LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2019/20 – 2021/22

FINAL

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FOREWORD BY THE MEC FOR HEALTH

The World Health Organization (WHO) converge around the fact that a well-functioning and effective health system is an important bedrock for the attainment of the health outcomes. Our Annual Performance Plan 2019-20 is guided by the envisaged health outcomes as contained in the NDP 2030 and the Limpopo Development Plan. Tied to the NDP is the Sustainable Development Goals 2030 which were adopted as Global Goals by the world leaders on 25 September 2015. The SDGs provide the 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and tackle climate change by 2030. The SDGs create a platform in helping us tackle the social determinants of health.

The year 2018 marked the centenary of two of the greatest revolutionary icons in South Africa; we are celebrating the life and time of uTata Nelson Mandela and Mama Albertina Sisulu. Guided by their examples, we will use this year to reinforce our commitment to ethical behaviour and ethical leadership. In continuing the long walk they began, President Cyril Ramaphosa in his State of the Nation Address said: *"This year, we will take the next critical steps to eliminate HIV from our midst. By scaling up our testing and treating campaign, we will initiate an additional two million people on antiretroviral treatment by December 2020. We will also need to confront lifestyles diseases such as high blood pressure, diabetes, cancers and cardiovascular diseases"*. Limpopo Department of Health has been engaged in a strong social and health mobilization programme in all our communities in order to drive a healthy lifestyle.

The province has done well in reducing burden of diseases as a result of HIV and AIDS. The reason our life expectancy has improved is as a result of our intensified HIV/AIDS program. We have increased the number of clients tested for HIV from 1,5m to 2m, people on ARVs increased from 252 000 to 377 000 and mother to child HIV transmission rate is reduced from 3% to 0.83. All our TVET colleges and universities in the province were visited during our SHE CONQUERS campaign and established 11 ARV sites in campuses. We have a strong TB campaign program targeting vulnerable and risky communities like farming and mining areas resulting in TB cure rate increasing from 70% to 83% in the past 3years. The province had only one Multiple Drug Resistant site hence our establishment of 30 more satellite sites in the past years which resulted into improvement of MDR TB cure rate from 50% to 68.8%. We recently established a second MDR TB unit Matlala hospital in partnership with Standard bank.

As the Limpopo Department of Health, we are committed to meeting the health needs of the communities in the province within the available financial and human resources. We seek to achieve the set targets as contained in the Annual Performance Plan 2019-20 as well as community needs within a dire resource constraint environment. It is noteworthy, that our efforts are however impacted upon by the shrinking funding to the department against a year-to-year population growth including increased community expectations. In 2017 the population of Limpopo was estimated to be at 5.8 million against an estimation of 5.63 million at the beginning of the MTSF in 2014. Despite the population growth and the current limitations in funding, the department continued to make some strides such that life expectancy at birth for Limpopo Province has improved from 51.2 years among males in the period 2001-2006 to an estimated 60.5 years in the period 2016-2021 and among females from 55.7 years in the period 2001-2006 to an estimated 64.8 years in the period 2016-2021 (Source: Stats SA – Midyear population estimate). This achievement is mainly attributed to the increased access to antiretroviral treatment and improved health management on the leading causes of death among pregnant women, neonates and children under five years old.

Without proper infrastructure it is impossible to deliver quality health care service. We have built 14 clinics since 2015 and they are functional and 1 gate way clinic. 6 are waiting for furnitures. To date, we have appointed 250 nurses to augment staff in our clinics. We have trained 639 nurses on the Nurse Initiative Anti Retro Viral programme to reduce hospital long queues. The department currently has 105 ideal clinics out of 477 clinics in the province. This is an improvement from 11 ideal clinics in 2016/17.

The implementation of this APP will be our number one priority towards realising our desired health outcomes. Through the Departmental Performance Review Forum, we shall on quarterly basis monitor the progress that we making in achieving our set targets. This shall allow us to know the level at which our implementation of our plan has gone programme by programme and the remedies that we should put in place to correct any deviations in our journey towards achieving improved health outcomes.

We are encouraged that our grass root approach in our battle against diseases is yielding results. All our community health care workers are our front line soldiers in our battles against diseases. It's quite cheaper and more effective to deal with diseases within the

community rather than waiting for complications and hospital admission. Among other strategies we utilize to deal with disease at community level include;

- Training of our Community Health Care Workers which resulted in them rendering door to door Campaigns screening household dwellers on both Communicable and Non Communicable diseases
- Early diagnosis due to awareness especially HIV/TB
- Partnership with Traditional Healers, faith base organization and Traditional leaders
- School visits and screening of learners on eyesight and audiology with provision of assistive devices.
- Visiting all our TVETS colleges Universities and all institutions of higher learning to popularize SHE CONQUERS campaign resulting in the reduction of HIV/aids amongst young people
- Fumigation through indoor residual spraying program towards eradication of Malaria
- Regular testing of water in partnership with municipality Environmental Health Practitioners to detect waterborne diseases e.g. Cholera and Typhoid and run regular campaigns.
- Vaccination of a girl child against Human Papilloma virus to prevent cervical cancer
- Conducting screening on Breast, Prostate, Cervical Cancer within malls and taxi ranks.
- Screening of Diabetes Hypertension and Hypercholesterolemia in all our government imbizo and public gatherings through CHECK IMPILO.

Our quest is to meet the health needs of our people. So, despite various challenges facing the department we commit to continue delivering quality healthcare services to the population of Limpopo Province. I therefore endorse this 2019/2020 Annual Performance Plan as a detailed framework for achieving the Departmental targets within the available budget.

Dr P C Ramathuba
Member of Executive Council (MEC)

STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

The Department enters the MTEF with much anticipation and hope for fulfilling the mandates towards vision 2030.

Strengthening the health system to build resilience to sustain and improve on the current good systems, policies and practices is the key vehicle to achieving the desirable outcomes. This requires, amongst others, a range of interventions from strengthening the local management and supervision at facility level to building the cohesion between the various segments of the health service from the direct patient facing entities to the enabling support services.

Not-withstanding the growing challenges and budgetary constraints and when this is juxtaposed against an escalating burden of disease and consequent service pressures, it makes for a seriously challenging environment.

Nevertheless, department has managed to make some strides in certain critical areas.

Despite the current constraints, the department has over the period from 2014-15 to 2017-18 financial years realised achievements in various areas of key performance *inter alia*:

- HIV test done has improved from 1 535 403 to 1 721 676;
- TB client treatment success rate has improved from 76.5% to 80.9%;
- Infant first PCR test positive around ten weeks has improved from 1.2% in the year 2016-17 to 0.83% in 2017-18;
- Child under five years' diarrhea, pneumonia and sever acute malnutrition case fatality rates have significantly improved i.e. fatality rate due to diarrhea – from 4.7% to 2.6%; pneumonia – from 4.2% to 3% and severe acute malnutrition – from 14.9% to 5%;
- Maternal mortality in facility has improved from 167.4/100 000 to 109.2/100 000; and
- Malaria case fatality rate has improved from 1.68% to 0.84%.
- Cases of outbreaks were managed with success.
- The department managed to deal with major road fatalities particularly forensic services with high commendation to neighboring countries

This APP coincides with an end of administration and a beginning of a new administration over the next MTEF.

The budget allocation below the base-line remains a challenge with perpetual accruals over the last 3 years over a billion. Despite the implementation of the turn-around strategy,

more efforts still need to be put in improving efficiencies. Key areas which are cost drivers have been targeted to reduce spending and free resources.

Despite the recent improvement on Audit findings, the department continues to work towards achieving a clean audit. Plans have been put in place towards realisation of a clean audit.

The development of the Central hospital has brought excitement and opportunities for the improvement of the Regional and Tertiary platform and the birth of an Academic complex concept. This has seen resources allocated to Regional hospitals, and the two Tertiary hospitals for planning and procurement of Equipment.

Over the MTEF, there will be huge investments and attention to strengthening the tertiary platform. This include increasing the pool on various specialists, registrar training and also procurements of key equipment.

Within the limited resources, support staff (cleaners, groundsman, ward attendance) have been prioritized together with leadership positions in various institutions.

We undertake to review certain policies which have been identified as hindrance in achieving our targeted goals e.g. 24- hour clinic policy.

We aim at increasing access to services by increasing the number of clinics offering 24 hour services, establishing a trauma unit in Mokopane hospital as well as commencing on the process of conversion of Voortrekker hospital to a fully fletched Mother-and-child hospital.

Rationalisation of human resources and approval of a new organisational structure (once approved will also see an improvement in our compensation of employees spending.

Lastly, with a new administration coming the department note that new mandates may need to be factored within this plan and be aligned to the manifesto as well as well as any other policy reforms that may come with the new administration.

Given the budget pressures, increasing efficiency and productivity in every corner of the Department is mandatory to get the best value for the health rand.

I wish to thank Dr. N.P Kgaphole for having dedicated himself to this department till his retirement. It is a privilege for me to be entrusted with the responsibility of leading the department as Acting HOD and for that I am indebted to the people of Limpopo.

Dr TF Mhlongo
Acting Head of Department

OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in Limpopo;
- Was prepared in line with the current Strategic Plan of the Department of Health of Limpopo under the guidance of Dr Phophi Constance Ramathuba; and
- Accurately reflects the performance targets which the Provincial Department of Health in Limpopo will endeavour to achieve given the resources made available in the budget for 2019/20.

Mr MJ Molekwane **Director: Integrated Planning & Strategy**	04/03/2019 **Date**
Mr KR Mashaba **Chief Director: Planning, Policy and M&E**	04/03/2019 **Date**
Mr MJ Mudau **Chief Financial Officer**	12/03/2019 **Date**
Dr TF Mhlongo **Acting Head of Department**	12/3/2019. **Date**

APPROVED BY:

Dr PC Ramathuba **Executive Authority**	19/03/2019 **Date**

FINAL

PART A

1.STRATEGIC OVERVIEW

1.2 VISION

A long and healthy life for people in Limpopo.

1.2 MISSION

The Department is committed to provide quality health care service that is accessible, comprehensive, integrated, sustainable and affordable.

1.3 VALUES

The department adheres to the following values and ethics that uphold the Constitution of the Republic of South Africa through:

- Honesty
- Integrity
- Fairness
- Equity
- Respect
- Dignity
- Caring

1.4 STRATEGIC GOALS

1.4.1 National Development Plan 2030

The National Development Plan (NDP) sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

By 2030, South Africa should have:

1. Raised the life expectancy of South Africans to at least 70 years;
2. Progressively improve TB prevention and cure
3. Reduce maternal, infant and child mortality
4. Significantly reduce prevalence of non-communicable diseases
5. Reduce injury, accidents and violence by 50 percent from 2010 levels
6. Complete Health system reforms
7. Primary healthcare teams provide care to families and communities
8. Universal health care coverage

9. Fill posts with skilled, committed and competent individuals

1.4.2 Sustainable Development Goals 2030

The Sustainable Development Goals 2030 built on Millennium Development Goals 2015 were adopted as Global Goals by the world leaders on 25 September 2015. There are 17 Sustainable Development Goals (SDGs) to end poverty, fight in equality and tackle climate change by 2030.

There are 12 targets in Goal 3 "Ensure healthy lives and promote well-being for all at all ages". These are to:

1. Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.
2. End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030.
3. End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030.
4. Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol by 2030.
5. Halve the number of global deaths and injuries from road traffic accidents by 2020.
6. Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030.
7. 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
8. Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030.
9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
10. 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.

11. 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.
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

1.4.3 Sustainable Development Goals 2030

NDP Goals 2030	SDG Goals 2030
Average male and female life expectancy at birth increased to 70 years	
Tuberculosis (TB) prevention and cure progressively improved;	• End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
Maternal, infant and child mortality reduced	• Reduce the global maternal mortality ratio to less than 70 per 100,000 live births. • End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
Prevalence of Non-Communicable Diseases reduced	• Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol • Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
Injury, accidents and violence reduced by 50% from 2010 levels	• By 2020, halve the number of global deaths and injuries from road traffic accidents
Health systems reforms completed	• 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
Primary health care teams deployed to provide care to families and communities	• Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
Universal health coverage achieved	• 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
Posts filled with skilled, committed and competent individuals	• 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

TABLE A1. STRATEGIC GOALS

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE STATEMENT	LINKAGE WITH MTSF 2014 – 2019
1. Universal health coverage achieved	Progressively improve the readiness of health facilities for the implementation of NHI in 2025	1.1 To re-engineer Primary health care 1.2 To improve access to quality hospital services	• Expanded and re-engineered Primary Health Care, including Municipal Ward-based outreach teams and school health services • Expanded District-based piloting of NHI services
2. Improved quality of Health Care	Accelerate the improvement of quality of care in the health sector through the enhancement of accountability and implementation framework by 2020	2.1 To improve access to quality hospital services 2.2 To improve access to Emergency Medical services 2.3 To prevent and control communicable and Non-Communicable Diseases (NCDs) 2.4 To provide all essential medicines 2.5 To provide rehabilitation services in facilities and communities	• Improved quality of health care and reduced waiting times in the public sector, supported through the newly established Office of Health Standards Compliance and adherence to Patients Charter • Promotion of healthy lifestyles and encouragement of regular screening for Non-communicable diseases
3. Primary Health Care services re-engineered	Improve the school health and community health services by 2020	3.1 To re-engineer Primary health care	• Expanded and re-engineered Primary Health Care, including Municipal Ward-based outreach teams and school health services
4. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures are in place by 2020	4.1 To improve human resources for health 4.2 To increase production for and develop human resources for health	Improved human resource for health, revitalisation of nursing colleges and expanded professional health training
5. Improved health Management and leadership	Strengthen management and leadership by improving capacity and mechanisms for management by 2020	5.1 To provide efficient and effective financial management system	• Invest in health management improvement and leadership, including reform of the

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE STATEMENT	LINKAGE WITH MTSF 2014 – 2019
			governance, funding and management of central hospitals as national referral facilities • Reduced health care costs
6. Improved health facility planning and infrastructure delivery	Improve health facility planning by implementing existing norms and standards in all districts by 2020	6.1 To improve quality of health infrastructure	Improved health facility planning and accelerated infrastructure delivery
7. HIV & AIDS and Tuberculosis prevented and successfully managed	Prevent and reduce the disease burden and TB mortality rate by 50% in 2020	7.1 To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support	Strengthened implementation of HIV/AIDS and Tuberculosis prevention and management programmes
8. Maternal, infant and child mortality reduced	Prevent and reduce maternal and child mortality by 50% in 2020	8.1 To reduce maternal and child morbidity and mortality	• Expanded access to sexual and reproductive health by improving the availability of diverse contraception methods • Reduced unwanted pregnancies with a special focus on teenage pregnancies • Implementation of the African Union-inspired Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa (CARMMA)
9. Efficient Health Management Information System for improved decision making	Overhaul the health information system by 2020	9.1 To improve health management information system	

Table A2. Impact indicators and targets

The Strategic Goals and Objectives must deliver against the key actions, indicators and targets reflected in the Medium Term Strategic Framework 2014-2019 (attached as annexure A) in order to reach below outcome targets committed by the health system.

Impact Indicator	South Africa Baseline (2009[1])	South Africa Baseline (2012[2])	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province) (Consistent with targets with your SP 2020)
Life expectancy at birth: Total	56.5 years	60.0 years (increase of 3,5years)	63 years by March 2019 (increase of 3 years)	56 years	63 years
Life expectancy at birth: Male	54.0 years	57.2 years (increase of 3,2 years)	60.2 years by March 2019 (increase of 3 years)	55 years	60.2 years
Life expectancy at birth: Female	59.0 years	62.8 years (increase of 3,8years)	65.8 years by March 2019 (increase of 3years)	58 years	65.8 years
Under-5 Mortality Rate (U5MR)	56 per 1,000 live-births	41 per 1,000 live-births (25% decrease)	23 per 1,000 live-births by March 2019 (20% decrease)	42/1 000	20/1 000 per 1,000 live-births
Neonatal Mortality Rate	-	14 per 1000 live births	6 per 1000 live births	12.8 per 1 000 live births	6 per 1 000 live births
Infant Mortality Rate (IMR)	39 per 1,000 live-births	27 per 1,000 live-births (25% decrease)	18 per 1000 live births	37.9 per 1000 live births	18 per 1000 live births
Child under 5 years diarrhoea case Fatality rate	-	4.2%	<2%	7.8%	2%
Child under 5 years severe acute malnutrition case fatality rate	-	9%	<5%	7.8%	2%

[1]Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012

[2] Medical Research Council (2013): Rapid Mortality Surveillance (RMS) Report 2012

Impact Indicator	South Africa Baseline (2009[1])	South Africa Baseline (2012[2])	2019 Targets (South Africa)	2012 Baseline (Province)	2019 Target (Province) (Consistent with targets with your SP 2020)
Maternal Mortality Ratio	304 per 100,000 live-births	269 per 100,000 live-births	Downward trend <100 per 100,000live-births by March 2019	177.9 per 100 000 live births	95 per 100 000 live births

2. SITUATIONAL ANALYSIS

2.1 Demographic Profile

Limpopo is one of the nine provinces in South Africa. It is situated in the north-eastern corner of South Africa and shares boarders with Botswana, Zimbabwe, and Mozambique. On its southern edge, from east to west, it shares borders with the South African provinces of Mpumalanga, Gauteng and North West. The province is divided into five district municipalities after the 2016 demarcation. The district municipalities are Mopani, Vhembe, Capricorn, Sekhukhune and Waterberg. The majority of the people who live in the province are of the Pedi, Tsonga and Venda tribes. The province covers a land area of 125 754 km^2 with a population of 5.8 million people according to StatsSA Mid ear population estimates (StatsSA, 2018). In terms of the mid-year estimates, Limpopo Province still remains the fifth most populated province in the country after Gauteng, KwaZulu-Natal, Eastern Cape, and Western Cape respectively (Stats SA, 2018). Although the population in Limpopo has being on increase, the contribution of the province to the total country population has been on a decline (cf. Figure 1).

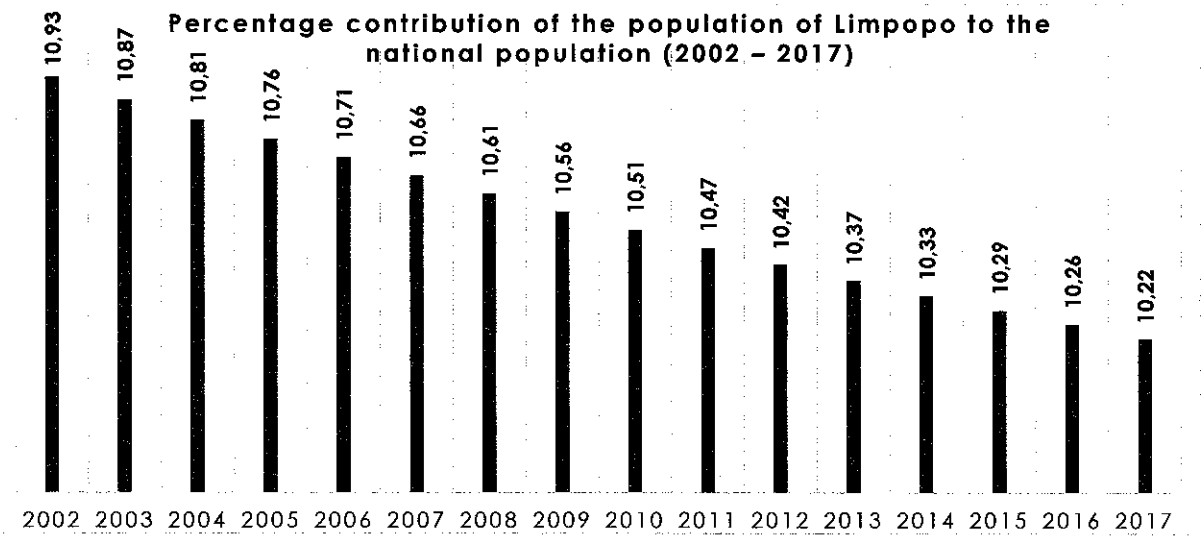


Figure 1. Percentage contribution of the population of Limpopo to the national population (2002 - 2017). Source: StatsSA, 2017

This may be attributed to the high migrant of people out of the province to seek greener pastures in other highly economic provinces and eventually staying in those provinces permanently or may also be affected by the reduced total fertility rate in the province (see Figure 2).

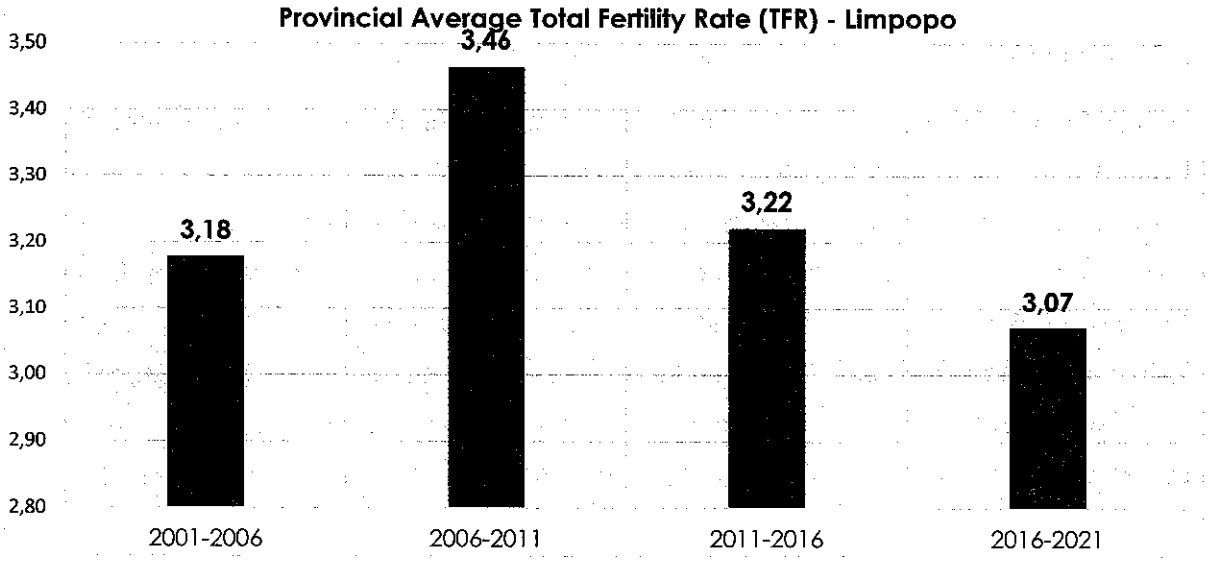


Figure 2. Provincial Average total fertility rate (TFR) - Limpopo. Source: StatsSA.

According to Figure 2, the provincial average total fertility rate in 2011-16 was 3.22, having declined from 3.46 between 2006 and 2011. This may result in the fewer births in the province and a shift of population distribution from a particular age cohort to another age cohort. These declines do not necessarily drive for a major shift in resource distribution in particular that the ages between fifteen and twenty-four are highly vulnerable.

In moving towards realising the aspiration of a "Long and healthy life for all in Limpopo", the province has observed an improvement in the life expectancy of both females and males (cf. Figure 3) and the projections are also positive up to the period 2021.

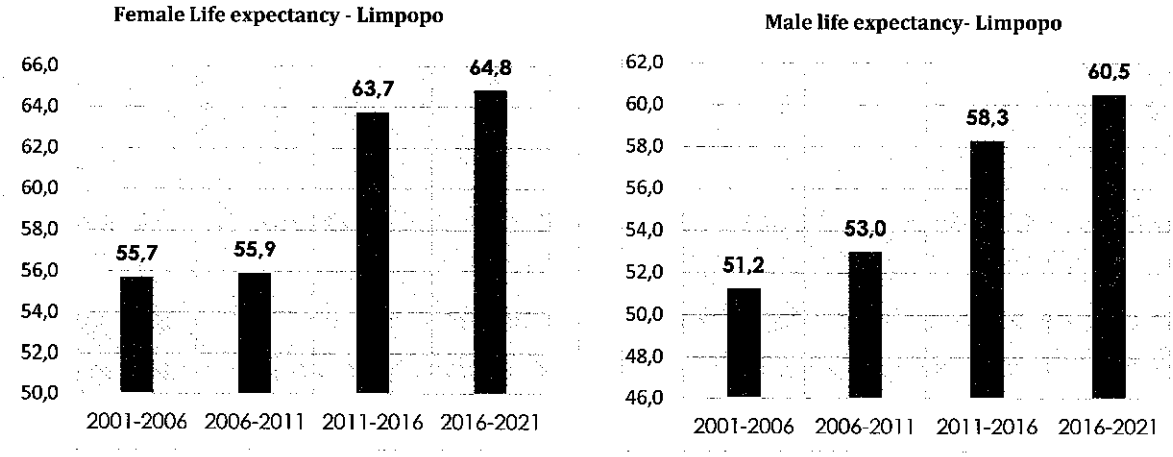


Figure 3. Female and male life expectancy in Limpopo (2001-2021). Source: StatsSA.

The picture depicted by Figure 3, demonstrates departmental achievements as a result of efforts that the department has embarked on to combating the quadruple burden of diseases (cf. P3, P11). However, females seem to be living longer than their male counterparts. This

may be related to the low interest or ignorance of males to seek early medical intervention. On the other hand, Figure 4 below gives a confirmation that females live longer than males. In the same vein, Figure 4 illustrates that the province's population is dominated by females. Implying that the department should strengthen its efforts towards female reproductive medical interventions. However, there is a need to direct efforts towards encouraging males to seek early medical interventions in order to improve males' life expectancy.

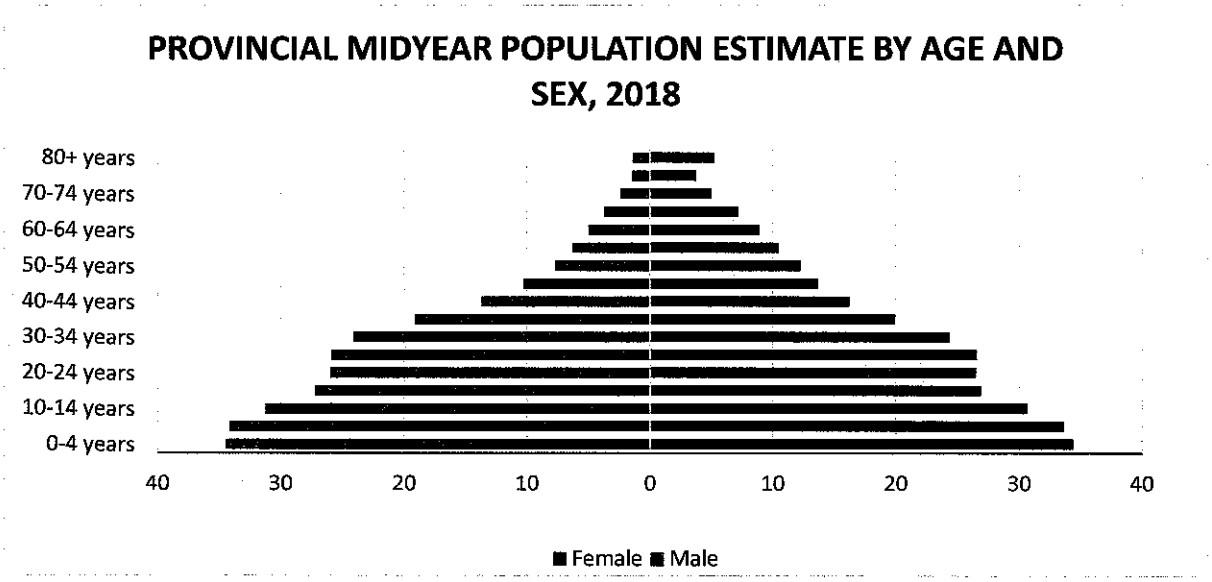


Figure 4. Limpopo mid-year population estimate by age and se, 2018. Source: StatsSA.

2.2 Socio–Economic Profile

Albeit an approximate of 80% of the population in Limpopo Province is rural based the province demonstrated to be the highest pertaining to the enrolment of persons between 7-24 years at various educational institutions in the year 2016 (Stats SA, General Household Survey – 2016). On the other hand, at 9.2% Limpopo is the highest on individuals without any formal education (Stats SA, General Household Survey – 2016). On a positive note, the province showed a decline on persons without any schooling – which shifted from 20.2% in 2002 to 9.2% in 2016 (Stats SA, General Household Survey – 2016). Improved levels of persons without any education may in the long run, add positively towards improving the wellbeing of the people in the province.

The rate of unemployment plays a key role in depicting the employment status of the labour force in SA and, to a fair extent, the functioning of the economy at large. Stats SA conducts the Quarterly Labour Force Survey (QLFS) to track employment and unemployment patterns (labour market activities) of individuals aged 15 -64 years who live in SA quarterly. Results of the 2018 first Quarter (QLFR) demonstrates that the national unemployment rate is at 26.7%. From a provincial perspective as in Table 2, the official unemployment rate increased by 0.3

percentage points from the fourth quarter (Oct-Dec, 2017) to the first quarter (Jan-Mar, 2018) that is from 19.6% to 19.9%.

Table 1. Limpopo Province labour force characteristics

	Jan - Mar 2017	April - Jun 2017	Jul - Sep 2017	Oct - Dec 2017	Jan - Mar 2018	Qtr-to-qtr change	Year-on-year change	Qtr-to-qtr change	Year-on-year change
	Thousand							Percent	Percent
Limpopo									
Population 15-64 years	**3 663**	**3 678**	**3 692**	**3 705**	**3 718**	**13**	**55**	**0,4**	**1,5**
Labour force	**1 732**	**1 754**	**1 754**	**1 763**	**1 799**	**36**	**68**	**2.1**	**3.9**
Employment	1 358	1 390	1 390	1 417	1 441	23	83	1.7	6.1
Unemployment	374	364	343	346	359	13	-15	3.7	-3.9
Not economically active	1 932	1 924	1 897	1 941	1 918	-23	-13	-1.2	-0.7
Discouraged work-seekers	371	345	373	379	408	29	37	7.6	10.1
Other	1 560	1 579	1 524	1 562	1 510	-52	-51	-3.3	-3.2
Rates (%)									
Unemployment rate	21.6	20.8	19.1	19.6	19.9	0.3	-1.7		
Employed/population ratio (Absorption)	37,1	37.8	39.3	38.3	38.7	0.4	1.6		
Labour force participation rate	47.3	47.7	48.6	47.6	48.4	0.8	1,1		

Source: Quarterly Labour Force Survey, Quarter 1, 2018

On a year to year basis comparison, unemployment in the province has decreased by 1.7 from quarter 1 in 2017 to quarter 1 in 2018. This decrease in unemployment is experienced against the increase on year to year basis experienced in quarter 1 of 2016 to quarter 1 in 2017. The decrease in unemployment brings a much anticipated relief to the burden on the health service even though the difference is not of much significance.

On the other hand, the General Household Survey of 2016 found that above 1.3 million people in the Province are normally consulting at public hospitals and clinics in comparison to the 224 000 consulting in the provincial private sector. Strengthening access at Primary Health Care through increasing clinics opening 24 hours may help in addressing the health needs of the communities while embarking on the "prevention, health education & promotion journey".

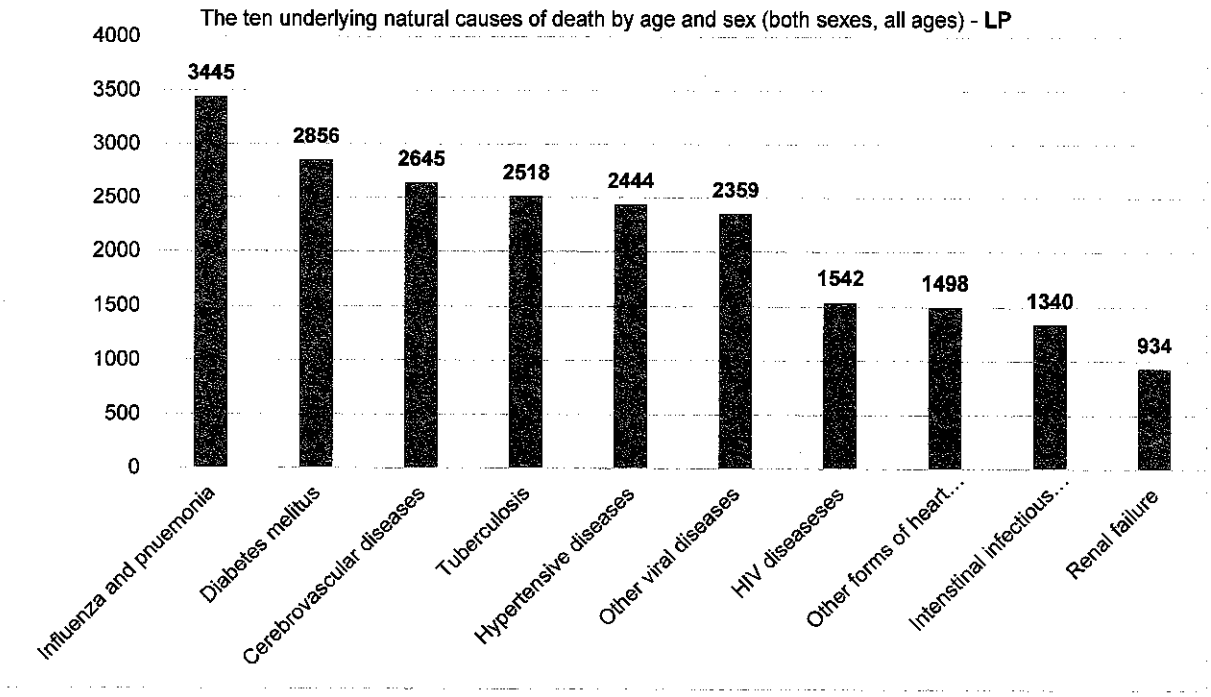
3. Epidemiological profile/ Burden of disease

South Africa remains faced with a quadruple burden of diseases, this is still also a challenge in the Limpopo Province. There are four groups of conditions: communicable diseases (especially HIV and tuberculosis) and non-communicable diseases (also called chronic diseases, e.g. high blood pressure and diabetes); maternal, neonatal and child deaths; and deaths from injuries and violence are still a challenge.

Ten leading causes of mortality in Limpopo Province

Figure 5 demonstrates that influenza and diabetes mellitus are the highest on the ten leading causes of death, followed by cerebrovascular disease (lifestyle diseases) and TB. Influenza vaccination is conducted on an annual basis. There is a need to focus on health education and promotion to prevent diseases including lifestyle diseases, e.g. diabetes and hypertension including HIV/AIDS related diseases.

Figure 5. Ten leading causes of mortality in Limpopo Province, 2016

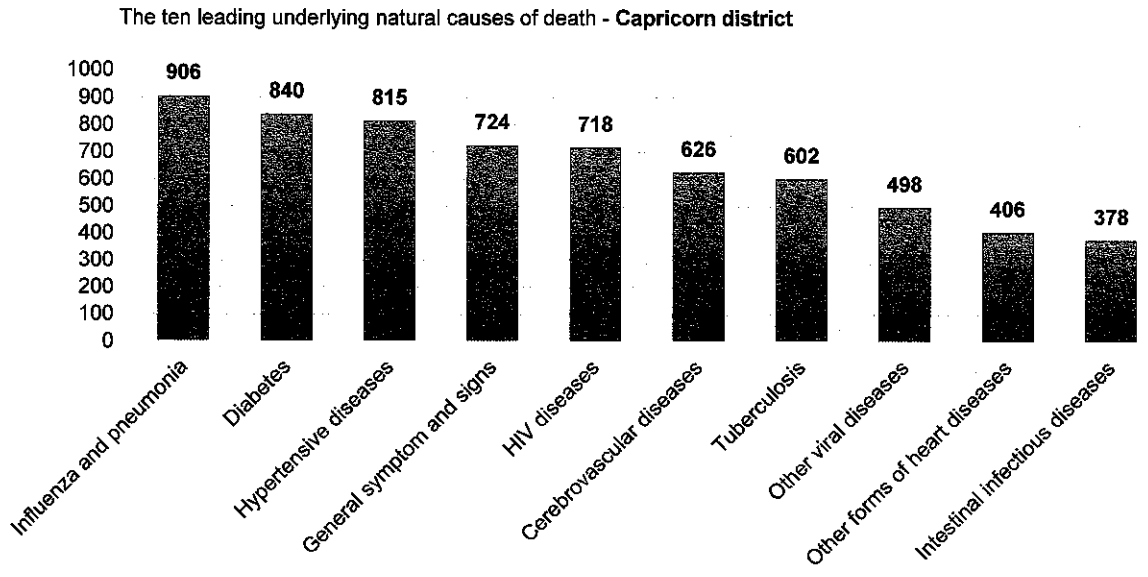


Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

Figure 6, 7, 8, 9 & 10 demonstrates the patterns of causes of mortality in the five districts of the Limpopo Province. Albeit there is a difference in the ranks of causes of mortality per each district, however the commonest causes of mortality in each district

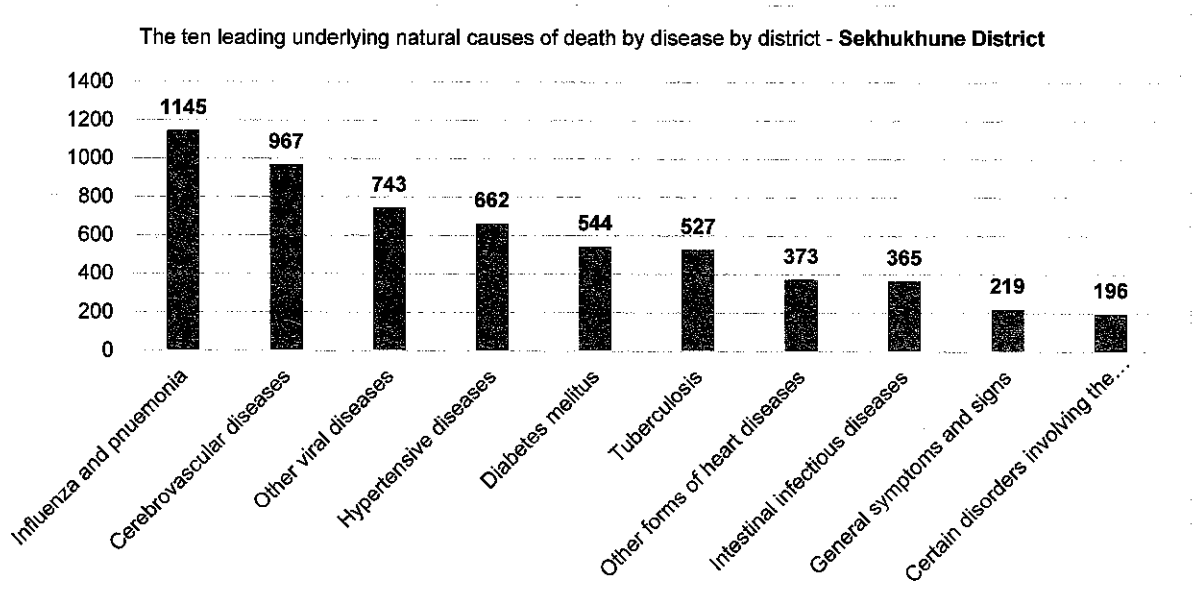
are observed as influenza, diabetes mellitus, hypertensive diseases, HIV (AIDS) and tuberculosis. Efforts should be directed towards intensified health promotion in the districts as well as increased screening for diabetes and hypertension. Health education on adherence to chronic medication will be strengthened.

