health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

ANNUAL PERFORMANCE PLAN
2023 - 2024

MPUMALANGA
THE PLACE OF THE RISING SUN

Contents

Foreword by the MEC for Health

The Department of Health in Mpumalanga, is honored to submit to the Office of the Premier and the Provincial Legislature the 2023/24 Annual Performance Plan (APP) of the Department. This APP will be executed in a financial year wherein the country observes profound anniversaries which have shaped our country's policy outlook on the provision of healthcare.

One these is the 80th anniversary of the African claims Document which was adopted by Africa's oldest liberation movement in December of 1943, and was explicit on the need for the state to provide quality healthcare to all South Africans, when it argued:

"We regard it as the duty of the state to provide adequate medical and health facilities for the entire population of the country. We deplore and deprecate he fact that the state has not carried out its duty to the African in this regard, and has left this important duty to philanthropic and voluntary agencies. As a result of this gross neglect the general health of the entire African population has deteriorated to an alarming extent."

The plans contained in this APP are concrete commitments the Department will honor to make a reality the desires of our forefather's who adopted this document in 1943 and ushered in a democratic dispensation in our country in 1994. Chief amongst these desires was the increase of hospitals and clinic facilities both in the rural and in urban areas and this APP contains a number of Key Performance Indicators (KPI) which responds to this demand and expands access to hospitals and clinics, especially in the rural areas.

The National Development Plan (NDP), Vision 2030, describes the society that South Africa seeks to become by the year 2030, and has been adopted as the long-term plan for the country. Considering that we are 7 years before 2030 and the disruptions we suffered as a result of COVID-19 this APP contains plans and KPIs which repositions and refocuses the Department on the health outcomes outlined in the NDP.

This includes elevating the SOPA priorities which were pronounced by the Honourable Premier like establishing and further developing Tertiary Health care Services such as Oncology and Nephrology Services, reducing drastically morbidity and premature mortality due to Communicable diseases (HIV, TB and Malaria). Adequate healthcare infrastructure remains an extremely important pillar for the provision of quality of health care in public health system and as a result APP contains plan to maintain infrastructure.

Communities in both urban and rural Mpumalanga continue to be unhappy with our Emergency Medical Services (EMS) response time, and the plans for the 2023/24 financial year prioritize this battle cry from our communities and will implement key interventions to improve the response time. We plan on improving the capacity of our call center, increase the number of ambulances and of the health care workers who operate and provide assistance in ambulances.

Consistent with the spirit of advancing our people's interests, our communities remain critical partners that will inform me and the entire Department of all the needs on the ground. They remain the compass to ensure we remain steadfast in pursuit of the necessary delivery of quality public health care. Community leadership, inclusive of the traditional leadership, our governance structures like Hospital Boards and Clinic Committees will continue to share with and advise us of the needs on the ground, and the appropriate responses required from the Department.

I therefore endorse this Annual Performance Plan (APP) of the Department of Health in Mpumalanga, for the financial year 2023/24 as the roadmap for what Department hopes to do and achieve in the coming year.

Signature: 

[Hon. SJ Manzini]

Executive Authority

Statement by the Head of Department

As the COVID-19 transmission continues to stabilize in the province, the Department of Health's response has shifted from the vertical approach of the acute phase to an integrated response into routine health care service. The Departments aim is to address the aftereffects of covid19. A downward trend has been noted in most of the services, in particular a huge drop in the headcount or attendances at Primary Health Care which went as far as below 2.0 visits compared to the norm that is 2.5 visits per person.

Covid19 has since been integrated to all services as part of the Primary Health Care package and anyone visiting our facilities should they require vaccination for covid19, such as a service should be available at the point of care. The Department conducted a an After Action Review Workshop (AAR) which was a key building block for the recovery plan that is being finalized for implementation.

The commitment and the drive to ensure that the National Health Insurance is realized through improved infrastructure, improved EMS response time, improved Ideal Clinic Status determination, improved patient satisfaction and above all improved quality of health care is part of the key implementation plans for all programmes of care in the Department of Health.

The Health Patient Registration System (HPRS) also plays a key role in the ensuring that each patient has a unique identifier regardless of the clinic visited, further more to improve the provision of healthcare to our Cititizen the HPRS will be rolled out in 2023/24 at the hospital level so that a patient is tracked from point of entry till exit or discharge at any level of care. The programme to rollout the HPRS at hospital level was in place but put on hold due to covid19 interventions.

The committed and role played by all Health Professionals during Covid19 and is what we strive for in health. The Department also could have not succeed to overcome the challenges on covid19 if it was not the key collaborations by Districts Municipalities and NGOS. 2023/24 will be a year were we improve from the Covid19 period and now focus on the bright future and mandate entrusted in all of us.

Signature:

[MS D MDLULI]

Acting Head: Health

Official Sign Off

It is hereby certified that this Annual Performance Plan submitted on 10 March 2023

- Was developed by the management of the Mpumalanga Department of Health under the guidance of Mpumalanga Provincial Government
- Takes into account all the relevant policies, legislation and other mandates for which the Mpumalanga Province is responsible
- Accurately reflects the Outcomes and Outputs which the Mpumalanga Department of Health will endeavor to achieve over the period 2023-2024 FY

[Mr JR Nkosi] Signature:

Manager Programme 1: Administration

[Ms N Memela Signature:

Manager Programme 2: District Health Services

[Mr NW Sithole] Signature:

Manager Programme 3: Emergency Medical Services

[Ms M Mohale] Signature:

Manager Programme 4: General (Regional) Hospitals, Programme 5: Tertiary and Central Hospitals, Programme 7: Health Care Support Services

[Mr B Magagula] Signature:

Manager Programme 6: Health Sciences and Training

[Mr EL Mokwane] Signature:

Manager Programme 8: Infrastructure

[Mr S Shabangu] Signature:

(A) Deputy Director General: Finance

[Mr PB Mdlovu] Signature:

[Head Official responsible for Planning]

[Ms DC Mdluli] Signature:

Acting Accounting Officer

Approved by:

[Hon. SJ Manzini] 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 (National Health Act, and Other Legislation)

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 decentralized 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.

1. Other legislation applicable to the Department

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.1. National Health Insurance Bill

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

In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage.

The phased implementation of NHI is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable and quality health services.

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

3.2. National Development Plan: Vision 2030

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

Figure 1: NDP Logical framework

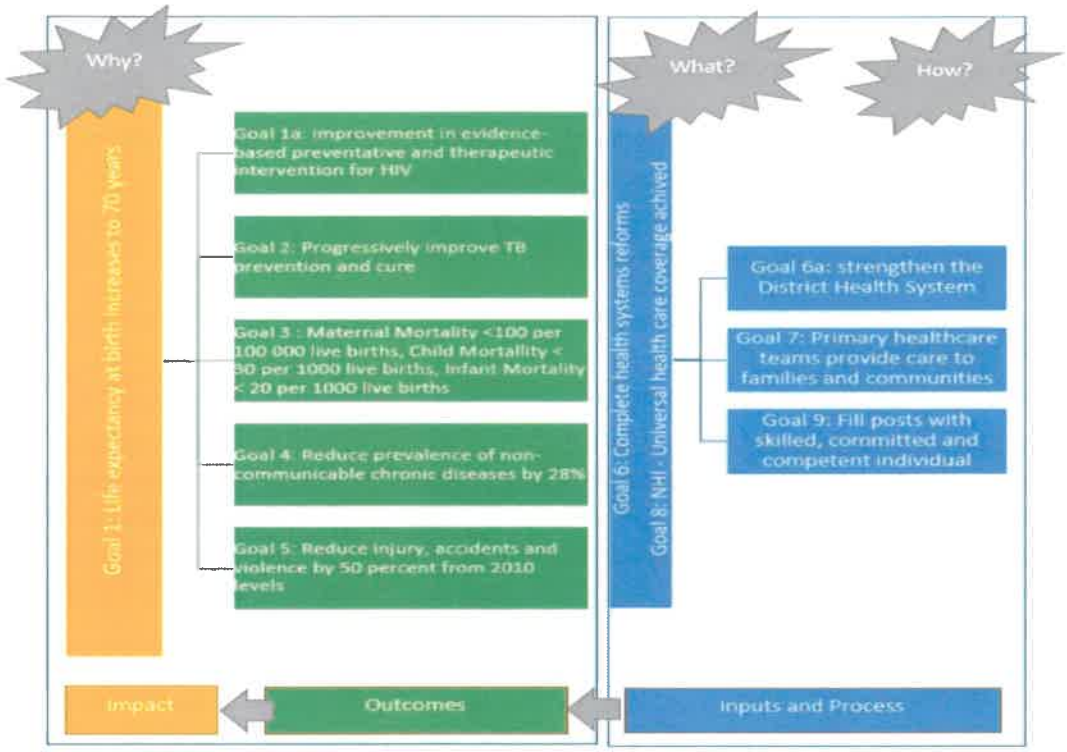
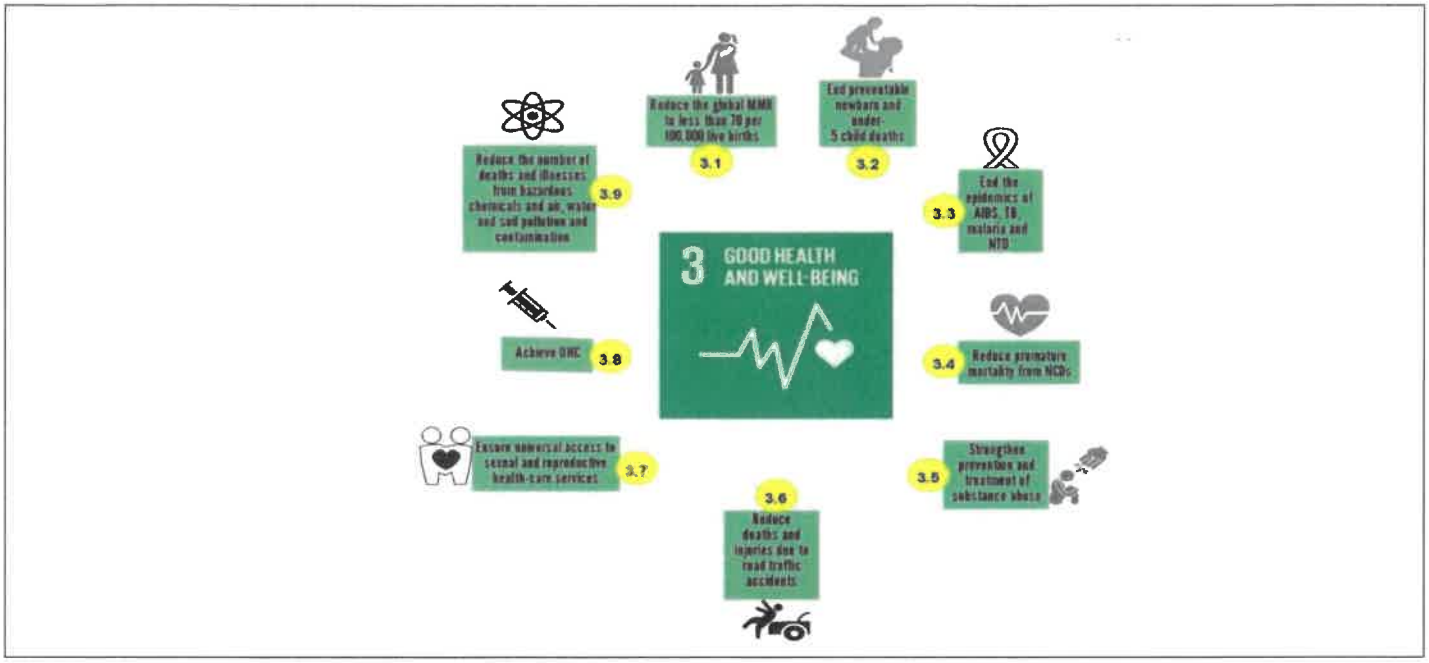


Figure 2: Sustainable Development Goals



Source Sustainable Development Goals

South Africa is one of the 193 (hundred and ninety-three) signatories to United Nations and adopted new agenda for 2030 Sustainable Development, entitled to transform the world. These Global Goals include ending extreme poverty, giving people better healthcare, and achieving equality for women. Goal no 3 is directly linked to health sector and they are as follows:

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

(1) 3.1 - By 2030, reduce the global maternal **mortality ratio to less than 70 per 100,000 live births**
(2) 3.2 - By 2030, end **preventable deaths of new borns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
(3) 3.3 - By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases
(4) 3.4 - By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being
(5) 3.5 - Strengthen the **prevention and treatment of substance abuse,** including narcotic drug abuse and harmful use of alcohol
(6) 3.6 - By 2020, **halve the number of global deaths and injuries from road traffic accidents**
(7) 3.7 - By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
(8) 3.8 - Achieve **universal health coverage, including financial risk protection**, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
(9) 3.9 - By **2030, substantially reduce the number of deaths and illnesses from hazardous chemicals** and air, water and soil pollution and contamination
(10) 3.a - Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
(11) 3.b - **Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
(12) 3.c - Substantially **increase health financing and the recruitment, development, training and retention of the health workforce** in developing countries, especially in least developed countries and small island developing States

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

3.3 2019-24 Medium Term Strategic Framework (MTSF)

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the 2019-24 Medium-Term Strategic Framework (MTSF). 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 (thrive), 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 2 impacts, 4 goals and 10 Health Sector Strategy. These impacts and outcomes are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

Table 1: Sector MTSF 2019-2024 impacts

	2019-24 Medium Term Strategic Framework (MTSF) Impacts	Health outcomes	Presidential Health Summit Compact Pillars
Survive and Thrive	**Life expectancy of South Africans improved to 70 years by 2030**	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**	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
		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 business processes and improve evidence based decision making	Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments
		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

Department contribution to other 2019-2024 MTSF Priorities

2019-2024 MTSF Priorities	Provincial Activities	2021/22 Targets	Budget
Priority 1: A Capable, Ethical and Developmental State	Establishment of governance structures in all Health facilities	• Total number of functional Clinic committees 290/290 • Total number of functional hospital boards 33/33	Operational budget
	Management of complaints in health facilities	• Complaint resolution within 25 working days at 80%	Operational budget
	Implementation of anti-fraud and corruption strategies	• MEC fraud hotline established and maintained	Operational budget
	Conduct Patient experience of care in health facilities	• Patient Experience of care at 80%	Operational budget
Priority 2: Economic transformation and job creation	Award bursaries to qualifying students	• Total of bursary awards for 2021/22 financial year	Operational budget
	Enroll Nursing student training	• Total of 655 enrolled nursing students registered	
Priority 5: Spatial integration,	Establishment of Infrastructure development plan	As attached District Development Model	

human settlements and local government	Build health infrastructure	As attached District Development Model	
	Refurbishment of health facilities	As attached District Development Model	

4. Relevant Court Rulings

Table 2. : Litigation pending cases that may impact on resources of Department in the coming financial year 2023/2024

File type	Court date	Amount	Status
1.Cerebral palsy	20/05/2020	R14 000 000	Finalised
2.Cerebral palsy	20/02/2020	R29 790 037.50	Finalised
3. Orthopaedics	28/06/2019	R200 000	Postponed sine die
4.Cerebral palsy	04/11/2019	R4 240 000	Postponed sine die
5.Cerebral palsy	07/11/2019	R7 500 000	Postponed sine die
6.Cerebral palsy	24/06/2019	R29 790 037 50	Postponed sine die
7.Orthopeadic	15/04/2019	R1 555 000	Matter settled out of court
8.Cerebral palsy	03/ 06/2019	R20 000 000	Postponed sine die
9.Celebral palsy	18/09 /2019	R30 000 000	Removed from the roll
10.Celebral palsy	14/ 10/ 2019	R32 000 000	Merits conceded at 85 % awaiting Set down for quantum
11. Cerebral palsy	28/01/2020	R11 500 000	Postponed sine die
12.Cerebral palsy	13/05/2019	R21 500 000	Postponed sine die
13.Cerebral palsy	02/09/2019	R21 500 000	Postponed sine die
14. Orthopedic	14/10/ 2019	R5 050 000	Postponed to November 2020
15. Cerebral palsy	11/10/2019	R19 740 000	Finalised

PART B: OUR STRATEGIC FOCUS

5. Vision

"A healthy long living Society"

6. Mission

To provide sustainable health services that are people-centric and aims at ensuring healthier, longer and better lives focusing on access, equity, efficiency and quality for the inhabitants of Mpumalanga

7. Values

The department is committed to enhance quality and accessibility by improving efficiency and accountability. The following Batho Pele principles are adopted by the department as values to apply when rendering service to south African community.

- **Consultation:** citizens should be consulted about their needs
- **Standards:** all citizens should know what service to expect
- **Redress:** all citizens should be offered an apology and solution when standards are not met
- **Accessible:** all citizens should have equal access to services
- **Courtesy:** all citizens should be treated courteously
- **Informative:** all citizens are entitled to full, accurate information
- **Openness and transparency:** all citizens should know how decisions are made and departments are run
- **Value for money:** all services provided should offer value for money

8. Situational Analysis

8.1. Overview of Province

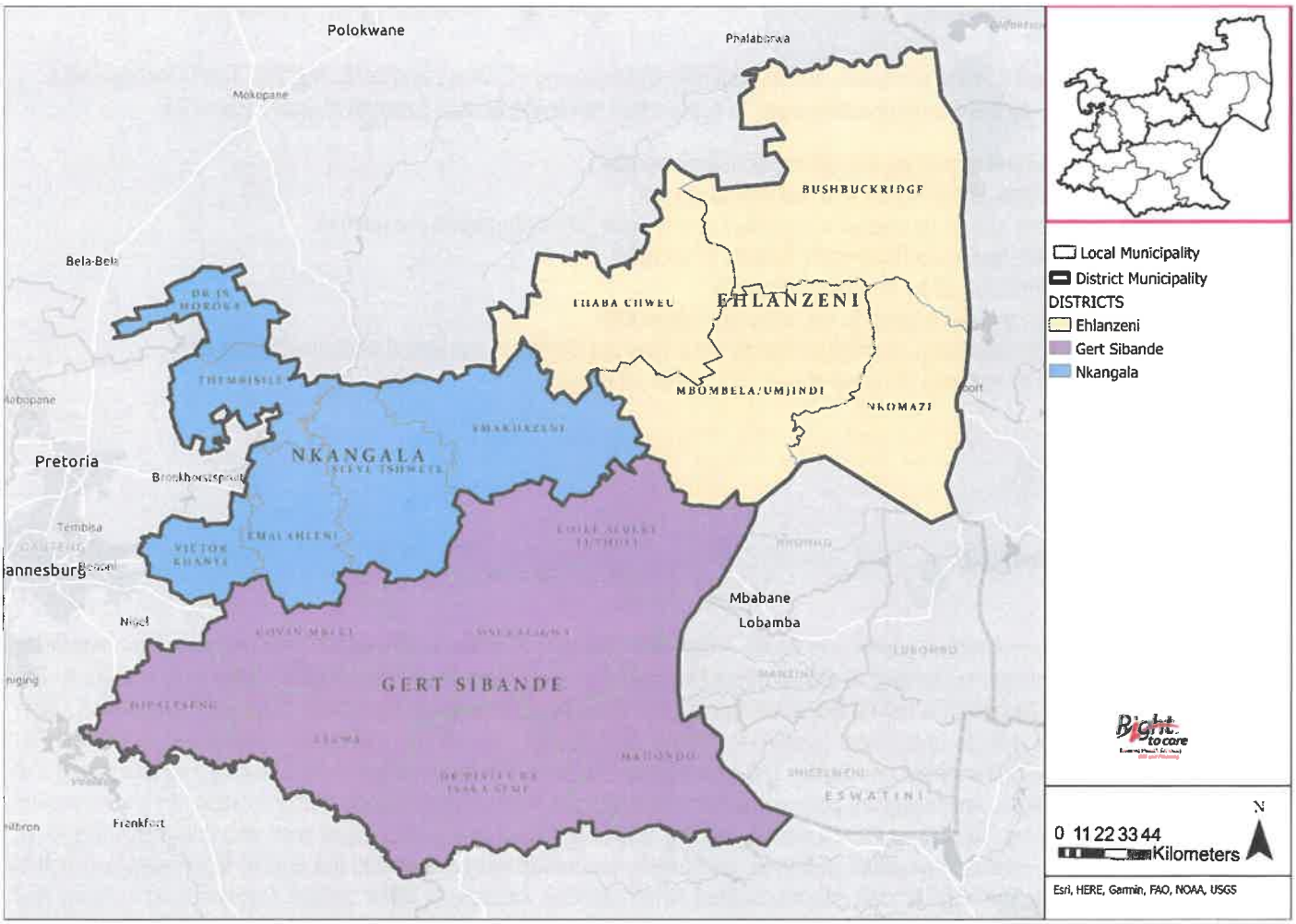
Mpumalanga, the second-smallest province in South Africa after Gauteng, is in the north-eastern part of the country, bordering Swaziland and Mozambique to the east. It also borders Limpopo, Gauteng, Free State and KwaZulu-Natal within South Africa. Mbombela (previously Nelspruit) is the capital of the province and the administrative and business centre of the Lowveld. Other major cities and towns include eMalahleni (previously known as Witbank), Standerton, eMkhondo (previously known as Piet Retief), Malalane, Ermelo, Barberton and Sabie. The best-performing sectors in the province include mining, manufacturing and services. Tourism and agro-processing are potential growth sectors. Agriculture in Mpumalanga is characterised by a combination of commercialized farming, subsistence and livestock farming, and emerging crop farming. Crops such as subtropical fruits, nuts, citrus, cotton, tobacco, wheat, vegetables, potatoes, sunflowers, and maize are produced in the region. Mpumalanga is rich in coal reserves and home to South Africa's major coal-fired power stations. eMalahleni is the biggest coal producer in Africa and is also the site of the country's second oil-from-coal plant after Sasolburg. Most of the manufacturing production in Mpumalanga occurs in the southern Highveld region. In the Lowveld sub-region, industries are concentrated around the manufacturing of products from agricultural and raw forestry material*

Table 3: Demographic data and attached map of Mpumalanga

District	SA Mid-year estimates – 2023
Ehlanzeni	1853931
Gert Sibande	1283719
Nkangala	1677408
Total	4 815 058

Source: DHIS

Mpumalanga Province



Source: Right to Care

8.2. Strategic Approach

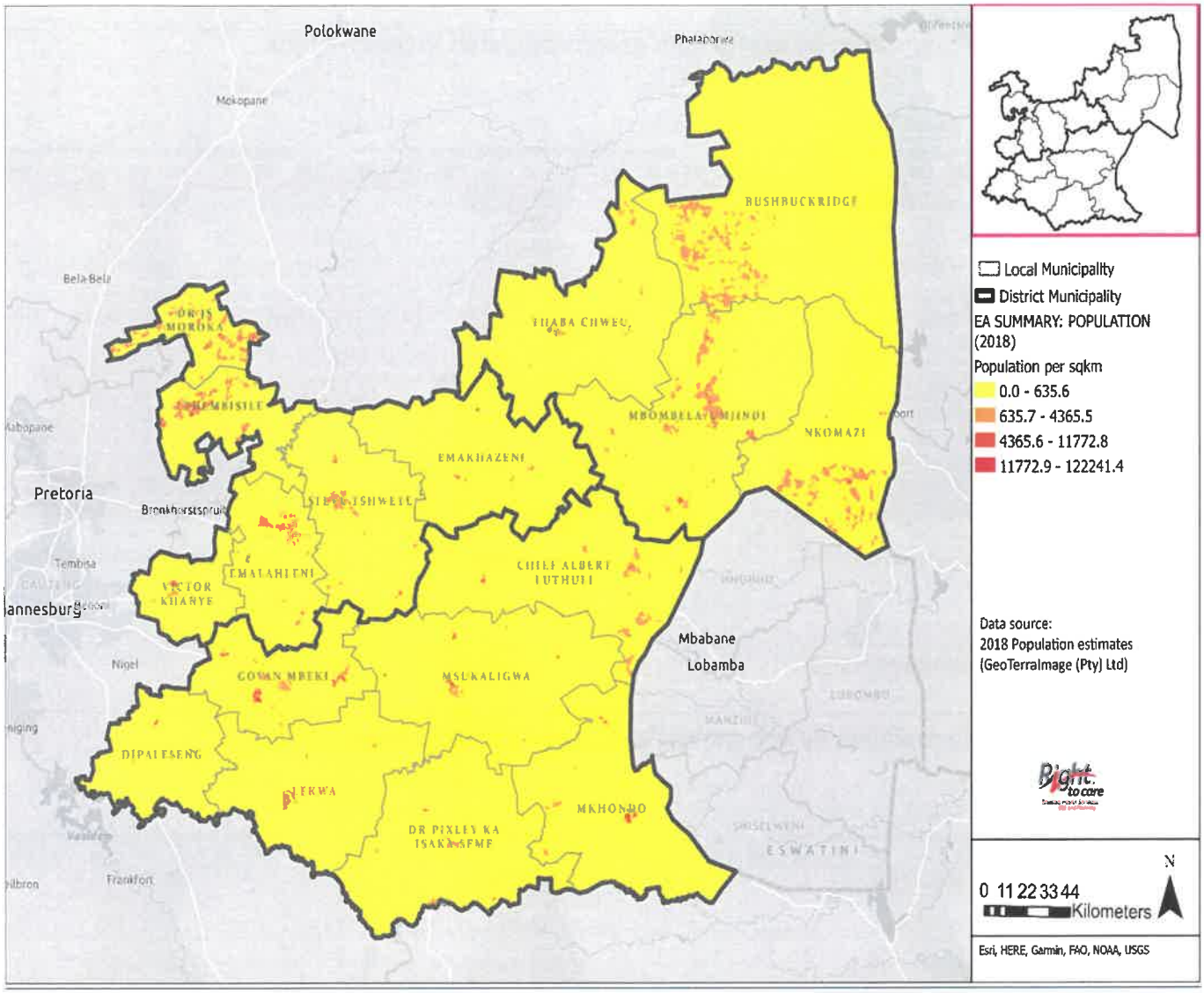
The department identified 2 streams of focus which is burden of diseases, imbalances/ transformation in health care, quality of services and status of health infrastructure to identify problem areas there by using the 5 whys panning technique. The department further utilized problem tree solution to arrive on 2 impact statements. The following impact statements were identified as critical to effectively improve on service deliver:

Impact 1: Life expectancy of South Africans improved to 70 years by 2030

Impact 2: Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030

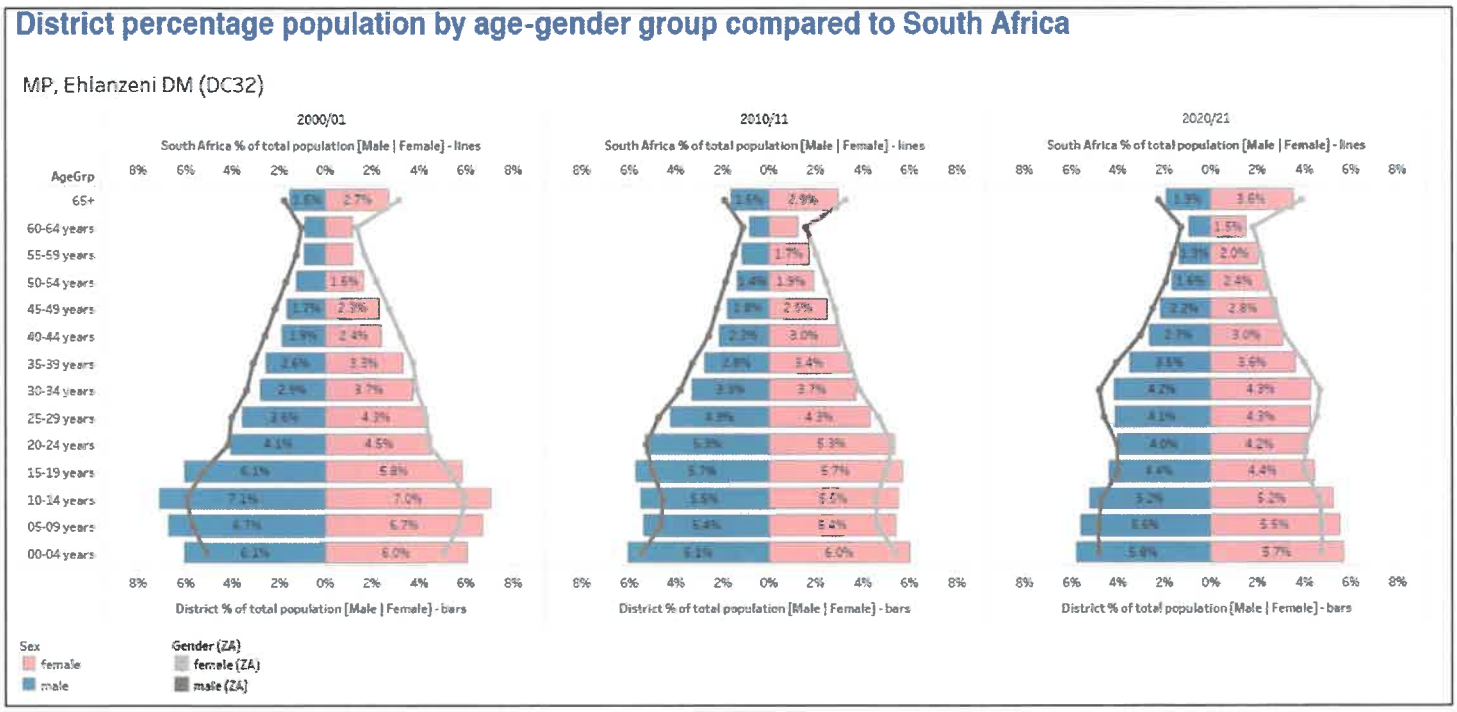
8.3. External Environmental Analysis

Figure 3: Mpumalanga Demographic data (population Density)

