



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2022/23 - 2024/25

FINAL

Date of Tabling:

17 March 2022

Contents

List of Tables	i
List of Figures	ii
Acronyms and abbreviations	iii
Executive Authority Statement.....	iv
Accounting Officer Statement.....	vi
Official Sign-off	vii
Part A: Our Mandate	1
1. Constitutional Mandate.....	1
2. Legislative and Policy Mandates.....	1
2.1 Legislation falling under the Department of Health's Portfolio.....	1
2.2 Other legislation applicable to the Department.....	4
3. Health Sector Policies and Strategies over the five year planning period	5
3.1 National Health Insurance Bill.....	5
3.2 National Development Plan: Vision 2030	6
3.3 Sustainable Development Goals	7
3.4 Medium Term Strategic Framework and NDP Implementation Plan 2019-2024....	8
Part B: Our Strategic Focus.....	11
4. Vision	11
5. Mission	11
6. Values	11
7. Stakeholder analysis	11
8. Updated Situational Analysis	12
8.1 Overview of the Province.....	12
8.2 External Environmental Analysis	14
8.3 Internal Environmental Analysis	20
8.3.2.2 Primary health care	22
Part C: Measuring Our Performance	39
Programme 1: Administration.....	39
1.1 Purpose	39
1.2 Reconciling Performance Targets with Expenditure Trends and Budgets.....	41
1.3 Performance and Expenditure Trends	42
1.4 Updated Key Risks	43
Programme 2: District Health Services	44
2.1 Purpose	44
2.2 Sub-programme: Primary Healthcare Services	44

2.2.1 Purpose	44
2.3 Sub-programme: District Hospitals	45
2.3.1 Purpose	45
2.4 Sub-programme: HIV and AIDS, STI Control (HAST) -	47
2.4.1 Purpose:	47
2.5 Sub-programme: Mother, Child, Women Health and Nutrition (MCWH&N)	50
2.5.1 Purpose	50
2.6 Sub-programme: Disease Prevention and Control	53
2.6.1 Purpose	53
2.7 Reconciling Performance Targets with Expenditure Trends	54
2.8 Performance and Expenditure Trends	56
2.9 Updated Key Risks	56
Programme 3: Emergency Medical Services	59
3.1 Purpose	59
3.2 Reconciling Performance Targets with Expenditure Trends and Budgets	60
3.3 Performance and Expenditure Trends	61
3.4 Updated Key Risks	62
Programme 4: Provincial Hospitals Services	63
4.1 Purpose	63
4.2 Sub-programme: Regional Hospitals	63
4.2.1 Purpose	63
4.3 Sub-programme: Specialised Hospitals	66
4.3.1 Purpose	66
4.4 Reconciling Performance Targets with Expenditure Trends	67
4.5 Performance and Expenditure Trends	68
4.6 Updated Key Risks	69
Programme 5: Central & Tertiary Hospitals Services	71
5.1 Purpose	71
5.2 Reconciling Performance Targets with Expenditure Trends and Budgets	74
5.3 Performance and Expenditure Trends	75
5.4 Updated Key Risks	75
Programme 6: Health Sciences Training	77
6.1 Purpose	77
6.2 Reconciling Performance Targets with Expenditure Trends	78
6.3 Performance and Expenditure Trends	79
6.4 Updated Key Risks	80

Programme 7: Healthcare Support Services.....	81
7.1 Purpose	81
7.2 Reconciling Performance Targets with Expenditure Trends.....	82
7.3 Performance and Expenditure Trends	83
7.4 Updated Key Risks	84
Programme 8: Health Facilities Management.....	85
8.1 Purpose	85
8.2 Reconciling Performance Targets with Expenditure Trends.....	86
8.3 Performance and Expenditure Trends	87
8.4 Updated Key Risks	88
Public Entities	89
Infrastructure Projects	90
Public Private Partnerships	102
Part D: Technical Indicator Description (TID) for Annual Performance Plan.....	103
Programme 1: Administration.....	103
Programme 2: District Health Services	104
Programme 3: Emergency Medical Services	112
Programme 4: Regional and Specialised Hospital.....	113
Programme 5: Tertiary Hospitals	115
Programme 6: Health Sciences Training	117
Programme 7: Health Care Support	118
Programme 8: Health Facilities Management.....	118
Annexure A: Amendments to Strategic Plan	120
Annexure B: Conditional Grants	121
Annexure C: Consolidated Indicators.....	126
Annexure D: District Development Model	127

List of Tables

<i>Table 1. Health Sector Goals -----</i>	<i>9</i>
<i>Table 2. Demographic data-----</i>	<i>13</i>
<i>Table 3. Provincial and district social determinants of health -----</i>	<i>16</i>
<i>Table 4. Provincial leading causes of death 2018 -----</i>	<i>18</i>
<i>Table 5. Districts ten leading causes of death 2018 -----</i>	<i>19</i>
<i>Table 6. District distribution of health facilities-----</i>	<i>20</i>
<i>Table 7. PHC utilisation rate-----</i>	<i>22</i>
<i>Table 8. Commonest causes of iMMR per province over a triennium (2017-2019)-----</i>	<i>24</i>
<i>Table 9. Women's health trends-----</i>	<i>25</i>
<i>Table 10. Expenditure estimates-----</i>	<i>36</i>
<i>Table 11. Summary of provincial expenditure estimates by economic classification-----</i>	<i>37</i>
<i>Table 12. Trends in provincial public health expenditure (R'000)-----</i>	<i>38</i>
<i>Table 13. Administration Outcome, outputs, Performance Indicators and targets -----</i>	<i>39</i>
<i>Table 14. Administration - Expenditure estimates-----</i>	<i>41</i>
<i>Table 15. Administration - Summary of provincial expenditure estimates by economic classification-----</i>	<i>41</i>
<i>Table 16. PHC Outcome, Outputs, Performance Indicators and Targets-----</i>	<i>44</i>
<i>Table 17. District Hospitals Outcomes, Outputs, Performance Indicators and Targets -----</i>	<i>45</i>
<i>Table 18. HAST Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>48</i>
<i>Table 19. MCWH&N Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>50</i>
<i>Table 20. DPC Outcome, Outputs, Performance Indicators and Targets-----</i>	<i>53</i>
<i>Table 21. DHS – Expenditure estimates -----</i>	<i>54</i>
<i>Table 22. DHS - Summary of provincial expenditure estimates by economic classification-----</i>	<i>54</i>
<i>Table 23. EMS Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>59</i>
<i>Table 24. EMS - Expenditure estimates-----</i>	<i>60</i>
<i>Table 25. EMS - Summary of provincial expenditure by economic classification -----</i>	<i>60</i>
<i>Table 26. Regional Hospitals Outcome, Outputs, Performance Indicators and Targets-----</i>	<i>63</i>
<i>Table 27. Specialised Hospitals Outcome, Outputs, Performance Indicators and Targets-----</i>	<i>66</i>
<i>Table 28. Provincial Hospitals - Expenditure estimates-----</i>	<i>67</i>
<i>Table 29. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification-----</i>	<i>67</i>
<i>Table 30. Tertiary Hospital Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>71</i>
<i>Table 31. C&THS - Expenditure estimates -----</i>	<i>74</i>
<i>Table 32. C&THS - Summary of provincial expenditure estimates by economic classification -----</i>	<i>74</i>
<i>Table 33. HST Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>77</i>
<i>Table 34. HST - Expenditure estimates -----</i>	<i>78</i>
<i>Table 35. HST - Summary of provincial expenditure estimates by economic classification -----</i>	<i>78</i>
<i>Table 36. HCS Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>81</i>
<i>Table 37. HCS - Expenditure estimates -----</i>	<i>82</i>
<i>Table 38. HSC - Summary of provincial expenditure estimates by economic classification -----</i>	<i>82</i>
<i>Table 39. HFM Outcome, Outputs, Performance Indicators and Targets -----</i>	<i>85</i>
<i>Table 40. HFM - Expenditure estimates -----</i>	<i>86</i>
<i>Table 41. HFM - Summary of provincial expenditure estimates by economic classification -----</i>	<i>86</i>

List of Figures

<i>Figure 1. NDP Goals</i> -----	6
<i>Figure 2. Sustainable Development Goals</i> -----	7
<i>Figure 3. Percentage of individuals who are members of medical schemes per province</i> -----	13
<i>Figure 4. Limpopo geographical map</i> -----	14
<i>Figure 5. Population Pyramids 2008-2030</i> -----	15
<i>Figure 6. Limpopo annual income distribution</i> -----	16
<i>Figure 7. Geographical distributions of Limpopo health facilities</i> -----	20
<i>Figure 8. Limpopo per PDE</i> -----	21
<i>Figure 9. OPD headcount sum</i> -----	21
<i>Figure 10. OPD new client not referred rate</i> -----	23
<i>Figure 11. District health services expenditure</i> -----	23
<i>Figure 12. Comparison iMMR per province over a triennium (2017-2019)</i> -----	24
<i>Figure 13. Under 5 years diarrhoea case fatality rate</i> -----	26
<i>Figure 14. Under five years pneumonia case fatality rate</i> -----	27
<i>Figure 15. Under five years severe acute malnutrition case fatality rate</i> -----	27
<i>Figure 16. Measles 2nd dose coverage</i> -----	28
<i>Figure 17. Immunisation under 1 year coverage</i> -----	28
<i>Figure 18. Provincial 90-90-90 performance trends</i> -----	29
<i>Figure 19. Capricorn district 90-90-90 performance trends</i> -----	30
<i>Figure 20. Mopani district 90-90-90 performance trends</i> -----	31
<i>Figure 21. Sekhukhune district 90-90-90 performance trends</i> -----	31
<i>Figure 22. Vhembe district 90-90-90 performance trends</i> -----	32
<i>Figure 23. Waterberg district 90-90-90 performance trends</i> -----	33
<i>Figure 24. TB outcomes</i> -----	34

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

We present this Annual Performance Plan as the country and indeed our province begins to escape from the claws of the deadly COVID-19 pandemic, that has disrupted our traditional way of doing things and our strategic plans in the quest to create a better healthcare system.

Although we appreciate the unpredictable nature of the pandemic, the way our vaccination rollout has been received provides positivity, giving us sufficient impetus to continue improving the quality of care in our respective facilities.

Our most urgent and fundamental task ahead is to rebuild the health system, improving capacity and restore the basic patient treatment mechanism to ensure that our facilities are point of first instance when it comes to provision of healthcare.

Even in the period 2022/23, foremost in our collective priorities is to defeat the coronavirus and improve livelihoods.

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 must 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 begun with the vaccination programme, to vaccinate as many people as possible.

We have also done admirably well on managing this pandemic.

We recommit ourselves to serving the people of Limpopo with utmost fidelity and diligence.

The Department is committed to its mission of purposefully bringing a long and healthy life for the people in Limpopo.

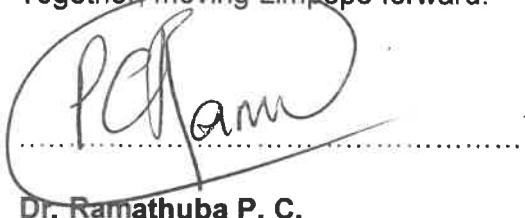
The Department will investigate creative ways on how to supplement its staff complement, have more clinics operating 24 hours and over weekends. We will also complete the procurement of a robust pharmaceutical warehouse management system.

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.

This Annual Performance Plan is presented as a living strategic service delivery document that will forge our social compact with the residents of Limpopo and objectively enable us to provide high level services and assess the level of our performance.

We are confident that through our consistent and deliberate efforts, the living conditions of our people will improve for the better.

Together, moving Limpopo forward!

A handwritten signature in black ink, appearing to read "P.C. Ram".

Dr. Ramathuba P. C.

Limpopo MEC of Health

Accounting Officer Statement

The 2021/22 was the second year in traversing through the journey of fighting the Covid-19 pandemic. This continued battle has seen the resource base of the department getting depleted as result of budget cuts to address the pandemic and the struggling economic situation faced by the country and the province. In contrary, the demand for high quality healthcare services has continued rising in the face of the current resource challenges. In spite these, the department in fighting the pandemic must also ensure continued provision of its mandate in full to all sectors of the society in the province.

In accelerating the COVID-19 vaccination efforts, the department has expanded the vaccination through the deployments of outreach vaccination teams to various settings (farms, shopping malls, taxi ranks Malls community halls mines etc.) and introducing daily vaccination at 195 primary health care facilities across the province. To this end 1 910 362 million COVID-19 vaccines doses have been administered representing a vaccine coverage of 38% of the population above 18 years. The department is committed at ensuring access to COVID-19 vaccination as a strategy to reduce COVID-19 related mortality and morbidity.

The progress noted in fighting the pandemic came with a backdrop in departmental performance in the 2020/21 financial year. In reaching the 90-90-90 strategy objectives, adult remain in ART care was 60.3% while adult with viral load suppressed was at 87.4%. Children remain in ART care was 67.3% with lower a performance on children with viral load suppressed being at 55.6%. In contrast, the department noted an improved performance with a reduction on delivery of 10-19 years in facilities been at 13.8% in the fight against teenage pregnancy. A further reduction on neonatal deaths in facility has been noted at a 12.7 per 1000 live births reduction in the same period of reporting. Infant PCR with 10 weeks has remained at 0.72% showing sustained efforts the department has put in place to reduce mother to child transmissions.

In pursuance of the departmental vision of 'Long and healthy life for all in Limpopo', the 2022/23 APP will strive for an integrated approach in fighting the pandemic and delivering high quality healthcare services. Further, through different instruments including the Service Transformation Plan, Service Delivery Model and revised Organisational Structure the department will strengthen its efforts to ensure that all measures are in place to attain improved service delivery and financial management as outlined in this APP.



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 Outcomes and Outputs which the Limpopo Province Department of Health will endeavour to achieve over the period 2022/23.,

Mr Mudau J

Signature: 

Manager Programme 1: Administration

Dr Dombo M

Signature: 

Manager Programme 2: District Health Services

Dr Ndwamato N

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

Mr Mawasha Z

Signature: 

Manager Programme 6: Health Science and Training

Dr Ndwamato N

Signature: 

Manager Programme 7: Health Care Support

Ms Mogadime M

Signature: 

Manager Programme 8: Health Facilities Management

Mr Mudau J
Chief Financial Officer

Signature: 

Mr Molokwane J
Integrated Planning

Signature: 

Dr Pinkoane T
Head Official responsible for Planning

Signature: 

Dr Mhlongo T
Accounting Officer

Signature: 

Approved by:
Dr Ramathuba P.C
Executive Authority

Signature: 

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 Constitution respectively

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

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

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

2. Legislative and Policy Mandates

2.1 Legislation falling under the Department of Health's Portfolio

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

Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments 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).

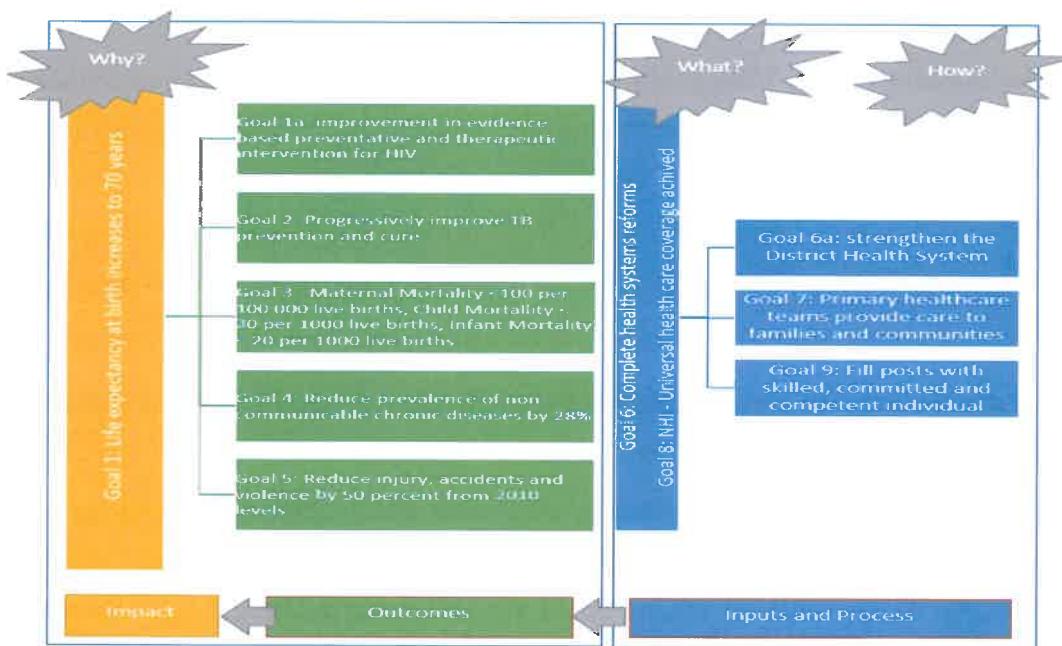


Figure 1. NDP Goals

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

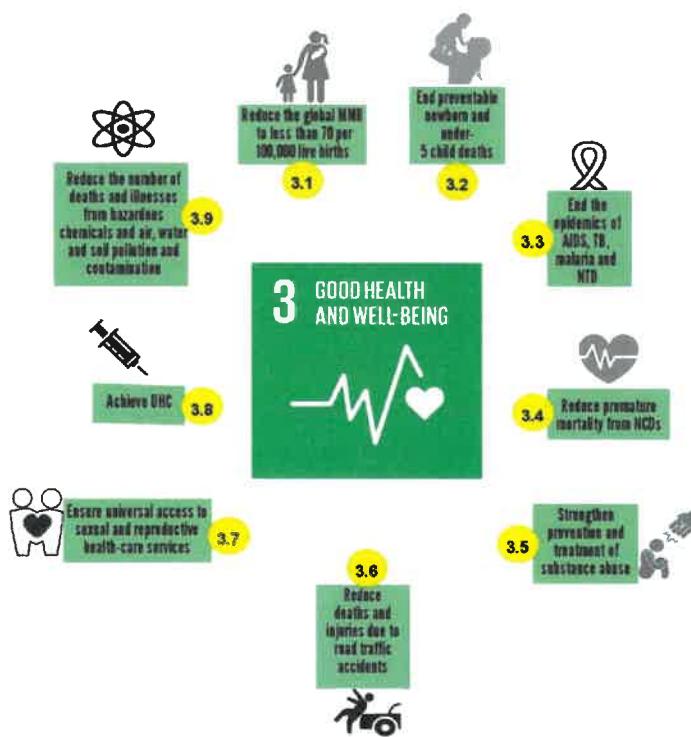


Figure 2. Sustainable Development Goals

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	<ol style="list-style-type: none"> 1. <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i> 2. <i>Inter sectoral collaboration to address social determinants of health</i> 	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	<ol style="list-style-type: none"> 3. <i>Progressively achieve Universal Health Coverage through NHI</i> 	<i>Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and</i> <i>Pillar 6: Improve the efficiency of public sector financial management systems and processes</i>
			<ol style="list-style-type: none"> 4. <i>Improve quality and safety of care</i> 	<i>Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</i>
		Goal 3: Quality Improvement in the Provision of care	<ol style="list-style-type: none"> 5. <i>Provide leadership and enhance governance in the health sector for improved quality of care</i> 	<i>Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels</i>
			<ol style="list-style-type: none"> 6. <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i> 	<i>Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care</i>
			<ol style="list-style-type: none"> 7. <i>Improve equity, training and enhance management of Human Resources for Health</i> 	<i>Pillar 1: Augment Human Resources for Health Operational Plan</i>
			<ol style="list-style-type: none"> 8. <i>Improving availability to medical products, and equipment</i> 	<i>Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery</i> <i>Pillar 6: Improve the efficiency of public sector financial</i>

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

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 5,926,724 (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 2021	5,926,724	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.