Figure 6. Ten leading causes of mortality in Capricorn District, 2016



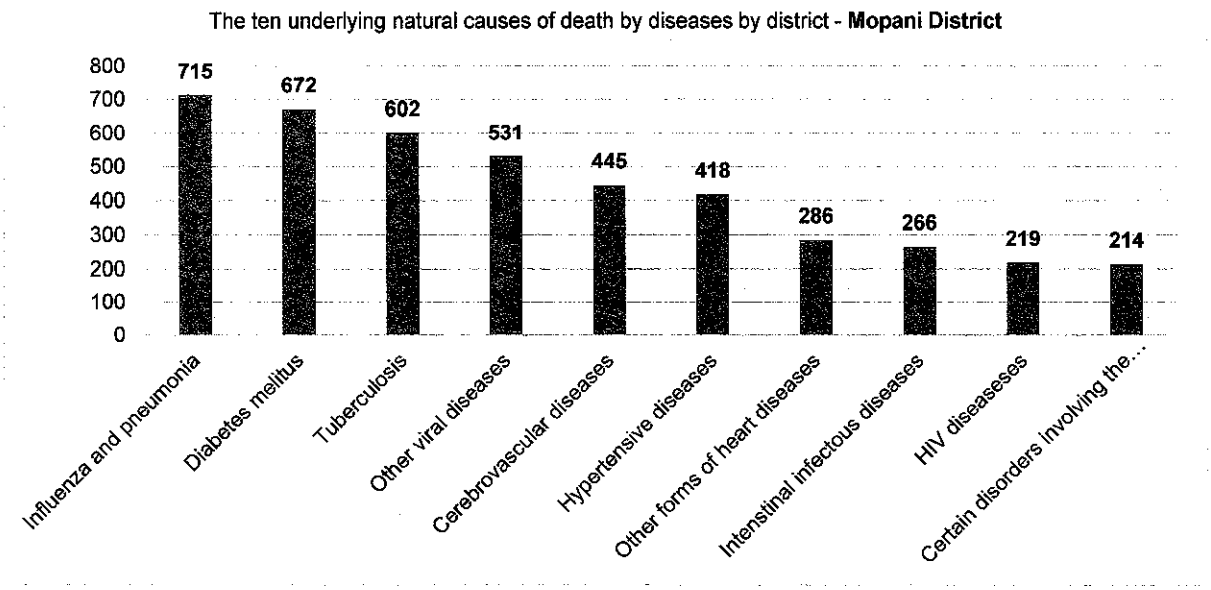
Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

Figure 7. Ten leading causes of mortality in Sekhukhune District, 2016



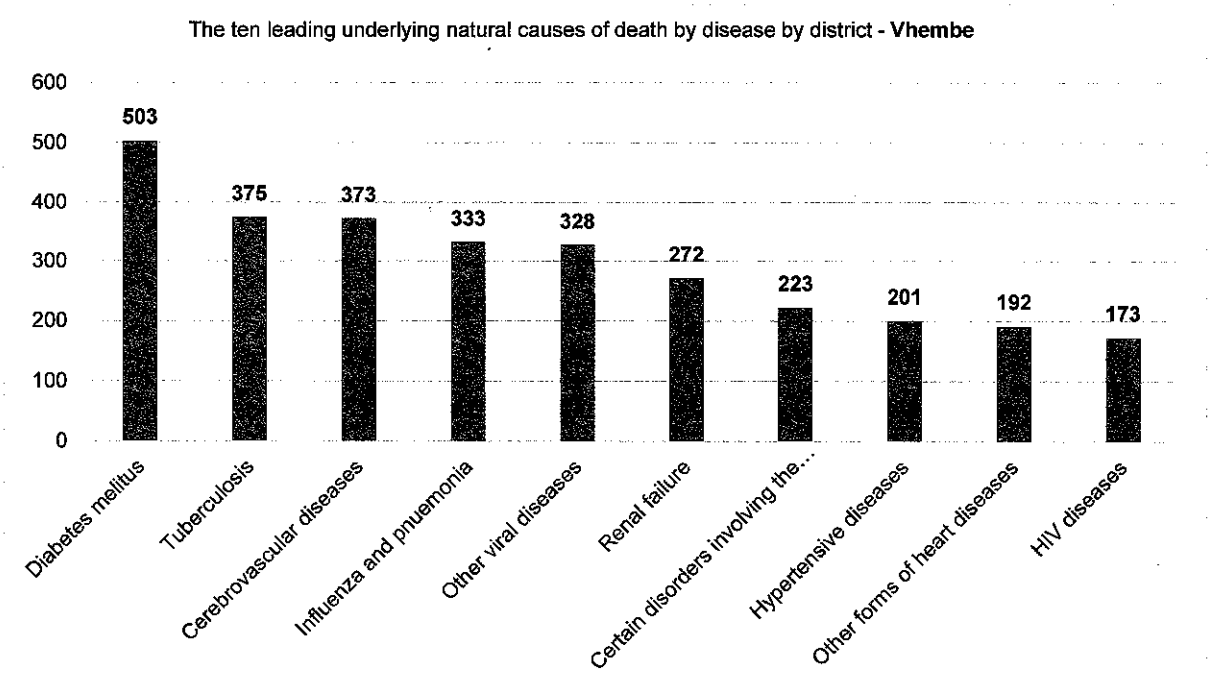
Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

Figure 8. Ten leading causes of mortality in Mopani District, 2016



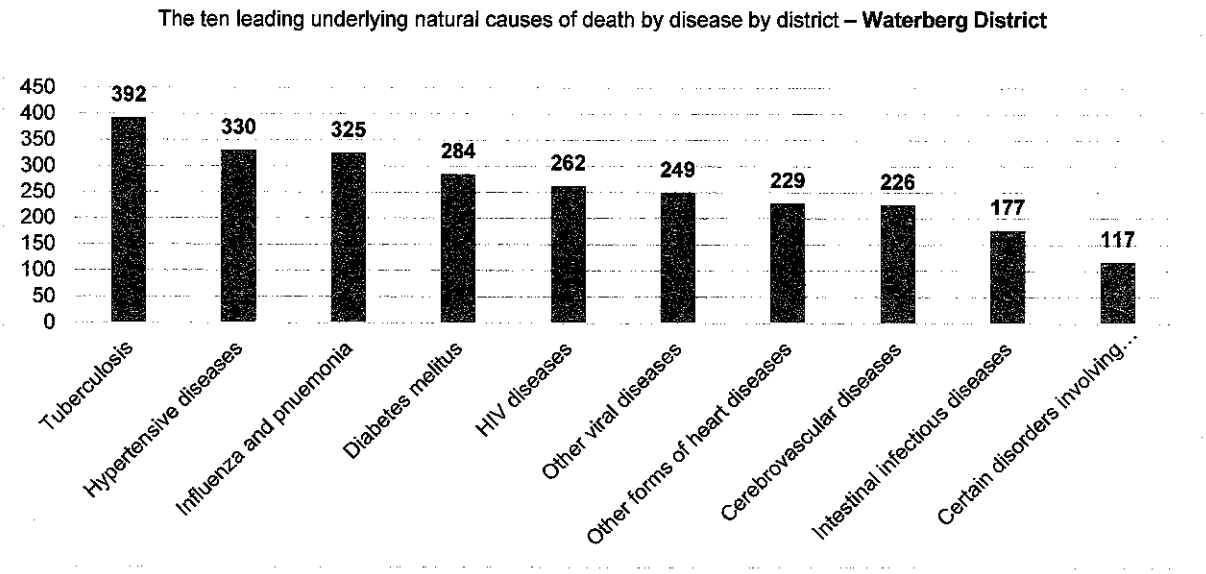
Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

Figure 9. Ten leading causes of mortality in Vhembe District, 2016



Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

Figure 10. Ten leading causes of mortality in Waterberg District, 2016



Source: Mortality and causes of death in South Africa, 2016: Findings from death notifications

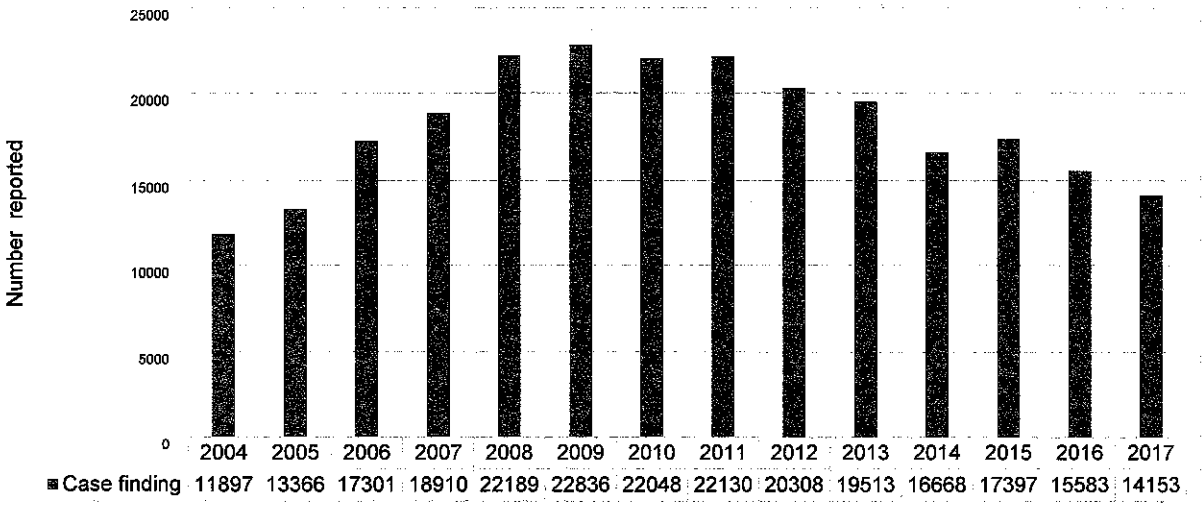
TUBERCULOSIS

Tuberculosis (TB) remains a major health problem in South Africa. In order to meet the Sustainable Development Goals (SDGs) and End TB Strategy targets, South Africa has adopted the 90:90:90 strategies for TB. This involves screening 90% of people in the key populations for TB; starting 90% of those diagnosed with TB on treatment; and ensuring that 90% of those started on treatment, successfully complete their treatment.

TB Case finding

In the Limpopo Province, the case detection shows a steady decline of the case load from 22836 in 2009 which was the highest since 2004 to 14153 in 2017 as depicted in Figure 11. This could be due to poor screening with inadequate case finding or reversal of the HIV epidemic as a result of universal test and treat strategy resulting in fewer TB cases. The province is currently implementing the **FAST** (**F**inding TB cases **A**ctively, **S**eparating them sensibly, and **T**reating them effectively) strategy and urine LAM test will increase case finding among the very sick as training has already been conducted. Campaigns are being conducted at congregated sites such as informal settlements and mining areas. Furthermore, contact tracing will also be intensified.

Figure 11. TB Case finding in Limpopo Province, 2004 - 2017

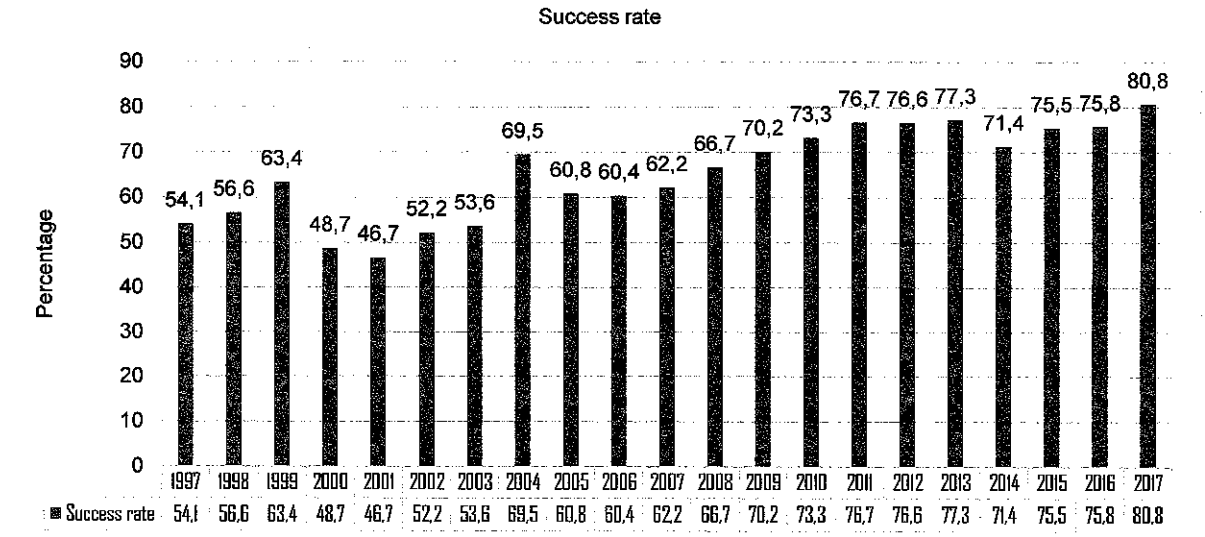


Source: Limpopo Department of Health, TB Control Programme

TB treatment success rate

TB success rate combines both TB cure rates and treatment completion rates. The success rate has improved from 75.8% in 2016 to 80.8% in 2017 (cf. Figure 12). This could be due to an increase in TB DOT coverage from 75.9% in 2016 to 80% in 2017, possibly related to the deployment of community health workers in communities as part of PHC re-engineering. Community health workers should be encouraged to intensify TB screening in the community to identify more cases.

Figure 12. TB success rate, 1997 - 2017

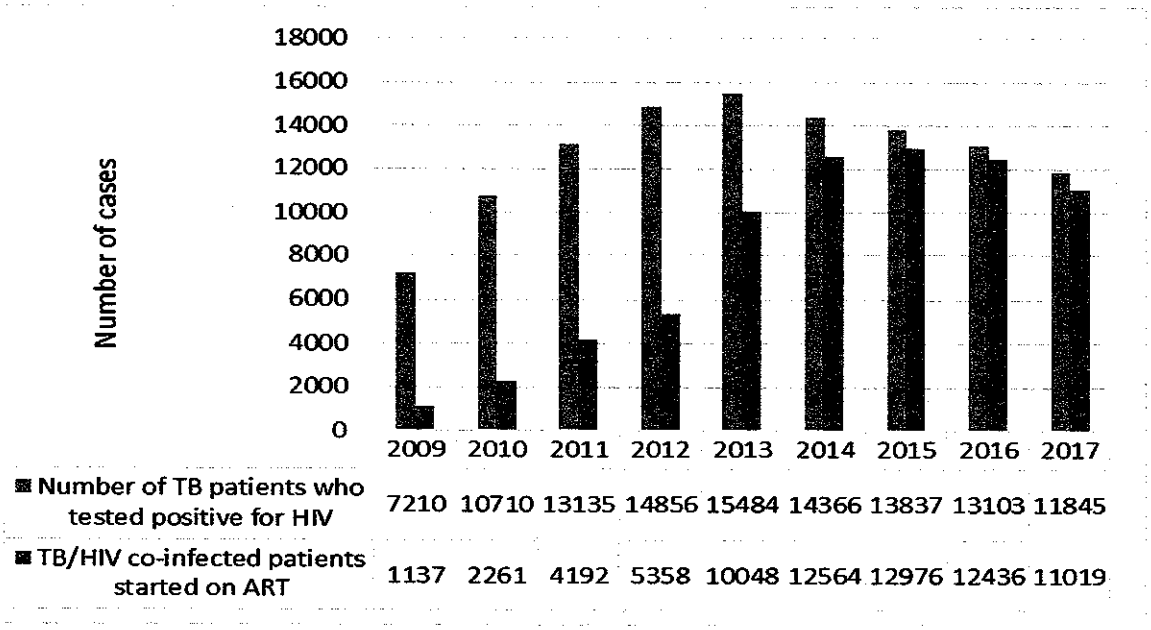


Source: Limpopo Department of Health, TB Control Programme

TB/HIV co-infection

Infection with HIV is the most significant risk factor associated with Mycobacterium tuberculosis infection and progression to active disease. TB/HIV co-infection has been a challenge in the Province but great achievements has been made with regard to case findings and management. The number of TB patients with "Known" HIV status has improved from a total of 7 210 cases in 2009 to 15 484 cases in 2013, attributable to improvements in awareness campaigns, case detection as presented in Figure 13. A decline in the number of TB patients who tested positive for HIV decline from 15 484 cases in 2013 to 11 845 in 2017. Initiation of TB/HIV co-infected patients to ART improved significantly from 16% (1137/7210) in 2009 to 93 % (11 019/11 845) in 2017. The Department accomplished and maintained the target of 93 % from 2015 to 2017 for TB/HIV co-infected patients on ART.

Figure 13. Number of TB patients who tested positive HIV vs TB/HIV co-infected started on ART (2009 – 2017)

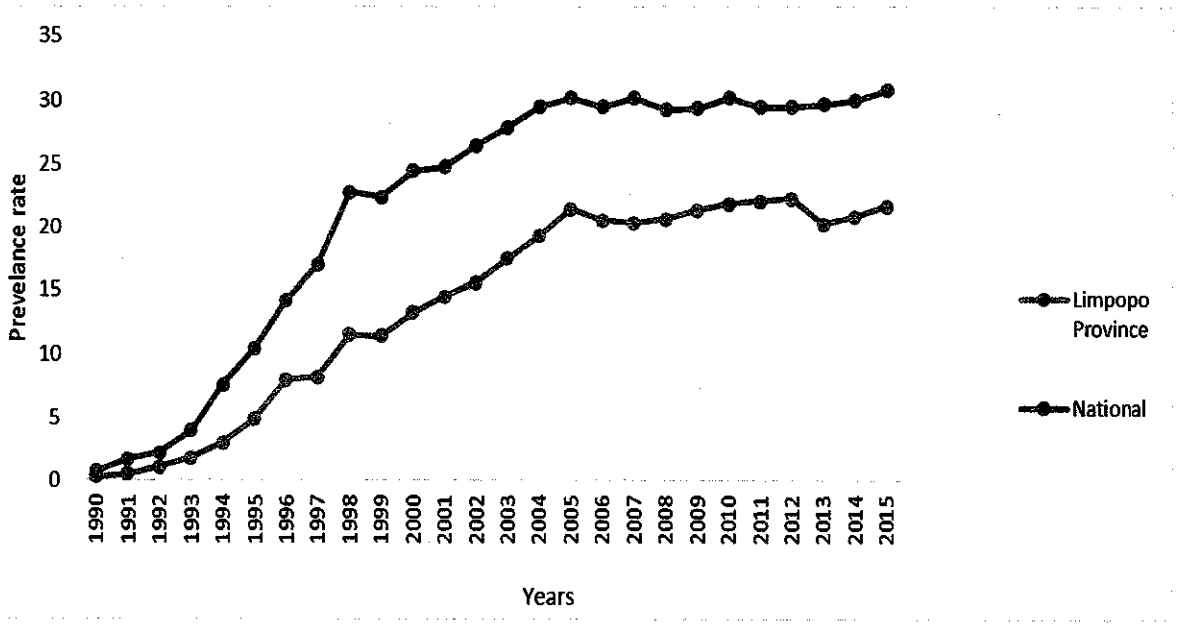


Source: Limpopo Department of Health, TB Control Programme

HIV, AIDS and STI

The prevalence of HIV in South Africa has been consistently monitored through the use of the sentinel surveillance data. This data relates to pregnant women aged 15-49 who seek antenatal care services in public health facilities. The 2015 ANC sentinel surveillance data puts a 6.6% difference between the provincial HIV prevalence of 21.7% vs the national prevalence of 30.8 %. Figure 14 below compares the national HIV prevalence trend with the situation in Limpopo. The HIV Prevalence increased from 0.3% in 1990 to 21.7 % in 2015.

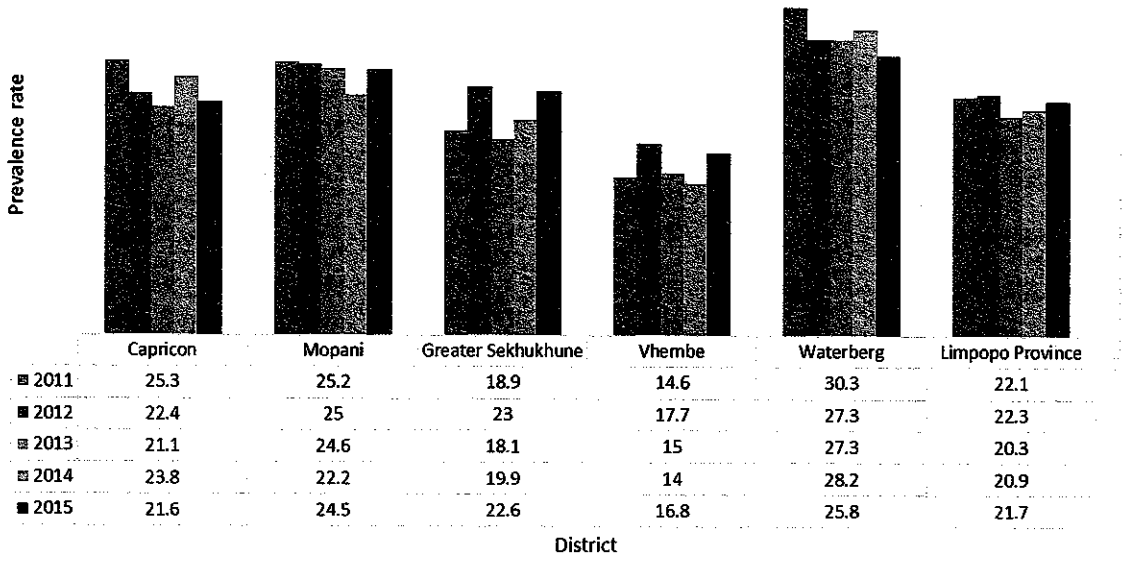
Figure 14. National vs Limpopo HIV prevalence trends, 1990 - 2015



Source: National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2015

The trends at district level vary, Greater Sekhukhune and Vhembe experienced a prevalence increase by 19.5% and 15.8% respectively from 2011 to 2015. Capricorn, Waterberg and Mopani District experienced a prevalence decline by minus 14.6%, 14.9% and 1.85 % between 2011 and 2015 as illustrated in Figure 15. The provincial decline was 1.8 during the same period.

Figure 15. HIV prevalence among antenatal women by district, Limpopo, 2011 - 2015



Source: 2015 National Antenatal Sentinel HIV Prevalence Survey, South Africa

Table 2 below shows HIV prevalence trends by age group in Limpopo Province. The highest percentage increase of 171.5% was observed in age group 45-48 between the two years. The HIV prevalence among women increased by 4.2% in the 30 - 34 age group between 2011 and 2012. A decline of minus 10.9 % was observed in the 20-24 age group. HIV prevention intervention efforts are to be focused into these groups.

Table 2. HIV Prevalence among antenatal women by age group (2011-2012)

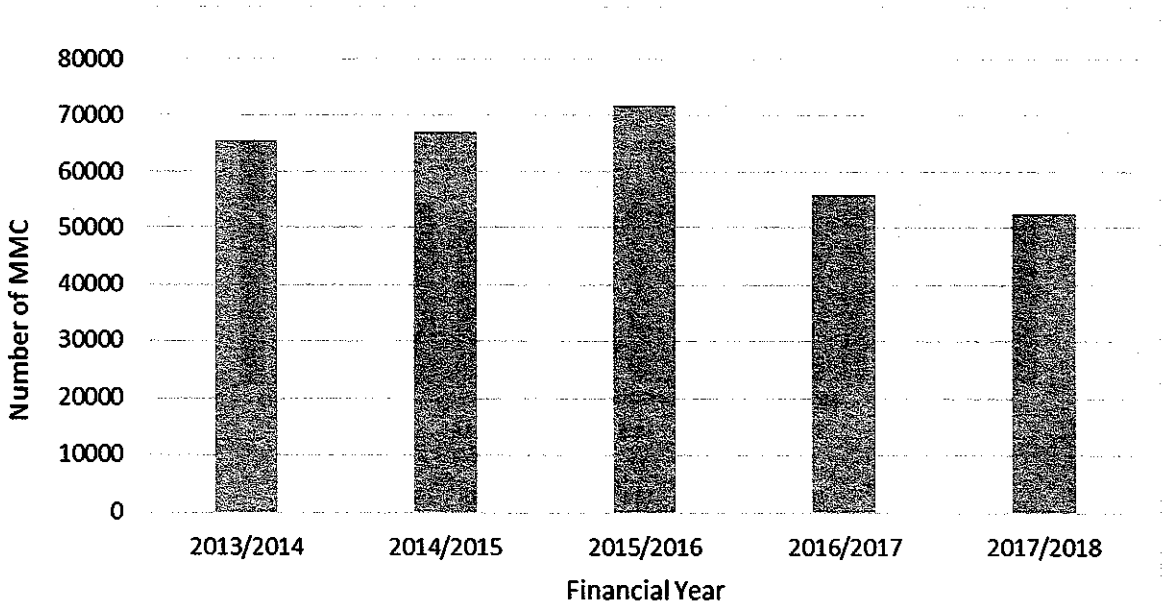
Age Group	2011	2012	Percentage Difference
15-19	7.4	7.3	-1.4
20-24	17.5	15.6	-10.9
25-29	27.4	29.9	9.2
30-34	33.5	34.9	4.2
35-39	33.7	30.8	-8.6
40-44	22.9	26.1	13.9
45-49	15.8	42.9	

Source: National Antenatal Sentinel HIV and Syphilis Prevalence Purvey in South Africa, 2013

Male Medical Circumcision

Medical male circumcision has been scientifically proven to reduce the risk of female-to-*male* sexual transmission of *HIV* by approximately 60%. This once-off intervention, provides men with a life-long partial protection against *HIV* and other sexually transmitted infections. Limpopo DoH has observed an increase in the number of males circumcised due to health promotion and information sharing (cf. Figure 16). The number of circumcised males has remained higher that the provincial planned target of 36 910.

Figure 16. Limpopo medical male circumcision



Source: Limpopo HAST directorate

MATERNAL, CHILD and WOMEN'S HEALTH

Maternal Health

Maternal mortality and morbidity in South Africa remains very high. Five major causes of maternal deaths in Limpopo are:

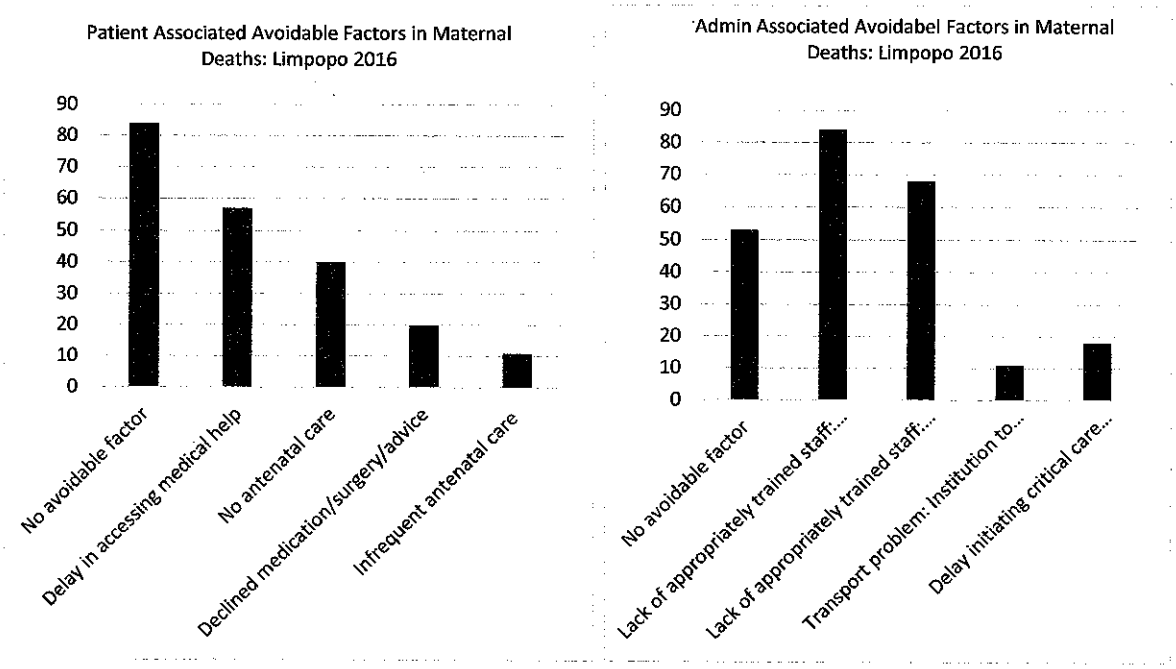
- Non-pregnancy-related infections (21.6%);
- Obstetric haemorrhage (19.7%);
- Hypertensive disorders (16.3%);
- Pre-existing Medical and Surgical disorders (11.2%); and
- Pregnancy-related sepsis (6.1%).

The above deaths are attributed to the following (cf. Figure 17 & 18):

- Late presentations
- Delay in referral (skills)
- Prolonged response time by EMS

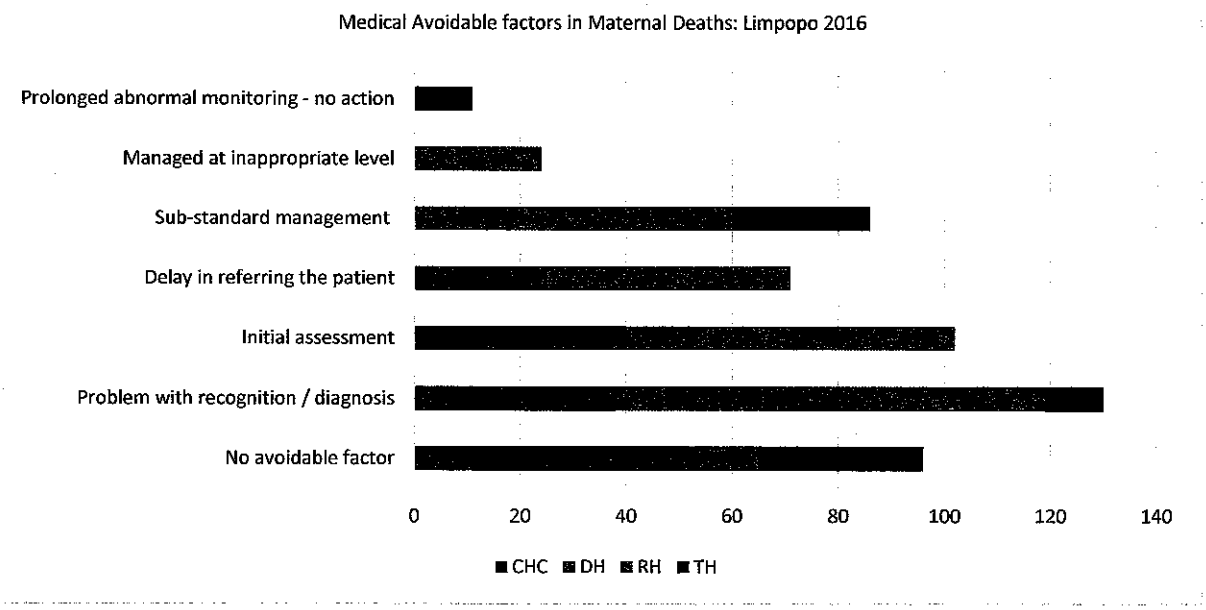
In addition, the province is faced with the challenge in shortage of skilled mid-wives and obstetric doctors. Training on ESMOE is currently on-going, BANC for nurses and doctors are supported to write the post-graduate diploma in Obstetrics and Gynaecology.

Figure 17. Patient and Admin associated avoidable causes of maternal deaths 2016



Source: MCHWH&N Directorate

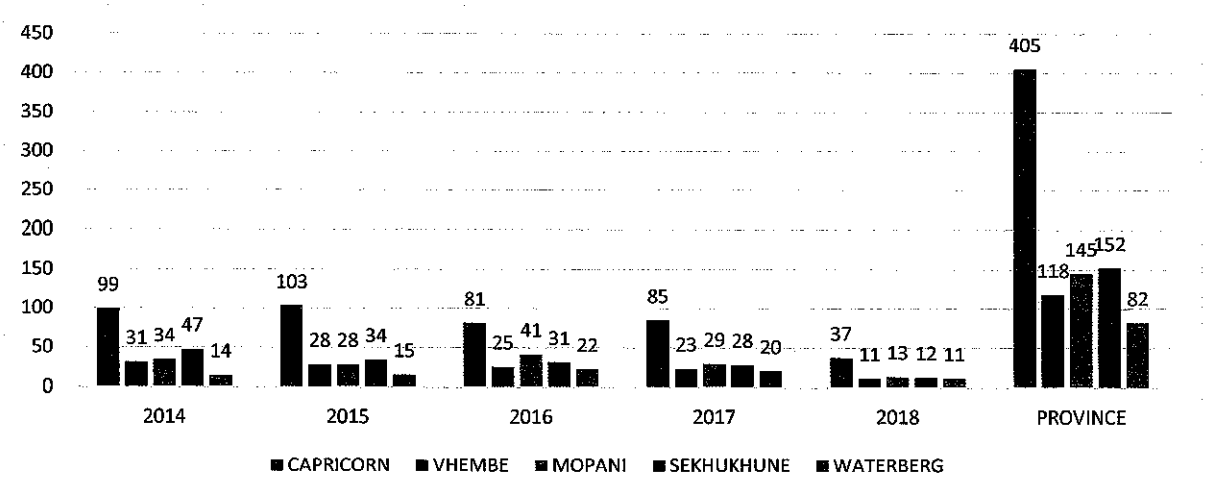
Figure 18. Medical avoidable factors in maternal deaths 2016



Source: MCWH&N Directorate

Figure 18 above shows that most of the maternal deaths taking place at district hospitals followed by tertiary hospitals. The contributing factors are mainly prolonged abnormal monitoring or no action, sub-standard management and delays in referring patients. Early bookings for ANC should encouraged including recruitment of specialist at the level of regional hospitals to strengthen the function between the district and tertiary hospitals as well support to district hospitals by regional hospitals.

Figure 19. Limpopo maternal mortality trends



Source: MAMAs

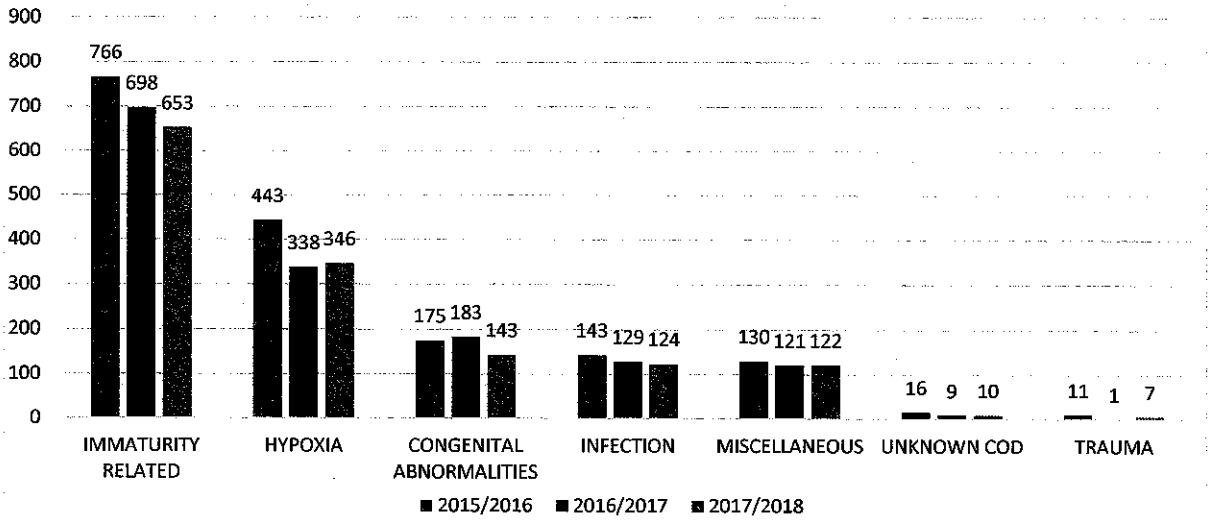
From 2014 through to 2018, Capricorn district had the highest maternal mortalities per 100 000 followed by Mopani district (see Figure 19). Capricorn district is high because of referrals from other districts. Vhembe district has been performing well with maternal mortalities of less than 120 per 100 000 live births. There is a need to strengthen all regional hospitals in all districts with skilled health professionals and essential equipment to reduce referrals to Capricorn district.

Infant and child health

Neonatal Health

The department experienced a decline in neonatal deaths in general except those related to congenital abnormalities. The decline could be due to neonatal training (e.g. helping babies breath, mother baby friendly initiative, etc.). On the flip side, an observed increase in neonatal deaths is probably due to congenital abnormalities with poor prognosis. The immaturity related deaths talk to ICU capacity. Efforts are underway to increase the neonatal ICU capacity in the province.

Figure 20. Major causes of neonatal deaths in Limpopo 2015/16 – 2017/18



Source: Limpopo Department of Health, DHIS

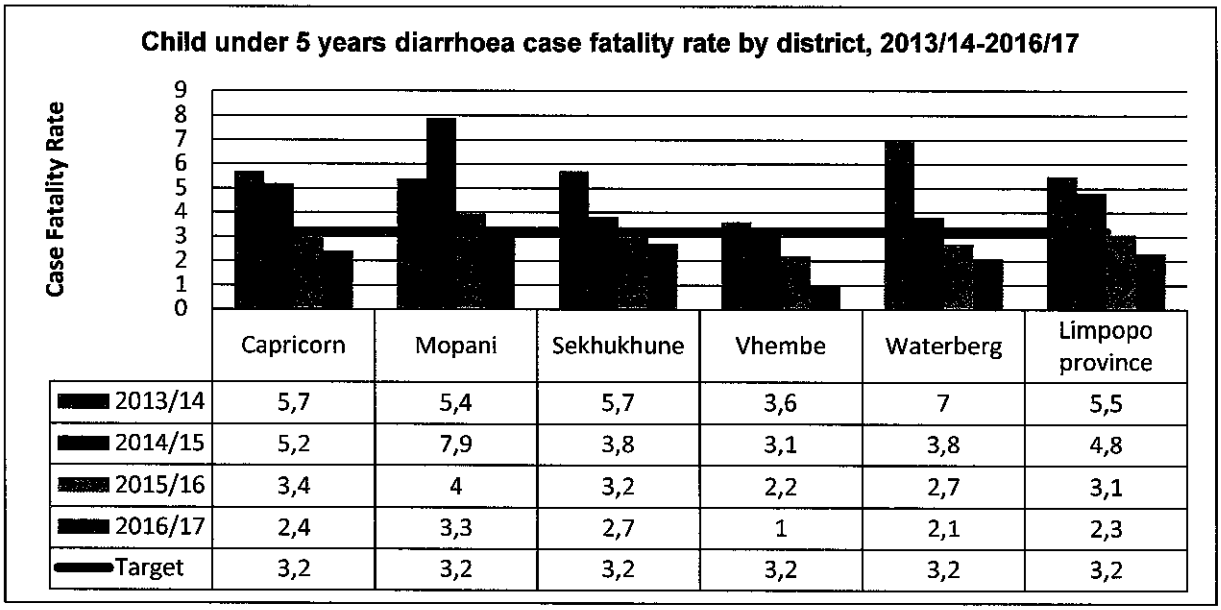
Figure 20 illustrates immaturity as the highest cause of deaths in the province, followed by hypoxia. The above is to some extent attributed to the challenge that the province continues to experience shortage of skilled workers in neonatal health, poor infrastructure, and shortage of essential equipment. Nonetheless, the department will continue to train health professionals in Essential Steps in the Management of Obstetric Emergencies (ESMOE), Helping Babies Breath (HBB) and Management of Small Sick Neonates (MSSN) to reduce early neonatal

deaths, provide essential equipment and supply of essential drugs. The department will further improve infrastructure for neonatal health services in regional and district hospitals. In addition, there is further a need to focus on reducing deaths from common conditions, namely neonatal conditions, diarrhoea, severe acute malnutrition and pneumonia.

Child health

Diarrhoea is a leading cause of morbidity and mortality among children under five (5) years in low- and middle-income countries, accounting for about nine (9) percent of all child under five (5) deaths. The risk factors for diarrhoea include HIV, poverty, under-nutrition, poor hygiene, underprivileged household conditions, lack of clean water, and poor access to appropriate care. Figure 21 illustrates child under 5 years diarrhoea case fatality.

