LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

HEALTH – VOTE 7
ANNUAL PERFORMANCE PLAN
2024/25

FINAL

Date of Tabling:

March 2024

Contents

List of Tables v

List of Figures vi

Acronyms and abbreviations vii

Executive Authority Statement viii

Accounting Officer Statement x

Official Sign-off xi

Part A: Our Mandate 1

1. Constitutional Mandate 1

2. Legislative and Policy Mandates 1

2.1 Legislation falling under the Department of Health's Portfolio 1

2.2 Other legislation applicable to the Department 4

3. Health Sector Policies and Strategies over the five-year planning period 5

3.1 National Health Insurance Bill 5

3.2 National Development Plan: Vision 2030 6

3.3 Sustainable Development Goals 7

3.4 Medium Term Strategic Framework and NDP Implementation Plan 2019-2024 8

Part B: Our Strategic Focus 11

4. Vision 11

5. Mission 11

6. Values 11

7. Stakeholder analysis 11

8. Updated Situational Analysis 12

8.1 Overview of the Province 12

8.2 External Environmental Analysis 16

8.3 Internal Environmental Analysis 24

8.3.2.2 Primary health care 27

Part C: Measuring Our Performance 57

Programme 1: Administration 57

1.1 Purpose 57

1.2 Reconciling Performance Targets with Expenditure Trends and Budgets 58

1.3 Performance and Expenditure Trends 60

1.4 Updated Key Risks 60

Programme 2: District Health Services 63

2.1 Purpose 63

2.2 Sub-programme: Primary Healthcare Services 63

2.2.1 Purpose 63
2.3 Sub-programme: District Hospitals 65
2.3.1 Purpose 65
2.4 Sub-programme: HIV and AIDS STI Control (HAST) - 66
2.4.1 Purpose: 66
2.5 Sub-programme: Mother Child Women Health and Nutrition (MCWH&N) 69
2.5.1 Purpose 69
2.6 Sub-programme: Disease Prevention and Control 73
2.6.1 Purpose 73
2.7 Reconciling Performance Targets with Expenditure Trends 74
2.8 Performance and Expenditure Trends 77
2.9 Updated Key Risks 77
Programme 3: Emergency Medical Services 79
3.1 Purpose 79
3.2 Reconciling Performance Targets with Expenditure Trends and Budgets 80
3.3 Performance and Expenditure Trends 81
3.4 Updated Key Risks 82
Programme 4: Provincial Hospitals Services 83
4.1 Purpose 83
4.2 Sub-programme: Regional Hospitals 83
4.2.1 Purpose 83
4.3 Sub-programme: Specialised Hospitals 86
4.3.1 Purpose 86
4.4 Reconciling Performance Targets with Expenditure Trends 87
4.5 Performance and Expenditure Trends 89
4.6 Updated Key Risks 89
Programme 5: Central & Tertiary Hospitals Services 90
5.1 Purpose 90
5.2 Reconciling Performance Targets with Expenditure Trends and Budgets 92
5.3 Performance and Expenditure Trends 94
5.4 Updated Key Risks 95
Programme 6: Health Sciences Training 96
6.1 Purpose 96
6.2 Reconciling Performance Targets with Expenditure Trends 97
6.3 Performance and Expenditure Trends 99
6.4 Updated Key Risks 100

Programme 7: Healthcare Support Services 101
7.1 Purpose 101
7.2 Reconciling Performance Targets with Expenditure Trends 102
7.3 Performance and Expenditure Trends 104
7.4 Updated Key Risks 105
Programme 8: Health Facilities Management 106
8.1 Purpose 106
8.2 Reconciling Performance Targets with Expenditure Trends 107
8.3 Performance and Expenditure Trends 109
8.4 Updated Key Risks 110
Public Entities 111
Infrastructure Projects 112
Public Private Partnerships 121
Part D: Technical Indicator Description (TID) for Annual Performance Plan 122
Programme 1: Administration 122
Programme 2: District Health Services 123
Programme 3: Emergency Medical Services 132
Programme 4: Regional and Specialised Hospital 133
Programme 5: Tertiary Hospitals 136
Programme 6: Health Sciences Training 138
Programme 7: Health Care Support 138
Programme 8: Health Facilities Management 139
Annexure A: Amendments to Strategic Plan 141
Annexure B: Conditional Grants 142
Annexure C: Consolidated Indicators 147
Annexure D: District Development Model 148

List of Tables

Table 1. Health Sector Goals ---- 9
Table 2. Demographic data ---- 13
Table 3. Provincial social determinants of health ---- 18
Table 4. Household refuse removal by province and urban/rural status 2022 ---- 19
Table 5. Provincial leading causes of death 2018 ---- 23
Table 6. Districts ten leading causes of death 2018 ---- 23
Table 7. District distribution of health facilities ---- 24
Table 8. Average length of stay and IBUR ---- 26
Table 9. Number of complaints received resolved and complaints resolution rate (CRR) per district (2017 – 2022) ---- 31
Table 10. Expenditure estimates ---- 54
Table 11. Summary of provincial expenditure estimates by economic classification ---- 55
Table 12. Trends in provincial public health expenditure (R'000) ---- 56
Table 13. Administration outcome outputs output indicators and targets ---- 57
Table 14. Administration - Expenditure estimates ---- 58
Table 15. Administration - Summary of provincial expenditure estimates by economic classification ---- 59
Table 16. PHC Outcome outputs output indicators and Targets ---- 63
Table 17. District hospitals outcomes outputs output indicators and targets ---- 65
Table 18. HAST outcome outputs output indicators and targets ---- 66
Table 19. MCWH&N outcome outputs output indicators and targets ---- 69
Table 20. DPC outcome outputs output indicators and targets ---- 74
Table 21. DHS – Expenditure estimates ---- 74
Table 22. DHS - Summary of provincial expenditure estimates by economic classification ---- 75
Table 23. EMS outcome outputs output indicators and targets ---- 79
Table 24. EMS - Expenditure estimates ---- 80
Table 25. EMS - Summary of provincial expenditure by economic classification ---- 80
Table 26. Regional hospitals outcome outputs output indicators and targets ---- 83
Table 27. Specialised hospitals outcome outputs output indicators and targets ---- 86
Table 28. Provincial Hospitals - Expenditure estimates ---- 87
Table 29. Provincial Hospitals - Summary of provincial expenditure estimates by economic classification ---- 88
Table 30. Tertiary hospital outcome outputs output indicators and targets ---- 90
Table 31. C&THS - Expenditure estimates ---- 92
Table 32. C&THS - Summary of provincial expenditure estimates by economic classification ---- 92
Table 33. HST outcome outputs output indicators and targets ---- 96
Table 34. HST - Expenditure estimates ---- 97
Table 35. HST - Summary of provincial expenditure estimates by economic classification ---- 97
Table 36. HCS outcome outputs performance indicators and targets ---- 101
Table 37. HCS - Expenditure estimates ---- 102
Table 38. HSC - Summary of provincial expenditure estimates by economic classification ---- 102
Table 39. HFM outcome outputs performance indicators and targets ---- 106
Table 40. HFM - Expenditure estimates ---- 107
Table 41. HFM - Summary of provincial expenditure estimates by economic classification ---- 107

List of Figures

Figure 1. NDP Goals ---- 6
Figure 2. Sustainable Development Goals ---- 7
Figure 3. Percentage of individuals who are members of medical schemes per province ---- 14
Figure 4: Percentage distribution of the type of health-care facility consulted first by households when members fall ill and get injured by province (2019 – 2022) ---- 15
Figure 5. Limpopo geographical map ---- 16
Figure 6. Population Pyramids 2008-2030 ---- 17
Figure 7. Limpopo annual income distribution ---- 20
Figure 8: Male life expectancy 2001 – 2026 ---- 21
Figure 9: Female life expectancy 2001 – 2026 ---- 22
Figure 10: Geographical distributions of Limpopo health facilities ---- 24
Figure 11. Limpopo per PDE ---- 25
Figure 12. OPD client not referred rate ---- 27
Figure 13. PHC utilisation rate ---- 28
Figure 14. Limpopo ICRM performance trend ---- 29
Figure 15. Limpopo ICRM achievement trend by district ---- 30
Figure 16. Complaints resolution rate and number of complaints resolved within 25 working days -- 32
Figure 17. Number of PSI cases captured (2018/19 – 2022/23) ---- 33
Figure 18. PSI case closure rates per district (2020/21 – 2022/23) ---- 33
Figure 19. Patient experience of care (2018/19 – 2022/23) ---- 34
Figure 20. Values & Attitudes ---- 35
Figure 21. Patient waiting time ---- 35
Figure 22. Access to care ---- 36
Figure 23. Availability of medicines ---- 36
Figure 24. Cleanliness ---- 37
Figure 25. Patienty Safety ---- 38
Figure 26. Couple year protection ---- 38
Figure 27. Antenatal 1st visit before 20 weeks rate (2017-2022) ---- 39
Figure 28. Delivery 10-19 years in facility ---- 39
Figure 29. Mother postnatal visit within 6 weeks ---- 40
Figure 30. Maternal mortality (District hospitals) ---- 41
Figure 31. Live birth under 2500g in facility ---- 42
Figure 32. Neonatal (<28 days) death in facility ---- 43
Figure 33. Under five years diarrhoea case fatality rate ---- 43
Figure 34. Child under 5 years pneumonia case fatality ---- 44
Figure 35. Child under 5 years SAM fatality rate ---- 45
Figure 36. Child under 5 years case fatality ---- 46
Figure 37. Infant PCR test positive at birth rate (2017 – 2022) ---- 47
Figure 38. Immunisation measles 2nd dose & Vitamin A 12 - 59 months (2017 - 2022) ---- 47
Figure 39. HIV positive 15-24 years (excl. ANC) rate ---- 48
Figure 40. HIV 90-90-90 performance trends ---- 49
Figure 41. ART outcome performance trends 2017 – 2021 ---- 50
Figure 42. TB outcomes ---- 51

Acronyms and abbreviations

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

Executive Authority Statement

This Annual Performance Plan (APP) is a comprehensive document that outlines the goals objectives and strategies for the upcoming fiscal year. It is used as a planning and accountability tool for the Department of Health to track progress towards meeting our specific targets and to ensure that resources are allocated efficiently and effectively.

In this document we provide a detailed breakdown of the department's budget and its key performance indicators (KPIs) which are used as a measuring tool for our collective success. We intend to provide an overriding sense of the various areas such as service delivery, policy implementation, regulatory compliance, financial management, and human resource management.

Implementation of this APP overlaps with the 7th administration of the democratic order and reflects our intention to continue building an accessible comprehensive affordable and quality healthcare capable of meeting the health needs of our population.

This Annual Performance Plan is aligned with the department's overarching strategic plan and the government's broader developmental agenda premised on building a non-racial non-sexiest democratic and prosperous society. A society that is healthy and fit for purpose is likely to be prosperous.

The front and centre of our objectives is to bring primary healthcare even closer to our people and improve accessibility. This will include our continued initiatives to have as many clinics operating for 24 hours. In doing so we will re-energise our primary healthcare to serve as a first point of call reducing long queues in hospitals and improving patients' waiting time. We need effective and efficient patient treatment in our hospitals and clinics to cater for every patient seeking medical care.

We will continue to procure emergency medical services vehicles to ensure adequate and timeous response in cases of emergency.

The five hundred (500) EMS vehicles will be supplemented in accordance with the available resources to ensure minimal inconveniences during emergency situations.

Importantly, we have also done admirably well with regard to the availability of medicine in our facilities.

We remain steadfast in our commitment and deliberate in our efforts to the mission of bringing a long and healthy life for the people in Limpopo.

The Department will continue to recruit nurses and other essential staff to strengthen patient care and improve the quality of service at our various facilities.

The Annual Performance Plan is a reflection of our service delivery model for the financial year 2024/25.

We take this as an essential tool for the Department to plan, monitor and evaluate its performance and to ensure that our operations are transparent and accountable to the public.

This APP will provide us with the necessary impetus to accelerate service delivery and improve the lives of the ordinary people of Limpopo.

Together moving Limpopo forward!

……

Dr. Ramathuba P. C.

Limpopo MEC of Health

Accounting Officer Statement

The Annual Performance Plan 2024/25 was crafted during the transitional period from the sixth (6th) to the seventh (7th) government administration. The period is characterised by economic challenges that resulted in resource constraints requiring careful planning without compromising the quality and access to healthcare in making a meaningful impact across society in Limpopo Province. Despite the current economic challenges, through this plan the department remains committed to delivering healthcare services to all in Limpopo and we take this obligation seriously and remain firm in ensuring access to quality healthcare services in the next government administration.

Our approach to healthcare provision is comprehensive putting equal emphasis on wellness promotion and disease prevention in addition to the diagnosis and treatment of diseases. Through this APP the social determinants of health are considered, the importance of community engagement remains critical to the Department and innovation and technology are embraced as tools to improve healthcare provisioning. The Department is committed to reducing maternal and child mortalities while improving women and child health as well as reducing and managing the prevalence of communicable and non-communicable diseases toward the attainment of the targets for the SDGs NDP MTSF and LDP. While the attainment of set targets has not been favourable efforts are put in place to improve health outcomes.

At the heart of our efforts lies a simple yet profound belief: that every individual in our community deserves access to high-quality healthcare regardless of their background socioeconomic status or circumstances in pursuing a commitment to being ready for National Health Insurance (NHI). This 2024/25 Annual Performance Plan is a testament to our dedication to making that belief a reality. This APP's implementation will be monitored quarterly and reported in full at the end of the financial year 2024/25 in striving for a '*A long and healthy life for people in Limpopo*.'

Dr Ndwamato N.N

Acting Head of Department

Official Sign-off

It is hereby certified that this Annual Performance Plan:

- Was developed by the management of the Limpopo Province Department of Health under the guidance of Dr Ramathuba P.C.
- Takes into account all the relevant policies legislation and other mandates for which the Limpopo Province Department of Health is responsible for.
- Accurately reflects the Outcomes and Outputs which the Limpopo Province Department of Health will endeavour to achieve over the period 2024/25.

Mr Mawasha MZ Signature:_____

Manager Programme 1: Administration

Dr Dombo M Signature: _____

Manager Programme 2: District Health Services

Dr Muila S Signature: _____

Manager Programme 3: Emergency Medical Services

Dr Muila S Signature: _____

Manager Programme 4: General (Regional) Hospitals

Dr Muila S Signature: _____

Manager Programme 5: Tertiary and Central Hospitals

Dr Muila S Signature: _____

Manager Programme 6: Health Science and Training

Dr Muila S Signature: _____

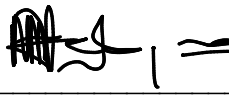
Manager Programme 7: Health Care Support

Mr Ramawa P.J Signature: _____

Manager Programme 8: Health Facilities Management

Mr Mudau M.J Signature: 

Chief Financial Officer

Dr Lekoloana MA Signature: 

Head Official responsible for Planning

Dr Ndwamato N.N Signature: 

Acting Accounting Officer

Approved by:

Dr Ramathuba P.C Signature: 

Executive Authority

Part A: Our Mandate

1. Constitutional Mandate

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

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

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

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

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

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

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

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

2. Legislative and Policy Mandates

2.1 Legislation falling under the Department of Health's Portfolio

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

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

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;

- provide for a system of co-operative governance and management of health services within national guidelines norms and standards in which each province municipality and health district must deliver quality health care services;
- establish a health system based on decentralised management principles of equity efficiency sound governance internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national provincial and district health plans; and
- create the foundation of the health care system and understood alongside other laws and policies which relate to health in South Africa.

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

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

Occupational Diseases in Mines and Works Act 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases especially in mines and for compensation in respect of those diseases.

Pharmacy Act 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession including community service by pharmacists

Health Professions Act 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions in particular medical practitioners dentists psychologists and other related health professions including community service by these professionals.

Dental Technicians Act 1979 (Act No.19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

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

SA Medical Research Council Act 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

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

Choice on Termination of Pregnancy Act 196 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

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

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

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

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

Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

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

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

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

Foodstuffs Cosmetics and Disinfectants Act 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs cosmetics and disinfectants in particular quality standards that must be complied with by manufacturers as well as the importation and exportation of these items

2.2 Other legislation applicable to the Department

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

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

Occupational Health and Safety Act 1993 (Act No.85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Compensation for Occupational Injuries and Diseases Act 1993 (Act No.130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment and for death resulting from such injuries or disease.

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

Employment Equity Act 1998 (Act No.55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

State Information Technology Act 1998 (Act No.88 of 1998) - Provides for the creation and administration of an institution responsible for the state’s information technology system.

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

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

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

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

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

Division of Revenue Act (Act No 7 of 2003) - Provides for the manner in which revenue generated may be disbursed.

Broad-based Black Economic Empowerment Act 2003 (Act No.53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered and incidental matters.

Labour Relations Act 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of relationship between employer and employee at individual and collective level.

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

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

3.1 National Health Insurance Bill

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all entrenching equity social solidarity and efficiency and effectiveness in the health system to realise Universal Health Coverage. To achieve Universal Health Coverage institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor vulnerable and disadvantaged groups.

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

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

3.2 National Development Plan: Vision 2030

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

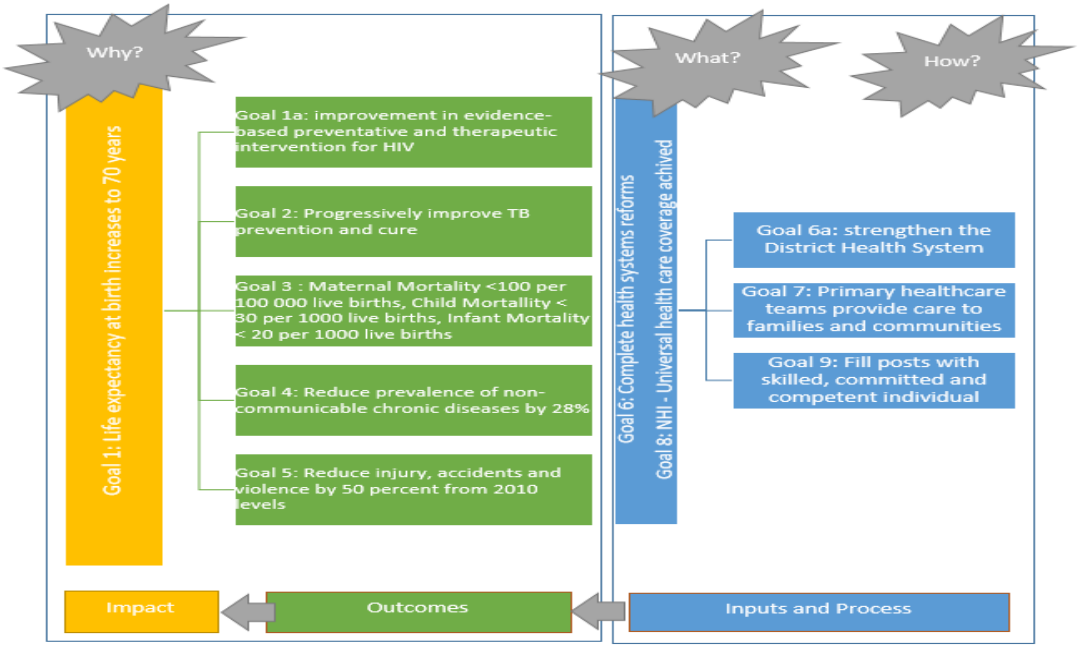


Figure 1. NDP Goals

The **NDP goals are best described using conventional public health logic framework**. The **overarching goal** that measures impact is "Average male and female life expectancy at birth increases to at least 70 years". The **next 4 goals measure health outcomes** requiring

the health system to **reduce premature mortality and morbidity**. Last **4 goals are tracking the health system that essentially measure inputs and processes** to derive outcomes

3.3 Sustainable Development Goals

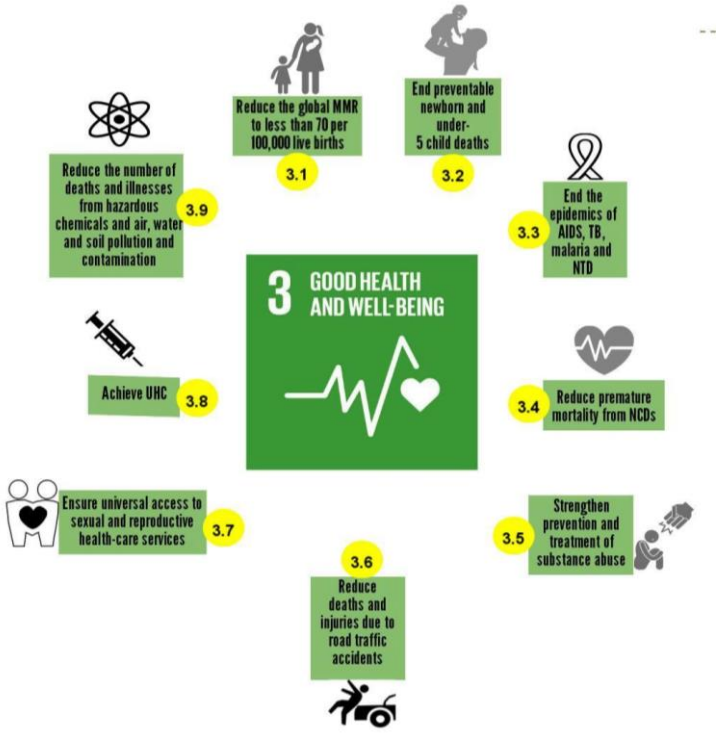


Figure 2. Sustainable Development Goals

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

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

(2) By 2030 end **preventable deaths of new-borns and children under 5 years of age** with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births

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

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

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

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

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

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

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

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

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

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

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

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

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa which are embodied in the Medium-Term Strategic Framework (MTSF) for period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (***survive***); promoting wellness and preventing and managing illness (***thrive***); and transforming health systems the patient experience of care and mitigating social factors determining ill health (***transform***) in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health.

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

Table 1. Health Sector Goals

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
Survive and Thrive	Life expectancy of South Africans improved to 70 years by 2030	Goal 1: Increase Life Expectancy improve Health and Prevent Disease	1. *Improve health outcomes by responding to the quadruple burden of disease of South Africa* 2. *Inter sectoral collaboration to address social determinants of health*	*N/A*
Transform	Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030	Goal 2: Achieve UHC by Implement NHI	3. *Progressively achieve Universal Health Coverage through NHI*	*Pillar 4: Engage the private sector in improving the access coverage and quality of health services; and* *Pillar 6: Improve the efficiency of public sector financial management systems and processes*
		Goal 3: Quality Improvement in the Provision of care	4. *Improve quality and safety of care*	*Pillar 5: Improve the quality safety and quantity of health services provided with a focus on to primary health care.*
			5. *Provide leadership and enhance governance in the health sector for improved quality of care*	*Pillar 7: Strengthen Governance and Leadership to improve oversight accountability and health system performance at all levels*
			6. *Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health*	*Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care*
			7. *Improve equity training and enhance management of Human Resources for Health*	*Pillar 1: Augment Human Resources for Health Operational Plan*
			8. *Improving availability to medical products and equipment*	*Pillar 2: Ensure improved access to essential medicines vaccines and medical products through better management of supply chain equipment and machinery* *Pillar 6: Improve the efficiency of public sector financial management systems and processes*
			9. *Robust and effective health information systems to automate*	*Pillar 9: Develop an Information System that will guide the health*

	MTSF 2019-2024 Impacts	Health sector's strategy 2019-2024		Presidential Health Summit Compact Pillars
			business processes and improve evidence based decision making	*system policies strategies and investments*
		Goal 4: Build Health Infrastructure for effective service delivery	*10. Execute the infrastructure plan to ensure adequate appropriately distributed and well maintained health facilities*	*Pillar 3: Execute the infrastructure plan to ensure adequate appropriately distributed and well-maintained health facilities*

Part B: Our Strategic Focus

4. Vision

A long and healthy life for people in Limpopo.

5. Mission

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

6. Values

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

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

7. Stakeholder analysis

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

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

8. Updated Situational Analysis

8.1 Overview of the Province

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

Limpopo ranks fifth in South Africa in both surface area and population covering an area of 125 754km² and being home to a population estimate of 6 572 721 according to the Census 2022. The capital is Polokwane (previously Pietersburg). Other major cities and towns include Bela-Bela (Warmbad) Lephalale (Ellisras) Makhado (Louis Trichardt) Musina (Messina) Thabazimbi and Tzaneen (see the Limpopo map). Mining is the primary driver of economic activity. Limpopo is rich in mineral deposits including platinum-group metals iron ore chromium high and middle-grade coking coal diamonds antimony phosphate and copper as well as mineral reserves such as gold emeralds scheelite magnetite vermiculite silicon and mica. The province is a typical developing area exporting primary products and importing manufactured goods and services.

The climatic conditions in the province allow for double harvesting seasons which results in it being the largest producer of various crops in the agricultural market. Sunflowers cotton maize and peanuts are cultivated in the Bela-Bela–Modimolle area. Bananas litchis pineapples mangoes and pawpaws as well as a variety of nuts are grown in the Tzaneen and Makhado areas. Extensive tea and coffee plantations create many employment opportunities in the Tzaneen area. The Bushveld is a cattle country where controlled hunting is often combined with ranching. The table below, shows that medical aid covered was most common in Gauteng (24 9%) and Western Cape (24 1%) and least common in Limpopo (9 9%) and Eastern Cape (10 8%).

Table 2. Demographic data

Demographic Data	Limpopo	Unit of Measure
Geographical area	125 754	Km²
Total population SA Census 2022	6 572 721	Number
Percentage of population with medical insurance (Stat SA)	8.9	%

Source: Census 2022 Statistical release & General household survey 2022

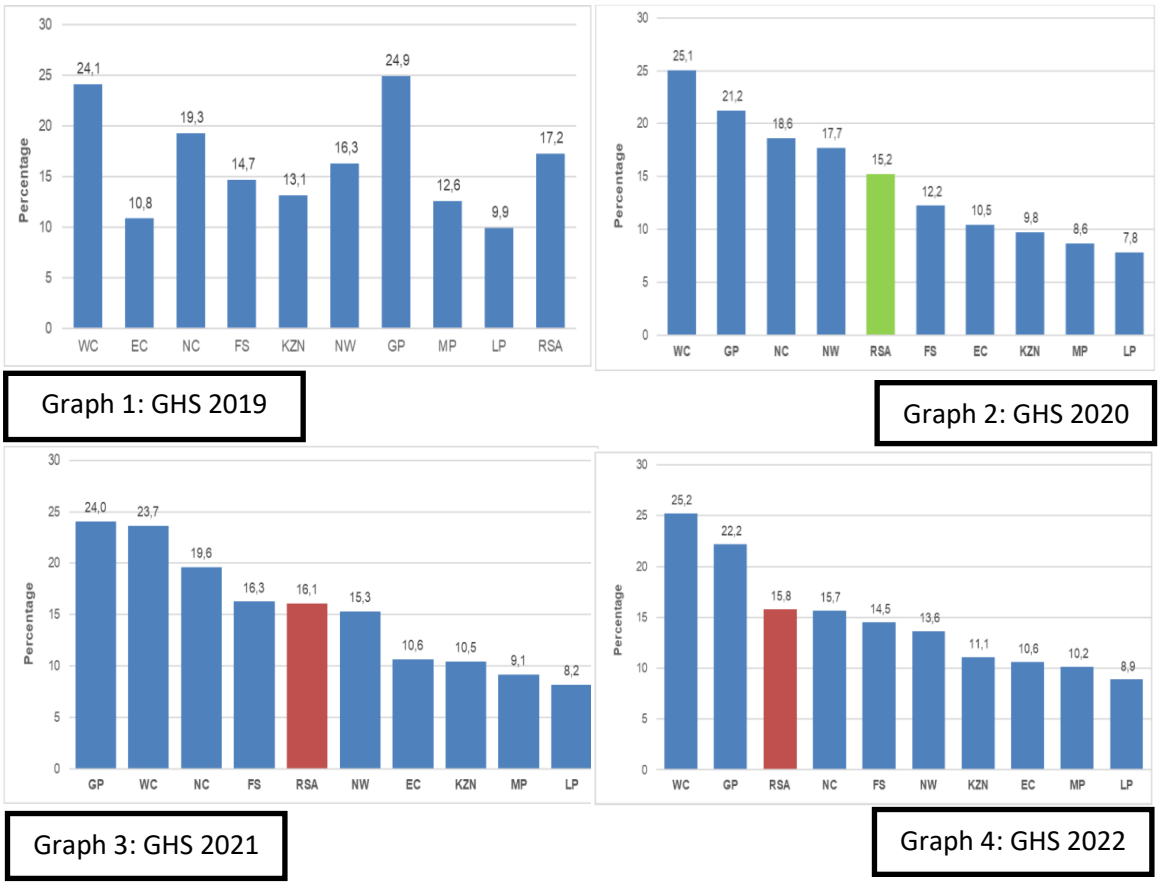
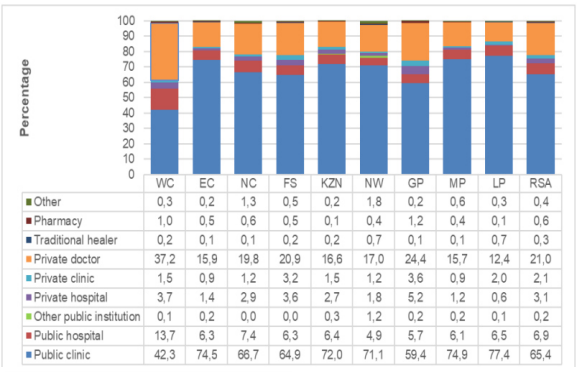


Figure 3. Percentage of individuals who are members of medical schemes per province

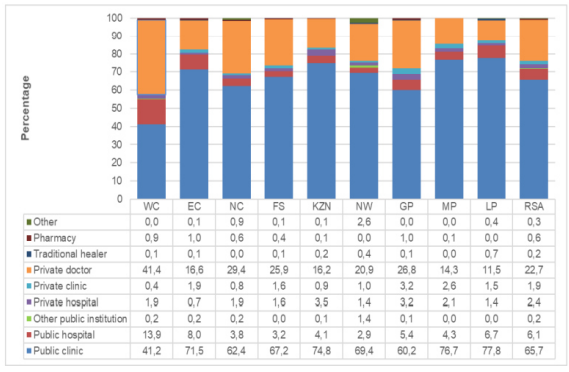
Source: General household survey 2019 2020 2021 & 2022

Medical aid coverage is least common in the Limpopo province than in other provinces (see Figure 3). There are fluctuations among those having medical aid coverage in the period 2019 – 2022. A decline from 9.9% in 2019 to 7.8% in 2020 is also noted. Further, an increase among those with medical aid coverage have been noted in 2021 standing at 8.2% from a 7.8% medical aid coverage in 2020. The increase is further among those with medical aid coverage is noted from 2021 which was at 8.2% to 8.9% in 2022. This can be attributed to improved unemployment rate in the province. However the larger share of the population in the province who are not on a medical aid coverage use the public health facilities which overwhelms the already constrained health system. Hence NHI is seen as the vehicle to improve access to healthcare services in the country.



