health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Mpumalanga Department of Health

Annual Performance Plan

Retabled

2025/2026

MPUMALANGA
THE PLACE OF THE RISING SUN

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

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Executive Authority Statement

The Mpumalanga Department of Health remains committed to strengthening performance management as a critical driver of service delivery improvements. As we navigate an evolving healthcare landscape, it is imperative that we enhance our systems of accountability, efficiency, and responsiveness to the needs of our communities.

This 2025/2026 financial year Annual Performance Plan (APP) comes at a crucial time when our health system must respond effectively to the quadruple burden of disease, which includes amongst others, the high prevalence of HIV/AIDS and TB, maternal and child mortality, non-communicable diseases, and violence and injuries. These health challenges place immense pressure on our facilities and require innovative, data-driven strategies to improve health outcomes.

Furthermore, the progressive implementation of the National Health Insurance (NHI) represents a transformative shift towards achieving universal health coverage. To ensure successful implementation, we must strengthen our health infrastructure, address critical gaps in facility upgrades, maintenance, and the provision of modern medical equipment. Investments in infrastructure improvement will enhance service efficiency, improve patient care, and ensure that all communities, particularly those in rural and underserved areas, have access to quality healthcare services.

Aligned with the Mpumalanga Medium-Term Development Plan (MTDP), the department's strategic priorities include: Strengthening primary healthcare (PHC) services through improved access to quality health services at community and district levels; enhancing human resources for health by addressing critical shortages and improving workforce capacity and skills development; expanding disease prevention and health promotion initiatives to reduce the burden of communicable and non-communicable diseases; Improving maternal and child health outcomes through targeted interventions and strengthened reproductive health services; advancing digital health solutions and data-driven decision-making for improved service delivery and monitoring; strengthening emergency preparedness and response mechanisms to mitigate the impact of public health threats and outbreaks and ensuring efficient financial management and resource allocation to optimize service delivery and sustainability.

The focus for health in this period will be centered on: implementing comprehensive strategies to address the high burden of disease, particularly HIV/AIDS, TB, and non-communicable diseases; scaling up interventions aimed at reducing maternal and child mortality; enhancing mental health services and integrating them into primary healthcare; strengthening partnerships with key stakeholders to improve healthcare service delivery and ensuring equitable access to healthcare services, particularly in rural and hard-to-reach communities.

Through this plan, we aim to foster a culture of excellence, continuous improvement, and professional development across all levels of the department. By setting clear objectives, monitoring progress, and recognizing outstanding performance, we will strengthen our capacity to address healthcare challenges and advance the goals of an integrated, people-centered health system.

I call upon all employees to embrace this plan with commitment and dedication. Let us work together to achieve an efficient, well-functioning health system that upholds the principles of equity, accountability, and quality service delivery.

Signature: 

Date: 28-03-2025

Honourable SJ Manzini

Executive Authority: Department of Health

Accounting Officer Statement

As the Accounting Officer, I am pleased to present the 2025/26 Annual Performance Plan, which translates our strategic priorities into operational action. This plan outlines our roadmap for strengthening healthcare service delivery and ensuring improved health outcomes for all communities in Mpumalanga.

Operationalizing the priorities requires a multifaceted approach. We will focus on enhancing healthcare infrastructure, optimizing resource allocation, and reinforcing our human resources capacity to ensure seamless delivery of services.

Key operational areas include: Strengthening our healthcare workforce by implementing targeted recruitment and retention strategies, particularly in rural and underserved areas; expanding digital health initiatives to improve data management, patient tracking, and overall service efficiency; ensuring timely procurement and maintenance of essential medical equipment to support high-quality service provision; implementing facility improvement plans to enhance infrastructure and ensure a conducive environment for healthcare delivery; intensifying disease prevention and health promotion programs through community outreach and strengthened stakeholder collaborations; enhancing emergency response readiness to effectively manage public health threats and potential outbreaks.

The allocated budget of R19.5 billion for 2025/26 will be utilised towards achieving the strategic priorities and targets clearly outlined in the Annual Performance Plan in pursuance of the 2025-2030 Strategic aspirations. Considerable effort has been dedicated to aligning the budget with service delivery to ensure optimal service delivery in a resource-constrained environment.

Our commitment to achieving universal health coverage through the National Health Insurance (NHI) is unwavering. This requires us to improve the integration of services, streamline referral systems, and enhance financial sustainability measures. By leveraging data-driven decision-making and monitoring performance, we will continuously evaluate and refine our strategies to achieve optimal impact.

This Annual Performance Plan reflects our dedication to strengthening accountability, fostering innovation, and ensuring equitable healthcare access. I encourage all stakeholders, from healthcare professionals to community members, to play an active role in realizing our shared vision of a healthier Mpumalanga.

Together, we can build a resilient, responsive, and high-performing health system that meets the needs of our people.

Signature: _____

Date: 27/3/2025

Dr LK Ndhlovu

Head: Health

Mpumalanga Department of Health

Official Sign-off

It is hereby certified that this Annual Performance Plan submitted on 10 June 2025.

- 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 2025-2026 FY.

[Mr 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 Magaguta] Signature:

Manager Programme 6: Health Sciences and Training

[Mr EL Mokwena] Signature:

Manager Programme 8: Infrastructure

[Ms CA Nkuna] Signature:

Deputy Director General: Finance

[Mr PB Ndlovu] Signature:

[Head Official responsible for Planning]

[Dr LK Ndlhovu] 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 2025-2026 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. PEPFAR
6. BroadReach Health Development
7. Right To Care

Acronyms

4IR	Fourth Industrial Revolution
ADAPT	Accelerating Development Against Pandemic Threats
AIDS	Acquired Immuno deficiency syndrome
ANC	Antenatal Care Services
ART	Antiretroviral Therapy Treatment
AYP	Adolescent and Young People
BUR	Bed Utilization Rate
CCMDD	Central Chronic Medicine Dispensing and Distribution
CDC	Centre for Disease Control and Prevention
CEOs	Chief Executive Office
CGICTPF	Corporate governance of Information and Communications Technology Policy Framework
CHW	Community Health Worker
COS	Community Outreach Services
CV19	Covid 19
DHB	District Health Barometer
DHIS	District Health Information System
DMoC	Differentiated Models of Care
DOH	Department of Health
DPSA	Department of Public Service and Administration
DPWRT	Department of Public Works, Roads, and Transport
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women
DS-TB	Drug Sensitive Tuberculosis
EA	Enterprise Architecture
EC	Eastern Cape
EML	Essential Medicine List
EMS	Emergency Medical Services
EOST	Emergency Obstetric Simulation Training
EPWP	Sector Expanded Public Works Programme
FPS	Family Planning Services
FPS	Forensic Pathology Services
FS	Free State
GBV	Gender Based Violence
GP	Gauteng
GPS	Global Positioning System
GWEA	Government Wide Enterprise Architecture Framework
HAST	HIV/AIDS, STI's and Tuberculosis
HbA1C	Haemoglobin A1C
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
HTS	HIV Testing Service
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMMR	In facility maternal mortality ratio
ISHP	Integrated School health Program
IUCD	Intra Uterine Contraceptive Device
Key Pop	Key Population
KZN	KwaZulu Natal
LGBTQI	Lesbian, Gay, Bisexual, Transgender and Queer and Intersex
LP	Limpopo
LTF	Loss To Follow
MCWH&N	Mother to Child Woman's' Health and Nutrition
MEC	Member of the Executive Council
MMR	Maternal Mortality Ratio
MOP	Medical Orthotic and Prosthetic
MP	Mpumalanga
MSM	Men who have sex with Men
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NC	Northern Cape
NCDs	Non-Communicable Diseases
NDOH	National Department of Health
NDP	National Development Plan
NHA	National Health Act
NHI	National Health Insurance
NMIR	National Minimum Information Requirements
NNV	Non-Negotiable Vitals
NW	North West
OMBU	Obstetric Midwifery Birth Unit
OVCY	Orphans, Vulnerable Children and Youth
PCR	Polymerase Chain Reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLHIV	People Living with Human Immunodeficiency Virus
PrEP	Pre-Exposure Prophylaxis
PSI	Patient Safety Incidents
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SA-SBSEHP	School-Based Sexuality Education & HIV Prevention
SCM	Supply Chain Management
SDG	Sustainable Development Goals
SHERQ	Safety Health Environment Risk and Quality
SLA	Service Level Agreement
SOPs	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STATSA	Statistics South Africa
TB	Tuberculosis
TORs	Terms of Reference
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UHC	Universal Health Coverage
U-LAM	Urine Lipoarabinomannan
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WBPHCOT	Ward-Based Primary Healthcare Outreach Teams
WC	Western Cape
XDR	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, 196 (Act No. 92 of 1996): - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

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

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

Council for Medical Schemes Levy Act, 2000 (Act 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.

National Health Insurance Act, 2023 (Act No. 20 of 2023): - Provides for the establishment and maintenance of a National Health Insurance Fund that will serve as the single purchaser and single payer of health care services

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 97of 1998): - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

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

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

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

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

Division of Revenue Act, (Act No 7 of 2003): - Provides 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 Act

South Africa is in the midst 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.

The NHI Bill was signed into law on the 15th of May 2024 by President Cyril Ramaphosa. The National Health Insurance (NHI) Act will be phased in gradually, using a progressive and programmatic approach based on financial resource availability from 2024 to 2028. The Act will be implemented in two phases: Phase 1 commenced in 2023 and will continue for a period of three years until 2026; and Phase 2 will commence in 2026 and will run for a period of another three years until 2028.

On 6 February 2025 in the State of the Nation Address the President stated that the preparatory work for NHI will continue and include development of a single electronic health record, establishment of a Ministerial Advisory Committees on health technology and health care benefits and an accreditation framework for health care providers.

To support strengthening of the health system and improving quality of care, several healthcare facilities will be constructed across the country, including district, regional and central hospitals. Existing facilities will undergo modernisation, improvement and maintenance.

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.

Goal 1: - Average male and female life expectancy at birth increases to 70 years

Goal 2: - Progressively improve TB prevention and cure

Goal 3: - Reduce maternal, infant and child mortality

Goal 4: - Significantly reduce prevalence of non-communicable chronic diseases

Goal 5: - Reduce injury, accidents and violence by 50 percent from 2010 levels

Goal 6: - Complete health systems reforms

Goal 7: - Primary healthcare teams provide care to families and communities

Goal 8 - Universal health care coverage

Goal 9: - Fill posts with skilled, committed and competent individuals

2.3. Sustainable Development Goals

South Africa is one of the 193 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 number 3: Good Health and Well-Being is directly linked to health sector and they are as follows:

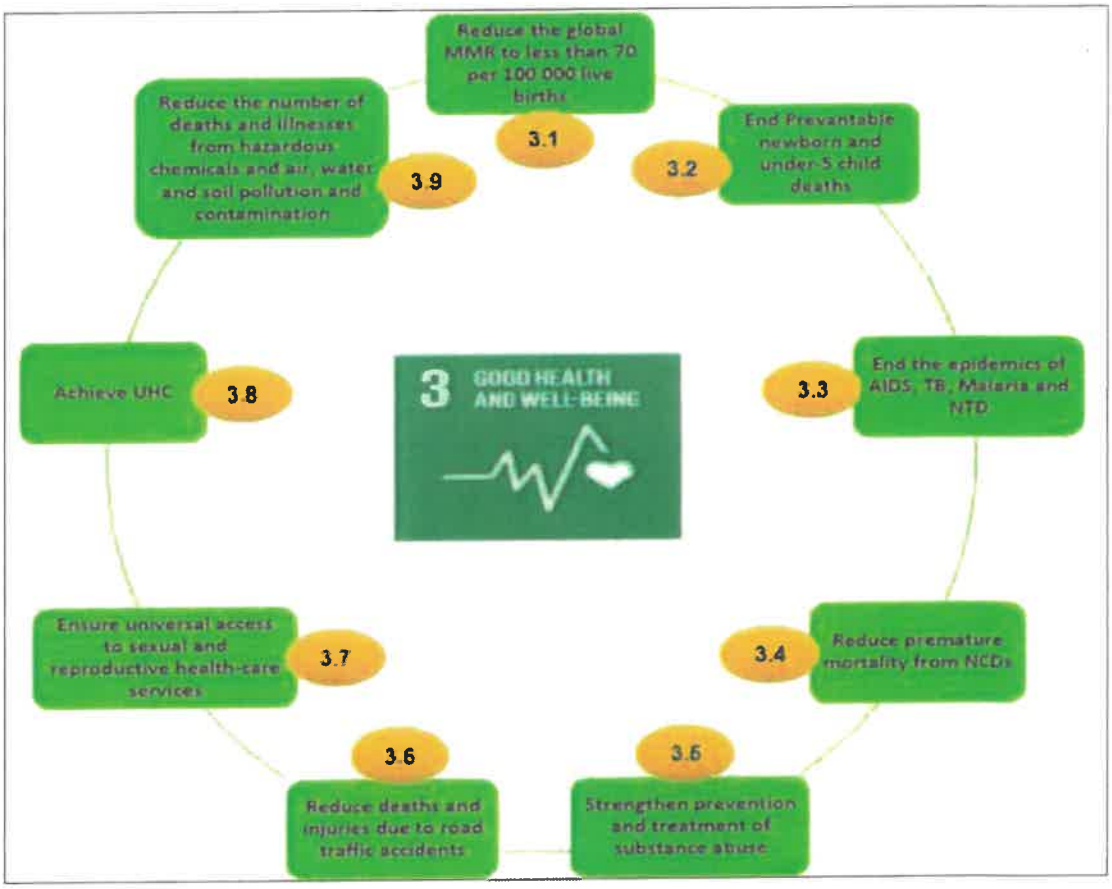


Figure 1: Sustainable Development Goals

The table below outlines each goal contributing towards Sustainable Development Goal 3.

Table 1: SDG Goals

Goal 3: Ensure Healthy lives and promote well-being for all at all ages	
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 newborns and children under 5 years of age**, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
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	**Support the research and development of vaccines and medicines** for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
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.**

2.4. Medium Term Development Plan

Following the general elections on 29 May 2024, the government of national unity for the 7th Administration was announced on 30 June 2024. The opening address of Parliament was held on 18 July 2024 during which the President outlined the strategic priorities of the 7th administration. These are:

- Drive inclusive growth and job creation
- Reduce poverty and tackle the high cost of living
- Build a capable, ethical and developmental state.

Further to this, the Government of National Unity has outlined the 4 health sector priorities to be implemented in this current term:

Strategic Priority 2: Maintain and optimise the social wage – *investing in people through education, skills development and affordable quality health care.*

1. Pursue achievement of *universal health coverage* through the implementation of the National Health Insurance to address inequity and financial hardship in accessing quality healthcare,
2. Strengthen the primary health care (PHC) system by ensuring that home and community-based services, as well as clinics and community health centres are well-resourced and appropriately staffed to provide the *promotive, preventive, curative, rehabilitative and palliative care services required for South Africa's burden of disease,*
3. Improve the *quality of healthcare* at all levels of the health establishments, inclusive of public and private facilities,
4. Improve resource management by optimising *human resources* and healthcare *infrastructure* and implementing a single *electronic health record.*

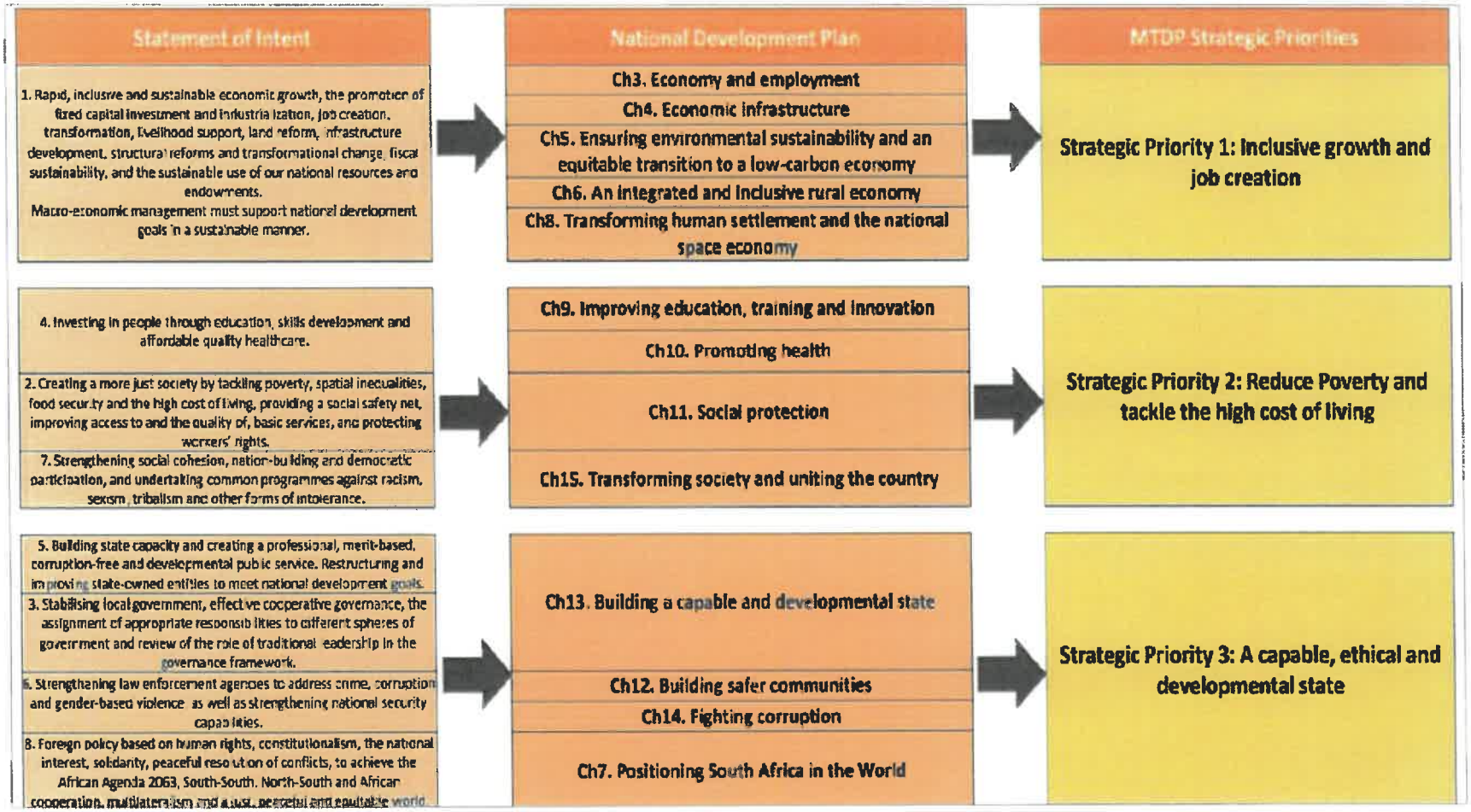


Figure 2: Alignment of GNU Statement of Intent, NDP and MTDP Priorities

2.5. Sector MTDP 2025 – 2030: Alignment of Key Strategies

Table 2: Alignment of Key Strategies: NDP 2030, MTDP 2024-2029, and Presidential Health Compact 2024-2029

NDP 2030	MTDP 2024-2029		PRESIDENTIAL HEALTH COMPACT 2024-2029
Vision 2030 A health system that works for everyone and produces positive health outcomes. By 2030, it possible to: • Raise the life expectancy of South Africans to at least 70 years. • Ensure that the generation of under-20s is largely free of HIV. • Significantly reduce the burden of disease. • Achieved an infant mortality rate of less than 20 deaths per thousand live births including an under-5 mortality rate of less than 30 per thousand • A National Health Insurance system needs to be implemented in phases. **StatsSA, Mid-Year Population Estimates, 2024, 30 July 2024**	1	Pursue achievement of **Universal Health Coverage** through the implementation of the National Health Insurance to address inequity and financial hardship in accessing quality health care	**Pillar 1:** - Augment Human Resources for Health Operational Plan **Pillar 2:** - Better supply chain equipment and machinery management to ensure improved access to essential medicines, vaccines, and medical products. **Pillar 4:** - Engage the private sector in improving health services' access, coverage and quality. **Pillar 6:** - Improve the efficiency of public sector financial management systems and processes.
	2	Strengthen the **Primary Health Care (PHC) system** by ensuring that home and community-based services, as well as clinics and community health centres are well-resourced and appropriately staffed to provide the promotive, preventive, curative, rehabilitative and palliative care services required for South Africa's burden of disease	**Pillar 5:** - Improve health services' quality, safety, and quantity, focusing on primary health care. **Pillar 8:** - Engage and empower the community to ensure adequate and appropriate community-based care
	3	Improve the **Quality of Health Care** at all levels of health establishments, inclusive of private and public facilities.	**Pillar 5:** Improve health services' quality, safety, and quantity, focusing on primary health care. **Pillar 10:** - Pandemic Preparedness and Response **(cross-cutting)**
	4	Improve **Resource Management** by optimizing human resources and healthcare infrastructure and implementing a single electronic health record	**Pillar 1:** Augment Human Resources for Health Operational Plan (also in priority 1) **Pillar 3:** Execute the infrastructure plan to ensure adequate, appropriately distributed, well-maintained health facilities. **Pillar 7:** Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels **(cross-cutting)** **Pillar 9:** Develop an information system to guide the health system's policies, strategies and investments.

2.6. Updates to relevant court rulings

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

Table 3: Litigation status

#	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	Finalised
4	Cerebral palsy	24/06/2019	R29 790 037 50	Finalised
5	Orthopaedic	15/04/2019	R1 555 000	Matter settled out of court
6	Cerebral palsy	03/06/2019	R20 000 000	Finalised
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	Finalised
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	Finalised
17	Orthopaedic	07/01/2020	R2 950 000	Finalised
18	Cerebral palsy	04/102021	R2 500 000	Postponed sine die
19	Cerebral palsy	08/11/2021	R28 001 000	Finalised
20	Cerebral palsy	16/11/2021	R27 300 000	Finalised
21	Cerebral palsy	29/04/2021	R20 350 000	Finalised
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	Finalised
28	Cerebral palsy	23/03/2022	R2 067 522.00	Finalised
29	Cerebral palsy	12/11/2023	R7 450 000	Interim payment /Postponed sine die

#	File type	Court date	Amount	Status
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
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
39	Cerebral Palsy	13/02/2025	R550 000	Postponed sine die
40	Cerebral Palsy	10/04/2025	R700 000	Postponed sine die
41	Cerebral Palsy	23/06/2025	R950 000	Postponed sine die
42	Cerebral Palsy	03/07/2025	R38 100 000	Postponed sine die
43	Cerebral Palsy	22/05/2025	R2 300 000	Postponed sine die
44	Cerebral Palsy	28/04/2025	R21 735 000	Postponed sine die
45	Cerebral Palsy	06/08/2025	R3 503 000	Postponed sine die
46	Cerebral Palsy	10/11/2025	R12 550 000	Postponed sine die
47	Cerebral Palsy	29/09/2025	R12 803 250	Postponed sine die

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 largest 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 the sixth highest population of all the provinces, with a population size of 5 057 662[1]. Population size is affected by multiple factors, including life expectancy, fertility rate and migration patterns. Life expectancy has increased over the last 2.5 decades. For males, life expectancy in the province has increased from 50.9 (2001-2006) to 62.8 years (2021-2026). For women this increase has been from 54.5 (2001-2006) to 67.4 years (2021-2026). Over the same period, the fertility rate has been decreasing, from 2.8 (2001-2006) to 2.4 (2021-2016).

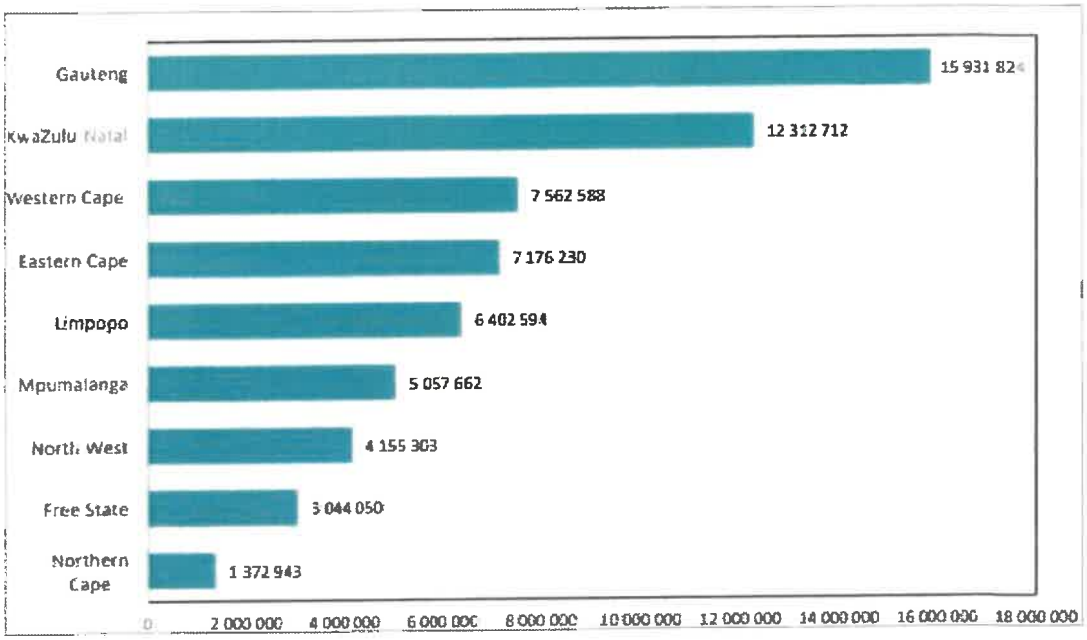
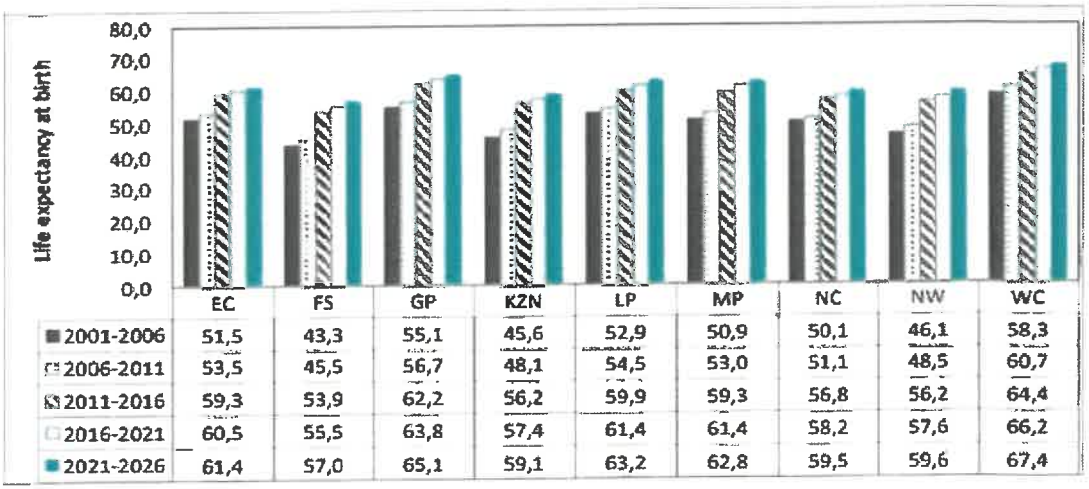


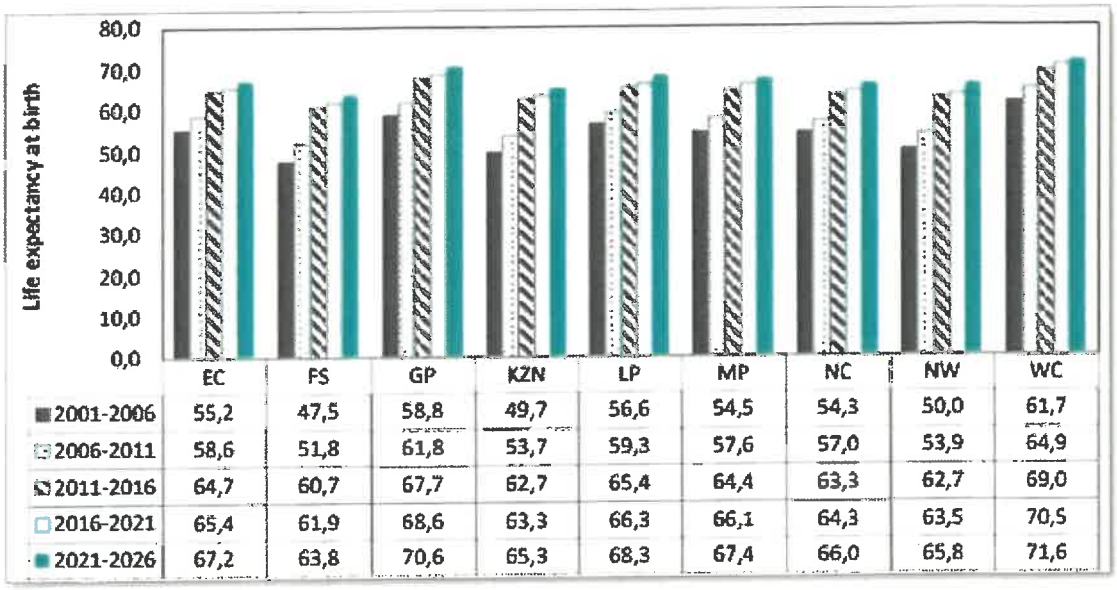
Figure 3: Provincial populations



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	51,5	43,3	55,1	45,6	52,9	50,9	50,1	46,1	58,3
2006-2011	53,5	45,5	56,7	48,1	54,5	53,0	51,1	48,5	60,7
2011-2016	59,3	53,9	62,2	56,2	59,9	59,3	56,8	56,2	64,4
2016-2021	60,5	55,5	63,8	57,4	61,4	61,4	58,2	57,6	66,2
2021-2026	61,4	57,0	65,1	59,1	63,2	62,8	59,5	59,6	67,4

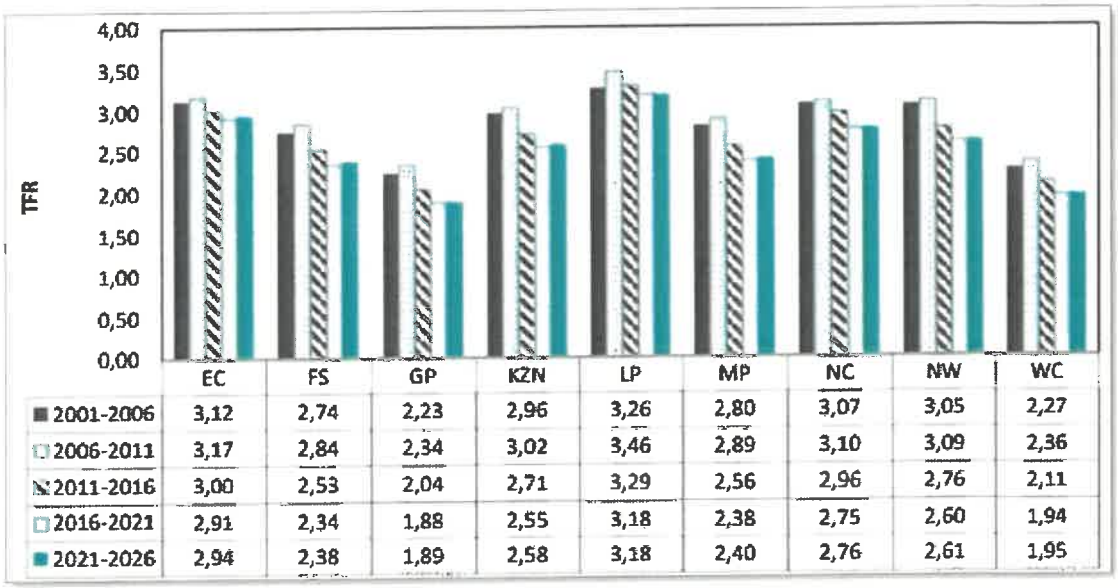
Figure 4: Life expectancy at birth for males, per province

[1] Statistics South Africa Mid-Year Population Estimates, July 2024



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	55,2	47,5	58,8	49,7	56,6	54,5	54,3	50,0	61,7
2006-2011	58,6	51,8	61,8	53,7	59,3	57,6	57,0	53,9	64,9
2011-2016	64,7	60,7	67,7	62,7	65,4	64,4	63,3	62,7	69,0
2016-2021	65,4	61,9	68,6	63,3	66,3	66,1	64,3	63,5	70,5
2021-2026	67,2	63,8	70,6	65,3	68,3	67,4	66,0	65,8	71,6

Figure 5: Life expectancy at birth for females, per province



	EC	FS	GP	KZN	LP	MP	NC	NW	WC
2001-2006	3,12	2,74	2,23	2,96	3,26	2,80	3,07	3,05	2,27
2006-2011	3,17	2,84	2,34	3,02	3,46	2,89	3,10	3,09	2,36
2011-2016	3,00	2,53	2,04	2,71	3,29	2,56	2,96	2,76	2,11
2016-2021	2,91	2,34	1,88	2,55	3,18	2,38	2,75	2,60	1,94
2021-2026	2,94	2,38	1,89	2,58	3,18	2,40	2,76	2,61	1,95

Figure 6: Average fertility rates, per province

All districts in Mpumalanga have shown growth between 2011 and 2022 (figure 7). Children (age 15 years and below) make up 27.8% of the population while 63.7% are youth and adults (15-59 years). The elderly (60 years and older) comprise 8.5% of the population.

Ehlanzeni district has the highest population size followed by Nkangala District and then Gert Sibande with the smallest population. Figures 8 and 9 shows the population density in each district and subdistrict. City of Mbombela, Bushbuckridge, Govan Mbeki, Mkhondo, Emalahleni and Thembisile Hani sub districts with the highest subdistrict populations.

