissioner for Occupational Diseases and Occupational Health

The Pharmaceutical Trade and Product Regulation Sub-programme regulates the sale of medicines, through an assessment of the efficacy safety and quality of medicines.

The Food Control Sub-programme : regulates foodstuffs and non-medical health products to ensure food safety. This entails developing and implementing food control policies, regulations, and norms and standards.

The Public Entities Management Sub-programme: provides policy frameworks for health public entities and statutory health professions councils with regard to planning, budgeting procedures, ownership, governance, remuneration, accountability, and financial reporting and oversight. The bulk of this sub-programme's budget is transferred to the following health public entities: Medical Research Council, the National Health Laboratory Service and the Council for Medical Schemes. The sub-programme supports the Executive Authorities' oversight responsibility for the public entities (as listed) and statutory health professional councils, namely: the Allied Health Professions Council of South Africa, the Health Professions Council of South Africa, the South African Pharmacy Council, the South African Dental Technicians Council of South Africa, the South African Nursing Council, and the Interim Traditional Health Practitioners Council of South Africa.

The Office of Health Standards Compliance (Quality Assurance) Sub-programme: The Office of Health Standards Compliance began operating independently in 2014/15.

The Department has established a Quality Improvement Unit that will focus on the development of policies for continuous quality improvement. The pilot for conducting Patient Experience of Care was conducted in 2013/14 in seven provinces. In 2014/15, the results of the pilot were used to inform the development of the national Guidelines on Conducting Patient Experience of Care survey. These guidelines inform the determination of the Patient Satisfaction Survey rate and the Patient Satisfaction rate, and were disseminated to provinces (through provincial workshops). The guidelines standardise the period, method of selection of patients, and data capturing and analysis. It is envisaged that facilities will conduct the surveys in the second quarter of every financial year and therefore in this case will be run during the current financial year (2015/16). Also in 2014/15, a web-based survey capturing and analysis instrument was developed in the DHIS2 software.

The Compensation Commissioner for Occupational Diseases and Occupational Health: is responsible for the payment of compensation to active and former workers in controlled mines and works who have been certified to be suffering from cardiopulmonary- related diseases as a result of workplace exposure. Over the medium term, focus will be placed on re-engineering business processes regarding revenue to ensure sustainability; reducing the turnaround period in settling claims; amending the Occupational Diseases in Mines and Works Act (78 of 1973); and improving governance, internal controls and relationships with the key stakeholders.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Regulate Complementary and Alternative Medicines (CAMS), Medical Devices, Invitro Diagnostics and African Traditional Medicines in South Africa	Regulate Complementary and Alternative Medicines (CAMS), Medical Devices, Invitro Diagnostics and African Traditional Medicines	New indicator	CAMS for Oncology, Cardiovascular Diseases, HIV/ AIDS and Diabetes Regulated	Medical Devices & IVDs: Published Guidelines and proposed legislation in November 2014 for stakeholder comments deadline 2015. CAMS: published proposed definition for complementary medicine and guidelines on Vitamins & Minerals. 10 CAMS applications under review	None	None
Improve the efficiency of the Regulator through restructuring by establishing South African Health Product Regulation Authority (SAHPRA) as a public entity	Establish SAHPRA as a public entity.	Draft amendments submitted to Parliament	Medicines and Related Substances Amendment Bill	Medicines and Related Substances Amendment Bill 6 of 2014 making provision for SAHPRA discussed by Health Portfolio Committee and stakeholders	None	None
Strengthen food safety through expanding testing capabilities for adulterants (colourants, protein, and allergens	Develop and establish MOUs with food testing institutions to enable testing for adulterants in food products	New indicator	Consultations and two draft MOUs with testing institutions	On-going internal consultations to establish the extent of the capacity and capabilities to conduct testing of food samples	Draft MOU's not yet in place	Governmental testing institutions lack capacity to follow up on DoH requests for clarification on testing capabilities
Improve registration of response times for antiretroviral, oncology, TB medicines and vaccines used to treat high burden diseases	Percentage of prioritised medicines (antiretroviral, oncology, TB medicines and vaccines) registered within 22 Months for New Chemical Entities (NCEs), and 15 months for multisource medicines	New indicator	70% of all prioritised medicines registered within 22 months (NCEs) and 15 months (multisource medicines)	67% of NCEs were registered within 22 months and 8% of multisource medicines were registered within 15 months	-3% for NCEs and -62% for multisource medicines	Old medicine applications dated from 1990s still in system. Unable to comply with current regulatory requirements. Lack of experienced and skilled valuators
Improve oversight and Corporate Governance practices by reviewing the Governance Framework and Implementation Plan biennially	Develop and Implement Governance Framework and Implementation Plan for Public Entities and Statutory Councils	Public Health entities Governance and Management Framework implemented and governance reports produced bi-annually	Approved Governance Framework and Implementation Plan	Governance Framework and implementation plan developed	Governance Framework and implementation plan not approved	The develop Governance Framework and implementation plan needed to be amended to reflect discussions of the strategic planning session in relation to governance of public entities
	Functional governance structures established	New indicator	Fully constituted Boards/ Councils for health entities and statutory councils of the Department (MRC, NHLS, CMS, OHSC, AHPCSA, HPCSA, SAPC, SANC, SADTC, ITHPCSA, MCC)	The Public Entities and Statutory Health Professional Councils Governance structures were fully functional throughout the reporting period	None	None
To monitor the existence of and progress on annual and regular plans that addresses breaches of quality, safety and compliance in all public sector establishments	Percentage of Health Establishments that have developed an annual Quality Improvement Plan (QIP) based on a self- assessment (gap assessment) or OHSC inspection	76%	45%	63%	+18%	A total of 1458 of 2316 facilities had QIPs

