LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2021/22 - 2023/24

FINAL

Date of Tabling:

16 March 2021

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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
MTSF	Medium Term Strategic Framework
NCD	Non-communicable Diseases
OPD	Out-Patient Department
OTP	Office of The Premier
PHC	Primary Health Care
TB	Tuberculosis

Executive Authority Statement

This Annual Performance Plan is presented during a period of great uncertainty, fear and panic. This is on account of the outbreak of the Coronavirus pandemic almost a year ago.

We have come to appreciate and understand that this time requires unprecedented levels of empathy, national unity and global solidarity. Coronavirus has entrenched its footprint in almost all nations of the world, infecting and claiming millions of lives in the process.

For the period 2021/22, there can be no urgent task for any government and indeed for us as the Department of Health than the task to defeat the coronavirus. It is widely known that this virus has significantly disrupted lifestyles, businesses have been severely affected and public and private health institutions have experienced unprecedented levels of financial and clinical stress.

We have to marshal every effort, energy and skill in the battle against this killer virus. This is the work that cannot come second to anything.

It is only after defeating this pandemic that we will be able to reposition our Province on a trajectory for socio-economic development. We have since commenced with the vaccination programme, in an effort to achieve herd immunity.

We have also done admirably well with regard to managing this pandemic.

We look forward to what will be continued fidelity to the commitment to bringing a long and healthy life for the people in Limpopo.

The Department will relentlessly work to activate more clinics to operate 24hours, fill vacant posts, procure a modernized robust pharmaceutical warehouse management system called PDSX. This system will enable us to procure, warehouse & distribute medicine more efficiently; improve the health of our population and expand access to quality public healthcare.

We therefore present this Annual Performance Plan as a strategic service delivery document that will enable us to provide services and assess the level of our performance and the impact made from our deliberate actions and efforts in improving the living conditions of our people.

Together, moving Limpopo forward!

Dr. Ramathuba P. C.

Limpopo MEC of Health

Accounting Officer Statement

The 2020/2021 year became a year that presented an exigent situation which was uncharted due to the Covid-19 pandemic. The resource base got contrived as the demand for services skyrocketed in response to the infections whilst striving to sustain delivering quality health services in other areas of care. The development of the 2021/2022 Annual Performance Plan was conducted considering a balance between reduction of infections and mortalities due to Covid-19 while striving towards realising the aspired change in our communities where life expectancy would be increasing and the universal health coverage achieved in 2030.

In contributing towards steering the province back to normality, the Department is leading at the forefront with the vaccination programme in realising herd immunity.

Concerted efforts in transforming the Department from where it has been historically have begun showing fruition. The audit opinion from the Auditor General of South Africa (AGSA) has improved from the Qualified audit opinion obtained in the 2017/18 and 2018/19 financial year to an Unqualified audit opinion in the 2019/20 financial year. Further, the department has realised a decline in accruals from R1 billion in 2017/18 to R390 million in 2019/20 financial year.

In increasing life expectancy among all in the province, the department have in the 2019/20 financial year had 381 733 against a target of 376 744 ART clients remaining on ART and started 98.8% of TB client 5 years and older started on treatment. Maternal mortalities have been reduced from 111.6/100 000 per live births in 2018/19 to 97.8/100 000 per live births in 2019/20 while antenatal 1st visit within 20 weeks and postnatal visit within 6 days have been improved to 69% and 104% respectively.

In spite the series of budget cuts which further constrains the already resource scarce health system due to the effects of the Covid-19 pandemic, the Annual Performance Plan for 2021/22 aims at progressively ensuring that those in the Limpopo Province continually through the implementation of this plan enjoy a long and healthy life the department has committed in its vision to deliver to the people of the Limpopo Province.

Dr Mhlongo T.F

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 Dr Ramathuba P.C.
- Takes into account all the relevant policies, legislation and other mandates for which the Limpopo Province Department of Health is responsible for.
- Accurately reflects the Impact, Outcomes and Outputs which the Limpopo Province Department of Health will endeavor to achieve over the period 2021/22.

Mr Mudau J Signature: _____

Manager Programme 1: Administration

Dr Dombo M Signature: _____

Manager Programme 2: District Health Services

Mr Kruger P Signature: _____

Manager Programme 3: Emergency Medical Services

Dr Ndwamato N Signature: _____

Manager Programme 4: General (Regional) Hospitals

Dr Ndwamato N Signature: _____

Manager Programme 5: Tertiary and Central Hospitals

Dr Ndwamato N Signature: _____

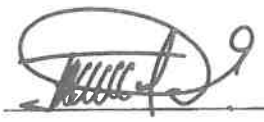
Manager Programme 6: Health Science and Training

Mr Kruger P Signature: _____

Manager Programme 7: Health Care Support

Ms Mogadime M Signature: _____

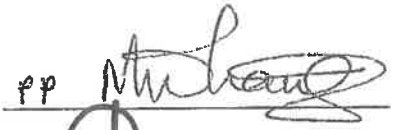
Manager Programme 8: Health Facilities Management

Mr Mudau J Signature: 

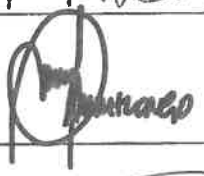
Chief Financial Officer

Mr Molokwane J Signature: 

Integrated Planning

Dr Pinkoane T Signature: 

Head Official responsible for Planning

Dr Mhlongo T Signature: 

Accounting Officer

Approved by:

Dr Ramathuba P.C 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 in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively

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

(1) Everyone has the right to have access to:
  (a) Health care services, including reproductive health care;
  (b) Sufficient food and water; and
  (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
(3) No one may be refused emergency medical treatment.

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

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 with regard to 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 co-operative 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 recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system, and 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 also 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 relation to health Research.

Academic Health Centres Act, 86 of 1993 - Provides for the establishment, management and operation of academic health centres.

Choice on Termination of Pregnancy Act, 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 rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make 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 97of 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 the manner in which 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 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 at 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 in order 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 to 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 during 2017, with 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).

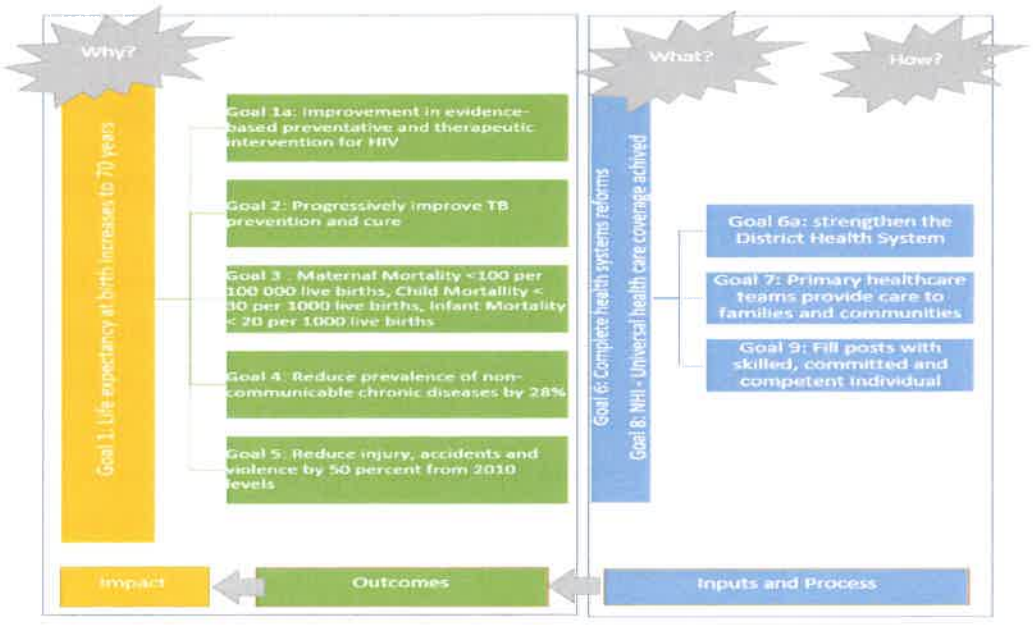


Figure 1. NDP Goals

The **NDP goals are best described using 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**. Last **4 goals are tracking the health system that essentially measure inputs and processes** to derive outcomes

3.3 Sustainable Development Goals

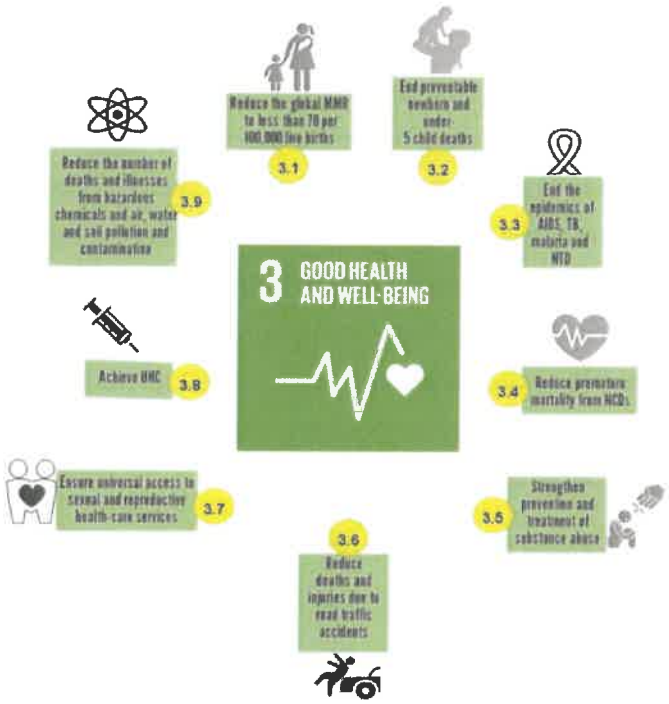


Figure 2. Sustainable Development Goals

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

(1) 3.1 - By 2030, reduce the global maternal **mortality ratio to less than 70 per 100,000 live births**

(2) 3.2 - 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) 3.3 - By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases

(4) 3.4 - By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being

(5) 3.5 - Strengthen the **prevention and treatment of substance abuse,** including narcotic drug abuse and harmful use of alcohol

(6) 3.6 - By 2020, **halve the number of global deaths and injuries from road traffic accidents**

(7) 3.7 - By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

(8) 3.8 - Achieve **universal health coverage, including financial risk protection**, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

(9) 3.9 - By **2030, substantially reduce the number of deaths and illnesses from hazardous chemicals** and air, water and soil pollution and contamination

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

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

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

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

3.4 Medium Term Strategic Framework and NDP Implementation Plan 2019-2024

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for period 2019-2024. 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.

Over the next 5 years, the Provincial Department of Health's response is structured into 4 goals and 10 sector strategies (as per Table 1 below). These goals and strategic objectives are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

Table 1. Health Sector Goals

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Survive and Thrive	Life expectancy of South Africans improved to 70 years by 2030	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	1. *Improve health outcomes by responding to the quadruple burden of disease of South Africa* 2. *Inter sectoral collaboration to address social determinants of health*	*N/A*
Transform	Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030	Goal 2: Achieve UHC by Implement NHI	3. *Progressively achieve Universal Health Coverage through NHI*	*Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and* *Pillar 6: Improve the efficiency of public sector financial management systems and processes*
		Goal 3: Quality Improvement in the Provision of care	4. *Improve quality and safety of care*	*Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.*
			5. *Provide leadership and enhance governance in the health sector for improved quality of care*	*Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels*
			6. *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*	*Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care*
			7. *Improve equity, training and enhance management of Human Resources for Health*	*Pillar 1: Augment Human Resources for Health Operational Plan*
			8. *Improving availability to medical products, and equipment*	*Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery* *Pillar 6: Improve the efficiency of public sector financial*

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
				management systems and processes
			9. *Robust and effective health information systems to automate business processes and improve evidence based decision making*	*Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments*
		Goal 4: Build Health Infrastructure for effective service delivery	10. *Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities*	*Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities*

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 health care 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	Key point of accountability on overall 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 with the beneficiaries or service users

Internal control	Ensure compliance to audit standards	Low	High	A link between department and both internal and external auditors including other oversight bodies (i.e. audit committee and SCOPA)
Trade unions	Politically inclined and represent employees	Low	High	Advocate for employees and drives
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 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 in particular audit committee on departmental financial and performance issues
Beneficiaries (communities)	Strongly advocates for their interests	Low	High	Links with 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 to 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 of 5,852,553 (refer to Table 2). 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–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 cattle country, where controlled hunting is often combined with ranching. Shows that medical aid covered was most common in Gauteng (24,9%) and Western Cape (24,1%), and least common in Limpopo (9,9%) and Eastern Cape (10,8%).

Table 2. Demographic data

Demographic Data	LP	Unit of Measure
Geographical area	125,754	Km2
Total population SA Mid-year estimates 2020	5,852,553	Number
Percentage of population with medical insurance (StatSA)	9.9	%

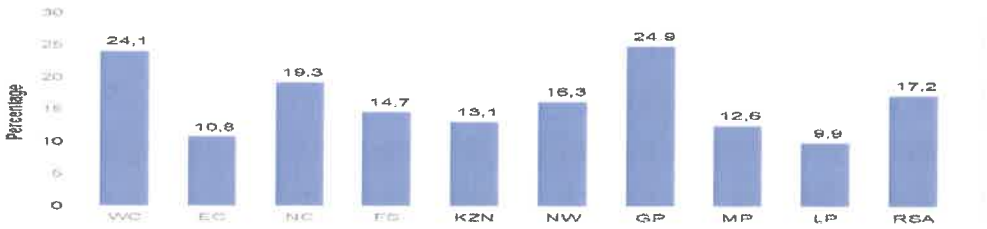


Figure 3. Percentage of individuals who are members of medical schemes per province

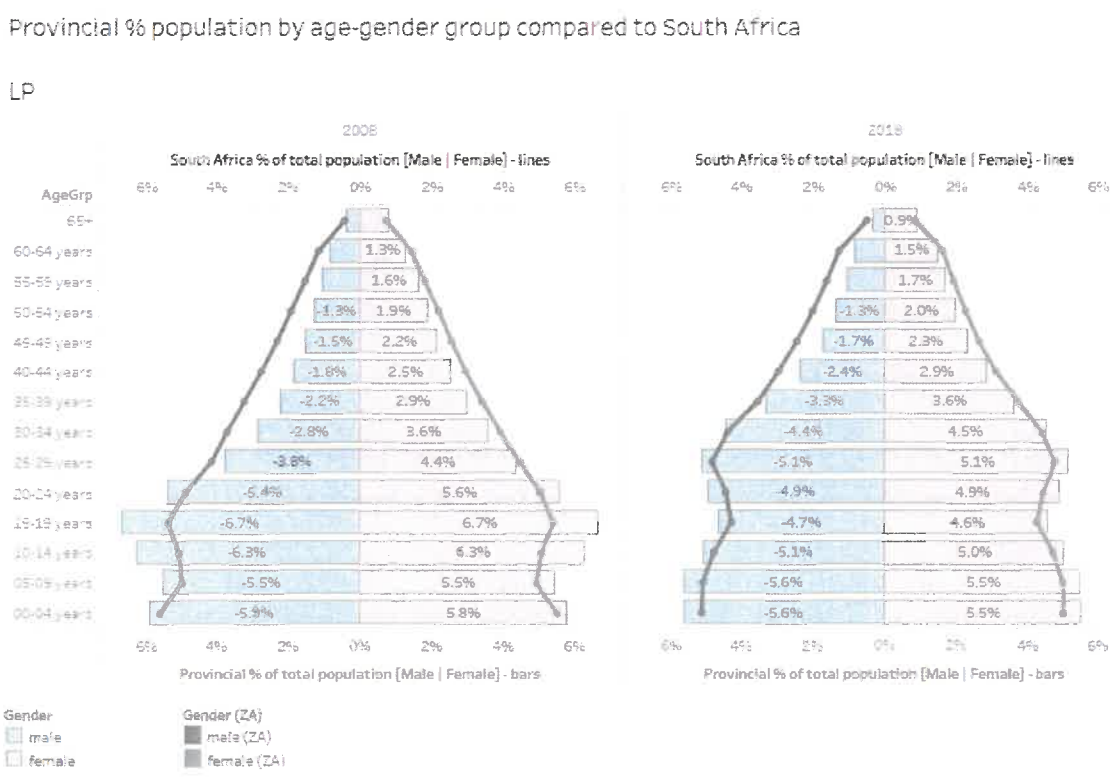
Source: General household survey 2019

Limpopo is divided into five district municipalities (as shown in Figure 4), which are further subdivided into 22 local municipalities.

Figure 4. Limpopo geographical map

8.2 External Environmental Analysis

8.2.1 Demography



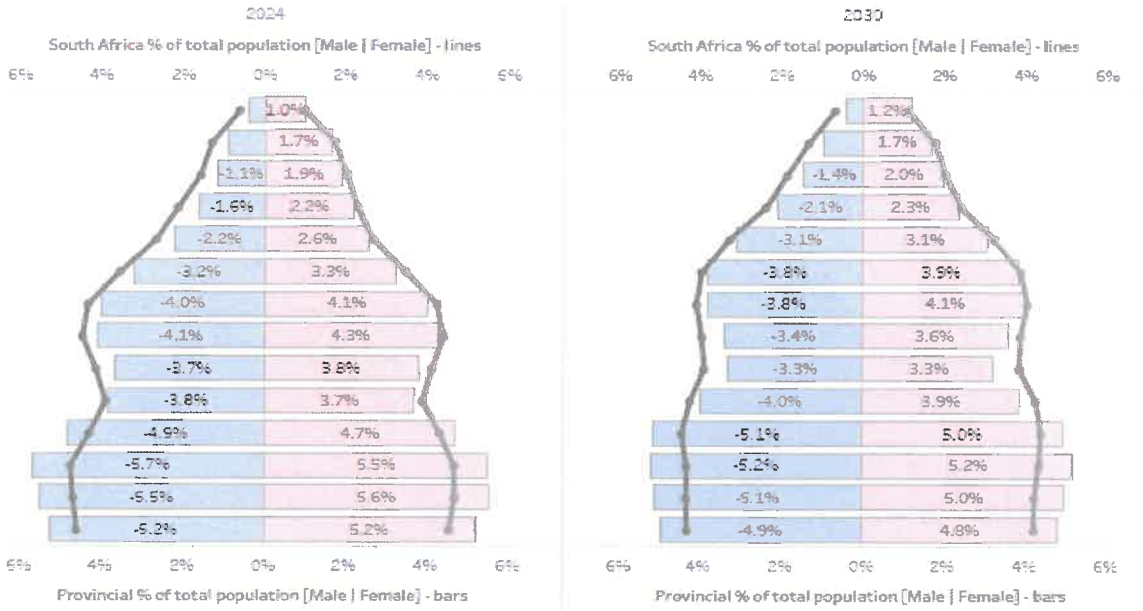


Figure 5. Population Pyramids 2008-2030

Despite a drop in the birth rate, Limpopo maintains a high birth rate than the country through to 2030 (see Figure 5). 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 5), 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 as a result of road injuries and interpersonal violence for males and HIV(AIDS) and TB for females. The age-group 40 – 54 years graphics shows 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 these deaths is mainly attributed to violence and injuries requiring intensified inter-sectoral collaboration.

The interventions put in place by the department are strengthening of inter-sectoral collaboration as well as health promotion, education, and prevention. Worth noting, in terms of provision of healthcare, the increased life expectancy comes with a burden on the already constrained healthcare system. For an 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 recognized 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, destruction and violence*

Table 3. Provincial and district social determinants of health

Factor		HS 2019 Limpopo	HS 2019 RSA
Access to food	Food access severely inadequately	2.8	6.3
	Food access inadequate	2.7	11.5
	Food access adequate	94.5	82.2
Methods of cleaning hands after using the toilet	Do not clean hands	9.3	3.7
	Clean hand with sanitizer or wet wipes	1.1	1.9
	Wash hands with soap after using the toilet	28.4	43.6
	Rinse hands with water	61.2	50.8
	Access to hand washing facility	36.4	65.9
Sanitation	Households with access to sanitation	63.4	82.1
Drinking water	Households with access piped or tap water in their dwellings	70.0	88.2
Energy	Households connected to the mains supply	93.4	85.0

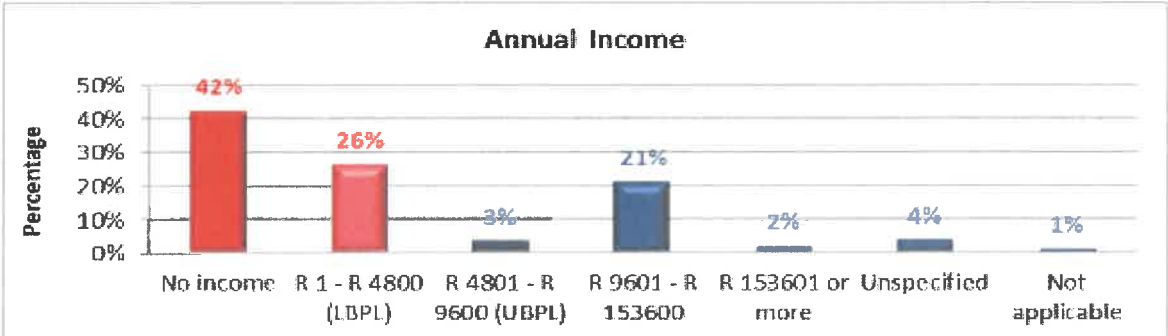


Figure 6. Limpopo annual income distribution

The use of soap and water to wash hands was the highest in Western Cape and Northern Cape (both 60,5%) and the lowest in Limpopo (28,4%). Almost one-tenth of households in Limpopo (9,3%) and KwaZulu-Natal (8,2%) reported that household members usually did not

clean their hands. Households that had access to hand washing facilities such as basins, bowls or functioning tippy taps were most common in Western Cape (81,5%) and Gauteng (78,3%) and most uncommon in Limpopo (36,4%). Environmental hygiene plays an essential role in the prevention of many diseases. It also impacts on the natural environment and the preservation of important natural assets, such as water resources. Proper sanitation is one of the key elements in improving environmental sanitation. While the majority of households in other provinces (e.g. Western Cape and Gauteng) had access to adequate sanitation, access is most limited in Limpopo (63,4%). Having adequate and affordable access to energy sources is vital to address household poverty. In order to assess household access to energy, the GHS measures the diversity, and main sources of energy used by households to satisfy basic human needs (cooking, lighting, heating water, space heating). Households with access to mains electricity is most common in Limpopo (93.4%) higher than the national average of 85.0.

Pertaining to annual income (as in Figure 6), 42% of the population does not have income, with 26% (>R4800) being below the lower bound poverty line (LBPL). The above, may be associated to factors including no schooling, matric and higher education performance (refer to Table 2 and StatSA, General Household Survey of 2019). The implications of provincial annual income disparities are an indication of the poverty levels experienced in Limpopo. The increased poverty levels attributes to performance of indicators such as incidences of sever acute malnutrition (SAM), diarrhoea, prevalence of HIV (AIDS). Furthermore, these multi-dimensional factors of poverty further constrain the resources of the department in delivering services.

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.

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.

8.2.3.1 Leading causes of Death

Narrative on provincial ten leading causes of death:

Though 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 the majority of the people' lives in the province are diabetes mellitus, cerebrovascular

diseases, and hypertension. As a result of the interventions implemented and access to testing and treatment in a fight against HIV AIDS, deaths due to human immunodeficiency virus have dropped down the ladder of causes of deaths in the province. The province will continue strengthening health education on healthy lifestyle, promotion and prevention in fighting the highly rising deaths due to non-communicable diseases.

