



Western Cape
Government

Health

Cape Winelands District

13 February 2018

Western Cape

District Health Plan

2018/19 to 2020/21

1. EXECUTIVE SUMMARY BY THE DISTRICT MANAGER

The purpose of the District Health Services (DHS) is to render a comprehensive and integrated service (mobiles, clinics, community health centres and district hospitals) and community orientated health services to the population of the Cape Winelands district (CWD).

Service delivery

The service delivery component is the core business of the DHS. It covers the delivery of the full district health package of services, the management and supervision of these services, and monitors service performance in terms of health outcomes and quality assurance.

The service delivery model provides for both a curative and preventive approach to address the burden of TB, HIV, chronic diseases, mental illness and malnutrition. The social determinants of health i.e. poverty, gang violence, substance abuse, teenage pregnancy and seasonal migration impact on the burden of disease in the district and negatively affects the health outcomes of the communities of CWD.

The district values strategic partnerships with communities and relevant stakeholders to ensure collective engagement on the social determinants of health, such as the interdepartmental/sectorial CWD Liaison committee, Intergovernmental relations (IGR), municipal Local Drug Action Committees (LDAC's) and the provincial Whole of Society Approach (WoSA) projects. Even though the district is performing well against certain Sustainable Developmental Goal (SDG) targets, greater efforts in partnerships with NGO's and communities are needed towards curbing the AIDS and TB epidemics, prevent Chronic Diseases of lifestyle(CDL), and improve mental wellbeing at a population level.

Access to emergency and acute services are provided at the district hospitals of Ceres, Robertson, Montagu and Stellenbosch, whilst the regional hospitals in Worcester and Paarl provide similar access to the communities of Breede Valley and Drakenstein sub-districts.

The district's focus on emergency centres (EC) includes both the improvement of infrastructure and flow in EC's. The Stellenbosch Hospital EC infrastructure project has been completed and commissioned in December 2017.

Continuous strengthening of the interface between acute services and the PHC services is necessary, including liaison with Geographic Service Area (GSA) stakeholders to ensure person centered care journeys across the service platform in CWD and beyond.

Primary health care services

The integrated comprehensive service delivery model is implemented in PHC facilities in CWD, inclusive of anti-retroviral therapy (ART) services.

This model will be augmented with the Community Oriented Primary Care (COPC) approach, piloted in three sites, with the main purpose to ensure community engagement and agency to reduce the burden of disease (BOD) in specific geographic areas. These pilot projects will be based on a comprehensive situation analysis of all stakeholders and resources available (community asset based approach) and endeavour to establish partnerships to strengthen collaboration with other governmental departments, spheres of government, civil society and NGO's to synchronise efforts towards improved health outcomes for the specific geographic area.

The Global Fund project launched in Drakenstein in August 2017 due to the high burden of HIV and TB, has followed this COPC approach with community surveys done, gap analysis, community engagement on survey outcomes, and a project plan was developed for implementation in 2018. Monitoring of specific indicators will be done quarterly to assess progress against key deliverables.

The improvement of TB outcomes, including Drug resistant TB (DR TB) remains a strategic focus area with the emphasis on increased case detection, adherence and continuity of care at all levels. Stepwise progress is being made with the integration of DR TB in PHC services and the implementation of shortened Dr TB treatment regimen to enhance adherence to treatment.

The district has made positive strides in strengthening access to rehabilitation services and assistive devices despite inadequate Allied Health staffing. A rapid ethnographic appraisal of the care journeys for stroke survivors has been completed to evaluate the outcome of stroke care in CWD GSA. The findings have been shared with all GSA stakeholders and the Quality Improvement Plan (QIP) was implemented to improve the acute management of stroke patients and rehabilitation therapy with a multi- disciplinary team (MDT) approach. The district has reviewed staffing capacity and utilisation of rehabilitation services to enable the re-design of the rehabilitation service delivery model cost-effectively and to improve patient outcomes.

Support services

The Chronic Dispensing Unit (CDU) is being reviewed to improve efficiency of the alternative distribution of chronic medication and ensure person-centred care.

The Rural DHS project to review business processes pertaining the Primary Health Care Information Services (PHCIS) in PHC facilities is ongoing and endeavours to improve the client's experience at facility level. Rawsonville clinic served as the rural pilot project for integrated clinical stationery (ICS). The staff has been awarded a team recognition reward for their outstanding commitment and performance.

Step- wise progress is being made to attain Ideal Clinic status and National Core Standards (NCS) at district hospitals through the implementation of QIP's.

The historic backlog in infrastructure remains a challenge due to budget constraints and difficulties experienced in the acquisition of suitable land. However, Prince Alfred Hamlet clinic capital project has been completed and commissioned in January 2018. It is estimated that Wolseley clinic capital project will reach completion by May 2018.

Due to inadequate funding for the personnel budget, the filling of critical posts is prioritised and emphasis is placed on the reduction of inefficiency in People Management.

The district continues to invest in leadership development and good governance, in accordance with the departmental Transformation strategy towards the HC 2030 vision, and to ensure a positive organisational climate.

The CWD has institutionalised the focus on good budget control, expenditure, compliance and asset management through the monthly Focused Financial Management Committee (FMC).

Whereas the implementation of this District Health Plan (DHP) is budget dependent, the Cape Winelands District Executive Management (CWDEM) team will endeavour to deliver quality services in a cost-efficient and cost-effective manner.

In conclusion, the implementation of the DHP will be monitored by the CWDEM, as well as CWD community governance structures i.e. the District Health Council (DHC), Health Facility Boards (HFB's) and soon to be appointed clinic committees. This is necessary to ensure good governance of limited resources and quality health services delivery in CWD.

“It is one thing to communicate to people because you believe
you have something of value to say. It's another to
Communicate with people because you believe they have value”

J C Maxwell

DR L C PHILLIPS

DIRECTOR: CAPE WINELANDS DISTRICT

13 FEBRUARY 2018

2. ACKNOWLEDGEMENTS

The Cape Winelands District (CWD) wants to acknowledge the CWD District Management Teams and input provided by the CWD District Health Council members.

3. OFFICIAL SIGN OFF

It is hereby certified that this District Health Plan:

- Was developed by the district management team of Cape Winelands District with the technical support from the Chief Directorate: Rural District Health Services and the Strategic Planning unit at the provincial head office.
- Was prepared in line with the current Strategic Plan and Annual Performance Plan of the Western Cape Department of Health.

Dr L Phillips
District Manager: Cape Winelands District



SIGNATURE

13.02.2018

DATE

Mr Loekie Niehaus
Chairperson: Cape Winelands District Health Council



SIGNATURE

13-02-2018

DATE

Dr R Crous
Chief Director: Rural District Health Services



SIGNATURE

2018.02.22

DATE

Dr K Cloete
Chief of Operations



SIGNATURE

22/02/2018

DATE

Dr B Engelbrecht
Accounting officer (Head of Department)



SIGNATURE

2018-02-26

DATE

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5. LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
ALOS	Average length of stay
APL	Approved post list
APP	Annual Performance Plan
ART	Anti-retroviral treatment
BANC	Basic antenatal care
BUR	Bed utilisation rate
CBS	Community-based services
CDC	Community day centre
CDU	Chronic dispensing unit
CHC	Community health centre
CHW	Community health worker
COPC	Community Oriented Primary Care
COPD	Chronic obstructive pulmonary disease
DHC	District Health Council
DMER	District Health Expenditure Review
DHP	District Health Plan
DHS	District Health Services
DR TB	Drug resistant Tuberculosis
EC	Emergency centre
EDR	Electronic drug-resistant TB register
EMS	Emergency Medical services
EPWP	Expanded Public Works Programme
ETR.net	Electronic TB register
GSA	Geographic service area
HAST	HIV and AIDS, STIs and TB control
HCBC	Home and community based care
HCT	HIV counselling and testing
HFB	Health Facility Board
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HR	Human Resources
ICD-10	International classification of disease coding
ICT	Information and communication technology
ID	Infectious diseases
JAC	Electronic Pharmacy Management Inventory System
LDAC	Local Drug Action Committees

LG	Local government
M & E	Monitoring and evaluation
MDG	Millennium development goal
MDR-TB	Multi-drug resistant tuberculosis
MHS	Municipal Health Services
MMC	Medical male circumcision
MOU	Midwife obstetric unit
MTEF	Medium-term expenditure framework
MTSF	Medium-term strategic framework
NCS	National core standards
NDP	National Development Plan
NHLS	National Health Laboratory Services
NIMART	Nurse Initiated Management of Anti-retroviral Therapy
NPO	Non-profit organisation
OPD	Outpatient department
OSD	Occupational specific dispensation
PACK	Practical Approach to Care Kit
PACS	Picture Archiving Communication System
PAH	Provincial Aided Hospitals
PCE	Patient centred experience
PCR	Polymerase chain reaction
PCV	Pneumococcal conjugate vaccine
PDE	Patient day equivalent
PHC	Primary health care
PHCIS	Primary Health Care Information Systems
PMTCT	Prevention of mother-to-child transmission
PPIP	Perinatal problem identification programme
PTB	Pulmonary tuberculosis
QIP	Quality improvement plan
RCS	Rural clinical school
RDHS	Rural District Health Services
RIC	Retention in care
SAM	Severe acute malnutrition
SCM	Supply chain management
SD	Sub-district
SDG	Sustainable development goal
STI	Sexually transmitted infection
TB	Tuberculosis
TIER.net	HIV electronic register
VPUU	Violence Prevention through Urban Upgrading

WCG	Western Cape Government
WCGH	Western Cape Government Health
WCCN	Western Cape College of Nursing
WHO	World Health Organisation
WOSA	Whole of Society Approach
WoW	Western Cape on Wellness
XDR-TB	Extreme drug resistant tuberculosis
YTD	Year to date

6. EPIDEMIOLOGICAL PROFILE

6.1 GEOGRAPHIC OVERVIEW

The Cape Winelands is one of five rural district municipalities in the Western Cape Province and share a border with all the other districts in the province, including the Cape Metropole.

The district consists of five local municipalities, namely: Drakenstein and Stellenbosch (on the western side of the Du Toitskloof Mountains); and Breede Valley, Langeberg and Witzenberg (on the eastern side of the Du Toitskloof Mountains).

The district office for Western Cape Government: Health (WCG: Health) is situated in Worcester in the Breede Valley Sub-district. There are 79 primary health care (PHC) facilities in the district of which 45 are fixed facilities. There are four district hospitals, two regional hospitals (located in Drakenstein and Breede Valley Sub-districts respectively) and two TB hospitals (one located in Breede Valley Sub-district and one in Drakenstein Sub-district).

There are no district hospitals in Drakenstein and Breede Valley Sub-districts and the regional hospital performs this function for the geographic area where it is located.

Figure 1: Map of Cape Winelands District



[Source: <https://municipalities.co.za/map/143/cape-winelands-district-municipality>]

6.2 DEMOGRAPHIC OVERVIEW

The National Department of Health distributed revised population estimates during 2017, based on the mid-year population estimates received from Stats SA for 2002 to 2016 and the short term projections for 2017 to 2021.

The revised population estimates reflect financial years rather than calendar years as was previously the case. These estimates will be implemented from 2018/19 going forward and is reflected in the tables below.

Table 1: Sub-district population size and density 2016/17

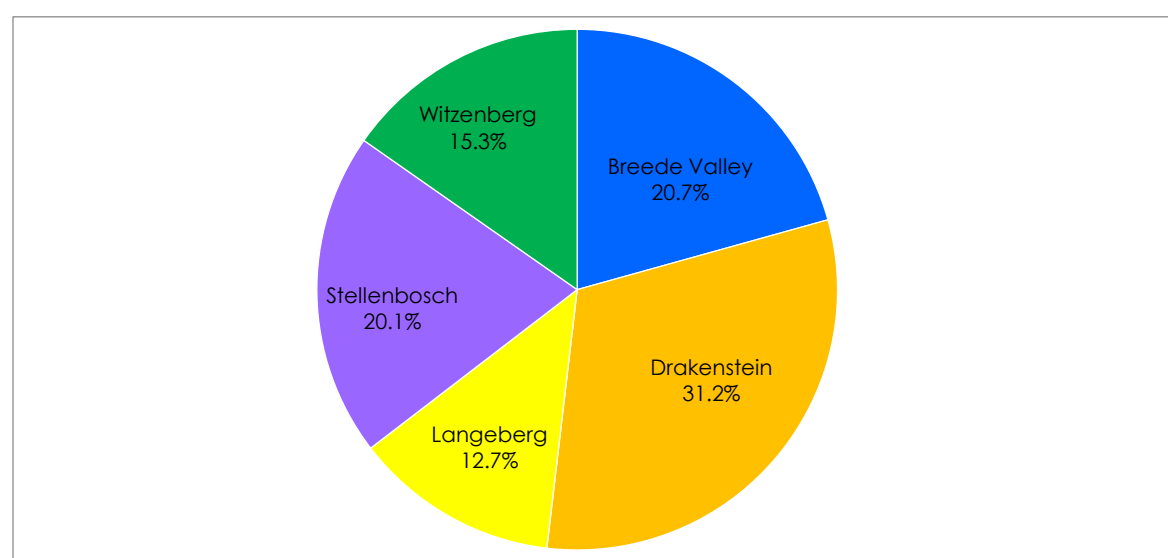
Sub-district	Town(s)	Total population ^(A)	Geographic area (per km ²) ^(B)	Population density
Breede Valley	- De Doorns - Rawsonville - Touws River - Worcester	182 375	3 834	48
Drakenstein	- Gouda - Paarl - Saron - Wellington	275 068	1 538	179
Langeberg	- Ashton - Bonnievale - McGregor - Montagu - Robertson	112 225	4 518	25
Stellenbosch	- Franschhoek - Klipmuts - Pniel - Stellenbosch	177 587	831	214
Witzenberg	- Ceres - Die Dorp Op Die Berg - Prince Alfred Hamlet - Tulbagh - Wolseley	134 823	10 753	13
District total		882 078	21 473	41

[Source A: Circular H11/2018: Population data]

[Source B: <https://municipalities.co.za/overview/143/cape-winelands-district-municipality>]

Cape Winelands District is the rural district with the highest population density. This is mainly due to the urbanised areas close to Cape Town, i.e. Drakenstein and Stellenbosch Sub-districts. The sub-districts east of the Du Toitskloof Mountains consist of several towns that are spread out over a large surface area which results in a lower population density.

Figure 2: Sub-district population distribution in Cape Winelands District 2016/17

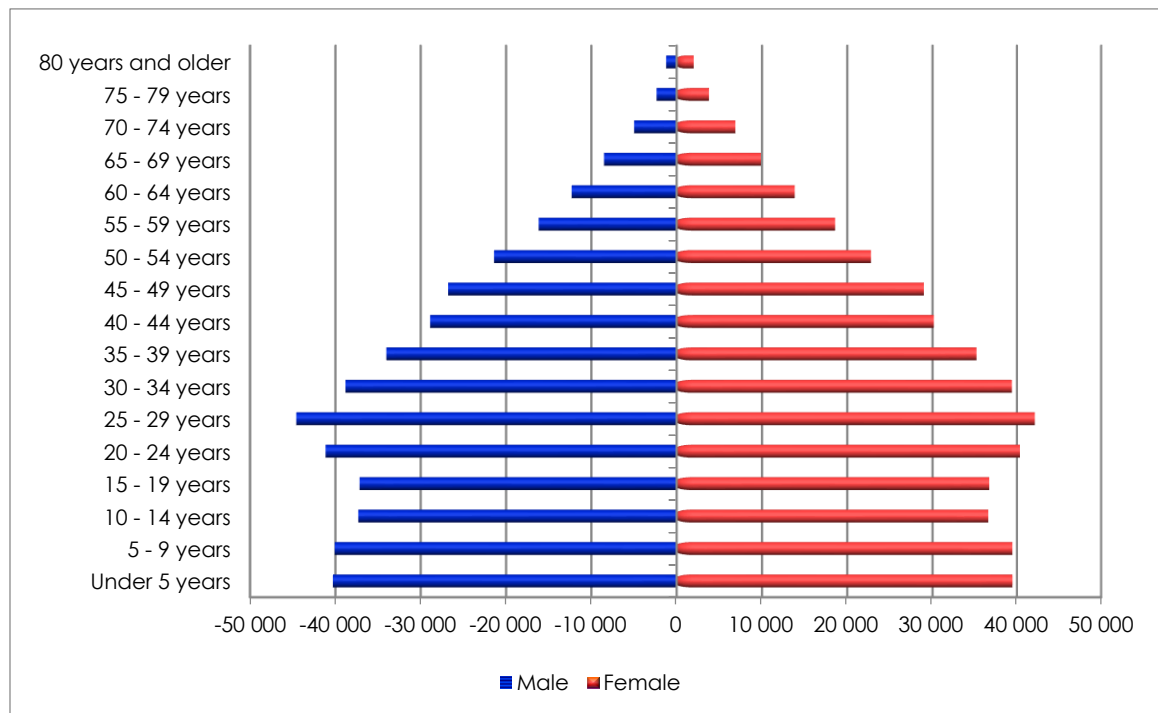


[Source: Circular H11/2018: Population data]

Although there is only a 0.3% increase between the total population estimates for 2018/19 (i.e. all age groups) that were release in 2014 and 2017 respectively, there is a 10.3% increase in the population under 1 year. This will have a significant impact on the district's performance for indicators that use the population under 1 year as denominator, e.g. the immunisation coverage.

For more detailed information on the population breakdown per age group for the district, refer to Annexure A.

Figure 3: Cape Winelands District population pyramid for 2016/17



[Source: Circular H11/2018: Population data]

6.3 SOCIAL DETERMINANTS OF HEALTH

Social determinants may have an impact on the health status outcomes of the district population.

Table 3: Household dynamics in the Cape Winelands District 2016

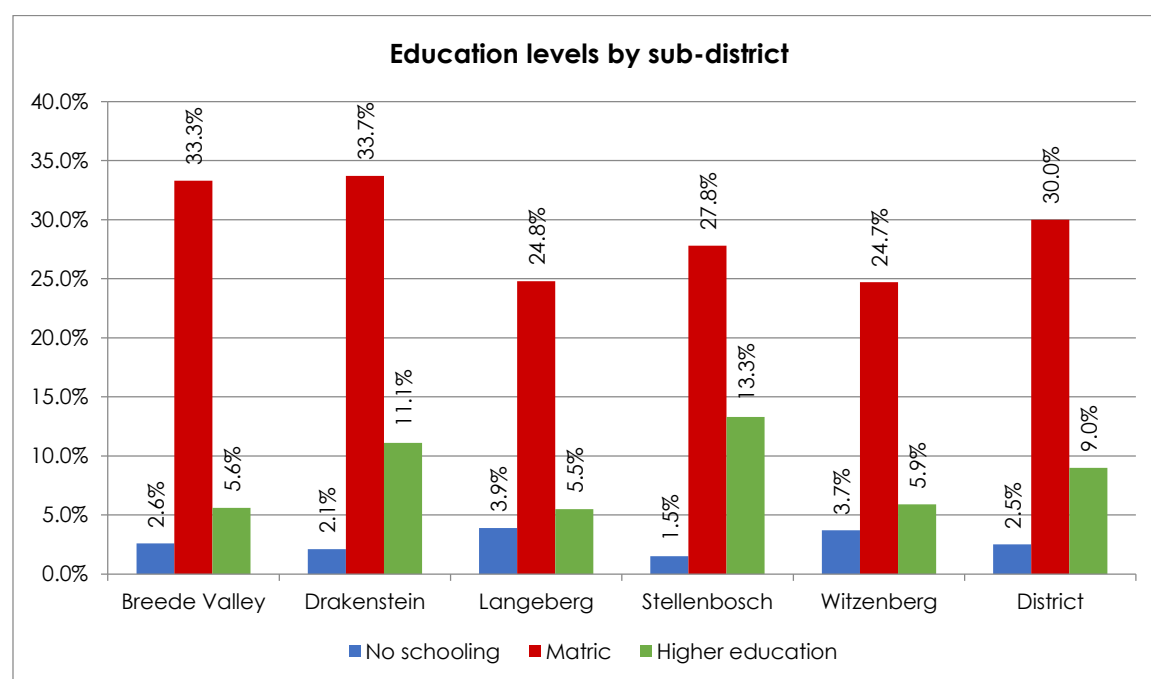
Age groups	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	District
Households	47 569	71 686	28 401	52 274	35 976	235 906
Average household size	3.7	3.9	3.7	3.3	3.6	3.7
Female headed households	37.0%	34.1%	31.6%	36.6%	29.3%	34.2%
Formal dwellings	77.7%	90.3%	89.3%	65.0%	83.3%	81.0%
Housing owned	42.3%	54.8%	49.4%	50.0%	42.8%	48.7%

[Source: <https://municipalities.co.za/overview/143/cape-winelands-district-municipality>]

Note: The highest and lowest value for each item is coloured orange and green respectively.

