ANNUAL PERFORMANCE PLAN

2025/26

LIMPOPO
PROVINCIAL GOVERMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
HEALTH

HEALTH – VOTE 7

Date of Tabling:

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Acronyms and abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CCMDD	Centralised Chronic Medicines Dispensing and Distribution
COVID-19	Corona Virus Disease 2019
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
ICT	Information communication technology
LDoH	Limpopo Department of Health
MCWH&N	Mother, Child, Women, Health & Nutrition
MEC	Member of the Executive Council
MMC	Male Medical Circumcision
MTEF	Medium-Term Expenditure Framework
MTDP	Medium-Term Development Framework
NCD	Non-communicable Diseases
OPD	Out-Patient Department
OTP	Office of The Premier
PHC	Primary Health Care
TB	Tuberculosis

Executive Authority Statement

It is my honour to present the Limpopo Department of Health's Annual Performance Plan for the 2025/2026 financial year. This plan serves as a critical roadmap for our commitment to enhancing the health and well-being of our communities and reflects our dedication to delivering quality healthcare services that meet the needs of all residents.

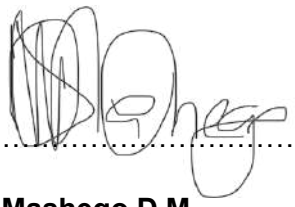
In this financial year, our key focus areas will include significant efforts to reduce maternal mortality rates and alleviate the burden of diseases. We understand that the health of our mothers and children is paramount, and we are committed to implementing targeted interventions to ensure safer pregnancies and healthier outcomes. Additionally, we will prioritise the maintenance and improvement of our health infrastructure, which is essential for delivering effective healthcare services across the province.

As we strive to improve our audit outcomes, transparency and accountability will remain integral to our operations. We recognise that sound financial management is essential for sustaining the quality of care we provide. Our commitment to excellence will guide us as we work to enhance our systems and processes.

At the heart of this Annual Performance Plan is our unwavering focus on delivering quality healthcare services. As we seek to implement the National Health Insurance (NHI), we will ensure that our strategies align with its principles of equity and accessibility. This journey requires us to be proactive and innovative in our approach, ensuring that every resident of Limpopo has access to comprehensive and affordable healthcare.

As we embark on this important work, I call upon all stakeholders - healthcare professionals, community leaders, and residents - to join us in our mission. Together, we can create a healthier Limpopo, where every individual has the opportunity to thrive.

Let us move forward with determination and purpose as we strive to make meaningful improvements in our healthcare system. Together, we will turn this plan into action and work toward a brighter, healthier future for all.



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Ms. Mashego D.M

Limpopo MEC of Health

Accounting Officer Statement

As we get into the first year of the final five years of implementing the Sustainable Development Goals and the National Development Plan, I am pleased to outline our annual performance plan which aims to enhance the health and well-being of all Limpopo communities. The provision of accessible, equitable, and high-quality healthcare remains unwavering in the financial year 2025-2026.

The 2025-2026 annual performance plan outlined here draws its commitment from Goal 3 of the Medium-Term Development Plan (MTDP) which is “Reduce poverty and tackle the high cost of living”. In contributing effectively to Strategic Priority 2 in the first year of the MTDP (2024-2029) and our Strategic Plan (2025-2030), this financial year our focus will be on several key priorities:

1. **Strengthening primary healthcare**: The department will enhance the capacity of primary healthcare facilities by ensuring that they are equipped to deliver comprehensive services to communities.
2. **Addressing health inequalities**: The department recognises the disparities in health outcomes across our province. Our initiatives will be to target underserved populations by ensuring that everyone has access to necessary care despite their geographical location or demographics.
3. **Enhancing disease prevention and health promotion**: The department will implement targeted campaigns to address both communicable and non-communicable diseases in promoting healthier lifestyles through preventative measures.
4. **Investing in mental health**: Mental health services will be expanded with a focus on integrating the services into primary care to reduce stigma and improve accessibility.
5. **Leveraging technology**: The department will continue investing in digital health solutions to streamline service delivery, improve patient management, and enhance health information systems.
6. **Capacity building and training**: Our healthcare workforce is our greatest asset. The department will prioritise training and professional development to ensure our staff are equipped to meet the evolving health needs of the Limpopo population.

In meeting the above priorities of 2025-2026, collaboration will be central to our success. Thus, I encourage all stakeholders, healthcare workers, community organisations, and government partners to work together to implement this app. It is through fostering a culture of cooperation and shared responsibility that we can create a healthier future for all as envisaged in our vision of “A long and healthy life for people in Limpopo”.

Dr. Ndwamato, N.N.

Acting Head of Department

Official Sign-off

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the Limpopo Province Department of Health under the guidance of Ms. Mashego, D.M.
- Takes into account all the relevant policies legislation and other mandates for which the Limpopo Province Department of Health is responsible.
- Accurately reflects the Outcomes and Outputs which the Limpopo Province Department of Health will endeavour to achieve over the period 2025/26.

Mr. Mudau, M.J. Signature: _____

Manager Programme 1: Administration

Dr. Dombo, M. Signature: _____

Manager Programme 2: District Health Services

Dr. Dibakoane, P. Signature: _____

Manager Programme 3: Emergency Medical Services

Dr. Dibakoane, P. Signature: _____

Manager Programme 4: General (Regional) Hospitals

Dr. Dibakoane, P. Signature: _____

Manager Programme 5: Tertiary and Central Hospitals

Dr. Dibakoane, P. Signature: _____

Manager Programme 6: Health Science and Training

Mr Mawasha, MZ. Signature: _____

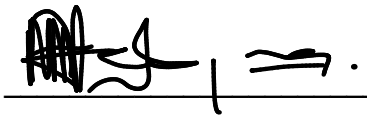
Manager Programme 7: Health Care Support

Mr. Ramawa, P.J. Signature: _____

Manager Programme 8: Health Facilities Management

Mr. Mudau, M.J. Signature: 

Chief Financial Officer

Dr. Lekoloana, M.A. Signature: 

Head Official responsible for Planning

Dr. Ndwamato, N.N. Signature: 

Acting Accounting Officer

Approved by:

Ms. Mashego, D.M. Signature: 

Executive Authority

Part A: Our Mandate

1. Constitutional Mandate

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 *(affordable and quality)* 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 if it is required for the exercise or protection of a right;
- This may arise with accessing one's medical records from a health facility for the purposes of complaining or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their health an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitution 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.

2. Legislative and Policy Mandates

2.1 Legislation falling under the Department of Health's Portfolio

National Health Act 2003 (Act No. 61 of 2003)

Provides a framework for a structured health system within the Republic taking into account the obligations imposed by the Constitution and other laws on the national, provincial, and local governments concerning health services. The objectives 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 cooperative governance and management of health services within national guidelines norms and standards in which each province municipality and health district must deliver 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 cooperation 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 foundation of the health care system which will be understood alongside other laws and policies which relate to health in South Africa.

Medicines and Related Substances Act 1965 (Act No. 101 of 1965) - Provides for the registration of medicines and other medicinal products to ensure their safety quality and efficacy and provides for transparency in the pricing of medicines.

Hazardous Substances Act 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances in particular those emitting radiation.

Occupational Diseases in Mines and Works Act 1973 (Act No. 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 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession including community service by pharmacists

Health Professions Act 1974 (Act No. 56 of 1974) - 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 1979 (Act No.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 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors homeopaths etc. and for the establishment of a council to regulate these professions.

SA Medical Research Council Act 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in 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 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilisation Act 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilisations including for persons with mental health challenges.

Medical Schemes Act 1998 (Act No.131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Tobacco Products Control Amendment Act 1999 (Act No 12 of 1999) - Provides for the control of tobacco products prohibition of smoking in public places and advertisements of tobacco products as well as the sponsoring of events by the tobacco industry.

Mental Health Care 2002 (Act No. 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.

National Health Laboratory Service Act 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession.

Traditional Health Practitioners Act 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council and registration training and practices of traditional health practitioners in the Republic.

Foodstuffs Cosmetics and Disinfectants Act 1972 (Act No. 54 of 1972) - 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

2.2 Other Legislation Applicable to the Department

Criminal Procedure Act 1977 (Act No.51 of 1977) Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.

Children's Act 2005 (Act No. 38 of 2005) - The Act gives effect to certain children's rights as contained in the Constitution, sets out principles relating to the care and protection of children, defines parental responsibilities and rights, and makes further provision regarding children's court.

Occupational Health and Safety Act 1993 (Act No.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 1993 (Act No.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.

National Roads Traffic Act 1996 (Act No.93 of 1996) - Provides for the testing and analysis of drunk drivers.

Employment Equity Act 1998 (Act No.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 Act 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Skills Development Act 1998 (Act No 97 of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

Public Finance Management Act 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries their responsibilities and incidental matters.

Promotion of Access to Information Act 2000 (Act No.2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act 2000 (Act No.3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act 2000 (Act No.4 of 2000)
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Division of Revenue Act (Act No 7 of 2003) - Provides for how revenue generated may be disbursed.

Broad-based Black Economic Empowerment Act 2003 (Act No.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 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of the relationship between employer and employee at individual and collective level.

Basic Conditions of Employment Act 1997 (Act No.75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

3. Health Sector Policies and Strategies over the five-year planning period

3.1 National Health Insurance Bill

South Africa is on the brink of effecting significant and much-needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all entrenching equity social solidarity and efficiency and effectiveness in the health system to realise Universal Health Coverage. To achieve Universal Health Coverage institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately improve health outcomes, particularly focusing on the poor vulnerable and disadvantaged groups.
In many countries effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity

premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage. The phased implementation of NHI is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate efficient affordable and quality health services.

An external evaluation of the first phase of National Health Insurance was published in July 2019. Phase 2 of the NHI Programme commenced in 2017 with the official gazetting of the National Health Insurance as the Policy of South Africa. The National Department of Health drafted and published the National Health Insurance Bill for public comments on 21 June 2018. During August 2019 the National Department of Health sent the National Health Insurance Bill to Parliament for public consultation.

3.2 National Development Plan: Vision 2030

The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030 (see Figure 1).

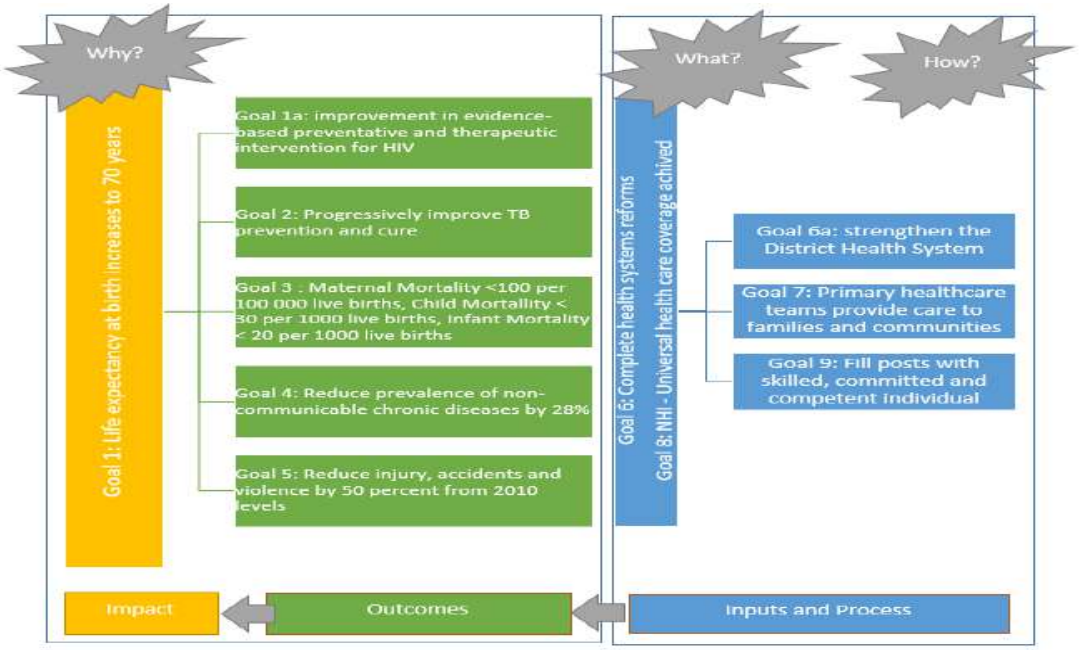


Figure 1. NDP Goals

The **NDP goals are best described using a conventional public health logic framework**. The **overarching goal** that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The **next 4 goals measure health outcomes** requiring the health system to **reduce premature mortality and morbidity**. The last **4 goals are tracking the health system that essentially measures inputs and processes** to derive outcomes

3.3 Sustainable Development Goals

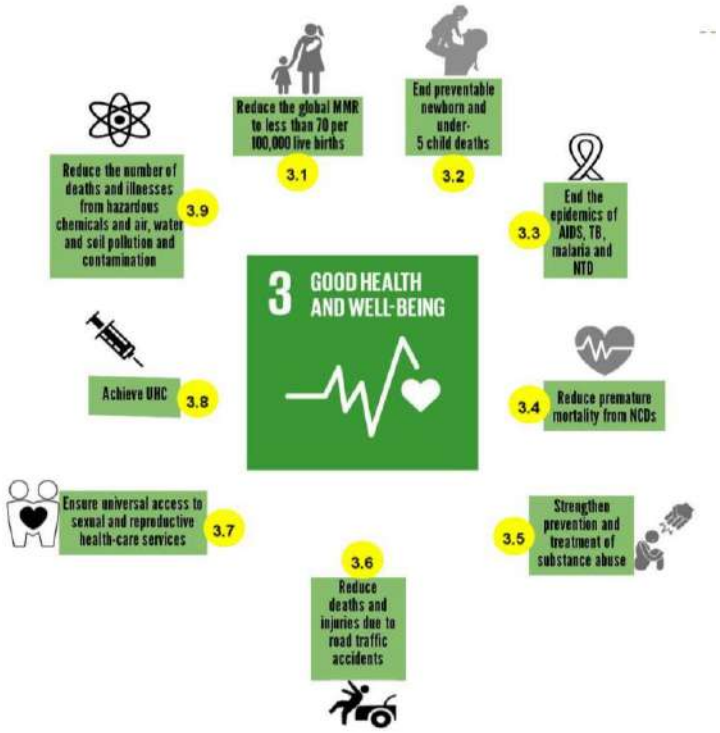


Figure 2. Sustainable Development Goals

Goal 3. Ensure healthy lives and promote well-being for all at all ages

(1) By 2030 reduce the global maternal **mortality ratio to less than 70 per 100 000 live births**

(2) By 2030 end **preventable deaths of new-borns 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

(3) By 2030 end **the epidemics of AIDS tuberculosis malaria and neglected tropical diseases** and combat hepatitis water-borne diseases and other communicable diseases

(4) By 2030 reduce **by one-third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being

(5) Strengthen the **prevention and treatment of substance abuse** including narcotic drug abuse and harmful use of alcohol

(6) By 2020 halve **the number of global deaths and injuries from road traffic accidents**

(7) By 2030 ensure **universal access to sexual and reproductive healthcare services** including family planning information and education and the integration of reproductive health into national strategies and programmes

(8) Achieve **universal health coverage including financial risk protection** access to quality essential healthcare services and access to safe effective quality and affordable essential medicines and vaccines for all

(9) By **2030 substantially reduce the number of deaths and illnesses from hazardous chemicals** and air water and soil pollution and contamination

(10) Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries as appropriate

(11) **Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries and provide access to affordable essential medicines and vaccines following the Doha Declaration on the TRIPS Agreement and Public Health which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health and in particular provide access to medicines for all

(12) Substantially **increase health financing and the recruitment development training and retention of the health workforce** in developing countries especially in least developed countries and small island developing States

(13) Strengthen the capacity of all countries particularly developing countries for **early warning risk reduction and management of national and global health risks**

3.4 Medium-Term Development Plan (MTDP) 2024-2029

The plan comprehensively responds to the priorities identified by the cabinet of the 7th administration of democratic South Africa, which are embodied in the Medium-Term Development Plan (MTDP) for the period 2024-2029. It is aimed at eliminating avoidable and preventable deaths (***survive***); promoting wellness and preventing and managing illness (***thrive***); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (***transform***), in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health.

The Provincial Department of Health's response over the next five years is structured into four outcomes and 10 sector strategies following the Presidential Health Compact of 2024-2025 (see Table 1 below).

Table 1. Priorities in the NDP 2030, MTDP 2024-2029, Presidential Health Compact 2024-2029

NDP 2030	MTDP 2024-2029		PRESIDENTIAL HEALTH COMPACT 2024-2029
Vision 2030 ➢ A health system that works for everyone and produces positive health outcomes. ➢ By 2030, it is possible to: ❑ Raise the life expectancy of South Africans to at least 70 years; ❑ Ensure that the generation of under-20s is largely free of HIV; ❑ Significantly reduce the burden of disease; ❑ Achieved an infant mortality rate of less than 20 deaths per thousand live births including an under-5 mortality rate of less than 30 per thousand ❑ A National Health Insurance system needs to be implemented in phases.	**1**	Pursue achievement of **Universal Health Coverage** through the implementation of the National Health Insurance to address inequity and financial hardship in accessing quality health care	**Pillar 1: Augment** Human Resources for Health Operational Plan **Pillar 2:** Better supply chain equipment and machinery management to ensure improved access to essential medicines, vaccines, and medical products. **Pillar 4:** Engage the private sector in improving health services' access, coverage and quality. **Pillar 6:** Improve the efficiency of public sector financial management systems and processes.
	2	Strengthen the **Primary Health Care (PHC) system** by ensuring that home and community-based services, as well as clinics and community health centres are well resourced and appropriately staffed to provide the promotive, preventive, curative, rehabilitative and palliative care services required for South Africa's burden of disease	**Pillar 5: Improve** health services' quality, safety, and quantity, focusing on primary health care. **Pillar 8**: Engage and empower the community to ensure adequate and appropriate community-based care
	3	Improve the **Quality of Health Care** at all levels of the health establishments, inclusive of private and public facilities.	**Pillar 5:** Improve health services' quality, safety, and quantity, focusing on primary health care. **Pillar 10: Pandemic** Preparedness and Response **(cross-cutting)**
	4	Improve **Resource Management** by optimising human resources and healthcare infrastructure and implementing a single electronic health record	**Pillar 1: Augment** Human Resources for Health Operational Plan (also in priority 1) **Pillar 3:** Execute the infrastructure plan to ensure adequate, appropriately distributed, well-maintained health facilities. **Pillar 7: Strengthen** Governance and Leadership to improve oversight, accountability and health system performance at all levels **(cross-cutting)** **Pillar 9:** Develop an information system to guide the health system's policies, strategies and investments.

Part B: Our Strategic Focus

4. Vision

A long and healthy life for people in Limpopo.

5. Mission

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

6. 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

7. Stakeholder analysis

Internal Stakeholders				
Stakeholder	**Characteristics**	**Influence**	**Interest**	**Linkages with other stakeholders**
Executive management	Overall accountability on departmental performance	High	High	Strong linkages of accountability with both internal and external stakeholders
Programme managers	Highly knowledgeable on subject matter in line with areas of responsibility	High	High	Accountable to the executive management on performance matters
District offices	Key drivers of policy and strategy implementation	Low	High	Closely relates to the beneficiaries or service users
Internal control	Ensure compliance with audit standards	Low	High	A link between the department and both internal and external auditors

				including other oversight bodies (i.e. audit committee and SCOPA)
Trade unions	Politically inclined and represents employees	Low	High	Advocate for employees' interests
External Stakeholders				
Stakeholder	**Characteristics**	**Influence**	**Interest**	**Linkages with other stakeholders**
Oversight bodies (Portfolio Committee on Health, Audit Committee, SCOPA, AGSA etc.)	-Politically oriented -Experts in areas of study -Strongly opinionated	High	High	Serves as a linkage between the department and the community on health service delivery matters
Treasury	Plays an oversight role for departmental accountability on financial management and performance issues	Low	High	Link with oversight bodies particularly the audit committee on departmental financial and performance issues
Beneficiaries (communities)	Strongly advocates for their interests	Low	High	Links with the portfolio committee on matters of community interest in the department
National Department of Health	Policy development driven	High	High	Direct link with AGSA
Office of Health Standards Compliance	Interested in ensuring that facilities comply with legislated norms and standards	Low	Low	Link with NDoH and provincial health departments

8. Updated Situational Analysis

8.1 Overview of the Province

Limpopo South Africa's northernmost province borders onto Mozambique, Zimbabwe, and Botswana. It also borders the Mpumalanga, Gauteng, and North-West provinces. Named after the Limpopo River which flows along its northern border, it is a region of contrasts from true Bushveld country to majestic mountains primeval indigenous forests unspoiled wilderness and patchworks of farmland. In the eastern region lies the northern half of the magnificent Kruger National Park.

Limpopo ranks fifth in South Africa in both surface area and population covering an area of 125 754km² and being home to a population estimate of 6 402 594 according to the Mid-year population Estimates 2024. The capital is Polokwane (previously Pietersburg). Other major cities and towns include Bela-Bela (Warmbad) Lephalale (Ellisras) Makhado (Louis Trichardt) Musina (Messina) Thabazimbi and Tzaneen (see the Limpopo map). Mining is the primary driver of economic activity. Limpopo is rich in mineral deposits including platinum-group metals iron ore, chromium high and middle-grade, coking coal diamonds antimony, phosphate, and copper as well as mineral reserves such as gold, emeralds, scheelite, magnetite, vermiculite, silicon, and mica. The province is a typical developing area exporting primary products and importing manufactured goods and services.

The climatic conditions in the province allow for double harvesting seasons which results in it being the largest producer of various crops in the agricultural market. Sunflowers cotton maize and peanuts are cultivated in the Bela-Bela and Modimolle area. Bananas, litchis, pineapples, mangoes, and pawpaws as well as a variety of nuts are grown in the Tzaneen and Makhado areas. Extensive tea and coffee plantations create many employment opportunities in the Tzaneen area. The Bushveld is a cattle country where controlled hunting is often combined with ranching. Table 2 below shows that medical aid covered was most common in Western Cape (25.7%) and Gauteng provinces (22.4%) and least common in Limpopo (9.5%) and Eastern Cape (9.8%).

Table 2. Demographic data

Demographic Data	Limpopo	Unit of Measure
Geographical area	125 754	Km²
Limpopo Population Estimation (Mid-year Population Estimates 2024)	6 402 594	Number
Percentage of population with medical insurance (GHS 2023)	9.5%	%

Source: Mid-year Population Estimates (2024); General Household Survey (2023)

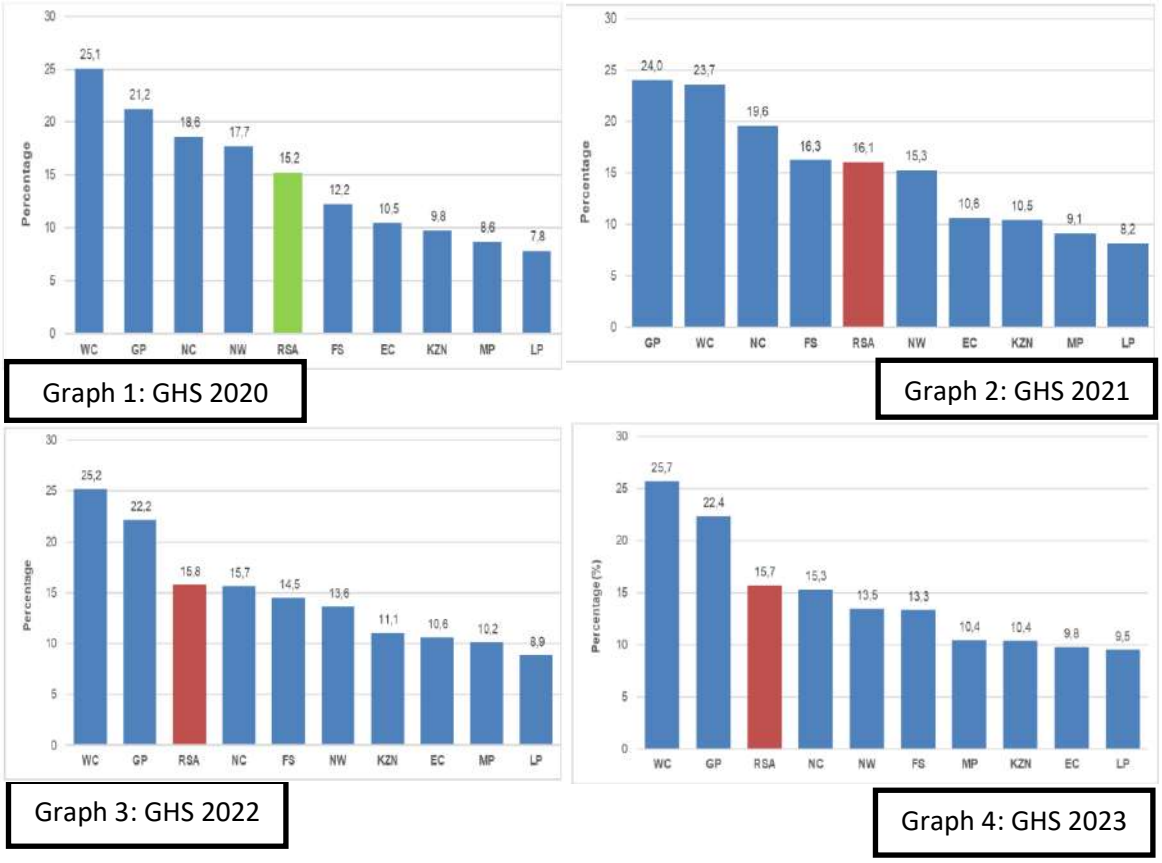
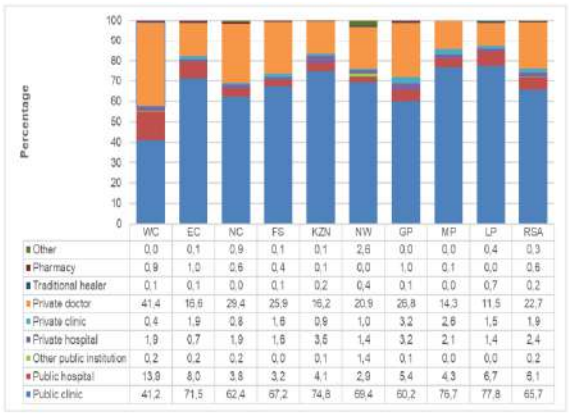


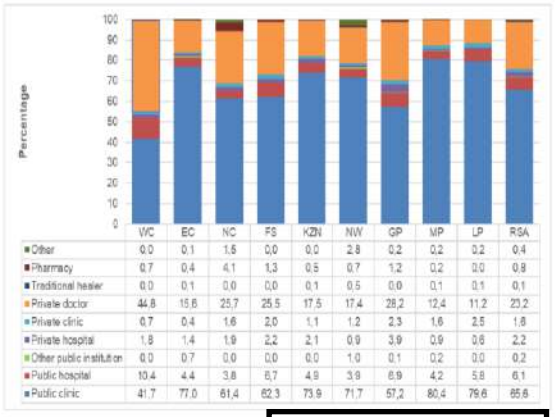
Figure 3. Percentage of individuals who are members of medical schemes per province

Source: General Household Survey (2020, 2021, 2022, & 2023)

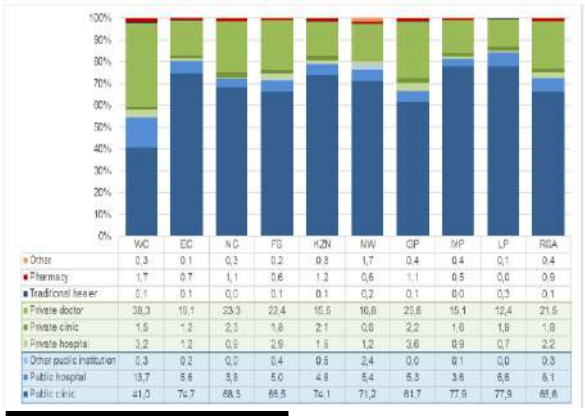
According to Figure 3, compared to other provinces, medical aid coverage is lowest common in the Limpopo province than in other provinces. An annual slight increase among those who have medical insurance is observed over the four-year period. Notably, as reported in 2020 medical coverage was 7.8% rising to 8.2%, 8.9%, and 9.5% in the years 2021, 2022, and 2023 respectively. This can be attributed to the improved unemployment rate and living conditions in the province. However, an estimated 83.6% of the Limpopo province population who do not have medical aid coverage use public health facilities. Thus, this overwhelms the already constrained health system.



Graph 1: GHS 2020



Graph 2: GHS 2021



Graph 3: GHS 2022

Graph 4: GHS 2023

Figure 4: Percentage distribution of the type of health-care facility consulted first by households when members fall ill and get injured by province (2020 – 2023)

Source: General Household Survey (2020, 2021, 2022, & 2023)

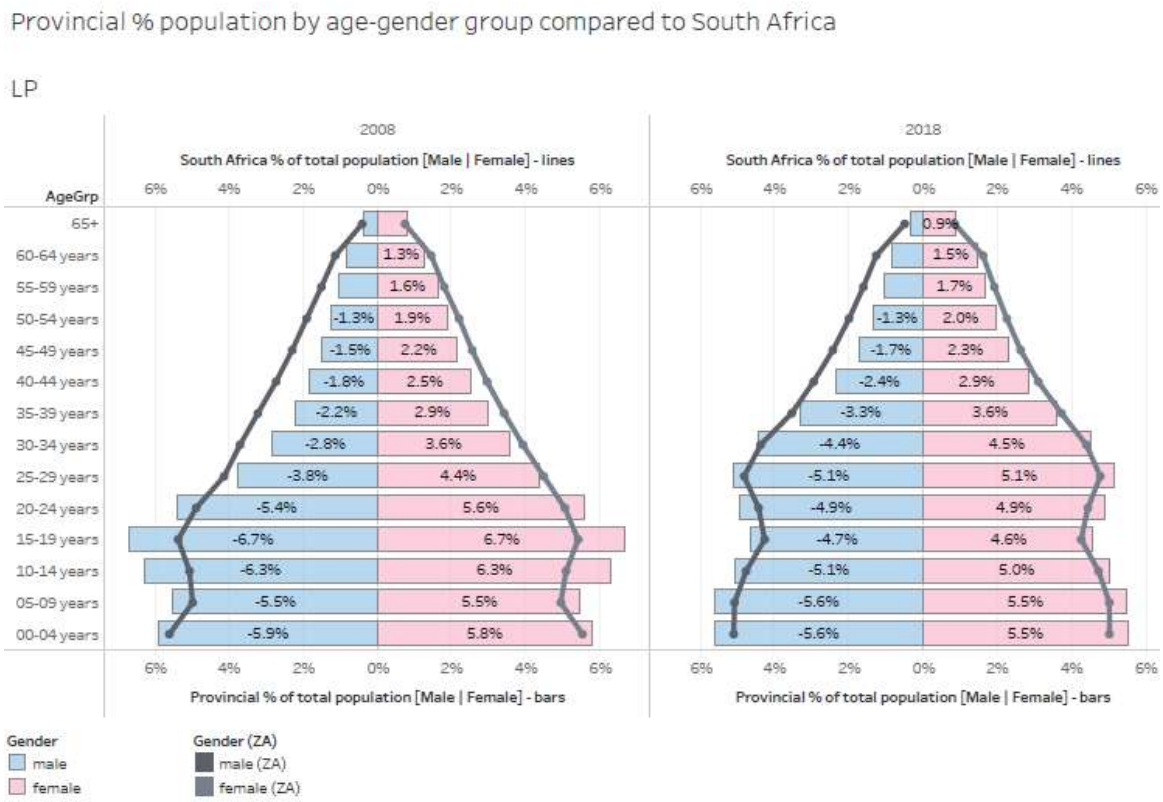
As depicted in Figure 4, the use of public health facilities is more common in Limpopo province than in other provinces which is also above the national average of 73.1%. Undeniably, public health services are in high demand in meeting the health needs and requirements of the increasing population as compared to the low usage of private health facilities in the province. It is noteworthy that the province is characterised by high usage of traditional healers which slightly increased from 0.3% in 2022 to 0.4% in 2023 as compared to other provinces except the North West province at 0.5%, but, above the country average of 0.2%. Service accessibility and provision of good quality of care are key in delivering the mandate of the department. Health initiatives like rural health matters initiative which aims to reduce the backlog of surgeries in the province are being implemented. This has resulted in more patients accessing healthcare services to undergo different surgical procedures towards improving their well-being.