Strategic Objective	Performance Indicator	Actual Achievement 2013/2014	Planned Target 2014/2015	Actual Achievement 2014/2015	Deviation from Planned Target to Actual Achievements for 2014/2015	Comments on deviation
Enhance governance and management by establishing all committees at the CCOD/MBOD	Audit opinion from the Auditor-General for CCOD	New Indicator	Governance structures enhanced to improve audit outcome	Governance structures were enhanced and functioning	None	None
Establish occupational health services within the public health system	Number of provinces with occupational health services within their facilities	New Indicator	Establishment of one occupational health service in one health facility in each of Eastern Cape and Gauteng provinces	One occupational health service facility established in Eastern Cape and Gauteng provinces	None	None
Provide for coordinated disease and injury surveillance and research by establishing National Public Health Institute of South Africa (NAPHISA)	Establish National Public Health Institutes of South Africa (NAPHISA)	Framework for National Public Health Institute developed	Conceptual framework and Business case for NAPHISA approved	Conceptual framework document and business case for NAPHISA developed	The conceptual framework document and business case have been developed but not approved	The legislative framework for NAPHISA is to have to be finalised before the conceptual framework document and business case can be approved
To improve the acceptability, quality and safety of health services by increasing user and community feedback and involvement	Patient satisfaction surveys rate.	Protocol for conducting Patient Satisfaction Surveys was developed	70%	49%	-21%	Provincial workshops conducted on the new guidelines and development of web-based data capturing and analysis instrument finalised in 2014/15
	Patient satisfaction rate	Protocol for conducting Patient Satisfaction Surveys was developed	Determine Baseline	Baseline determined	None	None

Note: "+" means over achievement, and "-" means under achievement of the targets

Strategy to overcome areas of under performance

The Pharmaceutical Trade and Product Regulation Sub-programme is engaging with the Human Resource Management Sub-programme on the establishment of a Medical Device Unit to allow for a focused approach to medical devices. The Sub-programme will also prepare a draft Memorandum of Understanding for discussion.

Changes to planned targets

None

Linking performance with budgets

Sub-Programme	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	* R'000	* R'000	R'000
Programme Management	3 832	3 758	74	3 277	2 833	444
Food Control	6 907	6 871	36	8 277	7 156	1 121
Pharmaceutical trade and product regulation	118 258	102 429	15 829	98 352	92 539	5 813
Public Entities' Management	619 500	619 408	92	543 670	543 172	498
Office of Health Standards Compliance	81 636	60 107	21 529	58 155	52 967	5 188
Compensation Commissioner for Occupational Diseases and Occupational Health	55 912	46 626	9 286	54 959	36 439	18 520
Total	**886 045**	**839 199**	**46 846**	**766 690**	**735 106**	**31 584**

***2013/14 figures restated. Programme Management decentralised and moved from Programme 1 to respective Programmes.**

2.5 Transfer Payments

Transfer payments to Public Entities

Sub-Programme					TRANSFER
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Compensation Commissioner for Occupational Diseases	3 215	-	-	3 215	3 215
Medical Research Council	446 331	-	-	446 331	446 331
Medical Schemes Council	4 751	-	-	4 751	4 751
National Health Laboratory Services	125 280	-	-	125 280	125 280
Service Sector Education and Training Authority	1 269	-	-	1 269	1 276
Public Sector SETA	128	-	-	128	90
South African National AIDS Council	15 000	-	-	15 000	15 000
National Health Laboratory Services - EBOLA outbreak	2 500	-	23 238	25 738	25 738
Total	**598 474**	-	**23 238**	**621 712**	**621 681**