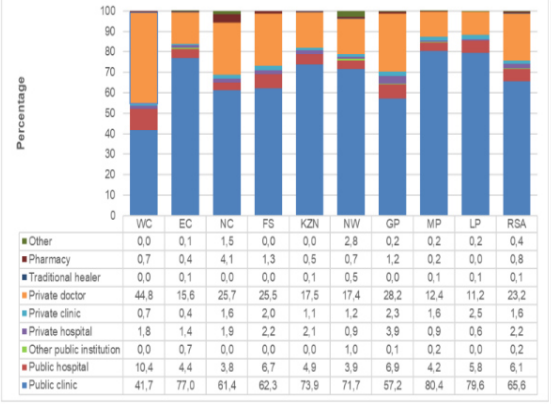
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,3	0,2	1,3	0,5	0,2	1,8	0,2	0,6	0,3	0,4
Pharmacy	1,0	0,5	0,6	0,5	0,1	0,4	1,2	0,4	0,1	0,6
Traditional healer	0,2	0,1	0,1	0,2	0,2	0,7	0,1	0,1	0,7	0,3
Private doctor	37,2	15,9	19,8	20,9	16,6	17,0	24,4	15,7	12,4	21,0
Private clinic	1,5	0,9	1,2	3,2	1,5	1,2	3,6	0,9	2,0	2,1
Private hospital	3,7	1,4	2,9	3,6	2,7	1,8	5,2	1,2	0,6	3,1
Other public institution	0,1	0,2	0,0	0,0	0,3	1,2	0,2	0,2	0,1	0,2
Public hospital	13,7	6,3	7,4	6,3	6,4	4,9	5,7	6,1	6,5	6,9
Public clinic	42,3	74,5	66,7	64,9	72,0	71,1	59,4	74,9	77,4	65,4

Graph 1: GHS 2019



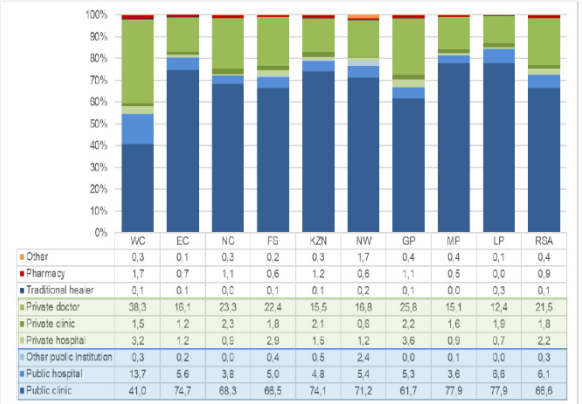
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,0	0,1	0,9	0,1	0,1	2,6	0,0	0,0	0,4	0,3
Pharmacy	0,9	1,0	0,6	0,4	0,1	0,0	1,0	0,1	0,0	0,6
Traditional healer	0,1	0,1	0,0	0,1	0,2	0,4	0,1	0,0	0,7	0,2
Private doctor	41,4	16,6	29,4	25,9	16,2	20,9	26,8	14,3	11,5	22,7
Private clinic	0,4	1,9	0,8	1,6	0,9	1,0	3,2	2,6	1,5	1,9
Private hospital	1,9	0,7	1,9	1,6	3,5	1,4	3,2	2,1	1,4	2,4
Other public institution	0,2	0,2	0,2	0,0	0,1	1,4	0,1	0,0	0,0	0,2
Public hospital	13,9	8,0	3,8	3,2	4,1	2,9	5,4	4,3	6,7	6,1
Public clinic	41,2	71,5	62,4	67,2	74,8	69,4	60,2	76,7	77,8	65,7

Graph 2: GHS 2020



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,0	0,1	1,5	0,0	0,0	2,8	0,2	0,2	0,2	0,4
Pharmacy	0,7	0,4	4,1	1,3	0,5	0,7	1,2	0,2	0,0	0,8
Traditional healer	0,0	0,1	0,0	0,0	0,1	0,5	0,0	0,1	0,1	0,1
Private doctor	44,8	15,6	25,7	25,5	17,5	17,4	28,2	12,4	11,2	23,2
Private clinic	0,7	0,4	1,6	2,0	1,1	1,2	2,3	1,6	2,5	1,6
Private hospital	1,8	1,4	1,9	2,2	2,1	0,9	3,9	0,9	0,6	2,2
Other public institution	0,0	0,7	0,0	0,0	0,0	1,0	0,1	0,2	0,0	0,2
Public hospital	10,4	4,4	3,8	6,7	4,9	3,9	6,9	4,2	5,8	6,1
Public clinic	41,7	77,0	61,4	62,3	73,9	71,7	57,2	80,4	79,6	65,6

Graph 3: GHS 2021



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Other	0,3	0,1	0,3	0,2	0,3	1,7	0,4	0,4	0,1	0,4
Pharmacy	1,7	0,7	1,1	0,6	1,2	0,6	1,1	0,5	0,0	0,9
Traditional healer	0,1	0,1	0,0	0,1	0,1	0,2	0,1	0,0	0,3	0,1
Private doctor	38,3	16,1	23,3	22,4	15,5	16,8	25,6	15,1	12,4	21,5
Private clinic	1,5	1,2	2,3	1,8	2,1	0,6	2,2	1,6	1,9	1,8
Private hospital	3,2	1,2	0,9	2,9	1,5	1,2	3,6	0,9	0,7	2,2
Other public institution	0,3	0,2	0,0	0,4	0,5	2,4	0,0	0,1	0,0	0,3
Public hospital	13,7	5,6	3,8	5,0	4,8	5,4	5,3	3,6	6,6	6,1
Public clinic	41,0	74,7	68,3	66,5	74,1	71,2	61,7	77,9	77,9	66,6

Graph 4: GHS 2022

Figure 4: Percentage distribution of the type of health-care facility consulted first by households when members fall ill and get injured by province (2019 – 2022)

Source: General household survey 2019 2020 2021 & 2022

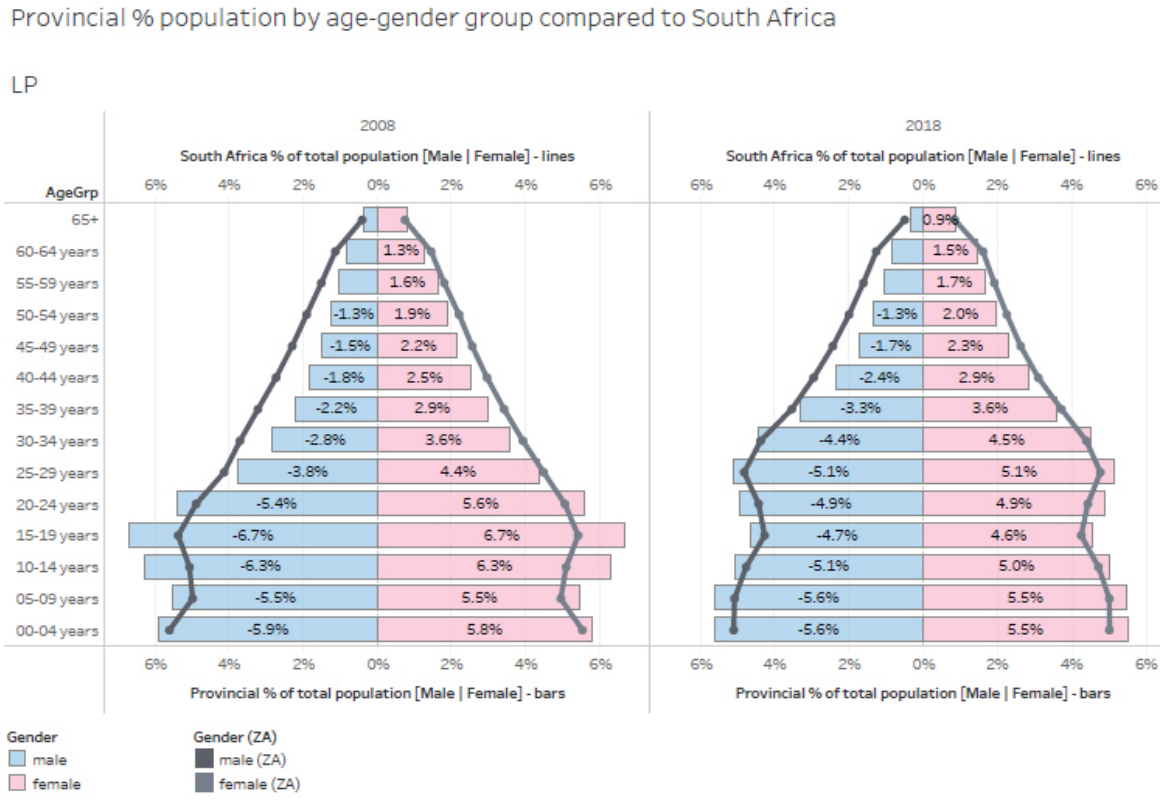
Drawing from Figure 3 above wherein a fraction of the Limpopo province population is on a medical aid coverage most of the population are dependent on public health services. Hence the use of public health facilities is most common in Limpopo than in other provinces as depicted in Figure 4 than in other provinces and is also above the national average. Further noted is an increase on a year-to-year basis of those who use public health facilities from 83.9% in 2019 84.5% in 2020 to 85.4% in 2021 with a slight drop to 84.5% in 2022. As a result public health services are in high demand in meeting the health needs of the increasing population as compared to the low usage of private health facilities in the province. Worth noting is the high usage of traditional healers at 0.3% as compared to other provinces which is even above the country average of 0.1% in the province. Services accessibility and provision of good quality of care remain of paramount importance to the department. Health initiatives like rural health matters initiative which aims to reduce the backlog of surgeries in the province is being implemented. This has resulted in more patients accessing health facilities to undergo different surgical procedures towards improving their general well-being.

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

Figure 5. Limpopo geographical map

8.2 External Environmental Analysis

8.2.1 Demography



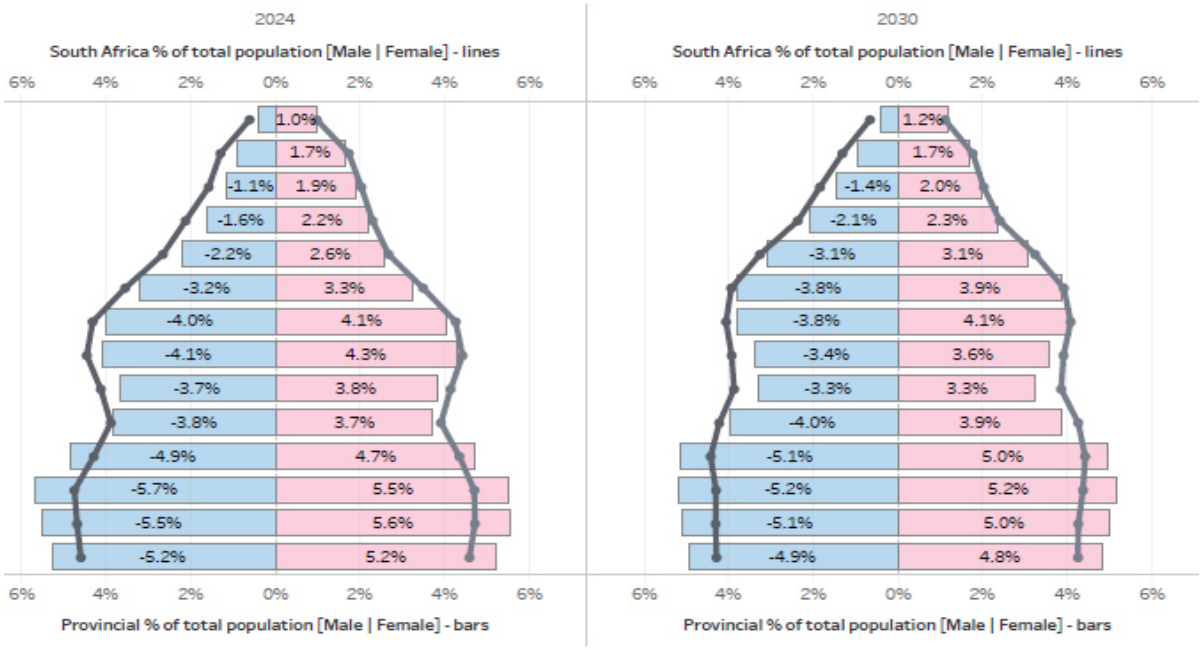


Figure 6. Population Pyramids 2008-2030

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

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

Implications on health

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

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

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

8.2.2 Social Determinants of Health for Province and Districts

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

Table 3. Provincial social determinants of health

Factor		**GHS 2019 Limpopo**	**GHS 2020 Limpopo**	**GHS 2021 Limpopo**	**GHS 2022 Limpopo**
Access to food	Food access severely inadequate	2.8	2.1	1.7	1.2
	Food access inadequate	2.7	2.3	4.0	3.3
	Food access adequate	94.5	95.6	94.3	95.5
Methods of cleaning hands after using the toilet	Do not clean hands	9.3	3.6	4.9	5.9
	Clean hand with sanitizer or wet wipes	1.1	2.5	1.3	1.2
	Wash hands with soap after using the toilet	28.4	40.6	44.5	37.3
	Rinse hands with water	61.2	53.3	49.3	55.6
	Access to hand washing facility	36.4	39.9	42.0	39.3
Factor		**GHS 2018 Limpopo**	**GHS 2020 Limpopo**	**GHS 2021 Limpopo**	**GHS 2022 Limpopo**
Energy	Households connected to the mains supply	92.7	97.2	96.9	96.4
Sanitation	Households with access to sanitation	58.9	58.7	58.5	63.1
Drinking water	Households with access to piped or tap water in their dwellings	74.1	71.3	69.4	69.1

Source: General household survey 2019 2020 2021 & 2022

The provision of safe and readily available water is important for public health and management of the prevalence of diseases among the communities. However it is observed that access to

drinking water in the province has been on a decline since 2012 including the years depicted in Table 3. The decline in water access has negative implications for health. Proper hygiene plays an essential role in the prevention of many diseases as such declining water access impacts on ways people clean their hands in reducing the spreading of infections. Use of water to clean hands is the commonest method people clean their hands after using the toilet in the province though the province is the lowest nationally. When access of water is lowering that increases an opportunity for spreading of infections. According to the General Household Survey Limpopo households performed poorly in washing hands with soap and water after using the toilet at 37.3% in 2022 which is a decline from 44.5% in 2021 against a national average of 56.5%. Further there is steady increase of up to 55.6% in 2022 from 49.3% in 2021 in regard to rinsing hands only with water. Rinsing hands with water only after using the toilet is the commonest method of cleaning hands after using the toilet in the province.

Further proper sanitation is one of the key elements in improving hygiene. However households in Limpopo have the most limited access to sanitation impacting negatively on the wellbeing of the population. In addition having adequate and affordable access to energy sources is key to addressing household poverty (Stats SA 2022). Access to energy supply is most common among households in Limpopo.

The proper disposal of household waste and refuse is important to maintain environmental hygiene of the households' neighbourhoods and minimising the prevalence of diseases that might arise as a result of lack of refuse removal by municipalities.

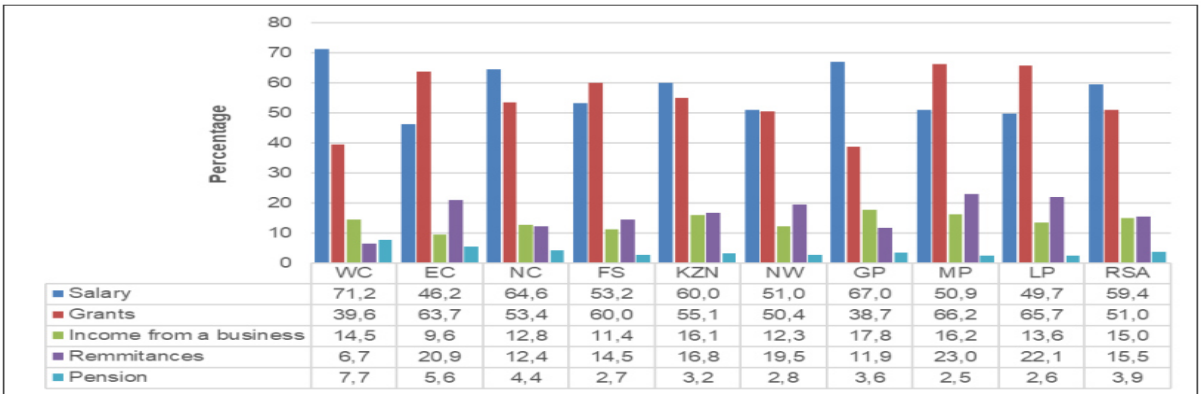
Table 4. Household refuse removal by province and urban/rural status 2022

Province	Urban / Rural status	Removed at least once a week or less often	Communal refuse dump	Own refuse dump	Other
Western Cape	Rural	46,4	26,6	18,2	8,8
	Urban	91,4	8,2	0,1	0,3
	Total	**89,2**	**9,1**	**1,0**	**0,7**
Eastern Cape	Rural	1,0	1,0	94,3	3,6
	Urban	76,0	6,6	13,0	4,4
	Total	**41,5**	**4,1**	**50,4**	**4,1**
Northern Cape	Rural	25,2	3,4	63,6	7,8
	Urban	79,7	0,9	13,4	6,0
	Total	**62,0**	**1,7**	**29,7**	**6,6**
Free State	Rural	18,9	7,0	59,8	14,3
	Urban	81,0	5,5	8,6	4,9
	Total	**72,2**	**5,7**	**15,9**	**6,2**
KwaZulu-Natal	Rural	7,4	4,6	87,0	1,1
	Urban	85,0	2,8	12,1	0,1
	Total	**51,0**	**3,6**	**44,9**	**0,6**
North West	Rural	27,8	3,6	65,6	3,0
	Urban	83,5	8,4	4,9	3,2
	Total	**51,0**	**5,6**	**40,3**	**3,1**
Gauteng	Rural	26,2	19,7	47,5	6,6
	Urban	85,5	6,6	4,7	3,2
	Total	**84,3**	**6,9**	**5,6**	**3,2**
Mpumalanga	Rural	13,7	5,8	78,1	2,5
	Urban	77,1	2,7	16,6	3,6
	Total	**41,5**	**4,4**	**51,1**	**3,0**
Limpopo	Rural	7,0	7,0	80,8	5,1
	Urban	91,0	0,6	7,2	1,3
	Total	**24,4**	**5,7**	**65,6**	**4,3**
South Africa	Rural	11,9	5,5	79,0	3,6
	Urban	84,9	5,9	6,7	2,5
	Total	**62,6**	**5,7**	**28,8**	**2,9**

Source: General household survey 2019 2020 2021 & 2022

Table 4 shows that nationally about two-thirds (62 6%) of households had their refuse removed on a weekly basis or less often while 28 8% had to use their own refuse dumps. Refuse removal was most common in Western Cape (89 2%) and Gauteng (84 3%) and least common in Limpopo (24 4%). Compared to urban area refuse removal took place much less often in rural areas. The table shows that refuse removal was least common in the rural areas of Eastern Cape (1 0%) and Limpopo (7 0%). Overall 79 0% of households in rural areas discarded refuse themselves compared to only 6 7% of households in urban areas. With the province ranked low in refuse removal this exposes the community to infections that could have been dealt with resulting in overburdening of the health system.

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



	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Salary	71,2	46,2	64,6	53,2	60,0	51,0	67,0	50,9	49,7	59,4
Grants	39,6	63,7	53,4	60,0	55,1	50,4	38,7	66,2	65,7	51,0
Income from a business	14,5	9,6	12,8	11,4	16,1	12,3	17,8	16,2	13,6	15,0
Remmitances	6,7	20,9	12,4	14,5	16,8	19,5	11,9	23,0	22,1	15,5
Pension	7,7	5,6	4,4	2,7	3,2	2,8	3,6	2,5	2,6	3,9

Figure 7. Limpopo annual income distribution

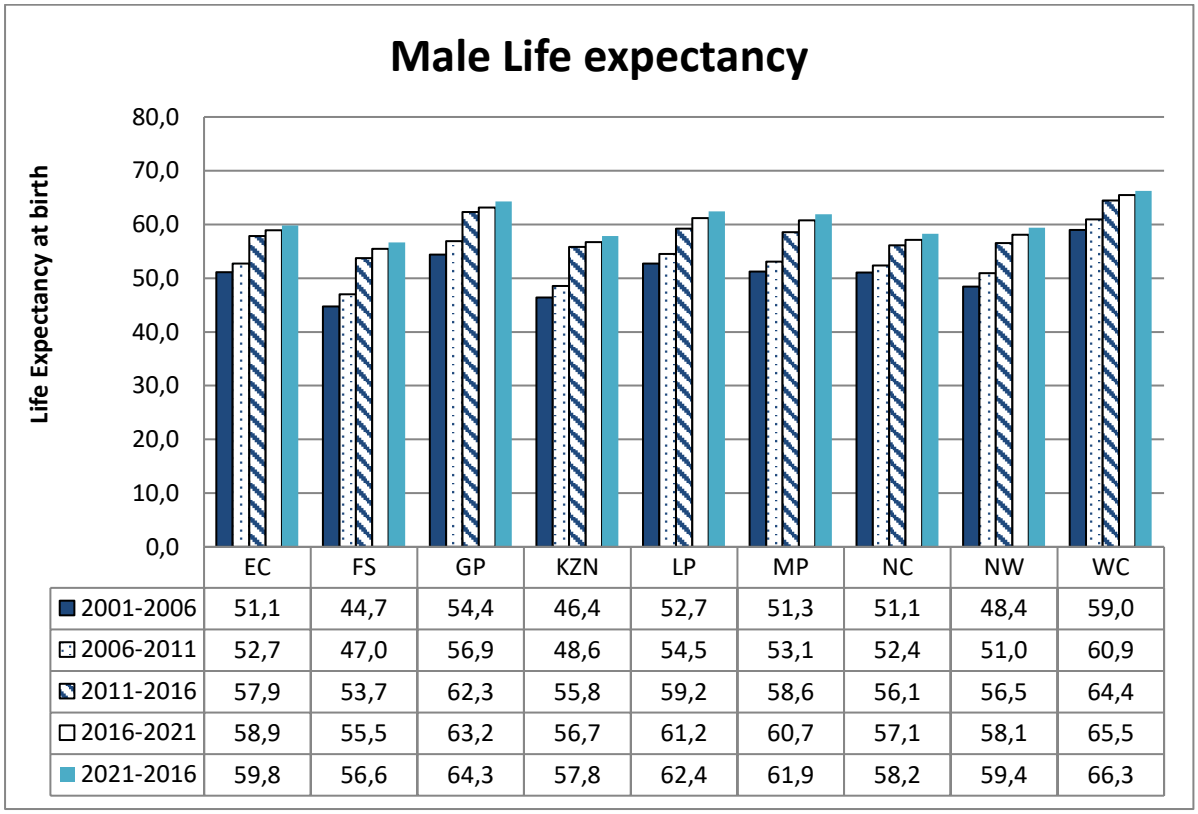
As depicted in Figure 7 grants are the commonest source of income among households in Limpopo. In consideration of the low medical aid coverage due to high dependency on grants above a 91.8% of the population depend on the overburdened health system for their health needs. In overcoming the social determinants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

8.2.3 Epidemiology and Quadruple Burden of Disease

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

8.2.3.1 Life expectancy

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

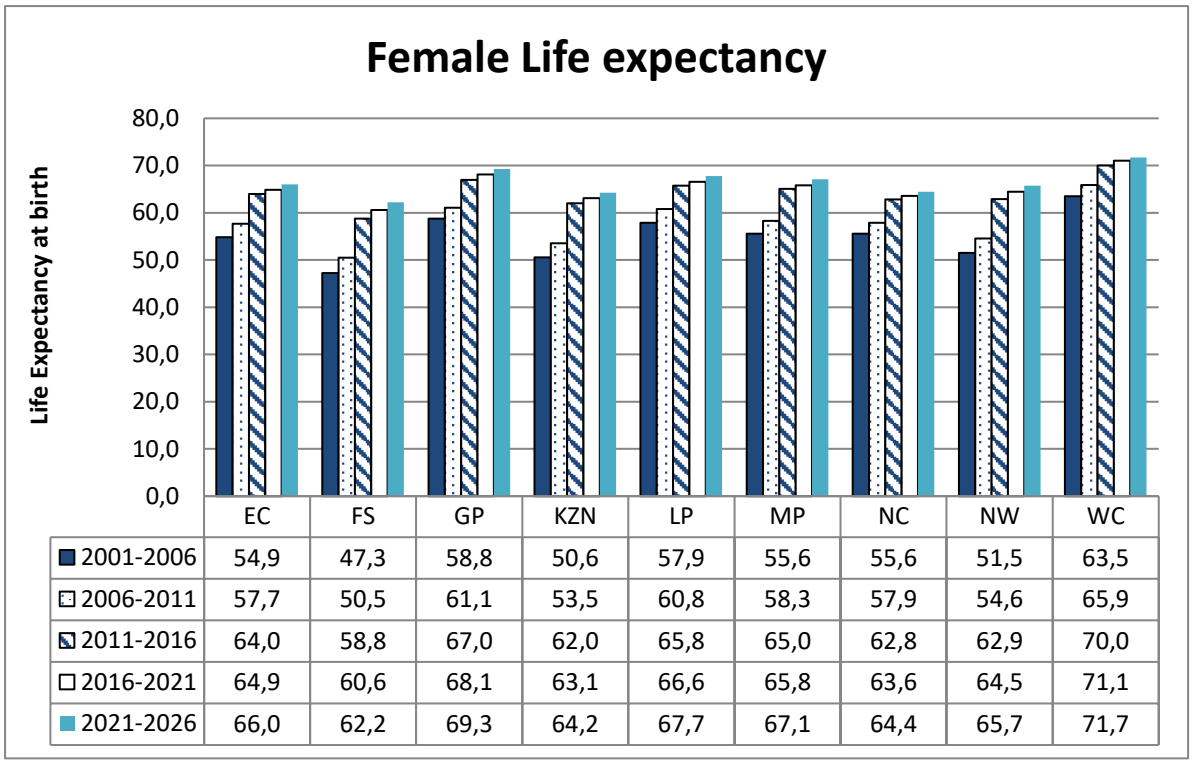


	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	51,1	44,7	54,4	46,4	52,7	51,3	51,1	48,4	59,0
2006-2011	52,7	47,0	56,9	48,6	54,5	53,1	52,4	51,0	60,9
2011-2016	57,9	53,7	62,3	55,8	59,2	58,6	56,1	56,5	64,4
2016-2021	58,9	55,5	63,2	56,7	61,2	60,7	57,1	58,1	65,5
2021-2016	59,8	56,6	64,3	57,8	62,4	61,9	58,2	59,4	66,3

Figure 8: Male life expectancy 2001 – 2026

Source: Mid-year population estimates 2022

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



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	54,9	47,3	58,8	50,6	57,9	55,6	55,6	51,5	63,5
2006-2011	57,7	50,5	61,1	53,5	60,8	58,3	57,9	54,6	65,9
2011-2016	64,0	58,8	67,0	62,0	65,8	65,0	62,8	62,9	70,0
2016-2021	64,9	60,6	68,1	63,1	66,6	65,8	63,6	64,5	71,1
2021-2026	66,0	62,2	69,3	64,2	67,7	67,1	64,4	65,7	71,7

Figure 9: Female life expectancy 2001 – 2026

Source: Mid-year population estimates 2022

8.2.3.2 Leading causes of death

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

Narrative on provincial ten leading causes of death:

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

Table 5. Provincial leading causes of death 2018

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

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

Narrative on districts' ten leading causes of death:

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

Table 6. Districts ten leading causes of death 2018

Capricorn		No	%	Mopani		No	%	Greater Sekhukhune		No	%
Influenza and pneumonia (J09-J18)	1	927	7,4	Diabetes mellitus (E10-E14)	1	634	7,1	Cerebrovascular diseases (I60-I69)	1	1114	13,8
Human immunodeficiency virus [HIV] disease (B20-B24)	2	869	7,0	Influenza and pneumonia (J09-J18)	2	500	5,6	Influenza and pneumonia (J09-J18)	2	882	10,9
Diabetes mellitus (E10-E14)	3	844	6,8	Renal failure (N17-N19)	3	443	5,0	Hypertensive diseases (I10-I15)	3	621	7,7
Hypertensive diseases (I10-I15)	4	817	6,5	Tuberculosis (A15-A19)	4	416	4,7	Diabetes mellitus (E10-E14)	4	473	5,8
Tuberculosis (A15-A19)	5	568	4,6	Human immunodeficiency virus [HIV]disease (B20-B24)	5	401	4,5	Other viral diseases (B25-B34)	5	436	5,4
Cerebrovascular diseases (I60-I69)	6	537	4,3	Cerebrovascular diseases (I60-I69)	6	390	4,4	Tuberculosis (A15-A19)	6	394	4,9
Intestinal infectious diseases (A00-A09)	7	360	2,9	Other forms of heart disease (I30-I52)	7	373	4,2	Intestinal infectious diseases (A00-A09)	7	261	3,2
Chronic lower respiratory diseases (J40-J47)	8	296	2,4	Hypertensive diseases (I10-I15)	8	327	3,7	Other forms of heart disease (I30-I52)	8	253	3,1
Other viral diseases (B25-B34)	9	280	2,2	Other viral diseases (B25-B34)	9	323	3,6	Human immunodeficiency virus [HIV] disease (B20-B24)	9	189	2,3
Other forms of heart disease (I30-I52)	10	278	2,2	Intestinal infectious diseases (A00-A09)	10	231	2,6	Other bacterial diseases (A30-A49)	10	128	1,6
Other Natural		5496	44,1	Other Natural		4147	46,6	Other Natural		2671	33,0
Non-natural		1202	9,6	Non-natural		718	8,1	Non-natural		668	8,3
All causes		**12474**	**100,0**	**All causes**		**8903**	**100,1**	**All causes**		**8090**	**100,0**

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

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

8.3 Internal Environmental Analysis

8.3.1 Service Delivery Platform/Public Health Facilities

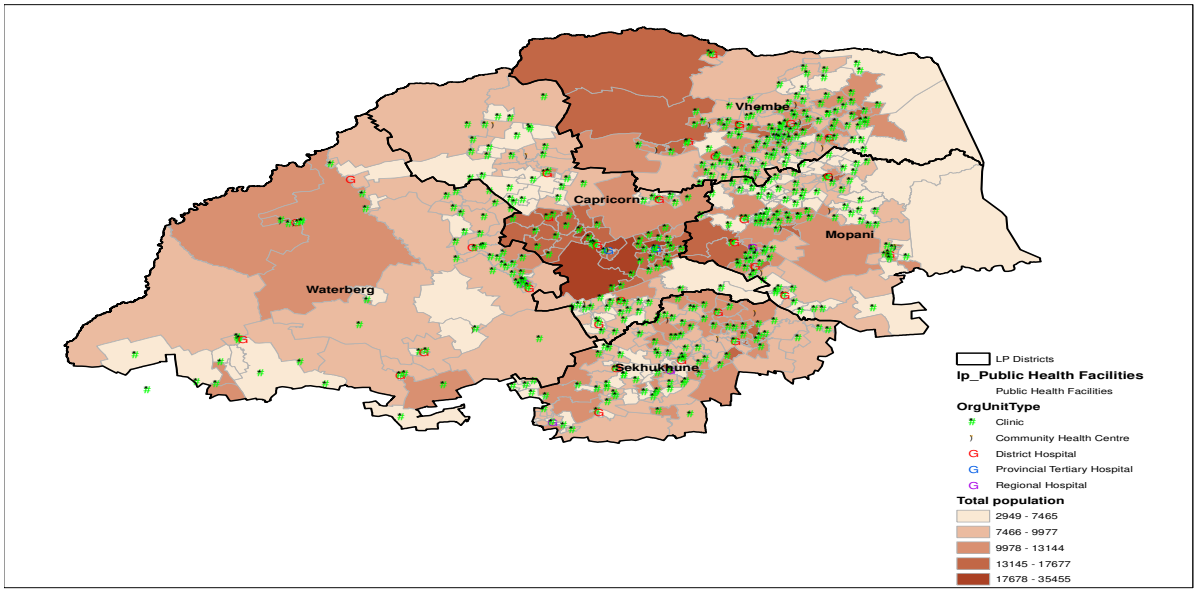


Figure 10: Geographical distributions of Limpopo health facilities

Table 7. District distribution of health facilities

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

Narrative:

Capricorn district is the only district in the province that hosts two tertiary hospitals and has no regional hospital (see Figure 10 and Table 6). District hospitals within Capricorn district refer directly to the tertiary hospitals. The two tertiary hospitals further receive referrals from hospitals in the four other districts. Concomitantly that leaves the tertiary hospitals overburdened which is clear in Capricorn being the highest in maternal mortality nationally. Central to the overburdening

of tertiary hospitals is the regional and district hospitals not providing health services optimally according to their service packages. The department is finalising plans for the implementation of the geographic service area model and the development of a central hospital to stabilise the service delivery platform.

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

8.3.2 Universal Health Coverage (Population and Service Coverage)

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

8.3.2.1 Hospital Care

Expenditure per Patient Day Equivalent (PDE)

Expenditure per patient day equivalent (PDE) is a composite process indicator that connects financial data with service-related data from the hospital admissions and outpatients' records. The indicator measures how the resources available to the hospital are being spent and is a marker of efficiency.

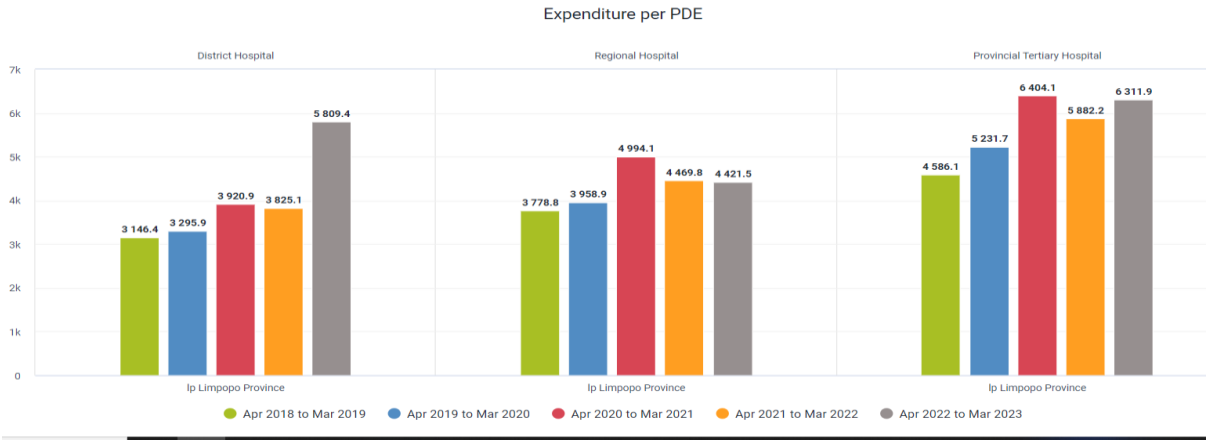


Figure 11. Limpopo per PDE

Source: DHIS

As depicted in Figure 11 expenditure per PDE for all hospital categories has shown a steady rise from 2018/19 to 2020/21 with an average increasing for the district regional and tertiary hospitals respectively. However in 2021/22 financial year expenditure per PDE for all hospital categories

decreased substantially by an amount of R96 R524 and R522 in rand value from 2020/21 baseline expenditure per PDE. The peformance for 2023 shows an increase in PDE for both district and tertiary hospitals from the baseline of 2021/22 financial year. A high expenditure per PDE indicates an inability to use resources efficiently.