Limpopo is divided into five district municipalities (as shown in Figure 5) which are further subdivided into 22 local municipalities.

Figure 5. Limpopo geographical map

8.2 External Environmental Analysis

8.2.1 Demography



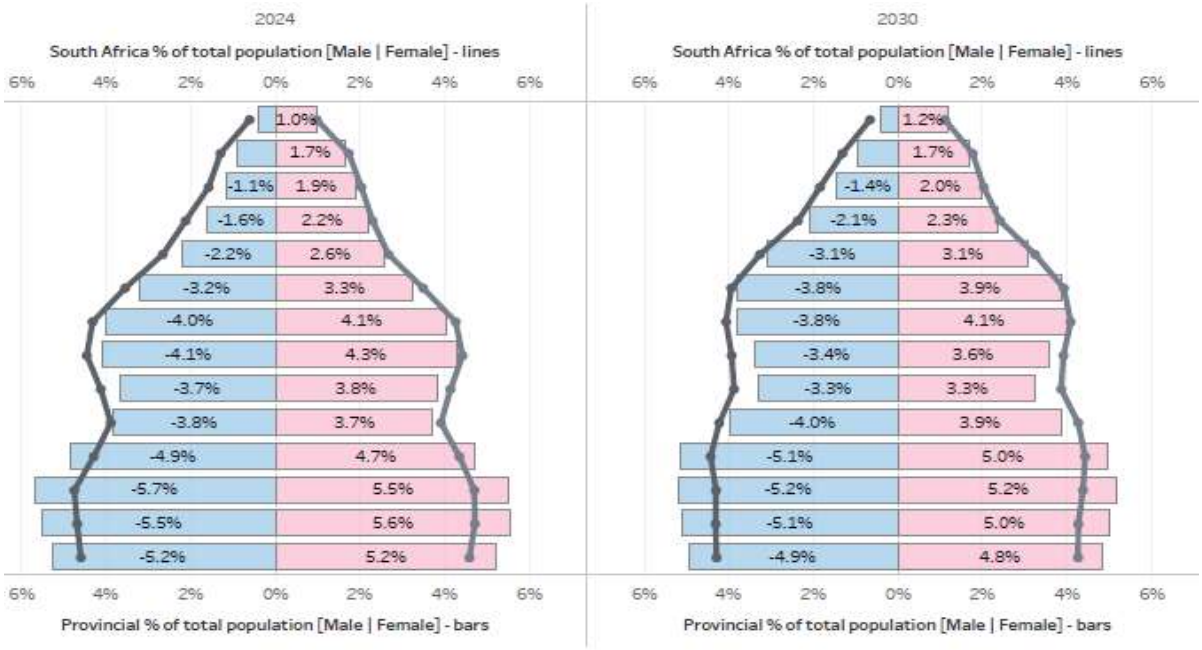


Figure 6. Population Pyramids 2008-2030

Despite a drop in the birth rate, Limpopo department keeps a high birth rate than the country through to 2030 (see Figure 6). Comparatively, the age-sex distribution shows that the Limpopo population below 19 years remains higher than the country estimation. This makes Limpopo to be a youthful province.

In the medium to long term (refer to 2024 and 2030 graphics in Figure 6) the provincial age group between 15 and 35 years as compared to the country is depicted to be narrowing to below the national estimation. With key focus on ages 15 – 24 there is a significant reduction from current to future trends which might be attributed to death because of road injuries and interpersonal violence for males and HIV(AIDS) and TB for females. The age group 40 – 54 years graphics show an increase in population growth. In the same period, the graphics depict an expanding ageing population in the 55 years and above.

Implications on health

1. A trend between 20 to 39 years reveals the deaths of more males than females. The cause of these deaths is mainly attributed to violence and injuries requiring intensified inter-sectoral collaboration.

The interventions put in place by the department are strengthening inter-sectoral collaboration as well as health promotion education and prevention. This has resulted in an improved life expectancy wherein those who will exit the pyramid earlier turns to remain in the pyramid longer. While improved life expectancy may be as result of strengthened health system this might come with a burden on the already constrained healthcare system. For example, living longer (or ageing

population) often results in increased number of people with non-communicable diseases requiring healthcare services.

8.2.2 Social Determinants of Health for Province and Districts

Globally, it is recognised that health and health outcomes are not only affected by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health which include a range of social, political, economic, environmental, and cultural factors including human rights and gender inequality. Health is influenced by the environment in which people live and work as well as societal risk, conditions such as polluted environments, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, as well as destruction and violence.

Table 3. Provincial social determinants of health

Factor		**GHS 2019 Limpopo**	**GHS 2020 Limpopo**	**GHS 2021 Limpopo**	**GHS 2022 Limpopo**	**GHS 20223 Limpopo**
Access to food	Food access severely inadequate	2.8	2.1	1.7	1.2	1.2
	Food access inadequate	2.7	2.3	4.0	3.3	5.7
	Food access adequate	94.5	95.6	94.3	95.5	93.1
Methods of cleaning hands after using the toilet	Do not clean hands	9.3	3.6	4.9	5.9	4.9
	Clean hand with sanitizer or wet wipes	1.1	2.5	1.3	1.2	0.7
	Wash hands with soap after using the toilet	28.4	40.6	44.5	37.3	41.7
	Rinse hands with water	61.2	53.3	49.3	55.6	52.7
	Access to hand washing facility	36.4	39.9	42.0	39.3	44.5
Factor		**GHS 2019 Limpopo**	**GHS 2020 Limpopo**	**GHS 2021 Limpopo**	**GHS 2022 Limpopo**	**GHS 20223 Limpopo**
Energy	Households connected to the mains supply	92.7	97.2	96.9	96.4	97.1
Sanitation	Households with access to sanitation	58.9	58.7	58.5	63.1	61.9

Drinking water	Households with access to piped or tap water in their dwellings	74.1	71.3	69.4	69.1	64.2

Source: General Household Survey (2019, 2020, 2021, 2022, & 2023)

The provision of safe and readily available water is important for public health and management of the prevalence of diseases among the communities. However, it is observed that access to drinking water in the province has been on a decline since 2019 including the years depicted in Table 3. The decline in water access has negative implications for health. Proper hygiene plays an essential role in the prevention of many diseases. Notably, declining water access impacts people's wellbeing and hygiene in different ways including the ways people clean their hands in reducing the spreading of infections. However, the use of water to clean hands is the commonest method people clean their hands after using the toilet in the province. Thus, the declining access to water increases an opportunity for spreading of infections. According to the General Household Survey, Limpopo province households performed poorly in washing hands with soap and water after using the toilet at 41.7% in 2023 which however is an improvement from 37.3% in 2022. Further, there is steady decline of up to 52.7% in 2023 from 55.6% in 2022 regarding rinsing hands only with water. Observably, rinsing hands with water only after using the toilet is the most common method of cleaning hands after using the toilet in the province.

Further, proper sanitation is one of the key elements in improving hygiene. However, households in Limpopo have the most limited access to sanitation impacting negatively on the wellbeing of the population. In addition, having adequate and affordable access to energy sources is key to addressing household poverty (Stats SA 2023). Access to energy supply is most common among households in Limpopo.

The proper disposal of household waste and refuse is important to maintain environmental hygiene of the households' neighbourhoods and minimising the prevalence of diseases that might arise as a result of the lack of refuse removal by municipalities. Intersectoral collaboration to these determinants of health is fundamental to the reduction of diseases prevalence since the sector is not responsible for provision of their key services to the communities.

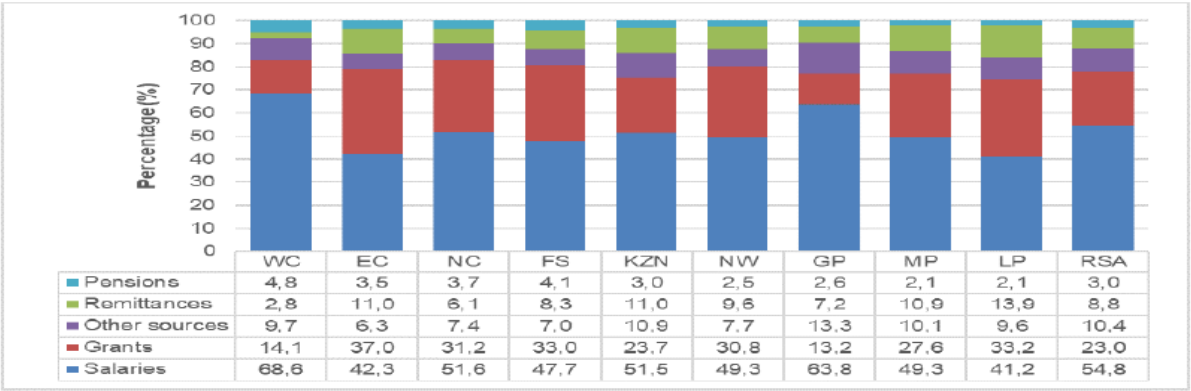
Table 4. Household refuse removal by province and urban/rural status 2023

Province	Urban / Rural status	Removed at least once a week or less often	Communal refuse dump	Own refuse dump	Other
Western Cape	Rural	64,7	15,1	15,9	4,3
	Urban	89,0	9,7	0,8	0,5
	Total	**87,9**	**9,9**	**1,5**	**0,7**
Eastern Cape	Rural	2,6	0,9	93,9	2,5
	Urban	77,1	6,2	12,8	4,0
	Total	**42,4**	**3,7**	**50,6**	**3,3**
Northern Cape	Rural	26,0	2,5	66,6	4,9
	Urban	82,4	2,4	8,0	7,2
	Total	**65,7**	**2,4**	**25,4**	**6,5**
Free State	Rural	20,8	3,4	61,7	14,1
	Urban	76,7	6,5	13,0	3,9
	Total	**68,9**	**6,1**	**19,8**	**5,3**
KwaZulu-Natal	Rural	7,8	3,8	87,9	0,6
	Urban	85,7	1,7	12,3	0,4
	Total	**51,9**	**2,6**	**45,0**	**0,4**
North West	Rural	24,6	4,8	66,4	4,2
	Urban	84,4	7,9	3,9	3,8
	Total	**50,3**	**6,1**	**39,6**	**4,0**
Gauteng	Rural	22,7	20,2	51,7	5,4
	Urban	85,0	7,3	5,3	2,4
	Total	**83,6**	**7,6**	**6,4**	**2,5**
Mpumalanga	Rural	15,6	6,2	74,4	3,8
	Urban	79,2	3,7	15,8	1,3
	Total	**43,8**	**5,1**	**48,4**	**2,7**
Limpopo	Rural	7,8	7,9	80,0	4,4
	Urban	89,8	0,2	8,7	1,4
	Total	**24,6**	**6,3**	**65,3**	**3,8**
South Africa	Rural	12,5	5,4	78,8	3,3
	Urban	84,4	6,3	7,2	2,1
	Total	**62,6**	**6,0**	**28,9**	**2,5**

Source: General Household Survey (2023)

Table 4 shows that nationally about two-thirds (62,6%) of households had their refuse removed weekly or less often, while 28.9% use own refuse dumps. Refuse removal was more common in Western Cape (87.9%) and Gauteng (83.6%) and least common in Limpopo (24.6%). In Limpopo, urban and rural comparison demonstrates urban area refuse removal is frequent than in rural areas. Generally, refuse removal is least common in the rural areas of Eastern Cape at 2.6% and Limpopo at 7.8%. With the province ranked low in refuse removal this exposes the community in particular children to infections that could have been dealt with resulting in overburdening of the health system.

Noteworthy, diversified livelihood strategies are important to reducing poverty and improving the livelihoods of households. Households in Limpopo rely on different sources of income to improve their livelihoods as noted in Figure 7.



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Pensions	4,8	3,5	3,7	4,1	3,0	2,5	2,6	2,1	2,1	3,0
Remittances	2,8	11,0	6,1	8,3	11,0	9,6	7,2	10,9	13,9	8,8
Other sources	9,7	6,3	7,4	7,0	10,9	7,7	13,3	10,1	9,6	10,4
Grants	14,1	37,0	31,2	33,0	23,7	30,8	13,2	27,6	33,2	23,0
Salaries	68,6	42,3	51,6	47,7	51,5	49,3	63,8	49,3	41,2	54,8

*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**7. Limpopo annual income distribution*

Source: General Household Survey (2023)

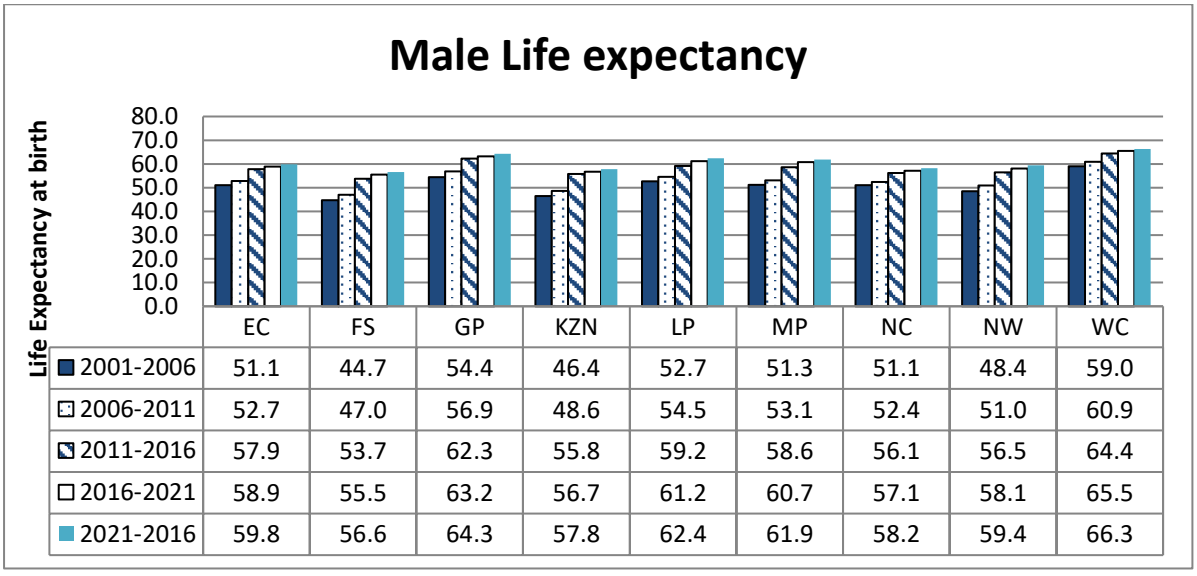
As depicted in Figure 7, grants are the commonest source of income among households in Limpopo. In consideration of the low medical aid coverage due to high dependency on grants above a 91.8% of the population depend on the overburdened health system for their health needs. In overcoming the social determinants of health, the department participate different inter-governmental programmes (e.g., cluster approach and integrated development plan consultations). Through the cluster approach the province aims at addressing the social determinants of health. Among others the department participates in the IDP review meetings as well as development and implementation of the district development model in all districts to drive health related imperatives in an integrated approach.

8.2.3 Epidemiology and Quadruple Burden of Disease

Epidemiologically South Africa is confronted with a quadruple BOD because of HIV and TB high maternal and child morbidity and mortality rising non-communicable diseases and high levels of violence and trauma. Despite the quadruple BOD realisation of the increased life expectancy is vital towards achieving SDGs.

8.2.3.1 Life expectancy

The departmental strategic plan 2020 – 2025 points to the impact area of achieving a life expectancy of 70 years by 2030 for both males and females in alignment with the NDP and LDP. Interventions such as PMTCT vaccination access to ART and reduction of non-communicable and communicable diseases have seen the life expectancy in the province improving steadily post the 2002 – 2006 impact of the HIV and AIDS epidemic. Figures 8 and 9 show the provincial comparative life expectancy for males and females per province in South Africa.

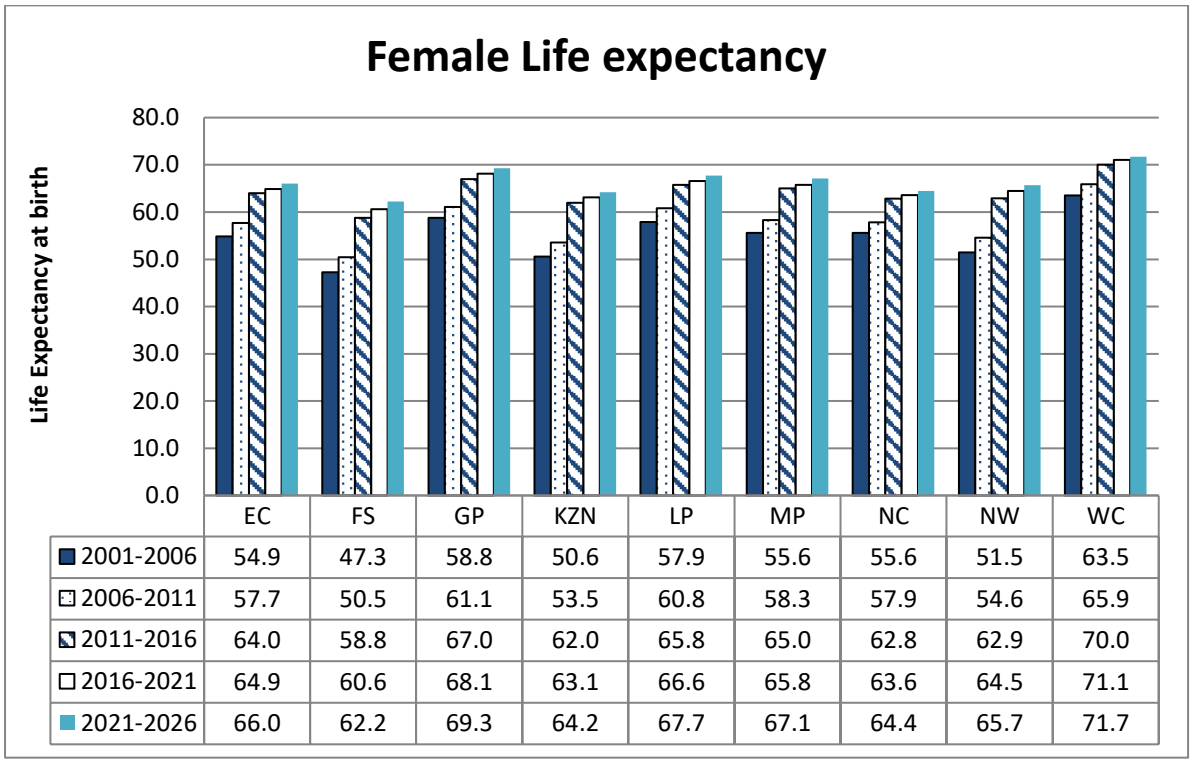


	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	51.1	44.7	54.4	46.4	52.7	51.3	51.1	48.4	59.0
2006-2011	52.7	47.0	56.9	48.6	54.5	53.1	52.4	51.0	60.9
2011-2016	57.9	53.7	62.3	55.8	59.2	58.6	56.1	56.5	64.4
2016-2021	58.9	55.5	63.2	56.7	61.2	60.7	57.1	58.1	65.5
2021-2016	59.8	56.6	64.3	57.8	62.4	61.9	58.2	59.4	66.3

Figure 8: Male life expectancy 2001 – 2026

Source: Mid-year population estimates 2022

As showed in Figures 8 and 9 the province is experiencing a steady increase in both male and female life expectancy over the period 2001 to 2026.



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	54.9	47.3	58.8	50.6	57.9	55.6	55.6	51.5	63.5
2006-2011	57.7	50.5	61.1	53.5	60.8	58.3	57.9	54.6	65.9
2011-2016	64.0	58.8	67.0	62.0	65.8	65.0	62.8	62.9	70.0
2016-2021	64.9	60.6	68.1	63.1	66.6	65.8	63.6	64.5	71.1
2021-2026	66.0	62.2	69.3	64.2	67.7	67.1	64.4	65.7	71.7

Figure 9: Female life expectancy 2001 – 2026

Source: Mid-year population estimates 2022

8.2.3.2 Leading causes of death

Although efforts put in place to reduce prevalence and improve management of diseases are yielding good results in terms of life expectancy progress towards the achievement of the life expectancy has been slow.

Narrative on provincial ten leading causes of death:

According to the *last published Stats SA report on Mortality and causes of death in South Africa: Findings from death notifications in 2018* although influenza and pneumonia present as leading communicable diseases causing deaths in the province non-communicable diseases remain high in the hierarchy of leading causes of deaths in all age categories (see Table 4). Among the non-communicable diseases claiming most of the people' lives in the province are diabetes mellitus cerebrovascular diseases and hypertension. As a result of interventions targeted at increasing access to testing and treatment of HIV/AIDS deaths due to human immunodeficiency virus lie sixth in the top ten leading causes of deaths. It is still a concern that deaths from opportunistic

diseases (TB Pneumonia intestinal infectious diseases) still feature prominently in the top ten leading causes of death. Integration of services will be strengthened to tackle both communicable and non-communicable diseases.

Table 5. Provincial leading causes of death 2018

	LP, all ages	No	%
1	Influenza and pneumonia (J09–J18)	2854	6,8
2	Diabetes mellitus (E10-E14)	2787	6,6
3	Cerebrovascular diseases (I60-I69)	2607	6,2
4	Hypertensive diseases (I10-I15)	2319	5,5
5	Tuberculosis (A15-A19)	2226	5,3
6	Human immunodeficiency virus [HIV] disease (B20-B24)	1962	4,6
7	Other viral diseases (B25-B34)	1447	3,4
8	Other forms of heart disease (I30-I52)	1286	3
9	Intestinal infectious diseases (A00-A09)	1204	2,8
10	Renal failure (N17-N19)	1147	2,7
	Other Natural	18658	44,1
	Non-natural	3773	8,9
	All causes	**42270**	**99,9**

Source: Stats SA 2018 Mortality and causes of death in South Africa: Findings from death notifications

Narrative on districts' ten leading causes of death:

From the districts' perspective (see Table 5) Vhembe Capricorn and Sekhukhune districts are having the non-communicable diseases as the leading causes of deaths followed by the communicable diseases mainly tuberculosis as well as influenza and pneumonia. However in Waterberg and Mopani districts communicable diseases mainly tuberculosis as well as influenza and pneumonia are found to be the leading causes of deaths. Despite this view it cannot be overridden that non-communicable among the districts are ranked high as the leading cause of deaths.

Table 6. Districts ten leading causes of death 2018

Capricorn		No	%	Mopani		No	%	Greater Sekhukhune		No	%
Influenza and pneumonia (J09-J18)	1	927	7,4	Diabetes mellitus (E10-E14)	1	634	7,1	Cerebrovascular diseases (I60-I69)	1	1114	13,8
Human immunodeficiency virus [HIV] disease (B20-B24)	2	869	7.0	Influenza and pneumonia (J09-J18)	2	500	5.6	Influenza and pneumonia (J09-J18)	2	882	10,9
Diabetes mellitus (E10-E14)	3	844	6,8	Renal failure (N17-N19)	3	443	5,0	Hypertensive diseases (I10-I15)	3	621	7,7
Hypertensive diseases (I10-I15)	4	817	6,5	Tuberculosis (A15-A19)	4	416	4,7	Diabetes mellitus (E10-E14)	4	473	5,8
Tuberculosis (A15-A19)	5	568	4.6	Human immunodeficiency virus [HIV]disease (B20-B24)	5	401	4.5	Other viral diseases (B25-B34)	5	436	5,4
Cerebrovascular diseases (I60-I69)	6	537	4,3	Cerebrovascular diseases (I60-I69)	6	390	4.4	Tuberculosis (A15-A19)	6	394	4,9
Intestinal infectious diseases (A00-A09)	7	360	2,9	Other forms of heart disease (I30-I52)	7	373	4,2	Intestinal infectious diseases (A00-A09)	7	261	3,2
Chronic lower respiratory diseases (J40-J47)	8	296	2,4	Hypertensive diseases (I10-I15)	8	327	3.7	Other forms of heart disease (I30-I52)	8	253	3,1
Other viral diseases (B25-B34)	9	280	2.2	Other viral diseases (B25-B34)	9	323	3.6	Human immunodeficiency virus [HIV] disease (B20-B24)	9	189	2,3
Other forms of heart disease (I30-I52)	10	276	2.2	Intestinal infectious diseases (A00-A09)	10	231	2.6	Other bacterial diseases (A30-A49)	10	128	1,6
Other Natural		5496	44,1	Other Natural		4147	46,8	Other Natural		2671	33,0
Non-natural		1202	9,6	Non-natural		718	8,1	Non-natural		668	8,3
All causes		**12474**	**100,0**	**All causes**		**8903**	**100,1**	**All causes**		**8090**	**100,0**

Vhembe		No	%	Waterberg		No	%
Diabetes mellitus (E10-E14)	1	454	6,2	Tuberculosis (A15-A19)	1	487	8,8
Tuberculosis (A15-A19)	2	361	5.0	Hypertensive diseases (I10-I15)	2	398	7,2
Renal failure (N17-N19)	3	252	3,5	Diabetes mellitus (E10-E14)	3	382	6,9
Cerebrovascular diseases (I60-I69)	4	251	3,4	Influenza and pneumonia (J09-J18)	4	363	6,6
Other viral diseases (B25-B34)	5	204	2,8	Human immunodeficiency virus [HIV]disease (B20-B24)	5	322	5,8
Influenza and pneumonia (J09-J18)	6	182	2,5	Cerebrovascular diseases (I60-I69)	6	315	5,7
Human immunodeficiency virus [HIV] disease (B20-B24)	7	181	2,5	Intestinal infectious diseases (A00-A09)	7	210	3,8
Other forms of heart disease (I30-I52)	8	174	2,4	Other forms of heart disease (I30-I52)	8	208	3,8
Hypertensive diseases (I10-I15)	9	156	2,1	Other viral diseases (B25-B34)	9	204	3,7
Intestinal infectious diseases (A00-A09)	10	142	2,0	Chronic lower respiratory diseases (J40-J47)	10	136	2,5
Other Natural		4268	58,6	Other Natural		1968	35,6
Non-natural		655	9,0	Non-natural		530	9,6
All causes		**7280**	**100,0**	**All causes**		**5523**	**100,1**

Source: Stats SA 2018 Mortality and causes of death in South Africa: Findings from death notifications

8.3 Internal Environmental Analysis

8.3.1 Service Delivery Platform/Public Health Facilities

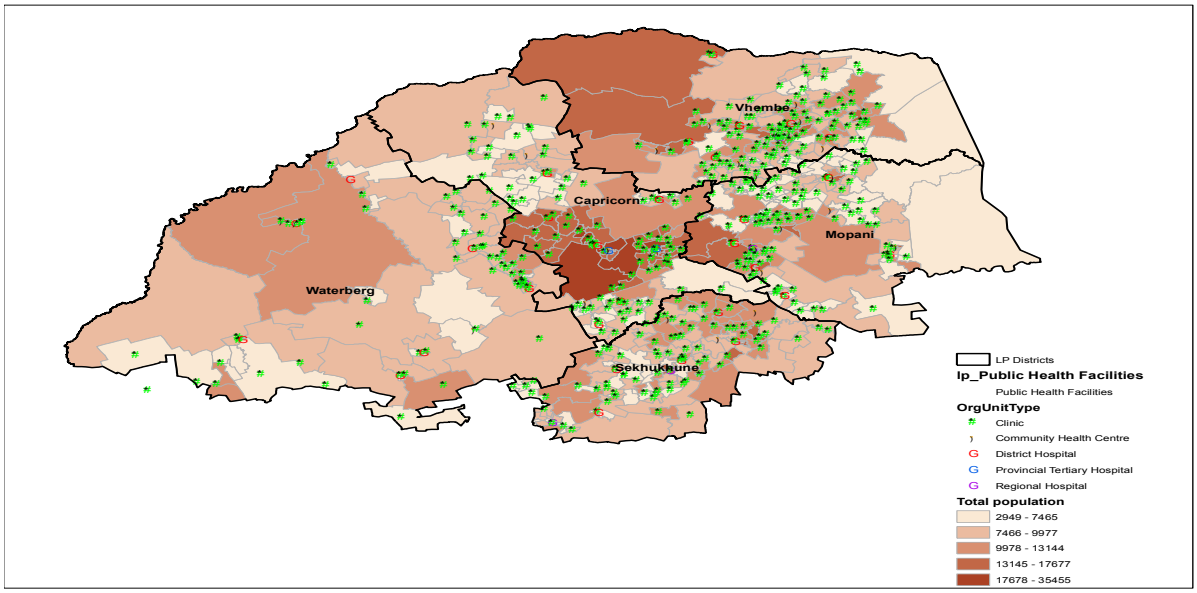


Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****10: Geographical distributions of Limpopo health facilities*

Table 7. District distribution of health facilities

	Capricorn District Municipality	Mopani District Municipality	Sekhukhune District Municipality	Vhembe District Municipality	Waterberg District Municipality	Grand Total
Clinic	96	96	86	115	56	449
Community Health Centre	3	8	3	8	3	25
District Hospital	6	6	5	6	7	30
EMS Station	12	10	13	10	12	57
Provincial Tertiary Hospital	2	0	0	0	0	2
Regional Hospital	0	1	2	1	1	5
Specialised Hospital	1	1	0	1	1	4
Grand Total	**123**	**123**	**109**	**141**	**84**	**580**

Narrative:

Capricorn district is the only district in the province that hosts two tertiary hospitals and has no regional hospital (see Figure 10 and Table 6). District hospitals within Capricorn district refer directly to the tertiary hospitals. The two tertiary hospitals further receive referrals from hospitals in the four other districts. Concomitantly that leaves the tertiary hospitals overburdened which is clear in Capricorn being the highest in maternal mortality nationally. Central to the overburdening of tertiary hospitals is the regional and district hospitals not providing health services optimally according to their service packages. The department is finalising plans for the implementation of the geographic service area model and the development of a central hospital to stabilise the service delivery platform.

In terms of primary healthcare facilities Sekhukhune Waterberg and Capricorn have the lowest number of community healthcare centres. For an example the number of CHCs in Capricorn is against the population size of the district considering the district being the second largest in the province. The department is maintaining and repurposing the old primary healthcare facilities including CHCs in compliance with ideal clinic status.

8.3.2 Universal Health Coverage (Population and Service Coverage)

The department in aligning with the SDGs NDP and LDP is on a path to contributing to the realisation of the National Health Insurance (NHI). Improving access to health services and quality of care are vital for realisation of the NHI. Therefore a public health system that is efficient and effective is central towards an equitable care for all.

8.3.2.1 Hospital Care

Average Length of Stay

Average length of stay (ALOS) indicates how much time a patient spends in the hospital. It is an outcome indicator and measures a component of quality.

