LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

# HEALTH – VOTE 7
# ANNUAL PERFORMANCE PLAN
# 2018/19

**FINAL**

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## FOREWORD BY THE MEC FOR HEALTH

Our plans for the year are inspired by the celebration of the 100th year of the birth of our late President Nelson Rolihlahla Mandela, more so when the year 2017 was dedicated to the celebration of the life of President Oliver Reginald Tambo. We are responding to their yearning for a better life for the people of South African by pursuing the improvement of health outcomes in the province.

Among the efforts that should lead to the improvement of health outcomes in the province is the National Health Insurance (NHI), which is now in its first year of the second phase of implementation. The department is hard at work implementing NHI programmes such as central chronic medicine dispensing and distribution; ideal clinic maintenance and realisation; General Practical contracting as well as collecting the necessary data to inform the full implementation of the programme. Through the NHI, we will advance towards universal comprehensive healthcare service coverage of all South Africans through facilities of a high quality such as clinics, hospitals and services rendered by competent health practitioners.

Our efforts are however impacted upon by the shrinking funding to the department while the population in the province has markedly grown over years. In 2017 the population in Limpopo was estimated to be at 5 878 312 against an estimation of 5 630 990 at the beginning of the MTSF in 2014. Despite the population growth and the current limitations in funding, the department has made some strides such that life expectancy at birth for Limpopo Province has improved from 52 years in males to an estimated 57 years and in females from 56 years to an estimated 64 years in the last 10years (Source: Stats SA – Midyear population estimate). This achievement is mainly attributed to the increased access to antiretroviral treatment and improved health management of the leading causes of death among pregnant women, neonates and children under five years old.

Amongst other achievements, the following are worth highlighting:

- Child under 5 years Diarrhoea case fatality rate has been reduced from 4.5% in 2015/16 to 2.1% in 2016/17 Financial Year.
- Antenatal 1st visit before 20 weeks rate has improved from 60.7% in 2015/16 to 65.7% in 2016/17 financial year.
- Infant 1st PCR positive around 10 week's rate has reduced from 2.1% in 2015/16 to 1.2% in 2016/17.

- TB client treatment success rate is 83.2% compared to 81.4% of to the 2015/16 financial year.
- Maternal mortalities have dropped from 160/100 000 live births in 2014/15 to 130.2/100 000 births in 2016/17.
- Neonatal deaths have reduced from 12.6/1000 live births in 2015/16 to 10.6/1000 live births in 2016/17

The Department will in 2018/19, strive to maintain and improve on these through the implementation of a Turnaround Strategy that aims at *inter alia* implementing the necessary institutional changes to improve systems efficiencies and the improvement of facilities to ensure:

- Reduction of neonatal, children under five years and maternal morbidity and mortality.
- Close monitoring of the implementation of 90-90-90 strategy for HIV, AIDS and TB as well as focusing on health promotion towards reducing non-communicable diseases incidences.
- Robust improvement of immunisation under one year old, across all the districts.
- Implementation and monitoring of the National Core Standards towards improving health quality and patient satisfaction.

The Turnaround Strategy should advance us towards an organisation that is characterised by prudent financial management as well as proper human resourcing and development.

The 2018/19 Annual Performance Plan as should all our plans, is in line with the priorities in the National Development Plan (NDP) and Limpopo Development Plan (LDP) outcomes – resulting in ultimately providing a long and healthy life to the people of Limpopo. Despite various challenges facing the department, we commit to continue delivering quality healthcare services to the population of Limpopo Province. I therefore endorse this 2018/19 Annual Performance Plan as a detailed framework for achieving the Departmental targets within the available budget.

**Dr P C Ramathuba**
**Member of Executive Council (MEC)**

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## STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

The Department enters the 2018/19 financial year with a clear mandate to carry out the commitments made in the Strategic Plan 2014 - 2019. In the 2018/19 Financial Year the Department will strive for an improvement to advance service delivery guided by the NDP, MTSF, LDP, Social Cluster Programme of Action and the Health sector's priorities.

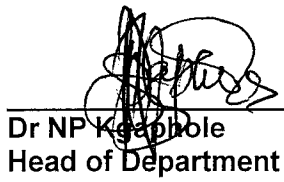
The current fiscal realities have taken a toll on the provincial health system. The budget constraints have presented the department with an opportunity to improve the efficiency in the health system. The much required transformation has seen the department working towards organisational structure rationalisation in an attempt to reduce the compensation of employees as well as development of the turnaround strategy. The Departmental turnaround strategy focuses on five key focal areas which aim to build a cohesive framework in achieving the desired health outcomes in the short, medium to long term.

1. Financial management
2. Health Infrastructure
3. Corporate services (reduction of COE)
4. Health care services (reduction of maternal mortalities)
5. Information communication systems services

The Department commits to prioritise the vigorous monitoring of the implementation of the turnaround strategy in order to track performance against the set deliverables that should ultimately improve health outcomes in the province.

The baseline for 2018/19 financial year shows a 5.1% growth as compared to the 2017/18 final Main Appropriation including additional allocation from the Provincial Revenue Fund. 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. The total conditional grants allocation increased by 8.7% or R154 million in the 2018/2019 financial year, which is mainly on Comprehensive HIV & AIDS. This will assist addressing shortfall currently experienced within the Antiretroviral Treatment Programme. The rest of the conditional grants have grown by an average of 5.7% which is slightly below the CPIX of 5.9%.

The Department is confident that the limited available resources will be utilised efficiently, effectively and economically to achieve the health outputs as outlined in the 2018/19 Annual Performance Plan.



Dr NP Kgaphole
Head of Department

## OFFICIAL SIGN OFF

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in Limpopo;
- Was prepared in line with the current Strategic Plan of the Department of Health of Limpopo under the guidance of Dr Phophi Constance Ramathuba; and
- Accurately reflects the performance targets which the Provincial Department of Health in Limpopo will endeavour to achieve given the resources made available in the budget for 2018/19.

.....  02/03/2018

**Mr MJ Molokwane**
**Director: Integrated Planning & Strategy** **Date**

.....  02/03/2018

**Mr KR Mashaba**
**Chief Director: Planning, Policy and M&E** **Date**

.....  02/03/2018

**Mr MJ Mudau**
**Chief Financial Officer** **Date**

.....  02/03/2018

**Dr NP Kgaphole**
**Head of Department** **Date**

**APPROVED BY:**

.....  02/03/2018

**Dr PC Ramathuba**
**Executive Authority** **Date**

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PART A

## 1.STRATEGIC OVERVIEW

### 1.2 VISION

A long and healthy life for people in Limpopo.

### 1.2 MISSION

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

### 1.3 VALUES

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

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

### 1.4 STRATEGIC GOALS

#### 1.4.1 National Development Plan 2030

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

By 2030, South Africa should have:

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

9. Fill posts with skilled, committed and competent individuals

### 1.4.2 Sustainable Development Goals 2030

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

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

1. Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.
2. End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030.
3. End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030.
4. Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being, strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol by 2030.
5. Halve the number of global deaths and injuries from road traffic accidents by 2020.
6. Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030.
7. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
8. Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030.
9. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
10. Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property

Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

11. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
12. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

### 1.4.3 Sustainable Development Goals 2030

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

| NDP Goals 2030 | SDG Goals 2030 |
|---|---|
| | in developing countries, especially in least developed countries and small island developing States |

TABLE A1. STRATEGIC GOALS

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

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

| STRATEGIC GOAL | GOAL STATEMENT | STRATEGIC OBJECTIVE STATEMENT | LINKAGE WITH MTSF 2014 – 2019 |
|---|---|---|---|
| improved decision making | | | |

**Table A2. Impact indicators and targets**

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

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

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

| Impact Indicator | South Africa Baseline (2009[1]) | South Africa Baseline (2012[2]) | 2019 Targets (South Africa) | 2012 Baseline (Province) | 2019 Target (Province) (Consistent with targets with your SP 2020) |
|---|---|---|---|---|---|
| **Child under 5 years severe acute malnutrition case fatality rate** | - | 9% | <5% | 7.8% | 2% |
| **Maternal Mortality Ratio** | 304 per 100,000 live-births | 269 per 100,000 live-births | Downward trend <100 per 100,000live-births by March 2019 | 177.9 per 100 000 live births | 95 per 100 000 live births |

## 2. SITUATIONAL ANALYSIS

### 2.1 Demographic Profile

The Province of Limpopo is situated in the north of the Republic of South Africa. It shares borders with the provinces of Gauteng, Mpumalanga and North West. It also shares borders with the Republics of Mozambique in the east, Zimbabwe in the north and Botswana in the west. The province covers a land area of 125 754 $km^2$ with a population of 5.87 million people in 2017 (Stats SA, 2017). Limpopo Province is the fifth most populated province in the country after Gauteng, KwaZulu-Natal, Eastern Cape, and Western Cape respectively (Stats SA, 2017).

Table 1 and Figure 1 demonstrate a comparison between 2014 as the first year of the five year Strategic Plan and the mid-point of five years as in 2017 in terms of population by age and sex. There is a general increase in population growth in the province. However, a decline in growth for males and females between zero (0) to four (4) years from 2014 to 2017 has been noted. Other declines are observed on males and females between fifteen (15) and nineteen (19) as well as males and females between twenty (20) and twenty-four (24) from 2014 to 2017. The declines may be associated to a fact that South Africa has also witnessed a declining total fertility rate (TFR). The average total fertility rate in 2016 was 2.86, having declined from 3.16 between 2006 and 2011. This may result in the fewer births in the province and a shift of population distribution from a particular age cohort to another age cohort. These declines do not necessarily drive for a major shift in resource distribution in particular that the ages between fifteen and twenty-four are highly vulnerable. In addition, the observed declines do not change the shape of the population distribution in the bottom of the pyramids when comparing the years 2014 and 2017 since it is clearly demonstrated that a highly youthful population dominates the province.

Furthermore, pyramids in Figure 1 show a change in shape at the top from 2014 to 2017 in particular males and females above fifty. Generally, there is an observed increase of males and females above fifty – which may signify paying-off of efforts in increasing life expectancy in the province. It is worth noting that life expectancy in South Africa (SA) has increased over time, but can only increase at a better rate provided the necessary social, health and economic policies and interventions are revitalised to take into account the changing needs of the population. The life expectancy at birth for Limpopo Province is estimated at 56.6 years for males and 64.0 years for females in 2016.

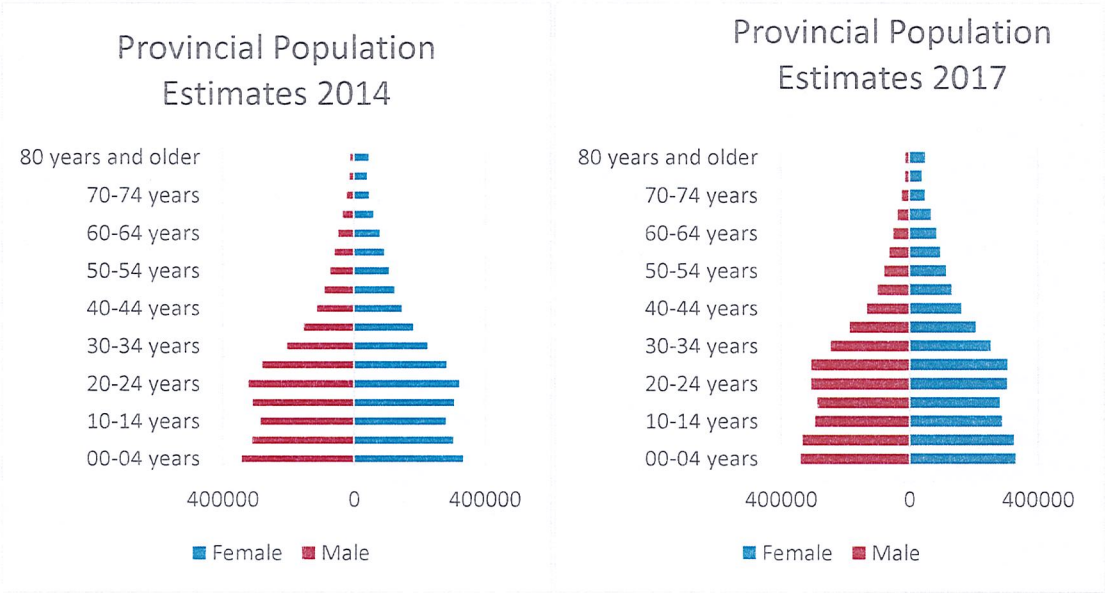
Table 1 provides the age and sex distribution of the population while Figure 1 depicts the age and sex structure (Stats SA).

**Table 1. Population of Limpopo Province by age and sex, 2014 & 2017**

| Year | 2014 | | | 2017 | | |
|---|---|---|---|---|---|---|
| Age | Female | Male | Total | Female | Male | Total |
| 0-4 years | 333 055 | 340 690 | 673 745 | 329 912 (↓) | 337 665 (↓) | 667 577 (↓) |
| 5-9 years | 302 890 | 308 882 | 611 772 | 324 789 (↑) | 331 793 (↑) | 656 582 (↑) |
| 10-14 years | 280 122 | 283 809 | 563 931 | 287 893 (↑) | 292 793 (↑) | 580 686 (↑) |
| 15-19 years | 305 805 | 308 373 | 614 178 | 281 086 (↓) | 285 895 (↓) | 566 981 (↓) |
| 20-24 years | 321 026 | 320 923 | 641 949 | 304 224 (↓) | 305 172 (↓) | 609 396 (↓) |
| 25-29 years | 282 759 | 278 914 | 561 673 | 304 666 (↑) | 304 473 (↑) | 609 139 (↑) |
| 30-34 years | 224 750 | 203 662 | 428 412 | 253 052 (↑) | 244 055 (↑) | 497 107 (↑) |
| 35-39 years | 181 429 | 152 283 | 333 712 | 206 606 (↑) | 184 690 (↑) | 391 296 (↑) |
| 40-44 years | 146 057 | 112 036 | 258 093 | 162 524 (↑) | 131 215 (↑) | 293 739 (↑) |
| 45-49 years | 124 094 | 89 331 | 213 425 | 131 847 (↑) | 98 544 (↑) | 230 391 (↑) |
| 50-54 years | 107 310 | 71 630 | 178 940 | 114 935 (↑) | 77 794 (↑) | 192 729 (↑) |
| 55-59 years | 92 844 | 58 636 | 151 480 | 97 220 (↑) | 61 283 (↑) | 158 503 (↑) |
| 60-64 years | 79 390 | 47 354 | 126 744 | 85 409 (↑) | 49 193 (↑) | 134 602 (↑) |
| 65-69 years | 60 911 | 33 783 | 94 694 | 67 861 (↑) | 35 889 (↑) | 103 750 (↑) |
| 70-74 years | 46 909 | 21 431 | 68 340 | 49 814 (↑) | 22 429 (↑) | 72 243 (↑) |
| 75-79 years | 40 261 | 13 138 | 53 399 | 39 317 (↓) | 12 562 (↓) | 51 879 (↓) |
| 80+ years | 45 532 | 10 971 | 56 503 | 50 600 (↑) | 11 112 (↑) | 61 712 (↑) |
| Total | 2 975 144 | 2 655 846 | **5 630 990** | 3 091 755 | 2 786 557 | **5 878 312** |

Source: Stats SA, 2014 and 2017

**Figure 1. Age -sex structure for Limpopo Province, 2014 & 2017**




Source: Stats SA – 2014 and 2017

## 2.2 Socio–Economic Profile

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

The rate of unemployment plays a key role in depicting the employment status of the labour force in SA and, to a fair extent, the functioning of the economy at large. Stats SA conducts the Quarterly Labour Force Survey (QLFS) to track employment and unemployment patterns (labour market activities) of individuals aged 15 -64 years who live in SA quarterly. Results of the 2017 first Quarter (QLFR) put the national unemployment rate at 27.7%. From a provincial perspective as in Table 2, the official unemployment rate increased by 2.3 percentage points from the fourth quarter (Oct-Dec, 2016) to the first quarter (Jan-Mar, 2017) that is from 19.3% to 21.6%.

**Table 2. Limpopo Province labour force characteristics**

| | Jan - Mar 2016 | April - Jun 2016 | Jul - Sep 2016 | Oct - Dec 2016 | Jan - Mar 2017 | Qtr-to-qtr change | Year-on-year change | Qtr-to-qtr change | Year-on-year change |
|---|---|---|---|---|---|---|---|---|---|
| | Thousand | | | | | | | Percent | Percent |
| **Limpopo** | | | | | | | | | |
| **Population 15-64 years** | **3 604** | **3 619** | **3 634** | **3 649** | **3 663** | **15** | **59** | **0,4** | **1,6** |
| **Labour force** | **1 658** | **1 667** | **1 728** | **1 751** | **1 732** | **-19** | **74** | **-1,1** | **4,5** |
| Employment | 1 355 | 1 324 | 1 349 | 1 414 | 1 358 | -56 | 3 | -3,9 | 0,2 |
| Unemployment | 303 | 343 | 379 | 337 | 374 | 36 | 71 | 10,7 | 23,3 |
| Not economically active | 1946 | 1 952 | 1 906 | 1 898 | 1 932 | 34 | -15 | 1,8 | -0,8 |
| Discouraged work-seekers | 443 | 403 | 304 | 298 | 371 | 73 | -72 | 24,4 | -16,2 |
| Other | 1503 | 1 550 | 1 602 | 1 599 | 1 560 | -39 | 57 | 2,4 | 3,8 |
| **Rates (%)** | | | | | | | | | |
| Unemployment rate | 18,3 | 20,6 | 21,9 | 19,3 | 21,6 | 2,3 | 3,3 | | |
| Employed/pop | 37,6 | 36,6 | 37,1 | 38,7 | 37,1 | -1,6 | -0,5 | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| ulation ratio (Absorption) | | | | | | | | | |
| Labour force participation rate | 46,0 | 46,1 | 47,6 | 48,0 | 47,3 | -0,7 | 1,3 | | |

Source: Quarterly Labour Force Survey, Quarter 1, 2017

On a year to year basis, unemployment in the province has increased by 3.3 from quarter 1 in 2016 to quarter 1 in 2017. Country wide, Limpopo Province has recorded a second highest unemployment increase after the Eastern Cape Province. As a result of unemployment, an escalating number of the communities in Limpopo are becoming more reliant on public health facilities since the province has the least likelihood of nine (9) percent of people who may be members of various medical schemes as compared to counterparts in Gauteng (27.6%) and Western Cape (24.7%) (See Stats SA, General Household Survey – 2016). Actually, the General Household Survey of 2016 found that above 1.3 million people in the Province are normally consulting at public hospitals and clinics in comparison to the 224 000 consulting in the provincial private sector. Strengthening access at Primary Health Care through increasing clinics opening 24 hours may help in addressing the health needs of the communities while embarking on the "prevention, health education & promotion journey".

## 3. Epidemiological profile/ Burden of disease

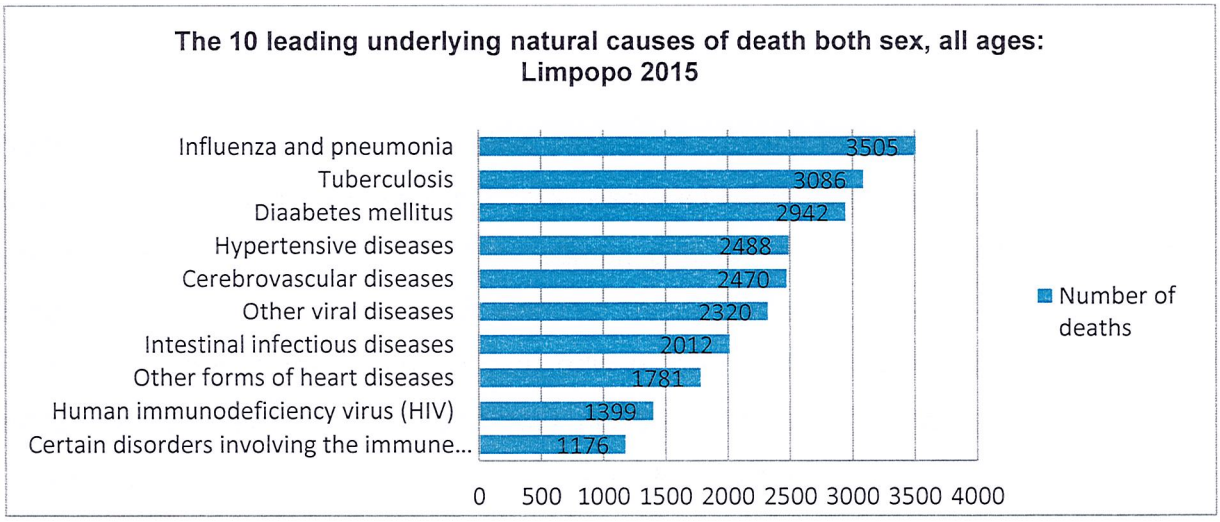
South Africa remains faced with a quadruple burden of diseases, this is still also a challenge in the Limpopo Province. There are four groups of conditions: communicable diseases (especially HIV and tuberculosis) and non-communicable diseases (also called chronic diseases, e.g. high blood pressure and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

### Ten leading causes of mortality in Limpopo Province

Figure 2 demonstrates that influenza and pneumonia are the highest on the ten leading causes of death, followed by TB and lifestyle diseases. Influenza vaccination is conducted on an annual basis. Pneumococcal conjugate vaccine is also administered to children. There is a need to focus on health education and promotion

to prevent diseases including lifestyle diseases, e.g. diabetes, hypertension and HIV/AIDS related diseases.

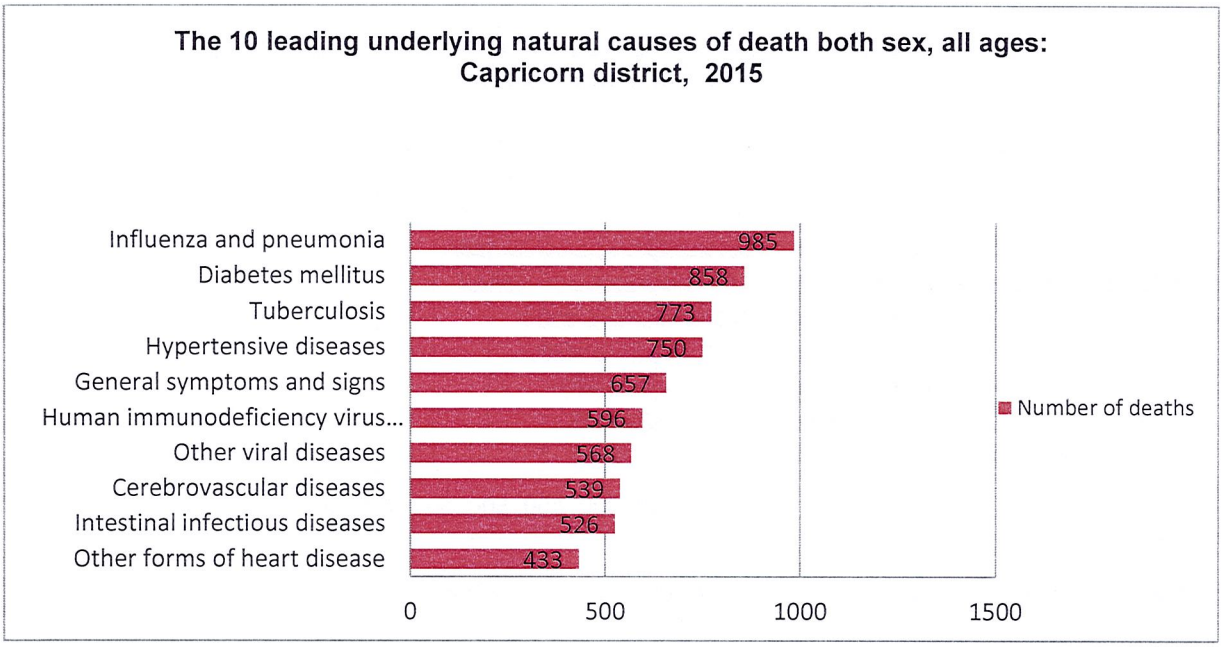
**Figure 2. Ten leading causes of mortality in Limpopo Province, 2015**




Source: Mortality and causes of death in South Africa, 2015: Findings from death notifications

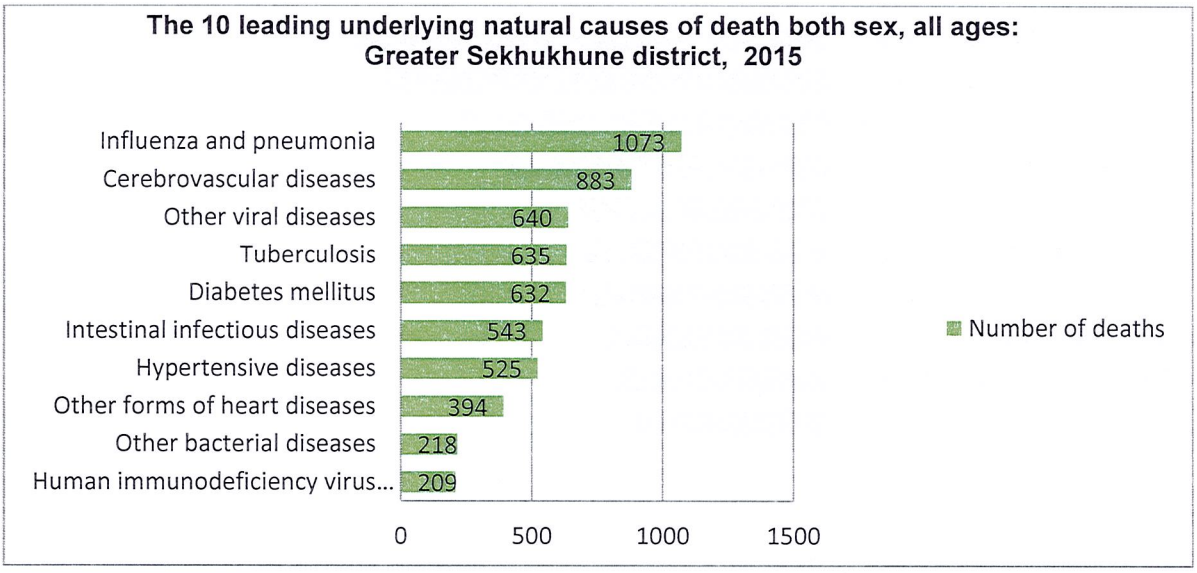
Figure 3, 4, 5, 6 & 7 demonstrates the patterns of causes of mortality in the five districts of the Limpopo Province. Albeit there is a difference in the ranks of causes of mortality per each district, however the commonest causes of mortality in each district are observed as influenza and pneumonia, diabetes mellitus, hypertensive diseases and tuberculosis. Efforts should be directed towards intensified health promotion in the districts as well as increased screening for diabetes and hypertension. Health education on adherence to chronic medication will be strengthened.

**Figure 3. Ten leading causes of mortality in Capricorn District, 2015**



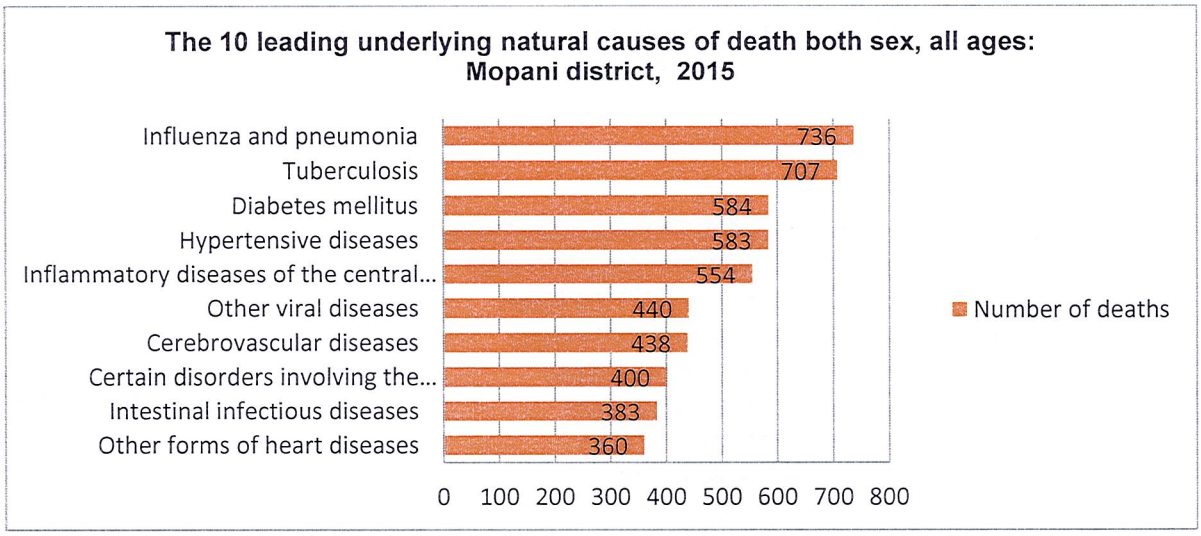

Source: Mortality and causes of death in South Africa, 2015: Findings from death notifications

**Figure 4. Ten leading causes of mortality in Sekhukhune District, 2015**



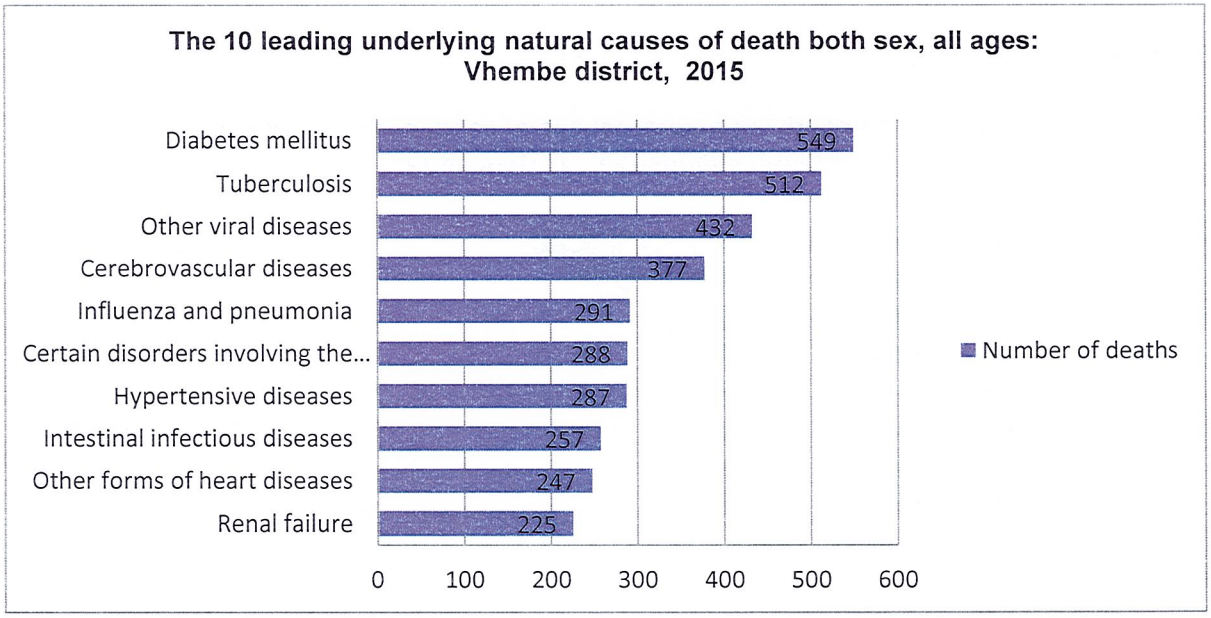

Source: Mortality and causes of death in South Africa, 2015:Findings from death notifications

**Figure 5. Ten leading causes of mortality in Mopani District, 2015**



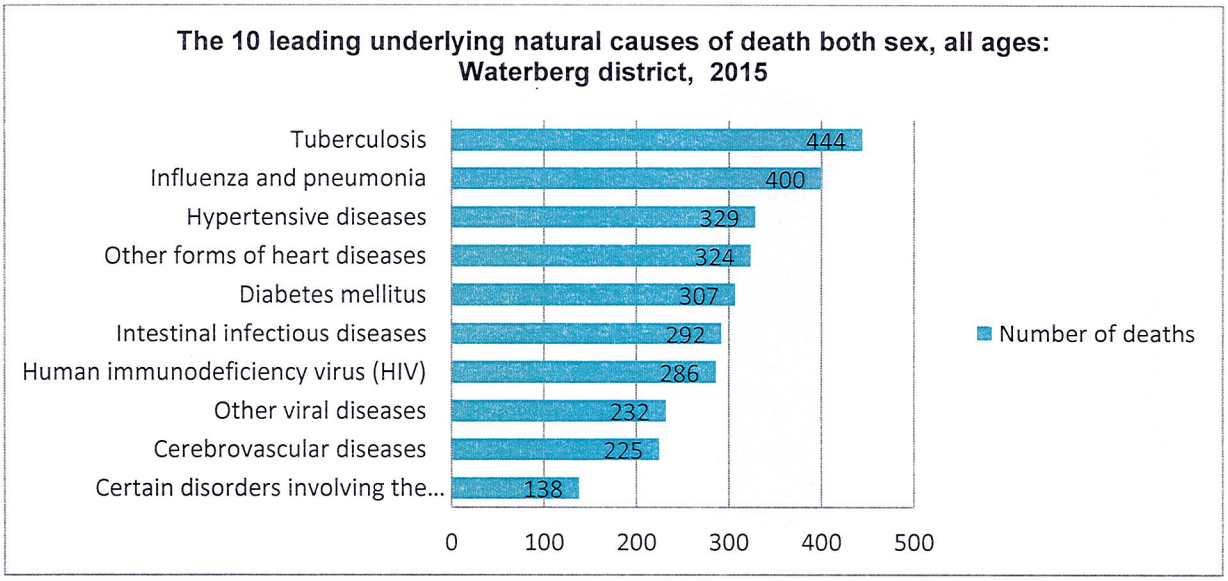

Source: Mortality and causes of death in South Africa, 2015:Findings from death notifications

**Figure 6. Ten leading causes of mortality in Vhembe District, 2015**




Source: Mortality and causes of death in South Africa, 2015: Findings from death notifications

**Figure 7. Ten leading causes of mortality in Waterberg District, 2015**




Source: Mortality and causes of death in South Africa, 2015: Findings from death notifications

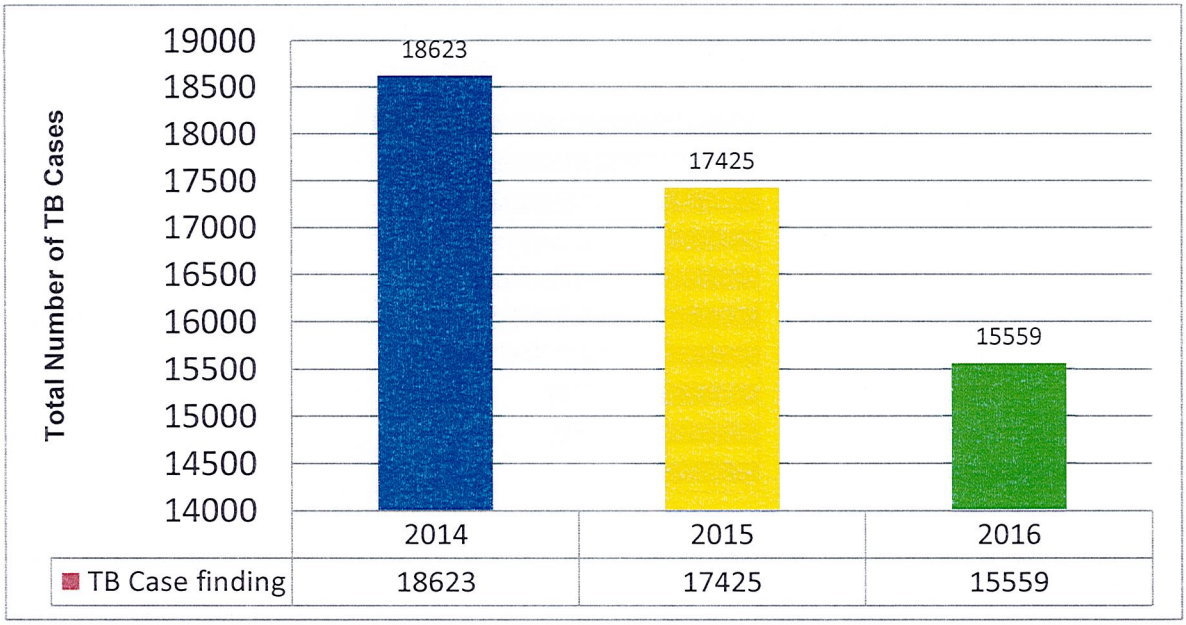
## TUBERCULOSIS

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

### TB Case finding

In the Limpopo Province, the case detection shows a steady decline of the case load from 18623 in 2014 to 15559 in 2016 (Figure 8) which could either be a reversal of the epidemic or inadequate screening. One of the reasons for this decline is the increasing number of people with HIV who are on antiretroviral drugs (ARVs). The department is however, embarking on Intensified Case finding (ICF) through TB screening, testing and linking them to care.

**Figure 8. TB Case finding in Limpopo Province, 2014 - 2016**

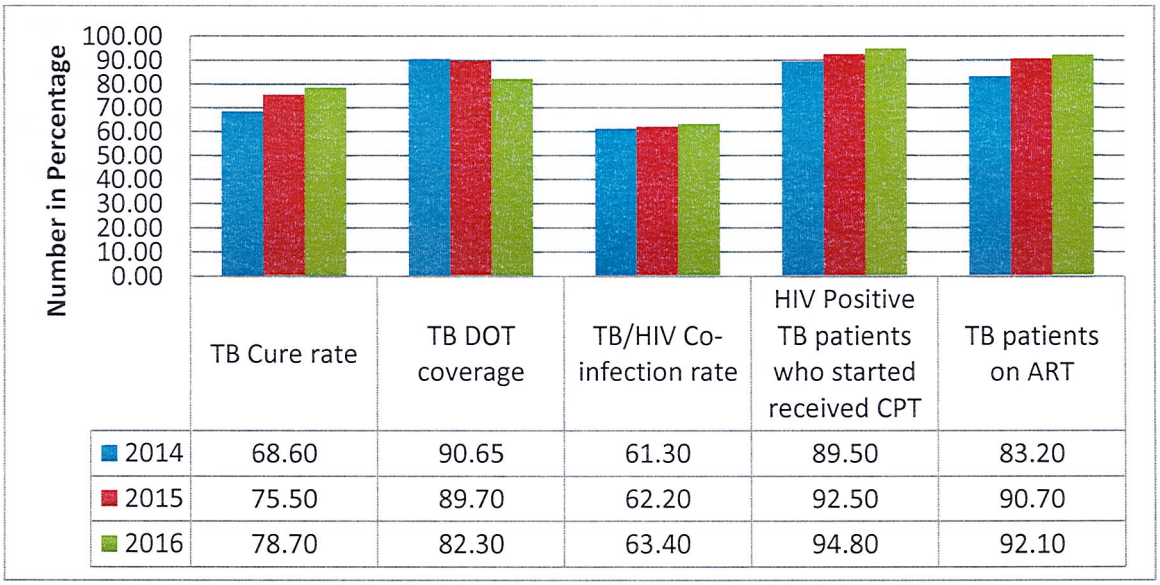



Source: Limpopo Department of Health, TB Control Programme

### TB cure rate

The TB cure rate has drastically improved from 6860 in 2014 to 7870 in 2016 which is approximately 12.8% improvement attributable to the following factors: utilisation of TB tracer teams, intensive case finding campaigns, improvement of DOT support, intensified counselling and support, proper record keeping, compliance to treatment, This is best illustrated in Figure 9 below.

**Figure 9. Other TB indicators for Limpopo Province, 2014 - 2016**




| | TB Cure rate | TB DOT coverage | TB/HIV Co-infection rate | HIV Positive TB patients who started received CPT | TB patients on ART |
|---|---|---|---|---|---|
| 2014 | 68.60 | 90.65 | 61.30 | 89.50 | 83.20 |
| 2015 | 75.50 | 89.70 | 62.20 | 92.50 | 90.70 |
| 2016 | 78.70 | 82.30 | 63.40 | 94.80 | 92.10 |

Source: Limpopo Department of Health, TB Control Programme

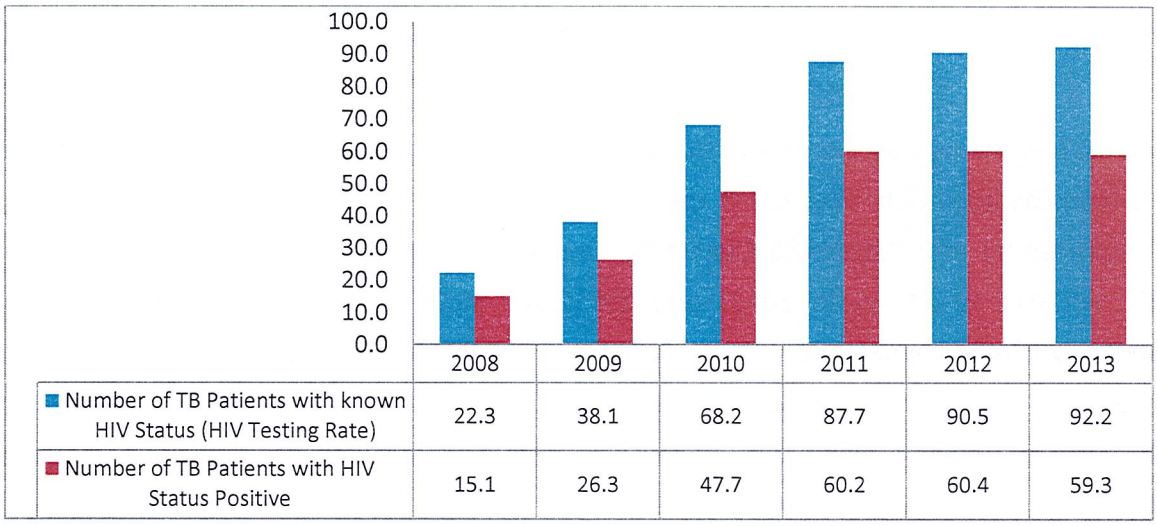
### TB DOT coverage

There is declined from 90.65% 2014 to 82.30 in 2016. HIV Positive TB patients who started received Cotrimoxazole Prophylaxis Treatment and TB patients the department has improved.

### TB/HIV co-infection

The relationship between TB and HIV is well documented, and HIV is a key driver of the TB epidemic. It is encouraging to see that the proportion of TB patients who know their HIV status has increased considerably from 61.30% in 2014 to 63.40% in 2016. Similarly, it is very encouraging to note that the number of co-infected patients on antiretroviral therapy (ART) increased from 89.50% in 2014 to 94.80% in 2016. HIV/TB Co-infection has been a challenge in the Province but great achievements were realised with regard to case findings and management. The number of TB patients with "Known" HIV status has improved from 22.3% in 2008 to 92.2% in 2013, attributable to improvements in awareness campaigns, case detection as presented in figure 6 below.