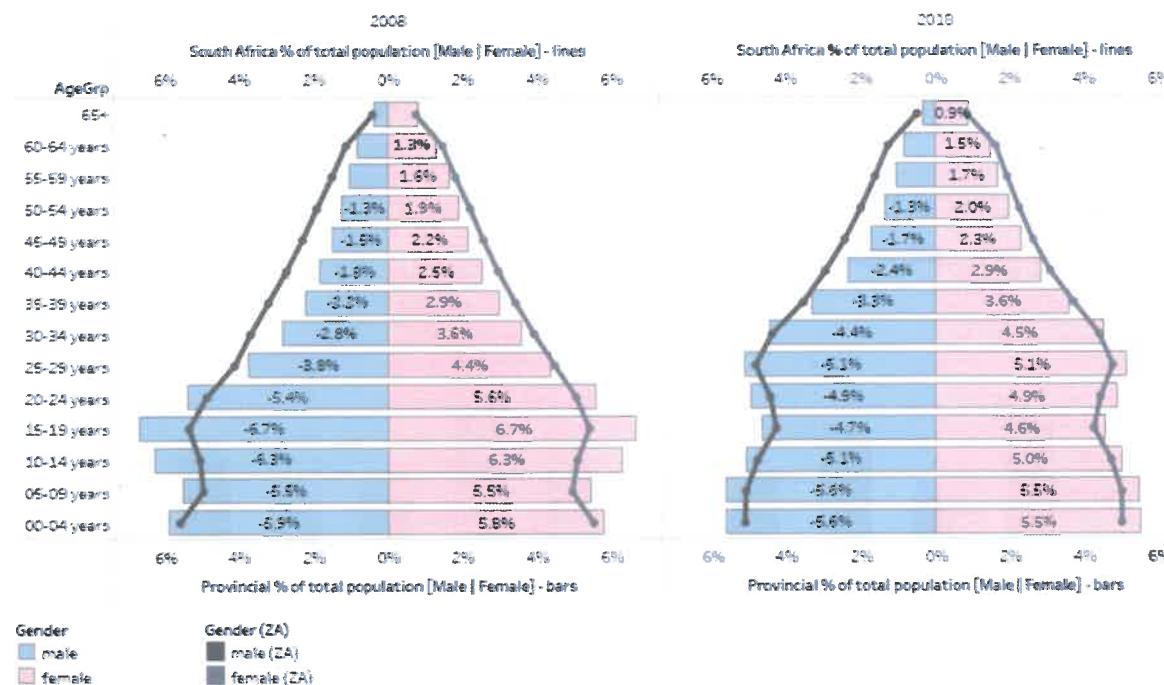
Figure 4. Limpopo geographical map

8.2 External Environmental Analysis

8.2.1 Demography

Provincial % population by age-gender group compared to South Africa

LP



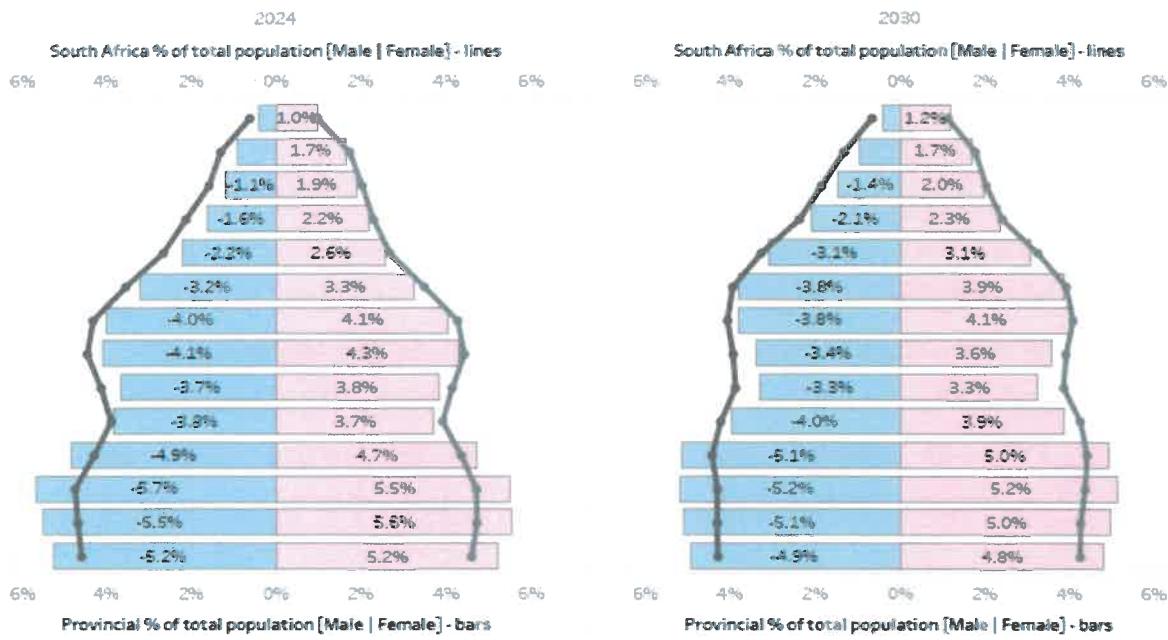


Figure 5. Population Pyramids 2008-2030

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 of these deaths is mainly attributed to violence and injuries requiring intensified inter-sectoral collaboration.

The interventions put in place by the department are strengthening 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
Sanitation	Access to hand washing facility	36.4	65.9
	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

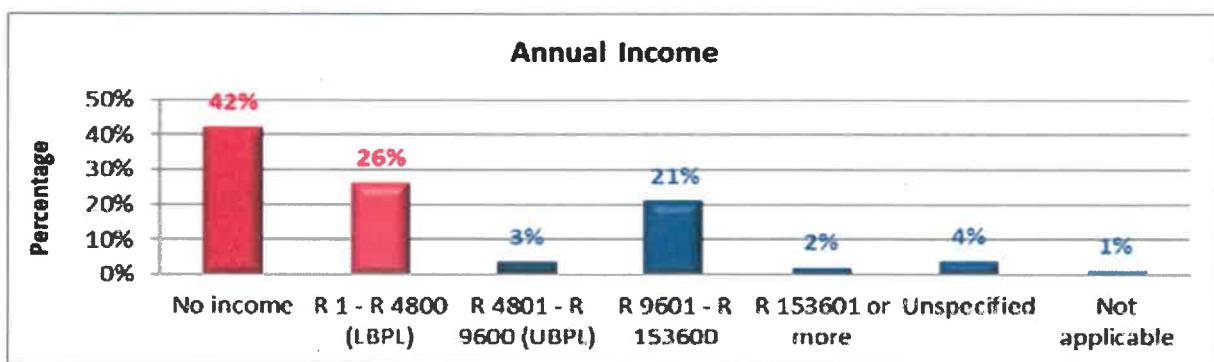


Figure 6. Limpopo annual income distribution

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 severe 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 to drive health related imperatives in an integrated approach.

8.2.3 Epidemiology and Quadruple Burden of Disease

Epidemiologically South Africa is confronted with a quadruple BOD because of HIV and TB, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma.

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 2018

	Limpopo, all ages 2018	No.	%
1	Influenza and pneumonia (J09-J18)	2854	6.8
2	Diabetes mellitus (E10-E14)	2787	6.6
3	Cerebrovascular diseases (I60-I69)	2607	6.2
4	Tuberculosis (A15-A19)	2319	5.5
5	Hypertensive diseases (I10-I15)	2328	5.3
6	Human immunodeficiency virus [HIV] disease (B20-B24)	1962	4.6
7	Other viral diseases (B25-B34)	1447	3.4
8	Other forms of heart disease (I30-I52)	1286	3.0
9	Intestinal infectious diseases (A00-A09)	1204	2.8
10	Renal failure (N17-N19)	1147	2.7
	Other Natural	18658	44.1
	Non-natural	3773	8.9
	All causes	42270	100

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

Narrative on districts' ten leading causes of death:

From the districts perspective, 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 2018

Capricorn 2018		No.	%	Mopani 2018		No.	%	Sekhukhune 2018		No.	%
Influenza and pneumonia (J09-J18)	1	927	7.4	Diabetes mellitus (E10-E14)	1	634	7.1	Cerebrovascular diseases (I60-I69)	1	1114	1.3
Human immunodeficiency virus [HIV] disease (B20-B24)	2	869	7.0	Influenza and pneumonia (J09-J18)	2	500	5.6	Influenza and pneumonia (J09-J18)	2	882	0.9
Diabetes mellitus (E10-E14)	3	844	6.8	Renal failure (N17-N19)	3	443	5.0	Hypertensive diseases (I10-I15)	3	621	7.7
Hypertensive diseases (I10-I15)	4	817	6.5	Tuberculosis (A15-A19)	4	416	4.7	Diabetes mellitus (E10-E14)	4	473	5.8
Tuberculosis (A15-A19)	5	568	4.6	Human immunodeficiency virus [HIV] disease (B20-B24)	5	401	4.5	Other viral diseases (B25-B34)	5	436	5.4
Cerebrovascular diseases (I60-I69)	6	537	4.3	Cerebrovascular diseases (I60-I69)	6	390	4.4	Tuberculosis (A15-A19)	6	394	4.9
Intestinal infectious diseases (A00-A09)	7	360	2.9	Other forms of heart disease (I30-I52)	7	373	4.2	Intestinal infectious diseases (A00-A09)	7	261	3.2
Chronic lower respiratory diseases (J40-J47)	8	296	2.4	Hypertensive diseases (I10-I15)	8	327	3.7	Other forms of heart disease (I30-I52)	8	253	3.1
Other viral diseases (B25-B34)	9	280	2.2	Other viral diseases (B25-B34)	9	323	3.6	Human immunodeficiency virus [HIV] disease (B20-B24)	9	189	2.3
Other forms of heart disease (I30-I52)	10	278	2.2	Intestinal infectious diseases (A00-A09)	10	231	2.6	Other bacterial disease (A30-A49)	10	128	1.6
Other Natural		5496	4.1	Other Natural		4147	46.6	Other Natural		2864	3.0
Non-natural		1202	.6	Non-natural		718	8.1	Non-natural		764	8.3
All causes		12474	10.0	All causes		8903	100.1	All causes		8632	10.0
Vhembe 2018		No.	%	Waterberg 2018		No.	%				
Diabetes mellitus (E10-E14)	1	454	6.2	Tuberculosis (A15-A19)	1	487	8.8				
Tuberculosis (A15-A19)	2	361	5.0	Hypertensive diseases (I10-I15)	2	398	7.2				
Renal failure (N17-N19)	3	252	3.5	Diabetes mellitus (E10-E14)	3	382	6.9				
Cerebrovascular diseases (I60-I69)	4	251	3.4	Influenza and pneumonia (J09-J18)	4	363	6.6				
Other viral diseases (B25-B34)	5	204	2.8	Human immunodeficiency virus [HIV] disease (B20-B24)	5	322	5.8				
Influenza and pneumonia (J09-J18)	6	182	2.5	Cerebrovascular diseases (I60-I69)	6	315	5.7				
Human immunodeficiency virus [HIV] disease (B20-B24)	7	181	2.5	Intestinal infectious diseases (A00-A09)	7	210	3.8				
Other forms of heart disease (I30-I52)	8	174	2.4	Other forms of heart disease (I30-I52)	8	208	3.8				
Hypertensive diseases (I10-I15)	9	156	2.1	Other viral diseases (B25-B34)	9	204	3.7				
Intestinal infectious diseases (A00-A09)	10	142	2.0	Chronic lower respiratory diseases (J40-J47)	10	136	2.5				
Other Natural		4268	58.6	Other Natural		1968	35.6				
Non-natural		655	9.0	Non-natural		530	9.6				
All causes		7280	100.0	All causes		5523	100.1				

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

8.3 Internal Environmental Analysis

8.3.1 Service Delivery Platform/Public Health Facilities

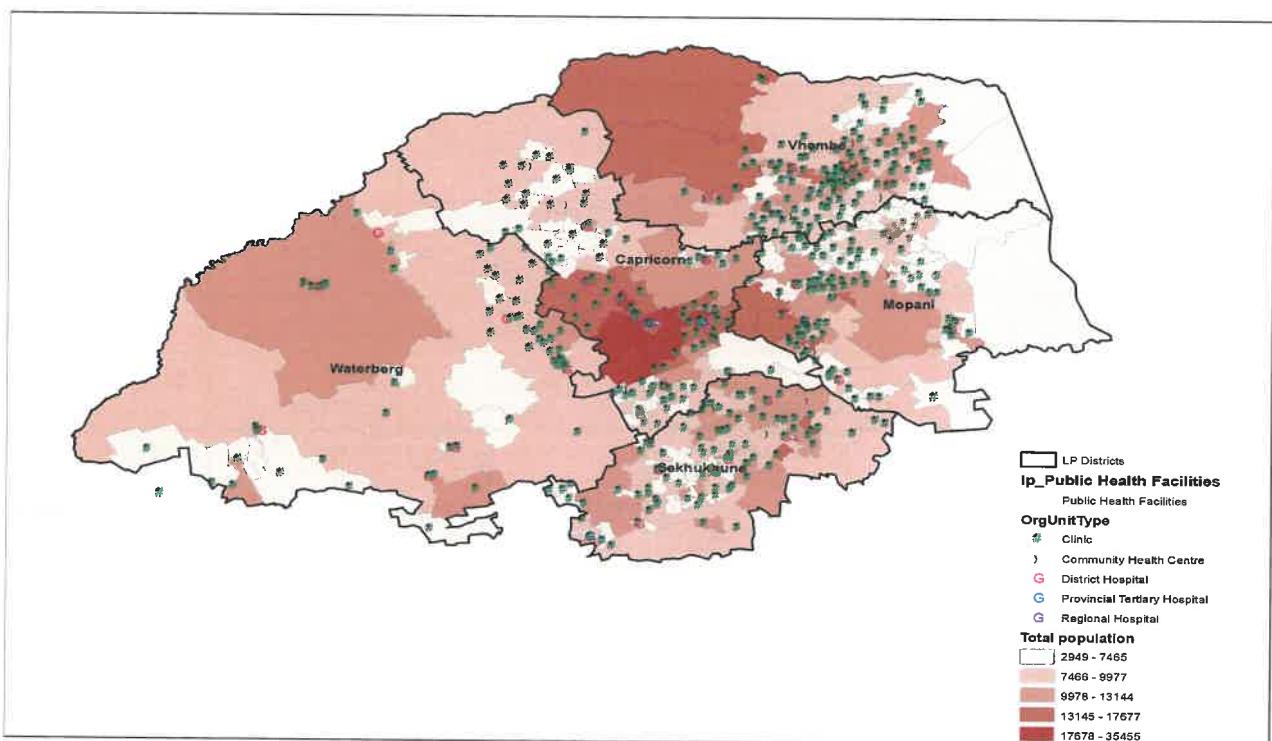


Figure 7. Geographical distributions of Limpopo health facilities

Table 6. District distribution of health facilities

	Ip Capricorn District Municipality	Ip Mopani District Municipality	Ip Sekhukhune District Municipality	Ip Vhembe District Municipality	Ip Waterberg District Municipality	Grand Total
Clinic	97	97	86	115	61	456
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	580

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

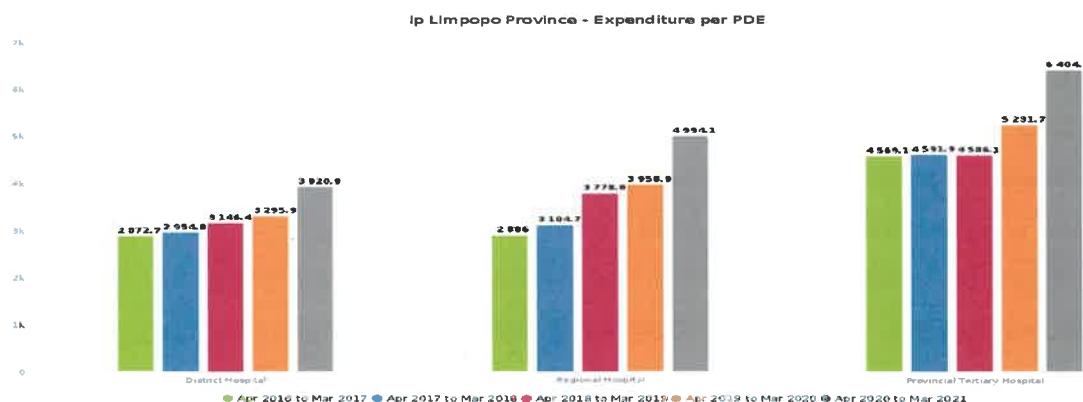


Figure 8. Limpopo per PDE

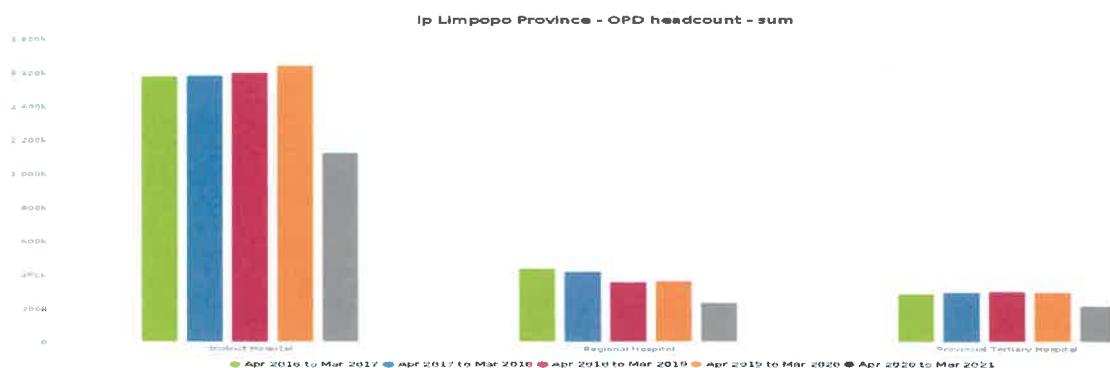


Figure 9. OPD headcount sum

With reference to Figure 8 and 9, there has been a steady growth of in expenditure as well as the outpatient (OPD) headcount in three levels of hospitals. However, an upward spike on patient day equivalent expenditure is noted in the 2020/21 financial year against a downward

spike in OPD headcount at all levels of hospitals. Due to the Covid-19 pandemic impact in the 2020/21 financial year, the department had to downsize the offering of healthcare services to accommodate Covid-19 positive patients and fight the pandemic. The lesser the number of patients seen at various levels of hospitals against the heating compensation of employees (CoE) attributed to the noted cost per PDE. The escalation in cost per PDE was further exacerbated by the expenditure on procurement of PPE for personnel, employing of temporary additional workforce, and revamping of infrastructure in increasing hospitals capacity.

8.3.2.2 Primary health care

Table 7. PHC utilisation rate

Data name	Organisation unit name	2016/17	2017/18	2018/19	2019/20	2020/21
PHC utilisation rate	Ip Limpopo Province	2.6	2.5	2.4	2.4	2.1
	Ip Capricorn District Municipality	2.6	2.3	2.2	2.1	1.9
	Ip Mopani District Municipality	2.9	2.9	2.8	2.7	2.4
	Ip Sekhukhune District Municipality	2.3	2.3	2.2	2.2	1.9
	Ip Vhembe District Municipality	2.9	2.8	2.7	2.6	2.3
	Ip Waterberg District Municipality	2.2	2.1	2.1	2.2	1.7

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. Further, the 2020/21 performance show a significant decline from the previous years utilization rate with Capricorn, Sekhukhune, and Waterberg districts PHC utilization rate being below 2%. Though the decline noted in 2020/21 financial may be attributed Covid-19 movement restrictions, it is however noted across the board that PHC utilization rate has been on a consistent decline. In contrary to Figure 6, the OPD new client not referred rate has been on a decline at both district and regional hospitals with a slight rise in 2020/21 at the level of tertiary hospitals. The healthcare offered at the moment leans more towards hospital service (curative type of care) than PHC (preventive and promotive type of care) (see Figure 9 below).

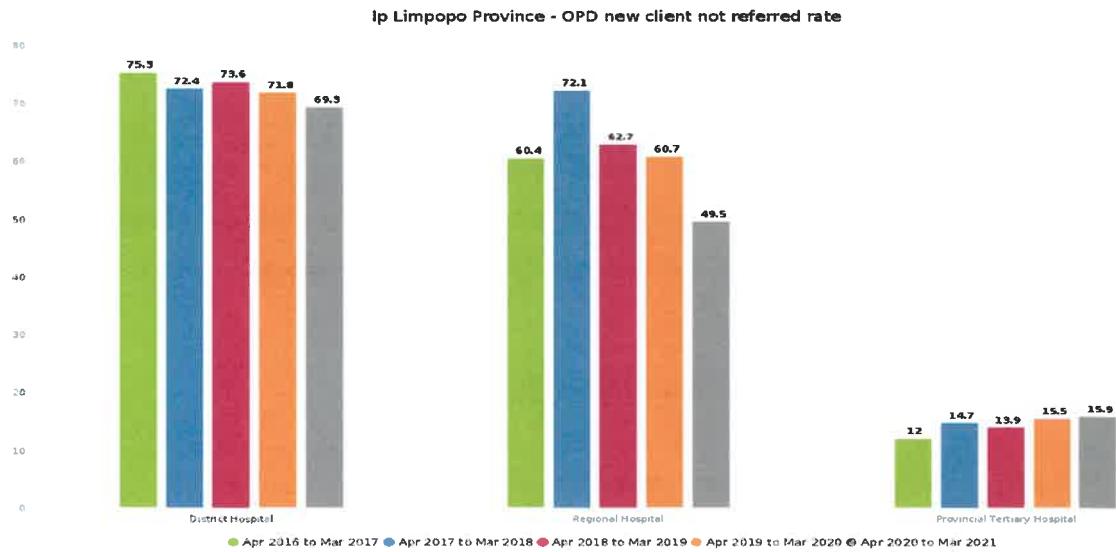


Figure 10. OPD new client not referred rate

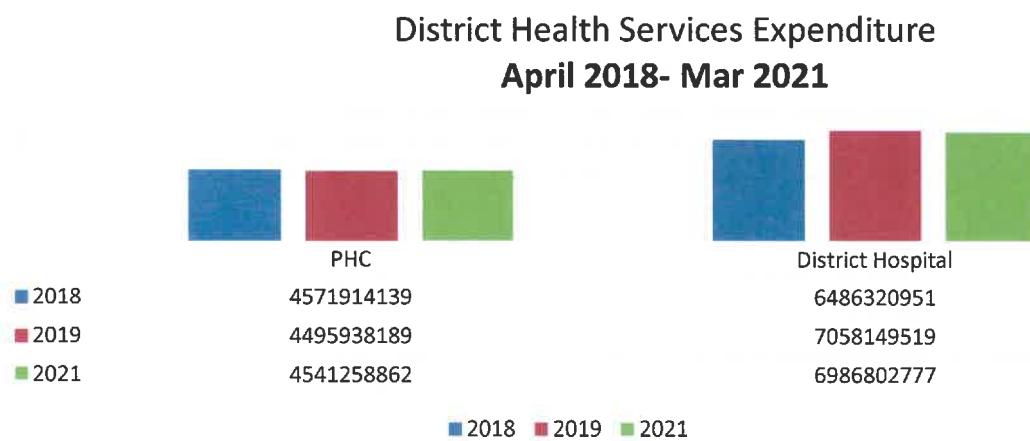


Figure 11. District health services expenditure

Figure 9 depicts a picture wherein more budget is allocated to the district hospitals than at the PHC level. Worth noting is that the current district health system is placing more of different categories of healthcare workers (e.g. doctors, allied medical professional and pharmacists) in district hospitals than in PHC facilities. Further, the figure shows that patients follow the money in terms of where services are more concentrated to seek healthcare services. In dealing with this, the department is currently introducing the Geographical Service Area (GSA) model and restructuring of the allocation of the workforce which is envisaged to reverse the anomaly wherein curative care has overtaken the use of preventative care to a situation where preventative care is placed at the forefront of delivering healthcare service in line with the Alma Ata Declaration.