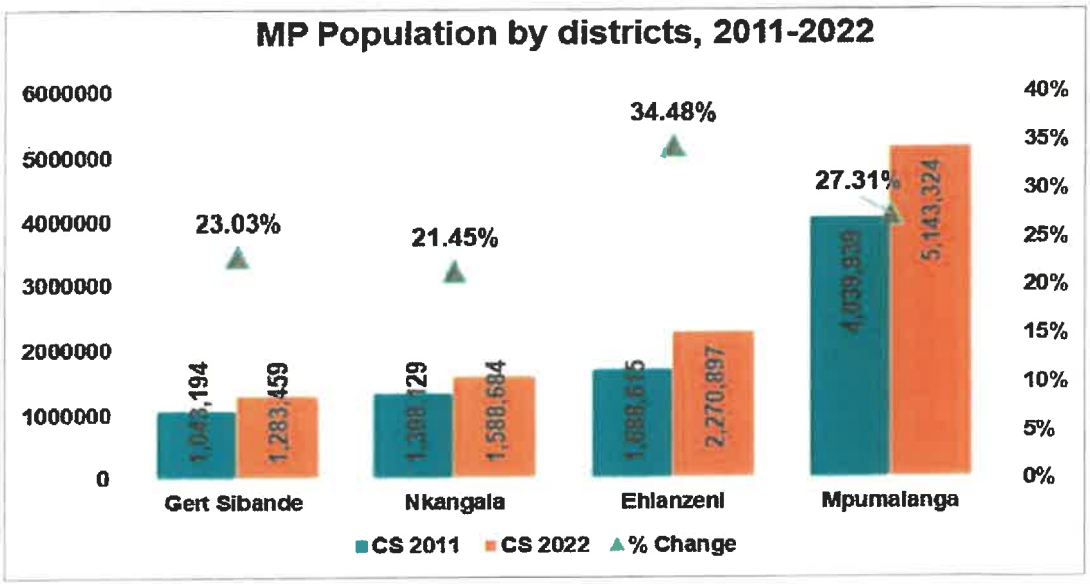


Figure 7: Population per district

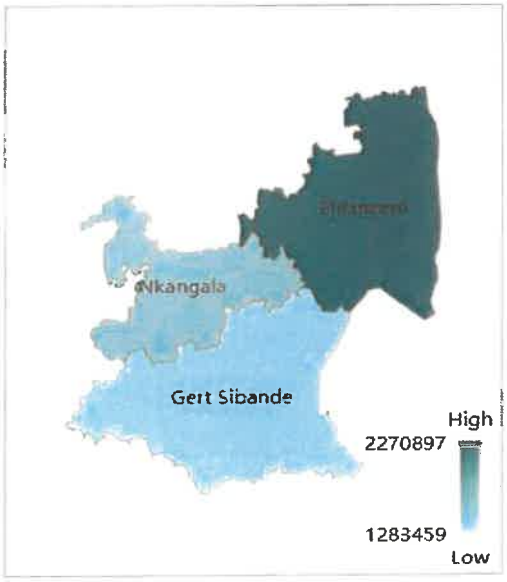


Figure 8: Population density per district

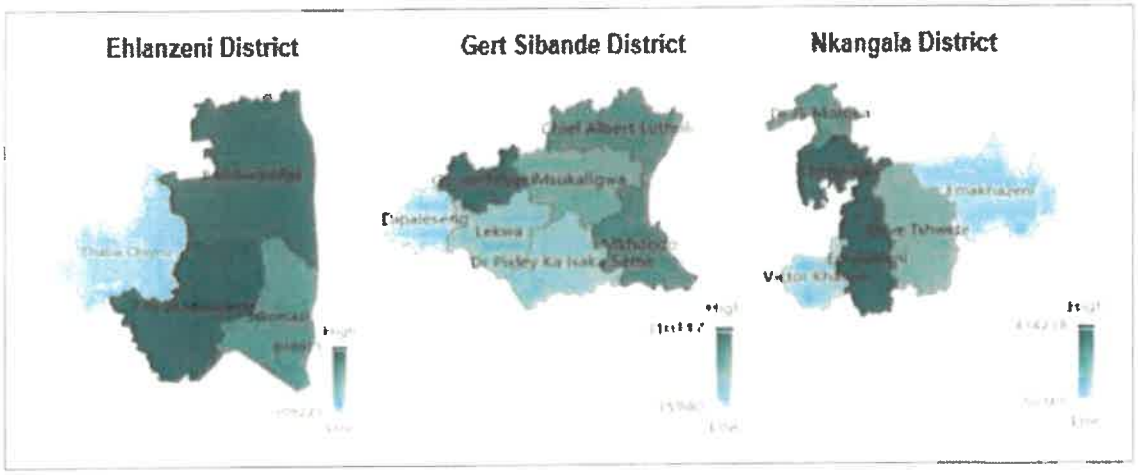


Figure 9: Sub district population density

Furthermore, 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 service delivery and traveling distance to facilities. The province was one of 6 provinces receiving a positive net migration over the period of 2021 to 2026 as illustrated in Figure 10 below. Mpumalanga ranks fourth in comparison to other provinces with a net migration inflow estimated at 75 316 between 2021 and 2026. Migration patterns from Census 2011 compared Census 2022 show majority of Mpumalanga residents migrating mainly to the Gauteng, Limpopo, Kwazulu-Natal, and Western Cape Provinces. The migration into the province was primarily from Gauteng, Limpopo, and KwaZulu-Natal Provinces as well as from outside South Africa (Figure 11).

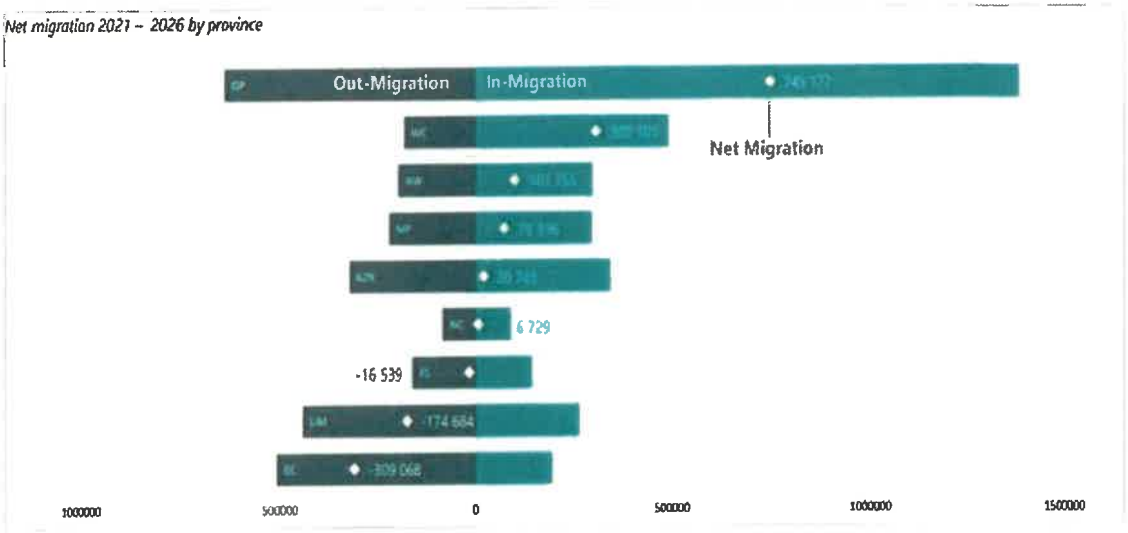


Figure 10: In- and out-migration per province

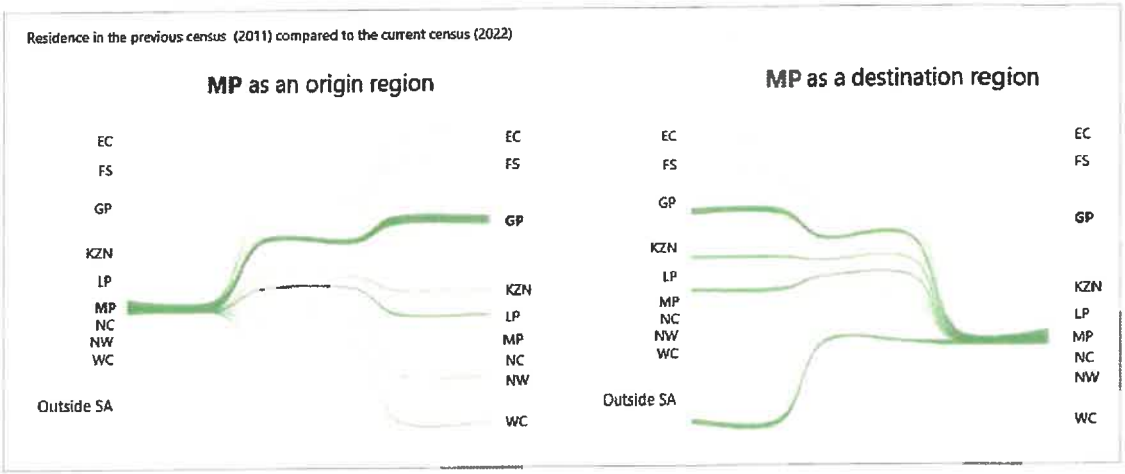


Figure 11: Destination of those leaving Mpumalanga (left) and origins of those entering (right)

6.1.2. Social Determinants of Health

Table 4 below provides a summary of key provincial indicators and socio-economic determinants of health as per Stats SA Census 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.

Table 4: Social determinants of health

Mpumalanga			Ehlanzeni District		Gert Sibande District		Nkangala District	
Indicator Name	**2011**	**2022**	**2011**	**2022**	**2011**	**2022**	**2011**	**2022**
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**
Flush toilets connected to sewerage	43,8%	**54,9%**	24,4%	**36,4%**	66,0%	**73,2%**	50,9%	**62,0%**
Electricity for lighting	86,4%	**93,7%**	88,9%	**96,7%**	83,4%	**91,8%**	85,7%	**91,7%**

Further to this, the following key parameters have been found[2]:

- 86% of learners in the province benefit from a School Nutrition Programme
- 10.4% of the population in the province belong to a medical aid scheme
- 4.8% of those 5 years and older are living with a disability
- 59.1% of households are receiving a social grant, while 46.9% of individuals receive a social grant
- In 2023, 17% of those aged 18-59 received the Social Relief of distress grant, up from 9.6% in 2020.
- 90.1% of the population live in formal dwellings.
- 86.6% of households have access to piped water in dwellings, off-site or on-site, with 8.5% not collecting water, 73.5% spending less than 30 minutes, 17.6% spending 31-90 minutes and 0,4% spending more than 90 minutes collecting water.
- 66.9% of households reported interruptions to the water supply for at least 2 days over the preceding year.
- 67.2% of households have access to sanitation services, up from 50.7% in 2002.
- 89.7% of households are connected to the mains electricity supply, up from 81.1% in 2002, with 92.3% using a prepaid meter.
- 43.8% of household receive refuse removal services once week or less often, 5.1% use a communal refuse dump, and 48.4% use their own refuse dump.
- 95.1% of the population have only a cellular telephone, and 2.5% have a cellular telephone and landline.
- 78.5% have access to internet services, with 76.9% of the population using their mobile phones for this.
- 43.6% of the population used public transport in the preceding week (31.6% using taxi services and 12% using the bus).
- 58.9% of households received income from a salary and 59.5% receive income from a grant. Furthermore, 49.3% of households have a salary as the main source of income.
- 70% of households have adequate access to food.
- 33.1% of households are involved in agricultural activity, which contributes towards food security. 80.2% of these households use agriculture as an additional source of food.

These data point to a few things in Mpumalanga Province. Firstly, great strides have been made in increasing access to basic services in the province over the last 20 years. These include access to electricity, water, and sanitation services. Secondly, many people in the province are the recipients of governmental interventions which contribute to the basic human needs which need to be met to support the life course of an individual. These include access to a school nutrition programme and access to social grant services. These programmes are vital to things such as educational outcomes, ability to find employment and ability to contribute to society economically. Finally, although many gains have been made, there is still a way to go to ensure all people in the province experience food security and income security.

Globally, economic growth in 2024 varied across countries and continents, with China experiencing 4.7 per cent growth year-on-year (third quarter) and the USA experiencing 2.7 per cent over the same period[3]. Elsewhere output decreased owing to continued supply chain disruptions (e.g. Japan and India). In general, the disinflationary period continues although service price levels remain above pre-COVID levels.

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[2] General Household Survey 2023, Statistics South Africa

[3] World Economic Outlook, January 2025, *International Monetary Fund*

Global growth is projected at 3.3 percent in 2025 and 2026 and 3.3. However, this is still below the historical average of 3.7 percent (2000-2019). The South African economy is expected to perform below the global average, with real GDP growth predicted to be 1.5 and 1.6 per cent in 2025 and 2026, respectively the official unemployment rate in South Africa at the end of quarter 3 of 2024 was 32.1 per cent, while that in the Mpumalanga was 36.2 per cent[4]. Furthermore, Mpumalanga recorded a decrease in the unemployment rate, down by 1,2 percentage points from quarter 2 to quarter 3 of 2024. Over the last decade, nationwide, youth (15-34 years) employment increased from 36.8 in 2014 to 46.6 per cent in 2024. Furthermore, 34.2 per cent of those aged 15-14 years are currently not in employment, education or training.

The World Economic Forum Global Risks Report 2025 indicates that the five biggest risks posed to South Africa are: energy supply shortage, unemployment or lack of economic opportunity, water supply shortage, poverty and inequality (wealth and income), and economic downturn such as a recession or stagnation[5].

All of these risks pose threats to the public health system as the demand on it increases. This could be due to loss of access to private health care as people can no longer afford it due to increasing cost of living coupled with stagnating wages, or loss of income. In addition, water supply issues could increase risk of communicable disease outbreaks, which further increase demand for healthcare services. An energy supply shortage shifts the burden onto the public health system to provide its own back-up energy source, which could eat into the health care service provision budget. Provincial economic growth is forecast to be less than the national forecast at less than 1.7 per cent over 2024-2028[6]. There is a high poverty rate with 51.2 per cent of the population living below the lower bound poverty line, i.e. less than R1 058 per person per month. Furthermore, there is a high level of income inequality with a provincial Gini coefficient of 0.60. The poorest 40 per cent of households receive only 7.7 per cent of income, which is below the NDP target of 10 per cent by 2030.

The current socio-economic conditions not only exacerbate the existing burden of disease, but they can also have knock-on effects in other sectors. A 2018 study by De Wet and Frade (2018)[7] found that both communicable and non-communicable conditions amongst adolescents was associated with grade repetition. This can have an impact on multiple things, including learner dropout rate, strain on the education system as learners remain in the system for longer, and slower rate of people entering higher education or the workforce This in turn could influence economic outcomes of the country.

6.1.3. Epidemiology and the quadruple burden of disease

South Africa is unique in terms of its disease burden in that it is the only country in the world to experience a quadruple burden of disease. The four arms of this are:

- Maternal, newborn and child health
- HIV/AIDS and tuberculosis
- Non-communicable diseases
- Violence and injury

[4] Quarterly Labour Force Survey Q3:2024, *Statistics South Africa*

[5] The Global Risk Report 2025, World Economic Forum

[6] Socio-economic Outlook and Review for Mpumalanga, 2024

[7] De Wet and Frade, Disease prevalence and grade repetition among adolescents in South Africa: Is there any relationship? South African Journal of Child Health, DOI:10.7196/SAJCH.2018.v12i2.1504

COVID-19 overtook the conventional causes of death to become the leading cause of death in South Africa in 2021 (figure 13). This is supported by the drop in life expectancy seen during 2020-2022 (figure 12). If we remove COVID-19, the top 3 causes of death are: HIV/AIDS, stroke and diabetes. In 2011, 10 years prior, HIV/AIDS and stroke were already the top two causes of death. However, diabetes was ranked 6th and over the 10-year period rose to become the third leading cause of death. Over the same period tuberculosis went from being the 4th leading cause of death to 7th. This shifting of ranks is testament to the changing dynamics of the quadruple burden of disease and that the health sector should be paying attention to each of these health conditions in order to reduce premature mortality in improve quality of life.

The leading causes of death in Mpumalanga Provinces looks similar to that seen in the country, with the inclusion of diarrhoeal diseases and neonatal disorders (figure 14). Figure 15 shows the top 10 risk factors which contribute to the most disability and death. Half of these are behavioural factors (alcohol and tobacco use, dietary habits, malnutrition and unsafe sex). A further 3 of these are arguably linked to behavioural factors (high blood pressure, high fasting plasma glucose, and high body-mass index). This underscores the importance of prevention of disease, health promotion, and healthier lifestyles.

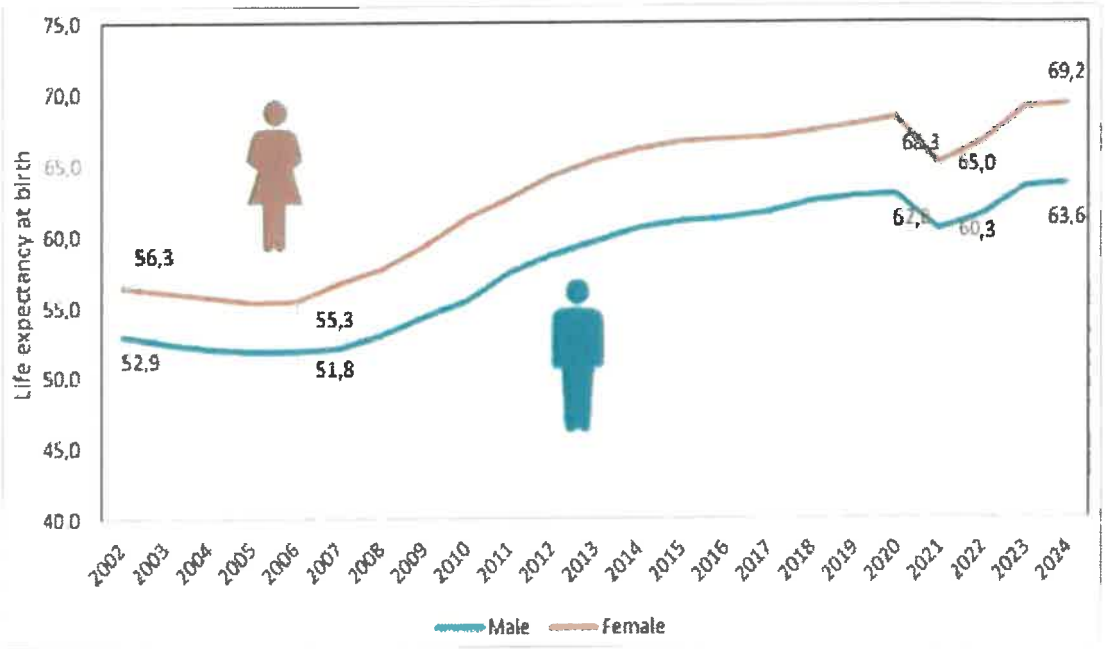

Figure 12: Life expectancy at birth (Population estimates 2024, Stats SA)

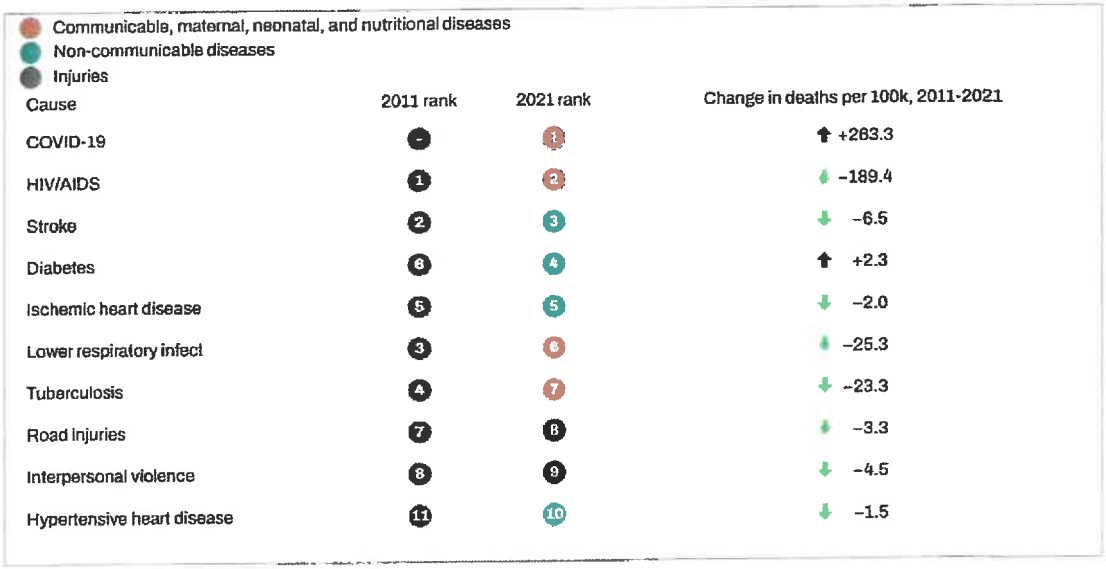

Figure 13: Top 10 causes of death in South Africa https://www.healthdata.org/research-analysis/health-by-location/profiles/south-africa

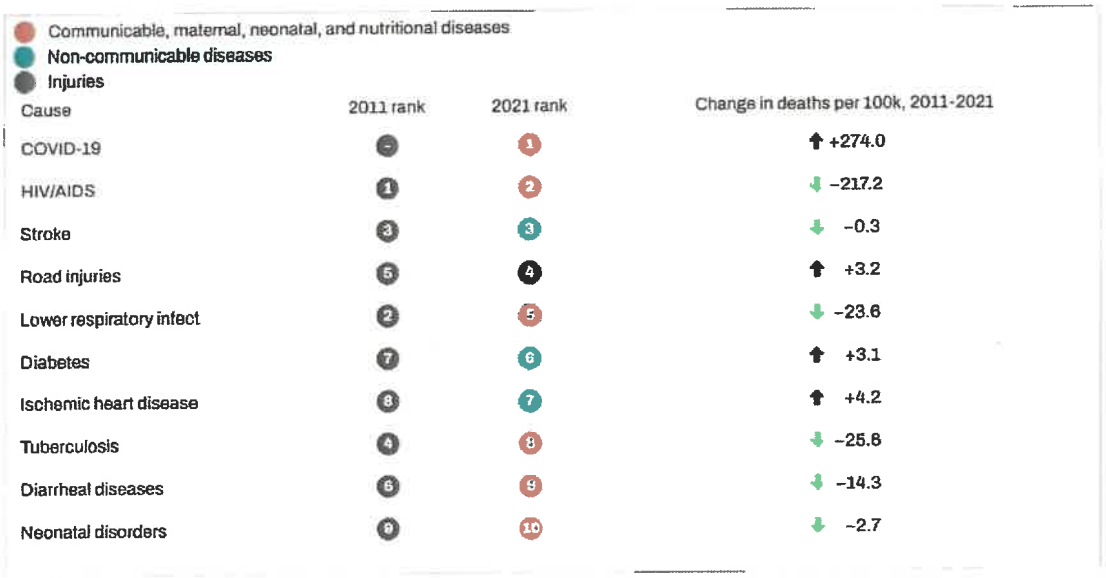

Figure 14: Top ten causes of death in Mpumalanga Province https://www.healthdata.org/research-analysis/health-by-location/profiles/south-africa-mpumalanga

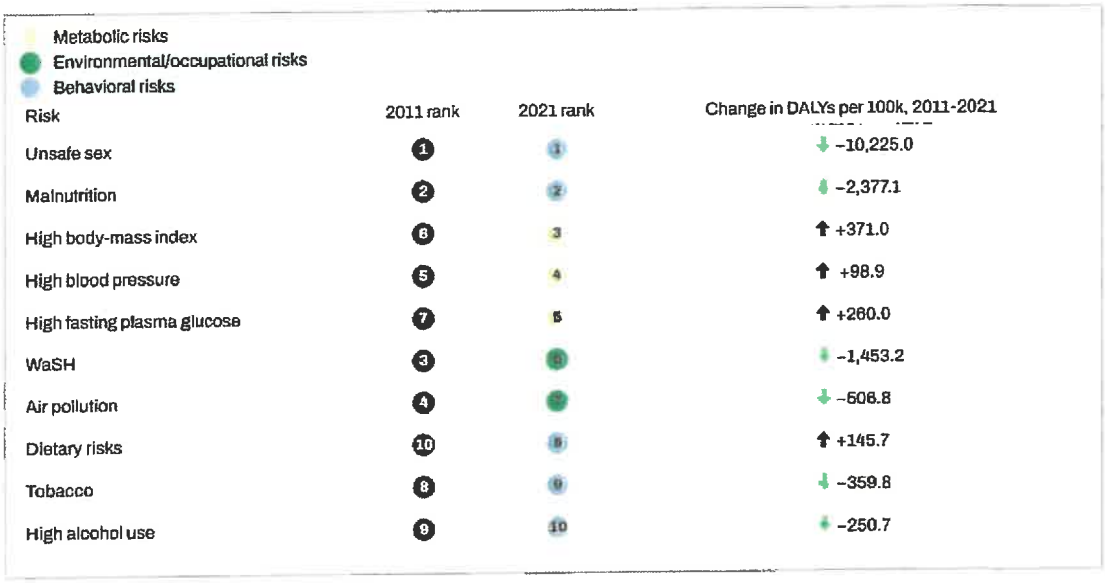

Figure 15: Top ten risk factors in Mpumalanga Province (https://www.healthdata.org/research-analysis/health-by-location/profiles/south-africa-mpumalanga)

Maternal, New Born and Child Mortality

- **Child Immunization**

Immunisation of children under 1 has been on an overall downward trend since 2019/20 (Figure 16). 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 1st dose coverage follows the same pattern, while measles 2nd dose coverage showed a similar pattern apart from a 2 year upward trend from 2021/22 to 2022/23. Performance in the last financial year (2024/25) has been the lowest since 2020/2021, although it should be noted that these data are incomplete.

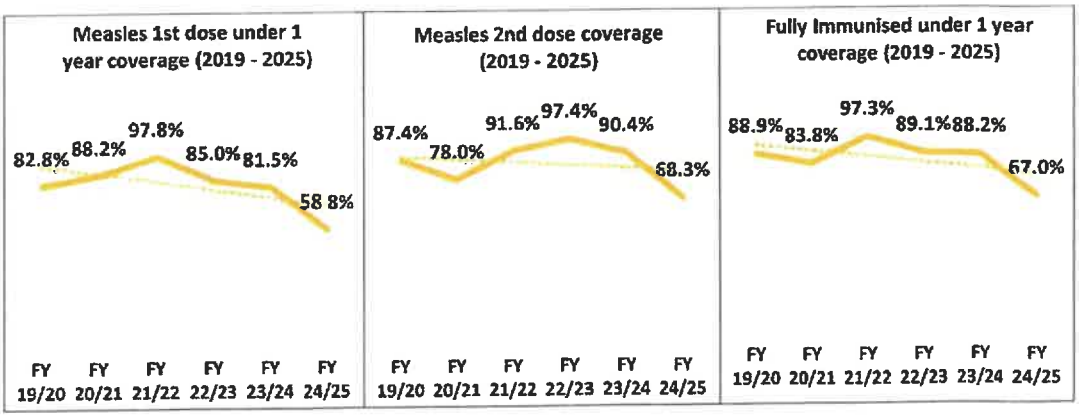

Figure 16: Childhood immunization coverage

- **Antenatal and Post Natal Health**

Antenatal 1st visit before 20 weeks coverage has remained consistent above 70% since 2019/20 to date (figure 17). A drop the rate of first visits before 20 weeks was observed from 2020/21 to 2021/22, likely due to lockdown associated restriction-of movement during the COVID-19 pandemic. This was followed by an overall improvement to 78% coverage in 2024/25.

Mother postnatal visit within 6 days rate has increased steadily, from 71 percent in 2019/20 to 81.4 percent in 2024/25 (figure 17). 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.

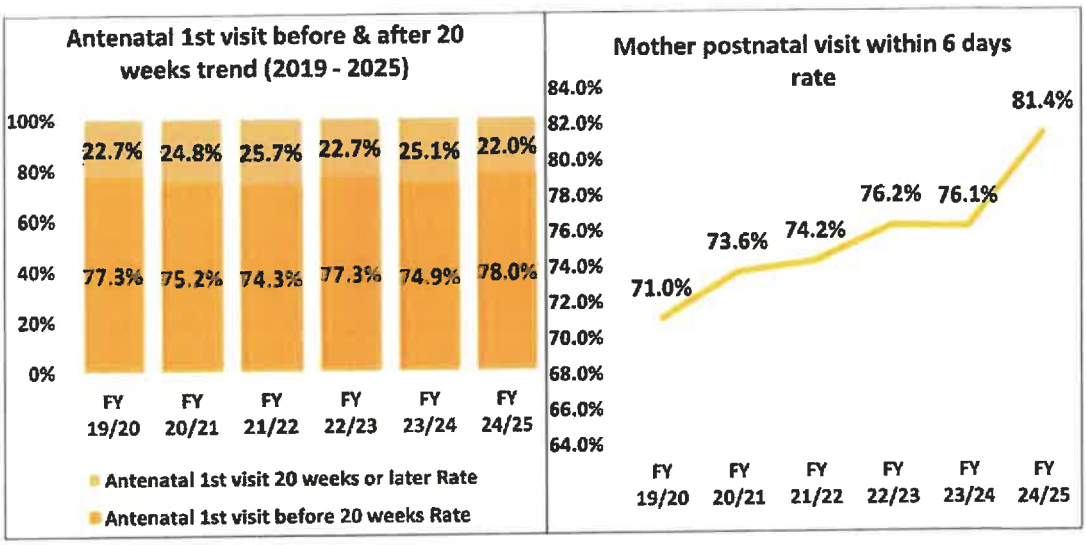

Figure 17: Antenatal first visit before 20 weeks and Mother postnatel visit within 6 days rate

Following imposition of lockdown regulations maternal mortality increased from 67.1 (2019/20) to 130 deaths per 100 000 live births (2021/22) (Figure 18). Since then, there has been a gradual decrease in maternal deaths and the ratio is 110.5 per 100 000 live births in 2024/25. This is nearly double the rate seen in 2019/20 and underscores the reversal in health gains brought on by the pandemic.

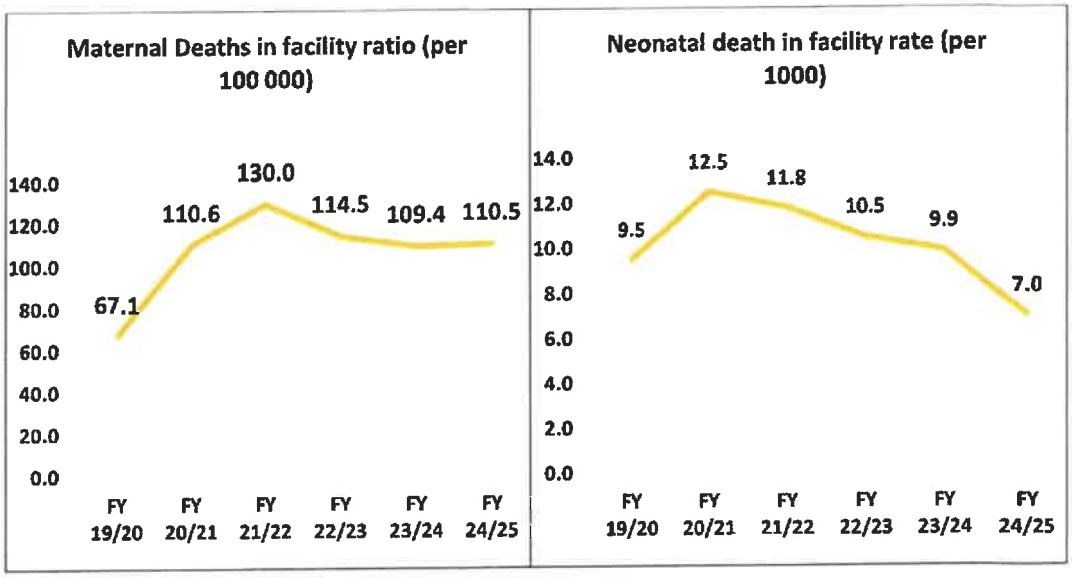

Figure 18: In facility Maternal Mortality Rate and Neonatal Death Rate

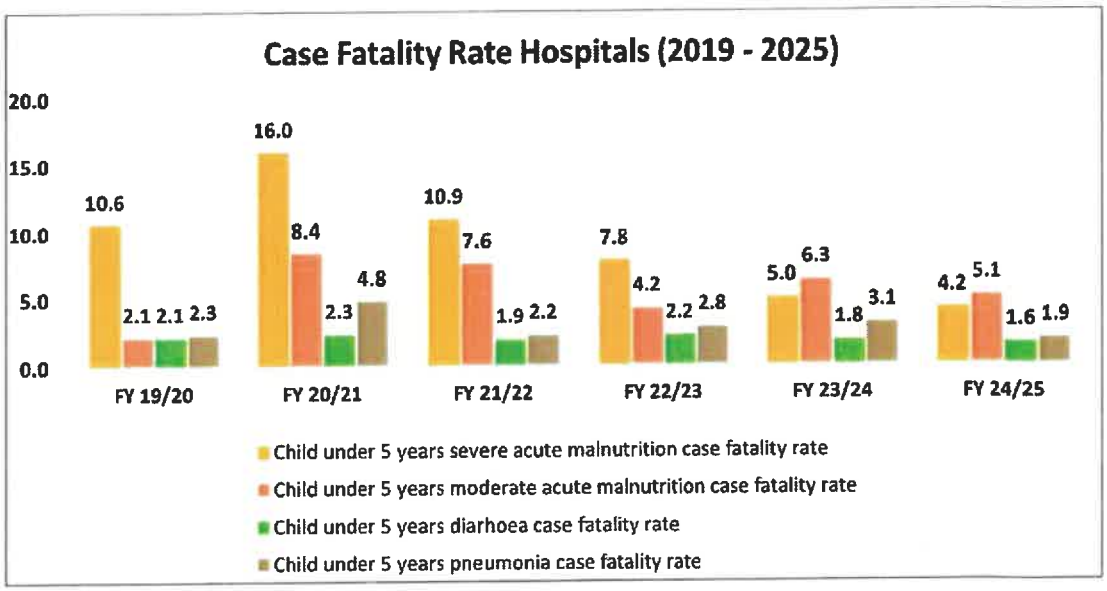

Figure 19: Case Facility Rates < 5

Similarly, neonatal mortality rate also saw an increase in mortality from 2019/20 to 2020/21, followed by a steady and consistent decline over each successive year to reach 7 neonatal deaths per 1000 live births in 2024/25. Factors contributing to the decrease in neonatal deaths include the opening of a neonatal unit with 10 beds at Witbank hospital, retraining of staff and recruitment of specialist doctors.

- **Reproductive Health**

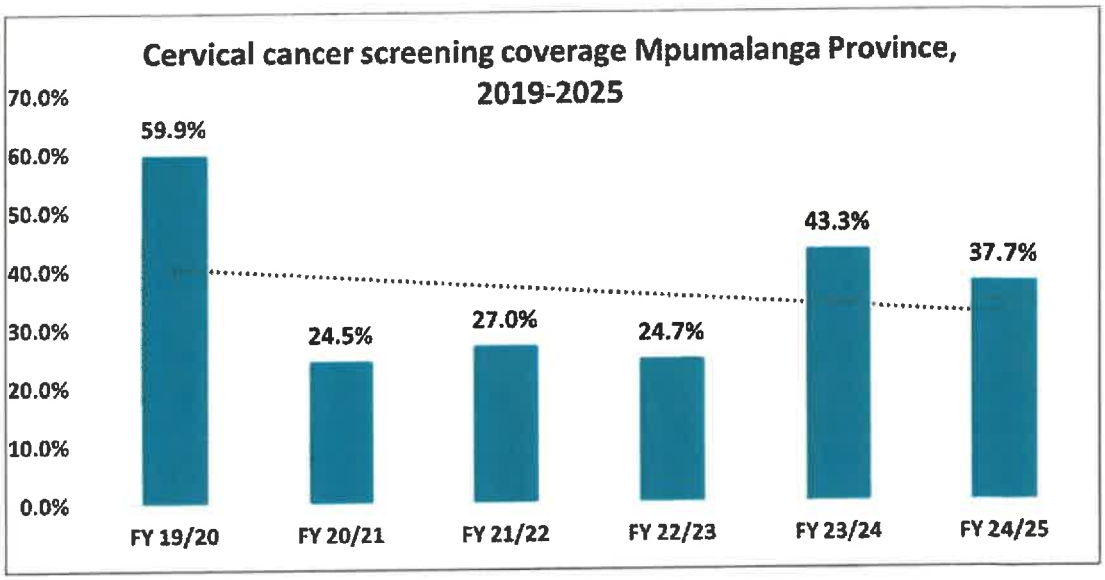

Figure 20: Cervical cancer screening coverage

A sharp decline in the cervical cancer screening rate was observed from 2019/20 to 2020/21 (figure 20). 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 21. A decrease in seen from 2023/24 to 2024/25, however it should be noted that the 2024/25 data is for 9 months and not the complete year.