Table 4. Provincial leading causes of death 2017

	Limpopo, all ages 2017	**No.**	**%**
1	Influenza and pneumonia (J09-J18)	3067	7.0
2	Diabetes mellitus (E10-E14)	2682	6.1
3	Cerebrovascular diseases (I60-I69)	2545	5.8
4	Tuberculosis (A15-A19)	2408	5.5
5	Hypertensive diseases (I10-I15)	2328	5.3
6	Other viral diseases (B25-B34)	1634	3.7
7	Human immunodeficiency virus [HIV] disease (B20-B24)	1554	3.6
8	Other forms of heart disease (I30-I52)	1418	3.2
9	Intestinal infectious diseases (A00-A09)	1269	2.9
10	Renal failure (N17-N19)	1016	2.3
	Other Natural	19721	45.1
	Non-natural	4065	9.3
	All causes	43707	100

Source: Stats SA, 2017 Mortality and causes of death in South Africa: Findings from death notifications

Narrative on districts' ten leading causes of death:

From the districts perspective, 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 5. Districts ten leading causes of death 2017

Capricorn 2017		No.	%	Mopani 2017		No.	%	Sekhukhune 2017		No.	%
Hypertensive diseases (I10-I15)	1	823	6.7	Influenza and pneumonia (J09-J18)	1	615	6.9	Cerebrovascular diseases (I60-I69)	1	1008	11.7
Influenza and pneumonia (J09-J18)	2	811	6.6	Diabetes mellitus (E10-E14)	2	577	6.4	Influenza and pneumonia (J09-J18)	2	1003	11.6
Diabetes mellitus (E10-E14)	3	784	6.4	Tuberculosis (A15-A19)	3	507	5.7	Hypertensive diseases (I10-I15)	3	642	7.4
	4	647	5.3	Cerebrovascular diseases (I60-I69)	4	424	4.7	Other viral diseases (B25-B34)	4	503	5.8
Tuberculosis (A15-A19)	5	580	4.8	Other viral diseases (B25-B34)	5	364	4.1	Diabetes mellitus (E10-E14)	5	499	5.8
Cerebrovascular diseases (I60-I69)	6	513	4.2	Hypertensive diseases (I10-I15)	6	324	3.6	Tuberculosis (A15-A19)	6	438	5.1
Other forms of heart disease (I30-I52)	7	393	3.2	Other forms of heart disease (I30-I52)	7	288	3.2	Intestinal infectious diseases (A00-A09)	7	304	3.5
Intestinal infectious diseases (A00-A09)	8	373	3.1		8	253	2.8	Other forms of heart disease (I30-I52)	8	295	3.4
Other viral diseases (B25-B34)	9	312	2.6	Intestinal infectious diseases (A00-A09)	9	240	2.7	Chronic lower respiratory diseases (J40-J47)	9	161	1.9
Chronic lower respiratory diseases (J40-J47)	10	268	2.2	Renal failure (N17-N19)	10	225	2.5		10	151	1.7
Other Natural		5462	44.7	Other Natural		4391	49	Other Natural		2864	33.2
Non-natural		1240	10.2	Non-natural		753	8.4	Non-natural		764	8.9
All causes		12206	100	All causes		8961	100	All causes		8632	100

Vhembe 2017		No.	%	Waterberg 2017		No.	%
Diabetes mellitus (E10-E14)	1	443	5.6	Tuberculosis (A15-A19)	1	520	8.7
Tuberculosis (A15-A19)	2	363	4.6	Hypertensive diseases (I10-I15)	2	392	6.6
Cerebrovascular diseases (I60-I69)	3	314	4	Influenza and pneumonia (J09-J18)	3	388	6.5
Renal failure (N17-N19)	4	264	3.3	Diabetes mellitus (E10-E14)	4	379	6.3
Influenza and pneumonia (J09-J18)	5	250	3.2		5	352	5.9
Other viral diseases (B25-B34)	6	219	2.8	Cerebrovascular diseases (I60-I69)	6	286	4.8
Other forms of heart disease (I30-I52)	7	181	2.3	Other forms of heart disease (I30-I52)	7	261	4.4
Intestinal infectious diseases (A00-09)	8	151	1.9	Other viral diseases (B25-B34)	8	236	3.9
	9	150	1.9	Intestinal infectious diseases (A00-A09)	9	209	3.5
Hypertensive diseases (I10-I15)	10	147	1.9	Renal failure (N17-N19)	10	149	2.5
Other Natural		4750	59.9	Other Natural		2196	36.7
Non-natural		699	8.8	Non-natural		609	10.2
All causes		7931	100	All causes		5977	100

Source: Stats SA, 2017 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

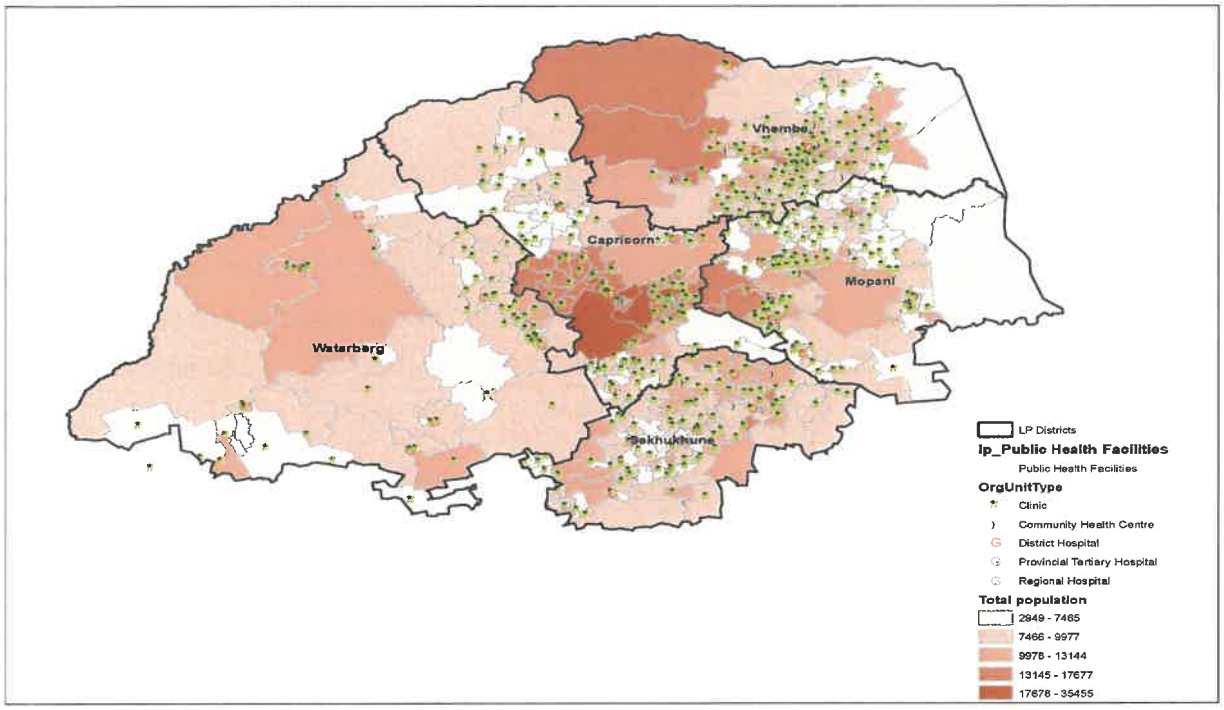


Figure 7. Geographical distributions of Limpopo health facilities

Table 6. District distribution of health facilities

	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	Grand Total
Clinic	98	97	86	115	60	454
Community Health Centre	4	8	3	8	3	26
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**	**578**

Narrative:

Capricorn district is the only district in the province that hosts two tertiary hospitals and has no regional hospital (see Figure 7 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 evident 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 in the process of finalizing plans for development of a central hospital to stabilize the service 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 in light of the district being the second largest in the province. The department is in the process of building primary healthcare facilities including CHCs while refurbishing and maintaining the old ones in compliance with ideal clinic status.

8.3.2 Universal Health Coverage (Population and Service Coverage)

8.3.2.1 Hospital Care

Table 7. Hospital efficiency indicators

lp Limpopo Province	**OPD new client not referred rate**			**Average length of stay**			**Inpatient (usable) bed utilisation rate**			**Expenditure per PDE**		
	2017/18	**2018/19**	**2019/20**	**2017/18**	**2018/19**	**2019/20**	**2017/18**	**2018/19**	**2019/20**	**2017/18**	**2018/19**	**2019/20**
District Hospital	72.4	73.6	71.8	4.3	4.3	4.2	72.7	73.1	72.9	2954.8	3146.4	3295.9
Regional Hospital	72.1	62.7	60.7	4.4	4.4	4.3	74.9	71.9	69.8	3104.7	3778.8	3958.9
Tertiary Hospital	14.7	13.9	15.5	7.6	7.5	7.5	79.9	82.3	83.4	4591.9	4586.1	5231.7

Source: DHIS

Outpatient department (OPD) new client not referred is high among district hospitals and decreases along with the higher levels of care (i.e. regional and tertiary hospitals). Average length of stay (ALOS) and inpatient bed utilisation rate (IUBR) among all different levels of hospitals remains within normal limits over the three-year period in comparison to the national averages. However, expenditure per patient day equivalent is on an upward trend among all levels of hospitals over the three-year period. Noteworthy, the gap between the district and regional hospitals expenditure per PDE is narrow which raises a concern pertaining to the expenditure at the district hospital when compared to the national average.

Table 8. Referral hospitals efficiency indicators

Referral hospital	Hospital name	OPD new client not referred rate			Average length of stay			Inpatient (usable) bed utilisation rate		
		2017/18	2018/19	2019/20	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Regional Hospital	Ip Letaba Hospital	52.1	53.5	30.6	4.5	4.7	4.5	82.3	71.2	71.8
	Ip Mokopane Hospital	81.6	86.2	78.5	6.3	5.6	5.2	77.1	73.3	61.7
	Ip Philadelphia Hospital	86.4	41.5	42.9	4.8	4.2	3.9	74.9	69.8	65.3
	Ip St Rita's Hospital	72.8	73.9	79.7	3.6	4.3	4.5	65.1	70	69.5
	Ip Tshilidzini Hospital	25.1	25.5	32.1	4	3.9	4	76	74.5	77.6
Tertiary Hospital	Ip Mankweng Hospital	0	0	2	6.6	6.5	6.4	80	82.7	84.3
	Ip Pietersburg Hospital	25	22.5	23.3	8.9	9.1	9	79.8	81.8	82.4

Source: DHIS

At regional hospital level, Mokopane and St Ritas are seeing a high number of out-patient clients without referral. In light of both hospital OPD new client not referred remains high though the facilities have a gateway clinic. On the same indicator, Mankweng hospital has remained consistently low with Pietersburg hospital performing at an average of 23.6 over a period of three past financial years. Performance on average length of stay among regional and tertiary hospitals is averagely within limits. Among regional hospitals, inpatient bed utilisation rate in Mokopane, Philadelphia and St Ritas hospitals shows a down trend in 2019/20 in comparison to the previous years' performance showing inefficiency in bed occupancy. Pietersburg and Mankweng hospitals have remained efficient in bed occupancy or utilisation rate over the three-year period.

8.3.2.2 Primary health care

Table 9. PHC utilisation rate

Data name	Organisation unit name	2015/16	2016/17	2017/18	2018/19	2019/20
PHC utilisation rate	Ip Limpopo Province	2.6	2.6	2.5	2.4	2.3
	Ip Capricorn District Municipality	2.6	2.6	2.3	2.1	2.1
	Ip Mopani District Municipality	2.8	2.8	2.9	2.7	2.6
	Ip Sekhukhune District Municipality	2.2	2.2	2.2	2.1	2.2
	Ip Vhembe District Municipality	2.9	2.9	2.8	2.7	2.6
	Ip Waterberg District Municipality	2.2	2.3	2.2	2.2	2.3

Source: DHIS

PHC utilisation rate among all districts remains averagely lower than the national average 3.2% with only Mopani and Vhembe performing higher than the rest of the districts. The low utilisation rate of clinics reflects evidently among district hospitals and both Mokopane and St Ritas regional hospitals pertaining to the OPD new client not referred rate. The healthcare offered at the moment leans more towards a curative type of care than a preventive and promotive type of care (see Figure 6 below).

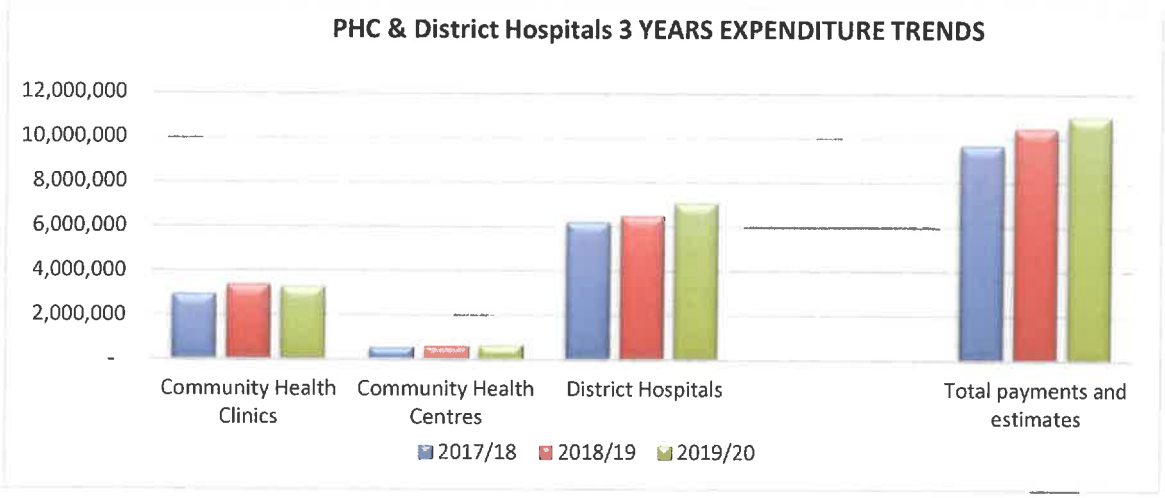


Figure 8. PHC & district hospitals 3 years expenditure trends

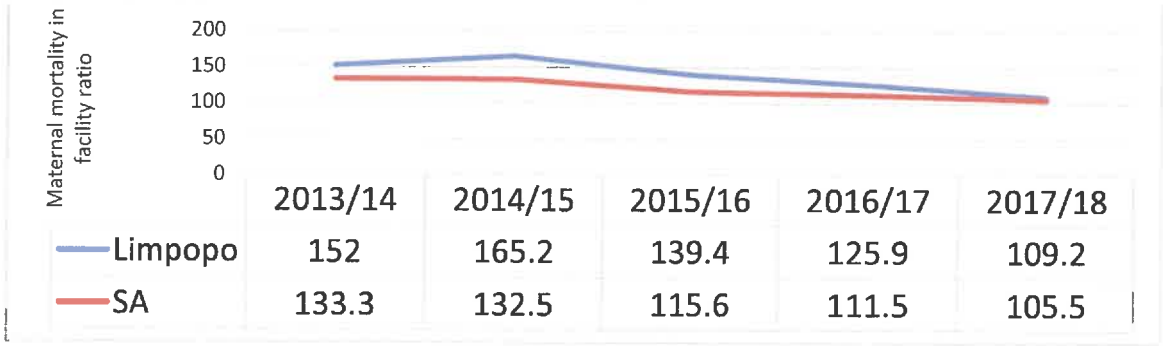
Source: Estimate of provincial revenue and expenditure, 2020/21

Figure 8 depicts that large share of funding is directed towards district hospitals than PHC facilities resulting in expensive delivering of the healthcare services. However, in pursuance of a preventative and promotive healthcare system, a shift towards PHC dependent healthcare system according the Alma Ata Declaration of 1978 requires a higher funding to primary healthcare services.

8.3.3 Maternal and Women's 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 trends in health facilities between official surveys.

Women's Health Trends



	2013/14	2014/15	2015/16	2016/17	2017/18
Limpopo	152	165.2	139.4	125.9	109.2
SA	133.3	132.5	115.6	111.5	105.5

Figure 9. Maternal mortality 2013/14 – 2017/18

Narrative:

The maternal mortality in facility ratio has shown a significant decline from 152 in 2013/14 to 109 in 2017/18 (as in Figure 10). However, it remains higher than the national average (105.5). According to the Limpopo Saving Mothers 2017, the main causes of maternal mortality are obstetric haemorrhage, hypertensive disease in pregnancy and non-pregnancy related infections.

Maternal and Women's Health Trends

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 trends in health facilities between official surveys.

Women's Health Trends

Table 10. Women's health trends

	Apr 2019 to Mar 2020					
Data Element Name	Ip Limpopo Province	Ip Capricorn District Municipality	Ip Mopani District Municipality	Ip Sekhukhune District Municipality	Ip Vhembe District Municipality	Ip Waterberg District Municipality
Maternal mortality in facility ratio	97,8	195,8	93,9	56,7	66,5	61,4
Delivery in 10-19 years in facility rate	14,1	12,5	15,5	11,7	16,2	14,3
Mother postnatal visit within 6 days rate	104,3	82,6	130,4	88,2	111,8	108,7
Antenatal 1st visit coverage	90,9	87,4	99,7	85,3	83,8	109,1
Cervical cancer screening coverage 30 years and older	47,7	38,7	54,3	44,9	45,8	62

Source: DHIS

Narrative:

According to Table 11, the province is experiencing high cases of 10-19 years in facility delivery rate (teenage pregnancy) which is above the national average of 12%. The Capricorn, Mopani, Vhembe and Waterberg districts are each contributing high percentages above the national average performance. These is associated to the poverty levels that communities among the province are living in making young girls to be attracted to older working men for survival. The province is embarking on giving health education on teenage pregnancy, HIV, STI, and substance abuse to youth in order to combat the challenge. The province performed

above the target pertaining to mother postnatal visit within 6 days with only Capricorn district being the lowest in performance. The province performed well on antenatal 1st coverage with Waterberg district performing above 100% and Vhembe being the lowest in performance.

8.3.4 Child Health

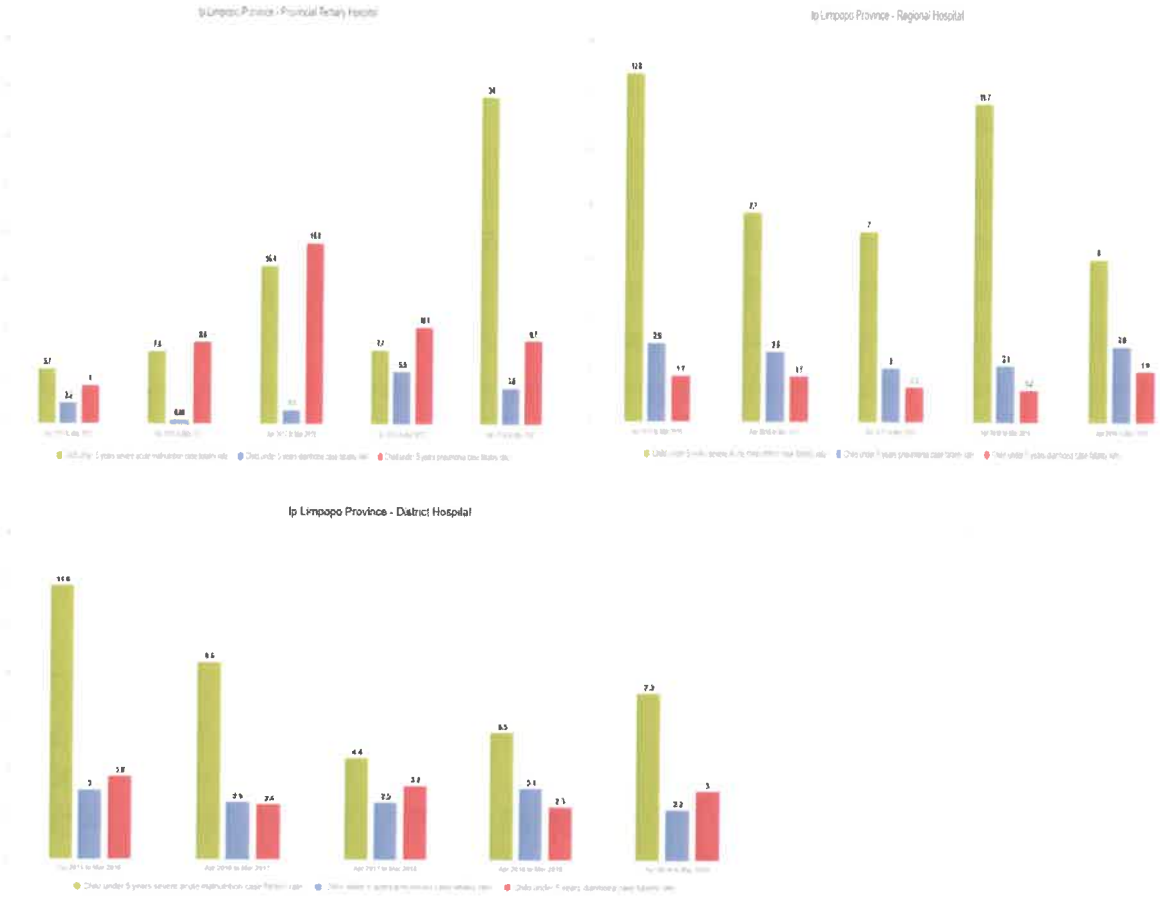


Figure 10. Under 5 year mortalities

Source: DHIS

Narrative:

A comparative analysis with reference to Figure 11 on SAM shows an upward trend for both the tertiary and district hospitals and a downward pattern in regional hospitals. This could be attributed to poor case management. Further in terms of SAM, the provincial poverty headcount could be a major contributor as it is the third highest in the country. Generally, there is a decline in case fatality rates for diarrhoea, pneumonia and severe acute malnutrition (SAM).

8.3.5 HIV and AIDS

Provincial Perspective

Provincial Perspective

Narrative:

Limpopo is currently at 90-70-86 in 2020 as compared to 93-67-77 in 2019 pertaining to performance against 90-90-90 across its total population (see Figure 12). Implying, the province is doing well on the 1st 90 – whereby people living with HIV knowing their status in all quarters (90% target met). However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and has a sharp decline from the calendar quarter 1 to 3.

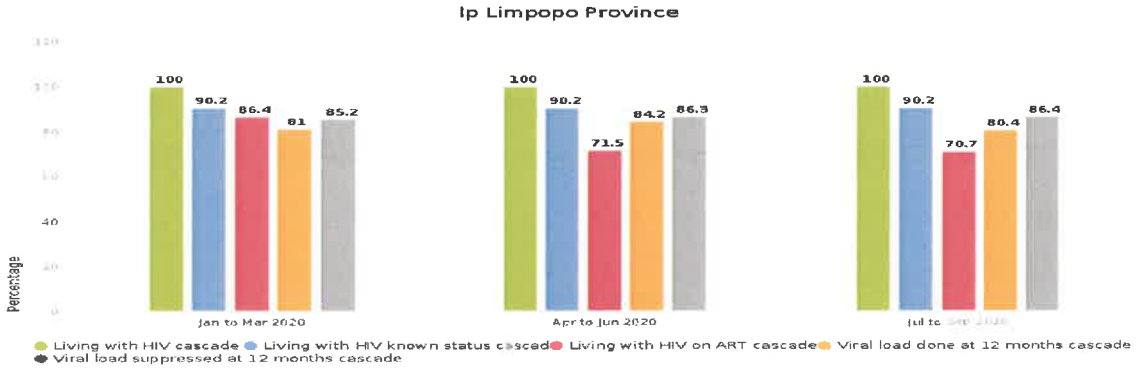


Figure 11. Provincial 90-90-90 performance trends

The 3rd 90 – Viral load suppression rate is hovering around 85 – 86% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. The universal test and treat will be strengthened in the province to accelerate the performance on the second and third 90s of the strategy in all the districts.

Capricorn

Narrative:

According to Figure 13, Capricorn district is currently at 90-67-86 in 2020 as compared to 93-66-77 in 2019 in terms of performance against 90-90-90 across its total population. The district sows an achievement on the 1st 90 – whereby people living with HIV knowing their status in all quarters is meeting a 90% target. However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and has a sharp decline from the calendar quarter 1 to 3.

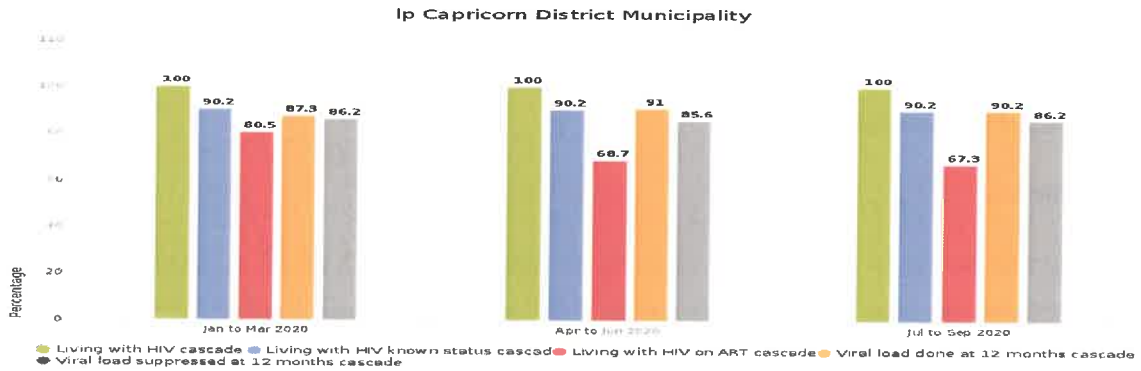


Figure 12. Capricorn district 90-90-90 performance trends

Capricorn district is the second lowest in the province. The 3rd 90 – Viral load suppression rate is hovering around 85 – 86% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. The district will strengthen the universal test and treat approach to improve on the last two 90s of the strategy.