**Figure 10. Case finding indicators for TB/HIV, 2008 - 2013**




| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|
| Number of TB Patients with known HIV Status (HIV Testing Rate) | 22.3 | 38.1 | 68.2 | 87.7 | 90.5 | 92.2 |
| Number of TB Patients with HIV Status Positive | 15.1 | 26.3 | 47.7 | 60.2 | 60.4 | 59.3 |

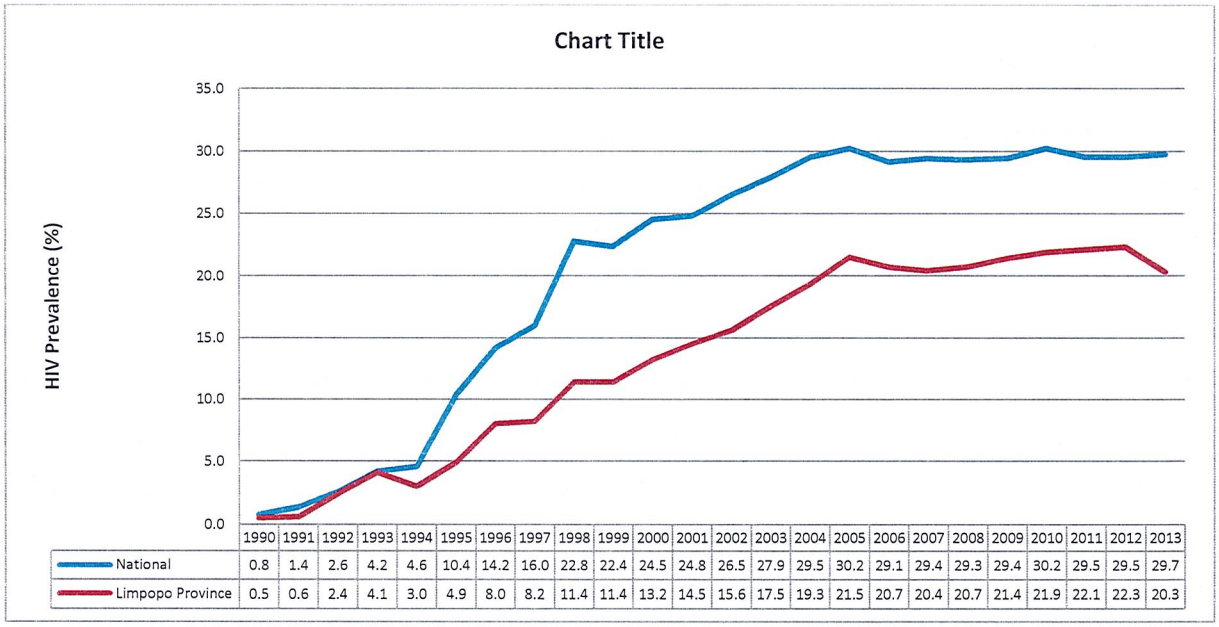
Source: Limpopo Department of Health, TB Control Programme

### HIV, AIDS and STI

The prevalence of HIV in South Africa has been consistently monitored through the use of the sentinel surveillance data. This data relates to pregnant women aged 15-49 who seek antenatal care services in public health facilities. The 2013 ANC sentinel surveillance data puts the national prevalence rate at 29.7%. Figure 11 below compares the national HIV prevalence trend with the situation in Limpopo. The HIV Prevalence increased from 0.8% in 1990 to 20.3% in 2013. The overall provincial HIV prevalence in Limpopo moderately

decreased by 1.1% from 21.4% to 23.1% in 2009 as compared to National prevalence of 0.5% in 1990 to 29.7% in 2013.

**Figure 11. National vs Limpopo HIV prevalence trends, 1990 - 2013**

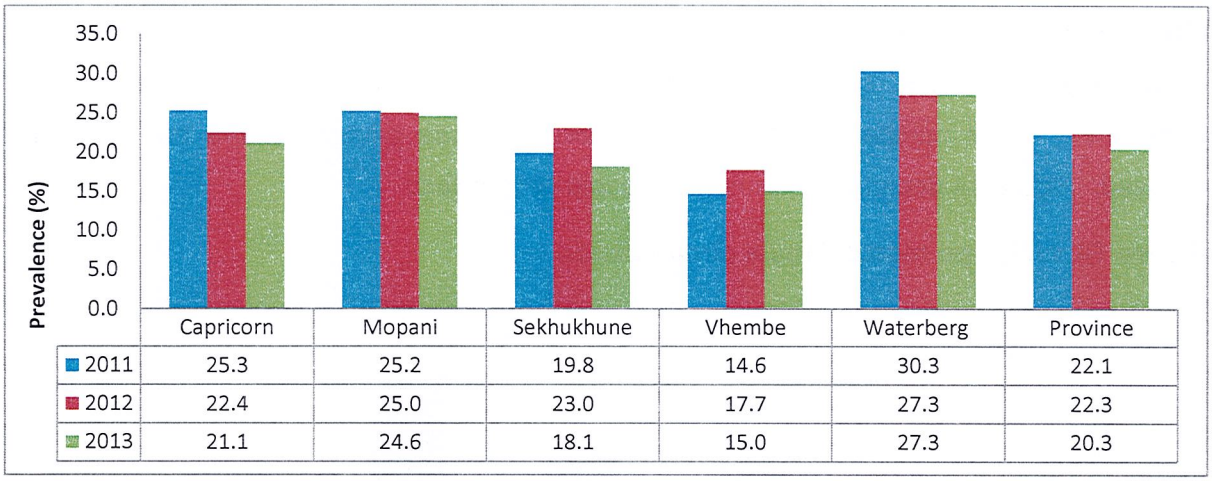



| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| National | 0.8 | 1.4 | 2.6 | 4.2 | 4.6 | 10.4 | 14.2 | 16.0 | 22.8 | 22.4 | 24.5 | 24.8 | 26.5 | 27.9 | 29.5 | 30.2 | 29.1 | 29.4 | 29.3 | 29.4 | 30.2 | 29.5 | 29.5 | 29.7 |
| Limpopo Province | 0.5 | 0.6 | 2.4 | 4.1 | 3.0 | 4.9 | 8.0 | 8.2 | 11.4 | 11.4 | 13.2 | 14.5 | 15.6 | 17.5 | 19.3 | 21.5 | 20.7 | 20.4 | 20.7 | 21.4 | 21.9 | 22.1 | 22.3 | 20.3 |

Source: National Department of Health, HIV and Syphilis Survey (2013)

Figure 12 below presents the district HIV prevalence, which shows that the HIV prevalence varies considerably with Waterberg district recording the highest prevalence of 27.3%. Capricorn district and Waterberg District has recorded a significant decline of 4.2% (from 25.3% in 2011 to 21.1% in 2013) and 3% (from 30.3% in 2011 to 27.3% in 2013) respectively. Sekhukhune declined by 5% from 23% to 18.1 % in 2013. Vhembe district recorded the lowest prevalence of 15% in 2013. The low prevalence in Vhembe is attributable to Vhembe being one of the NHI pilot sites as well as high male medical circumcision rate in the district.

**Figure 12. HIV prevalence among antenatal women by district, Limpopo, 2010 - 2013**

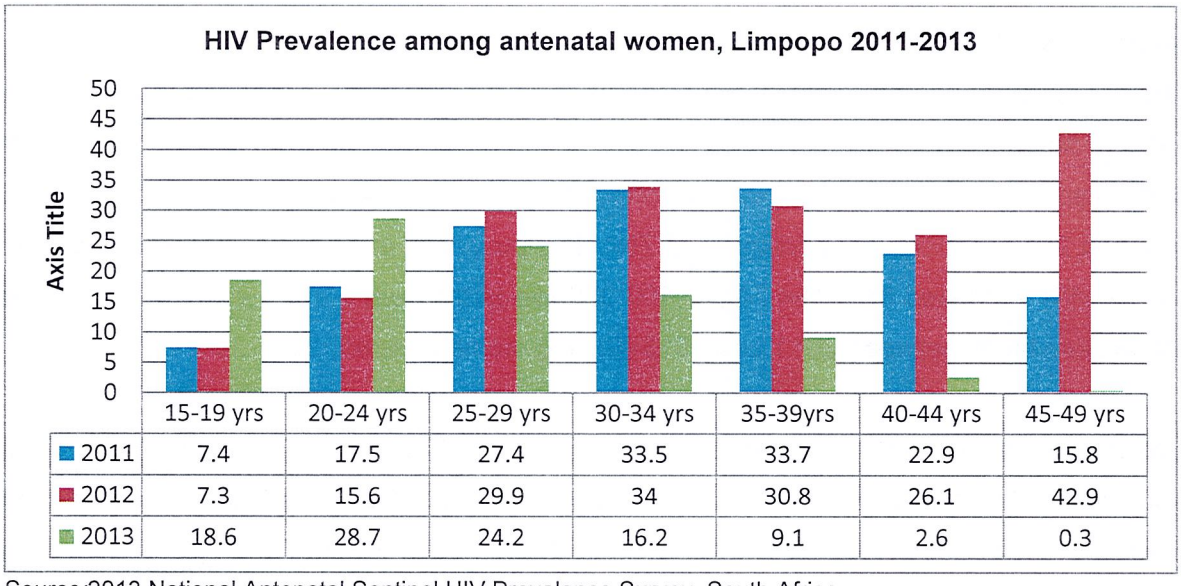



| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Province |
|---|---|---|---|---|---|---|
| 2011 | 25.3 | 25.2 | 19.8 | 14.6 | 30.3 | 22.1 |
| 2012 | 22.4 | 25.0 | 23.0 | 17.7 | 27.3 | 22.3 |
| 2013 | 21.1 | 24.6 | 18.1 | 15.0 | 27.3 | 20.3 |

Source: 2013 National Antenatal Sentinel HIV Prevalence Survey, South Africa

Figure 13 below shows HIV prevalence trends by age group in Limpopo Province. The HIV prevalence among women in the age group 30 - 34 years, which was the highest in the previous years, has shown a significant decline of 17.3% (from 33.5% in 2011 to 16.2 in 2013). The age groups 15-19 and 20-24 have both shown a significant increase of 11.2% which is from 7.4% in 2011 to 18.6% in 2013 and from 17.5% in 2011 to 28.7% in 2013 respectively. Much more efforts are to be focused into these groups.

**Figure 13. HIV prevalence among antenatal women by age group, Limpopo, 2011 - 2013.**



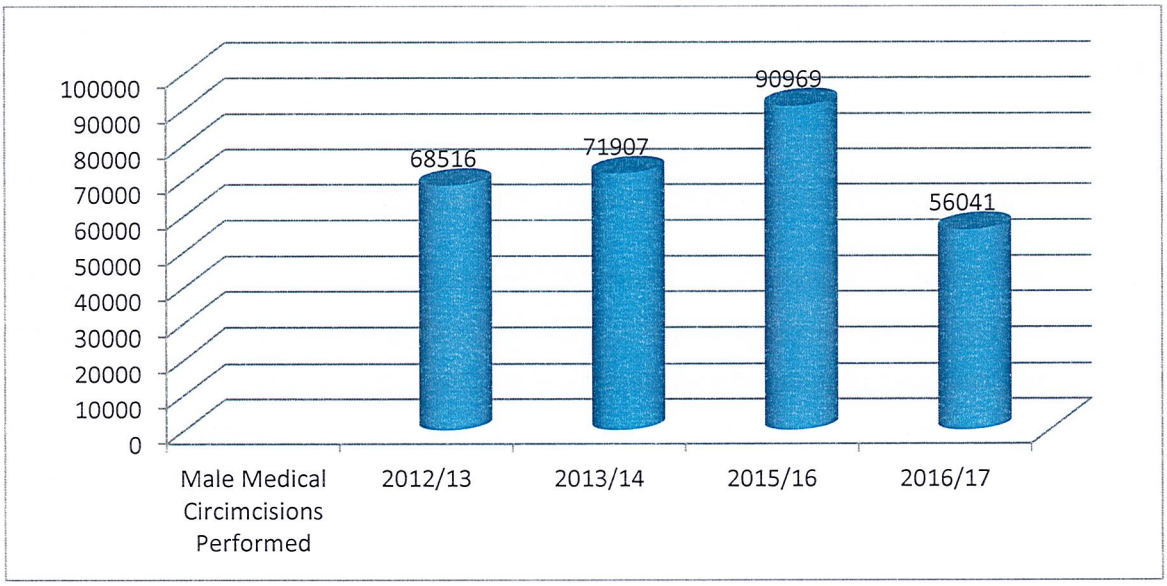

| | 15-19 yrs | 20-24 yrs | 25-29 yrs | 30-34 yrs | 35-39yrs | 40-44 yrs | 45-49 yrs |
|---|---|---|---|---|---|---|---|
| 2011 | 7.4 | 17.5 | 27.4 | 33.5 | 33.7 | 22.9 | 15.8 |
| 2012 | 7.3 | 15.6 | 29.9 | 34 | 30.8 | 26.1 | 42.9 |
| 2013 | 18.6 | 28.7 | 24.2 | 16.2 | 9.1 | 2.6 | 0.3 |

Source:2013 National Antenatal Sentinel HIV Prevalence Survey, South Africa

### Male Medical Circumcision

Male Medical Circumcision plays a very crucial role in decreasing HIV infection. The department continues to provide the service to all males who consult health service. There is a decrease in the number of people circumcised because private doctors are no longer involved. Figure 14 depicts the number of people circumcised.

**Figure 14. Limpopo medical male circumcision**




Source: Limpopo HAST directorate

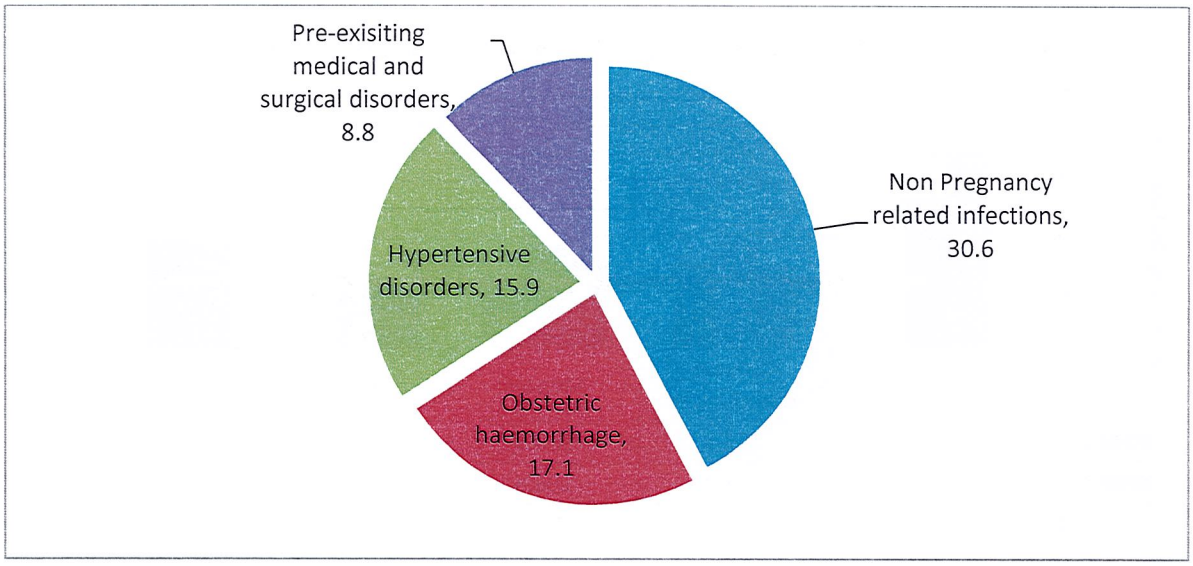
## MATERNAL, CHILD and WOMEN'S HEALTH

### Maternal Health

Maternal mortality and morbidity in South Africa remains very high. According to the Saving Mothers report (2011 - 2013), about 21.0% of maternal deaths were clearly avoidable, 43.9% were not avoidable. Limpopo reported 255, 257 and 247 maternal deaths in 2011, 2012 and 2013 respectively adding up to 759. The provincial institutional maternal mortality ratio (iMMR) increased from 164.74 per 100 000 live births from 2008 – 2010 to 191.06 per 100 000 live births between 2011 and 2013 (Saving mothers report, 2011-2013).

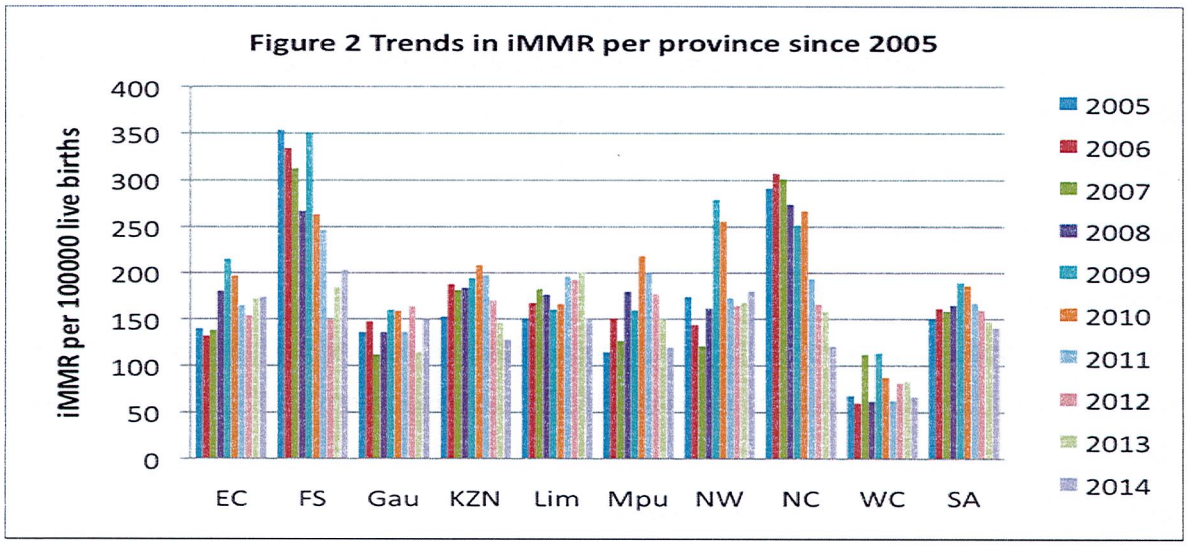
According to saving mothers report 2011-2013, Obstetric haemorrhage remains the highest direct cause of maternal deaths at 17.1% in the triennium 2011-2013 reflecting the challenge faced by the province in respect of availability of skilled health workers and inconsistent drug supply for anaemia in primary health care facilities. The avoidable deaths for this category were at 93%. Figure 15 demonstrates the major causes of maternal deaths in Limpopo in the triennium 2011-2013.

**Figure 15. Causes of maternal mortalities in Limpopo, 2011 - 2013**




Source: Saving mothers report 2011-2013

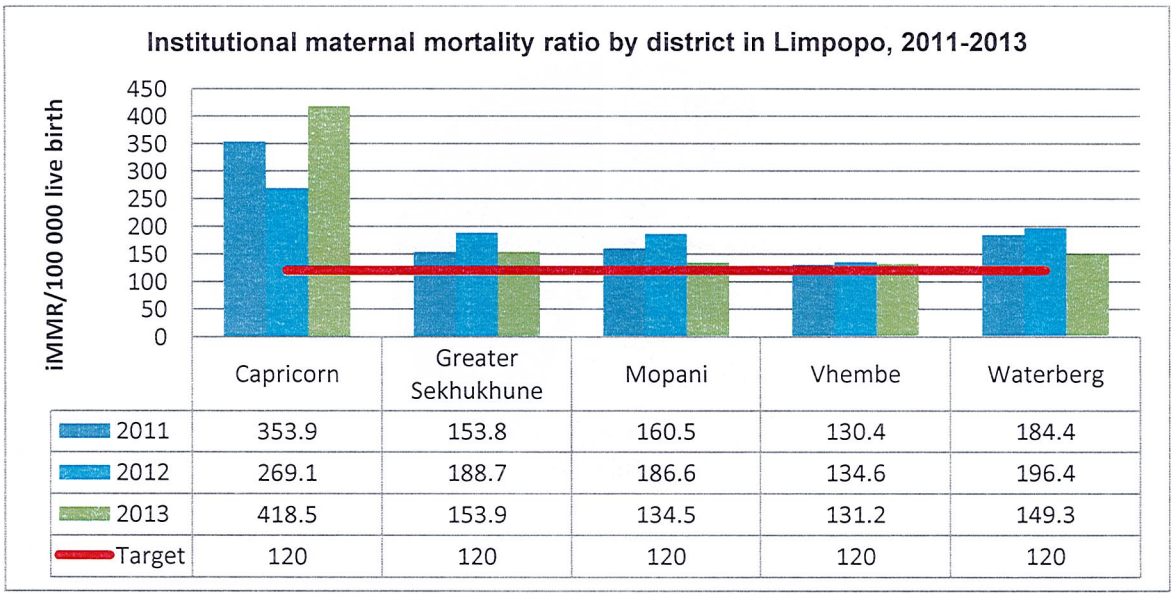
**Figure 16. National maternal mortality trends by province**




Source: Saving mothers report 2011-2013

Figure 16 above shows that most provinces have shown a steady decline since 2009. Limpopo has been unstable in reducing institutional Maternal Mortality ratio; however, there was a significant reduction in 2014.

**Figure 17. Limpopo maternal mortality trends**




| | Capricorn | Greater Sekhukhune | Mopani | Vhembe | Waterberg |
|---|---|---|---|---|---|
| 2011 | 353.9 | 153.8 | 160.5 | 130.4 | 184.4 |
| 2012 | 269.1 | 188.7 | 186.6 | 134.6 | 196.4 |
| 2013 | 418.5 | 153.9 | 134.5 | 131.2 | 149.3 |
| Target | 120 | 120 | 120 | 120 | 120 |

Source: Saving Mothers Report 2014

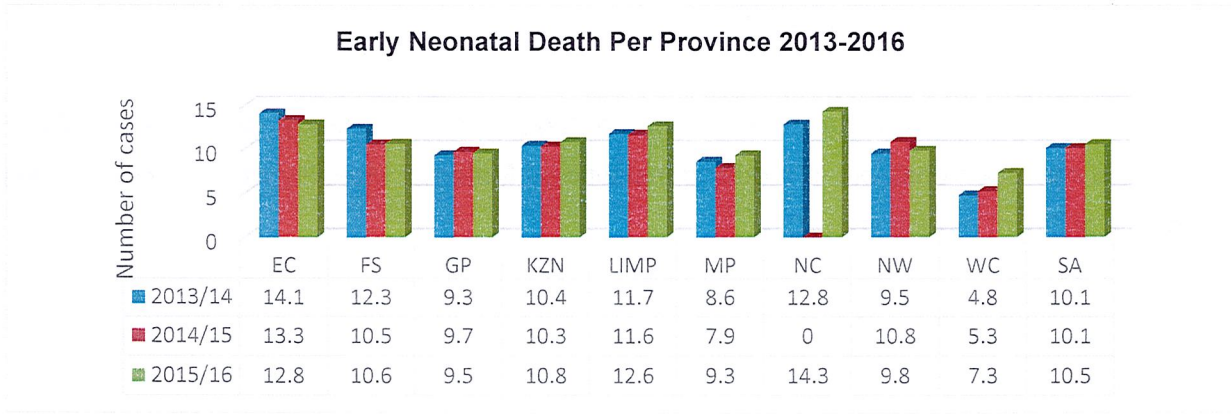
From 2012/13 through to 2016/17, Capricorn district had the highest iMMR per 100 000 followed by Waterberg district. Capricorn district is high because of referrals from other districts. Vhembe district has been performing well with an iMMR of less than 120 per 100 000 live births. There is a need to strengthen all regional hospitals in all districts with skilled health professionals and essential equipment to reduce referrals to Capricorn district.

### Infant and child health

### Neonatal Health

During the period 2013-14 to 2016-17, Limpopo province reported a total of 5,100 early neonatal deaths. Limpopo province neonatal deaths increased from 11.7 in 2013-14 to 12.6 in 2015-16.

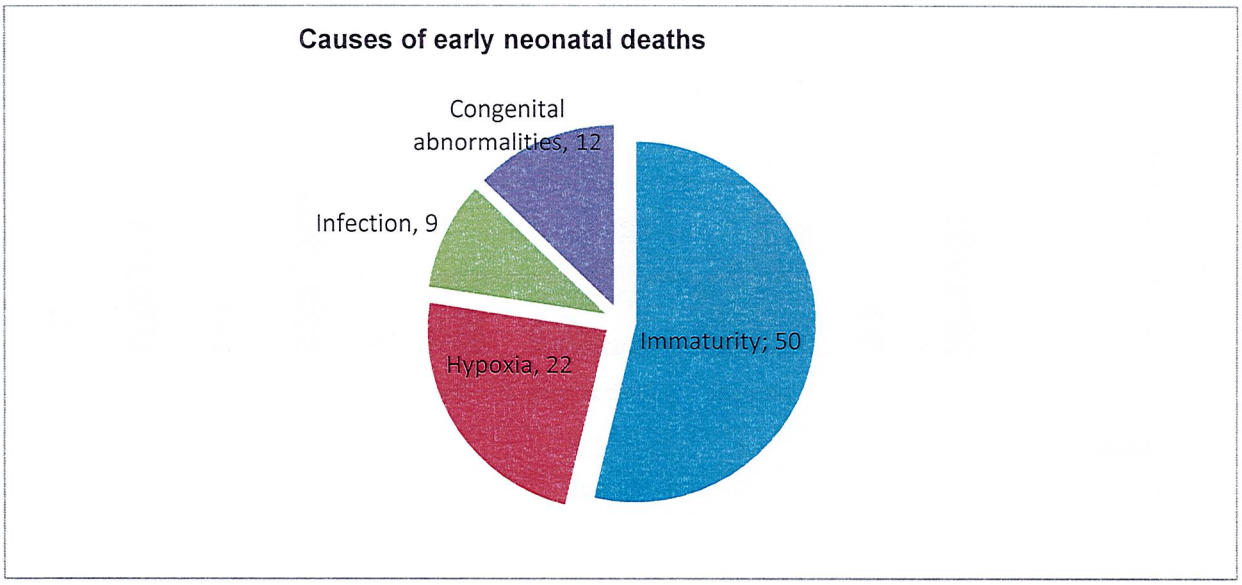
**Figure 18. Early neonatal death per province**




| | EC | FS | GP | KZN | LIMP | MP | NC | NW | WC | SA |
|---|---|---|---|---|---|---|---|---|---|---|
| 2013/14 | 14.1 | 12.3 | 9.3 | 10.4 | 11.7 | 8.6 | 12.8 | 9.5 | 4.8 | 10.1 |
| 2014/15 | 13.3 | 10.5 | 9.7 | 10.3 | 11.6 | 7.9 | 0 | 10.8 | 5.3 | 10.1 |
| 2015/16 | 12.8 | 10.6 | 9.5 | 10.8 | 12.6 | 9.3 | 14.3 | 9.8 | 7.3 | 10.5 |

Source: DHIS

**Figure 19. Major causes of early neonatal deaths in Limpopo**



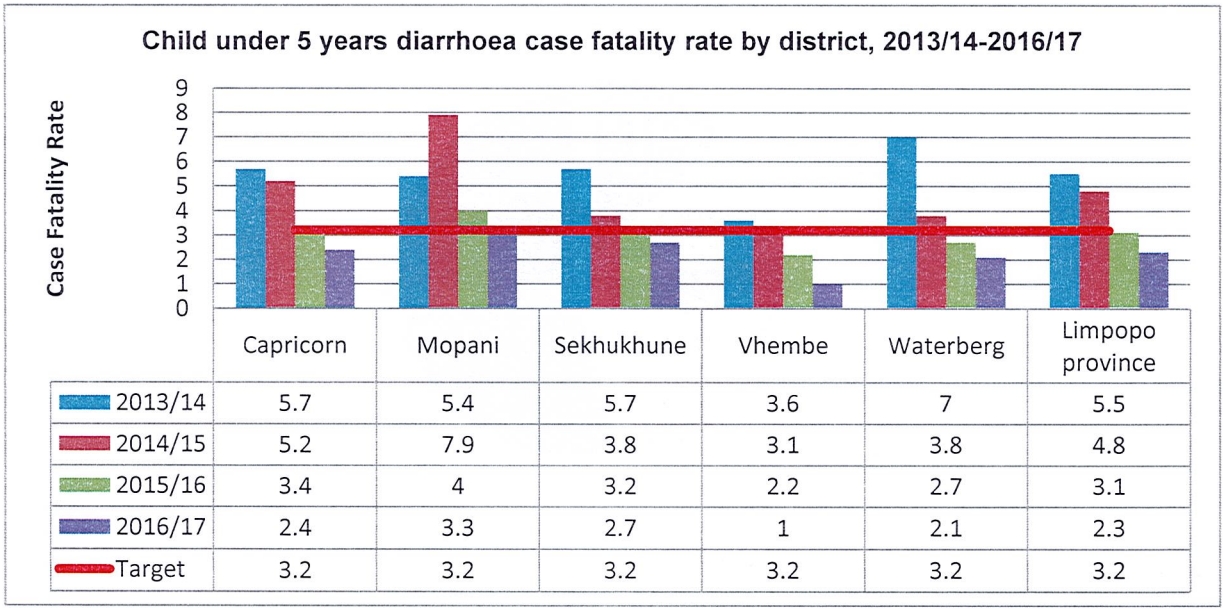

Source: Limpopo Department of Health, DHIS

Figure 19 shows immaturity as the highest cause of deaths in the province, followed by hypoxia. The above is to some extent attributed to the challenge that the province continues to experience shortage of skilled workers in neonatal health, poor infrastructure, and shortage of essential equipment. Nonetheless, the department will continue to train health professionals in Essential Steps in the Management of Obstetric Emergencies (ESMOE), Helping Babies Breath (HBB) and Management of Small Sick Neonates (MSSN) to reduce early neonatal deaths, provide essential equipment and supply of essential drugs. The department will further improve infrastructure for neonatal health services in regional and district hospitals. In addition, there is further a need to focus on reducing deaths from common conditions, namely neonatal conditions, diarrhoea, severe acute malnutrition and pneumonia.

### Child health

Diarrhoea is a leading cause of morbidity and mortality among children under five (5) years in low- and middle-income countries, accounting for about nine (9) percent of all child under five (5) deaths. The risk factors for diarrhoea include HIV, poverty, under-nutrition, poor hygiene, underprivileged household conditions, lack of clean water, and poor access to appropriate care. Figure 20 illustrates child under 5 years diarrhoea case fatality.

**Figure 20. Child under 5 years diarrhoea case fatality**




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo province |
|---|---|---|---|---|---|---|
| 2013/14 | 5.7 | 5.4 | 5.7 | 3.6 | 7 | 5.5 |
| 2014/15 | 5.2 | 7.9 | 3.8 | 3.1 | 3.8 | 4.8 |
| 2015/16 | 3.4 | 4 | 3.2 | 2.2 | 2.7 | 3.1 |
| 2016/17 | 2.4 | 3.3 | 2.7 | 1 | 2.1 | 2.3 |
| Target | 3.2 | 3.2 | 3.2 | 3.2 | 3.2 | 3.2 |

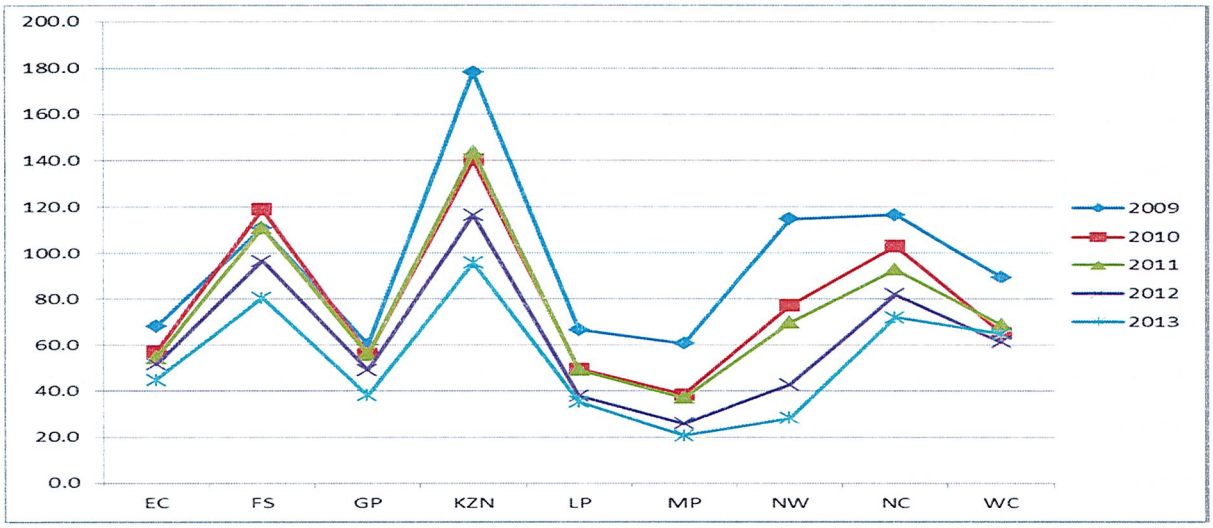
Source: Limpopo Department of Health, DHIS

Figure 20 above further illustrates that diarrhoea case fatality rate continues to decrease in all districts, the decline reflects better outcomes for health promotion and immunisation of children in disease prevention, and it reflects better case management of children with diarrhoea, and/or earlier presentation to health facilities. However, it is imperative to ensure that there is an on-going improvement in case management of children with diarrhoea at household, primary health care and hospital levels.

### Pneumonia

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

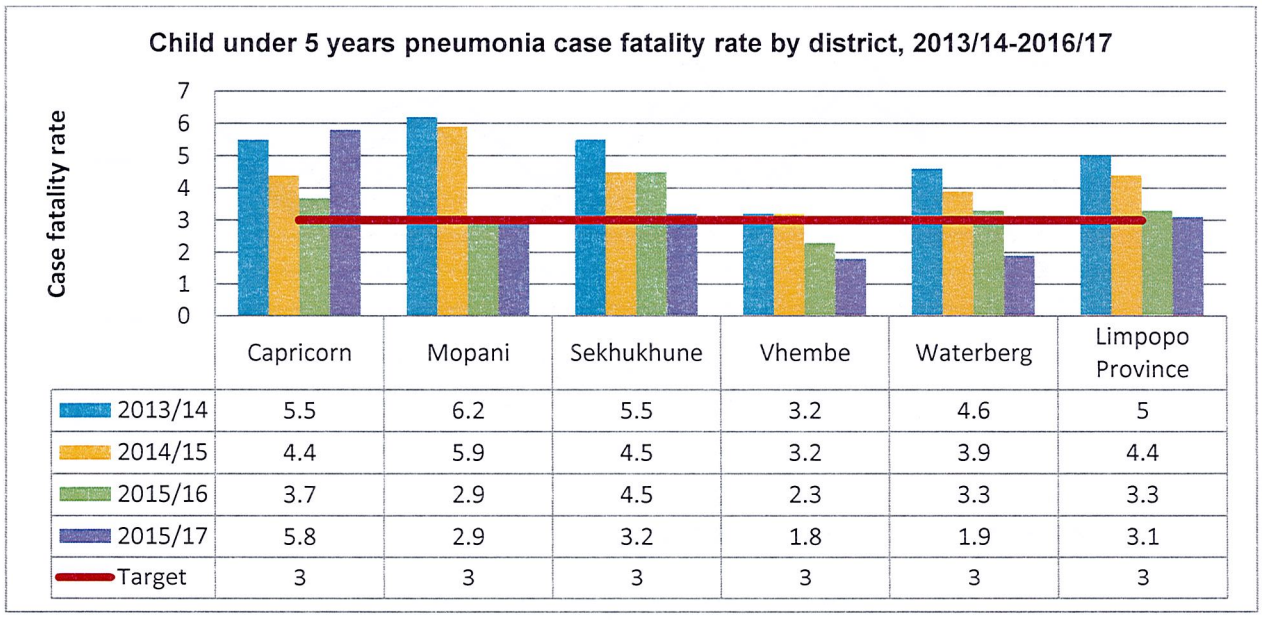
**Figure 21. Annual incidence of pneumonia by province, 2009 - 2013**




Source: CoMMiC Triennium Report 2011-2013

Figure 21 shows that in the face of an overall declining incidence of pneumonia Gauteng and the Eastern Cape recorded reversals in death rates from pneumonia between 2012 and 2013. The Free State recorded the most improvement in CFR that placed the province from seventh to fourth best performing province with regard to pneumonia deaths. Limpopo and Mpumalanga recorded the second highest reductions in pneumonia CFR. This is probably the consequence of having started from extremely high baselines in 2009.

**Figure 22. Child under 5 years pneumonia case fatality rate by district, 2013-14 - 2015-16**




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo Province |
|---|---|---|---|---|---|---|
| 2013/14 | 5.5 | 6.2 | 5.5 | 3.2 | 4.6 | 5 |
| 2014/15 | 4.4 | 5.9 | 4.5 | 3.2 | 3.9 | 4.4 |
| 2015/16 | 3.7 | 2.9 | 4.5 | 2.3 | 3.3 | 3.3 |
| 2015/17 | 5.8 | 2.9 | 3.2 | 1.8 | 1.9 | 3.1 |
| Target | 3 | 3 | 3 | 3 | 3 | 3 |

Source: Limpopo Department of Health, DHIS

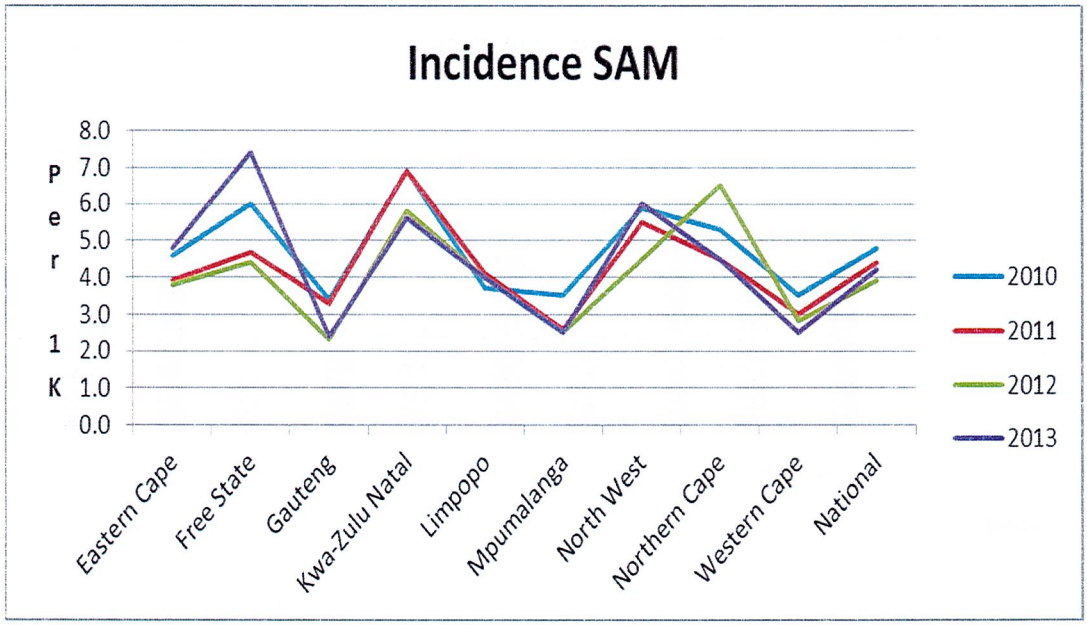
Figure 22 depicts that there has been a steady downward trend in the child under 5 years pneumonia CFR from 2013/14 – 2016/17, with the provincial target being achieved in Vhembe district with other province trailing behind the provincial target. The decrease in child under 5 years pneumonia CFR can be attributed to an improvement in the quality of care and increase in immunisation rates against pneumonia.

**Malnutrition**

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

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

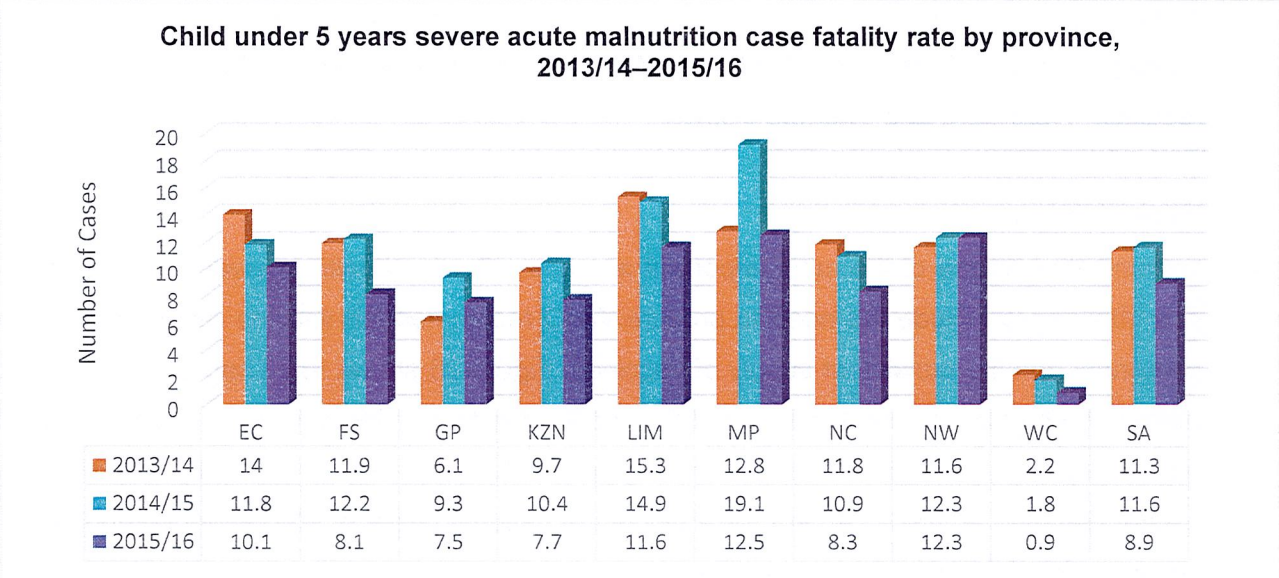
**Figure 23. Incidences of SAM nationally**




Source: CoMMiC Triennium Report 2011-2013

Figure 23 above illustrates that the incidence of Severe Acute Malnutrition is higher in Free State, KZN and North West provinces. North West province is increasing whilst Limpopo is on a decrease.

