

1 ITEM NUMBER : MC 53/06/11

2 SUBJECT

FINAL 2011/2012 DIRECTORATE EXECUTIVE SUMMARY OF THE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN (SDBIP)

ISIHLOKO

**ISISHWWANKATHELO SOKUGQIBELA SESIGQEBA SECANDELO
LOLAWULO ESIJOLISWE KUNIKEZELO LWENKONZO KOWAMA-2011/2012
NAKWISICWANGCISO SOKUZALISEKISWA KOHLAHLO-LWABIWO-MALI
(SDBIP)**

ONDERWERP

**DIREKTORAAT SE FINALE BEKNOPTE OORSIG VAN DIE
DIENSLEWERINGS-EN-BEGROTINGSIMPLEMENTERINGSPLAN (SDBIP)
VIR 2011/2012**

**RECOMMENDATION OF THE CITY HEALTH PORTFOLIO COMMITTEE
05 MAY 2011:**

RECOMMENDED that

- (a) the Executive Mayor in consultation with the Mayoral Committee approves the final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan.
- (b) Council notes the final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan.

ISINDULULO

KUNDULULWA ukuba

- (a) uSodolophu wesigqeba ecebisana neKomiti yoLawulo yakhe makaphumeze isiShwankathelo sokugqibela sesiGqeba kwiCandelo loLawulo sokuNikezelwa kweNkonzo nesiCwangciso sokuZalisekiswa koHlahlo-lwabiwo-mali kowama-2011/2012.

- (b) ukuba iBhunga maliqwalasele isiShwankathelo sokugqibela sesiGqeba seCandelo loLawulo nesiCwangciso sokuZalisekiswa koHlahlo-lwabiwo-mali kowama-2011/2012.

AANBEVELINGS

AANBEVEEL dat

- (a) die uitvoerende burgemeester in oorlegpleging met die burgemeesterskomitee die direktoraat se finale beknopte oorsig van die dienslewering-en-begrotingsimplementeringsplan vir 2011/2012 goedkeur.
- (b) die Raad kennis neem van direktoraat se finale beknopte oorsig van die dienslewering-en-begrotingsimplementeringsplan vir 2011/2012.

1. ITEM NUMBER :

2. SUBJECT (LSUB0934)

**FINAL 2011/2012 DIRECTORATE EXECUTIVE SUMMARY OF THE SERVICE
DELIVERY AND BUDGET IMPLEMENTATION PLAN (SDBIP)**

ISIHLOKO

**ISISHWWANKATHELO SOKUGQIBELA SESIGQEBA SECANDELO
LOLAWULO ESIJOLISWE KUNIKEZELO LWENKONZO KOWAMA-2011/2012
NAKWISICWANGCISO SOKUZALISEKISWA KOHLAHLO-LWABIWO-MALI
(SDBIP)**

ONDERWERP

**DIREKTORAAT SE FINALE BEKNOPTTE OORSIG VAN DIE
DIENSLEWERINGS-EN-BEGROTINGSIMPLEMENTERINGSPLAN (SDBIP)
VIR 2011/2012**

3. PURPOSE

The purpose of this report is to submit to the Portfolio Committee for their consideration and recommendation to the Executive Mayor, the final 2011/2012 Directorate Executive Summary including the SDBIP.

These documents underpin the 2011/2012 Corporate SDBIP that will be submitted to the Executive Mayor for approval in terms of section 53 (1)(c)(ii) and 69(3)(a) of Act No. 56 of 2003: Local Government: Municipal Finance Management Act (MFMA).

4. FOR DECISION BY

The Executive Mayor in consultation with the Mayoral Committee.



5. EXECUTIVE SUMMARY

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In terms of the MFMA: Municipal Budget and Reporting Regulations, a Directorate Executive Summary must be completed for each Directorate SDBIP.

The final 2011/2012 Directorate Executive Summary contains *inter alia* a brief description of financial information on the capital and operating budget as required by the Regulations. It also contains a brief description of the directorate's structure, the services provided and the customer groups, as well as how the directorate's objectives and indicators relate to the Integrated Development Plan.