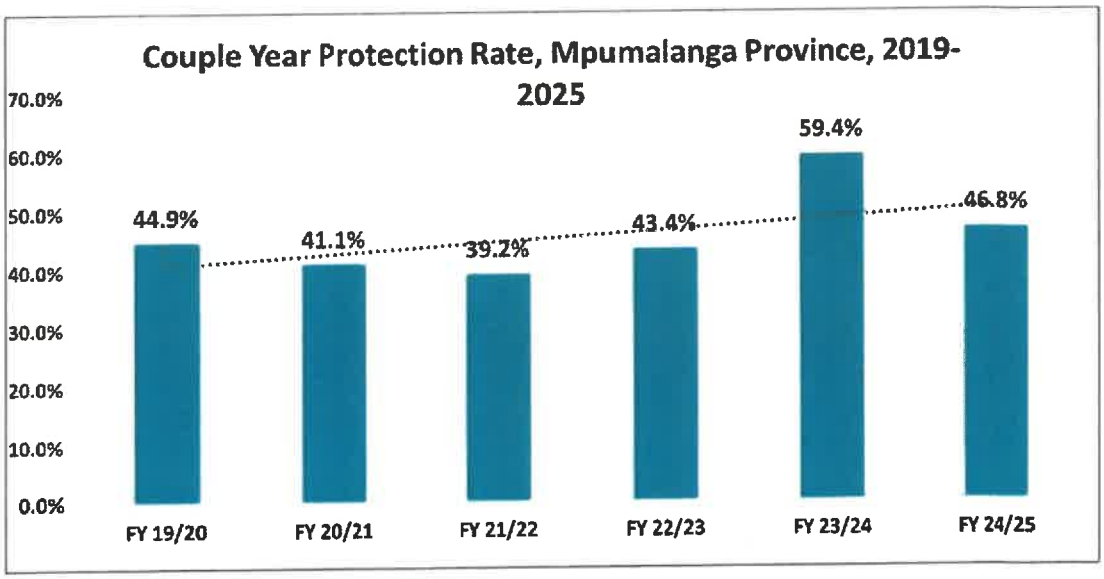

Figure 21: Couple year protection rate

These services will be prioritised over the next 5 years as they both contribute to empowering women. Cervical screening is of importance as it allows for timely identification of women in need of colposcopy services to prevent development of cervical cancer. In addition, timely screening and intervention where necessary is less costly that treatment required for cervical cancer. This cost can be described as financial, as women who are ill are unable to or have limited ability to participate in economic activities in addition to cervical cancer treatment being more expensive for the Department to treat than prevention. There is also a cost to society as women may be lost to their families, including to their children.

- **Under 5 Years Child Mortality**

Management and treatment of childhood illnesses has been prioritised in the province as ending preventable deaths of children under 5 is one of the Sustainable Development Goals. In 2020/21 there was an increase in the case fatality rates of diarrhoea, pneumonia, and severe acute malnutrition in children under 5 (figure 22), with the case fatality rate due to pneumonia more than doubling. Between 2020/21 and 2023/24, under 5 case fatality rates decreased, with death rate due to severe acute malnutrition more than halving.

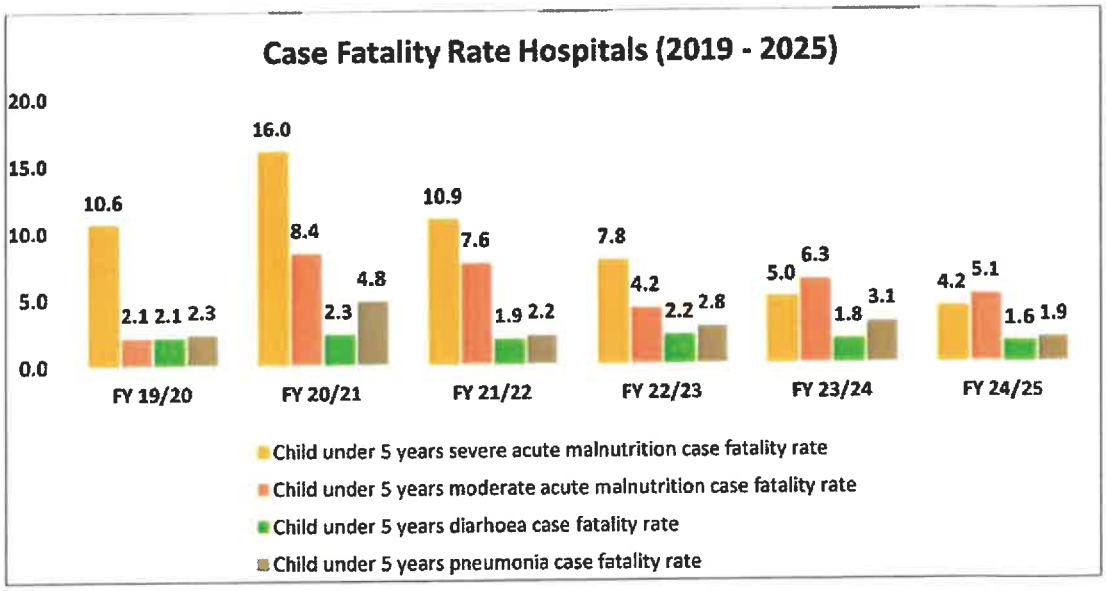

Figure 22: Severe acute malnutrition, moderately acute malnutrition, pneumonia, and diarrhoea under 5 case fatality rates

Figure 23 shows the SAM death trends across the 3 hospital platforms. Over time, since 2019/20, SAM death rates have been decreasing at all hospital levels. This could be due to improve case management as the death rates decreased roughly 3-fold, 2.5-fold, and 14-fold in district, regional, and tertiary hospitals respectively.

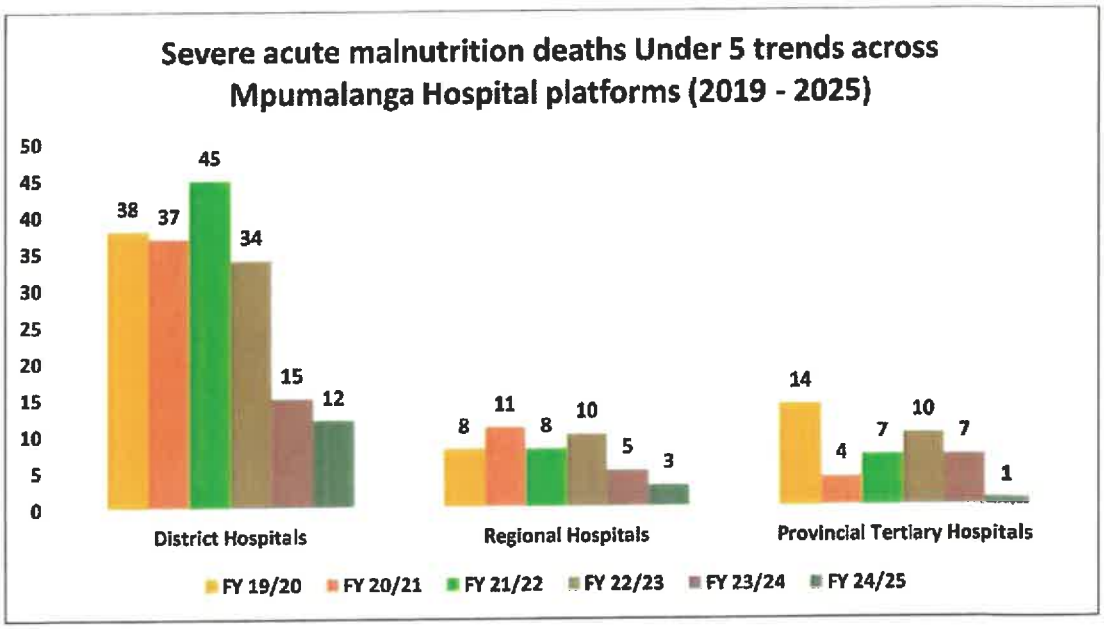

Figure 23:Case Fatality Rate for children under 5 with diarrhoea, pneumonia, and severe acute malnutrition (DHIS) and trends of SAM CFU death trends across the 3 hospital platforms

HIV/AIDS and Tuberculosis

- **HIV/AIDS**

The Sixth South African HIV Prevalence, Incidence, and Behaviour Survey (SABSMM) was conducted in 2022 and the results released in 2024. The results showed that in 2022 Mpumalanga Province had the highest HIV prevalence of all provinces (17.4%). This means that 890 000 people in the Province are living with HIV.

Among youth aged 15-24 years, the prevalence was 7.8%, with males in this age group having a 1.5 times higher prevalence than females in the same age category. Among adults aged 25-49 years was 26.4% with females having an HIV prevalence 1.6 times higher than that for males. Furthermore, HIV prevalence was higher in rural formal or farm areas (21.1%) and rural informal areas (18.4%) compared to urban areas (15.5%).

HIV prevalence peaked in the 45–49-year age group (40.8%), compared to a peak among 35–39-year-olds (39.0%) in 2017. This could suggest a possibility of continued new infections. However, among younger age groups there is a downward shift in the epidemic curve.

Antiretroviral treatment (ART) coverage increased to 81.8% in 2022 – an increase from 65.4% in 2017. In total, 630 000 people living with HIV are receiving ART. Among those aged 15-24 years, ART coverage was 56.4% while in those aged 25-29 years ART coverage was 83.9%. ART coverage was similar in urban areas (79.8%) and rural informal areas (79.7%).

In terms of progress towards the 95-95-95 targets among those aged 15 and older, the status of the Province is currently at 87.3-94.5-94.0. This means that 87.3% of those living with HIV aged 15 years and older know their HIV status, 94.5% of those who know their status are on ARTs, and 94% of those receiving ART are virally suppressed.

Adolescents and youth (15-24 years) were significantly behind for the first and second target (70.6 and 79.7% respectively) compared to those aged 25-49 years (87.8 and 95.6%, respectively).

In testament to the success of the ARV programme in the Province, Mpumalanga has the second highest viral load suppression rate in the country among people living with HIV, at 82.5%. This is an increase from 60% in 2017. Viral load suppression was 72.8 and 83% among 15-24 year olds and 25-49 year olds living with HIV, respectively.

Notable is the fact that adolescents and youth account disproportionately for treatment gaps. This age group accounts for only 9.4% of people living with HIV but only 16.9% know their HIV status. Similarly, those residing in urban areas account for the majority of people living with HIV in the Province but those residing in urban areas account for the majority of the treatment gaps.

Addressing the HIV epidemic will be aimed at the key risk factors:

- Sexual debut before the age of 15: the proportion of those aged 15 years reporting having sex before 15 decreased from 13.3 to 5.4% from 2017 to 2022, respectively.
- Multiple sexual partners: the proportion of those aged 15 years and older reporting having multiple partners in 2022 was 5.1% compared to 7.9% in 2017.
- Condom use with the most recent sexual partners: 46.1% of survey respondents reported using condoms with the most recent sexual partner in 2022, similar to 46.3% in 2017. Nearly one third (32.4%) reported never using condoms with their most recent partner. Notably, only 11% reported using a condom every time.
- Male circumcision: self-reported male circumcision increased from 63.7% in 2017 to 71.8% in 2022.
- Awareness of HIV testing sites: awareness was 91.8% among 15-24 year olds and 95.1% among 25-49 year olds.
- Access to HIV testing sites: public clinics or doctors were used for HIV testing by 54.4% of those aged 15 and older.
- HIV testing: among 15-24 year old females, 22.7% had never been tested for HIV and among the male counterparts, 26.2% had never been tested. In this group, 1% of females and 9% of males had been tested more than 3 years ago.
- Awareness and uptake of Pre-exposure Prophylaxis:

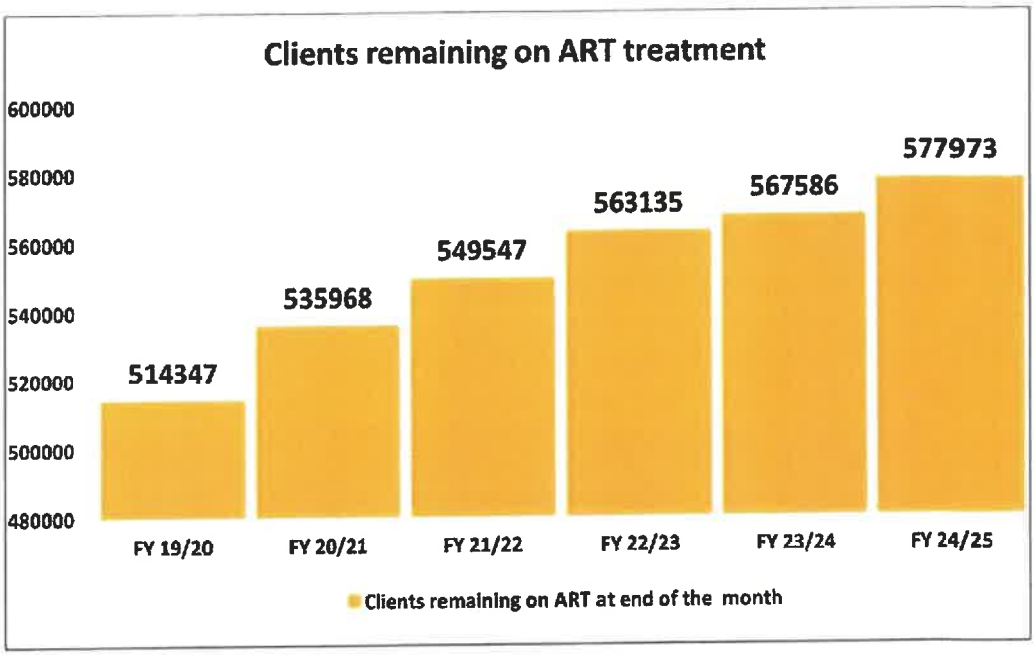

Figure 24: ART clients remaining in care at the end of the month

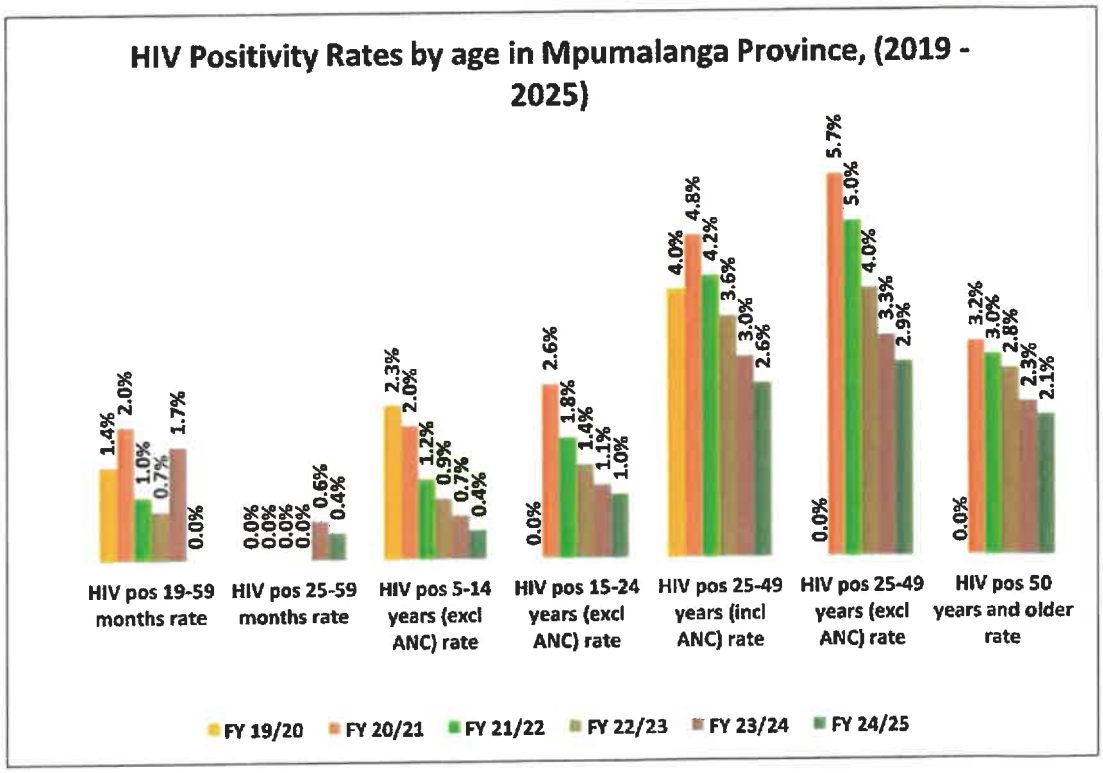

Figure 25: Provincial HIV Positivity Rates by Age

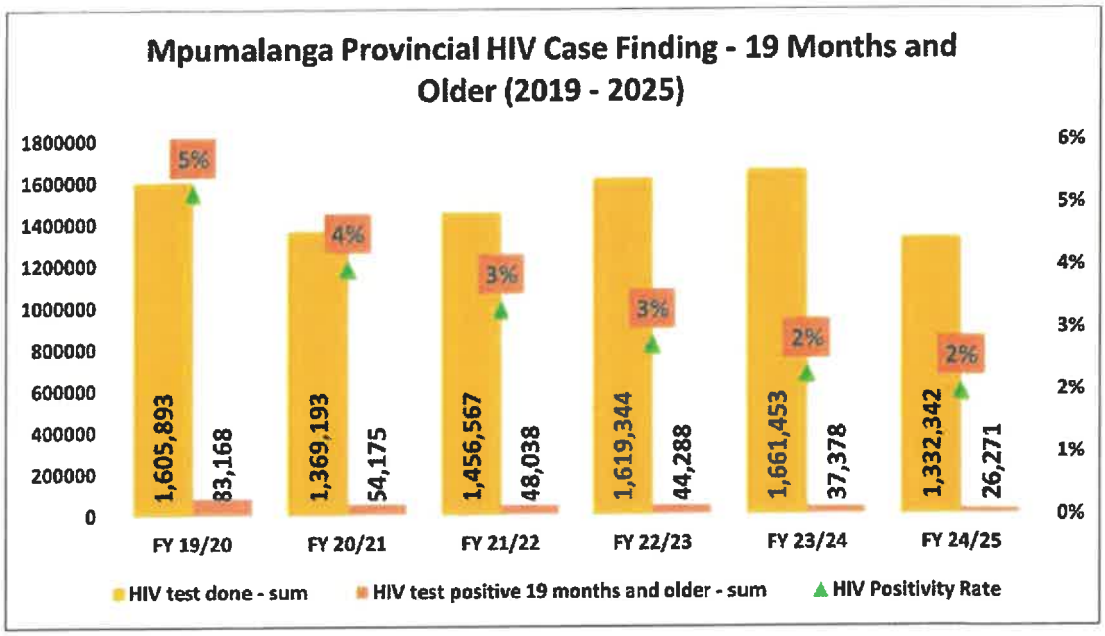

Figure 26: Provincial HIV Case finding Trends

Figure 24 shows the number of ART clients remaining on ART at the end of the month. This number has grown steadily since 2019/20, increasing by 12 per cent over the 5 years to date.

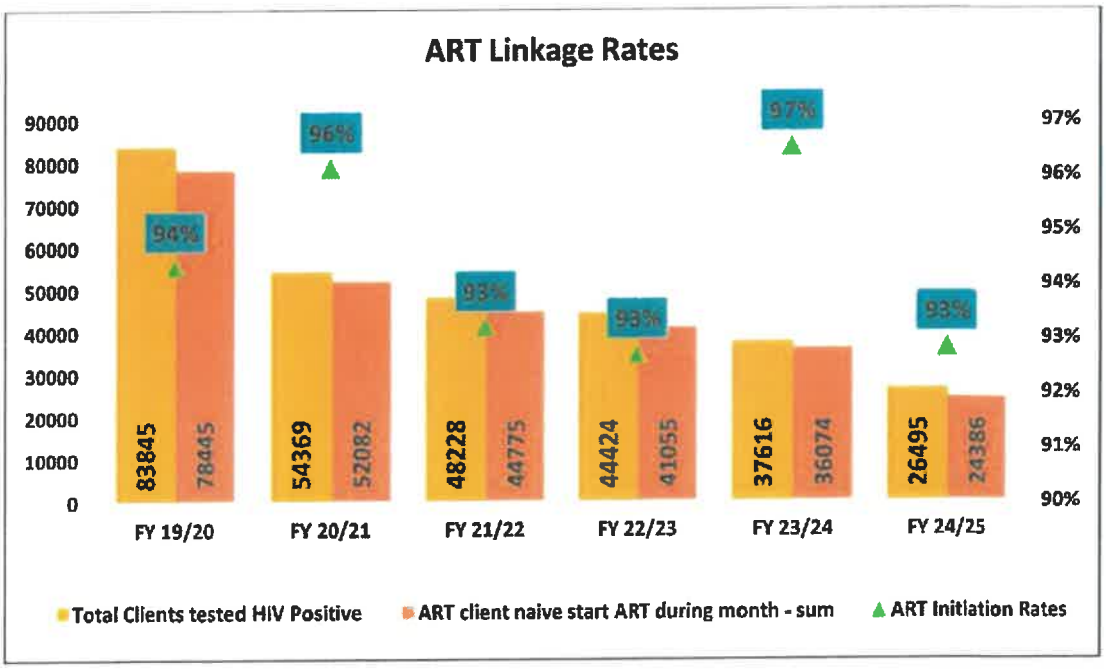

Figure 27: ART Treatment Linkage Trends

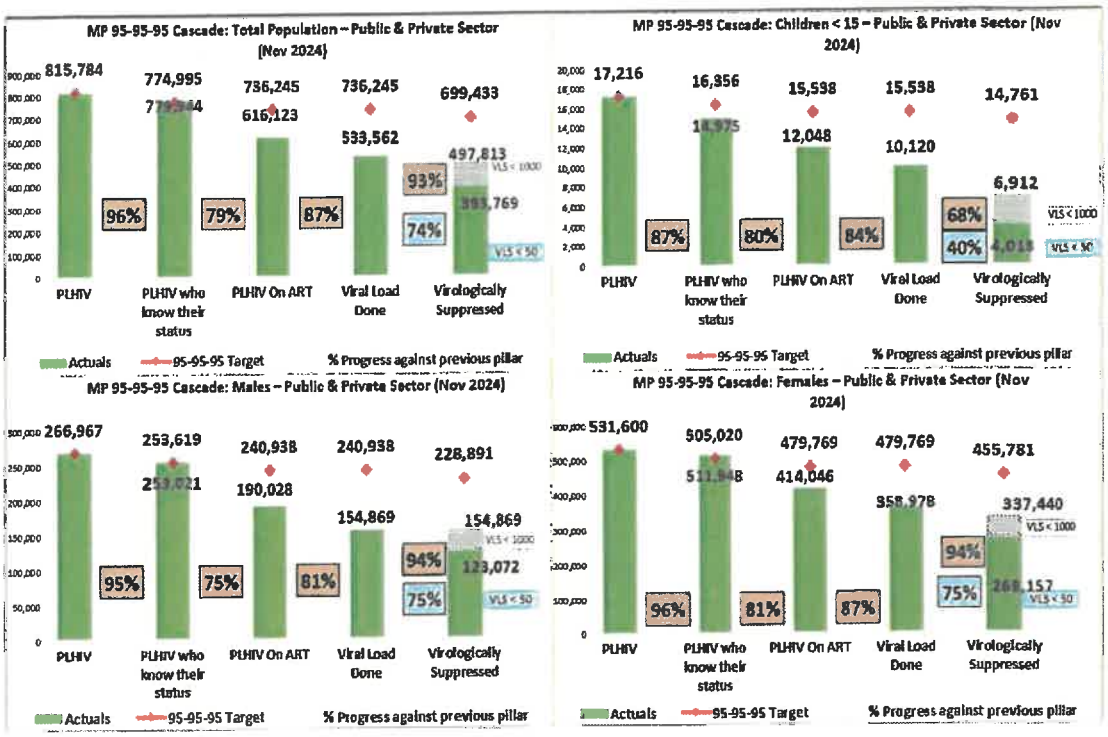

Figure 28: Provincial 95-95-95 Performance - November 2024

Test positivity rate has been declining since 2020/21. Over the same period the total number of HIV tests conducted have also been decreasing (figure 26). This decrease in test positivity therefore needs to be interpreted with caution as the testing levels may not be high enough to find all people living with HIV. In order for the Province to reach the 95-95-95 targets, testing will be increased in order to meet the first 95 target (95 per cent of all people living with HIV know their status). This is crucial as the second and third 95 targets (95 per cent of all HIV positive people are on antiretroviral treatment, and 95 per cent of all people on antiretroviral treatment are virally supressed, respectively. Strategies to address the HIV epidemic and challenges in Mpumalanga Province include:

- Long-term planning to care for individuals in an aging HIV epidemic.
- Heighten focus on campaigns and other strategies to promote uptake and sustained use of ART, especially among young people, and adult men
- Assess and address district-level gaps to improve access to HIV prevention, care and treatment services.
- Enhance prevention efforts that target groups disproportionately affected by the drivers of HIV infection such as women and young people.
- Integrate HIV, TB services with other health child and men's health interventions.
- Enhance accurate public awareness and targeted demand for effective HIV prevention measures including HIV testing and counselling, condom use and PrEP

- **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 prevenance 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%.

Treatment initiation rates for DS-TB-positive clients has been steadily declining since 2019/20 (Figure 31). 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.

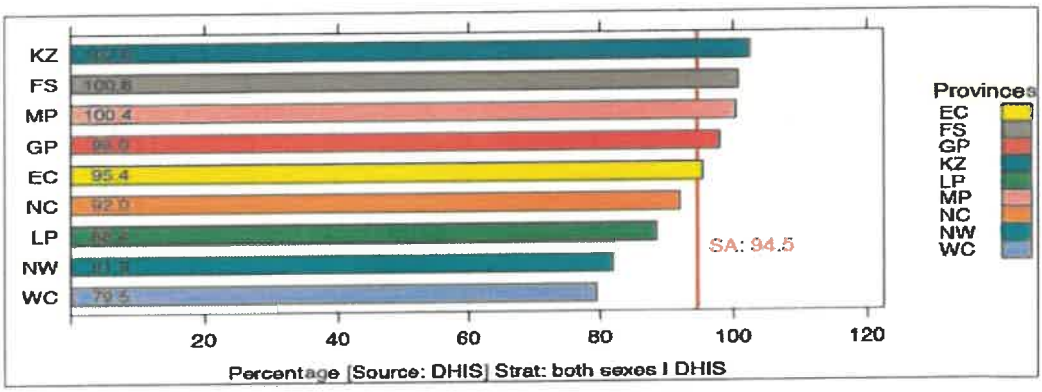

Figure 29: TB Symptom child under 5 years screened in facility rate by province 2022/23 (DHB 2023)

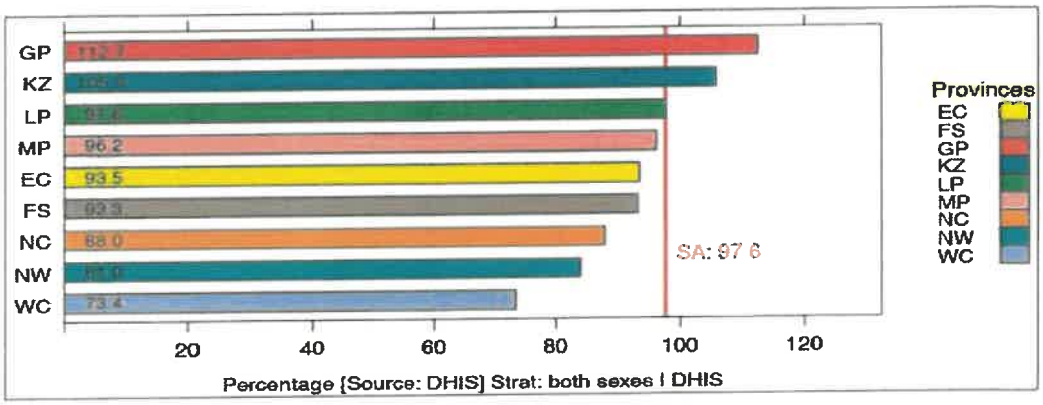

Figure 30: TB Symptom 5 years and older screened in facility rate by province 2022/23 (DHB 2023)

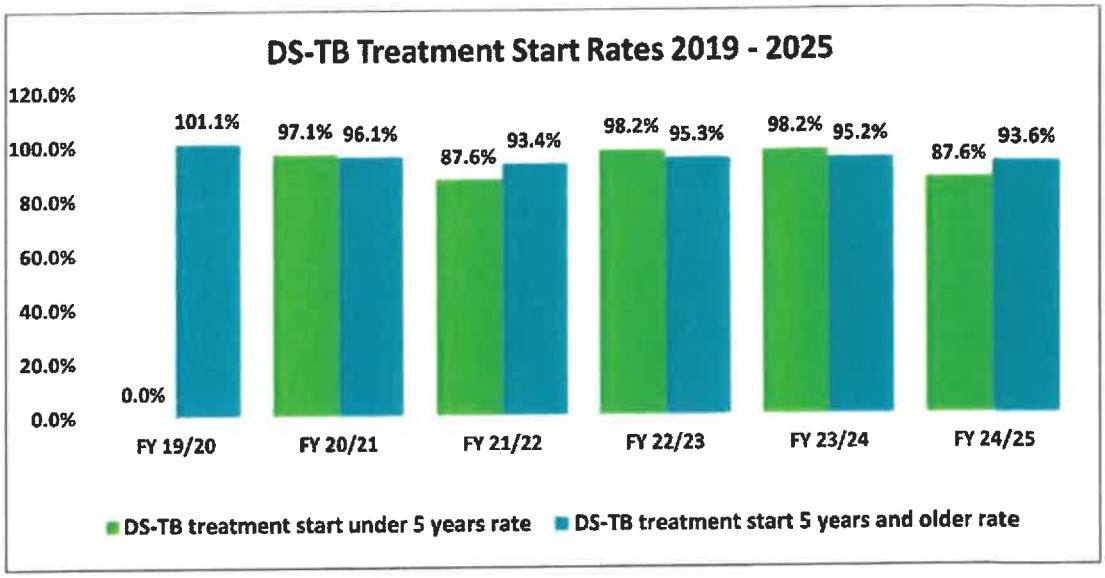

Figure 31: DS TB treatment start rates (DHIS)

Figure 32 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 5 below.

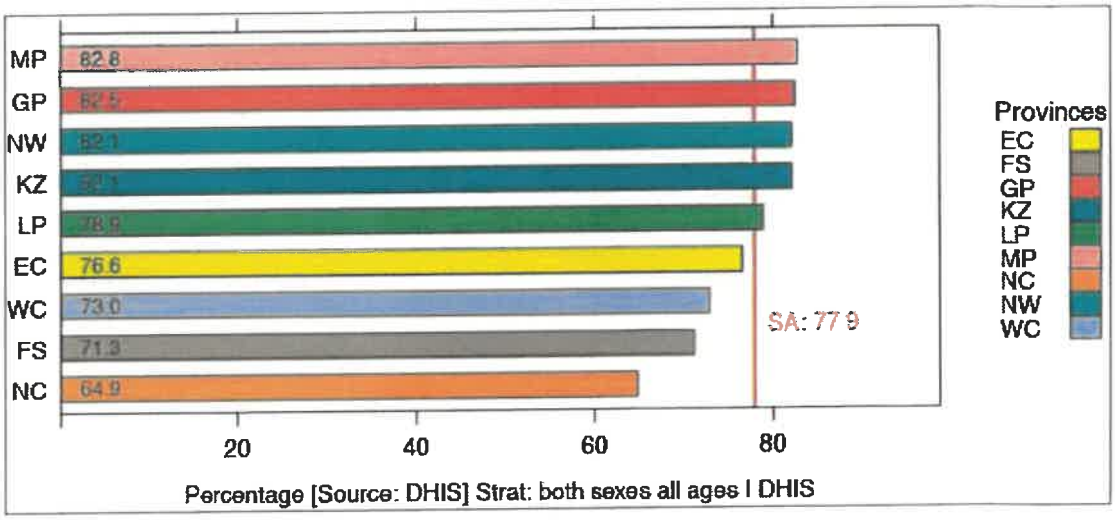

Figure 32: DS-TB treatment success rates by province 2021 (DHB 2023)

Table 5: DS-TB client loss to follow-up rate by province 2019 - 2021 (DHB 2023)

Provinces	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
Mpumalanga	**9.5**	**8.5**	**6.9**	**-1.6**
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**

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[8].

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.

In South Africa there is a scarcity of data on the prevalence of Diabetes Mellitus although the burden of glucose intolerance is estimated to be high[9]. A cross-sectional study[10] conducted in Mkhondo municipality in Gert Sibande District found that among the study participants prevalence of glycaemic control[11] (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[12]. 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[13]. In addition to increasing the demand on the healthcare system, poor mental health has an adverse effect on society as people are unable to reach their full human potential, contribute to society, and thrive.

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8 Taxation of sugar-sweetened beverages in South Africa: Perspectives of consumers in Cape Town, Kosa et al, J Public Health Res, 2022.

9 Prevalence of Type 2 Diabetes in South Africa: A Systematic Review and Meta-Analysis, Pheiffer et al, Int. J. Environ. Res. Public Health 2021, 18, 6868. https://doi.org/10.3390/ijerph18115868

10 Factors associated with glycemic control among South African adult residents of Mkhondo municipality living with diabetes mellitus, Masilela et al, Medicine, 2020

11 Glycaemic control is the optimal serum glucose concentration in diabetic patients.

12 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

13 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.

