



health

MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA

# Mpumalanga Department of Health

Annual Performance Plan  
2024/2025

DATE OF TABLING: 28 MARCH 2024



**"A Long and Healthy Life For All South Africans..."**

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### Executive Authority Statement

As we approached the end of the 2023/2024 financial year which coincided with the end of the sixth administration of this government, it is no doubt that the performance of our sectors was affected by the emergence of the deadly disease that brought even the economy of our country down to its knees.

We derive inspiration from President Cyril Ramaphosa's assertion that, "we must rebuild, repair and restore our country not after Covid-19, but in the midst of it." Central to the implementation of the MTSF are the Seven Apex Priorities, which are the primary focus of the Sixth Administration aimed at improving the lives of South Africans. As a department our programmes are instruments pivotal in our efforts to tackle the main challenge of equal access to quality health care services through the implementation of the NHI and ensure that all citizens of this province they live a long and a healthy life which is the second priority of the seven priorities of the Sixth Administration.

It is my pleasure to present the Annual Performance Plan of the Department of Health of Mpumalanga for the year 2024/2025 to the Honourable Premier and the people of Mpumalanga. This Plan builds on previous Plans aimed at achieving our vision and mission to provide services that will enable all Mpumalanga people to live long and meaningful healthy life.

While we note the remarkable progress made over the past years, we remain conscious of the challenges and the limitations we have to contend with in achieving our goal of service delivery in health context. The 2024/25 Annual Performance Plan articulates our acknowledgment that we cannot discharge our responsibilities towards the citizens of Mpumalanga in the same manner as we have done previously, as such, strategies and programmes articulated in this plan aim to reinforce the goal to realise the vision 2030; with actions that will have the greatest impact, actions that will catalyse faster

movement forward, both in the immediate term and over the next 5-6 years to 2030.

Our 2024/25 Performance plan is underpinned by several imperatives, chief among which is the improvement of people's health status through the creation of a culture of disease prevention, promoting healthy lifestyles, ensuring that our communities stand up and take their own health into their hands and become active participants in early disease screening and testing, thus improve the quality of their lives.

The most underpinning objective is to continue with our programme of taking health services to where our people live in partnership with other stakeholders. We are planning to continue to embark on awareness and health educational campaigns and programs in conjunction with all stakeholders and partners with an aim of increasing life expectancy to people of Mpumalanga.

Our own mission as the Department of Health is to "develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care."

The objective of all our plans is to design effective processes to meet the needs of patients and other users of our services, which are consistent with the national, continental, and global health initiatives and targets. This requires us to collect data to monitor progress in our management of the quadruple burden of disease facing our province; identify opportunities for improvement in the quality of our health service delivery and identify more opportunities that will lead to overall improvements and sustainability.

As we reach the end of the sixth administration, we remain resolute in our quest of advancing the department towards attaining Universal Health Coverage. We will continue to invest in constructing, refurbishing, and maintaining of our health infrastructure.

## ANNUAL PERFORMANCE PLAN 2024/25

We will endeavour to improve the quality of services through the Ideal Health Facility Framework and improve the quality of care provided by our health care facilities at all levels.

The Annual Performance Plan being presented here it includes bold targets and innovations which serve as our commitment to the overall improvements of the public health system. Some of these targets are ambitious given the current national and global economic climate we as a country are facing. However, we are confident that together in partnership with development partners and civil society, have the necessary resources and willpower to meet or exceed these targets.

It is our conviction that the Annual Performance Plan (APP) for the new financial year 2024/2025, which is the blueprint that sets our policy direction will provide a shift and meaningful impact to our healthcare services.

As MEC, I remain grateful and encouraged by the hard work that the HOD Dr LK Ndhlovu, and all the

staff members of the department do, on daily basis to improve the quality of health care services in our facilities.

I herewith endorse the 2024/2025 Annual performance Plan.

Signature



Date

20/03/2024

**Honourable SJ Manzini**

**Executive Authority: Department of Health**

## Accounting Officer Statement

I am pleased to formally present to you the Mpumalanga Department of Health's 2024/25 Annual Performance Plan. This plan was meticulously crafted by our committed cadres who have strived to foster a culture of collaboration, innovation, and excellence among our esteemed team members. Our primary goal is to ensure the delivery of high-quality results that not only meet but also exceed expectations. At the core of our ethos is the unwavering support we provide to each other in achieving our shared outcomes. This ethos has paved the way for open communication, continuous learning, and a proactive approach to problem-solving within our organization.

The Annual Performance Plan encapsulates a comprehensive reflection of global, national, and provincial commitments and priorities in alignment with key frameworks such as the Sustainable Development Goals, National Development Plan, 2019-2024 Medium Term Strategic Framework, and the Provincial Growth and Development Plan.

The plan outlines our strategic approach to health challenges, proposed initiatives, and performance indicators aimed at contributing to the broader development agenda and achieving our organizational impact statements, namely: Life expectancy of South Africans improved to 70 years by 2030 and Universal Health Coverage for all South Africans achieved so that all citizens are protected from catastrophic financial impact of seeking health care by 2030.

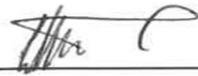
The plan further breaks down these statements by prescribing comprehensive targets that encompass various key deliverables, such as decreasing child and maternal mortality, improving TB success rates, implementing the 95-95-95 strategy, and the addressing the impact of non-communicable diseases. Additionally, we aim to enhance compliance with ideal hospital and clinic standards

while improving overall access to healthcare services through the refurbishment, maintenance, and construction of new health facilities.

The allocated budget of R18.697 billion for 2024/25 will be utilised towards achieving the strategic priorities and targets clearly outlined in the Annual Performance Plan in pursuance of the 2020-2025 Strategic aspirations. Considerable effort has been dedicated to aligning the budget with service delivery to ensure optimal service delivery in a resource-constrained environment.

We are deeply dedicated to ensuring that the Mpumalanga Department of Health remains at the forefront of providing top-tier healthcare services to our community. The Annual Performance Plan serves as a strategic roadmap that will guide us in achieving our objectives, as well as in maintaining the highest standards of service delivery.

We are confident that this plan will not only enable us to meet the evolving needs of our community but also help us in surpassing the benchmarks set by our stakeholders. By working together and upholding our values of collaboration and innovation, we aim to drive positive change and make a tangible difference in the lives of those we serve.

Signature 

Date 14/3/2024

Dr LK Ndhlovu

Head: Health

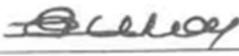
Mpumalanga Department of Health

## Official Sign-off

It is hereby certified that this Annual Performance Plan submitted on 15 March 2024.

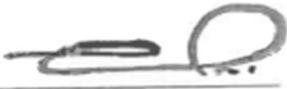
- Was developed by the management of the Mpumalanga Department of Health under the guidance of Mpumalanga Provincial Government.
- Takes into account all the relevant policies, legislation, and other mandates for which the Mpumalanga Province is responsible.
- Accurately reflects the Outcomes and Outputs which the Mpumalanga Department of Health will endeavour to achieve over the period 2024-2025 FY.

**[Ms JR Nkosi ]**

Signature: 

Manager Programme 1: Administration

**[Dr C Nelson]**

Signature: 

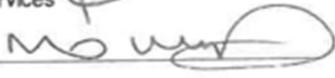
Manager Programme 2: District Health Services

**[Mr NW Sithole]**

Signature: 

Manager Programme 3: Emergency Medical Services

**[Ms M Mohale]**

Signature: 

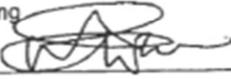
Manager Programme 4: General (Regional) Hospitals, Programme 5: Tertiary and Central Hospitals, Programme 7: Health Care Support Services

**[Mr B Magagula]**

Signature: 

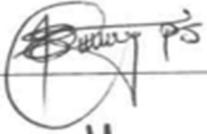
Manager Programme 6: Health Sciences and Training

**[Mr EL Mokwane]**

Signature: 

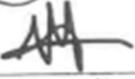
Manager Programme 8: Infrastructure

**[Mr SR Shabangu]**

Signature: 

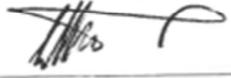
Deputy Director General: Finance

**[Ms BP Mdllovu ]**

Signature: 

[Head Official responsible for Planning]

**[Dr LK Ndhlovu ]**

Signature: 

Accounting Officer

Approved by:

**[Hon. SJ Manzini]**

Signature: 

Executive Authority

### Acknowledgements

The development of the annual performance plan has benefited from the unwavering commitment and contributions of several stakeholders from the districts, provincial department of health including departments, and organisations supporting the department. Appreciation goes to the following stakeholders for their contributions and dedication to the finalization of the annual performance plan for the year 2024-2025 under the leadership of the department of health.

1. All participants in the consultations
2. The Department of Health provincial management and programme management teams
3. The Department of Health district management and programme management teams
4. The National Department of Health
5. The Department of Social Services
6. The Department of Education
7. PEPFAR
8. BroadReach Health Development
9. Right To Care

## Acronyms

<b>4IR</b>	Fourth Industrial Revolution	<b>LGBTQI</b>	Lesbian, Gay, Bisexual, Transgender and Queer and Intersex
<b>ADAPT</b>	Accelerating Development Against Pandemic Threats	<b>LP</b>	Limpopo
<b>AIDS</b>	Acquired Immuno deficiency syndrome	<b>LTF</b>	Loss To Follow
<b>ANC</b>	Antenatal Care Services	<b>MCWH&amp;N</b>	Mother to Child Woman's' Health and Nutrition
<b>ART</b>	Antiretroviral Therapy Treatment	<b>MEC</b>	Member of the Executive Council
<b>AYP</b>	Adolescent and Young People	<b>MMR</b>	Maternal Mortality Ratio
<b>BUR</b>	Bed Utilization Rate	<b>MOP</b>	Medical Orthotic and Prosthetic
<b>CCMDD</b>	Central Chronic Medicine Dispensing and Distribution	<b>MP</b>	Mpumalanga
<b>CDC</b>	Centre for Disease Control and Prevention	<b>MSM</b>	Men who have sex with Men
<b>CEOs</b>	Chief Executive Office	<b>MTEF</b>	Medium Term Expenditure Framework
<b>CGICTPF</b>	Corporate governance of Information and Communications Technology Policy Framework	<b>MTSF</b>	Medium Term Strategic Framework
<b>CHW</b>	Community Health Worker	<b>NC</b>	Northern Cape
<b>COS</b>	Community Outreach Services	<b>NCDs</b>	Non-Communicable Diseases
<b>CV19</b>	Covid 19	<b>NDOH</b>	National Department of Health
<b>DHB</b>	District Health Barometer	<b>NDP</b>	National Development Plan
<b>DHIS</b>	District Health Information System	<b>NHA</b>	National Health Act
<b>DMoC</b>	Differentiated Models of Care	<b>NHI</b>	National Health Insurance
<b>DOH</b>	Department of Health	<b>NMIR</b>	National Minimum Information Requirements
<b>DPSA</b>	Department of Public Service and Administration	<b>NNV</b>	Non-Negotiable Vitals
<b>DPWRT</b>	Department of Public Works, Roads, and Transport	<b>NW</b>	North West
<b>DREAMS</b>	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women	<b>OMBU</b>	Obstetric Midwifery Birth Unit
<b>DS-TB</b>	Drug Sensitive Tuberculosis	<b>OVCY</b>	Orphans, Vulnerable Children and Youth
<b>EA</b>	Enterprise Architecture	<b>PCR</b>	Polymerase Chain Reaction
<b>EC</b>	Eastern Cape	<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>EML</b>	Essential Medicine List	<b>PHC</b>	Primary Health Care
<b>EMS</b>	Emergency Medical Services	<b>PLHIV</b>	People Living with Human Immunodeficiency Virus
<b>EOST</b>	Emergency Obstetric Simulation Training	<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>EPWP</b>	Sector Expanded Public Works Programme	<b>PSI</b>	Patient Safety Incidents
<b>FPS</b>	Family Planning Services	<b>SAC</b>	Severity Assessment Code
<b>FPS</b>	Forensic Pathology Services	<b>SAM</b>	Severe Acute Malnutrition
<b>FS</b>	Free State	<b>SA-SBSEHP</b>	School-Based Sexuality Education & HIV Prevention
<b>GBV</b>	Gender Based Violence	<b>SCM</b>	Supply Chain Management
<b>GP</b>	Gauteng	<b>SDG</b>	Sustainable Development Goals
<b>GPS</b>	Global Positioning System	<b>SHERQ</b>	Safety Health Environment Risk and Quality
<b>GWEA</b>	Government Wide Enterprise Architecture Framework	<b>SLA</b>	Service Level Agreement
<b>HAST</b>	HIV/AIDS, STI's and Tuberculosis	<b>SOPs</b>	Standard Operating Procedure
<b>HbA1C</b>	Haemoglobin A1C	<b>SRH</b>	Sexual and Reproductive Health
<b>HIV</b>	Human Immunodeficiency Virus	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>HPRS</b>	Health Patient Registration System	<b>STATSA</b>	Statistics South Africa
<b>HTS</b>	HIV Testing Service	<b>TB</b>	Tuberculosis
<b>ICT</b>	Information and Communication Technology	<b>TORs</b>	Terms of Reference
<b>ICU</b>	Intensive Care Unit	<b>TRIPS</b>	Trade-Related Aspects of Intellectual Property Rights
<b>IMCI</b>	Integrated Management of Childhood Illness	<b>UHC</b>	Universal Health Coverage
<b>IMF</b>	International Monetary Fund	<b>U-LAM</b>	Urine Lipoarabinomannan
<b>IMMR</b>	In facility maternal mortality ratio	<b>USAID</b>	United States Agency for International Development
<b>ISHP</b>	Integrated School health Program	<b>VMMC</b>	Voluntary Medical Male Circumcision
<b>IUCD</b>	Intra Uterine Contraceptive Device	<b>WBPHCO</b>	Ward-Based Primary Healthcare Outreach Teams
<b>Key Pop</b>	Key Population	<b>T</b>	Western Cape
<b>KZ</b>	KwaZulu Natal	<b>WC</b>	Western Cape
		<b>XDR</b>	Extensively Drug Resistant

**PART A: OUR MANDATE**

**1. Legislation and Policy Mandates (National Health Act, and Other Legislation)**

**1.1 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, considering the obligations imposed by the Constitution and other laws on the national, provincial, and local governments regarding 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 provides for transparency in the pricing of medicines.

**Hazardous Substances Act, 1973 (Act No. 15 of 1973)** - Provides for the control of hazardous substances, particularly 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, (Act No. 86 of 1993)** - Provides for the establishment, management, and operation of academic health centres.

**Choice on Termination of Pregnancy Act, 1996 (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 No. 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.

## 1.2 Other legislation applicable to the Department

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

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

**Occupational Health and Safety Act, 1993 (Act No.85 of 1993)** - Provides for the requirements that employers must comply with 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 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 97 of 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 a way 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.

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

**2.1 National Health Insurance Bill**

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

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

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

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

**2.2 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.

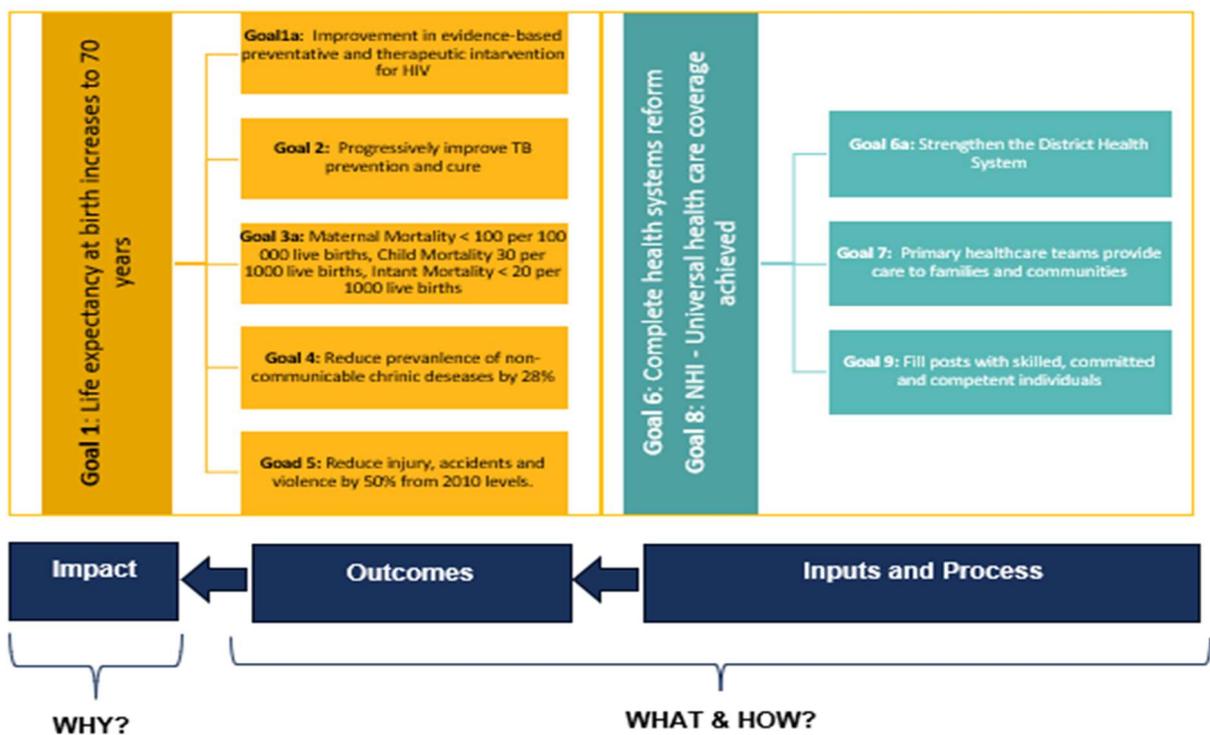


Figure 1: NDP Logic Framework

### 2.3 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:

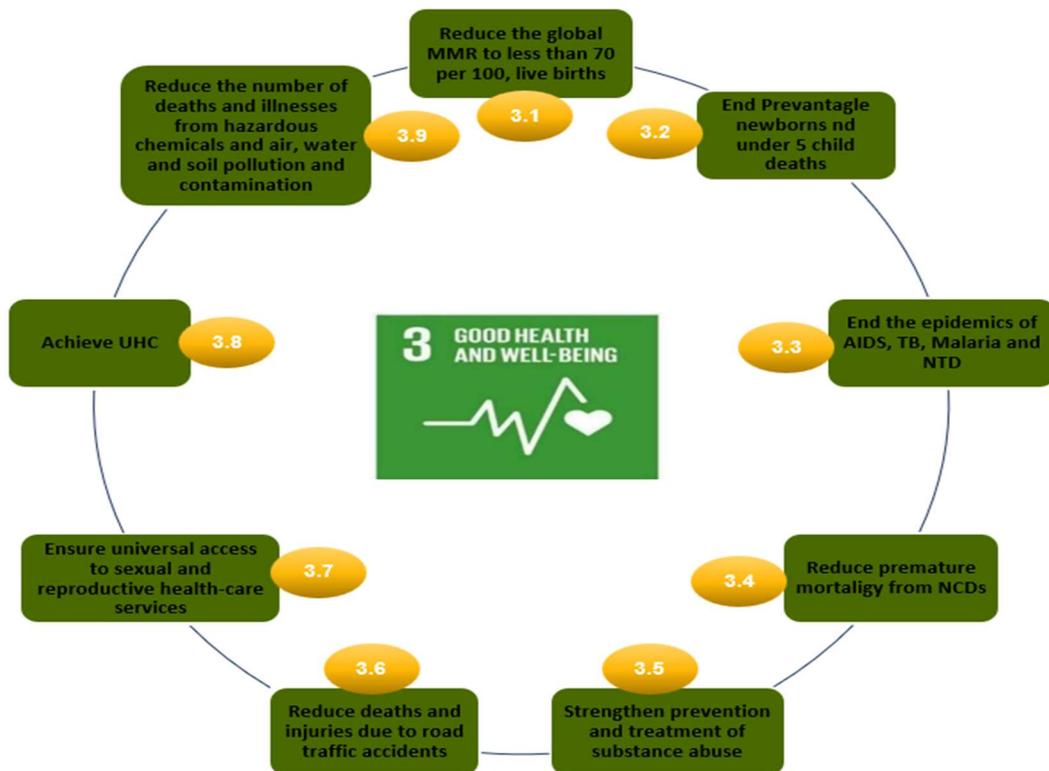


Figure 2: Sustainable Development Goals

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The table below outlines the departmental targets towards to the Sustainable Development Goal 3.

<b>Goal 3: Ensure Healthy lives and promote well-being for all at all ages</b>	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
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	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
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
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
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
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
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3b	<b>Support the research and development of vaccines and medicines</b> 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
3c	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
3d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Table 1: Sustainable Development Goal 3 Targets

### 2.4 Medium Term Strategic Framework

The plan comprehensively responds to the priorities identified by cabinet of 6<sup>th</sup> 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.

2.4.1. Sector MTSF 2019 – 2024: Alignment of Key Strategies

The Mpumalanga Department of Health’s response is structured into 2 impacts, 4 goals and 10 Health Sector Strategies. These impacts and outcomes are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below.

Impact Themes	Strategic Goals	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	Not Applicable
		2 Inter sectoral collaboration to address social determinants of health	
Theme	Strategic Impact	Health Outcomes	Presidential Health Summit Compact Pillars
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	<b>Pillar 4:</b> Engage the private sector in improving the access, coverage, and quality of health services; and <b>Pillar 6:</b> Improve the efficiency of public sector financial management systems and processes
		4 Improve quality and safety of care	<b>Pillar 5:</b> 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	<b>Pillar 7:</b> 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	<b>Pillar 8:</b> 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	<b>Pillar 1:</b> Augment Human Resources for Health Operational Plan
		8 Improving availability to medical products, and equipment	<b>Pillar 2:</b> Ensure improved access to essential medicines, vaccines, and medical products through better management of supply chain equipment and machinery.
			<b>Pillar 6:</b> 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	<b>Pillar 9:</b> 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	<b>Pillar 3:</b> Execute the infrastructure plan to ensure adequate, appropriately distributed, and well-maintained health facilities

Table 2: Sector MTSF 2019-2024 Impacts

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### 2.5 Updates to relevant court rulings

Table 4 shows the litigations which may influence the operational budget of the Department.

#	File type	Court date	Amount	Status
1	Orthopaedics	28/06/2019	R200 000	Finalised
2	Cerebral palsy	04/11/2019	R4 240 000	Finalised
3	Cerebral palsy	07/11/2019	R7 500 000	Postponed sine die
4	Cerebral palsy	24/06/2019	R29 790 037 50	Postponed sine die
5	Orthopaedic	15/04/2019	R1 555 000	Matter settled out of court
6	Cerebral palsy	03/06/2019	R20 000 000	Postponed sine die
7	Cerebral palsy	18/09 /2019	R30 000 000	Removed from the roll
8	Cerebral palsy	14/10/ 2019	R32 000 000	Finalised
9	Cerebral palsy	13/05/2019	R21 500 000	Finalised
10	Cerebral palsy	02/09/2019	R21 500 000	Postponed sine die
11	Orthopaedic	14/10/ 2019	R5 050 000	Finalised
12	Cerebral palsy	11/10/2019	R19 740 000	Finalised
13	Cerebral palsy	20/02/2020	R29 790 037.50	Finalised
14	Cerebral palsy	28/01/2020	R11 500 000	Postponed sine die
15	Surgical	28/01/2020	R9 168 000	Postponed sine die
16	Cerebral palsy	27/11/2020	R29 540 000	Postponed sine die
17	Orthopaedic	07/01/2020	R2 950 000	Postponed sine die
18	Cerebral palsy	04/10/2021	R2 500 000	Postponed sine die
19	Cerebral palsy	08/11/2021	R28 001 000	Interim payment/Postponed sine die
20	Cerebral palsy	16/11/2021	R27 300 000	Postponed sine die
21	Cerebral palsy	29/04/2021	R20 350 000	Postponed sine die
22	Cerebral palsy	10/10/2022	R1 100 000	Finalised
23	Cerebral palsy	18/06/2021	R32 511 320	Settle of out of court
24	Cerebral palsy	11/08/2021	R14 280 000	Postponed sine die
25	Orthopaedic	24/10/2022	R7 050 000	Settle Quantum
26	Cerebral palsy	21/10/2022	R32 250 000	Settle Quantum
27	Cerebral palsy	01/10/2022	R21 500 000	Interim payment/Postponed sine die
28	Cerebral palsy	23/03/2022	R2 067 522.00	Interim payment/Postponed sine die
29	Cerebral palsy	12/11/2023	R7 450 000	Interim payment /Postponed sine die
30	Cerebral palsy	14/10/2023	R19 038 727	Settle Quantum
31	Orthopaedic	21/07/2022	R1 950 000	Settle Quantum
32	Cerebral palsy	21/02/2023	R28 500 000	Interim Payment/Postponed sine die
33	Cerebral palsy	15/02/2022	R14 280 000	Interim payment/Postponed sine die

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#	File type	Court date	Amount	Status
34	Cerebral palsy	10/08/2022	R2 578 359	Postponed sine die
35	Orthopaedics	15/06/2023	R2 300 000	Postponed sine die
36	Cerebral Palsy	25/10/2023	R14 290 000	Postponed sine die
37	Cerebral Palsy	06/04/2022	R668 939	Postponed sine die
38	Cerebral Palsy	23/11/2023	R350 000	Postponed sine die

Table 3: Litigation pending cases that may impact on the Department's financial resources in 2024/25.

## PART B: OUR STRATEGIC FOCUS

## 3. Vision

A healthy long living Society.

## 4. 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.

## 5. 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.

## 6. Situational analysis

### 6.1. External environment analysis

#### 6.1.1. Demographic profile

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), Malelane, 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.

Mpumalanga Province has shown a growth in population size from **4 039 939** in the STATSA Midyear Census 2011 to **5 143 324** in comparison to 2022 as shown in Table 5. This is an increase of **27%** over the 11-year period and the highest growth of all 9 provinces in South Africa ranking the province number 6 in population size in the country as shown in Figure 3 below.

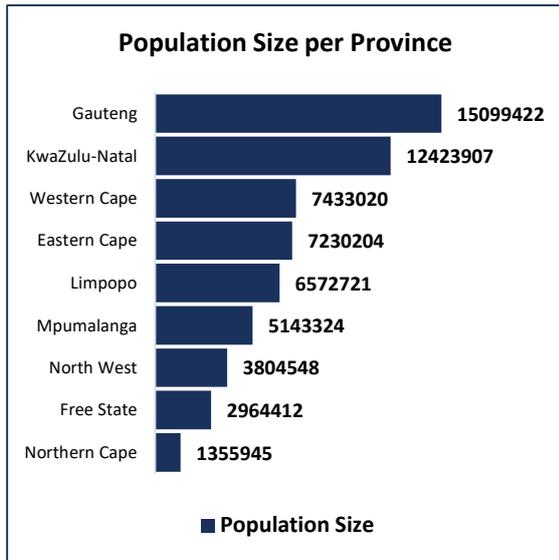


Figure 3: South African Population distribution per Province – Stats SA, 2022

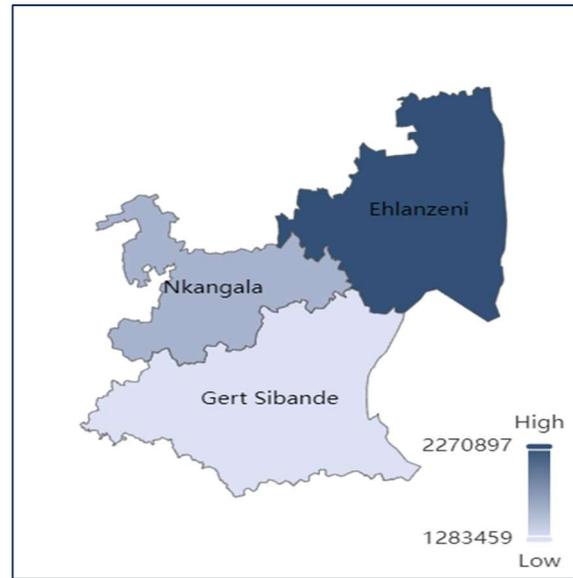


Figure 5: Population density Map of Mpumalanga Province and Districts, Stats SA; 2022.

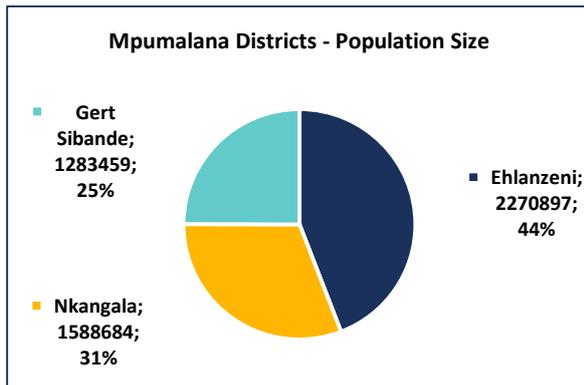


Figure 4: Comparison of Mpumalanga Districts Population Size Stats SA; 2022

Table 5 shows that Ehlanzeni District is the most populous, while Gert Sibande is the least. Gert Sibande also has the biggest area, which means that the population density is lower. This can lead to challenges in services delivery and traveling distances between

Mpumalanga province shares international borders with Eswatini and Mozambique with Ehlanzeni district with the highest population size followed by Nkangala District and then Gert Sibande with the smallest population as shown in Figure 4 and Figure 5 showing population density between the 3 Mpumalanga districts.

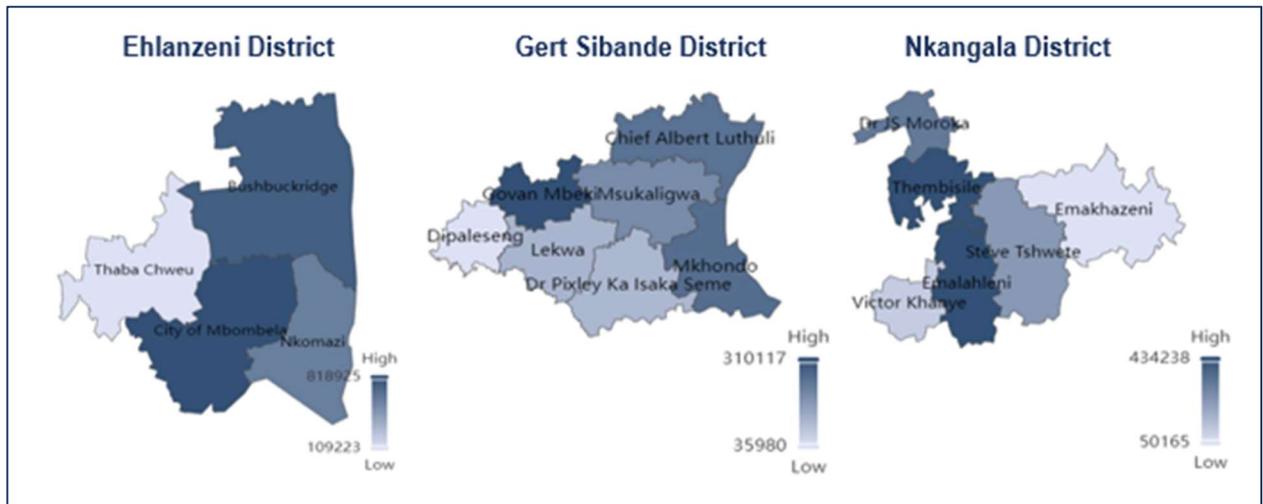


Figure 6: Map of Mpumalanga Province showing districts and subdistricts, Stats SA, 2022

Figure 6 shows a map and population density across the sub districts in the province. City of Mbombela, Bushbuckridge, Govan Mbeki, Mkhondo, Emalahleni and Thembisile Hani sub districts with the highest populations in each of the districts.

**Migration patterns**

The province was also one of 5 Provinces receiving a positive net migration over the period of 2021 to 2026 as illustrated in Figure 7 below.