Transfer payments to all organizations other than public entities

Organisation				TRANSFER	
	Adjusted appropriation	Roll overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Walter Sisulu University	-	-	5 200	5 200	5 200
University of Cape Town	1 000	-	4 200	5 200	4 200
University of KwaZulu-Natal	-	-	5 200	5 200	5 200
University of Pretoria	-	-	7 200	7 200	7 200
University of Stellenbosch	-	-	5 000	5 000	5 000
University of the Witwatersrand	-	-	13 400	13 400	13 400
University of Limpopo (MEDUNSA)	2 000	-	-	2 000	-
World Health Organisation	-	-	2 658	2 658	2 622
Health Systems Trust	10 867	-	2 000	12 867	12 867
Life Line	19 023	-	-	19 023	19 023
LoveLife	69 843	-	-	69 843	69 843
SA Council for the Blind	718	-	-	718	718
Soul City	15 561	-	-	15 561	15 561
South African Community Epidemiology Network on Drug Abuse	450	-	63	513	512
National Council Against Smoking	768	-	-	768	768
Maternal, Child and Women's Health:Non-gov ernmental Organisations	1 410	-	-	1 410	-
Limpopo Mental Health Society	82	-	-	82	82
World Congress on Paediatric Cardiology	100	-	-	100	100
South African Federation for Mental Health	320	-	-	320	320
Health Information System Programme	5 000	-	6 571	11 571	11 571
Human Sciences Research Council	-	-	1 500	1 500	1 499
Wits Health Consortium	-	-	600	600	600
National Kidney Foundation of South Africa	-	-	350	350	-
District Health Facilities and Environmental Health System Global – South Africa	2 000	-	-	2 000	2 000
HIV and AIDS: Non-governmental Organisations	79 921	-	-	79 921	79 919
National Institute Community Development and Management (NICDAM)	-	-	-	-	3 254
Community Responsiveness Programme (CPR)	-	-	-	-	1 250
Ukhamba Projects	-	-	-	-	2 070
Friends for Life	-	-	-	-	1 725
Zakheni Training and Development	-	-	-	-	3 555
Leseding Care Givers	-	-	-	-	2 383
Leandra Community Centre	-	-	-	-	2 439
Ikusasa Le Sizwe Community	-	-	-	-	1 333
Get Down Productions	-	-	-	-	5 550
Highveld East Aids Projects Support (HEAPS)	-	-	-	-	6 653
ESSA Christian Aids Programme (ECAP)	-	-	-	-	2 345
COTLANDS	-	-	-	-	1 317
Seboka Training and Support Network	-	-	-	-	2 073
Muslim Aids Programme (MAP)	-	-	-	-	1 153
Networking Aids Community of South Africa (NACOSA)	-	-	-	-	1 000
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	3 374
Centre for Positive Care (CPC)	-	-	-	-	3 079
South African Men's Action Group (SAMAG)	-	-	-	-	1 025
Educational Support Services Trust (ESST)	-	-	-	-	4 307
Moretele Sunrise Hospice	-	-	-	-	2 264
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 829
Disabled People South Africa (DPSA)	-	-	-	-	1 000

Organisation				TRANSFER	
	Adjusted appropriation	Roll overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 829
Disabled People South Africa (DPSA)	-	-	-	-	1 000
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	1 695
BOKAMOSO	-	-	-	-	933
Humana People to People	-	-	-	-	950
South African Organisation for the Prevention of HIV/ AIDS (SAOPHA)	-	-	-	-	1 650
Community Development Foundation of South Africa	-	-	-	-	1 901
St Joseph Care Centre – Sizanani	-	-	-	-	1 831
Boithuti Lesedi Project	-	-	-	-	2 050
Get Ready	-	-	-	-	1 998
Mpilonhle	-	-	-	-	1 650
Poverty Alleviation Support for People living with AIDS (PASPWA)	-	-	-	-	500
Agri Aids SA NPC	-	-	-	-	1 508
Hospice Pallative Care Association	-	-	-	-	2 013
Society for Family	-	-	-	-	2 150
TB/HIV Care Association	-	-	-	-	2 150
Sakhile CBO	-	-	-	-	1 000
Ramotshinyadi HIV/AIDS	-	-	-	-	962
TOTAL	**206 063**	-	**11 084**	**217 147**	**215 383**

2.6 Conditional Grants

Conditional grants and earmarked funds paid (Direct Grant)