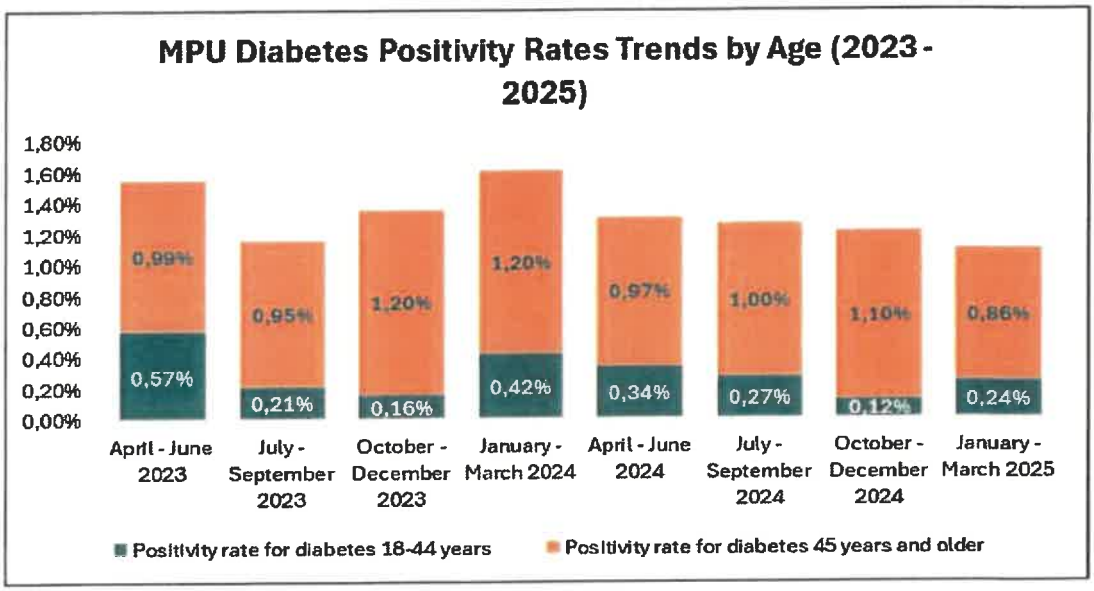

Figure 33: Mpumalanga Diabetes Case Finding Trends (DHIS)

Figure 33 shows the diabetes test positivity rate for those aged 18-44 years and those aged 45 years and older, from April 2023 to March 2025. Those graph shows us that the while the burden of diabetes is higher in those aged 45 years and older, it is still a condition which needs to be addressed in the younger age category. Therefore, screening in screening, testing and linkage to care should not be neglected in the younger age category. In addition, differentiated models of care and strategies should be employed in order to retain both older and younger people in care.

For hypertension, there is a similar pattern seen among the two age categories (figure 34).

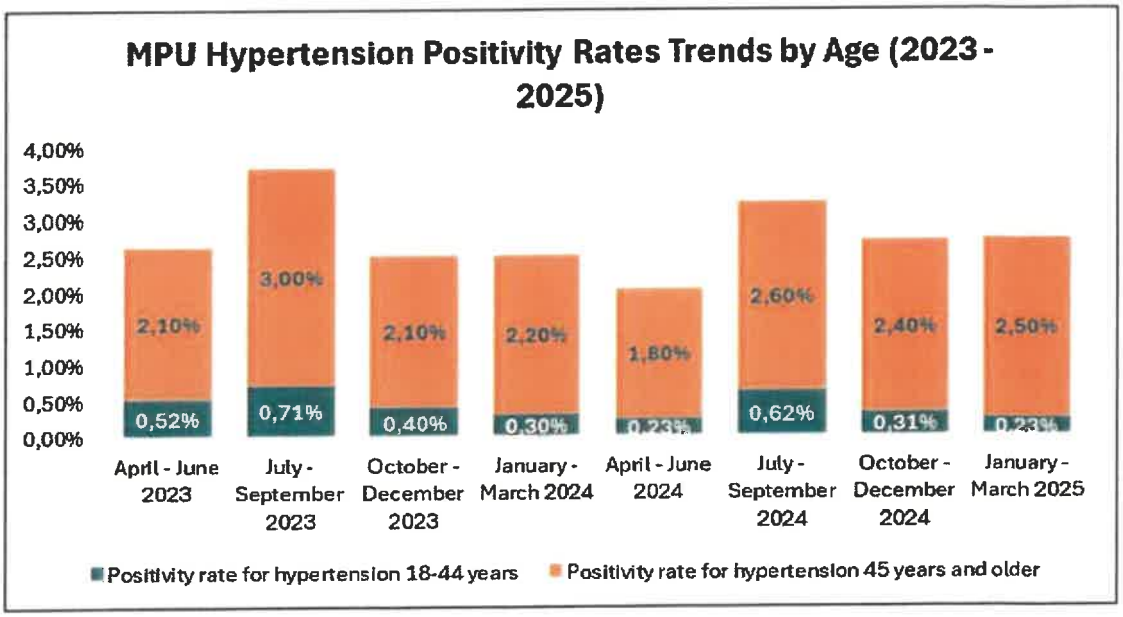

Figure 34: Mpumalanga Hypertension Case Finding Trends (DHIS)

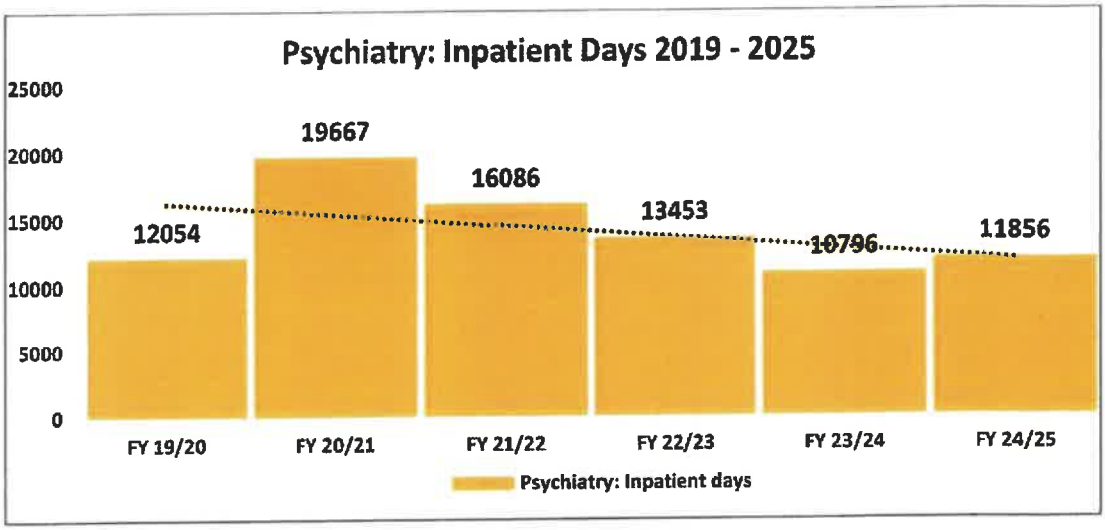

Figure 35: Provincial Mental Health Inpatient Days trends

Figure 35 shows the number of inpatient days from 2019/20 to 2024/25. Since 2020/21 there has been a downward trend in inpatient days, possibly indicating barriers to services during the lockdown period. However, this trend continues in 2022/23 and 2023/24, when lockdown measures and de-escalation of services was reversed. This could be attributed to the competition for beds between different conditions, given that we have a quadruple burden of disease. To increase the number of dedicated mental health beds, an additional of mental ward is being constructed with 60 beds capacity at Kwa Mhlanga Hospital

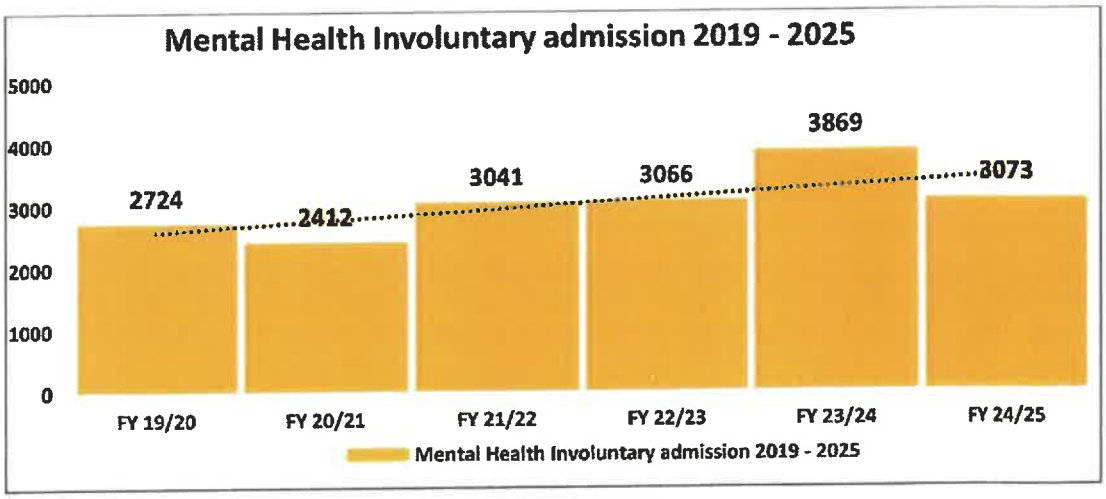

Figure 36: Provincial Mental Health Involuntary admission Trends

The number mental health involuntary admissions has been increasing since 2020/21 as shown in Figure 26 above. This underscores the burden of mental health conditions in our province. To address this, mental health care services have been expanded under the NHI Conditional Grant, through the appointment of a clinical psychologist, 4 social workers, 19 registered workers, and 1 occupational health worker

Violence and Injury

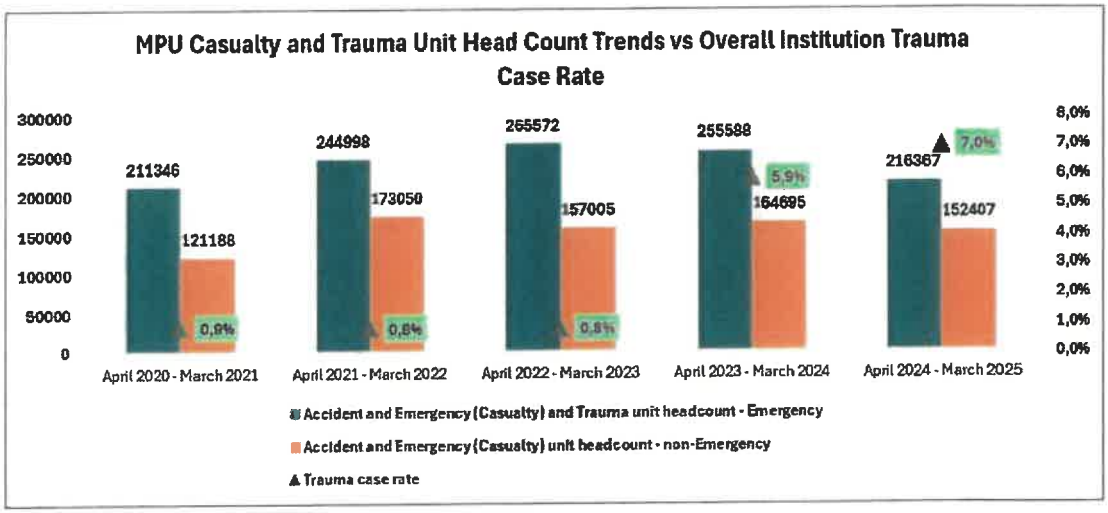

Figure 37: Mpumalanga casualty and trauma head count and overall trauma case rate trends

Figure 37 shows Casualty and Trauma unit headcount from April 2020 to March 2025. Emergency cases have increased from 2020 to 2023 and then decreased again to 2025. Non-emergency cases have shown the same general pattern. Of note is the trauma case rate which remained under 1% from April 2020 to March 2023, but increased to 5.9% and 7%, respectively, in the following 2 years.

6.2. Internal environment analysis

6.2.1. Service Delivery Platform

There are 457 health service delivery establishments 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 38 shows the population distribution, local municipality boundaries and facility locations per district.

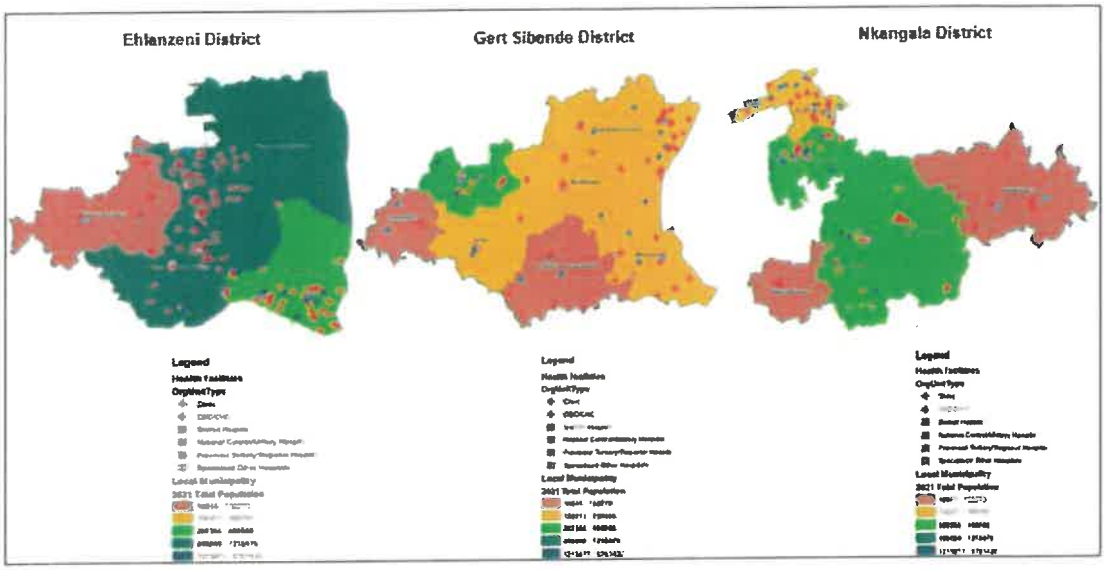

Figure 38: Population distribution, Local municipality boundaries and health facility locations (DHB 2022/23)

Facility Type	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
Total number of facilities	186	128	143	457

Table 6: Mpumalanga Health Facilities Distribution

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 39). 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 39), we can see that the demand on the primary healthcare system remains high.

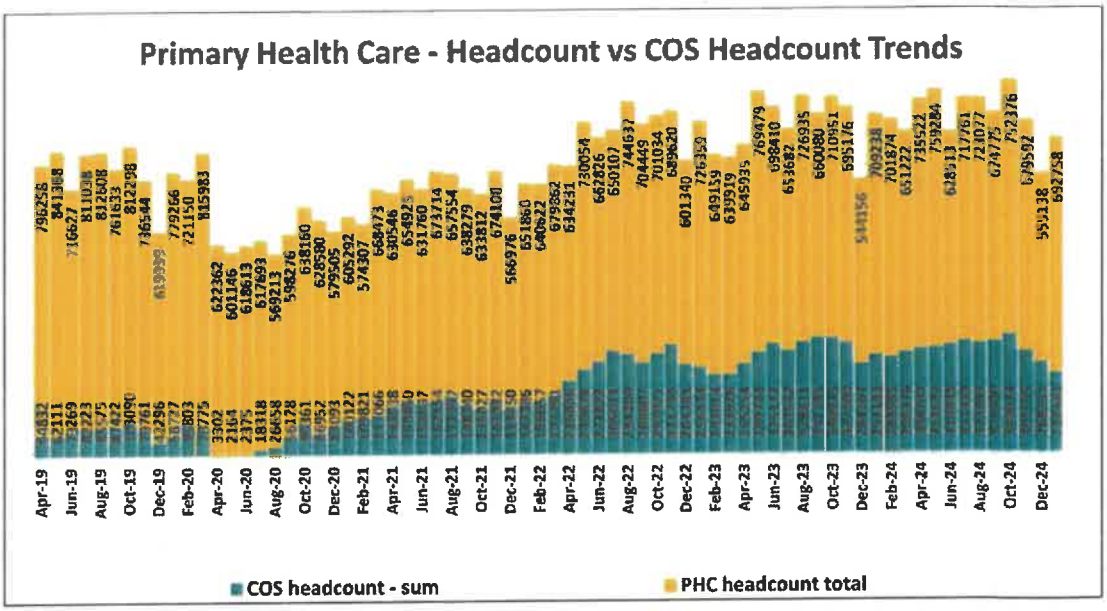

Figure 39: Provincial PHC Headcounts vs COS Headcount trends 2025 (DHIS)

As the Department pivots to NHI and full implementation of UHC, there is a need to strengthen the primary healthcare platform through a more robust home and community-based care system. This also ties in with the priority of strengthening Health Promotion. There are currently 5 347 community health workers (CHW)providing various health services at the household level, but challenges include high staff turnover and inadequate coverage.

These CHWs support the early detection of chronic diseases through screening and improving chronic care services through tracing of defaulters. The Department will prioritise replacement of the community health workers that exit the system and procurement of more devices needed by CHWs to screen the community.

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 40). 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 and remained the same in 2022/23. This was followed by two consecutive years of decreases. From 2022/23 onward, average length of stay in district and regional hospitals increased while at the same time decreasing in tertiary hospitals. It is unclear if there is a link between these concomitant changes. Strategies to decrease average length of stay 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.
- Optimising the referral system between different levels of care to ensure patients are being treated at the correct level and by the correct type of medical professional.
- Effective discharge planning to identify post-hospital treatment needs early in treatment.
- Implementing evidence-based clinical pathways to guide treatment and expedite patient progress.

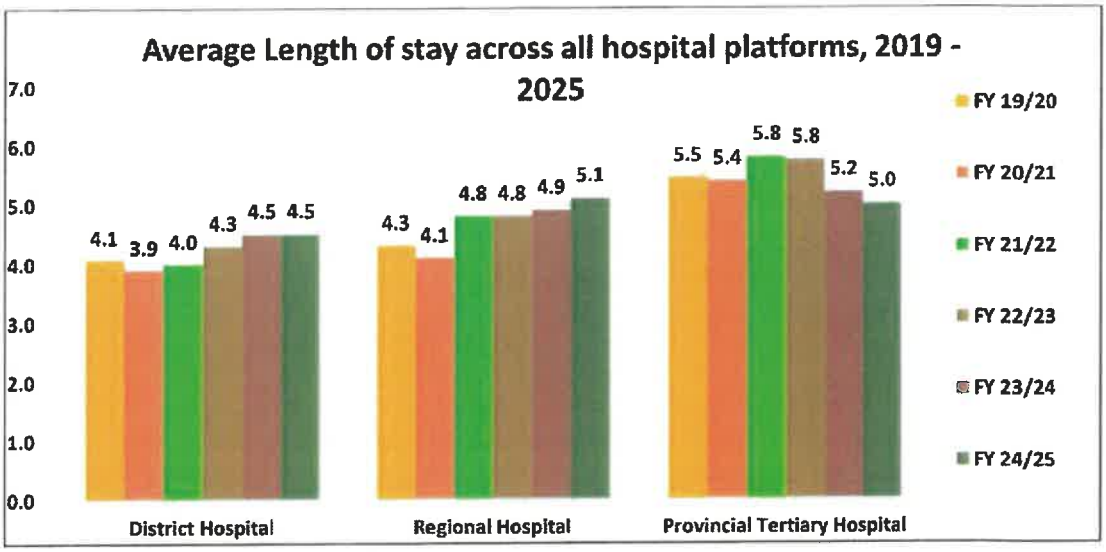

Figure 40: Average Length of stay across hospital platforms trends (DHIS)

Emergency Medical Services

Emergency Medical Services contribute to coordinating health services across the care continuum and reorienting the health system towards primary health care. Challenges include staff shortages, fleet inadequacy and lack of technological tools to reliably measure response times.

To improve emergency services, the province has added 30 ambulances, launched on 9 December 2024. The province currently has the following:

- 3 Mental Health ambulances
- 10 Mobile Intensive Care Units
- 181 conventional ambulances

In addition, efforts are ongoing to implement advanced technology to enhance response time tracking and service delivery. Operationalization of the Emergency Management System with Computer Aided Dispatch functionality is scheduled for the next financial year. This will allow for accurate reporting on response times and performance indicators and improve programme efficiency overall.

The establishment of the College of Emergency Care at the Old Middleburg Hospital is scheduled for the 25/26 financial year. The objective of the project is to train and qualify personnel for emergency medical care services to

address the critical shortage of skilled personnel, particularly Intermediate and Advanced Life Support professionals.

6.2.2. People Management

- **Organisational Design**

The Department has an approved organizational structure which is being reviewed for the purposes of alignment with the priorities of the 7th Administration and for the purposes of the implementation of the Sub District Model and processes towards the implementation of the National Health Insurance.

The Department has a total number of 24 086 permanent funded posts of which 21 076 are filled and 3 010 are in the process of being filled. The department vacancy rate presently stands at 12,4%.

- **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:

- Overtime reforms with a view of utilising the budget for the employment of additional staff.
- Compliance with National Minimum Information Requirements (NMIR)
- Implementation of shift work for the purposes of improving service delivery and staff utilisation
- Digitisation of human resource practices systems
- Career Incidents and Other Challenges.
- Alignment of the HR processes to the Human Resource for Health strategy

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.

Currently busy with the repurposing of TB Specialized Hospitals to maximise the utilisation of staff and enhance service delivery.

- **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.
- Integration with Occupational Health on programmes such as disease management
- Advocates for issues of gender-based since they impact the mental health of employees.

- Established a wellness Wednesday which encourages employees to participate in sporting activities and indigenous games however ensuring continuity of services.
- Continuously support the wellness indaba

- **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

The Department is in the process of conducting the staff satisfaction survey for the 2024/2025 financial year.

- **Filling of Posts**

The Department has successfully managed to fill **14** critical posts, including both Key Strategic Senior Management and Clinical Posts as follows:

Table 7: Key Strategic Senior Management and clinical posts filled.

Posts	No. of appointments
Chief Financial Officer	1
Director: Management Accounting	1
Director Institutional Performance Monitoring	1
Director Forensic Pathological Services	1
Director: Special Projects	1
Director Legal Services	1

- **Training and Development Programmes**

A total of 4 487 health workers have been trained on various critical clinical skills as prioritised during the strategic planning session. The Department has put focus on developing management and leadership skills to support a solid succession plan that will ensure business continuity. This includes putting ten (10) young managers on the

Albertina Sisulu Executive Leadership Programme, as well as training 75 junior managers on two week short courses offered by the Universities of Pretoria as well as 50 on a Health Leadership programme offered by Wits University.

In addition, a total of ten (10) students have been awarded bursaries to study medicine in Cuba. The Department continues to implement the Compulsory Induction programme mandated by the DPSA and to date more than 600 have been trained since the financial year started.

- **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 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 version 2 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 align to GWEA, to cover the following objectives:

- **Improve Healthcare ICT Infrastructure**

Network Infrastructure

- Provide and Upgrade WAN Links in all Health facilities
- Provide and Upgrade LAN Infrastructure in all Health facilities
- Provide Network Security infrastructure for all Health facilities
- Integrate all networks into Unified Network platform (Voice, Video and Data)

Server and Data Storage Infrastructure

- Provide Stable and Secured Platform for Healthcare Systems
- Provide reliable Data Storage for Healthcare Data
- Leverage on Cloud based computing

Implement Policies, standards and processes

- Ensure Compliance to ICT Policies, Framework and Standards
- Adhere to national initiatives and standards

Improve Service Management for effective Healthcare system

- Support Health and administration Systems
- Improve client services
- Promote Innovation

Provision of Health Systems to support NHI

- Implement Systems to support Universal Healthcare coverage
- Provide and Improve Clinical and Patient Administration Systems
- Integrate existing Health Systems according to Healthcare standards
- Implement Electronic Health Records System (One Patient One Record)
- Promote Digital transformation and Data Analytics
- Implement Tele-Radiology, and Tele- and m-Health

Improve Human Capital

- Provision of ICT human resources according to the Organizational Structure
- Provision of continuous ICT Human Resource Development

- **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, X and TikTok 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

misinformation and disinformation (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 focuses on artificial intelligence and robotic systems, it is highly important for the province to invest in this technology to augment the Departmental work force where skilled human resources are lacking or insufficient. The Department is continuously conducting needs assessments for medical health technology equipment to be procured and developing maintenance plans for equipment 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 2025 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 to be commissioned and Operationalised,
- KwaMhlanga Maternity Ward currently under construction,
- Mpumalanga Psychiatric Hospital currently under planning,
- Linah Malatjie Tertiary Hospital currently under planning, and
- Rob Ferreira Hospital Oncology (Radiotherapy) construction to start

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:

- Troya clinic under construction
- MN Cindi planned to be under construction
- Dumphries Clinic under construction
- Siyabuswa CHC to be under construction
- Langkloof clinic to be under construction
- Alexander clinic to be under construction
- Lebohang clinic to be under construction

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. None of the hospitals in the province 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 Standard Operating Procedures, Terms of References and Service Level Agreements.
- Unavailability of infrastructure and equipment maintenance plans and implementation thereof.

To address these the Department will develop a quality 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.
- Full implementation of the Clinical Governance Strategy.
- Implementation of Patient Safety Days in all health care establishments.
- Oversight role by Provincial Clinical- and Infrastructure Teams.
- Development of common law principles.
- Conducting marathon clinical interventions.

6.3. MTEF Priorities

National Statement of Intent: Investing in people through education, skills development and affordable healthcare

MTDP Strategic Priority 2: Reduce poverty and tackle the high cost of living

Outcome: Develop and empower South Africans

Sector Outcome: Improved access to affordable and quality healthcare

1. Pursue progressive achievement of *universal health coverage* through the implementation of the National Health Insurance to address inequity and financial hardship in accessing quality health care.

    - Programme 1
        - Develop and monitor the revenue implementation plan (Revenue Strategy)

2. Strengthen the primary health care (PHC) system by ensuring that home and community- based services, as well as clinics and community health centres are well resourced and appropriately staffed to provide the promotive, preventive, curative, rehabilitative and palliative care services required for South Africa's burden of disease.

    - Programme 2
        - Establish Public Health Emergency Operation Centre (PHEOC)
        - Data capturers on contract to be appointed permanently using the DHCG
        - Ideal Hospitals achievement
        - Ideal Clinics achievement
        - Revive Health Promotion
        - Appointing DCSTs to address maternal and child health
        - School Health Eye Care intervention – identification of learners to be provided with spectacles
3. Improve the quality of health care at all levels of the health establishments, inclusive of private and public facilities.

    - Programmes 4 and 5
        - Ideal Hospitals achievement
        - Establish a specialized Radiation Oncology Centre in Rob Ferreira Hospital
        - Dental Laboratory in Witbank hospital
        - Catheterization Laboratory in Rob Ferreira hospital
4. Improve resource management by optimizing human resources and healthcare infrastructure and implementing a single electronic health record.

    - Programme 1:
        - Improve ICT systems, infrastructure and security
        - Appointment of ICT staff
        - Procurement of wellness services for staff
        - Procurement of switches for maintenance of ICT infrastructure and replacement of ICT servers

- Programme 6:
  - Procurement of College Learner Management system

- Programme 7:
  - Piloting of Forensic Pathology shift system at Themba and Witbank Hospitals using current overtime and appointment of staff
  - Procurement of Forensic Weight scales
  - Procurement of Dental Chairs at Vlaagte and Shongwe hospital
  - Procurement of 8 forensic vehicles

- Programme 8
  - Construction of radiation oncology bunker
  - Installation of Solar Panels in Ehlanzeni District
  - Abestos roof removal at Matekwane Hospital
  - Procurement of a water tanker to be stationed at Mbombela
  - Maintenance of Medical Air points (10)
  - Procurement of materials to cover space between theatre and ward at Mapulaneng Hospital through use of artisans
  - Construction of Linah Malatjie Tertiary Hospital
  - Construction of New Maternity unit in KwaMhlanga Hospital

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.

Programme 1: Administration

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Financial management strengthened in the health sector	Implement controls and mitigate risks	**Audit opinion of Provincial DoH**	**Qualified**	**Unqualified**	**Unqualified**	**Unqualified**	**Unqualified**	**Unqualified**	**Unqualified**
Employment in line with equity targets	Achieve gender equity targets	**Percentage of women appointed in Senior Management positions**	**40%**	**44%**	**40%**	**48.2%**	**50%**	**50%**	**50%**
		Numerator	22	24	22	27	28	28	28
		Denominator	55	55	55	55	55	55	55
Employment in line with equity targets	Improve representation of persons with disability	**Percentage of representation on employment of persons with disabilities across all levels**	**0.53%**	**0.54%**	**0.53%**	**0.93%**	**2%**	**2%**	**2%**
		Numerator	11.4	11.6	11.4	115	428	428	428
		Denominator	21390	21390	21390	21390	21390	21390	21390
Employment in line with equity targets	Reduce youth unemployment	**Percentage of youth appointed**	**37%**	**37.06%**	**38.84%**	**34.3%**	**30%**	**30%**	**30%**
		Numerator	7914	7914	8308	5666	6417	6417	6417
		Denominator	21390	21390	21390	21390	21390	21390	21390
Contingent liability of medico-legal cases reduced	Decrease contingent liability of medico-legal cases	**Contingent liability of medico-legal cases**	**R10.3 billion**	**R7.2 billion**	**R5.9 billion**	**R6.7 billion**	**R5.5 billion**	**R5.3 billion**	**R5.1 billion**
Improved access to affordable and quality healthcare	Increase capacity in the department	**Number of healthcare personnel employed**	**New indicator**	**New indicator**	**New indicator**	**13 456**	**14 122**	**14 788**	**15 456**
	Increase capacity in health facilities	**Number of health professionals (doctors)**	**New indicator**	**New indicator**	**New indicator**	**34**	**36**	**38**	**40**
		Number of health professionals (nurses)	**New indicator**	**New indicator**	**New indicator**	**70**	**130**	**190**	**250**

Table 8: Programme 1 Administration - Outputs, Outcomes, Performance Indicators and Targe ts

Programme 1: Administration

Output Indicators – 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%
Numerator	28	28	28	28	28
Denominator	55	55	55	55	55
Percentage of representation on employment of persons with disabilities across all levels	**2%**	**2,00%**	**2%**	**2%**	**2%**
Numerator	428	428	428	428	428
Denominator	21390	21390	21390	21390	21390
Percentage of youth appointed	**30%**	**30%**	**30%**	**30%**	**30%**
Numerator	6417	6417	6417	6417	6417
Denominator	21390	21390	21390	21390	21390
Contingent liability of medico-legal cases	**R5.5 billion**	-	-	-	**R5.5 billion**
Number of healthcare personnel employed	**14 122**	**13623**	**13789**	**13956**	**14122**
Number of health professionals (doctors)	**36**	**36**	**36**	**36**	**36**
Number of health professionals (nurses)	**130**	**85**	**100**	**115**	**130**

Table 9: Programme 1 – Outputs indicator Annual and Quarterly Targets

Explanation of planned performance over the medium-term period

In order to maintain the unqualified audit, and possibly achieve a clean audit outcome, the Audit Improvement Plan will be implemented and monitored closely. To achieve gender parity at senior management level, targeted advertising will be used where certain SMS posts will be aimed at attracting women candidates.

In order to increase the percentage of youth employed, advertising of posts will be done using appropriate media formats, such as social media, radio advertisements, etc.

To identify all posts that will be targeting the people living with disability, engagements with organizations representing people living with disability will be held to strategize on the best way for vacancy advertisements can shared to reach the target group.

There will be ongoing recruitment of personnel, including training of doctors to become specialists at the universities and training of professional nurses through the Mpumalanga Nursing College.

Programme resource considerations

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
1. Office of the MEC	14,495	15,810	13,638	15,520	18,229	18,660	16,135	16,646	17,235
2. Management	406,957	317,068	325,079	380,990	337,890	337,459	404,956	416,953	430,368
Total payments and estimates: Programme 1	421,452	332,878	338,717	396,510	356,119	356,119	421,091	433,599	447,603

Payments and estimates by economic classification.

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	378,957	325,800	335,345	394,030	347,039	345,686	415,557	427,872	441,676
Compensation of employees	153,163	159,546	169,126	192,816	182,816	181,663	206,474	214,757	224,420
Goods and services	225,120	166,254	166,138	201,214	164,223	164,222	209,083	213,115	217,256
Interest and rent on land	674	-	81	-	-	1	-	-	-
Transfers and subsidies	42,105	7,068	1,585	1,208	1,208	2,361	1,262	1,320	1,379
Provinces and municipalities	1,318	1,091	1,135	1,208	1,208	1,208	1,262	1,320	1,379
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	40,787	5,967	430	-	-	1,153	-	-	-
Payments for capital assets	390	20	1,807	1,272	7,872	7,872	4,272	4,407	4,548
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	390	20	1,807	1,272	7,872	7,872	4,272	4,407	4,548
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification: Programme 1	421,452	332,878	338,717	396,510	356,119	356,119	421,091	433,599	447,603

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	378,957	325,800	335,345	394,030	347,039	345,886	415,557	427,872	441,676
Compensation of employees	153,163	159,546	169,126	192,816	182,816	181,663	206,474	214,757	224,420
Salaries and wages	131,939	136,502	145,463	167,490	159,826	158,673	178,966	186,144	194,520
Social contributions	21,224	23,044	23,663	25,326	22,990	22,990	27,508	28,613	29,900
Goods and services	225,120	166,254	166,138	201,214	164,223	164,222	209,083	213,115	217,256
Administrative fees	820	599	502	1,447	1,092	998	1,512	1,582	1,653
Advertising	106	1,331	2,966	4,947	3,722	3,721	3,447	3,379	3,308
Minor assets	925	–	–	–	10	10	–	–	–
Audit costs: External	22,212	26,011	23,491	25,241	25,241	24,193	25,241	25,241	25,241
Catering: Departmental activities	146	537	581	605	1,419	1,518	605	605	605
Communication (G&S)	5,539	7,090	10,787	6,490	6,483	(208)	6,776	7,088	7,407
Computer services	39,911	40,843	35,733	51,591	8,934	29,257	53,893	56,372	58,909
Consultants: Business and advisory services	5,396	4,386	2,706	7,923	7,568	7,568	11,923	12,103	12,291
Laboratory services	1	–	–	–	–	–	–	–	–
Legal services (G&S)	115,643	55,810	50,415	61,115	61,115	46,335	61,115	61,115	61,115
Contractors	–	–	443	1,700	1,700	1,699	1,777	1,859	1,943
Agency and support/outsourced services	175	592	662	629	549	549	658	688	719
Fleet services (incl. government motor transport)	11,499	(2,556)	3,041	5,131	5,131	12,907	5,352	5,598	5,850
Inventory: Food and food supplies	61	73	–	91	–	–	95	99	103
Consumable supplies	201	570	596	1,038	770	730	2,844	2,931	3,022
Consumables: Stationery, printing and office supplies	946	1,203	1,458	1,051	1,051	1,510	1,051	1,051	1,051
Operating leases	2,252	2,341	2,711	2,010	2,010	1,915	2,098	2,195	2,294
Rental and hiring	1,299	190	253	439	2,508	3,238	439	439	439
Property payments	6,170	8,252	7,056	10,477	10,477	3,504	10,948	11,440	11,955
Transport provided: Departmental activity	–	–	–	–	14	14	–	–	–
Travel and subsistence	11,413	18,680	21,851	18,852	22,604	22,618	18,852	18,852	18,852
Training and development	8	24	16	–	–	–	–	–	–
Operating payments	280	132	403	154	150	150	161	168	175
Venues and facilities	117	146	467	283	1,475	1,996	296	310	324
Interest and rent on land	674	–	81	–	–	1	–	–	–
Interest (Incl. interest on unitary payments (PPP))	674	–	81	–	–	1	–	–	–
Transfers and subsidies	42,105	7,058	1,565	1,208	1,208	2,361	1,262	1,320	1,379
Provinces and municipalities	1,318	1,091	1,135	1,208	1,208	1,208	1,262	1,320	1,379
Provinces	1,318	1,091	1,135	1,208	1,208	1,208	1,262	1,320	1,379
Provincial agencies and funds	1,318	1,091	1,135	1,208	1,208	1,208	1,262	1,320	1,379
Households	40,787	5,967	430	–	–	1,153	–	–	–
Social benefits	1,146	1,937	430	–	–	1,153	–	–	–
Other transfers to households	39,641	4,030	–	–	–	–	–	–	–
Payments for capital assets	390	20	1,807	1,272	7,872	7,872	4,272	4,407	4,548
Machinery and equipment	390	20	1,807	1,272	7,872	7,872	4,272	4,407	4,548
Transport equipment	–	–	786	–	–	–	–	–	–
Other machinery and equipment	390	20	1,021	1,272	7,872	7,872	4,272	4,407	4,548
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 1	421,452	332,878	338,717	396,510	356,119	356,119	421,091	433,599	447,603

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.