The final Directorate Executive Summary is attached as **Annexure A**.

The purpose of this report is to submit the final 2011/2012 Directorate Executive Summary of the SDBIP to the Portfolio Committee for consideration and recommendation to the Executive Mayor.

The 2011/2012 Directorate Executive Summary and SDBIP will be submitted to National and Provincial Treasury and the electronic versions will be placed on the city website at www.capetown.gov.za/idp after noting by Council.

6. RECOMMENDATIONS

- 6.1 That the Portfolio Committee makes recommendation to the Executive Mayor on the contents of the final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan
- 6.2 That the Executive Mayor in consultation with the Mayoral Committee approves the final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan
- 6.3 That Council notes the final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan

6. ISINDULULO

- 6.1 Ukuba iKomiti yeMicimbvi yeSebe mayenze isindululo kuSodolophu wesiGqeba ngokujoliswe kokuqulathwe kwisiShwankathelo sokugqibela seCandelo loLawulo ngokumalunga noNikezelo lweNkonzo kowama-2011/2012 nesiCwangciso sokuZalisekiswa koHlahlo-lwabiwo-mali.
- 6.2 Ukuba uSodolophu wesigqeba ecebisana neKomiti yoLawulo yakhe makaphumeze isiShwankathelo sokugqibela sesiGqeba kwiCandelo loLawulo sokuNikezelwa kweNkonzo nesiCwangciso sokuZalisekiswa koHlahlo-lwabiwo-mali kowama-2011/2012.

- 6.3 Ukuba iBhunga maliqwalasele isiShwankathelo sokugqibela sesiGqeba seCandelo loLawulo nesiCwangciso sokuZalisekiswa koHlahlo-lwabiwo-mali kowama-2011/2012.

6. AANBEVELING

- 6.1 Dat die portefeuljekomitee aanbevelings maak by die uitvoerende burgemeester oor die inhoud van die direktoraat se finale beknopte oorsig van die dienslewering-en-begrotingsimplementeringsplan vir 2011/2012.
- 6.2 Dat die uitvoerende burgemeester in oorlegpleging met die burgemeesterskomitee die direktoraat se finale beknopte oorsig van die dienslewering-en-begrotingsimplementeringsplan vir 2011/2012 goedkeur.
- 6.3 Dat die Raad kennis neem van direktoraat se finale beknopte oorsig van die dienslewering-en-begrotingsimplementeringsplan vir 2011/2012.

7. DISCUSSION/CONTENTS

7.1. Constitutional and Policy Implications

This process is driven by legislation.

7.2. Environmental implications

Does your report have any environmental implications: No ☒ Yes ☐

7.3. Legal Implications

The process of preparing a Service Delivery and Budget Implementation Plan must *inter alia* comply with:

Section 53(1)(c)(ii) and 69(3)(a) of Act No. 56 of 2003: Local Government: Municipal Finance Management Act as well as the Municipal Budget and Reporting Regulations (Schedule A, Part 2, Sections 22, 23 & 24).

In terms of the MFMA: Municipal Budget and Reporting Regulations a Directorate Executive Summary must be completed for each Directorate SDBIP.

7.4. Staff Implications

Does your report impact on staff resources, budget, grading, remuneration, allowances, designation, job description, location or your organisational structure?
No ☒

Yes ☐

....

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7.5. Risk Implications

No.

7.6. Other Services Consulted

All relevant Directorates were consulted.

ANNEXURES

Annexure A: Final 2011/2012 Directorate Executive Summary of the Service Delivery and Budget Implementation Plan (SDBIP)

FOR FURTHER DETAILS CONTACT:

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NAME	Dr Ivan Bromfield
CONTACT NUMBERS	021 400 2100
E-MAIL ADDRESS	Ivan.Bromfield@capetown.gov.za
DIRECTORATE	City Health

LEGAL COMPLIANCE

☐ REPORT COMPLIANT WITH THE PROVISIONS OF COUNCIL'S DELEGATIONS, POLICIES, BY-LAWS AND ALL LEGISLATION RELATING TO THE MATTER UNDER CONSIDERATION.

