DIRECTORATE: CITY HEALTH

FINAL DIRECTORATE EXECTIVE SUMMARY

OF THE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN
2012/2013

EXECUTIVE DIRECTOR: DR IVAN BROMFIELD

1. EXECUTIVE SUMMARY

Vision:

"A Healthy City For All"

Mission:

"To make Cape Town a healthier City we will continue to strive to ensure adequate and equitably distributed resources delivering improved quality, comprehensive, cost-effective, primary health care services. This will be achieved through a district health system with a committed and dynamic workforce supported by strong, competent shared leadership who will develop strong teams in collaboration with and commitment from the community and other partners."

The City of Cape Town is committed to working with all spheres of government to meet the National, Provincial and City targets so that there is a coordinated and integrated District Health Service to the citizens of Cape Town.

The core business of City Health is Environmental Health Services or Municipal Health Services. Municipal Health Services are defined in the National Health Act (No. 61 of 2003) as including water quality monitoring; food control; waste management; health surveillance of premises; surveillance and prevention of communicable diseases; vector control; environmental pollution control; disposal of the dead and chemical safety.

Air pollution is a key factor, which affects the health of a city. Air pollution levels are frequently high in our informal areas and even inside shacks. The City has adopted an Air Quality Management plan, which outlines the strategies to be used to deal with air pollution. City Health also deals with all aspects of noise pollution.

In addition the City delivers, in partnership with Provincial Government, the Personal Primary Health Care component, (clinic services), via an infrastructure of 82 clinics, 5 Community Health Centres (CHC's), 22 satellite clinics and 4 mobile clinics. Services include Women and Child Health Services (Preventive & Promotive Services i.e.: Family Planning and Immunisation and treating sick children under 13 years); HIV/Aids/STI and TB Control and Substance Abuse. These clinic services are delivered in partnership with the Provincial Health Department Metro District Health Services (PGWC: MDHS) who run 47 Community Health Centres and 24-hour emergency services at primary level along with 6 District Hospitals.

City Health Manages 4 Matrix© Substance Abuse Outpatient Rehabilitation Sites at Tafelsig, Table View, Delft South and Town 2 Clinics.

2 PURPOSE AND SERVICE MANDATE OF DIRECTORATE

Municipal Health Services (Environmental Health) are a Local Government function as per schedule 4B of the Constitution.

Personal Primary Health Care (Clinic services) is the responsibility of the Provincial Health Department as stated in the National Health Act, No. 61 of 2003. However the Constitution does make provision for these services to be assigned to Local Government via mutual agreement. City Health continues to render them under a Service Level Agreement (SLA) with the Provincial Health Department and will continue to improve on cooperation to improve the SLA.