**Figure 24. Child under 5 years SAM case fatality rate by province, 2013-14 – 2015-16**

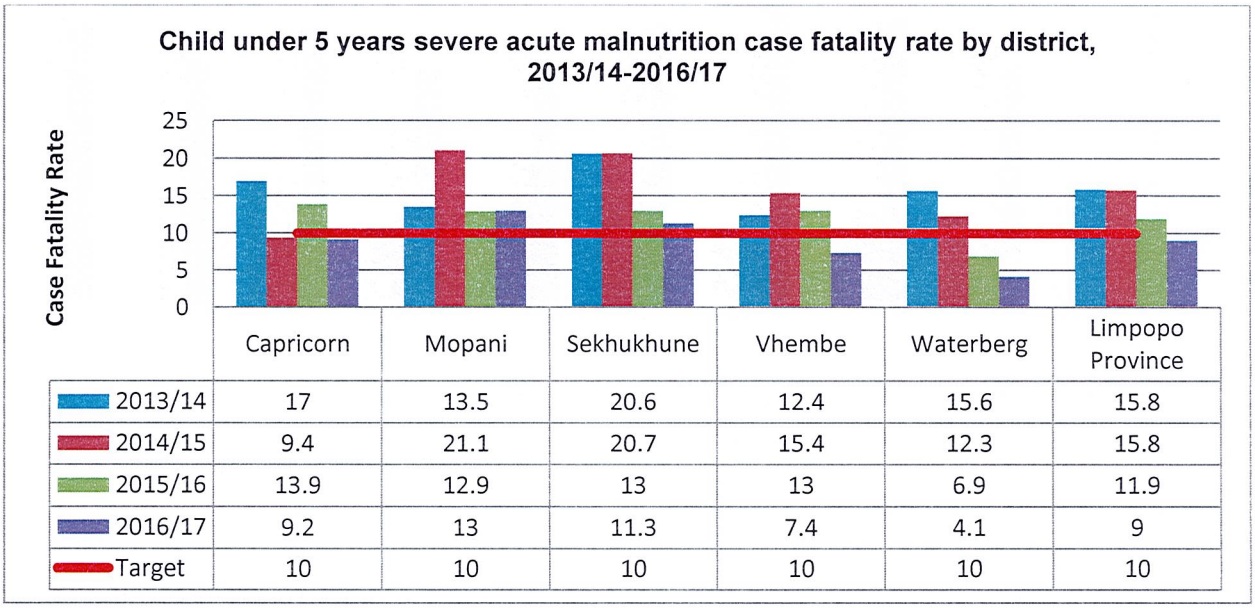



| | EC | FS | GP | KZN | LIM | MP | NC | NW | WC | SA |
|---|---|---|---|---|---|---|---|---|---|---|
| 2013/14 | 14 | 11.9 | 6.1 | 9.7 | 15.3 | 12.8 | 11.8 | 11.6 | 2.2 | 11.3 |
| 2014/15 | 11.8 | 12.2 | 9.3 | 10.4 | 14.9 | 19.1 | 10.9 | 12.3 | 1.8 | 11.6 |
| 2015/16 | 10.1 | 8.1 | 7.5 | 7.7 | 11.6 | 12.5 | 8.3 | 12.3 | 0.9 | 8.9 |

Source:

Figure 24 demonstrate that since 2013-14 to 2015-16 Limpopo has been on a steady decline. However, the province remained above the national average of 8.9% in 2015-16.

**Figure 25. Child under 5 years SAM, 2013-14 - 2016-17**




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo Province |
|---|---|---|---|---|---|---|
| 2013/14 | 17 | 13.5 | 20.6 | 12.4 | 15.6 | 15.8 |
| 2014/15 | 9.4 | 21.1 | 20.7 | 15.4 | 12.3 | 15.8 |
| 2015/16 | 13.9 | 12.9 | 13 | 13 | 6.9 | 11.9 |
| 2016/17 | 9.2 | 13 | 11.3 | 7.4 | 4.1 | 9 |
| Target | 10 | 10 | 10 | 10 | 10 | 10 |

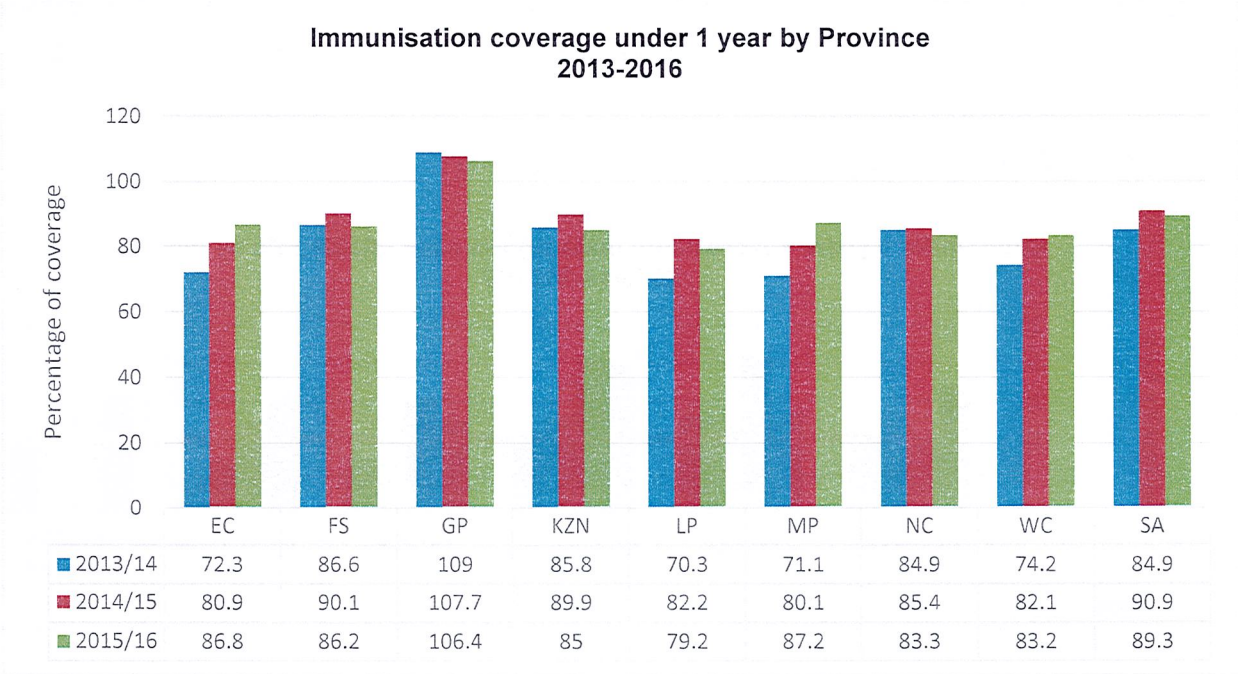
Source: Limpopo Department of Health, DHIS

Figure 25 illustrates that four of the districts in the province has improved in SAM with the province been able to perform within the set target. This is attributable to the departmental efforts to reduce the number of children who die from SAM, which includes the following: vigorous case finding at primary health care level; and management of children with moderate acute malnutrition and SAM at the correct level of care. The department is embarking on continuous training of health care professionals on WHO Tens Steps in management of children with MAM and SAM. To this far, above efforts have yielded good results in Waterberg and Vhembe districts.

**Immunisation**

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

**Figure 26. Immunisation coverage under 1 year by province, 2013 - 2016**

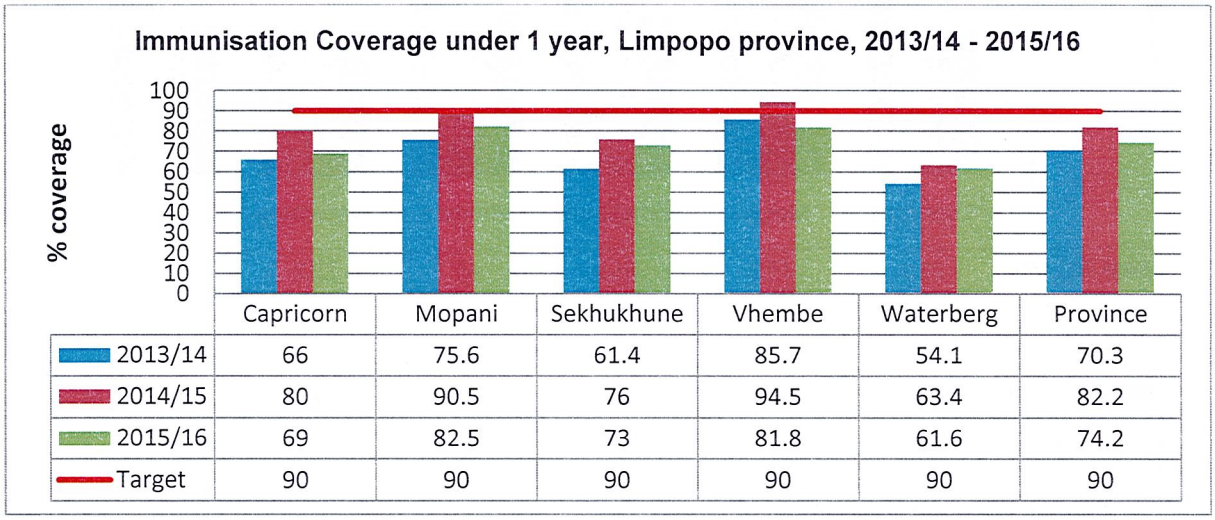



Source: Limpopo Department of Health, DHIS

The above figure shows that Capricorn, Sekhukhune and Waterberg were below the target in 3 years. Vhembe and Mopane reached the target in 2014/15. There are also numerous

other factors that could have influenced the number of children not vaccinated: service related factors (e.g. some facilities do immunisations only on stipulated days and not after hours); client-related factors (e.g. migration; non-adherence to return dates and anti-vaccination group).

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




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Province |
|---|---|---|---|---|---|---|
| 2013/14 | 66 | 75.6 | 61.4 | 85.7 | 54.1 | 70.3 |
| 2014/15 | 80 | 90.5 | 76 | 94.5 | 63.4 | 82.2 |
| 2015/16 | 69 | 82.5 | 73 | 81.8 | 61.6 | 74.2 |
| Target | 90 | 90 | 90 | 90 | 90 | 90 |

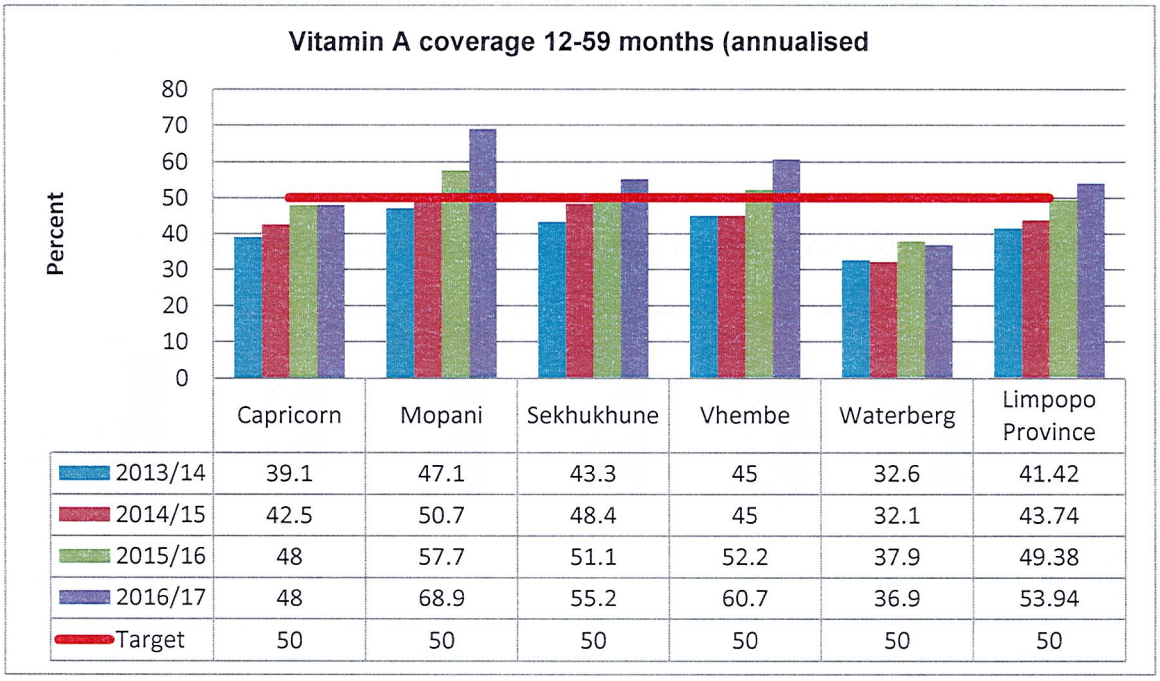
Source: Limpopo Department of Health, DHIS

### Vitamin A Coverage

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

There are also numerous other factors that influence the number of children receiving vitamin A supplementation: service related factors (e.g. some facilities do immunisations only on stipulated days and not after hours); client-related factors (e.g. migration; non-adherence to return dates). Figure 28 shows a steady increase in vitamin A coverage, which is due to campaigns conducted at early childhood centers (ECDs) in liaison with the department of social development (DSD).

**Figure 28. Vitamin A coverage 12 - 59 months**




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo Province |
|---|---|---|---|---|---|---|
| 2013/14 | 39.1 | 47.1 | 43.3 | 45 | 32.6 | 41.42 |
| 2014/15 | 42.5 | 50.7 | 48.4 | 45 | 32.1 | 43.74 |
| 2015/16 | 48 | 57.7 | 51.1 | 52.2 | 37.9 | 49.38 |
| 2016/17 | 48 | 68.9 | 55.2 | 60.7 | 36.9 | 53.94 |
| Target | 50 | 50 | 50 | 50 | 50 | 50 |

Source: Limpopo Department of Health, DHIS

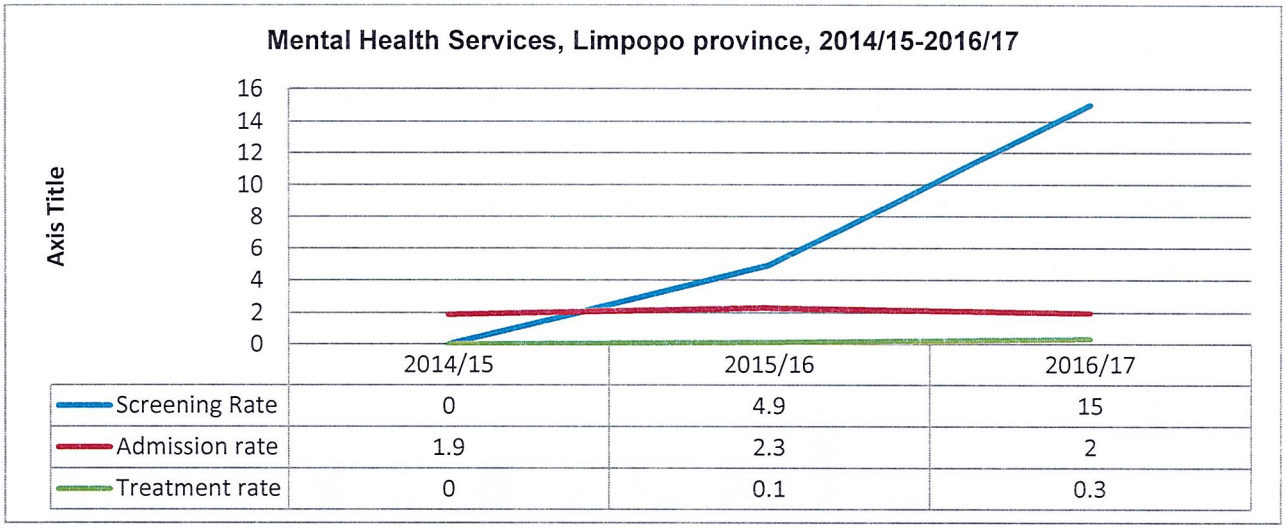
## NON-COMMUNICABLE DISEASES

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

### Mental Health

Figure 29 demonstrates the screening, admission, and treatment rates. The screening is increasing; admission is decreasing while treatment rate remains the same in a period of three years.

**Figure 29. Mental health services in Limpopo, 2014 - 2017**




| | 2014/15 | 2015/16 | 2016/17 |
|---|---|---|---|
| Screening Rate | 0 | 4.9 | 15 |
| Admission rate | 1.9 | 2.3 | 2 |
| Treatment rate | 0 | 0.1 | 0.3 |

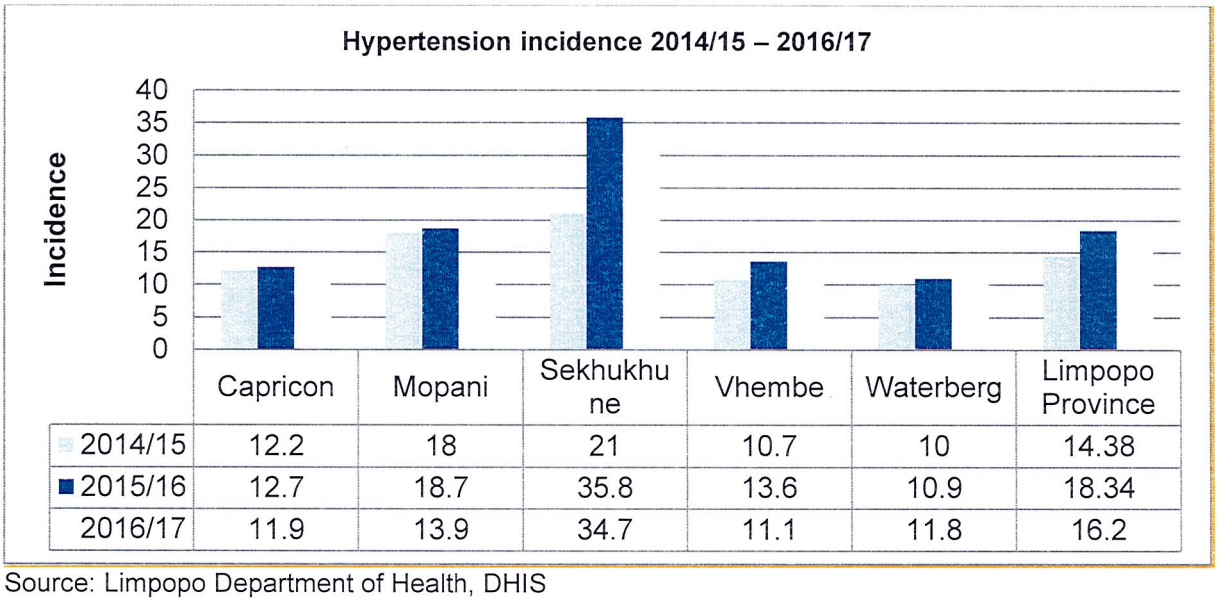
Source: Limpopo Department of Health, DHIS

## Hypertension

Figure 30 demonstrates the incidence of hypertension data for 2014-15 to 2016-17. The Figure depicts that there is an indication that hypertension is increasing in all the districts especially in Sekhukhune district in the financial year 2015-16. Provincially it hypertension incidence has increased form 14.38 percent in 2014-15 to 18.34 percent in 2015-16 with a slight decline of 3.96 percent in 2016-17. The increase may be attributed to intensive campaigns on screening.

The incidence of hypertention has increased in all districts because of sensitive surveillence. This indicates that that there is a continuous need to improve health promotion in advancing improved lifestyle.

**Figure 30. Hypertension incidence/1000 population 2014-15 - 2016-17**



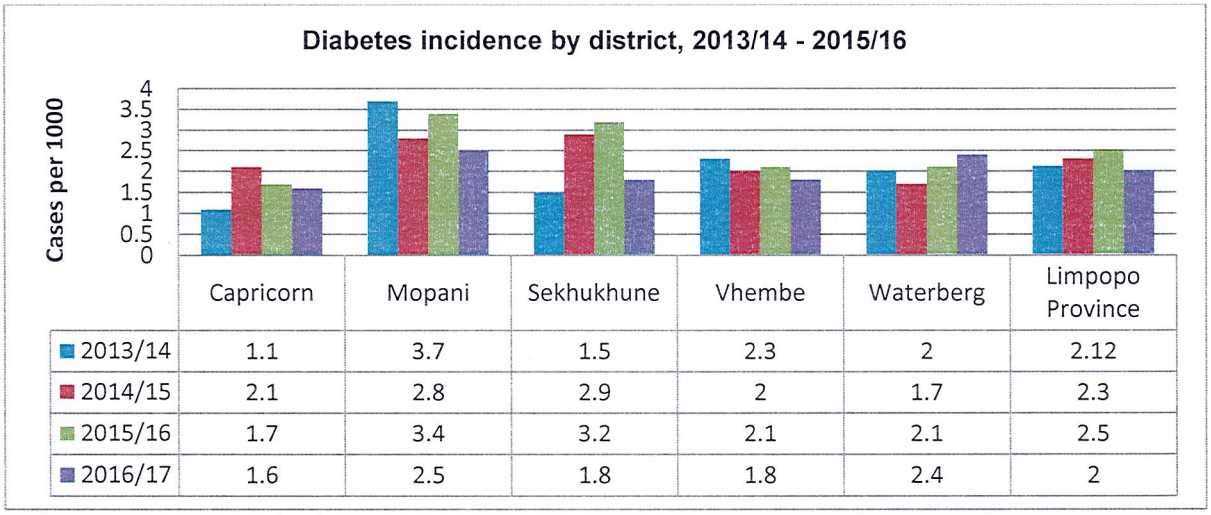

| | Capricon | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo Province |
|---|---|---|---|---|---|---|
| 2014/15 | 12.2 | 18 | 21 | 10.7 | 10 | 14.38 |
| 2015/16 | 12.7 | 18.7 | 35.8 | 13.6 | 10.9 | 18.34 |
| 2016/17 | 11.9 | 13.9 | 34.7 | 11.1 | 11.8 | 16.2 |

Source: Limpopo Department of Health, DHIS

### Diabetes

Figure 31 above demonstrates diabetes data for 2013/14 and 2015/16. There is an indication that diabetes incidence is on a decline trend from 2.12 in 2013/14 to 2 in 2016/17. The decrease is attributable to intensive health promotion.

**Figure 31. Diabetes new client detection rate**




| | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg | Limpopo Province |
|---|---|---|---|---|---|---|
| 2013/14 | 1.1 | 3.7 | 1.5 | 2.3 | 2 | 2.12 |
| 2014/15 | 2.1 | 2.8 | 2.9 | 2 | 1.7 | 2.3 |
| 2015/16 | 1.7 | 3.4 | 3.2 | 2.1 | 2.1 | 2.5 |
| 2016/17 | 1.6 | 2.5 | 1.8 | 1.8 | 2.4 | 2 |

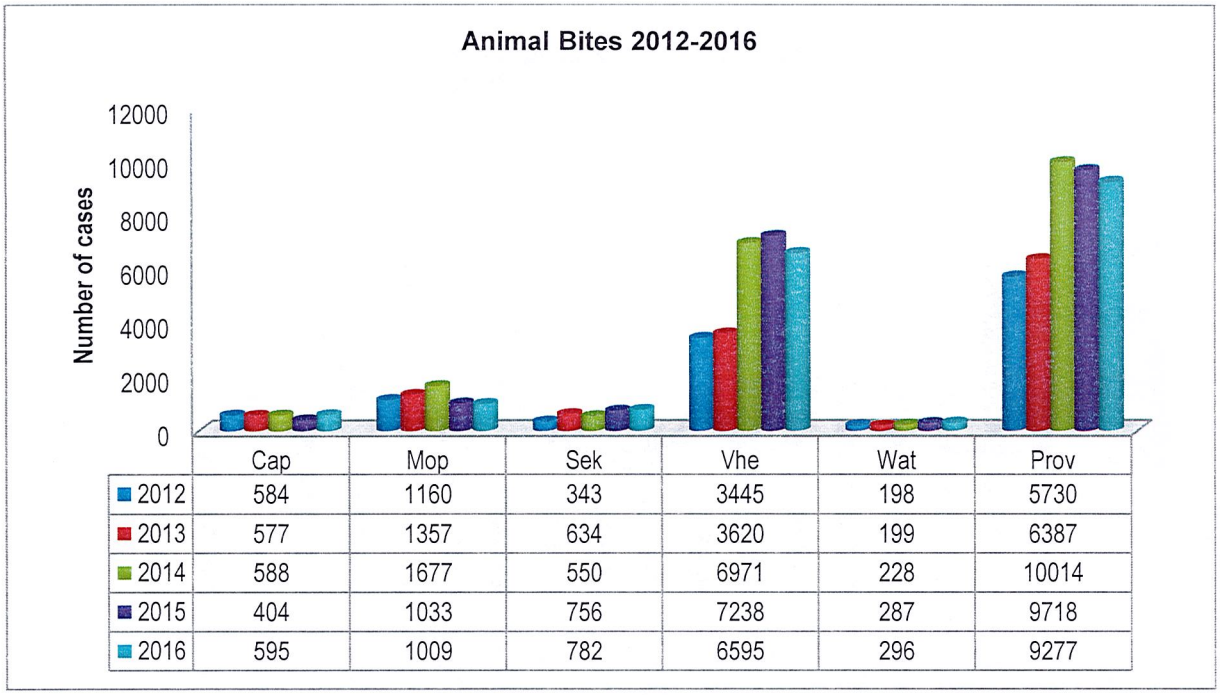
Source: Limpopo Department of Health, DHIS

### Public Health Progammes

### Animal bite

Animal bites to patients are seen daily in health facilities. Figure 32 below shows the number of patients consulted and given Rabies vaccine or with Rabies Immunoglobulin depending on the wound category. Those who consulted early were saved from developing human rabies. Vhembe district sees a lot of animal bites followed by Mopani district. The department has trained personnel on management of animal bites and ensured the availability of Rabies vaccine.

**Figure 32. Animal bites by districts, 2013-2016**



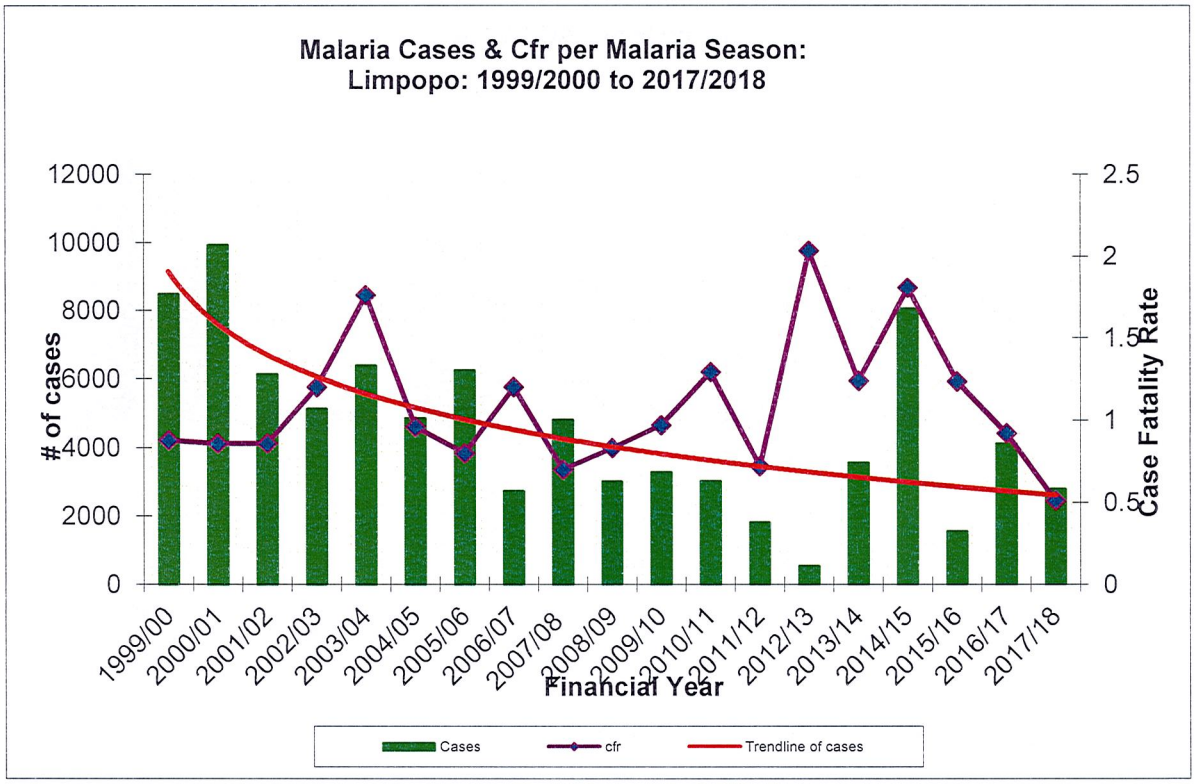

| | Cap | Mop | Sek | Vhe | Wat | Prov |
|---|---|---|---|---|---|---|
| 2012 | 584 | 1160 | 343 | 3445 | 198 | 5730 |
| 2013 | 577 | 1357 | 634 | 3620 | 199 | 6387 |
| 2014 | 588 | 1677 | 550 | 6971 | 228 | 10014 |
| 2015 | 404 | 1033 | 756 | 7238 | 287 | 9718 |
| 2016 | 595 | 1009 | 782 | 6595 | 296 | 9277 |

Source: Department of Health, Public Health Programmes

**Malaria**

Figure 33 below indicates a gradual decline in the incidence of malaria over a period of 16 financial years, with the malaria case fatality rate (CFR) remaining at above 1 percent. Although case numbers in Limpopo declined from 9 487 in 2000 to 4 215 in 2010, this province has become the largest contributor to malaria incidence of the three endemic provinces[1]. This is attributable to weather conditions experienced in the province: Rainy conditions and dry weather conditions experienced in 2014/15 and 2015/16 respectively.

**Figure 33. Limpopo malaria cases & case fatality rate (CFR), 1999/2000 - 2017/18**




Source: Limpopo Department of Health, Malaria Control Programme

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

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

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

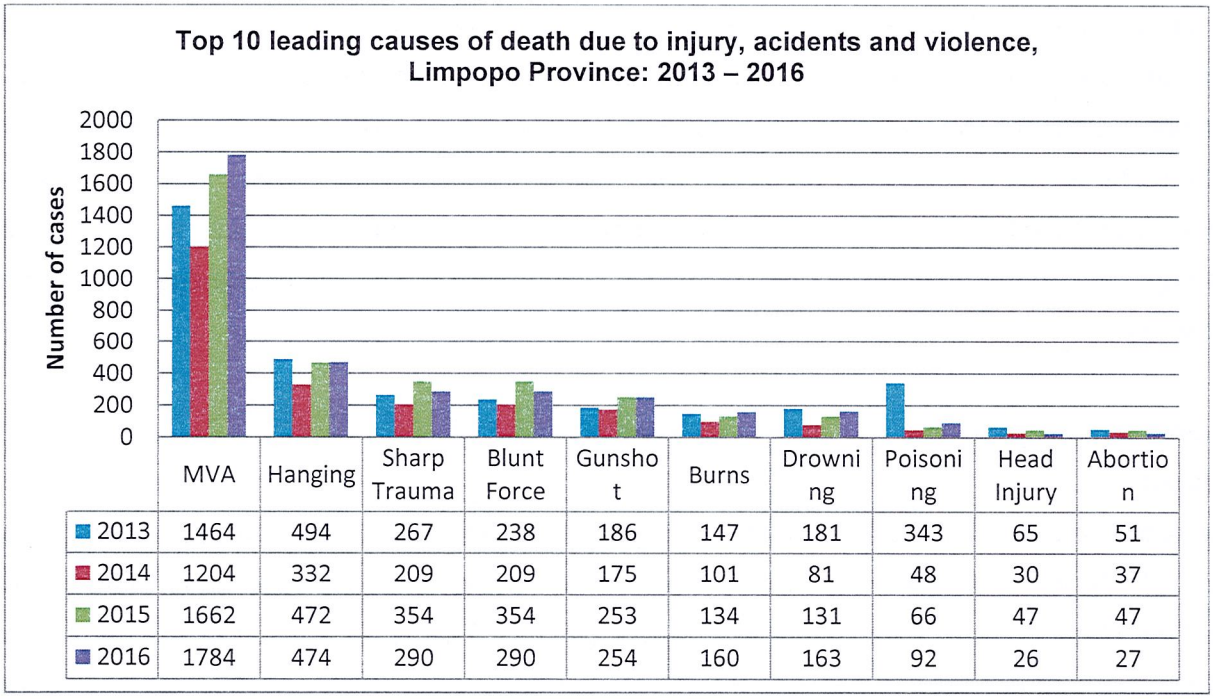
Various research initiatives are underway to find innovative ways to counter the higher levels of transmission. While there are ongoing activities in creating community awareness and training of health care workers, there will also be a focus on refining parasite surveillance tools, using a Geographical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

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

### Intentional and Unintentional Injuries

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

**Figure 34. Top 10 leading causes of mortality due to injury, accidents & violence in Limpopo, 2013 – 2016**




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

Source: Limpopo Department of Health, DHIS

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

### Management performance assessment tool (MPAT)

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

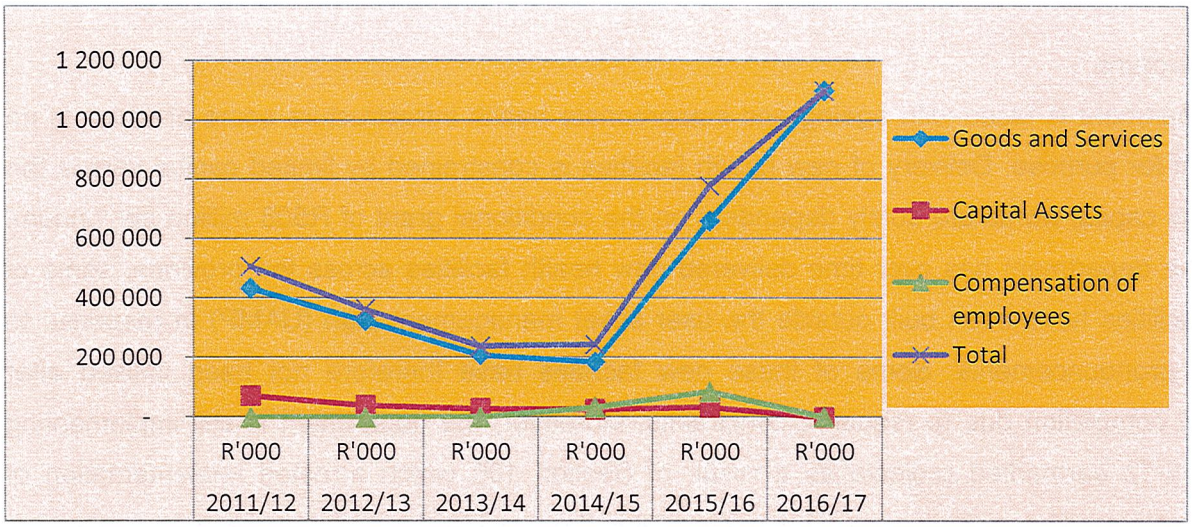
Whilst the department has shown an improvement from the MPAT 1.5 to 1.6 in other areas, the department is still performing below expected levels in number of other areas within different key performance areas. The below par performance is largely attributed to record management of key departmental activities, where records are available – albeit some will not be complete, and lack of complete evidence on activities that department would have executed. The department has adopted MPAT as a continuing process rather than a once of annual project. The approach is to have close monitoring of the MPAT improvement plan and report regularly to the executive management on the progress and/or challenges in improving the quality of management practices in the department.

### Financial management

#### *Budget*

The actual departmental budget growth is ranging from 4.8%, 5.3% and 6.6% in 2017/18, 2018/19 and 2019/20 financial years respectively. The budget however shows a huge deficit in the baseline over the Medium Term Expenditure Framework (MTEF). This is as a result of the departmental budget that has not been in line with the Consumer Price Index (CPI) over the last five (5) years when taking into consideration the actual expenditure of the department. The anticipated budget growth does not consider the previous underfunding that resulted in the growth of accruals from R184m in 2012/13 to R1.1 billion in 2016/17 financial year as depicted in Figure 35. Albeit the department has not incurred unauthorized expenditure over the last five years, there is a high growth of accruals and payables over the same period. The yearly accruals and payables has grown from 1.4% in 2012/13 to 6.4% against the national average of less than 2% of the total budget of the Department.

**Figure 35.** ***Accruals and payables growth over a 5 year period 2012/13 to 2016/17 F/Y.***




Budgetary challenges that are facing the department pertaining to COE are associated to: (1) the improvement of conditions of service (ICS) for level 1-12 which was implemented at 7.3% in 2016/17 whereas the funding was provided at 6.4%; and (2) the performance bonus and pay progression which were not budgeted for due to the COE being ring-fenced per 2016 MTEF. In terms of the goods and services, the department experiences inadequate funding to fully cover contractual liabilities of the department. As a result, accruals totalling R997.8 million had to be paid in the 2017/18 financial year. Furthermore, transfers and subsidies (household and departmental agencies) as well as the social benefit payments (leave gratuity) have escalated leading to a projected shortfall of R34 million.

***Financial accounting***

The department is unable to pay invoices within 30 days largely due to underfunding and lack of financial human resource capital at Pharmaceutical Depot. The pharmaceutical services depot handles an average of 4,000 of 6,000 departmental invoices per month i.e. 66.7% of the departmental invoices. This adds on to the departmental accruals in a financial year. Over and above the depot invoices, there is a high volume of invoices carried over from previous financial years impacting negatively on the processing of current financial year payments. In addition, the delay in Central Supplier Database (CSD) registration by suppliers affected processing of payments. A conversation between the department and Provincial Treasury on the funding of health is a work-in-progress. On the other hand, the department is strengthening the financial management in order to reduce any financial management inefficiency.

## Health facilities management (Infrastructure)

### *Infrastructure*

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

### *Maintenance*

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

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

In this challenging period where the economy is not growing and funding is limited, the department commits to continually strive towards having facilities that allow efficient health service delivery, which could be through building new facilities, rehabilitating older facilities and essential maintenance.

**Medico-legal Services**

The departmental trends of medico-legal claims are increasing. In 2014-15 financial year ninety-three (93) new claims were registered; in the subsequent financial year 2015-16, a hundred & thirty-two (132) new claims were registered; and two hundred & thirty-three (233) new claims were registered 2016-17 financial year. Currently, the total budgetary threat from medico-legal claims exceeds R2.1 billion. The amount paid to date for settled and lost claims is more than R74 million. Current total savings through medico-legal claims intervention exceeds R166 million as constituted by defensible cases and successful alternate dispute resolution. The support the department receives from the office of the state attorneys remains a crucial aspect of medico-legal claims management. The department envisages conducting a Medico-legal Policy review and having the amended policy ratified in 2017-18 financial year. The implementation of the reviewed Medico-Legal Policy is expected to constitute a cutting edge of managing medico-legal claims by the department.

**Information Management**

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

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

In addressing the above-mentioned areas of weakness, the department will ensure that there is full Implementation and compliance to the DHMIS policy and SOP's. The department is embarking on the provision of WIFI routers to all facilities so that data is captured at facility level. There will be

efforts to introduce Daily Data Capturing at all the facilities. The department will ascertain provision of regular feedback to lower levels in regards to quality of data and programme performance. The department will enforce that data Management be part of the Managers' performance instruments. Monthly data review meetings will be strengthened.

**Laboratory and blood services**

In addressing the ever escalating costs towards National Health Laboratory Services (NHLS) and South African National Blood Services (SANBS), the department has managed to identify top ten (10) doctors or spenders, a further top ten (10) cost drivers and top ten (10) most frequently requested tests at specific hospitals. Furthermore, the department has identified weaknesses that also lead to high expenditures towards NHLS and SANBS. These weaknesses include lack of protocols to monitor usage of SANBS blood products at hospitals; none-functional hospital transfusion committees at other hospitals; failure to keep registers of usage of SANBS products; NHLS MCDS (Minimal Clinical Data Set) not available at most hospitals as well as poor attendance of quarterly service review meetings by clinical managers. In addressing the aforementioned weaknesses, the department is developing tools/protocols for guiding doctors and nurses on ordering of NHLS and SANBS products.

**Allied Medical Services**

The department has achieved thirty-six (36) of forty (40) hospitals providing full rehabilitation services. That has seen all districts providing community based rehabilitation services. Although there are challenges related to the backlog in the provisioning of assistive devices, in the period 2016-17 a centralized procurement assisted in addressing the assistive devises backlog. Consequently, clients continued to receive adequate rehabilitation service at most hospitals.

The realised strides are not without challenges. The department is still experiencing a limited rendering of rehabilitation services at primary health care PHC) level with the service complement not fully established at all hospitals.

As a result, the lack of rehabilitation services at PHC level is limiting access to this service, resulting in a burden shifted to hospitals. The department intends to establish rehabilitation services at 43 PHC facilities and continue with fast-tracking provisioning of assistive devices.

**Health Technology**

The department is experiencing a shortage of medical equipment at institutions especially at the primary health care level. Maintenance of medical equipment remains a challenge, as some of the equipment is old and out-dated. In addition, lack of clinical engineers at district level is another challenge that affects periodical maintenance of health technology. However, revitalization and

enabling works projects alleviated the shortage of health technology equipment in various facilities. The department is addressing the inadequate management of health technology systems (i.e. procurement, replacement, commissioning, maintenance and de-commissioning). Furthermore, the department is establishing five (5) district health technology units. In addition, the department is addressing health technology challenges through pooling of financial resources which will ensure a more equitable distribution of health technology resources through prioritization.

**Pharmaceutical Services**

The department is experiencing low medicine availability at the depot due to supplier problems. However, medicine availability at the primary health care and hospitals is at an acceptable level. Nonetheless, the 2016-17 f/y saw the department continuing with implementation of stock visibility system (SVS) at the primary health care level. In addition, chronic conditions medicine direct delivery is implemented in all districts. Furthermore, in the 2016-17 financial year the department implemented the Rx Solution pharmaceutical management system at all hospitals. In August of the same financial year (2016-17), a warehouse stock management system was approved for implementation at the depot.

The challenge of inadequate management of pharmaceutical services at Primary Health Care Level is been addressed through training of Pharmacist Assistants for placement at PHC level upon completion. The department will further strengthen stock visibility system at all PHC facilities towards an informed push stock replenishment model. Furthermore, the department will continue implementing the dispensing model of Rx Solutions at the hospitals. In addition, there will be a rollout of Intenda platform for depot warehousing, procurement & supplier management.

**Emergency medical services**

Emergency medical services are quite an integral part of a well-functioning health care service. Thus far, the department has achieved to combine emergency medical services and the planned patient transport. However, there are still challenges related to insufficient coordination of the planned patient transport. In improving rapid and appropriate transportation of obstetric and neonatal patients, the department commissioned twenty (20) obstetric ambulances. This achievement paved way for provision of obstetric emergency services in all the five districts. In addition, and zooming into obstetrics patients, EMS staff was trained in Essential Steps to Manage Obstetric Emergencies (ESMOE). Even though the majority of EMS facilities are not purpose built, the department is working on addressing the challenge. Hence, the completion of three (3) purpose built stations to fulfil the need.