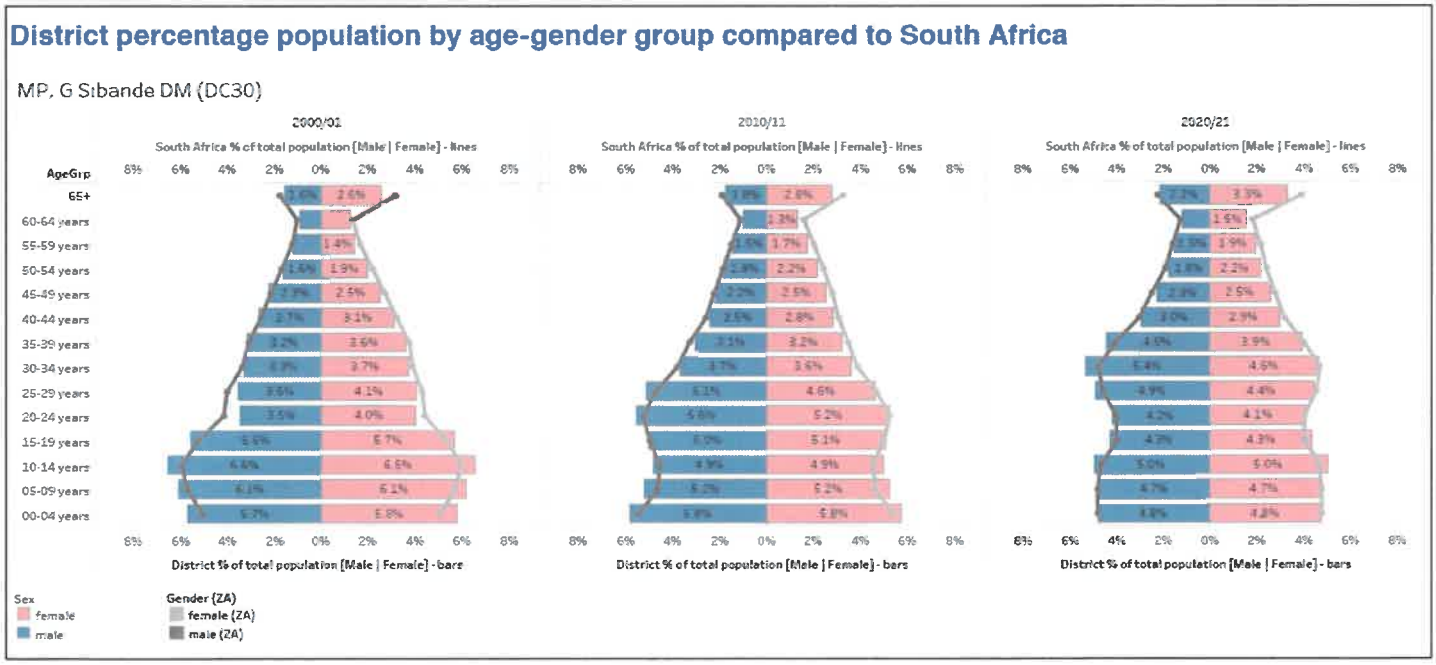


Source: Right to Care

8.4. Mpumalanga Demographic data (Population Pyramids data)

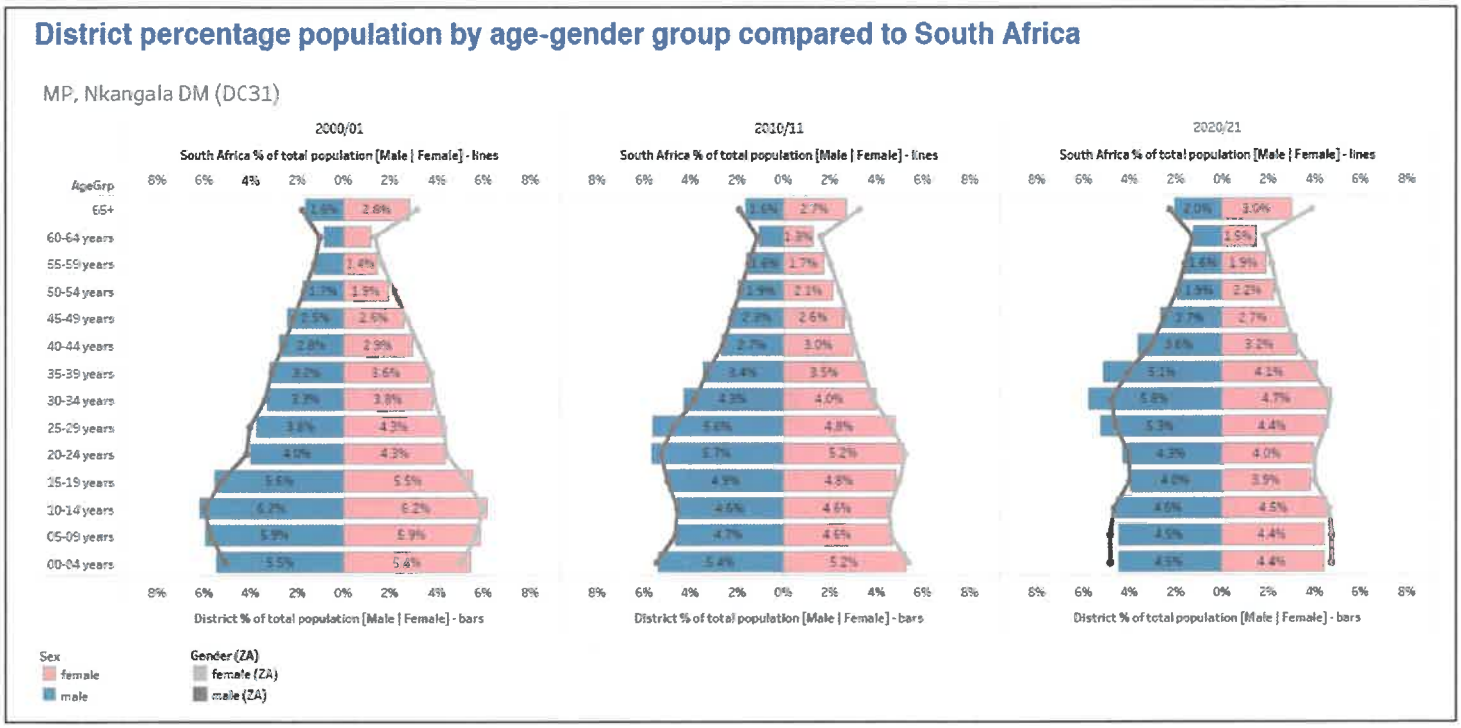


source: District Health Barometer 2019/20



source: District Health Barometer 2019/20

Figure 3: SA growth per industry 2021 compared to 2020



source: District Health Barometer 2019/20

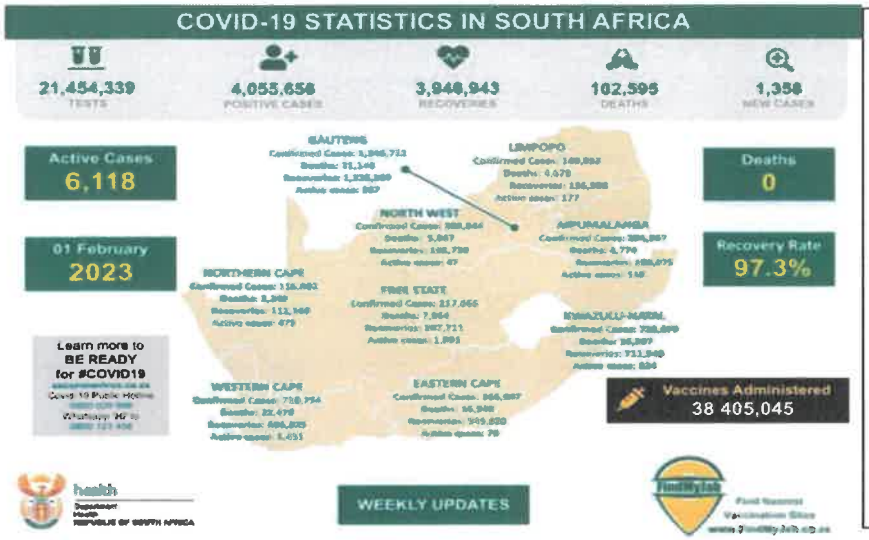
As per the table 8.2.1, there is a fair balance of population for both male and female from the age of 0-4 years to 40-44 years. From age of 45-49 upwards there is slight decrease of male population as compared to female. This decrease also explains life expectancy variance between males and female as reflected on table 8.2.2 estimated at 60.6 males and 66.1 females in 2016-2021. It also worth noting that mortality affect more males than females. This status quo may also contribute to an increase in household headed by female as reflected on table 8.2.3 from 39.9 in 2011 to 50.7 in 2016.

Figure 3: Life expectancy

Source: RMS: Rapid Mortality Surveillance (RMS) Report 2020 (Released –Nov 2021

Impact Indicator	2009	2014	2019 targets	Progress to date	SDG/NDP 2030 Targets
Life expectancy at birth: Total	56.5 years	62.9 years	64.2 years StatsSA ; 65.0 (RMS)	62.8 years (StatsSA 2022) down due to pandemic levels (around 1.5 years)	70 years
Life expectancy at birth: Male	54.0 years	60.0 years	61.5 years StatsSA; 62.1 RMS	59.2 years (StatsSA 2022)	
Life expectancy at birth: Female	59.0 years	65.8 years	67,8 years (RMS)	65.6 years (StatsSA 2022)	
Under-5 Mortality Rate (U5MR)	56 per 1,000 live-births	39 per 1,000 live-births	36,7 per 1,000 live births (RMS)	30,8 per 1000 (RMS 2021); 30,7 (StatsSA, 2022)	<30 per 1,000 live births
Infant Mortality Rate (IMR)	39 per 1,000 live-births	28 infant deaths per 1,000 live-births	24.8 per 1000 live births (RMS)	24,1 per 1000(RMS 2021) and 24,3 (StatsSA 2022)	<20 per 1,000 live births
Neonatal (< 28 days) Mortality Rate	-	14 neonatal deaths per 1000 live births	12 per 1000 live births (RMS)	12 per 1 000 live births - 2020 (RMS 2020)	8 per 1,000 live births
Maternal Mortality Ratio	304 per 100,000 live-births	269 maternal deaths per 100,000 live-births (2010 data)	137 maternal deaths per 100,000 live-births (RMS, 2016)	109 per 100 000 live births – data up to 2017* (RMS 2020)	<70 per 100 000 live births

COVID 19 Pandemic in South Africa



As of 1st of February 2023, SA had 4 055 656 cases, with GP (33.2%), KZN (18.0%), WC (17.5%), and EC (9.0%) reporting the highest number of cases
Recoveries: 97.3%
Deaths CFR: 2.5%

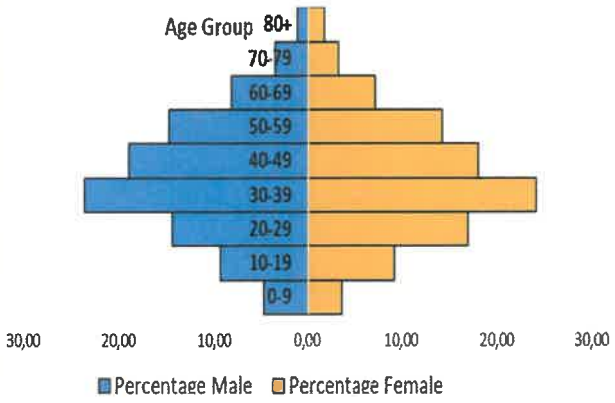
1 358 new cases

0 new deaths reported

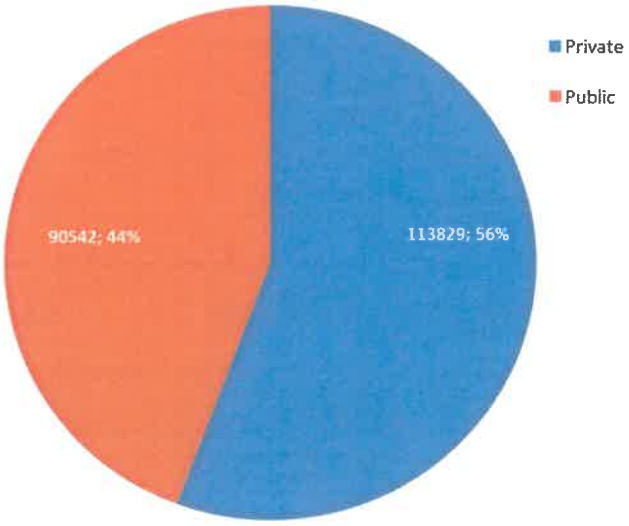
A total of 21 454 339 tests have been conducted Nationally

CONFIRMED CASES DISTRIBUTION PER AGE AND GENDER, MPUMALANGA, 12 MARCH, 2023

Age	Female	Male	U	Total
0-9	4010	4277	4	8291
10-19	10487	8483	6	18976
20-29	19216	13072	6	32294
30-39	27324	21382	6	48712
40-49	20427	17173	2	37602
50-59	16186	13356	1	29543
60-69	8137	7356	2	15495
70-79	3662	3154	1	6817
80+	1922	1076		2998
U	2174	1459	10	3643
Total	113545	90788	38	204371



CONFIRMED CASES BY SECTOR TYPE, MPUMALANGA, 12 MARCH 2023



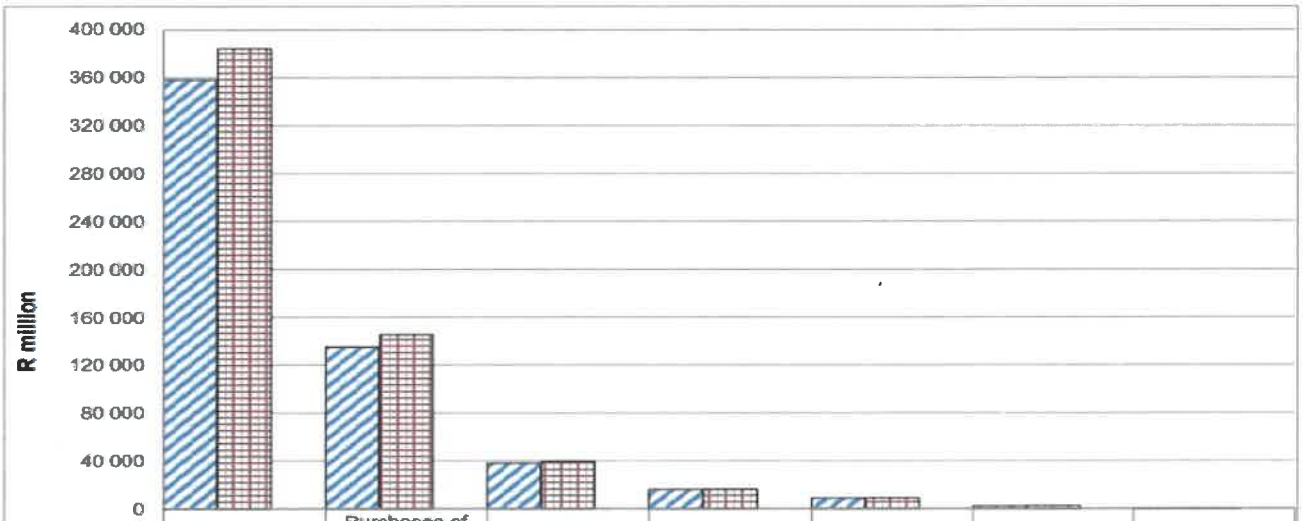
Most provinces experienced a decline in their output, however Mpumalanga continues to considered amongst the largest industry in the mining sector.

Table 4: NDP poverty & inequality-related targets

NDP target	Baseline	2030 target	Most recent status
1. Reducing the proportion of persons living below the lower-bound poverty line from 39 per cent (in 2009) to zero by 2030	39,0% (2009)	0%	40,0% (2015)
2. Reduce income inequality from 0,7 in 2010 to 0,6 by 2030	0,70 (2010)	0,60	0,68 (2015)
3. The share of income going to the bottom 40 per cent of income earners should rise from 6 per cent to 10 per cent	6,0% (2010)	10,0%	8,3% (2015)
4. Reduce poverty-induced hunger to 0% by 2030	21,4% (2011)	0%	25,2% (2015)

Source: Stats SA

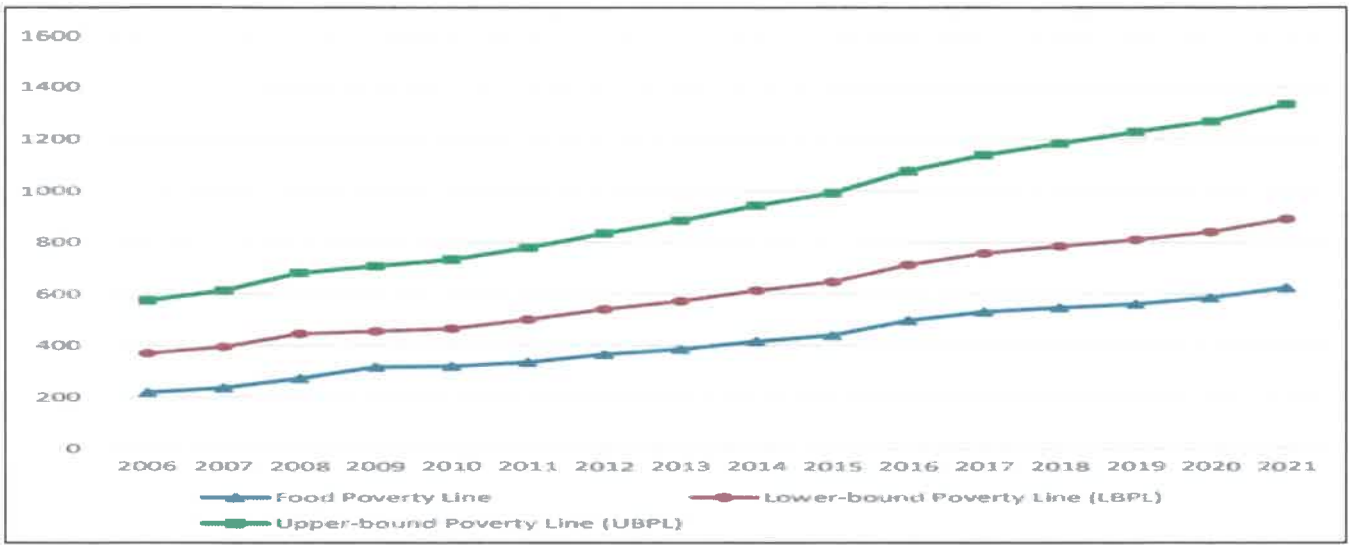
Figure 1 – Economic classification of expense cash flows for operating activities for the 2018/2019* and 2019/2020 fiscal years (R million)**



	Compensation of employees	Purchases of goods and services	Other payments	Grants	Subsidies	Social benefits	Interest
2018/2019	358 098	135 165	37 873	16 201	8 710	2 113	92
2019/2020	384 440	145 474	39 566	16 462	8 815	2 317	63
Difference	26 342	10 309	1 693	261	105	204	-29

* Some of the figures have been revised since the previous publication.
** The breakdown can be found in the disaggregated tables available on the Stats SA website.

Figure3 : Inflation-adjusted national poverty lines, 2006 to 2021 (per person per month in rands)



Source: Stats SA

8.1.1 Social Determinants of Health for Province and Districts

Globally, it is recognized that health and health outcomes are not only affected by healthcare or access to health services. They result from multidimensional and complex factors linked to the social determinants of health which include a range of social, political, economic, environmental, and cultural factors, including human rights and gender equality.

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*

Political factors

The Health system is impacted by many political factors that include amongst others political stability of the province, high level of inequality in the communities and effects of apartheid in black communities as people affected the most.

The political head of health continues to provide leadership through community engagement to ensure that communities are well-informed with health care programs, progress and departmental challenges in the institution. The programs for stakeholder engagement include amongst others is **open day activities in all hospitals** where communities are informed of services rendered in the institution, community complaints are addressed and future plans are discussed. Furthermore, there is effective communication channels such as top management **whatsapp group** established by Head health, where managers provide instant information to executive management and strategies are communicated to ensure that communities are provided a service despite this challenging environment.

The Department does have a zero tolerance in fraud and corruption and is continues to use the National Anti-fraud & Corruption Hotline facility in order to:

- Deter potential fraudsters by making all employees and other stakeholders aware that the MDoH is not a soft target, as well as encouraging their participation in supporting, and making use of such a facility;
- Raise the level of awareness that the Mpumalanga Department of Health is serious about fraud, corruption, theft, maladministration or any other dishonest activity;
- Detect incidents by encouraging whistle blowers to report incidents that they witness;

Presidential hotline was established in 2009 to create an interactive accessible and responsive government where members of the public use tollfree hotline no 17737 to lodge complaints and queries. The department continues to monitor all complaints and provide response or action appropriate to issues raised.

Economic Factors

Mpumalanga's economy is primary driven by agriculture, mining, manufacturing, tourism and electricity generation. The capital city of Mpumalanga is Nelspruit, which is one of the fastest growing cities in South Africa. Other main towns and their economic activities, include:

- Emalahleni – mining, steel manufacturing, industry, agriculture;
- Middelburg – stainless steel production, agriculture;
- Secunda – power generation, coal processing;
- Mashishing – agriculture, fish farming, mining, tourism;
- Malelane – tourism, sugar production, agriculture; and
- Barberton – mining town, correctional services, farming centre.

Social Factors

In South Africa and Mpumalanga inequalities exist in socio economic status and in access to basic services are exacerbated by inequalities in health. As depicted in the graph below percentage of people living in poverty continues to grow and share income by poorest 40% of household is stable. This indicate that more people cannot afford for their medical bills and are reliant on public health

Table 5: Comparative provincial ranking income below poverty line

INDICATOR	Vision 2030 target	Baseline - 2014	2019 (or latest available)	Trend 2014-2019	Comparative provincial ranking (1=best & 9=worst
Number of grant recipients	-	1.32 million	1.55 million (July 2020)		6

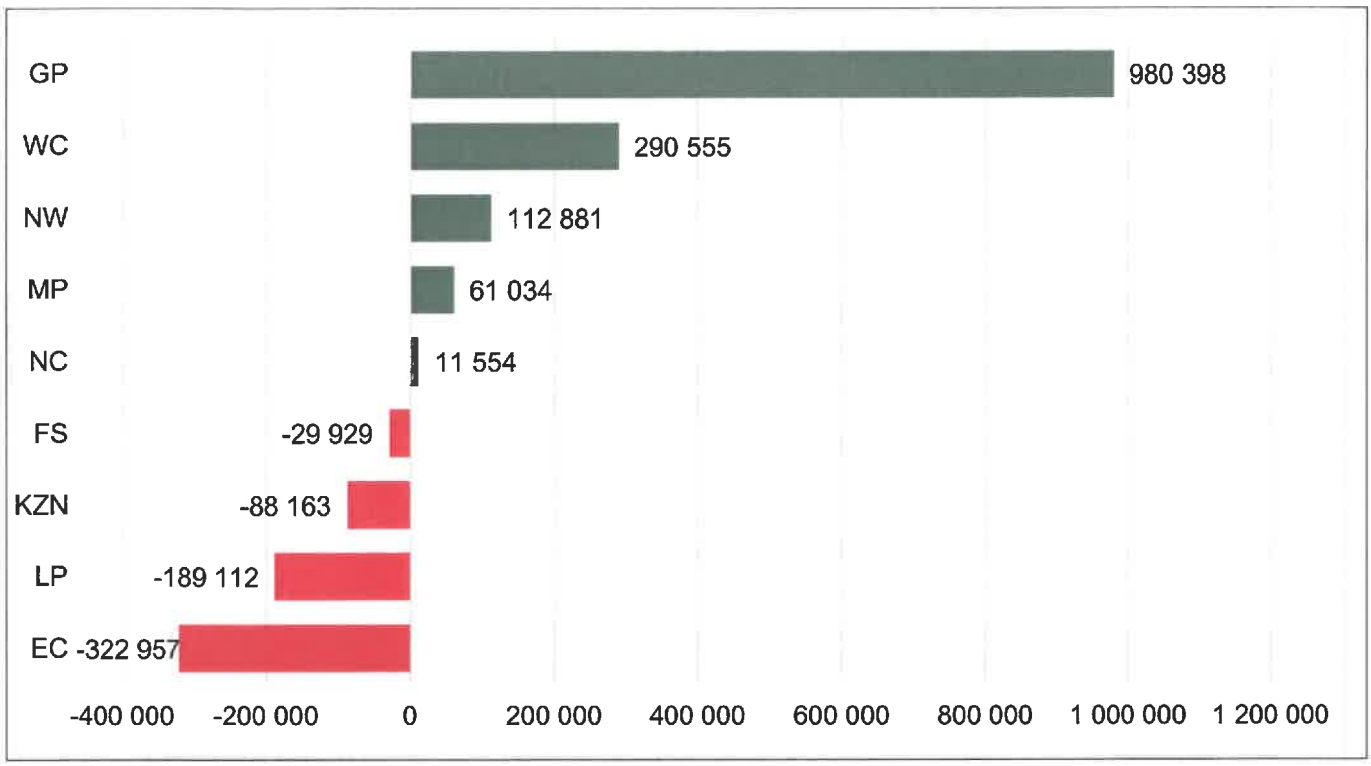
Percentage of people in poverty (LBPL – lower bound poverty line)	Reduce the % of households with income below poverty income to 5%	41.9%	47.1%		6
Share of income earned by poorest 40% of households	The % of income earned by poorest 40% should rise to 10%	7.8%	7.8%		2
Gini-coefficient	-	0.61	0.61		2

Source: SERO report 2019/20

The health care service in Mpumalanga was directly affect by crime that took place in some of health facilities specifically in Nkangala where health personnel and patients were attacked within hospital premises, facility such as computers equipment's were stolen. This affected safety and security of health personnel which prompted intervention from other stakeholder engagement on this matter. The department of Health, in collaboration with Department of Education, Department of Community Safety and Liaison and Organized Labour conducted Safety Indaba which developed safety intervention plan.

Although net migration has significantly dropped across all provinces, with Mpumalanga decreased from 728 238 to 61 034, there is still high number of people migrating to provinces. Net migration in the country indicates that there is immigration in Mpumalanga, Gauteng, Northwest and Western Cape whereas Free State, KZN, Limpopo and Eastern Cape are experiencing emigration as per table below. Mpumalanga continues to serve people and communities from across the provincial boundaries of the province including neighboring countries on the borders of Swaziland and Mozambique. Although these exact numbers are not known, these instances place an additional burden on the staff and the facilities Cross boarder migration. Taking all aspects into consideration, it would difficult to adopt or implement standards and norms blindly as it will be unreasonable to apply these standards without considering additional information and facts, in order to provide a sustainable as well as an affordable health service to the community. This indicate that South African Population may not be enough for planning and equitable resource allocation. Mpumalanga is implementing phase in approach of HPRS system to gather more patient information that will assist in determining additional clients outside Mpumalanga community.

Figure 5: Net migration per province from 2016-2021



Source: Sero Report 2019/20

Technological factors

Digitization of medical equipment in health facilities is critical for access to health care service especially to rural communities who travel distances to access health care. The department is also in the process of implementing Telemedicine to 20 sites in the next 5 years. This is a remote diagnosis and treatment of patient by means of technology where patients at lower level receive a direct access of specialized services at the comfort of their nearest clinic or facility instead of travelling long distance to receive medical care.

Social media such as Facebook, Instagram and twitter in this current dispensation continues to be more effective to market health care services, identify and communicate health challenges such as outbreaks, service delivery protest that are hindering continuity of care and also used as effective tool to give management directives when need arise. It must be noted that these innovative channels of communication also come with disadvantages such as fake news that may directly impact on health service and lives of people. The department must continue to engage and monitor such news to ensure that communities are provided with correct information.

With the advent of 4th Industrial Revolution (4IR) which focus on artificial intelligence and robotic systems, it is highly important for the province to invest in this technology to augment departmental work force where skilled human resources are lacking or insufficient. The department is continuously conducting needs assessment for medical health technology equipment to be procured and developed maintenance plan for equipment's in use.