Mopani

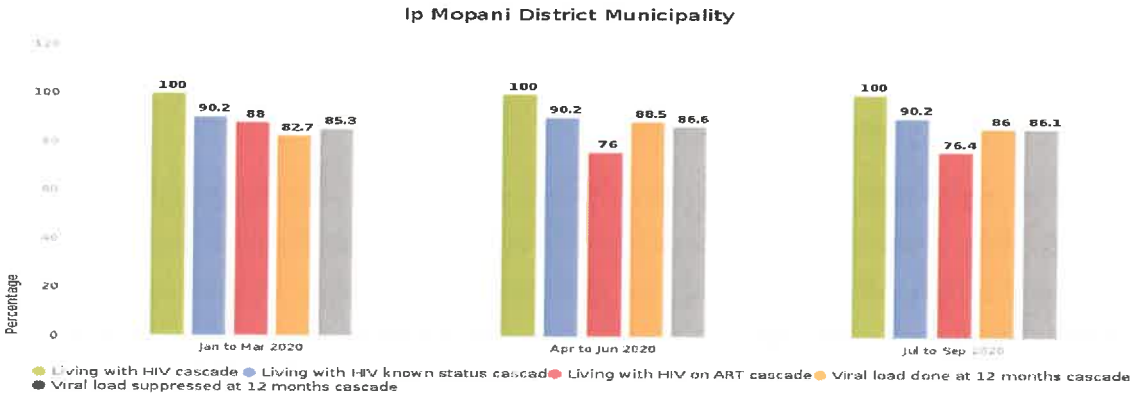


Figure 13. Mopani district 90-90-90 performance trends

Narrative:

As in Figure 14, Mopani district is currently at 90-76-86 in 2020 as compared to 93-71-80 in 2019 in terms of performance against 90-90-90 across its total population. The district is doing well on the 1st 90 – People living with HIV knowing their status in all quarters (90% target met). However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and has a sharp decline from the calendar quarter 1 to 3. The 3rd 90 – Viral load suppression rate is hovering around 85 – 86% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant

taking of ART with traditional healers/faith based medication. The district will strengthen the universal test and treat approach to improve on the last two 90s of the strategy.

Sekhukhune

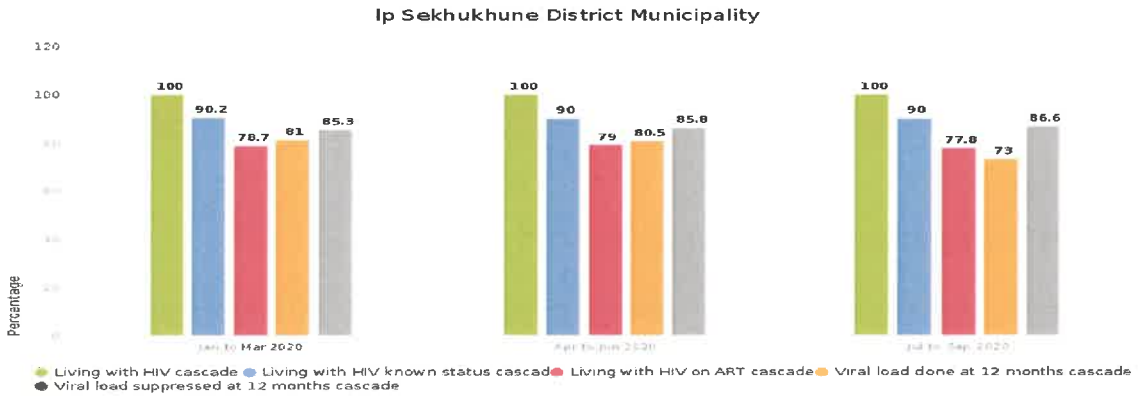


Figure 14. Sekhukhune district 90-90-90 performance trends

Narrative:

As reflected in Figure 15, Sekhukhune is currently at 90-77-86 in 2020 as compared to 93-68-79 in 2019 in terms of performance against 90-90-90 across its total population. Like other districts, Sekhukhune district also is achieving on the 1st 90 – wherein target for people living with HIV knowing their status in all quarters is being met. However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and is constant at around 79 – 77%, with no significant change. The 3rd 90 – Viral load suppression rate is hovering around 85 – 86% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. The district will strengthen the universal test and treat approach to improve on the last two 90s of the strategy.

Vhembe

Narrative:

Figure 16 depicts that Vhembe district is currently at 90-64-86 in 2020 as compared to 93-61-76 in terms of performance against 90-90-90 across its total population. The district is as well achieving on the 1st 90 – implying that the target of people living with HIV knowing their status in all quarters is being met. However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and has a sharp decline from the calendar quarter 1 to 3.

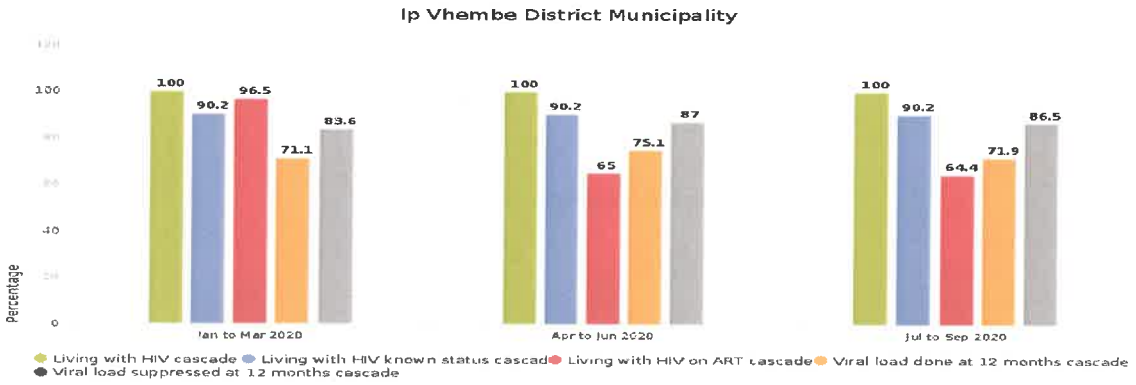


Figure 15. Vhembe district 90-90-90 performance trends

The district has the lowest ART start rate in the province. The 3rd 90 – Viral load suppression rate is performing around 83 – 87% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. The district will strengthen the universal test and treat approach to improve on the last two 90s of the strategy.

Waterberg

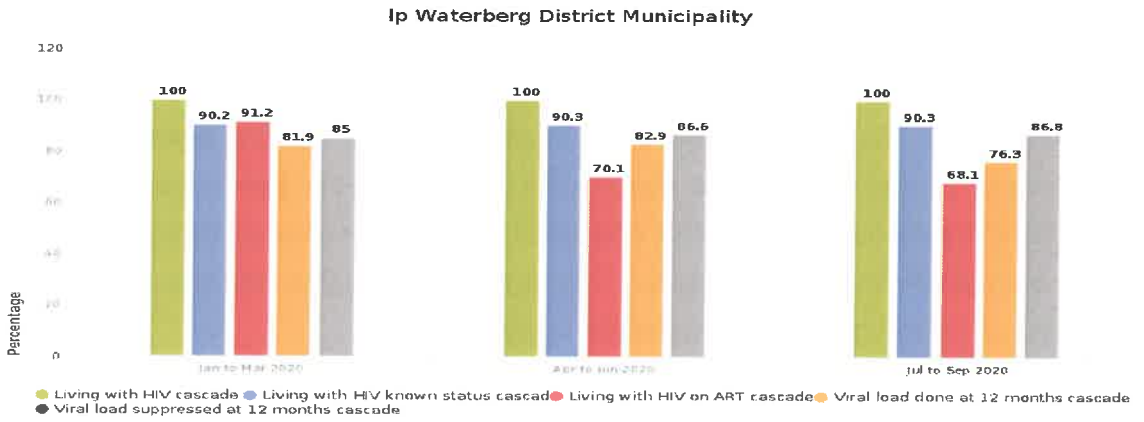


Figure 16. Waterberg district 90-90-90 performance trends

Narrative:

Waterberg in reference to Figure 17 is currently at 90-68-86 in 2020 as compared to 93-69-73 in 2019 in terms of performance against 90-90-90 across its total population. The district is as well meeting the target on the 1st 90 – that is the target for people living with HIV knowing their status in all quarters is being met. However, the 2nd 90 - ART start rate target of 90% was not met in all quarters and has a sharp decline from the calendar quarter 1 to 3 which can be attributed to COVID-19 pandemic. The 3rd 90 – Viral load suppression rate is hovering around

85 – 86% against the 90% target in all quarters. Historically it has been like this even in the past financial year and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. The district will strengthen the universal test and treat approach to improve on the last two 90s of the strategy.

8.3.6 Tuberculosis

TB Treatment Trends

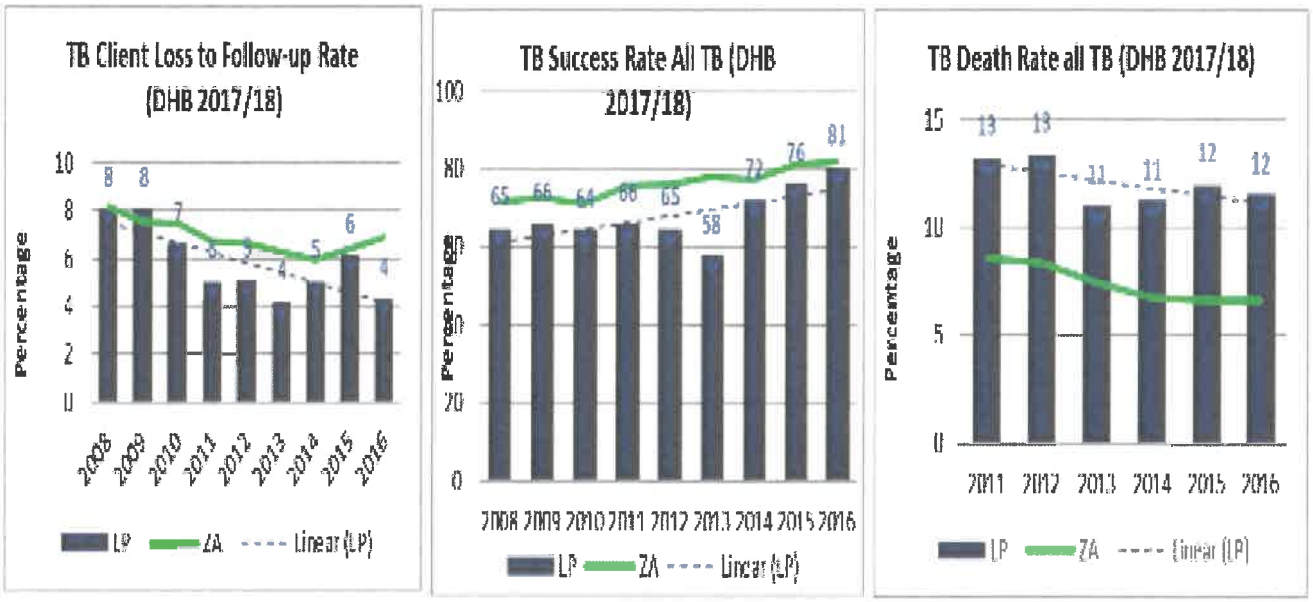


Figure 17. TB trends

Narrative

In terms of Figure 18, TB Client loss to follow-up rate is on a decline. While the TB success rate is continuously improving it is still below the national average. The province consistently performs below the national average in terms of TB death rate. The death rate can be attributed due to migration patterns, comorbidities and late presentation.

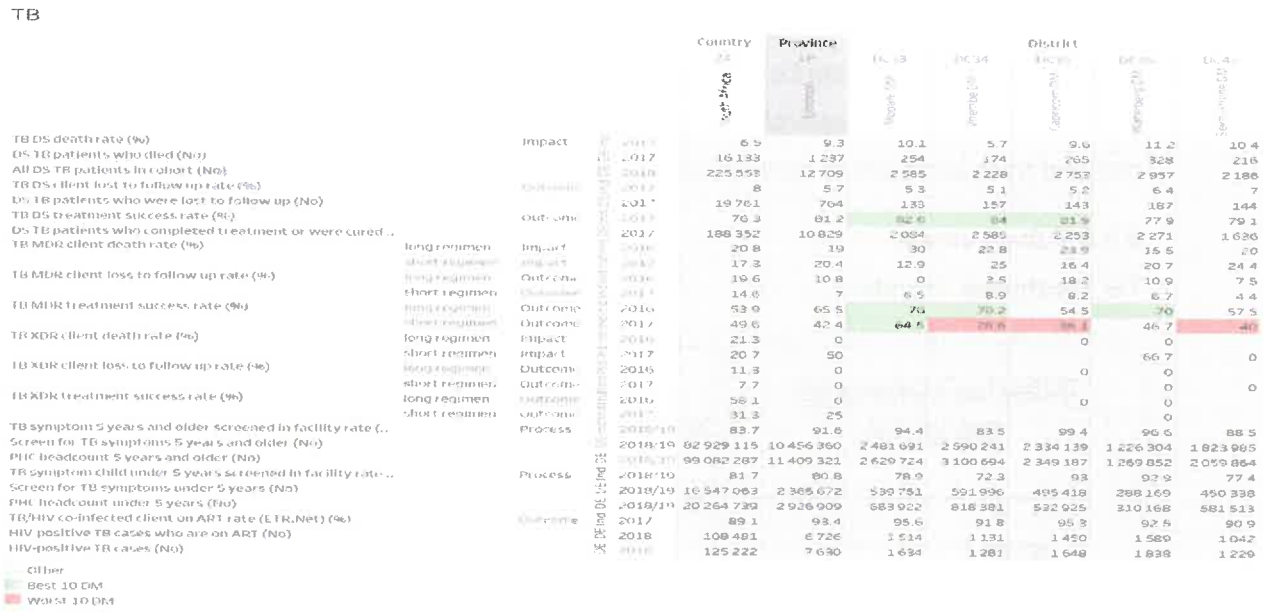


Figure 18. TB indicators

Narrative

Whilst the province is performing higher than the national average on TB treatment success rate, Waterberg and Sekhukhune districts are pulling the performance down (see Figure 19). Due to the mining activities happening in the two districts, loss to follow-up remains is also higher than the other three districts. That impacts negatively on the attempts to reduction of the TB death rate which is still high in the province.

8.3.7 Overview of the 2020/21 budget and MTEF estimates

The Department has been allocated an amount of R22.1 billion in the 2020/21 financial year to deliver the healthcare services in Limpopo Province. The overall health budget increased from R20.7 billion in the 2019/20 financial year to R22.1 billion in 2020/21. This indicates an accumulative growth of 6.8% over the two years.

The budget is projected to grow from R21.9 billion in 2021/22 to R22.3 billion in the year ending 2023/24. This represents a cumulative increase of 1.8%. The funding however does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

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

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

8.3.7.1 Equitable share

The baseline for 2021/22 financial year shows 2.8% increase as compared to the 2020/21 final Main Appropriation including additional allocation from the Provincial Revenue Fund.

8.3.7.2 Conditional grants

The total conditional grants allocation increased by 9.46% or R346.2 million in the 2021/22 financial year. This will assist addressing shortfall currently experienced within the Antiretroviral Treatment Programme, combating of Covid-19 pandemic, introduction of mental health and oncology services grant. Some of the conditional grants have grown by an average between 1% and 4% while others reduced.

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		
		2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
1.	Administration	291 847	291 045	302 048	330 041	317 726	284 491	289 518	295 680	273 468
2.	District Health Services	11 012 374	12 006 670	12 913 208	14 342 056	14 123 809	14 353 078	13 725 321	13 926 466	14 769 562
3.	Emergency Medical Services	688 643	731 566	768 106	831 070	893 213	893 213	885 181	898 532	933 533
4.	Provincial Hospital Services	2 201 049	2 388 539	2 600 196	2 834 303	2 817 629	2 874 242	2 598 593	2 651 262	2 603 378
5.	Central Hospital Services	1 654 115	1 726 726	1 798 983	2 081 427	2 052 450	2 168 151	1 753 009	1 675 109	1 922 830
6.	Health Sciences and Training	621 609	560 470	547 546	616 295	616 721	616 721	650 980	655 151	662 115
7.	Health Care Support Services	116 823	124 505	138 768	152 730	745 160	835 540	707 598	151 624	138 315
8.	Health Facilities Management	629 251	555 678	649 355	952 819	1 029 029	1 029 031	1 360 754	781 283	823 525
	Sub-total									
	Direct charges against the National Revenue Fund	1 902	1 978	1 980	2 200	1 980	1 980	1 980	1 980	1 980
	Total									
	Change to 2010/11 budget estimate	**17 217 613**	**18 387 177**	**19 720 190**	**22 142 941**	**22 597 717**	**23 056 447**	**21 972 934**	**21 037 087**	**22 128 706**

Table 12. Summary of provincial expenditure estimates by economic classification

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**16 004 000**	**17 238 738**	**18 696 249**	**21 223 518**	**21 517 415**	**21 919 412**	**20 745 182**	**20 213 185**	**21 325 670**
Compensation of employees	12 218 485	12 978 967	14 199 044	16 127 301	15 658 647	15 658 647	15 289 877	14 862 090	14 847 003
Goods and services	**3 785 515**	**4 259 771**	**4 497 205**	**5 096 217**	**5 858 768**	**6 260 764**	**5 455 305**	**5 351 095**	**6 478 667**
Communication	74 168	62 682	77 438	74 780	83 878	79 734	75 430	91 791	95 076
Computer Services	125 887	114 807	102 572	160 000	160 000	130 472	133 966	160 396	177 453
Consultants Contractors and special services	980 526	823 627	854 910	1 090 501	1 237 737	1 254 440	880 049	1058 049	1310 697
Inventory	1 692 104	2 063 632	2 307 785	2 480 794	3 141 654	3 513 917	2 818 532	2 661 361	3 200 272
Operating leases	16 511	12 988	15 448	20 877	18 387	13 063	11 945	23 094	23 876
Travel and subsistence	88 859	73 335	62 667	57 649	26 322	30 320	44 192	47 085	43 976
Maintenance repair and running costs	179 037	183 882	189 152	143 473	97 970	146 280	114 682	182 119	188 628
Specify Other	628 423	924 818	887 233	1 068 143	1 020 033	1 065 104	1 376 509	1 127 200	1 438 689
Payment for financial assets	**10 692**	**3 505**	**4 074**	–	–	–	–	–	–
Transfers and subsidies to	**781 045**	**687 918**	**594 275**	**169 245**	**240 907**	**297 643**	**254 441**	**257 511**	**270 934**
Provinces and municipalities	23 589	25 023	16 068	1 692	1 852	1 852	1 331	1 153	1 203
Departmental agencies and accounts	74 830	26 773	7 046	16 719	42 420	99 156	17 639	18 486	19 299
Non-profit institutions	362 582	383 805	341 956	–	–	–	–	–	–

Households	320 044	252 317	229 205	150 834	196 635	196 635	235 471	237 872	250 432
Payments for capital assets	**421 876**	**457 016**	**425 592**	**750 178**	**839 394**	**839 392**	**973 311**	**566 391**	**532 102**
Buildings	262 357	250 755	294 487	388 646	372 488	372 486	615 365	377 500	316 858
other fixed structures									
Machinery and equipment	159 491	206 261	131 105	361 532	466 906	466 906	357 946	188 891	215 244
Software and other intangible assets	28	–	–	–	–	–	–	–	–
Total economic classification	**17 217 613**	**18 387 177**	**19 720 190**	**22 142 941**	**22 597 717**	**23 056 447**	**21 972 934**	**21 037 087**	**22 128 706**

Relating expenditure trends to specific goals

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

	Audited/actual			Main Appropriation	MTEF projection		
Expenditure	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Current prices[1]							
Total[2]	17,218	18,387	19,720	22,143	21,972	21,037	22,128
Total per person	3.25	3.54	3.88	4.35	4.32	4.13	4.35
Total per uninsured person	3.07	3.27	3.51	3.94	3.91	3.75	3.94
Constant (2008/09) prices[3]							
Total[2]	19,112	20,226	18,734	19,929	18,896	18,092	19,030
Total per person	3.5	3.7	3.5	3.7	3.5	3.4	3.5
Total per uninsured person	17,659	18,689	17,310	18,414	17,460	16,717	17,584
% Of Total spent personon:							
DHS	19.2%	22.8%	24.1%	23.0%	25.0%	27.4%	26.1%
PHS	5.1%	5.3%	5.4%	4.7%	5.0%	5.5%	5.2%
CHS	3.2%	3.8%	4.1%	4.1%	4.4%	4.8%	4.6%
All personnel	21.2%	23.4%	24.2%	22.9%	23.1%	24.1%	22.9%
Capital	4.0%	5.9%	5.0%	5.8%	5.9%	6.1%	5.8%
Health as a % of total public expenditure	40.5%	39.1%	38.3%	39.9%	39.7%	38.7%	39.9%

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 overall administration of the Department including rendering of advisory, secretarial and office support services through the sub programmes of Administration and Office of the MEC.

Table 14. Administration Outcome, outputs, Performance Indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Improve financial management	Improved audit opinion	1.1 Audit opinion from Auditor-General	Qualified audit opinion	Qualified audit opinion		Unqualified audit opinion	Unqualified audit opinion	-	-	-	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Improved compliance to payment of suppliers within 30 days	1.2 Percentage compliance to payment of suppliers within 30 days	65%	64%	85%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Improved asset management	1.3 Number of institutions with Credible Asset Register	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58	58 of 58
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
	Increased revenue collection	1.4 Revenue collected	R181m	R219.7m	R 207.8million	R204.2m	R222.9m	R48m	R61.7m	R54.4m	R58.8m	R234m	R245.7m
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium Term Period:

a) The achievement of the outputs will contribute towards an improved health service delivery as well as job creation to alleviated poverty among youth, and women.
b) The output indicators in programme 1 provides 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	Expenditure outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
R' thousand									
MEC's Office	1 902	1 978	1 978	2 200	1 980	1 980	1 980	1 980	1 980
Management	291 847	291 045	315 844	330 041	317 726	284 491	289 518	295 680	273 468
Corporate Services									
Property Management									
TOTAL	**293 749**	**293 023**	**317 822**	**332 241**	**319 706**	**286 471**	**291 498**	**297 660**	**275 448**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**290 804**	**286 118**	**314 117**	**331 449**	**317 779**	**284 544**	**288 689**	**296 813**	**275 047**
Compensation of employees	245 676	241 246	275 652	289 144	278 644	251 326	246 581	250 587	231 357
Goods and services	**45 128**	**44 872**	**38 465**	**42 305**	**39 135**	**33 218**	**42 108**	**46 226**	**43 690**
Communication	9 075	8 070	10 166	12 654	3 702	6 887	13 211	13 845	14 454
Computer Services	–	–	–	–	–	–	–	–	–
Consultants Contractors and special services	423	360	127	–	–	–	–	–	–
Inventory	2 038	2 755	1 628	2 729	3259	1429	2 879	3 017	3 149
Operating leases	4 416	3 234	3 431	5 014	5 014	3 685	2 290	5 544	5 788

Travel and subsistence	13 316	17 697	15 103	–	3 356	3 811	–	–	–
Maintenance repair and running costs	102	–	–	211	211	–	223	234	244
Specify other	15 758	16 138	17 696	21 697	23 593	17 406	23 505	23 586	20 055
Transfers and subsidies to	**2 653**	**6 120**	**1 829**	**373**	**1 508**	**1 508**	**367**	**384**	**401**
Provinces and municipalities	32	124	56	52	52	52	28	29	30
Departmental agencies and accounts	-								
Universities and technikons									
Households	2 529	6 065	1 788	321	1 456	1 456	339	355	371
Payments for capital assets	**292**	**785**	**1 876**	**419**	**419**	**419**	**2 442**	**463**	**–**
Buildings and other fixed structures									
Machinery and Equipment	292	785	1 876	419	**419**	**419**	**2 442**	**463**	**–**
Payment of Financial asset	1 558								
Total economic classification	**293 749**	**293 023**	**317 822**	**332 241**	**319 706**	**286 471**	**291 498**	**297 660**	**275 448**

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 department has spent a total of R904.5 million from 2017/18 to 2019/20 while the 2020/21 budget amounts to R332.2 million. The proposed MTEF from 2021/22 to 2023/24 projected at R864.6 million that will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

1.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Shortage of the required skills mix	• Reprioritisation of funds allocation • Review of the structure • Advertisement of posts and headhunting
Improve financial management	Ineffective procurement processes	• Implementation of procurement plan • Revisiting of the processing of procuring emergency goods and services
	Unwanted expenditures (Irregular and unauthorised expenditures)	• Request adequate funding • Conduct training on financial management • Apply corrective measures for non-compliance
	Inadequate asset management	• Take action for non-compliance • Monitoring the effective implementation of BAUD system • Provide awareness on assets management procedure manuals
	Abuse of overtime	• Enforce compliance to departmental policies • Improve supervisory mechanism • Apply corrective measures for non-compliance

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, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved	Patient satisfaction improved	1.1 Patient experience of care satisfaction rate (PHC)	New indicator	New indicator	New indicator	75%	65%	-	65%	-	-	70%	75%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Ideal clinic status obtained increased	1.2 Ideal clinic status obtained rate	New indicator	34.4%	14.7%	45%	45%	-	-	-	45%	55%	65%
		Numerator:	-	165	61	216	71	-	-	-	-	81	91
		Denominator:	-	480	413	480	480	-	-	-	-	480	480

Explanation of Planned Performance over the Medium Term Period:

a) The outputs contribute towards improving the type of health care services offered to patients.

b) The selected indicators helps monitor the quality of healthcare received by the patients.

c) The department will strengthen its collaboration with SAPS and community stakeholders in order to reduce the security incidents in the PHC facilities.