Programme 2: District Health Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Quality of health services in public health facilities improved	Increase number of patients satisfied with health care service in public institutions	**Patient Experience of Care Survey Rate**	**Not Required to report**	**Not Required to Report**	**Not Required to Report**	**90%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	263	292	292	292
		Denominator	-	-	-	292	292	292	292
		Percentage score of Cleanliness on PEC Survey	**Not Required to report**	**Not Required to Report**	**Not Required to Report**	**74%**	**80%**	**81%**	**82%**
		Numerator	-	-	-	28 530	34 004	36 045	36 490
		Denominator	-	-	-	38 555	42 506	44 500	44 500
		Percentage score of Waiting Times on PEC Survey	**Not Required to report**	**Not Required to Report**	**Not Required to Report**	**74%**	**80%**	**86%**	**86%**
		Numerator	-	-	-	28 530	34 004	38 270	38 270
		Denominator	-	-	-	38 555	42 506	44 500	44 500
Management of patient safety incidents improved	Early reporting of severity incidents	**Severity assessment code (SAC) 1 incidents reported within 24 hours. rate**	**54%**	**73%**	**65%**	**100%**	**65%**	**65%**	**65%**
		Numerator	Not in plan	502	495	761	501	513	513
		Denominator	Not in plan	761	761	761	759	755	755
		Patient safety Incidents (PSI) case closure rate	**86%**	**83%**	**86%**	**100%**	**86%**	**86%**	**86%**
		Numerator	Not in plan	678	654	761	501	513	513
		Denominator	Not in plan	761	761	761	759	755	755
Leadership and governance in the health sector	Establish clinic committees	**Percentage of PHC facilities with functional Clinic Committees**	**73.1%**	**96%**	**100%**	**97.6%**	**100%**	**100%**	**100%**

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
enhanced to improve quality of care		Numerator	Not in plan	288	292	285	292	292	292
		Denominator	Not in plan	288	292	292	292	292	292
Contingent liability of medico-legal cases reduced by 80%	Decrease contingent liability of medico-legal cases	**Number of medico-legal cases (PHC)**	**New indicator**	**New indicator**	**New indicator**	**47**	**42**	**37**	**32**
Reduced burden of disease	Increase life expectancy to 70 years by 2030	**Life expectancy for men**	**New indicator**	**New indicator**	**New indicator**	**63 years**	**63years**	**63years**	**63 years**
		Life expectancy for Women	**New indicator**	**New indicator**	**New indicator**	**65 years**	**65 years**	**65 years**	**65 years**
Quality of health services in public health facilities improved	Increase the number of facilities that reached ideal clinic status	**Percentage of clinics obtaining ideal clinic status rating**	**New indicator**	**New indicator**	**98.6%**	**96%**	**100%**	**100%**	**100%**
		Numerator	-	-	286	278	290	290	290
		Denominator	-	-	290	290	290	290	290
	Increase the number of facilities that reached ideal hospital status	**Percentage of hospitals obtaining Ideal Hospital status rating**	**New indicator**	**New indicator**	**New indicator**	**0%**	**12.5%**	**25%**	**50%**
		Numerator	-	-	-	0	3	6	12
		Denominator	-	-	-	23	23	23	23
National Health Insurance awareness improved	Increased proportionr of facilities providing healthcare under NHI fund	**Percentage of PHC/CHC facilities accredited to provide healthcare under the NHI fund**	**New indicator**	**New indicator**	**New indicator**	**65.8%**	**68%**	**73%**	**80%**
		Numerator	-	-	-	191	197	212	232
		Denominator	-	-	-	290	290	290	290
National Health Insurance awareness improved	Increased proportion of facilities providing healthcare under NHI fund	**Percentage of District Hospitals accredited to provide healthcare under the NHI fund**	**New indicator**	**New indicator**	**New indicator**	**50%**	**60%**	**70%**	**80%**
		Numerator	-	-	-	14	17	20	22
		Denominator	-	-	-	28	28	28	28

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Health infrastructure optimised for delivery of care	Increased proportion of facilities using HPRS	**Percentage of PHC/CHC facilities implementing Health Patient Registration System (HPRS)**	**New indicator**	**New indicator**	**New indicator**	**97.9%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	283	290	290	290
		Denominator	-	-	-	290	290	290	290
Health infrastructure optimised for delivery of care	Increased proportion of facilities using HPRS	**Percentage of District Hospitals implementing Health Patient Registration System (HPRS)**	**New indicator**	**New Indicator**	**New indicator**	**0%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	25	28	28	28
		Denominator	-	-	-	28	28	28	28

Table 10: Programme 2 – District Health Services Outputs, Outcomes, Performance Indicators and Targets

Programme 2: District Health Services

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Patient Experience of Care Survey Rate	**100%**	-	-	-	**100%**
Numerator	292	-	-	-	292
Denominator	292	-	-	-	292
Percentage score of Cleanliness on PEC Survey	**80%**	-	-	-	**80%**
Numerator	34 004	-	-	-	34 004
Denominator	42 506	-	-	-	42 506
Percentage score of Waiting Times on PEC Survey	**80%**	-	-	-	**80%**
Numerator	34 004	-	-	-	34 004
Denominator	42 506	-	-	-	42 506
Severity assessment code (SAC) 1 incidents reported within 24 hours. rate	**65%**	-	-	-	**65%**
Numerator	501	-	-	-	501
Denominator	759	-	-	-	759
Patient safety Incidents (PSI) case closure rate	**86%**	-	-	-	**86%**
Numerator	501	-	-	-	501
Denominator	759	-	-	-	759
Percentage of PHC facilities with functional Clinic Committees	**100%**	-	-	-	**100%**
Numerator	292	-	-	-	292
Denominator	292	-	-	-	292
Number of medico-legal cases (PHC)	**42**	**11**	**11**	**11**	**9**
Life expectancy for men	**63 years**	-	**63 years**	-	-
Life expectancy for Women	**65 years**	-	**65 years**	-	-
Percentage of clinics obtaining ideal clinic status rating	**100%**	-	-	-	**100%**
Numerator	290	-	-	-	290
Denominator	290	-	-	-	290
Percentage of hospitals obtaining Ideal Hospital status rating	**12.5%**	-	-	-	**12.5%**
Numerator	3	-	-	-	3
Denominator	23	-	-	-	23
Percentage of PHC/CHC facilities accredited to provide healthcare under the NHI fund	**68%**	-	-	-	**68%**
Numerator	197	-	-	-	197
Denominator	290	-	-	-	290
Percentage of District Hospitals accredited to provide healthcare under the NHI fund	**60%**	-	-	-	**60%**
Numerator	17	-	-	-	17
Denominator	28	-	-	-	28

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Percentage of PHC/CHC facilities implementing Health Patient Registration System (HPRS)	**100%**	-	-	-	**100%**
Numerator	290	-	-	-	290
Denominator	290	-	-	-	290
Percentage of District Hospitals implementing Health Patient Registration System (HPRS)	**100%**	-	-	-	**100%**
Numerator	28	-	-	-	28
Denominator	28	-	-	-	28

Table 11: Programme 2: District Health Services Output Indicators – Annual and Quarterly Targets

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:

- Developing Quality Improvement Plans to close identified gaps in the Patient Experience of Care Survey, as well as for Severity Assessment Code 1 incidents and Patient Safety Incidents
- Implementation and monitoring of the ideal health facility framework and increase the number of facilities achieving ideal clinic and district hospital status, thereby improving access to quality primary health care services.
- Implementation of Quality Improvement Plan for decreasing the number of contingent liability cases, as well a capacitating clinicians to improve quality of clinical care.
- Implement the National Quality Improvement Plan to facilitate accreditation of health facilities to render healthcare services under the NHI.
- Ensure all PHC facilities and level 1 hospitals are connected to broadband to allow for implementation of HPRS.

Programme 2: District Health Services (HAST)

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
TB Mortality reduced	Increase TB treatment start	**Number of DS-TB treatment start under 5 years**	**New indicator**	**New indicator**	**New indicator**	**303**	**350**	**400**	**450**
		Numerator	-	-	-	**303**	**350**	**400**	**450**
		Number of DS-TB treatment start 5 years and older	**New indicator**	**New indicator**	**New indicator**	**9232**	**11032**	**11032**	**11032**
		Numerator	-	-	-	**9232**	**11032**	**11032**	**11032**
		TB RR/MDR Start on treatment	**New indicator**	**New indicator**	**New indicator**	**309**	**300**	**300**	**300**
		Numerator	-	-	-	**309**	**300**	**300**	**300**
	Improve TB treatment success	**TB Rifampicin resistant/Multidrug – Resistant treatment success rate**	**New indicator**	**New indicator**	**New indicator**	**76.6%**	**72%**	**73%**	**75%**
		Numerator	-	-	-	183	216	219	225
		Denominator	-	-	-	239	300	300	300
		All DS-TB Client Treatment Success Rate	**80.3%**	**83.4%**	**75.7%**	**76.7%**	**80%**	**82%**	**85%**
		Numerator	9001	8662	7 818	7081	8826	9046	9377
		Denominator	11 203	10 381	10 327	**9232**	**11032**	**11032**	**11032**
		TB Pre-XDR treatment success rate	**13%**	**63%**	**69.2%**	**58.3%**	**60%**	**62%**	**65%**
		Numerator	8	32	60	33	67	67	70
		Denominator	61	51	91	56	101	101	105
	Reduce loss to follow up cases	**All DS-TB client lost to follow up rate**	**8.6%**	**6.89%**	**6.3%**	**5.9%**	**<6%**	**<6%**	**<6%**
		Numerator	930	659	433	326	406	369	516
		Denominator	10 823	10 090	10965	5524	13524	13202	12958

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
		Rifampicin resistant/Multidrug Resistant lost to follow-up rate	**11%**	**10%**	**8.8%**	**10.9%**	**<10%**	**<10%**	**<10%**
		Numerator	35	31	19	23	18	13	10
		Denominator	329	323	310	208	255	224	217
		TB Pre-XDR lost to follow-up rate.	**3%**	**10%**	**0,0%**	**0,0%**	**<10%**	**<10%**	**<10%**
		Numerator	2	5	8	0	7	6	6
		Denominator	61	51	91	56	84	79	74
HIV and AIDS related deaths reduced	ART initiation to 95% of those who tested positive	**Infant 1st I test Positive at birth rate**	**New indicator**	**New indicator**	**1.53%**	**0.4%**	**0.4%**	**0.3%**	**0.3%**
		Numerator	-	-	54	49	82	73	66
		Denominator	-	-	3526	13548	20 269	20 432	20 601
		HIV positive 5-14 years (excl ANC) rate	**New indicator**	**New indicator**	**New indicator**	**0.4%**	**0.3%**	**0.2%**	**0.2%**
		Numerator	-	-	-	751	636	427	444
		Denominator	-	-	-	187 716	211 848	213 416	222 221
		HIV positive 15-24 years (excl ANC) rate	**1.8%**	**1.4%**	**1.1%**	**1,0%**	**0.8%**	**0.7%**	**0.7%**
		Numerator	8555	7 045	5 653	3681	4354	3747	3 914
		Denominator	475 251	495 308	515 365	368065	522 744	535 220	548 230
		ART adult remain in care rate [12 months)	**71.9%**	**71.9%**	**71.7%**	**72.7%**	**95%**	**95%**	**95%**
		Numerator	32399	28282	30892	27364	34309	32594	30964
		Denominator	54 177	46 417	43063	38016	36115	34309	32594
		ART child remain in care rate [12 months]	**76.3%**	**76,7%**	**78.2%**	**80.7%**	**95%**	**95%**	**95%**
		Numerator	785	884	768	721	807	766	728
		Denominator	1 207	1 152	1 102	894	849	807	766

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Viral load suppressed to 95% of clients on ART	**ART Adult viral load suppressed rate (below 50) [12 months]**	**66.4%**	**69.4%**	**74.2%**	**76,4%**	**95%**	**95%**	**95%**
		Numerator	17 361	16 558	17313	14144	20734	21058	21398
		Denominator	26 131	23 864	23 327	18674	21825	22166	22524
		ART child viral load suppressed rate (below 50) [12 months]	**33.7%**	**33.8%**	**39.5**	**46.4%**	**95%**	**95%**	**95%**
		Numerator	195	207	264	228	529	534	539
		Denominator	578	613	669	492	557	562	567

Table 12:District Health Services Outputs, Outcomes, Performance Indicators and Targets (HAST)

Programme 2: District Health Services (HAST)

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of DS-TB treatment start under 5 years	**350**	**95**	**95**	**80**	**80**
Numerator	350	95	95	80	80
Number of DS-TB treatment start 5 years and older	**11032**	**2758**	**2758**	**2758**	**2758**
Numerator	11032	**2758**	**2758**	**2758**	**2758**
TB RR/MDR Start on treatment	**255**	**63.75**	**63.75**	**63.75**	**63.75**
Numerator	255	**63.75**	**63.75**	**63.75**	**63.75**
TB Rifampicin resistant/Multidrug – Resistant treatment success rate	**71%**	**71%**	**71%**	**71%**	**71%**
Numerator	232	58	58	58	58
Denominator	327	81.75	81.75	81.75	81.75
All DS-TB Client Treatment Success Rate	**67%**	**67%**	**67%**	**67%**	**67%**
Numerator	6461	1615	1615	1615	1615
Denominator	9644	2411	2411	2411	2411
TB Pre-XDR treatment success rate	**66%**	**66%**	**66%**	**66%**	**66%**
Numerator	67	16.67	16.67	16.67	16.67
Denominator	101	25.	25.25	25.25	25.25
All DS-TB client lost to follow up rate	**3%**	**3%**	**3%**	**3%**	**3%**
Numerator	406	101.5	101.5	101.5	101.5
Denominator	13524	3381	3381	3381	3381
Rifampicin resistant/Multidrug Resistant lost to follow-up rate	**7%**	**7%**	**7%**	**7%**	**7%**
Numerator	18	4.46	4.46	4.46	4.46
Denominator	255	63.75	63.75	63.75	63.75
TB Pre-XDR lost to follow-up rate.	**<10%**	**<10%**	**<10%**	**<10%**	**<10%**
Numerator	7	2	2	2	2
Denominator	84	21	21	21	21
Infant 1st PCR test Positive at birth rate	**0.4%**	**0.4%**	**0.4%**	**0.4%**	**0.4%**
Numerator	82	20	20	20	21
Denominator	20 269	5067	5067	5067	5067
HIV positive 5-14 years (excl ANC) rate	**0.3%**	**0.3%**	**0.3%**	**0.3%**	**0.3%**
Numerator	636	159	159	159	159
Denominator	211 848	52962	52962	52962	52962
HIV positive 15-24 years (excl ANC) rate	**0.8%**	**0.8%**	**0.8%**	**0.8%**	**0.8%**
Numerator	4354	1045	1045	1045	1045
Denominator	522 744	130686	130686	130686	130686
ART adult remain in care rate [12 months)	**95%**	**95%**	**95%**	**95%**	**95%**
Numerator	34309	8578	8577	8577	8577
Denominator	36115	9029	9029	9029	9028
ART child remain in care rate [12 months]	**95%**	**95%**	**95%**	**95%**	**95%**
Numerator	807	201	201	201	201
Denominator	849	212	212	213	213

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 1st 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.
- Strengthen linkage to care and adherence programmes.
- Provide support to facilities for management of pre-XDR TB.

Programme 2: District Health Services (MCWH&N)

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Improved maternal and child health	Reduce low birth weight	**Live birth under 2500g in facility rate**	**12%**	**11.01%**	**13.3%**	**13.1%**	**13.2%**	**13.3%**	**13.5%**
		Numerator	10967	10582	9417	9464	10296	8548	8290
		Denominator	91061	79570	71140	72248	78000	78000	78000
	Reduce in facility still birth rate	**Stillbirth infacility rate (per 1000 births)**	**20.8 / 1000**	**21.3 /1000**	**19.7 / 1000**	**20.4 / 1000**	**20 / 1000**	**20 / 1000**	**20 / 1000**
		Numerator	1939	1730	1433	674	1560	1560	1560
		Denominator	91061	79570	71140	72248	78000	78000	78000
	Decrease number of neonatal deaths < 28 days	**Neonatal (<28 days) death in facility rate**	**12.8/1000 live births**	**18.06 /1000 live births**	**13.5/1000 live birth**	**14.1/ 1000 live births**	**<10.5 / 1000 live births**	**<10 / 1000 live births**	**<10 / 1000 live births**
		Numerator	1176	1436	956	1038	818	818	818
		Denominator	91061	79570	71140	72248	78000	78000	78000
Mortality due to NCDs reduced	Reduce all deaths under 5 years in facility	**Death under 5 years against live birth rate**	**7.4%**	**5.3%**	**5.1%**	**1.9%**	**1.5%**	**1.4%**	**1.3%**
		Numerator	6739	4217	3628	4263	1170	5460	4680
		Denominator	91061	79570	71140	72248	78000	78000	78000
		Child under 5 years diarrhoea case fatality rate	**1.9%**	**2.2%**	**1.8%**	**1.9%**	**1.5%**	**1.2%**	**1%**
		Numerator	52	68	47	59	39	31	26
		Denominator	2786	3036	2599	3270	2597	2587	2577
		Child under 5 years pneumonia case fatality rate	**2.1%**	**2.03%**	**3.2%**	**2.0%**	**2%**	**2.5%**	**1%**
		Numerator	35	99	94	48	56	69	27
		Denominator	1646	3524	2935	2417	2789	2741	2695

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
		Child under 5 years severe acute malnutrition case fatality rate	**3.8%**	**8.99%**	**5.0%**	**6.4%**	**6%**	**2%**	**1%**
		Numerator	21	62	27	35	15	9	5
		Denominator	548	695	536	542	487	468	451
Improved maternal and child health	Reduce number of maternal death in facility	**Maternal Mortality in facility Ratio**	**130/100000 live births**	**114/100000 live births**	**109.5/100000 live births**	**111.8 / 100 000 live births**	**106 / 100 000 live births**	**98 / 100 000 live births**	**90 / 100 000 live births**
		Numerator	126	97	83	97	89	82	75
		Denominator	96933	84746	75854	76615	83537	83537	83537
Early warning and response strengthened	Increase couple year protection	**Couple Year Protection Rate**	**39.20%**	**48.3%**	**59.4%**	**55.2%**	**60.77%**	**63%**	**64.17%**
		Numerator	158713	240986	271182	348013	254724	254724	254724
		Denominator	1844363	1832618	1816548	1792993	1766667	1753007	1344141
Improve maternal and child health	Early initiation of antenantal care services to clients	**Antenatal 1st visit before 20 weeks rate**	**74%**	**77%**	**74.9%**	**77.8%**	**78%**	**78%**	**79%**
		Numerator	72424	65952	58761	38849	60854	61801	62615
		Denominator	97498	85346	78454	49935	78018	78863	79212
	Increase number of postnatal visits	**Mother postnatal visit within 6 days rate**	**74.20%**	**76.20%**	**76.1%**	**84.6%**	**83%**	**83%**	**83%**
		Numerator	67879	60690	54296	37428	60397	61557	62483
		Denominator	91428	79685	71388	44892	72768	73930	75009
Improved access to youth health programmes	Reduce teenage pregnancy	**Delivery 10-14 years in facility**	**New Indicator**	**New Indicator**	**New indicator**	**237**	**211**	**190**	**171**
		Numerator	-	-	-	237	211	190	171
Improve maternal and child health	Improve vitamin A dose 12-59 months coverage	**Vitamin A dose 12–59-month coverage**	**53.2%**	**77.1%**	**81.2%**	**84.7%**	**83%**	**87%**	**89%**
		Numerator	435924	585801	618836	549741	532284	527922	528882
		Denominator	674172	666746	657358	649045	641306	635722	633006
Reduce burden of disease		**Immunisation under 1-year coverage**	**97.3%**	**89.1%**	**88.2%**	**85.3%**	**90%**	**90%**	**90%**

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
	Increase number of children immunised fully	Numerator	94248	84751	82614	84824	83688	84729	85787
		Denominator	102584	102131	103396	99442	97144	96899	96396
	Prevent measles outbreak	**Measles 2nd dose 1-year coverage**	**91.6%**	**97.5%**	**90.5%**	**86%**	**90%**	**98.5%**	**99%**
		Numerator	87545	93621	85771	87810	85270	86370	87589
		Denominator	107107	105237	58396	102105	99060	98451	97573
Improved access to cervical cancer services	Increase number of cervical cancer screening	**Cervical cancer screening coverage**	**New Indicator**	**New Indicator**	**New Indicator**	**50.2%**	**58%**	**63%**	**68%**
		Numerator	-	-	-	304888	361085	255776	261580
		Denominator	-	-	-	607347	622560	637067	750837

Table 14: Programme 2 District Health Services – Outputs, Outcomes, Performance Indicators and Targets (MCWH&N)

Programme 2: District Health Services (MCWH&N)

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Live birth under 2500g in facility rate	**13.2%**	**13.2%**	**13.2%**	**13.2%**	**13.2%**
Numerator	10296	2574	2574	2574	2574
Denominator	78000	19500	19500	19500	19500
Stillbirth infacility rate (per 1000 births)	**20 / 1000**	**20 / 1000**	**20 / 1000**	**20 / 1000**	**20 / 1000**
Numerator	1560	390	390	390	390
Denominator	78000	19500	19500	19500	19500
Neonatal (<28 days) death in facility rate	**<10.5 / 1000 live births**	**<10.5 / 1000 live births**	**<10.5 / 1000 live births**	**<10.5 / 1000 live births**	**<10.5 / 1000 live births**
Numerator	818	204	204	205	205
Denominator	78000	19500	19500	19500	19500
Death under 5 years against live birth rate	**1.5%**	**1.5%**	**1.5%**	**1.5%**	**1.5%**
Numerator	1170	293	293	292	292
Denominator	78000	19500	19500	19500	19500
Child under 5 years diarrhoea case fatality rate	**1.5%**	**1.5%**	**1.5%**	**1.5%**	**1.5%**
Numerator	39	10	10	10	9
Denominator	2597	649	649	649	650
Child under 5 years pneumonia case fatality rate	**2%**	**2%**	**2%**	**2%**	**2%**
Numerator	56	14	14	14	14
Denominator	2789	697	697	697	698
Child under 5 years severe acute malnutrition case fatality rate	**6%**	**6%**	**6%**	**6%**	**6%**
Numerator	29	7	7	7	8
Denominator	487	122	122	122	121
Maternal Mortality in facility Ratio	**106 / 100 000 live births**	**106 / 100 000 live births**	**106 / 100 000 live births**	**106 / 100 000 live births**	**106 / 100 000 live births**
Numerator	89	23	22	22	22
Denominator	83537	20884	20884	20884	20884
Couple Year Protection Rate	**60.77%**	**60.77%**	**60.77%**	**60.77%**	**60.77%**
Numerator	254724	63681	63681	63681	63681
Denominator	1766667	441666	441666	441666	441666
Antenatal 1st visit before 20 weeks rate	**78%**	**78%**	**78%**	**78%**	**78%**
Numerator	60854	15213	15213	15213	15213
Denominator	78018	19505	19505	19505	19505

Mother postnatal visit within 6 days rate	**83%**	**83%**	**83%**	**83%**	**83%**
Numerator	60397	15099	15099	15099	15099
Denominator	72768	18192	18192	18192	18192
Delivery 10-14 years in facility	**211**	**53**	**53**	**53**	**52**
Numerator	211	**53**	**53**	**53**	**52**
Vitamin A dose 12–59-month coverage	**83%**	**83%**	**83%**	**83%**	**83%**
Numerator	532284	133071	133071	133071	133071
Denominator	641306	160326	160326	160326	160326
Immunisation under 1-year coverage	**90%**	**90%**	**90%**	**90%**	**90%**
Numerator	83688	20922	20922	20922	20922
Denominator	97144	24286	24286	24286	24286
Measles 2nd dose 1 year coverage	**90%**	**90%**	**90%**	**90%**	**90%**
Numerator	85270	21317	21317	21317	21317
Denominator	99060	24765	24765	24765	24765
Cervical cancer screening coverage	**58%**	**58%**	**58%**	**58%**	**58%**
Numerator	352261	88065	88065	88065	88065
Denominator	607347	151836	151836	151836	151836

Table 15: Programme 2 District Health Services – Output Indicators – Annual and Quarterly Targets (MCWH&N)

Explanation of planned performance over the medium-term period

Maternal Child Women and Youth & Nutrition Program is geared towards improving healthcare outcomes of mothers and children, thereby 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.

- Promoting family planning services and improving the coverage of contraception.
- 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.
- Strengthening antenatal care services, including awareness campaigns to increase proportion of pregnant women who book a consultation before 20 weeks and treatment of high risk conditions.
- Immunisation outreach campaigns.
- Awareness and education campaigns to increase uptake of cervical screening services.

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

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Malaria related deaths reduced	Reduce malaria death cases	**Malaria case fatality rate**	**0.8%**	**0.5%**	**0.77%**	**0.0%**	**< 0.5%**	**< 0.5%**	**< 0.5%**
		Numerator	8	6	11	0	0,1	0,1	0,1
		Denominator	799	772	515	171	254	252	250
Mental healthcare integrated in primary health care	Increase number of PHC mental disorders treatment	**PHC mental disorders treatment start rate**	**New Indicator**	**New Indicator**	**New Indicator**	**0.28%**	**0.03%**	**0.04%**	**0.05%**
		Numerator	-	-	-	13202	1718	1047	1037
		Denominator	-	-	-	4 715 212	5 727 463	5 727 463	5 727 463

Table 16:Programme 2 District Health Services – Outputs, Outcomes, Performance Indicators and Targets (Disease Prevention and Control)

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

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Malaria case fatality rate	**< 0.5%**	**< 0.5%**	**< 0.5%**	**< 0.5%**	**< 0.5%**
Numerator	3	1	0	1	1
Denominator	1067	267	267	267	266
PHC mental disorders treatment start rate	**0.03%**	**0.28%**	**0.28%**	**0.28%**	**0.28%**
Numerator	1718	13202	13202	13202	13202
Denominator	5 727 463	4 715 212	4 715 212	4 715 212	4 715 212

Table 17: Programme 2 District Health Services – Output Indicators – Annual and Quarterly Targets (Disease Prevention and Control)

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 indoor residual spraying of insecticide, thereby controlling the malaria vector, *P. falciparum*. In addition, screening, testing and treatment on site in communities established in proximity to borders will be conducted.

To address mental disorders, primary facilities will be capacitated to provide mental disorders treatment services. Screening and linkage to care will also be strengthened.

Programme resource considerations.

R thousand	Outcome 2021/22	2022/23	2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	2026/27	2027/28
1. District Management	1,031,734	837,813	647,449	581,318	635,769	621,940	632,036	656,815	685,206
2. Community Health Clinics	1,743,842	1,776,742	1,929,222	2,047,940	2,117,443	2,116,811	2,066,053	2,145,641	2,241,037
3. Community Health Centres	1,099,341	1,122,804	1,198,724	1,396,367	1,365,553	1,364,603	1,478,521	1,538,940	1,607,877
4. Community-based Services	20,534	16,933	20,085	16,006	22,056	22,297	10,044	10,448	10,918
5. Other Community Services	-	-	-	-	-	-	-	-	-
6. HIV/Aids	2,644,375	2,663,824	2,602,722	2,575,224	2,606,224	2,608,168	2,618,843	2,739,788	2,863,081
7. Nutrition	7,741	9,226	9,334	10,814	10,814	10,814	9,313	9,733	9,823
8. Coroner Services	-	-	-	-	-	-	-	-	-
9. District Hospitals	3,798,976	4,069,644	4,264,709	4,658,048	4,811,269	4,826,495	4,964,449	5,177,213	5,408,189
Total payments and estimates: Programme 2	10,346,543	10,496,986	10,672,245	11,285,717	11,571,128	11,571,128	11,779,259	12,278,578	12,826,131

Payments and estimates by economic classification.

R thousand	Outcome 2021/22	2022/23	2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	2026/27	2027/28
Current payments	10,232,863	10,215,749	10,456,210	11,157,367	11,417,142	11,405,071	11,666,978	12,164,787	12,710,904
Compensation of employees	6,583,297	6,778,048	7,200,202	7,763,921	7,774,961	7,762,890	8,202,091	8,538,315	8,922,755
Goods and services	3,649,559	3,437,666	3,255,922	3,393,446	3,642,181	3,642,150	3,464,887	3,626,472	3,788,149
Interest and rent on land	7	35	86	-	-	31	-	-	-
Transfers and subsidies	33,822	141,701	102,467	44,571	44,571	56,642	53,510	54,116	54,624
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	94	149	48	153	153	53	159	166	173
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	2,459	2,580	5,238	9,431	9,431	7,627	19,344	20,026	20,505
Households	31,269	138,972	97,181	34,987	34,987	48,962	34,007	33,924	33,946
Payments for capital assets	66,598	139,161	113,568	83,779	109,415	109,415	58,771	59,675	60,603
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	66,598	139,161	113,568	83,779	109,415	109,415	58,771	59,675	60,603
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	13,260	375	-	-	-	-	-	-	-
Total economic classification: Programme 2	10,346,543	10,496,986	10,672,245	11,285,717	11,571,128	11,571,128	11,779,259	12,278,578	12,826,131

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	10,232,863	10,215,749	10,456,210	11,157,367	11,417,142	11,405,871	11,656,978	12,154,787	12,710,904
Compensation of employees	6,583,297	6,778,048	7,200,202	7,763,921	7,774,961	7,762,890	8,202,091	8,538,315	8,922,755
Salaries and wages	5,761,387	5,910,260	6,233,068	6,645,491	6,637,029	6,624,958	7,016,671	7,304,912	7,633,849
Social contributions	821,910	867,788	967,134	1,118,430	1,137,932	1,137,932	1,185,220	1,233,403	1,288,906
Goods and services	3,649,559	3,437,666	3,255,922	3,393,446	3,642,181	3,642,150	3,454,887	3,626,472	3,788,149
Administrative fees	232,478	178,603	174,072	206,392	206,976	204,879	215,100	225,004	235,130
Advertising	39,191	35,393	20,780	4,000	4,000	9,592	3,167	3,313	3,462
Minor assets	2,672	3,093	1,512	6,553	4,105	4,258	6,306	6,364	6,423
Catering: Departmental activities	2,745	5,521	6,565	3,455	4,265	5,439	3,590	3,724	3,861
Communication (G&S)	30,859	28,822	32,768	29,298	29,221	32,551	30,566	31,967	33,405
Computer services	34,188	22,446	7,113	30,215	2,883	22,690	31,565	33,017	34,502
Consultants: Business and advisory services	–	7	5	–	–	–	–	–	–
Laboratory services	636,455	654,027	625,780	637,658	638,258	595,060	660,105	690,479	721,550
Contractors	140,940	266,563	161,932	95,927	129,070	188,523	103,207	107,952	112,810
Agency and support/outsourced services	36,583	29,497	33,865	36,644	36,591	34,450	38,285	40,046	41,849
Fleet services (incl. government motor transport)	50,938	78,487	61,895	55,077	54,979	58,010	57,487	60,131	62,837
Inventory: Food and food supplies	47,207	56,565	52,521	55,026	56,922	57,437	51,908	54,302	56,396
Inventory: Medical supplies	272,711	283,249	317,177	397,074	463,363	479,803	385,090	402,997	421,132
Inventory: Medicine	1,623,968	1,226,154	1,354,765	1,500,328	1,648,815	1,531,466	1,535,028	1,605,584	1,677,836
Consumable supplies	286,351	191,944	102,866	76,937	99,683	121,836	80,401	84,183	88,056
Consumables: Stationery, printing and office supplies	26,505	123,591	73,388	31,229	33,192	49,452	31,631	32,063	32,505
Operating leases	9,791	10,213	9,141	14,015	14,284	14,365	14,645	15,319	16,008
Rental and hiring	70	315	702	1,008	1,008	1,087	1,054	1,102	1,152
Property payments	122,930	146,331	150,131	179,965	179,641	171,523	184,191	195,929	204,746
Transport provided: Departmental activity	335	334	294	383	418	362	400	418	437
Travel and subsistence	48,950	83,017	60,179	28,863	30,827	53,135	29,382	30,717	32,106
Training and development	673	1,301	1,707	1,682	1,682	1,279	–	–	–
Operating payments	533	4,312	605	638	729	625	667	698	729
Venues and facilities	2,486	7,881	6,179	1,069	1,269	4,328	1,112	1,163	1,215
Interest and rent on land	7	35	86	–	–	31	–	–	–
Interest (incl. interest on unitary payments (PPP))	7	35	86	–	–	31	–	–	–
Transfers and subsidies	**33,822**	**141,701**	**102,467**	**44,571**	**44,571**	**56,642**	**53,510**	**54,116**	**54,624**
Departmental agencies and accounts	94	149	48	153	153	53	159	166	173
Departmental agencies (non-business entities)	94	149	48	153	153	53	159	166	173
Non-profit institutions	2,459	2,580	5,238	9,431	9,431	7,627	19,344	20,026	20,505
Households	31,269	138,972	97,181	34,987	34,987	48,962	34,007	33,924	33,946
Social benefits	31,226	32,114	36,339	15,193	15,193	15,471	14,713	14,652	14,674
Other transfers to households	43	106,858	60,842	19,794	19,794	33,491	19,294	19,272	19,272
Payments for capital assets	**66,598**	**139,161**	**113,568**	**83,779**	**109,415**	**109,415**	**58,771**	**59,675**	**60,603**
Machinery and equipment	66,598	139,161	113,568	83,779	109,415	109,415	58,771	59,675	60,603
Transport equipment	26,524	43,505	78,422	13,820	13,820	22,951	14,445	15,109	15,789
Other machinery and equipment	40,074	95,656	35,146	69,959	95,595	86,464	44,326	44,566	44,814
Payments for financial assets	**13,260**	**375**	**–**	**–**	**–**	**–**	**–**	**–**	**–**
Total economic classification: Programme 2	**10,346,543**	**10,495,986**	**10,672,245**	**11,285,717**	**11,571,128**	**11,571,128**	**11,779,259**	**12,276,578**	**12,826,131**

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.