☐ NON-COMPLIANT

NAME

RIIPANA SATID

TEL

021 400 4508

DATE

20 / 4 / 2011

Comment:

Certified as legally compliant:

Based on the contents of the report.

EXECUTIVE DIRECTOR

Dr Ivan Bromfield

DATE

21 / 04 / 2011

Comment:

DIRECTORATE: CITY HEALTH

FINAL DIRECTORATE EXECUTIVE SUMMARY
OF THE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN
2011/2012

Executive Director: Dr Ivan Bromfield

Website (for detailed SDBIP): <http://www.capetown.gov.za/en/IDP/Pages/ImplementingTheIDP.aspx>

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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 also delivers, in partnership with Provincial Government, the Personal Primary Health Care component, (clinic services), via an infrastructure of 82 clinics, 4 Community Health Centres (CHC's), 24 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.

2 PURPOSE AND SERVICE MANDATE OF DIRECTORATE

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

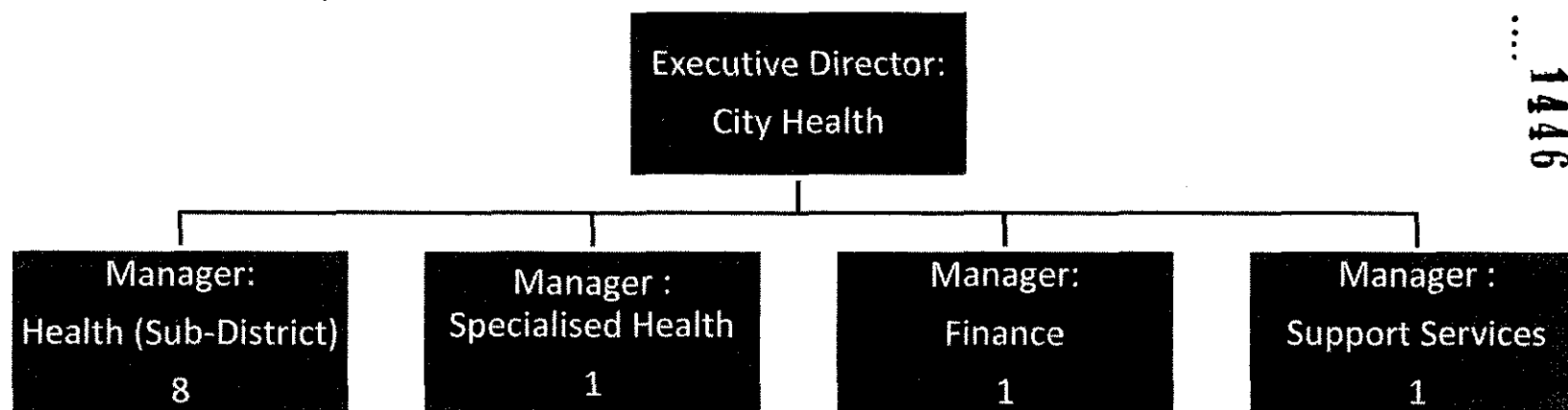
Clinic health services are now the responsibility of the Provincial Health Department as stated in the National Health Act, No. 61 of 2003. However the Constitution does make provision for these services to be assigned to Local Government via mutual agreement. City Health continues to render them under 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).

We also enforce the City of Cape Town Environmental Health By-law 13333 of 30 June 2003 and Air Pollution Control By-law 12649 of 4 February 2003.