Figure 21. Child under 5 years diarrhoea case fatality



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Limpopo province
2013/14	5,7	5,4	5,7	3,6	7	5,5
2014/15	5,2	7,9	3,8	3,1	3,8	4,8
2015/16	3,4	4	3,2	2,2	2,7	3,1
2016/17	2,4	3,3	2,7	1	2,1	2,3
Target	3,2	3,2	3,2	3,2	3,2	3,2

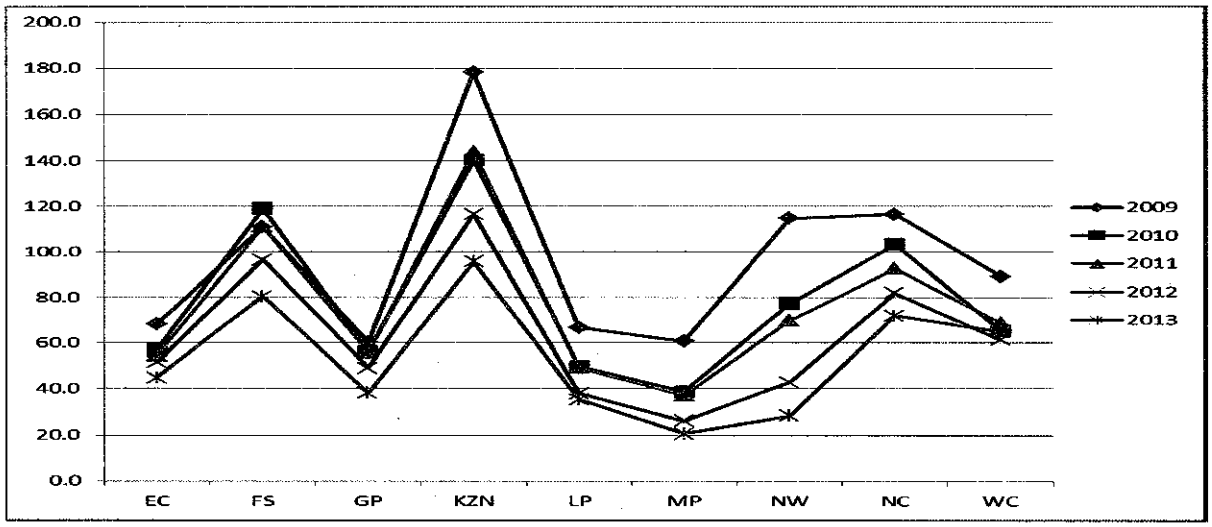
Source: Limpopo Department of Health, DHIS

Figure 21 above further illustrates that diarrhoea case fatality rate continues to decrease in all districts, the decline reflects better outcomes for health promotion and immunisation of children in disease prevention, and it reflects better case management of children with diarrhoea, and/or earlier presentation to health facilities. However, it is imperative to ensure that there is an on-going improvement in case management of children with diarrhoea at household, primary health care and hospital levels.

Pneumonia

According to health system trust (HST), globally, pneumonia kills nearly one (1) million children under the age of five (5) years annually, causing more deaths than HIV and AIDS, diarrhoea and malaria combined. Mortality due to childhood pneumonia may be because of poverty-related factors such as under-nutrition, lack of safe water and sanitation, indoor air pollution and inadequate access to health care. Thus, pneumonia can be prevented by means of health promotion, immunisation, and adequate nutrition and by addressing environmental factors.

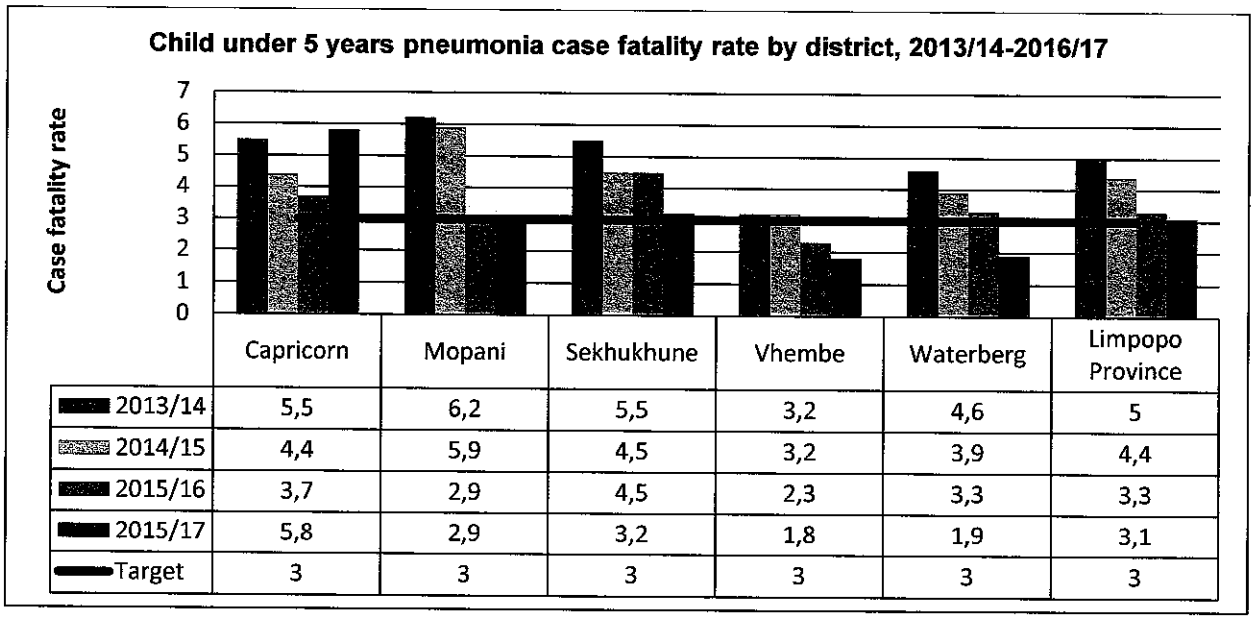
Figure 22. Annual incidence of pneumonia by province, 2009 - 2013



Source: CoMMiC Triennium Report 2011-2013

Figure 22 shows that in the face of an overall declining incidence of pneumonia Gauteng and the Eastern Cape recorded reversals in death rates from pneumonia between 2012 and 2013. The Free State recorded the most improvement in CFR that placed the province from seventh to fourth best performing province with regard to pneumonia deaths. Limpopo and Mpumalanga recorded the second highest reductions in pneumonia CFR. This is probably the consequence of having started from extremely high baselines in 2009.

Figure 23. Child under 5 years pneumonia case fatality rate by district, 2013-14 - 2015-16



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Limpopo Province
2013/14	5,5	6,2	5,5	3,2	4,6	5
2014/15	4,4	5,9	4,5	3,2	3,9	4,4
2015/16	3,7	2,9	4,5	2,3	3,3	3,3
2015/17	5,8	2,9	3,2	1,8	1,9	3,1
Target	3	3	3	3	3	3

Source: Limpopo Department of Health, DHIS

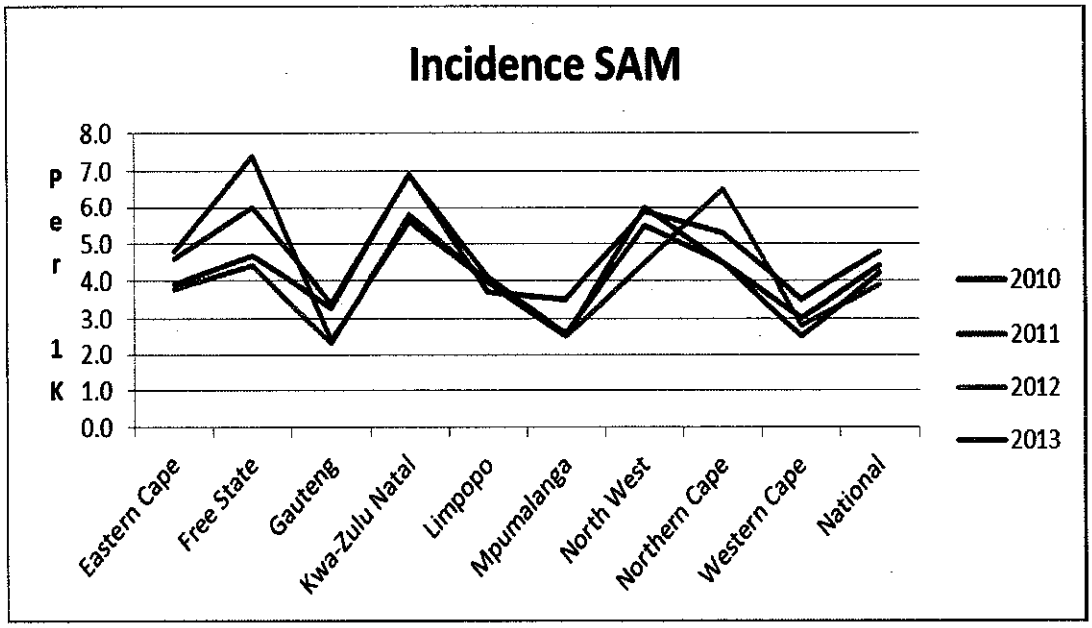
Figure 23 depicts that there has been a steady downward trend in the child under 5 years pneumonia CFR from 2013/14 – 2016/17, with the provincial target being achieved in Vhembe district with other province trailing behind the provincial target. The decrease in child under 5 years pneumonia CFR can be attributed to an improvement in the quality of care and increase in immunisation rates against pneumonia.

Malnutrition

Childhood under nutrition is a major global health problem and is the underlying cause of thirty-five (35) percent of deaths among children under five years of age in the developing world. It further contributes to childhood morbidity, mortality, impaired intellectual development, suboptimal adult work capacity and increased risk of diseases in adulthood. According to the 2008 *Lancet Series* on Maternal and Child Undernutrition15, severe acute malnutrition (SAM) is one of the most important contributing causes of childhood mortality

Correct identification of children with SAM is particularly challenging. Children with SAM will usually present at health facilities with other conditions, and will only be identified through correct measurement and plotting of weight, height and Measurement of Upper Arm Circumference. An increase in incidence may therefore reflect more active case-seeking and recognition, rather than a true increase in the SAM incidence.

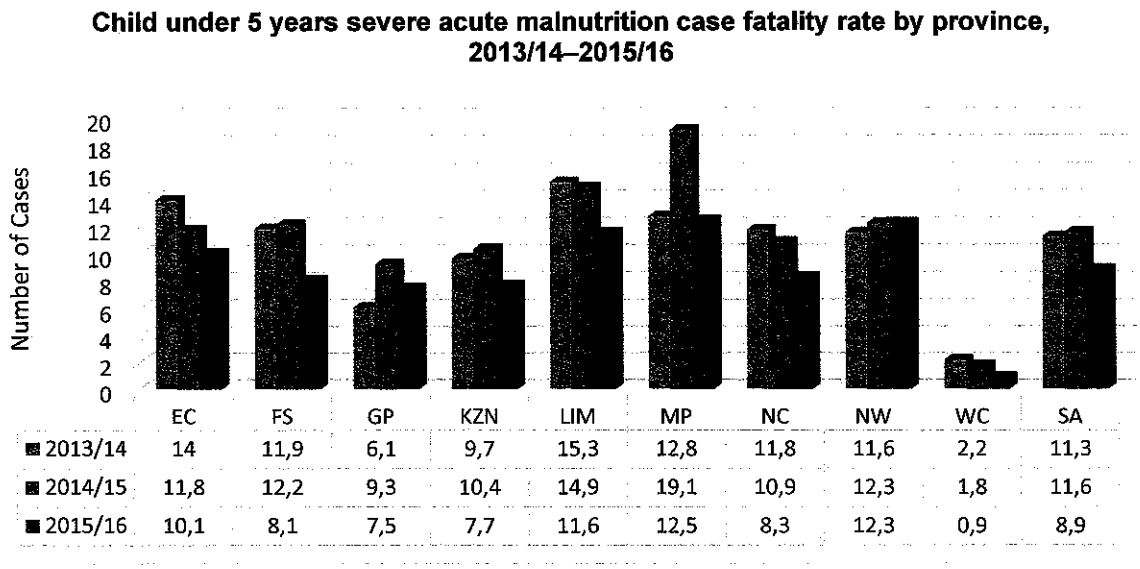
Figure 24. Incidences of SAM nationally



Source: CoMMiC Triennium Report 2011-2013

Figure 24 above illustrates that the incidence of Severe Acute Malnutrition is higher in Free State, KZN and North West provinces. North West province is increasing whilst Limpopo is on a decrease.

Figure 25. Child under 5 years SAM case fatality rate by province, 2013-14 – 2015-16

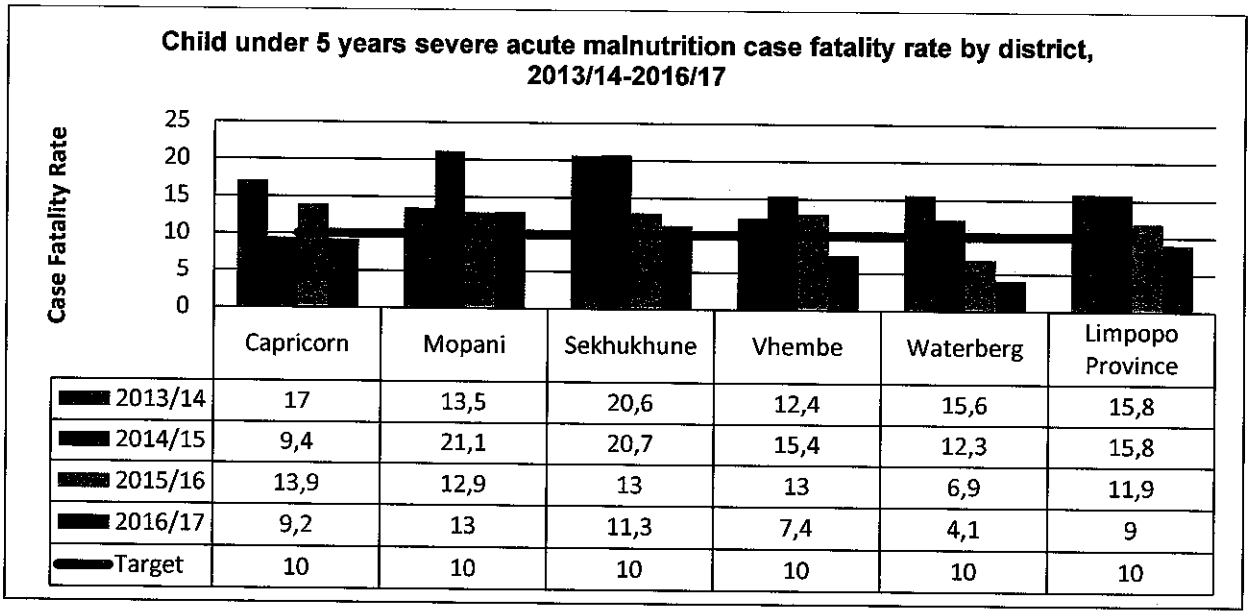


	EC	FS	GP	KZN	LIM	MP	NC	NW	WC	SA
2013/14	14	11,9	6,1	9,7	15,3	12,8	11,8	11,6	2,2	11,3
2014/15	11,8	12,2	9,3	10,4	14,9	19,1	10,9	12,3	1,8	11,6
2015/16	10,1	8,1	7,5	7,7	11,6	12,5	8,3	12,3	0,9	8,9

Source:

Figure 25 demonstrate that since 2013-14 to 2015-16 Limpopo has been on a steady decline. However, the province remained above the national average of 8.9% in 2015-16.

Figure 26. Child under 5 years SAM, 2013-14 - 2016-17



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Limpopo Province
2013/14	17	13,5	20,6	12,4	15,6	15,8
2014/15	9,4	21,1	20,7	15,4	12,3	15,8
2015/16	13,9	12,9	13	13	6,9	11,9
2016/17	9,2	13	11,3	7,4	4,1	9
Target	10	10	10	10	10	10

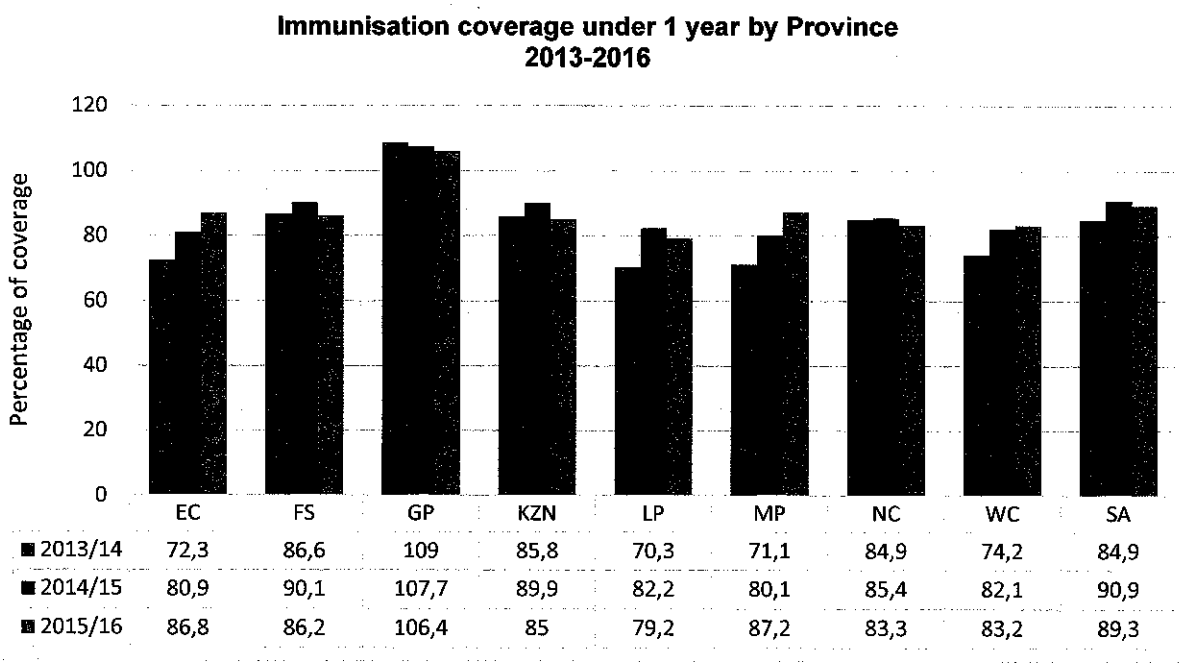
Source: Limpopo Department of Health, DHIS

Figure 26 illustrates that four of the districts in the province has improved in SAM with the province been able to perform within the set target. This is attributable to the departmental efforts to reduce the number of children who die from SAM, which includes the following: vigorous case finding at primary health care level; and management of children with moderate acute malnutrition and SAM at the correct level of care. The department is embarking on continuous training of health care professionals on WHO Tens Steps in management of children with MAM and SAM. To this far, above efforts have yielded good results in Waterberg and Vhembe districts.

Immunisation

Immunisation is one of the most important and cost-effective health interventions available. Key challenges include the need to procure WHO recommended vaccine refrigerators, EPI personnel and the consistent supply of vaccines. Figure 27 shows that Limpopo Province is performing below the target of ninety (90) percent due to consistent vaccine stock-outs and poor recording in facilities. Furthermore Figure 26 illustrates that in 2015/16, all provinces except Gauteng at 106.4 percent were below the national target of 90 percent immunisation coverage for children under 1 year of age.

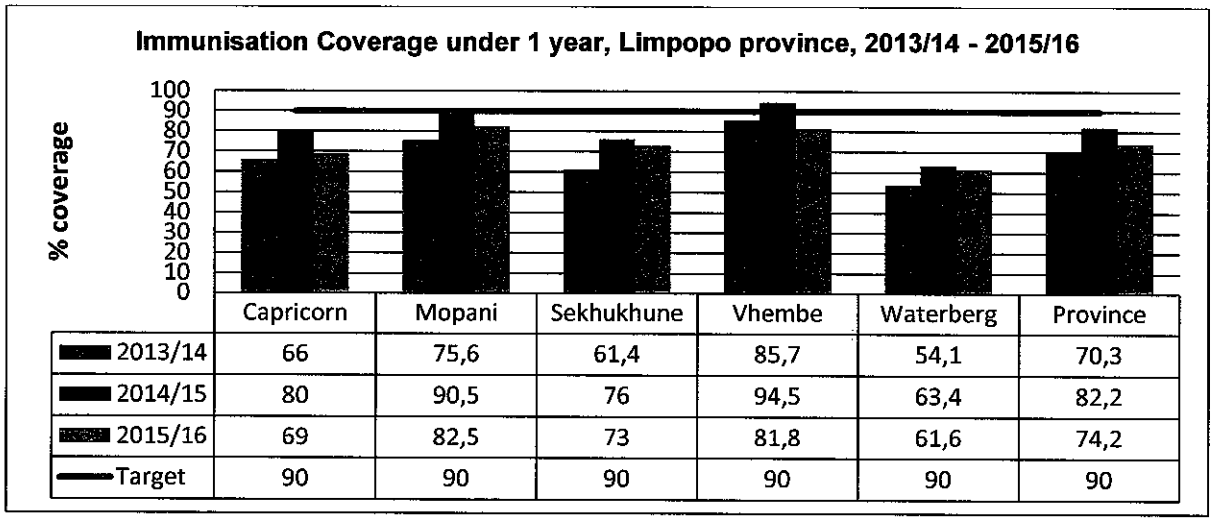
Figure 27. Immunisation coverage under 1 year by province, 2013 - 2016



Source: Limpopo Department of Health, DHIS

The below figure shows that Capricorn, Sekhukhune and Waterberg were below the target in 3 years (cf. Figure 28). Vhembe and Mopane reached the target in 2014/15. There are also numerous other factors that could have influenced the number of children not vaccinated: service related factors (e.g. some facilities do immunisations only on stipulated days and not after hours); client-related factors (e.g. migration; non-adherence to return dates and anti-vaccination group).

Figure 28. Immunisation coverage under 1 year by district, 2013 - 2016



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Province
2013/14	66	75,6	61,4	85,7	54,1	70,3
2014/15	80	90,5	76	94,5	63,4	82,2
2015/16	69	82,5	73	81,8	61,6	74,2
Target	90	90	90	90	90	90

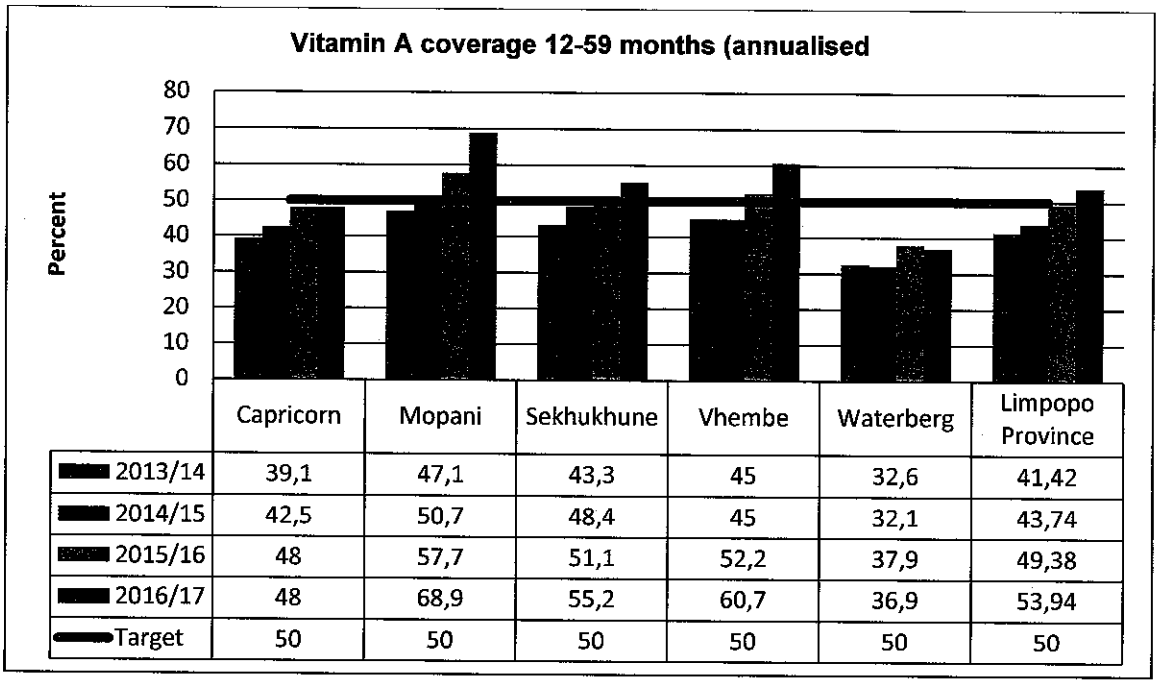
Source: Limpopo Department of Health, DHIS

Vitamin A Coverage

Vitamin A supplementation is one of the key interventions listed in the 'Protect, Prevent and Treat Strategy' for the World Health Organization (WHO) Integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD), which aims to end preventable child deaths due to pneumonia and diarrhoea by 2025. Deficiency of vitamin A is associated with blindness as well as a fourfold increase in child mortality secondary to prematurity, neonatal infections, diarrhoeal disease and measles. The vitamin A coverage acts as a proxy indicator for access to preventive health services among children aged 12 to 59 months.

There are also numerous other factors that influence the number of children receiving vitamin A supplementation: service related factors (e.g. some facilities do immunisations only on stipulated days and not after hours); client-related factors (e.g. migration; non-adherence to return dates). Figure 29 shows a steady increase in vitamin A coverage, which is due to campaigns conducted at early childhood centers (ECDs) in liaison with the department of social development (DSD).

Figure 29. Vitamin A coverage 12 - 59 months



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Limpopo Province
2013/14	39,1	47,1	43,3	45	32,6	41,42
2014/15	42,5	50,7	48,4	45	32,1	43,74
2015/16	48	57,7	51,1	52,2	37,9	49,38
2016/17	48	68,9	55,2	60,7	36,9	53,94
Target	50	50	50	50	50	50

Source: Limpopo Department of Health, DHIS

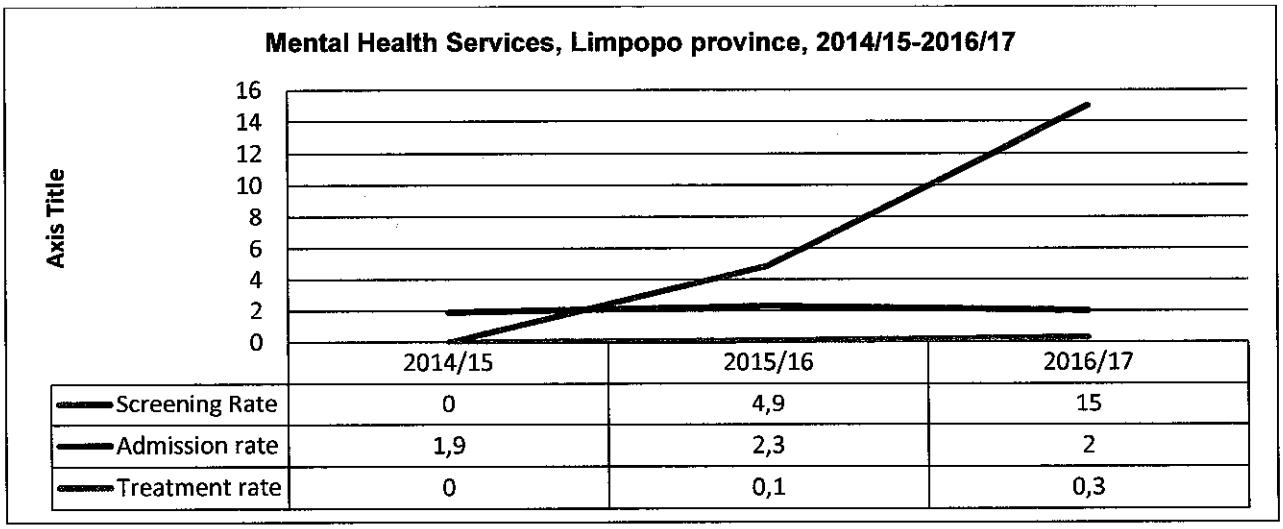
NON-COMMUNICABLE DISEASES

Limpopo is still facing challenges of lifestyle diseases such as diabetes, hypertension and mental illness. In particular hypertension and diabetes remain in the top rankings of the causes of mortality in the Province.

Mental Health

Figure 30 demonstrates the screening, admission, and treatment rates. The screening is increasing; admission is decreasing while treatment rate remains the same in a period of three years.

Figure 30. Mental health services in Limpopo, 2014 - 2017



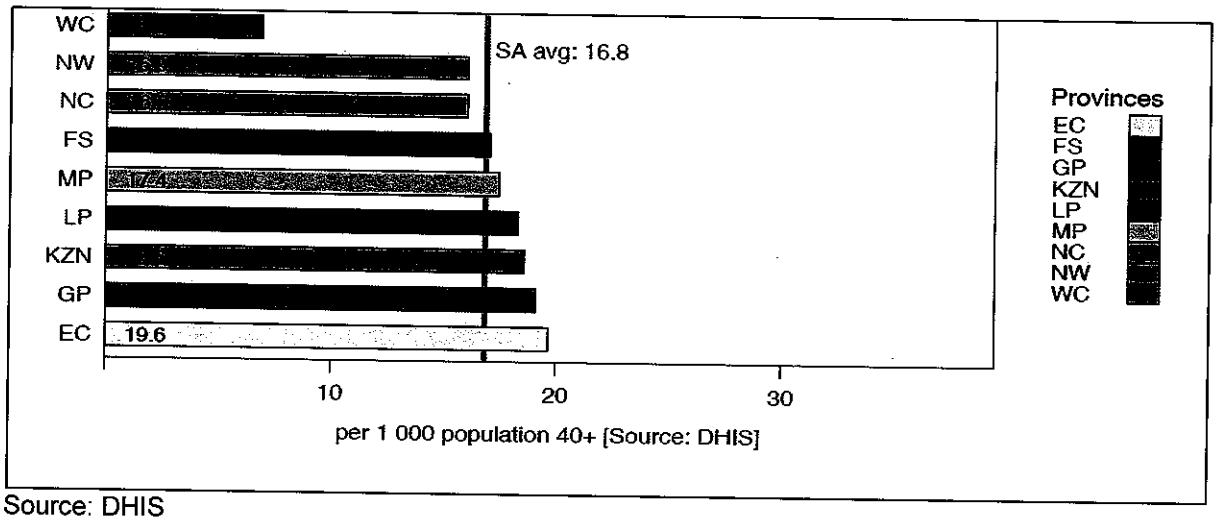
	2014/15	2015/16	2016/17
Screening Rate	0	4,9	15
Admission rate	1,9	2,3	2
Treatment rate	0	0,1	0,3

Source: Limpopo Department of Health, DHIS

Hypertension

Hypertension incidence in Limpopo was 18.3 per 1 000 population 40 years and above (see Figure 31). The incidence rate is above the national average of 16.8 per 1 000. This could be due to accessibility of screening services or a change in health seeking behaviours due to widespread awareness campaigns. There is a concern with management of this condition as more deaths due to Hypertension related disorders are becoming more prominent.

Figure 31. Hypertension incidence/1000 population

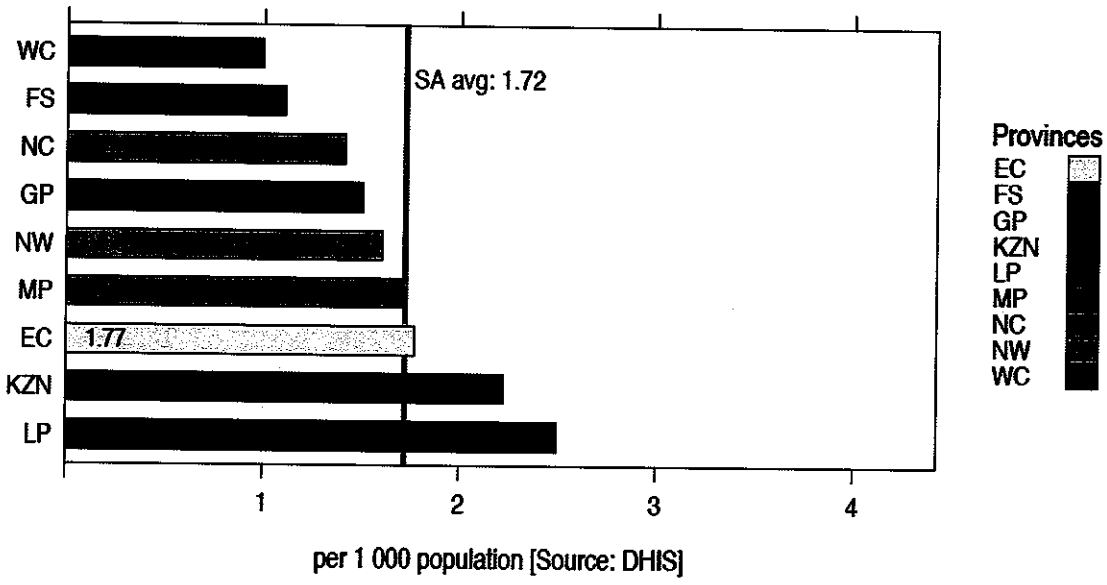


Source: DHIS

Diabetes

According to Figure 32 diabetes mellitus incidence in Limpopo was the highest in the country at 2.50 per 1000 population of 40 years and above. Accessibility of screening services could be attributed to the increase. Also, awareness campaigns in collaboration with other partners (The Rotary Foundation, AMREF) encourage health seeking behaviours. There is a reported high prevalence of the risk factors for diabetes and NCDs in general as identified in the Dikgale Demographic and Health Surveillance Site.

Figure 32. Diabetes incidences



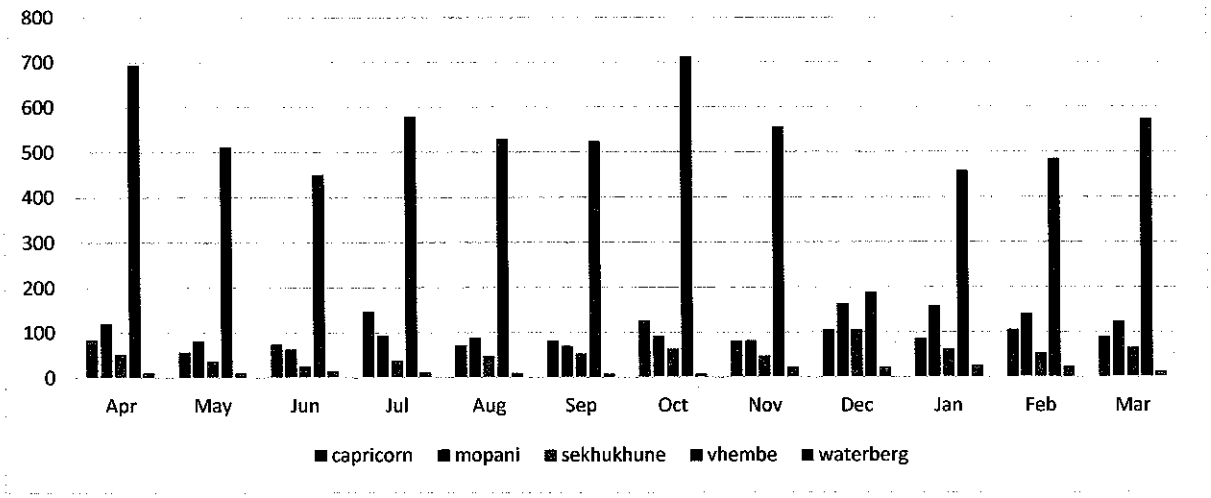
Source: DHIS

Public Health Progammes

Animal bite

Animal bites to patients are seen daily in health facilities. Figure 33 below shows the number of patients consulted and given Rabies vaccine or with Rabies Immunoglobulin depending on the wound category. Those who consulted early were saved from developing human rabies. Vhembe district sees a lot of animal bites followed by Mopani district. The department has trained personnel on management of animal bites and ensured the availability of Rabies vaccine. In addition, training of staff in the administration for rational use of Post-Exposure prophylaxis is on-going. Furthermore, collaboration with Department of Agriculture (Veterinary services) is on-going to address the escalation of this challenge. There is a closer collaboration with pharmaceuticals to ensure availability of anti-rabies vaccines and rabies immunoglobulins and appropriate levels.

Figure 33. Animal bites by districts 2017/18

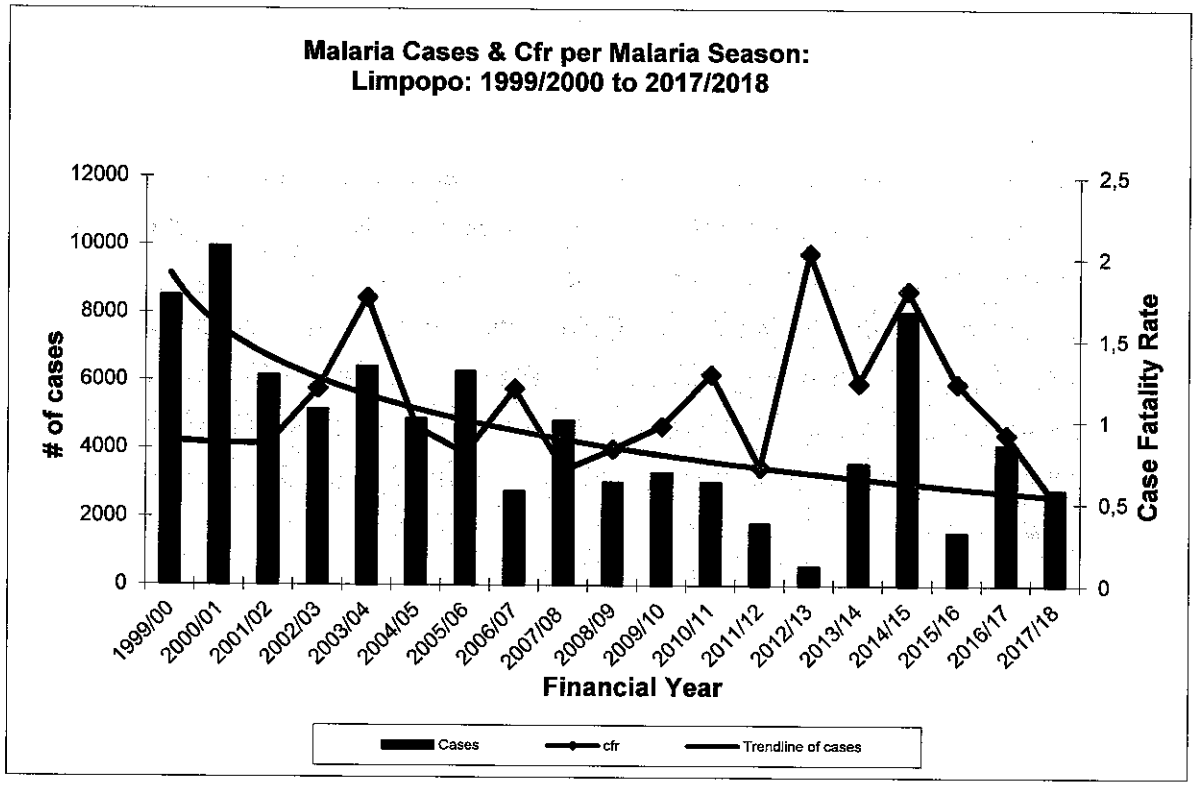


Source: Department of Health, Public Health Programmes

Malaria

Figure 34 below indicates a gradual decline in the incidence of malaria over a period of 16 financial years, with the malaria case fatality rate (CFR) remaining at above 1 percent. Although case numbers in Limpopo declined from 9 487 in 2000 to 4 215 in 2010, this province has become the largest contributor to malaria incidence of the three endemic provinces[1]. This is attributable to weather conditions experienced in the province: Rainy conditions and dry weather conditions experienced in 2014/15 and 2015/16 respectively.

Figure 34. Limpopo malaria cases & case fatality rate (CFR), 1999/2000 - 2017/18



Source: Limpopo Department of Health, Malaria Control Programme

The levels of malaria transmission in Limpopo is influenced by a number of factors namely; climatic conditions, lack of malaria control on a regional level and the influx of parasite carriers into the province, as well as the reduced availability and use of the chemical DDT. Over the past year, malaria transmission increased in the SADC region contributing to sustained higher levels of transmission in Limpopo, through introduced and induced malaria.

The main malaria control intervention, being the Indoor Residual Spraying Programme, has continued to perform above set targets, with 1,280,254 structures sprayed in the 2014/15 financial year, against a target of 1,100,000. The success of this programme has been dependent on the commitment of seasonal spray workers employed from communities.

Malaria fatalities is still a concern, aggravated by delays in seeking treatment, co-morbidity and the unavailability of the treatment IV Artesunate (WHO recommended treatment for severe and complicated malaria). This treatment has been introduced in 2015/16 financial year.