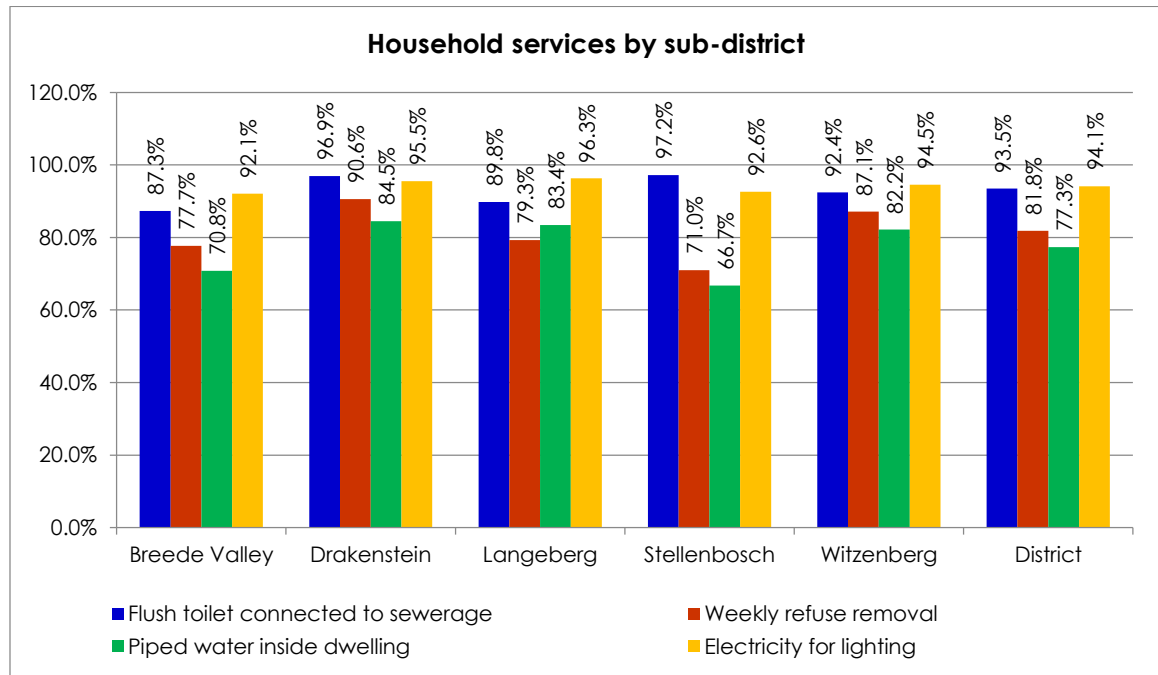
The difficulty of service delivery, such as water distribution, sanitation and refuse removal increases dramatically when dealing with informal dwellings. The five Local Municipalities, with overview by Cape Winelands District Municipality, are however committed to efficient service delivery to all households. In informal areas where services per household are not possible sufficient communal facilities and water distribution points are provided. Where access prevents house to house removal of refuse, skips are provided that is removed on weekly bases.

Figure 4: Cape Winelands District education levels 2016



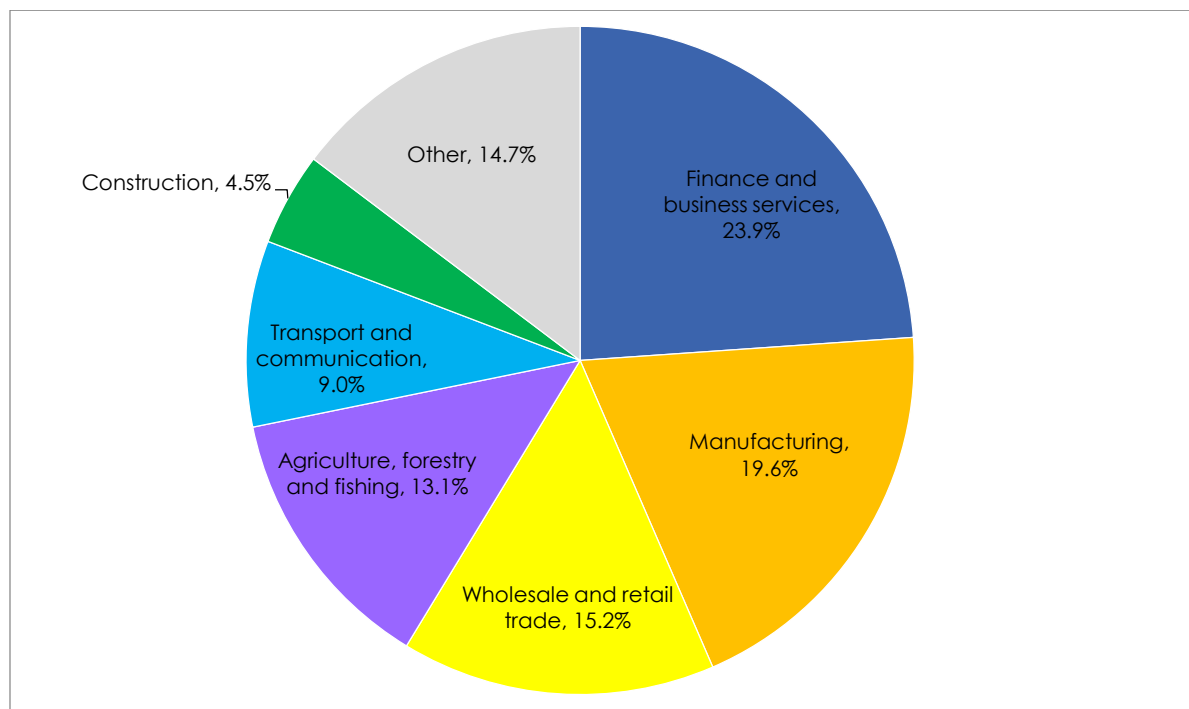
[Source: <https://municipalities.co.za/overview/143/cape-winelands-district-municipality>]

Figure 5: Cape Winelands District household services 2016



[Source: <https://municipalities.co.za/overview/143/cape-winelands-district-municipality>]

Figure 6: Main economic sectors in Cape Winelands District



[Source: <https://municipalities.co.za/overview/143/cape-winelands-district-municipality>]

The upstream factors listed above have a significant impact on the health and wellness of the community. The management of these factors are not in the domain of WCG Health. Environmental (Municipal) Health is a district municipality function and is defined as such in the National Health Act. It includes water quality management, food control, and waste management, health surveillance of premises, surveillance and prevention of

communicable diseases (excluding immunisations), vector control, and environmental pollution control, disposal of the deceased and chemical safety.

Water quality management includes monitoring quality and availability of water for human consumption, taking and analysing water samples on a regular basis, and identifying and controlling water pollution.

Waste management includes the monitoring of storage, treatment, collection, handling and disposal of the various categories of waste.

The migration influx of seasonal workers has a negative effect on services such as sanitation, potable water, accredited crèches, etc. Due to the lack of infrastructure and the sudden increase of inhabitants in an informal settlement the risk of both bacterial and viral diarrhoea increases exponentially. This is true specifically for the De Doorns/Stofland informal settlements in Breede Valley sub district.

CWD will implement a variety of initiatives to address the challenges of diarrhoea, malnutrition and pneumonia in the district. These include:

- Improve liaison between the district response team and the sub-districts regarding the interventions required to improve care, based on weekly data obtained from the sub-districts.
- Immediate identification of high burden areas (through the improved liaison) which can then be managed without delay.
- Referral of all children admitted to hospitals with diarrhoea, malnutrition or pneumonia to Home and Community Based Care (HCBC) upon discharge for follow-up and monitoring purposes.
- Ensuring the wide distribution of oral rehydration solution (ORS) and ORS bottles in the community via the HCBC programme.
- Ensure Vitamin A supplementation/Rotavirus immunisation of targeted paediatric population.
- Increased working hours for community health workers (CHWs) during the paediatric surge season in high burden areas.
- Liaise with different stakeholders (including Environmental Health (EH)) to ensure the holistic prevention and management of diarrhoea and malnutrition.
- Liaise with Forensic Services regarding high burden areas, where children die at home, and are not known to the health facilities (Child Death Review committees).

Substance abuse influences poor health outcomes and wellness of the community e.g. mental health, teenage pregnancies, violence, etc.

Strategic partnerships are needed to ensure awareness and prevention efforts at the community interface inclusive of community governance structures e.g. DHC, Health Facility Boards, Clinic Committees, Local Drug Action Committees (LDAC) and relevant departments.

6.4 CAUSES OF MORTALITY

Table 4: Leading underlying natural causes of death, Western Cape, 2015

Rank	Cape Winelands	Central Karoo	Cape Town	Eden	Overberg	West Coast	Western Cape
1	HIV disease (7.2%)	Chronic lower respiratory diseases (9.1%)	Diabetes mellitus (7.5%)	Tuberculosis (7.0%)	Ischaemic heart diseases (7.1%)	Tuberculosis (7.9%)	Diabetes mellitus (7.2%)
2	Cerebrovascular diseases (6.9%)	Tuberculosis (6.7%)	HIV disease (6.3%)	HIV disease (6.7%)	Cerebrovascular diseases (6.6%)	Diabetes mellitus (7.4%)	HIV disease (6.1%)
3	Diabetes mellitus (6.7%)	Cerebrovascular diseases (6.2%)	Ischaemic heart diseases (5.7%)	Cerebrovascular diseases (6.6%)	Malignant neoplasms of resp & intrathoracic organs (6.5%)	Cerebrovascular diseases (7.2%)	Ischaemic heart diseases (5.8%)
4	Tuberculosis (6.6%)	HIV disease (5.2%)	Cerebrovascular diseases (4.9%)	Ischaemic heart diseases (6.4%)	Diabetes mellitus (6.1%)	Chronic lower respiratory diseases (6.6%)	Cerebrovascular diseases (5.6%)
5	Chronic lower respiratory diseases (6.2%)	Diabetes mellitus (5.2%)	Tuberculosis (4.5%)	Diabetes mellitus (6.2%)	Chronic lower respiratory diseases (5.6%)	Ischaemic heart diseases (5.8%)	Tuberculosis (5.3%)
6	Ischaemic heart diseases (5.5%)	Hypertensive diseases (5.2%)	Chronic lower respiratory diseases (4.4%)	Chronic lower respiratory diseases (5.8%)	Tuberculosis (5.0%)	Hypertensive diseases (4.6%)	Chronic lower respiratory diseases (5.1%)
7	Malignant neoplasms (5.0%)	Malignant neoplasms (4.1%)	Malignant neoplasms (4.2%)	Malignant neoplasms of resp & intrathoracic organs (4.9%)	Malignant neoplasms (4.9%)	HIV disease (4.6%)	Malignant neoplasms (4.5%)
8	Malignant neoplasms of resp & intrathoracic organs (5.0%)	Malignant neoplasms of resp & intrathoracic organs (4.0%)	Malignant neoplasms of resp & intrathoracic organs (4.2%)	Malignant neoplasms (4.6%)	Hypertensive diseases (4.0%)	Malignant neoplasms (4.4%)	Malignant neoplasms of resp & intrathoracic organs (4.5%)
9	Hypertensive diseases (3.3%)	Ischaemic heart diseases (4.0%)	Hypertensive diseases (4.1%)	Other forms of heart disease (3.7%)	Other forms of heart disease (3.3%)	Malignant neoplasms of resp & intrathoracic organs (3.7%)	Hypertensive diseases (4.0%)
10	Other forms of heart disease (3.2%)	Other forms of heart disease (3.8%)	Other forms of heart disease (3.1%)	Hypertensive diseases (3.4%)	Influenza and pneumonia (2.8%)	Other forms of heart disease (2.5%)	Other forms of heart disease (3.2%)

[Source: Mortality and causes of death in South Africa, 2015: Findings from death notification, Statistical Release P0309.3]

The causes of Mortality have changed from 2013 to 2015 with a drop in TB to no 4. Diseases related to lifestyle are more prominent. The population distribution has an impact on the causes of death.

The above table reflects information from stats SA, including only natural causes of death, instead of MRC data as used in previous years. A sub-district breakdown of the underlying natural causes of death was not included in the above publication.

Table 5: Institutional maternal mortality rate (iMMR) in Cape Winelands District

	2011	2012	2013	2014
Deaths during pregnancy, childbirth and puerperium	6	5	9	5
iMMR	48.3	42.2	67.4	34.5

[Source: Saving Mothers, 2014]

Note: The source listed above is the latest published Saving Mothers Report. This report is available every 3 years.

Maternal deaths show a decrease between 2010 and 2015. The peak of 9 deaths was experienced in 2013, of which 4 were in Tygerberg Hospital and only one was pregnancy related within the CWD. The National H1N1 Influenza outbreak had an impact on the peak in 2013.

During 2015 (not yet published in Saving Mothers) there were 7 deaths (according to CWD data base) of which only 2 was pregnancy related. Subsequently all staff in midwife obstetric units (MOU's) have undergone extensive training on Essential Steps in the Management of Obstetric Emergencies (ESMOE) with Worcester CDC MOU being awarded the highest score with the post-training evaluation.

The Perinatal Problem Identification Programme (PIIP) serves as a monitoring, mentoring and improvement programme to prevent maternal deaths. ESMOE, PIIP and monthly outreach from the specialist teams to all MOU's and district hospitals are interventions trying to address avoidable causes of death.

Table 6: Infant and child mortality in Cape Winelands District

District	Infant mortality rate (< 1 year)			Child mortality rate (< 5 years)		
	2011	2012	2013	2011	2012	2013
Cape Winelands	20.7	17.9	15.1	26.0	22.0	19.2

[Source: Western Cape Mortality Profile 2013]

Note: The source listed above is the latest published Western Cape Mortality Profile.

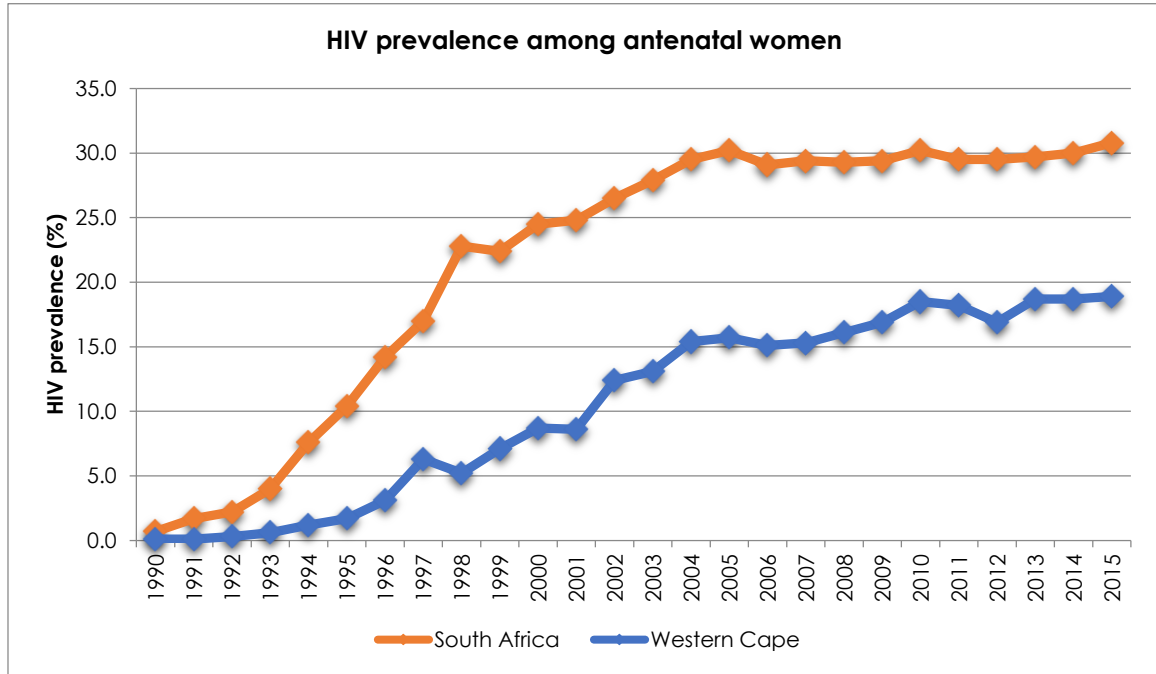
The less than 5 years mortality rate (U5MR) was approximated by dividing the number of deaths under 5 years by the number of births. Ideally the U5MR should be calculated using a life table approach.

Different initiatives were implemented to contribute to the gradual decrease of the Infant and Child Mortality rate. The diarrhoeal disease plan has a huge impact on reducing infant and child mortality, focussing on strengthening the community based and PHC approach weekly monitoring, prompt action taking, follow up after hospital admission and high risk cases, etc. Migration has a negative impact on the deaths.

6.5 BURDEN OF DISEASE

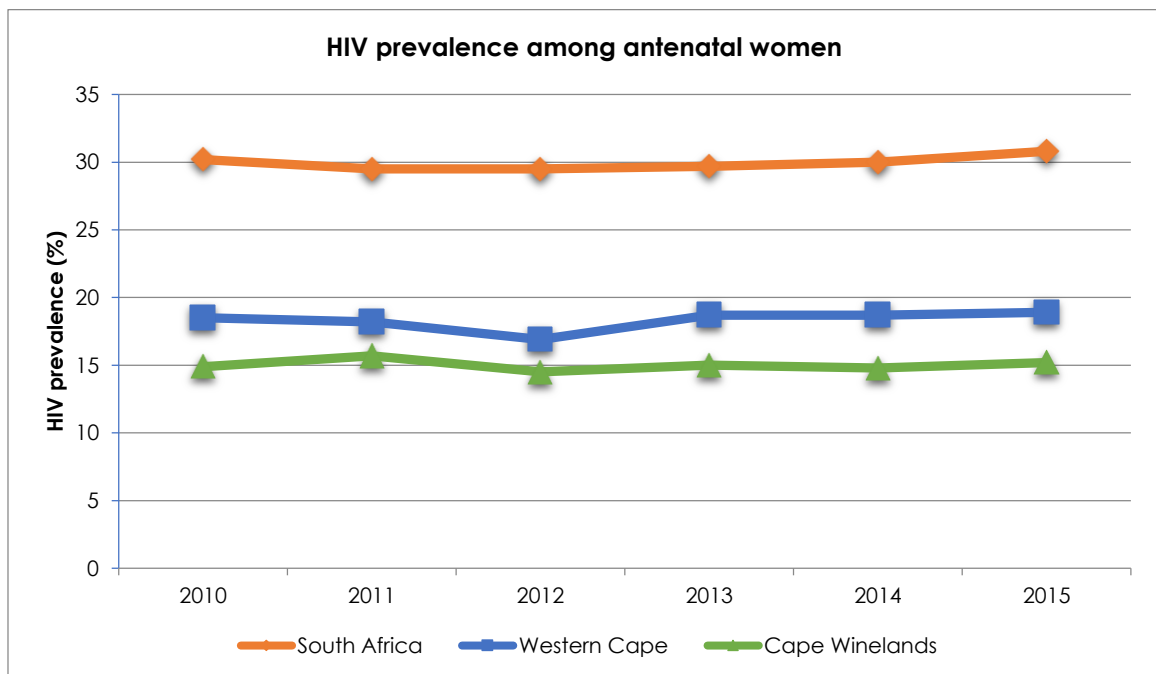
DISTRICT HIV AND AIDS PROFILE

Figure 7: Antenatal Survey HIV prevalence: South Africa vs Western Cape; 1990 - 2015



[Source: National Antenatal Sentinel HIV & Syphilis Survey Report, 2015]

Figure 8: HIV prevalence among antenatal women, 2010 - 2015



[Source: National Antenatal Sentinel HIV & Syphilis Survey Report, 2015]

The Cape Winelands District is showing a similar trend to the rest of the Western Cape, with a slightly lower prevalence than the rest of the country. There are specific high burden areas within the Cape Winelands District, where there is a big focus on prevention and wellness activities.

DISTRICT TB PROFILE

	2011	2012	2013	2014	2015
Total population	772 249	789 963	808 041	826 439	845 237
All TB cases	7 412	7 369	7 327	7 316	6 997
New smear positive PTB cases	3 771	3 299	3 326	2 813	2 082
Incidence / 100 000	488	418	412	340	246
Prevalence / 100 000	960	933	907	885	828

1. The District is showing a gradual decrease in the incidence of smear positive TB for the over 5 year population.
2. Sub districts need to have improved case finding within facilities and the community, with the focus on TB screening and a quality improvement strategy per high burden facility was implemented.
3. Another reason why the TB incidence could be low is co-infection of HIV (double burden), resulting in an increased number of smear negative pulmonary TB and extra-pulmonary TB in the District.
4. The District did enhance community mobilisation and strengthened partnerships with external role-players such as non-profit organisations and USAID partners. High burden clinics were identified and specific community orientated strategies were undertaken e.g. community screening, mapping of geographical areas, linkage to care and adherence support.