Environmental Factors

Mpumalanga province has been identified as having the highest levels of air pollution on Nitrogen Oxide levels across six continents in the world as per Greenpeace report conducted in 01 June to 31 August 2018. coal mines, transport and Eskom coal fire power stations have been identified as major source of pollution. This challenge poses a threat to mining communities that are likely to be affected by Non-Communicable Diseases such as among cardio vascular diseases, respiratory infections, cancer and diabetes.

Ehlanzeni district is sharing a boarder with Mozambique and Swaziland which are malaria endemic countries. The district also shares the boarder with Limpopo province which is also a malaria endemic province. The department signed a memorandum of understanding with Mozambique, Swaziland and Limpopo province for collaboration in the management of malaria and other health related issues. The department plan to reduce Malaria case fatality rate below 0.5% per annum.

Legal Factors

The increase in medical litigation claims has both direct and indirect implications on financial sustainability of health care services in the public sector. This challenge takes away financial resources of the department where resources meant for service delivery are directed to payment of litigation and legal fees. The department will continue to monitor and address malpractices through adverse events committees to ensure that these cases are prevented in future and that those who are non-compliant with prescripts are held accountable.

Section 27 of the Constitution of South Africa act no 108 of 1996 states that; every person has the right "to have access to health care services, including reproductive health care". No person "may be refused emergency treatment". To effect this constitutional obligation, the department has established a complaints management system and MECs hotline "0800 111 151" to monitor the provision of accessible quality health care. These efforts are geared towards decreasing contingent liability of medico-legal cases to 8 billion in the financial year 2021/22.

Table 6: Social determinants of health summary per district

	Mpumalanga		mp Ehlanzeni District Municipality	mp Gert Sibande District Municipality	mp Nkangala District Municipality
	Census 2011	CS 2016	CS 2016	CS 2016	CS 2016
Female Headed Household	39,9%	50,7%	54,7%	48,4%	47,4%
Child headed household	0,9%	0,4%	0,6%	0,3%	0,2%
Household head older than 65 years	11,5%	14,2%	4,1%	11,8%	11,2%
Informal dwelling	10,6%	8,5%	1,5%	7,4%	2,5%
Traditional dwelling	4,4%	3,4%	14,0%	14,1%	14,6%
Household with no access to piped (tap) water	12,4%	8,8%	15,5%	10,2%	9,3%
Household with no electricity for lighting	14,1%	8,0%	3,6%	11,3%	10,7%
Household with no flush toilet connected to sewerage	58,4%	60,4%	84,5%	36,0%	50,3%
Household with no access to refuse removal	56,0%	60,1%	79,5%	42,6%	50,2%
No schooling	9,0%	17,6%	19,9%	16,8%	15,3%
Matric	20,3%	21,1%	19,6%	20,6%	23,3%
Higher education	3,0%	4,8%	4,2%	4,9%	5,5%

Source: Census 2016

The above table provides a summary of social determinants of health which are critical to the provision of health care services. The decrease on informal and traditional dwellings as well as households with no access to piped (tap) water and electricity brings hope towards lessening effects of social determinants of heath. The increase on households headed by 65-year-old persons from 11.5% to 14.2%, households with no flush toilet connected to sewerage from 58.4% to 60.4% and households with no access to refuse removal from 56% to 60.1% is a course for concern.

Vaccination programme in Mpumalanga

- As of 16 March 2023, the province has administered: 3 132 doses for the day
- 988 are Johnson and Johnson;
- Pfizer 2 144
- Booster dose 1 018 in the last 24 hours ; cumulative booster doses 280 519
- The total cumulative number = 1 422 115/ 3 050 289 which is 46,62 % of the population.
- Total cumulative Pfizer 747 385
- Total cumulative Johnson and Johnson 848 558

Vaccination by District

DISTTRIC	ELIGIBLE POPULATION	VACCINATED	% VACCINATED
Ehlanzeni	1 132 787	652 829	57,63
Gert Sibande	814 555	354 524	43,52
Nkangala	1 102 947	414 762	37,60
Provincial total	**3 050 289**	**1 422 115**	**46,62**

8.4.1. Epidemiology and Quadruple Burden of Disease

Epidemiologically, South Africa is confronted with a quadruple Burden of Diseases due to HIV & AIDS and TB pandemic, high maternal and child morbidity and mortality, rising non-communicable diseases and high levels of violence and trauma.

Years of Life Lost

Years of Life Lost (YLLs) are an estimate of premature mortality based on the age at death and thus highlight the causes of death that should be targeted for mortality prevention. The biggest contributor to YLL in Mpumalanga is Non Communicable Diseases followed by HIV & AIDS and TB dominated by 25-49yrs group, and other viral diseases.

Tuberculosis maintained its rank as the leading cause of death in South Africa. Diabetes mellitus was the second leading natural cause of death, followed by other forms of heart disease and cerebrovascular disease. Human immunodeficiency virus (HIV) disease is in the fifth position. Overall, the results show a considerable burden of disease from non-communicable disease mostly affecting 50-year and above age group. The other cause for concern is perinatal mortality at 78.6% affecting under 1-year group and children between 1-4 at 57%.

Table 7: Leading causes of Death

Appendix M8: The ten leading underlying natural causes of death by age and sex: Mpumalanga, 2018

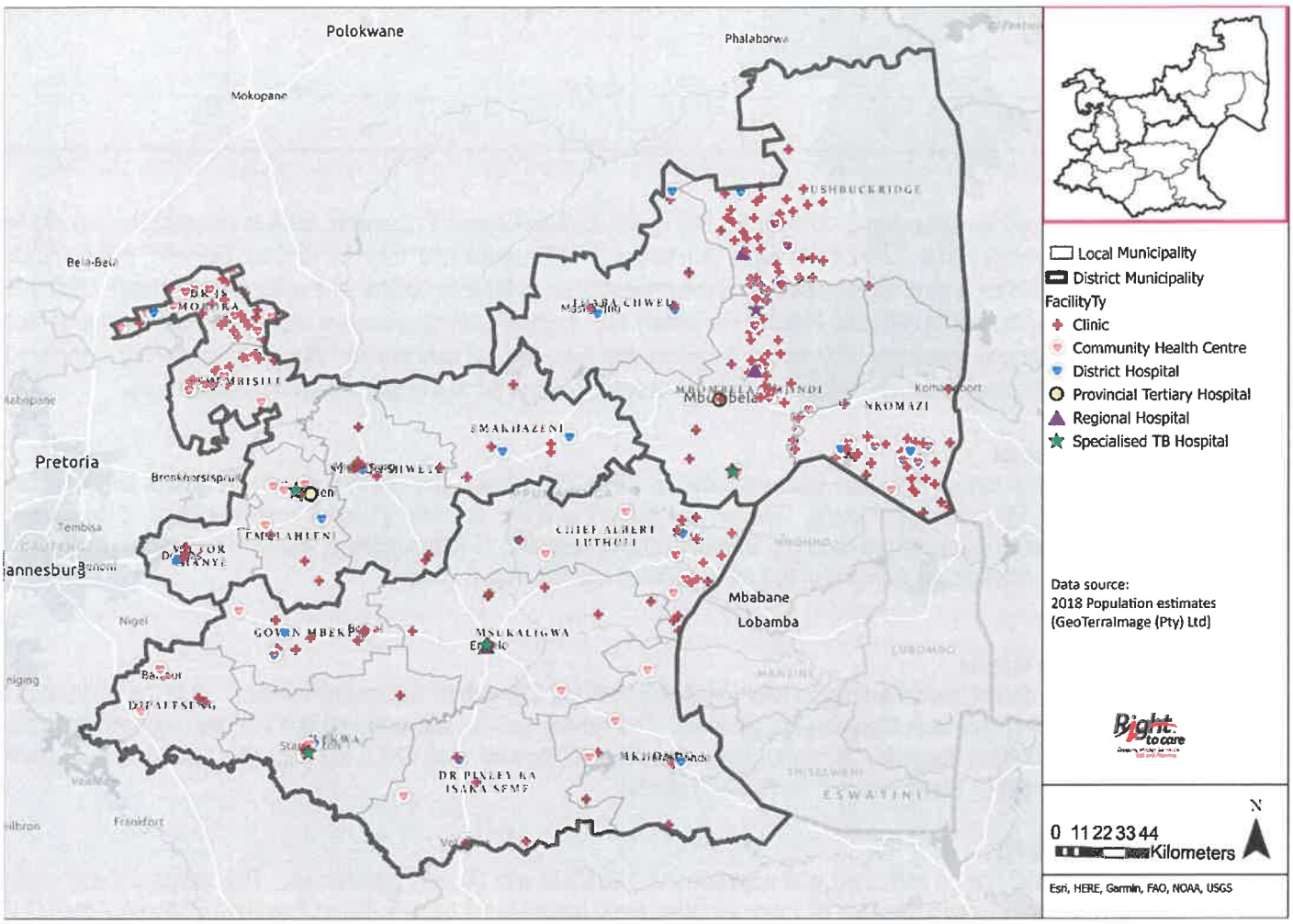
	MP, all ages	No	%		MP, Males, all ages	No	%		MP, Females, all ages	No	%
1	Tuberculosis (A15-A19)	2191	7,3	1	Tuberculosis (A15-A19)	1346	8,6	1	Diabetes mellitus (E10-E14)	1004	7
2	Hypertensive diseases (I10-I15)	1656	5,5	2	Influenza and pneumonia (J09-J18)	768	4,9	2	Hypertensive diseases (I10-I15)	977	6,8
3	Diabetes mellitus (E10-E14)	1651	5,5	3	Human immunodeficiency virus [HIV] disease (B20-B24)	705	4,5	3	Cerebrovascular diseases (I60-I69)	849	5,9
4	Influenza and pneumonia (J09-J18)	1507	5	4	Hypertensive diseases (I10-I15)	671	4,3	4	Tuberculosis (A15-A19)	840	5,9
5	Cerebrovascular diseases (I60-I69)	1467	4,9	5	Diabetes mellitus (E10-E14)	645	4,1	5	Human immunodeficiency virus [HIV] disease (B20-B24)	742	5,2
6	Human immunodeficiency virus [HIV] disease (B20-B24)	1452	4,8	6	Ischaemic heart diseases (I20-I25)	645	4,1	6	Influenza and pneumonia (J09-J18)	736	5,1
7	Ischaemic heart diseases (I20-I25)	1260	4,2	7	Cerebrovascular diseases (I60-I69)	615	3,9	7	Ischaemic heart diseases (I20-I25)	610	4,2
8	Other forms of heart disease (I30-I52)	1091	3,6	8	Other forms of heart disease (I30-I52)	515	3,3	8	Other forms of heart disease (I30-I52)	573	4
9	Other viral diseases (B25-B34)	980	3,3	9	Other viral diseases (B25-B34)	431	2,8	9	Other viral diseases (B25-B34)	546	3,8
10	Intestinal infectious diseases (A00-A09)	769	2,6	10	Intestinal infectious diseases (A00-A09)	402	2,6	10	Malignant neoplasms of female genital organs (C51-C58)	401	2,8
	Other Natural	12815	42,5		Other Natural	6386	40,8		Other Natural	6333	44,1
	Non-natural	3283	10,9		Non-natural	2520	16,1		Non-natural	747	5,2
	All causes	30122	100,1		All causes	15649	100		All causes	14357	100
	MP, 0	No	%		MP, Males,0	No	%		MP,Females, 0	No	%

Source: Stats SA: STATISTICAL RELEASE 2018

TB ranked the top leading causes of death follow by non-communicable diseases as one the leading cause of death includes amongst others **cardiovascular diseases, chronic respiratory diseases, cancer and diabetes.** Key risk factors contributing to NCD are unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Nkangala district is the most affected in this regard when compared to the other two districts. The department will continue to invest in healthy lifestyle and strengthen intervesion linked to non-communicable diseases. The Covid19 has also put an emphasis on such cases and as such put more emphasis on the importance of strong monitoring tools & introduction of system capable of tracking patients with such conditions

8.5. Internal Environmental Analysis

Figure 10: Service Delivery Platform/Public Health Facilities map



Source: Right to Care

Mpumalanga is unique in terms of the type of residential areas in the province. The population is scattered across the province and the types of populated areas differ from formal residential areas, such as in and around towns, as well as scattered villages and rural communities, as may be evidenced in the map above:

Table 8: Number of facilities per district

Facility type	Ehlanzeni District	Gert Sibande District	Nkangala District	Total
Clinic	109	53	69	231
CHC	15	22	23	60
Satellite clinic	2	5	-	7
Mobile clinic	39 (953 points) 24 non-functional cars)	31 (911 points) 2 non-functional cars	22 (320 points) 9 non-functional cars	92 (2184 points)
District hospital	8	8	7	23

Facility type	Ehlanzeni District	Gert Sibande District	Nkangala District	Total
Regional hospital	2	1	-	3
Tertiary hospital	1	-	1	2
Specialized TB hospital	2	2	1	5
EMS station	14	13	13	40

In line with the accessibility standards for Integrated Health Facility Planning Framework, 90% of the population should have access to a Primary Health Care facility within 5km radius (5km for clinics and 15km for CHC's). The IHPF further indicates that there should be a clinic for an average minimum population of 8000 to 10,000, and a Community Health Centre for a minimum population of 50 000 to 60 000. Approximately 142 of clinics in the province are situated within the range of 10,000 – 15,000 catchment population. This further suggests that there are still communities that are underserved in the area of Primary Health Care. However, mobile services are used to increase access to primary health care services.

Ehlanzeni district

Ehlanzeni district has an estimated total population of 1 840 283 with five sub-districts. It is the largest of the three district that constitute Mpumalanga province. The service delivery platform includes, 01 (one) tertiary hospital, 2 (two) regional hospitals, 2 (two) TB Specialized hospitals, 08 (eight) district hospitals, 15 (fifteen) CHCs, 109 (one hundred and eight) clinics and 39 (thirty- nine) mobile clinics with 953 (nine hundred and fifty- three) points.

Gert Sibande district

Gert Sibande district has an estimated total population of 1 262 613 with 07 (seven) sub-districts. It is the smallest of the three district that constitute Mpumalanga province. The service delivery platform includes 01 (one) regional hospitals, 2 (two) TB Specialized hospitals, 08 (eight) district hospitals, 22 (twenty- two) CHCs, 53 (fifty- four) clinics and 20 (twenty) mobile clinics with 911 (nine hundred and eleven) points

Nkangala district

Nkangala district has an estimated total population of 1 645 648 with 06 (six) sub-districts. The service delivery platform includes 01 (one) Tertiary hospital, 01 (one) TB Specialized hospitals, 07 (seven) district hospitals, 22 (twenty- two) CHCs, 69 (sixty- nine) clinics and 22 (twenty- two) mobile clinics with 320 (three hundred and twenty) points

Source: Population: DHIS 2021/22

8.5.1. Universal Health Coverage (Population and Service Coverage)

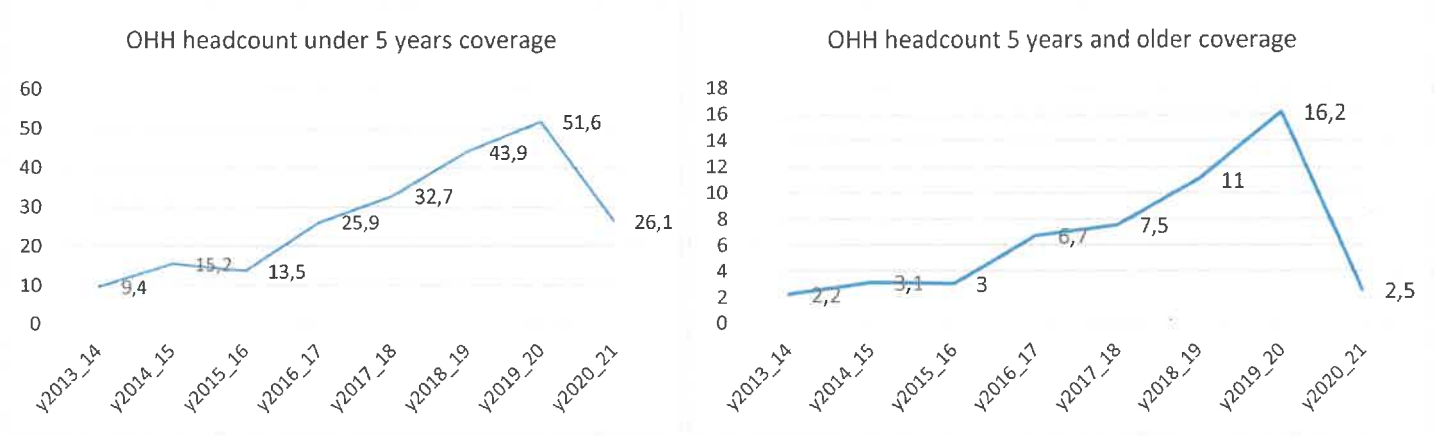
Community Health Workers Programme

WBPHCOTs are linked to a PHC facility and consist of CHWs lead by a nurse. CHWs assess the health status of individuals and households and provide health education and promotion service. They identify and refer those in need of preventive, curative or rehabilitative services to relevant PHC facilities*

Outreach Visits

The coverage has seen an upward trend from 2013/14 to 2019/20, from 2020/21 a noticeable decline was indicative and linked to the Covid19 outbreak. Since the beginning of the Covid19 Pandemic, essential services has seen a downward trend. This has also been evident to the decline of the PHC headcount (see figure:) during the Covid19 period as compared to the previous years.

Figure 9: OHH Headcount coverage

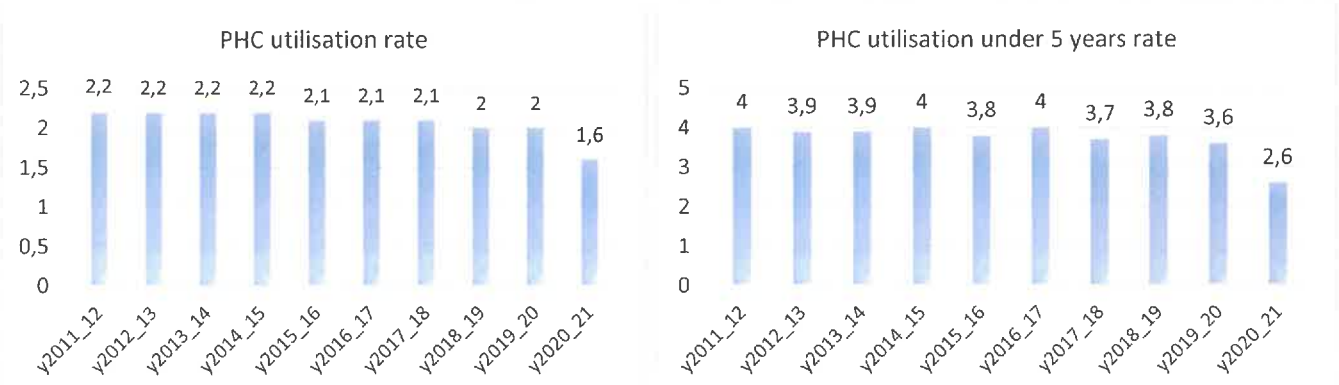


Source: DHIS

PHC Utilization Rate

The primary health care (PHC) utilisation rate indicators measures the average number of PHC visits per person per year to a public PHC facility. It is calculated by dividing the PHC total annual headcount by the total catchment population*

Figure 10: PHC Utilization



Source: DHIS

The downward trend is indicative and the PHC utilization rate has seen a decline or not growth (constant) over the years except in 2020/21 which took a huge knock as a result of covid19.

The national norm is 3.5 visits per adult patient per annum and 5 visits for under 5 per annum across all the years. The Province has had difficulties in meeting its own target and tis may be attributed to the number of interventions that are being implemented at both PHC facilities, households and community levels. These interventions include ward-based PHC outreach teams, central chronic medicine distribution and dispensing (CCMDD) and school services which aim to increase access to PHC services, decongestion of PHC facilities and reduction of waiting time.

It must also be noted that patients still bypass PHC facilities to hospitals which overburdens this second level of care with primary health care services.

Hospital efficiency indicators

OPD new client not referred rate is new OPD clients not referred as a proportion of total OPD new clients and does not include OPD follow-up and emergency clients in the denominator. The indicator monitors utilisation trends of client's by-passing PHC facilities and the effect of PHC re-engineering on OPD utilisation*

A high OPD new client not referred rate value could indicate overburdened PHC facilities or a sub-optimal referral system. 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 ensure health system sustainability. If PHC works well and the referral system is seamless, it will result in fewer visits to specialists in referral hospitals and emergency rooms**

Table 9: Hospital Efficiency Indicators

mp Mpumalanga Province	OPD total			Average length of stay - total			Inpatient bed utilization rate		
Hospital Type	208/19	2019/20	2020/21	208/19	2019/20	2020/21	208/19	2019/20	2020/21
District Hospital	1380707	1370739	942373	4,4	4,1	3,9	69,9	67	57
Regional Hospital	197908	202262	171265	4,5	4,3	4,1	67,4	69,6	66,8
Provincial Tertiary Hospital	247796	243080	180718	6,8	5,5	5,4	81,4	75,9	71,3

Source: DHIS

mp Mpumalanga Province	Inpatient crude death rate			Expenditure per PDE		
Hospital Type	208/19	2019/20	2020/21	208/19	2019/20	2020/21
District Hospital	4,7	4,5	4,6	R2 952,4	R2 889,0	R3 523,3
Regional Hospital	4,9	4,1	4,4	R3 574,0	R4 011,4	R3 691,5
Provincial Tertiary Hospital	6,5	5,5	5,7	R4 889,5	R4 124,4	R4 518,1

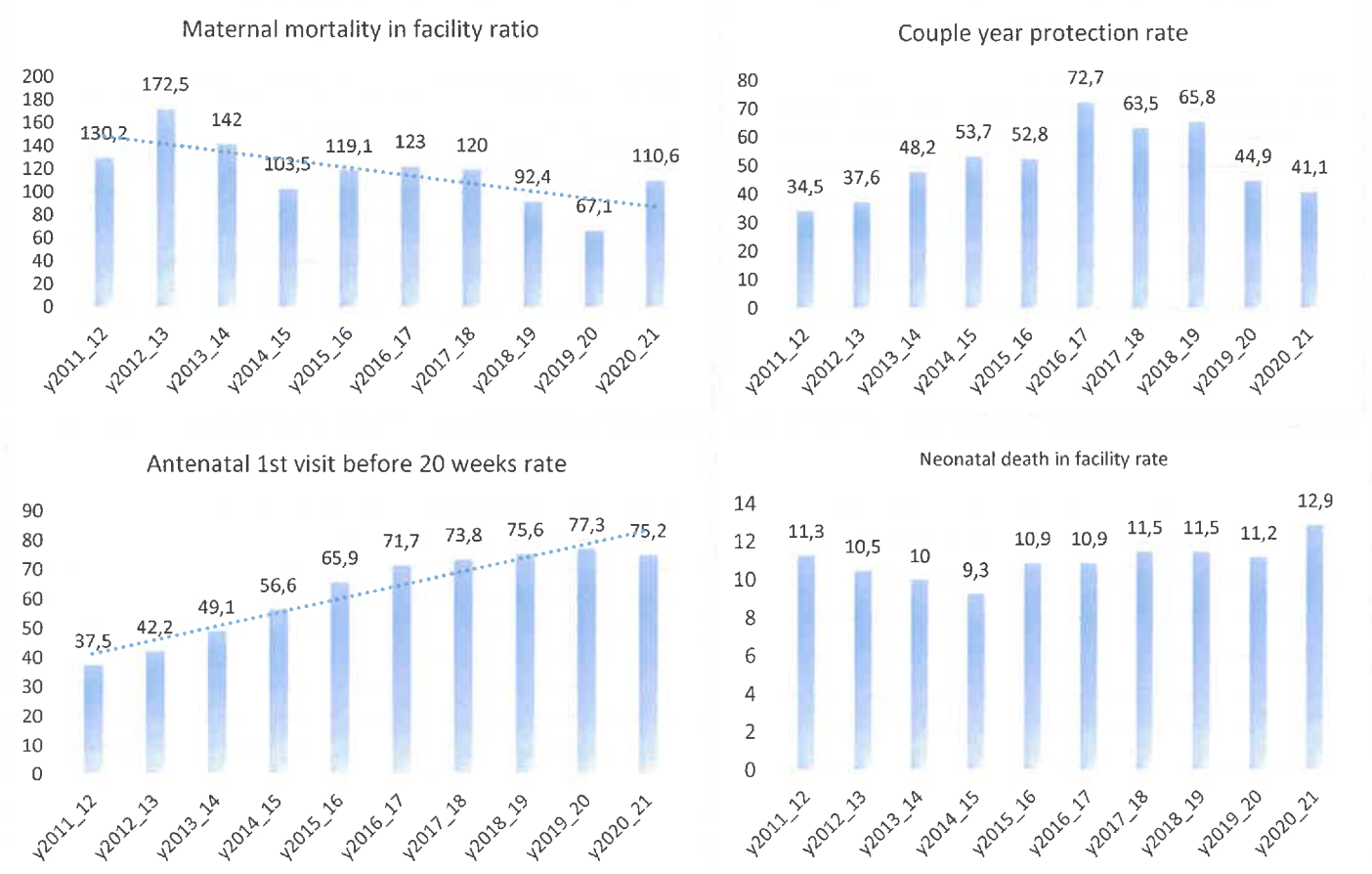
Source: DHIS

The outpatient department (OPD) total headcount is less across all hospitals level of care in 2020/21, this is also seen at PHC level (see figure 10) were the same trend indicative. The cost per patient in hospital treatment has remained steadily at an average for all services of care indicating that, even with or decline headcounts at Hospital & PHC the cost treat a patient remain constant not affected.

Maternal and Women's Health

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

Figure 10: Maternal and Women's Health Trends

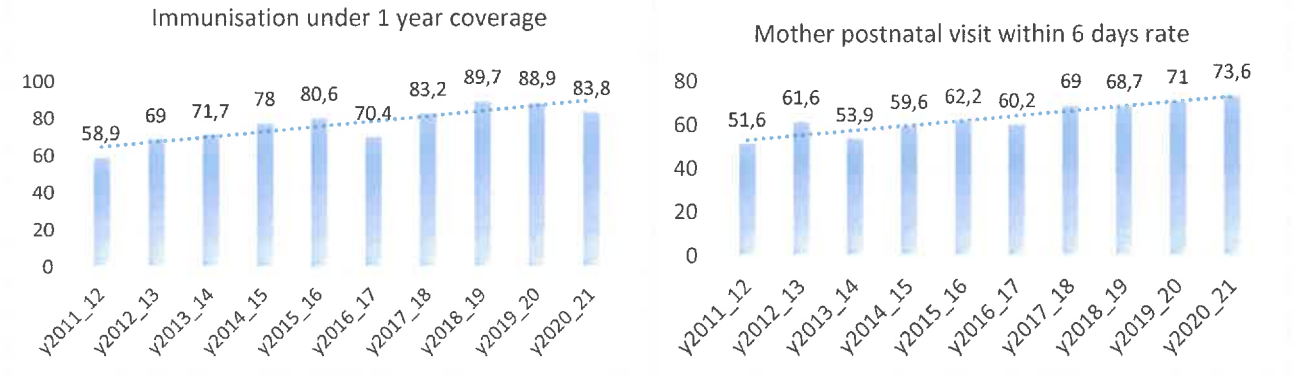


Source: DHIS

The Maternal mortality ratio in facility had a downward trend but slightly increased during covid19 period. Couple year protection is indicative of a downward trend signal a drop in essential services during covind19 period. Neonatal death in facility rate have a similar trend to the Maternal mortality ratio in facility which increased in 2020/21. Auditing of maternity case records, functional patient safety incidence committees, ESMOE fire drills and BANC coupled training are also crucial to further reduce maternity mortality.

8.5.2. Child Health

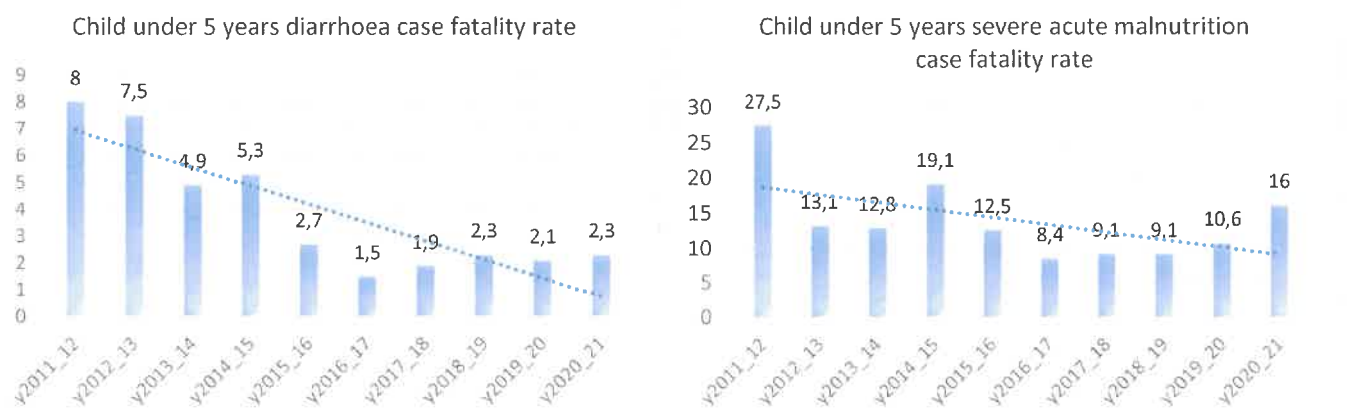
Figure 11: Women and Maternal heath



Source: DHIS

From 2011/12 the Immunization under 1 year coverage has seen an upward trend until 2020/21 which I consistent with the other essential service drop attributed to Covid19. However other services such as Mother Postnatal visits within 6 days remained on an upward trend..