Programme 3: Emergency Medical Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Improved responsiveness to community needs	EMS P1 Urban response time improved	**EMS P1 urban response under 30 minutes**	**65%**	**65%**	**65%**	**65%**	**65%**	**67%**	**68%**
		Numerator	517	1717	1717	1717	1717	1769	1786
		Denominator	796	2641	2641	2641	2641	2641	2641
Improved responsiveness to community needs	EMS P1 rural response time improved	**EMS P1 rural response under 60 minutes**	**65%**	**69%**	**69%**	**69%**	**69%**	**69%**	**69%**
		Numerator	448	7444	7444	7444	7444	7444	7444
		Denominator	689	10789	10789	10789	10789	10789	10789

Table 18: Emergency Medical Services – Outputs, Outcomes, Performance Indicators and Targets

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	**65%**	**65%**	**65%**	**65%**	**65%**
Numerator	1717	429.16	429.16	429.16	429.16
Denominator	2641	660.25	660.25	660.25	660.25
EMS P1 rural response under 60 minutes	**69%**	**69%**	**69%**	**69%**	**69%**
Numerator	7444	1861	465	465	465
Denominator	10789	2697.25	2697.25	2697.25	2697.25

Table 19: Programme3: Emergency Medical Services – Output Indicators – Annual and Quarterly Targets

Explanation of planned performance over the medium-term period

The following interventions will be employed in the coming financial year:

- Employment of 75 different Emergency Care Offices across different categories
- Purchasing of new ambulances
- Installation of the Emergency Management System

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

Programme Resource Considerations

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
1. Emergency transport	406,653	426,066	461,494	518,265	528,265	528,265	558,509	581,193	607,233
2. Planned Patient Transport	15,171	13,293	12,450	17,035	17,035	17,035	17,798	18,617	19,455
Total payments and estimates: Programme 3	421,824	439,359	473,944	535,300	545,300	545,300	576,307	599,810	626,688

Payments and estimates by economic classification.

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	394,583	437,688	456,211	523,592	508,848	499,832	549,599	572,433	598,192
Compensation of employees	321,227	331,485	352,569	389,523	394,523	395,464	409,565	425,960	445,128
Goods and services	73,356	106,203	103,642	134,069	114,325	104,368	140,034	146,473	153,064
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,366	1,243	1,651	1,677	1,677	736	1,677	1,671	1,671
Provinces and municipalities	741	660	1,064	1,208	1,208	466	1,208	1,203	1,203
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	625	583	587	469	469	270	469	468	468
Payments for capital assets	25,875	428	16,082	10,031	34,775	44,732	25,031	25,706	26,825
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	25,875	428	16,082	10,031	34,775	44,732	25,031	25,706	26,825
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification: Programme 3	421,824	439,359	473,944	535,300	545,300	545,300	576,307	599,810	626,688

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation 2024/25	Adjusted appropriation 2024/25	Revised estimate 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	394,583	437,688	456,211	523,592	508,848	499,832	549,599	572,433	598,192
Compensation of employees	321,227	331,485	352,569	389,523	394,523	395,464	409,565	425,960	445,128
Salaries and wages	265,718	274,353	290,694	321,649	325,399	326,340	338,020	351,550	367,370
Social contributions	55,509	57,132	61,875	67,874	69,124	69,124	71,545	74,410	77,758
Goods and services	73,356	106,203	103,642	134,069	114,325	104,368	140,034	146,473	153,064
Administrative fees	3	3	6	28	14	14	29	30	31
Minor assets	–	219	74	–	–	–	–	–	–
Communication (G&S)	2,377	1,882	2,154	1,850	1,850	2,009	1,931	2,017	2,108
Computer services	4,714	–	–	20,000	256	256	20,901	21,862	22,846
Contractors	534	18,082	16,996	19,128	19,128	16,058	19,956	20,873	21,812
Fleet services (incl. government motor transport)	41,598	78,181	80,517	81,029	81,029	79,076	84,659	88,554	92,539
Inventory: Medical supplies	1,908	2,729	754	5,285	5,285	831	5,522	5,776	6,036
Consumable supplies	3,884	2,427	407	1,859	1,859	1,771	1,942	2,031	2,122
Consumables: Stationery, printing and office supplies	420	530	903	638	638	638	667	698	729
Operating leases	17,583	1,481	965	3,372	3,372	2,807	3,520	3,683	3,849
Property payments	197	371	345	426	426	354	446	467	488
Travel and subsistence	138	298	521	454	468	554	481	482	504
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	1,366	1,243	1,651	1,677	1,677	736	1,677	1,671	1,671
Provinces and municipalities	741	660	1,064	1,208	1,208	466	1,208	1,203	1,203
Provinces	741	660	1,064	1,208	1,208	466	1,208	1,203	1,203
Provincial agencies and funds	741	660	1,064	1,208	1,208	466	1,208	1,203	1,203
Households	625	583	587	469	469	270	469	468	468
Social benefits	625	583	500	469	469	270	469	468	468
Other transfers to households	–	–	87	–	–	–	–	–	–
Payments for capital assets	25,875	428	16,082	10,031	34,775	44,732	25,031	25,706	26,825
Machinery and equipment	25,875	428	16,082	10,031	34,775	44,732	25,031	25,706	26,825
Transport equipment	7,708	–	16,082	8,827	33,571	44,670	23,827	24,502	25,621
Other machinery and equipment	18,167	428	–	1,204	1,204	62	1,204	1,204	1,204
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 3	421,824	439,359	473,944	535,300	545,300	545,300	576,307	599,810	626,688

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.

Programme 4: Regional Hospital Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Improve maternal and child health	Reduce maternal deaths in facility	**Number of Maternal deaths in facility**	New Indicator	New Indicator	33	28	30	25	20
Mortality due to NCDs reduced	Reduce all death under 5 years in facility	**Number of Death in facility under 5 years**	New Indicator	New Indicator	288	302	250	200	150
		Diarrhoea death under 5 years	8	6	2	14	10	8	6
		Pneumonia death under 5 years	14	8	2	13	6	6	5
		Severe acute malnutrition (SAM) death under 5 years	8	5	6	6	3	3	3
Improved responsiveness to community needs	Patient experience of care survey increased	**Patient Experience of Care survey rate (Regional Hospitals)**	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
		Numerator	-	-	-	3	3	3	3
		Denominator	-	-	-	3	3	3	3
		Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	New Indicator	80%	100%	85%	85%	89%
		Numerator	-	-	44	55	47	47	49
		Denominator	-	-	55	55	55	55	55
		Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	93%	95%	95%	96%	98%
		Numerator	-	-	52	93	93	94	96
		Denominator	-	-	53	98	98	98	98
Health infrastructure optimised for delivery of care	Increased proportion of facilities using HPRS	**Percentage of facilities implementing Health Patient Registration System (HPRS) (Regional hospitals)**	New Indicator	New Indicator	New Indicator	33%	67%	100%	100%

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
		Numerator	-	-	-	1	2	3	3
		Denominator	-	-	-	3	3	3	3
Improved access to affordable and quality healthcare	Increased proportion of facilities accredited to provide health services under NHI	**Percentage of facilities accredited to provide healthcare under the NHI fund (Regional Hospitals)**	**New Indicator**	**New Indicator**	**New Indicator**	**0%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	0	3	3	3
		Denominator	-	-	-	0	3	3	3
Number of medico-legal cases reduced	Decrease number of medico-legal cases	**Number of medico-legal cases (Regional Hospitals)**	**Not required to report**	**Not required to report**	**Not required to report**	**15**	**13**	**11**	**9**

Table 20: Programme 4: Regional Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

Programme 4: Regional Hospital Service

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of Maternal deaths in facility	**30**	**8**	**8**	**8**	**6**
Numerator	**30**	**8**	**8**	**8**	**6**
Number of Death in facility under 5 years	**250**	65	65	60	60
Numerator	**250**	65	65	60	60
Diarrhoea death under 5 years	**10**	3	3	2	2
Numerator	**10**	3	3	2	2
Pneumonia death under 5 years	**6**	2	2	1	1
Numerator	**6**	2	2	1	1
Severe acute malnutrition (SAM) death under 5 years	3	1	1	1	0
Numerator	3	1	1	1	0
Patient Experience of Care survey rate (Regional Hospitals)	**95%**	-	-	-	**95%**
Numerator	3	-	-	-	3
Denominator	3	-	-	-	3
Severity assessment code (SAC) 1 incident reported within 24 hours rate	**100%**	-	-	-	**100%**
Numerator	55	-	-	-	55
Denominator	55	-	-	-	55
Patient Safety Incident (PSI) case closure rate	**95%**	-	-	-	**95%**
Numerator	93	-	-	-	93
Denominator	98	-	-	-	98
Percentage of facilities implementing Health Patient Registration System (HPRS) (Regional hospitals)	**100%**	**100%**	**100%**	**100%**	**100%**
Numerator	3	3	3	3	3
Denominator	3	3	3	3	3
Percentage of facilities accredited to provide healthcare under the NHI fund (Regional Hospitals)	**100%**	**100%**	**100%**	**100%**	**100%**
Numerator	3	3	3	3	3
Denominator	3	3	3	3	3
Number of medico-legal cases (Regional Hospitals)	**13**	**4**	**3**	**3**	**3**

Table 21: Programme 4: Regional Hospital Services Output Indicators – Annual and Quarterly Targets

Programme 4: Specialised Hospital Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Improved responsiveness to community needs	Patient experience of care survey increased	**Patient Experience of Care survey rate (Specialised Hospitals)**	**New Indicator**	**New Indicator**	**New Indicator**	**100%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	0	1	1	1
		Denominator	-	-	-	0	1	1	1
Health infrastructure optimised for delivery of care	Increased proportion of facilities using HPRS	**Percentage of facilities implementing Health Patient Registration System (HPRS) (Specialized hospitals)**	**New Indicator**	**New Indicator**	**New Indicator**	**0%**	**100%**	**100%**	**100%**
		Numerator	-	-	-	0	1	1	1
		Denominator	-	-	-	0	1	1	1

Table 22: Programme 4: Specialised Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

Programme 4: Specialised Hospital Services

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Patient Experience of Care survey rate (Specialised Hospitals)	**100%**	-	-	-	**100%**
Numerator	1	-	-	-	1
Denominator	1	-	-	-	1
Percentage of facilities implementing Health Patient Registration System (HPRS) (Specialized hospitals)	**100%**	**100%**	**100%**	**100%**	**100%**
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1

Table 23: Programme 4: Specialised Hospital Services – Output Indicators – Annual and Quarterly Targets

Explanation of planned performance over the medium-term period

Child and Maternal mortality reduction are key priority globally (SDGs) and Nationally (MTDP). Interventions which will be priorities in the coming financial year include:

- Appointment of Obstetricians and Pediatricians
- Functionality of Maternity Operating theatres
- Outreach services to district hospitals
- Awareness campaigns to educate mothers on danger signs in ill children
- Clinical audits to assess clinical management
- Development and implementation of Quality Improvement Plans to close gaps in Patient Experience of Care Survey, Severity Assessment Code 1 Incidents and Patient Safety Incidents.
- Implement Quality Improvement Plan to reduce medico-legal cases
- Implement National Quality Improvement Plan to facilitate accreditation of Regional and Specialised hospitals to provide health care under NHI.

Programme resource considerations.

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
1. General (Regional) Hospitals	1,442,604	1,495,795	1,523,195	1,697,489	1,676,414	1,676,414	1,807,345	1,877,397	1,957,294
2. Tuberculosis Hospitals	151,648	136,414	127,295	129,757	136,757	136,757	136,511	142,047	148,402
3. Psychiatric/ Mental Hospitals	49,037	47,449	59,662	53,968	53,968	53,968	56,386	58,980	61,634
4. Sub-acute, Step down and Chronic Medical Hospitals	-	-	-	-	-	-	-	-	-
5. Dental Training Hospitals	-	-	-	-	-	-	-	-	-
6. Other Specialised Hospitals	-	-	-	-	-	-	-	-	-
Total payments and estimates: Programme 4	1,643,289	1,679,658	1,710,152	1,881,214	1,867,139	1,867,139	2,000,242	2,078,424	2,167,330

Payments and estimates by economic classification

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	1,635,745	1,633,144	1,678,439	1,850,191	1,836,116	1,852,896	1,969,719	2,048,044	2,136,950
Compensation of employees	1,206,682	1,234,639	1,316,032	1,440,338	1,440,338	1,457,118	1,555,398	1,617,982	1,690,792
Goods and services	429,058	398,499	362,400	409,853	395,778	395,770	414,321	430,062	446,158
Interest and rent on land	5	6	7	-	-	8	-	-	-
Transfers and subsidies	4,919	44,494	27,977	29,197	29,197	12,417	28,697	28,554	28,554
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	33	29	31	51	51	25	51	51	51
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	4,886	44,465	27,946	29,146	29,146	12,392	28,646	28,503	28,503
Payments for capital assets	2,568	1,561	3,736	1,826	1,826	1,826	1,826	1,826	1,826
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,568	1,561	3,736	1,826	1,826	1,826	1,826	1,826	1,826
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	57	459	-	-	-	-	-	-	-
Total economic classification: Programme 4	1,643,289	1,679,658	1,710,152	1,881,214	1,867,139	1,867,139	2,000,242	2,078,424	2,167,330

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	1,635,745	1,633,144	1,678,439	1,850,191	1,836,116	1,852,896	1,969,719	2,048,044	2,136,950
Compensation of employees	1,206,682	1,234,639	1,316,032	1,440,338	1,440,338	1,457,118	1,555,398	1,617,982	1,690,792
Salaries and wages	1,061,330	1,081,279	1,148,370	1,255,521	1,255,116	1,271,896	1,360,398	1,415,162	1,478,845
Social contributions	145,352	153,360	167,662	184,817	185,222	185,222	195,000	202,820	211,947
Goods and services	429,058	398,499	362,400	409,853	395,778	395,770	414,321	430,062	446,158
Administrative fees	10,524	8,785	11,384	9,943	9,416	10,604	10,423	10,903	11,394
Minor assets	197	54	189	1,543	544	536	1,543	1,543	1,543
Catering: Departmental activities	8	53	59	94	94	95	94	94	94
Communication (G&S)	3,989	4,174	4,176	4,104	4,073	3,873	4,284	4,480	4,681
Computer services	10,097	5,824	–	–	–	–	–	–	–
Laboratory services	48,251	23,834	22,677	35,830	35,830	55,880	36,856	38,551	40,285
Contractors	122,366	136,892	73,224	122,565	63,518	54,018	114,879	117,020	119,200
Agency and support/outsourced services	13,086	11,450	9,479	13,268	12,893	11,120	13,858	14,495	15,148
Fleet services (incl. government motor transport)	9,785	7,048	5,989	5,551	5,551	5,871	5,800	6,067	6,340
Inventory: Food and food supplies	18,273	17,259	18,746	21,790	22,000	20,992	21,464	22,453	23,463
Inventory: Medical supplies	99,726	90,895	97,523	92,466	92,466	103,780	96,622	101,067	105,615
Inventory: Medicine	45,561	43,563	61,709	41,897	85,748	67,183	47,205	49,373	51,595
Consumable supplies	9,259	9,097	10,781	8,808	10,657	11,244	9,202	9,625	10,058
Consumables: Stationery, printing and office supplies	2,316	1,923	1,699	2,159	2,512	2,623	2,159	2,159	2,159
Operating leases	998	1,111	846	1,352	1,304	1,111	1,413	1,478	1,544
Property payments	29,982	33,622	41,045	45,955	46,246	44,308	45,879	47,992	50,152
Transport provided: Departmental activity	295	105	111	207	158	206	216	226	236
Travel and subsistence	2,368	2,330	2,720	2,067	2,489	2,082	2,159	2,258	2,360
Training and development	1,938	–	–	–	–	–	–	–	–
Operating payments	39	185	43	254	279	244	265	278	291
Venues and facilities	–	295	–	–	–	–	–	–	–
Interest and rent on land	5	6	7	–	–	8	–	–	–
Interest (incl. Interest on unitary payments (PPP))	5	6	7	–	–	8	–	–	–
Transfers and subsidies	4,919	44,494	27,977	29,197	29,197	12,417	28,697	28,554	28,554
Departmental agencies and accounts	33	29	31	51	51	25	51	51	51
Departmental agencies (non-business entities)	33	29	31	51	51	25	51	51	51
Households	4,886	44,465	27,946	29,146	29,146	12,392	28,646	28,503	28,503
Social benefits	4,886	6,645	7,133	3,699	3,699	3,528	3,699	3,684	3,684
Other transfers to households	–	37,820	20,813	25,447	25,447	8,864	24,947	24,819	24,819
Payments for capital assets	2,568	1,561	3,736	1,826	1,826	1,826	1,826	1,826	1,826
Machinery and equipment	2,568	1,561	3,736	1,826	1,826	1,826	1,826	1,826	1,826
Transport equipment	523	–	–	–	–	–	–	–	–
Other machinery and equipment	2,045	1,561	3,736	1,826	1,826	1,826	1,826	1,826	1,826
Payments for financial assets	57	459	–	–	–	–	–	–	–
Total economic classification: Programme 4	1,643,289	1,679,658	1,710,152	1,881,214	1,867,139	1,867,139	2,000,242	2,078,424	2,167,330

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.

Programme 5: Central Hospital Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Improve maternal and child health	Reduce maternal deaths in facility	Number of Maternal deaths in facility	New Indicator	New Indicator	17	20	30	25	20
Mortality due to NCDs reduced	Reduce all death under 5 years in facility	Number of Death in facility under 5 years	New Indicator	New Indicator	373	315	250	200	150
		Diarrhoea death under 5 years	-	-	3	5	5	5	5
		Pneumonia death under 5 years	-	-	3	9	5	5	5
		Severe acute malnutrition (SAM) death under 5 years	-	-	4	5	2	2	2
	patient experience of care survey increased	Patient Experience of Care survey rate (Tertiary Hospitals)	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
		Numerator	-	-	-	2	2	2	2
		Denominator	-	-	-	2	2	2	2
Improved responsiveness to community needs	Patient experience of care increased	Severity assessment code (SAC) 1 incident reported within 24 hours rate	New Indicator	New Indicator	97%	98%	81%	90%	90%
		Numerator	-	-	50	34	42	47	47
		Denominator	-	-	52	52	52	52	52
		Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	98%	92%	95%	98%	98%
		Numerator	-	-	128	120	125	128	128
		Denominator	-	-	131	131	131	131	131

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Number of medico-legal cases reduced	Decrease number of medico-legal cases	**Number of medico-legal cases (Tertiary Hospitals)**	New Indicator	New Indicator	New Indicator	10	9	8	7
Improved access to affordable and quality healthcare	Increased proportion of facilities accredited to provide health services under NHI	**Percentage of facilities accredited to provide healthcare under the NHI fund (Tertiary Hospitals)**	New Indicator	New Indicator	New Indicator	63%	100%	100%	100%
		Numerator	-	-	-	1	2	2	2
		Denominator	-	-	-	2	2	2	2
Health infrastructure optimised for delivery of care	Increased proportion of facilities using HPRS	**Percentage of facilities implementing Health Patient Registration System (HPRS) (Tertiary Hospitals)**	New Indicator	New Indicator	New Indicator	100%	100%	100%	100%
		Numerator	-	-	-	2	2	2	2
		Denominator	-	-	-	2	2	2	2

Table 24: Programme 5: Central Hospital Services – Outputs, Outcomes, Performance Indicators and Targets

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	30	8	8	8	6
Numerator	30	8	8	8	6
Number of Death in facility under 5 years	250	65	65	60	60
Numerator	250	65	65	60	60
Diarrhoea death under 5 years	5	2	1	1	1
Numerator	5	2	1	1	1
Pneumonia death under 5 years	5	2	1	1	1
Severe acute malnutrition (SAM) death under 5 years	2	1	1	0	0
Patient Experience of Care survey rate (Tertiary Hospitals)	100%	100%	100%	100%	100%
Numerator	2	2	2	2	2
Denominator	2	2	2	2	2
Severity assessment code (SAC) 1 incident reported within 24 hours rate	81%	-	-	-	81%
Numerator	42	-	-	-	42
Denominator	52	-	-	-	52
Patient Safety Incident (PSI) case closure rate	95%	-	-	-	95%
Numerator	125	-	-	-	125
Denominator	131	-	-	-	131
Number of medico-legal cases (Tertiary Hospitals)	9	3	2	2	2
Percentage of facilities accredited to provide healthcare under the NHI fund (Tertiary Hospitals)	100%	100%	100%	100%	100%
Numerator	2	2	2	2	2
Denominator	2	2	2	2	2
Percentage of facilities implementing Health Patient Registration System (HPRS) (Tertiary Hospitals)	100%	100%	100%	100%	100%
Numerator	2	2	2	2	2
Denominator	2	2	2	2	2

Table 25: Programme 5: Central Hospital Services – Output Indicators – Annual and Quarterly Targets

Explanation of planned performance over the medium-term period

Child and Maternal mortality reduction are key priority globally (SDGs) and Nationally (MTDP). Interventions planned to achieve targets in the next financial year are:

- Appointment of Obstetricians, Paediatricians and Neonatologists.
- Ensuring functionality of Maternity Operating theatres
- Conducting outreach services to district hospitals
- Conducting cluster referral meetings
- Awareness campaigns to educate mothers on danger signs in children who are ill.
- Conducting clinic audits to review clinical management
- Develop and implement Quality Improvement Plans to close gaps in the Patient Experience of Care Survey, Severity Assessment Code 1 incidents, and Patient Safety Incidents.
- Implement Quality improvement plan to reduce medico-legal cases
- Implement National Quality Improvement Plan to facilitate accreditation of Tertiary Hospitals to provide health care under NHI.

In addition, 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 Catheterisation Laboratory will also be established, thereby increasing access to highly specialized clinical services

.

Programme resource considerations.

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
1. Central Hospital Services	–	–	–	–	–	–	–	–	–
2. Provincial Tertiary Hospital Services	1,437,887	1,727,170	1,841,571	1,959,972	1,997,848	1,997,848	2,204,272	2,335,607	2,440,416
Total payments and estimates: Programme 5	1,437,887	1,727,170	1,841,571	1,959,972	1,997,848	1,997,848	2,204,272	2,335,607	2,440,416

Payments and estimates by economic classification

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	1,413,450	1,691,371	1,796,517	1,858,699	1,929,875	1,922,933	2,112,142	2,241,968	2,342,723
Compensation of employees	984,270	1,061,505	1,186,804	1,300,538	1,306,038	1,289,013	1,435,100	1,537,107	1,606,277
Goods and services	429,154	629,866	609,713	558,161	623,837	633,920	677,042	704,861	736,446
Interest and rent on land	26	–	–	–	–	–	–	–	–
Transfers and subsidies	3,178	16,992	3,875	3,587	3,587	20,612	3,588	3,589	3,590
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	12	12	32	26	26	–	27	28	29
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	3,166	16,980	3,843	3,561	3,561	20,612	3,561	3,561	3,561
Payments for capital assets	20,992	18,807	41,179	97,686	64,386	54,303	88,542	90,050	94,103
Buildings and other fixed structures	–	–	–	–	–	–	20,000	20,900	21,841
Machinery and equipment	20,992	18,807	41,179	97,686	64,386	54,303	68,542	69,150	72,262
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	267	–	–	–	–	–	–	–	–
Total economic classification: Programme 5	1,437,887	1,727,170	1,841,571	1,959,972	1,997,848	1,997,848	2,204,272	2,335,607	2,440,416

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation 2024/25	Adjusted appropriation 2024/25	Revised estimate 2024/25	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	1,413,450	1,691,371	1,796,517	1,858,699	1,929,875	1,922,933	2,112,142	2,241,968	2,342,723
Compensation of employees	984,270	1,061,505	1,186,804	1,300,538	1,306,038	1,289,013	1,435,100	1,537,107	1,606,277
Salaries and wages	871,251	929,878	1,036,711	1,135,949	1,141,309	1,124,284	1,255,081	1,351,417	1,412,231
Social contributions	113,019	131,627	150,093	164,589	164,729	164,729	180,019	185,690	194,046
Goods and services	429,154	629,866	609,713	558,161	623,837	633,920	677,042	704,861	736,446
Administrative fees	12,209	7,425	13,018	16,843	16,719	16,719	17,602	18,412	19,241
Minor assets	181	408	232	1,330	1,241	1,241	1,397	1,461	1,527
Catering: Departmental activities	35	10	22	–	30	30	–	–	–
Communication (G&S)	3,430	2,394	3,252	3,235	3,150	3,385	3,235	3,384	3,536
Computer services	–	247,817	174,046	–	122,864	120,307	108,392	113,269	118,366
Laboratory services	59,105	27,928	27,432	45,348	45,348	57,321	51,976	54,363	56,809
Contractors	47,339	64,841	81,011	175,187	75,499	65,227	65,985	67,385	70,417
Agency and support/outsourced services	19,596	13,623	10,050	40,672	40,662	9,423	20,907	21,890	22,875
Fleet services (incl. government motor transport)	2,108	1,939	1,513	2,281	2,281	1,944	2,383	2,493	2,605
Inventory: Food and food supplies	15,640	14,679	18,556	20,059	20,099	21,629	25,851	27,035	28,252
Inventory: Medical supplies	144,755	130,591	140,735	128,848	133,148	160,218	188,837	196,126	204,952
Inventory: Medicine	67,975	57,222	69,454	56,972	94,448	94,791	114,054	119,246	124,612
Consumable supplies	7,180	6,739	9,914	7,727	8,732	9,880	8,122	8,495	8,877
Consumables: Stationery, printing and office supplies	1,535	1,443	2,620	2,943	2,786	2,501	2,943	2,943	2,941
Operating leases	761	1,195	856	1,213	1,144	1,275	1,267	1,325	1,385
Property payments	46,968	51,014	56,049	55,044	54,912	67,184	63,611	66,532	69,526
Transport provided: Departmental activity	62	81	94	38	38	30	40	42	44
Travel and subsistence	212	507	585	364	629	688	380	397	415
Training and development	–	–	–	–	50	78	–	–	–
Operating payments	63	10	74	57	57	49	60	63	66
Interest and rent on land	26	–	–	–	–	–	–	–	–
Interest (incl. interest on unitary payments (PPP))	26	–	–	–	–	–	–	–	–
Transfers and subsidies	3,178	16,992	3,875	3,587	3,587	20,612	3,588	3,589	3,590
Departmental agencies and accounts	12	12	32	26	26	–	27	28	29
Departmental agencies (non-business entities)	12	12	32	26	26	–	27	28	29
Households	3,166	16,980	3,843	3,561	3,561	20,612	3,561	3,561	3,561
Social benefits	3,166	2,125	2,755	2,227	2,227	3,382	2,227	2,227	2,227
Other transfers to households	–	14,855	1,088	1,334	1,334	17,230	1,334	1,334	1,334
Payments for capital assets	20,992	18,807	41,179	97,686	64,386	54,303	68,542	90,050	94,103
Buildings and other fixed structures	–	–	–	–	–	–	20,000	20,900	21,841
Buildings	–	–	–	–	–	–	20,000	20,900	21,841
Machinery and equipment	20,992	18,807	41,179	97,686	64,386	54,303	68,542	69,150	72,262
Transport equipment	–	359	–	–	–	–	–	–	–
Other machinery and equipment	20,992	18,448	41,179	97,686	64,386	54,303	68,542	69,150	72,262
Payments for financial assets	267	–	–	–	–	–	–	–	–
Total economic classification: Programme 5	1,437,887	1,727,170	1,841,571	1,959,972	1,997,848	1,997,848	2,214,272	2,335,607	2,440,416

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.

Programme 6: Health Science and Training

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Equitable distribution of Health professionals to Health facilities	Increase capacity in Health facilities	Number of Healthcare workers trained on critical clinical skills.	6849	5732	6004	6000	3000	4000	5000
		Bursaries awarded to first year nursing students.	70	70	70	70	70	70	70
		Number of frontline workers trained on customer care	157	273	712	712	500	300	300
		Number of employees trained on Leadership & Management development	Not required to report	Not required to report	Not required to report	75	90	90	90
		Number of employees trained on succession planning	Not required to report	Not required to report	Not required to report	75	100	100	90

Table 26: Programme 6: Health Science and Training – Outputs, Outcomes, Performance Indicators and Targets

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.	3000	250	1500	1000	250
Bursaries awarded to first year nursing students.	70	0	0	0	70
Number of frontline workers trained on customer care	200	20	100	50	30
Number of employees trained on Leadership & Management development	75	0	50	25	0
Number of employees trained on succession planning	100	20	40	40	0

Table 27: Programme 6: Health Science and Training – Output Indicators – Annual and Quarterly Targets

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.

Programme Resource considerations

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
1. Nurse Training Colleges	138,706	143,655	144,534	151,346	150,200	152,373	172,668	180,015	188,045
2. EMS Training Colleges	2,634	2,850	1,157	1,254	3,254	3,254	1,331	1,385	1,447
3. Bursaries	31,388	28,724	8,049	26,700	26,760	11,869	26,469	26,713	26,472
4. Primary Health Care Training	4,164	3,553	3,147	3,805	3,005	3,232	4,103	4,271	4,463
5. Training Other	231,897	340,422	358,388	370,674	362,674	375,185	382,668	393,793	409,687
Total payments and estimates: Programme 6	408,789	519,204	515,275	553,679	545,913	545,913	587,239	606,177	630,114

Payments and estimates by economic classification

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Current payments	355,058	459,093	478,254	500,097	493,883	506,865	533,040	551,877	576,712
Compensation of employees	303,481	379,361	389,065	409,118	402,298	415,406	423,479	437,362	457,044
Goods and services	51,587	79,732	89,189	90,979	91,585	91,459	109,561	114,515	119,668
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	53,383	56,901	34,916	52,824	50,768	37,668	51,024	50,980	49,933
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	22,451	29,526	29,145	30,485	30,485	30,485	29,985	29,963	29,439
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	30,932	27,375	5,771	21,539	20,283	7,175	21,039	21,017	20,494
Payments for capital assets	338	3,210	2,105	1,758	1,262	1,388	3,175	3,320	3,469
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	338	3,210	2,105	1,758	1,262	1,388	3,175	3,320	3,469
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 6	408,789	519,204	515,275	553,679	545,913	545,913	587,239	606,177	630,114

Transfers and subsidies

R thousand	Outcome 2021/22	Outcome 2022/23	Outcome 2023/24	Main appropriation	Adjusted appropriation 2024/25	Revised estimate	Medium-term estimates 2025/26	Medium-term estimates 2026/27	Medium-term estimates 2027/28
Current payments	355,068	459,093	476,254	500,097	493,883	506,865	533,040	551,877	576,712
Compensation of employees	303,481	379,361	389,065	409,118	402,298	415,406	423,479	437,362	457,044
Salaries and wages	284,457	359,335	367,584	364,993	359,898	373,006	388,518	401,560	419,630
Social contributions	19,024	20,026	21,481	44,125	42,400	42,400	34,961	35,802	37,414
Goods and services	51,587	79,732	89,189	90,979	91,585	91,459	109,561	114,515	119,668
Administrative fees	3,460	2,759	3,064	3,807	3,357	2,937	3,987	4,169	4,356
Advertising	–	6	–	6	6	6	6	6	6
Minor assets	18	117	995	–	–	47	510	532	556
Bursaries: Employees	–	515	–	–	–	513	–	–	–
Catering: Departmental activities	17	2,144	2,819	1,325	1,815	1,773	1,325	1,325	1,325
Communication (G&S)	223	254	300	534	534	554	621	650	680
Computer services	–	–	–	4,836	44	–	19,053	19,915	20,811
Consultants: Business and advisory services	15	4	–	67	–	–	70	73	76
Contractors	–	–	–	–	90	85	–	–	–
Agency and support/outsourced services	4,121	4,587	4,047	4,500	4,147	4,381	4,500	4,700	4,976
Fleet services (incl. government motor transport)	1,879	2,015	1,536	1,981	1,981	2,080	2,070	2,165	2,262
Inventory: Food and food supplies	5,563	9,035	7,891	10,075	9,985	11,709	10,522	11,006	11,501
Inventory: Medical supplies	–	–	287	33	33	33	34	36	38
Consumable supplies	2,736	2,055	2,216	2,417	3,224	3,221	2,563	2,680	2,798
Consumables: Stationery, printing and office supplies	2,310	6,812	1,564	2,398	4,260	3,388	2,506	2,621	2,738
Operating leases	219	139	112	217	1,717	285	227	237	248
Rental and hiring	–	39	226	3	3	3	4	4	4
Property payments	625	716	–	660	660	660	690	722	754
Travel and subsistence	29,318	40,805	54,728	49,511	50,098	49,588	51,786	54,168	56,606
Training and development	423	6,096	7,008	7,279	7,740	7,739	7,605	7,955	8,313
Operating payments	633	255	1,134	491	732	1,254	613	642	670
Venues and facilities	27	1,579	1,262	839	1,159	1,203	869	909	950
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	53,383	56,901	34,916	52,024	50,768	37,680	51,024	50,980	49,933
Departmental agencies and accounts	22,451	29,526	29,145	30,485	30,485	30,485	29,985	29,963	29,439
Departmental agencies (non-business entities)	22,451	29,526	29,145	30,485	30,485	30,485	29,985	29,963	29,439
Households	30,932	27,375	5,771	21,539	20,283	7,175	21,039	21,017	20,494
Social benefits	2,990	594	845	559	559	2,362	559	559	559
Other transfers to households	27,942	26,781	4,926	20,980	19,724	4,813	20,480	20,458	19,935
Payments for capital assets	338	3,210	2,105	1,758	1,262	1,388	3,175	3,320	3,469
Machinery and equipment	338	3,210	2,105	1,758	1,262	1,388	3,175	3,320	3,469
Transport equipment	–	3,077	–	–	–	–	–	–	–
Other machinery and equipment	338	133	2,105	1,758	1,262	1,388	3,175	3,320	3,469
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 6	408,789	519,204	515,275	553,879	545,913	545,913	587,239	606,177	630,114

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.

Programme 7: Health Care Support Services

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Health infrastructure optimised for delivery of care	Increase capacity in Health facilities	**Number of healthcare facilities compliant to radiation control prescripts**	**29**	**29**	**29**	**29**	**30**	**30**	**30**
Improved access to affordable and quality healthcare	Maintain EML stock	**Percentage Availability of Essential Medicine List (EML) at the Depot**	**80%**	**80.3%**	**75%**	**90%**	**90%**	**90%**	**90%**
		Numerator	230	230	230	207	207	207	207
		Denominator	287	287	287	229	229	229	229
Improved access to equitable healthcare services	Increase number of orthotic and prosthetic devices issued	**Number of Orthotic and Prosthetic devices issued**	**5039 4262**	**5710 4500**	**6059**	**4700**	**4800**	**4900**	**5000**
	Maintain number of facilities with functional blood transfusion committees	**Monitor the compliance with approved terms of reference for hospital transfusion and laboratory committees**	**28**	**28**	**28**	**29**	**29**	**29**	**29**

Table 28: Programme 7: Health Care Support Services – Outputs, Outcomes, Performance Indicators and Targets

Programme 7: Health Care Support Services

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Number of healthcare facilities compliant to radiation control prescripts	**30**	**30**	**30**	**30**	**30**
Percentage Availability of Essential Medicine List (EML) at the Depot	**90%**	**90%**	**90%**	**90%**	**90%**
Numerator	207	207	207	207	207
Denominator	229	229	229	229	229
Number of Orthotic and Prosthetic devices issued	**4800**	1200	1200	1200	1200
Monitor the compliance with approved terms of reference for hospital transfusion and laboratory committees	**29**	29	29	29	29

Table 29: Programme 7: Health Care Support Services – Output Indicators – Annual and Quarterly Targets

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 will improve quality of care. This will be achieved through the implementation of a warehouse management system which allows for live updates on stock availability at all facilities in the province. Furthermore, the rational use of medicine will be monitored and improved.

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.

Blood transfusion committees will be audited for compliance and functionality

Programme Resource considerations.