The focus must remain on:

- active case finding in high burden areas (community and facility based focus on TB screening);
- prevention (infection prevention and control (IPC) focus);
- continuity of care / linkage to care (especially proper referral pathways between acute hospital services, PHC and HCBC); and
- contact management.

7. SERVICE DELIVERY PLATFORM AND MANAGEMENT

7.1 HEALTH FACILITIES PER SUB-DISTRICT

Table 7: Health facilities per sub-district as at 31 March 2017

Sub-district	Ward based outreach team	Mobile	Satellite	Clinic	CDC	CHC	District hospital	Regional hospital	Central/tertiary hospital	TB hospital
Breede Valley SD	-	5	4	6	1	0	0	1	0	1
Drakenstein SD	-	6	0	11	3	0	0	1	0	1
Langeberg SD	-	6	0	7	0	0	2	0	0	0
Stellenbosch SD	-	5	2	7	1	0	1	0	0	0
Witzenberg SD	-	6	0	8	1	0	1	0	0	0
District total	-	28	6	39	6	0	4	2	0	2

[Source: Sinjani]

For a complete list of health facilities in the district, refer to Annexure C.

The fixed facilities in Drakenstein Sub-district were reduced to 14 during 2017 due to the closing of Klein Nederburg and JJ du Pre Le Roux clinic.

Mobile clinics are utilised on farms, and are running according to a scheduled program. The mobile clinics are also used to services high burden areas, where coverage of certain preventative services e.g. immunisation, TB screening are low.

Non-medical sites were mainly for the purpose of counselling, HIV / TB services, family planning and situated in 3 of the 5 sub districts (Drakenstein, Stellenbosch and Breede Valley).

The district also partner with public private providers for family planning and immunisation to ensure improved access to care.

The table is not reflecting the School Wellness Bus which provides Primary Health Care screening, Oral Health and Optometry services at schools.

Brewelskloof TB hospital in Worcester supports and admits TB patients from Overberg and Cape Winelands East.

Sonstraal TB hospital is situated in Drakenstein Sub-district, the hospital reports to West Coast District, but Stellenbosch and Drakenstein is part of the drainage area for the hospital.

7.2 HUMAN RESOURCES FOR HEALTH (FILLED POSTS)

Table 8: Filled posts as at 31 March 2017

Sub-district	Admin	Community health worker	Nursing assistant	Enrolled nurse	Professional nurse	Doctor	Pharmacist	Dentist	Occupational therapist	Physiotherapist	Speech therapist	Audiologist
Drakenstein PHC	62	0	19	26	94.8	13.5	8	9.7	2	1	0	0
Breede Valley PHC	50	0	19	20	73	8.2	5	3	1	1	1	0
Brewelskloof Hosp	22	0	42	26	21	6	1	0	1	1	0	0.3
Witzenberg PHC	35	0	17	10	37	4.5	2	1	1	1	0	0
Ceres Hospital	28	0	17	16	32	9	1	0	0	0	0	0
Witzenberg SD Total	63	0	34	26	69	13.5	3	1	1	1	0	0
Stellenbosch PHC	41	0	9	18	49	5.5	4	2	1	0	0.3	0
Stellenbosch Hosp	28	0	23	21	36	7	2	0	0	1.1	0	0
Stellenbosch SD Total	69	0	32	39	85	12.5	6	2	1	1.1	0.3	0
Langeberg	34	0	12	11	37	5.5	3	1	1	0	0	0
Robertson Hospital	26	0	13	12	20	7	1	0	0	1	0	0
Montagu Hospital	11	0	9	10	15	0	0	0	0	0.7	0	0
Langeberg SD Total	71	0	34	33	72	12.5	4	1	1	1.7	0	0
DISTRICT TOTALS	337	0	180	170	414.8	66.2	27	16.7	8	7.8	1.3	1.3

[Source: PERSAL]

The August 2016 budget cut decreased the number of approved posts by 51. Furthermore the RDHS decision to stay within 95.5% of filled posts, where posts were previously filled within 30 days, also put an extra burden on the staff establishment.

It is an ongoing process to address staffing equity between the sub-districts, but also to fill the critical posts.

7.3 BASELINE DATA 2016/17

Table 9: Performance indicators for District Health Services

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS										
1. Ideal clinic (IC) status rate	Annual		%	12.8%	42.9%	12.5%	14.3%	0.0%	0.0%	17.2%
Numerator		3		6	3	2	1	0	0	47
Denominator		2		47	7	16	7	8	9	273
2. PHC utilisation rate (annualised)	Quarterly		No	1.9	2.1	2.0	1.8	1.5	1.7	2.3
Numerator		6		1 636 113	377 036	551 763	205 788	269 856	231 670	14 413 350
Denominator		7		882 078	182 375	275 068	112 225	177 587	134 823	6 318 281
3. Complaint resolution within 25 working days rate (PHC facilities)	Quarterly		%	94.9%	97.6%	96.6%	95.2%	93.3%	91.7%	95.6%
Numerator		10		149	40	28	20	28	33	3 175
Denominator		8		157	41	29	21	30	36	3 320

Complaint resolution – strategies to address performance

- Most sub-districts perform well and must sustain efforts to ensure complaints resolution
- Monitor capturing and resolution on the Sinjani system
- Some complaints are resolved, but the system is not updated , therefore a late resolution
- Managers to take ownership and accountability
- New National policy to be rolled out from April 2018-system to be implemented successfully

Table 10: Performance indicators for District Hospitals

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS										
1. Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (district hospitals)	Quarterly		%	100.0%	-	-	100.0%	100.0%	100.0%	69.7%
Numerator		3		4	-	-	2	1	1	23
Denominator		4		4	-	-	2	1	1	33
2. Average length of stay (district hospitals)	Quarterly		Days	2.6	-	-	2.6	2.9	2.5	3.2
Numerator		7		70 041	-	-	20 251	21 812	27 978	909 893
Denominator		8		26 546	-	-	7 759	7 504	11 283	280 580
3. Inpatient bed utilisation rate (district hospitals)	Quarterly		%	74.7%	-	-	64.5%	70.3%	89.1%	84.8%
Numerator		7		70 041	-	-	20 251	21 812	27 978	909 893
Denominator		9		93 815	-	-	31 393	31 028	31 393	1 072 731
4. Expenditure per PDE (district hospitals)	Quarterly		R	R 1 781	-	-	R 1 931	R 1 932	R 1 498	R 2 139
Numerator		10		206 437 000	-	-	72 728 353	73 358 131	60 350 517	2 923 677 427
Denominator		16		115 931	-	-	37 666	37 969	40 295	1 366 831
5. Complaint resolution within 25 working days rate (district hospitals)	Quarterly		%	86.8%	-	-	87.5%	90.9%	66.7%	90.4%
Numerator		19		33	-	-	21	10	2	1 501
Denominator		17		38	-	-	24	11	3	1 661

Table 11: Performance indicators for HIV and AIDS, STIs and TB control (HAST)

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
STRATEGIC GOAL: Promote health and wellness.										
1.1.1 TB programme success rate	Quarterly		%	74.4%	65.5%	77.8%	84.4%	77.3%	71.8%	80.4%
Numerator		1		5 564	1 332	1 690	843	909	790	34 651
Denominator		2		7 482	2 034	2 173	999	1 176	1 100	43 099
2.1.1 ART retention in care after 12 months	Quarterly		%	61.9%	60.5%	65.4%	66.4%	56.2%	62.5%	72.2%
Numerator		3		3 377	690	1 110	294	680	603	33 307
Denominator		4		5 455	1 140	1 696	443	1 211	965	46 120
2.1.2 ART retention in care after 48 months	Quarterly		%	53.7%	56.0%	55.1%	65.5%	50.5%	45.5%	60.7%
Numerator		5		1 690	380	540	175	404	191	19 700
Denominator		6		3 145	678	980	267	800	420	32 455
SECTOR SPECIFIC INDICATORS										
1. ART client remain on ART end of month - total	Quarterly		No	27 162	6 232	7 815	2 578	5 167	5 370	230 931
Element		7								
2. TB/HIV co-infected client on ART rate	Quarterly		%	90.7%	91.6%	89.0%	91.0%	89.1%	94.3%	89.6%
Numerator		8		2 033	423	615	273	377	345	14 902
Denominator		9		2 242	462	691	300	423	366	16 637
3. HIV test done – total	Quarterly		No	180 916	26 834	59 607	21 990	40 682	31 803	1 379 375
Element		10								
4. Male condoms distributed	Quarterly		No	20 709 957	3 585 685	7 367 172	2 344 800	3 803 800	3 608 500	113 913 868
Element		12								
5. Medical male circumcision – total	Quarterly		No	1 692	168	712	190	345	277	11 687
Element		16								

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
6. TB client 5 years and older start on treatment rate	Quarterly		%	100.0%	93.1%	92.0%	98.5%	130.2%	99.5%	92.9%
Numerator		19		3 882	854	1 035	512	712	769	21 007
Denominator		20		3 882	917	1 125	520	547	773	22 612
7. TB client treatment success rate	Quarterly		%	74.4%	65.5%	77.8%	84.4%	77.3%	71.8%	80.4%
Numerator		21		5 564	1 332	1 690	843	909	790	34 651
Denominator		22		7 482	2 034	2 173	999	1 176	1 100	43 099
8. TB client defaulter / lost to follow up rate	Quarterly		%	13.6%	13.6%	14.4%	7.2%	12.8%	18.7%	10.5%
Numerator		23		1 017	276	312	72	151	206	4 514
Denominator		22		7 482	2 034	2 173	999	1 176	1 100	43 099
9. TB client death rate	Annual		%	3.5%	1.9%	4.1%	4.4%	4.8%	3.4%	3.9%
Numerator		24		265	38	89	44	57	37	1 693
Denominator		22		7 482	2 034	2 173	999	1 176	1 100	43 099
10. TB MDR treatment success rate	Annual		%	62.5%	74.4%	51.2%				44.6%
Numerator		25		50	29	21	0	0	0	738
Denominator		26		80	39	41	0	0	0	1 653

There were specific facilities identified within the district to implement quality improvement strategies regarding TB outcomes, with the support of CWD partner, USAID TB South African Project.

The facilities that were identified for quality improvement strategies are:

- Stellenbosch: Kaymandi Clinic, Klapmuts and Groendal Clinic
- Drakenstein: Wellington CDC, TC Newman CDC, Phola Park and Dalevale
- Breede Valley: De Doorns Clinic, Worcester CDC and Empilisweni

Table 12: Performance indicators for MCWH and Nutrition

Although there is only a 0.3% increase between the total population estimates for 2018/19 (i.e. all age groups) that were release in 2014 and 2017 respectively, there is a 10.3% increase in the population under 1 year. This will have a significant impact on the district's performance for indicators that use the population under 1 year as denominator, e.g. the immunisation coverage.

The under performance in immunisation was due to the non-availability of Hexaxim and BCG. Children could not be counted as fully immunised. The district had a focussed approach and most of these children received the necessary vaccination afterwards, and therefore it does not reflect in the table below.

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS										
1. Antenatal 1st visit before 20 weeks rate	Quarterly		%	74.5%	74.3%	74.7%	75.5%	71.4%	77.2%	69.6%
Numerator		1		9 301	2 124	2 794	1 317	1 637	1 429	63 901
Denominator		2		12 490	2 858	3 742	1 745	2 294	1 851	91 849
2. Mother postnatal visit within 6 days rate	Quarterly		%	59.9%	64.4%	46.7%	93.8%	51.3%	78.5%	60.0%
Numerator		3		8 189	2 364	2 396	1 286	1 142	1 001	54 816
Denominator		4		13 677	3 671	5 132	1 371	2 228	1 275	91 322
3. Antenatal client start on ART rate	Annual		%	79.7%	68.2%	78.5%	78.0%	78.6%	100.7%	90.8%
Numerator		5		681	146	172	71	143	149	7 009
Denominator		6		854	214	219	91	182	148	7 715
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly		%	1.5%	0.7%	2.3%	1.8%	0.7%	1.9%	0.8%
Numerator		7		18	2	9	2	2	3	95
Denominator		8		1 241	290	389	110	294	158	12 013
5. Immunisation coverage under 1 year	Quarterly		%	65.2%	58.7%	72.5%	48.6%	76.9%	59.9%	75.1%
Numerator		9		10 008	2 004	3 502	1 005	2 208	1 289	78 933
Denominator		10		15 338	3 414	4 833	2 067	2 871	2 153	105 108

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
6. Measles 2nd dose coverage	Quarterly		%	82.3%	75.5%	90.1%	71.9%	87.2%	78.9%	86.3%
Numerator		11		12 987	2 653	4 479	1 530	2 576	1 749	92 898
Denominator		12		15 784	3 513	4 973	2 128	2 955	2 216	107 596
7. Diarrhoea case fatality rate	Quarterly		%	0.4%	1.3%	0.6%	0.0%	0.0%	0.0%	0.2%
Numerator		16		6	4	2	0	0	0	17
Denominator		17		1 376	297	318	165	162	434	6 992
8. Pneumonia case fatality rate	Quarterly		%	0.4%	0.8%	0.0%	1.1%	0.0%	0.0%	0.4%
Numerator		18		4	3	0	1	0	0	29
Denominator		19		1 023	398	276	91	155	103	7 943
9. Severe acute malnutrition case fatality rate	Quarterly		%	2.9%	0.0%	3.3%	5.6%	0.0%	3.2%	0.6%
Numerator		20		4	0	2	1	0	1	5
Denominator		21		136	24	61	18	2	31	841
10. School Grade 1 - learners screened	Quarterly		No	0	2 036	2 254	2 690	2 007	1 505	55 171
Element		22								
11. School Grade 8 - learners screened	Quarterly		No	0	527	467	192	384	459	9 364
Element		24								
12. Delivery in age group 10 to 19 years in facility rate	Quarterly		%	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report	Not required to report
Numerator		26		-	-	-	-	-	-	-
Denominator		4		13 677	3 671	5 132	1 371	2 228	1 275	91 322
13. Couple year protection rate (Int)	Quarterly		%	94.0%	88.2%	104.5%	90.7%	80.2%	102.6%	78.8%
Numerator		27		237 660	45 154	81 046	27 726	44 122	39 611	1 386 357
Denominator		28		252 895	51 213	77 529	30 558	54 989	38 607	1 760 154
14. Cervical cancer screening coverage 30 years and older	Quarterly		%	56.5%	61.7%	53.9%	31.3%	64.7%	65.7%	55.7%
Numerator		29		11 938	2 761	3 650	853	2 605	2 069	90 454
Denominator		30		21 143	4 474	6 770	2 728	4 023	3 149	162 460

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
15. HPV 1st dose Element	Annual	31	No	0	1 255	1 912	809	961	702	36 182
16. HPV 2nd dose Element	Annual	33	No	0	1 247	1 772	793	965	713	34 941
17. Vitamin A 12 - 59 months coverage	Quarterly		%	49.3%	53.2%	50.1%	45.8%	40.5%	56.7%	48.8%
Numerator		34		63 544	15 240	20 320	7 954	9 777	10 253	425 757
Denominator		35		128 832	28 673	40 588	17 366	24 119	18 087	872 332
18. Maternal mortality in facility ratio	Annual		No per 100 000	78	209	38	0	43	0	57
Numerator		37		11	8	2	0	1	0	54
Denominator / 100 000		40		0.142	0.038	0.052	0.014	0.023	0.014	0.954
19. Neonatal death in facility rate	Annual		No per 1 000	7	9	4	11	2	15	9
Numerator		43		89	32	19	15	4	19	783
Denominator / 1 000		38		13.579	3.640	5.095	1.359	2.216	1.269	91.798

The smaller the numbers to calculate the maternal and neonatal death rate as per proportion of the population, the higher reflection, comparing to the calculation of higher numbers. The two regional hospitals, Worcester hospital situated in Breede Valley and Paarl Hospital situated in Drakenstein sub district, have more complex cases which impacts on the mortality rate of these two sub districts.

Table 13: Performance Indicators for District Health Services

Programme performance indicator	Frequency	Data source / Element ID	Type	District wide value	Breede Valley	Drakenstein	Langeberg	Stellenbosch	Witzenberg	Province wide value
				2016/17	2016/17	2016/17	2016/17	2016/17	2016/17	2016/17
SECTOR SPECIFIC INDICATORS										
1. Cataract surgery rate (in uninsured population)	Quarterly		No per million	2 377	7 113	2 716	0	0	0	1 692
Numerator		1		1 442	916	526	0	0	0	8 050
Denominator / 1 000 000		2		0.607	0.129	0.194	0.075	0.119	0.090	4.759
2. Malaria case fatality rate	Quarterly		%	7.1%	0.0%	0.0%	0.0%	25.0%	0.0%	0.7%
Numerator		3		1	0	0	0	1	0	1
Denominator		4		14	2	4	3	4	1	139

8. QUALITY OF CARE

Table 14: Top 20 worst performing Ideal Clinic elements in PHC facilities 2017/18 YTD

Nr	Worst performing elements
1.	All external signage in place
2.	Adolescent and youth friendly services are provided
3.	Staffing needs have been determined in line with WISN
4.	Staffing is in line with WISN
5.	There is a functional clinic committee
6.	There is an official memorandum of understanding between the district management and Cooperative Governance and Traditional Affairs (CoGTA)
7.	Building is compliant with safety regulations
8.	Facility information board reflecting the facility name, service hours, physical address, contact details for facility and emergency service and service package details is visibly displayed at the entrance of the premises
9.	Disinfectant, cleaning materials and equipment are available
10.	Clinic space accommodates all services and staff
11.	Patient record content adheres to ICSM prescripts
12.	The National Clinical Audit guideline is available
13.	Contact details of clinic committee members are visibly displayed
14.	Electronic networked system for monitoring the availability of medicines is used effectively
15.	Restore the emergency trolley daily or after every time it was used
16.	The National Policy for The Management Of Waiting Times is available
17.	There is access for people in wheelchairs
18.	There is an official memorandum of understanding between the PDOH and the Department of Social Development
19.	80% of professional nurses have been trained on Basic Life Support
20.	Clinical audit meetings are conducted quarterly in line with the guidelines

[Source: Ideal Clinic Quality Improvement Plan 2017/18]

Table 15: Top 20 worst performing National Core Standards in district hospitals 2017/18 YTD

Nr	Worst performing elements
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Nr	Worst performing elements
16.	
17.	
18.	
19.	
20.	

[Source: WebDHIS National Core Standards]

It was not possible to capture the NCS audits of November 2017 due to system errors on the prescribed National Department of Health software.