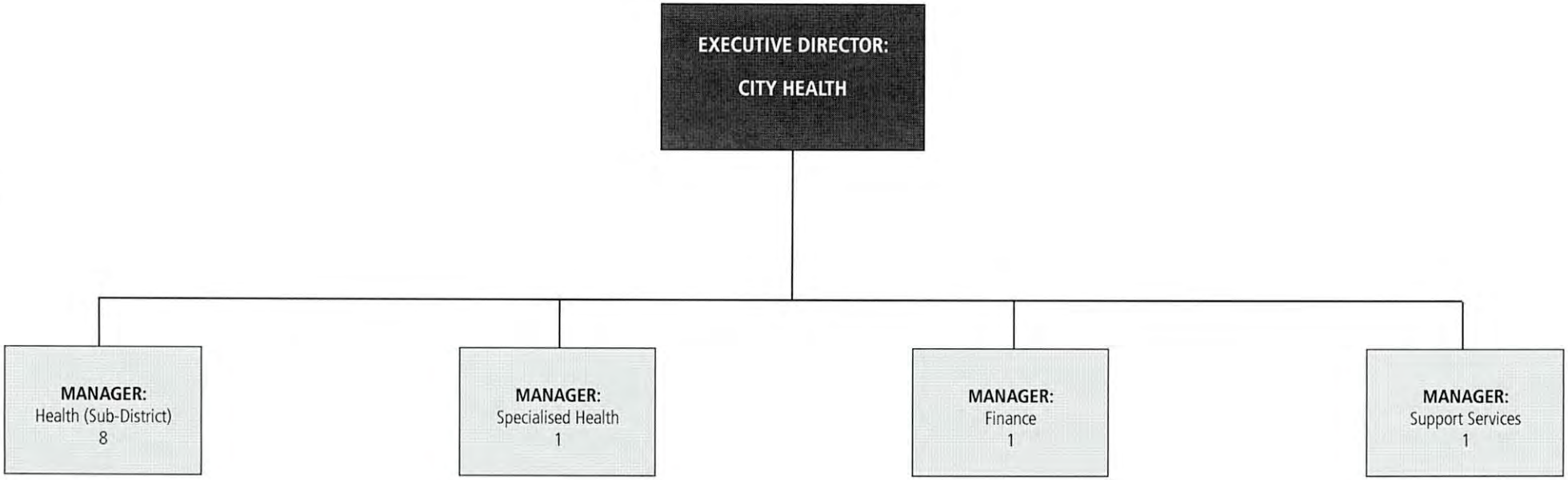
Air Pollution is a Local Government function as per schedule 4B of the Constitution. The key Act is the National Environment Management Act: Air Quality Act 39 of 2004 (which requires the City to have an air quality management plan).

Noise Pollution is a Local Government function as per schedule 5B of the Constitution.

We enforce the following By-laws:

- Air Quality Management of 2010
- Environmental Health of 2003

3. SENIOR MANAGEMENT ORGANOGRAM



4. LINKAGE TO THE IDP and changes to the indicators and targets

The 2012/2013 Directorate SDBIP: City Health relates to the IDP as follows:

Strategic Focus Area 3:

- The Caring City

Corporate/Directorate Objectives, Programmes and KPI:

- Objective 3.5: Provision of effective Environmental Health services
  - Programme 3.5(a): Environmental Health Care Programme

- Objective 3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes
  - Programme3.6(a): Measuring the number of days when air pollution exceeds WHO guidelines
  - KPI 3G: Number of days when air pollution exceeds RSA Ambient Air Quality Standards

- Objective 3.7: Provision of effective Primary Health Care services
  - Programme3.7(a): Primary Health Care Programme
  - KPI 3H: New Smear Positive TB Cure Rate

- Objective 3.8: Provision of Substance Abuse Outpatient Treatment and Rehabilitation services
  - Programme3.8(a): Primary Health Care Programme: Number of substance abuse outpatients provided with alternative constructive behaviour

See section 8. and Appendix 1 for detail with respect to updated indicators and targets.

5. PERFORMANCE PROGRESS AND IMPACT

Until such time as the issue of the governance of Primary Health Care has been resolved the agreement between the City and the Provincial government is to strengthen the existing SLA and improve cooperation & coordination.

It must be recognised that, due to the increased Burden of Disease (BOD), the Directorate: City Health is facing an increasing number of clients accessing the health services. When comparing total headcounts in 07/08 with 08/09, an increase of 14% was experienced city-wide. In 09/10 a further increase of 7% were registered - thus a 21% increase over the last 3 years. Even though the surge was clearly seen in Khayelitsha, most Sub-Districts had a significant increase.

The Burden of Disease (BOD) study shows the top 5 causes of death are:

- HIV/Aids
- Homicide
- Tuberculosis
- Road Traffic Accidents
- Lower Respiratory Infections

The District Health Expenditure Review (DHER) 09/10 shows that expenditure per capita (both City and Provincial services) as follows:

- R496 total population (increased by R75 between 08/09 & 09/10)
- R684 uninsured population (increased by R105 between 08/09 & 09/10)

Our utilisation rate is 3.8 for the dependent population. There are variations across the Sub-Districts which are affected by the percentage of uninsured population due to the differing socio economic circumstances.