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, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved	1.1 Patient experience of care satisfaction rate (District Hospital)	New indicator	New indicator	New indicator	80%	70%	-	70%	-	-	75%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved	Improved management of adverse events	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (District Hospitals)	New Indicator	New Indicator	New indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (District Hospitals)	New Indicator	New Indicator	New indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
3. Maternal, Neonatal, Infant and Child Mortality reduced	Reduced maternal, Child mortality in District Hospitals	3.1 Maternal Mortality in facility ratio (District Hospitals)	New Indicator	New Indicator	New Indicator	220/100 000 live births	100/100 000 live births	-	-	-	100/100 000 live births	80/100 000 live births	60/100 000 live births
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		3.2 Child under 5 years diarrhoea case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	5.5%	5.5%	5.5%	5.5%	5.5%	5.5%	5%	4.5%
		Numerator:	-	-	-	196	196	-	-	-	-	178	160
		Denominator:	-	-	-	3567	3558	-	-	-	-	3558	3558
		3.3 Child under 5 years pneumonia case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	3.1%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
		Numerator:	-	-	-	114	138	-	-	-	-	138	138
		Denominator:	-	-	-	3678	3934	-	-	-	-	3934	3934
		3.4 Child under 5 years severe acute malnutrition case fatality rate (District Hospitals)	New Indicator	New Indicator	New Indicator	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7%	6.5%
		Numerator:	-	-	-	126	98	-	-	-	-	92	85
		Denominator:	-	-	-	1678	1312	-	-	-	-	1312	1312
		3.5 Death under 5 years against live birth rate (District Hospitals)	New Indicator	New Indicator	New Indicator	1.6 per 1000 live births	1.7 per 1000 live births	1.7 per 1000 live births	1.7 per 1000 live births	1.7 per 1000 live births	1.7 per 1000 live births	1.5 per 1000 live births	1.3 per 1000 live birth

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Numerator:	-	-	-	1257	1450	-	-	-	-	1279	1150
		Denominator:	-	-	-	78537	85295	-	-	-	-	85295	85295

Explanation of Planned Performance over the Medium Term Period:

a) The outputs contribute towards improving the healthcare service offering at district hospitals.

b) The selected indicators will help monitor quality of care offered to patients at level of a district 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.

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, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Morbidity and Premature mortality due to	Increased access to ART	1.1 HIV positive 15-24 years (excl. ANC) rate	New indicator	New indicator	New indicator	8%	8%	8%	8%	8%	8%	7.8%	7.5%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
Communicable diseases (HIV, TB and Malaria) reduced		**Denominator:**	-	-	-	-	-	-	-	-	-	-	-
		1.2 ART adult remain in care rate (12 months)	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	381629	381629	-	-	-	-	388121	396088
		Denominator:	-	-	-	424032	424032	-	-	-	-	431245	440098
		1.3 ART child remain in care rate (12 months)	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	15901	15901	-	-	-	-	16172	16503
		Denominator:	-	-	-	17668	17668	-	-	-	-	17969	18337
	Improved ART outcomes	1.4 ART adult - viral load suppressed rate (12 months)	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	381629	381629	-	-	-	-	388121	396088
		Denominator:	-	-	-	424032	424032	-	-	-	-	431245	440098
		1.5 ART child - viral load suppressed rate (12 months)	New indicator	New indicator	New indicator	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:				15901	15901	-	-	-	-	16172	16504
		Denominator:				17668	17668	-	-	-	-	17969	18337
	Improved access to TB and TB XDR treatment and outcomes	1.6 All DS-TB client LTF rate	4.2%	5.8%	8.4%	8%	8%	8%	8%	8%	8%	7.8%	7.5%
		Numerator:	644	764	972	1094	926	-	-	-	-	903	868
		Denominator:	15262	13172	11574	13560	11574	-	-	-	-	11574	11574
		1.7 All DS-TB client treatment success rate	80.9%	78.5%	78.5%	81%	79%	79%	79%	79%	79%	79.5%	79.5%

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Numerator:	12346	10340	9085	10991	9143	-	-	-	-	9201	9201
		Denominator:	15262	13172	11574	13560	11574	-	-	-	-	11574	11574
		1.8 TB Rifampicin resistant/MDR/ pre-XDR treatment success rate	New indicator	New indicator	New indicator	63.2%	63.2%	63.2%	63.2%	63.2%	63.2%	64.1%	65%
		Numerator:	-	-	-	143	143	-	-	-	-	145	147
		Denominator:	-	-	-	226	226	-	-	-	-	226	226
		1.9 TB XDR treatment start rate	New indicator	New indicator	New indicator	100%	100%	-	-	-	100%	100%	100%
		Numerator:	-	-	-	4	4	-	-	-	-	4	4
		Denominator:	-	-	-	4	4	-	-	-	-	4	4

Explanation of Planned Performance over the Medium Term Period:

a) The output aims to achieve an empowered and healthy population by improving health outcomes of clients affected by HIV and TB.

b) The output indicators track key performance in reducing morbidity and mortality as a result of TB and HIV. The assumption is that medicine availability will be sustained at required levels.

c) In achieving the set performance, the department will among others intensify patients tracing through community health workers (CHW) and stakeholders as well as implementation of Finding Missing TB Patients strategy. The department will as well strengthen 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.

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, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Maternal, Neonatal, and Child Mortality reduced	Improved family planning	1.1 Couple year protection rate	70.4%	63.5%	55%	61%	55%	55%	55%	55%	55%	57%	60%
		Numerator:	1159244.9	1057579	931328.1	1014462	931328.1	-	-	-	-	956722	1007076
		Denominator:	1647815.8	1663052	1678459.5	1663052	1678459.5	-	-	-	-	1678459.5	1678459.5
	Teenage pregnancy reduced	1.2 Delivery 10 to 19 years in facility rate	13.5%	13.4%	14.1%	12.5%	14%	14%	14%	14%	14%	13.5%	13%
		Numerator:	16238	16587	18810	15530	18684	-	-	-	-	18016	17349
		Denominator:	120250	124236	133455	124236	133455	-	-	-	-	133455	133455
	Number of clients attending antenatal care before 20 weeks increased	1.3 Antenatal 1st visit before 20 weeks rate	63.2%	67.2%	69%	68%	70%	70%	70%	70%	70%	73%	75%
		Numerator:	77327	84930	93967	85938	95312	-	-	-	-	99397	102120
		Denominator:	122378	126379	136160	126379	136160	-	-	-	-	136160	136160
	Postnatal care coverage increased	1.4 Mother postnatal visit within 6 days rate	85.8%	98.2%	104.2%	98%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	103184	121975	139084	121752	126782	-	-	-	-	126782	126782
		Denominator:	120250	124236	133455	124236	133455	-	-	-	-	133455	133455

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		1.5 Neonatal *(<28 days)* death in facility rate	12.4 per 1000 live births	13.2 per 1000 live births	14.3%	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	11.5 per 1000 live births	11 per 1000 live births
		Numerator:	1486	1642	-	-	-	-	-	-	-	-	-
		Denominator:	119544	124236	-	-	-	-	-	-	-	-	-
	Improved maternal care	1.6 Live birth under 2500g in facility rate	New indicator	New indicator	New indicator	12.8 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	11.5 per 1000 live births	11 per 1000 live births
		Numerator:	-	-	-	-		-	-	-	-	-	-
		Denominator:	-	-	-	-		-	-	-	-	-	-
		1.7 Infant 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:	-	-	-	-	157	-	-	-	-	131	104
		Denominator:	-	-	-	-	26112	-	-	-	-	26112	26112
	Decreased mother to child transmission	1.8 Infant 1st PCR test positive around 10 weeks rate	0.83%	0.73%	0.71%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%	0.4%
		Numerator:	123	118	119	102	99	-	-	-	-	83	67
		Denominator:	14768	16113	16644	17800	16644	-	-	-	-	16644	16644
	Coverage of children fully vaccinated increased	1.9 Immunisation under 1 year coverage	70.6%	71%	73.8%	85%	75%	75%	75%	75%	75%	82%	82%
		Numerator:	89801	91038	96 010	111266	94711	-	-	-	-	102495	102539
		Denominator:	127201	128188	129 669.75	130901	126281	-	-	-	-	124994	125048

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		1.10 Measles 2nd dose coverage	84.7%	80.5%	79%	85%	80%	80%	80%	80%	80%	82%	83%
		Numerator:	111711	106023	104430	111266	101025	-	-	-	-	102495	103790
		Denominator:	131832	131640	131634.75	130901	126281	-	-	-	-	124994	125048
	Improved health at childhood through Vitamin A supply	1.11 Vitamin A 12-59 months coverage	47.2%	42%	46.5%	48%	40%	40%	40%	40%	40%	45%	50%
		Numerator:	509819	451981	496909	515331	426613	-	-	-	-	479940	533267
		Denominator:	5399859	1073605.6	1066533	1073605.6	1066533	-	-	-	-	1066533	1066533

Explanation of Planned Performance over the Medium Term Period:

a) The health of mothers and children remain a priority for the health system and for attainment of the sustainable development goals. The outputs strive to achieve the overall impact of an empowered and healthy population by strengthening efforts to reduce child mortality and maternal mortality.

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

c) The department intends achieving the targets through among others increasing access to reproductive health services especially to the youth through Youth Friendly Services (YFS) and SHE Conquers campaigns. In terms of neonates' care, the department will implement 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 to communities on 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 non-communicable disease.

Table 21. DPC Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Mortality due malaria reduced	1.1 Malaria case fatality rate	0.84%	0.51%	0.63%	<0.5%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
		Numerator:	160	34	190	34	37	-	-	-	-	37	37
		Denominator:	18977	6665	3686	6665	3686	-	-	-	-	3686	3686

Explanation of Planned Performance over the Medium Term Period:

a) There is an increasing incidence of non-communicable diseases including hypertension and Diabetes which contribute significantly to premature mortality among the community. Therefore, outputs contribute towards striving for a reduced prevalence of diabetes and malaria incidences among community in the province.
b) The outputs were selected to monitor trends in key NCDs and treatment effectiveness.
c) The department will continue with health education and promotion and advocacy for exercising among the community and staff members.

2.7 Reconciling Performance Targets with Expenditure Trends

Table 22. DHS – Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
District Management	731 647	617 072	613 588	523 120	473 188	522 125	493 661	544 997	565 499
Clinics	2 641 460	2 934 066	3 493 399	3 467 672	3 352 124	3 443 825	3 289 298	3 235 334	3 298 245
Community Health Centres	501 903	550 639	602 185	678 234	636 528	604 886	612 003	603 576	590 134
Community-based Services	148 158	221 219	223 515	226 345	252 089	305 249	189 533	182 131	194 886
Other Community Services	104 192	107 687	57 782	60 352	102 801	102 801	81 329	43 274	43 746
HIV and AIDS	1 170 300	1 354 055	1 602 363	2 179 020	2 416 364	2 416 364	2 472 808	2 481 984	2 388 635
Nutrition	6 577	6 863	6 677	25 900	22 900	22 900	3 946	27 191	28 387
District Hospitals	5 708 137	6 215 069	7 351 763	7 181 413	6 867 815	6 934 928	6 582 743	6 807 979	7 660 030
TOTAL	**11 012 374**	**12 006 670**	**13 951 272**	**14 342 056**	**14 123 809**	**14 353 078**	**13 725 321**	**13 926 466**	**14 769 562**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**10 440 742**	**11 425 000**	**13 469 036**	**14 130 520**	**13 679 053**	**13 855 365**	**13 374 235**	**13 766 658**	**14 576 043**
Compensation of employees	7 879 798	8 401 232	9 613 634	10 503 704	10 021 035	10 038 963	10 226 673	9 943 540	9 808 636
Goods and services	**2 560 944**	**3 023 768**	**3 855 402**	**3 626 816**	**3 658 018**	**3 816 402**	**3 147 562**	**3 823 118**	**4 767 407**

Communication	45 925	37 543	41 312	42 647	65 232	54 491	41 668	56 409	58 467
Computer Services	124 874	114 807	143 438	160 000	160 000	130 472	133 966	160 396	177 453
Consultants Contractors and special services	451 342	509 765	527 799	658 947	712 264	706 329	387 063	635 112	827 421
Inventory	1 247 652	1 566 261	2 257 576	1 935 020	1 893 910	2 253 236	1 824 662	2 100 942	2 612 350
Operating leases	6 703	4 576	5 827	5 727	5 327	3 255	4 134	6 524	6 802
Travel and subsistence	62 263	44 951	40 874	43 312	13 785	18 090	36 895	32 465	32 792
Maintenance repair and running costs	135 117	145 338	160 384	80 799	18 996	75 064	62 471	124 259	118 298
Specify other	487 068	600 527	678 192	700 364	788 504	575 465	656 703	707 011	933 824
Financial transactions in assets and liabilities		10 692	10 692						
Transfers and subsidies to	**510 523**	**487 798**	**432 009**	**69 252**	**130 864**	**184 316**	**62 710**	**76 105**	**79 365**
Provinces and municipalities	23 328	24 892	15 888	825	925	916	629	659	688
Departmental agencies and accounts	74 830	26 773	15 112	16 719	42 420	99 156	17 639	18 486	19 299
Non-profit institutions	362 582	383 805	343 348	–	–	–	–	–	–
Households	49 783	52 328	57 661	51 708	87 519	84 244	44 442	56 960	59 378
Payments for capital assets	**50 417**	**90 367**	**50 227**	**142 284**	**313 892**	**313 397**	**288 376**	**83 703**	**114 154**
Buildings and other fixed structures	–	–	–	37 500	45 109	44 614	115 104	4 000	–
Software and other intangible assets									
Machinery and equipment	50 417	90 367	50 227	104 784	268 783	268 783	173 272	79 703	114 154

Total economic classification	11 012 374	12 003 165	13 951 272	14 342 056	14 123 809	14 353 078	13 725 321	13 926 466	14 769 562

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 R36.9 billion from 2017/18 to 2019/20 while the 2020/21 budget amounts to R14.3 billion. The proposed MTEF from 2021/22 to 2023/24 projected at R42.4 billion will be used to maintain and improve the current services.

2.9 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Encourage proactive management than reactive management

Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	• Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal expenditure through alternate dispute resolution (ADR) • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Ineffective communicable diseases management	Intensify implementation of the universal test and treat intervention
	Diseases Outbreak (e.g. Malaria and Collera)	• Strengthen interdepartmental meetings with COGSTA, Water and Sanitation and Department of Agriculture • Provincial Public Health to participate in the development of early warning system for infectious diseases

		(iDEWS) with National Institute of Communicable disease Control (NICC) • Intensify fumigation
Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	• Procure the necessary medical equipment • Skills capacity building among health professionals • Accelerate deliverance of the centre of excellence
Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	Risky lifestyle among community members	• Conduct community awareness campaigns

Programme 3: Emergency Medical Services

3.1 Purpose

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

Table 24. EMS Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Improved response times	1.1 EMS P1 urban response under 30 minutes rate	New indicator	New indicator	New indicator	74%	74%	74%	74%	74%	74%	76%	78%
		Numerator:	-	-	-	560	560	-	-	-	-	575	590
		Denominator:	-	-	-	756	756	-	-	-	-	756	756
		1.2 EMS P1 rural response under 60 minutes rate	New indicator	New indicator	New indicator	74%	74%	74%	74%	74%	74%	76%	78%
		Numerator:	-	-	-	3111	3111	-	-	-	-	3195	3279
		Denominator:	-	-	-	4203	4203	-	-	-	-	4203	4203

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 the emergency medical services.
b) Measuring response times in urban and rural areas helps in monitoring if the responding time is improving or not.
c) The department will implement a Computerised Assisted Call Tracking & Dispatch system to ensure that ambulances' response to the scene of call are improved. In improving personnel capacity, the department will continue to attract and recruitment of Advance Life Support Paramedics, to improve personnel availability to respond to priority (critical) calls.

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 25. EMS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
R' thousand									
Emergency Transport	688 643	731 566	730 863	831 070	893 213	893 213	885 181	898 532	933 533
Planned Patient Transport									
TOTAL	**688 643**	**731 566**	**730 863**	**831 070**	**893 213**	**893 213**	**885 181**	**898 532**	**933 533**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**655 611**	**703 855**	**702 005**	**798 219**	**844 219**	**844 219**	**853 171**	**862 891**	**895 977**
Compensation of employees	584 117	625 506	638 135	696 105	736 105	736 105	733 693	740 944	743 545
Goods and services	**71 494**	**78 349**	**63 870**	**102 114**	**108 114**	**108 114**	**119 478**	**121 947**	**152 432**
Communication	5 295	5 163	7 162	6 268	1 911	6 534	6 613	6 930	7 235
Consultants Contractors and special services	12 389	15 989	16 968	17 774	22 131	22 381	44 052	39 652	46 517
Inventory	2 742	8 127	5 252	3 474	3 474	3 353	5 066	3 842	4 010
Operating leases	128	–	–	177	77	–	187	196	205
Travel and subsistence	489	347	248	–	150	304	–	–	–
Maintenance repair and running costs	39 184	34 995	20 256	56 555	77 355	71 123	45 755	51 095	63 343
Specify other	23 656	13 729	13 984	17 866	80 371	4419	17 805	20 232	31 122

Transfers and subsidies to	**883**	**745**	**538**	**1 300**	**2 552**	**2 552**	**724**	**758**	**791**
Provinces and municipalities	137	–	–	600	600	600	444	465	485
Departmental agencies and accounts									
Non-profit institutions									
Households	746	745	538	700	1 952	1 952	280	293	306
Payments for capital assets	**32 149**	**26 966**	**28 320**	**31 551**	**46 442**	**46 442**	**31 286**	**34 883**	**36 765**
Machinery and equipment	32 149	26 966	28 320	**31 551**	46 442	46 442	31 286	34 883	36 765
Total economic classification	**688 643**	**731 566**	**730 863**	**831 070**	**893 213**	**893 213**	**885 181**	**898 532**	**933 533**

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 R2.1 billion in 2017/18 to 2019/20 while the 2020/21 budget amounts to R831 million. The MTEF from 2021/22 to 2023/24 is projected at R2.7 billion. This amount will be used to maintain and improve the current services.

3.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Ineffective emergency medical service	• Migration from Analogue to Digital system • Attract and retain appropriately qualified EMS staff • In-service training of EMS personnel

Programme 4: Provincial Hospitals Services

4.1 Purpose

The purpose of the programme is the delivery of hospital services, which are accessible, appropriate, and effective and to provide general specialist services, including a specialized 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, provide 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 Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Regional Hospitals	1.1 Patient experience of care satisfaction rate (Regional Hospital)	New indicator	New indicator	New indicator	80%	70%	-	70%	-	-	75%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient	Improved manage adverse events in	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
safety incidents improved	Regional Hospitals	**Numerator:**	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
3. Maternal, Neonatal, Infant and Child Mortality reduced	Reduced maternal, Child mortality in Regional Hospitals	3.1 Maternal Mortality in facility ratio (Regional Hospitals)	New Indicator	New Indicator	New Indicator	111/100 000 live births	111/100 000 live births	-	-	-	111/100 000 live births	110/100 000 live births	109/100 000 live births
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		3.2 Child under 5 years diarrhoea case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
		Numerator:	-	-	-	15	12	-	-	-	-	12	12
		Denominator:	-	-	-	1283	1027	-	-	-	-	1027	1027
		3.3 Child under 5 years pneumonia case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.%	2.%
		Numerator:	-	-	-	30	29	-	-	-	-	28	28
		Denominator:	-	-	-	1409	1381	-	-	-	-	1381	1381
		3.4 Child under 5 years severe acute malnutrition case fatality rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	11%	11%	11%	11%	11%	11%	10%	9%
		Numerator:	-	-	-	26	24	-	-	-	-	22	19

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	231	215	-	-	-	-	215	215
		3.5 Death under 5 years against live birth rate (Regional Hospitals)	New Indicator	New Indicator	New Indicator	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.3 per 1000 live births	2.2. per 1000 live births	2.2 per 1000 live births
		Numerator:	-	-	-	525	532	-	-	-	-	509	509
		Denominator:	-	-	-	22830	23125	-	-	-	-	23125	23125

Explanation of Planned Performance over the Medium Term Period:

a) The outputs contributes towards improving the healthcare service offering at regional hospitals.

b) The selected indicators helps monitor quality of care offered to patients at 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 in order 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, infants and child under five mortalities, the department will continue creating awareness among communities on 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 trainings.

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 providing a platform for the training of health workers and research and tuberculosis hospital services.

Table 28. Specialised Hospitals Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Specialised Hospitals	1.1 Patient experience of care satisfaction rate (Specialised Hospital)	New indicator	New indicator	New indicator	80%	70%	-	70%	-	-	75%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved	Improved management of adverse events in Specialised Hospitals	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	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 offering of quality services with proper governance structures (mental health review boards and hospital boards) in order to be responsive to the beneficiaries, including people with mental disabilities.
b) The selected indicators will help in monitoring quality of care offered to patients at 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 outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
R' thousand									
General (regional) hospitals	1 662 835	1 872 243	2 105 199	2 188 744	2 183 555	2 254 600	1 967 600	1 997 159	1 955 829
Psychiatric hospitals	538 214	516 296	567 791	604 999	594 114	579 629	588 795	609 216	600 687
TB Hospitals	–	–	–	40 560	39 960	40 013	42 198	44 887	46 862
TOTAL	**2 201 049**	**2 388 539**	**2 672 990**	**2 834 303**	**2 817 629**	**2 874 242**	**2 598 593**	**2 651 262**	**2 603 378**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**2 187 339**	**2 351 603**	**2 662 230**	**2 830 202**	**2 807 000**	**2 862 146**	**2 571 152**	**2 646 809**	**2 602 359**
Compensation of employees	1 890 185	1 996 487	2 227 352	2 475 199	2 458 446	2 448 745	2 280 464	2 250 111	2 252 333
Goods and services	**297 154**	**355 116**	**434 878**	**355 003**	348 554	413 401	290 688	396 698	350 026
Communication	6 735	6 443	6 451	7 248	6 129	6 458	7 647	8 014	8 299
Consultants Contractors and special services	71 025	68 999	60 849	24 987	69 282	87 534	620	35 617	37 062
Inventory	154 106	206 498	267 732	235 265	223 427	249 829	172 569	221 838	180 067
Operating leases	1 140	592	640	1 380	1 080	269	1 462	1 532	1 574
Travel and subsistence	2 502	2 165	1 894	–	2 233	1 162	–	–	–
Maintenance repair and running costs	3 147	1 846	1 901	4 075	475	18	4 299	4 505	4 670
Specify other	58 499	68 567	95 411	82 048	45 928	68 131	104 091	125 192	118 354
Transfers and subsidies to	**10 007**	**11 390**	**6 251**	**806**	**7 334**	**8 306**	**882**	**819**	**855**
Provinces and municipalities	–	43	50	65	125	125	100	–	–
Households	10 007	11 347	6 201	741	7 209	8 181	782	819	855
Payments for capital assets	**3 703**	**25 546**	**4 509**	**3 295**	**3 295**	**3 790**	**26 559**	**3 634**	**164**
Buildings and other fixed structures									
Machinery and equipment	3 675	25 546	4 509	**3 295**	**3 295**	**3 790**	**26 559**	**3 634**	**164**
Software and other intangible assets	28	–	–	–	–	–	–	–	–
Total economic classification	**2 201 049**	**2 388 539**	**2 672 990**	**2 834 303**	**2 817 629**	**2 874 242**	**2 598 593**	**2 651 262**	**2 603 378**

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 R7.3 billion in 2017/18 to 2019/20 while the 2020/21 budget amounts to R2.8 billion. The MTEF from 2021/22 to 2023/24 is projected at R7.8 billion. This amount will be used to maintain and marginally improve other services.