Table 16: Top 5 challenges reported by patients in patient surveys and patient complaints 2017/18 YTD

Nr	Challenges reported in patient surveys	Patient complaints (category)
1.	Visiting hours were not long enough	Care and professional treatment
2.	I was very bored at the hospital	Waiting times
3.	It takes longer than 30 minutes to get to the hospital	Staff attitudes
4.	I did not feel safe at night at the hospital	Other
5.	I had to wait a long time to get my folder	Waiting lists

[Source: Sinjani]

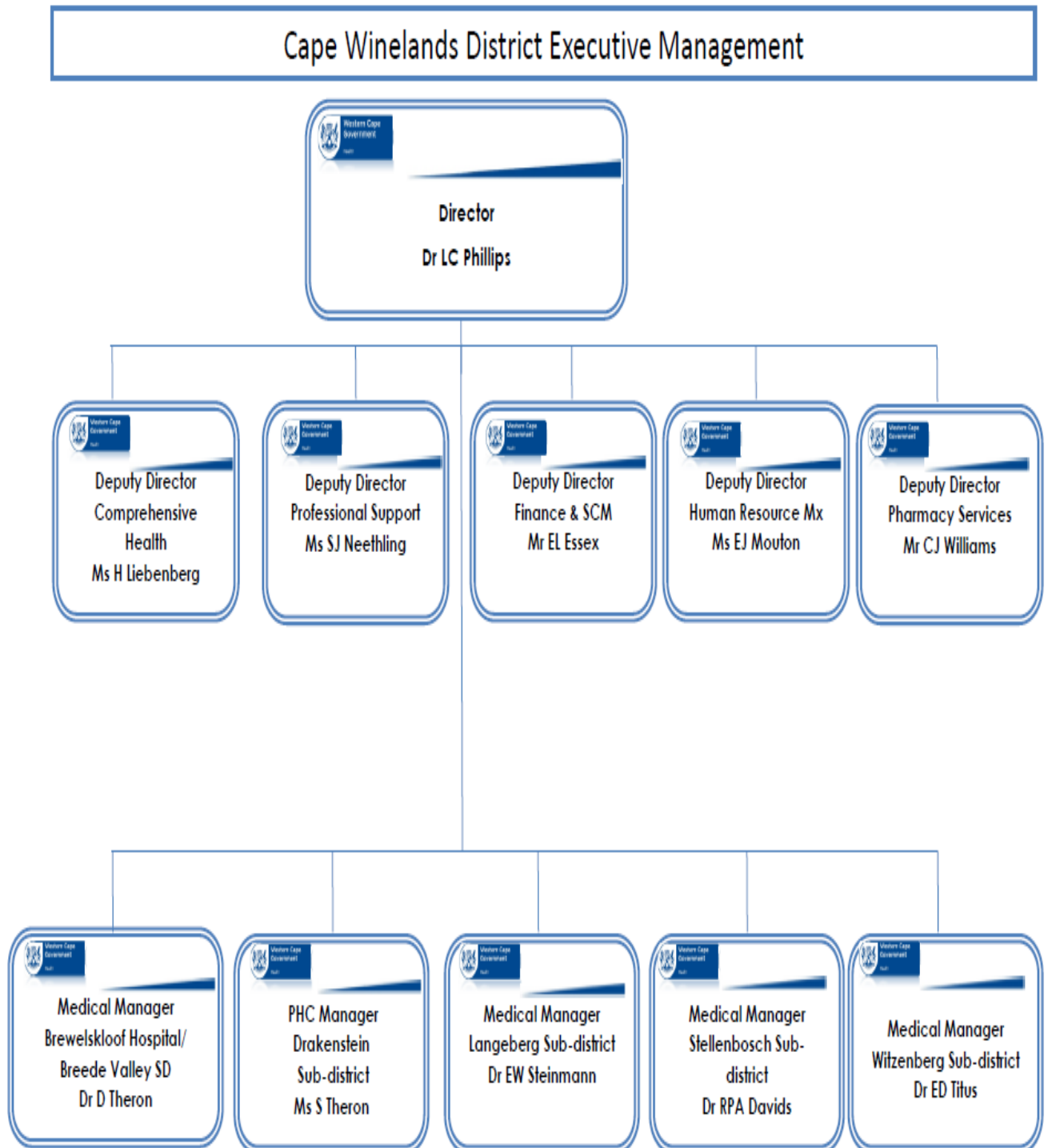
The elements that services were not compliant to in the Ideal Clinic, is mostly those that they do not have fully control over e.g. Infrastructural challenges, the functioning of the clinic committees, youth friendly clinics, National guidelines/policies, WISN requirements, etc.

Quality improvement plans (QIP) per facility are available to address shortcomings via a team approach.

The challenges in the Client satisfaction Survey also form part of a QIP.

9. ORGANISATIONAL STRUCTURE OF THE DISTRICT MANAGEMENT TEAM

Figure 9: Organogram for Cape Winelands as at 31 March 2017



10. DISTRICT HEALTH EXPENDITURE

Table 17: Summary of district health expenditure 2016/17

Programme Sub-programme		Budget: Adjusted Appropriation			Expenditure			TOTAL		
		Province	Transfer to LG *	LG Own	Province for CWD	Transfer to LG	LG Own	Budget	Expen- diture	% Overspent (Underspent)
2	District Health Services	R815 769 000			R817 603 000			R815 769 000	R817 603 000	0.2 %
2.1	District Management	R66 984 000			R68 567 000			R66 984 000	R68 567 000	2.4 %
2.2	Clinics	R234 347 000			R237 027 000			R234 347 000	R237 027 000	1.1 %
2.3	Community Health Centres	R150 421 000			R143 784 000			R150 421 000	R143 784 000	(4.4 %)
2.4	Community Services (incl. PAH*)	R5 625 000			R6 514 000			R5 625 000	R6 514 000	15.8 %
2.5	Other Community Services									
2.6	HIV/AIDS	R142 623 000			R147 429 000			R142 623 000	R147 429 000	3.4 %
2.7	Nutrition	R8 255 000			R7 844 000			R8 255 000	R7 844 000	(5.0 %)
2.9	District Hospitals	R207 514 000			R206 437 000			R207 514 000	R206 437 000	(0.5 %)
2.12	Other Donor Funding									
4	Provincial Hospital Services	R70 623 000			R70 482 000			R70 623 000	R70 482 000	(0.2 %)
4.2	Tuberculosis Hospital: Brewelskloof Hospital	R70 623 000			R70 482 000			R70 623 000	R70 482 000	(0.2 %)
TOTAL DISTRICT		R886 392 000			R888 085 000			R886 392 000	R888 085 000	0.2 %

Source: District Health Expenditure Review (2016/17) or BAS]

Note:

*LG - Local government

*PAH – Provincial Aided Hospital

Cape Winelands District indicates an over expenditure of (0.2% , R1,693mil) mainly due to increased expenditure on Medicine, Property Payments (Security Services) and Personnel.

Program 2.1: The over expenditure is mainly due to Personnel and Transport expenditure.

Program 2.2: The over expenditure mainly due to Medicine expenditure.

Program 2.3: The underspending is mainly on Personnel expenditure.

Program 2.4: The over expenditure is mainly due to Personnel expenditure.

Program 2.6: The over expenditure is mainly due to Laboratory services and Personnel expenditure.

Program 2.7: The underspending is mainly on Personnel expenditure.

Program 2.9: The underspending is mainly on Personnel Agency expenditure.

Program 4.2: The underspending is mainly on Maintenance.

11. DISTRICT PERFORMANCE INDICATORS

11.1 DISTRICT HEALTH SERVICES

Table 18: Performance indicators for District Health Services

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
SECTOR SPECIFIC INDICATORS											
1. Ideal clinic (IC) status rate	Annual		%	0.0%	0.0%	12.8%	33.3%	48.9%	100.0%	100.0%	17.2%
Numerator		3		0	0	6	15	22	45	45	47
Denominator		2		49	48	47	45	45	45	45	273
2. PHC utilisation rate (annualised)	Quarterly		No	1.9	1.9	1.9	1.8	1.8	1.8	1.8	2.3
Numerator		6		1 639 625	1 611 754	1 636 113	1 617 415	1 647 613	1 677 681	1 707 694	14 413 350
Denominator		7		847 429	864 591	882 078	899 240	916 385	933 476	950 549	6 318 281
3. Complaint resolution within 25 working days rate (PHC facilities)	Quarterly		%	94.8%	98.3%	94.9%	96.5%	96.2%	99.1%	100.0%	95.6%
Numerator		10		200	232	149	139	127	115	93	3 175
Denominator		8		211	236	157	144	132	116	93	3 320

Table 19: Quarterly targets for District Health Services

Programme performance indicator		Data source / Element ID	Frequency	Annual target	Quarterly targets			
				2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS								
1.	Ideal clinic (IC) status rate		Annual	48.9%	-	-	-	48.9%
	Numerator	3		22	-	-	-	22
	Denominator	2		45	-	-	-	45
2.	PHC utilisation rate (annualised)		Quarterly	1.8	1.8	1.9	1.7	1.8
	Numerator	6		1 647 613	409 661	424 502	397 216	416 234
	Denominator	7		916 385	229 096	229 096	229 096	229 097
3.	Complaint resolution within 25 working days rate (PHC facilities)		Quarterly	96.2%	97.0%	97.1%	96.9%	93.9%
	Numerator	10		127	32	33	31	31
	Denominator	8		132	33	34	32	33

Key strategies/interventions for the District

1. Management of the burden of disease with the focus on:
 - The first 1000 days focusing on:
 - teenage pregnancies,
 - nutrition support to mother and child,
 - postnatal care,
 - improved immunisation coverage
 - School health services to enhance screening, immunisation, Vit A coverage, oral health
 - Communicable diseases with the main focus on HAST
 - Continuity of care with focus on the patient journey for especially:
 - Tuberculosis,
 - Mental Health and
 - Cerebro-Vascular Accidents (CVA)

- Non-communicable diseases: The Community Orientated Primary Care (COPC) includes focus on community engagement and agency to ensure primary and secondary prevention of non-communicable diseases
- Address socio-economic determinants of health through strategic partnerships and support from DHC members
- Rehabilitation services with improved access for acute cases and people living with disabilities
- Alternative distribution of chronic medication to stable clients
- Focus on Emergency Centres

2. Quality of Care:

- Increase the number of facilities achieving Ideal Clinic status
- Compliance to NCS requirements
- Focus on the timelines for complaint resolution, in particular within 25 days
- Patient satisfaction survey schedule per sub-district
- Appointment system per facility
- Improvement of waiting times and patient flow
- IPC: focus on ventilation and PPE
- Quality Improvement Approach
- Epidemic Preparedness
- Disaster management
- Waste management

3. Critical support functions:

- Improved access to alternative distribution of medication of stable chronic patients
- Maintain pharmacy inventory management program (JAC).
- Strengthen pharmaceutical governance at sub-district level
- Nursing governance and leadership
- Complete implementation of the PHCIS

- Focus on electronic headcount implementation
- Improve the management of the Clinicom system
- Improve folder management at health facilities
- Manage the challenge of budget shortfall
- Improve efficiency regarding the Human Resource (HR) management – pilot project
- Roll out of eCCR in clinics
- Roll out of PACS at Stellenbosch- and Ceres hospital

11.2 DISTRICT HOSPITALS

Table 20: Performance indicators for District Hospitals

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
SECTOR SPECIFIC INDICATORS											
1. Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (district hospitals)	Quarterly		%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	69.7%
Numerator		3		4	3	4	4	4	4	4	23
Denominator		4		4	4	4	4	4	4	4	33
2. Average length of stay (district hospitals)	Quarterly		Days	2.6	2.6	2.6	2.7	2.7	2.7	2.7	3.2
Numerator		7		69 608	72 984	70 041	71 471	73 121	74 777	76 439	909 893
Denominator		8		26 764	27 790	26 546	26 674	27 290	27 908	28 529	280 580
3. Inpatient bed utilisation rate (district hospitals)	Quarterly		%	74.2%	77.9%	74.7%	76.2%	77.9%	79.7%	81.5%	84.8%
Numerator		7		69 608	72 984	70 041	71 471	73 121	74 777	76 439	909 893
Denominator		9		93 815	93 633	93 815	93 815	93 815	93 815	93 815	1 072 731
4. Expenditure per PDE (district hospitals)	Quarterly		R	R 1 637	R 1 564	R 1 781	R 1 988	R 1 994	R 2 043	R 2 114	R 2 139
Numerator		10		183 910 279	195 272 363	206 437 000	233 386 000	239 532 000	250 814 000	265 316 000	2 923 677 427
Denominator		16		112 367	124 835	115 931	117 410	120 099	122 797	125 505	1 366 831
5. Complaint resolution within 25 working days rate (district hospitals)	Quarterly		%	88.9%	95.8%	86.8%	88.9%	97.6%	97.3%	100.0%	90.4%
Numerator		19		32	69	33	40	41	36	30	1 501
Denominator		17		36	72	38	45	42	37	30	1 661

Table 21: Quarterly targets for District Hospitals

Programme performance indicator		Data source / Element ID	Frequency	Annual target	Quarterly targets			
				2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS								
1.	Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate (district hospitals)		Quarterly	100.0%	-	-	-	100.0%
	Numerator	3		4	-	-	-	4
	Denominator	4		4	-	-	-	4
2.	Average length of stay (district hospitals)		Quarterly	2.7	2.7	2.7	2.6	2.7
	Numerator	7		73 121	18 665	18 160	17 455	18 841
	Denominator	8		27 290	6 965	6 806	6 664	6 855
3.	Inpatient bed utilisation rate (district hospitals)		Quarterly	77.9%	79.6%	77.4%	74.4%	80.3%
	Numerator	7		73 121	18 665	18 160	17 455	18 841
	Denominator	9		93 815	23 454	23 454	23 454	23 453
4.	Expenditure per PDE (district hospitals)		Quarterly	R 1 994	R 1 828	R 2 088	R 2 038	R 2 026
	Numerator	10		239 532 000	55 343 210	61 686 936	59 415 341	63 086 513
	Denominator	16		120 099	30 268	29 547	29 148	31 136
5.	Complaint resolution within 25 working days rate (district hospitals)		Quarterly	97.6%	90.9%	100.0%	100.0%	100.0%
	Numerator	19		41	10	10	10	11
	Denominator	17		42	11	10	10	11

The strategic challenges for the District hospitals are:

1. Emergency centre in district hospitals: Enhance the Acute Emergency Case Load Management Policy (AECLMP), specifically bed flow management.
2. Access to appropriate emergency care.
3. Fast tracking of the children under 5 years at EC and ensure elderly comfort.
4. Management of after hour minor cases.
5. Improved management of major incident simulation exercises.
6. Proper implementation of the emergency centre indicators, e.g. International Classification of Disease Coding-10 (ICD-10), improved waiting times and decongesting the emergency centre.

7. Improve the competency for the triage system and focus on basic life support (BLS).
8. Access to elective surgery, e.g. tonsillectomy and adenoidectomy, sterilisations, teeth extractions, etc.
9. Prioritise referral for surgery, e.g. cataracts, to the next level of care.
10. Competent nursing staff with special focus on nursing governance and leadership.
11. Improve utilisation of the Clinicom software and data management.
12. Improve folder management.
13. Langeberg sub-district: Improve management of patient flow between the 2 district hospitals in the sub-district, especially after hour surgery and high risk patient transfer from Montagu- to Robertson Hospital.
14. Management of the Clinical Forensic Medicine in hospitals with focus on the implementation at Stellenbosch hospital.
15. Infrastructural focus on emergency centre at Robertson hospitals.
16. Infrastructure focus for acute psychiatric patients at Ceres hospital.
17. Prevent the abscondment of patients.
18. Monitor and reduce adverse incidents due to psychotic patients.

11.3 HIV AND AIDS, STIs AND TB CONTROL (HAST)

Table 22: Performance indicators for HIV and AIDS, STIs and TB control (HAST)

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
STRATEGIC GOAL: Promote health and wellness.											
1.1.1 TB programme success rate	Quarterly		%	79.0%	76.9%	74.4%	78.4%	80.6%	84.4%	88.3%	80.4%
Numerator		1		5 859	5 637	5 564	5 714	5 792	5 982	6 177	34 651
Denominator		2		7 414	7 332	7 482	7 289	7 188	7 091	6 998	43 099
2.1.1 ART retention in care after 12 months	Quarterly		%	62.1%	58.5%	61.9%	62.6%	72.5%	75.1%	76.3%	72.2%
Numerator		3		2 302	2 438	3 377	3 424	4 420	4 700	4 900	33 307
Denominator		4		3 707	4 170	5 455	5 473	6 093	6 258	6 425	46 120
2.1.2 ART retention in care after 48 months	Quarterly		%	52.2%	48.8%	53.7%	53.4%	65.0%	64.0%	63.5%	60.7%
Numerator		5		991	1 120	1 690	1 608	2 329	2 449	2 584	19 700
Denominator		6		1 899	2 293	3 145	3 013	3 585	3 825	4 068	32 455
SECTOR SPECIFIC INDICATORS											
1. ART client remain on ART end of month - total	Quarterly		No	19 615	23 172	27 162	31 515	32 119	32 721	33 323	230 931
Element		7									
2. TB/HIV co-infected client on ART rate	Quarterly		%	78.1%	85.2%	90.7%	86.5%	88.6%	90.7%	92.7%	89.6%
Numerator		8		1 855	1 803	2 033	1 800	1 819	1 837	1 854	14 902
Denominator		9		2 374	2 116	2 242	2 080	2 052	2 026	2 000	16 637
3. HIV test done – total	Quarterly		No	136 608	185 660	180 916	193 195	196 865	200 523	204 176	1 379 375
Element		10									
4. Male condoms distributed	Quarterly		No	17 093 644	18 445 909	20 709 957	20 092 500	20 473 198	20 852 587	21 231 511	113 913 868
Element		12									
5. Medical male circumcision – total	Quarterly		No	2 805	2 879	1 692	2 444	2 491	2 536	2 582	11 687
Element		16									

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
6. TB client 5 years and older start on treatment rate	Quarterly		%	92.3%	97.4%	100.0%	99.8%	99.8%	99.9%	99.9%	92.9%
Numerator		19		3 410	3 680	3 882	3 961	4 038	4 115	4 191	21 007
Denominator		20		3 696	3 777	3 882	3 970	4 046	4 121	4 196	22 612
7. TB client treatment success rate	Quarterly		%	79.0%	76.9%	74.4%	78.4%	80.6%	84.4%	88.3%	80.4%
Numerator		21		5 859	5 637	5 564	5 714	5 792	5 982	6 177	34 651
Denominator		22		7 414	7 332	7 482	7 289	7 188	7 091	6 998	43 099
8. TB client defaulter / lost to follow up rate	Quarterly		%	12.1%	12.5%	13.6%	11.6%	10.6%	9.7%	8.9%	10.5%
Numerator		23		899	914	1 017	845	760	688	625	4 514
Denominator		22		7 414	7 332	7 482	7 289	7 188	7 091	6 998	43 099
9. TB client death rate	Annual		%	3.5%	3.6%	3.5%	3.2%	3.1%	3.0%	2.9%	3.9%
Numerator		24		257	262	265	236	224	214	204	1 693
Denominator		22		7 414	7 332	7 482	7 289	7 188	7 091	6 998	43 099
10. TB MDR treatment success rate	Annual		%		62.4%	54.5%	23.5%	24.4%	25.9%	27.2%	44.6%
Numerator		25		0	98	114	51	54	58	62	738
Denominator		26		0	157	209	217	221	224	228	1 653

Table 23: Quarterly targets for HIV and AIDS, STIs and TB control (HAST)

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS							
1.1.1 TB programme success rate		Quarterly	80.6%	80.6%	80.6%	80.6%	80.6%
Numerator	1		5 792	1 440	1 492	1 396	1 464
Denominator	2		7 188	1 787	1 852	1 733	1 816
2.1.1 ART retention in care after 12 months		Quarterly	72.5%	72.5%	72.5%	72.6%	72.5%
Numerator	3		4 420	1 099	1 139	1 066	1 116
Denominator	4		6 093	1 515	1 570	1 469	1 539

Programme performance indicator		Data source / Element ID	Frequency	Annual target	Quarterly targets			
				2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2.1.2	ART retention in care after 48 months		Quarterly	65.0%	65.0%	64.9%	64.9%	65.0%
	Numerator	5		2 329	579	600	561	589
	Denominator	6		3 585	891	924	864	906
SECTOR SPECIFIC INDICATORS								
1.	ART client remain on ART end of month - total		Quarterly	32 119	31 637	31 798	31 958	32 119
	Element	7						
2.	TB/HIV co-infected client on ART rate		Quarterly	88.6%	88.6%	88.7%	88.7%	88.6%
	Numerator	8		1 819	452	469	439	459
	Denominator	9		2 052	510	529	495	518
3.	HIV test done – total		Quarterly	196 865	47 904	48 113	49 403	51 445
	Element	10						
4.	Male condoms distributed		Quarterly	20 473 198	4 442 003	5 538 664	5 408 099	5 084 432
	Element	12						
5.	Medical male circumcision – total		Quarterly	2 491	716	813	402	560
	Element	16						
6.	TB client 5 years and older start on treatment rate		Quarterly	99.8%	99.8%	99.8%	99.8%	99.8%
	Numerator	19		4 038	993	1 042	980	1 023
	Denominator	20		4 046	995	1 044	982	1 025
7.	TB client treatment success rate		Quarterly	80.6%	80.6%	80.6%	80.6%	80.6%
	Numerator	21		5 792	1 440	1 492	1 396	1 464
	Denominator	22		7 188	1 787	1 852	1 733	1 816
8.	TB client defaulter / lost to follow up rate		Quarterly	10.6%	10.6%	10.6%	10.6%	10.6%
	Numerator	23		760	189	196	183	192
	Denominator	22		7 188	1 787	1 852	1 733	1 816
9.	TB client death rate		Annual	3.1%	-	-	-	3.1%
	Numerator	24		224	-	-	-	224
	Denominator	22		7 188	-	-	-	7 188
10.	TB MDR treatment success rate		Annual	24.4%	-	-	-	24.4%
	Numerator	25		54	-	-	-	54
	Denominator	26		221	-	-	-	221

Key strategies/interventions:

1. Coordination of care at district level regarding the HAST programme
 - Focus on synergy of all health programmes, with the main focus on integration uniform messaging of policies at operational level, in order to improve patient care
 - Family Physician at district office responsible for interface management between TB experts, other specialists and family physicians at sub district level to ensure coordinated care and access to clinical expertise.
 - All communication and programmatic interventions to be communicated via team leader at district office to ensure single messaging at operational level
2. Integrated care
 - Linkage to care
 - Clear communication pathways between clinicians at operational level and programmatic requirements
 - Outreach and support from TB hospitals, to enhance TB clinical governance at health facilities
 - Training plan for sub district teams (Pharmacy staff, Medical officers and nursing staff together)
 - Improvement of data use at facility level – training of data capturers and management
 - Integration of TB and HAST data into the routine data flow and M&E at sub district level
3. Distribution of care
 - Alternative distribution of ARV's for stable clients at community/non-medical facilities, driven by HCBC
 - Ensure a comprehensive package of care to patients with a chronic disease – non communicable, ART and mental health
 - All TB clients at risk for non-adherence to be cared at facility level – not at non-medical or community sites.
4. Integration of TB care into PHC
 - Fostering clinical expertise amongst clinicians at facilities – in-service training and mentoring
 - Integrated training approach with PACK and NIMART mentors
 - Continuous updating / training of CHW on TB and HIV strategies
 - Focus on TB counselling of all newly diagnosed TB patients – counsellor training
 - Integration of Drug Sensitive and Drug Resistant TB into PHC
 - Competencies within MO's at facility level

- Pharmacy training and improvement of TB scripts and dispensing in line with current policies for all medication
- Ensure availability of correct equipment at facility level e.g. ECG machines
- Ensure full package of care at facility level e.g. hearing screening and clear referral pathways to expertise as required

5. Follow a focused approach

- High Burden facilities (case load of the previous year and competencies at facility level)
- Work with Partners: J. Galt for VMMC, TB South African Project for TB care and ANOVA for HIV care, Multi Sectoral Action Teams (MSATS), local municipalities and NGO's to ensure a coordinated and integrated effort per geographical area
- Specific projects:
 - Global Fund Project in Drakenstein focusing on young women and girls and farm health workers
 - MDR psychosocial support in Drakenstein - NORSA project
 - USAID TB South African Project - support at 11 high burden TB health facilities

6. Reporting

- Focus on specific indicators for TB an HIV

Quality of the Program	TB	HIV
	Not evaluated Smear conversion	Viral load done All pregnant woman onto ART
Find / Detect	TB screening	HIV testing Services
Treatment success	Lost To Follow up	Remaining In Care – 12 months
Prevention	Isoniazid Prophylactic Treatment	vMMC PMTCT Condom distribution Universal Test and Treat

11.4 MATERNAL, CHILD AND WOMEN'S HEALTH (MCWH) AND NUTRITION

Table 24: Performance indicators for MCWH and Nutrition

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
SECTOR SPECIFIC INDICATORS											
1. Antenatal 1st visit before 20 weeks rate	Quarterly		%	72.7%	73.6%	74.5%	74.7%	75.5%	76.9%	79.2%	69.6%
Numerator		1		9 219	8 671	9 301	9 646	9 935	10 353	10 842	63 901
Denominator		2		12 687	11 784	12 490	12 907	13 163	13 456	13 691	91 849
2. Mother postnatal visit within 6 days rate	Quarterly		%	47.6%	54.3%	59.9%	61.1%	61.6%	62.6%	64.2%	60.0%
Numerator		3		6 860	7 650	8 189	8 602	8 843	9 187	9 578	54 816
Denominator		4		14 410	14 101	13 677	14 075	14 352	14 668	14 919	91 322
3. Antenatal client start on ART rate	Annual		%	80.1%	69.8%	79.7%	83.9%	84.7%	86.0%	88.3%	90.8%
Numerator		5		822	667	681	737	758	787	822	7 009
Denominator		6		1 026	955	854	878	895	915	931	7 715
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly		%	1.7%	1.7%	1.5%	1.0%	1.0%	1.0%	1.0%	0.8%
Numerator		7		24	26	18	13	13	13	13	95
Denominator		8		1 452	1 527	1 241	1 266	1 290	1 319	1 342	12 013
5. Immunisation coverage under 1 year	Quarterly		%	78.1%	75.9%	65.2%	66.2%	67.9%	70.2%	73.9%	75.1%
Numerator		9		12 219	11 688	10 008	10 280	10 744	11 364	12 164	78 933
Denominator		10		15 654	15 400	15 338	15 519	15 827	16 178	16 458	105 108
6. Measles 2nd dose coverage	Quarterly		%	68.1%	74.3%	82.3%	70.8%	72.2%	74.5%	77.2%	86.3%
Numerator		11		10 818	11 732	12 987	11 244	11 582	12 073	12 645	92 898
Denominator		12		15 880	15 800	15 784	15 880	16 035	16 212	16 371	107 596

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
7. Diarrhoea case fatality rate	Quarterly		%	0.1%	0.1%	0.4%	0.6%	0.6%	0.6%	0.7%	0.2%
Numerator		16		2	2	6	9	9	9	9	17
Denominator		17		1 345	1 736	1 376	1 531	1 472	1 410	1 365	6 992
8. Pneumonia case fatality rate	Quarterly		%	0.9%	0.5%	0.4%	0.4%	0.4%	0.5%	0.5%	0.4%
Numerator		18		11	7	4	7	7	7	7	29
Denominator		19		1 216	1 452	1 023	1 663	1 598	1 529	1 478	7 943
9. Severe acute malnutrition case fatality rate	Quarterly		%	8.4%	2.9%	2.9%	6.0%	6.3%	6.5%	6.7%	0.6%
Numerator		20		10	3	4	7	7	7	7	5
Denominator		21		119	103	136	117	112	107	104	841
10. School Grade 1 - learners screened	Quarterly		No	7 521	8 268	10 492	9 467	9 756	10 173	10 660	55 171
Element		22									
11. School Grade 8 - learners screened	Quarterly		No	0	1 735	2 029	2 319	2 388	2 488	2 606	9 364
Element		24									
12. Delivery in 10 to 19 years in facility rate	Quarterly		%	Not required to report	Not required to report	Not required to report	12.3%	11.9%	11.4%	11.0%	Not required to report
Numerator		26		-	-	-	1 737	1 704	1 669	1 643	-
Denominator		4		14 410	14 101	13 677	14 075	14 352	14 668	14 919	91 322
13. Couple year protection rate (Int)	Quarterly		%	94.3%	88.0%	94.0%	91.8%	92.5%	93.5%	94.5%	78.8%
Numerator		27		229 930	218 692	237 660	235 896	241 104	247 237	253 856	1 386 357
Denominator		28		243 713	248 399	252 895	256 872	260 716	264 522	268 500	1 760 154
14. Cervical cancer screening coverage 30 years and older	Quarterly		%	58.7%	54.8%	56.5%	55.4%	55.3%	55.9%	56.9%	55.7%
Numerator		29		11 636	11 196	11 938	12 096	12 457	12 983	13 597	90 454
Denominator		30		19 812	20 431	21 143	21 837	22 525	23 211	23 898	162 460

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
15. HPV 1st dose Element	Annual	31	No	4 868	4 707	5 639	5 826	6 179	6 583	6 997	36 182
16. HPV 2nd dose Element	Annual	33	No	4 868	4 973	5 490	5 723	6 122	6 563	7 003	34 941
17. Vitamin A 12 - 59 months coverage	Quarterly		%	46.3%	50.6%	49.3%	50.0%	53.3%	57.0%	60.5%	48.8%
Numerator		34		59 110	65 014	63 544	64 561	69 048	74 011	78 966	425 757
Denominator		35		127 627	128 407	128 832	129 229	129 568	129 916	130 462	872 332
18. Maternal mortality in facility ratio	Annual		No per 100 000	20	54	78	69	67	66	65	57
Numerator		37		3	8	11	10	10	10	10	54
Denominator / 100 000		40		0.150	0.147	0.142	0.145	0.148	0.152	0.154	0.954
19. Neonatal death in facility rate	Annual		No per 1 000	Not required to report	9	7	7	7	6	6	9
Numerator		43		-	131	89	95	94	93	93	783
Denominator / 1 000		38		14.416	14.070	13.579	13.952	14.226	14.539	14.788	91.798

Table 25: Quarterly targets for MCWH and Nutrition

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1. Antenatal 1st visit before 20 weeks rate		Quarterly	75.5%	75.5%	75.5%	75.5%	75.5%
Numerator	1		9 935	2 238	2 556	2 386	2 755
Denominator	2		13 163	2 966	3 386	3 161	3 650
2. Mother postnatal visit within 6 days rate		Quarterly	61.6%	61.6%	61.6%	61.6%	61.6%
Numerator	3		8 843	2 196	2 245	1 960	2 442
Denominator	4		14 352	3 564	3 644	3 180	3 964

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
3. Antenatal client start on ART rate		Annual	84.7%	-	-	-	84.7%
Numerator	5		758	-	-	-	758
Denominator	6		895	-	-	-	895
4. Infant 1st PCR test positive around 10 weeks rate		Quarterly	1.0%	1.0%	0.9%	1.0%	1.1%
Numerator	7		13	3	3	3	4
Denominator	8		1 290	291	332	310	357
5. Immunisation coverage under 1 year		Quarterly	67.9%	79.0%	71.5%	61.7%	59.4%
Numerator	9		10 744	3 125	2 831	2 440	2 348
Denominator	10		15 827	3 957	3 957	3 957	3 956
6. Measles 2nd dose coverage		Quarterly	72.2%	84.0%	76.1%	65.6%	63.1%
Numerator	11		11 582	3 369	3 052	2 630	2 531
Denominator	12		16 035	4 009	4 009	4 009	4 008
7. Diarrhoea case fatality rate		Quarterly	0.6%	0.6%	0.6%	0.5%	0.8%
Numerator	16		9	2	2	2	3
Denominator	17		1 472	333	354	405	380
8. Pneumonia case fatality rate		Quarterly	0.4%	0.6%	0.5%	0.5%	0.2%
Numerator	18		7	2	2	2	1
Denominator	19		1 598	361	385	440	412
9. Severe acute malnutrition case fatality rate		Quarterly	6.3%	8.0%	7.4%	6.5%	3.4%
Numerator	20		7	2	2	2	1
Denominator	21		112	25	27	31	29
10. School Grade 1 - learners screened		Quarterly	9 756	3 115	1 771	2 943	1 927
Element	22						
11. School Grade 8 - learners screened		Quarterly	2 388	762	434	720	472
Element	24						
12. Delivery in 10 to 19 years in facility rate		Quarterly	11.9%	11.9%	11.9%	11.9%	11.9%
Numerator	26		1 704	423	433	378	470
Denominator	4		14 352	3 564	3 644	3 180	3 964
13. Couple year protection rate (Int)		Quarterly	92.5%	83.9%	97.0%	95.0%	94.1%
Numerator	27		241 104	54 655	63 236	61 902	61 311
Denominator	28		260 716	65 179	65 179	65 179	65 179

Programme performance indicator		Data source / Element ID	Frequency	Annual target	Quarterly targets			
				2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
14. Cervical cancer screening coverage 30 years and older			Quarterly	55.3%	52.5%	58.7%	54.4%	55.6%
	Numerator	29		12 457	2 957	3 305	3 062	3 133
	Denominator	30		22 525	5 631	5 631	5 631	5 632
15. HPV 1st dose	Element	31	Annual	6 179	-	-	-	6 179
16. HPV 2nd dose	Element	33	Annual	6 122	-	-	-	6 122
17. Vitamin A 12 - 59 months coverage			Quarterly	53.3%	62.0%	56.2%	48.4%	46.6%
	Numerator	34		69 048	20 084	18 193	15 682	15 089
	Denominator	35		129 568	32 392	32 392	32 392	32 392
18. Maternal mortality in facility ratio			Annual	67	-	-	-	67
	Numerator	37		10	-	-	-	10
	Denominator / 100 000	40		0.148	-	-	-	0.148
19. Neonatal death in facility rate			Annual	7	-	-	-	7
	Numerator	43		94	-	-	-	94
	Denominator / 1 000	38		14.226	-	-	-	14.226

Key strategies/interventions

The First 1000 Days covers a critical 1000 day period from pregnancy to 2 years of age, during which 80% of eventual adult brain growth occurs and during which basic, often lifelong, psycho-social skills and coping mechanisms are acquired by the child.

The reduction of maternal and child mortality during this period sets a foundation from which further interventions to enable children to thrive and become curious and actively exploring individuals, can be realised. This should enable them to engage with a transformed society which nurtures stable families within supportive communities. The above theme reflects the focus of this key intervention, echoing the admirably comprehensive approach adopted by the Global Strategy for Women's, Children's and Adolescent's Health, of survive, thrive and transform, which also informs the Western Cape Government's efforts to give children and parents the right start to a bright future.

Cape Winelands District 2018/19

	Survive	Thrive	Outcomes	Main driver for outcomes	Transform
Adolescent	<ul style="list-style-type: none"> HIV – ↑ Condom use ↑ access to Sexual and reproductive services 	<ul style="list-style-type: none"> Linkages to Gender Based Violence, treatment and support CONTRACEPTION: <ul style="list-style-type: none"> Improved access @ Schools ↑ Morning after pill 	<ul style="list-style-type: none"> ↓ Teenage deliveries ↓ TOP's (second trimester) 	<ul style="list-style-type: none"> PHC facilities CBS/NGO driven 	<ul style="list-style-type: none"> Teenage Pregnancy project -Langeberg Wellness clinics at secondary schools) COPC: Langeberg, Breede Valley and Witzenberg Global fund: "Young women and girls" project IPV projects – Witzenberg PSG3 Paarl East Drakenstein project Maternal Depression screening: Wolseley, Sandhills, Nuwedrift, Windmeul, Klapmuts, TC Newman, Tulbagh, EMP, McGregor, Idas Valley CBS training- CHW ECD projects DSD food security projects ID paediatric screening: Worcester CDC, De Doorns, Idas Valley, Ceres CDC, Langeberg, TC Newman Zero stunting campaign (BV)
ANC	<ul style="list-style-type: none"> Early Bookings HIV Status TB Screening 	<ul style="list-style-type: none"> Nutrition support (NTP) Psychosocial screening IPV screening and referral MBFI status maintenance 	<ul style="list-style-type: none"> Bookings before 20 weeks Mom-connect 100% access to ARV's MBFI accreditation 	<ul style="list-style-type: none"> CBS – Screen, link to care Facility Counsellors PHC facilities Birthing units, PHC, CBS 	
Intra partum	<ul style="list-style-type: none"> Safe delivery (Helping Baby Breath, ESMOE) PMTCT Skilled staff KMC 	<ul style="list-style-type: none"> PCE (Birthing companion/Dula) Support during birth Family planning 	<ul style="list-style-type: none"> ↓ PMTCT ↓ Maternal deaths ↑ Post Partum Sterilizations Initiate Family planning @ Hospital 	<ul style="list-style-type: none"> PHC and MOU / hospital Birthing units Birthing units 	
Post natal	<ul style="list-style-type: none"> 6 days Post natal visit 6 weeks post natal visit 	<ul style="list-style-type: none"> Psychosocial support Home visit (high risk) 	<ul style="list-style-type: none"> ↓ PMTCT ↑ Immunisation ↓ Neonatal deaths(28 days) / infant (<12months) mortality death rate 	<ul style="list-style-type: none"> PHC and MOU / hospital CBS and PHC 	
Child	<ul style="list-style-type: none"> Ensure Immunisation NTP (available & implementation) Pediatric Surge Season (PSS) focus Child death review (FP-FPS services) 	<ul style="list-style-type: none"> Early Childhood Development (Nutrition) -Promote & protect Breastfeeding Regular Nutrition assessment TB / HIV Vit A / De Worming School Health services 	<ul style="list-style-type: none"> ↑ EBF rates @ 14 weeks ↑ Fully immunised ↑ Vit A and Deworming ↓ Underweight amongst (0-2 years and 2-5years) SAM ↓ incidence & deaths ↓ PSS deaths 	<ul style="list-style-type: none"> CBS and PHC 	

11.5 DISEASE PREVENTION AND CONTROL

Table 26: Performance Indicators for District Health Services

Programme performance indicator	Frequency	Data source / Element ID	Type	Audited / Actual performance			Estimated performance	Medium term targets			Provincial actual performance
				2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2016/17
SECTOR SPECIFIC INDICATORS											
1. Cataract surgery rate (in uninsured population)	Quarterly		No per million	2 290	2 298	2 377	2 098	2 116	2 161	2 218	1 692
Numerator		1		1 339	1 369	1 442	1 296	1 330	1 381	1 442	8 050
Denominator / 1 000 000		2		0.585	0.596	0.607	0.618	0.628	0.639	0.650	4.759
2. Malaria case fatality rate	Quarterly		%	0.0%	0.0%	7.1%	15.4%	15.4%	15.4%	15.4%	0.7%
Numerator		3		0	0	1	2	2	2	2	1
Denominator		4		10	8	14	13	13	13	13	139

Table 27: Performance Indicators for District Health Services

Programme performance indicator	Data source / Element ID	Frequency	Annual target	Quarterly targets			
			2018/19	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SECTOR SPECIFIC INDICATORS							
1. Cataract surgery rate (in uninsured population)		Quarterly	2 116	2 476	2 081	1 871	2 037
Numerator	1		1 330	389	327	294	320
Denominator / 1 000 000	2		0.628	0.157	0.157	0.157	0.157
2. Malaria case fatality rate		Quarterly	15.4%	0.0%	33.3%	0.0%	25.0%
Numerator	3		2	0	1	0	1
Denominator	4		13	3	3	3	4

Disease Prevention and Control Strategies

1. Liaison with different stakeholders to address upstream factors.
2. Communicable disease control committees and implementation plans in the district and sub-district.
3. Ensure implementation of epidemic preparedness and response plans.
4. Disaster Management.
5. Identifying and reporting of confirmed cases

12. DISTRICT FOCUS FOR THE YEAR

1. Burden of Disease

- (a) First 1000 days (see above)
- (b) TB and HIV (see above)
- (c) Non Communicable diseases
 - Mental health
 - Alternative distribution of chronic medication for all stable clients
 - Prevention and early detection – Wellness focus
- (d) School Health
 - Routine school health program to all Grade 1 learners
 - School Wellness Bus delivering a comprehensive PHC service once/quarter per sub-district. The target group is learners in quintile 1 – 3 schools. The service focuses on dental, primary health and eye care.
- (e) District Hospitals (see above)
- (f) Quality Assurance (see above)

2. Specific projects

- (a) Community Orientated Primary Care projects
 - Langeberg Sub district – Montagu area
 - Breede Valley – Avian Park area
 - Witzenberg – Nduli community
- (b) Global fund Project
 - Focus on prevention strategies for HIV and TB in the Drakenstein area
- (c) Teenage Pregnancy project
 - Prevention of unwanted teenage pregnancies within Langeberg area
- (d) Teachable moments
 - Alcohol harm reduction program within Paarl area
- (e) Quality Improvement project regarding a more patient centered approach
 - Wellington CDC
 - Rawsonville clinic
 - Klapmuts clinic
- (f) National partner projects
 - USAID TB South African Project –supporting the implementation the 90:90:90 principle in 11 high burden facilities.
 - J.Galt Express – HIV prevention strategy to improve VMMC coverage within the Cape Winelands District
 - ANOVA (until September 2018) – Support the roll out of alternative sites for ARV distribution in the community
- (g) Registry Plus project for Cape Winelands
 - To improve patient flow within facilities and reduce the admin burden on clinical staff
 - Rawsonville clinic
 - PA Hamlet clinic
- (h) 12.2.8 EPWP Learners Pharmacist Assistant training Project
 - 25 registered as Learner Basic Assistants will complete training in 2018/19.