Average Length of Stay

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

Table 8. Average length of stay and IBUR

Ip Limpopo Province										
	Average length of stay					Inpatient (usable) bed utilisation rate				
	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022	Apr 2022 to Mar 2023	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022	Apr 2022 to Mar 2023
District Hospital	4.3	4.2	4	4	4.2	73.1	72.9	60.9	62.6	66.6
Regional Hospital	4.4	4.3	4.1	4.6	4.8	71.9	69.8	57.9	62.6	65.8
Provincial Tertiary Hospital	7.5	7.5	7.7	8.3	8.5	82.3	83.4	72.6	83.8	84.6

Source: DHIS

As illustrated in Table 8 ALOS has remained within the target of 7 (seven) for both district and regional hospital for 2018/19 – 2022/23 financial years. For tertiary hospitals there was a slight increase above the target between 2019/20 to 2022/23 financial year. This is attributed to prolonged hospitalisations of severe covid-19 patients given that the two tertiary hospitals were providing critical intensive care services during the pandemic and continue to provide such beyond the pandemic.

Inpatient Bed Utilisation Rate

Inpatient Bed Utilisation rate (IBUR) measures how busy the hospital is and what proportion of beds are being used. As per Table 8 above in the period 2018/2019 to 2020/21 IBUR for all levels of care/hospitals showed a significant decline. The decline observed especially during 2020/21 was due to COVID-19 pandemic lockdown restrictions. However all hospitals managed to improve their utilisation rates in 2021/2022 from 62.6% to 66.6% and from 62.6% to 65.8% in 2022/23 for district and regional hospitals respectively. Tertiary hospitals have shown better improvement at 83 8% IBUR inn 2021/22 from a 2020/21 baseline of 72 6% to 84.6% in 2022/23. The improvement in utilisation rates from 2021/22 for all hospital categories was because of easing of lockdown restrictions following milder covid-19 resurgence peaks.

OPD Client not Referred

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

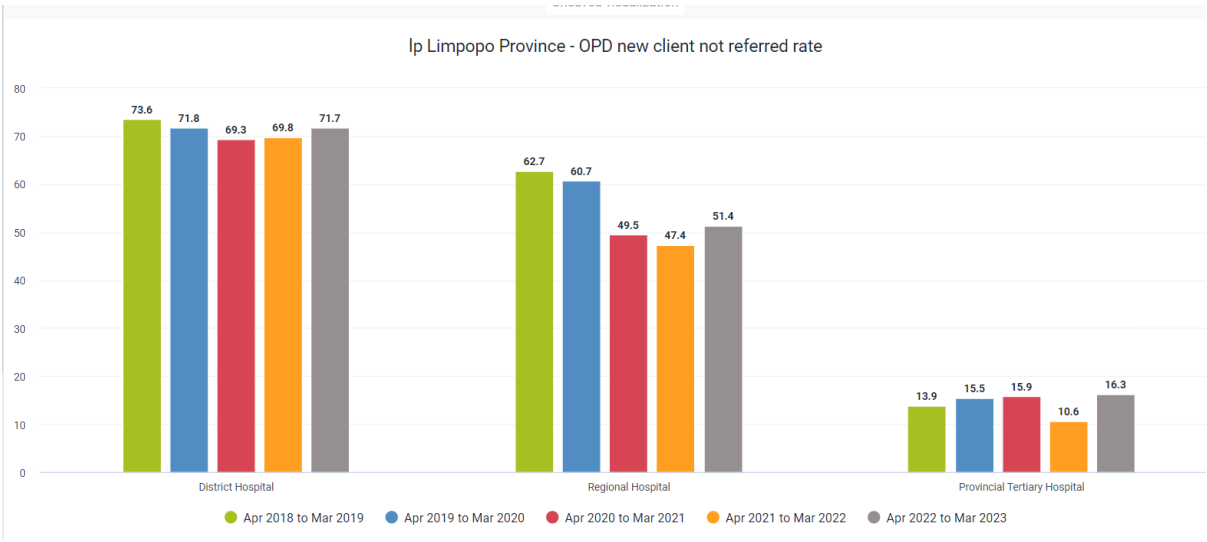


Figure 12. OPD client not referred rate

Source: DHIS

As shown in Figure 12 above OPD new client not referred rate for regional hospitals has been on a downward trend on an annual basis since 2018/19 to 2021/22 and went up to 51.4% in 2022/23. Tertiary hospitals on the other hand showed a fluctuating and unsteady trend between 2019/20 and 2020/21 financial years recording an OPD new clients not referred rate of 15.5% and 15.9% respectively. However in 2021/22 a decrease of 5.3% was noted for tertiary hospitals which was an improvement from the 2020/21 baseline. In 2022/23 a sharp rise was noted for teritiary hosptials from a baselne of 10.6% of 2021/22 to 16.3% in 2022/23. OPD new client not referred rate for district hospitals showed a decline (69.3%) in 2020/21 from a high of 73.6% in in 2018/2019 only to regress in 2021/22 and achieved 69.8% to a further rise of 71.7% in 2022/23. A high OPD new client not referred rate in all hospital categories especially for district hospitals could be as a result of lack of effective referral systems and patient dissatisfaction with the quality of PHC services.

8.3.2.2 Primary health care

PHC utilisation

PHC utilisation rate measures the rate at which PHC services are utilised by clients in the catchment population. Initiatives such Ward Based Outreach Teams (WBOT) and ideal clinic

realisation framework are meant to strengthen the PHC platform so that clinics provide quality services to the target population thereby reducing the need for clients to “self-refer’ to hospitals.

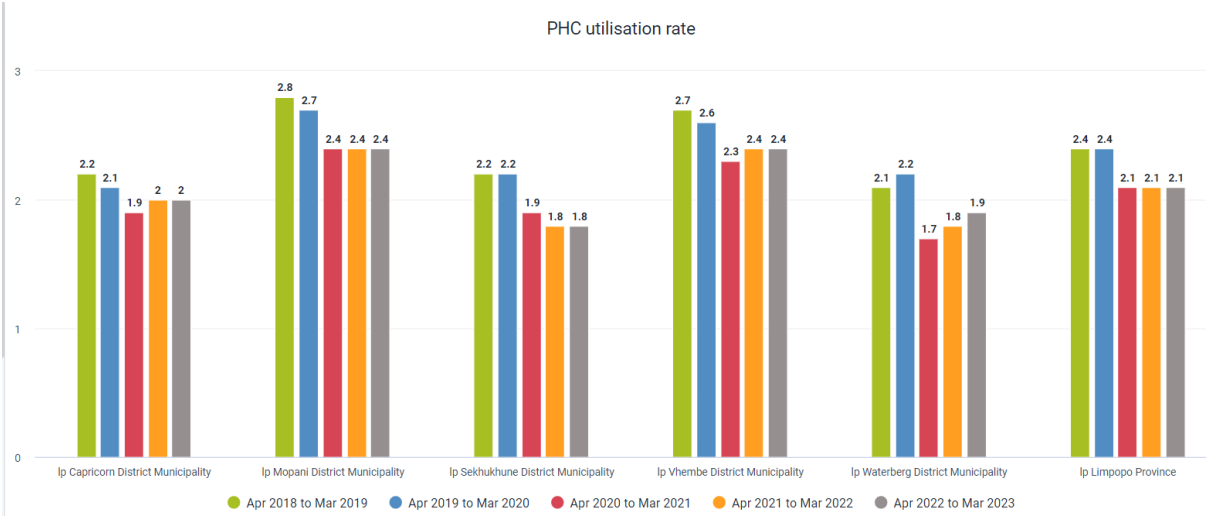


Figure 13. PHC utilisation rate

Source: DHIS

Despite PHC re-engineering efforts PHC utilisation has been on a decline due to many reasons including the implementation of the Centralised Chronic Medicine Dispensing and Distribution programme and improved health services leading to less need for health services. However by-passing of the PHC clinics also contributed negatively to PHC utilisation rate as shown in Figure 12. As at the end of 2022/23 Financial Year provincial PHC Utilisation rate has remained at 2 1% (See Figure 13 above) which is way below the national target of 3.2%. Districts have also followed the provincial trend with only Waterberg showing a constant 0.1% slight improvement from each financial year from 2020/21 through to 2022/23 recording a 1.9%. Lack of medical equipment medicines poor staff attitudes etc. contributes to patient dissatisfaction with PHC facilities thus low utilisation.

8.3.2.3 Ideal Clinic Status

An Ideal Facility is a health facility that provides good clinical care to the health care service users it serves. It provides the users with a good experience of care through its good infrastructure adequate staff adequate medicine and supplies good administrative processes and adequate bulk supplies. The National Operation Phakisa that was launched in 2014 sought to ensure that PHC facilities in the country obtain ideal clinic status in preparation for National Health Insurance. In the province the Ideal Clinic Realization and Maintenance (ICRM) performance was on a steady incline between the start of the programme in 2014/15 until 2017/18. The LDOH has been unable to improve and/or sustain the performance and the assessment scores fluctuated because of some facilities struggling to maintain the previously obtained ideal status while others that had not previously performed well managed to obtain status in between the assessments.

Between 2017/18 and 2018/2019 the department showed a sustained upward trend of ideal clinic status obtained annually with 2017/18 financial year being the year with the highest performance achieved thus far with 214 clinics having obtained ideal status. Of the 214 facilities that achieved ideal clinic status in 2017/18 only 80 were still ideal in 2022/23 despite the average score of the remaining 133 facilities being 84%. During the covid-19 pandemic years the trend declined as expected having attained 86 (18%) ideal facilities for 2019/20 (refer to Figure 14 below). With the slowing of the pandemic the department is slowly regaining the lost ground despite the fluctuations. For 2020/21 the department managed to report 167 (35%) clinics having achieved ideal status a slight drop to 134 (28%) for 2021/22 and another increase for 2022/23 to 154 (33%) of PHC facilities obtaining ideal status.

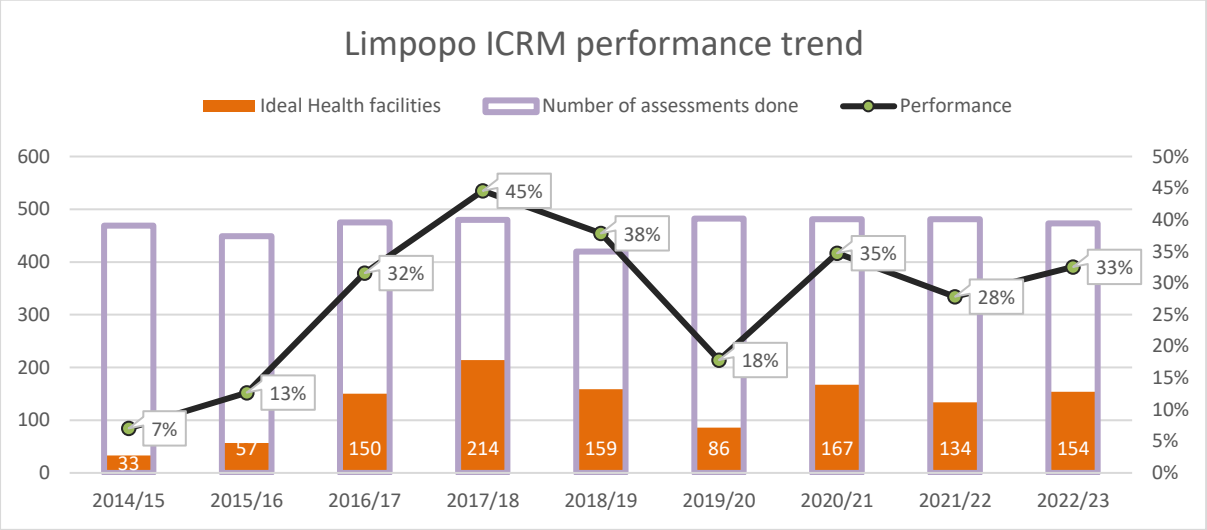
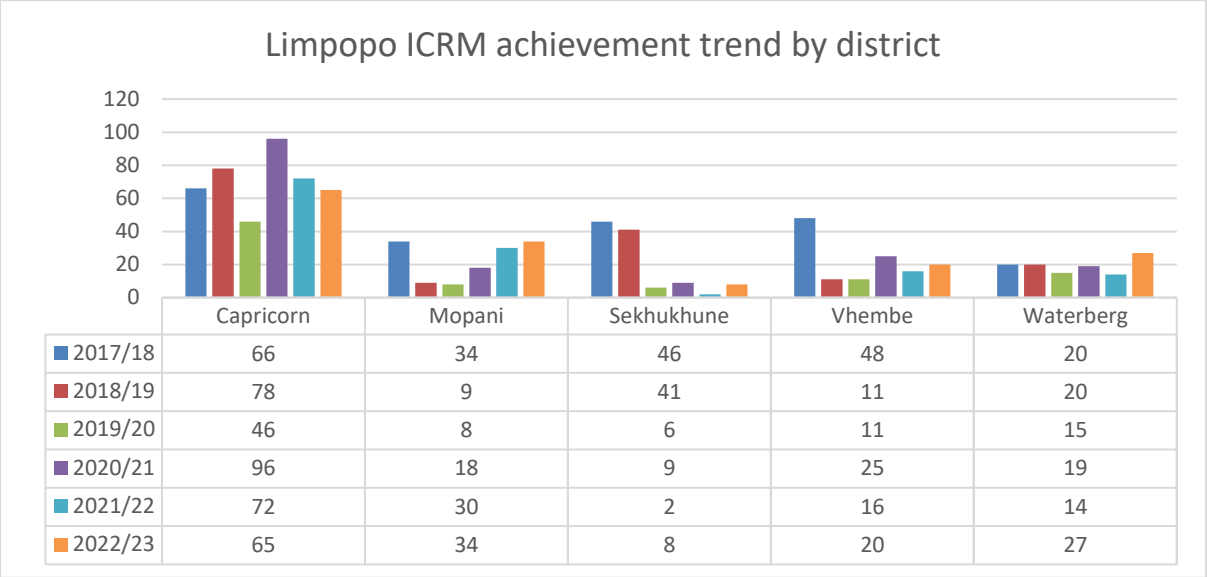


Figure 14. Limpopo ICRM performance trend

Source: Ideal clinic monitoring system

Further districts' performance on ideal clinic status obtained resembles the provincial performance with a sustained upward trajectory for 2017/18 and 2018/19 for Capricorn district (see Figure 15 below). which has achieved more compared to other districts given that its performance peaked at 96 clinics having achieved ideal status in 2020/21 while Sekhukhune achieved the lowest number (9) of ideal clinics in the same year. A significant improvement was achieved by Mopani district in the 2021/2022 financial (30) from 18 the previous financial year when all other districts dropped their performance with the lowest score ever obtained in the province being that of Sekhukhune district with only (2) facilities obtaining ideal status that same year. The districts showed an improvement of performance in 2022/23 financial year with the most improved district being Waterberg from (14) ideal facilities in 2021/2022 to (27) ideal facilities by the end of the 2022/23 financial year.



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg
2017/18	66	34	46	48	20
2018/19	78	9	41	11	20
2019/20	46	8	6	11	15
2020/21	96	18	9	25	19
2021/22	72	30	2	16	14
2022/23	65	34	8	20	27

Figure 15. Limpopo ICRM achievement trend by district

Source: Ideal clinic monitoring system

Factors contributing to poor maintenance of ideal clinic status by facilities include amongst others shortage of equipment for emergency trolley specifically the non-negotiable vitals. In the 2022/2023 financial year 94 of the facilities that did not maintain their ideal status only failed on the non-negotiable vital elements which had not been part of the programme in 2017/18. To improve all components of ideal clinic realization framework a holistic approach to quality assurance will be required. Continuous inspections on compliance with standards without adequate root cause analysis and lack of follow-up on quality improvement plans will not change/improve the status quo. Development and implementation of quality improvement plans with adequate training of staff on quality improvement methodologies is required to ensure long lasting quality improvement. The department will increase the budgets for medicines to ensure procurement of all essential medicines and those for emergency trolleys.

8.3.2.4 Quality of care

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

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

- Complaints management

- Patient safety Incidence management
- Patient Experience of Care satisfaction

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

Complaints Management

Patient complaint is a sign of patient dissatisfaction or discontent about a specific health service being given and or care being provided. It is a proxy measure of healthcare quality. Key aims of complaint management in a health system are to resolve complaints/problems closest to the point of origin as possible to satisfy the concerns of a patient or their families learn from the complaints to prevent recurrence and avoid litigations. Lodging a complaint from a patient perspective is to seek an apology or explanation from the health service which if handled and addressed speedily to the satisfaction of a patient could prevent escalation of complaints to litigations.

For the period 2020/2021 – 2022/23 the department recorded a decline of 15% in overall complaints received which could be due to the impact of COVID-19 pandemic (Table 8). However the department had an improvement in complaints resolution rate of 9% between 2020/21 and 2022/23 (Figure 16). Despite this notably improvement in complaints resolution rate across districts Vhembe showed a marked decline of about 5% in resolution rate between 2020/21 and 2022/23. This may probably signify the escalating contingent liability that the district is currently facing.

Table 9. Number of complaints received resolved and complaints resolution rate (CRR) per district (2020 – 2023)

	2020/21			2021/22			2022/23		
	Rec	**Resol**	**CRR**	**Rec**	**Resol**	**CRR**	**Rec**	**Resol**	**CRR**
Capricorn	417	391	93,8	386	347	89,9	472	415	87,9
Mopani	377	356	94,4	313	296	94,6	233	213	91,4
Sekhukhune	232	200	86,2	257	246	95,7	313	291	93,0
Vhembe	257	224	87,2	238	194	81,5	192	171	89,1
Waterberg	198	192	97,0	220	206	93,6	288	275	95,5
Limpopo	1481	1363	92,0	1414	1289	91,2	1498	1365	91,1

Source: DHIS

The department has seen a steady increase of 2 - 3% of complaints resolved within 25 working days (Figure 16) from 2020 /21 to 2022/23 financial years with all districts showing similar trends except for Vhembe district which continued to perform dismally at 75%. This however still falls short of the overall expected target of 100% resolution rate of all complaints within 25 working days. Resolving complaints within 25 days is critical in ensuring that the health system is seen to be responsive to patients needs and concerns.

Majority of complaints occur as result of patient care related factors followed by complaints emanating from factors related to physical access waiting times and staff attitudes. Improving complaints management will require addressing a myriad of activities from ensuring that facilities have appropriate and functional complaints governance committees strengthen Batho Pele principles and staff to learn from the complaints received to prevent recurrence.

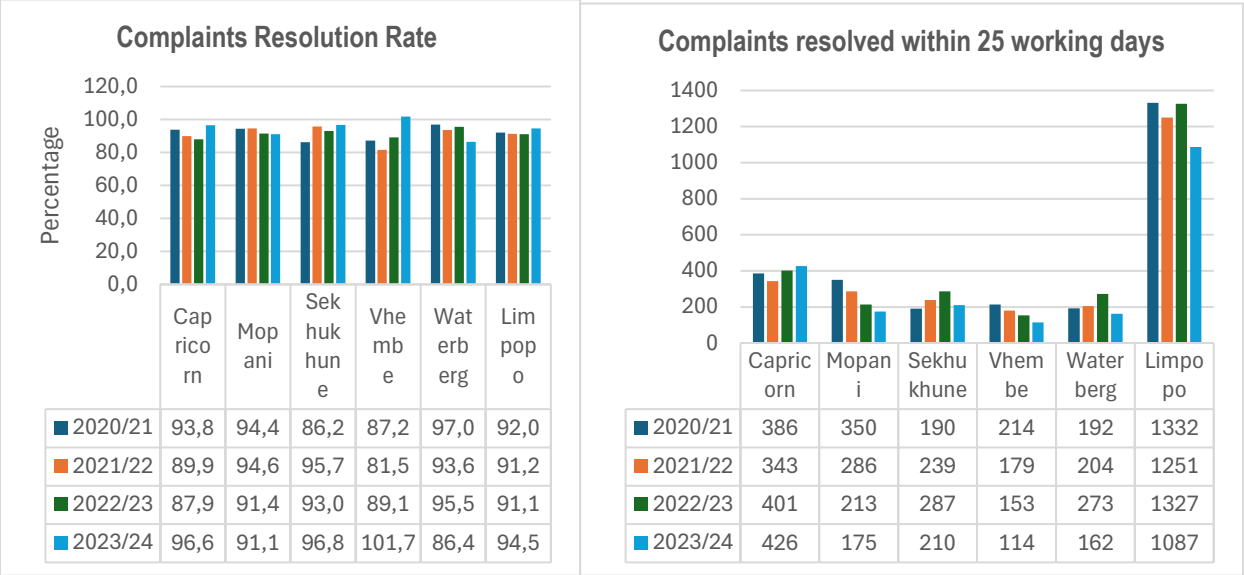


Figure 16. Complaints resolution rate and number of complaints resolved within 25 working days

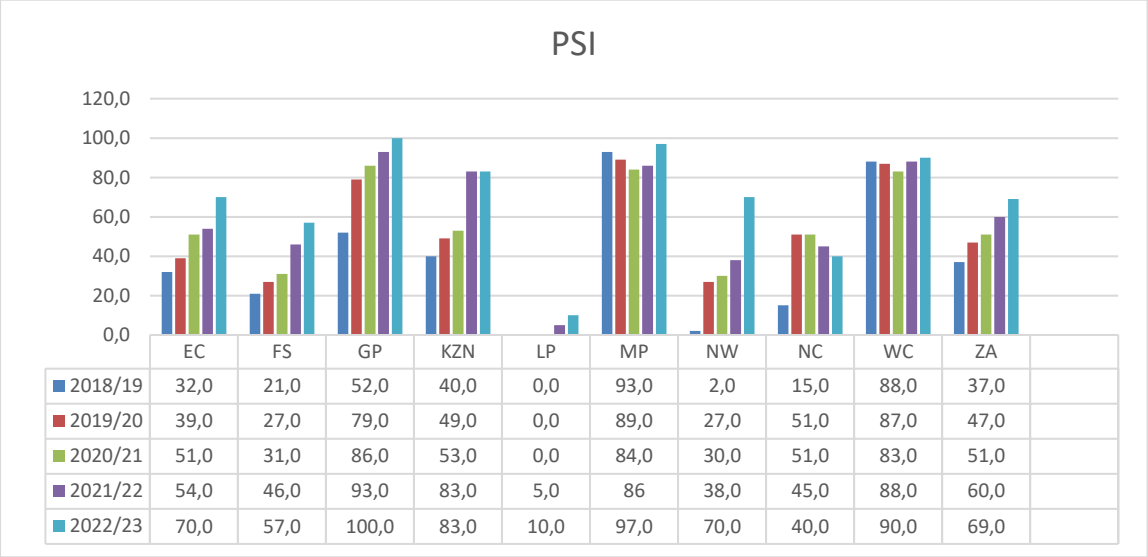
Source: DHIS

Patient Safety Incidence (PSI)

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

Since the launch of the National Guideline for Patient Safety Incident Reporting and Learning in 2018 the department has recorded two-thousand four hundred and ten (2410) PSIs overall on the national online PSI reporting system (refer to Table 9 below). This is low compared to other provinces such as Gauteng Western Cape Kwazulu-Natal etc. who reported in excess of two thousand (2000) incidents annually (as depicted in Figure 17 below) for the period 2018 - 2021. Underreporting of patient incidents could be due to a lack of culture of reporting clinical errors from staff partly as a result of fear of victimisation.

For South Africa the Compliance rate for PSIs has increased with 32% from 37% in the 2018/19 to 69% in the 2022/23 financial year. Nationally the Compliance rate for PSI has decreased by 6% from the 2022/23 financial year to the 1 st quarter of the 2023/24 financial year (Fig 2). Limpopo and Northern Cape have a compliance rate of less than 50% in the 1st quarter while Free State has a compliance rate just above 50%. Only three provinces i.e. Gauteng Mpumalanga and Western Cape have a compliance rate of 75% or more which is the target set for the 2023/24 financial year.

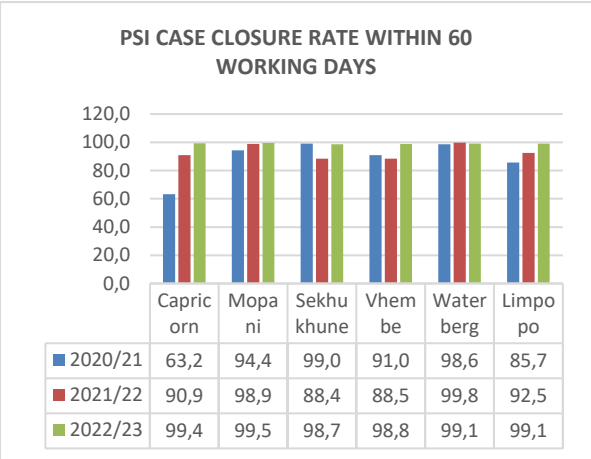


	EC	FS	GP	KZN	LP	MP	NW	NC	WC	ZA
2018/19	32,0	21,0	52,0	40,0	0,0	93,0	2,0	15,0	88,0	37,0
2019/20	39,0	27,0	79,0	49,0	0,0	89,0	27,0	51,0	87,0	47,0
2020/21	51,0	31,0	86,0	53,0	0,0	84,0	30,0	51,0	83,0	51,0
2021/22	54,0	46,0	93,0	83,0	5,0	86	38,0	45,0	88,0	60,0
2022/23	70,0	57,0	100,0	83,0	10,0	97,0	70,0	40,0	90,0	69,0

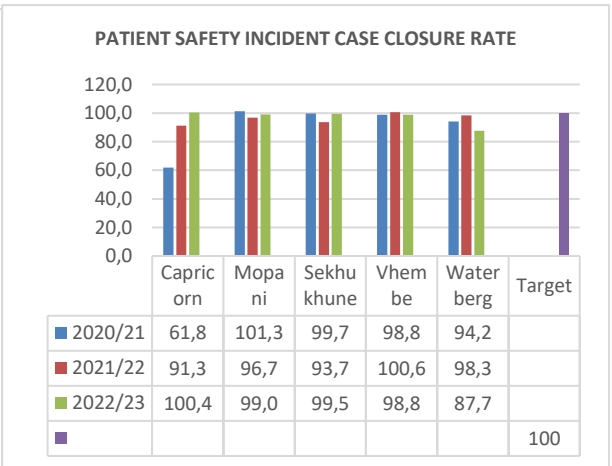
Figure 17. Number of PSI cases captured (2018/19 – 2022/23)

Source: National Patient Safety Incidents web-based system

Most district failed to achieve the target of 100% which probably results in these cases not resolved. Capricorn district has achieved 100.4% due to which may be due to overlapped incidences as depicted in Figure 18.



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Limpopo
2020/21	63,2	94,4	99,0	91,0	98,6	85,7
2021/22	90,9	98,9	88,4	88,5	99,8	92,5
2022/23	99,4	99,5	98,7	98,8	99,1	99,1



	Capricorn	Mopani	Sekhukhune	Vhembe	Waterberg	Target
2020/21	61,8	101,3	99,7	98,8	94,2	
2021/22	91,3	96,7	93,7	100,6	98,3	
2022/23	100,4	99,0	99,5	98,8	87,7	
						100

Figure 18. PSI case closure rates per district (2020/21 – 2022/23)

Source: DHIS

In 2020/21 achieved the patient safety incidence closure within 60 working days of 101.1% which is above the target. This resulted due to an overlap from the previous financial year. In the Vhembe district there was an overlap of 1.2% from the 2020/21 to 2021/22. Probably cases which were not resolved might resulted in litigation that are confronting the province. In 2022/23 the province still remained below 100% with an achievement of 98%. Capricorn district obtained 100.4% which is above the target by 0.4%.

Patient Experience of Care

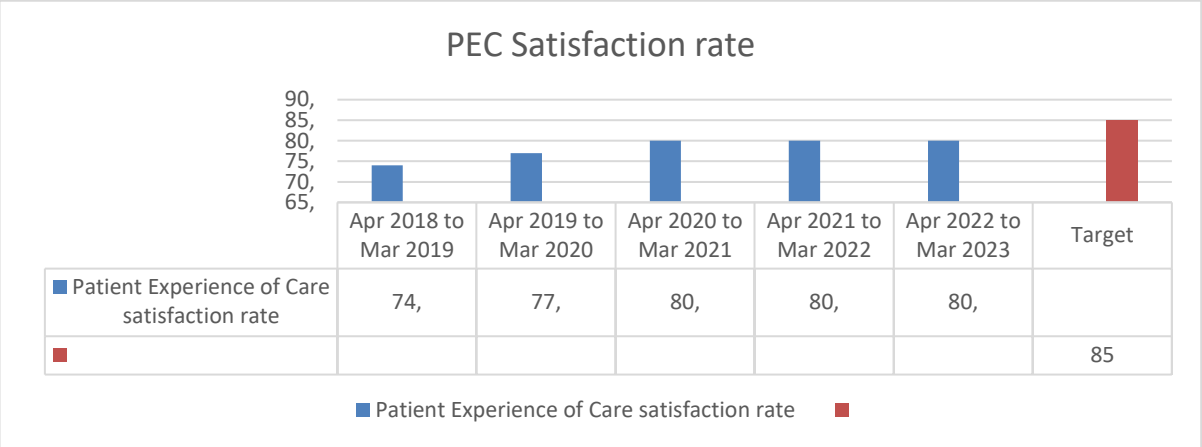


Figure 19. Patient experience of care (2018/19 – 2022/23)

Source: DHIS

As demonstrated in Figure 19 the province did not achieve the target from yr 2018/19 to 2022/23. There has been a consistency in patient satisfaction rate from yr 2020/21 to 2022/23. The province achieved the lowest PEC satisfaction rate of 74% in yr 2018/2019.

Values & attitudes

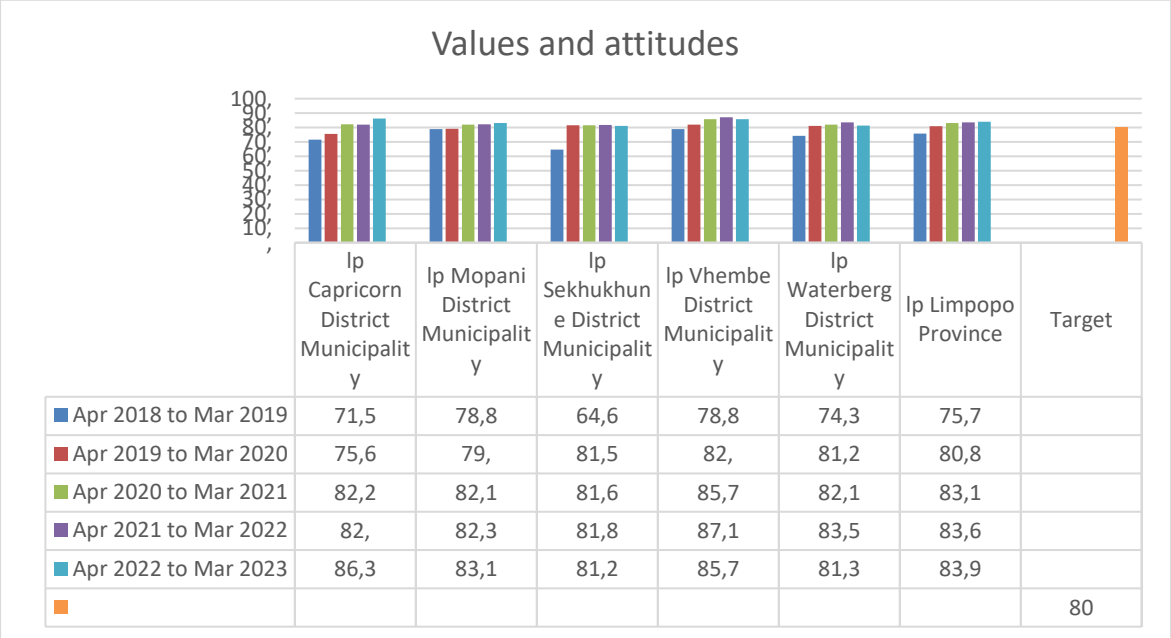


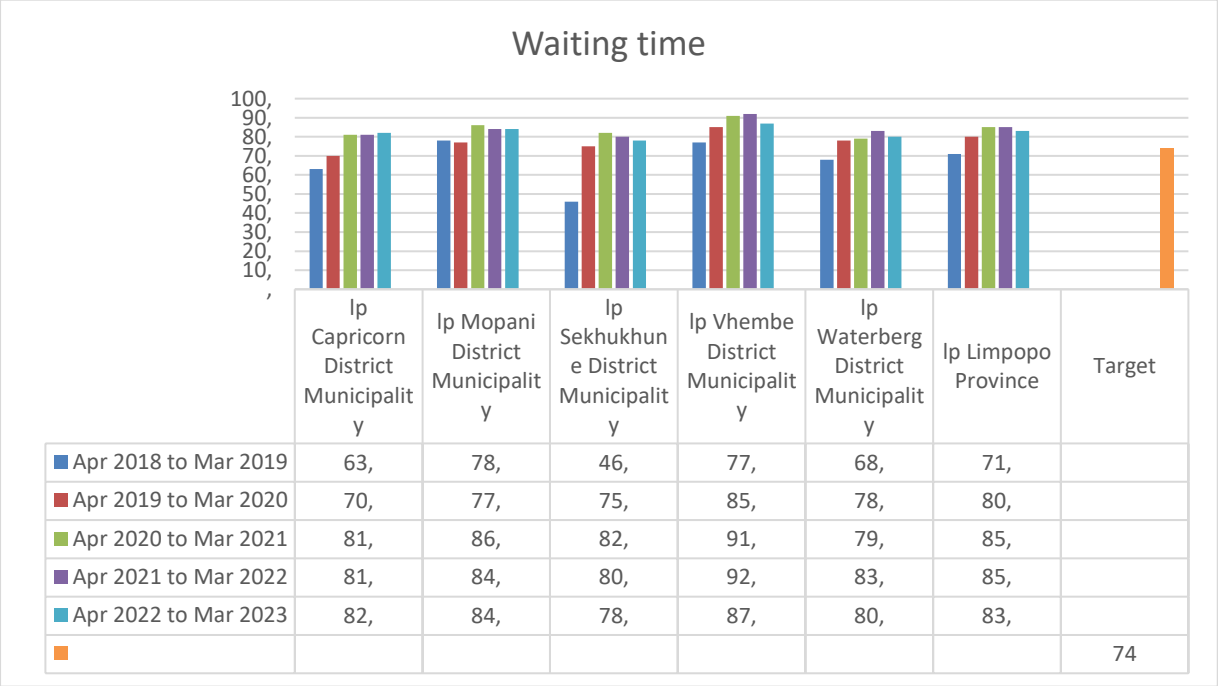
Figure 20. Values & Attitudes

Source: DHIS

In 2018/19 Sekhukhune district and Capricorn district achieved 64.6% and 71.5% respectively which is below the target of 74% for values and attitudes (refer to Figure 20). Provincially there has been a drastic improvement from 75.7% to 83.9% regarding values and attitude. All the districts achieved above 80% in the year 2022/23.