National Tertiary Service Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	• Ensure provision of tertiary health services for all South African citizens • To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	• Provision of designated central and national tertiary services in 27 hospitals/ complexes as agreed between the province and the National Department of Health (DoH)
Actual outputs achieved	• 679 338 inpatient separations • 303 913 day patient separations • 1 131 401 outpatient 1st attendance • 3 033 619 out-patient follow-up attendances • 3 909 845 in-patient days
Amount per amended DORA (R'000)	R10,168,235
Amount received (R'000)	R10,168,235
Reasons if amount as per DORA was not received	None
Amount spent by the department (R"000)	R 10,133,029 or 100%
Reasons for the funds unspent by the entity	• None
Reasons for deviations on performance	• None
Measures taken to improve performance	• The NTSG Directorate will continue to undertake provincial and facility site visits to address the challenges faced by provinces and facilities in the process of managing the grant.
Monitoring mechanism by the receiving department	• Each province has a dedicated team monitoring expenditure on the grant. • Monthly meetings are held between the province and the funded facilities.

Comprehensive HIV/ AIDS Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	• To enable the health sector to develop an effective response to HIV and Aids, including universal access to HIV counselling and testing (HCT) • To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care • To subsidise in-part funding for the antiretroviral treatment programme
Expected outputs of the grant	• Number of new patients that started on ART • Number of patients on ART remaining in care • Number of male condoms distributed • Number of female condoms distributed • Number of exposed infants HIV positive at 6 weeks Polymerase Chain Reaction (PCR) • Number of clients tested for HIV (including antenatal) • Number of medical male circumcision performed
Actual outputs achieved	• Number of new patients that started on ART (683 680) • Medical Male Circumcision performed (508 404) • Number of clients tested for HIV (11 197 319 including antenatal clients tested) • Number of male condoms distributed (723 799 877) • Number of female condoms distributed (20 700 161)
Amount per amended DORA (R'000)	R12 311 322
Amount received (R'000)	R12 311 322
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R"000)	R12 244 548 or 100%
Reasons for the funds unspent by the entity	• Eastern Cape under-spent by less than 1% due to networking and computer equipment that could not source in time. • Gauteng Province under-spent by 2% due to challenges with processing of payments (verification and batching prior to payments made). Some invoices for their PASOP campaign could not be processed in time.
Monitoring mechanism by the receiving department	• Intensified monitoring of expenditure and performance data. • Data mop-up and verification visits are conducted by the Department on a quarterly basis. • Targeted 25% expenditure per quarter • Immediate intervention is done at high level for all under-performing provinces • Continuous feedback to the National Health Council • Training and support at facility level to improve data quality and reporting timelines • Support in the implementation of the TIER.Net system • Intensified social mobilisation, for demand creation of HIV and AIDS services

Health Facility Revitalisation Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including: health technology, organisational design (OD) systems and quality assurance (QA) • Supplement expenditure on health infrastructure delivered through public-private partnerships • To enhance capacity to deliver health infrastructure
Expected outputs of the grant	• Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Actual outputs achieved	• By March 2015, 638 projects were in various planning stages; 577 were in construction; 463 reached completion ; 1 terminated and 9 were placed on hold
Amount per amended DORA(R'000)	R5 501 981
Amount received (R'000)	R5 501 981
Reasons if amount as per DORA was not received	None
Amount spent by the department (R"000)	R5, 532 643 or 100 % including rollovers
Reasons for the funds unspent by the entity	• Supply chain management challenges – delays in tender processes • Delays in construction sites • Delays in submission of final accounts which led to non-payment • Contracts terminated due to poor performance of the contractors • Roll-over requested for unspent funds
Measures taken to improve performance	• Improve the planning (forward planning) and procurement processes
Monitoring mechanism by the receiving department	• Each province has a project management team to manage all projects funded from the grant. The DORA also allocates a capacity-building budget per province to ensure that all required skills can be acquired. Day-to-day monitoring and oversight is performed by each province. Monthly and quarterly meetings are held. Project performance is also discussed in NDoH Progress Review meetings. The NDoH conducts monitoring through provincial visits and inspections.

Health Professional Training and Development Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	• Support provinces to fund service costs associated with training of health science trainees on the public service platform
Expected outputs of the grant	• Number of undergraduate health science trainees • Number of registrars and other post graduate health science trainees • Other health science trainees supervised on the public health service platforms per statutory requirements • Number of clinical teaching and training personnel in designated developmental provinces
Actual outputs achieved	• Number and composition of health sciences students by province and training institution = 75 562 • Number and composition of health sciences students by province and training institution (post graduates) (undergraduates) = 20 650 • Number of registrars per discipline and per institution = 9 115 • Number of specialists per discipline = 9 260 • Expanded specialists and teaching infrastructure in target provinces= 236
Amount per amended DORA (R'000)	R 2 321 788
Amount received (R'000)	R 2 321 788
Reasons if amount as per DORA was not received	None
Amount spent by the department (R"000)	R 2 323 128
Reasons for the funds unspent by the entity	• The Department spent 100% of the grant.
Reasons for deviations on performance	• None
Measures taken to improve performance	• The Directorate will continue to undertake provincial and facility site visits to address the challenges faced by provinces and facilities in the process of managing the grant.
Monitoring mechanism by the receiving department	• Monthly meetings are held between the province and the funded facilities. • Each province has a dedicated team that monitors expenditure on the grant.