ANNEXURE A: CAPE WINELANDS DISTRICT POPULATION ESTIMATES BY AGE

Age groups	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Under 1 year	15 654	15 400	15 338	15 519	15 827	16 178	16 458
1 year	15 880	15 800	15 784	15 880	16 035	16 212	16 371
02 - 04 years	47 934	48 404	48 632	48 734	48 749	48 747	48 861
05 years	15 800	16 093	16 257	16 310	16 292	16 253	16 265
06 - 09 years	61 044	62 297	63 278	63 947	64 382	64 729	65 127
10 - 11 years	29 016	29 481	30 096	30 779	31 454	32 108	32 642
12 years	14 209	14 371	14 677	15 082	15 516	15 945	16 283
13 years	14 208	14 321	14 569	14 942	15 342	15 734	16 049
14 years	14 324	14 393	14 552	14 853	15 174	15 472	15 722
15 years	14 439	14 462	14 538	14 771	15 021	15 232	15 428
16 years	14 562	14 540	14 527	14 694	14 866	14 986	15 119
17 years	14 749	14 701	14 633	14 736	14 845	14 902	14 989
18 - 19 years	30 330	30 264	30 159	30 217	30 346	30 439	30 604
20 - 24 years	80 694	81 241	81 501	81 167	81 204	81 507	81 941
25 - 29 years	83 315	85 938	86 700	87 247	87 519	87 817	88 022
30 - 34 years	73 365	75 027	78 208	81 392	84 493	87 634	90 232
35 - 39 years	63 794	66 318	69 218	71 667	73 806	75 486	77 215
40 - 44 years	57 556	58 036	59 037	60 363	62 135	64 244	66 674
45 - 49 years	52 666	54 495	55 749	56 376	56 558	56 647	57 067
50 - 54 years	40 752	42 310	44 164	46 212	48 470	50 633	52 365
55 - 59 years	32 429	33 588	34 739	35 850	36 960	38 187	39 650
60 - 64 years	24 196	25 127	26 126	27 155	28 235	29 345	30 459
65 - 69 years	17 115	17 720	18 381	19 090	19 833	20 619	21 460
70 - 74 years	10 888	11 382	11 859	12 348	12 853	13 382	13 940
75 - 79 years	5 461	5 757	6 134	6 552	6 972	7 389	7 802
80 years and older	3 053	3 129	3 223	3 359	3 502	3 651	3 807
District total	847 429	864 591	882 078	899 240	916 385	933 476	950 549

[Source: Circular H11/2018: Population data]

ANNEXURE B: TARGETS FOR SDG 3 – “GOOD HEALTH AND WELL-BEING”

The Sustainable Development Goals (SDGs), and the broader sustainability agenda, go much further than the Millennium Development Goals (MDGs), addressing the root causes of poverty and the universal need for development that works for all people.

1. By 2030, reduce the **global maternal mortality ratio** to less than **70 per 100 000** live births.
2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce **neonatal mortality to 12 per 1 000** live births and **under-5 mortality to 25 per 1 000** live births.
3. By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.**
4. By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment, and promote mental health and well-being.
5. Strengthen the **prevention and treatment of substance abuse**, including narcotic drug abuse and harmful use of alcohol.
6. By 2020, **halve the number of global deaths and injuries from road traffic accidents.**
7. By 2030, ensure **universal access to sexual and reproductive healthcare services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
8. **Achieve universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9. By 2030, substantially **reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.**
10. **Strengthen the implementation** of the World Health Organisation **Framework Convention on Tobacco Control** in all countries, as appropriate.
11. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
12. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small, island developing states.
13. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

ANNEXURE C: FACILITY LIST

Facility	Physical address	Telephone nr	Contact e-mail address
Breede Valley LM			
Bossieveld Mobile 1	Haarlem street , Panorama , Worcester	023 347 1954	Charlotte.Stemmet@westerncape.gov.za
Botha/Brandwacht Mobile 1	Haarlem street , Panorama , Worcester	0233481340	Ryno.Arendse@westerncape.gov.za
Brewelskloof TB Hospital	Haarlem street , Panorama , Worcester	023 348 1301	Danie.Theron2@westerncape.gov.za
De Doorns Clinic	Wesley street , De Doorns	023 356 2649 / 0238142212	Zenobia.Sass@westerncape.gov.za
De Wet Mobile 1	De Wet Road, Worcester	023 341 2664	Vanessa.Verrooi@westerncape.gov.za
De Wet Satellite Clinic	De Wet Road, Worcester	0233412664	Vanessa.Verrooi@westerncape.gov.za
Empilisweni (Worcester) Clinic	Mayinjana Avenue, Zwelethemba , Worcester	023 345 1442/ 0238142226	Elsie.Engelbrecht@westerncape.gov.za
Maria Pieterse Satellite Clinic	Van Huysteenlaan , Worcester	023 342 6320	Vanessa.Verrooi@westerncape.gov.za
Orchard Clinic	Modderdriftweg , Orchard	023 354 8156/ 0238142263	Adwin.Zinkfontein@westerncape.gov.za
Overhex Mobile 1	Overhex Road	023 342 1230	Vanessa.Verrooi@westerncape.gov.za
Overhex Satellite Clinic	Overhex Road	0233421230	Vanessa.Verrooi@westerncape.gov.za
Rawsonville Clinic	De Nova , Rawsonville	023 349 1042	Maureen.Mentoor@westerncape.gov.za
Sandhills Clinic	Water Affairs Terrein	023 357 9705/0238142274	Shirly.Gagu@westerncape.gov.za
Slanghoek Mobile 1	Haarlem street , Panorama , Worcester	023 347 1954	Francina.Abrahams@westerncape.gov.za
Somerset Street Satellite Clinic	Somerset street , Worcester	023 342 1642	Vanessa.Verrooi@westerncape.gov.za
Touws River Clinic	Weststraat, Touwsriver	023 358 1189/0238142282	Eleanor.Fourie@westerncape.gov.za
Worcester CDC	Sugget Street , Paglande , Worcester	023 348 1124 / 4172	Jeanne.Olivier@westerncape.gov.za
Worcester Hospital	Murray St, Paglande, Worcester	023 348 1100	Elbe.Vosloo@westerncape.gov.za

Facility	Physical address	Telephone nr	Contact e-mail address
Breede Valley LM			
Bossieveld Mobile 1	Haarlem street , Panorama , Worcester	023 347 1954	Charlotte.Stemmet@westerncape.gov.za
Botha/Brandwacht Mobile 1	Haarlem street , Panorama , Worcester	0233481340	Ryno.Arendse@westerncape.gov.za
Brewelskloof TB Hospital	Haarlem street , Panorama , Worcester	023 348 1351	Danie.Theron2@westerncape.gov.za
De Doorns Clinic	Wesley street , De Doorns	023 356 2649 / 0238142212	Zenobia.Sass@westerncape.gov.za
De Wet Mobile 1	De Wet Road, Worcester	023 341 2664	Vanessa.Verrooi@westerncape.gov.za
De Wet Satellite Clinic	De Wet Road, Worcester	0233412664	Vanessa.Verrooi@westerncape.gov.za
Empilisweni (Worcester) Clinic	Mayinjana Avenue, Zwelethemba , Worcester	023 345 1442/ 0238142226	Elsie.Engelbrecht@westerncape.gov.za
Maria Pieterse Satellite Clinic	Van Huysteenlaan , Worcester	023 342 6320	Vanessa.Verrooi@westerncape.gov.za
Orchard Clinic	Modderdriftweg , Orchard	023 354 8156/ 0238142263	Adwin.Zinkfontein@westerncape.gov.za
Overhex Mobile 1	Overhex Road	023 342 1230	Vanessa.Verrooi@westerncape.gov.za
Overhex Satellite Clinic	Overhex Road	0233421230	Vanessa.Verrooi@westerncape.gov.za
Rawsonville Clinic	De Nova , Rawsonville	023 349 1042	Maureen.Mentoor@westerncape.gov.za
Sandhills Clinic	Water Affairs Terrein	023 357 9705/0238142274	Shirly.Gagu@westerncape.gov.za
Slanghoek Mobile 1	Haarlem street , Panorama , Worcester	023 347 1954	Francina.Abrahams@westerncape.gov.za
Somerset Street Satellite Clinic	Somerset street , Worcester	023 342 1642	Vanessa.Verrooi@westerncape.gov.za
Touws River Clinic	Weststraat, Touwsriver	023 358 1189/0238142282	Fleanor.Fourie@westerncape.gov.za
Worcester CDC	Suggeet Street , Paglande , Worcester	023 348 1124 / 4172	Jeanne.Olivier@westerncape.gov.za
Worcester Hospital	Murray St, Paglande, Worcester	023 348 1100	Elbe.Vosloo@westerncape.gov.za

Facility	Physical address	Telephone nr	Contact e-mail address
Drakenstein LM			
Dal / E de Waal Mobile 1	Keerweeder Road, Klein Drakenstein, Paarl, 7646	0218623600	marietha.nel@westerncape.gov.za
Dalvale Clinic	Simphonie Avenue, Groenheuwel	021 8681086/7	naomi.farmer@westerncape.gov.za
Gouda Clinic	Onze Rust, Gouda, 6821	0232320510	Karin.beerwinkel@westerncape.gov.za
Gouda Mobile 1	Roos Street, Gouda, 6821	021-8730980	magdalena.williams@westerncape.gov.za
Hermon Mobile 1	R44, Hermon Road, Wellington	021 864 1182	romena.minnaar@westerncape.gov.za
Hexberg Mobile 1	Hexberg, Wellington	021 873 0975	marilyn.duplessis@westerncape.gov.za
Huis McCrone Clinic	Huis Mc Crone Street, Wellington, 7655	021 873 0975	marilyn.duplessis@westerncape.gov.za
Klein Drakenstein Clinic	194 Main Street, Paarl, 7646	021 8623600	Marietha.Nel@westerncape.gov.za
Mbekweni CDC	Mphakalizi Stree , Mbekweni, 7646	0218683884	nancy.melthafa@westerncape.gov.za
Nieuwedrift Clinic	Erf 45, Boland winecellars Paarl, 7646	0218729798	marlize.morkel@westerncape.gov.za
Paarl Hospital	c/o Bergrivier Boulevard and Hospital Street, Paarl 7646	021 860 2500	Framcois.vanderwatt@westerncape.gov.za
Patriot Plein Clinic	c/o New & Derksen street, Paarl, 7646	0218701107	nicollette.johnson@westerncape.gov.za
Phola Park Clinic	c/o Bukwawani & Phinzi Street, Mbekweni	0218683093	voliswa.hlalatu-Sibunzi@westerncape.gov.za
Saron Clinic	Main Road, Saron	0232400078	karin.beerwinkel@westerncape.gov.za
Simondium Clinic	Watergat Road, Simondium, 7670	021 874 3387	dawn.vandermerwe@westerncape.gov.za
Simondium Mobile 1	Watergat Road, Simondium, 7670	021 874 3387	dawn.vandermerwe@westerncape.gov.za
Soetendal/Hermon Clinicm	R44, Hermon Road, Wellington	021 864 1182	romena.minnaar@westerncape.gov.za
TC Newman CDC	C/o Broadway and Rosary Street, Charleston Hill, Paarl, 7646	021 877 6400	Sandra.Theron@westerncape.gov.za
Wellington CDC	Schartz Street, Wellington	021-864 9700	delmaree.cunningham@westerncape.gov.za
Windmeul Clinic	Plot nr 174, Windmeul, Agter Paarl	0218698836	karen.fortuin@westerncape.gov.za
Windmeul Mobile 1	Plot nr 174, Windmeul, Agter Paarl	0218698836	karen.fortuin@westerncape.gov.za

Facility	Physical address	Telephone nr	Contact e-mail address
Langeberg LM			
Bergsig Clinic	Wesley Street, Robertson, 6705	023-6261035	Kari.Fourie@westerncape.gov.za
Bonnievale Mobile 1	Sultana Avenue, Bonnievale, 6730	023-6163238	Carisia.Hull@westerncape.gov.za
Cogmanskloof Clinic	C/o Jakaranda and Coronation Avenue, Ashton, 6715	023-6152252	Elsa.VanHeerden@westerncape.gov.za
Happy Valley Clinic	Sultana Avenue, Bonnievale, 6730	023-6163238	Marlise.vanderWalt@westerncape.gov.za
McGregor Clinic	Tindall Street, McGregor, 6708	023-6251932	Kari.Fourie@westerncape.gov.za
McGregor Mobile 1	Tindall Street, McGregor, 6708	023-6251932	Kari.Fourie@westerncape.gov.za
Montagu Clinic	Park Street, Montagu, 6720	023-6148200	Rietta.Heyns@westerncape.gov.za
Montagu Hospital	C/o Hospital and Church Street, Montagu, 6720	023-614 8100	Eberhard.Steinmann@westerncape.gov
Montagu Mobile 1	Park Street, Montagu, 6720	023-6148200	Rietta.Heyns@westerncape.gov.za
Montagu Mobile 2	Park Street, Montagu, 6720	023-6148200	Rietta.Heyns@westerncape.gov.za
Nkqubela Clinic	Burwana Street, Nkqubela, Robertson, 6705	023-6266612	Rainy.Lucas@westerncape.gov.za
Robertson Hospital	c/o Van Zyl & Van Oudtshoorn Street, Robertson, 6705	023-6268515	Eberhard.Steinmann@westerncape.gov.za
Robertson Mobile 1	C/o Jakaranda and Coronation Avenue, Ashton, 6715	023-6152252	Irma.Conradi@westerncape.gov.za
Robertson Mobile 2	Wesley Street, Robertson, 6705	023-6261035	Anja.Rankin@westerncape.gov.za
Zolani Clinic	Building Street, Ashton, 6715	023-6153288	Charlene.Adams@westerncape.gov.za

Facility	Physical address	Telephone nr	Contact e-mail address
Stellenbosch LM			
Aan-het-Pad Clinic	6852 Long Street, Cloetesville, 7600	0218895002	Christina.Williams@westerncape.gov.za
Cloetesville CDC	Corner Bell and Tennant Street, Cloetesville, 7600	021 883 2676	Lucielle.Esau@westerncape.gov.za
Devon Valley Mobile 1	Helshoogte Road, Idas Valley, 7600	0218872721	Silvia.persent@westerncape.gov.za
Dirkie Uys Street Satellite Clinic	Dirkie Uys Street, Franschoek, 7690	0218762172	Elizabeth.Andries@westerncape.gov.za
Don and Pat Bilton Clinic	5 Pajora Way, Jamestown, 7600	0218800357	Denise.Adams@westerncape.gov.za
Franschhoek Mobile 1	Dirkie Uys Street, Franschoek, 7690	0218762172	Elizabeth.Andries@westerncape.gov.za
Groendal Clinic	1 Stiebeuel Straat, Franschoek, 7690	0218763714	Elizabeth.Andries@westerncape.gov.za
Groot Drakenstein Mobile 1	19 Skoolstraat, Kylemore, 7680	0218852504	Anthea.Sylvester@westerncape.gov.za
Idas Valley Clinic	Helshoogte Road, Idas Valley, 7600	0218872721	Silvia.persent@westerncape.gov.za
Kayamandi Clinic	56 Bassi Street, Kayamandi, Stellenbosch, 7600	0218895061	Zukisa.ndlebe@westerncape.gov.za
Klapmuts Clinic	342 Merchant Street, Klapmuts, 7600	0218755206	Margrieta.Muller@westerncape.gov.za
Koelenhof Mobile 1	6852 Long Street, Cloetesville, 7600	0218895002	Christina.williams@westerncape.gov.za
Kylemore Clinic	19 Skoolstraat, Kylemore, 7680	0218852504	Anthea.Sylvester@westerncape.gov.za
Stellenbosch Hospital	80 Merriman Street, Stellenbosch, 7600	021 808 6173	Richard.davids@westerncape.gov.za
Strand Road Mobile 1	5 Pajora Way, Jamestown, 7600	0218800357	Denise.adams@westerncape.gov.za

Facility	Physical address	Telephone nr	Contact e-mail address
Witzenberg LM			
Annie Brown Clinic	Lyle Street, Ceres, 6835	0233161142	Ragan.LeCordeur@westerncape.gov.za
Bella Vista Clinic	Krisante Street, Bella Vista, Ceres, 6835	0233155980	Karin.Mars@westerncape.gov.za
Breerivier Clinic	Waboomsrivier Road, Breerivier, 6858	0233551739	Anleez.Constable@westerncape.gov.za
Ceres CDC	C/o Rivierkant and Theron Street, Ceres, 6835	0233169616	Ragan.LeCordeur@westerncape.gov.za
Ceres Hospital	C/o Rivierkant and Theron Street, Ceres, 6835	0233169603	Elton.Titus@westerncape.gov.za
Koue Bokkeveld Mobile 1	C/o Sonkrui Avenue and Church Street, Op die Berg, 6836	0233170380	Alicia.Johnson@weserncape.gov.za
Nduli Clinic	Chris Hani Street, Nduli, Ceres, 6835	0233122926	Yuyelwa.Skweyiya@westerncape.gov.za
Op die Berg Clinic	C/o Sonkrui Avenue and Church Street, Op die Berg, 6836	0233170380	Alicia.Johnson@weserncape.gov.za
Prince Alfred Hamlet Clinic	C/o Meul and Voortrekker Street Prince Alfred Hamlet 6840	0233133556	Johanna.Rust@westerncape.gov.za
Prince Alfred Hamlet Mobile 1	C/o Meul and Voortrekker Street Prince Alfred Hamlet 6840	023 814 2600	Johanna.Rust@westerncape.gov.za
Skurweberg Mobile 1	C/o Meul and Voortrekker Street Prince Alfred Hamlet 6840	023 814 2600	Johanna.Rust@westerncape.gov.za
Tulbagh Clinic	Steinthal Road, Tulbagh, 6820	0232308020	Mina.Bugan@westerncape.gov.za
Tulbagh Mobile 1	Steinthal Road, Tulbagh, 6820	0232308020	Mina.Bugan@westerncape.gov.za
Warm Bokkeveld Mobile 1	Chris Hani Street, Nduli, Ceres, 6835	0233122926	Yuyelwa.Skweyiya@westerncape.gov.za
Wolseley Clinic	Church Street, Montana, Wolseley, 6830	0232311320	Anleez.Constable@westerncape.gov.za
Wolseley Mobile 1	Church Street, Montana, Wolseley, 6830	0232311320	Anleez.Constable@westerncape.gov.za

ANNEXURE D: TECHNICAL INDICATOR DESCRIPTIONS

District Health Services

No.	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Ideal clinic status rate	Fixed PHC health facilities that have obtained Ideal Clinic status.	Monitors outcomes of Permanent Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) assessments to ensure facilities are ready for inspections conducted by the Office of Health Standards Compliance.	<u>Numerator:</u> Aggregate report for SD roles <u>Denominator:</u> Facility list	<u>Numerator:</u> Ideal Clinic Dashboard <u>Denominator:</u> SINJANI	<u>Numerator:</u> Ideal clinic status <u>Denominator:</u> Fixed PHC facilities (fixed clinics + CHC + CDC)	100	The indicator measures self or peer assessment, and performance is reliant on accuracy of interpretation of ideal clinic data elements.	Process / Activity	Percentage	Annual	Yes	Higher Ideal clinic status rates ensure clinics will have positive outcomes and is ready for inspections conducted by Office of Health Standards Compliance.	Chief Director: MDHS and Chief Director: RDHS
2.	PHC utilisation rate - total	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> PHC total headcount <u>Denominator:</u> Total population	1	Accuracy dependent on the reliability of PHC record management at facility level. Dependent on the accuracy of the estimated total population from Stats SA.	Output	Rate (number)	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease or greater reliance on the public health system. A lower uptake may indicate under-utilisation of a facility.	Chief Director: MDHS and Chief Director: RDHS
3.	Complaint resolution within 25 working days rate (PHC facilities)	Complaints resolved within 25 working days in fixed PHC facilities as a proportion of all complaints resolved in fixed PHC facilities.	Monitors the time-frame in which the public health system responds to customer concerns in PHC facilities.	<u>Numerator:</u> Complaints and Compliments Register <u>Denominator:</u> Complaints and Compliments Register	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Complaints resolved within 25 working days (PHC facilities) <u>Denominator:</u> Complaints resolved (PHC facilities)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in PHC facilities.	Chief Director: MDHS and Chief Director: RDHS

District Hospitals

No.	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Hospital achieved 75% and more on national core standards (NCS) self-assessment rate (district hospitals)	District hospitals that conducted an annual national core standards self-assessment and achieved 75% or more as a proportion of district hospitals.	Monitors whether district hospitals are measuring their own level of compliance with national core standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance.	<u>Numerator:</u> NCS module <u>Denominator:</u> NCS module	<u>Numerator:</u> DHIS <u>Denominator:</u> DHIS	<u>Numerator:</u> Hospital achieved 75% and more on national core standards self-assessment (district hospitals) <u>Denominator:</u> Hospitals that conducted a national core standards self-assessment	100	Accuracy dependent on correct interpretation of NCS self-assessment results.	Quality	Percentage	Quarterly	No	Higher rate indicates commitment of facilities to comply with NCS.	Chief Director: Metro District Health Services (MDHS) and Chief Director: Rural District Health Services (RDHS)
2.	Average length of stay (district hospitals)	Average number of patient days an admitted patient spends in a district hospital before separation. Inpatient separation is the total of day patients, inpatient discharges, inpatient deaths and inpatient transfers out. Include all specialities. (Proxy indicator because ideally it should only include inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds.)	Monitors effectiveness and efficiency of inpatient management in district hospitals.	<u>Numerator:</u> Inpatient Throughput Form <u>Denominator:</u> Inpatient Throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Patient days <u>Sum of:</u> • Inpatient days • ½ day patients (district hospitals) <u>Denominator:</u> Inpatient separations total <u>Sum of:</u> • Inpatient deaths • In patient discharges • Inpatient transfers out (district hospitals)	1	Accuracy dependent on quality of data from reporting facilities. High levels of efficiency could hide poor quality.	Efficiency	Ratio expressed in days	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High average length of stay might reflect inefficient quality of care.	Chief Director: MDHS and Chief Director: RDHS
3.	Inpatient bed utilisation rate (district hospitals)	Inpatient bed days expressed as a percentage of the maximum inpatient bed days available (i.e. inpatient beds X days in the period) in district hospitals. Include all specialities.	Monitors effectiveness and efficiency of inpatient management. Specifically monitors the over- or under-utilisation of district hospital beds.	<u>Numerator:</u> Inpatient Throughput Form <u>Denominator:</u> Inpatient Throughput Form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Patient days <u>Sum of:</u> • Inpatient days • ½ day patients (district hospitals) <u>Denominator:</u> Inpatient bed days available (Inpatient beds total x 30.42) (district hospitals)	100	Accuracy dependent on quality of data from reporting facilities and correct reporting of inpatient beds.	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of available beds and/or higher burden of disease and/or better service levels. Lower bed utilisation indicates inefficient utilisation of the facility.	Chief Director: MDHS and Chief Director: RDHS