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.

iMMR Provincial Trends over a triennium (2017-2019)

Figure 1. Comparison iMMR per province over triennium (2017-2019)

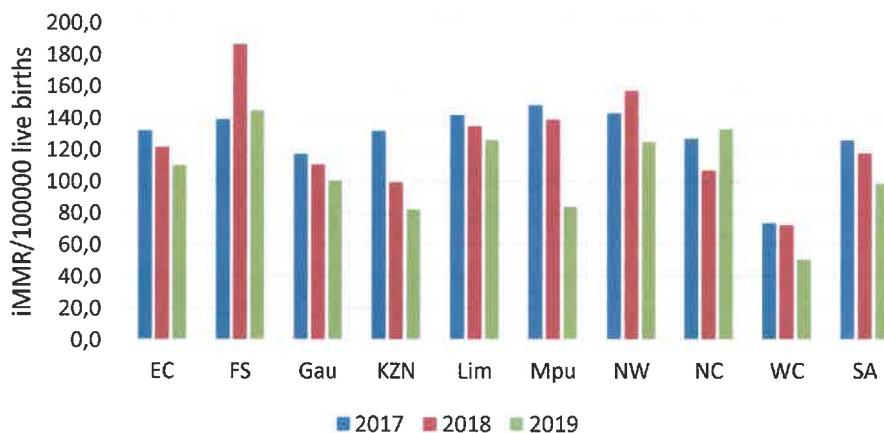


Figure 12. Comparison iMMR per province over a triennium (2017-2019)

Source: Savings Mothers Report 2017-2019

Table 8. Commonest causes of iMMR per province over a triennium (2017-2019)

Primary obstetric problems	Easter n Cape	Free Stat e	Gauteng (correcte d)	KwaZul u-Natal	Limpopo (Correcte d)	Mpum a-langa	Nort h Wes t	Northem Cape	Wester n Cape	South Africa
Medical and surgical disorders	19,02	20,0 0	17,45	19,78	14,25	13,05	20,0 7	12,54	11,82	16,91
Non-pregnancy-related infections	29,02	25,0 0	25,65	27,72	34,52	25,68	33,2 6	23,52	16,55	27,05
Ectopic pregnancy	1,61	4,29	4,43	3,72	5,94	6,32	6,31	4,70	2,03	4,19
Miscarriage	3,87	15,0 0	7,80	6,76	6,65	13,05	9,17	7,84	1,01	7,18
Pregnancy-related sepsis	6,45	9,29	6,22	5,24	6,52	4,21	8,03	0,00	5,74	5,99
Obstetric haemorrhage	22,89	31,4 3	16,28	12,34	28,61	26,95	22,9 3	26,65	7,09	19,11
Hypertensive disorders of pregnancy	20,96	40,0 0	22,27	13,35	23,12	23,58	32,6 8	29,79	8,44	20,73
Anaesthetic complications	2,58	6,43	1,76	3,21	2,88	3,37	1,72	4,70	1,69	2,72

Adverse drug reactions	1,61	0,00	0,85	0,68	1,84	0,00	0,57	0,00	1,01	0,89
Embolism	5,16	2,14	2,04	2,37	5,36	4,21	2,29	9,41	5,40	3,60
Acute collapse - cause unknown	4,51	0,71	3,08	2,37	2,62	1,26	2,87	0,00	1,69	2,53
Miscellaneous	0,64	0,00	0,79	0,17	1,27	0,00	1,15	1,57	1,69	0,74
Unknown - in facility	2,90	2,86	0,91	5,41	0,54	1,26	0,57	1,57	1,01	2,14

Source: Savings Mothers Report 2017-2019

Narrative:

The maternal mortality in facility ratio has shown a significant decline from over a triennium (2017-2019) (as in Figure 12). However, it remains higher than the national average (113.77). According to the Saving Mothers 2017-2019 (see Table 8), the commonest causes of maternal mortality are non-pregnancy related infections (34.52%); obstetric hemorrhage (28.61%), hypertensive disease of pregnancy (23.12%), and medical and surgical disorders (14.25%). Among interventions by the department is to continue fighting the HIV epidemic as a priority, with multiple strategies including integration of HIV screening and care into maternal and women's health care services. The department will further continue with empowering labour ward nurses and midwives to implement immediate measures for obstetric emergencies at all levels of care. In addition, the department will continue with the implementation of ESMOE/EOST training, Safe CD protocol, updated PPH algorithms, use of NASG and Massive Obstetric Hemorrhage Transfusion Protocol.

Women's Health Trends

Table 9. Women's health trends

Data Element Name	Ip Limpopo Province	Apr 2019 to Mar 2020				
		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 are 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

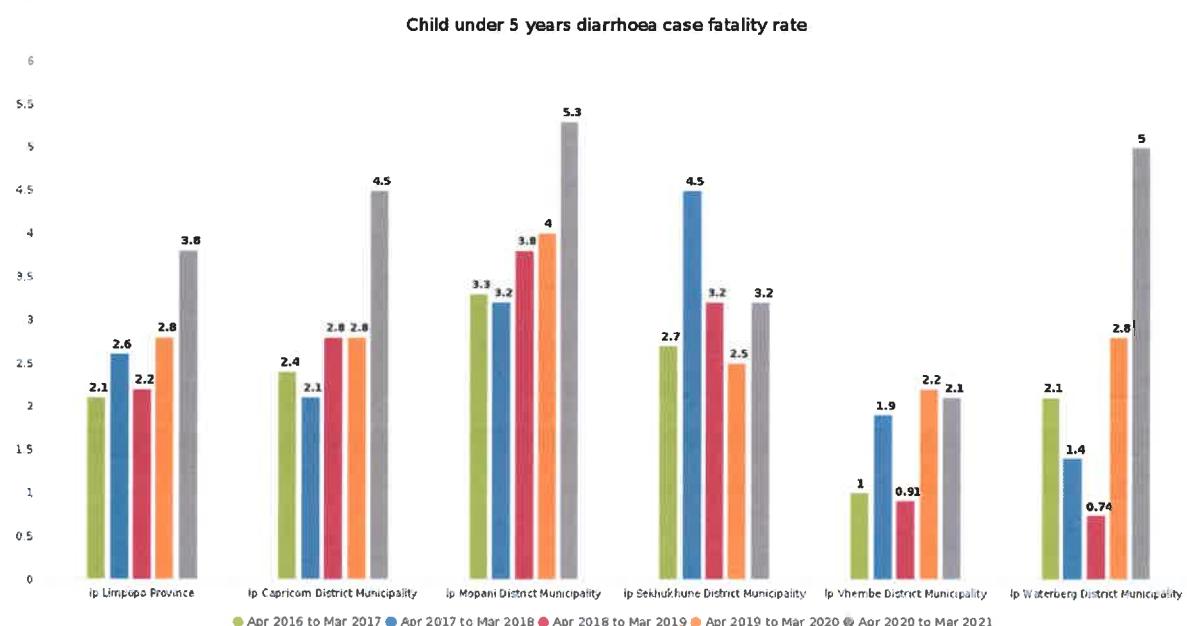


Figure 13. Under 5 years diarrhoea case fatality rate

Source: DHIS

Narrative:

According to Figure 13, the performance of the indicators is showing an upward trend which has been more visible in the 2020/21 f/y. The performance of the indicator is more related to the societal challenges that the communities are faced with e.g. lack of supply of piped water and sanitation. This is further exacerbated by delayed seeking of medical intervention. An integrated approach including all relevant stakeholders is pivotal towards addressing the performance of the indicator.

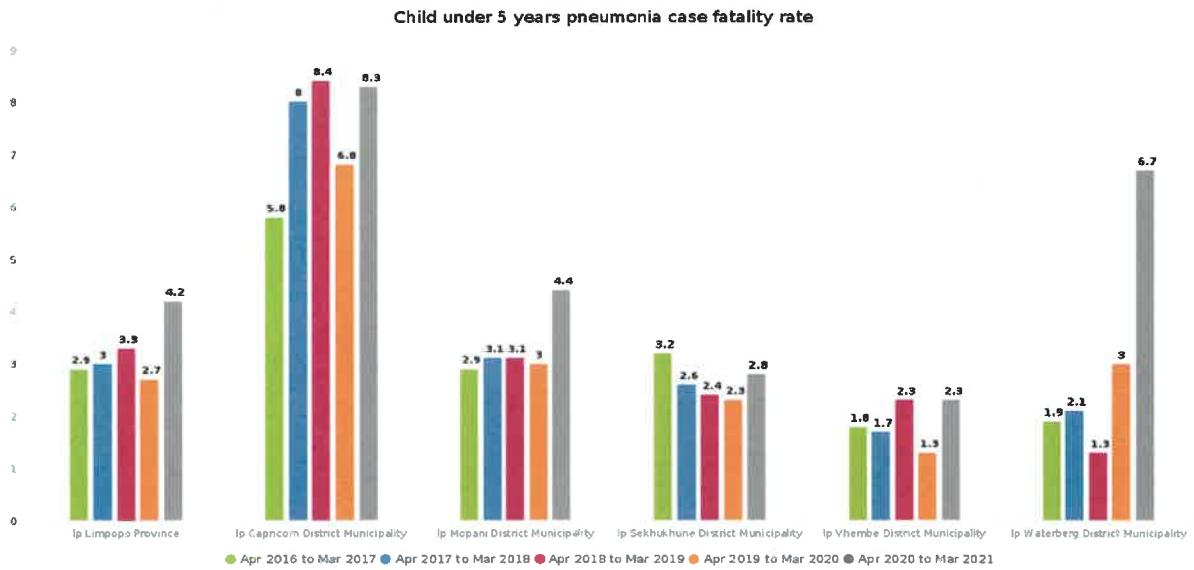


Figure 14. Under five years pneumonia case fatality rate

Source: DHIS

Narrative:

The performance of the child under 5 years pneumonia case fatality rate in Figure 14 demonstrates a sharp rise in the 2020/21 f/y from 2019/20. The societal and environmental factors which communities are faced with e.g. over-crowding/ malnutrition/ refuse removal contribute to pneumonia prevalence. Late seeking of medical interventions is attributable to high case fatality rate due to pneumonia.

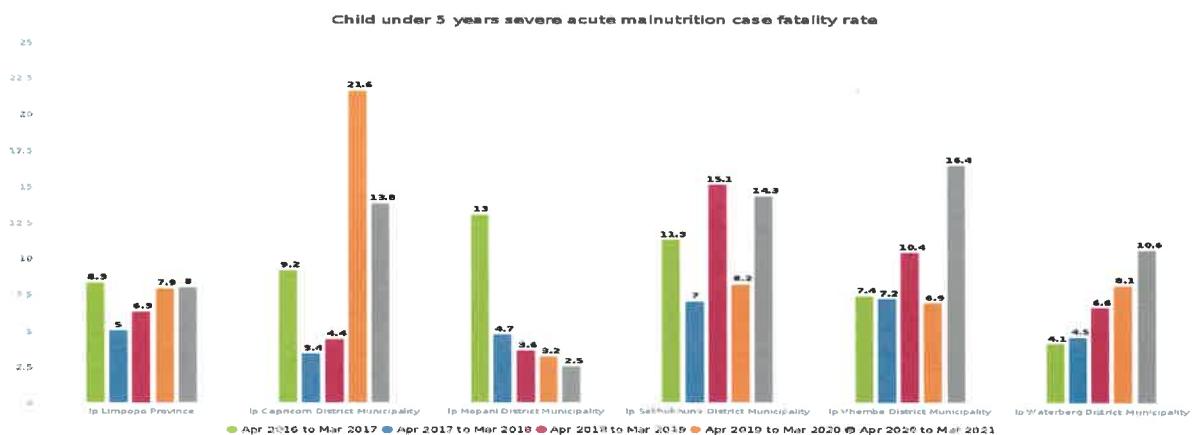


Figure 15. Under five years severe acute malnutrition case fatality rate

Source: DHIS

Narrative:

Figure 15 shows that SAM performance is on an upward trend in relation to the provincial and district picture except for Mopani district which has been on a down trend. The Mopani district

performance is attributed to the implementation of the Limpopo Child Health and Nutrition Strategy 2016/21. Though other districts are implementing the strategy, their implementation remains ineffective which negatively affects their respective performance. Implementation of the strategy in the other districts will be strengthened in order to improve the ten steps to the treatment of severe acute malnourished children.

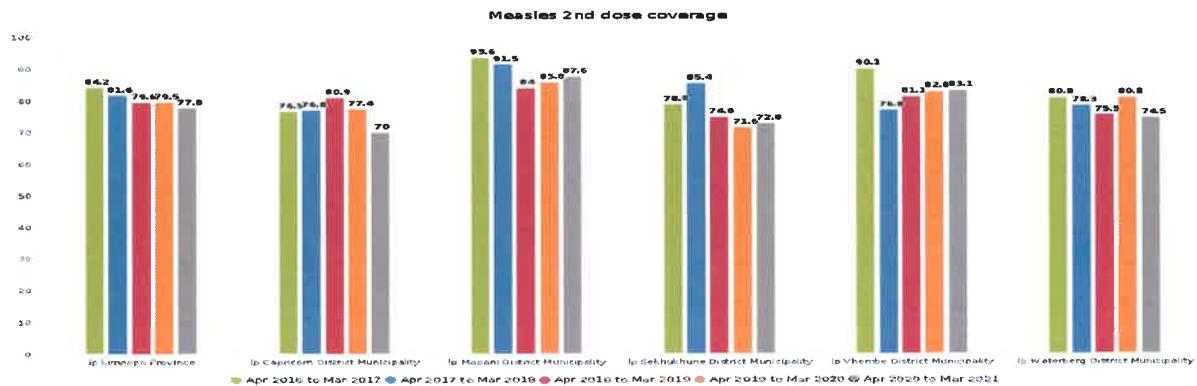


Figure 16. Measles 2nd dose coverage

Source: DHIS

Narrative:

According to Figure 16 there has been a significant drop in the provincial measles 2nd dose which is equally visible among the five districts. This can be attributed to budget constraints as well as a delay in awarding vaccine tenders by NDoH. The low supply of single dose vials versus multiple dose vials. Catch-up drives are being conducted in facilities and procure vaccines depending on budget availability. NDoH has availed a budget for procurement of vaccines in order to enhance the stock availability during catch-up drives in the facilities.

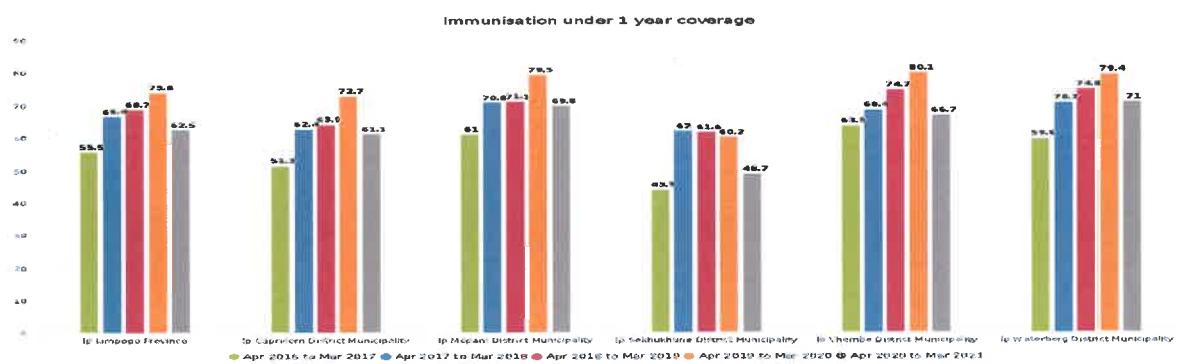


Figure 17. Immunisation under 1 year coverage

Source: DHIS

Narrative:

In terms of Figure 17, there is a rise in under 1 year immunisation coverage from 2016/17 f/y to 19/20 f/y with a sudden drop in coverage in the 20/21 f/y. However, both the provincial

and districts performance has been significantly below the national average. The performance is attributed to poor recording. Further, the province has experienced shortage of BCG syringes including budgetary tenders. Catch-up drives will be conducted and supervision will be strengthened to improve the recording of all cases.

8.3.5 HIV and AIDS

Provincial Perspective

Narrative:

Figure 12 depicts that the provincial performance in 2019 was 75-104-86 in 2020 was 90-86.85 and in 90-73-87 pertaining to performance against 90-90-90 across its total population. 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 only met in 2019 and declined in the same period in both 2020 and 2021.

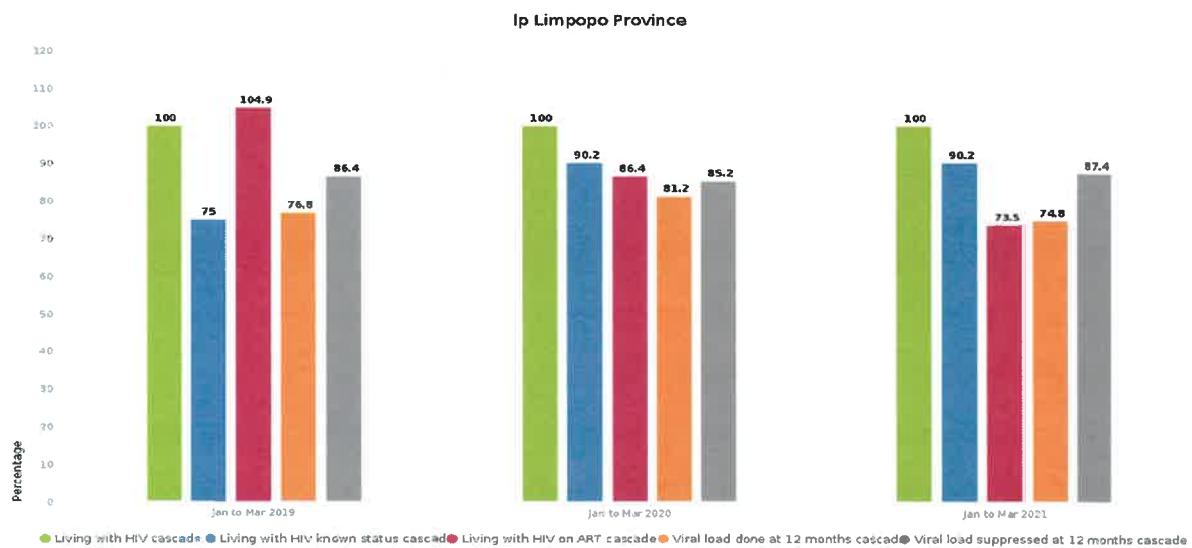


Figure 18. Provincial 90-90-90 performance trends

The 3rd 90 – Viral load suppression rate is hovering around 86 – 87% against the 90% target in same period in the year 2019, 2020 and 2021. Historically it has been a trend of a period of time and can be attributed to high ART interruption rate and concomitant taking of ART with traditional healers/faith based medication. Due the impact of Covid-19, the department will continue strengthening the universal test and treat 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 in the period January to March at 75-96-86 in 2019, 90-80-86, and 90-71-87 in 2021 in terms of performance against 90-90-90 across its total population. The district shows an achievement on the 1st 90 – whereby people living with HIV knowing their status in the same period across the two years is meeting a 90% target except in 2019. However, the 2nd 90 - ART start rate target of 90% was only met in the period under review in 2019 and a sharp decline is noted in the same period in 2020 and 2021.