Patient waiting times

Further regarding Figure 21 below the province managed to achieve 83.% which is above the patient waiting time target of 74%. Mopani district is leading with 84% in 2022/23 f/y. Overall all the districts managed to perform above the provincial target of 74% in 2022/23 f/y.



	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	lp Limpopo Province	Target
Apr 2018 to Mar 2019	63,	78,	46,	77,	68,	71,	
Apr 2019 to Mar 2020	70,	77,	75,	85,	78,	80,	
Apr 2020 to Mar 2021	81,	86,	82,	91,	79,	85,	
Apr 2021 to Mar 2022	81,	84,	80,	92,	83,	85,	
Apr 2022 to Mar 2023	82,	84,	78,	87,	80,	83,	
							74

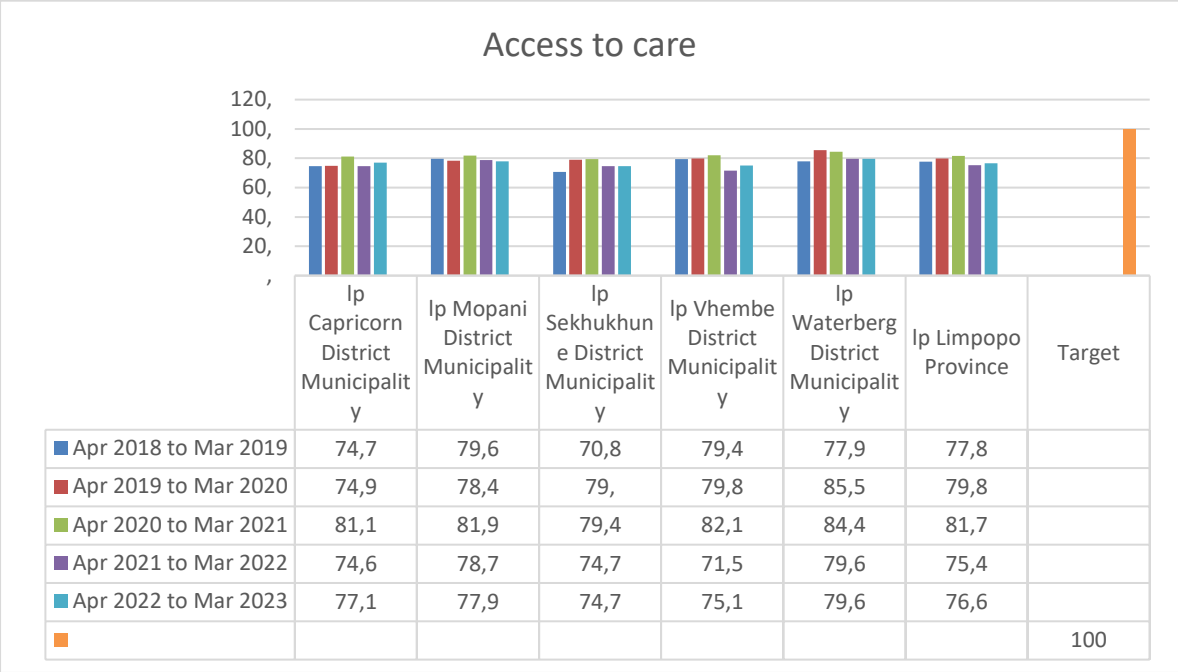
Figure 21. Patient waiting time

Source: DHIS

Access to Care

For 2018/19 to 2022/23 the province achieved below the target of 100% with regard to access to care (as shown in Figure 22 below). In 2018/19 access to care improved by 12% from 77.8% to 79.8% and in 2020/21 to 2021/22 it decreased by 6.3% increased by 1.9%. The COVID-19 pandemic led to an erratic attendance at our facilities which gave an impression of decreased

access. However with normalisation of services access is expected to improve.

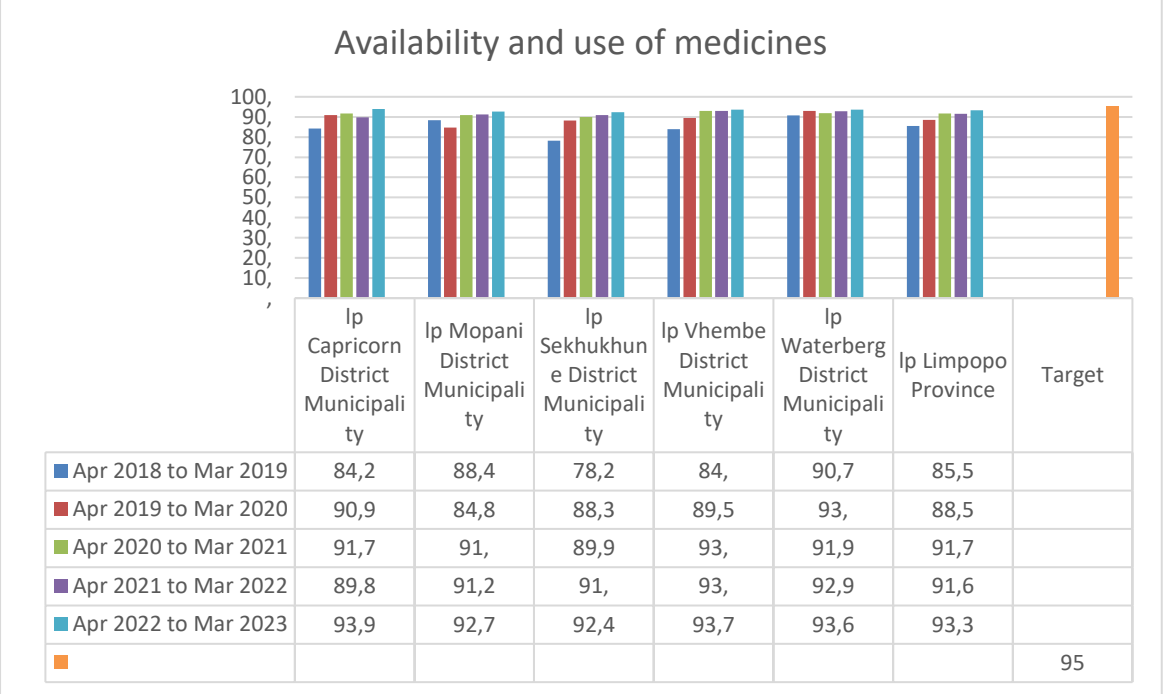


	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	lp Limpopo Province	Target
Apr 2018 to Mar 2019	74,7	79,6	70,8	79,4	77,9	77,8	
Apr 2019 to Mar 2020	74,9	78,4	79,	79,8	85,5	79,8	
Apr 2020 to Mar 2021	81,1	81,9	79,4	82,1	84,4	81,7	
Apr 2021 to Mar 2022	74,6	78,7	74,7	71,5	79,6	75,4	
Apr 2022 to Mar 2023	77,1	77,9	74,7	75,1	79,6	76,6	
							100

Figure 22. Access to care

Source: DHIS

Availability of medicines



	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	lp Limpopo Province	Target
Apr 2018 to Mar 2019	84,2	88,4	78,2	84,	90,7	85,5	
Apr 2019 to Mar 2020	90,9	84,8	88,3	89,5	93,	88,5	
Apr 2020 to Mar 2021	91,7	91,	89,9	93,	91,9	91,7	
Apr 2021 to Mar 2022	89,8	91,2	91,	93,	92,9	91,6	
Apr 2022 to Mar 2023	93,9	92,7	92,4	93,7	93,6	93,3	
							95

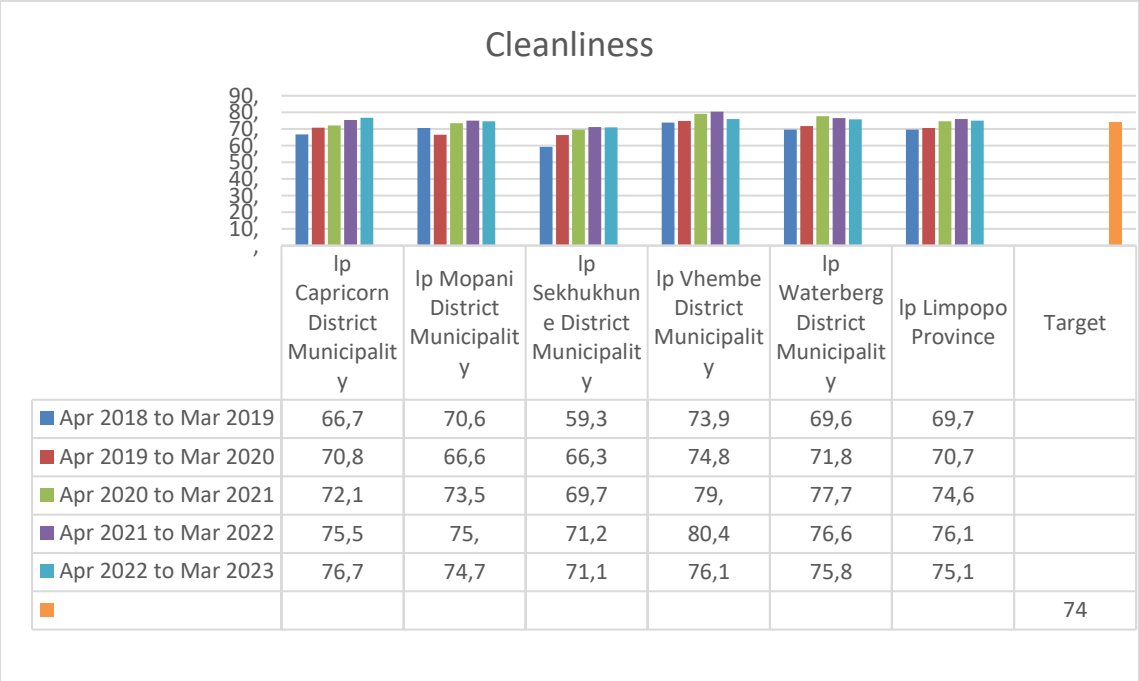
Figure 23. Availability of medicines

Source: DHIS

Availability of medicine remains the challenge with all the districts not achieving the target of 95%. According to Figure 23 in 2018/19 Sekhukhune district achieved below 78.2% with Waterberg achieving the highest score of 90.7%. There is a marked improvement of availability of medicine in all the district from 2019/20 to 2020/21. Capricorn district availability of medicine declined from 91.7% to 89.8% with the other four districts increasing their score. The challenge is due to an increase in the number of section 21 items such as Medroxy-progesterone all items not awarded on new national contracts (30 items) e.g. Clonazepam Lorazepam etc. including shortage of Active Pharmaceutical Ingredients (API) on fast moving items like paracetamol and Simvastatin.

Cleanliness

According to Figure 24 below the province managed to achieve 75.1% which is above the target of 74% on cleanliness in 2022/23. There has been a marked improvement from 69.7% in 2018/19 to 75.1% in 2022/23. All districts managed to improve yearly in the past five years. Capricorn district achieved the highest performance of 76.7% as compared to Sekhukhune district with a performance of 71.1%.

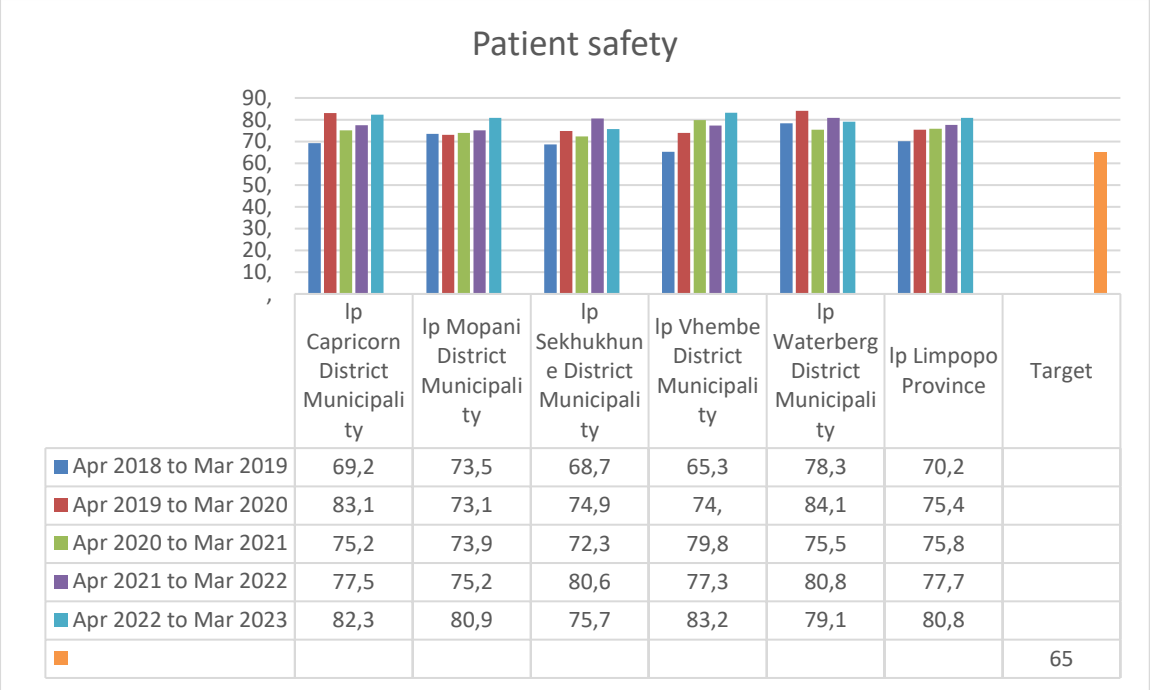


	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	lp Limpopo Province	Target
Apr 2018 to Mar 2019	66,7	70,6	59,3	73,9	69,6	69,7	
Apr 2019 to Mar 2020	70,8	66,6	66,3	74,8	71,8	70,7	
Apr 2020 to Mar 2021	72,1	73,5	69,7	79,	77,7	74,6	
Apr 2021 to Mar 2022	75,5	75,	71,2	80,4	76,6	76,1	
Apr 2022 to Mar 2023	76,7	74,7	71,1	76,1	75,8	75,1	
							74

Figure 24. Cleanliness

Source: DHIS

Patient Safety



	lp Capricorn District Municipality	lp Mopani District Municipality	lp Sekhukhune District Municipality	lp Vhembe District Municipality	lp Waterberg District Municipality	lp Limpopo Province	Target
Apr 2018 to Mar 2019	69,2	73,5	68,7	65,3	78,3	70,2	
Apr 2019 to Mar 2020	83,1	73,1	74,9	74,	84,1	75,4	
Apr 2020 to Mar 2021	75,2	73,9	72,3	79,8	75,5	75,8	
Apr 2021 to Mar 2022	77,5	75,2	80,6	77,3	80,8	77,7	
Apr 2022 to Mar 2023	82,3	80,9	75,7	83,2	79,1	80,8	
							65

Figure 25. Patienty Safety

Source: DHIS

Figure 25 above shows that the province managed to achieve 80.8% which is above the target of 65% on patient safety. There was an increase of 10.6% from 2018/19 to 2022/23. However a decline was observed in Sekhukhune and Waterberg district in year 2022/23.

8.3.3 Women and Maternal Health

Women's Health Trends

Couple year protection

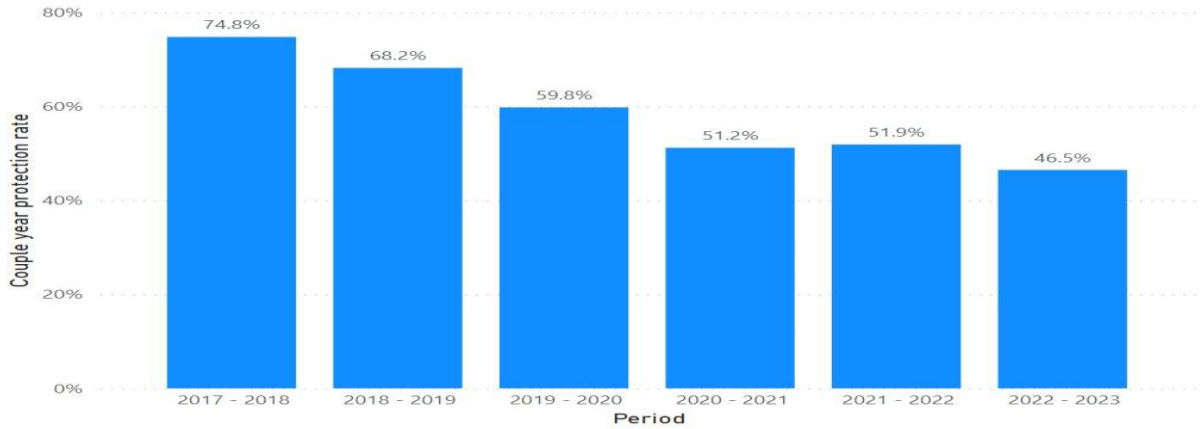


Figure 26. Couple year protection

Source: DHIS

According to Figure 26 above couple-year protection has shown a steady decrease over the years. The financial year 2022/2023 had the lowest rate of 46.5% against the target of 50%. The decline in the performance of the indicator is due to inconsistent supply of contraceptive methods including male and female condoms. This can be dealt with by monthly monitoring of stock levels at facility level stock rotation and marketing the uptake of available methods of contraceptive.

Antenatal 1st visit before 20 weeks rate

According to Figure 27 below the performance on antenatal first visit before 20 weeks rate has surpassed the 65% target. There was a steady increase from the financial year 2017/2018 with a peak in the financial year 2019/2020. However the performance decreased (66%) in the subsequent financial years due to COVID-19 lockdown restrictions. The increase in performance for the past financial year is the result of health education about the importance of early ANC bookings given in all health facilities.

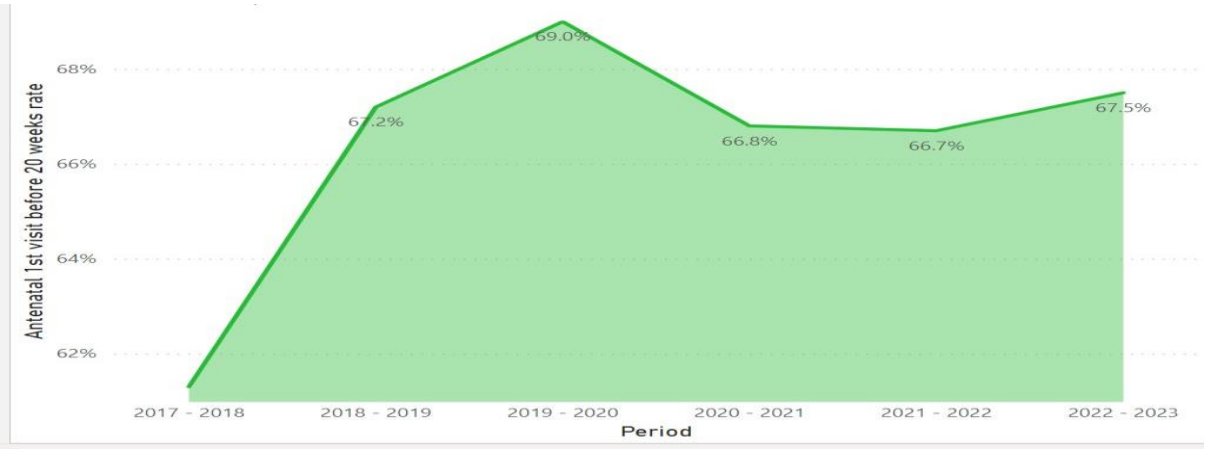


Figure 27. Antenatal 1st visit before 20 weeks rate (2017-2022)

Source: DHIS

Delivery 10 to 19 years in facility

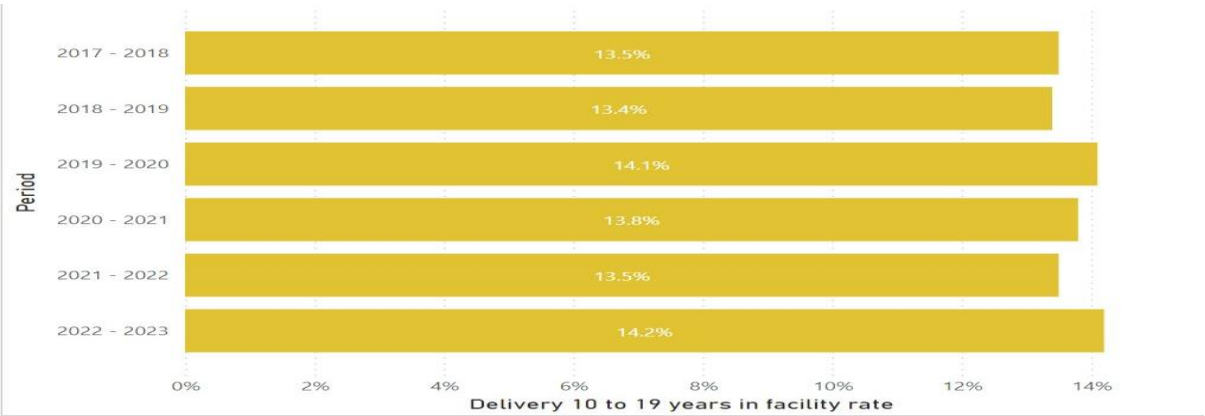


Figure 28. Delivery 10-19 years in facility

Source: DHIS

Narrative:

The delivery rate in the 10-19 years age group in facility rate (Figure 28 above) has remained constant over the years ranging around 13% against a target of 14%. The inconsistent supply of contraceptive methods resulted in a slight increase (14.2%) in the financial year 2022/2023. This can be dealt with by monthly monitoring of stock levels at facility level stock rotation and marketing the uptake of available methods of contraceptive. The provincial Departments of Health Social Development and Basic Education (DOH DSD and DBE) have collaboratively developed a provincial strategy to address teenage pregnancy.

Mother postnatal visit

Figure 29. Mother postnatal visit within 6 weeks

Source: DHIS

Narrative:

In relation to Figure 29 mother postnatal visit within 6 days rate has been performing above the target of 95%. This is due to health education given in facilities about the importance of postnatal care visits. The financial year 2019/2020 had the highest number of visits by mothers for postnatal assessment within 6 days (105%). This is related to pregnant women who gave birth in other provinces attending their postnatal visits in the province. There was a noticeable decline in the financial year 2020/2021 (94.7%) which is attributed to the effects of COVID-19 restrictions. The performance in the previous financial years 2021/2022 and 2022/2023 has surpassed the 95% target.

Maternal Health

Maternal death is death occurring during pregnancy childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100 000 live

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

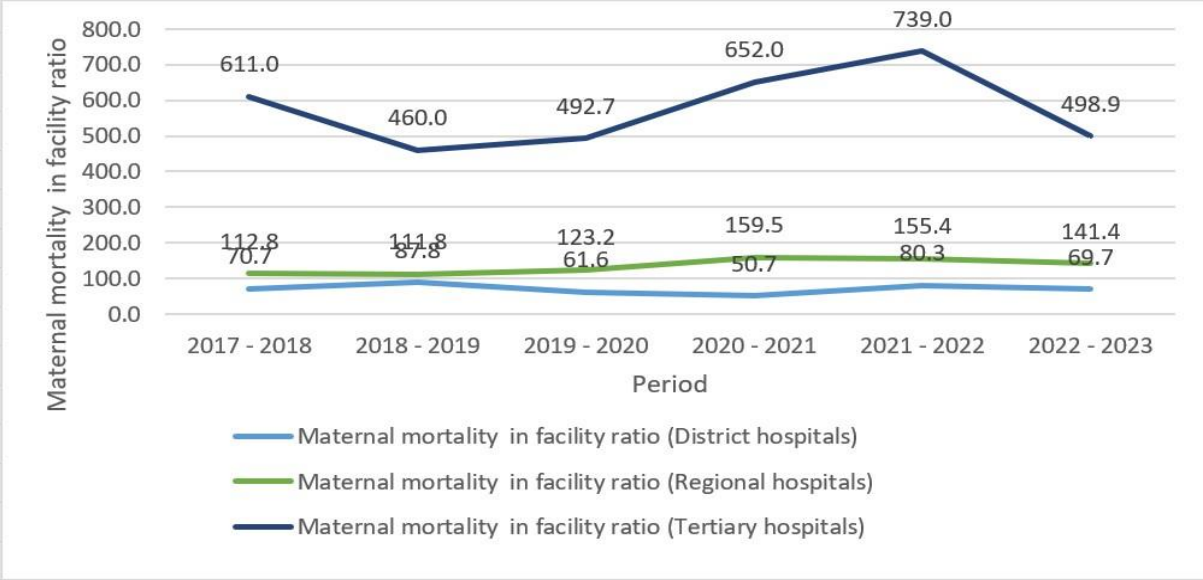


Figure 30. Maternal mortality (District hospitals)

Source: DHIS

Narrative:

Besides the significant rise during financial year 2018/2019 the maternal mortality in facility ratio for district hospitals as demonstrated in Figure 30 remained below 100 per 100 000 live births. The target for financial year 2022/2023 (60/100 000 live births) was not met as most women died due to post-partum hemorrhage and HIV/TB coinfection. The districts hospital must intensify management of post-partum hemorrhage and HIV/TB infections as per Maternal Health Standards to reduce these deaths.

During the financial year 2022/2023 the maternal mortality in facility ratio for Regional Hospitals exceeded the target of 130 per 100 000 live births (141 per 100 000). These challenges will be addressed through implementation of BANC plus and maternal health standards.

The maternal mortality in facility ratio for tertiary hospitals (as shown in Figure 30) for the financial year 2022/2023 was below the target of 550 /100 000 live births (498.9/ 100 000 live births) due to adherence to clinical protocols.

8.3.4 Child Health

Live birth under 2500g

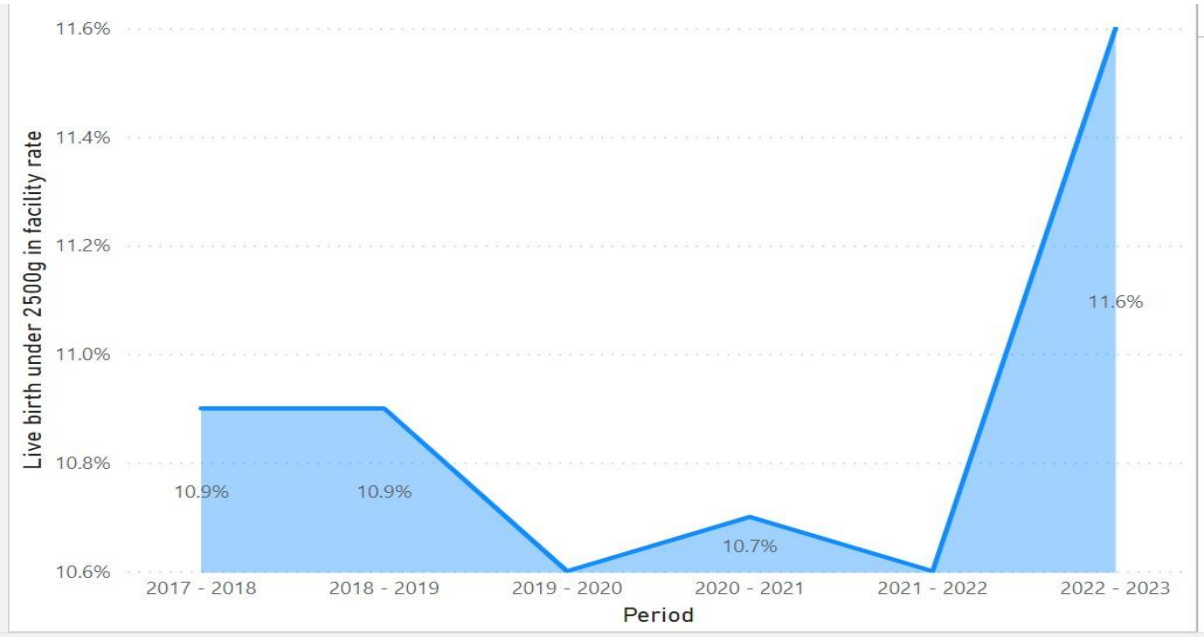


Figure 31. Live birth under 2500g in facility

Source: DHIS

Narrative:

According to Figure 31 the live birth under 2500g in facility rate has decreased from financial year 2018/2019 (10.9 per 1000 live births) to (10.6 per 1000 live births) during financial year 2021/2022. Although there was a significant rise during the 2022/2023 (11.6 per 1000 live births) this performance is still below the target of 12 per 1000 live births. The sustained performance is due to the continued implementation of Basic Antenatal Care.

Neonatal (<28 days) death

Narrative:

The department is not achieving the set target of 12 per 1000 live births. As depicted in Figure 32 below the death among neonates is higher in the financial year 2019/2020 at 14.3 per 1000 live birth. The years financial year 2022/2023 had 13.1 neonatal death per 1000 live birth as children died due to severe prematurity and asphyxia. The department will intensify the implementation of BANC Plus to reduce the neonatal death.

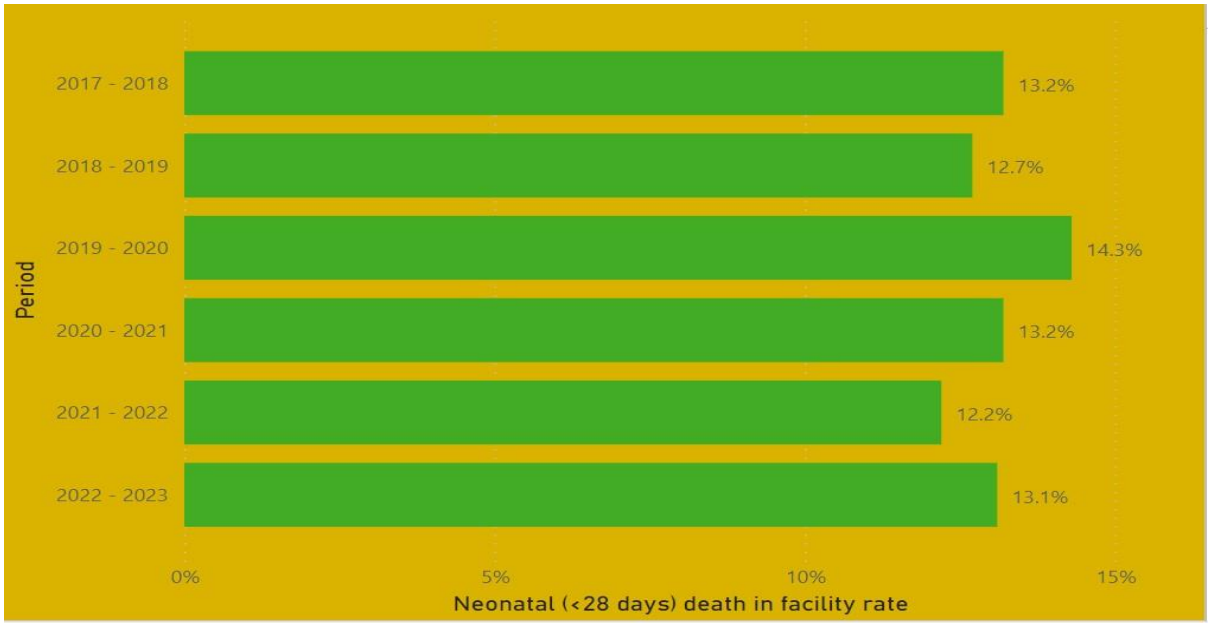


Figure 32. Neonatal (<28 days) death in facility

Source: DHIS

Child under 5 years diarrhoea fatality

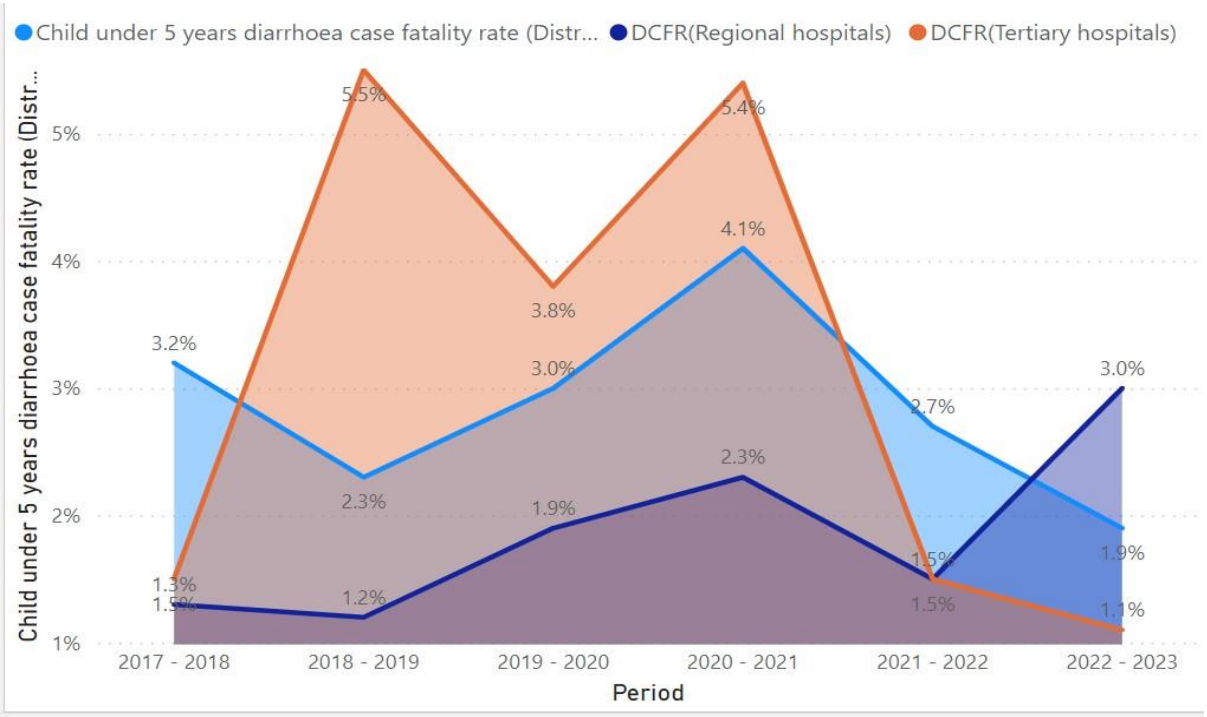


Figure 33. Under five years diarrhoea case fatality rate

Source: DHIS

Narrative:

The case fatality rate of children under 5 years due to diarrhea as in Figure 33 was mostly observed in the financial years 2019/2020 and 2020/2021. Most deaths because of diarrhea were

generally high in tertiary hospitals followed by district hospitals and regional hospitals had the lowest. Districts and tertiary hospitals achieved their targets of 4% and 4.5% respectively while regional hospitals struggled to achieve their set target of 2%. The good performance in district hospitals is attributed to capacity building of medical officers by specialists from regional /tertiary hospitals through outreach visits while low performance from regional hospitals is linked to the use of herbal medicine which can be addressed through continuation of awareness campaigns on early seeking health care and the danger of using traditional medicine on children.