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

3. Senior management organogram



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

The 2011/2012 Directorate SDBIP: City Health relates to the IDP as follows:

Strategic Focus Area 7:

- Health, Social and Community Development

Corporate Objective 7A:

- Facilitate the development of a healthy and socially inclusive society

Directorate: City Health's Objectives:

- 7A.3 Reduce air pollution.
- 7A.6 Slow the rate of increase of the City's ante-natal HIV prevalence

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 City Health is facing an increasing number of clients accessing our services (7% increase in headcount between 08/09 & 09/10) due to the increased Burden of Diseases especially in the Khayelitsha Sub-district (18% increase in headcount between 08/09 & 09/10). The Burden of Disease (BOD) study shows the top 5 causes of death are:

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

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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 these 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 28,897 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 2009 was 20.76 deaths under one year per thousand live births. This is a slight increase from 19.78 in 2008. In 2007 and 2008 projections were made for missing Death Data. In 2009 projections

were made for missing Birth Data. It is difficult, with 3 years of projections, to assess whether the 20.76 is a real increase or not. 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 will be put in place to ensure that all data for 2010 (Births and Deaths) are collected enabling the calculation of an unprojected IMR. 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 2009 Antenatal Survey showed an HIV prevalence of 18.2% in the City. The rate in Khayelitsha was 30.1%. This compares to a Western Cape prevalence of 16.8% and a National prevalence of 29.4%.

Cape Town continues to have an extremely high number of TB cases with an incidence of 821 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 80% in 2009. The most recent result, Quarter 1 of 2010, was 82.3%, 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. In 09/10, the air quality monitoring stations recorded 111 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 green house 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, if the City does not 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
<u>Revenue By Source</u>	
Service charges - refuse revenue	0
Service charges - other	201
Rental of facilities and equipment	0
Fines	18
Licenses and permits	34
Other revenue	3472
Transfers recognised - operational	304324
Total Revenue (excluding capital transfers and contributions)	308049

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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	440551
Depreciation & asset impairment	6966
Contracted services	10974
Other expenditure	183954
Total Expenditure	642445

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 2008/09	Adjusted Budget 2009/10	Budget Year 2011/12	Budget Year +1 2012/13	Budget Year +2 2013/14	Ward locati on	New or renewal
Parent municipality:												
City Health	Various	Various	Various	Various	N/A	25567	16896	20368	15046	11546	Multi	Various
Total Capital Expenditure						25567	16896	20368	15046	11546	Multi	Various

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

6.5

Risks:

- 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.

- Major risks from Directorate risk register:
 - Inability to deliver on increased demand for health services
 - Increasing number of clients
 - Increasing Burden of Disease
 - Inadequate Budget
 - Urbanisation
 - Inadequate safety and security of staff
 - Provincialization

6.6

In relation to the City's Capital Budget of 4,8 Billion, City Health's Capital Budget is 20,4 Million. The major Capital Project is the new Eerste River Clinic: 9,4 Million (Total: 25,7 Million).

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LINK TO DIRECTORATE OBJECTIVES

- 7A.3 Reduce air pollution.
- 7A.6 Slow the rate of increase of the City's ante-natal HIV prevalence.

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

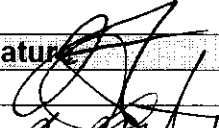
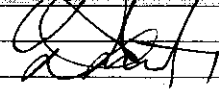
The objectives, indicators and targets below are an extract of the 2011/2012 Directorate SDBIP: City Health that link to the Corporate SDBIP. See Appendix 1 for complete 2011/2012 Directorate SDBIP: City Health.

Directorate Objective	Indicator	Target (by Sept 2011)	Target (by Dec 2011)	Target (by March 2012)	Target (by June 2012)
Reduce air pollution	7A.3.1 Number of days when air pollution exceeds WHO guidelines	33	67	100	133
Slow the rate of increase of the City's ante-natal HIV prevalence	7A.6.1 The City's ante-natal HIV prevalence	19.8%	19.8%	19.8%	19.8%

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AUTHORISATION

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

	Name	Signature	Date
Executive Director	J. BRONFIELD		20/04/2011
Mayco Member	D. L. XIMBI		20/04/2011

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APPENDICES:

Appendix 1: 2011/2012 DIRECTORATE SDBIP: CITY HEALTH PC (Version 01 - 14 April 2011)