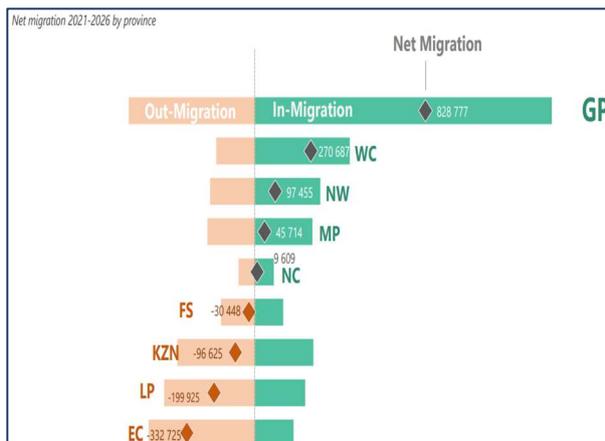


Figure 7: Net migration 2021-2016 by province Stats SA 2022

**Social Determinants of Health**

Table 5 below provide a summary of key provincial indicators per Stat SA Mid Year Census that include socio determinants between 2011 and 2022.

There are 1 421 721 households, with an average household size of 3.6 and of which 92.2% are categorised as formal housing. Of all households 54.9%, 51.1%, 47% and 93.7% have flushed toilets connected to sewerage, weekly refuse disposal service, access to piped water and electricity for lighting, respectively.

The onset of the COVID-19 pandemic resulted in considerable slowdown in global economic activity and growth. A brief recovery in 2021 was followed by increased risks in 2022, including the war in Ukraine, high levels of inflation, a decrease in global output, particularly in China, and lingering supply chain issues. Economic activity in 2023 continued to be curtailed mostly by the increase in interest rates by central banks. Global growth is projected at 3.1 percent in 2024 and 3.2 percent in 2025<sup>1</sup>. However,

<sup>1</sup>World Economic Outlook, January 2024. International Monetary Fund

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this is still below the historical average of 3.8 percent (2000-2019).

Indicator Name	Mpumalanga		Ehlanzeni District		Gert Sibande District		Nkangala District	
	CS 2011	CS 2022	CS 2011	CS 2022	CS 2011	CS 2022	CS 2011	CS 2022
Total population	4 039 939	5 143 324	1 688 615	2 270 897	1 043 194	1 283 459	1 308 129	1 588 684
Young children (0-14 years)	31,2%	28,4%	33,1%	30,2%	31,6%	27,3%	28,5%	26,7%
Working age population (15-64 years)	64,1%	66,4%	62,4%	65,1%	63,9%	67,6%	66,5%	67,3%
Elderly (65+ years)	4,7%	5,2%	4,6%	4,8%	4,5%	5,1%	5,0%	6,0%
Dependency ratio	56,0	50,6	60,4	53,7	56,5	47,9	50,4	48,5
Sex ratio	95,6	92,4	90,8	89,3	97,3	93,2	100,7	96,2
No schooling (20+ years)	14,0%	11,7%	16,6%	14,3%	13,3%	10,3%	11,5%	9,4%
Higher education (20+ years)	9,1%	7,3%	9,2%	7,5%	8,6%	6,6%	9,4%	7,6%
Number of households	1 075 466	1 421 721	445 079	560 370	273 485	378 182	356 902	483 169
Average household size	3,8	3,6	3,8	4,1	3,8	3,4	3,7	3,3
Formal dwellings	83,8%	92,2%	91,8%	95,8%	72,4%	88,0%	82,8%	91,3%
Flush toilets connected to sewerage	43,8%	54,9%	24,4%	36,4%	66,0%	73,2%	50,9%	62,0%
Weekly refuse disposal service	42,4%	51,1%	24,7%	34,3%	63,6%	66,8%	48,3%	58,5%
Access to piped water in the dwelling	35,7%	47,0%	26,4%	35,2%	44,3%	56,5%	40,6%	53,3%
Electricity for lighting	86,4%	93,7%	88,9%	96,7%	83,4%	91,8%	85,7%	91,7%

Table 4: Comparison of Mpumalanga District Key Socio Economic, Stats SA

Growth expectations remain low for the country due mostly to increasing logistical constraints on economic activity. The IMF has projected that the South African economy will grow by 1 percent in 2024 and that real gross domestic product will increase by 1.9 percent<sup>2</sup>. The official unemployment rate in South Africa at the end of quarter 3 of 2023 was 31.9 per cent, while that in the Mpumalanga was 35.5 per cent<sup>2</sup>. Furthermore, Mpumalanga recorded the largest decrease in the unemployment rate, down 2.9

percentage points from quarter 3 of 2022 to quarter 3 of 2023. Over the last decade, nationwide, the proportion of people experiencing long term unemployment increased from 65.5 per cent in quarter 3 of 2013 to 75.3 per cent in quarter 3 of 2023. The NEET (not in employment, education, or training) rate for 15- to 24-year-olds was 32.7 per cent at the end of 2023, a decrease of 1.8 per cent from the end of 2022.

<sup>2</sup> Quarterly Labour Force Survey Q3:2023. Statistics South Africa

The World Economic Forum Global Risks Report 2024 indicates that the five biggest risks posed to South Africa are: energy supply shortage, economic downturn, unemployment, state fragility, and water supply shortage<sup>3</sup>. The energy supply shortage has a significant impact on the economic growth of the country<sup>4</sup> and there is also correlated with higher levels of crime during periods of loadshedding<sup>5</sup>. Furthermore, the announcement of stage 6 loadshedding was associated with a drop in the well-being of South Africans, as measured by a happiness index which uses machine learning methods for natural language processes to assess emotions<sup>6</sup>. This decrease in happiness (increases in disappointment, anger, and distress) could be associated with future increases in crime, strikes and protests. This environment could potentially contribute to poor mental health outcomes and be associated with concerns for higher levels of unemployment and poverty in the future. Poverty levels in Mpumalanga remain relatively high, with 50.3 per cent of the population living below the poverty line of R890 per month<sup>7</sup>. The number of people living below the lower bound poverty line<sup>8</sup> decreased in all three districts between 1996 and 2011. Following this there has been a gradual increase in this number until 2021 and there are now more people living below the lower bound poverty line compared to 1996. Furthermore, in 2016, 7.8% of households experienced multidimensional poverty. This means that 7.8% of households experience poverty across a range of dimensions beyond monetary measures. These include access to education, adequate nutrition, electricity, potable water, and sanitation, as well as the extent to which they are marginalised within society.

The current socio-economic conditions not only exacerbate the existing burden of disease, but they can also do so exponentially through the synergistic interplay between different conditions. Tuberculosis and mental health can illustrate this. The prevalence of depressive symptoms among tuberculosis patients have been found to be relatively high<sup>9</sup>. The rate of depression was also found to be higher among drug-resistant TB patients compared to drug sensitive TB patients. Mental health conditions have also been found to be risk factors for symptomatic TB, and people diagnosed with a mental health condition including depression had a higher incidence of TB compared to those without a mental health condition<sup>10</sup>. Therefore, not only will there be a greater future demand on public health services, but services will have to become strongly oriented toward screening, prevention, and primary health care services to appropriately address the burden of disease.

### 6.1.2. Universal Health 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 for under 5 years dropped significantly from 2019/20 from 2020/21, linked to the pandemic-induced lockdown. This was immediately followed by an even more considerable increase in coverage

<sup>3</sup> The Global Risk Report 2023, World Economic Forum

<sup>4</sup> South Africa's economic growth affected by mismatch of electricity supply and demand. Inglesi-Lotz, R & Mabugu, T. *The Conversation* (April 2022)

<sup>5</sup> Increase in home break-ins during longer loadshedding periods. *BusinessTech* (September 2022)

<sup>6</sup> Happiness index shows South Africans are furious about load shedding – and it could lead to protests. McCaine, N. *News24.com* (September 2022).

<sup>7</sup> SERO Mpumalanga, September 2022

<sup>8</sup> Lower bound poverty line: Includes expenditure on non-food items but requires that individuals sacrifice food in order to obtain it and amounted to R890 per capita per month in 2021.

<sup>9</sup> The prevalence of depression amongst patients with tuberculosis: a systematic review and meta-analysis. Duko, B., Bedaso, A. & Ayano, G. *Ann Gen Psychiatry* 19, 30 (2020).

<sup>10</sup> The relationship between mental health and risk of active tuberculosis: a systematic review. Hayward SE, Deal A, Rustage K, et al. *BMJ Open* 2022;12:e048945

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2021/22, exceeding 2019/20 levels. The financial years 2022/23 and 2023/24 saw nearly universal coverage for children under 5 as outlined in two figure 8.

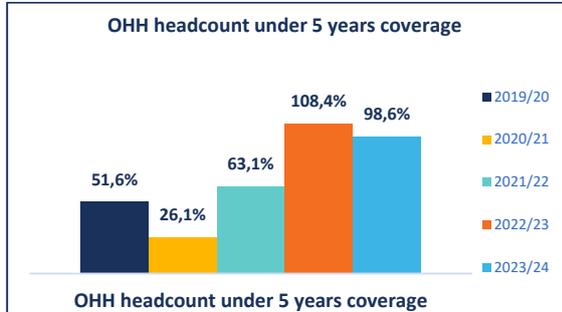


Figure 8: OHH head count under 5 coverage (DHIS)

Since 2019 there has been an increase in the COS head count in comparison to the PHC headcounts as can be seen in Figure 9. It is also indicative of the impact that COVID 19 lock down in 2020 where COS services came to a half. However, the program shows a level of recovery since with the COS heads counts reaching over 30%.

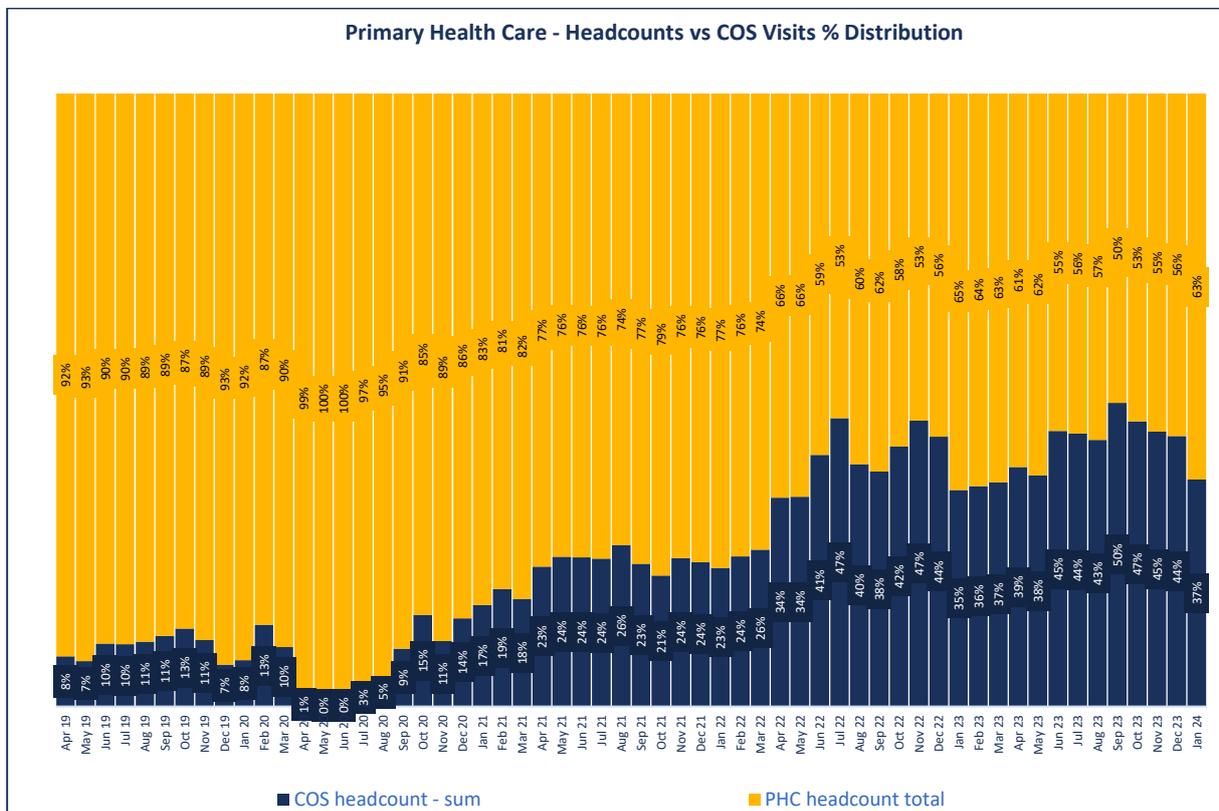


Figure 9: PHC headcount vs COS Visits % Distribution trends (DHIS)

### 6.1.3. Epidemiology and Quadruple Burden of Disease

For the past few decades South Africa has been experiencing a unique quadruple burden of disease. These include HIV/AIDS and TB; non-communicable conditions including mental health; maternal and child health conditions; and violence and injury.

#### Life expectancy

Notable is the continuing HIV/AIDS pandemic, which caused a significant reduction in life expectancy in South Africa over the period 1990-2007. Mpumalanga Province experienced a larger age-specific mortality rate increase (i.e. a larger decrease in life expectancy) compared to the national average (figure 9, top panel). Following the roll out of ARVs, an increase of 9.8 years was made in life expectancy in the country between the period 2007 and 2019, with the Mpumalanga experiencing an increase of 11.6 years over the same period. See figure 10<sup>11</sup>.

Furthermore, the Province experienced the one of the largest increases in age-specific mortality rate between 1990 and 2007, and then one of the largest decreases between 2007 and 2019.

#### Persons with disability

In 2019, the number of Disability Adjusted Life Years<sup>12</sup> in Mpumalanga was 3.9%. In addition, over the period 2007 to 2019, Mpumalanga experience an increase in years lived with disability primarily due to demographic change and increase in age-specific prevalence of non-communicable diseases. The biggest contributor to years lived with disability was mental health disorders, with injuries accounting for the least.

### Progress towards the SDGs

Figure 11 shows progress towards achievement of key Sustainable Development Goals. Three of these form part of our quadruple burden of disease. The left axis shows the annualised rate of change for the indicator over the period 2015-2019. The right axis shows the rate of change required to reach the SDG goal by 2030. Therefore, the line connecting the axes indicates the required rate of change that needs to occur.

The steeper the gradient of this line, the more work needs to be done to reach the goal. Horizontal lines thus indicate that the province is on track to meet the goal. Two SDG indicators will be most challenging to address to meet the 2030 targets, namely HIV incidence and TB incidence. Maternal mortality and neonatal mortality will also require significant interventions and improvement to achieve the targets.

#### Mortality

Figure 12 shows the risk factors for loss of healthy life years. These are shown at 3 time points: 1990 (A), 2007 (B) and 2019 (C). In the Mpumalanga, the biggest risk factor for loss of healthy life years in 1990 was maternal and child malnutrition. This was followed by water, sanitation and hygiene issues, tobacco use and air pollution. By 2007 the leading risk factor for loss of healthy life years was unsafe sex, and this persisted into 2019. Notably, unsafe sex as a risk factor went from being among the lowest ranked risk factor in the province to the top ranked in those 17 years

<sup>11</sup> Health trends, inequalities and opportunities in South Africa's provinces, 1990-2019: findings from the Global Burden of Disease 2019 study. Achoki T, Sartorius B, Watkins D, et al. *J Epidemiol Community Health* 2022;**76**:471-481.

<sup>12</sup> One Disability Adjusted Life Year is the loss of the equivalent of one full year of health.

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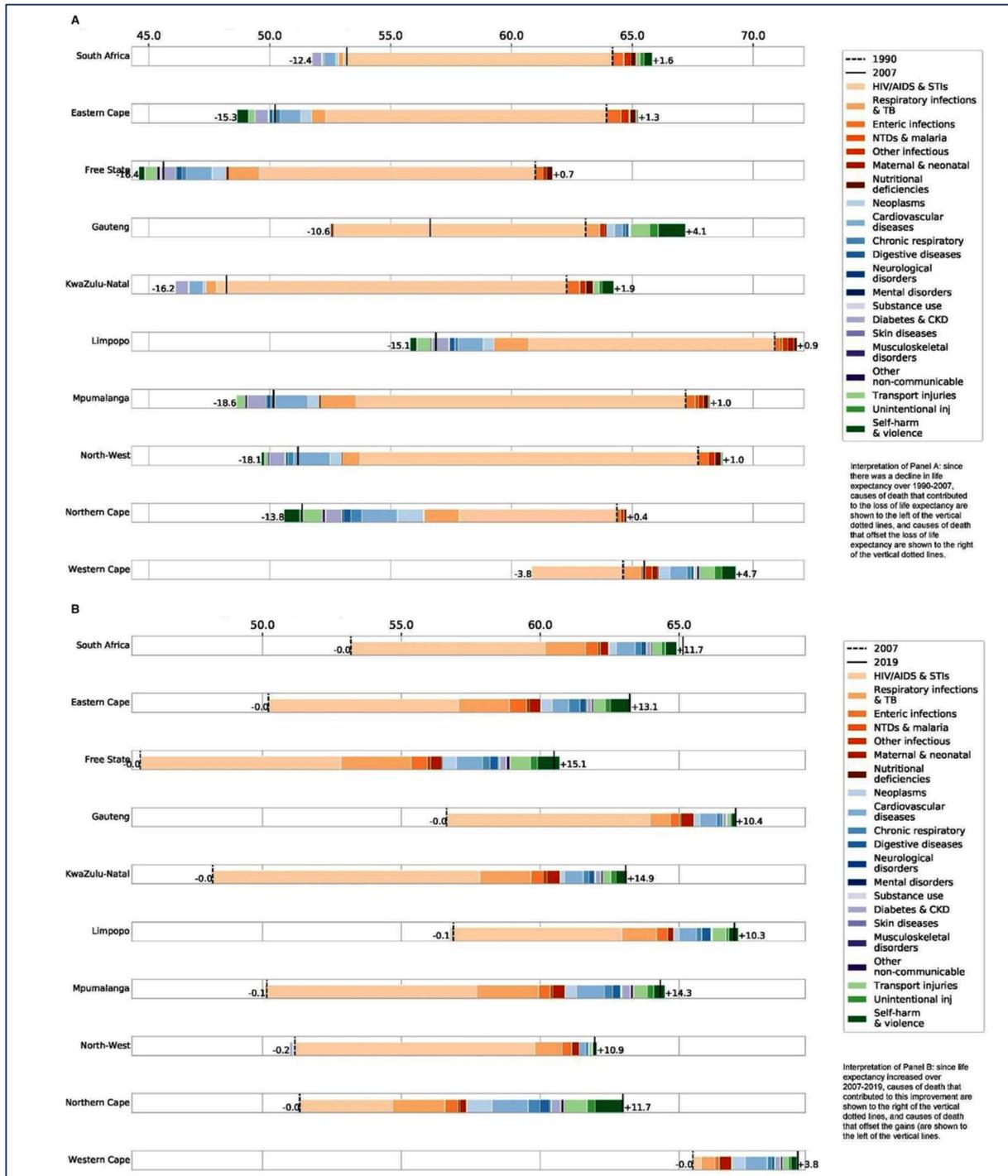
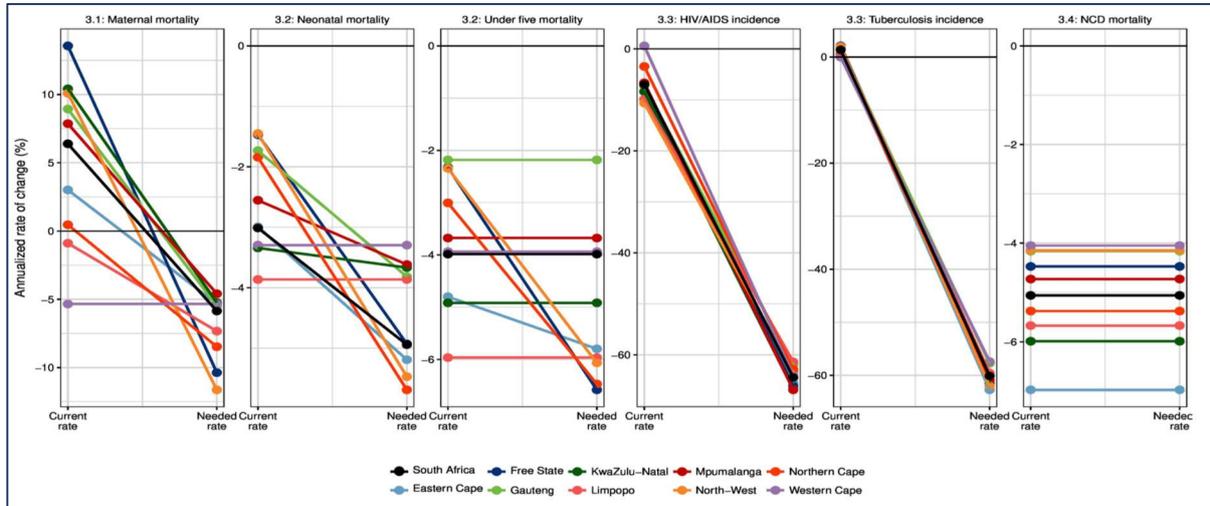


Figure 10: Life expectancy in South Africa, 1990-2007 (top) and 2007-2019 (bottom)

Figure 11: Progress towards SDG goals in South Africa



A: 1990																				
South Africa	723	9601	3059	2316	3529	5049	3952	3435	2167	447	4306	943	902	1150	639	804	268	225	170	120
Eastern Cape	580	12372	2350	1649	2475	4248	4138	3121	1565	565	6491	654	549	964	475	822	239	181	106	116
Free State	868	13056	3092	2121	4333	6768	4776	4380	2363	500	5795	1053	975	1193	632	1350	280	228	218	126
Gauteng	615	6096	3982	3072	4732	6801	3829	4219	2801	422	1837	1266	1168	1287	776	937	224	310	248	127
KwaZulu-Natal	1019	10153	3278	2560	3619	4651	4350	3675	2269	524	4979	1030	942	1051	695	755	308	226	143	121
Limpopo	675	8124	1939	1555	2290	2174	3671	1877	1349	297	4157	602	504	923	451	366	93	184	154	103
Mpumalanga	892	9950	2358	1644	2775	3703	4128	2809	1570	301	4499	720	570	1217	607	824	194	189	170	113
North-West	924	12382	2032	1386	2427	3898	3812	2447	1370	457	5266	717	520	1093	572	587	127	153	122	113
Northern Cape	698	10181	2675	1961	3800	6267	3189	3453	2201	595	3916	820	940	1611	612	615	357	206	189	128
Western Cape	406	5560	4448	3721	4820	7560	2423	3907	3359	371	1322	1258	1661	1501	743	864	614	246	195	133
B: 2007																				
South Africa	23046	7736	4263	3797	4387	4377	3624	3518	2606	3707	2904	1252	1096	867	1388	907	437	207	212	120
Eastern Cape	29020	9535	3990	3535	3880	5055	3809	4707	2487	4976	4324	1114	944	841	1419	961	584	230	164	128
Free State	35624	10828	5998	4958	7182	7720	5354	6422	3858	5497	4027	1931	1714	1040	1724	1885	547	329	347	128
Gauteng	26482	6889	4007	3525	4082	3619	3319	2430	2335	3040	1583	1174	968	758	1306	889	266	181	225	116
KwaZulu-Natal	40592	7804	4951	4701	4906	3963	3893	3917	2985	4578	3356	1503	1285	774	1812	893	572	184	162	121
Limpopo	21224	6482	3275	3059	3610	2996	3967	3200	2090	2786	3620	1094	814	732	1163	527	134	266	249	114
Mpumalanga	34652	7848	4920	4162	4972	4244	4461	4238	2784	5065	3312	1346	1069	942	1631	1248	441	238	286	113
North-West	32236	10367	4051	3234	4698	4390	3942	3314	2377	4844	3802	1249	967	914	1499	813	263	169	221	117
Northern Cape	16899	8991	5728	4713	6871	9022	4222	5863	4083	2738	3152	1655	1853	1897	1132	1146	842	342	365	136
Western Cape	8289	4720	4015	3788	3744	4906	1707	2434	2649	1194	708	1098	1308	1163	766	699	658	168	173	120
C: 2019																				
South Africa	11988	4807	3609	3270	3209	2524	2155	2117	1977	1494	1467	1094	786	703	679	540	320	155	147	121
Eastern Cape	13028	5888	3281	2967	2935	2594	1901	2690	1822	2090	2139	946	672	602	704	548	351	159	107	131
Free State	14766	6907	4285	3855	4490	3608	3014	2925	2447	2028	1780	1451	1020	725	776	975	412	189	206	124
Gauteng	9979	3984	3516	3019	3076	2121	2353	1913	1888	1111	789	1109	753	737	628	551	223	152	165	118
KwaZulu-Natal	15959	4679	4048	3832	3547	2230	2169	2061	2194	1677	1599	1251	874	588	793	521	407	146	106	120
Limpopo	9014	4937	3275	3148	2666	1957	2310	1996	1661	1118	2299	1036	547	573	598	344	152	203	177	120
Mpumalanga	16280	5167	3407	3032	3026	1907	2152	1861	1758	2126	1710	991	655	694	801	586	333	152	165	113
North-West	12220	6884	4360	3662	4272	3000	2974	2702	2343	1798	2418	1387	944	745	689	607	301	183	187	122
Northern Cape	9443	6664	3811	3453	3941	4281	2478	2833	2438	1379	1692	1121	1045	1202	632	592	471	202	210	131
Western Cape	8560	2772	3380	3229	2845	3402	1134	1769	2023	1147	455	928	929	867	573	453	432	116	133	121
Unsafe sex																				
Child and maternal malnutrition																				
High body-mass index																				
High fasting plasma glucose																				
High blood pressure																				
Tobacco																				
Air pollution																				
Alcohol use																				
Dietary risks																				
Intimate partner violence																				
Water, sanitation and hygiene (WaSH)																				
Kidney dysfunction																				
High LDL																				
Occupational risks																				
Drug use																				
Non-optimal temperature																				
Low physical activity																				
Low bone mineral density																				
Other environmental																				
Childhood sexual abuse and bullying																				



Figure 12: Risk factors for loss of health life years.

**Maternal, Infant and Child Mortality**

- Child Immunization**

Immunisation of children under 1 has been on an overall downward trend since 2019/20 (Figure 21). A slight decrease in 2020/21 was followed by tremendous gains in 2021/22, where the proportion of children under 1 fully immunised reached 97.3 percent. The strategies that led to this outstanding achievement should be revisited so that all children in the target group can reap the benefits of a full complement of childhood vaccinations. Measles 1<sup>st</sup> dose coverage follows the same pattern (Figure 21), while measles 2<sup>nd</sup> dose coverage showed a similar pattern apart from a 2 year upward trend from 2021/22 to 2022/23.

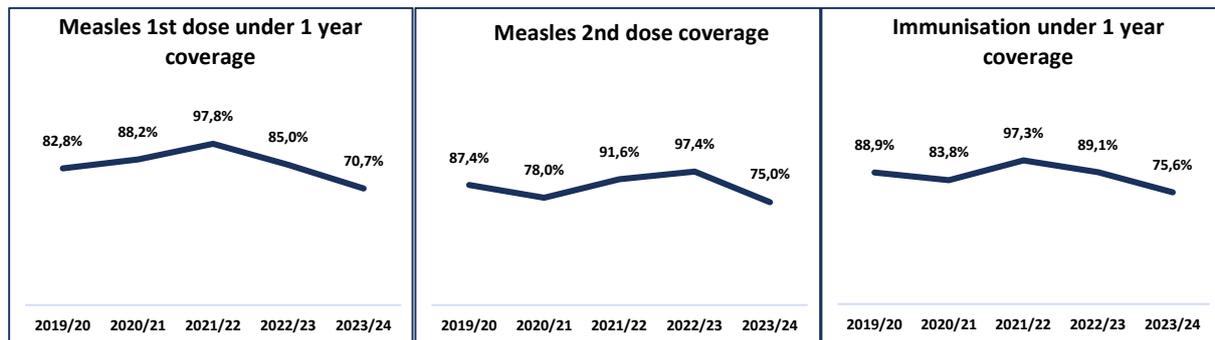


Figure 13: Child immunisation coverage trends (DHIS)

- Antenatal and Post Natal Health**

Antenatal 1<sup>st</sup> visit before 20 weeks coverage has remained consistent above 70% since 2019/20 to date. This is despite the COVID-19 lockdown-imposed restriction on movement during 2020/21 see Figure 13. Mother postnatal visit within 6 days rate has increased steadily, from 71 percent in 2019/20 to 77.7 percent in 2023/24 (Figure 14). This constant improvement shows that the primary health care and outreach platform is working well and is on track for further improvements in the coming years. This is notable in the decrease in the antenatal HIV positive test at first visit which has been on a decrease from 11.9 percent 2019/20 to 6.1 percent in the current financial year. Although there is a decrease in the HIV positivity rates at first antenatal visit, 0.4 percent of pregnant women that visit the health establishments test positive later in their pregnancy. With that said 97.8 percent of pregnant women found to be HIV positive are put on ART treatment see Figure 15.

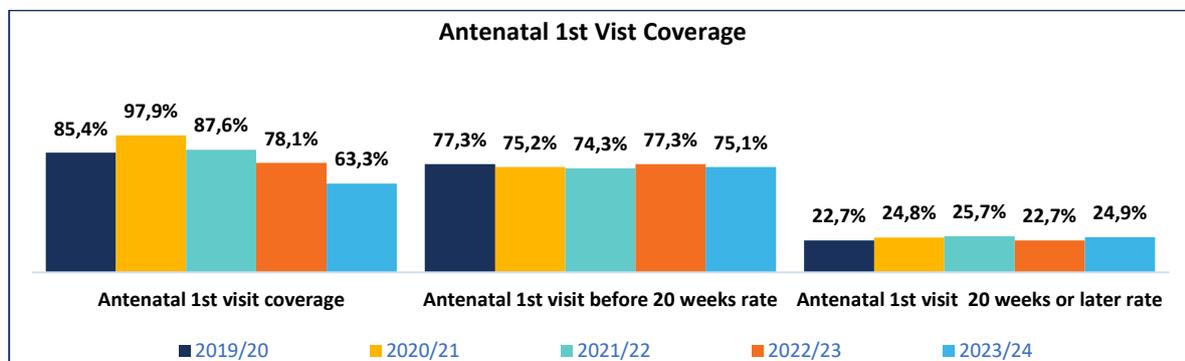


Figure 14: Antenatal 1st visits before and after 20 weeks Coverage trends (DHIS)

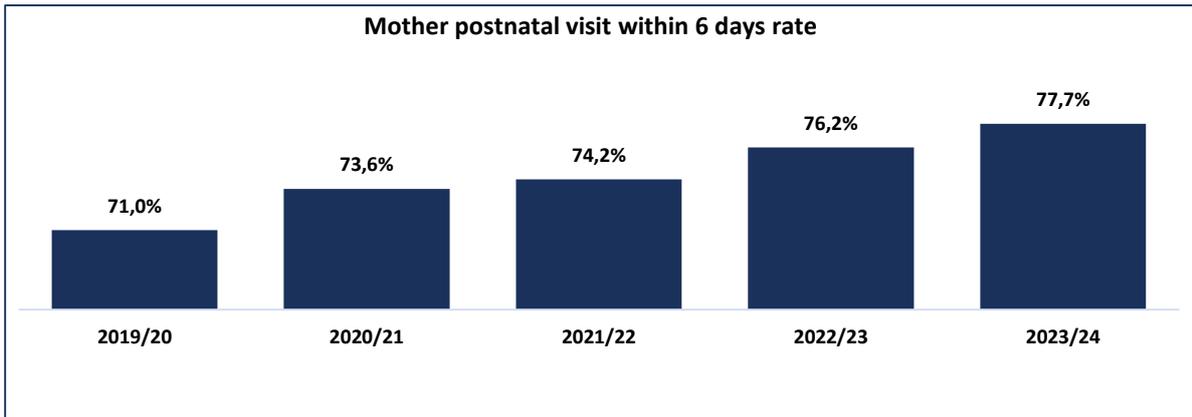


Figure 15: Mother postnatal visit within 6 days rate (DHIS)

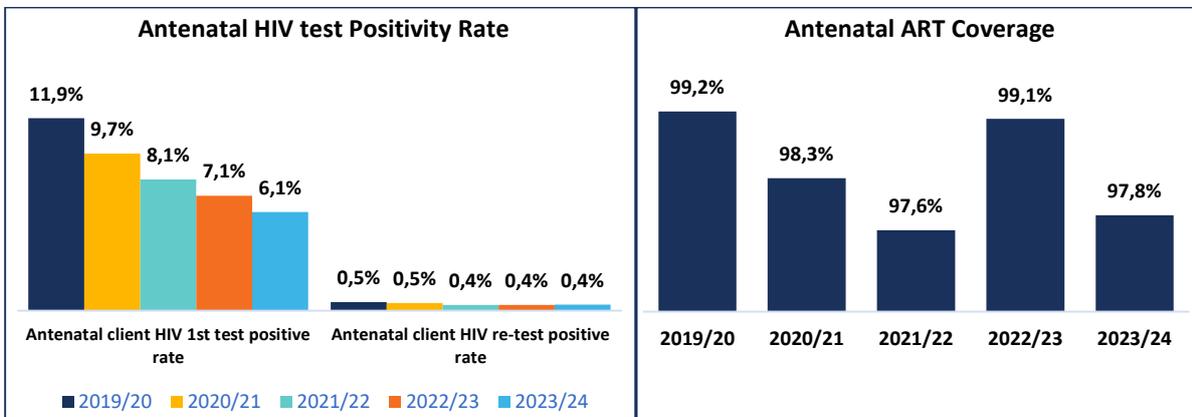


Figure 16: Antenatal HIV testing positivity rate and ART Coverage (DHIS)

- **Mother to Child Transmission**

Although the PCR at birth uptake averages above 95 percent from 2019/20 there is much work needed in finding the HIV positive children around 10 weeks as the performance is decreasing and is trending at an average of 70.2 percent over the past 5 years and is decreasing year on year see Figure 16. The province has come a long way in combating transmission from mother to child with the transmission rate at birth at 0.4 percent and around 10 weeks at 0.3 percent which is below the provincial target see Figure 16.