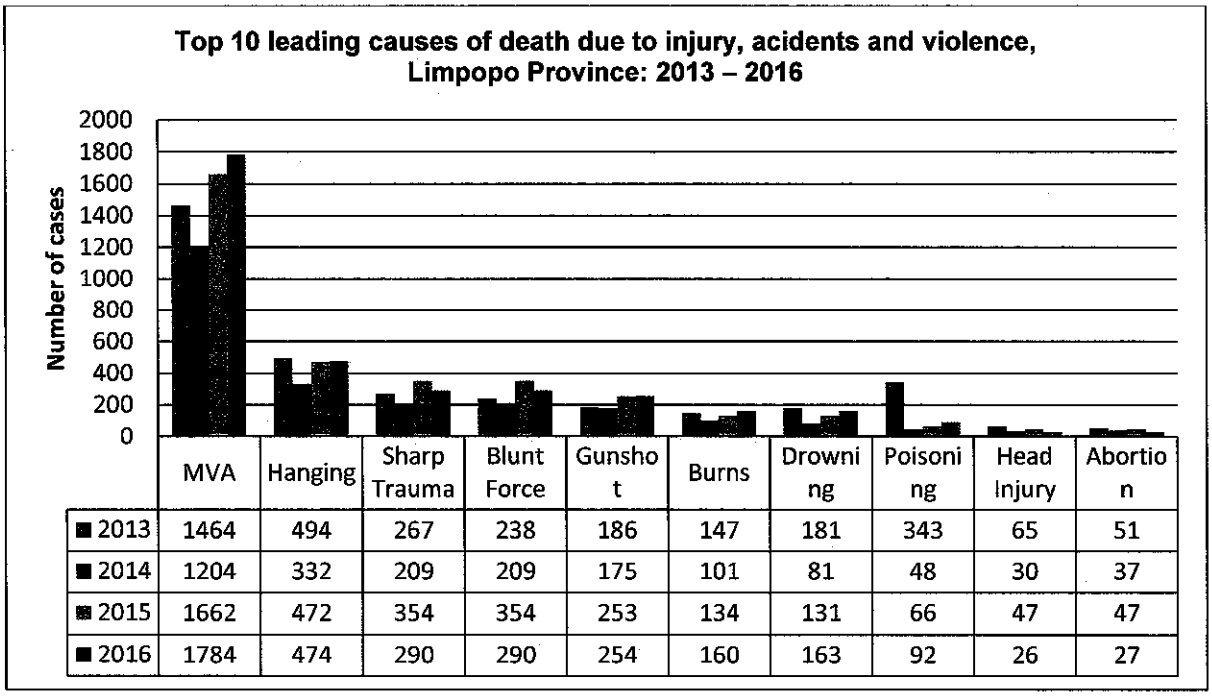
Various research initiatives are underway to find innovative ways to counter the higher levels of transmission. While there are ongoing activities in creating community awareness and training of health care workers, there will also be a focus on refining parasite surveillance tools, using a Geographical Information System (GIS) platform, in communities with higher levels of transmission.

The aim is to use the available resources for malaria control more efficiently, by improving targeting of communities susceptible to malaria transmission.

Intentional and Unintentional Injuries

Motor vehicle accidents are the main cause of deaths in Limpopo, with an increase from 1464 in 2013 to 1784 in 2016, hanging has decreased from 494 in 2013 to 474 in 2016, gunshot has increased from 186 in 2013 to 234 in 206, and abortion has decreased from 31 in 2013 to 27 in 2017 (see Figure 35). The decrease on abortion may be attributed to access to medical termination of pregnancy.

Figure 35. Top 10 leading causes of mortality due to injury, accidents & violence in Limpopo, 2013 – 2016



	MVA	Hanging	Sharp Trauma	Blunt Force	Gunshot	Burns	Drowning	Poisoning	Head Injury	Abortion
2013	1464	494	267	238	186	147	181	343	65	51
2014	1204	332	209	209	175	101	81	48	30	37
2015	1662	472	354	354	253	134	131	66	47	47
2016	1784	474	290	290	254	160	163	92	26	27

Source: Limpopo Department of Health, DHIS

4. FACTORS IN THE ORGANISATION THAT WOULD IMPACT ON SERVICE DELIVERY

Management performance assessment tool (MPAT)

The MPAT is a tool for measuring for measuring quality management practices since 2011-12 financial year. The departments conduct self-assessments annually, thereafter their assessments are moderated by subject-matter experts. The aim of the MPAT is to get managers of departments to regularly monitor the quality of their management practices and to implement improvement plans where necessary.

The department has not shown an improvement from MPAT 1.6 to MPAT 1.7. The performance of the department mostly remains at the same level in various standards in the four KPAs. This can largely be attributed to inadequacy in the implementation of the improvement plan or lack of understanding of MPAT importance. The department has resolved to have MPAT as a standing agenda item in the executive management meetings. Monitoring of the quality improvement plan shall be prioritised in order to improve MPAT scores going forward.

Human resource management

The department is faced with a challenge that the historical organisational structure is not in line with the service delivery model resulting in the misdistribution and poor skills mix of human resources resulting in huge budgetary implications i.e. 73% of total budget is spent on Compensation of Employees (COE). There is a total of 14990 health professionals against a requirement of 25385 (40,95%), with specialist vacancies at 77% and medical officers at 60,38%. In addition, there is also a total of 5961 support personnel against a requirement of 16418 with 63,6% vacancy rate. Staffing is not in line with core business of the DHS and National Tertiary Health Services Plan. Furthermore, there is shortage of skilled personnel in EMS – only 26 advanced paramedics are currently employed in the department. The department is challenged by the inadequate number of specialists, 1,5 specialists per 100 000 population in comparison to 33,1/100 000 in the Western Cape. To make matter worse, some policy reforms requiring absorption Home Based Carers (HBC's) and Community Health Workers(CHW's) into PERSAL system and an increase of stipend to minimum wage. In addition, while health service is naturally rendered 24hourly, the current demand for overtime (including in excess of 30%) is not informed by workflow analysis due to lack of systems.

In addressing the above and other matters in this section the department have developed a turnaround strategy with focus on achieving the following: effective utilization of available resources; delivery of health services within budget; capacitating the department to deliver services through the right skills sets; effective revenue collection; and improved organisational culture among departmental personnel and enhanced internal discipline. Immediate attention will focus on five

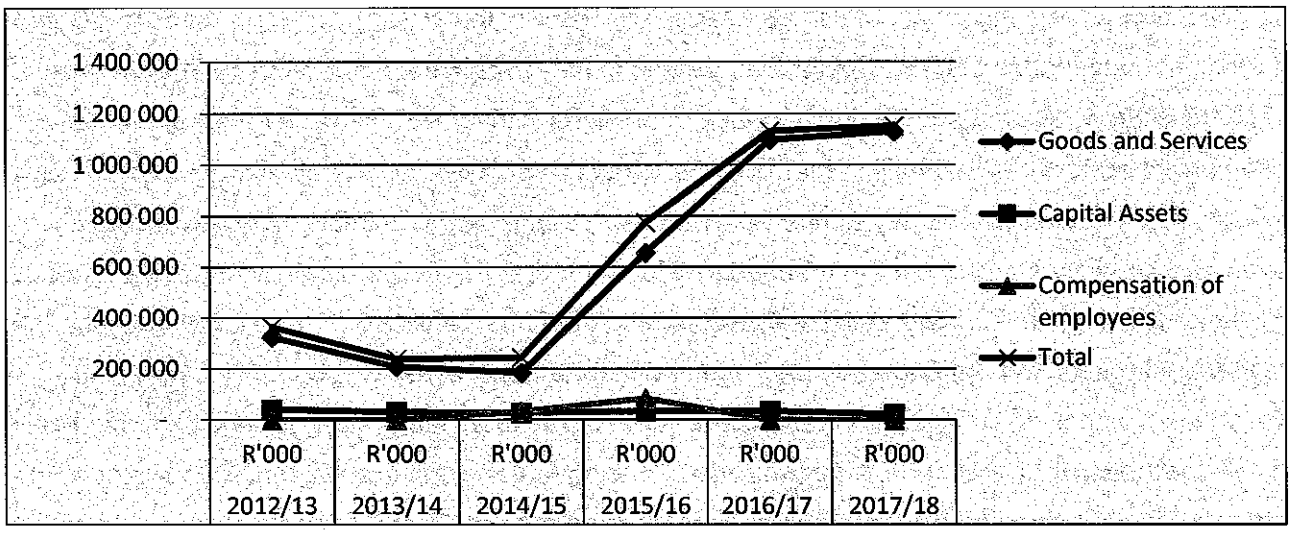
areas for 18 months: financial management; corporate services; health services; health infrastructure; and information, communication and technology services (ICTS). In relation to human resources management the department is embarking on the process of rationalisation of staff, redeployment and revision of the bloated organisation. Furthermore, there are continuous engagement to between the department and treasury to address a way to fill vacant and critical posts in order to improve health access and quality of care.

Financial management

Budget

The actual departmental budget growth is ranging from 5.1%, 5.9% and 5.5% in 2019/20, 2020/21 and 2021/22 financial years respectively. The budget however shows a huge deficit in the baseline over the Medium Term Expenditure Framework (MTEF). This is as a result of the departmental budget that has not been in line with the Consumer Price Index (CPI) over the last five (5) years when taking into consideration the actual expenditure of the department. The anticipated budget growth does not consider the previous underfunding that resulted in the growth of accruals from R365m in 2012/13 to R1.2 billion in 2017/18 financial year as depicted in Figure 36. Albeit the department has not incurred unauthorized expenditure over the last five years, there is a high growth of accruals and payables over the same period. The yearly accruals and payables has grown from 1.4% in 2012/13 to 6.4% against the national average of less than 2% of the total budget of the Department.

Figure 36. ***Accruals and payables growth over a 5 year period 2012/13 to 2017/18 F/Y.***



Budgetary challenges that are facing the department pertaining to COE are associated to: (1) the improvement of conditions of service (ICS) for level 1-12 which was implemented at 7.3% in 2017/18 whereas the funding was provided at 6.4%; and (2) the performance bonus and pay progression which were not budgeted for due to the COE being ring-fenced per 2017 MTEF. In terms of the

goods and services, the department experiences inadequate funding to fully cover contractual liabilities of the department. As a result, accruals totalling R1.1 billion had to be paid in the 2018/19 financial year, which is 30% of the overall budget.

Health facilities management (Infrastructure)

Infrastructure

The department has inherited ex mission and homeland infrastructure thus far with no consideration for population growth and the quadruple burden of disease. As a result, the department is faced with ageing and inappropriate health infrastructure some of which is no longer fit for purpose. Delivery of new health facilities is constrained by limited capital versus the needs as capital works are solely dependent on the conditional grant of R508 million per annum. While the department has over time delivered new health facilities across the province, some of these facilities have been built outside the user asset management plan (UAMP) in response to political pronouncements. Some of these new facilities have therefore not been utilised after practical completion due to resource constraints. Moreover, the department is still implementing the 2011-12 earmarked projects as a result of Section 100 which arrested implementation of capital projects. These challenges have necessitated the need to reprioritize projects to a minimum as well as a phased- in approach to delivery of 'crisis point' projects such as laundries, replacement of chiller plants and stand-by generators.

Maintenance

In order to extend the lifespan of buildings within the department, the department is striving to conduct regular maintenance of infrastructure and health technology with an inadequate and dwindling maintenance budget. Continuous decline in maintenance budget of **R192 million** instead of **R900 million** result in severe maintenance challenges (being reactive rather than preventative). The current budget of R143 million for maintenance and health technology against a required R514 million clearly shows the incongruence between need and available funding. Moreover, there is a skills and capacity shortage in the maintenance division that the department has not been able to alleviate due to (1) the current pressure on compensation of employees (2) mismatch between the market and prescribed remuneration packages the department can offer.

The overall effect of an ageing infrastructure and health technology that cannot be adequately maintained and/or upgraded is increased costs due to faster deterioration requiring replacement instead. This is putting a burden on the already crippled budget. There is therefore now competing critical demands that cannot be attended to as there is no budget to do so. This is compromising patient care and placing the department at risk.

In this challenging period where the economy is not growing and funding is limited, the department commits to continually strive towards having facilities that allow efficient health service delivery,

which could be through building new facilities, rehabilitating older facilities and conduct essential maintenance.

Medico-legal Services

The departmental trends of medico-legal claims are increasing. Since the period 2014-15 to 2017-18 the department sits with a total of 796 claims unresolved. The financial implication associated with these claims is R4.3 billion. A total of 33 cases has being resolved including 30 cases which were averted through ADR, 6 cases of dealt with through medication or settlements and 27 cases settled through court orders. The department has in the financial year 2015/16 received 11 cases amounting to R6.8 million, in 2016/17 the department received 14 cases amounting to R74.1 million while 2017/18 8 case were received amounting to R23 million. The grand total for these received cases over the three financial years amounts to R104.8 million. However, the support the department receives from the office of the state attorneys remains a crucial aspect of medico-legal claims management. The implementation Medico-Legal Policy is expected to constitute a cutting edge of managing medico-legal claims by the department.

Information Management

The department puts information at the centre of decision making, planning and reporting. In a bid to improve information quality, refresher trainings on the DHMIS policy and SOP were conducted. Further trainings were conducted on the newly revised NIDS 2017 and the booklets were distributed to all facilities for easier referencing. In addition, the webDHIS trainings were conducted to all provincial, district, hospital and sub-district information officers. Facilities have started implementing webDHIS from April 2017. The department ensures that data is submitted to Provincial office monthly and monthly meetings are being held for purposes of providing feedback to the districts and submission to the National department of health.

Despite the above strides, information management is still faced with various challenges. Those include but are not limited to: 1. DHMIS policy is not fully implemented by all facilities as anticipated; 2. data verification is not properly conducted before data is signed off by facilities which lead to repeat audit findings by Auditor General of South Africa (AGSA); 3. non-standardized data collection tools at hospitals which contribute largely to the poor quality of data; 4. some facilities are having network connection problem for implementation of webDHIS; 5. high vacancy rate in the information management section; 6. sub-districts data review forums where data errors can be picked up early are not in place; and 7. data verification is not properly done by the Operational Managers/CEOs before is signing off and capturing.

In addressing the above-mentioned areas of weakness, the department will ensure that there is full Implementation and compliance to the DHMIS policy and SOP's. The department is embarking on the provision of WIFI routers to all facilities so that data is captured at facility level. There will be efforts to introduce Daily Data Capturing at all the facilities. The department will ascertain provision of regular feedback to lower levels in regards to quality of data and programme performance. The department will enforce that data Management be part of the Managers' performance instruments. Monthly data review meetings will be strengthened.

Laboratory and blood services

Electronic gate keeping (EGK) was introduced in Oct 2017, and has since saved R 1,353,447.35 (1.82%). Introduction of laboratory request forms with prices for each test will be introduced in July 2018. A standardised specimen management register has been introduced. Despite these strides, the department is still faced with challenges in delivering an efficient function of blood services. Among other things, the department is challenged by the lack of blood ordering protocol resulting in irresponsible ordering of blood products. In addition, lack of IT infrastructure for specimen management is posing challenges to the department. Albeit the EGK system has being efficient, the EGK rules do not include the highest cost-driver tests. In addressing these challenges the department intends to develop a blood ordering protocol, activate the electronic laboratory test ordering and results look-up module on the current DHIS. The department further will ensure that highest cost-driver tests are included in the EGK.

Allied Medical Services

Out of 40 hospitals, there are 36 hospitals offers a full complement of rehabilitation services. The department has successfully established an optometry laboratory in Mankweng Hospital. On the flip side, the department is faced with a challenge of lack of management of allied health services at hospital level. In addition, a backlog in the provision of assistive devices still poses a problem. At primary health care level, rehabilitation services remain inadequate. The department is embarking on the following interventions to address the aforementioned challenges in the allied medical services e.g. assigning personnel to coordinate allied health services per hospital; temporarily procure centrally and distribute to facilities as well as to have a tender for optometry items in place, and have an outreach and "Adopt-a-clinic" model introduced at hospitals.

Health Technology

Funding has been provided over past two financial years amounting to R80 million for the upgrade of Health Technology at PHC, district and regional hospitals. Equipment amounting to R39,6 million has been procured for tertiary hospitals (Mankweng and Pietersburg) in 2017/18 financial year. To

this end the national tender, with maintenance contracts is in place (RT2) on the other hand the provincial tender is also about to be awarded. The challenge the department is facing is that there is no tender for the routine servicing and maintenance of equipment not on maintenance plans. A complete health technology audit is not yet in place in order to facilitate for clearly understanding of what is there, where and in what condition in order to know what has to be purchased for which facilities. However, in other instances, equipment procured with maintenance contracts in hospitals are not maintained accordingly. The shortage of clinical engineers at the district level poses a challenge on maintenance of equipment. Nonetheless, the department is working on developing and awarding a provincial tender for maintenance of equipment. Furthermore, a service provider will be appointed to do a complete audit of health technology equipment per level of care. Importantly, the department will ensure that hospital CEO's take responsibility of ascertaining that equipment is maintained as per contract. The department will embark on a recruitment of at least one clinical engineer per district.

Pharmaceutical Services

An electronic system (Rx solution) has been successfully implemented in all hospitals and there is a process of upgrading the system by incorporating the dispensing model. Furthermore, stock visibility system (SVS) was introduced at PHC level to be able to report stock availability. Chronic conditions medicines direct delivery (CCMDD) has been implemented at all districts. By the end of May 2018; 672,505 parcels were delivered directly to patients, this decongested the queues at the hospitals. Implementation of the warehouse management system at the depot is almost complete – go-live-date is 2nd July 2018. Medicine availability during 2017/18 financial year was at 90,7% for hospitals and 87,2% at PHC level.

On the other hand, the department is faced with inadequate management of pharmaceutical services (medicine & surgical items) at PHC. The poor inventory management at PHC result in negative audit outcomes. Due old and not fit for purpose infrastructure the infrastructure at various levels does not meet good pharmaceutical practices. Again, inadequate budget result in an inability to pay suppliers over the financial year leading to a drop in medicine availability. The effects of this are experienced during the 4th quarter of the financial year, into the 1st quarter of new financial year where medicines will be below the availability targets. However, the department will continue ensuring that there is effective and regular outreach of pharmacy personnel to PHC facilities. The department will ensure continuous engagements with the provincial treasury to solicit the much needed funding in addressing the current budget deficiency.

Emergency medical services

Emergency medical services are quite an integral part of a well-functioning health care service. Thus far, the department has through the procurement of ambulance fleet over the past years managed to realise an improved ambulance per population ratio from 1:47 290 in 2013/14 to 1:27 297 in 2017/18. To this end, at least 491 out of 661 EMS vehicles (ambulances, PPT, response, rescue & support) have been fitted with active tracking devices. In addition, the push-to-talk (PPT) communication system has been implemented. In improving quality of care at EMS level twenty-seven (27) EMS personnel were trained for Essential Steps in Management of Obstetrics Emergencies in Transit (ESMOEIT).

However, due to population growth there is an increased in demand of emergency medical services by the communities at times resulting in delays to respond to all calls timeously. In the same vein, the department is also experiencing high demand for Planned Patient Transfers (PPT) to ferry patients within the province and to Gauteng. As a result, ambulances are at times being used for PPT transfers. Managing of these critical services is important but the department is facing a high vacancy rate at management level in EMS e.g. head of EMS, operational & district managers. Lack of infrastructure still impacts on these services since only 20 out of 57 EMS stations are purpose built.

In addressing the above challenges, the department will remain embarking on the ongoing expansion of ambulance fleet as well as linking technology platforms namely Tracker and Push to Talk to utilize fleet more efficiently. In addition, the department will strengthen clinical capacity at regional hospitals to reduce PPT transfers. Posts will be filled accordingly in line with approvals from treasury.

Oral Health

In efforts towards a preventative approach, oral health services are provided at primary health care facilities. In addition, dental outreach services are in offered in all five (5) districts. However, services at other PHC facilities are not yet fully established.

However, full dental laboratories have been established in Mankweng/ Polokwane. Establishment of oral health services at specialised hospital is underway. Despite all these gains, there are still facilities with old and outdated dental chairs that are no longer usable, resulting in the under-utilization of dentists. The department will embark on upgrade and servicing of dental equipment at all levels of care. Services shall be marketed in order to increase restorations while decreasing on extractions.

EMS college

The department has successfully managed to have five students sent to study Bachelor of Science (BSc) with contracts and salary retentions. A further group of five students will be send in the next

academic year in order to increase the skills capacity in the EMS. Furthermore, a partnership has been established with the University of Limpopo in order to expand the platform for training of EMS personnel. The department was however not granted accreditation at the HPCSA audit because of infrastructure challenges and insufficient staff. This exacerbate the fact that the majority of EMS personnel are not skilled in accordance with NQF-aligned programs. The department is working on refurbishing of the infrastructure and transfer of operational staff permanently to the college. In addition, the department is on course to ascertain that the the college obtains accreditation to offer NQF-aligned programs.

Information and commutation technology (ICT)

The department has a poor ICTS infrastructure and network architecture that cannot support current and future business processes including the eHealth strategy. Major ICT challenges include: (1) poor ICT performance leading to poor service delivery by the department; (2) loss of institutional memory due to changes of service providers; (3) unavailability of internet connectivity in health facilities to support routine health information management as well as the implementation of patient-based information systems; (4) old health information systems; (5) IT hardware that is obsolete; and (6) unavailability of electronic document management systems that are critical for business accountability and continuity as well as safeguarding departmental information. As a result, the department is experiencing great inefficiency including in clinical platforms such as Emergency Medical Services (EMS) call out and response; pharmaceutical depot supply chain management and facility stock visibility; laboratory investigations and gatekeeping; radiology filming and transmission; patient visit tracking and inability to locate files to defend the department in medico-legal cases.

Records management

In 2016-17 financial year the department approved policies and procedure manuals in all categories of records. Importantly, the procurement of the twelve (12) mobile containers to alleviate the storage space problem is at an advance stage. Furthermore, the acquisition of an Electronic Records Management system aimed at improving the management of records in the Department is in progress. In spite of these progresses, the department is still experiencing weaknesses pertaining to the lack of disaster preventative, fighting and recovery resources as well as shortage of filling storage resulting in haphazard filing of records which impacts negatively on patients' waiting time and audit outcome.

Among other weaknesses include: (1) disposal and archival backlog for both old and terminated records; (2) lack of electronic records tracking system; (3) lack of offsite storage to keep vital records; and (4) long patient records retrieval time due to the distance between OPD and records storage in some hospitals. The department plans to address some of the above challenges by migrating paper

records to electronic records, considering acquiring of adequate storage through outsourcing for the archival of inactive records, and fast-tracking the filling of vacant position through permanent appointment.

5. ORGANISATIONAL ENVIRONMENT

5.1 Summary of the organisational structure

- **Provincial Head Office**

- During 2012, the Department embarked on the process to relook into the functional arrangements of the Provincial Head Office structure with a view to reorganise the department in line with Service Delivery Model and in alignment with the Departmental Strategic Plan. The structure was finally reviewed and submitted to MPSA for comments during 2014/15 financial year and approved by the MEC during May 2015.

- Whilst the department was still in the process of consultations with organised labour in order to implement the approved structure, Provincial Treasury instructed the department to review its organisational structures and rationalise the posts/functions to ensure that the functional and approved structure is within the funded budget structure. The Department started with the process to review the structure and consult various stakeholders such as Heads of Branches.

- The draft structure was finally presented to heads of branches and organised labour for inputs and comments, of which the process still has to be finalised. The department intended to finalise the process before the new financial year, i.e. 2018/19, but due to the delay in the process of consultations, the department intend to finalise the structure during 2019/2020 financial year.

- **Institutional Levels**

- The review process was also cascaded to the District Offices and institutions. Districts and institutions' executives were also consulted for their inputs and comments, of which the inputs and comments were consolidated into the draft structures. The draft structures still have to undergo the final process of consultations with various stakeholders such as labour organisations and the executive.

- The reviewed structure will be forwarded to the Minister of Public Service and Administration (MPSA) for comments and inputs, after which the MEC will approve the structures.

5.2 Imbalances in service structures and staff mix

In the absence of staffing norms the current departmental organisational structures are developed based on the need of services, as well as National and Provincial mandates that affect health service delivery. These mandates, among others include; Medium Term Strategic Framework 2014-2019, key national programs and priorities, the MEC's Budget Speech, Strategic Plan, Sustainable Development Goals, National General Council Reports

and the Limpopo Growth and Development Plan. The underlying core principles guiding the restructuring in the Department are as follows:

- Cohesion and integration of management systems across all levels of functionality;
- Need for stronger leadership and management capacity to plan, coordinate, control, monitor and evaluate to allow the provision of strategic guidelines and leadership on strategy, policy and coordination;
- Strengthen departmental management systems, services and points of accountability;
- Greater accountability and responsibility through the department in ensuring that policies are implemented and strategic objectives are delivered in the improvement of services;
- Efficient, effective, affordable and less bureaucratic structure that will promote a strong partnership orientation, stakeholder relations, inter-sectorial and interdepartmental collaboration in the delivery of services;
- Proper alignment, integration and implementation of legislative frameworks, departmental strategic plan, government priorities and other priority programmes programs;
- An appropriate structure to expedite the delivery of quality services with the overriding emphasis on delivering the department's core business;
- A more dynamic structure that will attract and retain a management cadre to deliver a high quality service;
- Increased focus and strengthening of core/line programme/functions to improve decision making and accountability; and
- Strengthen the improvement of service delivery, the achievement and delivery of strategic objectives, outcome 2, and SDG's imperatives, thus improving the health status of the Limpopo community.

Core and support personnel are therefore distributed according to the level of care. Despite the efforts to accurately allocate personnel in primary health care, district hospitals, provincial hospitals and tertiary hospital services, the Department is still experiencing challenges relating to fair and equitable distribution of both core and support personnel at various levels of health care services.

5.3 Summary of performance against Provincial Human Resource Plan

- **Current deployment of staff**

- In terms of the current approved organisational structure, the Department has a total number of **64 343** posts including both core and support. Based on this structure, the total number of filled posts is **32 946**. The number of vacant posts is **31 397** which gives a vacancy rate of

48.8%. In terms of outcome 12, all government departments are expected to implement the Persal Clean-up project and one of the outputs of the project is to abolish all unfunded vacant posts from the Persal system. Post status after Persal Clean-up project is reflected as follows: Total number of approved posts: **36 223**; filled posts: **32 946**; vacant posts: **3 277**; and vacancy rate is at **9.05%.**

- **Accuracy of staff establishment at all level against service requirements**

The current institutional staff establishments at various levels of health care services such as Primary Health Care (PHC), District Hospitals, Regional Hospitals and Tertiary Hospital are appropriately aligned with service needs.

- **Staff recruitment and retention systems and challenges**

Recruitment and retention of human resources for health in the Department remains a challenge and this is manifested by the following challenges, to mention a few:

- ✓ Lack of opportunities for career-pathing;
- ✓ Inadequate infrastructure;
- ✓ Inadequate and non-functional equipment; and
- ✓ Poor working conditions.

In response to these challenges, the Department has developed a Recruitment and Retention Strategy that is only been partially implemented due to financial constraints. Additionally, a succession plan framework has been developed with the aim of retaining required skills within the Department.

- **Absenteeism and staff turnovers**

According to the absenteeism and staff turnover report of 2017/18 the high workload in the Department which is influenced by the high vacancy rates of health workers, contributes to burn out resulting in absenteeism and negative staff turnover. Absenteeism is analysed from the following types of leaves, vacation, sick leave, responsibility leave, unauthorised leaves and any other form of absenteeism. Absenteeism due to sick and disability leave impacts negatively on health service delivery. The department is currently strengthening the application of employee health and wellness programme in order to reduce diseases of life style.

- **Human resource information from the Provincial District Health Expenditure Review (DHER)**

  Currently the department does not have a Human Resource Information System. However, systems such as PERSAL and District Health Expenditure Review are being utilised.

- **Progress on the rollout of Workload Indicators Staffing Need (WISN) tool and methodology**

Health Workforce Normative Guides for Primary Health Care facilities were approved in 2015 and gazetted. The Department is currently in the process of capacitating all Primary Health Care Facility Managers on application of the normative guides. In addition, the process of developing Health Workforce Normative Guides for District Hospitals has commenced and this is to be followed by Specialised, Regional and Tertiary hospitals. Draft workload Activity Standards are available and being refined.

6. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

6.1 Overview of 20117/18 successes

In an endeavour to realise its Strategic objectives and priorities for the financial year under review, the Department had successes, as outline below.

Successes/ Achievements

PHC Services

In accelerating access and provision of quality primary health care services the following were achieved:

- A total of 14 mobile clinics against the target of 10 were purchased.
- Ideal clinic status determinations by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance achieved rate was 128.8% (322/250) against a target of 100% (250/250).

Maternal, Child and Women's Health (MCWH) And Nutrition Programme

In intensifying Maternal, Child and Women's Health (MCWH) and Nutrition services the following were achieved:

- Antenatal client initiated on ART has improved from 95.2% in 2016/17 to 95.4% in 2017/18.
- Child under 5 year severe acute malnutrition case fatality rate has been reduced from 8.3% in 2016/17 to 5% in 2017/18 financial year.

- Maternal mortality has reduced from 103.2/100 000 in 2016/17 to 109.2/100 000 in 2017/18.

Comprehensive HIV and AIDS, STI and TB programme

In combating HIV and AIDS and decreasing the burden of disease from Tuberculosis:

- Infant 1st PCR positive around 10 week's rate has reduced from 1.2% in 2016/17 to 0.83% in 2017/18.
- TB client treatment success rate achieved is 80.9%.
- TB/HIV co- infected clients on ART rate improved from 55.7% in 2016/17 to 94.4% 2017/18.

6.2 Challenges in service delivery

During the 2017/18 financial year, the Department has encountered the following challenges:

- Shortage of skilled health professionals and support staff.
- High litigation costs due to medico-legal claims.
- Ageing infrastructure.
- Infrastructure backlogs.
- Ageing ICT infrastructure.
- Lack of ICT hardware, connectivity and telecommunications systems on the coalface.

6.3 Mitigating factors

Mitigating factors include:

- Motivate for additional funding for the recruitment, appointment and retention of staff(Including health professionals).
- Motivate for funding for upgrading and maintenance of facilities.
- Fast track the provisioning of Wi-Fi routers to the PHC facilities to enable connectivity to broadband as per the 2017/18 plan.
- Intensify integrated management of medico-legal claims.
- Accelerated delivery of health infrastructure in the long term.

TABLE A8: HEALTH PERSONNEL IN 2018/19

Categories	Number employed	% of total employed	Number per 100, 000 people	Number per 100,000 uninsured people[2]	Vacancy rate[5]	% of total personnel budget	Annual Notch cost per staff member
Medical officers	1172	3.3%	22	21	5.02%	8.9%	751,971
Medical specialists	92	0.3%	2	2	7.85%	15.7%	1,317,330
Dentists	205	0.6%	4	4	3.67%	9.5%	800,602
Dental specialists	2	0.0%	0	0	0.00%	19.5%	1,642,631
Professional nurses	9326	26.6%	173	164	11.83%	3.9%	331,482
Enrolled Nurses	4202	12.0%	78	74	0.59%	1.9%	163,739
Enrolled Nursing Auxiliaries[3]	4856	13.9%	90	85	0.39%	1.5%	129,468
Student nurses	753	2.2%	14	13	0.00%	1.3%	107,886
Pharmacists	513	1.5%	10	9	4.29%	7.2%	605,102
Physiotherapists	180	0.5%	3	3	2.17%	3.5%	295,019
Occupational therapists[3]	162	0.5%	3	3	4.14%	3.8%	316,432
Radiographers	238	0.7%	4	4	1.65%	3.8%	316,432
Emergency medical staff	1890	5.4%	35	33	0.53%	2.2%	182,406
Nutritionists	43	0.1%	1	1	2.27%	4.4%	366,031
Dieticians	309	0.9%	6	5	2.22%	3.8%	318,617
Community Health Workers	874	2.5%	16	15	0.68%	2.2%	185,493
All Other Personnel	10188	29.1%	189	179	13.75%	6.9%	579,782
Total	35005	100%			4.46%	100.0%	

Data Source: Persal (or use latest information from South African Health Review 2013/14 if Persal data is not available)

This table should be for provincial health personnel. If data are available, another table for local government personnel should also be added, as well as a third table showing public health personnel in total (provincial plus local government).

1. Populations should be those of resident people.
2. Interns and community service should be included.
3. This group comprises 'health therapists' (e.g. physiotherapists, speech therapists, occupational therapists, clinical psychologists, environmental health practitioners, dental therapists) and specialised auxiliary service staff.

6.4 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

a) Constitutional mandates

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places obligations on the state to progressively realise socio-economic rights, including access to health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information that is held by another person if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

(1) Everyone has the right to have access to –

(a) health care services, including reproductive health care;

(b) sufficient food and water; and

(c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and

(3) No one may be refused emergency medical treatment..

Section 28 of the Constitution provides that every child has the right to 'basic nutrition, shelter, basic health care services and social services'

b) Legal mandates

The following national legislation and policy documents form the legal and policy framework being implemented within the Department.

- **National Health Act, 61 of 2003**

Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the National Health Act (NHA) are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- Create the foundations of the health care system, and must be understood alongside other laws and policies which relate to health.

- **National Health Amendment Act, 2013**

Provides for the amendment of the National Health Act, 2013 so as to provide for the establishment of the Office of Health Standards Compliance.

Legislation falling under the Minister of Health's portfolio

- **Medicines and Related Substances Act, 101 of 1965**

Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.

- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**

Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

- **Hazardous Substances Act, 15 of 1973**

Provides for the control of hazardous substances, in particular those emitting radiation.

- **Occupational Diseases in Mines and Works Act, 78 of 1973**

Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

- **Pharmacy Act, 53 of 1974 (as amended)**

Provides for the regulation of the pharmacy profession, including community service by pharmacists 9

- **Health Professions Act, 56 of 1974 (as amended)**

Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

- **Dental Technicians Act, 19 of 1979**

Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

- **Allied Health Professions Act, 63 of 1982 (as amended)**

Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

- **Human Tissue Act, 65 of 1983**

Provides for the administration of matters pertaining to human tissue.

- **National Policy for Health Act, 116 of 1990**

Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.

- **SA Medical Research Council Act, 58 of 1991**

Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

- **Academic Health Centres Act, 86 of 1993**

Provides for the establishment, management and operation of academic health centres.

- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**

Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

- **Sterilisation Act, 44 of 1998**

Provides a legal framework for sterilisations, including for persons with mental health challenges.

- **Medical Schemes Act, 131 of 1998**

Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**

Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

- **National Health Laboratory Service Act, 37 of 2000**

Provides for a statutory body that offers laboratory services to the public health sector. 10

- **Council for Medical Schemes Levy Act, 58 of 2000**

Provides a legal framework for the Council to charge medical schemes certain fees

- **Mental Health Care Act, 17 of 2002**

Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.

- **Nursing Act, 33 of 2005**

Provides for the regulation of the nursing profession.

Other legislation in terms of which the Department operates

- **Children's Act, 38 of 2005**

Gives effect to certain rights of children as contained in the Constitution; sets out principles relating to the care and protection of children; defines parental responsibilities and rights.

- **Occupational Health and Safety Act, 85 of 1993**

Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**

Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

- **The National Roads Traffic Act, 93 of 1996**

Provides for the testing and analysis of drunk drivers.

- **Constitution of the Republic of South Africa Act, 108 of 1996**

Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Employment Equity Act, 55 of 1998**

Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

- **State Information Technology Agency Act, 88 of 1998**

Provides for the establishment of an institution responsible for the provision state's information technology services to the public administration.

- **Skills Development Act, 97of 1998**

Provides for the measures that employers are required to take to improve the levels of skills of employees in a workplace.

- **Public Finance Management Act, 1 of 1999**

Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

- **Promotion of Access to Information Act, 2 of 2000**

Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

- **Promotion of Administrative Justice Act, 3 of 2000**

Amplifies the constitutional provisions pertaining to administrative law by codifying it.

- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**

Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

- **The Division of Revenue Act, 7 of 2003**

Provides for the manner in which revenue generated may be disbursed.

- **Broad-based Black Economic Empowerment Act, 53 of 2003**

Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

- **Labour Relations Act, 66 of 1995**

Provides for regulation of the organisational rights of trade unions, promotes employee participation in decision making by establishment of workplace forums.

- **Basic Conditions of Employment Act, 75 of 1997**

Provides for the minimum conditions of employment that the employer must conform with in the workplace.

- **Preferential Procurement Policy Framework Act, 5 of 2000**

Provides for the implementation of policy on preferential procurement pertaining to historically disadvantaged individuals.

- **Prevention and combating of corrupt Activities Act, 12 of 2004**

Provide for the strengthening of measures to prevent and combat corruption and corrupt activities.

c) Policy Mandates

National Mandates

Operation Phakisa (Ideal Clinic)

An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. During the launch of this initiative the President of South Africa noted that South Africans will most likely define "Ideal Clinic" as one that opened on time and did not close until the last patient was helped even if this was beyond the set closing time.

In 2017/18 149 clinics achieved ideal clinic status. Ideal clinic status is categorized into three levels – Platinum, Gold and Silver. The following categories were achieved Platinum – 9, Gold – 41 and Silver – 99. Contributing factors for non- achievement of ideal clinic status are the following: Slow procurement processes, insufficient funds, Maintenance of facilities and medical equipment, Unavailability of service level agreements with sector departments, High vacancy rate of Operational Managers and cleaners.

The following strategies will be implemented to address the above named challenges: realign and re-prioritise the procurement of essential equipment for ideal clinic; re-align and reprioritise the renovation of infrastructure that are nearer to the ideal clinic status; strengthen collaboration with sector departments in terms of signage; and allocate funding based on the burden of disease, population and health facilities identified for ideal status.

PHC re-engineering

To this end the District Clinical Specialist Teams have been rationalised based on re-organization of the service delivery model towards addressing the maternal and child mortality challenges. The leg of school health programmes is still experiencing challenges pertaining to lack of dedicated school

health services teams and organizational structure of the services; organizational structure for WBOTs; equipment for the WBOTs e.g. data capturing equipment; trainers for the WBOTs; and inadequate coverage of WBOTs geographically. In ensuring sustainability and re-engineering of PHC the department will provide training for the WBOTs through the Resource Training Centre (RTC); establish organizational structure of school health service; and appoint school health services personnel.

d) Relevant court rulings

Court rulings that might impact on the Department's capacity to deliver services are the following:

i. *SOOBRAMONEY v MINISTER OF HEALTH (KWAZULU-NATAL) 1998 (1) SA 765 (CC)*
ii. *MINISTER OF HEALTH & OTHERS v TREATMENT ACTION CAMPAIGN & OTHERS (NO 2) 2002 (5) SA 721 (CC)*

7. OVERVIEW OF THE 2018/19 BUDGET AND MTEF ESTIMATES

The Department has been allocated an amount of R19.5 billion in the 2018/19 financial year to deliver the healthcare services in Limpopo Province. The overall health budget increased from R18.0 billion in the 2017/18 financial year to R19.5 billion in 2018/19 and adjusted to R19.7 billion. This indicates an accumulative growth of 8.3% over the two years.

The budget is projected to grow from R20.7 billion in 2019/20 to R23.8 billion in the year ending 2021/22. This represents a cumulative growth of 14.8%. The funding however does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

Despite the above mentioned budget growth the Department still experiences the funding gap in the following areas: -

- Filling of critical vacant posts to reduce the vacancy rate;
- Funding of the maintenance and equipment;
- Procurement of medical and allied equipment;
- Funding of Ideal Clinic;
- Funding of Integrated School Health Programme; and
- Reduction in the funding of Non-negotiable Items due to reduction in Goods and Services budget.

1. Equitable share

The baseline for 2019/20 financial year shows a 5.4% growth as compared to the 2018/19 final Main Appropriation including additional allocation from the Provincial Revenue Fund.

2. Conditional grants

The total conditional grants allocation increased by 12.9% or R352.4 million in the 2019/20 financial year, which is mainly on Comprehensive HIV & AIDS and introduction of the new components within the grant. This will assist addressing shortfall currently experienced within the Antiretroviral Treatment Programme, combating of malaria disease and compliance to minimum wage to community health workers. The other contributing factor is the introduction of new Health Resource Capacitation grant. The rest of the conditional grants have grown by an average of 5.6% which is slightly above the CPIX of 5.4%.