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
1. Laundries	36,098	44,923	41,781	41,392	64,392	63,807	41,227	42,784	44,709
2. Engineering	24,433	38,182	80,360	102,917	89,118	89,118	103,969	127,970	153,476
3. Forensic Services	107,909	107,726	123,361	110,632	110,762	109,446	124,300	129,398	135,198
4. Orthotic and Prosthetic Services	6,025	7,989	9,073	8,864	8,864	8,864	9,198	9,527	9,873
5. Medicine Trading Account	65,211	83,143	106,078	122,710	123,560	125,461	128,334	134,121	140,154
Total payments and estimates: Programme 7	**239,676**	**281,963**	**360,673**	**386,515**	**396,696**	**396,696**	**407,028**	**443,800**	**483,410**

Payments and estimates by economic classification.

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Current payments	**218,968**	**254,630**	**279,934**	**297,344**	**327,178**	**326,598**	**315,857**	**329,431**	**344,235**
Compensation of employees	130,878	141,357	139,902	148,351	149,131	148,551	160,385	166,826	174,333
Goods and services	88,090	113,273	140,032	148,993	178,047	178,047	155,472	162,605	169,902
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	**612**	**117**	**396**	**136**	**136**	**716**	**136**	**136**	**136**
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	612	117	396	136	136	716	136	136	136
Payments for capital assets	**20,096**	**27,216**	**80,343**	**89,035**	**69,382**	**69,382**	**91,035**	**114,233**	**139,039**
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	20,096	27,216	80,343	89,035	69,382	69,382	91,035	114,233	139,039
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 7	**239,676**	**281,963**	**360,673**	**386,515**	**396,696**	**396,696**	**407,028**	**443,800**	**483,410**

Transfer and subsidies

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Current payments	216,968	254,630	279,934	297,344	327,178	326,598	315,857	329,431	344,235
Compensation of employees	130,878	141,357	139,902	148,351	149,131	148,551	160,385	166,826	174,333
Salaries and wages	113,630	123,284	120,653	127,492	128,576	127,996	137,394	142,908	149,339
Social contributions	17,248	18,073	19,249	20,859	20,555	20,555	22,991	23,918	24,994
Goods and services	88,090	113,273	140,032	148,993	178,047	178,047	155,472	162,605	169,902
Administrative fees	354	96	18,771	7,333	7,395	69	7,662	8,014	8,374
Minor assets	99	42	99	–	3,051	2,308	–	–	–
Catering: Departmental activities	–	–	30	38	46	7	38	38	38
Communication (G&S)	1,729	1,282	1,474	1,466	1,414	1,917	1,467	1,534	1,602
Contractors	2,195	4,421	769	3,676	3,535	3,927	3,839	4,016	4,197
Agency and support/outsourced services	116	805	2,182	1,672	1,592	3,335	1,747	1,827	1,909
Fleet services (incl. government motor transpod)	7,307	8,037	7,460	8,446	8,443	5,132	8,824	9,230	9,645
Inventory: Medical supplies	10,341	13,020	25,829	27,489	27,489	44,499	28,740	30,062	31,415
Inventory: Medicine	41,722	54,984	50,968	71,828	71,828	67,019	75,046	78,498	82,030
Consumable supplies	16,728	20,622	23,084	17,406	41,222	42,793	18,182	19,018	19,874
Consumables: Stationery, printing and office supplies	148	521	276	368	215	182	368	368	368
Operating leases	3,401	3,392	3,111	3,710	3,010	2,032	3,876	4,054	4,236
Property payments	1,229	1,780	2,065	1,187	4,190	1,394	1,240	1,297	1,355
Transport provided: Departmental activity	209	231	150	303	2	2	317	332	347
Travel and subsistence	2,366	3,779	3,764	3,981	4,351	3,315	4,114	4,304	4,498
Operating payments	146	12	–	23	197	116	12	13	14
Venues and facilities	–	249	–	67	67	–	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	612	117	396	136	136	716	136	136	136
Households	612	117	396	136	136	716	136	136	136
Social benefits	612	117	396	136	136	716	136	136	136
Payments for capital assets	20,096	27,216	80,343	89,035	69,382	69,382	91,035	114,233	139,039
Machinery and equipment	20,096	27,216	80,343	89,035	69,382	69,382	91,035	114,233	139,039
Transport equipment	–	–	15,679	–	–	–	4,000	4,180	4,368
Other machinery and equipment	20,096	27,216	64,664	89,035	69,382	69,382	87,035	110,053	134,671
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 7	239,676	281,963	360,673	386,515	396,696	396,696	407,028	443,800	483,410

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.

Programme 8: Health Facilities Management

Outputs, Outcomes, Performance Indicators and Targets

Outcome	Outputs	Output Indicator	Audited Performance			Estimated Performance	MTEF Targets		
			2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28
Health infrastructure optimised for delivery of care	Improve access to health care	Upgrade and additional projects completed	New Indicator	4	0	2	6	3	2
		New and replacement projects completed	New Indicator	3	0	4	7	2	2
		Percentage construction completed of new tertiary hospital	Not required to report	Not required to report	Not required to report	New Indicator	5%	25%	45%
		Percentage planning and design completed for new mental hospital	Not required to report	Not required to report	Not required to report	New Indicator	100%	100%	100%

Table 30: Programme 8: Health Facilities Management – Outputs, Outcomes, Performance Indicators and Targets

Programme 8: Health Facilities Management

Output Indicators – Annual and Quarterly Targets

Output Indicators	Annual Targets	Q1	Q2	Q3	Q4
Upgrade and additional projects completed	6	0	0	0	6
New and replacement projects completed	7	0	0	0	7
Percentage construction completed of new tertiary hospital	5%	0	0	0	5%
Percentage planning and design completed for new mental hospital	100%	20%	50%	75%	100%

Table 31: Programme 8: Health Facilities Management – Output Indicators – Annual and Quarterly Targets

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.

Programme Resource considerations.

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
1. Community Health Facilities	1,110,818	1,089,518	1,284,253	1,238,769	1,252,803	1,251,448	1,301,414	1,266,244	1,323,215
2. Emergency Medical Rescue Services	–	–	–	–	–	–	–	–	–
3. District Hospital Services	–	–	–	–	–	–	–	–	–
4. Provincial Hospital Services	456,387	462,160	470,089	459,295	459,295	460,650	474,122	416,227	435,051
5. Central Hospital Services	–	–	–	–	–	–	–	–	–
6. Other Facilities	–	–	–	–	–	–	–	–	–
Total payments and estimates: Programme 8	1,567,205	1,531,678	1,754,342	1,698,064	1,712,098	1,712,098	1,775,536	1,682,471	1,758,266

Payments and estimates by economic classification.

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Current payments	453,927	555,654	518,761	471,405	550,919	550,919	445,975	552,306	554,869
Compensation of employees	34,489	36,211	39,693	61,763	48,198	48,198	74,196	75,398	78,791
Goods and services	419,438	519,443	479,068	409,643	502,721	502,721	371,779	476,908	476,078
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	52	140	613	–	101	101	–	–	–
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	52	140	613	–	101	101	–	–	–
Payments for capital assets	1,113,226	975,884	1,234,968	1,226,659	1,161,078	1,161,078	1,329,561	1,130,165	1,203,397
Buildings and other fixed structures	990,897	949,877	1,194,013	1,178,506	1,141,614	1,141,614	1,329,561	1,109,932	1,183,397
Machinery and equipment	122,329	26,007	40,955	48,152	19,464	19,464	–	20,233	20,000
Heritage assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 8	1,567,205	1,531,678	1,754,342	1,698,064	1,712,098	1,712,098	1,775,536	1,682,471	1,758,266

Transfers and subsidies

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2021/22	2022/23	2023/24		2024/25		2025/26	2026/27	2027/28
Current payments	453,927	555,654	518,761	471,406	550,919	550,919	445,975	552,306	554,869
Compensation of employees	34,489	36,211	39,693	61,763	48,198	48,198	74,196	75,398	78,791
Salaries and wages	30,856	32,125	34,751	45,973	39,672	39,672	55,549	53,270	55,667
Social contributions	3,633	4,086	4,942	15,790	8,526	8,526	18,647	22,128	23,124
Goods and services	419,438	519,443	479,068	409,643	502,721	502,721	371,779	476,908	476,078
Administrative fees	21	78	60	219	166	125	219	229	239
Minor assets	1,653	1,014	164	–	60	131	–	–	–
Catering: Departmental activities	15	51	29	87	90	60	60	60	60
Communication (G&S)	369	420	520	482	517	468	490	512	535
Laboratory services	–	–	28	–	–	–	–	–	–
Contractors	27,088	23,638	25,323	26,600	36,111	41,899	23,752	25,000	26,125
Agency and support/outsourced services	–	–	6,297	10,000	19,358	19,358	–	–	–
Inventory: Medical supplies	531	892	3,619	–	–	541	–	–	–
Consumable supplies	146,144	168,748	143,642	150,927	182,601	177,141	144,886	188,550	182,138
Consumables: Stationery, printing and office supplies	337	425	–	–	1,487	1,516	–	–	–
Operating leases	15,218	16,868	17,932	19,137	20,151	20,151	19,998	20,898	30,528
Rental and hiring	75	–	–	–	350	508	–	–	–
Property payments	223,049	302,712	277,277	197,697	234,727	232,701	176,840	236,895	231,481
Travel and subsistence	3,506	4,537	4,106	4,349	5,849	6,622	4,400	4,627	4,835
Training and development	413	18	28	145	1,145	1,342	1,134	137	137
Operating payments	19	–	43	–	109	158	–	–	–
Venues and facilities	–	42	–	–	–	–	–	–	–
Interest and rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	52	140	613	–	101	101	–	–	–
Households	52	140	613	–	101	101	–	–	–
Social benefits	52	140	613	–	101	101	–	–	–
Payments for capital assets	1,113,226	975,884	1,234,968	1,226,658	1,161,078	1,161,078	1,329,561	1,130,165	1,203,397
Buildings and other fixed structures	990,897	949,877	1,194,013	1,178,506	1,141,614	1,141,614	1,329,561	1,109,932	1,183,397
Buildings	990,897	949,877	1,194,013	1,178,506	1,141,614	1,141,614	1,329,561	1,109,932	1,183,397
Machinery and equipment	122,329	26,007	40,955	48,152	19,464	19,464	–	20,233	20,000
Transport equipment	–	6,712	58	–	–	–	–	–	–
Other machinery and equipment	122,329	19,295	40,897	48,152	19,464	19,464	–	20,233	20,000
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification: Programme 8	1,567,205	1,531,678	1,754,342	1,698,064	1,712,098	1,712,098	1,775,536	1,682,471	1,758,266

Updated key risks and mitigations from the Strategic Plan

Table 32:Updated Key Risks and Mitigations from the Strategic Plans

Outcomes	Risk Description	Contributory factors	Risk Mitigation Measures
Financial Management strengthened in the health sector	Inadequate financial management	1. Inadequate human resource capacity. 2. Inadequate training 3. Inadequate financial systems	1. Filing of vacant funded posts. 2. Develop and implement financial management training plan. 3. Integrate PEIS with speed point.
Improved access to equitable healthcare services National Health Insurance awareness improved Improved access to affordable and quality healthcare	Poor quality of healthcare services	1. Shortage of skilled personnel 2. Shortage of medical equipment 3. Inadequate and dilapidated infrastructure 4. Incomplete package of healthcare services at all levels	1. Filling of funded vacant posts 2. Procurement of medical equipment as per the approved plan 3. Implementation of infrastructure plan 4. Develop and implement a plan to enhance expanded healthcare services at all levels
Improved responsiveness to community needs	Lack of community involvement and participation	1. Non-functional of governance structures 2. Poor implementation of communication strategy 3. Inadequate health promotion activities	1. Develop and implement training plan 2. Review and implement the communication strategy 3. Develop and implement health promotion plan
Reduced burden of disease	Inadequate health promotion	1. Shortage of staff 2. Insufficient coverage of ward-based outreach teams	1. Filling of funded vacant posts 2. Expand coverage of ward-based outreach teams
HIV and AIDS related deaths reduced TB Mortality reduced	Increased new infections of HIV and TB	1. Inadequate awareness 2. High rates of loss to follow up among patients receiving HIV & AIDS and TB treatment	1. Utilise CHWs for follow up of patients receiving HIV and TB treatment 2. 90% of stable patients to be on CCMDD
Improved maternal and child health	Maternal and child morbidity and mortality	1.Late booking for antenatal care. 2. High teenage pregnancy. 3. Shortage of specialised skills on Obstetrics & Gynaecology, Paediatrics, Family Medicine, Advanced midwifery and newborn care. 4. Limited resources e.g. (Medical equipment, neonatal ICU) 5.Inadequate mentoring and coaching of healthcare professionals 6. Inadequate clinical skills and experience. 7.Inadequate uptake of Sexual and Reproductive Health services	1.1. Conduct community awareness campaigns during open days 1.2. Monitor the implementation of routine pregnancy testing. 2.1. Activation of AYFS (Adolescent and Youth Friendly Services) in facilities 2.2. Conduct community awareness campaigns during open days 3.1. Appointment of identified DCST (District Clinical Specialist Team). 3.2. Training of advanced midwives at identified CHC's (Community Health Centres). 4.Submit Identified resources for procurement (e.g. medical equipment, neonatal ICU) 5.1. Create a database of healthcare professional

			mentors 5.2. Identify newly appointed healthcare professionals for coaching and mentoring 6.Training of newly qualified and inadequately skilled clinicians. 7.1. Training of healthcare workers on Sexual and Reproductive Health services 7.2 Conduct onsite mentoring and coaching for at least six facilities providing SRHR services. 7.3. Expand second trimester Choice on Termination of Pregnancy (CTOP), one facility per district 7.4. Conduct value clarification training for Health facility managers in all facilities.
Improved access to School health programme	Shortage of school health teams	1. Inadequate budget	1. Prioritise funding for appointment of school health teams
Improved access to Youth health programme	Inadequate access to healthcare services	1. Shortage of space	1. Implementation of the maintenance plan
Malaria related deaths reduced	Inadequate management of malaria cases	1. Late Presentation at Healthcare facilities 2. Poor case management 3. Cross border movement due to porous borders	1. Conduct awareness campaigns 2. Capacity building of healthcare professionals 3. Revive the cross-border MOUs
Mortality due to NCDs reduced Mental health care integrated in Primary Health Care	Poor management of Mental Health Care Users in primary health care.	1.Inadequate multi-disciplinary team (MDT) 2.Inadequate skilled personnel (forensic and child Psychiatrists, Clinical Psychologists, Advanced Psychiatric nurses, Occupational Therapists and Social Workers) 3.Lack of community based mental health facilities 4. Lack of District Specialist Mental Health Teams 5.Lack of Specialised Mental Health Hospitals. 6. Inadequate training in mental health care Act. 7. Inability to appoint the Director for mental health as per the National mental health policy framework and strategic plan - 2023-2030 as well as the deputy manager for unit	1. Appointment of dedicated multi-disciplinary team (MDT) in all designated hospitals 2. Participation in clinical brief planning and monitoring of progress on infrastructure construction of mental health facilities 3.Conduct awareness campaign programmes, radio slots, health education and provide detox services. 4.Construction of 3 inpatients units in the 3 identified hospitals (Mapulaneng, KwaMhlanga, and Mpumalanga specialised psychiatrist hospitals). 5.Appointment of District specialist mental health teams 6.Establish a functional mental health inspection team
Health infrastructure optimised for delivery of care	Inadequate and dilapidated infrastructure	1. Inadequate roll out of the costed plans 2. Aging infrastructure 3. Non-compliance with applicable legislation	1. Reviewing and implement infrastructure assets management plan 2. Monitor and implement the assets management plan
Management of patient safety incidents improved	Poor quality of healthcare services	1. Inadequate skilled personnel 2. Inadequate supervision of personnel 3. Inadequate implementation of clinical guidelines and protocols	1&4 Develop and implement training plan 2. Implement consequence management 3. Conduct clinical audits and implement QIPs

		4. Inadequate implementation of complaints and PSI incidents guidelines	
Early warning and response strengthened	Inappropriate management and control of outbreaks	1. Inadequate of functional of outbreak response team 2. Poor coordination 3. Inadequate skills	1. Establish and appoint of functional of outbreak response team 2. Establish public health emergency operation centre 3. Capacity building of health professionals
Employment in line with equity targets	Inability to appoint targeted groups	1. Inadequate awareness on gender and transformation policies 2. Inadequate of clear equity plan targets 3. Inadequate implementation of Gender Equality and Job Access Strategic Frameworks 4.Non-functional employment equity forum/committees	1. Prioritise awareness workshops on gender and transformation policies 2. Review and implement the equity plan 3. Establishment of Gender management systems forums (Women, Men and Disability) 4. Establish and Revive employment equity fora/committees

Public Entities

Not applicable

Key Infrastructure Projects

Table 33: Key Infrastructure Projects

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Expenditure To date	Current year Budget 2025/26
UPGRADING AND ADDITIONS									
1	Witbank Tertiary Hospital: - Renovations of Mental Ward	Sub-programme 8.1	Renovation of Mental ward	Health facility upgraded	12/6/2021	31/03/2026	18,866,995.35	8,125,275.15	13,000,000.00
2	Matikwane District Hospital	Sub-programme 8.1	Removal of Asbestos roof	Health facility upgraded	04/06/2024	31/03/2025	21,220,000.00	4,304,643.70	21,220,000.00
3	Kwamhlanga District Hospital	Sub-programme 8.1	Upgrading of the existing hospital	Health facility upgraded	0/02/2024	10/05/2026	472,846,129.00	48,770,422.68	59,445,000.00
4	Rob Ferreira Tertiary Hospital -- Oncology.	Sub-programme 8.1	Construction of Oncology Radiotherapy unit to the existing hospital	Health facility upgraded	TBC	TBC	600,600,000.00	0.00	20,000,000.00
5	Siyabuswa CHC	Sub-programme 8.1	Upgrading of existing 24 Hours CHC (Alterations and additions)	Health facility upgraded	TBC	TBC	95,735,481.44	1,338,374.20	60,323,000.00

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Expenditure To date	Current year Budget 2025/26
NEW AND REPLACEMENT									
HOSPITAL PROGRAMME									
1	Mapulaneng Hospital: Construction of building works (Phase 3A)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	08/07/2021	07/07/2026	1,762,486,893.60	712,238,515.05	277,684,000.00
2	Mapulaneng Hospital: Construction of building works (Phase 3B)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	01/07/2020	30/06/2025	499,204,097.80	266,215,767.86	149,392,000.00
3	Mapulaneng Hospital: Construction of building works (Phase 3C)	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	01/07/2020	30/06/2025	698,567,883.52	362,517,328.35	198,500,000.00
4	Middelburg Regional Hospital: Construction of a New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	11/07/2017	28/2/2025	1,802,333,908.00	1,615,313,113.85	0.00
5	Witbank New (Lina Malatjie) Tertiary Hospital : Construction of New Hospital	Sub-programme 8.1	Construction of new hospital	Health infrastructure improved	TBC	TBC	6,885,344,267.95	70,085,395.28	72,042,458.71
6	Mpumalanga New Psychiatric Hospital: Construction of New Hospital	Sub-programme 8.1	Construction of new Mental hospital	Health infrastructure Improved	TBC	TBC	5,661,750,000.00	16,854,734.25	36,052,000.00
PRIMARY HEALTH CARE (PHC) FACILITIES									

No	Project name	Programme	Description	Output	Start date	Completion date	Total estimated cost	Expenditure To date	Current year Budget 2025/26
1	MN Cindi Clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	16/10/2024	16/02/2026	62,000,000.00	1,605,693.62	31,094,000.00
2	Dumphries Clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	06/05/2024	05/12/2025	52,100,000.00	12,100,467.86	22,143,000.00
3	Troya clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	13/03/2024	13/06/2025	38,800,000.00	10,730,191.18	16,490,000.00
4	Langkloof clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	28,800,000.00	0.00	20,000,000.00
5	Alexander clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	28,800,000.00	0.00	20,000,000.00
6	Lebohang clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	28,800,000.00	0.00	20,000,000.00
7	Lefisoane clinic: Construction of New Clinic	Sub-programme 8.1	Construction of new clinic	Health facility improved	TBC	TBC	28,800,000.00	0.00	20,000,000.00

Public-Private Partnerships (PPPs)

Not applicable

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

Programme 1: Administration Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	Audit opinion of Provincial DoH
Definition	Audit opinion for Provincial Departments of Health for financial performance
Source of data	Auditor General Report Management report
Method of calculation / assessed	Audit outcome for regulatory audit expressed by AGSA for 2025/26 financial year
Means of verification	N/A
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	N/A
Reporting Cycle	Annual
Desired Performance	Unqualified audit opinion
Indicator responsibility	Chief Financial Officer
Notes	The audit opinion expressed for a particular financial year refers to the audit outcome for the previous financial year.
INDICATOR TITLE	**Percentage of women appointed in Senior Management positions**
Definition	Number of women that are employed within the Department in Senior Management positions.
Source of data	PERSAL System
Method of calculation / assessed	Number of women appointed in senior management positions/ total number of women employed.
Means of verification	PERSAL System
Assumptions	Women apply for advertised vacancies
Disaggregation of beneficiaries	Women
Spatial transformation	N/A
Calculation type	Non-cumulative

INDICATOR TITLE	**Audit opinion of Provincial DoH**
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resources
Notes	N/A
INDICATOR TITLE	**Percentage of representation on employment of persons with disabilities across all levels**
Definition	Number of persons with disability appointed in the Department
Source of data	PERSAL System
Method of calculation / assessed	Number of persons with disability appointed in senior management positions/ total number of persons with disability employed
Means of verification	PERSAL System
Assumptions	Persons with disabilities apply for advertised vacancies
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resources
Notes	
INDICATOR TITLE	**Percentage of youth appointed**
Definition	Number of youths aged less than 35 employed in the Public Sector
Source of data	PERSAL System
Method of calculation / assessed	Number of youth appointed in positions/ total number of youth employed
Means of verification	PERSAL System

INDICATOR TITLE	**Audit opinion of Provincial DoH**
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	N/A
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resources
Notes	
INDICATOR TITLE	**Contingent liability of medico-legal cases**
Definition	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019
Source of data	Medico-legal case management register
Method of calculation / assessed	Total rand value of the medico legal claims for all backlog cases that were on the case register as at 31 March 2019/ not applicable
Means of verification	N/A
Assumptions	Accuracy dependent of reporting of data into the register
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Not required for Strategic Plans
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower liability cases
Indicator responsibility	Legal services
Notes	
INDICATOR TITLE	**Number of healthcare personnel employed**

INDICATOR TITLE	Audit opinion of Provincial DoH
Definition	Total healthcare personnel employed in the public sector
Source of data	Persal System
Method of calculation / assessed	Total healthcare personnel employed in the public sector/ Not Applicable
Means of verification	Persal System
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher numbers
Indicator responsibility	Human Resource
Notes	
INDICATOR TITLE	Number of health professionals (Doctors)
Definition	Health professionals who have received specialised training on critical skills
Source of data	Persal system
Method of calculation / assessed	Number of health professionals (Doctors)/ Not applicable
Means of verification	Persal system
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher numbers

INDICATOR TITLE	Audit opinion of Provincial DoH
Indicator responsibility	Human Resource
Notes	
INDICATOR TITLE	**Number of health professionals (Nurses)**
Definition	Health professionals who have received specialised training and education
Source of data	Persal System
Method of calculation / assessed	Health professionals who have received specialised training and education/ Not Applicable
Means of verification	Persal System
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Non-Cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher numbers
Indicator responsibility	Human Resource
Notes	

Table 1: Programme 1: Administration Technical Indicator Descriptions for Annual Performance Plan

Programme 2: District Health Services Primary Health Care Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	Patient experience of Care Survey Rate
Definition	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities
Source of data	Patient Surveys
Method of calculation / assessed	Facility PEC Survey done/Fixed PHC clinics, fixed CHCs
Means of verification	Patient Surveys
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Annual
Desired Performance	Higher satisfaction survey rate
Indicator responsibility	Quality Assurance
Notes	
INDICATOR TITLE	**Percentage score of cleanliness on PEC Survey**
Definition	Fixed health facilities that have conducted Percentage score of cleanliness on PEC Surveys as a proportion of fixed health facilities
Source of data	Patient Surveys
Method of calculation / assessed	Facility PEC cleanliness done/Fixed PHC clinics, fixed CHCs, Hospitals
Means of verification	Patient Surveys
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts

Calculation type	Cumulative (year-to-date)
Reporting Cycle	Annual
Desired Performance	Higher satisfaction survey rate
Indicator responsibility	Quality Assurance
Notes	
INDICATOR TITLE	**Percentage score of Waiting times on PEC Survey**
Definition	Fixed health facilities that have conducted Percentage score of waiting times on PEC Surveys as a proportion of fixed health facilities
Source of data	Patient Surveys
Method of calculation / assessed	Facility PEC waiting time done/Fixed PHC clinics, fixed CHCs, Hospitals
Means of verification	Patient Surveys
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Annual
Desired Performance	Higher satisfaction survey rate
Indicator responsibility	Quality Assurance
Notes	
INDICATOR TITLE	**Severity assessment code (SAC) 1 incident reported within 24 hours rate**
Definition	Severity assessment code (SAC) 1 incidents reported within 24 hours as a proportion of Severity assessment code (SAC) 1 incident reported
Source of data	Patient Safety Incident Software (Ideal Clinic/Hospital System)
Method of calculation / assessed	Severity assessment code (SAC) 1 incidents reported within 24 hours/Severity assessment code (SAC) 1 incident reported
Means of verification	Patient Safety Incident Software (Ideal Clinic/Hospital System)

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher SAC 1 incidents reported within 24 hours rate
Indicator responsibility	Quality Assurance
Notes	
INDICATOR TITLE	**Patient Safety Incident (PSI) case closure rate**
Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
Source of data	Patient Safety Incident Software (Ideal Clinic/Hospital System)
Method of calculation / assessed	Patient Safety Incident (PSI) case closed/ Patient Safety Incident (PSI) case reported
Means of verification	Patient Safety Incident Software (Ideal Clinic/Hospital System)
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher PSI closure rates
Indicator responsibility	Quality Assurance
Notes	
INDICATOR TITLE	**Percentage of PHC facilities with functional clinic committees**
Definition	Number of primary health care facilities having functional clinic committees

Source of data	Manual/ MS Excel database
Method of calculation / assessed	Number functional clinic committees/ Total number of PHC Facilities
Means of verification	Manual/ MS Excel database
Assumptions	Accuracy dependent on quality of data submitted by primary health care facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Non-cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher numbers of facilities with clinic committees
Indicator responsibility	Monitoring and Evaluation
Notes	
INDICATOR TITLE	**Number of medico-legal cases**
Definition	New medico legal claims/cases registered in medico-legal case management register
Source of data	Medico-legal case management register
Method of calculation / assessed	Number of new medico legal claims
Means of verification	Medico-legal case management register
Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower number of medico-legal cases
Indicator responsibility	District Health Services

Notes	
INDICATOR TITLE	**Life expectancy for men**
Definition	Average number of years men is expected to live based on demographic factors
Source of data	STATS SA
Method of calculation / assessed	Average number of years men is expected to live based on demographic factors
Means of verification	STATS SA
Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	Males
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Quarterly
Desired Performance	Higher life expectancy
Indicator responsibility	External
Notes	
INDICATOR TITLE	**Life expectancy for women**
Definition	Average number of years women is expected to live based on demographic factors
Source of data	STATS SA
Method of calculation / assessed	Average number of years women is expected to live based on demographic factors
Means of verification	STATS SA
Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	Males
Spatial transformation	All Districts
Calculation type	Not Applicable

Reporting Cycle	Quarterly
Desired Performance	Higher life expectancy
Indicator responsibility	External
Notes	
INDICATOR TITLE	**Percentage of clinics obtaining ideal clinic status rating**
Definition	Fixed PHC facilities that obtained ideal clinic status as a proportion of fixed primary health care facilities
Source of data	Ideal Health facility software
Method of calculation / assessed	Fixed PHC Health facilities obtained ideal clinic status/ total fixed PHC facilities
Means of verification	Ideal Health facility software
Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	District Health Services
Notes	
INDICATOR TITLE	**Percentage of Hospital obtaining ideal Hospital status rating**
Definition	District hospitals that obtained ideal clinic status as a proportion off all district hospitals
Source of data	Ideal Health facility software
Method of calculation / assessed	District hospitals obtained ideal hospital status/ total district hospitals
Means of verification	Ideal Health facility software
Assumptions	Accuracy dependent of reporting of data into the system

Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	District Health Services
Notes	
INDICATOR TITLE	**Percentage of facilities accredited to provide healthcare under NHI Fund**
Definition	Facilities that have been accredited by OHSC to provide healthcare services under the NHI fund as a proportion of all facilities
Source of data	OHSC WEBSITE
Method of calculation / assessed	PHC, CHC facilities accredited to provide healthcare services under NHI/ Total PHC/CHC facilities
Means of verification	OHSC report
Assumptions	Accuracy dependent of reporting of facilities into the system
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Quality assurance
Notes	
INDICATOR TITLE	Percentage of facilities implementing Health Patient Registration System (HPRS)

Total number of PHC/CHC facilities implementing HPRS as a proportion of all facilities (System Installation)	Total number of PHC/CHC facilities implementing HPRS as a proportion of all facilities (System Installation)
Source of data	Facilities with HPRS installed
Method of calculation / assessed	HPRS installation available / Total number of PHC/CHC facilities
Means of verification	Facilities with HPRS installed
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Quarterly
Reporting Cycle	Cumulative year to date
Desired Performance	Higher number
Indicator responsibility	Integrated Health Planning
Notes	

Table 2: Programme 2: District Health Services Primary Health Care Technical Indicator Descriptions for Annual Performance Plan

Programme 2: District Health Services HAST Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Number of DS-TB treatment start under 5 years**
Definition	DS-TB Children under 5 years started on DS-TB Treatment
Source of data	TB Identification register
Method of calculation / assessed	Number of TB client under 5 years start on treatment
Means of verification	TB Identification register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher numbers
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**Number of DS-TB treatment start 5 years and older**
Definition	DS-TB Client 5 years and older started on DS-TB Treatment
Source of data	TB Identification register
Method of calculation / assessed	Number of TB client 5 years and older start on treatment
Means of verification	TB Identification register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)

Reporting Cycle	Quarterly
Desired Performance	Higher Numbers
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**Number of TB RR/MDR Start on treatment**
Definition	TB Rifampicin resistant (RR) and or Multidrug - Resistant (MDR) TB clients started on treatment.
Source of data	EDRWeb
Method of calculation / assessed	Number of RR/MDR started on treatment
Means of verification	EDRWeb
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Numbers
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**All DS-TB client Treatment Success Rate**
Definition	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and subsequently successfully completed treatment as a proportion of ALL those who started DS TB treatment
Source of data	Tier.net
Method of calculation / assessed	Count of all DS-TB clients successfully completed treatment/ All DS TB treatment start
Means of verification	Tier.net

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All Districts
Calculation type	Not required for Strategic Plans
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower number of deaths
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**All DS-TB client lost to follow up rate**
Definition	ALL TB clients who started drug-susceptible tuberculosis (DS-TB) treatment and who were subsequently lost to follow-up as a proportion of all those who started DS TB treatment
Source of data	TIER.Net
Method of calculation / assessed	Count of All DS-TB lost to follow-up/ All DS TB Treatment Start
Means of verification	TIER.Net
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower lost to follow up rate
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate**
Definition	TB Rifampicin Resistant/Multidrug Resistant client's loss to follow-up as a proportion of TB Rifampicin Resistant/Multidrug Resistant clients started on treatment

Source of data	EDR Web
Method of calculation / assessed	TB Rifampicin Resistant/Multidrug Resistant client loss to follow-up/ TB Rifampicin Resistant/Multidrug Resistant client started on treatment
Means of verification	EDR Web,
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower lost to follow up rate
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**TB Rifampicin resistant/Multidrug – Resistant treatment success rate**
Definition	TB Rifampicin Resistant/Multidrug Resistant clients started on treatment
Source of data	EDR Web
Method of calculation / assessed	Count of TB Rifampicin Resistant, Multidrug Resistant confirmed start on treatment / TB Rifampicin Resistant, Multidrug- Resistant confirmed client
Means of verification	EDR Web
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher numbers
Indicator responsibility	HAST

Notes	
INDICATOR TITLE	**TB Pre-XDR treatment success rate**
Definition	TB Pre-XDR clients successfully completed treatment as a proportion of TB Pre-XDR clients started on treatment
Source of data	EDR Web
Method of calculation / assessed	Count of TB Pre-XDR client who successfully completed treatment/ TB Pre-XDR client started on treatment
Means of verification	EDR Web
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher success rate
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**TB Pre-XDR loss to follow up rate**
Definition	TB Pre-XDR clients who are loss to follow up as a proportion of TB Pre-XDR clients started on treatment
Source of data	EDRWeb
Method of calculation / assessed	TB Pre-XDR client who are loss to follow up/ TB Pre-XDR client started on treatment
Means of verification	EDRWeb
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts

Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower lost to follow up rate
Indicator responsibility	HAST
Notes	
INDICATOR TITLE	**Infant 1st PCR test positive at birth rate**
Definition	Infants tested PCR positive for the first time at birth as proportion of infants PCR tested at birth
Source of data	PHC Comprehensive Tick Register, Delivery register & Paediatric Ward register
Method of calculation / assessed	Infant 1st PCR test positive at birth/Infant 1st PCR test at birth
Means of verification	PHC Comprehensive Tick Register, Delivery register & Paediatric Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rates
Indicator responsibility	PMTCT Programme
Notes	
INDICATOR TITLE	**HIV positive 5-14 years (excl ANC) rate**
Definition	Children 5 to 14 years who tested HIV positive as a proportion of children who were tested for HIV in this age group
Source of data	HTS Register (HIV Testing Services)
Method of calculation / assessed	HIV positive 5-14 years (excl ANC)/ HIV test 5-14 years (excl ANC)
Means of verification	HTS Register (HIV Testing Services)

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rates
Indicator responsibility	PMTCT Programme
Notes	
INDICATOR TITLE	**HIV positive 15-24 years (excl ANC) rate**
Definition	Adolescents and youth 15 to 24 years who tested HIV positive as a proportion of children who were tested for HIV in this age group
Source of data	HTS Register (HIV Testing Services) o
Method of calculation / assessed	HIV positive 15-24 years (excl ANC) [HIV test positive 15-24 years female (excl ANC) + HIV test positive 15-24 years male] DIVIDED BY HIV test 15-24 years (excl ANC) [HIV test 15-24 years female (excl ANC) + HIV test 15-24 years male]
Means of verification	HTS Register (HIV Testing Services)
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Youth
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rates
Indicator responsibility	HIV/ AIDS Programme manager
Notes	
INDICATOR TITLE	**ART adult remain in care rate [12 months]**