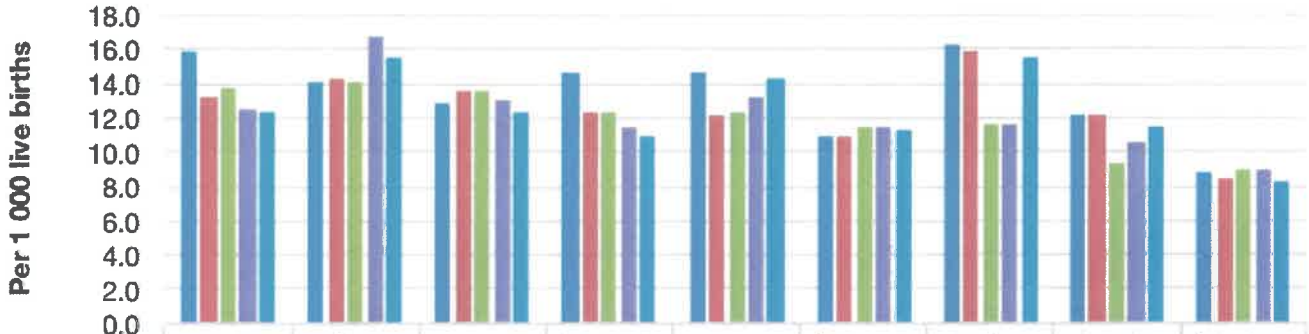
Figure 12: Case fatality under 5 years



Source: DHIS

The Province has done well in reducing the Diarrhoea case fatality rate from 8 in 2011/13 to 2.3 in 2020/21. The Server Acute Malnutrition case fatality rate has had spikes in 201/12, 2014/15 & noticeably in 2020/21.

Table 10: Neonatal deaths in facility rate by province, 2015/16–2019/20



	Eastern Cape	Free State	Gauteng	KwaZulu -Natal	Limpopo	Mpuma-langa	Northern Cape	North West	Western Cape
2015/16	15.8	14.1	12.9	14.6	14.6	10.9	16.2	12.1	8.8
2016/17	13.2	14.3	13.6	12.4	12.2	10.9	15.8	12.1	8.5
2017/18	13.8	14.1	13.6	12.4	12.4	11.5	11.6	9.4	9.0
2018/19	12.5	16.8	13.0	11.5	13.2	11.5	11.7	10.6	8.9
2019/20	12.3	15.6	12.4	10.9	14.3	11.2	15.5	11.5	8.2

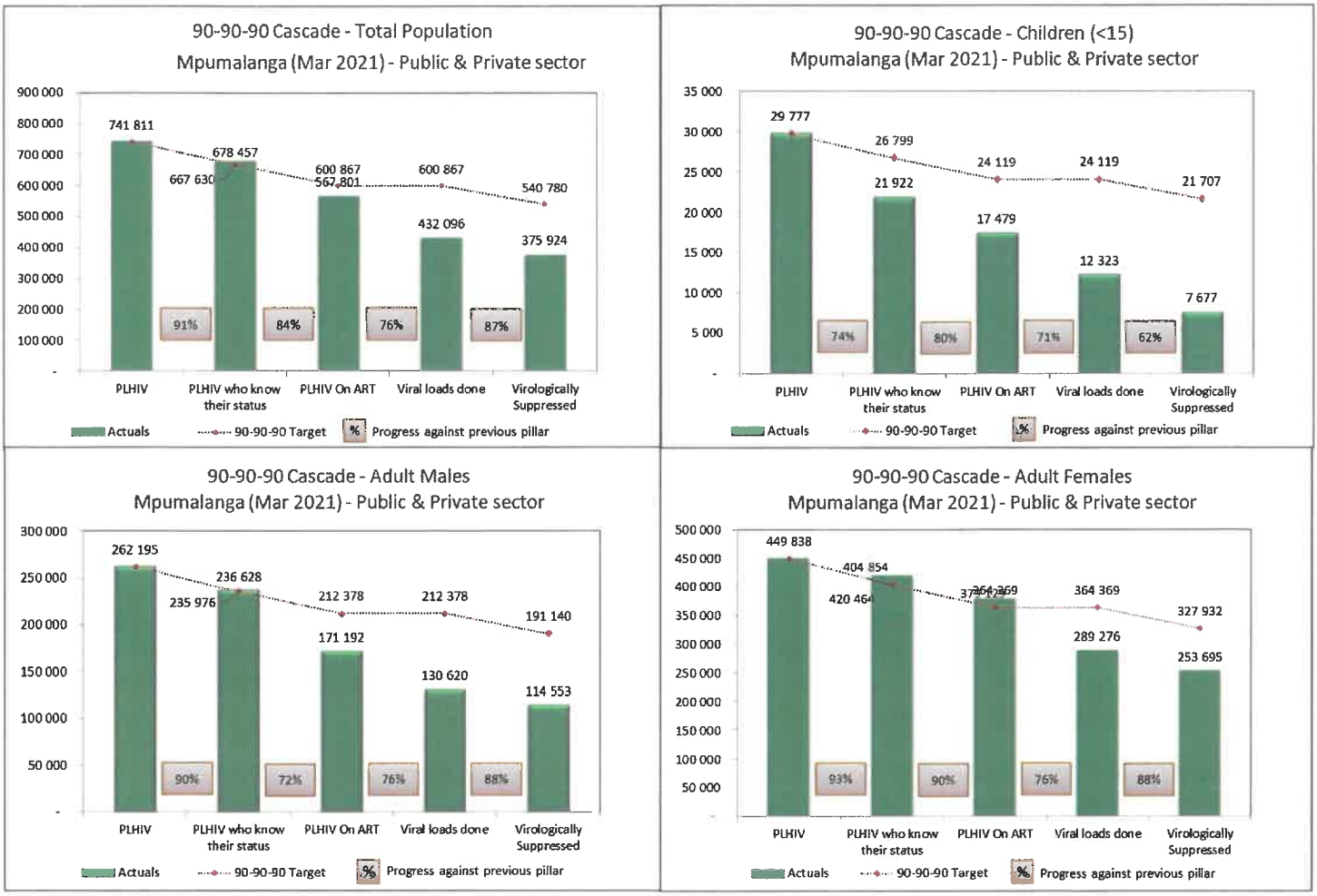
Source: DHB

Neonatal death in facility rate was at 11.5 per 1000 live birth in 2018/19 compared to the national performance which was 12.1 per 1000 live birth with Gert Sibande at 13.6 followed by Ehlanzeni at 11.9 and Nkangala at 8.9 per 1000 live birth in 2018/19. The contributory factors are late booking leading to birth asphyxia and prematurity, late diagnosis of hypertensive disorders in pregnancy, late booking at antenatal clinic. The province will continue to monitor implementation of policy guidelines BANC plus, management of hypertension in pregnancy and conduct community engagements.

Measles 2nd dose coverage was at 85;9% in 2018/19 compared to the national performance at 76,5% in 2018/19, with Ehlanzeni performing at 92,2%, Gert Sibande 84,4% and Nkangala at 78,1% in 2018/19. Inadequate visit to early child development centers due to insufficient school health teams. The Department is planning to expand the number of school health teams.

8.5.3 HIV and AIDS

Figure 13: Province 90 90 90 cascade



Source: NDOH OP_Output_tool

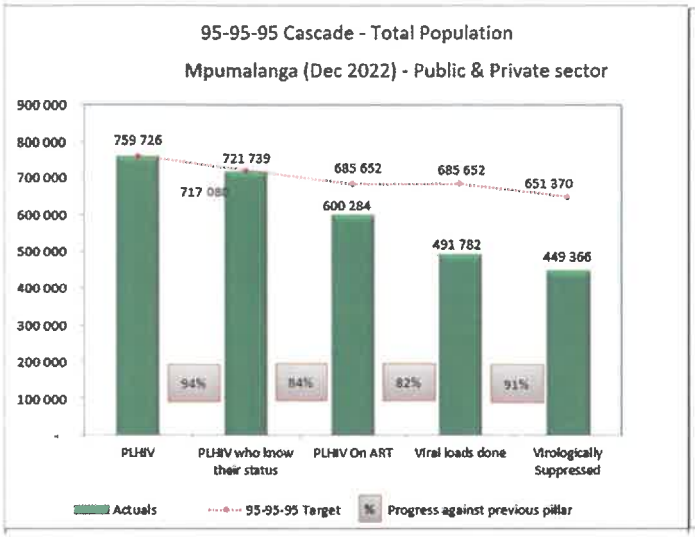
Across the province, Ehlanzeni and Gert Sibande are the closest to attaining 90-90-90 based on preliminary data collected.

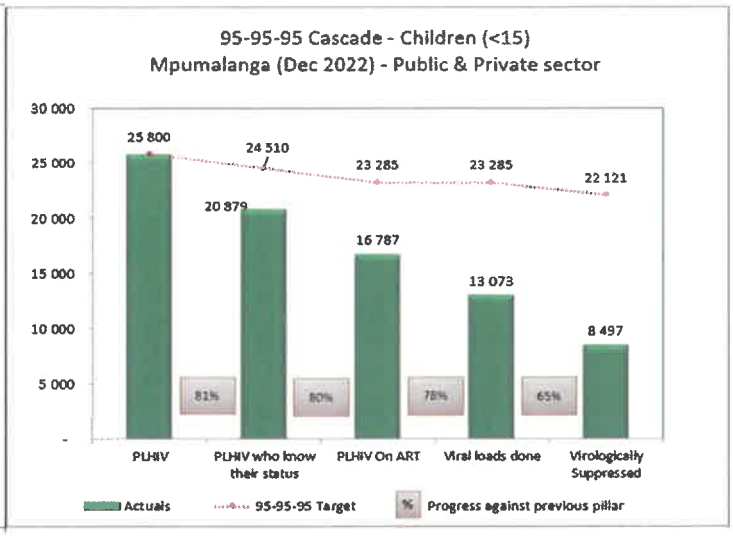
Figure 114: Ehlanzeni 90 90 90 cascade

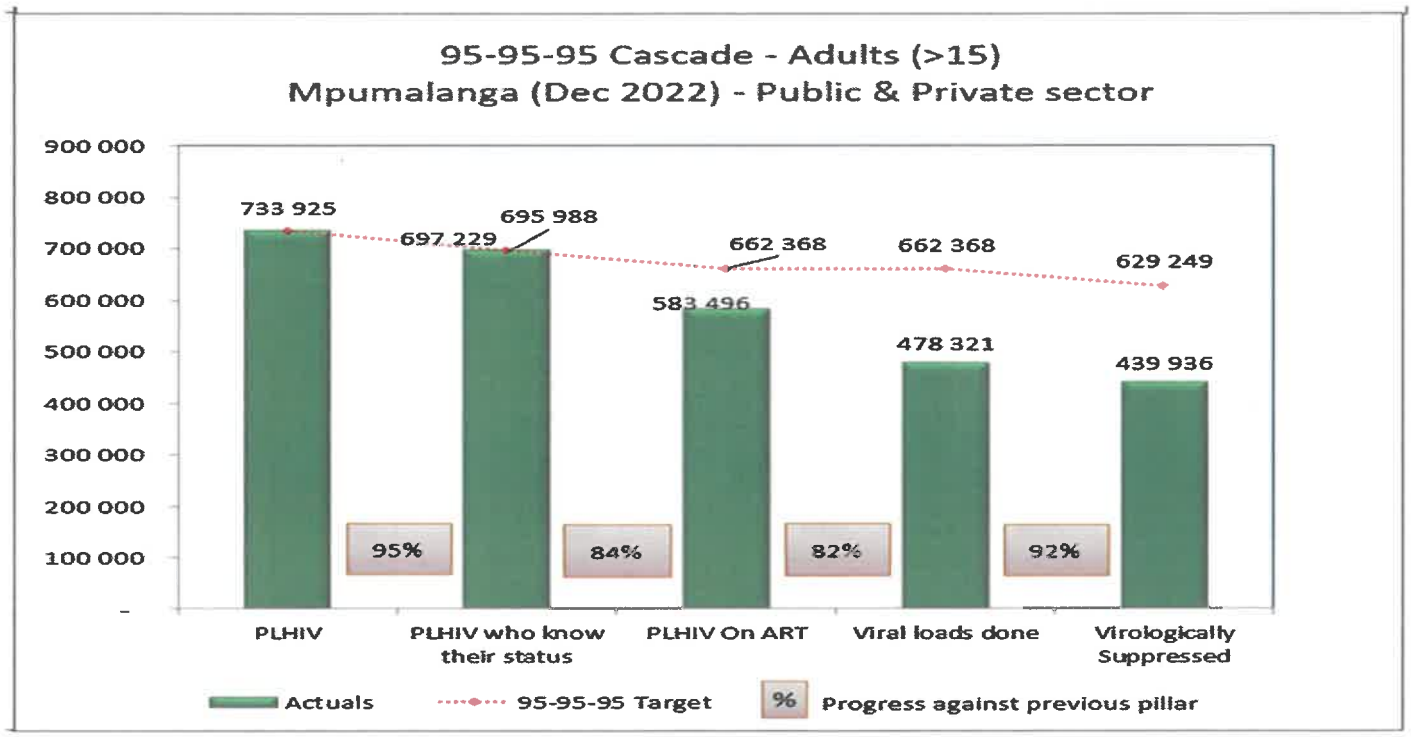
Source: NDOH OP_Output_tool

There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated. The results do show, that for women who remain on ART, suppression rates are higher. There are gaps across the cascade for children under 15 years.

Figure 15: Gert Sibande 90 90 90 cascade



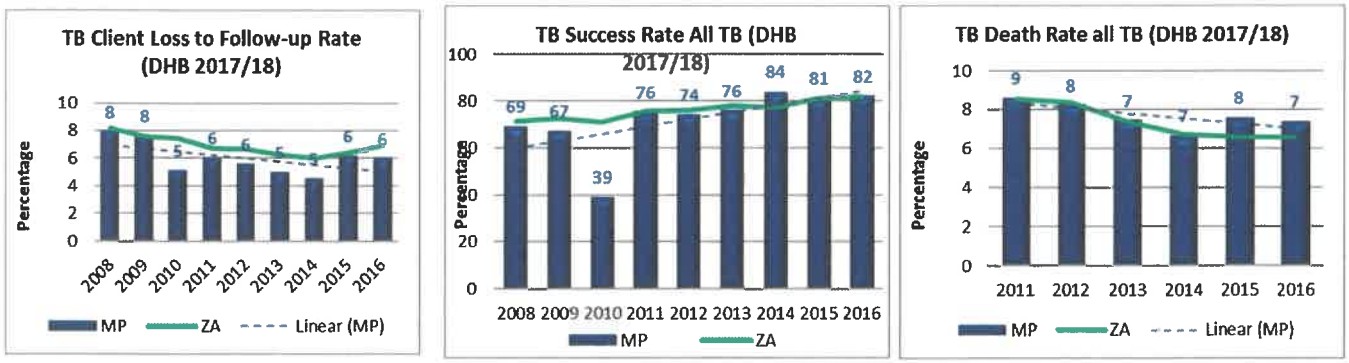




Source: NDOH OP_Output_tool

For adult males and females, focus must be placed not only on initiation onto ART, but also on ensuring that clients are retained in care. There is a growing number of adults who have been previously diagnosed, but are not on ART. This includes those who had started ART and defaulted, as well as those who were never initiated.

Figure 17: Treatment Trends TB Indicators



Source: DHB 2017/2018

The TB loss to follow- up rate is a mirror to TB death rate as outlined in the above graphs. The loss to follow up has decreased from 8% in 2008 to 6% in 2016. This significantly contributed the TB death rate to decreasing from 9% in 2011 to 7% in 2016 which resulted in good performance on TB success rate growing from 69% in 2008 to 82% in 2016. Although there is a positive performance on deaths due to TB, Mpumalanga is still under performing at 7.3% in 2017 against the national performance of 6.5%.

There was a good performance on TB MDR treatment success rate which was at 60.2% in Nkangala above the national performance of 53% and at 61.7% in 2017 in Ehlanzeni above national performance of 49.6% in 2018/19 FY.

8.5.3. Stakeholder Analysis

Table 11: Stakeholder Analysis

Stakeholder	Characteristics	Influence	Interest	Linkage with other stakeholders
Internal Stake holders				
Executive Management	Decision makers	High	High	National department of health National Health Council and member of SANAC
Programme Managers	Policy Implementers	High	High	Health Sector Regulatory bodies
District Management	Proponents of service delivery	High	High	Municipalities
Internal Audit	Early warning system and controls	High	High	Auditor General Audit Committee
Trade Unions	Labour representatives	High	Low	Civil Society
External Stakeholders				
SCOPA, Audit committee and AGSA, Portfolio Committee	Oversight Institutions	High	High	Parliament/ Cabinet
Faith based organization	Spiritual care	Low	High	Civil Society
National Health Laboratory Service (NHLS)	Service Provider	Low	High	Health facilities
Pharmaceuticals	Service Providers	Low	High	Health facilities
Non-Governmental Organizations	Service providers Implementing partners	High	High	Partnership with National Department of Health
National Department of Health	Policy Makers	High	High	Sectoral collaboration with other departments.
Communities	Beneficiaries of Health services	High	High	Relate with all other sector departments
Researchers	Design research, undertake research and analyze information	High	High	Education Department and Tertiary institutions on bursary issues and admission to tertiary institution including research activities

8.5.4. MTEF Budgets

Table 10.3: Summary of payments and estimates: Health

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23
1. Administration	282 001	342 113	289 363	322 276	416 142	416 989	357 595	394 090	415 196
2. District Health Services	6 524 844	7 182 004	8 031 679	8 795 457	8 737 691	8 747 684	9 124 004	10 250 947	10 757 184
3. Emergency Medical Servic	328 189	371 519	363 412	435 317	436 595	427 675	478 772	529 755	621 150
4. Provincial Hospital Services	1 221 480	1 302 741	1 368 773	1 541 312	1 444 677	1 463 883	1 453 388	1 656 335	1 734 385
5. Central Hospital Services	1 026 751	1 154 506	1 222 888	1 327 268	1 303 516	1 320 848	1 276 604	1 518 977	1 590 369
6. Health Sciences and Trainin	372 901	367 797	365 838	452 353	425 198	385 413	449 707	524 931	550 109
7. Health Care Support Servic	140 693	177 021	157 928	194 851	276 297	272 632	299 405	321 870	337 179
8. Health Facilities Manageme	683 021	1 185 312	1 256 062	1 317 975	1 240 793	1 245 785	1 470 477	1 428 621	1 490 450
Total payments and estimat	10 579 880	12 083 013	13 055 943	14 386 809	14 280 909	14 280 909	14 909 952	16 625 526	17 496 822

Table B.3: Payments and estimates by economic classification: Health

R thousand	Outcome 2016/17	Outcome 2017/18	Outcome 2018/19	Main appropriation 2019/20	Adjusted appropriation 2019/20	Revised estimate 2019/20	Medium-term estimates 2020/21	Medium-term estimates 2021/22	Medium-term estimates 2022/23
Current payments	9 753 872	10 657 396	11 577 331	12 829 578	12 854 518	12 776 710	13 413 545	15 265 159	16 057 341
Compensation of employees	6 686 678	7 217 105	7 662 953	8 467 251	8 420 581	8 409 590	9 029 907	10 006 685	10 509 680
Salaries and wages	5 877 405	6 339 940	6 706 068	7 441 429	7 402 292	7 366 326	7 864 653	8 678 568	9 106 272
Social contributions	809 273	877 165	956 885	1 025 822	1 018 289	1 043 264	1 165 254	1 328 117	1 403 407
Goods and services	3 064 888	3 439 974	3 913 891	4 362 327	4 433 937	4 366 917	4 383 638	5 258 474	5 547 661
Administrative fees	160 334	216 139	200 566	198 932	276 731	276 667	129 348	244 139	253 436
Advertising	6 077	5 031	5 776	10 533	11 236	13 812	19 648	22 275	22 139
Minor Assets	9 462	4 939	4 170	26 418	7 079	7 286	23 279	23 248	29 811
Audit cost: External	14 819	18 820	18 859	18 146	18 146	18 146	19 021	20 982	21 969
Bursaries: Employees	604	1 057	–	–	–	1 561	–	–	–
Catering: Departmental a	2 903	2 708	3 391	9 282	4 606	4 761	9 513	10 540	10 697
Communication (G&S)	44 325	37 048	38 914	41 502	39 174	39 819	38 498	43 530	45 495
Computer services	16 269	38 649	24 515	54 836	67 561	55 401	82 285	85 683	89 724
Consultants: Business an	15 328	5 594	4 413	7 770	9 255	12 110	6 753	7 077	7 409
Laboratory services	373 723	411 385	495 105	687 683	607 505	538 469	582 747	743 841	798 402
Legal costs	16 576	26 640	35 631	21 252	62 906	72 768	33 804	40 667	42 567
Contractors	83 778	113 767	102 012	172 116	152 022	152 059	209 824	218 930	226 254
Agency and support / out	117 582	73 931	113 936	103 827	110 740	110 060	88 062	92 695	96 141
Fleet services (incl. gove	104 309	107 886	114 691	102 161	105 295	105 816	106 822	126 877	138 980
Inventory: Clothing mater	–	1 650	–	–	–	–	–	–	–
Inventory: Farming suppli	–	4 048	–	11 646	–	–	–	–	–
Inventory: Food and food	86 076	87 220	79 159	96 788	86 930	85 771	101 806	109 626	114 788
Inventory: Chemicals, fue	30 952	7 021	–	243	121	–	–	–	–
Inventory: Learner and te	–	–	–	16	16	16	–	–	–
Inventory: Materials and	199	–	–	750	750	750	–	–	–
Inventory: Medical supplie	360 796	363 126	434 707	491 644	496 178	493 329	458 360	536 967	567 564
Inventory: Medicine	1 077 749	1 399 628	1 616 131	1 655 886	1 568 358	1 571 218	1 747 252	2 067 096	2 177 284
Inventory: Other supplies	–	12 138	–	11 932	2 050	2 050	–	–	–
Consumable supplies	117 007	92 517	118 661	122 674	158 465	160 863	179 352	196 868	201 107
Cons: Stationery,printing	19 994	16 257	17 871	24 813	41 968	38 562	50 276	54 643	55 742
Operating leases	45 716	44 526	50 690	54 911	54 844	54 287	49 552	53 463	58 381
Property payments	280 374	274 759	358 588	336 836	453 177	453 178	347 553	443 971	477 482
Transport provided: Depa	216	280	399	354	711	702	906	950	995
Travel and subsistence	67 613	60 403	66 803	75 825	86 884	85 515	85 503	98 619	95 205
Training and development	5 090	5 310	4 713	9 622	5 186	5 431	7 970	8 575	8 878
Operating payments	4 307	4 147	2 562	13 186	4 134	4 582	4 455	4 848	5 065
Venues and facilities	1 871	1 290	665	700	969	610	243	2 112	2 146
Rental and hiring	839	60	963	43	940	1 318	806	252	–
Interest and rent on land	2 306	317	487	–	–	203	–	–	–
Interest (incl. interest on fi	2 306	317	487	–	–	203	–	–	–
Transfers and subsidies	306 487	368 261	449 900	376 138	414 363	486 922	184 517	196 002	207 407
Provinces and municipalities	552	519	2 326	859	1 359	1 359	2 000	2 096	2 196
Provinces	551	519	2 325	859	1 359	1 359	2 000	2 096	2 196
Provincial Revenue Fur	–	–	1 034	–	–	–	1 000	1 048	1 098
Provincial agencies and	551	519	1 291	859	1 359	1 359	1 000	1 048	1 098
Municipalities	1	–	1	–	–	–	–	–	–
Municipal bank account	1	–	1	–	–	–	–	–	–
Departmental agencies and	177	6 925	14 185	15 052	33 044	30 943	23 819	24 963	26 136
Departmental agencies (no	177	6 925	14 185	15 052	33 044	30 943	23 819	24 963	26 136
Non-profit institutions	182 733	194 987	308 946	264 641	264 641	333 679	71 351	74 464	77 579
Households	123 025	165 830	124 443	95 586	115 319	120 941	87 347	96 479	101 496
Social benefits	88 770	97 988	35 264	9 340	14 007	19 635	16 441	17 401	18 041
Other transfers to household	34 255	67 842	89 179	86 246	101 312	101 306	70 906	79 078	83 455
Payments for capital assets	509 496	1 057 356	1 028 712	1 181 093	1 012 028	1 017 277	1 311 890	1 162 365	1 231 274
Buildings and other fixed str	437 594	936 812	896 065	952 804	742 383	747 632	1 022 185	887 565	924 797
Buildings	437 594	936 812	896 065	952 804	742 383	747 632	1 022 185	887 565	924 797
Machinery and equipment	71 902	120 544	132 647	228 289	269 645	269 645	289 705	274 800	306 477
Transport equipment	4 823	24 299	21 364	70 304	69 370	68 497	78 586	83 246	120 876
Other machinery and equi	67 079	96 245	111 283	157 985	200 275	201 148	211 119	191 554	185 601
Payments for financial asse	10 025	–	–	–	–	–	–	–	–
Total economic classificatio	10 579 880	12 083 013	13 055 943	14 386 809	14 280 909	14 280 909	14 909 952	16 625 526	17 496 822

The strategic priorities of this programme are as follows:

- The Department will embark on a project to rationalize staffing in order to improve efficiency. Provincial Teams will be appointed to implement Ermelo overtime model in all hospitals.
- Improve financial management through:
  - Asset management
  - Management of accruals
  - Management of irregular expenditure
- Develop and implement standard operating procedures for the management of key health accounts such as waste management, food and utilities
- The Department will implement Patient and Administration System (PEIS) in Hospitals and Health Patient Registration System (HPRS) in PHC facilities. The Department will ensure that broadband connectivity is efficient and reliable.
- The programme will strengthen patient administration and revenue collection.
- A strategy to reduce the increase litigations will be enhanced and implemented.

The incline in 2023/24 is due to the additional funding of legal fees,litigations and the cash gratuity. The programme will continue to implement austerity measures and efficiency projects in order to reduce health costs. The strides made in the 2018/19 FY on reduction of costs of overtime and food are continuously maintained.

Human Resources for Health

Table 12: Human Resource Tables

Staff Category	Number of staff	Actual Population to Staff Ratio per 100 000 pop	Staffing Norm per 100 000 pop
Community Health Workers	6119	0.0	111.7
Nursing Assistants	1465	32.9	69.7
Enrolled Nurse	1832	41.2	64.04
Professional Nurses	5619	126.3	147.95
Medical practitioner	1082	24.3	33.1
Pharmacists	320	7.2	11.89
Dental practitioner	107	2.4	2.55
Occupational therapists	96	2.2	2.64
Physiotherapists	107	2.4	3.1
Speech Therapy/Audiology	70	1.6	1.51

The table above reflect that all categories of staff have shortage of personnel with exception of Speech therapy which is at 1.6 against 1.51 per 100 000 thousand population.

8.5.5. Audit outlook (Regulatory audit assessment)

The department will utilize AGSA Audit Opinion as yard stick to measure its effort and efficiency towards financial management. In the financial year 2018/19, the AGSA Audit findings was a qualified audit opinion with contingent liability. The department has established hospital support teams to conduct financial management assessments. The department has developed and is implementing an accrual reduction & efficiency strategy. Provincial finance forums are held on quarterly basis to improve financial management and accountability. The department has developed and is currently implementing AGSA audit action plan.

8.5.6. Plight of women, persons with disability and youth

Since the advent of democracy, progress towards women empowerment, development persons with disability and youth has been unacceptably going very slow given the extend of available resource and commitment by the country made through legislation.

The contribution toward the achieving gender equity has been improved though remained below the set target of 50% over the years. The Department achieved 42.86% in 2020/21.

In improving representation of persons with disability, the Department also remains below the set target of 2% only achieving 0.59% in 2020/21.

Reduction of unemployment amongst the youth, significant improvement are noted, however the is committed in working s the 30% set target was not achieved. In 2020/21 the Department achieved 27.2%

To re-iterate the importance of attaining the Plight of women, persons with disability & youth, the Department has included the set indicators again in the 2023/24 Annual Performance Plan.

PART C: MEASURING OUR PERFORMANCE

PROGRAMME AND SUB-PROGRAMME PLANS

PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE

The purpose of this programme is to provide the overall management of the Department, and provide strategic planning, legislative, communication services and centralized administrative support through the MEC's office and administration.