7.1 Expenditure estimates

Table 3. Expenditure estimates

	Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
		2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
1.	Administration	263 512	291 847	291 045	306 375	313 155	315 844	322 315	340 041	358 743
2.	District Health Services	9 849 561	11 012 374	12 006 670	12 548 883	12 732 630	13 951 282	13 612 791	14 396 499	15 572 457
3.	Emergency Medical Services	645 108	688 643	731 566	735 863	730 863	730 863	768 788	811 070	855 679
4.	Provincial Hospital Services	2 010 588	2 201 049	2 388 539	2 537 298	2 544 298	2 672 990	2 663 074	2 809 543	2 964 065
5.	Central Hospital Services	1 467 011	1 654 115	1 726 726	1 838 220	1 842 220	1 882 757	1 970 134	2 104 911	2 467 520
6.	Health Sciences and Training	484 702	621 609	560 470	671 825	597 325	597 325	635 660	683 803	721 522
7.	Health Care Support Services	107 499	116 823	124 505	141 521	141 521	141 521	146 021	153 903	162 367
8.	Health Facilities Management	602 206	629 251	555 678	729 277	797 784	797 784	656 200	695 176	749 053
	Sub-total									
	Direct charges	1 902	1 902	1 978	2 158	1 978	1 978	2 085	2 200	2 321

Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
against the National Revenue Fund									
Total									
Change to 2010/11 budget estimate	15 432 089	17 217 613	18 387 177	19 511 420	19 701 774	21 092 344	20 777 068	21 997 146	23 853 727

Table 4. Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**14 364 607**	**16 004 000**	**17 238 736**	**18 314 199**	**18 643 484**	**20 034 044**	**20 003 824**	**21 179 825**	**22 768 362**
Compensation of employees	11 352 270	12 218 485	12 978 969	14 257 472	14 260 619	14 642 517	15 808 869	16 697 596	17 667 301
Goods and services	**3 012 337**	**3 785 515**	**4 259 767**	**4 056 727**	**4 382 865**	**5 391 527**	**4 194 955**	**4 482 229**	**5 101 061**
Communication	58 595	74 168	62 685	68 808	66 266	70 891	69 924	71 509	75 437
Computer Services	83 296	125 887	114 808	30 413	30 413	143 438	30 513	15 027	15 853
Consultants Contractors and special services	761 777	980 526	823 627	915 130	1 129 842	1 116 054	943 658	1 004 497	1 091 800
Inventory	1 286 813	1 692 104	2 063 632	2 289 804	2 373 283	2 829 978	2 287 097	2 445 941	2 905 260

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Operating leases	17 820	16 511	12 988	19 997	15 295	18 123	20 990	20 972	22 124
Travel and subsistence	89 853	88 859	73 332	39 652	49 453	59 179	48 111	64 985	67 996
Maintenance repair and running costs	148 741	179 037	183 882	131 836	131 836	176 315	130 902	135 773	143 242
Specify Other	565 442	628 423	921 308	561 087	586 477	977 549	663 760	723 525	779 349
Payment for financial assets	**1 558**	10 692	3505						
Transfers and subsidies to	**566 788**	**781 045**	**687 918**	**649 203**	**628 270**	**628 280**	**376 108**	**387 394**	**403 108**
Provinces and municipalities	16 490	23 589	25 022	15 619	16 025	16 025	991	1 043	1 101
Departmental agencies and accounts	9 623	74 830	26 773	15 112	15 112	15 112	15 847	16 719	17 639
Non-profit institutions	332 290	362 582	383 806	380 367	343 348	343 348	95 591	101 326	101 326
Households	208 385	320 044	252 317	238 105	253 785	253 795	263 679	268 306	283 042
Payments for capital assets	**499 136**	**421 876**	**457 018**	**548 018**	**430 020**	**430 020**	**397 136**	**429 927**	**682 257**
Buildings	301 410	262 357	250 755	357 494	276 128	276 128	138 084	158 830	271 631
other fixed structures									
Machinery and equipment	197 726	159 491	206 263	190 524	153 892	153 892	259 052	271 097	410 626
Software and other intangible assets		28	28						

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Total economic classification	**15 432 089**	**17 217 613**	**18 387 177**	**19 511 420**	**19 701 774**	**21 092 344**	**20 777 068**	**21 997 146**	**23 853 727**

This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

7.2 Relating expenditure trends to specific goals

Table 5. Trends in provincial public health expenditure (R'000)

	Audited/actual			Main Appropriation	MTEF projection		
Expenditure	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Current prices[1]							
Total[2]	15,432	17,217	18,387	19,511	20,777	21,997	23,854
Total per person	2.91	3.32	3.61	3.83	4.08	4.32	4.69
Total per uninsured person	2.75	3.07	3.27	3.47	3.70	3.92	4.25
Constant (2008/09) prices[3]							
Total[2]	17,130	18,939	17,468	17,560	17,868	18,917	20,514
Total per person	3.2	3.5	3.2	3.3	3.3	3.5	3.8
Total per uninsured person	15,828	17,499	16,140	16,225	16,510	17,480	18,955
% Of Total spent personon:							
DHS	21.4%	24.4%	25.9%	26.2%	26.4%	26.2%	24.2%
PHS	5.7%	5.6%	5.8%	5.3%	5.3%	5.2%	4.8%
CHS	3.6%	4.0%	4.4%	4.7%	4.7%	4.6%	4.3%
All personnel	23.6%	25.0%	26.0%	26.0%	24.4%	23.0%	21.3%
Capital	4.5%	6.3%	5.4%	6.6%	6.2%	5.8%	5.4%
Health as a % of total public expenditure	37.9%	37.5%	36.7%	36.9%	38.4%	39.7%	41.7%

1. Current price projections for the MTEF period are not required as these figures will be the same as the Constant price projections for the same years
2. Including maintenance. Capital spending under the public works budget for health should be included. This should equal the amounts indicated in tables HFM 1 and 2 and should exclude non-HFM capital falling under the Treasury definition of Capex (i.e. more than R5 000 and lasts more than a year).
3. The CPIX multipliers in Table A4 should be should be used to adjust expenditure in previous years to 2008/09 prices.
4. District health services; any change in content of the budget programme should be indicated.
5. Provincial hospital services or previous designation; any change in content of the budget programme should be indicated
6. Central hospital services or previous designation; any change in content of the budget programme should be indicated.

PART B - PROGRAMME AND SUB-PROGRAMME PLANS

1. BUDGET PROGRAMME 1: ADMINISTRATION

1.1 PROGRAMME PURPOSE

The purpose of the programme is to provide strategic management and overall administration of the Department including rendering of advisory, secretarial and office support services through the sub programmes of Administration and Office of the MEC.

1.2 PRIORITIES

Supply chain management

- Optimize supply chain management practices.

Financial management

- Monitor the utilisation of funds available.

Human resources management

- Plan towards filling of critical vacant posts.

ICT services

- Provision of uninterrupted and reliable internet connectivity at all service platforms.

Table 6. Administration - Provincial Strategic Objectives and annual targets

Strategic objective	Indicator	Indicator type	Audited/ Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To improve human resource for health	**Strategic Objectives/Provincial Indicators**								
	1. Number of medical specialists appointed **	No	11	18	29	20	20	20	20
	2. Number of cleaners appointed	No	20	0	0	23	20	20	20
	3. Number of ward attendants appointed	No	New indicator	New indicator	New indicator	1071	200	200	200
	4. Number of grounds men appointed	No	12	40	0	368	150	150	150
	5. Number of porters appointed	No	17	New indicator	New indicator	30	30	30	30
Provide efficient and effective financial management system	**Programme Performance/Customized Indicators (Sector Indicators)**								
	6. Audit opinion from Auditor-General	Categoric al (QPR)	Qualified audit opinion	Qualified audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
	Strategic Objectives/Provincial Indicators								

Strategic objective	Indicator	Indicator type	Audited/ Actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	7. Percentage compliance to payment of suppliers within 30 days	%	75%	61%	65%	100%	100%	100%	100%
	8. Number of institutions with Credible Asset Register	No	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
	9. Revenue Collected	R	R135.6 million	R169.76million	R181 million	R193.6 million*	R193.6 million	R204.3million	R215.5 million
To improve health management information system	**Programme Performance/Customized Indicators (Sector Indicators)**								
	10. Percentage of Hospitals with broadband access	% (QPR)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)
	11. Percentage of fixed PHC facilities with broadband access	% (QPR)	27% (118/444)	25.1% (120/477)	57% (273/477)	60% (286/477)	98% (471/480)	100% (480/480)	100% (480/480)

***** Not new appointments but replacements due to shortage of funding. Some baselines have been corrected according to the respective annual* reports.**

***The amount of revenue estimate was adjusted.**

Table 7. Administration - Quarterly targets

Indicator	Frequency (Quarterly, Bi-annual, Annual	Annual Targets 2019/20	Targets			
			Q1	Q2	Q3	Q4
1. Number of medical specialists appointed	Annual	20	-	-	-	20
2. Number of cleaners appointed	Annual	20	-	-	-	20
3. Number of ward attendants appointed	Annual	200	-	-	-	200
4. Number of grounds men appointed	Annual	150	-	-	-	150
5. Number of porters appointed	Annual	30	-	-	-	30
6. Audit opinion from Auditor-General	Annual	Unqualified audit opinion	-	-	-	Unqualified audit opinion
7. Percentage compliance to payment of suppliers within 30 days	Quarterly	100%	100%	100%	100%	100%
8. Number of institutions with Credible Asset Register	Quarterly	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
9. Revenue Collected	Quarterly	R193. 6 million	R42.0 million	R53.7 million	R47.3 million	R50.6 million
10. Percentage of Hospitals with broadband access	Quarterly	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)	100% (40/40)
11. Percentage of fixed PHC facilities with broadband access	Quarterly	98% (471/480)	92% (442/480)	94% (451/480)	96% (461/480)	98% (471/480)

1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 8. Administration - Expenditure estimates

Sub-programme	Expenditure outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
R' thousand									
MEC's Office	1 902	1 902	1 978	2 158	1 978	1 978	2 085	2 200	2 321
Management	263 512	291 847	291 045	306 375	313 155	315 844	322 315	340 041	358 743
Corporate Services									
Property Management									
TOTAL	**265 414**	**293 749**	**293 023**	**308 533**	**315 133**	**317 822**	**324 400**	**342 241**	**361 064**

Table 9. Administration - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**262 277**	**290 804**	**286 117**	**307 844**	**311 434**	**314 117**	**323 673**	**341 474**	**360 255**
Compensation of employees	218 964	245 676	241 245	278 202	276 702	275 652	293 027	309 144	326 147
Goods and services	**43 313**	**45 128**	**44 872**	**29 642**	**34 732**	**38 465**	**30 646**	**32 330**	**34 108**
Communication	7 811	9 075	8 070	8 712	10 212	10 166	9 174	9 679	10 211
Computer Services	–		–	–	–	–	–	–	–
Consultants Contractors and special services	0	43	360	–	150	127	–	–	–
Inventory	1 961	2 038	2 757	2 449	1 392	1 628	2 587	2 729	2 879
Operating leases	3 665	4 416	3 234	4 511	3 511	3 431	4 754	5 014	5 290
Travel and subsistence	13 418	13 316	12 755	–	6 085	8 010	–	–	–

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Maintenance repair and running costs	34	102	–	798	5	–	200	211	223
Specify other	16 424	16 138	17 696	13 172	13 377	15 103	13 931	14 6497	15 505
Transfers and subsidies to	**1 385**	**2 653**	**2 653**	**313**	**1 823**	**1 829**	**330**	**348**	**367**
Provinces and municipalities	32	124	56	25	35	41	26	27	28
Departmental agencies and accounts	-								
Universities and technikons									
Households	1 353	2 529	6 065	288	1 788	1 788	304	321	339
Payments for capital assets	**194**	**292**	**292**	**376**	**1 876**	**1 876**	**397**	**419**	**442**
Buildings and other fixed structures									
Machinery and Equipment	194	292	785	376	1 876	1 876	397	419	442
Payment of Financial asset	1 558								
Total economic classification	**265 414**	**293 749**	**293 023**	**308 533**	**315 133**	**317 822**	**324 400**	**342 241**	**361 064**

1.4 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of targets in the following ways:

- Foster the improvement of financial management and control in the department as a whole e.g. policies and procedure manuals are developed implemented and monitored throughout the department.

- Improvement of the effectiveness and efficiency of the supply chain management
- Intensify the implementation and monitoring of the risk management strategy throughout the department.

The department has spent a total of R852.2 million from 2015/16 to 2017/18 while the 2018/19 budget amounts to R308.5 million. The proposed MTEF from 2019/20 to 2021/22 projected at R1 028 million that will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

1.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme Administration and the measures to mitigate the impact of the risks are indicated below.

Table 10. Administration - Risk management

Strategic Objective	Risks	Mitigating factors
To improve human resources for health	Irregular appointment	• Enforce compliance to regulatory framework (departmental policies, public service regulation, act etc.) • Apply corrective measures for non-compliance
	Poor management of leave of absence	• Enforce compliance to regulatory framework (Determination on leave of absence in the Public Service, • Submission of monthly certificate of accuracy and completeness on leave management • Apply corrective measures for non-compliance
	Ineffective monitoring and evaluation system (e.g. Performance Management System)	Capacity building on monitoring and evaluation (e.g. Performance Management System)

Strategic Objective	Risks	Mitigating factors
	Abscondment, absenteeism and presenteeism	• Intensify ethics education awareness • Improve supervisory mechanism • Implement corrective action for non-compliance with code of conduct
	Performance of remunerated work outside public services (RWOPS) outside prescripts	• Intensify management or supervision by immediate supervisors • Intensify ethics education awareness • Implement corrective action for non-compliance to RWOPS directive
	Armed Robbery (firearms and personal properties) at Health Care facilities	• Conduct in-service training on security • Improvement of infrastructure • installation of electronic access control systems
	Shortage of scarce skilled and supporting staff	• Reprioritisation of funds allocation • Review of the structure • Advertisement of specialist post and headhunting
To improve health management information system	Loss of records	• Provision of adequate storage • Conduct awareness on records management • Filling of vacant posts • Migrate from manual to digital storage system • Disposal of documents

Strategic Objective	Risks	Mitigating factors
	Ineffective Information Technology (**ICT**) system	• Replacement of the obsolete ICT infrastructure (networks and computers) • Enhancement of the connectivity network will be one of the mitigation measures • Procurement and contracting of the service provider for the replacement current health information system
To provide efficient and effective financial management system	Loss of revenue	• Resolve PHIS operational challenges • Billing of all patients onto the system (PHIS) • Conduct internal and external awareness campaigns
	Ineffective procurement processes	• Implementation of procurement plan • Revisiting of the processing of procuring emergency goods and services
	Abuse of overtime	• Enforce compliance to departmental policies • Improve supervisory mechanism • Apply corrective measures for non-compliance
	Failure to meet departmental mandate	• Submission of budget pressure • Proper financial control
	Unwanted expenditures (Irregular and unauthorised expenditures)	• Request adequate funding • Conduct training on financial management • Apply corrective measures for non-compliance
	Fraudulent transactions processed for payment	• Educational awareness

Strategic Objective	Risks	Mitigating factors
		• Conduct Investigations • Conduct Forensic Review or Compliance Inspections
	Non-disclosure of financial interest	• Issue annual communiqué on financial disclosure • Enforce consequence management
	Misuse of state vehicles and patrol cards	• Rationalisation of structure
	Theft of state assets (vehicle)	• Conduct security workshops • Installation vehicle tracking devices in the PPT's • Analysis of vehicle demand in public transport industry
	Inadequate asset management	• Take action for non-compliance • Monitoring the effective implementation of BAUD system • Provide awareness on assets management procedure manuals

2. BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

2.1 PROGRAMME PURPOSE

The main objectives of the programme are the planning, managing and administering district health services; and rendering primary health care services; hospital services at district level; MCWH and nutrition programme; prevention and disease control programme; and a comprehensive HIV and AIDS, STI and TB programme. This programme renders Primary Health Care Services and District Hospital Services through eight sub- programmes.

(The budget programme has not changed in the five-year Strategic Plan)

2.2 PRIORITIES

- Strengthen complaints resolution and feedback mechanism.
- Monitor the functionality of WBOTs in all PHC facilities.
- Monitor the implementation of the HIV Testing Services (HTS).
- Scale up implementation of maternal and child health interventions.
- Implement the Cheka Impilo Strategy.
- Coordinate implementation of Malaria control programme.

Capricorn district priorities

Focal area	Priorities
PHC	To increase number of PHC facilities providing 24 hours service from 9 – 15 by 2021
	To increase PHC utilization rate from 2.3 – 2.7 by 2021
	To achieve Ideal Clinic status from 46 scaled up facilities to 72.
	To reduce incidents of hypertension from 11.06 – 10.1 by 2021
District hospitals	To increase in-patient bed utilisation rate from 68.5% to 71% by 2021
	To reduce expenditure per patient day equivalent from 30142 to 2100 by 2021
	All Hospitals to achieve 75% of the NCS self -assessment rate by 2021
	To increase in-patient bed utilisation rate from 68.5% to 71% by 2021
HAST	Reduced child under 5 years diarrhoea case fatality rate from 2,4 % to 1,9 % by 2021
	Increased child with viral load completion rate at 12 months from 76.1 % to 90% in 2021
	Increased child viral load suppression rate at 12 months from 60.3% to 90% in 2021
	Decreased child under 15 years lost to follow up rate from 21.6 % to 5% in 2021
	Decreased adult lost to follow up rate from 26,3 % to 5% in 2021
	Reduced TB death rate from 14,5 % to 7% in 2021
	Increased TB treatment success rate from 70,3 % to 85% in 2021
MCWH&N	Reduced maternal mortality rate in facility ratio from 266,8/100 000 to 120/100 000 in 2021
	Reduce perinatal mortality rate

	Reduced child under 5 years pneumonia case fatality rate from 5.8 % to 4% in 2021
	Reduced cervical cancer screening coverage for women under 30 years and older from 52,9 % to 70% in 2021
	Increased Vitamin A 12- 59 months coverage from 47,5 % to 60% in 2021

Mopani district priorities

Focal area	Priorities
PHC	-Scale up and maintain ideal clinic realisation status.
District hospitals	-Monitoring hospitals on the realisation of National Core Standards.
HAS	-To increase and monitor HIV positive clients started on IPT to 80%. -To increase CPT initiation for all HIV exposed children around 6 weeks. -To increase Child rapid HIV test around 18 months uptake rate to 85%. -To increase proportion of client remaining in care with suppressed viral load to 90% through implementation of 90-90-90 strategy.
TB Services	-Reduction of TB death rate to 7.7%. -Reduction of client loss to follow up to 3%.
MCWH	-Increase couple year protection rate (int) to 63.3%. -Reduction of delivery in 10 to 19 years in facility rate to 12%.
Nutrition	-Reduction of chronic diseases of life style
Disease prevention and control	-Improve infection Control in health facilities -Increase immunisation coverage under 1 year rate to 76%

Sekhukhune district

Focal area	Priorities
PHC	-Consistent support and supervision to all ideal clinics. -Ensure functionality of clinic committees and adhered to complaints management -Strengthen referral route. -Monitor the functionality of WBOT in all PHC facilities. -Conduct community awareness on all services rendered in PHC facilities -Ensure availability and monitor functionality of clinic committees. -Continuous Support to facilities that renders 24hours service. -Monitor doctors visit to PHC facilities. -Strengthen referral route. -Monitor the functionality of WBOT in all PHC facilities. -Conduct community awareness on all services rendered in PHC facilities. -Ensure availability and monitor functionality of clinic committees. -Continuous Support to facilities that renders 24hours services.
District hospitals	-Strengthen stakeholder engagement and management (Hospital boards and clinical governance). -To procure and distribute essential equipment to all functional areas. -Appoint /Rationalization of staff to cover all service points. -Ensure stock availability and monitor delivery processes. -Monitor and control drugs in all functional areas. -Ensure regular maintenance of facilities using established maintenance hub. -Conduct regular clinical audit. -Procure and distribute cleaning materials in all service points. Strengthen doctors visit to PHC facilities.

	-Hospitals to conduct regular outreach services to PHC facilities. -Conduct community awareness on hospital service package annually. -Strengthen referral route.
HAST	-Conduct community awareness on maternal and child conditions. -Conduct cervical cancer screening campaigns. -Conduct road shows of professional nurses. -Conduct in-service training. -Conduct integrated school health services with allied staff.
MCWH&N	-Conduct community awareness on maternal health services particularly on the importance of antenatal care. -Conduct community awareness on the importance of postnatal visit following delivery. -Strengthen referral to WBOT.
Disease prevention and control	-Increase cataract surgery rate. -Reduce malaria case fatality rate. -Increase number of diabetic patients with HbA1C done.

Vhembe district priorities

Focal area	Priorities
PHC	-Scale up and maintain ideal clinic realisation status. -Expand school health services from quintile one to quintile five. -Strengthen complaints resolutions and feedback mechanisms. -Strengthen implementation of Municipal Ward Based Outreach Team. -Strengthen implementation Centralised Chronic Medicines Dispensing and Distribution (CCMDD) strategy.
District hospitals	-Monitoring hospitals on the realisation of National Core Standards. -Strengthen complaints resolutions and feedback mechanisms.
HAST	-Monitoring of viral load completion at 6/12. -Improve babies PCR testing at 10 weeks and initiation of all positive. -Improve TB screening rate for both adults and children.
MCWH&N	-Implementation of the universal test and treat strategy for HIV positive pregnant women and children -Foster accountability for quality of care on mothers and children at health facilities. -Scale up implementation of maternal health interventions targeting HIV, Haemorrhage and Hypertension disorders in pregnancy. -Scale up implementation of child health interventions focusing on priority health conditions. -Scale up implementation of neonatal survival strategy and interventions. -Strengthen access to a mix of contraceptive methods at all public health facilities. -Establish standalone Midwife Obstetric Units around Tshilidzini and Malamulele hospitals.
Disease prevention and control	-Strengthen screening of communicable and non-communicable diseases. -Strengthen the implementation Centralised Chronic Medicines Dispensing and Distribution (CCMDD) strategy. -Expand health promotion and education.

Waterberg district priorities

Focal area	Priorities
PHC	-Scale up and maintain ideal clinic realisation status. -Strengthen complaints resolutions and feedback mechanisms. -Strengthen implementation of Municipal Ward Based Outreach Team.

Focal area	Priorities
District hospitals	-Monitor hospitals in the implementation of Ideal Hospital Realization and Maintenance. -Strengthen complaints resolutions and feedback mechanisms.
HAST	-Improve TB screening rate for both adults and children. -Improve babies PCR testing at 10 weeks. -Improve initiation of all HIV positive clients. -Implement the universal test and treat strategy for HIV positive pregnant women and children.
MCWH&N	-Scale up implementation of maternal health interventions targeting HIV, Haemorrhage and Hypertension disorders in pregnancy. -Scale up implementation of child health interventions focusing on priority health conditions. -Scale up implementation of neonatal survival strategy and interventions.
Disease prevention and control	-Strengthen screening of communicable and non-communicable diseases. -Strengthen the implementation Centralised Chronic Medicines Dispensing and Distribution (CCMDD) strategy. -Strengthen health promotion and education.

2.3 SUB-PROGRAMME: PRIMARY HEALTHCARE SERVICES

Table 11. District health services facilities by health district in 2017/18

2017/2018						
Health district	**Facility type**	**No.[5]**	**Population[3]**	**Population per facility[3] or per hospital bed**	**PHC Headcount Or Inpatient Separations**	**Per capita utilisation[3]**
CAPRICORN	Non fixed clinics[1]	327	1325135	149886	348102	0
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	96		1080175	2452606	R256
	Fixed Clinics operated by NGOs	0		0	0	0
	Total fixed Clinics	96		1080175	2452606	R256
	CHCs	4		90902	203743	R481
	Sub-total clinics + CHCs	100		1171077	2656349	R273
	District hospitals[4]	6				
MOPANI	Non fixed clinics[1]	700	1208210	104180	116340	0
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	97		927085	1159463	2.98
	Fixed Clinics operated by NGOs	2		0	0	0
	Total fixed Clinics	97		927085	1159463	2.98

2017/2018						
Health district	**Facility type**	**No.[5]**	**Population[3]**	**Population per facility[3] or per hospital bed**	**PHC Headcount Or Inpatient Separations**	**Per capita utilisation[3]**
	CHCs	8		168843	214 260	3.02
	Sub-total clinics + CHCs	105		1095928	1373723	2.98
	District hospitals[4]	6		957226	130567	75.7
SEKHUKHUNE	Non fixed clinics[1]	366	1215433	1423269	261042	5.4
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	86		1215433	2337397	2.1
	Fixed Clinics operated by NGOs	0		0	0	0
	Total fixed Clinics	86		1215433	2337397	2.1
	CHCs	3		528492	97024	1.0
	Sub-total clinics + CHCs	89		1215433	2 434421	2.0
	District hospitals[4]	5		939764	243201	R3268
VHEMBE	Non fixed clinics[1]	1033	1436407	142474	428310	2.7%
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	115		1026017	3139450	2.8%
	Fixed Clinics operated by NGOs	0		0	0	0
	Total fixed Clinics	115		1026017	3139450	2.8%
	CHCs	8		176657	487860	2.9%
	Sub-total clinics + CHCs	123		1262674	3627310	2.8%
	District hospitals[4]	6		1156	72821	76.7%
WATERBERG	Non fixed clinics[1]	851	712724	48463	123543	2.9
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	60		559945	1330196	2
	Fixed Clinics operated by NGOs	0		0	0	0
	Total fixed Clinics	60		559945	1330196	2
	CHCs	3		57666	119170	2.2
	Sub-total clinics + CHCs	63		617611	1449366	2.5
	District hospitals[4]	7		986	41120	64.8%

2017/2018						
Health district	**Facility type**	**No.[5]**	**Population[3]**	**Population per facility[3] or per hospital bed**	**PHC Headcount Or Inpatient Separations**	**Per capita utilisation[3]**
PROVINCE	Non fixed clinics[1]	3277	5897909	1868272	1277337	
	Fixed Clinics operated by Local Government	0		0	0	0
	Fixed Clinics operated by Provincial Government[2]	454		4808655	10419112	
	Fixed Clinics operated by NGOs	2		0	0	0
	Total fixed Clinics	454		4808655	10419112	
	CHCs	26		1022560	1122057	
	Sub-total clinics + CHCs	480		5362723	9106748	
	District hospitals[4]	30		1899132	487709	

Table 12. DHS - Situational analysis indicators for PHC

Programme Performance Indicators	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
Ideal clinic status rate	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator
PHC utilisation rate	%	2.5% (14858390/5896447.3)	2.3 (3004451/1327839)	2.9 (3495885/1211708)	2.2 (2718218/1215429)	2.8 (4055620/1436402)	2.5 (1584216/705068)
Complaint resolution within 25 working days rate	%	95.9% (1558/1624)	92.4% (605/655)	99.7% (304/305)	97% (255/263)	96.3% (157/163)	99.6% (237/238)

Table 13. DHS - Provincial strategic objectives, performance indicators and annual targets for PHC

Strategic objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
1.To re-engineer primary health care services 2.To improve access to quality health services	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Ideal clinic status rate	% (QPR)	New indicator	New indicator	New indicator	30% (143/477)	30% (124/413)	35% (145/413)	40% (165/413)
	2. PHC utilisation rate	% (QPR)	2.5 (14 351 491/5671 634)	2.7% (15269345/5740816)	2.5% (14858390/5896447.3)	2% (15269345/7634672)	2% (14858390/7429195)	2% (14858390/7429195)	2% (14858390/7429195)
	3. Complaints resolution within 25 working days rate	% (QPR)	96.4% (1 524/1 581)	97.7% (1966/2 012)	95.9% (1558/1624)	95% (1911/2012)	95%	95%	95%
	Strategic Objectives/Provincial Indicators								

Strategic objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	4. Number of PHC facilities open for 24 hours	No	52 of 65	57 of 65	41 of 150	60 of 100	52 of 100	62 of 100	72 of 100
	5. Number of PHC facilities implementing the on call service system	No	239 of 379	167 of 379	127 of 294	143 of 344	136 of 344	130 of 344	126 of 344

Some audited performances were corrected according to the respective annual reports.

Table 14. DHS - Quarterly targets for PHC

Performance Indicator	Frequency of reporting (Quarterly / bi-annual, Annual)	Indicator Type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Ideal clinic status rate	Annual	% (QPR)	30% (124/413)	-	-	-	30%
2. PHC utilisation rate	Quarterly	% (QPR)	2% (14858390/ 7429195)	2%	2%	2%	2%
3. Complaint resolution within 25 working days rate (PHC)	Quarterly	% (QPR)	95%	95%	95%	95%	95%
4. Number of PHC facilities open for 24 hours	Quarterly	No	52 of 100	42 of 100	45 of 100	48 of 100	52 of 100
5. Number of PHC facilities implementing the on call service system	Quarterly	No	136 of 344	124 of 344	128 of 344	132 of 344	136 of 344

2.4 SUB-PROGRAMME: DISTRICT HOSPITALS

Table 15. DHS - Situational analysis indicators for District Hospitals

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
Average Length of Stay	Days (No)	4.3 days (1116694/258494)	4.3 days (202676.5 /48358)	4.6 days (248406.5/ 54556)	4.2 days (170800.5 /41036)	4.4 days (323592.5 /72821)	4.1 days (171218 /41723)
Inpatient Bed Utilisation Rate	%	72.7% (1116694/1534993. 2)	71.8 (202676.5/ 282175.95)	77.9 (248406.5/ 319044.96)	68.9 (170800.5/ 247862.16)	76.7 (323592/ 421986.24)	64.9 (171218/ 263923.927)
Expenditure per PDE	R	R2954.9	R 3250.2	R 2506.3	R 3029.6	R 2850.6	R 3340.7
Complaint Resolution within 25 working days rate	%	101% (1575/1650)	100% (312/312)	99.8% (524/525)	100% (256/256)	109.7% (181/165)	100% (302/302)

Table 16. DHS - Provincial objectives, performance indicators and annual targets for District Hospitals

Strategic objective	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Improve access to quality hospital services	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Average Length of Stay (District Hospitals)	Days (No) (QPR)	4.3 days (1047691.5/ 244100)	4.3 days (1064747/247001)	4.3 days (1116694/258494)	4 days (1064747/266187)	<5 days	<5 days	<5 days
	2. Inpatient Bed Utilisation Rate (District Hospitals)	% (QPR)	70.4% (1 047 691/1 487 750)	69.6% (1064747/1529882)	72.7% (1116694/1534 993.2)	75%	>72%	>72%	>72%

Strategic objective	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimate	Medium-term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	3. Expenditure per PDE (District Hospitals)	R (QPR)	R3006.8 (491 345 709/1 636 064)	R2872.1	R2954.9	R3064.53	R2803.00	R2803.00	R2803.00
	4. Complaints Resolution within 25 working days rate (District Hospitals)	% (QPR)	97.7% (1606 of 1643)	99.2% (1537/1550)	101% (1575/1650)	95% (1473/1550)	95%	95%	95%

Table 17. DHS - Quarterly targets for District Hospitals

PROGRAMME PERFORMANCE INDICATOR	QUARTERLY / ANNUAL	INDICATOR TYPE	ANNUAL TARGET 2019/20	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
1. Average Length of Stay (District Hospitals)	Quarterly	Days (No) (QPR)	<5 days	<5 days	<5 days	<5 days	<5 days
2. Inpatient Bed Utilisation Rate (District Hospitals)	Quarterly	% (QPR)	>72%	>72%	>72%	>72%	>72%
3. Expenditure per PDE (District Hospitals)	Quarterly	R (QPR)	R2803.00	R2803.00	R2803.00	R2803.00	R2803.00
4. Complaints Resolution within 25 working days rate (District Hospitals)	Quarterly	% (QPR)	95%	95%	95%	95%	95%

2.5 SUB-PROGRAMME: HIV & AIDS, STI & TB CONTROL (HAST)

Table 18. DHS - Situational analysis indicators for HAST

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
ART client remain on ART end of month – total	No	329 044	70 710	87 109	59 648	64 372	47 205
TB/HIV co-infected client on ART rate	%	94.4% (8256/8772)	95.5% (1868/1954)	95.9% (1853/1932)	92.2% (1338/1450)	92.1% (1052/1142)	93.5% (2145/2294)
HIV test done – total	No	1 721 676	452 762	356 249	307 805	417 692	187 168
Male condom distributed	No	90 930 032	20 950 000	17 656 600	18 069 432	18 843 800	15 410 200
Medical male circumcision performed – Total	No	53 930	17 899	6 696	12 667	10 040	6 628
TB client 5yrs and older start on treatment rate	%	92.2% (4734/5134)	80.8% (717/887)	94.8% (1103/1163)	90.1% (1214/1346)	94.5% (630/666)	99.8% (1070/1072)
TB client treatment success rate	%	80.9% (12346/15262)	78.2% (2900/3706)	83.6% (2506/2995)	79.9% (2222/2778)	83.7% (2232/2664)	79.7% (2486/3119)
TB client lost to follow up rate	%	4.2% (644/15262)	4% (150/3706)	3.2% (96/2995)	4.6% (130/2778)	4.0% (107/2664)	5.1% (161/3119)
TB death rate	%	11.6% (1764/12346)	12.5% (465/3706)	11.5% (345/2995)	12.8% (356/2778)	7.9% (211/2664)	12.4% (387/3119)
TB MDR treatment success rate	%	58.5% (245/419)	66.6% (12/18)	85.7% (6/7)	66.6% (14/21)	60% (3/5)	57% (210/368)

Table 19. DHS - Provincial strategic objectives, performance indicators and annual targets for HAST

Strategic objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To increase access to comprehensive HIV and AIDS, STIs and TB treatment, management and support.	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. ART client remain on ART end of month – total	No (QPR)	260 843	New indicator	329 044	352 973	376 774	386 193	390 509
	2.TB/HIV co-infected client on ART rate	% (QPR)	New Indicator	55.7% (5467/9816)	94.4% (8256/8772)	94% (9330/9926)	90% (6419/7132)	90% (6419/7132)	90% (6419/7132)
	3. HIV test done - total	No (QPR)	New indicator	New indicator	1 721 676	1 351 938	1 441 506	1 441 506	1 441 506
	4. Male condom distributed	No (QPR)	51.2%	123 436 695	90 930 032	88 826 995	90 603 535	92 325 002	96 941 252
	5.Medical male circumcision – Total	No (QPR)	71769	56 041	53 930	34 072	71 464	63 523	56 535
	6.TB client 5yrs and older start on treatment rate	% (QPR)	New indicator	New indicator	92.2% (4734/5134)	85% (6213/7309)	93% (4745/5102)	95% (4850/5102)	95% (4850/5102)
	7.TB client treatment success rate	% (QPR)	81.4% (4544/5582)	83.2% (4092/4920)	80.9% (12346/15262)	83% (13369/16107)	80.5% (10916/13560)	81% (10991/13560)	82% (11124/13560)
	8.TB client lost to follow up rate	% (QPR)	4.9% (274/5582)	5.2% (256/4920)	4.2% (644/15262)	4.1% (660/16107)	5% (678/13560)	4.5% (623/13560)	4% (543/13560)
	9.TB client death rate	% (QPR)	6.8% (379/5582)	7% (345/4920)	11.6% (1764/12346)	7.8% (1256/16107)	9.5% (1288/13560)	9% (1232/13560)	8.5% (1159/13560)
	10.TB MDR treatment success rate	% (QPR)	50% (213/427)	59.1% (264/447)	58.5% (245/419)	65% (295/454)	67% (278/415)	70% (291/415)	73% (303/415)

Table 20. DHS - Quarterly targets for HAST

Programme Performance Indicator	Frequency of reporting (Quarterly, Bi-annual, Annual)	Indicator Type	ANNUAL TARGET 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. ART client remain on ART end of month – total	Quarterly	No (QPR - Cumulative)	376 774	353 752	361 426	369 100	376 774
2. TB/HIV co-infected client on ART rate	Quarterly	% (QPR)	90% (6419/7132)	90%	90%	90%	90%
3. HIV test done – total	Quarterly	No (QPR)	1 441 506	360 377	360 376	360 376	360 377
4. Male condom distributed	Quarterly	No (QPR)	90 603 535	22 650 882	22 650 883	22 650 884	22 650 886
5. Medical male circumcision – Total	Quarterly	No (QPR)	71 464	17 866	46 452	3 573	3 573
6. TB client 5yrs and older start on treatment rate	Quarterly	% (QPR)	93% (4745/5102)	93%	93%	93%	93%
7. TB client treatment success rate	Quarterly	% (QPR)	80.5% (10916/13560)	80.5%	80.5%	80.5%	80.5%
8. TB client lost to follow up rate	Quarterly	% (QPR)	5% (678/13560)	5%	5%	5%	5%
9. TB client death rate	Annual	% (QPR)	9.5% (1288/13560)	-	-	-	9.5%
10. TB MDR treatment success rate	Annual	% (QPR)	67% (278/415)	-	-	-	67%

2.6 SUB-PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Table 21. DHS - Situational analysis for MCWH&N

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Antenatal 1st visit before 20 weeks rate	%	63.2% (77327/122378)	61.1 (16749/27147)	68.3 (16790/24576)	60.3 (15106/25034)	63.1 (18523/29336)	63.4 (10159/16015)
2. Mother postnatal visit within 6 days rate	%	85.8% (103184/120250)	72.3% (19672/27199)	97.8% (24114/24650)	80% (20051/25078)	93.8% (26921/28690)	84.9% (12426/14633)
3. Antenatal client start on ART rate	%	95.4% (11420/11972)	97 (2569/2649)	96.2 (2400/2494)	95 (2376/2502)	94.8 (2078/2193)	93.6 (1997/2134)
4. Infant 1st PCR test positive around 10 weeks rate	%	0.83% (123/14768)	0.81 (30/3692)	0.83 (27/3268)	0.64 (18/2817)	0.78 (19/2445)	1.1 (29/2546)
5. Immunisation coverage under 1 year	%	70.6% (89801/127201)	73.3 (19164/26133)	66.2 (18492/27940)	67.5 (18349/27194)	71.2 (23048/32382)	79.3 (10748/13551)
6. Measles 2nd dose coverage	%	84.7% (111711/131832)	87.2 (23944/27465)	86.3 (23957/27756)	88.4 (25478/28828)	78.2 (26261/33575)	84.6 (12071/14726)
7. Diarrhoea case fatality under five years rate	%	2.6% (78/2944)	2.1 (10/481)	3.2 (16/506)	4.5 (29/651)	1.9 (18/957)	1.4 (5/349)
8. Pneumonia case fatality under 5 years rate	%	3% (154/5074)	8 (62/776)	3.1 (24/765)	2.6 (19/735)	1.7 (37/2233)	2.1 (12/565)
9. Severe acute malnutrition case fatality under 5 years rate	%	5% (102/2021)	3.4 (15/436)	4.7 (35/741)	7 (17/244)	7.2 (21/290)	4.5 (14/310)
10. School Grade 1 screening coverage	No	69647	23105	10554	8422	18240	9411
11. School Grade 8 screening coverage	No	34109	10347	8110	1708	9986	3958
12. Delivery in 10 to 19 years in facility rate	%	13.5% (16238/120250)	12.4 (3378/27199)	13.4 (3298/24650)	12.4 (3111/20051)	15.4 (4418/26921)	13.9 (2033/12426)

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
13. Couple year protection rate (Int)	%	70.4% (1159244.9/1647815.8)	69.3 (256064/369524)	68.5 (237746/347186)	68.3 (234355/343002)	62.1 (250557/403279)	97.7 (180522/184824)
14. Cervical Cancer Screening coverage for women 30 years and older	%	56.1% (71226/1268852)	45.5 (13446/295604)	61.5 (16716/273011)	63.7 (15661/245930)	55 (16848/306162)	57.7 (8555/148143)
15. Human Papilloma Virus Vaccine 1st dose	No	52872	12812	12085	9668	12101	6206
16. Human Papilloma Virus Vaccine 2nd dose	No	39464	9503	9243	7239	8515	4964
17. Vitamin A 12-59 months coverage	%	47.2% (509819/5399859)	45.3 (103278/114074)	49.8 (108830/109324)	41.6 (99569/119600)	51.1 (140624/137685)	48.6 (57518/59175)
18. Maternal mortality in facility ratio (annualised)	per 100 000 Live Births	109.2/100 000 (135/123579)	218.2/100 000 (61/27945)	91.1/100 000 (23/25242)	54/100 000 (14/25918)	78.4/100 100 (23/28734)	92.5/100 000 (14/15140)
19. Neonatal death in facility rate	per 1000	12.4/1000 (1486/119544)	61.1 (16749/27147)	68.3 (16790/24576)	60.3 (15106/25034)	63.1 (18523/29336)	63.4 (10159/16015)