The latest Community Satisfaction Survey which indicates the perception of the quality of health services shows the following problem areas:

- Long waiting times
- Issues with staff attitude
- Lack of medication
- Lack of doctors
- Cleanliness of facilities
-

In order to alleviate this, the City would have to consider adding extra resources to the overburdened Sub-Districts.

The Directorate: City Health's current staffing establishment was based on the existing situation and does not take into account the increase in the BOD and the increase in the demand for health services.

It must also be noted that the Directorate: City Health based its staffing levels on workload indicators for Professional Nurses, Enrolled Nurses and Enrolled Nursing Assistants using total attendances at facilities and case mix i.e.: it is tailored to meet the actual requirements. The allocation of Clerks at the clinics is based on the number of patient folders at each facility. The Environment Health staffing is based on National Norms of 1 EHP per 15,000 population. We are currently at 1 EHP per 27,439 population. Senior Workers post allocation is based on the size of the facilities, and not having adequate numbers could lead to cleaning/infection control problems.

City Health Directorate overspent on its general expenses budget in the 2009/2010 financial year by R 9 million. This was mainly attributable to the increase in patient numbers and the above parameter increase in medicine and laboratory costs.

The overall City Infant Mortality Rate (IMR) in 2010 was 20.12 deaths under one year per thousand live births. This is a slight decrease from 20.76 in 2009. In 2007 and 2008 projections were made for missing Death Data. In 2009 projections were made for missing Birth Data. There has been a downward trend from 2003 to 2008 (2003: 25.16; 2004: 23.74; 2005: 22.28; 2006: 21.40; 2007: 20.28 and 2008:19.78). Procedures have been put in place to ensure that all data for Births and Deaths are collected enabling the calculation of unprojected IMR's. The IMR is a good measure of overall development and not only the state of health services. Other strategies that focus on improving informal settlements, supplying basic services and early childhood development will also improve the IMR.

The stark facts are that the 2010 Antenatal Survey showed an HIV prevalence of 19.1% in the City up from 18.2% in 2009. This compares to a Western Cape prevalence of 17.3% and a National prevalence of 30.2%.

Cape Town continues to have an extremely high number of TB cases with an incidence of 826 per 100,000 population (compared with a national figure of 500 per 100,000). The City's TB new smear positive cure rate (i.e. the cure rate amongst cases who are infectious and spreading the disease) has improved from 67% in 2004, to 82% in 2010. The most recent result, Quarter 1 of 2011, was 84%, the best for any metropolitan area in the country.

Cape Town continues to experience rapid growth due to urbanisation with an estimated 48,000 additional people moving to Cape Town each year (14,000 additional households to service). Waste removal services are provided weekly in all formal and informal housing areas but are not regarded as effective where skips are provided and no door-to-door service exists. The "basic service level" for access to water is defined as dwelling units being less than 200m from a tap, and having one tap for every 25 dwellings. The Head's: Environmental Health will convene Sub-District Interdisciplinary Forums to address issues identified.

In 10/11, the air quality monitoring stations recorded 55 days of poor air quality when the levels exceeded international accepted guidelines. These episodes and levels of air pollution represent a major health risk to our citizens and portray Cape Town in a negative way to visitors, tourists and residents alike. The City is looking at its air quality monitoring network and has added VOC monitors as well as currently investigating the aspect of how to monitor greenhouse gasses.

The City has identified the issue of substance abuse as a problem and that it has a role to play in conjunction with other spheres of government and the community in addressing this. Alcohol abuse is a major problem and the emergence of methamphetamine (tik) abuse in the Western Cape is a big concern with regard to drug-related crime and treatment demand for drugs like methamphetamine (tik), the indicators are higher in Cape Town than in other parts of the country. 2.3% of people using treatment services in 2003 had methamphetamine (tik) as their primary drug of abuse, in 2006 this had increased to 42% and over half of these people were under 20 years of age. One in four South African men and one in ten women displayed symptoms of alcohol problems (1998). South Africa has become a key player in the drug trade, as both producing country as well as consumer country. It is of serious concern that the age of first experimentation with substances has dropped to between 9 and 10 years.