The strategic priorities of this programme are as follows:

- The department will embark on a project to rationalize staffing in order to improve efficiency. Provincial Teams will be appointed to implement Ermelo overtime model in all hospitals.
- Improve financial management through:
  - Asset management
  - Management of accruals
  - Management of irregular expenditure
- Develop and implement standard operating procedures for the management of key health accounts such as waste management, food and utilities
- The Department will implement Patient and Administration System (PEIS) in Hospitals and Health Patient Registration System (HPRS) in PHC facilities. The Department will ensure that broadband connectivity is efficient and reliable.
- The programme will strengthen patient administration and revenue collection.
- A strategy to reduce the increase litigations will be enhanced and implemented.

9. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION (PER PROGRAMME)

9.1 Outcomes, outputs, outputs indicators and targets: Administration

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				202425	2025/26
								Q1	Q2	Q3	Q4		
Improve Financial Management	Implement controls and mitigate risks	Audit opinion of Provincial DoH	Qualified	Qualified	Unqualified	Unqualified	Unqualified	-	-	-	Unqualified	Unqualified	Unqualified
Improve equity, training and enhance management of Human Resources for Health	Achieve gender equity targets	Percentage of women appointed in Senior Management positions	Not in plan	Not in plan	40%	47%	49%	42.86 %	50%	50%	50%	50%	50%
		Numerator	Not in plan	Not in plan	Not in plan	21	25	21	25	25	25	25	25
		Denominator	Not in plan	Not in plan	Not in plan	49	49	49	49	49	49	49	49
	Improve representation of persons with disability	Percentage of representation on employment of persons with disabilities across all levels	Not in plan	Not in plan	Not in plan	0.53%	1%	1%	1%	1%	1%	1.5%	1.5%
		Numerator	Not in plan	Not in plan	Not in plan	128	433	128	260	433	433	433	433
		Denominator	Not in plan	Not in plan	Not in plan	21673	21673	21673	216 73	21673	21673	21673	21673
	Reduce youth unemployment	Percentage of youth appointed	Not in plan	Not in plan	30%	30%	30%	30%	30%	30%	30%	30%	30%
		Numerator	Not in plan	Not in plan	Not in plan	5901	6502	5901	629 0	6290	6290	6290	6290
		Denominator	Not in plan	Not in plan	Not in plan	21673	21673	21673	216 73	21673	21673	21673	21673

Explanation of Planned Performance over the Medium Term Period:

The audited outcomes on AGSA audit has not improved from 2016/17 financial year and the department has always been receiving qualified audit outcomes. The has targeted unqualified audit outcomes from 2021/22 FY and over the mid term period by 2023/2024 as a contribution to 'Universal Health Coverage for all South Africans achieved and all citizens protected from the catastrophic financial impact of seeking health care by 2030 '

9.2. Budget allocations

TABLE ADMIN1: EXPENDITURE ESTIMATES: ADMINISTRTION

Table 10.8: Summary of payments and estimates: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. Office of the MEC	15 154	14 950	14 495	15 837	16 024	16 024	15 135	15 520	16 382
2. Management	415 221	319 435	406 957	345 329	345 203	350 839	369 114	391 114	411 105
Total payments and estimates: Programme 1	**430 375**	**334 385**	**421 452**	**361 166**	**361 227**	**366 863**	**384 249**	**406 634**	**427 487**

Table B.3(i): Payments and estimates by economic classification: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**365 510**	**311 906**	**378 957**	**329 349**	**360 129**	**360 736**	**381 885**	**404 154**	**424 896**
Compensation of employees	149 194	148 218	153 163	161 622	165 716	164 864	181 709	184 893	195 811
Salaries and wages	129 176	127 447	131 939	138 800	142 280	141 428	157 178	159 926	169 372
Social contributions	20 018	20 771	21 224	22 822	23 436	23 436	24 531	24 967	26 439
Goods and services	216 291	163 688	225 120	167 727	194 413	195 872	200 176	219 261	229 085
Administrative fees	937	704	820	1 256	1 315	1 142	776	1 447	1 512
Advertising	12 815	25 085	106	9 494	6 427	8 829	6 716	6 642	6 940
Minor Assets	32	39	925	–	–	–	–	–	–
Audit cost: External	19 926	24 395	22 212	21 869	24 869	20 128	25 241	27 339	28 564
Catering: Departmental activities	1 171	234	146	699	547	515	629	605	632
Communication (G&S)	9 237	3 209	5 539	3 349	3 496	9 132	5 737	3 846	4 018
Computer services	56 584	30 711	39 911	51 138	51 338	70 829	56 956	59 591	62 261
Consultants: Business and advisory services	7 553	6 391	5 396	5 138	6 659	3 634	9 083	10 474	10 943
Laboratory services	–	–	1	–	–	–	–	–	–
Legal costs	72 147	44 297	115 643	50 000	65 000	51 324	58 315	71 457	74 658
Contractors	6	228	–	–	–	–	–	–	–
Agency and support / outsourced services	2 242	118	175	550	550	338	602	546	570
Fleet services (incl. government motor transport)	2 120	5 972	11 499	4 684	4 684	4 684	4 894	4 928	5 149
Inventory: Food and food supplies	52	–	61	83	83	83	87	91	95
Consumable supplies	2 010	987	201	1 171	944	570	848	1 038	1 085
Cons: Stationery,printing and office supplies	4 964	3 971	946	1 279	955	1 088	2 090	1 051	1 098
Operating leases	2 578	2 074	2 252	1 020	1 452	1 584	2 195	1 597	1 669
Property payments	5 420	4 360	6 170	3 360	8 136	6 454	7 277	8 881	9 279
Travel and subsistence	14 252	8 278	11 413	12 150	17 137	14 921	17 861	18 852	19 696
Training and development	420	271	8	–	24	24	–	–	–
Operating payments	365	390	280	337	139	121	240	154	161
Venues and facilities	186	111	117	150	258	72	209	283	296
Rental and hiring	1 274	1 863	1 299	–	400	400	420	439	459
Interest and rent on land	25	–	674	–	–	–	–	–	–
Interest (incl. interest on finance leases)	25	–	674	–	–	–	–	–	–
Transfers and subsidies	**46 848**	**20 486**	**42 105**	**30 620**	**1 098**	**6 127**	**1 154**	**1 208**	**1 262**
Provinces and municipalities	1 006	920	1 318	1 098	1 098	1 091	1 154	1 208	1 262
Provinces	1 006	920	1 318	1 098	1 098	1 091	1 154	1 208	1 262
Provincial agencies and funds	1 006	920	1 318	1 098	1 098	1 091	1 154	1 208	1 262
Households	45 842	19 566	40 787	29 522	–	5 036	–	–	–
Social benefits	371	934	1 146	–	–	859	–	–	–
Other transfers to households	45 471	18 632	39 641	29 522	–	4 177	–	–	–
Payments for capital assets	**18 017**	**1 993**	**390**	**1 197**	**–**	**–**	**1 210**	**1 272**	**1 329**
Machinery and equipment	18 017	1 993	390	1 197	–	–	1 210	1 272	1 329
Transport equipment	5 394	–	–	–	–	–	–	–	–
Other machinery and equipment	12 623	1 993	390	1 197	–	–	1 210	1 272	1 329
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 1	**430 375**	**334 385**	**421 452**	**361 166**	**361 227**	**366 863**	**384 249**	**406 634**	**427 487**

Explanation of Planned Performance over the Medium Term Period:

The incline in the 2023/24 financial year amounting to R 23.03 million was due to the funding of revenue and supply chain staff as per the departmental priority to increase revenue collection by appointing revenue and patient admin supervisors, and procurement of the EDI software. A budget of R 14.330 million was allocated for the revenue collection priority. The appointment of SCM staff was to ensure 100 percent procurement of the annual procurement plan, as well as efficient management of the four pillars of SCM. This priority was funded by R 2.612 million. The programme will continue to implement austerity measures and efficiency projects in order to reduce health costs. The strides made in the 2018/19 financial year on reduction of costs of overtime and food are continuously maintained.

9.3 Key Risks

Outcome	Risk	Unintended Consequences	Assumptions	Mitigating factors
1. Unqualified audit opinion achieved	Auditor General Disclaimer of departmental Annual Performance Report (APR)	Collapse of Health System due to impact of corona virus	Available controls to prevent misuse of state resources	Implement provincial audit action plan Implementation of COVID-19 provincial strategy

PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME PURPOSE

The purpose of the programme is to render comprehensive Primary Health Care Services to the community using the District Health System model.

10. Outcomes, outputs, outputs indicators and targets: District Health Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Quality of health services in public health facilities improved	Increase number of facilities that reached Ideal clinic status	Ideal clinic status obtained rate	46.3%	59.1% (172/291)	33.1%	53% (154/291)	63% (185/292	-	-	-	53%	64% (188/294)	64% (188/294)
		Numerator:	Not in plan	133	160	162	153	-	-	-	153	203	217
		Denominator:	Not in plan	288	287	290	288	-	-	-	288	290	290
	Increase number of patients satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (PHC)	80%	85%	84%	85%	85%	-	-	-	85%	85%	85%
		Numerator:	Not in plan	30 800	399 531	327 71	327 71	-	-	-	327 71	36 130	37 825
		Denominator:	Not in plan	38 500	498 908	38 555	38 555	-	-	-	38 555	42 506	44 500
Management of patient safety incidents improved	Early reporting of severity incidents	Severity assessment code (SAC) 1 incidents reported within 24 hours. rate	Not in plan	Not in plan	5%	5%	65%	-	-	-	65%	65%	65%
		Numerator:	Not in plan	Not in plan	Not in plan	502	495	-	-	-	495	501	513
		Denominator:	Not in plan	Not in plan	Not in plan	761	761	-	-	-	761	759	755
		Patient safety Incidents (PSI) case closure rate	Not in plan	Not in plan	81%	81%	86%	-	-	-	86%	86%	86%
		Numerator:	Not in plan	Not in plan	Not in plan	678	654	-	-	-	654	501	513
		Denominator:	Not in plan	Not in plan	Not in plan	761	761	-	-	-	761	759	755
Leadership and governance in the health sector enhanced to improve quality of care	Establish clinic committees	Percentage of PHC facilities with functional Clinic Committees	Not in plan	Not in plan	95.58%	89%	100% (292/29)	100%	100%	100%	100% (292/ 292)	100%	100%
		Numerator:	Not in plan	Not in plan	Not in plan	288	292	292	292	292	292	292	292
		Denominator:	Not in plan	Not in plan	Not in plan	288	292	292	292	292	292	292	292
Contingent liability of medico-legal cases reduced by 80%	Decrease contingent liability of medico-legal cases	Contingent liability of medico-legal cases	Not in plan	R10 295 79 3 298.84	R9 740 412 707.58	R10,3 billion	R8.4 billion	-	-	-	R8 billion	R2 billion	R2 billion

SAC1 Incidents reported within 24 hrs rate and PSI case closure rate are collected across programme 2,4 and 5 but calculated as one indicator in programme 2

1.1. Outcomes, outputs, outputs indicators and targets: District Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Leadership and governance in the health sector enhanced to improve quality of care	Increase number of patients satisfied with health care service in public institutions	Ideal clinic status obtained rate	46.3%	59.1% (172/291)	33.1%	53% (154/291)	95.89% (280/292)	-	-	-	95.89% (280/292	64% (188/292)	64% (188/293)
		Numerator:	Not in plan	133	160	154	280	-	-	-	-	188	188
		Denominator:	Not in plan	288	287	291	292	-	-	-	-	292	293
		Severity assessment code (SAC) 1 incident reported within 24 hours	New Indicator	New Indicator	New Indicator	New Indicator	70%	70%	70%	70%	70%	70%	75%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	63	63	63	63	63	63	63
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	90	90	90	90	90	90	90
		Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	New Indicator	86%	86%	86%	86%	86%	86%	86%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	77	77	77	77	77	77	77
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	90	90	90	90	90	90	90

Explanation of Planned Performance over the Medium Term Period:

Primary health care facilities (fixed clinics and community health centres) render first contact with patients and also ensure continuity of care from community based health services, ward-based PHC outreach teams and mobile clinics.

There is a need for services to be managed in a sustainable and efficient manner for communities to have access to quality health services.

The following are planned interventions to deliver all the outputs:

Implementation and monitoring of the ideal health facility framework to improve quality and access to the primary health care facilities.

Monitoring the complaints resolution rate within 25 working days which will make it possible for the Department to promptly address identified gaps in order to increase positive client experience of care.

10.1. Outcomes, outputs, outputs indicators and targets: HIV/Aids

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	ART Initiation to 90% of those who tested positive	*HIV positive 15-24 years (excl ANC) rate*	New indicator	New indicator	1,8%	1,4%	1,5%	1,5%	1,5%	1,5%	1,5%	1,5%	1,5%
		Numerator:	New indicator	New indicator	New indicator	33.6	34.5	34.5	34.5	34.5	34.5	34.5	34.5
		Denominator:	New indicator	New indicator	New indicator	2 402	2300	2300	2300	2300	2300	2300	2300
		HIV test positive around 18 months rate	Not in Plan	Not in Plan	Not in Plan	New Indicator	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator:	Not in Plan	Not in Plan	Not in Plan	Not in Plan	42	42	42	42	42	42	42
		Denominator:	Not in Plan	Not in Plan	Not in Plan	Not in Plan	2 100	2 100	2 100	2 100	2 100	2 100	2 100
		ART adult remain in care rate (12 months)	New indicator	New indicator	76,3%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	New indicator	New indicator	New indicator	478 495	530 049	478 990	495 959	513 077	530 049	581 348	621 524
		Denominator:	New indicator	New indicator	New indicator	531 661	588 943	532 211	551 066	570 086	588 943	645 942	690 582

		ART child remain in care rate (12 months)	New indicator	New indicator	55,3%	76%	76%	76%	76%	76%	76%	76%	76%
		Numerator:	New indicator	New indicator	New indicator	40 678	12 971	11 828	12 209	12 590	12 971	13 516	14 146
		Denominator:	New indicator	New indicator	New indicator	45 198	14 412	13 142	13 566	13 989	14 412	15 018	15 718
	Viral load suppressed to 90% of Clients on ART	Adult viral load suppressed rate (12 months)	82.9%	90%	88,2%	86,3	90%	90%	90%	90%	90%	90%	90%
		Numerator:	New indicator	55 661	16 458	478 495	530 049	478 990	495 959	513 077	530 049	581 348	621 524
		Denominator:	New indicator	63 978	19 447	531 661	603 355	545 167	564 563	583 959	603 355	645 942	690 582
		ART child viral load suppressed rate (12 months)	88%	90%	62,2%	64,7%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	New indicator	349 474	306	40 678	12 971	11 828	12 209	12 590	12 971	13 516	14 146
		Denominator:	New indicator	397 306	495	45 198	14 412	13 142	13 566	13 989	14 412	15 018	15 718
	Reduce loss to follow up cases	All DS-TB client LTF rate	6.6%	<5%	11.4%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
		Numerator:	237	247	650	672	692	173	173	173	173	688	680
		Denominator:	4 587	3 720	10 589	14 000	14 000	3 500	3 500	3 500	3 500	14 000	14 000
	Improve TB treatment success	All DS-TB Client Treatment Success Rate	84.9%	81.1%	79.3%	80.1%	85%	85%	85%	85%	85%	85%	85%
		Numerator:	3993	3158	10 528	8 010	8 500	2 125	2 125	2 125	2 125	8 500	8 500
		Denominator:	4587	3720	12 929	10 000	10 000	2 500	2 500	2 500	2 500	10 000	1 000
		Rifampicin resistant/Multidrug - Resistant treatment success rate	Not in Indictor	New indicator	New indicator	New indicator	70%	70%	70%	70%	70%	70%	70%
		Numerator:	New indicator	New indicator	New indicator	New indicator	350	88	87	88	87	350	350

		Denominator:	New indicator	New indicator	New indicator	New indicator	500	125	125	125	125	500	500
		TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	New indicator	New indicator	New indicator	New indicator	10%	10%	10%	10%	10%	10%	10%
		Numerator:	New indicator	New indicator	New indicator	New indicator	50	14	12	12	12	50	50
		Denominator:	New indicator	New indicator	New indicator	New indicator	500	140	120	120	120	500	500
		TB Pre-XDR treatment success rate	New indicator	New indicator	New indicator	New indicator	70%	70%	70%	70%	70%	70%	70%
		Numerator:	New indicator	New indicator	New indicator	New indicator	3	1	1	1	1	3	3
		Denominator:	New indicator	New indicator	New indicator	New indicator	4	1	1	1	1	4	4
		TB Pre-XDR loss to follow up rate	New indicator	New indicator	New indicator	New indicator	10%	10%	10%	10%	10%	10%	10%
		Numerator:	New indicator	New indicator	New indicator	New indicator	1	0	0	0	0	1	1
		Denominator:	New indicator	New indicator	New indicator	New indicator	4	1	1	1	1	4	4

Explanation of Planned Performance over the Medium Term Period:

HIV,AIDS,STIs and TB remain to be part of the burden of diseases affecting individuals, families and communities in general. Though significant amount of progress has been made in mitigating the impact, much needs to be done to reach the 90-90-90 HIV and TB policy targets. Ehlanzeni is one of the 1st ten districts in the country to achieve the 90-90-90, whiles Nkangala and Gert Sibande, through the Top-Ten High Volume facilities' project is planned to achieve the 2nd and 3rd 90 HIV targets.

Below, is a set of planned priority interventions to improve indicator performance:

- Expand interventions targeting key populations, males and Young Women and Adolescent Girls.
- Improve ART initiation through Index testing and HIV Self-Screening.
- Increase the transitioning of ART clients from TEE to TLD, to 85%.
- Improve the number of clients registered in through Differentiated Model of Care (DMoC).
- Optimize TB screening among key populations: household contacts, inmates and mine workers.
- Improved case detection of advanced HIV associated TB through the appropriate use of U-LAM in diagnostic algorithms.
- Increase the number of clinical audits and in-depth TB programme reviews.

10.2. Outcomes, outputs, outputs indicators and targets: Mother, Child, Women's Health and Nutrition (MCWH&N)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Maternal, Neonatal, Infant and Child Mortality reduced	Increase couple year protection	Couple year protection rate	64 %	48.6%	39.8%	65%	43%	43%	43%	43%	43%	43%	52%
		Numerator:	768 178	672 674	620 371	788 904	149 931	37 483	37 483	37 483	37 483	149 931	149 931
		Denominator:	1 241 864	1 257 152	1 276 484	1 213 699	348 050	87 013	87 013	87 013	87 013	348 050	348 050
	Reduce teenage pregnancy	Delivery 10 -19 years in facility rate	14,8%	14.7%	15.5%	<11%	<13%	<13%	<13%	<13%	<13%	<11%	<11%
		Numerator:	10 015	1819	11 786	11 466	9 779	2 444	2 445	2 444	2 445	10695	10695
		Denominator:	77 395	80 024	84 483	73 975	88 900	22 225	22 225	22 225	22 225	76396	76396
	Early initiation of antenatal care services to clients	Antenatal 1st visit before 20 weeks rate	76%	77.3%	74.9%	79%	76%	76%	76%	76%	76%	77%	78%
		Numerator:	65 589	66 866	72 724	67 249	71 947	17 986	17 987	17 986	17 987	69393	69393
		Denominator:	88 895	88486	94 029	88 486	94 667	23 666	23 667	23 666	23 667	91267	91267
	Reduce number of maternal death in facility	Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS	89.7/ 100 000	79.1/ 100 000	108.3/ 100 000	130/100 00	100/100 000	100/ 100 000	100/ 100 000	100/ 100 000	100/ 100 000	90/100 000	80/100 000
		Numerator:	42	39	24	36	53	13	13	14	13	43	41
		Denominator:	44 724	47 427	51 702	48 100	53 000	13 125	13 125	13 125	13 125	48 543	48 543
	Reduce low birth weight	Live birth under 2500g in facility rate	Not in plan	Not in plan	12%	<12,2%	<11.5%	<11.5%	<11.5%	<11.5%	<11.5%	<11,5%	<11,5%
		Numerator:	Not in plan	Not in plan	9 732	870	<9 600	<2400	<2400	<2400	<2400	<89 882	<88 112

Maternal, Neonatal, Infant and Child Mortality reduced		**Denominator:**	Not in plan	Not in plan	83 835	72 102	86 800	21 700	21 700	21 700	21 700	88 500	91 000
	Increase number of postnatal visits	Mother postnatal visit within 6 days rate	67.7%	69.89%	74,2%	75,3%	75%	75%	75%	75%	75%	75%	76%
		Numerator:	49 068	54 183	59 044	48850	65 786	16 446	16 446	16 447	16 447	70 138	71 762
		Denominator:	77 395	80 024	84 483	73975	88 900	22 225	22 225	22 225	22 225	89 920	91 300
	Decrease number of neonatal death <28 days	Neonatal death in facility rate (PER 1000 LIVE BIRTHS)	11.5/1000	11.5/1000	11.2/ 1000	9.5/1000	10/ 1000	10/ 1000	10/ 1000	10/ 1000	10/ 1000	9.5/100 0	9.1/ 1000
		Numerator:	891	928	937	684	841	210	210.5	210	210.5	799	767
		Denominator:	77 369	80 483	83 835	72102	84 100	21 025	21 025	21 025	21 025	84 120	84 334
		Infant PCR test positive around 6 months rate	Not in Plan	Not in Plan	Not in Plan	New Indicator	0,60%	0,60%	0,60%	0,60%	0,60%	0,60%	0,60%
		Numerator:	Not in Plan	Not in Plan	Not in Plan	New Indicator	30	30	30	30	30	30	30
		Denominator:	Not in Plan	Not in Plan	Not in Plan	New Indicator	4959	4959	4959	4959	4959	4959	4959
	Increase number of children fully immunized	Immunisation under 1 year coverage.	97.1%	96.6%	91.5%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	77 515	84697	85 115	74101	75 148	18 787	18 787	18 787	18 787	76 396	77 103
		Denominator:	86 420	87 194	87 915	82298	83 498	20 874	20 874	20 874	20 874	84 884	85 677
	Prevent measles outbreak	Measles 2nd dose 1 year coverage	85.9%	94.0%	84.2%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator:	78 292	75 626	83 063	76713	75 148	18 787	18 787	18 787	18 787	76 396	77 103
		Denominator:	86 420	87 194	87 915	85237	83 498	20 874	20 874	20 874	20 874	84 884	85 677
	Reduce all death under 5yrs in facility	Death under 5 years against live birth rate	New indicator	New indicator	1,8/1000 live birth	1,7/1000 live birth	<1.5 Per 1000 live birth	1,5/100 0 live birth	1,5/100 0 live birth	1,5/1000 live birth	1,5/1000 live birth	1,4/100 0 live birth	1,3/1000 live birth
		Numerator:	New indicator	New indicator	New indicator	670	661	165	165	165	166	654	650

Maternal, Neonatal, Infant and Child Mortality reduced		**Denominator:**	New indicator	New indicator	New indicator	44 600	84 100	21 025	21 025	21 025	21 025	84 120	84 334
		Child under 5 years diarrhoea case fatality rate	2.3%	2.1%	2.5%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator:	24	39	30	62	34	8	8	8	9	34	33
		Denominator:	1304	1899	1789	3122	1781	445	445	445	446	1779	1773
		Child under 5 years pneumonia case fatality rate	2.7%	2.3%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
		Numerator:	48	76	45	92	41	10	10	10	11	38	36
		Denominator:	1589	1934	1890	3719	1801	450	450	450	451	1799	1792
		Child under 5 years severe acute malnutrition case fatality rate	9.1%	10.6%	3.2%	<9%	<9%	<9%	<9%	<9%	<9%	<9%	<9%
		Numerator:	44	56	38	90	89	22	22	22	23	89	88
		Denominator:	407	488	399	1001	1015	254	253	253	254	1031	1046
	Improve vitamin A dose 12-59 months coverage.	Vitamin A dose 12-59 months coverage	66%	65.7%	53,2%	75,5%	68.2%	68.2%	68.2%	68.2%	68.2%	75%	80%
		Numerator:	417 808	468 593	466 125	236593	240682	60170	+60170 (120340	+60170 (180 510)	+60170 (240 682)	245198	250519
		Denominator:	357 650*2	355 275*2	354 042*2	347931	352906	352906	352906	352906	352906	357953	363072

10.3. Annual Targets: Disease Prevention And Control (DPC)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Reduce malaria death cases	Malaria case fatality rate	0.60%	0.3%	0.98% (14/1435)	0.5%	0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%
		Numerator:	96	29	11	11	10	10	10	10	10	10	10
		Denominator:	Not in plan	Not in plan	Not in plan	Not in plan	75 000	18 750	18 750	18 750	18 750	68 000	65 000

Explanation of Planned Performance over the Medium Term Period:

South Africa is seeing an increase the prevalence of Non Communicable Diseases while still grabbling with Communicable Diseases. The United Nations has prioritized the reduction on incidence of Non Communicable diseases and Communicable diseases as one of the goals in the set of Sustainable Developmental goals.

Explanation of Planned Performance over the Medium Term Period:

Maternal Child Women and Youth & Integrated Nutrition Program is one of the priorities for the improvement of lives of mothers and children thus reducing both maternal and child mortality rates There is a need not to only reduce mortality rates but also reduce modifiable factors that are seen to be increasing every year as indicated in the Saving mothers report 2014-16.

The following are the planned interventions to improve the outputs of this program;

- Improving the couple year protection rate (CYPR),
- Reduction of teenage pregnancies through intersect oral collaboration with other departments like Department of Social Development and Department of Education on provision of Sexual Reproductive Health services through the integrated school health program (ISHP)
- Monitoring the implementation of Household IMCI component to prevent childhood illnesses i.e. diarrhea, pneumonia and severe acute malnutrition case fatalities thus improving the quality of life among children.
- Increase the number of school health teams to improve the provision of SRH services within schools through integrated school health program

10.4. Budget Allocations

TABLE DHS1: EXPENDITURE ESTIMATES DISTRICT HEALTH SERVICES

Table 10.10: Summary of payments and estimates: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. District Management	467 741	1 554 856	1 031 734	1 141 674	826 842	821 584	657 584	783 067	824 927
2. Community Health Clinics	1 694 383	1 636 822	1 743 842	1 764 273	1 773 419	1 757 410	1 807 133	1 826 046	1 928 185
3. Community Health Centres	1 105 234	1 017 080	1 099 341	1 136 069	1 156 594	1 151 760	1 160 612	1 190 153	1 258 031
4. Community-based Services	18 895	16 315	20 534	33 213	33 338	33 338	18 591	7 270	7 393
5. Other Community Services	–	–	–	–	–	–	–	–	–
6. HIV/Aids	1 694 700	2 402 660	2 644 375	2 638 302	2 638 302	2 638 302	2 469 999	2 580 926	2 696 552
7. Nutrition	10 038	10 754	7 741	9 791	11 125	11 125	10 222	10 645	11 144
8. Coroner Services	–	–	–	–	–	–	–	–	–
9. District Hospitals	3 914 617	3 570 193	3 798 976	3 776 340	3 987 021	3 979 457	3 958 246	4 233 410	4 417 795
Total payments and estimates: Programme 2	**8 905 608**	**10 208 680**	**10 346 543**	**10 499 662**	**10 426 641**	**10 392 976**	**10 082 387**	**10 631 517**	**11 144 027**

Table B.3(ii): Payments and estimates by economic classification: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**8 522 290**	**9 874 849**	**10 232 863**	**10 246 320**	**10 217 857**	**10 141 584**	**9 962 026**	**10 429 623**	**10 933 089**
Compensation of employees	5 457 297	6 074 125	6 583 297	6 506 514	6 822 386	6 816 312	6 671 601	6 888 636	7 233 468
Salaries and wages	4 747 197	5 294 579	5 761 387	5 571 126	5 883 057	5 880 973	5 706 838	5 884 769	6 171 182
Social contributions	710 100	779 546	821 910	935 388	939 329	935 339	964 763	1 003 867	1 062 286
Goods and services	3 064 804	3 800 716	3 649 559	3 739 806	3 395 471	3 325 261	3 290 425	3 540 987	3 699 621
Administrative fees	184 647	242 765	232 478	204 956	204 359	181 295	93 112	232 891	243 323
Advertising	6 472	37 706	39 191	27 407	34 207	34 207	18 182	21 323	22 278
Minor Assets	4 250	7 706	2 672	5 117	5 905	6 296	3 439	5 329	5 568
Catering: Departmental activities	3 640	5 114	2 745	2 855	5 756	6 189	13 177	3 465	3 620
Communication (G&S)	23 729	32 107	30 859	27 143	31 218	25 582	31 551	33 416	34 913
Computer services	628	9 466	34 188	37 756	33 063	38 062	34 751	36 351	37 979
Consultants: Business and advisory services	–	3	–	–	–	6	–	–	–
Laboratory services	501 184	462 443	636 455	615 958	550 369	534 072	580 169	686 814	717 583
Legal costs	57 118	–	–	–	–	–	–	–	–
Contractors	9 966	14 835	140 940	108 107	201 487	239 527	168 175	123 761	129 306
Agency and support / outsourced services	52 295	24 752	36 583	33 150	33 386	33 386	34 904	36 644	38 285
Fleet services (incl. government motor transport)	53 707	38 824	50 938	45 527	48 718	59 136	49 353	80 758	84 375
Inventory: Food and food supplies	46 615	47 479	47 207	50 869	57 210	57 210	55 538	59 637	62 309
Inventory: Medical supplies	265 020	268 959	272 711	330 928	271 114	271 114	232 665	275 854	288 213
Inventory: Medicine	1 619 829	1 735 980	1 623 968	1 643 016	1 421 037	1 346 689	1 615 247	1 555 649	1 625 343
Consumable supplies	58 262	641 465	286 351	373 811	201 790	195 468	93 490	90 381	94 430
Cons: Stationery,printing and office supplies	26 857	26 415	26 505	24 213	30 699	30 562	35 525	28 862	30 155
Operating leases	12 281	9 253	9 791	13 753	12 441	12 441	11 536	15 128	15 806
Property payments	99 192	147 797	122 930	138 220	159 612	159 612	143 570	173 510	181 283
Transport provided: Departmental activity	274	314	335	273	350	350	454	383	400
Travel and subsistence	34 855	44 922	48 950	43 274	77 439	77 873	62 416	66 479	69 457
Training and development	475	860	673	9 814	3 110	3 110	–	1 682	1 757
Operating payments	2 417	1 488	533	2 818	5 865	5 954	561	2 709	2 831
Venues and facilities	624	63	2 486	578	5 673	6 457	9 250	6 186	6 463
Rental and hiring	467	–	70	263	663	663	3 360	3 775	3 944
Interest and rent on land	189	8	7	–	–	11	–	–	–
Interest (Incl. interest on finance leases)	189	8	7	–	–	11	–	–	–
Transfers and subsidies	**352 461**	**30 538**	**33 822**	**15 749**	**79 382**	**121 990**	**37 779**	**44 571**	**46 568**
Departmental agencies and accounts	137	77	94	680	680	42	71	719	751
Departmental agencies (non-business entities)	137	77	94	680	680	42	71	719	751
Non-profit institutions	333 431	2 342	2 459	2 580	5 580	5 580	5 864	9 431	9 854
Households	18 893	28 119	31 269	12 489	73 122	116 368	31 844	34 421	35 963
Social benefits	18 893	28 119	31 226	12 489	14 875	21 399	13 990	14 627	15 282
Other transfers to households	–	–	43	–	58 247	94 969	17 854	19 794	20 681
Payments for capital assets	**30 857**	**303 293**	**66 598**	**237 593**	**129 402**	**129 402**	**82 582**	**157 323**	**164 370**
Machinery and equipment	30 857	303 293	66 598	237 593	129 402	129 402	82 582	157 323	164 370
Transport equipment	4 805	26 265	26 524	123 448	60 912	60 912	30 400	80 792	84 411
Other machinery and equipment	26 052	277 028	40 074	114 145	68 490	68 490	52 182	76 531	79 959
Payments for financial assets	–	–	13 260	–	–	–	–	–	–
Total economic classification: Programme 2	**8 905 608**	**10 208 680**	**10 346 543**	**10 499 662**	**10 426 641**	**10 392 976**	**10 082 387**	**10 631 517**	**11 144 027**

Narrative: Explanation of the contribution of resources towards achievement of outputs.