Table 22. DHS - Provincial strategic objectives, performance indicators and annual targets for MCWH&N

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To reduce Maternal and child morbidity and mortality.	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Antenatal 1st visit before 20 weeks rate	% (QPR)	60.7% (71257/117315)	65.7% (78972/120124)	63.2% (77327/122378)	66% (79282/120124)	67% (81993/122378)	68% (83217/122378)	69% (84441/122378)
	2. Mother postnatal visit within 6 days rate	% (QPR)	66.8% (80972/121159)	70.9% (83366/117582)	85.8% (103184/120250)	81% (95241/117582)	90% (108225/120250)	91% (109428/120250)	92% (110630/120250)
	3. Antenatal client start on ART rate	% (QPR)	92.8% (15 485/16 689)	95.2% (13710/14398)	95.4% (11420/11972)	97% (13966/14398)	98% (11270/11500)	98% (11270/11500)	99% (11385/11500)
	4. Infant 1st PCR test positive around 10 weeks rate	% (QPR)	New indicator	1.2% (163/13967)	0.83% (123/14768)	1.2% (167/13967)	<1% (170/17420)	<1% (170/17420)	<1% (156/17420)
	5. Immunisation under 1 year coverage	% (QPR)	79.2% (98 806/124744)	64.5% (76429/118414)	70.6% (89801/127201)	90% (115369/128188)	80% (103525/129406)	85% (115495/135876)	87% (124123/142670)
	6. Measles 2nd dose coverage	% (QPR)	87.9% (110542 of 125 689)	94.5% (115520/122302)	84.7% (111711/131832)	90% (118476/131640)	80% (105880/132350)	85% (118123/138968)	90% (131325/145916)
	7. Diarrhoea case fatality under 5 years rate	% (QPR)	3.0% (154/5132)	2.1% (111/5218)	2.6% (78/2944)	3% (157/5218)	2% (59/2944)	1.9% (56/2944)	1.8% (53/2944)
	8. Pneumonia case fatality under 5 years rate	% (QPR)	3.1% (178/5750)	2.9% (175/5981)	3% (154/5074)	2.8% (167/5981)	3.5% (178/5074)	3.4% (173/5074)	3.3% (167/5074)

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	9. Severe acute malnutrition case fatality under 5 years rate	% (QPR)	11.6% (222/1919)	8.3% (178/2141)	5% (102/2021)	8% (171/2141)	7% (141/2021)	6% (121/2021)	5% (101/2021)
	10. School Grade 1 – learners screened	No (QPR)	29.5% (42 808/145 069)	31.9% (46332/145098)	69647	46 000	47000	47500	48000
	11. School Grade 8 – learners screened	No (QPR)	11.1% (12994/116 580)	16.5% (19197/116610)	34109	18 000	19000	19500	20000
	12. Delivery in 10 to 19 years in facility rate	% (QPR)	New indicator	New indicator	13.5% (16238/120250)	12% (14110/117582)	13% (15633/120250)	13% (15633/120250)	13% (15633/120250)
	13. Couple year protection rate (Int)	% (QPR)	New indicator	New indicator	70.4% (1159244.9/1647815.8)	76% (1263911/1663052)	60% (988690/1647816)	61% (1005168/1647816)	62% (1021646/1647816)
	14. Cervical Cancer Screening coverage for women 30 years and older	% (QPR)	50.1% (62 568/124 779)	55.7% (71371/128198)	56.1% (71226/126885 2)	61% (79768/130767)	52% (659803/1268852)	53% (672492/1268852)	54% (685180/1268852)
	15. Human Papilloma Virus Vaccine 1st dose	No (QPR)	68.2% 15 485 of 16 689)	82.3% (55459/67380)	52872	55 962	52144	54720	57456

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/ Actual performance			Estimated performance	Medium Term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	16. Human Papilloma Virus Vaccine 2nd dose	No (QPR)	80% (48 339 of 60 424)	58.2% (39227/67380)	39464	43 474	50688	51701	52218
	17. Vitamin A 12-59 months coverage	% (QPR)	50.0% (501570 of 1002709.5)	54.6% (544993/998564)	47.2% (509819/5399859)	51% (136886/268403)	47% (2537934/5399859)	49% (2645931/5399859)	50% (2699930/5399859)
	18. Maternal mortality in facility ratio	per 100 000 Live Births (QPR)	140.1/100 000 (169 of 120 572)	130.2/100 000 (153/117491)	109.2/100 000 (135/123579)	130/100 000	120/100000	127/100000	126/100000
	19. Neonatal death in facility rate	Per 1000 (QPR)	12.6/1000 (1521 of 120572)	10.6/1000 (1245/117491)	12.4/1000 (1486/119544)	12/1000	12/1000	11.5/1000	11/1000

Table 23. DHS - Quarterly targets for MCWH&N

Indicator	Frequency of Reporting (Quarterly, Bi annual)	Indicator Type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Antenatal 1st visit before 20 weeks rate	Quarterly	% (QPR)	67% (81993/122378)	67%	67%	67%	67%
2. Mother postnatal visit within 6 days rate	Quarterly	% (QPR)	90% (108225/120250)	90%	90%	90%	90%
3. Antenatal client initiated on ART rate	Annually	% (QPR)	98% (11270/11500)	-	-	-	98%

Indicator	Frequency of Reporting (Quarterly, Bi annual)	Indicator Type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
4. Infant 1st PCR test positive around 10 weeks rate	Quarterly	% (QPR)	<1% (170/17420)	<1%	<1%	<1%	<1%
5. Immunisation under 1 year coverage	Quarterly	% (QPR)	80% (103525/129406)	80%	80%	80%	80%
6. Measles 2nd dose coverage	Quarterly	% (QPR)	80% (105880/132350)	80%	80%	80%	80%
7. Child under 5 years diarrhoea case fatality rate	Quarterly	% (QPR)	2% (59/2944)	2%	2%	2%	2%
8. Child under 5 years pneumonia case fatality rate	Quarterly	% (QPR)	3.5% (178/5074)	3.5%	3.5%	3.5%	3.5%
9. Child under 5 years severe acute malnutrition case fatality rate	Quarterly	%(QPR)	7% (141/2021)	7%	7%	7%	7%
10. School Grade 1 screening coverage	Quarterly	No (QPR)	47000	15750	14750	5000	11500
11. School Grade 8 screening coverage	Quarterly	No (QPR)	19000	5000	4750	4500	4750
12. Delivery in 10 to 19 years in facility rate	Quarterly	% (QPR)	13% (15633/120250)	13%	13%	13%	13%
13. Couple year protection rate (Int)	Quarterly	% (QPR)	60% (988690/1647816)	60%	60%	60%	60%
14. Cervical Cancer Screening coverage for women 30 years and older	Quarterly	% (QPR)	52% (659803/1268852)	52%	52%	52%	52%

Indicator	Frequency of Reporting (Quarterly, Bi annual)	Indicator Type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
15. Human Papilloma Virus Vaccine 1st dose	Annual	No (QPR)	52144	-	-	-	52144
16. Human Papilloma Virus Vaccine 2nd dose	Annual	No (QPR)	50688	-	-	-	50688
17. Vitamin A 12-59 months coverage	Quarterly	% (QPR)	47% (2537934/5399859)	47%	47%	47%	47%
18. Maternal mortality in facility ratio	Annual	per 100 000 Live Births (QPR)	120/100000	-	-	-	120/100000
19. Neonatal death in facility rate	Annual	per 1000 (QPR)	12/1000	-	-	-	12/1000

2.7 SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL (DPC)

Table 24. DHS - Situational Analysis indicators for DPC

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
1. Cataract surgery performed	No	3670	1204	0	271	404	1791
2. Malaria case fatality rate	%	0.84% (160/18977)					

Table 25. DHS - Provincial strategic objectives, performance indicators and annual targets for DPC

Strategic Objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium Term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To prevent and control Communicable and non-communicable Disease (NCDs).	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Cataract surgery performed	No	612.5	3679	3670	1 752	2000	2250	2500
	2. Malaria case fatality rate	%	1.04% (16 deaths of 1538 cases)	0.94% (38 deaths of 4055 cases)	0.84% (160/18977)	1.1% (17/1538)	<1% (190/18977)	<1% (190/18977)	<1% (190/18977)

Table 26. DHS - Quarterly targets for DPC

Programme Performance indicator	Frequency	Type	Annual Targets 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Cataract surgery performed	Quarterly	No	2000	500	500	500	500
2. Malaria case fatality rate	Quarterly	% (QPR)	<1% (190/18977)	<1%	<1%	<1%	<1%

2.8 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 27. DHS – Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
District Management	683 523	731 647	617 072	549 322	569 797	613 588	612 292	646 099	681 635
Clinics	2 332 550	2 641 460	2 934 067	2 889 223	2 899 023	3 493 399	3 107 774	3 303 907	3 485 623
Community Health Centres	446 460	501 903	550 639	599 198	592 498	602 185	602 762	638 234	673 335
Community-based Services	285 821	148 158	221 218	253 963	253 963	223 515	248 377	259 785	275 128
Other Community Services	101 253	104 192	107 687	139 667	66 153	57 792	68 308	30 604	32 287
HIV and AIDS	1 065 528	1 170 300	1 354 055	1 600 516	1 602 363	1 602 363	1 947 302	2 167 956	2 525 491
Nutrition	4 448	6 577	6 863	11 885	11 885	6 677	6 417	8 800	9 284
District Hospitals	4 929 978	5 708 137	6 215 069	6 505 109	6 736 948	7 351 763	7 019 559	7 341 114	7 889 674
TOTAL	**9 849 561**	**11 012 374**	**12 006 670**	**12 548 883**	**12 732 630**	**13 951 282**	**13 612 791**	**14 396 499**	**15 572 457**

Table 28. DHS - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**9 400 858**	**10 440 742**	**11 425 002**	**12 030 571**	**12 251 218**	**13 469 036**	**13 389 156**	**14 149 192**	**15 315 250**
Compensation of employees	7 307 222	7 879 798	8 401 234	9 208 245	9 271 445	9 613 634	10 526 719	11 096 551	11 758 040

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Goods and services	**2 093 636**	**2 560 944**	**3 023 768**	**2 822 326**	**2 979 773**	**3 855 402**	**2 862 437**	**3 052 641**	**3 557 210**
Communication	34 147	45 925	45 925	31 841	36 396	41 312	42 848	42 851	45 203
Computer Services	81 473	124 874	37 542	42 758	30 413	143 438	30 513	15 027	15 853
Consultants Contractors and special services	367 528	451 342	509 765	476 227	494 825	527 799	491 605	522 224	567 786
Inventory	970 296	1 247 652	1 566 261	1 811 970	1 910 248	2 257 576	1 775 471	1 888 172	2 305 816
Operating leases	6 784	6 703	4 578	6 322	6 060	5 827	6 566	5 757	6 072
Travel and subsistence	65 508	62 263	44 951	26 236	29 683	40 874	32 570	48 564	50 761
Maintenance repair and running costs	125 102	135 117	145 338	85 770	147 573	160 384	92 587	95 348	100 578
Specify other	442 798	487 068	669 408	341 202	324 575	678 192	390 277	434 698	465 141
Financial transactions in assets and liabilities		10 692	10 692						
Transfers and subsidies to	**398 914**	**510 523**	**487 796**	**455 693**	**430 974**	**432 019**	**159 120**	**168 349**	**172 036**
Provinces and municipalities	16 328	23 328	24 889	15 594	15 894	15 888	565	596	629
Departmental agencies and accounts	9 623	74 830	26 773	15 112	15 112	15 112	15 847	16 719	17 639

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Non-profit institutions	332 290	362 582	383 806	380 367	343 348	343 348	95 591	101 326	101 326
Households	40 673	49 783	52 328	44 620	56 620	57 671	47 117	49 708	52 442
Payments for capital assets	**49 789**	**50 417**	**90 367**	**62 619**	**50 438**	**50 227**	**64 515**	**78 958**	**85 171**
Buildings and other fixed structures									
Software and other intangible assets									
Machinery and equipment	49 789	50 417	90 367	62 619	50 438	50 227	64 085	65 353	67 171
Total economic classification	**9 849 561**	**11 012 374**	**12 006 670**	**12 548 883**	**12 732 630**	**13 951 282**	**13 612 791**	**14 396 499**	**15 572 457**

[2]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

2.9 PERFORMANCE AND EXPENDITURE TRENDS

The funding has been aligned to the various key strategic focus of the programme. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Acceleration of the comprehensive primary health care services package
- Improve quality of care at District hospital level e.g. reduction of patient waiting time and conducting doctors' visits to clinics

- Intensify the rendering of MCWH and nutrition programme e.g. increased immunisation rate reduction in maternal death and increase in greenery projects
- intensify the rendering of prevention and disease control programme e.g. the coverage of provision of health services at ports is increasing whist malaria fatality rate is decreasing
- Improve the rendering of a comprehensive HIV and AIDS, STI and TB programme e.g. the treatment coverage of people with HIV/AIDS and TB is increasing as the funding increases

The department has spent a total of R32.9 billion from 2015/16 to 2017/18 while the 2018/19 budget amounts to R12.5 billion. The proposed MTEF from 2019/20 to 2021/22 projected at R43.6billion will be used to maintain and improve the current services.

2.10 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme District Health Services and the measures to mitigate the impact of the risks are indicated below.

Table 29. DHS - Risk management

Strategic Objective	Risk	Mitigating factors
To reduce Maternal and child morbidity and mortality	High maternal and child mortality	• Conduct community awareness campaign • Conduct clinical audit • Capacity building
To improve access to quality hospital services	Ineffective Mental health care services	• Filling of the vacant positions of mental health practitioners • Maintenance and repairs of infrastructure • Rationalisation of human resources

Strategic Objective	Risk	Mitigating factors
	Shortage and inadequate quality of medical equipment	• Conduct medical equipment audit and opted for tender processes • Continues maintenance of equipment • Development of health technology services
Improve quality of health care	Diseases Outbreak (e.g. Malaria and Collera)	• Strengthen interdepartmental meetings with COGSTA, Water and Sanitation and Department of Agriculture • Provincial Public Health to participate in the development of early warning system for infectious diseases (iDEWS) with National Institute of Communicable disease Control (NICC) • Intensify fumigation
	Conflicting public health messages	Develop Provincial Health Promotion Strategy

Strategic Objective	Risk	Mitigating factors
	Increased litigations on medical negligence	• Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal expenditure through alternate dispute resolution (ADR) • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
To re-engineer Primary Health Care	Armed Robbery (firearms and personal properties) at Health Care facilities	• Conduct in-service training on security • Improvement of infrastructure • installation of electronic access control systems

3.BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 PROGRAMME PURPOSE

The purpose of this programme is to render emergency medical services including ambulance service, special operations, and communications and air ambulance service; and render efficient Planned Patient Transport. Therefore, provide for pre-hospital Emergency Medical Services including Inter-hospital transfers.

3.2 PRIORITIES

- Optimize utilisation of EMS fleet through improved communication system.
- Increase the operational ambulance fleet per population served.

Table 30. EMS - Situational analysis indicators

Programme Performance Indicator	Indicator Type	Province wide value 2017/18	Capricorn	Waterberg	Sekhukhune	Vhembe	Mopani
EMS P1 urban response under 15 minutes rate	%	23.2% (254/1097)	7.7 (32/414)	9.7 (24/247)	15.8 (9/57)	30.6 (45/147)	62.1 (144/323)
EMS P1 rural response under 40 minutes rate	%	34% (2331/6856)	106.8 (377/353)	25.3 (456/1803)	19.2 (600/3121)	54.6 (766/1402)	74.6 (132/177)
EMS inter-facility transfer rate	%	18.6% (44854/241677)	11.2 (4586/41125)	8 (5267/66248)	26.7 (9543/35761)	27.6 (18409/66616)	22.1 (7049/31927)

Table 31. EMS - Provincial objectives, performance indicators and annual targets

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To improve access to emergency medical services.	**Strategic Objectives/Provincial Indicators**								
	1. Ratio of ambulance per population	No	1:22 614	1:24320	1:27297	1:28 000	1:26 000	1:26 000	1:26 000
	Programme Performance/Customized Indicators (Sector Indicators)								
	2. EMS P1 urban response under 15 minutes rate	% (QPR)	79.42%	55.37% (366/661)	23.2% (254/1097)	74%	60%	60%	60%
	3. EMS P1 rural response under 40 minutes rate	% (QPR)	68.19%	67.79% (1450/2139)	34% (2331/6856)	74%	60%	60%	60%

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	4. EMS inter-facility transfer rate	% (QPR)	18.59%	15.95%	18.6% (44854/241677)	17.5%	18%	18%	18%

Table 32. EMS - Quarterly targets

Programme Performance Indicator	Frequency of reporting (quarterly, Bi-annual, Annual)	Indicator Type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Ratio of ambulance per population	Quarterly	%	1:26 000	1:26 000	1:26 000	1:26 000	1:26 000
2. EMS P1 urban response under 15 minutes rate	Quarterly	% (QPR)	60%	60%	60%	60%	60%
3. EMS P1 rural response under 40 minutes rate	Quarterly	% (QPR)	60%	60%	60%	60%	60%
4. EMS inter-facility transfer rate	Quarterly	% (QPR)	18%	18%	18%	18%	18%

3.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 33. EMS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
R' thousand									

Emergency Transport	645 108	688 643	731 566	735 863	730 863	730 863	768 788	811 070	855 679
Planned Patient Transport									
TOTAL	**645 108**	**688 643**	**731 566**	**735 863**	**730 863**	**730 863**	**768 788**	**811 070**	**855 679**

Table 34. EMS - Summary of provincial expenditure by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**597 569**	**655 611**	**703 856**	**707 305**	**702 005**	**702 005**	**738 231**	**778 834**	**821 669**
Compensation of employees	542 463	584 117	625 506	624 878	624 878	638 135	659 815	696 105	734 391
Goods and services	**55 106**	**71 494**	**78 350**	**82 427**	**77 127**	**63 870**	**78 416**	**82 729**	**87 278**
Communication	5 768	5 768	5 165	5 642	8 642	7 162	5 941	6 268	6 613
Consultants Contractors and special services	13 923	13 923	15 990	15 999	16 999	16 968	16 847	17 774	18 752
Inventory	4 778	4 778	8 125	3 896	9 566	5 272	3 238	3 474	3 666
Operating leases	101	101	–	159	328	175	336	354	373
Travel and subsistence	1 087	1 087	346	–	300	248	–	–	–
Maintenance repair and running costs	23 637	18 118	34 995	39 792	20 792	20 256	34 815	36 735	38 755
Specify other	9 770	24 318	13 729	16 939	20 500	13 789	17 239	18 124	19 119
Transfers and subsidies to	**376**	**883**	**744**	**238**	**238**	**238**	**251**	**265**	**280**
Provinces and municipalities									
Departmental agencies and accounts									
Non-profit institutions									
Households	292	746	744	238	238	238	251	265	280
Payments for capital assets	**47 163**	**32 149**	**26 966**	**28 320**	**28 320**	**28 320**	**29 906**	**31 551**	**33 286**
Machinery and equipment	47 163	32 149	26 966	28 320	28 320	28 320	29 906	31 551	33 286

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Total economic classification	645 108	688 643	731 566	735 863	735 863	735 863	768 788	811 070	855 679

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

3.4 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of the targets in the following ways:

- Improve the functioning of Planned Patient Transport services e.g. the acquisition of vehicles to transport patients between hospitals.
- Procure ambulances to improve the response time
- Improve quality of care at pre-hospital level e.g. reduction of response times and recruitment of qualified staff, purchasing of ambulances and communication equipment.
- Strengthen Obstetric Ambulances services.

The department has spent a total of R2.1 billion in 2015/16 to 2017/18 while the 2018/19 budget amounts to R735.8 million. The MTEF from 2019/20 to 2021/22 is projected at R2.4 billion. This amount will be used to maintain and improve the current services.

3.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme Emergency Medical Services and the measures to mitigate the impact of the risks are indicated below

Table 35. EMS - Risk Management

Strategic Objective	Risk	Mitigating factors
To improve access to Emergency Medical Services	Ineffective emergency medical service	• Migration from Analogue to Digital system

Strategic Objective	Risk	Mitigating factors
		• Attract and retain appropriately qualified EMS staff • In-service training of EMS personnel

4.BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES

4.1 PROGRAMME PURPOSE

The purpose of the programme is the delivery of hospital services, which are accessible, appropriate, and effective and to provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research. Programme purpose include the rendering of hospital services at a general specialist level and a platform for training of health workers and research; and providing specialist psychiatric hospital services for people with mental illness and intellectual disability and providing a platform for the training of health workers and research and tuberculosis hospital services.

4.2 PRIORITIES

- Implement maternal and child centres of excellence at all Regional Hospitals.

4.3 REGIONAL HOSPITALS

Table 36. Regional Hospitals - Provincial strategic objectives, performance indicators and annual targets

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited /actual performance			Estimated performance	Medium term Targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Improve access to quality hospital services.	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Average Length of Stay (Regional hospitals)	Days (No) (QPR)	5 days (405095.5/ 80757)	4.9 days (403386/8 2530)	4.4 days (409328/92 026)	5 days (403386/8067 7)	<6 days (409328/6 8221)	<6 days (409328/6 8221)	<6 days (409328/ 68221)
	2. Inpatient Bed Utilisation Rate (Regional hospitals)	% (QPR)	74.2% (405 095.5/546 069.4)	72.3% (403386/5 58146)	74.9% (409328/54 6464.8)	75%	75%	75%	75%
	3. Expenditure per PDE (Regional hospitals)	R (QPR)	R2 716.1 (1 587 693 673/5 845 46.1649)	R2886	R3104.7%	R3500.00	R3200.00	R3200.00	R3200.0 0
	4. Complaints Resolution within 25 working days rate (Regional hospitals)	% (QPR)	98.7% (534/541)	101.8% (664/652)	96.2% (506/526)	95% (619/652)	95%	95%	95%

Table 37. Regional Hospitals - Quarterly targets

Programme Performance Indicator	Frequency of reporting (Quarterly, bi-annual, Annual)	Indicator type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Average Length of Stay (Regional hospitals)	Quarterly	Days (No) (QPR)	<6 days (409328/68221)	<6 days	<6 days	<6 days	<6 days
2. Inpatient Bed Utilisation Rate (Regional hospitals)	Quarterly	% (QPR)	75%	75%	75%	75%	75%
3. Expenditure per PDE (Regional hospitals)	Quarterly	R (QPR)	R3200.00	R3200.00	R3200.00	R3200.00	R3200.00
4. Complaints Resolution within 25 working days rate (Regional hospitals)	Quarterly	% (QPR)	95%	95%	95%	95%	95%

4.4 SPECIALISED HOSPITALS

Table 38. Specialised hospitals - Provincial objectives, performance indicators and annual targets

Strategic objective	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Improve access to hospital services.	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Complaints Resolution within 25 working days rate (Specialised hospitals)	% (QPR)	New indicator	100% (15/15)	100% (6/6)	95% (14/15)	95%	95%	95%
	Strategic Objectives/Provincial Indicators								

Strategic objective	Performance indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	2. Number of Districts with functional Mental Health review boards	No	4	4/5	4	5	5	5	5

Table 39. Specialised hospitals - Quarterly targets

Indicator	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Complaints Resolution within 25 working days rate (Specialised hospitals)	Quarterly	% (QPR)	95%	95%	95%	95%	95%
2. Number of Districts with functional Mental Health review boards	Quarterly	No	5	5	5	5	5

4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 40. Provincial Hospitals - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
R' thousand									
General (regional) hospitals	1 569 686	1 662 835	1 872 244	1 970 839	1 998 239	2 105 199	2 086 013	2 200 744	2 321 781
Psychiatric hospitals	440 902	538 214	516 295	566 459	546 059	567 791	577 061	608 799	642 284
TOTAL	**2 010 588**	**2 201 049**	**2 388 539**	**2 537 298**	**2 544 298**	**2 672 990**	**2 663 074**	**2 809 543**	**2 964 065**

Table 41. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**2 001 519**	**2 187 339**	**2 351 601**	**2 534 124**	**2 532 574**	**2 662 230**	**2 659 391**	**2 805 657**	**2 959 965**
Compensation of employees	1 776 771	1 890 185	1 996 487	2 204 541	2 200 041	2 227 352	2 324 804	2 452 669	2 587 565
Goods and services	224 748	297 154	355 114	329 583	332 533	434 878	334 587	352 988	372 400
Communication	6 140	6 735	6 442	5 462	5 462	6 451	6 335	6 748	7 119
Consultants Contractors and special services	66 482	71 025	69 001	21 883	47 881	60 849	24 823	26 187	27 627
Inventory	97 322	154 106	206 499	230 865	214 279	267 732	228 139	240 130	253 337
Operating leases	1 274	1 140	591	1 214	914	640	1 280	1 350	1 424
Travel and subsistence	1 635	2 502	2 168	–	1 400	1 894	–	–	–
Maintenance repair and running costs	4 116	3 147	1 846	3 660	1 560	1 901	3 863	4 075	4 299
Specify other	47 779	58 499	68 567	66 499	61 037	95 411	70 147	74 498	78 594
Transfers and subsidies to	**7 262**	**10 007**	**11 391**	**665**	**7 215**	**6 251**	**702**	**741**	**782**
Provinces and municipalities	12		43		50	50	–	–	–
Households	7 250	10 016	11 348	665	7 165	6 201	702	741	782
Payments for capital assets	**1 807**	**3 675**	**25 547**	**2 509**	**4 509**	**4 509**	**2 981**	**3 145**	**3 318**
Buildings and other fixed structures									
Machinery and equipment	1 807	3 675	25 547	2 509	4 509	4 509	2 981	3 145	3 318
Software and other intangible assets			28						
Total economic classification	**2 010 588**	**2 201 049**	**2 388 539**	**2 537 298**	**2 544 298**	**2 672 990**	**2 663 074**	**2 809 543**	**2 964 065**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

4.6 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of targets in the following ways:

- Expand the secondary hospital services e.g. referrals to the tertiary hospital will drop as secondary services are performed at regional hospitals
- Improve quality of care at regional and specialised hospital level e.g. reduction in patient waiting time due to the availability of health professionals and implementation of nursing care package.

The department has spent a total of R6.6 billion in 2015/16 to 2017/18 while the 2018/19 budget amounts to R2.5 billion. The MTEF from 2019/20 to 2021/22 is projected at R8.4 billion. This amount will be used to maintain and marginally improve other services.

4.7 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives for Provincial Hospital Services and the measures to mitigate the impact of the risks are indicated below.

Table 42. Provincial Hospitals - Risk management

Strategic Objective	RISK	MITIGATING FACTORS
Improve access to quality hospital services	Ineffective Mental health care services	• Filling of the vacant positions of mental health practitioners • Maintenance and repairs • Rationalisation of human resources

5. BUDGET PROGRAMME 5: CENTRAL HOSPITALS SERVICES

5.1 PROGRAMME PURPOSE

The purpose of this programme is to provide tertiary health services and creates a platform for the training of health workers. Programme purpose include, rendering of highly specialised health care services; provisioning of a platform for the training of health workers; and serving as specialist referral centres for regional hospitals.

5.2 PRIORITIES

- Maximize the referral and training platform.

Table 43. C&THS - Provincial strategic objectives, performance indicators and annual targets

Strategic Objective	Programme Performance Indicator	Indicator Type	Audited/ actual performance			Estimate	MTEF projection		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To improve quality hospital services.	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Average Length of Stay (Tertiary Hospitals)	Days (No) (QPR)	7.1 days (283 579.5/ 40137)	7.3 days (279503/38 215)	7.6 days (297140/38 882)	7days (279503/3 9929)	<8 days (297140/ 37142)	<8 days (297140/ 37142)	<8 days (297140/37 142)
	2. Inpatient Bed Utilisation Rate (Tertiary Hospitals)	% (QPR)	77.5% (283 579.5/3 66135.12)	75.5% (279503/36 9968)	79.9% (295328/36 9785.52)	75%	75%	75%	75%
	3. Expenditure per PDE (Tertiary Hospitals)	R (QPR)	R4 323.3 (1 662 716 321/384 597.8323)	R4569.2	R4591.9	R4875.34	R4800.0 0	R4800.0 0	R4800.00
	4. Complaints Resolution within 25 working days rate (Tertiary Hospitals)	% (QPR)	99.3% (300/302)	99.4% (317/319)	100% (302/302)	95% (303/319)	95%	95%	95%

Table 44. C&THS - Quarterly targets

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly / Annual)	Indicator Type	ANNUAL TARGET 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Average Length of Stay (Tertiary Hospitals)	Quarterly	Days (No) (QPR)	<8 days (297140/37 142)	<8 days	<8 days	<8 days	<8 days
2. Inpatient Bed Utilisation Rate (Tertiary Hospitals)	Quarterly	% (QPR)	75%	75%	75%	75%	75%

PROGRAMME PERFORMANCE INDICATOR	Frequency of Reporting (Quarterly / Annual)	Indicator Type	ANNUAL TARGET 2019/20	Targets			
				Q1	Q2	Q3	Q4
3. Expenditure per PDE (Tertiary Hospitals)	Quarterly	R (QPR)	R4800.00	R4800.00	R4800.00	R4800.00	R4800.00
4. Complaints Resolution within 25 working days rate (Tertiary Hospitals)	Quarterly	% (QPR)	95%	95%	95%	95%	95%

5.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

Table 45. C&THS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
TERTIARY HOSPITAL	1 467 011	1 654 115	1 726 726	1 838 220	1 842 220	1 882 757	1 970 134	2 104 911	2 467 520
TOTAL	**1 467 011**	**1 654 115**	**1 726 726**	**1 828 220**	**1 842 220**	**1 882 757**	**1 970 134**	**2 104 911**	**2 467 520**

Table 46. C&THS - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**1 432 238**	**1 595 738**	**1 677 602**	**1 776 456**	**1 800 866**	**1 841 380**	**1 953 111**	**2 086 756**	**2 220 759**
Compensation of employees	1 120 808	1 194 105	1 286 495	1 410 431	1 409 431	1 409 431	1 507 590	1 595 806	1 683 710
Goods and services	**311 430**	**401 633**	**391 107**	**366 025**	**391 435**	**431 949**	**445 521**	**490 950**	**537 049**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18		2018/19		2019/20	2020/21	2021/22
Communication	3 505	5 729	4 263	4 156	4 156	4 074	4 389	4 630	4 885
Consultants Contractors and special services	79 961	90 608	86 511	106 997	106 997	100 186	129 795	137 117	140 219
Inventory	193 322	267 660	255 601	209 626	209 626	260 190	242 422	256 173	274 702
Operating leases	4 954	3 128	3 460	6 182	3 882	5 816	6 528	6 887	7 266
Travel and subsistence	1 406	1 416	629	33	633	127	2 050	2 187	2 307
Maintenance repair and running costs	136	356	870	770	770	8	813	858	905
Specify other	28 146	32 736	39 773	38 261	65 371	61 548	59 524	83 098	106 765
Transfers and subsidies to	**5 355**	**4 089**	**5 227**	**685**	**3 731**	**3 754**	**724**	**764**	**806**
Provinces and municipalities			34		46	46	–	–	–
Households	5 355	4 089	5 193	685	3 685	3 708	724	764	806
Payments for capital assets	**29 418**	**54 288**	**43 897**	**61 079**	**37 623**	**37 623**	**16 299**	**17 391**	**245 955**
Buildings and other fixed structures									
Machinery and equipment	29 418	54 288	43 897	61 079	37 623	37 623	16 299	17 391	245 955
Total economic classification	**1 467 011**	**1 654 115**	**1 726 726**	**1 838 220**	**1 842 220**	**1 882 757**	**1 970 134**	**2 104 911**	**2 467 520**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

5.4 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of targets in the following ways:

- Reduction of referrals outside the province e.g. tertiary services are being increased in the hospital through the current budget and MTEF and this reduces the referrals outside the province.

- Improve quality of care at tertiary hospital level e.g. reduction in patient waiting time due to the availability of health professionals.
- Modernisation of the tertiary services e.g. the purchase of highly technical equipment to render the tertiary services is done using the allocation under this programme

The department has spent a total of R4.8 billion from 2015/16 to 2017/18 while the 2018/19 budget amounts to R1.8 billion. The MTEF from 2019/20 to 2021/22 is projected at R6.5 billion which will be used to maintain and improve the current service.

5.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives for the budget programme tertiary hospitals and the measures to mitigate the impact of the risks are indicated below.

Table 47. C&THS - Risk management

Strategic Objective	Risks	Mitigating factors
Improve access to quality hospital services	Unsafe and dilapidated infrastructure	• Continuous Repairs and maintenance on the existing infrastructure • Building of new infrastructure • Refurbishment of identified infrastructure

6. BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6.1 PROGRAMME PURPOSE

The purpose of the programme is to provide training and development opportunities for actual and potential employees of the Department of Health.

6.2 PRIORITIES

- Maximize training of personnel.
- Training and development of personnel in the following skills programmes: 300 in Medical in Ethics and Litigation; 400 in Medical Records Management; 62 in compulsory SMS capacity development; 500 in Asset Management; 400 in Public Financial Management and Revenue Management; 100 Advance artisan development programme, 100 Compulsory Induction and Orientation and Work Integrated Learning 750.

Table 48. HST - Provincial strategic objectives, performance indicators and annual targets

Strategic objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To increase production for and develop human resources for health	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Number of Bursaries awarded for first year medicine students***	No (QPR)	New indicator	60	-	-	-	-	-
	2. Number of Bursaries awarded for first year nursing students	No (QPR)	New indicator	-	-	-	160	-	-
	Strategic Objectives/Provincial Indicators								
	3. Number of post basic professional nurses enrolled	No	New indicator	114	129	140	140	-	-
	4. Number of learners studying for bachelor of health science in emergency care	No	New indicator	New indicator	New indicator	5	5	5	5
	5. Number of basic ambulance assistants upgraded to ambulance emergency assistants	No	New indicator	New indicator	New indicator	36	72	72	72

*** – The Department does not award bursaries to the medicine

Table 49. HST - Quarterly targets

Indicator	Frequency of Reporting (Quarterly, bi-annual, Annual)	Indicator type	Annual Target 2019/20	Targets			
				Q1	Q2	Q3	Q4
1. Number of Bursaries awarded for first year medicine students	Annual	No (QPR)	-	-	-	-	-
2. Number of Bursaries awarded for first year nursing students	Annual	No (QPR)	160	160	-	-	-
3. Number of Post basic professional nurses enrolled	Bi-Annual	No	140	70	70	-	-
4. Number of learners studying for bachelor of health science in emergency care	Annual	No	5	5	-	-	-
5. Number of basic ambulance assistants upgraded to ambulance emergency assistants	Annual	No	72	-	-	-	72

6.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 50. HST - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18		2018/19		2019/20	2020/21	2021/22
R' thousand									
Nurse training colleges	208 557	230 315	230 646	306 933	247 933	249 127	240 728	277 045	292 283
EMS training colleges	2 994	2 968	1 512	4 139	4 139	4 480	4 372	4 613	4 867
Bursaries	141 516	255 038	186 931	204 696	189 996	188 450	229 788	232 550	245 341
PHC training	192	96	6 678	6 818	6 818	6 829	–	–	–
Other training	131 443	133 192	134 703	149 239	148 439	148 439	160 772	169 595	179 031
TOTAL	**484 702**	**621 609**	**560 470**	**671 825**	**597 325**	**597 325**	**635 660**	**683 803**	**721 522**

Table 51. HST - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18		2018/19		2019/20	2020/21	2021/22
Current payments	**326 700**	**363 234**	**370 703**	**466 797**	**404 193**	**404 082**	**420 141**	**466 306**	**492 084**
Compensation of employees	302 399	335 883	331 937	421 971	370 618	370 809	384 594	428 823	452 432
Goods and services	**24 301**	**27 351**	**38 766**	**44 826**	**33 575**	**33 273**	**35 547**	**37 483**	**39 652**
Communication	532	734	607	1 391	711	1 074	514	570	601
Computer Services	0								
Consultants Contractors and special services	159	22	-	-	–	–	–	–	–
Inventory	9 632	8 503	13 114	15 395	11 605	14 064	7 034	7 600	8 018
Operating leases	235	293	215	859	259	738	904	954	1 006
Travel and subsistence	5 506	7 694	11 399	11 639	9 388	5 654	11 793	12 442	13 127
Maintenance repair and running costs	1 100	1 131	833	1 046	146	370	924	975	1 029

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Specify other	7 137	8 974	12 598	14 496	18 752	11 373	14 378	14 942	15 871
Transfers and subsidies to	**153 347**	**252 815**	**176 439**	**191 370**	**183 870**	**183 770**	**214 330**	**216 242**	**228 114**
Provinces and municipalities	20								
Non-profit institutions									
Households	153 327	252 815	176 439	191 370	183 870	183 770	214 330	216 242	228 114
Payments for capital assets	**4 655**	**5 560**	**13 328**	**13 658**	**9 262**	**9 473**	**1 189**	**1 255**	**1 324**
Buildings and other fixed structures									
Machinery and equipment	4 655	5 560	13 328	13 658	9 262	9 473	1 189	1 255	1 324
Total economic classification	**484 702**	**621 609**	**560 470**	**671 825**	**597 325**	**597 325**	**635 660**	**683 803**	**721 522**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

6.4 PERFORMANCE AND EXPENDITURE TRENDS

The budget allocated over the MTEF is insufficient to fund new intake of Cuban Scholarship Programme.

Reduction in the shortage of EMS practitioners e.g. the department utilises the current budget and MTEF to train the required EMS practitioners at different categories.

Reduction in the shortage of nursing staff e.g. nursing colleges are funded to train the potential nurses that after completion of their studies work to improve quality of care.

The department has spent a total of R1.7 billion in 2015/16 to 2017/18 while the 2018/19 budget amounts to R671.8 million and adjusted to R597.3 million. The proposed MTEF from 2019/20 to 2020/22 is projected at R2.0 billion which will be used to maintain and improve the current services.

6.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health sciences and training and the measures to mitigate the impact of the risks are indicated below.

Table 52. HST - Risk management

Strategic Objective	Risk	Mitigating factors
To increase production for and develop human resources for health	Inadequately prepared graduate output	Improve capacity of Nurse Training Institutions for lecturer's student ratio
	Compromised Student and staff safety	Anchoring of structures and decongestion of residences

7.BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 PROGRAMME PURPOSE

The purpose of the programme is to render support services as required by the Department to realise its aim and incorporating all aspects of rehabilitation.

7.2 PRIORITIES

- Monitoring the availability of essential medicine at depot, hospitals and PHC.