National Health Insurance Grant

Department that transferred the grant	National Department of Health
Purpose of the grant	• Test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context, in line with the vision for realising universal health coverage for all • To undertake health system strengthening activities in identified focus areas • To assess the effectiveness of interventions/activities undertaken in the districts funded through this grant
Expected outputs of the grant	• Existing municipal ward-based outreach teams equipped to collect relevant data from households • Monitoring and evaluation, including impact assessment of the effectiveness of existing municipal ward-based outreach teams undertaken • Monitoring and evaluation of direct delivery of chronic medication to patients undertaken to support efficient and effective provision of health services within the district • Lean principles for supply chain management in relation to the non-negotiables implemented • Research/impact assessment reports on district capacity for monitoring and evaluation, in selected Interventions
Actual outputs achieved	• Existing Ward-based PHC Outreach Teams equipped to collect relevant data from households • Monitoring and evaluation including impact assessment of the effectiveness of existing Ward-based PHC Outreach Teams undertaken • Monitoring and evaluation of direct delivery of chronic medication to patients undertaken to support efficient and effective provision of health services within the district • Lean Management principles for supply chain management in relation to the non-negotiables implemented • District capacity for monitoring and evaluation, including research/impact assessment reports of selected interventions, undertaken
Amount per amended DORA	• R76 956 000 • Roll-out and implementation of the three streams of PHC re-engineering, e.g. Ward-based Outreach Teams, Integrated School Health programme and the District Clinical Specialist Teams. These teams are helping to address key health challenges around maternal and child health as well as undertaking health promotion. • Provision of uniforms, medical kits and equipment for data collection to the Ward-based PHC Outreach Teams as part of strengthening PHC services • Contracting of health practitioners to assist with rendering key health services at the public clinics – this helps decongest facilities and where possible, shortens waiting times • Roll-out of the Centralised Chronic Medication Dispensing and Distribution (CCMDD) programme which helps to promote access to medicines • Infrastructure improvement initiatives, e.g. construction and upgrade of clinics and hospitals (through the NHI In-kind Grant) • Initiation of a patient registration system at clinic level (in collaboration with CSIR) • Purchasing of key equipment and complementary resources to assist with quality improvement initiatives within facilities located within the districts • Provision of administrative support to assist in addressing staffing gaps at the district level (with a particular focus of strengthening monitoring and evaluation capacity)
Amount received (R'000)	R76,956
Reasons if amount as per DORA was not received	None
Amount spent by the department(R"000)	R63,605 or 83%
Reasons for the funds unspent by the entity	• The NHI-CG is now in its third year of implementation. However, the NHI pilot districts continue to encounter the same set of challenges and hurdles in implementing the various service delivery innovations as provided for in the DORA. These challenges are primarily linked to supply chain management delays, a lack of sufficient delegations as well as other systemic problems related to staff challenges at the district level. It is becoming increasingly difficult for the pilot districts to effectively perform activities in line with the approved business plans as most of the interventions require the availability of supplementary Equitable Share funding. Innovations are difficult to perform within a restrictive administrative environment that does not have appropriate staffing to enable efficient, effective and proactive planning, monitoring and evaluation, and decision-making at the district level.
Reasons for deviations on performance	• Supply chain management delays and capacity inadequacies, and the lack of sufficient delegations as well as other systemic problems related to staff challenges at the district level
Measures taken to improve performance	• The Department has provided the pilot districts with additional administrative capacity to assist with programmatic planning, implementation, monitoring and evaluation as well as reporting. This is in the form of a Provincial NHI Co-ordinator (at a Deputy Director-General level) as well as a Deputy Director: Monitoring and Evaluation at the District Health Management Team level. • Additional interventions include stronger co-ordination of planned interventions with other funding sources (such as the NHI In-kind Grant that focuses on infrastructure revitalisation and refurbishment), as well as the contracting of health practitioners to strengthen and improve health service delivery capacity at the public clinic level.
Monitoring mechanism by the receiving department	• The Department undertakes quarterly performance monitoring and evaluation meetings to assess progress against set targets.