Appendix 1

2011 / 2012 DIRECTORATE SDBIP: CITY HEALTH (Version 01 - 14 April 2011)

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	7A.3 Reduction of the infant mortality rate (Number infant deaths per 1,000 live births)	Mortality Rate per 1,000 births	TBD	19.90	Bi-Annually	#	19.95	#	19.90
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<5 year Mortality Rate	Rate	TBD	5.00	Bi-Annually	#	5.00	#	5.00
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Immunisation coverage from Pentaxim 1st dose to immunised fully <1 year	%	TBD	93%	Monthly	93%	93%	93%	93%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Vitamin A Coverage <1 year	%	TBD	90%	Quarterly	90%	90%	90%	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Rate of Diarrhoea Deaths <5 years per 100,000 population	Rate	TBD	65	Bi-Annually	#	65	#	65

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Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% pre schools visited	%	TBD	97%	Quarterly	97%	97%	97%	97%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of cases <5 yrs not gaining weight	%	TBD	3.4%	Monthly	3.4%	3.4%	3.4%	3.4%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of cases of children <5 yrs weighed	%	New	80%	Quarterly	80%	80%	80%	80%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<u>% cervical smear coverage</u>	%	TBD	70%	Monthly	70%	70%	70%	70%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of new Antenatal Clients booked before 20 weeks	%	TBD	53%	Quarterly	53%	53%	53%	53%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<u>Woman Year Protection Rate (Without Condoms)</u>	Rate	TBD	26	Monthly	26	26	26	26

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Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% Teenage births <18 years	%	TBD	5.0%	Bi-Annually	#	5.0%	#	5.0%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of visits to schools for Health Promotion Outreach programs	Number	TBD	400	Quarterly	100	200	300	400
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of <18 yrs Reproductive Health Clients	Number	TBD	95,000	Monthly	23,750	47,500	71,250	95,000
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of New Clients seen at Matrix Outpatient Centres	Number	TBD	1,245	Quarterly	311	623	934	1,245
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of adults > 15 tested for HIV	%	TBD	20.0% (City)	Quarterly	20.0%	20.0%	20.0%	20.0%

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Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% HIV +ve clients with CD4 count result as recorded in the folder and determined by an audit	%	TBD	90%	Annually	#	#	#	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of clients on Anti Retroviral treatment (ART) at City sites according to an agreed City Health Strategy	Number	TBD	Target TBD relative to 2010/2011 baseline and number of sites agreed to by the City	Monthly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of condoms > 15 yrs annualised	Number	TBD	60	Monthly	60	60	60	60
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of Female Condoms distributed from Primary Health Sites	Number	TBD	600,000	Quarterly	150,000	300,000	450,000	600,000
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of outreach prevention interventions in communities	Number	TBD	344	Quarterly	86	172	258	344

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Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	PMTCT Transmission Rate	Rate	TBD	4.0%	Quarterly	4.0%	4.0%	4.0%	4.0%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	STI Partner Treatment Rate	Rate	TBD	23%	Quarterly	23%	23%	23%	23%
7 & 7A	7A.6.1	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society / Slow the rate of increase of the City's ante-natal HIV prevalence	7A.5 Slow the rate of increase of the City's ante-natal HIV prevalence	%	TBD	19.8%	Quarterly	19.8%	19.8%	19.8%	19.8%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	7A.4 Slow the rate of increase of TB per 100,000 of Cape Town Population	TB Rate per 100,000	TBD	1,120	Bi-Annually	#	1,105	#	1,120
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	New smear positive TB cure rate per quarter	%	TBD	80.0%	Quarterly	80.0%	80.0%	80.0%	80.0%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Retreatment smear positive TB cure rate per quarter	%	TBD	67.0%	Quarterly	67.0%	67.0%	67.0%	67.0%