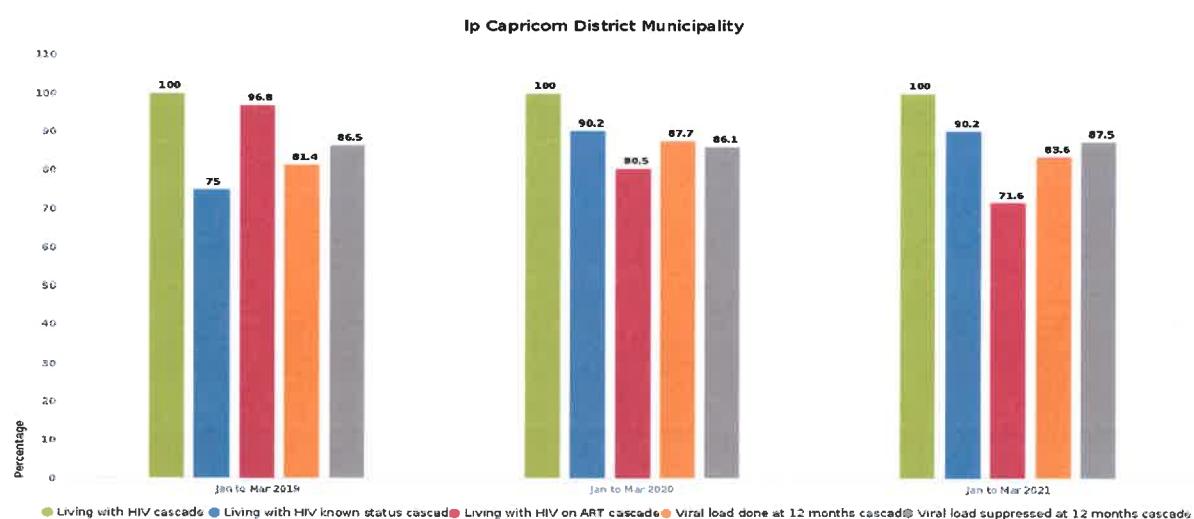


Figure 19. Capricorn district 90-90-90 performance trends

The 3rd 90 – Viral load suppression rate is hovering around 83 – 87% against the 90% target in the same period in the three years. Historically it has been a trend of a period of time 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

Narrative:

As in Figure 14, Mopani district performance on 90-90-90 strategy in the period January to March was 75-106-88 in 2019, 90-88-85 in 2020, and 90-77-86 in 2021 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).

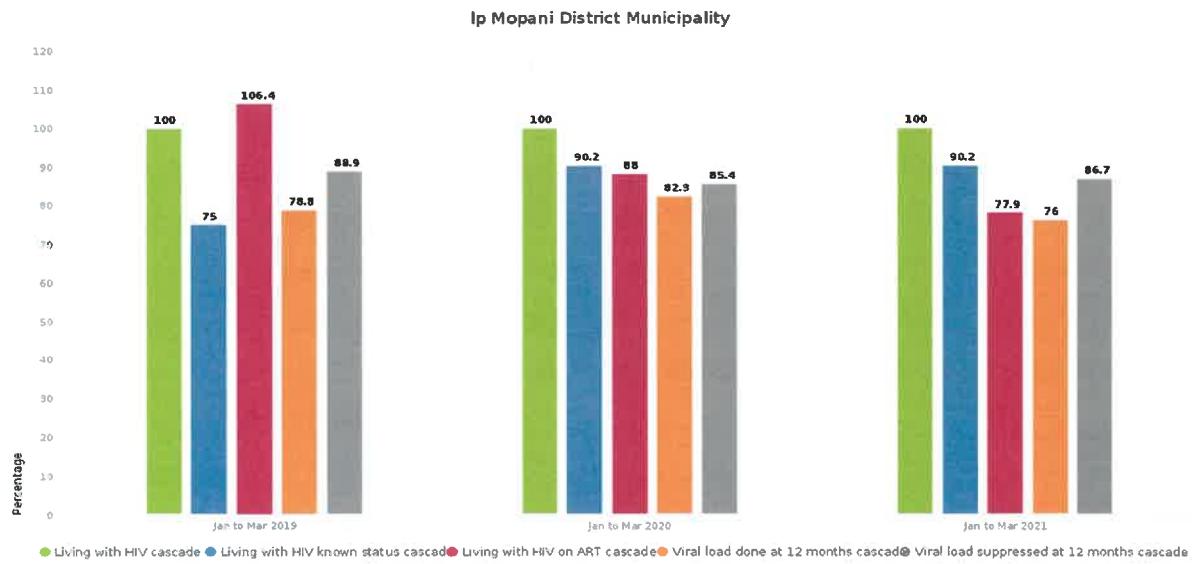


Figure 20. Mopani district 90-90-90 performance trends

However, the 2nd 90 - ART start rate target of 90% was met only in 2019 and not met under the same period in 2020 and 2021. The 3rd 90 – Viral load suppression rate is hovering around 85 – 88% against the 90% target under the same period across the three years. Historically it has been a trend of a period of time 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

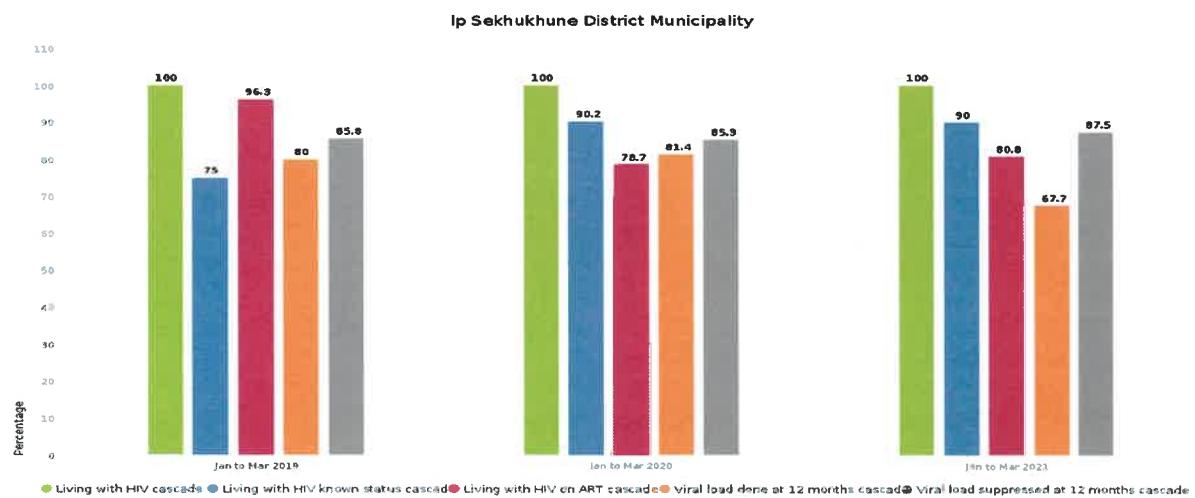


Figure 21. Sekhukhune district 90-90-90 performance trends

Narrative:

Sekhukhune district performance on 90-90-90 strategy in the period January to March was 75-96-85 in 2019, 90-78-85 in 2020, and 90-80-87 in 2021 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 met only in 2019 and not met under the same period in 2020 and 2021. The 3rd 90 – Viral load suppression rate is hovering around 85 – 87% against the 90% target under the same period across the three years. Historically it has been a trend of a period of time 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 performance on 90-90-90 strategy in the period January to March was 75-118-85 in 2019, 90-96-83 in 2020, and 90-66-88 in 2021 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 met only in 2019 and 2020 and not met under the same period in 2021.

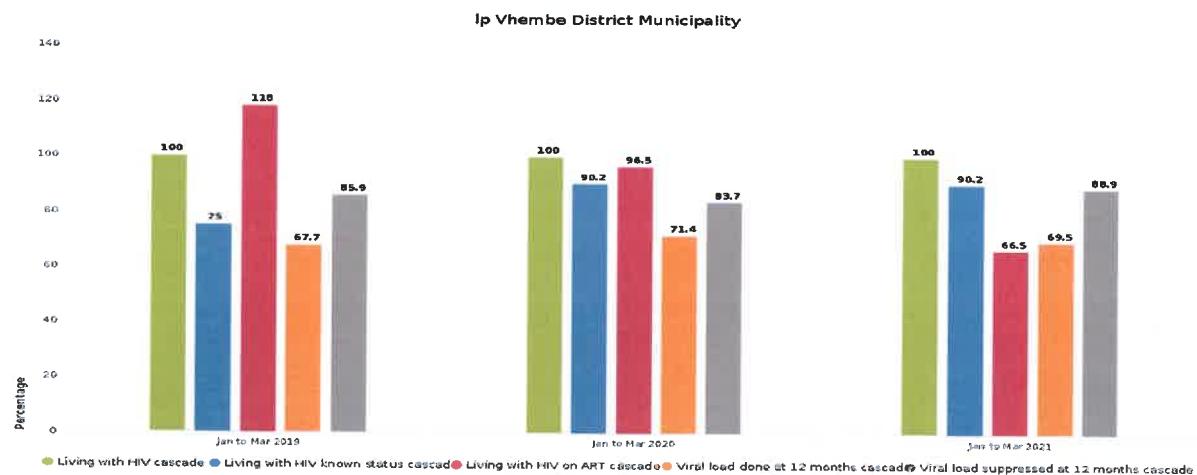


Figure 22. Vhembe district 90-90-90 performance trends

The 3rd 90 – Viral load suppression rate is hovering around 83% – 88% against the 90% target under the same period across the three years. Historically it has been a trend of a period of time 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

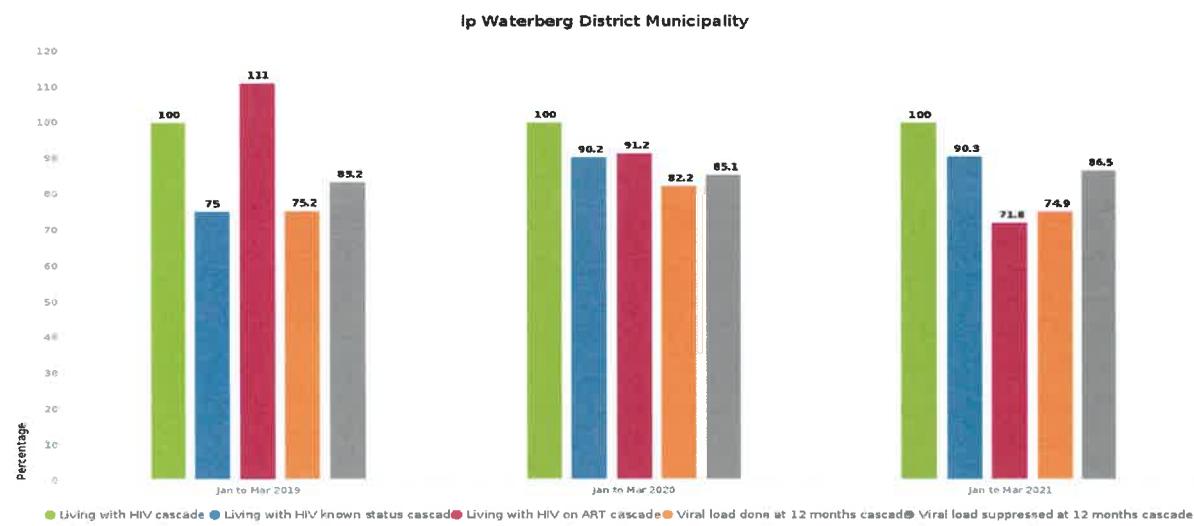


Figure 23. Waterberg district 90-90-90 performance trends

Narrative:

Waterberg in reference to Figure 17 on 90-90-90 strategy in the period January to March was 75-111-83 in 2019, 90-91-85 in 2020, and 90-71-86 in 2021 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 the same period (90% target met) except in 2019. However, the 2nd 90 - ART start rate target of 90% was met only in 2019 and not met under the same period in 2020 and 2021. The 3rd 90 – Viral load suppression rate is hovering around 83 – 86% against the 90% target under the same period across the three years. Historically it has been a trend of a period of time 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 Outcomes

Narrative

Figure 18 shows a downward trend in DS-TB client treatment success from 2017 to 2019 and an upward trend on DS-TB client lost to follow-up rate from 2017 to 2019. In their natural behaviour both performance indicators are inversely proportional to each other. Both the DS-TB death rate and loss to follow-up directly affects the performance of the success rate.

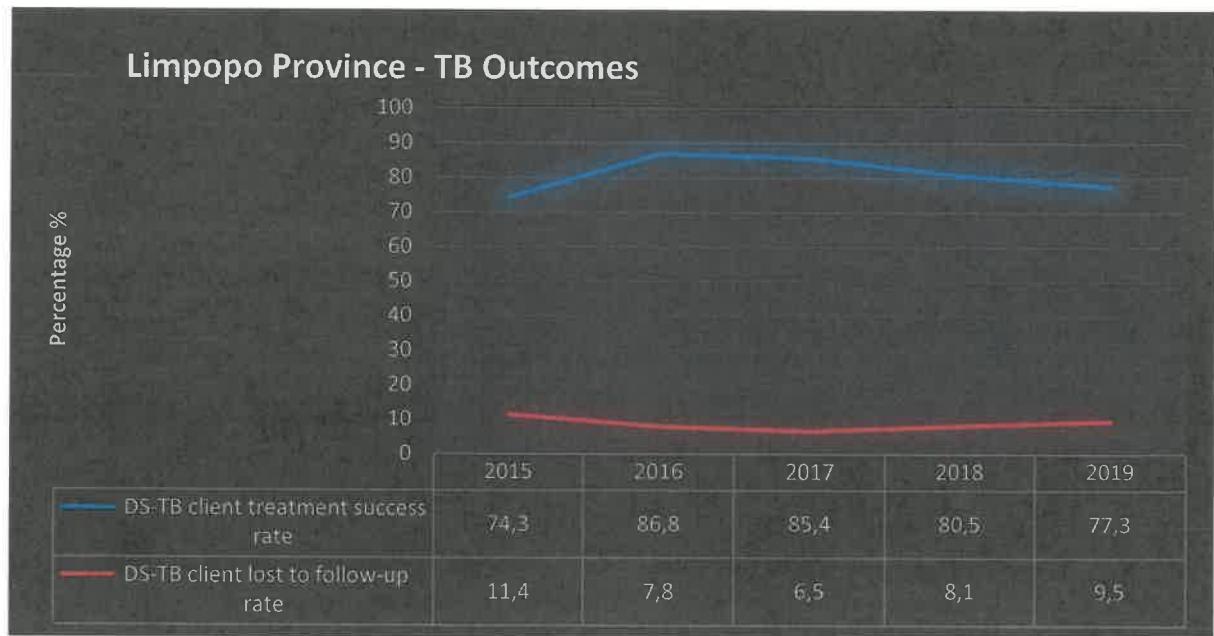


Figure 24. TB outcomes

Attributory factors to high loss to follow-up among others include high mobility of clients and difficulty in tracing clients who interrupted TB treatment in the farming and the mining areas. The department is currently embarking on direct observed treatment strategy (DOTS) and tracing clients who interrupted treatment through community health workers.

8.3.7 Overview of the 2021/22 budget and MTEF estimates

The Department has been allocated an amount of R22.7 billion in the 2022/23 financial year to deliver the healthcare services in Limpopo Province. The overall health budget increased from R21.9 billion in the 2021/22 financial year to R22.7 billion in 2022/22. This indicates an accumulative increase of 3.6%.

The budget has grown from R22.7 billion in 2022/23 to R23.2 billion in the year ending 2024/25. This represents a cumulative increase of 2.2%. 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 2022/23 financial year shows 3.1% increase as compared to the 2021/22 final Main Appropriation including allocation from the Provincial Revenue Fund.

8.3.7.2 Conditional grants

The total conditional grants allocation increased by 4.7% or R190.1 million in the 2022/23 financial year. This will have an impact towards addressing infrastructure and maintenance projects and also combating of Covid-19 pandemic. Some of the conditional grants have grown by an average between 1% and 4% while others reduced.

8.3.7.3 Expenditure estimates

Table 10. Expenditure estimates

	Programme R'000	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate	
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
1.	Administration	302 046	298 186	275 706	289 518	293 520	294,218	272,895
2.	District Health Services	12 913 208	13 801 825	14 117 219	13 725 321	14,682,228	14,864,241	14,962,995
3.	Emergency Medical Services	768 106	817 796	855, 667	885 181	845,181	906,066	925,679
4.	Provincial Hospital Services	2 600 196	2 636 859	2 664 559	2 598 593	2,757,950	2,775,384	2,805,038
5.	Central Hospital Services	1 798 983	2 018 364	1 998 220	1 753 009	2,225,195	1,938,421	2,008,655
6.	Health Sciences and Training	547 546	486 064	544 615	650 980	673,166	670,364	716,073
7.	Health Care Support Services	138 768	142 498	586 189	707 598	588,831	810,717	806,038
8.	Health Facilities Management	649 355	807 705	986 224	1 360 754	1,412,252	1,412,253	722,983
	Sub-total							759,757
	Direct charges against the National Revenue Fund	1 980	1 978	1 978	1 980	1,978	1,978	1,978
	Total							

	Change to 2010/11 budget estimate	19 720 188	21 011 275	22 030 377	21 972 934	23,480,301	23,477,500	22,725,589	22,647,347	23,163,984
--	--	------------	------------	------------	------------	------------	------------	------------	------------	------------

Table 11. Summary of provincial expenditure estimates by economic classification

Programme R'000		Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
		2018/19	2019/20	2020/21				2021/22	2022/23	2023/24
1.	Administration	302 046	298 186	275 706	289 518	293 520	293,520	294,218	272,895	286,988
2.	District Health Services	12 913 208	13 801 825	14 117 219	13 725 321	14 682 228	14 682,228	14,864,241	14,962,995	15,332,363
3.	Emergency Medical Services	768 106	817 796	855, 667	885 181	845,181	845,181	906,066	925,679	970,113
4.	Provincial Hospital Services	2 600 196	2 636 859	2 664 559	2 598 593	2,757,950	2,757,950	2,775,384	2,805,038	2,876,204
5.	Central Hospital Services	1 798 983	2 018 364	1 998 220	1 753 009	2,225,195	2,225,195	1,938,421	2,008,655	2,073,551
6.	Health Sciences and Training	547 546	486 064	544 615	650 980	673,166	670,364	810,717	806,038	716,073
7.	Health Care Support Services	138 768	142 498	586 189	707 598	588,831	588,831	374,599	141,086	147,857
8.	Health Facilities Management Sub-total	649 355	807 705	936 224	1 360 754	1,412,253	1,412,253	759,965	722,983	759,757
	Direct charges against the	1 980	1 978		1 980	1,978	1,978	1,978	1,978	1,978

National Revenue Fund							
Total							
Change to 2010/11 budget estimate	19 720 188	21 011 275	22 030 377	21 972 934	23,480,301	23,477,500	22,725,589
							22,647,347
							23,163,984

Relating expenditure trends to specific goals

Table 12. Trends in provincial public health expenditure (R'000)

Expenditure	Audited/actual		Main Appropriation	MTEF projection		2023/24	2024/25
	2018/19	2019/20		2020/21	2021/22	2022/23	
Current prices¹							
Total ²	19,720	21,011	22,030	21,973	22,725	22,647	23,164
Total per person	3.72	4.05	4.33	4.32	4.47	4.45	4.55
Total per uninsured person	3.51	3.74	3.92	3.91	4.05	4.03	4.12
Constant (2008/09) prices³							
Total ²	21,889	23,112	20,929	19,776	19,544	19,476	19,921
Total per person	4.1	4.3	3.9	3.7	3.6	3.6	3.7
Total per uninsured person	20,226	21,356	19,338	18,273	18,058	17,996	18,407
% Of Total spent person on:							
DHS	16.7%	20.0%	21.6%	23.2%	24.2%	25.5%	24.9%
PHS	4.5%	4.6%	4.8%	4.7%	4.8%	5.1%	5.0%
CHS	2.8%	3.3%	3.6%	4.2%	4.3%	4.5%	4.4%
All personnel	18.5%	20.5%	21.7%	23.1%	22.3%	22.4%	21.9%
Capital	3.5%	5.2%	4.5%	5.9%	5.7%	5.6%	5.6%
Health as a % of total public expenditure	43.8%	42.3%	41.0%	39.7%	40.5%	40.4%	41.0%