No.	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
4.	Expenditure per patient day equivalent (PDE) (district hospitals)	Average cost per PDE in district hospitals. PDE is the sum of inpatient days, ½ x day patients, ¼ x OPD headcount and ¼ x emergency headcount.	Monitors effective and efficient management of inpatient facilities.	<u>Numerator:</u> Financial data <u>Denominator:</u> Inpatient Throughput Form Outpatient and Inpatient Related Services	<u>Numerator:</u> BAS <u>Denominator:</u> SINJANI SINJANI	<u>Numerator:</u> Expenditure in district hospitals (sub-programme 2.9) <u>Denominator:</u> Patient day equivalent (PDE) (district hospitals) <u>Sum of:</u> • Inpatient days • ½ day patients • ¼ OPD headcount • ¼ emergency headcount	1	Accuracy of expenditure dependent on the correct expenditure allocation. Accuracy of PDEs dependent on quality of data from reporting facilities.	Efficiency	Rate expressed in Rand	Quarterly	No	Lower rate indicates efficient use of financial resources.	Chief Director: MDHS and Chief Director: RDHS
5.	Complaint resolution within 25 working days rate (district hospitals)	Complaints resolved within 25 working days in district hospitals as a proportion of all complaints resolved in district hospitals.	Monitors the public health system response to customer concerns in district hospitals.	<u>Numerator:</u> Complaints and Compliments Register <u>Denominator:</u> Complaints and Compliments Register	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Complaints resolved within 25 working days (district hospitals) <u>Denominator:</u> Complaints resolved (district hospitals)	100	Accuracy of information is dependent on the accuracy of the time stamp recorded for each complaint.	Quality	Percentage	Quarterly	No	Higher rate suggests better management of complaints in district hospitals.	Chief Director: MDHS and Chief Director: RDHS

HIV and AIDS, STI and TB control (HAST)

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
PROVINCIAL STRATEGIC OBJECTIVE INDICATORS														
1.1.1	ART retention in care after 12 months	The proportion of people who started ART treatment care 12 months previously and remained in care. Include 2nd and 3rd line treatment and transfers in (TFI). Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).	Treatment of HIV infection can be effective only if patients are retained in care over time.	<u>Numerator:</u> ART register <u>Denominator:</u> ART register	<u>Numerator:</u> Tier.net / iKapa <u>Denominator:</u> Tier.net / iKapa	<u>Numerator:</u> ART clients retained in care after 12 months <u>Denominator:</u> ART clients initiated on treatment (12 month cohort)	100	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.	Outcome	Percentage	Annual	No	Higher percentage indicates more patients are still on ART after 12 months.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
1.1.2	ART retention in care after 48 months	The proportion of people who started ART treatment care 48 months previously and remained in care. Include 2nd and 3rd line treatment and transfers in (TFI). Retained in care excludes transfers out (TFO), lost to follow up (LTF) and deaths (RIP).	Treatment of HIV infection can be effective only if patients are retained in care over time.	<u>Numerator:</u> ART register <u>Denominator:</u> ART register	<u>Numerator:</u> Tier.net / iKapa <u>Denominator:</u> Tier.net / iKapa	<u>Numerator:</u> ART clients retained in care after 48 months <u>Denominator:</u> ART clients initiated on treatment (48 month cohort)	100	Accuracy dependent on quality of data from reporting facilities and ability to monitor the outcomes specific cohorts accurately.	Outcome	Percentage	Annual	No	Higher percentage indicates more patients are still on ART after 12 months.	Director: HIV/AIDS & TB
SECTOR SPECIFIC INDICATORS														
1.	ART client remain on ART end of month - total	Total clients remaining on ART (TROA) is the combined effect of all clients on treatment in the reporting month and all clients without an outcome reported in the reporting month. Clients remaining on ART equals [new starts (naive) + Experienced (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)].	Monitors the total clients remaining on life-long ART at the month.	Anti-retroviral Treatment Monthly Report (version 2)	SINJANI	Total clients remaining on ART at end of the month	1	Accuracy dependent on quality of data from reporting facilities.	Output	Number (cumulative)	Quarterly	No	Higher numbers indicate a higher population on ART treatment.	Director: HIV/AIDS & TB
2.	TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients.	All eligible co-infected clients must be on ART to reduce mortality. Monitors ART coverage for TB clients.	<u>Numerator:</u> TB register <u>Denominator:</u> TB register	<u>Numerator:</u> ETR.net <u>Denominator:</u> ETR.net	<u>Numerator:</u> TB/HIV co-infected client on ART <u>Denominator:</u> TB client known HIV positive	1	Availability of data in ETR.net, TB register, patient records	Input	Percentage	Quarterly	No	Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates.	Director: HIV/AIDS & TB
3.	HIV test done - total	The total number of HIV tests done (i.e. clients tested for HIV) in all age groups.	Monitors the impact of the pandemic and assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB.	HIV Counselling and Testing Register	SINJANI	Total clients accepted HCT (incl antenatal)	1	Accuracy dependent on quality of data (tick registers) from reporting facilities and whether clients attended services for HIV testing more than once.	Process	Number	Quarterly	No	Higher number indicates an increased population knowing their HIV status.	Director: HIV/AIDS & TB
4.	Male condoms distributed	Male condoms distributed from a primary distribution site (PDS) to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.) PDS's must report to sub-districts on a monthly basis.	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes.	Routine Monthly Report	SINJANI	Male condoms distributed	1	Dependent on accuracy of data from reporting facilities.	Process	Number	Quarterly	No	Higher number indicates better distribution (and indirectly better uptake) of condoms.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
5.	Medical male circumcision- total	Medical male circumcisions (MMCs) performed. All males who are circumcised under medical supervision are recorded.	Monitors medical male circumcisions performed under supervision.	Routine Monthly Report	SINJANI	Medical male circumcision performed	1	Dependent on accuracy of data from reporting facilities.	Output	Number	Quarterly	No	Higher number indicates greater availability of the service or greater uptake of the service.	Director: HIV/AIDS & TB
6.	TB client 5 years and older start on treatment rate	TB clients 5 years and older who started on treatment as a proportion of TB symptomatic clients 5 years and older who test positive for TB.	Monitors trends in uptake of treatment in clients diagnosed with TB in health facilities.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Routine Monthly Report	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> TB suspect 5 years and older initiated on treatment <u>Denominator:</u> TB suspect 5 years and older smear positive	100	Accuracy dependent on quality of data from reporting facilities.	Process	Percentage	Quarterly	Yes	Higher percentage will result in better uptake of treatment of TB clients.	Director: HIV/AIDS & TB
7.	TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients who started on treatment. This applies to ALL TB clients: new, retreatment, other, pulmonary and extra pulmonary. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	Monitors success of TB treatment for all types of TB.	<u>Numerator:</u> TB register <u>Denominator:</u> TB register	<u>Numerator:</u> ETR.net <u>Denominator:</u> ETR.net	<u>Numerator:</u> All TB cases treatment success (outcome cohort) <u>Denominator:</u> All TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Higher percentage suggests better treatment success rate.	Director: HIV/AIDS & TB
8.	TB client lost to follow up rate	TB clients who were lost to follow up (missed two months or more of treatment) as a proportion of TB clients who started on treatment. This applies to ALL TB clients: new, retreatment, other, pulmonary and extra pulmonary. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	Monitors the effectiveness of retention in care strategies for TB patients.	<u>Numerator:</u> TB register <u>Denominator:</u> TB register	<u>Numerator:</u> ETR.net <u>Denominator:</u> ETR.net	<u>Numerator:</u> All TB cases defaulted (outcome cohort) <u>Denominator:</u> All TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment.	Director: HIV/AIDS & TB

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
9.	TB client death rate	TB clients who died during treatment as a proportion of TB clients who started on treatment. The cause of death may not necessarily be due to TB. This applies to ALL TB clients: new, retreatment, other, pulmonary and extra pulmonary. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior.	Monitors death during the TB treatment period.	<u>Numerator:</u> TB register <u>Denominator:</u> TB register	<u>Numerator:</u> ETR.net <u>Denominator:</u> ETR.net	<u>Numerator:</u> All TB clients who died during treatment (outcome cohort) <u>Denominator:</u> All TB cases (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Annually	No	Lower rate indicates fewer patients died while they were on TB treatment. Note: the cause of death may not necessarily be due to TB.	Director: HIV/AIDS & TB
10.	TB MDR treatment success rate	TB MDR clients who successfully completed their treatment as a proportion of TB MDR confirmed clients who started on treatment.	Monitors success of MDR TB treatment.	<u>Numerator:</u> MDR register <u>Denominator:</u> MDR register	<u>Numerator:</u> EDR.net <u>Denominator:</u> EDR.net	<u>Numerator:</u> TB MDR client successfully complete treatment (outcome cohort) <u>Denominator:</u> TB MDR confirmed client start on treatment (outcome cohort)	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Annually	No	Higher percentage indicates more TB MDR clients are treated successfully.	Director: HIV/AIDS & TB

Maternal, Child and Women's Health & Nutrition

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC INDICATORS														
1.	Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as a proportion of all antenatal 1st visits.	Monitors early utilisation of antenatal services.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Routine Monthly Report	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Antenatal 1st visit before 20 weeks <u>Denominator:</u> Antenatal 1st visit Sum of: Antenatal 1st visit before 20 weeks Antenatal 1st visit 20 weeks or later	100	Dependent on accurate assessment of the number of weeks each antenatal client is pregnant.	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal services.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
2.	Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as a proportion of deliveries in health facilities. Note: May be more than 100% in areas with a low delivery in facility rate if many mothers who delivered outside health facilities had a postnatal visit within 6 days after delivery.	Monitors access to and utilisation of postnatal services.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Outpatient and Inpatient Related Services	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Mother postnatal visit within 6 days after delivery <u>Denominator:</u> Delivery in facility total	100	Dependent on accurate recording of women who delivered and accessed postnatal care within the specified time frame.	Process	Percentage	Quarterly	No	Higher percentage indicates better access to postnatal care.	Director: Facility Based Programmes
3.	Antenatal client start on ART rate	Antenatal clients who started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART.	Monitors implementation of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients.	<u>Numerator:</u> Anti-retroviral Treatment Monthly Report (version 2) <u>Denominator:</u> HIV Counselling and Testing (version 3)	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Antenatal client start on ART <u>Denominator:</u> Antenatal client eligible for ART initiation Sum of: HIV positive client category - PMTCT initial test, HIV positive client category - PMTCT repeat test at 32 weeks, Known HIV positive antenatal client not on ART	100	Dependant on accurate recording of HIV positive clients who received ART previously.	Output	Percentage	Annually	No	Higher rate indicates greater coverage of HIV positive clients on HIV treatment.	Director: HIV/AIDS & TB
4.	Infant 1st PCR test positive around 10 weeks rate	Infants tested PCR positive for follow up test as a proportion of infants PCR tested around 10 weeks.	Monitors PCR positivity in HIV exposed infants around 10 weeks.	<u>Numerator:</u> PMTCT Baby Follow-up Register <u>Denominator:</u> PMTCT Baby Follow-up Register	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Infant 1st PCR test positive around 10 weeks <u>Denominator:</u> Infant 1st PCR test around 10 weeks	100	Dependent on accurate recording of infants within the specified timeframe and ensuring each infant is recorded only once.	Outcome	Percentage	Quarterly	No	A lower rate indicates less HIV transmission from mother-to-child.	Director: HIV/AIDS & TB
5.	Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of the population under 1 year. The child should be counted only ONCE as fully immunised when receiving the last vaccine in the course.	Track the coverage of immunisation services.	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Immunised fully under 1 year new <u>Denominator:</u> Population under 1 year	100	Dependent on accurate recording of children under 1 year who are fully immunised (counted ONCE when last vaccine is administered). Dependent on the accuracy of the estimated under 1 population from Stats SA.	Output	Percentage	Quarterly	No	Higher percentage indicates better immunisation coverage.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
6.	Measles 2nd dose coverage	Children 1 year of age (i.e. 12 months) who received measles 2nd dose, as a proportion of the 1 year old population. Vaccines given as part of mass vaccination campaigns should not be included here.	Monitors protection of children against measles. (Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster.)	<u>Numerator:</u> Routine Monthly Report <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Measles 2nd dose <u>Denominator:</u> Population aged 1 year	100	Dependent on accurate recording of 1-year old children who received their 2nd measles dose at facilities. Dependent on the accuracy of the estimated 1-year old population from Stats SA.	Output	Percentage	Quarterly	No	Higher coverage rate indicates greater protection against measles.	Director: Facility Based Programmes
7.	Diarrhoea case fatality under 5 years rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities.	Monitors treatment outcome for children under 5 years who were separated with diarrhoea from an inpatient facility.	<u>Numerator:</u> Inpatient throughput form <u>Denominator:</u> Inpatient throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Diarrhoea death under 5 years <u>Denominator:</u> Diarrhoea separation under 5 years	100	Dependent on accurate diagnoses and recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to diarrhoea.	Director: Facility Based Programmes
8.	Pneumonia case fatality under 5 years rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities.	Monitors treatment outcome for children under 5 years who were separated with pneumonia from an inpatient facility.	<u>Numerator:</u> Inpatient throughput form <u>Denominator:</u> Inpatient throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Pneumonia death under 5 years <u>Denominator:</u> Pneumonia separation under 5 years	100	Dependent on accurate diagnosis and recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to pneumonia.	Director: Facility Based Programmes
9.	Severe acute malnutrition case fatality under 5 years rate	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities.	Monitors treatment outcome for children under 5 years who were separated with severe acute malnutrition (SAM) from an inpatient facility.	<u>Numerator:</u> Inpatient throughput form <u>Denominator:</u> Inpatient throughput form	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Severe acute malnutrition (SAM) death in facility under 5 years <u>Denominator:</u> Severe acute malnutrition separation	100	Dependent on accurate diagnosis and recording of inpatient deaths under 5 years and quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower rate means fewer children under 5-years died due to severe acute malnutrition.	Director: Facility Based Programmes
10.	School Grade 1 learners screened	Grade 1 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitors implementation of the Integrated School Health Program (ISHP).	ISHP Summary Report	SINJANI	School Grade 1 learners screened	1	Dependent on accuracy of school health information recorded by school health nurses.	Output	Number	Quarterly	No	Higher number indicates greater proportion of school children received health services at their school.	Director: Community Based Programmes
11.	School Grade 8 learners screened	Grade 8 learners screened by a nurse in line with the Integrated School Health Programme (ISHP) service package.	Monitors implementation of the Integrated School Health Program (ISHP).	ISHP Summary Report	SINJANI	School Grade 8 learners screened	1	Dependent on accuracy of school health information recorded by school health nurses.	Output	Number	Quarterly	No	Higher number indicates greater proportion of school children received health services at their school.	Director: Community Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
12.	Delivery in 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as a proportion of total deliveries in health facilities.	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Numerator: Outpatient and Inpatient Related Services Denominator: Outpatient and Inpatient Related Services	Numerator: SINJANI Denominator: SINJANI	Numerator: Delivery to women aged 10 – 19 years Sum of: • Delivery 10 – 14 years in facility • Delivery 15 – 19 years in facility Denominator: Delivery in facility total	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	Yes	Lower percentage indicates better family planning.	Director: Facility Based Programmes
13.	Couple year protection rate (Int)	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as a percentage of the female population aged 15 - 49 years. Note: From 1 April 2015 two new methods are included in the calculation for "contraceptive year equivalent", namely sub-dermal implants and female condoms.	Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as a proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys.	Numerator: Outpatient and Inpatient Related Services Routine Monthly Report Denominator: Population data	Numerator: SINJANI SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: Contraceptive years equivalent Sum of: • Male sterilisations X 10 • Female sterilisations X10 • Medroxy-progesterone injection ÷ 4 • Norethisterone enanthate injection ÷ 6 • Oral pill cycles ÷ 15 • IUCD inserted X 4.5 • Sub-dermal implant x 2.5 • Male condoms ÷ 120 • Female condoms ÷ 120 Denominator: Female population 15 – 49 years	100	Accuracy dependent on quality of data from reporting facilities.	Output	Percentage	Quarterly	No	Higher percentage indicates higher usage of contraceptive methods.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
14.	Cervical cancer screening coverage (annualised)	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older.	Monitors implementation of the policy on cervical screening.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: Cervical cancer screening in woman 30 years and older Denominator: Female population 30 years and older ÷10	100	Dependent on accurate recording of women screened according to the policy (i.e. correct age group AND counted only once every 10 years). Dependent on the accuracy of the estimated female population aged 30 years and older from Stats SA.	Output	Percentage (annualised)	Quarterly	No	Higher percentage indicates more women in the specified age group are screened for cervical cancer.	Director: Facility Based Programmes
15.	HPV 1st dose	Grade 4 girls, aged 9 years or older, who were vaccinated with human papilloma virus (HPV) 1 st dose.	Monitors annual coverage of HPV vaccine.	Numerator: HPV campaign	Numerator: SINJANI	Numerator: Girls 9 years and older that received HPV 1st dose	1	Dependent on accuracy of data recorded during the HPV campaign.	Output	Number	Annually	No	Higher number indicates more girls are protected against HPV.	Director: Facility Based Programmes
16.	HPV 2nd dose	Grade 4 girls, aged 9 years or older, who were vaccinated with the human papilloma virus (HPV) vaccine 2 nd dose.	Monitors annual coverage of HPV vaccine.	Numerator: HPV campaign	Numerator: SINJANI	Numerator: Girls 9 years and older that received HPV 2nd dose	1	Dependent on accuracy of data recorded during the HPV campaign.	Output	Number	Annually	No	Higher number indicates more girls are protected against HPV.	Director: Facility Based Programmes
17.	Vitamin A 12 - 59 months coverage	Children aged 12 - 59 months who received vitamin A 200 000 units, every six months, as a proportion of the population aged 12 - 59 months. Note: The denominator is multiplied by 2 because each child should receive supplementation twice a year.	Monitors vitamin A supplementation to children aged 12 - 59 months.	Numerator: Routine Monthly Report Denominator: Population data	Numerator: SINJANI Denominator: Stats SA (Circular H28 of 2014)	Numerator: Vitamin A dose 12 – 59 months Denominator: Population 12 - 59 months X 2 (Population 1 - 4 years X 2)	100	Dependent on accurate recording of children aged 12 to 59 months who received vitamin A at facilities. Dependent on the accuracy of the estimated 1 – 4 year old population from Stats SA.	Output	Percentage	Quarterly	No	Higher percentage indicates better Vitamin A coverage, and better nutritional support to children.	Director: Facility Based Programmes

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
18.	Maternal mortality in facility ratio	Maternal deaths per 100 000 live births in health facilities. Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric).	This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides an indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services.	<u>Numerator:</u> Maternal death notification form <u>Denominator:</u> Outpatient and Inpatient Related Services	<u>Numerator:</u> National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD) register or SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Maternal death in facility <u>Denominator:</u> Sum of: • Live birth in facility • Born alive before arrival at facility	100 000	Accuracy dependent on quality of data from reporting facilities and correct classification of maternal deaths.	Impact	Ratio per 100 000 live births	Annually	No	Lower maternal mortality ratio in facilities implies better obstetric management practices and antenatal care.	Director: Facility Based Programmes
19.	Neonatal death in facility rate	Neonatal deaths (i.e. deaths occurring between 0 and 28 days after birth) during the infant's stay at the facility as a proportion of infants who were born alive in health facilities.	Monitors treatment outcome for admitted children under 28 days.	<u>Numerator:</u> Outpatient and Inpatient Related Services <u>Denominator:</u> Outpatient and Inpatient Related Services	<u>Numerator:</u> SINJANI <u>Denominator:</u> SINJANI	<u>Numerator:</u> Sum of: • Inpatient death 0 – 7 days • Inpatient death 8 – 28 days <u>Denominator:</u> Live birth in facility	1 000	Dependent on accurate recording of neonatal deaths and quality of data from reporting facilities.	Impact	Percentage	Annually	No	Lower death rate in facilities indicates better obstetric management practices and antenatal and care.	Director: Facility Based Programmes

Disease Prevention and Control

No	Indicator title	Short definition	Purpose / Importance	Form (data collection)	Source	Method of Calculation	Factor	Data limitations	Type of indicator	Calculation type	Reporting cycle	New indicator	Desired performance	Indicator responsibility
SECTOR SPECIFIC ANNUAL INDICATORS														
1.	Cataract surgery rate	Clients who had cataract surgery per 1 million uninsured population.	Monitors access to cataract surgery, accessibility of theatres and availability of human resources.	<u>Numerator:</u> Outpatient and Inpatient Related Services <u>Denominator:</u> Population data	<u>Numerator:</u> SINJANI <u>Denominator:</u> Stats SA (Circular H28 of 2014)	<u>Numerator:</u> Cataract surgery total <u>Denominator:</u> Uninsured population	1 000 000	Accuracy dependent on quality of data from reporting facilities. Dependent on the accuracy of the estimated uninsured population.	Output	Rate per 1 000 000 population	Quarterly	No	Higher percentage reflects a greater contribution to sight restoration.	Director: Facility Based Programmes
2.	Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported.	Monitors deaths caused by malaria.	<u>Numerator:</u> Notifiable Medical Conditions notification form <u>Denominator:</u> Notifiable Medical Conditions notification form	<u>Numerator:</u> CDC.xlsm or SINJANI <u>Denominator:</u> CDC.xlsm or SINJANI	<u>Numerator:</u> Deaths from malaria <u>Denominator:</u> Malaria cases reported	100	Accuracy dependent on quality of data from reporting facilities.	Outcome	Percentage	Quarterly	No	Lower percentage indicates fewer deaths as a result of malaria.	Director: Facility Based Programmes

ANNEXURE E: CAPE WINELANDS DISTRICT COMMUNICATION PLAN

PURPOSE

To assist and guide staff members and clients of the Western Cape Government Health in the Cape Winelands District on the strategy and use of communication.