The significant allocation supports the policy of providing access to quality health care compare to the other service delivery programmes. However, the decrease in 2023/24 financial year is attributed to the reduction of the District Health Services grant and the district management subprogramme. However, the programme was allocated R 18 million for the operationalization of CHC's facilities, R 5 million for the procurement of equipment for the school heath teams, R 15.611 million for ideal clinic and R 20 million for the procurement of mobile clinics. To ensure availability of medicine above 95 percent in health facilities the department has budgeted an amount of R 19 million to appoint 65 pharmacy assistance in community health clinics.

•Key Risks

Outcome	Risk	Unintended Consequences	Assumptions	Mitigating factors
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	Shortage of medication including immunizations and medical supplies	Disease outbreak	Access to all priority health care programme	Monitor availability of medication and medical supplies and address identified gaps.
	Shortage of staff	Poor quality of health care service	All critical posts are funded and prioritized	Prioritize filling of vacant funded and critical posts
	Organogram not responding to service delivery needs	Poor health outcomes	Availability of funds to fill critical posts	Review and align organogram to be responsive to service delivery needs
	Inadequate medical equipment and instruments resulting in poor quality of care	Poor quality of health care service	There will be effective management of state asserts	Prioritize procurement of essential medical equipment and instrument
	Inadequate cleaning material resulting in an increased infection rate	Poor quality of health care service	Availability of infection control coordinators in health facilities	Prioritize procurement of non - negotiables including cleaning material
Morbidity and Premature mortality due to Communicable diseases (COVID-19)reduced	Inadequate space for triaging patients at the main gate	Poor quality of health care service	Patients will be available for screen services	Procure convertible gazebos for screening and as temporary chest clinics
	Lack of Isolation rooms	Poor quality of health care service		Identify space in the facilities to be used as isolation rooms taking into consideration of MOU, males, females and children
	Testing/ swab collection room	Poor quality of health care service	Test kids available at health facilities	Identify space in the facilities to be used as testing (swab collection) rooms
	Shortage of oxygen cylinders to meet COVID 19 requirements (facilities to have a minimum of 5	Increased COVID19 death	Adequate funding available to fight covid19	Monitor availability and functionality of oxygen.

	oxygen cylinders with gauges and stands, currently most have one or two in emergency room)			
Morbidity and Premature mortality due to Non-Communicable diseases reduced by 10%	• Uninformed communities regarding available services • Poor health seeking behavior • Increased complaints • Negative patient experience of care • Increased mortality due to corona virus outbreak	Community unrest	Functional Governance structures in all health facilities	• Establish and train clinic committees and hospital board as for all health facilities. • Community awareness campaigns • Monitor functionality of governance structures. • Monitor patient experience of care. • Intensify screen of health worker, patients in health facilities and conduct case finding in communities
	• Inadequately trained clinicians • Increase in preventable deaths • Poor recording keeping leading to increased litigations • Poor health seeking behavior among communities • Shortages of both human, equipment and material resources • Shortage of neonatal beds	Wrong diagnosis and treatment of patient	Availability of bursaries to train clinicians	Prioritize training of clinicians Prioritize the appointment of skilled clinicians Conduct clinical audits Monitor ESMOE fire drills in facilities
		Loss of patient files	All Health facilities implement provincial record management system	• Conduct community engagements • Monitor the availability of essential equipment's and medicines including contraceptives • Prioritize neonatal units in district hospital (infrastructure especial high volume delivery) • Strengthen provision of neonatal high care units and ICU in regional and tertiary hospitals

	• High teenage pregnancy			• Strengthen SRH services within school through appointment of ISHP teams • Monitor the availability of youth friendly contraceptives methods
Maternal, Neonatal, Infant and Child Mortality reduced	Failure to report adverse events by health facilities and implementing partners.	Increased litigations by members of community	Early management of pregnancy and postnatal care prioritized	Monitor implementation of patient safety incident Policy and SOP in relation to reporting.
	Inadequate human resources (Quality Assurance Coordinators) at facility level	Increased Complaints on poor service	All facility manages trained on quality assurance	Prioritize appointment of QA Coordinators in the 2020/21-2023/24 MTSF
	Patients' failure to adhere to Medical Male Circumcision post-operative care instructions	Infection and wound dehiscence.	All patients utilizing the service were pre-counselled	Conduct community engagement and education.
	Non- compliance to HIV Testing Quality Controls.	Unreliable HIV test results	Continuous campaign of HIV testing	Monitor Rapid Testing Continuous Quality Improvement (RTCQI) Organize and expose HIV testers to proficiency testing.

PROGRAMME 3: ERMEGENCY MEDICAL SERVICES

PROGRAMME PURPOSE

The purpose of Emergency Medical Services is to provide pre-hospital emergency medical care, inter-hospital transfers, Medical Rescue and Planned Patient Transport to all inhabitants and visitors of Mpumalanga Province within the national norms of 30 minutes in urban and-60 minutes in rural areas.

Emergency Medical Services provide:

- Emergency response (including the stabilization and transportation of all patients involved in trauma, medical/maternal and other emergencies through the utilization of specialized vehicles, equipment and skilled Emergency Care practitioners.
- Pre-hospital emergency medical care within the national norms of responding to life threatening incidents (Priority 1 calls) within 30 minutes in urban and 60 minutes in rural areas.
- Medical inter-facility transfers to accommodate downward and upward referrals in the healthcare system,
- Medical Rescue in local municipalities that lacks the resources (equipment and human capital) and
- Non - Emergency and Planned Patient Transport
- Mass casualty incident management. Conduct surveillance and facilitate action in response to Early Warning Systems for the Department and activate effective response protocols in line with the provisions of the Disaster Management Act, Act No. 57 of 2002.to all inhabitants of Mpumalanga Province and visitors
- Receive calls, log and dispatch to the most appropriate vehicle with adequate skilled EMS personnel.

SOPA PRIORITIES 2021/22

- Procurement of 10 Ambulances
- Procurement of life saving equipment
- Recruitment and appointment of 10 Advanced Life Support qualified staff
- Recruitment and appointment of 20 Basic Life Support qualified staff for operations and Emergency Call Centre

11. Outcomes, outputs, outputs indicators and targets: Emergency Medical Services (EMS)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS P1 Urban response time improved	EMS P1 urban response under 30 minutes rate	63.3%	43.5%	65%	65%	65%	65%	65%	65%	65%	65%	65%
		Numerator	1329	1113	517	1717	1879	463	463	463	463	2003	2003
		Denominator	2101	2558	796	2641	2891	722	722	722	722	3081	3167
	EMS P1 Rural response time improved	EMS P1 rural response under 60 minutes rate	63.4%	51%	65%	69%	69%	69%	69%	69%	69%	69%	69%
		Numerator	4197	4586	448	7444	7651	1913	1913	1913	1913	7720	7796
		Denominator	9724	10544	689	10789	11089	2772	2772	2772	2772	11189	11298

Explanation of Planned Performance over the Medium Term Period

Pre – hospital Emergency Medical care

Response times are still far below the acceptable norm in both urban and rural areas and remain a serious challenge considering the increased demand for emergency medical services.

Additional vehicles will be procured to achieve a baseline of 120 operational ambulances daily province-wide to reduce response times to trauma and medical incidents

Maternal and neonatal Mortality prevention

The Department will allocate 6 dedicated Obstetric Ambulances [2 per district] for the transportation of maternity cases and neonates. All maternity related cases will be triaged as red code or Priority 1 calls and dispatched accordingly. The Department will in addition accelerate training courses on obstetric emergencies for staff manning Obstetric Ambulances, monitor compliance with referral protocols and appropriate use for obstetric emergency care.

Patient Transport Services

Provide transport services for non-emergency referrals between hospitals, and from PHC Clinics to Community Health Centres and Hospitals for indigent persons with no other means of transport. Fully integrate Planned Patient Transport into Emergency Medical Services

Disaster Risk Management

Mass casualty incident management. Conduct surveillance and facilitate action in response to Early Warning Systems for the Department and activate effective response protocols in line with the provisions of the Disaster Management Act, Act No. 57 of 2002.

Emergency Management Centres

The absence of a tool to capture data in real – time, it becomes problematic to accurately record response times and results in manipulation of information and incorrect reporting.

The Department will procure and install an Emergency Management System that will include the following:

- Emergency Call taking
- Real – time vehicle tracking
- Voice and Data logging
- Computer Aided Dispatch
- Data terminal Consoles in vehicles
- Crew safety Panic response

11.1. Budget Allocations

TABLE EMS5: EXPENDITURE ESTIMATE: EMERGENCY MEDICAL SERVICES

Table 10.12: Summary of payments and estimates: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. Emergency transport	410 174	433 350	406 653	425 229	434 113	434 113	472 106	526 935	561 551
2. Planned Patient Transport	8 884	38 050	15 171	20 848	20 848	20 848	16 285	17 035	17 798
Total payments and estimates: Programme 3	**419 058**	**471 400**	**421 824**	**446 077**	**454 961**	**454 961**	**488 391**	**543 970**	**579 349**

Table B.3(iii): Payments and estimates by economic classification: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**379 620**	**374 676**	**394 583**	**419 308**	**450 338**	**450 338**	**456 636**	**470 562**	**502 652**
Compensation of employees	297 417	302 733	321 227	338 533	347 417	347 417	325 220	330 246	356 049
Salaries and wages	245 923	248 479	265 718	278 192	285 713	285 713	265 433	269 540	291 701
Social contributions	51 494	54 254	55 509	60 341	61 704	61 704	59 787	60 706	64 348
Goods and services	82 203	71 942	73 356	80 775	102 921	102 921	131 416	140 316	146 603
Administrative fees	334	8	3	26	26	26	5	28	29
Minor Assets	(80)	532	–	–	–	–	–	–	–
Catering: Departmental activities	6	8	–	–	–	–	–	–	–
Communication (G&S)	14 151	1 787	2 377	1 580	1 580	1 580	1 850	1 738	1 816
Computer services	–	12 414	4 714	10 000	–	–	25 000	25 460	26 601
Contractors	1 199	1 926	534	–	–	–	16 285	–	–
Fleet services (incl. government motor transport)	40 370	36 992	41 598	43 947	72 362	72 362	77 465	81 029	84 659
Inventory: Medical supplies	979	1 238	1 908	865	4 596	4 596	2 687	5 285	5 522
Consumable supplies	1 707	560	3 884	2 376	2 376	2 376	2 272	2 612	2 729
Cons: Stationery,printing and office supplies	1 066	537	420	581	581	523	140	638	667
Operating leases	20 106	14 257	17 583	19 756	19 756	19 756	5 016	21 718	22 691
Property payments	340	1 496	197	1 496	1 496	1 496	406	1 644	1 718
Travel and subsistence	1 598	187	138	148	148	206	290	164	171
Training and development	46	–	–	–	–	–	–	–	–
Venues and facilities	381	–	–	–	–	–	–	–	–
Interest and rent on land	–	1	–	–	–	–	–	–	–
Interest (Incl. interest on finance leases)	–	1	–	–	–	–	–	–	–
Transfers and subsidies	**866**	**1 142**	**1 366**	**1 526**	**1 526**	**1 526**	**1 603**	**1 677**	**1 752**
Provinces and municipalities	498	415	741	1 098	1 098	1 029	1 154	1 208	1 262
Provinces	498	415	741	1 098	1 098	1 029	1 154	1 208	1 262
Provincial agencies and funds	498	415	741	1 098	1 098	1 029	1 154	1 208	1 262
Households	368	727	625	428	428	497	449	469	490
Social benefits	368	727	625	428	428	497	449	469	490
Payments for capital assets	**38 572**	**95 582**	**25 875**	**25 243**	**3 097**	**3 097**	**30 152**	**71 731**	**74 945**
Machinery and equipment	38 572	95 582	25 875	25 243	3 097	3 097	30 152	71 731	74 945
Transport equipment	36 535	81 909	7 708	24 146	2 000	2 000	29 000	70 527	73 687
Other machinery and equipment	2 037	13 673	18 167	1 097	1 097	1 097	1 152	1 204	1 258
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 3	**419 058**	**471 400**	**421 824**	**446 077**	**454 961**	**454 961**	**488 391**	**543 970**	**579 349**

Programme 3: Expenditure estimates narrative

The department will improve the services through the recruitment, appointment of emergency care practitioners and training to increasing the number of EMS bases and the number of rostered ambulances in the province. The programme shows an increase in the 2023/24 financial year due to the baseline addition to fund the following interventions to improve ambulances response time;

- Appointments of 10 Advance life support and 10 Basic life support personnel amounting to R 4.1 million,
- Establishment of a centralized emergency communication center and a business continuity recovery ECC with a budget of R 25 million and,
- The procurement of additional ambulances amounting to R10 million.

Key Risks

Outcome	Risk	Unintended consequences	Assumptions	Mitigating factors
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health	EMS failure to take control of PPTS (Planned Patient Transport Services)	Collapse of EMS services	All vehicles are well serviced or maintained	a. Integration of PPTS into EMS Implement Operational PPTS plan
	Ineffective Emergency Communication Center (ECC)	Poor communication of EMS services	Availability of funds to procure the system and train personnel .	a. Appointment of shift leaders. Upgrading of the communication center system
	Inadequate/ inappropriate emergency vehicles Inadequate/ inappropriately qualified personnel	Collapse of EMS services	Specification for appropriate emergency vehicle available	a. Procure some additional EMS vehicles b. Appropriate skilled ALS practitioners c. Appointment of Emergency Care Technicians and ALS Practitioners

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

PROGRAMME PURPOSE

The purpose of this Programme is to render level 1 and 2 health services in regional hospitals and TB specialized hospital services.

11.2. Outcomes, outputs, outputs indicators and targets: General (Regional) Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Number of Maternal deaths in facility	Not in Plan	Not in Plan	Not in Plan	New Indicator	20	3	3	3	3	15	10
	Reduce all death under 5yrs in facility	[Number of] Death in facility under 5 years	Not in Plan	Not in Plan	Not in Plan	New Indicator	12	3	3	3	3	10	8
		Child under 5 years diarrhoea case fatality rate	2.3%	2.1%	6%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
		Numerator:	7	8	8	6	6	2	1	2	1	5	5
		Denominator:	291	385	300	390	390	100	95	100	95	390	390
		Child under 5 years pneumonia case fatality rate	2.7%	2.3%	5.4%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
		Numerator:	9	9	14	8	7	2	2	2	2	6	6
		Denominator:	472	478	459	490	480	120	120	120	130	480	480
		Child under 5 years severe acute malnutrition case fatality rate	9.1%	10.6%	<28.6%	<6.5%	<6.5%	<6.5%	<6.5%	<6.5%	<6.5%%	<6.5%	<6.5%
		Numerator:	4	Not in plan	8	5	7	1	1	3	2	4	4
		Denominator:	104	97	71	100	104	25	25	28	26	90	90

Quality of health services in public health facilities improved	Patient experience of care improved	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	72.6%	Not in Plan	80%	-	-	80%	-	80%	85%
		Numerator:	Not in plan	Not in plan	9 861	Not in Plan	600	-	-	600	-	600	600
		Denominator:	Not in plan	Not in plan	13 582	Not in Plan	750	-	-	750	-	750	750
		Severity assessment code (SAC) 1 incident reported within 24 hours	New Indicator	New Indicator	New Indicator	New Indicator	70%	70%	70%	70%	70%	70%	75%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	167	167	167	167	167	167	167
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	238	238	238	238	238	238	238
		Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	New Indicator	86%	86%	86%	86%	86%	86%	86%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	202	202	202	202	202	202	202
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	238	238	238	238	238	238	238

11.3. Outcomes, outputs, outputs indicators and targets: Tuberculosis Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	56.3%	85%	85%	-	-	85%	-	85%	85%
		Numerator:	Not in plan	Not in plan	84	128	128	-	-	128	-	128	128
		Denominator:	Not in plan	Not in plan	150	150	150	-	-	150	-	150	150

Explanation of Planned Performance over the Medium Term Period:

Maternal Mortality in facility Ratio is currently at 234/100 000 live births. The Department plans to reduce maternal mortality at Tertiary hospitals from 234/100 000 to 210/100 000 in 2023/2024 through procurement of equipment and appointment of skilled Healthcare professionals for the maternity units. The department's intervention in reducing the under 5 year's deaths in facility rate is to ensure adequate staffing for the pediatric units for Tertiary hospitals. Tertiary Hospitals are preparing for the Ideal Hospital assessment processes as preparation towards NHI. Patient's experience of care will be improved in Tertiary hospitals through implementation of customer care strategies including waiting time management

11.4. Budget Allocations

TABLE PHS5: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

Table 10.14: Summary of payments and estimates: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. General (Regional) Hospitals	1 247 026	1 292 728	1 442 604	1 445 495	1 528 788	1 528 861	1 562 088	1 578 881	1 667 768
2. Tuberculosis Hospitals	139 185	149 995	151 648	157 743	147 763	147 690	129 884	132 529	140 228
3. Psychiatric/ Mental Hospitals	48 571	43 594	49 037	46 090	49 090	49 090	51 594	53 968	56 386
4. Sub-acute, Step down and Chronic Medical Hospitals	–	–	–	–	–	–	–	–	–
5. Dental Training Hospitals	–	–	–	–	–	–	–	–	–
6. Other Specialised Hospitals	–	–	–	–	–	–	–	–	–
Total payments and estimates: Programme 4	**1 434 782**	**1 486 317**	**1 643 289**	**1 649 328**	**1 725 641**	**1 725 641**	**1 743 566**	**1 765 378**	**1 864 382**

Table B.3(iv): Payments and estimates by economic classification: Provincial Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**1 424 803**	**1 477 492**	**1 635 745**	**1 643 474**	**1 700 227**	**1 682 753**	**1 716 895**	**1 734 355**	**1 831 969**
Compensation of employees	1 081 326	1 111 630	1 206 682	1 245 355	1 269 282	1 269 282	1 296 762	1 316 933	1 395 846
Salaries and wages	951 345	971 479	1 061 330	1 090 951	1 111 289	1 111 289	1 132 753	1 150 356	1 219 295
Social contributions	129 981	140 151	145 352	154 404	157 993	157 993	164 009	166 577	176 551
Goods and services	343 475	365 860	429 058	398 119	430 945	413 470	420 133	417 422	436 123
Administrative fees	10 167	16 148	10 524	10 340	10 694	10 694	10 687	11 754	12 280
Advertising	–	14	–	–	–	–	–	–	–
Minor Assets	131	229	197	–	40	91	42	43	45
Catering: Departmental activities	90	3	8	–	87	87	91	94	98
Communication (G&S)	3 548	4 007	3 989	3 190	4 422	4 422	4 132	4 861	5 079
Computer services	–	–	10 097	14 273	14 273	12 110	15 001	15 691	16 394
Laboratory services	44 060	38 045	48 251	43 123	51 624	34 150	28 311	56 750	59 293
Contractors	60 277	100 892	122 366	122 087	125 087	125 087	140 419	137 515	143 676
Agency and support / outsourced services	11 766	7 848	13 086	9 797	15 552	15 552	12 650	17 095	17 861
Fleet services (incl. government motor transport)	9 716	7 678	9 785	7 895	5 052	5 052	6 375	5 551	5 800
Inventory: Food and food supplies	22 532	17 717	18 273	13 876	17 076	17 076	20 279	18 774	19 615
Inventory: Medical supplies	92 644	86 913	99 726	90 620	90 684	90 684	88 069	81 910	85 580
Inventory: Medicine	42 314	37 921	45 561	36 289	51 170	51 170	40 338	17 552	18 339
Consumable supplies	9 605	14 784	9 259	7 786	8 055	8 029	10 592	8 856	9 252
Cons: Stationery,printing and office supplies	2 525	2 306	2 316	2 592	1 962	2 008	1 649	2 337	2 442
Operating leases	1 284	961	998	1 011	1 316	1 316	1 290	1 427	1 491
Property payments	27 113	26 409	29 982	30 466	31 528	31 528	37 168	34 659	36 211
Transport provided: Departmental activity	177	95	295	223	202	226	198	223	233
Travel and subsistence	3 137	1 803	2 368	1 933	1 888	1 888	2 580	2 076	2 169
Training and development	2 242	1 812	1 938	2 442	–	1 816	–	–	–
Operating payments	147	275	39	176	233	189	262	254	265
Venues and facilities	–	–	–	–	–	295	–	–	–
Interest and rent on land	2	2	5	–	–	1	–	–	–
Interest (Incl. interest on finance leases)	2	2	5	–	–	–	–	–	–
Rent on land	–	–	–	–	–	1	–	–	–
Transfers and subsidies	**6 851**	**6 500**	**4 919**	**3 559**	**23 754**	**41 228**	**24 926**	**29 197**	**30 505**
Departmental agencies and accounts	37	33	33	82	82	35	48	89	93
Departmental agencies (non-business entities)	37	33	33	82	82	35	48	89	93
Households	6 814	6 467	4 886	3 477	23 672	41 193	24 878	29 108	30 412
Social benefits	6 781	6 467	4 886	3 477	524	3 524	550	3 661	3 825
Other transfers to households	33	–	–	–	23 148	37 669	24 328	25 447	26 587
Payments for capital assets	**3 128**	**2 325**	**2 568**	**2 295**	**1 660**	**1 660**	**1 745**	**1 826**	**1 908**
Machinery and equipment	3 128	2 325	2 568	2 295	1 660	1 660	1 745	1 826	1 908
Transport equipment	1 160	478	523	–	–	–	–	–	–
Other machinery and equipment	1 968	1 847	2 045	2 295	1 660	1 660	1 745	1 826	1 908
Payments for financial assets	–	–	57	–	–	–	–	–	–
Total economic classification: Programme 4	**1 434 782**	**1 486 317**	**1 643 289**	**1 649 328**	**1 725 641**	**1 725 641**	**1 743 566**	**1 765 378**	**1 864 382**

Programme 4: Expenditure estimates narrative

The budget for 2022/23 financial year shows an increase of R 94.238 million due to additional baseline allocation to fund COLA in compensation of employees and maternal priorities. A budget of R 20 million was allocated to fund the increase of neonatal beds and the establishment of paediatric ICU in Themba and Mapulaneng hospitals.

11.5. Key Risks

Outcome	Risk			Mitigating factors
Maternal, Neonatal, Infant and Child Mortality reduced	• Inadequately trained clinicians • Increase in preventable deaths • Shortages of both human, equipment and material resources	Increased child, infant and maternal mortality	All facilities have skilled personnel to render Maternal, Neonatal, infant and child mortality.	• Prioritize training of clinicians • Conduct clinical governance meetings • Prioritize the appointment of skilled Health care professionals • Procure and maintain equipment and consumables
	• Shortage of neonatal beds • Inadequately trained clinicians • Increase in preventable deaths	Poor health outcomes	Monthly morbidity and mortality meetings are held in hospital	• Strengthen provision of neonatal high care units and ICU in regional and tertiary hospitals • Prioritize training of clinicians • Monitor ESMOE fire drills in facilities
Quality of health services in public health facilities improved	Patients safety incidences	Increased litigations in health facilities	All health facilities have quality assurance coordinators	a. Fill the critical vacant positions b. Develop implement and monitor clinical protocols and procedures c. Procure the needed medical equipment and consumables d. Conduct clinical audits and peer reviews per discipline
	Incomplete access of level 2 services	Poor health outcomes	There is gradual increase of domains to provide full package of level 2 service in regional hospitals	a. Headhunt and appoint specialist b. Conduct quarterly referral meetings with feeder facilities
	Poor patient care and long patient waiting times	Increase complaints in health facilities	Gradual increase of frontline services in health facilities	a. Train staff in customer care b. Re-launch Batho Pele Principles c. Conduct quarterly referral meetings with feeder hospitals d. Strengthen outreach programmes to regional and district hospitals

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

PROGRAMME PURPOSE

The purpose of the programme is to render tertiary health care services and to provide a platform for training of health care workers and to conduct research.

11.6. Outcomes, outputs, outputs indicators and targets: Provincial Tertiary Hospital Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Number of Maternal deaths in facility	Not in Plan	Not in Plan	Not in Plan	New Indicator	20	5	5	5	5	15	10
	Reduce all death under 5yrs in facility	[Number of] Death in facility under 5 years	Not in Plan	Not in Plan	Not in Plan	New Indicator	12	3	3	3	3	10	8
		Child under 5 years diarrhoea case fatality rate	2.3%	2.1%	1.8%	<3.4%	<3%	<3.4%	<3.4%	<3.4%	<3.4%	<2.6%	<2.6%
		Numerator:	4,7	4,3	6.9	7,8	7,8	7,8	7,8	7,8	7,8	5,9	5,9
		Denominator:	208	206	385	230	230	230	230	230	230	230	230
		Child under 5 years pneumonia case fatality rate	2.7%	2.3%	<4%	<.4%	<3%	<3%	<3%	<3%	<3%	<2.9%	<2.9%
		Numerator:	2	12	7	10	7	2	4	6	7	7	7
		Denominator:	179	254	439	250	245	61	122	183	245	240	240
		Child under 5 years severe acute malnutrition case fatality rate	9.1%	10.6%	0.79%	<4%	<4%	<4%	<4%	<4%	<4%	<4%	<4%
		Numerator:	2	8	14	7	6	1	3	5	6	6	6
		Denominator:	148	92	95	150	150	30	70	110	150	150	150
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	Not in plan	71% (Rob Ferreira 80.1%,Witbank hospital 62.5%	85%	85%	-	-	85%	-	85%	85%

		Numerator:	Not in plan	Not in plan	12 662	626	638	-	-	626	-	646	646
		Denominator:	Not in plan	Not in plan	17 042	737	750	-	-	737	-	760	760
		Severity assessment code (SAC) 1 incident reported within 24 hours	New Indicator	New Indicator	New Indicator	New Indicator	70%	70%	70%	70%	70%	70%	75%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	167	167	167	167	167	167	167
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	238	238	238	238	238	238	238
		Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	New Indicator	New Indicator	86%	86%	86%	86%	86%	86%	86%
		Numerator:	New Indicator	New Indicator	New Indicator	New Indicator	202	202	202	202	202	202	202
		Denominator:	New Indicator	New Indicator	New Indicator	New Indicator	238	238	238	238	238	238	238

Explanation of Planned Performance over the Medium Term Period

Maternal Mortality in facility Ratio is currently at 149/100 000 live births. The Department plans to reduce maternal mortality at Regional hospitals from 149/100 000 to 119/100 000 in 2023/2024 through procurement of equipment and appointment of skilled Healthcare professionals for the maternity units. The department's intervention in reducing the under 5 year's deaths in facility rate is to ensure adequate staffing for the pediatric units for regional hospitals. Both the regional and specialized TB hospitals are preparing for the Ideal Hospital assessment processes as preparation towards NHI. Patient's experience of care will be improved in both Regional and specialized TB hospitals through implementation of customer care strategies including waiting time management.