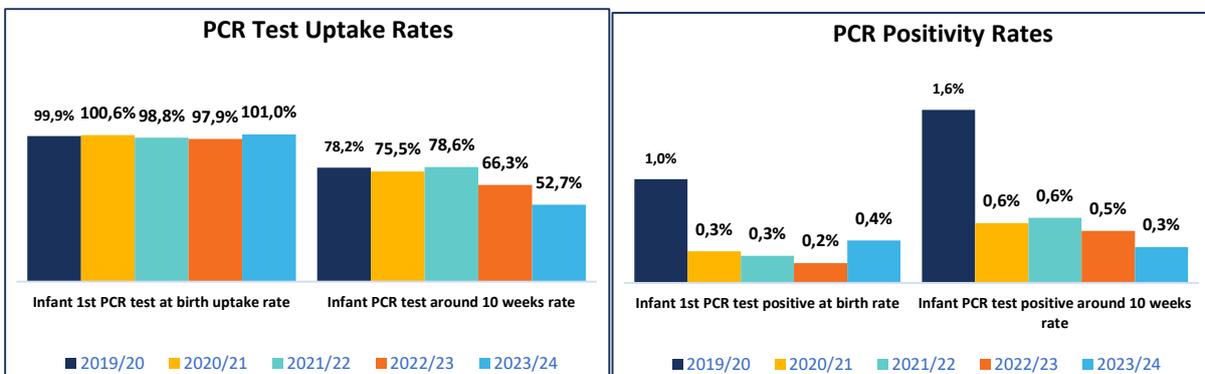


Figure 17: PCR testing and positivity rates. (DHIS)

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- Reproductive Health**

A sharp decline in the cervical cancer screening rate was observed from 2019/20 to 2020/21 (figure 7). This is likely due to the de-escalation of routine services that was put in place during the lockdown restrictions. Since then, there has been a recovery, particularly between 2022/23 and 2023/4, although the screening rate has not yet reached the pre-pandemic levels. Couple year protection rate has been on an upward trend from 2021/22 to date as shown in Figure 17. However, this is still below the national average performance which also is on a decrease from 60.7 in 2018/19 to 45% in 2022/23 see Table X below (DHB, 2023). In 2022/23 the following sub districts reported to be in the top 10 list of sub districts with the lowest couple year protection rate in the country, Govan Mbeki (11.9%), Thembisile Hani (15.0%), Steve Tshwete (15.8%), DR JS Moroka (16.6%), Mkhondo (17.0%) (DHB, 2023)

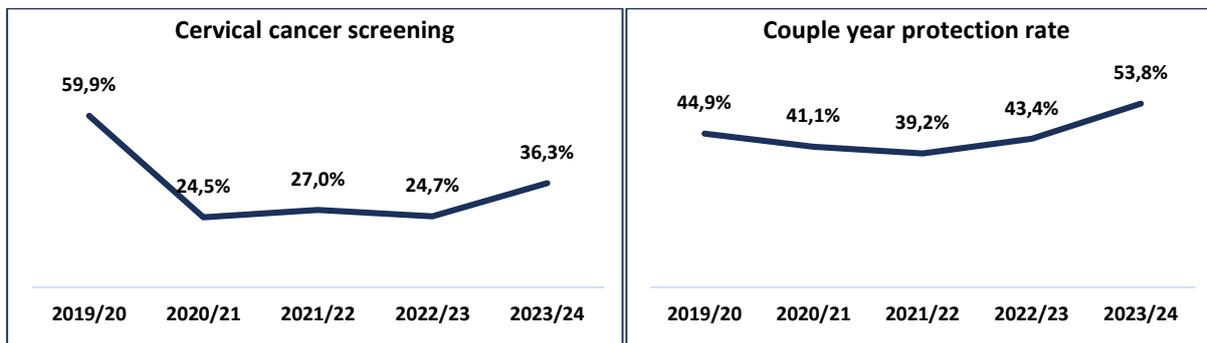


Figure 18: Cervical cancer screening rate and Couple year protection rate.

	2020/21	2021/22	2022/23	Percentage point difference between 2021/22 and 2022/23
	%	%	%	%
Eastern Cape	41.0	49.0	41.4	-7.6
Free State	74.9	84.7	83.9	-0.8
Gauteng	44.9	37.8	28.6	-9.2
KwaZulu Natal	51.5	60.3	58.4	-1.9
Limpopo	46.9	51.9	46.5	-5.4
<b>Mpumalanga</b>	<b>39.8</b>	<b>39.2</b>	<b>43.4</b>	<b>4.2</b>
Northern Cape	50.9	46.8	38.3	-8.5
North West	48.0	52.3	48.3	-4.0
Western Cape	50.5	56.9	50.2	-6.7
South Africa	<b>49.8</b>	<b>50.3</b>	<b>45.0</b>	<b>-4.8</b>

Table 5: Couple year protection rates by Province, 2020/21 – 2022/23 (DHB 2023)

• **Maternal Mortality**

Several of the gains made in reducing maternal mortality were lost during the pandemic. A sharp increase in the in-facility maternal mortality ratio (iMMR) was seen during the pandemic, with the rate almost doubling from 2019/20 to 2021/22 (figure 7). Since then, the province has regained some of the progress seen previously and a steady decline in the iMMR has been observed. The province is almost at the levels seen during 2020/21.

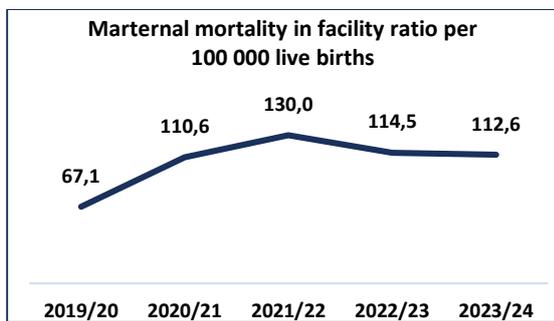


Figure 19: Maternal mortality in facility ratio per 100 000.

• **Neonatal Mortality**

Stats SA data published in 2018 on mortality and causes of death shows that neonatal mortality accounts for about half of infant mortality, and one third of child (under 5 years) mortality. The province neonatal mortality rate is on a steady decrease since 2020/21 currently at 8.7 per 1000 live births with is

below the SDG target of 12 deaths per 100p live births see Figure 19 below.

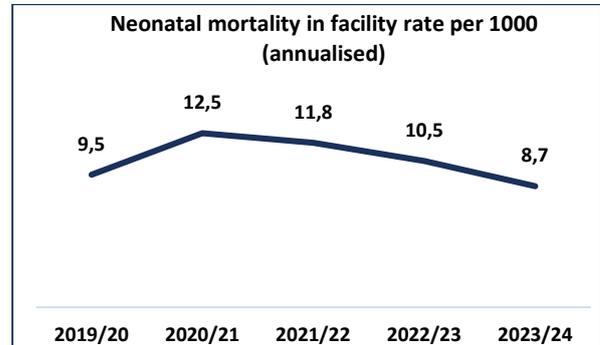


Figure 20: Maternal mortality in facility ratio per 1000 live births.

• **Under 5 Years Child Mortality**

Management and treatment of childhood illnesses has improved in the province. In 2020/21 there was an increase in the case fatality rates of diarrhoea, pneumonia, and severe acute malnutrition in children under 5 (figure 20), with CFU due to pneumonia more than doubling. Between 2020/21 and 2023/24, under 5 CFU decreased, with CFU due to severe acute malnutrition more than halving.

Figure 20 shows the SAM CFU death trends across the 3 hospital platforms. A steady decrease is seen from 2019/20 to 2023/24, barring an increase in regional and district hospitals in 2020/21, likely due to delayed treatment in the context of the pandemic.

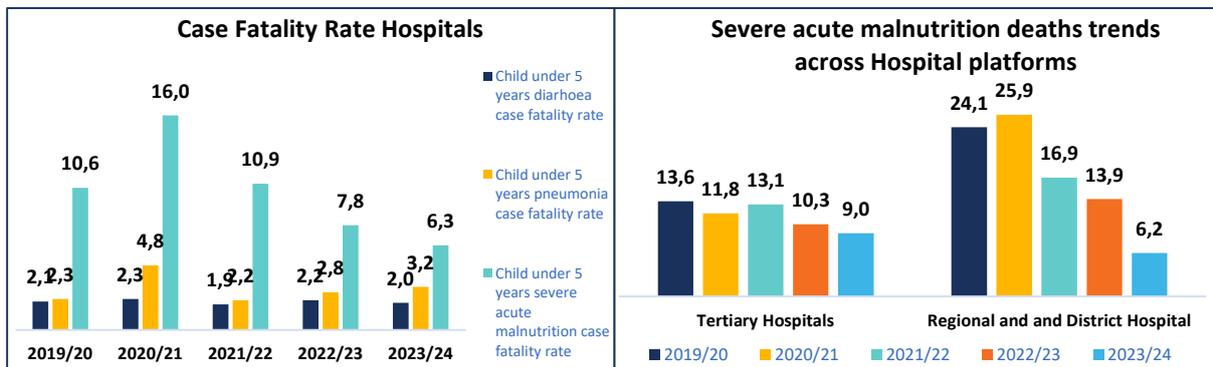


Figure 21: Case Fatality Rate for children under 5 with diarrhoea, pneumonia, and severe acute malnutrition (DHIS) and trends of SAM CFU death trends across the 3 hospital platforms.

## Provincial Implementation plan for HIV, TB and STIs

The Provincial Implementation Plan for HIV, TB and STIs for 2023 – 2028 outlines 4 key goals see below which the department of health has taken into consideration of developing the response outlined in this annual performance plan and subsequent plans to contribute to the fight against HIV, TB and STIs. The Provincial Implementation plan for HIV, TB, STIs Goals are as follows:

**Goal 1:** Break down barriers to achieving outcomes for HIV, TB and STIs.

**Goal 2:** Maximise equitable and equal access to services and solutions for HIV, TB and STIs.

**Goal 3:** Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.

**Goal 4:** Fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions.

### HIV/AIDS and TB

South Africa has been the epicentre of the HIV/AIDS epidemic both prior and after the ART era. South Africa currently has the largest ART programme in the world. The success of this programme has been nothing short of remarkable as it contributed to increasing the life expectancy of South Africans, along with the other positive benefits, e.g.

contributing to a healthy workforce, decreasing the probability of children being orphaned when their parents have HIV and less fragile family structures.

- **Progress on achieving 95-95-95.**

The province has adopted the 95-95-95 strategy, which means that 95 percent of people living with HIV should know their status, 95 per cent of those who know their status should be on ART, and 95 per cent of those on ART should have their viral load suppressed.

Figure 22 shows the provincial performance at 95-85-93 as at end of January 2024 in terms of achieving the 95-95-95 targets across the total population this is inclusive of data available in the public and private sector. Data available from the private sector suggests that a total of 36954 clients receive ART through private medical aid schemes in the province. The gaps for the adult female and male population are 21952 and 14551 respectively. Progress made towards the target for adult females is currently at 96-90-93 and adult males 95-78-93 and children below 15 years of age at 82-59-64. Gaps towards achieving the target are noted across the cascade for both the adult and child under 15 years populations, this is specific to Case Finding, ART initiation and retention and should be addressed through focused interventions in the respective sub populations. To achieve the 95-95-95 targets the province require to increase the number of clients on ART with 70744 overall and for females require an increase of 19073 and 41957 for adult females see Figure 23.

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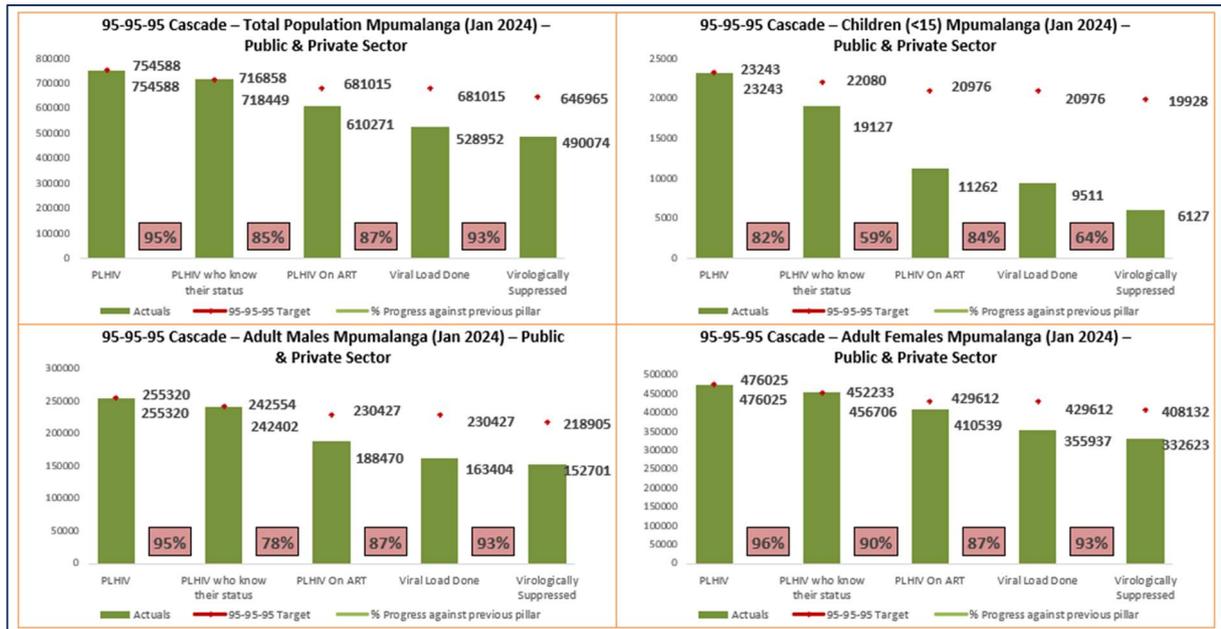


Figure 22: 95-95-95 ART Cascade for Mpumalanga Province (DHIS, Jan 2024)

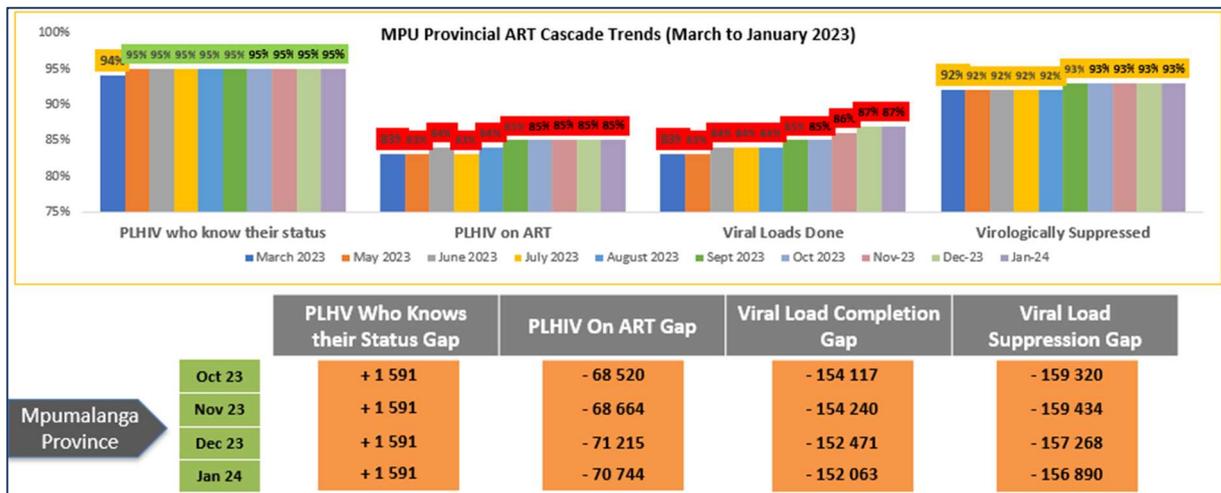


Figure 23: 95-95-95 ART Cascade Trends and target gaps for Mpumalanga Province (DHIS, Jan 2024)

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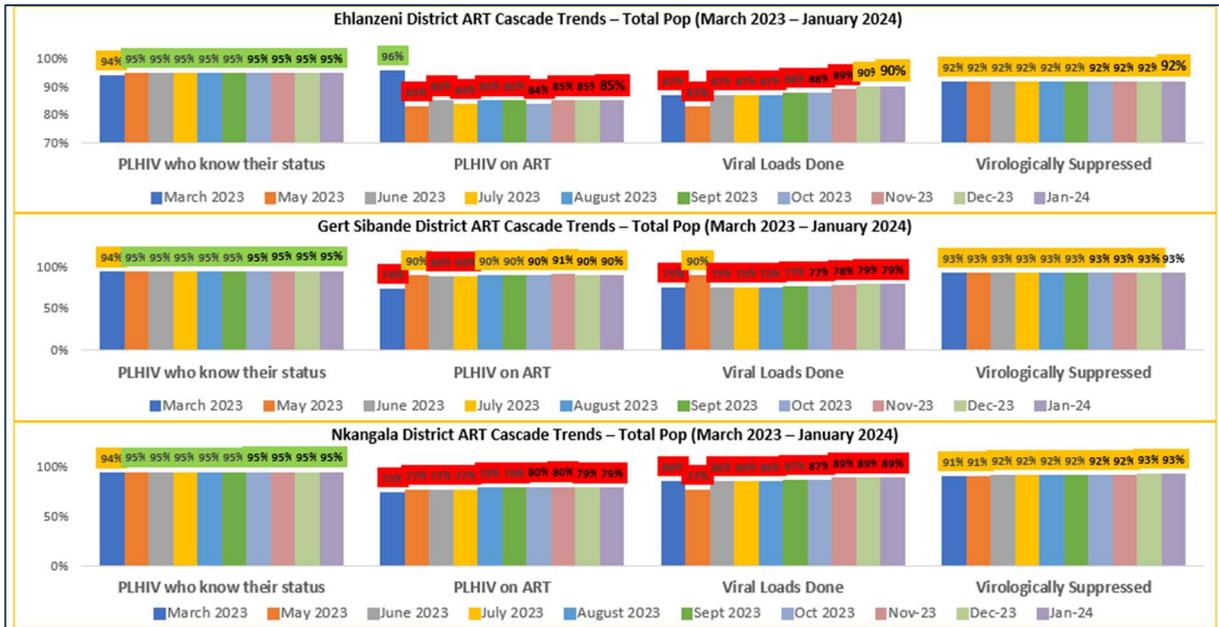


Figure 24: 95-95-95 ART Cascade Trends for 3 Districts (DHIS, Jan 2024)

Figure 24 shows district performance trends against the 95-95-95 targets over the last 10 months and gaps in performance are noted across all districts on the PLHV on ART and viral load completion. Gert Sibande District has consistently performed above 90% on PLHV on ART, and Ehlanzeni and Nkangala still below 90 percent to achieving the target.

Figure 25 shows that the HIV Case finding percentage is on a decrease from 5 percent to 2 percent over the last 5 years with linkage to ART increasing to 97%. This shows that the province requires to have more focused strategies to address case finding gaps especially for children under 15 and for the adult male population. Additionally, strategies to address the following need to be focussed on linking all found cases onto ART. ensure retention especially for all population groups.

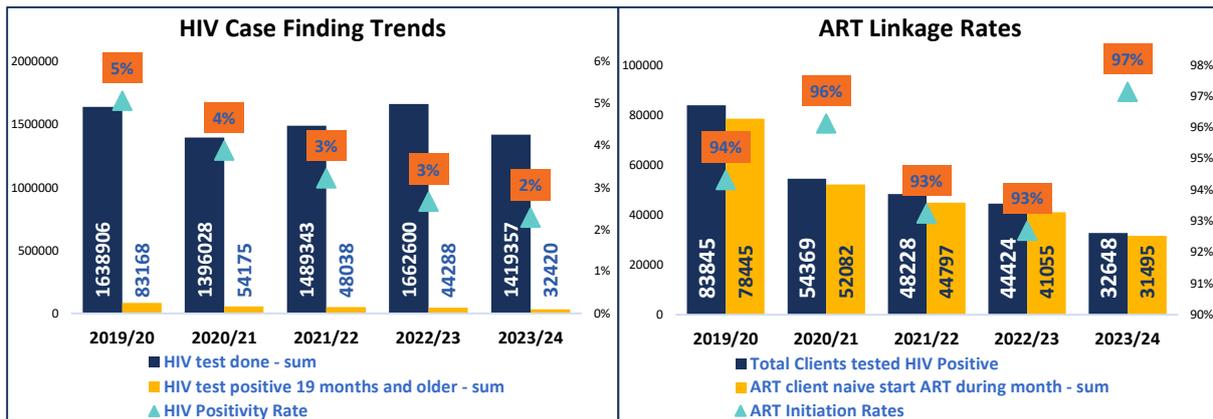


Figure 25: HIV Testing, Positivity, and ART Linkage Trends (DHIS, Jan 2024)

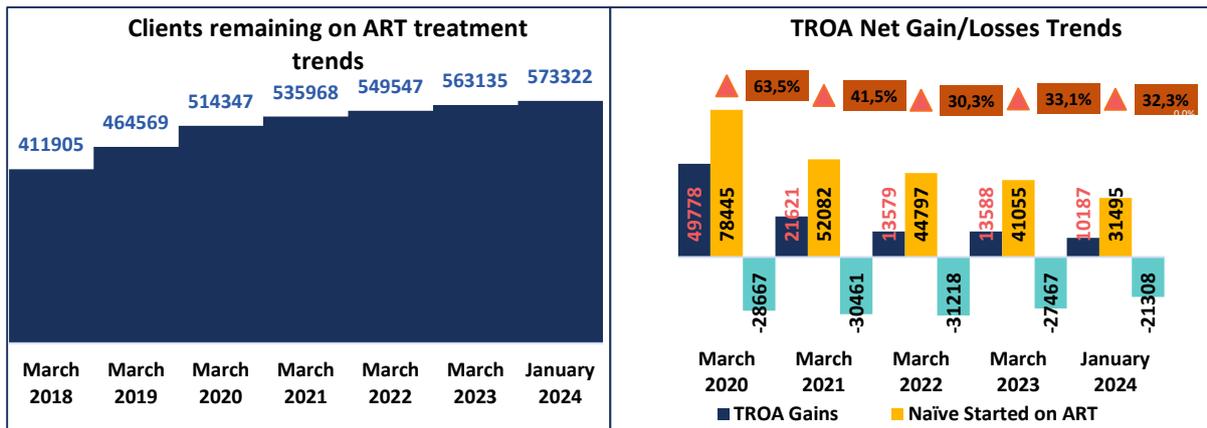


Figure 26: Clients remaining on ART and Net Gains/Losses Trends (DHIS, Jan 2024)

Whilst the number of clients on ART treatment shows an increasing trend over the last 6 years it is noted that attrition remains a challenge as the net gains achieved each year are less than 50 percent of the clients newly identified to be positive and have been initiated onto ART treatment as shown in Figure 26.

• **Tuberculosis**

Mpumalanga province is committed to ending the TB epidemic by adoption the Global end TB strategy in 2014 targeting to reduce the number of deaths caused by TB by 75 percent by 2025, and 90% by 2030. Furthermore in 2015 South Africa adopted the SDGs.

The national TB prevalence survey report estimated the prevalence of all TB in 2018 to be 737 per 100 000 which translates to an incidence of 390 000. The TB notification in 2018 were 235 652 which translates to 154 348 people who have TB disease in the communities were not diagnosed and started on treatment. The report further suggests that the population groups who are missed are youth in the age group 15-24 years and the elderly 65 and above years with the prevalence that is higher in the male population than females (NDOH 2020).

Figure 27 shows the TB screening rates for children under 5 years of age at 100.4% which is above the national average of 94.5%. Whilst the TB screening rate for clients 5 years and older is 96.2% which is below the national average of 97.6%.

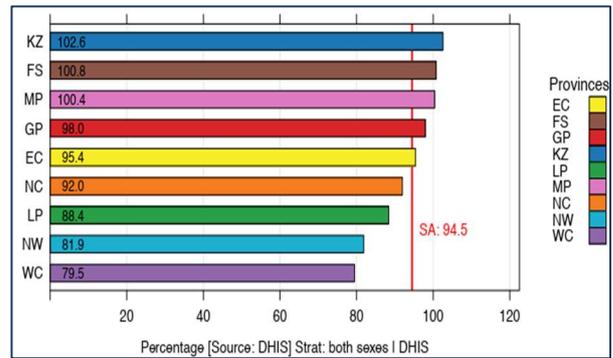


Figure 27: TB Symptom child under 5 years screened in facility rate by province 2022/23 (DHB 2023)

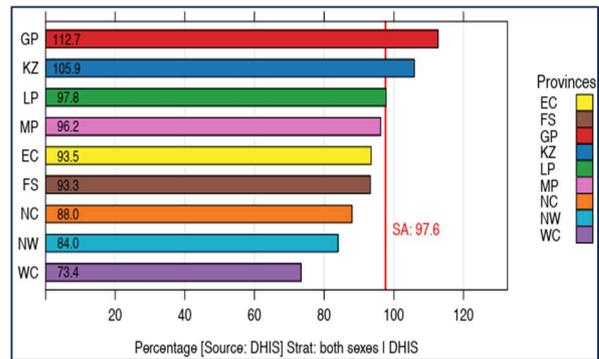


Figure 28: TB Symptom 5 years and older screened in facility rate by province 2022/23 (DHB 2023)

Treatment initiation rates for DS-TB-positive clients has been steadily declining since 2019/20 (Figure 29). In 2023/24 the treatment initiation rate for clients 5 years and older was 90.9%. The rate for children under 5 years was lower at 83.8%. Although these rates are relatively high, strategies to prevent declining treatment initiation rates should be employed.

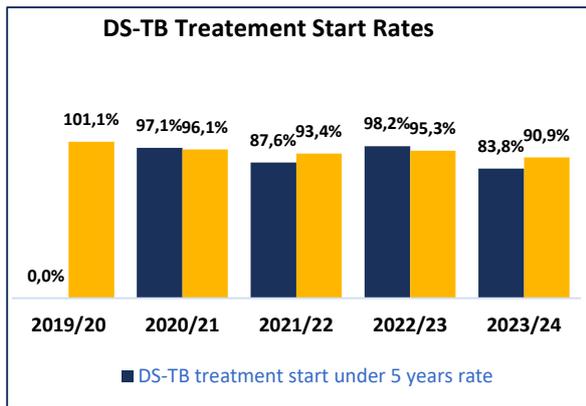


Figure 29: DS TB treatment start rates (DHIS)

Figure 30 shows the Mpumalanga province with the leading DS-TB treatment success rate of 82.8 % however is still below the National Strategic Plan (NSP) target of 90%. Strategies to mitigate program shortfalls need to be put in place in line with the TB recovery plan. Furthermore, the loss to follow up rates are on a decrease from 9.5% percent in 2019 to 6.9% in 2021 as shown in Table 7 below.

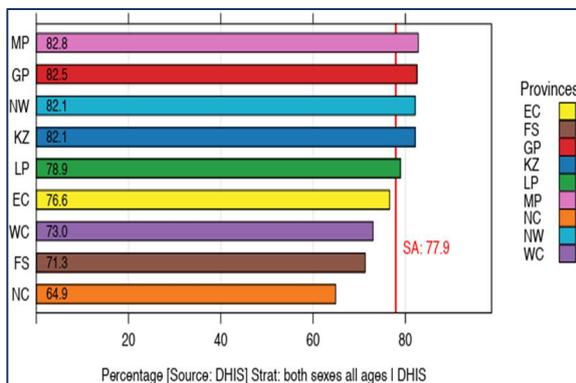


Figure 30: DS-TB treatment success rates by province 2021 (DHB 2023)

	2019 %	2020 %	2021 %	Percentage points difference between 2020 and 2021 (%)
Eastern Cape	12.5	13.2	14.7	1.5
Free State	9.9	11.5	13.1	1.6
Gauteng	8.2	7.8	6.6	-1.2
KwaZulu Natal	9.1	8.4	9.1	0.7
Limpopo	8.3	7.6	6.9	-0.7
<b>Mpumalanga</b>	<b>9.5</b>	<b>8.5</b>	<b>6.9</b>	<b>-1.6</b>
Northern Cape	11.4	9.9	7.7	-2.2
North West	16.0	22.0	24.6	2.6
Western Cape	18.3	16.8	21.5	4.7
South Africa	11.2	11.3	13.0	1.7

Table 6: DS-TB client loss to follow-up rate by province 2019 - 2021 (DHB 2023)

### Non-Communicable Diseases

Non-communicable diseases (NCD) include those diseases that are not infectious and are often referred to as diseases of lifestyle. Risk factors for these diseases of lifestyle include sedentary lifestyle, smoking, excess alcohol consumption, obesity, and over-eating, particularly of non-nutritious and fast food.

Addressing the burden of NCDs involves two major approaches. The first is to minimise the risk of citizens acquiring these chronic diseases. This approach requires a multi-sectoral approach and should involve long-term strategies that can be implemented upstream of the health system. An example of this is the sugar tax on sugar-sweetened beverages which has been shown to decrease self-reported consumption of sugar-sweetened beverages<sup>13</sup>.

The second approach to addressing NCDs is to identify those who have these conditions through screening and then ensuring those who require treatment are linked to care. Once clients are linked to care, their conditions need to be controlled through treatment.

A cross-sectional study<sup>14</sup> conducted in Mkhondo municipality in Gert Sibande District found that among the study participants prevalence of

glycaemic control<sup>15</sup> (HbA1C > 7%) was 77.71%, while prevalence of very poor glycaemic control (HbA1C > 9%) was 50.6%. The study authors recommended that strategies to address glycaemic control should target dietary practices and dyslipidaemia. However, it is noted that the study design was cross-sectional and therefore considered glycaemic control in study participants at one point in time. Longitudinal studies are needed to monitor glycaemic control over time, which will also give a better understanding of which strategies are needed and which are working.