DESIRED OUTCOMES

- Create an environment that promotes communication between stakeholders in the Cape Winelands District.
- A public that is informed about the availability of health services, the vision and strategies of the Cape Winelands District.
- Informed staff members that are able to utilise the information that they are given in order to:
 1. Deliver a quality person-centred service
 2. Change their mindset from 'illness focus' to 'wellness focus'

METHODOLOGY

Stakeholders

- Improve communication between management and operational staff within the Cape Winelands District.
- Strengthen communication networks via the District Health Council, Local and District Municipalities as well as other government departments.
- Ensure communication with GSA (Geographic Service Area) partners and NGO's (Non-Governmental Organisations), delivering and providing support services within the Cape Winelands District.
- Management to lead and communicate the shift in approach towards Healthcare 2030 (person-centred approach and shift to wellness).

Public and staff

- Communicate consistent and simple messages that are aligned with the Districts strategy through various channels

STAKEHOLDER GROUPS AND COMMUNICATION PLATFORMS

Nature of Group/ Stakeholder		Platform	Interest	Importance	District Contact
Leadership Governance					
Internal	Provincial Office and Chief Director's Office	Rural GSA Meeting	Strategic direction; lead change	High	Dr Lizette Phillips
	District and Sub-District Managers	Strategic planning session, Cape Winelands District Executive Meeting (CWDEM), Day-to-day meetings, DMT meetings and CWD GSA meetings	Stewardship; strategic guidance, lead change	High	Dr Lizette Phillips
	Frontline staff	Sub-district and facility-based meetings	Informed staff	High	Sub-district Management teams
Patients					
External	NGO's and partners	Quarterly NGO Meeting	Community Participation and Mobilisation	High	Mrs Handri Liebenberg
	District Health Council	Quarterly DHC	Governance and Information sharing	High	Dr Lizette Phillips
	Government Departments	Quarterly Liaison Committee Meeting	Information sharing Interface management	High	Dr Lizette Phillips
	District Municipality	Quarterly Liaison Committee Meeting	Mobilisation Resource sharing	High	Dr Lizette Phillips
	Local Municipality	IDPs, IGR meetings, health forums	Information and resource sharing	High	Mrs Surina Neethling
	Business Sector and Forums; Farmer's Associations and Farmers; Civil Society groups	Sub-district level	Health Economics	Med	Sub-district Managers
	Private Medical Sector	Sub-district level	Patient Sharing	Med	Sub-district Managers
	Media	Media: print, radio	Information Dissemination	High	Ms Megan Sonnenberg
	Clinic committees Facility Boards	Sub-district level	Feedback to and from the Community	High	Sub-district Managers
	Training Institutions	Quarterly, Rural Clinical Steercom	Training, Research and interaction	Med	Dr Lizette Phillips

ACTION PLAN

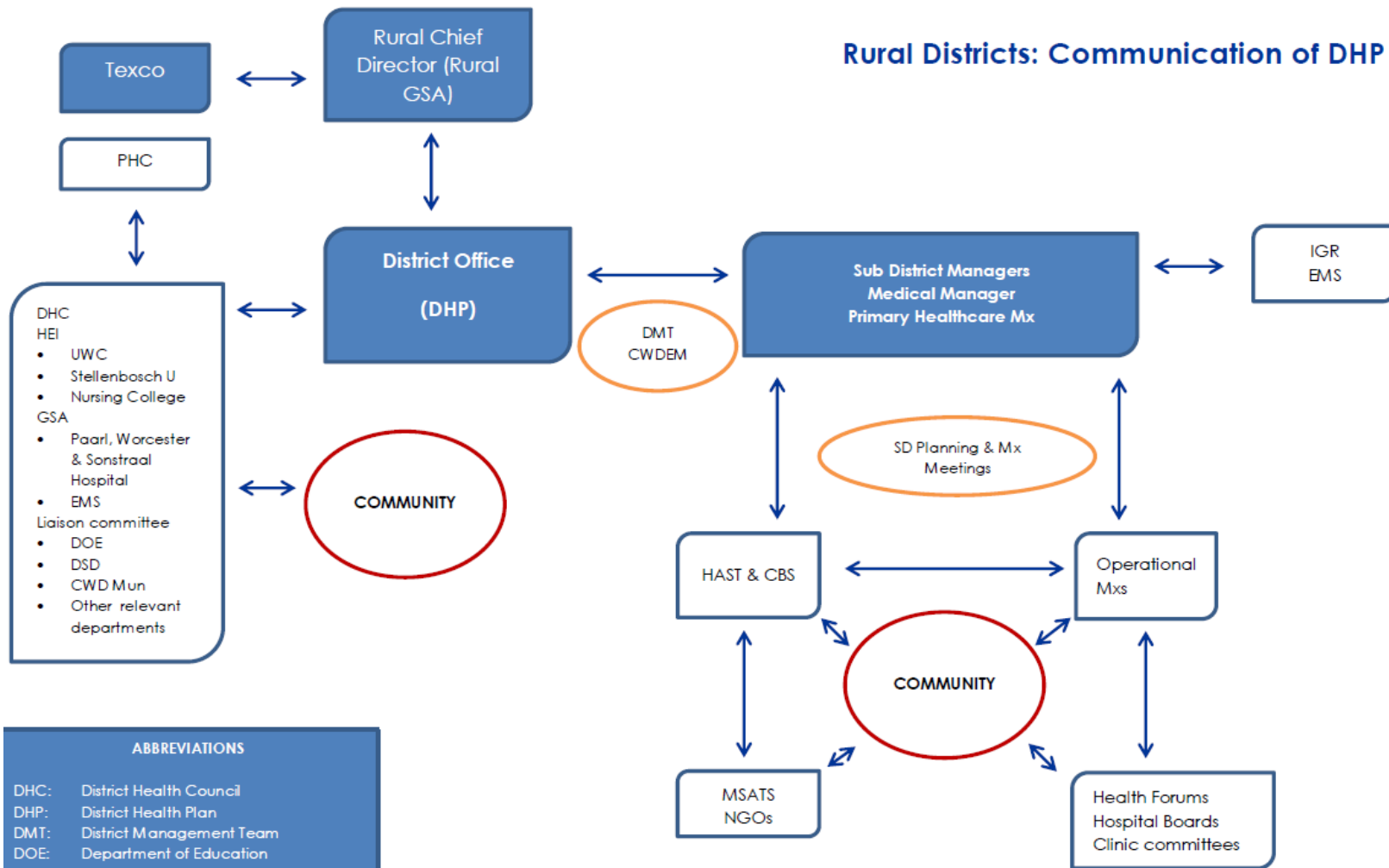
Focus area	Stakeholder	Action	Methodology	Responsibility	Time frame	Monitoring and Evaluation
District Health plan 2018/19	Staff	Distribution of the summarised version of the DHP	<ol style="list-style-type: none"> 1. Compile the summarised plan 2. Send via email to staff at District Office, Regional Hospital management, Sub-district management, Operational Managers and Nursing Managers 	Megan Sonnenberg	March 2018	Distribution list
	NGO's	Discussion of the DHP	NGO quarterly meeting	Handri Liebenberg	February 2018	Minutes of the meeting
	District and local municipalities	Discussion of the DHP	Liaison meeting and IDP meetings	Lizette Phillips and Surina Neethling	Second quarter 2018	Minutes of the meetings
	Clinic committees and facility boards	Discussion of the DHP	Committee meetings	Sub-district management	ongoing	Minutes of the meetings
Burden of disease						
First 1000 days TB and HIV Non-communicable diseases with a focus on mental health	Public	Media coverage Distribution of promotion material	Standardised media messages and promotion material within facilities	Megan Sonnenberg and Roenell Ballie	March 2018	Media clippings and standardised material within facilities
	Staff	Distribution of staff newsletter	Quarterly articles	Megan Sonnenberg	Quarterly	Newsletter
		M&E meetings	Discussion of outcomes	Sub-district Manager	Quarterly	Minutes of the meeting and outcomes
		Training	In-service training	Programme Managers	Ongoing	Performance outcomes and training data

Focus area	Stakeholder	Action	Methodology	Responsibility	Time frame	Monitoring and Evaluation
Campaigns						
HPV (Human Papillomavirus) Paediatric Surge Season Outbreaks Water crises, etc.	Internal stakeholders	Distribution of campaign plans	Distribution of circulars or memo's via email	Chief Director's Office, District Office and Regional Hospitals	As planned or needed	Plans
			Meetings and roadshows			
			In-service training			
			Newsflashes	Megan Sonnenberg		
	External stakeholders	Distribution of campaign plans	Distribution of circulars or memo's via email	Charmaine Lottering	Ongoing	Distribution lists
		Media coverage	Megan Sonnenberg	Ongoing	Media clippings	
Communication-focused campaigns						
Access to services: – Mental Health User – Emergency Centres	Public	Operational hours Package of care	Ensure that there are updated clinic notice boards outside of every facility	Sub-district management	Ongoing	Noticeboards
		Waiting times	Signage (e.g. Triage poster) with a focus on main patient areas and standardisation)	Sub-district management	Ongoing	Waiting times survey
		Patient flow	Way finding signage	Sub-district management	Ongoing	Signage within facilities
	District Health Council	Assist with messaging for EC: triage system	EC signage	Health Facilities Board	Ongoing	EC signage within facilities
Water saving	Public	Posters	Ensure that there is water-saving communication in facilities	Megan Sonnenberg and Sub-district management	Feb/March 2018	Posters
	Staff	Distribution of articles in newsletter, distribution of newsflashes, posters	Sharing material regarding how to save water without compromising on hygiene.	Megan Sonnenberg	End March 2018	Newsletter articles, newsflashes, posters in staff rooms
Transformation strategy	Staff	Distribute official communication (circulars, memo's)	Electronic distribution to all staff who have access to emails	Registry at District Office	Ongoing	Emails
			Distribution of newsflashes	Megan Sonnenberg	Ongoing	Newsflashes

Focus area	Stakeholder	Action	Methodology	Responsibility	Time frame	Monitoring and Evaluation
Projects						
Global Fund project Teenage pregnancy Teachable moments Cardiovascular Accident (stroke) Community Orientated Primary Care projects (COPC) Ideal clinic	Public	Media coverage Distribution of promotion material	Standardised media messages and promotion material within facilities	Megan Sonnenberg and Roenell Ballie	March 2018	Media clippings and standardised material within facilities
	Staff and NGO's	Discussion of projects	Management, GSA and NGO meetings	District Office and Regional Hospitals	Quarterly	Minutes of the meeting
		Distribution of staff newsletter	Quarterly articles	Megan Sonnenberg	Quarterly	Newsletter
		M&E meetings	Discussion of outcomes	Sub-district Manager	Quarterly	Minutes of the meeting and outcomes
		Orientation and training	Meetings In-service training	District Office and Regional Hospitals	Ongoing	Performance outcomes and training data
Training						
Cape Winelands District training plan	Staff and NGO's	Distribution of training plan	Electronic distribution of training opportunities to all sub-districts, training coordinators and NGO's	HRD	Monthly distribution of training opportunities	Skills development plan and training data
Ongoing activities (annual)						
Events: – Long Service Awards – Research Day – Monitoring and Evaluation	Relevant stakeholders	Invitations Press releases Newsletters Schedule	Distribution of the Cape Winelands calendar	Charmaine Lottering	January 2018	Distribution lists
			Distribution of the events schedule	Surina Neethling	End February 2018	Schedule
			Ministerial events	Megan Sonnenberg	Ongoing	Media clippings
			Visits from Provincial Office and Chief Director's Office	Charmaine Lottering	Ongoing	Newsletter distribution
			Facility openings	Megan Sonnenberg and Surina Neethling	Ongoing	Media clippings
			WCG health calendar events (e.g. World AIDS day)	Handri Liebenberg	Ongoing	Media clippings

Focus area	Stakeholder	Action	Methodology	Responsibility	Time frame	Monitoring and Evaluation
Media queries	Media	Respond to media	Get information and compile a response	Megan Sonnenberg	Ongoing	Media clippings
Proactive media communication	Media	Media release and radio interviews	Distribution of releases, liaising with media and negotiating radio air time	Megan Sonnenberg	Ongoing	Media clippings and radio clips
Complaints	Public	Respond to complainant	Cape Winelands SOP	Surina Neethling and Megan Sonnenberg	Ongoing	Complaints report
Internal Communications (e.g. Jonga, health calendar)	Staff	Distribution of communication	Electronic and physical distribution	Megan Sonnenberg	Ongoing	Distribution lists
Health pick-up points	Staff	Distribution of new pick-up points	Circular to staff regarding final pick-up points	Surina Neethling	Before June 2018	Circular
	Public	Distribution of new pick-up points	Notification boards at facilities	Sub-district management	June 2018	Notification boards
			Newspapers	Megan Sonnenberg	June 2018	Media clippings
Mobile route plan	Staff and public	Distribution of planned mobile routes per sub-district	Notification boards in all facilities	Sub-district management	February 2018	Noticeboards
Research	Staff	Distribution of all approved research	Electronic distribution	Surina Neethling	Ongoing	Research register

Figure 1: Stakeholder map



ABBREVIATIONS	
DHC:	District Health Council
DHP:	District Health Plan
DMT:	District Management Team
DOE:	Department of Education
DSD:	Department of Social Development
EMS:	Emergency Medical Services
GSA:	Geographic Service Area
HEI:	Higher Education Institutions
HFB:	Health Facility Boards
IGR:	Inter-Government Relations
MSATS:	Multi-sectoral Action Teams
NGO:	Non-government Organisation
PHC:	Provincial Health Council
UWC:	University of the Western Cape

ANNEXURE F: COMMUNICATION PLAN FOR DISTRICT HEALTH PLAN

Figure 2: Stakeholder communication matrix

Stakeholder	Message	Channel	Who	Date
Western Cape Minister of Health	Executive summary of DHP and reference to where to find full document	Hard copy and electronic notification sent via HOD's office	MEC's office	March
Local Government (Municipal manager/Board)	Executive summary of DHP with emphasis on Infrastructure development planning Plans for coming FY and medium term	Direct communication / presentation	MEC/HOD/COO IGC forum District Director (Official name)	March
Community Governance Structures DHC/HFB/Clinic Committees	Executive summary of DHP and reference to where to find full document	Hard copy/electronic version via District office	CWD: District Director/DD Professional Support	March
Cape Winelands District management team	DHP	Electronic version of DHP	DD Professional Support Services	
NGO's	Executive summary of DHP and reference to find document Specific emphasis on PHC delivery, disease profile etc.	Hard copy, electronic notification, engagement with PHC manager	Chief directors/District Directors/DD Comprehensive Health Services	
Other Departmental Departments DSD, DOE	CWD DHP on request	Electronic/executive summary	CWD: District Director/DD Professional Support	
Higher Education Institutions Ukwanda Rural Clinical School, UWC, Stellenbosch University, Nursing Colleges	Executive summary of DHS plans for Metro and Rural, specific emphasis on policy change, academic and professional implications	Hard copy and electronic copy of executive summary.	COO/Chief Directors	

Figure 3: Database of stakeholders' details

Stakeholder	Name	Official contact	Designation	District	Contact details
District Health Council	Cape Winelands District Municipality	Mr L Niehaus	Chairperson	Cape Winelands	Postal address: P O Box 23, Paarl, 7646 Tel: 021 870 3213 Fax: 021 872 1277 Email: loekie@capewineland.gov.za
Cape Winelands District Municipality	Cape Winelands District Municipality	Mr Henry Prins	Municipal Managers	Cape Winelands	Postal address: PO Box 100, Stellenbosch, 7599 Tel: 021 888 5100 Fax: 023 887 3451 Email: mm@capewinelands.gov.za
Local Government	Breede Valley Municipality	Mr D. Mc Thomas	Municipal Manager	Cape Winelands	Postal address: Private Bag X3046, Worcester 6850 Tel: 023 348 2602 Fax: 023 348 2808 Email: dmcthomas@bvm.gov.za
Local Government	Langeberg Municipality	Mr A Mokweni	Municipal Manager	Cape Winelands	Postal address: Private Bag x2, Ashton, 6715 Tel: 023 615 8000 Fax: 023 615 2272 Email: mm@langeberg.gov.za
Local Government	Stellenbosch Municipality	Ms. G Mettler	Municipal Manager	Cape Winelands	Postal address: P O Box 17 Stellenbosch Tel: 021 808 8025 Fax: 021 88 66749 Email: municipal.manager@stellenbosch.gov.za
Local Government	Witzenberg Municipality	Mr D Nasson	Municipal Manager	Cape Winelands	Postal address: P O Box 44, Ceres, 6835 Tel: 023 316 1854 Fax: 023 316 1877 Email: david@witzenberg.gov.za
Local Government	Drakenstein Municipality	Dr J Leibrandt	Municipal Manager	Cape Winelands	Postal address: P O Box 1, Paarl 7622 Tel: 021 807 4615 Fax: 021 872 3757 Email: mm@drakenstein.gov.za
Sector Departments	Department of Social Development	Mr D Eland	Director	Cape Winelands	Postal address: Private Bag X3052, Worcester, 6830 Tel: 023 348 5300 Fax: 023 347 5181 Email: Dirk.Eland@westerncape.gov.za
Sector Departments	Department of Education	Mr J Benjamin	Director	Cape Winelands	Postal address: Private Bag X3102, Worcester, 6850 Tel: 023 348 4600 Fax:023 3427898 Email: Juan.Benjamin@westerncape.gov.za
Higher Education Institutions	Ukwanda Rural School	Prof Couper	Director	Cape Winelands	Postal address: 1 Durban Street, Worcester Tel: 023 346 7816 Fax: N/A Email: icouper@sun.ac.za

Stakeholder	Name	Official contact	Designation	District	Contact details
Higher Education Institutions	University of Stellenbosch	Prof A van der Merwe	Head of Department	Cape Winelands	Postal address: P O Box 241, Cape Town 8000 Tel: 021 938 9111 Fax: 021 938 9854 Email: asvdmerwe@sun.ac.za
Higher Education Institutions	CPUT	Ms Liezel Strauss	Head of Campus	Cape Winelands	Postal address: Private Bag 3113, Worcester Tel: 023 347 0732 Fax: 086 8315 Email: Liesl.Strauss@westerncape.gov.za
Higher Education Institutions	University of Western Cape	Prof J Chipps	Head of Department	Cape Winelands	Postal address: Private Bag X17 Bellville Tel: 021 959 2271 Fax: 021 959 2679 Email: jchipps@uwc.ac.za