In conclusion, City Health is faced with an increasing need for health services as shown by the BOD and Customer Satisfaction Survey, but the resources available to it have not grown proportionally. The resources relate to staffing (extra staff are needed for those areas with a high BOD to reduce long waiting times), certain areas require extra security for staff and patients and adequate funding for pharmaceuticals and medical tests. In addition, the City must reconsider its position as regards our capital budget in relation to clinics, we will not be able to effect alterations to those facilities which require extra space to improve patient services. If the resources are not available then we will not improve on our customer perceptions and over time the quality of service and health outcomes may decline.

Website (for detailed Annual Reports): http://www.capetown.gov.za/en/IDP/Pages/ManagingPerformance.aspx

6 FINANCIAL INFORMATION

6.1 Summary of revenue by source:

WC000 CAPE TOWN - SUPPORTING TABLE SA2 MATRIX FINANCIAL PERFORMANCE BUDGET (REVENUE SOURCE/EXPENDITURE TYPE AND DEPT.) CITY HEALTH	
Description R thousand	**Vote 05 – City Health**
Revenue By Source	
Service charges - other	211
Fines	19
Licenses and permits	636
Transfers recognised - operational	392,748
Other revenue	3,660
Total Revenue (excluding capital transfers and contributions)	**397,273**

6.2 Summary of operating expenditure by type:

WC000 CAPE TOWN - SUPPORTING TABLE SA2 MATRIX FINANCIAL PERFORMANCE BUDGET (REVENUE SOURCE/EXPENDITURE TYPE AND DEPT.) CITY HEALTH	
Description R thousand	**Vote 05 – City Health**
Expenditure By Type	
Employee related costs	497,201
Depreciation & asset impairment	8,042
Other materials	2,712
Contracted services	12,581
Transfers and grants	4,039
Other expenditure	242,697
Total Expenditure	**767,274**

6.3 Summary of capital expenditure by type:

WC000 Cape Town - Supporting Table SA36 Detailed capital budget

Municipal Vote/ Capital project R thousand	Program/ Project description	Project number	Asset Class 4.	Asset Sub-Class 4.	Total Project Estimate	Prior year outcomes		2011/2012 Medium Term Revenue & Expenditure Framework			Project information	
						Audited Outcome 2009/10	Adjusted Budget 2010/11	Budget Year 2011/12	Budget Year +1 2012/13	Budget Year +2 2013/14	Ward location	New or renewal
Parent municipality:												
City Health	Various	Various	Various	Various	N/A	25,567	12,355	25,143	28,446	17,966	Multi	Various
Total Capital Expenditure	**Various**	**Various**	**Various**		**N/A**	**25,567**	**12,355**	**25,143**	**28,446**	**17,966**	**Multi**	**Various**

6.4 See Section 2. for description of discretionary and non-discretionary expenditure.

6.5 Risks:

Management, with the assistance of the Integrated Risk Management (IRM) Department, has applied their minds and due care taken to ensure that risks which could impact on them not achieving the Department's objectives are identified, addressed and managed on a day to day basis in accordance with the City's approved IRM Policy and IRM Framework. Risk Registers are thus utilised as a management tool in order to manage all risks of the Department. The risks identified and rated, equal or above the Council approved rating (appetite) will be reported to the EMT, as well as to the relevant MayCo member on a six monthly basis.

As per the legislative requirement any risks to achieving revenue projections, any expected major shifts in revenue patterns and planned alternative sources of revenue. Not applicable to City Health as funding for Personal Primary Health Care is dealt with a signed SLA with the PGWC and the risk of non-payment is low.

In relation to the City's Capital Budget of 5,1 Billion, City Health's Capital Budget is 28,4 Million (0.49%). The major Capital Project is the new Eerste River Clinic: 6 Million (Total: 22,5 Million).