11.7. Budget Allocations

TABLE THS5: EXPENDITURE ESTIMATES: TERTIARY HOSPITALS

Table 10.16: Summary of payments and estimates: Central Hospital Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26
1. Central Hospital Services	–	–	–	–	–	–	–	–	–
2. Provincial Tertiary Hospital Services	1 302 292	1 290 223	1 437 887	1 493 112	1 649 808	1 649 808	1 633 357	1 753 419	1 864 468
Total payments and estimates: Programme 5	**1 302 292**	**1 290 223**	**1 437 887**	**1 493 112**	**1 649 808**	**1 649 808**	**1 633 357**	**1 753 419**	**1 864 468**

Table B.3(v): Payments and estimates by economic classification: Central Hospital Services

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26
Current payments	**1 261 812**	**1 273 704**	**1 413 450**	**1 464 315**	**1 634 592**	**1 633 198**	**1 589 018**	**1 716 661**	**1 826 063**
Compensation of employees	874 785	891 674	984 270	1 010 737	1 081 565	1 081 251	1 120 613	1 193 964	1 264 932
Salaries and wages	776 154	784 859	871 251	893 321	960 060	959 746	978 470	1 042 684	1 104 658
Social contributions	98 631	106 815	113 019	117 416	121 505	121 505	142 143	151 280	160 274
Goods and services	386 999	382 030	429 154	453 578	553 027	551 947	468 405	522 697	561 131
Administrative fees	12 035	17 229	12 209	16 592	12 228	12 228	14 935	12 772	13 344
Minor Assets	85	367	181	250	445	445	–	–	–
Catering: Departmental activities	9	12	35	–	10	10	–	–	–
Communication (G&S)	3 165	3 241	3 430	3 175	3 155	3 155	3 235	3 239	3 384
Computer services	–	–	–	81 887	164 405	164 405	116 887	122 864	128 368
Laboratory services	36 131	45 792	59 105	54 590	54 590	53 510	29 065	57 169	59 730
Contractors	50 230	61 287	47 339	49 265	59 207	59 207	52 536	60 953	63 684
Agency and support / outsourced services	22 114	13 991	19 596	15 312	19 200	19 200	18 885	20 065	20 964
Fleet services (incl. government motor transport)	3 546	1 950	2 108	3 810	3 810	3 810	2 445	2 281	2 383
Inventory: Food and food supplies	13 794	10 222	15 640	16 600	17 400	17 400	19 312	18 181	18 996
Inventory: Medical supplies	129 596	116 147	144 755	105 617	119 683	119 683	111 501	117 348	137 623
Inventory: Medicine	61 190	60 521	67 975	48 648	48 922	48 922	52 702	55 443	57 927
Consumable supplies	7 434	6 506	7 180	5 546	7 317	7 317	8 979	7 666	8 009
Cons: Stationery,printing and office supplies	1 598	1 771	1 535	1 771	1 842	1 842	3 762	–	–
Operating leases	613	587	761	1 161	1 261	1 261	1 442	1 213	1 267
Property payments	44 720	42 044	46 968	49 000	38 905	38 905	31 768	43 044	44 972
Transport provided: Departmental activity	15	75	62	36	142	142	274	38	40
Travel and subsistence	624	122	212	263	446	446	627	364	380
Operating payments	100	166	63	55	59	59	50	57	60
Interest and rent on land	28	–	26	–	–	–	–	–	–
Interest (Incl. interest on finance leases)	28	–	26	–	–	–	–	–	–
Transfers and subsidies	**1 686**	**3 221**	**3 178**	**1 369**	**1 369**	**2 763**	**3 447**	**3 587**	**3 748**
Departmental agencies and accounts	9	11	12	55	55	–	25	61	64
Departmental agencies (non-business entities)	9	11	12	55	55	–	25	61	64
Households	1 677	3 210	3 166	1 314	1 314	2 763	3 422	3 526	3 684
Social benefits	1 617	3 210	3 166	1 314	1 314	1 683	3 422	3 526	3 684
Other transfers to households	60	–	–	–	–	1 080	–	–	–
Payments for capital assets	**38 794**	**13 298**	**20 992**	**27 428**	**13 847**	**13 847**	**40 892**	**33 171**	**34 657**
Machinery and equipment	38 794	13 298	20 992	27 428	13 847	13 847	40 892	33 171	34 657
Transport equipment	–	–	–	–	–	359	–	–	–
Other machinery and equipment	38 794	13 298	20 992	27 428	13 847	13 488	40 892	33 171	34 657
Payments for financial assets	–	–	267	–	–	–	–	–	–
Total economic classification: Programme 5	**1 302 292**	**1 290 223**	**1 437 887**	**1 493 112**	**1 649 808**	**1 649 808**	**1 633 357**	**1 753 419**	**1 864 468**

Programme 5: Expenditure estimates narrative

Central Hospital Services provides tertiary health services and includes the National Tertiary Services Grant provided to scale up tertiary services in the two tertiary facilities. The programme is underfunded in the National Tertiary Services Grant of which the Department only receives 1 per cent of the provincial allocation. The increase in 2023/24 financial year was due the additional baseline allocation to fund the establishment of 4 paediatric ICU and 4 paediatric high care beds. The budget allocated for the above mentioned priority amounts to R10 million.

11.8. Key Risks

Outcome	Risk	Unintended consequences	Assumptions	Mitigating factors
Maternal, Neonatal, Infant and Child Mortality reduced	Incomplete package of T1 services	Poor health outcomes	There is gradual increase of domains to provide full package of T1 services	a. Increase number of registrars b. Strengthen relationship with academic institutions c. Increase the number of specialists
Quality of health services in public health facilities improved	Patients safety incidences	Increased litigations in health facilities	All health facilities have Quality Assurance Coordinators	a. Fill the critical vacant positions b. Develop implement and monitor clinical protocols c. Procure the needed medical equipment and consumables d. Conduct clinical audits and peer reviews per discipline
	Poor patient care and long patient waiting times	Increase complaints in health facilities	Gradual increase of frontline services in health facilities	a. Train staff in customer care b. Conduct quarterly referral meetings with feeder hospitals c. Strengthen outreach programmes to regional and district hospitals

PROGRAMME 6: HEALTH SCIENCE AND TRAINING

PROGRAMME PURPOSE

The purpose of the Health Sciences and Training programme is to ensure the provision of skills development programme in support of the attainment of the identified strategic objectives of the Department.

The high-level strategic priorities of the programme are as follows:

- Development of the skills of health care professionals by implementing the workplace skills plan
- Preparing for the accreditation of the EMS college
- Capacity development by increasing number of Intake of first year nursing students
- Implementation of the new curriculum for the nursing college.
- Implement leadership and management programmes for emerging, middle and senior management.
- Implementation of internship programme for support programmes.

11.9. Outcomes, outputs, outputs indicators and targets: For Health Science And Training (HST)

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Quality of health services in public health facilities improved	Increase capacity in health facilities	Number of Healthcare workers trained on critical clinical skills	5830	5216	6000	6000	6000	1000	2000	2000	1000	6000	6000
		Bursaries awarded to first year nursing students	90	210	0	70	70	0	0	0	70	70	70
		District training and development plan for frontline service delivery points implemented	Not in plan	Not in plan	10 724	200	300	0	100	150	150	400	500

Explanation of Planned Performance over the Medium Term Period:

The implementation of the training programmes is aimed at improving the effectiveness of the department in achieving its stated objectives and the overall provision of quality healthcare. A comprehensive consulted training plan will be developed and this plan will be based on the deliverables of each programme.

The training targets will seek for the advancement of women, people with disabilities as well the well-being of all children in the province.

11.10. Budget Allocations

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCINECE AND TRAINING

Table 10.18: Summary of payments and estimates: Health Sciences and Training

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26
1. Nurse Training Colleges	188 847	153 351	138 706	144 053	159 184	161 272	160 309	167 071	175 873
2. EMS Training Colleges	3 845	2 400	2 634	2 528	2 528	2 528	2 641	2 733	2 854
3. Bursaries	46 698	40 733	31 388	36 406	35 187	35 151	36 871	38 546	40 295
4. Primary Health Care Training	3 363	4 608	4 164	5 421	4 400	4 400	3 691	4 382	4 628
5. Training Other	171 795	239 036	231 897	321 731	354 252	354 251	366 781	371 229	362 748
Total payments and estimates: Programme 6	**414 548**	**440 128**	**408 789**	**510 139**	**555 551**	**557 602**	**570 293**	**583 961**	**586 398**

Table B.3(vi): Payments and estimates by economic classification: Health Sciences and Training

R thousand	Outcome 2019/20	Outcome 2020/21	Outcome 2021/22	Main appropriation 2022/23	Adjusted appropriation 2022/23	Revised estimate 2022/23	Medium-term estimates 2023/24	Medium-term estimates 2024/25	Medium-term estimates 2025/26
Current payments	**325 642**	**374 664**	**355 068**	**451 049**	**496 153**	**496 153**	**504 457**	**517 292**	**516 128**
Compensation of employees	266 824	322 218	303 481	386 425	400 431	400 431	407 774	417 942	412 430
Salaries and wages	242 552	298 833	284 457	351 753	372 882	372 882	366 622	380 475	373 127
Social contributions	24 272	23 385	19 024	34 672	27 549	27 549	41 152	37 467	39 303
Goods and services	58 818	52 446	51 587	64 624	95 722	95 722	96 683	99 350	103 698
Administrative fees	242	560	3 460	2 878	2 944	3 045	4 358	4 192	4 380
Advertising	–	56	–	–	6	6	7	6	6
Minor Assets	684	625	18	–	–	117	–	–	–
Bursaries: Employees	–	1	–	–	–	83	–	–	–
Catering: Departmental activities	102	7	17	–	396	1 173	1 392	325	340
Communication (G&S)	685	205	223	744	487	487	516	531	555
Computer services	–	–	–	2 400	4 400	2 531	4 624	4 836	5 053
Consultants: Business and advisory services	60	516	15	61	61	61	64	67	70
Agency and support / outsourced services	18 782	8 109	4 121	5 636	5 236	5 236	4 500	4 762	4 906
Fleet services (incl. government motor transport)	1 735	1 246	1 879	1 800	1 800	1 800	2 281	1 981	2 070
Inventory: Food and food supplies	–	1 685	5 563	5 172	12 172	12 172	10 504	13 381	13 980
Inventory: Medical supplies	10	–	–	–	30	30	532	33	34
Consumable supplies	3 448	3 816	2 736	2 407	2 017	2 061	2 578	2 217	2 315
Cons: Stationery,printing and office supplies	2 966	2 111	2 310	2 568	6 280	7 050	8 462	7 560	7 897
Operating leases	150	129	219	198	198	198	136	217	227
Property payments	887	8 133	625	329	329	490	614	360	376
Travel and subsistence	27 746	24 645	29 318	33 629	47 153	47 153	48 513	50 893	53 142
Training and development	777	45	423	6 486	10 602	10 123	6 878	7 285	7 611
Operating payments	489	557	633	316	342	342	468	491	513
Venues and facilities	55	–	27	–	1 206	1 501	204	213	223
Rental and hiring	–	–	–	–	63	63	52	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**85 245**	**64 066**	**53 383**	**58 090**	**58 239**	**58 239**	**61 209**	**64 024**	**66 893**
Departmental agencies and accounts	42 758	23 530	22 451	27 731	27 731	27 731	29 145	30 485	31 851
Departmental agencies (non-business entities)	42 758	23 530	22 451	27 731	27 731	27 731	29 145	30 485	31 851
Households	42 487	40 536	30 932	30 359	30 508	30 508	32 064	33 539	35 042
Social benefits	334	1 575	2 990	359	508	544	534	559	584
Other transfers to households	42 153	38 961	27 942	30 000	30 000	29 964	31 530	32 980	34 458
Payments for capital assets	**3 661**	**1 398**	**338**	**1 000**	**1 159**	**3 210**	**4 627**	**2 645**	**3 377**
Machinery and equipment	3 661	1 398	338	1 000	1 159	3 210	4 627	2 645	3 377
Transport equipment	–	–	–	–	–	3 077	–	–	–
Other machinery and equipment	3 661	1 398	338	1 000	1 159	133	4 627	2 645	3 377
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 6	**414 548**	**440 128**	**408 789**	**510 139**	**555 551**	**557 602**	**570 293**	**583 961**	**586 398**

Programme 6: Expenditure estimates narrative

The sub-programme: Nursing Training College provides for the development of professional nurses in the nursing college. The increase in the 2023/24 financial year is due to the additional funding to cater for the cash gratuity.

A budget of R27.731 million was allocated to fund the HWSETA and an amount of R43.424 million was budgeted for the Cuban programme. The Programme will continue to implement the new curriculum and a special project was initiated to ensure that the college is fully accredited as a partial accreditation was obtain in the 2019/20 financial year. An additional budget amounting to R5 million was allocated to fund training.

The sub-programme: Training Other the significant increase in the current year is due to the baseline increase on the Statutory Human Resources Component to fund internship and community service posts as a results of a high number of students returning from Cuba and medical students graduating in the Country.

11.11. Key Risks

Outcome	Risk	Unintended consequences	Assumptions	Mitigating factors
Quality of health services in public health facilities improved	Possible defaulting from contractual obligation by bursary holders	Shortage of skilled personnel continues	Use of Doctors through GP contracting	Capture all serving bursary holders on Persal to ensure proper monitoring of service obligation
	Ineffective implementation of employee performance management system	Collapse of public heath	All employees sign Performance Management and Development contracts	Develop and implement a PMDS training plan targeting identified areas of concern
	Inadequate management and leadership skills	Collapse of public heath	Senior managers receive training on leadership skills	Implement training of members of the SMS
	Improper utilization of the Statutory Human Resources and Training grant (SHRTG)	Misappropriation of state funds	Financial controls available to manage use of state resources	Monitor utilization of grant funding through quarterly reports

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE

The Health Care Support Service programmes aim to improve the quality and access of health care provided through:

- The availability of pharmaceuticals and other ancillaries.
- Rendering of credible forensic health care which contributes meaningfully to the criminal justice system.
- The availability and maintenance of appropriate health technologies
- Improvement of quality of life by providing needed assistive devices.
- Coordination and stakeholder management involved in specialized care.
- Rendering in-house services within the health care value chain.

There are four directorates within programme 7 namely:

- **Pharmaceutical Services** (Pharmaceutical Depot, Policy Systems and Norms, Essential Medicine List (EML) and Programme Support and African Traditional Health Practices)
- **Forensic Health Services** (Forensic Pathology Services, Clinical Forensic Medicine and Medico-Legal Services)
- **Clinical Support Services** (Medical Orthotics and Prosthetics, Laboratory, Blood, Tissue and Organ (LBTO), Telemedicine
- **Health Technology Services** (Clinical Engineering, Imaging Services)
- **Laundry Services**

11.12. Annual Targets Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019//20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Quality of health services in public health facilities improved	Increase number of hospitals compliant to radiation control prescripts	Number of hospitals compliant to radiation control prescripts in facilities	90%(27/30)	97%(29/30)	96.6%(28/29)	29/29	29/29	8	8	8	6	30/30	30/30
	Maintain EML stock levels	Percentage Availability of Essential Medicine List (EML) at the Depot	84% (262/310)	85%	83%	90%	90%	90%	90%	90%	90%	90%	90%
		Numerator	Not in plan	254	244	254	254	254	254	254	254	254	254
		Denominator	Not in plan	287	287	287	287	287	287	287	287	287	287
	Increase CCMDD registration of patients	Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.	261 551	350 701	54 41 6(cumulative 431 970)	128861 (390 412)	6000+ 444 409 (450409)	+1500 (445 909)	+1500 (447 409)	+1500 (448 909)	+1500 (450409)	+6000 (510400)	+6000 (516 400)
	Increase number of orthotic and prosthetic devices issued	Number of Orthotic and Prosthetic devices issued	4754	5649	4 262	4500	4750	1187	1187	1187	1189	5000	5250
	Maintain number of functional blood transfusion committees	Number of hospitals audited for functionality of blood transfusion committees	21	28	28	28	28	28	28	28	28	28	28
	Maintain number of sites rendering Forensic Pathology Services	Number of sites rendering Forensic Pathology Services	21	21	21	21	21	21	21	21	21	21	21
	Increase number of hospitals providing laundry services	Number of hospitals providing laundry services	28/28	22/33	23/23	23/23	23/23	23	23	23	23	23/23	23/23

Explanation of Planned Performance over the Medium Term Period:

Compliance by all facilities with Radiation Control prescripts will ensure that patients are correctly diagnosed and managed which will result in improved quality and safety of care. This will be achieved by the appointment of radiologists and radiographers, replacement of obsolete X-ray equipment and continuous maintenance (preventative and corrective).

Maintaining adequate Essential Medicine List (EML) stock levels and increased number of patients registered on Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme will improve quality of care. This will be achieved through appointment of Programme Managers at Provincial and District Level, continuous monitoring of stock levels at the depot and facilities.

Increased number of Medical Orthotic and Prosthetic (MOP) devices issued to patients will improve the quality of life of patients. This will be achieved through well-resourced MOP centres resulting in an increase in the number of devices issued to patients, appointment of additional staff, procurement of consumables and machinery.

Maintaining the number of functional blood transfusion committees will save costs and improve quality of care. This will be achieved through appointment of senior clinicians and training of all health professionals in the use of Blood and Blood products.

Maintaining the twenty one (21) sites rendering Forensic Pathology Services (FPS) in fully functional state will ensure that the reports produced are credible and contribute meaningfully to the Criminal Justice System. This will be achieved by conducting routine maintenance of FPS facilities and equipment, filling in of critical vacant funded posts, conducting academic training sessions for medical officers and facilitating wellness programme for employees.

The Department has twenty one (21) functional laundry sites in the current financial year. Having all the planned sites commissioned and functional as well as appointment of staff will ensure an improved quality and safety of health care throughout our services deliver platform.

11.13. Budget Allocations

TABLE HCS3: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Table 10.20: Summary of payments and estimates: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. Laundries	41 284	38 683	36 098	35 300	46 313	46 313	45 947	47 477	49 893
2. Engineering	36 484	45 444	24 433	42 432	42 914	40 863	192 784	209 061	218 624
3. Forensic Services	94 542	92 880	107 909	101 104	108 990	108 990	127 114	134 372	136 611
4. Orthotic and Prosthetic Services	5 448	5 469	6 025	7 675	8 595	8 595	8 809	9 298	9 735
5. Medicine Trading Account	42 558	27 763	65 211	108 982	111 072	139 101	118 722	122 693	111 523
Total payments and estimates: Programme 7	**220 316**	**210 239**	**239 676**	**295 493**	**317 884**	**343 862**	**493 376**	**522 901**	**526 386**

Table B.3(vii): Payments and estimates by economic classification: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**187 831**	**181 863**	**218 968**	**264 808**	**283 905**	**311 934**	**294 103**	**306 493**	**300 284**
Compensation of employees	123 516	125 909	130 878	131 122	142 073	142 073	143 421	150 583	137 389
Salaries and wages	107 290	108 880	113 630	113 457	122 766	122 766	124 424	131 301	116 947
Social contributions	16 226	17 029	17 248	17 665	19 307	19 307	18 997	19 282	20 442
Goods and services	64 292	55 954	88 090	133 686	141 832	169 861	150 682	155 910	162 895
Administrative fees	190	1 511	354	6 572	6 704	29 772	7 489	7 368	7 698
Minor Assets	146	–	99	–	20	20	–	22	23
Catering: Departmental activities	–	1	–	–	36	36	38	38	40
Communication (G&S)	1 053	1 123	1 729	857	1 148	1 241	1 396	1 261	1 318
Contractors	5 192	5 115	2 195	4 688	4 189	4 189	4 474	4 606	4 812
Agency and support / outsourced services	543	1 101	116	2 310	1 500	1 500	2 192	1 650	1 724
Fleet services (incl. government motor transport)	6 190	6 148	7 307	7 016	7 684	7 684	8 307	8 446	8 824
Inventory: Medical supplies	7 377	10 834	10 341	24 530	25 860	25 860	26 522	28 430	29 704
Inventory: Medicine	19 394	2 222	41 722	65 337	65 337	70 302	68 277	71 828	75 046
Consumable supplies	17 069	17 265	16 728	15 277	19 108	19 108	19 908	21 006	21 947
Cons: Stationery,printing and office supplies	391	2 098	148	1 437	573	573	1 357	632	660
Operating leases	1 829	2 241	3 401	2 484	3 444	3 446	3 857	3 782	3 951
Property payments	1 078	4 408	1 229	1 259	1 499	1 513	1 989	1 647	1 720
Transport provided: Departmental activity	205	147	209	–	276	276	290	303	317
Travel and subsistence	3 452	1 687	2 366	1 869	4 112	3 999	4 255	4 516	4 718
Operating payments	44	53	146	50	47	47	21	51	54
Venues and facilities	139	–	–	–	295	295	310	324	339
Interest and rent on land	23	–	–	–	–	–	–	–	–
Interest (incl. interest on finance leases)	23	–	–	–	–	–	–	–	–
Transfers and subsidies	**49**	**688**	**612**	**74**	**125**	**125**	**131**	**136**	**142**
Households	49	688	612	74	125	125	131	136	142
Social benefits	49	688	612	74	125	125	131	136	142
Payments for capital assets	**26 753**	**27 688**	**20 096**	**30 611**	**33 854**	**31 803**	**199 142**	**216 272**	**225 960**
Machinery and equipment	26 753	27 688	20 096	30 611	33 854	31 803	199 142	216 272	225 960
Transport equipment	4 767	–	–	–	–	–	15 000	15 765	16 471
Other machinery and equipment	21 986	27 688	20 096	30 611	33 854	31 803	184 142	200 507	209 489
Payments for financial assets	5 683	–	–	–	–	–	–	–	–
Total economic classification: Programme 7	**220 316**	**210 239**	**239 676**	**295 493**	**317 884**	**343 862**	**493 376**	**522 901**	**526 386**

Programme 7: Expenditure estimates narrative

The Laundry Services sub-programme provides laundry services to Middelburg, Bethal, Tintswalo, Mmmamethlake, Themba, Mapulaneng, and Barberton hospital. The reduction in 2022/23 is due to the reprioritization to other subprograms. The maintenance of the Laundry Equipment will be funded in programme 8. The increase in the programme amounting to R 13.610 was due to reprioritization to adequately fund the cleaning and washing detergents in consumables supplies and the procurement of laundry equipment amounting to R 6.103 million to establish mini laundries in hospital.

The Engineering Sub-programme provides maintenance services for medical and allied equipment as well as procurement thereof. An additional amount to the baseline amounting to R 150 million has been budgeted for procurement of medical equipment for the department as procurement for medical equipment is centralized in this sub-programme. The budget was to fund the MRI scan amounting to R 40 million and R 110 million to address the maternal bag log on equipment. A budget of R 3.658 million has been allocated for maintenance of medical equipment in this programme.

The increase in the Forensic sub-programme in 2022/23 financial year was due to the carry through effect of COLA in compensation of employees and the additional baseline allocation to procure forensic vehicle. The allocation amounts to R 15 million. The programme has budgeted for debriefing, histology as well as forensic equipment.

The Orthotic & Prosthetic services has budgeted on machinery and equipment to replace orthotic machines. An amount of R 1.992 million was allocated to the sub-programme to continue to replace the old machines.

Pharmaceutical sub-programmes the budget increase in 2023/24 financial year was due to the reprioritization to fund the warm bodies on compensation of employees. This sub-programme serves as a trading account for medicine for the department.

11.14. Key Risks

Outcome	Risk	Unintended consequences	Assumptions	Mitigating factors
Quality of health services in public health facilities improved	Suspension of X-ray services by Radiation Control (sealing of X-ray units due to non-compliance).	No access to regional and tertiary health services	All protocols for use of medical equipment are available in hospitals	a. Fast track the filling of critical vacant posts. b. Develop, implement, and monitor maintenance plans for X-ray equipment for all facilities. c. Conduct Quality Assurance audits for compliance. d. Replacement of obsolete X-ray equipment.
	Insufficient supply of Essential Medicines due to inadequate warehouse management system.	Poor access to health services	All Operational Managers do manage stock levels in their respective facilities	a. Procure warehouse stock management system. b. Fast track the filling of critical vacant posts.
	Delayed production and issuing of MOP devices	Dysfunctional medical equipment	Availability of relevant suppliers of medical equipment	a. Develop maintenance plan of MOP equipment and sign Service Level Agreement with service provider. b. Procurement of machinery and adequate consumables.
	Irrational use of blood and blood products.	Misappropriation of state funds	There is Gate Keeping on use of blood and blood products	a. Appointment of Senior Clinicians b. Training of health care professionals.
	Non-compliance to relevant legal prescripts governing FPS	Closure of FPS facilities by Department of Labour	There is collaboration of FPS services with other relevant departments	a. Facilitate routine maintenance of FPS facilities and equipment b. Facilitate filling in of critical vacant funded posts c. Conduct academic training sessions for Medical Officers d. Facilitate Employee Wellness programme for employees

PROGRAMME PURPOSE

The Provision of new health facilities,the refurbishment, upgrading and maintenance of existing health facilities.
Sub-Programme 8.1: Community Health Facilities Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres and Primary Health Care clinics and facilities
Sub-Programme 8.2: District Hospital Services Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities Sub-Programme
8.3: Provincial Hospital Services Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialized Hospitals.

PRIORITIES 2023/24 FY

- Bethal hospital is being completed at the end of March 2023.
- Upgrading of Mmammetlhake Hospital will be completed in September 2023 at a budget of R 20 million.
- New Middelburg district hospital will be completed in December 2023 at a budget of R 280 million to complete construction and R 30 million to complete construction of bulk services (Water and Sewerage).
- New Kanyamazane CHC will be completed in October 2023 at the budgeted cost of R125 million.

SOD TURNING PROJECTS

- Linah Malatji Tertiary Hospital (New 400 Beds (200 Regional & 200 Tertiary Beds. Construction will commence in July 2023 and R 170 million.
- Construction of new 60 Beds Mental ward in Kwamhlanga Hospital at a costs of R 25 million.
- Construction of 2 Maternity units /Blocks in the following hospitals
- Themba Hospital will start construction in June 2023 with allocation of R 25 million.
- Kwamhlanga Hospital (118 Maternity Beds) will start in June 2023 with allocation of R 25 million.
- Construction of the following 6 New Clinics will commence in June 2023.
- Dumphries clinic in Bushbuckridge at budget of R 18 million.
- Casteel clinic in Bushbuckridge at budget of R 14 million.
- Troya Clinic in Dr JS Moroka at budget of R 17 million.
- Driekopies clinic in Nkomazi municipality at budget of R 14 million.
- Msholozi Clinic in Mbombela municipality at budget of R 14 million.
- Upgrading of 2 clinics will commence in June 2023.
- Siyabuswa clinic in Dr JS Moroka at budget of R 12million.
- CN Cindi clinic in Msukaligwa municipality at budget of R 10 million.
- Witbank Hospital, upgrading of Mental ward will start in April 2023, with cost of R 8 million.
- Ermelo town clinic in Msukaligwa municipality at budget of R 18 million

11.15. Outcomes, outputs, outputs indicators and targets: Health Facility Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited/Actual performance			Estimated Performance	MTEF Targets						
			2019/20	2020/21	2021/22	2022/23	Annual Target 2023/24	2023/24 Quarterly Targets				2024/25	2025/26
								Q1	Q2	Q3	Q4		
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	Improve access to health care	Support Preventative Maintenance activities of Life saving and medical equipment's to prevent failure	New Indicator	New Indicator	New indicator	40%	75%	-	-	-	75%	**80%**	**85%**
		Numerator	New Indicator	New Indicator		Not in plan	18	-	-	-	18	19	20
		Denominator	New Indicator	New Indicator		Not in plan	24	-	-	-	24	24	24
		Renovation, repairs and refurbishment projects completed	New indicator	New indicator	New indicator	11	15	-	-	-	15	**20**	**25**
		Upgrade and addition projects completed	New indicator	New indicator	New indicator	2	4	-	-	-	11	**2**	**2**
		New and replacement projects completed	New indicator	New indicator	New indicator	2	5	-	-	-	2	2	2
		Percentage of Health facilities with completed capital infrastructure projects	New indicator	New indicator	New indicator	Not in plan	46%	-	-	-	46%	46%	46%
		Numerator	New indicator	New indicator	New indicator	Not in plan		-	-	-	6	6	6

		Denominator	New indicator	New indicator	New indicator	Not in plan		-	-	-	13	13	13

Explanation of Planned Performance over the Medium Term Period:

Department has prioritized the refurbishment and maintenance of 28 over the mid-term period to improve access to health care. This will contribute towards building health infrastructure for effective service delivery.