Citizens of Mpumalanga Province were found to have a high risk for hypertension<sup>16</sup>. This is not surprising as South Africa has a significant burden of disease due to hypertension. Risk factors for hypertension include age, alcohol consumption, smoking, being overweight, having high blood sugar levels, high blood cholesterol, angina and stroke. Therefore, strategies to address hypertension should address these lifestyle and key health metric factors.

The mental health burden is also high in Mpumalanga, with the prevalence of depression and anxiety found to be 25.1% 14.6%, respectively<sup>17</sup>. In addition to increasing the demand on the healthcare system, poor mental health has an adverse affect on society as people are unable to reach their full human potential, contribute to society, and thrive.

<sup>13</sup> Taxation of sugar-sweetened beverages in South Africa: Perspectives of consumers in Cape Town, Koen et al, J Public Health Res, 2022.

<sup>14</sup> Factors associated with glycaemic control among South African adult residents of Mkhondo municipality living with diabetes mellitus, Masilela et al, Medicine, 2020

<sup>15</sup> Glycaemic control is the optimal serum glucose concentration in diabetic patients.

<sup>16</sup> Mapping the Burden of Hypertension in South Africa: A Comparative Analysis of the National 2012 SANHANES and the 2016 Demographic and Health Survey, Kandala et al, Int J Environ Res Public Health, 2021

<sup>17</sup> The prevalence of probable depression and probable anxiety, and associations with adverse childhood experiences and socio-demographics: A national survey in South Africa, Craig et al, Front Public Health, 2022.

6.2. Internal environment analysis

6.2.1. Service Delivery Platform

There are 457 health service delivery establishment and points in the province of which 186 serve the Ehlanzeni District population, 128 serving the Gert Sibande District population and 143 serving the Nkangala District population. Fixed facilities

comprise of 2 Tertiary, 3 Regional, 23 District, 1 TB Specialized Hospitals, 60 Community Health Centres and 292 Primary Health Care Centres. Table 8 provides a break-down of the facility types inclusive of mobiles and satellite clinics, where Figure 31 shows the population distribution, local municipality boundaries and facility locations per district.

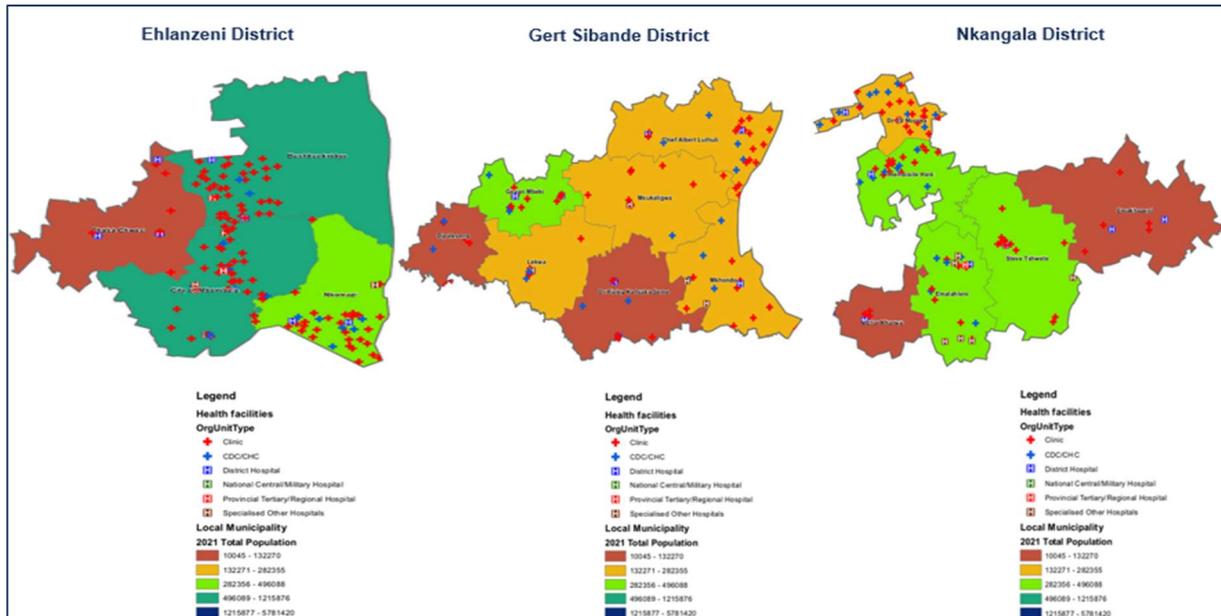


Figure 31: Population distribution, Local municipality boundaries and health facility locations (DHB 2022/23)

	Ehlanzeni District	Gert Sibande District	Nkangala District	Total
Tertiary Hospitals	1	0	1	2
Regional Hospitals	2	1	0	3
District Hospitals	8	8	7	23
Specialized TB Hospitals	1			1
Community Health Centres	15	22	23	60
Primary Health Care Centres	124	74	94	292
Mobile Services	33	23	18	74
Satellite Clinics	2	0	0	2
<b>Total number of facilities</b>	<b>186</b>	<b>128</b>	<b>143</b>	<b>457</b>

Table 7: Mpumalanga Health Facilities Distribution

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- Demand on the PHC healthcare platforms.

The demand on the primary health care platform showed a marked decrease in PHC headcount around March 2020 (Figure 31). This is in line with the pandemic-induced lockdown and de-escalation of services. Since April 2021 there has been a slight

increase in headcount, however the levels have not quite reached those seen prior to March 2020. However, if we consider the community outreach programme where community health workers visit clients outside of the health care facilities (Figures 32), we can see that the demand on the primary healthcare system remains high.

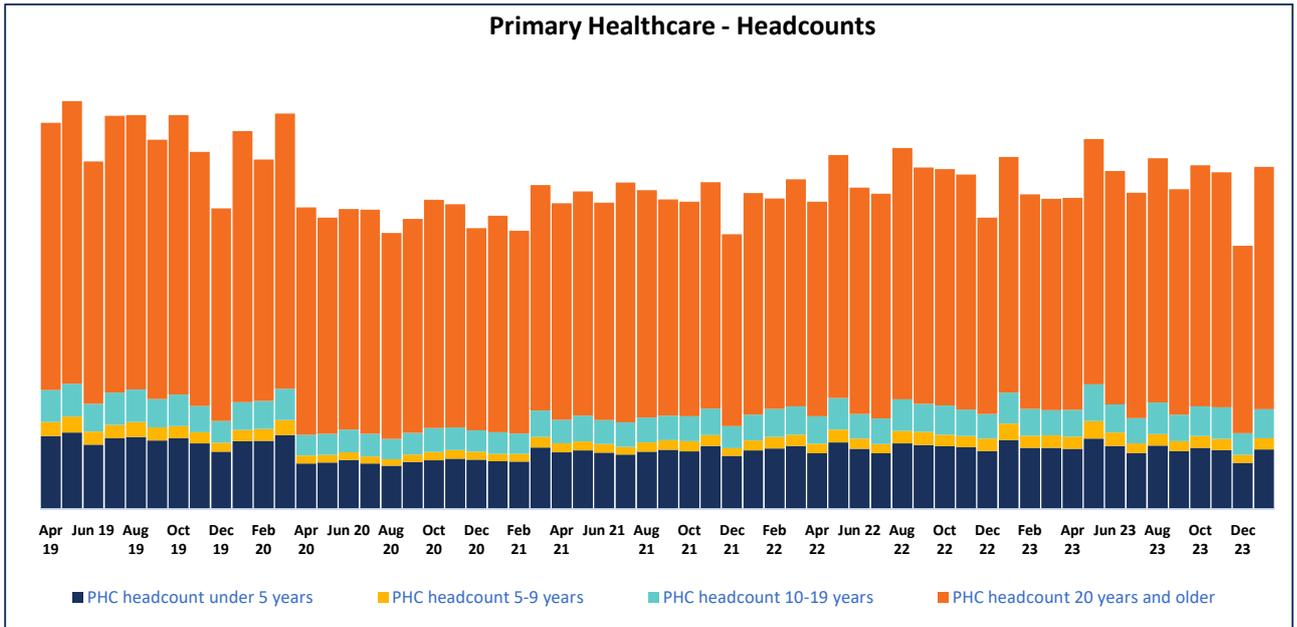


Figure 32: PHC Head Count by age Trends (DHIS)

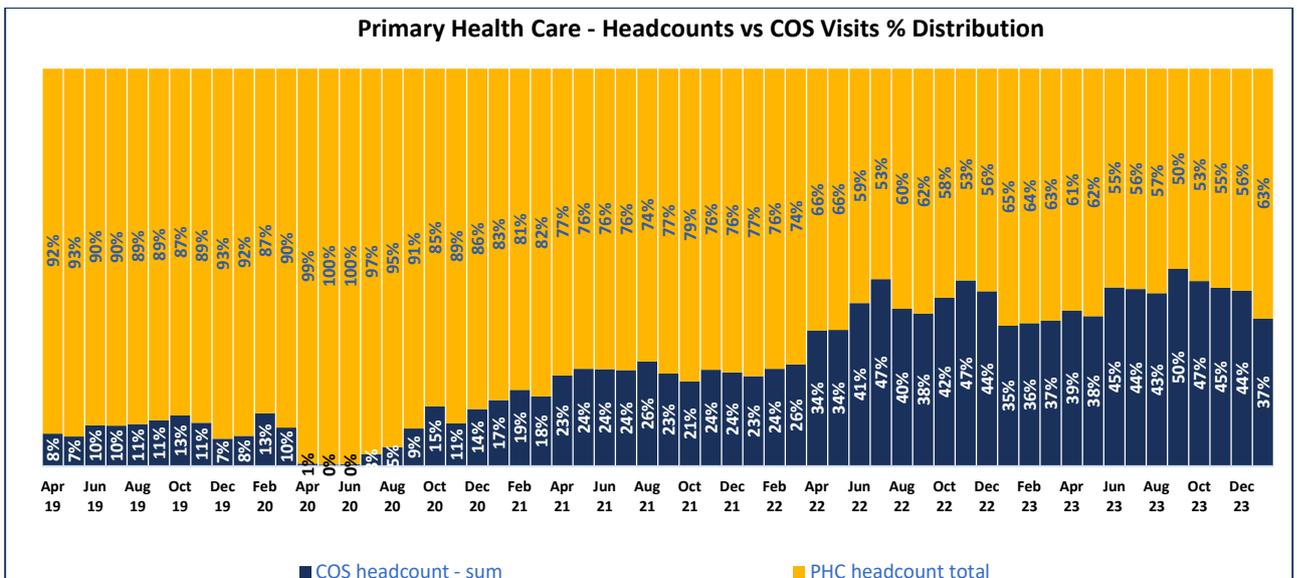


Figure 33: PHC vs COS Head Count Distribution (DHIS)

- Demand on the hospital healthcare platforms.

Average length of stay has increased overall for both district and regional hospitals from 2019/20 to 2023/24 (Figure 33). This could be because of people only seeking care when their conditions are more advanced and require care at a higher level. Average length of stay at Tertiary hospitals increased between 2019/20 and 2021/22. This was followed by

two consecutive years of decreases. Average length of stay for regional hospitals and tertiary hospitals were the same in 2023/24 (5.3 days), which is unexpected as cases seen at a tertiary level tend to be more complex and thus require more care for a longer time. Strategies should address client education so that they seek health care services earlier when their conditions are less advanced. This will also result the cost of treatment for clients as healthcare costs increase the higher the level of care.

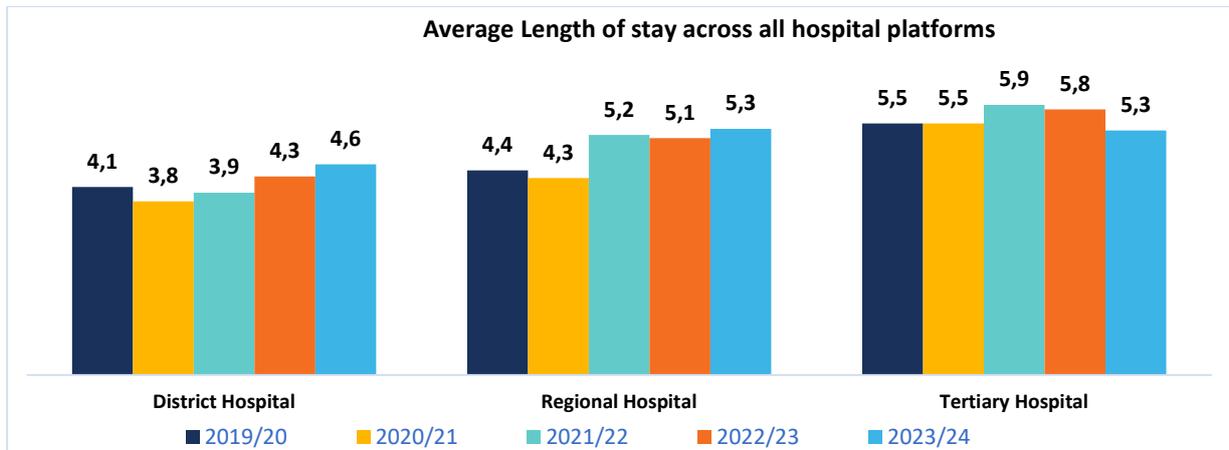


Figure 34: Average Length of stay across all hospital platforms (DHIS)

### 6.2.2. People Management

#### Organisational Design

The Department has an approved organizational structure which is currently under review. The proposed macro-organizational structure is aligned to the proposed DPSA corporate management, the Office of the Chief Financial Officer, Infrastructure Model, Service Delivery Model and Sub District Model which is inclusive of the National Health Insurance Model for implementation at the health establishments.

The Department currently operates with 23 919 filled permanent positions that are captured on the staff establishment. The department vacancy rate presently stands at 7.80% which is in line with the 10% benchmark rate for maintaining vacancy rate from staff establishment which was issued by DPSA to monitor employment practices.

#### Efficiency Projects

During the reporting period the Department conducted several projects within support services which include the following milestones recorded. On-going projects include the following:

- Efficiency projects address staffing needs.
- Compliance with National Minimum Information Requirements (NMIR)
- Employee Health and Wellness programs
- Career Incidents and Other Challenges.

The Department embarked on the efficiency project informed by the monthly monitoring of health care programme spending trends which is conducted by the Health Economics Unit which outlines the Bed Utilization Rate (BUR), overtime spending and staff workload. Based on the process of Health Economics and the information on the District Health Information system (DHIS) a needs-based assessment was commissioned with the aim to

improve efficiency through rationalization of staff from the institutions as listed below.

- Conducted a rationalization process of the TB Specialized Hospitals that resulted in the reallocation of staff to areas where there are staff shortages.
- Movement of staff from the Balfour Clinic and Siyathemba CHC to the newly opened Balfour Community Health Centre.

#### PERSAL Clean-up (NMIR)

The Department conducted data cleaning on PERSAL with the support of the National Department of Health, whereby all the three Districts were supported, and various employees were trained on Human Resource Information System. Furthermore, five Hospitals were selected for PERSAL Clean-up which was successfully conducted, and various exceptions were corrected.

#### Employee Health and Wellness

The Employee Health and Wellness programme has designed a set of activities and programmes to encourage and help employees maintain physical, emotional, and mental health.

The unit is responsible for the following:

- Coordinating and monitoring SHERQ programmes.
- Provision of psychotherapy, for all employees, especially to employees on high risk such as EMS, Forensic Services, and Health professionals in 2023/2024 a total of 3 200 individual cases were handled.
- Integration with Occupational Health on programmes such as disease management, However, HIV/Aids and TB in the workplace have been prioritized.
- Advocates for issues of gender-based since they impact the mental health of employees.

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- Mentoring and coaching of managers and CEOs, however, this has been delayed due to a shortage of funds.
- Supported 18 employees emotionally and financially in the 2023/2024 financial year who participated in the Comrade's Marathon.
- Established financial programmes by providing virtual training through the Zoom platform on financial management and physical programmes such as sports day.
- Established a wellness Wednesday which encourages employees to participate in sporting activities and indigenous games however ensuring continuity of services.

It is worth noting that the extent of these services is limited by the shortage of staff and finances in the unit.

### Occupational Health and Safety

The staff satisfaction survey is a direct feedback tool that allows employees to share their opinions and experiences. The surveys are conducted annually to improve staff morale. The survey is conducted by the department to develop intervention strategies that will improve staff satisfaction and the results will be used to improve staff welfare and wellness.

The objective of the staff satisfaction survey is:

- To determine employee's perceived well-being and wellness
- To determine employees' perceived safety and security
- To determine employees' knowledge and understanding of departmental policies and procedures including Batho Pele principles in the workplace

Below are the satisfaction survey results for the 2023/2024 financial year.

### Number of participants:

FY 2021/22	FY 2022/23	FY 2023/24
13643 (48.20%)	14689 (51%)	5517 <b>Capturing still in progress</b>

Table 8: Number of participants in the Employee Satisfaction Survey 2021 - 2024

### Employee Satisfaction rates: FY 2021-2024

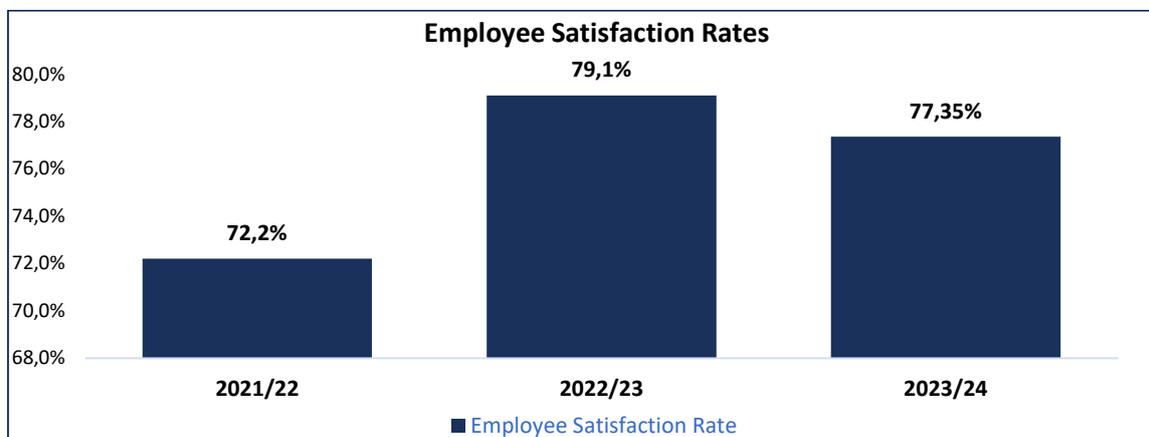


Figure 35: Employee Satisfaction Survey results.

**Filling of Posts**

The Department has successfully managed to fill critical posts, including both Key Strategic Senior Management and Clinical Posts as follows:

Posts	No. of appointments
Director: Technical Services	1
Director: Financial Management	1
Head: Health	1
Director: ICT	1
Director: Infrastructure Planning	1
Chief Director: Primary Health Care	1
Director: Office of the MEC	1
Director: Strategic Planning	1

Table 9: Key Strategic Senior Management Positions filed.

Posts	No. of appointments
Chief Executive Officer: Sabie District Hospital	1
Clinical Managers (Medical) Grade 1	3
Dep Dir: FPS Gert Sibande District Coordinator	1
Head: Clinical Department (Medical) Grade 2	1
Head: Clinical Unit (Medical) Grade 1	3
Medical Officer Grade 3	12
Medical Specialist Grade 1	12
<b>Grand Total</b>	<b>33</b>

Table 10: Key Clinical Positions filed.

### Training and Development Programmes

Various leadership development and management programmes have been planned and implemented as follows:

- Foundation Management programme
- Middle management programme
- Advanced Management development programme
- Executive Leadership development program
- Change Management Workshops

The programme has trained a total of **245** employees for the 2023/2024 financial year.

### Gender, youth, and disability mainstreaming

The concept of gender-, youth- and disability-responsive mainstreaming exists to drive an approach to policymaking which considers the concerns and needs of these specific groups. Mainstreaming refers to integrating an equality perspective into policies, programmes, and projects, at every level. These groups have different needs and circumstances to their counterparts, and unequal access to power, resources, and the justice system, including human rights institutions. Circumstances also differ according to country, region, age, and other factors such as well as personal situation. The department will use mainstreaming to consider these differences when designing, implementing, and evaluating policies, programmes, and projects, so that everyone in the province benefits from the Department's services equally and equitably. In addition, everyone should have access to employment opportunities within the Department regardless of their status.

#### 6.2.3. Information and Communication Technology

The Enterprise Architecture (EA) and ICT Strategy of the Department expired in 2021 and had been implemented since inception in 2017. As part of the Corporate Governance of ICT Policy Framework the

EA should be revised to produce the latest and updated ICT Plan which will address current technological requirements and challenges faced by the Department

Progressing from the third industrial revolution (automation and globalization) through the fourth industrial revolution (digitalisation or 4IR), we are now into the fifth industrial revolution (personalisation) where the combined effects, complexities, and technology of all the previous revolutions is brought back to existence in cooperation with society.

As Mpumalanga Department of Health, we are still battling with the effect of the 4IR, hence there is an urgent need to implement the revised Digital Health Transformation plan in line with corporate governance of ICT. The establishment of EA will be aligned to GWEA, and the following will also be delivered:

- ICT Migration Plan
- ICT Strategic Plan
- Information Plan
- ICT Procurement Strategy
- ICT Annual Performance Plan
- Security Architecture
- ICT Continuity Plan

The above deliverables constitute a combination of Business Planning and ICT Governance instruments that are aligned to the current regulations and policy, such as the Government-Wide EA Framework as well as the CGICTPF. Furthermore, when all the proposed work has been executed and the applicable work products have been delivered, the department will be fully aligned to the DPSA processes and requirements.

### Digitization

Digitization of medical equipment in health facilities is critical for access to health care service especially to rural communities who travel long distances to access health care. The Department has completed digitization of inactive records in the regional and tertiary hospitals and is currently enrolling the system in 4 district hospitals namely Tintswalo, Bernice Samuel, Middelburg, and Tonga Hospitals.

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 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.

### Citizens Engagement Platform

Emergency Medical Services is a crucial part of the healthcare platform and is required to work optimally to reach patients when they are at their most vulnerable. The time between the onset of an emergency health event and reaching the patient and transferring them to the appropriate healthcare setting can be the difference between saving or losing a life.

From April this year the Department will be launching a new Citizen Engagement Platform which is linked to GPS. This will assist in the improvement of response times to at least less than 30 minutes in urban areas and less than 60 minutes in rural areas.

Once an emergency call has been placed the Platform will be able to identify the nearest ambulance to the incident using GPS and provide the emergency response vehicle with an accurate location and the shortest route to get there.

### 6.2.4. Infrastructure Developments

Infrastructure has been identified as a critical enabler for the Mpumalanga Province in ensuring the Department delivers on its mandate to provide access to quality health services. Mpumalanga Province is implementing five important infrastructure projects:

- Mapulaneng Hospital currently under construction,
- Middleburg Regional Hospital currently under construction,
- KwaMhlanga Maternity Ward currently under construction,
- Mpumalanga Psychiatric Hospital currently under planning,
- Linah Malatjie Tertiary Hospital currently under planning, and
- Witbank Mental Unit upgrades

These projects are expected to not only benefit the health system but also provide economic spin-offs for the surrounding communities as part of the Department's contribution to jobs and economy.

Other infrastructure priorities include PHC facilities, Acute Psychiatric Units, extensions and upgrades to various hospitals and infrastructure maintenance. Reducing the health infrastructure carbon footprint also remains high on the agenda. Some of the projects include:

- Casteel Clinic currently under construction
- Driekoppies Clinic currently under construction
- MN Cindi planned to be under construction in 2024 financial year.
- Dumphries Clinic planned to be under construction in 2024 financial year.

South Africa's National Infrastructure Plan 2050 of February 2022 highlights five cross-cutting sections focused on its regional agenda for infrastructure, namely finance, strengthening institutions for delivery, rebuilding the civil construction and supplier sector, and the approach to monitoring and reporting on progress. Three of these, impact the Provincial Infrastructure Development and Technical Services and are listed below with the current response to each:

- Strengthening institutions for delivery: Mpumalanga Department of Health has an official functional structure in place for its Chief Directorate: Infrastructure Development and Technical Services. This unit is capacitated with appropriately qualified, skilled, and experienced staff. In addition, the Department's current implementer, DPWRT, has an official functional structure.
- Financing infrastructure and maintenance: Although the infrastructure budget allocation has constantly been reducing in recent years, allocations provided are used by the Department to finance its capital infrastructure and maintenance requirement as best possible.
- Monitoring and reporting: the infrastructure unit reports at various levels with respect to performance of projects as well as financial and non-financial performance. These range from internal in-house meetings and reports, to inter-departmental, provincial as well as national. Improving performance, mitigating the risk of under expenditure, etc. are also

discussed and solutions proposed for implementation.

#### 6.2.5. Ideal Clinic and Ideal Hospital

Overall, 259 primary health care facilities have achieved Ideal Clinic Status with the overwhelming majority achieving Platinum Status (84.7%) and the rest achieving Gold Status (4.5%) and Silver Status (0.4%). In total, 30 facilities have not achieved Ideal Clinic Status. Of the hospitals inspected, none have achieved Ideal Hospital Status.

The common factors which resulted in non-compliance across the system are:

- Unavailability of emergency trolley equipment
- Unavailability of emergency trolley medical class II stock
- Unavailability of emergency trolley medication
- Poor emergency trolley day and night checks
- Unavailability of oxygen (piped / mobile cylinders)
- Unavailability of suction units (piped / mobile units)
- Poor back-up generator checks
- Consent form not fully completed and some information not on form.
- Incomplete and unavailability of SOP's, TOR's and SLA's.
- Unavailability of infrastructure and equipment maintenance plans and implementation thereof.

To address these the department will develop an improvement plan, the implementation of which will impact on patient safety, patient outcomes, and staff satisfaction. Unavailability of emergency trolley equipment in addition, all pharmaceutical stock (not only emergency trolley stock) is to be considered as high priority and must always be available at facilities. Unavailability of medicine and surgical sundries in general have a negative impact on the

management of patients and demoralize staff at ground level. Unavailability of NNV pharmaceutical stock is a high risk on management of patients in an emergency, indirectly contributing to preventable deaths and high litigation cases.

#### 6.2.6. Litigations

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.

Strategies to strengthen the Department against litigation:

- Implementation of existing legislation and instruments.
- Implementation of existing report findings and plans.
- Full implementation of the Medico-Legal Strategy.
- Establishment of a structure to deal with and advise on Medico-Legal claims.
- Oversight role by Provincial Clinical- and Infrastructure Teams.
- Development of common law principles.
- Conducting marathon clinical interventions.

### 6.2.7. MTEF Priorities

During the 2024/25 MTEF year, the Department will have the following priorities:

- Address under collection of revenue and SCM challenges. The Department will also continue to implement austerity measures and efficiency projects to reduce health costs.
- Operationalisation of new clinics.
- Increase the operational hours of 2 clinics to 24 hours.
- Employ 30 new medical officers.
- Implement the citizen engagement platform to allow for real-time location and dispatch of emergency medical vehicles to scenes where they are needed.
- Funding of neonatal beds and paediatric ICU beds on the Provincial hospital platform.
- Funding oncology services at Rob Ferreira Hospital, including a bunker that contains a linear accelerator to localise high energy beams on tumours.
- Funding of neonatal beds at Witbank Tertiary Hospital.
- Continue with the construction of new hospitals Mapulaneng, Middelburg, Witbank, Mmamethlake and Linah Malatji hospitals.
- Upgrading of Siyabuswa CHC
- Contracting of general health practitioners for primary health care facilities and contracting of health practitioners to provide mental health services at primary health care and community-based services levels, in preparation for NHI.

## PART C: MEASURING OUR PERFORMANCE

## 7. MEASURING OUR PERFORMANCE

### 7.1. 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.

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### Programme 1: Administration

#### Outputs, Outcomes, Performance Indicators and Targets

Table 11: Programme 1 Administration - Outputs, Outcomes, Performance Indicators and Targets

Outcome (as per SP 2020/21- 2024/25)	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Improve Financial Management	Implement controls and mitigate risks	Audit opinion of Provincial DoH	Qualified	Qualified	Unqualified	Unqualified	Unqualified	Clean Audit	Clean Audit
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%	50%	50%	50%
		<b>Numerator</b>	Not in plan	Not in plan	20	23	25	25	25
		<b>Denominator</b>	Not in plan	Not in plan	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	2%	2%	2%	2%
		<b>Numerator</b>	Not in plan	Not in plan	Not in plan	434	434	434	434
		<b>Denominator</b>	Not in plan	Not in plan	Not in plan	21673	21673	21673	21673
	Reduce youth unemployment	Percentage of youth appointed	Not in plan	Not in plan	30%	30%	30%	30%	30%
		<b>Numerator</b>	Not in plan	Not in plan	6502	6502	6502	6502	6502
		<b>Denominator</b>	Not in plan	Not in plan	21673	21673	21673	21673	21673

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 1: Administration

#### Output Indicators – Annual and Quarterly Targets

Table 12: Programme 1 – Outputs indicator Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Audit opinion of Provincial DoH	Unqualified	-	-	-	Unqualified
Percentage of women appointed in Senior Management positions	50%	50%	50%	50%	50%
<b>Numerator</b>	21	21	21	21	21
<b>Denominator</b>	49	49	49	49	49
Percentage of representation on employment of persons with disabilities across all levels	2.0%	2.0%	2.0%	2.0%	2.0%
<b>Numerator</b>	434	434	434	434	434
<b>Denominator</b>	21673	21673	21673	21673	21673
Percentage of youth appointed	30%	30%	30%	30%	30%
<b>Numerator</b>	6502	6502	6502	6502	6502
<b>Denominator</b>	21673	21673	21673	21673	21673

**Explanation of planned performance over the medium-term period**

The Department obtained an Unqualified audit outcome in 2022/23 and is on track for the same for 2023/24 financial year. The planned target is still Unqualified with a view to improve to a clean audit outcome over the MTEF as the various systems and processes that contribute towards the outcome are streamlined and fine-tuned.

The Department will be targeting women for key senior management positions that are to be filled within the next financial year, thereby meeting the target for women employed in senior management positions. To address employment of youth and persons with disabilities, attention will be paid to the medium of advertising so that the vacancy announcements can reach these target groups in a format which is accessible to them.