In keeping pace with the fast aging fleet, the department has commissioned eighty (80) EMS vehicles. The department will continue procuring EMS vehicles in 2018-19. In efforts to improve fleet management and dispatch, the department has procured the push to talk (PTT) communication system – which its phase one (1) function shall commence during the 2017-18 financial year. The department envisage to have implemented a computer aided dispatch and vehicle monitoring system.

**Oral Health**

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

However, full dental laboratories have been established in Mankweng/ Polokwane. Establishment of oral health services at specialised hospital is underway. At Thabamoopo Hospital, services have been partially established. The department will continue establishing the oral health services at specialised hospitals. Services shall be marketed in order to increase restorations while decreasing on extractions.

**Information and commutation technology (ICT)**

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

**Records management**

In 2016-17 financial year the department approved policies and procedure manuals in all categories of records. Importantly, the procurement of the twelve (12) mobile containers to alleviate the storage space problem is at an advance stage. Furthermore, the acquisition of an Electronic

Records Management system aimed at improving the management of records in the Department is in progress. In spite of these progresses, the department is still experiencing weaknesses pertaining to the lack of disaster preventative, fighting and recovery resources as well as shortage of filling storage resulting in haphazard filing of records which impacts negatively on patients' waiting time and audit outcome.

Among other weaknesses include: (1) disposal and archival backlog for both old and terminated records; (2) lack of electronic records tracking system; (3) lack of offsite storage to keep vital records; and (4) long patient records retrieval time due to the distance between OPD and records storage in some hospitals. The department plans to address some of the above challenges by migrating paper records to electronic records, considering acquiring of adequate storage through outsourcing for the archival of inactive records, and fast-tracking the filling of vacant position through permanent appointment.

## 5. ORGANISATIONAL ENVIRONMENT

### 5.1 Summary of the organisational structure

- **Provincial Head Office**

- As part of the Section 100 1 (b) intervention, DPSA embarked on the development of Service Delivery Model to realign the structure with the departmental strategic plan. From 2012 up to 2014, the Department together with the DPSA, embarked on the process to relook into the functional arrangements of the Provincial Head Office structure with a view to reorganise the department in line with Service Delivery Model and in alignment with the Departmental Strategic Plan. The mandate of this process was aimed at developing a generic structure for all Departments of Health in terms of the Outcome 12 of the Service Delivery Agreement.

- The structure was finally reviewed and submitted to MPSA for comments during 2014/15 financial year and approved by the MEC during May 2015.

- Whilst the department was still in the process of consultations with a view to implement the approved structure, Provincial Treasury instructed the department to review its organisational structures and rationalise the posts/functions to ensure that the functional and approved structure is within the funded budget structure. The intend to finalise the process before the new financial year, i.e. 2018/19.

- **Institutional Levels**

- The department also aligned institutional structures with the gazette on the re-classification of hospitals during 2015/16. The structures were duly captured on PERSAL and implemented.

- The current review process will be cascaded to the District Offices and subsequently to the facilities, i.e. Hospitals, Community Health Centres and Clinics.

- Consequently, the department will continue to conduct job evaluation on all newly created, redesigned SMS and lower level posts so that the reviewed structure can be properly forwarded to MPSA for comments and inputs.

### 5.2 Imbalances in service structures and staff mix

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

Speech, Strategic Plan, Sustainable Development Goals, National General Council Reports and the Limpopo Growth and Development Plan. The underlying core principles guiding the restructuring in the Department are as follows:

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

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

### 5.3 Summary of performance against Provincial Human Resource Plan

- **Current deployment of staff**

In terms of the current approved organisational structure, the Department has a total number of **63 460** posts including both core and support. Based on this structure, the total number of filled posts is **34 564**. The number of vacant posts is **28 896** which gives a vacancy rate of **46%.** In terms of outcome 12, all government departments are expected to implement the Persal Clean-up project and one of the outputs of the project is to abolish all unfunded vacant posts from the Persal system. Post status after Persal Clean-up project is reflected as follows: Total number of approved posts: **36 208**; filled posts: **34 564**; vacant posts: **1 644**; and vacancy rate is at **5%**.

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

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

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

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

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

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

- **Absenteeism and staff turnovers**

According to the absenteeism and staff turnover report of 2015/16 the high workload in the Department which is influenced by the high vacancy rates of health workers, contributes to burn out resulting in absenteeism and negative staff turnover. Absenteeism is analysed from the following types of leaves, vacation, sick leave, responsibility leave, unauthorised leaves and any other form of absenteeism.

Absenteeism due to sick and disability leave impacts negatively on health service delivery. The department is currently strengthening the application of employee health and wellness programme in order to reduce diseases of life style.

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

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

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

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

## 6. PROVINCIAL SERVICE DELIVERY ENVIRONMENT

### 6.1 Overview of 2016/17 successes

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

Successes/ Achievements

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

- 58 of 65 Primary health care facilities rendered 24 hours services.
- PHC utilization rate increased from 2.5% in 2015/16 to 2.7% in 2016/17 financial year.
- 52 PHC facilities have reach the Ideal Clinic status

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

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

- Measles 2nd dose coverage is improved from 85% in 2015/16 to 94.5% in 2016/17 financial year.
- Child under 5 years Diarrhoea case fatality rate has been reduced from 4.5% in 2015/16 to 2.1% in 2016/17 financial year.
- Cervical screening coverage has been improved from 50.1% in 2015/16 to 55.7% in 2016/17 financial year.
- Antenatal 1st visit before 20 weeks rate has improved from 60.7% in 2015/16 to 65.7% in 2016/17 financial year.

**Comprehensive HIV and AIDS, STI and TB programme**

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

- Infant 1st PCR positive around 10 week's rate has reduced from 2.1% in 2015/16 to 1.2% in 2016/17.
- TB client treatment success rate is 83.2% compared to 81.4% of the previous financial year.
- TB/HIV co- infected clients on ART rate improved from 85% to 91.7%.

**Governance structures**

- The Accounting Officer and Chief Financial Officer were appointed as part of strengthening the management and leadership of the Department.
- Mental Health Review Boards, Hospital boards, Clinic and Community Health Centre committee and District Health Council were appointed.

### 6.2 Challenges in service delivery

During the 2016/17 financial year, the Department has encountered the following challenges:

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

### 6.3 Mitigating factors

Mitigating factors include:

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

TABLE A8: HEALTH PERSONNEL IN 2017/18

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

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

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

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

## 6.4 LEGISLATIVE MANDATES AND NEW POLICY INITIATIVES

### a) Constitutional mandates

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

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

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

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

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

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

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

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

(b) sufficient food and water; and

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

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

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

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

## b) Legal mandates

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

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

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

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

- **National Health Amendment Act, 2013**

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

**Legislation falling under the Minister of Health's portfolio**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Provides for the administration of matters pertaining to human tissue.

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

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

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

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

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

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

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

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

- **Sterilisation Act, 44 of 1998**

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

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

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

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

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

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

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

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

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

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

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

- **Nursing Act, 33 of 2005**

Provides for the regulation of the nursing profession.

**Other legislation in terms of which the Department operates**

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

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

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

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

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

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

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

Provides for the testing and analysis of drunk drivers.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## c) Policy Mandates

### National Mandates

### Operation Phakisa (Ideal Clinic)

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

The baseline on the status determination conducted in 2016 -17 was 449 of 479 clinics. With Capricorn and Vhembe districts having conducted 100% of their clinics. Sekhukhune, Mopani and Waterberg districts did not complete the status determination. The outstanding baseline determination for the three districts is 30 clinics. 149 clinics scored above 70% of which 42 clinics achieved ideal clinic status, 82 clinics scored between 60% and 69% while 218 score below 59%.

Out of the 27 clinics that achieved ideal status in 2015-16 only 15 clinics remained ideal. In 2016 -17 42 clinics achieved ideal clinic status, totaling to 57 Ideal clinics. Ideal clinic status is categorized into three levels – Platinum, Gold and Silver. The following categories were achieved Platinum – 1, Gold –7 and Silver – 49.

Contributing factors for non- achievement of ideal clinic status are the following : Slow procurement processes, insufficient funds, Maintenance of facilities and medical equipment, Unavailability of service level agreements with sector departments, High vacancy rate of Operational Managers and cleaners.

The following strategies will be implemented to address the above named challenges: Continue with centralisation of procurement medical equipment and strengthen the district finance sections. Establishment of maintenance hubs and enter into memorandum of understanding with TVET colleges for maintenance support. Appointment of Operational Managers, Cleaners and Artisans. Continue strengthen collaboration with municipalities for EPWP personnel.

**Integrated School Health Programme (ISHP)**

The department continue to implement the integrated school health policy with the department of basic education and social development. At least twenty (20) dedicated school health vehicles were procured. Campaigns on human papilloma virus (HPV) to grade four (4) learners aged from 9 years and older are provided and we continue to achieve a target of above 80% with the first dose. Number of grade one (1) learners screened is at 46,332 and grade eight (8) learners screened are at 19197. The department is experiencing lack of dedicated teams and transport for school health services. The department will continue with efforts to appoint dedicated teams and procure extra transport for school health services.

**National Health Insurance (NHI)**

National Health Insurance (NHI) was launched by the Minister of Health in 2012. In the province NHI is piloted in Vhembe District. Funding of NHI happens through direct and indirect grants. Direct grant funds the testing of service delivery and provision innovations while indirect grant is serves to fund major contracts e.g. CCMDD, GP contracting, facilities infrastructure improvements, and eHealth. Budget is allocated through a business plan that is approved at National Department of Health. Albeit budget spending from 2012-13 financial was at the low of 35.8%, expenditure trends started improving immediately in the subsequent financial years to a recent 100% spent in 2016-17 financial year.

The Department ensures that the grant is spent on three broad areas as also outlined in the NHI White Paper (Chapter 6 & 8) i.e. PHC re-engineering; improved access to health care services; and facilities infrastructure improvement. In terms of PHC re-engineering, Ward-based outreach teams have appointed, district clinical specialist team (DCST) has established, and integrated school health programme (ISHP) is functional. In improving access to health care services, the department has ensured that the centralised chronic medicine dispensing and distribution (CCMDD) is rolled out in a hundred and thirty-one (131) facilities including hospitals with fourty-two thousand (42 000) patients enrolled. In addition, thirty-nine private general practitioners (GPs) have been contracted. This benefited a total of ninety-eight clinics which are supported by NHI contracted GPs. In improving facilities infrastructure, additional consultation rooms have been built at various

clinics. The eHealth project is under way – it is aiding having connecting facilities, embarking on the patient administration system, and web DHIs.

However, there are some areas that need improvement including among others: slow network; inadequate space (consultation rooms in other facilities); inadequate vehicles for ISHP; vehicles for WBOT team leaders to conduct supervision; late delivery of medicine parcels by service providers and late collection of medicine parcels by patients. The department intends addressing some of these weaknesses through: 1. Stringent monitoring of service providers who deliver medicine parcels and community mobilisation education or tracing patients through WBOTs; 2. Strive to budget for procurement of at least one or two ISHP vehicle per year; 3. Continue building additional consultation rooms in phases; and 4. Activate and distribute the purchased mobile WIFI routers.

## d) Relevant court rulings

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

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

## 7. OVERVIEW OF THE 2017/18 BUDGET AND MTEF ESTIMATES

The Department has been allocated an amount of R18.0 billion in the 2017/18 financial year to deliver the healthcare services in Limpopo Province. The overall health budget increased from R16.3 billion in the 2016/17 financial year to R18.0 billion in 2017/18. This indicates an accumulative growth of 10.4% over the two years.

The budget is projected to grow from R19.5 billion in 2018/19 to R21.7 billion in the year ending 2020/21. This represents a cumulative growth of 11.3%. The funding however does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

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

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

### 1. Equitable share

The baseline for 2018/19 financial year shows a 7.3% growth as compared to the 2017/18 final Main Appropriation including additional allocation from the Provincial Revenue Fund.

### 2. Conditional grants

The total conditional grants allocation increased by 13.8% or R330 million in the 2018/2019 financial year, which is mainly on Comprehensive HIV & AIDS and introduction of Human Papilloma virus grant. This will assist addressing shortfall currently experienced within the Antiretroviral Treatment Programme. The rest of the conditional grants have grown by an average of 5.7% which is slightly above the CPIX of 5.9%.

### 7.1 Expenditure estimates

### Table 3. Expenditure estimates

| | Programme R'000 | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimate | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| 1. | Administration | 251 162 | 263 512 | 291 847 | 304 208 | 306 639 | 306 639 | 306 375 | 322,315 | 340,041 |
| 2. | District Health Services | 9 280 312 | 9 849 561 | 11 012 374 | 11 421 925 | 11 938 062 | 12 734 392 | 12 518 883 | 13 277 140 | 14 069 900 |
| 3. | Emergency Medical Services | 548 264 | 645 108 | 688 643 | 728 879 | 733 879 | 733,879 | 735 863 | 768,788 | 811,070 |
| 4. | Provincial Hospital Services | 1 953 932 | 2 010 588 | 2 201 049 | 2 364 442 | 2 420 208 | 2,469,363 | 2,537 298 | 2 663 074 | 2 809 543 |
| 5. | Central Hospital Services | 1 356 562 | 1 467 011 | 1 654 115 | 1 768 187 | 1 784 867 | 1,784,867 | 1 868 220 | 1 970 134 | 2 104 911 |
| 6. | Health Sciences and Training | 478 131 | 484 702 | 621 609 | 660 477 | 611 538 | 611,538 | 671 825 | 705 588 | 752 549 |
| 7. | Health Care Support Services | 92 012 | 107 499 | 116 823 | 140 446 | 146 772 | 146,772 | 141 521 | 146 021 | 153 903 |
| 8. | Health Facilities Management | 563 913 | 602 206 | 629 251 | 652 172 | 662 172 | 702 172 | 729 277 | 659 249 | 696 701 |
| | **Sub-total** | | | | | | | | | |
| | **Direct charges** | 1 822 | 1 902 | 1 902 | 2 040 | 1 902 | 1 902 | 2 158 | 2 280 | 2 405 |

| | Programme R'000 | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimate | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| | against the National Revenue Fund | | | | | | | | | |
| | Total | | | | | | | | | |
| | Change to 2010/11 budget estimate | 14 526 110 | 15 432 089 | 17 217 613 | 18 042 777 | 18 606 038 | 19 491 524 | 19 511 420 | 20 514 589 | 21 741 023 |

**Table 4. Summary of provincial expenditure estimates by economic classification**

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **13 459 667** | **14 364 607** | **16 004 000** | **16 684 080** | **17 271 803** | **18,156,820** | **18 312 098** | **19 275 734** | **20 475 084** |
| Compensation of employees | 10 336 806 | 11 352 270 | 12 218 485 | 12 999 392 | 13 024 160 | 13,323,007 | 14 262 668 | 15 214 179 | 16 203 150 |
| **Goods and services** | **3 122 861** | **3 012 337** | **3 785 515** | **3 684 687** | **4 247 643** | **4,833,813** | **4 049 430** | **4 061 555** | **4 271 934** |
| Communication | 56 157 | 58 595 | 74 168 | 58 152 | 62 153 | 67,382 | 68,808 | 71,892 | 70,846 |
| Computer Services | 159 241 | 83 296 | 125 887 | 96 710 | 121 710 | 115,408 | 30,413 | 30,513 | 15,027 |
| Consultants, | 747 891 | 761 777 | 980 526 | 776 124 | 785 428 | 896 563 | 913 506 | 828 992 | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Contractors and special services | | | | | | | | | 902 060 |
| Inventory | 1 370 685 | 1 286 813 | 1 692 104 | 1 805 415 | 2 093 462 | 2 487 736 | 2 318 086 | 2 401 433 | 2 548 958 |
| Operating leases | 24 536 | 17 820 | 16 511 | 42 043 | 42 043 | 16,735 | 21,547 | 22,497 | 22,544 |
| Travel and subsistence | 89 490 | 89 853 | 88 859 | 59 724 | 66 424 | 74,605 | 39,652 | 40,229 | 41,266 |
| Maintenance , repair and running costs | 142 452 | 148 741 | 179 037 | 152 468 | 214 333 | 215,635 | 131,836 | 131,652 | 134,893 |
| Specify Other | 532 409 | 565 442 | 628 423 | 694 051 | 862 090 | 959 749 | 525 582 | 534 347 | 536 340 |
| Payment for financial assets | **3 447** | **1 558** | 10 692 | | | | | | |
| **Transfers and subsidies to** | **569 317** | **566 788** | **781 045** | **706 760** | **742 520** | **742,522** | **649 203** | **664 507** | **683 342** |
| Provinces and municipalities | 6 277 | 16 490 | 23 589 | 24 769 | 25,253 | 25,253 | 15,619 | 591 | 623 |
| Departmental agencies and accounts | 35 073 | 9 623 | 74 830 | 15 841 | 39 300 | 39,301 | 15,112 | 15,847 | 16,719 |
| Non-profit institutions | 297 334 | 332 290 | 362 582 | 421 398 | 415 426 | 415,426 | 380,367 | 406,290 | 420,794 |
| Households | 230 633 | 208 385 | 320 044 | 244 752 | 262 541 | 262,542 | 238,105 | 241,779 | 245,206 |
| **Payments for capital assets** | **493 679** | **499 136** | **421 876** | **651 937** | **591 715** | **592,182** | **550 119** | **574 348** | **582 597** |
| Buildings | 379 212 | 301 410 | 262 357 | 184 609 | 184 609 | 229,935 | 357 494 | 358 550 | 358 550 |
| other fixed | | | | | | | | | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| structures | | | | | | | | | |
| Machinery and equipment | 114 467 | 197 726 | 159 491 | 467 328 | 407 106 | 362,247 | 192,625 | 215,798 | 224,047 |
| Software and other intangible assets | | | 28 | | | | | | |
| **Total economic classification** | **14 526 110** | **15 432 089** | **17 217 613** | **18 042 777** | **18 606 038** | **19,491,524** | **19 511 420** | **20 514 589** | **21 741 023** |

### 7.2 Relating expenditure trends to specific goals

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

| | Audited/actual | | | Main Appropriation | MTEF projection | | |
|---|---|---|---|---|---|---|---|
| **Expenditure** | **2014/15** | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** |
| **Current prices[1]** | | | | | | | |
| Total[2] | 14,526 | 15,432 | 17,217 | 18,042 | 19,511 | 20,514 | 21,741 |
| Total per person | 2.74 | 2.97 | 3.38 | 3.55 | 3.83 | 4.03 | 4.27 |
| Total per uninsured person | 2.59 | 2.75 | 3.07 | 3.21 | 3.47 | 3.65 | 3.87 |
| **Constant (2008/09) prices[3]** | | | | | | | |
| Total[2] | 16,124 | 16,975 | 16,356 | 16,238 | 16,779 | 17,642 | 18,697 |
| Total per person | 3.0 | 3.1 | 3.0 | 3.0 | 3.1 | 3.3 | 3.5 |
| Total per uninsured person | 14,898 | 15,685 | 15,113 | 15,004 | 15,504 | 16,301 | 17,276 |
| **% Of Total spent personon:** | | | | | | | |
| DHS | 22.7% | 27.2% | 27.6% | 28.3% | 28.1% | 28.1% | 26.5% |
| PHS | 6.1% | 6.3% | 6.2% | 5.7% | 5.6% | 5.6% | 5.3% |
| CHS | 3.8% | 4.5% | 4.6% | 5.1% | 5.0% | 5.0% | 4.7% |
| All personnel | 25.1% | 27.9% | 27.7% | 28.1% | 26.0% | 24.7% | 23.3% |
| Capital | 4.7% | 7.1% | 5.8% | 7.1% | 6.6% | 6.3% | 5.9% |
| Health as a % of total public expenditure | 36.5% | 35.0% | 35.2% | 35.1% | 36.9% | 38.1% | 39.5% |

1. Current price projections for the MTEF period are not required as these figures will be the same as the Constant price projections for the same years
2. Including maintenance. Capital spending under the public works budget for health should be included. This should equal the amounts indicated in tables HFM 1 and 2 and should exclude non-HFM capital falling under the Treasury definition of Capex (i.e. more than R5, 000 and lasts more than a year).

3. The CPIX multipliers in Table A4 should be should be used to adjust expenditure in previous years to 2008/09 prices.
4. District health services; any change in content of the budget programme should be indicated.
5. Provincial hospital services or previous designation; any change in content of the budget programme should be indicated
6. Central hospital services or previous designation; any change in content of the budget programme should be indicated.

## PART B - PROGRAMME AND SUB-PROGRAMME PLANS

### 1. BUDGET PROGRAMME 1: ADMINISTRATION

#### 1.1 PROGRAMME PURPOSE

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

#### 1.2 PRIORITIES

- Obtain unqualified audit opinion and among other things ensure compliance to payment of suppliers within 30 days, maintenance of credible Asset Register, compliance to Supply Chain Management prescripts, completeness of revenue.
- Increase number of fixed PHC facilities with access to broadband.

**Table 6. Administration - Provincial Strategic Objectives and annual targets**

| Strategic objective | Indicator | Indicator type | Audited/ Actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| **To improve human resource for health** | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 1. Number of medical specialists appointed ** | No | 14 | 11 | 18 | 10 | 20 | 20 | 20 |
| | 2. Number of cleaners appointed (ward attendants) | No | 136 | 20 | 0 | 110 | 200 | 200 | 200 |
| | 3. Number of grounds men appointed | No | 27 | 12 | 40 | 50 | 184 | 184 | 184 |
| | 4. Number of porters appointed** | No | 21 | 17 | New indicator | New indicator | 20 | 20 | 20 |
| **Provide efficient and effective financial management system** | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 5. Audit opinion from Auditor-General | Categorical (QPR) | Unqualified audit opinion | Qualified audit opinion | Qualified audit opinion | Unqualified audit opinion | Unqualified audit opinion | Unqualified audit opinion | Unqualified audit opinion |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 6. Percentage compliance to payment of suppliers within 30 days | % | 72.43% | 75% | 61% | 100% | 100% | 100% | 100% |

| Strategic objective | Indicator | Indicator type | Audited/ Actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | 7. Number of institutions with Credible Asset Register | No | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 |
| | 8. Revenue Collected | R | R165.8 million | R135.6 million | R169.76m illion | R183 million | R193.6 million | R204.4 million | R215.6 million |
| **To improve health management information system** | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 9. Percentage of Hospitals with broadband access | % (QPR) | New indicator | 100% (40/40) | 100% (40/40) | 100% (40/40) | 100% (40/40) | 100% (40/40) | 100% (40/40) |
| | 10. Percentage of fixed PHC facilities with broadband access | % (QPR) | New indicator | 27% (118/444) | 25.1% (120/477) | 40% (191/477) | 60% (286/477) | 100% (477/477) | 100% (477/477) |

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

**Table 7. Administration - Quarterly targets**

| Indicator | Frequency (Quarterly, Bi-annual, Annual | Annual Targets 2017/18 | Targets | | | |
|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 |
| 1. Number of medical specialists appointed | Annual | 20 | - | - | - | 20 |
| 2. Number of cleaners appointed (ward attendants) | Annual | | - | - | - | 200 |

| Indicator | Frequency (Quarterly, Bi-annual, Annual | Annual Targets 2017/18 | Targets | | | |
|---|---|---|---|---|---|---|
| | | | Q1 | Q2 | Q3 | Q4 |
| 3. Number of grounds men appointed | Annual | | - | - | - | 184 |
| 4. Number of porters appointed | Annual | | - | - | - | 20 |
| 5. Audit opinion from Auditor-General | Annual | Unqualified audit opinion | - | - | - | Unqualified audit opinion |
| 6. Percentage compliance to payment of suppliers within 30 days | Quarterly | 100% | 100% | 100% | 100% | 100% |
| 7. Number of institutions with Credible Asset Register | Quarterly | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 | 58 of 58 |
| 8. Revenue Collected | Quarterly | R193.6 million | R36.7 million | R48.6 million | R52.2 million | R56.1 million |
| 9. Percentage of Hospitals with broadband access | Quarterly | 100% (40/40) | 100% (40/40) | 100% (40/40) | 100% (40/40) | 100% (40/40) |
| 10. Percentage of fixed PHC facilities with broadband access | Quarterly | 60% (286/477) | 45% (214/477) | 50% (239/477) | 55% (262/477) | 60% (286/477) |

## 1.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

### Table 8. Administration - Expenditure estimates

| Sub-programme | Expenditure outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |

| R' thousand | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| MEC's Office | 1,822 | 1 902 | 1 902 | 2 040 | 1 902 | 1 902 | 2 158 | 2 280 | 2 405 |
| Management | 251 162 | 263 512 | 291 847 | 304 208 | 306 639 | 306 639 | 306 375 | 322 315 | 340 041 |
| Corporate Services | | | | | | | | | |
| Property Management | | | | | | | | | |
| **TOTAL** | **252 984** | **265 414** | **293 749** | **306 248** | **308 541** | **308 541** | **308 533** | **324 595** | **342 446** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | **2014/15** | **2015/16** | **2016/17** | **2017/18** | | | **2018/19** | **2019/20** | **2020/21** |
| **Current payments** | 248 044 | **262 277** | **290 804** | **304 595** | **301 818** | **301,391** | **307 844** | **323 868** | **341 679** |
| Compensation of employees | 204 706 | 218 964 | 245 676 | 262 950 | 258 722 | 258,295 | 278 202 | 293 222 | 309 349 |
| **Goods and services** | **43 338** | **43 313** | **45 128** | **41 645** | **43 096** | **43,096** | **29 642** | **30 646** | **32 330** |
| Communication | 8 215 | 7 811 | 9 075 | 8 431 | 8 431 | 7,921 | 8 712 | 9 200 | 9 706 |
| Computer Services | – | – | | | 612 | – | – | – | – |
| Consultants, Contractors and special services | 10 980 | 0 | 43 | (0) | (0) | (0) | (0) | (0 | (0 |
| Inventory | 3 325 | 1 961 | 2 038 | 2 242 | 2 242 | 2 699 | 2 449 | 2 582 | 2 724 |
| Operating leases | 5 848 | 3 665 | 4 416 | 3 247 | 3 247 | 3,432 | 4 511 | 4 754 | 5 014 |
| Travel and subsistence | 10 968 | 13 418 | 13 316 | 8 349 | 8 349 | 11,663 | – | – | – |
| Maintenance , repair and running costs | -12 927 | 34 | 102 | 1 416 | 1 416 | - | 798 | 200 | 211 |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Specify other | 16 929 | 16 424 | 16 138 | 17 960 | 18 799 | 17 381 | 13 972 | 13 312 | 14 686 |
| **Transfers and subsidies to** | **1 022** | **1 385** | **2 653** | **298** | **4 575** | **5,002** | **313** | **330** | **348** |
| Provinces and municipalities | 23 | 32 | 124 | 25 | 75 | 75 | 25 | 26 | 27 |
| Departmental agencies and accounts | - | - | | | | | | | |
| Universities and technikons | | | | | | | | | |
| Households | 999 | 1 353 | 2 529 | 273 | 4 500 | 4,927 | 288 | 304 | 321 |
| **Payments for capital assets** | **1 471** | **194** | **292** | **1 355** | **2 148** | **2,148** | **376** | **397** | **419** |
| Buildings and other fixed structures | | | | | | | | | |
| Machinery and Equipment | 1,471 | 194 | 292 | 1 355 | 2 148 | 2,148 | 376 | 397 | 419 |
| **Payment of Financial asset** | 2 447 | 1 558 | | | | | | | |
| **Total economic classification** | **252 984** | **265 414** | **293 749** | **306 248** | **308 541** | **308,541** | **308 533** | **324 595** | **342 446** |
| | | | | | | | | | |

## 1.4 PERFORMANCE AND EXPENDITURE TRENDS

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

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

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

The department has spent a total of R812.1 million from 2014/15 to 2016/17 while the 2017/18 budget amounts to R306.2 million and adjusted to R308.5m. The proposed MTEF from 2018/19 to 2020/21 projected at R975.5 million that will be used to maintain and improve the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

**1.5 RISK MANAGEMENT**

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

**Table 10. Administration - Risk management**

| Strategic Objective | Risks | Mitigating factors |
|---|---|---|
| To improve human resources for health | Shortage of scares skilled and supporting staff | Rationalization of human resource<br>Reprioritization of funds allocation<br>Review of structure<br>Finalisation and implementation of memorandum of understanding with the institutions of higher learning |
| | Irregular appointment | Enforce compliance to departmental policies<br>Apply corrective measures for non-compliance |
| | Increased litigations on medical negligence | Provisioning of training for clinical managers and medical doctors on managerial skills and professional ethics and conduct<br>Reduction of medico-legal expenditure through alternate dispute |

| Strategic Objective | Risks | Mitigating factors |
|---|---|---|
| | | resolution (ADR)<br>Reduction of medico-legal expenditure through defence<br>Make representation to the Ministerial Task Team (MTT) to reduce the quantum of that cases we have lost |
| Provide human resource management and development | Ineffective monitoring and evaluation system | Capacity building on monitoring and evaluation |
| To provide efficient and effective financial management system | Loss of revenue | Resolve PHIS operational challenges<br>Billing of all patients onto the system (PHIS) |
| | Inadequate asset management | Take corrective action for non-compliance<br>Improve effectiveness of implementation of BAUD system<br>Provide awareness on asset management procedure manuals |
| | Irregular and unauthorized expenditures | Request adequate funding<br>Disciplinary process for transgressors to be reported to relevant statutory |
| | Theft of state vehicle | Installation vehicle tracking devices<br>Analysis of vehicle demand in public transport industry |
| | Fraudulent transactions processed for payment | Conduct investigations and implement corrective measures accordingly |

| Strategic Objective | Risks | Mitigating factors |
|---|---|---|
| | Non-disclosure of financial interest | Issue annual communiqué on financial disclosure |
| | Misuse of state vehicles and petrol cards | Conduct investigations and implement corrective measures accordingly |
| | Misuse of overtime claims | Apply corrective measures for non-compliance |
| To improve Health Management Information system | Ineffective ICT system | Replacement of the obsolete ICT infrastructure (networks and computers)<br><br>Enhancement of the network security (firewall and malware)<br><br>Procurement and contracting of service provider for PHIS |

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

### 2.1 PROGRAMME PURPOSE

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

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

### 2.2 PRIORITIES

- Conduct National Core Standards and develop quality improvement plans in all district hospitals.
- Strengthening coordination and integration of existing Ward-based Outreach Teams in all districts
- Combating HIV and AIDS and TB through implementation and monitoring of 90-90-90 strategy.
- Decreasing the burden of diseases from Tuberculosis and other Communicable diseases
- Reduce institutional maternal mortality from 165.2/100 000 in 2013/2014 financial year to 130/100 000 in 2018/2019 financial year
- Improve the quality in the management of Childhood illness through training.
- Prevention and control of Non–communicable Diseases (NCDs)

## 2.3 SUB-PROGRAMME: PRIMARY HEALTHCARE SERVICES

### Table 11. District health services facilities by health district in 2016/17

| Health district | Facility type | No.[5] | Population[3] | Population per facility[3] or per hospital bed | PHC Headcount Or Inpatient Separations | Per capita utilisation[3] |
|---|---|---|---|---|---|---|
| **CAPRICORN** | Non fixed clinics[1] | 307 | 1 327 830 | 145977 | 134301 | |
| | Fixed Clinics operated by Local Government | 00 | | 00 | 00 | |
| | Fixed Clinics operated by Provincial Government[2] | 96 | | 1 064 900 | 983 359 | |
| | Fixed Clinics operated by NGOs | 00 | | 00 | 00 | |
| | Total fixed Clinics | 96 | | 1 064 900 | 983 359 | |
| | CHCs | 4 | | 10 9442 | 110 359 | |
| | **Sub-total clinics + CHCs** | 100 | | 132 0319 | 1 117 660 | |
| | District hospitals[4] | 6 | | | | |
| **MOPANI** | Non fixed clinics[1] | 820 | 1 208 210 | 104 180 | 116 340 | |
| | Fixed Clinics operated by Local Government | 0 | | 00 | 00 | 00 |
| | Fixed Clinics operated by Provincial Government[2] | 97 | | 927 085 | 1 159 463 | 2.98 |
| | Fixed Clinics operated by NGOs | 0 | | 00 | 00 | 00 |
| | Total fixed Clinics | 97 | | 927 085 | 1 159 463 | 2.98 |
| | CHCs | 8 | | 168 843 | 214 260 | 3.02 |
| | **Sub-total clinics + CHCs** | 105 | | 1 095 928 | 1 373 723 | 2.98 |
| | District hospitals[4] | 6 | | 957 226 | 130 567 | 75.7 |
| **SEKHUKHUNE** | Non fixed clinics[1] | 402 | 1 215 433 | Nil | Nil | Nil |
| | Fixed Clinics operated by Local Government | 00 | | 1 154 586 | 2 682 957 | R 352. |
| | Fixed Clinics operated by Provincial Government[2] | 84 | | 00 | 00 | 00 |
| | Fixed Clinics operated by NGOs | 00 | | 00 | 00 | 00 |
| | Total fixed Clinics | 84 | | 1 154 586 | 2 682 957 | R 352. |
| | CHCs | 3 | | 1 154 586 | 2 682 957 | R 352. |
| | **Sub-total clinics + CHCs** | 87 | | 1197 095 | 2 682 957 | R741 |
| | District hospitals[4] | 5 | | 939 764 | 41112 | R2942 |
| **VHEMBE** | Non fixed clinics[1] | 1 033 | 1 436 407 | 142 474 | 465 919 | 3.3 |
| | Fixed Clinics operated by | 00 | | 00 | 00 | 00 |

| Health district | Facility type | No.[5] | Population[3] | Population per facility[3] or per hospital bed | PHC Headcount Or Inpatient Separations | Per capita utilisation[3] |
|---|---|---|---|---|---|---|
| | Local Government | | | | | |
| | Fixed Clinics operated by Provincial Government[2] | 116 | | 1 026 017 | 3167 409 | 2.6% |
| | Fixed Clinics operated by NGOs | 00 | | 00 | 00 | 00 |
| | Total fixed Clinics | 116 | | | | |
| | CHCs | 8 | | 176 657 | 487 837 | 2.9% |
| | **Sub-total clinics + CHCs** | 124 | | 1 262 674 | 3655 246 | 2.6% |
| | District hospitals[4] | 6 | | 1156 | 65 517 | 72.9% |
| **WATERBERG** | Non fixed clinics[1] | 1 337 | 705 068 | 58738 | 120766 | 2.4 |
| | Fixed Clinics operated by Local Government | | | 00 | 00 | 00 |
| | Fixed Clinics operated by Provincial Government[2] | 61 | | 00 | 00 | 00 |
| | Fixed Clinics operated by NGOs | 00 | | 00 | 00 | 00 |
| | Total fixed Clinics | 61 | | 660893 | 1405769 | 1.2 |
| | CHCs | 2 | | 28295 | 63574 | 1.6 |
| | **Sub-total clinics + CHCs** | 63 | | 689188 | 1469343 | 5.2 |
| | District hospitals[4] | 7 | | | 1 431 219 | |
| **PROVINCE** | Non fixed clinics[1] | | 5 896 445 | 451 366 | 1 048 600 | |
| | Fixed Clinics operated by Local Government | | | 00 | 00 | 00 |
| | Fixed Clinics operated by Provincial Government[2] | 452 | | 4172588 | 7 674 270 | |
| | Fixed Clinics operated by NGOs | | | 00 | 00 | 00 |
| | Total fixed Clinics | 452 | | 4 833 151 | 9 080 039 | |
| | CHCs | 25 | | 522 383 | 983 674 | |
| | **Sub-total clinics + CHCs** | 477 | | 5 623 951 | 10 298 899 | |
| | District hospitals[4] | 30 | | | | |

**Table 12. DHS - Situational analysis indicators for PHC**

| Programme Performance Indicators | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| Ideal clinic status rate | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| PHC utilisation rate | No | 2.6 (15 269 005/5 803 938) | 2.6 (3 440 114/1 314 885) | 2.8 (3 430 021/1 193 292) | 2.2 (2 682 957/1 192 651) | 2.9 (4 125 804/1 410 796) | 2.3 (1 590 109/692 314) |
| Complaint resolution within 25 working days rate | % | 98.9 (4 520/4 569) | 98 (1 198/1 222) | 99.1 (956/965) | 99 (1 011/1 021) | 100 (568/568) | 99.1 (786/793) |

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

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Ideal clinic status rate | % (QPR) | New indicator | New indicator | New indicator | New indicator | 30% (143/477) | 35% (167/477) | 40% (191/477) |
| | 2. PHC utilisation rate | % (QPR) | 2.6 (14343485/ 5602426) | 2.5 (14 351 491/5671 634) | 2.7% (15269345 /5740816) | 2.7 (15920402/ 5896445) | 2% (15269345/7634 672) | 2% (15269345/763467 2) | 2% (15269345/ 7634672) |
| | 3. Complaints resolution within 25 working days rate | % (QPR) | 95% (5115/5381) | 96.4% (1 524/1 581) | 97.7% (1966/201 2) | 97% (1534/1581) | 95% (1911/2 012) | 95% (1911/20 12) | 95% (1911/2012) |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | 4. Number of PHC facilities open for 24 hours | No | 44 of 65 | 52 of 65 | 57 of 65 | 100 of 150 | 60 of 100 | 70 of 100 | 80 of 100 |
| | 5. Number of PHC facilities implementing the on call service system | No | 244 of 444 | 239 of 379 | 167 of 379 | 223 of 379 | 143 of 344 | 153 of 344 | 163 of 344 |

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

**Table 14. DHS - Quarterly targets for PHC**

| Performance Indicator | Frequency of reporting (Quarterly / bi-annual, Annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Ideal clinic status rate | Annual | % (QPR) | 30% (143/477) | - | - | - | 30% (143/477 |
| 2. PHC utilisation rate | Quarterly | % (QPR) | 2% (15269345/ 7634672) | 2% | 2% | 2% | 2% |
| 3. Complaint resolution within 25 working days rate (PHC) | Quarterly | % (QPR) | 95% (1911/2012) | 95% | 95% | 95% | 95% |
| 4. Number of PHC facilities open for 24 hours | Quarterly | No | 60 of 100 | 50 of 100 | 52 of 100 | 54 of 100 | 60 of 100 |

| Performance Indicator | Frequency of reporting (Quarterly / bi-annual, Annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 5. Number of PHC facilities implementing the on call service system | Quarterly | No | 143 of 344 | 135 of 344 | 137 of 344 | 140 of 344 | 143 of 344 |

### 2.4 SUB-PROGRAMME: DISTRICT HOSPITALS

**Table 15. DHS - Situational analysis indicators for District Hospitals**

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| Average Length of Stay | No | 5.47 | 7.03 | 6.17 | 4.53 | 5.13 | 4.51 |
| Inpatient Bed Utilisation Rate | % | 70.12 | 76.67 | 68.86 | 72.59 | 70.49 | 62.0 |
| Expenditure per PDE | R | 2950.12 | 3439.58 | 2530.48 | 2557.73 | 2876.61 | 3346.21 |
| Complaint Resolution within 25 working days rate | % | 99.07 | 97.93 | 99.07 | 99.05 | 100.18 | 99.11 |

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

| Strategic objective | Programme Performance Indicator | Indicator Type | Audited/ Actual performance | | | Estimate | Medium-term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| Improve access to quality hospital services | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) | % (QPR) | New indicator | New indicator | New indicator | 33% (10 of 30) | 60% (18/30) | 65% (20/30) | 73% (22/30) |
| | 2. Average Length of Stay (District Hospitals) | No (QPR) | 4.2 days (1046825.5/ 246348) | 4.3 days (1047691.5/244100) | 4.3 days (1064747/247001) | 4.3 days (1047691.5/ 244100) | 4 days (1064747/ 266187) | 4 days (1064747/266187) | 4 days (1064747/266187) |
| | 3. Inpatient Bed Utilisation Rate (District Hospitals) | % (QPR) | 69.1% (1046825.5/ 1513851.3) | 70.4% (1 047 691/1 487 750) | 69.6% (1064747/1529882) | 71% | 75% | 75% | 75% |
| | 4. Expenditure per PDE (District Hospitals) | R (QPR) | R 3096.3 (5102696841/1648650.494) | R3006.8 (491 345 709/1 636 064) | R2872.1 | R2781.36 | R3064.53 | R3266.79 | R3267.85 |
| | 5. Complaints Resolution within 25 working days rate (District | % (QPR) | 100% (1830/1825) | 97.7% (1606 of 1643) | 99.2% (1537/1550) | 98%(1613/1646) | 95% (1473/1550) | 95% (1473/1550) | 95% (1473/1550) |

| Strategic objective | Programme Performance Indicator | Indicator Type | Audited/ Actual performance | | | Estimate | Medium-term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | Hospitals) | | | | | | | | |

**Table 17. DHS - Quarterly targets for District Hospitals**

| PROGRAMME PERFORMANCE INDICATOR | QUARTERLY / ANNUAL | INDICATOR TYPE | ANNUAL TARGET 2018/19 | QUARTERLY TARGETS | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals) | Quarterly | % (QPR) | 60% (18/30) | 57% (17/30) | 57% (17/30) | 60% (18/30) | 60% (18/30) |
| 2. Average Length of Stay (District Hospitals) | Quarterly | No (QPR) | 4 days (1064747/266187) | 4 days | 4 days | 4 days | 4 days |
| 3. Inpatient Bed Utilisation Rate (District Hospitals) | Quarterly | % (QPR) | 75% | 75% | 75% | 75% | 75% |
| 4. Expenditure per PDE (District Hospitals) | Quarterly | R (QPR) | R3064.53 | R3064.53 | R3064.53 | R3064.53 | R3064.53 |
| 5. Complaints Resolution within 25 working days rate (District Hospitals) | Quarterly | % (QPR) | 95% (1473/1550) | 95% | 95% | 95% | 95% |

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

### Table 18. DHS - Situational analysis indicators for HAST

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| ART client remain on ART end of month - total | No | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| TB/HIV co-infected client on ART rate | % | 55.7% (5467/9816) | 92.4% (2357/2582) | 96.1% (1810/1883) | 94.40% (1396/1479) | 85.9% (1396/1479) | 93.7% (2093/2234) |
| HIV test done – total | No | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| Male condom distributed | No | 123 436 695 | 29 404 778 | 26 329 135 | 21 757 802 | 28 918 918 | 17 026 062 |
| Medical male circumcision performed – Total | No | 56 041 | 15 016 | 15 042 | 11 308 | 9 577 | 5 098 |
| TB client 5yrs and older start on treatment rate | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| TB client treatment success rate | % | 83.2% (4092/4920) | 70.2% (2732/3893) | 81.9% (2650/3236) | 76.1% (2167/2846) | 79.7% (2786/3494) | 78.4% (12402/16107) |
| TB client lost to follow up rate | % | 5.2% (256/4920) | 6,4% (253/3893) | 3.1% (99/3236) | 6.2% (177/2846) | 7.9% (277/3494) | 7.2% (190/2638) |
| TB death rate | % | 7% (345/4920) | 14.6% (569/3893) | 10.7% (347/3236) | 14% (411/2846) | 8.2% (286/3494) | 9.9% (260/2638) |
| TB MDR treatment success rate | % | 59.1% (264/447) | 61.1% (66/108) | 60.2% (56/93) | 58.8% (50/85) | 64.3% (47/73) | 47.3% (45/95) |