7 CAPITAL BUDGET LINK TO DIRECTORATE OBJECTIVES

All Capital projects were linked to Corporate Objectives 3.5; 3.6; 3.7 and 5.3. These are equivalent to the Directorate Objectives.

8 OBJECTIVES AND INDICATORS OF THE DIRECTORATE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN (SDBIP)

The objective, indicator and targets below are an extract of the 2012/2013 Directorate: City Health SDBIP that link to the Corporate SDBIP. See Appendix 1 for the complete 2012/2013 Directorate: City Health SDBIP.

Objective	Indicator	Target (by Sept 2012)	Target (by Dec 2012)	Target (by March 2013)	Target (by June 2013)
3.7: Provision of effective Primary Health Care services	KPI 3H: New Smear Positive TB Cure Rate	83% (Q3 2011)	83% (Q4 2011)	83% (Q1 2012)	83% (2011/2012)
3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes	KPI 3G: Number of days when air pollution exceeds RSA Ambient Air Quality Standards	<25	<25	<25	<25

9 AUTHORISATION

The undersigned do hereby indicate their agreement with the contents of this document and the outcomes.

	NAME	SIGNATURE	DATE
Executive Director	Dr Ivan Bromfield	E. BROMFIELD	
Mayco Member	Lungiswa James		

10 APPENDICES:

Appendix 1: 2012/2013 Directorate: City Health's SDBIP: (Version 03 - 22 May 2012)

Appendix 1 2012 / 2013 CITY HEALTH DIRECTORATE'S SDBIP: (Version 03 - 22 May 2012)