# ANNUAL PERFORMANCE PLAN 2024/25

## Programme resource considerations.

**Table 10.8: Summary of payments and estimates: Administration**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Office of the MEC	14,950	14,495	15,810	15,135	13,644	13,644	15,520	16,218	16,896
2. Management	319,435	406,957	317,068	369,114	354,230	354,230	380,990	396,866	413,981
<b>Total payments and estimates: Programme 1</b>	<b>334,385</b>	<b>421,452</b>	<b>332,878</b>	<b>384,249</b>	<b>367,874</b>	<b>367,874</b>	<b>396,510</b>	<b>413,084</b>	<b>430,877</b>

## Payments and estimates by economic classification.

**Table 10.9: Summary of provincial payments and estimates by economic classification: Administration**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>311,906</b>	<b>378,957</b>	<b>325,800</b>	<b>381,885</b>	<b>364,688</b>	<b>364,294</b>	<b>394,030</b>	<b>410,493</b>	<b>428,167</b>
Compensation of employees	148,218	153,163	159,546	181,709	180,218	180,218	192,816	201,493	209,552
Goods and services	163,688	225,120	166,254	200,176	184,470	184,076	201,214	209,000	218,615
Interest and rent on land	-	674	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>20,486</b>	<b>42,105</b>	<b>7,058</b>	<b>1,154</b>	<b>1,190</b>	<b>1,584</b>	<b>1,208</b>	<b>1,262</b>	<b>1,320</b>
Provinces and municipalities	920	1,318	1,091	1,154	1,154	1,154	1,208	1,262	1,320
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	19,566	40,787	5,967	-	36	430	-	-	-
<b>Payments for capital assets</b>	<b>1,993</b>	<b>390</b>	<b>20</b>	<b>1,210</b>	<b>1,996</b>	<b>1,996</b>	<b>1,272</b>	<b>1,329</b>	<b>1,390</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,993	390	20	1,210	1,996	1,996	1,272	1,329	1,390
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 1</b>	<b>334,385</b>	<b>421,452</b>	<b>332,878</b>	<b>384,249</b>	<b>367,874</b>	<b>367,874</b>	<b>396,510</b>	<b>413,084</b>	<b>430,877</b>

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## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>311,906</b>	<b>378,957</b>	<b>325,800</b>	<b>381,885</b>	<b>364,688</b>	<b>364,294</b>	<b>394,030</b>	<b>410,493</b>	<b>428,167</b>
Compensation of employees	148,218	153,163	159,546	181,709	180,218	180,218	192,816	201,493	209,552
Salaries and wages	127,447	131,939	136,502	157,178	155,784	155,784	167,490	175,027	182,028
Social contributions	20,771	21,224	23,044	24,531	24,434	24,434	25,326	26,466	27,524
Goods and services	163,688	225,120	166,254	200,176	184,470	184,076	201,214	209,000	218,615
Administrative fees	704	820	599	776	783	783	1,447	1,512	1,582
Advertising	25,085	106	1,331	6,716	4,716	2,919	4,947	5,167	5,405
Minor Assets	39	925	-	-	-	-	-	-	-
Audit cost: External	24,395	22,212	26,011	25,241	25,241	18,241	25,241	25,241	26,402
Catering: Departmental activities	234	146	537	629	666	633	605	632	661
Communication (G&S)	3,209	5,539	7,090	5,737	6,365	6,398	6,490	6,524	6,825
Computer services	30,711	39,911	40,843	56,956	38,906	34,882	51,591	53,893	56,372
Consultants: Business and advisory services	6,391	5,396	4,386	9,083	7,553	7,553	7,923	8,287	8,668
Laboratory services	-	1	-	-	-	-	-	-	-
Legal costs	44,297	115,643	55,810	58,315	58,315	58,315	61,115	63,988	66,931
Contractors	228	-	-	-	814	814	1,700	1,783	1,865
Agency and support / outsourced services	118	175	592	602	602	602	629	658	688
Fleet services (incl. government motor transport)	5,972	11,499	(2,556)	4,894	4,894	17,715	5,131	5,352	5,598
Inventory: Food and food supplies	-	61	73	87	100	100	91	95	99
Consumable supplies	987	201	570	848	583	583	1,038	1,085	1,135
Cons: Stationery, printing and office supplies	3,971	946	1,203	2,090	1,850	1,850	1,051	1,098	1,149
Operating leases	2,074	2,252	2,341	2,195	2,892	2,892	2,010	2,098	2,195
Property payments	4,360	6,170	8,252	7,277	10,597	10,203	10,477	10,975	11,480
Travel and subsistence	8,278	11,413	18,680	17,861	18,785	18,781	18,852	19,696	20,602
Training and development	271	8	24	-	20	20	-	-	-
Operating payments	390	280	132	240	319	323	154	161	168
Venues and facilities	111	117	146	209	469	469	283	296	310
Rental and hiring	1,863	1,299	190	420	-	-	439	459	480
Interest and rent on land	-	674	-	-	-	-	-	-	-
Interest (Incl. interest on finance leases)	-	674	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>20,486</b>	<b>42,105</b>	<b>7,058</b>	<b>1,154</b>	<b>1,190</b>	<b>1,584</b>	<b>1,208</b>	<b>1,262</b>	<b>1,320</b>
Provinces and municipalities	920	1,318	1,091	1,154	1,154	1,154	1,208	1,262	1,320
Provinces	920	1,318	1,091	1,154	1,154	1,154	1,208	1,262	1,320
Provincial agencies and funds	920	1,318	1,091	1,154	1,154	1,154	1,208	1,262	1,320
Households	19,566	40,787	5,967	-	36	430	-	-	-
Social benefits	934	1,146	1,937	-	36	430	-	-	-
Other transfers to households	18,632	39,641	4,030	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>1,993</b>	<b>390</b>	<b>20</b>	<b>1,210</b>	<b>1,996</b>	<b>1,996</b>	<b>1,272</b>	<b>1,329</b>	<b>1,390</b>
Machinery and equipment	1,993	390	20	1,210	1,996	1,996	1,272	1,329	1,390
Transport equipment	-	-	-	-	786	786	-	-	-
Other machinery and equipment	1,993	390	20	1,210	1,210	1,210	1,272	1,329	1,390
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 1</b>	<b>334,385</b>	<b>421,452</b>	<b>332,878</b>	<b>384,249</b>	<b>367,874</b>	<b>367,874</b>	<b>396,510</b>	<b>413,084</b>	<b>430,877</b>

**7.2. Programme 2: District Health Services**

**Programme Purpose:**

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

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 13: Programme 2 – District Health Services Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2024/25
Quality of health services in public health facilities improved	Increase number of facilities that reached Ideal clinic status	Ideal clinic status obtained rate	59.1%	33.1%	53%	63%	100%	100%	100%
		Numerator:	170	95	154	181	292	292	292
		Denominator:	288	287	290	288	292	292	292
	Increase number of patients satisfied with health care service in public institutions	Patient Experience of Care satisfaction rate (PHC)	85%	84%	85%	85%	85%	85%	85%
		<b>Numerator:</b>	32725	419083	32772	32772	32772	36130	37825
		<b>Denominator:</b>	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	5%	5%	65%	65%	65%	65%
		<b>Numerator:</b>	Not in plan	Not in plan	502	495	495	501	513
		<b>Denominator:</b>	Not in plan	Not in plan	761	761	761	759	755
		Patient safety Incidents (PSI) case closure rate	Not in plan	81%	81%	86%	86%	86%	86%
		<b>Numerator:</b>	Not in plan	Not in plan	678	654	654	501	513
		<b>Denominator:</b>	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	95.58%	89%	100%	100%	100%	100%
		<b>Numerator:</b>	Not in plan	Not in plan	288	292	292	292	292
		<b>Denominator:</b>	Not in plan	Not in plan	288	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	R10 295 793 298.84	R9 740 412 707.58	R10,3 billion	R8.4 billion	R8 billion	R2 billion	R2 billion

## ANNUAL PERFORMANCE PLAN 2024/25

### Output Indicators – Annual and Quarterly Targets

Table 14: Programme 2 – District Health Services Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Ideal clinic status obtained rate	100%	-	-	-	100%
<b>Numerator:</b>	<b>292</b>	-	-	-	<b>292</b>
<b>Denominator:</b>	<b>292</b>	-	-	-	<b>292</b>
Patient Experience of Care satisfaction rate (PHC)	85%	-	-	-	85%
<b>Numerator:</b>	<b>32772</b>	-	-	-	<b>32772</b>
<b>Denominator:</b>	<b>38 555</b>	-	-	-	<b>38 555</b>
Severity assessment code (SAC) 1 incidents reported within 24 hours. rate	65%	-	-	-	65%
<b>Numerator:</b>	<b>495</b>	-	-	-	<b>495</b>
<b>Denominator:</b>	<b>761</b>	-	-	-	<b>761</b>
Patient safety Incidents (PSI) case closure rate	86%	-	-	-	86%
<b>Numerator:</b>	<b>654</b>	-	-	-	<b>654</b>
<b>Denominator:</b>	<b>761</b>	-	-	-	<b>761</b>
Percentage of PHC facilities with functional Clinic Committees	100% (292/ 292)	100%	100%	100%	100%
<b>Numerator:</b>	<b>292</b>	<b>292</b>	<b>292</b>	<b>292</b>	<b>292</b>
<b>Denominator:</b>	<b>292</b>	<b>292</b>	<b>292</b>	<b>292</b>	<b>292</b>

### 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 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 and increase the number of facilities achieving ideal clinic status to 100%, thereby improving access to quality primary health care services.
- Monitoring the Severity assessment code (SAC) 1 incidents reported within 24 hours rate to ensure these incidents are addressed timeously, thereby minimising their severity, and decreasing the likelihood of re-occurrence.

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services (HAST)

#### Outputs, Outcomes, Performance Indicators and Targets

Table 15: Programme 2 – District Health Services Outputs, Outcomes, Performance Indicators and Targets (HAST)

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
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	1,8%	1,4%	1.4%	<2%	<2%	<2%
		Numerator:	New indicator	New indicator	176 388	176 388	44 097	44 097	44 097
		Denominator:	New indicator	New indicator	180 911	180 911	45 228	45 228	45 228
		HIV test positive around 18 months rate	New indicator	New indicator	New indicator	<1.5%	<1.5%	<1.5%	<1.5%
		Numerator:	New indicator	New indicator	New indicator	54	54	54	54
		Denominator:	New indicator	New indicator	New indicator	3526	3526	3526	3526
		ART adult remain in care rate (12 months)	New indicator	76,3%	71.5%	95%	95%	95%	95%
		Numerator:	New indicator	New indicator	478 495	573187	573187	573187	573187
		Denominator:	New indicator	New indicator	531 661	603 355	603 355	603 355	603 355

## ANNUAL PERFORMANCE PLAN 2024/25

Outcome	Outputs	Output Indicator	Annual Targets							
			Audited Performance			Estimated Performance	MTEF Targets			
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	
		ART child remain in care rate (12 months)	New indicator	55,3%	75.6%	76% 75%	95%	95%	95%	
		<b>Numerator:</b>	New indicator	New indicator	40 678	12 971	13691	13691	13691	
		<b>Denominator:</b>	New indicator	New indicator	45 198	14 412	14412	14412	14412	
	Viral load suppressed to 90% of Clients on ART		Adult viral load suppressed rate – below 50 (12 months)	90%	88,2%	69%	95%	95%	95%	95%
			<b>Numerator:</b>	55 661	16 458	478 495	573187	573187	573187	573187
			<b>Denominator:</b>	63 978	19 447	531 661	603 355	603 355	603 355	603 355
			ART child viral load suppressed rate – below 50 (12 months)	90%	62,2%	33.8%	95%	95%	95%	95%
			<b>Numerator:</b>	357 575	250 685	40 678	13691	13691	13691	13691
			<b>Denominator:</b>	397 306	403 030	45 198	14412	14412	14412	14412
	Reduce loss to follow up cases		All DS-TB client LTF rate	5%	10.4%	6.9%	<7.5%	<6.5%	<6%	<5%
			<b>Numerator:</b>	186	1207	672	700	715	630	505
			<b>Denominator:</b>	3 720	10 589	14 000	14 000	11 000	10 500	10 100
Improve TB treatment success		All DS-TB Client Treatment Success Rate	81.1%	80.6%	83.4%	75%	80%	83%	86%	
		<b>Numerator:</b>	3017	10 253	11676	11305	8800	8715	8686	
		<b>Denominator:</b>	3720	12 929	14 000	13300	11 000	10 500	10 100	

## ANNUAL PERFORMANCE PLAN 2024/25

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
		Rifampicin resistant/Multidrug Resistant treatment success rate	New indicator	New indicator	New indicator	70	71%	73%	74%
		<b>Numerator:</b>	New indicator	New indicator	New indicator	350	301	302	294
		<b>Denominator:</b>	New indicator	New indicator	New indicator	500	430	413	396
		Rifampicin resistant/Multidrug Resistant lost to follow-up rate	New indicator	New indicator	New indicator	9.8%	10%	10%	10%
		<b>Numerator:</b>	New indicator	New indicator	New indicator	50	43	41	40
		<b>Denominator:</b>	New indicator	New indicator	New indicator	500	430	413	396
		TB Pre-XDR treatment success rate	New indicator	New indicator	New indicator	70%	70%	70%	70%
		<b>Numerator:</b>	New indicator	New indicator	New indicator	3	7	7	7
		<b>Denominator:</b>	New indicator	New indicator	New indicator	4	10	10	10
		TB Pre-XDR lost to follow-up rate.	New indicator	New indicator	New indicator	9.8%	<10%	<10%	<10%
		<b>Numerator:</b>	New indicator	New indicator	New indicator	1	1	1	1
		<b>Denominator:</b>	New indicator	New indicator	New indicator	4	10	10	10

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services (HAST)

#### Output Indicators – Annual and Quarterly Targets

Table 16: Programme 2 District Health Services – Output Indicators – Annual and Quarterly Targets (HAST)

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
HIV positive 15-24 years (excl. ANC) rate	<2%	<2%	<2%	<2%	<2%
Numerator:	44 097	44 097	44 097	44 097	44 097
Denominator:	45 228	45 228	45 228	45 228	45 228
HIV test positive around 18 months rate	<1.5%	<1.5%	<1.5%	<1.5%	<1.5%
Numerator:	54	54	54	54	54
Denominator:	3526	3526	3526	3526	3526
ART adult remain in care rate (12 months)	95%	95%	95%	95%	95%
<b>Numerator:</b>	559 496	559 496	559 496	559 496	559 496
<b>Denominator:</b>	588 943	588 943	588 943	588 943	588 943
ART child remain in care rate (12 months)	95%	95%	95%	95%	95%
<b>Numerator:</b>	13691	13691	13691	13691	13691
<b>Denominator:</b>	14412	14412	14412	14412	14412
Adult viral load suppressed rate – below 50 (12 months)	95%	95%	95%	95%	95%
<b>Numerator:</b>	573 187	573 187	573 187	573 187	573 187
<b>Denominator:</b>	603 355	603 355	603 355	603 355	603 355
ART child viral load suppressed rate – below 50 (12 months)	95%	95%	95%	95%	95%
<b>Numerator:</b>	13691	13691	13691	13691	13691
<b>Denominator:</b>	14412	14412	14412	14412	14412
All DS-TB client LTF rate	<6.5%	<6.5%	<6.5%	<6.5%	<6.5%
<b>Numerator:</b>	700	700	700	700	700
<b>Denominator:</b>	11000	2750	2750	2750	2750
All DS-TB Client Treatment Success Rate	80%	80%	80%	80%	80%
<b>Numerator:</b>	9130	2200	2200	2200	2200
<b>Denominator:</b>	11000	2750	2750	2750	2750

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Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Rifampicin resistant/Multidrug Resistant treatment success rate	71%	71%	71%	71%	71%
<b>Numerator:</b>	301	76	75	75	75
<b>Denominator:</b>	430	108	108	107	107
Rifampicin resistant/Multidrug Resistant lost to follow-up rate	10%	10%	10%	10%	10%
<b>Numerator:</b>	43	11	11	11	10
<b>Denominator:</b>	430	108	108	107	107
TB Pre-XDR treatment success rate	70%	70%	70%	70%	70%
<b>Numerator:</b>	1	1	0	0	0
<b>Denominator:</b>	10	3	3	2	2

### 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 95-95-95 HIV and TB policy targets. Ehlanzeni is one of the 1<sup>st</sup> ten districts in the country to achieve the 90-90-90 for HIV, while all three districts will be implementing targeted interventions to achieve the now-adopted 95-95-95 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.
- Improve the number of clients registered 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.

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### Programme 2: District Health Services (MCWH&N)

#### Outputs, Outcomes, Performance Indicators and Targets

Table 17: Programme 2 District Health Services – Outputs, Outcomes, Performance Indicators and Targets (MCWH&N)

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Maternal, Neonatal, Infant and Child	Increase couple year protection	IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	2 333	1 388	1 390	1480	1780	1956	2260
Improved access to mental health services	Increase Cervical cancer screening	Cervical cancer screening coverage	Not required to report	Not required to report	Not required to report	New indicator	42%	49%	55%
		Numerator					510 353	606 590	693 902
		Denominator					1 215 128	1 237 940	1 261 641
Mortality reduced.	Reduce teenage pregnancy	Delivery 10-14 years in facility	Not required to report	Not required to report	Not required to report	New indicator	430	410	390
	Early initiation of antenatal care services to clients	Antenatal 1st visits before 20 weeks rate	77.3%	74.9%	79%	76%	77%	77.5%	77.5%
		<b>Numerator:</b>	66 866	72 724	67 249	71 947	62 524	68 431	70 758
		<b>Denominator:</b>	88486	94 029	88 486	94 667	81200	88300	91300
	Reduce number of maternal deaths in facility	Maternal Mortality in facility Ratio	79.1/100 000	108.3/100 000	113.6/100 000	131/100 000	113.6/100 000	113.6/100 000	113.6/100 000
		<b>Numerator:</b>	39	24	36	53	97	97	97
		<b>Denominator:</b>	47 427	51 702	48 100	53 000	85000	85000	85000
		Live birth under 2500g in facility rate	Not in plan	12%	<12,2%	<11.5%	<11.5%	<11,5%	<11,5%

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Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Reduce low birth weight		<b>Numerator:</b>	Not in plan	9 732	870	9775	9775	9775	9775
		<b>Denominator:</b>	Not in plan	83 835	72 102	85000	85000	85000	85000
Increase number of postnatal visits		Mother postnatal visit within 6 days rate	69.89%	74,2%	75,3%	75%	77%	77.5%	77.5%
		<b>Numerator:</b>	54 183	59 044	48850	65450	65450	69 688	69 688
		<b>Denominator:</b>	80 024	84 483	73975	85 000	85 000	89 920	89 920
Reduce in facility still birth rate		Stillbirth infacility rate (per 1000 births)	Not required to report	Not required to report	Not required to report	New indicator	21	20.5	20
		<b>Numerator:</b>					1 380	1 340	1 320
		<b>Denominator:</b>					64 640	65 286	65 930
Decrease number of neonatal deaths <28 days		Neonatal (<28 days) death in facility rate	11.5/1000	11.2/ 1000	9.5/1000	10/ 1000	11/1000	11/1000	11/1000
		<b>Numerator:</b>	928	937	684	841	935	935	935
		<b>Denominator:</b>	80 483	83 835	72102	84 100	85000	85000	85000
		Infant PCR positive around 6 months rate	New indicator	New indicator	New indicator		0,60%	0,60%	0,60%
		<b>Numerator:</b>	New indicator	New indicator	New indicator		75	75	75
		<b>Denominator:</b>	New indicator	New indicator	New indicator		12500	12500	12500
Increase number of children fully immunized		Immunisation under 1 year coverage.	96.6%	91.5%	90%	90%	90%	90%	90%
		<b>Numerator:</b>	84697	85 115	20070	24757	24757	24757	24757

## ANNUAL PERFORMANCE PLAN 2024/25

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
		<b>Denominator:</b>	87 194	87 915	22300	27506	27506	27506	27506
	Prevent measles outbreak.	Measles 2nd dose coverage	94.0%	84.2%	90%	90%	90%	90%	90%
		<b>Numerator:</b>	75 626	83 063	76713	75 148	24757	24757	24757
		<b>Denominator:</b>	87 194	87 915	85237	83 498	27506	27506	27506
	Reduce all death under 5yrs in facility.	Death under 5 years against live birth rate	New indicator	1,8/1000 live birth	1,7/1000 live birth	1.5/1000 live birth	1,8/1000 live birth	1,7/1000 live birth	1,65/1000 live birth
		<b>Numerator:</b>	New indicator	New indicator	670	661	153	148	147
		<b>Denominator:</b>	New indicator	New indicator	44 600	84 100	85000	87200	89100
		Child under 5 years diarrhoea case fatality rate	2.1%	2.5%	<2%	<2%	<2%	<2%	<2%
		<b>Numerator:</b>	39	30	62	34	9	9	9
		<b>Denominator:</b>	1899	1789	3122	1781	446	446	446
		Child under 5 years pneumonia case fatality rate	2.3%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
		<b>Numerator:</b>	76	45	92	41	11	11	11
		<b>Denominator:</b>	1934	1890	3719	1801	451	451	451
		Child under 5 years severe acute malnutrition case fatality rate	10.6%	3.2%	<9%	<9%	<6%	<5.5%	<4.5%
		<b>Numerator:</b>	56	38	90	89	15	57	47
		<b>Denominator:</b>	488	399	1001	1015	254	1031	1046
	Improve vitamin A dose 12-59-month coverage.	Vitamin A dose 12-59-month coverage	65.7%	53,2%	75,5%	68.2%	79%	79.2%	79.4
		<b>Numerator:</b>	468 593	466 125	236593	240682	278 796	283 499	288 279
		<b>Denominator:</b>	355 275*2	354 042*2	347931	352906	352906	357953	363072

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services (MCWH&N)

#### Output Indicators – Annual and Quarterly Targets

Table 18: Programme 2 District Health Services – Output Indicators – Annual and Quarterly Targets (MCWH&N)

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	1480	370	500	300	310
Cervical cancer screening coverage	42%	42%	42%	42%	42%
<b>Numerator:</b>	510 353	127 588	127 588	127 588	127 588
<b>Denominator:</b>	1 215 128	303 782	303 782	303 782	303 782
Delivery 10-14 years in facility	430	95	120	95	120
Antenatal 1st visits before 20 weeks rate	77%	77%	77%	77%	77%
<b>Numerator:</b>	62 524	62 524	62 524	62 524	62 524
<b>Denominator:</b>	77%	77%	77%	77%	77%
Maternal Mortality in facility Ratio	113.6/100 000	113.6/100 000	113.6/100 000	113.6/100 000	113.6/100 000
<b>Numerator:</b>	97	97	97	97	97
<b>Denominator:</b>	85000	85000	85000	85000	85000
Live birth under 2500g in facility rate	<11.5%	<11.5%	<11.5%	<11.5%	<11.5%
<b>Numerator:</b>	9775	9775	9775	9775	9775
<b>Denominator:</b>	85000	85000	85000	85000	85000
Mother postnatal visit within 6 days rate	77%	77%	77%	77%	77%
<b>Numerator:</b>	65450	65450	65450	65450	65450
<b>Denominator:</b>	85 000	85 000	85 000	85 000	85 000
Stillbirth infacility rate (per 1000 births)	21	21	21	21	21
<b>Numerator:</b>	1 380	345	345	345	345
<b>Denominator:</b>	64 640	16 160	16 160	16 160	16 160
Neonatal (<28 days) death in facility rate	11/1000	11/1000	11/1000	11/1000	11/1000
<b>Numerator:</b>	935	935	935	935	935
<b>Denominator:</b>	85000	85000	85000	85000	85000
Infant PCR positive around 6 months rate	0,60%	0,60%	0,60%	0,60%	0,60%

## ANNUAL PERFORMANCE PLAN 2024/25

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
<b>Numerator:</b>	75	75	75	75	75
<b>Denominator:</b>	12500	12500	12500	12500	12500
Immunisation under 1 year coverage.	90%	90%	90%	90%	90%
<b>Numerator:</b>	24757	24757	24757	24757	24757
<b>Denominator:</b>	27506	27506	27506	27506	27506
Measles 2nd dose coverage	90%	90%	90%	90%	90%
<b>Numerator:</b>	24757	24757	24757	24757	24757
<b>Denominator:</b>	27506	27506	27506	27506	27506
Death under 5 years against live birth rate	1,8/1000 live birth				
<b>Numerator:</b>	153	153	153	153	153
<b>Denominator:</b>	85000	85000	85000	85000	85000
Child under 5 years diarrhoea case fatality rate	<2%	<2%	<2%	<2%	<2%
<b>Numerator:</b>	9	9	9	9	9
<b>Denominator:</b>	446	446	446	446	446
Child under 5 years pneumonia case fatality rate	<2.5%	<2.5%	<2.5%	<2.5%	<2.5%
<b>Numerator:</b>	11	11	11	11	11
<b>Denominator:</b>	451	451	451	451	451
Child under 5 years severe acute malnutrition case fatality rate	<6%	<6%	<6%	<6%	<6%
<b>Numerator:</b>	15	15	15	15	15
<b>Denominator:</b>	254	254	254	254	254
Vitamin A dose 12–59-month coverage	79%	79%	79%	79%	79%
<b>Numerator:</b>	278 796	278 796	278 796	278 796	278 796
<b>Denominator:</b>	352906	352906	352906	352906	352906

### Explanation of planned performance over the medium-term period

Maternal Child Women and Youth & Nutrition Program is geared towards ensuring the priorities which seek to improve of lives of mothers and children are met, thus reducing both maternal and child mortality rates. There is a need not only to reduce mortality rates but also reduce modifiable factors that increase mortality rates.

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

- Improving the coverage of contraception, using intrauterine devices as a proxy for couple year protection rate.
- Reduction of teenage pregnancies through intersectoral collaboration with other departments such as 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. diarrhoea, pneumonia and severe acute malnutrition. In addition, IMCI is geared towards rapid and appropriate linkage to care for ill children, thus improving their health outcomes and quality of life.

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services (Disease Prevention and Control)

#### Outputs, Outcomes, Performance Indicators and Targets

Table 19: Programme 2 District Health Services – Outputs, Outcomes, Performance Indicators and Targets (Disease Prevention and Control)

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/28
Improved access to mental health services	PHC Mental Disorders treated	PHC Mental disorders treatment rate new	New Indicator	New Indicator	New Indicator	0.06%	<0.1%	<0.1%	<0.1%
		<b>Numerator:</b>	New Indicator	New Indicator	New Indicator	4 501	8 502,468	8 502,468	8 502,468
		<b>Denominator:</b>	New Indicator	New Indicator	New Indicator	7 502 468	8 502 468	8 502 468	8 502 468
Morbidity and Premature mortality due to Communicable diseases (HIV, TB, and Malaria) reduced	Reduce malaria death cases	Malaria case fatality rate	0.3%	0.98%	0.5%	0.6%	<0.5%	<0.5%	<0.5%
		<b>Numerator:</b>	29	11	11	105	94	94	94
		<b>Denominator:</b>	1 484	2 473	2 243	21000	18 750	18 750	18 750

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 2: District Health Services (Disease Prevention and Control)

#### Output Indicators – Annual and Quarterly Targets

Table 20: Programme 2 District Health Services – Output Indicators – Annual and Quarterly Targets (Disease Prevention and Control)

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
PHC Mental disorders treatment rate new	<0.1%	<0.1%	<0.1%	<0.1%	<0.1%
Numerator:	8 502,468	8 502,468	8 502,468	8 502,468	8 502,468
Denominator:	8 502 468	8 502 468	8 502 468	8 502 468	8 502 468
Malaria case fatality rate	<0.5%	<0.5%	<0.5%	<0.5%	<0.5%
Numerator:	94	94	94	94	94
Denominator:	18 750	18 750	18 750	18 750	18 750

**Explanation of planned performance over the medium-term period**

Although the malaria case facility rate has been decreasing steadily over the last 5 years, steps need to be taken to prevent malaria infection in the first place as this will mitigate challenges such as delayed treatment or incorrect diagnosis. To this end the department will prioritise employment of malaria spray operators to spray insecticide, thereby controlling the malaria vector, *P. falciparum*.

The PHC mental disorder treatment rate is now being monitored to get a better understanding of the burden that mental ill-health is placing on services. A key strategy to improve timeous treatment of mental health disorders is screening by healthcare workers for early detection, thereby minimising the risk of patient decompensation.

# ANNUAL PERFORMANCE PLAN 2024/25

## Programme resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. District Management	1,554,856	1,031,734	837,813	657,584	658,964	649,575	581,318	606,311	631,178
2. Community Health Clinics	1,636,822	1,743,842	1,776,742	1,807,133	2,085,897	1,839,661	2,047,940	2,107,904	2,190,592
3. Community Health Centres	1,017,080	1,099,341	1,122,804	1,160,612	1,025,382	1,275,791	1,396,367	1,477,519	1,538,228
4. Community-based Services	16,315	20,534	16,933	18,591	19,132	24,690	16,006	9,864	10,261
5. Other Community Services	-	-	-	-	-	-	-	-	-
6. HIV/Aids	2,402,660	2,644,375	2,663,824	2,469,999	2,467,368	2,614,178	2,575,224	2,602,359	2,721,806
7. Nutrition	10,754	7,741	9,226	10,222	9,464	9,464	10,814	11,298	11,808
8. Coroner Services	-	-	-	-	-	-	-	-	-
9. District Hospitals	3,570,193	3,798,976	4,069,644	3,958,246	4,362,128	4,214,976	4,658,048	4,857,774	5,068,080
<b>Total payments and estimates: Programme 2</b>	<b>10,208,680</b>	<b>10,346,543</b>	<b>10,496,986</b>	<b>10,082,387</b>	<b>10,628,335</b>	<b>10,628,335</b>	<b>11,285,717</b>	<b>11,673,029</b>	<b>12,171,953</b>

## Payments and estimates by economic classification.

**Table 10.11: Summary of provincial payments and estimates by economic classification: District Health Services**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>9,874,849</b>	<b>10,232,863</b>	<b>10,215,749</b>	<b>9,962,026</b>	<b>10,481,242</b>	<b>10,467,070</b>	<b>11,157,367</b>	<b>11,559,260</b>	<b>12,052,953</b>
Compensation of employees	6,074,125	6,583,297	6,778,048	6,671,601	7,321,290	7,293,442	7,763,921	8,100,582	8,431,743
Goods and services	3,800,716	3,649,559	3,437,666	3,290,425	3,159,952	3,173,606	3,393,446	3,458,678	3,621,210
Interest and rent on land	8	7	35	-	-	22	-	-	-
<b>Transfers and subsidies</b>	<b>30,538</b>	<b>33,822</b>	<b>141,701</b>	<b>37,779</b>	<b>54,779</b>	<b>66,311</b>	<b>44,571</b>	<b>46,568</b>	<b>48,709</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	77	94	149	71	71	71	153	159	166
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	2,342	2,459	2,580	5,864	5,864	5,027	9,431	9,854	10,307
Households	28,119	31,269	138,972	31,844	48,844	61,213	34,987	36,555	38,236
<b>Payments for capital assets</b>	<b>303,293</b>	<b>66,598</b>	<b>139,161</b>	<b>82,582</b>	<b>92,314</b>	<b>94,954</b>	<b>83,779</b>	<b>67,201</b>	<b>70,291</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	303,293	66,598	139,161	82,582	92,314	94,954	83,779	67,201	70,291
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>13,260</b>	<b>375</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 2</b>	<b>10,208,680</b>	<b>10,346,543</b>	<b>10,496,986</b>	<b>10,082,387</b>	<b>10,628,335</b>	<b>10,628,335</b>	<b>11,285,717</b>	<b>11,673,029</b>	<b>12,171,953</b>

# ANNUAL PERFORMANCE PLAN 2024/25

## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>9,874,849</b>	<b>10,232,863</b>	<b>10,215,749</b>	<b>9,962,026</b>	<b>10,481,242</b>	<b>10,467,070</b>	<b>11,157,367</b>	<b>11,559,260</b>	<b>12,052,953</b>
Compensation of employees	6,074,125	6,583,297	6,778,048	6,671,601	7,321,290	7,293,442	7,763,921	8,100,582	8,431,743
Salaries and wages	5,294,579	5,761,387	5,910,280	5,706,838	6,198,280	6,276,017	6,645,491	6,931,762	7,215,478
Social contributions	779,546	821,910	867,768	964,763	1,123,010	1,017,425	1,118,430	1,168,820	1,216,265
Goods and services	3,800,716	3,649,559	3,437,666	3,290,425	3,159,952	3,173,606	3,393,446	3,458,678	3,621,210
Administrative fees	242,765	232,478	178,603	93,112	188,464	179,575	206,392	223,801	234,096
Advertising	37,706	39,191	35,393	18,182	16,214	20,017	4,000	3,167	3,313
Minor Assets	7,706	2,672	3,093	3,439	2,706	3,011	6,553	6,071	6,350
Catering: Departmental activities	5,114	2,745	5,521	13,177	8,164	6,035	3,465	3,620	3,787
Communication (G&S)	32,107	30,859	28,822	31,551	29,296	31,303	29,298	29,302	30,650
Computer services	9,466	34,188	22,446	34,751	28,751	4,270	30,215	31,565	33,017
Consultants: Business and advisory services	3	-	7	-	-	5	-	-	-
Laboratory services	462,443	636,455	654,027	580,169	585,416	641,467	637,658	668,030	698,761
Contractors	14,835	140,940	266,563	168,175	165,673	154,363	95,927	101,007	105,653
Agency and support / outsourced services	24,752	36,583	29,497	34,904	34,937	36,906	36,644	38,285	40,046
Fleet services (incl. government motor transport)	38,824	50,938	78,487	49,353	50,097	60,704	55,077	57,487	60,131
Inventory: Food and food supplies	47,479	47,207	56,565	55,538	53,826	53,826	55,026	57,491	60,136
Inventory: Medical supplies	268,959	272,711	283,249	232,665	319,495	320,963	397,074	410,351	429,395
Inventory: Medicine	1,735,980	1,623,968	1,226,154	1,615,247	1,272,181	1,233,376	1,500,328	1,479,168	1,547,210
Consumable supplies	641,465	286,351	191,944	93,490	108,313	108,313	76,937	80,361	84,057
Cons: Stationery, printing and office supplies	26,415	26,505	123,591	35,525	64,113	85,386	31,229	34,770	36,370
Operating leases	9,253	9,791	10,213	11,536	11,983	11,731	14,015	14,645	15,319
Property payments	147,797	122,930	146,331	143,570	153,077	150,107	179,965	186,869	198,728
Transport provided: Departmental activity	314	335	334	454	511	511	383	400	418
Travel and subsistence	44,922	48,950	83,017	62,416	55,954	62,098	28,863	29,469	30,825
Training and development	860	673	1,301	-	2,183	2,183	1,682	-	-
Operating payments	1,488	533	4,312	561	785	785	638	667	698
Venues and facilities	63	2,486	7,881	9,250	6,852	5,710	1,069	1,098	1,148
Rental and hiring	-	70	315	3,360	961	961	1,008	1,054	1,102
Interest and rent on land	8	7	35	-	-	22	-	-	-
Interest (incl. interest on finance leases)	8	7	35	-	-	22	-	-	-
<b>Transfers and subsidies</b>	<b>30,538</b>	<b>33,822</b>	<b>141,701</b>	<b>37,779</b>	<b>54,779</b>	<b>66,311</b>	<b>44,571</b>	<b>46,568</b>	<b>48,709</b>
Departmental agencies and accounts	77	94	149	71	71	71	153	159	166
Departmental agencies (non-business entities)	77	94	149	71	71	71	153	159	166
Non-profit institutions	2,342	2,459	2,580	5,864	5,864	5,027	9,431	9,854	10,307
Households	28,119	31,269	138,972	31,844	48,844	61,213	34,987	36,555	38,236
Social benefits	28,119	31,226	32,114	13,990	26,998	27,848	15,193	15,874	16,604
Other transfers to households	-	43	106,858	17,854	21,846	33,365	19,794	20,681	21,632
<b>Payments for capital assets</b>	<b>303,293</b>	<b>66,598</b>	<b>139,161</b>	<b>82,582</b>	<b>92,314</b>	<b>94,954</b>	<b>83,779</b>	<b>67,201</b>	<b>70,291</b>
Machinery and equipment	303,293	66,598	139,161	82,582	92,314	94,954	83,779	67,201	70,291
Transport equipment	26,265	26,524	43,505	30,400	31,269	67,744	13,820	14,445	15,109
Other machinery and equipment	277,028	40,074	95,656	52,182	61,045	27,210	69,959	52,756	55,182
<b>Payments for financial assets</b>	<b>-</b>	<b>13,260</b>	<b>375</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 2</b>	<b>10,208,680</b>	<b>10,346,543</b>	<b>10,496,986</b>	<b>10,082,387</b>	<b>10,628,335</b>	<b>10,628,335</b>	<b>11,285,717</b>	<b>11,673,029</b>	<b>12,171,953</b>

### 7.3. Programme 3: Emergency Medical Services

#### Programme Purpose:

The purpose of Emergency Medical Services is to provide Pre- hospital medical services, Inter-hospital transfers, Rescue and Planned Patient Transport to all inhabitants of Mpumalanga Province within the national norms of 15 minutes in urban areas and 40 minutes in rural areas.