National Health Grant: Health Facility Revitalisation Grant (Indirect Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational systems (OD) and quality assurance (QA) in National Health Insurance (NHI) pilot districts • Supplement expenditure on health infrastructure delivered through public-private partnerships • To enhance capacity to deliver infrastructure in health
Expected outputs of the grant	• Number of health facilities, planned, designed, constructed, equipped, operationalised and maintained
Actual outputs achieved	• By March 2015, there were 240 reported projects funded from the NHG across the country for the 2014/2015 financial year; 142 were in construction, and 22 reached practical and works completion.
Amount per amended DORA	R 604 862
Amount received (R'000)	R 604 862
Reasons if amount as per DORA was not received	None
Amount spent by the department (R"000) and deviations on performance.	R 292 345 or 48.3%
Measures taken to improve performance	• The major challenge experienced is the total supply chain management (SCM) infrastructure process. Procurement conducted under the In-kind Grant resulted in under-expenditure and the Cluster is in the process of improving the SCM Infrastructure processes. Delay in the implementation was due to the lengthy procurement process.
Monitoring mechanism by the receiving department	• Improve the planning and procurement processes. • Day-to-day monitoring and oversight is performed by each Project Champion and Project Manager. In loco monitors are appointed to assist with monitoring of projects. Monthly and quarterly progress meetings are held.
Measures taken to improve performance	• Improve the planning and procurement processes.
Monitoring mechanism by the receiving department	• Day-to-day monitoring and oversight is performed by each Project Champion and Project Manager. In loco monitors are appointed to assist with monitoring of projects. Monthly and quarterly progress meetings are held.

National Health Grant: National Health Insurance (Indirect Grant)

Department that transferred the grant	National Treasury
Purpose of the grant	• To develop and implement innovative models for contracting medical practitioners within the NHI pilot districts • To identify and test alternative reimbursement models for central hospitals in readiness for the phased implementation of NHI • To support central hospitals in strengthening health information systems and revenue management
Expected outputs of the grant	• Innovative models for the contracting of medical practitioners within selected NHI pilot districts • Phase 1 of DRG tool development undertaken • 200 medical practitioners contracted to render services at health facilities in NHI pilot districts • Models for strengthening information and revenue management systems and an identified reimbursement mechanism for central hospitals
Actual outputs achieved	• The data extraction from clinical files within the central hospitals has been undertaken at eight out of the 10 central hospitals. The initial financial and clinical analyses have been undertaken and the draft case-mix analysis report prepared. Phase 2 of the programme of work on developing the base Diagnosis-related Grouper has started. Other data sources from private partners are being sourced for the purposes of triangulation and data validation. • For the contracting of health practitioners' component, 256 doctors were placed at various clinics in the NHI pilot districts.
Amount per amended DORA (R'000)	R388,044
Amount received (R'000)	R388,044
Reasons if amount as per DORA was not received	None
Amount spent by the department (R"000) and deviations on performance.	R82,261 or 21%
Measures taken to improve performance	• The Department has established National Technical Task Teams comprising representatives from the national and provincial levels with participation from private sector partners as part of programme oversight and M&E. • The Central Hospitals programme is being undertaken with PricewaterhouseCoopers as part of the data collection and technical analysis work. • The GP Contracting component appointed service providers to assist with the recruitment and placement of contracted health professionals at identified clinics within the NHI pilot districts The introduction of an independent service provider for the recruitment and placement of General Practitioners (GPs) in November 2014 has significantly increased the number of GPs contracted. Since November 2014, a further 150 doctors have been recruited.
Monitoring mechanism by the receiving department	The Department undertakes quarterly performance monitoring and evaluation meetings to assess progress against set targets. The Department has also established National Technical Task Teams comprising representatives from the national and provincial levels with participation from private sector partners as part of programme oversight and M&E.

National Health Grant: Human Papillomavirus (HPV) Component (Indirect Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	• To enable the health sector to prevent cervical cancer by making available HPV vaccination for Grade 4 school girls
Expected outputs of the grant	• 80 per cent grade 4 school girls received the HPV vaccination • 80 per cent of schools with grade 4 girls reached by the HPV vaccination team
Actual outputs achieved	• 92% of Grade 4 schoolgirls received the HPV vaccination. • 92.6% of schools with Grade 4 girls were reached by the HPV vaccination team.
Amount per amended DORA (R'000)	R 200 000
Amount received (R'000)	R 200 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	• R189 489 or 94.7% • The reason for under-spending is unprocessed payments due to a virement shift that could not be processed and delays in procurement processes for vaccine fridges. Funds could not be rolled over as the budget for the fridges was not committed.
Measures taken to improve performance	• Plans for implementing electronic data capturing at delivery sites to facilitate immediate and accurate reporting of outputs
Monitoring mechanism by the receiving department	• Standardised pre- and intra-campaign monitoring tools were developed for supervisors to monitor planning prior to and progress made during each HPV vaccination campaign.