4.6 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs, governance and leadership, staff attitudes, cleanliness)	Encourage proactive management than reactive management
Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	• Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal expenditure through alternate dispute resolution (ADR)

		• Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	• Procure the necessary medical equipment • Skills capacity building among health professionals • Accelerate deliverance of the centre of excellence

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

Table 31. Tertiary Hospital Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1a. Quality of health services in public health facilities improved 1b. Contingent liability of medico-legal cases reduced by 80%	Patient satisfaction improved in Tertiary Hospitals	1.1 Patient experience of care satisfaction rate (Tertiary Hospital)	New indicator	New indicator	New indicator	80%	70%	-	70%	-	-	75%	80%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved	Improved managemer adverse events in Tertiary Hospitals	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		2.2 Patient safety incidents (PSI) case closure rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
3. Maternal, Neonatal, Infant and Child Mortality reduced	Reduced maternal, ar Child mortality in Tertiary Hospitals	3.1 Maternal Mortality in facility ratio (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	455/100 000 live births	455/100 000 live births	-	-	-	455/100 000 live births	450/100 000 live births	445/100 000 live births
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
		3.2 Child under 5 years diarrhoea case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	5.4%	5.4%	5.4%	5.4%	5.4%	5.4%	4%	3.5%
		Numerator:	-	-	-	12.8	14	-	-	-	-	10	9
		Denominator:	-	-	-	238	261	-	-	-	-	261	261
		3.3 Child under 5 years pneumonia case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	10%	10%	10%	10%	10%	10%	9%	8%
		Numerator:	-	-	-	35	32	-	-	-	-	29	26
		Denominator:	-	-	-	348	322	-	-	-	-	322	322
		3.4 Child under 5 years severe acute malnutrition case fatality rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	7%	7%	7%	7%	7%	7%	6%	5%
		Numerator:	-	-	-	6	3.3	-	-	-	-	2.8	2.4
		Denominator:	-	-	-	78	47	-	-	-	-	47	47
		3.5 Death under 5 years against live birth rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.6 per 1000 live births	4.5per 1000 live births	4.4 per 1000 live births

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
		Numerator:	-	-	-	432	439	-	-	-	-	429	419
		Denominator:	-	-	-	9394	9534	-	-	-	-	9534	9534

Explanation of Planned Performance over the Medium Term Period: (Narrative required by DPME guidelines)

a) The outputs contributes towards improving the healthcare service offering at tertiary hospitals.

b) The selected indicators helps monitor quality of care offered to patients at level of a tertiary hospital in order to reduce incidents of adverse events. A measure of maternal mortalities attached to tertiary hospitals will aid in referral hospitals accounting for their own maternal mortalities which have been referred 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, infants and child under five mortalities, the department will continue creating awareness among communities on 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 trainings.

5.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 32. C&THS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Tertiary hospital	1 654 115	1 726 726	1 882 757	2 081 427	2 052 450	2 168 151	1 753 009	1 675 109	1 922 830
TOTAL	**1 654 115**	**1 726 726**	**1 882 757**	**2 081 427**	**2 052 450**	**2 168 151**	**1 753 009**	**1 675 109**	**1 922 830**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**1 595 738**	**1 677 603**	**1 841 380**	**1 999 467**	**1 994 251**	**2 107 670**	**1 640 159**	**1 619 445**	**1 873 129**
Compensation of employees	1 194 105	1 286 495	1 409 431	1 561 328	1 556 575	1 578 532	1 260 602	1 132 270	1 267 496
Goods and services	**401 633**	**391 108**	**431 949**	**438 139**	**437 676**	**529 138**	**379 557**	**487 175**	**605 633**
Communication	5 729	4 263	4 074	4 630	5 571	4 355	4 885	5 120	5 120
Consultants Contractors and special services	90 608	86 510	117 438	98 465	74 840	132 041	70 467	111 800	148 791
Inventory	267 660	255 601	267 109	283 043	299 832	334 877	251 839	310 127	378 442
Operating leases	3 128	3 461	5 816	6 792	5 292	4 214	1 987	7 323	7 486
Travel and subsistence	1 416	629	127	103	-1 687	296	–	–	113
Maintenance repair and running costs	356	869	8	858	858	–	905	948	948
Specify other	32 736	39 775	37 377	44 248	52 970	53 355	49 474	51 857	64 733

Transfers and subsidies to	**4 089**	**5 226**	**3 754**	**2 324**	**3 159**	**5 441**	**813**	**898**	**938**
Provinces and municipalities	–	33	46	50	50	50	50	–	–
Households	4 089	5 193	3 708	2 274	3 109	5 391	763	898	938
Payments for capital assets	**54 288**	**43 897**	**37 623**	**79 636**	**55 040**	**55 040**	**112 037**	**54 766**	**48 763**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	54 288	43 897	37 623	79 636	55 040	55 040	112 037	54 766	48 763
Total economic classification	**1 654 115**	**1 726 726**	**1 882 757**	**2 081 427**	**2 052 450**	**2 168 151**	**1 753 009**	**1 675 109**	**1 922 830**

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 due to the availability of health professionals.
- Modernisation of the tertiary services e.g. the purchase of highly technical equipment to render the tertiary services is done using the allocation under this programme

The department has spent a total of R5.2 billion from 2017/18 to 2019/20 while the 2020/21 budget amounts to R2 billion. The MTEF from 2021/22 to 2023/24 is projected at R5.3 billion which will be used to maintain and improve the current service.

5.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	Failure to manage key health priorities (e.g. long queues, medicine stock-outs,	Encourage proactive management than reactive management

	governance and leadership, staff attitudes, cleanliness)	
Contingent liability of medico-legal cases reduced by 80%	Increased litigations due to medical negligence	• Mortality and morbidity reviews and training • Provisioning of training for clinical managers and medical doctors on ethics and general management • Reduction of medico-legal expenditure through alternate dispute resolution (ADR) • Reduction of medico-legal expenditure through defence • Make representation to the Ministerial Task Team (MTT) to reduce the quantum of cases lost
Maternal, Neonatal, and Child Mortality reduced	Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)	• Procure the necessary medical equipment • Skills capacity building among health professionals • Accelerate deliverance of the centre of excellence

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, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Number of paramedics increased	Number of learners studying for bachelor of health science in emergency care	New indicator	New indicator	5	5	5	5	-	-	-	5	5
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium Term Period:

a) Skills development among health personnel in different specialities affords for an improved access to service delivery.
b) Indicators on the training of additional health personnel in key specialities contributes towards realisation of improved health outcomes.
c) The department will continue with an agreement between it and HW-Seta to offer students to study for a bachelor at universities as well as sustaining the Limpopo College of Emergency Care accreditation for offering of intermediate life support training.

6.2 Reconciling Performance Targets with Expenditure Trends

Table 35. HST - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
R' thousand									
Nurse training colleges	230 315	230 646	249 127	254 045	237 209	230 365	201 850	207 504	207 833
EMS training colleges	2 968	1 512	4 480	4 613	4 613	4 613	4 867	5 101	4 870
Bursaries	255 038	186 931	188 450	111 133	105 876	103 226	198 713	196 306	203 126
PHC training	96	6 678	6 829	–	–	–	–	–	–
Other training	133 192	134 703	148 439	246 504	269 023	278 517	245 550	246 240	246 286
TOTAL	**621 609**	**560 470**	**597 325**	**616 295**	**616 721**	**616 721**	**650 980**	**655 151**	**662 115**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**363 234**	**370 703**	**404 082**	**520 115**	**517 743**	**517 734**	**460 990**	**472 755**	**471 082**
Compensation of employees	335 883	331 937	370 809	482 732	487 753	490 394	428 518	431 201	432 040
Goods and services	**27 351**	**38 766**	**33 273**	**37 383**	**29 990**	**27 340**	**32 472**	**41 554**	**39 042**

Communication	734	605	1 074	570	570	570	601	630	658
Computer Services	0								
Consultants Contractors and special services	22	-	-	-	-	-	-	-	-
Inventory	8 503	13 115	14 064	7 600	6 863	6 018	8 018	8 402	8 670
Operating leases	293	215	738	954	754	791	1 006	1 054	1 100
Travel and subsistence	7 694	11 400	5 654	12 442	7 492	5 844	6 027	13 757	10 363
Maintenance repair and running costs	1 131	834	370	975	75	75	1 029	1 078	1 125
Specify other	8 974	12 597	11 373	14 842	14 236	14 042	15 791	16 633	17 126
Transfers and subsidies to	**252 815**	**176 440**	**183 770**	**94 925**	**95 225**	**95 234**	**188 666**	**178 254**	**188 279**
Provinces and municipalities	-			100	100	109	80	-	-
Non-profit institutions									
Households	252 815	176 440	183 770	94 825	95 125	95 125	188 586	178 254	188 279
Payments for capital assets	**5 560**	**13 327**	**9 473**	**1 255**	**3 753**	**3 753**	**1 324**	**4 142**	**2 754**
Buildings and other fixed structures									
Machinery and equipment	5 560	13 327	9 473	1 255	3 753	3 753	1 324	4 142	2 754
Total economic classification	**621 609**	**560 470**	**597 325**	**616 295**	**616 721**	**616 721**	**650 980**	**655 151**	**662 115**

6.3 Performance and Expenditure Trends

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

Reduction in the shortage of EMS practitioners e.g. the department utilizes 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 2017/18 to 2019/20 while the 2020/21 budget amounts to R616.2 million. The proposed MTEF from 2021/22 to 2023/24 is projected at R1.9 billion which will be used to maintain and improve the current services.

6.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Limited capacity in training and development	Enter into a memorandum of understanding with local institutions of higher learning for enhancement of staff development

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 incorporating all aspects of rehabilitation.

Table 37. HCS Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Increased availability of essential medicines	1.1Availability of essential medicines in depot	70.73%	61.74%	62.2%	73%	73%	73%	73%	73%	73%	75%	77%
		Numerator:	232	202.5	203	239	258	-	-	-	-	265	272
		Denominator:	328	328	328	328	353	-	-	-	-	353	353
		1.2 Availability of essential medicines in hospitals	90.84%	81.53%	81.02%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	268	240.5	239	266	330	-	-	-	-	266	266
		Denominator:	295	295	295	295	367	-	-	-	-	295	295
		1.3 Availability of essential medicines in PHC facilities	87.2%	72.65%	71.9%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	148	123.5	122	153	150	-	-	-	-	153	153
		Denominator:	170	170	170	170	166	-	-	-	-	170	170

Explanation of Planned Performance over the Medium Term Period:

a) The outputs strive to ensure a constant availability and visibility of medicine in health facilities for improved stock management.
b) The indicators were chosen in order to monitor that medicine levels are at the required levels at all times in health facilities to avoid stock-outs.

c) The department will continue investing in a new ICT system for monitoring stock visibility in order to avoid unnecessary stock outages.

7.2 Reconciling Performance Targets with Expenditure Trends

Table 38. HCS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Forensic services	36 596	37 656	42 297	43 650	43 192	43 869	41 051	41 512	41 279
Orthotic and prosthetic services	5 235	7 150	8 467	8 388	888	3 122	8 849	9 273	9 680
Medicines trading account	74 992	79 699	90 757	100 692	701 080	788 549	657 698	100 839	87 356
TOTAL	**116 823**	**124 505**	**141 521**	**152 730**	**745 160**	**835 540**	**707 598**	**151 624**	**138 315**

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

	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**115 942**	**123 706**	**139 752**	**151 470**	**743 900**	**834 259**	**706 269**	**150 231**	**137 888**
Compensation of employees	79 463	86 228	96 258	104 089	110 089	104 582	97 346	97 846	92 596
Goods and services	**36 479**	**37 478**	**43 494**	**47 381**	**633 811**	**729 677**	**608 923**	**52 385**	**45 292**
Communication	675	595	652	763	763	439	805	843	843
Computer Services	-	–	–	–	–	–	–	–	–

Consultants Contractors and special services	20 138	20 817	22 084	28 388	28 388	28 927	47 950	31 387	23 898
Inventory	9 398	10 513	15 496	11 842	598 246	693 951	553 429	13 093	13 484
Operating leases	704	910	657	833	843	849	879	921	921
Travel and subsistence	392	323	374	156	171	457	165	173	178
Maintenance repair and running costs	0	0	-	-	-	-	-	-	-
Specify other	5 172	4 320	4 231	5 399	5 400	5 054	5 695	5 968	5 968
Financial transactions in assets and liabilities	0								
Transfers and subsidies to	**71**	**199**	**119**	**265**	**265**	**286**	**279**	**293**	**305**
Provinces and municipalities	-	-	-						
Households	71	199	119	265	265	286	279	293	305
Payments for capital assets	**810**	**600**	**1 650**	**995**	**995**	**995**	**1 050**	**1 100**	**122**
Machinery and equipment	810	600	1 650	995	**995**	**995**	**1 050**	**1 100**	**122**
Total economic classification	**116 823**	**124 505**	**141 521**	**152 730**	**745 160**	**835 540**	**707 598**	**151 624**	**138 315**

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:

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

The department has spent a total of R382.8 million from 2017/18 to 2019/20 while the 2020/21 budget amounts to R152.7 million. The MTEF from 2021/22 to 2023/24 is projected at R997.5 million which will be used to maintain and improve the current services. The Department intends

to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholders' participation.

7.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Poor connectivity in leveraging of full functionality of the stock monitoring system	Collaborate with SITA to ensure seamless connectivity in all health facilities to enhance functionality of the stock monitoring system

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 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2017/18	2018/19	2019/20	2020/21	2021/22	2021/22 Quarterly Targets				2022/23	2023/24
								Q1	Q2	Q3	Q4		
1. Infrastructure maintained and back log reduced	Total number of health facilities with completed refurbishment	Percentage of planned health facilities with major refurbishment	New indicator	New indicator	New indicator	10%	5%	-	-	-	5%	5%	5%
		Numerator:	-	-	-	62	31	-	-	-	-	31	31
		Denominator:	-	-	-	614	614	-	-	-	-	614	614

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 UHC.
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 have a budget commitment to ensure roll-out of maintenance of health facilities. The department will ensure that the reporting system on breakdowns in facilities is functioning effectively in order 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 outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Community Health facilities	466 282	495 888	699 616	775 607	780 860	780 860	819 794	585 350	603 971
District Hospital Services	116 407	24 287	50 728	116 384	159 901	142 843	192 786	128 679	134 340
Provincial Hospitals Services	28 388	12 458	21 009	36 597	57 412	57 414	148 610	40 463	42 244
Tertiary Hospitals Services	17 931	22 888	25 421	23 046	29 671	46 729	198 314	25 481	41 602
Other Facilities	243	157	1 010	1 185	1 185	1 185	1 250	1 310	1 368
Total	**629 251**	**555 678**	**797 784**	**952 819**	**1 029 029**	**1 029 031**	**1 360 754**	**781 283**	**823 525**

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

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2017/18	2018/19	2019/20	2020/21			2021/22	2022/23	2023/24
Current payments	**354 590**	**300 150**	**501 442**	**462 076**	**613 470**	**613 475**	**850 517**	**397 583**	**494 145**
Compensation of employees	9 258	9 836	11 246	15 000	10 000	10 000	16 000	15 591	19 000
Goods and services	**345 332**	**290 314**	**490 196**	**447 076**	**603 470**	**603 474**	**834 517**	**381 992**	**475 145**
Communication	15		–	–	–	–	–	–	–
Computer	0		–	–	–	–	–	–	–
Consultants Contractors and special services	334 579	121 201	370 789	261 940	226 774	204 097	329 897	204 481	227 008
Inventory	5	763	1 101	1 821	150	511	70	100	100

Operating leases	-1	–	1 014	–	–	–	–	–	–
Travel and subsistence	787	764	1 998	1 636	822	356	1 105	690	530
Maintenance repair and running costs	135		–	–	–	–	–	–	–
Specify other	9 812	167 586	115 294	181 679	375 724	398 510	503 445	373 658	458 155
Transfers and subsidies to	**4**	**–**	**–**	**-**	**–**	**–**	**–**	**–**	**–**
Households	4	–	–		–	–	–	–	–
Payments for capital assets	**274 657**	**255 528**	**296 342**	**490 743**	**415 559**	**415 556**	**510 237**	**383 700**	**329 380**
Buildings	262 357	250 755	276 128	351 146	327 379	327 377	500 261	373 500	316 858
Other fixed structures									
Machinery and equipment	12 300	4 773	20 214	139 597	88 179	88 179	9 976	10 200	12 522
Total economic classification	**629 251**	**555 678**	**797 784**	**952 819**	**1 029 029**	**1 029 031**	**1 360 754**	**781 283**	**823 525**

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 R1.9 billion from 2017/18 to 2019/20 while the 2020/21 budget amounts to R952.8 million. The MTEF from 2021/22 to 2023/24 is projected at R2.9 billion. This amount will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholder participation.

8.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Infrastructure maintained and back log reduced	Unsafe and dilapidated infrastructure	Building of new infrastructure

Public Entities

The department does not have public entities in existence

Name of Public Entity	Mandate	Outcomes	Current Annual Budget (R thousand

Infrastructure Projects

No.	Project Name	Programme	Project Description	Output	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Current Year Expenditure	Budget allocated for the 2020/2021 year
1	Bela Bela Clinic_Replacement of existing clinic within the original site	Programme 8	Construction of New Clinic, Staff Accommodation including ancillary External Works	New Clinic & Staff Accommodation	4/30/2016	5/19/2017	6/29/2018	R 0	R 200,000
2	Blouberg CHC: Replacement of Stand By Generators & Related Infrastructure	Programme 8	Replacement of Stand By Generators & Related Infrastructure	Stand By Generators & Related Infrastructure	2/1/2018	7/4/2016	12/30/2022	R 0	R 900,000
3	Bosele EMS Station_Upgrade EMS station	Programme 8	Upgrade EMS station	Upgrade EMS station	5/26/2006	5/26/2006	9/29/2022	R 55,245	R 3,000,000
4	Chuene Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	10/1/2020		12/1/2022	R 0	R 800,000
5	COVID-19_FH Odendaal (Modimolle) MDR Hospital: Isolation Unit	Programme 8	Conversion of old ward into Covid 19 Isolation unit and Quarantine Centre	Old ward into Covid 19 Isolation unit and Quarantine Centre	5/1/2020	2/4/2020	3/26/2024	R 38,373,789	R 39,000,000
6	COVID-19_Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance ES	Programme 8	District allocation_COVID 19	District allocation_COVID 19	8/24/2020	9/1/2020	12/14/2020	R 0	R 52,000,000
7	Development Bank of Southern Africa (DBSA): Electrical and Standby generator assessments	Programme 8	Electrical and Standby generator assessments	Electrical and Standby generator assessments	12/1/2014	4/1/2015	3/31/2020	R 0	R 1,500,000
8	Dilokong Hospital_Construction of a New Sub-acute ward A & B - Phase 4	Programme 8	Construction of a New Sub-acute ward A & B - Phase 4	New Sub-acute ward A & B - Phase 4	4/1/2015	4/1/2015	4/30/2016	R 0	R 380,000
9	Dilokong Hospital_New Hospital Laundry	Programme 8	Construction of a new hospital laundry	New hospital laundry	6/30/2014	6/30/2014	4/30/2023	R 0	R 1,000,000
10	Dilokong Hospital_Repairs & Maintenance to MCCE and Neonatal facilities (Phase A)	Programme 8	Refurbish lodger area to Neonatal Unit (NNU) and maintain existing NNU and KMC	Refurbished lodger area to Neonatal Unit (NNU) and maintained existing NNU and KMC	5/3/2017	5/3/2017	10/2/2020	R 0	R 500,000
11	Dilokong Hospital_Repairs and Maintenance: Nursing Student Accommodation	Programme 8	Repairs and Maintenance of the Nursing Student Accommodation	The Nursing Student Accommodation	5/25/2020		6/1/2021	R 0	R 1,000,000
12	Dilokong Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	9/1/2014	4/1/2011	12/15/2017	R 0	R 200,000

13	Donald Fraser Hospital_Staff Accommodation: 2nd Contractor	Programme 8	Construction of Staff Accommodation -10 single rooms' block	Staff Accommodation -10 single rooms' block	10/29/2014	10/29/2014	3/29/2015	R 0	R 208,000
14	Donald Frazier Hospital: Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets and furniture	9/7/2020		3/31/2021	R 0	R 300,000
15	Donald Frazier Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	7/1/2020		9/29/2021	R 0	R 300,000
16	Donald Frazier Hospital_Upgrade Laundry Building	Programme 8	Upgrade of existing Laundry services	Upgraded Laundry services	2/22/2016	4/4/2016	2/29/2020	R 0	R 208,000
17	Dr C N Phatudi Hospital _Health Technology: Enabling Works Program	Programme 8	Procurement of outstanding equipment and furniture	Equipment and furniture	4/1/2016	4/3/2017	3/22/2022	R 0	R 500,000
18	Dr C N Phatudi Hospital_2nd Contractor_Enabling Works Program: OPD, X-ray and Pharmacy	Programme 8	Construction of OPD, X-Ray, Casualty & Pharmacy	OPD, X-Ray, Casualty & Pharmacy	10/1/2015	10/2/2015	9/30/2019	R 0	R 1,000,000
19	Dr CN Phatudi Hospital: Replacement of Stand By Generators & Related Infrastructur	Programme 8	Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Refurbished Stand By Generators & Related Infrastructure	2/1/2018	7/4/2016	12/30/2022	R 0	R 1,200,000
20	Dr. MMM Nursing School_Relocate nursing school to alternative building sites	Programme 8	Relocate nursing school to alternative building sites	Relocated nursing school	11/17/2016	11/17/2016	6/7/2021	R 0	R 500,000
21	Duiwelskloof CHC: Replacement of Standby Generators & Related Infrastructure services	Programme 8	Replacement of Standby Generators & Related Infrastructure services	Standby Generators & Related Infrastructure services	1/9/2017	1/9/2017	3/30/2022	R 0	R 900,000
22	Elandskraal Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Alternative back up power supply & Related Infrastructure services	10/6/2020		12/1/2022	R 0	R 800,000
23	Elim Hospital_Health Technology: MCCE and NeoNatal Facilities. (Phase A)	Programme 8	Procurement of HT equipment	HT equipment	8/1/2018	10/1/2018	3/1/2019	R 0	R 500,000
24	Elim Hospital_New COVID ward	Programme 8	Construction of New COVID ward	New COVID ward	1/4/2021		3/31/2021	R 0	R 20,000,000
25	Elim Hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Programme 8	Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	5/3/2017	5/3/2017	9/30/2022	R 0	R 600,000
26	Elim Hospital_Upgrade of Boilers and New Boiler House: 2nd Contractor	Programme 8	Upgrade of Boilers and New Boiler House and Refurbishment of Existing Boiler Installation	Upgraded Boilers and New Boiler House and Refurbished Boiler Installation	3/26/2015	1/27/2015	1/27/2016	R 0	R 300,000
27	Ellisras Hospital: Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		5/19/2021	R 0	R 800,000
28	Ellisras Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	commissioned laundry machines	10/22/2020		9/29/2021	R 0	R 150,000

29	Ellisras Hospital_Upgrade Laundry Building	Programme 8	Upgrade Laundry Building	Laundry Building	3/31/2020	1/10/2018	11/30/2021	R 2,282,738	R 400,000
30	Evuxakeni Hospital: Replacement of Hospital	Programme 8	Replacement of Hospital on the adjacent site	Hospital	5/26/2020	11/17/2016	4/20/2023	R 0	R 500,000
31	Evuxakeni Hospital: Replacement of Stand By Generators & Related Infrastructure	Programme 8	Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Refurbished Stand By Generators & Related Infrastructure	2/1/2018	7/4/2016	12/30/2022	R 0	R 1,200,000
32	Evuxakeni Hospital_Central Mini-Hub Laundry	Programme 8	Construction of Central Mini-Hub Laundry	Mini-Hub Laundry	4/3/2017	8/24/2016	4/30/2025	R 0	R 500,000
33	FH Odendaal MDR-XDR Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	6/8/2021		7/5/2022	R 0	R 600,000
34	FH Odendaal MDR-XDR Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	7/6/2020	4/16/2019	9/29/2021	R 227,437	R 250,000
35	FH Odendaal MDR-XDR Hospital_Upgrade Laundry Building	Programme 8	Upgrade Laundry Building	Laundry Building	4/29/2020	11/4/2016	11/30/2021	R 1,192,956	R 400,000
36	Ga Kgapane Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	7/9/2014	7/9/2014	3/31/2018	R 0	R 202,000
37	George Masebe Hospital - Enabling Works Program: Maternity & Theatre: 2nd Contract	Programme 8	Construction of maternity and Theatre	Maternity and Theatre	2/1/2016	2/13/2016	2/1/2017	R 0	R 1,500,000
38	George Masebe Hospital: Health Technology: Enabling Works Program: Maternity , etc	Programme 8	Procure outstanding HT items based on the post-occupation audit	HT equipment	4/1/2016	4/3/2017	3/31/2021	R 0	R 500,000
39	Giyani Nursing College Campus: Upgrade Student Accommodation	Programme 8	Upgrade student accommodation	Student accommodation	5/26/2020	11/17/2016	6/29/2022	R 0	R 1,000,000
40	Grace Mugodeni Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	3/31/2022	R 0	R 800,000
41	Grace Mugodeni EMS Station_New EMS Station	Programme 8	Construction of new EMS Station on an existing Grace Mugodeni health centre site	EMS Station	2/16/2015	2/17/2015	3/4/2022	R 0	R 100,000
42	Groblersdal Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	9/2/2019	12/2/2019	3/31/2021	R 0	R 300,000
43	Groblersdal Hospital_Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Neonatal facility (Phase B)	5/31/2021		11/30/2026	R 0	R 200,000
44	Homulani Clinic : Organisational development & Quality improvements	Programme 8	Organisational Development & Quality improvements	Organisational Development & Quality improvements	4/1/2017	4/3/2017	3/31/2018	R 0	R 50,000
45	Homulani Clinic_Replacement of existing clinic on the same site	Programme 8	Replacement of Homulani Clinic on the same site	Clinic	3/16/2015	5/26/2015	6/27/2016	R 0	R 200,000