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 13. Administration Outcome, outputs, Performance Indicators and targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Audited/Actual performance	Estimated Performance	MTEF Targets				2023/24	2024/25			
				2018/19	2019/20	2020/21	2021/22	2022/23	Q1	Q2	Q3	Q4
1. Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2021/2022 financial year	1.1 Audit opinion of Provincial DoH	Qualified audit opinion	Unqualified audit opinion	Qualified audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	-	-	-	-
	Numerator:			-	-	-	-	-	-	-	-	-
	Denominator:			-	-	-	-	-	-	-	-	-
Compliance to payment of suppliers within 30 days	1.2 Percentage compliance to payment of suppliers within 30 days	64%	85%	96%	100%	100%	100%	100%	100%	100%	100%	100%
	Numerator:			-	-	-	-	-	-	-	-	-
	Denominator:			-	-	-	-	-	-	-	-	-
Credible asset registers	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:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output Indicator		Audited/Actual performance			Estimated Performance	MTEF Targets					
			2018/19	2019/20	2020/21		2021/22	2022/23	2022/23 Quarterly Targets	Q1	Q2	Q3
	Denominator:		-	-	-	-	-	-	-	-	-	-
	1.4 Revenue collected	R219.7m	R 207.8million	R162.2m	R222.9m	R201.6m	R48.9m	R37.4m	R38m	R77.3m	-	-
Increased revenue collection	Numerator:	-	-	-	-	-	-	-	-	-	-	-
	Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

- a) The achievement of the outputs will contribute towards an improved audit outcome.
- b) The output indicators in programme 1 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 14. Administration - Expenditure estimates

Sub-programme	Expenditure outcome				Main appropriation	Adjusted appropriation	Revised estimate		Medium term expenditure estimates	
	2018/19	2019/20	2020/21	2021/22					2022/23	2023/24
R' thousand										
MEC's Office	1,980	1,978	1,978	1,980	1,978	1,978	1,978	1,978	1,978	1,978
Management	302,046	298,186	275,706	289,518	293,520	293,520	294,218	272,895	272,895	286,088
Corporate Services										
Property Management										
TOTAL	304,026	300,164	277,684	291,498	295,498	295,498	296,196	274,873	274,873	288,066

Table 15. Administration - Summary of provincial expenditure estimates by economic classification

Travel and subsistence	9,409	6,350	3,925	-	3,500	3,500	-	-	-
Maintenance repair and running costs	100	-	77	223	150	150	-	-	-
Specify other	21,225	23,279	20,320	26,374	24,965	24,965	19,720	25,799	27,038
Transfers and subsidies to Provinces and municipalities	2,920	6,093	1,170	367	2,967	2,967	1,590	1,601	1,677
Departmental agencies and accounts	57	57	33	28	28	28	35	30	31
Universities and technikons	-	-	-	-	-	-	-	-	-
Households	2,863	6,036	1,137	339	2,939	2,939	1,555	1,571	1,646
Payments for capital assets	577	5,248	1,306	2,442	2,442	2,442	463	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and Equipment	577	1,019	614	2,442	2,442	2,442	463	-	-
Payment of Financial asset	-	4,229	692	-	-	-	-	-	-
Total economic classification	304,026	300,164	277,684	291,498	295,498	295,498	296,196	274,873	288,066

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 R881.9 million from 2018/19 to 2020/21 while the 2021/22 budget amounts to R291.4 million. The proposed MTEF from 2022/23 to 2024/25 projected at R859.1 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
Improve financial management	Ineffective procurement processes	<ul style="list-style-type: none"> Implementation of procurement plan Revisiting of the processing of procuring emergency goods and services
	Unwanted expenditures (Irregular and unauthorised expenditures)	<ul style="list-style-type: none"> Request adequate funding Conduct training on financial management Apply corrective measures for non-compliance
	Inadequate asset management	<ul style="list-style-type: none"> Take action for non-compliance Monitoring the effective implementation of BAUD system Provide awareness on assets management procedure manuals
	Abuse of overtime	<ul style="list-style-type: none"> 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 16. 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			
				2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction rate (PHC)	New indicator	80.6%	65%	65%	65%	-	-	-	70%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-
Health facilities ready for NHI accreditation	Fixed health facilities that have obtained ideal clinic status (silver, gold, platinum)	1.2 Ideal clinic status obtained rate	34.4%	14.7%	18.1%	45%	15%	-	-	15%	17%
	Numerator:		165	61	72	71	71	-	-	-	19%
	Denominator:		480	413	480	480	482	-	-	-	81
								-	-	-	91
								-	-	-	482
								-	-	-	482

Explanation of Planned Performance over the Medium-Term Period:

- a) The outputs contribute towards improving the quality of health care services offered to patients and prepare PHC facilities for the NHI roll-out.
- b) The selected output indicators allow for monitoring of the quality of healthcare received by the patients and progress made to realise the ideal clinic status rate for NHI implementation.
- c) The department will strengthen efforts towards having more clinics becoming ideal and ascertaining that those that are ideal maintain their status.

2.3 Sub-programme: District Hospitals

2.3.1 Purpose

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

Table 17. District Hospitals Outcomes, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2021/22	2022/23	Q1	Q2	Q3
1a. Patient experience of care in public health facilities improved	Patient experience survey satisfied responses	1.1 Patient experience of care satisfaction rate	New indicator	80.1%	70%	80%	-	80%	-	-	85%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved to	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	94.6%	100%	100%	100%	100%	100%	100%	100%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4	2023/24	2024/25
reduce new medico-legal cases	Patient safety incident (PSI) cases closed	2.2 Patient safety incidents (PSI) case closure rate	New Indicator	New Indicator	97.2%	100%	100%	100%	100%	100%	100%	100%	100%
	Numerator:		-	-	-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-	-	-
3. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal death in facility	3.1 Maternal Mortality in facility ratio	New Indicator	New Indicator	50.7/100 000 live births	100/100 000 live births	60/100 000 live births	-	-	60/100 000 live births	60/100 000 live births	59/100 000 live births	59/100 000 live births
	Numerator:		-	-	-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-	-	-
	Diarrhoea death under 5 years	3.2 Child under 5 years diarrhoea case fatality rate	New Indicator	New Indicator	4.1%	5.5%	4%	4%	4%	4%	4%	3.9%	3.5%
	Numerator:		-	-	76	196	73	-	-	-	-	72	64
	Denominator:		-	-	1835	3558	1835	-	-	-	-	1835	1835
	Pneumonia death under 5 years	3.3 Child under 5 years pneumonia case fatality rate	New Indicator	New Indicator	3.3%	3.5%	3.3%	3.3%	3.3%	3.3%	3.3%	3.2%	3.1%
	Numerator:		-	-	66	138	65	-	-	-	-	63	61
	Denominator:		-	-	1981	3934	1981	-	-	-	-	1981	1981
	Severe acute (SAM) death under 5 years	3.4 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	8.1%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7%	6.5 %
	Numerator:		-	-	52	98	48	-	-	-	-	45	42
	Denominator:		-	-	639	1312	639	-	-	-	-	639	639

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4
Death in facility under 5 years total	3.5 Death under 5 years against live birth rate	New Indicator	1.5 per 1000 live births	1.7 per 1000 live births	1.7 per 1000 live births	1.5 per 1000 live births	1.5 per 1000 live births	1.5 per 1000 live births	1.5 per 1000 live births	1.4 per 1000 live births	1.3 per 1000 live births
Numerator:	-	-	-	-	1301	1450	-	-	-	-	-
Denominator:	-	-	-	-	88332	85295	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

- a) The outputs contribute towards improving the quality of healthcare service offering in district hospitals as well as strengthening of efforts towards reduction of child and maternal mortalities.
- b) The selected output indicators will help monitor quality of care offered to patients at level of a district hospital in order to reduce incidents of adverse events and monitor trends towards reduced child and maternal mortalities.
- c) The department will develop and implement the quality improvement plan to address matters of quality of care raised by patients and other stakeholders in each health facility.

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

2.4.1 Purpose:

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

Table 18. 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								
					2018/19	2019/20	2020/21	2021/22	2022/23	Q1	Q2	Q3	Q4
1. AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15-24 years (excl. ANC)	1.1 HIV positive 15-24 years (excl. ANC) rate	New indicator	1.9%	8%	4.39%	4.39%	4.39%	4.39%	4.39%	4.39%	4.39%	4.39%
	Numerator:	-	-	-	-	-	-	-	-	-	-	-	8987
	Denominator:	-	-	-	-	28800	-	-	-	-	-	-	204687
ART adult remain in care – total	1.2 ART adult remain in care rate (12 months)	New indicator	60.3%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Numerator:	-	-	25126	381629	32 008	-	-	-	-	-	-	34 349
	Denominator:	-	-	41638	424032	35 564	-	-	-	-	-	-	51079
ART child remain in care – total	1.3 ART child remain in care rate (12 months)	New indicator	67.3%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Numerator:	-	-	855	15901	1 058	-	-	-	-	-	-	38 166
	Denominator:	-	-	1270	17668	1 176	-	-	-	-	-	-	56 754
ART adult viral load under 400	1.4 ART Adult viral load suppressed rate	New indicator	87.4%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Numerator:	-	-	17660	381629	25 926	-	-	-	-	-	-	27 823
	Denominator:	-	-	20201	424032	28 807	-	-	-	-	-	-	41 374
ART child viral load under 400	1.5 ART child - viral load suppressed rate	New indicator	55.6%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	Numerator:	-	-	317	15901	857	-	-	-	-	-	-	1 643
	Denominator:	-	-	570	17668	953	-	-	-	-	-	-	2 916
TB mortality reduced by 75%	1.6 All DS-TB client loss to follow-up	5.8%	8.4%	8%	8%	8%	8%	8%	8%	8%	8%	7.5%	7%
	Numerator:	764	972	1036	926	843	-	-	-	-	-	-	790
													737

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4
All DS-TB client successfully completed treatment	Denominator:	13172	11574	10532	11574	10532	-	-	-	-	10532
	Numerator:	1.7 All DS-TB client treatment success rate	78.5%	78.5%	76.9%	79%	78%	78%	78%	78%	80%
TB Rifampicin Resistant/MDR/pre-XDR client successfully complete treatment	Denominator:	10340	9085	8104	9143	8215	-	-	-	-	8320
	Numerator:	13172	11574	10532	11574	10532	-	-	-	-	10532
	Denominator:	1.8 TB Rifampicin resistant/MDR/ pre-XDR treatment success rate	New indicator	67.3%	63.2%	64%	64%	64%	64%	64%	66%
	Numerator:	-	-	241	143	229	-	-	-	-	236
	Denominator:	-	-	358	226	358	-	-	-	-	358
TB XDR client confirmed start on treatment	1.9 TB XDR treatment start rate	New indicator	100%	100%	-	-	-	-	-	-	100%
	Numerator:	-	-	1	4	1	-	-	-	-	1
	Denominator:	-	-	1	4	1	-	-	-	-	1

Explanation of Planned Performance over the Medium-Term Period:

- a) The outputs aim 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 because 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 of the 90-90-90 strategy as based on historical performance as demonstrated in Part B of the plan.

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

2.5.1 Purpose

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

Table 19. MCWH&N Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Audited/Actual performance	Estimated Performance	MTEF Targets										
				2018/19	2019/20	2020/21	2021/22	2022/23	Q1	Q2	Q3	Q4	2023/24	2024/25
1. Maternal, Neonatal, and Child Mortality reduced	Couple year protection	1.1 Couple year protection rate	63.5%	55%	46.8%	55%	50%	50%	50%	50%	50%	50%	55%	56%
Numerator:		1057579	931328.1	1160859	931328.1	847365	-	-	-	-	-	-	932102	949049
Denominator:		1663052	1678459.5	1694730	1678459.5	1694730	-	-	-	-	-	-	1694730	1694730
Delivery 10-19 years in facility	1.2 Delivery 10 to 19 years in facility rate	13.4%	14.1%	13.8%	14%	14%	14%	14%	14%	14%	14%	14%	13.5%	13%
Numerator:		16587	18810	19405	18684	19653	-	-	-	-	-	-	18951	18249
Denominator:		124236	133455	140384	133455	140384	-	-	-	-	-	-	140384	140384
Antenatal 1 st visit before 20 weeks	1.3 Antenatal 1 st visit before 20 weeks rate	67.2%	69%	66.8%	70%	67%	67%	67%	67%	67%	67%	70%	70%	75%
Numerator:		84930	93967	94604	95312	94868	-	-	-	-	-	-	99116	106196
Denominator:		126379	136160	141594	136160	141594	-	-	-	-	-	-	141594	141594

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance		Estimated Performance	2022/23 Quarterly Targets				MTEF Targets	
			2018/19	2019/20		2021/22	2022/23	Q1	Q2	Q3	Q4
								96%	96%	96%	96%
Mother postnatal visit within 6 days after delivery	1.4 Mother postnatal visit within 6 days rate	98.2%	104.2%	94.7%	95%	96%	-	-	-	-	96%
Numerator:	121975	139084	133564	126782	134769	-	-	-	-	134769	134769
Denominator:	124236	133455	140384	133455	140384	-	-	-	-	140384	140384
Neonatal deaths (under 28 days) in facility	1.5 Neonatal death in facility rate	13.2 per 1000 live births	14.3 per 1000 live births	12.7 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:	1642	-	-	-	-	-	-	-	-	-	-
Denominator:	124236	-	-	-	-	-	-	-	-	-	-
Live birth under 2500g in facility	1.6 Live birth under 2500g in facility rate	New indicator	10.7 per 1000 live birth	12.8 per 1000 live births	12%	12%	12%	12%	12%	12%	11.5%
Numerator:	-	-	-	-	-	-	-	-	-	-	-
Denominator:	-	-	-	-	-	-	-	-	-	-	-
Infant PCR test positive around 10 weeks	1.8 Infant PCR test positive around 10 weeks rate	0.73%	0.71%	0.72%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.5%
Numerator:	118	119	117	102	116	-	-	-	-	126	138
Denominator:	16113	16644	16239	17800	19366	-	-	-	-	21071	22925
Immunised fully under 1 year coverage	1.9 Immunisation under 1 year coverage	71%	73.8%	60.6%	75%	75%	75%	75%	75%	78%	80%

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance		Estimated Performance	2022/23 Quarterly Targets				MTEF Targets		
			2018/19	2019/20		2021/22	2022/23	Q1	Q2	Q3	Q4	
	Numerator:		91038	96 010	79390	94711	93909	-	-	-	97930	100937
	Denominator:		128188	129 669.75	131028	126281	126213	-	-	-	125552	126172
Measles 2 nd dose	1.10 Measles 2nd dose coverage		80.5%	79%	76.4%	80%	80%	80%	80%	80%	80%	85%
	Numerator:		106023	104430	100459	101025	99995	-	-	-	100038	106444
	Denominator:		131640	131634.75	131557	126281	124994	-	-	-	125048	125229
Stunting among children reduced	Vitamin A dose 12-59 months coverage		42%	46.5%	43.6%	40%	45%	45%	45%	45%	50%	55%
	Numerator:		451981	496909	409577	426613	23849	-	-	-	264993	291492
	Denominator:		1073605.6	1066533	529986	1066533	529986	-	-	-	529986	529986

Explanation of Planned Performance over the Medium-Term Period:

- a) The health of mothers and children remain a priority for the health sector in attainment of the life expectancy. The outputs are key in measuring the women and child health trends. These trends are used to strengthening efforts to reduce both child and maternal mortalities.
- 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 groups. 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 wherein youth are a target population. Approaches such as the Youth Friendly Services (YFS) and SHE Conquers campaigns will be used to reach out to the target population. In terms of neonates' care, the department is implementing 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 20. DPC Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2018/19	2019/20	2020/21		2021/22	2022/23	2022/23 Quarterly Targets	Q1	Q2	Q3
1. Malaria eliminated by 2023	Malaria deaths reported	1.1 Malaria case fatality rate	0.51%	0.63%	0.55%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
	Numerator:		34	190	19	37	35	-	-	-	-	35
	Denominator:		6665	3686	3461	3686	3461	-	-	-	-	3461

Explanation of Planned Performance over the Medium-Term Period:

- a) The output contributes towards striving for a reduced prevalence of diabetes and malaria incidences among community in the province.
- b) The output is selected to monitor trends in key NCDs and treatment effectiveness.
- c) The department will continue with conducting community awareness campaigns on early health seeking behaviour.

2.7 Reconciling Performance Targets with Expenditure Trends

Table 21. DHS – Expenditure estimates

Sub-programme R' thousand	Audited outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
District Management	602,584	564,684	557,639	493,661	521,011	533,726	565,699
Clinics	3,376,597	3,274,189	3,382,262	3,289,298	3,359,066	3,439,094	3,595,214
Community Health Centres	592,733	657,064	601,357	612,003	587,003	683,576	658,868
Community-based Services	209,189	172,378	144,776	189,533	185,533	645,189	671,138
Other Community Services	66,629	101,578	112,138	81,329	121,426	121,426	133,931
HIV and AIDS	1,573,697	1,970,452	2,306,557	2,472,808	2,536,951	2,536,951	1,924,794
Nutrition	5,457	3,331	25,687	3,946	3,946	14,191	18,387
District Hospitals	6,486,322	7,058,149	6,986,803	6,582,743	7,367,292	7,239,968	7,394,964
TOTAL	12,913,208	13,801,825	14,117,219	13,725,321	14,682,228	14,864,241	14,962,995
							15,332,363

Table 22. DHS - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Current payments	12,480,023	13,560,448	13,674,258	13,374,235	14,131,986	14,455,554	14,638,771
Compensation of employees	9,247,012	9,918,877	9,722,830	10,226,673	10,343,857	10,343,857	11,108,393
Goods and services	3,233,011	3,641,571	3,951,428	3,147,562	3,788,129	3,347,161	3,795,538
							3,992,462

Communication	44,525	42,131	52,201	41,668	41,538	41,538	60,098	54,067	72,256
Computer Services	102,572	122,224	137,568	133,966	123,966	123,966	143,396	152,453	159,771
Consultants	5,231	6,419	34,872	6,005	12,702	12,702	5,896	1,696	1,696
Contractors and special services									
Inventory	1 686,892	1 761,736	2 036,781	1 743,328	2 057,388	2 057,388	2 619,864	2 637,828	2 785,174
Operating leases	5,477	4,607	3,463	4,134	4,334	4,334	5,174	6,402	6,708
Travel and subsistence	40,635	32,122	13,234	36,895	33,493	33,493	37,658	34,229	34,239
Maintenance repair and running costs	155,267	130,235	105,079	62,471	64,394	64,394	76,063	106,457	111,373
Specify other	1 192,412	1 542,097	1 568,373	1 119,095	1 450,314	1 450,314	399,012	802,406	821,245
Financial transactions in assets and liabilities	4,074	—	—						
Transfers and subsidies to Provinces and municipalities	391,833	150,438	190,376	62,710	163,538	163,538	103,485	117,670	123,320
Departmental agencies and accounts	7,046	83,572	79,233	17,639	68,139	68,139	18,486	19,299	20,225
Non-profit institutions	314,802	—	—	—	—	—	—	—	—
Households	54,065	65,916	110,151	44,442	94,470	94,470	84,089	97,378	102,053
Payments for capital assets	41,352	90,939	252,585	288,376	386,704	386,704	305,202	206,554	214,492
Buildings and other fixed structures	354	16,232	16,703	115,104	20,732	20,732	114,400	100,000	100,000
Software and other intangible assets									

Machinery and equipment	36,924	74,707	235,882	173,272	365,972	365,972	190,802	106,554	114,492
Total economic classification	12,993,208	13,801,825	14,117,219	13,725,321	14,682,228	14,682,228	14,864,241	14,962,995	15,332,363

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 whilst 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 R40.8 billion from 2018/19 to 2020/21 while the 2021/22 budget amounts to R13.7 billion. The proposed MTEF from 2022/23 to 2024/25 projected at R45.1 billion will be used to maintain and improve the current services.

2.9 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Patient experience of care 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

Management of patient safety incidents improved to reduce new medico-legal cases	<p>Increased litigations due to medical negligence</p> <ul style="list-style-type: none"> • 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 	<p>AIDS related deaths reduced by implementing the 90-90-90 strategy</p> <p>Ineffective communicable diseases management</p> <p>Diseases Outbreak (e.g. Malaria and Cholera)</p> <ul style="list-style-type: none"> • Intensify implementation of the universal test and treat intervention • 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)
Maternal, Neonatal, and Child Mortality reduced	<ul style="list-style-type: none"> • Intensify fumigation <p>Lack of capacity to manage women and child health (e.g. medical equipment, infrastructure not fit for purpose, inadequate skills mix)</p> <ul style="list-style-type: none"> • 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%	<ul style="list-style-type: none"> • 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 23. EMS Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4
1. Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health	EMS P1 urban response under 30 minutes	1.1 EMS P1 urban response under 30 minutes rate Numerator:	New indicator	New indicator	49.6%	74%	65%	65%	65%	65%	70%
	EMS P1 rural response under 60 minutes	1.2 EMS P1 rural response under 60 minutes rate Numerator:	-	-	265	560	347	-	-	-	374
		Denominator:	-	-	534	756	534	-	-	-	416
		EMS P1 rural response under 60 minutes	New indicator	New indicator	69.5%	74%	70%	70%	70%	70%	78%
		Numerator:	-	-	2349	3111	2366	-	-	-	2535
		Denominator:	-	-	3379	4203	3379	-	-	-	3379

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 accessibility to EMS by the communities.
- c) The department will implement a Computerised Assisted Call Tracking & Dispatch system to ensure that ambulances' response to the scene of call are improved. In improving personnel capacity, the department will continue to attract and recruit Advanced Life Support Paramedics, in improving capacity to respond to priority (critical) calls.