2.7 Donor Funds

Donor Funds Received

Name of donor	Health and Welfare SETA
Full amount of the funding (R'000)	• R9 950
Period of the commitment	• 2011 – 2015
Purpose of the funding	• Skills Programme for data capturers – national bursaries National Skills Fund (NSF)
Expected outputs	• Provision of funding assistance to beneficiaries of the national bursary
Actual outputs achieved	• 38 learners graduated on different health related studies
Amount roll forward (R'000)	• R 628
Amount spent by the department (R'000)	• R 67
Reasons for the funds unspent	• The funds have been spent accordingly , the duration of spending is in line with the proposed plan
Monitoring mechanism by the donor	• Finance and performance tools are compiled on a monthly basis

Name of donor	CDC (United States)
Full amount of the funding (R'000)	• R 40 755
Period of the commitment	• 1 April 2014 - 31 March 2015
Purpose of the funding	• Strengthen the capacity of National Department of Health to scale up PHC services to improve the management of HIV/AIDS services.
Expected outputs	• Seven PHC Systems Strengthening Co-ordinators to be hired (District health technical advisers) • MMC Technical Assistant to be hired • Five TB: TB M&E Technical advisors to be hired. • Project Management Unit Director and Financial Manager to be hired • PEPFAR Framework Implementation Plan (PFIP) Unit: hire PFIP Lead, PFIP Care and Treatment, PFIP HSS Co-ordinator and a PFIP Admin Officer • Paediatrics - printing of 37 000 job aids for HCT of children (IEC Material). Printing of 20 000 paediatric and adolescent ART clinical stationery • PMTCT: printing of IEC materials for PMTCT • PC 101: Training of Master Trainers and facility trainers on PC 101 in the 11 NHI districts • Paediatrics: National and provincial paediatric and adolescent HCT trainings, and training on paediatric HCT strategy • Tier.Net refresher training • Antimicrobial Resistance Workshop: to fund the Antimicrobial Resistance Stakeholder Consultative Meeting wherein stakeholders can contribute to the development of a strategy to address the antimicrobial resistance challenges faced by South Africa. This will form the basis of a draft national antimicrobial resistance policy and resolutions for discussion at the World Health Assembly • Uninterruptable Power Supply (UPS) devices: these will be used for computers across South Africa used to maintain data for the Tier.Net system. • HIV Counselling and Testing: thermometers. The equipment will be used to ensure that kits are stored at correct temperatures for quality assurance. • TB: purchase audiometers to strengthen the hearing screening programme in order to decrease the iatrogenic burden of hearing loss due to MDR-TB therapy • Evaluation of Tier.Net roll-out • TB: Johns Hopkins University (JHU) MDR Nurse Programme • Data Capture Programme: to train data capturers placed in facilities within the PHC system to improve the recording, collation and reporting of health indicators, with a special emphasis on HIV/AIDS and TB in order to expand HIV/AIDS services to PHC level. The global financial crisis has severely constrained the national health budget.

Name of donor	CDC (United States)
Actual outputs achieved	• Two Primary Health Care Co-ordinators (District health technical advisers) were funded. • Two TB M&E Technical advisors were funded. • A Financial Manager was hired. Two administrators and an Assistant Director were funded. • PFIP Care and Treatment: a PFIP HSS Co-ordinator and a PFIP Administrative Officer were hired. • IEC materials for PMTCT were printed. • PC 101: trainings of Master Trainers and facility trainers on PC 101 in the 11 NHI districts were funded. • National and provincial trainings in paediatric and adolescent HCT, and training on paediatric HCT stationery, were funded. • Accommodation for Tier.Net refresher training was funded. • The Antimicrobial Resistance Workshop meeting held in April 2014 was funded. • The purchase of 575 Uninterruptable Power Supply (UPS) devices and 4 000 rewritable compact discs for TIER.Net was funded. • thermometers for the HIV Counselling and Testing Quality Assurance programme were procured. • audiometers were purchased. • The Johns Hopkins University (JHU) MDR Nurse Programme was funded. • The training of matriculants as data capturers in the public sector was funded.
Amount received (R'000)	R 40 755 (2014/15)
Amount spent by the department (R'000)	R 38 686 (2014/15)
Reasons for the funds unspent	• Difference in the United States fiscal year of funding and the South African fiscal year. • Delays in Departmental tender processes. • Change of Departmental priorities of CDC funded activities.
Monitoring mechanism by the donor	• Annual External Audit. • Federal Financial Reports. • PEPFAR Information Management System.