46	Jakkalskuil clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 192,151	R 192,151
47	Jane Furse Hospital: Repairs and Maintenance-Nursing Student Accommodation	Programme 8	Jane Furse Hospital: Repairs and Maintenance-Nursing Student Accommodation	Nursing Student Accommodation	7/14/2020		3/1/2024	R 0	R 3,000,000
48	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Neonatal facility (Phase B)	1/27/2021		4/1/2024	R 0	R 500,000
49	Jane Furse Hospital_Gateway Clinic & Linen Store 2nd Contractor	Programme 8	Construction of Gateway Clinic & Linen Store	Gateway Clinic & Linen Store	11/25/2014	3/2/2015	3/31/2021	R 0	R 168,000
50	Jane Furse Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	11/11/2011	2/2/2010	3/26/2014	R 0	R 201,000
51	Julesburg CHC: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 192,151	R 192,151
52	Kutama Clinic: Clinic Upgrade 2nd Contractor	Programme 8	Upgrade existing clinic.	Clinic	10/10/2010	3/3/2011	12/1/2022	R 0	R 50,000
53	Kwarrielaagte clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 197,906	R 197,906
54	Leboeng EMS Station_New EMS Station	Programme 8	New EMS Station within the government complex site	EMS Station	4/1/2014	4/28/2011	4/1/2022	R 0	R 50,000
55	Lebowakgomo Unit B Clinic_New Clinic	Programme 8	Construction of new clinic	New clinic	2/10/2011	2/11/2011	9/1/2014	R 0	R 50,000
56	Letaba Hospital A1_Construction of Recreation and Residential Facilities	Programme 8	Construction of Recreation and Residential Facilities	Recreation and Residential Facilities	10/12/2006	10/13/2006	7/15/2009	R 0	R 100,000
57	Letaba Hospital A2_ Health Technology: Orthotic prosthetic centre, male ward	Programme 8	Procurement of Health Technology, Equipment,Medical Devices, Furniture and Fittings	Health Technology, Equipment,Medical Devices, Furniture and Fittings	4/1/2015	4/1/2015	3/31/2021	R 0	R 500,000
58	Letaba Hospital A4_Health Technology: MCCE and NeoNatal Facilities	Programme 8	Procurement of Health Technology, furniture and equipment	Health Technology, furniture and equipment	4/1/2016	4/1/2016	3/31/2020	R 0	R 500,000
59	Letaba Hospital A4_Maternity Ward, A4 Walkways, Victim Empowerment Centre	Programme 8	Construction of Maternity Ward, A4 Walkways and Victim Empowerment Centre Works completion, Final completion, Final account, Final fee account, close out	Maternity Ward, Walkways and Victim Empowerment Centre	10/29/2014	10/30/2014	7/1/2015	R 0	R 1,000,000

60	Letaba Hospital A5_72hr Water Storage, Civil & Mech, rehabilitate Workshop,theatre, etc	Programme 8	Renovation of Theatre Block, Fencing, Waste Management Building, Demolition and Rehabilitation of Burnt Ward, 72 Hour Water Storage, Parking and Roadways, Stormwater Management & Landscaping, and Installation of Street and Local Lighting	Theatre Block, Fencing, Waste Management Building, Demolition and Rehabilitation of Burnt Ward, 72 Hour Water Storage, Parking and Roadways, Stormwater Management & Landscaping, and Installation of Street and Local Lighting	2/14/2017	2/14/2017	9/30/2020	R 1,872,873	R 4,000,000
61	Letaba Hospital A5_Health Technology:72 hours Water Standby Storage	Programme 8	Procurement of Health Technology, Medical Devices, Furniture, Equipment and Fittings	Health Technology, Medical Devices, Furniture, Equipment and Fittings	4/1/2015	4/1/2016	7/21/2021	R 0	R 500,000
62	Letaba Hospital A6_Replacement Female Medical Ward, upgrade waste store, etc	Programme 8	Construction of new Waste Management Facility, New 36 bed female general ward, fire compliance, repairs and upgrading of existing walkways for fire, new covered / uncovered walkways, upgrading the sewer lines & existing potable water supply line, additional fire hydrants and pump station, upgrade of existing female general and helipad, ICT fittings and fixture, rehabilitation /upgrading of fuel storage the calorifier at the old paediatric ward	Waste Management Facility, New 36 bed female general ward, fire compliance, walkways for fire, sewer lines & water supply line, fire hydrants and pump station, upgraded female and helipad, ICT fittings and fixture, rehabilitation /upgrading of fuel storage the calorifier at the old paediatric ward	5/29/2016	4/1/2016	3/31/2022	R 2,338,820	R 15,000,000
63	Letaba Hospital B3_New Admin, Transport, Paved Parking and Access Road	Programme 8	Construction of New Admin, Transport, Paved Parking and Access Road	New Admin, Transport, Paved Parking and Access Road	1/31/2006	3/6/2006	4/6/2022	R 0	R 200,000
64	Letaba Hospital B5B_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	4/2/2019	12/2/2019	3/31/2021	R 0	R 300,000
65	Letaba Hospital C1_Health technology and equipment:Medical and Admissions Records' Facility	Programme 8	Procurement of Health Technology, Medical Devices, Furniture and Fittings for the Medical and Admissions Records' Facility	Health Technology, Medical Devices, Furniture and Fittings for the Medical and Admissions Records' Facility	4/1/2015	4/1/2016	2/13/2022	R 484,401	R 1,000,000

66	Letaba Hospital C1_Medical and Admissions Records' Facility and equipment	Programme 8	Construction of New Medical Records and Admissions Building	Medical Records and Admissions Building	2/14/2017	2/14/2017	2/29/2020	R 0	R 2,000,000
67	Letaba Hospital: B5A Decant records & linen bank out of Hospital Laundry	Programme 8	Decant records & linen bank out of Hospital Laundry	Decant records & linen bank out of Hospital Laundry	4/30/2017	4/29/2016	10/25/2019	R 0	R 500,000
68	Letaba Hospital_B4 Upgrading of Existing Administration and Psychiatric Ward	Programme 8	Upgrading Existing Administration and Psychiatric Ward	Administration and Psychiatric Ward	3/15/2015	4/23/2015	12/1/2022	R 0	R 50,000
69	Letaba Hospital_B5B Upgrade Central Mini-Hub Laundry Building	Programme 8	Upgrading of existing Laundry at Letaba Hospital	Existing Laundry at Letaba Hospital	4/1/2016	4/29/2016	3/31/2021	R 27,225	R 5,000,000
70	Letaba Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		8/9/2021	R 0	R 500,000
71	Letaba Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commission laundry machines	1/11/2021		3/31/2021	R 0	R 4,000,000
72	Letaba Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	11/11/2011	11/12/2011	3/31/2013	R 0	R 200,000
73	Loloka Clinic_New Clinic: 2nd Contractor (Building Contract)	Programme 8	Construction of a new clinic	New clinic	12/1/2014	12/2/2014	7/15/2015	R 0	R 300,000
74	Lonsdale clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 194,069	R 194,069
75	Louis Trichardt Hospital: Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	8/26/2020		3/31/2021	R 0	R 500,000
76	Louis Trichardt Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commission laundry machines	7/6/2020		3/3/2021	R 0	R 350,000
77	Louis Trichardt Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	9/21/2011	9/21/2011	3/21/2012	R 0	R 100,000
78	Louis Trichardt Hospital_Upgrade Laundry Building	Programme 8	Upgrade Laundry Building Finalise and approve design documents, technical documentation, site handover. Replace existing decommissioned machines. Purchase, install, new machines, connect services, convert some space adjacent to the laundry into a linen bank	Laundry Building	4/30/2020	4/4/2016	5/26/2021	R 304,534	R 800,000
79	Louis Trichardt Hospital_Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Upgraded neonatal facilities (Phase B)	1/27/2021		6/3/2024	R 0	R 500,000

80	Lulekani CHC: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 190,233	R 190,233
81	Mahale Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Upgraded Clinic	5/27/2020	11/30/2016	6/22/2022	R 0	R 500,000
82	Makeepsvlei Clinic: Replacement of existing clinic on the same site	Programme 8	Construction of New Clinic, renovation of old Clinic and existing Staff House	New Clinic and Staff House	7/25/2016	7/25/2016	9/30/2020	R 0	R 800,000
83	Malamulele Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	1/11/2021		8/30/2021	R 0	R 2,500,000
84	Malamulele Hospital_Staff Accommodation: 2nd Contractor	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	7/29/2015	7/29/2015	11/29/2015	R 0	R 202,000
85	Malamulele Hospital_Upgrade Laundry Building	Programme 8	Upgrade hospital laundry including the electrical installation	Hospital laundry including the electrical installation	4/22/2020	6/30/2014	6/29/2023	R 0	R 1,000,000
86	Malemati Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Upgraded Clinic	5/27/2020	2/1/2017	3/31/2021	R 0	R 500,000
87	Mamokgasefoka Clinic_New Clinic	Programme 8	Construction of new clinic	New Clinic	7/4/2023		9/4/2024	R 0	R 500,000
88	Mamone clinic_Replacement of existing clinic on the same site. 2nd Contractor	Programme 8	Replacement of existing clinic on the same site.	New Clinic	4/1/2010	11/24/2014	6/30/2020	R 0	R 200,000
89	Mamushi Clinic: Replacement of existing clinic on the same site	Programme 8	Replacement of existing clinic on the same site	New Clinic	7/15/2016	7/15/2016	12/15/2020	R 0	R 300,000
90	Mamushi Clinic_Health Technology	Programme 8	Procure equipment on the new replaced clinic, commission and Exit	Commissioned equipment on the new replaced clinic, commission and Exit	4/1/2016	10/3/2016	3/30/2021	R 0	R 200,000
91	Mankweng Hospital: New Mankweng Forensic Laboratory and Upgrade of Existing Hospital Mortuary: 2nd	Programme 8	Construction of New Mankweng Forensic Laboratory and Upgrade of Existing Hospital Mortuary	Mankweng Forensic Laboratory and Upgraded Hospital Mortuary	10/1/2015	10/2/2015	3/31/2016	R 0	R 232,000
92	Mankweng Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		3/31/2021	R 0	R 2,000,000
93	Mankweng Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	3/1/2021		8/31/2021	R 0	R 28,000,000
94	Mankweng Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	9/2/2019	12/2/2019	9/28/2021	R 0	R 800,000
95	Mankweng Hospital_New COVID Ward	Programme 8	Construction of New COVID ward	New COVID ward	1/4/2021		3/31/2021	R 0	R 20,000,000
96	Mankweng Hospital_Upgrade Laundry Building	Programme 8	Upgrade of existing Laundry building	Laundry building	4/1/2016	4/4/2016	4/30/2021	R 0	R 1,500,000

97	Maphuta Malatjie Hospital_Completion of linen store,ring roads,flooring,paving&storm water drainage	Programme 8	Maphutha Malatjie Hospital: Completion of linen store, ring roads, flooring, paving and storm water drainage.	Completed linen store, ring roads, flooring, paving and storm water drainage.	7/27/2016	7/27/2016	11/29/2019	R 2,033,708	R 800,000
98	Maphuta Malatjie Hospital_New laundry, Psychiatric ward, Technical ServiWorkshop & associated works	Programme 8	Construction of New laundry, Psychiatric ward, Technical Services Workshop & associated works	Laundry, Psychiatric ward, Technical Services Workshop & associated works	12/1/2020		6/1/2025	R 0	R 300,000
99	Maphutha Malatjie Hospital: Health Tech-OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Programme 8	Conduct Health Technology Audit, Health Technology final list (including contractor list), Procurement and commissioning Plan	Health Technology Audit Report, Health Technology final list (including contractor list), Procurement and commissioning Plan	4/1/2015	4/1/2019	3/31/2022	R 0	R 500,000
100	Maphutha Malatjie Hospital_OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Programme 8	Construction of the New OPD, Admissions, Allied Health, A&E, Victim Support, Pharmacy, Laboratory, Covered Walkways, Electrical and Mechanical Installation including associated External Works	New OPD, Admissions, Allied Health, A&E, Victim Support, Pharmacy, Laboratory, and Covered Walkways	4/1/2010	8/30/2011	12/15/2021	R 65,715,126	R 97,001,000
101	Marble Hall Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Upgrade Clinic	7/4/2022		9/9/2024	R 0	R 500,000
102	Masisi EMS Station_New EMS Station	Programme 8	Construction of new EMS Station within the existing Masisi clinic site	Construction of new EMS Station within the existing Masisi clinic site	3/16/2015	4/20/2015	3/31/2020	R 0	R 200,000
103	Matlala EMS Station_New EMS Station	Programme 8	Construction of new EMS Station	Construction of new EMS Station	11/2/2020		9/22/2021	R 0	R 50,000
104	Matlala Hospital - Enabling Works Program: Upgrade Health Support, OPD, X-Ray, Casualty & Pharmacy;	Programme 8	Upgrade Health Support, OPD, X-Ray, Casualty & Pharmacy: Enabling Works Program Construction, practical and works completion	Upgrade Health Support, OPD, X-Ray, Casualty & Pharmacy: Enabling Works Program Construction, practical and works completion	1/22/2016	6/1/2016	7/31/2016	R 0	R 1,000,000
105	Matlala Hospital:Access Road_Enabling works	Programme 8	Access Road Connection from District Road into Main Hospital entrance	Access Road Connection from District Road into Main Hospital entrance	4/1/2016	9/12/2016	7/31/2016	R 0	R 240,000
106	Matoks Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	10/27/2020		12/1/2022	R 0	R 800,000

107	Mecklenburg Hospital_Enabling Works Program: 2contrOPD, X-Ray, Casualty & Pharmacy & Entrance Gate	Programme 8	Construction of OPD, X-Ray, Casualty & Pharmacy & Entrance Gate -Enabling Works Program: 2nd contractor	OPD, X-Ray, Casualty & Pharmacy & Entrance Gate - Enabling Works Program: 2nd contractor	6/1/2011	5/11/2014	5/5/2015	R 0	R 1,000,000
108	Messina Hospital: Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	1/11/2021		3/31/2021	R 0	R 280,000
109	Messina Hospital: Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	4/1/2019	8/1/2019	11/30/2021	R 0	R 200,000
110	Messina Hospital: Replacement of Stand By Generators & Related Infrastructure	Programme 8	Replacement of Stand By Generators & Related Infrastructure	Stand By Generators & Related Infrastructure	11/30/2018	7/4/2016	12/30/2022	R 0	R 1,200,000
111	Messina Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		3/1/2021	R 0	R 800,000
112	Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria	Programme 8	Replacement of existing hospital on a new Site including EMS, and malaria centre	New Hospital on a new Site including EMS, and malaria centre	7/1/2022		3/31/2030	R 0	R 500,000
113	Messina Hospital_Upgrade Laundry Building	Programme 8	Upgrade Laundry Building Deliver and install new machines, repair existing machines, attend to laundry dependent infrastructure services (water quality, electrical capacity, steam and condensate, water supply and waste management), attend to renovations needed in the building including infection control, test and commission laundry. Purchase laundry trollies, bags and appropriate detergents to kick start the laundry. Five years' service and maintenance plan for the new laundry equipment.	Laundry Building & new Equipment	4/30/2020	4/4/2016	3/30/2021	R 0	R 800,000
114	Midoroni Clinic_Replacement of clinic on a new site	Programme 8	Replacement of clinic on a new site	New Clinic	3/1/2011	3/1/2011	12/1/2022	R 0	R 200,000
115	Modimolle EMS Station: New EMS Station	Programme 8	Construction of new EMS station	EMS station	5/26/2005	5/26/2005	3/1/2023	R 0	R 500,000
116	Mokopane Hospital: Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		3/31/2021	R 0	R 900,000
117	Mokopane Hospital: Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	4/1/2016	5/23/2017	8/31/2018	R 0	R 200,000

118	Mokopane Hospital: Theatre Complex_Enabling works	Programme 8	Construction of theatre complex	Theatre complex	4/12/2011	4/13/2011	10/16/2014	R 0	R 300,000
119	Mokopane Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	1/11/2021		3/31/2021	R 718,959	R 2,000,000
120	Mokopane Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	8/1/2018	10/1/2018	3/29/2019	R 0	R 200,000
121	Mokopane Hospital_Neonatal Unit (Phase B)	Programme 8	Construction of a bed Neonatal Unit to upgrade neonatal facilities (Phase B)	Neonatal facilitY (Phase B)	9/30/2019	2/1/2019	11/7/2025	R 0	R 100,000
122	Mokopane Hospital_Upgrade Central Mini-Hub Laundry Building	Programme 8	Upgrade Central Mini-hub laundry building	Central Mini-hub laundry building	2/29/2016	4/4/2016	3/30/2021	R 2,268,030	R 300,000
123	Moletjie Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	back up power supply & Related Infrastructure services	7/6/2020		12/1/2022	R 0	R 800,000
124	Moletlane Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	12/9/2020		6/15/2021	R 0	R 800,000
125	Mookgophong CHC: Replacement of Generators & Related Infrastructure	Programme 8	Replacement of Generators & Related Infrastructure	Generators & Related Infrastructure	7/6/2020		3/31/2023	R 0	R 900,000
126	Mookgophong EMS Station	Programme 8	Construction of new EMS station	New EMS station	2/21/2022		7/1/2024	R 0	R 400,000
127	Mothiba Clinic_Health Technology	Programme 8	Procurement of Health Technology on new clinic	Health Technology on new clinic	4/1/2017	4/1/2017	3/31/2020	R 0	R 50,000
128	Mothiba Clinic_Replacement of existing clinic on a new site	Programme 8	Construction of clinic on a new site	Clinic	2/23/2017	2/23/2017	3/31/2022	R 0	R 50,000
129	Moutse East Clinic_Staff accommodation	Programme 8	Construction of Staff Accommodation	Staff Accommodation	3/1/2022		12/8/2023	R 0	R 300,000
130	Mpheni Clinic_New Clinic	Programme 8	Construction of new clinic	New clinic	8/10/2010	2/15/2011	5/6/2014	R 0	R 50,000
131	Muyexe Clinic_Replacement of clinic existing on a new site	Programme 8	Replacement of clinic on a new site	Clinic	11/1/2011	11/2/2011	8/1/2022	R 0	R 50,000
132	New Nkhensani Hospital_Staff Accommodation	Programme 8	Construction of staff accommodation- 10 single rooms'block	Staff accommodation- 10 single rooms'block	7/9/2014	7/9/2014	3/31/2018	R 0	R 50,000
133	Nkhensane hospital_Health Technology: MCCE and NeoNatal Facilities. (Phase A)	Programme 8	Procure Health Technology for MCCE and NeoNatal Facilities. (Phase A)	Health Technology for MCCE and NeoNatal Facilities. (Phase A)	8/1/2018	8/6/2018	3/31/2019	R 281,581	R 400,000

134	Nkhensane hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Programme 8	Repairs & Maintenance to MCCE and neonatal facilities (Phase A) Prepare scope of work, implement repairs & maintenance including medical air to 8 beds ; Refurbish the 2nd paediatric ward into 28 bed neonatal unit; Install a breast milk bank.	Maintained MCCE and neonatal facilities (Phase A)	5/3/2017	5/3/2017	5/5/2022	R 0	R 1,000,000
135	Nkowankowa CHC: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 205,579	R 205,579
136	Northarm Clinic_Health Technology	Programme 8	Procurement of health technology	Health technology	6/30/2020		12/3/2021	R 0	R 800,000
137	Old Nkhensani EMS Station_Health technology	Programme 8	Procure Health Technology equipment, commission and Exit	Commissioned Health Technology equipment	4/1/2015	4/1/2016	3/30/2021	R 174,364	R 200,000
138	Phagameng Clinic_Replacement of the existing clinic on a new site	Programme 8	Replacement of the existing Phagameng clinic on a new site	New clinic	6/7/2007	6/7/2007	3/1/2023	R 0	R 500,000
139	Phalaborwa Busstop Clinic_Replacement of existing clinic on a new site	Programme 8	Replacement of existing clinic on a new site	New clinic	4/19/2011	8/23/2011	3/24/2013	R 0	R 300,000
140	Philadelphia Hospital: Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	3/1/2021		3/31/2022	R 0	R 900,000
141	Philadelphia Hospital: OPD, X-Ray, Casualty_Enabling Works Program 2nd and 3rd Contractor	Programme 8	Completion of OPD, X-Ray, Casualty	OPD, X-Ray, Casualty	1/10/2015	10/8/2015	1/3/2022	R 0	R 200,000
142	Philadelphia Hospital: Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	7/18/2014	7/18/2014	1/19/2015	R 0	R 100,000
143	Philadelphia Hospital_COVID-19 ward	Programme 8	Provision of a COVID-19 ward through alternative building technology	COVID-19 ward	12/1/2020		3/31/2021	R 0	R 20,000,000
144	Philadelphia Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	1/11/2021		3/31/2021	R 734,383	R 10,000,000
145	Philadelphia Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	laundry movable assets, furniture and loose items	9/2/2019	12/2/2019	9/30/2021	R 0	R 300,000
146	Philadelphia Hospital_Renovate and re-organise MCCE complex and related areas, Phase A	Programme 8	Renovate and re-organise MCCE complex and related areas	Renovated and re-organised MCCE complex and related areas	3/31/2020	2/12/2020	11/5/2023	R 0	R 3,500,000
147	Philadelphia Hospital_Upgrade Central Mini-Hub Laundry Building	Programme 8	Upgrade/Renovations of the existing laundry building	Renovationed laundry building	4/28/2020	4/4/2016	4/12/2021	R 0	R 1,200,000
148	Pienaarsrivier Clinic_New clinic	Programme 8	Construction of New Clinic and Staff Accommodation (10 Bedrooms) with ancillary site works	New Clinic and Staff Accommodation (10 Bedrooms)	9/1/2016	6/2/2017	11/30/2017	R 0	R 50,000
149	Pienaarsrivier New EMS Station	Programme 8	Construction of new EMS station	New EMS station	10/1/2019	11/1/2019	3/31/2021	R 0	R 3,000,000

150	Pienaarsrivier New EMS Station_Health Technology	Programme 8	Procurement of health technology	New health technology	4/1/2020		3/31/2021	R 0	R 50,000
151	Pieterburg Hospital_ New COVID ward	Programme 8	New Covid ward	Covid ward	7/27/2020		3/31/2021	R 0	R 25,000,000
152	Pietersburg Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	9/1/2021		12/13/2021	R 0	R 500,000
153	Pietersburg Hospital_Upgrade Central Mini-Hub Laundry	Programme 8	Upgrade Central Mini-Hub Laundry Appoint building contractor, site handover, construction. Deliver and install new machines, repair existing machines, attend to laundry dependent infrastructure services (water quality, electrical capacity, steam and condensate, water supply and waste management), attend to renovations needed in the building including infection control, test and commission laundry. Purchase laundry trollies, bags and appropriate detergents to kick start the laundry. Five years' service and maintenance plan for the new laundry equipment.	Upgraded Central Mini-Hub Laundry	2/29/2016	4/4/2016	6/24/2022	R 0	R 1,000,000
154	Pietersburg Hospital_Upgrade Hospital Laundry machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	9/1/2021		12/13/2021	R 866,075	R 3,300,000
155	Pietersburg hospital_Upgrade MCCE facilities. (Phase B)	Programme 8	Upgrade MCCE facilities (Phase B)	Upgraded MCCE facilities (Phase B)	11/6/2017	11/6/2017	6/2/2025	R 0	R 500,000
156	Provincial Office Complex_New EMS Office Building: 3rd Contractor	Programme 8	Construction of New EMS Office Building	New EMS Office Building	3/15/2017	3/7/2017	3/31/2018	R 0	R 50,000
157	Provincial Offices: Repair, Service and Maintenance: Equitable Share	Programme 8	Repairs and maintenance of general interior building works, lifts, roofing, painting, chairs in the auditorium.	maintained interior building works, lifts, roofing, painting and chairs in the auditorium.	11/30/2018	5/14/2018	3/25/2021	R 0	R 1,000,000
158	Ramokgopa Clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	12/29/2020		11/30/2021	R 0	R 50,000
159	Ratshaatshaa Health Center_Staff Accommodation	Programme 8	Construction of staff Accommodation_ 2 x 10 single rooms blocks	staff Accommodation_ 2 x 10 single rooms blocks	9/30/2020		9/30/2021	R 0	R 50,000
160	Roedtan Clinic: Clinic Upgrade	Programme 8	Organisational development (OD & QI)	Organisational development (OD & QI)	9/30/2019		9/30/2025	R 0	R 50,000