Child under 5 years pneumonia fatality

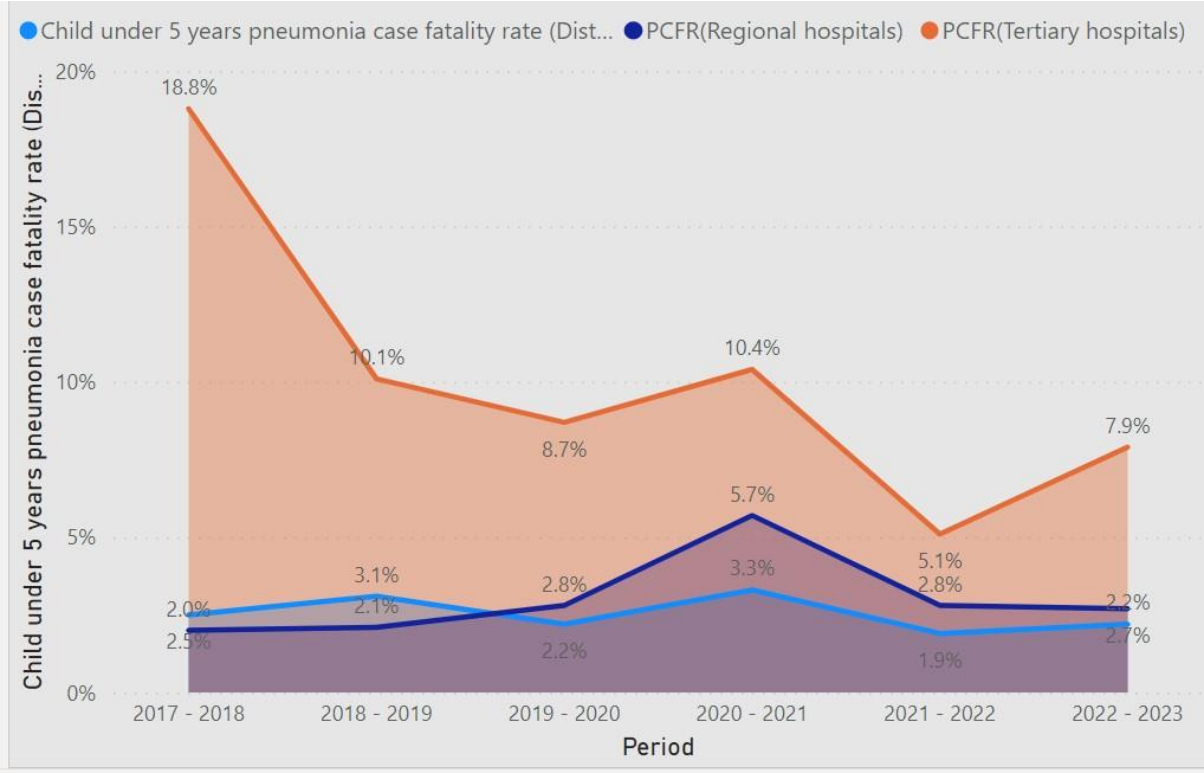


Figure 34. Child under 5 years pneumonia case fatality

Source: DHIS

Narrative:

Child under 5 years pneumonia case fatality rate according to Figure 34 was the highest for provincial hospitals in financial year 2017/2018 followed by 2018/2019 and 2020/21 and improved performance was realized in the 2021/2022 financial year with a subsequent rise for 2022/2023. Regional hospitals' performance has been constantly low except in the financial year 2020/2021. For the financial year 2022/2023 all level of care performance was good (below the target of 3.3% - Districts Hospitals 3.5% - Regional Hospitals and 9% -Tertiary Hospitals) due to improved case management of children through capacity building by specialists from regional/tertiary hospital through outreach.

Child under 5 years severe malnutrition fatality

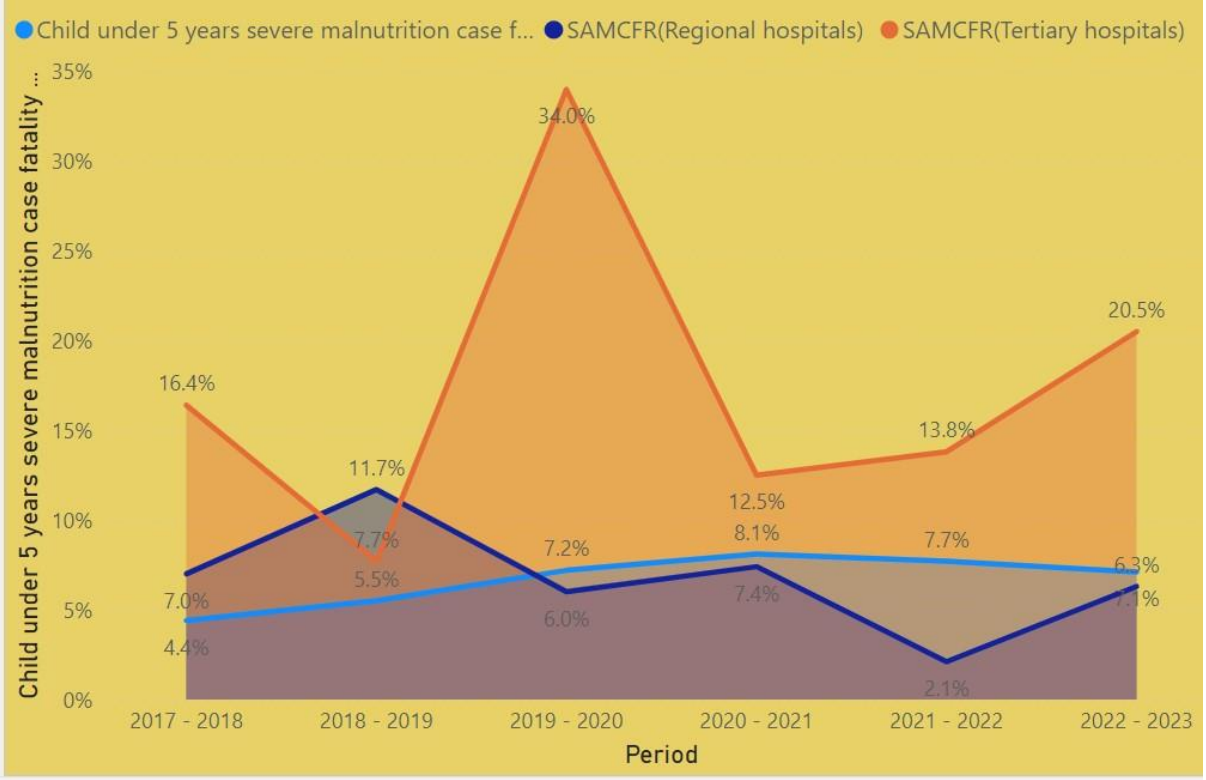


Figure 35. Child under 5 years SAM fatality rate

Source: DHIS

Narrative:

The indicator child under 5 years SAM case fatality rate as illustrated in Figure 35 in tertiary hospitals has been high in the six financial years and peaked at 34% in 2019/2020. There is also a gradual increase in SAM case fatality rate for district hospitals until 2021/2022. Further Figure 35 shows that there has been a decrease in the SAM case fatality rate in regional hospitals which was at its lowest level during financial year 2021/2022 against the target of 2.1%. These good performances by districts and regional hospitals are due to improved case management of children through capacity building by specialists from regional/tertiary hospitals through outreach.

Death under 5 years

Narrative:

As depicted in Figure 36 the death rate under 5 years against live birth is higher in tertiary hospitals followed by regional hospitals. Tertiary hospitals recorded the highest (5.5 per 1000 live birth) rate of death in the financial years 2019/2020 and 2022/2023 wherein in financial year 2017/2018 performance was at 5.1 per 1000 live births. The regional hospitals had a slightly lower death rate when compared to the tertiary hospitals. Regional hospitals' performance hovered between 2.1 and 2.5 per 1000 live births.

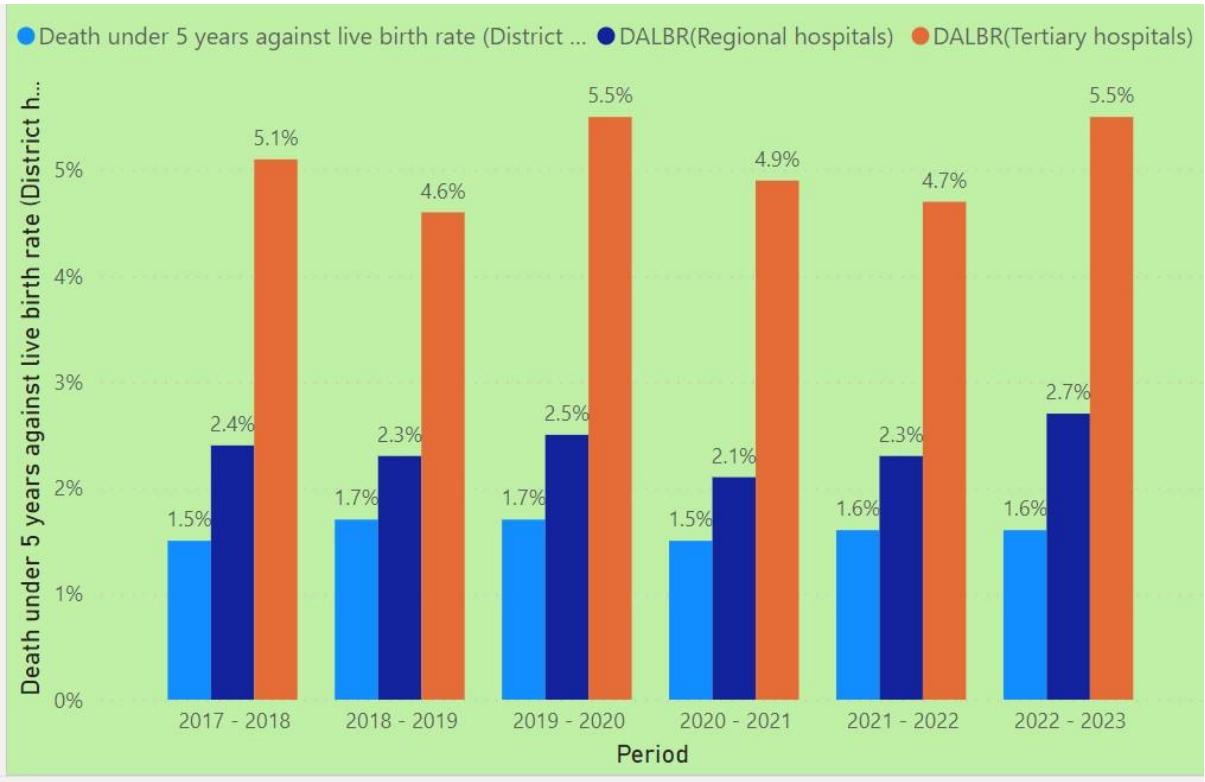


Figure 36. Child under 5 years case fatality

Source: DHIS

Figure 36 further illustrates that in district hospitals death rate of under 5 years against live birth was the lowest when compared to regional and tertiary hospital's performance. However in the financial year 2022/2023 all level of care District Regional and Tertiary did not meet their performance targets of mortalities below 1.5 2.3 and 4.5 per 1000 live births respectively as more children died due to prematurity and asphyxia. The department will Intensify the implementation of BANC Plus to reduce such mortalities.

Infant PCR test positive

Narrative:

As illustrated in Figure 37 below the infant PCR test positive at birth rate has been steadily decreasing from 0.74% in the financial year 2017/2018 to 0.49% in the financial year 2022/2023 due to routine ART initiation to HIV positive pregnant women in the province. The PCR test positive rate at 10 weeks has for the first time in 2022/2023 narrowly been below the target of 0.6% due to adherence counselling given to HIV positive women post-delivery.

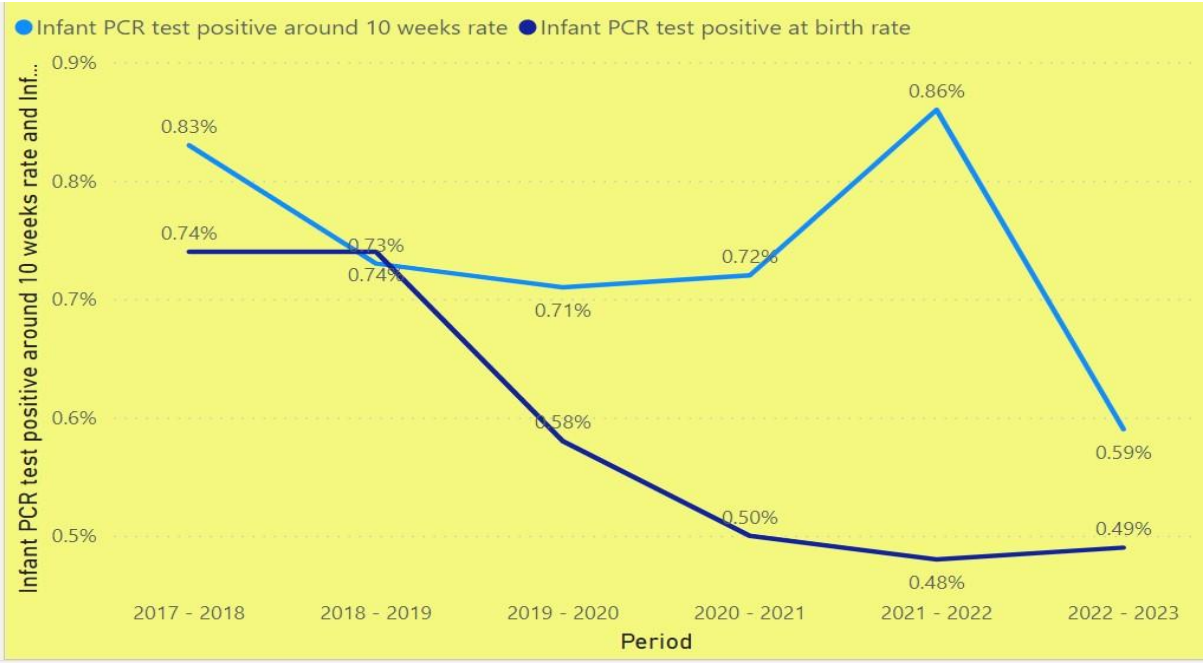


Figure 37. Infant PCR test positive at birth rate (2017 – 2022)

Source: DHIS

Immunization under 1-year coverage Measles 2nd dose coverage and Vitamin A 12–59-month coverage

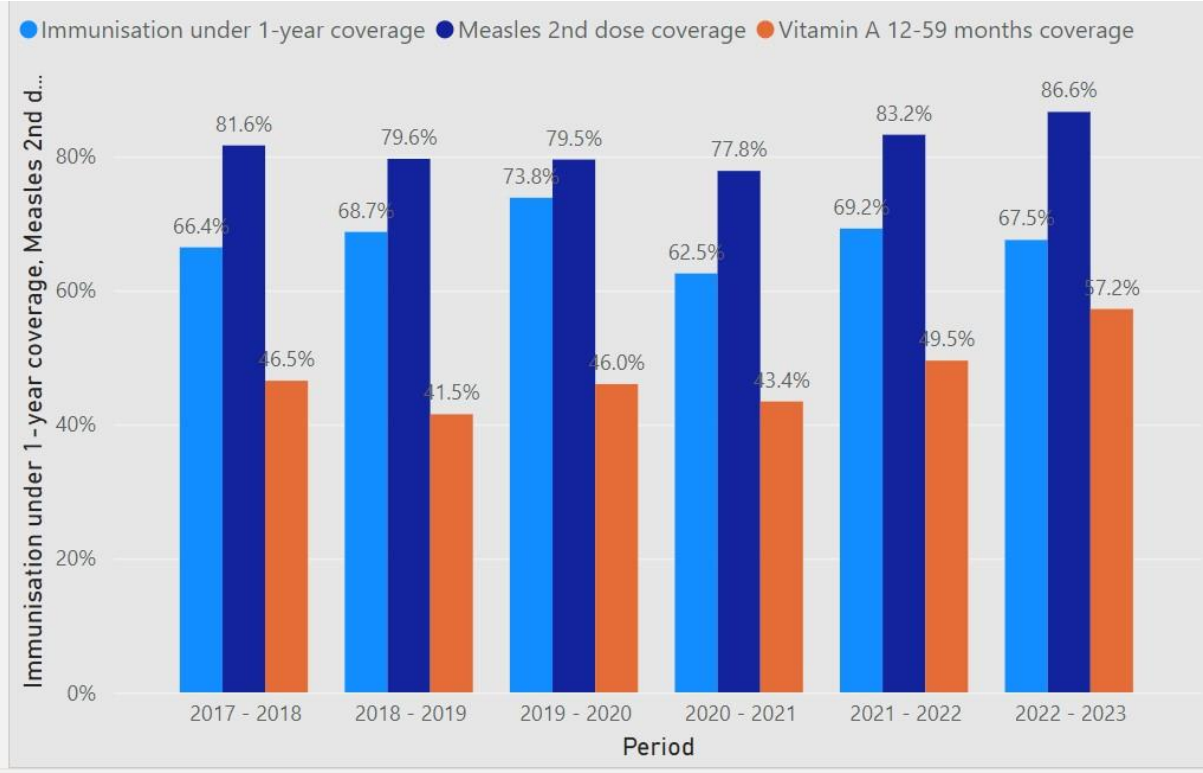


Figure 38. Immunisation measles 2nd dose & Vitamin A 12 - 59 months (2017 - 2022)

Source: DHIS

Narrative:

According to Figure 38 above the target for immunization under 1-year coverage of 75% has not been achieved since 2017/2018 due to a shortage of either BCG syringes or vaccines and will be addressed through vaccination catch-up drives when consumables are available and creating a buffer stock of consumables to overcome the supply challenges. Further the department also achieved the target for measles 2nd dose coverage during 2022/2023 due to measles outbreak social mobilization drives. In all the years reviewed the target for vitamin A 12–59-month coverage was achieved due to the Vitamin A outreach conducted at early childhood development centers (ECDs).

8.3.4 HIV and AIDS

HIV positive 15-24 years (excl. ANC) rate

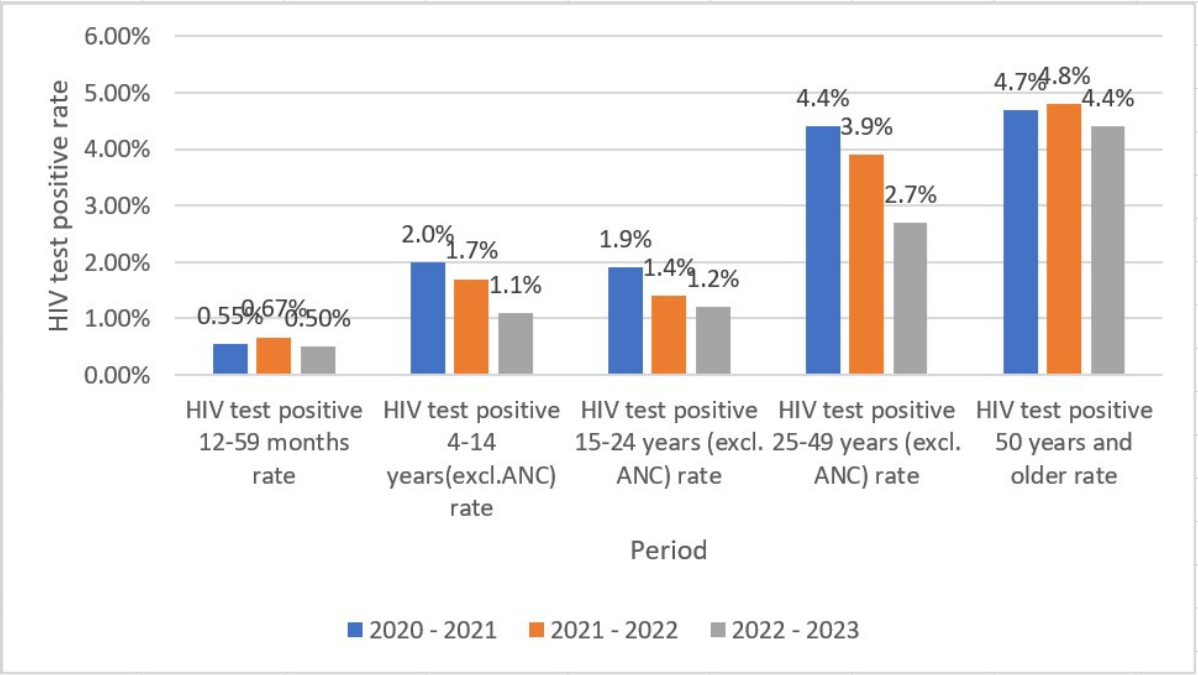


Figure 39. HIV positive 15-24 years (excl. ANC) rate

Source: DHIS

Narrative

The HIV test positive rate has been monitored since the financial year 2020/2021 at a target of 8%. As demonstrated in Figure 39 the HIV positivity rate is highest among aged 25-49 and 50+ years age groups in all financial years. The 4-14 and 15-24-years old age group had an HIV test positive rate baseline of 2% during financial year 2020/2021. The HIV incidence amongst the 15-24 years old age group further declined in financial years 2021/2022 and 2022/2023 due to activities done in collaboration with developmental partners to target and empower clients of this age group with HIV prevention interventions in non-health facilities. The HIV test positive rate for

children aged 12-59 months is the lowest (less than 1%) in all the financial years. The focus on adolescents and youth with targeted interventions to curb HIV positivity has yielded a good result but neglecting the older age-groups leads to high positivity rates. Relevant interventions must be implemented to reduce the high number of incidents amongst this age group.

HIV 90-90-90

Provincial Perspective

Narrative

There is an increase in the number of people living with HIV who knew their status as demonstrated in Figure 40. The 90% target of people living with HIV known status was reached in the last 4 financial years achieving above 90% respectively. The increase in people living with HIV who know their status was due to an increase in HIV testing which was conducted through lay counsellors that have been placed in all our facilities and the collaboration with developmental partners in upscaling HIV testing services.

In the last four financial years (2019/20 - 2022/23) there has been a gradual decrease in people living with HIV who are started and retained on antiretroviral therapy (ART). The 90% target was not met in the last four financial years due to poor data capturing in some facilities and is being addressed through regular data validations.

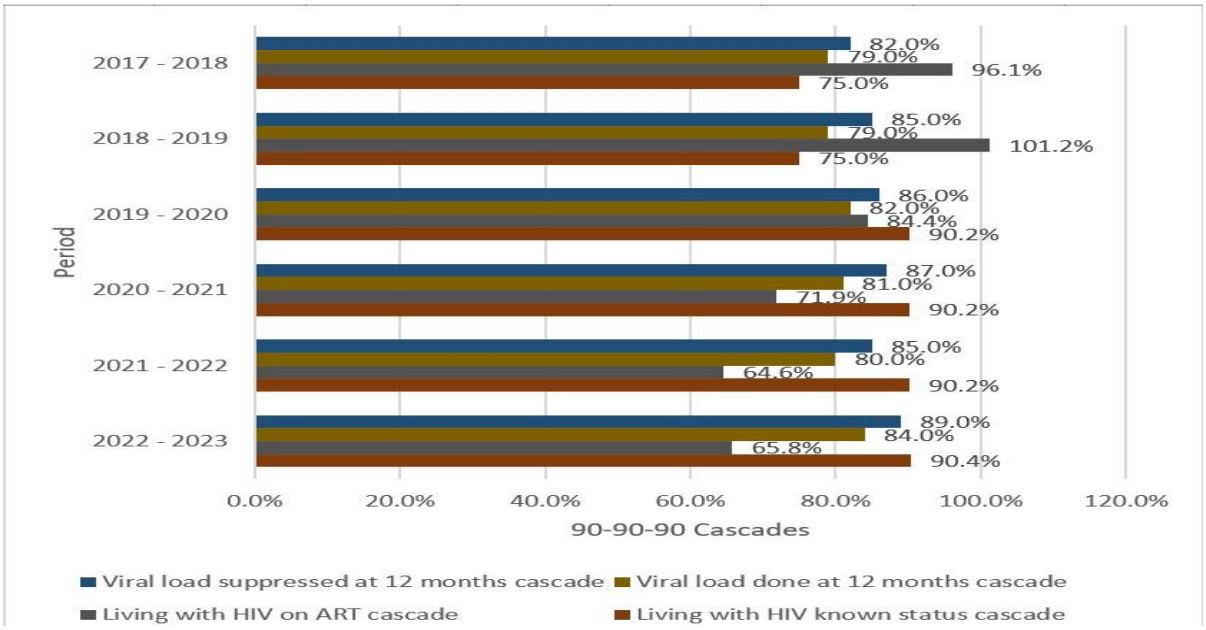


Figure 40. HIV 90-90-90 performance trends

Source: DHIS

Viral load done at 12 months cascade remained steady ranging from 79% - 84% in the last 6 financial years. The 90% target was not met in all the financial years. This may be attributed to clinicians not adhering to clinical guidelines or poor recording and capturing of viral load tests done. Out of those patients who tested for viral loads the virally suppressed rate remains constant ranging between 79% and 89% below the 90% target. The financial year 2022/2023 had the highest rate of HIV virally suppressed of 89% which is the steady progress towards the achievement of the 90-90-90. The performance is because of treatment interruption and poor adherence to treatment. This can be addressed through conducting step-up adherence on non-suppressors tracking and tracing defaulters and monitoring viral load closely.

ART outcome

Figure 41 below compares the outcome of antiretroviral therapy in adults (15+ years) and children (<15 years) population. In the last five financial years ART adult remains in care rate is lower than ART child remains in care rate. ART adults remained care rate is constantly ranging from 61.6% - 65.2%. The rate of ART children remaining in care has shown a gradual increase between 2019/2020 - 2022/2023 financial years from 65.8% to 75.9% respectively.

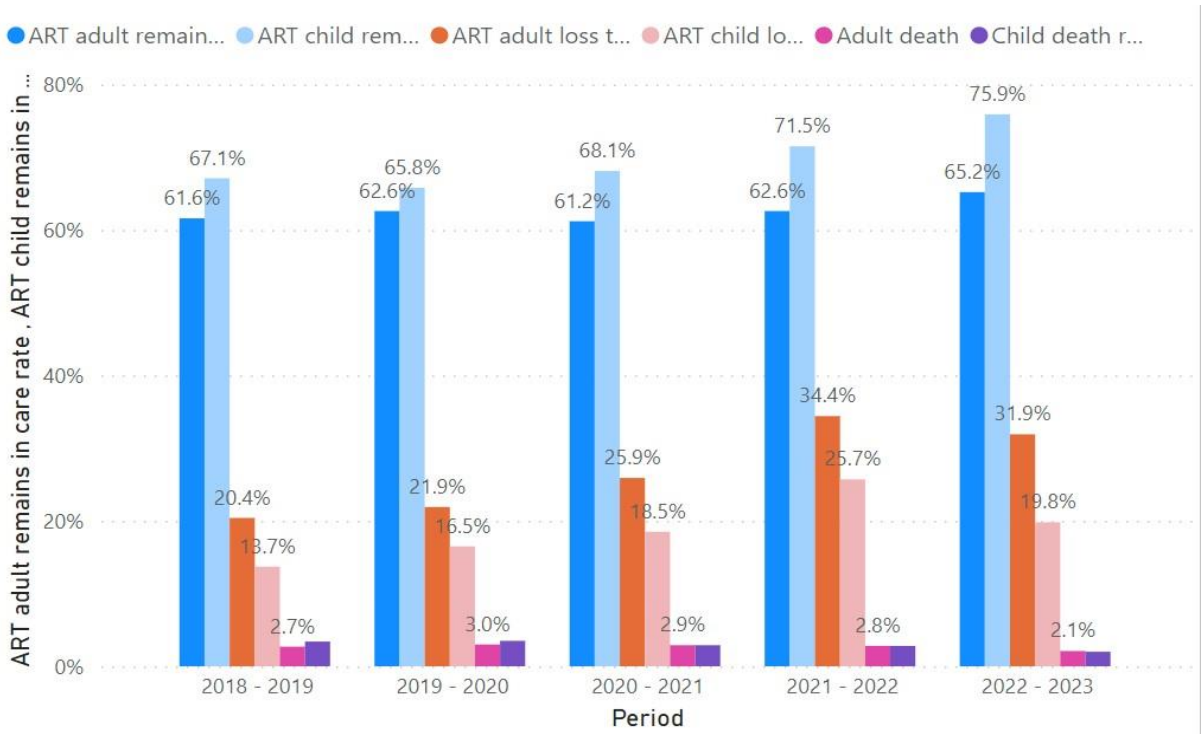


Figure 41. ART outcome performance trends 2017 – 2021

Source: DHIS

Both ART adult and Child remain in care rate did not meet the 90% target in the financial year 2018/2019 to 2022/23. The poor retention in care is inversely proportional to the loss to follow-up rate and can be addressed by monitoring the attachment of all new ART clients to treatment

support and intensifying the identification of all clients who missed appointments trace them through the line list and link them back to care. The death rate of HIV patients on ART for both adults and children are below 4%.

8.3.5 Tuberculosis

TB (90-90-90) Outcomes

DS-TB symptoms 5 years and older screened in facility rate has had a gradual increase reaching a target of 90% in the financial year 2019/20 and 2020/21 however there was a decline in 2021/2022 of which increased again in 2022/2023 (see Figure 42).

The DS-TB treatment start rate has surpassed the 90% target in the last 4 years 2019/20 - 2022/23. This constant achievement of linkage to treatment of above 90% is attributed to the active linkage of diagnosed TB patients to care and actioning of the line list from NHLS.