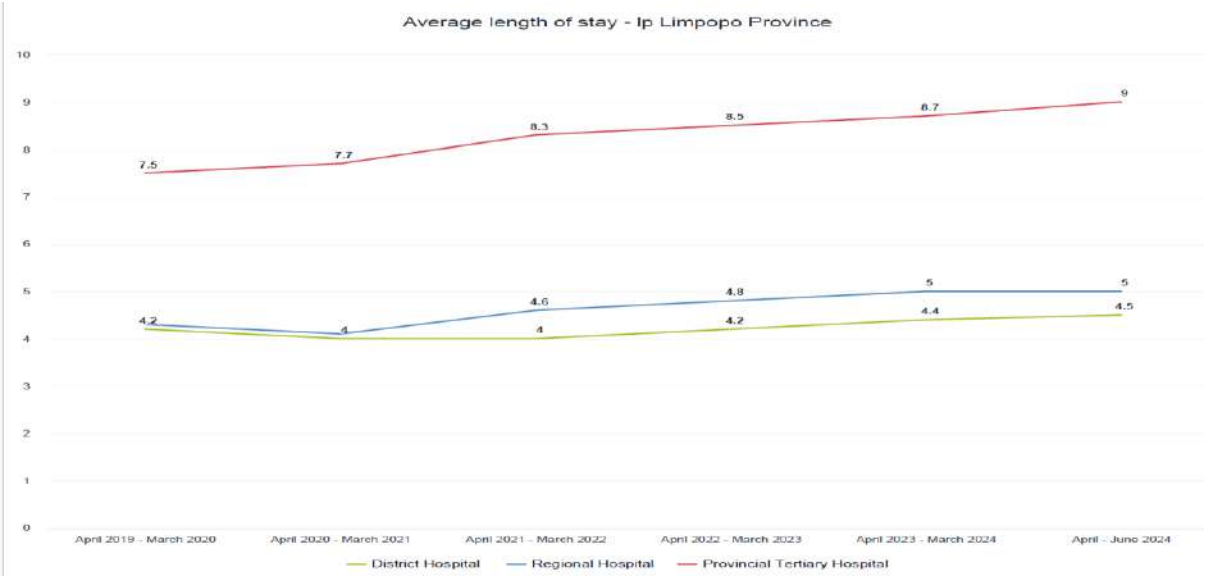


Figure 11. Average length of stay

Source: DHIS

According to Figure 11, district hospitals have managed to obtain an average length of stay (ALOS) of 4.5 days in 2019/20 against the target of 4 days. They further achieved an average length of stay increase of 4.4 days in 2023/24. Between 2019/20 to 2023/24, district hospitals experienced a gradual increase in ALOS.

Regional hospitals have achieved 4.2 days against the target of 5 days in 2019/20. In 2023/24 this category of hospitals obtained an ALOS of 5 days which is within the norm.

In 2019/20 tertiary hospitals achieved an ALOS of 7.5 days against a target of 8 days. In 2020/21 7.5 days were achieved. Thus, ALOS increased from 7.5 days in 2019/20 to 8.3 days in 2022/23. ALOS among tertiary hospitals further increased to 8.7 days in 2023/24 due to:

- Delayed starting time or overbooking of operation/procedures;
- Inadequate preoperational care (bloods not taken, anaesthetist not visiting patients a day before operation);
- Emergency cases that interrupt the planned slate;
- Inadequate staff; and
- Complexity of surgery prolonging the estimated time.

OPD Client not Referred

Considering the National Health Insurance, a PHC level is the first point of contact within the health system and therefore key to ensuring health system sustainability. If it works well and the referral system is seamless, it is associated with fewer visits to specialists and emergency rooms. OPD new client not referred rate which monitors the utilisation trends of clients who bypass PHC facilities is a good measure of functionality of the health system referral networks.

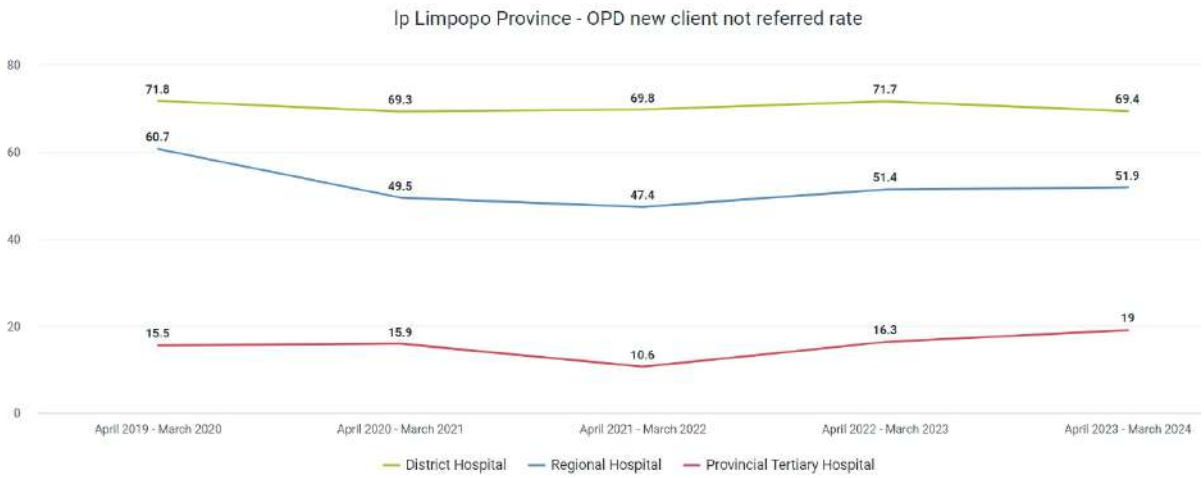


*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**12. OPD client not referred rate*

Source: DHIS

As shown in Figure 12, there has been a reduction in the number of patients accessing services at district and regional hospitals without referrals. From 2019/20, there was a decrease from 71.8% to 69.4% in 2023/24 of new clients not referred among district hospitals. This is due to patients being encouraged to use primary health facilities as the first point of care. Between 2019/20 and 2023/24, there was an increase in several patients accessing tertiary hospitals without referral. This is due to the tertiary facilities providing both tertiary and district health services.

8.3.2.2 Primary health care

PHC utilisation

PHC utilisation rate measures the rate at which PHC services are utilised by clients in the catchment population. Initiatives such Ward Based Outreach Teams (WBOT) and ideal clinic realisation framework are meant to strengthen the PHC platform so that clinics provide quality services to the target population thereby reducing the need for clients to “self-refer’ to hospitals.

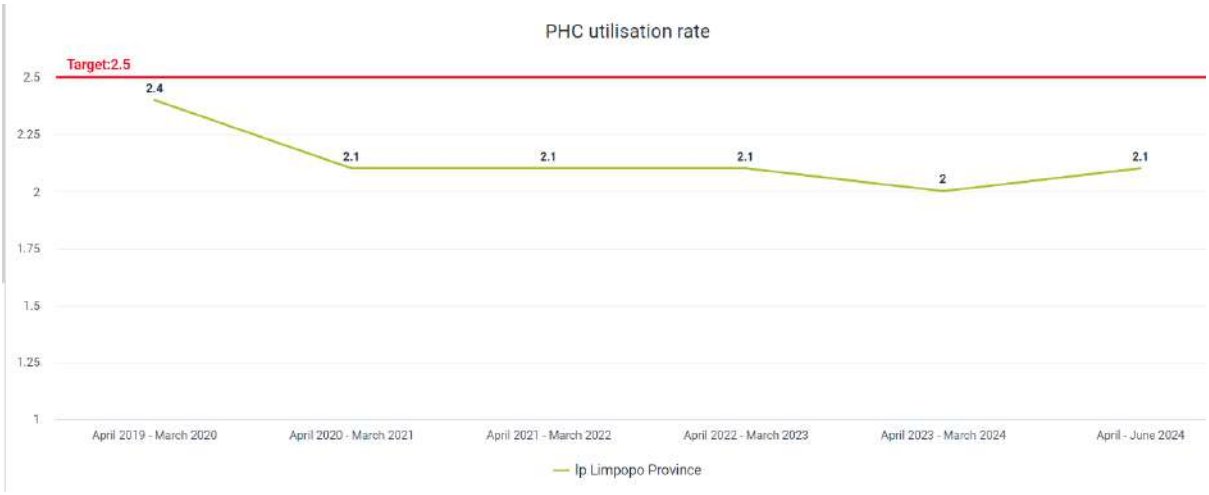


*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**13. PHC utilisation rate*

Source: DHIS

The province has achieved 2.1% which is below the target of 2.5%. However, consideration must be given to the implementation of the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) model and the total number of unreferred patients which may provide a true reflection of the provincial performance. Despite the efforts to strengthen the PHC platform, the use of primary healthcare facilities has been on a decline compared to the 2019/2020 financial year. At the end of 2023/2024 financial year, the provincial PHC utilisation rate dropped by 0.1% which is below the national average of 3.2%. Districts have also followed the provincial trend wherein Capricorn and Vhembe districts dropped by 0.2% each with only Waterberg recording a 1.9% in the last two financial years. This low utilisation rate persists despite the positive outcome of the Patient Experience of Care survey (PEC) that was conducted in the second quarter of the 2023/2024 financial year. The provincial performance of the survey on availability of medicine, patient safety, waiting time, values and attitude, and cleanliness was 85% above the target of 82%. The decline is attributed to many reasons among others the decanting of stable chronic patients to collect medication through the CCMDD programme.

8.3.2.3 Ideal Clinic Status

An Ideal Health Facility (IHF) is a health facility that provides good clinical care to the healthcare service users it serves. It provides the users with a good experience of care through its good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and adequate bulk supplies. The National Operation Phakisa that was launched in 2014 sought to ensure that PHC facilities in the country obtain ideal clinic status in preparation for National Health Insurance (NHI). In the province, the Ideal Clinic Realization and Maintenance (ICRM) performance was on a steady incline between the start of the programme in 2014/2015 until 2017/2018, however, the LDOH has been unable to improve and/or sustain the performance. The outcomes of the assessment conducted in later years (between 2018 and 2023) fluctuated (as

depicted in Figure 14 below), some facilities struggled to maintain the previously obtained ideal status while others that had not previously performed well managed to obtain status in between the assessments.

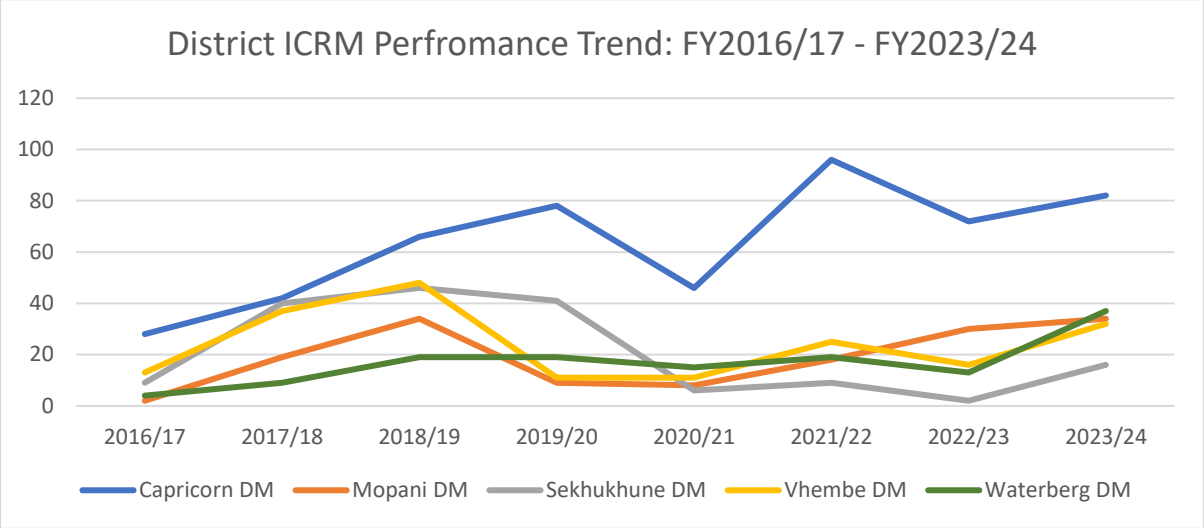


Figure 14. Limpopo ICRM performance trend

Source: Ideal clinic monitoring system

Between 2017/2018 and 2018/2019, the department showed a sustained upward trend of ideal clinic status obtained annually with 2018/19 financial year being the year with the highest performance achieved thus far with 213 clinics having obtained ideal status. During the covid-19 pandemic years, the trend declined as expected having attained 86 (18%) ideal facilities for 2020/2021 (as shown in Figure 15 below). With the slowing of the pandemic, the department slowly regained the lost ground despite the fluctuations. For 2021/22, the department managed to report 167 (35%) clinics having achieved ideal status, a slight drop to 133 (28%) for 2022/2023 and another increase for 2023/2024 to 201 (41%) of PHC facilities obtaining ideal status as depicted in Figure 15.

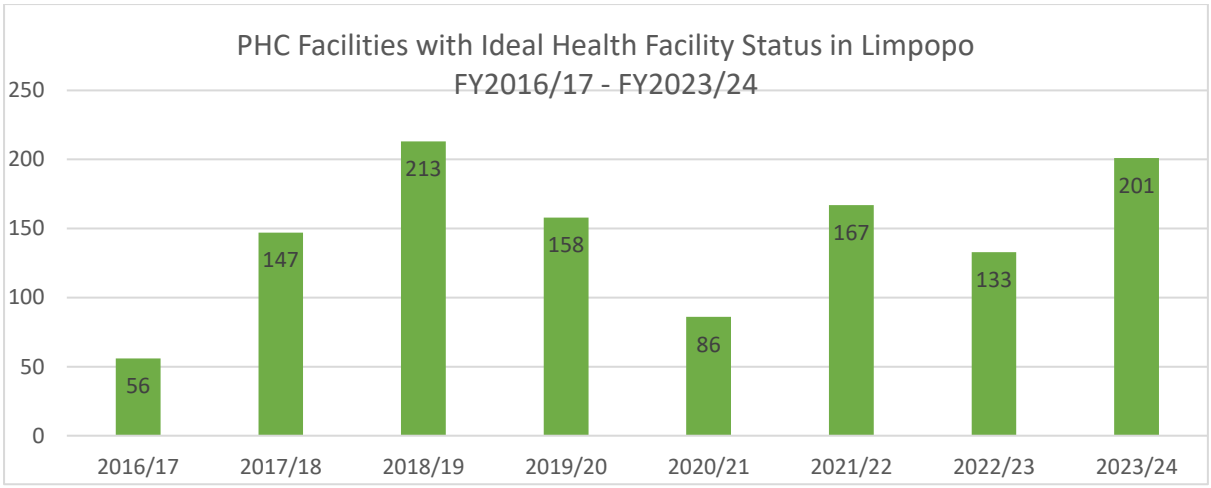


Figure 15. Limpopo PHC facilities with Ideal Health facilities status

Source: Ideal clinic monitoring system

Further, districts' performance on ideal clinic status obtained resembles the provincial performance, with a sustained upward trajectory for financial years 17/18 to 19/20 for Capricorn district (as demonstrated in Figure 16 below) which has achieved more compared to other districts, given that its performance peaked at 96 clinics that obtained ideal status in 21/22. Sekhukhune district achieved the lowest number (9) of ideal clinics in the same year.

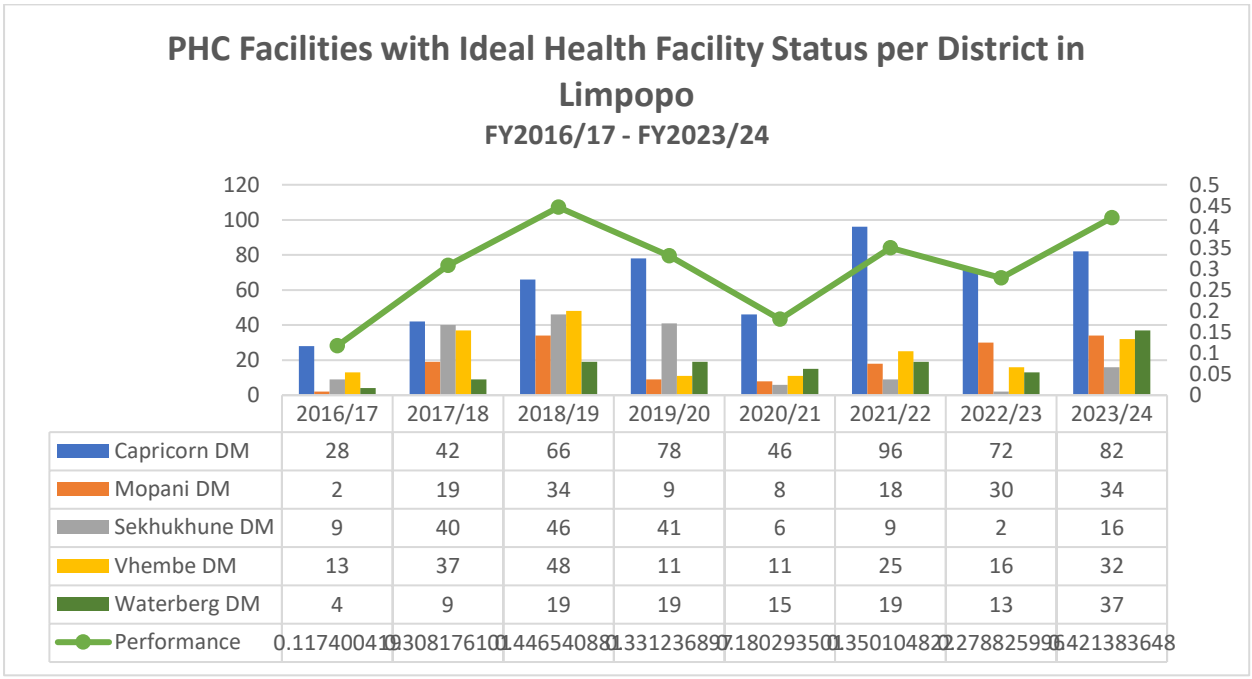


Figure 16. Limpopo ICRM achievement trend by district

Source: Ideal clinic monitoring system

As further demonstrated in Figure 16, a significant improvement was achieved by Mopani district in the 2021/2022 financial (30) from 18 the previous financial year when all other districts dropped

their performance with the lowest score ever obtained in the province being that of Sekhukhune district with only (2) facilities obtaining ideal status that same year. All districts showed marked improvement of performance in 2023/2024 financial year with the most improved district being Sekhukhune from (2) ideal facilities in 2022/2023 to (16) ideal facilities by the end of the 2023/24 financial year. The factors that contributed to poor maintenance of ideal clinic status by facilities included amongst others shortage of equipment for emergency trolley specifically the non-negotiable vitals. The implementation of the Geographic Service Area (GSA) model in the province, implementation of quality improvement plans and training of staff on quality improvement methodologies has yielded positive results as evidenced by the significant increase in the number of ideal health facilities in the 2023/2024 financial year across the districts.

8.3.2.4 Quality of care

South Africa's health system is undergoing major healthcare reforms in order to achieve UHC by 2030. Central to overhauling the health system is improving the quality of healthcare thereby ensuring that patients are satisfied with the care they receive clinical errors are avoided at all costs healthcare professionals are competent in their work and care is provided in an environment that is patient-centric based on the principles of Batho Pele.

Following the findings of Lancet Commission (2018), NDOH launched several guidelines to improve the quality of care namely:

- Complaints management
- Patient safety Incidence management
- Patient Experience of Care satisfaction

The following gives an overview of how LDOH performed in improving the quality of healthcare in readiness for NHI.

Complaints Management

Patient complaints provide a valuable source of insight into safety related problems within a healthcare organization. Patients are sensitive to, and able to recognize, a range of problems in healthcare delivery, some of which are not identified by traditional systems of healthcare monitoring (e.g., incident reporting systems, retrospective case reviews). As such, complaints are a proxy measure of healthcare quality. Complaint management aims to ensure that complaints raised are acknowledged and acted upon, with improvements made to service delivery to prevent recurrence and avoid litigations.

Table 8. Number of complaints received resolved and complaints resolution rate (CRR) per district (2021/2022 – 2023/2024)

	2021/2022			2022/2023			2023/2024		
	Complaints received	**Complaint resolved**	**Complaint resolution rate**	**Complaints received**	**Complaint resolved**	**Complaint resolution rate**	**Complaints received**	**Complaint resolved**	**Complaint resolution rate**
Capricorn District	386	347	89,9	472	415	87,9	507	495	97,6
Mopani District	313	296	94,6	233	213	91,4	223	216	96,9
Sekhukhune District	257	246	95,7	313	291	93,0	270	254	94,1
Vhembe District	238	194	81,5	192	171	89,1	138	133	96,4
Waterberg District	220	206	93,6	288	275	95,5	226	193	85,4
Limpopo Province	1414	1289	91,2	1498	1365	91,1	1364	1291	94,6

Source: DHIS

For the period 2021/22-2023/24 the department received at total of 4 276 complaints (Table 8). There was a decline in the number of complaints received in 2023/24 compare with 2021/22 and 2022/23 financial years. Although, there has been a constant increase in number of complaints received in the Capricorn district. This is the district with the two tertiary hospitals are located. Patients are mostly referred to these hospitals for further specialist's care and access to advance health technology.

Figure 17. Complaints resolution rate and number of complaints resolved within 25 working days

Source: DHIS

There was however improvement in the provincial complaints resolution rate of around 3% between 2021/22 and 2023/24 (Figure 16). Despite this notably improvement in overall provincial complaints resolution rate, Waterberg district displayed a marked decline of about 10% in resolution rate between the last two financials (2022/23 and 2023/24).

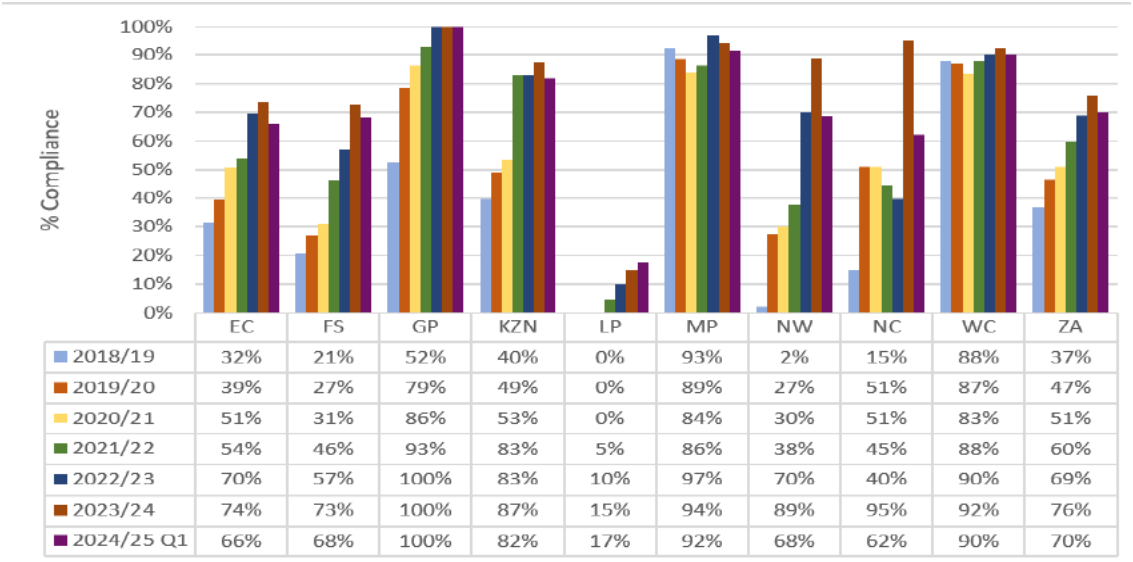
The department has also observed improvements in the management of complaints within 25 working days. There was a steady increase of about 1- 2% in complaints resolved within 25 working days from 2022/23 to 2023/24 financial years with all districts showing similar trends (Figure 16). This is just 1,1% away from the expected target of 100%. There are instances where complaints require extension of the 25-day period due to the complexity of the investigation. Resolving complaints within 25 days is critical in ensuring that the health system is seen to be responsive to patient's needs and concerns.

In terms of the category of complaints received, majority of the complaints occurred as result of staff attitude, patient care, waiting times and waiting list for elective procedures, diagnostics and Outpatient consultation. These are mostly complaints lodged at referral (receiving) facilities, viz, generally hospitals. Improving complaints management will require addressing a myriad of activities which include strengthening Batho Pele principles and clinical governance. The Department is currently piloting a booking system for OPD patients at tertiary hospitals as well as reducing surgical backlog through rural health matters and contracting of external service providers for the provision of specialized clinical, surgical and diagnostic services.

Patient Safety Incidence (PSI)

A PSI is an event or circumstance that could have resulted or did result in harm to a patient as a result of the healthcare services provided and not due to the underlying health condition. These are considered incidents. An incident can be a near miss no harm incident or harmful incident (adverse event). Key objectives of the health system's focus on managing Patient Safety incidences are to prevent and or reduce harm to patients whilst undergoing medical care and learn from these PSIs that occurred in order to continuously improve quality of care through the identification of all missed opportunities in ensuring optimal patient outcomes.

PSI reporting remains a challenge for the province as compared to other provinces. The province as depicted in has achieved 17% which is below 50% as compared to other provinces, due to the use of two reporting systems (DHIS and IHF system). Gauteng Province is the highest with 100% followed by Mpumalanga with 92 %. Table below indicates the number of facilities that reported using DHIS.



	EC	FS	GP	KZN	LP	MP	NW	NC	WC	ZA
2018/19	32%	21%	52%	40%	0%	93%	2%	15%	88%	37%
2019/20	39%	27%	79%	49%	0%	89%	27%	51%	87%	47%
2020/21	51%	31%	86%	53%	0%	84%	30%	51%	83%	51%
2021/22	54%	46%	93%	83%	5%	86%	38%	45%	88%	60%
2022/23	70%	57%	100%	83%	10%	97%	70%	40%	90%	69%
2023/24	74%	73%	100%	87%	15%	94%	89%	95%	92%	76%
2024/25 Q1	66%	68%	100%	82%	17%	92%	68%	62%	90%	70%

Figure 18. Number of PSI cases captured

Source: National Patient Safety Incidents web-based system

Table 9. Reporting by level of care

Level of care	20/21	21/22	22/23	23/24
Clinic	28	417	423	446
CHC	3	24	24	25
District Hospitals	24	29	30	30
Regional Hospitals	5	5	5	5
Tertiary Hospitals	1	2	2	2
Specialised Hospital	3	3	3	3
	64	**480**	**487**	**511**

Source: DHIS

Sac 1 incident reported within 24 hours rate

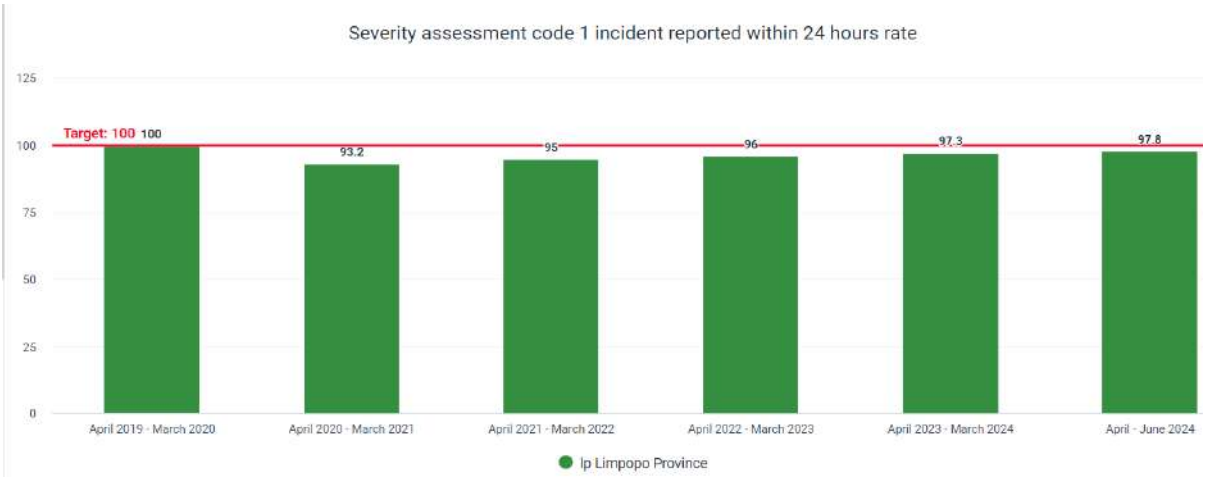


Figure 19. SAC 1 incident reported within 24 hours rate

Source: DHIS

As shown in Figure 18, in 2019/20, the province achieved the target of 100% on Sac 1 incidences reported within 24 hours. This achievement was followed by a sharp drop of 93.2% in 2020/21. The performance is attributed to the Covid-19 pandemic. The province has achieved a score of 97.3% in 2023/24 which is below the target of 100% due to inadequate reporting. Even though the target was not reached, there was a marked improvement from 2020/21 to 2023/24 of 4.1%. Poor reporting in the province is mainly due to Quality Assurance managers not being appointed but seconded to the office.

Patient Severity Incidence Closure Rate

Figure 20. PSI case closure rates

Source: DHIS

According to Figure 19, there is a marked improvement in patient safety incidence case closure rate from 81.7% in 2020/21 to 99% in 2021/22. The province has achieved 94.5% which is below the target of 100% as the incidents occurred towards the end of the month.

Patient Experience of Care

As shown in Figure 20, the province achieved 80.2% in 2020/21 and there was a drop in 2021/22 and 2022/23. During the financial year 2023/24 the province managed to achieve a score of 80.6% which is above the target of 80%. Implementation of quality improvement plans (Ideal health framework, PEC) in the facilities. Allocation of EPWP in the facilities to assist with day-to-day operations. Emphasizing on patient-centred approach in facilities.

Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****21. Patient experience of care*

Source: DHIS

Values & attitudes

Figure 22. Values & Attitudes

Source: DHIS

Figure 21 shows that patients' experience of care survey has shown a marked improvement in values and attitudes. The province achieved 86.3% which is above the target of 74%. Staff attitude and values have improved by 5.5% from 2019/20 to 2023/24. This is because of staff being respectful and communicating better with the patients.

Patient waiting times

The province managed to achieve the target of 84% on waiting time which is above the target of 74%. This priority measure has improved over time from 80% in 2019/20 to 84% in 2023/24 as shown in Figure 22. The performance is due to patient waiting time being well monitored in the facilities through using of queue marshals.

Figure 23. Patient waiting time

Source: DHIS

Access to Care

From 2019/20 to 2023/24, the province performed below the target of 100% as demonstrated in Figure 23. During 2021/22 the province obtained the lowest score of 75.4% as the service was still recovering from the effect of Covid pandemic. In 2023/24 the province achieved 85.3% against the target of 100% hence there was an improvement of 8.8%. The performance is attributable to among others miscommunication/ misconception about operating time and the faded information boards at the entrances of some facilities.