Name of donor	European Union
Full amount of the funding (R'000)	R1,156,653 plus a potential Euro 13 million extra in two variable tranches – requests to be submitted in late 2015 and late 2016
Period of the commitment	2012-2017
Purpose of the funding	Support the PHC re-engineering strategy
Expected outputs	• Increased access to PHC services • Improved quality of PHC services • Improved capacity of management of primary health care • Accelerated implementation of the National Plan on HIV/AIDS and TB • Improved maternal and child health
Actual outputs achieved	Multiple results have been achieved. There are 10 key indicators that track overall progress and each of the 20 components has its own set of indicators.
Amount received (R'000)	R375 927 (2014/15)
Amount spent by the department (R'000)	R249 351 (2014/15)
Monitoring mechanism by the donor	Quarterly meetings; tracking agreed set of 10 indicators

Name of donor	Global Fund- Single Stream Fund
Full amount of the funding (R'000)	R1,610,148
Period of the commitment	October 2013 - March 2016
Purpose of the funding	Increasing Investment for Accelerated Impact of the National Strategic Plan for HIV and TB, 2012–2016
Expected outputs	• 3 675 843 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 95% of HIV positive antenatal client initiated on ART • 60% of pharmacovigilance Sites reporting on ARV adverse effects • 90% of TB/HIV co-infected client initiated on ART • 59% of laboratory confirmed MDR TB patients enrolled on second line treatment • 1548 nurses trained in MDR TB initiation and treatment (NIMDR) • 99 575 inmates diagnosed using Xpert MTB/RIF • 195 840 of community members screened for TB by mobile units in peri-mine communities • 176 256 of community members referred for HIV counselling and testing by mobile units in peri-mine communities • 60% of controlled mines that screen miners at least once a year
Actual outputs achieved	• 2 860 604 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 90% of HIV positive antenatal client initiated on ART • 33% pharmacovigilance Sites reporting on ARV adverse effects • 75% of TB/HIV co-infected client initiated on ART • 63% of laboratory confirmed MDR TB patients enrolled on second line treatment • 448 nurses trained in MDR TB initiation and treatment (NIMDR) • 82 181 inmates diagnosed using Xpert MTB/RIF • 253 241 of community members screened for TB by mobile units in peri-mine communities • 222 113 of community members referred for HIV counselling and testing by mobile units in peri-mine communities • 31% of controlled mines that screen miners at least once a year.
Amount received (R'000)	R752,420 (2014/15)
Amount spent by the department (R'000)	R647,871 (2014/15)
Reasons for the funds unspent	• R850,346 was committed for external audit for financial year 2014-15 • High numbers of unfilled posts affected the overall grant implementation as some activities depend on personnel to carry out activities. • Low number of patients enrolled on Central Chronic Dispensing and Distribution (CCMDD) • Revision of the TB programme workplan and budget which was approved by the Global Fund on 27 March 2014 impacted spending on the TB programme • Forex gains received in February 2015, resulting in late absorption • Constraints in Department of Correctional Services due to security issues delayed implementation of the grant activities.
Monitoring mechanism by the donor	The National Department of Health as Principal Recipient conducts the following activities to monitor the implementation and performance of funded programmes: • Quarterly Data verification and site visits on implemented activities; • Quarterly workshops and meetings with Sub-recipient for programme management; • On-site technical assistance and capacity-building. The Global Fund conducts regular country visits which include site visits to implementing facilities. The NDoH submits six monthly reports to Global Fund which are verified by an audit firm, the Local Funding Agent (LFA) prior to submission to Global Fund. The LFA represents the interests of the Global Fund in-country. The NDoH also submits quarterly reports to the South African National AIDS Council which serves as Country Coordinating Mechanism (CCM) for Global Fund Grants in the country. The Global Fund also conducts on-site data verification processes as part of quality checks. Periodically, the Global Fund commissions an audit through the Office of the Inspector- General (OIG) as part of weighing Global Fund's investments and identifying risks.

2.8 Capital Investment

Capital investment, maintenance and asset management plan

Infrastructure projects	2014/2015			2013/2014		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets (Doctors Consulting rooms)	62 708	109 427	(46 719)	218 324	113 726	104 598
Existing infrastructure assets	160 041	51 992	108 049	-	-	-
Rehabilitation, renovations and refurbishments	25 841	18 827	7 014	-	-	-
Maintenance and repairs (FET Maintenance)	45 696	6 373	39 323	60 630	39 685	20 945
Total	**294 286**	**186 619**	**107 667**	**278 954**	**153 411**	**125 543**