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

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To increase access to | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Client remain on ART end of month – | No (QPR) | 232506 | 260 843 | New indicator | 336 452 | 352 973 | 376 774 | 386 193 |

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| comprehensive HIV and AIDS, STIs and TB treatment, management and support. | total | | | | | | | | |
| | 2.TB/HIV co-infected client on ART rate | % (QPR) | New Indicator | New Indicator | 55.7% (5467/9816) | 93% (10161/10925) | 94% (9330/9926) | 95% (9430/9926) | 95% (9430/9926) |
| | 3. HIV test done - total | No (QPR) | New indicator | New indicator | New indicator | 1024546 | 1 351 938 | 1 351 938 | 1 351 938 |
| | 4. Male condom distributed | No (QPR) | New indicator | 51.2% | 123 436 695 | 87 085 290 | 88 826 995 | 90 603 535 | 92 325 002 |
| | 5.Medical male circumcision – Total | No (QPR) | 67 205 | 71769 | 56 041 | 36 910 | 34 072 | 31 232 | 28 392 |
| | 6.TB client 5yrs and older start on treatment rate | % (QPR) | New indicator | New indicator | New indicator | 80% | 85% (6213/7309) | 90% (6578/7309) | 95% (6944/7309) |
| | 7.TB client treatment success rate | % (QPR) | 76.5% (4371/5710) | 81.4% (4544/5582) | 83.2% (4092/4920) | 83% (4634/5582) | 83% (13369/16107) | 87% (14013/16107) | 90% (14496/16107) |
| | 8.TB client lost to follow up rate | % (QPR) | New indicator | 4.9% (274/5582) | 5.2% (256/4920) | 4.3% (240/5582) | 4.1% (660/16107) | 4% (644/16107) | 4% (644/16107) |
| | 9.TB client death rate | % (QPR) | New indicator | 6.8% (379/5582) | 7% (345/4920) | 8.2% (458/5582) | 7.8% (1256/16107) | 6% (966/16107) | 5.8% (934/16107) |
| | 10.TB MDR treatment success rate | % (QPR) | New indicator | 50% (213/427) | 59.1% (264/447) | 60% (257/427) | 65% (295/454) | 70% (317/454) | 75% (341/454) |

**Table 20. DHS - Quarterly targets for HAST**

| Programme Performance Indicator | Frequency of reporting (Quarterly, Bi-annual, Annual) | Indicator Type | ANNUAL TARGET 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Client remain on ART end of month - total | Quarterly | No (QPR - Cumulative) | 352 973 | 314 969 | 326 875 | 338 778 | 352 973 |
| 2. TB/HIV co-infected client on ART rate | Quarterly | % (QPR) | 94% (9330/9926) | 94% | 94% | 94% | 94% |
| 3. HIV test done – total | Quarterly | No (QPR) | 1 351 938 | 337 984 | 337 984 | 337 985 | 337 985 |
| 4. Male condom distributed | Quarterly | No (QPR) | 88 826 995 | 22 206 748 | 22 206 749 | 22 206 749 | 22 206 749 |
| 5. Medical male circumcision – Total | Quarterly | No (QPR) | 34 072 | 8 518 | 22 147 | 1 703 | 1 704 |
| 6. TB client 5yrs and older start on treatment rate | Quarterly | % (QPR) | 85% (6213/7309) | 85% | 85% | 85% | 85% |
| 7. TB client treatment success rate | Quarterly | % (QPR) | 83% (13369/16107) | 83% | 83% | 83% | 83% |
| 8. TB client lost to follow up rate | Quarterly | % (QPR) | 4.1% (660/16107) | 4.1% | 4.1% | 4.1% | 4.1% |
| 9. TB client death rate | Annual | % (QPR) | 7.8% (1256/16107) | - | - | - | 7.8% |
| 10. TB MDR treatment success rate | Annual | % (QPR) | 65% (295/454) | - | - | - | 65% |

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

### Table 21. DHS - Situational analysis for MCWH&N

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| 1. Antenatal 1st visit before 20 weeks rate | % | 65.7 (78 972/120 124) | 60.6 (15 697/25 892) | 70.1 (17 022/24 297) | 65.2 (16 710/25 614) | 67.9 (19 471/28 669) | 64.3 (10 072/15 652) |
| 2. Mother postnatal visit within 6 days rate | % | 70.9 83366/117582 | 66.5 (17176/25838) | 78.5 (18732/23866) | 65.3 (16120/24691) | 73.4 (21138/28814) | 71 (10200/14373) |
| 3. Antenatal client start on ART rate | % | 95.2 13710/14398 | 98.3 (3108/3161) | 95.8 (2994/3126) | 91.7 (2705/2950) | 96.6 (2451/2536) | 93.4 (2452/2625) |
| 4. Infant 1st PCR test positive around 10 weeks rate | % | 1.2 (163/13967) | 1.1 (42/3675) | 0.69 (26/3764) | 1.2 (25/2136) | 1.2 (24/2053) | 2 (46/2336) |
| 5. Immunisation coverage under 1 year | % | 60 (76429/127934) | 61.7 (16189/26369) | 57.8 (15953/27539) | 47.7 (13133/27771) | 67.9 (21946/32483) | 67.2 (9208/13772) |
| 6. Measles 2nd dose coverage | % | 87.4 (115520/127934) | 86.1 (23800/26369) | 91.0 (25040/27539) | 81.0 (23511/27771) | 91.0 (30594/32483) | 87.3 (12575/13772) |
| 7. Child under 5 years diarrhoea case fatality rate | % | 2.1 (111/5218) | 2.4 (20/822) | 3.3 (34/1039) | 2.7 (25/915) | 1.0 (19/1823) | 2.1 (13/619) |
| 8. Child under 5 years pneumonia case fatality rate | % | 2.9 (175/5981) | 5.8 (61/1059) | 2.9 (34/1173) | 3.2 (29/906) | 1.8 (35/1998) | 1.9 (16/845) |
| 9. Child under 5 years severe acute malnutrition case fatality rate | % | 7.8 (178/2141) | 8.9 (32/349) | 13.4 (46/353) | 11.3 (37/327) | 6.6 (39/530) | 4.0 (24/582) |
| 10. School Grade 1 screening coverage | % | 31.9% (46332/145098) | 10847 | 10558 | 4739 | 15898 | 4290 |

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| 11. School Grade 8 screening coverage | % | 16.5% (19197/116610) | 6069 | 3508 | 1108 | 5790 | 2722 |
| 12. Delivery in 10 to 19 years in facility rate | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| 13. Couple year protection rate (Int) | % | 85.4 1390929.60/1627559 | 87.9 97397.80/367047 | 88.6 304832.16/344202 | 74.4 251110.75/337154 | 81.8 325820.26/397720 | 102.6 186768.63/181436 |
| 14. Cervical Cancer Screening coverage for women 30 years and older | % | 58.0 (71 371/1221334) | 51.1 (14 685/28570) | 62.5 (16 532/26268) | 64.1 (15 249/236002) | 57.0 (16 886/29431) | 55.8 (8 019/14265) |
| 15. Human Papilloma Virus Vaccine 1st dose | % | 54 989 | 12 520 | 11 314 | 12 234 | 12 082 | 6 650 |
| 16. Human Papilloma Virus Vaccine 2nd dose | % | 39 322 | 8 850 | 8 488 | 7 510 | 9 236 | 5 238 |
| 17. Vitamin A 12-59 months coverage | % | 50.5 (544993/1083222) | 48.9 (112058/230086) | 57.1 (123751/216996) | 45.0 (107716/240026) | 54.6 (149953/276818) | 43.3 (51515/119296) |
| 18. Maternal mortality in facility ratio (annualised) | per 100 000 Live Births | 125.9 (153/121547) | 258.2 (69/26725) | 126 (31/24605) | 81.4 (21/25784) | 60.9 (18/29559) | 94.1 (14/14874) |
| 19. Neonatal death in facility rate | per 1000 | 1.2 (1432/117491) | 2 (520/25863) | 1.2 (284/23904) | 0.89 (218/24558) | 0.87 (250/28874) | 1.1 (160/14292) |

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

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/ Actual performance | | | Estimated performance | Medium Term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To reduce Maternal and child morbidity and mortality. | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Antenatal 1st visit before 20 weeks rate | % (QPR) | 50.7% | 60.7% (71257/117315) | 65.7% (78972/120124) | 65% (76255/117315) | 66% (79282/120124) | 67% (80483/120124) | 68% (81684/120124) |
| | 2. Mother postnatal visit within 6 days rate | % (QPR) | New indicator | 66.8% (80972/121159) | 70.9% (83366/117582) | 80% (96927/121159) | 81% (95241/117582) | 82% (96417/117582) | 83% (97593/117582) |
| | 3. Antenatal client start on ART rate | % (QPR) | New indicator | 92.8% (15 485/16 689) | 95.2% (13710/14398) | 95% (15855/16689) | 97% (13966/14398) | 97.5% (14038/14398) | 98% (14110/14398) |
| | 4. Infant 1st PCR test positive around 10 weeks rate | % (QPR) | New indicator | New indicator | 1.2% (163/13967) | 1.3% (195/15004) | 1.2% (167/13967) | 1.2% (167/13967) | 1.15% (161/13967) |
| | 5. Immunisation under 1 year coverage | % (QPR) | 82.2% | 79.2% (98 806/124744) | 64.5% (76429/118414) | 85% (108123/127203)) | 90% (115369/128188) | 90% (116708/129675) | 90% (117572/130636) |
| | 6. Measles 2nd dose coverage | % (QPR) | New indicator | 87.9% (110542 of 125 689) | 94.5% (115520/122302) | 85% (106836/125689) | 90% (118476/131640) | 91% (119791/131639) | 92% (121035/131560) |
| | 7. Child under 5 years diarrhoea case fatality rate | % (QPR) | 4.7% (246/5278) | 3.0% (154/5132) | 2.1% (111/5218) | 3.5% (180/5132) | 3% (157/5218) | 2.5% (131/5218) | 2% (104/5218) |
| | 8. Child under 5 | % (QPR) | 4.2% | 3.1% | 2.9% | 2.9% | 2.8% | 2.7% | 2.6% |

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/ Actual performance | | | Estimated performance | Medium Term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | years pneumonia case fatality rate | | (232/5517) | (178/5750) | (175/5981) | (167/5750) | (167/5981) | (161/5981) | (156/5981) |
| | 9. Child under 5 years severe acute malnutrition case fatality rate | % (QPR) | 14.9% (291/1950) | 11.6% (222/1919) | 8.3% (178/2141) | 12% (230/1919) | 8% (171/2141) | 7% (150/2141) | 6% (128/2141) |
| | 10. School Grade 1 – learners screened | No (QPR) | New indicator | 29.5% (42 808/145 069) | 31.9% (46332/145098) | 45 717 | 46 000 | 47 000 | 48 000 |
| | 11. School Grade 8 – learners screened | No (QPR) | New indicator | 11.1% (12994/116 580) | 16.5% (19197/116610) | 17 835 | 18 000 | 19 000 | 20 000 |
| | 12. Delivery in 10 to 19 years in facility rate | % (QPR) | New indicator | New indicator | New indicator | 12% (15418/128483) | 12% (14110/117 582) | 12% (14110/117582) | 12% (14110/117 582) |
| | 13. Couple year protection rate (Int) | % (QPR) (Annualised) | New indicator | New indicator | New indicator | 75% (102989/137318) | 76% (1263911/1 663052) | 77% (129240 8/1678452) | 78% (1321884/1 694724) |
| | 14. Cervical Cancer Screening coverage for women 30 years and older | % (QPR) | 47.9% (58166/14 55732) | 50.1% (62 568/124 779) | 55.7% (71371/128198) | 60% (76131/1268851*10) | 61% (79768/130 767) | 62% (83516/134703) | 63% (87338/138 631) |
| | 15. Human Papilloma Virus Vaccine 1st dose | No (QPR) | 98% | 68.2% 15 485 of 16 689) | 82.3% (55459/67380) | 69 948 | 69 953 | 70 453 | 73 975 |

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/ Actual performance | | | Estimated performance | Medium Term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | 16. Human Papilloma Virus Vaccine 2nd dose | No (QPR) | 90.4% | 80% (48 339 of 60 424) | 58.2% (39227/67380) | 51 754 | 54 342 | 57 059 | 59 911 |
| | 17. Vitamin A 12-59 months coverage | % (QPR) | 44.3% (444718/12031638) | 50.0% (501570 of 1002709.5) | 54.6% (544993/998564) | 52% (521409/1002709.5) | 51% (136886/268403) | 52% (138650/266635) | 53% (140588/265261) |
| | 18. Maternal mortality in facility ratio (annualised) | per 100 000 Live Births (QPR) | 167.4/100 000 | 140.1/100 000 (169 of 120 572) | 130.2/100 000 (153/117491) | 159/100 000 (192/120572) | 130/100 000 | 128/100 000 | 126/100 000 |
| | 19. Neonatal death in facility rate | Per 1000 (QPR) | New indicator | 12.6/1000 (1521 of 120572) | 10.6/1000 (1245/117491) | 12.5/1000 (1597/127747) | 12/1000 | 11.5/1000 | 11/1000 |

**Table 23. DHS - Quarterly targets for MCWH&N**

| Indicator | Frequency of Reporting (Quarterly, Bi annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Antenatal 1st visit before 20 weeks rate | Quarterly | % (QPR) | 66% (79282/120124) | 66% | 66% | 66% | 66% |
| 2. Mother postnatal visit within 6 days rate | Quarterly | % (QPR) | 81% (95241/117582) | 81% | 81% | 81% | 81% |
| 3. Antenatal client initiated on ART rate | Annually | % (QPR) | 97% (13966/14398) | - | - | - | 97% |

| Indicator | Frequency of Reporting (Quarterly, Bi annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 4. Infant 1st PCR test positive around 10 weeks rate | Quarterly | % (QPR) | 1.2% (167/13967) | 1.2% | 1.2% | 1.2% | 1.2% |
| 5. Immunisation under 1 year coverage | Quarterly | % (QPR) | 90% (115369/128188) | 90% | 90% | 90% | 90% |
| 6. Measles 2nd dose coverage | Quarterly | % (QPR) | 90% (118476/131640) | 90% | 90% | 90% | 90% |
| 7. Child under 5 years diarrhoea case fatality rate | Quarterly | % (QPR) | 3% (157/5218) | 3% | 3% | 3% | 3% |
| 8. Child under 5 years pneumonia case fatality rate | Quarterly | % (QPR) | 2.8% (167/5981) | 2.8% | 2.8% | 2.8% | 2.8% |
| 9. Child under 5 years severe acute malnutrition case fatality rate | Quarterly | %(QPR) | 8% (171/2141) | 8% | 8% | 8% | 8% |
| 10. School Grade 1 screening coverage (annualised) | Quarterly | No (QPR) | 46 000 | 14 000 | 14 000 | 6 000 | 12 000 |
| 11. School Grade 8 screening coverage (annualised) | Quarterly | No (QPR) | 18 000 | 6 000 | 6 000 | 2 000 | 4 000 |
| 12. Delivery in 10 to 19 years in facility rate | Quarterly | % (QPR) | 12% (14110/117582) | 12% | 12% | 12% | 12% |
| 13. Couple year protection rate (Int) | Quarterly | % (QPR) | 76% (1263911/1663052) | 76% | 76% | 76% | 76% |
| 14. Cervical Cancer Screening coverage for women 30 years and older | Quarterly | % (QPR) | 61% (79768/130767) | 61% | 61% | 61% | 61% |

| Indicator | Frequency of Reporting (Quarterly, Bi annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 15. Human Papilloma Virus Vaccine 1st dose | Annual | No (QPR) | 69 953 | - | - | - | 69 953 |
| 16. Human Papilloma Virus Vaccine 2nd dose | Annual | No (QPR) | 54 342 | - | - | - | 54 342 |
| 17. Vitamin A 12-59 months coverage | Quarterly | % (QPR) | 51% (136886/268403) | 51% | 51% | 51% | 51% |
| 18. Maternal mortality in facility ratio | Annual | per 100 000 Live Births (QPR) | 130/100 000 | - | - | - | 130/100 000 |
| 19. Neonatal death in facility rate | Annual | per 1000 (QPR) | 12/1000 | - | - | - | 12/1000 |

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

**Table 24. DHS - Situational Analysis indicators for DPC**

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| 1. Cataract Surgery Rate (annualized) | Rate per 1 Million | 3679 | 1207 | 0 | 330 | 384 | 1758 |
| 2. Malaria case fatality rate | % | 0.94% (38/4055) | 0.72 (1/39) | 1.32 (16/1213) | 0.43 (1/231) | 0.66 (15/2275) | 2.53 (5/198) |
| 3. Number of diabetic patients with | No | New | New indicator | New indicator | New | New indicator | New indicator |

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Mopani | Sekhukhune | Vhembe | Waterberg |
|---|---|---|---|---|---|---|---|
| HbA1C done | | indicator | | | indicator | | |
| 4. Proportion of diabetic patients with normal HbA1C | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |
| 5. Proportion of patients admitted with diabetic or hypertension complication | % | New indicator | New indicator | New indicator | New indicator | New indicator | New indicator |

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

| Strategic Objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium Term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To prevent and control Communicable and non-communicable Disease (NCDs). | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Cataract Surgery Rate | Rate per 1 Million (QPR) | 751.1 (4200/5 602 426) | 612.5 | 3679 | 1 752 | 1 752 | 2 000 | 2 250 |
| | 2. Malaria case fatality rate | % | 1.68% (135 deaths of 8045 cases) | 1.04% (16 deaths of 1538 cases) | 0.94% (38 deaths of 4055 cases) | 1.2% | 1.1% (17/15 38) | 0.9% (14/15 38) | 0.8% (13/15 38) |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 3. Number of diabetic patients with HbA1C done | No | New indicator | New indicator | New indicator | New indicator | 5000 | 6000 | 7000 |

| Strategic Objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium Term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | 4. Proportion of diabetic patients with normal HbA1C | % | New indicator | New indicator | New indicator | New indicator | 60% (3000/ 5000) | 60% (3600/ 6000) | 60% (4200/ 7000) |
| | 5. Proportion of patients admitted with diabetic or hypertension complication | % | New indicator | New indicator | New indicator | New indicator | 10% (3698 8/369 883) | 10% (36988 /36988 3) | 10% (3698 8/369 883) |

**Table 26. DHS - Quarterly targets for DPC**

| Programme Performance indicator | Frequency | Type | Annual Targets 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Cataract Surgery Rate annualized | Quarterly | Rate per 1 Million (uninsured population) (QPR) | 1 752 | 438 | 438 | 438 | 438 |
| 2. Malaria case fatality rate | Quarterly | % (QPR) | 1.1% (17/153 8) | 1.1% | 1.1% | 1.1% | 1.1% |
| 3. Number of diabetic patients with HbA1C done | Quarterly | No | 5000 | 1250 | 1250 | 1250 | 1250 |

| Programme Performance indicator | Frequency | Type | Annual Targets 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 4. Proportion of diabetic patients with normal HbA1C | Quarterly | % | 60% (3000/5 000) | 60% | 60% | 60% | 60% |
| 5. Proportion of patients admitted with diabetic or hypertension complication | Quarterly | % | 10% | 10% | 10% | 10% | 10% |

## 2.8 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

### Table 27. DHS – Expenditure estimates

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| R' thousand | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| District Management | 662 272 | 683 523 | 731 647 | 442 353 | 479 956 | 657,935 | 549,322 | 571,330 | 602,751 |
| Clinics | 2 133 223 | 2 332 550 | 2 641 460 | 2 887 587 | 2 927 587 | 2,954,736 | 2 889 223 | 3 065 833 | 3 284 453 |
| Community Health Centres | 404 109 | 446 460 | 501 903 | 572 645 | 572 645 | 565,333 | 599 198 | 626 762 | 671 234 |
| Community-based Services | 323 631 | 285 821 | 148 158 | 168 572 | 204 637 | 225,759 | 253,963 | 252,829 | 266,886 |
| Other Community Services | 1 911 | 101 253 | 104 192 | 118 526 | 118 527 | 112,054 | 139 667 | 121 462 | 136 549 |
| HIV and AIDS | 962 844 | 1 065 528 | 1 170 300 | 1 354 308 | 1 374 468 | 1,374,468 | 1 600 516 | 1 764 331 | 1 956 421 |
| Nutrition | 5 764 | 4 448 | 6 577 | 12 368 | 12 368 | 9,882 | 11 885 | 12 417 | 13 100 |
| District Hospitals | 4 786 558 | 4 929 978 | 5 708 137 | 5 865 565 | 6 247 874 | 6,833,757 | 6 475 109 | 6 862 176 | 7 138 506 |
| **TOTAL** | **9 280 312** | **9 849 561** | **11 012 374** | **11 421 925** | **11 938 062** | **12,733,924** | **12 518 883** | **13 277 140** | **14 069 900** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **8 853 694** | **9 400 858** | **10 440 742** | **10 758 433** | **11 245 921** | **12,043,619** | **11,998,470** | **12,750,131** | **13,521,943** |
| Compensation of employees | 6 590 525 | 7 307 222 | 7 879 798 | 8 281 252 | 8 356 623 | 8,666,564 | 9,213,441 | 9,867,554 | 10,551,020 |
| **Goods and services** | **2 263 169** | **2 093 636** | **2 560 944** | **2 477 181** | **2 889 297** | **3,377,055** | **2,785,029** | **2,882,577** | **2,970,923** |
| Communication | 30 766 | 34 147 | 45 925 | 31 841 | 35 841 | 40,446 | 42,758 | 42,214 | 39,562 |
| Computer Services | 158 836 | 81 473 | 124 874 | 94 799 | 119 799 | 114,808 | 30 413 | 30 513 | 15 027 |
| Consultants, Contractors and special services | 378 460 | 367 528 | 451 342 | 333 095 | 377 781 | 526 387 | 458 705 | 453 841 | 477 400 |
| Inventory | 1 077 594 | 970 296 | 1 247 652 | 1 382 788 | 1 617 632 | 1 893 798 | 1 794 196 | 1 872 448 | 1 987 470 |
| Operating leases | 8 106 | 6 784 | 6 703 | 29 496 | 29 497 | 7,316 | 7,672 | 7,816 | 7,059 |
| Travel and subsistence | 66 120 | 65 508 | 62 263 | 39 420 | 40 920 | 44,069 | 26,236 | 26,438 | 26,315 |
| Maintenance , repair and running costs | 128 813 | 125 102 | 135 117 | 95 675 | 157 540 | 163,973 | 85,770 | 91,468 | 92,499 |
| Specify other | 414 474 | 442 798 | 487 068 | 470 067 | 510 287 | 586 258 | 485 524 | 521 748 | 472 436 |
| Financial transactions in assets and liabilities | | | 10 692 | | | | | | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Transfers and subsidies to** | **386 648** | **398 914** | **510 523** | **504 210** | **524 917** | **526,537** | **455,693** | **469,819** | **487,817** |
| Provinces and municipalities | 6 108 | 16 328 | 23 328 | 24 744 | 24 948 | 24,948 | 15 594 | 565 | 596 |
| Departmental agencies and accounts | 34 323 | 9 623 | 74 830 | 15 841 | 39 300 | 39,301 | 15 112 | 15 847 | 16 719 |
| Non-profit institutions | 297 334 | 332 290 | 362 582 | 421 398 | 415 426 | 415,426 | 380,367 | 406,290 | 420,794 |
| Households | 48 883 | 40 673 | 49 783 | 42 227 | 45 243 | 46,862 | 44 620 | 47 117 | 49 708 |
| **Payments for capital assets** | **39 970** | **49 789** | **50 417** | **159 282** | **167 224** | **164,236** | **64,720** | **57,190** | **60,140** |
| Buildings and other fixed structures | | | | | | | | | |
| Software and other intangible assets | | | | | | | | | |
| Machinery and equipment | 39 970 | 49 789 | 50 417 | 159 282 | 167 224 | 164,236 | 64,720 | 57,190 | 60,140 |
| **Total economic classification** | **9 280 312** | **9 849 561** | **11 012 374** | **11 421 925** | **11 938 062** | **12,734,392** | **12,518,883** | **13,277,140** | **14,069,900** |

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

## 2.9 PERFORMANCE AND EXPENDITURE TRENDS

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

- Acceleration of the comprehensive primary health care services package
- Improve quality of care at District hospital level, e.g. reduction of patient waiting time and conducting doctors' visits to clinics
- Intensify the rendering of MCWH and nutrition programme, e.g. increased immunisation rate, reduction in maternal death and increase in greenery projects
- intensify the rendering of prevention and disease control programme, e.g. the coverage of provision of health services at ports is increasing, whist malaria fatality rate is decreasing
- Improve the rendering of a comprehensive HIV and AIDS, STI and TB programme, e.g. the treatment coverage of people with HIV/AIDS and TB is increasing as the funding increases

The department has spent a total of R30.1 billion from 2014/15 to 2016/17 while the 2017/18 budget amounts to R11.4 billion and adjusted to R11.9 billion. The proposed MTEF from 2018/19 to 2020/21 projected at R39.8billion, which will be used to maintain and improve the current services.

## 2.10 RISK MANAGEMENT

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

**Table 29. DHS - Risk management**

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| To reduce Maternal and child morbidity and mortality | High maternal and child mortality | Recruit and retain skilled health professionals especially obstetrics and gynaecology specialists |

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| | | Training on ESMOE, Basic Antenatal Care and Anaesthesia to be conducted continuously for both doctors and midwives<br><br>Strengthen outreach programmes through media, community mobilization<br><br>Provide Emergency Obstetric Ambulances<br><br>Provide 2nd trimester terminations in hospitals<br><br>Training in Sexual Reproductive Health and implementation at hospitals<br><br>Motivate for funding to sustain the availability of essential medicines and equipment |
| To improve access to quality hospital services | Ineffective Mental health care services | Repairs and maintenance of infrastructure<br><br>Revitalisation of human resources<br><br>Filling vacant positions for mental health practitioners |
| | Shortage and inadequate quality of medical equipment | Request for additional funding from Provincial Treasury<br><br>Conduct medical equipment audit<br><br>Development of health technology services |

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| | | |
| Improve quality of health care | Diseases Outbreak | Strengthen interdepartmental meetings with COGSTA , Water and Sanitation and Department of Agriculture<br><br>Provincial Public Health to participate in the development of early warning system for infectious |
| | Conflicting public health messages | Develop Provincial Health Promotion Strategy |
| To re-engineer Primary Health Care | Robbery incidents at Primary Health facilities | Instruct security providers to conduct awareness among the guards |

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

### 3.1 PROGRAMME PURPOSE

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

### 3.2 PRIORITIES

- Increase accessibility and response time by improving ratio of ambulances per population.

**Table 30. EMS - Situational analysis indicators**

| Programme Performance Indicator | Indicator Type | Province wide value 2016/17 | Capricorn | Waterberg | Sekhukhune | Vhembe | Mopani |
|---|---|---|---|---|---|---|---|
| EMS P1 urban response under 15 minutes rate | % | 55.37% (366/661) | 54.48% (158/290) | 58.96% (125/212) | 100% (2/2) | 51.52% (51/99) | 51.72% (30/58) |
| EMS P1 rural response under 40 minutes rate | % | 67.79% (1450/2139) | 62.64% (166/265) | 86.19% (156/181) | 85.88% (73/85) | 66.17% (925/1398) | 61.9% (130/210) |
| EMS inter-facility transfer rate | % | 15,95% (28668/ 179768) | 12.45% (5631/452 39) | 17.26% (5597/3241 9) | 17.57% (2378/1353 7) | 22.33% (13487/604 11) | 5.59% (1575/281 62) |

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

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To improve access to emergency medical services. | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 1. Ratio of ambulance per population | No | 1: 34 838 | 1:22 614 | 1:24320 | 1: 29 000 | 1:28 000 | 1:27 000 | 1:26 000 |
| | 2. Number of ambulances procured | No | 50 | 100 | 53 | 50 | 50 | 50 | 50 |
| | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 3. EMS P1 urban response under 15 minutes rate | % (QPR) | 50.3 2% | 79.42 % | 55.37% (366/66 1) | 72% | 74% | 75% | 75% |
| | 4. EMS P1 rural response under 40 | % (QPR) | 76.7 3% | 68.19 % | 67.79% (1450/2 139) | 72% | 74% | 75% | 75% |

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| | minutes rate | | | | | | | | |
| | 5. EMS inter-facility transfer rate | % (QPR) | New indicator | 18.59 % | 15.95% | 18% | 17.5% | 17% | 17% |

**Table 32. EMS - Quarterly targets**

| Programme Performance Indicator | Frequency of reporting (quarterly, Bi-annual, Annual) | Indicator Type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Ratio of ambulance per population | Quarterly | % | 1:28 000 | 1:28 000 | 1:28 000 | 1:28 000 | 1:28 000 |
| 2. Number of ambulances procured | Bi-annual | No | 50 | - | - | - | 50 |
| 3. EMS P1 urban response under 15 minutes rate | Quarterly | % (QPR) | 74% | 74% | 74% | 74% | 74% |
| 4. EMS P1 rural response under 40 minutes rate | Quarterly | % (QPR) | 74% | 74% | 74% | 74% | 74% |
| 5. EMS inter-facility transfer rate | Quarterly | % (QPR) | 17.5% | 17.5% | 17.5% | 17.5% | 17.5% |

## 3.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

### Table 33. EMS - Expenditure estimates

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| R' thousand | | | | | | | | | |
| Emergency Transport | 548 264 | 645 108 | 688 643 | 728 879 | 733 879 | 733,879 | 735 863 | 768,788 | 811,070 |
| Planned Patient Transport | | | | | | | | | |
| **TOTAL** | **548 264** | **645 108** | **688 643** | **728 879** | **733 879** | **733,879** | **735 863** | **768,788** | **811,070** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **525 900** | **597 569** | **655 611** | **700 290** | **704 590** | **704,590** | **707 305** | **738,631** | **779,254** |
| Compensation of employees | 465 766 | 542 463 | 584 117 | 603 855 | 608 155 | 610,747 | 624 878 | 659 815 | 696 105 |
| **Goods and services** | 60 134 | 55 106 | 71 494 | 96 435 | 96 435 | 93,843 | 82 427 | 78,816 | 83,149 |
| Communication | 5 916 | 5 768 | 5 295 | 5 972 | 5 972 | 5,923 | 5 642 | 5 989 | 6 318 |
| Consultants, Contractors and special services | 15 964 | 13 923 | 12 389 | 14 792 | 14 792 | 17 000 | 15 999 | 16 951 | 17 883 |
| Inventory | 3 306 | 4 778 | 2 742 | 4 026 | 4 026 | 9 276 | 3 896 | 4 096 | 4 321 |
| Operating leases | 129 | 101 | 128 | 150 | 150 | 55 | 328 | 336 | 354 |
| Travel and subsistence | 1 412 | 1 087 | 489 | 173 | 173 | 249 | - | - | - |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Maintenance , repair and running costs | 23 637 | 18 118 | 39 184 | 50 138 | 50,138 | 49,750 | 39,792 | 44,415 | 46,858 |
| Specify other | 9 770 | 24 318 | 11 267 | 21 184 | 21 184 | 11 590 | 16 770 | 7 029 | 7 415 |
| **Transfers and subsidies to** | **1 285** | **376** | **883** | **225** | **925** | **925** | **238** | **251** | **265** |
| Provinces and municipalities | | | | | | | | | |
| Departmental agencies and accounts | | | | | | | | | |
| Non-profit institutions | | | | | | | | | |
| Households | 535 | 292 | 746 | 225 | 925 | 925 | 238 | 251 | 265 |
| **Payments for capital assets** | **21 079** | **47 163** | **32 149** | **28 364** | **28 364** | **28 364** | **28 320** | **29 906** | **31 551** |
| Machinery and equipment | 21 079 | 47 163 | 32 149 | 28 364 | 28 364 | 28 364 | 28 320 | 29 906 | 31 551 |
| **Total economic classification** | **548 264** | **645 108** | **688 643** | **728 879** | 733 879 | 733,879 | 735 863 | **768,788** | **811,070** |

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

### 3.4 PERFORMANCE AND EXPENDITURE TRENDS

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

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

- Strengthen Obstetric Ambulances services.

The department has spent a total of R1.8 billion in 2014/15 to 2016/17 while the 2017/18 budget amounts to R728.9 million and adjusted to R733.8m. The MTEF from 2018/19 to 2020/21 is projected at R2.3 billion. This amount will be used to maintain and improve the current services.

### 3.5 RISK MANAGEMENT

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

**Table 35. EMS - Risk Management**

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| To improve access to Emergency Medical Services | Ineffective emergency medical service | Migration from Analogue to Digital system<br><br>Attract and retain correctly qualified EMS staff |

## 4.BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES

### 4.1 PROGRAMME PURPOSE

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

### 4.2 PRIORITIES

- Conduct National Core Standards and develop quality improvement plans in all facilities.
- Improve quality of Mental health care services.

## 4.3 REGIONAL HOSPITALS

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

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited /actual performance | | | Estimated performance | Medium term Targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| Improve access to quality hospital services. | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Regional hospitals) | % (QPR) | New indicator | New indicator | New indicator | 100% (5 of 5) | 80% (4/5) | 100% (5/5) | 100% (5/5) |
| | 2. Average Length of Stay (Regional hospitals) | No (QPR) | 5.3 days | 5 days (405095.5 /80757) | 4.9 days (403386/82 530) | 5 days (405095.5/80 757) | 5 days (403386/8 0677) | 5 days (403386/8 0677) | 5 days (403386/ 80677) |
| | 3. Inpatient Bed Utilisation Rate (Regional hospitals) | % (QPR) | 68% | 74.2% (405 095.5/546 069.4) | 72.3% (403386/55 8146) | 72% (393170/5460 69.4) | 75% | 75% | 75% |
| | 4. Expenditure per PDE (Regional hospitals) | R (QPR) | R 2 561.5 (379544.5/ 72478) | R2 716.1 (1 587 693 673/5 845 46.1649) | R2886 | R2864.7 | R3500.00 | R4000.00 | R4500.0 0 |
| | 5. Complaints Resolution within 25 working days rate (Regional hospitals) | % (QPR) | 97.7% (424/434) | 98.7% (534/541) | 101.8% (664/652) | 98.5% (535/543) | 95% (619/652) | 95% (619/652) | 95% (619/652 ) |

**Table 37. Regional Hospitals - Quarterly targets**

| Programme Performance Indicator | Frequency of reporting (Quarterly, bi-annual, Annual) | Indicator type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Regional hospitals) | Quarterly | % (QPR) | 80% (4/5) | 60% (3/5) | 60% (3/5) | 80% (4/5) | 80% (4/5) |
| 2. Average Length of Stay (Regional hospitals) | Quarterly | No (QPR) | 5 days (403386/80677) | 5 days | 5 days | 5 days | 5 days |
| 3. Inpatient Bed Utilisation Rate (Regional hospitals) | Quarterly | % (QPR) | 75% | 75% | 75% | 75% | 75% |
| 4. Expenditure per PDE (Regional hospitals) | Quarterly | R (QPR) | R3079.36 | R3079.36 | R3079.36 | R3079.36 | R3079.36 |
| 5. Complaints Resolution within 25 working days rate (Regional hospitals) | Quarterly | % (QPR) | 95% (619/652) | 95% | 95% | 95% | 95% |

## 4.4 SPECIALISED HOSPITALS

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

| Strategic objective | Performance indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| Improve access to hospital services. | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Specialised hospitals) | % (QPR) | New indicator | New indicator | New indicator | 100% (3 of 3) | 67% (2/3) | 100% (3/3) | 100% (3/3) |
| | 2. Complaints Resolution within 25 working days rate (Specialised hospitals) | % (QPR) | 100% | New indicator | 100% (15/15) | 90% | 95% (14/15) | 95% (14/15) | 95% (14/15) |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 3. Number of Districts with functional Mental Health review boards | No | 2 of 3 | 4 | 4/5 | 5 | 5 | 5 | 5 |

**Table 39. Specialised hospitals - Quarterly targets**

| Indicator | Frequency of reporting (quarterly, bi-annual, annual) | Indicator type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Specialised hospitals) | Quarterly | % (QPR) | 67% (2/3) | 33% (1/3) | 33% (1/3) | 67% (2/3) | 67% (2/3) |
| 2. Complaints Resolution within 25 working days rate | Quarterly | % (QPR) | 95% (14/15) | 95% | 95% | 95% | 95% |
| 3. Number of Districts with functional Mental Health review boards | Quarterly | No | 5 | 5 | 5 | 5 | 5 |

## 4.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

**Table 40. Provincial Hospitals - Expenditure estimates**

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| R' thousand | | | | | | | | | |
| General (regional) hospitals | 1 544 981 | 1 569 686 | 1 662 835 | 1 820 929 | 1 884 694 | 1,938,978 | 1 970 839 | 2 086 013 | 2 200 744 |
| Psychiatric hospitals | 408 951 | 440 902 | 538 214 | 543 514 | 535 514 | 530 385 | 566 459 | 577 061 | 608 799 |
| **TOTAL** | **1 953 932** | **2 010 588** | **2 201 049** | **2 364 442** | **2 420 208** | **2 423 542** | **2 537 298** | **2 663 074** | **2 809 543** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **1 942 350** | **2 001 519** | **2 187 339** | **2 349 916** | **2 392 161** | **2,440,055** | **2 534 124** | **2 659 391** | **2 805 657** |
| Compensation of employees | 1 678 858 | 1 776 771 | 1 890 185 | 2 050 417 | 2 039 898 | 2,027,120 | 2 204 541 | 2 324 804 | 2 452 669 |
| **Goods and services** | 263 492 | 224 748 | 297 154 | 299 499 | 352 263 | 412,935 | 329 583 | 334 587 | 352 988 |
| Communication | 5 445 | 6 140 | 6 735 | 6 599 | 6,599 | 7,478 | 5 462 | 7 885 | 8 319 |
| Consultants, Contractors and special services | 116 325 | 66 482 | 71 025 | 70 459 | 70 459 | 74 388 | 21 883 | 24 823 | 26 187 |
| Inventory | 91 839 | 97 322 | 154 106 | 137 132 | 190 257 | 257 450 | 230 865 | 227 686 | 240 210 |
| Operating leases | 1 659 | 1 274 | 1 140 | 1 523 | 1 523 | 825 | 1,214 | 1,104 | 1,164 |
| Travel and subsistence | 1 799 | 1 635 | 2 502 | 1 840 | 1 840 | 2,193 | – | – | – |
| Maintenance , repair and running costs | 2 140 | 4 116 | 3 147 | 3 707 | 3 707 | 1,971 | 3 660 | 3 863 | 4 075 |
| Specify other | 44 285 | 47 779 | 58 499 | 78 239 | 77 878 | 68 630 | 70 159 | 69 226 | 73 033 |
| **Transfers and subsidies to** | **9 091** | **7 262** | **10 007** | **628** | **11 443** | **10,604** | **665** | **702** | **741** |
| Provinces and municipalities | 31 | 12 | | | 120 | 120 | – | – | – |
| Households | 9 060 | 7 250 | 10 016 | 628 | 11 323 | 10,484 | 665 | 702 | 741 |
| **Payments for capital assets** | **2 491** | **1 807** | **3 675** | **13 899** | **16 604** | **18,704** | **2 509** | **2 981** | **3 145** |
| Buildings and other fixed structures | | | | | | | | | |
| Machinery and equipment | 2 491 | 1 807 | 3 675 | 13 899 | 16 604 | 18,704 | 2 509 | 2 981 | 3 145 |
| Software and other intangible assets | | | 28 | | | | | | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| **Total economic classification** | **1 953 932** | **2 010 588** | **2 201 049** | **2 364 442** | **2,420,208** | **2,469,363** | **2,537,298** | **2,663,074** | **2,809,543** |

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

### 4.6 PERFORMANCE AND EXPENDITURE TRENDS

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

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

The department has spent a total of R6.2 billion in 2014/15 to 2016/17 while the 2017/18 budget amounts to R2.3 billion and adjusted to R2.4 billion. The MTEF from 2018/19 to 2020/21 is projected at R8.0 billion. This amount will be used to maintain and marginally improve other services.

### 4.7 RISK MANAGEMENT

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

**Table 42. Provincial Hospitals - Risk management**

| Strategic Objective | RISK | MITIGATING FACTORS |
|---|---|---|
| Improve access to quality hospital services | Ineffective Mental health care services | Filling of the vacant positions of mental health practitioners<br><br>Repairs and maintenance of infrastructure |

| Strategic Objective | RISK | MITIGATING FACTORS |
|---|---|---|
| | | Rationalisation of human resources |

## 5. BUDGET PROGRAMME 5: CENTRAL HOSPITALS SERVICES

### 5.1 PROGRAMME PURPOSE

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

### 5.2 PRIORITIES

- Increase access to tertiary services.
- Training of health professionals.
- Improve quality of tertiary services.