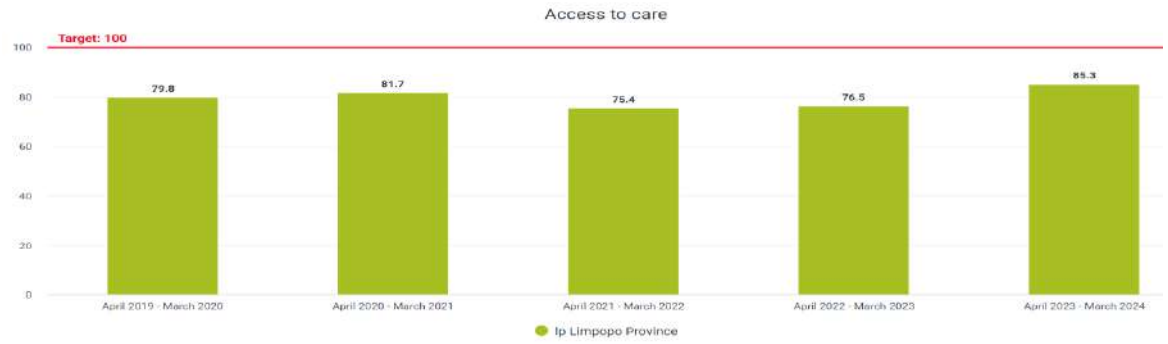


Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****24. Access to care*

Source: DHIS

Availability of medicines

In 2019/20 to 2020/21 as depicted in Figure 24, there is an improvement in the availability of medicines in the province from 88.5% to 91.7%.

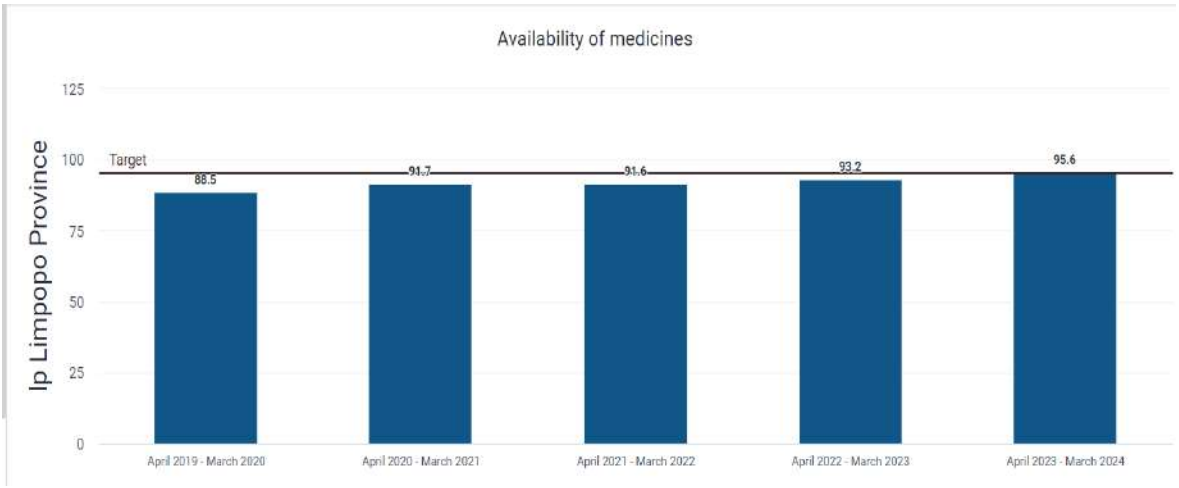


Figure 25. Availability of medicines

Source: DHIS

As demonstrated in 2021/22 there was a slight decrease from 91.7% to 91.6%. Between 2019/2020 to 2023/2024, the province recorded a marked improvement of 7.1%.

Cleanliness

According to Figure 25 below, there is a marked improvement of cleanliness from 70.7% in 2019/2020 to 74.6% 2020/2021 due to the allocation of EPWP cadres in the facilities. The province had continually improved by 6.2% from 2019/2020 (70.7%) to 2023/2024 (76.9%) which is due to allocation of EPWP cadres in the facilities.

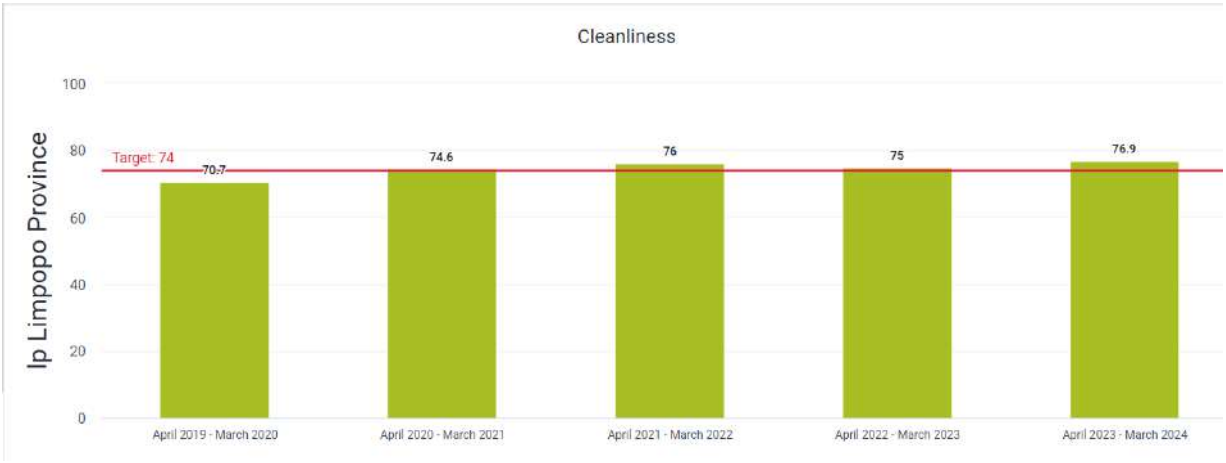


Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****26. Cleanliness*

Source: DHIS

Patient Safety

*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**27. Patient Safety*

Source: DHIS

There is significant improvement in the achievement of patient safety throughout the 5-year period, from 65% to 84.9% for the previous years (2019/20 – 2023/24) as depicted in Figure 26. The performance is attributable to clear warning signage to avoid injuries and efficient communication to patient about their health conditions and the treatment plan.

8.3.3 Women and Maternal Health

Women's Health Trends

Couple year protection

Figure 27 reveals a consistent decline in couple-year protection over time. The 2022/2023 financial year recorded the lowest rate of 46.5%, falling short of the 50% target.

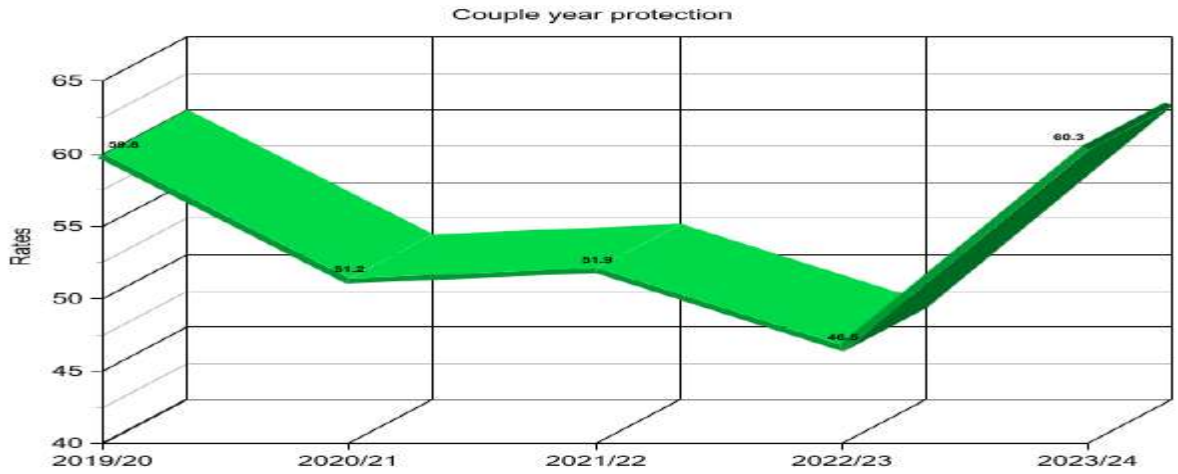


Figure 28. Couple year protection

Source: DHIS

In line with Figure 27, this downward trend is attributed to inconsistent availability of contraceptive methods, including both male and female condoms. In response, the department initiated monthly monitoring of facility-level stock, implemented stock rotation, and promoted the use of available contraceptive methods. These interventions proved to be effective, as evidenced by the significant improvement in couple-year protection performance to 60.3% during the 2023/2024 financial year.

IUCD inserted

IUCD inserted

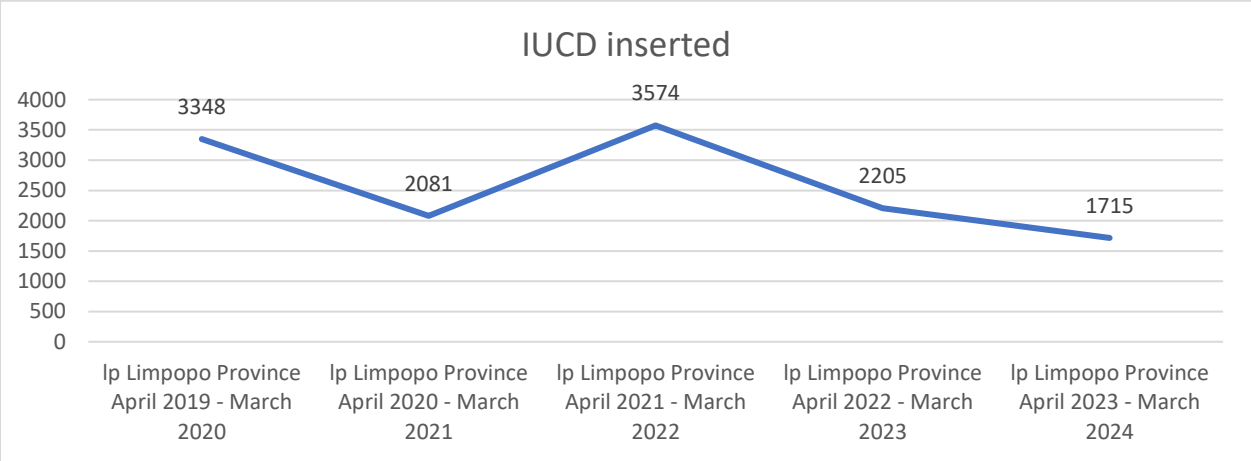


Figure 29. IUCD insertion

Source: DHIS

The sector introduced reporting on Intrauterine Contraceptive Device (IUCD) insertions as a key indicator in its Annual Performance Plan (APP) for the 2024/2025 financial year. Figure 28 illustrates the trends over the preceding five years, revealing fluctuations attributed to a shortage of skilled practitioners for IUCD insertion and limited resources. For the first quarter of 2024/2025, the province achieved 366 insertions against a target of 550, indicating ongoing challenges in meeting its objectives for this contraceptive method.

Cervical cancer screening coverage

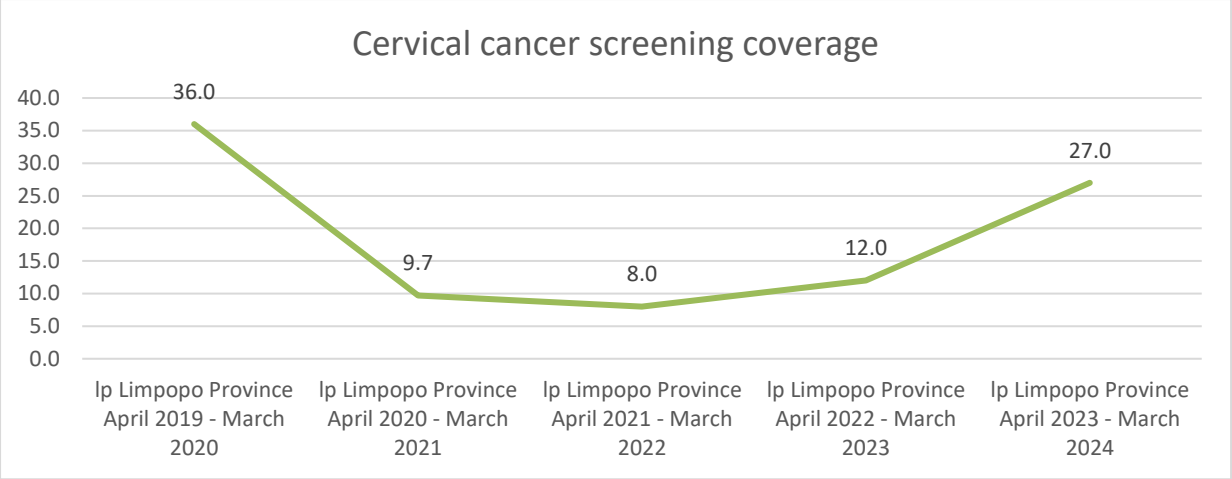


Figure 30. Cervical cancer screening coverage

Source: DHIS

According to Figure 29, the province reverted to reporting cervical cancer screening coverage as an indicator in the Annual Performance Plan (APP) in the 2024/25 financial year. The data below illustrates trends over the preceding five-year period. In 2019/20, provincial cervical cancer screening coverage stood at 36%. However, it experienced a sharp decline to 9.7% before gradually recovering in subsequent years. This significant fluctuation highlights the importance of consistent monitoring and targeted interventions to improve screening rates and overall women's health outcomes in the province.

Antenatal 1st visit before 20 weeks rate

Based on Figure 29, health facilities consistently provide education on the importance of early Antenatal Care (ANC) bookings to address knowledge gaps. However, the department's performance significantly declined to 61.7% in the 2023/24 financial year, falling short of its 68% target. The department's peak performance of 69% occurred in the 2019/20 financial year, followed by a downward trend. This persistent decline necessitates a comprehensive survey to investigate the underlying factors contributing to women's late ANC bookings and to develop targeted interventions for improvement.

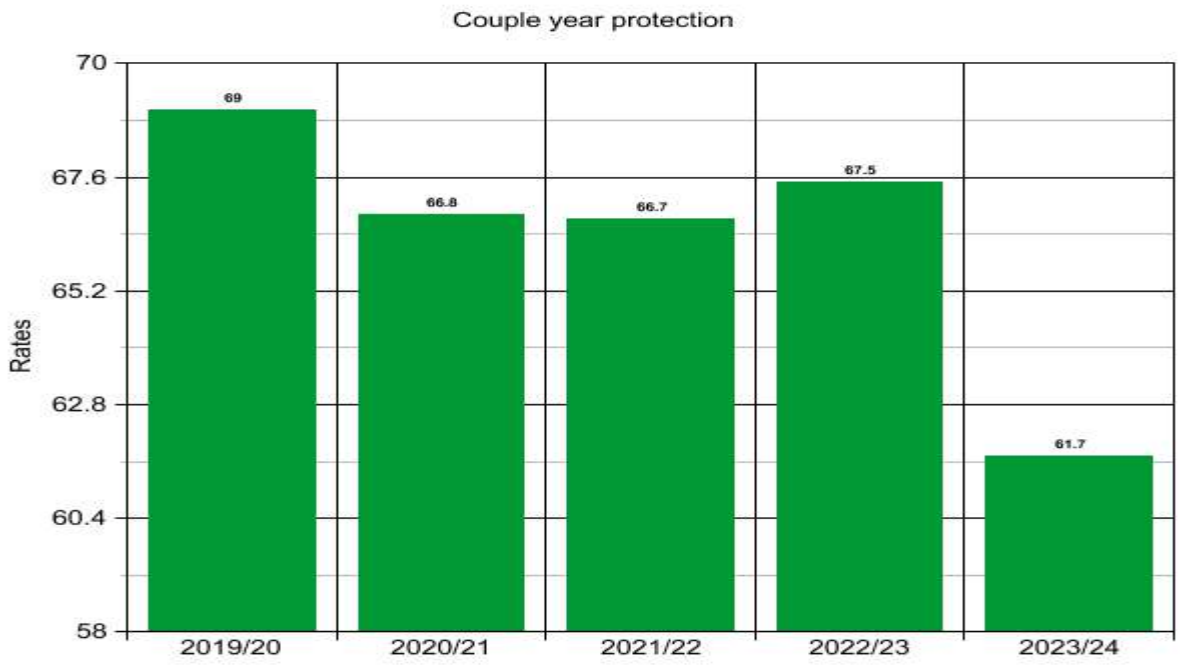


Figure 31. Antenatal 1st visit before 20 weeks rate

Source: DHIS

Delivery 10 to 19 years in facility

Figure 32. Delivery 10-19 years in facility

Source: DHIS

According to Figure 31, the delivery rate among adolescents aged 10-14 years in healthcare facilities has shown a concerning trend. While the target was only met during the 2021/2022 financial year, subsequent years have witnessed a steady increase, with a dramatic surge observed in 2023/2024. This alarming rise in teenage pregnancies can be attributed to various factors, including peer pressure and societal influences. To address this critical issue, a coordinated effort is essential, requiring collaboration between the provincial Departments of Health (DOH), Social Development (DSD), and Basic Education (DBE). These departments must work together to implement comprehensive health education programs that emphasize the

importance of preventing unwanted pregnancies and promote the use of contraceptives among sexually active teenagers. By fostering this intersectoral approach, we can better equip young people with the knowledge and resources necessary to make informed decisions about their sexual and reproductive health.

Delivery 10-14 years in facility

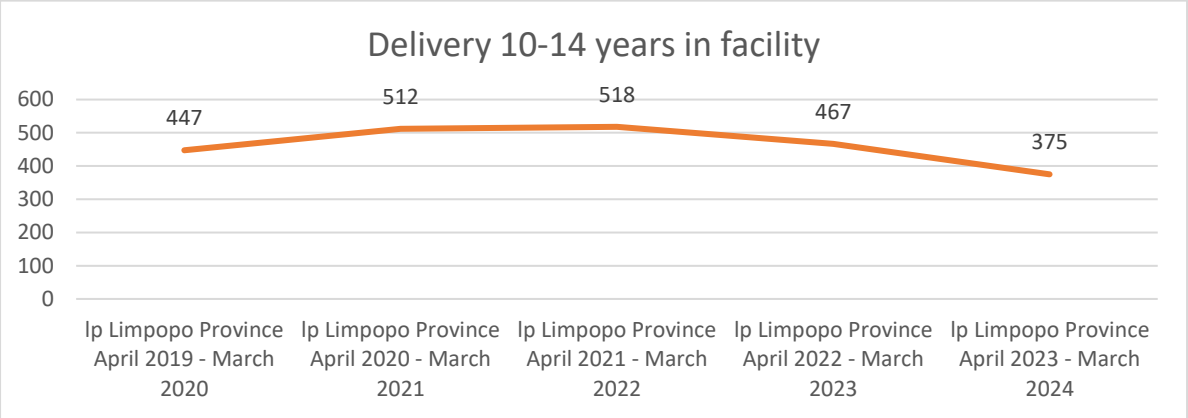


Figure 33. Delivery 10-14 years

Source: DHIS

The sector began reporting on deliveries in the 10-14 age group as an indicator in the Annual Performance Plan (APP) for the 2024/25 financial year. Current performance is at 82 against a target of 125 for Q1 2024/25. Analysis of data from the past five years reveals a consistent decline in reported deliveries within this age category since FY 2021/22. To address this issue, the province will maintain its collaborative efforts with the Department of Social Development (DSD) and the Department of Basic Education (DBE), aiming to reduce unplanned pregnancies among this vulnerable demographic.

Mother postnatal visit

Figure 34. Mother postnatal visit within 6 weeks

Source: DHIS

In consideration of Figure 33, the rate of maternal postnatal visits within 6 days has experienced significant fluctuations over time. This volatility can be attributed to varying adherence levels among women who have recently given birth, despite the health education provided in facilities emphasizing the importance of early postnatal care. Notably, the 2019/2020 financial year saw a peak in postnatal assessments within 6 days, reaching 105%. This exceptional figure likely reflects an influx of women who gave birth in other provinces and from the private sector but chose to attend their postnatal visits within this province.

Maternal Health

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. The maternal mortality in facility ratio is a proxy indicator for the population-based maternal mortality ratio, aimed at monitoring maternal mortality trends in health facilities between official surveys.

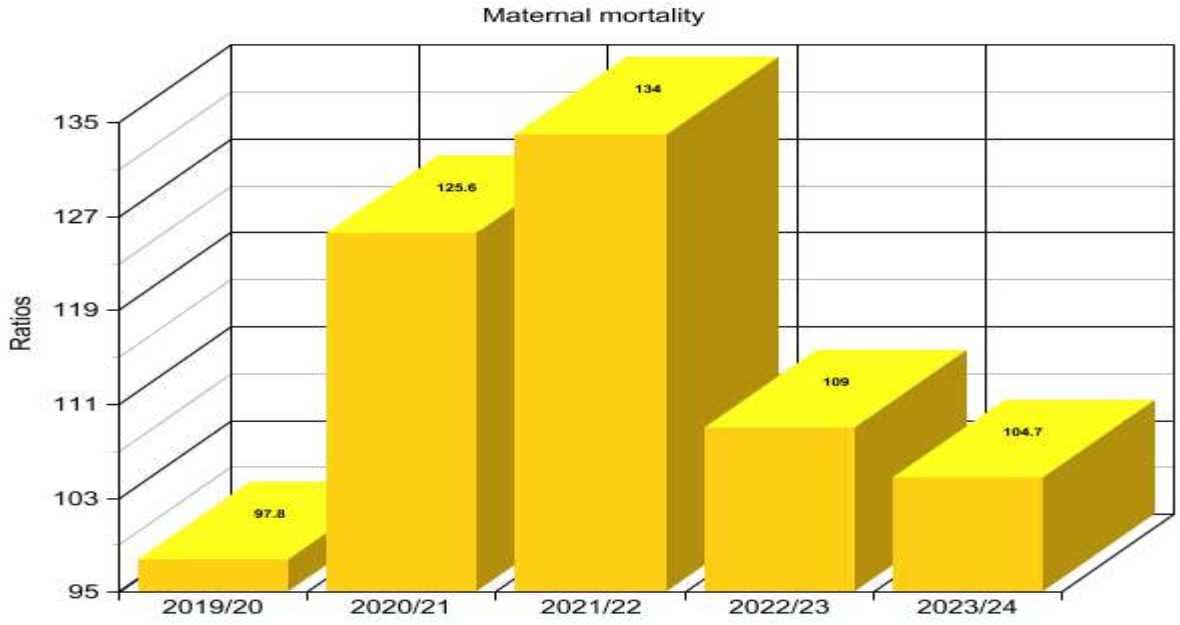


Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****35. Maternal mortality*

Source: DHIS

The maternal mortality rate as depicted in Figure 34 exceeded the target of 115 per 100,000 live births during the 2021/2022 financial year, primarily due to post-partum hemorrhage, HIV/TB coinfections and hypertension complications. In response, the department intensified its

management of these conditions following Maternal Health Standards. Subsequently, a significant decline in the financial year 2022/2023 of 109 and 2023/2024 of 104 per 100 000 live births in maternal deaths has been observed respectively, attributed to improved maternal case management. This improvement stems from capacity-building initiatives led by specialists from regional and tertiary hospitals through outreach programs.

8.3.4 Child Health

Live birth under 2500g

Figure 34 reveals a significant trend in the live birth under 2500g in facility rate. From 2019/20 to 2021/22, this rate remained consistently low. However, a sharp increase began in 2022/23, continuing into 2023/24, reaching 12.9 per 1000 live births—slightly exceeding the target of 12 per 1000 live births.

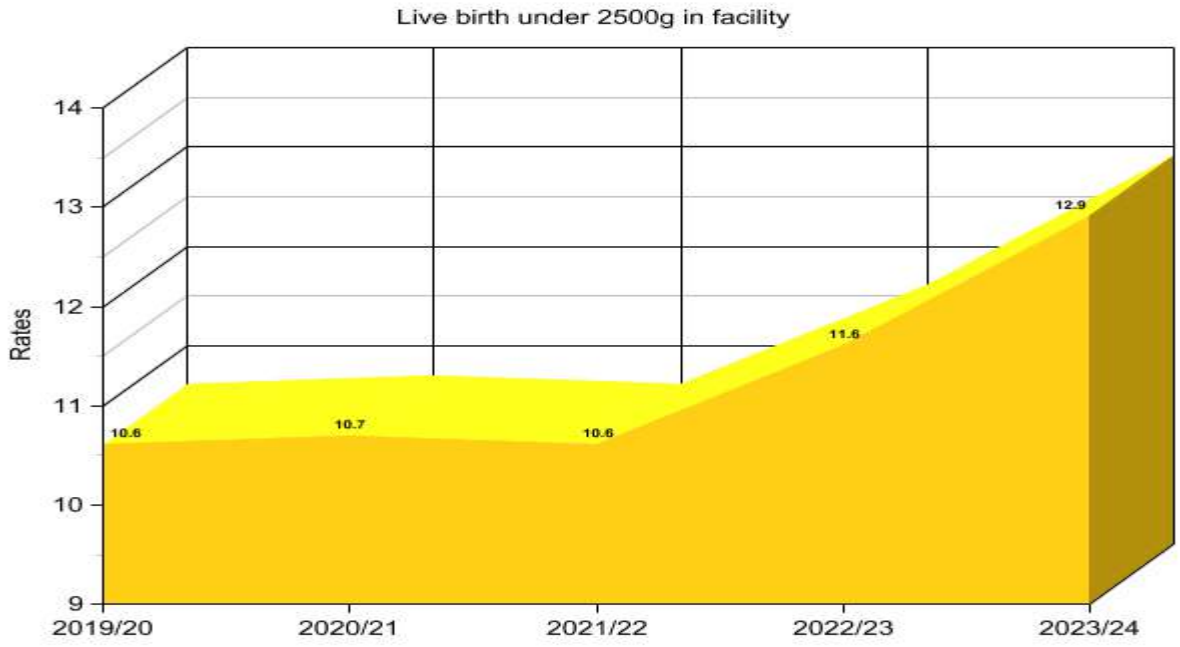


Figure 36. Live birth under 2500g in facility

Source: DHIS

This concerning rise can be attributed to insufficient identification and management of high-risk conditions associated with low birth weight and premature births. To address this issue, the department plans to improve maternal nutritional status, early identification of risk factors in pregnancy through implementation of BANC PLUS strategy, early referral to high-risk antenatal care services and enhance Management of Sick and Small Neonates (MSSN) program, aiming to reverse this upward trend and improve neonatal health outcomes.

Neonatal (<28 days) death

The Department is currently falling short of its target of 12 neonatal deaths per 1,000 live births. As illustrated in Figure 35, neonatal mortality rates have fluctuated over recent years. The highest rate was observed in the 2019/2020 financial year, reaching 14.3 deaths per 1,000 live births. While the rate improved to 12.2 in 2021/2022, it subsequently increased to 13.5 in 2023/2024, due to cases of extreme prematurity, congenital abnormalities, and intra-partum hypoxia.

*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**37. Neonatal (<28 days) death in facility*

Source: DHIS

Child under 5 years diarrhoea , pneumonia, and severe acute malnutrition case fatality rate, and death under 5 years against livebirth rate

The case fatality rates for children under 5 years due to diarrhea and pneumonia peaked in the 2020/21 financial year, reaching 4.2 and 3.6 respectively, significantly exceeding the targets of 2.3 and 2.5. Tertiary hospitals reported the highest mortality rates, followed by regional hospitals, with district hospitals recording the lowest figures. Notably, in the 2023/24 financial year, the department successfully met both diarrhea and pneumonia case fatality rate targets. This achievement can be attributed to enhanced health education initiatives, adherence to clinical guidelines and scaling-up outreach programs.

Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****38. Child under 5 years diarrhoea, pneumonia, and severe acute malnutrition case fatality rate, and death under 5 years against livebirth rate*

Source: DHIS

Severe acute malnutrition remains the leading cause of mortality among children under five years old in our province. Despite efforts to meet the target of 7.3 in the 2021/22 financial year, we only achieved 6.3. Since then, the trend has been concerning, with rates climbing to 12.9 in 2023/24. This increase is largely attributed to inconsistent Growth Monitoring and Promotion (GMP) and caregivers delaying seeking medical assistance. To address this critical issue, the department will optimise oversight on the GMP implementation and mentoring of frontline healthcare workers and rigorous monitoring of the Road to Health booklet (RTHB) through regular clinic audits. This initiative aims to closely track children's nutritional status and facilitate timely interventions to combat malnutrition and reduce child mortality rates.

Vertical transmission of HIV

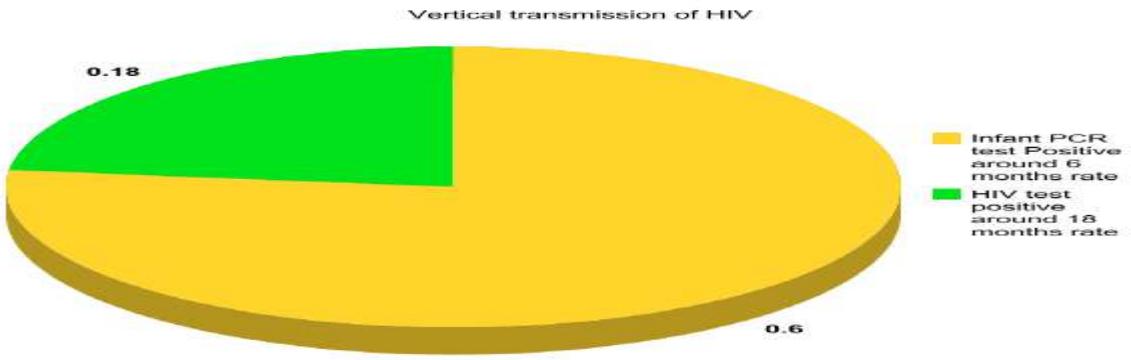


Figure 39. Infant PCR test positive at birth rate (2017 – 2022)

Source: DHIS

The vertical transmission of HIV remains encouragingly low in the province. As depicted in Figure 38, the 2023/24 data show that infant PCR test positivity rates at approximately 6 months and HIV test positivity rates at around 18 months are at 0.6% and 0.18% respectively, surpassing the target of 0.8%. This commendable achievement can be attributed to the successful implementation of antiretroviral treatment programs for HIV-positive pregnant women, significantly reducing mother-to-child transmission rates and contributing to improved maternal and child health outcomes.

Expanded programme on immunisation

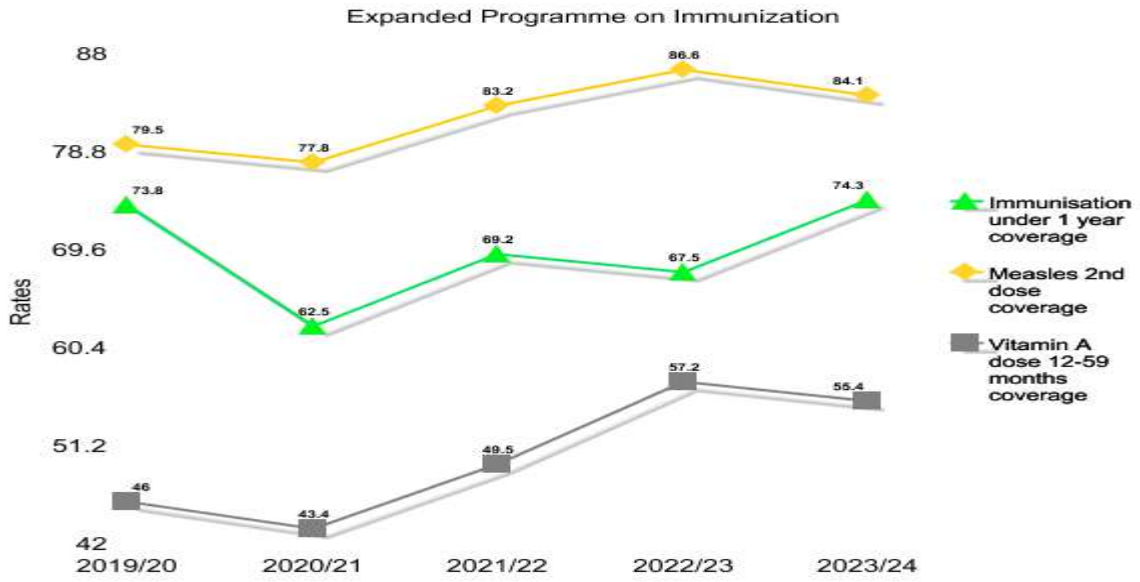


*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**40. Immunisation measles 2nd dose & Vitamin A 12 - 59 months (2019/20 – 2023/24)*

Source: DHIS

The immunisation coverage for children under 1 year has fallen short of the 75% target over the past five years. It is primarily due to shortages in BCG syringes or vaccines. To address this issue, the department plans to implement vaccination catch-up drives when supplies become available and establish a buffer stock of consumables to mitigate future supply challenges. Additionally, in 2019/2020 the province recorded a measles 2nd dose coverage of 79.5% which continues improving over years and reached its peak of 86.6% during the financial year 2022/2023. However, during 2023/2024 financial year, targets for both measles 2nd dose coverage (87%) and vitamin A supplementation for children aged 12-59 months (60%) were not met. This shortfall occurred as mobile clinics were redirected from routine immunization services to conduct a school-based measles mop-up vaccination campaign.