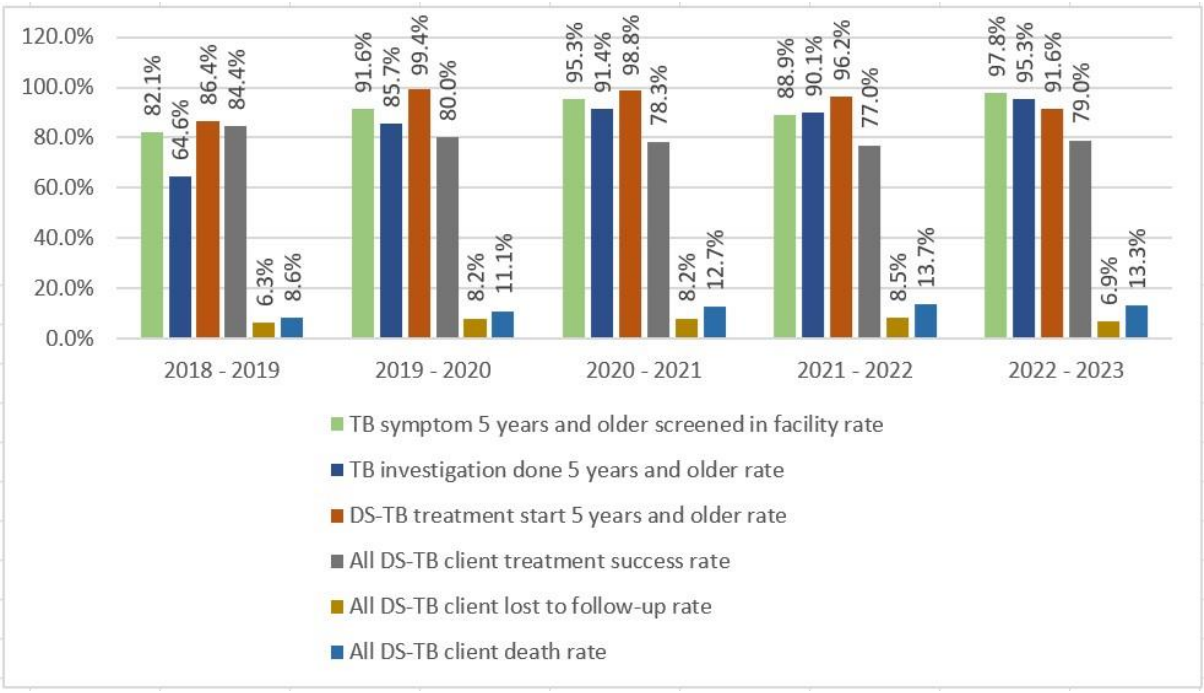


Figure 42. TB outcomes

Source:

The program has been struggling to successfully treat TB patients against the target of 90%. The TB success rate is on a downwards trend from financial years 2017/2018 (84.4%) to 2022/23 (79.0%) due to an increase in the loss to follow-up rate (6.9%) and death rate (13.3%) respectively. Therefore the program will intensify attachments of DS-TB patients to Direct Observed Treatment support (DOTs) and implementing the strategies to reduce the death rates to increase the success rates.

The target for the DS-TB Loss to follow-up is at 8% and it has been slightly above 8% in all the other financial years with exception to financial year 2022/2023 where the lost to follow up reduced to 6.9% due to tracking and tracing of TB treatment interrupters and linking them back to care.

All DS-TB clients' death has been on the rise (against the target of 10%) in the past four years. The high TB death rates are attributed to late presentation and late diagnosis of TB especially in TB/HIV co-infected patients who are very ill with Advanced HIV Disease (AHD) and the high death rate will be addressed through monitoring the implementation of Targeted Universal TB Testing (TUTT) for high risk group and Urine TB diagnostic test (U-LAM) in all facilities for early TB diagnosis from eligible HIV positive patients.

8.3.6 Overview of the 2024/25 budget and MTEF estimates

The Department has been allocated an amount of R24.6 billion in the 2024/25 financial year to deliver the healthcare services in Limpopo Province.

The overall budget shows a growth trend of 3.6% or R867.1 million; 4.6% or R1.1 billion and 6.5% or R1.7 billion in 2024/25; 2025/26 and 2026/27 respectively. This is against the projected CPI of 4.9% or R1.2 billion; 4.6% or R1.1 billion and 4.5% or R1.2 billion in 2024/25; 2025/26 and 2026/27 respectively.

The budget has grown from R23.8 billion in 2023/24 to R27.4 billion in the year ending 2026/27. The funding does not adequately address the health services requirements. This therefore impacts negatively on the achievements of the department to deliver its strategic goals and objectives.

Due to the prevailing depressed economy also reflected herein by 3.6% budget growth against 4.9% CPI projection, the Department continues to experience the funding gap in the following areas: -

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

8.3.6.1 Equitable share

The Equitable Share allocation increases by 2.8% or R555.3 million from 2023/24 to 2024/25 financial year against the projected 4.9% Consumer Price Index (CPI) (R972.4 million). This shows a deficit of 2.1% or R417.1 million. The trend shows 5.8% and 6.9% in 2025/26 and

2026/27 respectively. The department is to deliver a new central hospital information system as the current system is no longer compatible with the new technology trends. The technology of the current system is outdated and the operating system on which it is based no longer has support. Furthermore a Workforce Management System (WMS) has become a need for the Department for the efficient management of employees' activities. The Department is also on the path to source it in for activation in 2024/25 financial year. This situation means the Department is expected to continue rendering the services with tight fiscal resources.

8.3.6.2 Conditional grants

The total conditional grants allocation increases by 4.1% or R161.8 million decreasing by 1.6% or R63.6 million in the 2024/25 and 2025/26 financial years respectively. The 4.1% increase is attributable to Humanpapilomma Virus, health professions training, malaria control, Comprehensive HIV/AIDS component, Health Facilities Revitalisation and National Tertiary Services has shown some growth from 2023/24 to 2024/25 financial years. The overall below inflation increase are reflected on the EPWP Social and Incentives grants that are allocated as once-offs on a year-by-year basis. The allocation of conditional grants will assist the department in augmenting the equitable share. The department will ensure that services that are fundable under conditional grants are allocated to reduce pressure from equitable share in the Department.

8.3.6.3 Expenditure estimates

Table 10. Expenditure estimates

	Programme R'000	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimate		
		2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
1.	Administration	275 706	283 486	278 041	298 892	305 220	305 220	303 528	317 636	332 342
2.	District Health Services	14 117 219	14 488 316	15 406 170	15 465 706	15 905 472	15 905 472	16 295 993	17 161 405	18 365 315
3.	Emergency Medical Services	855 667	903 533	1 038 525	1 303 667	1 609 793	1 609 793	1 124 583	1 151 774	1 204 756
4.	Provincial Hospital Services	2 664 559	2 771 320	2 718 303	2 914 331	2 955 535	2 955 535	3 039 423	3 166 147	3 311 788
5.	Central Hospital Services	1 998 220	2 108 496	2 090 968	2 101 163	2 207 128	2 207 128	2 202 211	2 267 359	2 398 482
6.	Health Sciences and Training	544 615	498 873	638 965	683 946	646 614	646 614	666 237	707 916	740 482
7.	Health Care Support Services	586 189	569 226	224 814	150 786	152 686	152 686	157 057	164 095	171 641
8.	Health Facilities Management	986 224	1 284 533	1 016 165	851 637	817 536	817 536	848 228	830 872	915 912
	Sub-total									
	Direct charges against the National Revenue Fund	1 978	1 978	2 096	2 096	2 098	2 098	2 098	2 098	2 098
	Total Programmes	**22 030 377**	**22 909 761**	**23 414 047**	**23 772 224**	**24 602 082**	**24 602 082**	**24 639 298**	**25 769 302**	**27 442 816**

Table 11. Summary of provincial expenditure estimates by economic classification

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**20 960 648**	**21 957 356**	**22 436 183**	**23 772 224**	**23 397 659**	**23 397 659**	**23 715 454**	**24 839 566**	**27 442 816**
Compensation of employees	14 966 409	15 406 490	16 154 980	16 447 701	16 441 824	16 441 824	17 501 170	18 306 224	19 130 005
Goods and services	**5 994 239**	**6 550 866**	**6 281 203**	**6 156 722**	**6 955 835**	**6 955 835**	**6 214 284**	**6 533 342**	**7 341 509**
Communication	76 632	88 099	78 066	88 573	91 866	90 117	97 633	114 416	125 306
`Computer Services	139 887	118 018	112 773	172 453	191 097	191 128	254 771	242 825	263 995
Consultants Contractors and special services	102 747	64 531	157 762	98 650	121 258	135 861	160 380	142 820	146 859
Inventory	3 060 192	2 825 906	2 754 037	2 632 732	2 632 209	2 691 657	2 566 107	2 533 245	2 650 681
Operating leases	11 628	13 101	13 382	15 793	14 593	14 846	15 054	16 298	17 046
Travel and subsistence	21 359	55 808	78 131	50 734	31 961	51 429	34 743	45 175	45 645
Maintenance repair and running costs	149 892	168 443	177 136	171 750	187 977	204 122	171 115	179 373	187 623
Specify other	2 431 902	3 216 960	2 882 548	2 923 037	3 684 874	3 576 675	2 967 233	3 259 190	3 904 354
Transfers and subsidies to	**342 760**	**335 844**	**234 214**	**253 601**	**220 627**	**220 627**	**208 062**	**229 795**	**240 273**
Provinces and municipalities	1 509	1 940	2 230	2 399	2 614	2 614	2 602	2 687	2 812
Departmental agencies and accounts	79 233	-	42 891	20 000	42 000	42 000	25 000	26 120	27 322
Households	262 018	333 904	189 093	231 202	176 013	176 013	180 460	200 988	210 139
Payments for capital assets	**726 277**	**615 291**	**743 650**	**914 200**	**983 796**	**983 796**	**715 782**	**699 941**	**731 029**
Buildings and other fixed structures	353 729	217 137	338 496	307 182	214 778	214 778	333 517	338 181	357 225

Machinery and Equipment	372 548	398 154	404 678	607 018	769 018	769 018	382 265	361 760	373 804
Software and other intangible assets			476						
Payment of Financial asset	692	1 270		–	–	–	–	–	–
Total economic classification	**22 030 377**	**22 909 761**	**23 414 047**	**23 772 224**	**24 602 082**	**24 602 082**	**24 639 298**	**25 769 302**	**27 442 816**

Relating expenditure trends to specific goals

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

	Audited/actual			Main Appropriation	MTEF projection		
Expenditure	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**	**2026/27**
Current prices[1]							
Total[2]	22 030	22 910	23 414	23 772	24 639	25 769	27 442
Total per person	4,24	4,50	4,60	4,67	4,84	5,06	5,39
Total per uninsured person	3,92	4,08	4,17	4,23	4,39	4,59	4,89
Constant (2008/09) prices[3]							
Total[2]	24 233	21 765	21 073	20 444	21 190	22 161	23 600
Total per person	4,5	4,0	3,9	3,8	3,9	4,1	4,4
Total per uninsured person	22 391	20 110	19 471	18 890	19 579	20 477	21 807
% Of Total spent personon:							
DHS	19,1%	20,8%	21,8%	23,1%	23,4%	22,4%	21,0%
PHS	4,4%	4,6%	4,4%	4,6%	4,7%	4,5%	4,2%
CHS	3,1%	3,5%	3,9%	4,1%	4,1%	4,0%	3,7%
All personnel	19,5%	20,8%	21,6%	21,3%	20,6%	19,7%	18,5%
Capital	4,9%	4,3%	5,5%	5,4%	5,2%	5,0%	4,7%
Health as a % of total public expenditure	43,5%	41,9%	41,3%	41,6%	42,5%	43,6%	45,1%

Part C: Measuring Our Performance
Institutional Programme Performance Information

Programme 1: Administration

1.1 Purpose

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

Table 13. Administration outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2022/2023 financial year	1.1 Audit opinion of Provincial DoH	Qualified audit opinion	Qualified audit opinion	Qualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	-	-	-	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Compliance to payment of suppliers within 30 days	1.2 Percentage compliance to payment of suppliers within 30 days	96%	96%	99.5%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Credible asset registers	1.3 Percentage completeness of asset register	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Total revenue collected	1.4 Revenue collected	R 162.2m	R180.9m	R198.9m	R210.3m	R220.6m	R53.4m	R40.9m	R47.0m	R79.1m	R232.1m	R242.8m
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

1.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 14. Administration - Expenditure estimates

Sub-programme	Expenditure outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
R' thousand									
MEC's Office	1 978	1 978	2 096	2 096	2 098	2 098	2 098	2 098	2 098
Management	275 706	283 486	278 041	298 892	305 220	305 220	303 528	317 636	332 342
Corporate Services									
Property Management									
TOTAL	**277 684**	**285 464**	**280 137**	**300 988**	**307 318**	**307 318**	**305 626**	**319 734**	**334 440**

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

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**275 208**	**280 406**	**278 182**	**299 087**	**304 287**	**304 281**	**303 616**	**317 633**	**332 243**
Compensation of employees	240 293	237 808	233 788	258 197	258 197	258 197	261 197	266 862	279 138
Goods and services	**34 915**	**42 598**	**44 394**	**40 890**	**46 090**	**46 084**	**42 419**	**50 771**	**53 105**
Communication	6 505	10 457	11 338	10 754	15 854	14 667	9 297	12 132	12 690
Computer Services	-	102	725	-	344	344	–	–	–
Consultants Contractors and special services	47	518	627	-	83	98	–	–	–
Inventory	41	100	7	0	630	630	–	–	–
Operating leases	4 012	3 854	4 380	3 788	4 288	4 290	2 994	3 128	3 272
Travel and subsistence	3 925	6 288	5 643	-	5 500	5 863	–	–	–
Maintenance repair and running costs	77	–	-	244	–	–	256	267	278
Specify other	20 308	21 279	21 674	26 104	19 391	20 192	29 872	35 244	36 865
Transfers and subsidies to	**1 170**	**2 387**	**1 845**	**1 601**	**3 031**	**3 031**	**1 710**	**1 788**	**1 870**
Provinces and municipalities	33	77	58	30	30	30	64	68	71
Departmental agencies and accounts									
Universities and technikons									
Households	1 137	2 310	1 787	1 571	3 001	3 001	1 646	1 720	1 799
Payments for capital assets	**614**	**1 401**	**110**	**300**	**–**	**6**	**300**	**313**	**327**
Buildings and other fixed structures									

Machinery and Equipment	614	1 401	110	300	–	6	300	313	327
Payment of Financial asset	**692**	**1 270**		**–**		**–**	**–**	**–**	**–**
Total economic classification	**277 684**	**285 464**	**280 137**	**300 988**	**307 318**	**307 318**	**305 626**	**319 734**	**334 440**

1.3 Performance and Expenditure Trends

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

- Foster the improvement of financial management and control in the department as a whole e.g. policies and procedure manuals are developed implemented and monitored throughout the department.
- Improvement of the effectiveness and efficiency of the supply chain management
- Intensify the implementation and monitoring of the risk management strategy throughout the department.
- The department has spent a total of R843.3 million from 2020/21 to 2022/23 while the 2023/24 budget amounts to R301.0 million. The proposed MTEF from 2024/25 to 2026/27 projected at R959.8 million that will be used to maintain the current services. The funding has therefore been aligned to the various key strategic focus of the programme.

1.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Quality of health services in public health facilities improved	✓ Inadequate Records management	✓ Continue with the scanning and archiving of records
Robust and effective health information systems to automate business processes and improve evidence-based decision making	✓ System outages	✓ Replace Network switches and routers. ✓ Implement Central HIS
Improve financial management	✓ Incomplete assets reported ✓ Duplicate assets reported in the asset register ✓ Assets not valued correctly	✓ Monitor the implementation of the current control measure (conducting at least one asset verification in a financial year)

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

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

Programme 2: District Health Services

2.1 Purpose

The main objectives of the programme are the planning managing and administering district health services; and rendering primary health care services; hospital services at district level; MCWH and nutrition programme; prevention and disease control programme; and a comprehensive HIV and AIDS STI and TB programme.

2.2 Sub-programme: Primary Healthcare Services

2.2.1 Purpose

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

Table 16. PHC Outcome outputs output indicators and Targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1.Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	1.1 Patient experience of care satisfaction rate (PHC)	80.6%	81%	81%	82%	82%	-	82%	-	-	82%	83%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2.Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	New indicator	New indicator	New indicator	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	New indicator	New indicator	New indicator	100%	80%	80%	80%	80%	80%	80%	82%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
3.Health facilities ready for NHI accreditation	Fixed health facilities that have obtained ideal clinic status (silver gold platinum)	3.1 Ideal clinic status obtained rate	18.1%	21.9%	23%	20%	30%	-	-	-	30%	35%	40%
		Numerator:	72	105	109	96	142	-	-	-	142	166	190
		Denominator:	480	480	482	482	474	-	-	-	474	474	474
4.Improved access to mental health services	PHC mental disorders treated	4.1 PHC mental disorders treatment rate (new)	New indicator	New indicator	New indicator	New indicator	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

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

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

2.3 Sub-programme: District Hospitals

2.3.1 Purpose

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

Table 17. District hospitals outcomes outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1a. Patient experience of care in public health facilities improved	Patient experience survey satisfied responses	1.1 Patient experience of care satisfaction rate	80.1%	79%	80%	80%	82%	-	82%	-	-	82%	83%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	94.6%	91.8%	94.7%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	97.2%	99.8%	99%	100%	80%	80%	80%	80%	80%	90%	92%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

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

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

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

2.4.1 Purpose:

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

Table 18. HAST outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. AIDS related deaths reduced by implementing the 95-95-95 strategy	HIV positive 15-24 years (excl. ANC)	1.1 HIV positive 15-24 years (excl. ANC) rate	1.9%	1.4%	1.2%	2%	1.8%	1.8%	1.8%	1.8%	1.8%	1.6%	1.4%
		Numerator:	-	-	4514	7530	7110	-	-	-	-	6637	6081
		Denominator:	-	-	373716	376040	394842	-	-	-	-	414584	434327
	ART adult remain in care – total	1.2 ART adult remain in care rate (12 months)	60.3%	61.7%	65.2%	90%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	25126	20304	20096	25349	28215	-	-	-	-	29626	31107
		Denominator:	41638	32901	30083	28166	29700	-	-	-	-	31185	32744
	ART child remain in care – total	1.3 ART child remain in care rate (12 months)	67.3%	67.3%	75.9%	90%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	855	526	529	756	800	-	-	-	-	838	842
		Denominator:	1270	781	697	840	840	-	-	-	-	882	886

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	ART adult viral load under 50	1.4 ART Adult viral load suppressed rate (Below 50) (12 months)	87.4%	85.7%	87.7%	90%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	17660		14591	20533	25464	-	-	-	-	26738	28074
		Denominator:	20201		16636	22815	26804	-	-	-	-	28145	29552
	ART child viral load under 50	1.5 ART child - viral load suppressed rate (Below 50) (12 months)	55.6%	66.5%	58.4%	90%	95%	95%	95%	95%	95%	95%	95%
		Numerator:	317	216	230	612	720	-	-	-	-	756	760
		Denominator:	570	350	394	680	758	-	-	-	-	796	800
TB mortality reduced by 75%	All DS-TB client loss to follow-up	1.6 All DS-TB client LTF rate	9.8%	8.5%	6.9%	7.8%	7.5%	7.5%	7.5%	7.5%	7.5%	7.3%	7%
		Numerator:	1036	695	508	945	605	-	-	-	-	648	683
		Denominator:	10532	8186	7333	11764	8066	-	-	-	-	8872	9759
	All DS-TB client successfully completed treatment	1.7 All DS-TB client treatment succes rate	76.9%	77%	79%	78.5%	69%	69%	69%	69%	69%	72%	75%
		Numerator:	8104	6304	5793	9235	5566	-	-	-	-	6388	7319
		Denominator:	10532	8186	7333	11764	8066	-	-	-	-	8872	9759
	TB Rifampicin resistant/Multidrug – resistant success	1.8 TB Rifampicin resistant/Multidrug – Resistant treatment success rate	New indicator	New indicator	New indicator	65.2%	66%	66%	66%	66%	66%	67%	68%
		Numerator:	-	-	-	188	200	-	-	-	-	212	225
		Denominator:	-	-	-	288	302	-	-	-	-	317	332

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	TB Rifampicin resistant/Multidrug – Resistant lost to follow-up	1.9 TB Rifampicin resistant/Multidrug – Resistant lost to follow-up rate	New indicator	New indicator	New indicator	8%	8%	8%	8%	8%	8%	8%	8%
		Numerator:	-	-	-	23	24	-	-	-	-	25	27
		Denominator:	-	-	-	288	302	-	-	-	-	317	332
	TB Pre-XDR treatment success	1.10 TB Pre-XDR treatment success rate	New indicator	New indicator	New indicator	60%	50%	50%	50%	50%	50%	65%	70%
		Numerator:	-	-	-	12	10	-	-	-	-	13	14
		Denominator:	-	-	-	20	20	-	-	-	-	20	20
	TB Pre-XDR loss to follow up	1.11 TB Pre-XDR loss to follow up rate	New indicator	New indicator	New indicator	12%	10%	10%	10%	10%	10%	10%	10%
		Numerator:	-	-	-	3	2	-	-	-	-	2	2
		Denominator:	-	-	-	25	20	-	-	-	-	20	20

Explanation of Planned Performance over the Medium-Term Period:

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

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

c) In achieving the set performance the department will among others intensify patient tracing through community health workers (CHW) and stakeholders as well as the implementation of the Finding Missing TB Patients strategy. The department will as well strengthen the implementation of the Direct Observed Treatment (DOT) strategy for all TB patients. In addition the department will ascertain the effective

roll-out of U-LAM at Primary Healthcare facilities. Retention of patients on treatment will be closely observed in achieving the last two 90-90 of the 90-90-90 strategy based on historical performance as demonstrated in Part B of the plan.

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

2.5.1 Purpose

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

Table 19. MCWH&N outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
'0L/I-op';[i1. Maternal Neonatal and Child Mortality reduced	IUCD uptake	1.1 IUCD uptake – Intra Uterine Contra Device	New indicator	New indicator	New indicator	New indicator	2200	550	550	550	550	1300	1310
		Numerator:	-	-	-	-		-	-	-	-		
		Denominator:	-	-	-	-		-	-	-	-		
	Delivery 10-19 years in facility	1.2 Delivery 10 to 14 years in facility	New indicator	New indicator	New indicator	New indicator	500	125	125	125	125	490	480
		Numerator:	-	-	-	-		-	-	-	-		
		Denominator:	-	-	-	-		-	-	-	-		
	Antenatal 1st visit before 20 weeks	1.3 Antenatal 1st visit before 20 weeks rate	66.8%	66.7%	67.5%	68%	68%	68%	68%	68%	68%	69%	70%
		Numerator:	94604	84368	77839	86029	78463	-	-	-	-	79617	80771
		Denominator:	141594	126513	115387	126513	115387	-	-	-	-	115387	115387

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Mother postnatal visit within 6 days	1.4 Mother postnatal visit within 6 days rate	94.7%	95.2%	97.6%	97%	97%	97%	97%	97%	97%	97.5%	98%
		Numerator:	133564	127534	118124	129952	117425	-	-	-	-	118031	118636
		Denominator:	140384	133971	121057	133971	121057	-	-	-	-	121057	121057
	Maternal death facility	1.5 Maternal Mortality in facility ratio	New Indicator	New Indicator	New Indicator	115/100000 live births	115/100000 live births	-	-	-	115/100000 live births	111/100000 live births	109/100000 live births
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Still births in facility	1.6 Still birth in facility rate	New Indicator	New Indicator	New Indicator	New Indicator	19 per 1000 births	19 per 1000 births	19 per 1000 births	19 per 1000 births	19 per 1000 births	18.5 per 1000 births	18 per 1000 births
		Numerator:	-	-	-	-		-	-	-	-		
		Denominator:	-	-	-	-		-	-	-	-		
	Neonatal deaths in facility	1.7 Neonatal death in facility rate	12.7 per 1000 live births	13.2 per 1000 live births	13.1 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	12 per 1000 live births	11.8 per 1000 live births	11.6 per 1000 live births
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Diarrhoea death under 5 years	1.8 Child under 5 years diarrhoea case fatality rate	New Indicator	New Indicator	New Indicator	2 3%	2.3%	2.3%	2.3%	2.3%	2.3%	2.2%	2.1%
		Numerator:	-	-	-	75	75	-	-	-	-	72	69
		Denominator:	-	-	-	3281	3281	-	-	-	-	3281	3281
	Pneumonia death under 5 years	1.9 Child under 5 years pneumonia case fatality rate	New Indicator	New Indicator	New Indicator	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.4%	2.1%
		Numerator:	-	-	-	72	72	-	-	-	-	69	61
		Denominator:	-	-	-	2883	2883	-	-	-	-	2883	2883
	Severe acute (SAM) death under 5 years	1.10 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	New Indicator	New Indicator	7.3%	7.3%	7.3%	7.3%	7.3%	7.3%	7.1%	7%
		Numerator:	-	-	-	70	70	-	-	-	-	68	67
		Denominator:	-	-	-	954	954	-	-	-	-	954	954
	Death in facility under 5 years	1.11 Death under 5 years against live birth rate	New indicator	New indicator	New indicator	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.3%	1.1%
		Numerator:	-	-	-	1996	1996	-	-	-	-	1730	1464
		Denominator:	-	-	-	133099	133099	-	-	-	-	133099	133099

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Infant PCR test positive under 5 years	1.12 Infant PCR test positive around 6 months rate	New indicator	New indicator	New indicator	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.5%
		Numerator:	-	-	-	174	152	-	-	-	-	130	108
		Denominator:	-	-	-	21657	21657	-	-	-	-	21657	21657
	HIV test positive under 5 years	1.13 HIV test positive around 18 months rate	New indicator	New indicator	New indicator	0.8%	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	0.5%
		Numerator:	-	-	-	192	167	-	-	-	-	143	119
		Denominator:	-	-	-	23891	23891	-	-	-	-	23891	23891
	Immunised fully under 1 year	1.14 Immunisation under 1 year coverage	60.6%	69.2%	67.5%	75%	75%	75%	75%	75%	75%	77%	78%
		Numerator:	79390	86468	84567	91000	94808	-	-	-	-	98091	99196
		Denominator:	131028	124972	125299	125709	126410	-	-	-	-	127391	127174
	Measles 2nd dose	1.15 Measles 2nd dose 1 year coverage	76.4%	83.2%	86.6%	87%	87%	87%	87%	87%	87%	88%	89%
		Numerator:	100459	105881	108265	109367	109978	-	-	-	-	112104	113185
		Denominator:	131557	127327	125004	125709	126410	-	-	-	-	127391	127174
Improved access to cervical cancer services	Cervical cancer screening	1.16 Cervical cancer screening coverage	New indicator	New indicator	New indicator	New indicator	9%	9%	9%	9%	9%	10%	11%

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
		Numerator:	-	-	-	-							
		Denominator:	-	-	-	-							

Explanation of Planned Performance over the Medium-Term Period:

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

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

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

2.6 Sub-programme: Disease Prevention and Control

2.6.1 Purpose

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

Table 20. DPC outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Malaria eliminated by 2023	Malaria deaths reported	1.1 Malaria case fatality rate	0.55%	0.43%	1.25%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	<1%
		Numerator:	19	16	28	15	22	-	-	-		22	22
		Denominator:	3461	1978	2231	1978	2231	-	-	-		2231	2231

Explanation of Planned Performance over the Medium-Term Period:

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

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

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

2.7 Reconciling Performance Targets with Expenditure Trends

Table 21. DHS – Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
District Management	557 639	540 190	486 437	551 699	570 299	570 299	618 193	634 240	663 414
Clinics	3 382 262	3 367 914	3 531 810	3 623 914	3 779 914	3 779 914	3 669 932	3 901 514	4 083 489
Community Health Centres	601 357	594 824	648 110	658 868	720 468	720 468	716 494	746 979	781 340
Community-based Services	144 776	327 139	814 863	781 138	712 841	712 841	816 268	879 581	920 041

Other Community Services	112 138	175 435	651 387	168 325	171 687	384 147	643 968	639 189	688 784
HIV and AIDS	2 306 557	2 441 196	2 020 583	1 924 794	1 857 887	1 857 887	1 988 305	1 997 860	2 089 505
Nutrition	25 687	27 769	7 785	18 387	7 131	7 131	19 269	20 132	21 059
District Hospitals	6 986 803	7 013 849	7 245 195	7 738 581	8 085 245	7 872 785	7 823 504	8 341 910	9 137 683
TOTAL	**14 117 219**	**14 488 316**	**15 406 170**	**15 465 706**	**15 905 472**	**15 905 472**	**16 295 933**	**17 161 405**	**18 365 315**

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

Economic Classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**13 674 258**	**13 924 905**	**15 048 663**	**15 185 524**	**15 621 453**	**15 614 595**	**16 025 844**	**16 877 634**	**18 069 206**
Compensation of employees	9 722 830	9 989 569	10 750 096	10 802 653	10 800 617	10 800 617	11 644 037	12 369 750	12 896 678
Goods and services	**3 951 428**	**3 935 336**	**4 298 567**	**4 382 871**	**4 820 836**	**4 813 978**	**4 381 807**	**4 507 884**	**5 172 528**
Communication	52 201	59 255	52 896	57 144	56 644	55 995	65 663	70 177	79 033
Computer Services	137 568	115 619	111 770	172 453	190 753	190 753	209 004	242 825	263 995
Consultants Contractors and special services	34 872	8 281	8 804	8 070	8 454	8 851	71 360	76 063	79 554
Inventory	2 067 332	1 857 212	2 075 447	2 002 874	2 213 818	2 156 980	1 999 091	2 088 318	2 382 881
Operating leases	3 463	5 638	4 968	5 402	5 555	5 460	5 556	5 964	6 238
Travel and subsistence	13 234	44 381	62 036	48 853	22 543	40 007	32 591	43 239	43 669
Maintenance repair and running costs	105 079	93 634	55 186	106 940	123 411	113 896	110 385	109 863	114 917

Specify other	1 537 679	1 751 316	1 927 460	1 981 135	2 199 658	2 242 036	1 888 457	1 871 435	2 202 241
Financial transactions in assets and liabilities	-	–	–						
Transfers and subsidies to	**190 376**	**212 656**	**116 040**	**122 720**	**126 060**	**125 900**	**98 462**	**102 752**	**107 385**
Provinces and municipalities	992	1 030	1 088	1 043	1 213	1 213	1 184	1 206	1 262
Departmental agencies and accounts	79 233	-	-		–	–	–	–	–
Non-profit institutions		–	–	–	–	–	–	–	–
Households	110 151	211 626	114 952	121 677	124 847	124 687	97 278	101 546	106 123
Payments for capital assets	**252 585**	**350 755**	**241 467**	**157 462**	**157 959**	**164 977**	**171 627**	**181 019**	**188 724**
Buildings and other fixed structures	16 703	21 611	33 232	-	8 905	7 745	35 000	–	–
Software and other intangible assets									
Machinery and equipment	235 882	329 144	207 759	157 462	149 054	157 232	136 627	181 019	188 724
Total economic classification	**14 117 219**	**14 488 316**	**15 406 170**	**15 465 706**	**15 905 472**	**15 905 472**	**16 295 933**	**17 161 405**	**18 365 315**

2.8 Performance and Expenditure Trends

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

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

The department has spent a total of R44.0 billion from 2020/21 to 2022/23 while the 2023/24 budget amounts to R15.5billion. The proposed MTEF from 2024/25 to 2026/27 projected at R51.8 billion will be used to maintain and improve the current services.

2.9 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
PHC facilities operating 24 hrs	✓ Inability to offer 24hr PHC service to communities	✓ Budget for continued recruitment of PNs ✓ Installation of hybrid electrical power
Patient safety incident closed within 60 days	✓ Non or inadequate investigations and /or reporting of cases	✓ Monitor compliance to reporting and closure

Outcome	Key Risk	Risk Mitigation
Patient experience of care satisfaction rate (PHC/ district hospitals)	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines
		✓ Monitor availability of medicine to be above 80% ✓ Monitor adherence to patient waiting times within standards
Malaria case fatality rate < 1 %	✓ Seasonal malaria outbreaks in communities	✓ Monitor surveillance & indoor residual spraying
Provision of quality Education and quality Health Care System	✓ Increased Health Burden	✓ Monitor implementation of community awareness campaigns ✓ Monitor implementation of surveillance system for notifiable medical condition ✓ Monitor the implementation of the universal test and treat intervention

Programme 3: Emergency Medical Services

3.1 Purpose

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

Table 23. EMS outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Co-ordinating of health services across the care continuum re-orienting the health system towards primary health	EMS P1 urban response under 30 minutes	1.1 EMS P1 urban response under 30 minutes rate	49.6%	52.5%	65%	65%	65%	65%	65%	65%	65%	70%	70%
		Numerator:	265	237	347	293	300	-	-	-	-	322	322
		Denominator:	534	451	534	451	460	-	-	-	-	460	460
	EMS P1 rural response under 60 minutes	1.2 EMS P1 rural response under 60 minutes rate	69.5%	45.5%	70%	70%	70%	70%	70%	70%	70%	75%	75%
		Numerator:	2349	1778	2366	2734	2800	-	-	-	-	3000	3000
		Denominator:	3379	3905	3379	3905	4000	-	-	-	-	4000	4000

Explanation of Planned Performance over the Medium-Term Period:

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

3.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 24. EMS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
R' thousand									
Emergency Transport	855 667	903 533	1 038 525	1 303 667	1 609 793	1 609 793	1 124 583	1 151 774	1 204 756
Planned Patient Transport									
TOTAL	**855 667**	**903 533**	**1 038 525**	**1 303 667**	**1 609 793**	**1 609 793**	**1 124 583**	**1 151 774**	**1 204 756**

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

Economic classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**806 772**	**873 177**	**950 886**	**967 406**	**1 120 468**	**1 120 468**	**997 842**	**1 060 044**	**1 108 807**
Compensation of employees	722 423	757 419	774 821	803 131	803 131	803 131	845 241	863 008	902 706
Goods and services	**84 349**	**115 758**	**176 065**	**164 275**	**317 337**	**317 337**	**152 601**	**197 036**	**206 101**
Communication	6 503	6 109	1 431	6 935	6 890	6 890	6 268	9 594	10 035
Consultants Contractors and special services	4 589	1 880	6 554	20 860	29 842	29 842	21 799	28 776	30 100
Inventory	6 396	3 582	2 044	867	92	92	830	867	907
Operating leases	6	138	136	205	65	84	165	225	235
Travel and subsistence	459	520	412	-	290	308	–	–	–
Maintenance repair and running costs	44 731	74 778	121 920	64 483	64 483	90 143	60 390	69 155	72 336
Specify other	21 665	28 751	43 568	70 925	215 675	189 978	63 149	88 419	92 488

Transfers and subsidies to	**939**	**2 338**	**2 333**	**1 261**	**1 606**	**1 606**	**1 299**	**1 352**	**1 414**
Provinces and municipalities	250	580	814	955	1 000	1 000	978	1 017	1 064
Departmental agencies and accounts									
Non-profit institutions									
Households	689	1 758	1 519	306	606	606	321	335	350
Payments for capital assets	**47 956**	**28 018**	**85 306**	**335 000**	**487 719**	**487 719**	**125 442**	**90 378**	**94 535**
Machinery and equipment	47 956	28 018	85 306	335 000	487 719	487 719	125 442	90 378	94 535
Total economic classification	**855 667**	**903 533**	**1 038 525**	**1 303 667**	**1 609 793**	**1 609 793**	**1 124 583**	**1 151 774**	**1 204 756**

3.3 Performance and Expenditure Trends

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

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

The department has spent a total of R2.8 billion in 2020/21 to 2022/23 while the 2023/24 budget amounts to R1.3 billion. The MTEF from 2024/25 to 2026/27 is projected at R3.5 billion. This amount will be used to maintain and improve the current services.