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 24. EMS - Expenditure estimates

Sub-programme	Audited outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
R' thousand							
Emergency Transport	768,106	817,796	55,667	885,181	845,181	906,066	925,679
Planned Patient Transport							970,113
TOTAL	768,106	817,796	55,667	885,181	845,181	906,066	925,679
							970,113

Table 25. EMS - Summary of provincial expenditure by economic classification

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Current payments	736,174	796,791	806,772	853,171	811,571	870,425	888,123
Compensation of employees	658,086	715,598	722,423	733,693	733,693	763,478	773,131
Goods and services	78,088	81,193	84,349	119,478	77,878	106,947	114,932
Communication	8,233	7,226	6,503	6,613	6,613	6,930	6,935
Consultants Contractors and special services	2,160	4,869	4,589	40,000	—	1,994	20,000
Inventory	785	8 926	6 068	2 183	5 066	6 131	6 342
Operating leases	—	—	6	187	67	141	196
Travel and subsistence	316	284	459	—	320	359	—
Maintenance repair and running costs	31,581	30,836	44,731	45,755	40,527	44,095	53,843
Specify other	33 186	25 818	21 993	24 730	20 057	22 113	29 384
							31 063

Transfers and subsidies to	641	2,016	939	724	2,324	2,324	758	791	829
Provinces and municipalities	-	578	250	444	444	503	465	485	508
Departmental agencies and accounts									
Non-profit institutions									
Households	641	1,438	689	280	1,880	1,821	293	306	321
Payments for capital assets	31,291	18,989	47,956	31,286	31,286	34,883	36,765		38,530
Machinery and equipment	31,291	18,989	47,956	31,286	31,286	34,883	36,765		38,530
Total economic classification	768,106	817,796	855,667	885,181	845,181	906,066	925,679		970,113

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 R2.4 billion in 2018/19 to 2020/21 while the 2021/22 budget amounts to R885.1 million. The MTEF from 2022/23 to 2024/25 is projected at R2.8 billion. This amount will be used to maintain and improve the current services.

3.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Co-ordinating of health services across the care continuum, re-orienting the health system towards primary health	Ineffective emergency medical service	<ul style="list-style-type: none">• 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 26. Regional Hospitals Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2018/19	2019/20	2020/21		2021/22	2022/23	2022/23 Quarterly Targets	Q1	Q2	Q3	Q4	2023/24
1. Patient experience of care in public health facilities improved	Patient experience survey satisfied responses	1.1 Patient experience of care satisfaction rate	New indicator	New indicator	78.3%	70%	80%	-	80%	-	-	-	85%	85%
	Numerator:		-	-	-	-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents	Severity assessment code (SAC) 1 incident 24 hours rate	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New indicator	New indicator	76.1%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Numerator:		-	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4	2023/24
Improved to reduce new medico-legal cases	reported within 24 hours	Denominator: Patient safety incident (PSI) case closed	-	-	-	-	-	-	-	-	-	-
		Numerator: Patient safety incidents (PSI) case closure rate	New Indicator	New Indicator	59.2%	100%	100%	100%	100%	100%	100%	100%
3. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal death in facility ratio	Denominator: 3.1 Maternal Mortality in facility ratio	New Indicator	New Indicator	159.5/100 000 live births	111/100 000 live births	130/100 000 live births	-	-	130/100 000 live births	125/100 000 live births	120/100 000 live births
		Numerator: Diarrhoea death under 5 years	Denominator: 3.2 Child under 5 years diarrhoea case fatality rate	Numerator: 3.3 Child under 5 years pneumonia case fatality rate	-	-	-	-	-	-	-	-
		Denominator: Pneumonia death under 5 years	New Indicator	New Indicator	2.3%	1.2%	2.0%	2.0%	2.0%	2.0%	2.0%	1.9%
		Numerator: Pneumonia case fatality rate	-	-	11	12	10	-	-	-	-	9
		Denominator: Pneumonia death under 5 years	-	-	482	1027	482	-	-	-	-	482
		Numerator: Pneumonia case fatality rate	New Indicator	New Indicator	5.7%	2.1%	3.5%	3.5%	3.5%	3.5%	3.0%	2.5%
		Denominator: Pneumonia death under 5 years	-	-	29	29	18	-	-	-	16	13
		Numerator: Pneumonia case fatality rate	-	-	511	1381	511	-	-	-	511	511

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets			
			2018/19		2019/20		2022/23 Quarterly Targets		2023/24	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Severe acute (SAM) death under 5 years	3.4 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	7.4%	11%	7.0%	7.0%	7.0%	7.0%	7.0%	6.5%
	Numerator:	-	-	16	24	15	-	-	-	14
	Denominator:	-	-	216	215	216	-	-	-	216
Death in facility under 5 years total	3.5 Death under 5 years against live birth rate	New Indicator	2.1 per 1000 live births	2.3 per 1000 live births	2.0 per 1000 live births	1.9 per 1000 live births				
	Numerator:	-	-	524	532	-	-	-	-	-
	Denominator:	-	-	24630	23125	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

- a) The outputs contribute towards improving the healthcare service offering at regional hospitals.
- b) The selected indicators leverage for monitoring 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 27. 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										
					2018/19	2019/20	2020/21	2021/22	2022/23	Q1	Q2	Q3	Q4	2023/24	2024/25
1. Patient experience of care in public health facilities improved	Patient experience of survey satisfied responses	1.1 Patient experience of care satisfaction rate (Specialised Hospital)	New indicator	75.6%	70%	80%	-	-	80%	-	-	-	-	85%	85%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals)	New Indicator	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	New Indicator	100%	100%	100%	100%	100%	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 28. Provincial Hospitals - Expenditure estimates

Sub-programme	Audited outcome	Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
R thousand					2024/25
General (regional) hospitals	2,052,629	2,069,324	2,061,211	1,967,600	2,089,600
Psychiatric hospitals	547,567	567,535	567,072	588,795	626,152
TB Hospitals	–	–	36,276	42,198	42,198
TOTAL	2,600,196	2,636,859	2,664,559	2,598,593	2,757,950
				2,775,384	2,805,038
					2,876,204

Table 29. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate
2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Current payments	2,584,466	2,614,274	2,645,029	2,571,152	2,714,269
				2,714,269	2,757,216
					2,790,098
					2,860,546

Compensation of employees	2,204,953	2,240,861	2,290,451	2,280,464	2,297,464	2,297,464	2,415,162	2,450,993	2,508,655
Goods and services	379,513	373,413	354,578	290,688	416,805	416,805	342,054	339,105	351,891
Communication	7,122	7,051	6,275	7,647	5,087	7,559	6,614	7,419	7,775
Consultants Contractors and special services	3	5	234	—	—	—	—	—	—
Inventory	208,322	230,582	215,744	144,729	247,169	242,483	232,789	206,502	216,306
Operating leases	562	476	259	1,462	762	1,494	332	1,574	1,650
Travel and subsistence	2,429	1,646	1,886	—	200	780	—	—	—
Maintenance repair and running costs	1,890	131	5	4,299	3,099	3,099	65	74	77
Specify other	158,185	133,572	130,175	132,551	160,488	161,390	102,254	123,536	126,083
Transfers and subsidies to	11,233	14,985	14,149	882	17,122	17,122	14,534	14,776	15,486
Provinces and municipalities	48	82	80	100	100	100	115	121	127
Households	11,185	14,903	14,069	782	17,022	17,022	14,419	14,655	15,359
Payments for capital assets	4,497	7,600	5,381	26,559	26,559	26,559	3,634	164	172
Buildings and other fixed structures	—	1,000	495	—	—	—	—	—	—
Machinery and equipment	4,497	6,600	4,886	26,559	26,559	26,559	3,634	164	172
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Total economic classification	2,600,196	2,636,859	2,664,559	2,598,593	2,757,950	2,757,950	2,775,384	2,805,038	2,876,204

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 R7.9 billion in 2018/19 to 2020/21 while the 2021/22 budget amounts to R2.6 billion. The MTEF from 2022/23 to 2024/25 is projected at R8.4 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
Management of patient safety incidents improved to reduce new medico-legal cases	Increased litigations due to medical negligence	<ul style="list-style-type: none"> • 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, Infant 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)	<ul style="list-style-type: none"> • 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 30. Tertiary Hospital Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2022/23	Q1	Q2	Q3	Q4
1a. Patient experience of care in public health facilities improved	Patient experience of survey satisfied responses	1.1 Patient experience of care satisfaction rate	New indicator	New indicator	71%	70%	80%	-	-	-	85%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-
2.	Severity assessment code (SAC) 1 incident reported within 24 hours rate	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%	100%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-
Patient safety incidents (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	New Indicator	19.6%	100%	100%	100%	100%	100%	100%	100%	100%
	Numerator:		-	-	-	-	-	-	-	-	-
	Denominator:		-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2021/22	2022/23	Q1	Q2	Q3
3. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal death in facility	3.1 Maternal Mortality in facility ratio	New Indicator	632 /100 000 live births	455/100 000 live births	550/100 000 live births	-	-	550/100 000 live births	500/100 000 live births	450/100 000 live births
		Numerator:	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-
		3.2 Child under 5 years diarrhoea case fatality rate	New Indicator	5.4%	5.4%	4.5%	4.5%	4.5%	4.5%	4.5%	4%
		Numerator:	-	-	4	14	3.3	-	-	-	3.3
		Denominator:	-	-	74	261	74	-	-	-	74
		3.3 Child under 5 years pneumonia case fatality rate	New Indicator	10.4%	10%	9%	9%	9%	9%	8.5%	8%
		Numerator:	-	-	14	32	12	-	-	-	11.4
		Denominator:	-	-	134	322	134	-	-	-	134
		3.4 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	12.5%	7%	9.5%	9.5%	9.5%	9.5%	9%	8.5%
		Numerator:	-	-	2	3.3	1.52	-	-	-	1.44
		Denominator:	-	-	16	47	16	-	-	-	16
		Death in facility under 5 years total	New Indicator	4.9 per 1000 live births	4.6 per 1000 live births	4.5 per 1000 live births	4.5 per 1000 live births	4.5 per 1000 live births	4.5 per 1000 live births	4.4 per 1000 live births	4.3 per 1000 live births
		Numerator:	-	-	483	439	-	-	-	-	-

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets				
			2018/19	2019/20	2020/21		2022/23 Quarterly Targets			2023/24	
							2021/22	2022/23	2023/24		
	Denominator:	-	-	-	9779	9534	-	-	-	-	

Explanation of Planned Performance over the Medium-Term Period:

- a) The outputs contribute towards improving the healthcare service offering at tertiary hospitals.
- b) The selected indicators help 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 31. C&THS - Expenditure estimates

Sub-programme	Audited outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates			
	2018/19	2019/20				2022/23	2023/24	2024/25	
Tertiary hospital	1,798,983	2,018,364	1,998,220	1,753,009	2,225,195	2,225,195	1,938,421	2,008,655	2,073,551
-	-	-	-	-	-	-	-	-	
TOTAL	1,798,983	2,018,364	1,998,220	1,753,009	2,225,195	2,225,195	1,938,421	2,008,655	2,073,551

Table 32. C&THS - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
Current payments	1,766,756	1,981,817	1,948,402	1,640,159	2,083,730	1,851,981	1,958,869	2,003,395
Compensation of employees	1,381,161	1,479,204	1,481,333	1,260,602	1,600,202	1,461,396	1,431,430	1,450,137
Goods and services	385,595	502,613	467,069	379,557	483,528	390,585	527,459	553,258
Communication	4,524	4,835	4,108	4,885	3,685	4,916	4,920	5,220
Consultants, Contractors and special services	-	-	-	-	-	709	-	-
Inventory	216,467	292,570	312,776	223,985	343,825	338,064	251,385	317,539
Operating leases	3,393	5,143	3,325	1,987	487	1,718	1,320	5,889
Travel and subsistence	251	827	474	-	100	185	126	113
Maintenance, repair and running costs	17	-	-	905	905	915	883	925
Specify other	160,943	199,238	146,321	147,899	134,526	137,031	131,919	197,815
								207,312

Transfers and subsidies to	5,714	7,747	8,992	813	12,213	12,213	923	1,003	1,051
Provinces and municipalities	39	57	27	50	50	50	33	65	68
Households	5,675	7,690	8,965	763	12,163	12,163	890	938	983
Payments for capital assets	26,513	28,890	40,826	112,037	129,252	129,252	85,517	48,763	69,105
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	26,513	28,890	40,826	112,037	129,252	129,252	85,517	48,763	69,105
Total economic classification	1,798,983	2,018,364	1,998,220	1,753,009	2,225,195	2,225,195	1,938,421	2,008,655	2,073,551

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 R5.8 billion from 2018/19 to 2020/21 while the 2021/22 budget amounts to R1.7 billion. The MTEF from 2022/23 to 2024/25 is projected at R6 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)	
Management of patient safety incidents improved to reduce new medico-legal cases	<p>Increased litigations due to medical negligence</p> <ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● Mortality and morbidity reviews and training ● Accelerate deliverance of the centre of excellence
Maternal, Neonatal, Infant 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)	<ul style="list-style-type: none"> ● 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 33. HST Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets			
			2018/19	2019/20	2020/21		2021/22	2022/23	Q1	Q2
1. Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Final Cuban learners writing board examination	Number of final Cuban learners writing board examination	New indicator	New indicator	New indicator	New indicator	137	-	-	-
	Numerator:		-	-	-					
	Denominator:		-	-	-					
								137	23	4

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 monitoring and ensuring support to medical students remaining in the Cuban programme.

6.2 Reconciling Performance Targets with Expenditure Trends

Table 34. HST - Expenditure estimates

Sub-programme	Audited outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2018/19	2019/20				2022/23	2023/24	2024/25
R' thousand								
Nurse training colleges	235,350	196,875	174,573	201,850	207,947	207,947	220,650	206,763
EWS training colleges	4,957	3,873	3,452	4,867	4,770	4,770	5,101	4,870
Bursaries	159,736	133,307	129,471	198,713	198,713	195,911	196,306	203,126
PHC training	5,582	—	—	—	—	—	—	—
Other training	141,921	152,009	237,119	245,550	261,736	261,736	388,660	391,279
TOTAL	547,546	486,064	544,615	650,980	673,166	670,364	810,717	806,038
								716,073

Table 35. HST - Summary of provincial expenditure estimates by economic classification

	Audited Outcomes		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Current payments	385,344	360,063	415,564	460,990	479,361	479,361	630,945
Compensation of employees	350,273	338,858	400,887	428,518	444,289	444,289	590,589
Goods and services	35,071	21,205	14,697	32,472	35,072	35,072	40,356
Communication	710	631	638	601	601	601	630
Computer Services	—	—	—	—	—	—	690
Consultants Contractors and special services	—	—	—	—	—	—	—
Inventory	9,971	—	458	271	8418	8,860	7,782
							8,535
							9,077

Operating leases	302	128	52	1,006	1,006	962	854	1,100	1,152
Travel and subsistence	8,619	9,349	599	6,027	6,127	5,965	13,757	10,363	10,861
Maintenance repair and running costs	296	49	–	1,029	529	529	–	–	–
Specify other	19 898	11 048	12 950	23 538	18 391	18 155	17 333	17 126	17 948
Transfers and subsidies to	154,725	125,952	126,965	188,666	192,066	189,264	178,384	188,414	97,457
Provinces and municipalities	–	124	127	80	80	119	130	135	141
Non-profit institutions									
Households	154,725	125,828	126,838	188,586	191,986	189,145	178,254	188,279	97,316
Payments for capital assets	7,477	49	2,066	1,324	1,739	1,739	1,388	–	–
Buildings and other fixed structures									
Machinery and equipment	7,477	49	2,066	1,324	1,739	1,739	1,388	–	–
Total economic classification	547,546	486,064	544,615	650,980	673,166	670,364	810,717	806,038	716,073

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 R1.6 billion in 2018/19 to 2020/21 while the 2021/22 budget amounts to R650.9 million. The proposed MTEF from 2022/23 to 2024/25 is projected at R2.3 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 36. 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						
			2018/19	2019/20	2020/21		2021/22	2022/23	Q1	Q2	Q3	Q4	2023/24
1. Improved co-coordination of health services across the care continuum, re-orienting the health system towards primary health	Increased availability of essential medicines	1.1 Availability of essential medicines in depot	61.74%	62.22%	67.7 %	73%	70%	70%	70%	70%	70%	73%	75%
		Numerator:	202.5	203	222	258	209	-	-	-	-	-	218
		Denominator:	328	328	328	353	298	-	-	-	-	-	224
		1.2 Availability of essential medicines in hospitals	81.53%	81.02%	63%	90%	80%	80%	80%	80%	80%	80%	80%
		Numerator:	240.5	239	189	330	292	-	-	-	-	-	303
		Denominator:	295	295	295	367	365	-	-	-	-	-	310
		1.3 Availability of essential medicines in PHC facilities	72.65%	71.9%	77.6%	90%	80%	80%	80%	80%	83%	83%	85%
		Numerator:	123.5	122	132	153	145	-	-	-	-	-	156
		Denominator:	170	170	170	170	181	-	-	-	-	-	181

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 37. HCS - Expenditure estimates

Sub-programme R thousand	Audited outcome		Main appropriation 2021/22	Adjusted appropriation 2021/22	Revised estimate 2022/23	Medium term expenditure estimates	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Forensic services	38,916	40,755	40,507	41,051	51,051	50,729	44,279
Orthotic and prosthetic services	8,258	5,790	5,167	8,849	4,849	6,273	9,680
Medicines trading account	91,594	95,953	540,515	657,698	532,931	317,597	87,127
TOTAL	138,768	142,498	586,189	707,598	588,831	374,599	141,086
							147,857

Table 38. HSC - Summary of provincial expenditure estimates by economic classification

	Audited outcome		Main appropriation 2021/22	Adjusted appropriation 2021/22	Revised estimate 2022/23	Medium term expenditure estimates	
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Current payments	138,544	141,780	585,864	706,269	587,502	587,502	147,410
Compensation of employees	94,108	96,625	100,671	97,346	97,346	100,821	99,945
Goods and services	44,436	45,155	485,193	608,923	490,156	272,385	47,465
Communication	539	432	402	805	790	843	883
Computer Services	—	2,019	2,319	—	—	—	—
Consultants, Contractors and special services	24,096	25,977	27,453	47,792	34,142	34,142	24,872
Inventory	12,241	7,686	447,596	550,664	438,027	229,943	13,484
							14,131

Operating leases	363	414	511	879	939	921	921	985
Travel and subsistence	444	483	540	165	225	284	373	178
Maintenance repair and running costs	-	-	-	-	-	-	-	-
Specify other	6 753	8 144	13 125	8 618	16 033	16 009	12 083	6 427
Financial transactions in assets and liabilities	0							
Transfers and subsidies to	52	190	169	279	429	429	293	305
Provinces and municipalities	-	-	-					
Households	52	190	169	279	429	429	293	305
Payments for capital assets	172	528	156	1,050	900	900	1,100	122
Machinery and equipment	172	528	156	1,050	900	900	1,100	122
Total economic classification	138,768	142,498	586,189	707,598	588,831	588,831	374,599	141,086
								147,857

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 R867.4 million from 2018/19 to 2020/21 while the 2021/22 budget amounts to R707.5 million. The MTEF from 2022/23 to 2024/25 is projected at R663.5 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-ordination of health services across the care continuum, re-orienting the health system towards primary health	Poor connectivity in leveraging 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 39. HFM Outcome, Outputs, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Output Indicator	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets							
			2018/19	2019/20	2020/21		2021/22	2022/23	2022/23 Quarterly Targets	Q1	Q2	Q3	Q4	2023/24
1.Infrastructure maintained and backlog reduced	Health facilities with completed capital infrastructure project Numerator:	Percentage of Health facilities with completed capital infrastructure project Denominator:	New indicator	New indicator	New indicator	0.5%	-	-	0.5%	-	-	-	1%	2%
			-	-	-	New indicator	3	-	-	-	-	-	6	12
						New indicator	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 the 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 40. HFM - Expenditure estimates

Sub-programme	Audited outcome	Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Community Health facilities	647,420	699,211	869,374	819,794	911,292	624,860	571,288
District Hospital Services	41	61,423	48,874	192,786	142,786	142,787	74,673
Provincial Hospitals Services	1,724	25,138	21,722	148,610	138,610	30,540	93,443
Tertiary Hospitals Services	170	21,812	45,319	198,314	68,314	28,220	28,484
Other Facilities	-	121	935	1,250	151,250	1,672	911
Total	649,355	807,705	986,224	1,360,754	1,412,252	759,985	759,757

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

	Audited Outcomes	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Current payments	331,568	471,884	609,531	850,517	1,104,972	1,104,972	320,637
Compensation of employees	10,028	8,152	7,521	16,000	11,000	11,000	18,000
Goods and services	321,540	465,732	602,010	834,517	1,093,972	1,093,972	302,637
Communication	-	-	-	-	-	-	-
Computer	-	-	-	-	-	-	-
Consultants Contractors and special services	7,795	12,628	35,552	33,200	33,200	33,200	34,865
Inventory	1,722	1,944	774	-	70	8,726	100
						100	100

Operating leases	1,014	-	-	-	-	-	-	-	-
Travel and subsistence	562	384	242	1,105	1,105	1,105	690	530	530
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	310 447	448 776	565 442	801 242	1 059 597	1 050 941	266 982	348 812	385 910
Transfers and subsidies to	4	-	-	-	-	-	-	-	-
Households	4	-	-	-	-	-	-	-	-
Payments for capital assets	317,737	335,821	376,893	510,237	307,280	307,280	439,328	319,704	319,380
Buildings Other fixed structures	294,133	240,763	336,531	500,261	261,993	261,993	429,128	307,182	306,858
Machinery and equipment	23,654	95,058	40,162	9,976	45,287	45,287	10,200	12,522	12,522
Total economic classification	649,355	807,705	986,224	1,360,754	1,412,252	1,412,253	759,965	722,983	759,757

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 R2.4 billion from 2018/19 to 2020/21 while the 2021/22 budget amounts to R1.4 billion. The MTEF from 2022/23 to 2024/25 is projected at R2.2 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 backlog reduced		Unsafe and dilapidated infrastructure		Building of new infrastructure

Public Entities

The department does not have public entities in existence.