8.3.4 HIV and AIDS, STI Control (HAST)

The HIV positivity rate among individuals aged 15-24 years (excluding antenatal are) has shown a significant decline, dropping from 3.2% in the 2019/20 financial year to 1% in 2023/24. This remarkable improvement can be attributed to effective collaborations with non-governmental organizations (NGOs) that have implemented targeted HIV prevention strategies and interventions in non-traditional healthcare settings. These initiatives have successfully empowered this vulnerable age group with the knowledge and resources necessary to reduce HIV transmission and promote overall sexual health.

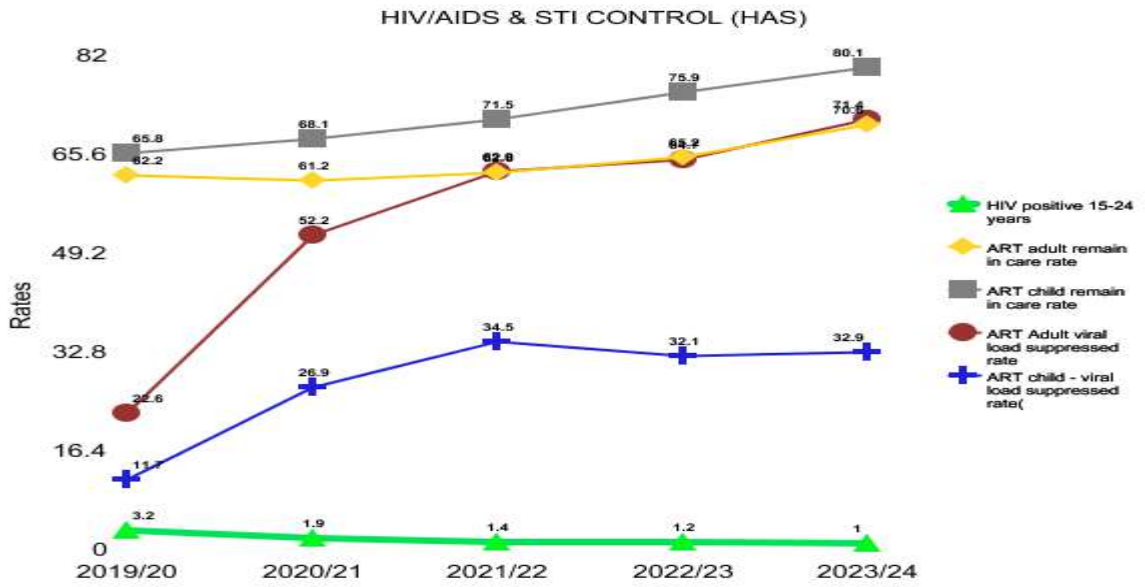


*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**41. HIV positive 15-24 years (excl. ANC), ART remain in care rate and Adult viral load suppression*

Source: DHIS

Figure 40 illustrates a comparative analysis of antiretroviral therapy (ART) outcomes between adult (15+ years) and paediatric (<15 years) populations over the past five financial years. The data reveals that the retention rate for children on ART consistently surpasses that of adults. Both groups demonstrate an upward trend in retention rates from the 2019/20 to 2023/24 financial years.

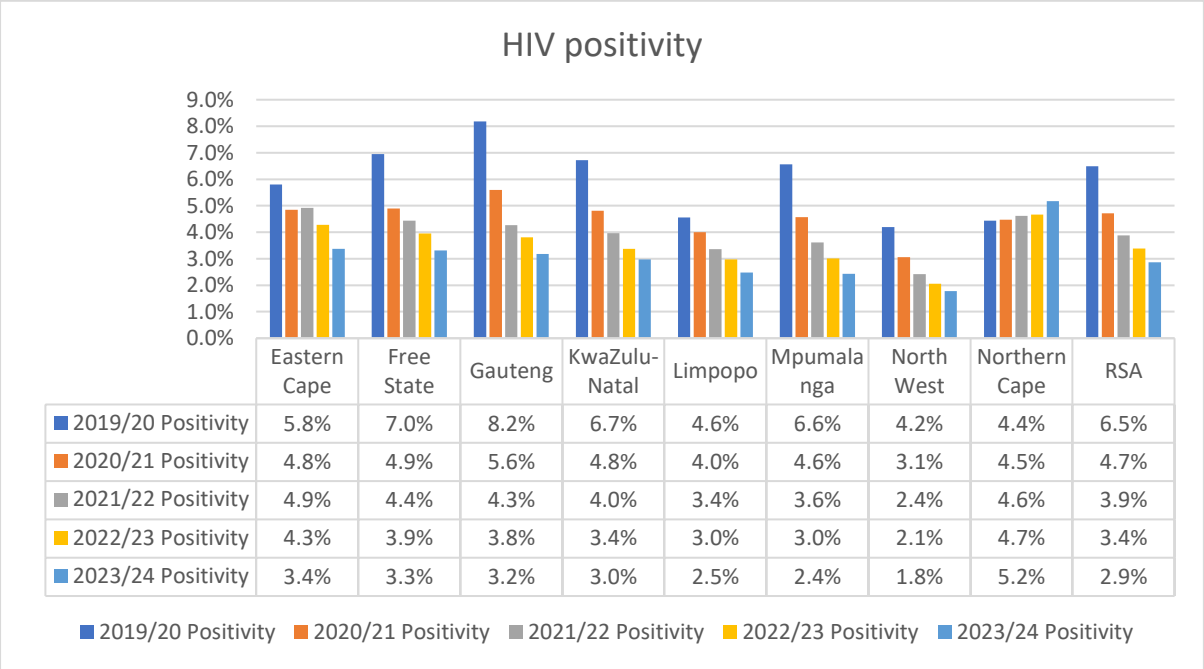
This positive trajectory can be attributed to two key factors:

1. Enhanced monitoring of patient management through monthly review meetings
2. Intensified adherence counselling for ART clients

These strategic interventions have significantly contributed to improving overall retention rates and treatment outcomes for both adult and paediatric ART patients. The 90% target for ART viral load suppression in adults and children was not achieved in recent financial years due to treatment interruptions among newly initiated patients. The department is addressing this issue

through monthly monitoring of the line list and enhanced adherence counselling for ART clients. Adult suppression rates are generally higher than those of children, possibly due to challenges in accurately calculating paediatric dosages. To address this, the department will closely monitor the implementation of Comprehensive Care Management Treatments and Support (CCMT) by Nurse Initiated Management of Antiretroviral Therapy (NIMART) trained staff, with a focus on improving paediatric dosing skills and overall treatment outcomes.

HIV positivity



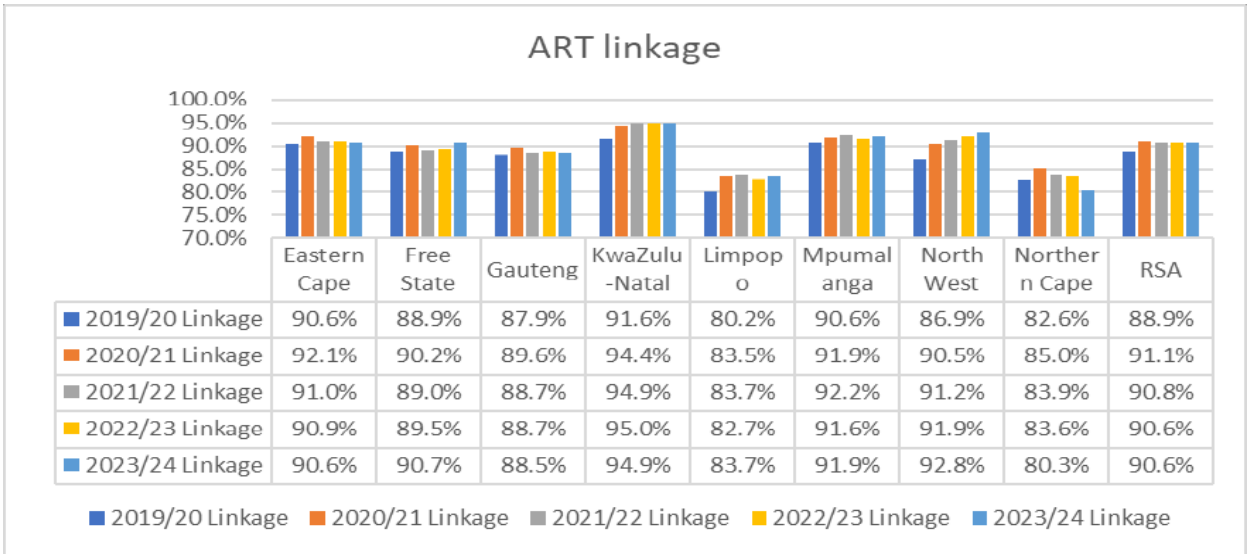
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	RSA
2019/20 Positivity	5.8%	7.0%	8.2%	6.7%	4.6%	6.6%	4.2%	4.4%	6.5%
2020/21 Positivity	4.8%	4.9%	5.6%	4.8%	4.0%	4.6%	3.1%	4.5%	4.7%
2021/22 Positivity	4.9%	4.4%	4.3%	4.0%	3.4%	3.6%	2.4%	4.6%	3.9%
2022/23 Positivity	4.3%	3.9%	3.8%	3.4%	3.0%	3.0%	2.1%	4.7%	3.4%
2023/24 Positivity	3.4%	3.3%	3.2%	3.0%	2.5%	2.4%	1.8%	5.2%	2.9%

Figure 42. HIV positivity

Source: HAST Information Centre

Deducing from Figure 41, Limpopo Province has witnessed a significant decline in HIV incidence rates. During the 2019/2020 fiscal year, the incidence stood at 4.6%. This figure has steadily decreased, reaching 2.5% in 2023/2024. Currently, Limpopo boasts the third-lowest HIV incidence rate in the country, trailing only Mpumalanga and Northwest provinces. This encouraging trend reflects the province's ongoing efforts in HIV prevention and management.

ART Linkage



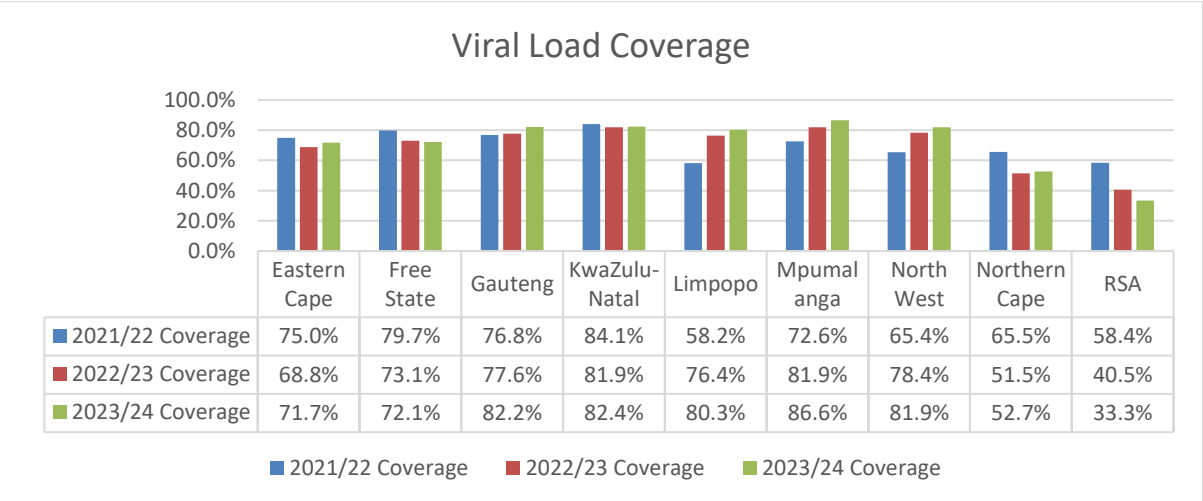
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	RSA
2019/20 Linkage	90.6%	88.9%	87.9%	91.6%	80.2%	90.6%	86.9%	82.6%	88.9%
2020/21 Linkage	92.1%	90.2%	89.6%	94.4%	83.5%	91.9%	90.5%	85.0%	91.1%
2021/22 Linkage	91.0%	89.0%	88.7%	94.9%	83.7%	92.2%	91.2%	83.9%	90.8%
2022/23 Linkage	90.9%	89.5%	88.7%	95.0%	82.7%	91.6%	91.9%	83.6%	90.6%
2023/24 Linkage	90.6%	90.7%	88.5%	94.9%	83.7%	91.9%	92.8%	80.3%	90.6%

Figure 43. ART linkage

Source: HAST Information Centre

Despite facing challenges in connecting HIV-positive patients to antiretroviral therapy (ART) compared to other provinces, the region has shown progress as depicted in Figure 42. From the 2019/2020 to 2023/2024 fiscal years, there was a notable 3.2% improvement in linking HIV-positive individuals to care. This advancement shows the province's ongoing efforts to enhance its healthcare services and support for those living with HIV.

Viral Load Coverage



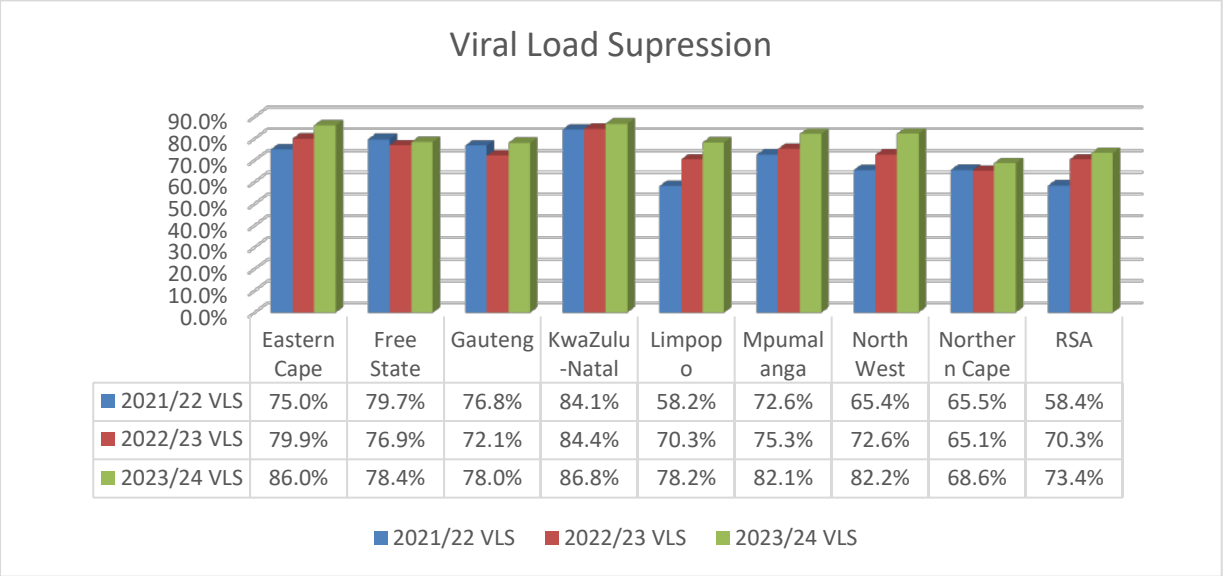
	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	RSA
2021/22 Coverage	75.0%	79.7%	76.8%	84.1%	58.2%	72.6%	65.4%	65.5%	58.4%
2022/23 Coverage	68.8%	73.1%	77.6%	81.9%	76.4%	81.9%	78.4%	51.5%	40.5%
2023/24 Coverage	71.7%	72.1%	82.2%	82.4%	80.3%	86.6%	81.9%	52.7%	33.3%

Figure ***Error! Use the Home tab to apply 0 to the text that you want to appear here.****44. Viral load coverage*

Source: HAST Information Centre

Limpopo province has demonstrated consistent progress in viral load (VL) coverage from 2021/2022 to 2022/2023 as shown in Figure 43. Despite this positive trend, the region's performance remains below the national average of 90%. This shortfall can be attributed to missed opportunities resulting from inconsistent implementation of established guidelines. To bridge this gap, concerted efforts are needed to ensure uniform adherence to protocols across healthcare facilities in the province.

Viral Load Suppression



	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	RSA
2021/22 VLS	75.0%	79.7%	76.8%	84.1%	58.2%	72.6%	65.4%	65.5%	58.4%
2022/23 VLS	79.9%	76.9%	72.1%	84.4%	70.3%	75.3%	72.6%	65.1%	70.3%
2023/24 VLS	86.0%	78.4%	78.0%	86.8%	78.2%	82.1%	82.2%	68.6%	73.4%

*Figure **Error! Use the Home tab to apply 0 to the text that you want to appear here.**45. Viral load suppression*

Source: HAST Information Centre

Limpopo Province has demonstrated consistent progress in viral load suppression from 2021/2022 to 2023/2024 as depicted in Figure 44. Despite this upward trend, the region's performance remains below the national average of 90%. Several factors contribute to this gap, including patients' non-adherence to treatment regimens, reluctance to disclose HIV status to caregivers, and inadequate psychosocial support systems. Addressing these challenges is crucial to further improving viral load suppression rates and aligning with national standards.

8.3.5 Tuberculosis

The success rates for treating both drug-susceptible tuberculosis (DS-TB) and drug-resistant tuberculosis (DR-TB) have fluctuated significantly over the past five years. In the most recent financial year, the program fell short of its targets, achieving 78.5% for DS-TB and 65.2% for DR-TB, primarily due to high mortality rates from various complications within TB-HIV coinfected patients and the misalignment between the reporting systems (TIER.Net and DHIS) as shown in Figure 44. To address these challenges, the department will implement several strategies: closely monitoring case management through monthly meetings, enhancing adherence counseling for

TB patients, intensifying contact tracing and management among TB contacts, and increasing tuberculosis preventive therapy (TPT) initiation among HIV-positive individuals.

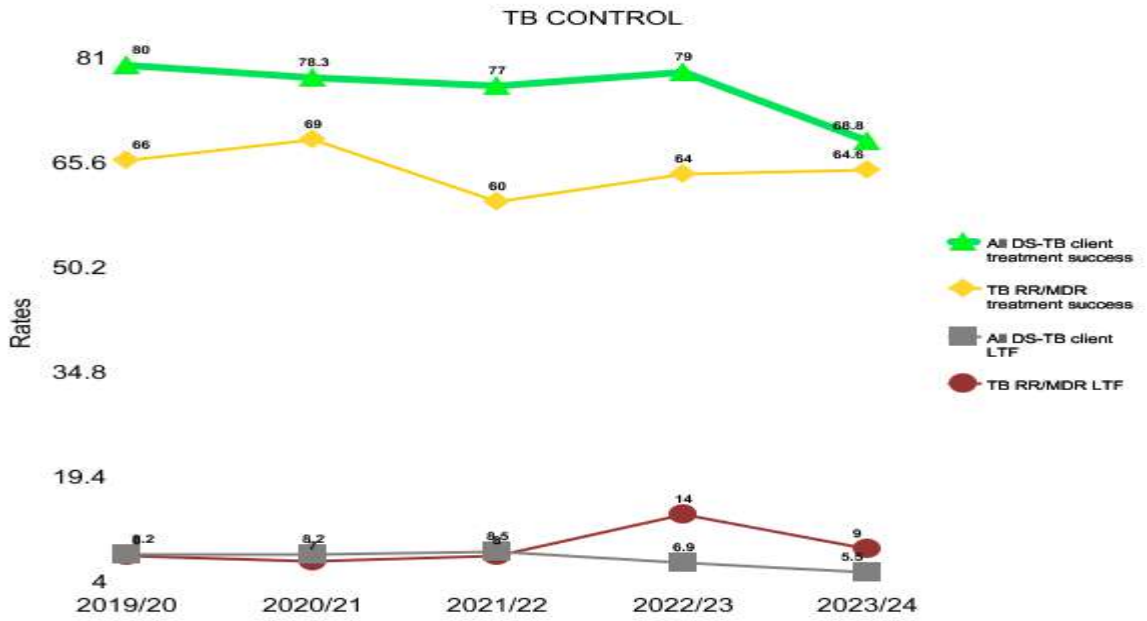


Figure 46. TB outcomes

Source: DHIS

Figure 45 further shows that the Drug Susceptible (DS) and Drug Resistant (DR) TB loss to follow-up rates for 2023/24 significantly exceeded expectations, with achieved rates of 5.5% and 6.7% respectively, compared to the initial targets of 7.8% and 8%. This impressive improvement can be attributed to enhanced tracking and tracing efforts for TB treatment interrupters, as well as successful initiatives to reintegrate patients back into care.

DS-TB Case notification

Limpopo Province has witnessed a significant surge in tuberculosis (TB) cases over recent financial years. In 2019/20, the province reported 8,737 cases. However, this figure has dramatically risen to 13,271 cases in 2023/24, largely attributed to the implementation of the TB Recovery Plan 3.0 as shown in Table 10.

Table 10. DS-TB case notification

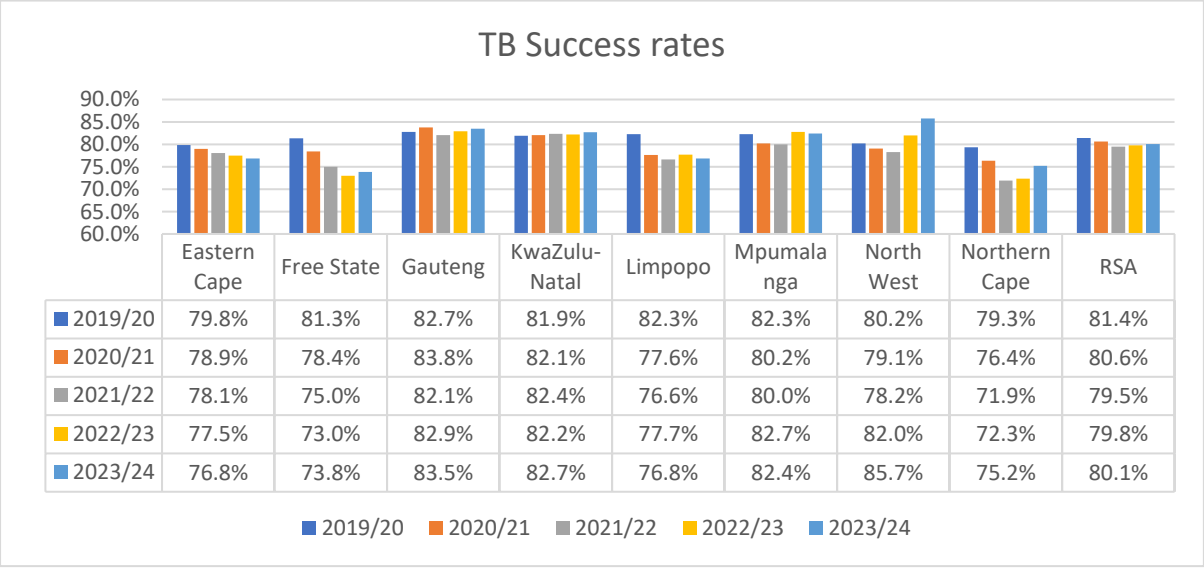
DS-TB Case Notification					
Financial year	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Eastern Cape	35,835	41,725	33,002	36,976	45,471
Free State	9,700	11,129	7,880	7,970	9,766
Gauteng	31,048	30,817	24,640	24,250	30,607
KwaZulu-Natal	48,860	53,265	40,841	42,463	47,556
Limpopo	8,737	11,842	9,581	8,505	13,271
Mpumalanga	10,740	12,146	9,567	9,835	11,215
North West	7,490	13,218	10,153	10,186	11,631
Northern Cape	4,541	6,630	5,232	5,501	7,192
RSA	156,951	180,772	140,896	145,686	176,709

Source: DHIS

As shown in Table 9, the substantial increase has positioned Limpopo as the fourth-highest TB-burdened province in South Africa, following KwaZulu-Natal, Eastern Cape, and Gauteng. The escalation underscores the critical importance of continued efforts in TB prevention, detection, and treatment across the province.

DS-TB Case Success rates

The province has witnessed a concerning decline in Drug-Sensitive Tuberculosis (DS-TB) treatment success over the past five years as depicted in Figure 46. This downturn is attributed to adverse outcomes, including patient mortality, loss to follow-up, and treatment failures. In the 2019/20 financial year, the treatment success rate stood at a promising 82.3%.



	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	RSA
2019/20	79.8%	81.3%	82.7%	81.9%	82.3%	82.3%	80.2%	79.3%	81.4%
2020/21	78.9%	78.4%	83.8%	82.1%	77.6%	80.2%	79.1%	76.4%	80.6%
2021/22	78.1%	75.0%	82.1%	82.4%	76.6%	80.0%	78.2%	71.9%	79.5%
2022/23	77.5%	73.0%	82.9%	82.2%	77.7%	82.7%	82.0%	72.3%	79.8%
2023/24	76.8%	73.8%	83.5%	82.7%	76.8%	82.4%	85.7%	75.2%	80.1%

Figure 47. TB success rate

Source: DHIS

However, due to the challenges, this figure dropped significantly to 76.8% in the 2023/24 financial year. Consequently, the province's national ranking has fallen to sixth position, underscoring the urgent need for targeted interventions to improve TB treatment outcomes and patient care.

8.3.6 Audit matters

Financial year	Audit outcome	Basis of qualification	Root causes	Key intervention
2019/20	Unqualified	N/A	N/A	N/A
2020/21	Qualified	Valuation of assets	Incorrect interpretation and application of accounting requirements.	An audit action plan was developed to consider developing a process flow of the work to be conducted to correct the valuation issues relating to movable assets
2021/22	Qualified	Valuation of movable assets	a. Management did not have a documented standard criterion to create uniformity in condition assessments b. Management did not perform data integrity tests on the Asset register prior to preparation of the disclosure notes	a. Physical verifications plans were put in place in line with the asset management procedure manual. The issues relating to existence and completeness have been resolved from the 2018/19 financial year to date. b. Valuation of assets as introduced in the 2016/17 financial year. In the 2017/18 financial year, the Department implemented a valuation methodology based on the Modified Cash Standards requirements. c. Limpopo Provincial Treasury (LPT) provided a transversal valuation guide published in December 2018. d. Appoint professionals within the asset management unit to increase capacity. e. Based on the LPT guide, the Department implemented a valuation project plan in 2019/20 guiding the process to be followed in valuation of assets which led to improvement in the valuation issues. f. A standard operating procedure was reviewed to incorporate expanded procedures for the valuation process.

		Valuation of contingent liabilities	Management did not provide a process on assessments in the form of a standard operating procedure to support the assessments made.	A standard operating procedure to document the assessment/valuation of contingent liabilities was developed
2022/23	Qualified	Valuation of contingent liabilities	In 2021/22 AGSA reported that the considerations relating to assessments of contingent liabilities were not documented in the form of a standard operating procedure manual. As part of the audit action plan, the department prepared a standard operating procedure which detailed the consideration is assessing contingent liabilities. The SOP was presented to Provincial Treasury and AGSA in February 2023. Upon receipt of the SOP, the AGSA conducted a walkthrough on the SOP and no issues were communicated by AGSA. In July 2023, the AGSA indicated differences between the assessment of management and the assessment by AGSA.	An assessment methodology that details the assumptions and inputs used in valuing contingent liabilities was developed and implemented. The methodology was applied by March 2024 and the draft register was submitted for interim review to assess the adequacy of the methodology and the application.
2023/24	Unqualified	N/A	N/A	N/A

The department will sustain the actions that resulted in the improved outcomes for 2023/2024 financial year.

8.3.7 Overview of the 2025/26 budget and MTEF estimates

The department has been allocated an amount of R24.6 billion in the 2024/2025 financial year to deliver healthcare services in Limpopo Province.

The overall budget shows a growth trend of 4.6% or R1.1 million; 4.6% or R1.7 billion and 4.5% or R1.2 billion in 2025/26; 2026/27 and 2027/28 respectively. This is against the projected CPI of 4.9% or R1.2 billion; 4.6% or R1.1 billion and 4.5% or R1.2 billion in 2024/25; 2025/26 and 2026/27 respectively.

The budget has grown from R24.6 billion in 2024/2025 to R28.8 billion in the year ending 2027/2028. The funding 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.

Due to the prevailing depressed economy also reflected herein by 4.6% budget growth against 4.9% CPI projection, the Department continues to experience the funding gap in the following areas: -

- Funding of the maintenance of facilities and equipment;
- Medicines including vaccines;
- Blood and laboratory services;
- Security services; and
- Health technology equipment

8.3.7.1 Equitable share

The equitable share allocation increases by 5.8% or R1.1 million from 2024/2025 to 2025/2026 financial year against the projected 4.6% Consumer Price Index (CPI) (R914.7 million). This shows a surplus of 1.2% or R248.9 million. The trend shows 5.8% and 6.9% in 2025/26 and 2026/27 respectively. The department is to deliver a new central hospital information system as the current system is no longer compatible with modern technology trends. The technology of the current system is outdated and the operating system on which it is based no longer has support. Further, a Workforce Management System (WMS) has become a need for the Department for the efficient management of employees' activities. The Department is also on the path to source it in for activation in 2024/2025 financial year. This situation means the Department is expected to continue rendering the services with tight fiscal resources.

8.3.7.2 Conditional grants

The total conditional grants allocation decreases by 1.5% or R63.5 million increasing by 1.6% or R183.5 million in the 2025/2026 and 2026/2027 financial years respectively. The 1.5% decrease is attributable to Training & development component, Hospital Revitalization grant and Oncology services component from 2024/25 to 2025/26 financial years. The allocation of conditional grants will assist the department in augmenting the equitable share. The department will ensure that services that are fundable under conditional grants are allocated to reduce pressure from equitable share in the Department.