Alignment to IDP		Link to Lead Directorate	Directorate Objective	Indicator / Unit of Measure		Baseline 2011/2012	Program / Statutory or Strategic Plan	Annual Target 30 June 2013	Targets				Responsible Person
Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Infant Mortality Rate (Number infant deaths per 1 000 live births)	Mortality Rate per 1 000 births	20.12 (2010)	3.7(a)	19.90	#	20.01	#	19.90	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	<5 year Mortality Rate	Rate	4.88 (2010)	3.7(a)	5.00	#	5.00	#	5.00	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Percentage Immunisation coverage from Pentaxim 1st dose to immunised fully <1 year	%	TBD (City)	3.7(a)	93% (City)	93% (City)	93% (City)	93% (City)	93% (City)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Vitamin A Coverage <1 year	%	TBD	3.7(a)	85% (City)	85% (City)	85% (City)	85% (City)	85% (City)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Rate of Diahoroea Deaths <5 years per 100 000 population	Rate	TBD	3.7(a)	65	#	65	#	65	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% pre schools visited	%	TBD	3.7(a)	98%	98%	98%	98%	98%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% of case of children <5 yrs weighed	%	TBD	3.7(a)	65% (City)	65% (City)	65% (City)	65% (City)	65% (City)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% cervical smear coverage	%	TBD	3.7(a)	70%	70%	70%	70%	70%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% of new Antenatal Clients booked before 20 weeks	%	TBD (City)	3.7(a)	55% (City)	55% (City)	55% (City)	55% (City)	55% (City)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Woman Year Protection Rate (Without Condoms)	Rate	TBD	3.7(a)	22	22	22	22	22	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% Teenage births <18 years	%	TBD	3.7(a)	5.0%	#	5.0%	#	5.0%	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of visits to schools for Health Promotion Outreach programs	Number	TBD	3.7(a)	480	120	240	360	480	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of <18 yrs Reproductive Health Clients	Number	TBD	3.7(a)	88,000	22,000	44,000	66,000	88,000	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.8	#	City Health	3.8: Provision of Substance Abuse Outpatient Treatment and Rehabilitation services	Number of new clients screened at Matrix sites	Number	TBD	CoCT AOD Strategy 2011 - 2014 & 3.8(a)	1,704	426	852	1,278	1,704	Executive Director and Principal Professional Officer: Substance Abuse Coordinator
3 & 3.8	#	City Health	3.8: Provision of Substance Abuse Outpatient Treatment and Rehabilitation services	% of clean drug tests of clients within the program	%	TBD	CoCT AOD Strategy 2011 - 2014 & 3.8(a)	65%	65%	65%	65%	65%	Executive Director and Principal Professional Officer: Substance Abuse Coordinator
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% of adults >15 tested for HIV	%	TBD	HIV/Aids/STI & TB & 3.7(a)	20.0%	20.0%	20.0%	20.0%	20.0%	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% HIV +ve clients with CD4 count result as recorded in the folder and determined by an audit	%	82% (2011)	HIV/Aids/STI & TB & 3.7(a)	90%	#	#	#	90%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of new clients enrolled on Antiretroviral Treatment (ART)	Number	TBD	HIV/Aids/STI & TB & 3.7(a)	8 899 (City)	2 193 (City)	4 393 (City)	6 646 (City)	8 899 (City)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of condoms >15 yrs annualised	Number	TBD	HIV/Aids/STI & TB & 3.7(a)	60	60	60	60	60	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of Female Condoms distributed from Primary Health Sites	Number	TBD	HIV/Aids/STI & TB & 3.7(a)	1,000,000	250,000	500,000	750,000	1,000,000	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of outreach prevention interventions in communities	Number	TBD	3.8(a)	344	86	172	258	344	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	PMTCT Transmission Rate	Rate	TBD	HIV/Aids/STI & TB & 3.7(a)	3.0%	3.0%	3.0%	3.0%	3.0%	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Male Urethritis Syndrome treated new episode incidence >15 yrs	Rate	New TBD	HIV/Aids/STI & TB & 3.7(a)	TBD	TBD	TBD	TBD	TBD	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	TB Incidence	TB Rate per 100 000	TBD	HIV/Aids/STI & TB & 3.7(a)	850	850	850	850	850	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	3H	City Health	3.7: Provision of effective Primary Health Care services	New Smear Positive TB Cure Rate	%	TBD (2010/2011)	HIV/Aids/STI & TB & 3.7(a)	83% (2011/2012)	83% (Q3 2011)	83% (Q4 2011)	83% (Q1 2012)	83% (2011/2012)	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Retreatment smear positive TB cure rate per quarter	%	TBD (2010/2011)	HIV/Aids/STI & TB & 3.7(a)	70% (2011/2012)	70% (Q3 2011)	70% (Q4 2011)	70% (Q1 2012)	70% (2011/2012)	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% HIV +ve TB Clients that had a CD4 Count	%	TBD	HIV/Aids/STI & TB & 3.7(a)	97%	97%	97%	97%	97%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of Facilities offering a duel HIV/TB Community Adherence model	Number	New 14 (December 2011)	HIV/Aids/STI & TB & 3.7(a)	41	21	28	35	41	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% of MDR Diagnosed Clients started on Treatment	%	TBD	HIV/Aids/STI & TB & 3.7(a)	82%	82%	82%	82%	82%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	Number of functioning Health Committees	Number	TBD	3.8(a)	56	#	56	#	56	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.6	#	City Health	3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes	% implementation of Air Quality Management Plan (AQMP) to meet a schedule of deliverables	%	TBD	AQMP & 3.6(a)	90%	#	90%	#	90%	Executive Director, Manager: Specialised Health and Head: Environmental Health Specialised Services

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3 & 3.6	#	City Health	3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes	Number of diesel vehicles tested	Number	TBD	AQMP & 3.6(a)	7,500	1,875	3,750	5,625	7,500	Executive Director, Manager: Specialised Health and Head: Environmental Health Specialised Services
3 & 3.6	3G	City Health	3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes	Number of days when air pollution exceeds RSA Ambient Air Quality Standards	Days	New TBD	AQMP & 3.6(a)	<25	<25	<25	<25	<25	Executive Director, Manager: Specialised Health and Head: Environmental Health Specialised Services
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% routine domestic water samples complying with quality standards	%	TBD	3.5(a)	95%	95%	95%	95%	95%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Incidence of notifiable water-borne diseases per 100 000 population	Rate	TBD	3.5(a)	5.00	5.00	5.00	5.00	5.00	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% health care waste generators inspected that comply with minimum standards	%	TBD	3.5(a)	95%	#	#	#	95%	Executive Director and 8 Manager's Health (Sub-District)