Definition	ART adult remain in care – total [12 months] as a proportion of ART adult start minus cumulative transfer out
Source of data	TIER.Net;
Method of calculation / assessed	ART adult remain in care total [12 months] [ART adult on first-line regimen + ART adult on second-line regimen + ART adult on third-line regimen + ART adult stop treatment] [12 months] **DIVIDED BY** ART adult naive start (TOT) [ART adult naive start (TOT) - ART adult cumulative transfer out] [12 months]
Means of verification	TIER.Net;
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Rates
Indicator responsibility	HIV/ AIDS
Notes	
INDICATOR TITLE	**ART child remain in care rate [12 months]**
Definition	ART child remain in care - total [12 months] as a proportion of ART child start minus cumulative transfer out
Source of data	TIER.Net;
Method of calculation / assessed	ART child remain in care – total [12 months] [ART child on first-line regimen + ART child on second-line regimen + ART child on third-line regimen + ART child stop treatment] DIVIDED BY ART child start minus cumulative transfer out [ART child under 15 years naive start - ART child cumulative transfer out] [12 months]
Means of verification	TIER.Net
Assumptions	Accuracy dependent on quality of data submitted by health facilities

Disaggregation of beneficiaries	Children and adolescent
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher rates
Indicator responsibility	HIV/ AIDS
Notes	
INDICATOR TITLE	**ART adult viral load suppressed rate (below 50) [12 months]**
Definition	ART adult viral load under 50 [12 months] as a proportion of ART adult viral load done at 12 months
Source of data	TIER.Net;
Method of calculation / assessed	ART adult viral load under 50 [12 months] / ART adult viral load done [12 months]
Means of verification	TIER.Net;
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher suppressed rate
Indicator responsibility	HIV/ AIDS Programme manager
Notes	
INDICATOR TITLE	**ART child viral load suppressed rate (below 50) [12 months]**
Definition	ART child remain in care - total [12 months] as a proportion of ART child start minus cumulative transfer out
Source of data	TIER.Net;

Method of calculation / assessed	ART child remain in care – total [12 months]/ ART child start minus cumulative transfer out [12 months]
Means of verification	TIER.Net;
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children and adolescent
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Rates
Indicator responsibility	HIV/ AIDS Programme manager
Notes	

Table 3: Programme 2: District Health Services HAST Technical Indicator Descriptions for Annual Performance Plan

Programme 2: District Health Services MWCHN Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Live birth under 2500g in facility rate**
Definition	infants born alive weighing less than 2500g as proportion of total Infants born alive in health facilities (Low birth weight)
Source of data	Delivery register
Method of calculation / assessed	Live birth under 2500g in facility/ Live birth in facility
Means of verification	Delivery register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Still birth in facility rate (per 1000 births)**
Definition	Infants born still as proportion of total infants born in health facilities (factor: Per 1000 births)
Source of data	Delivery register
Method of calculation / assessed	Still Birth in facility/ Total births in facility [Live birth in facility + Still birth in facility]
Means of verification	Delivery register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts

Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Neonatal death in facility rate (Per 1000 live births)**
Definition	Infants 0-28 days who died during their stay in the facility per 1000 live births in facility
Source of data	Delivery register, Midnight report
Method of calculation / assessed	Neonatal deaths (0- 28 days) in facility/ Live birth in facility; (Per 1000 live births)
Means of verification	Delivery register, Midnight report
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Not required for Strategic Plans
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Death under 5 years against live birth rate**
Definition	Children under 5 years who died during their stay in the facility as a proportion of all live births
Source of data	Paediatric register, Delivery register
Method of calculation / assessed	Death in facility under 5 years total [Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months] / Live birth in facility
Means of verification	Midnight Report

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All District
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Child under 5 years diarrhoea case fatality rate**
Definition	Diarrhoea deaths in children under 5 years as a proportion of diarrhoea separations under 5 years in health facilities
Source of data	Paediatric Ward register
Method of calculation / assessed	Diarrhoea death under 5 years/ Diarrhoea separation under 5 years
Means of verification	Paediatric Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Rate
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Child under 5 years pneumonia case fatality rate**
Definition	Pneumonia deaths in children under 5 years as a proportion of pneumonia separations under 5 years in health facilities

Source of data	Paediatric Ward register
Method of calculation / assessed	Pneumonia death under 5 years/ Pneumonia separation under 5 years
Means of verification	Paediatric Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower rate
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Child under 5 years severe acute malnutrition case fatality rate**
Definition	Severe acute malnutrition deaths in children under 5 years as a proportion of severe acute malnutrition (SAM) under 5 years in health facilities
Source of data	Paediatric Ward register
Method of calculation / assessed	Severe acute malnutrition (SAM) death under 5 years/ Severe acute malnutrition inpatient separation under 5 years
Means of verification	Paediatric Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All District
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower rate
Indicator responsibility	MCWH&N Programme

Notes	
INDICATOR TITLE	**Maternal mortality in facility ratio (per 100 000)**
Definition	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)
Source of data	Maternal death register Birth/ labour Register, Labour
Method of calculation / assessed	Maternal death in facility / Live births known to facility [Live birth in facility + Born alive before arrival at facility] per 100 000
Means of verification	Maternal death register Birth/ labour Register, Labour
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Not required for Strategic Plans
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	Couple Year Protection Rate
Definition	Women protected against pregnancy by using modern contraceptive methods, including sterilisations, as proportion of female population 15-49 year. Couple year protection are the total of (Oral pill cycles / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD x 4.5) +) + (Sub dermal implant x 2.5) + Male condoms distributed / 120) + (Female condoms distributed / 120) + (Male sterilisation x 10) + (Female sterilisation x 10).
Source of data	PHC Comprehensive Tick Register, Tick register OPD, Delivery register, condom warehouse distribution register/ bincard
Method of calculation / assessed	Couple Year Protection [(Oral pill cycle / 15) + (Medroxyprogesterone injection / 4) + (Norethisterone enanthate injection / 6) + (IUCD inserted * 4.5) + (Male condoms distributed / 120) + (Sterilisation - male * 10) + (Sterilisation - female * 10) + (Female condoms distributed / 120) + (Sub-dermal implant inserted * 2.5)] / Population 15-49 years females [female 15-44 + 15-49]

Means of verification	PHC Comprehensive Tick Register, Tick register OPD, Delivery register, condom warehouse distribution register/ bincard
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All District
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher numbers
Indicator responsibility	MCYWH&N Programme
Notes	
INDICATOR TITLE	**Antenatal 1st visits before 20 weeks rate**
Definition	Women who have a first booking visit before they are 20 weeks into their pregnancy as proportion of all antenatal 1st visits
Source of data	Comprehensive Tick Register
Method of calculation / assessed	Antenatal 1st visit before 20 weeks/ Antenatal 1st visit – total [Antenatal 1st visit 20 weeks or later + Antenatal 1st visit before 20 weeks]
Means of verification	Comprehensive Tick Register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Mother postnatal visit within 6 days rate**

Definition	Mothers who received postnatal care within 6 days after delivery as proportion of deliveries in health facilities
Source of data	PHC Comprehensive Tick Register, Post-natal register, Maternity Register, OPD register
Method of calculation / assessed	Mother postnatal visit within 6 days after delivery/ Delivery in facility total [Delivery 10-14 years in facility + Delivery 15-19 years in facility + Delivery 20 years and older in facility]
Means of verification	PHC Comprehensive Tick Register, Post-natal register, Maternity Register, OPD register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All District
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Delivery in 10-14 years in facility**
Definition	Delivery where the mother is 10-14 years old. These deliveries are done in facilities under the supervision of trained medical/nursing staff
Source of data	Deliver register
Method of calculation / assessed	Number Delivery 10-14 years in facility
Means of verification	Delivery register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly

Desired Performance	Lower Numbers
Indicator responsibility	MCWH programme
Notes	
INDICATOR TITLE	**Vitamin A dose 12-59 months coverage**
Definition	Children 12-59 months who received Vitamin A 200,000 units, every six months as a proportion of population 12-59 months.
Source of data	PHC Comprehensive Tick Register, Outreach register
Method of calculation / assessed	Vitamin A dose 12-59 months in facility + COS Vitamin A dose 12-59 months / Target population 12-59 months * 2 [(Female 1 year + Female 02-04 years + Male 1 year + Male 02-04 years) * 2]
Means of verification	PHC Comprehensive Tick Register, Outreach register
Assumptions	PHC register is not designed to collect longitudinal record of patients. The assumption is the that the calculation proportion of children would have received two doses based on this calculation
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher coverage
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Immunisation under 1 year coverage**
Definition	Children under 1 year who completed their primary course of immunisation as a proportion of population under 1 year
Source of data	PHC Tick register
Method of calculation / assessed	Immunised fully under 1 year new/ Population under 1 year [Female under 1 year + Male under 1 year]
Means of verification	PHC TICK Register

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Coverage
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Measles 2nd dose 1 year coverage**
Definition	Children 1 year (12 months) who received measles 2nd dose, as a proportion of the 1 year population.
Source of data	Numerator Comprehensive Tick Register
Method of calculation / assessed	Measles 2nd dose/ Target population Males at 1 year [Male 1 year + Female 1 year]
Means of verification	Numerator Comprehensive Tick Register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	District Health Services
Notes	
INDICATOR TITLE	**Cervical cancer screening coverage**

Definition	Cervical smears in women 30 years and older as a proportion of the female population 30-50 years (80% of these women should be screened for cervical cancer every 10 years and 20% must be screened every 3 years)
Source of data	PHC Comprehensive Tick Register, OPD register and Inpatient register
Method of calculation / assessed	Cervical cancer screening done [Cervical cancer screening in non-HIV woman 30 - 50 years+ Cervical cancer screening in HIV positive women 20 years and older] / [(80% women aged 30-50yrs/10)+(20% women aged 20 years and above /3) (Female 30-34 years + SUM[Female 35-39 years] + SUM[Female 40-44 years + SUM[Female 45-49]SUM[Female 50-54*0.8)/10) + (((Female 20-24 years + Female 25-29 years + Female 30-34 years + Female 35-39 years + Female 40-44 years + Female 45-49 years + Female 50-54 years + Female 55-59 years) * 0.2) / 3)
Means of verification	DHIS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year - to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher Rate of Cervical Cancer Screening
Indicator responsibility	DHS
Notes	

Table 4: Programme 2: District Health Services MWCHN Technical Indicator Descriptions for Annual Performance Plan

Programme 2: District Health Services DPC Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Malaria case fatality rate**
Definition	Malaria deaths reported in South Africa. The death resulting from primary malaria diagnosis at the time of death
Source of data	Malaria DHIS instances
Method of calculation / assessed	Malaria total deaths reported/ Total malaria new cases reported (Note: All Malaria Cases (cumulative) since new FY)
Means of verification	Not required for Strategic Plan 2020-2025
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All Districts
Calculation type	Not required for Strategic Plans
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower case fatality rate
Indicator responsibility	CDC
Notes	
INDICATOR TITLE	**PHC Mental Disorders Treatment rate new**
Definition	Clients treated for the first time for mental disorders (depression, anxiety, dementia, psychosis, mania, suicide attempt, developmental disorders, behavioural disorders and substance abuse/addiction disorders) as a proportion of total PHC headcount
Source of data	PHC Comprehensive Tick Register, daily reception headcount register/ HPRS
Method of calculation / assessed	PHC client treated for mental disorders – new/ PHC Headcount – Total
Means of verification	PHC Comprehensive Tick Register, headcount register & HPRS
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable

Spatial transformation	All Districts
Calculation type	Cumulative (year - to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher detection of new mental cases in the PHC setting
Indicator responsibility	Non-communicable Diseases - Mental Health component
Notes	

Table 5: Programme 2: District Health Services DPC Technical Indicator Descriptions for Annual Performance Plan

Programme 3: Emergency Medical Services Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	EMS P1 urban response under 30 minutes
Definition	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
Source of data	EMS register
Method of calculation / assessed	EMS P1 urban response under 30 minutes/ EMS P1 urban responses
Means of verification	EMS register
Assumptions	N/A
Disaggregation of beneficiaries	All Districts
Spatial transformation	Annual progress against the five-year target
Calculation type	Non-cumulative
Reporting Cycle	Emergency Medical Services (QUARTERLY)
Desired Performance	Higher
Indicator responsibility	Emergency Medical Services Programme Manager
Notes	
INDICATOR TITLE	**EMS P1 rural response under 60 minutes**
Definition	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
Source of data	EMS Register
Method of calculation / assessed	EMS P1 rural response under 60 minutes/ EMS P1 rural responses
Means of verification	EMS Register
Assumptions	N/A
Disaggregation of beneficiaries	All Districts
Spatial transformation	Annual progress against the five-year target

INDICATOR TITLE	EMS P1 urban response under 30 minutes
Calculation type	Non-cumulative
Reporting Cycle	Emergency Medical Services (QUARTERLY)
Desired Performance	Higher
Indicator responsibility	Emergency Medical Services Programme Manager
Notes	

Table 6: Programme 3: Emergency Medical Services Technical Indicator Descriptions for Annual Performance Plan

Programme 4 & 5 Regional, Specialized and Tertiary Hospital Services Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Number of Maternal deaths in facility**
Definition	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)
Source of data	OPD tick register, Delivery and ICU Register, Midnight
Method of calculation / assessed	Number Maternal death in facility
Means of verification	OPD tick register, Delivery and ICU Register, Midnight
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Females
Spatial transformation	All Districts
Calculation type	Annual progress against the five-year target
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Diarrhoea death under 5 years**
Definition	Diarrhoea deaths in children under 5 years in Referral Hospitals
Source of data	Paediatric Ward register
Method of calculation / assessed	Number Diarrhoea deaths in facility
Means of verification	Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts

Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower Number
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Number of Death in facility under 5 years**
Definition	Number of Children under 5 years who died during their stay in the facility
Source of data	Paediatric Ward register
Method of calculation / assessed	Number Death in facility under 5 years total [Death in facility 0-6 days + Death in facility 7-28 days + Death in facility 29 days - 11 months + Death in facility 12-59 months]
Means of verification	Delivery/Maternity register/Midnight Report/ Ward register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Annual progress against the five-year target
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Pneumonia death under 5 years**
Definition	Pneumonia deaths in children under 5 years years
Source of data	Paediatric Ward register
Method of calculation / assessed	Number Pneumonia death under 5 years
Means of verification	Clinical notes or death notification slip/ Paediatric Ward register

Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Low numbers
Indicator responsibility	Hospital Services Programme Manager
Notes	
INDICATOR TITLE	**Severe acute malnutrition (SAM) death under 5 years**
Definition	Number of severe acute malnutrition deaths in children under 5 years
Source of data	Paediatric Ward register
Method of calculation / assessed	Number Severe acute malnutrition (SAM) death under 5 years
Means of verification	Clinical notes or death notification slip/ Paediatric register
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Children
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Lower
Indicator responsibility	Hospital Services Programme Manager
Notes	
INDICATOR TITLE	**Patient Experience of Care survey rate (Regional Hospitals)**
Definition	Fixed health facilities that have conducted Patient Experience of Care Surveys as a proportion of fixed health facilities
Source of data	PEC DHIS system

Method of calculation / assessed	Facility PEC Survey done/ Regional hospitals - total
Means of verification	DHIS PEC system
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Higher satisfaction survey rate
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Patient Safety Incident (PSI) case closure rate**
Definition	Patient Safety Incident (PSI) case closed in the reporting month as a proportion of Patient Safety Incident (PSI) cases reported in the reporting month
Source of data	Ideal System software
Method of calculation / assessed	Patient Safety Incident (PSI) case closed /Patient Safety Incident (PSI) case reported
Means of verification	Ideal System software
Assumptions	Accuracy dependent on quality of data submitted by health facilities
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Cumulative (year-to-date)
Reporting Cycle	Quarterly
Desired Performance	Higher PSI closure rates
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Number of medico-legal cases**

Definition	Medico legal claims for all new cases
Source of data	Medico-legal case management register
Method of calculation / assessed	Total number of the medico legal claims reported
Means of verification	Medico-legal case management register
Assumptions	Accuracy dependent of reporting of data into the system
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Annual progress against the five-year target
Desired Performance	Lower number of medico-legal cases
Indicator responsibility	MCWH&N Programme
Notes	
INDICATOR TITLE	**Percentage of facilities accredited to provide healthcare under the NHI fund (Excluding Specialised Hospital)**
Definition	Tertiary hospitals that have been accredited by OHSC to provide healthcare services under the NHI fund as a proportion of all facilities
Source of data	OHSC WEBSITE
Method of calculation / assessed	Number of facilities accredited to provide healthcare under the NHI fund/ Total facilities
Means of verification	OHSC WEBSITE
Assumptions	Accuracy dependent of reporting of facilities into the system
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Not Applicable
Reporting Cycle	Quarterly
Desired Performance	Higher

Indicator responsibility	Integrated Health Planning
Notes	
INDICATOR TITLE	**Percentage of facilities implementing Health Patient Registration System**
Definition	Facilities with HPRS installed
Source of data	HPRS installation available at facility
Method of calculation / assessed	Number of facilities installed Health Patient Registration System/ Total facilities
Means of verification	HPRS installation available at facility
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Districts
Calculation type	Quarterly
Reporting Cycle	Cumulative year to date
Desired Performance	Higher number
Indicator responsibility	Integrated Health Planning
Notes	

Table 7: Programme 4 & 5 Regional, Specialized and Tertiary Hospital Services Technical Indicator Descriptions for Annual Performance Plan

Programme 6: Health Science and Training Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Number of Healthcare workers trained on critical clinical skills**
Definition	Number of health care professional who are trained on critical skills as detailed in the Workplace skills Plan
Source of data	Attendance register
Method of calculation / assessed	Number of healthcare workers trained on critical clinical skills
Means of verification	Attendance Register
Assumptions	Available budget for training
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All districts
Calculation type	Cumulative year end
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resource Development Programme
Notes	
INDICATOR TITLE	**Bursaries awarded to first year nursing students**
Definition	Number of basic nursing students enrolled in nursing colleges and universities and offered bursaries by the provincial department of health
Source of data	Bursary database
Method of calculation / assessed	Number of bursaries awarded to first year nursing students
Means of verification	Bursary contracts
Assumptions	Applications from qualifying nursing students will be available
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All districts
Calculation type	Cumulative year end

Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Human Resource Development Programme manager
Notes	
INDICATOR TITLE	**Number of employees trained on Leadership & Management development**
Definition	Employees that undergone training on leadership skills
Source of data	Attendance register
Method of calculation / assessed	Number of employees trained on leadership and management development
Means of verification	Attendance register
Assumptions	Applications from qualifying nursing students will be available
Disaggregation of beneficiaries	Not Applicable
Spatial transformation	All districts
Calculation type	Cumulative year end
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resource Development Programme manager
Notes	
INDICATOR TITLE	**Number of employees trained on succession planning**
Definition	Employees that undergone training on succession planning
Source of data	Attendance register
Method of calculation / assessed	Number of employees trained on succession planning
Means of verification	Attendance register
Assumptions	Applications from qualifying nursing students will be available
Disaggregation of beneficiaries	Not Applicable

Spatial transformation	All districts
Calculation type	Cumulative year end
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Human Resource Development Programme manager
Notes	

Table 8: Programme 6: Health Science and Training Technical Indicator Descriptions for Annual Performance Plan

Programme 7: Healthcare Support Services Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	**Number of healthcare facilities compliant to radiation control prescripts**
Definition	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
Source of data	Radiology audit reports
Method of calculation / assessed	Number of hospitals compliant to radiation control prescripts in facilities
Means of verification	Physical verification
Assumptions	Assessment tools available
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All Districts
Calculation type	None- cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Pharmaceutical Manager
Notes	
INDICATOR TITLE	**Percentage Availability of Essential Medicine List (EML) at the Depot**
Definition	Percentage of the available items on the Essential Medicine List at depot for supply to the facilities
Source of data	PDS system
Method of calculation / assessed	Number of available essential medicine on stock/ total number of medicines prescribed as essential as per EML
Means of verification	Issue Report
Assumptions	Availability of medicine in markets
Disaggregation of beneficiaries	Not applicable
Spatial transformation	All facilities

Calculation type	None- cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Pharmaceutical Manager
Notes	
INDICATOR TITLE	**Number of Orthotic and Prosthetic devices issued**
Definition	Count of Medical orthotic and prosthetic devices given to people with disabilities
Source of data	Orthotic and Prosthetic Register
Method of calculation / assessed	Number of Orthotic and Prosthetic devices issued
Means of verification	Patient files
Assumptions	Patient who the service will be available
Disaggregation of beneficiaries	People living with disability
Spatial transformation	Rob Ferreira, Mapulaneng and Ermelo hospitals centres
Calculation type	Cumulative year end
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Pharmaceutical Manager
Notes	
INDICATOR TITLE	**Number of hospitals audited for functionality of blood transfusion committees**
Definition	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
Source of data	Compliance check list
Method of calculation / assessed	Number of hospitals audited for functionality of blood transfusion committees
Means of verification	Minutes of committee meetings
Assumptions	Appointed committee members from hospitals

Disaggregation of beneficiaries	Not applicable
Spatial transformation	All Hospitals
Calculation type	Non- cumulative
Reporting Cycle	Quarterly
Desired Performance	Higher
Indicator responsibility	Pharmaceutical Manager
Notes	

Table 9: Programme 7: Healthcare Support Services Technical Indicator Descriptions for Annual Performance Plan

Programme 8: Health Facility Management Technical Indicator Descriptions for Annual Performance Plan

INDICATOR TITLE	Upgrade and addition projects completed
Definition	Total number of all upgrade and addition projects completed in the year under review
Source of data	Infrastructure report
Method of calculation / assessed	Number upgrade and addition projects completed
Means of verification	Infrastructure report
Assumptions	Availability of funds
Disaggregation of beneficiaries	N/A
Spatial transformation	All Municipalities
Calculation type	Number
Reporting Cycle	Annual
Desired Performance	higher
Indicator responsibility	Infrastructure
Notes	
INDICATOR TITLE	**New and replacement projects completed**
Definition	Total number of new and replacement projects completed in the year under review
Source of data	Infrastructure report
Method of calculation / assessed	New and replacement projects completed
Means of verification	Infrastructure report
Assumptions	Availability of funds
Disaggregation of beneficiaries	N/A
Spatial transformation	All Municipalities
Calculation type	Number

Reporting Cycle	Annual
Desired Performance	higher
Indicator responsibility	Infrastructure
Notes	
INDICATOR TITLE	**Percentage construction completed of new tertiary hospital**
Definition	Provide accessible, quality healthcare services to the community improving overall health outcomes and well being
Source of data	Infrastructure report
Method of calculation / assessed	New tertiary hospital construction completed/ tertiary hospitals
Means of verification	Infrastructure report
Assumptions	N/A
Disaggregation of beneficiaries	N/A
Spatial transformation	All Municipalities
Calculation type	Number
Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Infrastructure
Notes	
INDICATOR TITLE	**Percentage planning and design completed for new mental hospital**
Definition	Provide accessible, quality healthcare services to the community improving overall health outcomes and well being
Source of data	Infrastructure report
Method of calculation / assessed	New mental hospital planning and design completed / Mental health hospitals
Means of verification	Infrastructure report
Assumptions	Availability of funds

Disaggregation of beneficiaries	N/A
Spatial transformation	All Municipalities
Calculation type	Number
Reporting Cycle	Annual
Desired Performance	Higher
Indicator responsibility	Infrastructure
Notes	

Table 10: Programme 8: Health Facility Management Technical Indicator Descriptions for Annual Performance Plan

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

Name of grant	**SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT**	
Purpose	To incentivize the Provincial Social Sector Departments, as identified in the 2022 Social Sector EPWP log-frame, to increase job creation by focusing on the strengthening and expansion of social service programs with employment potential	
Current annual budget (R thousands)	**R8 000 000.00**	
Period of grant	**2025/26**	
	Performance Indicators	**Target**
	Number of EMS support staff recruited and paid stipend	40
	Number of EPWP Facility Assistance recruited and paid stipend	143

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

2. Health Facility Revitalisation Grant

Name of grant	HEALTH FACILITY REVITALISATION GRANT	
Purpose	To improve infrastructure delivery and technical services	
Current annual budget (R thousands)	R473 804 000	
Period of grant		
	Performance Indicators	Target
	New and Replacement	5
	Upgrade and Additions	4
	Maintenance	47
	Non-Infrastructure	3

Table 45: Health Facility Revitalisation Grant Details

3. Statutory Human Resources and Training Grant

Name of grant	Statutory Human resources and Training Grant	
Purpose	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	
Current annual budget (R thousands)	R132,101,000	
Period of grant	2025/2026	
	Performance Indicators	Target
	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	166

Table 46: Statutory Human resources and Training Grant Details

4. National Tertiary Services Grant

Name of grant	National Tertiary Services Grant	
Purpose	Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services	
Current annual budget (R thousands)	R275,821,000	
Period of grant	2025/26	
	Performance Indicators	**Target**
	No of Chemotherapy patients serviced /seen	243
	No. of specialists funded	44
	No. of specialised nurses funded	67
	No. of Allied health workers funded	19
	Number of inpatient separations	42,536
	Number of day patient separations	29,105
	Number of outpatient first attendances	29,410
	Number of outpatient follow-up attendances	80,062
	Number of inpatient days	132,883

Table 47: National Tertiary Services Grant Details

5. District Health Programmes Grant

Name of Grant:	**District Health Programmes Grant**
Purpose of the Grant:	To enable the health sector to develop and implement an effective response to HIV/AIDS Prevention and protection of health workers from exposure to hazards in the workplace To enable the health sector to develop and implement an effective response to TB The implementation of National Strategic Plan on Malaria Elimination 2019 – 2023 To reduce the incidence of cancer of the cervix through the provision of the Human Papillomavirus (HPV) vaccination to grade five schoolgirls in all public schools and special schools To improve access to community based primary care services through Ward Based Primary Health Care Outreach Teams (WBPHCOTs).
Current annual budget (R thousands)	**R2,575,224,000**
Period of grant	**2025/2026**

Performance Indicators	**Target**
HIV positive 15-24 years (excl. ANC) rate	<2%
HIV test positive around 18 months rate	<1,5%
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	< 6%
All DS-TB Client Treatment Success Rate	80%
Rifampicin resistant/Multidrug Resistant treatment success rate	71%
Rifampicin resistant/Multidrug Resistant lost to follow-up rate	<10%
TB Pre-XDR treatment success rate	71%
TB Pre-XDR lost to follow-up rate	<10%
Antenatal 1st visit before 20 weeks rate	78%

Name of Grant:	District Health Programmes Grant	
	Infant PCR test positive around 10 weeks rate	<1%.

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

6. NHI Grant

Name of grant	NHI Grant	
Purpose	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	
Current annual budget (R thousands)	R34 000 000.	
Period of grant	2025/26	
	Performance Indicators	**Target**
Number of Health Professionals contracted:		
	Medical Officers	48
	Optometrists	06
	Dental Chair Assistants	05
Number of mental health practitioners contracted:		
	Clinical Psychologists	01
	Registered Counsellors	15
	Social Workers	05
	Occupational Therapist	01

Table 49: NHI Grant

Annexure C: District Development Model

District Development Model

Area of intervention	2025/26-2027/28					
	Project description	**Budget allocation**	**District Municipality**	**Location**	**Project leader**	**Social Partners**
Infrastructure	MN Cindi Clinic: Upgrade of the clinic	R 31,094,000.00	Gert sibande	Ermelo	Chief Director: Infrastructure	
	Dumphries Clinic: Construction of New Clinic	R 22,143,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mpumalanga New Psychiatric Hospital: Construction of New Hospital (former Impungwe Hospital)	R 36,052,000.00	Ehlanzeni	Witbank	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3A)	R 277,684,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3B)	R 149,392,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3C)	R 198,500,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Linah Malatji Tertiary Hospital: Construction of New Hospital	R 105,402,000.00	Nkalanga	Witbank	Chief Director: Infrastructure	
	Siyabuswa CHC: Upgrade to the facility	R 80,323,000.00	Nkangala	Siyabuswa	Chief Director: Infrastructure	

Area of intervention	2025/26-2027/28					
	Project description	**Budget allocation**	**District Municipality**	**Location**	**Project leader**	**Social Partners**
	KwaMhlanga Hospital Maternity Ward	R 59,445,000.00	Nkangala	KwaMhlanga	Chief Director: Infrastructure	
	Matikwane Hospital- Phase 1A & 2A	R 46,220,000.00	Ehlanzeni	Mkhuhlu	Chief Director: Infrastructure	
Infrastructure	Lydenburg Hospital - Upgrades to the facility	R 45,179,000.00	Ehlanzeni	Lydenburg	Chief Director: Infrastructure	
	Barberton Town Clinic - Construction of a new clinic	R 20,000,000.00	Ehlanzeni	Barberton	Chief Director: Infrastructure	
	Langkloof Clinic - Construction of a new clinic	R 20,000,000.00	Nkangala	Thembisile Hani	Chief Director: Infrastructure	
	Alexandria Clinic- Construction of a new clinic	R 20,000,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Lefisoane Clinic - Construction of a new clinic	R 20,000,000.00	Nkangala	Dr JS Moroka	Chief Director: Infrastructure	
	Lebogang Clinic - Construction of a new clinic	R 20,000,000.00	Gert Sibande	Govern Mbeki	Chief Director: Infrastructure	
	Kinross Town Clinic - Construction of a new clinic	R 20,000,000.00	Gert Sibande	Kinross	Chief Director: Infrastructure	

Table 50: District Development Model

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

Name of grant	**SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT**	
Purpose	To incentivize the Provincial Social Sector Departments, as identified in the 2022 Social Sector EPWP log-frame, to increase job creation by focusing on the strengthening and expansion of social service programs with employment potential	
Current annual budget (R thousands)	**R8 000 000.00**	
Period of grant	**2025/26**	
	Performance Indicators	**Target**
	Number of EMS support staff recruited and paid stipend	40
	Number of EPWP Facility Assistance recruited and paid stipend	143

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

2. Health Facility Revitalisation Grant

Name of grant	**HEALTH FACILITY REVITALISATION GRANT**	
Purpose	To improve infrastructure delivery and technical services	
Current annual budget (R thousands)	**R473 804 000**	
Period of grant		
	Performance Indicators	**Target**
	New and Replacement	5
	Upgrade and Additions	4
	Maintenance	47
	Non-Infrastructure	3

Table 45: Health Facility Revitalisation Grant Details

3. Statutory Human Resources and Training Grant

Name of grant	Statutory Human resources and Training Grant	
Purpose	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	
Current annual budget (R thousands)	R132,101,000	
Period of grant	2025/2026	
	Performance Indicators	**Target**
	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	166

Table 46: Statutory Human resources and Training Grant Details

4. National Tertiary Services Grant

Name of grant	National Tertiary Services Grant	
Purpose	Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services	
Current annual budget (R thousands)	R275,821,000	
Period of grant	2025/26	
	Performance Indicators	**Target**
	No of Chemotherapy patients serviced /seen	243
	No. of specialists funded	44
	No. of specialised nurses funded	67
	No. of Allied health workers funded	19
	Number of inpatient separations	42,536
	Number of day patient separations	29,105
	Number of outpatient first attendances	29,410
	Number of outpatient follow-up attendances	80,062
	Number of inpatient days	132,883

Table 47: National Tertiary Services Grant Details

5. District Health Programmes Grant

Name of Grant:	District Health Programmes Grant
Purpose of the Grant:	To enable the health sector to develop and implement an effective response to HIV/AIDS Prevention and protection of health workers from exposure to hazards in the workplace To enable the health sector to develop and implement an effective response to TB The implementation of National Strategic Plan on Malaria Elimination 2019 – 2023 To reduce the incidence of cancer of the cervix through the provision of the Human Papillomavirus (HPV) vaccination to grade five schoolgirls in all public schools and special schools To improve access to community based primary care services through Ward Based Primary Health Care Outreach Teams (WBPHCOTs).
Current annual budget (R thousands)	R2,575,224,000
Period of grant	2025/2026

Performance Indicators	Target
HIV positive 15-24 years (excl. ANC) rate	<2%
HIV test positive around 18 months rate	<1,5%
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	< 6%
All DS-TB Client Treatment Success Rate	80%
Rifampicin resistant/Multidrug Resistant treatment success rate	71%
Rifampicin resistant/Multidrug Resistant lost to follow-up rate	<10%
TB Pre-XDR treatment success rate	71%
TB Pre-XDR lost to follow-up rate	<10%
Antenatal 1st visit before 20 weeks rate	78%

Name of Grant:	District Health Programmes Grant	
	Infant PCR test positive around 10 weeks rate	<1%.

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

6. NHI Grant

Name of grant	NHI Grant	
Purpose	To expand the healthcare service benefits through the strategic purchasing of services from healthcare providers	
Current annual budget (R thousands)	R34 000 000.	
Period of grant	2025/26	
	Performance Indicators	**Target**
Number of Health Professionals contracted:		
	Medical Officers	48
	Optometrists	06
	Dental Chair Assistants	05
Number of mental health practitioners contracted:		
	Clinical Psychologists	01
	Registered Counsellors	15
	Social Workers	05
	Occupational Therapist	01

Table 49: NHI Grant

Annexure C: District Development Model

District Development Model

Area of intervention	2025/26-2027/28					
	Project description	Budget allocation	District Municipality	Location	Project leader	Social Partners
Infrastructure	MN Cindi Clinic: Upgrade of the clinic	R 31,094,000.00	Gert sibande	Ermelo	Chief Director: Infrastructure	
	Dumphries Clinic: Construction of New Clinic	R 22,143,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mpumalanga New Psychiatric Hospital: Construction of New Hospital (former Impungwe Hospital)	R 36,052,000.00	Ehlanzeni	Witbank	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3A)	R 277,684,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3B)	R 149,392,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Mapulaneng Hospital: Construction of building works (Phase 3C)	R 198,500,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Linah Malatji Tertiary Hospital: Construction of New Hospital	R 105,402,000.00	Nkalanga	Witbank	Chief Director: Infrastructure	
	Siyabuswa CHC: Upgrade to the facility	R 80,323,000.00	Nkangala	Siyabuswa	Chief Director: Infrastructure	

Area of intervention	2025/26-2027/28					
	Project description	**Budget allocation**	**District Municipality**	**Location**	**Project leader**	**Social Partners**
	KwaMhlanga Hospital Maternity Ward	R 59,445,000.00	Nkangala	KwaMhlanga	Chief Director: Infrastructure	
	Matikwane Hospital- Phase 1A & 2A	R 46,220,000.00	Ehlanzeni	Mkhuhlu	Chief Director: Infrastructure	
Infrastructure	Lydenburg Hospital - Upgrades to the facility	R 45,179,000.00	Ehlanzeni	Lydenburg	Chief Director: Infrastructure	
	Barberton Town Clinic - Construction of a new clinic	R 20,000,000.00	Ehlanzeni	Barberton	Chief Director: Infrastructure	
	Langkloof Clinic - Construction of a new clinic	R 20,000,000.00	Nkangala	Thembisile Hani	Chief Director: Infrastructure	
	Alexandria Clinic- Construction of a new clinic	R 20,000,000.00	Ehlanzeni	Bushbuckridge	Chief Director: Infrastructure	
	Lefisoane Clinic - Construction of a new clinic	R 20,000,000.00	Nkangala	Dr JS Moroka	Chief Director: Infrastructure	
	Lebogang Clinic - Construction of a new clinic	R 20,000,000.00	Gert Sibande	Govern Mbeki	Chief Director: Infrastructure	
	Kinross Town Clinic - Construction of a new clinic	R 20,000,000.00	Gert Sibande	Kinross	Chief Director: Infrastructure	

Table 50: District Development Model