8.3.7.3 Expenditure estimates

Table 11. Expenditure estimates

	Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
		2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
1.	Administration	283 486	278 041	281 428	303 528	303 528	303 528	317 519	332 225	347 175
2.	District Health Services	14 488 316	15 406 170	15 873 346	16 295 933	16 295 933	16 295 933	17 187 055	18 398 015	19 225 919
3.	Emergency Medical Services	903 533	1 038 525	1 577 144	1 124 583	1 124 583	1 124 583	1 151 774	1 204 756	1 258 973
4.	Provincial Hospital Services	2 771 320	2 718 303	2 902 438	3 039 423	3 039 423	3 039 423	3 166 147	3 311 788	3 460 822
5.	Central Hospital Services	2 108 496	2 090 968	2 302 326	2 202 211	2 202 211	2 202 211	2 267 359	2 398 482	2 506 416
6.	Health Sciences and Training	498 873	638 965	597 678	666 237	666 237	666 237	682 266	707 782	739 632
7.	Health Care Support Services	569 226	224 814	164 851	157 057	157 057	157 057	164 095	171 641	179 363
8.	Health Facilities Management	1 284 533	1 016 165	887 941	848 228	848 228	848 228	830 872	915 912	957 128
	Sub-total									
	Direct charges against the National Revenue Fund	1 978	2 096	2 159	2 098	2 098	2 098	2 215	2 215	2 315
	Total Programmes	**22 909 761**	**23 414 047**	**24 589 310**	**24 639 298**	**24 639 298**	**24 639 298**	**25 769 302**	**27 442 816**	**28 677 743**

Table 12. Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**20 960 648**	**21 957 356**	**22 436 183**	**23,715,454**	**23,715,454**	**23,715,454**	24,862,566	26,501,514	27,694,082
Compensation of employees	14 966 409	15 406 490	16 154 980	17,501,170	17,501,170	17,501,170	18,323,725	19,160,005	20,022,202
Goods and services	**5 994 239**	**6 550 866**	**6 281 203**	**6,214,284**	**6,214,284**	**6,214,284**	6,538,841	7,341,509	7,671,880
Communication	88 099	78 066	79 065	94 697	94 697	94 697	109 966	119 962	125 359
`Computer Services	118 018	112 773	193 072	209 004	209 004	209 004	242 825	263 995	275 875
Consultants Contractors and special services	332 763	326 418	346 252	270 576	270 576	270 576	249 509	268 472	280 554
Inventory	2 825 906	2 781 405	3 040 394	2 566 107	2 566 107	2 566 107	2 797 392	3 122 841	3 263 362
Operating leases	13 101	13 382	13 371	15 054	15 054	15 054	18 098	18 946	19 799
Travel and subsistence	55 808	78 131	40 582	34 743	34 743	34 743	50 071	50 559	52 835
Maintenance repair and running costs	168 443	177 136	206 426	171 115	171 115	171 115	200 541	210 083	219 538
Other	2 948 728	2 713 892	3 102 563	2 852 988	2 852 988	2 852 988	2 870 439	3 286 651	3 434 558
Transfers and subsidies to	**335 844**	**234 214**	**208 818**	**208 062**	**208 062**	**208 062**	**206 795**	**210 273**	**219 736**
Provinces and municipalities	1 940	2 230	2 500	2 602	2 602	2 602	2 687	2 812	2 939
Departmental agencies and accounts	-	42 891	41 379	25 000	25 000	25 000	26 120	27 322	28 551
Households	333 904	189 093	164 938	180 460	180 460	180 460	177 988	180 139	188 246
Payments for capital assets	**615 291**	**743 650**	**1 126 088**	**715 782**	**715 782**	**715 782**	**699 941**	**731 029**	**763 925**
Buildings and other fixed structures	217 137	338 496	282 811	333 517	333 517	333 517	338 181	357 225	373 300
Machinery and Equipment	398 154	404 678	843 277	382 265	382 265	382 265	361 760	373 804	390 625

Software and other intangible assets	-	476	-	-	-	-	-	-	-
Payment of Financial asset	**1 270**	**-**	**1 913**	**-**	**-**	**-**	**-**	**-**	**-**
Total economic classification	**22 909 761**	**23 414 047**	**24 589 310**	**24 639 298**	**24 639 298**	**24 639 298**	**25 769 302**	**27 442 816**	**28 677 743**

Relating expenditure trends to specific goals

Table 13. Trends in provincial public health expenditure (R'000)

	Audited/actual			Main Appropriation	MTEF projection		
Expenditure	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**	**2027/28**
Current prices[1]							
Total[2]	22 910	23 414	24 589	24 639	25 769	27 443	28 678
Total per person	4,41	4,60	4,83	4,84	5,06	5,39	5,64
Total per uninsured person	4,08	4,17	4,38	4,39	4,59	4,89	5,11
Constant (2008/09) prices[3]							
Total[2]	25 201	22 243	22 130	21 190	22 162	23 601	24 663
Total per person	4,7	4,1	4,1	3,9	4,1	4,4	4,6
Total per uninsured person	23 286	20 553	20 448	19 579	20 477	21 807	22 788
% Of Total spent personon:							
DHS	18,3%	20,3%	20,8%	22,3%	22,4%	21,0%	20,1%
PHS	4,2%	4,5%	4,2%	4,4%	4,5%	4,2%	4,0%
CHS	3,0%	3,4%	3,7%	3,9%	4,0%	3,7%	3,6%
All personnel	18,8%	20,4%	20,6%	20,6%	19,7%	18,5%	17,7%
Capital	4,8%	4,2%	5,2%	5,2%	5,0%	4,7%	4,5%
Health as a % of total public expenditure	44,4%	42,4%	42,4%	42,5%	43,6%	45,1%	46,2%

Part C: Measuring Our Performance
Institutional Programme Performance Information

Programme 1: Administration

1.1 Purpose

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

Table 14. Administration outcome outputs output indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Audit outcome for regulatory audit expressed by AGSA for the previous financial year	1.1 Audit outcome for regulatory audit expressed by AGSA	Qualified audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	-	-	-	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Compliance to payment of suppliers within 30 days	1.2 Percentage compliance to payment of suppliers within 30 days	96%	99.5%	99.9%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Credible asset registers	1.3 Percentage completeness of asset register	New indicator	New indicator	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	49	49	49	49	49	49	49

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	-	49	49	49	49	49	49	49
	Total revenue collected	1.4 Revenue collected	R180.9m	R198.9m	R221.9m	R220.6m	R230.9m	R56.1m	R60.3m	R52.2m	R62.3m	R241.4m	R253.5m
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The achievement of the outputs will contribute towards an improved audit outcome.
b) The output indicators in programme 1 provide an appropriate measure for monitoring as well as improving the departmental audit outcomes. An audit action plan is developed each year to address the audit findings raised by AGSA.

1.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 15. Administration - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
R' thousand									
MEC's Office	1 978	2 096	2 159	2 098	2 098	2 098	2,215	2,215	2,315
Management	283 486	278 041	281 428	303 528	303 528	303 528	317,519	332,225	347,175
Corporate Services									
Property Management									
TOTAL	**285 464**	**280 137**	**283 587**	**305 626**	**305 626**	**305 626**	**319 734**	**334 440**	**349 490**

Table 16. Administration - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**280 406**	**278 182**	**278 338**	**303 616**	**303 616**	**303 616**	**317 633**	**332 243**	**347 194**
Compensation of employees	237 808	233 788	234 288	261 197	261 197	261 197	266,862	279,138	291,699
Goods and services	**42 598**	**44 394**	**44 050**	**42 419**	**42 419**	**42 419**	50,771	53,105	55,495
Communication	10 457	11 338	11 289	9 297	9 297	9 297	13,132	13,406	14,009
Computer Services	102	725	343	-	-	-	-	-	-
Consultants Contractors and special services	653	1843	1410	0	0	0	-	-	-
Inventory	100	7	5	-	-	-	-	-	-
Operating leases	3 854	4 380	5 454	2 994	2 994	2 994	5,928	6,172	6,450
Travel and subsistence	6 288	5 643	6 710	-	-	-	4,000	4,184	4,372
Maintenance repair and running costs	-	-	-	256	256	256	-	-	-
Specify other	21 144	20 458	18 839	29 872	29 872	29 872	27 711	29 343	30 664
Transfers and subsidies to	**2 387**	**1 845**	**3 290**	**1 710**	**1 710**	**1 710**	1,788	1,870	1,954
Provinces and municipalities	77	58	50	64	64	64	68	71	74
Departmental agencies and accounts									
Universities and technikons									
Households	2 310	1 787	3 240	1 646	1 646	1 646	1,720	1,799	1,880
Payments for capital assets	**1 401**	**110**	**47**	**300**	**300**	**300**	313	327	342
Buildings and other fixed structures									
Machinery and Equipment	1 401	110	47	300	300	300	313	327	342
Payment of Financial asset	1 270	-	1 913	-	-	-	- .	-	-

Total economic classification	**285 464**	**280 137**	**283 587**	**305 626**	**305 626**	**305 626**	**319 734**	**334 440**	**349 490**

1.3 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 programme has spent total of R 849.2 million from 2021/22 to 2023/24, with an average growth rate of 2.0 per cent annually. The proposed MTEF from 2025/26 to 2027/28 projected spending of R 1 003 billion over the medium term at an average growth rate of 4.6 per cent per year, programme will grow by at least 4.6 per cent below the inflation rate of 5.1 per cent. The proposed MTEF from 2025/26 to 2027/28 projected at R 1 003 billion that will be used to maintain the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

1.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare	✓ Inadequate Records management	✓ Continue with the scanning and archiving of records
	✓ System outages	✓ Replace Network switches and routers. ✓ Implement Central HIS
	✓ Incomplete assets reported ✓ Duplicate assets reported in the asset register ✓ Assets not valued correctly	✓ Monitor the implementation of the current control measure (conducting at least one asset verification in a financial year)

Outcome	Key Risk	Risk Mitigation
	✓ Incurrence Fruitless and wasteful expenditure	✓ Monitor Implementation of current control measures (Conducting of determination tests). ✓ Monitor Implementation of current control measures (Recovery from officials and service providers)
	✓ Incurrence of unauthorized expenditure (spent funds more than appropriated funds or used allocated funds for purposes other than those intended	✓ Report on expenditure vs budget monthly for all sources of funds to identify possible overspending in advance and curb spending or source additional funds from Provincial Treasury.
	✓ Inadequate management of Fraud and Corruption	✓ Monitor Implementation of current control measures (awareness campaigns) ✓ Monitor Implementation of current control measures(Complacence with policies and procedures) ✓ Monitor implementation of recommendations per investigation report
	✓ Increased litigations (increasing contingent liabilities – Money claimed against the state)	✓ Provisioning of training for clinical managers and medical doctors on ethics and general management ✓ Utilize developed unified patient health information system ✓ Monitor Implementation of consequence management ✓ Reduction of medico-legal expenditure through alternate dispute resolution (ADR)

Outcome	Key Risk	Risk Mitigation
		✓ Strengthen defence of medico legal cases to reduce expenditure
	✓ Inability to respond to Disaster	✓ Develop BCM policy in line with the approved provincial BCM framework ✓ Co-ordinate the appointment of BCP committee ✓ Monitor the functioning of the committees and implementation of the plans
	✓ Shortage of required skills mix	✓ Prioritise allocated budget and ✓ Head hunting shortage of skilled personnel.
	✓ Inadequate implementation procurement processes/prescripts resulting in irregular expenditure	✓ Monitor to ensure that determination tests are conducted within 30 days in line with the PFMA reporting and framework. ✓ Procurement of services by the professional service provider to conduct pre-audit of bids prior award.
	✓ Escalating crime activities in health facilities	✓ Monitor Implementation of SLA for security services and in service training & awareness
	✓ Limited capacity of resources in training and development	✓ Monitor Implementation of in-service training programme in collaboration with directorates

Programme 2: District Health Services

2.1 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.

2.2 Sub-programme: Primary Healthcare Services

2.2.1 Purpose

Strengthening provisioning of PHC services through coordination and integration of existing municipal ward-based outreach teams in the districts.

Table 17. PHC Outcome, outputs, output indicators and Targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Improved patient experience of care	1.1 Patient experience of care survey rate	New indicator	New indicator	New indicator	New indicator	100%	-	100%	-	-	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Improved PHC mental disorders treated	2.1 PHC mental disorders treatment rate new	New indicator	New indicator	New indicator	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.3%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The outputs contribute towards improving the quality of health care services offered to patients and preparing PHC facilities for the NHI roll-out as shown in Part B.

b) The selected output indicators allow for monitoring of the quality of healthcare received by the patients and progress made to realise the ideal clinic status rate for NHI implementation.

c) The department will strengthen efforts towards having more clinics become ideal and ascertain that those that are ideal maintain their status.

2.3 Sub-programme: District Hospitals

2.3.1 Purpose

To provide level 1 hospital services and support the PHC facilities within the catchment area.

Table 18. District hospitals outcomes, outputs, output indicators, and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Improved patient experience of care	1.1 Patient experience of care survey rate	New indicator	New indicator	New indicator	New indicator	100%	-	100%	-	-	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The outputs contribute towards improving the quality of healthcare service offerings in district hospitals as well as strengthening efforts towards the reduction of child and maternal mortalities.

b) The selected output indicators will help monitor the quality of care offered to patients at the level of a district hospital in order to reduce incidents of adverse events and monitor trends towards reduced child and maternal mortalities.

c) The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility.

2.4 Sub-programme: HIV and AIDS, STI Control (HAST) -

2.4.1 Purpose:

To strive for the combat of HIV and AIDS and decreasing the burden of diseases from TB and other communicable diseases.

Table 19. HAST outcome, outputs, output indicators, and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Life expectancy improved to 70 years	Reduced HIV positive 5-14 years (excl. ANC)	1.1 HIV positive 5-14 years (excl. ANC) rate	New Indicator	New Indicator	New Indicator	New Indicator	1%	1%	1%	1%	1%	0.9%	0.8%
		Numerator:	-	-	-	-	560	-	-	-	-	500	445
		Denominator:	-	-	-	-	55 536	-	-	-	-	55 536	55 536
	Reduced HIV positive 15-24 years (excl. ANC)	1.2 HIV positive 15-24 years (excl. ANC) rate	1.4%	1.2%	1%	1.8%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.7%
		Numerator:	-	4514	3984	7110	3600	-	-	-	-	3500	3100
		Denominator:	-	373716	379919	394842	394842	-	-	-	-	394842	394842
	Improved ART adult remain in care – total	1.3 ART adult remain in care rate (12 months)	61.7%	65.2%	70.6%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	20304	20096	20133	28215	28215	-	-	-	-	28215	28215
		Denominator:	32901	30083	28532	29700	29700	-	-	-	-	29700	29700
	Improved ART child remain in care – total	1.4 ART child remain in care rate (12 months)	67.3%	75.9%	81.9%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	526	529	600	800	800	-	-	-	-	800	800
		Denominator:	781	697	733	840	840	-	-	-	-	840	840
	Improved ART adult viral load under 50	1.5 ART Adult viral load suppressed rate - below 50 (12 months)	85.7%	87.7%	71.4%	95%	95%	95%	95%	95%	95%	95%	95%

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
		Numerator:		14591	12646	25464	25464	-	-	-	-	25464	25464
		Denominator:		16636	17715	26804	26804	-	-	-	-	26804	26804
	Improved ART child viral load under 50	1.6 ART child viral load suppressed rate - below 50 (12 months)	66.5%	58.4%	32.9%	95%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	216	230	169	720	720	-	-	-	-	720	720
		Denominator:	350	394	514	758	758	-	-	-	-	758	758
	Improved start on treatment by 5 years and older DS-TB clients	2.1 Number of DS-TB treatment start 5 years and older	New Indicator	New Indicator	New Indicator	New Indicator	9252	2313	2313	2313	2313	9440	9628
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Improved start on treatment by under 5 years DS-TB clients	2.2 Number of DS-TB treatment start under five years	New Indicator	New Indicator	New Indicator	New Indicator	336	84	84	84	84	346	352
		Numerator:	-	-	-	-		-	-	-	-	-	-
		Denominator:	-	-	-	-		-	-	-	-	-	-
	All DS-TB clients completed the treatment successfully	2.3 All DS-TB client treatment success rate[1]	77%	79%	68.%	69%	81%	81%	81%	81%	81%	82%	83%
		Numerator:	6304	5793	9086	5566	6536	-	-	-	-	6616	6701
		Denominator:	8186	7333	13216	8066	8066	-	-	-	-	8066	8066
	All TB RR/MDR started on treatment	3.1 TB Rifampicin resistant/ Multidrug-resistant treatment start	New indicator	New indicator	New indicator	New indicator	255	63	64	64	64	250	245
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	All TB RR-/MDR completed the treatment successfully	3.2 TB Rifampicin resistant/ Multidrug-resistant treatment success rate[2]	New indicator	New indicator	6.7%	8%	6.6%	6.6%	6.6%	6.6%	6.6%	6.2%	5.9%
		Numerator:	-	-	13	24	20	-	-	-	-	19	18
		Denominator:	-	-	195	302	302	-	-	-	-	302	302

[1]All DS-TB outcome data is reported 12 months later.

[2]RR/MDR-TB outcome data is reported 12 months later.

Explanation of Planned Performance over the Medium-Term Period:

a) The outputs aim to achieve an empowered and healthy population by improving the health outcomes of clients affected by HIV and TB as depicted in Part B.
b) The output indicators track key performance in reducing morbidity and mortality because of TB and HIV. The assumption is that medicine availability will be sustained at the required levels.
c) In achieving the set performance the department will among others intensify patient tracing through community health workers (CHW) and stakeholders as well as the implementation of the Finding Missing TB Patients strategy. The department will as well strengthen the implementation of the Direct Observed Treatment (DOT) strategy for all TB patients. In addition the department will ascertain the effective roll-out of U-LAM at Primary Healthcare facilities. Retention of patients on treatment will be closely observed in achieving the last two 90-90 of the 90-90-90 strategy based on historical performance as demonstrated in Part B of the plan.

2.5 Sub-programme: Mother, Child, Women Health, and Nutrition (MCWH&N)

2.5.1 Purpose

To steer interventions for the reduction of maternal and child morbidity and mortality.

Table 20. MCWH&N outcome, outputs, output indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Life expectancy improved to 70 years	Improved couple year protection	1.1Couple year protection rate	51.9%	46.5%	60.3%	New indicator	60%	60%	60%	60%	60%	61%	62%
		Numerator:	-	-	-	-		-	-	-	-	-	-
		Denominator:	-	-	-	-		-	-	-	-	-	-
	Reduced adolescent pregnancy	1.2 Number of deliveries in 10 to 14 years in facility	New indicator	New indicator	New indicator	New indicator	375	93	94	94	94	337	303
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Increased percentage of women attending ANC before 20 weeks	1.3 Antenatal 1st visit before 20 weeks rate	66.7%	67.5%	61.7%	68%	68.5%	68.5%	68.5%	68.5%	68.5%	69%	69.5%
		Numerator:	84368	77839	65233	78463	79050	-	-	-	-	79700	80200
		Denominator:	126513	115387	105742	115387	115387	-	-	-	-	115387	115387
	Increased percentage of mothers attending postnatal care between 0-6 days	1.4 Mother postnatal visit within 6 days rate	95.2%	97.6%	93.6%	97%	97%	97%	97%	97%	97%	97.5%	98%
		Numerator:	127534	118124	104083	117425	117435	-	-	-	-	118040	118690
		Denominator:	133971	121057	111151	121057	121057	-	-	-	-	121057	121057
	Deaths in children under five years of age from	2.1 Child under 5 years diarrhoea case fatality rate	New Indicator	New Indicator	1.7%	2.3%	2%	2%	2%	2%	2%	1.8%	1.6%
		Numerator:	-	-	81	75	68	-	-	-	-	60	53

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
	diarrhoea, pneumonia, and severe acute malnutrition reduced	**Denominator**:	-	-	4893	3281	3281	-	-	-	-	3281	3281
		2.2 Child under 5 years pneumonia case fatality rate	New Indicator	New Indicator	2.3%	2.5%	2,3%	2,3%	2,3%	2,3%	2,3%	2.2%	2.1%
		Numerator:	-	-	105	72	69	-	-	-	-	64	63
		Denominator:	-	-	4511	2883	2883	-	-	-	-	2883	2883
		2.3 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	12.9%	7.3%	11%	11%	11%	11%	11%	10%	9%
		Numerator:	-	-	145	70	70	-	-	-	-	69	68
		Denominator:	-	-	1124	954	954	-	-	-	-	954	954
	Increased percentage of fully immunized by one year of age	2.4 Immunisation under 1 year coverage	69.2%	67.5%	74.3%	75%	76%	76%	76%	76%	76%	78%	80%
		Numerator:	86468	84567	93639	94808	96100	-	-	-	-	98600	101229
		Denominator:	124972	125299	125709	126410	126410	-	-	-	-	126410	126410
	Increased percentage of children receiving two doses of measles containing vaccine	2.5 MR 2nd dose 1 year coverage	New indicator	New indicator	New indicator	New indicator	85%	85%	85%	85%	85%	86%	87%
		Numerator:	-	-	-	-	111278	-	-	-	-	112600	113800
		Denominator:	-	-	-	-	126410	-	-	-	-	126410	126410
	Birth infant PCR test positive rate reduced	3.1 Infant 1st PCR test positive at birth rate	New indicator	New indicator	New indicator	New indicator	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%
		Numerator:	-	-	46	152	120	-	-	-	-	100	80

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	7610	21657	19963	-	-	-	-	19963	19963
	Improved cervical cancer prevention	4.1 Cervical cancer screening coverage	New indicator	New indicator	New indicator	9%	28%	28%	28%	28%	28%	29%	30%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The health of mothers and children remains a priority for the health sector in the attainment of life expectancy. The outputs are key in measuring the women and child health trends shown in Part B. These trends are used to strengthen efforts to reduce both child and maternal mortalities.

b) Prevention and promotion of women's and children's health through family planning early ANC visits and children's vaccination are essential in improving morbidity and reducing mortality among the target groups. Measuring institutional mortalities will aid in the disaggregation of maternal and child mortalities to facilities to attach the accountability of mortalities to referring institutions rather than pointing accountability only to the Tertiary Hospitals.

c) The department intends to achieve the targets through among others increasing access to reproductive health services wherein youth are a target population. Approaches such as the Youth Friendly Services (YFS) and SHE Conquers campaigns will be used to reach out to the target population. In terms of neonates' care the department is implementing the Maternal and Child Centre of Excellence (MCCE) to improve infrastructure for neonatal health services. In addition the department will conduct awareness campaigns on the prevention of unplanned and unwanted pregnancies including the use of family planning methods. Furthermore the department will increase awareness in communities on the management of childhood illnesses through among others the ward-based outreach teams.

2.6 Sub-programme: Disease Prevention and Control

2.6.1 Purpose

To ensure prevention and control of the non-communicable disease.

Table 21. DPC outcome, outputs, output indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Life expectancy improved to 70 years	Malaria deaths reported	1.1 Malaria case fatality rate	0.43%	1.25%	0.74%	<1%	<1%	-	-	-	<1%	<1%	<1%
		Numerator:	16	28	35	22		-	-	-			
		Denominator:	1978	2231	4703	2231		-	-	-			

Explanation of Planned Performance over the Medium-Term Period:

a) The output contributes towards striving for a reduced prevalence of malaria incidences among the community in the province.

b) The output is selected to monitor trends in key NCDs and treatment effectiveness.

c) The department will continue conducting community awareness campaigns on early health-seeking behaviour.

2.7 Reconciling Performance Targets with Expenditure Trends

Table 22. DHS – Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
R' thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
District Management	540 190	486 437	591 990	618 193	618 193	618 193	651 741	693 414	724 619

Clinics	3 367 914	3 531 810	3 737 058	3 669 932	3 669 932	3 669 932	3 901 514	4 083 489	4 267 246
Community Health Centres	594 824	648 110	648 285	716 494	716 494	716 494	746 979	781 340	816 501
Community-based Services	327 139	814 863	665 612	816 268	816 268	816 268	879 581	920 041	961 443
Other Community Services	175 435	651 387	468 650	643 968	643 968	643 968	639 189	668 784	698 880
HIV and AIDS	2 441 196	2 020 583	1 857 863	1 988 305	1 988 305	1 988 305	1 997 860	2 089 505	2 183 533
Nutrition	27 769	7 785	4 581	19 269	19 269	19 269	20 132	21 059	22 007
District Hospitals	7 013 849	7 245 195	7 899 307	7 823 504	7 823 504	7 823 504	8 350 059	9 140 383	9 551 690
TOTAL	**14 488 316**	**15 406 170**	**15 873 346**	**16 295 933**	**16 295 933**	**16 295 933**	**17 187 055**	**18 398 015**	**19 225 919**

Table 23. DHS - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**13 924 905**	**15 048 663**	**15 633 038**	**16 025 844**	**16 025 844**	**16 025 844**	**16 903 284**	**18 101 906**	**18 916 484**
Compensation of employees	9 989 569	10 750 096	10 714 203	11 644 037	11 644 037	11 644 037	12 387 251	12 926 678	13 508 374
Goods and services	**3 935 336**	**4 298 567**	**4 918 679**	**4 381 807**	**4 381 807**	**4 381 807**	**4 516 033**	**5 175 228**	**5 408 110**
Communication	59 255	52 896	48 852	65 663	65 663	65 663	70 177	79 033	82 589
Computer Services	115 619	111 770	177 875	209 004	209 004	209 004	242 825	263 995	275 875
Consultants Contractors and special services	17 222	19 191	20 698	75 506	75 506	75 506	80 395	84 085	87 869
Inventory	1 857 212	2 091 199	2 257 634	1 943 941	1 943 941	1 943 941	2 106 453	2 395 591	2 503 384
Operating leases	5 638	4 968	3 970	4 656	4 656	4 656	4 964	5 238	5 474

Travel and subsistence	44 381	62 036	28 387	32 591	32 591	32 591	43 935	44 399	46 398
Maintenance repair and running costs	93 634	55 186	98 113	110 385	110 385	110 385	107,531	112,477	117,539
Specify other	1 742 375	1 901 321	2 283 150	1 940 061	1 940 061	1 940 061	1 859 753	2 190 410	2 288 982
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**212 656**	**116 040**	**120 980**	**98 462**	**98 462**	**98 462**	**102 752**	**107 385**	**112 218**
Provinces and municipalities	1 030	1 088	1 101	1 184	1 184	1 184	1 206	1 262	1 319
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	211 626	114 952	119 879	97 278	97 278	97 278	101 546	106 123	110 899
Payments for capital assets	**350 755**	**241 467**	**119 328**	**171 627**	**171 627**	**171 627**	**181 019**	**188 724**	**197 217**
Buildings and other fixed structures	21 611	33 232	7 677	35 000	35 000	35 000	-	-	-
Software and other intangible assets	-	476	-	-	-	-	-	-	-
Machinery and equipment	329 144	207 759	111 650	136 627	136 627	136 627	181 019	188 724	197 217
Total economic classification	**14 488 316**	**15 406 170**	**15 873 345**	**16 295 933**	**16 295 933**	**16 295 933**	**17 187 055**	**18 398 015**	**19 225 919**

2.8 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 immunization 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 R45.7 billion from 2021/22 to 2023/24 while the 2024/25 budget amounts to R16.3 billion. The proposed MTEF from 2025/26 to 2027/28 projected at R54.8 billion will be used to maintain and improve the current services.

2.9 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Life expectancy improved to 70 years	✓ Inability to offer 24hr PHC service to communities	✓ Budget for continued recruitment of PNs ✓ Installation of hybrid electrical power
	✓ Non or inadequate investigations and /or reporting of cases	✓ Monitor compliance to reporting and closure

Outcome	Key Risk	Risk Mitigation
	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines
		✓ Monitor availability of medicine to be above 80% ✓ Monitor adherence to patient waiting times within standards
	✓ Seasonal malaria outbreaks in communities	✓ Monitor surveillance & indoor residual spraying
	✓ Increased Health Burden	✓ Monitor implementation of community awareness campaigns ✓ Monitor implementation of surveillance system for notifiable medical condition ✓ Monitor the implementation of the universal test and treat intervention

Programme 3: Emergency Medical Services

3.1 Purpose

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

Table 24. EMS outcome outputs output indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Life expectancy improved to 70 years	EMS P1 urban response under 30 minutes	1.1 EMS P1 urban response under 30 minutes rate	52.5%	65%	75.4%	65%	85%	85%	85%	85%	85%	87%	90%
		Numerator:	237	347	260	300	-	-	-	-	-	-	-
		Denominator:	451	534	345	460	-	-	-	-	-	-	-
	EMS P1 rural response under 60 minutes	1.2 EMS P1 rural response under 60 minutes rate	45.5%	70%	72.1%	70%	85%	85%	85%	85%	85%	87%	90%
		Numerator:	1778	2366	2780	2800	-	-	-	-	-	-	-
		Denominator:	3905	3379	3854	4000	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) Improved response time and availability of EMS vehicles to attend to incidents are critical in increasing access to emergency medical services.
b) Measuring response times in urban and rural areas helps in monitoring accessibility to EMS by the communities.
c) The department will implement a Computerised Assisted Call Tracking & Dispatch system to ensure that ambulances' response to the scene of calls is improved. In improving personnel capacity the department will continue to attract and recruit Advanced Life Support Paramedics in improving capacity to respond to priority (critical) calls.

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 25. EMS - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
R' thousand									
Emergency Transport	903 533	1 038 525	1 577 144	1 124 583	1 124 583	1 124 583	1 151 774	1 204 756	1 258 973
Planned Patient Transport									
TOTAL	**903 533**	**1 038 525**	**1 577 144**	**1 124 583**	**1 124 583**	**1 124 583**	**1 151 774**	**1 204 756**	**1 258 973**

Table 26. EMS - Summary of provincial expenditure by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**873 177**	**950 886**	**1 013 316**	**997 842**	**997 842**	**997 842**	**1 060 044**	**1 108 807**	**1 158 706**
Compensation of employees	757 419	774 821	794 295	845 241	845 241	845 241	863 008	902 706	943 328
Goods and services	**115 758**	**176 065**	**219 021**	**152 601**	**152 601**	**152 601**	**197 036**	**206 101**	**215 378**
Communication	6 109	1 431	6 734	6 268	6 268	6 268	7 094	7 135	7 456
Computer Services	-	-	14 823	-	-	-	-	-	-
Consultants Contractors and special services	1 880	6 554	4 297	21 799	21 799	21 799	7 776	8 100	8 465
Inventory	3 582	2 044	4 029	909	909	909	950	994	1 039
Operating leases	138	136	95	165	165	165	225	235	246
Travel and subsistence	520	412	466	-	-	-	-	-	-

Maintenance repair and running costs	74 778	121 920	108 244	60 390	60 390	60 390	92 655	97 236	101 612
Specify other	28 751	43 568	80 331	63 070	63 070	63 070	88 336	92 401	96 560
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**2 338**	**2 333**	**2 444**	**1 299**	**1 299**	**1 299**	**1 352**	**1 414**	**1 478**
Provinces and municipalities	580	814	1 102	978	978	978	1 017	1 064	1 112
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	1 758	1 519	1 342	321	321	321	335	350	366
Payments for capital assets	**28 018**	**85 306**	**561 383**	**125 442**	**125 442**	**125 442**	**90 378**	**94 535**	**98 789**
Buildings and other fixed structures	-	-	2 418	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	28 018	85 306	558 966	125 442	125 442	125 442	90 378	94 535	98 789
Total economic classification	**903 533**	**1 038 525**	**1 577 144**	**1 124 583**	**1 124 583**	**1 124 583**	**1 151 774**	**1 204 756**	**1 258 973**

3.3 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 R3.5 billion in 2021/22 to 2023/24 while the 2024/25 budget amounts to R1.1 billion. The MTEF from 2025/26 to 2027/28 is projected at R3.6 billion. This amount will be used to maintain and improve the current services.