3.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
EMS response times for P1 calls (30 mins urban & 60 rural)	✓ EMS service not responsive to community needs	✓ Monitor distribution of crewed ambulances allowing access to all communities ✓ Monitor computerized assisted call taking & dispatch system
Patient safety incident closed within 60 days	✓ Non or inadequate investigations and /or reporting of cases	✓ Monitor compliance to reporting and closure

Programme 4: Provincial Hospitals Services

4.1 Purpose

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

4.2 Sub-programme: Regional Hospitals

4.2.1 Purpose

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

Table 26. Regional hospitals outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Patient experience of care in public health facilities improved	Patient experience survey satisfied responses	1.1 Patient experience of care satisfaction rate	78.3%	79%	77%	80%	80%	-	80%	-	-	81%	82%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents	Severity assessment code (SAC) 1 incident	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	76.1%	100%	99.1%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
improved to reduce new medico-legal cases	reported within 24 hours	**Denominator**:	-	-	-	-	-	-	-	-	-	-	-
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	59.2%	99.7%	99.1%	100%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
3.Maternal Neonatal and Child Mortality reduced	Maternal deaths in facility	3.1 Maternal deaths in facility	New indicator	New indicator	New indicator	New indicator	37	-	-	-	37	35	33
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Diarrhoea deaths under 5 years	3.2 Diarrhoea death under 5 years	New indicator	New indicator	New indicator	New indicator	20	5	5	5	5	16	14
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Pneumonia deaths under 5 years	3.3 Pneumonia death under 5 years	New indicator	New indicator	New indicator	New indicator	28	7	7	7	7	26	24
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	SAM deaths under 5 years	3.4 Severe acute malnutrition (SAM) death under 5 years	New indicator	New indicator	New indicator	New indicator	12	3	3	3	3	10	08
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
	Death in facility under 5 years	3.5 Death in facility under 5 years	New indicator	New indicator	New indicator	New indicator	564	141	141	141	141	560	560
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
4. Improved access to cervical cancer services	Cervical cancer screening	4.1 Cervical cancer screening	New indicator	New indicator	New indicator	New indicator	10	3	3	2	2	0	0
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

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

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

4.3 Sub-programme: Specialised Hospitals

4.3.1 Purpose

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

Table 27. Specialised hospitals outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets					
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Patient experience of care in public health facilities improved	Patient experience of survey satisfied responses	1.1 Patient experience of care satisfaction rate (Specialised Hospital)	75.6%	83%	86%	82%	82%	-	82%	-	-	83%	84%
		Numerator:	-	-		-		-	-	-	-	-	-
		Denominator:	-	-		-		-	-	-	-	-	-
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Specialised Hospitals)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-		-	-	-	-	-	-
		Denominator:	-	-	-	-		-	-	-	-	-	-
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate (Specialised Hospitals)	100%	100%	97.5%	100%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

4.4 Reconciling Performance Targets with Expenditure Trends

Table 28. Provincial Hospitals - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
R' thousand									
General (regional) hospitals	2 061 211	2 149 379	2 103 723	2 242 623	2 274 997	2 274 997	2 321 258	2 423 286	2 534 756
Psychiatric hospitals	567 072	580 362	568 680	624 846	633 676	633 676	662 903	686 548	718 130
TB Hospitals	36 276	41 579	45 900	46 862	46 862	46 862	55 262	56 313	58 902
TOTAL	**2 664 559**	**2 771 320**	**2 718 303**	**2 914 331**	**2 955 535**	**2 955 535**	**3 039 423**	**3 166 147**	**3 311 788**

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

Economic classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**2 645 029**	**2 750 123**	**2 701 852**	**2 894 366**	**2 942 270**	**2 942 231**	**3 018 730**	**3 144 526**	**3 289 173**
Compensation of employees	2 290 451	2 350 565	2 263 162	2 453 861	2 455 322	2 455 322	2 537 461	2 553 432	2 670 889
Goods and services	**354 578**	**399 558**	**438 690**	**440 505**	**486 948**	**486 909**	**481 269**	**591 094**	**618 284**
Communication	6 275	6 850	6 917	7 419	6 161	6 207	7 375	12 124	12 682
Consultants Contractors and special services	-	-	278	-	-	52	64	–	–
Inventory	292 368	307 663	357 067	378 138	306 402	306 060	300 470	335 042	350 452
Operating leases					924	1 246	1 450	1 724	1 803
Travel and subsistence	259	1 048	1 129	1 374	765	1 051	–	–	–
Maintenance repair and running costs									
Specify other	1 886	1 208	2 297	-	172 696	172 293	171 910	242 204	253 347
Transfers and subsidies to	**14 149**	**19 999**	**14 746**	**14 801**	**10 601**	**10 640**	**15 521**	**16 216**	**16 962**
Provinces and municipalities	80	88	98	146	146	146	162	169	177
Households	14 069	19 911	14 648	14 655	10 455	10 494	15 359	16 047	16 785
Payments for capital assets	**5 381**	**1 198**	**1 705**	**5 164**	**2 664**	**2 664**	**5 172**	**5 405**	**5 653**
Buildings and other fixed structures	495	-	-	-	-	-	-	-	-
Machinery and equipment	4 886	1 198	1 705	5 164	2 664	2 664	5 172	5 405	5 653
Software and other intangible assets		–	–	–	–	–	–	–	–
Total economic classification	**2 664 559**	**2 771 320**	**2 718 303**	**2 914 331**	**2 955 535**	**2 955 535**	**3 039 423**	**3 166 147**	**3 311 788**

4.5 Performance and Expenditure Trends

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

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

The department has spent a total of R8.2 billion in 2020/21 to 2022/23 while the 2023/24 budget amounts to R2.9 billion. The MTEF from 2024/25 to 2026/27 is projected at R9.5 billion. This amount will be used to maintain the prevailing services.

4.6 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improve financial management	✓ Increased litigations (increasing contingent liabilities – Money claimed against the state)	✓ Utilize developed unified patient health information system ✓ Monitor implementation of clinical reviews and audits(Mortality and morbidity reviews and training)
Patient experience of care satisfaction rate (**Specialised Hospitals**)	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines

Programme 5: Central & Tertiary Hospitals Services

5.1 Purpose

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

Table 30. Tertiary hospital outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Patient experience of care in public health facilities improved	Patient experience of survey satisfied responses	1.1 Patient experience of care satisfaction rate	71%	70%	81%	82%	82%	-	82%	-	-	83%	84%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
2. Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Patient safety incident (PSI) case closed	2.2 Patient safety incidents (PSI) case closure rate	19.6%	95.4%	100%	100%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
3.Maternal Neonatal and Child Mortality reduced	Maternal deaths in facility	3.1 Maternal deaths in facility	New indicator	New indicator	New indicator	New indicator	63	-	-	-	63	62	61
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Diarrhoea deaths under 5 years	3.2 Diarrhoea death under 5 years	New indicator	New indicator	New indicator	New indicator	4	1	1	1	1	3	3
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Pneumonia deaths under 5 years	3.3 Pneumonia death under 5 years	New indicator	New indicator	New indicator	New indicator	18	5	4	4	5	18	16
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	SAM deaths under 5 years	3.4 Severe acute malnutrition (SAM) death under 5 years	New indicator	New indicator	New indicator	New indicator	5	2	1	1	1	4	4
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
	Death in facility under 5 years	3.5 Death in facility under 5 years	New indicator	New indicator	New indicator	New indicator	489	122	122	122	122	478	476
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-
4. Improved access to cervical cancer services	Cervical cancer screening	4.1 Cervical cancer screening	New indicator	New indicator	New indicator	New indicator	8	2	2	2	2	12	14
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

a) of adverse events. A measure of maternal mortalities attached to tertiary hospitals will aid in referral hospitals accounting for their own maternal mortalities which have been referred to the tertiary hospitals.

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

5.2 Reconciling Performance Targets with Expenditure Trends and Budgets

Table 31. C&THS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Tertiary hospital	1 998 220	2 108 496	2 090 968	2 101 163	2 207 128	2 207 128	2 202 211	2 267 359	2 398 482
	–	–	–	–	–	–	–	–	–
TOTAL	**1 998 220**	**2 108 496**	**2 090 968**	**2 101 163**	**2 207 128**	**2 207 128**	**2 202 211**	**2 267 359**	**2 398 482**

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

Economic classification	Audited Outcomes	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate

	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**1 948 402**	**2 062 879**	**1 991 095**	**2 003 701**	**2 093 003**	**2 093 003**	**2 096 775**	**2 189 667**	**2 317 538**
Compensation of employees	1 481 333	1 559 945	1 480 378	1 471 880	1 471 140	1 471 140	1 549 074	1 571 292	1 666 274
Goods and services	**467 069**	**502 934**	**510 717**	**531 821**	**621 863**	**621 863**	**547 701**	**618 375**	**651 264**
Communication	4 108	4 390	4 364	5 220	5 220	5 218	4 971	8 716	9 117
Computer Services	-	-	-	-	-	-	-	-	-
Consultants Contractors and special services	-	709	-	-	-	-	-	-	-
Inventory	316 233	319 075	346 666	330 170	330 170	329 500	303 814	314 973	333 904
Operating leases	3 325	1 496	1 580	3 003	1 803	1 803	2 772	2 896	3 029
Travel and subsistence	474	1 056	3 875	157	457	457	118	123	129
Maintenance repair and running costs	-	31	30	83	83	83	84	88	92
Specify other	142 929	176 177	154 202	193 188	284 130	284 802	235 942	291 579	304 993
Transfers and subsidies to	**8 992**	**14 493**	**7 589**	**1 014**	**6 754**	**6 754**	**1 076**	**1 124**	**1 176**
Provinces and municipalities	27	37	49	90	90	90	73	80	84

Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Households	8 965	14 456	7 540	924	6 664	6 664	1 003	1 044	1 092
Payments for capital assets	**40 826**	**31 124**	**92 284**	**96 448**	**107 371**	**107 371**	**104 360**	**76 568**	**79 768**
Buildings and other fixed structures	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Machinery and Equipment	40 826	31 124	92 284	96 448	107 371	107 371	104 360	76 568	79 768
Software and other intangible assets									
Payment of Financial asset	-	-	-	**-**	-	**-**	**-**	**-**	**-**
Total economic classification	**1 998 220**	**2 108 496**	**2 090 968**	**2 101 163**	**2 207 128**	**2 207 128**	**2 202 211**	**2 267 359**	**2 398 482**

5.3 Performance and Expenditure Trends

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

- Reduction of referrals outside the province e.g. tertiary services are being increased in the hospital through the current budget and MTEF and this reduces the referrals outside the province.
- Improve quality of care at tertiary hospital level e.g. reduction in patient waiting time for elective surgery or treatment due to the availability of speciality health professionals.

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

The department has spent a total of R6.2 billion from 2020/21 to 2022/23 while the 2023/24 budget amounts to R2.1 billion. The MTEF from 2024/25 to 2026/27 is projected at R6.7 billion which will be used to maintain the current service.

5.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Improve financial management	Increased litigations (increasing contingent liabilities – Money claimed against the state)	✓ Utilize developed unified patient health information system ✓ Monitor implementation of clinical reviews and audits(Mortality and morbidity reviews and training)
Patient experience of care satisfaction rate (**Central & Tertiary Hospitals Services**)	✓ Poor customer care and service	✓ Monitor adherence to complaints management system timelines

Programme 6: Health Sciences Training

6.1 Purpose

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

Table 33. HST outcome outputs output indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Improved co-coordination of health services across the care continuum re-orienting the health system towards primary health	Registered nurses in diploma in nursing: General	Number of new nursing students registered in diploma in nursing: General	New indicator	New indicator	New indicator	150	150	-	-	-	150	150	200
		Numerator:	-	-	-	-	-	-	-	-	-	-	-
		Denominator:	-	-	-	-	-	-	-	-	-	-	-

Explanation of Planned Performance over the Medium-Term Period:

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

6.2 Reconciling Performance Targets with Expenditure Trends

Table 34. HST - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
R' thousand									
Nurse training colleges	174 573	163 593	148 901	165 063	169 263	169 263	168 686	176 243	184 350
EMS training colleges	3 452	2 610	2 826	4 870	4 870	4 872	5 104	5 333	5 578
Bursaries	129 471	81 538	49 966	97 264	33 732	33 730	70 250	85 935	89 887
PHC training	–	–	–	–	–	–	–	–	–
Other training	237 119	251 132	437 272	416 749	438 749	438 749	422 197	440 405	460 667
TOTAL	**544 615**	**498 873**	**638 965**	**683 946**	**646 614**	**646 614**	**666 237**	**707 916**	**740 482**

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

Economic classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**415 584**	**414 697**	**547 398**	**572 047**	**573 653**	**573 539**	**576 262**	**601 386**	**629 051**
Compensation of employees	400 887	398 977	529 717	543 612	543 612	543 612	546 874	562 263	588 130
Goods and services	**14 697**	**15 720**	**17 681**	**28 435**	**30 041**	**29 927**	**29 388**	**39 123**	**40 921**
Communication	638	631	565	658	658	658	690	1 221	1 277

Computer Services	-	-	-	-	-	-	-	-	-
Consultants Contractors and special services	-	-	-	-	-	-	-	-	-
Inventory	552	18	70	296	446	454	310	324	339
Operating leases	52	319	430	1 100	987	987	1 152	1 353	1 415
Travel and subsistence	599	890	2 579	1 016	1 630	2 856	1 317	1 063	1 112
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	12 856	13 862	14 037	25 365	26 320	24 972	25 919	35 162	36 778
Transfers and subsidies to	**126 965**	**83 761**	**91 531**	**111 899**	**71 961**	**72 075**	**89 675**	**106 230**	**111 117**
Provinces and municipalities	127	128	123	135	135	135	141	147	154
Departmental agencies and accounts	-	-	42 891	20 000	42 000	42 000	25 000	26 120	27 322
Households	126 838	83 633	48 517	91 764	29 826	29 940	64 534	79 963	83 641
Payments for capital assets	**2 066**	**415**	**36**	**-**	**1 000**	**1 000**	**300**	**300**	**314**

Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and Equipment	2 066	415	36	-	1 000	1 000	300	300	314
Software and other intangible assets									
Payment of Financial asset	-	-	-	-	-	-	-	-	-
Total economic classification	**544 615**	**498 873**	**638 965**	**683 946**	**646 614**	**646 614**	**666 237**	**707 916**	**740 482**

6.3 Performance and Expenditure Trends

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

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

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

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

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

The department has spent a total of R1.7 billion in 2020/21 to 2022/23 while the 2023/24 budget amounts to R683.9 million. The proposed MTEF from 2024/25 to 2026/27 is projected at R2.1 billion which will be used to maintain the current services.

6.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation

Programme 7: Healthcare Support Services

7.1 Purpose

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

Table 36. HCS outcome outputs performance indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1. Improved co-coordination of health services across the care continuum re-orienting the health system towards primary health	Essential medicines available at all levels	1.1 Availability of essential medicines depot	67.7 %	70%	68%	70%	70%	70%	70%	70%	70%	70%	70%
		Numerator:	222	247	240	207	207	-	-	-	-	207	207
		Denominator:	328	353	353	295	295	-	-	-	-	295	295
		1.2 Availability of essential medicines in hospitals	63%	63%	70.84%	80%	80%	80%	80%	80%	80%	83%	85%
		Numerator:	189	231	260	290	215	-	-	-	-	223	229
		Denominator:	295	367	367	362	269	-	-	-	-	269	269
		1.3 Availability of essential medicines in PHC facilities	77.6%	81%	77.7%	80%	80%	80%	80%	80%	80%	85%	85%
		Numerator:	132	135	129	65	65	-	-	-	-	69	69
		Denominator:	170	166	166	81	81	-	-	-	-	81	81

Explanation of Planned Performance over the Medium-Term Period:

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

7.2 Reconciling Performance Targets with Expenditure Trends

Table 37. HCS - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Forensic services	40 507	47 024	48 790	47 779	47 779	47 779	50 404	52 663	55 084
Orthotic and prosthetic services	5 167	4 987	12 394	9 680	9 680	9 680	10 145	10 600	11 088
Medicines trading account	540 515	517 215	163 630	93 327	95 227	95 227	96 508	100 832	105 469
TOTAL	**586 189**	**569 226**	**224 814**	**150 786**	**152 686**	**152 686**	**157 057**	**164 095**	**171 641**

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

Economic classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**585 864**	**568 359**	**222 595**	**150 359**	**150 059**	**149 910**	**156 610**	**163 628**	**171 152**
Compensation of employees	100 671	101 259	105 961	95 367	95 367	95 367	99 945	99 424	103 997

Goods and services	**485 193**	**467 100**	**116 634**	**54 992**	**54 692**	**54 543**	**56 665**	**64 204**	**67 155**
Communication	402	405	396	443	439	442	433	452	472
Computer Services	2 319	2 297	-	-	-	-	-	-	-
Consultants Contractors and special services	27 453	30 684	35 264	30 883	30 883	30 062	31 172	35 569	37 205
Inventory	448 529	418 500	68 249	10 922	9 228	10 355	11 439	11 952	12 502
Operating leases	511	608	759	921	971	976	965	1 008	1 054
Travel and subsistence	540	962	405	178	246	356	187	196	205
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	5 439	13 644	11 561	11 645	12 925	12 352	12 469	15 027	15 717
Transfers and subsidies to	**169**	**210**	**92**	**305**	**552**	**559**	**319**	**333**	**349**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Households	169	210	92	305	552	559	319	333	349

Payments for capital assets	**156**	**657**	**2 127**	**122**	**2 075**	**2 217**	**128**	**134**	**140**
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and Equipment	156	657	2 127	122	2 075	2 217	128	134	140
Software and other intangible assets									
Payment of Financial asset	-	-	-	-	-	-	-	-	-
Total economic classification	**586 189**	**569 226**	**224 814**	**150 786**	**152 686**	**152 686**	**157 057**	**164 095**	**171 641**

7.3 Performance and Expenditure Trends

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

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

The department has spent a total of R1.4 billion from 2020/21 to 2022/23 while the 2023/24 budget amounts to R150.8 million. The MTEF from 2024/25 to 2026/27 is projected at R492.8 million which will be used to maintain the current services. The reduction in the 2024 MTEF is due to the removal of bulk PPEs procurement that was linked with the COVID-19 prevalence in 2020/21 and 2021/22. The Department intends to realize this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholders' participation.

7.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Essential medicine availability of 80% at both hospital & PHC level	✓ Poor access to healthcare	✓ Monitor minimum & maximum stock levels and budget for buffer stock

Programme 8: Health Facilities Management

8.1 Purpose

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

Table 39. HFM outcome outputs performance indicators and targets

Outcome (as per SP 2020/21-2024/25)	Output	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2020/21	2021/22	2022/23	2023/24	2024/25	2024/25 Quarterly Targets				2025/26	2026/27
								Q1	Q2	Q3	Q4		
1.Infrastructure maintained and back log reduced	Health facilities with completed capital infrastructure projects	Percentage of Health facilities with completed capital infrastructure projects	New indicator	New indicator	New indicator	100%	100%	-	-	-	100%	100%	100%
		Numerator:	-	-	-	20	20	-	-	-	20	16	18
		Denominator:	-	-	-	20	20	-	-	-	20	16	18

Explanation of Planned Performance over the Medium-Term Period:

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

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

8.2 Reconciling Performance Targets with Expenditure Trends

Table 40. HFM - Expenditure estimates

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Community Health facilities	869 374	1 052 029	925 102	799 653	750 933	743 767	779 777	760 698	843 429
District Hospital Services	48 874	11 042	3 874	-	-	-	-	-	-
Provincial Hospitals Services	21 722	5 109	997	-	-	-	-	-	-
Tertiary Hospitals Services	45 319	21 262	85 158	51 484	59 303	66 469	47 851	49 547	51 827
Other Facilities	935	195 091	1 034	500	7 300	7 300	20 600	20 627	20 656
Total	**986 224**	**1 284 533**	**1 016 165**	**851 637**	**817 536**	**817 536**	**848 228**	**830 872**	**915 912**

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

Economic classification	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2020/21	2021/22	2022/23	2023/24			2024/25	2025/26	2026/27
Current payments	**609 531**	**1 082 810**	**695 512**	**531 933**	**592 466**	**599 632**	**539 775**	**485 048**	**554 344**
Compensation of employees	7 521	10 948	17 057	19 000	14 438	14 438	17 341	20 193	22 193
Goods and services	**602 010**	**1 071 862**	**678 455**	**512 933**	**578 028**	**585 194**	**522 434**	**464 855**	**532 151**

Communication	-	2	159	-	–	40	–	–	–
Computer Services	-	-	-	-	-	-	-	-	-
Consultants Contractors and special services	35 552	22 459	106 513	38 837	51 944	66 944	32 000	2 412	-0
Inventory	774	783	2 245	-	500	712	-	-	-
Operating leases	-	-	-	-	-	-	-	-	-
Travel and subsistence	242	503	884	530	530	531	530	554	530
Maintenance repair and running costs	-	-	-	-	-	-	-	-	-
Specify other	565 442	1 048 115	568 654	473 566	525 054	516 967	489 904	461 889	531 621
Transfers and subsidies to	**-**	**-**	**38**	**-**	**62**	**62**	**–**	**–**	**–**
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Households	-	-	38	-	62	62	–	–	–

Payments for capital assets	**376 693**	**201 723**	**320 615**	**319 704**	**225 008**	**217 842**	**308 453**	**345 824**	**361 568**
Buildings and other fixed structures	336 531	195 526	305 264	307 182	205 873	205 873	298 517	338 181	357 225
Machinery and Equipment	40 162	6 197	15 351	12 522	19 135	11 969	9 936	7 643	4 343
Software and other intangible assets									
Payment of Financial asset	-	-	-	**-**	-	**-**	**-**	**-**	**-**
Total economic classification	**986 224**	**1 284 533**	**1 016 165**	**851 637**	**817 536**	**817 536**	**848 228**	**830 872**	**915 912**

8.3 Performance and Expenditure Trends

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

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

The department has spent a total of R3.3 billion from 2020/21 to 2022/23 while the 2023/24 budget amounts to R851.6 million. The MTEF from 2024/25 to 2026/27 is projected at R2.6 billion. This amount will be used to maintain the current services. The Department intends to realise this programme's strategic objectives and targets through effective and economic utilization of the resources regular monitoring of the programme performance and stakeholder participation.

8.4 Updated Key Risks

Outcome	Key Risk	Risk Mitigation
Infrastructure maintained	✓ Unsafe infrastructure	✓ Bidding for budget by institutions/ districts ✓ Improve PMIS compliance to qualify for higher incentive allocation ✓ SOP/manual for scheduled maintenance per category of items

Public Entities

The department does not have public entities in existence.

Infrastructure Projects

Province	District Municipality	Project Name	Project Details / Scope	Project Estimated Start Date	Project Actual Start Date	Project Estimated End Date	Expenditure for the 2023/2024 year	2024/2025 Budget
Limpopo (LP)	0 - All Districts	**Water Services Maint/Rep (HFRG)**	Maintenance repair renovation and/or replacement* of civil structural mechanical and electrical engineering work relating to: WATER SERVICES AND FIRE WATER 1. Bulk water supply and wastewater disposal systems external to buildings: at borehole and stream abstraction systems piping storage treatment and maturation ponds; wet and dry waste installations (Enviroloos) 2. Boiler water softeners and dewatering pumps. 3. All bulk and building fire water installation and storage systems including fire hose reels hydrants sprinkler or any other water-based fire protection system. Includes the servicing of these installations as prescribed by law. 4. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 5. Any associated design and supervision work required by LDOH 6. Excluded (done by others): 6a. Plumbing inside buildings. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement. GEOHYDROLOGY Following DWS guidelines for groundwater development: 1. All potable and wastewater quality tests 2. Groundwater assessment and reports relating to a facility's existing groundwater supply. 3. Siting of boreholes to replace existing production boreholes that have run dry or cannot be rehabilitated. 4. The supervision and guidance of the following work performed by contractors assigned by LDOH:	03/04/2023	28/03/2023	31/03/2026	11321470.4	50 000 000.00

			4a. Drilling of replacement* boreholes. 4b. Yield testing of existing and replacement boreholes. 4c. Rehabilitation of boreholes 5. Reporting on borehole rehabilitation drilling yield and water quality results together with management recommendations. 6. Any associated design supervision and institutional support work required by LDOH. * Replaced boreholes do not increase the capacity of the facility's water supply. Reduced water supply capacity is also regarded as a replacement." WATER RESOURCES 1. All under supervision and guidance of a geohydrologist assigned by LDOH: 1a. Drilling of replacement* boreholes 2b. Yield testing of existing and replacement boreholes 3c. Rehabilitation of boreholes 2. River and stream abstraction installations * Replaced boreholes do not increase the capacity of the facility's water supply. Reduced water supply capacity is also regarded as a replacement."					
Limpopo (LP)	0 - All Districts	**Electrical Installations Maint/Rep (HFRG)**	Maintenance repair renovation and/or replacement of: 1. On-site low and medium voltage systems starting at the municipal connection through the Main Circuit Board(s) and reticulation & fittings up to and including kiosks and distribution panels. 2. All wiring and fittings from DB and kiosks not covered by an equipment-specific electrical supply as stated elsewhere. 3. Nurse calling and phone systems. 4. All building and site lighting systems and structures. 5. All electric-driven hot water supply systems: geysers heat pumps bulk water heaters etc. 6. Site and building access control systems. 7. Any associated design and supervision work required by LDOH.	03/04/2023	28/03/2023	31/03/2026	35485042.64	9 045 000.00

			* Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement." ALTERNATIVE & STANDBY POWER EQUIPMENT MAINTENANCE & REPAIRS Maintenance repair renovation and/or replacement* of: 1. Generator sets (engines & alternators) their chassis and mountings. 2. Generator switchgear and control systems 3. Fuel storage & management systems 4. Generator buildings enclosures and ventilation 5. Cabling and on-line communication systems. 6. Installed crawl beams and associated lifting equipment at generator rooms 7. UPSs inverters and battery backup systems. 8. Green energy systems. 9. Any associated design and supervision work required by LDOH. * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement."					
Limpopo (LP)	0 - All Districts	**Mechanical Equipment Maint/Rep**	"Maintenance repair renovation and/or replacement* of mechanical electrical civil and structural engineering work relating to: * Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement. AUTOCLAVES 1. Autoclaves complete with all pertinent fittings and equipment 2. Attached water softeners. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment.	03/04/2023	28/03/2023	31/03/2026	521875.39	9 045 000.00

			4. Any associated design and supervision work required by LDOH" HEATING VENTILATION AND AIR CONDITIONING (HVAC) 1. All heating ventilation & air conditioning systems. 2. Mortuary cabinets and refrigeration equipment. 3. Complete cooling and freezer rooms and HVAC equipment 4. Humidifiers and roof fans. 5. Installed crawl beams and associated lifting equipment at the chiller plant and air handling units.. 6. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 7. Any associated design and supervision work required by LDOH. KITCHEN COOKING & WASHING EQUIPMENT 1. All affixed kitchen cooking and washing equipment cooking hoods tables conveyor systems ovens ranges Baine Marie and all ovens. 2. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 3. Any associated design and supervision work required by LDOH 4. Excludes (done by others): 4a. Steam piping & fittings water supply and wastewater connections to the equipment. LAUNDRY EQUIPMENT 1. All laundry equipment such as washer-extractors hydro-extractors & spin driers roller presses and industrial/flatwork ironers folding machines. Also tunnel washers and batch washers. 2. Also smaller washing machines and tumble driers. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 4 Any associated design and supervision work required by LDOH 5. Excluded (done by others): 5a. Steam piping & fittings to the equipment					

			done by others. MEDICAL AND LPG GAS SYSTEMS 1. The gas plantroom vacuum pumps piping and fittings and bed head units. 2. Storage space for gas cylinders. 3. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 4. Any associated design and supervision work required by LDOH 5. LPG gas installations: Kitchen and others 6. Excluded (done by others): 6a. The bulk oxygen installation."					
Limpopo (LP)	0 - All Districts	**Mental Health care units**	Provision of Mental Health care units	03/04/2023		31/03/2026	0	16 090 000.00
Limpopo (LP)	0 - All Districts	**Upgrades of Helipads**	1. Upgrades & Repairs of Helipads to South African Civil Aviation Authority standards.	06/11/2017	28/03/2023	31/03/2027	0	9 090 000.00
Limpopo (LP)	0 - All Districts	**Steam Mait/Rep (HFRG)**	"Maintenance repair renovation and/or replacement* of: 1. Boilers and all pertinent mechanical & electrical equipment at the boiler house including but not limited to: 1a. Coal feeding system (bunker to boiler) 1b. The complete boiler chassis and mounting. 1c. All switchgear control systems and steam safety protection systems. 2. Steam & condensate systems - up to connections to autoclaves kitchen & laundry equipment. 3. Calorifiers. 4. Room steam heaters complete. 5. Crawl beams and associated lifting equipment at the boiler house. 6. Electrical supply to the above systems from the source of electricity (kiosk or DB) up to the equipment. 7. Any associated design and supervision work required by LDOH. 8. Excluded (done by others): 8a. The building and coal bunker structures 8b. Dewatering pumps water supply to the building 8c. Wastewater disposal outside the boiler house 8d. Boiler water softeners.	03/04/2023	28/03/2023	31/03/2026	0	7 236 000.00

			* Replaced infrastructure does not extend or upgrade the function or increase the capacity of the existing installation. Reduced functionality and/or reduced capacity is also regarded as a replacement."					
Limpopo (LP)	0 - All Districts	**Provision of Relocatable Units & related works**	Provision of Relocatables & related works for records storage and other use as per Facility needs requirements	23/05/2016	23/05/2016	31/03/2026	2706882.65	
Limpopo (LP)	0 - All Districts	**EMS Stations**	Development of new EMS Stations	03/04/2023	28/03/2023	31/03/2026	0	3 618 000.00
Limpopo (LP)	0 - All Districts	**Electrical Installations_Hybrid Energy**	Hybrid Energy installations	01/04/2024		31/03/2025	0	98 750 000.00
Limpopo (LP)	0 - All Districts	**Health Facilities upgrades**	Upgrading of health facilities as detailed in the Master Plan Report	01/04/2024		31/03/2026	0	1 000 000.00
Limpopo (LP)	Capricorn (DC35)	**WF Knobel Hospital_Project**	Repairs and maintenance of the following hospital buildings. 1. House 01 2. House 02 3. House 04 4. House 07 5. House 09 6. Laundry building 7. Stores Building 8. Male & Female Ward 9. Demolitions 10. Kitchen 11. Phase 1 Walkway 12. Phase 1 Storm water control 13. Roof Maintenance (Allied & Old Peads) 14. Allied Building 15. Old Peads Building 16. Pharmacy Canopy 17. Ring road and Gate House 18. Phase 2 Storm water control 19. Phase 2 Walkway (Mortuary & Stores Links etc)	01/10/2020	01/10/2020	31/12/2026	0	24 120 000.00
Limpopo (LP)	Capricorn (DC35)	**Helene Franz Hospital_Projects**	Maternity Complex Mental Healthcare Unit Male & Female Ward Main Gate entrance & ring road Tuckshop waiting area palisade OPD Pharmacy & Casualty X-ray & Reception	03/04/2023		31/03/2026	0	12 060 000.00
Limpopo (LP)	Capricorn (DC35)	**Lebowakgomo EMS station_Upgrade EMS station**	Upgrade EMS station	30/08/2016	01/10/2016	30/12/2024	0	6 030 000.00