Appendix 1 2012 / 2013 CITY HEALTH DIRECTORATE'S SDBIP: (Version 03 - 22 May 2012)

Alignment to IDP		Link to Lead Directorate	Directorate Objective	Indicator / Unit of Measure		Baseline 2011/2012	Program / Statutory or Strategic Plan	Annual Target 30 June 2013	Targets				Responsible Person
Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Rate of new pesticide poisoning cases reported per 100 000 population	Rate	TBD	3.5(a)	1.00	#	1.00	#	1.00	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% total noise complaints received that were resolved in 3 months	%	TBD	3.5(a)	90%	90%	90%	90%	90%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% premises inspected without vector infestation	%	TBD	3.5(a)	90%	90%	90%	90%	90%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of block baiting stations for vector control of rats	Number	TBD	3.5(a)	45,000	11,250	22,500	33,750	45,000	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% of formal food handling premises with COA	%	TBD	3.5(a)	98%	25%	49%	74%	98%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% of informal food vendors with COA	%	TBD	3.5(a)	90%	23%	45%	68%	90%	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of confirmed food poisoning episodes reported	Number	New TBD	3.5(a)	32	8	16	24	32	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% food samples complying with relevant legislation standards	%	TBD	3.5(a)	75%	75%	75%	75%	75%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% operational milling establishments inspected	%	TBD	3.5(a)	100%	#	100%	#	100%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% maize meal/ bread flour samples that comply with fortification regulations	%	TBD	3.5(a)	70%	70%	70%	70%	70%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% salt samples complying with iodine requirement at point of processing/ import	%	TBD	3.5(a)	95%	95%	95%	95%	95%	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% premises complying with tobacco legislation	%	New	3.5(a)	90%	#	90%	#	90%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	% funeral undertakers premises inspected that comply with regulations	%	TBD	3.5(a)	98%	98%	98%	98%	98%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of Health & Hygiene Projects related to informal settlements	Number	TBD	3.5(a)	500	125	250	375	500	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of monitoring visits done to informal settlements	Number	TBD	3.5(a)	TBD	TBD	TBD	TBD	TBD	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of Informal settlements that do not have effective refuse removal weekly	Number	TBD	3.5(a)	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	#

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of Informal settlements that do not meet functioning sanitation norms	Number	TBD	3.5(a)	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	#
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of Informal settlements that do not have functioning standpipes within the norm	Number	TBD	3.5(a)	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	Monitoring Indicator relative to Baseline	#
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Number of cases referred for prosecutions for Non-Compliance with legislation	Number	New TBD	3.5(a)	TBD	TBD	TBD	TBD	TBD	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5	#	City Health	3.5: Provision of effective Environmental Health services	Ratio of EHP's to population	Ratio	TBD	3.5(a)	>1:15,000.	#	#	#	>1:15,000	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
3 & 3.5/3.7	#	City Health	3.5: Provision of effective Environmental Health services 3.7: Provision of effective Primary Health Care services	Number of Health Service Points with Continuous Quality Improvement Projects	Number	TBD	3.5(a) & 3.7(a)	98	#	49	#	98	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.7	#	City Health	3.7: Provision of effective Primary Health Care services	% of quarterly supervisory visits to PHC facilities done and using the Supervisory Tool	%	TBD	3.7(a)	100%	100%	100%	100%	100%	Executive Director and 8 Manager's Health (Sub-District)
3 & 3.5/3.6/3.7/3.8	#	City Health	3.5: Provision of effective Environmental Health services 3.6: Provision of effective Air Quality Management and Pollution (including noise) Control Programmes 3.7: Provision of effective Primary Health Care services 3.8: Provision of Substance Abuse Outpatient Treatment and Rehabilitation services	Number of quarterly ISDMT's meetings	Number	TBD	3.5 (a), 3.6(a), 3.7(a) & 3.8(a)	32	8	16	24	32	Executive Director and 8 Manager's Health (Sub-District)