Infrastructure Projects

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 2022/2023 year
Bossele EMS Station_Upgrade EMS station	Programme 8	Upgrade EMS station	EMS Station	2006/05/26	2006/05/26	2022/12/30	2 614 411,00	15 000 000,00
Byidrift Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/05		2020/12/01	-	200 000,00
Chuane Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	200 000,00
Development Bank of Southern Africa (DBSA): Electrical and Standby generator assessments	Programme 8	Electrical and Standby generator assessments	Generator Assessment Report	2014/12/01	2018/04/02	2025/03/31	60 740 635,00	1 500 000,00
Dilokong Hospital_New Hospital Laundry	Programme 8	Construction of a new hospital laundry	Laundry	2014/06/30	2014/06/30	2022/04/30	683 549,00	1 500 000,00
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	Neonatal Facility	2017/05/03	2020/01/27	2026/03/31	971 357,00	500 000,00
Dithebaneng Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/06		2021/12/23	-	200 000,00
Dr. MMN Nursing School_Relocate nursing school to alternative building sites	Programme 8	Relocate nursing school to alternative building sites	Nursing School	2021/04/01	2016/11/17	2026/03/31	-	3 000 000,00
Duiwelskloof CHC: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2023/02/07		2023/12/06	-	200 000,00
Dwaalboom Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/06		2020/12/01	-	200 000,00
Elim 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 Refurbish lodger area to	Neonatal Facility	2017/05/03	2017/05/03	2026/03/31	-	500 000,00

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 2022/2023 year
Euvakeni Hospital Replacement of Hospital	Programme 8	7 NU beds; Find space for mother lodgers.	Hospital	2020/05/26	2016/11/17	2026/03/31	-	14 000 000,00
Euvakeni Hospital_Central Mini-Hub Laundry	Programme 8	Replacement of Hospital on the adjacent site	Laundry	2017/04/03	2016/08/24	2024/03/29	277 738,00	8 000 000,00
F.H Odendaal Hospital: Health Support, Maternity Complex, Re-organization of Casualty/OPD	Programme 8	Health Support,Maternity Complex & a reorganised Casualty/OPD	Health Support,Maternity Complex & a reorganised Casualty/OPD	2021/04/21	2030/04/30	-	-	9 000 000,00
F.H Odendaal Hospital: Ophthalmology Clinic Health Technology	Programme 8	Health Technology for Ophthalmology Clinic; ICT, Medical Devices, Furniture and Fittings	Health Technology for Ophthalmology Clinic	2005/01/19	2021/12/14	2005/01/19	-	500 000,00
FH Odendaal Hospital_Health Support, Maternity Complex, Re-organization of Casualty/OPD	Programme 8	Health Support, Maternity Complex, Re-organization of Casualty/OPD	Health Support, Maternity Complex, Re-organisation of Casualty/OPD	2021/08/10	2026/03/31	-	-	9 000 000,00
Giyani Nursing College Campus: Upgrade Student Accommodation	Programme 8	Upgrade student accommodation	Student Accommodation	2020/05/26	2016/11/17	2026/03/31	551 108,00	5 000 000,00
Grobiersdal Hospital_Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Neonatal Facility	2021/05/31	2026/11/30	-	-	1 500 000,00
HC Boshoff CHC: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/13	2020/12/01	-	-	200 000,00
Hlogothu Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05	2023/12/06	-	-	200 000,00
Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Neonatal Facility	2021/01/27	2024/04/01	-	-	4 000 000,00

Project name	Programme	Project Description	Output	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Project Actual End Date	Current Year Expenditure	Budget allocated for the 2022/2023 year
Kgpane Hospital: Upgrade Electrical System and provide Certificate of Compliance	Programme 8	PACKAGE 5 Remedial measures required to issue Electrical Certificate(s) of Compliance	Electrical System and CoC	2018/11/30	2016/11/24	2022/03/31	-	-	1 200 000,00
Kgpane Hospital Upgrade NeoNatal facilities. MCCE Phase B	Programme 8	Upgrade NeoNatal facilities. MCCE Phase B	Neonatal Facility	2022/04/01		2026/03/31	-	-	6 000 000,00
Laastiehop Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	-	200 000,00
Lebowakgomo EMS station_Upgrade EMS station	Programme 8	Upgrade EMS Station	EMS Station	2016/08/30	2016/10/01	2022/12/30	3 233 015,00	15 000 000,00	
Lebowakgomo Hospital Upgrade NeoNatal facilities. MCCE Phase B	Programme 8	Upgrade NeoNatal facilities. MCCE Phase B	Neonatal Facility	2019/01/31	2019/02/01	2025/09/01	-	-	3 000 000,00
Lekhureng Clinic_Staff Accommodation	Programme 8	Construction of 5 Bedroom staff accommodation and renovation of existing buildings	Staff Accommodation	2021/04/01		2026/03/31	-	-	2 000 000,00
Letaba Hospital A6_Health Technology: Replacement Female Medical Ward, upgrade waste store	Programme 8	Procure equipment, furniture and fittings for the Replaced Female Medical Ward and Exit	Health Technology for Female Medical Ward & waste store	2016/04/01	2016/04/01	2022/12/01	1 630 634,00	200 000,00	
Letaba Hospital A6_Replacement Female Medical Ward, upgrade waste store, etc	Programme 8	#####	Female Medical Ward & upgraded waste store	2016/05/29	2016/04/01	2026/03/31	86 869 115,00	15 000 000,00	
Letaba Hospital A7: Alterations and additions to the existing buildings to enlarge the casualty com	Programme 8	Prepare scope of work, planning, procure contractor	Upgraded building	2021/05/03		2024/03/29	-	-	5 000 000,00
Letaba Hospital A7_Casualty Room	Programme 8	Alterations and additions to the existing buildings to enlarge the casualty room	Casualty room	2021/05/03		2023/02/28	-	-	5 000 000,00

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 2022/2023 year
Lejata Hospital_Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services and procurement of laundry machines i.e. purchase, deliver, install and commission laundry machines.	Laundry Machines	2021/04/01		2026/03/31	-	2 000 000,00
Lejata Hospital_Laundry Machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Laundry Machines	2021/04/01		2026/03/31	-	12 000 000,00
Limpopo Central Pharmacy Deptt: Reconstruction of depot cages	Programme 8	Cages for Intenda and related works: Specification, procurement and implementation	Depot cages	2016/03/31	2017/11/27	2022/06/29	-	10 000 000,00
Limpopo Nursing College: Purchase office accommodation	Programme 8	Obtain Provincial Treasury; Valuations, Procurement Process; Purchase Agreement Approved.	Office Accommodation	2017/11/01	2017/11/01	2019/07/31	-	10 000 000,00
Louis Trichardt Hospital_Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B)	Neonatal Facility	2021/01/27		2024/06/03	-	500 000,00
Mahale Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Clinic	2020/05/27	2016/11/30	2026/03/31	-	5 000 000,00
Malamulele Hospital_Upgrade Laundry Building	Programme 8	Upgrade hospital laundry including the electrical installation	Laundry	2020/04/22	2019/06/14	2024/03/29	-	6 000 000,00
Maletsi Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Clinic	2020/05/27	2017/02/01	2026/03/31	-	5 000 000,00
Mampokgasefoka Clinic_New Clinic	Programme 8	Construction of new clinic	Clinic	2021/04/01		2026/03/31	-	6 000 000,00
Maputla Malatjie Hospital: conversion of old technical services into TB unit; conversion of old clin	Programme 8	Conversion of old technical services into TB unit; conversion of old clin	TB unit	2021/07/01		2022/12/01	-	10 000 000,00
Maputla Malatjie Hospital_New laundry, Psychiatric ward, Technical Services Workshop & associated works	Programme 8	Construction of New laundry, Psychiatric ward, Technical Services Workshop & associated works	New Laundry & Psychiatric Ward	2022/04/01		2026/03/31	-	1 000 000,00

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 2022/2023 year
Maputhuta Malati Hospital_ Upgrade Neonatal facilities. MCCE Phase B	Programme 8	Upgrade Neonatal facilities. MCCE Phase B	Neonatal Facility	2019/09/30	2019/02/01	2026/11/04	-	5 000 000,00
Maputhuta Malati 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	OPD, Casualty, X-Ray, Pharmacy, Health Support and HeliPad	2010/04/01	2011/08/30	2026/03/31	461 998 758,00	2 000 000,00
Marble Hall Clinic: Upgrade Clinic	Programme 8	Upgrade Clinic	Clinic	2021/04/01	2026/03/31	-	-	8 000 000,00
Mashashane Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05	2023/12/06	-	-	200 000,00
Mashile Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05	2023/12/06	-	-	200 000,00
Matlala EMS Station_New EMS Station	Programme 8	Construction of new EMS Station	EMS Station	2022/02/01	2025/09/01	-	-	6 000 000,00
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, EMS	2022/07/01	2024/03/29	425 038,00	30 000 000,00	
Mmabotaneng Clinic: Enviroloo and related services	Programme 8	Rehabilitate and Construction of Enviroloos	Enviroloo	2020/05/13	2023/12/13	-	-	200 000,00
Modimolle EMS Station: New EMS Station	Programme 8	Construction of new EMS station	EMS Station	2005/05/26	2023/12/29	1 240 183,00	2 000 000,00	
Moedding Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/13	2023/12/13	-	-	200 000,00
Mokamole Clinic: Enviroloo and related services	Programme 8	Decommission septic tanks and Rehabilitate the area	Enviroloo	2020/06/02	2023/06/07	-	-	200 000,00

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 2022/2023 year
Mokopane Hospital Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services	Laundry Machines	2021/09/13		2026/03/31	-	1 000 000,00
Mookophong EMS Station	Programme 8	Construction of new EMS station	EMS Station	2022/02/21		2026/03/01	-	4 000 000,00
Mopudu/Spietzkop Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	200 000,00
Moroze Thamagane Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/20		2023/06/06	-	200 000,00
Moutsas West Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/04		2023/12/06	-	200 000,00
Ngababe Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/06		2020/12/01	-	200 000,00
Nkhenisanane hospital Upgrade NeoNatal facilities. MCCE Phase B	Programme 8	Upgrade NeoNatal facilities MCCE Phase B	Neonatal Facility	2017/11/06	2017/11/06	2026/03/31	-	15 700 000,00
Philadelphia Hospital: Laundry electro-mechanical repairs	Programme 8	Repair/Rehabilitate electro-mechanical services, procure, supply, deliver, install and commission Laundry machines	Laundry Machines	2021/09/01	2021/09/14	2026/03/31	-	500 000,00
Philadelphia Hospital: Repairs & maintenance to MCCE facilities	Programme 8	Prepare scope of work, implement repairs & maintenance to 8 beds; Refurbished including medical air to 8 beds ; Refurbish the 2nd paediatric ward into 28 bed neonatal into 28 bed neonatal unit; Install a unit & Installed breast milk bank.	Maintained medical air to 8 beds; Refurbished 2nd paediatric ward	2017/11/06	2022/11/04	2022/11/06	-	500 000,00
Philadelphia Hospital Paediatric ward. MCCE (Phase B)	Programme 8	Build a 32-bed paediatric ward. MCCE Phase B	32-bed paediatric ward	2019/01/07	2019/02/01	2025/12/02	-	1 000 000,00
Phuti Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2021/06/16	-	200 000,00
Pietersburg hospital: Reorganise as a regional hospital	Programme 8	Inception document signed by HOD, issue Strategic Brief to PIA, appoint PSPs. Note NDOH is	Pietersburg Regional Hospital	2019/11/30	2030/03/31	-	-	20 000 000,00

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 2022/2023 year
Pietersburg Hospital_ Upgrade of Theatres, ICU, High Care and Lift	Programme 8	mapping existing services & LDOH has provided bed allocations for the Pietersburg hospital tertiary®ional beds.						
Pietersburg Hospital_Laundry electro-mechanical repairs	Programme 8	Review and Approval of Health Brief and decanting plan: obtain approvals thereof. Advertise and appoint PSPs, concept design, design development	Upgraded theatres, ICU, High Care and Lift	2020/11/17	2021/03/10	-	10 000 000,00	
Pietersburg Hospital_Laundry machines	Programme 8	Repair/Rehabilitate electro-mechanical services	Rehabilitated electro-mechanical services	2021/09/14	2026/03/31	-	500 000,00	
Pietersburg Hospital_Mass water storage tanks	Programme 8	Procure, deliver, install, test and commission laundry machines	Laundry Machines	2021/09/14	2026/03/31	-	12 000 000,00	
Pietersburg Hospital_Ugrade Central Mini-Hub Laundry Building	Programme 8	construction of a Mass water storage tanks	Mass water storage tanks	2021/09/14	2023/03/31	-	21 000 000,00	
Pietersburg hospital_Ugrade MCCE facilities. (Phase B)	Programme 8	Upgrade Central Mini-Hub Laundry Building	Laundry	2016/02/29	2016/04/04	2022/06/24	5 863 181,00	29 000 000,00
Practiseer Clinic: Enviroloo and related services	Programme 8	Upgrade MCCE facilities (Phase B)	MCCE Facility	2017/11/06	2017/11/06	2025/06/02	-	1 000 000,00
Provincial Offices; Repair, Service and Maintenance: Equitable Share	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/13	2023/12/13	-	200 000,00	
Rammupudu Clinic: Enviroloo and related services	Programme 8	Repairs and maintenance of general interior building works, lifts, roofing, painting, chairs in the auditorium.	Maintained Provincial Office	2018/11/30	2018/05/14	2026/03/31	3 110 130,00	400 000,00
Ratshaatsha Health Center_Staff Accommodation	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/12	2023/12/06	-	200 000,00	
		Replacement of existing Clinic on the same site	Staff Accommodation	2022/04/01	2024/03/29	-	10 000 000,00	

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 2022/2023 year
Roedtan Clinic: Clinic Upgrade	Programme 8	Upgrade Clinic	Clinic	2020/07/27		2021/03/31	-	12 000 000,00
Schonando Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo, Decommission and Rehabilitate the area	Enviroloo	2020/05/05		2021/12/08	-	200 000,00
Seakamela Clinic: Enviroloo and related services	Programme 8	Suck water from pit latrine, demolish structure and rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	200 000,00
Sekororo Hospital: Maternity Complex, Medical Gas Plant Room	Programme 8	Maternity Complex; Medical Gas Plant Room	Maternity Complex & Medical Gas Plant Room	2021/04/01		2026/03/31	-	5 000 000,00
Selepe Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/06/14	-	200 000,00
Selbene Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2019/06/05	2023/06/07	-
Seshego Hospital: Upgrade neonatal facilities (Phase B)	Programme 8	Prepare Strategic Brief for the project. New neonatal unit built next to maternity	Neonatal Facility	2021/09/14		2025/06/02	-	2 000 000,00
Seshego Hospital_Hospital Mortuary	Programme 8	Construction of hospital Mortuary	Mortuary	2016/04/01		2016/11/17	2026/03/02	-
Settlers Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/08/22	-	200 000,00
Slipsteen Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/08/02	-	200 000,00
Sovenga Nursing College Campus Student Nurses residential accommodation	Programme 8	Construction of student nurses residential accommodation	Campus_Student	2021/09/14		2026/03/31	-	6 000 000,00
St Rita's Hospital: Upgrade Central Mini-Hub Laundry Building	Programme 8	Upgrade Central Mini-Hub laundry building	Laundry	2016/02/29	2016/04/04	2026/03/31	5 228 042,00	8 000 000,00

Project name	Programme	Project Description	Output	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Project Estimated Expenditure	Current Year Expenditure	Budget allocated for the 2022/2023 year
St Rita's Hospital: Upgrade Hospital laundry furniture & equipment- moveable assets	Programme 8	Furniture & equipment	Laundry Furniture & equipment	2019/02/07	2018/09/03	2025/03/31	-	-	500 000,00
St Rita's Hospital_Laundry machines	Programme 8	Procure, deliver, install, test and commission laundry machines	Laundry Machines	2021/09/14		2026/03/31	-	-	500 000,00
St Ritas Hospital_Upgrade neonatal facilities (Phase B)	Programme 8	Upgrade neonatal facilities (Phase B). Needs a 16-bed level 2 NNU extension	Neonatal Facility	2019/09/30	2019/02/01	2025/06/02	-	-	6 500 000,00
Straighthardt Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/06/02		2023/06/06	-	-	200 000,00
Thabamopo Hospital: New Health Care Support Facility	Programme 8	Review of original design, construction of new Healthcare Support facility at Thabamopo Psychiatric Hospital near Lebowakgomo.	Health Care Support Facility	2005/01/19	2005/01/19	2022/12/22	8 261 307,00	8 261 307,00	5 000 000,00
Thabamopo 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	2016/02/22	2016/04/04	2026/03/31	-	-	12 000 000,00
Thabazimbi Hospital_New Hospital Laundry	Programme 8	Construction of New Hospital Laundry, purchase and install equipment	Laundry	2016/02/22	2016/04/04	2024/03/29	581 407,00	581 407,00	6 000 000,00
Tshidzini Hospital: Upgrade Hospital laundry furniture & equipment- moveable assets	Programme 8	Furniture & equipment	Furniture & equipment	2019/11/25	2018/12/11	2021/03/31	-	-	100 000,00
Tshimombo Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	-	200 000,00
Tshipise Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	-	200 000,00

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 2022/2023 year
Vaalkop Clinic: Enviroloo and related services	Programme 8	Construction of Enviroloo and Rehabilitate the area	Enviroloo	2020/05/05		2023/12/06	-	200 000,00
Vaalwater EMS Station_New EMS Station	Programme 8	Construction of new EMS station	EMS Station	2022/05/02		2023/12/15	-	6 000 000,00
Various facilities Scheduled Maintenance of Water & sanitation infrastructure and related Elec	Programme 8	Scheduled Maintenance of Water & sanitation & related Mechanical and Electrical Works	Maintained Water & Sanitation to various facilities	2019/04/01	2019/04/01	2024/03/29	80 982 056,00	20 000 000,00
Various facilities: Disabled access	Programme 8	Various facilities: Disabled access	Installed Disabled access to various facilities	2018/05/28	2018/05/28	2028/06/30	-	2 000 000,00
Various facilities: Additional psychiatric wards at various facilities	Programme 8	Inception document for the program signed by the HOD, issue strategic brief for the program to the PIA, appoint PSP's	Psychiatric wards at various facilities	2019/11/30		2020/03/31	-	20 000 000,00
Various Facilities: Breakdown Repairs of Water Services Installations	Programme 8	Breakdown Repairs of Water Services Installations	less/no disruptions of water at facilities	1999/03/31	1999/03/31	2024/03/29	59 923 990,00	6 751 000,00
Various Facilities: Enviroloo and related services	Programme 8	Enviroloo and related services	Enviroloos at Various facilities	2022/04/01		2024/03/29	-	6 800 000,00
Various facilities: Health Facilities master service plans	Programme 8	Develop provincial master plan, health facilities master plans, clinical assessments, strategic briefs	Master Service Plan for all various facilities	2022/04/01		2024/03/29	-	9 000 000,00
Various facilities: Maintenance of Split Type AirConditioners and Package AirConditioning Plants	Programme 8	Various facilities: Maintenance of Split Type Air Conditioners and Package Air Conditioning Plants	Maintenance of Split Type Air Conditioners and Package Air Conditioning Plants to various facilities	2020/04/30		2022/03/31	-	1 000 000,00
Various facilities: Maintenance Programme 8: Backlog	Programme 8	Various facilities: Maintenance Programme 8: Backlog	HFRG Maintenance at various facilities	2018/12/11	2018/12/11	2024/12/31	850 113 888,00	64 089 000,00

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 2022/2023 year
Maintenance for health inst - HFRG		Maintenance for health inst - HFRG						
Various facilities: Maintenance Programme 8; Provision of HT for PHC Facilities	Programme 8	Various facilities: Compile list of medical equipment, procure, deliver register asset, test and commission.	Health Technology at Various Facilities	2019/09/30		2020/03/31	-	5 000 000,00
Various facilities: Maintenance Programme 8; Routine & Scheduled Maintenance for health inst - ES	Programme 8	Various facilities: Ongoing Maintenance Programme 8; Routine & Scheduled Maintenance for health institutions - ES	ES Maintenance at various facilities	2015/04/01	2017/04/01	2024/03/29	783 263 288,00	224 678 000,00
Various facilities: Panel of certificated service providers for statutory inspection & legal OHSA	Programme 2	Various facilities: Procure a panel of certificated service providers for statutory inspection, and legal OHSA certification of mechanical & electrical installations for SHEQ compliance at facilities	Statutory Inspection, Legal OHSA certification of Mechanical & Electrical installation for SHEQ Compliance at various facilities	2021/09/14		2026/03/31	-	1 000 000,00
Various Facilities: Relocatable Units HFRG	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	Relocatable units at various facilities	2016/05/23	2016/05/23	2024/03/29	45 901 788,00	10 000 000,00
Various Facilities: Technical condition and functional assessments	Programme 8	Prepare specifications, procurement of service provider, condition assessments, reporting	Technical condition and functional assessments Report at various facilities	2007/10/16		2020/12/30	-	3 000 000,00
Various Facilities: Upgrade ideal clinics to achieve compliance	Programme 8	Prepare specifications, procurement of service provider, condition assessments, SIPDM concept reports	Concept report for Ideal Clinic	2018/10/16	2018/10/16	2018/10/16	-	30 000 000,00
Voorsterker Hospital_Trauma Unit	Programme 8	Re-purposing of Hospital buildings into a trauma unit	Trauma Unit	2021/09/14		2026/03/31	-	2 000 000,00

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 2022/2023 year
Warmbad Hospital: Upgrade Hospital	Programme 8	Upgrade Hospital	Hospital	2022/04/01		2024/03/29	-	5 000 000,00
Witport Hospital_Upgrade MCCE facilities Phase B	Programme 8	Upgrade of MCCE facilities Phase B	MCCE Facility	2017/05/03	2018/12/11	2024/12/03	-	2 000 000,00

Public Private Partnerships

The department does not have public private partnerships in existence.