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

| Strategic Objective | Programme Performance Indicator | Indicator Type | Audited/ actual performance | | | Estimate | MTEF projection | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To improve quality hospital services. | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Tertiary Hospitals) | % (QPR) | New indicator | New indicator | New indicator | 100% (2 of 2) | 100% (2 of 2) | 100% (2 of 2) | 100% (2 of 2) |
| | 2. Average Length of Stay (Tertiary Hospitals) | No (QPR) | 7 days | 7.1 days (283 579.5/ 40137) | 7.3 days (279503/38 215) | 7days (283 579/4 0137) | 7days (279503/ 39929) | 7days (279503/ 39929) | 7days (279503/39 929) |
| | 3. Inpatient Bed Utilisation Rate (Tertiary Hospitals) | % (QPR) | 74.9% | 77.5% (283 579.5/3 66135.12) | 75.5% (279503/36 9968) | 76.5% (280093.4/ 366135.12 ) | 75% | 75% | 75% |
| | 4. Expenditure per PDE (Tertiary Hospitals) | R (QPR) | R3 756.2 | R4 323.3 (1 662 716 321/384 597.8323) | R4569.2 | R3972.40 | R4875.3 4 | R5197.1 1 | R5534.92 |
| | 5. Complaints Resolution within 25 working days rate | % (QPR) | 100% | 99.3% (300/302) | 99.4% (317/319) | 100% (302/302) | 95% (303/319 ) | 95% (303/319 ) | 95% (303/319) |

**Table 44. C&THS - Quarterly targets**

| PROGRAMME PERFORMANCE INDICATOR | Frequency of Reporting (Quarterly / Annual) | Indicator Type | ANNUAL TARGET 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Hospital achieved 75% and more on National Core Standards self-assessment rate (Tertiary Hospitals) | Quarterly | % (QPR) | 100% (2/2) | 100% (2/2) | 100% (2/2) | 100% (2/2) | 100% (2/2) |
| 2. Average Length of Stay (Tertiary Hospitals) | Quarterly | No (QPR) | 7days (279503/39 929) | 7days | 7days | 7days | 7days |
| 3. Inpatient Bed Utilisation Rate (Tertiary Hospitals) | Quarterly | % (QPR) | 75% | 75% | 75% | 75% | 75% |
| 4. Expenditure per PDE (Tertiary Hospitals) | Quarterly | R (QPR) | R4875.34 | R4875.34 | R4875.34 | R4875.34 | R4875.34 |
| 5. Complaints Resolution within 25 working days rate (Tertiary Hospitals) | Quarterly | % (QPR) | 95% (303/319) | 95% | 95% | 95% | 95% |

## 5.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS AND BUDGETS

### Table 45. C&THS - Expenditure estimates

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| | | | | | | | | | |
| TERTIARY HOSPITAL | 1 356 562 | 1 467 011 | 1 654 115 | 1 768 187 | 1 784 867 | 1 784 867 | 1 868 220 | 1 970 134 | 2 104 911 |
| | | | | | | | | | |
| **TOTAL** | **1 356 562** | **1 467 011** | **1 654 115** | **1 768 187** | **1 784 867** | **1 784 867** | **1 868 220** | **1 970 134** | **2 104 911** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **1 330,074** | **1 432 238** | **1 595 738** | **1 713 705** | **1 737 500** | **1,736,938** | **1 806 456** | **1 909 607** | **2 041 055** |
| Compensation of employees | 1 036 399 | 1 120 808 | 1 194 105 | 1 299 115 | 1 303 958 | 1,303,396 | 1 410 431 | 1 503 001 | 1 585 666 |
| **Goods and services** | **293 675** | **311 430** | **401 633** | **414 590** | **433 542** | **433,542** | **396 025** | **406 606** | **455 389** |
| Communication | 4 089 | 3 505 | 5 729 | 3 820 | 3 820 | 4,262 | 4 156 | 4 389 | 4 630 |
| Consultants, Contractors and special services | 75 312 | 79 961 | 90 608 | 95 079 | 113 701 | 86 584 | 106 997 | 105 173 | 115 958 |
| Inventory | 175 587 | 193 322 | 267 660 | 241 402 | 241 731 | 290 335 | 244 426 | 249 179 | 284 303 |
| Operating leases | 8 112 | 4 954 | 3 128 | 6 138 | 4,861 | 3,699 | 6 182 | 6 528 | 6 887 |
| Travel and subsistence | 2 024 | 1 406 | 1 416 | 298 | 921 | 593 | 33 | 38 | 40 |
| Maintenance , repair and running costs | 145 | 136 | 356 | 733 | 975 | 1,031 | 770 | 813 | 858 |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Specify other | 28 406 | 28 146 | 32 736 | 67 120 | 67 533 | 47 038 | 33 461 | 40 486 | 42 713 |
| **Transfers and subsidies to** | **6 448** | **5 355** | **4 089** | **648** | **5 284** | **5,846** | **685** | **724** | **764** |
| Provinces and municipalities | 16 | | | | 110 | 110 | – | – | – |
| Households | 6 432 | 5 355 | 4 089 | 648 | 5 174 | 5,736 | 685 | 724 | 764 |
| **Payments for capital assets** | **20 040** | **29 418** | **54 288** | **53 834** | **42 083** | **42,083** | **61 079** | **59 803** | **63 092** |
| Buildings and other fixed structures | | | | | | | | | |
| Machinery and equipment | 20 040 | 29 418 | 54 288 | 53 834 | 42 083 | 42,083 | 61 079 | 59 803 | 63 092 |
| **Total economic classification** | **1 356 562** | **1 467 011** | **1 654 115** | **1 768 187** | **1 784 867** | **1,784,867** | **1 868 220** | **1 970 134** | **2 104 911** |

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

### 5.4 PERFORMANCE AND EXPENDITURE TRENDS

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

- Reduction of referrals outside the province, e.g. tertiary services are being increased in the hospital through the current budget and MTEF and this reduces the referrals outside the province.
- Improve quality of care at tertiary hospital level, e.g. reduction in patient waiting time due to the availability of health professionals.
- Modernisation of the tertiary services, e.g. the purchase of highly technical equipment to render the tertiary services is done using the allocation under this programme

The department has spent a total of R4.4 billion from 2014/15 to 2016/17 while the 2017/18 budget amounts to R1.7 billion and adjusted to R1.8 billion. The MTEF from 2018/19 to 2020/21 is projected at R5.9 billion which will be used to maintain and improve the current service.

### 5.5 RISK MANAGEMENT

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

**Table 47. C&THS - Risk management**

| Strategic Objective | Risks | Mitigating factors |
|---|---|---|
| Improve access to quality hospital services | Unsafe and dilapidated infrastructure | Continuous Repairs and maintenance on the existing infrastructure<br><br>Request for funding from Provincial Treasury<br><br>Refurbishment of identified infrastructure |

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

### 6.1 PROGRAMME PURPOSE

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

### 6.2 PRIORITIES

Training and development of personnel in the following skills programmes: 400 in medical in ethics and Litigation; 400 in medical Records Management; 31 in compulsory SMS capacity development; 200 in asset management; 400 in public financial management and revenue management; 275 advance artisan development programme.

| Training Programme | Target Group (Professional Nurses; Data Capturers; Senior Managers; etc) | Estimated Number of Beneficiaries | Quarter (Q1, Q2, Q3 or Q4) |
|---|---|---|---|
| Medical Records Management | All occupational categories | 400 | Q1,Q2,Q3 & Q4 |
| Medical Ethics and Litigation | All Health Care Professionals | 400 | Q1,Q2,Q3 & Q4 |
| Security Awareness | All occupational categories | 400 | Q1,Q2,Q3 & Q4 |
| Asset Management | All occupational categories | 200 | Q1,Q2,Q3 & Q4 |
| Public Financial Management and Revenue Management | All occupational categories | 400 | Q1,Q2,Q3 & Q4 |
| Compulsory SMS Capacity Development | SMS Members | 31 | Q1,Q2,Q3 & Q4 |
| Compulsory Induction Programme (Level 1-12) | All occupational categories | 500 | Q2, Q3 & Q4 |
| Advance Artisan Development Programme | Artisans, Tradesman Aid | 275 | Q1,Q2 & Q3 |
| Basic and Post Basic Pharmacy Assistant | Unemployed Youth | 57 | Q1 |
| Work Integrated Leaning | Unemployed youth | 1200 | Q1,Q2,Q3 & Q4 |
| Internship | Unemployed Youth | 48 | Q1 |
| Bursary: Bachelor of Clinical Medical Practice | Unemployed Youth | 10 | Q4 |
| Bursary: MBCHB | Unemployed Youth | 60 | Q4 |

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

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To increase production for and develop human resources for health | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Number of Bursaries awarded for first year medicine students*** | No (QPR) | New indicator | New indicator | 60 | - | - | - | - |
| | 2. Number of Bursaries awarded for first year nursing students*** | No (QPR) | New indicator | - | - | - | - | - | - |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 3. Number of post basic professional nurses enrolled | No | New indicator | New indicator | 114 | 120 | 140 | 150 | 0 |
| | 4. Number of direct basic student nurses enrolled | No | New indicator | New indicator | 190 | 133 | 190 | 190 | 200 |
| | 5. Number learners studying for bachelor of health science in emergency care | No | New indicator | New indicator | New indicator | New indicator | 5 | 10 | 15 |
| | 6. Number of basic ambulance assistants upgraded to ambulance emergency assistants | No | New indicator | New indicator | New indicator | New indicator | 36 | 36 | 36 |

*** – The Department does not award bursaries to the medicine & nursing students

**Table 49. HST - Quarterly targets**

| Indicator | Frequency of Reporting (Quarterly, bi-annual, Annual) | Indicator type | Annual Target 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Number of Bursaries awarded for first year medicine students | Annual | No (QPR) | - | - | - | - | - |
| 2. Number of Bursaries awarded for first year nursing students | Annual | No (QPR) | - | - | - | - | - |
| 3. Number of Post basic professional nurses enrolled | Bi-Annual | No | 140 | 70 | 70 | - | - |
| 4. Number of direct basic student nurses enrolled | Annual | No | 190 | - | - | - | 190 |
| 5. Number learners studying for bachelor of health science in emergency care | Annual | No | 5 | 5 | - | - | - |
| 6. Number of basic ambulance assistants upgraded to ambulance emergency assistants | Annual | No | 36 | - | - | 36 | - |

## 6.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

### Table 50. HST - Expenditure estimates

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| R' thousand | | | | | | | | | |
| Nurse training colleges | 192 550 | 208 557 | 230 315 | 301 057 | 250 057 | 250 057 | 306 933 | 322 596 | 358 341 |
| EMS training colleges | 5 212 | 2 994 | 2 968 | 5 912 | 7 974 | 7 974 | 4 139 | 4 372 | 4 613 |
| Bursaries | 143 264 | 141 516 | 255 038 | 201 164 | 209 820 | 209 820 | 204 696 | 207 488 | 209 050 |
| PHC training | 247 | 192 | 96 | 6 727 | 6 727 | 6 727 | 6 818 | 7 202 | 7 598 |
| Other training | 136 858 | 131 443 | 133 192 | 145 616 | 136 960 | 136 960 | 149 239 | 163 930 | 172 947 |
| **TOTAL** | **478 131** | **484 702** | **621 609** | **660 476** | **611 538** | **611 538** | **671 825** | **705 588** | **752 549** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **313 254** | **326 700** | **363 234** | **452 023** | **405 601** | **406,046** | **466 797** | **498 734** | **544 917** |
| Compensation of employees | 281 130 | 302 399 | 335 883 | 406 905 | 354 904 | 354,904 | 421 971 | 451 586 | 487 863 |
| **Goods and services** | **32 124** | **24 301** | **27 351** | **45 119** | **50 697** | **51,142** | **44 826** | **47 148** | **57 054** |
| Communication | 582 | 532 | 734 | 851 | 851 | 792 | 1 391 | 1 485 | 1 541 |
| Computer Services | 0 | 0 | | | | | | | |
| Consultants, Contractors and special services | 2 075 | 159 | 22 | 259 | 259 | 62 | - | - | - |
| Inventory | 15 552 | 9 632 | 8 503 | 15 954 | 15 704 | 15 596 | 15 395 | 16 224 | 24 261 |
| Operating leases | 375 | 235 | 293 | 789 | 789 | 742 | 859 | 937 | 988 |
| Travel and subsistence | 5 822 | 5 506 | 7 694 | 8 147 | 13 | | | | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| | | | | | 347 | 14,606 | 11 639 | 13 256 | 14 405 |
| Maintenance , repair and running costs | 640 | 1 100 | 1 131 | 800 | 800 | 1,033 | 1 046 | 893 | 942 |
| Specify other | 7 078 | 7 137 | 8 974 | 18 319 | 18 947 | 18 311 | 14 496 | 14 353 | 14 917 |
| **Transfers and subsidies to** | **164 652** | **153 347** | **252 815** | **200 526** | **195 326** | **193,526** | **191 370** | **192 430** | **193 142** |
| Provinces and municipalities | 85 | 20 | | | | | | | |
| Non-profit institutions | | | | | | | | | |
| Households | 164 567 | 153 327 | 252 815 | 200 526 | 195 326 | 193,526 | 191 370 | 192 430 | 193 142 |
| **Payments for capital assets** | **225** | **4 655** | **5 560** | **7 927** | **10 611** | **11,966** | **13 658** | **14 424** | **14 490** |
| Buildings and other fixed structures | | | | | | | | | |
| Machinery and equipment | 225 | 4 655 | 5 560 | 7 927 | 10 611 | 11,966 | 13 658 | 14 424 | 14 490 |
| **Total economic classification** | **478 131** | **484 702** | **621 609** | **660 476** | **611 538** | **611,538** | **671 825** | **705 588** | **752 549** |

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

## 6.4 PERFORMANCE AND EXPENDITURE TRENDS

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

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

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

The department has spent a total of R1.5 billion in 2014/15 to 2016/17 while the 2017/18 budget amounts to R660.4 million and adjusted to R611.5 million. The proposed MTEF from 2018/19 to 2020/21 is projected at R2.1 billion which will be used to maintain and improve the current services.

### 6.5 RISK MANAGEMENT

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

**Table 52. HST - Risk management**

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| To increase production for and develop human resources for health | • Inadequately prepared graduate output | • Improve capacity of Nurse Training Institutions for lecturers student ratio |
| | • Compromised Student and staff safety | • Anchoring of structures and decongestion of residences<br>• Motivate for finances to build safe structures |
| | • Poor quality of care | • Register students with other Higher Education Institutions |

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

## 7.1 PROGRAMME PURPOSE

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

## 7.2 PRIORITIES

- Provide essential pharmaceutical supplies.

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

| Strategic objective | Performance indicator | | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To provide all essential medicines | **Strategic Objectives/Provincial Indicators** | | | | | | | | | |
| | Availability of essential medicines | Depot | % | 74.66% | 70.6% | 66.64% | 72% (236/328) | 72.5% (238/328) | 73% (239/328) | 74% (243/328) |
| | | Hospitals | | 86.7% | 86.7% | 89.01% | 91% (269/295) | 92% (271/295) | 93% (274/295) | 94% (277/295) |
| | | PHC | | 84.88% | 87.05% | 88.57% | 89% (151/170) | 90% (153/170) | 91 % (155/170) | 92% (156/170) |
| | Proportion of PHC facilities reporting 80% of formulary on Stock Visibility System (SVS) | PHC | % | New indicator | New indicator | New indicator | New indicator | 90% (429/477) | 90% (429/477) | 90% (429/477) |

**Table 54. HCS - Quarterly targets**

| Programme Performance Indicator | | Frequency of reporting ( quarterly, Bi-annual, Annual) | Indicator Type | ANNUAL TARGET 2018/19 | QUARTERLY TARGETS | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Q1 | Q2 | Q3 | Q4 |
| Availability of essential medicines | Depot | Quarterly | % | 72.5% (2238/328) | 72.5% | 72.5% | 72.5% | 72.5% |
| | Hospitals | Quarterly | % | 92% (271/295) | 92% | 92% | 92% | 92% |
| | PHC | Quarterly | % | 90% (153/170) | 90% | 90% | 90% | 90% |

| Programme Performance Indicator | | Frequency of reporting ( quarterly, Bi-annual, Annual) | Indicator Type | ANNUAL TARGET 2018/19 | QUARTERLY TARGETS | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Q1 | Q2 | Q3 | Q4 |
| Proportion of PHC facilities reporting 80% of formulary on Stock Visibility System (SVS) | PHC | Quarterly | % | 90% (429/477) | 90% | 90% | 90% | 90% |

### 7.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

**Table 55. HCS - Expenditure estimates**

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| R' thousand | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Forensic services | 35 726 | 35 482 | 36 596 | 39 385 | 40 885 | 40 885 | 42 297 | 41 515 | 43 650 |
| Orthotic and prosthetic services | 9 695 | 6 371 | 5 235 | 12 975 | 12 878 | 12 878 | 7 215 | 7 950 | 8 388 |
| Medicines trading account | 46 591 | 65 646 | 74 992 | 88 087 | 93 009 | 93 009 | 92 009 | 96 556 | 101 865 |
| **TOTAL** | **92 012** | **107 499** | **116 823** | **140 446** | **146 772** | **146 772** | **141 521** | **146 021** | **153 903** |

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

| | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **89 623** | **105 396** | **115 942** | **137 987** | **145 483** | **145,452** | **139 319** | **143 715** | **151 470** |
| Compensation of employees | 69 460 | 74 694 | 79 463 | 84 111 | 91 111 | 91,080 | 96 258 | 98 662 | 104 089 |
| **Goods and services** | **20 163** | **30 702** | **36 479** | **53 875** | **54 371** | **54,372** | **43 061** | **45 053** | **47 381** |

| | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Communication | 1 142 | 677 | 675 | 638 | 639 | 560 | 687 | 730 | 770 |
| Computer Services | 405 | 1 823 | 1 013 | 1 299 | 1,299 | 600 | – | – | – |
| Consultants, Contractors and special services | 13 279 | 14 033 | 20 138 | 30 649 | 31 144 | 29 432 | 26 231 | 26 914 | 28 394 |
| Inventory | 5 | 8 290 | 9 398 | 15 370 | 15 370 | 17 955 | 10 403 | 11 354 | 11 829 |
| Operating leases | 307 | 807 | 704 | 700 | 700 | 646 | 750 | 790 | 833 |
| Travel and subsistence | 640 | 499 | 392 | 197 | 197 | 326 | 144 | 147 | 156 |
| Maintenance , repair and running costs | 4 | 0 | 0 | | | | | | |
| Specify other | 4 381 | 4 573 | 4 159 | 4 587 | 5 022 | 4 853 | 4 846 | 5 118 | 5 399 |
| Financial transactions in assets and liabilities | 1 000 | 0 | | | | | | | |
| **Transfers and subsidies to** | **118** | **149** | **71** | **225** | **50** | **81** | **239** | **251** | **265** |
| Provinces and municipalities | 14 | 14 | **0** | | | | | | |
| Households | 104 | 135 | 71 | 225 | 50 | 81 | 239 | 251 | 265 |
| **Payments for capital assets** | **1 271** | **1 954** | **810** | **2 234** | **1 239** | **1,239** | **1 963** | **2 055** | **2 168** |
| Machinery and equipment | 1 271 | 1 954 | **810** | 2 234 | 1 239 | 1,239 | 1 963 | 2 055 | 2 168 |
| **Total economic classification** | **92 012** | **107 499** | **116 823** | **140 446** | **146 772** | **146,772** | **141 521** | **146 021** | **153 903** |

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

## 7.4 PERFORMANCE AND EXPENDITURE TRENDS

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

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

The department has spent a total of R316.3 million from 2014/15 to 2016/17 while the 2017/18 budget amounts to R140.4 million and adjusted to R146.7 million. The MTEF from 2018/19 to 2020/21 is projected at R441.4 million which will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources, regular monitoring of the programme performance and stakeholders participation.

## 7.5 RISK MANAGEMENT

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

**Table 57. HCS - Risk management**

| Strategic Objectives | Risk | Mitigating factors |
|---|---|---|
| To provide all essential medicines | Loss of stock | Put systems in place to monitor non compliance |
| | Pharmaceutical shortages | Implement an electronic warehouse management and procurement system<br><br>Buy-out against suppliers failing to deliver<br><br>Timeous renewal of contracts |

| Strategic Objectives | Risk | Mitigating factors |
|---|---|---|
| | | Implement the Rx solution i.e. the Stock Visibility Solution (SVS) at PHC level |
| To provide rehabilitation services in facilities and communities | Development of permanent disability by patients | • Put systems in place for early rehabilitation intervention |

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

### 8.1 PROGRAMME PURPOSE

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

### 8.2 PRIORITIES

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

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

| Strategic objective | Indicator | Indicator Type | Audited/ actual performance | | | Estimated performance | Medium term targets | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
| To improve quality of health infrastructure | **Programme Performance/Customized Indicators (Sector Indicators)** | | | | | | | | |
| | 1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District | No (QPR) | New indicator | New indicator | 59 | 8 | 8 | 4 | 2 |
| | 2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District) | No (QPR) | New indicator | New indicator | 28 | 16 | 16 | 16 | 16 |
| | **Strategic Objectives/Provincial Indicators** | | | | | | | | |
| | 3. Number of districts spending more than 90% of the maintenance budgets (preventative and unplanned) | No | 2 | New indicator | 5 | 5 | 5 | 5 | 5 |
| | 4. Number of projects completed | No | New indicator | New indicator | 13 | 10 | 20 | 20 | 20 |

**Table 59. HFM - Quarterly targets**

| INDICATOR | Frequency of reporting (quarterly, bi-annual, annual) | Indicator type | ANNUAL TARGET 2018/19 | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| 1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District | Annual | No | 8 | - | - | - | 8 |
| 2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District) | Annual | No | 16 | - | - | - | 16 |
| 3. Number of districts spending more than 90% of the maintenance budgets (preventative and unplanned) | Quarterly | No | 5 | 5 | 5 | 5 | 5 |
| 4. Number of projects completed | Quarterly | No | 20 | 2 | 4 | 6 | 8 |

## 8.3 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

### Table 60. HFM - Expenditure estimates

| Sub-programme | Audited outcome | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium term expenditure estimates | | |
|---|---|---|---|---|---|---|---|---|---|
| R' thousand | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Community Health facilities | 333 689 | 506 819 | 466 282 | 539 383 | 603 883 | 641 163 | 566 109 | 492 407 | 519 489 |
| District Hospital Services | 42 594 | 42 573 | 116 407 | 63 272 | 25 272 | 25 272 | 110 728 | 107 289 | 116 384 |
| Provincial Hospitals Services | 16 384 | 39 965 | 28 388 | 24 460 | 7 960 | 7 960 | 31 009 | 36 585 | 36 597 |
| Tertiary Hospitals Services | 16 052 | 12 740 | 17 931 | 23 000 | 23 000 | 23 000 | 20 421 | 21 845 | 23 046 |
| Other Facilities | 155 194 | 109 | 243 | 2 057 | 2 057 | 2 057 | 1 010 | 1 123 | 1 185 |
| Total | **563 913** | **602 206** | **629 251** | **652 172** | **662 172** | **702 172** | **729 277** | **659 249** | **696 701** |

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

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| **Current payments** | **156 728** | **238 050** | **354 590** | **267 131** | **338 730** | **378,729** | **351,783** | **251,657** | **289,109** |
| Compensation of employees | 9 962 | 8 949 | 9 258 | 10 788 | 10 788 | 10,901 | 12 946 | 15 535 | 16 389 |
| Goods and services | **146 766** | **229 101** | **345 332** | **256 343** | **327 942** | **367,828** | **338,837** | **236,122** | **272,720** |
| Communication | 2 | 15 | | | | | | | |
| Computer | 0 | 0 | | | | | | | |
| Consultants, Contractors and special services | 135 496 | 219 686 | 334 579 | 231 792 | 177 292 | 162 350 | 243 691 | 201 290 | 236 238 |
| Inventory | 3 477 | 1 212 | 5 | 6 500 | 6500 | 627 | 5 200 | 100 | 100 |
| Operating leases | 0 | 0 | (1) | | | | | | |
| Travel and subsistence | 705 | 794 | 787 | 1 300 | 1 300 | 906 | 1 600 | 350 | 350 |
| Maintenance , repair and running costs | 0 | 135 | | | | | | | |

| | Audited Outcomes | | | Main appropriation | Adjusted appropriation | Revised estimate | Medium-term estimate | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | | | 2018/19 | 2019/20 | 2020/21 |
| Specify other | 7 086 | 7 259 | 9 962 | 16 751 | 142 850 | 203 945 | 88 346 | 34 382 | 36 032 |
| **Transfers and subsidies to** | **53** | **–** | **4** | | **–** | **1** | **–** | **–** | **–** |
| Households | 53 | – | **4** | | – | 1 | – | – | – |
| **Payments for capital assets** | **407 132** | **364 156** | **274 657** | **385 042** | **323 442** | **323,442** | **377 494** | **407 592** | **407 592** |
| Buildings | 379 212 | 301 410 | 262 357 | 184 609 | 184 609 | 229,935 | 357 494 | 358 550 | 358 550 |
| Other fixed structures | | | | | | | | | |
| Machinery and equipment | 27 920 | 62 746 | 12 300 | 200 433 | 138 833 | 93,507 | 20 000 | 49 042 | 49 042 |
| **Total economic classification** | **563 913** | **602 206** | **629 251** | **652 172** | **662 172** | **702 172** | **729,277** | **659 249** | **696 701** |

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

### 8.4 PERFORMANCE AND EXPENDITURE TRENDS

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

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

The department has spent a total of R1.7 billion from 2014/15 to 2016/17 while the 2017/18 budget amounts to 652.1 million and adjusted to R662.1 million. The MTEF from 2018/19 to 2020/21 is projected at R2.1billion. This amount will be used to maintain and improve the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources, regular monitoring of the programme performance and stakeholders participation.

## 8.5 RISK MANAGEMENT

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

**Table 62. HFM - Risk Management**

| Strategic Objective | Risk | Mitigating factors |
|---|---|---|
| To improve quality of health infrastructure | Unsafe and dilapidated infrastructure | Continuous Repairs and maintenance on the existing infrastructure<br><br>Request funding from Provincial Treasury<br><br>Refurbishment of identified infrastructure |
| | Ineffective repairs and maintenance of facilities | Engagement of the DBSA to expand the capacity of the province.<br><br>Expansion of capacity at the district level |
| | Failure of generators to supply power in case of electricity outage at health institutions | Conduct audit on the functionality and effectiveness of standby generators<br><br>Purchasing of new generators for those that are old and malfunctioning |

# PART C: LINKS TO OTHER PLANS

| No | Project Name | Programme | District | Outcome | Output [Project status at 1.04.2017] | Main Appropriation 17 18 | Adjusted Appropriation | Revised Estimate | MTEF 18/19 | MTEF 19/20 | MTEF 20/21 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **New and Replacement Assets** | | | | | | | | | | |
| 1 | Bela Bela Clinic: Replacement of existing clinic within the original site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 6 000 | | | 6 000 | 4 187 | |
| 2 | Pienaarsrivier: New clinic | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 6 000 | | | 6 000 | 8 900 | |
| 3 | Sekgakgapheng Clinic: Replacement of existing clinic on a new site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 6 000 | | | 6 000 | 7 012 | |
| 4 | Matlala Hospital - Enabling Works Program: Access Road Connection from District Road into Main Hospital Entrance | Programme 2 – District Health Services | Capricorn (DC35) | To provide primary health care services | Construction 76%-99% | 3 000 | | | 0 | | |
| 5 | Provincial Office Complex: New EMS Office Building: 3rd Contractor | Programme 8 – Health Facilities Management | Capricorn (DC35) | Plan, Provide , Equip new facilities and to upgrade, rehabilitate and maintain existing facilities | Construction 1%-25% | 3 000 | | | 0 | | |
| 6 | Mecklenburg Hospital - Enabling Works Program: OPD, X-Ray, Casualty & Pharmacy and Entrance Gate House: 2nd Contractor | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 7 | Voortrekker Hospital - Enabling Works Program: OPD, X-Ray, Casualty & Pharmacy; 3rd Contractor | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 8 | Team Waterpoort-Makuya Malaria Unit: New Malaria Facility within the existing Makuya Clinic site: 2nd Contractor | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 9 | Smashersblock (Chromite) Clinic: Replacement of existing Chromite clinic on a new site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 10 | Leboeng EMS Station: New EMS Station within the government complex at Leboeng | Programme 3 – Emergency Medical services | Sekhukhune (CBDC3) | To render pre hospital emergency services | Practical Completion | 50 | | | | | |
| 11 | Lebowakgomo Unit B Clinic: New Clinic | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 12 | Loloka Clinic: New Clinic: 2nd Contractor | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 50 | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13 | Mamone clinic: Replacement of existing clinic on the same site. 2nd Contractor | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 14 | Marulaneng Clinic: New Clinic | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 15 | Midoroni Clinic: Replacement of existing on a new site | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 16 | Mokopane Hospital - Enabling Works Program: Theatre Complex | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Practical Completion | 50 | | | | | |
| 17 | Muyexe Clinic: Replacement of existing on a new site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 18 | Phalaborwa Busstop Clinic: Replacement of existing clinic on a new site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 19 | Rooiberg Clinic: Replacement of existing on the same site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 20 | Sereni Clinic: Replacement of existing on new site | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 21 | Shotong Clinic: Replacement of existing on a new site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 22 | Siloam EMS Station: New EMS Station within the existing Siloam Hospital Site. | Programme 3 – Emergency Medical services | Capricorn (DC35) | To render pre hospital emergency services | Practical Completion | 50 | | | | | |
| 23 | Soetfontein Clinic: Replacement of existing on a new site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 24 | Thabazimbi Hospital: Ward Blocks, Theatre, Maternity, Kitchen Block, Linen Store, Laboratory and Transport Control | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 25 | Vlakplaats-Malebitsa: New Clinic : 2nd Contractor | Programme 2 –District Health Services | | To provide primary health care services | Practical Completion | 50 | | | | | |
| 26 | Waterberg Malaria Unit: New Malaria Unit within the existing Witpoort Hospital site: 2nd Contractor | Programme 2 –District Health Services | Waterberg (DC36) | To prevent malaria outbreaks | Practical Completion | 50 | | | | | |
| 27 | WF Knobel Hospital - Enabling Works Program: Maternity, Theatre Complex | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 28 | Provincial Office-IDMS Capacitation Fund: Machinery and Equipment | Programme 8 – Health Facilities Management | Capricorn (DC35) | Plan, Provide , Equip new facilities and to upgrade, rehabilitate and maintain existing facilities | On-Going | 335 | | | 402 | 482 | 579 |

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| 29 | Maphutha Malatjie Hospital:OPD, Casualty, X-Ray, Pharmacy, Health Support and Helipad | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Construction 1%-25% | 76 730 | | | 145 730 | 118 000 | 92 455 |
| 30 | Makeepsvlei Clinic: Replacement of existing clinic on the same site | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Construction 26% - 50% | 6 000 | | | 7 106 | | |
| 31 | Mamushi Clinic: Replacement of existing clinic on the same site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Construction 26% - 50% | 6 000 | | | 8 512 | | |
| 32 | Mothiba Clinic: Replacement of existing clinic on a new site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Construction 1%-25% | 6 000 | | | 7 000 | 7 400 | |
| 33 | Schoongezicht Clinic: Replace existing clinic on a new site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Construction 26% - 50% | 6 000 | | | 6 000 | 2 453 | |
| 34 | Sterkspruit: Replacement of the existing clinic on the same site | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Construction 26% - 50% | 6 000 | | | 6 000 | 2 068 | |
| 35 | Thabazimbi Hospital: Forensic Mortuary | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Construction 76%-99% | 4 362 | | | 750 | | |
| 36 | Lebowakgomo EMS station: renovations of the existing EMS station | Programme 3 – Emergency Medical services | Capricorn (DC35) | To render pre hospital emergency services | Design | 700 | | | 1 880 | 0 | |
| 37 | Musina Hospital: Replacement of existing hospital on a new Site including EMS, malaria centre, mother lodge, etc | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 1 170 | | | 2 000 | 30 000 | 48 000 |
| 38 | Thabazimbi Hospital: Purchase remaining staff accommodation units/flats in the building block already occupied by LDoH | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 6 034 | | | | | |
| 39 | F.H Odendaal Hospital: Opthamology Clinic | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 2 000 | | | 0 | 0 | 0 |
| 40 | Limpopo Central Pharmacy Depot: Purchase Central Pharmacy Depot in Polokwane | Programme 7 – Health Care Support Services | Mopani (DC33) | To render support through pharmaceutical services at all healthcare facilities | Identified | | | | 200 | 14 800 | |
| 41 | Limpopo Nursing College: Purchase Office Accomodation in Polokwane | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | 200 | 9 800 | |
| 42 | Marble Hall: Replacement of existing clinic on a new site | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | 150 | | | 500 | 500 | 10 000 |
| 43 | Matlala EMS Station: New EMS Station within the Matlala Hospital's site. | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | 150 | | | 200 | 200 | 10 000 |
| 44 | Mamokgasefoka: New Clinic | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | 150 | | | 200 | 200 | 10 000 |

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| 45 | Modimolle Town Clinic: Purchase property to replace existing Modimolle Town clinic accommodated in the municipal offices | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | 500 | | | 2 652 | | |
| 46 | Mookgophong EMS Station: New EMS Station . | Programme 3 – Emergency Medical services | Waterberg (DC36) | To render pre hospital emergency services | Identified | | | | 500 | 2 000 | 7 020 |
| 47 | Grace Mugodeni EMS Station: New EMS Station within the existing Grace Mugodeni community health centre | Programme 3 – Emergency Medical services | Waterberg (DC36) | To render pre hospital emergency services | Practical Completion | 255 | | | | | |
| 48 | Homulani Clinic: Replacement of existing clinic on the same site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 500 | | | | | |
| 49 | Masisi Clinic: New EMS Station at the current existing Masisi Clinic site | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Works Completion | 493 | | | | | |
| 50 | Nkomo Clinic: Replacement of existing clinic on the same site incorporating the adjacent site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 500 | | | | | |
| 51 | Tshikundamalema Clinic: Replacement of existing clinic on the same site incorporating adjacent site | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 500 | | | | | |
| 52 | Matoks Clinic: Replacement of existing clinic at a new site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Handed over | 50 | | | | | |
| 53 | Philadelphia EMS Station: New EMS Station within the existing Philadelphia Hospital site | Programme 3 – Emergency Medical services | Sekhukhune (CBDC3) | To render pre hospital emergency services | Handed over | 100 | | | | | |
| 54 | Thohoyandou EMS Station: New EMS Station within the existing Thohoyandou Health Centre site | Programme 3 – Emergency Medical services | Vhembe (DC34) | To render pre hospital emergency services | Handed over | 100 | | | | | |
| 55 | Nthabiseng Clinic: New clinic | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Retention | 50 | | | | | |
| 56 | Phaahla Manoge: New Clinic | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Retention | 50 | | | | | |
| 57 | New Thabaleshoba Community Health Centre | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Retention | 50 | | | | | |
| 58 | Percy Clinic: Replacement of existing clinic on the same site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Retention | 50 | | | | | |
| 59 | Uitkyk Clinic: Replacement of existing clinic on the same site | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Retention | 50 | | | | | |
| 60 | Bosele EMS Station: Construct new clinic and small EMS on the new site in Monsterloos - Hlogotlou | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Design | 2 000 | | | 6 000 | 10 000 | 10 562 |
| 61 | Roedtan Clinic: Upgrades at existing clinic | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | | | | 200 | 1 000 | 132 |
| 62 | Modimolle EMS Station: New EMS Station . Furniture & Equipment. | Programme 3 – Emergency Medical services | Waterberg (DC36) | To render pre hospital emergency services | Design | 2 809 | | | 5 000 | 2 203 | |

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| 63 | Phagameng Clinic: Replacement of the existing clinic on a new site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 2 000 | | | 5 000 | 9 100 | 7 000 |
| 64 | Replacement of Dr MMM Nursing School (Groothoek) at Thabamoopo Hospital Site | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Feasibility | 1 700 | | | 200 | 2 000 | 10 000 |
| 65 | Evuxakeni Hospital: Replacement hospital on adjacent site | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Feasibility | 200 | | | 2 000 | 5 000 | 80 000 |
| 66 | Mahale Clinic: Replacement of existing clinic on the same site. Furniture & Equipment. | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Feasibility | 200 | | | 200 | 1 000 | 7 000 |
| 67 | Malemati Clinic: Replacement of existing clinic on the same site. Furniture & Equipment. | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Feasibility | 200 | | | 1 000 | 6 000 | 13 400 |
| 68 | Musina Hospital: Replacement of existing hospital on a new Site including EMS, malaria centre, mother lodge, etc | Programme 2 –District Health Services | Vhembe (DC34) | To prevent malaria outbreaks | Feasibility | 200 | | | | | |
| 69 | FH Odendal Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Constructi on 26% - 50% | 600 | | | 5 000 | 5 000 | |
| 70 | Nchabaleng CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Sekhukhu ne (CBDC3) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 71 | Blouberg CHC: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 72 | Dr CN Phatudi Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 73 | Evuxakeni Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Design | 800 | | | 3 500 | 5 000 | |
| 74 | Musina Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 75 | Van Velden Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 76 | Witpoort Hospital: Replacement or Refurbishment of Stand By Generators & Related Infrastructure | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 600 | | | 3 500 | 5 000 | |
| 77 | Provincial head office: Provision of Mobile Standby Generators & Related Infrastructure Units | Programme 1 - Administration | Capricorn (DC35) | To provide management functions and administration for the department | Tender | 3 000 | | | 3 000 | | |
| 78 | Musina Hospital: Relocatable Units | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | 200 | | | 300 | | |

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| 79 | Thabazimbi Hospital: Relocatable Units | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | 200 | | | 300 | | |
| 80 | WF Knobel Hospital: Relocatable Units | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | 200 | | | 300 | | |
| 81 | Nkhensani Hospital: Relocatable Units | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | 200 | | | 300 | | |
| 82 | Ellisras Hospital: Relocatable Units | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | 200 | | | 300 | | |
| 83 | Non-Facility Specific: Health Technology as per the HT AIP Annexure | Programme 2 –District Health Services | | To provide primary health care services | On-Going | 10 400 | | | 600 | 1 720 | 1 892 |
| 84 | Botlokwa Hospital: Replacements-Mechanical Electrical Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Design | 270 | | | | | |
| **85** | FH Odendaal MDR-XDR Facility: Replacements- Mechanical Electrical Programme | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Design | 270 | | | | | |
| | **Upgrades and Additions** | | | | | | | | | | |
| 1 | Mokopane Hospital: Staff Accommodation -10 single rooms' block | Programme 6-Health Science and Training | Waterberg (DC36) | To provide training to nursing and other allied/supportive medical personnel in the province | Tender | 4 000 | | | 4 000 | 0 | |
| 2 | Matlala Hospital - Enabling Works Program: Upgrade Health Support, OPD, X-Ray, Casualty & Pharmacy; 3rd Contractor | Programme 2 – District Health Services | Capricorn (DC35) | To provide primary health care services | Constructi on 76%-99% | 3 000 | | | 0 | | |
| 3 | Philadelphia Hospital - Enabling Works Program: Completion of OPD, X-Ray, Casualty: 3rd Contractor | Programme 4 – Provincial Hospitals | Sekhukhu ne (CBDC3) | To provide accessible hospital services on regional level | Constructi on 76%-99% | 500 | | | | | |
| 4 | Zebediela Hospital: New Hospital Mortuary Facility | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Constructi on 76%-99% | 500 | | | | | |
| 5 | Lekhureng Clinic: Addition of Five (5) Bedroom Nurses' Accommodation Block plus renovation of existi | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Feasibility | 400 | | | 6 000 | 3 400 | |
| 6 | Moutse East Clinic: Addition of Staff Accommodation (5 x single rooms)and renovation of existing cli | Programme 2 –District Health Services | Sekhukhu ne (CBDC3) | To provide primary health care services | Feasibility | 150 | | | 5 650 | 0 | |
| 7 | Ratshaatshaa Health Center:Staff Accommodation; 2x 10 single rooms blocks | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | 150 | | | 6 000 | 6 000 | 7 050 |
| 8 | Elim Hospital: Upgrade of Boilers and New Boiler House: 2nd Contractor | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completio n | 50 | | | | | |

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| 9 | Letaba Hospital: Maternity Ward, Walkways, Victim Empowerment Centre | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Practical Completion | 50 | | | | | |
| 10 | Malamulele Hospital: Staff Accommodation - 10 single rooms' block: 2nd Contractor | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 11 | Mankweng Hospital: New Mankweng Forensic Laboratory and Upgrade of Existing Hospital Mortuary: 2nd Contractor | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Practical Completion | 50 | | | | | |
| 12 | Dilokong Hospital: Staff Accommodation -10 single rooms' block | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 13 | Donald Fraser Hospital: Staff Accommodation -10 single rooms' block: 2nd Contractor | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 14 | Jane Furse Hospital: Gateway Clinic & Linen Store | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 15 | Kutama Clinic: Upgrade and additions to existing clinic. 2nd Contractor | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 16 | Letaba Hospital: Staff Accommodation -10 single rooms' block | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Practical Completion | 50 | | | | | |
| 17 | Louis Trichardt Hospital: Staff Accommodation -10 single rooms' block | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 18 | Philadelphia Hospital: Staff Accommodation -10 single rooms' block: 2nd Contractor | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Practical Completion | 50 | | | | | |
| 19 | Sekororo Hospital: Staff Accommodation - 2X10 single rooms' blocks | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 20 | Shigalo Clinic: Additional Staff Accommodation (10 single rooms) and renovation of existing clinic | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 21 | Tzaneen Malaria Control Institute: Upgrade offices and Insectorium | Programme 2 –District Health Services | Mopani (DC33) | To prevent malaria outbreaks | Practical Completion | 50 | | | | | |
| 22 | WF Knobel Hospital: Staff Accommodation - 10 single rooms' block | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 23 | Zebediela Hospital: Staff Accommodation -10 single rooms' block | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Practical Completion | 50 | | | | | |
| 24 | Jane Furse Hospital: Staff Accommodation - 10 single rooms' block | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Practical Completion | 50 | | | | | |

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| 25 | Ellisras Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 1 000 | | | 3 307 | | |
| 26 | Kgapane Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | 1 000 | | | 6 254 | | |
| 27 | Philadelphia Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Design | 1 000 | | | 2 807 | | |
| 28 | Pietersburg Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Design | 1 000 | | | 5 554 | | |
| 29 | St Ritas Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Design | 1 000 | | | 2 482 | | |
| 30 | WF Knobel Hospital: Upgrade Electrical System and provide Certificate of Compliance | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Design | 1 000 | | | 3 396 | | |
| 31 | Donald Frazer Hospital: Upgrade and repairs to chiller plant | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Construction 51%-75% | 1 000 | | | | | |
| 32 | Mankweng Hospital: Upgrade and repairs to chiller plant | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Construction 51%-75% | 1 500 | | | | | |
| 33 | Voortrekker Hospital: Upgrade and repairs to chiller plant | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Construction 51%-75% | 900 | | | | | |
| 34 | Witpoort Hospital: Upgrade and repairs to chiller plant | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Construction 51%-75% | 1 800 | | | | | |
| 35 | Pietersburg Hospital: Upgrade and repairs to chiller plant | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Construction 76%-99% | 500 | | | | | |
| 36 | Non Facility Specific: Water & Sanitation programme management | Programme 8 – Health Facilities Management | | Plan, Provide , Equip new facilities and to upgrade, rehabilitate and maintain existing facilities | Tender | 1 940 | | | 2 328 | 2 794 | 1 350 |
| 37 | Non Facility Specific-Clinics and CHCs: Upgrade Water Sources, Sanitation and Related Mechanical & Electrical Works | Programme 2 –District Health Services | | To provide primary health care services | Tender | 12 000 | | | 14 400 | 17 280 | 1 440 |