Table 53. HCS - Provincial strategic objectives, performance indicators and annual targets

Strategic objective	Performance indicator		Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
				2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To provide all essential medicines	**Strategic Objectives/Provincial Indicators**									
	Availability of essential medicines	Depot	%	70.6%	66.64%	70.73% (232/328)	72.5% (238/328)	70% (230/328)	70% (230/328)	70% (230/328)
		Hospitals		86.7%	89.01%	90.84% (268/295)	92% (271/295)	90% (266/295)	90% (266/295)	90% (266/295)
		PHC		87.05%	88.57%	87.2% (148/170)	90% (153/170)	90 % (153/170)	90 % (153/170)	90 % (153/170)

Table 54. HCS - Quarterly targets

Programme Performance Indicator		Frequency of reporting (quarterly, Bi-annual, Annual)	Indicator Type	ANNUAL TARGET 2019/20	QUARTERLY TARGETS			
					Q1	Q2	Q3	Q4
Availability of essential medicines	Depot	Quarterly	%	70% (230/328)	70%	70%	70%	70%
	Hospitals	Quarterly	%	90% (266/295)	90%	90%	90%	90%
	PHC	Quarterly	%	90 % (153/170)	90%	90%	90%	90%

7.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 55. HCS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Forensic services	35 482	36 596	37 655	42 297	42 297	42 297	41 374	43 650	46 051
Orthotic and prosthetic services	6 371	5 235	7 151	7 215	7 215	8 467	7 950	8 388	8 849
Medicines trading account	65 646	74 992	79 699	92 009	92 009	90 757	96 697	101 865	107 467
TOTAL	**107 499**	**116 823**	**124 505**	**141 521**	**141 521**	**141 521**	**146 021**	**153 903**	**162 367**

Table 56. HSC - Summary of provincial expenditure estimates by economic classification

	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**105 396**	**115 942**	**123 705**	**139 319**	**139 752**	**139 752**	**143 715**	**151 470**	**159 800**
Compensation of employees	74 694	79 463	86 227	96 258	96 258	96 258	98 662	104 089	109 814
Goods and services	**30 702**	**36 479**	**37 478**	**43 061**	**43 494**	**43 494**	**45 053**	**47 381**	**49 986**
Communication	677	675	596	687	687	652	723	763	805
Computer Services	1 823	1 013	–	–	–	–	–	–	–
Consultants Contractors and special services	14 033	20 138	20 817	26 231	27 042	22 084	27 050	28 388	29 950
Inventory	8 290	9 398	10 152	10 403	10 045	15 496	11 225	11 842	12 492
Operating leases	807	704	910	750	510	657	790	833	879
Travel and subsistence	499	392	323	144	364	374	147	156	165
Maintenance repair and running costs	0	0	–	–	–	–	–	–	–
Specify other	4 573	4 159	4 680	4 846	4 846	4 231	5118	5 399	5 695

	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Financial transactions in assets and liabilities	0								
Transfers and subsidies to	**149**	**71**	**200**	**239**	**119**	**119**	**251**	**265**	**279**
Provinces and municipalities	14	**0**	**0**						
Households	135	71	200	239	119	119	251	265	279
Payments for capital assets	**1 954**	**810**	**600**	**1 963**	**1 650**	**1 650**	**2 055**	**2 168**	**2 288**
Machinery and equipment	1 954	**810**	**600**	1 963	1 650	1 650	2 055	2 168	2 288
Total economic classification	**107 499**	**116 823**	**124 505**	**141 521**	**141 521**	**141 521**	**146 021**	**153 903**	**162 367**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

7.4 PERFORMANCE AND EXPENDITURE TRENDS

The purpose is to render health care support services to the entire Health Care Services. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Provision of all essential medicines. The allocated budget is used to purchase all these medicines and the MTEF will ensure availability.
- Provision of forensic pathology services.
- Provision of orthotic and prosthetic services e.g. the purchase of assistive devices is done using this allocation.

The department has spent a total of R348.8 million from 2015/16 to 2017/18 while the 2018/19 budget amounts to R141.5 million. The MTEF from 2019/20 to 2021/22 is projected at R462.3 million which will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholders' participation.

7.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health Care Support Services and measures to mitigate the impact of the risks are indicated below.

Table 57. HCS - Risk management

Strategic Objectives	Risk	Mitigating factors
To provide all essential medicines	Loss of stock	Put systems in place to monitor non-compliance
	Pharmaceutical shortage	• Implement an electronic warehouse management and procurement system • Timeous renewal of contracts • Implement the Rx solution i.e. the Stock Visibility Solution (SVS) at PHC level • Conduct research
To provide rehabilitation services in facilities and communities	Development of permanent disability by patients	Put systems in place for early rehabilitation intervention

8.BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 PROGRAMME PURPOSE

The purpose of this programme is to provide planning, equipping new facilities/assets, and upgrading, rehabilitation and maintenance of hospitals, clinics and other facilities.

8.2 PRIORITIES

- Upgrading of PHC facilities.
- Upgrading of hospitals.
- Upgrade nursing colleges and nursing schools.
- Provide water, sanitation and electrical services (new and upgrade).
- Implement maintenance programme.

Table 58. HFM - Provincial strategic objectives, performance indicators and annual targets

Strategic objective	Indicator	Indicator Type	Audited/ actual performance			Estimated performance	Medium term targets		
			2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
To improve quality of health infrastructure	**Programme Performance/Customized Indicators (Sector Indicators)**								
	1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	No (QPR)	New indicator	59	31	8	4	4	4
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	No (QPR)	New indicator	28	34	16	16	16	16

Table 59. HFM - Quarterly targets

INDICATOR	Frequency of reporting (quarterly, bi-annual, annual)	Indicator type	ANNUAL TARGET 2018/19	Targets			
				Q1	Q2	Q3	Q4
1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Annual	No	4	-	-	-	4
2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Annual	No	16	-	-	-	16

8.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 60. HFM - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Community Health facilities	506 819	466 282	495 888	566 109	699 616	699 616	489 358	517 964	562 093
District Hospital Services	42 573	116 407	24 287	110 728	50 728	50 728	107 289	116 384	122 786
Provincial Hospitals Services	39 965	28 388	12 458	31 009	21 009	21 009	36 585	36 597	38 610
Tertiary Hospitals Services	12 740	17 931	22 888	20 421	25 421	25 421	21 845	23 046	24 314
Other Facilities	109	243	157	1 010	1 010	1 010	1 123	1 185	1 250
Total	**602 206**	**629 251**	**555 678**	**729 277**	**797 784**	**797 784**	**656 200**	**695 176**	**749 053**

Table 61. HFM - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Current payments	**238 050**	**354 590**	**300 150**	**351 783**	**501 442**	**501 442**	**376 406**	**400 136**	**438 580**
Compensation of employees	8 949	9 258	9 838	12 946	11 246	11 246	13 658	14 409	15 202
Goods and services	**229 101**	**345 332**	**290 312**	**338 837**	**490 196**	**490 196**	**362 748**	**385 727**	**423 378**
Communication	15		-	-	–	–	–	–	–
Computer	0		-	-	–	–	–	–	–
Consultants Contractors and special services	219 686	334 579	121 202	243 691	415 050	370 789	250 589	269 939	292 001
Inventory	1 212	5	763	5 200	5 200	11 01	1 731	1 821	1 821
Operating leases	0	(1)	–	–	–	1 014	–	–	–
Travel and subsistence	794	787	761	1 600	1 600	1 998	1 551	1 636	1 636
Maintenance repair and running costs	135		–	–	–	–	–	–	–
Specify other	7 259	9 962	167 586	88 346	68 346	115 297	108 877	112 331	127 920
Transfers and subsidies to	**–**	**4**	**-**	**-**	**–**	**–**	**–**	**–**	**–**

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2015/16	2016/17	2017/18	2018/19			2019/20	2020/21	2021/22
Households	–	4	-		–	–	–	–	–
Payments for capital assets	**364 156**	**274 657**	**255 528**	**377 494**	**296 342**	**296 342**	**279 794**	**295 040**	**310 473**
Buildings	301 410	262 357	250 755	357 494	276 128	276 128	137 654	145 225	153 212
Other fixed structures									
Machinery and equipment	62 746	12 300	4 773	20 000	20 214	20 214	142 140	149 815	157 261
Total economic classification	**602 206**	**629 251**	**555 678**	**729 277**	**797 784**	**797 784**	**656 200**	**695 176**	**749 053**

[1]This economic classification table should be the same as the classification used by each Provincial Department in Budget Statement No. 2

8.4 PERFORMANCE AND EXPENDITURE TRENDS

The allocated budget has a direct impact on the achievements of targets in the following ways:

- Maintenance of health facilities e.g. boilers and equipment at hospitals and other institutions.
- Building and upgrading of health facilities. E.g. clinics health centres forensic pathology nursing colleges and hospitals as well as the building of new malaria new academic hospital and EMS stations are provided for in the budget and MTEF.

The department has spent a total of R1.8 billion from 2015/16 to 2017/18 while the 2018/19 budget amounts to 729.2 million. The MTEF from 2019/20 to 2021/22 is projected at R2.1billion. This amount will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholder participation.

8.5 RISK MANAGEMENT

The key risks that may affect the realisation of the objectives of the budget programme: Health facilities management and measures to mitigate the impact of the risks are indicated below.

Table 62. HFM - Risk Management

Strategic Objective	Risk	Mitigating factors
To improve quality of heath infrastructure	Unsafe and dilapidated infrastructure	• Continuous Repairs and maintenance on the existing infrastructure • Building of new infrastructure • Refurbishment of identified infrastructure
	Ineffective repairs and maintenance of facilities	• Engagement of the DBSA to expand the capacity of the province • Expansion of capacity at the district level
	Failure of generator to supply power in case of electricity outage at health institutions	• Conduct audit on the functionality and effectiveness of standby generators • Purchasing of new generators for those that are old and malfunctioning

PART C: LINKS TO OTHER PLANS

	Facility Name	Project Name	Programme	District	Outcome	Output [Project status at 15-10-18]	Main Appropriation 17 18	Adjusted Appropriation	Revised Estimate	19/20	20/21	20/21
		Upgrade and new additions										
1	Sekororo Hospital	Sekororo Hospital: Health Brief for Maternity Complex; Medical Gas Plant Room , etc	Programme 8	Mopani	Addition	Clinical brief	62 945				100	12 000
2	Lekhureng Clinic	Lekhureng Clinic: Health Brief to Addition of Five (5) Bedroom Nurses' Accommodation Block plus renovation of existing	Programme 8	Waterberg	Addition	Clinical brief	10 000				100	6 000
3	Moutse East Clinic	Moutse East Clinic: Health Brief to Addition of Staff Accommodation (5 x single rooms)and renovation of existing clinic	Programme 8	Sekhukhune	Addition	Clinical brief	6 000				100	4 000
4	Ratshaatshaa Community Health Centre	Ratshaatshaa Health Center: Health Brief for Staff Accommodation; 2x	Programme 8	Capricorn	Addition	Clinical brief	20 000				100	6 000

		10 single rooms blocks										
5	Donald Frazer Hospital	Donald Fraser Hospital: Staff Accommodation - 10 single rooms' block: 2nd Contractor	Programme 8	Vhembe	Addition	Practical Completion	4 158			255	-	
6	Malamulele Hospital	Malamulele Hospital: Upgrade Hospital laundry furniture & equipment- moveable assets	Programme 8	Vhembe	Addition	Identified	200			200	-	
7	Groblersdal Hospital	Groblersdal Hospital: Upgrade Hospital laundry furniture & equipment- moveable assets	Programme 8	Sekhukhune	Addition	Design	180			30	-	
8	Dilokong Hospital	Dilokong Hospital: New Hospital Laundry	Programme 8	Sekhukhune	Addition	Concept	24 000				100	6 000
9	Thabamoopo Hospital	Thabamoopo Hospital: Central Mini-Hub Laundry and Linen Bank.	Programme 8	Capricorn	Addition	Concept	45 600				100	6 000
10	Thabazimbi Hospital	Thabazimbi Hospital: New Hospital Laundry	Programme 8	Waterberg	Addition	Design	30 133				100	6 000
11	Donald Frazer Hospital	Donald Frazier Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Vhembe	Addition	Design	2 742			457	-	
12	Ellisras Hospital	Ellisras Hospital: Upgrade Hospital Laundry equipment	Programme 8	Waterberg	Addition	Tender	3 300			550	-	

13	FH Odendaal MDR-XDR Hospital	FH Odendaal MDR-XDR Hospital: Upgrade Hospital Laundry equipment	Programme 8	Waterberg	Addition	Tender	5 328			888	-	
14	Letaba Hospital	Letaba Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Mopani	Addition	Design	300			180	-	
15	Louis Trichardt Hospital	Louis Trichardt Hospital: Upgrade Hospital Laundry equipment	Programme 8	Vhembe	Addition	Tender	3 720			620	-	
16	Mankweng Hospital	Mankweng Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Capricorn	Addition	Design	400			100	-	
17	Messina Hospital	Messina Hospital: Upgrade Hospital Laundry	Programme 8	Vhembe	Addition	Construction 51% - 75%	6 088					
18	Philadelphia Hospital	Philadelphia Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Sekhukhune	Addition	Design	400			200	-	
19	Pietersburg hospital	Pietersburg Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Capricorn	Addition	Identified	800			800	-	
20	Pietersburg hospital	Pietersburg Hospital: Upgrade Hospital Laundry	Programme 8	Capricorn	Addition	Design	14 160			14 160	-	

		electro-mechanical repairs										
21	Pietersburg hospital	Pietersburg Hospital: Upgrade Central Mini-Hub Laundry	Programme 8	Capricorn	Addition	Design	76 800			12 000	58 834	
22	St Rita's hospital	St Rita's Hospital: Upgrade Hospital laundry furniture & equipment-moveable assets	Programme 8	Sekhukhune	Addition	Identified	400			210	-	
23	St Rita's hospital	St Rita's Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Sekhukhune	Addition	Design	8 760				8 360	
24	St Rita's hospital	St Rita's Hospital: Upgrade Central Mini-Hub Laundry	Programme 8	Sekhukhune	Addition	Design	24 000			12 000	6 926	
25	Witpoort Hospital	Witpoort Hospital: Upgrade Hospital Laundry equipment	Programme 8	Waterberg	Addition	Tender	3 000			500	-	
26	Maphutha Malatji Hospital	Maphuta Malatji Hospital: New laundry, Psychiatric ward, Maintenance Workshop and associated works	Programme 8	Mopani	Addition	Identified	60 000				100	6 000
27	Thabazimbi Hospital	Thabazimbi Hospital: Forensic Mortuary	Programme 8	Waterberg	Addition	Works Completion	15 082			2 462	-	
28	FH Odendaal Hospital	F.H Odendaal Hospital: Health Support, Maternity Complex, Re-organization of Casualty/OPD	Programme 8	Waterberg	Addition	Clinical brief	76 445				100	6 000
29	FH Odendaal Hospital	F.H Odendaal Hospital: Opthalmology Clinic	Programme 8	Waterberg	Addition	Tender	7 000			6 500	-	

30	Matlala EMS Station	Matlala EMS Station: Health Brief for New EMS Station within the Matlala Hospital's site.	Programme 8	Sekhukhune	Addition	Clinical brief	10 000				100	6 000
31	Letaba Hospital	Letaba Hospital A1 - Construction of Recreation and Residential Facilities (B/06018)	Programme 8	Mopani	Addition	Final Completion	35 200			10	-	
32	Mokopane, Witpoort and George Masebe Hospitals-Waterberg	Waterberg Staff Accomodation at Mokopane,Witpoort and George Masebe Hospital	Programme 8	Waterberg	Addition	Final Completion	2 429			10	-	
33	Thabamoopo Hospital	Thabamoopo Hospital: Medical & Geriatric Wards & Upgrading of steam reticulation system; LDPW-B/0705	Programme 8	Capricorn	Addition	Final Completion	19 989			10	-	
34	Thabamoopo Hospital	Thabamoopo Hospital: Female Acute, Sub-Acute & Chronic Ward; LDPW-B/09005	Programme 8	Capricorn	Addition	Final Completion	11 811			10	-	
35	Thabamoopo Hospital	Thabamoopo Hospital: Male Chronic, Sub-Acute & Acute Wards; LDPW-B/08103	Programme 8	Capricorn	Addition	Final Completion	23 209			10	-	
36	Thabamoopo Hospital	Thabamoopo Hospital: Residential Accommodation, Half Way House, Pharmacy & Kiosk	Programme 8	Capricorn	Addition	Final Completion	1 411			10	-	

37	Letaba Hospital	Letaba Hospital A6: Build replacement Female Medical Ward, upgrade waste store, etc	Programme 8	Mopani	Addition	Construction 1% - 25%	80 000			24 000	20 000	1 100
38	Letaba Hospital	Letaba Hospital-Contract A6: Build replacement Female Medical Ward, upgrade waste store, etc-Organisational development (OD & QI) to facilitate functioning of the facilities completed under the HFRG	Programme 8	Mopani	Addition	Commissioning	300			400	400	
39	Sovenga Nursing College Campus	Sovenga Nursing College Campus : Package 1: Compile Health Brief and approval thereof.	Programme 8	Capricorn	Addition	Clinical brief	534			196	-	
40	Thabamoopo Hospital	Thabamoopo Hospital: Package 1: Compile Business Case for Thabamoopo Site and Health Brief for the Forensic Ward. Obtain approvals thereof.	Programme 8	Capricorn	Addition	Clinical brief	470			158	-	
41	Letaba Hospital	Letaba Hospital-A7: Alterations and additions to the existing buildings to enlarge the casualty complex	Programme 8	Mopani	Addition	Concept	50 000			1 000	1 000	6 000

42	Lebowakgomo Hospital	Lebowakgomo Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Capricorn	Addition	Identified	7 800				5 000	2 800
43	Seshego Hospital	Seshego Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Capricorn	Addition	Identified	13 000				5 000	6 000
44	Kgapane Hospital	Kgapane Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Mopani	Addition	Identified	2 600				2 600	
45	Maphutha Malatji Hospital	Maphutha Malatji Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Mopani	Addition	Identified	15 600				5 000	6 000
46	Nkhensane hospital	Nkhensane hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Mopani	Addition	Identified	18 720				5 000	6 000
47	Dilokong Hospital	Dilokong Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Sekhukhune	Addition	Identified	3 640				3 640	
48	St Rita's Hospital	St Ritas Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Sekhukhune	Addition	Identified	41 600				5 000	6 000
49	Jane Furse Hospital	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Sekhukhune	Addition	Identified	15 600				5 000	6 000
50	Groblersdal Hospital	Groblersdal Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Sekhukhune	Addition	Identified	26 000				5 000	6 000
51	Philadelphia Hospital	Philadelphia Hospital: Build a 32-bed paediatric ward (Phase B)	Programme 8	Sekhukhune	Addition	Identified	83 200			500	5 000	6 000

52	Louis Trichardt Hospital	Louis Trichardt Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Vhembe	Addition	Identified	13 000				5 000	6 000
53	Witpoort Hospital	Witpoort Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Waterberg	Addition	Identified	5 200				4 000	1 200
54	Mokopane Hospital	Mokopane Hospital: Build a 36 bed Neonatal Unit to upgrade neonatal facilities (Phase B)	Programme 8	Waterberg	Addition	Identified	93 600			500	5 000	6 000
55	Seshego Hospital	Seshego Hospital: Health Brief to Upgrade of the existing Hospital Mortuary & Health Support	Programme 8	Capricorn	Upgrade	Clinical brief	16 000				100	12 000
56	Philadelphia Hospital	Philadelphia Hospital -2nd & 3rd Contra Enabling Works Program: Completion of OPD, X-Ray, Casualty	Programme 8	Sekhukhune	Upgrade	Construction 76% - 99%	15 050			269	-	
57	Ellisras hospital	Ellisras Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Waterberg	Upgrade	Design	4 374			1 158	1 326	1 459
58	Kgapane Hospital	Kgapane Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Mopani	Upgrade	Design	5 453			987	1 188	2 993
59	Philadelphia hospital	Philadelphia Hospital: Upgrade Electrical System and provide	Programme 8	Sekhukhune	Upgrade	Design	5 785			1 408	1 610	2 296

		Certificate of Compliance										
60	Pietersburg hospital	Pietersburg Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Capricorn	Upgrade	Design	8 413			2 145	2 374	3 355
61	St Rita's hospital	St Rita's Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Sekhukhune	Upgrade	Design	4 944			996	1 478	2 152
62	WF Knobel hospital	WF Knobel Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	Capricorn	Upgrade	Design	5 453			987	1 188	2 907
63	Groblersdal Hospital	Groblersdal Hospital: Install equipment and repairs to laundry	Programme 8	Sekhukhune	Upgrade	Tender	1 500					
64	Donald Frazer Hospital	Donald Frazer Hospital: Upgrade and repairs to chiller plant	Programme 8	Vhembe	Upgrade	Works Completion	1 600			309	-	
65	Mankweng Hospital	Mankweng Hospital: Upgrade and repairs to chiller plant	Programme 8	Capricorn	Upgrade	Works Completion	5 000			1 680	-	
66	Helene Franz Hospital: Upgrade and repairs to chiller plant	Helene Franz Hospital: Upgrade and repairs to chiller plant	Programme 8	Capricorn	Upgrade	Tender	3 000			2 100	-	
67	Musina Hospital: Upgrade and repairs to chiller plant	Musina Hospital: Upgrade and repairs to chiller plant	Programme 8	Vhembe	Upgrade	Tender	3 000			2 100	-	

68	Letaba Hospital: Upgrade and repairs to chiller plant	Letaba Hospital: Upgrade and repairs to chiller plant	Programme 8	Mopani	Upgrade	Tender	3 000			1 400	-	
69	Philadelphia Hospital: Upgrade and repairs to chiller plant	Philadelphia Hospital: Upgrade and repairs to chiller plant	Programme 8	Sekhukhune	Upgrade	Tender	3 000			1 400	-	
70	Pietersburg hospital	Pietersburg Hospital: Upgrade and repairs to chiller plant	Programme 8	Capricorn	Upgrade	Identified	3 000			2 700	-	
71	Various Facilities	Upgrading of sanitation facilities at 55 clinics	Programme 8	Various	Upgrade	Identified	55 000			16 000	17 600	15 900
72	Various Facilities	Repairs and Maintenance of sanitation facilities at PHC facilities	Programme 8	Various	Upgrade	Identified	40 000			10 000	10 000	10 000
73	Various Facilities	2018-19 Upgrading of Water and sanitation, and related Mechanical&Electrical Works Incl. Security	Programme 8	Various	Upgrade	On-Going	100 000			11 000	12 100	13 310
74	Evuxakeni Hospital	Evuxakeni Hospital: Central Mini-Hub Laundry	Programme 8	Mopani	Upgrade	Concept	45 600				100	6 000
75	Letaba Hospital	Letaba Hospital: B5B Upgrade Central Mini-Hub Laundry	Programme 8	Mopani	Upgrade	Construction 1% - 25%	9 584			7 584	-	
76	Letaba Hospital	Letaba Hospital A5: 72 hours Water Standby Storage ,Civil & Mechanical Works, rehabilitate Workshop	Programme 8	Mopani	Upgrade	Construction 26% - 50%	90 280			20 000	13 270	

77	Letaba Hospital	Letaba Hospital A5: 72 hours Water Standby Storage , etc health technology, furniture and equipment	Programme 8	Mopani	Upgrade	Commissioning	2 400			5 000	-4 600	
78	Letaba Hospital	Letaba Hospital A5: 72 hours Water Standby Storage ,Civil & Mechanical Works, rehabilitate Workshop	Programme 8	Mopani	Upgrade	Commissioning	400			400	- 400	
79	Maphutha Malatji Hospital	Maphuta Malatji Hospital: Master plan and health brief	Programme 8	Mopani	Upgrade	Clinical brief	1 000			100		
80	Maphutha Malatji Hospital	Maphuta Malatji Hospital: Conversion of old technical services into TB unit; conversion of old clinic into patient lodge; extend maternity & neo-natal facilities; decanting, demolish / remove temporary structures; and associated works	Programme 8	Mopani	Upgrade	Identified	90 000				100	6 000
81	Lebowakgomo EMS Station	Lebowakgomo EMS station: Upgrade EMS station	Programme 8	Capricorn	Upgrade	Design	11 000			1 000	5 000	3 380
82	Old Nkhensani EMS Station	Old Nkhensani EMS Station: Upgrade / repurpose of	Programme 8	Mopani	Upgrade	Practical Completion	11 188			10	-	

		existing buildings at the Old Nkhensani hospital S										
83	Thabamoopo Hospital	Thabamoopo Hospital: Substance Abuse & Adolescent Facility: 4th Contractor LDPW-B/09004	Programme 8	Capricorn	Upgrade	Practical Completion	13 574			10	-	
84	Dilokong Hospital	Dilokong Hospital: Sub-acute ward A & B	Programme 8	Sekhukhune	Upgrade	Litigation	400			-	380	
85	Maphutha Malatji Hospital	Maphutha Malatjie Hospital-Contract A2: Renovations & Alterations to gen. wards, pediatric ward, mat	Programme 8	Mopani	Upgrade	Final Completion	3 905			10	-	
86	Thabamoopo Hospital	Thabamoopo Hospital: Male Security Ward; LDPW-B09006	Programme 8	Capricorn	Upgrade	Final Completion	3 796			10	-	
87	Thabamoopo Hospital	Thabamoopo Hospital: Kitchen, Staff Dining & Bulk Stores; LDPW-B/08108	Programme 8	Capricorn	Upgrade	Final Completion	23 194			10	-	
88	Bosele EMS Station	Bosele EMS Station: Upgrade EMS station	Programme 8	Sekhukhune	Upgrade	Design	11 000			1 000	5 000	2 562
89	Thabamoopo Hospital	Thabamoopo Hospital: Health Support Facility 2nd Contractor	Programme 8	Capricorn	Upgrade	Design	20 625			1 000	10 000	6 000
90	Vaalwater EMS Station	Vaalwater EMS Station: Package 1: Compile Health Brief and approval thereof.	Programme 8	Waterberg	Upgrade	Clinical brief	267			100	-	

91	Warmbad Hospital	Warmbad Hospital: Package 1: Review Business Case & Health Brief and obtain approvals thereof.	Programme 8	Waterberg	Upgrade	Clinical brief	300			100	-	
92	Dr. CN Phatudi Hospital	Dr CN Phatudi Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Mopani	Upgrade	Design	1 490			1 165	-	
93	Mookgophong CHC	Mookgopong CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Waterberg	Upgrade	Design	1 000			850	-	
94	Blouberg CHC	Blouberg CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Capricorn	Upgrade	Design	1 000			850	-	
95	Evuxakeni Hospital	Evuxakeni Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Mopani	Upgrade	Design	1 000			625	-	
96	Messina Hospital	Messina Hospital: Replacement or Refurbishment of Stand By	Programme 8	Vhembe	Upgrade	Design	1 000			850	-	

		Generators & Related Infrastructure										
97	Van Velden Hospital	Van Velden Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Mopani	Upgrade	Design	1 000			625	-	
98	Witpoort Hospital	Witpoort Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Programme 8	Waterberg	Upgrade	Design	1 000			850	-	
99	Duiwelskloof CHC	Duiwelskloof CHC: Provision of Standby Generators & Related Infrastructure Units	Programme 8	Mopani	Upgrade	Design	1 000			850	-	
100	Provincial head office	Provincial head office: Provision of Mobile Standby Generators & Related Infrastructure Units	Programme 8	Capricorn	Upgrade	Design	11 000			6 000	4 925	
101	Various Facilities	Various facilities: Condition assessments of existing standby generators and related infrastructure	Programme 8	Various	Upgrade	Concept	1 000			975	-	
102	Various Facilities	Various facilities: Alternative backup battery power at	Programme 8	Capricorn	Upgrade	Concept	50 000			10 000	20 000	20 000

		Ideal clinics and related infrastructure										
103	Pietersburg hospital	Pietersburg Hospital: Upgrade of Theatres, ICU, High Care and Lift	Programme 8	Capricorn	Upgrade	Clinical brief	80 000				100	6 000
104	Madombidzha clinic	Madombidzha clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			507	-	
104	Wayeni clinic	Wayeni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			107	-	
106	Shiluvani CHC	Shiluvani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Design	757			- 193	-	
107	Julesburg CHC	Julesburg CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Design	757			7	-	
108	Nkowankowa CHC	Nkowankowa CHC: Alternative back up power supply & Related Infrastructure for	Programme 8	Mopani	Upgrade	Design	757			- 843	-	

		Ideal Clinic Programme										
109	Slypsteen clinic	Slypsteen clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			107	-	
110	Grootdraai clinic	Grootdraai clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			757	-	
111	Marulaneng clinic (Sekhukhune)	Marulaneng clinic (Sekhukhune): Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Sekhukhune	Upgrade	Tender	757			757	-	
112	Goedgedagcht clinic	Goedgedagcht clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			757	-	
113	Chalema clinic	Chalema clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			757	-	

114	Straighthardt clinic	Straighthardt clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Program me 8	Vhembe	Upgrade	Tender	757			107	-	
115	Levubu clinic	Levubu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Program me 8	Vhembe	Upgrade	Tender	757			107	-	
116	Lulekani CHC	Lulekani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Program me 8	Vhembe	Upgrade	Design	757			7	-	
117	Dzumeri CHC	Dzumeri CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Program me 8	Vhembe	Upgrade	Design	757			107	-	
118	Giyani CHC	Giyani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Program me 8	Vhembe	Upgrade	Design	757			57	-	
119	Seshego zone 4 clinic	Seshego zone 4 clinic: Alternative back up power supply & Related Infrastructure for	Program me 8	Capricorn	Upgrade	Tender	757			107	-	

		Ideal Clinic Programme										
120	Mafefe clinic	Mafefe clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Capricorn	Upgrade	Tender	757			107	-	
121	Eensaam clinic	Eensaam clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Sekhukhune	Upgrade	Tender	757			757	-	
122	Motsepe clinic	Motsepe clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Sekhukhune	Upgrade	Tender	757			757	-	
123	Roedtan clinic	Roedtan clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Sekhukhune	Upgrade	Tender	757			107	-	
124	Sereni clinic	Sereni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			757	-	
125	Thondo Tshivhase clinic	Thondo Tshivhase clinic: Alternative back up power	Programme 8	Vhembe	Upgrade	Tender	757			107	-	

		supply & Related Infrastructure for Ideal Clinic Programme										
126	Grace Mugodeni CHC	Grace Mugodeni Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Tender	757			657	-	
127	Shotong CHC	Shotong CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Design	757			107	-	
128	Basani Clinic	Basani Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Tender	757			757	-	
129	Sello Moloto clinic	Sello Moloto clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Capricorn	Upgrade	Tender	757			107	-	
130	Alldays clinic	Alldays clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Capricorn	Upgrade	Tender	757			107	-	

131	Kwarrielaagte clinic	Kwarrielaagte clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Sekhukhune	Upgrade	Tender	757			107	-	
132	Mameselela clinic	Mameselela clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Waterberg	Upgrade	Tender	757			757	-	
133	Mphepu clinic	Mphepu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			107	-	
134	Mpheni clinic	Mpheni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			107	-	
135	Sekororo clinic	Sekororo clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Tender	757			107	-	
136	Mogoto clinic	Mogoto clinic: Alternative back up power supply & Related Infrastructure for	Programme 8	Capricorn	Upgrade	Tender	757			757	-	

		Ideal Clinic Programme										
137	Lonsdale clinic	Lonsdale clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Capricorn	Upgrade	Tender	757			107	-	
138	Jakkalskuil clinic	Jakkalskuil clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Waterberg	Upgrade	Tender	757			107	-	
139	Nkomo B Clinic	Nkomo B Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Tender	757			507	-	
140	Tshikundamalema Clinic	Tshikundamalema Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Vhembe	Upgrade	Tender	757			507	-	
141	Homulani Clinic	Homulani Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme	Programme 8	Mopani	Upgrade	Tender	757			507	-	
142	Pienaarsrivier Clinic	Pienaarsrivier: New clinic: Health Technology	Programme 8	Waterberg	Upgrade	Commissioning	1 500			300	-	

143	Bela Bela Clinic	Bela Bela Clinic: Replacement of existing clinic within the original site Health Technology	Programme 8	Waterberg	Upgrade	Commissioning	1 500			300	-	
144	Makeepsvlei Clinic	Makeepsvlei Clinic: Replacement of existing clinic on the same site: Health Technology	Programme 8	Sekhukhune	Upgrade	Commissioning	1 500			-300	-	
145	Mamushi Clinic	Mamushi Clinic: Replacement of existing clinic on the same site: Health Technology	Programme 8	Capricorn	Upgrade	Commissioning	1 500			-300	-	
146	Schoongezicht Clinic	Schoongezicht Clinic: Replace existing clinic on a new site: Health Technology	Programme 8	Capricorn	Upgrade	Commissioning	1 500			-300	-	
147	Nkhensani hospital	Nkhensane hospital: Health Technology for the Gateway clinic, Casualty & Neonatal	Programme 8	Mopani	Upgrade	Commissioning	21 000			200	200	200
148	Sterkspruit Clinic	Sterkspruit: Replacement of the existing clinic on the same site: Health Technology	Programme 8	Sekhukhune	Upgrade	Commissioning	1 500			-300	-	
149	Sekuruwe Clinic	Sekuruwe: Replacement of the existing clinic on the same site: Health Technology	Programme 8	Waterberg	Upgrade	Commissioning	1 500			-100	-	
150	Naledi clinic	Naledi clinic: New donated clinic: Health Technology	Programme 8	Capricorn	Upgrade	Commissioning	1 500			-300	-	

151	Various Facilities	Various facilities: Strategic briefs (health and clinical briefs) for the facilities planned under the HFRG as required by the SIPDM, DORA and other legislation for tertiary, regional and specialised hospitals; nursing education institutions; EMS, pharmacy, malaria and forensic facilities	Programme 8	Various	Upgrade	Clinical brief	5 000			700	700	700
152	Various Facilities	Various facilities: Strategic briefs (health and clinical briefs) for the facilities planned under the HFRG as required by the SIPDM, DORA and other legislation for district hospitals and other health facilities	Programme 8	Various	Upgrade	Clinical brief	15 000			3 400	3 400	3 400
153	Various Facilities	Various Facilities: Upgrade ideal clinics to achieve compliance	Programme 8	Various	Upgrade	Identified	1 082 000			24 000	27 981	46 318
154	Various Facilities	Various Facilities: Upgrade services and fire compliance to obtain municipal approval for occupation of 41 hospitals	Programme 8	Various	Upgrade	Identified	205 000			10 000	20 000	20 000

155	Pietersburg hospital	Pietersburg hospital : Upgrade MOTHER AND CHILD CENTERS OF EXCELLENCE (MCCE) facilities (Phase B)	Programme 8	Capricorn	Upgrade	Concept	124 800			4 000	36 000	36 000
	New and Replacement Assets											
1	Pienaarsrivier Clinic	Pienaarsrivier: New clinic	Programme 8	Waterberg	New assets	Construction 76% - 99%	27 000			457	-	
2	Limpopo Central Pharmacy Depot	Limpopo Central Pharmacy Depot: Reconstruction of depot cages	Programme 8	Capricorn	New assets	Identified	500			200	-	
3	Mmamokgasefoka Clinic	Mamokgasefoka: Health Brief for New Clinic	Programme 8	Waterberg	New assets	Clinical brief	21 000				100	6 000
4	Thabaleshoba Community Health Centre	New Thabaleshoba Community Health Centre	Programme 8	Sekhukhune	New assets	Final Completion	2 707			10	-	
5	Bela Bela Clinic	Bela Bela Clinic: Replacement of existing clinic within the original site	Programme 8	Waterberg	Replaced assets	Construction 76% - 99%	25 000			428	-	
6	Sekgakgapeng Clinic	Sekgakgapheng Clinic: Replacement of existing clinic on a new site HT	Programme 8	Waterberg	Replaced assets	Commissioning	1 500			300	-	
7	Sekgakgapeng Clinic	Sekgakgapheng Clinic: Replacement of existing clinic on a new site OD&QI	Programme 8	Waterberg	Replaced assets	Commissioning	100			-100	-	

8	Sekgakgapeng Clinic	Sekgakgapheng Clinic: Replacement of existing clinic on a new site	Programme 8	Waterberg	Replaced assets	Construction 76% - 99%	25 000			2 284	-	
9	Matlala Hospital	Matlala Hospital - Enabling Works Program:Access Road Connection from District Road into Main Hosp	Programme 8	Sekhukhune	Replaced assets	Practical Completion	5 760			331	-	
10	Mamone Clinic	Mamone clinic: Replacement of existing clinic on the same site. 2nd Contractor	Programme 8	Sekhukhune	Replaced assets	Works Completion	8 648			-53	-	
11	Malamulele Hospital	Malamulele Hospital: Upgrade Hospital Laundry equipment	Programme 8	Vhembe	Replaced assets	Design	15 000			15 000	-	
12	Groblersdal Hospital	Groblersdal Hospital: Upgrade Hospital Laundry equipment	Programme 8	Sekhukhune	Replaced assets	Design	3 720			2 620	-	
13	Letaba Hospital	Letaba Hospital: Upgrade Hospital Laundry equipment	Programme 8	Mopani	Replaced assets	Tender	15 468			2 968	-	
14	Louis Trichardt Hospital	Louis Trichardt Hospital: Upgrade Hospital Laundry water softener	Programme 8	Vhembe	Replaced assets	Identified	3 360			560	-	
15	Mankweng Hospital	Mankweng Hospital: Upgrade Hospital Laundry equipment	Programme 8	Capricorn	Replaced assets	Tender	37 200			7 200	-	
16	Messina Hospital	Messina Hospital: Upgrade Hospital Laundry equipment	Programme 8	Vhembe	Replaced assets	Tender	3 960			660	-	

17	Pietersburg hospital	Pietersburg Hospital: Upgrade Hospital Laundry equipment	Programme 8	Capricorn	Replaced assets	Design	40 800				40 800	
18	St Rita's hospital	St Rita's Hospital: Upgrade Hospital Laundry equipment	Programme 8	Sekhukhune	Replaced assets	Design	32 400				29 858	
19	Tshilidzini Hospital	Tshilidzini Hospital: Upgrade Hospital Laundry equipment	Programme 8	Vhembe	Replaced assets	Tender	10 200			5 200	-	
20	Witpoort Hospital	Witpoort Hospital: Upgrade Hospital Laundry water softener	Programme 8	Waterberg	Replaced assets	Design	3 360			560	-	
21	Maphutha Malatji Hospital	Maphutha Malatjie Hospital:OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad-OD	Programme 8	Mopani	Replaced assets	Construction 1% - 25%				400	400	400
22	Maphutha Malatji Hospital	Maphutha Malatjie Hospital:OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Programme 8	Mopani	Replaced assets	Construction 1% - 25%	446 192			20 560	53 050	52 000
23	Schoongezicht Clinic	Schoongezicht Clinic: Replace existing clinic on a new site	Programme 8	Capricorn	Replaced assets	Practical Completion	26 375					
24	Sterkspruit Clinic	Sterkspruit: Replacement of the existing clinic on the same site	Programme 8	Sekhukhune	Replaced assets	Practical Completion	26 375			343	-	
25	Messina Hospital	Messina Hospital: Replacement of existing hospital on a new Site including EMS,	Programme 8	Vhembe	Replaced assets	Concept	448 537			100	6 000	36 000

		malaria centre, mother lodge, etc										
26	Marble Hall Clinic	Marble Hall: Health brief for Upgrading of existing clinic on a the existing site	Programme 8	Sekhukhune	Replaced assets	Clinical brief	21 000				100	6 000
27	Modimolle Town Clinic	Modimolle Town Clinic:Health Brief for Purchase property to replace existing Modimolle Town clinic accommodated in the municipal offices	Programme 8	Waterberg	Replaced assets	Clinical brief	3 152				100	3 052
28	Mookgophong EMS Station	Mookgophong EMS Station: Health Brief for New EMS Station .	Programme 8	Waterberg	Replaced assets	Clinical brief	9 670				100	6 000
29	Grace Mugodeni EMS Station	Grace Mugodeni EMS Station: New EMS Station within the existing Grace Mugodeni community health centre	Programme 8	Mopani	Replaced assets	Final Completion	7 967			10	-	
30	Homulani Clinic	Homulani Clinic: Replacement of existing clinic on the same site	Programme 8	Mopani	Replaced assets	Final Completion	19 851			10	-	
31	Nkomo B Clinic	Nkomo Clinic: Replacement of existing clinic on the same site incorporating the adjacent site	Programme 8	Mopani	Replaced assets	Final Completion	17 369			10	-	
32	Tshikundamalema Clinic	Tshikundamalema Clinic: Replacement of	Programme 8	Vhembe	Replaced assets	Final Completion	15 600			10	-	

		existing clinic on the same site incorporating adjacent site										
33	Nthabiseng Clinic	Nthabiseng Clinic: New clinic	Programme 8	Capricorn	Replaced assets	Final Completion	6 000			10	-	
34	Percy Clinic	Percy Clinic: Replacement of existing clinic on the same site	Programme 8	Capricorn	Replaced assets	Final Completion	4 989			10	-	
35	Roedtan Clinic	Roedtan Clinic: Clinic Upgrade	Programme 8	Waterberg	Replaced assets	Clinical brief	10 000				100	6 000
36	Modimolle EMS Station	Modimolle EMS Station: New EMS Station . Furniture & Equipment.	Programme 8	Waterberg	Replaced assets	Design	11 250			3 000	5 000	512
37	Phagameng Clinic	Phagameng Clinic: Replacement of the existing clinic on a new site	Programme 8	Waterberg	Replaced assets	Design	23 750			3 000	10 000	6 000
38	Dr. MMM Nursing School	Dr. MMM Nursing School: Package 1: Compile Health brief inclusive of decommissioning plan of Dr MMM Nursing School and approval thereof.	Programme 8	Capricorn	Replaced assets	Clinical brief	550			100	-	
39	Evuxakeni Hospital	Evuxakeni Hospital: Package 1: Review Business Case & Health Brief and obtain approvals thereof. Business case and health brief to include Laundry	Programme 8	Mopani	Replaced assets	Clinical brief	342			142	-	