Limpopo (LP)	Capricorn (DC35)	**Pietersburg hospital_Upgrade MCCE (Phase B)**	Upgrade Mother Child Centre of Excellence facilities (Phase B) Neonatal unit Paediatric ICU & Antenatal Care Maternity Theatre & Main Theatres	06/11/2017	07/11/2022	31/03/2026	0	12 070 000.00
Limpopo (LP)	Capricorn (DC35)	**Sovenga Nursing College Campus_Student Nurses residential accommodation**	Comprehensive Maintenance of student nurses residential accommodation	03/04/2023	28/03/2023	31/03/2026	0	6 670 000.00
Limpopo (LP)	Capricorn (DC35)	**Pietersburg hospital_repurposing of ICU Ward & Ward F**	Converting Ward F into ICU ward. The former ICU repurposed into other functional spaces.	17/11/2020	03/01/2022	31/03/2026	261091.11	6 030 000.00
Limpopo (LP)	Capricorn (DC35)	**WF Knobel Hospital_Health Technology**	Provision of Health Technology_ domestic and office furniture at laundry stores and kitchen	03/04/2023	28/03/2023	31/03/2026	0	1 500 000.00
Limpopo (LP)	Capricorn (DC35)	**Thabamoopo Hospital: New Health Care Support Facility**	New Health Care Support Facility Continuation of construction project that was terminated in 2012. Activities include: - Review of design - Compilation of new specifications & BoQs - Tender and construction The building provides for - Patient services (dental physio OCT dietetics library) - Patients about to be discharged (basic skills training: catering cooking workshop)	01/04/2025	01/09/2015	31/03/2026	0	605 000.00
Limpopo (LP)	Mopani (DC33)	**Giyani Nursing College Campus: Projects**	Repairs & Maintenance of 1. Student accommodation 2. Kitchen upgrade	01/04/2022	01/04/2022	30/09/2024	0	4 221 000.00
Limpopo (LP)	Mopani (DC33)	**Giyani Nursing College Campus: Student Accommodation HT**	Purchasing Health Technology for Giyani Nursing College Campus Student Accommodation	03/04/2023		31/03/2025	0	302 000.00
Limpopo (LP)	Sekhukhune (DC47)	**Philadelphia Hospital_MCCE complex and related areas Phase A**	Renovate and re-organise Mother Child Centre of Excellence complex and related areas	03/04/2023	03/04/2023	31/03/2026	0	5 427 000.00
Limpopo (LP)	Vhembe (DC34)	**Thohoyandou Nursing Campus_Projects**	Nursing Student accommodation Repurpose Dinning Hall and storm water management	03/04/2023	28/03/2023	31/03/2026	0	10 457 000.00
Limpopo (LP)	Vhembe (DC34)	**Hayani Hospital_HT Projects**	Provide HT equipment and furniture to: 1/ OPD 2/ Allied Health 3/ Human Resources	07/02/2023	07/02/2023	31/03/2025	0	603 000.00

Limpopo (LP)	Waterberg (DC36)	**FH Odendaal Hospital_Projects**	Health Support Maternity Neonatal Complex Mental Healthcare Re-organization of Casualty/OPD Repurpose space for allied	31/05/2022	01/11/2021	31/03/2026	23899959.83	35 225 000.00
Limpopo (LP)	Waterberg (DC36)	**Ellisras Hospital_Projects**	1. Perimeter Fence 2. Mental Health Care Unit – Upgrade and repurpose the change room and laundry block 3. Staff Accommodation repairs and maintenance 4. Staff Accommodation upgrades and re-organization 5. Upgrade of Maternity and Paediatric ward 6. Upgrade of casualty out-patient clinic and pharmacy 7. Upgrade and repurposing of old EMS building into an administrative block. 8. Gate house Kiosk and helipad 9. Ring road and hospital landscape	06/06/2022	06/06/2022	30/09/2026	10247337.52	25 225 000.00
Limpopo (LP)	Waterberg (DC36)	**MDR_FH Odendaal Hospital_Kitchen**	Maintenance of Hospital Kitchen	03/04/2023	28/03/2023	31/03/2026	0	310 000.00
Limpopo (LP)	Waterberg (DC36)	**Warmbad Hospital_Projects**	Address water challenges : Geo-hydrological and Geotechnical studies. Drainage off from the roof & aprons attend to gutters. Install sub-soil drainage around the maternity and EMS buildings Install grills at the gate to redirect the water from town back into the Municipal canal. Drill boreholes and attend to the canal. Measure moisture content on Maternity and EMS Buildings Undertake corrective work on Maternity EMS and the buildings within the facility	03/04/2023	28/03/2023	31/03/2026	0	15 000 000.00
Limpopo (LP)	Waterberg (DC36)	**FH Odendaal Hospital_ Projects(Health Technology)**	Provide Health Technology to the following areas in the hospital: 1/ Neonatal 2/ Paeds 3/Mental Healthcare 4/ Guard House	07/02/2023	07/02/2023	31/03/2026	0	1 809 000.00
Limpopo (LP)	Waterberg (DC36)	**Ellisras Hospital_Project HT**	1. Staff accommodation 2. Mental Health Care Unit	07/02/2023	07/02/2023	31/03/2026	0	1 206 000.00
Limpopo (LP)	Waterberg (DC36)	**Modimolle EMS Station: New EMS Station**	Construction of new EMS station	26/05/2005	06/06/2007	30/08/2025	0	6 060 000.00

Limpopo (LP)	Waterberg (DC36)	**Phagameng Clinic_Replacement of the existing clinic on a new site**	Replacement of the existing Phagameng clinic on a new site	07/06/2007	07/06/2007	30/08/2026	0	6 000 000.00
Limpopo (LP)	Waterberg (DC36)	**Warmbad Hospital_Health Technology**	Conduct Equipment and furniture Audit	03/04/2023	28/03/2023	31/03/2026	0	1 000 000.00

Public Private Partnerships

The department does not have public private partnerships in existence.

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

Programme 1: Administration

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Audit opinion of Provincial DoH	Audit opinion for Provincial Departments of Health for financial performance	Auditor General Report Management report	Audit outcome for regulatory audit expressed by AGSA for 2021/2022 financial year	Not applicable	Not applicable	Not applicable	Provincial office	Not Applicable	Annual	Unqualified opinion	Chief Financial Officer Director Internal Control
1.2 Percentage compliance to payment of suppliers within 30 days	Invoice paid within 30days	BAS	**Numerator:** No of valid invoices paid within 30days **Denominator:** Total number of valid invoices received	Schedule for payments showing the total invoices paid within 30 days and after 30 days on monthly basis	Financial systems are in place	All SMEs and suppliers	All districts	Non-cumulative	Quarterly	A 100% payment of suppliers within 30 days	Director Expenditure and Accounts
1.3 Percentage completeness of asset register	Asset register exist all assets account for fair valued and all identified redundant and obsolete assets are disposed	Asset register	**Numerator** Asset register	Asset register	All assets are recorded and verified twice a year	N/A	Provincial office	Non-cumulative	Quarterly	A 100% completeness asset register	Chief Director SCM
1.4 Revenue Collected	Amount of revenue collected for the year	BAS	Amount collected against the set target	BAS report	Staff to manage revenue collection in facilities Implemented electronic data interchange for claiming from	N/A	All districts	Cumulative (year-to-date)	Quarterly	High	Director Revenue Management

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

Programme 2: District Health Services

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
PHC											
1.1 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey tools	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	All users of health care services	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance Director Medico-Legal

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	the reporting month				patient surveys						
3.1 Ideal clinic status obtained rate	Fixed PHC health facilities that obtained Ideal Clinic status (silver gold platinum) as a proportion of fixed PHC clinics and CHCs and or CDCs	Ideal health facility software	**Numerator:** Fixed PHC health facilities have obtained Ideal Clinic status **Denominator**: Fixed PHC clinics or fixed CHCs and or CDCs	Ideal clinic checklists	Teams (PPTICRM) and district coordinators for ICRM are available conduct assessments and monitor implementation of quality improvement plans National support	N/A	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director PHC
4.1 PHC mental disorders treatment rate (new)	Clients treated for the first time for mental disorders (depression anxiety dementia psychosis mania suicide attempt developmental disorders behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount	PHC Comprehensive Tick Register DHIS	**Numerator:** PHC client treated for mental disorders - new **Denominator:** PHC Headcount - Total	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher detection of new mental cases in the PHC setting	Non-communicable Diseases - Mental Health component
District Hospitals											
1.1 Patient experience of care satisfaction rate	Total number of satisfied responses as a proportion of all responses from	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:**	Patient survey	Institutions have appointed or delegated quality	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	patient experience of care survey questionnaires		Patient experience of care survey total responses		assurance officials to conduct patient surveys						
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance Director Medico-Legal
HAST											
1.1 HIV positive 15-24 years (excl. ANC) rate	Adolescent and youth 15 to 24 years who tested positive as a proportion of those were tested for HIV in this age group	HTS register (HIV testing services) TIER.Net DHIS	**Numerator:** HIV positive 15-24 years (excl. ANC) **Denominator:** HIV test 15-24 years (excl. ANC)	HTS register (HIV testing services) TIER.Net DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Youth	All districts	Cumulative (year-to-date)	Quarterly	Low	Chief Director Special Programmes Director HAST
1.2 ART adult remain in care rate (12 months)	ART adult remain in care – total as a proportion of ART adult start	ART paper register TIER.Net DHIS	**Numerator:** ART adult in remain in care – total **Denominator:**	ART paper register TIER.Net DHIS	All systems for monitoring HIV/TB epidemic are	All adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	Chief Director Special Programmes Director HAST

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	minus cumulative transfer out		ART adult start minus cumulative transfer out		in place and functional						
1.3 ART child remain in care rate (12 months)	ART child remain in care – total as a proportion of ART child start minus cumulative transfer out	ART paper register TIER.Net DHIS	**Numerator:** ART child in remain in care – total **Denominator:** ART child start minus cumulative transfer out	ART paper register TIER.Net DHIS	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment	Chief Director Special Programmes Director HAST
1.4 ART Adult - viral load suppressed rate (12 months)	ART adult viral load under 50 as a proportion of ART adult viral load done at 12 months	DHIS	**Numerator:** ART adult viral load under 50 (at 12 months) **Denominator:** ART adult viral load done (at 12 months)	DHIS report	All systems for monitoring HIV/TB epidemic are in place and functional	Adults	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	Chief Director Special Programmes Director HAST
1.5 ART Child - viral load suppressed rate (12 months)	ART child viral load under 50 as a proportion of ART child viral load done at 12 months	DHIS	**Numerator:** ART child viral load under 50 (at 12 months) **Denominator:** ART child viral load done (at 12 months)	DHIS report	All systems for monitoring HIV/TB epidemic are in place and functional	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher total indicates a larger population on ART treatment are having their viral load suppressed	Chief Director Special Programmes Director HAST
1.6 All DS-TB client LTF rate	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who were subsequently lost to follow-up as a proportion of all	TIER.Net ; DHIS	**Numerator:** All DS-TB client lost to follow-up **Denominator:** All DS TB Treatment Start	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Lower levels of interruption reflect improved case holding which is important for facilitating	TB Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	those who started DS TB treatment									successful TB treatment	
1.7 All DS-TB client treatment success rate	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently successfully completed treatment as a proportion of ALL those who started DS TB treatment	TIER.Net ; DHIS	**Numerator:** All DS-TB client successfully completed treatment **Denominator:** All DS TB Treatment Start	DHIS report	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage suggests better treatment success rate.	TB Programme Manager
1.8 TB Rifampicin resistan Multidrug – Resistant treatment success rate	Rifampicin Resistant/Multidrug Resistant clients successfully completed treatment as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb DHIS	**Numerator:** TB Rifampicin resistant/Multidrug Resistant successfully completed treatment **Denominator:** TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb DHIS	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager
1.9 TB Rifampicin resistant/Multidrug – Resistant lost to follow-up rate	TB Rifampicin Resistant/Multidrug Resistant clients loss to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment	EDRWeb DHIS	**Numerator:** TB Rifampicin Resistant/Multidrug Resistant client loss to follow-up **Denominator:** TB Rifampicin Resistant/Multidrug Resistant client started on treatment	EDRWeb DHIS	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Lower lost to follow up rate	TB Programme Manager

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.10 TB Pre-XDR treatment success rate	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment	EDRWeb DHIS	**Numerator:** TB Pre-XDR client who successfully completed treatment **Denominator:** TB Pre-XDR client started on treatment	EDRWeb DHIS	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Higher success rate	TB Programme Manager
1.11 TB Pre-XDR loss to follow up rate	TB Pre-XDR clients who are loss to follow up as a proportion of TB Pre-XDR clients started on treatment	EDRWeb DHIS	**Numerator:** TB Pre-XDR client who are loss to follow up **Denominator:** TB Pre-XDR client started on treatment	EDRWeb DHIS	All systems for monitoring TB epidemic are in place and functional	Children and adults	All districts	Cumulative (year-to-date)	Quarterly	Lower lost to follow up rate	TB Programme Manager
MCWH&N											
1.1 IUCD – Intra Uterine Contraceptive Device	The IUCD updake as one of the contraception methods in women 15-49 years will be collected that will serve as a proxy indicator for Couple year protection. Count each IUCD inserted (EXCLUDE IUCD inserted to women younger than 15 years of age and older than 49 years of age)	PHC Comprehensive Tick Register Birth Register Labour Combined and Postnatal ward Health Facility Register DHIS No Denominator	**Numerator** Number of ICUD inserted **Denominator:** Not applicable	PHC Comprehensive Tick Register Birth Register Labour Combined and Postnatal ward Health Facility Register DHIS No Denominator	Accuracy dependent on quality of data submitted by health facilities	Not applicable	All districts	Cumulative (year-to-date)	Quarterly	Higher numbers	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.2 Delivery 10 to 14 years in facility	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff	Health Facility Register DHIS	**Numerator:** Number Delivery 10-14 years in facility **Denominator:** Not Applicable	Health Facility Register DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All districts	Cumulative (year-to-date)	Quarterly	Lower numbers	HIV and Adolescent Health
1.3 Antenatal 1st visit before 20 weeks rate	Women who have a first visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC Comprehensive Tick Register DHIS	**Numerator:** Antenatal 1st visit before 20 weeks **Denominator:** Antenatal 1st visit before 20 weeks	PHC Comprehensive Tick Register DHIS	Basic antenatal care plus implemented in all primary healthcare facilities	Targeting women of child bearing age	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates better uptake of ANC services	Director MCWH&N
1.4 Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion	PHC Comprehensive Tick Register	**Numerator:** Mother postnatal visit within 6 days after delivery **Denominator:** Delivery in facility total	PHC Comprehensive Tick Register	Postnatal care implemented at all levels of care	Targeting women	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicates better uptake of postnatal services	Director MCWH&N
1.5 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	Maternity register delivery register	**Numerator:** Maternal death in facility **Denominator:** Live birth known to facility	Maternity register delivery register	ESMOE training as a key to reduction of maternal mortalities is being conducted. Strengthened HIV/AIDS management	Females	All districts	Cumulative (year-to-date)	Annual	Lower	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	(obstetric and non-obstetric) per 100 000 live births in facility										
1.6 Still birth in facility rate	Infants born still as proportion of total infants born in health facilities (factor: Per 1000 births)	Delivery register Midnight report	**Numerator:** Still Birth in facility **Denominator:** Total births in facility (include still birth in facility)	Delivery register Midnight report	Accuracy dependent on quality of data submitted by health facilities	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower rates	Director MCWH&N
1.7 Neonatal *(<28 days)* death in facility rate	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	Delivery register Midnight report	**Numerator:** Neonatal deaths (0-28 days) in facility **Denominator:** Live birth in facility	Delivery register Midnight report		Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	Director MCWH&N
1.8 Child under 5 years diarrhoea case fatality rate	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities	Ward register	**Numerator:** Diarrhoea death under 5 years **Denominator:** Diarrhoea separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N
1.9 Child under 5 years pneumonia case fatality rate	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities	Ward register	**Numerator:** Pneumonia death under 5 years **Denominator:** Pneumonia separation under 5 years	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N
1.10 Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition death in children under 5 years as a proportion of SAM inpatients under 5 years	Ward register	**Numerator:** Severe acute malnutrition (SAM) death in facility under 5 years **Denominator:**	Ward register	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
			SUM([Severe Acute Malnutrition separation under 5 years								
1.11 Death under 5 years against live birth rate	Children under 5 years who died during their stay in the facility	Midnight report	**Numerator:** Death in facility under 5 years total **Denominator:** Live birth in facility	Midnight report	Implementing integrated management of childhood illness	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower children mortality rate is desired	Director MCWH&N
1.12 Infant PCR test positive around 6 months rate	Infant PCR test positivity around 6 months among infants born to HIV positive mothers	PHC Comprehensive Tick Register	**Numerator:** Infant PCR test positive around 6 months **Denominator:** Infant HIV PCR test around 6 months	PHC Comprehensive Tick Register	Universal test and treat strategy is been implemented in the department	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	Chief Director Special Programmes Director HAST
1.13 HIV test positive around 18 months rate	HIV test positive around 18 months (18-24 months) as a proportion of HIV tests done around 18 months	PHC Comprehensive Tick Register	**Numerator:** HIV test positive around 18 months **Denominator:** HIV tests done around 18 months	PHC Comprehensive Tick Register	Universal test and treat strategy is been implemented in the department	Children	All districts	Cumulative (year-to-date)	Quarterly	Lower	Chief Director Special Programmes Director HAST
1.14 Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year.	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	**Numerator:** Immunised fully under 1 year new **Denominator:** Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher percentage indicate better immunisation coverage	Director EPI
1.15 Measles 2nd dose 1 year coverage	Children 1 year (12 months) who received measles 2nd dose as a proportion of the 1 year population.	PHC Comprehensive Tick Register Denominator:	**Numerator:** SUM([Measles 2nd dose]) **Denominator:** Population under 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Availability of vaccines	Children	All districts	Cumulative (year-to-date)	Quarterly	Higher coverage rate indicate greater protection against measles	Director EPI

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

Programme 3: Emergency Medical Services

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

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

Programme 4: Regional and Specialised Hospital

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Patient experience of care satisfaction rate (Regional & Specialised Hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional & Specialised Hospitals)	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate (Regional & Specialised Hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance Director Medico-Legal
3.1 Maternal deaths in facility (Regional hospitals)	Maternal death is death occurring during pregnancy childbirth and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric)	Maternal death register Delivery Register	**Numerator:** Number Maternal death in facility (Referral Hospitals) **Denominator:** Not applicable	Maternal death register Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Annual	Lower numbers	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
3.2 Diarrhoea death under 5 years (Regional hospitals)	Diarrhoea deaths in children under 5 years in Referral Hospitals	Ward register	**Numerator:** Number Diarrhoea deaths in facility (**in Referral Hospitals) Denominator:** Not Applicable	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower numbers	Director MCWH&N
3.3 Pneumonia death under 5 years (Regional hospitals)	Pneumonia deaths in children under 5 years under 5 years in Referral Hospitals	Ward register	**Numerator:** Number Pneumonia death under 5 years (**in Referral Hospitals) Denominator:** Not Applicable	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower numbers	Director MCWH&N
3.4 Severe acute malnutrition (SAM) death under 5 years (Regional hospitals)	Severe acute malnutrition deaths in children under 5 years in Referral Hospitals	Pediatric Ward register	**Numerator:** Number Severe acute malnutrition (SAM) death under 5 years **Denominator:** Not Applicable	Pediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower number	Director MCWH&N
3.5 Death in facility under 5 years (Regional hospital)	Children under 5 years who died during their stay in the facility	Midnight Report	**Numerator:** Number Death in facility under 5 years total (in Referral Hospitals) **Denominator:** Not Applicable	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower number	Director MCWH&N
4.1 Cervical cancer screening (Regional hospitals)	Cervical smears in women 30 years and older	PHC Comprehensive Tick Register ;OPD	**Numerator:** Number Cervical Cancer Screening done **Denominator:** Not Applicable	DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical Cancer Screening	Director MCWH&N

Programme 5: Tertiary Hospitals

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
1.1 Patient experience of care satisfaction rate (Tertiary hospitals)	Total number of satisfied responses as a proportion of all responses from patient experience of care survey questionnaires	Patient surveys	**Numerator:** Patient experience of care survey satisfied responses **Denominator:** Patient experience of care survey total responses	Patient survey	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	Not applicable	All districts	Cumulative (year-to-date)	Annual	High	Deputy Director Quality assurance (M&E)
2.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate (Tertiary hospitals)	Severity assessment code (SAC)1 incidents reported within 24 hours as a proportion of severity assessment code (SAC) 1 incident reported	Patient safety incident software	**Numerator:** Severity assessment code (SAC) 1 incident reported within 24 hours **Denominator:** Severity assessment code (SAC) 1 incident reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Low	Deputy Director Quality Assurance Director Medico-Legal
2.2 Patient safety incidents (PSI) case closure rate (Tertiary hospitals)	Patient safety incident (PSI) case closed in the reporting month as a proportion of patient safety incident (PSI) cases reported in the reporting month	Patient safety incident software	**Numerator:** Patient Safety Incident (PSI) case closed **Denominator:** Patient Safety Incident (PSI) case reported	Patient safety incident software	Institutions have appointed or delegated quality assurance officials to conduct patient surveys	N/A	All districts	Cumulative (year-to-date)	Quarterly	Increased percentage of reporting	Deputy Director Quality Assurance Director Medico-Legal
3.1 Maternal deaths in facility (Tertiary hospitals)	Maternal death is death occurring during pregnancy childbirth and the puerperium of a woman while pregnant or within 42 days of	Maternal death register Delivery Register	**Numerator:** Number Maternal death in facility (Referral Hospitals) **Denominator:** Not applicable	Maternal death register Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Annual	Lower numbers	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
	termination of pregnancy irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric)										
3.2 Diarrhoea death under 5 years (Tertiary hospitals)	Diarrhoea deaths in children under 5 years in Referral Hospitals	Ward register	**Numerator:** Number Diarrhoea deaths in facility (**in Referral Hospitals)** **Denominator:** Not Applicable	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower numbers	Director MCWH&N
3.3 Pneumonia death under 5 years (Tertiary hospitals)	Pneumonia deaths in children under 5 years under 5 years in Referral Hospitals	Ward register	**Numerator:** Number Pneumonia death under 5 years (**in Referral Hospitals)** **Denominator:** Not Applicable	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower numbers	Director MCWH&N
3.4 Severe acute malnutrition (SAM) death under 5 years (Tertiary hospitals)	Severe acute malnutrition deaths in children under 5 years in Referral Hospitals	Pediatric Ward register	**Numerator:** Number Severe acute malnutrition (SAM) death under 5 years **Denominator:** Not Applicable	Pediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower number	Director MCWH&N
3.5 Death in facility under 5 years (Tertiary hospital)	Children under 5 years who died during their stay in the facility	Midnight Report	**Numerator:** Number Death in facility under 5 years total (in Referral Hospitals) **Denominator:** Not Applicable	Midnight Report	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower number	Director MCWH&N
4.1 Cervical cancer screening (Tertiary hospitals)	Cervical smears in women 30 years and older	PHC Comprehensive	**Numerator:**	DHIS	Accuracy dependent on quality of	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical	Director MCWH&N

Indicator Title	Definition	Source of data	Method of Calculation / Assessment	Means of Verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
		Tick Register ;OPD	Number Cervical Cancer Screening done **Denominator:** Not Applicable		data submitted by health facilities					Cancer Screening	

Programme 6: Health Sciences Training

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

Programme 7: Health Care Support

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

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

Programme 8: Health Facilities Management

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

	facilities planned to have completed capital infrastructure projects.										

Annexure A: Amendments to Strategic Plan

Initial outcome (Strategic Plan 2020 - 2025)	Revised outcome (APP 2024/25)
Quality of health services in public health facilities improved	Patient experience of care in public health facilities improved
Quality of health services in public health facilities improved	Health facilities ready for NHI accreditation
Quality of health services in public health facilities improved	Management of patient safety incidents improved to reduce new medico-legal cases
Morbidity and Premature mortality due to Communicable diseases (HIV TB and Malaria) reduced	AIDS related deaths reduced by implementing the 95-95-95 strategy
Morbidity and Premature mortality due to Communicable diseases (HIV TB and Malaria) reduced	TB mortality reduced by 75%
Maternal Neonatal and Child Mortality reduced	Stunting among children reduced
Morbidity and Premature mortality due to Communicable diseases (HIV TB and Malaria) reduced	Malaria eliminated by 2023
Co-coordinating health services across the care continuum re-orienting the health system towards primary health	Improved co-coordination of health services across the care continuum re-orienting the health system towards primary health
Not applicable	Improved access to cervical cancer services
Not applicable	Improved access to mental health services

Annexure B: Conditional Grants

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

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

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

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

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

Annexure C: Consolidated Indicators

Not Applicable

Annexure D: District Development Model

Capricorn District

Local Municipality	Project Name	Longitude	Latitude	Budget allocated for the 2023/2024 year	2024/2025 Budget	Implementing Agent
Blouberg (LIM351)	**Helena Franz Gateway Clinic_Health Technology**	29.113	-23.284	500 000.00		LDoH
Blouberg (LIM351)	**Helene Franz Hospital_Projects**	29.113	-23.284	10 000 000.00	12 060 000.00	LDoH
Lepele-Nkumpi (LIM355)	**Lebowakgomo EMS station_Upgrade EMS station**	29.483721	-24.3192015	16 057 000.00	6 030 000.00	LDPWR&I
Lepele-Nkumpi (LIM355)	**Lebowakgomo EMS_HT**	29.483721	-24.3192015	1 000 000.00	-	LDPWR&I
Lepele-Nkumpi (LIM355)	**Malemati Clinic: Upgrade Clinic**	29.6383	-24.3852		-	LDPWR&I
Polokwane (LIM354)	**Mankweng Hospital_Upgrade Laundry Building**	29.725	-23.87944	-	2 000 000.00	LDPWR&I
Polokwane (LIM354)	**Pietersburg hospital_ICU HT**	29.46128	-23.88984	500 000.00	-	LDoH
Polokwane (LIM354)	**Pietersburg Hospital_Mass water storage tanks**	29.46128	-23.88984	8 260 450.00	5 126 000.00	LDoH
Polokwane (LIM354)	**Pietersburg hospital_repurposing of ICU Ward & Ward F**	29.46128	-23.88984	7 000 000.00	6 030 000.00	LDoH
Polokwane (LIM354)	**Pietersburg hospital_Upgrade MCCE (Phase B)**	29.46128	-23.88984	20 000 000.00	12 070 000.00	LDoH
Polokwane (LIM354)	**Sovenga Nursing College Campus_Student Nurses residential accommodation**	29.72543	-23.87548	5 000 000.00	6 670 000.00	
Lepele-Nkumpi (LIM355)	**Thabamoopo Hospital: New Health Care Support Facility**	29.5441	-24.3032		605 000.00	LDPWR&I
Blouberg (LIM351)	**WF Knobel Hospital_Health Technology**	29.1206	-23.6341	500 000.00	1 500 000.00	LDoH
Blouberg (LIM351)	**WF Knobel Hospital_Project**	29.1206	-23.6341	27 000 000.00	24 120 000.00	LDoH

Mopani District

District Municipality	Local Municipality	Project Name	Longitude	Latitude	Budget allocated for the 2023/2024 year	2024/2025 Budget	Implementing Agent
Mopani (DC33)	Greater Giyani (LIM331)	**Giyani Nursing College Campus: Projects**	30.68954	-23.30934	15 000 000.00	4 221 000.00	LDoH
Mopani (DC33)	Greater Tzaneen (LIM333)	**Letaba Hospital A6_Health Technology: Replacement Female Medical Ward upgrade waste store**	30.26933	-23.87417	1 000 000.00		LDPWR&I
Mopani (DC33)	Greater Giyani (LIM331)	**Giyani Nursing College Campus: Student Accommodation HT**	30.68954	-23.30934	2 000 000.00	302 000.00	LDoH

Mopani (DC33)	Ba-Phalaborwa (LIM334)	**Health Technology: Maphutha Malatjie Hospital: OPD Casualty X-Ray Pharmacy Health Support and Hel**	31.03717	-23.92533	2 000 000.00	1 300 000.00	LDoH
Mopani (DC33)	Greater Tzaneen (LIM333)	**Letaba Hospital A6_Replacement Female Medical Ward upgrade waste store etc**	30.26933	-23.87417	200 000.00	6 030 000.00	LDPWR&I
Mopani (DC33)	Greater Tzaneen (LIM333)	**Letaba Hospital_Renal Unit & Paeds ICU (HT)**	30.26933	-23.87417	6 000 000.00	8 000 000.00	LDoH
Mopani (DC33)	Greater Tzaneen (LIM333)	**Letaba Hospital_B5B Upgrade Central Mini-Hub Laundry Building**	30.26933	-23.87417	-	2 000 000.00	LDPWR&I

Sekhukhune District

District Municipality	Local Municipality	Project Name	Longitude	Latitude	Budget allocated for the 2023/2024 year	2024/2025 Budget	Implementing Agent
Sekhukhune (DC47)	Elias Motsoaledi (LIM472)	**Bosele EMS Station**	29.7315487	-25.0230599	14 824 000.00	1 206 000.00	LDPWR&I
Sekhukhune (DC47)	Elias Motsoaledi (LIM472)	**Bosele EMS_Health Technology**	29.7315487	-25.0230599	1 000 000.00	120 000.00	LDoH
Sekhukhune (DC47)	Elias Motsoaledi (LIM472)	**Philadelphia Hospital_MCCE complex and related areas Phase A**	29.14855	-25.25923	3 000 000.00	5 427 000.00	LDoH
Sekhukhune (DC47)	Elias Motsoaledi (LIM472)	**Philadelphia Hospital: Laundry electro-mechanical repairs**	29.14855	-25.25923	500 000.00	500 000.00	LDPWR&I
Sekhukhune (DC47)	Elias Motsoaledi (LIM472)	**Philadelphia Hospital_Upgrade Central Mini-Hub Laundry Building**	29.14855	-25.25923	-	3 000 000.00	LDPWR&I

Vhembe District

District Municipality	Local Municipality	Project Name	Longitude	Latitude	Budget allocated for the 2023/2024 year	2024/2025 Budget	Implementing Agent
Vhembe (DC34)	Thulamela (LIM343)	**Thohoyandou Nursing Campus_Projects**	30.47799	-22.96602	6 000 000.00	10 457 000.00	LDoH
Vhembe (DC34)	Musina (LIM341)	**Messina Hospital: Maintenance of Stand By Generators & Related Infrastructure**	30.043	22.342	1 600 000.00	-	LDoH
Vhembe (DC34)	Thulamela (LIM343)	**Hayani Hospital_HT Projects**	30.48536	-22.94093	1 000 000.00	603 000.00	LDoH
Vhembe (DC34)	Musina (LIM341)	**Messina Hospital_Replacement of existing hospital on a new site including EMS & malaria**	30.04285	-22.34169		-	
Vhembe (DC34)	Thulamela (LIM343)	**Tshilidzini Hospital_Renal Unit (HT)**	30.41415	-22.9947	7 000 000.00	9 000 000.00	LDoH
Vhembe (DC34)	Thulamela (LIM343)	**Tshilidzini Hospital_MCCE facilities(ABT)_Health Technology**	30.41415	-22.9947	2 000 000.00	2 000 000.00	LDoH
Vhembe (DC34)	Thulamela (LIM343)	**Donald Frazier Hospital_Upgrade Laundry Building**	30.47902	-22.88653	-	700 000.00	LDOPWR&I

Vhembe (DC34)	Thulamela (LIM343)	**Tshilidzini Hospital: Upgrade Central Mini-Hub Laundry Building**	30.41415	-22.9947	-	1 000 000.00	LDPWR&I

Waterberg District

District Municipality	Local Municipality	Project Name	Longitude	Latitude	Budget allocated for the 2023/2024 year	2024/2025 Budget	Implementing Agent
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**FH Odendaal Hospital_Projects**	28.42212	-24.7014	70 000 000.00	35 225 000.00	LDoH
Waterberg (DC36)	Lephalale (LIM362)	**Ellisras Hospital_Projects**	27.70334	-23.67810	40 000 000.00	25 225 000.00	LDoH
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**MDR_FH Odendaal Hospital_Kitchen**	28.3948	-24.70138	3 000 000.00	310 000.00	LDoH
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**MDR_FH Odendaal Hospital: Electrical Upgrades**	28.3948	-24.70138	3 000 000.00	120 000.00	LDoH
Waterberg (DC36)	Bela-Bela (LIM366)	**Warmbad Hospital_Projects**	28.28873	-24.88592	17 000 000.00	15 000 000.00	LDoH
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**FH Odendaal Hospital_ Projects(Health Technology)**	28.42212	-24.7014	4 000 000.00	1 809 000.00	LDoH
Waterberg (DC36)	Lephalale (LIM362)	**Ellisras Hospital_Project HT**	27.70334	-23.67810	2 500 000.00	1 206 000.00	LDoH
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**Modimolle EMS Station: New EMS Station**			1 000 000.00	6 060 000.00	LDoH
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**Phagameng Clinic_Replacement of the existing clinic on a new site**	28.44295	-24.69372	1 000 000.00	6 000 000.00	LDPWR&I
Waterberg (DC36)	Modimolle/Mookgophong (LIM368)	**Warmbad Hospital_Health Technology**	28.28873	-24.88592	500 000.00	1 000 000.00	LDoH
Waterberg (DC36)	Lephalale (LIM362)	**Witpoort Hospital_Upgrade Laundry Building**	28.01118	-23.33447	-	700 000.00	LDPWR&I