161	Rooiberg Clinic_Replacement of existing on the same site	Programme 8	Replacement of existing on the same site	New Clinic	7/11/2011	7/12/2011	11/11/2014	R 0	R 600,000
162	Schoongezicht Clinic_Replace existing clinic on a new site	Programme 8	Construction of clinic on a new site	New Clinic	7/13/2016	7/13/2016	7/1/2022	R 2,057,040	R 1,445,000
163	Sekgakgapheng Clinic_Replacement of existing clinic on a new site	Programme 8	Construction of New Clinic on a new site and staff accommodation (10) bedrooms including ancillary site works	New Clinic and staff accommodation (10) bedrooms	9/1/2016	5/23/2017	11/1/2022	R 0	R 50,000
164	Sekhukhune Nursing College Campus_Repairs and Maintenance Nursing Student Accommodation	Programme 8	Repairs and Maintenance to the Nursing Student Accommodation	Maintained Nursing Student Accommodation	5/27/2020		3/1/2024	R 0	R 1,000,000
165	Sekororo clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 201,742	R 201,742
166	Sekororo Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 2 x 10 single rooms blocks	Staff Accommodation - 2 x 10 single rooms blocks	11/11/2011	11/12/2011	3/30/2018	R 0	R 400,000
167	Sello Moloto clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 190,233	R 190,233
168	Seshego Hospital_Health Technology: Provision of accommodation for Allied Services Department	Programme 8	Procurement of Health Technology	Health Technology	5/29/2020		3/31/2021	R 0	R 1,000,000
169	Seshego Hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Programme 8	Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Maintained MCCE and neonatal facilities (Phase A)	5/3/2017	5/3/2017	5/4/2020	R 0	R 400,000
170	Seshego Hospital_Upgrade of the existing Hospital Mortuary & Health Support	Programme 8	Upgrade of the existing Hospital Mortuary & Health Support	Upgraded Hospital Mortuary & Health Support	4/1/2016	11/17/2016	10/1/2024	R 0	R 500,000
171	Seshego zone 4 clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	3/31/2022	R 0	R 400,000
172	Shigalo Clinic_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	2/17/2011	2/17/2011	12/9/2014	R 0	R 50,000
173	Shiluvani CHC: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	4/1/2018	3/31/2022	R 0	R 50,000
174	Shotong Clinic_Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	3/31/2022	R 0	R 50,000
175	Shotong Clinic_Replacement of clinic on a new site	Programme 8	Construction of clinic on a new site	New clinic	3/11/2011	3/12/2011	10/3/2022	R 0	R 50,000

176	Siloam EMS Station_New EMS Station	Programme 8	Construction of New EMS Station within the existing Siloam Hospital Site	EMS Station	11/8/2011	11/8/2011	11/6/2014	R 0	R 300,000
177	Slypsteen clinic: Alternative back up power supply & Related Infrastructure services	Programme 8	Alternative back up power supply & Related Infrastructure services	Back up power supply & Related Infrastructure services	4/1/2018	7/10/2018	12/31/2020	R 197,906	R 197,906
178	Smashersblock (Chromite) Clinic_Replacement of clinic on a new site	Programme 8	Construction of clinic on a new site	New Clinic	10/11/2011	10/12/2011	6/30/2022	R 0	R 50,000
179	Soetfontein Clinic_Replacement of clinic on a new site	Programme 8	Construction of clinic on a new site	New Clinic	2/10/2011	2/10/2011	3/31/2022	R 0	R 50,000
180	Sovenga Nursing College Campus_Student Nurses residential accommodation	Programme 8	Construction of student nurses residential accommodation	Student nurses residential accommodation	5/2/2022		12/12/2024	R 0	R 50,000
181	St Rita's Hospital: Upgrade Central Mini-Hub Laundry	Programme 8	Upgrade Central Mini-Hub Laundry	Upgraded Central Mini-Hub Laundry	2/29/2016	4/4/2016	3/31/2022	R 0	R 1,000,000
182	St Rita's Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	12/1/2020		12/6/2021	R 0	R 500,000
183	St Ritas hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Programme 8	Renovate and re-organise MCCE complex and related areas.	Renovated and re-organised MCCE complex and related areas.	11/6/2017	11/6/2017	4/1/2021	R 0	R 4,000,000
184	St Rita's Hospital_Upgrade Hospital Laundry machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commission laundry machines	7/6/2020		9/29/2023	R 741,803	R 2,800,000
185	St. Rita's Hospital: Replace Stand By Generator	Programme 8	Replace Stand By Generator	Replaced Stand By Generator	2/23/2018	6/30/2014	9/29/2021	R 0	R 1,000,000
186	Sterkspruit Clinic_Replacement of the existing clinic on the same site	Programme 8	Replacement of the existing clinic on the same site	New Clinic	7/26/2016	7/26/2016	9/30/2020	R 0	R 300,000
187	Thabaleshoba Community Health Centre (CHC)_New CHC	Programme 8	Construction of a new CHC, Guard house, Staff Accommodation, EMS Station, installation of a standby generator and related infrastructure services	New CHC, Guard house, Staff Accommodation, EMS Station, installation of a standby generator and related infrastructure services	7/1/2007	7/10/2007	7/30/2010	R 0	R 50,000
188	Thabamoopo Hospital: New Health Care Support Facility	Programme 8	Review of original design, construction of new Healthcare Support facility at Thabamoopo Psychiatric Hospital near Lebowakgomo.	New Healthcare Support facility	1/19/2005	1/19/2005	12/22/2022	R 1,018,523	R 1,000,000

189	Thabamoopo Hospital: Substance Abuse & Adolescent ward/Facility: 4th Contractor LDPW-B/09004	Programme 8	Completion of Substance abuse and Adolescent Ward, Extension and lighting of walkways and construction of additional covered parking.	Substance abuse and Adolescent Ward, Extension and lighting of walkways and construction of additional covered parking.	11/26/2014	11/27/2014	1/31/2020	R 0	R 600,000
190	Thabamoopo Hospital_Central Mini-Hub Laundry and Linen Bank	Programme 8	Construction of Central Mini-Hub Laundry and Linen Bank	Central Mini-Hub Laundry and Linen Bank	2/22/2016	4/4/2016	2/18/2020	R 0	R 400,000
191	Thabamoopo Hospital_Female Acute, Sub-Acute & Chronic Ward	Programme 8	Construction of Female Acute, Sub-Acute & Chronic Ward	Female Acute, Sub-Acute & Chronic Ward	9/1/2009	9/9/2009	12/14/2012	R 0	R 50,000
192	Thabamoopo Hospital_Kitchen, Staff Dining & Bulk Stores	Programme 8	Construction of Kitchen, Staff Dining and Bulk stores	Kitchen, Staff Dining and Bulk stores	1/1/2009	4/2/2015	12/2/2022	R 0	R 100,000
193	Thabamoopo Hospital_Male Chronic, Sub-Acute & Acute Wards	Programme 8	Construction of Male Chronic, Sub-Acute and Acute wards	Male Chronic, Sub-Acute and Acute wards	4/1/2009	4/1/2009	1/31/2012	R 0	R 100,000
194	Thabamoopo Hospital_Male Security Ward	Programme 8	Construction of Male Security Ward	Male Security Ward	9/10/2009	4/2/2015	7/30/2022	R 0	R 100,000
195	Thabamoopo Hospital_Medical & Geriatric Wards & Upgrading of steam reticulation system	Programme 8	Construction of Medical and Geriatric wards and upgrading of steam reticulation system.	Medical and Geriatric wards and upgraded steam reticulation system.	4/1/2009	4/1/2009	12/13/2013	R 0	R 100,000
196	Thabamoopo Hospital_Residential Accommodation, Half Way House, Pharmacy & Kiosk	Programme 8	Construction of residential accommodation, half way house, pharmacy and Kiosk	Residential accommodation, half way house, pharmacy and Kiosk	4/1/2009	4/2/2015	4/30/2017	R 0	R 100,000
197	Thabazimbi Hospital_Forensic Mortuary	Programme 8	Construction Of a new Forensic Mortuary	New Forensic Mortuary	2/23/2015	8/4/2014	10/31/2017	R 0	R 1,000,000
198	Thabazimbi Hospital_New Hospital Laundry	Programme 8	Construction of New Hospital Laundry, purchase and install equipment, connect services	New Hospital Laundry	2/22/2016	4/4/2016	2/12/2020	R 0	R 500,000
199	Thabazimbi Hospital_Ward Blocks, Theatre, Maternity, Kitchen Block, Linen Store, Laboratory & Trade	Programme 8	Construction of Ward Blocks, Theatre, Maternity, Kitchen Block, Linen Store, Laboratory and Trade	Ward Blocks, Theatre, Maternity, Kitchen Block, Linen Store, Laboratory and Trade	1/13/2012	1/14/2012	12/29/2017	R 0	R 800,000
200	Thohoyandou EMS Station_New EMS Station	Programme 8	Construction of the new EMS Station within the existing Thohoyandou Health Centre site	New EMS Station	11/16/2010	11/1/2010	5/17/2011	R 0	R 200,000

201	Thohoyandou Health Centre_Alternative back up power supply & Related Infrastructure	Programme 8	Alternative back up power supply & Related Infrastructure for Ideal Clinic Standby generator for 24 hours PHC services: Procurement process; delivery, installation, testing and commissioning.	Back up power supply & Related Infrastructure	12/1/2020		10/19/2021	R 0	R 1,200,000
202	Thohoyandou Nursing Campus_Nursing Student accommodation and related civil works	Programme 8	Construction of Nursing Student accommodation and related civil works	Nursing Student accommodation	6/1/2020		3/29/2024	R 0	R 5,000,000
203	Thohoyandou Nursing College Campus_Health Technology Nursing Student accommodation	Programme 8	Procurement of Health Technology Equipment for Nursing Student accommodation	Health Technology Equipment for Nursing Student accommodation	4/1/2020		3/31/2021	R 0	R 2,000,000
204	Tshikundamalema Clinic: Replacement of existing clinic on the same site incorporating adjacent site	Programme 8	Replacement of existing Tshikundamalema Clinic on the same site incorporating adjacent site	New Clinic	3/16/2015	5/11/2015	10/31/2018	R 0	R 300,000
205	Tshilidzini Hospital: Repairs and maintenance to the MCCE complex and related areas.	Programme 8	Repairs and maintenance to the MCCE complex and related areas.	maintained MCCE complex and related areas	11/6/2017	12/4/2017	11/4/2022	R 0	R 300,000
206	Tshilidzini Hospital: Upgrade Central Mini-Hub Laundry Building	Programme 8	Upgrade Central Mini-hub laundry building	Central Mini-hub laundry building	4/30/2020	4/4/2016	6/30/2021	R 0	R 2,000,000
207	Tshilidzini Hospital_COVID-19 ward	Programme 8	Provision of a COVID-19 ward through alternative building technology	COVID-19 ward	12/1/2020		3/31/2021	R 0	R 20,000,000
208	Tshilidzini Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	1/11/2021		3/31/2021	R 0	R 1,400,000
209	Tshilidzini Hospital_Laundry Movable Assets: Furniture & Loose Items	Programme 8	Procurement of laundry movable assets, furniture and loose items	Laundry movable assets, furniture and loose items	7/6/2020		3/31/2021	R 0	R 800,000
210	Tzaneen Malaria Control Institute_Upgrade offices and Insectorium	Programme 8	Upgrade offices and Insectorium	Upgraded offices and Insectorium	10/10/2011	10/11/2011	12/2/2014	R 0	R 50,000
211	Vaalwater EMS Station_New EMS Station	Programme 8	Construction of new EMS station	New EMS station	5/2/2022		12/15/2023	R 0	R 50,000
212	Van Velden Hospital: Replacement of Stand By Generators & Related Infrastructure	Programme 8	Replacement of Stand By Generators & Related Infrastructure	Replaced Stand By Generators & Related Infrastructure	3/1/2018	7/4/2016	12/30/2022	R 0	R 1,200,000
213	Various facilities COVID-19_Health Technology (Office and Domestic furniture<5000)	Programme 8	Various facilities COVID-19_Health Technology (Office and Domestic furniture<5000)	Various facilities COVID-19_Health Technology (Office and Domestic furniture<5000)	8/31/2020		12/8/2020	R 0	R 2,075,000

214	Various facilities COVID-19_Health Technology (Office and Domestic furniture>5000)	Programme 8	Various facilities COVID-19_Health Technology (Office and Domestic furniture>5000)	Health Technology (Office and Domestic furniture>5000) at Various facilities COVID-19	8/31/2020		12/14/2020	R 0	R 3,000,000
215	Various facilities Scheduled Maintenance of Water & sanitation infrastructure and related Elec	Programme 8	Scheduled Maintenance of Water & sanitation & related Mechanical and Electrical Works	Scheduled Maintenance of Water & sanitation & related Mechanical and Electrical Works	9/29/2020		3/31/2022	R 10,519,352	R 30,826,000
216	Various Facilities: Breakdown Repairs	Programme 8	Various Facilities: Breakdown Repairs	Various Facilities: Breakdown Repairs	4/1/2020		12/31/2020	R 0	R 11,500,000
217	Various Facilities: Breakdown Repairs of Water Services Installations	Programme 8	Water Services installations = Water supply, waste water disposal and sanitation installations at health facilities.	Water Services installations = Water supply, waste water disposal and sanitation installations at health facilities.	3/31/1999	3/31/1999	4/30/2023	R 3,639,806	R 12,000,000
218	Various facilities: Maintenance Programme 8: Backlog Maintenance for health inst -HFRG	Programme 8	Various facilities: Maintenance Programme 8: Backlog Maintenance for health inst -HFRG	Various facilities: Maintenance Programme 8: Backlog Maintenance for health inst -HFRG	12/11/2018	12/11/2018	12/21/2021	R 41,350,222	R 93,785,740
219	Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance for health inst - ES	Programme 8	Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance for health inst - ES	Various facilities: Maintenance Programme 8: Routine & Scheduled Maintenance for health inst - ES	4/1/2015	4/1/2017	3/31/2021	R 62,732,902	R 128,228,000
220	Various Facilities: Maintenance reporting and documentation system	Programme 8	Maintenance reporting and documentation system	Maintenance reporting and documentation system	7/10/2018	7/10/2018	6/30/2020	R 0	R 500,000
221	Various facilities: Rehabilitation of malaria facilities	Programme 8	Rehabilitation of malaria facilities	Rehabilitated Malaria facilities	1/1/2021		3/31/2025	R 0	R 300,000
222	Various Facilities: Relocatable Units HRFG	Programme 8	Specifications and Design approval for records storage; and other use. Advertisement, evaluation and award. Purchase and Installation of relocatable units inclusive of external works and services	Rellocatable units at various facilities in the Province - HFRG	5/23/2016	5/23/2016	3/30/2021	R 0	R 44,000,000
223	Various Facilities: Relocatable Units-ES	Programme 8	Specifications and Design approval for records storage; and other use. Advertisement, evaluation and award. Purchase and Installation of relocatable units inclusive of external works and services	Rellocatable units at various facilities in the Province - ES	1/4/2021		3/31/2021	R 0	R 74,670,540

224	Various facilities: Repairs & Maintenance EMS Stations - ES	Programme 8	Various facilities: Repairs & Maintenance EMS Stations - ES	Repairs & Maintenance EMS Stations at various facilities - ES	4/1/2020		12/1/2022	R 0	R 1,200,000
225	Various Facilities:Repairs and maintenance of Critical Care beds for COVID-19	Programme 8	Repairs and maintenance of Critical Care beds for COVID-19	Repairs and maintenance of Critical Care beds for COVID-19	7/13/2020		11/30/2020	R 0	R 40,221,290
226	Various Facilities_COVID-19: New Bulk Oxygen (Capital)	Programme 8	Various Facilities_COVID-19: New Bulk Oxygen	Various Facilities_COVID-19: New Bulk Oxygen	8/24/2020		12/8/2020	R 0	R 3,000,000
227	Various Facilities_COVID-19: Repairs and maintenance for Bulk Oxygen ES	Programme 8	Various Facilities_COVID-19: Bulk Oxygen ES	COVID-19: Bulk Oxygen at various fasilities - ES	8/17/2020		12/8/2020	R 0	R 6,000,000
228	Various Facilities_Infrastructure Repairs & Maintenance for COVID-19 ES	Programme 8	Various Facilities_Infrastructure Repairs & Maintenance for COVID-19 funded by Equitable share	Infrastructure Repairs & Maintenance for COVID-19 at various facilities in the province- ES	8/24/2020		12/14/2020	R 0	R 28,129,460
229	Various Facilities_Infrastructure Repairs & Maintenance for COVID-19 HFRG	Programme 8	Infrastructure Repairs & Maintenance works for COVID-19	Infrastructure Repairs & Maintenance works for COVID-19	8/21/2020		3/31/2021	R 0	R 25,249,000
230	Voortrekker Hospital: OPD, X-Ray, Casualty, Pharmacy and entrance gate_Enabling works	Programme 8	OPD, X-Ray, Casualty, Pharmacy and entrance gate	OPD, X-Ray, Casualty, Pharmacy and entrance gate	7/8/2015	7/8/2015	12/15/2017	R 0	R 300,000
231	Voortrekker Hospital_Trauma Unit	Programme 8	Re-purposing of Hospital buildings into a trauma unit	Trauma unit	7/3/2020		3/31/2021	R 0	R 5,000,000
232	Warmbad Hospital	Programme 8	Package 1: Review Business Case. Domains: Patient Rights,Public Health and Operational Management. 2. Review Health Brief. Domains: Patient rights, Clinical governance and clinical care, Clinical support services, Public health, Leadership and governance, Operational management, Facility and infrastructure 3. Obtain approvals thereof.	Business case and Health Brief	5/12/2020	11/17/2016	4/30/2021	R 0	R 500,000
233	Waterberg Malaria Unit: New Malaria Unit 2nd Contractor	Programme 8	Construction of New Malaria Unit within the existing Witpoort Hospital site	Malaria Unit	7/21/2014	7/21/2014	12/12/2014	R 0	R 239,000

234	Waterberg Staff Accomodation at Mokopane,Witpoort and George Masebe Hospital	Programme 8	Construction of Staff Accomodation at Mokopane,Witpoort and George Masebe Hospital	Staff Accomodation at Mokopane,Witpoort and George Masebe Hospital	1/13/2014	4/1/2015	12/22/2017	R 0	R 200,000
235	Waterpoort Malaria Unit	Programme 8	Team Waterpoort-Makuya Malaria Unit: New Malaria Facility within the existing Makuya Clinic site	Malaria Unit	2/14/2011	4/10/2013	12/14/2012	R 0	R 50,000
236	WF Knobel Hospital: Maternity, Theatre Complex_Enabling works	Programme 8	Construction of Maternity and Theatre complex	Maternity and Theatre complex	4/20/2011	4/20/2011	12/12/2014	R 0	R 300,000
237	WF Knobel Hospital_Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	11/25/2011	11/25/2011	6/25/2012	R 0	R 200,000
238	Witpoort Hospital: Replacement of Stand By Generators & Related Infrastructure	Programme 8	Replacement of Stand By Generators & Related Infrastructure	Stand By Generators & Related Infrastructure	2/1/2018	7/4/2016	12/30/2022	R 0	R 1,200,000
239	Witpoort Hospital_Health Technology:MCCE and NeoNatal Facilities. (Phase A)	Programme 8	Procurement of Health Technology equipment, commission and Exit for MCCE and NeoNatal Facilities. (Phase A)	Health Technology equipment	8/1/2018	9/3/2018	3/31/2019	R 0	R 500,000
240	Witpoort Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Commissioned laundry machines	1/11/2021		3/31/2021	R 0	R 135,000
241	Witpoort Hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Programme 8	Repairs and alterations to MCCE & Neonatal facilities (Phase A)	Repairs and alterations to MCCE & Neonatal facilities (Phase A)	5/3/2017	5/3/2017	5/5/2022	R 0	R 3,000,000
242	Witpoort Hospital_Upgrade Laundry Building	Programme 8	Upgrade Laundry Building	Upgraded Laundry Building	3/25/2020	1/10/2018	11/25/2021	R 1,212,765	R 400,000
243	Zebediela Hospital: New Hospital Mortuary Facility	Programme 8	Construction of New Hospital Mortuary Facility & Commissioning of mortuary cabinets.	New Hospital Mortuary Facility & Commissioning of mortuary cabinets.	9/1/2011	10/2/2011	10/31/2015	R 0	R 200,000
244	Zebediela Hospital: Staff Accommodation	Programme 8	Construction of Staff Accommodation - 10 Single rooms block	Staff Accommodation - 10 Single rooms block	10/1/2011	10/2/2011	3/31/2013	R 0	R 200,000

Public Private Partnerships

The department does not have public private partnerships in existence

PPP	Purpose	Outputs	Current value of agreement	End date of agreement

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 from Auditor-General	Audit opinion for Provincial Departments of Health for financial performance	Documented Evidence: Annual Report Auditor General's Report	N/A Categorical	Documented Evidence: Annual Report Auditor General's Report	Department is implementing an audit action plan to improve the audit outcomes	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 by 100%	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	100% payment of suppliers within 30 days	Director Expenditure and Accounts
1.3 Number of institutions with Credible Asset Register	Number of institutions with credible asset registers	Excel asset register BAS	**Numerator** Number of institutions with credible asset register	Asset registers	All assets are recorded and verified periodically	N/A	All districts	Non-cumulative	Quarterly	Credible asset registers in all institutions	Director Asset Management
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	N/A	All districts	Non-cumulative	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
					from 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 satisfaction rate (PHC)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey tools	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	All users of health care services	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
1.2 Ideal clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (bronze, silver, gold) as a proportion of fixed PHC clinics and CHCs/CDCs	Ideal health facility software	**Numerator:** Fixed PHC health facilities have obtained Ideal Clinic status **Denominator**: Total number of clinics + Total number of CHCs/CDCs	Ideal clinic checklists	Teams (PPTICRM) and district coordinators for ICRM are available conduct assessments and monitor implementation of quality improvement plans National support	N/A	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director PHC
District 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 satisfaction rate (District Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (District Hospitals)	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance, Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate (District Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance, Director Medico-Legal
3.1 Maternal Mortality in facility ratio (District Hospitals)	Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of	Maternity register, delivery register	**Numerator:** Maternal death in facility **Denominator:** Live birth known to facility	Maternity register, delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted.	Females	All districts	Cumulative (year-to-date)	Annual	Lower	Director MCWH&N

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
	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				Strengthened HIV/AIDS management						
3.2 Child under 5 years diarrhoea case fatality rate (District hospitals)	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	Director MCWH&N
3.3 Child under 5 years pneumonia case fatality rate (District hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	**Numerator:** Pneumonia death under 5 years **Denominator:** Pneumonia 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	Director MCWH&N
3.4 Child under 5 years severe acute malnutrition case fatality rate (District hospitals)	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	Director MCWH&N
3.5 Death under 5 years against live birth rate (District hospitals)	Children under 5 years who died during their stay in the facility as a	Midnight report	**Numerator:** Death in facility under five years total	Midnight report	Implementing integrated management	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N