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of Retreatment PTB cases having a pretreatment drug sensitivity test	%	TBD	75%	Quarterly	75%	75%	75%	75%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% TB Clients tested for HIV	%	TBD	92%	Quarterly	92%	92%	92%	92%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% HIV +ve TB Clients that had a CD4 Count	%	TBD	95%	Quarterly	95%	95%	95%	95%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of Facilities offering a dual HIV/TB Community Adherence model	Number	New	16	Bi-Annually	#	8	#	16
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of MDR Diagnosed Clients started on Treatment	%	New	Target TBD relative to 2010/2011 baseline	Quarterly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of functioning Health Committees	Number	TBD	62	Bi-Annually	#	31	#	62

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Ratio of PN's to uninsured population	Ratio	TBD	Target TBD relative to 2010/2011 baseline	Annually	#	#	#	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% implementation of Air Quality Management Plan (AQMP) to meet a schedule of deliverables	%	TBD	90%	Bi-Annually	#	90%	#	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of diesel vehicles tested	Number	TBD	7,500	Quarterly	1,875	3,750	5,625	7,500
7 & 7A	7A.3.1	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society / Reduce air pollution.	7A.2 Number of days when air pollution exceeds WHO guidelines	Days	TBD	133	Quarterly	33	67	100	133
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% routine domestic water samples complying with quality standards	%	TBD	95%	Monthly	95%	95%	95%	95%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<u>Incidence of notifiable water-borne diseases per 100,000 population</u>	Rate	TBD	5.50	Quarterly	5.50	5.50	5.50	5.50

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Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% health care waste generators inspected that comply with minimum standards	%	TBD	95%	Annually	#	#	#	95%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<u>Rate of new pesticide poisoning cases reported per 100,000 population</u>	Rate	TBD	1.00	Annually	#	#	#	1.00
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% total noise complaints received that were resolved in 3 months	%	TBD	90%	Quarterly	90%	90%	90%	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% premises inspected without vector infestation	%	TBD	90%	Quarterly	90%	90%	90%	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of block baiting stations for vector control of rats	Number	TBD	Target TBD relative to 2010/2011 baseline	Quarterly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of formal food handling premises with CDA	%	TBD	98%	Quarterly	25%	49%	74%	98%

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% of informal food vendors with COA	%	TBD	90%	Quarterly	23%	45%	68%	90%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	<u>Rate of new cases of food poisoning per 100,000 population</u>	Rate	TBD	0.06	Bi-Annually	#	0.06	#	0.06
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% food samples complying with relevant legislation standards	%	TBD	75%	Quarterly	75%	75%	75%	75%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% operational milling establishments inspected	%	TBD	100%	Bi-Annually	#	100%	#	100%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% maize meal/bread flour samples that comply with fortification regulations	%	TBD	70%	Quarterly	70%	70%	70%	70%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% salt samples complying with iodine requirement at point of processing/import	%	TBD	95%	Quarterly	95%	95%	95%	95%

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% premises inspected complying with tobacco legislation	%	TBD	98%	Bi-Annually	#	98%	#	98%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	% funeral undertakers premises inspected that comply with regulations	%	TBD	98%	Quarterly	98%	98%	98%	98%
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of Health & Hygiene Projects related to informal settlements	Number	TBD	450	Quarterly	113	225	338	450
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of monitoring visits done to informal settlements	Number	TBD	Target TBD relative to 2010/2011 baseline	Monthly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of Informal settlements that do not have refuse removal weekly	Number	TBD	Target TBD relative to 2010/2011 baseline	Quarterly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of Informal settlements that do not meet functioning sanitation norms	Number	TBD	Target TBD relative to 2010/2011 baseline	Quarterly	TBD	TBD	TBD	TBD