The strategic priority for this programme is to strengthen Health System Effectiveness and increasing life expectancy.

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 3: Emergency Medical Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 21: Programme 3: Emergency Medical Services – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
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	43,5%	65%	65%	65%	70%	70%	70%
		<b>Numerator</b>	1113	517	1717	1879	505	2157	2217
		<b>Denominator</b>	2558	796	2641	2891	722	3081	3167
	EMS P1 Rural response time improved	EMS P1 rural response under 60 minutes	51%	65%	69%	69%	70%	70%	70%
		<b>Numerator</b>	5377	448	7444	7651	1940	7832	7909
		<b>Denominator</b>	10544	689	10789	11089	2772	11189	11298

# ANNUAL PERFORMANCE PLAN 2024/25

## Programme 3: Emergency Medical Services

### Output Indicators – Annual and Quarterly Targets

Table 22: Programme 3: Emergency Medical Services – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
EMS P1 urban response under 30 minutes	70%	70%	70%	70%	70%
<b>Numerator</b>	505	505	505	505	505
<b>Denominator</b>	722	722	722	722	722
EMS P1 rural response under 60 minutes	70%	70%	70%	70%	70%
<b>Numerator</b>	1940	1940	1940	1940	1940
<b>Denominator</b>	2772	2772	2772	2772	2772

## Explanation of planned performance over the medium-term period

### Pre-hospital emergency medical care

Response times remain a serious challenge in both urban and rural areas considering the demand for emergency medical services. The Citizens Engagement Platform is being launched in the coming financial year and is expected to have a decrease response time using GPS to locate nearest emergency vehicles to the scene of the emergency as well as calculate the quickest route to arrive at the scene.

### Maternal and Neonatal mortality prevention

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. The Department will continue to increase Advanced Life Support capacity in the province to attend to complicated maternal and neonatal emergencies.

### 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.

### 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 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 buttons.

# ANNUAL PERFORMANCE PLAN 2024/25

## Programme Resource Considerations

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Emergency transport	433,350	406,653	426,066	472,106	439,596	439,596	518,265	541,366	563,827
2. Planned Patient Transport	38,050	15,171	13,293	16,285	16,285	16,285	17,035	17,798	18,617
<b>Total payments and estimates: Programme 3</b>	<b>471,400</b>	<b>421,824</b>	<b>439,359</b>	<b>488,391</b>	<b>455,881</b>	<b>455,881</b>	<b>535,300</b>	<b>559,164</b>	<b>582,444</b>

## Payments and estimates by economic classification.

**Table 10.13: Summary of provincial payments and estimates by economic classification: Emergency Medical Services**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>374,676</b>	<b>394,583</b>	<b>437,688</b>	<b>456,636</b>	<b>438,009</b>	<b>438,027</b>	<b>523,592</b>	<b>547,005</b>	<b>569,725</b>
Compensation of employees	302,733	321,227	331,485	325,220	331,793	331,793	389,523	407,052	423,334
Goods and services	71,942	73,356	106,203	131,416	106,216	106,234	134,069	139,953	146,391
Interest and rent on land	1	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>1,142</b>	<b>1,366</b>	<b>1,243</b>	<b>1,603</b>	<b>1,603</b>	<b>1,585</b>	<b>1,677</b>	<b>1,752</b>	<b>1,833</b>
Provinces and municipalities	415	741	660	1,154	1,154	1,154	1,208	1,262	1,320
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	727	625	583	449	449	431	469	490	513
<b>Payments for capital assets</b>	<b>95,582</b>	<b>25,875</b>	<b>428</b>	<b>30,152</b>	<b>16,269</b>	<b>16,269</b>	<b>10,031</b>	<b>10,407</b>	<b>10,886</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	95,582	25,875	428	30,152	16,269	16,269	10,031	10,407	10,886
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 3</b>	<b>471,400</b>	<b>421,824</b>	<b>439,359</b>	<b>488,391</b>	<b>455,881</b>	<b>455,881</b>	<b>535,300</b>	<b>559,164</b>	<b>582,444</b>

# ANNUAL PERFORMANCE PLAN 2024/25

## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>374,676</b>	<b>394,583</b>	<b>437,688</b>	<b>456,636</b>	<b>438,009</b>	<b>438,027</b>	<b>523,592</b>	<b>547,005</b>	<b>569,725</b>
Compensation of employees	302,733	321,227	331,485	325,220	331,793	331,793	389,523	407,052	423,334
Salaries and wages	248,479	265,718	274,353	265,433	270,362	270,362	321,649	336,124	349,569
Social contributions	54,254	55,509	57,132	59,787	61,431	61,431	67,874	70,928	73,765
Goods and services	71,942	73,356	106,203	131,416	106,216	106,234	134,069	139,953	146,391
Administrative fees	8	3	3	5	15	15	28	29	30
Minor Assets	532	–	219	–	5	5	–	–	–
Catering: Departmental activities	8	–	–	–	–	–	–	–	–
Communication (G&S)	1,787	2,377	1,882	1,850	1,850	1,609	1,850	1,850	1,935
Computer services	12,414	4,714	–	25,000	–	–	20,000	20,901	21,862
Contractors	1,926	534	18,082	16,285	16,729	16,729	19,128	19,128	20,008
Fleet services (incl. government motor transport)	36,992	41,598	78,181	77,465	77,465	77,724	81,029	84,659	88,554
Inventory: Medical supplies	1,238	1,908	2,729	2,687	2,687	2,687	5,285	5,522	5,776
Consumable supplies	560	3,884	2,427	2,272	1,772	1,772	1,859	1,942	2,031
Cons: Stationery, printing and office supplies	537	420	530	140	440	440	638	667	698
Operating leases	14,257	17,583	1,481	5,016	4,263	4,263	3,372	4,348	4,548
Property payments	1,496	197	371	406	406	406	426	446	467
Travel and subsistence	187	138	298	290	584	584	454	461	482
Interest and rent on land	1	–	–	–	–	–	–	–	–
Interest (incl. interest on finance leases)	1	–	–	–	–	–	–	–	–
<b>Transfers and subsidies</b>	<b>1,142</b>	<b>1,366</b>	<b>1,243</b>	<b>1,603</b>	<b>1,603</b>	<b>1,585</b>	<b>1,677</b>	<b>1,752</b>	<b>1,833</b>
Provinces and municipalities	415	741	660	1,154	1,154	1,154	1,208	1,262	1,320
Provinces	415	741	660	1,154	1,154	1,154	1,208	1,262	1,320
Provincial agencies and funds	415	741	660	1,154	1,154	1,154	1,208	1,262	1,320
Households	727	625	583	449	449	431	469	490	513
Social benefits	727	625	583	449	449	344	469	490	513
Other transfers to households	–	–	–	–	–	87	–	–	–
<b>Payments for capital assets</b>	<b>95,582</b>	<b>25,875</b>	<b>428</b>	<b>30,152</b>	<b>16,269</b>	<b>16,269</b>	<b>10,031</b>	<b>10,407</b>	<b>10,886</b>
Machinery and equipment	95,582	25,875	428	30,152	16,269	16,269	10,031	10,407	10,886
Transport equipment	81,909	7,708	–	29,000	16,082	16,082	8,827	9,149	9,570
Other machinery and equipment	13,673	18,167	428	1,152	187	187	1,204	1,258	1,316
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification: Programme 3</b>	<b>471,400</b>	<b>421,824</b>	<b>439,359</b>	<b>488,391</b>	<b>455,881</b>	<b>455,881</b>	<b>535,300</b>	<b>559,164</b>	<b>582,444</b>

#### 7.4. Programme 4: Provincial Hospital Services

##### Programme Purpose

The purpose of the programme is to render secondary health services in regional hospitals and to render TB specialized hospital services. The strategic priority of the programme is to overhaul the health care system by improving quality of care including the implementation of National Health Insurance.

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### Programme 4: Regional Hospital Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 23: Programme 4: Regional Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Number of Maternal deaths in facility	New Indicator	New Indicator	103/100 000	40	35	28	12
	Reduce all death under 5yrs in facility	Number of Death in facility under 5 years	New Indicator	New Indicator	7	8	45	40	30
		Diarrhoea death under 5 years	8	8	6	6	6	6	6
		Pneumonia death under 5 years	9	14	8	8	8	8	8
		Severe acute malnutrition (SAM) death under 5 years	Not in plan	8	5	5	3	3	3
Premature mortality due to NCDs reduced to 26% (10% reduction)	Improved access to Cervical Cancer services	Cervical cancer screening	Not required to report	Not required to report	Not required to report	New indicator	411	452	497
Quality of health services in public health facilities improved	Patient experience of care improved	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	83.6%	86%	78.5%	85%	85%	85%
		<b>Numerator:</b>	Not in plan	11 103	603	638	646	646	646
		<b>Denominator:</b>	Not in plan	13 582	710	750	760	760	760

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Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not in plan	5%	5%	65%	65%	65%	65%
		<b>Numerator:</b>	Not in plan	Not in plan	502	495	495	495	495
		<b>Denominator:</b>	Not in plan	Not in plan	761	761	761	761	761
	Patient safety incident (PSI) cases closed	Patient Safety Incident (PSI) case closure rate	Not in plan	81%	81%	86%	86%	86%	86%
		<b>Numerator:</b>	Not in plan	Not in plan	678	654	654	654	654
		<b>Denominator:</b>	Not in plan	Not in plan	761	761	761	761	761

Programme 4: Regional Hospital Services

Output Indicators – Annual and Quarterly Targets

Table 24: Programme 4: Regional Hospital Services Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of Maternal deaths in facility	97/100 000	35	35	35	35
Number of Death in facility under 5 years	8	8	8	8	8
Diarrhoea death under 5 years	6	6	6	6	6
Pneumonia death under 5 years	78.5%	78.5%	78.5%	78.5%	78.5%
Severe acute malnutrition (SAM) death under 5 years	3	3	3	3	3
Cervical cancer screening	411	102	102	102	105
Patient Experience of Care satisfaction rate (Hospitals)	78.5%	78.5%	78.5%	78.5%	78.5%
<b>Numerator:</b>	638	638	638	638	638
<b>Denominator:</b>	750	750	750	750	750
Severity assessment code (SAC) 1 incident reported within 24 hours rate	65%	65%	65%	65%	65%
<b>Numerator:</b>	495	495	495	495	495
<b>Denominator:</b>	761	761	761	761	761
Patient Safety Incident (PSI) case closure rate	86%	86%	86%	86%	86%
<b>Numerator:</b>	654	654	654	654	654
<b>Denominator:</b>	761	761	761	761	761

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 4: Specialised Hospital Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 25: Programme 4: Specialised Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	56.3%	86%	78.5%	85%	85%	85%
		<b>Numerator:</b>	Not in plan	1 806	127	638	646	646	646
		<b>Denominator:</b>	Not in plan	2 454	150	150	150	150	150

#### Output Indicators – Annual and Quarterly Targets

Table 26: Programme 4: Specialised Hospital Services – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Patient Experience of Care satisfaction rate (Hospitals)	85%	85%	85%	85%	85%
<b>Numerator:</b>	646	646	646	646	646
<b>Denominator:</b>	150	150	150	150	150

**Explanation of planned performance over the medium-term period**

Child and Maternal mortality reduction are key priority globally (SDGs) and Nationally (MTSF). As we approach the final year of the five-year planning cycle, several measures will be implemented to enhance these services. This includes upskilling/retraining of clinical staff, attraction and retention of medical specialists and specialized nurses, and ensuring adequate physical resources are available e.g. neonatal and paediatric critical care beds, medical equipment, conducting clinical audits and cluster referral meetings, outreach services, and clinical governance meetings.

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## Programme resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. General (Regional) Hospitals	1,292,728	1,442,604	1,495,795	1,562,088	1,513,618	1,513,369	1,697,489	1,794,747	1,869,074
2. Tuberculosis Hospitals	149,995	151,648	136,414	129,884	125,918	126,167	129,757	135,552	141,085
3. Psychiatric/ Mental Hospitals	43,594	49,037	47,449	51,594	63,634	63,634	53,968	56,386	58,980
4. Sub-acute, Step down and Chronic Medical Hospitals	-	-	-	-	-	-	-	-	-
5. Dental Training Hospitals	-	-	-	-	-	-	-	-	-
6. Other Specialised Hospitals	-	-	-	-	-	-	-	-	-
<b>Total payments and estimates: Programme 4</b>	<b>1,486,317</b>	<b>1,643,289</b>	<b>1,679,658</b>	<b>1,743,566</b>	<b>1,703,170</b>	<b>1,703,170</b>	<b>1,881,214</b>	<b>1,986,685</b>	<b>2,069,139</b>

## Payments and estimates by economic classification

**Table 10.15: Summary of provincial payments and estimates by economic classification: Provincial Hospital Services**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>1,477,492</b>	<b>1,635,745</b>	<b>1,633,144</b>	<b>1,716,895</b>	<b>1,671,968</b>	<b>1,673,775</b>	<b>1,850,191</b>	<b>1,954,272</b>	<b>2,035,234</b>
Compensation of employees	1,111,630	1,206,682	1,234,639	1,296,762	1,319,723	1,316,344	1,440,338	1,526,730	1,588,024
Goods and services	365,860	429,058	398,499	420,133	352,245	357,428	409,853	427,542	447,210
Interest and rent on land	2	5	6	-	-	3	-	-	-
<b>Transfers and subsidies</b>	<b>6,500</b>	<b>4,919</b>	<b>44,494</b>	<b>24,926</b>	<b>28,373</b>	<b>28,222</b>	<b>29,197</b>	<b>30,505</b>	<b>31,909</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	33	33	29	48	48	43	51	54	57
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	6,467	4,886	44,465	24,878	28,325	28,179	29,146	30,451	31,852
<b>Payments for capital assets</b>	<b>2,325</b>	<b>2,568</b>	<b>1,561</b>	<b>1,745</b>	<b>2,829</b>	<b>1,173</b>	<b>1,826</b>	<b>1,908</b>	<b>1,996</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,325	2,568	1,561	1,745	2,829	1,173	1,826	1,908	1,996
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	-	57	459	-	-	-	-	-	-
<b>Total economic classification: Programme 4</b>	<b>1,486,317</b>	<b>1,643,289</b>	<b>1,679,658</b>	<b>1,743,566</b>	<b>1,703,170</b>	<b>1,703,170</b>	<b>1,881,214</b>	<b>1,986,685</b>	<b>2,069,139</b>

# ANNUAL PERFORMANCE PLAN 2024/25

## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>1,477,492</b>	<b>1,635,745</b>	<b>1,633,144</b>	<b>1,716,895</b>	<b>1,671,968</b>	<b>1,673,775</b>	<b>1,850,191</b>	<b>1,954,272</b>	<b>2,035,234</b>
Compensation of employees	1,111,630	1,206,682	1,234,639	1,296,762	1,319,723	1,316,344	1,440,338	1,526,730	1,588,024
Salaries and wages	971,479	1,061,330	1,081,279	1,132,753	1,147,130	1,143,751	1,255,521	1,335,780	1,389,436
Social contributions	140,151	145,352	153,360	164,009	172,593	172,593	184,817	190,950	198,588
Goods and services	365,860	429,058	398,499	420,133	352,245	357,428	409,853	427,542	447,210
Administrative fees	16,148	10,524	8,785	10,687	9,683	12,699	9,943	10,423	10,903
Advertising	14	-	-	-	-	-	-	-	-
Minor Assets	229	197	54	42	233	233	1,543	1,617	1,691
Catering: Departmental activities	3	8	53	91	121	66	94	98	102
Communication (G&S)	4,007	3,989	4,174	4,132	4,104	4,100	4,104	4,104	4,293
Computer services	-	10,097	5,824	15,001	-	-	-	-	-
Laboratory services	38,045	48,251	23,834	28,311	28,316	27,116	35,830	36,866	38,551
Contractors	100,892	122,366	136,892	140,419	80,272	80,077	122,565	128,036	133,926
Agency and support / outsourced services	7,848	13,086	11,450	12,650	12,650	11,576	13,268	13,858	14,495
Fleet services (incl. government motor transport)	7,678	9,785	7,048	6,375	6,375	6,375	5,551	5,800	6,067
Inventory: Food and food supplies	17,717	18,273	17,259	20,279	20,779	19,392	21,790	22,770	23,818
Inventory: Medical supplies	86,913	99,726	90,895	88,069	88,119	81,494	92,466	96,622	101,067
Inventory: Medicine	37,921	45,561	43,563	40,338	40,338	59,396	41,897	43,876	45,894
Consumable supplies	14,784	9,259	9,097	10,592	10,724	12,727	8,808	9,202	9,625
Cons: Stationery, printing and office supplies	2,306	2,316	1,923	1,649	1,642	1,686	2,159	2,258	2,362
Operating leases	961	998	1,111	1,290	1,290	1,292	1,352	1,413	1,478
Property payments	26,409	29,982	33,622	37,168	44,585	36,206	45,955	47,969	50,176
Transport provided: Departmental activity	95	295	105	198	194	190	207	216	226
Travel and subsistence	1,803	2,368	2,330	2,580	2,556	2,692	2,067	2,159	2,258
Training and development	1,812	1,938	-	-	-	-	-	-	-
Operating payments	275	39	185	262	264	111	254	265	278
Venues and facilities	-	-	295	-	-	-	-	-	-
Interest and rent on land	2	5	6	-	-	3	-	-	-
Interest (Incl. interest on finance leases)	2	5	6	-	-	3	-	-	-
<b>Transfers and subsidies</b>	<b>6,500</b>	<b>4,919</b>	<b>44,494</b>	<b>24,926</b>	<b>28,373</b>	<b>28,222</b>	<b>29,197</b>	<b>30,505</b>	<b>31,909</b>
Departmental agencies and accounts	33	33	29	48	48	43	51	54	57
Departmental agencies (non-business entities)	33	33	29	48	48	43	51	54	57
Households	6,467	4,886	44,465	24,878	28,325	28,179	29,146	30,451	31,852
Social benefits	6,467	4,886	6,645	550	997	4,751	3,699	3,864	4,042
Other transfers to households	-	-	37,820	24,328	27,328	23,428	25,447	26,587	27,810
<b>Payments for capital assets</b>	<b>2,325</b>	<b>2,568</b>	<b>1,561</b>	<b>1,745</b>	<b>2,829</b>	<b>1,173</b>	<b>1,826</b>	<b>1,908</b>	<b>1,996</b>
Machinery and equipment	2,325	2,568	1,561	1,745	2,829	1,173	1,826	1,908	1,996
Transport equipment	478	523	-	-	-	-	-	-	-
Other machinery and equipment	1,847	2,045	1,561	1,745	2,829	1,173	1,826	1,908	1,996
<b>Payments for financial assets</b>	<b>-</b>	<b>57</b>	<b>459</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 4</b>	<b>1,486,317</b>	<b>1,643,289</b>	<b>1,679,658</b>	<b>1,743,566</b>	<b>1,703,170</b>	<b>1,703,170</b>	<b>1,881,214</b>	<b>1,986,685</b>	<b>2,069,139</b>

## 7.5. Programme 5: Central Hospital Services

### Programme Purpose:

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

The strategic priority of the programme is to overhaul the health care system by improving quality of care including the implementation of National Health Insurance.

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### Programme 5: Central Hospital Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 27: Programme 5: Central Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Maternal, Neonatal, Infant and Child Mortality reduced	Reduce maternal deaths in facility	Number of Maternal deaths in facility	New Indicator	New Indicator	40	40	35	28	12
	Reduce all death under 5yrs in facility	Number of Death in facility under 5 years	New Indicator	New Indicator	7	48	45	40	30
		Diarrhoea death under 5 years	10	4	8	8	6	6	6
		Pneumonia death under 5 years	12	7	10	10	8	8	8
		Severe acute malnutrition (SAM) death under 5 years	8	14	7	7	5	5	5
Premature mortality due to NCDs reduced to 26% (10% reduction)	Improved access to Cervical Cancer services	Cervical cancer screening	Not required to report	Not required to report	Not required to report	New indicator	242	266	292
Quality of health services in public health facilities improved	Patient experience of care increased	Patient Experience of Care satisfaction rate (Hospitals)	Not in plan	83.6%	86%	78.5%	85%	85%	85%
		<b>Numerator:</b>	Not in plan	12 662	626	638	641	646	646
		<b>Denominator:</b>	Not in plan	17 042	737	750	755	760	760

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Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Not in plan	5%	5%	65%	65%	65%	65%
		<b>Numerator:</b>	Not in plan	Not in plan	502	495	495	495	495
		<b>Denominator:</b>	Not in plan	Not in plan	761	761	761	761	761
	Patient safety incident (PSI) cases closed	Patient Safety Incident (PSI) case closure rate	Not in plan	81%	81%	86%	86%	86%	86%
		<b>Numerator:</b>	Not in plan	Not in plan	678	654	654	654	654
		<b>Denominator:</b>	Not in plan	Not in plan	761	761	761	761	761

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 5: Central Hospital Services

#### Output Indicators – Annual and Quarterly Targets

Table 28: Programme 5: Central Hospital Services – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of Maternal deaths in facility	35	8	9	9	9
Number of Death in facility under 5 years	45	11	11	11	12
Diarrhoea death under 5 years	6	2	2	1	1
Pneumonia death under 5 years	8	2	2	2	2
Severe acute malnutrition (SAM) death under 5 years	5	2	1	1	1
Cervical cancer screening	242	60	60	60	62
Patient Experience of Care satisfaction rate (Hospitals)	85%	85%	85%	85%	85%
<b>Numerator:</b>	646	646	646	646	646
<b>Denominator:</b>	760	760	760	760	760
Severity assessment code (SAC) 1 incident reported within 24 hours rate	65%	65%	65%	65%	65%
<b>Numerator:</b>	495	495	495	495	495
<b>Denominator:</b>	761	761	761	761	761
Patient Safety Incident (PSI) case closure rate	86%	86%	86%	86%	86%
<b>Numerator:</b>	654	654	654	654	654
<b>Denominator:</b>	761	761	761	761	761

### Explanation of planned performance over the medium-term period

Child and Maternal mortality reduction are key priority globally (SDGs) and Nationally (MTSF). As we approach the final year of the five-year planning cycle, several measures will be implemented to enhance these services. This includes upskilling/retraining of clinical staff, attraction and retention of medical specialists and specialized nurses, and ensuring adequate physical resources are available e.g. neonatal and paediatric critical care beds, medical equipment, conducting clinical audits and cluster referral meetings, outreach services, and clinical governance meetings.

Expansion of oncology services will take place with the construction of a radiation oncology centre in Rob Ferreira Hospital. Two new oncologists have already been appointed and are providing chemotherapy services and have started clinical preparation for radiation oncology services. In addition, a burns unit, cerebral palsy clinic and CathLab will also be established, thereby increasing access to highly specialized clinical services.

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## Programme resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Central Hospital Services	-	-	-	-	-	-	-	-	-
2. Provincial Tertiary Hospital Services	1,290,223	1,437,887	1,727,170	1,633,357	1,806,701	1,806,701	1,959,972	2,083,399	2,220,498
<b>Total payments and estimates: Programme 5</b>	<b>1,290,223</b>	<b>1,437,887</b>	<b>1,727,170</b>	<b>1,633,357</b>	<b>1,806,701</b>	<b>1,806,701</b>	<b>1,959,972</b>	<b>2,083,399</b>	<b>2,220,498</b>

## Payments and estimates by economic classification.

**Table 10.17: Summary of provincial payments and estimates by economic classification: Central Hospital Services**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>1,273,704</b>	<b>1,413,450</b>	<b>1,691,371</b>	<b>1,589,018</b>	<b>1,760,657</b>	<b>1,762,085</b>	<b>1,858,699</b>	<b>1,990,268</b>	<b>2,123,083</b>
Compensation of employees	891,674	984,270	1,061,505	1,120,613	1,188,281	1,214,136	1,300,538	1,390,698	1,495,933
Goods and services	382,030	429,154	629,866	468,405	572,376	547,949	558,161	599,570	627,150
Interest and rent on land	-	26	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>3,221</b>	<b>3,178</b>	<b>16,992</b>	<b>3,447</b>	<b>4,359</b>	<b>1,683</b>	<b>3,587</b>	<b>3,748</b>	<b>3,920</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	11	12	12	25	25	6	26	37	39
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3,210	3,166	16,980	3,422	4,334	1,677	3,561	3,711	3,881
<b>Payments for capital assets</b>	<b>13,298</b>	<b>20,992</b>	<b>18,807</b>	<b>40,892</b>	<b>41,685</b>	<b>42,933</b>	<b>97,686</b>	<b>89,383</b>	<b>93,495</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	13,298	20,992	18,807	40,892	41,685	42,933	97,686	89,383	93,495
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>267</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 5</b>	<b>1,290,223</b>	<b>1,437,887</b>	<b>1,727,170</b>	<b>1,633,357</b>	<b>1,806,701</b>	<b>1,806,701</b>	<b>1,959,972</b>	<b>2,083,399</b>	<b>2,220,498</b>

# ANNUAL PERFORMANCE PLAN 2024/25

## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>1,273,704</b>	<b>1,413,450</b>	<b>1,691,371</b>	<b>1,589,018</b>	<b>1,760,657</b>	<b>1,762,085</b>	<b>1,858,699</b>	<b>1,990,268</b>	<b>2,123,083</b>
Compensation of employees	891,674	984,270	1,061,505	1,120,613	1,188,281	1,214,136	1,300,538	1,390,698	1,495,933
Salaries and wages	784,859	871,251	929,878	978,470	1,026,107	1,051,962	1,135,949	1,218,702	1,317,058
Social contributions	106,815	113,019	131,627	142,143	162,174	162,174	164,589	171,996	178,875
Goods and services	382,030	429,154	629,866	468,405	572,376	547,949	558,161	599,570	627,150
Administrative fees	17,229	12,209	7,425	14,935	14,905	14,914	16,843	17,602	18,412
Minor Assets	367	181	408	-	108	242	1,330	1,369	1,432
Catering: Departmental activities	12	35	10	-	30	17	-	-	-
Communication (G&S)	3,241	3,430	2,394	3,235	3,235	3,078	3,235	3,235	3,384
Computer services	-	-	247,817	116,887	159,365	157,804	-	-	-
Laboratory services	45,792	59,105	27,928	29,065	22,366	25,937	45,348	47,426	49,608
Contractors	61,287	47,339	64,841	52,536	93,155	65,097	175,187	184,135	192,605
Agency and support / outsourced services	13,991	19,596	13,623	18,885	18,885	15,289	40,672	42,519	44,475
Fleet services (incl. government motor transport)	1,950	2,108	1,939	2,445	2,445	1,368	2,281	2,383	2,493
Inventory: Food and food supplies	10,222	15,640	14,679	19,312	19,312	15,016	20,059	20,962	21,926
Inventory: Medical supplies	116,147	144,755	130,591	111,501	110,723	122,383	128,848	149,967	156,865
Inventory: Medicine	60,521	67,975	57,222	52,702	48,726	66,259	56,972	59,523	62,261
Consumable supplies	6,506	7,180	6,739	8,979	9,308	10,577	7,727	8,076	8,447
Cons: Stationery, printing and office supplies	1,771	1,535	1,443	3,762	3,442	2,668	2,943	3,080	3,222
Operating leases	587	761	1,195	1,442	1,442	999	1,213	1,267	1,325
Property payments	42,044	46,968	51,014	31,768	63,942	45,644	55,044	57,546	60,193
Transport provided: Departmental activity	75	62	81	274	274	86	38	40	42
Travel and subsistence	122	212	507	627	627	503	364	380	397
Operating payments	166	63	10	50	86	68	57	60	63
Interest and rent on land	-	26	-	-	-	-	-	-	-
Interest (Incl. interest on finance leases)	-	26	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>3,221</b>	<b>3,178</b>	<b>16,992</b>	<b>3,447</b>	<b>4,359</b>	<b>1,683</b>	<b>3,587</b>	<b>3,748</b>	<b>3,920</b>
Departmental agencies and accounts	11	12	12	25	25	6	26	37	39
Departmental agencies (non-business entities)	11	12	12	25	25	6	26	37	39
Households	3,210	3,166	16,980	3,422	4,334	1,677	3,561	3,711	3,881
Social benefits	3,210	3,166	2,125	3,422	3,334	1,153	2,227	2,332	2,439
Other transfers to households	-	-	14,855	-	1,000	524	1,334	1,379	1,442
<b>Payments for capital assets</b>	<b>13,298</b>	<b>20,992</b>	<b>18,807</b>	<b>40,892</b>	<b>41,685</b>	<b>42,933</b>	<b>97,686</b>	<b>89,383</b>	<b>93,495</b>
Machinery and equipment	13,298	20,992	18,807	40,892	41,685	42,933	97,686	89,383	93,495
Transport equipment	-	-	359	-	-	-	-	-	-
Other machinery and equipment	13,298	20,992	18,448	40,892	41,685	42,933	97,686	89,383	93,495
<b>Payments for financial assets</b>	<b>-</b>	<b>267</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 5</b>	<b>1,290,223</b>	<b>1,437,887</b>	<b>1,727,170</b>	<b>1,633,357</b>	<b>1,806,701</b>	<b>1,806,701</b>	<b>1,959,972</b>	<b>2,083,399</b>	<b>2,220,498</b>

**7.6. 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 programmes in support of the attainment of the identified strategic objectives of the Department.