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
	proportion of all live births		**Denominator:** Live birth in facility		of childhood illness						
HAST											
1.1 HIV positive 15-24 years (excl. ANC) rate	Adolescent and youth 15 to 24 years who tested positive as a proportion of those were tested for HIV in this age group	HTS register (HIV testing services), TIER.Net, DHIS	**Numerator:** HIV positive 15-24 years (excl. ANC) **Denominator:** HIV test 15-24 years (excl. ANC)	HTS register (HIV testing services), 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
1.2 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
1.3 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
1.4 ART Adult - viral load suppressed rate (12 months)	ART adult viral load under 400 as a proportion of ART adult viral load done	DHIS	**Numerator:** ART adult viral load under 400 **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
1.5 ART Child - viral load suppressed rate (12 months)	ART child viral load under 400 as a proportion of	DHIS	**Numerator:** ART child viral load under 400	DHIS report	All systems for monitoring HIV/TB	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger	Chief Director Special Programmes

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
	ART child viral load done		**Denominator:** ART child viral load done		epidemic are in place and functional					population on ART treatment are having their viral load suppressed	Director HAST
1.6 All DS-TB client LTF rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	DHIS	**Numerator:** SUM [TB client lost to follow up] **Denominator:** SUM [All TB client start on treatment]	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	Chief Director Special Programmes Director TB
1.7 All DS-TB client treatment success rate	TB clients successfully completed treatment (both cured and treatment completed) as a proportion of ALL TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary)	DHIS	**Numerator:** SUM([TB client successfully completed treatment]) **Denominator:** SUM([All TB client start on treatment)]	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.	Chief Director Special Programmes Director TB
1.8 TB Rifampicin Resistant/MDR/pre-XDR treatment success rate	TB Rifampicin Resistant/MDR/pre-	DR-TB clinical stationery,	**Numerator:** TB Rifampicin Resistant/MDR/pre-X	DR-TB clinical stationery, EDR Web	All systems for monitoring TB epidemic are in place	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	High percentage suggest that better	Chief Director Special Programmes Director TB

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
	client successfully completing treatment as a proportion of TB Rifampicin Resistant confirmed clients started on treatment	EDR Web	client successfully complete treatment **Denominator:** TB Rifampicin Resistant/MDR/pre-XD confirmed client start on treatment		and functional					management of MDR (Rifampicin resistant TB)	
1.9 TB XDR treatment start rate	TB XDR confirmed clients started on treatment as a proportion of TB XDR confirmed clients	NICD	**Numerator:** TB XDR client confirmed start on treatment **Denominator:** TB XDR confirmed	NICD	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Annual	High	Chief Director Special Programmes Director TB
MCWH&N											
1.1 Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate	PHC Comprehensive Tick Register, DHIS, Denominator: StatsSA	**Numerator** Couple year protection **Denominator:** Population 15-49 years female	PHC Comprehensive Tick Register, DHIS, Denominator: StatsSA	Availability of all methods of contraception	Targeting youth and women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates higher usage of contraceptive methods.	Director MCWH&N

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
	injection / 6) + (IUCD x 4.5) +) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).										
1.2 Delivery 10 to 19 years in facility rate	Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities	Health Facility Register, DHIS, Delivery register	**Numerator:** Delivery 10–19 years in facility **Denominator:** Delivery in facility total	Health Facility Register, DHIS, Delivery register	Family planning services are being offered	Females 10 -19 years	All districts	Cumulative (year-to-date)	Quarterly	Lower percentage indicates better family planning	Director MCWH&N
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	Director MCWH&N
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	Director MCWH&N
1.5 Neonatal *(<28 days)* death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	Delivery register, Midnight report	**Numerator:** Neonatal deaths (0-28 days) in facility **Denominator:** Live birth in facility	Delivery register, Midnight report		Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	Director MCWH&N

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
1.6 Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	Delivery register, Midnight register	**Numerator:** Live birth under 2500g in facility **Denominator:** Live birth in facility	Delivery register, Midnight register	Implementing basic antenatal care	Targeting pregnant women	All districts	Cumulative (year-to-date)	Quarterly	Lower live birth under 2500g in facility is desired	Director MCWH&N
1.7 Infant PCR test positive at birth rate	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth	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	Chief Director Special Programmes Director HAST
1.8 Infant 1st PCR test positive around 10 weeks rate	Infants PCR tested around 10 weeks as a proportion of HIV exposed infants excluding those that tested positive at birth	PHC Comprehensive Tick Register	**Numerator:** Infant PCR test positive around 10 weeks **Denominator:** Infant PCR test around 10 weeks	PHC Comprehensive Tick Register	Universal test and treat strategy is been implemented in the department	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower percentage indicate fewer HIV transmissions from mother to child	Chief Director Special Programmes Director HAST
1.9 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
1.10 Measles 2nd dose coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	PHC Comprehensive Tick Register Denominator: StatsSA	**Numerator:** SUM([Measles 2nd 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

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 Vitamin A 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	PHC Comprehensive Tick Register	**Numerator:** Vitamin A dose 12-59 months **Denominator:** Target population 12-59 months * 2	PHC Comprehensive Tick Register	Availability of Vitamin A	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher proportion of children 12-29 months who received Vit A will increase health	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	Quarterly	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 satisfaction rate (Regional & Specialised Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional & Specialised Hospitals)	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance, Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate (Regional & Specialised Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI)	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:**	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance, Director Medico-Legal

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
	cases reported in the reporting month		Patient Safety Incident (PSI) case reported		conduct patient surveys						
3.1 Maternal Mortality in facility ratio (Regional Hospitals)	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	Maternity register, delivery register	**Numerator:** Maternal death in facility **Denominator:** Live birth known to facility	Maternity register, delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management	Females	All districts	Cumulative (year-to-date)	Annual	Lower	Director MCWH&N
3.2 Child under 5 years diarrhoea case fatality rate (Regional hospitals)	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	Director MCWH&N
3.3 Child under 5 years pneumonia case fatality rate (Regional hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	**Numerator:** Pneumonia death under 5 years **Denominator:** Pneumonia 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	Director MCWH&N

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
3.4 Child under 5 years severe acute malnutrition case fatality rate (Regional hospitals)	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	Director MCWH&N
3.5 Death under 5 years against live birth rate (Regional hospitals)	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight report	**Numerator:** Death in facility under five years total **Denominator:** Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N

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 satisfaction rate (Tertiary Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary Hospitals)	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:**	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance, Director Medico-Legal

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
	assessment code (SAC) 1 incident reported		Severity assessment code (SAC) 1 incident reported		conduct patient surveys						
2.2 Patient safety incidents (PSI) case closure rate (Tertiary Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance, Director Medico-Legal
3.1 Maternal Mortality in facility ratio (Tertiary Hospitals)	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	Maternity register, delivery register	**Numerator:** Maternal death in facility **Denominator:** Live birth known to facility	Maternity register, delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management	Females	All districts	Cumulative (year-to-date)	Annual	Lower	Director MCWH&N
3.2 Child under 5 years diarrhoea case fatality rate (Tertiary hospitals)	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under	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	Director MCWH&N

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										
3.3 Child under 5 years pneumonia case fatality rate (Tertiary hospitals)	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	**Numerator:** Pneumonia death under 5 years **Denominator:** Pneumonia 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	Director MCWH&N
3.4 Child under 5 years severe acute malnutrition case fatality rate (Tertiary hospitals)	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	Director MCWH&N
3.5 Death under 5 years against live birth rate (Tertiary hospitals)	Children under 5 years who died during their stay in the facility as a proportion of all live births	Midnight report	**Numerator:** Death in facility under five years total **Denominator:** Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N

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 learners studying for bachelor of health science in emergency care	Number of new learners enrolled for bachelor of health science in emergency care	College records (universities)/HRD	Numerical (Number of students enrolled)	Learnership agreements, Proof of registrations with the	HWSETA funds the programme	N/A	N/A	Non-cumulative	Annual	Increased qualified EMS personnel in improving patient managemen	Principal emergency college Director HRD

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
				institution of higher learning						t at the scene	

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, Hospitals, PHC)	This is the percentage of essential medicines and surgical sundries monitored at the depot, hospitals and clinics	Quarterly reports	**Numerator:** Totals number of medicines available at depot, Hospitals and clinics. **Denominator:** Total number of medicines to be monitored. Total for Depot= 328 Hospitals= 295 Clinics= 170	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 planned health facilities with major refurbishment	Number of Number of existing health facilities where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management	Project management information systems (PMIS)	**Numerator:** Total number of health facilities with completed refurbishment **Denominator:** Total number of health facilities on the 10 year infrastructure plan that needed major refurbishment	Project management Information Systems (PMIS)	Availability of a project plan	Not applicable	All districts	Cumulative (year-to-date)	Annual	Higher	Chief Director Infrastructure Director Infrastructure Planning

	Contract projects only) have been completed (excluding new and replacement facilities)										

Annexure A: Amendments to Strategic Plan

Initial outcome (Strategic Plan 2020 - 2025)	Revised outcome (APP 2021/22)
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health

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)	464 898	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	242 052	Annual

HIV/AIDS Grant	To enable the health sector to develop and implement an effective response to HIV & AIDS, STIs and TB.	• No of male and female condoms distributed • No of HTA intervention sites • No of Peer educators receiving stipends • Male Urethritis Syndrome treated - new episode • No of Individuals who received an HIV service or referral at High Transmission Area sites • No of active Lay counselors on stipend • No of clients tested (including antenatal) • No of health facilities offering MMC • No of MMC performed • No of sexual assault cases offered ARV prophylaxis • No of antenatal clients initiated on ART • No of babies PCR tested at 10 weeks • No of new patients started on treatment • No of patients on ART remaining in care	1 940 630	Annual

		• No of HIV positive clients screened for TB • No of HIV positive clients started on IPT • No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases • No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases • No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases		
Community Outreach Service Grant		• Number of community Health Workers receiving stipend • Number of TB defaulters traced • Number of HIV defaulters traced • Number of under-five headcount • Number of above five headcount • Number of OTLs trained • Number of CHWs trained	365 572	Annual
TB Grant		• TB symptoms clients screened in facility rate • TB client start on treatment rate	49 917	Annual

		• TB client treatment success rate • TB Rifampicin Resistant Confirmed treatment start rate • TB MDR treatment success rate • DR TB patients that received Bedquiline		
Human Papillomavirus vaccine Component	To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools and progressive integration of Human PapillomaVirus(HPV) into the Integrated School Health Programme(ISHP)	• 80 per cent of grade five school girls aged 9 and above vaccinated for HPV • 80 per cent of schools with grade five girls reached by the HPV vaccination team	32 287	Annual
Malaria Elimination Component	To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination 2019- 2023	• Number of malaria-endemic municipalities with>95 per cent indoor residual spray (IRS) coverage • Percentage confirmed cases notified within 24 hours of diagnosis • Percentage of confirmed cases investigated and classified within 72 hours • Percentage of identified health facilities with recommended treatment in stock	66 937	Annual

		• Percentage of identified health workers trained on malaria elimination • Percentage of population reached through malaria position filled • Number of malaria camps refurbished and/or constructed		
Health Facility Revitalization grant	To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organizational development system and quality assurance. To enhance capacity to deliver health infrastructure. To accelerate the fulfilment of the requirements of occupational health and safety.	• Number of PHC facilities constructed or revitalized • Number of hospitals constructed or revitalized • Number of facilities maintained, repaired and/or refurbished.	528 577	Annual
National Health Insurance grant	To expand the healthcare service benefits through the strategic purchasing of services benefits through the strategic purchasing of services from health care providers.	• Number of health professionals contracted (totals and by discipline) • Number of health professionals contracted through capitation arrangements	33 314	Annual

Annexure C: Consolidated Indicators

Not Applicable

Institution	Output Indicator	Annual Target	Data Source

Annexure D: District Development Model

No.	Project Name	Municipality / Region	District	Longitude	Latitude	2021/2022 Budget
Capricorn District						
1	Chuene Clinic: Alternative back up power supply & Related Infrastructure services	Capricorn	Polokwane	29.494444	-24.208611	R 200,000
2	Dr. MMM Nursing School_Relocate nursing school to alternative building sites	Capricorn	Lepelle Nkumpi	29.33500	-24.312580	R 1,000,000
3	Lebowakgomo EMS station_Upgrade EMS station	Capricorn	Lepelle Nkumpi	29.5605	-24.31367	R 4,500,000
4	Lebowakgomo Hospital_Upgrade NeoNatal facilities. MCCE Phase B	Capricorn	Lepelle Nkumpi	29.5605	-24.31367	R 3,000,000
5	Malemati Clinic: Upgrade Clinic	Capricorn	Lepelle Nkumpi	29.639	-24.385	R 2,000,000
6	Matoks Clinic: Alternative back up power supply & Related Infrastructure services	Capricorn	Molemole	29.714	-23.478	R 200,000
7	Moletjie Clinic: Alternative back up power supply & Related Infrastructure services	Capricorn	Polokwane	29.303	-23.738	R 200,000
8	Moletlane Clinic: Alternative back up power supply & Related Infrastructure services	Capricorn	Lepelle Nkumpi	29.335694	-24.363056	R 200,000
9	Pietersburg Hospital_Laundry electro-mechanical repairs	Capricorn	Polokwane	29.465278	-23.858330	R 500,000
10	Pietersburg Hospital_Laundry Movable Assets: Furniture & Loose Items	Capricorn	Polokwane	29.465278	-23.858330	R 500,000
11	Pietersburg Hospital_Mass water storage tanks	Capricorn	Polokwane	29.465278	-23.858330	R 38,000,000
12	Pietersburg Hospital_Upgrade Central Mini-Hub Laundry	Capricorn	Polokwane	29.465278	-23.858330	R 6,000,000
13	Pietersburg Hospital_Upgrade Hospital Laundry machines	Capricorn	Polokwane	29.465278	-23.858330	R 12,000,000
14	Pietersburg hospital_Upgrade MCCE facilities. (Phase B)	Capricorn	Polokwane	29.465278	-23.858330	R 1,000,000
15	Provincial Offices: Repair, Service and Maintenance: Equitable Share	Capricorn	Polokwane	29.460278	-23.894722	R 1,200,000
16	Ramokgopa Clinic: Alternative back up power supply & Related Infrastructure services	Capricorn	Molemole	29.815917	-23.466528	R 200,000
17	Ratshaatshaa Health Center_Staff Accommodation	Capricorn	Blougerg	28.899	-22.821	R 1,000,000
18	Roedtan Clinic: Clinic Upgrade	Capricorn	Lepelle Nkumpi	29.078639	-24.596417	R 8,000,000
19	Seshego Hospital: Upgrade neonatal facilities (Phase B)	Capricorn	Polokwane	29.395833	23.857	R 8,000,000
20	Seshego Hospital_Upgrade of the existing Hospital Mortuary & Health Support	Capricorn	Polokwane	29.395833	-23.856667	R 2,000,000

21	Sovenga Nursing College Campus_Student Nurses residential accommodation	Capricorn	Polokwane	29.725	-23.875	R 4,000,000
22	Thabamoopo Hospital: New Health Care Support Facility	Capricorn	Lepelle Nkumpi	29.54406	-24.30325	R 6,000,000
23	Thabamoopo Hospital_Central Mini-Hub Laundry and Linen Bank	Capricorn	Lepelle Nkumpi	29.54406	-24.30325	R 2,000,000
24	WF Knobel Hospital: Upgrade Electrical System and provide Certificate of Compliance	Capricorn	Blougerg	29.12057	-23.63409	R 500,000
Mopani District						
25	Evuxakeni Hospital: Replacement of Hospital	Mopani	Greater Giyani	30.7235833	-23.3222222	R 1,000,000
26	Evuxakeni Hospital_Central Mini-Hub Laundry	Mopani	Greater Giyani	30.7235833	-23.3222222	R 5,000,000
27	Giyani Nursing College Campus: Upgrade Student Accommodation	Mopani	Greater Giyani	30.723	-23.313	R 6,000,000
28	Grace Mugodeni Clinic: Alternative back up power supply & Related Infrastructure services	Mopani	Greater Tzaneen	30.440556	-23.716389	R 200,000
29	Kgapane Hospital_Upgrade NeoNatal facilities. MCCE Phase B	Mopani	Greater Letaba	30.218611	-23.647778	R 4,000,000
30	Letaba Hospital A5_72hr Water Storage, Civil & Mech, rehabilitate Workshop,theatre, etc	Mopani	Greater Tzaneen	30.269333	-23.874167	R 2,000,000
31	Letaba Hospital A6_Health Technology: Replacement Female Medical Ward, upgrade waste store	Mopani	Greater Tzaneen	30.269333	-23.874167	R 1,500,000
32	Letaba Hospital A6_Replacement Female Medical Ward, upgrade waste store, etc	Mopani	Greater Tzaneen	30.269333	-23.874167	R 26,000,000
33	Letaba Hospital A7_Casualty Room	Mopani	Greater Tzaneen	30.269333	-23.874167	R 5,000,000
34	Letaba Hospital C1_Medical and Admissions Records' Facility and equipment	Mopani	Greater Tzaneen	30.269333	-23.874167	R 1,000,000
35	Letaba Hospital_B5B Upgrade Central Mini-Hub Laundry Building	Mopani	Greater Tzaneen	30.269333	-23.874167	R 8,000,000
36	Letaba Hospital_Laundry electro-mechanical repairs	Mopani	Greater Tzaneen	30.269333	-23.874167	R 800,000
37	Letaba Hospital_Laundry Machines	Mopani	Greater Tzaneen	30.269333	-23.874167	R 3,000,000
38	Mahale Clinic: Upgrade Clinic	Mopani	Ba Phalaborwa	30.968361	-23.694611	R 2,000,000
39	Maphuta Malatjie Hospital: conversion of old technical services into TB unit; conversion of old clinic	Mopani	Ba Phalaborwa	31.0371667	-23.9253333	R 1,000,000
40	Maphuta Malatjie Hospital_New laundry, Psychiatric ward, Technical ServiWorkshop & associated works	Mopani	Ba Phalaborwa	31.0371667	-23.9253333	R 1,000,000
41	Maphutha Malatji Hospital_Upgrade NeoNatal facilities. MCCE Phase B	Mopani	Ba Phalaborwa	31.0371667	-23.9253333	R 12,000,000

42	Maphutha Malatjie Hospital_OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Mopani	Ba Phalaborwa	31.0371667	-23.9253333	R 30,327,000
43	Muyexe Clinic_Replacement of clinic existing on a new site	Mopani	Greater Giyani	30.9199722	-23.1948889	R 200,000
44	New Nkhensani Hospital_Staff Accommodation	Mopani	Greater Giyani	30.6905833	-23.3105000	R 202,000
45	Nkhensane hospital_Upgrade NeoNatal facilities. MCCE Phase B	Mopani	Greater Giyani	30.6905833	-23.3105000	R 12,000,000
46	Sekororo Hospital: Maternity Complex; Medical Gas Plant Room	Mopani	Maruleng	30.4476667	-24.2515000	R 1,000,000
Sekhukhune District						
50	Bosele EMS Station_Upgrade EMS station	Sekhukhune	Ellias Motsoaledi	30.1705000	-24.6141667	R 4,000,000
51	Dilokong Hospital_New Hospital Laundry	Sekhukhune	Greater Tubatse	30.1705000	-24.6141667	R 5,000,000
52	Dilokong Hospital_Repairs & Maintenance to MCCE and Neonatal facilities (Phase A)	Sekhukhune	Greater Tubatse	30.1705000	-24.6141667	R 600,000
53	Dilokong Hospital_Repairs and Maintenance: Nursing Student Accommodation	Sekhukhune	Greater Tubatse	30.1705000	-24.6141667	R 300,000
54	Elandskraal Clinic: Alternative back up power supply & Related Infrastructure services	Sekhukhune	Emphraim Mogale	29.411500	-24.714167	R 200,000
55	Groblersdal Hospital_Upgrade neonatal facilities (Phase B)	Sekhukhune	Ellias Motsoaledi	29.4038611	-25.1762500	R 200,000
56	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Sekhukhune	Makhudu Thamaga	29.8576430	-24.7303490	R 500,000
57	Makeepsvlei Clinic: Replacement of existing clinic on the same site	Sekhukhune	Ephraim Mogale	29.0458056	-24.9303611	R 100,000
58	Mamokgasefoka Clinic_New Clinic	Sekhukhune	Makhudu Thamaga			R 1,500,000
59	Marble Hall Clinic: Upgrade Clinic	Sekhukhune	Ephraim Mogale	29.2949167	-24.9666111	R 4,000,000
60	Matlala EMS Station_New EMS Station	Sekhukhune	Ephraim Mogale	29.5023333	-24.8321667	R 500,000
61	Nchabaleng CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure	Sekhukhune	Greater Tubatse/Fetakgomo	29.8270833	-24.4331667	R 1,500,000
62	Philadelphia Hospital: Laundry electro-mechanical repairs	Sekhukhune	Ellias Motsoaledi	29.1485556	-25.2592222	R 500,000
63	Philadelphia Hospital_Paediatric ward. MCCE (Phase B)	Sekhukhune	Ellias Motsoaledi	29.1485556	-25.2592222	R 1,000,000
64	Philadelphia Hospital_Renovate and re-organise MCCE complex and related areas, Phase A	Sekhukhune	Ellias Motsoaledi	29.1485556	-25.2592222	R 2,000,000
65	Sekhukhune Nursing College Campus_Repairs and Maintenance Nursing Student Accommodation	Sekhukhune				R 300,000
66	St Rita's Hospital: Upgrade Central Mini-Hub Laundry	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 8,000,000

67	St Rita's Hospital_Laundry Movable Assets: Furniture & Loose Items	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 500,000
68	St Ritas hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 5,000,000
69	St Rita's Hospital_Upgrade Hospital Laundry machines	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 5,000,000
70	St Ritas Hospital_Upgrade neonatal facilities (Phase B)	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 4,000,000
71	St. Rita's Hospital: Replace Stand By Generator	Sekhukhune	Makhudu Thamaga	29.8061389	-24.8441111	R 300,000
Vhembe District						
72	Elim Hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Vhembe	Makhado	30.0561667	-23.1540833	R 1,000,000
73	Louis Trichardt Hospital_Upgrade neonatal facilities (Phase B)	Vhembe	Makhado	29.9061389	-23.0291389	R 2,000,000
74	Malamulele Hospital_Upgrade Laundry Building	Vhembe	Thulamela	30.6966944	-22.9970000	R 3,000,000
75	Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria	Vhembe	Messina	30.0428611	-22.3416944	R 7,000,000
76	Tshilidzini Hospital_Laundry electro-mechanical repairs	Vhembe	Thulamela	30.4141389	-22.9946944	R 1,000,000
77	Tshilidzini Hospital_Laundry Machines	Vhembe	Thulamela	30.4141389	-22.9946944	R 8,300,000
Waterberg District						
78	FH Odendaal Hospital_Health Support, Maternity Complex, Re-organization of Casualty/OPD	Waterberg	Modimolle/Mokgoopong	28.4221111	-24.7013889	R 2,000,000
79	Lekhureng Clinic_Staff Accommodation	Waterberg	Mogalakoena	28.9203333	-23.5732500	R 1,000,000
80	Modimolle EMS Station: New EMS Station	Waterberg	Modimolle/Mokgoopong	28.406	-24.700	R 3,000,000
81	Modimolle Town Clinic: Purchase property to replace existing clinic accommodated in municipal office	Waterberg	Modimolle/Mokgoopong	28.406	-24.700	R 1,000,000
82	Mokopane Hospital: Laundry electro-mechanical repairs	Waterberg	Mogalakoena	28.9861111	-24.1520833	R 500,000
83	Mokopane Hospital_Health Technology_Trauma Unit	Waterberg	Mogalakoena	28.9861111	-24.1520833	R 2,500,000
84	Mokopane Hospital_Laundry Machines	Waterberg	Mogalakoena	28.9861111	-24.1520833	R 2,000,000
85	Mookgophong EMS Station	Waterberg	Modimolle/Mokgoopong	28.7220000	-24.5191111	R 6,000,000
86	Phagameng Clinic_Replacement of the existing clinic on a new site	Waterberg	Modimolle/Mokgoopong	28.4429444	-24.6937222	R 8,000,000
87	Pienaarsrivier New EMS Station	Waterberg	Bela Bela	28.301	-25.216	R 1,500,000
88	Pienaarsrivier New EMS Station_Health Technology	Waterberg	Bela Bela	28.301	-25.216	R 200,000
89	Thabazimbi Hospital_New Hospital Laundry	Waterberg	Thabazimbi	27.407167	-24.599000	R 9,000,000

90	Vaalwater EMS Station_New EMS Station	Waterberg	Modimolle/Mokgoopong	29.0140556	-24.1962500	R 2,000,000
91	Voortrekker Hospital_Trauma Unit	Waterberg	Mogalakoena	28.1113333	-24.2944167	R 12,500,000
92	Warmbad Hospital	Waterberg	Bela Bela	28.287833	-24.886333	R 5,000,000
93	Witpoort Hospital_Upgrade NeoNatal facilities. MCCE (Phase B)	Waterberg	Mogalakoena	28.0111667	-23.3344722	R 2,000,000