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| 38 | Non Facility Specific - Hospitals and Other Health Facilities: Upgrade Water Sources, Sanitation and Related Mechanical & Electrical Works | Programme 2 –District Health Services | | To provide primary health care services | Tender | 12 000 | | | 14 400 | 17 280 | 1 440 |
| 39 | Dilokong Hospital: New Hospital Laundry: | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 2 000 | | | 8 000 | 10 050 | 3 000 |
| 40 | Evuxakeni Hospital: Laundry upgrading project | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Concept | 2 000 | | | 11 000 | 15 000 | 17 600 |
| 41 | Thabamoopo Hospital: Central Mini-Hub Laundry and Linen Bank | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Concept | 2 000 | | | 11 000 | 15 000 | 17 600 |
| 42 | Thabazimbi Hospital: New Hospital Laundry | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Concept | 2 800 | | | 6 057 | 20 594 | |
| 43 | Donald Frazier Hospital: Upgrade Hospital Laundry | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Tender | 3 000 | | | 4 000 | 360 | 780 |
| 44 | Ellisras Hospital: Upgrade Hospital Laundry | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 11 000 | | | 7 000 | 250 | 250 |
| 45 | FH Odendaal MDR-XDR Hospital: Upgrade Mini-hub Laundry | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Tender | 12 000 | | | 4 000 | 250 | 250 |
| 46 | Letaba Hospital: Upgrade Central Mini-Hub Laundry | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Tender | 19 000 | | | 17 375 | 2 049 | 2 049 |
| 47 | Louis Trichardt Hospital: Upgrade Hospital Laundry | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Tender | 7 000 | | | 4 000 | 250 | 250 |
| 48 | Mankweng Hospital: Upgrade Hospital Laundry | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Design | 19 000 | | | 19 000 | 2 434 | 2 434 |
| 49 | Mokopane Hospital: Upgrade Central Mini-Hub Laundry | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Tender | 2 000 | | | 4 000 | 250 | 250 |
| 50 | Musina Hospital: Upgrade Hospital Laundry Equipment | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Tender | 7 565 | | | 3 750 | 250 | 250 |
| 51 | Philadelphia Hospital: Upgrade Central Mini-Hub Laundry | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Tender | 16 000 | | | 14 000 | 1 687 | 1 687 |
| 52 | Pietersburg Hospital: Upgrade Central Mini-Hub Laundry | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Design | 22 000 | | | 28 000 | 8 909 | 8 909 |
| 53 | St Rita's Hospital: Upgrade Central Mini-Hub Laundry | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Tender | 20 000 | | | 20 000 | 3 000 | 3 000 |

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| 54 | Tshilidzini Hospital: Upgrade Central Mini-Hub Laundry | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Design | 2 000 | | | 20 000 | 20 000 | 20 000 |
| 55 | Witpoort Hospital: Upgrade Hospital Laundry | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Tender | 8 000 | | | 4 000 | 250 | 250 |
| 56 | Letaba Hospital A5: 72 hours Water Standby Storage ,Civil & Mechanical Works, rehabilitate Workshop, renovate Theatre, CSSD, Parking | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Constructi on 1%-25% | 26 000 | | | 26 000 | 21 522 | 16 748 |
| 57 | Letaba Hospital C1: Medical and Admissions Records' Facility and equipment | Programme 1 - Administration | Mopani (DC33) | To provide management functions and administration for the department | Constructi on 1%-25% | 16 000 | | | 26 000 | 18 585 | |
| 58 | Maphuta Malatjie Hospital:Completion of linen store,ring roads,flooring,paving&storm water drainage | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Constructi on 26% - 50% | 10 000 | | | 2 000 | 479 | |
| 59 | Maphuta Malatjie Hospital: New laundry, Psychiatric ward, Maintenance Workshop and associated works | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 10000 | 40000 |
| 60 | Maphuta Malatjie Hospital: conversion of old technical services into TB unit; conversion of old clinic into patient lodge; extend maternity & neo-natal facilities; decanting, demolish / remove temporary structures; and associated works | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 10000 | 40000 |
| 61 | Letaba Hospital:B4 Upgrading of Existing Administration and Psychiatric Ward | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Constructi on 76%-99% | 11 000 | | | 4 760 | | |
| 62 | F.H Odendaal Hospital: Health Support, Maternity Complex, Re-organization of Casualty/OPD | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | 200 | | | 2 000 | 4 000 | 20 000 |
| 63 | F.H Odendaal Hospital: Opthamology Clinic | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 4 000 | | | 0 | 0 | 0 |
| 64 | Sekororo Hospital: Maternity & neonatal Complex, Medical Gas Plant Room | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 10 000 | 20 000 |
| 65 | Seshego Hospital: Upgrade of the existing Hospital Mortuary | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 5 000 | 5 000 |
| 66 | Old Nkhensani EMS Station: Upgrade / repurpose of existing buildings at the Old Nkhensani hospital | Programme 3 – Emergency Medical services | Mopani (DC33) | To render pre hospital emergency services | Practical Completio n | 500 | | | | | |
| 67 | Thabamoopo Hospital: Substance Abuse & Adolescent Ward / Facility: 4th Contractor, LDPW-B/09004 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Practical Completio n | 500 | | | | | |

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| 68 | Dilokong Hospital: Sub-acute ward A & B | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Litigation | 50 | | | | | |
| 69 | Letaba Hospital A1 - Construction of Recreation and Residential Facilities (B/06018) | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Litigation | 100 | | | | | |
| 70 | Groblersdal Hospital: New Forensic Mortuary | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Handed over | 100 | | | | | |
| 71 | Thabamoopo Hospital: Transport Control Office; LDPW-B/10108 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Handed over | 100 | | | | | |
| 72 | Letaba Hospital- Contract B3 :New Admin, Visitors Waiting, Gate House, etc | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 73 | Maphutha Malatjie Hospital-Contract A2: Renovations & Alterations to gen. wards, pediatric ward, mat | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Retention | 100 | | | | | |
| 74 | Waterberg Staff Accomodation at Mokopane,Witpoort and George Masebe Hospital | Programme 6-Health Science and Training | Waterberg (DC36) | To provide training to nursing and other allied/supportive medical personnel in the province | Retention | 100 | | | | | |
| 75 | Thabamoopo Hospital: Medical & Geriatric Wards & Upgrading of steam reticulation system; LDPW-B/0705 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 76 | Thabamoopo Hospital: Male Security Ward; LDPW-B09006 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 77 | Thabamoopo Hospital: Female Acute, Sub-Acute & Chronic Ward; LDPW-B/09005 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 78 | Thabamoopo Hospital: Kitchen, Staff Dining & Bulk Stores; LDPW-B/08108 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 79 | Thabamoopo Hospital: Male Chronic, Sub-Acute & Acute Wards; LDPW-B/08103 | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 80 | Thabamoopo Hospital: Residential Accommodation, Half Way House, Pharmacy & Kiosk | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Retention | 100 | | | | | |
| 81 | Letaba Hospital- Contract A6: Burnt Female Surgical Ward, waste store, etc | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Design | 6 000 | | | 11 000 | 60 500 | 2 000 |
| 82 | Thabamoopo Hospital: Health Support Facility 2nd Contractor | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Design | 2 375 | | | 5 000 | 13 250 | |
| 83 | Giyani Nursing College Campus: Renovation of student nurses' residential accommodation and fencing. | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Feasibility | 200 | | | 3 000 | 1 800 | |

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| 84 | Student nurses residential accommodation for Sovenga Nursing College Campus in the Mankweng Hospital Site | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Feasibility | 200 | | | 1 000 | 12 000 | 8 000 |
| 85 | Thabamoopo Hospital: New Forensic Ward Facility | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Feasibility | 200 | | | 6 000 | 12 000 | 20 000 |
| 86 | Vaalwater EMS Station: Upgrade EMS station | Programme 3 – Emergency Medical services | Waterberg (DC36) | To render pre hospital emergency services | Feasibility | 200 | | | | 1 000 | 5 000 |
| 87 | Warmbath Hospital: Health brief and Initial Project Implementation Phase | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Feasibility | 200 | | | 1 000 | 2 000 | 10 000 |
| 88 | Pietersburg Hospital: Upgrade of Theatres, ICU, High Care and Lift | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Feasibility | 200 | | | 4 000 | 16 000 | 30 000 |
| 89 | Madombidzha clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 90 | Wayeni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 91 | Shiluvani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 92 | Nkowankowa CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 93 | Slypsteen clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 94 | Grootdraai clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 95 | Marulaneng clinic (Sekhukhune): Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 96 | Goedgedagcht clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 100 | | | 500 | | |

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| 97 | Chalema clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 98 | Straighthardt clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 99 | Levubu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 100 | Lulekani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 101 | Dzumeri CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 102 | Giyani CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 103 | Seshego zone 4 clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 104 | Mafefe clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 105 | Eensaam clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 106 | Motsepe clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 107 | Roedtan clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 108 | Sereni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |

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| 109 | Thondo Tshivhase clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 110 | Grace Mugodeni Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 111 | Shotong CHC: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 900 | | |
| 112 | Basani Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 113 | Sello Moloto clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 114 | Alldays clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 115 | Kwarrielaagte clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 116 | Mameselela clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 117 | Mphepu clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 118 | Mpheni clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 119 | Sekororo clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 120 | Mogoto clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |

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| 121 | Lonsdale clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 122 | Jakkalskuil clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 123 | Nkomo B Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 124 | Tshikundamalema Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 125 | Homulani Clinic: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Concept | 100 | | | 500 | | |
| 126 | Ellisras Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 2 080 | 10 000 |
| 127 | Thabazimbi Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 8 320 | 10 000 |
| 128 | Witpoort Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 2 860 | 10 000 |
| 129 | George Masebe Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 130 | Mokopane Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | 10 000 | 20 000 |
| 131 | WF Knobel Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 132 | Helene Franz Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 3 380 | 10 000 |
| 133 | Botlokwa Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 8 320 | 10 000 |
| 134 | zebediela Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 8 840 | 10 000 |
| 135 | lebowakgomo Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 8 320 | 10 000 |

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| 136 | Donald Frazer Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 137 | Letaba Hospitall: Construct additional ward(s) to match the number of Allocated beds | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | | 10 000 | 20 000 |
| 138 | Malamulele Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 139 | Dr CN Phatudi Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 140 | Kgapane Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 141 | Nkhensane Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 142 | Van Velden Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 3 120 | 10 000 |
| 143 | Jane Furse Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 144 | Dilokong Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 145 | Mecklenburg Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 7 540 | 10 000 |
| 146 | Matlala Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 10 000 | 20 000 |
| 147 | Philadelphia Hospital: Construct additional ward(s) to match the number of Allocated beds | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | 10 000 | 20 000 |
| 148 | Pietersburg hospital : Upgrade neonatal facilities (Phase A) | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | 1 820 | 1 820 | |
| 149 | Seshego Hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 1 300 | 1 300 | |
| 150 | Letaba Hospital: Upgrade neonatal facilities (Phase A) | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 2 080 | 2 080 | |
| 151 | Maphutha Malatjie Hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 1 560 | 1 560 | |

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| 152 | Nkhensane hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 2 080 | 2 080 | |
| 153 | Dilokong Hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | 1 820 | 1 820 | |
| 154 | Elim Hospital : Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 2 340 | 2 340 | |
| 155 | Louis Trichardt Hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 1 300 | 1 300 | |
| 156 | Witpoort Hospital: Upgrade neonatal facilities (Phase A) | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 520 | 520 | |
| 157 | Mokopane hospital: Upgrade neonatal facilities (Phase A) | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | 1 560 | 1 560 | |
| 158 | Lebowakgomo Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 780 |
| 159 | Pietersburg Hospital: Upgrade neonatal facilities (Phase B) | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | | | 1 820 |
| 160 | Seshego Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 300 |
| 161 | Kgapane Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 260 |
| 162 | M Malatji Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 560 |
| 163 | St Ritas Hospital: Upgrade neonatal facilities (Phase B) | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 4 160 |
| 164 | Jane Furse Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 560 |
| 165 | Groblersdal Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 260 |
| 166 | Philadelphia Hospital: Upgrade neonatal facilities (Phase B) | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 3 900 |
| 167 | L Trichardt Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 300 |
| 168 | Witpoort Hospital: Upgrade neonatal facilities (Phase B) | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 520 |
| 169 | Mokopane Hospital: Upgrade neonatal facilities (Phase B) | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 3 120 |
| 170 | Seshego Hospital Hospital: Upgrade acute psychiatric ward | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 17 200 |

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| 171 | Mokopane Hospital Hospital: Upgrade acute psychiatric ward | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 16 000 |
| 172 | St Ritas Hospital Hospital: Upgrade acute psychiatric ward | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 14 800 |
| 173 | Nkhensani Hospital Hospital: Upgrade acute psychiatric ward | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 12 000 |
| 174 | Dilokong Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Sekhukhune (CBDC3) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 1 600 |
| 175 | Donald Frazer Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Vhembe (DC34) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 1 600 |
| 176 | Kgapane Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 1 600 |
| 177 | Jane Furse Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Sekhukhune (CBDC3) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 178 | Malamulele Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Vhembe (DC34) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 179 | Maphutha Malatji Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 180 | Nkhensane hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Vhembe (DC34) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 181 | Philadelphia Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Sekhukhune (CBDC3) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 182 | Sekororo Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 183 | Seshego Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |

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| 184 | St Rita's Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Sekhukhune (CBDC3) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 185 | Voortrekker Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Waterberg (DC36) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 186 | Warmbaths Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Waterberg (DC36) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 187 | WF Knobel Hospital: Accommodation for additional Nursing Students working at the Hospital -10 single rooms block | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 800 |
| 188 | Letaba Hospital: Accommodation for additional Nursing Students working at the Hospital - batchelor flat block | Programme 6-Health Science and Training | Mopani (DC33) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 21 040 |
| 189 | Mankweng Hospital : Accommodation for additional Nursing Students working at the Hospital - batchelor flat block | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 920 |
| 190 | Pietersburg Hospital: Accommodation for additional Nursing Students working at the Hospital - batchelor flat block | Programme 6-Health Science and Training | Capricorn (DC35) | To provide training to nursing and other allied/supportive medical personnel in the province | Identified | | | | | | 3 680 |
| 191 | 480 Clinics: Alternative back up power supply & Related Infrastructure for Ideal Clinic Programme | Programme 2 –District Health Services | | To provide primary health care services | Concept | | | | | 40 000 | 40 000 |
| 192 | 76 Clinics: Upgrade existing clinic facilities in line with the ideal clinics programme | Programme 2 –District Health Services | | To provide primary health care services | Concept | | | | | 95 000 | 95 000 |
| 193 | Makulele Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 194 | Manyima Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 195 | Ntlhaveni Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 196 | Davhana Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 197 | De Hoop Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |

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| 198 | Dzingahe Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 199 | Folovhodwe Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 200 | Gondeni Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 201 | Louis Trhichardt Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 202 | Mtititi Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 203 | Ntlhaveni E Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 204 | Olifantshoek Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 205 | Peninghotsa Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 206 | Tshimbupfe Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 207 | Tshino Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 208 | Tshipise Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 209 | Valdezia Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 210 | Bharivhuri Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 211 | Vyeboom Clinic: NHI clinic upgrade as it is too small; or add Doctors consulting rooms | Programme 2 – District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 212 | Van Velden Memorial Hospital: Replace roof of admin block and complete ring road to close the third entrance gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 400 | 3 000 |
| 213 | Mokopane Hospital: Upgrade ICU | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | 520 | 4 500 |

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| 214 | Upgrade / replace 38 clinics that are too small | Programme 2 – District Health Services | | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 215 | Upgrade / replace 82 clinics not improved to date | Programme 2 – District Health Services | | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 216 | Build new Community Health Centres | Programme 2 – District Health Services | | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 217 | Upgrade visiting points | Programme 2 – District Health Services | | To provide primary health care services | Identified | | | | | 2 500 | 12 000 |
| 218 | Upgrade Malaria control offices/stores | Programme 2 – District Health Services | | To prevent malaria outbreaks | Identified | | | | | 2 500 | 12 000 |
| 219 | Botlokwa Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 4 000 |
| 220 | Dilokong Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 4 000 |
| 221 | Dr CN Phatudi Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 4 000 |
| 222 | Ellisras Hospital: Provide acute psychiatric services at all hospitals: Upgrade acute psychiatric exclusion rooms | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 223 | FH Odendaal Hospital (North): Provide acute psychiatric services at all hospitals: Add acute psychiatric seclusion rooms | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 224 | George Masebe Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric seclusion rooms/cubicles | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 225 | Groblersdal Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 4 000 |
| 226 | Helene Franz Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 227 | Jane Furse Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 4 000 |
| 228 | Kgapane Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 4 000 |

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| 229 | Lebowakgomo Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 4 000 |
| 230 | Louis Trichardt Memorial Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 4 000 |
| 231 | Mecklenburg Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 4 000 |
| 232 | Messina Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 4 000 |
| 233 | Philadelphia Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 4 000 |
| 234 | Pietersburg (Polokwane) Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | | | 4 000 |
| 235 | Sekororo Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 4 000 |
| 236 | Thabazimbi Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric seclusion cubicles | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 237 | Van Velden Memorial Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 4 000 |
| 238 | Voortrekker Hospital: Provide acute psychiatric services at all hospitals: Add acute psychiatric seclusion rooms | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 239 | Warmbaths Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 240 | WF Knobel Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 4 000 |
| 241 | Witpoort Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 4 000 |
| 242 | Zebediela Hospital: Provide acute psychiatric services at all hospitals: Add an acute psychiatric ward | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 4 000 |

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| 243 | Botlokwa Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 244 | Dilokong Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 000 |
| 245 | Donald Fraser Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 246 | Dr CN Phatudi Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 247 | Elim Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 248 | Ellisras Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 249 | Evuxakeni Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 250 | FH Odendaal Hospital (North): Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 251 | FH Odendaal MDR Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |

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| 252 | George Masebe Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 253 | Groblersdal Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 000 |
| 254 | Hayani Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 255 | Helene Franz Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 256 | Jane Furse Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 000 |
| 257 | Kgapane Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 258 | Lebowakgomo Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 259 | Letaba Hospital: Install equipment for maintaining Health technology, mechanical & electrical installations, etc in the Hospital Technical Services Workshop | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 260 | Louis Trichardt Memorial Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |

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| 261 | Malamulele Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 262 | Mankweng Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | | | 1 000 |
| 263 | Maphutha L Malatjie Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 264 | Matlala Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 265 | Mecklenburg Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 000 |
| 266 | Messina Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 267 | Mokopane Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 268 | Nkhensani Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 269 | Philadelphia Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 270 | Pietersburg (Polokwane) Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of | Identified | | | | | | 1 000 |

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| | technology, mechanical & electrical installations, etc | | | professional medical personnel. | | | | | | | |
| 271 | Sekororo Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 272 | Seshego Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 273 | Siloam Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 274 | St Ritas Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 275 | Thabamoopo Psychiatric Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 276 | Thabazimbi Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 277 | Tshilidzini Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Identified | | | | | | 1 000 |
| 278 | Van Velden Memorial Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 279 | Voortrekker Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |

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| 280 | Warmbaths Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 281 | WF Knobel Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 282 | Witpoort Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, etc | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 283 | Zebediela Hospital: Rehabilitate the Hospital Technical Services Workshop including equipment for maintaining Health technology, mechanical & electrical installations, | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 284 | Capricorn District Technical Services Workshop | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | | 1 000 |
| 285 | Waterberg District Technical Services Workshop | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | | 1 000 |
| 286 | Mopani District Technical Services Workshop | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | | 1 000 |
| 287 | Sekhukhune District Technical Services Workshop | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | | 1 000 |
| 288 | Vhembe District Technical Services Workshop | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | | 1 000 |
| 289 | Voortrekker Hospital: Rehabilitation of the mortuary | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 1 250 | 1 250 | |
| 290 | Warmbaths Hospital: Accommodation rehabilitation | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 750 | 750 | |
| 291 | Mokopane Hospital: Construct Maternity ward(s) | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 20 000 |
| 292 | Mokopane Hospital: Rehabilitation of Casualty | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | 250 | 4 000 | 950 |
| 293 | Heli-pad | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | 250 | 1 750 | 500 |
| 294 | Allied Health Block | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | | 5 000 |

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| 295 | Van Velden Memorial Hospital: Install mortuary cabinets / cold room in existing building | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 296 | Van Velden Memorial Hospital: Replace diesel & petrol storage tanks to increase capacity | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 297 | Evuxakeni Hospital: Replace diesel & petrol storage tanks to increase capacity | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 330 | 330 | 340 |
| 298 | Nkhensani: Replace diesel & petrol storage tanks to increase capacity | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 299 | Kgapane: Replace diesel & petrol storage tanks to increase capacity | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 300 | Van Velden: Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 301 | Maphutha L Malatji : Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 302 | Kgapane: Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 303 | Nkhensani: Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 304 | Sekororo: Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 305 | Dr CN Phatudi: Install additional medical gas points, service & repair the medical gas installations | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 330 | 330 | 340 |
| 306 | Letaba Hospital: Install additional medical gas points, service & repair the medical gas installations | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 198 | 198 | 204 |
| 307 | Dr CN Phatudi: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 308 | Kgapane Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 309 | Sekororo Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 310 | Evuxakeni Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 198 | 198 | 204 |
| 311 | Maphutha Malatji Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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| 312 | Van Velden Memorial Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 313 | Nkhensani Hospital: Install CCTV in pharmacy and wards with psychiatric patients | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 314 | Dr CN Phatudi: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 315 | Kgapane Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 316 | Sekororo Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 317 | Evuxakeni Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 198 | 198 | 204 |
| 318 | Maphutha Malatji Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 319 | Van Velden Memorial Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 320 | Nkhensani Hospital: Fire compliance including preparing as built drawings for all buildings and external services, installing ward call systems and sirens, electrical and mechancal compliance certificates, submission to the Muncipality and obtaining Municipal approval | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 321 | Lulekani CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 322 | Mahale clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 323 | Makhushane clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 324 | Benfarm clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 325 | Selwane clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 326 | Namakgale B clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 327 | Namakgale A: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 328 | Julesburg CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 329 | Nkowankowa CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 330 | Lenyenye clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 331 | Grace Mugodeni CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 332 | Motupa cinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 333 | Dr.Hugo clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 334 | Nkhensani Gateway clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 335 | Giyani CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 336 | Shivulani clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 337 | Sikhimini clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 338 | Ratanang clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 339 | Bochabelo clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 340 | Ngove clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 341 | Dzumeri CHC: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 342 | Shikhumba clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 343 | Zava clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 344 | Kheyi clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 345 | Matsotsosela clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 346 | Basani clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 347 | Thomo clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 348 | Xitlakati clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 349 | Modjadji V clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 350 | Mamanyoha clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 351 | Duiwelskloof clinic: Installation of air conditioners | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 352 | Giyani CHC: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 353 | Mhlava-Willem clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 354 | Khakhala-Hlomela clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 355 | Mapayeni clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 356 | Ngove clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 357 | Nkomo clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 358 | Shikhumba clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 359 | Makhuva clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 360 | Kheyi clinc: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 361 | Ntluri clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 362 | Msengi clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 363 | Ndengeza clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 364 | Hlaneki clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 365 | Nkuri clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 366 | Bochabelo clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 367 | Sikhimini clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 368 | Ratanang clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 369 | Nkhensani Gateway clinic: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 370 | Nkowankowa CH: Partitioning between reception area and consulting rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 371 | Turkey clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 372 | Mogoboya clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 373 | Tzaneen clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 374 | Khujwana clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 375 | Mamanyoha clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 376 | Mamaila clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 377 | Ngove clinic: Installation of security gates | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 378 | Mamaila clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 379 | Pheeha clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 380 | Rotterdam clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 381 | Maphalle clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 382 | Lebaka clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 383 | Mamanyoha clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 384 | Kgapane clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 385 | Mendingen clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 386 | Matswi clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 387 | Senobela clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 388 | Duiwelskloof clinic: Installation of pedestrian gate | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 389 | Makhushane: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 390 | Benfarm: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 391 | Mamaila: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 392 | Kgapane: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 393 | Sekgopo: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 394 | Turkey: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 395 | Lorraine: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 396 | Sophia: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 397 | Mabins: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 398 | Bismark: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 399 | Sekororo: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 400 | Rotterdam: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 401 | Willows clinics.: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 402 | Mamaila clinic: Demolition of condemned/unused buildings | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 403 | Shiluvana nurses home: Construction of guard rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 404 | Duiwelskloof: Construction of guard rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 405 | Lulekani Health Centre: Construction of guard rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 406 | Mahale clinic: Construction of guard rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 407 | Namakgale A clinics: Construction of guard rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 408 | Mapayeni clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 409 | Giyani CHC: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 410 | Khakhala-Hlomela: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 411 | Thomo: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 412 | Mhlava-Willem: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 413 | Nkhensani Gateway: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 414 | Sikhimini: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 415 | Bochabelo: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 416 | Ngove: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 417 | Ratanang: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 418 | Kremetart: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 419 | Kheyi: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 420 | Dzumeri CHC: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 421 | Shikhumba clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 422 | Zava clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 423 | Makhuva clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 424 | Xitlakati clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 425 | Ntluri clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 426 | Msengi clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 427 | Nkuri clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 428 | Hlaneki clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 429 | Ndengeza clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 430 | Thomo clinc: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 431 | Hoedspruit clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 432 | The Oaks clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 433 | Turkey clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 434 | Willows clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 435 | Sophia clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 436 | Lorraine clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 437 | Bismark clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 438 | Mabins clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 439 | Pheeha clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 440 | Raphahlelo clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 441 | Rotterdam clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 442 | Maphale clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 443 | Lebaka clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 444 | Bellevue clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 445 | Mamanyoha clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 446 | Charlie Rhangaan clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 447 | Senobela clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 448 | Matswi clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 449 | Bolobedu clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 450 | Mamaila clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 451 | Middlewater clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 452 | Seapole clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 453 | Duiwelkloof clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 454 | Kgapane clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 455 | Medingen clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 456 | Sekgopo clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 457 | Lephephane clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 458 | Motupa clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 459 | Mogwathi clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 460 | Carlota clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 461 | Zangoma clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 462 | Jamela clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 463 | Nwa Mitwa clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 464 | Julesburg CHC: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 465 | Tours clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 466 | Madumane clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 467 | Mogapeng clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 468 | Lestitele clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 469 | Muritji clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 470 | Miome clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 471 | Ooghoek clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 472 | Makgope clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 473 | Lenyenye clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 474 | Letaba Gate way clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 475 | Mugodeni CHC: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 476 | Mawa clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 477 | Nyavana clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 478 | Dr Hugo clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 479 | Maake clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 480 | Shiluvana CHC : Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 481 | Morapalala clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 482 | Mahale clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 483 | Selwane clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 484 | Benfarm clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 485 | Lulekani health centre: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 486 | Makhushane clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 487 | Namakgale B clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 488 | Namakgale A clinic: Installation of waste storage yard | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 489 | Mugodeni Grace CHC: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 490 | Shiluvana CHC nurses home: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 491 | Mariveni clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 492 | Mahale clinic : Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 493 | Mapayeni clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 494 | Relela clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 495 | Moime clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 496 | Murutji clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 497 | Mogoboya clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 498 | Mariveni clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 499 | Modjadji V clinic: Installation of high mast light(s) | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 500 | Nkowankowa CHC: Installation of park homes to resolves inadequate record rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 501 | Julesburg CHC: Installation of park homes to resolves inadequate record rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 502 | Lulekani CHC: Installation of park homes to resolves inadequate record rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 503 | Dzumeri CHC: Installation of park homes to resolves inadequate record rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 504 | Giyani CHC : Installation of park homes to resolves inadequate record rooms | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 505 | Mahale clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 506 | Selwane clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 507 | Benfarm clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 508 | Lulekani health centre: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 509 | Namakgale B clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 510 | Namakgale A clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 511 | Makhushane clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 512 | The Oaks clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 513 | Willows clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 514 | Turkey clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 515 | Lorraine clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 516 | Bismark clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 517 | Sophia clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 518 | Pheeha clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 519 | Raphahlelo clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 520 | Rotterdam clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 521 | Maphale clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 522 | Lebaka clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 523 | Bellevue clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 524 | Mamanyoha clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 525 | Charlie Rhangaan clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 526 | Senobela clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 527 | Matswi clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 528 | Bolobedu clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 529 | Modjadji V clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 530 | Duiwelskloof CHC: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 531 | Duiwelskloof Clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 532 | Giyani CHC: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 533 | Dzumeri CHC : Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 534 | Shivulani clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 535 | Mhlava- Willem clinic : Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 536 | Thomo clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 537 | Khakhala-Hlomela clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 538 | Mapayeni clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 539 | Bochabelo clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 540 | Sikhimini clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 541 | Ratanang clinic : Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 542 | Ngove clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 543 | Shikhumba clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 544 | Makhuva clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 545 | Kheyi clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 546 | Xitlakati clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 547 | Zava clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 548 | Ntluri clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 549 | Msengi clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 550 | Ndengeza clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 551 | Hlaneki clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 552 | Nkuri clinic: Installation of record rooms and burglar doors | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 553 | Kgapane clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 554 | Medingen clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 555 | Sekgopo clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 556 | Middlewater clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 557 | Pheeha clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 558 | Maphalle cinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 559 | Rotterdam clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 560 | Bellevue clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 561 | Lebaka cinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 562 | Charlierangaan clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 563 | Seapole clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 564 | Senobela clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 565 | Mamanyoha clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 566 | Matswi clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 567 | Modjadji V clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 568 | Bolobedu clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 569 | Shotong clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 570 | Lenyenye clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 571 | Moime clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 572 | Nkowankowa CHC: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 573 | Dan clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 574 | Mariveni clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 575 | Dr Hugo Nkabinde clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 576 | Mawa clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 577 | Ooghoek clinic: Installation and | Programme 2 –District | Mopani | To provide primary health | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | servicing of standby generator | Health Services | (DC33) | care services | | | | | | | |
| 578 | Mohlaba clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 579 | Zangoma clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 580 | Morapalala clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 581 | Madumane clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 582 | Shivulani clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 583 | Muyexe clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 584 | Mhlava Willem clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 585 | Matsotsosela clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 586 | Loloka clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 587 | Nkomo clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 588 | Kheyi clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 589 | Zava clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 590 | Giyani CHC: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 591 | Dzumeri CHC: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 592 | Ndengeza clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 593 | Ngove clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 594 | Sikhimini clinic : Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 595 | Mahale clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 596 | Mashishimale clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 597 | Lulekani health centre: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 598 | Humulani clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 599 | Busstop clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 600 | Namakgale B clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 601 | Namakgale A clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 602 | Makhushane clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 603 | Sekororo clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 604 | Mabins clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| 605 | Calais clinic: Installation and servicing of standby generator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 198 | 198 | 204 |
| **606** | Letaba Hospital: Re-organise patient flow through casualty, OPD, SOPD, XRAY | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | 3300 | 3300 | 3 400 |
| | **Maintenance and Repairs** | | | | | | | | | | |
| 1 | Non Facility Specific: Maintenance Programme 8 | Programme 2 –District Health Services | | To provide primary health care services | On-Going | 143 028 | | | 224 579 | 237 140 | 260 854 |
| 2 | Provincial Offices: Repair, Service and Maintenance | Programme 1 - Administration | Capricorn (DC35) | To provide management functions and administration for the department | On-Going | 1 000 | | | 1 060 | 1 124 | 1 191 |
| 3 | Non Facility Specific: Maintenance of Existing Water Infrastructure | Programme 2 –District Health Services | | To provide primary health care services | Tender | 12 000 | | | 14 400 | 17 280 | 19 008 |
| 4 | Letaba Hospital: Maintenance of Health Technology for the Revitalization Site | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | On-Going | 500 | | | | | |
| 5 | Maphutha Malatjie Hospital: Maintenance of Health Technology for the Revitalization Site | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | On-Going | 500 | | | 600 | 720 | 864 |
| 6 | Nkhensane hospital: Maintenance of Health Technology for the Revitalization Site | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | On-Going | 500 | | | | | |
| 7 | Thabazimbi Hospital: Maintenance of Health Technology for the Revitalization Site | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | On-Going | 500 | | | | | |
| 8 | Botlokwa Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Design | 1 123 | | | | | |
| 9 | Botlokwa Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Design | | | | 3 500 | 3 989 | |
| 10 | Dilokong Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Design | 1 048 | | | | | |
| 11 | Dilokong Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Design | 270 | | | | | |
| 12 | Dilokong Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Design | | | | 3 500 | 3 484 | |
| 13 | FH Odendaal MDR-XDR Facility: Scheduled Maintenance- Mechanical Electrical Programme | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Design | 964 | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 14 | FH Odendaal MDR-XDR Facility: Scheduled Maintenance- Mechanical Electrical Programme | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Design | | | | 3 500 | 2 923 | |
| 15 | Thabamoopo Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Design | 964 | | | | | |
| 16 | Thabamoopo Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Design | | | | 3 500 | 2 923 | |
| 17 | Thabamoopo Hospital: Scheduled Maintenance- Health Technology | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Design | 270 | | | | | |
| 18 | Witpoort Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 1 673 | | | | | |
| 19 | Witpoort Hospital: Scheduled Maintenance- Mechanical Electrical Programme | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | | | | 3 500 | 7 656 | |
| 20 | Witpoort Hospital: Scheduled Maintenance- Health Technology | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Design | 270 | | | | | |
| 21 | Tshilidzini Hospital: Upgrade the neo-natal unit including medical air & statutory compliance: Install a mobile ICU extension, until the new building finalised | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Identified | | | | 500 | 21 340 | |
| 22 | Botlokwa Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 23 | Helene Franz Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 24 | Lebowakgomo hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 25 | Zebediela hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 26 | Mankweng Hospital: Upgrade neonatal medical air | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | 500 | 0 | |
| 27 | WF Knobel hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 28 | Kgapane Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 29 | Dr CN Phatudi Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 30 | Van Velden Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 31 | Sekororo Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | 500 | 0 | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | St Ritas hospital: Upgrade neonatal medical air | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | 500 | 0 | |
| 33 | Jane Furse Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 34 | Mecklenburg Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 35 | Groblersdal Hospital : Upgrade neonatal medical air | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 36 | Philadelphia Hospital: Upgrade neonatal medical air | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | 500 | 0 | |
| 37 | Matlala Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 38 | Donald Frazer Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 39 | Malamulele Hospital : Upgrade neonatal medical air | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 40 | Siloam hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 41 | Musina Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 42 | Ellisras Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 43 | FH Odendaal hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 44 | George Masebe Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 45 | Voortrekker Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 46 | Thabazimbi Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 47 | Warmbad Hospital: Upgrade neonatal medical air | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | 500 | 0 | |
| 48 | Botlokwa Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 2 112 | 4 224 |
| 49 | Dilokong Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 7 776 | 15 552 |
| 50 | Donald Fraser Hospital: Maintenance budget required: | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 8 376 | 16 752 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| | Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | | | | | | | | | | |
| 51 | Dr CN Phatudi Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 4 800 | 9 600 |
| 52 | Elim Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 13 200 | 26 400 |
| 53 | Ellisras Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 3 120 | 6 240 |
| 54 | Evuxakeni Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | | 9 600 | 19 200 |
| 55 | FH Odendaal Hospital (North): Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 3 984 | 7 968 |
| 56 | FH Odendaal MDR Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | 1 488 | 2 976 |
| 57 | George Masebe Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 6 240 | 12 480 |
| 58 | Groblersdal Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 1 248 | 2 496 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 59 | Hayani Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Identified | | | | | 9 360 | 18 720 |
| 60 | Helene Franz Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 3 576 | 7 152 |
| 61 | Jane Furse Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 6 048 | 12 096 |
| 62 | Kgapane Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 6 288 | 12 576 |
| 63 | Lebowakgomo Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 6 048 | 12 096 |
| 64 | Letaba Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Mopani (DC33) | To provide accessible hospital services on regional level | Identified | | | | | 9 600 | 19 200 |
| 65 | Louis Trichardt Memorial Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 1 248 | 2 496 |
| 66 | Malamulele Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 6 144 | 12 288 |
| 67 | Mankweng Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | | 12 216 | 24 432 |

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| 68 | Maphutha L Malatjie Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 3 936 | 7 872 |
| 69 | Matlala Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 2 880 | 5 760 |
| 70 | Mecklenburg Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Sekhukhune (CBDC3) | To provide primary health care services | Identified | | | | | 2 520 | 5 040 |
| 71 | Messina Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 2 208 | 4 416 |
| 72 | Mokopane Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Waterberg (DC36) | To provide accessible hospital services on regional level | Identified | | | | | 9 024 | 18 048 |
| 73 | Nkhensani Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 8 640 | 17 280 |
| 74 | Philadelphia Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | 12 912 | 25 824 |
| 75 | Pietersburg (Polokwane) Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 5 – Central Hospital Services – | Capricorn (DC35) | To provide tertiary/specialist health services whilst creating a training platform for the training of professional medical personnel. | Identified | | | | | 16 824 | 33 648 |
| 76 | Sekororo Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 4 992 | 9 984 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 77 | Seshego Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 4 320 | 8 640 |
| 78 | Siloam Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Vhembe (DC34) | To provide primary health care services | Identified | | | | | 8 400 | 16 800 |
| 79 | St Ritas Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Sekhukhune (CBDC3) | To provide accessible hospital services on regional level | Identified | | | | | 9 600 | 19 200 |
| 80 | Thabamoopo Psychiatric Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Capricorn (DC35) | To provide accessible hospital services on regional level | Identified | | | | | 9 600 | 19 200 |
| 81 | Thabazimbi Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 2 688 | 5 376 |
| 82 | Tshilidzini Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 4 – Provincial Hospitals | Vhembe (DC34) | To provide accessible hospital services on regional level | Identified | | | | | 12 912 | 25 824 |
| 83 | Van Velden Memorial Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Mopani (DC33) | To provide primary health care services | Identified | | | | | 2 064 | 4 128 |
| 84 | Voortrekker Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 2 184 | 4 368 |
| 85 | Warmbaths Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 3 192 | 6 384 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| 86 | WF Knobel Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 5 832 | 11 664 |
| 87 | Witpoort Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Waterberg (DC36) | To provide primary health care services | Identified | | | | | 1 680 | 3 360 |
| 88 | Zebediela Hospital: Maintenance budget required: Equipment compliance , fire compliance and functional hospital per National Order of Magnitude Estimator | Programme 2 –District Health Services | Capricorn (DC35) | To provide primary health care services | Identified | | | | | 2 592 | 5 184 |
| 89 | Web based maintenance management system | Programme 8 – Health Facilities Management | | Plan, Provide , Equip new facilities and to upgrade, rehabilitate and maintain existing facilities | Identified | | | | | 2 000 | 4 000 |

## CONDITIONAL GRANTS

| **Name of conditional grant** | **Purpose of the grant** | **Performance indicators**<br>**(extracted from the Business Cases prepared for each Conditional Grant)** | **Indicator targets for 2018/19** |
|---|---|---|---|
| HPTD (Health Professionals) | To support the training of Medical and Allied Health professionals | Total number and composition of health sciences students and health professional trained and developed per funded institution | 20 per funded institution |
| | | Number of registrars per discipline and per institution | 2 per discipline |
| | | Number of health facilities with expanded specialists and teaching infrastructure | 5 facilities |
| National Tertiary Services Grant | To enable provinces to plan modernise, rationalise and transform tertiary hospital delivery platform | % institutions with 75% equipment in line with (T1) tertiary service package | 100% |
| | Increase accessibility to tertiary services | Proportion of T1 level tertiary level service provided (Yes List) | 100% |
| | | Number of follow up outpatient attendances for tertiary level service | 92 561 per annum |

| Name of conditional grant | Purpose of the grant | Performance indicators (extracted from the Business Cases prepared for each Conditional Grant) | Indicator targets for 2018/19 |
|---|---|---|---|
| Comprehensive HIV and AIDS | •To enable the health sector to develop an effective response to HIV and Aids including universal access to HIV Counselling and Testing (HCT)<br>•To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care<br>•To subsidise in-part funding for antiretroviral treatment programme | Number of new patients started on ART | 62 202 |
| | | Total number of patients on ART remaining in care | 352 973 |
| | | Number of male condoms distributed | 88 826 995 |
| | | Number of female condoms distributed | 3 675 000 |
| | | Number of antenatal clients initiated on ART | 14398 |
| | | Number of babies PCR tested at 10 weeks | 13967 |
| | | Number of exposed infants HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test | 167 |
| | | Number of active Lay counsellors on stipend | 926 |
| | | Number of clients tested for HIV (including antenatal) | 1 024 546 |
| | | No. of health facilities offering MMC | 62 |
| | | Number of MMC performed | 34 072 |
| | | Number of HTA interventions Sites | 350 |
| | | Number of sexual assault cases offered ARV prophylaxis | 3 000 |
| | | Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) | 51840 |
| | | TB client treatment success rate | 13369 |
| | | Number of clients newly initiated on Bedaquiline | 116 |
| | | Number of adherence clubs | |
| | | Number of community health care workers funded | |
| | | Number of active home based carers receiving stipends | 8 868 |
| | | No. of beneficiaries served by home based carers | 382 680 |

| Name of conditional grant | Purpose of the grant | Performance indicators (extracted from the Business Cases prepared for each Conditional Grant) | Indicator targets for 2018/19 |
|---|---|---|---|
| | | Number of HIV+ clients screened for TB | 90 000 |
| | | TB symptoms client screened in facility rate | 9 985 093 |
| | | TB Rifampicin resistant confirmed treatment start rate | 336 |
| | | TB MDR Treatment success rate | 295 |
| | | Number of Doctors trained on HIV/AIDS,TB, STIs and other chronic diseases | 120 |
| | | Number of nurses trained on HIV/AIDS,TB, STIs and other chronic diseases | 1 200 |
| | | Number of Non-Professional trained on HIV/AIDS,TB, STIs and other chronic diseases | 600 |
| Health Infrastructure Grant | To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, inter alia, health technology, organisational systems (OD) and quality assurance (QA).<br><br>Supplement expenditure on health infrastructure delivered through public-private partnerships | Number of health infrastructure projects planned | 33 |
| | | Number of health infrastructure projects designed | 85 |
| | | Number of health infrastructure projects under construction | 27 |

## PUBLIC ENTITIES

The Department does not have any public entities.

## PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

| NAME OF PPP | PURPOSE | OUTPUTS | CURRENT ANNUAL BUDGET (R'THOUSAND) | DATE OF TERMINATION | MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES |
|---|---|---|---|---|---|
| Limpopo Renal Dialysis Unit | To form partnership for financing, constructing, equipping, maintaining, operating and co-staffing an enlarged and refurbished renal facility; and<br><br>Provide full range of haemodialysis and provision of support to the peritoneal outpatients services by private parties | High quality serviced health facility delivered<br><br>Facilities and management service consistent with the ethos, goals and values of the Department provided<br><br>High quality renal services consistent with the international standards provide | R31 million | November 2020 | The department has requested an extension of 3 years with Clinix Renal Care until 2020 which was granted by National Treasury on certain terms.<br><br>The Pietersburg hospital has exposed 2 nurses for training purpose at the renal unit with the aim of transferring skills to the public institution.<br><br>A minimum of 28 Nephrology Nurses are targeted to be trained in order for a take-over processes to be smooth. |
| Phalaborwa Hospital | Acquire full PPP for financing, designing, upgrading, and refurbishment of the Phalaborwa Health Centre as a private hospital facility | Private hospital established through PPP | R110 000 | November 2025 | The Service Provider has stopped rendering service in March 2017 at the hospital citing issues of unsustainability (financially).<br><br>The department has interdicted the action by the Service Provider including refraining from removing |

| NAME OF PPP | PURPOSE | OUTPUTS | CURRENT ANNUAL BUDGET (R'THOUSAND) | DATE OF TERMINATION | MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES |
|---|---|---|---|---|---|
| | | | | | assets from the building with effect from March 2017. This interdict will run until there is a better way to deal with the dispute or expiry of the contract, whichever comes first.<br><br>The Service Provider's debt is currently standing at an estimated amount of R 3,3 m. The debt continues to increase as the Department continues to bill the Service Provider even though it left the building for reasons known and approved by its management/leadership. |
| Limpopo Academic Hospital | Acquire full PPP for financing, designing and building the academic hospital | High quality serviced health facility delivered<br><br>High quality renal services consistent with the international standards provide | R0.00 | | National Health and National Treasury opted to look into other procurement options/models |

## CONCLUSIONS

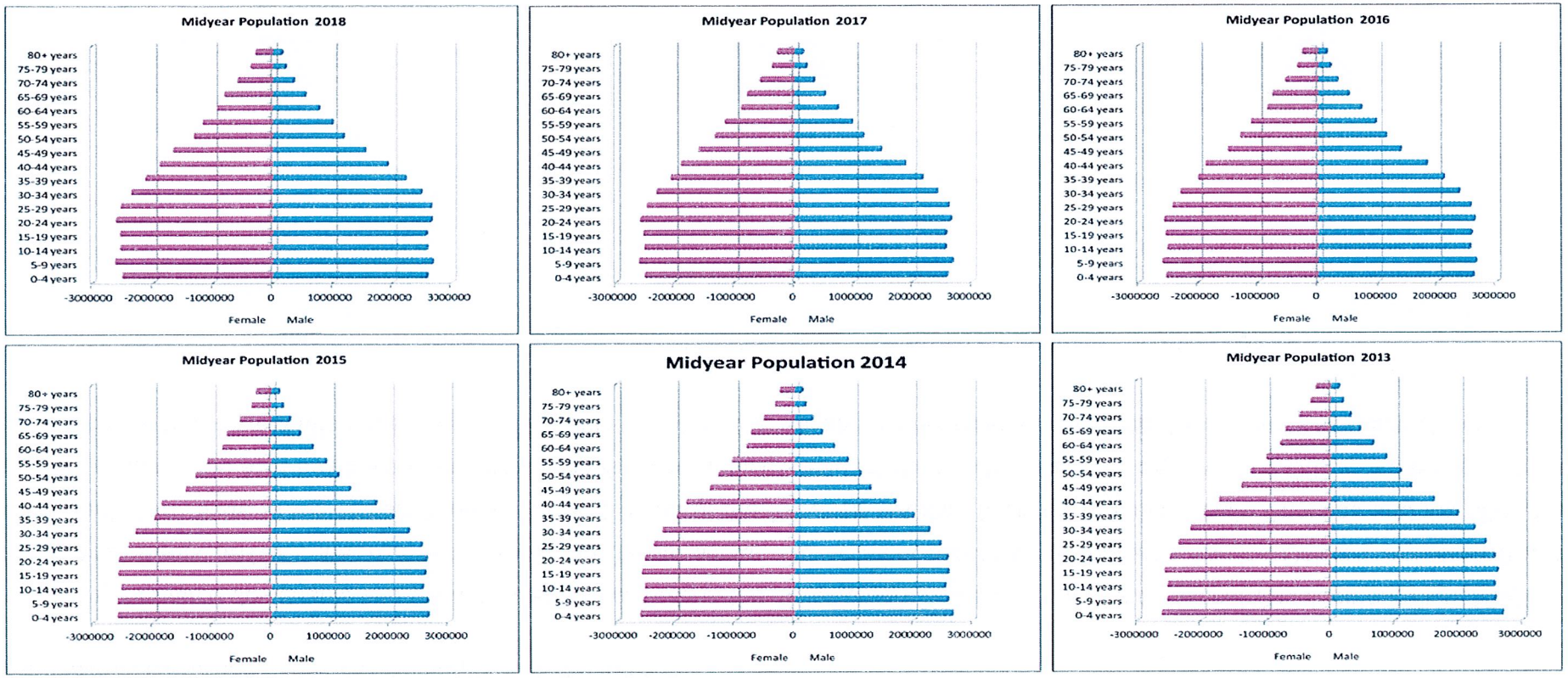
Given that the development of the Annual Performance Plan (APP) was an inclusive process, it is therefore reasonable to conclude that all the Department's employees proudly take ownership of this strategic document. Meanwhile, Government's priorities in general and those of the health sector in particular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

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

The Department hereby commit itself to implementing the Annual Performance Plan (APP) for 2018/19 - 2020/21 (MTEF).

## ANNEXURE A: StatsSA Population Estimates 2002-2018

ANNEXURE A: StatsSA Population Estimates 2002-2018



## ANNEXURE B: MEDIUM TERM STRATEGIC FRAMEWORK 2014-2019



Revision to MTSF
2014-2019 - FINAL A

PS! See Departmental Website for Revised MTSF 2014-2019

## ANNEXURE C: TECHNICAL INDICATOR DESCRIPTIONS

## PROGRAMME 1: ADMINISTRATION

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

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | invoices received by 100% | | | | | | | |
| Number institution with Credible Asset Register | Number of institutions with credible asset registers | Proper recording assets | Excel asset register<br><br>BAS | Numerator<br>Number of institutions with credible asset register<br>Denominator<br>Total number of institutions by 100% | Depended on the accuracy of data by institutions | Output | Number | Quarterly | No | Account for all government assets | Supply Chain Management |
| Revenue collected | Amount of revenue collected for the year | Supplement resources to implement government programmes | BAS | Amount collected against the set target | Rely on payment by patients | Output | Amount | Quarterly | No | Improved funding for delivering of services to the community | Financial budgeting and revenue |
| Percentage of Hospitals with broadband access | Percentage of Hospitals with broadband access | To track broadband access to hospitals | Network reports that confirm availability of broadband; OR Network rollout report for sites that are not yet live | **Num:** Total Number of hospitals with minimum 2 Mbps connectivity<br><br>**Den:** Total Number of Hospitals | NA | Output | Percentage | Quarterly | No | Higher Proportion of broadband access is more favorable for connectivity to ensure that South African health system can implement the eHealth Programme | ICT Directorate / Chief Directorate |
| Percentage of fixed PHC facilities with broadband | Percentage of fixed PHC facilities with broadband access | To ensure broadband access to PHC facilities | Network reports that confirm availability of broadband; | Num: Total Number of fixed PHC facilities with | NA | Output | Percentage | Quarterly | No | Higher Proportion of broadband access is more favorable for | ICT Directorate / Chief Directorate |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| access | | | OR<br><br>Network rollout report for sites that are not yet live | minimum 1Mbps connectivity<br><br>Den: Total Number of fixed PHC Facilities | | | | | | connectivity | |

## PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

## SUB-PROGRAMME: PHC

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Ideal clinic status rate | Fixed PHC health facilities that have obtained Ideal Clinic status (i.e. obtained silver and above) | Monitors outcomes of PPTICRM assessments to ensure they are ready for inspections conducted by Office of Health Standards Compliance | Ideal Clinic review tools | **Numerator:** SUM([Ideal clinic status])<br><br>**Denominator**: Fixed PHC clinics/fixed CHCs/CDCs | None | Process/ Activity | Percentage | Annual | Yes | Higher ideal clinic status rates ensures clinics will have positive outcomes and is ready for inspections conducted by the Office of Health Standards Compliance | DHS Manager |
| PHC utilisation rate - total | Average number of PHC visits per person per year in the population. | Monitors PHC access and utilisation. | Daily Reception Headcount register (or HPRS where available) and DHIS | **Numerator:** SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + | Dependant on the accuracy of estimated total population from StatsSA | Output | Number | Quarterly | No | Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health | DHS Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Denominator: Stats SA | [PHC headcount 20 years and older] ) **Denominator:** Sum([Population - Total)] | | | | | | system. A lower uptake may indicate underutilization of facility | |
| Complaints resolution within 25 working days rate | Complaints resolved within 25 working days as a proportion of all complaints resolved | Monitors the time frame in which the public health system responds to complaints | DHIS, complaints register, | **Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved]) | Accuracy of information is dependent on the accuracy of time stamp for each complaint | Output | Percentage | Quarterly | No | Higher percentage suggest better management of complaints in PHC Facilities | Quality Assurance |
| Number of PHC facilities open for 24 hours | Number of PHC facilities open for 24 hours | Access PHC services | List of PHC facilities | Numerical | Manipulation of data | Output | Numerical | Quarterly | No | All PHC facilities to provide 24 hours service | Integrated Primary Health Care |
| Number of PHC facilities implementing the on call service system | Number of PHC facilities implementing the on call service system | Access PHC services | List of PHC facilities | Numerical | Manipulation of data | Output | Numerical | Quarterly | No | All PHC facilities to provide 24 hours on call system | Integrated Primary Health Care |

## SUB-PROGRAMME: DISTRICT HOSPITALS

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Hospital achieved 75% and more on National Core Standards (NCS) self assessment rate | Fixed health facilities that have conducted annual National Core Standards | Monitors whether health establishments are measuring their own level | DHIS - NCS Reports | Numerator: SUM([Hospital achieved 75% and more on National Core | Reliability of data provided | Output | Percentage | Quarterly | No | Higher assessment indicates commitment of facilities to | Quality assurance |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| (District Hospitals) | self-assessment as a proportion of fixed health facilities. | of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health Standards Compliance | | Standards self assessment]) Denominator: SUM([Hospitals conducted National Core Standards self assessment]) | | | | | | comply with NCS | |
| Average Length of Stay (District Hospitals) | The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities | Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds | DHIS, midnight census register | **Numerator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5]) **Denominator:** SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total]) | High levels of efficiency could hide poor quality | Efficiency | Days (number) | Quarterly | No | A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care | District Health Services |
| Inpatient Bed Utilisation Rate (District Hospitals) | Inpatient bed days used as proportion of maximum Inpatient bed | Track the over/under utilisation of district hospital beds | DHIS, midnight census | **Numerator:** Sum ([Inpatient days total x 1])+([Day | Accurate reporting sum of daily usable beds | Efficiency | Percentage | Quarterly | No | Higher bed utilisation indicates efficient use of bed utilisation and/or | Hospital Services Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | days (inpatient beds x days in period) available. Include all specialities | | | patient total x 0.5]) **Denominator:** Inpatient bed days (Inpatient beds * 30.42) available | | | | | | higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility | |
| Expenditure per patient day equivalent (PDE) (District Hospitals) | Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD headcount total) * 0.33333333 | Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the same as division by 2, and multiplied by 0.33333333 is the same as division by 3 | BAS, Stats SA, Council for Medical Scheme data, DHIS, facility registers, patient records Admission, expenditure, midnight census | **Numerator:** SUM([Expenditure - total]) **Denominator:** Sum ([Inpatient days total x 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([OPD headcount follow-up x 0.3333333])+([Emergency headcount - total x 0.3333333]) | Accurate reporting sum of daily usable beds | Outcome | Number (Rand) | Quarterly | No | Lower rate indicating efficient use of financial resources. | Hospital Services Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Complaint resolution within 25 working days rate (District Hospitals) | Complaints resolved within 25 working days as a proportion of all complaints resolved | Monitors the time frame in which the public health system responds to complaints | Complaints register | **Numerator:** SUM([Complaint resolved within 25 working days]) **Denominator:** SUM([Complaint resolved]) | Accuracy of information is dependent on the accuracy of time stamp for each complaint | Output | Percentage | Quarterly | No | Higher percentage suggest better management of complaints in Hospitals | Hospital Services and Quality Assurance Managers |

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

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Client remain on ART end of month - total | Total clients remaining on ART (TROA) are the sum of the following:<br>- Any client on treatment in the reporting month<br>- Any client without an outcome reported in the reporting month<br><br>Clients remaining on ART equals [new starts (naive) + Experienced | Monitors the total clients remaining on life-long ART at the month | ART Register; TIER.Net; DHIS | **Numerator:**<br><br>SUM([ART adult remain on ART end of period])+SUM([ART child under 15 years remain on ART end of period]) | None | Output | Cumulative total | Quarterly | No | Higher total indicates a larger population on ART treatment | HIV/AIDS Programme Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | (Exp) + Transfer in (TFI) + Restart] minus [Died (RIP) + loss to follow-up (LTF) + Transfer out (TFO)] | | | | | | | | | | |
| TB/HIV co-infected client on ART rate | TB/HIV co-infected clients on ART as a proportion of HIV positive TB clients | . Monitors ART coverage for TB clients | TB register; ETR.Net; Tier.Net | **Numerator:** SUM([TB/HIV co-infected client on ART]) **Denominator:** SUM([TB client known HIV positive]) | Availability of data in ETR.net, TB register, patient records | Outcome | Percentage | Quarterly | No | Higher proportion of TB/HIV co-infected on ART treatment will reduce co-infection rates | TB/HIV manager |
| HIV test done - total | The total number of HIV tests done in all age groups | Monitors the impact of the pandemic and assists in better planning for effective combating of HIV and AIDS and decreasing the burden of diseases from TB | PHC Comprehensive Tick Register; HTS Register (HIV Testing Services) or HCT module in TIER.Net, DHIS | SUM([Antenatal client HIV 1st test]) + SUM([Antenatal client HIV re-test]) + SUM([HIV test 19-59 months]) + SUM([HIV test 5-14 years]) + SUM([HIV test 15 years and older (excl ANC)]) | Dependent on the accuracy of facility register | Activity | Number | Quarterly | No | Higher percentage indicate increased population knowing their HIV status. | HIV/AIDS Programme Manager |
| Male Condoms Distributed | Male condoms distributed from a primary distribution site to health facilities or points in the community (e.g. campaigns, non-traditional | Monitors distribution of male condoms for prevention of HIV and other STIs, and for contraceptive purposes. Primary distribution | Numerator: Stock/Bin card | SUM([Male condoms distributed]) | None | Activity | Percentage | Quarterly | No | Higher number indicated better distribution (and indirectly better uptake) of condoms in t he | HIV/AIDS Cluster |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | outlets, etc.). | sites (PDS) report to sub-districts on a monthly basis | | | | | | | | province | |
| Medical male circumcision - Total | Medical male circumcisions performed 15 years and older as a proportion of total medical male circumcisions performed | Monitors medical male circumcisions performed under supervision | Theatre Register/ PHC tick register, DHIS | SUM([Males 10 to 14 years who are circumcised under medical supervision])+([ Males 15 years and older who are circumcised under medical supervision]) | Assumed that all MMCs reported on DHIS are conducted under supervision | Output | Rate | Quarterly | No | Higher number indicates greater availability of the service or greater uptake of the service | HIV/AIDS Programme Manager |
| TB client 5 years and older start on treatment rate | TB client 5 years and older start on treatment as a proportion of TB symptomatic client 5 years and older test positive | Monitors trends in early identification of children with TB symptoms in health care facilities | PHC Comprehensive Tick Register | **Numerator:** SUM([TB client 5 years and older start on treatment]) **Denominator**: SUM([TB symptomatic client 5 years and older tested positive]) | - Accuracy dependent on quality of data from reporting facility | Activity | Rate | Quarterly | No | Screening will enable early identification of TB suspect in health facilities | TB Programme Manager |
| 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 | Monitors success of TB treatment for ALL types of TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior | TB Register; ETR.Net | Numerator: SUM([TB client successfully completed treatment])Denominator: SUM([All TB client start on treatment)] | Accuracy dependent on quality of data from reporting facility | Outcome | Percentage | Quarterly | No | Higher percentage suggests better treatment success rate. | TB Programme Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | extra pulmonary) | | | | | | | | | | |
| TB Client lost to follow up rate | TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary). | Monitors the effectiveness of the retention in care strategies. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior | TB Register; ETR.Net | Numerator: SUM [TB client lost to follow up] Denominator: SUM [All TB client start on treatment] | Accuracy dependent on quality of data from reporting facility | Outcome | Percentage | Quarterly | No | Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment | TB Programme Manager |
| TB Client death rate | TB clients who died during treatment as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra pulmonary) | Monitors death during TB treatment period. The cause of death may not necessarily be due to TB. This follows a cohort analysis therefore the clients would have been started on treatment at least 6 months prior | TB Register; ETR.Net | Numerator: Numerator: SUM([TB client died during treatment]) Denominator: SUM [All TB client start on treatment] | Accuracy dependent on quality of data from reporting facility | Outcome | Percentage | Annually | No | Lower levels of death desired | TB Programme Manager |
| TB MDR treatment success rate | TB MDR client successfully completing treatment as a | Monitors success of MDR TB treatment | TB Register; EDR Web | Numerator: SUM([TB MDR client successfully complete | Accuracy dependent on quality of data | Outcome | Percentage | Annually | Yes | Higher percentage indicates a better | TB Programme Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | proportion of TB MDR confirmed clients started on treatment | | | treatment])<br><br>Denominator:<br>SUM([TB MDR confirmed client start on treatment]) | submitted health facilities | | | | | treatment rate | |

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

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Antenatal 1st visit before 20 weeks rate | Women who have a booking visit (first visit) before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits | Monitors early utilisation of antenatal services | PHC Comprehensive Tick Register | **Numerator:**<br>SUM([Antenatal 1st visit before 20 weeks])<br>**Denominator:**<br>SUM([Antenatal 1st visit 20 weeks or later]) + SUM([Antenatal 1st visit before 20 weeks]) | Accuracy dependent on quality of data submitted health facilities | Activity | Percentage | Quarterly | No | Higher percentage indicates better uptake of ANC services | MNCWH programme manager |
| Mother postnatal visit within 6 days rate | Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities | Monitors access to and utilisation of postnatal services. May be more than 100% in areas with low delivery in facility rates if many mothers who delivered outside health facilities used postnatal visits within 6 days after delivery | PHC Comprehensive Tick Register | Numerator:<br>SUM([Mother postnatal visit within 6 days after delivery])<br>Denominator:<br>SUM([Delivery in facility total]) | Accuracy dependent on quality of data submitted health facilities | Activity | Percentage | Quarterly | No | Higher percentage indicates better uptake of postnatal services | MNCWH programme manager |
| Antenatal client start on ART rate | Antenatal clients who | Monitors implementatio | ART Register, | **Numerator:**<br>SUM([Antenatal client | Accuracy dependent | Output | Percentage | Annually | No | Higher percentage | MNCWH programme |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | started on ART as a proportion of the total number of antenatal clients who are HIV positive and not previously on ART | n of PMTCT guidelines in terms of ART initiation of eligible HIV positive antenatal clients. | Tier.Net | start on ART])<br>**Denominator:**<br>Sum([Antenatal client known HIV positive but NOT on ART at 1st visit]) + SUM([ Antenatal client HIV 1st test positive]) + SUM([Antenatal client HIV re-test positive]) | on quality of data Reported by health facilities | | | | | indicates greater coverage of HIV positive clients on HIV Treatment | manager |
| Infant 1st PCR test positive around 10 weeks rate | Infants tested PCR positive for follow up test as a proportion of Infants PCR tested around 10 weeks | Monitors PCR positivity rate in HIV exposed infants around 10 weeks | PHC Comprehensive Tick Register | Numerator:<br>SUM([Infant PCR test positive around 10 weeks])<br>Denominator:<br>SUM([Infant PCR test around 10 weeks]) | Accuracy dependent on quality of data submitted health facilities | Output | Percentage | Quarterly | No | Lower percentage indicatefewer HIV transmissions from mother to child | PMTCT Programme |
| Immunisation under 1 year coverage | Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year. | Track the coverage of immunization services | Numerator:<br>PHC Comprehensive Tick Register<br>Denominator:<br>StatsSA | Numerator:<br><br>SUM([Immunised fully under 1 year new])<br><br>Denominator:<br><br>SUM([Female under 1 year]) + SUM([Male under 1 year]) | Road to Health charts are not retained by Health facility. Reliant on under 1 population estimates from StatsSA, and accurate recording of children under 1 year who are fully immunised at facilities (counted only ONCE when last | Output | Percentage Annualised | Quarterly | No | Higher percentage indicate better immunisation coverage | EPI Programme manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | vaccine is administered.) | | | | | | |
| Measles 2nd dose coverage | Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.. | Monitors protection of children against measles. Because the 1st measles dose is only around 85% effective the 2nd dose is important as a booster. Vaccines given as part of mass vaccination campaigns should not be counted here | PHC Comprehensive Tick Register Denominator: StatsSA | Numerator: SUM([Measles 2nd dose])<br><br>Denominator: SUM([Female 1 year]) + SUM([Male 1 year]) | Accuracy dependent on quality of data submitted health facilities | Output | Percentage | Quarterly | No | Higher coverage rate indicate greater protection against measles | EPI |
| Diarrhoea case fatality under 5 years rate | Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities | Monitors treatment outcome for children under 5 years who were separated with diarrhoea | Ward register | Numerator: SUM([Diarrhoea death under 5 years])<br>Denominator: SUM([Diarrhoea separation under 5 years]) | Reliant on accuracy of diagnosis / cause of death<br><br>Accuracy dependent on quality of data submitted health facilities | Impact | Percentage | Quarterly | No | Lower children mortality rate is desired | MNCWH Programme manager |
| Pneumonia case fatality under 5 years rate | Pneumonia deaths in children under 5 years as a | Monitors treatment outcome for children under | Ward register | Numerator: SUM([Pneumonia death under 5 years])<br>Denominator: | Reliant on accuracy of diagnosis / cause of | Impact | Percentage | Quarterly | No | Lower children mortality rate is | MNCWH Programme manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | proportion of pneumonia separations under 5 years in health facilities | 5 years who were separated with pneumonia | | SUM([Pneumonia separation under 5 years]) | death; Accuracy dependent on quality of data submitted health facilities | | | | | desired | |
| Severe acute malnutrition case fatality under 5 years rate | Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities | Monitors treatment outcome for children under 5 years who were separated with Severe acute malnutrition (SAM) | Ward register | Numerator: SUM([Severe acute malnutrition (SAM) death in facility under 5 years]) **Denominator:** SUM([Severe Acute Malnutrition separation under 5 years | Accuracy dependent on quality of data submitted health facilities | Impact | Percentage | Quarterly | No | Lower children mortality rate is desired | MNCWH Programme manager |
| School Grade 1 - learners screened | Proportion of Grade 1 learners screened by a nurse in line with the ISHP service package | Monitors implementation of the Integrated School Health Program (ISHP) | Numerator : School Health data collection forms | SUM [School Grade 1 - learners screened} | None | Activity | Number | Quarterly | No | Higher percentage indicates greater proportion of school children received health services at their school | School health services |
| School Grade 8 – learners screened | Proportion of Grade 8 learners screened by a nurse in line with the ISHP service package | Monitors implementation of the Integrated School Health Program (ISHP) | School Health data collection forms | SUM [School Grade 8 - learners screened] | None | Activity | Number | Quarterly | No | Higher percentage indicates greater proportion of school children received health services at their school | School health services |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Delivery in 10 to 19 years in facility rate | Deliveries to women under the age of 20 years as proportion of total deliveries in health facilities | Monitors the proportion of deliveries in facility by teenagers (young women under 20 years). | Health Facility Register, DHIS | Numerator:<br>SUM [Delivery 10–14 years in facility] + [Delivery 15–19 years in facility]<br>Denominator:<br>SUM([Delivery in facility total]) | None | Activity | Percentage | Quarterly | No | Lower percentage indicates better family planning | HIV and Adolescent Health |
| Couple Year Protection Rate (Int) | Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + ) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x | Monitors access to and utilisation of modern contraceptives to prevent unplanned pregnancies. Serves as proxy for the indicator contraceptive prevalence rate by monitoring trends between official surveys | PHC Comprehensive Tick Register Denominator: StatsSA | Numerator<br>(SUM([Oral pill cycle]) / 15) + (SUM([Medroxyprogesterone injection]) / 4) + (SUM([Norethisterone enanthate injection]) / 6) + (SUM([IUCD inserted]) * 4.5) + (SUM([Male condoms distributed]) / 120) + (SUM([Sterilisation - male]) * 10) + (SUM([Sterilisation - female]) * 10) + (SUM([Female condoms distributed]) / 120) + (SUM([Sub-dermal implant inserted]) * 2.5)<br>Denominator:<br><br>SUM {[Female 15-44 years]} + SUM{[Female 45-49 years]} | Accuracy dependent on quality of data submitted health facilities | Outcome | Percentage | Quarterly | No | Higher percentage indicates higher usage of contraceptive methods. | MCWH&N Programme |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 10) + (Female sterilisation x 10). | | | | | | | | | | |
| Cervical Cancer Screening coverage for women 30 years and older | Cervical smears in women 30 years and older as a proportion of 10% of the female population 30 years and older. | Monitors implementation of policy on cervical screening | Facility register<br><br>Denominator: StatsSA | Numerator:<br><br>SUM([Cervical cancer screening 30 years and older])<br>Denominator:<br>(SUM([Female 30-34 years]) + SUM([Female 35-39 years]) + SUM([Female 40-44 years]) + SUM([Female 45 years and older])/10 | Reliant on population estimates from StatsSA, and Accuracy dependent on quality of data submitted health facilities | Output | Percentage | Quarterly | No | Higher percentage indicate better cervical cancer coverage | MNCWH Programme Manager |
| HPV 1st dose | Girls 9 years and older that received HPV 1st dose | This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far | HPV Campaign Register – captured electronically on HPV system | SUM([Agg_Girl 09 yrs HPV 1st dose]) + SUM([Agg_Girl 10 yrs HPV 1st dose]) + SUM([Agg_Girl 11 yrs HPV 1st dose]) + SUM([Agg_Girl 12 yrs HPV 1st dose]) + SUM([Agg_Girl 13 yrs HPV 1st dose]) + SUM([Agg_Girl 14 yrs HPV 1st dose]) + SUM([Agg_Girl 15 yrs and older HPV 1st dose]) | None | Output | Number | Annually | No | Higher percentage indicate better coverage | MNCWH Programme Manager |
| HPV 2nd dose | Girls 9yrs and older HPV 2nd dose | This indicator will provide overall yearly coverage value which will aggregate as the campaign progress and reflect the coverage so far | HPV Campaign Register – captured electronically on HPV system | SUM([Agg_Girl 09 yrs HPV 2nd dose]) + SUM([Agg_Girl 10 yrs HPV 2nd dose]) + SUM([Agg_Girl 11 yrs HPV 2nd dose]) + SUM([Agg_Girl 12 yrs HPV 2nd dose]) + SUM([Agg_Girl 13 yrs HPV 2nd dose]) + SUM([Agg_Girl 14 yrs HPV 2nd dose]) + SUM([Agg_Girl 15 yrs and | None | Output | Number | Annually | No | Higher percentage indicate better coverage | MNCWH Programme Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | older HPV 2nd dose]) | | | | | | | |
| Vitamin A dose 12-59 months coverage | Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months. | Monitors Vitamin A supplementation to children aged 12-59 months. The denominator is multiplied by 2 because each child should receive supplementation twice a year | PHC Comprehensive Tick Register | **Numerator:** SUM([Vitamin A dose 12-59 months]) **Denominator:** (SUM([Female 1 year]) + SUM([Female 02-04 years]) + SUM([Male 1 year]) + SUM([Male 02-04 years])) * 2 | PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation | Output | Percentage | Quarterly | No | Higher proportion of children 12-29 months who received Vit A will increase health | MNCWH Programme Manager |
| Maternal mortality in facility ratio | Maternal death is death occurring during pregnancy, childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death | This is a proxy for the population-based maternal mortality ratio, aimed at monitoring trends in health facilities between official surveys. Focuses on obstetric causes (around 30% of all maternal mortality). Provides | Maternal death register, Delivery Register | **Numerator:** SUM([Maternal death in facility]) **Denominator:** SUM([Live birth in facility])+SUM([ Born alive before arrival at facility]) | Completeness of reporting | Impact | Ratio per 100 000 live births | Annually | No | Lower maternal mortality ratio in facilities indicate on better obstetric management practices and antenatal care | MNCWH Programme Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | (obstetric and non-obstetric) per 100,000 live births in facility | indication of health system results in terms of prevention of unplanned pregnancies, antenatal care, delivery and postnatal services | | | | | | | | | |
| Neonatal death in facility rate | Neonatal 0-28 days who died during their stay in the facility as a proportion of live births in facility | Monitors treatment outcome for admitted children under 28 days | Delivery register, Midnight report | **Numerator:** SUM([Inpatient death 0-7 days]) + SUM([Inpatient death 8-28 days]) **Denominator:** SUM([Live birth in facility]) | Quality of reporting | Impact | Percentage | Annually | No | Lower death rate in facilities indicate better obstetric management practices and antenatal and care | MNCWH Programme Manager |

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

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator (Input etc) | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Cataract Surgery Rate | Clients who had cataract surgery per 1 million uninsured population | Accessibility of theatres. Availability of human resources and consumables | Numerator: Theatre Register<br><br>Denominator: DHIS based on StatsSA proportions | **Numerator:** SUM([Cataract surgery total]) **Denominator:** SUM([Total population]) - SUM([Total population (MedicAid)]) | Accuracy dependant on quality of data from health facilities | Output | Rate | Quarterly | No | Higher number of cataract surgery rate indicated greater proportion of the population received cataract surgery | NCD Programme Manager |
| Malaria case fatality | Deaths from | Monitor the | Malaria | **Numerator:** | Accuracy | Outcome | Rate | Quarterly | No | Lower | Communicabl |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator (Input etc) | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| rate | malaria as a percentage of the number of cases reported | number deaths caused by Malaria | Information System | Deaths from malaria<br><br>**Denominator:** Total number of Malaria cases reported | dependant on quality of data from health facilities | | | | | percentage indicates a decreasing burden of malaria | e Diseases |
| Number of diabetic patients with HbA1C done | Patients with confirmed diabetes mellitus who have had an HbA1C blood test done | To monitor the diabetic control | Specimen book/NHLS | Numerical (Total number of HbA1C test conducted) | None performance of the test.<br><br>None recording. | Process | Number | Quarterly | Yes | An improvement in the management of diabetic patient | PHC and hospitals (Nurses and doctors) |
| Proportion of diabetic patients with normal HbA1C | Proportion of diabetic patients with a HbA1C test done and having a result of less than 7% | To monitor diabetic control and improve management of diabetes mellitus | NHLS | **Numerator:** Number of diabetic patients with a HbA1C test result of less than 7%<br>**Denominator:** Total number of HbA1C test conducted | False positives and negatives of test results | Output | Percentage | Quarterly | Yes | An improvement in the management of diabetic patient | PHC and hospitals (Nurses and doctors) |
| Proportion of patients admitted with diabetic or hypertension complication | Proportion of patients admitted with any complication as a result of diabetes or hypertension | Monitor the morbidity due to complications of diabetes and hypertension | Admissions register | **Numerator:** Proportion of patients admitted with any complication as a result of diabetes or hypertension<br>**Denominator:** Total number of in-patients separations | Poor recording and incorrect diagnosis | Output | Percentage | Quarterly | Yes | Reduction in the rate of complications as a result of diabetes and hypertension | Hospitals (Nurses and doctors) |

## PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| EMS P1 urban response under 15 minutes rate | Emergency P1 calls in urban locations with response times under 15 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 | Monitors compliance with the norm for critically ill or injured patients to receive EMS within 15 minutes in urban areas | DHIS, institutional EMS registers OR DHIS, patient and vehicle report. | **Numerator:** SUM([EMS P1 urban response under 15 minutes]) **Denominator:** SUM([EMS P1 urban calls]) | Accuracy dependant on quality of data from reporting EMS station | Output | Percentage | Quarterly | No | Higher percentage indicate better response times in the urban areas | EMS Manager |
| EMS P1 rural response under 40 minutes rate | Emergency P1 calls in rural locations with response times under 40 minutes as a proportion of EMS P1 rural call | Monitors compliance with the norm for critically ill or injured patients to receive EMS within 40 minutes in rural areas | DHIS, institutional EMS registers Patient and vehicle report. | **Numerator:** SUM([EMS P1 rural response under 40 minutes]) **Denominator:** SUM([EMS P1 rural calls]) | Accuracy dependant on quality of data from reporting EMS station | Output | Percentage | Quarterly | No | Higher percentage indicate better response times in the rural areas | EMS Manager |
| EMS inter-facility transfer rate | Inter-facility (from one inpatient facility to another inpatient facility) transfers as proportion of total EMS patients transported | Monitors use of ambulances for inter-facility transfers as opposed to emergency responses | DHIS, institutional EMS registers Patient and vehicle report. | **Numerator** EMS inter-facility transfer **Denominator** SUM([EMS clients total]) | Accuracy dependant on the reliability of data recorded on the Efficiency Report at EMS stations and emergency | Output | Percentage | Quarterly | No | Lower percentage desired. The target is the CSP target of 10% (8:2) of acute patient contacts and measures whether capacity exists at the appropriate level of care. | EMS Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | headcount reported from hospitals. | | | | | | |
| Ratio of ambulance per population | Ratio of ambulances per population 1:18 000 | Monitor number of ambulances per population ratio | EMS Information Systems | Numerator Total number of ambulances rostered Denominator Total Provincial Population | Accuracy dependant on quality of data from reporting EMS station | Output | Number | Quarterly | No | Higher number of ambulances per population improves response times | Director: Emergency Medical Services (EMS) |
| Number of ambulances procured | Number of ambulances procured | Monitor number of ambulances available per population ratio | Procurement documents | Numerical | None | Input | Number | Bi-annual | No | Increased pool of operational ambulances will improve response times | Director: Emergency Medical Services (EMS & Director Transport |

## PROGRAMME 4 and 5: REGIONAL / TERTIARY / CENTRAL HOSPITALS

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Hospital achieved 75% and more on National Core Standards self - assessment rate (Regional Hospitals) | Hospitals that achieved a performance of 75% or more on National Core Standards self assessment | Monitors whether public hospitals establishments are measuring their own level of compliance with standards in order to close gaps in preparation for an external assessment by the Office of Health | DHIS - National Core Standard review tools | **Numerator:** Number of Hospitals that conducted National Core Standards self-assessment to date in the current financial year **Denominator:** Total number of public Hospitals | Reliability of data provided | Output | Percentage | Annual | No | Higher assessment indicates commitment of facilities to comply with NCS | Quality assurance |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Standards Compliance | | | | | | | | | |
| Average Length of Stay (Regional / Tertiary / Central Hospitals) | The average number of client days an admitted client spends in hospital before separation. Inpatient separation is the total of day clients, Inpatient discharges, Inpatient deaths and Inpatient transfers out. Include all specialities | Monitors effectiveness and efficiency of Inpatient management. Proxy indicator because ideally it should only include Inpatient days for those clients separated during the reporting month. Use in all hospitals and CHCs with Inpatient beds | DHIS, midnight census | Numerator<br>Sum ([Inpatient days total x 1])+([Day patient total x 0.5])<br>Denominator<br>SUM([inpatient deaths-total])+([inpatient discharges-total])+([inpatient transfers out-total]) | High levels of efficiency y could hide poor quality | Efficiency | Days (number) | Quarterly | No | A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care. High ALOS might reflect inefficient quality of care | District Health Services |
| Inpatient Bed Utilisation Rate (Regional / Tertiary / Central Hospitals) | Inpatient bed days used as proportion of maximum Inpatient bed days (inpatient beds x days in period) available. Include all specialities | Monitors effectiveness and efficiency of inpatient management | DHIS, midnight census | Numerator: Sum ([Inpatient days total x 1])+([Day patient total x 0.5])<br>Denominator: Inpatient bed days (Inpatient beds * 30.42) available | Accurate reporting sum of daily usable beds | Efficiency | Percentage | Quarterly | No | Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels. Lower bed utilization rate indicates inefficient utilization of the facility | Hospital Services Manager |
| Expenditure per patient day equivalent (PDE) (Regional / Tertiary / Central Hospitals) | Average cost per patient day equivalent (PDE). PDE is the Inpatient days total + Day Patients * 0.5 + (Emergency headcount + OPD | Monitors effective and efficient management of inpatient facilities. Note that multiplied by 0.5 is the | BAS, Stats SA, Council for Medical Scheme data, DHIS, midnight census | **Numerator**<br>SUM([Expenditure - total])<br>**Denominator**<br>Sum ([Inpatient days total x | Accurate reporting sum of daily usable beds | Outcome | Number (Rand) | Quarterly | No | Lower rate indicating efficient use of financial resources. | Hospital Services Manager |

| Indicator name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | headcount total) * 0.33333333 | same as division by 2, and multiplied by 0.33333333 is the same as division by 3 | | 1])+([Day patient total x 0.5])+([OPD headcount not referred new x 0.3333333])+ SUM([OPD headcount referred new x 0.3333333])+([ OPD headcount follow-up x 0.3333333])+([ Emergency headcount - total x 0.3333333]) | | | | | | | |
| Complaint resolution within 25 working days rate (Regional / Tertiary / Central Hospitals) | Complaints resolved within 25 working days as a proportion of all complaints resolved | Monitors the time frame in which the public health system responds to complaints | Complaints register | **Numerator** SUM([Complaint resolved within 25 working days]) **Denominator** SUM([Complaint resolved]) | Accuracy of information is dependent on the accuracy of time stamp for each complaint | Output | Percentage | Quarterly | No | Higher percentage suggest better management of complaints in Hospitals | Quality Assurance |
| Number of Districts with functional Mental Health review boards | Number of mental health review boards per five district established in terms of Section 18 of Mental health care Act. No 17 of 2002 | Ensure the protection of human rights of people with mental disability | Programme for review meetings, attendance register | Sum of districts with mental functional mental health review boards | Reliability of data provided | Input | No | Quarterly | No | Desire to have five functional metal health review boards | District Executive Managers |

## PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| Indicator Name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of Bursaries awarded to first year medicine students | Number of new medicine students provided with bursaries by the provincial department of health | Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers | Bursary contracts | No denominator | Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions | Input | No. | Annual | No | Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers | Human Resources Development Programme Manager |
| Number of Bursaries awarded to first year nursing students | Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health | Tracks the numbers of medicine students sponsored by the Province to undergo training as future health care providers | SANC Registration form | No denominator | Data quality depends on good record keeping by both the Provincial DoH and Health Science Training institutions | Input | No. | Annual | No | Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers | Human Resources Development Programme Manager |
| Number of Post basic professional nurses enrolled | Number of professional nurses enrolled on post-basic nursing programmes | Professional nurses enrolled for development of all levels of care | College records | No of post basic nurses trained | Dependent on study leave and availability of posts | Output | Sum total | Bi-annual | No | Desired pass rate on all programmes | Director: Nursing Education |
| Number of direct basic student nurses enrolled | Number of nurses entering the first year of nursing college | Tracks the training of nurses | College/campus records and satellites campus (Nursing school records) | Number of professionals trained | Authenticity of the Matric certificate | Output | Sum total | Annual | No | Desired pass rate on all programmes | Director: Nursing Education |
| Number learners studying for bachelor of health science | Number of learners enrolled for bachelor of health science in emergency care | Track the training of emergency care practitioners | College records (universities)/HRD | Numerical (Number of students enrolled) | Authenticity | Output | Number | Annual | Yes | High number of students enrolled has the potential to increase the | Principal emergency college/ HRD |

| Indicator Name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| in emergency care | | | | | | | | | | capacity among emergency care practitioners | |
| Number of basic ambulance assistants upgraded to ambulance emergency assistants | Basic ambulance assistants upgraded to ambulance emergency assistants | Track the training of emergency care practitioners | College records | Numerical | Authenticity | Output | Number | Annual | Yes | High number of students intake has the potential to increase the capacity among emergency care practitioners | Principal emergency college/ HRD |

## Programme 7: Health Care Support Services

| Indicator Title | Short Definition | Purpose/ Importance | Source | Method of Calculation | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Indicator Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Percentage availability of essential medicines in Depot, Hospital and Clinics | This is the percentage of essential medicines and surgical sundries monitored at the depot, hospitals and clinics | To ensure that essential medicines and surgical sundries are available at the depot, hospitals and clinics | Quarterly reports | **Numerator:** Totals number of medicines available at depot, Hospitals and clinics. **Denominator:** Total number of medicines to be monitored. Total for Depot= 328 Hospitals= 295 Clinics= 170 | Data quality from hospitals and clinics depend on good record keeping by hospital Pharmacies. | Outcome | Percentage | Quarterly | No | High percentage indicates the availability of ordered medicines and surgical sundries from the suppliers | Director: Pharmaceutical Services |
| Number of districts providing community based rehabilitation services | Districts with Community based Rehabilitation workers providing rehabilitation services | Monitors provision of rehabilitation services in the districts | District health report | Sum of Districts providing community rehabilitation services | Accuracy depend on quality of data submitted by districts | Output | Number | Quarterly | No | Higher number indicate that more districts are covered in provision of community based rehabilitation services | Chief Director: Health Care Support Services |

| Indicator Title | Short Definition | Purpose/ Importance | Source | Method of Calculation | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Indicator Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of health facilities providing rehabilitation services (hospitals and PHC) | Number of health facilities providing rehabilitation services in hospitals and PHC | Monitors the extent of coverage in provision of rehabilitation services in hospitals and PHC | District health report | Sum of hospitals and PHC rendering community rehabilitation services | Accuracy is dependent on quality of data submitted health facilities | Output | Number | Quarterly | No | Higher number indicates that more hospitals and PHC are providing rehabilitation services | Chief Director: Health Care Support Services |
| Proportion of PHC facilities reporting 80% of formulary on Stock Visibility System (SVS) | PHC facilities reporting 80% of formulary on Stock Visibility System (SVS) | To monitor medicine stock availability at PHC facilities | SVS database (NDoH) | **Numerator:** number of PHC facilities reporting 80% of formulary on Stock Visibility System (SVS) **Denominator:** Total number of PHC facilites | Non-function of SVS. Poor reporting. Non-functioning SVS device. | Ouput | Percentage | Quarterly | Yes | Prevent medicine stock-outs | PHC (Operational Manager/Pharmacy Assistant) |

## Programme 8: Infrastructure Norms and Standards

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

| Indicator Name | Short Definition | Purpose /Importance | Source | Calculation Method | Data Limitations | Type of Indicator | Calculation Type | Reporting Cycle | New Indicator | Desired Performance | Responsibility |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | facilities). | | | | | | | | | | |
| Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District | Number of existing health facilities outside NHI Pilot District where Capital, Scheduled Maintenance, or Professional Day-to-day Maintenance projects (Management Contract projects only) have been completed (excluding new and replacement facilities). | Tracks overall improvement and maintenance of existing facilities. | Practical Completion Certificate or equivalent,<br><br>Capital infrastructure project list, Scheduled Maintenance project list, and Professional Day-to-day Maintenance project list (only Management Contract projects). | Number of health facilities outside NHI Pilot District that have undergone major and minor refurbishment | Accuracy dependent on reliability of information captured on project lists. | Input | Number | Annual | No | A higher number will indicate that more facilities were refurbished. | Chief Director: Infrastructure and Technical Management |
| Number of districts spending more than 90% of maintenance budget | Number of districts spending more than 90% of maintenance budget | To monitor that infrastructure budgets are being used to improve health infrastructure | DoH | No denominator | None | Output | Sum total | Quarterly | No | Districts should spend their allocated budget to improve health care infrastructure | Infrastructure Programme Manager |
| Number of projects completed | Number of projects completed | Improving health outcomes. High | IRM | Completed | None | Output | No | Quarterly | No | Performance as per IA's programme | FPWI |