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### Programme 6: Health Science and Training

#### Outputs, Outcomes, Performance Indicators and Targets

Table 29: Programme 6: Health Science and Training – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Quality of health services in public health facilities improved	Increase capacity in health facilities	Number of Healthcare workers trained on critical clinical skills.	5216	6000	6000	6000	6000	6000	6000
		Bursaries awarded to first year nursing students.	210	0	70	70	70	70	70
		District training and development plan for frontline service delivery points implemented	Not in plan	10 724	200	300	500	500	500
		Number of employees trained on Leadership & Management development	Not required to report	Not required to report	Not required to report	New indicator	75	75	75
		Number of employees trained on succession planning	Not required to report	Not required to report	Not required to report	New indicator	75	75	75

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### Programme 6: Health Science and Training

#### Output Indicators – Annual and Quarterly Targets

Table 30: Programme 6: Health Science and Training – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of Healthcare workers trained on critical clinical skills	6000	1000	2 500	1 500	1000
Bursaries awarded to first year nursing students.	70	0	0	0	70
District training and development plan for frontline service delivery points implemented	500	100	200	100	100
Number of employees trained on Leadership & Management development	75	0	25	25	25
Number of employees trained on succession planning	75	0	25	25	25

**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.

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## Programme Resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Nurse Training Colleges	153,351	138,706	143,655	160,309	153,771	157,528	151,346	158,124	164,887
2. EMS Training Colleges	2,400	2,634	2,850	2,641	1,117	1,218	1,254	1,309	1,362
3. Bursaries	40,733	31,388	28,724	36,871	20,931	8,932	26,700	27,882	29,155
4. Primary Health Care Training	4,608	4,164	3,553	3,691	3,378	3,400	3,905	4,082	4,249
5. Training Other	239,036	231,897	340,422	366,781	369,288	377,407	370,674	374,358	391,279
<b>Total payments and estimates: Programme 6</b>	<b>440,128</b>	<b>408,789</b>	<b>519,204</b>	<b>570,293</b>	<b>548,485</b>	<b>548,485</b>	<b>553,879</b>	<b>565,755</b>	<b>590,932</b>

## Payments and estimates by economic classification.

**Table 10.19: Summary of provincial payments and estimates by economic classification: Health Sciences and Training**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>374,664</b>	<b>355,068</b>	<b>459,093</b>	<b>504,457</b>	<b>499,851</b>	<b>511,148</b>	<b>500,097</b>	<b>508,965</b>	<b>531,530</b>
Compensation of employees	322,218	303,481	379,361	407,774	399,410	406,532	409,118	414,845	433,081
Goods and services	52,446	51,587	79,732	96,683	100,441	104,616	90,979	94,120	98,449
Interest and rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>64,066</b>	<b>53,383</b>	<b>56,901</b>	<b>61,209</b>	<b>46,183</b>	<b>34,007</b>	<b>52,024</b>	<b>54,341</b>	<b>56,841</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	23,530	22,451	29,526	29,145	29,145	29,145	30,485	31,851	33,316
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	40,536	30,932	27,375	32,064	17,038	4,862	21,539	22,490	23,525
<b>Payments for capital assets</b>	<b>1,398</b>	<b>338</b>	<b>3,210</b>	<b>4,627</b>	<b>2,451</b>	<b>3,330</b>	<b>1,758</b>	<b>2,449</b>	<b>2,561</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,398	338	3,210	4,627	2,451	3,330	1,758	2,449	2,561
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 6</b>	<b>440,128</b>	<b>408,789</b>	<b>519,204</b>	<b>570,293</b>	<b>548,485</b>	<b>548,485</b>	<b>553,879</b>	<b>565,755</b>	<b>590,932</b>

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## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>374,664</b>	<b>355,068</b>	<b>459,093</b>	<b>504,457</b>	<b>499,851</b>	<b>511,148</b>	<b>500,097</b>	<b>508,965</b>	<b>531,530</b>
Compensation of employees	322,218	303,481	379,361	407,774	399,410	406,532	409,118	414,845	433,081
Salaries and wages	298,833	284,457	359,335	366,622	364,219	384,880	364,993	366,155	382,221
Social contributions	23,385	19,024	20,026	41,152	35,191	21,652	44,125	48,690	50,860
Goods and services	52,446	51,587	79,732	96,683	100,441	104,616	90,979	94,120	98,449
Administrative fees	560	3,460	2,759	4,358	3,546	3,181	3,807	3,977	4,159
Advertising	56	-	6	7	7	5	6	6	6
Minor Assets	625	18	117	-	-	-	-	-	-
Bursaries: Employees	1	-	515	-	-	744	-	-	-
Catering: Departmental activities	7	17	2,144	1,392	2,592	2,804	1,325	1,392	1,456
Communication (G&S)	205	223	254	516	546	275	534	539	564
Computer services	-	-	-	4,624	4,624	60	4,836	5,053	5,285
Consultants: Business and advisory services	516	15	4	64	64	49	67	70	73
Agency and support / outsourced services	8,109	4,121	4,587	4,500	4,841	4,315	4,500	3,823	3,999
Fleet services (incl. government motor transport)	1,246	1,879	2,015	2,281	2,281	3,478	1,981	2,070	2,165
Inventory: Food and food supplies	1,685	5,563	9,035	10,504	9,604	14,344	10,075	10,522	11,006
Inventory: Medical supplies	-	-	-	532	255	150	33	34	36
Consumable supplies	3,816	2,736	2,055	2,578	2,373	3,297	2,417	2,525	2,642
Cons: Stationery, printing and office supplies	2,111	2,310	6,812	8,462	8,462	3,073	2,398	2,506	2,621
Operating leases	129	219	139	136	136	146	217	227	237
Property payments	8,133	625	716	614	614	15	660	690	722
Travel and subsistence	24,645	29,318	40,605	48,513	49,873	57,180	49,511	51,695	54,073
Training and development	45	423	6,096	6,878	7,973	8,395	7,279	7,605	7,955
Operating payments	557	633	255	468	1,529	1,377	491	513	537
Venues and facilities	-	27	1,579	204	969	1,728	839	869	909
Rental and hiring	-	-	39	52	152	-	3	4	4
Interest and rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>64,066</b>	<b>53,383</b>	<b>56,901</b>	<b>61,209</b>	<b>46,183</b>	<b>34,007</b>	<b>52,024</b>	<b>54,341</b>	<b>56,841</b>
Departmental agencies and accounts	23,530	22,451	29,526	29,145	29,145	29,145	30,485	31,851	33,316
Departmental agencies (non-business entities)	23,530	22,451	29,526	29,145	29,145	29,145	30,485	31,851	33,316
Households	40,536	30,932	27,375	32,064	17,038	4,862	21,539	22,490	23,525
Social benefits	1,575	2,990	594	534	761	384	559	584	611
Other transfers to households	38,961	27,942	26,781	31,530	16,277	4,478	20,980	21,906	22,914
<b>Payments for capital assets</b>	<b>1,398</b>	<b>338</b>	<b>3,210</b>	<b>4,627</b>	<b>2,451</b>	<b>3,330</b>	<b>1,758</b>	<b>2,449</b>	<b>2,561</b>
Machinery and equipment	1,398	338	3,210	4,627	2,451	3,330	1,758	2,449	2,561
Transport equipment	-	-	3,077	-	-	-	-	-	-
Other machinery and equipment	1,398	338	133	4,627	2,451	3,330	1,758	2,449	2,561
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 6</b>	<b>440,128</b>	<b>408,789</b>	<b>519,204</b>	<b>570,293</b>	<b>548,485</b>	<b>548,485</b>	<b>553,879</b>	<b>565,755</b>	<b>590,932</b>

## 7.7. 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.
- Rendering of forensic health care that 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.

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### Programme 7: Health Care Support Services

#### Outputs, Outcomes, Performance Indicators and Targets

Table 31: Programme 7: Health Care Support Services – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
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	28	28	29	29	6	30	30
	Maintain EML stock levels	Percentage Availability of Essential Medicine List (EML) at the Depot	85%	83%	90%	90%	90%	90%	90%
		<b>Numerator</b>	254	244	254	229	229	229	229
		<b>Denominator</b>	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.	431 970	508 198	793 526	893 967	960 000	1 032 000	1 104 000
	Increase number of orthotic and prosthetic devices issued	Number of Orthotic and Prosthetic devices issued	5649	4 262	4500	4750	1189	5000	5250
	Maintain number of functional blood transfusion committees	Number of hospitals audited for functionality of blood transfusion committees	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

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Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
	Increase number of hospitals providing laundry services	Number of hospitals providing laundry services	22	23	23	23	23	23	23

## ANNUAL PERFORMANCE PLAN 2024/25

### Programme 7: Health Care Support Services

#### Output Indicators – Annual and Quarterly Targets

Table 32: Programme 7: Health Care Support Services – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of hospitals compliant to radiation control prescripts in facilities	6	6	6	6	6
Percentage Availability of Essential Medicine List (EML) at the Depot	90%	90%	90%	90%	90%
<b>Numerator</b>	229	229	229	229	229
<b>Denominator</b>	287	287	287	287	287
Number of clients registered on Central Chronic Medicine Dispensing and Distribution (CCMDD) programme.	960 000	960 000	960 000	960 000	960 000
Number of Orthotic and Prosthetic devices issued	1189	1189	1189	1189	1189
Number of hospitals audited for functionality of blood transfusion committees	28	28	28	28	28
Number of sites rendering Forensic Pathology Services	21	21	21	21	21
Number of hospitals providing laundry services	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. This will result in improved quality and patient care. This will be achieved through upskilling and retraining specialist staff, replacement of obsolete X-ray equipment and continuous maintenance of equipment (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 the development of a warehouse management system which will allow for live updates on stock availability at all facilities in the province. The system specification has been finalised and ready to progress to the next phase.

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, and procurement of consumables and machinery.

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.

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## Programme Resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Laundries	38,683	36,098	44,923	45,947	43,808	39,909	41,392	43,241	45,096
2. Engineering	45,444	24,433	38,182	192,784	97,096	69,316	102,917	104,696	109,426
3. Forensic Services	92,880	107,909	107,726	127,114	126,968	111,761	110,632	115,564	120,291
4. Orthotic and Prosthetic Services	5,469	6,025	7,989	8,809	8,643	11,364	8,864	9,269	9,686
5. Medicine Trading Account	27,763	65,211	83,143	118,722	118,442	162,607	122,710	128,162	133,944
<b>Total payments and estimates: Programme 7</b>	<b>210,239</b>	<b>239,676</b>	<b>281,963</b>	<b>493,376</b>	<b>394,957</b>	<b>394,957</b>	<b>386,515</b>	<b>400,932</b>	<b>418,443</b>

## Payments and estimates by economic classification.

**Table 10.21: Summary of provincial payments and estimates by economic classification: Health Care Support Services**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>181,863</b>	<b>218,968</b>	<b>254,630</b>	<b>294,103</b>	<b>293,970</b>	<b>336,351</b>	<b>297,344</b>	<b>310,602</b>	<b>323,959</b>
Compensation of employees	125,909	130,878	141,357	143,421	144,370	140,669	148,351	155,028	161,228
Goods and services	55,954	88,090	113,273	150,682	149,600	195,682	148,993	155,574	162,731
Interest and rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>688</b>	<b>612</b>	<b>117</b>	<b>131</b>	<b>292</b>	<b>278</b>	<b>136</b>	<b>142</b>	<b>148</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	688	612	117	131	292	278	136	142	148
<b>Payments for capital assets</b>	<b>27,688</b>	<b>20,096</b>	<b>27,216</b>	<b>199,142</b>	<b>100,695</b>	<b>58,328</b>	<b>89,035</b>	<b>90,188</b>	<b>94,336</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	27,688	20,096	27,216	199,142	100,695	58,328	89,035	90,188	94,336
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 7</b>	<b>210,239</b>	<b>239,676</b>	<b>281,963</b>	<b>493,376</b>	<b>394,957</b>	<b>394,957</b>	<b>386,515</b>	<b>400,932</b>	<b>418,443</b>

# ANNUAL PERFORMANCE PLAN 2024/25

## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>161,863</b>	<b>218,968</b>	<b>254,630</b>	<b>294,103</b>	<b>293,970</b>	<b>336,351</b>	<b>297,344</b>	<b>310,602</b>	<b>323,959</b>
Compensation of employees	125,909	130,878	141,357	143,421	144,370	140,669	148,351	155,028	161,228
Salaries and wages	108,880	113,630	123,284	124,424	124,976	121,275	127,492	133,230	138,557
Social contributions	17,029	17,248	18,073	18,997	19,394	19,394	20,859	21,798	22,671
Goods and services	55,954	88,090	113,273	150,682	149,600	195,682	148,993	155,574	162,731
Administrative fees	1,511	354	96	7,489	7,499	10,852	7,333	7,662	8,014
Minor Assets	–	99	42	–	1,953	99	–	–	–
Catering: Departmental activities	1	–	–	38	38	10	38	40	42
Communication (G&S)	1,123	1,729	1,282	1,396	1,466	1,488	1,466	1,467	1,534
Contractors	5,115	2,195	4,421	4,474	1,024	1,625	3,676	3,839	4,016
Agency and support / outsourced services	1,101	116	805	2,192	2,192	976	1,672	1,747	1,827
Fleet services (incl. government motor transport)	6,148	7,307	8,037	8,307	8,307	10,460	8,446	8,824	9,230
Inventory: Medical supplies	10,834	10,341	13,020	26,522	26,259	47,906	27,489	28,740	30,062
Inventory: Medicine	2,222	41,722	54,984	68,277	68,277	90,981	71,828	75,046	78,498
Consumable supplies	17,265	16,728	20,622	19,908	22,560	21,529	17,406	18,182	19,018
Cons: Stationery, printing and office supplies	2,098	148	521	1,357	351	337	368	385	403
Operating leases	2,241	3,401	3,392	3,857	3,780	3,311	3,710	3,876	4,054
Property payments	4,408	1,229	1,780	1,989	1,631	1,996	1,187	1,240	1,297
Transport provided: Departmental activity	147	209	231	290	290	217	303	317	332
Travel and subsistence	1,687	2,366	3,779	4,255	3,888	3,888	3,981	4,114	4,304
Operating payments	53	146	12	21	21	7	23	25	27
Venues and facilities	–	–	249	310	64	–	67	70	73
Interest and rent on land	–	–	–	–	–	–	–	–	–
<b>Transfers and subsidies</b>	<b>688</b>	<b>612</b>	<b>117</b>	<b>131</b>	<b>292</b>	<b>278</b>	<b>136</b>	<b>142</b>	<b>148</b>
Households	688	612	117	131	292	278	136	142	148
Social benefits	688	612	117	131	292	278	136	142	148
<b>Payments for capital assets</b>	<b>27,688</b>	<b>20,096</b>	<b>27,216</b>	<b>199,142</b>	<b>100,695</b>	<b>58,328</b>	<b>89,035</b>	<b>90,188</b>	<b>94,336</b>
Machinery and equipment	27,688	20,096	27,216	199,142	100,695	58,328	89,035	90,188	94,336
Transport equipment	–	–	–	15,000	14,950	1,800	–	–	–
Other machinery and equipment	27,688	20,096	27,216	184,142	85,745	56,528	89,035	90,188	94,336
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification: Programme 7</b>	<b>210,239</b>	<b>239,676</b>	<b>281,963</b>	<b>493,376</b>	<b>394,957</b>	<b>394,957</b>	<b>386,515</b>	<b>400,932</b>	<b>418,443</b>

## 7.8. Programme 8: Health Facilities Management

### Programme Purpose

The purpose of the programme is to build, upgrade, renovate, rehabilitate, and maintain facilities. The high-level strategic priority of the programme is to strengthen the revitalization and maintenance of health infrastructure.

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### Programme 8: Health Facilities Management

#### Outputs, Outcomes, Performance Indicators and Targets

Table 33: Programme 8: Health Facilities Management – Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Annual Targets						
			Audited Performance			Estimated Performance	MTEF Targets		
			2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
Implement the costed infrastructure plan to improve efficiency and effectiveness of health services delivery	Improve access to health care	Upgrade and additional projects completed	New Indicator	New Indicator	2	4	2	2	2
		New and replacement projects completed	New indicator	New indicator	2	5	4	1	2

#### Output Indicators – Annual and Quarterly Targets

Table 34: Programme 8: Health Facilities Management – Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Upgrade and addition projects completed	2	-	-	-	2
New and replacement projects completed	4	-	-	-	4

**Explanation of planned performance over the medium-term period**

The key cost drivers for this programme are coal, diesel, infrastructure lease, maintenance of facilities and medical equipment, and buildings and other fixed structures. A well-functioning health system needs suitable infrastructure to render efficient and effective services. Therefore, this programme remains focused on effectively managing the built environment to meet this need.

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## Programme Resource considerations.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
1. Community Health Facilities	925,122	1,110,818	1,069,518	1,415,867	1,415,655	1,436,937	1,238,769	1,210,371	1,265,594
2. Emergency Medical Rescue Services	-	-	-	-	-	-	-	-	-
3. District Hospital Services	-	-	-	-	-	-	-	-	-
4. Provincial Hospital Services	428,740	456,387	462,160	493,450	462,955	441,673	459,295	397,584	415,886
5. Central Hospital Services	-	-	-	-	-	-	-	-	-
6. Other Facilities	-	-	-	-	-	-	-	-	-
<b>Total payments and estimates: Programme 8</b>	<b>1,353,862</b>	<b>1,567,205</b>	<b>1,531,678</b>	<b>1,909,317</b>	<b>1,878,610</b>	<b>1,878,610</b>	<b>1,698,064</b>	<b>1,607,955</b>	<b>1,681,480</b>

## Payments and estimates by economic classification.

**Table 10.23: Summary of provincial payments and estimates by economic classification: Health Facilities Management**

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>494,226</b>	<b>453,927</b>	<b>555,654</b>	<b>454,919</b>	<b>534,974</b>	<b>495,669</b>	<b>471,406</b>	<b>434,932</b>	<b>467,806</b>
Compensation of employees	32,180	34,489	36,211	56,248	42,567	44,518	61,763	64,542	67,124
Goods and services	462,046	419,438	519,443	398,671	492,407	451,151	409,643	370,390	400,682
Interest and rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>18</b>	<b>52</b>	<b>140</b>	<b>-</b>	<b>39</b>	<b>88</b>	<b>-</b>	<b>-</b>	<b>-</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	18	52	140	-	39	88	-	-	-
<b>Payments for capital assets</b>	<b>859,618</b>	<b>1,113,226</b>	<b>975,884</b>	<b>1,454,398</b>	<b>1,343,597</b>	<b>1,382,853</b>	<b>1,226,658</b>	<b>1,173,023</b>	<b>1,213,674</b>
Buildings and other fixed structures	761,328	990,897	949,877	1,401,593	1,295,878	1,336,418	1,178,506	1,146,423	1,199,174
Machinery and equipment	98,290	122,329	26,007	52,805	47,719	46,435	48,152	26,600	14,500
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification: Programme 8</b>	<b>1,353,862</b>	<b>1,567,205</b>	<b>1,531,678</b>	<b>1,909,317</b>	<b>1,878,610</b>	<b>1,878,610</b>	<b>1,698,064</b>	<b>1,607,955</b>	<b>1,681,480</b>

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## Transfers and subsidies

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2023/24	Revised estimate	Medium-term estimates		
	2020/21	2021/22	2022/23				2024/25	2025/26	2026/27
<b>Current payments</b>	<b>494,226</b>	<b>453,927</b>	<b>555,654</b>	<b>454,919</b>	<b>534,974</b>	<b>495,669</b>	<b>471,406</b>	<b>434,932</b>	<b>467,806</b>
Compensation of employees	32,180	34,489	36,211	56,248	42,567	44,518	61,763	64,542	67,124
Salaries and wages	28,772	30,856	32,125	42,496	36,793	38,744	45,973	45,955	47,682
Social contributions	3,408	3,633	4,086	13,752	5,774	5,774	15,790	18,587	19,442
Goods and services	462,046	419,438	519,443	398,671	492,407	451,151	409,643	370,390	400,682
Administrative fees	6	21	78	619	219	209	219	219	229
Minor Assets	2,911	1,653	1,014	2,905	205	243	–	1,000	2,000
Catering: Departmental activities	5	15	51	60	60	29	87	60	63
Communication (G&S)	277	369	420	431	403	495	482	490	512
Laboratory services	–	–	–	–	28	28	–	–	–
Contractors	23,138	27,088	23,638	27,292	28,660	20,399	26,600	23,752	25,000
Agency and support / outsourced services	6,059	–	–	12,265	12,446	9,240	10,000	–	–
Inventory: Medical supplies	3,333	531	892	–	–	13	–	–	–
Consumable supplies	79,269	146,144	168,748	116,793	118,479	126,034	150,927	144,486	148,951
Cons: Stationery, printing and office supplies	183	337	425	1,255	–	300	–	–	–
Operating leases	15,851	16,218	16,868	18,000	18,243	19,423	19,137	27,560	29,213
Property payments	327,090	223,049	302,712	204,476	309,036	269,250	197,697	168,278	189,080
Travel and subsistence	3,029	3,506	4,537	8,275	4,298	3,997	4,349	4,400	5,496
Training and development	226	413	18	6,000	287	1,448	145	145	137
Operating payments	551	19	–	–	43	43	–	–	–
Venues and facilities	–	–	42	300	–	–	–	–	1
Rental and hiring	118	75	–	–	–	–	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
<b>Transfers and subsidies</b>	<b>18</b>	<b>52</b>	<b>140</b>	<b>–</b>	<b>39</b>	<b>88</b>	<b>–</b>	<b>–</b>	<b>–</b>
Households	18	52	140	–	39	88	–	–	–
Social benefits	18	52	140	–	39	88	–	–	–
<b>Payments for capital assets</b>	<b>859,618</b>	<b>1,113,226</b>	<b>975,884</b>	<b>1,454,398</b>	<b>1,343,597</b>	<b>1,382,853</b>	<b>1,226,658</b>	<b>1,173,023</b>	<b>1,213,674</b>
Buildings and other fixed structures	761,328	990,897	949,877	1,401,593	1,295,878	1,336,418	1,178,506	1,146,423	1,199,174
Buildings	761,328	990,897	949,877	1,401,593	1,295,878	1,316,384	1,178,506	1,146,423	1,199,174
Other fixed structures	–	–	–	–	–	20,034	–	–	–
Machinery and equipment	98,290	122,329	26,007	52,805	47,719	46,435	48,152	26,600	14,500
Transport equipment	181	–	6,712	4,805	–	1,210	–	–	–
Other machinery and equipment	98,109	122,329	19,295	48,000	47,719	45,225	48,152	26,600	14,500
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification: Programme 8</b>	<b>1,353,862</b>	<b>1,567,205</b>	<b>1,531,678</b>	<b>1,909,317</b>	<b>1,878,610</b>	<b>1,878,610</b>	<b>1,698,064</b>	<b>1,607,955</b>	<b>1,681,480</b>

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### 8. Updated key risks and mitigations from the Strategic Plans

Table 35: Updated Key Risks and Mitigations from the Strategic Plans

Outcomes	Key risks	Risk mitigations
Morbidity and Premature mortality due to Communicable diseases (HIV, TB, and Malaria) reduced.	Increased new infections of HIV & AIDS and TB	<ol style="list-style-type: none"> <li>1. Utilize community health workers (CHW's) for follow-up.</li> <li>2. Patients on HIV and TB treatment</li> <li>3. 90% of clients should be on CCMDD.</li> <li>4. Improve access to Prep and PEP (Post Exposure Prophylaxis) strategy.</li> <li>5. Training of clinicians on improving clinical management of HIV &amp; AIDS and TB.</li> <li>6. Implement the Provincial Implementation Plan (PIP) with other sectors.</li> </ol>
Quality of health services in public health facilities improved	Failure to adhere with regulated norms and standards and Ideal health facility Realization and Maintenance	<ol style="list-style-type: none"> <li>1. Train health managers on quality improvement plan development, implementation, and monitoring.</li> <li>2. Strengthening and monitoring the implementation of QIP's.</li> <li>3. Appointment of quality assurance managers and coordinators</li> </ol>
Co-coordinating health services across the care continuum, re-orienting the health system towards primary health.	Slow response time of Emergency Medical Services (EMS)	<ol style="list-style-type: none"> <li>1. Procure additional ambulances.</li> <li>2. Recruit advanced trained personnel.</li> <li>3. Intergrade fleet management into the citizen engagement platform.</li> </ol>
Package of services available to the population is expanded with priority given to equity and most cost-effective services.	Inadequate health services coverage to provincial population.	<ol style="list-style-type: none"> <li>1. Provision of mobile health services</li> <li>2. Participation into IDP processes by District Managers</li> <li>3. Align the provincial ICT strategy with the national digital strategy.</li> <li>4. Decentralize HPRS support to the province.</li> <li>5. Monitor implementation of the health promotion strategy</li> <li>6. Establish additional tertiary services (T1)</li> <li>7. Develop a policy framework to improve access</li> </ol>
Leadership and governance in the health sector enhanced to improve quality of care.	Non- functional of governance structures for Health establishments (Hospital Boards, Clinic Committees)	<ol style="list-style-type: none"> <li>1. Develop yearly schedule Meeting.</li> <li>2. Develop a monitoring plan from Provincial office.</li> <li>3. Develop and implement training plans.</li> <li>4. Review terms of reference</li> <li>5. Improve and standardize stipend</li> </ol>
Infrastructure maintained and back log reduced.	Inadequate maintenance of health facilities.	<ol style="list-style-type: none"> <li>1. Monitor the implementation maintenance plan.</li> <li>2. Appoint additional artisans.</li> <li>3. Procure transport and tools of trade</li> </ol>
Contingent liability of medico-legal cases reduced by 80%.  Management of patient safety incidents improved.	High number of litigation cases.	<ol style="list-style-type: none"> <li>1. Develop and implement costed QIP Plans</li> <li>2. Identify and support facilities that are not reporting SAC1 PSI within 24 hours.</li> <li>3. Conduct quarterly clinical audits.</li> <li>4. Conduct quarterly sessions on the effects of touting.</li> <li>5. Identify and digitize records in areas with a high potential litigation risk.</li> <li>6. Implement consequence management on non-compliance with the RWOPS policy</li> </ol>

## ANNUAL PERFORMANCE PLAN 2024/25

Outcomes	Key risks	Risk mitigations
Maternal, neonatal and child mortality reduced.	Ineffective management of obstetric complications	<ol style="list-style-type: none"> <li>1. Conduct training and implement mentoring &amp; coaching to improve clinical skills.</li> <li>2. Monitor the EOOST drills in maternity facilities to maintain and retain skills.</li> <li>3. Establish Obstetric Midwifery Birth Unit (OMBU) in priority area.</li> <li>4. Review the referral policy to include diversion issues.</li> <li>5. Each facility to have 50% of trained nurses BANC plus Basic Antenatal Care</li> </ol>
Robust and effective health information systems to automate business processes and improve evidence-based decision making.	Poor integrity of Health information	<ol style="list-style-type: none"> <li>1. Implement data verification tool.</li> <li>2. Training on HPRS, DHIS and eTick registers</li> <li>3. Motivate for additional ICT personnel.</li> <li>4. Continuous training of data captures</li> <li>5. Procure clinical stationery.</li> <li>6. Procure computers at health facilities and sub-districts</li> </ol>

**9. Public Entities**

Not applicable

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### 10. Key Infrastructure Projects

Table 36: Key Infrastructure Projects

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Current year expenditure
<b>UPGRADING AND ADDITIONS</b>								
1	Witbank Hospital: Renovation of Mental ward	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	12/6/2021	3/29/2024	18,866,995.35	2,769,683.10
2	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	1,762,486,893.60	404,733,754.52
3	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	499,204,097.80	63,733,393.74
4	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	698,567,883.52	123,299,983.71
<b>NEW AND REPLACEMENT</b>								
1	Middelburg Regional Hospital: Construction of a New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	27/3/2017	31/5/2024	1,802,333,908.00	195,833,901.29
2	Witbank New Tertiary Hospital: Construction of New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	TBC	TBC	6,885,344,267.95	72,042,458.71
3	Impungwe New Psychiatric Hospital: Construction of New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	TBC	TBC	5,661,750,000.00	12,006,665.07
5	KwaMhlanga Hospital: Construction of Maternity Ward	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	9/1/2017	4/1/2024	472,846,129.00	1,296,680.57

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No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Current year expenditure
6	MN Cindi Clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	62,000,000.00	10,000,000.00
7	Dumphries Clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	52,100,000.00	1,738,701.26
8	Casteel Clinic: Construction of New clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	05/09/2023	26/07/2024	24,582,656.74	
9	Troya clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	06/09/2023	27/07/2024	38,800,000.00	

11. Public-Private Partnerships (PPPs)

Not applicable

**PART D: TECHNICAL INDICATOR DESCRIPTION (TIDS) FOR ANNUAL  
PERFORMANCE PLAN**

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### Programme 1: Administration

Table 37: Programme 1: Administration TIDS and Annual Performance Plan

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								
Audit opinion of Provincial DoH	Audit opinion for Provincial Departments of Health for financial performance	Audit report	Audit outcome for regulatory audit expressed by AGSA for the previous financial year	Not applicable	N/A	N/A	N/A	N/A	N/A	Annual	Unqualified opinion	Finance
Percentage of women appointed in Senior Management positions	Number of women that are employed within the Department in Senior Management positions,	PERSAL System	Number of Women appointed in Senior Management positions	Total Number of employed persons in senior management	PERSAL System	Women apply for advertised vacancies	Women	N/A	Non-cumulative	Quarterly	Higher	Human Resources
Percentage of representation on employment of persons with disabilities across all levels	Number of persons with disability appointed in the Department	PERSAL System	Number of persons with disability appointed in the Department	Total Number of employed	PERSAL System	Persons with disabilities apply for advertised vacancies	N/A	N/A	Non-cumulative	Quarterly	Higher	Human Resources
Percentage of youth appointed.	Number of youths aged less than 35 employed in the Public Sector	PERSAL System	Number of youths appointed in the Department	Total Number of employed	PERSAL System		N/A	N/A	Non-cumulative	Quarterly	Higher	Human Resources

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### Programme 2: District Health Services

Table 38: Programme 2: District Health Services TIDS and Annual Performance Plan

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	Fixed PHC health facilities that obtained Ideal Clinic status (silver, gold, platinum) as a proportion of fixed PHC clinics and CHCs and or CDCs	Ideal Health Facility software	Fixed PHC health facilities have obtained Ideal Clinic status	Fixed PHC clinics or fixed CHCs and or CDCs	Accuracy dependent of reporting of data into the system	N/A	N/A	All districts	Cumulative (year-to-date)	Quarterly	Higher	Primary Health Care Manager
Patient Experience of Care satisfaction rate (PHC)	Total number of Satisfied responses as a proportion of all responses from Patient Experience of Care survey questionnaires	Patient Surveys	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	Quality Assurance
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	Higher	Quality Assurance
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient Safety Incident Software	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	Cumulative (year-to-date)	Quarterly	Higher	Quality Assurance