3.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Life expectancy improved to 70 years	✓ EMS service not responsive to community needs	✓ Monitor distribution of crewed ambulances allowing access to all communities ✓ Monitor computerized assisted call taking & dispatch system
	✓ Non or inadequate investigations and /or reporting of cases	✓ Monitor compliance with reporting and closure

Programme 4: Provincial Hospitals Services

4.1 Purpose

The purpose of the programme is the delivery hospital services which are accessible appropriate and effective and to provide general specialist services including specialised drug-resistant TB and rehabilitation services as well as a platform for training health professionals and research. Programme purpose include the rendering of hospital services at a general specialist level providing specialist psychiatric hospital services for people with mental illness and intellectual disability providing in-patient care for complicated drug-resistant tuberculosis and providing a platform for training of health workers and research.

4.2 Sub-programme: Regional Hospitals

4.2.1 Purpose

Provide specialized rehabilitation services as well as a platform for training health professionals.

Table 27. Regional hospitals outcomes, outputs, output indicators, and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Patient experience of care survey	1.1 Patient experience of care survey rate	New indicator	New indicator	New indicator	New indicator	100%	-	100%	-	-	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The outputs contribute towards improving the quality of healthcare service offering at regional hospitals.

b) The selected indicators leverage for monitoring the quality of care offered to patients at the level of a regional hospital in order to reduce incidents of adverse events. Measuring institutional mortalities will aid in the disaggregation of maternal and child mortalities to facilities to attach the accountability of mortalities to referring institutions rather than pointing accountability only to the Tertiary Hospitals.

c) The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility. In terms of reducing maternal neonatal infant and child under five mortalities, the department will continue creating awareness among communities on the management of childhood illness and increasing access to reproductive health services. Furthermore, the department will conduct awareness campaigns on preventing unplanned and unwanted pregnancies, including using family planning methods. Among staff, the departments will continue implementing key interventions such as ESMOE and IMCI training.

4.3 Sub-programme: Specialised Hospitals

4.3.1 Purpose

To provide specialist psychiatric hospital services for people with mental illness and intellectual disability and provide a platform for the training of health workers and research and tuberculosis hospital services.

Table 28. Specialised hospitals outcome, outputs, output indicators, and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Patient experience of care survey	1.1 Patient experience of care survey rate	New indicator	New indicator	New indicator	New indicator	100%	-	100%	-	-	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) Specialised psychiatric and drug-resistant TB hospitals need to achieve and maintain good offerings of quality services with proper governance structures (mental health review boards and hospital boards) to be responsive to the beneficiaries including people with mental disabilities.
b) The selected indicators will help in monitoring the quality of care offered to patients at the level of a specialised hospital in order to reduce incidents of adverse events.
c) The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility.

4.4 Reconciling Performance Targets with Expenditure Trends

Table 29. Provincial Hospitals - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
R' thousand									
General (regional) hospitals	2 149 379	2 103 723	2 244 472	2 321 258	2 321 258	2 321 258	2 430 286	2 542 356	2 656 764
Psychiatric hospitals	580 362	568 680	613 983	662 903	662 903	662 903	686 548	718 130	750 448
TB Hospitals	41 579	45 900	43 983	55 262	55 262	55 262	49 313	51 302	53 610
TOTAL	**2 771 320**	**2 718 303**	**2 902 438**	**3 039 423**	**3 039 423**	**3 039 423**	**3 166 147**	**3 311 788**	**3 460 822**

Table 30. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**2 750 123**	**2 701 852**	**2 862 072**	**3 018 730**	**3 018 730**	**3 018 730**	**3 144 526**	**3 289 173**	**3 437 190**

Compensation of employees	2 350 565	2 263 162	2 317 750	2 537 461	2 537 461	2 537 461	2 553 432	2 670 889	2 791 080
Goods and services	**399 558**	**438 690**	**544 322**	**481 269**	**481 269**	**481 269**	**591 094**	**618 284**	**646 110**
Communication	6 850	6 917	6 917	7 375	7 375	7 375	9 524	9 882	10 327
Computer Services	-	278	31	-	-	-	-	-	-
Consultants Contractors and special services	589	21	25	-	-	-	-	-	-
Inventory	226 636	270 925	354 682	300 470	300 470	300 470	337 720	353 335	369 237
Operating leases	1 048	1 129	983	1 450	1 450	1 450	1 724	1 803	1 884
Travel and subsistence	1 208	2 297	1 366	-	-	-	-	-	-
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	163 227	157 123	180 318	171 974	171 974	171 974	242 126	253 264	264 662
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**19 999**	**14 746**	**12 829**	**15 521**	**15 521**	**15 521**	**16 216**	**16 962**	**17 725**
Provinces and municipalities	88	98	75	162	162	162	169	177	185
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	19 911	14 648	12 754	15 359	15 359	15 359	16 047	16 785	17 540
Payments for capital assets	**1 198**	**1 705**	**27 538**	**5 172**	**5 172**	**5 172**	**5 405**	**5 653**	**5 907**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-

Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 198	1 705	27 538	5 172	5 172	5 172	5 405	5 653	5 907
Total economic classification	**2 771 320**	**2 718 303**	**2 902 438**	**3 039 423**	**3 039 423**	**3 039 423**	**3 166 147**	**3 311 788**	**3 460 822**

4.5 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 specialized 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 R8.3 billion in 2021/22 to 2023/24 while the 2024/25 budget amounts to R3.0 billion. The MTEF from 2025/26 to 2027/28 is projected at R9.9 billion. This amount will be used to maintain the prevailing services.

4.6 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare	✓ Increased litigations (increasing contingent liabilities – Money claimed against the state)	✓ Utilize developed unified patient health information system ✓ Monitor implementation of clinical reviews and audits(Mortality and morbidity reviews and training)
	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines

Programme 5: Central & Tertiary Hospitals Services

5.1 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 highly specialised health care services; provisioning a platform for the training of health workers; and serving as specialist referral centres for regional hospitals.

Table 31. Tertiary hospital outcome, outputs, output indicators, and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Patient experience of care survey	1.1 Patient experience of care survey rate	New indicator	New indicator	New indicator	New indicator	100%	-	100%	-	-	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

a) The outputs contribute towards improving the quality of healthcare service offering at tertiary hospitals.

b) The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility. In terms of reducing maternal neonatal infant and child under five mortalities the department will continue creating awareness among communities on the management of childhood illness and increase access to reproductive health services. Furthermore, the department will conduct awareness campaigns on the prevention of unplanned and unwanted pregnancies including the use of family planning methods. Among staff the departments will continue implementing key interventions such as ESMOE and IMCI training.

5.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 32. C&THS - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Tertiary hospital	2 108 496	2 090 968	2 302 326	2 202 211	2 202 211	2 202 211	2 267 359	2 398 482	2 506 416
	–	–	–	–	–	–	–	–	–
TOTAL	**2 108 496**	**2 090 968**	**2 302 326**	**2 202 211**	**2 202 211**	**2 202 211**	**2 267 359**	**2 398 482**	**2 506 416**

Table 33. C&THS - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**2 062 879**	**1 991 095**	**2 161 774**	**2 096 775**	**2 096 775**	**2 096 775**	**2 189 667**	**2 317 538**	**2 421 829**
Compensation of employees	1 559 945	1 480 378	1 534 395	1 549 074	1 549 074	1 549 074	1 571 292	1 666 274	1 741 257
Goods and services	**502 934**	**510 717**	**627 379**	**547 701**	**547 701**	**547 701**	**618 375**	**651 264**	**680 572**
Communication	4 390	4 364	4 251	4 971	4 971	4 971	8 716	9 117	9 527
Computer Services	-	-	-	-	-	-	-	-	-
Consultants Contractors and special services	23 159	22 799	25 363	22 667	22 667	22 667	23 682	24 771	25 886
Inventory	319 075	346 666	412 122	309 038	309 038	309 038	339 893	359 970	376 169
Operating leases	1 496	1 580	1 332	3 672	3 672	3 672	2 896	3 029	3 165
Travel and subsistence	1 056	3 875	675	118	118	118	123	129	135

Maintenance repair and running costs	31	30	69	84	84	84	88	92	96
Specify other	153 727	131 403	183 567	207 151	207 151	207 151	242 977	254 156	265 594
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**14 493**	**7 589**	**7 214**	**1 076**	**1 076**	**1 076**	**1 124**	**1 176**	**1 229**
Provinces and municipalities	37	49	32	73	73	73	80	84	88
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	14 456	7 540	7 182	1 003	1 003	1 003	1 044	1 092	1 141
Payments for capital assets	**31 124**	**92 284**	**133 337**	**104 360**	**104 360**	**104 360**	**76 568**	**79 768**	**83 358**
Buildings and other fixed structures	-	-	5 499	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	31 124	92 284	127 838	104 360	104 360	104 360	76 568	79 768	83 358
Total economic classification	**2 108 496**	**2 090 968**	**2 302 326**	**2 202 211**	**2 202 211**	**2 202 211**	**2 267 359**	**2 398 482**	**2 506 416**

5.3 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 for elective surgery or treatment due to the availability of speciality 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 R6.5 billion from 2021/22 to 2023/24 while the 2024/25 budget amounts to R2.2 billion. The MTEF from 2025/26 to 2027/28 is projected at R7.2 billion which will be used to maintain the current service.

5.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare	Increased litigations (increasing contingent liabilities – Money claimed against the state)	✓ Utilize developed unified patient health information system ✓ Monitor implementation of clinical reviews and audits(Mortality and morbidity reviews and training)
	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines

Programme 6: Health Sciences Training

6.1 Purpose

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

Table 34. HST outcome, outputs, output indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	New nursing students registered in diploma in nursing: General	1.1 Number of new nursing students registered for a diploma in nursing: General	New indicator	New indicator	150	150	150	-	-	-	150	200	250
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) Skills development among health personnel in different specialities affords improved access to service delivery.
b) Indicators on the training of additional health personnel in basic nursing qualification and key specialities contribute towards the realisation of improved health outcomes.
c) The department will continue monitoring and ensuring support to medical students including the Cuban programme.

6.2 Reconciling Performance Targets with Expenditure Trends

Table 35. HST - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
R' thousand									
Nurse training colleges	163 593	148 901	146 776	168 686	168 686	168 686	173 593	181 650	189 825
EMS training colleges	2 610	2 826	2 954	5 104	5 104	5 104	5 333	5 578	5 828
Bursaries	81 538	49 966	18 387	70 250	70 250	70 250	62 935	59 887	62 582
PHC training	-	-	-	-	-	-	-	-	-
Other training	251 132	437 272	429 560	422 197	422 197	422 197	440 405	460 667	481 397
TOTAL	**498 873**	**638 965**	**597 678**	**666 237**	**666 237**	**666 237**	**682 266**	**707 782**	**739 632**

Table 36. HST - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**414 697**	**547 398**	**535 526**	**576 262**	**576 262**	**576 262**	**598 736**	**626 351**	**654 537**
Compensation of employees	398 977	529 717	516 233	546 874	546 874	546 874	562 263	588 130	614 596
Goods and services	**15 720**	**17 681**	**19 293**	**29 388**	**29 388**	**29 388**	**36 473**	**38 221**	**39 941**
Communication	631	565	619	690	690	690	871	917	958
Computer Services	-	-	-	-	-	-	-	-	-
Consultants Contractors and special services	-	-	-	-	-	-	-	-	-

Inventory	18	70	115	310	310	310	424	449	469
Operating leases	319	430	403	1 152	1 152	1 152	1 353	1 415	1 479
Travel and subsistence	890	2 579	2 249	1 317	1 317	1 317	1 263	1 112	1 162
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	13 862	14 037	15 907	25 919	25 919	25 919	32 562	34 328	35 873
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**83 761**	**91 531**	**61 237**	**89 675**	**89 675**	**89 675**	**83 230**	**81 117**	**84 767**
Provinces and municipalities	128	123	133	141	141	141	147	154	161
Departmental agencies and accounts	-	42 891	41 379	25 000	25 000	25 000	26 120	27 322	28 551
Non-profit institutions		–	–	–	–	–	–	–	–
Households	83 633	48 517	19 725	64 534	64 534	64 534	56 963	53 641	56 055
Payments for capital assets	**415**	**36**	**915**	**300**	**300**	**300**	**300**	**314**	**328**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	415	36	915	300	300	300	300	314	328
Total economic classification	**498 873**	**638 965**	**597 678**	**666 237**	**666 237**	**666 237**	**682 266**	**707 782**	**739 632**

6.3 Performance and Expenditure Trends

The purpose is to render health care training and development of staff. The allocated budget has a direct impact on the achievements of targets in the following ways:

- Training of nursing medical and allied professionals
- Training of EMS professionals
- Cater for the internship and community services of health professionals

The budget allocated over the MTEF is sufficient to fund the current students on Cuban Scholarship Programme.

Reduction in the shortage of EMS practitioners e.g. the department uses 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 2021/22 to 2023/24 while the 2024/25 budget amounts to R666.2 million. The proposed MTEF from 2025/26 to 2027/28 is projected at R2.1 billion which will be used to maintain the current services.

6.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare		

Programme 7: Healthcare Support Services

7.1 Purpose

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

Table 37. HCS outcome, outputs performance indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Essential medicines available at all levels	1.1 Availability of essential medicines depot	70%	68%	77%	70%	78%	78%	78%	78%	78%	78%	78%
		Numerator:	247	240	227	207	-	-	-	-	-	-	-
		Denominator:	353	353	295	295	-	-	-	-	-	-	-
		1.2 Availability of essential medicines in hospitals	63%	70.84%	84%	80%	83%	83%	83%	83%	83%	85%	85%
		Numerator:	231	260	226	215	-	-	-	-	-	-	-
		Denominator:	367	367	269	269	-	-	-	-	-	-	-
		1.3 Availability of essential medicines in PHC facilities	81%	77.7%	84%	80%	82%	82%	82%	82%	82%	84%	85%
		Numerator:	135	129	68	65		-	-	-	-	-	-
		Denominator:	166	166	81	81		-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

a) The outputs strive to ensure constant availability and visibility of medicine in health facilities for improved stock management as demonstrated in Part B.
b) The indicators were chosen to monitor that medicine levels are always at the required levels in health facilities to avoid stock-outs.
c) The department will continue investing in a new ICT system for monitoring stock visibility to avoid unnecessary stock outages.

7.2 Reconciling Performance Targets with Expenditure Trends

Table 38. HCS - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term expenditure estimate		
R' thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Forensic services	47 024	48 790	47 775	50 404	50 404	50 404	52 663	55 084	57 562
Orthotic and prosthetic services	4 987	12 394	11 251	10 145	10 145	10 145	10 600	11 088	11 586
Medicines trading account	517 215	163 630	105 825	96 508	96 508	96 508	100 832	105 469	110 215
TOTAL	**569 226**	**224 814**	**164 851**	**157 057**	**157 057**	**157 057**	**164 095**	**171 641**	**179 363**

Table 39. HSC - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**568 359**	**222 595**	**160 398**	**156 610**	**156 610**	**156 610**	**163 628**	**171 152**	**178 852**
Compensation of employees	101 259	105 961	105 803	99 945	99 945	99 945	99 424	103 997	108 676
Goods and services	**467 100**	**116 634**	**54 595**	**56 665**	**56 665**	**56 665**	**64 204**	**67 155**	**70 176**
Communication	405	396	403	433	433	433	452	472	493
Computer Services	2 297	-	-	-	-	-	-	-	-

Consultants Contractors and special services	30 885	35 451	28 628	31 249	31 249	31 249	35 649	35 649	37 289
Inventory	418 500	68 249	10 790	11 439	11 439	11 439	11 952	12 502	13 064
Operating leases	608	759	1 134	965	965	965	1 008	1,054	1,101
Travel and subsistence	962	405	402	187	187	187	196	205	214
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	13 443	11 374	13 239	12 392	12 392	12 392	14 947	17 273	18 005
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**210**	**92**	**580**	**319**	**319**	**319**	**333**	**349**	**365**
Provinces and municipalities	-	-	8	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	210	92	572	319	319	319	333	349	365
Payments for capital assets	**657**	**2 127**	**3 873**	**128**	**128**	**128**	**134**	**140**	**146**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	657	2 127	3 873	128	128	128	134	140	146
Total economic classification	**569 226**	**224 814**	**164 851**	**157 057**	**157 057**	**157 057**	**164 095**	**171 641**	**179 363**

7.3 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:

- The allocated budget is used to facilitate the purchase and distribution of 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 R958.9 million from 2021/22 to 2023/24 while the 2024/25 budget amounts to R157.1 million. The MTEF from 2025/26 to 2027/28 is projected at R515.1 million which will be used to maintain the current services. The reduction in the 2024 MTEF is due to the removal of bulk PPEs procurement that was linked with the COVID-19 prevalence in 2020/21 and 2021/22. The Department intends to realize this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholders' participation.

7.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare	✓ Poor access to healthcare	✓ Monitor minimum & maximum stock levels and budget for buffer stock

Programme 8: Health Facilities Management

8.1 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.

Table 40. HFM outcome, outputs performance indicators and targets

Outcome (as per SP 2025-2030)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2021/22	2022/23	2023/24	2024/25	2025/26	2025/26 Quarterly Targets				2026/27	2027/28
								Q1	Q2	Q3	Q4		
Improved access to affordable and quality healthcare	Health facilities with completed capital infrastructure projects	1.1 Percentage of Health facilities with completed capital infrastructure projects	New indicator	New indicator	210%	100%	4.7%	-	-	-	4.7%	4.7%	4.7%
		Numerator:	-	-	42	20	5	-	-	-	5	5	5
		Denominator:	-	-	20	20	106	-	-	-	106	106	106

Explanation of Planned Performance over the Medium-Term Period:

a) An improved status of health infrastructure contributes to achieving both the ideal clinic and hospital status by facilities while demonstrating readiness for the roll-out of universal health coverage.
b) An increased percentage of refurbished and maintained health facilities is key in realising improvement in the status of health facilities in light that the province is still operating in former missionary hospitals.
c) The department has spread the budget to target capital works in existing facilities to improve both functionality and compliance with legislation and policy. The department is still operating in pre-democracy health facilities which require refurbishment, renovations, upgrades, and some replacements.
d) The distribution of capital work ranges from new EMS Station upgrades to incorporating mental healthcare unit's stormwater management additional water tanks Refurbishment of wards and replacement of fences for much-needed security in the health facilities.
e) There is a commitment to the ongoing roll-out of maintenance of health facilities. The department will ensure that the reporting system on breakdowns in facilities is functioning effectively to ensure minimal service disruptions as well as prompt repairs in the facilities in case of

any unplanned maintenance. In being proactive in maintenance the department shall ensure that all facilities develop implement and adhere to their maintenance plans.

8.2 Reconciling Performance Targets with Expenditure Trends

Table 41. HFM - Expenditure estimates

Sub-programme	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
R' thousand	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Community Health facilities	1 052 029	925 102	822 268	779 777	779 777	779 777	760 698	843 429	881 383
District Hospital Services	11 042	3 874	-	-	-	-	-	-	-
Provincial Hospitals Services	5 109	997	-	-	-	-	-	-	-
Tertiary Hospitals Services	21 262	85 158	58 593	47 851	47 851	47 851	49 547	51 827	54 159
Other Facilities	195 091	1 034	7 079	20 600	20 600	20 600	20 627	20 656	21 586
Total	**1 284 533**	**1 016 165**	**887 941**	**848 228**	**848 228**	**848 228**	**830 872**	**915 912**	**957 128**

Table 42. HFM - Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
	2021/22	2022/23	2023/24	2024/25			2025/26	2026/27	2027/28
Current payments	**1 082 810**	**695 512**	**608 029**	**539 775**	**539 775**	**539 775**	**485 048**	**554 344**	**579 290**
Compensation of employees	10 948	17 057	13 799	17 341	17 341	17 341	20 193	22 193	23 192
Goods and services	**1 071 862**	**678 455**	**594 231**	**522 434**	**522 434**	**522 434**	**464 855**	**532 151**	**556 098**
Communication	2	159	-	-	-	-	-	-	-
Computer Services	-	-	-	-	-	-	-	-	-

Consultants Contractors and special services	258 375	240 559	265 831	119 355	119 355	119 355	102 007	114 227	119 367
Inventory	783	2 245	1 016	-	-	-	-	-	-
Operating leases	-	-	-	-	-	-	-	-	-
Travel and subsistence	503	884	327	530	530	530	554	530	554
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	812 199	434 608	327 056	402 549	402 549	402 549	362 294	417 394	436 177
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**-**	**38**	**244**	**-**	**-**	**-**	**-**	**-**	**-**
Provinces and municipalities	–	–	–				–	–	–
Departmental agencies and accounts	-	-	-				–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	-	38	244	-	-	-	-	-	-
Payments for capital assets	**201 723**	**320 615**	**279 667**	**308 453**	**308 453**	**308 453**	**345 824**	**361 568**	**377 838**
Buildings and other fixed structures	195 526	305 264	267 216	298 517	298 517	298 517	338 181	357 225	373 300
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Machinery and equipment	6 197	15 351	12 451	9 936	9 936	9 936	7 643	4 343	4 538
Total economic classification	**1 284 533**	**1 016 165**	**887 940**	**848 228**	**848 228**	**848 228**	**830 872**	**915 912**	**957 128**

8.3 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, 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 R3.1 billion from 2021/22 to 2023/24 while the 2024/25 budget amounts to R848.2 million. The MTEF from 2025/26 to 2027/28 is projected at R2.7 billion. This amount will be used to maintain 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.

8.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved access to affordable and quality healthcare	✓ Unsafe infrastructure	✓ Bidding for budget by institutions/ districts ✓ Improve PMIS compliance to qualify for higher incentive allocation ✓ SOP/manual for scheduled maintenance per category of items

Public Entities

The department does not have public entities in existence.

Infrastructure Projects

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Backlog Maintenance Programme 8	Maintenance Programme 8: Backlog Maintenance for health inst -HFRG -Condition assessments and Installation of fences -Electrical Maintenance -General building maintenance -repair storm water damage -roof repairs -supply of burglars and windows -Fire Maintenance -Autoclaves -Emergency CAT generator -Maternity Upgrade -Vinyl flooring and repairs -Fire maintenance -Chiller plants -UPS -Critical Care Maintenance, etc	11 12 2018	11 12 2018	31 03 2025	18 004 373,63	10 720 000
Limpopo (LP)	0 - All Districts	Breakdown Repairs at Facilities	Breakdown Repairs at Facilities - Breakdowns as per assignment	01 04 2019	01 04 2019	31 03 2027	3 936 577,75	6 430 000
Limpopo (LP)	0 - All Districts	Electrical Hybrid Energy_Designs & installations	Installation of hybrid energy solutions based on designs obtained from conducting electrical load profiling for various sized facilities.	01 04 2024	01 07 2024	31 03 2027	-	90 205 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Electrical Installations_ Maint/Repairs	Maintenance, repair, renovation and/or replacement of: 1. On-site low and medium voltage systems starting at the municipal connection through the Main Circuit Board(s), and reticulation & fittings up to and including kiosks and distribution panels. 2. All wiring and fittings from DB and kiosks not covered by an equipment-specific electrical supply, as stated elsewhere. 3. Nurse calling and phone systems. 4. All building and site lighting systems and structures. 5. All electric-driven hot water supply systems: geysers, heat pumps, bulk water heaters etc. 6. Site and building access control systems. 7. Any associated design and supervision work required by LDOH. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement." ALTERNATIVE & STANDBY POWER EQUIPMENT MAINTENANCE & REPAIRS Maintenance, repair, renovation and/or replacement* of: 1. Generator sets (engines & alternators), their chassis and mountings. 2. Generator switchgear and control systems 3. Fuel storage & management systems 4. Generator buildings, enclosures and ventilation 5. Cabling and on-line communication systems. 6. Installed crawl beams and associated lifting equipment at generator rooms 7. UPSs, inverters and battery backup systems. 8. Green energy systems. 9. Any associated design and supervision work required by LDOH.	03 04 2023	28 03 2023	31 03 2027	1 382 274,14	10 931 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
			* Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement."					

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	EMS Stations_Construction of Wash bays and sluce facility	Development of new EMS Stations - Construction of Wash bays and sluce facility	02 10 2024		31 03 2027	-	5 000 000
Limpopo (LP)	0 - All Districts	Forensic Pathology Laboratories & Mortuaries	Maintenance of Forensic Pathology Laboratories & Mortuaries Includes maintenance of electromechanical equipment in the laboratory such as: - Air conditioning systems and accessories. - Refrigeration components and accessories. - Ducting, supports, insulation and associated instruments and accessories. - Cold rooms/cabinets, insulation and accessories. - Extraction and heating systems.	08 09 2023	08 09 2023	31 03 2027	-	5 000 000
Limpopo (LP)	0 - All Districts	Maintenance and Repairs_Fencing & walling, Roads, Stormwater	"Maintenance, repair, renovation and/or replacement* of: 1. Roads, paving, parking 2. Storm water management systems 3. Solid waste disposal facilities. 4. Fences, walling 5. Retaining walls and other bulk earth supporting structures. 6. Erosion protection measures. 7. All earthworks associated with the above. 8. Any associated design and supervision work required by LDOH. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement."	01 04 2024		31 03 2027	-	3 860 000
Limpopo (LP)	0 - All Districts	Maintenance Programme 8_Routine & Scheduled Maintenance- ES	Routine & Scheduled Maintenance and Repairs of other Machinery & Equipment Sourcing of hardware materials Budget allocate per each of the 5 Districts, Pietersburg, Mankweng & Provincial Office	17 03 2023	17 03 2023	31 03 2027	20 810 510,06	264 900 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Mechanical Equipments_ Maintenance/Repairs	"Maintenance, repair, renovation and/or replacement* of mechanical, electrical, civil and structural engineering work relating to: * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement. AUTOCLAVES 1. Autoclaves complete with all pertinent fittings and equipment 2. Attached water softeners. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 4. Any associated design and supervision work required by LDOH" HEATING, VENTILATION AND AIR CONDITIONING (HVAC) 1. All heating, ventilation & air conditioning systems. 2. Mortuary cabinets and refrigeration equipment. 3. Complete cooling and freezer rooms and HVAC equipment 4. Humidifiers and roof fans. 5. Installed crawl beams and associated lifting equipment at the chiller plant and air handling units.. 6. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 7. Any associated design and supervision work required by LDOH. KITCHEN COOKING & WASHING EQUIPMENT 1. All affixed kitchen cooking and washing equipment, cooking hoods, tables, conveyor systems, ovens, ranges, Baine Marie and all ovens. 2. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 3. Any associated design and supervision work required by LDOH	03 04 2023	28 03 2023	31 03 2026	-	12 860 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
			4. Excludes (done by others): 4a. Steam piping & fittings, water supply and wastewater connections to the equipment. LAUNDRY EQUIPMENT 1. All laundry equipment, such as washer-extractors, hydro-extractors & spin driers, roller presses and industrial/flatwork ironers, folding machines. Also tunnel washers and batch washers. 2. Also smaller washing machines and tumble driers. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 4, Any associated design and supervision work required by LDOH 5. Excluded (done by others): 5a. Steam piping & fittings to the equipment done by others. MEDICAL AND LPG GAS SYSTEMS 1. The gas plantroom, vacuum pumps, piping and fittings, and bed head units. 2. Storage space for gas cylinders. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 4. Any associated design and supervision work required by LDOH 5. LPG gas installations: Kitchen and others 6. Excluded (done by others): 6a. The bulk oxygen installation. "					

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Programme Management Services	Programme Management Services for alternative Implementing Agents for IDT and DBSA	03 04 2023	28 03 2023	31 03 2027	-	1 286 000
Limpopo (LP)	0 - All Districts	Projects_at Close Out stage	Closing off of old Projects at IDT and LDPWRI	03 04 2023	03 04 2023	31 03 2027	4 417 055,88	7 395 000
Limpopo (LP)	0 - All Districts	Staff Accomodation for Revenue Enhancement (ES)	Renovation, rehabilitation, and maintenance and repairs of staff accommodation for revenue enhancement at various facilities within five (5) districts	02 04 2024	23 11 2023	31 03 2027	-	20 000 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Steam Maitenance and Repairs	"Maintenance, repair, renovation and/or replacement* of: 1. Boilers and all pertinent mechanical & electrical equipment at the boiler house including, but not limited to: 1a. Coal feeding system (bunker to boiler) 1b. The complete boiler, chassis and mounting. 1c. All switchgear, control systems and steam safety protection systems. 2. Steam & condensate systems - up to connections to autoclaves, kitchen & laundry equipment. 3. Calorifiers. 4. Room steam heaters complete. 5. Crawl beams and associated lifting equipment at the boiler house. 6. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 7. Any associated design and supervision work required by LDOH. 8. Excluded (done by others): 8a. The building and coal bunker structures 8b. Dewatering pumps, water supply to the building 8c. Wastewater disposal outside the boiler house 8d. Boiler water softeners. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement."	03 04 2023	28 03 2023	31 03 2027	-	9 645 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Upgrades of Helipads	1. Upgrades & Repairs of Helipads to South African Civil Aviation Authority standards.	03 04 2017	03 04 2017	31 03 2027	850 856,52	9 645 000
Limpopo (LP)	0 - All Districts	Upgrades_Fencing & walling, Roads and Storm water drains.	Upgrades of Fencing & walling, Roads and Storm water drainage	26 09 2023	26 09 2023	31 03 2026	35 105 561,53	32 150 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	0 - All Districts	Water Services Maint/Rep (HFRG)	Maintenance, repair, renovation and/or replacement* of civil, structural, mechanical and electrical engineering work relating to: WATER SERVICES AND FIRE WATER 1. Bulk water supply and wastewater disposal systems external to buildings: at borehole and stream abstraction systems, piping, storage, treatment and maturation ponds; wet and dry waste installations (Enviroloos) 2. Boiler water softeners and dewatering pumps. 3. All bulk and building fire water installation and storage systems, including fire hose reels, hydrants, sprinkler or any other water-based fire protection system. Includes the servicing of these installations, as prescribed by law. 4. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 5. Any associated design and supervision work required by LDOH 6. Excluded (done by others): 6a. Plumbing inside buildings. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement. GEOHYDROLOGY Following DWS guidelines for groundwater development: 1. All potable and wastewater quality tests 2. Groundwater assessment and reports relating to a facility's existing groundwater supply. 3. Siting of boreholes to replace existing production boreholes that have run dry, or cannot be rehabilitated. 4. The supervision and guidance of the following work performed by contractors assigned by LDOH: 4a. Drilling of replacement* boreholes. 4b. Yield testing of existing and replacement boreholes. 4c. Rehabilitation of boreholes	03 04 2023	28 03 2023	31 03 2025	4 219 803,64	66 429 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
			5. Reporting on borehole rehabilitation, drilling, yield and water quality results, together with management recommendations. 6. Any associated design, supervision and institutional support work required by LDOH. * Replaced boreholes do not increase the capacity of the facility's water supply. Reduced water supply capacity is also regarded as a replacement." WATER RESOURCES 1. All under supervision and guidance of a geohydrologist assigned by LDOH: 1a. Drilling of replacement* boreholes 2b. Yield testing of existing and replacement boreholes 3c. Rehabilitation of boreholes 2. River and stream abstraction installations * Replaced boreholes do not increase the capacity of the facility's water supply. Reduced water supply capacity is also regarded as a replacement."					