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

Programme 1: Administration

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Audit opinion of Provincial DoH	Audit opinion for Provincial Departments of Health for financial performance	Auditor General Report Management report	Audit outcome for regulatory audit expressed by AGSA for 2021/2022 financial year	Not applicable	Not applicable	Not applicable	Provincial office	Not applicable	Annual	Unqualified opinion	Chief Financial Officer Director Internal Control
1.2 Percentage compliance to payment of suppliers within 30 days	Invoice paid within 30days	BAS	Numerator: No of valid invoices paid within 30days Denominator: Total number of valid invoices received 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	N/A	All assets are recorded and verified periodically	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	N/A	Staff to manage revenue collection in facilities Implemented electronic data interchange for claiming from	All districts	Non-cumulative	Quarterly	High	Director Revenue Management

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

Programme 2: District Health Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	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	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director PHC	
District Hospitals					National support						
1.1 Patient experience of care satisfaction rate (District Hospitals)	Total number of satisfied responses as a	Patient surveys	Numerator:	Patient survey	Institutions have appointed or	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality

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 responses from patient experience of care survey questionnaires	Patient experience of care survey satisfied responses	Numerator: Patient experience of care survey total responses	delegated quality assurance officials to conduct patient surveys							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 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	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

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption(s)	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility										
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 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

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption(s)	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
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 ART child viral load done	DHIS	Numerator: ART child viral load under 400 Denominator: ART child viral load done	DHIS report	All systems for monitoring HIV/TB epidemic are	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are	Chief Director Special Programmes Director HAST

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
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-client successfully completing treatment as a proportion of TB	DR-TB clinical stationer y, EDR Web	Numerator: TB Rifampicin Resistant/MDR/pre-XDR client successfully complete treatment Denominator:	DR-TB clinical stationery, EDR Web	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	High percentage suggest that better management of MDR	Chief Director Special Programmes Director TB

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
Rifampicin Resistant confirmed clients started on treatment	TB Rifampicin Resistant/MDR/pre-X[confirmed client start on treatment	TB Rifampicin Resistant/MDR/pre-X[confirmed client start on treatment	NICD	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Annual	High	(Rifampicin resistant TB)	Chief Director Special Programmes Director 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								
MCW&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.	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year.	Numerator Couple year protection Denominator: Population 15-49 years female	PHC Comprehensive Tick Register, DHIS, Denominator: StatusSA	Targeting youth and women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates higher usage of contraceptive methods.	Director MCW&N	

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	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, DHS, Delivery register	Numerator: Delivery 10–19 years in facility Denominator: Delivery in facility total	Health Facility Register, DHS, 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, DHS	Numerator: Antenatal 1st visit before 20 weeks Denominator: Antenatal 1st visit before 20 weeks	PHC Comprehensive Tick Register, DHS	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
1.6 Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total	Delivery register, Midnight register	Numerator: Live birth under 2500g in facility Denominator:	Delivery register, Midnight register	Implementing basic antenatal care	Targeting pregnant women	All districts	Cumulative (year-to-date)	Quarterly	Lower live birth under 2500g in	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption s	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.7 Infant PCR test positive at birth rate	Infants born alive in health facilities (Low birth weight) 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: or: 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
1.11 Vitamin A 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units,	PHC Comprehensive Tick Register	Numerator: Vitamin A dose 12-59 months	PHC Comprehensive Tick Register	Availability of Vitamin A	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher proportion of children 12-29 months	Director MCW&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption s	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	every six months as a proportion of population 12-59 months.	Tick Register	Numerator: Target population 12-59 months * 2							who received Vit A will increase health	
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	Assumption s	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	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	DHIS, institutional EMS registers	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	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better response	Chief Director Health Care Support Director EMS	

	as a proportion of EMS P1 rural call	Patient and vehicle report.					times in the rural areas	
--	--------------------------------------	-----------------------------	--	--	--	--	--------------------------	--

Programme 4: Regional and Specialised Hospital

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	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 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) 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

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
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.	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 childen 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 childen mortality rate is desired	Director MCWH&N
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	Ward register	Numerator: Severe acute malnutrition (SAM) death in facility under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower childen mortality rate is desired	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption s	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation type (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	inpatients under 5 years		Denominator: SUM((Severe Acute Malnutrition separation under 5 years								
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	Assumption s	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation type (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 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

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption(s)	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
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.	Females	All districts	Cumulative (year-to-date)	Annual	Lower	Director MCW&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 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 MCW&N
3.3 Child under 5 years pneumonia case fatality rate (Tertiary hospitals)	Pneumonia deaths in children under 5 years as	Ward register	Numerator: Pneumonia death under 5 years	Ward register	Implementing integrated management	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children	Director MCW&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Reporting Cycle	Desired performance	Indicator Responsibility
3.4 Child under 5 years severe acute malnutrition case fatality rate (Tertiary hospitals)	a proportion of pneumonia separations under 5 years in health facilities	Pneumonia separation under 5 years	Numerator: Severe acute malnutrition death in children under 5 years as a proportion of SAM inpatients under 5 years	Ward register	of childhood illness	Implementing integrated management of childhood illness	All districts	Cumulative (year-to-date)	Quarterly	mortality rate is desired
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	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)	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Number of final Cuban learners writing board examination	A total number of Cuban learners integrating within the RSA medical stream	Bursary database	Numerical	Registration with RSA universities	Student competency to pass	N/A	Non-cumulative	Annual	Increased number of medical doctors	Director HRD

Programme 7: Health Care Support

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumption \$	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)	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= 298 Hospitals= 366 Clinics= 181	Stock reports	The department has competent pharmaceutical personnel to manage medicine stock levels and rotation	All districts	Not applicable	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	Assumption \$	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Percentage of health facilities with completed capital infrastructure projects	Number of health facilities with completed capital infrastructure projects (i.e., Practical Completion or equivalent achieved for projects categorised as New & Replacement, Upgrade & Additions or Rehabilitation, Renovations & Refurbishments) expressed as a percentage of the	Project Management Information System	Numerator: Total number of health facilities with completed capital infrastructure projects i.e. Practical Completion Certificate (or equivalent) issued Denominator: Total number of health facilities planned to have completed capital infrastructure projects i.e., Practical Completion Certificate (or equivalent) planned to be issued	Project list (B5) and Practical Completion Certificates (or equivalent)	Project Management Information System is updated frequently and accurately	All districts	Cumulative (year-to-date)	Annual	Higher	Higher	Chief Director Infrastructure Director Infrastructure Planning

number of health facilities planned to have completed capital infrastructure projects.				

Annexure A: Amendments to Strategic Plan

Initial outcome (Strategic Plan 2020 - 2025)	Revised outcome (APP 2022/23)
Quality of health services in public health facilities improved	Patient experience of care in public health facilities improved
Quality of health services in public health facilities improved	Health facilities ready for NHI accreditation
Quality of health services in public health facilities improved	Management of patient safety incidents improved to reduce new medico-legal cases
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	AIDS related deaths reduced by implementing the 90-90-90 strategy
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	TB mortality reduced by 75%
Maternal, Neonatal, and Child Mortality reduced	Stunting among children reduced
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Malaria eliminated by 2023

Annexure B: Conditional Grants

Name of Grant	Purpose	Outputs	Current Annual Budget (R thousand)	Period of Grant
National tertiary Services Grant (NTSG)	<p>Ensure the provision of tertiary health services in South Africa</p> <p>To compensate tertiary facilities for the additional costs associated with the provision of these services</p>	<ul style="list-style-type: none"> 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) 	481 051	Annual
Statutory Human Resources, Training and Development Grant	<p>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</p> <p>Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform</p>	<ul style="list-style-type: none"> 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 	372 699	Annual
Comprehensive HIV/AIDS Component	To enable the health sector to develop and implement an effective response to HIV & AIDS, STIs and TB.	<ul style="list-style-type: none"> No of male and female condoms distributed No of HTA intervention sites 	1 935 362	Annual

		<ul style="list-style-type: none"> • 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 • 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 Component		<ul style="list-style-type: none"> • 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 	377 600	Annual
TB Component		<ul style="list-style-type: none"> • TB symptoms clients screened in facility rate • TB client start on treatment rate • TB client treatment success rate • TB Rifampicin Resistant Confirmed treatment start rate • TB MDR treatment success rate • DR TB patients that received Bedquiline 	48 473	Annual
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)	<ul style="list-style-type: none"> • 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 	30 897	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	<ul style="list-style-type: none"> • Number of malaria-endemic municipalities with >95 per cent indoor residual spray (IRS) coverage • Percentage confirmed cases 	65 002	Annual

	Malaria Elimination 2019- 2023	<ul style="list-style-type: none"> • 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 • 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 		
Mental Health Services Component	To expand the healthcare services benefits through the strategic purchasing of services from healthcare providers	<ul style="list-style-type: none"> • Number of health professionals contracted. • Percentage increase in the number of clients of all ages seen at ambulatory(non-inpatient) services for mental health conditions • Percentage reduction in the backlog of forensic mental observations 	17 175	Annual
Oncology Services Component	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	<ul style="list-style-type: none"> • Number of health professionals contracted(total and by discipline) 	30 015	Annual
COVID-19 Component	To enable the health sector to develop and implement an effective response to TB	<ul style="list-style-type: none"> • Number of TB symptom clients screened in facility (rates for under 5 years and 5 year and older) • Number of patients tested for TB using Xpert • Number of eligible HIV positive patients tested for TB using urine 	212 631	Annual

		<p>lipoarabinomannan assay</p> <ul style="list-style-type: none"> • Percentage of TB clients 5 years and older starting on treatment • Percentage of confirmed TB Rifampicin Resistant patients started on treatment • Number of eligible clients initiated on Delamanid containing regimen. 		
Health Facility Revitalization grant	<p>To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organizational development system and quality assurance.</p> <p>To enhance capacity to deliver health infrastructure.</p> <p>To accelerate the fulfilment of the requirements of occupational health and safety.</p>	<ul style="list-style-type: none"> • Number of PHC facilities constructed or revitalized • Number of hospitals constructed or revitalized • Number of facilities maintained, repaired and/or refurbished. 	600 166	Annual
National Health Insurance Component	To expand the healthcare service benefits through the strategic purchasing of services benefits through the strategic purchasing of services from health care providers.	<ul style="list-style-type: none"> • Number of health professionals contracted (totals and by discipline) • Number of health professionals contracted through capitation arrangements 	36 300	Annual

Annexure C: Consolidated Indicators

Not Applicable

Annexure D: District Development Model

	Project Name and Project Activities	District	Municipality	Longitude	Latitude	Budget Allocation 2022/2023
	Capricorn District					
1	Blouberg CHC: Replacement of Stand By Generators & Related Infrastructure	Capricorn	Blouberg	29,008283	-2314248	100 000
2	Dr. MMM Nursing School_Relocate nursing school to alternative building sites	Capricorn	Polokwane			3 000 000
3	Lebowakgomo EMS station_Ugrade EMS station	Capricorn	Lephelle Nkumpi	29,5285	-24,2955	15 000 000
4	Lebowakgomo Hospital_Ugrade NeoNatal facilities. MCCE Phase B	Capricorn	Lephelle Nkumpi	29,5285	-24,2955	3 000 000
5	Malemati Clinic: Upgrade Clinic	Capricorn	Lephelle Nkumpi	29,639	-24,38525	5 000 000
6	Matlala EMS Station_New EMS Station	Capricorn	Polokwane			6 000 000
7	Pietersburg Hospital_Laundry electro-mechanical repairs	Capricorn	Polokwane	29,46128	-23,33984	500 000
8	Pietersburg Hospital_Laundry machines	Capricorn	Polokwane	29,46128	-23,88984	12 000 000
9	Pietersburg Hospital_Mass water storage tanks	Capricorn	Polokwane	29,46128	-23,88984	21 000 000
10	Pietersburg Hospital_Ugrade Central Mini-Hub Laundry Building	Capricorn	Polokwane	29,46128	-23,88984	4 000 000
11	Pietersburg hospital_Ugrade MCCE facilities. (Phase B)	Capricorn	Polokwane	29,46128	-23,88984	1 000 000
12	Provincial Offices: Repair, Service and Maintenance: Equitable Share	Capricorn	Polokwane	29,4560838	-238922582	400 000
13	Ratshaatshaa Health Center_Staff Accommodation	Capricorn	Polokwane	28,89926	-22,82128	10 000 000

	Seshego Hospital: Upgrade neonatal facilities (Phase B)	Capricorn	Polokwane	29,39583	-23,85667	2 000 000
14	Seshego Hospital_Hospital Mortuary	Capricorn	Polokwane	29,39583	0	500 000
15	Sovenga Nursing College Campus_Student Nurses residential accommodation	Capricorn	Polokwane	29,72543	-2387548	6 000 000
16	Thabamoopo Hospital: New Health Care Support Facility	Capricorn	Lephelle Nkumpi	2954406	-24,30325	5 000 000
17	Thabamoopo Hospital_Central Mini- Hub Laundry and Linen Bank	Capricorn	Lephelle Nkumpi	2954406	-24,30325	12 000 000
18	WF Knobel Hospital: Maintenance of Electrical System and Certificate of Compliance	Capricorn	Blouberg	29,12057	-2363409	500 000
Mopani District						
1	Evuxakeni Hospital_Central Mini- Hub Laundry	Mopani	Greater Giyani			8 000 000
3	Giyani Nursing College Campus: Upgrade Student Accommodation	Mopani	Greater Giyani			5 000 000
3	Letaba Hospital A6_Health Technology: Replacement Female Medical Ward, upgrade waste store	Mopani	Freater Tzaneen	30,26933	-23,87417	200 000
4	Evuxakeni Hospital: Replacement of Hospital	Mopani	Greater Giyani	30,72358	-2332223	14 000 000
5	Kgapane Hospital_Ugrade NeoNatal facilities. MCCE Phase B	Mopani	Greater Letaba	30,21861	-2364778	6 000 000
6	Letaba Hospital A6_Replacement Female Medical Ward, upgrade waste store, etc	Mopani	Greater Tzaneen	30,26933	-23,87417	15 000 000
7	Letaba Hospital A7_Casualty Room	Mopani	Greater Tzaneen	30,26933	-23,87417	5 000 000

8	Letaba Hospital_Laundry electro-mechanical repairs	Mopani	Greater Tzaneen	30,26933	-23,87417	2 000 000
9	Letaba Hospital_Laundry Machines	Mopani	Greater Tzaneen	30,26933	-28,87417	12 000 000
10	Mahale Clinic: Upgrade Clinic	Mopani	Ba-Phalaborwa	30,96836	-23,69461	5 000 000
11	Maphuta Malatjie Hospital: conversion of old technical services into TB unit; conversion of old clin	Mopani	Ba-Phalaborwa	31,03717	-23,92533	10 000 000
12	Maphuta Malatjie Hospital_New laundry, Psychiatric ward, Technical ServiWorkshop & associated works	Mopani	Ba-Phalaborwa	31,03717	-23,92533	1 000 000
13	Maphutha Malatji Hospital_Upgrade NeoNatal facilities. MCCE Phase B	Mopani	Ba-Phalaborwa	31,03717	-23,92533	5 000 000
14	Maphutha Malatjie Hospital_OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad	Mopani	Ba-Phalaborwa	31,03717	-23,92533	2 000 000
15	Marble Hall Clinic: Upgrade Clinic	Mopani	Ba-Phalaborwa	29,29493	-24,96662	8 000 000
16	Sekororo Hospital: Maternity Complex; Medical Gas Plant Room	Mopani	Maruleng	30,44767	-24,2515	5 000 000
Sekhukhune District						
1	Bosele EMS Station_Upgrade EMS station	Sekhukhune	Elias Motsoaledi			15 000 000
2	Dilokong Hospital_New Hospital Laundry	Sekhukhune	Greater Tubatse	-24,614	30,1705	1 500 000
3	Dilokong Hospital_Repairs & Maintenance to MCCE and Neonatal facilities (Phase A)	Sekhukhune	Greater Tubatse	30,17051	-24,61418	500 000
4	Groblersdal Hospital_Upgrade neonatal facilities (Phase B)	Sekhukhune	Elias Motsoaledi	29,40387	-25,17626	1 500 000
5	Jane Furse Hospital: Upgrade neonatal facilities (Phase B)	Sekhukhune	Makhuduthamaga	2986767	-24,76383	4 000 000

6	Mamokgasefoka Clinic_New Clinic	Sekhukhune				6 000 000
7	Philadelphia Hospital: Laundry electro- mechanical repairs	Sekhukhune	Elias Motsoaledi	29,14855	-25,25923	500 000
8	Philadelphia Hospital_Paediatric ward. MCCE (Phase B)	Sekhukhune	Elias Motsoaledi	29,14855	-2525923	1 000 000
9	St Rita's Hospital: Upgrade Central Mini- Hub Laundry Building	Sekhukhune	Makhuduthamaga	29,80403	-24844464	8 000 000
10	St Rita's Hospital_Laundry machines	Sekhukhune	Makhuduthamaga	29,80403	-24844464	500 000
11	St Ritas Hospital_Ugrade neonatal facilities (Phase B)	Sekhukhune	Makhudthaumaga	29,80403	-24,84464	6 500 000
Vhembe District						
1	Elim Hospital_Repairs & Maintenance to MCCE and neonatal facilities (Phase A)	Vhembe	Makhado	30,054517	-23,154183	500 000
2	Louis Trichardt Hospital_Ugrade neonatal facilities (Phase B)	Vhembe	Makhado	29,90747	-23,0373	500 000
3	Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria	Vhembe	Musina	30,04502	-22,34356	30 000 000
4	Nkhensane hospital_Ugrade NeoNatal facilities. MCCE Phase B	Vhembe	Makhado	30,13661	-23,19819	15 700 000
5	Malamulele Hospital_Ugrade Laundry Building	Vheme	Thulamela	30,96669	-22,99699	6 000 000
Waterberg District						
1	Lekhureng Clinic_Staff Accommodation	Waterberg	Mogalakwena	28,92033	-23,57325	2 000 000
2	FH Odendaal Hospital_Health Support, Maternity Complex, Re- organization of Casualty/OPD	Waterberg	Modimolle	28,42212	-247014	9 000 000
3	Mokopane Hospital: Laundry electro- mechanical repairs	Waterberg	Mogalakwena	28,98611	-24,15208	1 000 000
4	Voortrekker Hospital_Trauma Unit	Waterberg	Mogalakwena	29,01405	-24,19624	2 000 000

	Witpoort Hospital_Upgrade MCCE facilities Phase B	Waterberg	Lephalale	28,01118	-23,33447	2 000 000
5	Modimolle EMS Station: New EMS Station	Waterberg	Modimolle			2 000 000
6	Mookgophong EMS Station	Waterberg	Mookgophong			4 000 000
7	Vaalwater EMS Station_New EMS Station	Waterberg	Vaalwater			6 000 000
8	Warmbad Hospital: Upgrade Hospital	Waterberg	Warmbad			5 000 000
9						340 900 000