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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								
Percentage of PHC facilities with functional Clinic Committees	Number of PHC facilities that have a functional clinic committee as a proportion of all PHC facilities	Appointment and or secondment letters	Total number of PHC facilities functional clinic committee	Total number of PHC facilities	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	PHC Manager
Contingent liability of medico-legal cases	Number of cases reported against the department		Number of cases reported against the Department		Legal section registers	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly		Programme Manager Legal Services
HIV positive 15-24 years (Excluding ANC) rate	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of those who were tested for HIV in this age group	HTS Register (HIV Testing Services) or HTS module in TIER.Net,	HIV positive 15-24 years (Excluding ANC)	HIV test 15-24 years (Excluding ANC)	HTS Register (HIV Testing Services) or HTS module in TIER.Net, DHIS	Accuracy dependent on quality of data submitted by health facilities	Youth	All Districts	Cumulative (year-to-date)	Quarterly		HIV/ AIDS Programme Manager
HIV test positive around 18 months rate	HIV test positive around 18 months (18-24 months) as a proportion of the total deliveries	PHC Comprehensive Tick Register	HIV test around 18 months	HIV tests done around 18 months	PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rate	PMTCT Programme Manager
ART adults remain in care rate (12 months)	ART adults remain in care - total as a proportion of ART adult start minus cumulative transfer out	Clinical notes	ART adults remain in care - total	ART adults 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	HIV/ AIDS Programme Manager

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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 children remain in care rate (12 months)	ART children remain in care - total as a proportion of ART child start minus cumulative transfer out	Clinical notes	ART children remain in care - total	ART children 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	HIV/ AIDS Programme manager
Adult viral load suppressed rate – below 50 (12 months)	ART adult viral load under 50 as a proportion of ART adult viral load done	Clinical notes or Lab results	ART adult viral load under 50	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	HIV/ AIDS Programme manager
ART child viral load suppressed rate – below 50 (12 months)	ART child viral load under 50 as a proportion of ART child viral load done	Clinical notes or Lab results	ART child viral load under 50	ART child viral load done	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	HIV/ AIDS Programme manager
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	TB Programme Manager
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	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 Programme Manager

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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								
	the treatment outcome cohort											
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	Total 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	TB Programme Manager
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 Programme Manager
TB Pre-XDR loss to follow up rate	Number of MDR TB patients lost to follow-up rate	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	TB Programme Manager
IUCD Uptake (*IUCD - Intra Uterine Contraceptive Device)	The IUCD uptake, as one of the contraception methods, in women 15-49 years, will be collected that will serve as a proxy indicator for Couple year	PHC Comprehensive Tick Register Birth Register,	Number IUCD Inserted	Not Applicable	PHC Comprehensive Tick Register Birth Register,	Accuracy dependent on quality of data submitted by	Not applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher numbers	MCYWH&N Programme

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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								
	protection. Count each IUCD inserted (EXCLUDE IUCD inserted to women younger than 15 years of age and older than 49 years of age)	Labour, Combined and Postnatal ward. Health Facility Register, DHIS No Denominator			Labour, Combined and Postnatal Ward. Health Facility Register, DHIS No Denominator	health facilities						
Delivery 10-14 years in facility	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff	Health Facility Register, DHIS	Number Delivery 10-14 years in facility	Not Applicable	Health Facility Register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Lower numbers	HIV and Adolescent Health Programme Manager
Antenatal 1st visits before 20 weeks rate	Women who have a first booking visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits	PHC/CHC Comprehensive Tick Register	Antenatal 1st visits before 20 weeks	Antenatal 1st visit - total	PHC/CHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	High numbers	HIV and Adolescent Health Programme Manager
Maternal Deaths in facility	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	Number Maternal death in facility (Referral Hospitals)	Not Applicable	Maternal death register, Delivery Register	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five-year target	Low numbers	Quarterly		MCWH&N Programme

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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								
	of death (obstetric and non-obstetric)											
Maternal Mortality in facility Ratio - PER 100 000 LIVE BIRTHS	Maternal death is death occurring during pregnancy, childbirth, and the puerperium of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy and irrespective of the cause of death (obstetric and non-obstetric) per 100,000 live births in facility	Maternal death register Birth/ labour Register, Labour,	Maternal death in facility [in DHS and Referral Hospitals]	Live births known to facility [in DHS and Referral Hospitals]	Maternal death register Birth/ labour Register, Labour,	Females	All Districts	Annual progress against the five-year target	Not required for Strategic Plans	Quarterly	Low ratios	MCWH&N Programme
Neonatal death in facility rate (Per 1000 live births)	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility	Delivery register, Midnight report	Neonatal deaths (under 28 days) in facility	Live birth in facility	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rates	MCWH&N Programme
Still birth in facility rate (per 1000 births)	Infants born still as proportion of total infants born in health facilities (factor: Per 1000 births)	Delivery register, Midnight report	Still Birth in facility	Total births in facility (include still birth in facility)	Delivery register, Midnight report	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower rates	MCWH&N Programme

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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	PHC/CHC Comprehensive Tick Register, Labour, Combined and Postnatal ward, Health Facility Register, DHIS	PHC/CHC Comprehensive Tick Register, Birth Register, Labour, Combined and Postnatal ward, Health Facility Register, DHIS	Mother postnatal visit within 6 days after delivery	Delivery in facility total	PHC Comprehensive Tick Register  Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Cumulative (year-to-date)	Quarterly	Higher rate	District Health Services
Infant PCR test positive around 6 months rate	Infant PCR test positivity around 6months among infants born to HIV positive mothers	Clinical notes / PCR results/ PHC Comprehensive Tick Register	Infant PCR test positive around 6months	Infant HIV PCR test around 6 months	Clinical notes or PCR results/ PHC Comprehensive Tick Register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	MCWH&N Programme
Immunisation under 1 year coverage	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year	Numerator: PHC Comprehensive Tick Register /Road to health card	Immunised fully under 1 year	Population under 1 year	Numerator: PHC Comprehensive Tick Register Denominator:	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	EPI Programme manager

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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								
		or clinical notes			StatsSA /Road to health card or clinical notes							
Measles 2nd dose 1 year coverage	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1-year population.	Numerator Comprehensive Tick Register/Road to health card or clinical notes	Measles 2nd dose 1 year coverage	Population aged 1 year	Numerator Comprehensive Tick Register/Road to health card or clinical notes	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	District Health Services
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
Death in facility under 5 years rate	Children under 5 years who died during their stay in the facility as a proportion of all live births	Paediatrics Register/ Midnight Report	Death in facility under 5 years total	Live birth in facility	Paediatrics Register/ Midnight Report	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Not required for Strategic Plans	Annual progress against the five-year target	Lower rate	MCWH&N Programme
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

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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	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-month 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	Clinical notes or road to health card	children	All Districts	Cumulative (year-to-date)	Quarterly	Higher	District Health Services
PHC Mental Disorders Treatment rate new	Increase in the rate of people that are newly identified and treated for mental disorders at Primary Health Care	PHC Tick Register/ Mental Health register, Clinical notes	PHC client treated for mental disorders - new	PHC headcount - Total	PHC Tick Register/ Mental Health register, Clinical notes	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher detection of new mental cases in the PHC setting	Non-communicable Diseases - Mental Health component
Cervical cancer screening coverage	Management of Cervical Cancer improved by the increased rate of cervical cancer screening coverage	PHC Tick Register	Cervical cancer screening done	[(80% women aged 30-50yrs/10) + (20% women aged 20 years and above /3)	PHC Tick Register	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Rate of Cervical Cancer Screening	MCWH&N Programme
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	Primary Health Care Manager

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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								
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	Primary Health Care Manager
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	Primary Health Care Manager

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### Programme 3: Emergency Medical Services

Table 39: Programme 3: Emergency Medical Services TIDS and Annual Performance Plan

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								
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	Non-cumulative	Emergency Medical Services	Higher	EMS programme manager
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	Non-cumulative	Emergency Medical Services	Higher	EMS programme manager

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### Programme 4: Provincial Hospital Services

Table 40: Programme 4 & 5: Provincial and Central Hospital Services TIDS and Annual Performance Plan

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 deaths in facility	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 (Matern), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Number of Maternal deaths in facility	Not Applicable	Maternal death register (Matern), Birth Register, Labour, Combined and Postnatal ward Health Facility Register, DHIS	Accuracy dependent on quality of data submitted by health facilities	Females	All Districts	Annual progress against the five-year target	Lower	Quarterly	MCWH&N Programme
Diarrhoea death under 5 years	Diarrhoea deaths in children under 5 years in Referral Hospitals	Clinical notes or death notification slip/ Ward register	Number Diarrhoea deaths in facility (in Referral Hospitals)	Not Applicable	Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Lower number	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/ Ward register	[Number of] Death in facility under 5 years	Not Applicable	Delivery/ Maternity register/ Midnight Report/ Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Annual progress against the five-year target	Quarterly	Lower	MCWH&N Programme

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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								
Pneumonia death under 5 years	Pneumonia deaths in children under 5 years under 5 years in Referral Hospitals	Clinical notes or death notification slip/ Paediatric Ward register	Number Pneumonia death under 5 years (in Referral Hospitals)	Not Applicable	Clinical notes or death notification slip/ Paediatric Ward register	Accuracy dependent on quality of data submitted by health facilities	children	All Districts	Cumulative (year-to-date)	Quarterly	Low numbers	Hospital Services Programme Manager
Severe acute malnutrition (SAM) death under 5 years	Number of severe acute malnutrition deaths in children under 5 years	Clinical notes or death notification slip/ Paediatric register	Number Severe acute malnutrition (SAM) death under 5 years	Not Applicable	Clinical notes or death notification slip/ Paediatric register	Accuracy dependent on quality of data submitted by health facilities	Children	All Districts	Cumulative (year-to-date)	Quarterly	Lower	Hospital Services Programme Manager
Cervical cancer screening	Cervical smears in women 30 years and older	OPD register/Chronic registers	Number Cervical Cancer Screening done	Not Applicable	OPD register/Chronic registers	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year - to-date)	Quarterly	Higher Number of Cervical Cancer Screening	MCWH&N Programme
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/ DHIS	Patient Experience of Care survey satisfied responses	Patient Experience of Care survey total responses	Patient Surveys assessment forms/ DHIS	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five-year target	Quarterly	Higher	Quality Assurance
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 incidents 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	Annual progress against the five-year target	Quarterly	Higher SAC 1 incidents reported within 24 hours rate.	Quality Assurance

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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								
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month	Patient Safety Incident Software	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case reported	Patient Safety Incident Software	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Cumulative (year-to-date)	Quarterly	Higher PSI closure rates	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	Patient Surveys assessment forms	Accuracy dependent on quality of data submitted by health facilities	Not Applicable	All Districts	Annual progress against the five-year target	Higher	Quality Assurance	Accuracy dependent on quality of data submitted by health facilities

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### Programme 6: Health Science and Training

Table 41: Programme 6: Health Science and Training TIDS and Annual Performance Plan

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 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	Cumulative year end	Annual	Higher	Human Resource Development Programme manager
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	Cumulative year end	Annual	Higher	Human Resource Development Programme manager
Number of Employees trained on Leadership skills	Employees that undergone training on leadership skills	Attendance register	Number of Employees trained on Leadership skills	Not applicable	Attendance register	Applications from qualifying nursing students will be available	Not applicable	All districts	Cumulative year end	Annual	Higher	Human Resource Development Programme manager
District training and development plan for frontline service delivery points developed	Number of districts which have developed a training and development plan for support programmes that monitor quality of service delivery to	Training and development plan	District training and development plan for frontline service delivery points developed	Not applicable	Training and development plan	Stationery	Not applicable	All districts	None-cumulative	Annual	Higher	Human Resource Development Programme manager

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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								
	users of health care services.											
Number of employees trained on succession planning	Employees that undergone training on succession planning	Attendance register	Number of employees trained on succession planning	Not applicable	Attendance register	Applications from qualifying nursing students will be available	Not applicable	All districts	Cumulative year end	Annual	Higher	Human Resource Development Programme manager

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### Programme 7: Healthcare Support Services

Table 42: Programme 7: Healthcare Support Services TIDS and Annual Plan

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 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	Pharmaceutical Manager
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	Pharmaceutical Manager
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	Pharmaceutical Manager

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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 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	Hospital Services Programme Manager
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	Hospital Services Programme Manager
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	Hospital Services Programme Manager
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	Hospital Services Programme Manager

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### Programme 8: Health Facility Management

Table 43: Programme 8: Health Facility Management TIDS and Annual Performance Plan

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								
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	higher	Infrastructure
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	Availability of funds	N/A	All Municipalities	Number	Annual	higher	Infrastructure

# ANNEXURES

## Annexure A: Amendments to the Strategic Plan

There have been no amendments to the Strategic Plan

## Annexure B: Conditional grants

### 1. Social Sector Expanded Public Works Programme Incentive Grant

<b>Name of grant</b>	<b>SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>To incentive the Provincial Social Sector Departments identified in 2022 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social service programme that have employment potential.</li> </ul>	
<b>Current annual budget (R thousands)</b>	<b>R6 567000</b>	
<b>Period of grant</b>	<b>2024/25</b>	
	<b>Performance Indicators</b>	<b>Target</b>
	Number of EMS support staff recruited and paid stipend	46
	Number of EPWP Facility Assistance recruited and paid stipend	103

Table 44: Social Sector Expanded Public Works Programme Incentive Grant Details

2. Health Facility Revitalisation Grant

<b>Name of grant</b>	<b>HEALTH FACILITY REVITALISATION GRANT</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>To improve infrastructure delivery and technical services</li> </ul>	
<b>Current annual budget (R thousands)</b>	<b>R 459 295 000</b>	
<b>Period of grant</b>	<b>12 Months</b>	
	<b>Performance Indicators</b>	<b>Target</b>
	New and Replacement	03
	Upgrade and Additions	10
	Maintenance	46
	Non-Infrastructure	8

Table 45: Health Facility Revitalisation Grant Details

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### 3. Statutory Human Resources and Training Grant

<b>Name of grant</b>	<b>Statutory Human resources and Training Grant</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>To appoint statutory positions in the health sector for systematic realisation of the human resources for health strategy and the phase-in of National Health Insurance; support provinces to fund service costs associated with clinical training</li> </ul>	
<b>Current annual budget (R thousands)</b>	<b>R279,435,000</b>	
<b>Period of grant</b>	<b>2024/2025</b>	
	<b>Performance Indicators</b>	<b>Target</b>
	Number of medical specialists funded	52
	Number of medical registrars in training in different fields of speciality	15
	Number of clinical supervisors funded to train student nurses and pharmacy interns (Nurse preceptors and pharmacy tutors)	14
	Number of Medical Interns funded	178

Table 46: Statutory Human resources and Training Grant Details

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### 4. National Tertiary Services Grant

<b>Name of grant</b>	<b>National Tertiary Services Grant</b>	
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Ensure the provision of tertiary health services in South Africa</li> <li>To compensate tertiary facilities for the additional costs associated with the provision of these services</li> </ul>	
<b>Current annual budget (R thousands)</b>	<b>R253,901,000</b>	
<b>Period of grant</b>	<b>2024/25</b>	
	<b>Performance Indicators</b>	<b>Target</b>
	No of Chemotherapy patients serviced /seen	265
	No. of specialists funded	44
	No. of specialised nurses funded	67
	No. of Allied health workers funded	28
	Number of inpatient separations	16,969
	Number of day patient separations	43,995
	Number of outpatient first attendances	18,889
	Number of outpatient follow-up attendances	50,525

Table 47: National Tertiary Services Grant Details

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### 5. Comprehensive HIV & AIDS, TB and COS grant: HIV & AIDS component

<b>Name of Grant:</b>	<b>Comprehensive HIV &amp; AIDS, TB and COS grant: HIV &amp; AIDS component</b>	
<b>Purpose of the Grant:</b>	<ul style="list-style-type: none"> <li>To enable the health sector to develop and implement an effective response to HIV/AIDS and TB, Prevention, and protection of health workers from exposure to hazards in the workplace</li> </ul>	
<b>Current annual budget (R thousands)</b>	<b>R 2 210 019</b>	
<b>Period of grant</b>	<b>2024/2025</b>	
	<b>Performance Indicators</b>	<b>Target</b>
	HIV positive 15-24 years (excl. ANC) rate	1.5%
	HIV test positive around 18 months rate	<2%
	ART adult remain in care rate (12 months)	95%
	ART child remain in care rate (12 months)	95%
	Adult - viral load suppressed rate (12 months)	95%
	ART Child - viral load suppressed rate (12 months)	95%
	All DS-TB client LTF rate	<5%
	All DS-TB Client Treatment Success Rate	85%
	Rifampicin resistant/Multidrug Resistant treatment success rate	70%
	Rifampicin resistant/Multidrug Resistant lost to follow-up rate	10%
	TB Pre-XDR treatment success rate	70%
	TB Pre-XDR lost to follow-up rate	10%
	Antenatal 1st visit before 20 weeks rate	76%
	Infant PCR test positive around 10 weeks rate	0.6%

Table 48: Comprehensive HIV & AIDS, TB and COS grant: HIV & AIDS component Details

## Annexure C: District Development Model

## District Development Model – Ehlanzeni District

Table 49: Ehlanzeni District Development Model

Area of intervention	Project description	District Municipality	Project leader	Social partners
HIV, AIDS & STI (HAS) Programme	<p><b>Programmes:</b></p> <ul style="list-style-type: none"> <li>• HIV Testing</li> <li>• Voluntary Male Medical (VMMC) Circumcision</li> <li>• Vertical Transmission Prevention (VTP)</li> <li>• HIV Treatment (ART) Initiation</li> <li>• STI Prevention and Treatment</li> <li>• Pre-Exposure Prophylaxis (PrEP)</li> <li>• Post Exposure Prophylaxis (PEP)</li> </ul> <p><b>National Strategic Plan: Goals:</b></p> <ul style="list-style-type: none"> <li>• Goal 1: Break down barriers to achieving outcomes for HIV, TB and STIs.</li> <li>• Goal 2: Maximise equitable and equal access to services and solutions for HIV, TB and STIs.</li> <li>• Goal 3: Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.</li> <li>• Goal 4: Fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions.</li> </ul>	Ehlanzeni District	DoH	<ul style="list-style-type: none"> <li>• Right to Care (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>
MCWH	<p><b>MCWYH/ISHP</b></p> <ul style="list-style-type: none"> <li>• Maternal</li> <li>• Child health</li> <li>• Women's health</li> <li>• Youth &amp; adolescence</li> <li>• Inter grated school health programme</li> </ul>	Ehlanzeni District	DoH	<ul style="list-style-type: none"> <li>• Right to Care (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>

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Area of intervention	Project description	District Municipality	Project leader	Social partners
<b>COMMUNICABLE DISEASE (CDC) AND EXPANDED PROGRAMME ON IMMUNISATION (EPI)</b>	<p><b>Communicable disease</b></p> <ul style="list-style-type: none"> <li>• Conduct and support all aspects of communicable disease outbreak investigation and control in the district.</li> <li>• Monitor and support sub-districts on Communicable Disease Surveillance and reporting.</li> <li>• Compile weekly surveillance reports and analyse Disease trends.</li> <li>• Plan and conduct outbreak response team meetings in the district.</li> <li>• Monitor the functionality of the sub-districts outbreak response teams.</li> </ul> <p><b>Immunization</b></p> <ul style="list-style-type: none"> <li>• Monitor and support immunization activities.</li> <li>• Monitor and Adverse events following immunization (AEFI) and reporting.</li> <li>• Support sub-districts and facilities.</li> <li>• Conduct trainings.</li> <li>• Plan catchup campaigns.</li> <li>• Monitor set targets</li> </ul>	Ehlanzeni	DoH	<ul style="list-style-type: none"> <li>• Right to Care (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>
<b>Infrastructure</b>	Driekoppies clinic revamp	Nkomazi	DoH	N/A
	Building of the new Mapulaneng hospital	BBR	DoH	N/A
	Casteel clinic revamp	BBR	DOH	N/A
	New Dumphries clinic	BBR	DOH	N/A
	New Msholozzi clinic	CoM	DOH	N/A

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### District Development Model – Gert Sibande District

Table 50: Gert Sibande District Development Model

Area of intervention	Project description	District Municipality	Project leader	Social partners
<b>HIV, AIDS &amp; STI (HAS) Programme</b>	<p><b>Programmes:</b></p> <ul style="list-style-type: none"> <li>• HIV Testing</li> <li>• Voluntary Male Medical (VMMC) Circumcision</li> <li>• Vertical Transmission Prevention (VTP)</li> <li>• HIV Treatment (ART) Initiation</li> <li>• STI Prevention and Treatment</li> <li>• Pre-Exposure Prophylaxis (PrEP)</li> <li>• Post Exposure Prophylaxis (PEP)</li> </ul> <p><b>National Strategic Plan: Goals:</b></p> <ul style="list-style-type: none"> <li>• Goal 1: Break down barriers to achieving outcomes for HIV, TB and STIs.</li> <li>• Goal 2: Maximise equitable and equal access to services and solutions for HIV, TB and STIs.</li> <li>• Goal 3: Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.</li> <li>• Goal 4: Fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions.</li> </ul>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>
<b>MCWH</b>	<p><b>MCWYH/ISHP</b></p> <ul style="list-style-type: none"> <li>• Maternal</li> <li>• Child health</li> <li>• Women's health</li> <li>• Youth &amp; adolescence</li> <li>• Inter graded school health programme</li> </ul>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>
<b>COMMUNICABLE DISEASE (CDC) AND EXPANDED PROGRAMME ON IMMUNISATION (EPI)</b>	<p><b>Communicable Disease</b></p> <ul style="list-style-type: none"> <li>• Monitor and support sub-districts on Communicable Disease Surveillance and reporting.</li> <li>• Monitor and support immunization activities.</li> <li>• Monitor and Adverse events following immunization (AEFI) and reporting.</li> <li>• Support sub-districts and facilities.</li> <li>• Conduct trainings.</li> <li>• Plan catchup campaigns.</li> <li>• Expanded Programme on Immunizations</li> </ul>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> <li>• Refer to Table 51 for other implementing partners</li> </ul>

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Area of intervention	Project description	District Municipality	Project leader	Social partners
<b>Infrastructure</b>	Building of Mn Cindi	Msukaligwa	DOH	N/A
	Building of Ermelo Town Clinic	Msukaligwa	DOH	N/A
	Building of Balfour CHC	Dipaleseng	DOH	N/A
	Building of Ethandukuhaya CHC	Mkhondo	DOH	N/A
	Building of Msukaligwa CHC	Msukaligwa	DOH	N/A

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### District Development Model – Nkangala District

Table 51: Nkangala District Development Model

Area of intervention	Project description	District Municipality	Project leader	Social partners
<b>HIV, AIDS &amp; STI (HAS) Programme</b>	<p><b>Programmes:</b></p> <ul style="list-style-type: none"> <li>• HIV Testing</li> <li>• Voluntary Male Medical (VMMC) Circumcision</li> <li>• Vertical Transmission Prevention (VTP)</li> <li>• HIV Treatment (ART) Initiation</li> <li>• STI Prevention and Treatment</li> <li>• Pre-Exposure Prophylaxis (PrEP)</li> <li>• Post Exposure Prophylaxis (PEP)</li> </ul> <p><b>National Strategic Plan: Goals:</b></p> <p>Goal 1: Break down barriers to achieving outcomes for HIV, TB and STIs.</p> <p>Goal 2: Maximise equitable and equal access to services and solutions for HIV, TB and STIs.</p> <p>Goal 3: Build resilient systems for HIV, TB and STIs that are integrated into systems for health, social protection, and pandemic response.</p> <p>Goal 4: Fully resource and sustain an efficient NSP led by revitalised, inclusive, and accountable institutions.</p>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> <li>• Refer to Table 37 for other implementing partners</li> </ul>
<b>MCWH</b>	<p><b>MCWYH/ISHP</b></p> <ul style="list-style-type: none"> <li>• Maternal</li> <li>• Child health</li> <li>• Women’s health</li> <li>• Youth &amp; adolescence</li> </ul> <p>Inter grated school health programme</p>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> <li>• Refer to Table 37 for other implementing partners</li> </ul>
<b>COMMUNICABLE DISEASE (CDC) AND</b>	<p><b>Communicable Disease</b></p> <ul style="list-style-type: none"> <li>• Monitor and support sub-districts on Communicable Disease Surveillance and reporting.</li> </ul>	Gert Sibande District	DoH	<ul style="list-style-type: none"> <li>• Broadreach Health Development (DSP)</li> </ul>

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Area of intervention	Project description	District Municipality	Project leader	Social partners
<b>EXPANDED PROGRAMME ON IMMUNISATION (EPI)</b>	<ul style="list-style-type: none"> <li>• Monitor and support immunization activities.</li> <li>• Monitor and Adverse events following immunization (AEFI) and reporting.</li> <li>• Support sub-districts and facilities.</li> <li>• Conduct trainings.</li> <li>• Plan catchup campaigns.</li> </ul> Expanded Programme on Immunizations			<ul style="list-style-type: none"> <li>• Refer to Table 37 for other implementing partners</li> </ul>
<b>Infrastructure Development</b>	Middelburg District Hospital Construction of a new District Hospital	Steve Tshwete Local municipality	DPWRT	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Infrastructure Development</b>	Witbank Tertiary Hospital (Linah Malatji Tertiary Hospital)  Construction of New 400 Beds Tertiary Hospital	Emalahleni Local municipality	DPWRT	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

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### Annexure D: Developmental Partners

#### Developmental Partners supporting the department.

Table 52: Developmental Partners List.

No	Partner	Funder	Program	District
1	BroadReach Health Development	PEPFAR / USAID	TB; HIV Care and Treatment at District level, DREAMS and Key Populations. Provincial program support (Technical Support)	Province, Gert Sibande and Nkangala
2	Right To care	PEPFAR / (USAID and CDC)	TB and HIV Care and Treatment/ Covid Vaccination/ VMMC	Ehlanzeni
3	TB/HIV Care	PEPFAR/ CDC	Key Pop Commercial Sex Workers/ People who inject Drugs/ Inmate Program	Gert Sibande, Ehlanzeni and Nkangala
4	Aurum Institute	PEPFAR/ CDC	Key Pop MSM, Transgender and LGBTQI	Ehlanzeni
5	Aquity Innovations	Global Fund	TB Program	Ehlanzeni
6	NorthStar Alliance	Grants Challenges/ AIDSFOND	Commercial Sex Workers and Truck drivers	Ehlanzeni
7	Trucking Wellness	National Bargaining Council Road Freight Industry	Commercial Sex Workers and Truck Drivers	Ehlanzeni
8	AFSA	Global Fund	Grants Management/ DREAMS Family Strengthening	Gert Sibande and Ehlanzeni
9	IHPS	AFSA/ Global Fund	Adolescents and Youth Programs	Ehlanzeni
10	NACOSA	PEPFAR/ USAID	HIV/GBV Prevention DREAMS	Gert Sibande, Nkangala and Ehlanzeni
11	Childline Mpumalanga	NACOSA/ USAID	Community Based HIV & GBV Prevention under DREAMS	Gert Sibande, Nkangala and Ehlanzeni

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No	Partner	Funder	Program	District
12	Family Restoration Foundation	NACOSA/ USAID	GBV Prevention/ DREAMS	Ehlanzeni
13	EDC	PEPFAR/ USAID	School-Based Sexuality Education & HIV Prevention (SA-SBSEHP) Activities DREAMS in Schools	Gert Sibande, Nkangala and Ehlanzeni
14	Wits RHI	PEPFAR/ USAID	DREAMS in Communities HTS, PrEP initiation, SRH, & Family Planning	Gert Sibande, Nkangala and Ehlanzeni
15	Mothers 2 Mothers	PEPFAR/ USAID	Orphans and Vulnerable, Children and Youth (OVCY), Primary Prevention, Comprehensive Case Management/ DREAMS Family Strengthening	Gert Sibande, Nkangala and Ehlanzeni
16	Obrigado HBC	PEPFAR Community Grants	Targeted Prevention and Psychosocial support for PLHIV	Ehlanzeni
17	Wisani Community Project	PEPFAR Community Grants	Adherence Clubs for PLHIV, Adolescents and Youth TB/HIV relater home services through tracking and tracing	Ehlanzeni
18	Hlayisani Centre of Hope	PEPFAR Community Grants	Adherence Clubs Tracking and tracing for TB/HIV	Ehlanzeni
19	International Organisation for Migration/ Save the Children	Government of Netherlands	SRH and rights (Migrants, Sex Workers, Young Vulnerable people)	Ehlanzeni
20	Ritshidze	PEPFAR/ USAID	Health Services Community Monitoring	Gert Sibande, Nkangala and Ehlanzeni
21	Malekutu Development Programme	Social Development	HIV Prevention through Social Behaviour Change	Ehlanzeni
22	Brothers Community Development Services	Social Development	HIV Prevention Through Social Behavioural Change	Ehlanzeni
23	Octopus Network	Social Development	HIV Prevention through Social Behaviour Change	Ehlanzeni
24	ReAction	Right to Care / USAID	ADAPT / Covid Vaccine	Nkangala

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No	Partner	Funder	Program	District
25	Love Life	NDoH	Youth Program	Nkangala, Gert Sibande and Ehlanzeni
26	HEAPS	Global Fund under AFSA	Adolescence and Young People	Gert Sibande
27	iSiphephelo HBC	DSD	Social Behavioural change under prevention care & support	Gert Sibande
28	Khanyisa Mahlala Entabeni	Global Fund under AFSA	Human rights program	Gert Sibande
29	The SEED of Hope	Global Fund under Beyond Zero	Key Pop (Transgender Program) Adolescents and Youth Programs	Gert Sibande and Ehlanzeni
30	Philasande NGO	PEPFAR Community Grant	Tracking and tracing services for people that have experienced treatment interruption. Psychosocial support services	Gert Sibande
31	GRIP	NACOSA / USAID	DREAMS / GBV program	Gert Sibande and Ehlanzeni
32	ANOVA Health	Global Fund under Beyond Zero	Key Pop (Men having Sex with Men)	Gert Sibande
33	JPS – SA	NDoH	VMMC Program	Gert Sibande
34	Southern Health Foundation (SHF)	NDoH	VMMC Program	Gert Sibande
35	Dr Masinga & Partners	NDoH	VMMC Program	Gert Sibande
36	CRP	NDoH	Community HTS, Tracking and Tracing	Gert Sibande
37	Thola Ulwazi Thola Impilo	Mondi forest	Mobile PHC services to farming communities	Gert Sibande
38	Project Last Mile	Right to Care / ADAPT	CV19 Vaccination and Health Campaign	Gert Sibande, Nkangala and Ehlanzeni

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No	Partner	Funder	Program	District
39	PSASA	Global Fund under AFSA	Adolescence and Young People	Gert Sibande
40	Ekuthuleni Multi Purpose Centre	PEPFAR Community Grant	Adherence Clubs Tracking and tracing services for people that have experienced treatment interruption.	Ehlanzeni
41	Vuka Nethemba CBC	PEPFAR Community Grant	Adherence Clubs Tracking and tracing services for people that have experienced treatment interruption.	Nkangala
42	Education Support Service Trust (ESST)	NDoH	TB and HIV Tracking and Tracing, HTS service and social mobilization. Treatment support and monitoring. wellness intervention.	Gert Sibande
43	Leandra Community Centre	NDoH	Home HTS targeting men, psychosocial support and social mobilization	Gert Sibande
44	Humana People to People	NDoH	HOPE Program	Gert Sibande
45	Senzakahle NPO	NDoH	AYP: Social Mobilization, TB screening and Condom distribution. PrEP and SRHR referrals, Adherence counselling and support and HTS	Gert Sibande
46	Get Down Production	NDoH	Social Mobilization activities, dialogs, and health talks	Nkangala
47	Sunrise Wellness & Development Solutions of Africa	NDoH	HTS, Social Mobilization	Nkangala
48	Leseding Care Givers	NDoH	HTS, Social mobilization and Condom distribution	Nkangala
49	Match	PEPFAR / CDC	TB program support / Accelerate 2	Nkangala
50	Training Institute for Primary Healthcare (TIPHC)	NDoH		Nkangala
51	North Star Alliance	NDoH	Key POP services targeting Men (Trucking services)	Ehlanzeni