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	Capricorn (DC35)	Helene Franz Hospital_Projects	Maternity Complex Mental Healthcare Unit Male & Female Ward Main Gate entrance & ring road Tuckshop waiting area palisade OPD Pharmacy & Casualty X-ray & Reception Gateway Clinic	01 04 2025	05 06 2024	31 03 2027	-	20 865 000
Limpopo (LP)	Capricorn (DC35)	Lebowakgomo EMS station_Upgrade EMS station	Upgrade EMS station	30 08 2016	01 10 2016	30 12 2024	-	6 287 000
Limpopo (LP)	Capricorn (DC35)	Lebowakgomo EMS_HT	Procure furniture and equipment	01 04 2022	01 04 2022	31 03 2025	-	1 000 000
Limpopo (LP)	Capricorn (DC35)	Pietersburg hospital_ Repurposing of ward F into ICU	Repurposing of ward F into ICU	17 11 2020	03 01 2022	31 03 2027	-	10 075 000
Limpopo (LP)	Capricorn (DC35)	Pietersburg hospital_Upgrade MCCE (Phase B)	Upgrade Mother, Child, Centre of Excellence facilities (Phase B) Neonatal unit, Paediatric ICU & Antenatal Care, Maternity Theatre & Main Theatres	06 11 2017	06 11 2017	31 03 2027	-	17 290 000
Limpopo (LP)	Capricorn (DC35)	Pietersburg Hospital_Water Project	Priority 1 Provision and installation of standby mass water storage capacity: Geohydrology 2 x 720KL and 1 x 100KL mass storage tank Priority 2 Stormwater Drainage Network Upgrades Wastewater Network Replacement Water Reticulation Network Upgrades.	03 10 2022	03 10 2022	31 03 2026	7 019 155,89	2 643 000
Limpopo (LP)	Capricorn (DC35)	Sovenga Nursing College Campus_Student Nurses residential accommodation	Comprehensive Maintenance of student nurses residential accommodation	01 11 2023	27 10 2023	31 03 2027	-	1 929 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	Capricorn (DC35)	WF Knobel Hospital_Project	Repairs and maintenance of the following hospital buildings. 1. House 01, 2. House 02, 3. House 04, 4. House 07, 5. House 09, 6. Laundry building, 7. Stores Building, 8. Male & Female Ward, 9. Demolitions 10. Kitchen 11. Phase 1 Walkway, 12. Phase 1 Storm water control, 13. Roof Maintenance (Allied & Old Peads) 14. Allied Building 15. Old Peads Building 16. Phase 2 Walkway : Admin walkway 17. Ring road, Gate House & Storm water control 18. Phase 3 New Walkways (Mortuary & Stores Links etc)	01 10 2020	01 10 2020	19 02 2027	10 470 077,26	29 290 000
Limpopo (LP)	Capricorn (DC35)	WF Knobel Hospital_Provision of Furniture for Kitchen, Laundry & Stores : Health Technology	Provision of Health Technology_ domestic and office furniture at laundry, stores and kitchen	03 04 2023	28 03 2023	31 03 2027	233 396,74	500 000
Limpopo (LP)	Mopani (DC33)	Letaba Hospital_Renal Unit & Paeds ICU (HT)	Provide HT equipment & furniture at RenalUnit & Paeds ICU at Letaba Hospital	08 04 2025		31 03 2027	-	2 000 000
Limpopo (LP)	Sekhukhune (DC47)	Mental Health care units_ Upgrading & additions	Provision of Mental Health care units	01 08 2024		31 03 2027	-	20 150 000
Limpopo (LP)	Sekhukhune (DC47)	Philadelphia Hospital_Neonatal Phase A	Repairs and maintenance of the neonatal ward	06 11 2017	06 11 2017	31 03 2027	-	10 075 000
Limpopo (LP)	Vhembe (DC34)	Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria	Replacement of existing hospital on a new Site including EMS, and malaria centre	01 04 2025		31 03 2026	-	3 000 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
Limpopo (LP)	Vhembe (DC34)	Thohoyandou Nursing Campus_Projects	Leaking roof Nursing Student accommodation Repurpose Dinning Hall Main Entrance Gate and storm water management	02 10 2023	04 09 2023	31 03 2027	-	10 931 000
Limpopo (LP)	Vhembe (DC34)	Tshilidzini Hospital_Renal Unit (HT)	Provide Health Technology to the Renal Unit at Tshilidzini Hospital	01 04 2025		31 03 2026	-	1 000 000
Limpopo (LP)	Waterberg (DC36)	Ellisras Hospital_Projects	1. Perimeter Fence 2. Mental Health Care Unit – Upgrade and repurpose the change room and laundry block 3. Staff Accommodation repairs and maintenance 4. Staff Accommodation upgrades and re-organization 5. Upgrade of Maternity and Paediatric ward 6. Upgrade of casualty, out-patient clinic and pharmacy 7. Upgrade and repurposing of old EMS building into an administrative block. 8. Gate house, Kiosk and helipad 9. Ring road and hospital landscape	06 06 2022	06 06 2022	31 03 2027	24 620 538,79	36 529 000
Limpopo (LP)	Waterberg (DC36)	Ellisras Hospital_Provision of Furniture & Medical Equipment for MHCU & Staff Accommodation: HT	1. Staff accommodation 2. Mental Health Care Unit	01 04 2022	01 04 2022	31 03 2027	630 307,32	1 500 000
Limpopo (LP)	Waterberg (DC36)	FH Odendaal Hospital_ Neonatal, Paeds, Guardhouse: Health Technology	Provide Health Technology to the following areas in the hospital: 1/ Neonatal 2/ Paeds 3/ Guard House	03 04 2023	03 04 2023	31 03 2025	1 140 324,29	500 000
Limpopo (LP)	Waterberg (DC36)	FH Odendaal Hospital_Projects	Priority 1 Refurbishment and conversion of burnt Female ward and Paeds into Maternity with operating theatre and Neonatal ward Refurbishment and conversion of Maternity ward into Paeds ward Eye clinic Priority 2 Entrance and Mental health care unit Priority 3 Casualty and OPD Allied and rehabilitation blocks	31 05 2022	01 11 2021	31 03 2027	13 281 476,85	36 580 000

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2024/2025 year	2025/2026 Budget
			Priority 4 Female ward					
Limpopo (LP)	Waterberg (DC36)	Modimolle EMS Station: New EMS Station	Construction of new EMS station	26 05 2005	06 06 2007	30 08 2026	-	6 430 000
Limpopo (LP)	Waterberg (DC36)	Phagameng Clinic_Replacement of the existing clinic on a new site	Replacement of the existing Phagameng clinic on a new site	07 06 2007	07 06 2007	30 08 2027	-	7 716 000
Limpopo (LP)	Waterberg (DC36)	Warmbad Hospital_Projects	Address water challenges : Geo-hydrological and Geotechnical studies. Drainage off from the roof & aprons, attend to gutters. Install sub-soil drainage around the maternity and EMS buildings Install grills at the gate to redirect the water from town back into the Municipal canal. Drill boreholes and attend to the canal. Measure moisture content on Maternity and EMS Buildings Undertake corrective work on Maternity, EMS and the buildings within the facility.	03 04 2023	01 08 2023	31 03 2027	-	15 290 000
Limpopo (LP)	Waterberg (DC36)	Warmbaths Hospital_Procurement of furniture & medical equipment for EMS & Maternity: HT	Conduct Equipment and furniture Audit Procurement of furniture & medical equipment for EMS & Maternity	01 04 2025		31 03 2027	-	500 000

Public Private Partnerships

The department does not have public private partnerships in existence.

Part D: Technical Indicator Description (TID) for Annual Performance Plan

Programme 1: Administration

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Audit opinion of Provincial DoH	Audit outcome for regulatory audit expressed by AGSA	Auditor General Report Management report	Audit outcome for regulatory audit expressed by AGSA for 2024/2025 financial year	Not applicable	Not applicable	Not applicable	Provincial office	Not Applicable	Annual	Unqualified opinion	Chief Financial Officer Director Internal Control
1.2 Percentage compliance to payment of suppliers within 30 days	Invoice paid within 30days	BAS	**Numerator:** No of valid invoices paid within 30days **Denominator:** Total number of valid invoices received	Schedule for payments showing the total invoices paid within 30 days and after 30 days on monthly basis	Financial systems are in place	All SMEs and suppliers	All districts	Non-cumulative	Quarterly	A 100% payment of suppliers within 30 days	Director Expenditure and Accounts
1.3 Percentage completeness of asset register	Asset register exist all assets account for fair valued and all identified redundant and obsolete assets are disposed	Asset register	**Numerator** Asset register	Asset register	All assets are recorded and verified twice a year	N/A	Provincial office	Non-cumulative	Quarterly	A 100% completeness asset register	Chief Director SCM
1.4 Revenue Collected	Amount of revenue collected for the year	BAS	Amount collected against the set target	BAS report	Staff to manage revenue collection in facilities Implemented electronic data interchange for claiming from	N/A	All districts	Cumulative (year-to-date)	Quarterly	High	Director Revenue Management

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
					healthcare funders						

Programme 2: District Health Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
PHC											
1.1 Patient experience of care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	Patient surveys	**Numerator:** Facility PEC survey done **Denominator:** Fixed PHC clinics/fixed CHCs/CDCs	Patient surveys	Accuracy is dependent on the quality of data submitted by health facilities	Not Applicable	All districts	Cumulative (year-to-date))	Annual	High	Quality assurance
1.2 PHC mental disorders treatment rate new	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	PHC Comprehensive Tick Register DHIS	**Numerator:** PHC client treated for mental disorders - new **Denominator:** PHC Headcount - Total	DHIS	Accuracy is dependent on the quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher detection of new mental cases in the PHC setting	Non-communicable Diseases - Mental Health component
District Hospitals											
1.1 Patient experience of care survey rate	Fixed health facilities that have conducted Patient Experience of	Patient surveys	**Numerator:** Facility PEC survey done **Denominator:**	Patient surveys	Accuracy is dependent on the quality of data	Not Applicable	All districts	Cumulative (year-to-date))	Annual	High	Quality assurance

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	Care Surveys as a proportion of fixed health facilities		Fixed public hospitals (District)		submitted by health facilities						
HAST											
1.1 HIV positive 5-14 years (excl. ANC) rate	Children 5 to 14 years who tested HIV positive as a proportion of children who were tested for HIV in this age group	PHC Comprehensive Tick Register	**Numerator:** HIV positive 5-14 years (excl. ANC) **Denominator:** HIV test 5-14 years (excl. ANC)	PHC Comprehensive Tick Register	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Low	Chief Director Special Programmes Director HAST
1.2 HIV positive 15-24 years (excl ANC) rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of children who were tested for HIV in this age group	HTS Register (HIV Testing Services) or HTS module in TIER.Net, DHIS	**Numerator:** HIV positive 15-24 years (excl. ANC) **Denominator:** HIV test 15-24 years (excl. ANC)	HTS Register (HIV Testing Services) or HTS module in TIER.Net, DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Youth	All districts	Cumulative (year-to-date)	Quarterly	Low	Chief Director Special Programmes Director HAST
1.3 ART adult remain in care rate (12 months)	ART adult remain in care – total as a proportion of ART adult start minus cumulative transfer out	ART paper register TIER.Net DHIS	**Numerator:** ART adult in remain in care – total **Denominator:** ART adult start minus cumulative transfer out	ART paper register TIER.Net DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	All adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	Chief Director Special Programmes Director HAST
1.4 ART child remain in care rate (12 months)	ART child remain in care – total as a proportion of ART child start minus cumulative transfer out	ART paper register TIER.Net DHIS	**Numerator:** ART child in remain in care – total **Denominator:** ART child start minus cumulative transfer out	ART paper register TIER.Net DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	Chief Director Special Programmes Director HAST

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.5 ART Adult viral load suppressed rate - below 50 (12 months)	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months	DHIS	**Numerator:** ART adult viral load under 50 **Denominator:** ART adult viral load done	DHIS report	All systems for monitoring HIV/TB epidemic are in place and functional	Adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	Chief Director Special Programmes Director HAST
1.6 ART child viral load suppressed rate - below 50 (12 months)	ART child viral load under 50 as a proportion of ART child viral load done at 12 months	DHIS	**Numerator:** ART child viral load under 50 **Denominator:** ART child viral load done	DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	Chief Director Special Programmes Director HAST
1.7 Number of DS-TB treatment start 5 years and older	DS-TB Client 5 years and older started on DS-TB Treatment	DHIS	**Numerator:** TB client 5 years and older start on treatment	DHIS	All systems for monitoring TB epidemic are in place and functional	All Districts	All districts	Cumulative (year-to-date)	Quarterly	Higher numbers	TB Programme Manager
1.8 Number of DS-TB treatment start under five years	DS-TB Children under 5 years started on DS-TB Treatment	DHIS	**Numerator:** TB client under 5 years start on treatment	DHIS	All systems for monitoring TB epidemic are in place and functional	All Districts	All districts	Cumulative (year-to-date)	Quarterly	Higher numbers	TB Programme Manager
1.9 All DS-TB client treatment success rate	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently successfully completed	TIER.Net ; DHIS	**Numerator:** All DS-TB client successfully completed treatment **Denominator:** All DS TB Treatment Start	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage suggests better treatment success rate.	TB Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	treatment as a proportion of ALL those who started DS TB treatment										
1.10 TB Rifampicin resistant/ Multidrug-resistant treatme start	TB Rifampicin Resistant/Multidrug- Resistant clients started on treatment	EDR Web	**Numerator:** TB Rifampicin Resistant/Multidrug-Resistant confirmed started on treatment	EDRWeb	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager
1.11 TB Rifampicin resista Multidrug-resistant treatment success rate	Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb DHIS	**Numerator:** TB Rifampicin resistant/Multidrug Resistant successfully completed treatment **Denominator:** TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb DHIS	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager
MCWH&N											
1.1 Couple year protection	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 years.	PHC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	**Numerator** Couple year protection **Denominator:** Population 15-49 years females	PHC Comprehensive Tick Register Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All districts	Cumulative (year-to-date)	Quarterly	Higher numbers	MCWH&N programme

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.2 Number of deliveries 10 to 14 years in facility	Delivery where the mother is 10-14 years old.	Health Facility Register DHIS	**Numerator:** Number Delivery 10-14 years in facility **Denominator:** Not Applicable	Health Facility Register DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All districts	Cumulative (year-to-date)	Quarterly	Lower numbers	HIV and Adolescent Health
1.3 Antenatal 1st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC Comprehensive Tick Register DHIS	**Numerator:** Antenatal 1st visit before 20 weeks **Denominator:** Antenatal 1st visit - total	PHC Comprehensive Tick Register DHIS	Basic antenatal care plus implemented in all primary healthcare facilities	Targeting women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates better uptake of ANC services	MCWH&N programme
1.4 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion	PHC Comprehensive Tick Register	**Numerator:** Mother postnatal visit within 6 days after delivery **Denominator:** Delivery in facility total	PHC Comprehensive Tick Register	Postnatal care implemented at all levels of care	Targeting women	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates better uptake of postnatal services	MCWH&N programme
1.5 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	**Numerator:** Diarrhoea death under 5 years **Denominator:** Diarrhoea separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWH&N programme
1.6 Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under	Ward register	**Numerator:** Pneumonia death under 5 years **Denominator:**	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWH&N programme

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	5 years in health facilities		Pneumonia separation under 5 years								
1.7 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition death in children under 5 years as a proportion of SAM inpatients under 5 years	Ward register	**Numerator:** Severe acute malnutrition (SAM) death in facility under 5 years **Denominator:** SUM([Severe Acute Malnutrition separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	MCWH&N programme
1.8 Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	**Numerator:** Immunised fully under 1 year new **Denominator:** Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better immunisation coverage	Director EPI
1.9 MR 2nd dose 1 year coverage	Children 12 months who received MR 2nd dose, as a proportion of the 1 year population.	PHC Comprehensive Tick Register Denominator: StatsSA	**Numerator:** MR second dose **Denominator:** Population under 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher coverage rate indicate greater protection against measles	Director EPI
1.10 Infant PCR test positive at birth rate	Infants tested PCR positive for the first time at birth as proportion	PHC Comprehensive Tick Register	**Numerator:** Infant 1st PCR test positive at birth **Denominator:** Infant 1st PCR test at birth	PHC Comprehensive Tick Register	Universal test and treat strategy is been implemented in the department	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	PMTCT Programme

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.11 Cervical cancer screening coverage	Cervical smears in women 30 years and older as a proportion of the female population 30-50 years (80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years) which should be included in the denominator because it is estimated that 20% of women 20 years and older are HIV positive	PHC Comprehensive Tick Register ;OPD	**Numerator:** Cervical cancer screening done **Denominator:** [(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3)	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher Rate of Cervical Cancer Screening	Director MCWH&N
Disease Prevention and Control											
1.1 Malaria case fatality rate	Malaria deaths in hospitals as a proportion of confirmed malaria cases for those admitted for malaria	Malaria Information System	**Numerator:** Malaria inpatient death **Denominator:** Malaria new cases reported	Malaria Information System	Strengthened indoor residual spraying and surveillance	Not applicable	All districts	Non-cumulative	Annual	Lower percentage indicates a decreasing burden of malaria	Chief Director Health Care Support

Programme 3: Emergency Medical Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility

1.1 EMS P1 urban response under 30 minutes rate	Emergency P1 responses in urban locations with response times under 30 minutes as a 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	DHIS institutional EMS registers OR DHIS patient and vehicle report.	**Numerator:** EMS P1 urban response under 30 minutes **Denominator:** EMS P1 urban responses	DHIS institutional EMS registers Patient and vehicle report.	Availability of operational ambulances and paramedics	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better response times in the urban areas	Chief Director Health Care Support Director EMS
1.2 EMS P1 rural response under 60 minutes rate	Emergency P1 responses in rural locations with response times under 60 minutes as a proportion of EMS P1 rural call	DHIS institutional EMS registers Patient and vehicle report.	**Numerator:** EMS P1 rural response under 60 minutes **Denominator:** EMS P1 rural responses	DHIS institutional EMS registers Patient and vehicle report.	Availability of operational ambulances and paramedics	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better response times in the rural areas	Chief Director Health Care Support Director EMS

Programme 4: Regional and Specialised Hospital

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Patient experience of care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	Patient surveys	**Numerator:** Facility PEC survey done **Denominator:** Fixed public hospitals (Regional & Specialised)	Patient surveys	Accuracy is dependent on the quality of data submitted by health facilities	Not Applicable	All districts	Cumulative (year-to-date))	Annual	High	Quality assurance

Programme 5: Tertiary Hospitals

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Patient experience of care survey rate	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities	Patient surveys	**Numerator:** Facility PEC survey done **Denominator:** Fixed public hospitals (Tertiary)	Patient surveys	Accuracy is dependent on the quality of data submitted by health facilities	Not Applicable	All districts	Cumulative (year-to-date))	Annual	High	Quality assurance

Programme 6: Health Sciences Training

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Number of new nursing students registered for a diploma in nursing: General	A total number of newly registered of nursing students into the nursing diploma	Student enrolment register	Numerical	Enrolment register	Student competency to pass	N/A	N/A	Non-cumulative	Annual	High	Director nursing education and service

Programme 7: Health Care Support

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Availability of essential medicines (Depot)	Percentage of essential medicines and surgical sundries monitored at the depot	Quarterly reports	**Numerator:** Total number of essential medicines available at depot. **Denominator:** Total number of essential medicines to be monitored at the depot.	Stock reports	The department has competent pharmaceutical personnel to manage medicine stock levels and rotation	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	High percentage indicates the availability of ordered medicines and sundries from the suppliers	Chief Director Health Care Support Director Pharmaceutical Services

1.2 Availability of essential medicines (Hospitals)	Percentage of essential medicines and surgical sundries monitored at the hospitals	Quarterly reports	**Numerator:** Total number of essential medicines available at Hospitals **Denominator:** Total number of essential medicines to be monitored at Hospitals.	Stock reports	The department has competent pharmaceutical personnel to manage medicine stock levels and rotation	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	High percentage indicates the availability of ordered medicines and sundries from the suppliers	Chief Director Health Care Support Director Pharmaceutical Services
1.3 Availability of essential medicines (PHC)	Percentage of essential medicines and surgical sundries monitored at the clinics	Quarterly reports	**Numerator:** Total number of essential medicines available at clinics. **Denominator:** Total number of essential medicines to be monitored clinics.	Stock reports	The department has competent pharmaceutical personnel to manage medicine stock levels and rotation	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	High percentage indicates the availability of ordered medicines and sundries from the suppliers	Chief Director Health Care Support Director Pharmaceutical Services

Programme 8: Health Facilities Management

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Percentage of health facilities with completed capital infrastructure projects	Number of health facilities with completed capital infrastructure projects (i.e. Practical Completion or equivalent achieved for projects categorised as New & Replacement Upgrade & Additions or	Project Management Information System	**Numerator:** Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued **Denominator:** Total number of health facilities planned to have completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) planned to be issued	Project list (B5) and Practical Completion Certificates (or equivalent)	Project Management Information System is updated frequently and accurately	Not applicable	All districts	Cumulative (year-to-date)	Annual	Higher	Chief Director Infrastructure Director Infrastructure Planning

	Rehabilitation Renovations & Refurbishments) expressed as a percentage of the number of health facilities planned to have completed capital infrastructure projects.										

Annexure A: Amendments to Strategic Plan

(Not Applicable)

Annexure B: Conditional Grants

Name of Grant	Purpose	Outputs	Current Annual Budget (R thousand)	Period of Grant
National tertiary Services Grant (NTSG)	-Ensure the provision of tertiary health services in South Africa -To compensate tertiary facilities for the additional costs associated with the provision of these services	• Number of inpatient separations • Number of day patient separations • Number of outpatient first attendances • Number of outpatient follow-up attendances • Number of in-patient days • Average length of stay by facility (tertiary) • Bed utilization rate by facility(all levels of care)	473 305	Annual
Statutory Human Resources Training and Development Grant	-To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance -Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform	• Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources • Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources • Number of specialists posts funded from this grant (per discipline) and other funding sources • Number of posts needed per funded category	353 623	Annual
Comprehensive HIV/AIDS Component	-To enable the health sector to develop and implement an effective response to HIV/AIDS -Prevention and protection of health workers from	• Number of new patients started on antiretroviral therapy (ART) • Total number of patients on antiretroviral therapy remaining in care	2 011 235	Annual

	exposure to hazards in the workplace -To enable the health sector to develop and implement an effective response to TB	• Number of male condoms distributed • Number of female condoms distributed • Number of infants tested through the polymerase chain reaction test at 10 weeks • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of clients started on Pre-Exposure Prophylaxis • Number of HIV positive clients initiated on TB preventative therapy • Number of patients tested for TB using Xpert • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • Drug sensitive TB treatment start rate (under five years and five years and older) • Number of rifampicin resistant/ multi drug resistant TB patients started on treatment		
District Health Component	-To enable the health sector to develop and implement an effective Malaria response in support of the implementation of the National Strategic Plan on Malaria Elimination -To enable the health sector to prevent	• Number of malaria-endemic municipalities with 95 per cent or more indoor residual spray coverage • Percentage of confirmed malaria cases notified within 24 hours of	484 672	Annual

	cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools and progressive integration of HPV into integrated school health programme. -To ensure provision of quality community outreach services through ward based primary health care outreach teams by ensuring community health workers receive remuneration tools of trade and training in line with scope of work	diagnosis in endemic areas • Percentage of confirmed malaria cases investigated and classified within 72 hours in endemic areas • Percentage of identified health facilities with recommended malaria treatment in stock • Percentage of identified health workers trained on malaria elimination • Percentage of population reached through malaria information education and communication on malaria • prevention and early health-seeking behaviour interventions • Percentage of vacant funded malaria positions filled as outlined in the business plan • Number of malaria camps refurbished and/or constructed • 80 per cent of grade five school girls aged nine years and above vaccinated for HPV first dose in the school • reached • 80 per cent of schools with grade five girls reached by the HPV vaccination team with first dose • 80 per cent of grade five school girls aged nine years and above vaccinated for HPV second dose in the • schools reached.		

		• 80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose • Number of community health workers receiving a stipend • Number of community health workers trained • Number of HIV clients lost to follow-up traced • Number of TB clients lost to follow traced		
National Health Insurance Component	-To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	• Number of health professionals contracted (total by discipline) • Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions • Percentage reduction in the backlog of forensic mental observations • Number of patients seen per type of cancer • Percentage reduction in oncology treatment including radiation oncology backlog	67 847	Annual
Health Facility Revitalization grant	-To help to accelerate maintenance renovations upgrades additions and construction of infrastructure in health -To help on replacement and commissioning of health technology in existing and	• Number of primary health care facilities constructed or revitalised • Number of hospitals constructed or revitalised • Number of facilities maintained or refurbished	570 237	Annual

	revitalised health facility -To enhance capacity to deliver health infrastructure -To accelerate the fulfilment of the requirements of occupational health and safety			

Annexure C: Consolidated Indicators

(Not Applicable)

Annexure D: District Development Model

Project Name	Project Details / Scope	2025/2026 Budget	District Municipality	Latitude	Longitude	Project Leader	Social Partners
CAPRICORN DISTRICT							
Helene Franz Hospital_Projects	Maternity Complex Mental Healthcare Unit Male & Female Ward Main Gate entrance & ring road Tuckshop waiting area palisade OPD Pharmacy & Casualty X-ray & Reception Gateway Clinic	20 865 000	Capricorn (DC35)	-23,284	29,113	LDoH	
Lebowakgomo EMS station_Upgrade EMS station	Upgrade EMS station	6 287 000	Capricorn (DC35)	-24,319	29,484	LDoH	
Lebowakgomo EMS_HT	Procure furniture and equipment	1 000 000	Capricorn (DC35)	-24,319	29,484	LDoH	
Pietersburg hospital_ Repurposing of ward F into ICU	Repurposing of ward F into ICU	10 075 000	Capricorn (DC35)	-23,890	29,461	LDoH	
Pietersburg hospital_Upgrade MCCE (Phase B)	Upgrade Mother, Child, Centre of Excellence facilities (Phase B) Neonatal unit, Paediatric ICU & Antenatal Care, Maternity Theatre & Main Theatres	17 290 000	Capricorn (DC35)	-23,891	29,461	LDoH	
Pietersburg Hospital_Water Project	Priority 1 Provision and installation of standby mass water storage capacity: Geohydrology 2 x 720KL and 1 x 100KL mass storage tank Priority 2 Stormwater Drainage Network Upgrades Wastewater Network Replacement Water Reticulation Network Upgrades.	2 643 000	Capricorn (DC35)	-23,892	29,461	LDoH	
Sovenga Nursing College Campus_Student Nurses residential accommodation	Comprehensive Maintenance of student nurses residential accommodation	1 929 000	Capricorn (DC35)	-23,875	29,725	LDoH	

Project Name	Project Details / Scope	2025/2026 Budget	District Municipality	Latitude	Longitude	Project Leader	Social Partners
WF Knobel Hospital_Project	Repairs and maintenance of the following hospital buildings. 1. House 01, 2. House 02, 3. House 04, 4. House 07, 5. House 09, 6. Laundry building, 7. Stores Building, 8. Male & Female Ward, 9. Demolitions 10. Kitchen 11. Phase 1 Walkway, 12. Phase 1 Storm water control, 13. Roof Maintenance (Allied & Old Peads) 14. Allied Building 15. Old Peads Building 16. Phase 2 Walkway : Admin walkway 17. Ring road, Gate House & Storm water control 18. Phase 3 New Walkways (Mortuary & Stores Links etc)	29 290 000	Capricorn (DC35)	-23,634	29,121	LDoH	
WF Knobel Hospital_Provision of Furniture for Kitchen, Laundry & Stores : Health Technology	Provision of Health Technology_ domestic and office furniture at laundry, stores and kitchen	500 000	Capricorn (DC35)	-23,634	29,121	LDoH	
MOPANI DISTRICT							
Letaba Hospital_Renal Unit & Paeds ICU (HT)	Provide HT equipment & furniture at RenalUnit & Paeds ICU at Letaba Hospital	2 000 000	Mopani (DC33)	-23,874	30,269	LDoH	
SEKHUKHUNE DISTRICT							
Mental Health care units_ Upgrading & additions	Provision of Mental Health care units	20 150 000	Sekhukhune (DC47)	N/A	N/A	LDoH	
Philadelphia Hospital_Neonatal Phase A	Repairs and maintenance of the neonatal ward	10 075 000	Sekhukhune (DC47)	-25,259	29,149	LDoH	
VHEMBE DISTRICT							

Project Name	Project Details / Scope	2025/2026 Budget	District Municipality	Latitude	Longitude	Project Leader	Social Partners
Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria	Replacement of existing hospital on a new Site including EMS, and malaria centre	3 000 000	Vhembe (DC34)	-22,241	30,043	LDoH	
Thohoyandou Nursing Campus_Projects	Leaking roof Nursing Student accommodation Repurpose Dinning Hall Main Entrance Gate and storm water management	10 931 000	Vhembe (DC34)	-22,995	30,414	LDoH	
Tshilidzini Hospital_Renal Unit (HT)	Provide Health Technology to the Renal Unit at Tshilidzini Hospital	1 000 000	Vhembe (DC34)	-22,996	30,414	LDoH	
WATERBERG DISTRICT							
Ellisras Hospital_Projects	1. Perimeter Fence 2. Mental Health Care Unit – Upgrade and repurpose the change room and laundry block 3. Staff Accommodation repairs and maintenance 4. Staff Accommodation upgrades and re-organization 5. Upgrade of Maternity and Paediatric ward 6. Upgrade of casualty, out-patient clinic and pharmacy 7. Upgrade and repurposing of old EMS building into an administrative block. 8. Gate house, Kiosk and helipad 9. Ring road and hospital landscape	36 529 000	Waterberg (DC36)	-23,678	27,703	LDoH	
Ellisras Hospital_Provision of Furniture & Medical Equipment for MHCU & Staff Accommodation: HT	1. Staff accommodation 2. Mental Health Care Unit	1 500 000	Waterberg (DC36)	-23,679	27,703	LDoH	
FH Odendaal Hospital_ Neonatal, Paeds, Guardhouse: Health Technology	Provide Health Technology to the following areas in the hospital: 1/ Neonatal 2/ Paeds 3/ Guard House	500 000	Waterberg (DC36)	-24,701	28,422	LDoH	

Project Name	Project Details / Scope	2025/2026 Budget	District Municipality	Latitude	Longitude	Project Leader	Social Partners
FH Odendaal Hospital_Projects	Priority 1 Refurbishment and conversion of burnt Female ward and Paeds into Maternity with operating theatre and Neonatal ward Refurbishment and conversion of Maternity ward into Paeds ward Eye clinic Priority 2 Entrance and Mental health care unit Priority 3 Casualty and OPD Allied and rehabilitation blocks Priority 4 Female ward	36 580 000	Waterberg (DC36)	-24,702	28,422	LDoH	
Modimolle EMS Station: New EMS Station	Construction of new EMS station	6 430 000	Waterberg (DC36)	-24,700	28,406	LDoH	
Phagameng Clinic_Replacement of the existing clinic on a new site	Replacement of the existing Phagameng clinic on a new site	7 716 000	Waterberg (DC36)	-24,694	28,443	LDoH	
Warmbad Hospital_Projects	Address water challenges : Geo-hydrological and Geotechnical studies. Drainage off from the roof & aprons, attend to gutters. Install sub-soil drainage around the maternity and EMS buildings Install grills at the gate to redirect the water from town back into the Municipal canal. Drill boreholes and attend to the canal. Measure moisture content on Maternity and EMS Buildings Undertake corrective work on Maternity, EMS and the buildings within the facility	15 290 000	Waterberg (DC36)	-24,886	28,289	LDoH	

Project Name	Project Details / Scope	2025/2026 Budget	District Municipality	Latitude	Longitude	Project Leader	Social Partners
Warmbaths Hospital_Procurement of furniture & medical equipment for EMS & Maternity: HT	Conduct Equipment and furniture Audit Procurement of furniture & medical equipment for EMS & Maternity	500 000	Waterberg (DC36)	-24,887	28,289	LDoH	

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