		Hub and Linen Bank.										
40	Mahale Clinic	Mahale Clinic: Package 1: Compile Health Brief and approval thereof.	Program me 8	Mopani	Replaced assets	Clinical brief	437			237	-	
41	Malemati Clinic	Malemati Clinic: Package 1: Compile Health Brief and approval thereof.	Program me 8	Capricorn	Replaced assets	Clinical brief	437			237	-	
42	Messina Hospital	Messina Hospital: Package 1: Review and Update approved Business Case and Health Brief (confirm number of beds inclusive of decommissioning plan for the existing hospital). Decommissioning & Repurposing Plan for the Current Hospital. Obtain approvals thereof	Program me 8	Vhembe	Replaced assets	Clinical brief	586			134	-	
	Maintenance and repairs											
1	Thohoyandou Nursing School	Thohoyandou Nursing School: Repairs & maintenance	Program me 8	Vhembe	Maintenance routine/periodic	Identified	20 000			20 000	-1 000	
2	Various Facilities	18-19 Maintenance of Water and sanitation, and related Mechanical&Electrical Works etc	Program me 8	Various	Maintenance: Routine / Preventative	On-Going	100 000			24 000	24 000	26 400

3	Various Facilities	Various Facilities: Breakdown maintenance of Existing Water, Sanitation & related Infrastructure	Programme 8	Various	Maintenance: Routine / Preventative	On-Going	77 500			9 000	9 000	9 000
4	Donald Frazer Hospital	Donald Frazer Hospital: Upgrade Hospital Laundry equipment	Programme 8	Vhembe	Maintenance: Routine / Preventative	Tender	680			113	-	
5	Ellisras Hospital	Ellisras Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Waterberg	Maintenance: Routine / Preventative	Design	1 162			194	-	
6	FH Odendaal MDR-XDR Hospital	FH Odendaal MDR-XDR Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Waterberg	Maintenance: Routine / Preventative	Design	1 356			226	-	
7	Letaba Hospital	Letaba Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Mopani	Maintenance: Routine / Preventative	Design	2 640			2 140	-	
8	Louis Trichardt Hospital	Louis Trichardt Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Vhembe	Maintenance: Routine / Preventative	Design	504			84	-	
9	Mankweng Hospital	Mankweng Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Capricorn	Maintenance: Routine / Preventative	Design	9 600			9 100	-	
10	Mokopane Hospital	Mokopane Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Waterberg	Maintenance: Routine / Preventative	Design	1 200			200	-	

11	Mokopane Hospital	Mokopane Hospital: Upgrade Hospital Laundry equipment	Programme 8	Waterberg	Maintenance: Routine / Preventative	Tender	1 200			200	-	
12	Messina Hospital	Messina Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Vhembe	Maintenance: Routine / Preventative	Design	480			80	-	
13	Philadelphia Hospital	Philadelphia Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Sekhukhune	Maintenance: Routine / Preventative	Design	17 160			16 660	-	
14	Philadelphia Hospital	Philadelphia Hospital: Upgrade Hospital Laundry equipment	Programme 8	Sekhukhune	Maintenance: Routine / Preventative	Tender	10 560			10 460	-	
15	Tshilidzini Hospital	Tshilidzini Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Vhembe	Maintenance: Routine / Preventative	Design	3 720			3 220	-	
16	Witpoort Hospital	Witpoort Hospital: Upgrade Hospital Laundry electro-mechanical repairs	Programme 8	Waterberg	Maintenance: Routine / Preventative	Design	4 680			780	-	
17	Letaba Hospital	Letaba Hospital: Maintenance of Health Technology for the Revitalization Site	Programme 8	Mopani	Maintenance: Routine / Preventative	Commissioning	17 500			200	200	200
18	Maphutha Malatji Hospital	Maphutha Malatjie Hospital: Maintenance of Health Technology for the Revitalization Site	Programme 8	Mopani	Maintenance: Routine / Preventative	Commissioning	21 000			200	200	200
19	Nkhensani hospital	Nkhensane hospital: Maintenance of Health Technology	Programme 8	Mopani	Maintenance: Routine / Preventative	Commissioning	21 000			200	200	200

		for the Revitalization Site										
20	Thabamoopo Hospital	Thabamoopo Hospital: Maintenance of Health Technology for the Revitalization Site	Programme 8	Capricorn	Maintenance: Routine / Preventative	Commissioning	21 000			200	200	200
21	Thabazimbi Hospital	Thabazimbi Hospital: Maintenance of Health Technology for the Revitalization Site	Programme 8	Waterberg	Maintenance: Routine / Preventative	Commissioning	21 000			200	200	200
22	St Rita's hospital	St Rita's Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Sekhukhune	Maintenance: Routine / Preventative	Design	1 000			500	-	
23	Philadelphia Hospital	Philadelphia Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Sekhukhune	Maintenance: Routine / Preventative	Design	5 000			2 000	1 000	
24	Seshego Hospital	Seshego Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Capricorn	Maintenance: Routine / Preventative	Concept	1 000			500	-	
25	Letaba Hospital	Letaba Hospital: Repairs to buildings under the terminated contract A2	Programme 8	Mopani	Maintenance: Routine / Preventative	Concept	1 000			1 000		
26	Nkhensane hospital	Nkhensane hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Programme 8	Mopani	Maintenance: Routine / Preventative	Concept	1 000			500	-	
27	Dilokong Hospital	Dilokong Hospital: Repairs and alterations to	Programme 8	Sekhukhune	Maintenance:	Concept	1 000			500	-	

		MCCE&neonatal facilities (Phase A)			Routine / Preventative							
28	Witpoort Hospital	Witpoort Hospital: Repairs and alterations to MCCE&neonatal facilities (Phase A)	Program me 8	Waterberg	Maintenance: Routine / Preventative	Concept	1 040			540	-	
	Rehabilitation											
1	Malamulele Hospital	Malamulele Hospital: Renovate Hospital Laundry	Program me 8	Vhembe	Rehabilitation	Design	4 600			100	-	
2	Letaba Hospital	Letaba Hospital:B4 Upgrading of Existing Administration and Psychiatric Ward	Program me 8	Mopani	Rehabilitation	Works Completion	32 875			3 860	-	
3	Letaba Hospital	Letaba Hospital:B4 Upgrading of Existing Administration and Psychiatric Ward-Organisational development (OD & QI) to facilitate functioning of the facilities completed under the HFRG	Program me 8	Mopani	Rehabilitation	Commissioning	50			-250	-	
4	Mokopane hospital	Mokopane Hospital: Renovate and re-organise MCCE complex and related areas.	Program me 8	Waterberg	Rehabilitation	Concept	3 120			2 964	-	
5	St Rita's hospital	St Ritas hospital: Renovate and re-organise MCCE	Program me 8	Sekhukhune	Rehabilitation	Concept	5 000			4 000	750	

		complex and related areas.										
7	Philadelphia Hospital	Philadelphia Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Sekhukhune	Rehabilitation	Concept	5 000			4 000	750	
8	Pietersburg hospital	Pietersburg Hospital: Renovate and re-organise MCCE complex and related areas.	Programme 8	Capricorn	Rehabilitation	Concept	5 000			4 000	750	
9	Giyani Nursing College Campus	Giyani Nursing College Campus: Package 1: Compile Health Brief and approval thereof.	Programme 8	Capricorn	Renovation	Clinical brief	503			161	-	

CONDITIONAL GRANTS

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2019/20
HPTD (Health Professionals)	To support the training of Medical and Allied Health professionals	Total number and composition of health sciences students and health professional trained and developed per funded institution	20 per funded institution
		Number of registrars per discipline and per institution	2 per discipline
		Number of health facilities with expanded specialists and teaching infrastructure	8 facilities
National Tertiary Services Grant	To enable provinces to plan modernise, rationalise and transform tertiary hospital delivery platform	% institutions with 75% equipment in line with (T1) tertiary service package	100%
	Increase accessibility to tertiary services	Proportion of T1 level tertiary level service provided (Yes List)	100%
		Number of follow up outpatient attendances for tertiary level service	59 092 per annum
Comprehensive HIV and AIDS	•To enable the health sector to develop an effective response to HIV and Aids including universal access to HIV Counselling and Testing (HCT) •To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care	Number of new patients started on ART	37 999
		Total number of patients on ART remaining in care	376 774
		Number of male condoms distributed	90 603 535
		Number of female condoms distributed	3 858 750
		Number of antenatal clients initiated on ART	11 500
		Number of babies PCR tested at 10 weeks	17 420
		Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test	<1%

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2019/20
	•To subsidise in-part funding for antiretroviral treatment programme	Number of active Lay counsellors on stipend	923
		Number of clients tested for HIV (including antenatal)	1 441 506
		No. of health facilities offering MMC	62
		Number of MMC performed	71 464
		Number of HTA interventions Sites	346
		Number of sexual assault cases offered ARV prophylaxis	3 500
		Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT)	41 940
		TB client treatment success rate	80.5%
		Number of clients newly initiated on Bedaquiline	324
		Number of adherence clubs	2758
		Number of community health care receiving stipends	8360
		Patients in adherence clubs	68950
		Number of HIV+ clients screened for TB	63850
		TB symptoms client screened in facility rate	89%
		TB Rifampicin resistant confirmed treatment start rate	90%
		TB MDR Treatment success rate	67%
		Number of Doctors trained on HIV/AIDS,TB, STIs and other chronic diseases	120
		Number of nurses trained on HIV/AIDS,TB, STIs and other chronic diseases	1 200

Name of conditional grant	Purpose of the grant	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant)	Indicator targets for 2019/20
		Number of Non-Professional trained on HIV/AIDS,TB, STIs and other chronic diseases	600
Health Infrastructure Grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA). Supplement expenditure on health infrastructure delivered through public-private partnerships	Number of health infrastructure projects planned	27
		Number of health infrastructure projects designed	62
		Number of health infrastructure projects under construction	99

PUBLIC ENTITIES

The Department does not have any public entities.

PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
Limpopo Renal Dialysis Unit	To form partnership for financing, constructing, equipping, maintaining,	High quality serviced health facility delivered	R31 million	November 2019	The department has requested an extension of 3 years with Clinix Renal Care until 2019 which was

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
	operating and co-staffing an enlarged and refurbished renal facility; and Provide full range of haemodialysis and provision of support to the peritoneal outpatients services by private parties.	Facilities and management service consistent with the ethos, goals and values of the Department provided. High quality renal services consistent with the international standards provided.			granted by National Treasury on certain terms. The Pietersburg Hospital has trained 4 nurses this far. There a two other nurses who are currently in training at Cape Town University. A single nurse is currently exposed to the renal unit for preparation of her nephrology training in 2020. A minimum of 28 Nephrology Nurses are targeted to be trained in order for a take-over processes to be smooth. The department has formally informed all stakeholders of its intention not to extend the contract after its expiry. The department has resolved that it will insource the service.
Phalaborwa Hospital	Acquire full PPP for financing, designing, upgrading, and refurbishment of the Phalaborwa Health Centre as a private hospital facility.	Private hospital established through PPP	R110 000	November 2025	The Service Provider has stopped rendering service in March 2017 at the hospital citing issues of unsustainability (financially). The department has interdicted the action by the Service Provider including refraining from removing assets from the building with effect from March 2017. This interdict will run until there is a better way to deal

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
					with the dispute or expiry of the contract, whichever comes first. The Service Provider's debt is currently standing at an estimated amount of R4,7 m. The debt continues to increase as the Department continues to bill the Service Provider even though it left the building for reasons known and approved by its management/leadership. The department has approved the cancellation of the contract with immediate effect on the Private Party default. The Office of the State Attorney in Polokwane was instructed to initiate the termination process.
Limpopo Academic Hospital	Acquire full PPP for financing, designing and building the academic hospital.	High quality serviced health facility delivered. High quality renal services consistent with the international standards provide.	R0.00		National Health and National Treasury opted to look into other procurement options/models.

CONCLUSIONS

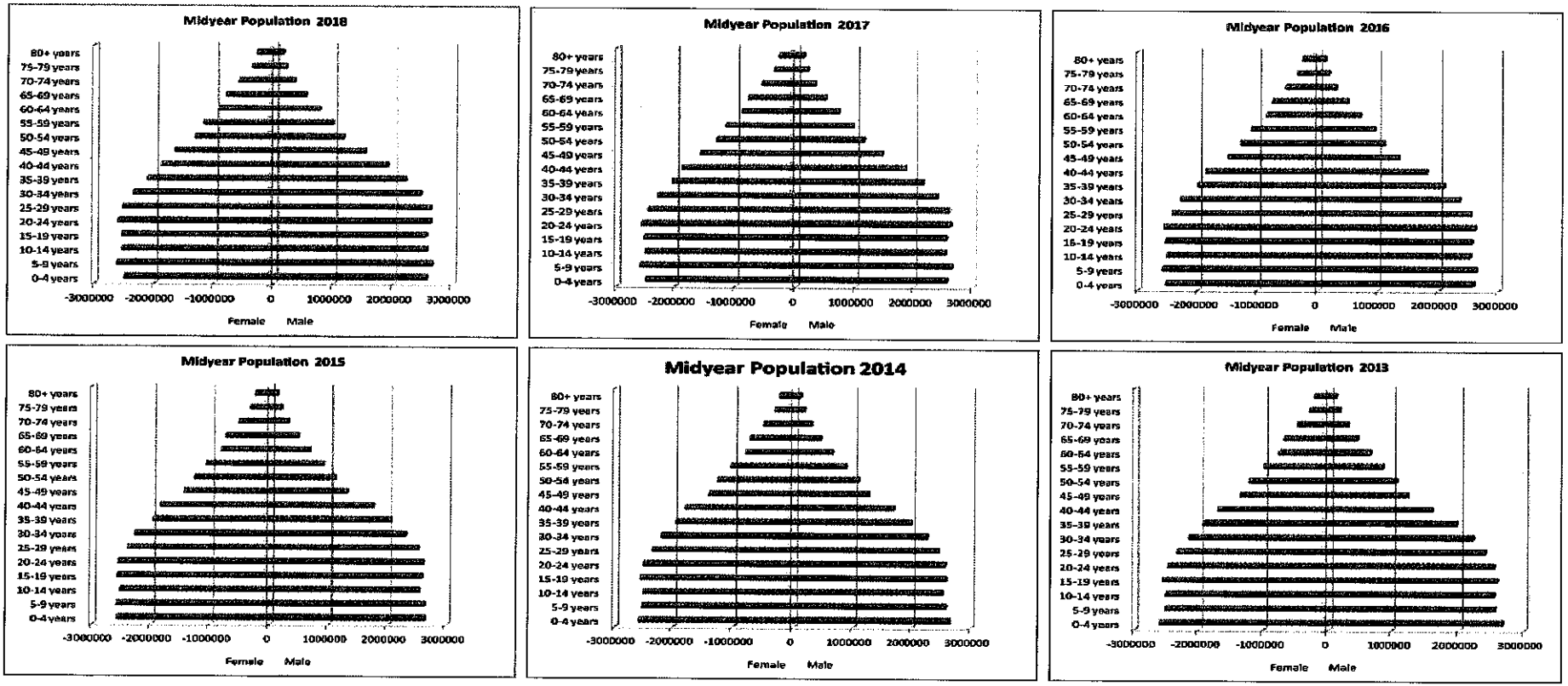
Given that the development of the Annual Performance Plan (APP) was an inclusive process, it is therefore reasonable to conclude that all the Department's employees proudly take ownership of this strategic document. Meanwhile, Government's priorities in general and those of the health sector in particular have carefully been incorporated into the APP.

The following resource documents and priorities were considered in the development of the APP *inter alia* National Development Plan, Medium Term Strategic Framework (MTSF), the 10 Point Plan for the health sector, Government outcomes (Negotiated Service Delivery Agreement), Limpopo Development Plan, State of the Nation Address (SONA), State of the Province Address (SOPA), National Health Priorities and the MEC's budget speech. In addition, the APP has been developed using the format customised for the health sector and approved by Office of the Premier. It is also important to note that a great effort has been made in setting targets that will see to the achievement of the Department's strategic objectives.

The Department hereby commit itself to implementing the Annual Performance Plan (APP) for 2019/20 - 2021/22 (MTEF).

ANNEXURE A: StatsSA Population Estimates 2002-2018

ANNEXURE A: StatsSA Population Estimates 2002-2018



ANNEXURE B: MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019

Revision to MTSF
2014-2019 - FINAL A

PS! See Departmental Website for Revised MTSF 2014-2019

ANNEXURE C: TECHNICAL INDICATOR DESCRIPTIONS

PROGRAMME 1: ADMINISTRATION

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019-20	Responsibility
Number of medical specialists appointed **	Staffing of medical specialists	Provision of medical specialists in the hospitals	Staff establishment and persal	Numbers per staff-establishment	Depending on accuracy of data in persal	Input	Number	Annual	No	20	HR Planning
Number of cleaners appointed	Staffing of cleaners in the institutions	Provision of cleaners in the institutions	Staff establishment and persal	Number per staff-establishment	Depending on accuracy of data in persal	Input	Number	Annual	No	20	HR Planning
Number of ward attendants appointed	Staffing of ward attendants in the institutions	Provision of ward attendants in the institutions	Staff establishment and persal	Number per staff-establishment	Depending on accuracy of data in persal	Input	Number	Annual	No	200	HR Planning
Number of grounds men appointed	Staffing of grounds men in the institution	Provision of grounds men in the institutions	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	Input	Number	Annual	No	150	HR Planning
Number of porters appointed	Staffing of porters in the hospitals	Providing of porters in the hospitals	Staff establishment and persal	Number per staff establishment	Depend on the accuracy of data in persal	Input	Number	Annual	No	30	HR Planning
Audit opinion from Auditor General	Audit opinion for Provincial Departments of Health for financial performance	To strengthen financial management monitoring and evaluation	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	N/A	Outcome	N/A	Annual	No	Unqualified audit opinion	Chief Financial Officers of Provincial Departments of Health
Percentage Compliance to payment of suppliers within 30 days	Invoice paid within 30days	Settlement of invoices within 30days	BAS	Numerator No of valid invoices paid within 30days Denominator Total number of valid invoices received by 100%	Depends on the funds availability and BAS system	Output	Percentage	Quarterly	No	100%	Expenditure Management

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019-20	Responsibility
Number institution with Credible Asset Register	Number of institutions with credible asset registers	Proper recording assets	Excel asset register BAS	Numerator Number of institutions with credible asset register Denominator Total number of institutions by 100%	Depended on the accuracy of data by institutions	Output	Number	Quarterly	No	58 of 58	Supply Chain Management
Revenue collected	Amount of revenue collected for the year	Supplement resources to implement government programmes	BAS	Amount collected against the set target	Rely on payment by patients	Output	Amount	Quarterly	No	R193.6 million	Financial budgeting and revenue
Percentage of Hospitals with broadband access	Percentage of Hospitals with broadband access	To track broadband access to hospitals	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	**Numerator:** Total Number of hospitals with minimum 2 Mbps connectivity **Denominator**Total Number of Hospitals	NA	Output	Percentage	Quarterly	No	100% (40/40)	ICT Directorate / Chief Directorate
Percentage of fixed PHC facilities with broadband access	Percentage of fixed PHC facilities with broadband access	To ensure broadband access to PHC facilities	Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live	**Numerator:** Total Number of fixed PHC facilities with minimum 1Mbps connectivity **Denominator** Total Number of fixed PHC Facilities	NA	Output	Percentage	Quarterly	No	98% (467/477)	ICT Directorate / Chief Directorate

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

SUB-PROGRAMME: PHC

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Ideal clinic status rate	Fixed PHC health facilities that have obtained Ideal Clinic status	Monitors outcomes of PPTICRM assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance	Ideal Clinic review tools	**Numerator:** SUM([Fixed PHC health facilities that obtained ideal clinic status]) **Denominator**: Fixed PHC clinics/fixed CHCs/CDCs	None	Process/ Activity	Percentage	Annual	No	30% (124/413)	DHIS Manager
PHC utilisation rate - total	Average number of PHC visits per person per year in the population.	Monitors PHC access and utilisation.	Daily Reception Headcount register (or HPRS where available) and DHIS Denominator: Stats SA	**Numerator:** SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) **Denominator:** Sum([Population - Total)]	Dependant on the accuracy of estimated total population from StatsSA	Output	Percentage	Quarterly	No	2% (14858390/742919 5)	DHS Manager
Complaints resolution within 25 working days rate	Complaints resolved within 25 working days (including public holidays) as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	Complaints register,	**Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Output	Percentage	Quarterly	No	95%	Quality Assurance

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Number of PHC facilities open for 24 hours	Number of PHC facilities open for 24 hours	Access PHC services	List of PHC facilities	Numerical	Manipulation of data	Output	Numerical	Quarterly	No	52 of 100	Integrated Primary Health Care
Number of PHC facilities implementing the on call service system	Number of PHC facilities implementing the on call service system	Access PHC services	List of PHC facilities	Numerical	Manipulation of data	Output	Numerical	Quarterly	No	136 of 344	Integrated Primary Health Care

SUB-PROGRAMME: DISTRICT HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Average Length of Stay (District Hospitals)	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of Inpatient management. 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	DHIS, midnight census register	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	High levels of efficiency could hide poor quality	Efficiency	Days (number)	Quarterly	No	<5 days	District Health Services

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Inpatient Bed Utilisation Rate (District Hospitals)	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Track the over/under utilisation of district hospital beds	DHIS, midnight census	**Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	>72%	Hospital Services Manager
Expenditure per patient day equivalent (PDE) (District Hospitals)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3	BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census	**Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	R2803.00	Hospital Services Manager
Complaint resolution within 25 working days (including public holidays) rate (District Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	Complaints register	**Numerator:** SUM ([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Output	Percentage	Quarterly	No	95%	Hospital Services and Quality Assurance Managers

SUB-PROGRAMME: HAST (HIV & AIDS, STI & TB)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
ART client remain on ART end of month - total	Total clients remaining on ART (TROA) are the sum of the following: - Any client on treatment in the reporting month - Any client 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	ART Register; TIER.Net; DHIS	**Numerator:** SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period])	None	Output	Cumulative total	Quarterly	No	376 774	HIV/AIDS Programme Manager
TB/HIV co-infected client on ART rate	TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients	. Monitors ART coverage for TB clients	TB register; Tier.Net	**Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive])	Availability of data in ETR.net, TB register, patient records	Outcome	Percentage	Quarterly	No	90% (6419/7132)	TB/HIV manager
HIV test done - total	The total number of HIV	Monitors the impact of the pandemic and	PHC Comprehensive Tick	SUM([Antenatal client HIV 1st test]) + SUM([Antenatal client	Dependent on the accuracy of	Activity	Number	Quarterly	No	1 441 506	HIV/AIDS Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	tests done in all age groups	assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB	Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS	HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)])	facility register						
Male Condoms Distributed	Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional outlets, etc.).	Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution sites (PDS) report to sub-districts on a monthly basis	Numerator: Stock/Bin card	SUM([Male condoms distributed])	None	Activity	Number	Quarterly	No	90 603 535	HIV/AIDS Cluster
Medical male circumcision - Total	Medical male circumcisions performed 10 years and older	Monitors medical male circumcisions performed under supervision	Theatre Register/ PHC tick register, DHIS	SUM([Males 10 to 14 years who are circumcised under medical supervision])+([Males 15 years and older who are circumcised under medical supervision])	Assumed that all MMCs reported on DHIS are conducted under supervision	Output	Number	Quarterly	No	71 464	HIV/AIDS Programme Manager
TB client 5 years and older start on treatment rate	TB client 5 years and older start on treatment as a proportion of TB symptomatic	Monitors trends in early identification of children with TB symptoms in health care facilities	PHC Comprehensive Tick Register	**Numerator:** SUM([TB client 5 years and older start on treatment]) **Denominator**: SUM([TB symptomatic client 5 years and older tested positive])	- Accuracy dependent on quality of data from reporting facility	Activity	Rate	Quarterly	No	93% (4745/5102)	TB Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	client 5 years and older test positive										
TB client treatment success rate	All drug susceptible TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	Numerator: SUM([TB client successfully completed treatment])Denominator: SUM([All TB client start on treatment)]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	80.5% (10916/13560)	TB Programme Manager
TB Client lost to follow up rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and	Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	Numerator: SUM [TB client lost to follow up] Denominator: SUM [All TB client start on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	5% (678/13560)	TB Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	extra-pulmonary).										
TB Client death rate	TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior	TB Register; ETR.Net	Numerator: Numerator: SUM([TB client died during treatment]) Denominator: SUM [All TB client start on treatment]	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Annually	No	9.5% (1288/13560)	TB Programme Manager
TB MDR treatment success rate	TB MDR client successfully completing treatment as a proportion of TB MDR confirmed clients started on treatment	Monitors success of MDR TB treatment	TB Register; EDR Web	Numerator: SUM([TB MDR client successfully complete treatment]) Denominator: SUM([TB MDR confirmed client start on treatment])	Accuracy dependent on quality of data submitted health facilities	Outcome	Percentage	Annually	No	67% (278/415)	TB Programme Manager

SUB-PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Antenatal 1st visit before 20 weeks rate	Women who have a booking visit (first visit) before they are 20 weeks into their	Monitors early utilisation of antenatal services	PHC Comprehensive Tick Register	**Numerator:** SUM([Antenatal 1st visit before 20 weeks]) **Denominator:** SUM([Antenatal 1st visit 20 weeks or later]) +	Accuracy dependent on quality of data submitted	Activity	Percentage	Quarterly	No	67% (81993/122378)	MNCWH programme manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	pregnancy as proportion of all antenatal 1st visits			SUM([Antenatal 1st visit before 20 weeks])	health facilities						
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery	PHC Comprehensive Tick Register	Numerator: SUM([Mother postnatal visit within 6 days after delivery]) Denominator: SUM([Delivery in facility total])	Accuracy dependent on quality of data submitted health facilities	Activity	Percentage	Quarterly	No	90% (108225/120250)	MNCWH programme manager
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.	ART Register, Tier.Net	**Numerator:** SUM([Antenatal client start on ART]) **Denominator:** Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive])	Accuracy dependent on quality of data Reported by health facilities	Output	Percentage	Annually	No	98% (11270/11500)	MNCWH programme manager
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 (6 - 12 weeks)	Monitors PCR positivity rate in HIV exposed infants around 10 weeks	PHC Comprehensive Tick Register	Numerator: SUM([Infant PCR test positive around 10 weeks]) Denominator: SUM([Infant PCR test around 10 weeks])	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	<1% (170/17420)	PMTCT Programme

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	(excludes confirmatory and previously tested positive)										
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Track the coverage of immunization services	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Numerator: SUM([Immunised fully under 1 year new]) Denominator: SUM([Female under 1 year]) + SUM([Male under 1 year])	Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last vaccine is administered.)	Output	Percentage Annualised	Quarterly	No	80% (103525/129406)	EPI Programme manager
Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population..	Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is	PHC Comprehensive Tick Register Denominator: StatsSA	Numerator: SUM([Measles 2nd dose]) Denominator: SUM([Female 1 year]) + SUM([Male 1 year])	Accuracy dependent on quality of data submitted health facilities	Output	Percentage	Quarterly	No	80% (105880/132350)	EPI

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
		important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here									
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	Ward register	Numerator: SUM([Diarrhoea death under 5 years]) Denominator: SUM([Diarrhoea separation under 5 years])	Reliant on accuracy of diagnosis / cause of death Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	No	2% (59/2944)	MNCWH Programme manager
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	Ward register	Numerator: SUM([Pneumonia death under 5 years]) Denominator: SUM([Pneumonia separation under 5 years])	Reliant on accuracy of diagnosis / cause of death; Accuracy dependent on quality of data submitted health facilities	Impact	Percentage	Quarterly	No	3.5% (178/5074)	MNCWH Programme manager
Severe acute malnutrition case fatality under 5 years rate	Severe acute malnutrition deaths in children under 5 years as a proportion of	Monitors treatment outcome for children under 5 years who were	Ward register	Numerator: SUM([Severe acute malnutrition (SAM) death in facility under 5 years]) **Denominator:**	Accuracy dependent on quality of data submitted	Impact	Percentage	Quarterly	No	7% (141/2021)	MNCWH Programme manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	severe acute malnutrition (SAM) under 5 years in health facilities	separated but diagnosed with Severe acute malnutrition (SAM) on admission and counted on separation		SUM([Severe Acute Malnutrition cases under 5 years	health facilities						
School Grade 1 - learners screened	Number of Grade 1 learners that received at least one type of screening by a nurse in the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	Numerator: School Health data collection forms	SUM [School Grade 1 - learners screened}	None	Activity	Number	Quarterly	No	47000	School health services
School Grade 8 – learners screened	Number of Grade 8 learners that received at least one type of screening by a nurse in the ISHP service package	Monitors implementation of the Integrated School Health Program (ISHP)	School Health data collection forms	SUM [School Grade 8 - learners screened]	None	Activity	Number	Quarterly	No	19000	School health services
Delivery in 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Monitors the proportion of deliveries in facility by teenagers (young women under 20 years).	Health Facility Register, DHIS	Numerator: SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility] Denominator: SUM([Delivery in facility total])	None	Activity	Percentage	Quarterly	No	13% (15633/120250)	HIV and Adolescent Health
Couple Year Protection Rate (Int)	Women protected against pregnancy by using modern contraceptive	Monitors access to and utilisation of modern contraceptives to prevent	PHC Comprehensive Tick Register Denominator:	Numerator (SUM([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone	Accuracy dependent on quality of data submitted	Outcome	Percentage	Quarterly	No	60% (988690/1647816)	MCWH&N Programme

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) +) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys	StatsSA	enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5) Denominator: SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]}	health facilities						
Cervical Cancer Screening coverage for women 30 years and older	Cervical smears in women 30 years and older as a proportion of 10% of the female population 30	Monitors implementation of policy on cervical screening	Facility register Denominator: StatsSA	Numerator: SUM([Cervical cancer screening 30 years and older]) Denominator: (SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44	Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data	Output	Percentage	Quarterly	No	52% (659803/1268852)	MNCWH Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	years and older.			years]) + SUM([Female 45 years and older])/10	submitted health facilities						
HPV 1st dose	Girls 9 years and older that received HPV 1st dose during calendar year during both 1st and 2nd rounds	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system	Girls nine years and older HPV first dose	None	Output	Number	Annually	No	52144	MNCWH Programme Manager
HPV 2nd dose	Girls 9yrs and older HPV 2nd dose during 2019 calendar year during both 1st and 2nd rounds	This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far	HPV Campaign Register – captured electronically on HPV system	Girls nine and older HPV second dose	None	Output	Number	Annually	No	50688	MNCWH Programme Manager
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year	PHC Comprehensive Tick Register	**Numerator:** SUM([Vitamin A dose 12-59 months]) **Denominator:** (SUM([Female 1 year]) + SUM([Female 02-04 years]) + SUM([Male 1 year]) + SUM([Male 02-04 years])) * 2	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children	Output	Percentage	Quarterly	No	47% (2537934/5399859)	MNCWH Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
					would have received two doses based on this calculation						
Maternal mortality in facility ratio	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) per 100,000 live births in facility and born alive before arrival at facility	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 indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services	Maternal death register, Delivery Register	**Numerator:** SUM([Maternal death in facility]) **Denominator:** SUM([Live birth in facility])+SUM([Born alive before arrival at facility])	Completeness of reporting	Impact	Ratio per 100 000 live births	Annually	No	120/100000	MNCWH Programme Manager
Neonatal death in facility rate	Neonatal 0-28 days who died during their stay in the facility as a	Monitors treatment outcome for admitted	Delivery register, Midnight report	**Numerator:** SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days])	Quality of reporting	Impact	Percentage	Annually	No	12/1000	MNCWH Programme Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	proportion of live births in facility	children under 28 days		**Denominator:** SUM([Live birth in facility])							

SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL (DPC)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator (Input etc.)	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Cataract surgeries performed	Number of clients who had cataract surgery	Accessibility of theatres. Availability of human resources and consumables	Theatre Register	SUM([Cataract surgery total])	Accuracy dependant on quality of data from health facilities	Output	Number	Quarterly	Yes	2000	NCD Programme Manager
Malaria case fatality rate	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria	Malaria Information System	**Numerator:** Deaths from malaria **Denominator:** Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Quarterly	No	<1% (190/18977)	Communicable Diseases

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
EMS P1 urban response under 15 minutes rate	Emergency P1 responses in urban locations with response times under 15 minutes as a	Monitors compliance with the norm for critically ill or injured patients to receive EMS	DHIS, institutional EMS registers OR	**Numerator:** SUM([EMS P1 urban response under 15 minutes])	Accuracy dependent on quality of data from reporting	Output	Percentage	Quarterly	No	60%	EMS Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
	proportion of EMS P1 urban calls. Response time is calculated from the time the call is received to the time that the first dispatched medical resource arrives on scene	within 15 minutes in urban areas	DHIS, patient and vehicle report.	**Denominator:** SUM([EMS P1 urban responses)	EMS station						
EMS P1 rural response under 40 minutes rate	Emergency P1 responses in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call	Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas	DHIS, institutional EMS registers Patient and vehicle report.	**Numerator:** SUM([EMS P1 rural response under 40 minutes]) **Denominator:** SUM([EMS P1 rural responses])	Accuracy dependent on quality of data from reporting EMS station	Output	Percentage	Quarterly	No	60%	EMS Manager
EMS inter-facility transfer rate	Inter-facility (from one facility to another facility) transfers as proportion of total EMS patients transported to health facility	Monitors use of ambulances for inter-facility transfers as opposed to emergency responses	DHIS, institutional EMS registers Patient and vehicle report.	**Numerator** SUM [EMS inter-facility transfer] **Denominator** SUM([EMS patients total])	Accuracy dependent on the reliability of data recorded on the Efficiency Report at EMS stations and emergency headcount reported	Output	Percentage	Quarterly	No	18%	EMS Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Responsibility
					from hospitals.						
Ratio of ambulance per population	Ratio of ambulances per population 1:18 000	Monitor number of ambulances per population ratio	EMS Information Systems	Numerator Total number of ambulances rostered Denominator Total Provincial Population	Accuracy dependent on quality of data from reporting EMS station	Output	Number	Quarterly	No	1:27 000	Director: Emergency Medical Services (EMS)

PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITALS
SUB-PROGRAMME: REGIONAL HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Average Length of Stay (Regional Hospitals)	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of Inpatient management. 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	DHIS, midnight census	Numerator Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) Denominator SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	<6 days (409328/68221)	District Health Services

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Inpatient Bed Utilisation Rate (Regional Hospitals)	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Monitors effectiveness and efficiency of inpatient management	DHIS, midnight census	Numerator: Sum ([Inpatient days total x 1]) +([Day patient total x 0.5]) Denominator: Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	75%	Hospital Services Manager
Expenditure per patient day equivalent (PDE) (Regional Hospitals)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3	BAS, Stats SA, Council for Medical Scheme data, DHIS, midnight census	**Numerator** SUM ([Expenditure - total]) **Denominator** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	R3200.00	Hospital Services Manager
Complaint resolution within 25 working days rate (Regional Hospitals)	Complaints resolved within 25 working days (including public holidays) as a	Monitors the time frame in which the public health system	Complaints register	**Numerator** SUM ([Complaint resolved within 25 working days])	Accuracy of information is dependent on the	Output	Percentage	Quarterly	No	95%	Quality Assurance

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	proportion of all complaints resolved	responds to complaints		**Denominator** SUM([Complaint resolved])	accuracy of time stamp for each complaint						

SUB-PROGRAMME: SPECIALISED HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Complaint resolution within 25 working days rate (Specialised Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	Complaints register	**Numerator** SUM([Complaint resolved within 25 working days]) **Denominator** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Output	Percentage	Quarterly	No	95%	Quality Assurance
Number of Districts with functional Mental Health review boards (Specialised Hospitals)	Number of mental health review boards per five district established in terms of Section 18 of Mental health care Act. No 17 of 2002	Ensure the protection of human rights of people with mental disability	Programme for review meetings, attendance register	Sum of districts with mental functional mental health review boards	Reliability of data provided	Input	No	Quarterly	No	5	District Executive Managers

PROGRAMME 5: TERTIARY HOSPITALS

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Average Length of Stay (Tertiary Hospitals)	The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities	Monitors effectiveness and efficiency of Inpatient management. 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	DHIS, midnight census	Numerator Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) Denominator SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total])	High levels of efficiency y could hide poor quality	Efficiency	Days (number)	Quarterly	No	<8 days (297140/37142)	District Health Services
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities	Monitors effectiveness and efficiency of inpatient management	DHIS, midnight census	Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) Denominator: Inpatient bed days (Inpatient beds * 30.42) available	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	75%	Hospital Services Manager
Expenditure per patient day equivalent (PDE) (Tertiary Hospitals)	Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 +	Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the	BAS, Stats SA, Council for Medical Scheme data, DHIS,	**Numerator** SUM([Expenditure - total]) **Denominator** Sum ([Inpatient days total x	Accurate reporting sum of daily usable beds	Outcome	Number (Rand)	Quarterly	No	R4800.00	Hospital Services Manager

Indicator name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	(Emergency headcount + OPD headcount total) * 0.33333333	same as division by 2, and multiplied by 0.33333333 is the same as division by 3	midnight census	1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333])							
Complaint resolution within 25 working days rate (Tertiary Hospitals)	Complaints resolved within 25 working days as a proportion of all complaints resolved	Monitors the time frame in which the public health system responds to complaints	Complaints register	**Numerator** SUM([Complaint resolved within 25 working days]) **Denominator** SUM([Complaint resolved])	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Output	Percentage	Quarterly	No	95%	Quality Assurance

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019-20	Responsibility
Number of Bursaries awarded to first year medicine students	Number of new medicine students provided with bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as	Bursary contracts	No denominator	Data quality depends on good record keeping by both the Provincial	Input	No.	Annual	No	-	Human Resources Development Programme Manager

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019-20	Responsibility
		future health care providers			DoH and Health Science Training institutions						
Number of Bursaries awarded to first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers	SANC Registration form	No denominator	Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions	Input	No.	Annual	No	160	Human Resources Development Programme Manager
Number of Post basic professional nurses enrolled	Number of professional nurses enrolled on post-basic nursing programmes	Professional nurses enrolled for development of all levels of care	College records	No of post basic nurses trained	Dependent on study leave and availability of posts	Output	Sum total	Bi-annual	No	140	Director: Nursing Education
Number of learners studying for bachelor of health science in emergency care	Number of learners enrolled for bachelor of health science in emergency care	Track the training of emergency care practitioners	College records (universities) /HRD	Numerical (Number of students enrolled)	Authenticity	Output	Number	Annual	No	5	Principal emergency college/ HRD
Number of basic ambulance assistants upgraded to ambulance emergency assistants	Basic ambulance assistants upgraded to ambulance emergency assistants	Track the training of emergency care practitioners	College records	Numerical	Authenticity	Output	Number	Annual	No	72	Principal emergency college/ HRD

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Indicator Responsibility
Percentage availability of essential medicines in Depot, Hospital and Clinics	This is the percentage of essential medicines and surgical sundries monitored at the depot, hospitals and clinics	To ensure that essential medicines and surgical sundries are available at the depot, hospitals and clinics	Quarterly reports	**Numerator:** Totals number of medicines available at depot, Hospitals and clinics. **Denominator:** Total number of medicines to be monitored. Total for Depot= 328 Hospitals= 295 Clinics= 170	Data quality from hospitals and clinics depend on good record keeping by hospital Pharmacies.	Outcome	Percentage	Quarterly	No	Depot: 70% (230/328) Hospitals: 90% (266/295) PHC: 90 % (153/170)	Director: Pharmaceutical Services

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	Number of existing health facilities in NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list	Number of health facilities in NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	4	Chief Director: Infrastructure and Technical Management

Indicator Name	Short Definition	Purpose /Importance	Source	Calculation Method	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance 2019/20	Responsibility
	and replacement facilities).		(only Management Contract projects).								
Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District	Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities).	Tracks overall improvement and maintenance of existing facilities.	Practical Completion Certificate or equivalent, Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects).	Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment	Accuracy dependent on reliability of information captured on project lists.	Input	Number	Annual	No	16	Chief Director: Infrastructure and Technical Management