11.16. Budget Allocations

TABLE HFM4: EXPENDITURE ESTIMATES: HEALTH FACILITY MANAGEMENT

Table 10.22: Summary of payments and estimates: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
1. Community Health Facilities	806 694	925 122	1 110 818	1 106 507	1 265 763	1 265 763	1 415 867	1 225 545	1 228 210
2. Emergency Medical Rescue Services	–	–	–	–	–	–	–	–	–
3. District Hospital Services	55 632	–	–	–	–	–	–	–	–
4. Provincial Hospital Services	268 431	428 740	456 387	463 310	463 310	463 310	493 450	428 211	447 395
5. Central Hospital Services	–	–	–	–	–	–	–	–	–
6. Other Facilities	–	–	–	–	–	–	–	–	–
Total payments and estimates: Programme 8	**1 130 757**	**1 353 862**	**1 567 205**	**1 569 817**	**1 729 073**	**1 729 073**	**1 909 317**	**1 653 756**	**1 675 605**

Table B.3(viii): Payments and estimates by economic classification: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2019/20	2020/21	2021/22		2022/23		2023/24	2024/25	2025/26
Current payments	**424 817**	**494 226**	**453 927**	**408 621**	**533 106**	**533 018**	**454 919**	**502 702**	**472 821**
Compensation of employees	29 471	32 180	34 489	62 757	42 225	42 137	56 248	59 778	64 871
Salaries and wages	26 437	28 772	30 856	53 119	34 608	34 520	42 496	41 988	46 284
Social contributions	3 034	3 408	3 633	9 638	7 617	7 617	13 752	17 790	18 587
Goods and services	390 728	462 046	419 438	345 864	490 881	490 881	398 671	442 924	407 950
Administrative fees	137	6	21	148	160	160	619	660	690
Minor Assets	1 655	2 911	1 653	4 000	3 960	3 960	2 905	8 030	6 634
Catering: Departmental activities	43	5	15	–	112	112	60	62	65
Communication (G&S)	258	277	369	381	476	476	431	450	470
Computer services	499	–	–	–	–	–	–	–	–
Laboratory services	3	–	–	–	–	49	–	–	–
Contractors	24 222	23 138	27 088	32 800	29 256	29 256	27 292	22 079	16 831
Agency and support / outsourced services	–	6 059	–	253	253	253	12 265	277	289
Fleet services (incl. government motor transport)	133	–	–	–	–	3	–	–	–
Inventory: Medical supplies	1 499	3 333	531	–	–	288	–	–	–
Consumable supplies	68 868	79 269	146 144	69 612	113 360	105 370	116 793	178 697	134 978
Cons: Stationery,printing and office supplies	1 322	183	337	560	–	425	1 255	1 281	1 338
Operating leases	11 043	15 851	16 218	21 695	17 965	17 965	18 000	19 751	20 636
Property payments	276 154	327 090	223 049	210 943	319 647	327 539	204 476	195 460	208 152
Travel and subsistence	3 694	3 029	3 506	4 162	4 126	4 249	8 275	9 877	10 554
Training and development	502	226	413	1 310	1 436	646	6 000	6 000	7 000
Operating payments	696	551	19	–	44	44	–	–	–
Venues and facilities	–	–	–	–	86	86	300	300	313
Rental and hiring	–	118	75	–	–	–	–	–	–
Interest and rent on land	4 618	–	–	–	–	–	–	–	–
Interest (Incl. interest on finance leases)	4 618	–	–	–	–	–	–	–	–
Transfers and subsidies	**–**	**18**	**52**	**–**	**–**	**88**	**–**	**–**	**–**
Households	–	18	52	–	–	88	–	–	–
Social benefits	–	18	52	–	–	88	–	–	–
Payments for capital assets	**705 940**	**859 618**	**1 113 226**	**1 161 196**	**1 195 967**	**1 195 967**	**1 454 398**	**1 151 054**	**1 202 784**
Buildings and other fixed structures	618 331	761 328	990 897	1 118 196	1 195 967	1 184 906	1 401 593	1 144 785	1 196 234
Buildings	618 331	761 328	990 897	1 118 196	1 195 967	1 184 906	1 401 593	1 144 785	1 196 234
Machinery and equipment	87 609	98 290	122 329	43 000	–	11 061	52 805	6 269	6 550
Transport equipment	5 948	181	–	–	–	4 093	4 805	–	–
Other machinery and equipment	81 661	98 109	122 329	43 000	–	6 968	48 000	6 269	6 550
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 8	**1 130 757**	**1 353 862**	**1 567 205**	**1 569 817**	**1 729 073**	**1 729 073**	**1 909 317**	**1 653 756**	**1 675 605**

Programme 8: Expenditure estimates narrative

The programme has prioritized the construction of Hi-Tech Hospitals.The construction of the Hi-Tech hospitals is ongoing in the 2023/22 financial year. The following project are budget under the equitable; Mapulaneng, Witbank, Middelburg, Mmametlhake and Linah Malatji Hospital. A budget of R636.519 million was budgeted for the above-mentioned projects. An amount of R 200 million was rescheduled to the current financial year for the New Middelburg hospital project. A budget amount of R80 million was added to the baseline to fund the Linah Malatji Hospital.

The key cost drivers for this programme are coal, diesel, infrastructure lease, maintenance of facilities and medical equipment, and Building and other fixed structures. The programme has an immense pressure on the building and other fixed structure, to complete capital projects and the additional budget added to the baseline was to address the pressures. A budget of R 50 million to fund coal and diesel was added to the baseline the pressure raised by the department on the two items. The department in response to the Eskom load shedding has funded solar energy. The budget amounts to R 18.107 million.

The department has planned to improve safety and security in all healthcare facilities. That entails installation of security systems (Turnstiles, fencing, security gates, and metal detectors), installation of digital security solutions (CCTV cameras and panic buttons) and the appointment of security officers and security risk managers in the districts and hospitals. A budget of R 2.197 million was allocated for the above interventions.

11.17. Key Risks

Outcome	Risk	Unintended consequences	Assumptions	Mitigating factors
1. Health facilities refurbished and adequately maintained to ensure effective service delivery	Inadequate access to health facilities impacting on health outcomes Unsafe health facilities to patients and employees	Community unrest due to inaccessible health services	There is infrastructure development plan	Conduct assessment of health facilities and prioritization Develop and implement maintenance plan Establish maintenance Hubs.

12. INFRASTRUCTURE PROJECTS

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Current year expenditure
UPGRADING AND ADDITIONS								
01	Witbank Hospital: Renovation of Mental ward	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	12/6/2021	3/29/2024	22,637,000.00	0
02	Bethal Hospital: Major Upgrade of hospital, including rehabilitation of existing facilities and stet	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	10/10/2016	3/31/2023	812,221,835.63	16,469,252.46
03	Kwamhlanga Hospital: Renovations of maternity ward and addition of IBT structure	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	4/1/2020	3/31/2023	10,000,000.00	12,558,017.81
04	Mapulaneng Hospital: Construction of building works (Phase 3A)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	9/12/2017	26/2/2027	1,149,836,252.61	104,121,576.55
05	Mapulaneng Hospital: Construction of building works (Phase 3B)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	9/12/2017	30/1/2026	803,239,838.20	53,673,942.59
06	Mapulaneng Hospital: Construction of building works (Phase 3C)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	9/12/2017	14/12/2026	596,594,875.00	77,648,530.98
07	Mapulaneng Hospital: Renovations of maternity ward and addition of IBT Structure	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	2/4/2021	31/3/2023	10,000,000.00	7,657,320.16
08	Mmamethlake Hospital Phase 3: (Alterations and additions to existing Hospital)	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	11/1/2019	29/3/2024	526,500,000.10	84,046,906.33
09 10	Rob Ferreira Hospital: (Phase 2A) Renovations and alterations to the existing nurses accommodation	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	27/11/2019	31/3/2022	7,275,000.00	6,251,643.28

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Current year expenditure
11	Rob Ferreira Hospital: (Phase 2B)Renovations and Alterations to the Existing Nurses Accommodation	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	11/27/2019	31/3/2022	17,595,305.71	11,201,190.73
12	Rob Ferreira Hospital: (Phase 2C)Renovations and Alterations to the Existing Nurses Accommodation	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	12/3/2018	31/3/2022	11,766,536.01	8,758,769.31
13	Rob Ferreira Hospital: (Phase 2D)Renovations and Alterations to the Existing Nurses Accommodation Bu	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	11/27/2019	31/3/2022	14,000,000.00	7,869,447.28
14	Rob Ferreira hospital: Upgrading of Allied building to an Oncology Ward	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	9/12/2019	31/12/2021	17,489,370.91	3,954,236.89
NEW AND REPLACEMENT								
01	Middelburg Regional Hospital: Construction of a New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	27/3/2017	31/3/2023	1,229,607,513.94	307,650,577.46
02	Witbank New Tertiary Hospital: Construction of New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	4/2/2019	29/3/2024	766,559,294.54	19,569,013.25
03	Impungwe New Psychiatric Hospital: Construction of New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	12/1/2021	29/3/2024	245,928,000.00	0
04	Construction of new Pankop Clinic and 2 x 2 accommodation units at Pankop in Masobye Village	Sub-programme 8.1	Construction of new clinic	Health facility improved	10/13/2017	26/4/2022	68,081,595.56	13,301,233.13
05	KwaMhlanga Hospital: Construction of New Mental Ward and Maternity Ward	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	9/1/2017	4/1/2024	310,850,817.00	9,261,656.92

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Current year expenditure
06	Themba Hospital: Construction of a New Maternity Ward and Helipad	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	4/4/2016	29/3/2024	340,049,469.28	577,227.14
07	Dumphries Clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	20,000,000.00	0
08	Ermelo Clinic: Upgrading of the clinic in Gert Sibande	Sub-programme 8.1	Upgrading of the existing clinic	Health facility upgraded	TBC	TBC	10,000,000.00	0
09	Troya clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	20,000,000.00	0
10	New Embhuleni EMS: upgrading of the Facility	Sub-programme 8.1	Upgrading of the existing clinic	Health facility upgraded		3/31/2026	5,000,000.00	0

13. PUBLIC-PRIVATE PARTNERSHIPS (PPPS)

Name of PPP		Outputs	Current Value of Agreement	End Date of Agreement
Not Applicable				

14. CONDITIONAL GRANTS

DORA indicators to be used and populated from conditional grant frameworks (to be provided upon finalisation of Conditional Grant Framework during January).

ANNEXURE A: PERFORMANCE INDICATORS FOR THE HEALTH FOR SECTORS AND TECHNICAL INDICATOR DESCRIPTIONS

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
			Numerator	Denominator								
Programme 1												
Audit opinion of Provincial DoH	Auditor General audit outcome/opinion released to the department after assessment or regulatory audit conducted.	Audit report	Audit outcome report	Not applicable	Auditor General's report		N/A	N/A	Text	Annual	Unqualified opinion	Finance
Percentage of women appointed in Senior Management positions	Number of women that employed within the Public Sector in Senior Management positions,	Persal System	Number of Women appointed in Senior Management positions	Total Number of employed	Persal reprot		N/A	N/A	Percentage	Quarterly		Human Resources
Percentage of representation on employment of persons with disabilities across all levels	Number of persons with disability appointed in the Public Sector	Persal report	Number of persons with disability appointed in Senior Management positions	Total Number of employed	Persal reprot		N/A	N/A	Percentag	Quarterl		Human Resources
Percentage of youth appointed	Number of youth aged less than 35 employed in the Public Seter	Persal reprot	Number of Women appointed in Senior Management positions	Total Number of employed	Persal reprot		N/A	N/A	Percentag	Quarterl		Human Resources
Programme 2												

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
			Numerator	Denominator								
Ideal clinic status obtained rate												
Patient Experience of Care satisfaction rate (PHC)	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Assessment forms	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Patient Surveys	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	
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	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported	Patient Safety Incident Software	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case were reported in the health facility which were investigated, resolved and closed	Patient Safety Incident Software	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Accuracy dependent on reporting of data at facility level	N/A	All Districts	Annual progress against the five year target	Higher	Quality Assurance		
Percentage of PHC facilities with functional Clinic Committees	Number of facility having full compliment of staff		Total number of facilities with compliments staffs		Appointment and or secondment letters	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher

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
			Numerator	Denominator								
Contingent liability of medico-legal cases	Number of cases reported against the department		Number of cases reported against the Department		Legal section register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher
HIV positive 15-24 years (excl ANC) rate	HIV cases tested at 24 months		Number of positive cases 15-24 months	Total number of cases 15-24 months		Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher
HIV test positive around 18 months rate	HIV test around 18 months		Number of HIV test Positive around 18 months	Total number of tests around 18 months		Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher
ART adult remain in care rate (12 months)	ART adult remain in care - total as a proportion of ART adult start minus cumulative transfer out	Clinical notes	ART adult remain in care - total	ART adult start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher

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
			Numerator	Denominator								
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	Clinical notes	ART child remain in care - total	ART child start minus cumulative transfer out	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly		Higher
Adult viral load suppressed rate (12 months)	ART adult viral load under 400 as a proportion of ART adult viral load done	Clinical notes or Lab results	ART adult viral load under 400	ART adult viral load done	ART paper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Higher
ART child viral load suppressed rate (12 months)	ART child viral load under 400 as a proportion of ART child viral load done	Clinical notes or Lab results	ART child viral load under 400	ART child viral load done	ARTpaper Register; TIER.Net; DHIS	Accuracy dependent on quality of data submitted by health facilities	Children and adolescent	All Districts	Cumulative (year-to-date)	Quarterly		Higher
All DS-TB client LTF rate	TB clients who are lost to follow up (missed two months or more of treatment) as a proportion of TB clients started on treatment. This applies to ALL TB clients (New, Retreatment, Other, pulmonary and extra-pulmonary).	Clinical notes	All DS-TB client loss to follow-up	All DS-TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER.Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	

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
			Numerator	Denominator								
All DS-TB Client Treatment Success Rate	TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who subsequently successfully completed treatment as a proportion of all those in the treatment outcome cohort	Clinical notes	All DS-TB client successfully completed treatment	All DS- TB patients in treatment outcome cohort	DS-TB Clinical Stationery;TIER.Net	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher	
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	Number of TB **Rifampicin** Patient with resistance with **resistant/Multidrug - Resistant lost to follow-up rate**		Number of TB **Rifampicin** Patient with resistance with **resistant/Multidrug - Resistant lost to follow-up rate**	Tota number of **TB Rifampicin resistant/Multidrug - Resistant**	EDR Web	Accuracy dependent on quality of data submitted by health facilities	Accuracy dependent on quality of data submitted by health facilities	All Districts	Cumulative (year-to-date)	Quarterly	Quarterly	District Health Service
TB Pre-XDR treatment success rate	Number of Pre XDR Patient **treatment successfully treated**		Number of TB XDR Patient **treatment successfully treated**	Total number of Pre- of XDR Patient **treatment successfully treated**	EDR Web patient register	Accuracy dependent on quality of data submitted by health facilities	All Districts	Cumulative (year-to-date)	Quarterly	Quarterly	District Health Service	
TB Pre-XDR loss to follow up rate	Number of MDR TB patients lost to followup	EDR Web	Number of XDR cases lost to follow	Total XDR TB patients	EDR web reports	Accuracy dependent on quality of data submitted by health facilities	N/A	All Districts	Cumulative (year-to-date)	Quarterly	Quarterly	District Health Service

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
			Numerator	Denominator								
Couple year protection rate	Women protected against pregnancy by using modern contraceptive methods, including sterilizations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).	Clinical notes	Couple year protection	Population 15-49 years female	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	N/A	All Districts	Cumulative (year-to-date)	Quarterly	Quarterly	District Health Service
Delivery 10 to 19 years in facility rate	Deliveries women aged 10-19 years as proportion of total deliveries in health facilities	Clinical notes/ maternity case record	Delivery 10-19 years in facility (Delivery 10-14 years in facility] + [Delivery 15-19 years in facility)	Delivery in facility - total	Health Facility Register, Delivery/Maternity register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
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	Clinical notes	Antenatal 1st visit before 20 weeks	Antenatal 1st visit - total (Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks)	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	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
			Numerator	Denominator								
Number of Maternal Mortality in facility	Total number of 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 (Maternal Morbidity and Mortality Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Number of Maternal deaths in facility	Not Applicate	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme		
Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS	Total number of 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 (Maternal Morbidity and Mortality Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Number of Maternal deaths in facility	Total Live births	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme		

Indicator Title	Definition	Source of Data	Method of Calculation/Assessment		Means of verification	Assumptions	Disaggregation of Beneficiaries (where applicable)	Spatial Transformation (where applicable)	Calculation type	Reporting Cycle	Desired performance	Indicator Responsibility
			Numerator	Denominator								
Live birth under 2500g in facility rate	Infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)	Clinical notes	Live birth under 2500g in facility	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
Mother postnatal visit within 6 days rate	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities	Epoc form or clinical notes	Mother postnatal visit within 6 days after delivery	Delivery in facility total	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher	District Health Services
Infant PCR test positive around 6 months rate	Infant PCR test positive around 6 months rate as a proportion of HIV exposed infants excluding those that tested positive at birth.	Clinical notes or PCR results	Infant PCR test positive around 6 months rate	Infant PCR test around 6 months rate	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	Road to health card or clinical notes	Immunised fully under 1 year	Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	District Health Services
Measles 2nd dose 1 year coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.	Clinical notes or road to health card	Measles 2nd dose 1 year coverage	Population aged 1 year	PHC Comprehensive Tick Register Denominator: StatsSA	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	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
			Numerator	Denominator								
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	Clinical notes	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
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	Clinical notes or death notification slip	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of SAM inpatients under 5 years	Clinical notes or death notification slip	Severe acute malnutrition (SAM) death under 5 years	Severe acute malnutrition (SAM) in facility under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	District Health Services
Vitamin A dose 12-59 months coverage	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.	Clinical notes or road to health card	Vitamin A dose 12-59 months	Target population 12-59 months * 2	PHC Comprehensive Tick Register	PHC register is not designed to collect longitudinal record of patients. The assumption is that the calculation proportion of children would have received two doses based on this calculation	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	District Health Serivices
HIV positive 15-24 years (excl ANC) rate	Percentage of persons within the age of 15 to 24 years who tested HIV and confirmed as positive	Clinical note	HIV positive 15-24 years (excl ANC)	HIV test 15-24 years (excl ANC)	Accuracy dependent on Individuals self-reporting HIV-positive status and/or individuals with detectable	Youth	All Districts	Annual progress against the five year target	Lower	HIV/AIDS 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
			Numerator	Denominator								
					ART metabolites among all PLHIV (antibody test)							
TB Rifampicin Resistant/MDR/pre-XDR treatment success rate	TB Rifampicin Resistant/MDR/pre-XDR clients successfully completing treatment as a proportion of TB Rifampicin Resistant/MDR/pre-XDR clients started on treatment	Clinical notes	TB Rifampicin Resistant /MDR/pre-XDR client successfully complete treatment	TB Rifampicin Resistant/MDR/pre-XDR start on treatment	DR-TB Clinical stationery EDR Web	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Annual	Higher	
Severity assessment code (SAC) 1 incidents 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	Severity assessment code (SAC) 1 incidents reported within 24 hours	Severity assessment code (SAC) 1 incidents reported	Patient Safety Incident Software	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Lower	
Total number of health facilities with completed refurbishment	Percentage of health facilities in the departmental Infrastructure project plans which were scheduled for refurbishment which we completely refurbished	Project Management Information System	Number of Health facilities with completed refurbishment	Total number of facilities	Completion certificate	Capital budget available	Not applicable	All districts	None cumulative	Annual	Higher	
Programme 3												
EMS P1 urban response under 30 minutes rate	Percentage of Emergency medical logged call for life threatening emergency (EMS P1) urban with response time to measure time taken from the time call is logged to the time a patient is attended by EMS professional at the scene	EMS System	EMS P1 urban response under 30 minutes	EMS P1 urban response	Functional call logging system	Not Applicable	All Districts	Annual progress against the five year target	Higher	Emergency Medical Services		
EMS P1 rural response under 60 minutes rate	Percentage of Emergency medical logged call for life threatening emergency (EMS P1) rural with response time to measure time taken from the time call is logged to the time a patient is attended by EMS professional at the scene	EMS System	EMS P1 rural response under 60 minutes	EMS P1 rural response	Functional call logging system	Not Applicable	All Districts	Annual progress against the five year target	Higher	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
			Numerator	Denominator								
BUDGET PROGRAMME 4 & 5: PROVINCIAL HOSPITAL SERVICES												
Number of Maternal deaths in facility	Total number of 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 (Maternal Morbidity and Mortality Audit System), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Number of Maternal deaths in facility	Not Applicate	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme		
[Number of] Death in facility under 5 years	Number of Children under 5 years who died during their stay in the facility	Delivery/ Maternity register/Midnight Report	[Number of] Death in facility under 5 years	Not Applicable	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Annual progress against the five year target	Lower	MCWH&N Programme		
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	Clinical notes	Diarrhoea death under 5 years	Diarrhoea separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly		Lower
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	Clinical notes or death notification slip	Pneumonia death under 5 years	Pneumonia separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly		Lower

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
			Numerator	Denominator								
Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition deaths in children under 5 years as a proportion of SAM inpatients under 5 years	Clinical notes or death notification slip	Child under 5 years severe acute malnutrition case fatality rate	Severe acute malnutrition inpatient separation under 5 years	Ward register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly		Lower
Patient Experience of Care satisfaction rate (Regional Hospitals)	Proportion of clients who participated in the patient experience of care survey of health facility and responded to a questionnaire as satisfied based on the responses provided on the questionnaire.	Patient Surveys assessment forms	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance		
Patient Experience of Care satisfaction rate (Specialized TB Hospitals)	Proportion of clients who participated in the patient experience of care survey of health facility and responded to a questionnaire as satisfied based on the responses provided on the questionnaire.	Patient Surveys assessment forms	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five year target	Higher	Quality Assurance		
Porgramme 6												
Number of Healthcare workers trained on critical clinical skills	Number of health care professional who are trained on critical skills as detailed in the Workplace skills Plan	Attendance register	Number of Healthcare workers trained on critical clinical skills	Not applicable	Health care workers database	Available budget for training	Not Applicable	All districts	Cummulative year end	Annual		Higher
Bursaries awarded to first year nursing students	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health	Bursary database	Number of Bursaries awarded to first year nursing students	Not applicable	Bursary contracts	Applications from qualifying nursing students will be available	Not applicable	All districts	Cummulative year end	Annual		Higher
District training and development plan for frontline service delivery points developed	Number of district which has developed a training and development plan for support programmes that monitor quality of service	Training and development plan	District training and development plan for frontline service	Not applicable	Training and development plan	Stationery	Not applicable	All districts	None cumulative	Annual		higher

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
			Numerator	Denominator								
	delivery to users of health care services.		delivery points developed									
BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES												
Number of hospitals compliant to radiation control prescripts in facilities	Number of facilities with X-ray equipment that comply with Radiation Control guidelines setup by South African Radiation Control Council to regulate use of medical equipment and ensure ethical considerations	Radiology audit reports	Number of hospitals compliant to radiation control prescripts in facilities	Not applicable	Physical verification	Assessment tools available	Not applicable	All districts	None cumulative	Quarterly		Higher
Percentage Availability of Essential Medicine List (EML) at the Depot	Percentage of the available items on the Essential Medicine List at depot for supply to the facilities.	PDS system	Number of available Essential Medicine on stock	Total number of Medicine prescribed as Essential as per Essential Medicine List	Issue Report	Availability of medicine in markets	Not applicable	All facilities	None cumulative	Quarterly		Higher
Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.	Number of chronic patients who are enrolled to receive their medicine through Central Chronic Medicine Dispensing and Distribution (CCMDD) at preferred pick up points.	SYNCH Electronic systems/ Register	Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.	Not applicable	Patient folder	Patients who require service will be available	Not applicable	All districts	Cumulative year to date	Annual		higher
Number of Orthotic and Prosthetic devices issued	Count of Medical orthotic and prosthetic devices given to people with disabilities	Orthotic and Prosthetic Register	Number of Orthotic and Prosthetic devices issued	Not applicable	Patient files	Patient who the service will be available	People living with disability	Rob Ferreira, Mapulaneng and Ermelo hospitals centres	Cumulative year end	Quarterly		higher

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
			Numerator	Denominator								
Number of hospitals audited for functionality of blood transfusion committees	Number of hospitals assessed or audited for functionality by means of checking whether there is a committee that meet on quarterly basis to monitor the use of blood services	Compliance check list	Number of hospitals audited for functionality of blood transfusion committees	Not applicable	Minutes of committee meetings	Appointed committee members from hospitals	Not applicable	All hospitals	None cumulative	Quarterly		Higher
Number of sites rendering Forensic Pathology Services	Number of facilities that collect, preserve and conduct autopsies on human remains	Monthly reports from sites	Number of sites rendering Forensic Pathology Services	Not applicable	Physical observation	Availability of personnel, vehicles facilities equipped with forensic pathology equipment	Not applicable	Districts	None cumulative	Annual		higher
Number of hospitals providing laundry services	Count of all hospitals where washing of clothing and linen from hospital wards are cleaned and dispatch to relevant wards for use	Physical verification	Number of hospitals providing laundry services	Not applicable	Physical verification	Availability of linen	Not applicable	Hospitals	None cumulative	Quarterly		Higher
Programme 8												
Percentage of Health facilities with completed capital infrastructure project	Percentage of health facilities in the departmental Infrastructure project plans which were scheduled for refurbishment which we completely refurbished	Project Management Information System	Number of Health facilities refurbished or rebuild	Total number of facilities	Completion certificate	Capital budget available	Not applicable	All districts	None cummulative	Annual		Higher
Percentage of preventative maintenance expenditure	preventative maintenance expenditure	Infrastructure report			Infrastructure report	Availability of funds	N/A	All Municipalities	Number	Annual		Infrastructure
Renovation, repairs and refurbishment projects completed	Number of renovations and refurbishments done	Infrastructure report	Number of renovations & refurbishment	N/A	Infrastructure report	Availability of funds	N/A	All Municipalities	Number	Annual		Infrastructure

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
			Numerator	Denominator								
Number of upgrade and addition projects completed	Total number of all upgrade and addition projects completed in the year under review	Infrastructure report	Number of upgrade and addition projects completed	N/A	Infrastructure report	Availability of funds	N/A	All Municipalities	Number	Annual		Infrastructure
Number of new and replacement projects completed	Total number of new and replacement projects completed in the year under review	Infrastructure report	Number of new and replacement projects completed	N/A	Infrastructure report			All Municipalities	Number	Annual		Infrastructure

ANNEXURE B: STATSSA – LONG TERM POPULATION PROJECTIONS 2019-2024 (CALENDAR YEAR)

Sex	Age	2020	2021	2022	2023	2024
Male	0-4	237347	238464	239852	239492	237935
Male	5-9	233506	233034	233548	234857	236661
Male	10-14	231066	234480	235253	235424	234978
Male	15-19	196866	202255	207899	214430	220225
Male	20-24	196183	192424	191605	191345	191842
Male	25-29	222628	220650	217102	213035	210491
Male	30-34	235988	236624	237017	236287	234083
Male	35-39	199845	209902	218233	224974	231310
Male	40-44	142325	151466	161208	172381	183607
Male	45-49	109793	114063	118052	122473	127635
Male	50-54	82001	84676	88272	92257	96297
Male	55-59	68154	69589	70634	71399	72363
Male	60-64	51906	53053	54458	56133	57782
Male	65-69	39581	40644	41386	41980	42571
Male	70-74	24732	26085	27552	28967	30232
Male	75-79	14536	14903	15191	15670	16418
Male	80+	14624	15009	15351	15722	16155
Female	0-4	233007	234005	235202	234823	233236
Female	5-9	229921	229728	230570	231989	233967
Female	10-14	229180	232527	232778	232582	231922
Female	15-19	195977	200985	206410	213073	218901

Female	20-24	192145	189355	187815	186666	186796
Female	25-29	204164	201764	200052	197567	195658
Female	30-34	210962	212261	212794	212378	210991
Female	35-39	179385	186871	193530	199995	206044
Female	40-44	142523	147285	153185	160107	167562
Female	45-49	125551	128543	130926	132192	133643
Female	50-54	106058	107743	109808	112844	115967
Female	55-59	90586	93487	95466	96987	98346
Female	60-64	69407	71280	74189	77347	80600
Female	65-69	56318	58217	59563	60710	61592
Female	70-74	38079	40173	42533	44967	47378
Female	75-79	24989	25721	26341	27203	28483
Female	80+	33642	34522	35023	35744	36685
Total		**4662974**	**4731787**	**4798800**	**4864002**	**4928356**