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Number of informal settlements that do not have functioning standpipes within the norm	Number	TBD	Target TBD relative to 2010/2011 baseline	Quarterly	TBD	TBD	TBD	TBD
7 & 7A	#	City Health	N/A	7A Facilitating the development of a healthy and socially inclusive society	Ratio of EHP's to population	Ratio	TBD	>1:15,000	Annually	#	#	#	>1:15,000
1	#	Housing	N/A	1A Create an enabling environment for the economy to grow and become globally competitive 1.4 Increase number of EPWP job opportunities	1A.4 Number of EPWP jobs	Number	TBD	TBD City Health's contribution TBD in conjunction with the EPWP Unit. Final target still to be negotiated.	Quarterly	TBD	TBD	TBD	TBD
8	#	Finance	N/A	8B Management of key financial and governance areas such as income control, cash flow, indigent support, alternative income opportunities, asset and risk management	% spend of Capital Budget	%	TBD	95%	Quarterly	Based on Directorate projected cash flow	Based on Directorate projected cash flow	Based on Directorate projected cash flow	95%
B	#	Finance	N/A	8B Management of key financial and governance areas such as income control, cash flow, indigent support, alternative income opportunities, asset and risk management	% of Operating Budget spent	%	TBD	95%	Quarterly	Based on Directorate projected cash flow	Based on Directorate projected cash flow	Based on Directorate projected cash flow	95%
8	#	Finance	N/A	8B Management of key financial and governance areas such as income control, cash flow, indigent support, alternative income opportunities, asset and risk management	% annual asset verification process completed	%	TBD	100% completed by 30 June 2011.	Annually	#	#	#	100% completed by 30 June 2012

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
8	#	Corporate Services	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	Retention of scarce skills as measured by staff turnover	%	TBD	≤ 12% (within skilled categories)	Quarterly	≤ 12% (within skilled categories)	≤ 12% (within skilled categories)	≤ 12% (within skilled categories)	≤ 12% (within skilled categories)
B	#	Corporate Services	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	Staff availability as measured by % absenteeism	%	TBD	≤ 4% (average over 12th month rolling period)	Quarterly	≤ 4% (average over 12th month rolling period)	≤ 4% (average over 12th month rolling period)	≤ 4% (average over 12th month rolling period)	≤ 4% (average over 12th month rolling period)
8	#	Corporate Services	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	% improvement of responsiveness in service delivery	%	New	100%	Quarterly	100%	100%	100%	100%
8	#	Internal Audit	N/A	8B Management of key financial and governance areas such as income control, cash flow, indigent support, alternative income opportunities, asset and risk management	% Internal Audit findings resolved	%	TBD	70%	Quarterly	70%	70%	70%	70%
8	#	City Health	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	Number of Health Service Points with Continuous Quality Improvement Projects	Number	TBD	98	Bi-Annually	#	49	#	98
8	#	City Health	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	% of quarterly supervisory visits to PHC facilities done and using the Supervisory Tool	%	TBD	100%	Quarterly	100%	100%	100%	100%

Alignment to IDP		Lead Directorate	Department	Corporate / Directorate Objective	Corporate / Directorate Indicator	Unit of Measure	Baseline 2010/2011	Annual Target 2011/2012 *	Frequency	September 11 Target	December 11 Target	March 12 Target	June 12 Targets
7 & 7A	(Corporate Scorecard Indicator Number)												
8	#	City Health	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	Number of quarterly ISDMT's meetings	Number	TBD	32	Quarterly	8	16	24	32
8	#	Corporate Services	N/A	8A Ensure enhanced service delivery with efficient institutional arrangements	% budget spent on implementation of WSP	%	TBD	90%	Quarterly	Based on Directorate projected cash flow	Based on Directorate projected cash flow	Based on Directorate projected cash flow	90%
8	#	Corporate Services	N/A	8A Ensuring enhanced service delivery with efficient institutional arrangements	% Compliance with EE approved plan per Directorate in terms of new appointments for the current financial year.	%	TBD	% compliance as determined by Directorate EE plans	Quarterly	% compliance as determined by Directorate EE plans	% compliance as determined by Directorate EE plans	% compliance as determined by Directorate EE plans	% compliance as determined by Directorate EE plans

* The targets will updated based on the actual achievement at 30 June 2011. This change will be indicated as part of the 2011/2012 first quarters report on performance.

Sign-off by Executive Director: _____

Date: _____

Sign off by Mayco Member: _____

Date: _____

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