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
1 & 1.2	1B	Finance	1.2: Provide and maintain economic and social infrastructure to ensure infrastructure-led growth and development	Percentage spend of Capital Budget	%	TBD	1.2(b)	90%	27%	50%	72%	90%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
1 & 1.2	1E	Finance	1.2: Provide and maintain economic and social infrastructure to ensure infrastructure-led growth and development	Percentage spend on repairs and maintenance	%	TBD	1.2(b)	100%	#	#	#	100%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
1 & 1.2	1F	Office of the Deputy City Manager	1.2: Provide and maintain economic and social infrastructure to ensure infrastructure-led growth and development	Number of Expanded Public Works programmes (EPWP) opportunities created	Number	TBD	1.2(d)	TBD	TBD	TBD	TBD	TBD	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
1 & 1.6	1H(a)	Corporate Services	1.6 Maximise the use of available funding and programmes for training and skills development	Number of external trainee and bursary opportunities (excluding apprentices)	Number	TBD	1.6(a)	58	20	20	58	58	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
1 & 1.6	1H(b)	Corporate Services	1.6: Maximise the use of available funding and programmes for training and skills development	Number of apprentices	Number	TBD	1.6(a)	0	0	0	0	0	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
4 & 4.1	4A	Corporate Services	4.1: Ensure responsiveness by creating an environment where citizens can be communicated with and be responded to	Percentage adherence to Citywide service standard based on all external notifications	%	New TBD	4.1(a)	100%	100%	100%	100%	100%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
5 & 5.2	#	Corporate Services	5.2: Establish an efficient and productive administration that prioritizes delivery	Percentage adherence to EE target (composite Indicator)	%	TBD	5.2(b)	100%	100%	100%	100%	100%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager

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Pillar & Corporate Objective	Corporate Scorecard Indicator Number			Indicator	Unit of Measure				Sunday, September 30, 2012	Monday, December 31, 2012	Sunday, March 31, 2013	Sunday, June 30, 2013	
5 & 5.2	#	Corporate Services	5.2: Establish an efficient and productive administration that prioritizes delivery	Percentage adherence to Employee Utilisation target (composite Indicator)	%	TBD	5.2(b)	100%	100%	100%	100%	100%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
5 & 5.2	#	Corporate Services	5.2: Establish an efficient and productive administration that prioritizes delivery	Percentage adherence to Employee Talent target (composite indicator)	%	TBD	5.2(b)	100%	100%	100%	100%	100%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
5 & 5.3	#	Finance	5.3: Ensure financial prudence with clean audit by the Auditor General	Percentage of Operating Budget spent	%	TBD	#	95%	25%	50%	75%	95%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager

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5 & 5.3	#	Finance	5.3: Ensure financial prudence with clean audit by the Auditor General	Percentage of assets verified	%	TBD	#	100% completed by 30 June	#	#	#	100% completed by 30 June	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager
5 & 5.3	#	Internal Audit	5.3: Ensure financial prudence with clean audit by the Auditor General	Percentage Internal Audit findings resolved	%	TBD	#	70%	70%	70%	70%	70%	Executive Director, 8 Manager's Health (Sub-District), Manager: Specialised Health, Manager: Finance and Support Services Manager

Sign-off by Executive Director: .....

Approved by Executive Director: Health: Dr Ivan Bromfield I. BROMFIELD

Date: 21/6/2012

Sign off by Mayco Member: .....

Approved by Mayco Member: Lungiswa James L. JAMES

Date: 21-06-2012